

P4P and Group IT Investment



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IT Requirements for High Performance



■ Get Data

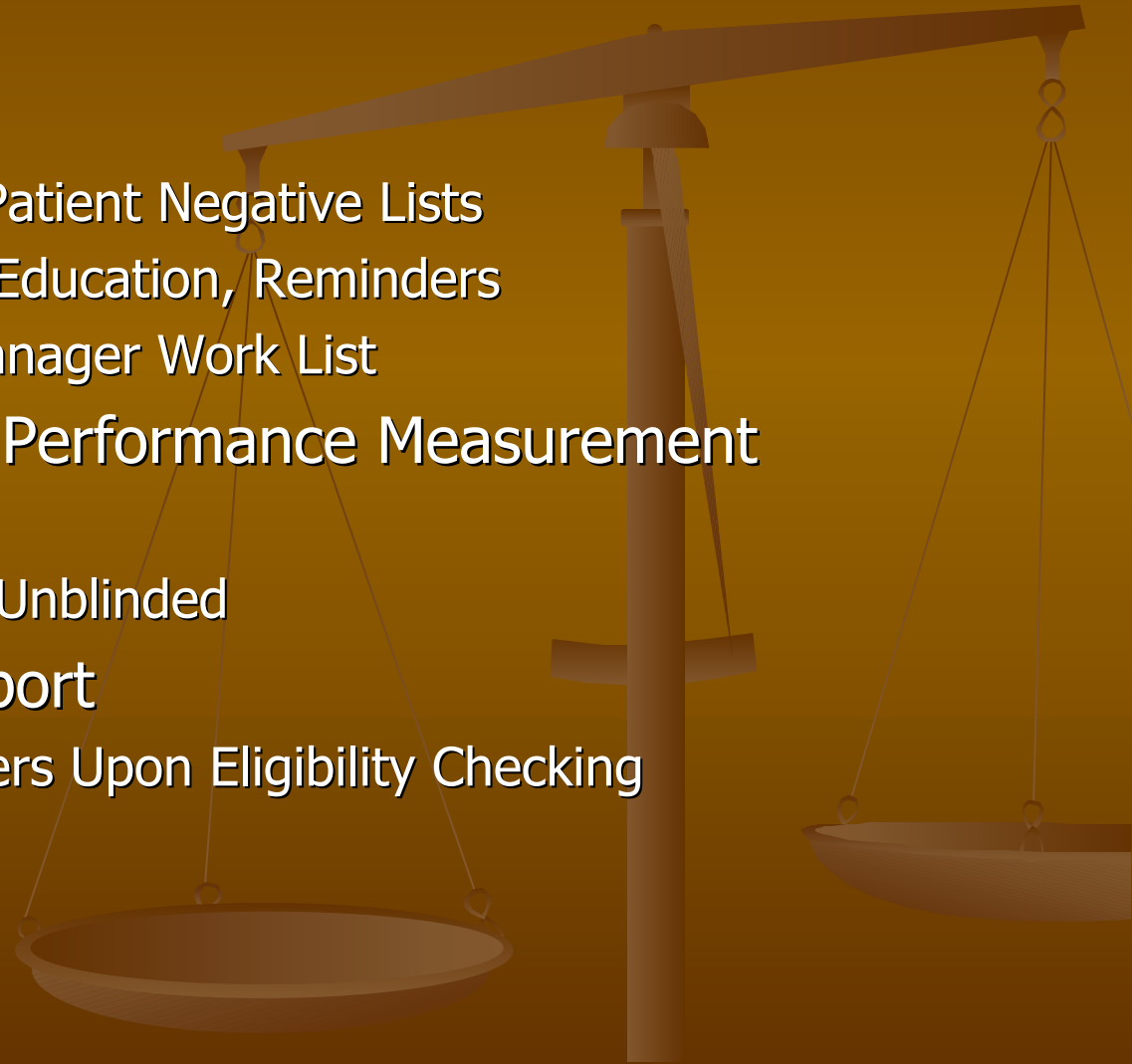
- Lab Values, Rx, Prof Claims, ?Facility Claims
- Therapeutic Class Summary Database
- Extraction of Non-Claims Data
 - Chart Abstraction, ?EMR

■ Make Data Good

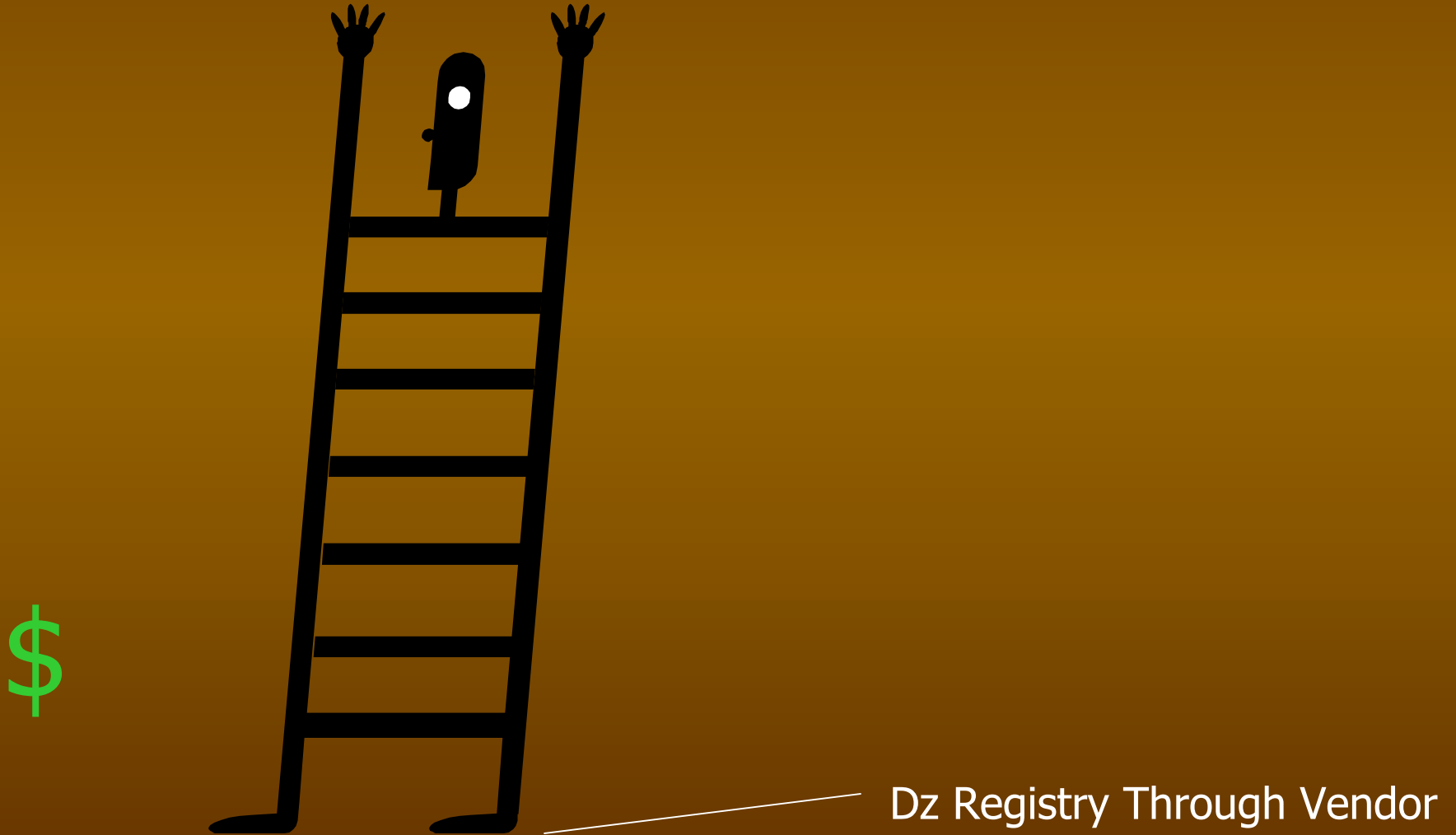
- Dash Board Reports
- Internal Investigative Team to Troubleshoot

IT Requirements for High Performance

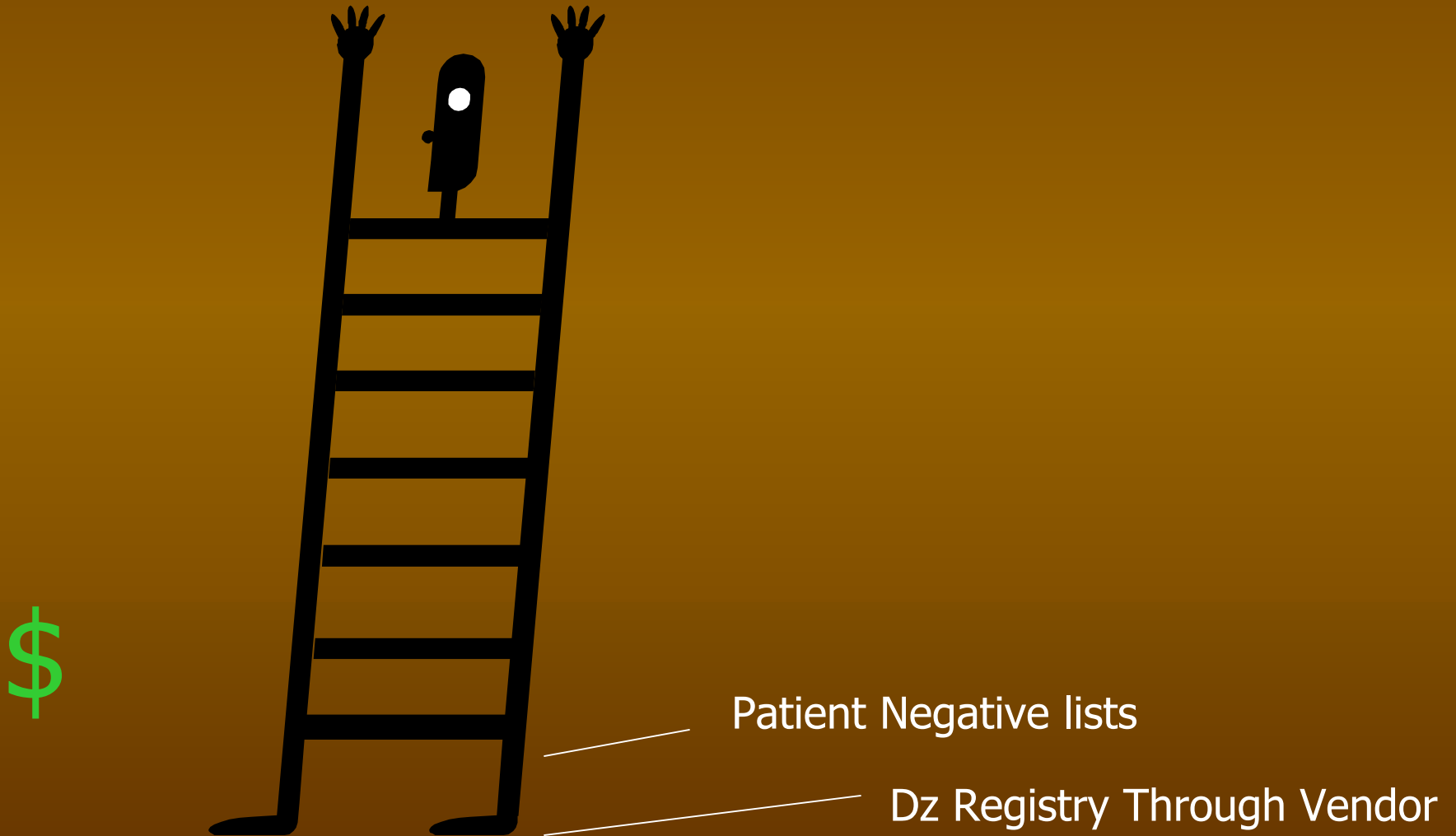
- Use Good Data
 - Disease Registries
 - Feed Physicians: Patient Negative Lists
 - Contact Patients: Education, Reminders
 - High Risk Case Manager Work List
 - Physician Specific Performance Measurement
 - +/- Incentives
 - Fed Back Blinded/Unblinded
 - Point of Care Support
 - Physician Reminders Upon Eligibility Checking
 - Lab Values



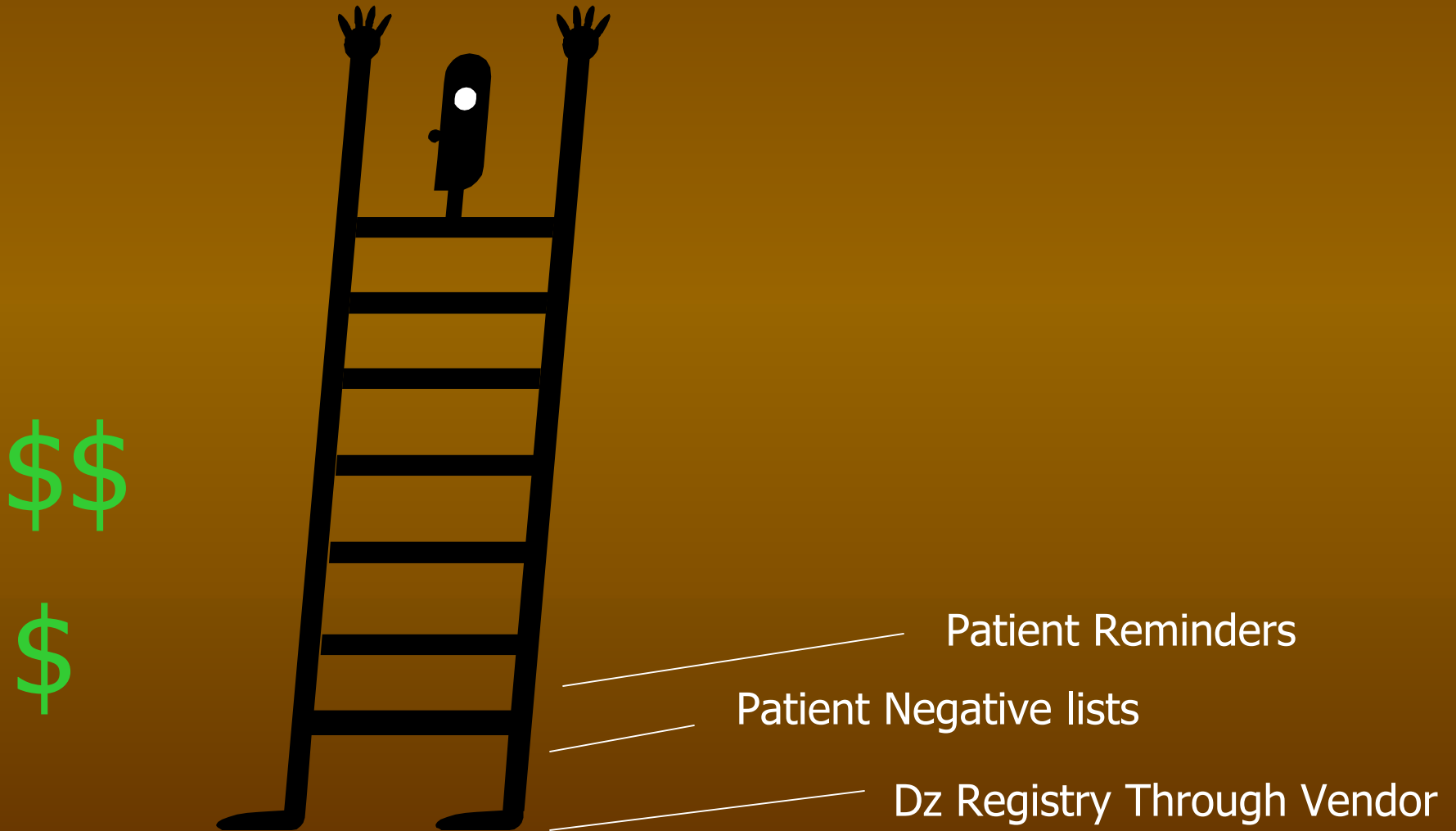
The Cost Ladder



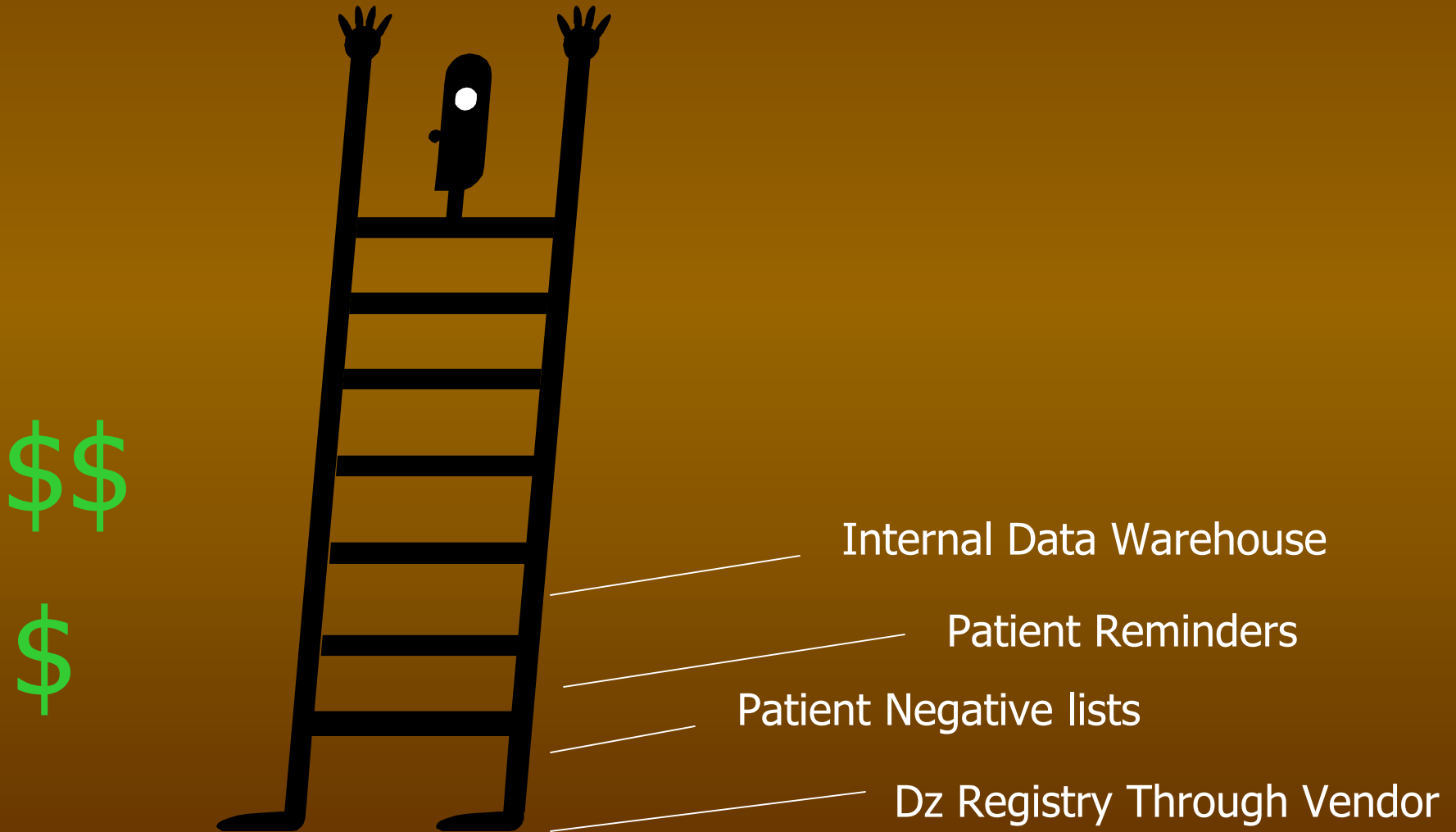
The Cost Ladder



The Cost Ladder



The Cost Ladder



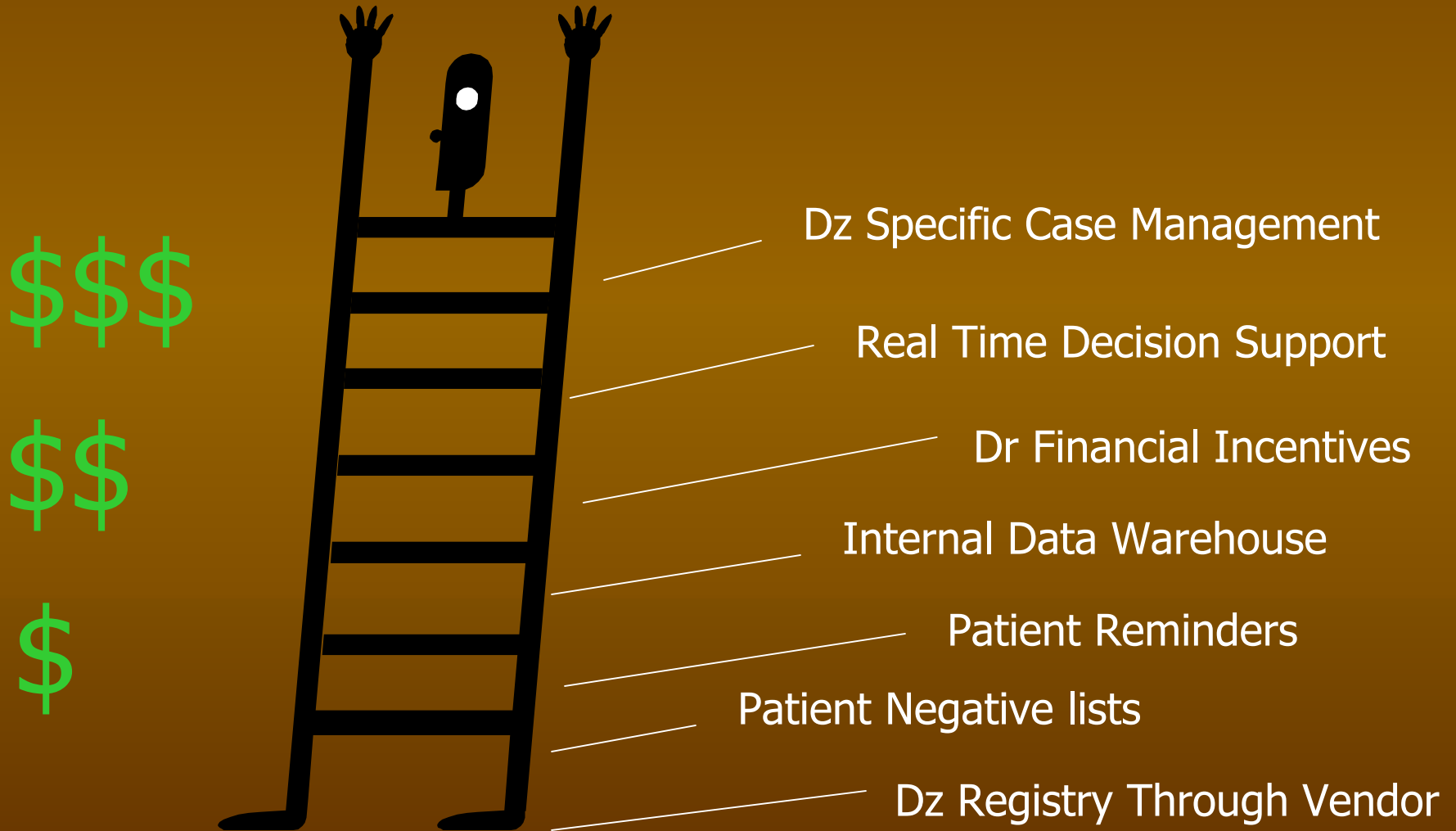
The Cost Ladder



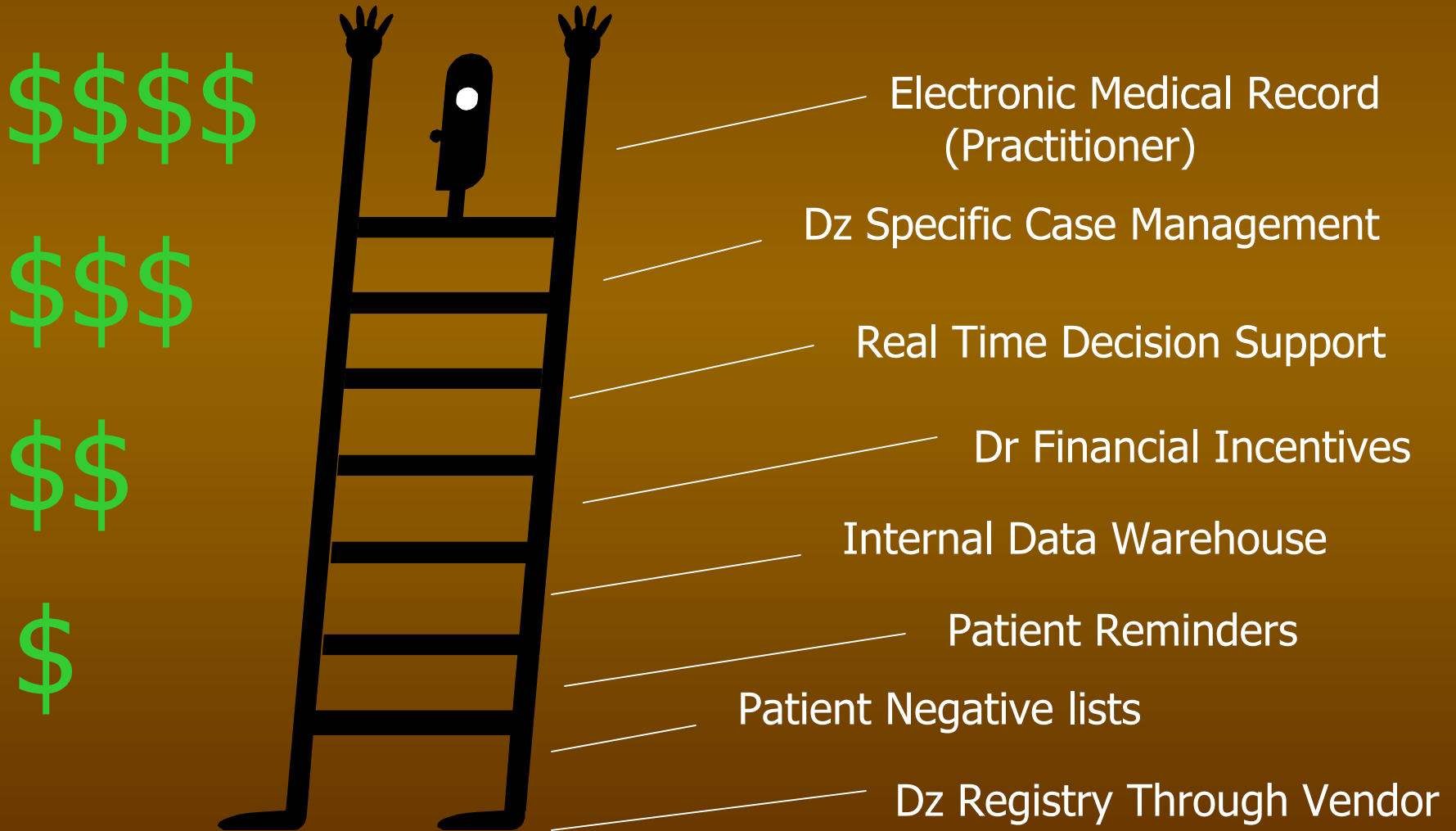
The Cost Ladder



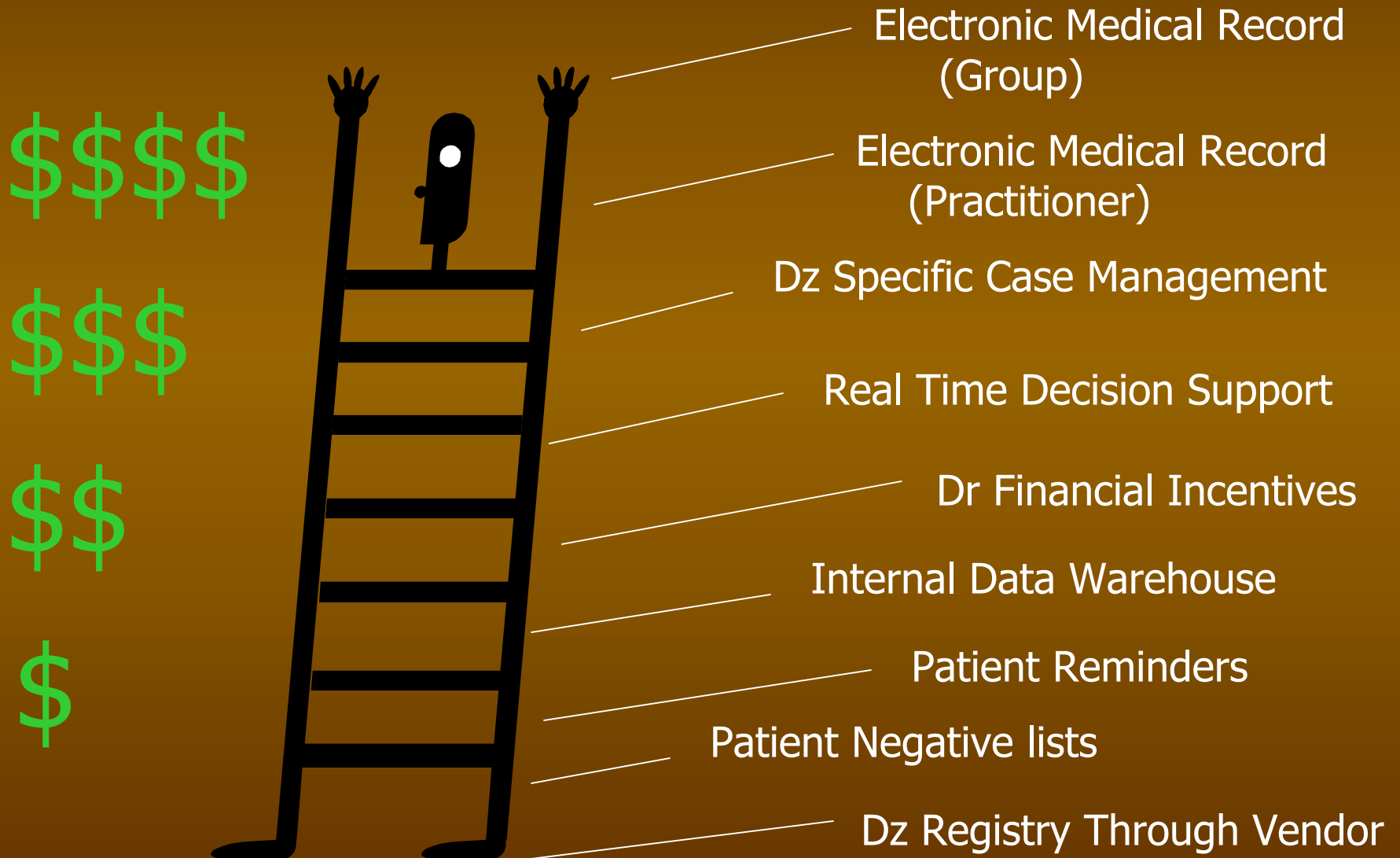
The Cost Ladder



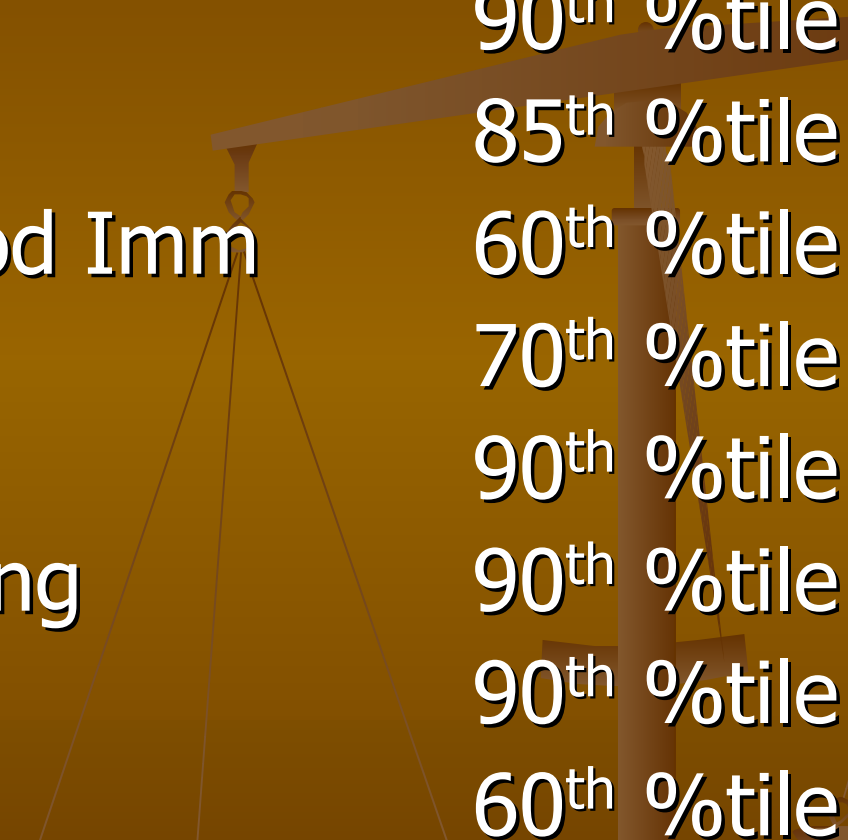
Investment Cost Ladder



Investment Cost Ladder



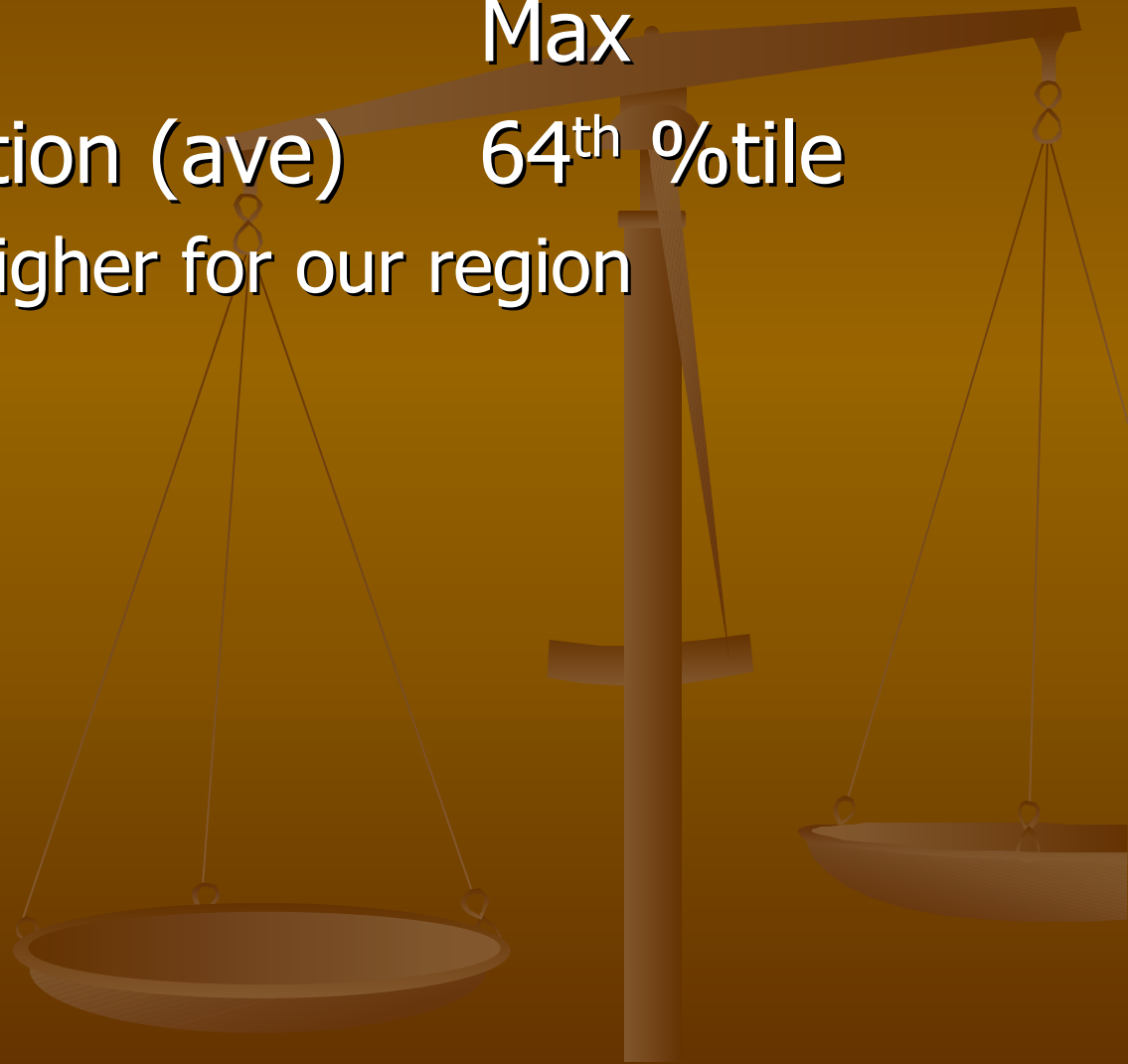
GNP Performance



■ VZV	90 th %tile
■ MMR	85 th %tile
■ Rest of Childhood Imm	60 th %tile
■ Asthma	70 th %tile
■ Breast Cancer	90 th %tile
■ Cervical Screening	90 th %tile
■ Diabetes	90 th %tile
■ LDL	60 th %tile

GNP Performance (cont)

- IT Max
- Patient Satisfaction (ave) 64th %tile
State wide, but higher for our region



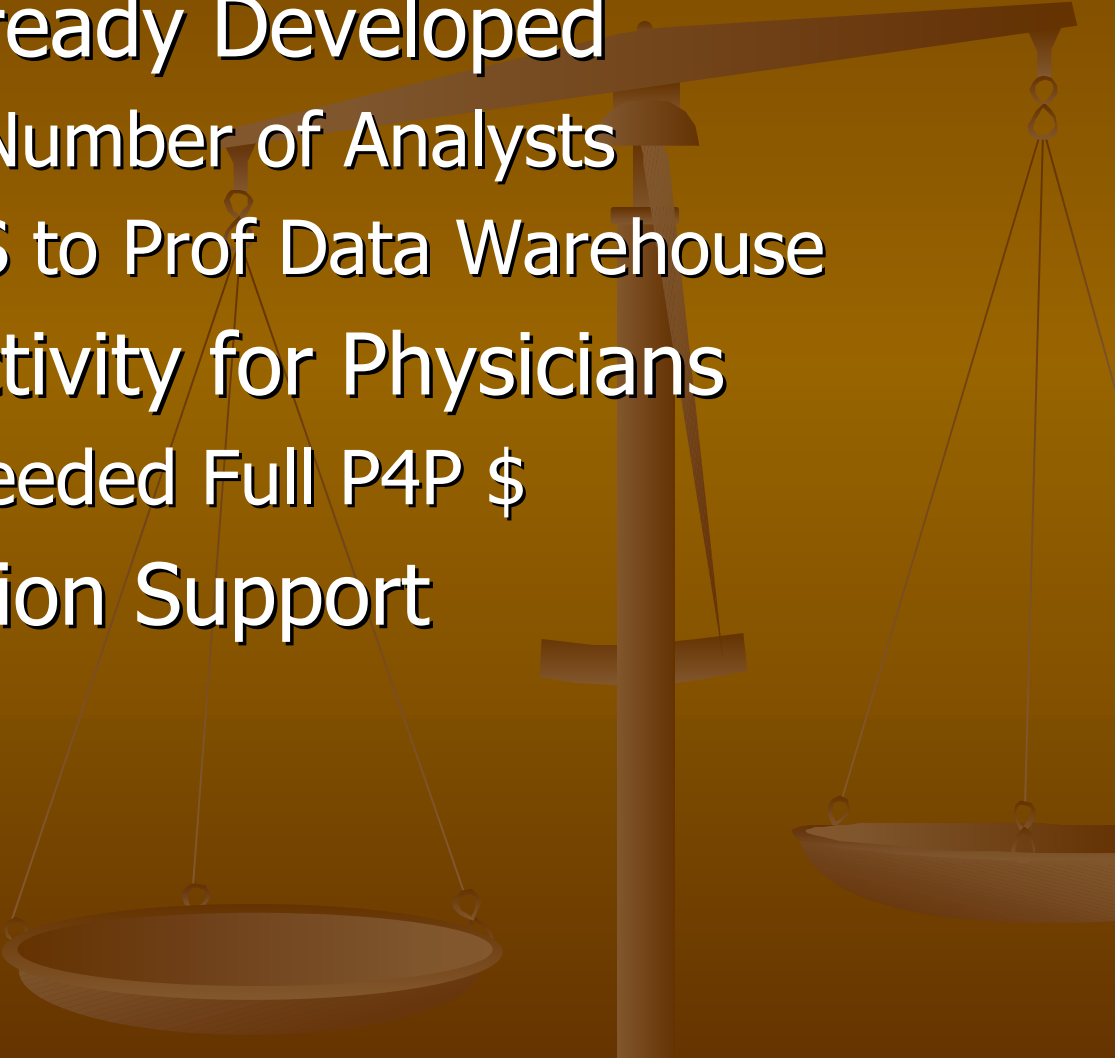
P4P \$ (PMPPM) to GNP

■ HMO P4P Payout PMPPM

- Plan 1 \$0.25
- Plan 2 \$0.78
- Plan 3 \$0.94
- Plan 4 \$1.30
- Plan 5 \$1.38
- Plan 6 \$1.89

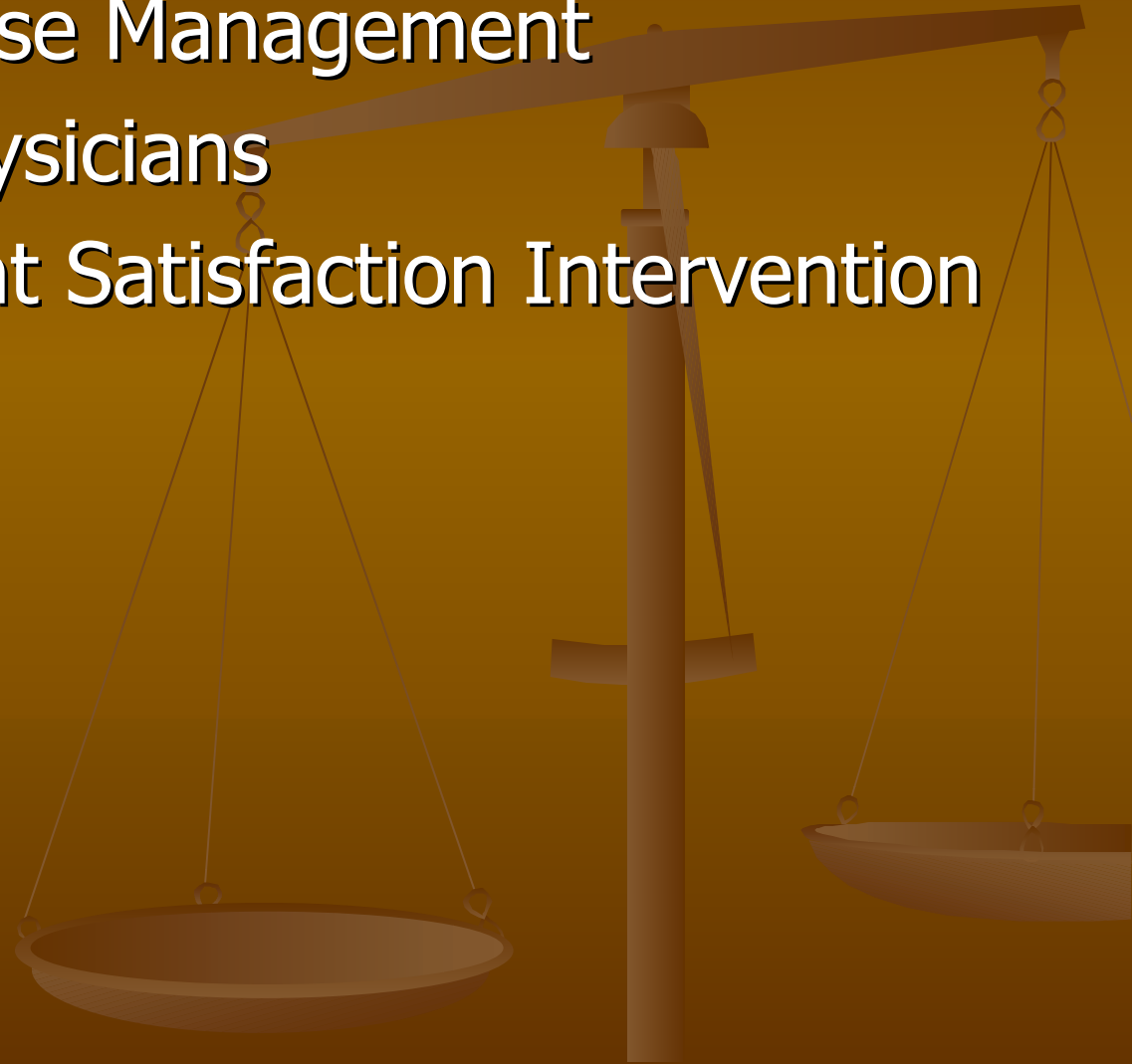


What is GNP Investing In?

- Internal CDR Already Developed
 - Expanding the Number of Analysts
 - Converting: SAS to Prof Data Warehouse
 - Internet Connectivity for Physicians
 - Alone, This Exceeded Full P4P \$
 - Real Time Decision Support
- 

Too Few \$ For ...

- Full Time Dz Case Management
- EMR for IPA Physicians
- Intensive Patient Satisfaction Intervention



Concerns About Future \$



- No “New” Money
- Health Plans Bake Into Pricing Model
- Base Increases in Premium ? at Risk
 - Including Those Needed to Meet Expenses
- Health Plan Payout Methodology
 - Top X Percentile
 - Continued Funding
 - Guarantees, to Offset Premium Increases

Possible Solutions



- CAPG Strategy for Transparency
 - Publicize Health Plan \$ and Methodology
- CAPG Strategy for Payout Methodology
 - Absolute Performance Payout + Percentile Payout. \$2+ PMPM ***for P4P Metrics.***
 - Separate from Base Contract
- ? Isolate the Funds
 - Separate Pool
 - Paid Directly by Employers