

Second Generation P4P

Community-Wide Diabetes and Asthma Care

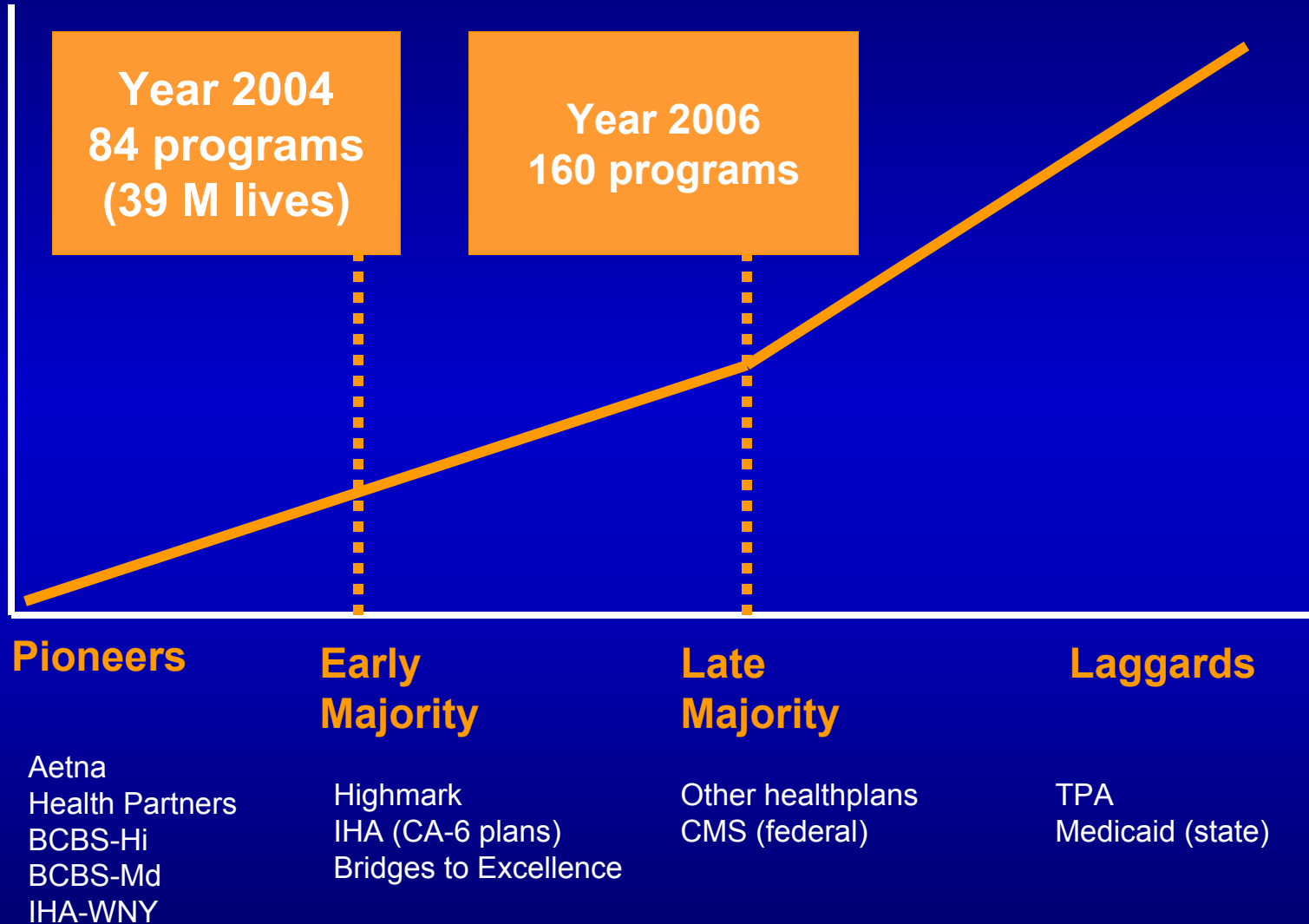


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Agenda

- 1. General comments P4P**
- 2. Second generation Independent Health model**
- 3. Results of asthma and diabetes program**

Growth of Pay-for-Performance



First Generation



PCP

HMO

Component
(Uni-dimensional)

Secondary Source
(Claims)

Second Generation



SCP & PCP

PPO, HSA, non-gatekeeper

Composite
(Multi-dimensional)

Primary source
(Medical record)

First Generation



Second Generation



Focus on Simple Utilization & Satisfaction

Satisfaction, Clinical “Process” (early HEDIS)

Clinical “Outcome” (late HEDIS)

Hybrid with Efficiency Index

First Generation



Second Generation



“Social Darwinism”

“Social Democrats”

- **learning objectives**
- **improvement literacy**
- **member-specific profiling**

“Improvement Equation”

Physician Profiles

+

Incentives

+

Improvement Literacy



Practice Excellence Program



400,000 members

30% market share

2,100 physicians

Chronic Conditions

Family Practice / Internal Medicine

Diabetes

Cardiovascular risk

Pediatric

Asthma

“Improvement Equation”

Physician Profiles

+

Incentives

+

Improvement Literacy

Unique features: Profiles

Self-directed chart review

Physician-specific

Sampling, not registry

Target “active” patients

Composite scoring methodology

Asthma

Process Measures

Four components history
Severity Assessment
Office PFT
Review of PFT history
Influenza vaccine
Action Plan

Clinical Decision

Correct Severity
Right med for severity

Maximum patient score = 10

Diabetes

Process Measures

A1C test #1 and #2
LDL test
BP test
DRE
Lower extremity exam
Nephropathy
GFR

Outcome Measures

A1C < 7.0
LDL < 100
BP sys < 130
dia < 80

Maximum patient score = 10

CV Risk

Process Measures

Family history
Smoke history
Exercise history
BMI
Established goals
Waist circ (NC)

Outcome Measures

LDL at goal
HDL at goal
BP at goal

Maximum patient score = 10

Independent Health

Def populations
Random sampling



Chart Review

93-97% participation

Independent Health

Def populations
Random sampling

Data Analysis
Report Generation

Chart Review

Physician Office

Independent Health

Def populations
Random sampling



Chart Review

Data Analysis
Report Generation



Results



Physician Office

“Improvement Equation”

Physician Profiles

+

Incentives

+

Improvement Literacy

Unique features: Incentives

Participation (*not Performance*) based

CME (20 hrs)

Board re-certification

Overall \$2.40 pmpm

**Diabetes / asthma
CV risk**

\$0.70 pmpm

\$0.80 pmpm

500 members = \$4,200 per component

“Improvement Equation”

Physician Profiles

+

Incentives

+

Improvement Literacy

Unique features: Improvement Literacy

Actionable reporting

Interactive web site for data submission

Physician account executive (PAE) outreach

QMIA-Asthma Chart Review Summary



Medical Record Review For Time Period :
July 2002 thru June 2003

Physician Name :

Prov. ID :

Vend.ID :

The table below provides a summary of your office's medical record review with comparison data to your Western New York peers and a WNY "highest scoring medical group". If your office data is blank or displayed as a "zero", we did not receive QMIA medical record information from your office.

Office Management, Clinical History and Severity Rating

Best practice guidelines recommend that patients with active asthmatic conditions be seen by their physicians at least once annually for management of their disease. At all asthma-related office visits, current disease severity should be rated as either "intermittent" or one of three categories of "persistent" (mild-moderate-severe).

Severity ratings are made based upon symptomology in the previous month in four key clinical areas: (1) frequency of wheeze, cough, sob during the daytime (2) during the night time, (3) associated with activity and exercise and (4) the frequency of use of quick-reliever (beta-agonist or RESCUE) medications. By applying "the rules of two", a patient experiencing symptoms or using RESCUE drugs more frequently than twice a week in any one of the categories would be rated in the "persistent" severity class.

	Your Score	Avg Score	WNY Top 10 Performers
Complete History Was Obtained	48%	46%	86%
PCP Assigned Severity Correlates With History	33%	39%	64%

Assessment of Lung Function

Best practice guidelines recommend at least one spirometry measurement annually and at each asthma related office visit, spirometry or peak flow meter (PFM) measurement. PFM's are recommended for home use in all patients with asthma and physicians should obtain and record recent PFM measurements (as a percentage of the patient's "personal best") at asthma-related office visits.

	Your Score	Avg Score	WNY Top 10 Performers
Office PFT/PF Meter	22%	29%	67%
PCP Reviewed PF Diary	4%	19%	63%

Immunization and Treatment

Best practice clinical guidelines suggest all patients with asthma receive influenza vaccine annually.

Guidelines recommend RESCUE medications be available for all asthmatics and that CONTROLLER medications be prescribed for all patients with an asthma severity rating of "persistent"

	Your Score	Avg Score	WNY Top 10 Performers
Flu vaccine	26%	28%	29%
Right medication for severity based on history	52%	50%	87%

Asthma Action Plan

Best practice clinical guidelines recommend that a written asthma action plan be provided to families, and that it be reviewed and updated at each asthma-related office visit.

	Your Score	Avg Score	WNY Top 10 Performers
Asthma Action Plan	7%	28%	78%

Adherence Score

For this QMIA survey, point values were assigned to each measurement parameter reported (see methods page for details). Points for each patient

	Your Score	Avg Score	WNY Top 10 Performers

QMIA-Asthma Chart Review Detail

Medical Record Review For Time Period :
January 2003 thru December 2003 (Cycle 3)

Physician Name :
Prov. ID : 1
Vend.ID : 1



6



Patient Name	MD Verified Asthma	Daytime Symptoms >2x/wk	Nighttime Symptoms >2x/wk	Activity Symptoms Yes/No	Quick Relievers >2x/wk	Calculated Asthma Severity	PCP Assigned Severity	Medication	Office PFI/PER	PCP Reviewed PF Diary	Flu Shot in time frame	Asthma Action Plan in time frame	Score (10 Point)
	Yes	Yes	Yes	Yes	Yes	Persistent	Persistent	Both	Yes	Yes	No	Yes	9
	Yes	No	No	No	No	Intermittent	Persistent	Both			No	Yes	7
	Yes	← 1 →									No	No	0
	Yes	No	No	No	No	Intermittent	Intermittent	Rescue			No	Yes	7
	Yes	Yes	Yes	Yes		Persistent		Both			No	No	2.5
	Yes				Yes	Persistent 3	Intermittent	Rescue 4			No	Yes	2.5
	Yes	No	No	No		Unknown	Intermittent	Rescue			No	Yes	3.5
	Yes				No	Unknown	Intermittent	Both			No	Yes	2.5
	Yes	No	No	No	No	Intermittent	Intermittent	Rescue			No	Yes	7
	Yes	Yes		Yes	Yes	Persistent	Persistent	Both			No	Yes	6.5
	Yes						2	Both	Yes		No	Yes	3
	Yes	No	No	No	No	Intermittent	Intermittent	Both			No	Yes	7
	Yes			No		Unknown		Both			No	Yes	2.5
	No										No	No	
	Yes								5		No	No	0

- 1 Incomplete history ?
- 2 Did you assign a severity rating ?
- 3 Does your assigned severity match the patient's clinical history (calculated severity) ?
- 4 Do all available medications match the patient's disease severity ?
- 5 Did the patient receive needed services ?
- 6 Patients with lowest adherence scores have the greatest need for services and management.

What is Improvement Literacy ?

Identify system flaws

“bad systems, not bad doctors”

Motivation / engagement of physicians and staff

Create a culture of mutual learning and discovery

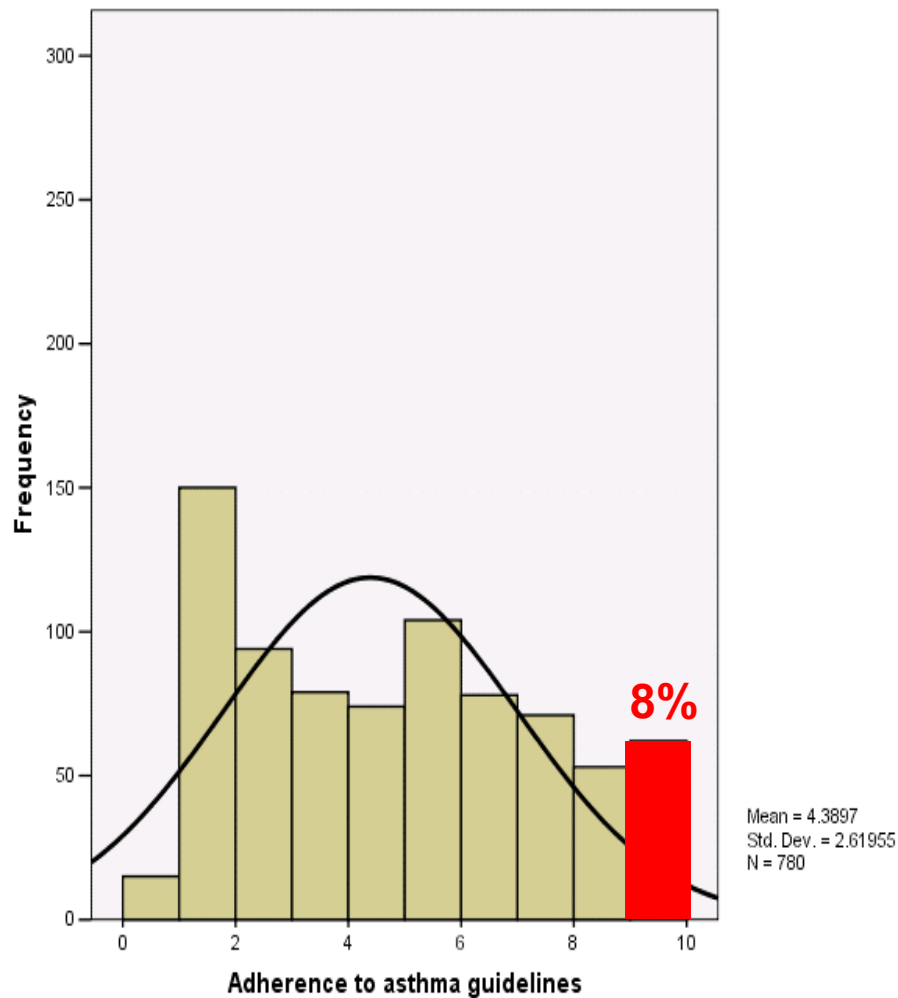
Foster idea diffusion / consensus building

Data Analysis and Trends

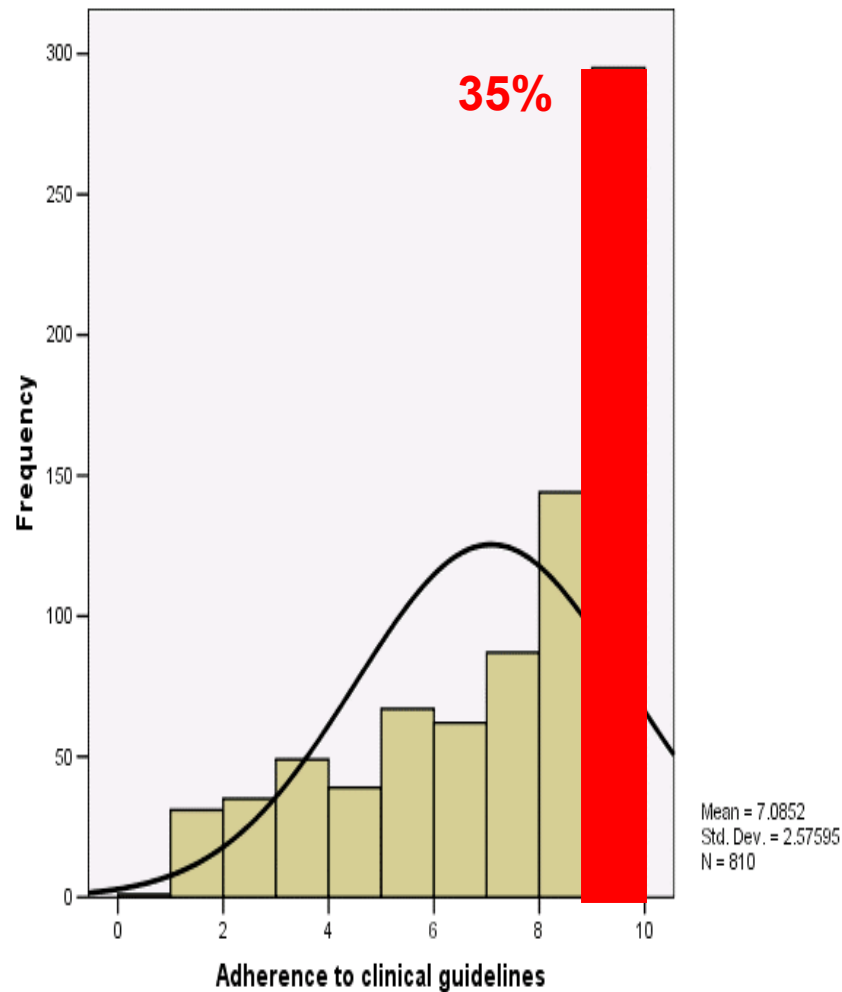
Asthma

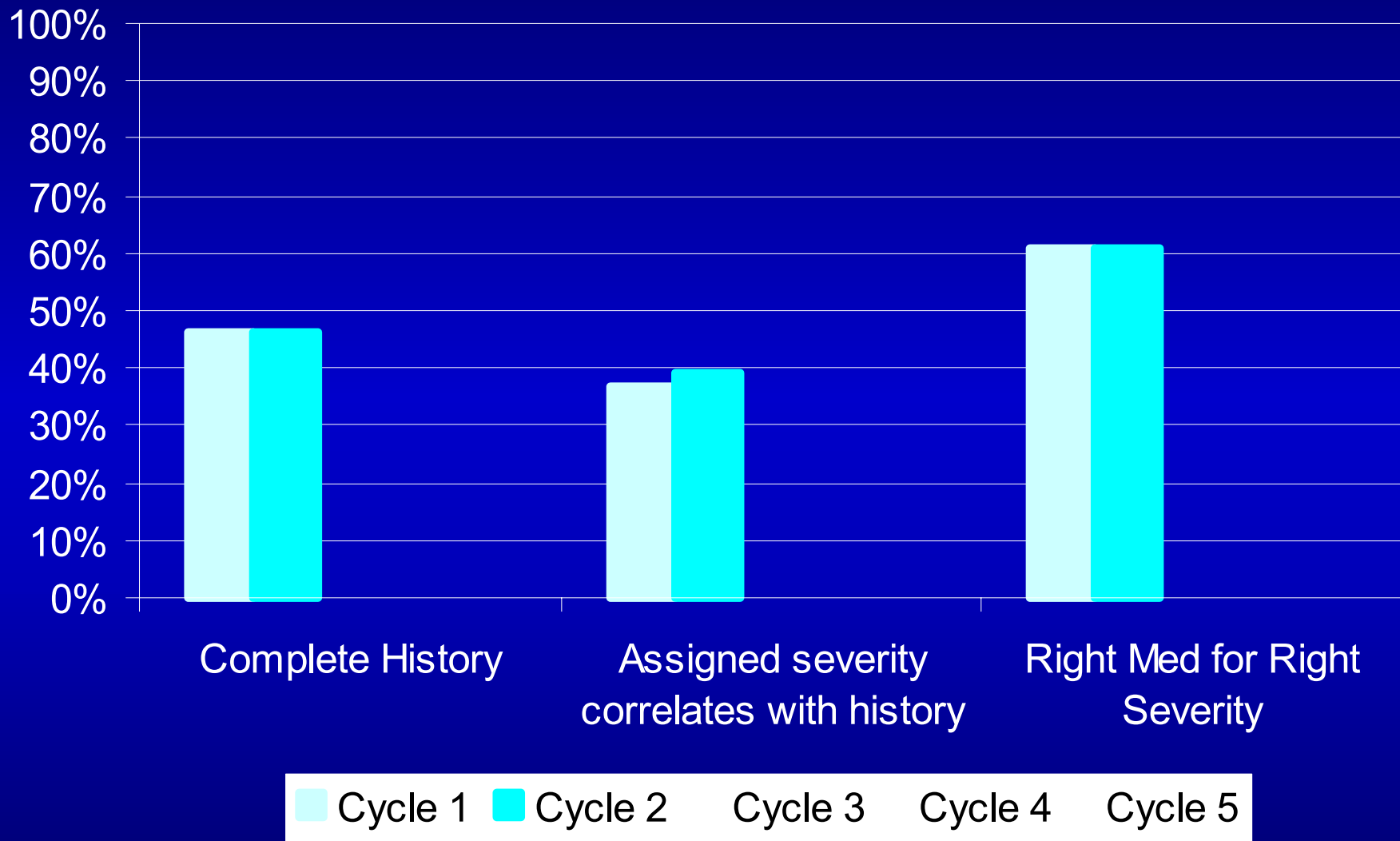
Patient's Adherence Scores to Asthma Guidelines

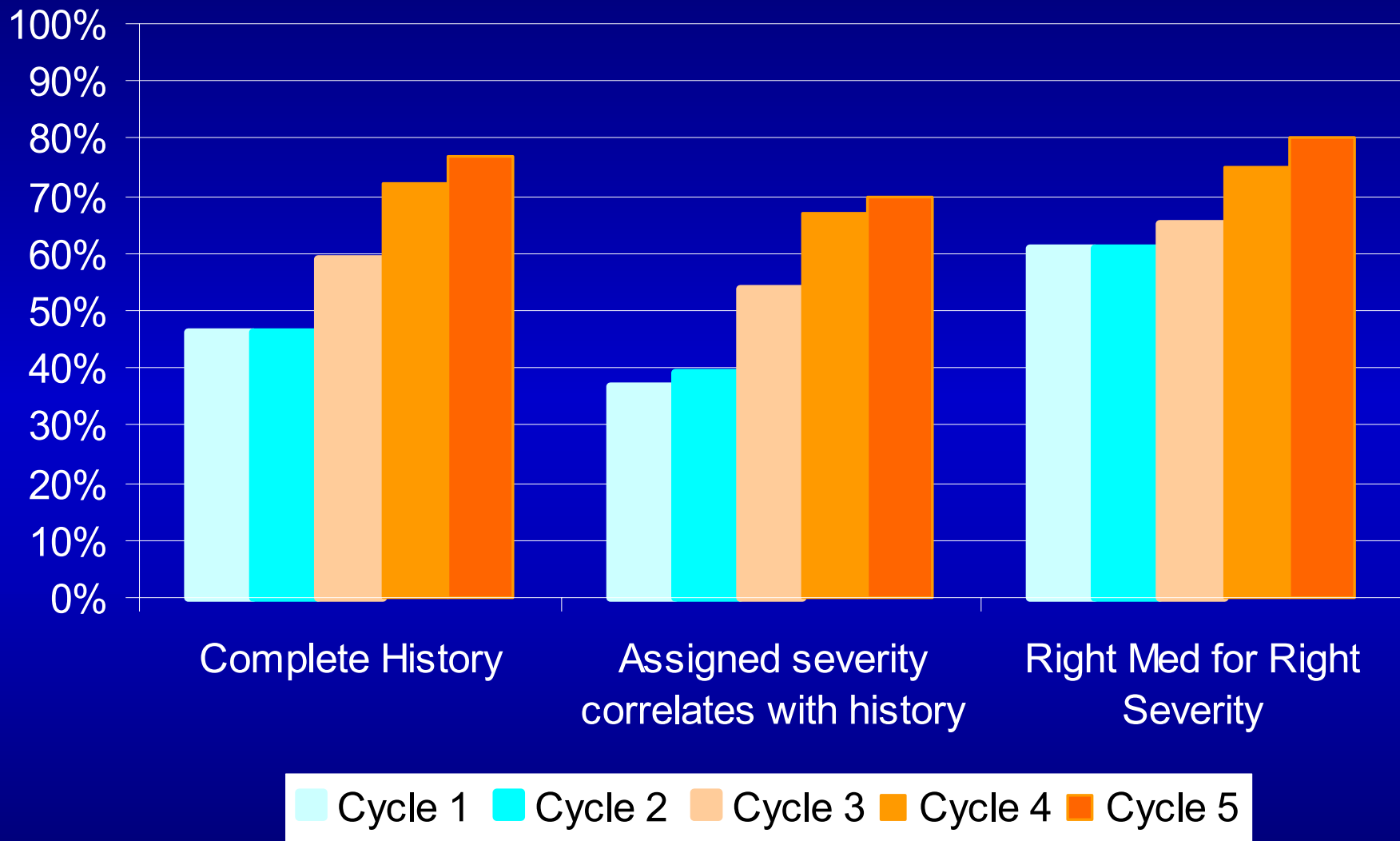
Baseline

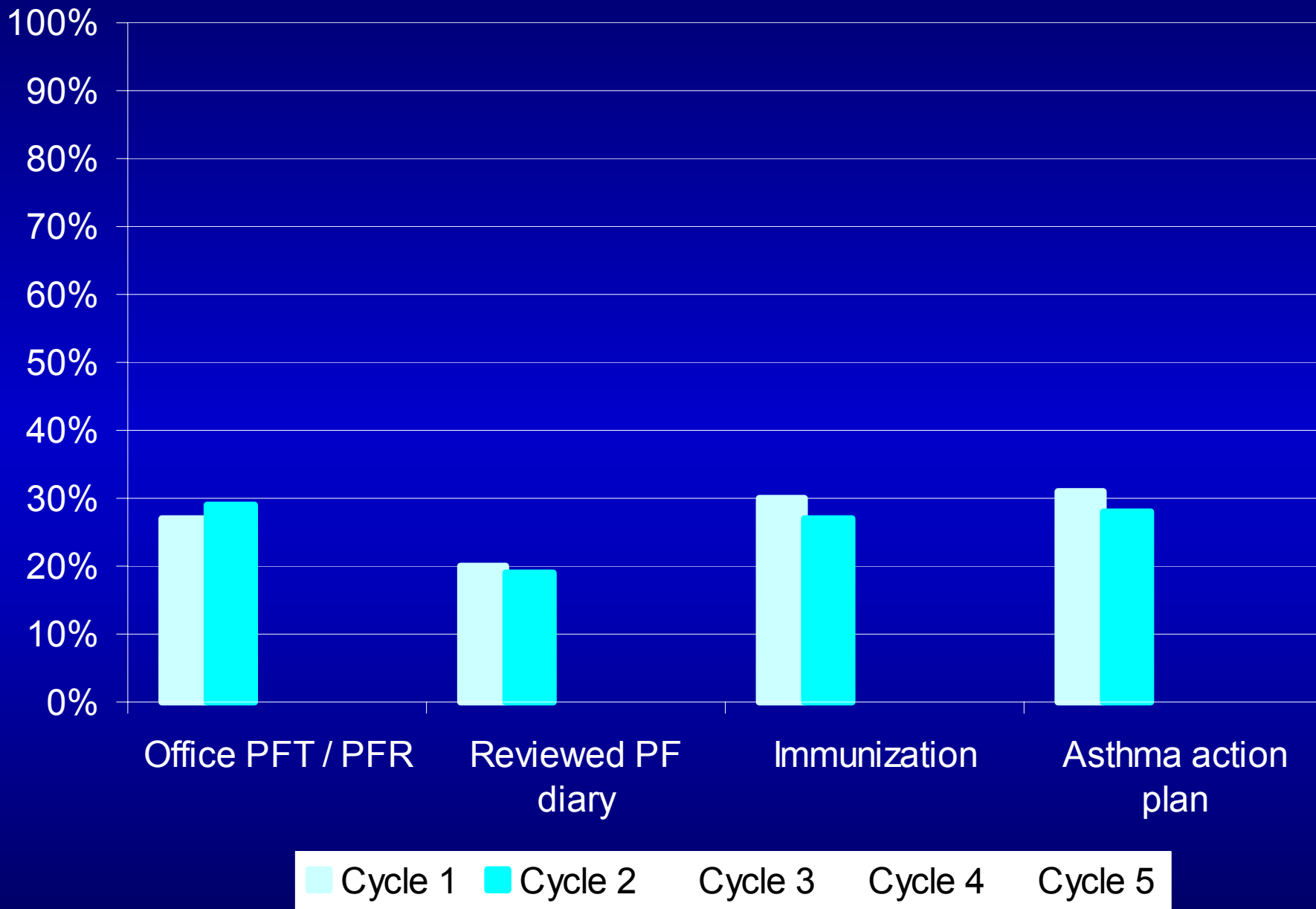


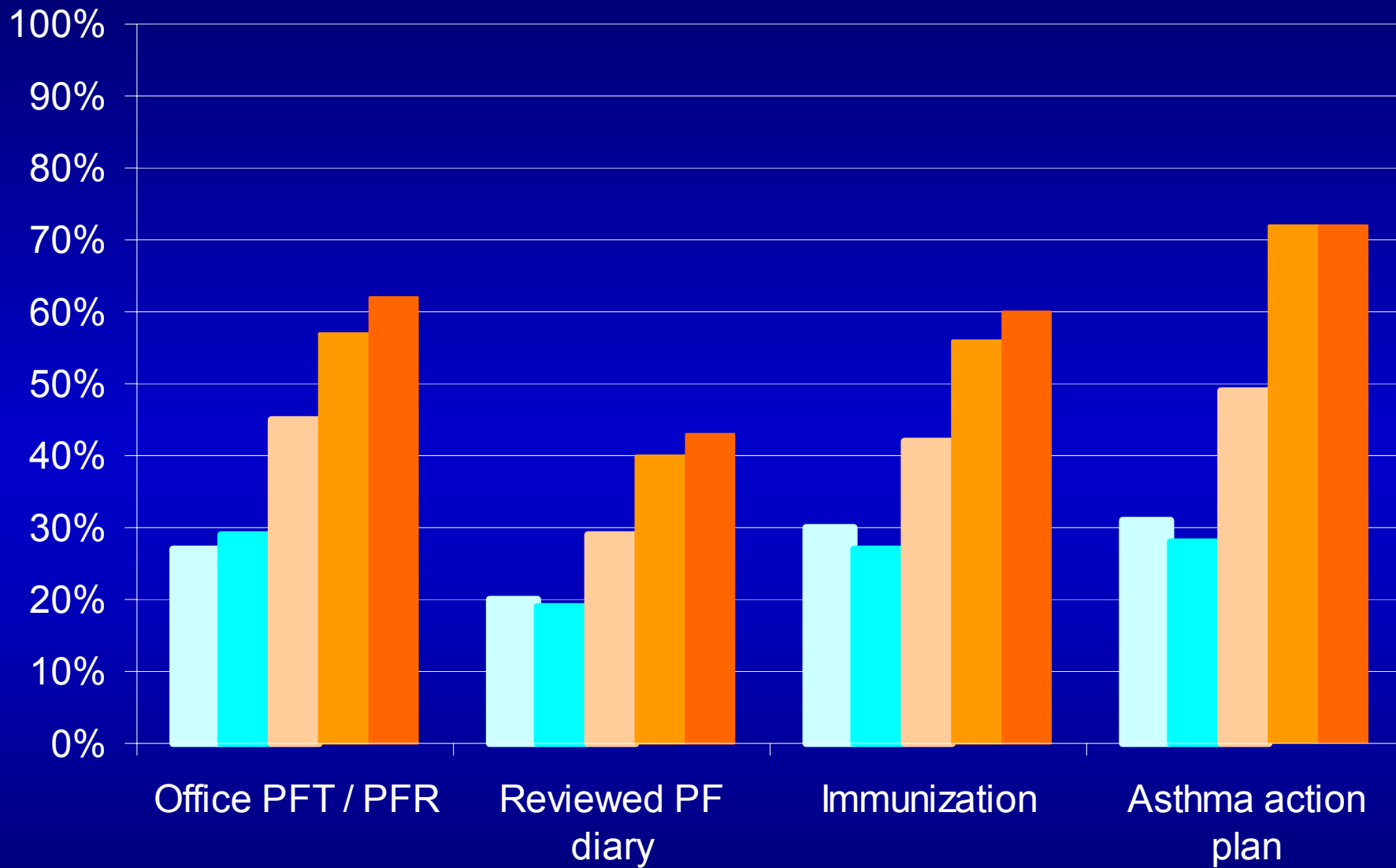
Following Intervention



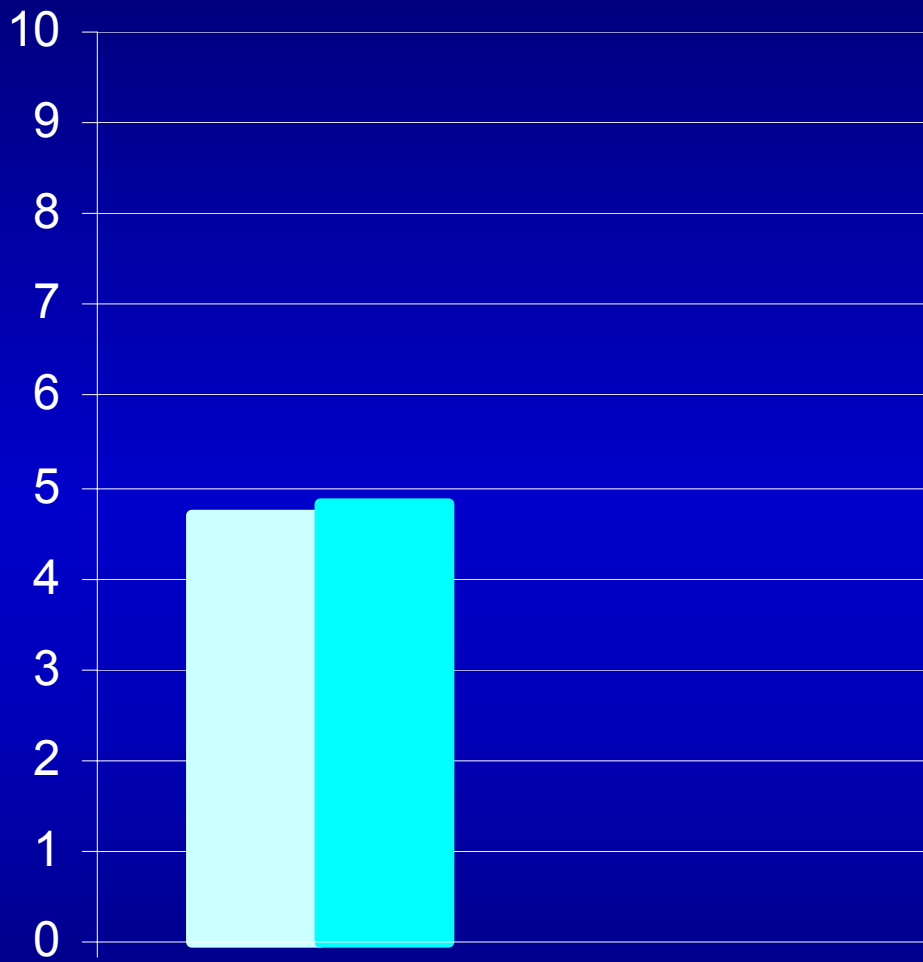






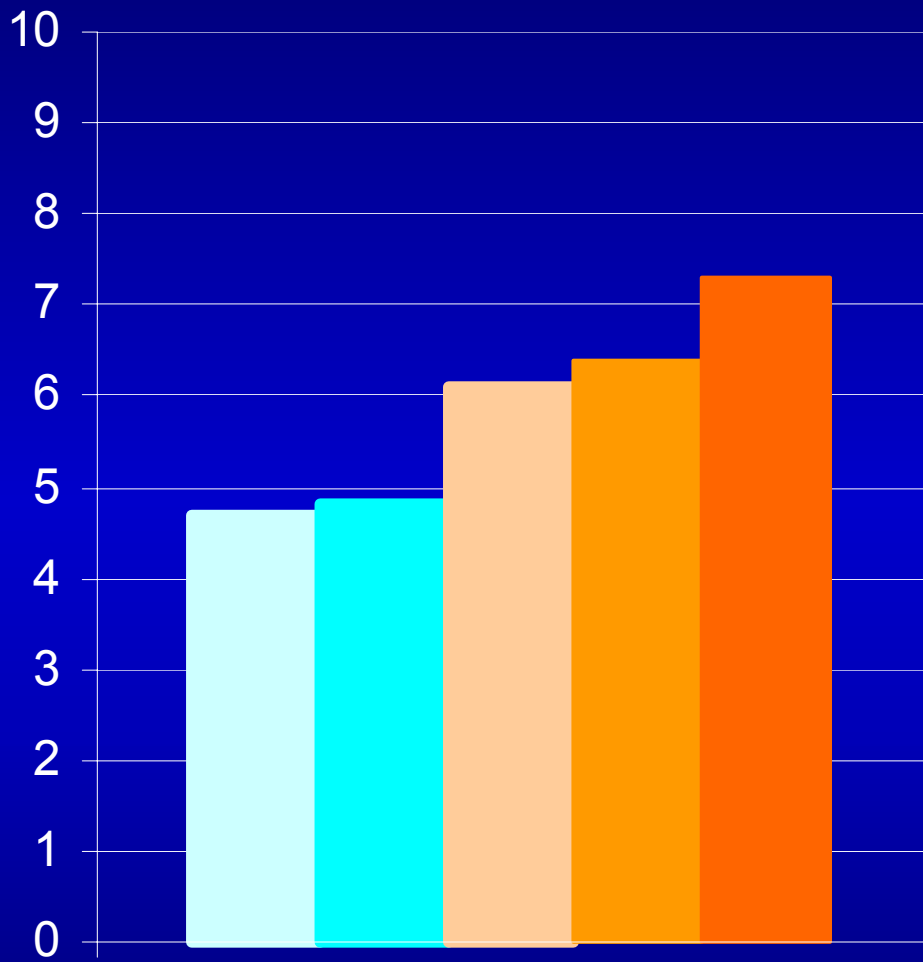


Cycle 1 Cycle 2 Cycle 3 Cycle 4 Cycle 5



Adherence score

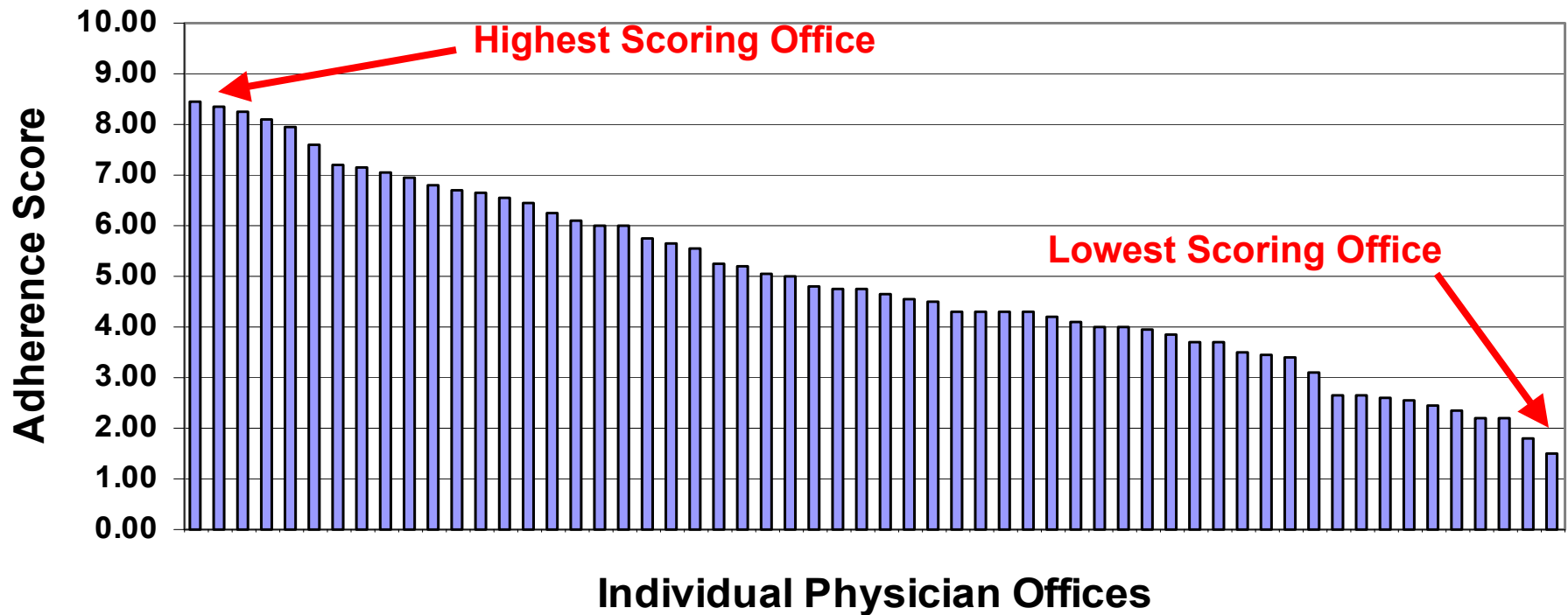




Adherence score



Variation by Medical Office Site



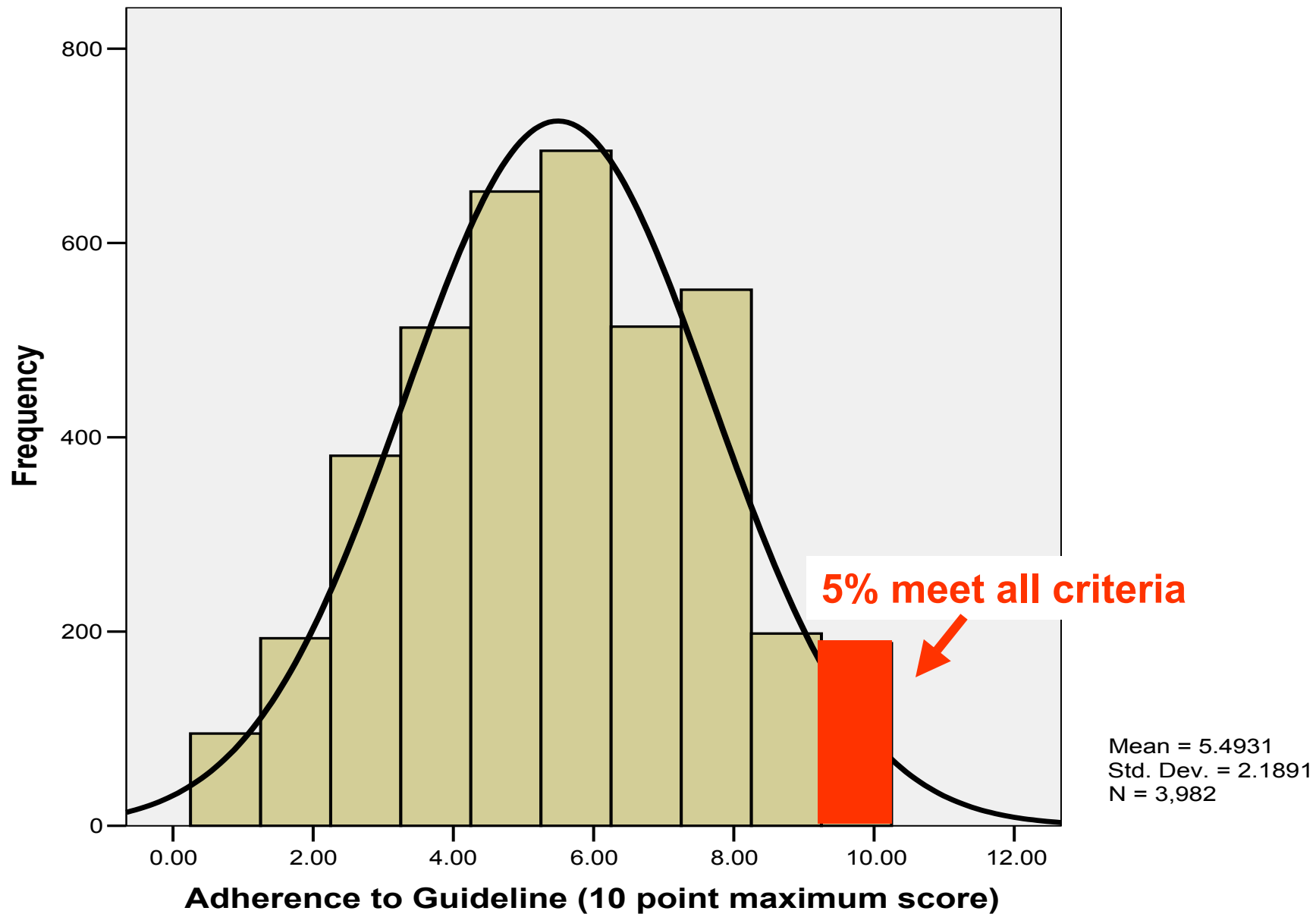
Asthma Outcomes

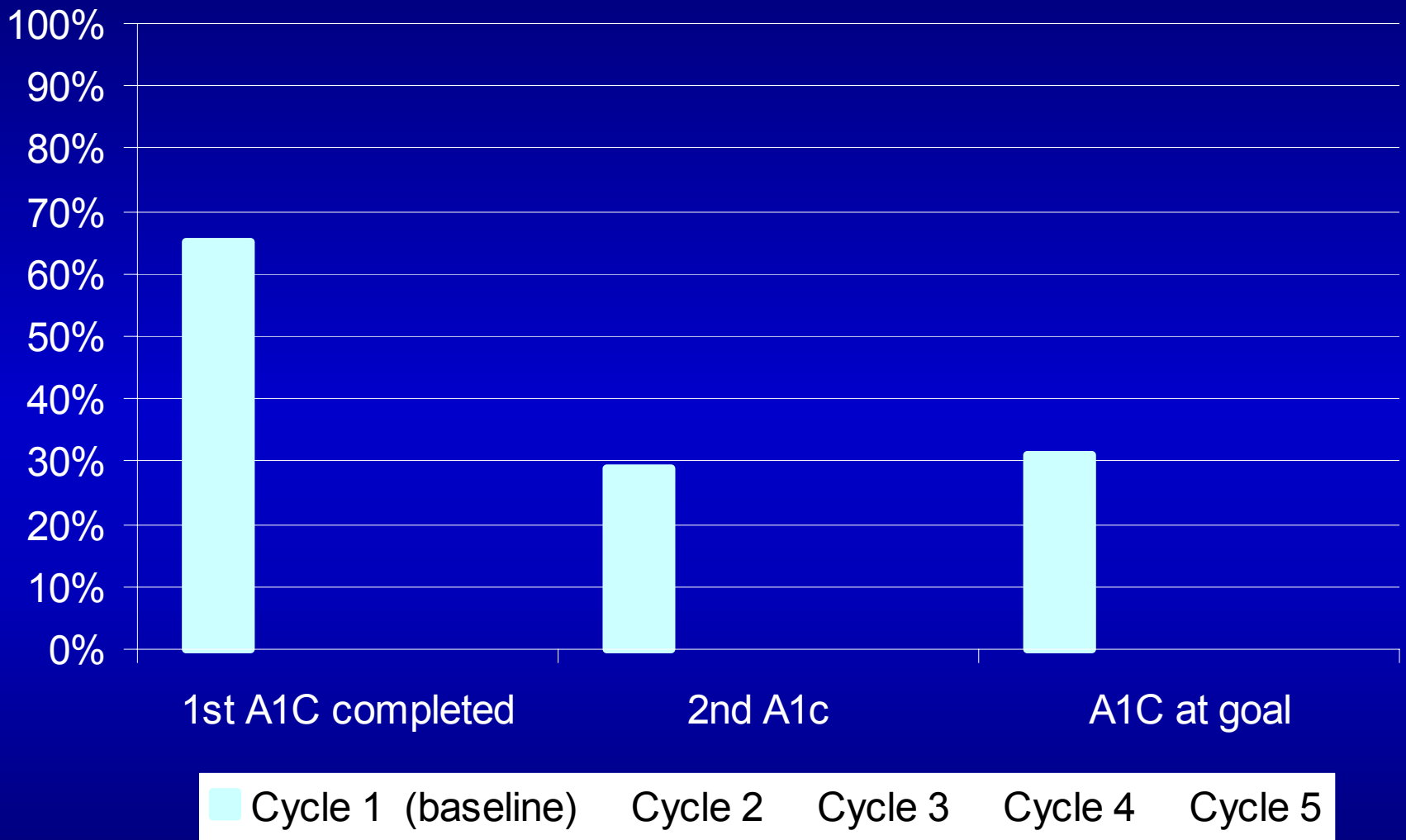
	<u>2003</u>	<u>2004</u>	
ER Utilization	3.71	2.92	p<0.01
Hosp rate	0.83	0.81	
HEDIS preferred pharmacy			
age 5-9	74%	81%	p<0.05
age 10-17	68%	76%	p<0.01

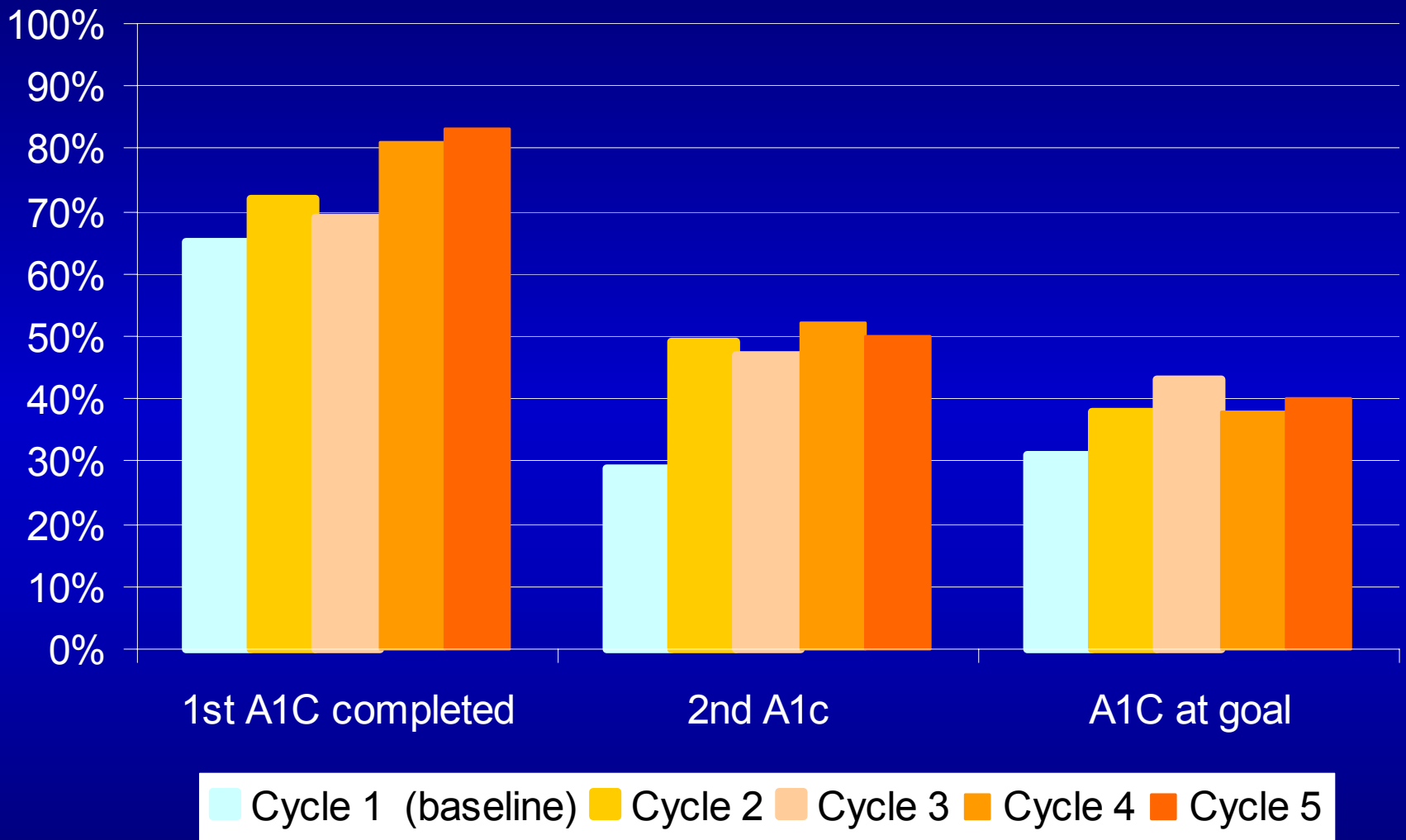
Data Analysis and Trends

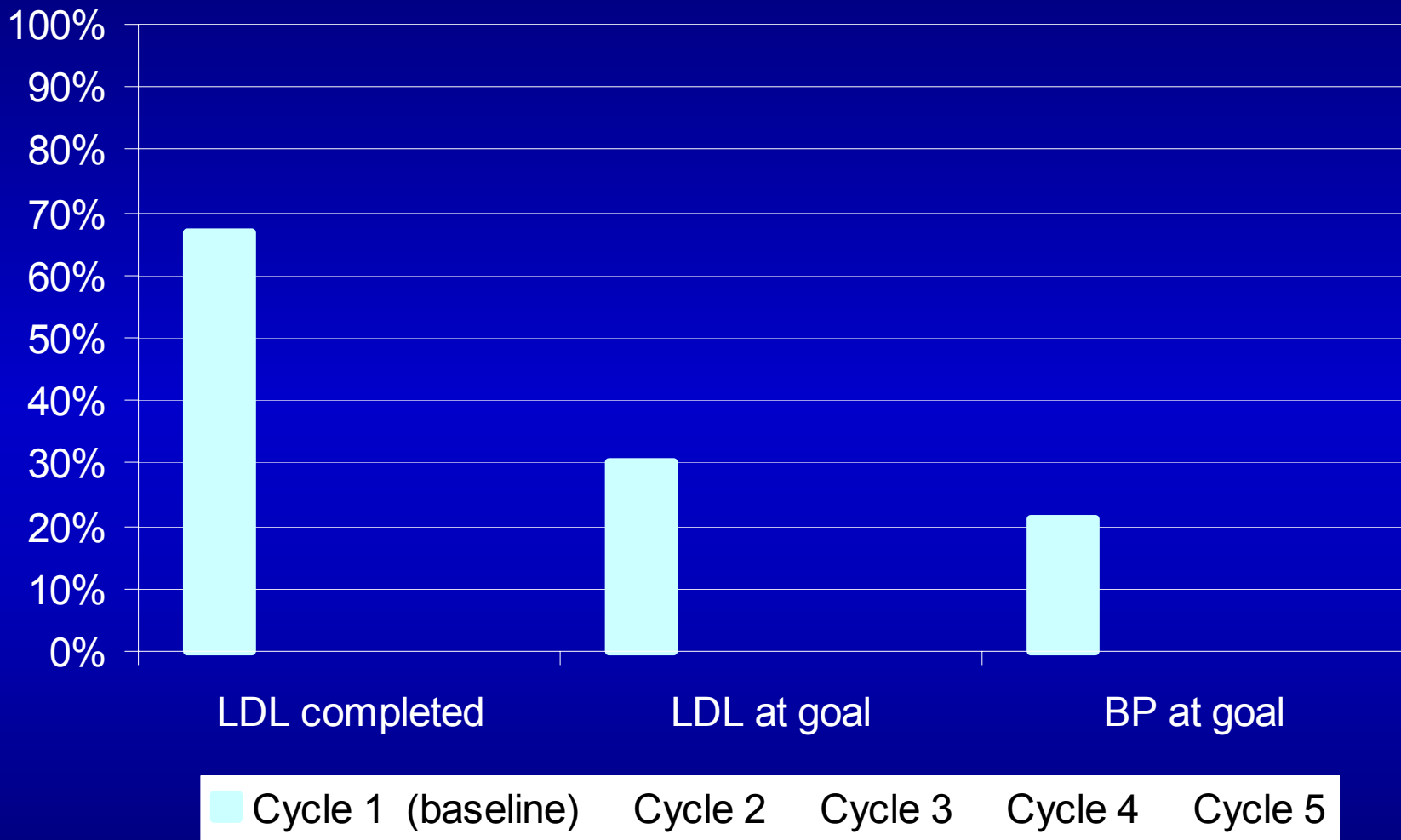
Diabetes

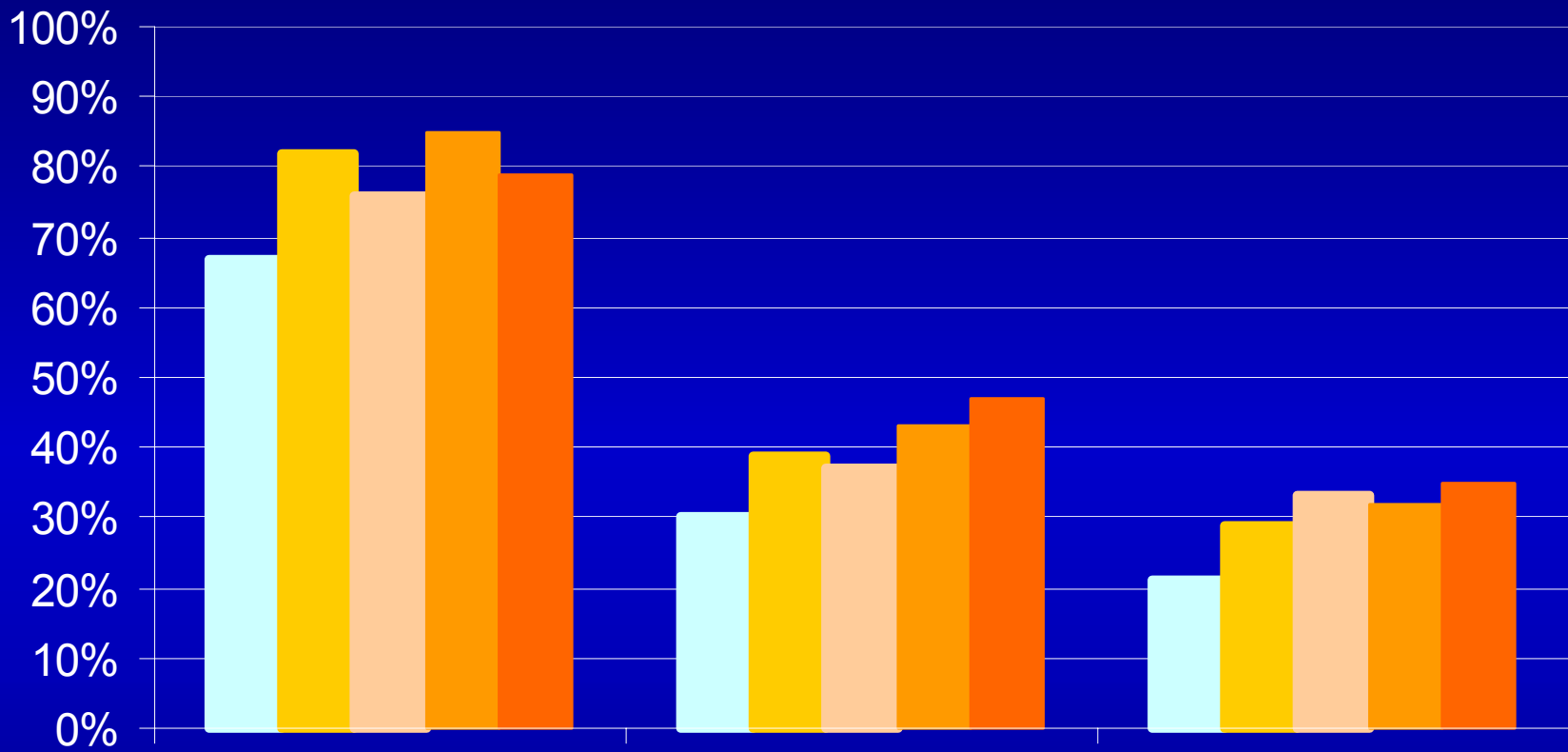
Adherence to Diabetes Guidelines, Cycle 5



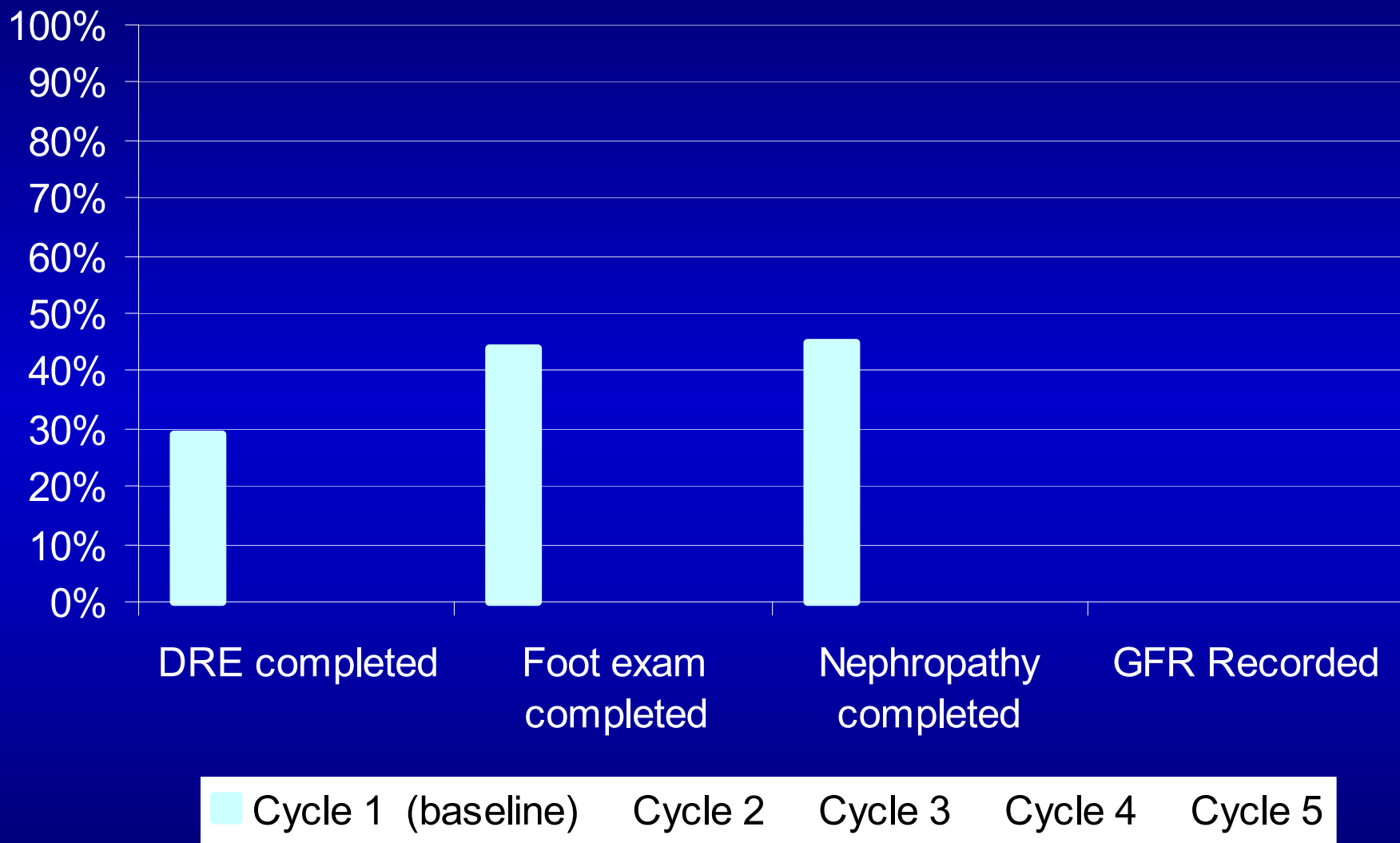


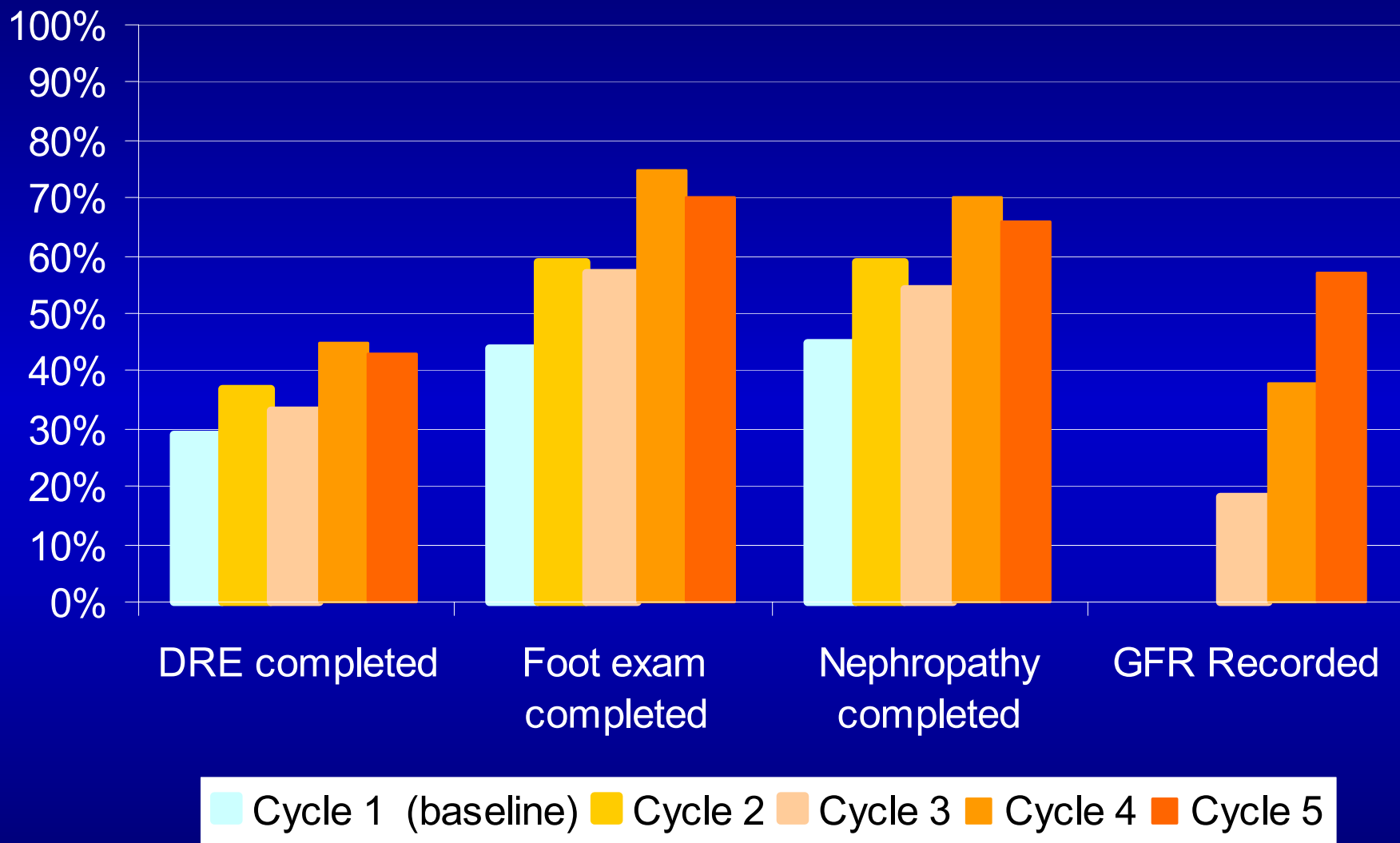


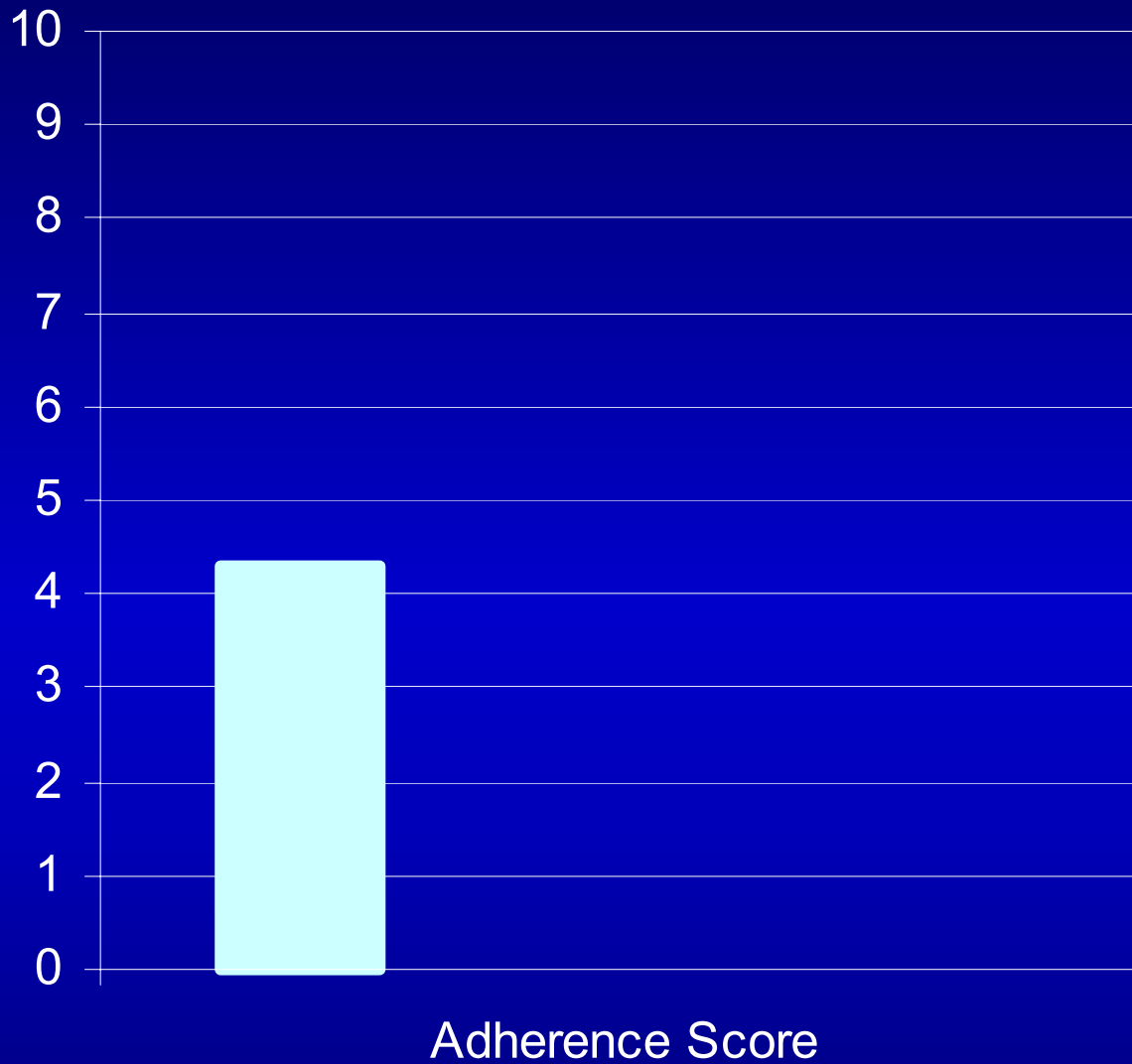




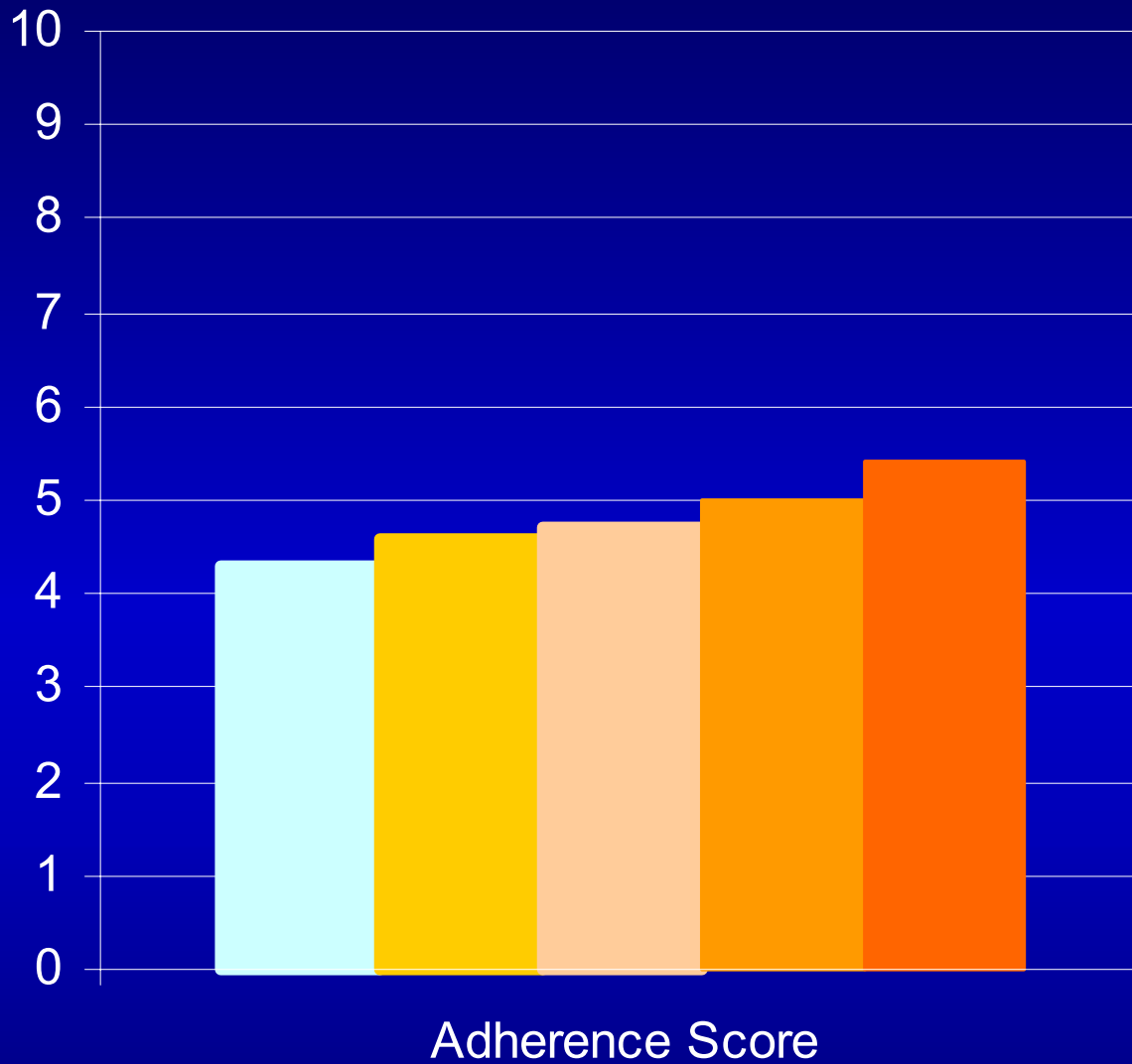
Cycle 1 (baseline) Cycle 2 Cycle 3 Cycle 4 Cycle 5





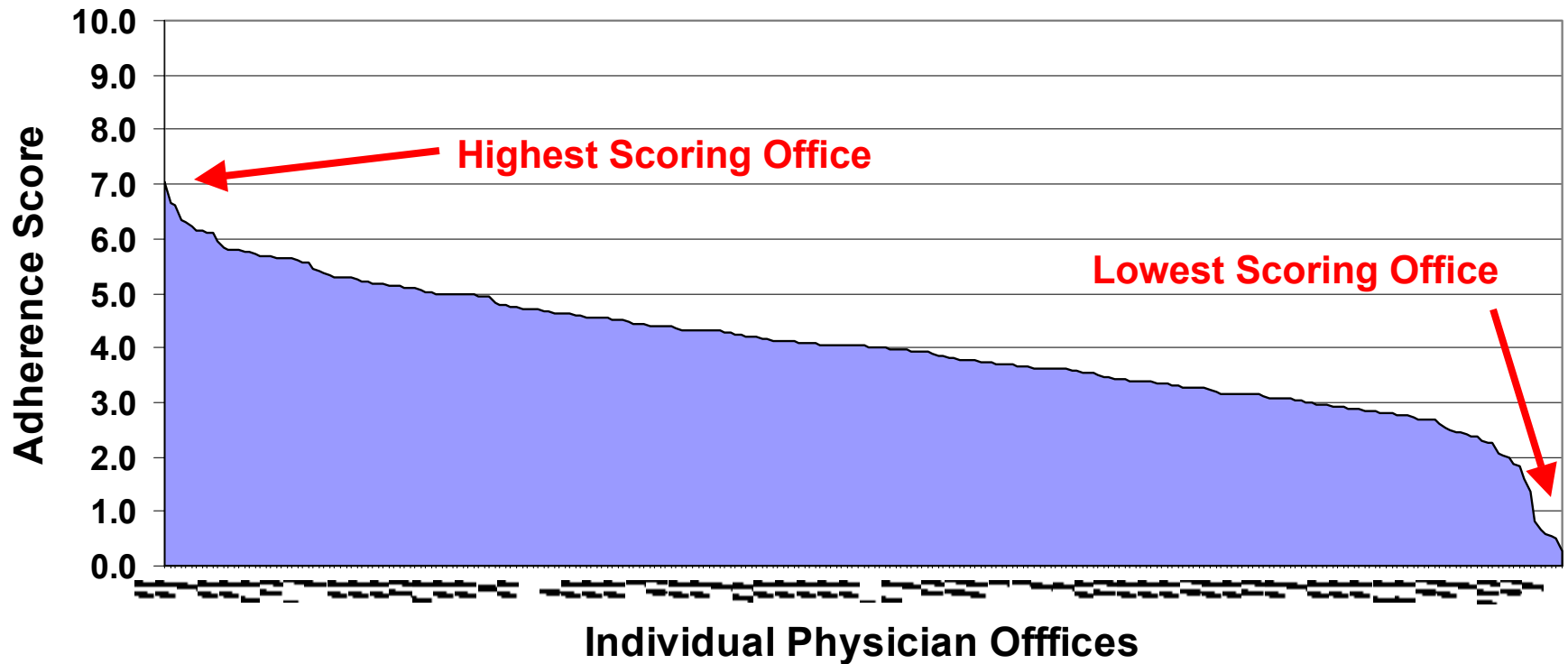


■ Cycle 1 (baseline) Cycle 2 Cycle 3 Cycle 4 Cycle 5



Cycle 1 (baseline) Cycle 2 Cycle 3 Cycle 4 Cycle 5

Variation by Medical Office Site



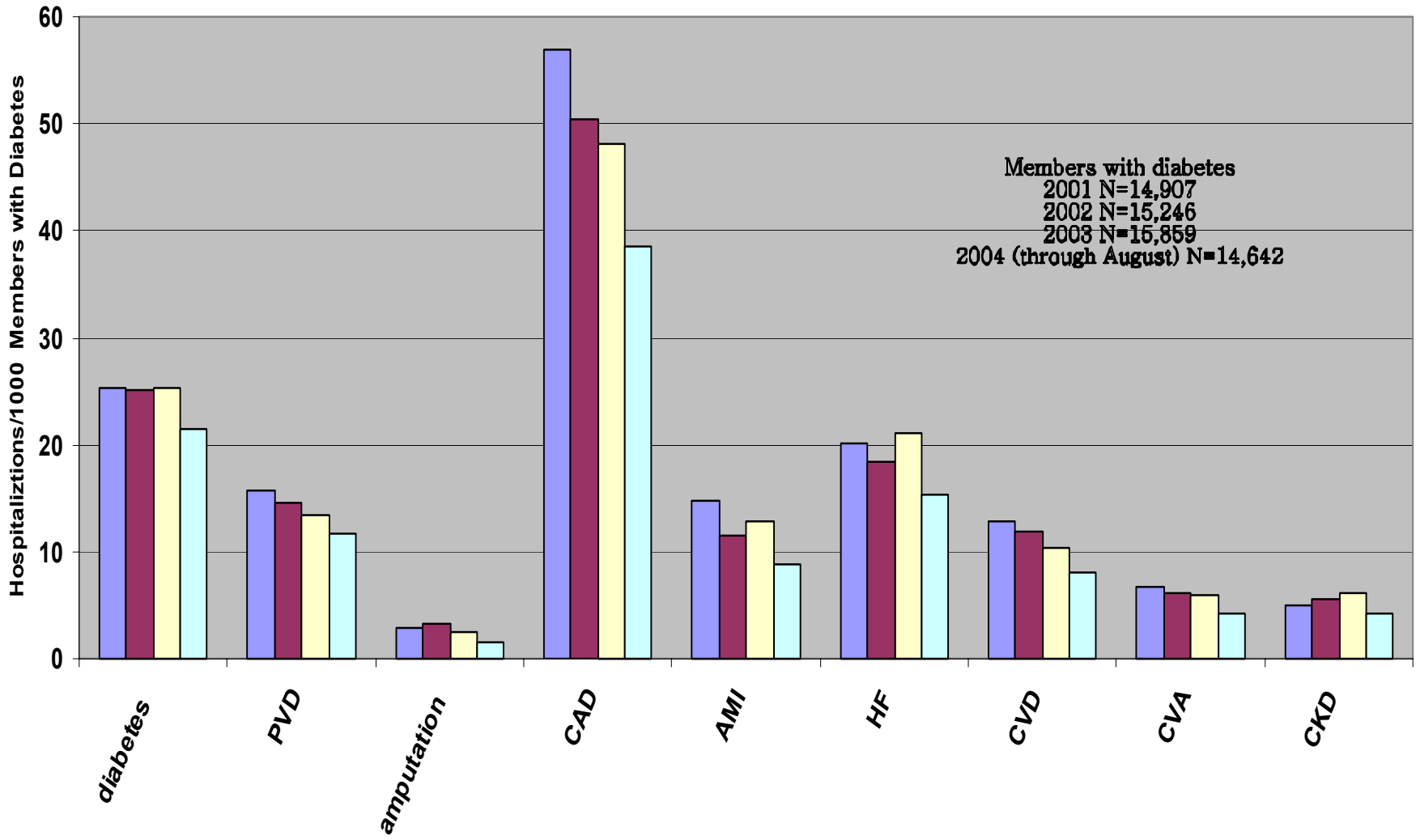
Diabetes Outcomes

Seven diabetes HEDIS measures:

**Statistically significant improvement
in 2/3rd (all LOB)**

Hospitalizations for Diabetic Members by Year (2001-2004 to date) and Complication by DRG
 Draft # 2, December 15, 2004

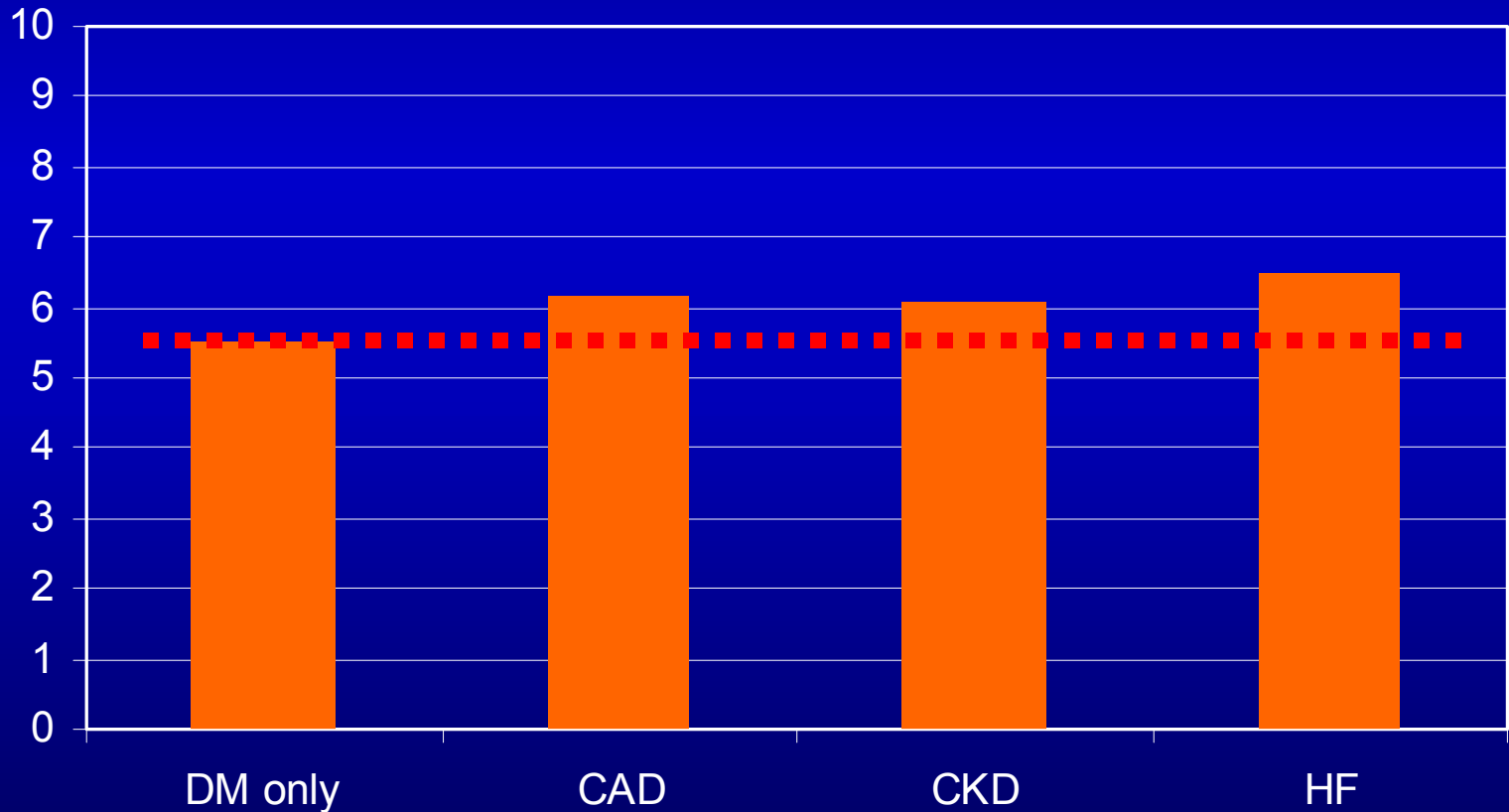
2001 2002 2003 2004



Complication based on DRG Classification

Diabetics with co-morbid conditions (20%) Had higher adherence scores (esp outcome measures)

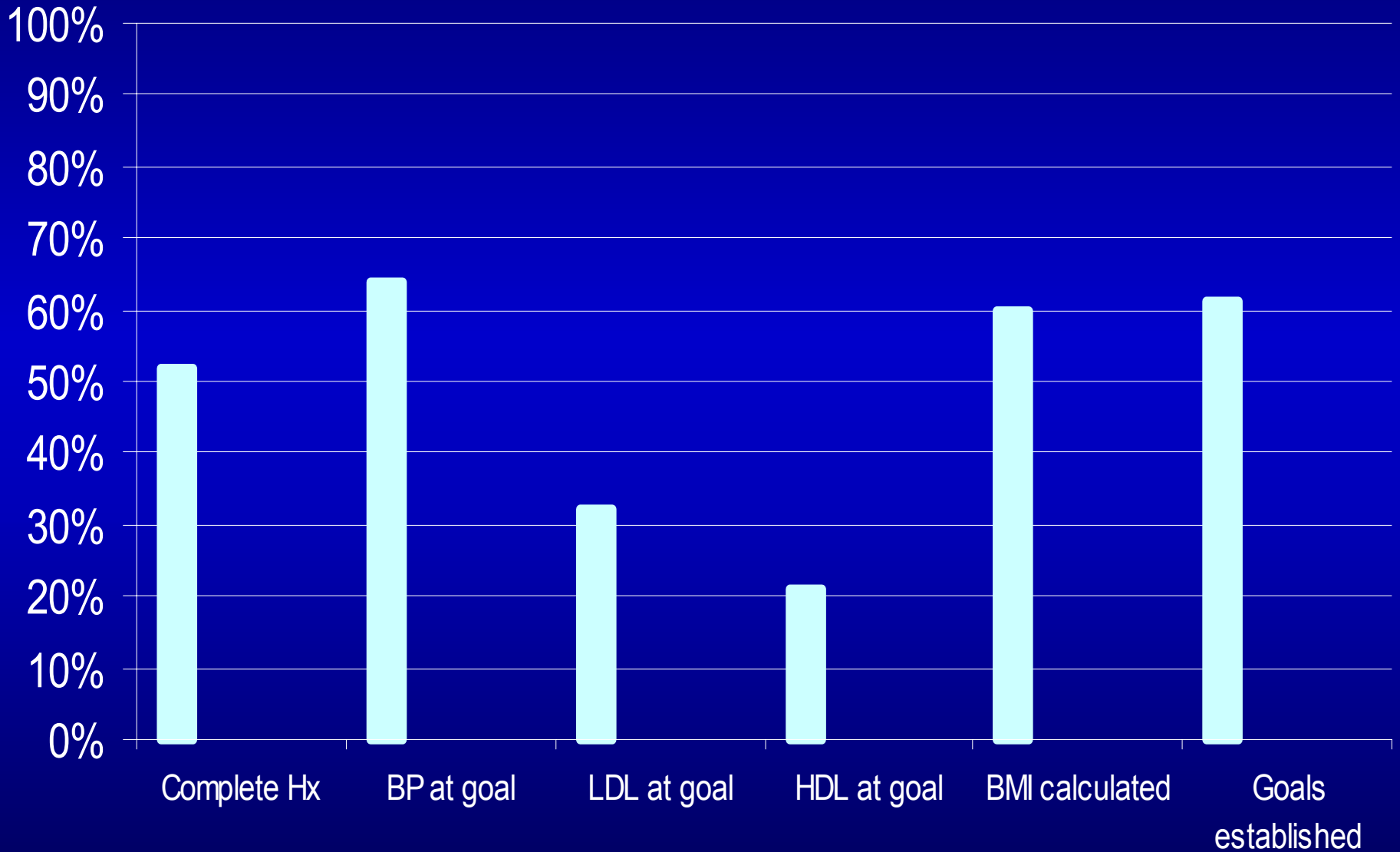
Ave Adherence Score



Data Analysis and Trends

CV Risk

CV Risk (baseline cycle 1)



Key Learnings...

- ✓ **Community-wide physician engagement**
- ✓ **Improvement without performance-based awards**
- ✓ **Process measures = rapid**
Outcome measures = slower
Composite measures = slowest

Key Learnings...

- ✓ **Sampling is an effective**
“touching every patient”
- ✓ **Improvement literacy communicated**
economically

Questions ?

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