

National PFP Summit

Advanced PFP Studies: The RIPA/Excellus Experience

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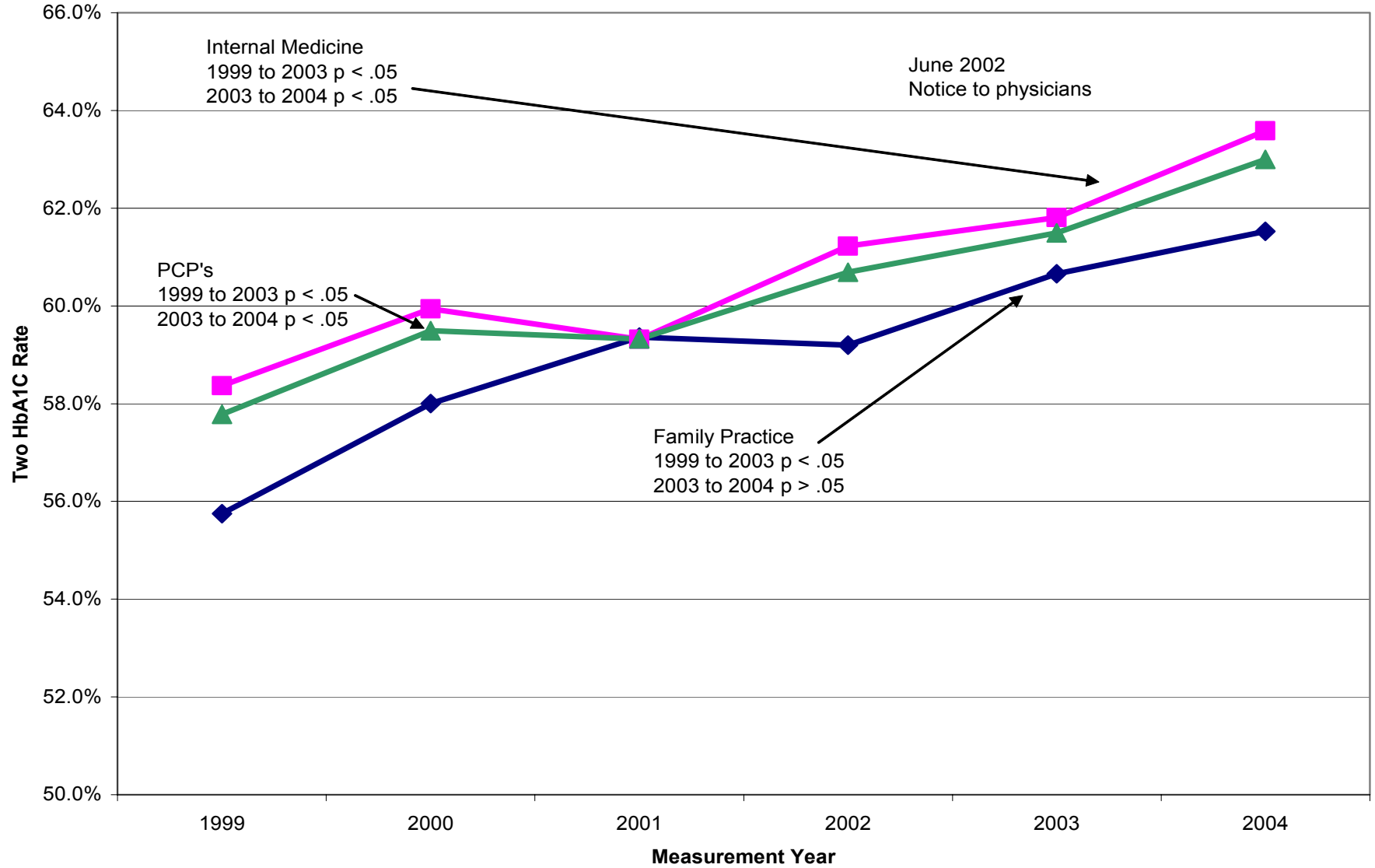
Goals

- Highlight the program's outcomes
- Review the key lessons learned in achieving those outcomes

Outcomes -

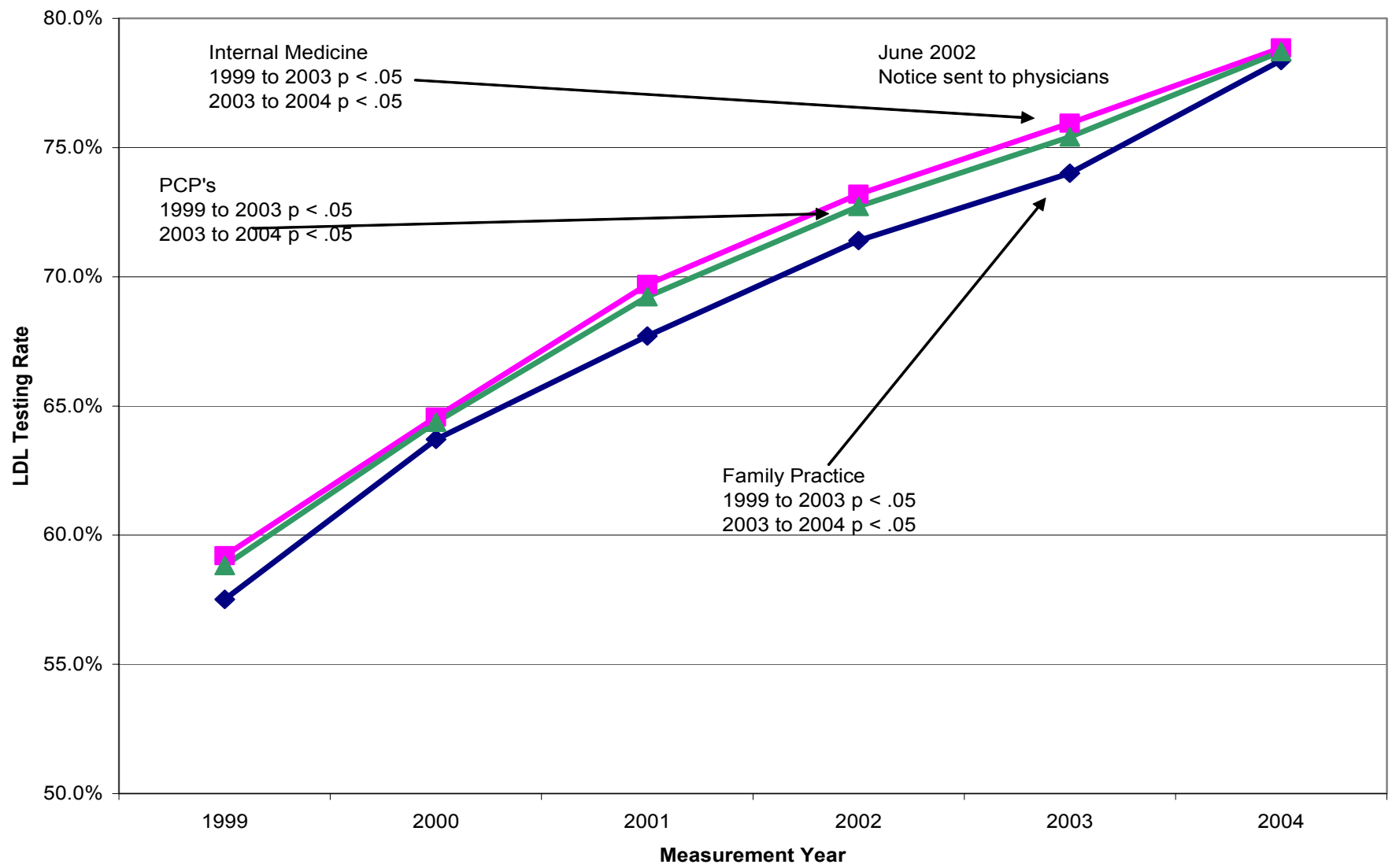
Diabetes Care

Two HbA1C tests

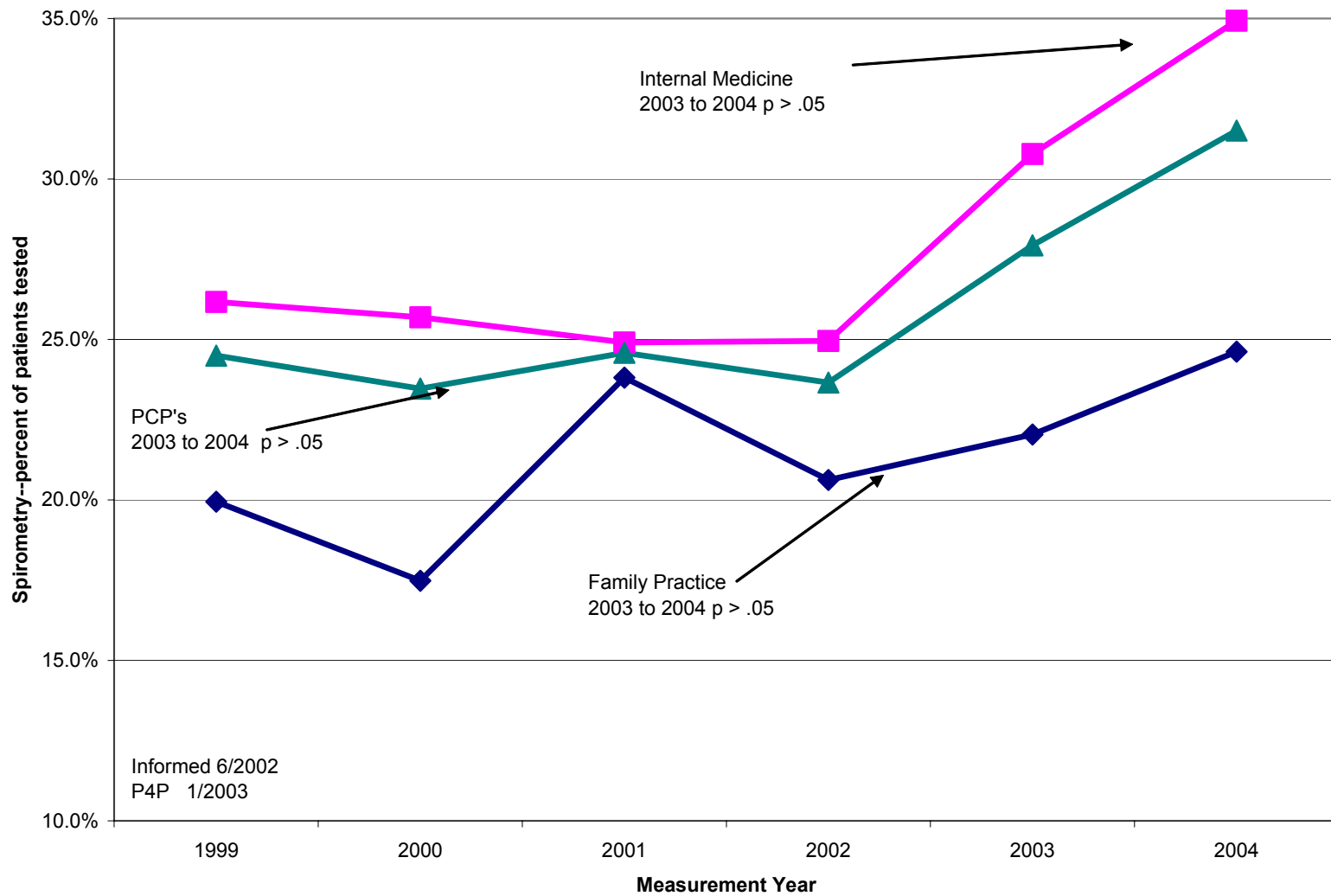


Diabetes Care

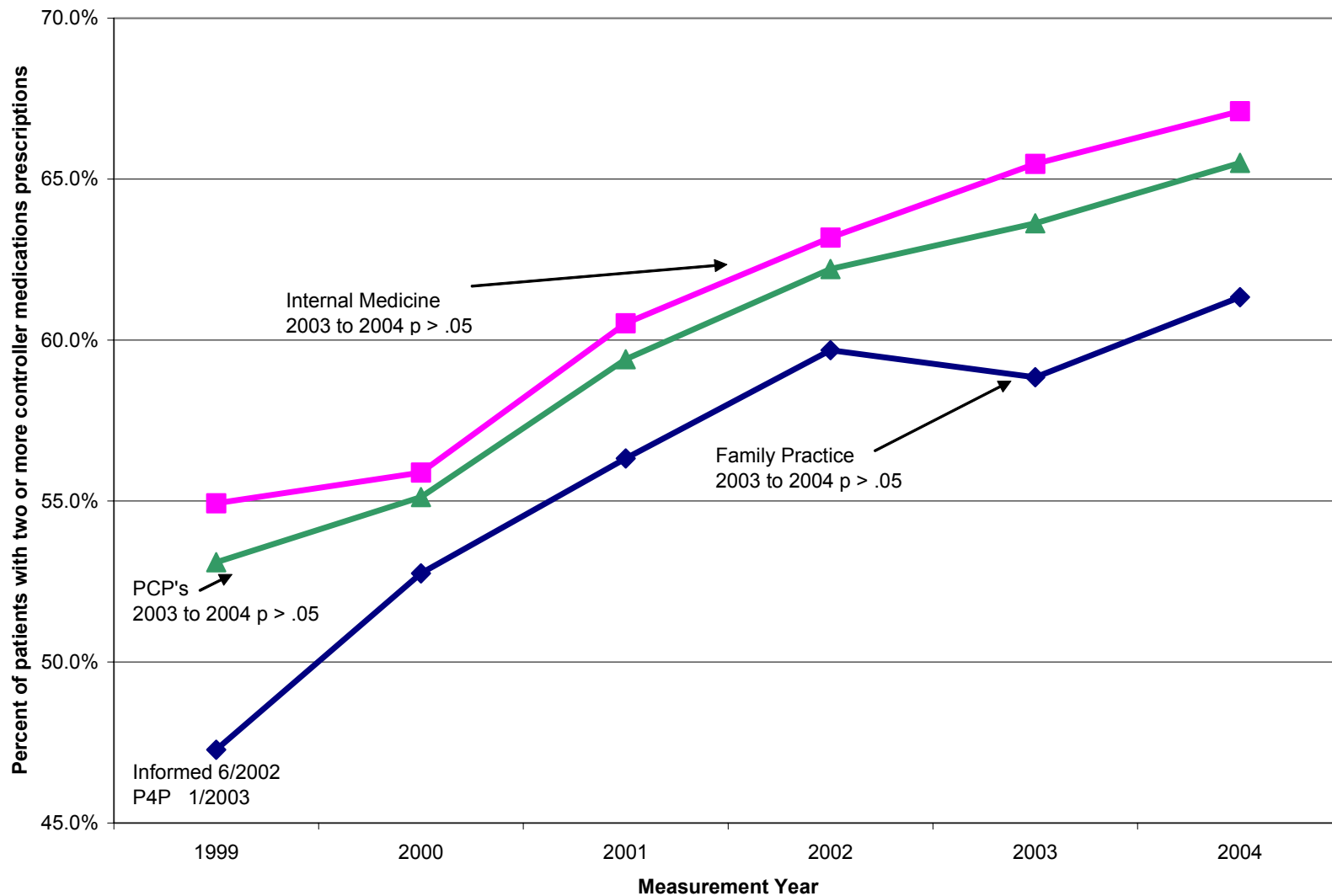
LDL testing



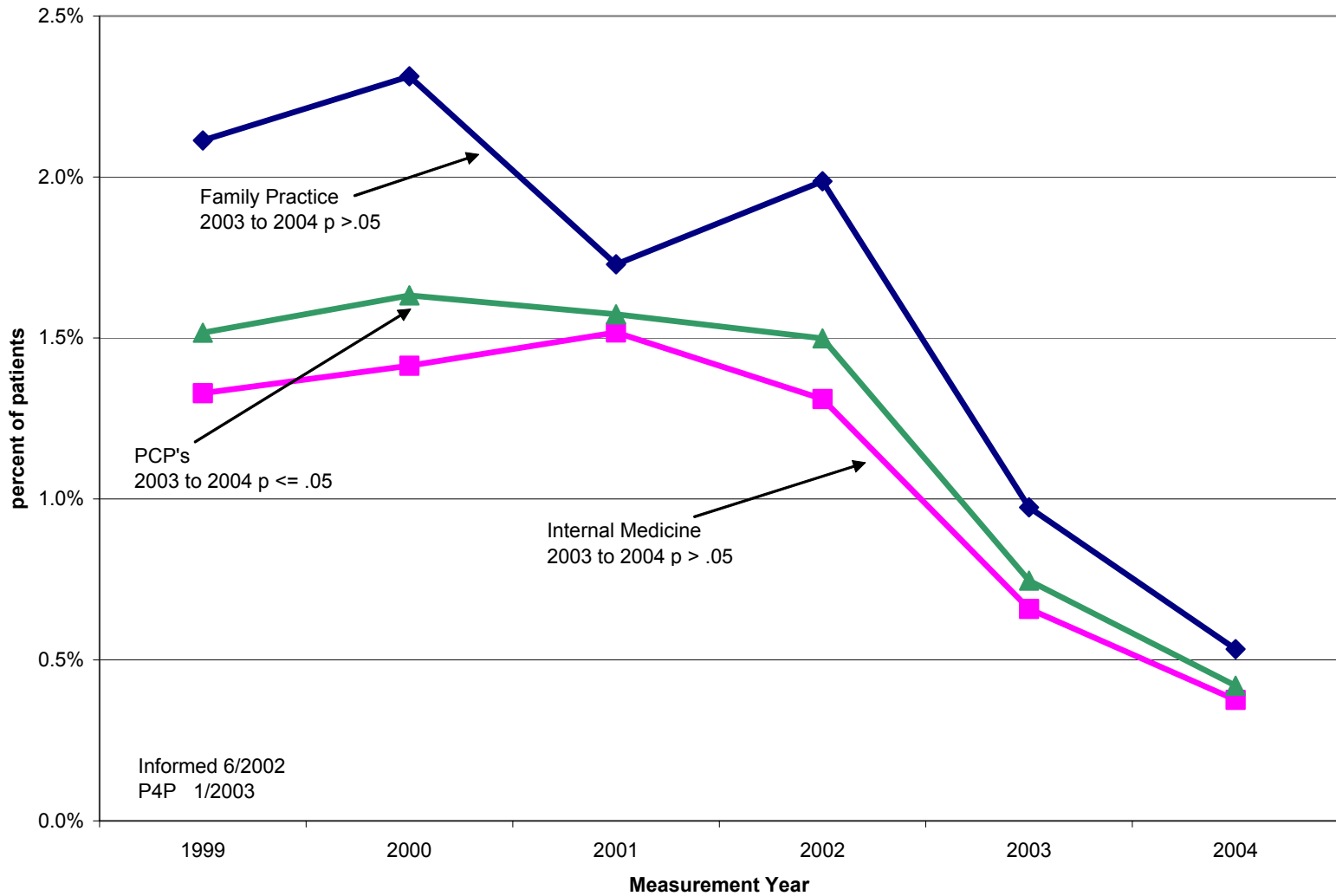
Complex—at least one spirometry



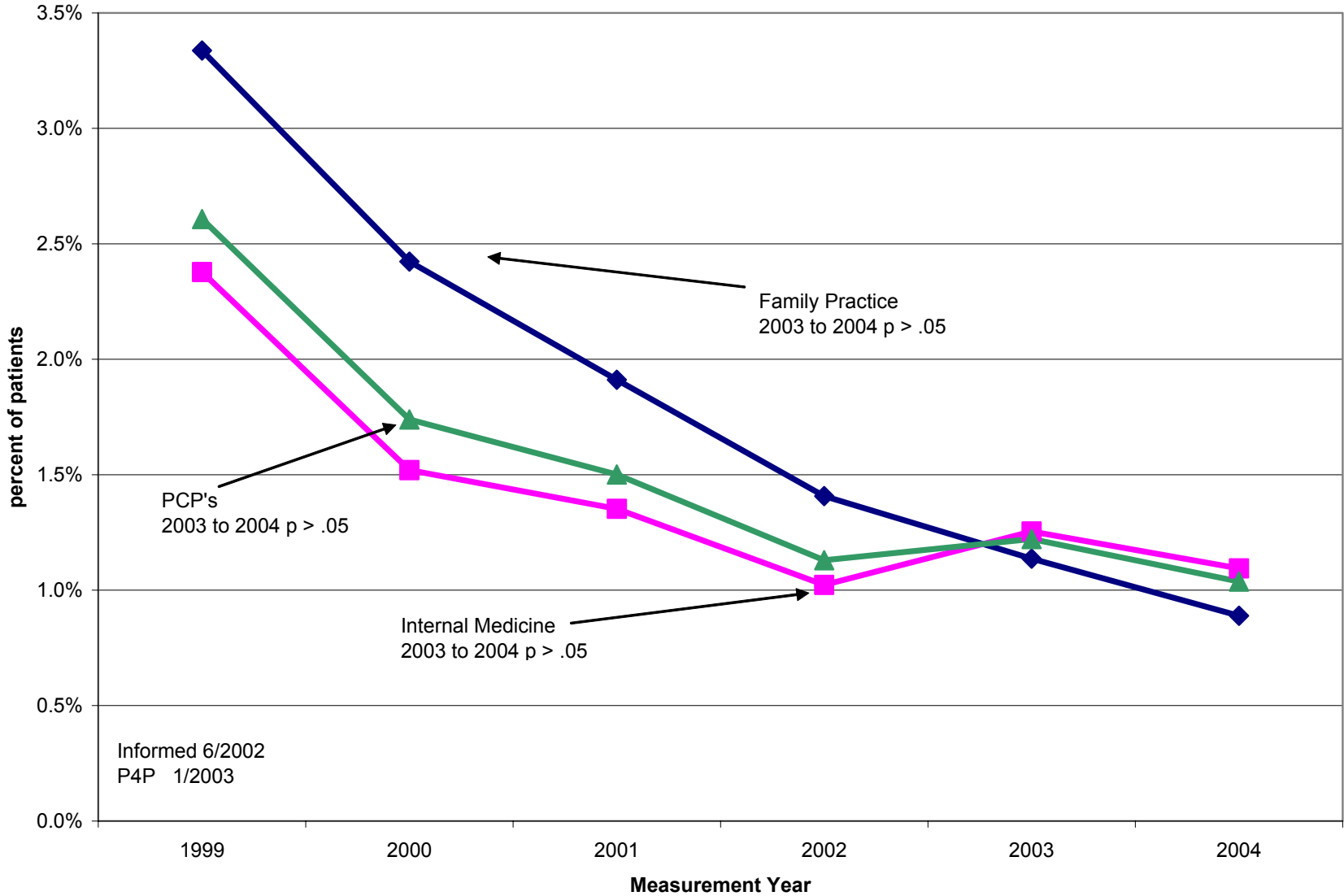
Significant—two or more controller medication prescriptions



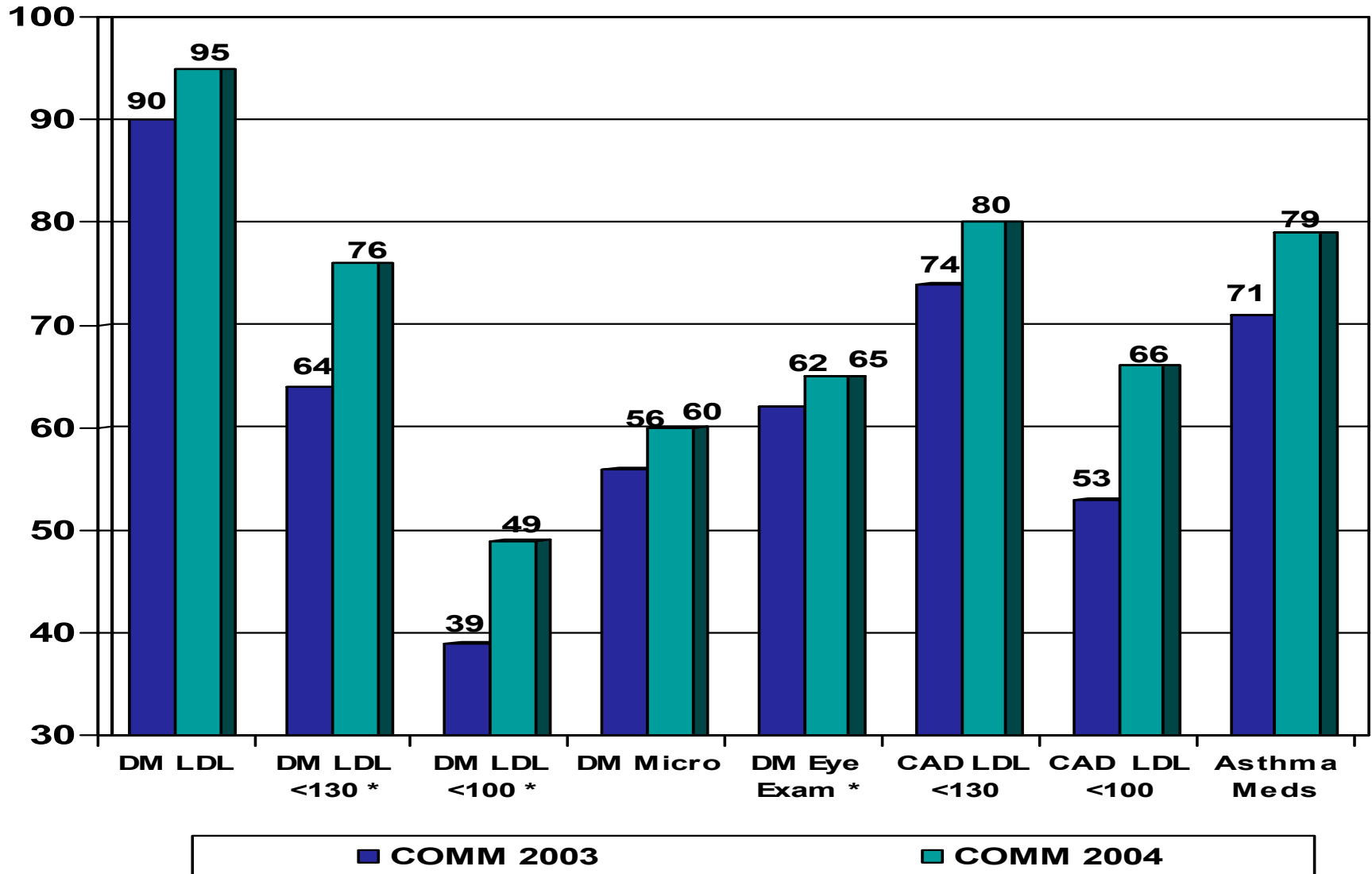
Significant—Long Acting Beta-2 agonist without controller medication



Significant—Emergency Room Visits



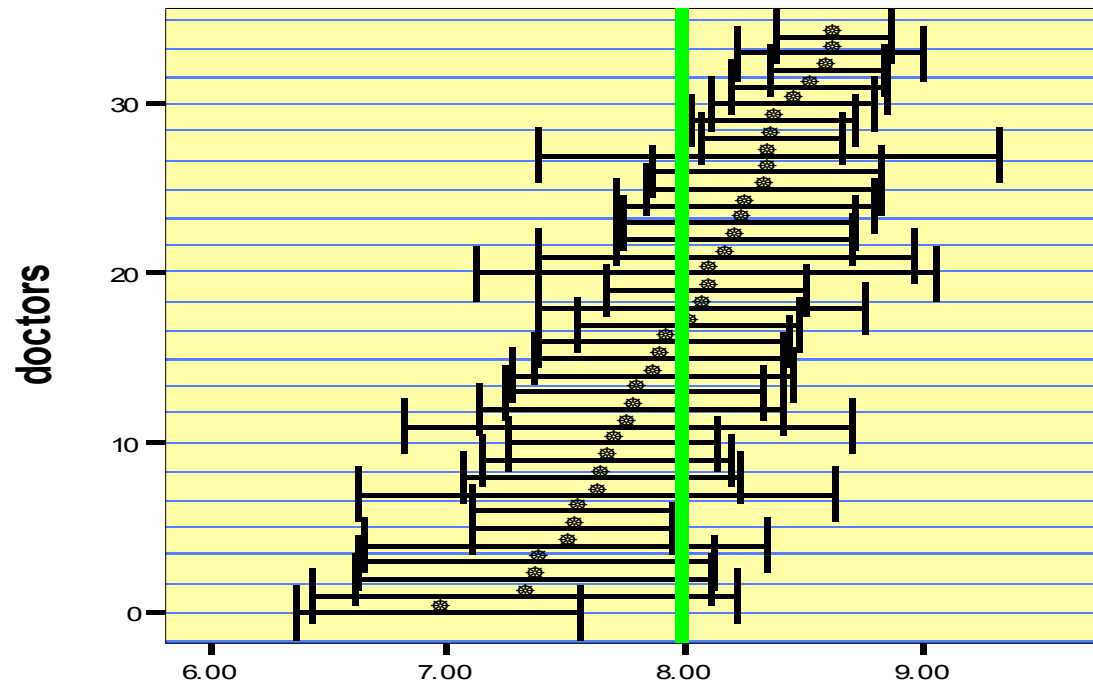
HEDIS Rates



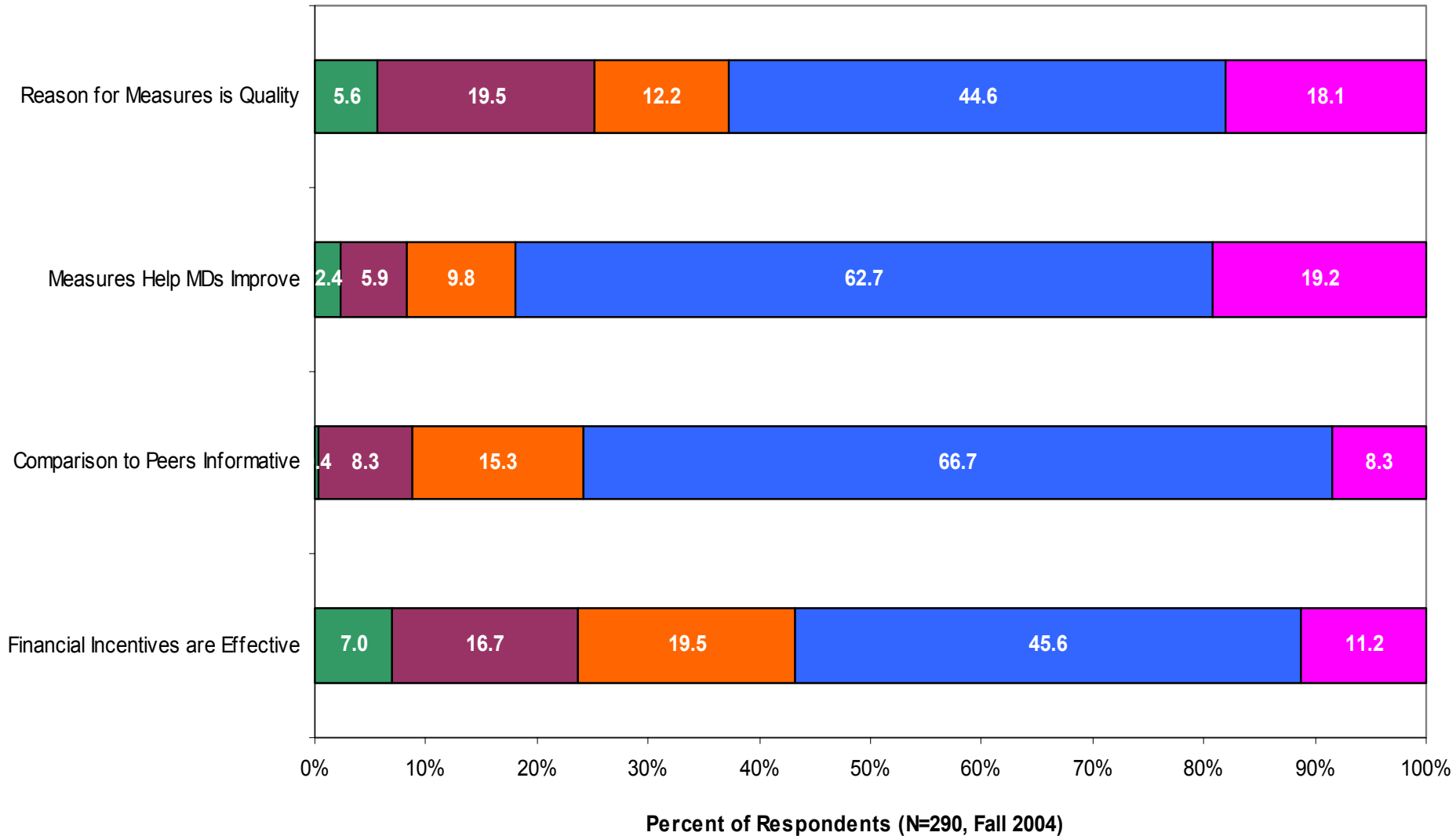
* Statistically Significant

Gastroenterology Peer Review Program 2005

**All Questions Average
95% confidence interval**

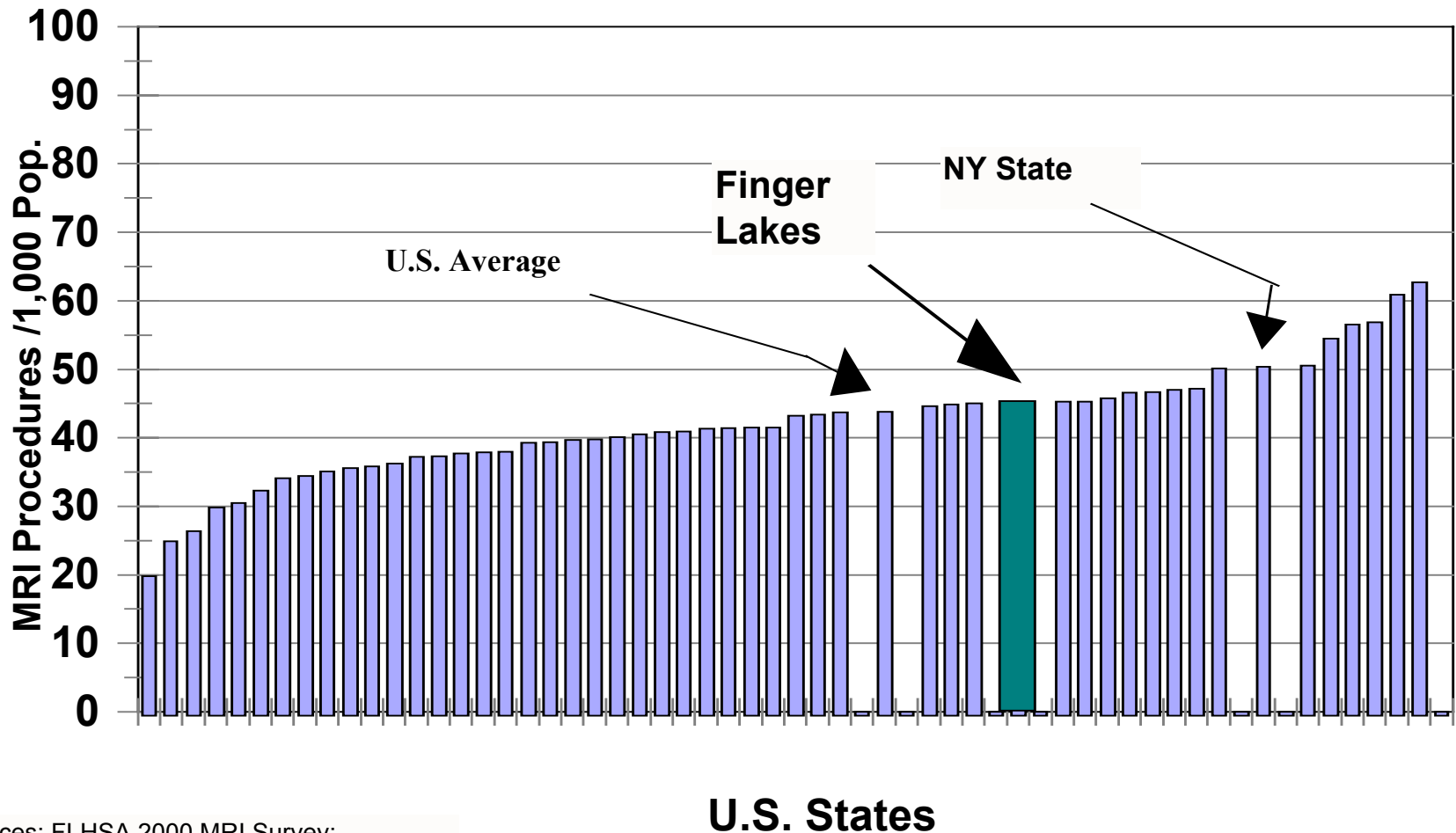


Results: Physician Satisfaction



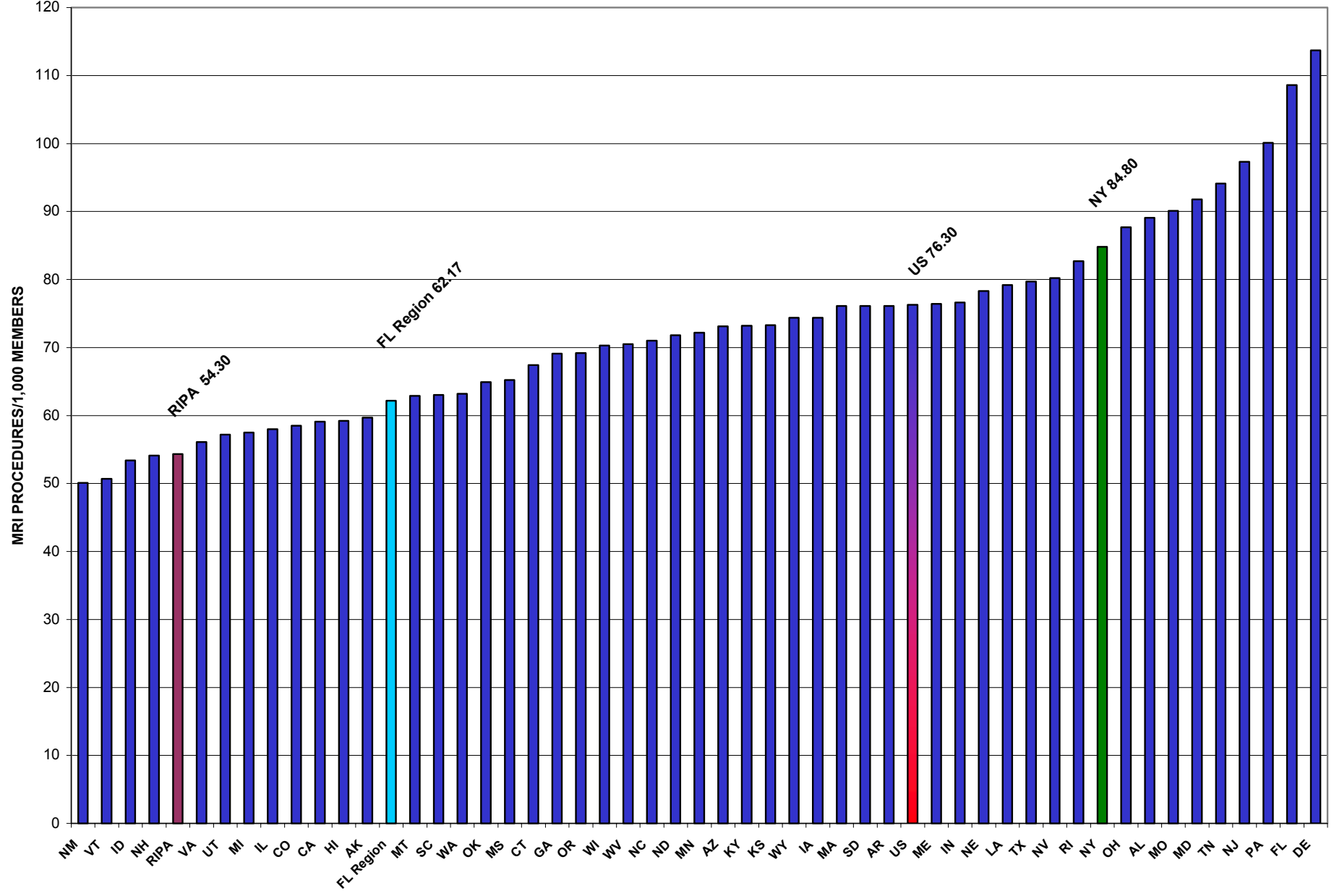
Strongly Disagree Disagree Neutral Agree Strongly Agree

1998-99 MRI Utilization Finger Lakes and U.S. States



Data Sources: FLHSA 2000 MRI Survey;
1998-99 TMG National MRI Survey

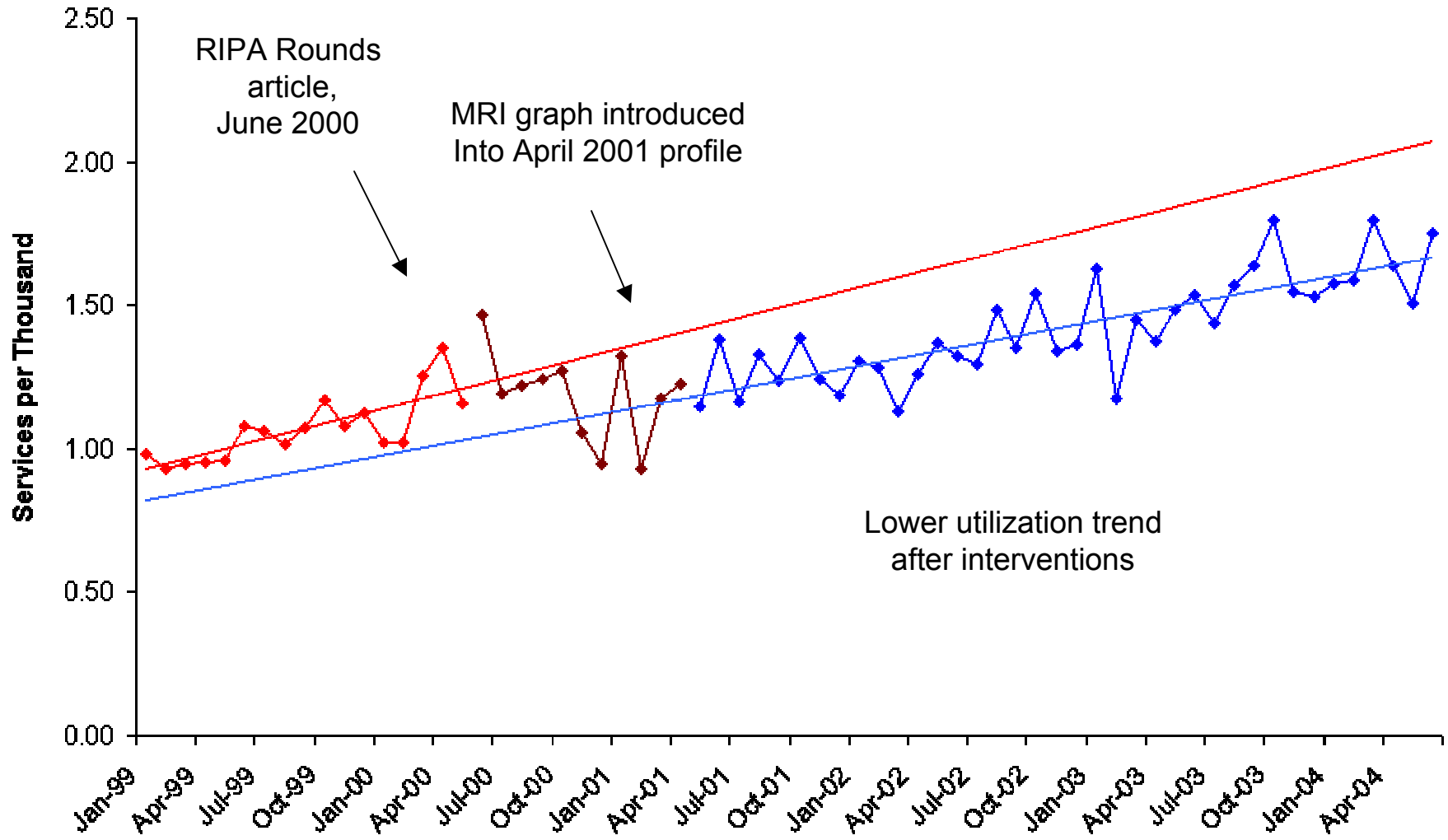
MRI UTILIZATION 2003



VOCP: Is it worth the work?

Extremity MRI Utilization

Before, during, and after interventions



Return on Investment

- Actuarial Rolling Trend Analysis For DM
- Baseline 2001/2002, Intervention 2003/2004
- CAD Provided Additional \$2.9 million in 2004*

Profile ROI	2003	2004
Annual Savings on Trend	1,894,471	5,869,515*
Annual Cost	1,148,597	1,148,597
ROI	1.5:1	5:1

Key Lessons Learned

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Clearly define Program goals and values

RIPA – Create a balanced, data driven incentive system that honestly and fairly encourages each practitioner to increase the value of services our panel offers to Blue Choice members. Core values – honesty, respect and integrity

Key Lessons Learned

Focus on BOTH tools and process

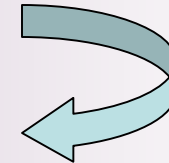
Key Lesson Learned

Create win-win arrangements with
key participants and stake-
holders

The Win – Lose Cycle

Payers

Plans



Partnership to reduce costs



Physicians, hospitals seek loopholes, alternatives

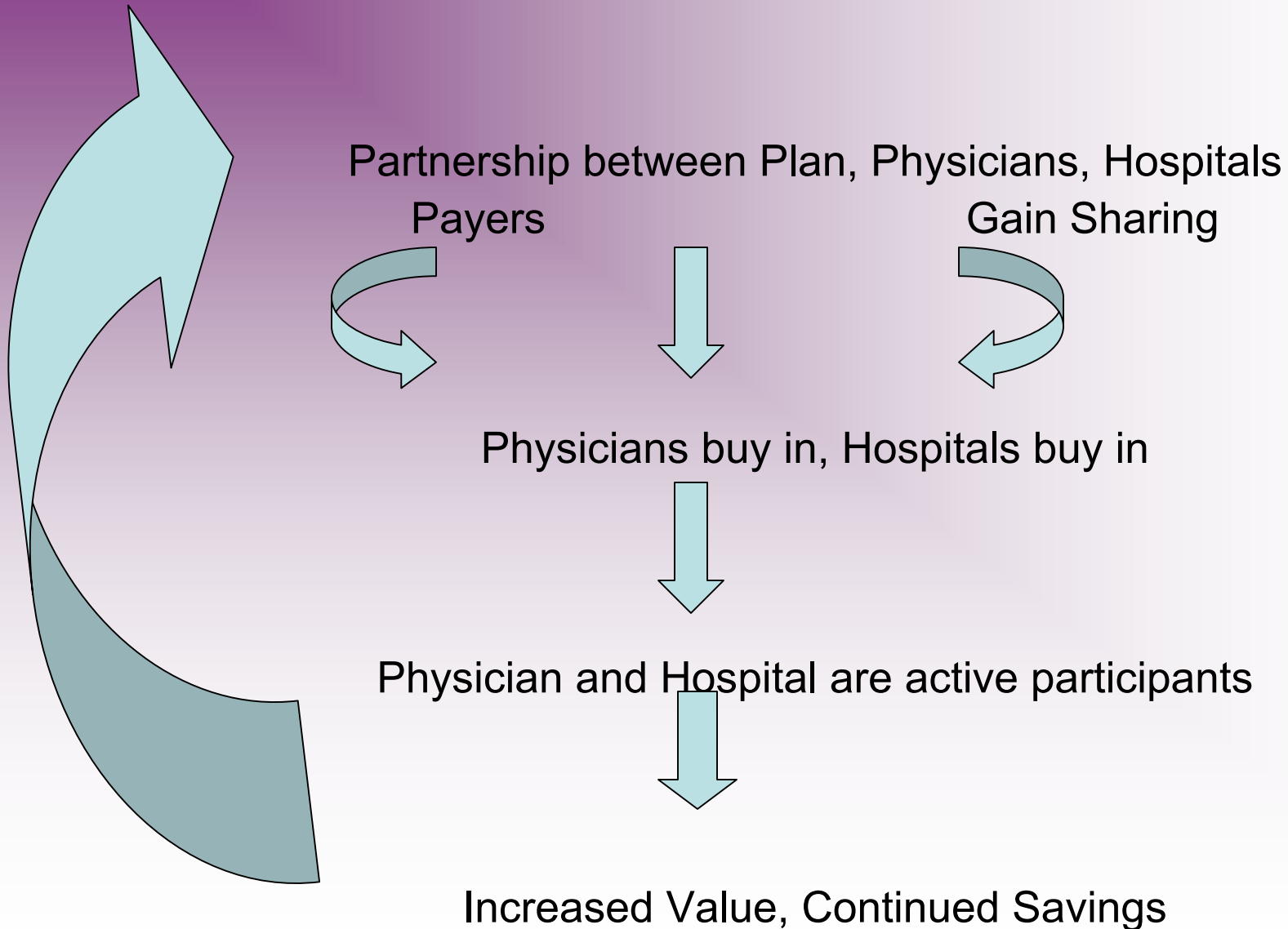


Providers withhold innovations, ideas. They spend time imagining how to beat the system



No feedback loop. Costs dip then escalate

The Partnership Cycle



Key Lessons Learned

Employ a respectful process to introduce measures

Employing a respectful process

- Engage practitioners in creating and reporting measures from the start
- Only choose measures that make clinical sense
- Make measurement specs available
- Choose realistic targets
- Deliver understandable reports

Employing a respectful process

- Roll out the measures over a year
- Provide actionable, nonjudgmental feedback
- Don't assume outliers are poor performers
- Incorporate an appeal process to the P4P payment program

Key Lessons Learned

Manage the predictable stages of change

Denial → Anger → Bargaining → Acceptance

(Kubler-Ross. Death: The final stage of growth. 1975)

Key Lessons Learned

Present Data/Results - Clearly



Here is your final 2003 Value of Care Plan (VCP) profile. It is based on Excellus data paid through December 31, 2003. The purpose of this data is to help RIPA practitioners improve the quality and value of the services provided in our community. You can find a summary of the Value of Care Plan at the end of the profile, and at www.ripa.org. The VC profile is the first and only physician profile in the U.S. to be reviewed by the National Committee for Quality Assurance (NCQA), who found it to conform to the industry's highest methodological standards.

How to use your profile

The profile has a top-down structure. This executive summary gives a high-level view. Succeeding pages provide more detail. There is a guide to the profile at the end of this executive summary. You can use the yellow Fax Back Response Form to request more detailed information.

Care Pathway results and suggestions

Chronic Care Adherence	Your Rate	Specialty Average	Target Rate	Largest Opportunities for Improvement
Diabetes	0.85	0.68	0.85	Great Job! Your adherence rate is at or above our goal of .85
Asthma	0.55	0.39	0.85	E & M Visits Too few patients to include in Value of Care scoring

Acute Care Adherence	Your Rate	Specialty Average	Target Rate	Comments
Sinusitis	N/A	0.68	0.75	Too few episodes to include in Value of Care scoring
Otitis Media	0.79	0.63	0.75	Great Job! Your adherence rate is at or above our goal of .75

Value of Care Plan Performance

VCP Component	Your Results	Specialty Average	Your Score	VCP Weight	Comments
Chronic Care Pathways			4.0	20%	
Acute Care Pathways			4.0	15%	
Mammography Rate	64.3	75.2	2.0	5%	Too few patients to determine score, specialty average will be used
Patient Satisfaction Survey	100.0	92.7	4.0	20%	See your Patient Satisfaction Survey Results
Age - Sex Adjusted Weighted Efficiency Index	0.95	1.01	3.8	40%	See Efficiency Index Analysis Sheet

Your responsible efficiency index is 1.05 and your total efficiency index is 0.92. Your efficiency indexes are adjusted for your case mix and for the age-sex distribution for your patients.

2002 Value of Care Pool (VCP) Distribution

2002 VALUE OF CARE POOL (VCP) DISTRIBUTION

Dr. JOHN SMITH, MD
INTERNAL MEDICINE

Blue Choice Commercial
(claims 1/1/2002 through 12/31/2002, paid through 1/31/2003)

Your contribution to Value of Care Pool:	\$10,143.15
Your specialty's VCP distribution*:	X 104.9%
Your contribution available adjusted for specialty performance:	\$10,635.09
Your Actual Value of Care Pool Distribution:	\$11,340.46
Your preventive measures 5% returned first:	\$1,957.72
Your Total Distribution:	\$13,298.18
Your VCP Distribution vs Contribution:	111.8%

Your VCP-related payments† in 2002:	\$118,869.37
Your VCP Distribution: Preventive measures @100%:	\$11,340.46
	\$46,853.52
Your total reimbursement:	\$177,063.35
Your total reimbursement as percent of fee schedule:	100.7%

Your Value of Care Distribution by Component**	Your Score	Spec Avg Score	Weight	Weight x VCP Available Contribution	Your Actual Distribution	If you had scored 4.0‡
Patient Satisfaction	4.00	3.45	20%	\$2,127.02	\$2,440.43	\$2,440.00
Screening and Preventive Measures	2.70	2.58	20%	\$2,127.02	\$2,173.97	\$3,221.00
Exceptions to Pathways	3.90	3.13	20%	\$2,127.02	\$2,620.10	\$2,687.00
Weighted Efficiency Index	3.20	3.30	40%	\$4,254.04	\$4,105.96	\$5,132.00
Totals:				\$10,635.09	\$11,340.46	\$13,480.00

* Includes gain sharing and other adjustments

† Before VCP distribution. Includes copays, excludes preventive measures

‡ Approximate values

** Each component's value is proportional to the component's weight, your score, and your contribution, compared to your specialty's scores and total contributions.

(avg) appearing after a score means you were assigned the specialty average. That would occur if your measure's sample size were too small to assess reliably, you were not on the RIPA panel for the entire 24-month profiling period, your practice pattern does not compare with others in your specialty, or you have too few patients to generate a profile.

Key Lessons Learned

Focus on overuse, misuse and underuse

Converting Cost measures to Quality measures

Conclusions

- P4P positively influences incented outcomes and the bottom line if (!)
 - A partnership is created
 - Partners agree to the goals
 - The process is trustworthy
 - The tools are actionable and clear
 - The outcomes are realistic given the size of the incentive