



## About IHA

Founded in 1994 and based in Oakland, California, the nonprofit, nonpartisan Integrated Healthcare Association is guided by a board of industry-leading health plans, physician organizations, and hospitals and health systems, plus representatives of purchaser, consumer, academic, pharmaceutical, and technology entities. As a member-driven organization convening diverse stakeholders committed to advancing high-quality, affordable, patient-centered care, IHA generates objective data and insights to help forge common ground across California's health care community. There are dozens of contributing factors to the wide variation in health care costs and quality in California, and just as many efforts to fix them. Yet, too often these efforts are hindered by a tangled web of inefficient processes and debatable or unavailable evidence, resulting in frustration and friction, disagreement, and divisiveness. By breaking down silos and establishing widely accepted standards and benchmarks, IHA helps solve seemingly intractable problems so our members and partners can move health care forward.



### IHA LEADERSHIP

Jeff Rideout, MD, *President & CEO*

Jon McBride, *CTO*

Yolanda Richardson, *COO*

Eyal Gurion, *SVP*

Dolores Yanagihara, *VP*

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*Innovation through Collaboration*<sup>™</sup>



## IHA VISION, MISSION & ROLES

**Vision:** Health care that promotes quality improvement, accountability, and affordability for the benefit of all California consumers.

**Mission:** To create breakthrough improvements in health care services for Californians through collaboration among key stakeholders.

### Roles:

- **Accountability Promoter:** IHA promotes accountability and transparency through health care standards, measurement, rewards, and providing information to third parties for public reporting.
- **Convener:** IHA leverages its distinct strength, the ability to bring together leaders from key sectors of health care in California as a neutral convener, to promote innovation through both individual and collaborative efforts.
- **Innovator:** IHA provides a forum for its members to innovate, promote, and test new ideas.
- **Insight Generator:** IHA supports a visible, ongoing effort to promote health care improvement by educating and informing the general public, policy makers, other associations, and organizations through conferences, roundtable forums, reports, media, and other methods.
- **Policy Influencer:** IHA seeks to influence policy issues that support its mission through information, education, public positions, and collaboration by key stakeholders.
- **Project Incubator:** IHA serves as a catalyst by initiating, coordinating, and managing projects that advance solutions for delivery system challenges.



## INSIGHTS

Provide actionable strategies to improve quality, reduce costs, and increase transparency.

### California Regional Health Care Cost & Quality

**Atlas (Atlas).** Benchmarking and tracking regional performance on key quality and cost measures is critical to monitoring California's progress toward high-quality, affordable, patient-centered care. The Atlas, an online tool, highlights the wide variation in quality and cost across geographic regions in the state. Developed in partnership with the California Health Care Foundation and California Health and Human Services Agency, the Atlas includes information about the care of 30 million insured Californians, nearly three-fourths of the state's population. The Atlas provides a unique opportunity to comparably assess performance measures of clinical quality, hospital utilization and cost of care across geographic areas and by insurance product type. The insurance product types included are commercial insurance—both health maintenance organization (HMO) and preferred provider organization (PPO) products—Medicare Advantage, Medicare fee for service (FFS), Medi-Cal managed care, and Medi-Cal FFS. The Atlas provides rich market context for understanding performance.

**Reducing Overuse.** Avoiding unnecessary medical tests, treatments, and procedures is critical to reducing patient harm and creating value in the U.S. health care system. IHA, with support from the California Health Care Foundation, convenes Smart Care California, a public-private partnership working to promote safe, affordable health care in California. The group is co-chaired by CalPERS, the California Department of Health Care Services, and Covered California, which collectively purchase or manage care for over 16 million Californians—or 40 percent of the state. Smart Care California focuses on reducing C-sections for low-risk, first time births, reducing opioid overuse, and reducing inappropriate treatment for low back pain. Since the initiative began in June 2015, Smart Care California has twice publicly recognized hospitals meeting or surpassing the national Healthy People 2020 target of 23.9 percent for C-sections for low-risk, first time births and has published a menu of payment options to provide payers with strategies to align payment with the goal of only

providing medically necessary C-sections. Smart Care California has also identified promising health plan and provider practices to lower opioid-related morbidity and mortality, including publishing a summary of payer and provider strategies and a health plan and purchaser checklist of best practices.



## ACCOUNTABILITY

Drive performance measurement and payment incentives that enable high-quality, efficient care.

**IHA's Align. Measure. Perform. (AMP) programs** use a fair and transparent approach to measurement, and they focus on creating comprehensive benchmarks and a reliable assessment of performance for medical groups, independent practice associations (IPAs), and accountable care organizations (ACOs) across health plans. The AMP programs are recognized nationally for partnering with organizations across California and the nation to drive meaningful changes that reduce costs and improve healthcare quality and outcomes. Paired with the insights from Atlas, the AMP programs help partners reduce the reporting burden for payers and providers by using a standard measure set to deliver objective data and analysis that supports performance improvement.

**AMP Commercial HMO.** The AMP Commercial HMO program (formerly known as Value Based Pay for Performance [VBP4P]) is the cornerstone upon which all of IHA's performance measurement programs were built. Initiated in 2001, the program now includes participation from nine health plans and about 200 California physician organizations caring for over nine million Californians enrolled in commercial HMO and point of service products - representing 95% of commercial HMO enrollment in the state. AMP Commercial HMO has four key components: a common set of measures and benchmarks that spans clinical quality, patient experience, utilization, and cost of care measures; value-based health plan incentive payments to physician organizations; public reporting of Triple Aim performance results for physician

organizations; and public recognition awards. The AMP Commercial HMO program has demonstrated lasting and meaningful gains in quality performance, suggesting that a common performance signal supports targeted improvement efforts.

**AMP Commercial ACO.** IHA and the Pacific Business Group on Health have partnered to develop a standard measurement and benchmarking program for commercial ACOs across the nation. The AMP Commercial ACO program (formerly known as IHA-PBGH Commercial ACO Measurement & Benchmarking Initiative) seeks to reduce clinician burden through standard, widespread adoption of common ACO performance measures and benchmarks by plans, purchasers, and physician organizations. The measure set is highly aligned as well as dynamic and innovative, leading the way to develop, test, and implement meaningful new measures such as patient reported outcomes.

**AMP Medicare Advantage.** IHA leverages the measures and methodologies that the Centers for Medicare & Medicaid Services (CMS) uses to generate health plan star ratings to measure and publicly report performance and star ratings for medical groups and IPAs. The AMP Medicare Advantage program (formerly known as Medicare Advantage 5 Star Reporting of Physician Organizations) supports measure alignment across the healthcare delivery system and provides reliable performance information that consumers can use to compare star ratings for physician organizations providing care to Medicare Advantage enrollees in California.

**AMP Medi-Cal Managed Care.** With 11 million of 13 million Medi-Cal enrollees receiving care through managed care plans, and with increasing overlap in provider networks across insurance product types, aligned, consistent, and comparative performance measurement is critical. The AMP Medi-Cal Managed Care program (formerly known as Performance Measurement & Reporting in Medi-Cal Managed Care) is based on a common set of measures and benchmarks that spans clinical quality, patient experience, utilization, and cost of care measures. The program collects data and calculates performance results for medical groups, IPAs and FQHCs that provide care to Medi-Cal Managed Care enrollees. Health plans can use the results to make value-based incentive payments to their contracted providers.



## ACCELERATION

Collaborate with diverse stakeholders to assess industry problems and accelerate solutions.

**Symphony Provider Directory.** Maintaining up-to-date information about provider participation in health plan networks is a challenge not just in California but across the nation. Consumers often rely on provider directories when choosing a health plan to see if their doctor or other provider is in the plan network. At the same time, longstanding technical and logistical challenges, including accuracy of provider network participation, outdated systems, and quickly changing information, have prevented development of a statewide provider directory. The first of its kind in the state, the Symphony Provider Directory, formerly known as the California Provider Directory Utility (PDU), offers a single place for providers and commercial, Medicare, and Medi-Cal health plans to update their data, simplifying the process and leading to more accurate provider data, improved quality, and a better customer experience for Californians. The project is an offshoot of the California Department of Managed Health Care's approval of Blue Shield's 2015 acquisition of Care1st Health Plan. As part of the agreement, Blue Shield committed to strengthening the health care delivery system in California, including development of a statewide centralized provider directory database. IHA was selected to develop and manage this cutting-edge resource. In 2018, IHA along with technology vendors, Gaine Healthcare and Availity, partnered with three of the largest health plans in California (Anthem Blue Cross, Health Net, and Blue Shield of California), two large provider organizations (Hill Physicians and GlobalCare), and ten independent practices across the state on a soft launch. The Symphony Provider Directory is now available statewide. Learn more at [symphony.iha.org](http://symphony.iha.org).

**Supporting Practice Transformation.** More than 4,000 California clinicians are working toward the common goals of better care, better health, and lower costs through participation in the Practice Transformation Initiative (PTI) created by the Pacific Business Group on Health, Center for Care Innovations, and IHA. One of 29 CMS-sponsored Transforming Clinical Practice Initiative awards, PTI is a peer-based learning network designed to coach, mentor, and assist clinicians in developing core

competencies specific to practice transformation. PTI funds practice coaches and data feedback systems and supports clinicians in the move to value-based incentive programs and practice models. IHA supports PTI by leading quarterly data collection and web-based performance reporting periods at the individual clinician level by practice location and payer type. In the last year, IHA has collected data for 12 clinical quality and utilization measures from 17 physician organizations spanning 4,072 clinicians. The PTI goal is to support 4,800 clinicians in measurably improving care for at least 3.5 million patients by 2019.

## IHA BOARD MEMBERS

### Health Plans

Aetna, Anthem Blue Cross, Blue Shield of California, Cigna, Health Net, Inland Empire Health Plan, Kaiser Foundation Health Plan, L.A. Care Health Plan, Partnership HealthPlan of California, UnitedHealthcare

### Physician Organizations

Brown & Toland Physicians, EPIC L.P., Family Care Specialists Medical Group, HealthCare Partners, Hill Physicians Medical Group, Monarch HealthCare, Palo Alto Medical Foundation, The Permanente Medical Group, Santé Health System, Sharp Rees-Stealy Medical Group

### Hospitals & Health Systems

Cedars-Sinai Health System, Dignity Health, John Muir Health, Martin Luther King Jr. Community Hospital, MemorialCare Health System, Providence Health & Services, Santa Clara Valley Health and Hospital System, Stanford Health Care, Sutter Health, University of California Davis Medical Center

### Purchaser/Consumer

CalPERS, Covered California, Google, University of California Office of the President

### At-Large

Genentech, GlaxoSmithKline, Merck, Pfizer, Vituity

### Liaison

Alameda Health Consortium, California Department of Managed Health Care, California Health Care Foundation, Center for Healthcare Policy and Research at University of California Davis, CMS Region IX, RAND Corporation, Stanford University School of Medicine, University of California Berkeley School of Public Health