



CENTER FOR IMPROVING  
**VALUE** IN HEALTH CARE



# CIVHC's Role in Advancing Integrated Health Care

The Colorado Trust  
October 7, 2010

Higher Quality. Lower Cost. A Healthier Colorado.

# The CIVHC Balancing Act





## Five Key Strategies for High Performance

- Extend affordable health insurance for all.
- Align financial incentives to enhance value and achieve savings.
- Organize the health care system around the patient to ensure that care is coordinated and accessible.
- Meet and raise benchmarks for high-quality and efficient care.
- Ensure accountable national leadership and public/private collaboration.

Source: Commonwealth Fund-November 2007





# Evolution of CIVHC

- Blue Ribbon (208) Commission for Health Care Reform
- Governor Ritter's Executive Order
  - Create inter-agency multi-disciplinary group
  - Facilitate and implement strategies
  - Improve quality
  - Contain costs
  - Protect and engage consumers
- CIVHC fits in the niche of public/private partnership





# Unique Roles of CIVHC

- Serve as neutral “community” forum; break down silos
- Identify local/national initiatives and best practices; support other organizations’ efforts
- Gain agreement on metrics and dashboard to measure progress and performance
- Build consensus on the need and strategies for improving value
- Provide data that allows the market to measure value
- Integrate efforts with federal reform
- Serve as a catalyst; knock down barriers



# Long Term Goals



## Consumer-Centered Experience

By 2015, Colorado is in nation's top quartile in measures related to patient-centeredness including:

- Timely access
- Communication
- Participation in health decisions
- Customer service

Example of Measures: Consumer Assmt of Healthcare Providers and Systems (CAHPS)

## Improved Population Health

By 2015, Colorado is in nation's top quartile of measures related to:

- Access
- Quality of services
- Healthy behaviors and personal accountability

Example of Measures: Commonwealth Fund, Colorado Health Report Card, HEDIS

## Bending the Cost Curve

By 2015, premium increases track at same rate as CPI (without shifting costs).  
Additionally:

- Reduce variability of cost across Colorado
- Improve statewide ranking on costs

Example of Measures:

- Measures of regional cost variability
- Rankings nationally (e.g. Dartmouth Atlas)

## Increased Transparency

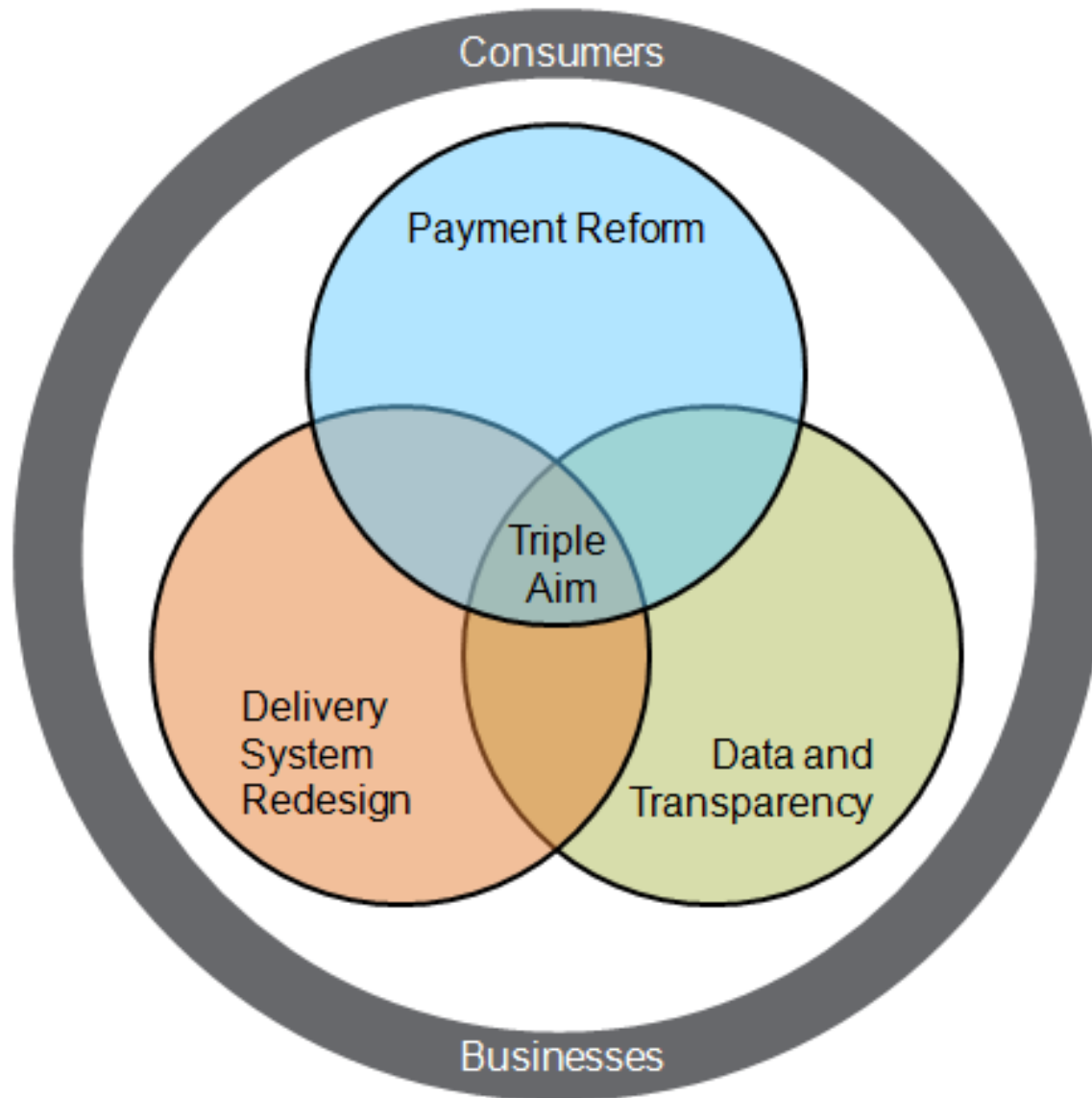
By 2014, cost, quality, and safety data for all providers and payers is publicly available statewide.

Example of Measures:

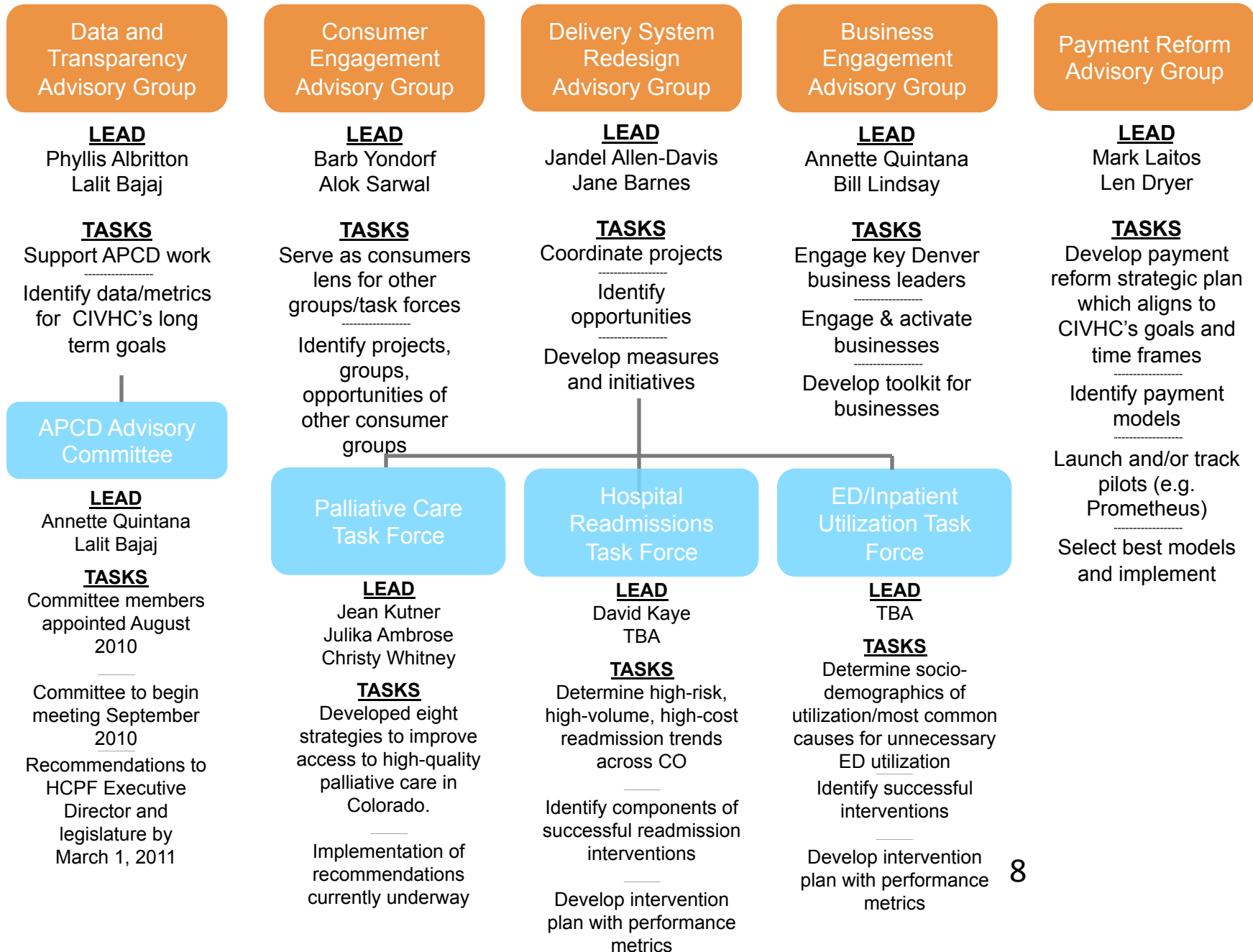
- Regional cost variability
- National rankings (e.g. Dartmouth Atlas)



# Achieving the Triple Aim

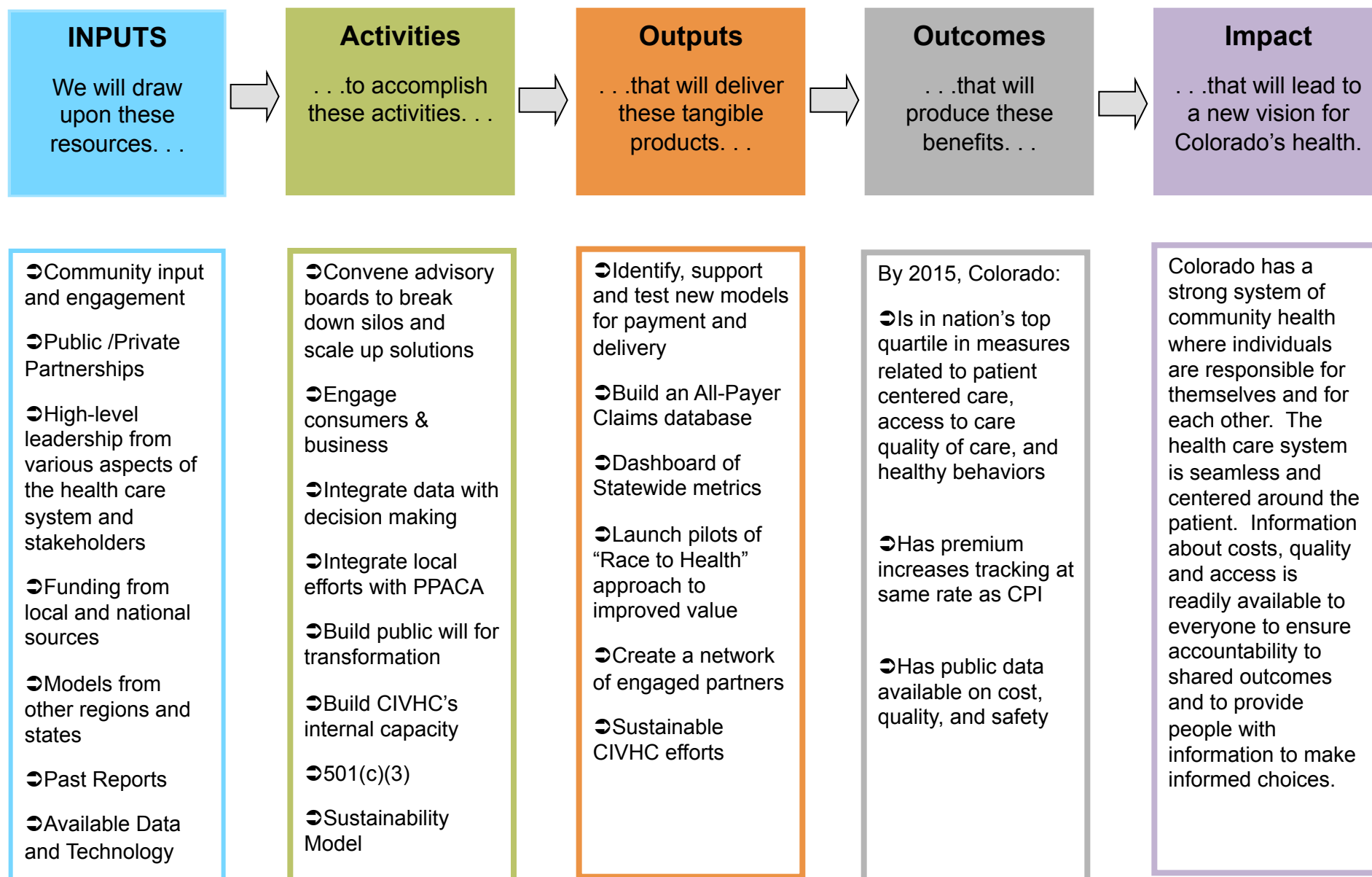


# CIVHC Advisory and Planning Structure





# CIVHC's Logic Model - DRAFT





## **CIVHC Capacity and Sustainability**

- Move to 501(c)(3) – Q4 2010
- Transition of Board
- Build on current support by local foundations and HCPF; multiple grants in process
- Build staff capacity- Q1-Q2
- Strategic Plan/Sustainability Plan- Q4 2011





## Advisory Groups

- Development of Work Plans
  - Objectives; Principles and Timelines
- Identify and track statewide and national efforts/best practices
- Support best initiatives and help remove barriers to success
- Work with stakeholders to build consensus, gain input, and vet strategies
- Integrate efforts with other Advisory Groups
- Recommend actions to CIVHC Board and broader stakeholders





## CIVHC APCD Milestones

Sept 2010-Feb 2011	Advisory Board develops recommendations
Mar 2011	Final recommendations to HCPF Executive Director, Legislature and Governor
Feb-Mar 2011	Implementation Plan
Apr-June 2011	Develop/Implement IT architecture and database plan
April 2011	Complete Rule-Making
May 2011	Commitment of two years of operational funding
May 2011	“Go live” decision by HCPF Executive Director
July 2011	Initial data runs
July 2011	Ongoing Data Collection





# National Reform- PPACA

- Bi-Weekly meetings and work with Inter-Agency Group
- CIVHC to be tasked with leading payment reform initiatives
- Initial ID of key initiatives, pilots, demos that relate to each of Advisory Groups
- Advisory Groups to track initiatives; recommend what to pursue and how best to effect rule-making
- Rose Grant (pending) to support initiatives
- Integrate PPACA with multi-payer initiatives





# Key Metrics and Dashboard

- Responsibility of Data and Transparency Advisory Group (Support by CHI)
- Develop Key Statewide Metrics for Goals of Quality, Cost and Health- Board Approval by January, 2011
- Initial tracking measures/dashboard in place by June, 2011
- Expand measures with APCD data – Q1, 2012
- Roll-out as part of Public Will Building
- Integration with mapping efforts
- Use as foundation for driving change at community level





## **Building Consensus and Will for Statewide Transformation**

- Statewide roll-out of metrics –Q3 2011
- Convening of statewide leadership- Q3 2011
  - Focus on unsustainability of the system
  - Key metrics of performance
  - Roadmap to transformation (connect the dots)
  - Race to Health strategy...community engagement
- Bi-Annual convening to track performance and keep focus and pressure on improvement
- Community engagement – Q1 2012





# Race to Health

- Build on motivations of Beacon Grants, Race to the Top
- Tie to community level metrics and best practices emerging from Advisory Groups
- Develop strategies and operational plan- Q 2-3 2011
- TCHF Grant proposal- Q3 2011
- Roll-out of Race to Health- Q1 2012
- RFP's/ Grant Making – Q3 2012



# Contact CIVHC



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Thank you!

