2011 Annual Report and Strategic Plan Update

David Adams, President

Michael Lundberg, Executive Director

October 17, 2011

VHI's Mission

To create and disseminate health care information

To promote informed decision making by Virginia consumers and purchasers, and

To enhance the quality of health care delivery

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Background—Who We Are

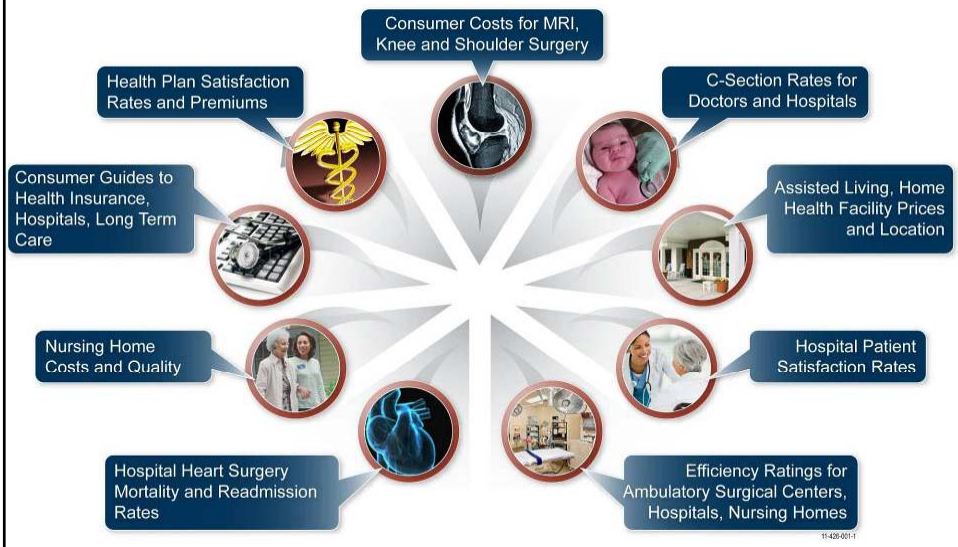
VHI is an independent, not-for profit, 501(c)(3) health information organization established in 1993

- Board of Directors represents Virginia health care stakeholders
- Formed to administer Virginia Health Care Data Reporting Initiatives to benefit Virginians

Representing All Health Care Stakeholders To Benefit Consumers, Business and Others

- Since inception, VHI's Board recognized the value of multi-stakeholder collaboration
- By-laws stipulate the Board will include 7 health care stakeholder groups
- Inclusive structure & member involvement results in credibility, financial diversity, and recognition as a trusted, independent intermediary

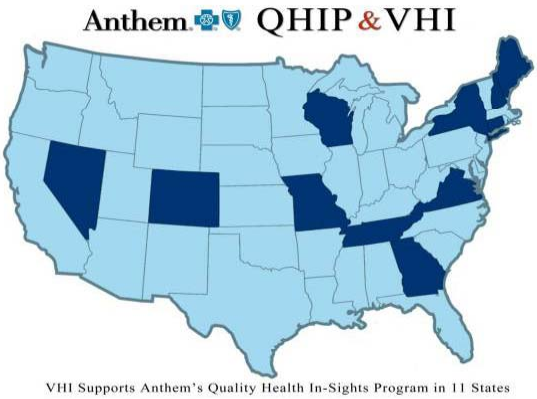
VHI Publishes Business and Consumer Guides, Reports and Information



On the Web at www.vhi.org

- 400,000 annual visitors with 1 million page views
- 65% Consumers
- 35% Providers
- Ranked 1st among 16 websites in total visits per 100,000 internet equipped households
- Named Governor's Consumer Heath Information Portal in 2007
- 2011 Innovation in Data Dissemination Award-NAHDO

VHI Supports Private QI Activities



VHI Supports Anthem's Quality Health In-Sights Program in 11 States

VHI provides an interactive website to Anthem for:

- Collection of quality information from hospitals
- Scoring of hospitals by VHI nurses
- Feedback to hospitals on their performance against preset targets

Anthem's Award Winning Hospital Pay-for-Performance Program Rewards Hospitals that Provide Quality Care

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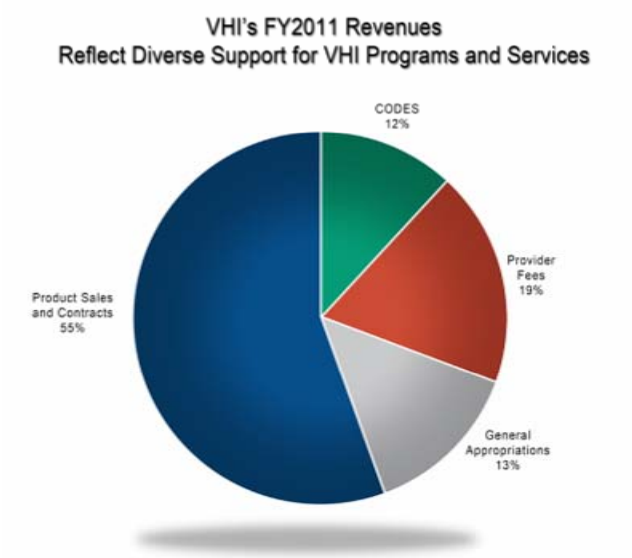
VHI Diversifies Funding



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HMO Information—For Business and Consumers

Objective Information Comparing Health Insurance Plans

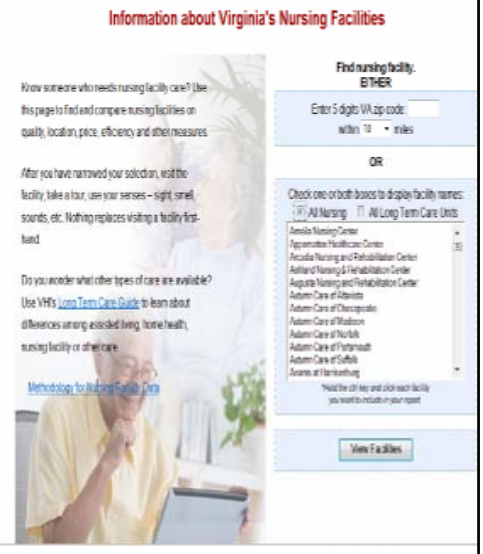
Current VHI Information covers:

- Quality Rankings
- Health Plan Location
- Premiums (PMPM)
- Numbers of Doctors in Network, Board Certification Rates
- Member Satisfaction
- Prices for Services
- Links for quotes from insurers
- 60+ HEDIS & CAHPS Measures
- Information a Health Benefits Exchange should have

Expanded Long-Term Care Information

Helps Consumers…

- Understand Differences Among:
  - Assisted Living
  - CCRCs
  - Nursing Facilities
  - Home Health
- Compare by:
  - Location
  - Price
  - Quality-*New!*
- Find Help from:
  - Virginia & Federal Programs
  - Local and National nonprofits
- Learn about:
  - Long-Term Care Insurance
  - Resources in Your Area



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Psychiatric Bed Registry

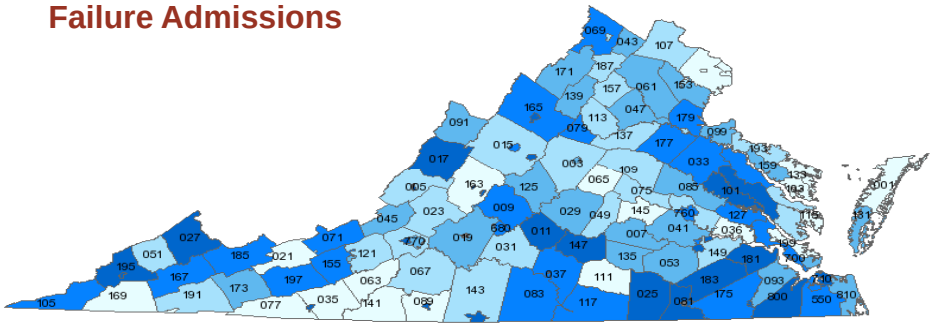
Purpose: Help identify potentially available psychiatric beds

- Private and state hospitals and CSBs with Crisis Stabilization Units to update # of psychiatric beds on website
- CSBs contact facilities meeting search criteria to discuss whether services available will meet patient needs

Status: Website & training tools developed & implemented; project manager @ DBHDS hired; 2011/2012 contract drafted

Next Steps: DBHDS to update psych personnel contact list; promote and release site, develop management reports and/or export utility

2010 Congestive Heart Failure Admissions



Risk-adjusted rate per 100,000 people
- Not enough data
- 0.00 - 228.37
- 229.74 - 297.35
- 298.07 - 354.17
- 359.30 - 452.41
- 454.13 - 1898.60

Supporting Public Health Efforts

AHRQ estimates a 50% reduction in Congestive Heart Failure admissions would save over $75,000,000 in hospital costs annually

(Counties are grouped into quintiles) MONAHRQ Version 2.0.1

001 - Accomack	093 - Isle of Wight	191 - Washington
003 - Albemarle	095 - James City	193 - Westmoreland
005 - Alleghany	097 - King and Queen	195 - Wise
007 - Amelia	099 - King George	197 - Wythe
009 - Amherst	101 - King William	199 - York
011 - Appomattox	103 - Lancaster	510 - Alexandria
013 - Arlington	105 - Lee	515 - Bedford City
015 - Augusta	107 - Loudoun	520 - Bristol
017 - Bath	109 - Louisa	530 - Buena Vista
019 - Bedford	111 - Lunenburg	540 - Charlottesville
021 - Bland	113 - Madison	

Virginia Health Information 2010

Home | Hospital Quality | Hospital Utilization | Maps of Avoidable Stays | County Rates | Resources

Home 〉 Maps of Avoidable Stays 〉 Congestive heart failure admission rate (2010, PQI8) 〉

Congestive heart failure admission rate (2010, PQI8)

Select Report for Copying Use the Edit menu to Copy and Paste to another application.

Local information helps health departments, others focus resources & document impact

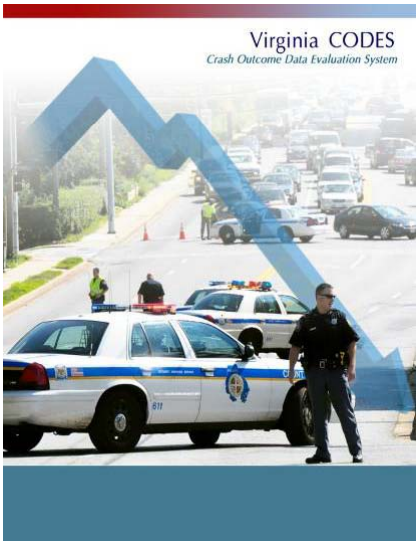
Virginia Congestive heart failure admission rate (2010, PQI8)

How do I interpret the tables?

				-- Rates per 100,000 --			-- Cost savings* with reduction in the numerator of --				
County FIPS Code	Name	Numerator	Denominator	Observed Rate	Risk Adjusted Rate	S.E. of Risk Adjusted Rate	10%	20%	30%	40%	50%
51001	VA - Accomack	76	30475	249.38	196.30	28.41	62,000	123,900	185,900	247,800	309,800
51003	VA - Albemarle	176	76053	231.42	233.25	20.36	156,000	312,000	468,000	624,100	780,100
51005	VA - Alleghany	41	13145	311.91	229.74	41.85	34,600	69,300	103,900	138,500	173,100
51007	VA - Amelia	34	10203	333.24	303.28	52.83	13,000	26,100	39,100	52,100	65,100
51009	VA - Amherst	133	26678	498.54	420.53	31.45	82,100	164,200	246,300	328,400	410,500
51011	VA - Appomattox	74	11641	635.68	547.84	48.12	42,900	85,800	128,700	171,600	214,500
51013	VA - Arlington	204	175100	116.50	145.27	14.93	137,200	274,300	411,500	548,700	685,900
51015	VA - Augusta	143	57739	247.67	233.63	22.62	112,300	224,600	336,900	449,200	561,500
51017	VA - Bath	25	3932	635.81	454.13	75.38	21,400	42,900	64,300	85,700	107,200
51019	VA - Bedford	191	54180	352.53	345.90	23.82	149,000	297,900	446,900	595,900	744,800
51021	VA - Bland	12	5943	201.92	169.96	66.58	7,100	14,300	21,400	28,500	35,600
51023	VA - Botetourt	78	26632	292.88	277.52	33.40	58,800	117,500	176,300	235,100	293,800
51025	VA - Brunswick	77	14868	517.89	477.63	44.05	73,100	146,200	219,200	292,300	365,400
51027	VA - Buchanan	107	19793	540.60	519.13	39.01	68,700	137,500	206,200	275,000	343,700
51029	VA - Buckingham	45	13293	338.52	328.52	47.80	47,200	94,400	141,700	188,900	236,100
51031	VA - Campbell	135	42848	315.07	283.53	25.64	84,700	169,400	254,100	338,800	423,500
51033	VA - Caroline	89	21525	413.47	418.64	38.36	62,900	125,900	188,800	251,700	314,600

Virginia's Crash Outcome Data Evaluation System (CODES)

- A partnership with the Department of Motor Vehicles Highway Safety Office
- Combines Police Crash Reports with hospital discharge data and other sources to better describe the burden of motor vehicle crashes
- By city/county, vehicle type, major factor
- Can help support traffic safety policy and legislation



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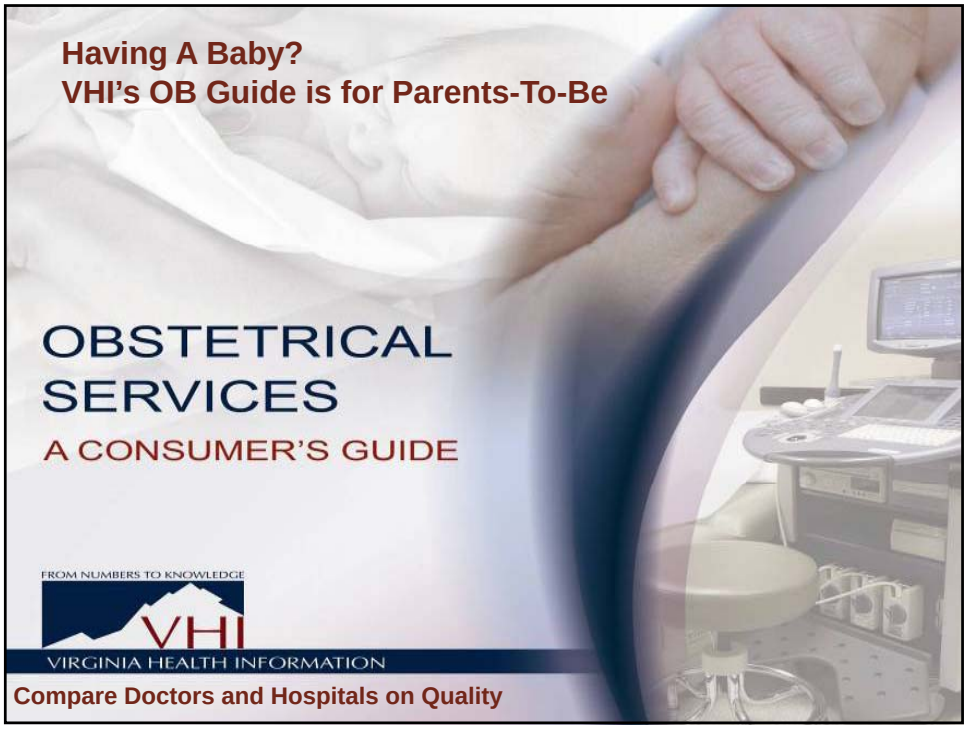


Strategic Plan Paves the Way

1. Health Care Reform

Play a principle role in new opportunities for collection, analyses and sharing of additional health care information resulting from health reform initiatives

2. Government Relations

Create value for legislators by enabling them to respond to the public's need for expanded and valid health care information prepared by and distributed by VHI in a reliable and unbiased manner

3. Board Governance and VHI Administration

Advance VHI's mission through Board of Directors governance, leadership and commitment

4. Sales/Income Producing

Assure the financial viability of VHI through the production and sale of products and services that meet the needs of the public and health care organizations for accurate and unbiased health care information that enables them to make informed decisions

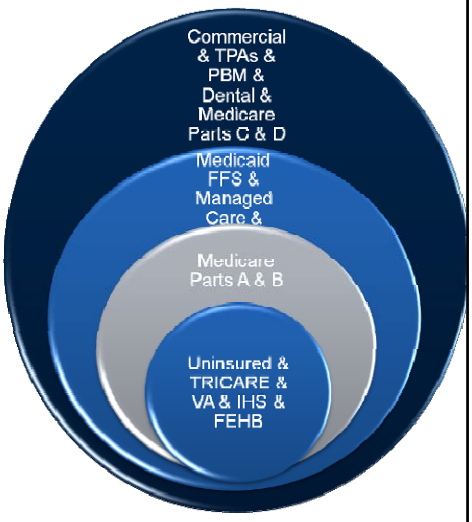
5. Public Awareness & Communication

Significantly increase the public's awareness of VHI's mission and the data, products services available to the public, health care providers and insurers and to achieve a high level of recognition of VHI throughout the state by consumers and providers of health care

APCD- All Payer Claims Database Under Consideration in Virginia

Typically includes data from *medical, pharmacy, and dental claims with eligibility and provider* files:

- Used to analyze health system performance
- Monitor and focus public health efforts
- Public reporting of health care cost and quality
- VHI serves as a resource to the Virginia Health Reform Initiative (VHRI) and JCHC Healthy Living Subcommittee



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Closing Remarks

FROM NUMBERS TO KNOWLEDGE
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