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CORRESPONDENCE MEMORANDUM

DATE: October 22, 2013
TO: Group Insurance Board
FROM: John Bott, Manager of Performance Measurement, Division of Insurance Services
SUBJECT: Wisconsin Health Information Organization (WHIO) data

This memo is for informational purposes only. No Board action is required.

BACKGROUND

The Department of Employee Trust Funds (ETF) is in the process of analyzing various data resources to gauge the potential to drive quality and efficiency in our health insurance program. Data analysis has guided our disease management efforts, wellness initiatives, benefit design changes, and discussions surrounding performance measurement and public reporting.

The Wisconsin Health Information Organization (WHIO) database is one such data resource. This memo provides a high level summary of how the ETF has utilized the WHIO database in the past year, as well as planned uses in the next several months.

Recent Use of WHIO Data

1. Utilization Analysis

This analysis identifies the volume of health care services utilized by members covered under the state group health insurance program (herein called "members") and the intensity of services accessed by clinically coherent groupings. The analysis was performed both at a higher level of 22 clinical categories and a more "granular" level of nearly 800 categories.

2. Pharmacy Utilization - Part 1

This portion of the analysis compares the costs of medications for members in two ways: a) as submitted to WHIO by each participating health plan, and b) the pharmacy costs Navitus Health Solutions (Navitus) sends to the health plans. The purpose of the

Reviewed and approved by Lisa Ellinger, Administrator, Division of Insurance Services.

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comparison was to assess the degree to which the WHIO data contained complete pharmacy claims by health plan.

3. Pharmacy Utilization - Part 2

An initial pharmacy utilization analysis revealed variation in costs reported by Navitus, compared to what appears in the WHIO data. A subsequent analysis looked at more recent data. The differences between the two data sources persisted. The findings from the analysis have been helpful in developing solutions and determining next steps.

4. Physician and Clinic Quality

Identifies the degree to which a clinic's performance correlates to the performance of that clinic's physicians. The results revealed that the quality rating of the clinic often times is different from the rating of a given physician at the site. This suggests that providing quality ratings of individual physicians is more helpful in selecting a physician based on performance as opposed to rating clinics. The findings of the variation of physician performance within clinics were presented to the Board at the May 21, 2013 meeting.

5. High Technology Radiology

This analysis identifies the use of several radiology tests among participating health plans as a "per 1,000 WRS member rate". ETF compared the results obtained from WHIO data to information separately submitted by the health plans to assess the congruence of the results from the two sources and determine whether results generated from WHIO may be substituted for data received from the health plans.

6. Background for Self-Insured Model Request for Information (RFI)

ETF collaborated with Deloitte Consulting, LLP (Deloitte) on a series of analyses regarding the identification of high-volume provider organizations and geographic areas in terms of member use of health care services. The analysis served as background and development work to draft the Self-Insurance Model RFI released in April 2013.

Planned Uses of WHIO data

1. Performance Measure Guidance

Many measures of provider performance focus on specific types of admissions, procedures, diseases or conditions. For such measures limited to a subset of the population, analyses will be conducted with WHIO data to identify the frequency and costs of such services utilized by WRS members. These analyses provide information on how salient the measure is to ETF and members, which aids in selecting or deselecting a measure.

2. Participating Health Plan Networks

For each participating health plan, this study will identify the health care providers in each health plan's network and the provider organization's volume of claims. ETF will

use the initial data to map the extent of overlap of health care providers in relation to ETF participating health plans.

3. Data Accuracy and Integrity

When considering measures for purposes of accountability (e.g. public reporting), ETF needs to assess the level at which WHIO data for a given measure is complete and accurate. The analysis will help ETF make future decisions about whether to use WHIO data as its data source. In addition, the results may suggest areas the data can be improved or if other data sets should be considered.

4. Preliminary Performance Measure Assessment

Computing a measure can be resource intensive. WHIO data will be used to assess specific measure attributes and drive decisions about using specific measures.

5. Advanced Care Planning

This evaluation will identify participating plans' use of hospice services. We will compare WHIO data to the rates separately submitted by the health plans as a step in determining the congruence of the results from the two sources and whether results generated from WHIO data may be substituted for data received from the health plans.

6. Back Pain Management

For participating health plans, this report will calculate the use of spinal surgery procedures for members on a per 1,000 basis by health plan. We will compare WHIO data to the rates separately submitted by the health plans to decide the congruence of the results from the two sources and whether results generated from WHIO may be substituted for data received from the health plans.

7. Coordination of Care

For participating health plans, this information will identify the rate of readmissions for members by health plan. We will compare WHIO data to the rates separately submitted by the health plans as a step in assessing the congruence of the results from the two sources and whether results generated from WHIO data may be substituted for data received from the health plans.

Staff will be at the Board meeting to answer any questions.