

Provider Incentives to Improve Accountability



Friday, October 26, 2007

1:00 pm EDT

This audioconference is sponsored by a generous grant from the Robert Wood Johnson Foundation, through the Forum for State Health Policy Leadership

Speakers

- ◆ Alan Glaseroff, President of the Humboldt - Del Norte Foundation for Medical Care and chief medical officer of the Humboldt-Del Norte Independent Practice Association
- ◆ *Moderator:*
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*Provider Incentives to Improve
Accountability*

Critical Health Areas Project

Alan Glaseroff MD

Chief Medical Officer

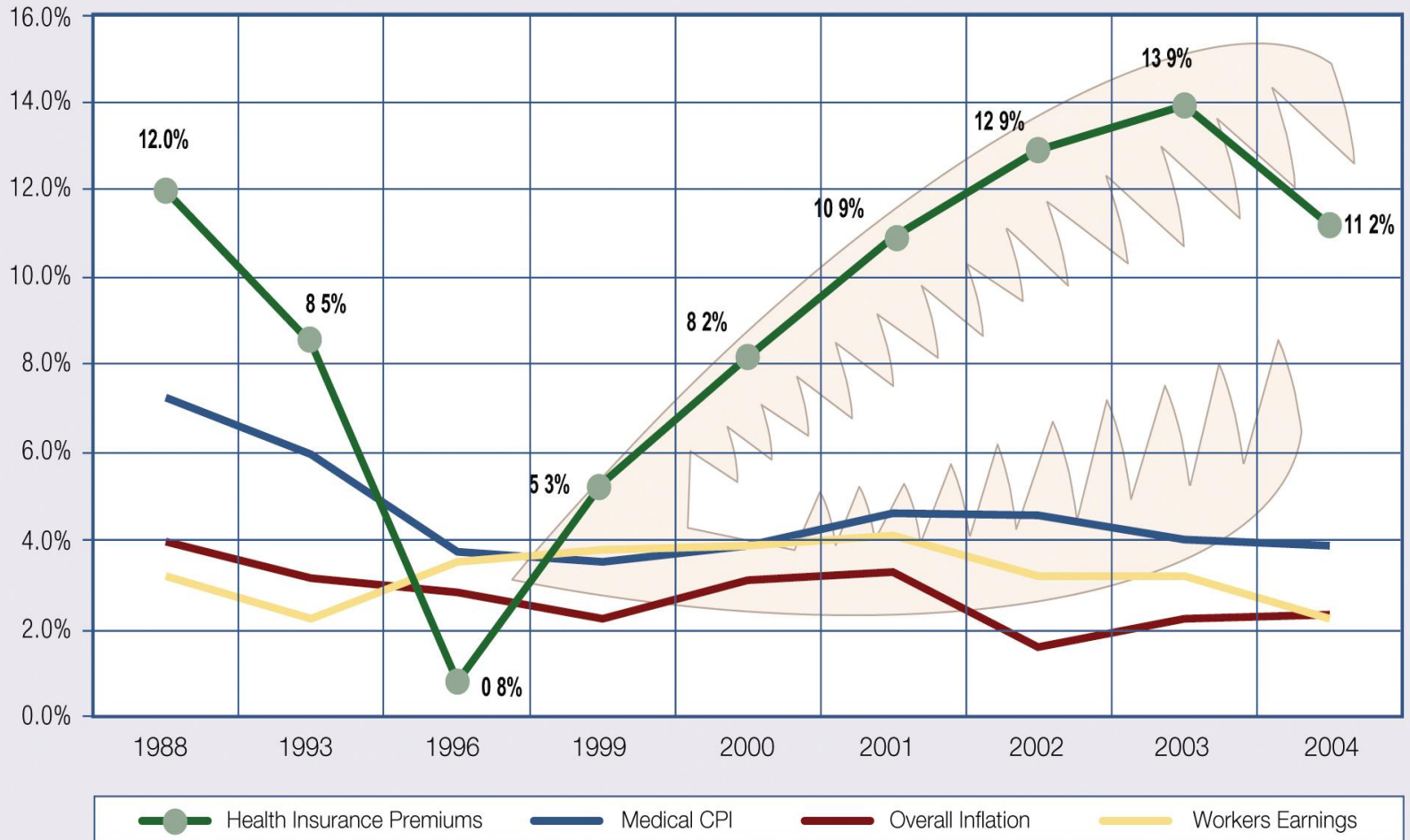
Humboldt Del Norte IPA

10/26/07

Why Incentives?

“Doctors and hospitals are supposed to do a good job. Why should they receive extra money to do what they are supposed to be doing? Aren’t we paying enough already?”

Cost Pressures: Economically Unstable Trend

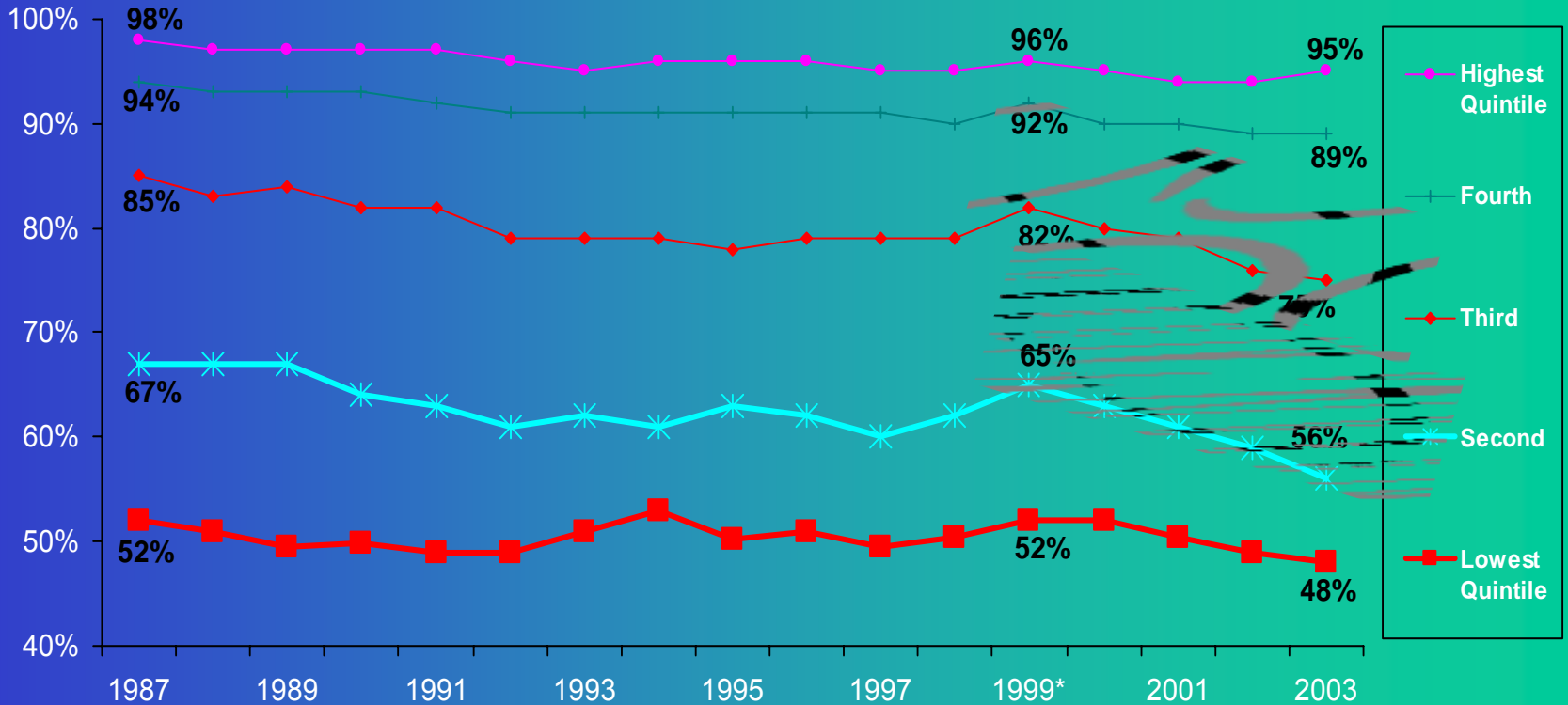


Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits; 2004. Dental work by Arnie Milstein, MD, PBGH Medical Director

Note: Data on premium increases reflect the cost of health insurance premiums for a family of four.

And a Politically Unstable Trend: Middle Income Workers are Being Eaten the Most Quickly

Percent of working adults insured, by household income quintile
1987-2003

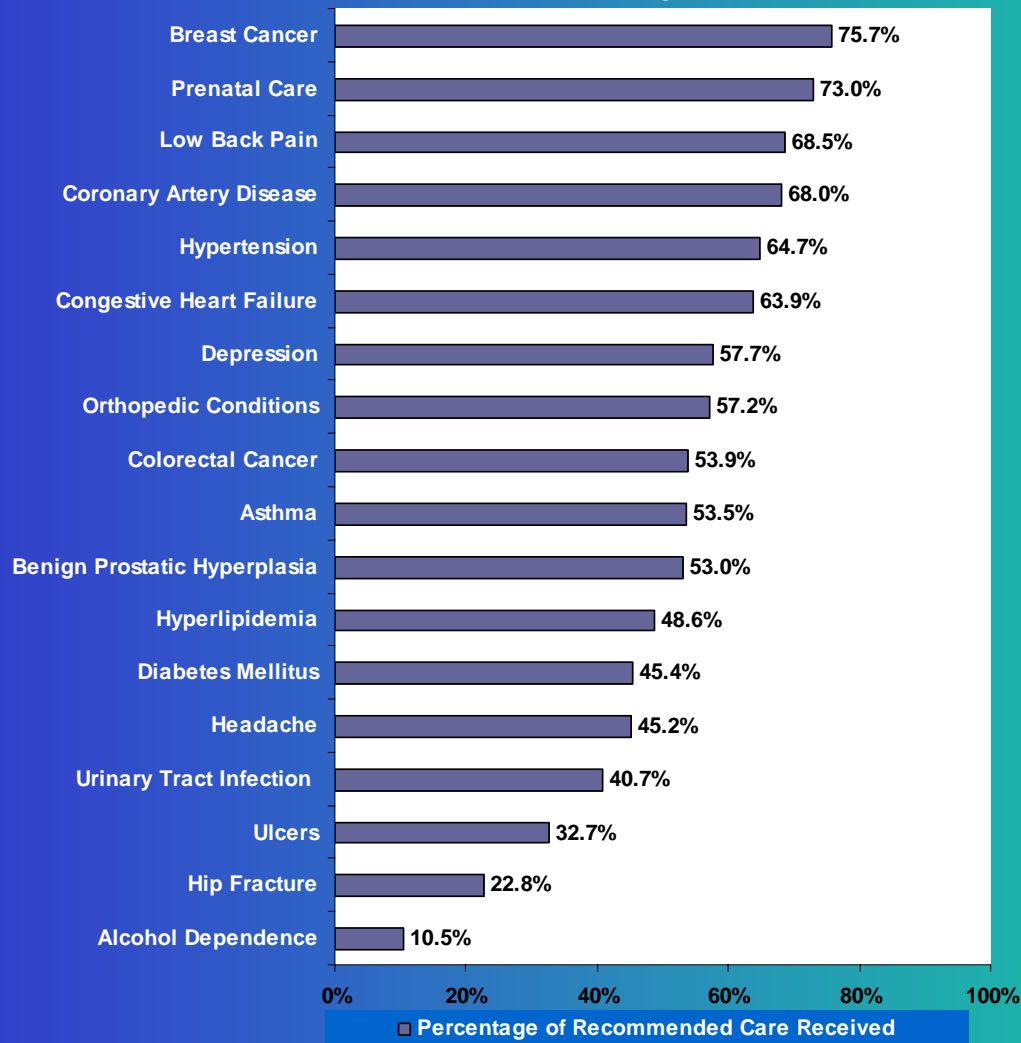


Adapted from "A Need to Transform the U.S. Health Care System: Improving Access, Quality, and Efficiency," compiled by A. Gauthier and M. Serber, *The Commonwealth Fund*, October 2005.

* In 1999, CPS added a follow-up verification question for health coverage. Source: Analysis of the March 1988–2004 Current Population Surveys by Danielle Ferry, Columbia University, for The Commonwealth Fund.

Quality Shortfalls: Getting It Right (50% of the Time)

Adherence to Quality Indicators



*Adults receive about half
of recommended care*

54.9% = Overall care

54.9% = Preventive care

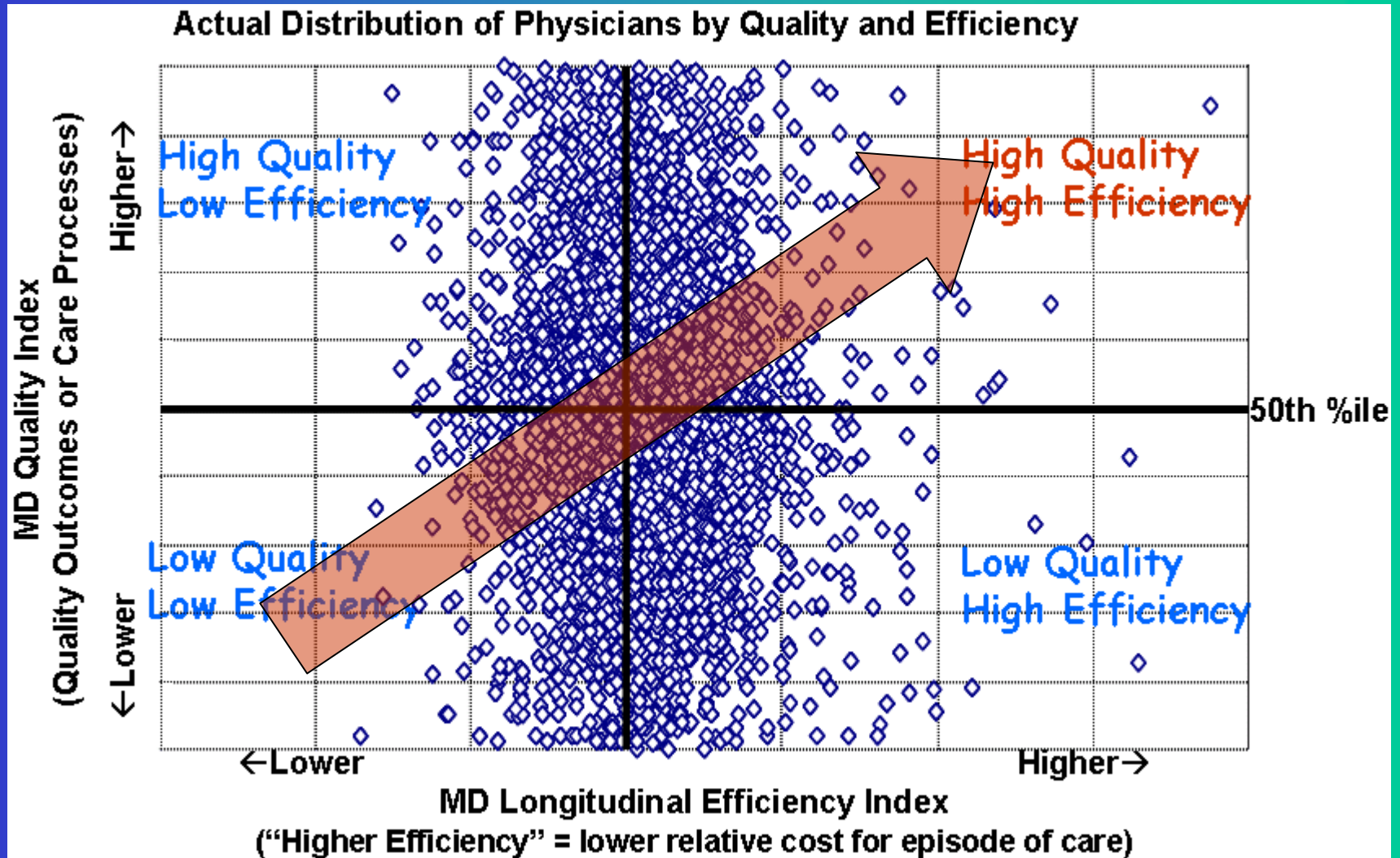
53.5% = Acute care

56.1% = Chronic care



Source: McGlynn EA, et al., "The Quality of Health Care Delivered to Adults in the United States,"
New England Journal of Medicine, Vol. 348, No. 26, June 26, 2003, pp. 2635-2645

Purchaser View: Quality and Cost-Efficiency

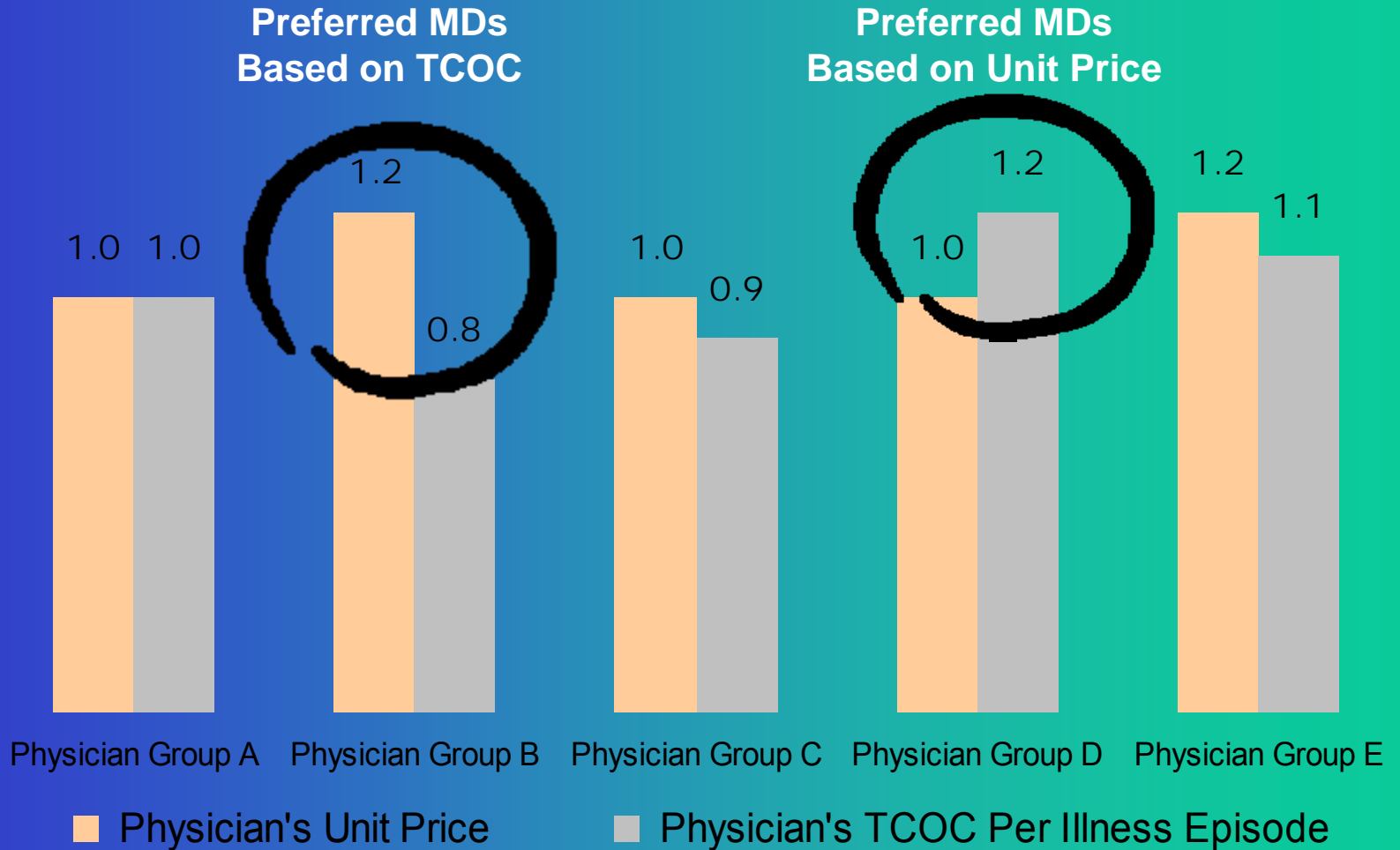


Adapted from Regence Blue Shield

© Pacific Business Group on Health, 2005

Looking at Total Cost of Care Big-Tailed Spending Streams

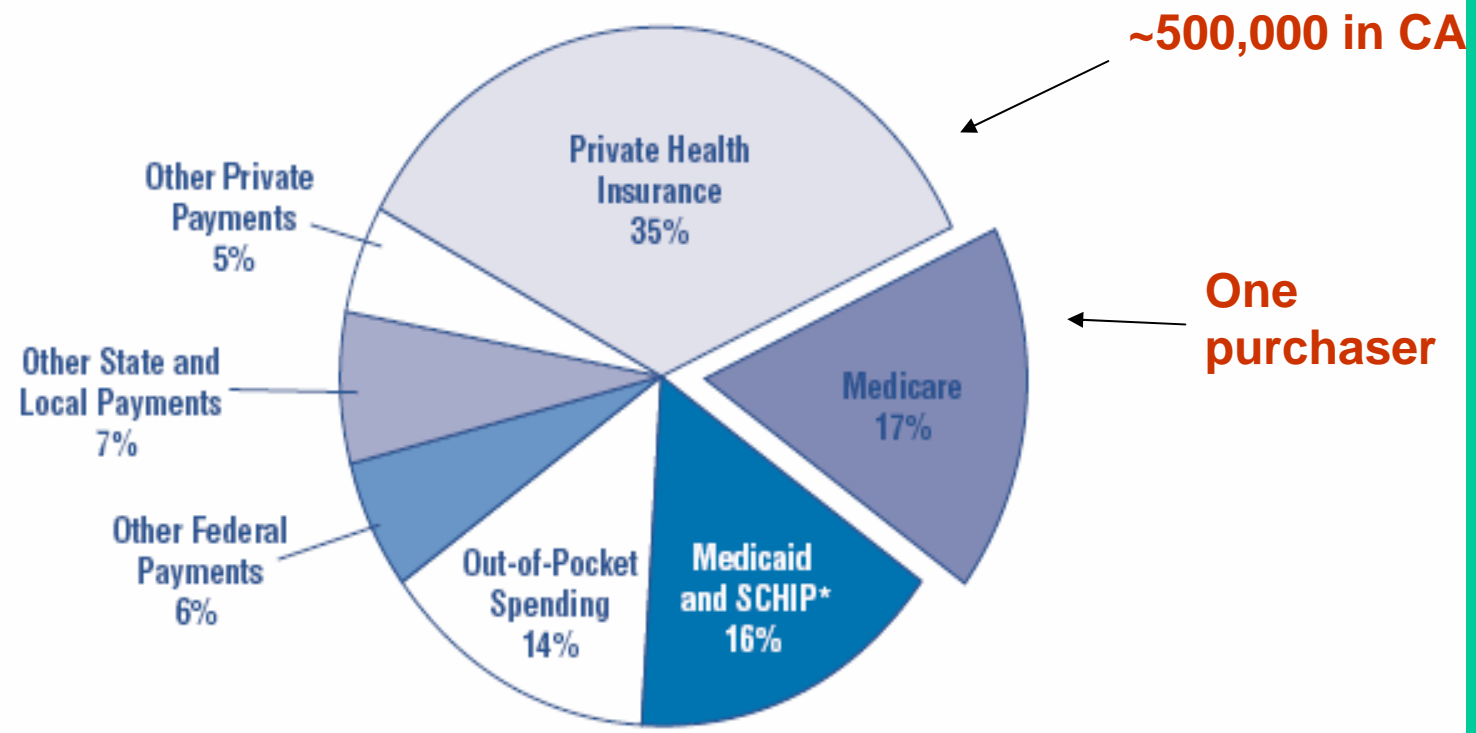
Humboldt Del-Norte



(<1.0 Means Better than Average)

Adapted from Premera Blue Cross

Figure 6.1
National Health Expenditures in the United States, by Source of Payment, 2003



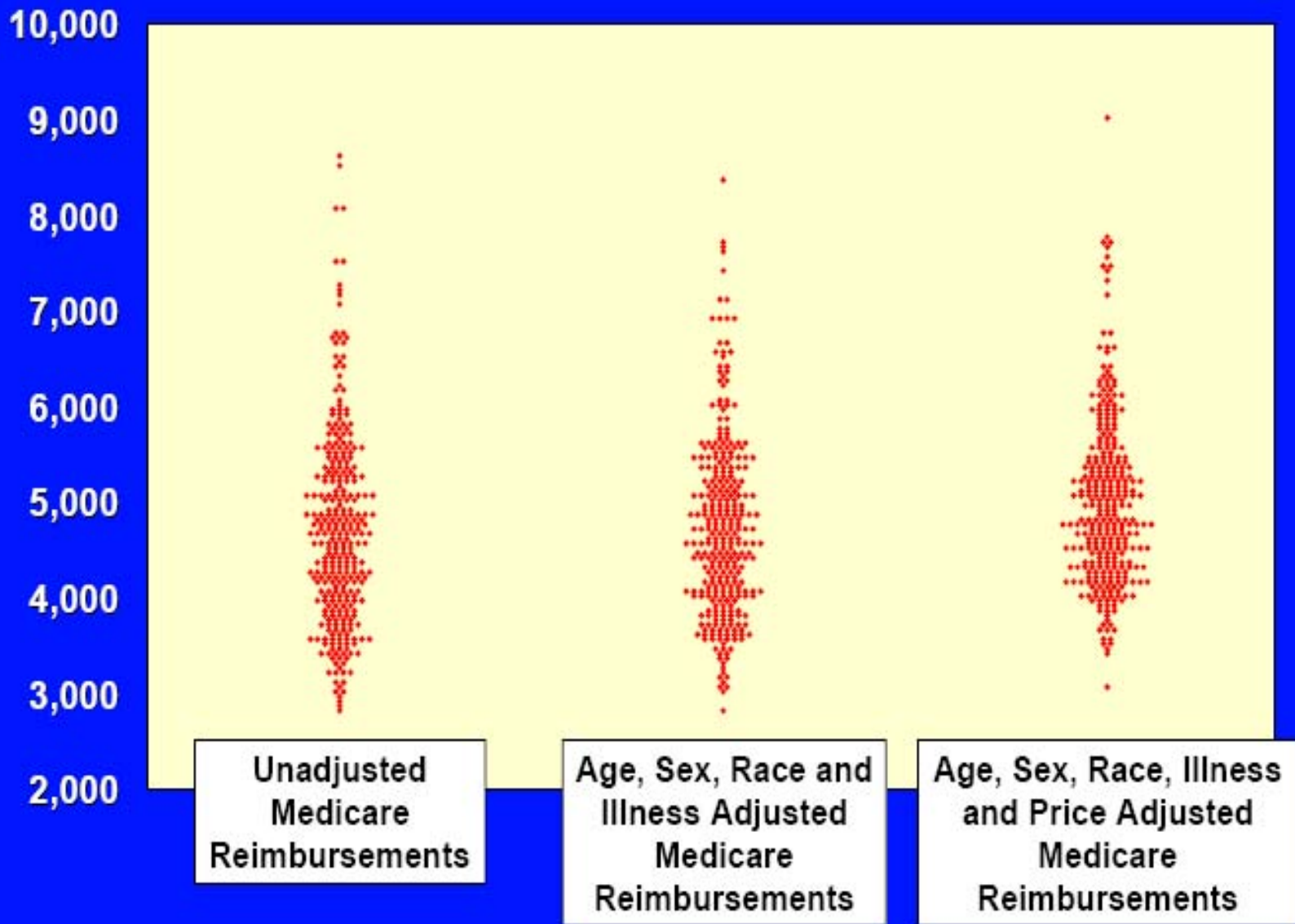
Total = \$1.7 Trillion in National Health Expenditures, 2003

Note: *Medicaid and SCHIP include funds from both federal and state governments. SCHIP is the Title XIX State Children's Health Insurance Expansion.
SOURCE: C. Smith, et al., "Health Spending Growth Slows in 2003," *Health Affairs*, 24 (January/February 2005) 185-194.

Dartmouth Atlas

- **The Dartmouth Atlas Project** works to accurately describe how medical resources are distributed and used in the United States. The project offers comprehensive information and analysis about national, regional, and local markets, as well as individual hospitals and their affiliated physicians, in order to provide a basis for improving health and health systems. Through this analysis, the project has demonstrated glaring variations in how health care is delivered across the United States. The project is run by Center for the Evaluative Clinical Sciences at Dartmouth Medical School.
- Web Site: www.dartmouthatlas.org

Patterns of Medicare Spending



Variation

- Underuse
 - Evidence-based services that should be utilized ~100% of the time if patient agrees (with room for clinical judgement)
- Misuse
 - Preference-based services that should reflect a patient's choice given an unbiased presentation of clinically equal outcomes
- Overuse
 - Supply-sensitive services that vary greatly based on delivery system supply of specialists and hospital beds

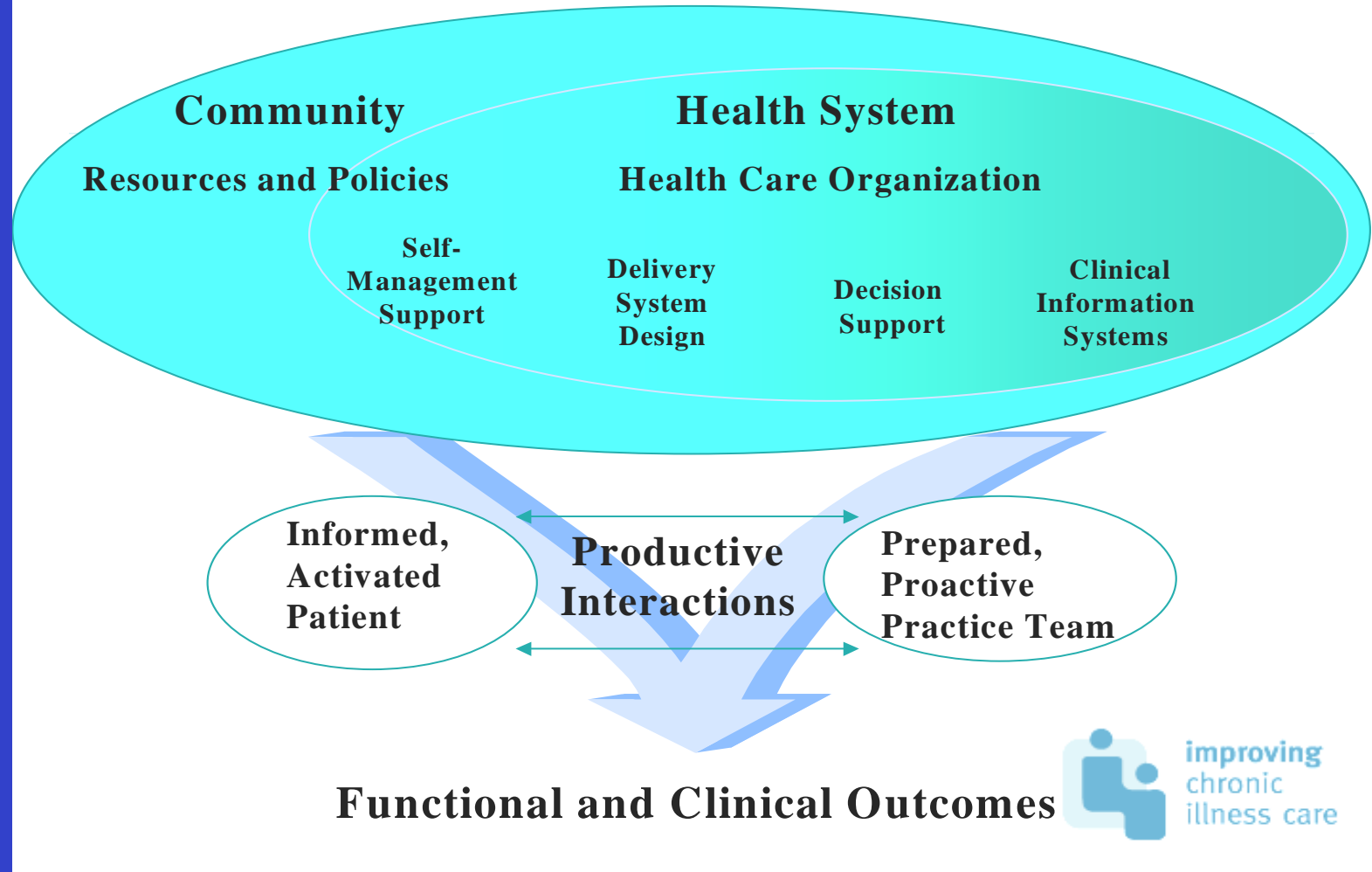
It's About Chronic Illness

- “Those With Multiple Conditions Cause Bulk Of Medicare Spending Growth”

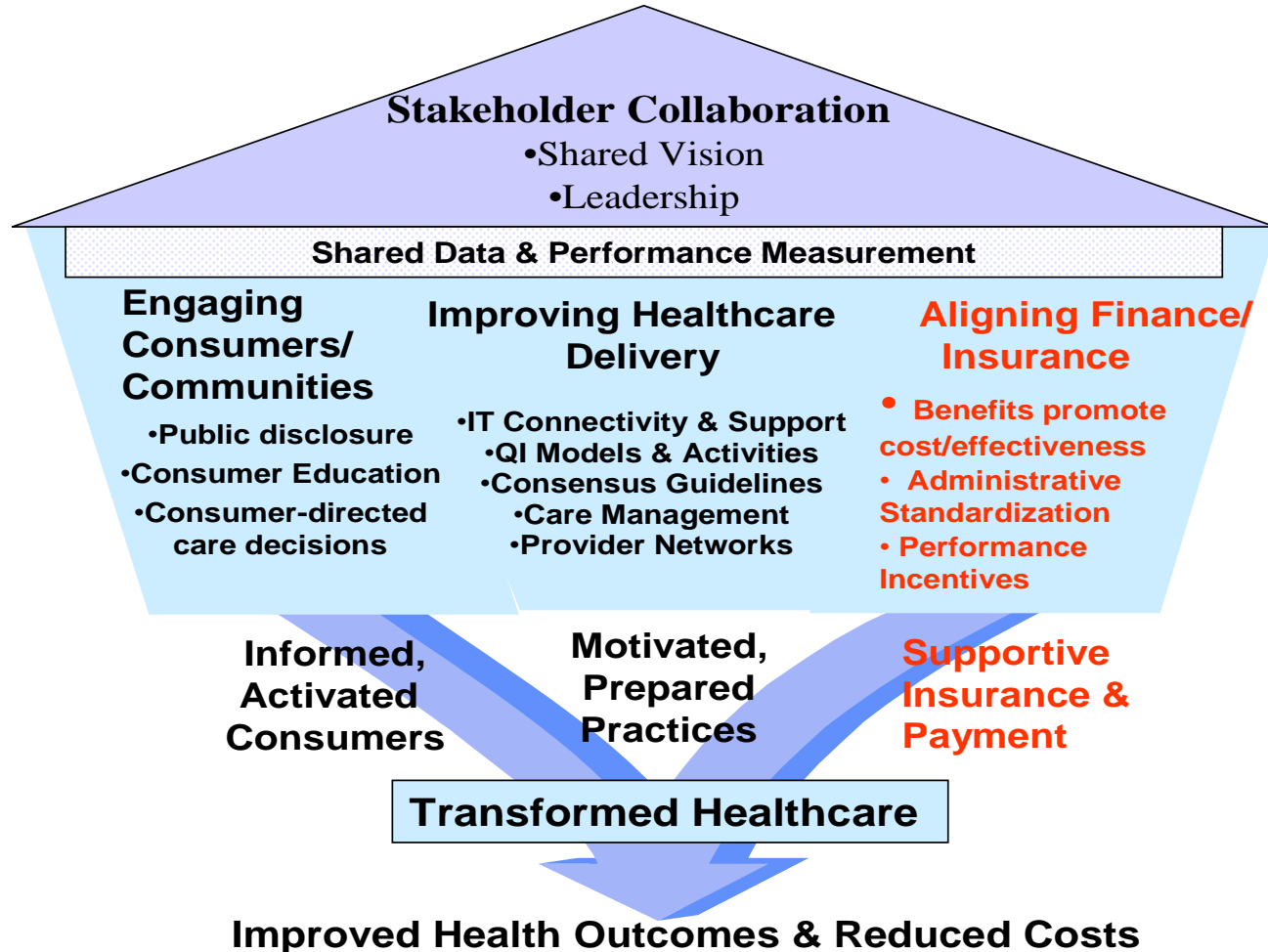
Sunday Health Policy Update (*Health Affairs Web Exclusive*) August 27, 2006

- “Virtually all of the growth in Medicare spending over the past 15 years can be traced to patients who were treated for *five or more* medical conditions during the year, according to a new study by economists Kenneth Thorpe and David Howard released today as a Web Exclusive on the Web site of the journal *Health Affairs*. These beneficiaries alone accounted for 76 percent of total Medicare spending in 2002, up from 52.2 percent in 1987.”

Chronic Care Model



Framework for Creating a Regional Healthcare System

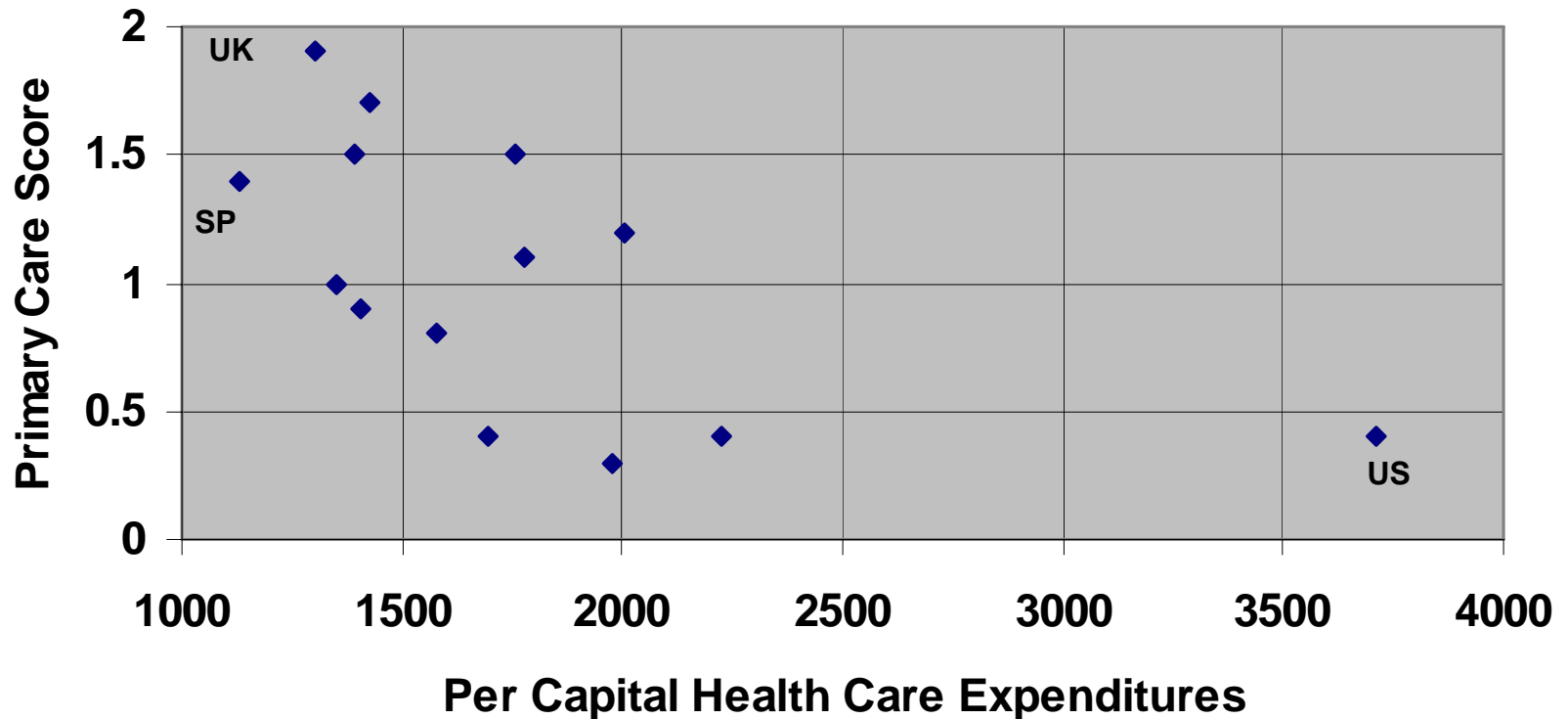


Why “Align Incentives”?

- Current system pays for quantity only
- Errors increase reimbursement
- Supply determines demand
- System punishes providers who see chronically ill patients (takes more time and effort, but underpaid)
- Savings from good work almost never accrue to those who created value (quality/cost)

It's About Primary Care

Primary Care Score vs. Health Care Expenditures, 1996



Primary Care Score: 2 = Stronger
From Barbara Starfield, MD

Dwindling Numbers

	# US grads entering Family Medicine residency
1992	1398
1997	2340
2005	1132

New idea.. Payment reform

Consumer-Purchaser

DISCLOSURE

PROJECT

Improving Health Care Quality through Public Reporting of Performance

Letter to Administrator McClellan

Aug. 21, 2006:

- Develop payments for care coordination for chronically ill
- Payments in support of group visits, e-visits and telemedicine care
- Pay attention to the total cost of care, not just unit of service

PBGH: Four Cornerstones of Value-Based Health Care

- Quality Standards
 - “Systems need to be designed to collect quality-of-care information..”
- Price Standards
 - “episode of care costs for specific doctors and hospitals can measured and compared.”
- Interoperable Health System
 - “quickly and securely communicate and exchange data.”
- Properly Placed Incentives
 - “reward both those who offer and those who purchase high-quality, competitively-priced care”

California's P4P Program: Integrated Healthcare Association

The goal of P4P, as established by P4P stakeholders in 2001, is to create a compelling set of incentives that will drive breakthrough improvements in clinical quality and the patient experience through:

- ✓ Common set of measures
- ✓ A public scorecard
- ✓ Health plan payments

Plans and Medical Groups – Who's Playing?

Health Plans*

- Aetna
- Blue Cross
- Blue Shield
- Western Health Advantage (2004)
- CIGNA
- Health Net
- PacifiCare

Medical Groups/IPAs

- 225 groups / 35,000 physicians

6.2 million HMO commercial enrollees

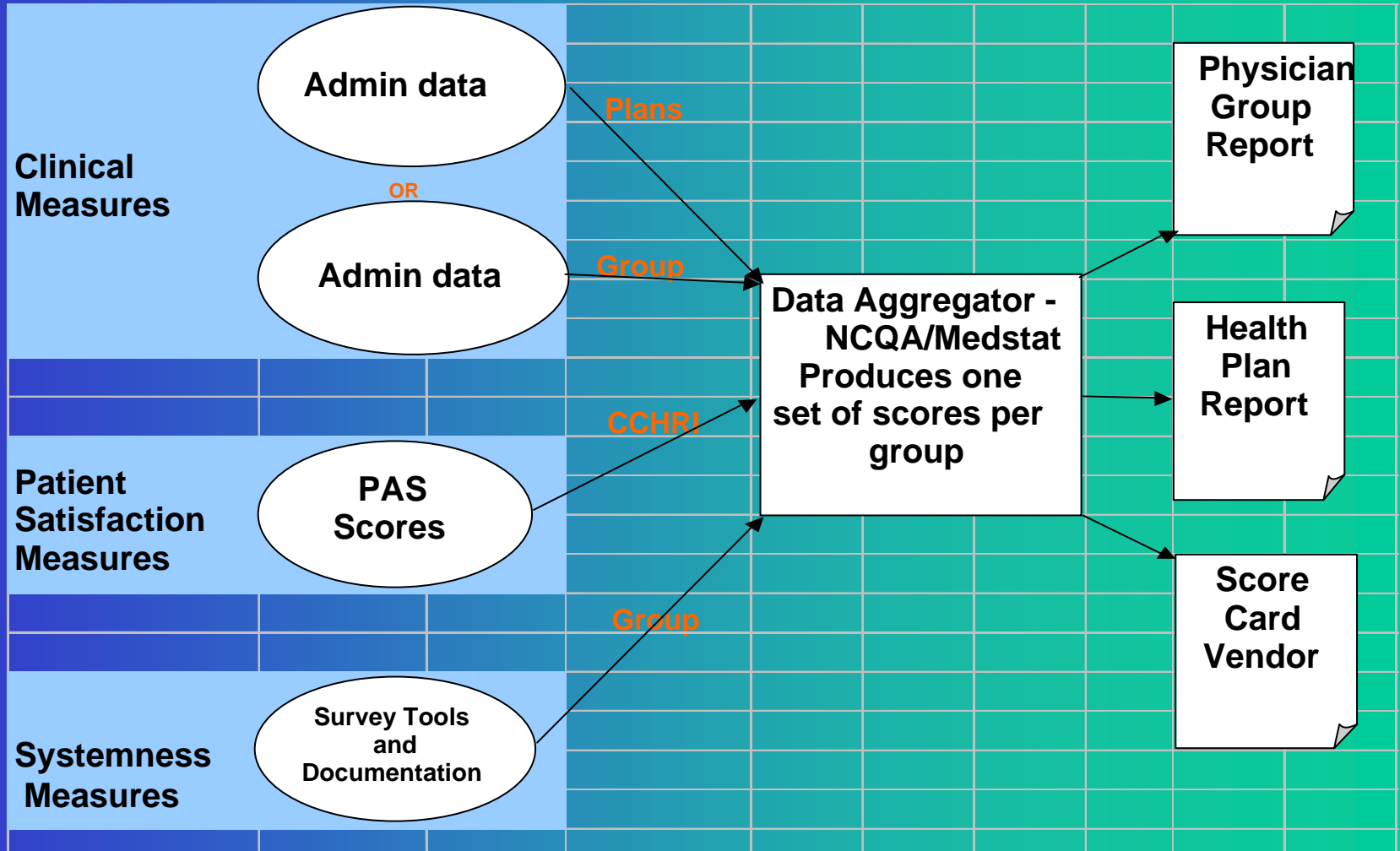
* Kaiser Permanente Medical Group is participating in reporting but not payment

Program Governance

- Steering Committee – determine strategy, set policy
- Executive Committee – oversee operations monthly
- Technical Quality Committee – develop quality measure set
 - Focus is on “underuse”
- Technical Efficiency Committee – develop efficiency measures
 - Focus is on “overuse”
- Payment Committee – develop consistent approach
- IHA – facilitates governance/project management
- Sub-contractors
 - ✓ NCQA/DDD – data collection
 - ✓ NCQA/PBGH – technical support

Multi-stakeholders “own” the program

Data Collection & Aggregation



Note: Plans using aggregated dataset for payment calculations

2008 Clinical Measures

- Preventive Care

- ✓ Breast Cancer Screening
- ✓ Cervical Cancer Screening
- ✓ Childhood Immunizations
- ✓ Chlamydia screening

- Acute Care

- ✓ Treatment for Children with Upper Respiratory Infection
- ✓ Treatment for Adults with Acute Bronchitis
- ✓ Imaging for Acute Low Back Pain
- ✓ Potentially Avoidable Hospitalizations

- Chronic Disease Care

- ✓ Appropriate Meds for Persons with Asthma
- ✓ Diabetes: HbA1c Testing & Control
- ✓ Cholesterol Management: LDL Screening & Control
- ✓ Depression Management: “lost to follow-up”
- ✓ Management of Patients on Persistent Medications

- ✓ 2009

- ✓ Blood Pressure Control
- ✓ Diabetes Optimal Control
- ✓ Avoidable Hospital Admissions

Patient Assessment Survey

- MD-Patient Interaction Composite
- Coordination of Care Composite Score
- Patient Access to Care Composite Score
- Office Staff Composite Score

P4P Results

- Historic collaboration across all stakeholders
- \$55 million P4P payout in 2006
- 5.3% clinical improvement over first 5 years
- 1.2% satisfaction survey improvement over first 5 years
- Medical groups investing large amounts in IT, quality improvement

Does P4P provide an answer to the quality/efficiency dilemma?

Table 6: Sample of Improvements in Clinical Measures

Measure	Number of Groups Scored	Number of Groups Improving	Pct of Groups Improving	Average Pct Point Change in Performance
Clinical				
Clinical Average	46	40	87.0	5.3
Breast Cancer Screening	167	94	56.3	1.1
Cervical Cancer Screening	168	130	77.4	5.4
Asthma Overall	132	94	71.2	2.6
HbA1c Screening	166	100	60.2	3.5
Cholesterol Screening (Cardiac Patients)	46	41	89.1	10.2

Table 7: Patient Experience: Improvement across Many Physician Groups

Measure	Number of Groups Scored	Number of Groups Improving	Pct of Groups Improving	Average Pct Point Change in Performance
Patient Experience				
Survey Average	108	71	65.7	1.2
Rating of Doctor	115	62	53.9	0.5
Rating of All Health Care	115	73	63.5	1.4
Specialist Problems	109	64	58.7	2.2
Rating of Specialist	108	63	58.3	0.8

Comparing Measures by Group Characteristics: Odds of Doing Better or Worse

	IPA	> 50,000 Enrollees	51-200 Sites of Care	Tools at Point of Care (20 pts)
Compared to:	Medical Group	< 15,000 Enrollees	Fewer than 10 sites	No Tools at Point of Care (0 pts)
Communication	No diff.	No diff	-13%	+24%
Timely care	+ 9%	No diff	No diff	No diff.
Diabetes Screening	-25%	+32%	+45%	+36%
Diabetes Good Control	+ 34%	+45%	+34%	+35%
Breast Cancer Screening	-22%	+22%	No diff	+23%

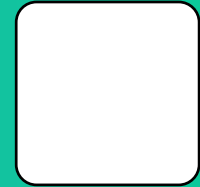
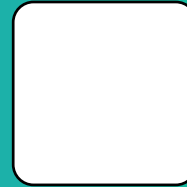
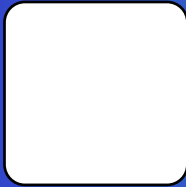
Note: Odd ratios control for all group characteristics simultaneously (enrollment, # of physicians, # practice sites, income, IPA, North, IT measures); significant p<.01

One County's Story

- Rural county, northwest CA
- 130,000 population (only 7% managed care)
- Humboldt Del Norte IPA (“delegated model”)
 - 29 primary care practices (including 7 safety-net clinics)
- Implementing Chronic Care Model: grant strategy
 - Humboldt Diabetes Project
 - Humboldt Breast Medicine Project
 - Creating Confidence in Chronic Care
 - Hypertension/Diabetes Project
 - Aligning Forces for Quality
- Community-wide registry (web-based): common database
- Health Education Alliance

Humboldt Diabetes Project

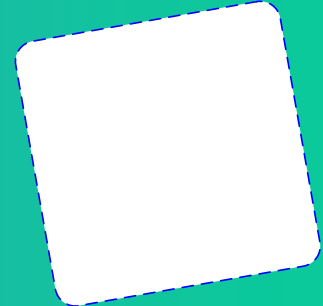
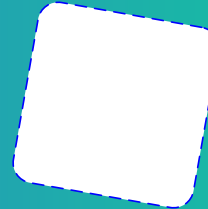
Humboldt Del-Norte



Patients
Involved In
Self-Care



Build and Maintain a
Chronic Care
Infrastructure



Vitals	Last Visit	This Visit	H			
Date	12/12/2003					
Weight	192.8					
Height	5' 0.0"					
Pulse						
Resp Rate						
Temp						
Systolic BP	134					
Diastolic BP	66					
BMI	37.6					
Waist Circ In.						

Chronic Conditions

Diagnosed Conditions	Dx Date	D/R
DM Type 2	1/12/00	<input type="checkbox"/>
MicAlburia	1/3/81	<input type="checkbox"/>
Neuropathy	4/3/02	<input type="checkbox"/>
Hypertension	8/15/01	<input type="checkbox"/>
Dyslipidemia	3/8/00	<input type="checkbox"/>
DepressionNOS	10/3/01	<input type="checkbox"/>

Potential Conditions

Potential Conditions	Add
Retinopathy	<input type="checkbox"/>
Nephropathy	<input type="checkbox"/>
CAD	<input type="checkbox"/>
Post-MI	<input type="checkbox"/>
PAD	<input type="checkbox"/>
MDD-recurrent	<input type="checkbox"/>
MDD-single	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>
Chronic Pain	<input type="checkbox"/>

Dx Date=diagnosis date, D/R=diagnosis resolved

Medications

Class	Name	Date	D/C	C/I	Dec
AG Inhibitor	Class	8/15/01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biguanides	Glucophage	2/11/00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulin	Class	4/3/02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sulfonylurea	Class	1/16/02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TZD/Glitazon	Class	11/29/00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARB	Class	7/24/02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antiplate/thrombASA	Class	1/3/02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statins	Class	1/16/02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Cess	Class	10/3/01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Medications to Consider

Other Medications to Consider	Add	C/I	Dec
Beta Blocker	Class	<input type="checkbox"/>	<input type="checkbox"/>
Diuretic	Class	<input type="checkbox"/>	<input type="checkbox"/>
ACE Inhibitor	Class	<input type="checkbox"/>	<input type="checkbox"/>
SSRIs	Class	<input type="checkbox"/>	<input type="checkbox"/>

D/C=discontinue, C/I=contra-indicated, Dec=decline

Laboratory Test Results

Test	Value	Date	PRef	Ref	Dec
HbA1c	12.2	12/12/03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chol	220	12/12/03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LDL	132	12/12/03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LDL Goal			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HDL	50	12/12/03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Encounter Provider		Encounter Type	
Chart #	C-10348	Last	Example6
DOB	7/31/1947	First	Susan
City	Cedwick	MI	
State	TX	Age	57
Zip	78537	Address	6843 Millwood Dr.
Phone #	(512) 555-5486		
Race	Hispanic	Language	Spanish
Homeless	Not Homeless		
Insurance	Other		

Laboratory Test Results

Test	Value	Date	PRef	Ref	Dec
Triglyc	188	12/12/03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MiA/Cr	108.7	12/12/03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potassium	4.1	12/12/03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creat	0.6	12/12/03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TSH			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ALT	11	12/12/03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AST	10	12/12/03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PRef=previous referral, Ref=referral, Dec=declined

Other Diagnostic Tests

Test	Result	Date	PRef	Ref	Dec
Echo			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EKG			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CardioStressTes	Negative	5/8/02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pap Smear	LSIL	4/19/03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mammogram	2-Negati	10/24/02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colposcopy	CIN1	8/9/03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ColonCaScreen	Colonos	3/12/03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vaccinations and Immunizations

Vac/Imm	Date	PRef	Ref	Dec
Hep B vac #1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PPV23		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flu Vac	12/12/03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IPV/IOPV #1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Risk Factors

Family History	Status	Y	N	U
FamHx.PhysAbuse		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FamHx.Trauma		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaviors		C	P	N
SM BG	current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SubstanceAbuse	never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TobaccoETS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C=current, P=past, N=never, Y=yes, N=no, U=unknown

Other Measures

Test	Value	Date	PRef	Ref	Dec
Exercise wk	7	11/20/02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LVEF	50	5/8/02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CurrentFunction			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current PHQ			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NewEpiFunction			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Epi PHQ			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consults and Education

Cons/Edu	Date	PRef	Ref	Dec
Foot Exam	7/3/02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DM Edu	6/3/02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrit Edu	6/3/02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retinal Exam	5/28/00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CVD Educ		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EtoN/Drug Tx		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CSD FU		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression Scrn	12/3/01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ment Health		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ca S-D Making		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pt Mammo RsIts		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pt Pap Results		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vit Mgt Plan		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Exam		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCPDentalCnsl		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise Quit Tob	12/12/03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SM Goal Set	12/12/03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Notes

SM Goal Desc
Meter Type:
Encount Note: private
CSD FU Desc: private
Dep Tx. Plan:

Reminders


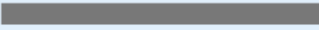

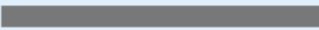


Colon Cancer Screen	1
No Self Management G	1
Abnormal Pap Requirin	3
Fasting Lipid Panel not	3
Pap Smear Results Not	3

P4P in Humboldt

- Brought in ~\$350,000 via P4P (covering on 7% of total population)
- Half distributed to PCPs (incentivized to bonus staff)
- Half invested in quality improvement strategies
 - Network of “office champions”
 - Extra work (meetings, use of registry) rewarded
 - Partnering with Community Health Alliance

OPA Public Reporting

Humboldt Del-Norte

Name of Medical Group	Getting the Right Medical Care based on patient records and recommended standards of care	Patient Rating of Care Experiences based on patient surveys of their care and service						
	Explore this rating	Explore this rating						
	<table border="1"> <thead> <tr> <th data-bbox="491 439 635 496">Scored Lowest</th> <th data-bbox="662 439 769 496">Scored Average</th> <th data-bbox="795 439 864 496">Scored Highly</th> <th data-bbox="891 439 978 496">Scored Best</th> </tr> </thead> </table>	Scored Lowest	Scored Average	Scored Highly	Scored Best	<table border="1"> <thead> <tr> <th data-bbox="1176 439 1302 496">☆ Poor ★ Fair</th> <th data-bbox="1393 439 1626 496">★★ Good ★★★ Excellent</th> </tr> </thead> </table>	☆ Poor ★ Fair	★★ Good ★★★ Excellent
Scored Lowest	Scored Average	Scored Highly	Scored Best					
☆ Poor ★ Fair	★★ Good ★★★ Excellent							
Brown & Toland Medical Group		★★						
Humboldt-Del Norte IPA		★★★						
Marin IPA		★★						
Sonoma County Primary Care IPA		★★★						
Sutter Medical Group of the Redwoods		★★						
The Permanente Medical Group - Bay Area	<p>The Permanente Medical Groups' quality program differs from the California Pay for Performance program that is reported here</p>	★						
Valley of the Moon Medical Group		★★						

Humboldt IPA - CaliforniaCare Patients Who have not received Cervical, Breast and/or Colon Cancer Screening Services

ALAN GLASEROFF, M.D.

Criteria:

- Cervical Cancer Screening:** One or more Pap test(s) during the current or previous 2 years.
- Breast Cancer Screening:** One or more mammograms during the current or previous year.
- Colon Cancer Screening:** One or more of the following screenings:
 - Fecal Occult Blood Test (FOBT) during the current year;
 - Colonoscopy during the current or previous 9 years;
 - Flexible Sigmoidoscopy during the current or previous 4 years;
 - Double Contrast Barium Enema (DCBE) during the current or previous 4 years.

Please indicate, in the "Comments" area, any reasons why the cancer screening was not appropriate for the patient or that the service was refused by the patient.

Name and Address	DOB	Cervical	Breast	Colon	Comments
Patient's Name Patient's Address	Pt. DOB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Patient's Name Patient's Address	Pt. DOB	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Patient's Name Patient's Address	Pt. DOB	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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Patient's Name Patient's Address	Pt. DOB	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Humboldt Diabetes Project Data

Humboldt Del-Norte

	October, 2003	October, 2004	January, 2007
Measure	Results (n=802)	Results (n=778)	Results (n=4330)
HbA1c control: >9% (poor control)	7.7%	6.9%	5.2%
HbA1c control: <7% (good control)	52%	55%	59%
Patients with BP <140/90	62%	59%	67%
Patients with BP <130/80	32%	33%	37%
Patients with LDL<130	60%	73%	78%
Patients with LDL <100	32%	44%	49%

Humboldt Breast Medicine Project Results

Annual Mammogram	2005	2006	% improvement
(> 40yo women)	75%	85%	13.3%

P4P Concerns

- So far, only incremental improvement
- Law of unintended consequence
- Potential for perversity when significant money involved
 - Fire non-adherent patients
 - “I’ll never diagnose URI again!”
 - Clinicians’ vs. patients’ interests
- Teaching to the test
- Need reporting based on clinical data warehouses, not claims alone: Public Reporting from claims data alone *understates quality by 20%* (Greg Pawlson MD, NCQA) –

Incremental vs. Breakthrough Improvement

- Implementation of Chronic Care Model requires more than P4P – evidence-based approach to breakthrough improvement
- P4P has provided resources to build IT and quality improvement capacity
- Will increased number of measures create breakthrough improvement?
- Will increased P4P payment (30% of total in UK) create breakthrough improvement?
- “Evolution vs. intelligent design” in healthcare

Role for Legislature

- Push for federal payment reform (Medicare and Medicaid) to implement elements of Chronic Care Model
- Encourage experiments in payment at state level
- Encourage P4P in state programs (at a minimum)
- Encourage regional health information exchanges to allow for more accurate public reporting of quality
- Use legislative platform to bring stakeholders together

Any Questions

- ◆ From the audience?
 - Please use the Q and A panel to submit your questions.
- ◆ After the call, email questions and suggestions for future web-conferences to:
 - health.chaps@ncsl.org

Sign up for the rest of this series Exploring Accountability in Health Care from Four Perspectives

Addiction November 2nd: *The Outcomes of Addiction Treatment and Approaches to Measuring Performance*

This web-assisted audioconference will help legislators address issues of performance measurement and Treatment efficacy in addiction treatment, including performance-based contracting and how states are increasing their return on investments. Dr. Brooks will discuss outcome and performance measures and their use in quality improvement and accountability, new ways to look at treatment effectiveness, and legislators' options for promoting accountability through performance improvement initiatives. Ms. Johnson will discuss the Maine Office of Substance Abuse's performance-based contracting with its substance abuse treatment providers. **Register now at** http://www.ncsl.org/public/registration/mtg_reg.htm?mtg=WC110207.

- Adam Brooks, Ph.D., Scientist, Treatment Research Institute
- Kimberly Johnson, former Director, Maine Office of Substance Abuse

Access to Care November 9th: *Using Data and Performance Measures to Evaluate State Health Reforms*

This web-assisted audioconference will explore using data and performance measures to evaluate what works and what doesn't in states' expansion initiatives. This discussion will include what types of data and research that are most important to help states move forward on health reform. Mr. Leitz will give an overview on data and performance measures states can use to evaluate their expansion initiatives. Ms. Lipson, who is working on an evaluation of Maine's Dirigo Health to be released in November, will discuss what types of indicators the study chose to assess Dirigo's progress and the pros and cons of various data types and sources. **Register now at** http://www.ncsl.org/public/registration/mtg_reg.htm?mtg=WC110907.

- Scott Leitz, Assistant Commissioner, Minnesota Department of Health
- Debra Lipson, Senior Researcher, Mathematica Policy Research, Inc.

To follow up

- ◆ To register for other parts of this series exploring accountability in health care please go here
<http://www.ncsl.org/programs/health/webcast2.htm>
- ◆ Feel free to contact us for more information at
Health.chaps@ncsl.org
- ◆ For more program information and related links, and to see past programs:
<http://www.ncsl.org/programs/health/webcast2.htm>
- ◆ This program was recorded and will be made available on line.

Other Resources

◆ Center for Health Care Strategies (CHCS)

- Physician Pay-for-Performance in Medicaid: A Guide for States
http://www.chcs.org/usr_doc/Physician_P4P_Guide.pdf

◆ Commonwealth Fund Resources

- Evidence-Informed Case Rates: A New Health Care Payment Model
http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=478278
- Fundamental Reform of Payment for Adult Primary Care: Comprehensive Payment for Comprehensive Care
http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=469545