Achieving Quality Improvement through Financial Incentives
Partnership Health Plan of California’s Quality Bonus Incentive Program

Chris Cammisa, MD, PHC Medical Director
360 Campus Lane #100
Fairfield, Ca. 94534
707 863-4261 ccammisa@partnershiphp.org

Partnership Health Plan of California (PHC) is the County Organized Health System serving over 84,000 Medi-Cal beneficiaries in Solano, Napa, and Yolo counties. Since 1996, the health plan has had a quality bonus program for its primary care practice sites. Each year the health plan’s Physicians Advisory Committee (PAC) reviews the indicators for the quality bonus and recommends changes. This year health plan leadership decided to involve our physicians in an intensive revision process to redesign the bonus program to better align quality incentives with improvement goals of PHC and the practice sites. In addition, because the plan received a 3% rate increase from the state (our first increase in four years), PHC had the resources to increase the quality bonus pool to $1.67 pmpm.

The workgroup made several suggestions which were ultimately approved by the full PAC, health plan leadership and our board of directors. The recommendations were:

- Reduce the number of indicators to allow sites to focus their limited resources on indicators with the potential to have significant impact on clinical outcomes.
- Allow sites to choose an activity that interests them.
- Develop an indicator that improves access, member satisfaction, service to members or clinical information systems to improve clinical outcomes
- Provide sites with the technical assistance they need to implement quality improvement activities.

Based on recommendations of the workgroup, PHC staff redesigned the quality bonus to focus on four measures.

- Preventive services measures (breast cancer screening & well-infant visits in the 1st 15 months of life)
- Asthma management
- Diabetes management
- A practice site selected quality improvement project focusing on one of the following areas:
  o Improving access to care
  o Assessing and improving patient satisfaction
  o Implement clinical information systems to improve care and clinical outcomes

Projects selected by category and county are summarized in the table below.

<table>
<thead>
<tr>
<th>Practice Site QIPs by Category &amp; County</th>
<th>NAPA</th>
<th>SOLANO</th>
<th>YOLO</th>
<th>Grand Total</th>
<th>% of Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Category</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Declined</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>3%</td>
</tr>
<tr>
<td>Improve Access to Care</td>
<td>2</td>
<td>1</td>
<td>6</td>
<td>9</td>
<td>13%</td>
</tr>
<tr>
<td>Improve Patient Satisfaction</td>
<td>7</td>
<td>2</td>
<td>2</td>
<td>11</td>
<td>16%</td>
</tr>
<tr>
<td>Improved Clinical Info Systems</td>
<td>4</td>
<td>28</td>
<td>7</td>
<td>39</td>
<td>58%</td>
</tr>
<tr>
<td>Not submitted to date</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>6</td>
<td>9%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>14</td>
<td>36</td>
<td>17</td>
<td>67</td>
<td></td>
</tr>
</tbody>
</table>

The next steps are to continue to work with our sites to provide technical assistance to help them enrich their projects, work on registry development to reduce resources needed at the sites to implement IT, and evaluate the potential to collaborate with other payers such as commercial plans or Medicare to align our quality goals and incentives.
The lessons learned by PHC through this process:

- Primary care practice sites strongly believe in quality improvement and, with adequate financial incentives, will select projects which improve the quality of care and service to their patients.
- Quality incentives need to be simple and focused on improvements in chronic care and preventive services.
- Primary care practitioners like to have an opportunity to design the quality bonus program to meet their needs and need technical assistance in QI tools and processes.