## Figure 3
**Average Annual Worker and Employer Contributions to Premiums and Total Premiums for Family Coverage, 1999-2019**

<table>
<thead>
<tr>
<th>Year</th>
<th>Employer Contribution</th>
<th>Worker Contribution</th>
<th>Total Premiums</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>$4,247</td>
<td>$1,543</td>
<td>$5,791</td>
</tr>
<tr>
<td>2000</td>
<td>$4,819*</td>
<td>$1,619</td>
<td>$6,438*</td>
</tr>
<tr>
<td>2001</td>
<td>$5,274*</td>
<td>$1,787*</td>
<td>$7,061*</td>
</tr>
<tr>
<td>2002</td>
<td>$5,866*</td>
<td>$2,137*</td>
<td>$8,003*</td>
</tr>
<tr>
<td>2003</td>
<td>$6,657*</td>
<td>$2,412*</td>
<td>$9,069*</td>
</tr>
<tr>
<td>2004</td>
<td>$7,289*</td>
<td>$2,661*</td>
<td>$9,950*</td>
</tr>
<tr>
<td>2005</td>
<td>$8,167*</td>
<td>$2,713</td>
<td>$10,880*</td>
</tr>
<tr>
<td>2006</td>
<td>$8,508*</td>
<td>$2,973*</td>
<td>$11,480*</td>
</tr>
<tr>
<td>2007</td>
<td>$8,824</td>
<td>$3,281*</td>
<td>$12,105*</td>
</tr>
<tr>
<td>2008</td>
<td>$9,325*</td>
<td>$3,354</td>
<td>$12,680*</td>
</tr>
<tr>
<td>2009</td>
<td>$9,860*</td>
<td>$3,515</td>
<td>$13,375*</td>
</tr>
<tr>
<td>2010</td>
<td>$9,773</td>
<td>$3,997*</td>
<td>$13,770*</td>
</tr>
<tr>
<td>2011</td>
<td>$10,944*</td>
<td>$4,129</td>
<td>$15,073*</td>
</tr>
<tr>
<td>2012</td>
<td>$11,429*</td>
<td>$4,316</td>
<td>$15,745*</td>
</tr>
<tr>
<td>2013</td>
<td>$11,786</td>
<td>$4,565</td>
<td>$16,351*</td>
</tr>
<tr>
<td>2014</td>
<td>$12,011</td>
<td>$4,823</td>
<td>$16,834*</td>
</tr>
<tr>
<td>2015</td>
<td>$12,591*</td>
<td>$4,955</td>
<td>$17,545*</td>
</tr>
<tr>
<td>2016</td>
<td>$12,865</td>
<td>$5,277</td>
<td>$18,142*</td>
</tr>
<tr>
<td>2017</td>
<td>$13,049</td>
<td>$5,714</td>
<td>$18,764*</td>
</tr>
<tr>
<td>2018</td>
<td>$14,096*</td>
<td>$5,547</td>
<td>$19,643*</td>
</tr>
<tr>
<td>2019</td>
<td>$14,561</td>
<td>$6,015*</td>
<td>$20,576*</td>
</tr>
</tbody>
</table>

* Estimate is statistically different from estimate for the previous year shown (p < .05).

Employers have tried a lot of approaches …

**Plan-Focused**

- **1/1/1990**
  - PBGH members launch HMO Negotiating Alliance
    - 2% of premium at risk for quality
    - 19 participating employers at max

- **1/1/1993**
  - CalPERS introduces standard HMO benefit design, creating apples to apples transparency in the bid process

- **1/1/1993**
  - PBGH members launch HMO Negotiating Alliance
    - 2% of premium at risk for quality
    - 19 participating employers at max

**Consumer-Focused**

- **1/2001**
  - CalPERS introduces standard HMO benefit design, creating apples to apples transparency in the bid process

- **2001 – PBGH launches “Breakthrough Plan”**
  - with endorsement of Definity Health
  - Health Market & Lumenos were finalists
  - 7 employers were early adopters of consumer-directed health plans

- **1/1/2010**
  - Reference Pricing
    - Safeway & CalPERS
    - Colonoscopy & orthopedic hip/knee to start
    - Advance imaging, lab, other procedures added

- **1/1/2011**
  - 1/1/2011
    - Intensive Outpt Care Program
      - Boeing

**Provider-Focused**

- **1/1/2005**
  - CalPERS introduces narrow hospital network
    - Additional plan products follow
    - Sutter assumes all-system stance

- **7/1/2011**
  - IJCP(AICU)
    - Humboldt
    - CalPERS/PG&E
    - Stanford Coor Care

- **1/1/2013**
  - 1/1/2018
    - Accountable Care Direct Contracts
      - Intel
      - Stanford
      - Boeing
      - Qualcomm
      - Walmart
      - WA Health Care Authority

- **1/1/2014**
  - Employers Centers of Excellence (ECEN)
    - Lowe’s, Walmart, McKesson, JetBlue
    - Other COEs
    - Boeing, GE, others
Figure 1
Among Firms Offering Health Benefits, Percentage of Firms Whose Plan Has Various Features, by Firm Size, 2019

* Estimate is statistically different from estimate for all other firms not in the indicated size category (p < .05).

NOTE: For Retail Clinic, Telemedicine, and High Performance Tiered Provider Network, firms were asked if their plan with the lowest enrollment had...

... and still are ....
Walmart Pilots Suite of New Medical Benefits Designed to Make it Easier for Associates to Identify High-Quality Physicians in Local Communities

Walmart is committed to being an employer-of-choice. That means offering associates great benefits, including those that provide access to high-quality health care and promote better health and wellness.

To strengthen that commitment, Walmart will pilot a suite of new services as part of its 2020 health care plan. The new offerings are designed to make it easier for associates and their family members to identify and access quality health care locally. Some of the new initiatives will initially be made available to associates in select markets.

Among the new programs are:

1. Featured Providers
2. Expanded Telehealth
3. Personal Healthcare Assistant
What to measure, how to measure ...
The classic process measure: Breast cancer screening

Conclusions: Despite substantial increases in the number of cases of early-stage breast cancer detected, screening mammography has only marginally reduced the rate at which women present with advanced cancer. Although it is not certain which women have been affected, the imbalance suggests that there is substantial overdiagnosis, accounting for nearly a third of all newly diagnosed breast cancers, and that screening is having, at best, only a small effect on the rate of death from breast cancer.
Overall Survival Results of a Trial Assessing Patient-Reported Outcomes for Symptom Monitoring During Routine Cancer Treatment

Symptoms are common among patients receiving treatment for advanced cancers, yet are undetected by clinicians up to half the time. There is growing interest in integrating electronic patient-reported outcomes (PROs) into routine oncology practice for symptom monitoring, but evidence demonstrating clinical benefit has been limited.

We assessed overall survival associated with electronic patient-reported symptom monitoring vs usual care based on follow-up from a randomized clinical trial.

**Methods** The study was approved by the Memorial Sloan Kettering Institutional review board and written informed consent was obtained from participants. Consecutive patients initiating routine chemotherapy for metastatic solid tumors at Memorial Sloan Kettering Cancer Center in New York between September 2007 and January 2011 were invited to participate in a randomized clinical trial. Participants were randomly assigned either to the usual care group or to the patient-reported symptom monitoring group.

**Results**

![Figure. Overall Survival Among Patients With Metastatic Cancer Assigned to Electronic Patient-Reported Symptom Monitoring During Routine Chemotherapy vs Usual Care](image)

- **Log-rank test:** P = .03
- **Years From Enrollment:** 0 to 8
- **No. at risk:**
  - Patient-reported symptom monitoring: 441, 325
  - Usual care: 331, 223

Clinicians understanding value

89% of audience responders at ASCO Quality Symposium agree that symptom monitoring with patient-reported outcomes would be beneficial in their oncology practice

#ASCOQLTY19 #PRO

4:32 PM - 7 Sep 2019 from San Diego, CA

28 Retweets 62 Likes
PROMs use improves patient experience

Patient-reported outcomes use during orthopaedic surgery clinic visits improves the patient experience

David N. Bernstein¹ | Kathleen Fear² | Addisu Mesfin³ | Warren C. Hammert³ | David J. Mitten³ | Paul T. Rubery³ | Judith F. Baumhauer³

Abstract

Objectives: The Patient-Reported Outcomes Measurement Information System (PROMIS) is growing in popularity as healthcare shifts toward patient-centered care. However, it remains unclear if PROMIS use improves the patient experience. The aim of the present study was to determine if PROMIS use as part of patient care is associated with improved patient experience. Patient satisfaction was measured using the Patient-Reported Outcomes Measurement Information System (PROMIS) and the Clinician and Group Consumer Assessment of Healthcare Providers (CGCAHPS) survey.

When PROMIS was used, patients were significantly more likely to feel that the provider had spent enough time with them, to recommend this provider office to another patient and to rate the provider significantly higher on a scale from 0 to 10.

Outcome measures in episode based payment
Employers Centers of Excellence Network

- Access a national network of high-quality centers and physicians
- Provide employees with a consistent and superior patient experience
- Reduce healthcare spending through:
  - Competitive bundled rates
  - Improved clinical outcomes
  - Avoided unnecessary care
- Learn from peers via facilitated collaboration and shared best practices
Centers of Excellence across the country

*Launched Spring 2019*
Oncology CoE
City of Hope, Duarte, CA

Joint Spine Cardiac Bariatric

**In process**
- Emory Healthcare | Atlanta, GA
- Johns Hopkins Bayview Medical Center | Baltimore, MD
- Mayo Clinic | Jacksonville, FL
- Mayo Clinic | Rochester, MN
- University Hospitals of Cleveland | Cleveland, OH
- Scripps Health | San Diego, CA
- Ochsner Medical Center | New Orleans, LA
- Mayo Clinic | Phoenix, AZ
- Mayo Clinic | Jacksonville, FL
- Mayo Clinic | Rochester, MN

Johns Hopkins Bayview Medical Center | Baltimore, MD
Kaiser Permanente, Irvine Medical Center | Irvine, CA
Mayo Clinic | Jacksonville, FL
Mayo Clinic | Rochester, MN
Northeast Baptist Medical Center | San Antonio, TX
Ochsner Medical Center | New Orleans, LA
Scripps Health | San Diego, CA
University Hospitals of Cleveland | Cleveland, OH
Virginia Mason Medical Center | Seattle, WA

Carolina Neurosurgery & Spine Associates/Atrium CMC | Charlotte, NC
Geisinger Medical Center | Danville, PA
Mayo Clinic | Phoenix, AZ
Memorial Hermann Texas Medical Center | Houston, TX
Mercy Hospital Springfield | Springfield, MO
Roller Weight Loss and Northwest Medical Center | Springdale, AR
Selecting a Center of Excellence

5-STEP PROCESS:

1. **Publicly Available Data**

2. **Invited RFI**
   - What patient reported outcomes are collected by your joint replacement program? Specifically, note any condition-specific functional assessment tools (e.g. WOMAC, HOOS/KOOS) as well as any general health or quality of life assessment tools (e.g. SF-12, EQ-5, PROMIS). How were these tools selected? Using what modality and at what time intervals are these tools administered? What percent of patients are you able to engage at those timeframes (e.g. average response rate)?
   - Please note: CoEs are required to collect the HOOS/KOOS or HOOS/KOOS Jr. pre and post-operatively and report this data to the ECEN.

EXAMPLE KEY FEATURES

- Center & surgeon quality data assessment
- Routinely reported patient outcomes
- Procedure-specific surgeon approval
- Quality-driven bundled payments
- Demonstrated patient safety practices
- National best practice leaders
- Shared decision-making inherent in MD culture

Annual Outcomes Review
Mandatory Continuous Quality Improvement
Continuous improvement in a CoE network

<table>
<thead>
<tr>
<th>Program Entry</th>
<th>Daily As Needed:</th>
<th>Quarterly</th>
<th>Annually</th>
<th>Every 3 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Step Comprehensive Selection Process</td>
<td>Clinical review for quality assurance and warranty review:</td>
<td>ECEN CoE Operational Dashboard</td>
<td>5 Targeted Book of Business Outcome Metrics Centers and Surgeons</td>
<td>Reapproval Focused Questions</td>
</tr>
<tr>
<td></td>
<td>• Publicly Available Data</td>
<td>CoE Collaborative Calls</td>
<td>ECEN Patient Outcome Metrics</td>
<td>Full RFP update to reflect program changes</td>
</tr>
<tr>
<td></td>
<td>• Invited RFI</td>
<td></td>
<td>CoE Collaborative Summit</td>
<td>15+ Book of Business Metrics Center and Surgeons</td>
</tr>
<tr>
<td></td>
<td>• Team Assessment</td>
<td></td>
<td></td>
<td>On-Site Review</td>
</tr>
<tr>
<td></td>
<td>• RFP including 15+ Book of Business Metrics Center and Surgeons</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• In Person Site Visit</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

“The continuous and iterative dialog created both internally and with other participating sites has been one of the single most rewarding aspects of participation in ECEN.” (LINK)

Dr. Jonathan Slotkin, Director of Spinal Surgery, Neurosciences Institute, Geisinger
**ECEN Joints Program Results**

**FEWER COMPLICATIONS**

- Discharge to Skilled Nursing Facility: 4.80% for Carrier, 0.00% for ECEN
- Readmissions <30 days: 2.30% for Carrier, 0.00% for ECEN
- Revisions within 6 months: 2.00% for Carrier, 0.50% for ECEN

**REDUCED UNNECESSARY CARE**

- 79% Approved for Surgery
- 14% Avoided Inappropriate Surgery
- 6% Pending Eligibility
- 1% Inappropriate Surgery

Analysis of Lowe’s Claims Data
ECEN Spine Program Results

### Improving Spine Patients’ Outcomes
Consistently better experience and results

<table>
<thead>
<tr>
<th>SPINE CARE METRICS</th>
<th>Carrier</th>
<th>ECEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of Skilled Nursing Facility</td>
<td>5.6%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Readmissions &lt;30 days</td>
<td>8%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Length of Stay (days)</td>
<td>2.9</td>
<td>2.5</td>
</tr>
<tr>
<td>Return to Work (weeks)*</td>
<td>13.2</td>
<td>10.6</td>
</tr>
</tbody>
</table>

*Return to work from Walmart-specific data

### Avoiding Unnecessary Spine Procedures
>50% of referrals counseled against surgery
Outcome measures in ACOs
PBGH Member ACO Locations - 2018

Boeing
1. University of WA, Puget Sound, WA
2. Mercy Health Alliance: St. Louis, MO
3. SoCal: Memorial Care
4. Roper St. Francis Health Alliance: Charleston, SC

CalPERS
1. Dignity Health: Sacramento, CA
2. Hill Physicians: Sacramento, CA

Cisco
1. Stanford Health Alliance: Palo Alto, CA

HCA
1. University of WA: Puget Sound, WA

HPE
1. Baylor Scott & White: Dallas, TX
2. Memorial Herman: Houston, TX
3. Seton Health: Austin, TX

Intel
1. Arizona Care Network: Phoenix, AZ
2. Dignity Health: Sacramento, CA
4. Presbyterian: New Mexico
5. Providence: Portland, OR
6. Stanford Health Alliance: Palo Alto, CA

Microsoft
1. Eastside Health Alliance: Seattle, WA

Qualcomm
1. Scripps: San Diego, CA

San Francisco Health Service System
1. Brown & Toland: SF, CA

Stanford University
1. Stanford Health Alliance: Palo Alto, CA

Walmart
1. Banner: Phoenix, AZ
2. Mercy Health Alliance
   1. NW Arkansas
   2. Oklahoma City, OK
   3. Springfield & St. Louis, MO
3. Presbyterian: New Mexico
4. Emory Healthcare: Atlanta, GA

Walt Disney Company
1. Orlando Health: Orlando, FL
Performance measurement & benchmarking for commercial ACOs

Nation’s first and largest?

- Align around the right measures
- Gain broad industry participation
- Reduce reporting burden
- Create meaningful benchmarks

Continuous improvement for commercial ACOs
Getting to a single measure set

**Existing Measures**
- Leverage AMP Commercial HMO measures
- IHA Stakeholders & Committee members

**Purchaser Priorities**
- IHA purchaser members
- Pacific Business Group on Health
- Catalyst for Payment Reform

**National Priorities**
- CMS/AHIP Core Quality Measures Collaborative
- APG
- Targeted ACO outreach

**Targeted Reduction**
- IHA Stakeholders & Committee members

**Proposed ACO Measure Set**
- Endorsed by all named organizations
<table>
<thead>
<tr>
<th>Measure Set</th>
<th>Measure Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular</td>
<td>6. Controlling High Blood Pressure, 7. Statin Therapy for Patients with Cardiovascular Disease</td>
</tr>
<tr>
<td>Depression</td>
<td>8. Persistent Beta Blocker Treatment After Heart Attack, 9. Ischemic Vascular Disease: Aspirin Use</td>
</tr>
<tr>
<td>Low Back Pain</td>
<td>14. Statin Therapy for Patients with Diabetes, 15. Use of Imaging Studies for Low Back Pain</td>
</tr>
<tr>
<td>Maternity</td>
<td>16. NTSV C-Section, 17. Prenatal and Postpartum Care</td>
</tr>
<tr>
<td>Patient Safety</td>
<td>20. Use of Opioids at High Dosage or Concurrent Use of Opioids and Benzodiazepines</td>
</tr>
<tr>
<td>Person Centeredness</td>
<td>21. CAHPS, Clinician &amp; Group (ACO), 22. Patient Reported Outcomes</td>
</tr>
<tr>
<td>Utilization</td>
<td>27. Initiation &amp; Engagement of Alcohol and Drug Dependence Treatment, 28. Tobacco Use: Screening and Cessation Intervention, 29. Weight Assessment and Counseling for Children/Adolescents</td>
</tr>
<tr>
<td></td>
<td>30. Flu Vaccinations for Adults 18-64, 31. All Cause Readmissions, 32. AHRQ Prevention Quality Indicator #90: Ambulatory Sensitive Admissions</td>
</tr>
<tr>
<td></td>
<td>33. ED Visits, 34. Potentially Avoidable ER visits, 35. Total Cost of Care</td>
</tr>
</tbody>
</table>

BOLD=development/feasibility measure for 2019-2020
Endorsements for a single measure set

**5** Health Plans

**40** Provider Organizations

**134** Commercial ACO Contracts

**1M** Californians

**5** Purchasers

- blue California
- aetna
- Health Net
- United Healthcare
- Anthem
- Blue Cross Blue Shield

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Outcome measures in primary care
Mental health care one of top concerns for employers and public agencies: access, value, productivity

**Employer Imperative**

- Annual economic burden: $51 billion in absenteeism from work and lost productivity and $26 billion in direct treatment costs.
- On average, depressed employees had three times as many absences and productivity loss vs. other employees.
- Only 47% successfully identified through screening.
- Only half of those get focused follow-up.
- Only 40% get appropriate treatment.
- Typical remission rates of 6%.
- Very little information for purchasers on value of care.
Improving mental health care

- Measurement-based care
- Behavioral health integration in Primary Care

MBC

All primary care and behavioral health providers treating mental health and substance use disorders should implement a system of measurement-based care whereby validated symptom rating scales are completed by patients and reviewed by clinicians during encounters. Measurement-based care will help providers determine whether the treatment is working and facilitate treatment adjustments, consultations, or referrals for higher intensity services when patients are not improving as expected.

- Kennedy Forum
# Measuring depression outcomes

## Patient Health Questionnaire-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use ☑ to indicate your answer)

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead or of hurting yourself in some way</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
PHQ-9 Workflow in Clinical Setting

**Screening**
- Administer PHQ-2 (annually, new adult patients, if suspect)
- Was PHQ-2 positive? (3+)
  - No
    - No further intervention needed.
  - Yes
    - Administer PHQ-9; determine score
      - If < 5, stop
      - If 5 - 9, minimal to mild
      - If 10 - 14, moderate depression
      - If 15 - 19, moderately severe depression
      - If 20 - 27, severe depression

**Initiation of Treatment Plan**
- Consider: Self management, monitor symptoms
- Consider: Referral to BH if patient desires, educate to call if deteriorates, self management, monitor symptoms
- Consider: Recommend antidepressant and/or psychological counseling
- Consider: Recommend antidepressant and/or psychological counseling
- Consider: Antidepressant strongly recommended, consider addition of psychological counseling

**Follow-Up Measurement**
- Repeat PHQ-9 at Follow-Up or within 3 months of positive score
- Achieve Response?
  - No
    - Modify Treatment
  - Yes
    - Achieve Remission?
      - No
        - Modify Treatment
      - Yes
        - Continue treatment

**Achieve Response?**
- Yes
  - Achieve Remission?
    - No
      - Modify Treatment
    - Yes
      - Continue treatment
UCLA Behavioral Health Check-up (BHC)

- Web-based survey for patient
- Captures behavioral health “vital signs”
- Standardized rating scales covering multiple symptom domains
- Email & integration with EHR for provider + patient feedback
Integration with the Electronic Health Record

Flowsheets and Smart Phrases

Assessment Note: Score, Clinical Interpretation & Feedback
Integration with the Electronic Health Record

Best Practice Advisory
Statewide implementation - Minnesota

**Adult Depression Measures: Statewide Rates**

Source: Data reported to MNCM in 2018 (dates of service vary by measure).
### 6 Month Response

The percentage of patients with depression who demonstrated a response to treatment (at least 50 percent improvement) six months after the index event (+/- 30 days).

<table>
<thead>
<tr>
<th>CLINIC</th>
<th>Performance</th>
<th>Patients</th>
<th>Actual Rate</th>
<th>Expected Rate</th>
<th>Actual / Expected Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>CentraCare Clinic - St. Joseph</td>
<td>⚫</td>
<td>110</td>
<td>15.45%</td>
<td>14.65%</td>
<td>1.05</td>
</tr>
<tr>
<td>CentraCare Clinic - Big Lake</td>
<td>⚫</td>
<td>130</td>
<td>15.38%</td>
<td>14.09%</td>
<td>1.09</td>
</tr>
<tr>
<td>CentraCare Health Paynesville - Cold Spring</td>
<td>⚫</td>
<td>53</td>
<td>7.55%</td>
<td>14.65%</td>
<td>0.52</td>
</tr>
<tr>
<td>CentraCare Health Paynesville - Richmond</td>
<td>⚫</td>
<td>74</td>
<td>24.32%</td>
<td>14.95%</td>
<td>1.63</td>
</tr>
<tr>
<td>CentraCare Health Plaza-Family Medicine</td>
<td>⚫</td>
<td>365</td>
<td>13.42%</td>
<td>13.28%</td>
<td>1.01</td>
</tr>
<tr>
<td>CentraCare Health Plaza-Internal Medicine</td>
<td>⚫</td>
<td>245</td>
<td>11.02%</td>
<td>14.50%</td>
<td>0.76</td>
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<tr>
<td>CentraCare Health - Family Health Center</td>
<td>⚫</td>
<td>270</td>
<td>11.11%</td>
<td>11.42%</td>
<td>0.97</td>
</tr>
<tr>
<td>CentraCare Health - Long Prairie</td>
<td>⚫</td>
<td>125</td>
<td>12.80%</td>
<td>13.73%</td>
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<td>CentraCare Health - Melrose</td>
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<td>167</td>
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</tr>
<tr>
<td>CentraCare Health - Monticello Medical Group</td>
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<td>85</td>
<td>14.12%</td>
<td>15.35%</td>
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<tr>
<td>CentraCare Health - Paynesville Clinic</td>
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<td>113</td>
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<tr>
<td>CentraCare Health - Sauk Centre</td>
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<tr>
<td>CentraCare River Campus-Internal Medicine</td>
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<td>203</td>
<td>14.78%</td>
<td>13.36%</td>
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</tr>
<tr>
<td>Ippewa County Campus-Internal Medicine</td>
<td>🔻</td>
<td>197</td>
<td>2.03%</td>
<td>14.02%</td>
<td>0.14</td>
</tr>
<tr>
<td>Unversity-University Health Care Center</td>
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<tr>
<td>Von Memorial Health Services - Dawson Clinic</td>
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<td>84</td>
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<tr>
<td>Family Medicine Clinic (formerly Duluth Family Practice)</td>
<td>🔻</td>
<td>358</td>
<td>6.42%</td>
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<td>0.61</td>
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<tr>
<td>Family Medicine - West St. Paul (formerly Family Medicine)</td>
<td>🔼</td>
<td>249</td>
<td>45.33%</td>
<td>14.27%</td>
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<tr>
<td>Family Medicine - Shoreview (formerly Family Medicine - Shoreview)</td>
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<td>101</td>
<td>40.59%</td>
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<tr>
<td>Como/Roseville (formerly Family Medicine)</td>
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<td>142</td>
<td>21.13%</td>
<td>12.90%</td>
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<tr>
<td>Saint Marys (formerly Family Medicine)</td>
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<td>186</td>
<td>11.83%</td>
<td>11.33%</td>
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<tr>
<td>Allina Health (formerly Family Physicians)</td>
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<td>158</td>
<td>35.44%</td>
<td>14.03%</td>
<td>2.53</td>
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<tr>
<td>Allina Health (formerly Family Physicians)</td>
<td>🔼</td>
<td>212</td>
<td>13.68%</td>
<td>14.18%</td>
<td>0.96</td>
</tr>
<tr>
<td>Allina North Memorial Health (formerly Family Physicians)</td>
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<td>280</td>
<td>21.43%</td>
<td>15.41%</td>
<td>1.39</td>
</tr>
<tr>
<td>Allina North Memorial Health (formerly Family Physicians)</td>
<td>🔼</td>
<td>192</td>
<td>31.77%</td>
<td>13.62%</td>
<td>2.34</td>
</tr>
</tbody>
</table>
Improving mental health care

• Measurement-based care

• Behavioral health integration in Primary Care

**BHI** *(per CMS)*

- Initial assessment by the primary care team
- Administration of validated rating scale(s)
- Care planning by the primary care team, jointly with the beneficiary, with care plan revision for patients whose condition is not improving adequately. Treatment may include pharmacotherapy, psychotherapy, and/or other indicated treatments
- Behavioral health care manager performs proactive, systematic follow-up using validated rating scales and a registry
- Assesses treatment adherence, tolerability, and clinical response using validated rating scales;
- The primary care team regularly (at least weekly) reviews the beneficiary’s treatment plan and status with the psychiatric consultant
- The primary care team maintains or adjusts treatment, including referral to behavioral health specialty care, as needed
Implementation of Depression PROMs in California

Integration expands use of PHQ-9 to screen all patients in primary care and measure clinical improvement over time.

Expands use of PROMs for quality improvement, treatment choice and provider accountability.

Parallel project in Mass.

- Common ACO measures endorsed by 20 provider organizations, purchasers & 4 health plans
- VBP program; Strong history of quality measurement, benchmarking and collaboration
California Depression *Measurement* Work Plan

Depression screening and remission measure using PHQ-9

**Define measurement approach / early adopters**
- Inventory current depression screening practices in CA, documents gaps and challenges
- Work with participants to define common methodological approach to measurement
- Test with 5-10 ACOs

**Expansion / Reporting / Technical Assistance**
- Refine data collection
- Spread to all 20 ACOs
- Develop benchmarking and reporting, facilitating real-time clinical use and QI
- CQC behavioral health collaborative and implementation toolkit

**Pathway to Accountability**
- Integrate quality metric and performance requirements into contracts with 4 major health plans
IHA – CQC Depression *Improvement* Work Plan

<table>
<thead>
<tr>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Best Practices/Information Sharing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Design CQC behavioral health collaborative and toolkits/resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>P4P Design / Implementation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Develop payment incentives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Work with plans to integrate incentives into ACO performance programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Implement CQC collaborative learning network with technical assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Collect Year 1 data, audit, identify benchmarking cohorts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Report data to ACO participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Scale Implementation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Roll out to all IHA’s measurement programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Collect data</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Report results to all participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• CQC collaborative</td>
<td></td>
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</tr>
</tbody>
</table>
PHQ-9 Workflow in Clinical Setting

**Screening**
- Administer PHQ-2 (annually, new adult patients, if suspect)
  - Was PHQ-2 positive? (3+)
    - Yes: Administer PHQ-9; determine score
    - No: No further intervention needed.

**Initiation of Treatment Plan**
- If < 5, stop
- If 5 - 9, minimal to mild: Consider: Self management, monitor symptoms
- If 10 - 14, moderate depression: Consider: Recommend antidepressant and/or psychological counseling
- If 15 - 19, moderately severe depression: Consider: Antidepressant strongly recommended, consider addition of psychological counseling
- If 20 - 27, severe depression: Consider: Antidepressant strongly recommended, consider addition of psychological counseling

**Follow-Up Measurement**
- Repeat PHQ-9 at Follow-Up or within 3 months of positive score
  - Achieve Response?
    - Achieve Remission?
      - Yes
      - No: Modify Treatment

**PBGH Payment Model Measure Cascade**
- Year 1: Pay for Screening all Eligible Patients
- Year 2: Pay for Follow-Up Measurement & Paired Completions
- Year 3: Pay for Response/Remission
### Proposed “measure cascade” for depression

<table>
<thead>
<tr>
<th>Measure</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Type</th>
<th>Year</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression Utilization of PHQ-9</td>
<td>Completed PHQ-9 at least once during a 4-month period in which there was a qualifying visit</td>
<td>Patients age 18 and older with the diagnosis of major depression or dysthymia</td>
<td>6 mos</td>
<td></td>
<td>NQF 0712</td>
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<tr>
<td>Screening Rate at Baseline</td>
<td>Completed screens</td>
<td>Total primary care population age 12+</td>
<td>Process</td>
<td>1</td>
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<tr>
<td>6-Month Treatment Response</td>
<td>Number of patients with paired surveys reporting &gt; 50% reduction from baseline PHQ-9 score that is greater than XX</td>
<td>Total completed PHQ-9 baseline surveys with PHQ-9 &gt; 9 in reporting window</td>
<td>Outcome</td>
<td>2</td>
<td>MNCM</td>
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<tr>
<td>6-Month Disease Remission</td>
<td>Number of patients with follow-up survey reporting PHQ-9 &lt; 5</td>
<td>Total completed PHQ-9 baseline surveys with PHQ-9 &gt; 9 in +/- 20-day reporting window</td>
<td>Outcome</td>
<td>3</td>
<td>NQF 0711</td>
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</table>
Implications for the measurement enterprise

• Talk to payers/providers in language of outcomes; advocate for a “measures cascade” of incentives
• Build a scalable infrastructure to capture outcomes data; designed for a new set of requirements and functions
• Build a culture of outcomes-focused professionals, committed to frequent feedback, course corrections, measurement-based care