

HEALTH CARE SPENDING AND QUALITY BENCHMARKS



HEALTH CARE COMMISSION, DECEMBER 6, 2018

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Cabinet Secretary
Department of Health and Social Services

GOVERNOR SIGNS EXECUTIVE ORDER #25 ESTABLISHING HEALTH CARE BENCHMARKS





HEALTH CARE SPENDING BENCHMARK

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- On Nov. 20, Governor Carney signed Executive Order (EO) 25 in Wilmington.
- EO establishes a Subcommittee of DEFAC for setting the health care spending benchmark for calendar year 2019. Expected to be set in December and be between 3.8% and 4.0%.
- For subsequent calendar years, the benchmark will be:
 - 2020: 3.5% per capita Potential Gross State Product (PGSP) growth rate
 - 2021: 3.25%
 - 2022: 3.0%
 - 2023: 3.0%

HEALTH CARE SPENDING BENCHMARK: DEFAC SUBCOMMITTEE

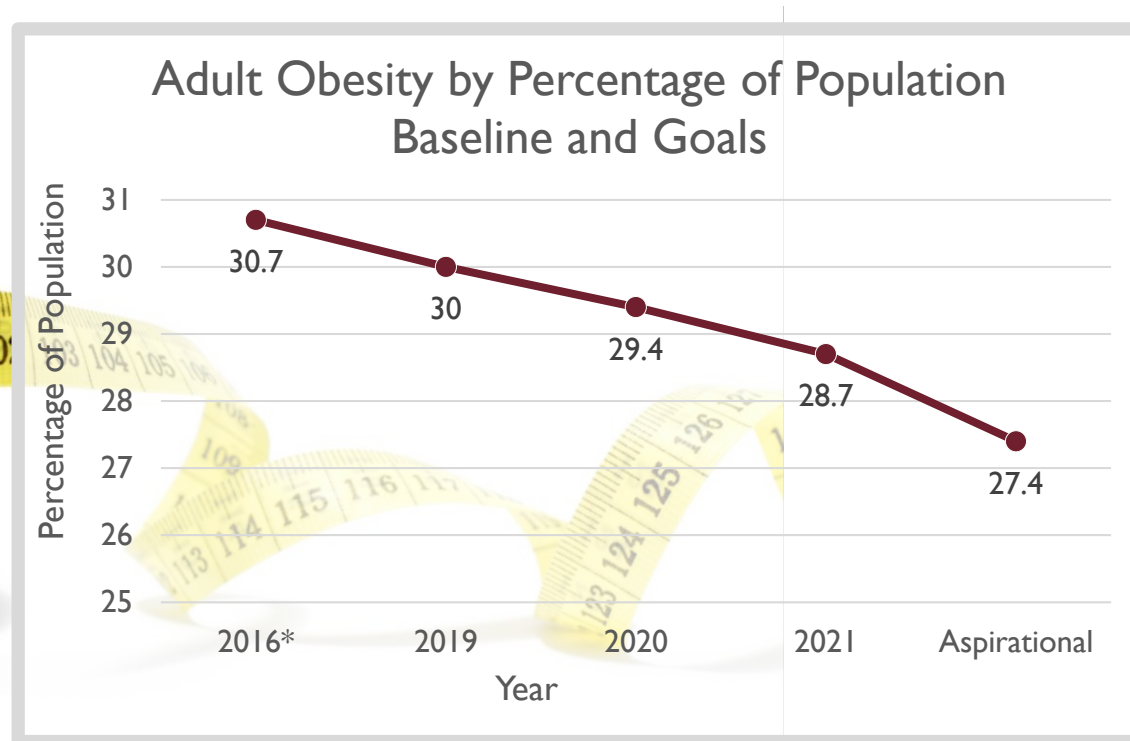
The membership of the Subcommittee will include:

- A Chair and Vice-Chair, both of whom shall be members of DEFAC and have health care expertise. Appointed by the DEFAC Chair.
- 3 existing members of DEFAC appointed by the DEFAC Chair.
- 2 members representing health economists, appointed by the Governor.
- 2 members representing quality improvement experts from 2 health care systems or hospitals, which operate in the state, appointed by the Governor.



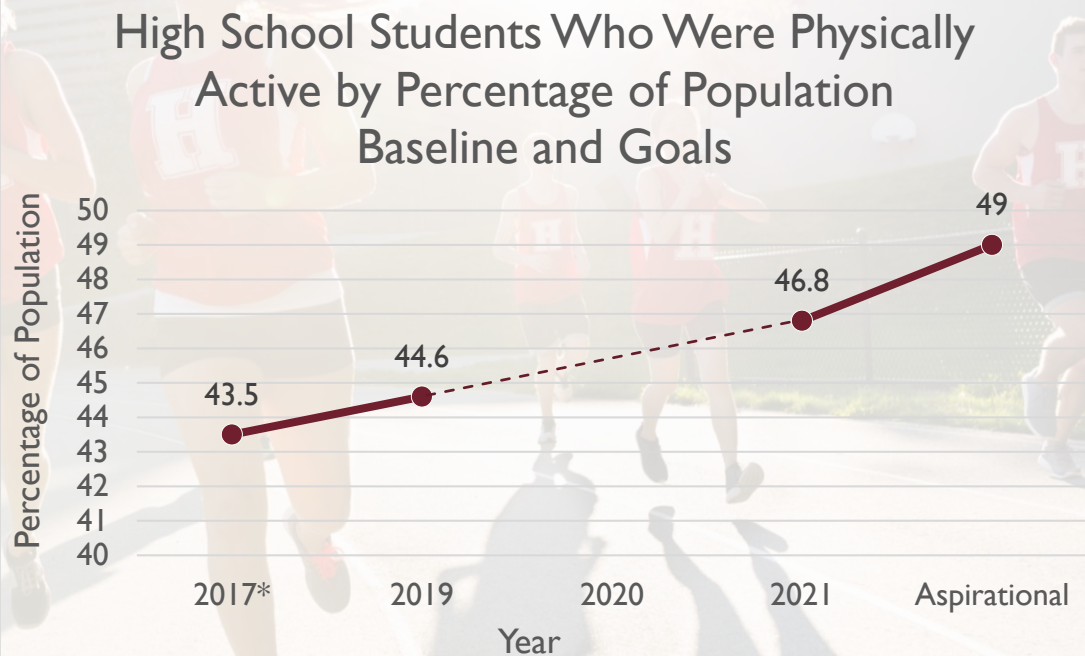
HEALTH CARE QUALITY BENCHMARK

QUALITY BENCHMARK FOR ADULT OBESITY



*Behavioral Risk Factor Surveillance System, CDC

QUALITY BENCHMARK FOR HIGH SCHOOL STUDENTS WHO WERE PHYSICALLY ACTIVE



*Youth Risk Behavior Survey, CDC

**There is no benchmark for 2020 because there will be no data available to measure performance. The survey serving as the data source is administered by the federal government every other year.

QUALITY BENCHMARK FOR OPIOID-RELATED OVERDOSE DEATHS

308

overdose deaths in 2016

345

overdose deaths in 2017
(double the deaths
recorded 5 years earlier)

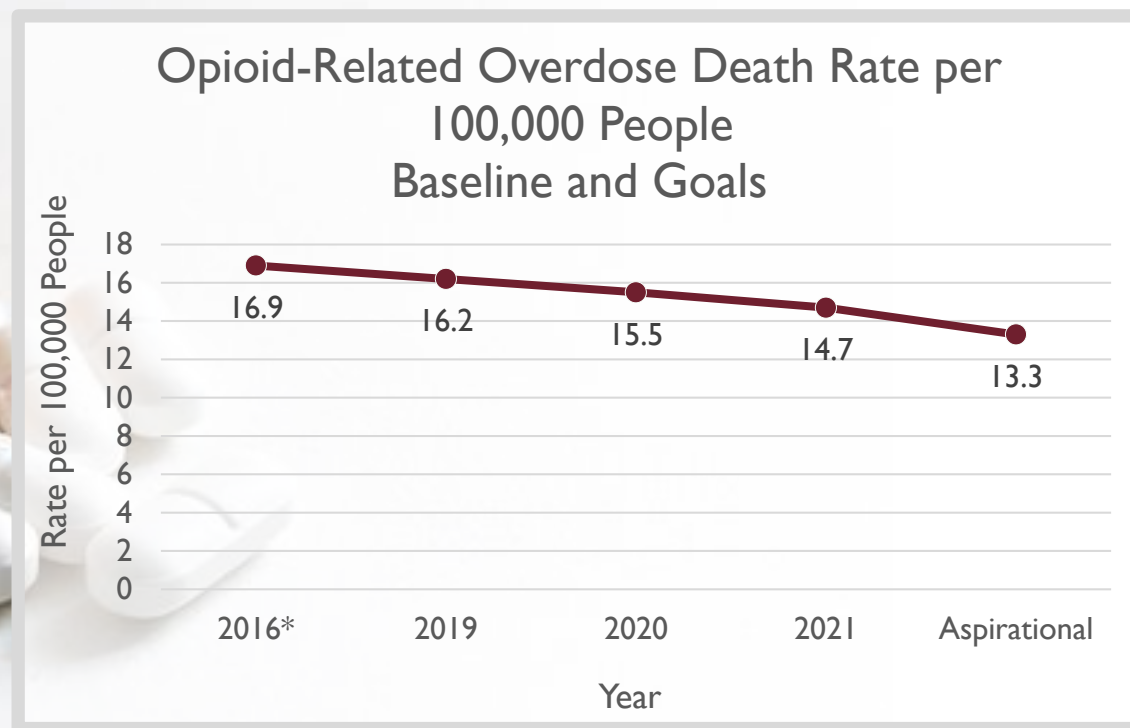
276

suspected overdose
deaths in 2018 (as of
December 3)

Record Total Number
of Deaths in Delaware

SUSPECTED OVERDOSES

QUALITY BENCHMARK FOR OPIOID-RELATED OVERDOSE DEATHS



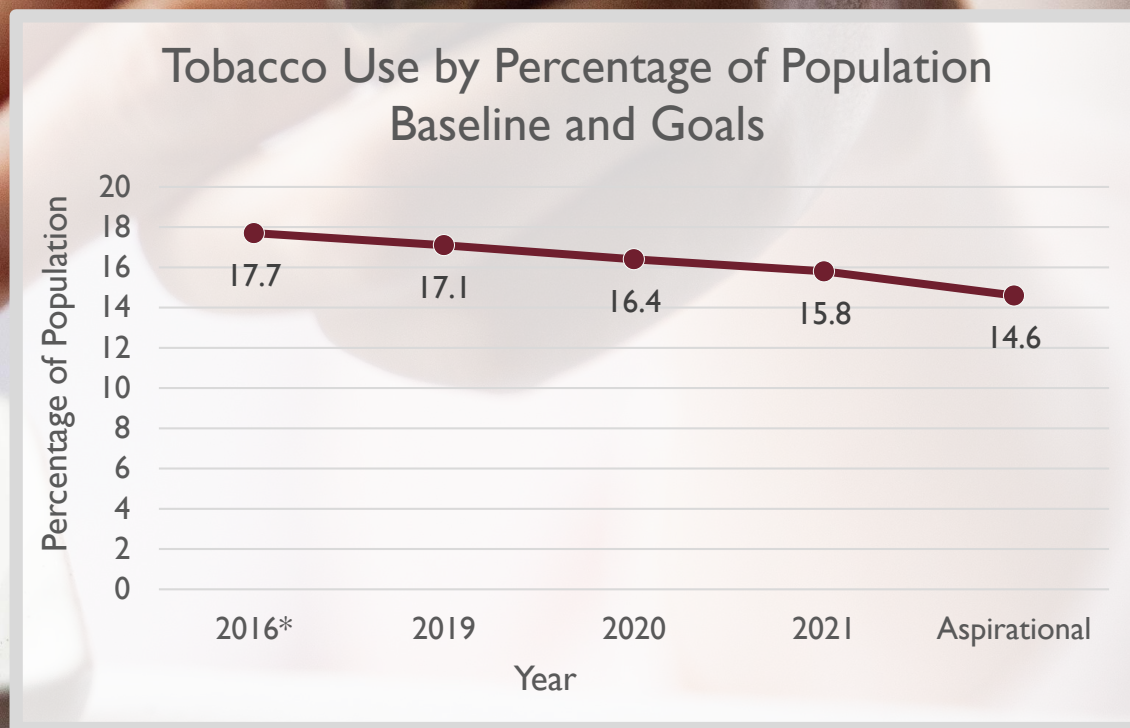
*WONDER, DCD

QUALITY BENCHMARK FOR CONCURRENT USE OF OPIOIDS AND BENZODIAZEPINES

- Benchmark Values: Residents per 1,000 with overlapping prescriptions to be determined for 2020 and 2021 and for the aspirational benchmark after insurer data are obtained by the State during 2019.

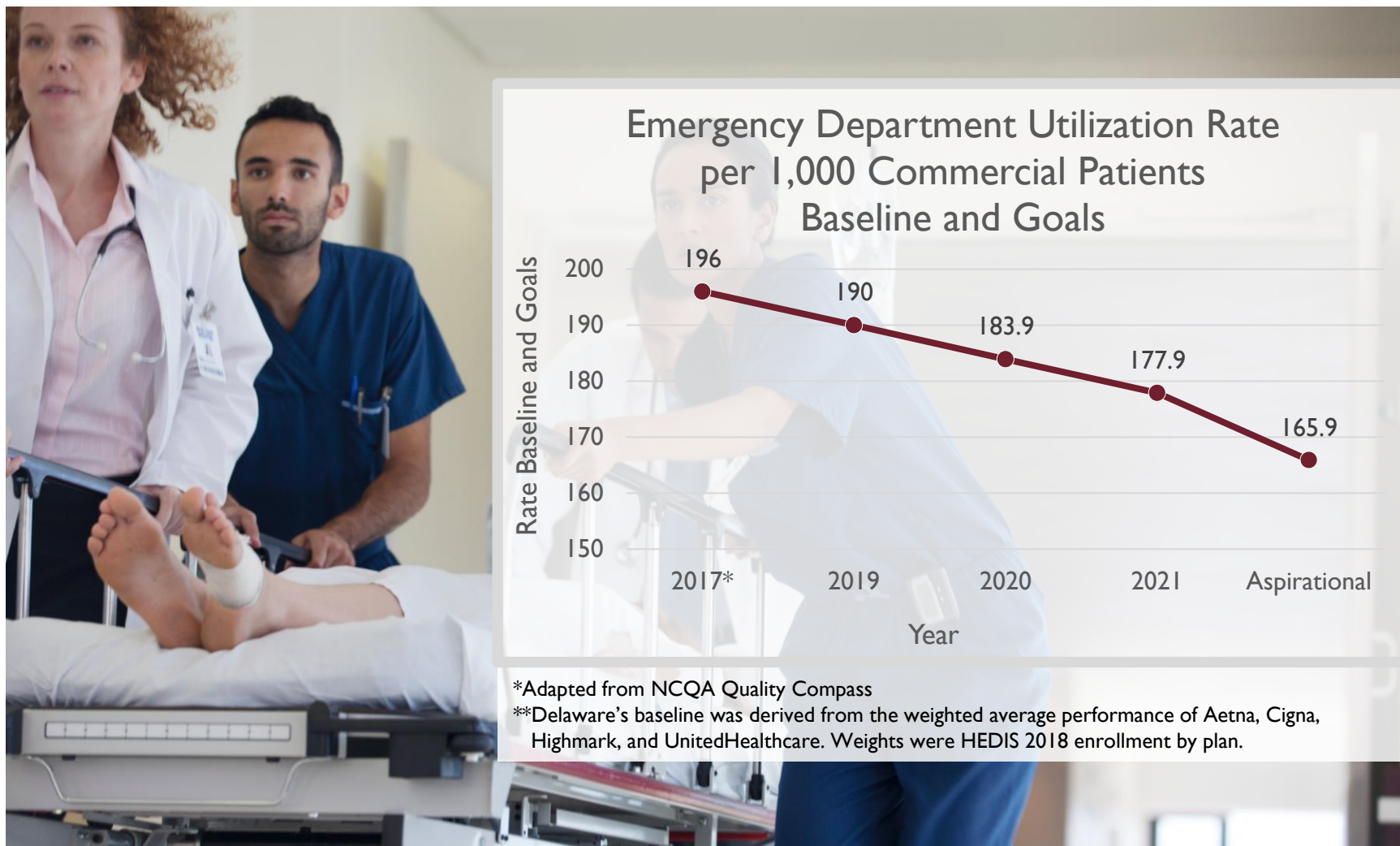


QUALITY BENCHMARK FOR TOBACCO USE

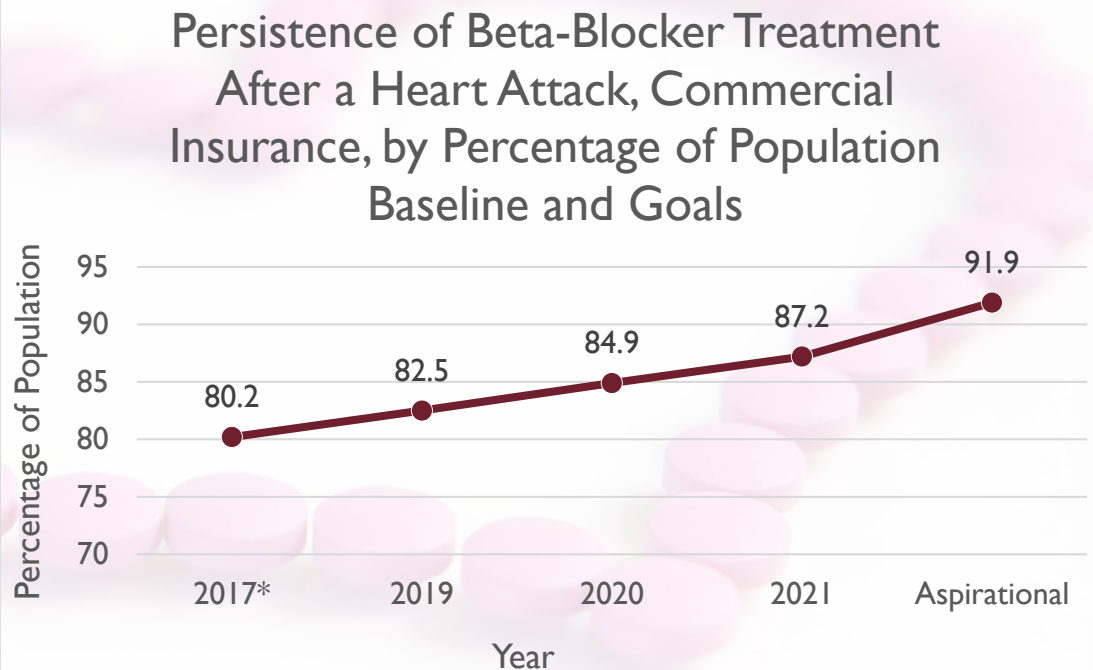


*Behavioral Risk Factor Surveillance System, CDC

QUALITY BENCHMARK FOR EMERGENCY DEPARTMENT UTILIZATION RATE



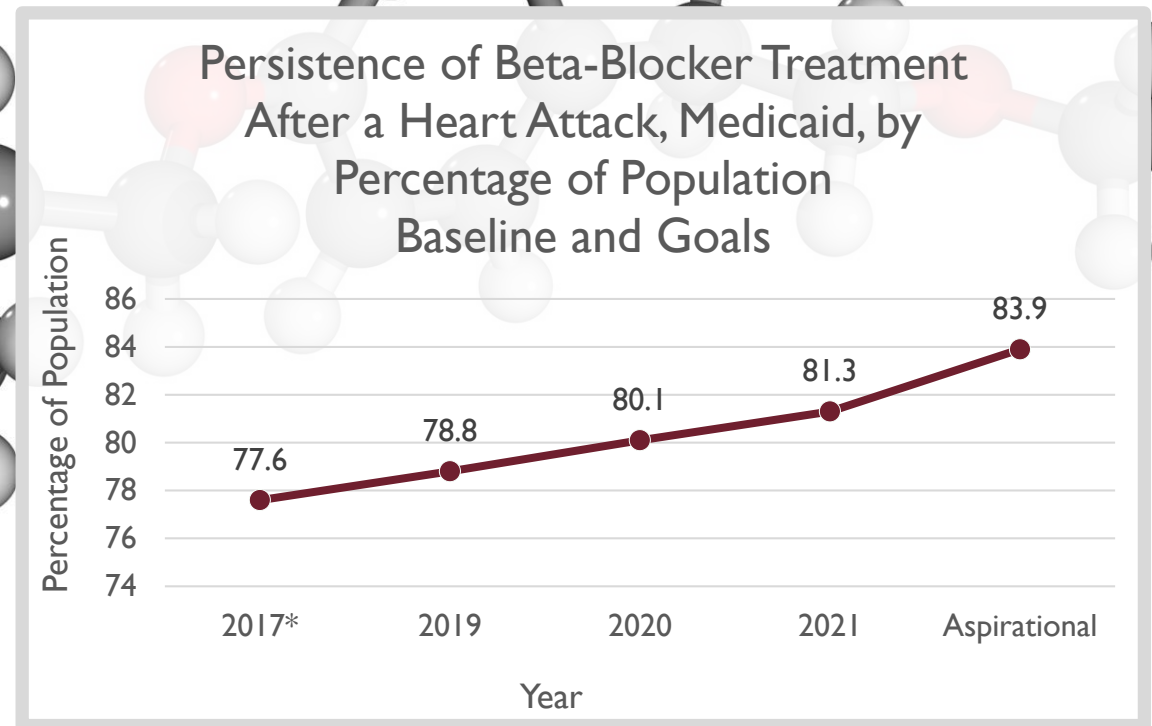
QUALITY BENCHMARK FOR PERSISTENCE OF BETA-BLOCKER TREATMENT AFTER A HEART ATTACK—COMMERCIAL INSURANCE



*NCQA Quality Compass

**Delaware's baseline is Highmark's baseline rate, as Highmark was the only plan with commercial data available in NCQA's Quality Compass for HEDIS 2018.

QUALITY BENCHMARK FOR PERSISTENCE OF BETA-BLOCKER TREATMENT AFTER A HEART ATTACK—MEDICAID

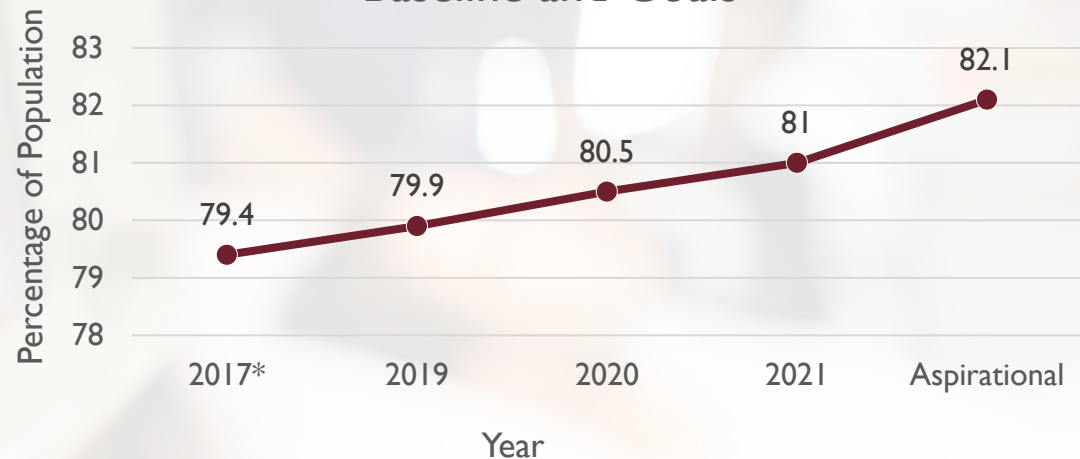


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QUALITY BENCHMARK FOR STATIN THERAPY FOR PATIENTS WITH CARDIOVASCULAR DISEASE— COMMERCIAL INSURANCE

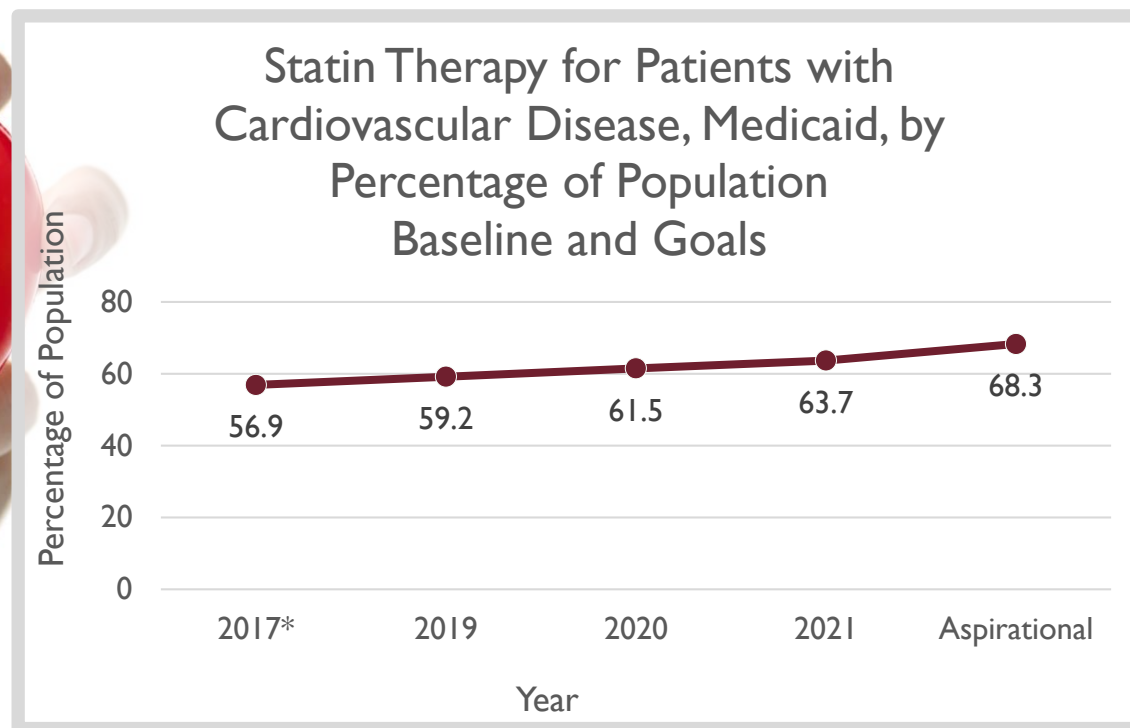
Statin Therapy for Patients with
Cardiovascular Disease, Commercial
Insurance, by Percentage of Population
Baseline and Goals



*NCQA Quality Compass

**Delaware's baseline was derived from the weighted average performance of Aetna, Cigna, Highmark, and UnitedHealthcare. Weights were HEDIS 2018 enrollment by plan.

QUALITY BENCHMARK FOR STATIN THERAPY FOR PATIENTS WITH CARDIOVASCULAR DISEASE—MEDICAID



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**Delaware's baseline is Highmark's baseline rate, as Highmark was the only plan with Medicaid data available in NCQA's Quality Compass for HEDIS 2018.

HEALTH CARE BENCHMARKS: WHAT'S NEXT?

- **By Jan. 31, 2019:** DHSS Secretary will publish a technical manual with the methodology for the spending and quality benchmarks.
- **By May 31st of each year:** DEFAC will report to the Governor and the Health Care Commission on any changes to the spending benchmark approved by DEFAC.
- **4th quarter of each year:** HCC will report on the performance relative to the spending and quality benchmarks.
- **Ongoing:** HCC will engage providers and community partners in discussion -- with the State and each other -- about how to reduce variation in cost and quality, and to help the State perform well relative to each benchmark.



THANK YOU