

Pay for Performance: National Perspective

2006 Survey Results with
2007 Market Updates

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Agenda

- National Context
- Physician Practices
- Hospitals
- Lessons Learned
- Next Generation

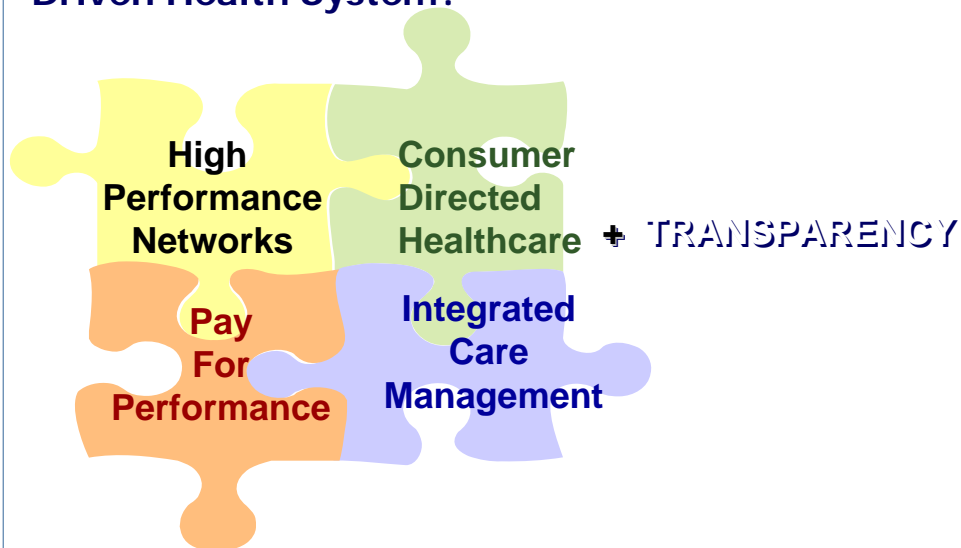
National Context

A Word From Our Sponsors

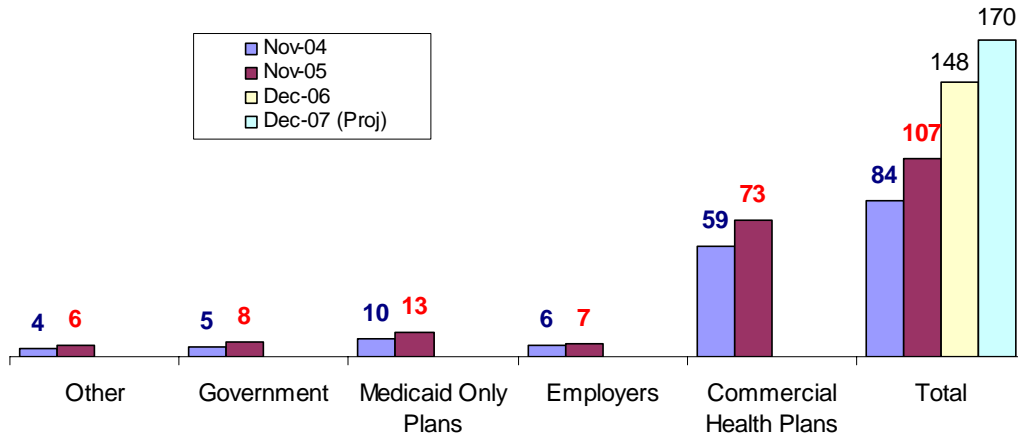
Endorsing/Supporting Organization	Status
The Commonwealth Fund	*Supporter
The Robert Wood Johnson Foundation	*Supporter
The Agency for Healthcare Research and Quality (AHRQ)	*Supporter
Maine Health Management Coalition	Endorser
Bridges to Excellence	Endorser
National Business Coalition on Health	Endorser
National Committee on Quality Assurance (NCQA)	Endorser
National Quality Forum	Endorser
Pacific Business Group on Health (PBGH)	Endorser
<i>Rewarding Results</i> National Evaluation Team	Endorser
Center for Health Care Strategies, Inc.	Endorser

*Supporting organizations have either directly or indirectly funded this project. Special thanks to The Commonwealth Fund for their direct support of this effort.

Why is P4P a Significant Component of a Value-Driven Health System?



Survey of P4P Programs



Is P4P Progressing ?



- | | | | |
|-----------------|---|--|--|
| Features | <ul style="list-style-type: none"> • PCP HEDIS measure • Hospital measures • Minimal consumer reporting • HMO product line • Withhold or Bonus based payouts | <ul style="list-style-type: none"> • PCP + Facility measures, Multiple specialties • Balanced Scorecard • EB quality and affordability measures • All products • Differential fee schedules | <ul style="list-style-type: none"> • Enhanced data collection • Clinical data exchanges + aggregation • Standardized (+ outcomes) measures • Actionable MD info - registries, reminder alerts • PHR – EHR integration • Transparency |
| Benefits | <ul style="list-style-type: none"> • Informational • Low impact on cost • Preventive care • Existing data sets | <ul style="list-style-type: none"> • Static consumer report cards • Safety and medication errors • Provider IT investment • Collection of non-claims data (lab values, etc.) | <ul style="list-style-type: none"> • Enhanced Provider Directories (Provider ratings) • Demonstrable ROI • Financially Sustainable • Member engagement (PHR) • Point of care notification |

2006 Final Results

Which of the following TYPES of P4P or incentive programs does your organization operate?	Response Total	Response Percent
Physicians—payment of financial incentives to individual physicians, small physician practices or organized physician groups (IPAs and medical groups)	68	91%
Hospitals—payment of financial incentives to hospitals	26	35%
Health Plans—payment of financial incentives to health plans	2	3%
Consumer health plan choice—premium or benefit differential for choosing high-value health plans	1	1%
Consumer hospital choice—benefit (e.g. co-pay or coinsurance) differential for choosing high-value hospitals	3	4%
Consumer physician choice—benefit (e.g. co-pay or coinsurance) differential for choosing high-value physicians	8	11%
Consumer pharmaceutical choice—benefit (e.g. co-pay or coinsurance) differential for choosing high-value pharmaceuticals	11	15%
Consumer healthy behavior choice—incentives for participating in health promotion or health management activities	16	21%
Total Respondents	75	

2006 Final Results

Which HEALTH PLAN PRODUCTS are included in your incentive program(s)?	Response Total	Response Percent
Fully insured HMO	41	57%
Fully insured POS	25	35%
Fully insured PPO	26	36%
Self-insured (ASO) HMO/POS	20	28%
Self-insured (ASO) PPO	24	34%
Consumer Directed Healthcare	11	15%
Medicare	17	24%
Medicaid (and/or other programs for low-income families/children)	15	21%
All covered lives or all employees and dependents	12	17%
Medicare Advantage	1	2%
All commercial membership owned by the Florida plan excluding Medicare	1	2%
Some ASO/HMO	1	2%
Self funded local network	1	2%
Healthy behavior choice for Non participating health plan employees	1	2%
Total Respondents	71	

2006 Final Results

Approximately how many total covered LIVES or enrollees (including retirees and dependents) do you have in all your health plan products?	Response Average
	3048232.2

Total Respondents 61

61 Respondents representing 185,942,164 lives

Approximately how many of those LIVES or enrollees are affected by your P4P or incentive program(s)?	Response Average
	570017.02

Total Respondents 61

61 Respondents representing 34,771,038 of lives

2006 Results - Physicians

- National Context
- Physician Practices
- Hospitals
- Lessons Learned
- Next Generation

Physician Practices

2006 Final Results

Criteria for Implementing P4P	Response Average	Response Total
Improve bottom line, lower cost	3.53	66
Respond to employer pressures	3.14	58
Comply with regulatory or accrediting standards (e.g., NCQA, JCAHO)	2.61	57
Improve patients' clinical outcomes	4.63	64
Improve member experience (e.g., patient satisfaction)	4.00	60
Reduce medical errors/improve patient safety	3.63	63
Improve data collection and reporting from providers	3.53	64
Differentiate in the market, convey positive image	4.00	60
Align with other initiatives (e.g., disease management, high performance networks, consumer-directed benefit designs, consumer-directed provider report cards)	3.75	63
Drive standardization of performance measures	3.93	60
Other	3.50	22

(N=52/185 health plans, employers, government)

Using a scale from 1-5, where 1 equals NOT important and 5 equals VERY important

2006 Physician Practice Results

HOW LONG has your physician P4P program been in existence?	Response Total	Response Percent
Will be operational sometime in 2007	5	9%
Less than a year	1	2%
1-2 years	14	25%
3-4 years	16	28%
5- 10 years	20	35%
More than 10 years	1	2%
Total Respondents	57	

2006 Physician Practice Results

At WHAT LEVEL do you assess physicians' performance?	Response Total	Response Percent
Individual physicians	34	61%
Practice groups or sites	39	70%
Multi-site Physician Organizations such as IPAs or staff-model medical groups	20	36%
Total Respondents		56

2006 Physician Practice Results

WHICH PHYSICIANS are eligible for your P4P program?	Response Total	Response Percent
Primary care physicians (PCPs)	23	41%
Specialists ONLY	0	0%
Both primary care physicians and specialists	33	59%
Total Respondents		56

2006 Physician Practice Results



If you target SPECIALISTS, which specialties are eligible?	Response Total	Response Percent
OB-GYN	18	67%
Cardiology	16	59%
Orthopedics	12	44%
GI	10	37%
Endocrinology	14	52%
Pulmonology	10	37%
We have implemented specific programs for above. All Specialists are eligible for general efficiency measures.	1	4%
All Specialty society recognized specialties	1	4%
All specialists are eligible for global efficiency measures program	1	4%
Multispecialty	1	4%
Pediatrics, Family Practice, Internal Medicine	2	7%
Neurology, Allergy, General Surgery, Oncology, Ophthalmology, Rheumatology, Urology, Otolaryngology, Plastic Surgery, Dermatology, Podiatry	1	4%
Behavioral Health	1	4%
Allergy/Immunology	1	4%
All except rad/path/anes & psych	1	4%
Urology, general surgery, multi-specialty group	1	4%
Total Respondents	27	

2006 Physician Practice Results



Which of the following ELIGIBILITY CRITERIA are required for physician participation in your P4P program?	Response Total	Response Percent
Minimum total patient/enrollee volume	21	38%
Minimum number of patients for measures	20	36%
Length of existing contract	5	9%
Participation in certain health plan products	17	31%
Participation in patient satisfaction or experience of care survey	6	11%
Location in targeted geographic area	13	24%
None – program is mandatory for all	6	11%
None – program is voluntary for all	13	24%
Total Respondents	55	

2006 Physician Practice Results

What performance DOMAINS are you measuring in your P4P program and what are their relative WEIGHTS?	Response Average
Clinical quality (process or outcome measures)	58%
Patient safety or medical error reduction	10%
Efficiency or cost of care	23%
Patient satisfaction or experience of care	13%
Clinical health information technology adoption (EHR, e-prescribing, registries, e-lab, etc.)	15%
Administrative capability, such as electronic claims submission	8%
Member access, such as open panel or evening hours	5%
Other	16%
Total Respondents	62

2006 Physician Practice Results

P4P Measure Sources	Response Total	Response Percent
AMA Consortium or Specialty Societies	10	18%
AQA (Ambulatory Quality Alliance)	12	22%
CMS	14	25%
Efficiency, cost of care or utilization measures developed internally or by consultants	25	45%
Electronic medical record adoption, measures from any source	6	11%
Evidence-based medicine clinical measures developed internally or by consultants	20	36%
NCQA HEDIS®	41	75%
National Quality Forum	18	33%
NCQA Physician Recognition	15	27%
Patient surveys from any source including CAHPS	17	31%
Other	16	29%
Total Respondents	55	

2006 Physician Practice Results

DATA CONSTRAINTS or reporting limitations that affect P4P Operations	Response Total	Response Percent
Timeliness of the data	32	59%
Accuracy of the data	29	54%
Availability of lab data	25	46%
Availability of pharmacy data	10	19%
Need to abstract chart data efficiently	25	46%
Expense of collecting survey data	17	31%
Small numbers problem (too few cases)	24	44%
Attributing patients to doctors	17	31%
Defining a physician practice or medical group	11	20%
Inability to audit data	11	20%
Inadequate (or cost of developing) system for managing performance data	15	28%
Lack or limitations of risk adjustment methodology	10	19%
Other	7	13%
Total Respondents		54

2006 Physician Practice Results

Do you provide some kind of APPEAL mechanism for physicians to challenge data accuracy or assigning patients accurately to physicians?	Response Total	Response Percent
Yes	36	65%
No	19	35%
Total Respondents		55

2006 Physician Practice Results

What type of FEEDBACK mechanisms does your program use to share information on performance with physicians?	Response Total	Response Percent
Patient registry lists	29	53%
Clinical alerts	17	31%
Patient reminders	23	42%
Education materials	29	53%
Provider meetings	39	71%
Periodic report cards - paper	40	73%
Provider reminders	18	33%
None	2	4%
Self-assessment of performance	1	2%
Web based patient registry	1	2%
Goal Progress reports at any point in time to show progress.	1	2%
"Detailing" about programs by provider relations reps.	1	2%
Fully integrated system touching all functions	1	2%
Electronic performance report	1	2%
Pharmacy and professional claims data; gaps in care claims data	1	2%
Periodic report cards - web-based	1	2%
Periodic report cards - web-based	1	2%
Public reporting of physician name, but with no drill down available	1	2%
Total Respondents	55	

2006 Physician Practice Results

What is the FREQUENCY of any of the kinds of feedback above?	Response Total	Response Percent
Weekly	4	8%
Monthly	20	38%
Quarterly	22	42%
Semi-annually	14	26%
Annually	26	49%
Other (please describe):	6	11%
Total Respondents	53	

2006 Physician Practice Results

Use of Public Reporting on MD Performance for P4P	Response Total	Response Percent
Yes, we send reports to consumers	3	5%
Yes, we send reports to our enrollees	4	7%
Yes, we send reports to employers	5	9%
Yes, we send reports to all physicians so they can compare their performance to their peers	17	31%
Yes, we publish information in local newspapers	2	4%
Yes, we post information in the provider directory on our Web site	15	27%
No	25	45%
Other	6	11%
Total Respondents		55

2006 Physician Practice Results

What is the SOURCE OF FUNDING for your P4P program? CHECK ALL THAT APPLY	Response Total	Response Percent
New money not otherwise budgeted	21	39%
Reallocation of funds from a previous incentive program	10	19%
Withholds	6	11%
Budgeted savings from expected utilization and /or cost reductions	15	28%
Pharmacy savings	8	15%
Included in annual medical expenses	23	43%
Budget Neutral program-high performers +\$\$;low performers -\$\$	1	2%
Physicians pay for their initial chart based quality review	1	2%
N/A	1	2%
Gain share from cost containment	1	2%
Administrative PMPM surcharge to health plans against P4P budget	1	2%
COLA replacement	1	2%
Ancillary service and specialist savings	1	2%
Total Respondents		54

2006 Physician Practice Results

What type of incentive PAYMENTS do you make to Providers?	Response Total	Response Percent
Bonus	40	73%
Payments from a withhold pool	6	11%
Differential fee schedule, paid prospectively	8	15%
Increased capitation payment, paid prospectively	3	5%
Additional reimbursement for specific tasks	10	18%
Quality grants	3	5%
Increased reimbursement rates	1	2%
Participating physicians share in savings retrospectively	1	2%
Moving to claim level multiplier for 2007 awards	1	2%
Payment based on gain-sharing (fee increase and/or direct payment to physician groups)	1	2%
[No Answer Entered]	1	2%
Total Respondents		55

2006 Physician Practice Results

How FREQUENTLY do you make P4P program pay-outs?	Response Total	Response Percent
Monthly	3	6%
Quarterly	10	19%
Semi-annually	7	13%
Annually	27	50%
Continuously (i.e. through a differential fee schedule or capitation payment)	7	13%
Total Respondents		54

2006 Physician Practice Results

How do you SCORE physician performance?	Response Total	Response Percent
Relative ranking to a peer group	27	51%
Performance above an absolute threshold (benchmark baseline)	38	72%
Relative improvement over previous reporting periods	23	43%
We report on physician performance but it does not determine how much incentive \$\$ we award because our incentives are paid out per task.	1	2%
Points scored on HIT survey (out of 100); performance vs. HPHC trend	1	2%
Paid for reporting only during pilot	1	2%
Performance of task	1	2%
Comparison to control group	1	2%
Relative standardized scoring for "reconfigured" universe of comparable patient episodes	1	2%
Total Respondents		53

2006 Physician Practice Results

Do you share your METHODOLOGY for calculating scores and rewards with physicians?	Response Total	Response Percent
Yes	50	94%
No	3	6%
Total Respondents		53

2006 Physician Practice Results

Did you seek physician INPUT on the measures used or on the scoring methodology?	Response Total	Response Percent
Yes, on the measures	49	89%
Yes, on the methodology	43	78%
No	5	9%
Total Respondents		55

2006 Physician Practice Results

What kinds of direct or indirect ASSISTANCE do you provide to physicians to help them all perform better?	Response Total	Response Percent
Educational programs on continuous quality improvement (CQI) techniques	26	49%
Tools for improving processes of care, such as patient registries	37	70%
Reminders sent directly to covered lives to be activated patients	23	43%
Health risk appraisals for covered lives	20	38%
Enrollment of patients in disease management programs	28	53%
Sharing of results of patients' health risk appraisal results	12	23%
Sharing status or findings of disease management programs	15	28%
None	5	9%
Other	13	25%
Total Respondents		53

2006 Physician Practice Results

Have you evaluated this program?	Response Total	Response Percent
Yes	30	61%
No	19	39%
Total Respondents		49

2006 Physician Practice Results

Which of the following did the evaluation address?	Response Total	Response Percent
Impact on clinical quality	25	81%
Impact of patient experience	11	35%
Impact on cost, such as financial return on investment	15	48%
Impact on physicians' investment in process improvements or IT tools	9	29%
Whether it changed physician behavior or we were just paying for existing behavior	1	3%
Analytical & statistical integrity	1	3%
Total Respondents		31

2006 Physician Practice Results

Results from P4P Program	Response Total	Response Percent
Performance on clinical measures has improved	25	76%
Performance on patient surveys has improved	7	21%
Cost performance has improved: either a positive Return on Investment (ROI), a net cost savings, or the trend in cost increases has slowed	10	30%
Members have shifted to high performing physicians	1	3%
Physicians have invested in QI or electronic systems	10	30%
None of the above have taken place	2	6%
Too early to tell the effects	6	18%
Other	3	9%
Total Respondents		33

2006 Results - Hospitals

- National Context
- Physician Practices
- Hospitals
- Lessons Learned
- Next Generation

Hospitals

2006 Hospital Results

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HOW LONG has your hospital P4P Program been in existence?	Response Total	Response Percent
Will be operational sometime in 2007	0	0%
Less than a year	3	20%
1-2 years	6	40%
3-4 years	5	33%
5- 10 years	1	7%
More than 10 years	0	0%
Total Respondents		15

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2006 Hospital Results

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Which of the following ELIGIBILITY CRITERIA are required for hospital participation in your P4P program?	Response Total	Response Percent
Patient/enrollee volume	2	14%
Length of existing contract	5	36%
Participation in certain health plan products	4	29%
Participation in patient satisfaction or experience of care survey	0	0%
Location in targeted geographic area	4	29%
None-program is mandatory for all	2	14%
None-program is voluntary for all	4	29%
Total Respondents		14

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2006 Hospital Results

What performance DOMAINS are you measuring in your P4P program and what are their relative WEIGHTS?	Response Average
Clinical quality (process or outcome measures)	64.5
Patient safety or medical error reduction	34.7
Efficiency or cost of care	10
Utilization	15
Patient satisfaction or experience of care	11.67
Clinical health IT adoption (EHRs, registries, e-prescribing, e-lab, etc)	12.5
Community service	0
Administrative	50
Other	0
Total Respondents	14

2006 Hospital Results

Which of the following SOURCES did you use to develop your hospital P4P measures?	Response Total	Response Percent
AHRQ Quality Indicators	5	33%
AMA Consortium or Specialty Societies	2	13%
CMS	11	73%
Efficiency, cost of care, or utilization measures developed internally or by consultants	2	13%
Electronic medical record adoption measurements (EMRs)	2	13%
Evidence-based medicine clinical measures developed internally or by consultants	1	7%
NCQA HEDIS®	2	13%
Hospital Quality Alliance	7	47%
JCAHO Core Measures	6	40%
Leapfrog Group Quality and Safety Measures	7	47%
National Quality Forum	5	33%
Patient surveys, such as CAHPS	2	13%
Premier Hospital Quality Incentive Demonstration	1	7%
Save Lives Save Dollars web-site	1	7%
Other surveys, IHI	1	7%
IHI	1	7%
ACS certification for bariatric surgery	1	7%
Total Respondents	15	

2006 Hospital Results

Med-Vantage®



Please identify which of the following DATA CONSTRAINTS or reporting limitations have affected the operation of your hospital P4P Program?	Response Total	Response Percent
Timeliness of the data	10	77%
Accuracy of the data	3	23%
Availability of lab data	1	8%
Availability of pharmacy data	1	8%
Need to abstract chart data efficiently	2	15%
Small numbers problem (too few cases)	6	46%
Expense of collecting survey data	3	23%
Inability to audit data	5	38%
Lack or limitation of risk adjustment methodology	4	31%
Inadequate (or expense of developing) system for managing performance data	1	8%
Different sources of reporting keep changing	1	8%
Distance from data, use self-report data from the state	1	8%
Total Respondents	13	

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2006 Hospital Results

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What type of FEEDBACK mechanisms do you use to share information on performance with your hospitals?	Response Total	Response Percent
Education materials	5	36%
Provider meetings	9	64%
Periodic internal report cards	10	71%
None	0	0%
Hospital Quality Report published on Web (eff. Mar 2007)	1	7%
Contract meeting	1	7%
Total Respondents	14	

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2006 Hospital Results

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What is the FREQUENCY of any of these kinds of feedback?	Response Total	Response Percent
Weekly	0	0%
Monthly	1	7%
Quarterly	3	21%
Semi-Annually	2	14%
Annually	10	71%
Total Respondents		14

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2006 Hospital Results

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Do you use PUBLIC REPORTING as part of your P4P program?	Response Total	Response Percent
Yes, we send reports to members	2	14%
Yes, we send reports to employers	3	21%
Yes, we send reports to all hospitals so they can see their peers' performance	4	29%
Yes, we publish information in local newspapers	0	0%
Yes, we post information in the provider directory on our Web site	6	43%
No	5	36%
Public recognition of best performers	1	7%
Total Respondents		14

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2006 Hospital Results

What is the SOURCE OF FUNDING for your P4P program?	Response Total	Response Percent
New money not otherwise budgeted	5	42%
Reallocation of funds from a previous incentive program	1	8%
Withholds	1	8%
Budgeted savings from expected utilization and /or cost reductions	4	33%
Pharmacy savings	0	0%
Included in annual medical expenses	4	33%
COLA replacement	1	8%
Total Respondents		12

2006 Hospital Results

What type of incentive PAYMENTS do you make to hospitals?	Response Total	Response Percent
Bonus	9	64%
Payments from a withhold pool	2	14%
Enhanced DRG payment schedule prospectively	3	21%
Additional reimbursement for specific tasks	1	7%
Payment for previously unreimbursed services	0	0%
Quality grants	1	7%
Enhanced payment schedule (discount, per diem, DRG) prospectively	1	7%
Total Respondents		14

2006 Hospital Results

How FREQUENTLY do you make P4P program pay-outs?	Response Total	Response Percent
Monthly	1	7%
Quarterly	2	14%
Semi-annually	1	7%
Annually	7	50%
Continuously (i.e. through an enhanced rate schedule)	3	21%
Total Respondents		14

2006 Hospital Results

How do you SCORE hospital performance?	Response Total	Response Percent
Relative ranking to a peer group	6	43%
Performance above an absolute threshold (benchmark baseline)	11	79%
Relative improvement over previous reporting periods	4	29%
Depends on program	1	7%
Total Respondents		14

2006 Hospital Results

Med-Vantage®



Did you seek hospitals' INPUT on the measures used or on the scoring methodology?	Response Total	Response Percent
Yes, on the measures	6	43%
Yes, on the methodology	7	50%
No	1	7%
Total Respondents		14

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2006 Hospital Results

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Have you evaluated this program?	Response Total	Response Percent
Yes	8	57%
No	6	43%
Total Respondents		14

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2006 Hospital Results

Which of the following did the evaluation address:	Response Total	Response Percent
Impact on clinical quality	6	75%
Impact of patient experience	3	38%
Impact on cost, such as financial return on investment	1	12%
Impact on hospitals' investment in process improvements or IT tools	1	12%
Commitment and public results of quality improvement and patient safety initiatives (i.e., Leapfrog, NQF, AHRQ)	1	12%
Validity of reporting	1	12%
Developing impact on cost and ROI	1	12%
Total Respondents		8

2006 Hospital Results

What results, if any, do you attribute to your pay-for-performance program?	Response Total	Response Percent
Performance on clinical measures has improved	6	67%
Performance on patient surveys has improved	2	22%
Cost performance has improved: either a positive Return on Investment (ROI), a net cost savings, or the trend in cost increases has slowed	1	11%
Consumers have shifted to high performing hospitals	0	0%
Hospitals have invested in QI or electronic systems	1	11%
None of the above have taken place	0	0%
Too early to tell the effects	3	33%
Anecdotal improvements to hospital administration interest in quality	1	11%
Total Respondents		9

2006 Results – Lessons Learned

- National Context
- Physician Practices
- Hospitals
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- Next Generation

Lessons Learned

2006 Final Results

Based on what you have learned so far about P4P programs, what are the TWO most important RECOMMENDATIONS you would make to other organizations that are seeking to implement or to refine their existing P4P program?

	Response Total	Response Percent
Involve providers early in the design	30	58%
Use well-established or co-authored measures	33	63%
Be willing to make changes over time	15	29%
Be clear about your ROI expectations	3	6%
Pilot the P4P measures or reporting formats before full implementation	13	25%
Use public reporting as a reputational incentive	3	6%
Use auditable data	1	2%
Mechanism for provider correction	1	2%
Involve NCQA early in design as well	1	2%
Be clear on what is being measured and how, solicit and incorporate provider feedback	1	2%
Be prepared for both "heat and light"	1	2%

Total Respondents 52

2006 Results – Next Generation

- National Context
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What to Expect

2006 Physician Practice Results

Changes anticipated in next 2 years	Response Total	Response Percent
Expand program to include other products (e.g. PPO, ASO, CDH)	9	20%
Expand program to include specialists if not doing so now	15	33%
Expand program to include additional specialties	12	26%
Expand program to include hospitals if not doing so now	11	24%
Expand the scope or number of measures used	32	70%
Change the performance domains or relative weighting	18	39%
Develop a public performance report	15	33%
Tie the P4P program more closely to disease management, tiered networks, or benefit design initiatives	15	33%
Discontinue the program	0	0%
Other	10	27%
Total Respondents	46	

2006 Hospital Results

What CHANGES do you anticipate making in the program over the next 1-2 years?	Response Total	Response Percent
Expand program to include other products (e.g. PPO, ASO, CDH)	0	0%
Expand program to include primary care physicians if not doing so now	0	0%
Expand program to include specialists if not doing so now	1	9%
Expand the scope or number of measures used	9	82%
Change the performance domains or relative weighting	7	64%
Develop a public performance report	5	45%
Tie the P4P program more closely to disease management, tiered networks, or benefit design initiatives	4	36%
Discontinue the program	0	0%
Develop Feedback Mechanism for Hospitals, Utilize ROI,	1	9%
Total Respondents		11

Road Ahead: Key Trends for P4P

- **Going beyond process measures (admin data)**
- **Physicians acting upon “actionable information” (buy-in first)**
- **Better support tools**
- **Data aggregation and clinical exchange**
- **Multiple outreach mediums**
- **Increased communication frequency**
- **Clinical measure impact is demonstrable**
- **Budget neutral - shared savings models**
- **CMS is now in business**
- **Push for standardization**
- **Rush towards transparency (beware)**