P4P as a Support Tool for Medicaid Disease Management Programs

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Presentation Overview

• General Overview of Medicaid in Pennsylvania

• Overview of Pennsylvania’s Enhanced Primary Care Management Program

• Role and Description of P4P

• Early Results

• Lessons Learned

• Relationship to other Medicaid Quality Initiatives
General Overview of Medicaid in Pennsylvania

- Over 1.9 million Pennsylvanians (14% of the total population) get their health care through Medicaid
  - $14 billion annual budget

- Pennsylvania operates two programs
  - Mandatory capitated managed care in 25 urban and suburban counties
    - Program 10 years old
  - Enhanced primary care case management (EPCCM) program in remaining 42 counties
    - Started in 2005
    - Competes with voluntary managed care in 26 counties
  - Dual eligibles not enrolled in capitated or EPCCM programs
Enhanced Primary Case Management Program (Access Plus)

- Pennsylvania implemented Access Plus in March, 2005
  - 290,000 adults and children in 42 counties
  - Children had been in PCCM program
  - Dual eligibles excluded

- Program Description
  - Single vendor
  - Medical home for each consumer
  - Care coordination
  - Transportation coordination
  - Disease management for Asthma, diabetes, CHF, COPD and CAD (32,000 enrolled)
  - Complex case management
  - Vendor at risk for DM performance and quality measures related to medical home
Challenges for Access Plus Disease Management program

- No DM programs in place prior to Access Plus

- Access to primary care services
  - geography
  - Provider shortages
  - Adults without medical homes

- Social, economic and cultural barriers to consumer self management

- Physician willingness to participate in MA
  - Low payment rates
  - Recent conversion to new MMIS system
Role of Physician Pay for Performance (P4P)

• Medicaid program wanted to assure that the Access Plus vendor created partnerships with physicians
  – Vendor at risk for key HEDIS measure improvement and guaranteed savings
  – Required vendor to dedicate a portion of PMPM to physician P4P
    • “Use it or lose it” provision

• Wanted P4P that
  • provides encouragement to physicians to play an active role in the disease management program
  • Creates payment streams that generated payments early in the program
  • Is simple for both the physician and the program to oversee
P4P Program Overview

• Program developed with input from physicians in program area and statewide professional societies
  – Wanted clear early path to additional reimbursement
  – Payments directed to primary care provider

• Three tier program
  – First two tier designed to generate physician payments early in program
  – Second tier focused on patient engagement
  – Third tier based claims review
Tier One Payments

- **Primary Care provider:**

  - Reviews the written description of DM program and FAQs
  
  - Signs a form that gives DM staff permission to use the clinician’s name during patient recruitment
  
  - Completes a brief survey
  
  - Receiving $200 payment (equals almost 7 PCP visit payments)
Tier One Payments

- **Patient enrollment support**
  
  - Payment to a participating practitioner for contacting newly eligible high risk patients to encourage them to enroll in the program
  
  - Contact can occur by mail, phone or in-person
  
  - Contacts are documented on a patient roster of DM enrollees linked to PCP
  
  - Payment = $40 per contact
Tier One Payments

• Payment to a participating practitioner for locating and furnishing contact information for selected patients, as requested by the ACCESS Plus DM staff

• Payment = $30 for each patient that the office receives a request for from the Access Plus staff
Tier One Payments

• Payment for completion of Chronic Care Feedback Form (CCF)
  • Used by Care Coordination Nurses to help them more effectively monitor and coach high risk patients
  • Captures key clinical information that is entered into the ACCESS Plus Database for ongoing trend analysis
    • Medication list
    • Most recent vital signs, lab values, goals
    • Patient Education needs

• CCF completed every six months, payment = $60
Tier Two Payments

- Payment for each instance when patient reports taking key medications for the target condition:
  - CHF: Beta Blocker
  - Diabetes: Aspirin
  - Asthma: A “controller” medication (persistent asthma)
  - CAD: Aspirin
- Substitute medications will count in cases of contraindications

- High risk patients only

- Data collected during semi annual telephonic patient assessment by Access Plus DM staff

- Payment = $17 per patient
Tier Three Payments

- Payments based on whether claims data demonstrates patient engagement in taking key medications and having necessary lab work:
  - CHF: Beta Blocker
  - *Diabetes*: measurement of *LDL-C*
  - Asthma: A “controller: medication if patient has persistent asthma
  - *CAD*: Statins
  - Substitute medications count in cases of contraindications
  - *Both high risk and low risk patients*
  - Payment = $17 per patient annually
Early Results

• Began program in winter of 2006

• 600 of 2100 PCPs in network have signed up

• 50% of level 2 and level 3 DM patients with enrolled providers

• Data suggests that quality higher for patients with enrolled PCPs

• Overall Access Plus results also promising
  • ER visits down
  • Inpatient admission down
Lessons Learned

• Payment mechanics did not work smoothly, especially for large health systems

• Paper/fax data transfer cumbersome

• Not enough incentives for pediatric PCPs – although not DM related could have used P4P to help funding issues

• Recruitment efforts could be improved

• Need better mechanism to make sure vendor maximizes impact of P4P payments
Next Steps

• Pediatric P4P measures being finalized
  – Lead screens
  – Maternal depression screens during well child visits
  – Dental care for pregnant women
  – Obesity counseling referrals

• Other additions planned for adults

• Increase in amount of funds dedicated to P4P
  – Rather put money in P4P rather than across the board increases
Physician P4P Part of Larger Strategy

• Access Plus vendor incentives/penalties
  – Improvement in key HEDIS measures
  – Guaranteed Savings

• Hospital Quality Program
  – Rewards for lowering re-admission rates
  – Commitment to EMR and improvements in pharmacy error reduction

• MCO quality incentive program
  – Additional payments for HEDIS improvements

• Proposing MCO requirement (and funding for) to develop or expand physician P4P programs

• Looking at consumer incentive pilot
Conclusion

• P4P was effective in creating additional payment streams to PCPs

• Early data suggests that patients with PCPs in the P4P program did better

• P4P better way to increase provider payments than across the board increases

• Overall results of Access Plus program promising

• Need to create incentives for vendor to maximize use of P4P funding