The Patient Charter for Physician Performance Measurement, Reporting, and Tiering Programs

Health Plan Implementation and Administration “On The Ground”

Peter Welch
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CIGNA HealthCare of California
The "Patient Charter for Physician Performance Measurement, Reporting and Tiering Programs" creates a national set of principles to guide measuring and reporting to consumers about doctors' performance.

- **Endorsers Include many consumer, labor and employer organizations**

- **CIGNA Role**
  - Early support with review and comments on content and commitment to adopt the charter

"Endorsing the Patient Charter is a natural extension of our leadership in providing consumers with health information to help them make decisions about their care," said Jeff Kang, M.D., chief medical officer for CIGNA. "Our support for the Patient Charter also signals our continued commitment to having our processes for measuring physician performance validated by outside, independent organizations."
Patient Charter Requirements

- Engage Third Party Reviewer

- Adhere to Criteria Established by The Patient Charter
  - Measures meaningful to consumers and reflect a diverse array of physician clinical activities
  - Those being measured should be actively involved
  - Measures and methodology should be transparent and valid
  - Measures based on national standards when possible
CIGNA Implementation

- Compare Current Practice to Charter Requirements
- Assess Gaps
- Implement Actions to Address Gaps
## Comparison: Current Practice to Charter Requirements

<table>
<thead>
<tr>
<th>Patient Charter Criteria</th>
<th>CIGNA Physician Evaluation Principles</th>
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<tbody>
<tr>
<td>◆ Measures meaningful to consumers and reflect a diverse array of physician clinical activities</td>
<td>◆ <strong>Member’s Right to Know</strong>: right to access meaningful information regarding the clinical quality and cost effectiveness of physicians</td>
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<td>◆ Measures based on national standards when possible</td>
<td>◆ <strong>Measurement Goals</strong>: Industry standard performance measures, including measures endorsed by AQA, NQF, HEDIS®</td>
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<td>◆ Measures and methodology should be transparent and valid</td>
<td>◆ <strong>Responsible Use of Information</strong>: Transparency for methodology and use of information</td>
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<td>◆ Those being measured should be actively involved</td>
<td>◆ <strong>Provider Enablement</strong>: Share measurement methodology and performance against the measures, seek input, enable improvement through information sharing, timely actionable reports</td>
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Comparison: Current Practice to Charter Requirements

- Analysis demonstrates significant alignment with between Patient Charter criteria and current CIGNA processes

- Engage Third Party Reviewer
  - CIGNA currently hold NCQA Physician Hospital Quality Distinction for all health plans, including California
  - 2008 standards revised to align with Patient Charter
  - Patient Charter closely aligns with New York Attorney General’s Agreement with Health Plans for physician measurement, reporting and tiering
  - CIGNA has undergone review by NCQA of our current processes and complies with those standards of the NYAG agreement applicable at the first review
Gap Analysis and Actions

- Changes that enhance compliance with communication and sample size criteria and not requiring system programming implemented for 2009 release

- Changes in process for 2010 release to enhance NCQA statistical testing specification—requires additional programming to information systems
  - Meet statistical analysis requirements:
    - Quality: 30 opportunities, or Confidence Interval >90% or reliability >0.7
    - Cost-efficiency: Confidence Interval >90% or reliability >0.7

- Lead time for substantial changes to methodology require an 18 month lead time and additional resource