

The Silicon Valley Health Information Technology Pay for Performance Collaborative

**The National Pay for Performance Summit
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Jointly Sponsored by Cisco Systems, Intel, and Oracle



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National P4P Plans Are Growing

Med-Vantage, Inc. National P4P Survey

	2004	2005
Commercial Plans	59	73
Medicaid Only Plans	9	13
Employer	5	7
Government	6	8
Other	4	6
TOTAL	84	107

Silicon Valley HIT Program Summary

- **A Pay-for-HIT use / adoption program**
- **Program limited initially to the ten invited medical groups and IPAs based on employer volume**
- **Incentives based on Cisco, Intel, and Oracle visit volume**
 - Maximum \$50,000 per employer X 3**
 - Minimum \$20,000 per employer X1**
- **50% of incentive based on the 3 NCQA Physician Practice Connections (PPC) IS / evidence-based care modules**
- **50% of incentive based on the 6 PPC Patient Education and Care Management modules**
- **Measurement in 2006 for payout in 2007**
- **Incentive paid by each employer separately**

SV HIT Program Summary (cont.)

- **IPAs and Multisite Medical Group recognition based on highest volume practice sites for Cisco, Intel, and Oracle employees**
- **Employer expansion based on medical group / IPA interest and volume**
- **Eligible for “Bridges to Excellence”**
- **“Counts” toward California IHA P4P IT measures**



SVHIT complements the existing IHA Program in California

IHA Summary

- **6.5 million HMO members**
- **7 seven health plans**
- **225 California medical groups/IPAs- 35,000 MDs**
- **Most SVHIT participating groups are already in IHA**
- **20% of incentive based on IT measures**
- **Strong association between IT & quality scores**

NCQA's PPC and IHA P4P also share key characteristics

- **At highest levels of performance, both require electronic point-of-care tools**
- **NCQA evaluates all documentation and scores results for IHA**
- **NCQA conducts an additional audit of 5% of groups/practices**

NCQA's Physician Practice Connections (PPC)

PPC is recognition for practices that use *systematic processes and IT*

- It measures
 - Registry functions
 - Care management
 - Patient self-management support
 - E-Prescribing
 - Test tracking and management
 - Referral tracking and management
 - Performance measurement and improvement
 - Interoperability
- There are three distinct modules
 - Clinical Information Systems (CIS)
 - Patient Education and Support (PES)
 - Care Management (CMT)



Modules in NCQA's PPC

CIS 1	Basic Registries & Follow-up
CIS 2-3	Specific IT functions
CIS 4	Advanced EHR
PES 1	Patient educational resources
PES 2	Risk Factors & support services
PES 3	Quality Management & Improvement
CMT 1	Management for chronic conditions
CMT 2	High-risk follow-up
CMT 3	Case management

PPC to IHA P4P 2007— Ideal Migration Path

- **Silicon Valley employers pay new rewards**
- **Physicians in recognized medical groups and IPA practices count toward 2006 IHA P4P IT Domain**
- **Both SVHIT and IHA move toward PPC Version 2.0**



Who's In To Start?

- **Camino Medical Group**
- **Kaiser Permanente**
- **Palo Alto Medical Foundation**
- **Santa Cruz Medical Foundation**
- **Santa Clara County IPA**
- **San Jose Medical Group**
- **Stanford University Clinics**

What's Next for the SVHIT Collaborative?

- **Announce Medical Groups / IPAs**
- **Data exchange between collaborative members—Rx first**
- **Add new employers**
- **Consider PHR implications / opportunities**
- **Expand to other key employee markets for Cisco, Intel, and Oracle**





IHA Measurement Domain Weighting

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

Measure 1 - clinical data integration at group level (i.e. population mgmt.)

Measure 2 - clinical decision support (point of care) to aid physicians during patient encounters

For full credit, demonstrate four activities, with at least two in Measure 2

IT Measure 1:

Optimizing Patient Care and Health

Patient Registry

Actionable Reports

Electronic HEDIS results

IHA IT Measure 2: Point-of-Care Technology

E-prescribing and check for interaction

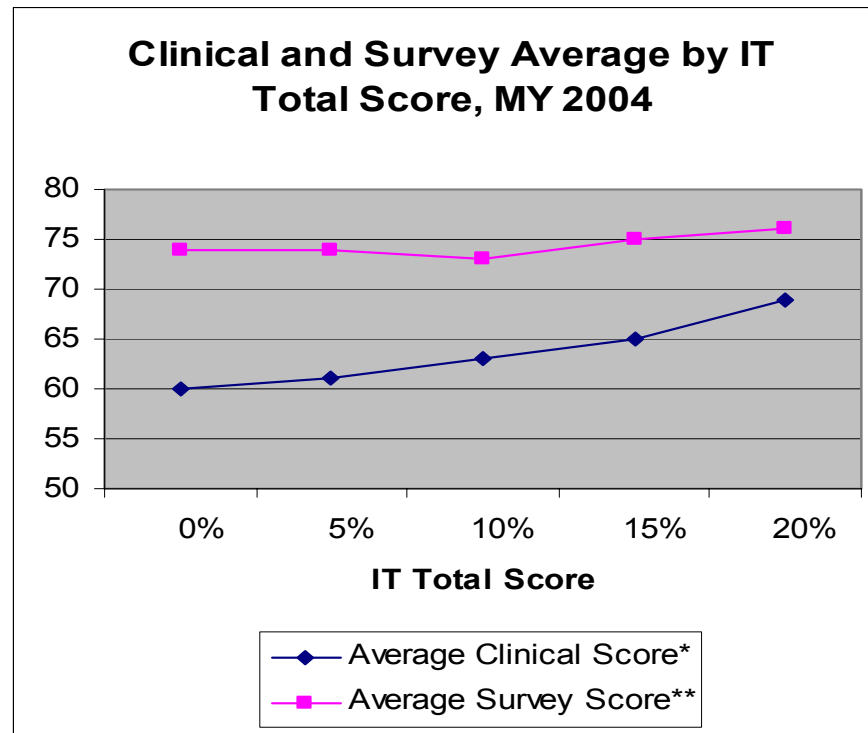
E-access to lab results

E-access to clinical notes

E-retrieval of patient reminders

E-messaging

IHA IT: Clinical Quality Association



IHA P4P and PPC Are Similar in Other Key Ways

IHA P4P

Actionable reports / query lists from e-disease registry

Use of e-prescribing, safety and efficiency checks

Use of e-test ordering and results

Decision support: notes of other providers, hospital reports, evidence-based reminders



PPC

Use of registries to follow up on patients for visits, tests, meds

% of patients with e-prescriptions with safety and efficiency checks

% of patients with e-test orders and results

Decision support: hospital reports, evidence-based reminders, interoperability

PPC Is Different in Several Crucial Ways

IHA P4P

Commercial HMO/POS patients only

Medical group level

Focuses on integration of data at group level and point-of-care data at practice level

Requires documentation of Measure 1 through mail and attestation for Measure 2

Most groups focus IT activities on P4P clinical measures



All patients



Practice level



Assesses broadly based systems for managing patient care and population of patients



Requires documentation and attestation of all through NCQA Web-based tool



Practices identify most prominent chronic conditions

PPC