

Carilion Clinic

Perspectives on an All-Payer
Claims Database



Carilion Clinic the Employer

- 10,956 employees
- 600 physicians in 60 specialties
- 120 practice site covering 28 localities

Total revenues: \$1.24 billion

Total community benefit: \$154.9 million



Carilion Clinic the Provider

Approximately 1 million lives in our service area:

- Primary Service Area (PSA): 653,717
- Secondary Service Area: 334,379

- 768,576 primary care visits
- 48,541 admissions
- 180,881 ED visits



Carilion Clinic the Payer

- New partnership with Aetna
 - Lower costs of health benefits for our employees
 - Develop new insurance plans that reward better patient health outcomes while lowering costs.
- Medicare Advantage Plan started 2010
- Medicaid MCO beginning 1/1/12



What are we concerned about?

Our issues similar to other stakeholders'.

- Health care costs on unsustainable trajectory
- 20% of patients generate 80% of costs
- 20-30% of healthcare of no value
- 50% of patients do not get needed care
- Improving quality, reducing risk & eliminating waste are key to VALUE!



Obstacles to Improving Value

- FFS payment system incents overutilization
 - Tort system reinforces this as standard of care
- Lack of good health policy
 - Caring for the poor, uninsured & underinsured
 - Funding medical education
 - Smoking & other health risk
- Lack of data
 - Longitudinal
 - All payers
 - All services



What would we do with an APCD? *Employer*

*Our goal is to keep our employees
healthy and productive.*

1. Benchmark utilization of employees to identify opportunities as well as best practices
2. Identify at-risk employees for early intervention
3. Track impact of changes in plan design and care management
4. Compare performance of providers



What would we do with an APCD? *Provider*

Our goal is to provide the best possible care.

1. Benchmark utilization of patients to identify opportunities as well as best practices
2. Identify care redundancies and eliminate them
3. Identify at-risk patients for early intervention
4. Use to facilitate collaboration with other providers, with employers and with payers
5. Gain better insight into health status and needs of the community



What would we do with an APCD?

Payer

Our goal is to ensure that our employees and communities have access to affordable coverage and optimal health.

1. Identify the needs of specific communities and tailor coverage for them.
2. Hold ourselves and other providers accountable for quality improvement
3. Eliminate coverage gaps and redundancies to ensure efficient health care delivery



Closing Thoughts

- Health Care costs are on an unsustainable trajectory
- Most health care costs relate to patients with one or more chronic diseases
- There is waste in the system yet many do not get needed care
- Wide variation in adherence to best practices
- We have sketchy/incomplete information about the full array of health care services used.

*We can't improve what we can't measure.
An APCD is a **tool** for improvement for all stakeholders.*

