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Empowering Healthcare

Using Pay for Participation to Enhance Medicare Health Support in Mississippi

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Mississippi Medicare Health Support Provider-Centric Program

Educated, empowered patients who can be true partners in care

Communication across multiple providers and sites of care

Proactive chronic care delivery – not just problem-driven

ID/tracking of discrete patient populations

Support, monitoring in-between office visits

Outpatient office practice

Intensive case mgmt



Health support care coordination, office outreach staff

Patient rosters of health support program eligible patients

Chronic care registry
COMMAND Software



Electronic health record



Shared care plan



Group visits



Appt reminder calls



RX refill protocols

24x7 nurse triage line



Health support nurse monitoring calls

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Mississippi Pilot Overview

- **20,000 plus participants with diabetes and/or heart failure**
 - ◆ **Plus co-morbidities**
- **10,000 person control group**
- **Hurricane Katrina**
 - ◆ **Program launched August 22**
 - ◆ **Hurricane Katrina struck August 29**
 - **Difficult to locate beneficiaries immediately following disaster**
 - **Call center down for several days**
 - **Contingency plans enacted**
 - ◆ **Providers focused on meeting patient needs following hurricane**
 - ◆ **P4P introductory mailing delayed**

Medicare Health Support: Early Program Results

- 👉 **Unexpectedly high interest**
 - ◆ **>100,000 beneficiaries participating nationwide as of Feb. 2006**
 - ◆ **15,000+ agreed to participate as of mid-March 2006 in Mississippi**

Hurricane Katrina - Then



A boat sits several hundred yards from the beach in Biloxi's historic downtown district. (Rick Guy/The Clarion-Ledger)

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- 👉 **20K+ Mississippi Medicare beneficiaries eligible to receive government assistance**
- 👉 **Jackson, Miss. call center without power for about 8 days**
- 👉 **Nursing, other Miss. staff whereabouts unknown for days**

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Hurricane Katrina – Immediate Response

- 👉 **Outreach targeted to central/northern parts of Miss. for over a month until telephone, postal services restored in southern area**
- 👉 **Help beneficiaries with basic necessities**
- 👉 **Provided 24/7 nurse advice line free of charge to *all* MS and LA residents**
- 👉 **Additional field nursing staff brought to MS to augment existing field-based staff**
 - ◆ **Provided additional beneficiary locator support and beneficiary assessments in the southern portion of state**

Hurricane Katrina - Now

- 👉 **62% participation rate in six coastal counties**
- 👉 **“On the coast and for miles beyond, landmarks are missing and street signs no longer exist. This has posed a major problem for those of us working the lower third of the state, especially the coastal area. We now use GPS because it doesn’t rely on street signs or landmarks. We can detour around the debris trucks that frequently block streets.” Beverly Goforth, Community-based RN**



Kathryn Collins cleans dishes recovered from her family’s damaged home in Biloxi. (File photo/The Clarion-Ledger)

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Why include Pay-for-Participation in DM programs?

- 👉 **Payors (employers, MCOs) have implemented over 100 P4P programs since 2002**
- 👉 **Medicare has launched both medical group and hospital demonstration projects to test “pay for results” methods**
- 👉 **Evidence accruing that P4P initiatives favorably impact clinical outcomes, quality of care and reduce overall costs**

“Pay for Participation”

Is Not

- 👉 “Encounter-based”
 - ◆ Office visit
 - ◆ Hospital visit
 - ◆ Procedure completed

Is

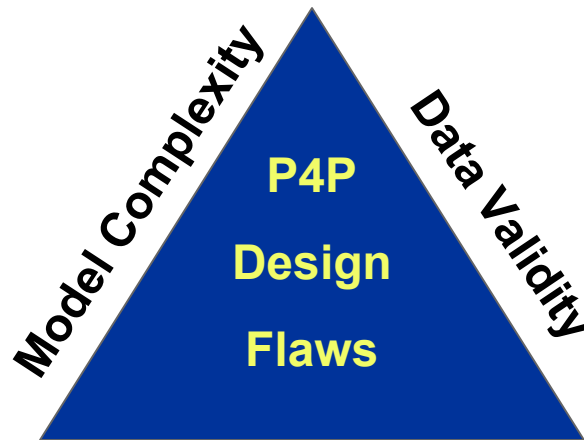
- 👉 “Results-based”
 - ◆ Achieving certain clinical outcomes
 - ◆ Complying with guideline-based treatment recommendations
- 👉 Simple model recognizes what clinicians are “doing right” and provides rewards

Challenges to Engaging FFS Providers in DM Programs

- ➡ **No direct contractual relationship with providers - not required to participate in DM programs**
- ➡ **DM Programs perceived as interfering with rather than supporting provider-patient relationship**
- ➡ **Misconception that DM Programs are funded by reducing payments to providers**
- ➡ **“Too much paper” – administrative burden on offices to participate**
- ➡ **Concerns about potential liability if providers do not respond to DM staff correspondence**

Market Feedback on P4P Programs

- Confusing to physicians
- Difficult to administer



- Low patient volume per provider
- Not statistically significant
- Case mix issues
- Multiple physicians involved in care

Long Lag times between

- Physician behavior
- Data collection and reporting
 - Bonus payments

McKesson's P4P Approach

- 👉 **Incorporate P4P market feedback into design**
- 👉 **Tie P4P payments to key DM Program success factors that are influenced by physicians**
- 👉 **Involve national/state professional organizations in P4P design**
- 👉 **Publicize P4P program well before program launch**

P4P Design Follows AMA Guidelines

“AMA announces principles and guidelines on pay-for performance programs...”

amednews.com
— THE NEWSPAPER FOR AMERICA'S PHYSICIANS —

July 11, 2005

- ☞ **Helps ensure quality of care**
 - ✓ Yes: based on nationally accepted guidelines
- ☞ **Foster the patient-provider relationship**
 - ✓ Yes: provider is key in recruitment and goal-setting
- ☞ **Offers voluntary participation**
 - ✓ Yes: no penalty or reduction in fees for non-participation
- ☞ **Uses accurate data and fair reporting**
 - ✓ Yes: payments based on information received directly from providers, patients or claims
- ☞ **Provides fair and equitable incentives**
 - ✓ Yes: providers are paid a fair amount to recognize the work done

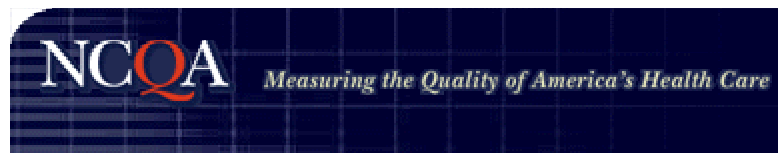
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Ongoing Provider Outreach, Support

- **American Academy of Family Physicians (AAFP) – National & MS**
- **AARP Mississippi**
- **American College of Physicians (ACP) – National & MS**
- **American Geriatrics Society**
- **MSDH's Division of Aging & Adult Services**
- **Information and Quality Healthcare (Miss. QIO)**
- **Harvard's Joslin Diabetes Center**
- **Mississippi Division of Medicaid**
- **Medical Group Management Association – Miss. Chapter**
- **Mississippi Primary Health Care Association**
- **Mississippi State Medical Association**
- **Mississippi Medical & Surgical Association**
- **University of Mississippi Medical Center**

Organizations Promoting Understanding of MHS



...and many others



MHS P4P Program Overview

Medicare Health Support Program includes a mechanism to provide *supplemental payments* to offices who actively participate in collaborative patient management



- Assistance with enrollment of eligible patients in DM programs
- Collaboration in care management of DM enrollees
- Delivery of key clinical interventions that improve quality of care and clinical outcomes

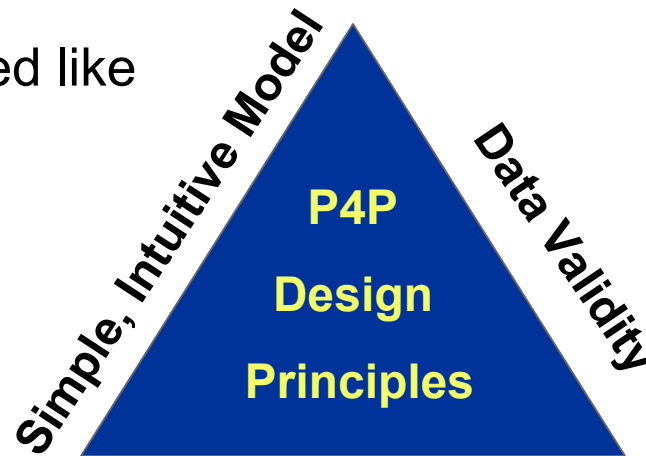
P4P Payments are made *in addition to* (not in place of) Medicare fees paid for covered professional services!

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P4P Design in Medicare Health Support

- Payments designed like FFS system



- Start with simple participation metrics
- Use widely accepted claims-based metrics (HEDIS-like)

Frequent payments

- First payment 3-6 months after program launch
- Quarterly payments thereafter

Pre-launch Publicity

**Meetings with
Professional
Organizations**

**Conference
Presentations**

**Visits to
Expected High
Volume
Practices**

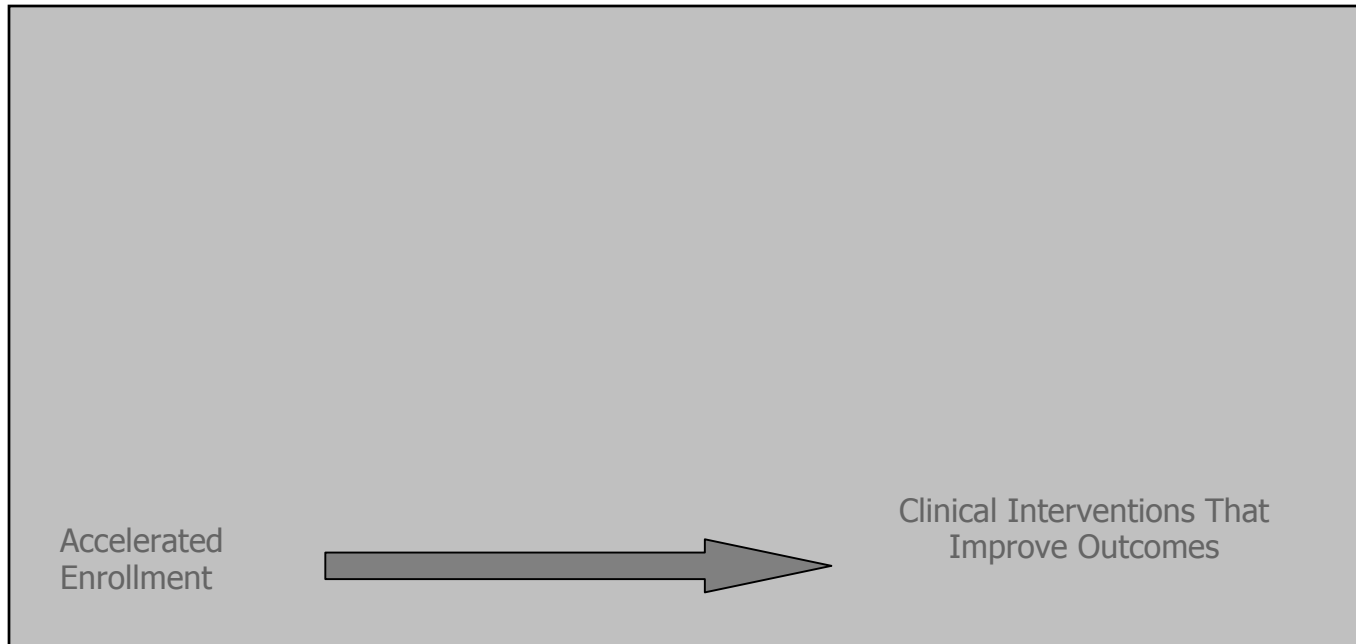
Key Messages:

- 👉 **Provider participation is critical to the success of care management programs**
- 👉 **Patients get additional support that can lead to better coordination of care**
- 👉 **Understanding pay for performance programs and metrics can help providers to better prepare for the future**

Guiding Principles for Payment

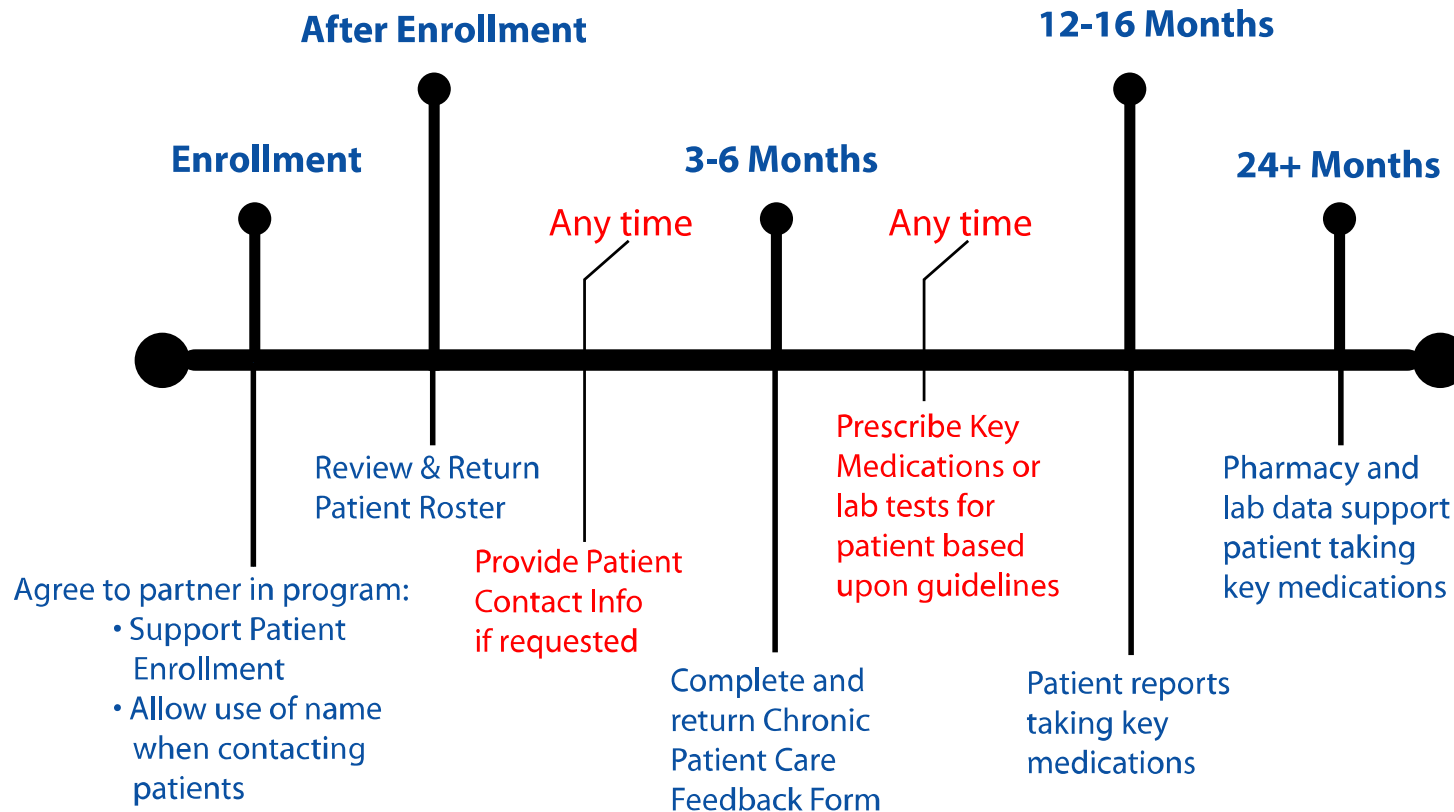
- 👉 **Early rewards for office participation in collaborative management**
- 👉 **Scheduled payments tied to regular practice level feedback reports**
- 👉 **Rewards tied to widely accepted clinical metrics (e.g., aspirin therapy for diabetics)**

Simple, Intuitive P4P Model



- Wave #1:** Rewards providers' support for enrolling members
- Wave #2:** Rewards providers' collaboration in care management
- Wave #3:** Rewards providers' efforts to ensure patients receive key clinical interventions that improve clinical outcomes

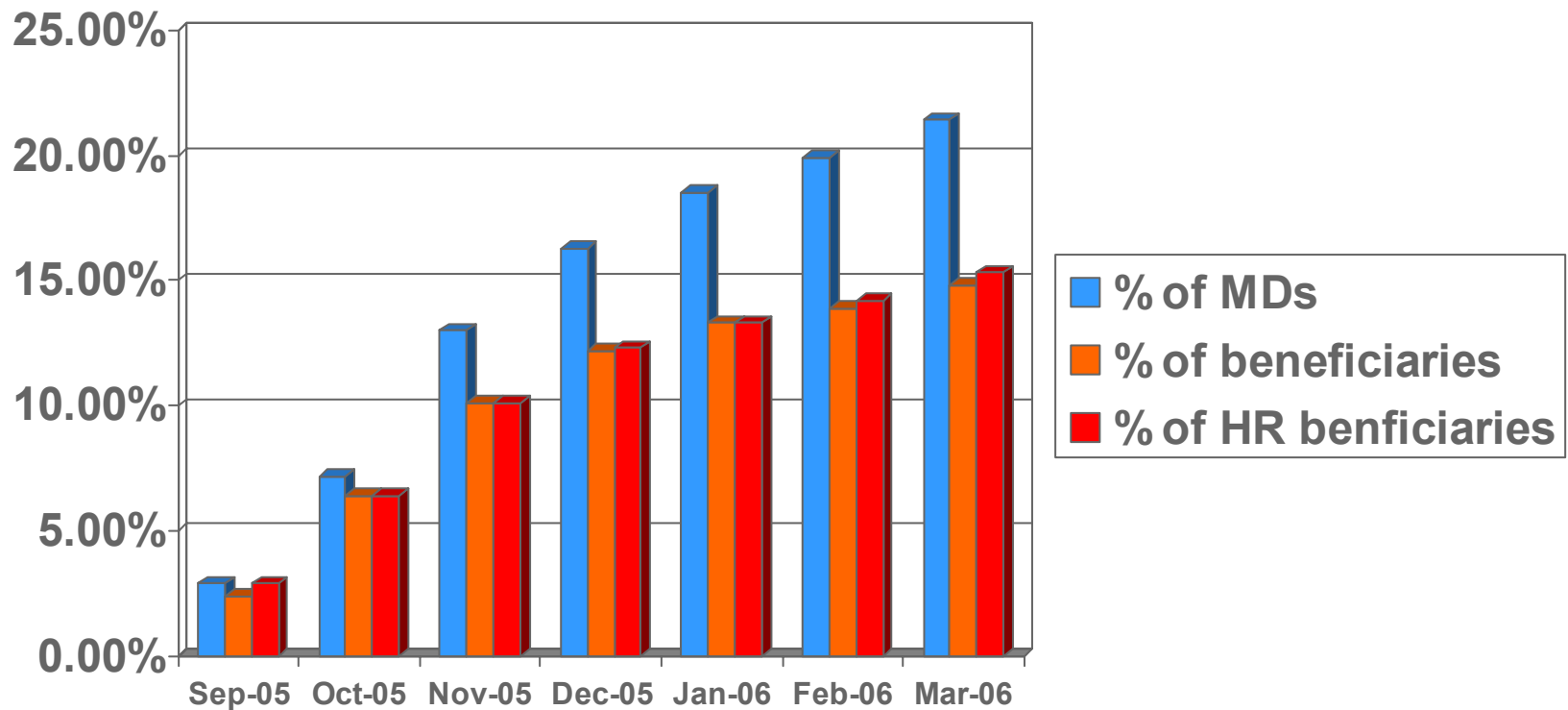
P4P Payment Cycles



MHS P4P After 6 Months

- 👉 **64% of top 25 physicians participating**
- 👉 **58% of top 50 physicians participating**
- 👉 **11.2% of total MHS beneficiary-linked physicians participating**
- 👉 **22 out of state physicians are participating (TN, AL, AR, LA)**
- 👉 **30 physicians, 375+ beneficiaries: monthly average new participation**

MHS P4P Participation: Cumulative



Added Physician Resources

- 👉 **Locally-based medical advisor familiar with the local practice environment, answers program questions**
- 👉 **Provider outreach coordinators serve as primary “point-of-contact” for offices**
- 👉 **Specially-trained nurses provide telephonic education/coaching**
- 👉 **Community-based nurses make home visits**

Technology Assistance Pilot

- 👉 **Electronic patient registries at four pilot practices**
- 👉 **McKesson covers costs of**
 - ◆ **Software**
 - ◆ **Setup**
 - ◆ **Installation**
- 👉 **Plans to extend support to all participating practices**

Provider Anecdotes

- 👉 **“I believe that having nurses trained in behavior change techniques can educate and support my patients with chronic illness. This will help patients follow the medical regimen I prescribe for them.”**

- 👉 **“Keep up the good work.”**

Discussion and Questions

Thank you.

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