

Content from HealthLeaders-InterStudy's
Wisconsin Health Plan Analysis, Spring 2009, Vol. 6 No. 1:

February 27, 2009

Health Info Exchange Makes Progress In Data Reporting

BY RIC GROSS

Several heavy hitters in Wisconsin's healthcare community drew a wave of initial praise in 2006 when they stepped up to the plate to take a swing at improving transparency of cost and quality. Then came the hard part—making contact.

And while there are many more swings left to go before the game is over, members of the Wisconsin Health Information Organization (WHIO) have officially put the ball in play. In December 2008, the WHIO began evaluation of the first version of its data warehouse, the source for data that will be used in reports for providers assessing their performance, with an eye on improving the quality, affordability, safety and efficiency of healthcare delivered to patients in Wisconsin.

Table 5-1: Wisconsin Health Information Organization Facts

- » Who is participating: Anthem Blue Cross Blue Shield of Wisconsin, the Greater Milwaukee Business Foundation on Health, Humana, The Alliance, United Healthcare of Wisconsin, WEA Trust, WPS Health Insurance, Group Health Cooperative of South Central Wisconsin, Mercy Care Insurance Company, Health Tradition Health Plan, the Wisconsin Collaborative for Healthcare Quality, the Wisconsin Medical Society, the Wisconsin Hospital Association and the State Departments of Health and Employee Trust Funds
- » How it is funded: WHIO's 10 Founding members have agreed to contribute \$3 million in addition to in-kind support of business and technical operations staff.
- » A contract with the State of Wisconsin Department of Health Services and Employee Trust Funds to aggregate claims data and produce public reports from that data will contribute up to \$1.65 million in additional funds.

Source: Wisconsin Health Information Organization

Participating insurers submitted claims data to the WHIO warehouse, which in turn will allow for confidential tracking, analysis and measurement of the quality and charges across multiple delivery systems, not just the charges for a hospital procedure or a doctor's visit. WHIO's goal is for purchasers and consumers to be able to measure the quality of patient outcomes by using the warehouse to evaluate the quality of care provided by physicians, hospitals and other providers for the number of dollars spent.

"This is far and away the largest data set in the state for the purposes of health reporting," said Julie Bartels, WHIO executive director. "It has been a remarkable level of collaboration and compromise to get to this

point. When you have such a diverse group at the table, it's that commitment to the cause that helps you weather through the controversial issues. This group has done great work in exploring ways everyone can move forward to achieve our objectives."

The initial trial run includes 1.52 million members (patient lives), 25,000 providers, 56 million individual claims and information on 6 million treatment episodes. Submitting administrative claims data was Anthem, United-Healthcare, Humana, WEA Trust and WPS, collected from January 2006 through March 2008. According to information from the Wisconsin Medical Society's Medigram magazine, physician information is reported by practice affiliation, site location and area of specialty, but not at the individual physician level.

Tim Bartholow, senior vice president of member services, policy planning and physician professional development for the Wisconsin Medical Society, said hopes are the collaboration will lead to a system that works for everyone. "Physicians want to be able to improve but also want to be able to understand what in their practices is or isn't working," Bartholow said.

Bartholow said the level of collaboration in Wisconsin may be unique. For instance, Massachusetts physicians have had a strained relationship with the agency that provides health benefits for public employees since it began a physician-tiering system nearly three years ago. The state's Group Insurance Commission tiers specialists at the individual level, rather than the group level, and the medical society has long held the stance that there is not enough actionable data to tier at the individual level. The dispute led to litigation, with the medical society filing suit. "Sometimes these systems have put it out there and physicians see they are a level one or level two but don't know how they got there or how to change their position."

"Physicians want to be able to improve but also want to be able to understand what in their practices is or isn't working," - Tim Bartholow, Wisconsin Medical Society

"We certainly didn't want to be in that position, where physicians were suing the state. How are you going to be able to deliver better value for your citizens?" Bartholow said. "Did everyone [in the Wisconsin initiative] get what they want? No, but that's OK. We had payors, purchasers and providers having to work through some gnarly questions and have done so successfully. That works out a level of trust."

Wisconsin Medical Society says the information helps monitor costs by condition, gauges compliance with evidence-based guidelines and also goes into detail on issues such generic versus brand-name prescriptions and lab and imaging services.

Looking ahead, Bartholow said the information will be valuable to take to physicians. "We can say, that for a good size block of your activity every day, this is how often you are treating the person with known bad cholesterol with cholesterol-lowering medicine," Bartholow said. "Or how often a person [with heart trouble] has gotten a beta blocker. They will be able to see how they are doing compared to their peer group."

Cheryl DeMars, CEO of The Alliance, a Madison-based nonprofit, employer-owned healthcare cooperative and one of the founding organizations, said getting that physician-level measurement is the request she most often hears from employers. "They are making the best possible use of the information we have [in the state] about hospital comparisons, but the reality is most people choose physicians and that is the type of information they are looking for," DeMars said. "Long-term, that is the vision and promise of WHIO, to enable those physician comparisons. We have some work to do to get to that point, but that is the goal!"

Stakeholders Are Now Evaluating The Data

With that in mind, an extensive evaluation is now under way whereby stakeholders will determine if the data accurately represents practice patterns and cost of care, for instance. In addition, a pilot project is being

conducted with five physician practices that are getting data from WHIO and comparing it against their own internal data.

“Even though they have had some questions, everything so far tells us the data has been accurate and will provide insight into their practice that providers just don’t have,” Bartels said. “In addition, we are pairing medical systems with a member of WHIO to do data comparison. ThedaCare health system [in Appleton], for instance, has been paired with WPS, and they are carving out data sets ThedaCare is familiar with, and then comparing it to the WHIO data to ensure it meets expectations.”

Bartels said the idea is that a large system such as ThedaCare, which already employs extensive automated programs and medical records, has existing data sets that reflect their practice. “We are taking those data sets and comparing them to WHIO, seeing where there are matches and where there are gaps.”

WHIO Looking Toward The Future

Bartels said once data evaluation is complete to everyone’s satisfaction, member organizations would be able to use the data reports, with a public release still in the distance. “We don’t have a firm date for that,” she said. “Our intention is to release the reports to providers first, giving them a chance to understand them and what it tells them. The idea is to create an environment where providers get information they view to be representative of their practice and they can begin to implement process and quality improvement programs that will allow them to continually raise their own performance level relative to their peer groups.”

Paul Smith, director of the Wisconsin Research and Education Network, and associate professor in the Department of Family Medicine at the University of Wisconsin, said the initiative has potential to pay off in the long run.

“This can have a big impact, producing the ability to be able to look at the interventions and what resources were used, and what the long-term outcomes are,” Smith said. “The question is how do you execute it, can you trust the numbers that are coming out? That is the part they are working on right now. The only way to know is to look at all the details and aggregate the data in a couple of different ways. It is really hard work what they are trying to accomplish, but can have an impact if done correctly.”

Other health insurers set to come on board include Group Health Cooperative of South Central Wisconsin, Health Tradition, Dean Health Plan, the state’s Medicaid program and MercyCare Insurance Company.

Officials Satisfied With Role Of Ingenix

Meanwhile, WHIO officials have alleviated any concern about the role of Ingenix, which is collaborating with WHIO to create the claims database. Ingenix, a subsidiary of UnitedHealth Group, which surveys average bills for medical care in regions to come up with a non-contracted price, came under fire in New York in 2008 when Attorney General Andrew Cuomo launched an investigation of Ingenix’ business practices.

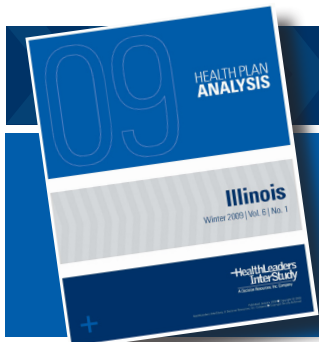
The carrier admitted no wrongdoing by settling the investigation, though Cuomo contended that health plans, using the Ingenix database the past 10 years, have underpaid physicians 10 percent to 28 percent, and at times consumers have been forced to pay the difference.

In light of the events in New York, WHIO officials asked for and received assurances from Ingenix Consulting CEO Theodore Chien that the products were not in the services Ingenix was providing in Wisconsin.

“We have been very cautious in making certain we have protected our assets and that the data itself cannot be used for any purpose other than WHIO,” Bartels said. “This is a completely different business line, and Ingenix has been a great partner for us throughout this process.”

Outlook

This Wisconsin Health Information Exchange is a who's who in terms of Wisconsin healthcare, but just having an impressive group on board does not equate to success. With the data currently being studied, all eyes are on the exchange and the promise it holds for improving health outcomes. The true indication of WHIO's success can't be measured until tangible data sets are being delivered and used to make a difference. ■



Get To Know Us Better

HealthLeaders
InterStudy
A Decision Resources, Inc. Company

This article is just one example of the comprehensive managed care and healthcare market intelligence HealthLeaders-InterStudy delivers. To learn more about how our national and market-specific data and analysis products can meet your business needs, visit www.HL-ISY.com.

To purchase our Health Plan Data & Analysis reports, contact [Randy Hagopian](mailto:Randy.Hagopian@hl-is.com) at **781.296.2694**.