

NCQA

Health IT in the Integrated Health Association's Pay- for-Performance Program



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Agenda

- **IHA's pay-for-performance program**
- **IT measures**
- **Performance on IT**
- **Future directions**

IHA's Pay for Performance Program

- **The goal of P4P 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
- Cigna
- HealthNet
- Pacificare
- Kaiser

Medical Groups and IPAs

**Over 215 groups / 35,000
physicians**

6.2 million HMO commercial enrollees

Organizing Principles

- **All data collection is limited to electronic information only (no chart review).**
- **Data from all participating health plans is aggregated for a total patient population by physician organization.**
- **Financial incentives are being paid for IT adoption to support the structure needed for data collection and patient management**

The Need for Information Technology

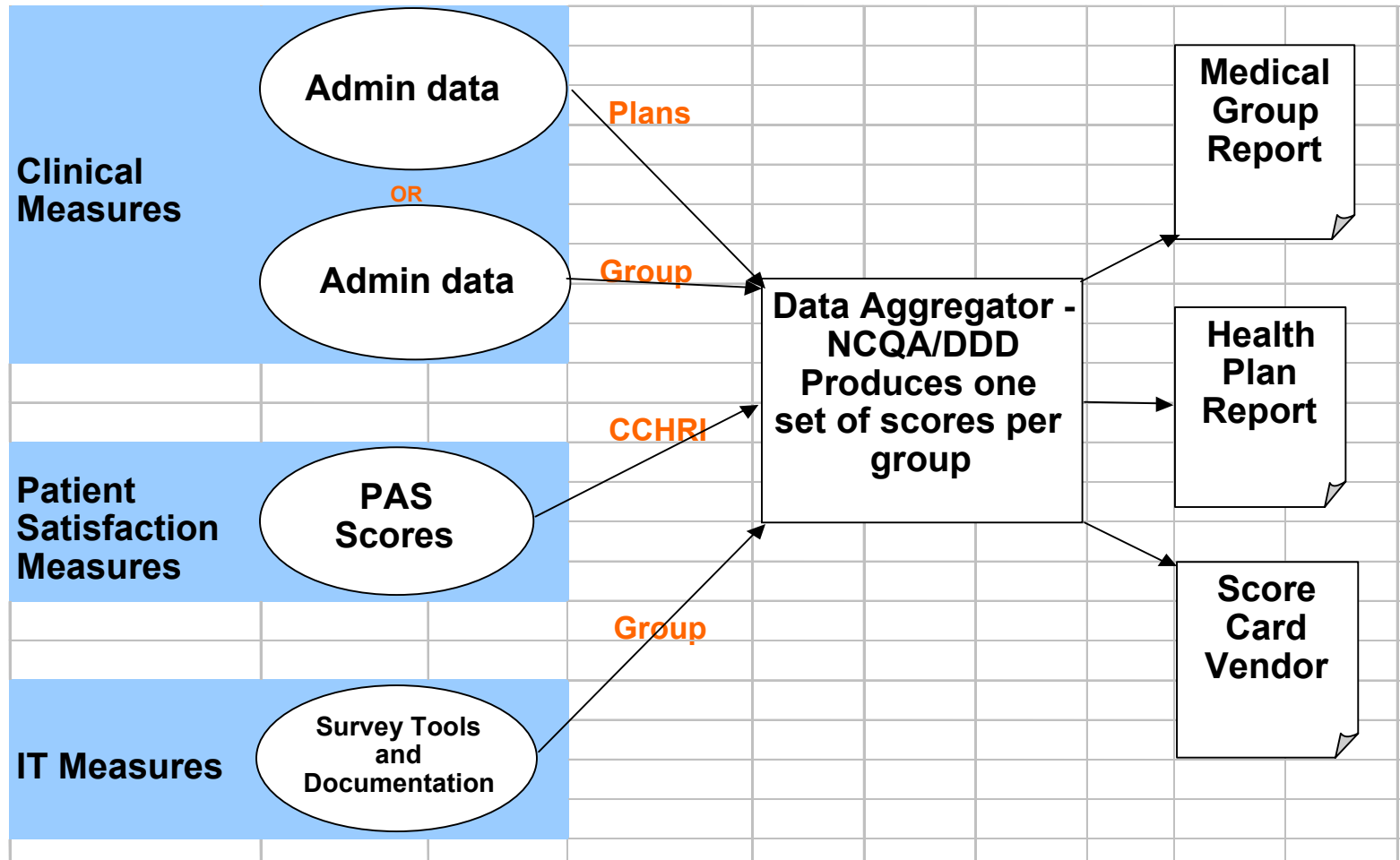


Dilbert

IHA P4P: Measurement Weighting

	2003	2004	2005	2006
Clinical	50%	40%	50%	50%
Patient Experience	40%	40%	30%	30%
IT Investment	10%	20%	20%	20%
Individual Physician Feedback program			10% “extra credit”	10% “extra credit”

Data Collection & Aggregation



Note: 7 of 7 Plans used aggregated dataset for payment calculations

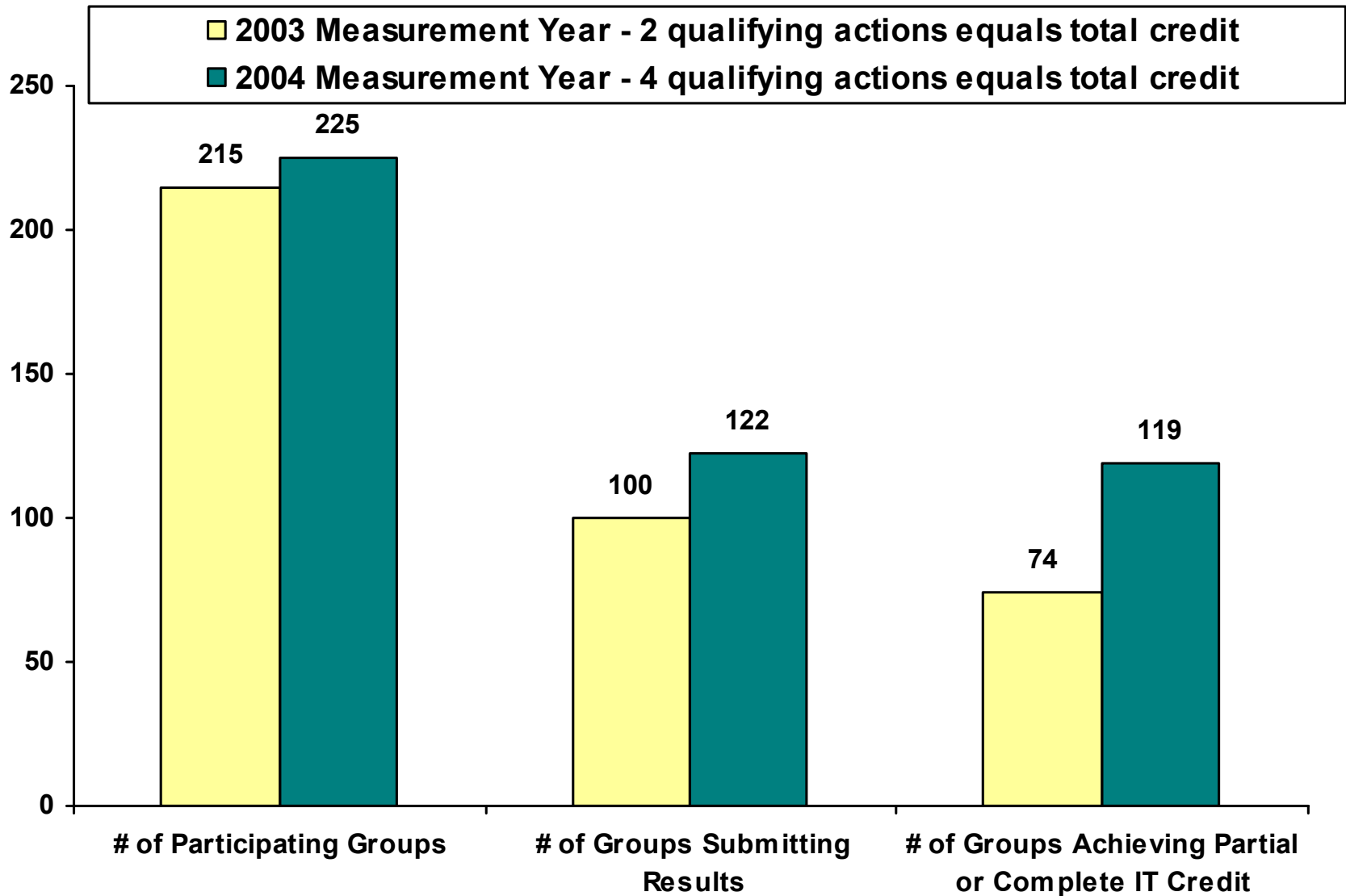
HIT Requirements

- **Measure 1: Integrate clinical electronic data sets at the group level for the purposes of population management**
- **Measure 2: Support clinical decision-making at the point of care through electronic tools**

Measurement and Scoring

- **NCQA evaluates all documentation and scores results**
- **NCQA conducts an additional audit of 5% of groups/practices**
- **Requires documentation of Measure 1 through mail and attestation for Measure 2**

IT Adoption Results 2003-2004



HIT Measures in IHA P4P: Integration of Clinical Electronic Datasets

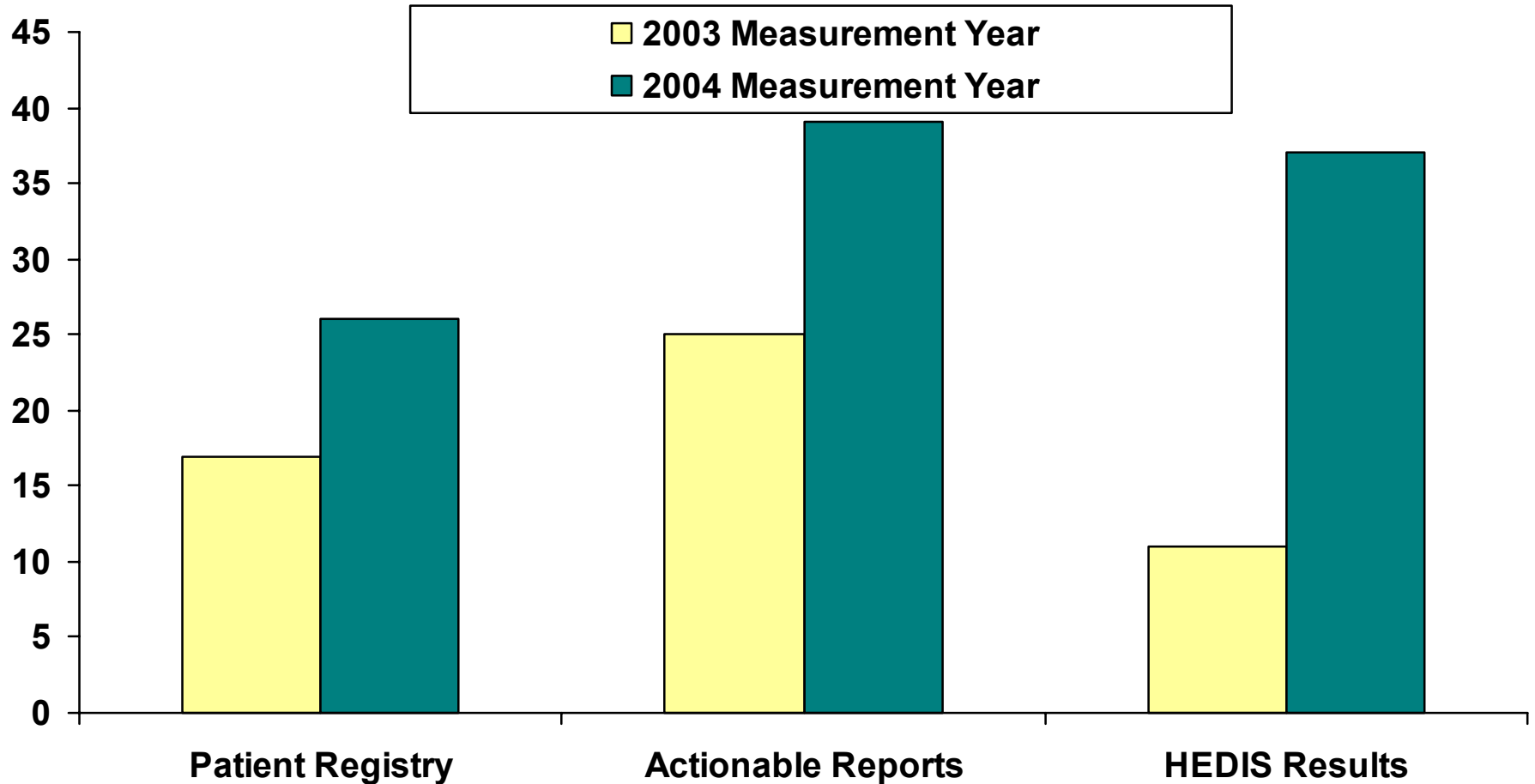
- **Use of computerized registries/databases integrating at least 2 kinds of data with the ability to report at the patient level**
 - Encounter/claims data
 - Lab results
 - Prescriptions
 - Inpatient or ER records
 - Radiology findings
 - Clinical findings

HIT Measures in IHA P4P: Clinical Data Integration Activities

- **Patient Registry**
- **Actionable Reports: Actionable reports/query lists from e-disease registry**
- **Electronic HEDIS results: collection of HEDIS measures across organization using lab results or clinical findings**

Integration of Clinical Electronic Data

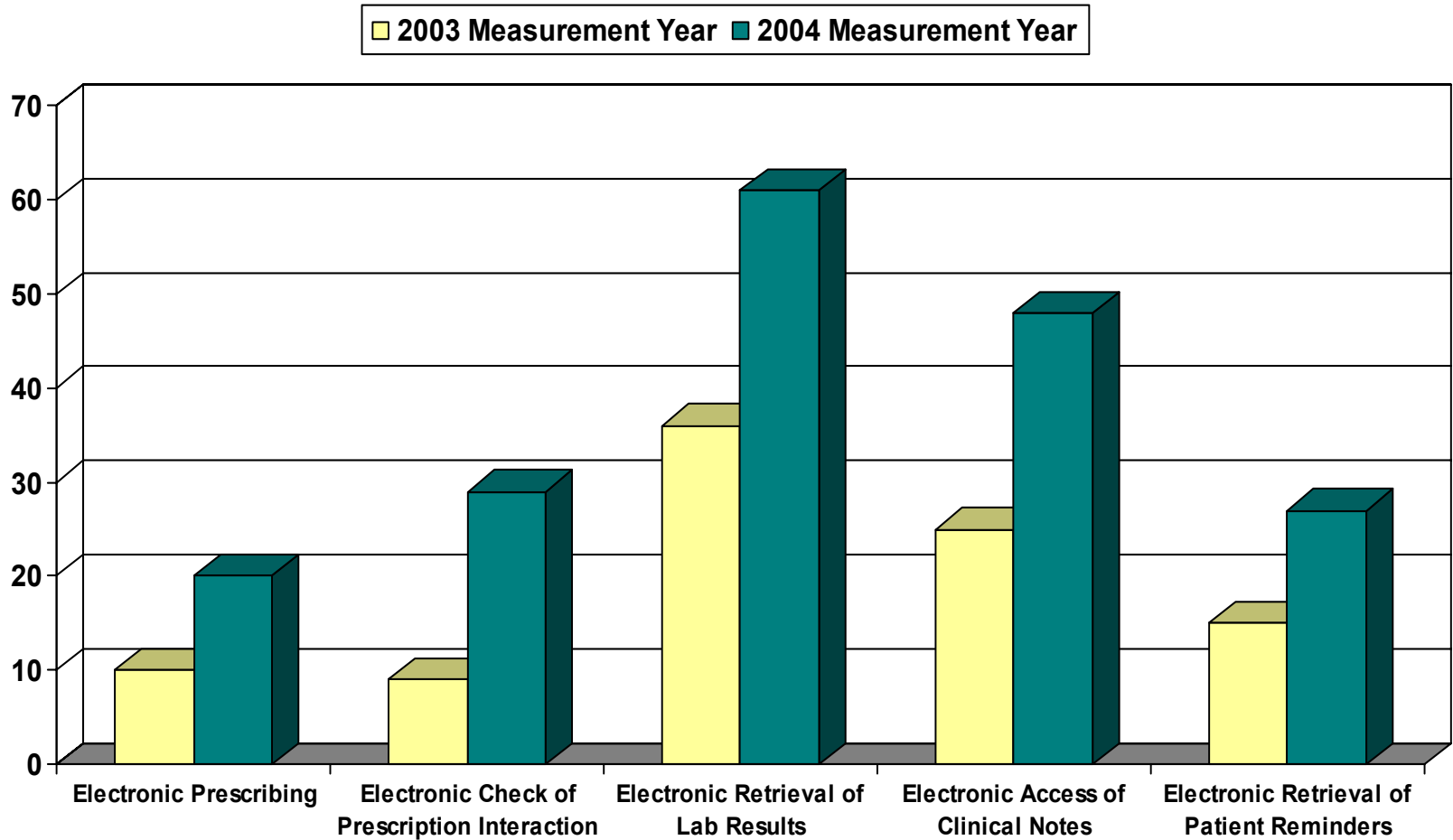
Percentage



Information Technology (IT) Measurement: Point-of-Care Technology Activities

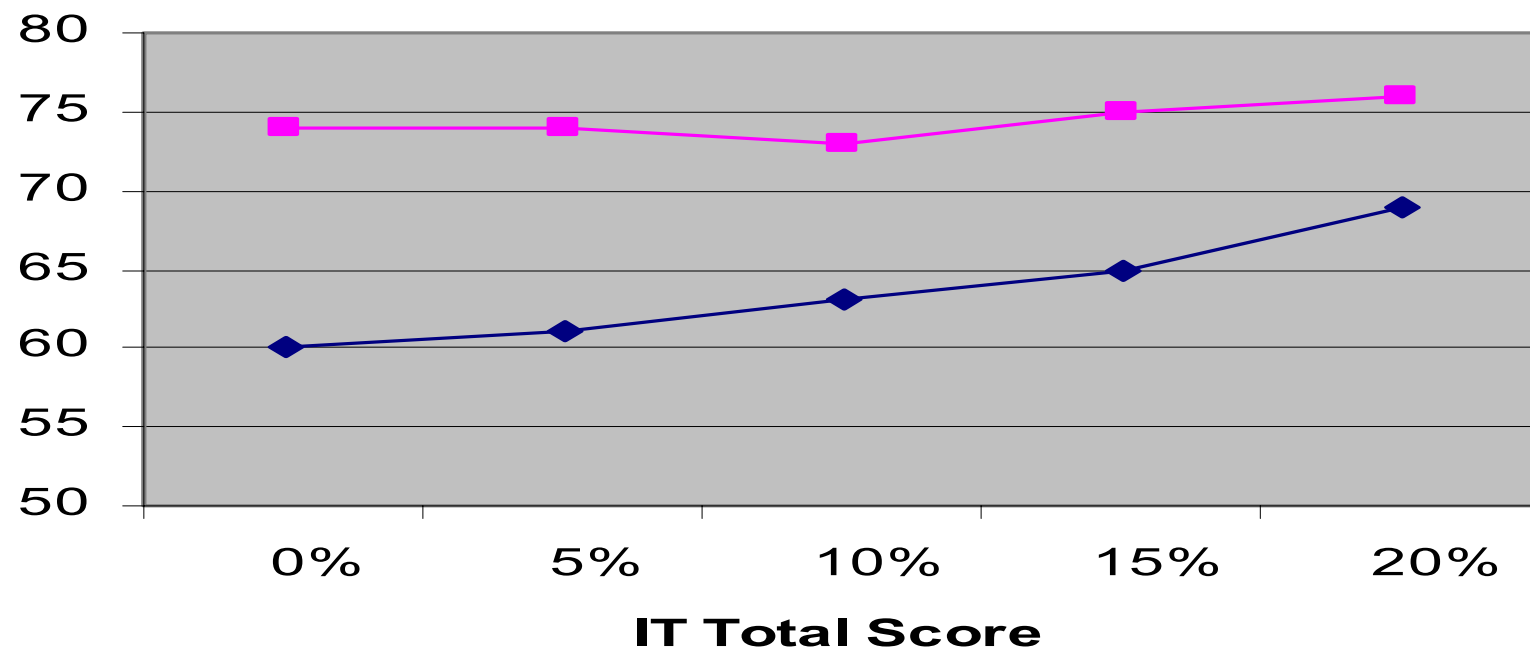
- **E-prescribing and check for interaction**
- **E-access to lab results**
- **E-access to clinical notes**
- **E-retrieval of patient reminders**
- **E-messaging**

Point-of-Care Technology



Stronger IT Related to Better Clinical Quality

Clinical and Patient Experience Average by IT Total Score, MY 2004



—◆— Average Clinical Score*
—■— Average Pat. Exp. Score**

Impact of P4P on Consumer Health

- **117,000 more women received cervical cancer screenings**
- **8,000 more women received breast cancer screenings**
- **Thousands more California kids got 2 needed immunizations**
- **13,000 more people received a diabetes test**

Preliminary Evaluation Results: Physician Group Feedback

- **Public reporting is viewed favorably**
- **Public reporting is strong motivation to perform**
- **Physician Groups believe the measures are reasonable**
- **Physician Groups are comfortable being held accountable for measures**
- **P4P has inspired significant efforts to collect relevant data**
- **Groups report a negative ROI on investments vs. incentive payments**
- **Lack of transparency on payment methods is confusing to Groups and creates distrust**

IHA P4P Future Directions: Moving from IT to “Systemness”

For 2007, IHA is considering expanding requirements on how physician organizations use data

KEEP:

- **Integration of clinical electronic data**
- **Point of care clinical decision-making**

ADD (from NCQA’s Physician Practice Connections program)

- **Access & Communication**
- **Use of data to identify important conditions**
- **Care Management & Self-Management Support**
- **Performance reporting**

For More Information...

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