

Pay for Performance 2005 Results

From the Basement to the
Penthouse...Boy, Am I Tired!!!

CCHRI CAS P4P Summary Results and
Comparison to prior years (2003-2005)

Bill Gil, CEO

Facey Medical Foundation

Situational Analysis

- ▶ Pay for Performance (P4P) implemented in 2003 as quality and financial measurement criteria in California
- ▶ Facey's performance in 2003 and 2004 had been below industry average
- ▶ Major initiatives were implemented in 2003, 2004, and 2005 to improve the results
 - Referral Process Improvement (2003)
 - Jiffy Lube Project (2003)---Point of Care Reminder
 - Advanced Access (2004)
- ▶ The 2005 results show **TREMENDOUS IMPROVEMENT**
 - Named # 1 medical group by Blue Cross for So. Cal.

Score Analysis

<u>Category</u>	<u>2003(%)</u>	<u>2004(%)</u>	<u>2005(%)</u>
▶ Dr. Communication	79.9(40%)	85.5(45%)	88.6(65%)
▶ Access to Care	63.2(10%)	69.2(25%)	75.1(50%)
▶ <i>Non-Urg. Care Access</i>	<i>54.8(10%)</i>	<i>61.2(10%)</i>	<i>75.8(55%)</i>
▶ Referral Process	49.6(10%)	60.3(55%)	65.7(70%)
▶ Rating Specialist	63.9(25%)	67.2(25%)	61.9(10%)
▶ Overall Rating of Care	61.3(25%)	65.1(25%)	74.3(65%)
▶ Rating Personal Prov.	75.3(25%)	81.6(55%)	86.6(90%)

Improvement: Significant and Moderate Areas

► Significant Improvement

- Dr. shows respect (Q10)
- Dr. spends enough time (Q11)
- Access non-urg. apptmt. (Q2)
- Access regular hrs. (Q3)
- Immediate access (Q4)
- Waiting time (Q7)
- Routine care access (Q18)
- Referral process (Q27)
- Rating of care from Doctor's office (Q14)
- Rating of Provider (Q23)

► Moderate Improvement

- Doctor listens (Q8)
- Urgent Care (Q19)
- Preventive Care (Q20)

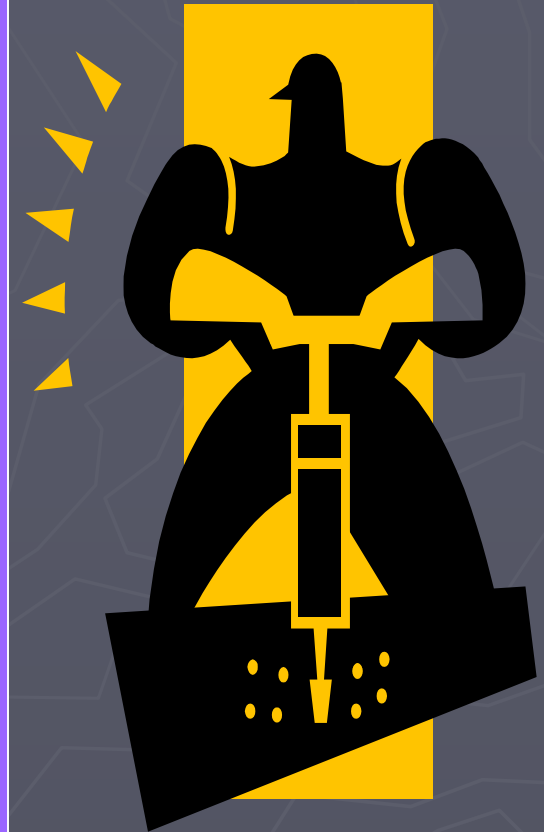
► Drop in Performance

- Medical advice after regular hours (Q25)
- Rating of specialist (Q32)

What Happened?

What Happens Next?

- ▶ Access to care has been Facey's #1 problem in the past 10 years
- ▶ Initiatives were designed to turn around the access issue
 - Advanced Access
 - Stress access to PCP, not Urgent Care
 - Referral Process system in place to reduce delay of care to specialists
- ▶ ***What do we do now?***
 - *Rating of specialists a concern*
 - ▶ *Regressed, at the 10th percentile*
 - ▶ *Need to balance price/unit + cost of care + quality + patient satisfaction by specialist*
 - *Paneling sizes for PCPs must be improved in certain areas*
 - ▶ *Need to maintain adequate panel sizes*
 - ▶ *Need to improve accuracy of paneling assignment*
 - ▶ *Need to "engage" patient with PCP early*
 - *Can't shortchange patients on access to care*



And Now, for a Closer Look at Our EHR Initiative

- ▶ Improvements in process a prelude to the HER
 - End of Condo Practice
- ▶ Modular implementation
 - Safer, takes too long
- ▶ Office of the Future
 - The computer and EHR are the least important
 - Fundamental change to practice of the 1950s
- ▶ Physician Buy In
 - Through a Physician Champion

