



MedStar Health

Employer and Health Plan P4P Programs – Bridges to Excellence: *A Physician's Perspective*

National P4P Summit

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Overview

■ Why bother?

Defining the “quality” problem and the P4P solution to obtain physician buy-in

■ Bridges to Excellence meets Washington Primary Care Physicians

■ Barriers to / unintended consequences of P4P

- Patient
- Physician
- Payer



The chasm...

- **Informational medicine is suffering**
 - Suboptimal quality
 - Too many errors
- **Not compelling to MDs**
 - “My practice is fine”
 - “What do you expect from a 7-minute office visit?”





...is growing deeper and wider

New definition of quality includes

- Decreasing unwanted variability
- Decreasing the time from “bench-to-bedside”
- Increasing (or perhaps resuming) care coordination
- Reducing / eliminating disparities in care
- Proactive population and disease management
- Shifting focus from episodic to longitudinal care
- Making health information more mobile and shareable
- Increasing involvement of the patient
- Acknowledging the necessity of reporting / transparency
- Efficiency measures
- Patient satisfaction





And what was once considered good care...

- Reactive episodic visits
- “Top-of-mind” decisions
- Paper-based ad hoc prescribing
- Non-interactive documentation
- No news = good news





...is no longer

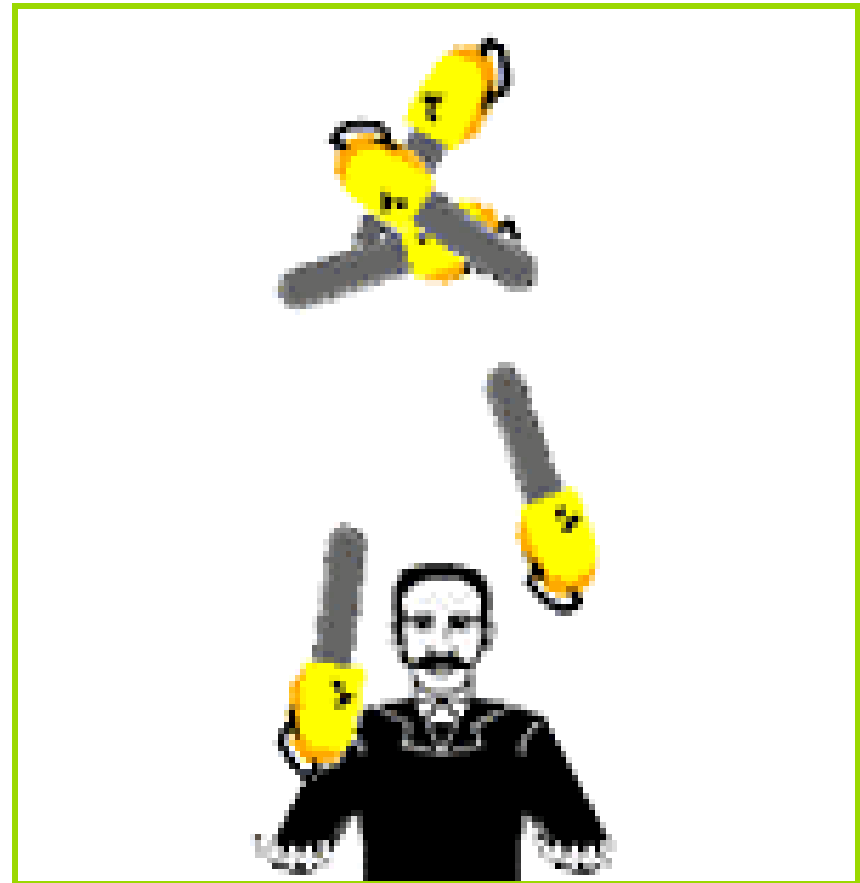
- Reactive episodic visits
- “Top-of-mind” decisions
- Paper-based ad hoc prescribing
- Non-interactive documentation
- No news = good news
- Reactive and proactive care
- Embedded CDSS / guidelines
- Knowledge-based medication management (eRx)
- Interactive documentation
- Orders loop management





Particularly when...

- **Caring for patients with**
 - Chronic disease
 - Multiple disorders
- **Attempting to follow complex guidelines in a time-efficient manner**
- **Coordinating complex medication regimens**
- **Collecting / reporting quality data to Medicare, QIOs, payers**





The solution consists of...



Bridges to Excellence

Aligning financial incentives to:

- Encourage learning / practicing new skill sets
 - Proactive care
 - Collaboration
- Encourage incremental process change / redesign
- Encourage HIT investment and optimal use
- Create a sustainable business case for information management and quality



Washington Primary Care Physicians – then,

1995

- **4-person general IM**
- **Two offices**
 - Capitol Hill (Washington, DC)
 - PG County (Maryland)
- **12 support staff**
- **Demographics**
 - 20% Medicare
 - <1% Medicaid
 - 75% Insured (non-Medicare/Medicaid)
 - ~4% self-pay
- **Drowning in paper**
- **Struggling to survive with declining reimbursements / increasing responsibilities**
- **Decision made to get an EMR**



Washington Primary Care Physicians – then, and now

1995

- 4-person general IM
- Two offices
 - Capitol Hill (Washington, DC)
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- 12 support staff
- Demographics
 - 20% Medicare
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 - 75% Insured (non-Medicare/Medicaid)
 - ~4% self-pay
- Drowning in paper
- Struggling to survive with declining reimbursements / increasing responsibilities

2005

- 6-person general IM
- One office
 - Capitol Hill (Washington, DC)
- 12 support staff
- Demographics
 - 20% Medicare
 - <1% Medicaid
 - 75% Insured (non-Medicare/Medicaid)
 - ~4% self-pay
- Drowning in information
- Surviving
- All enabled by an EMR



And after 8 years

- “Successful” implementation
- No improvement in MD productivity
- Decent improvement in efficiency
- No transcription expenses
- Better communication with patients
- Quality improving, but nowhere near where it could be

The screenshot shows a medical software interface for a patient named Peter Basch MD. The patient is 65 years old, male, and was born on 01/01/1940. The interface includes a navigation bar with 'Go', 'Actions', 'Options', and 'Help'. The main content area is divided into several sections: 'Problems' (HYPERTENSION, HYPERLIPIDEMIA, DIABETES, UNCOMPLICATED, TYPE II, PHLEBITIS), 'Medications' (HYDROCHLOROTHIAZIDE 25 MG TABS, METFORMIN HCL 500 MG TABS, COUMADIN TAB 5MG), 'Allergies' (AMOXICILLIN), 'Directives', and 'Registration Notes'. A 'Flowsheet' section for 'Enterprise/HEALTH MAINTENANCE' displays a table of vital signs and procedures. A 'Documents' section shows a document dated 06/26/2005 with the summary 'Clin Updt: Clinical Lists Update' and status 'Signed'. A 'No Photo Available' message is displayed in a grey box. The interface also includes a toolbar with various icons and an 'EXIT' button.

TEST PATIENT Patient ID: 53551-0015001 Home: None Work: None
65 Year Old Male (DOB: 01/01/1940) PCP: Peter Basch MD Insurance: Group:

Summary Problems Medications Alerts Flowsheet Orders Documents

Problems

HYPERTENSION
HYPERLIPIDEMIA
DIABETES, UNCOMPLICATED, TYPE II
PHLEBITIS

Medications

HYDROCHLOROTHIAZIDE 25 MG TABS (HYDROCHLOROTHIAZIDE)
METFORMIN HCL 500 MG TABS (METFORMIN HCL) 1 bid
COUMADIN TAB 5MG (WARFARIN SODIUM) 1 qd

Allergies

AMOXICILLIN

Directives

Registration Notes

Flowsheet: Enterprise/HEALTH MAINTENANCE

	Date	Value
COMPPHYSICAL		
HEIGHT		
WEIGHT		
TEMP ORAL		
BP SYSTOLIC	06/26/2005	140
BP DIASTOLIC	06/26/2005	90
PULSE RATE	06/26/2005	78
EKG		
EKG INTERP		
SIGMOID		
COLONOSCOPY		

Documents: All

Date	Summary	Status
06/26/2005	Clin Updt: Clinical Lists Update	Signed

No Photo Available

For Help, press F1



An opportunity emerges

- **CareFirst adopts a pilot of the BTE program**
- **CareFirst is willing to enroll a few practices that already have EMRs, but are not using them optimally for practice improvement**
- **Our business case for quality**
 - Up to \$100,000/yr for 3 years
 - Not to maintain the status quo
- **I buy some additional software and plan for process redesign**



CDS for providers

Go Actions Options Help

TEST PATIENT
65 Year Old Male (DOB: 01/11/1944)

Diabetes Q&E-CCC: TEST PATIENT

Hx Exam Diabetes Self Ed **Diabetes Tx** Insulin

Diabetic drug class(s) patient is taking:

Insulin	None
Sulfonylurea	None
Biguanides (Glucophage)	<input checked="" type="checkbox"/>
Thiazolidinedione	
Alpha-GI	
Meglitinide	

Values CHECKED IN RED have been extracted from data in patient's chart. These values cannot be changed unless the appropriate chart data is changed first.

Current HYPERTENSION & DIABETES medications ONLY listed below.
Go to Medication List to view ALL of patient's medications.

Therapeutic Recommendations:

- 1) No Blood Pressure recorded yet as of this visit. You may enter this on the EXAM Page of this form.
- 2) No BP Goal has been recorded. You may enter this on the EXAM Page of this form.
- 3) Consider entering patient into a Diabetic Education Program.
- 4) Patient is on Glucophage and no liver function tests have been done. Consider ordering this NOW and annually (or as needed).
- 5) Patient has an LDL cholesterol > 100. Consider starting a lipid lowering agent to get LDL below 100 if diet alone does not seem to be working.
- 6) Patient has a diagnosis of Diabetes and is not currently on an ACE-I or ARB. Should this be considered?
- 7) Since the patient is Diabetic, the following are now due:
 - Urine Microalbumin
 - Diabetic Eye Exam
 - Foot exam needs to be completed for this visit
 - Pneumovax

BP: No

BP Goal: Not Recorded

Insulin Sulfonylurea **Biguanide** Glitazones Alpha-G-I Meglitinide Lipid Meds Aspirin Med List

Diuretic Potassium B-blocker ACE-I ARB Ca-blocker A-blocker-C A-blocker-P Vasodilator

HPI ACV PMH FH-SH Risk Factors ROS PE Problems CPOE A/P Instructions/Plan Copyright

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

For Help, press F1



CDS for patients

Go Actions Options Help



TEST PATIENT 65 Year Old Male (DOB: 01/01/1940)

Diabetes Q&E-CCC: TEST PATIENT

Hx Exam **Diabetes Self Ed** Diabetes Tx Insulin

Click ? Action Buttons to review Diabetes Self Education Topics with Patient

? **Today's Blood Pressure** None Recorded

No Blood Pressure recorded this visit. ENTER NOW!

? **Most Recent HgA1c** 7.8 (06/26/2005) Next due **09/24/2005**

Hemoglobin A1C in the 7 -- 8 range is acceptable, with a goal of less than 7.

? **Most Recent Microalbumin** None Recorded Next due **now**

Consider ordering this test yearly as long as urine dipstick protein remains negative.

? **Last Dilated Eye Exam** None Recorded Next due **now**

Dilated eye exams should be done yearly.

? **Last Influenza Vaccine** None Recorded Next due **Each fall / winter**

Diabetics should have an annual influenza immunization.

? **Last Pneumovax** None Recorded Next due **now**

Initial Pneumovax vaccine recommended unless contraindicated.

? **Last Lipid Panel** 06/26/2005 Next due **06/26/2006**

Last Chol. 200 Last LDL 135 Last HDL 40 Last Trig. none

Goals:

Consider interventions to lower LDL cholesterol. HDL goal has been met.

CCC-Wired.MD Patient Education Videos

Language

Video Time

- ?
- ?
- ?
- ?
- ?
- ?
- ?
- ?

Click to Print Handouts

Click to go to Diabetes Links

-
-
-
-

Summary Problem

Doc ID: 2 Propert

Summary:

- HPI-CCC
- Lipid Q&E-CCC
- Hypertension Q&E-CCC
- Diabetes Q&E-CCC
- CPOE-Anticoagulation
- PMH-CCC
- FH-SH-CCC
- Risk Factors-CCC
- ROS-CCC
- Adult Vital Signs-CCC
- PE-CCC
- Problems-CCC
- CPOE A&P-CCC
- Patient Instructions-C
- E&M Advisor



CDS between visits

PMG - Diabetes Prevention Registry - Microsoft Internet Explorer

File Edit View Favorites Tools Help
Back Forward Stop Home Search Favorites Refresh Print Mail New Tab Close
Address http://columbia.phsor.org/DiseaseRegistryDiabetesDemo/DiabetesMain.aspx Go Links

Providence Medical Group Diabetes Registry

Patent Pending

User: Doctor A MD

- Performance Feedback
- Diagnosis
- Treatment**
- Drug Monitoring
- Screening
- Resources
- Help
- Main

[Instructions](#)

- Logout
- Print ALL Patients
- Print Checked Patients

Patients	Date of Birth	LDL	BP	A1c	ASA	Last Visit	Next Appt.	Print
Patient 1	02/05/1957	89	98/64	7.6		04/20/2004		<input type="checkbox"/>
Patient 10	03/15/1935	OVERDUE	128/56	7.6		02/19/2004		<input type="checkbox"/>
Patient 107	05/20/1934	121	126/62	6.8		03/29/2004		<input type="checkbox"/>
Patient 108	05/20/1949	93	136/74	6.7		04/09/2004		<input type="checkbox"/>
Patient 109	03/30/1936	132	122/70	6.7		03/23/2004		<input type="checkbox"/>
Patient 11	10/07/1957	100	120/82	7.3		01/28/2004		<input type="checkbox"/>
Patient 110	07/23/1938	OVERDUE	124/70	6.6		12/01/2003		<input type="checkbox"/>
Patient 112	08/01/1932	86	92/62	6		04/13/2004		<input type="checkbox"/>
Patient 113	10/21/1942	147	110/60	10.9		02/27/2004		<input type="checkbox"/>
Patient 114	04/04/1968	90	114/70	6.5		04/14/2004		<input type="checkbox"/>
Patient 115	05/20/1947	152	124/84	6.9		11/21/2003		<input type="checkbox"/>
Patient 116	06/03/1941	131	130/80	10.5		04/14/2004		<input type="checkbox"/>
Patient 12	10/16/1957	137	142/84	10.1		04/16/2004		<input type="checkbox"/>



Plans to integrate eCare*

Send Blood Sugars to My Doctor - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites Print Mail Word PDF Links

Address <https://secure.yourdoc.net/Portal/eForms/Send+Blood+Sugars+to+My+Doctor/default.aspx> Go

Google Search Web PageRank 59 blocked AutoFill Options

Logout | Edit sample's Profile Search: Go

PatientCare Family Clinic

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Section Links

- eForms
- New Patient Histories
- Review of Systems
- Send Weight and BP to My Doctor
- Home Asthma Readings
- Send Blood Sugars to My Doctor

New Section

1	HOME FASTING My Blood Sugar Range at home first thing in the morning is	<input type="text"/>
2	HOME BREAKFAST My Blood Sugar Range at home after breakfast is	<input type="text"/>
3	HOME LUNCH My Blood Sugar Range at home after lunch is	<input type="text"/>
4	HOME BEDTIME My Blood Sugar Range at home at bedtime is	<input type="text"/>

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***Assuming it becomes reimbursable or paid for as part of a subscription fee**

Internet



Potential problems with P4P

■ For patients

- Cherry picking
- Patient dumping
- The return of medical paternalism

■ For physicians

- Mistrust of data
- “Shell game” with dollars
- Further deprofessionalization

■ For payers

- Measurement mania clouds common sense



Summary

- **Defining the quality problem and P4P solution appropriately is essential for physician buy-in**
 - Labeling practice as “bad” is not effective
- **P4P should incent the outcomes we wish to see, and should not be so narrow that we see nothing else**
 - BTE is an excellent start, however...
 - Still need long-term solution that create a sustainable business case for information management and quality
 - ▶ Makes advanced EMR purchase a wise investment
 - ▶ Makes it more likely that the EMR will be used to support system level change / transformation
- **Moving towards P4P is not without risk, but if done thoughtfully, is far less risky than continuing our current payment system**