



Wisconsin **Medical Society**
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WI Health Improvement Zone – Care Improvement Dialogues (WHIZ-CIDs)

Behavioral Health Session #1

February 9, 2011

**The Center for Medical Practice Research
and Education**

Tim Bartholow, MD
Senior Vice President, **Wisconsin Medical Society**
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Goals for **WHIZ-CIDs** :

- Improve patient care
- Inform physicians of the
 - **cost** of items we order and
 - **variation** in their use
- Physicians publicly take a stand to identify and reduce practice variation
 - Identify opportunities to that may also be eligible for PI-CME



Overview of Sessions

- Background
- Behavioral Health Overview
- Bipolar Overview
- Bipolar and STABLE guidelines
 - Medications
 - Providers
- Depression



Housekeeping

- Introductions
- Ground Rules
- Agenda



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Suggested Ground Rules

- Candor with Respect – discuss the elephants in the room – no meeting after the meeting
- Right for everyone to be heard, careful not to monopolize
- Right to decline to speak
- Work sessions are not recorded



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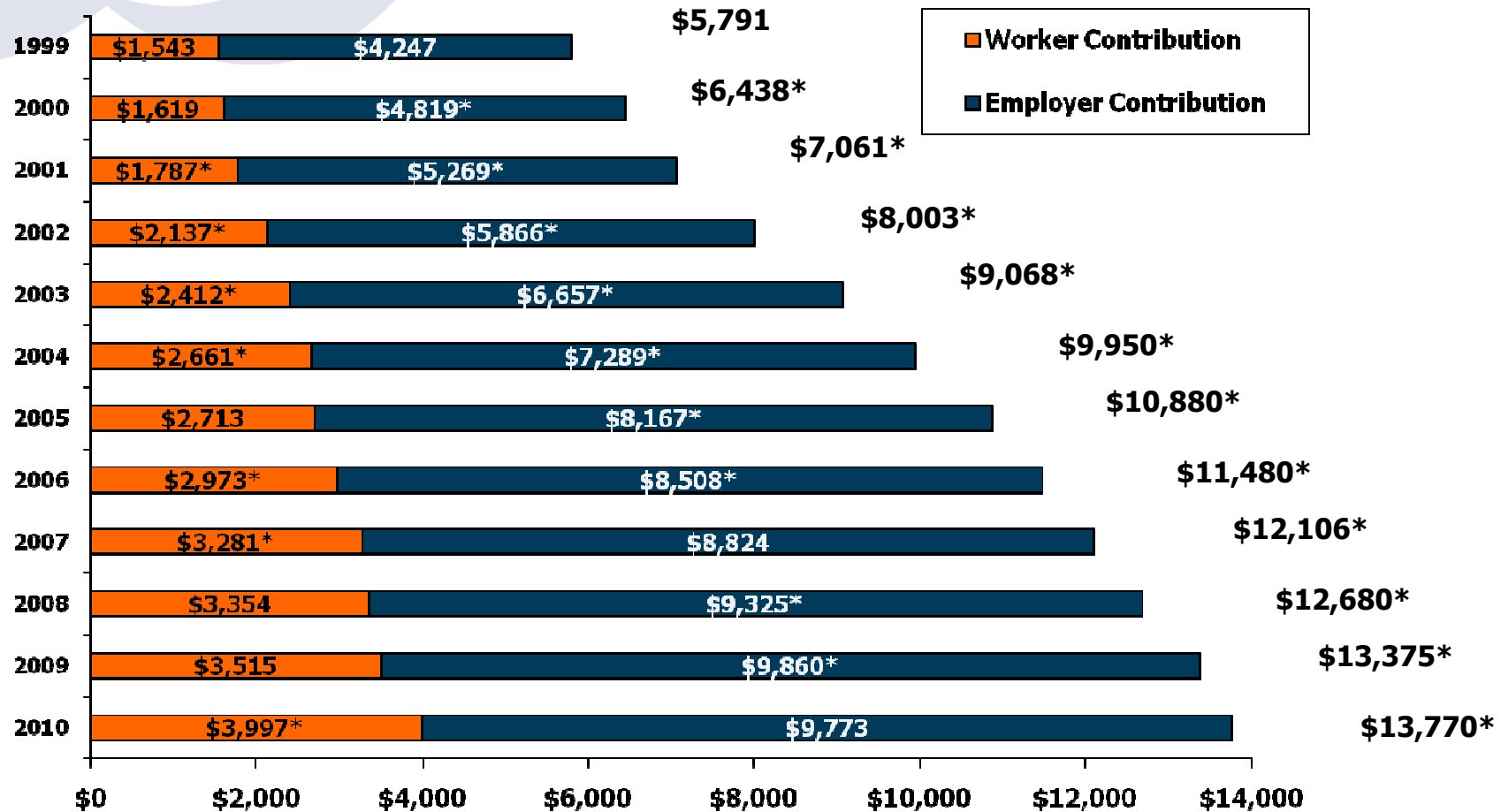
Proposed Schedule

- 7:02 Role Call and Intro
- 7:08 DMV 4 Overview
- 7: 30 Behavioral Health Overview
- 7: 40 Bipolar Overview
- 7:50 Plan for next mtg



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Average Annual Worker and Employer Contributions to Premiums and Total Premiums for Family Coverage, 1999-2010

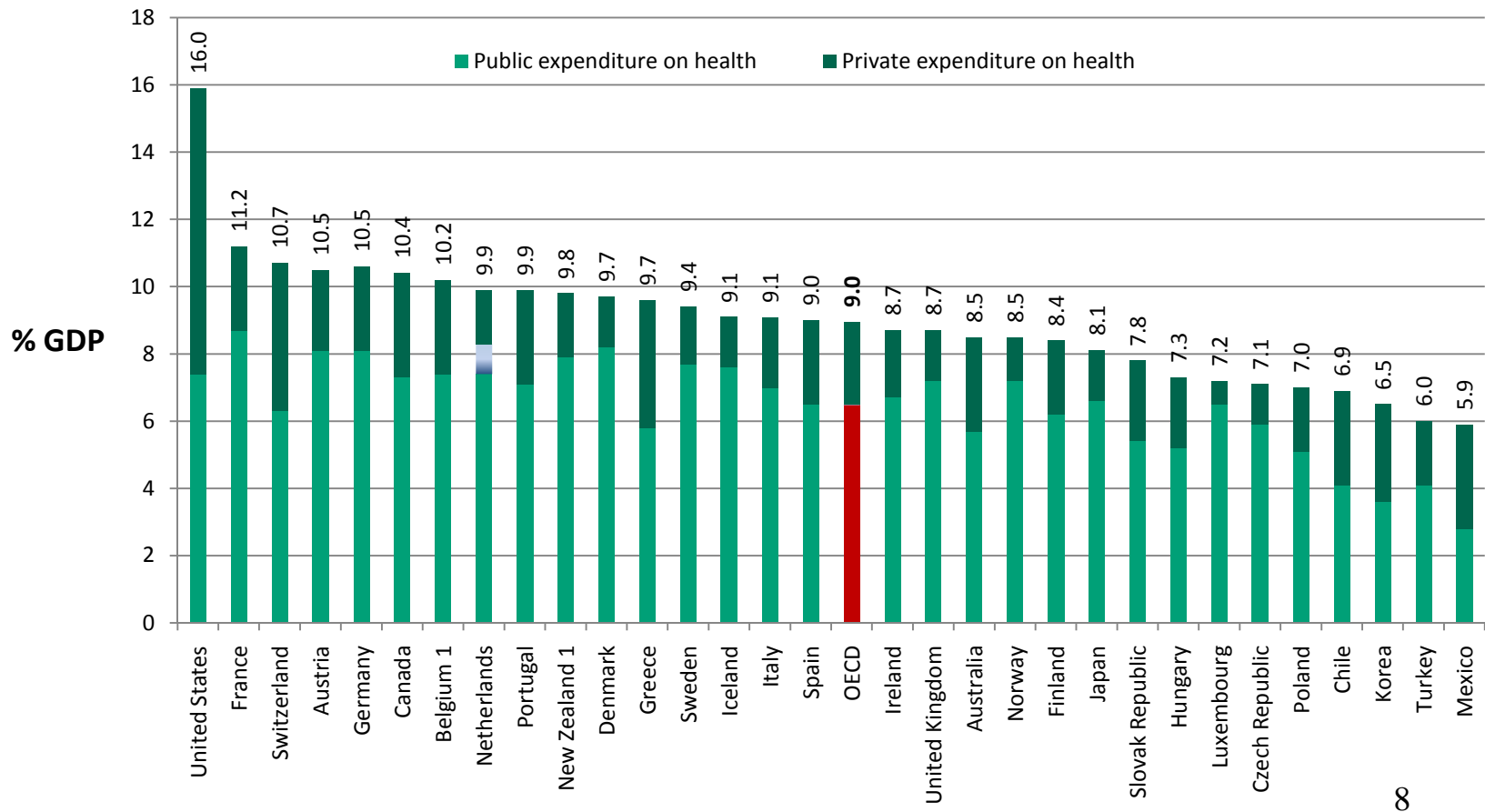


* Estimate is statistically different from estimate for the previous year shown ($p < .05$).

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2010.



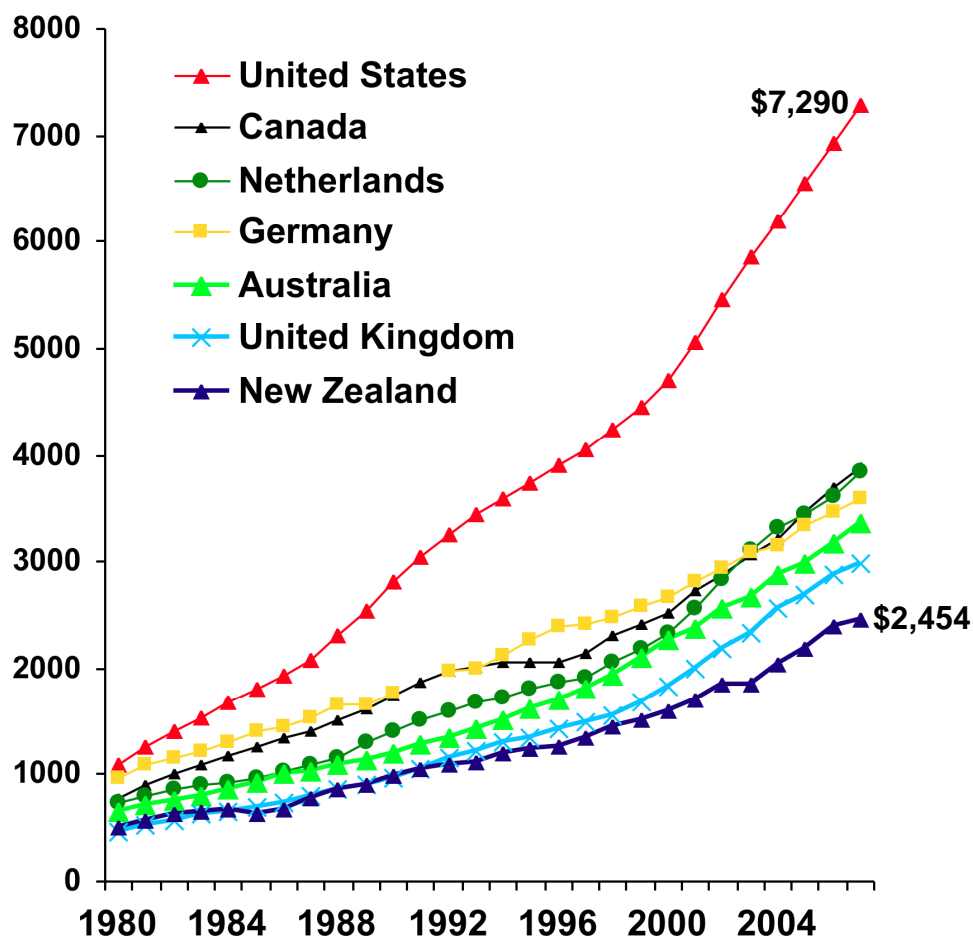
Health expenditure as a share of GDP, 2008 (or latest year available)



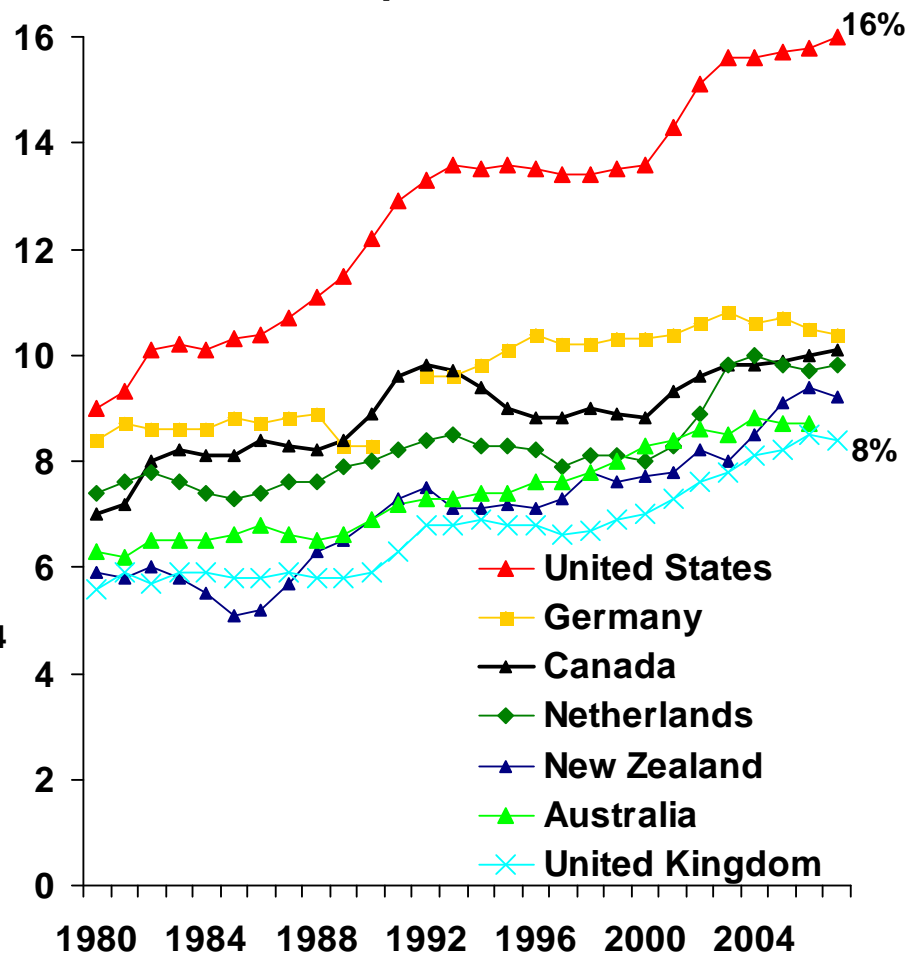
1. Current expenditure. Source: *OECD Health Data 2010*.

International Comparison of Spending on Health, 1980–2007

Average spending on health per capita (\$US PPP)



Total expenditures on health as percent of GDP



Note: \$US PPP = purchasing power parity.

Source: Organization for Economic Cooperation and Development, *OECD Health Data, 2009* (Paris: OECD, Nov. 2009).

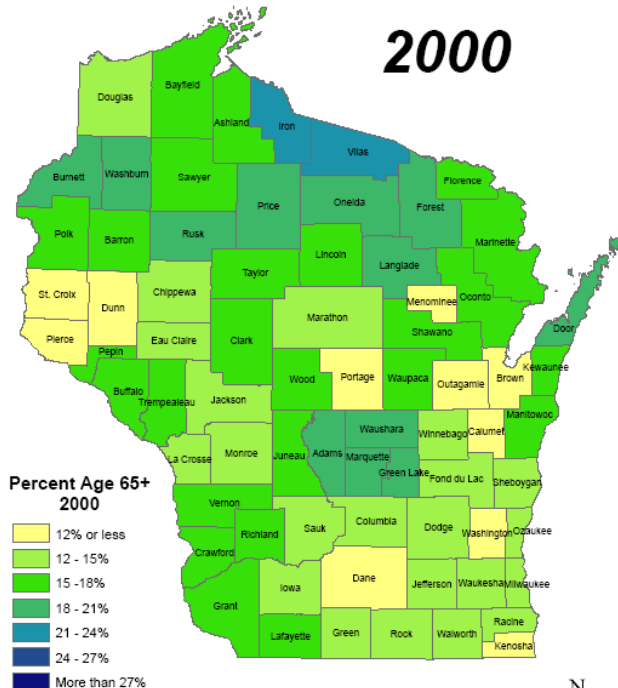


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Like Others, WI Population Grows Older...and Will Need Intense Resources

Percent of the Population Age 65+

2000



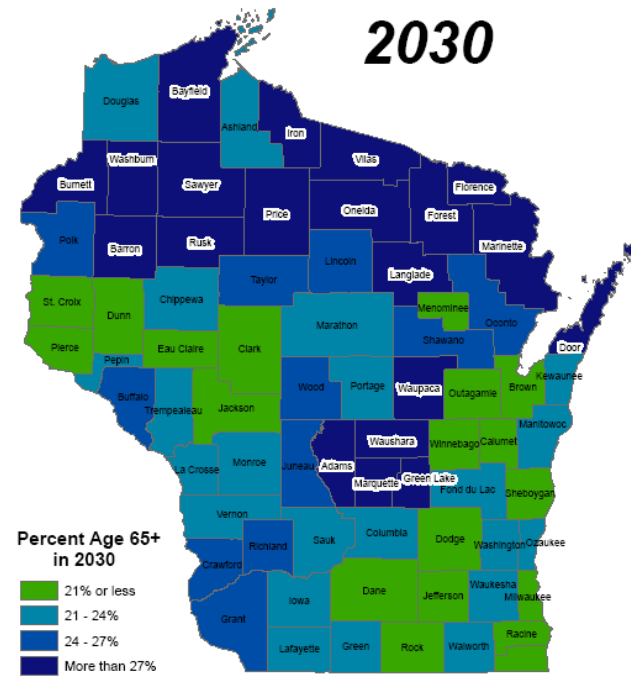
0 20 40 80 Miles

Source: U.S. Bureau of the Census, Census 2000.

Prepared by Cindy Ofstead, DHFS Bureau of Aging and Disability Resources

Percent of the Population Age 65+

2030



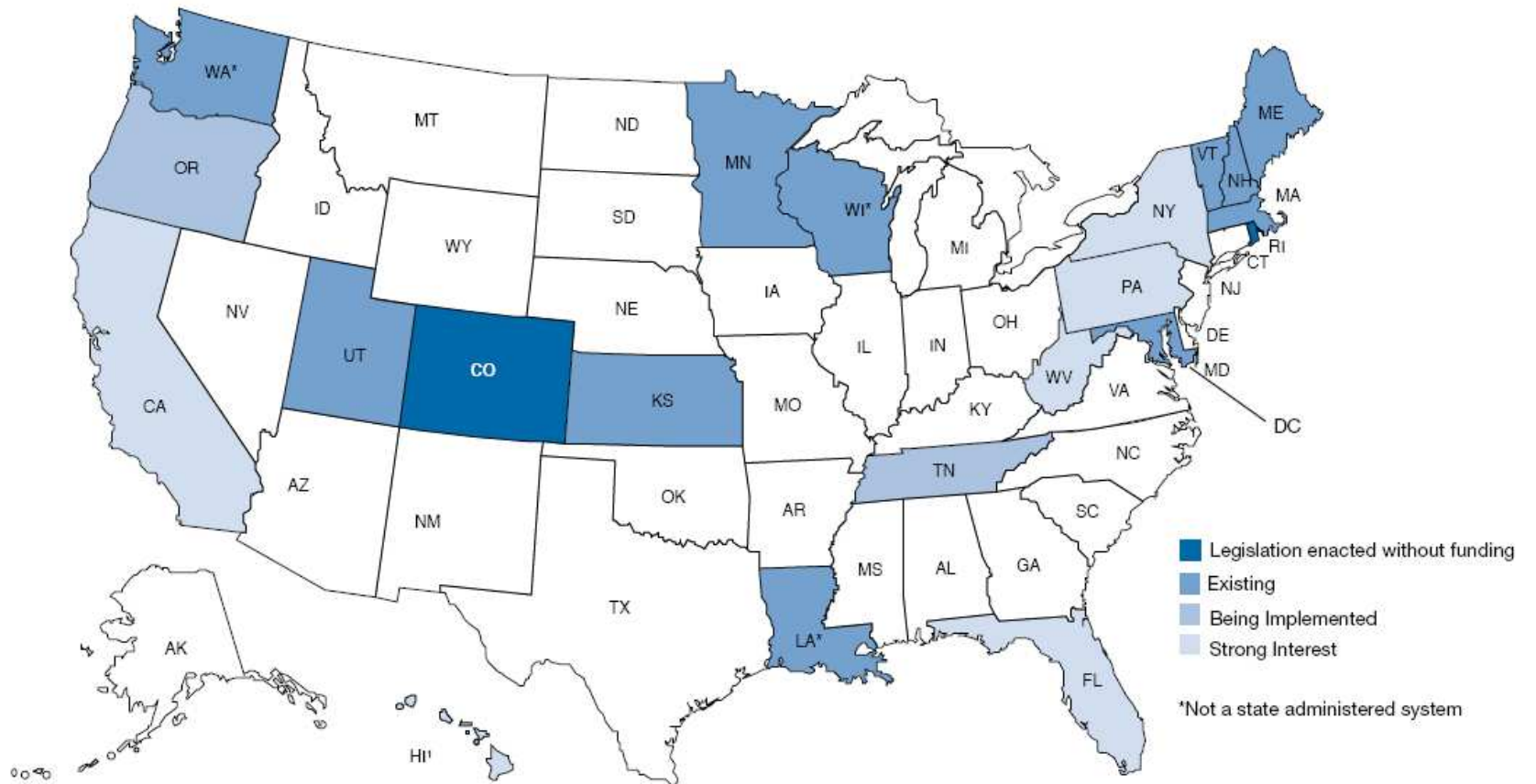
0 20 40 80 Miles

Source: WI DOA Demographic Services, Population Projections

Prepared by Cindy Ofstead, DHFS Bureau of Aging and Disability Resources



Figure 1: Status of All-Payer Claims Databases as of May 2010





Original WI Health Information Organization Stakeholders, *Voluntary Private-Public Partnership*, 2005

Purchasers

Business Health Care Group
The Alliance
Employee's Trust Fund (State
Employees)

Providers

WI Medical Society
WI Hosp Association
WI Collaborative for
Healthcare Quality

Payers

Humana
United
Anthem
WI Physician Services
WI Education Assn Trust

State

Dept of Health Services



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WHIO Members and Subscribers Circa 2010

- **The Alliance**
- **Anthem Blue Cross and Blue Shield of Wisconsin**
- **Greater Milwaukee Business Foundation on Health**
- **Humana**
- **United Healthcare of Wisconsin**
- **WEA Insurance Trust**
- **WPS Health Insurance**
- **Wisconsin Collaborative for Healthcare Quality**
- **Wisconsin Hospital Association**
- **Wisconsin Medical Society**
- **Wisconsin Department of Employee Trust Funds**
- **Wisconsin Department of Health Services**
- **Aspirus**
- **Aurora**
- **Bellin Health**
- **Dean Health Plan**
- **Group Health Cooperative South Central Wisconsin**
- **Gundersen Lutheran Health Plan**
- **Health Tradition Health Plan**
- **MercyCare Insurance**
- **Network Health Plan**
- **Physicians Plus Insurance**
- **Prevea Health Plan**
- **Security Health Plan**
- **ThedaCare**
- **UW – Population Health**



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New Data Mart Version (DMV) Every 6 Months

DMV 1	DMV 2	DMV 3	DMV 4
3 Dec 2008	7 Aug 2009	14 Apr 2010	31 Oct 2010
1.52 M	1.63 M	2.6 M (with 550K Medicaid)	3.4 M (1.2 M Medicaid) 58% of WI Residents
\$7.6 B	\$9.6 B	\$18.65 B	\$29 B



“The Specialist” is 8 to 15% of Resource Use for These Expensive Areas. Can Physicians Judiciously Authorize the Other 85%? DMV2

Maj Practice Category	Episode Treatment Group	Specialist	Tot Std Cost	%	Hosp, Inpt & Outpt
Orthopedics	Jt Degen, Knee and Lower Leg	\$10 M	\$66.6 M	15.0%	\$47.3 M
Cardiology	IHD with Angioplasty	\$ 8 M	\$63.1 M	12.7%	\$48.2 M
Gastroenterology	Inflam of Esoph w/o Surg	\$ 3.4 M	\$41.7 M	8.2%	\$15.8 M
Behavioral Health	Mood Disorder, Depressed	<u>\$ 6.5 M</u>	\$79.2 M	8.2%	<u>\$11.6 M</u>
Total		\$27.9 M			\$122.9 M



Desired Outcomes *of The Center For Medical Practice Research and Education*

1. Raising the expectation that it is the **citizen's DUTY to keep themselves well**, with a patient-centered team
2. When people are not well, **employ evidence-based appropriate use criteria for care**
<http://www.cardiosource.org/Science-And-Quality/Quality-Programs/Imaging-in-FOCUS/Webinars-and-Case-Studies.aspx>, choose first webinar
3. **Publication and Implementation of “value-focused best practice”** by physicians – reduction of cost variation

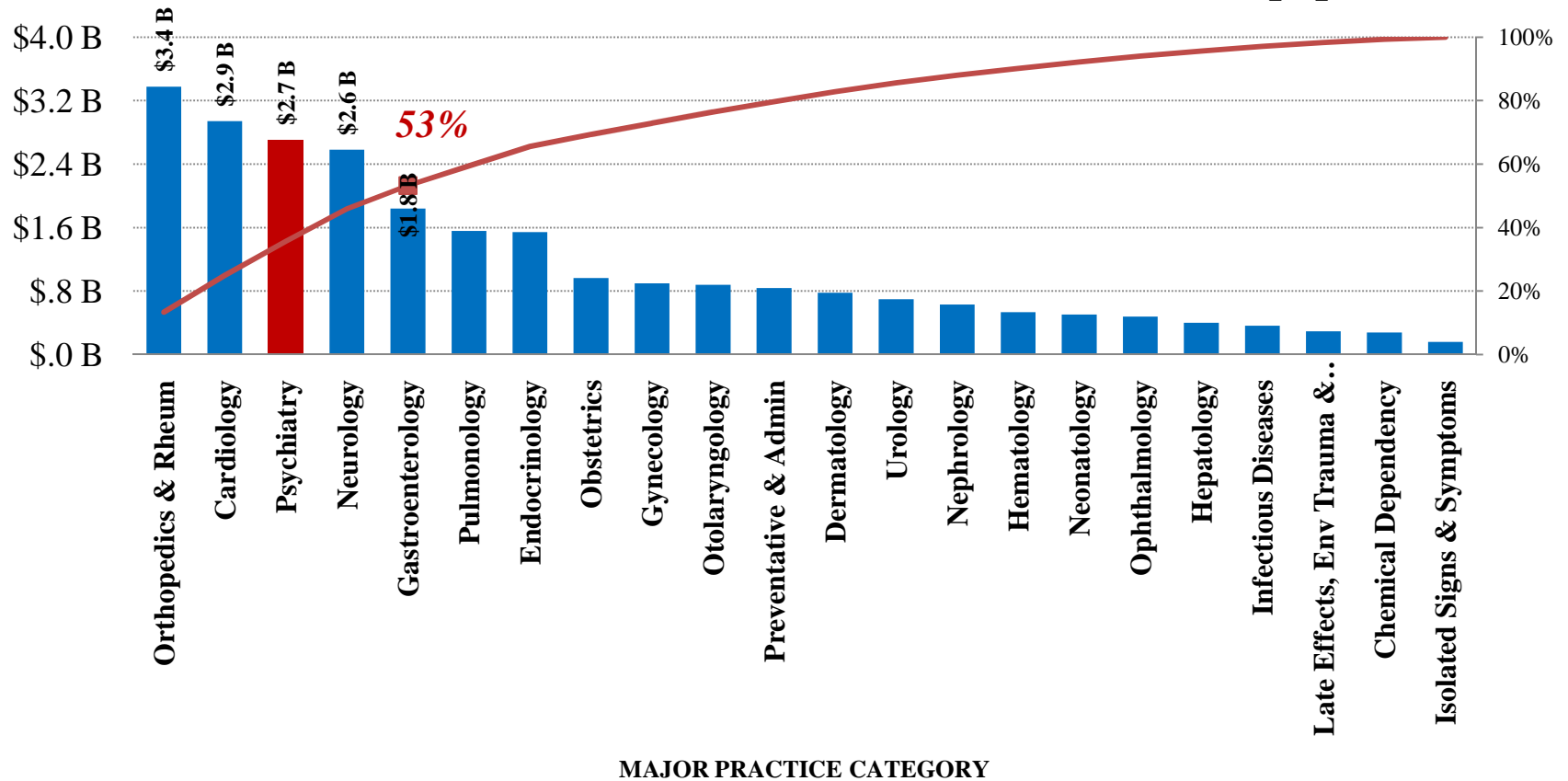
**TOTAL STANDARD COST
BY MAJOR PRACTICE CATEGORY,
\$28.9B, 3.4M People (58% of WI RESIDENTS)
WHIO DMV4**

DMV4

Major Practice Categories	Total Standard Cost	% of Total
Orthopedics and Rheumatology	\$ 3,373,806,944	11.7%
Cardiology	\$ 2,940,528,293	10.2%
Neurology	\$ 2,580,675,287	8.9%
Psychiatry	\$ 2,709,080,249	9.4%
Gastroenterology	\$ 1,841,539,620	6.4%
Pulmonology	\$ 1,559,188,045	5.4%
Ungrouped	\$ 1,635,528,626	5.7%
Endocrinology	\$ 1,545,286,195	5.3%
Obstetrics	\$ 963,126,924	3.3%
Otolaryngology	\$ 879,152,701	3.0%
Gynecology	\$ 898,660,000	3.1%
Preventative and Administrative	\$ 838,584,001	2.9%
Dermatology	\$ 779,448,423	2.7%
Urology	\$ 697,417,725	2.4%
Nephrology	\$ 631,325,752	2.2%
Hematology	\$ 533,348,779	1.8%
Ophthalmology	\$ 480,369,288	1.7%
Neonatology	\$ 503,598,786	1.7%
Hepatology	\$ 402,325,566	1.4%
Infectious Diseases	\$ 362,362,527	1.3%
Chemical Dependency	\$ 278,656,420	1.0%
Late Eff, Env Trauma & Poisonings	\$ 295,346,635	1.0%
Isolated Signs and Symptoms	\$ 161,248,025	0.6%
Unknown	\$ 2,008,646,507	7.0%
Grand Total	\$ 28,899,251,318	100.0%



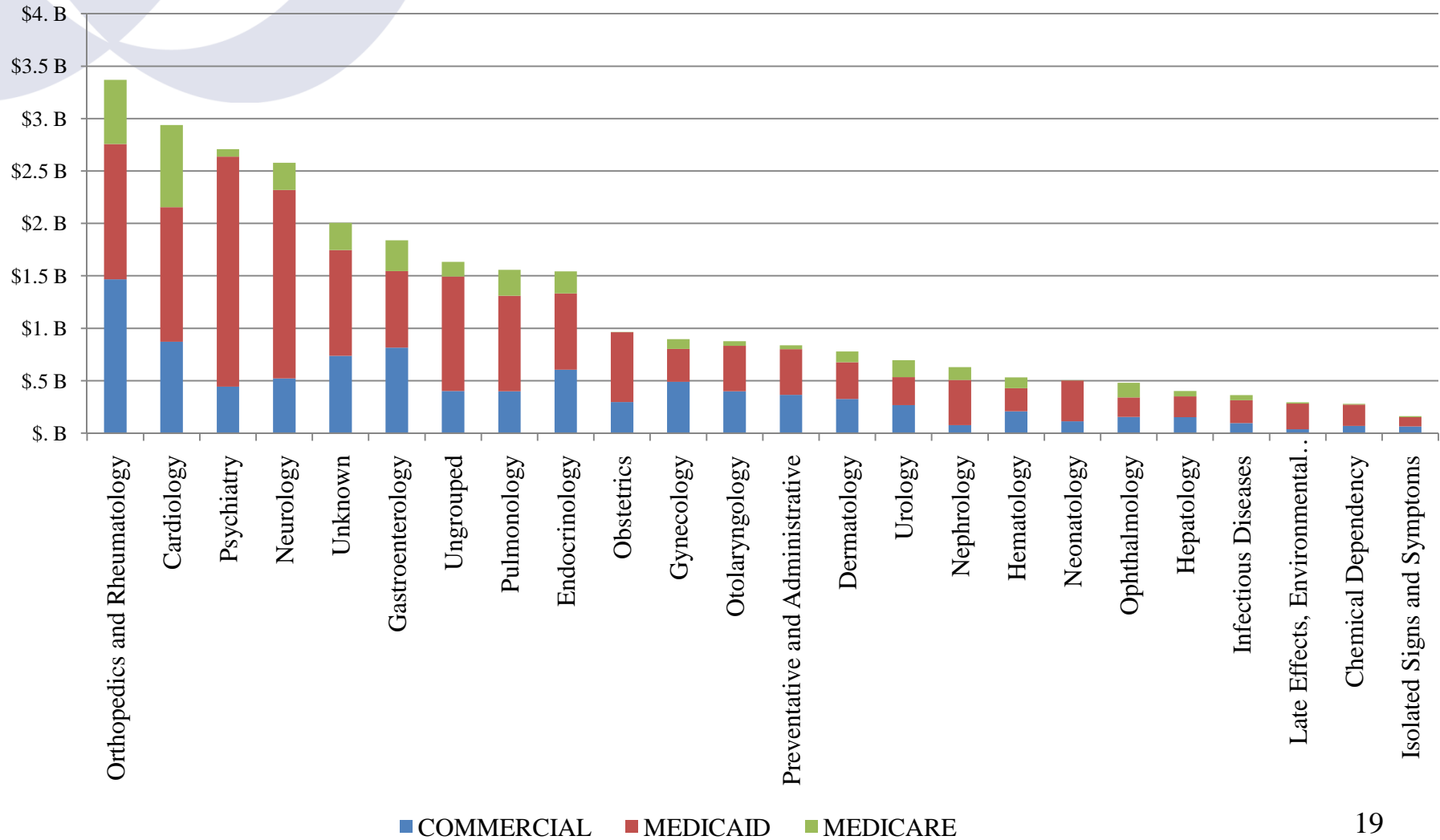
**TOTAL STANDARD COST WHO DMV4: \$28.9 Billion,
3.4 M WI RESIDENTS (58% of WI population)**





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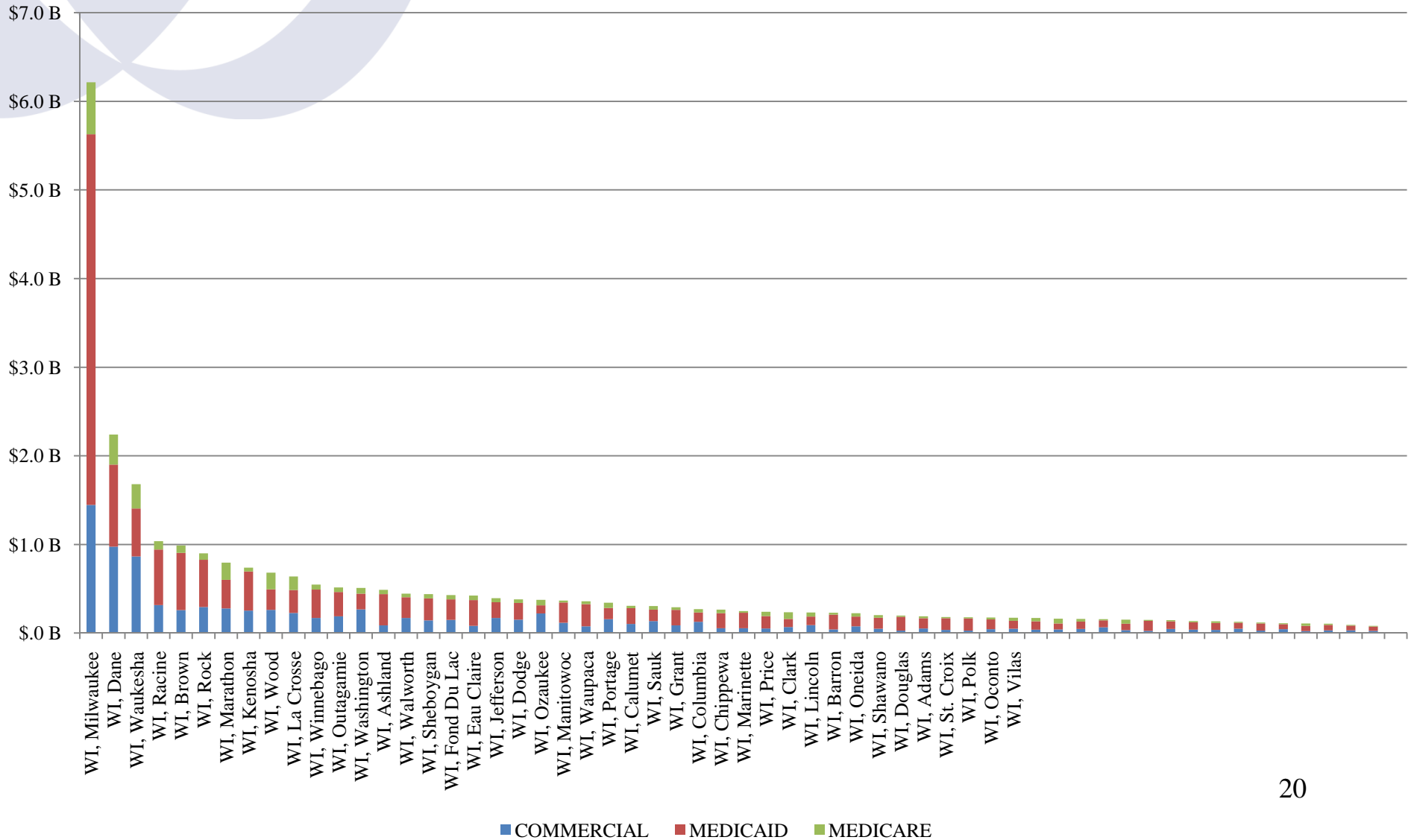
TOTAL STANDARD COST BY PAYER WHIO DMV4





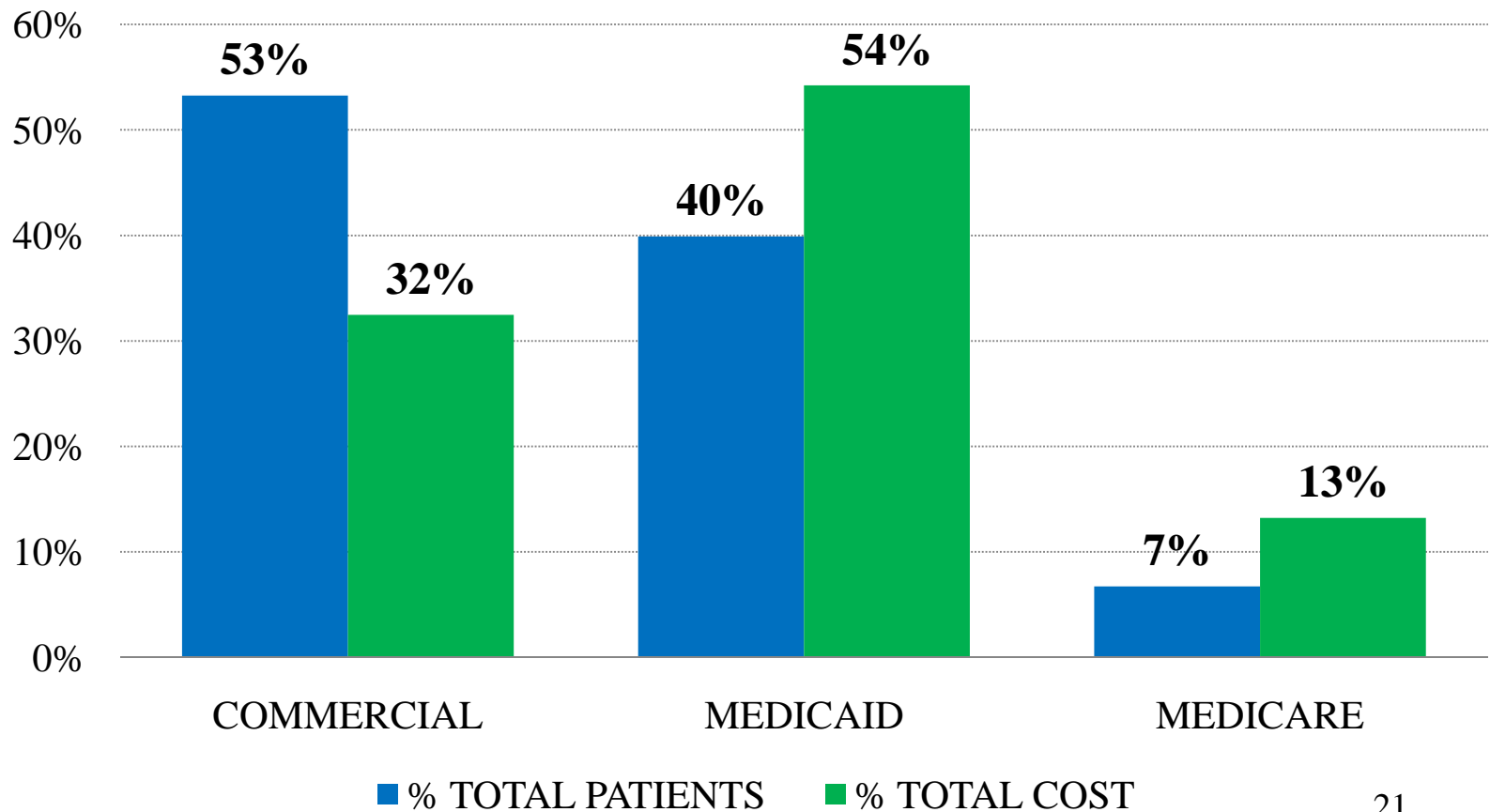
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Total Standard Cost by County WHIO DMV4

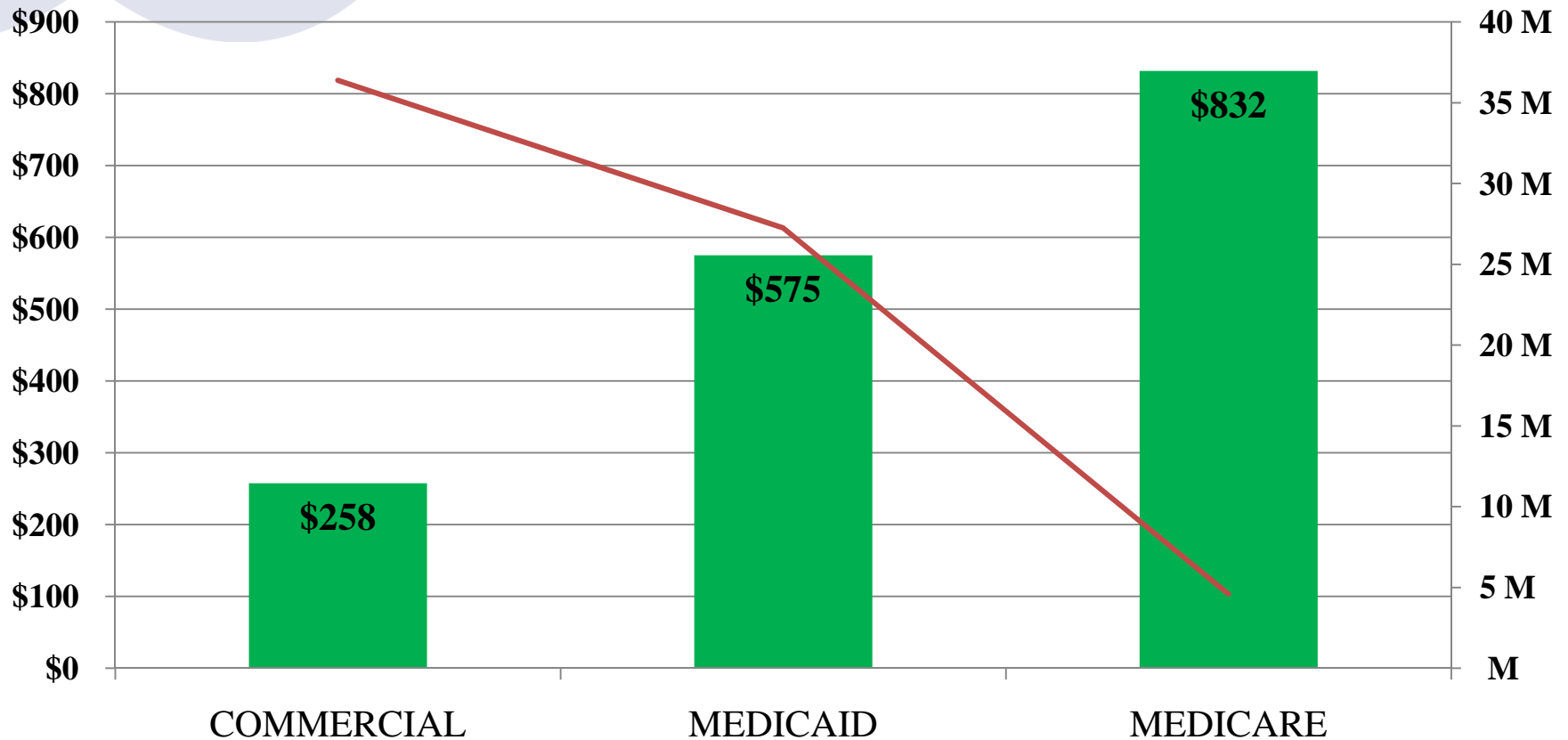




WHIO DMV4 PATIENT AND COST DISTRIBUTION BY PRODUCT

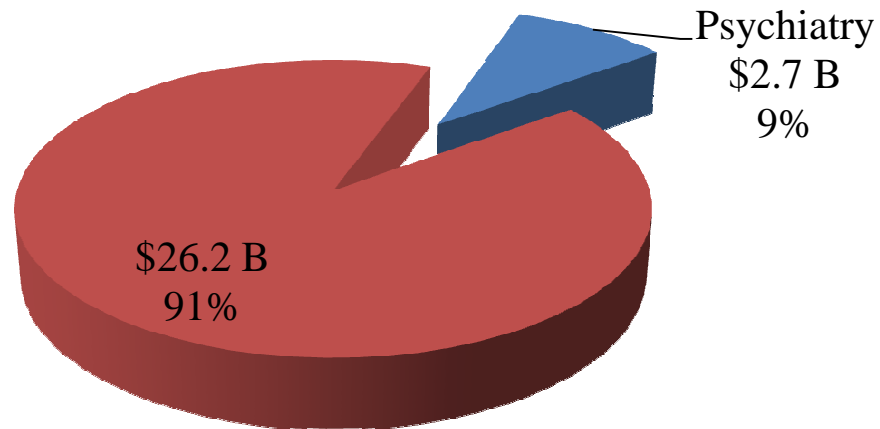


WHIO DMV4 STANDARD COST PER MEMBER PER MONTH AND NUMBER OF MEMBER MONTHS BY PRODUCT



■ Std Cost PMPM — Member Months

PSYCHIATRY DMV4



	Year 1	Year 2	Lag	Two-year Total
Psychiatry	\$1.7 B*	\$1.0 B		\$2.7 B
All other MPCs	\$12.5 B	\$11.7 B	\$2.0 B	\$26.2 B
DMV4 Total	\$14.2 B	\$12.7 B	\$2.0 B	\$28.9B
Distinct Patients	2.9 mill	3.0 mill		

***Includes a \$90M outpatient office visit for depression in Year 1**



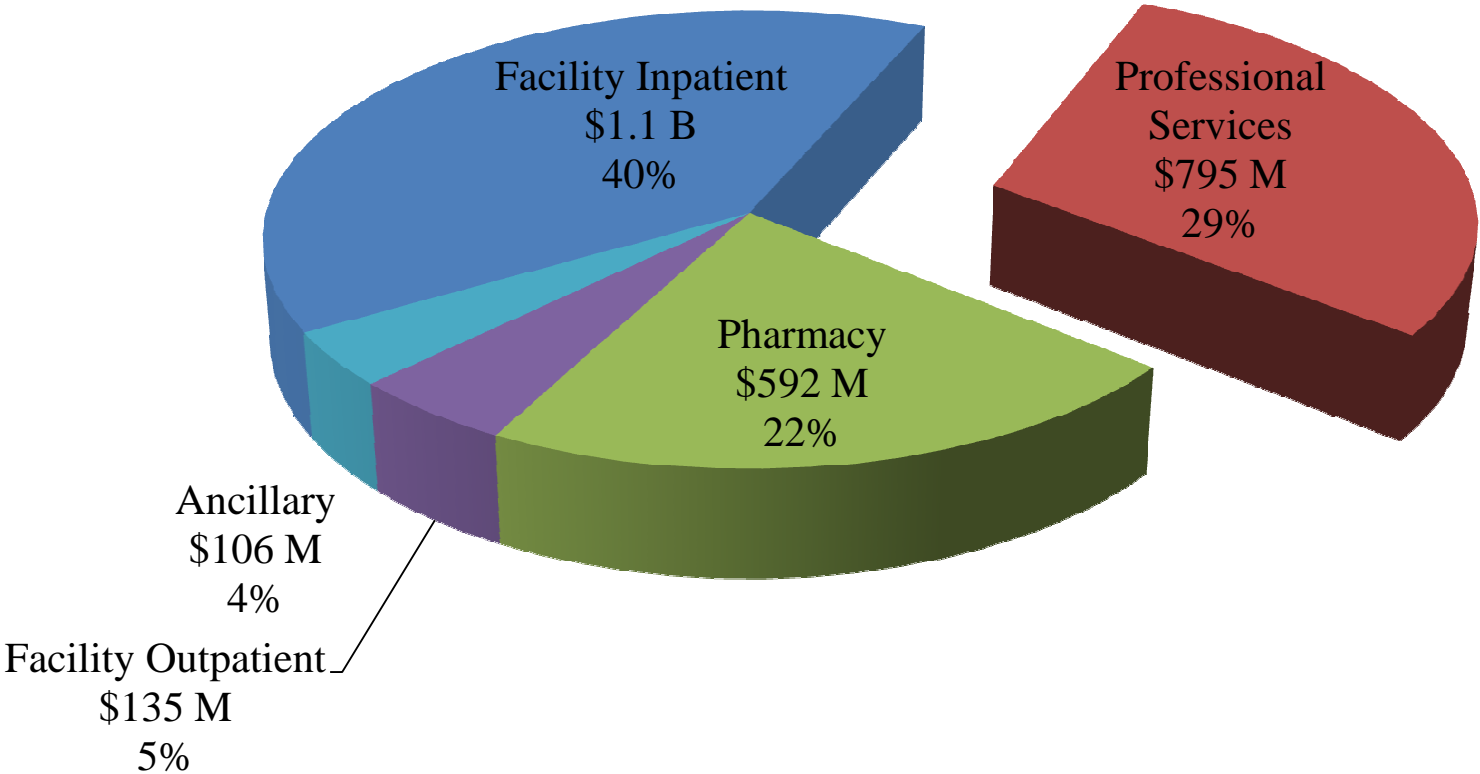
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Psychiatry, WHIO DMV 4

Episode Cost Distribution by Type of Service

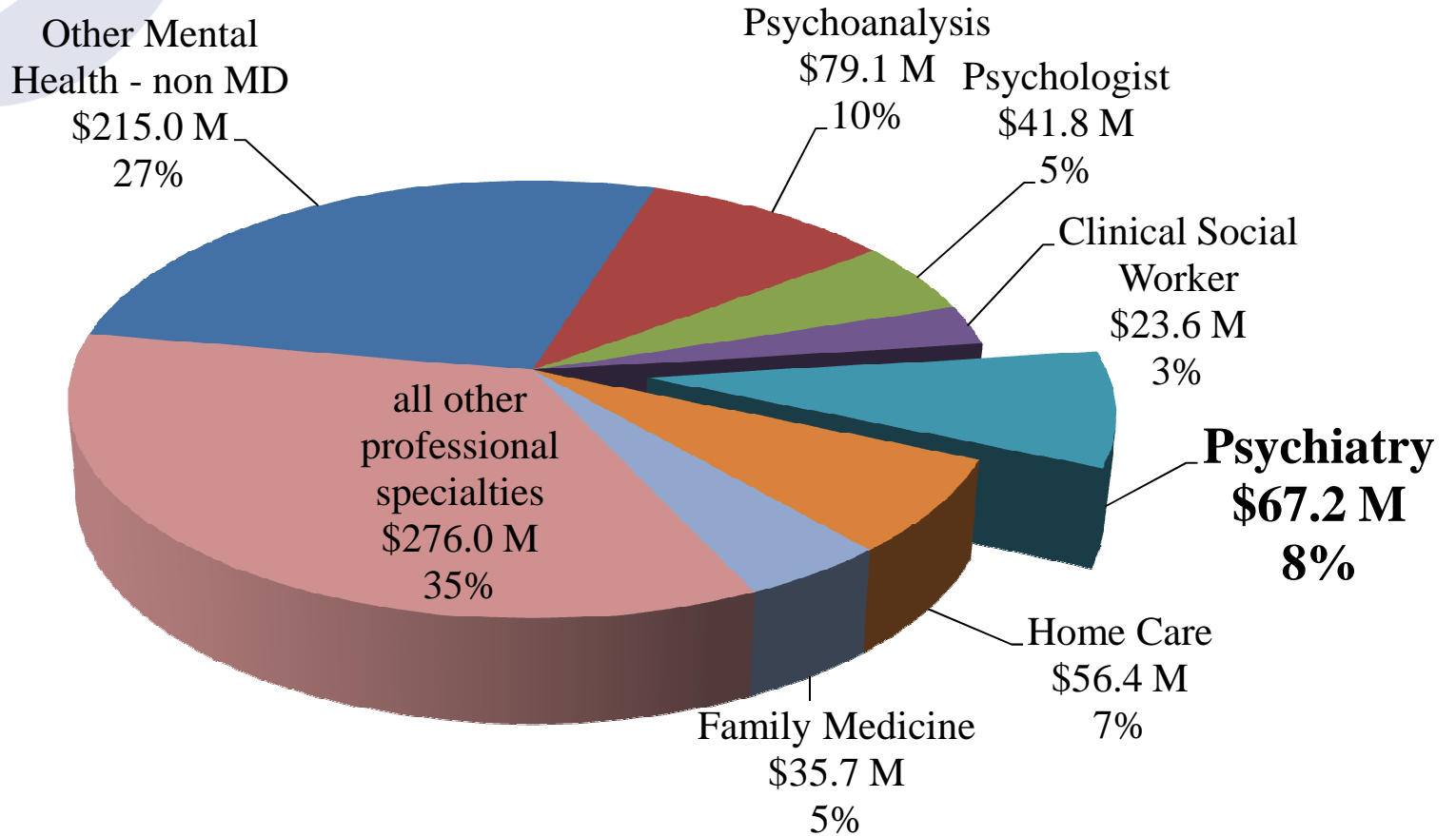


PSYCHIATRY EPISODE COST DISTRIBUTION BY TYPE OF SERVICE WHIO DMV4



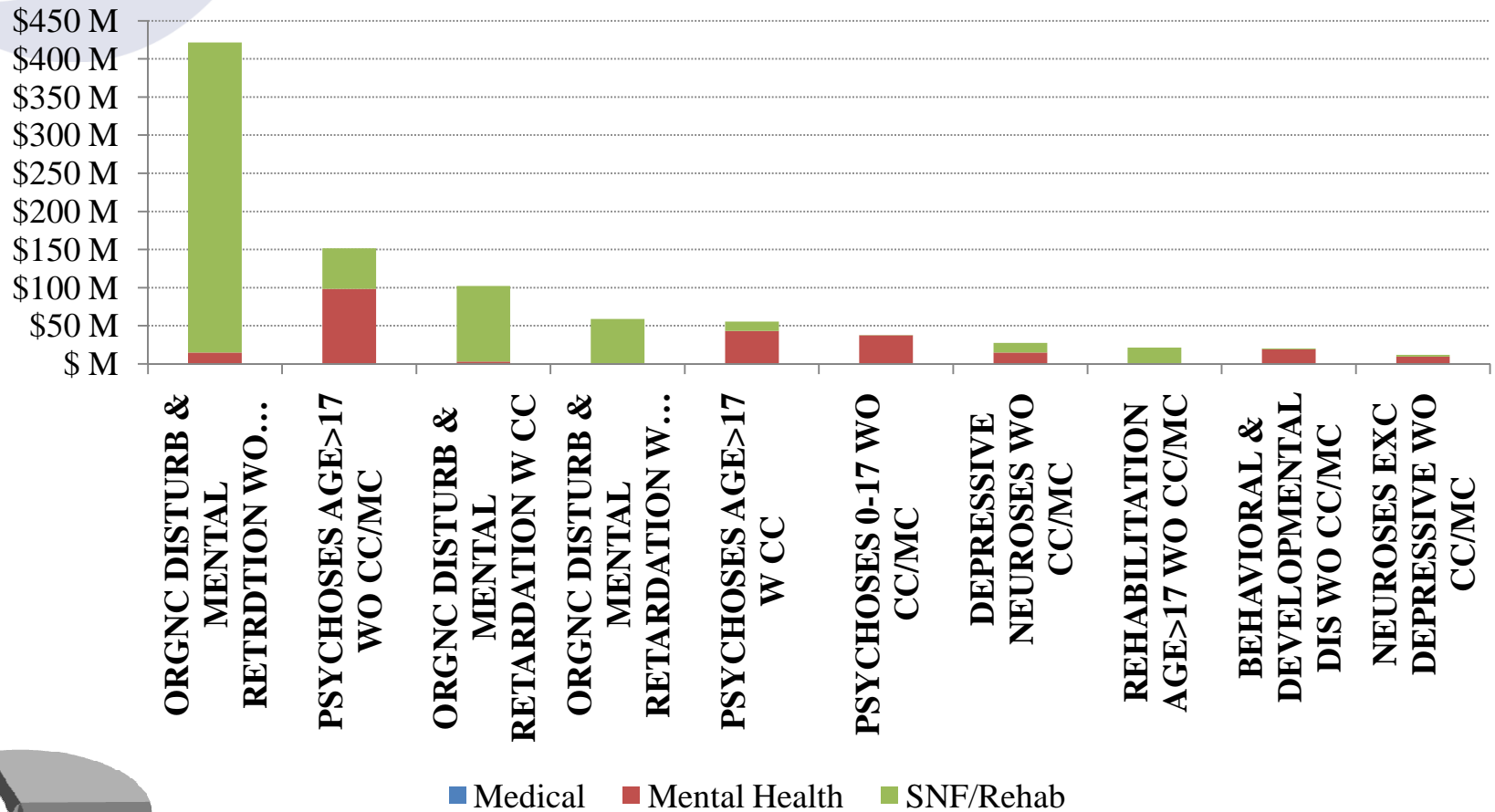


PSYCHIATRY MPC PROFESSIONAL COST BY PROVIDER SPECIALTY WHIO DMV4



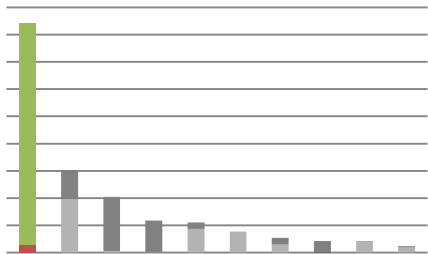
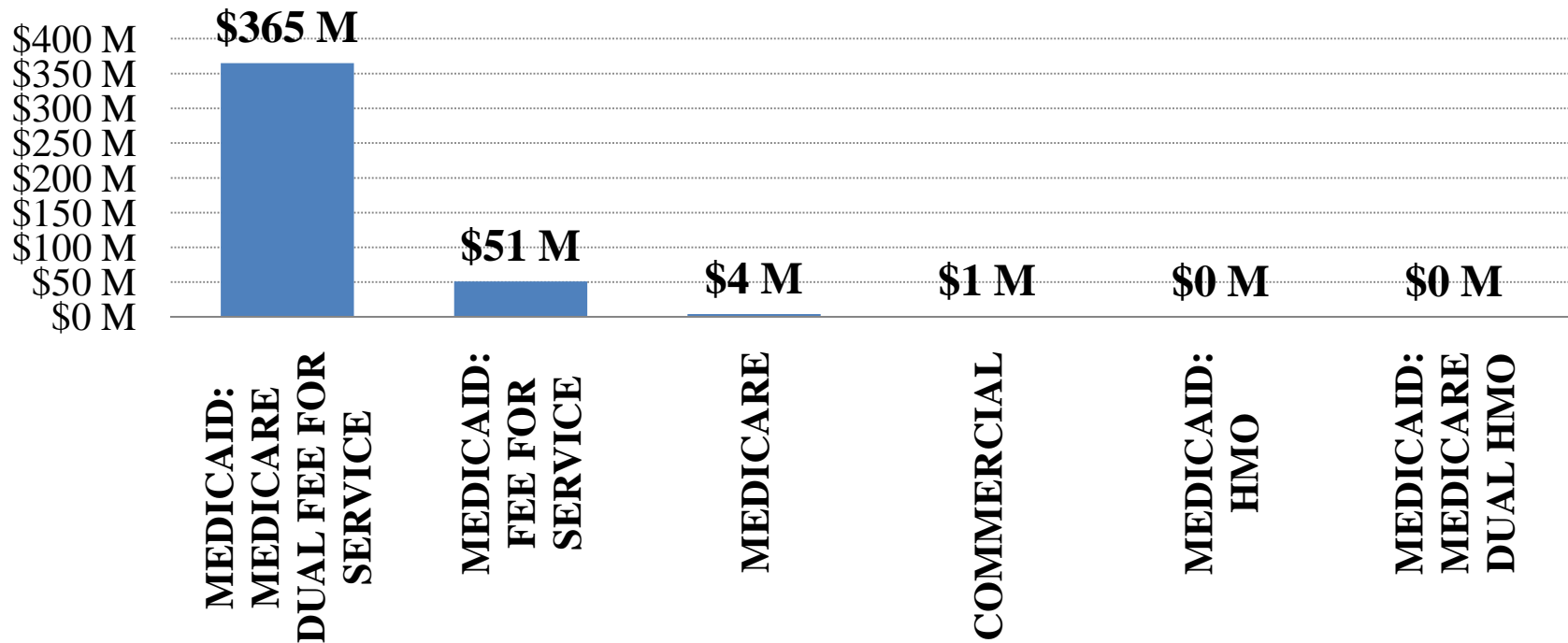


DMV4 PSYCHIATRY EPISODES FACILITY INPATIENT TOTAL COST TOP 10 DRGs



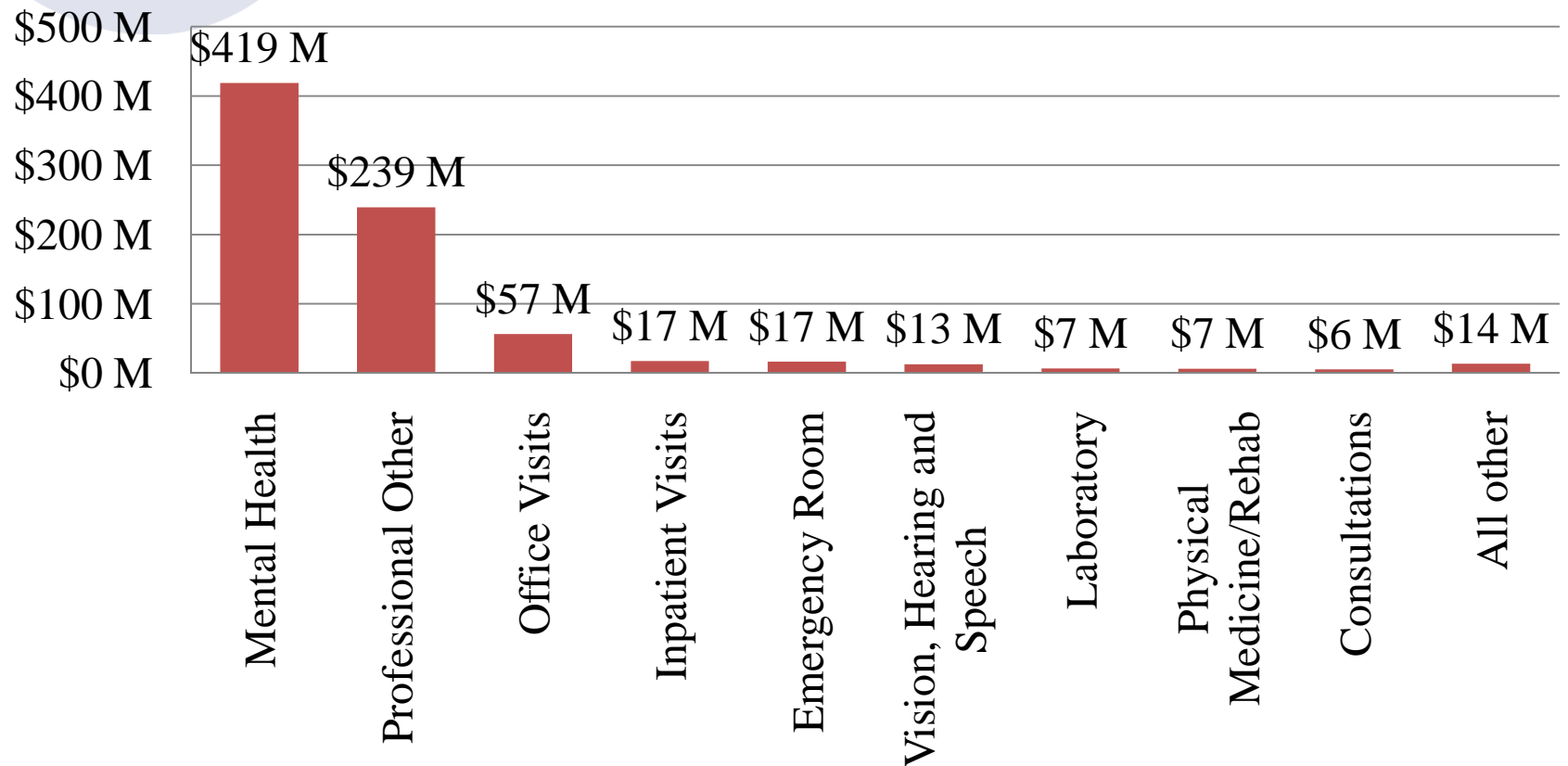


**PSYCHIATRY INPATIENT FACILITY COST
DRILL DOWN BY PRODUCT
DRG = ORGANIC DISTURB & MENTAL
RETARDATION W/O C/MC
WHIO DMV4**

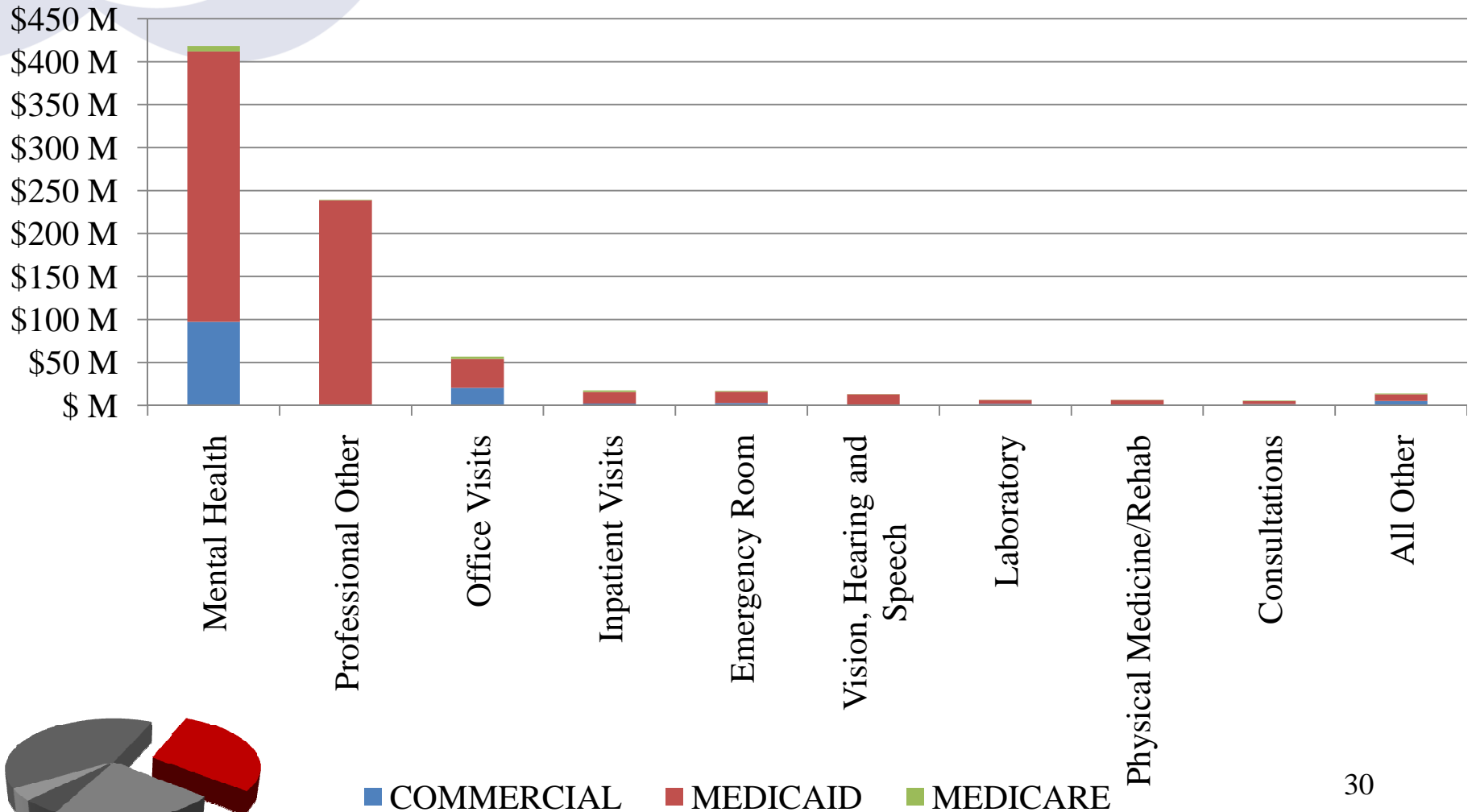




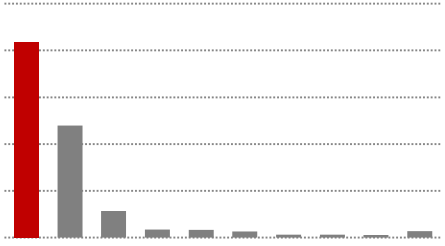
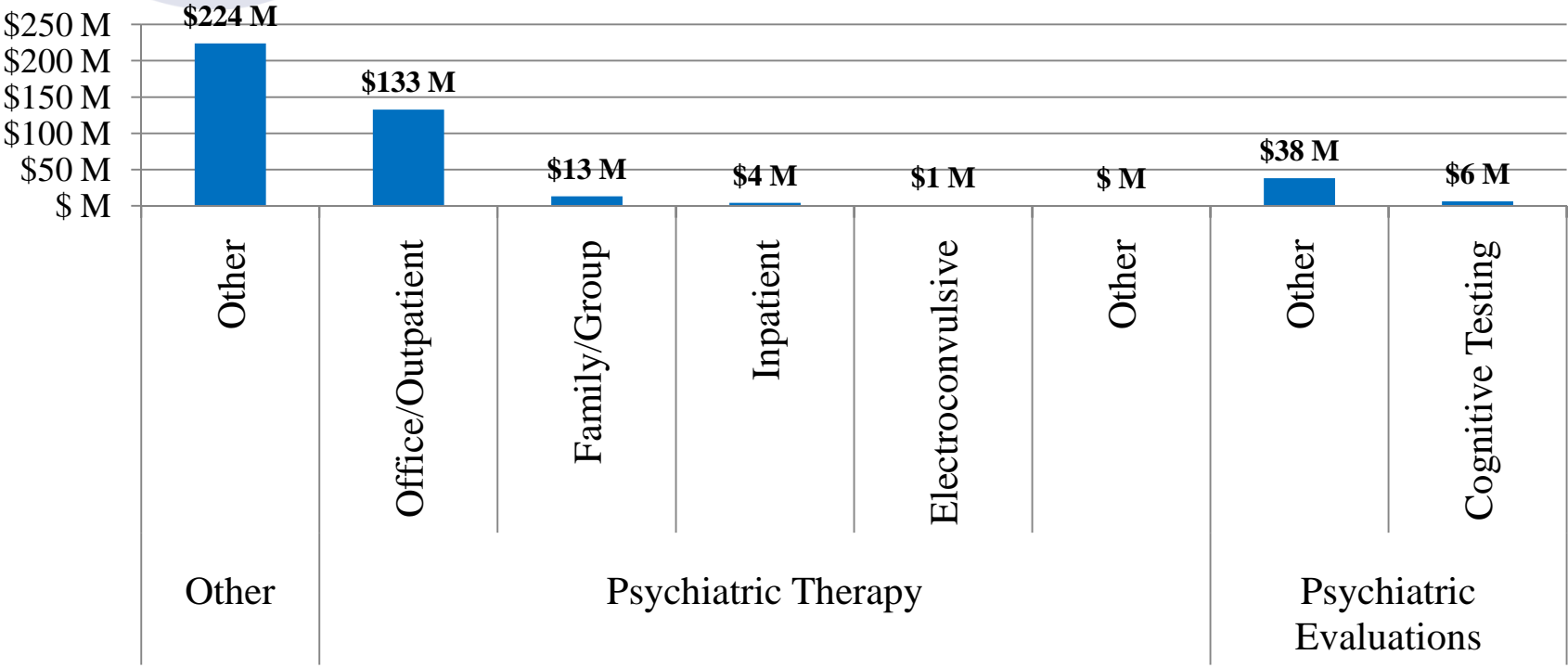
DMV4 PSYCHIATRY EPISODES PROFESSIONAL SERVICES TOTAL COST TYPE OF SERVICE LEVEL 2



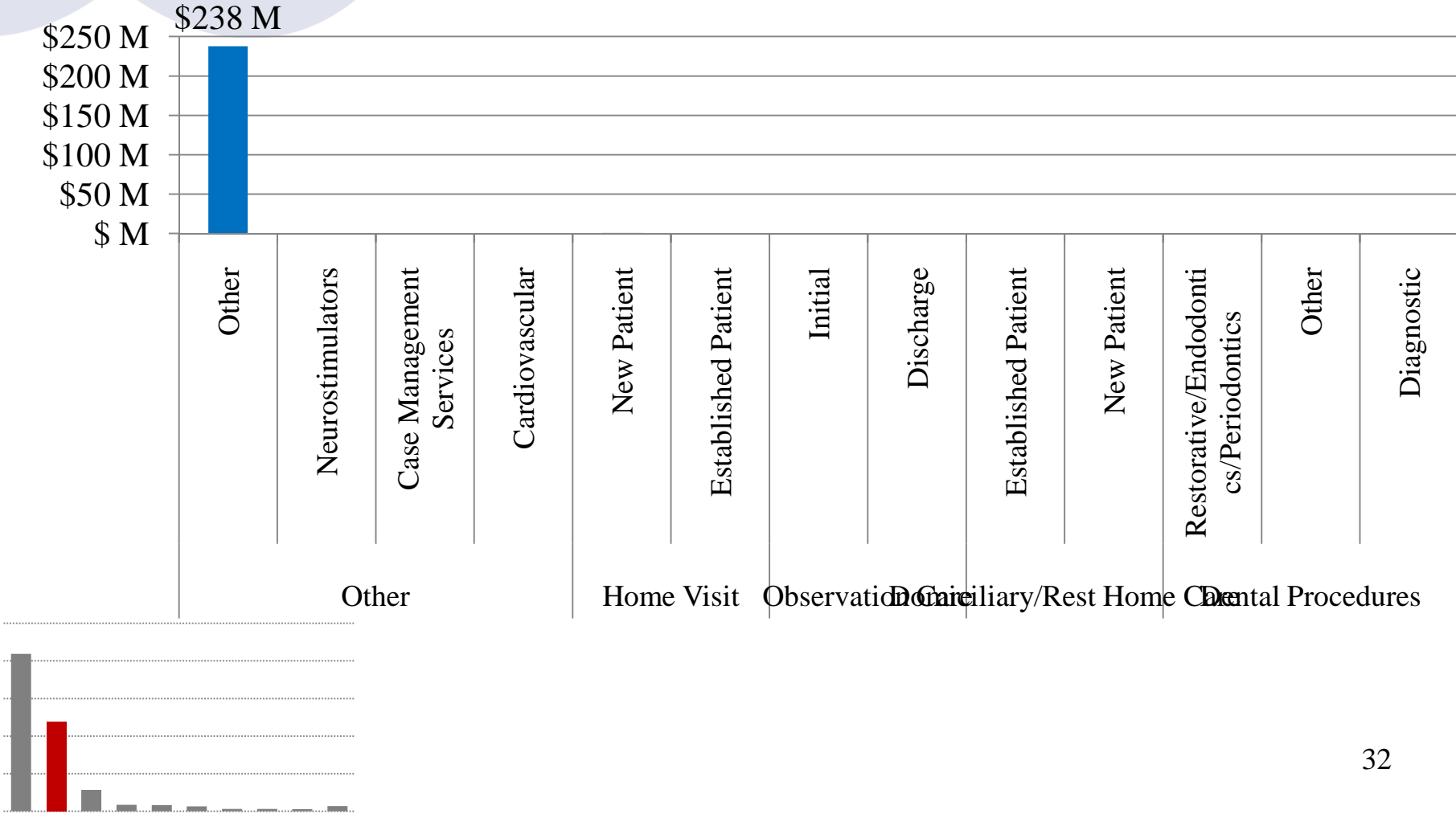
**DMV4 PSYCHIATRY EPISODES
PROFESSIONAL SERVICES TOTAL COST BY PAYER
TYPE OF SERVICE LEVEL 2**



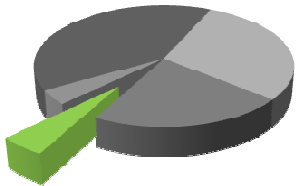
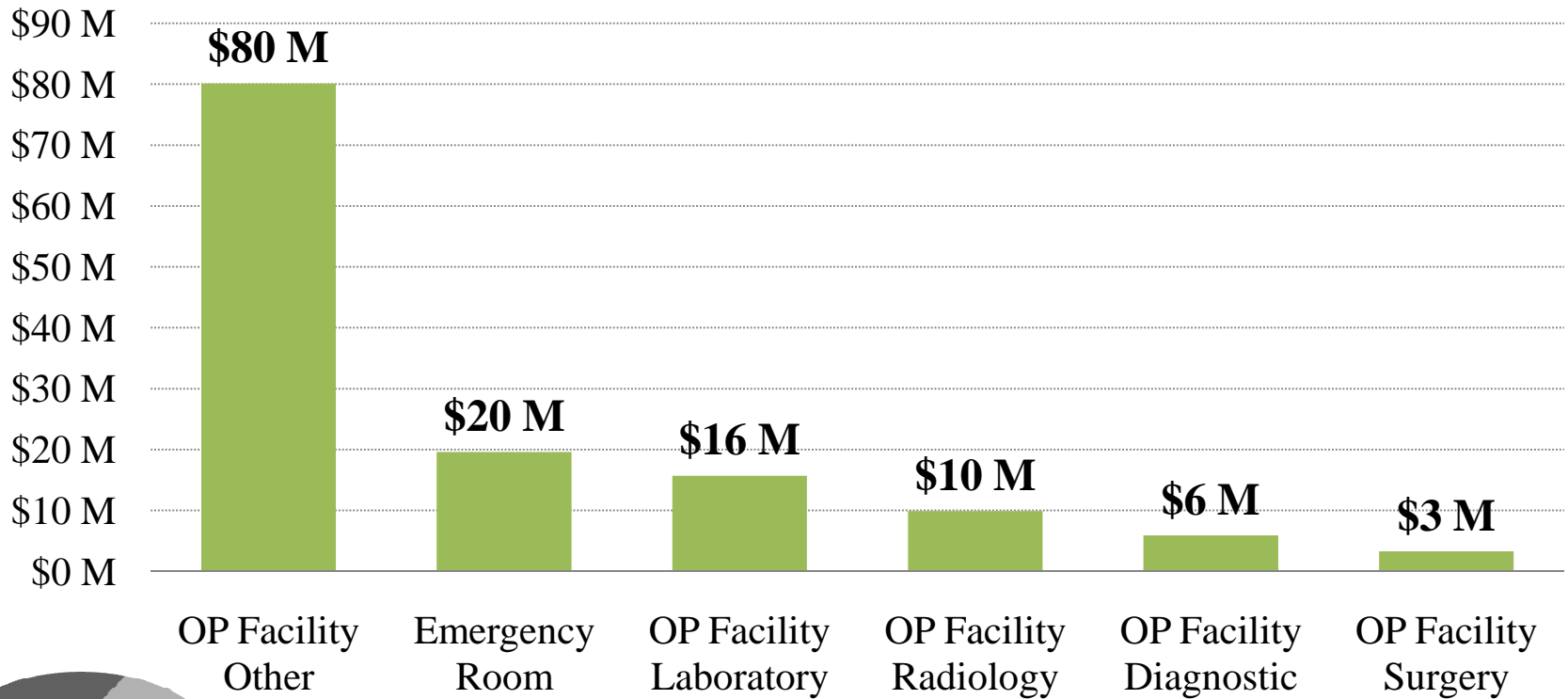
**DMV4 PSYCHIATRY EPISODES
PROFESSIONAL SERVICES TOTAL COST
MENTAL HEALTH SERVICES BREAKOUT**



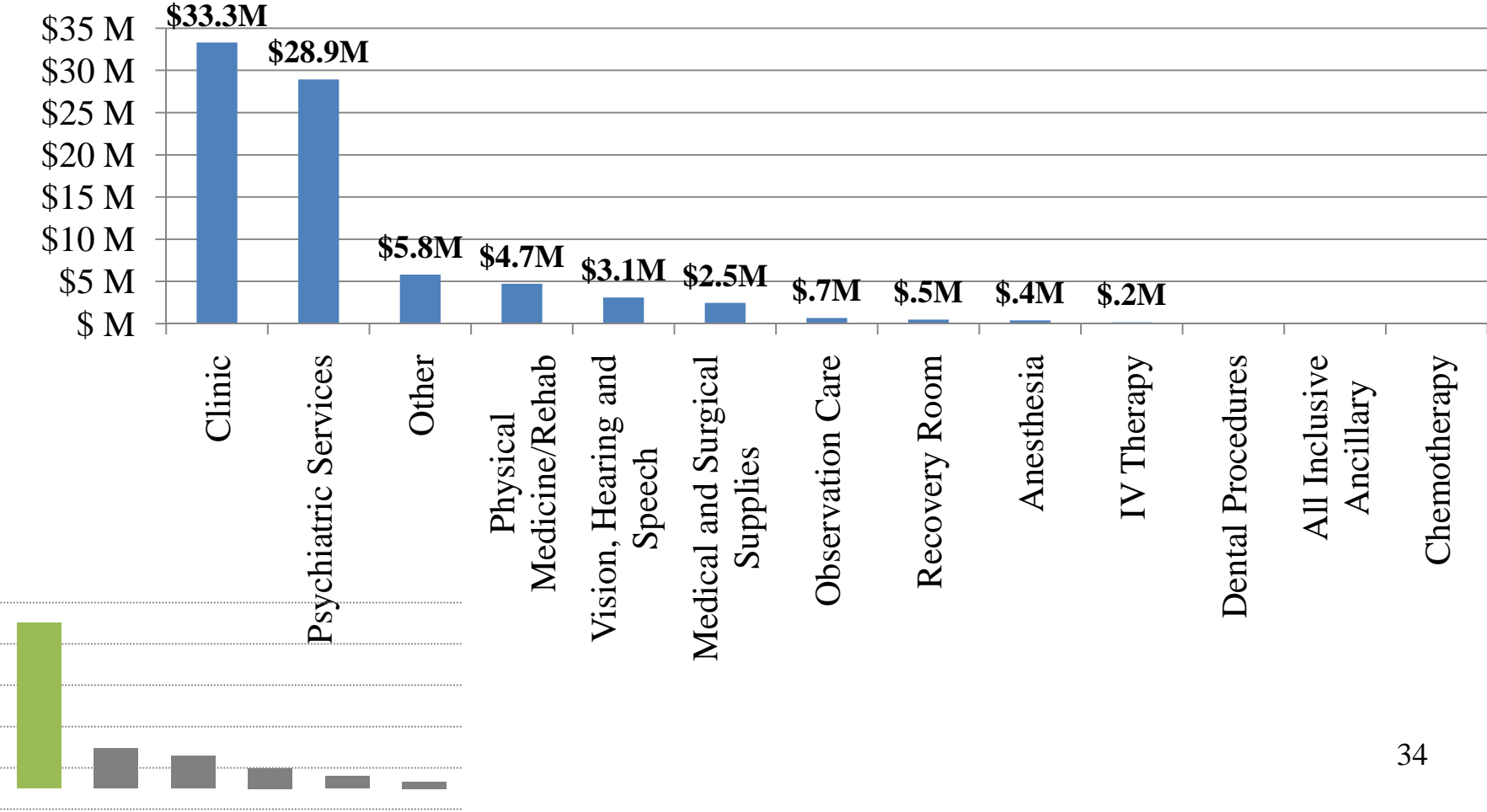
DMV4 PSYCHIATRY EPISODES PROFESSIONAL SERVICES TOTAL COST PROFESSIONAL OTHER SERVICES BREAKOUT



DMV4 PSYCHIATRY EPISODES
FACILITY OUTPATIENT SERVICES TOTAL COST
TYPE OF SERVICE LEVEL 2

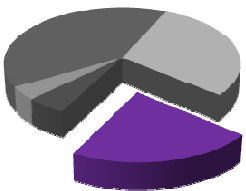
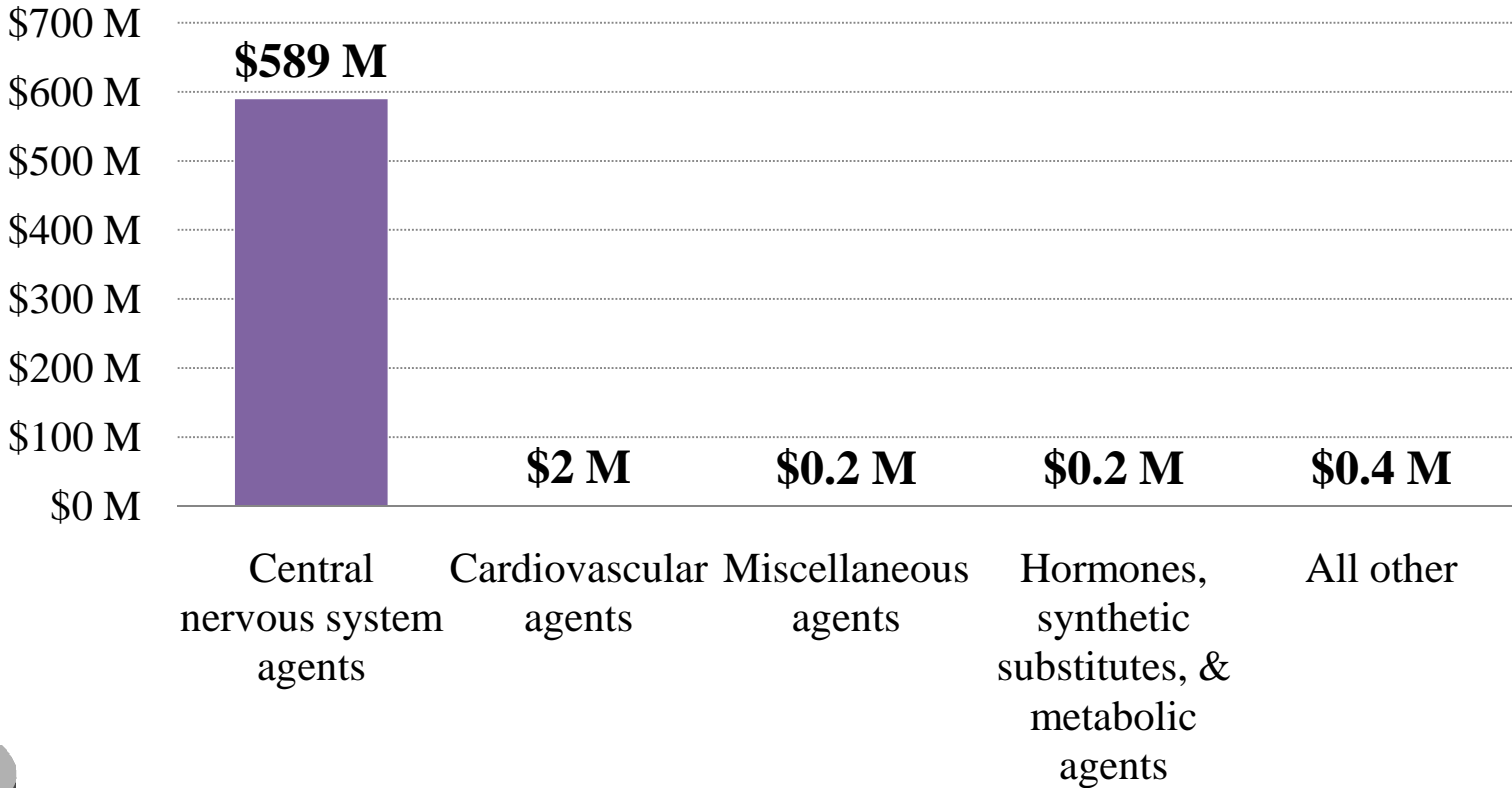


**DMV4 PSYCHIATRY EPISODES
FACILITY OUTPATIENT SERVICES TOTAL COST
FACILITY OUTPATIENT OTHER BREAKOUT**



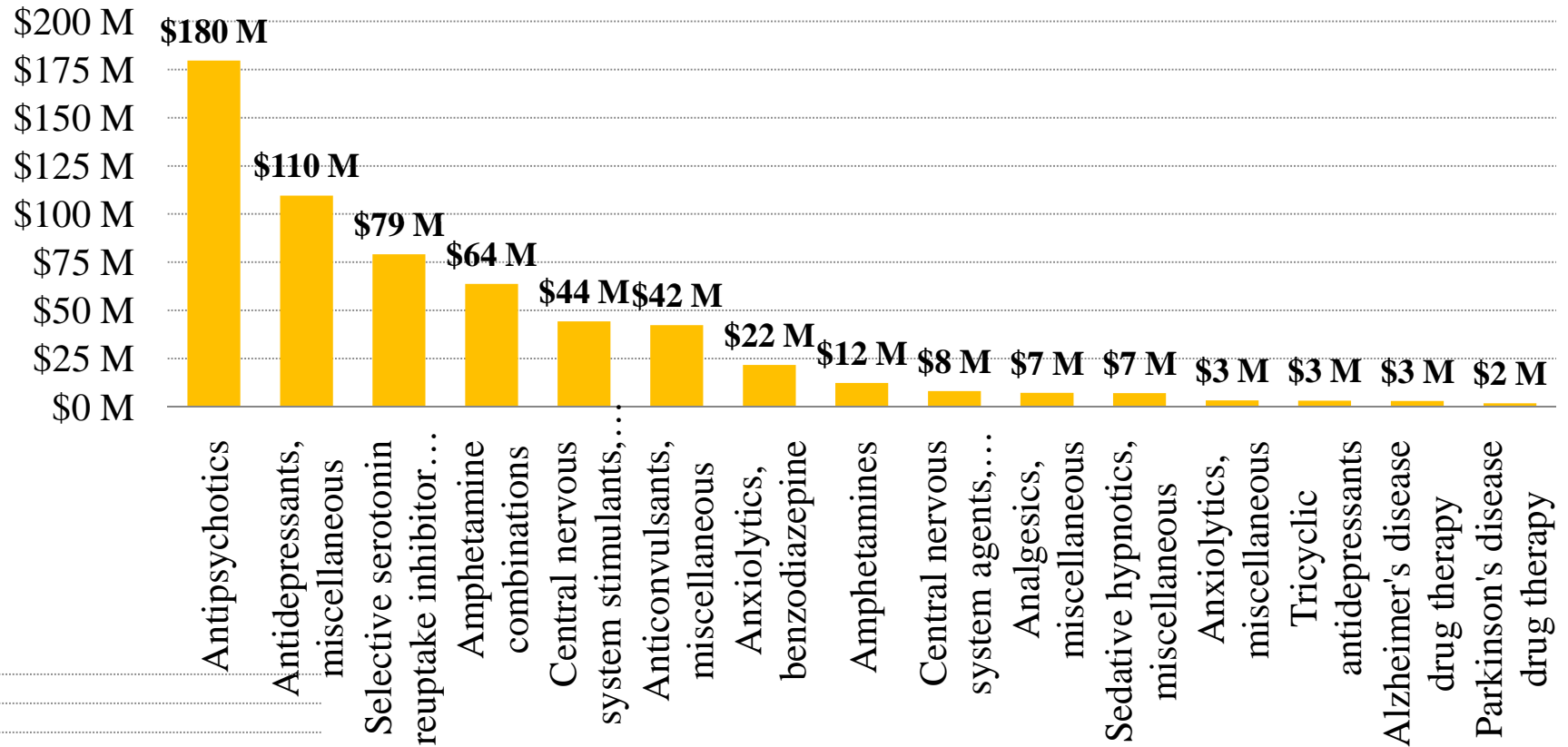


DMV4 PSYCHIATRY EPISODES PHARMACY TOTAL COST TYPE OF SERVICE LEVEL 2



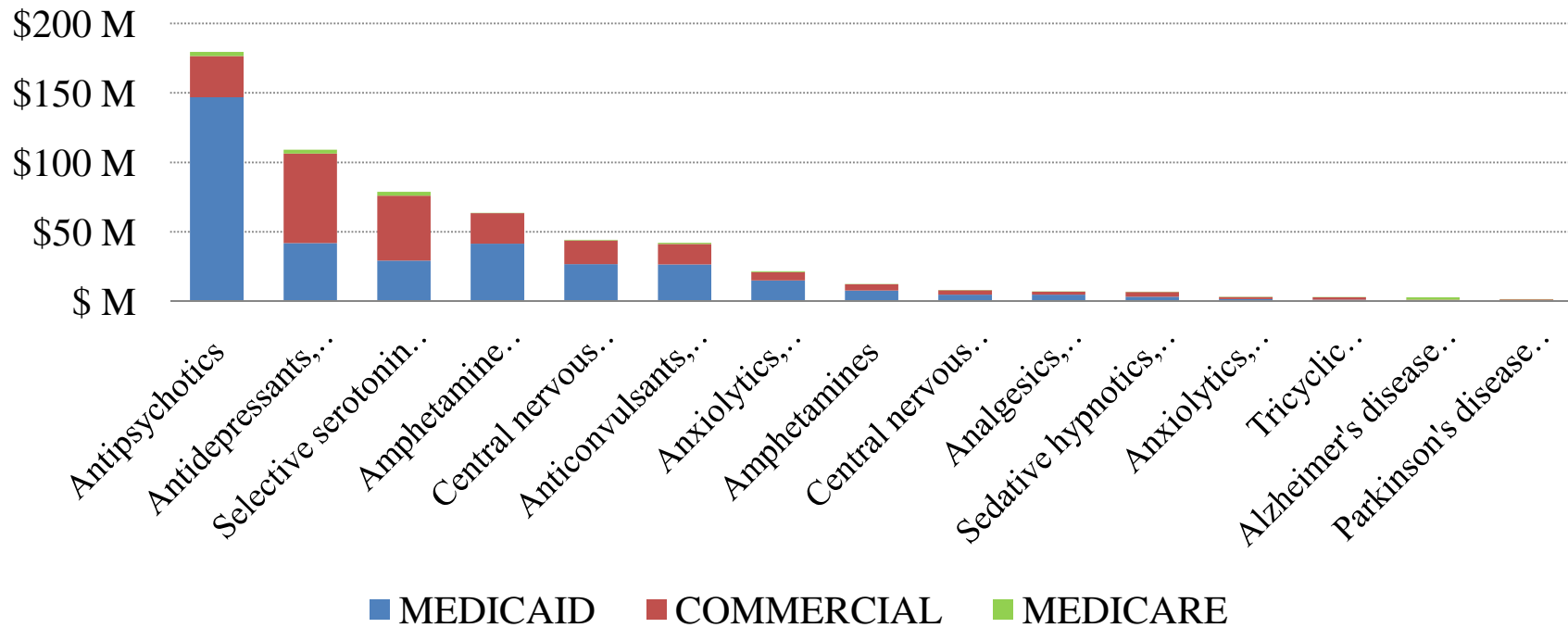


DMV4 PSYCHIATRY EPISODES PHARMACY STANDARD COST TOP 15 CENTRAL NERVOUS SYSTEM AGENTS





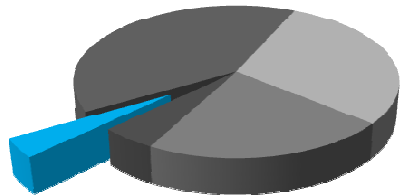
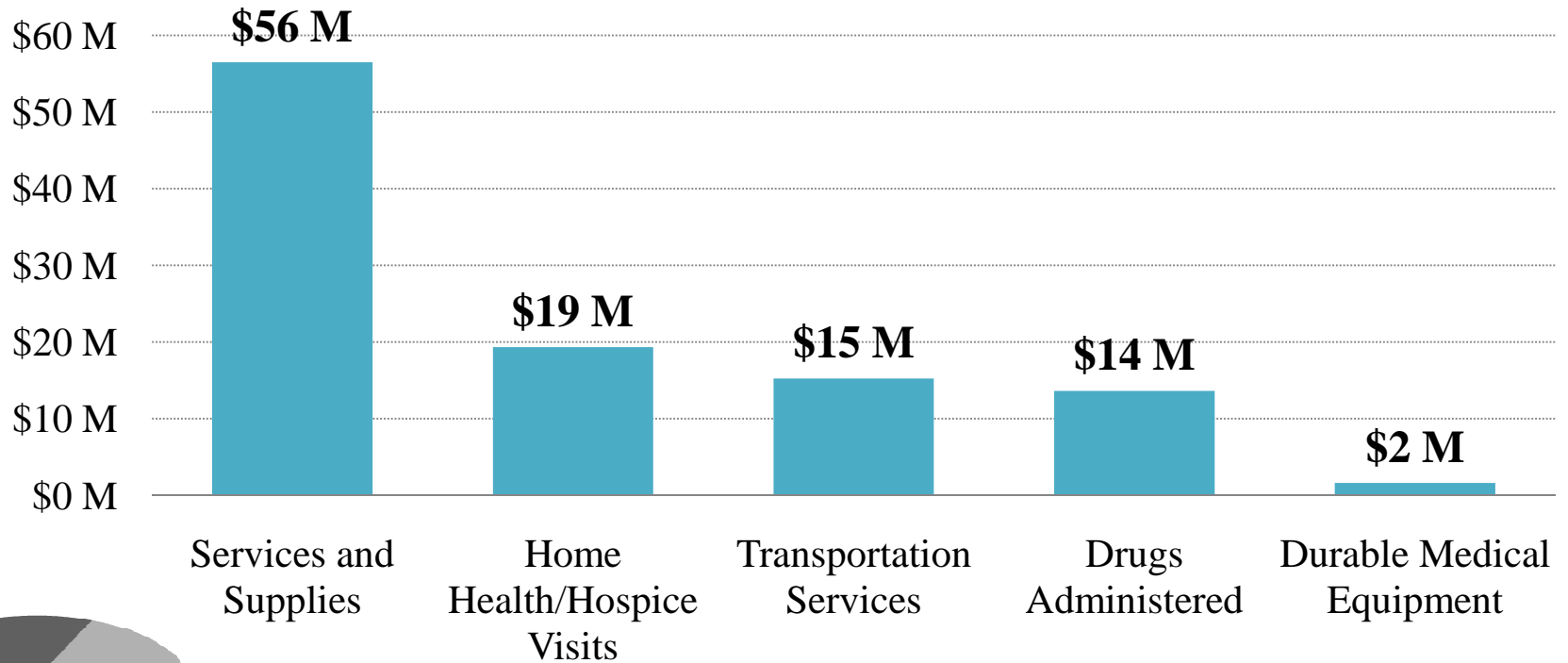
DMV4 PSYCHIATRY EPISODES PHARMACY STANDARD COST BY PRODUCT TOP 15 CENTRAL NERVOUS SYSTEM AGENTS





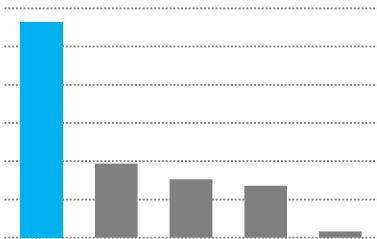
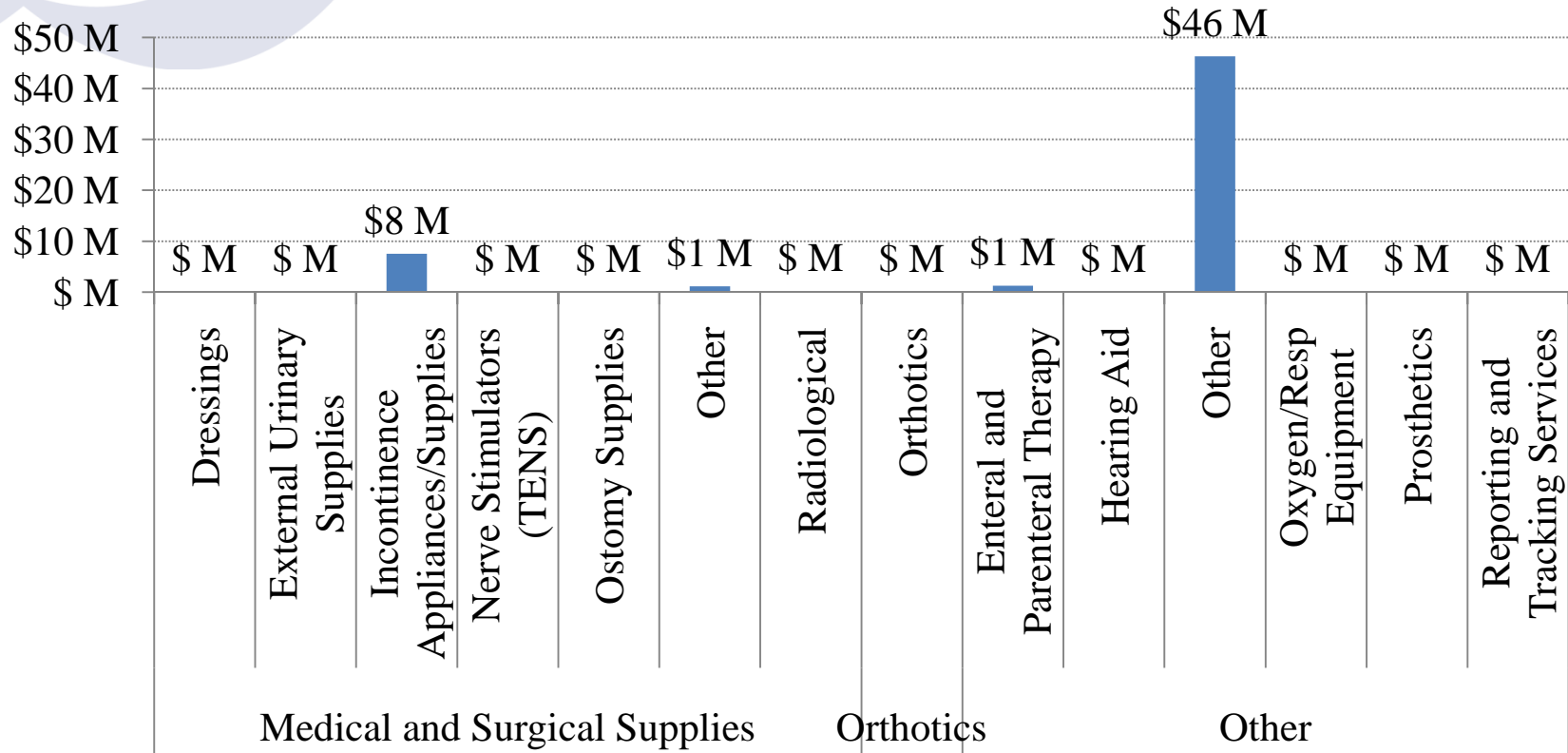
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DMV4 PSYCHIATRY EPISODES ANCILLARY SERVICES TOTAL COST TYPE OF SERVICE LEVEL 2





DMV4 PSYCHIATRY EPISODES ANCILLARY SERVICES TOTAL COST SERVICES AND SUPPLIES BREAKOUT





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PSYCHIATRY DMV 4 BIPOLAR DISORDER



National Trends in the Outpatient Diagnosis and Treatment of Bipolar Disorder in Youth

[Carmen Moreno, MD](#); [Gonzalo Laje, MD](#); [Carlos Blanco, MD, PhD](#); [Huiping Jiang, PhD](#); [Andrew B. Schmidt, CSW](#); [Mark Olfson, MD, MPH](#)

Arch Gen Psychiatry. 2007;64(9):1032-1039

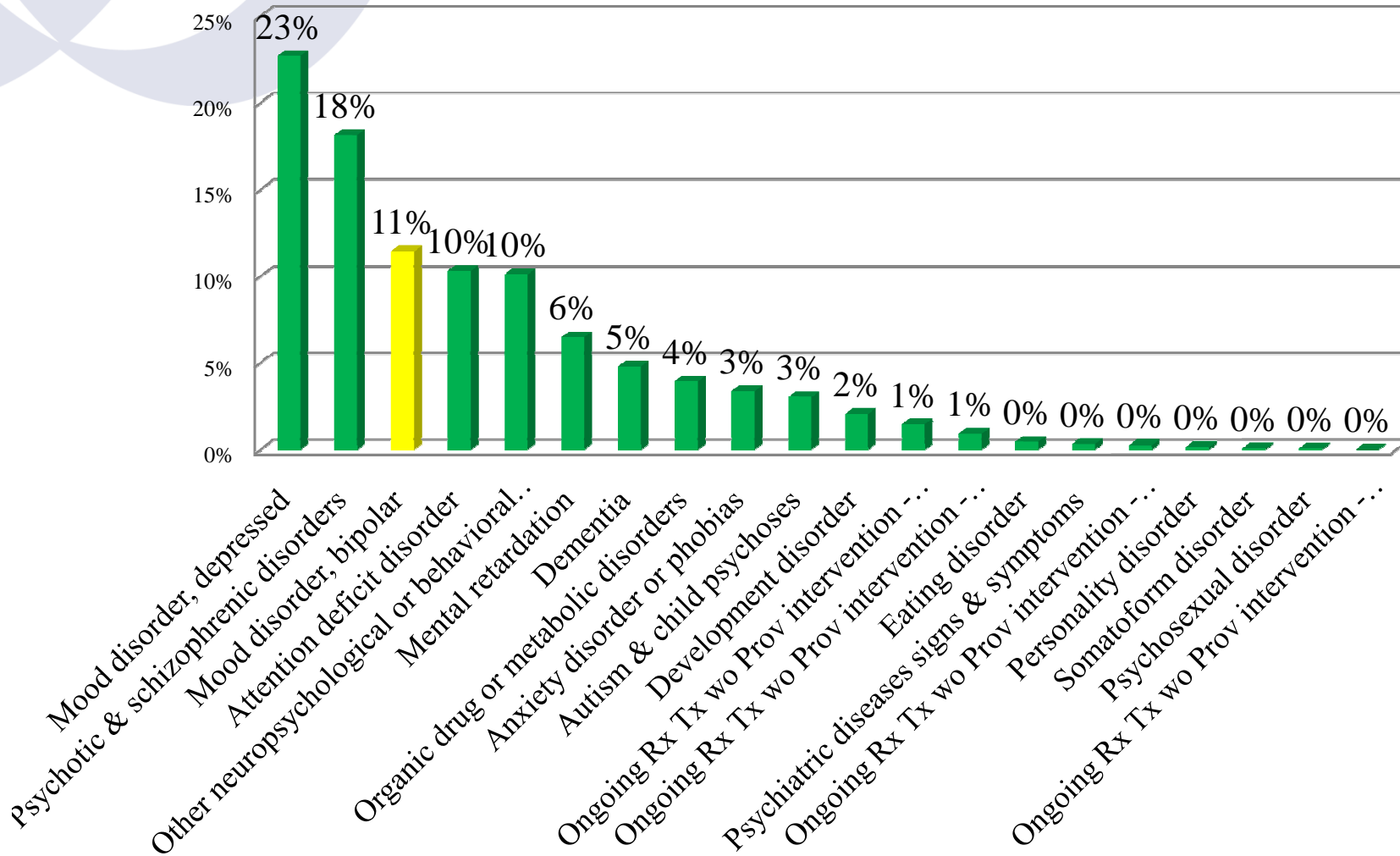
Results:

- The estimated annual number of **youth office-based visits with a diagnosis of bipolar disorder increased from 25 (1994-1995) to 1003 (2002-2003) visits per 100 000 population**, and adult visits with a diagnosis of bipolar disorder increased from 905 to 1679 visits per 100 000 population during this period.
- In 1999 to 2003, most youth bipolar disorder visits were by males (66.5%), whereas most adult bipolar disorder visits were by females (67.6%);
- **youth were more likely than adults to receive a comorbid diagnosis of attention-deficit/hyperactivity disorder (32.2% vs 3.0%, respectively; $P < .001$);** and
- most youth (90.6%) and adults (86.4%) received a psychotropic medication during bipolar disorder visits, with comparable rates of mood stabilizers, antipsychotics, and antidepressants prescribed for both age groups



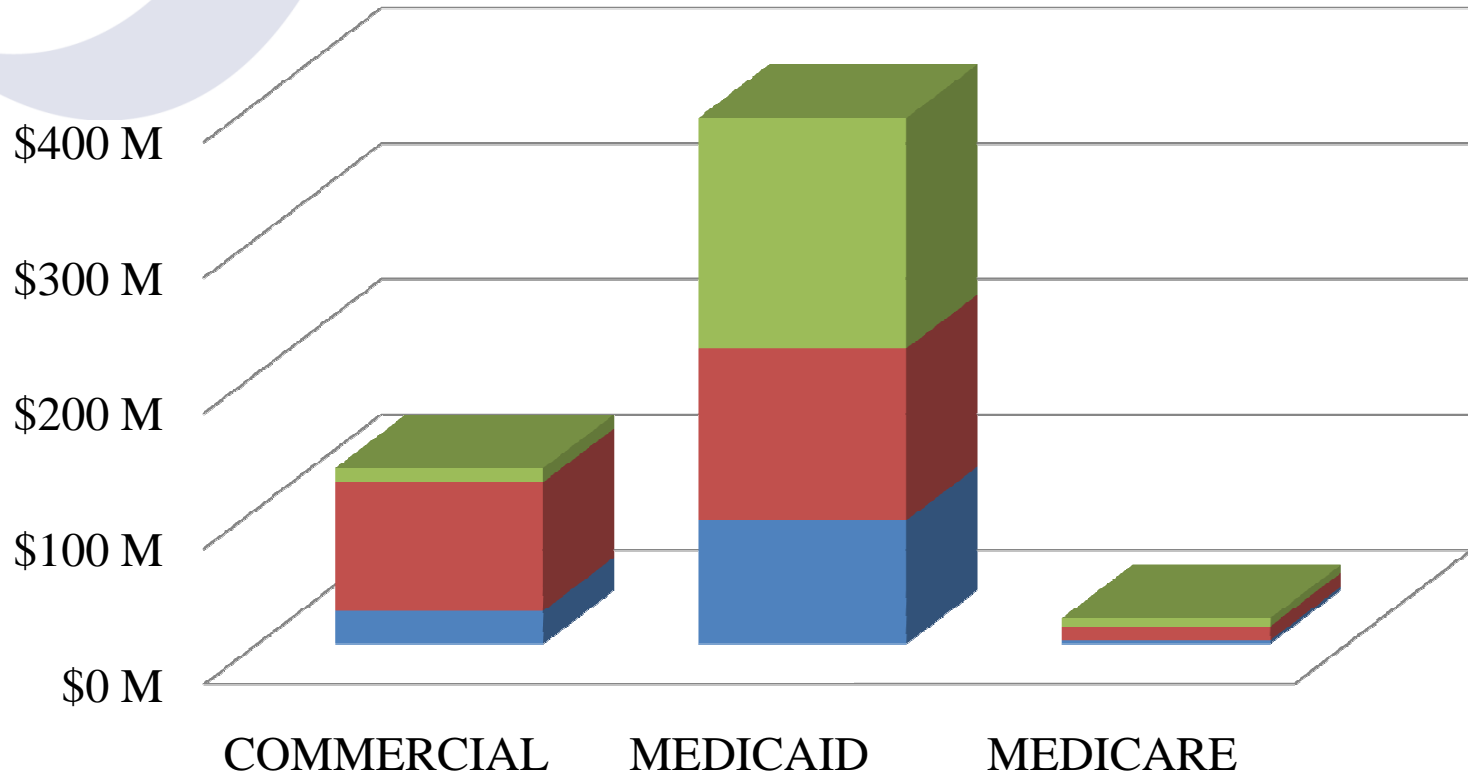
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WHIO DMV4 PSYCHIATRY MPC PERCENT OF TOTAL STANDARD COST BY ETG FAMILY Q2 2009 - Q1 2010





WHIO DMV4 PSYCHIATRY MPC TOTAL STANDARD COST Q2 2009 - Q1 2010



- Mood disorder, bipolar
- Mood disorder, depressed
- Psychotic & schizophrenic disorders

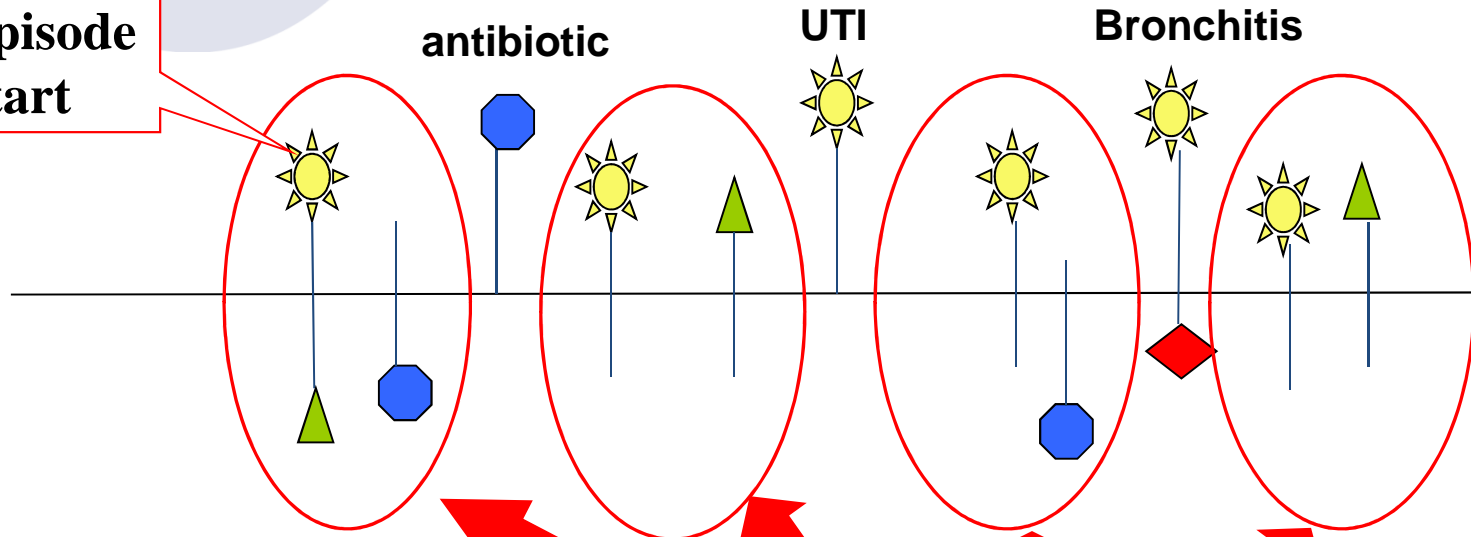


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Diagram of a Diabetes Episode

Episode Start

Episode End-1 year



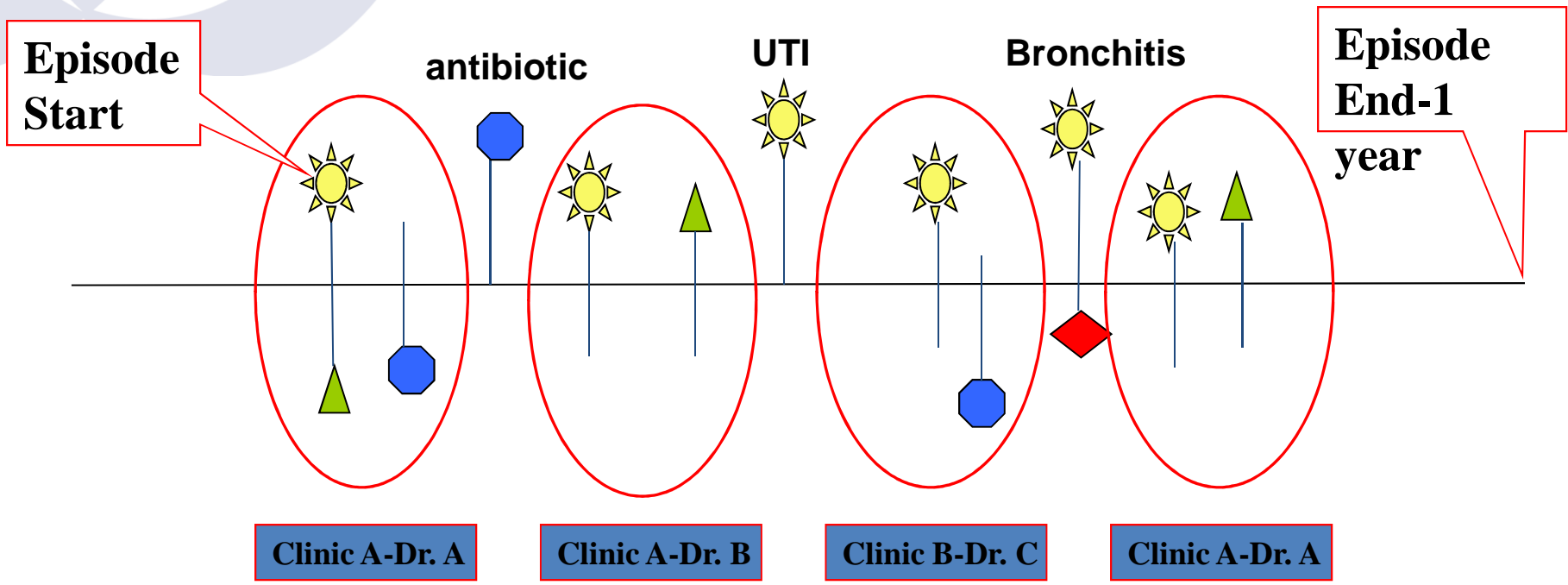
-  Office Visit (Anchor Record)
-  Lab Services (Ancillary Record)
-  Radiology (Ancillary)
-  Pharmacy Records (Ancillary)

Episode Clusters (contain diabetes related services)



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Assigning Episodes to Clinic



- Office Visit (Anchor Record)
- Lab Services (Ancillary Record)
- Radiology (Ancillary)
- Pharmacy Records (Ancillary)

Episode attributed to Clinic A and Dr. A