

## 4.05 Concurrent Sessions IV

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### Media's Role in Pay for Performance: Providing Information Platforms That Facilitate Program Improvements"

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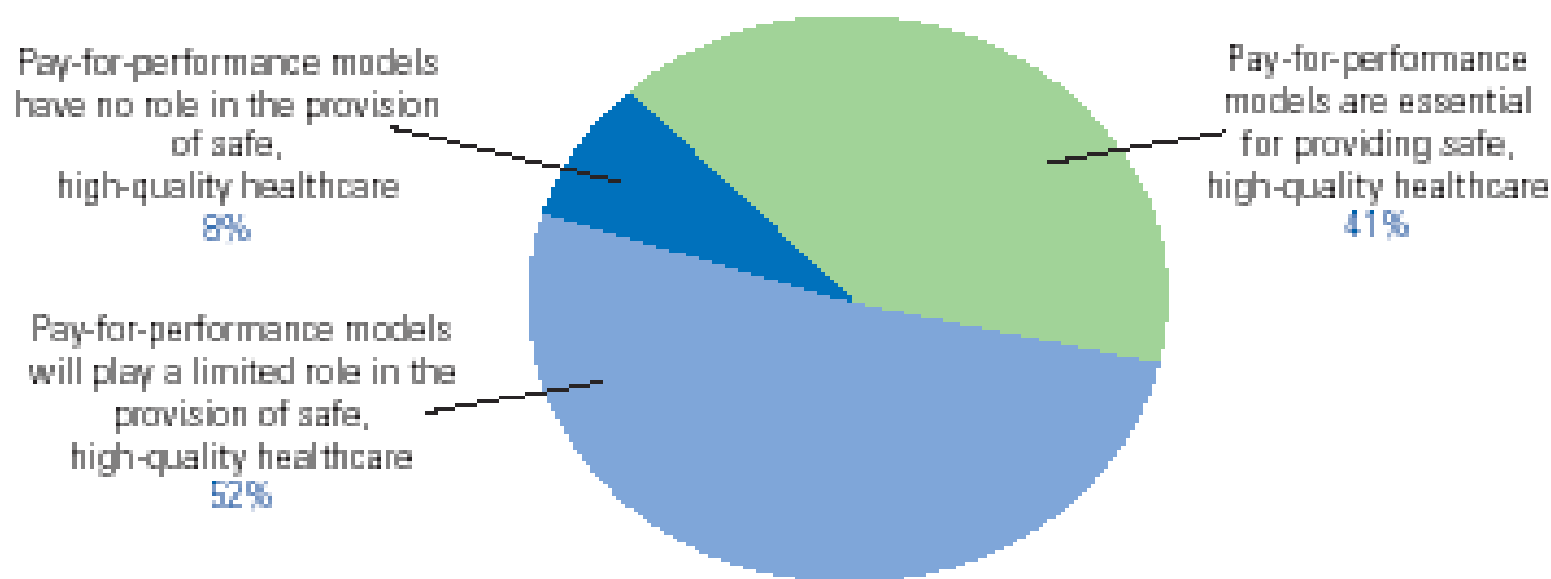
# Agenda

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- Introductions
- P4P Model Challenges and Success Factors
- The Physician's Perspective of P4P
- The Role of Media in P4P
- Q&A

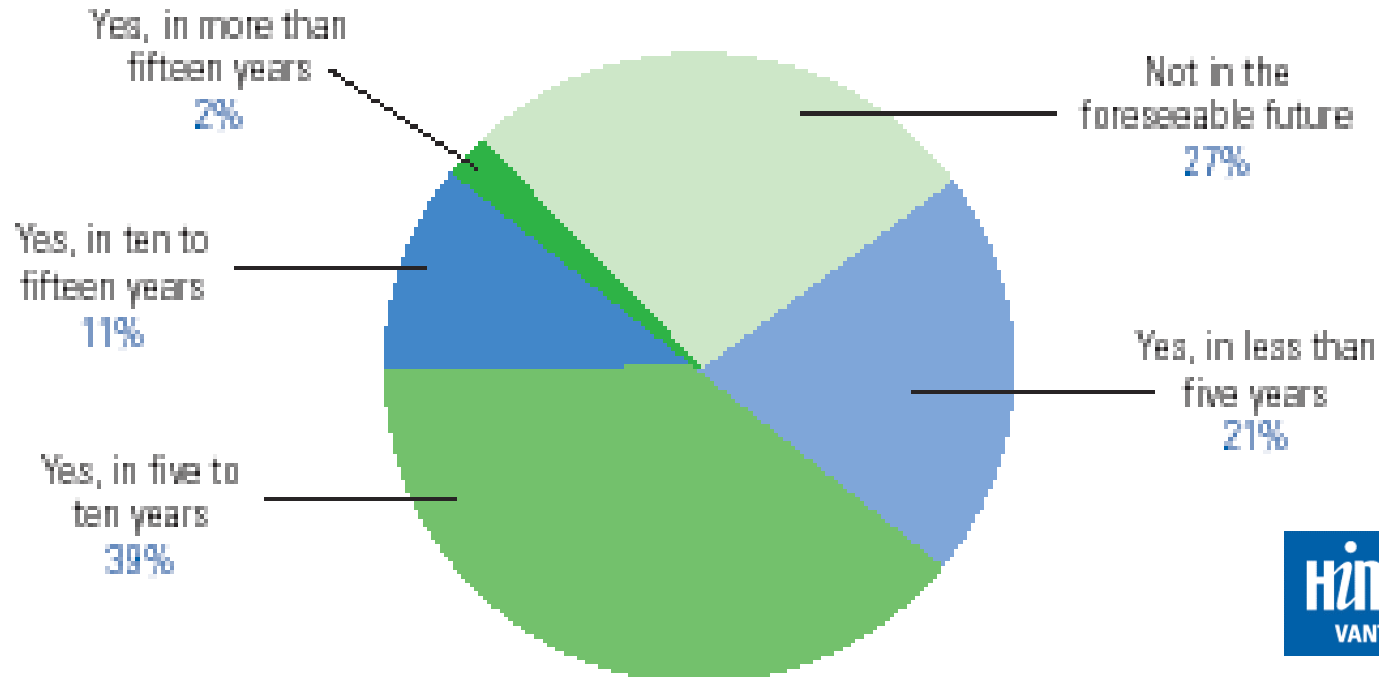
# Role of Pay-for-Performance in Healthcare Delivery

Half of survey respondents indicate that pay-for-performance models will play a limited role in the provision of safe, high-quality healthcare; another 40 percent indicate that pay-for-performance models will be essential to the provision of safe, high-quality healthcare in the United States.



# Pay-for-Performance Models will be the Norm for Healthcare Delivery in the U.S.

Three-quarters of respondents indicate that pay-for-performance models will become the norm for healthcare delivery in the United States. Approximately 20 percent indicate that this will take place within the next five years, while another 40 percent indicate that pay-for-performance models will become the norm in five to ten years.



# P4P: What it Should Be

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- Accountability that measures the performance
- Rewards those following clinical guidelines and achieving positive clinical outcomes.
- Designed to achieve excellent outcomes in a cost-effective manner.
- Best practices model that identifies the ingredients for best quality care and sets the bar for other physicians to reach.

# Keys to P4P Program Success

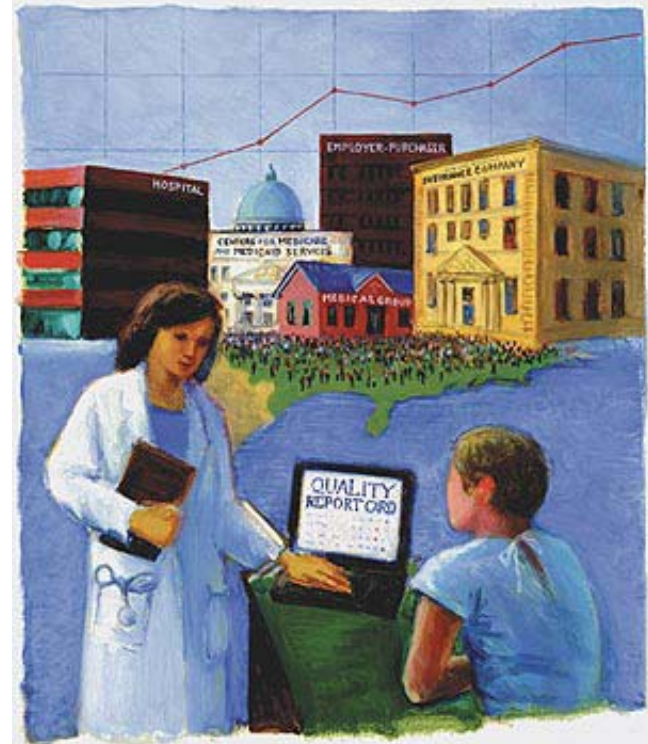
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1. Program design must reflect the business case
2. The performance metrics must be valid and credible
3. The data collection and analysis must be rigorous and reliable
4. The incentive structure must be influential and goal-aligned
5. The program must be managed efficiently and even-handedly

# Media Facilitates Dialogue for Standards & Performance

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- Plans to develop and adopt development measures is critical element with which to base payments for services.
- Media provides credible platform for evidence-based communications.
- Streamlined and coordinated to ease regulatory burden.



# Evidence-based Metrics in P4P

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- Metrics can improve standards
- Make physicians accountable for meeting, exceeding standards.
- Geneva Study (Annals of Internal Medicine)
  - 61% wash hands when they know someone watching
    - 44% if they think no one is watching.





# Quality Indicator “Report Card”

**Table 5.** Adherence to Quality Indicators, According to Condition.<sup>a</sup>

Condition	No. of Indicators	No. of Participants Eligible	Total No. of Times Indicator Eligibility Was Met	Percentage of Recommended Care Received (95% CI)
Senile cataract	10	159	602	78.7 (73.3–84.2)
Breast cancer	9	192	202	75.7 (69.9–81.4)
Prenatal care	39	134	2920	73.0 (69.5–76.6)
Low back pain	6	489	3391	68.5 (66.4–70.5)
Coronary artery disease	37	410	2083	68.0 (64.2–71.8)
Hypertension	27	1973	6643	64.7 (62.6–66.7)
Congestive heart failure	36	104	1438	63.9 (55.4–72.4)
Cerebrovascular disease	10	101	210	59.1 (49.7–68.4)
Chronic obstructive pulmonary disease	20	169	1340	58.0 (51.7–64.4)
Depression	14	770	3011	57.7 (55.2–60.2)
Orthopedic conditions	10	302	590	57.2 (50.8–63.7)
Osteoarthritis	3	598	648	57.3 (53.9–60.7)
Colorectal cancer	12	231	329	53.9 (47.5–60.4)
Asthma	25	260	2332	53.5 (50.0–57.0)
Benign prostatic hyperplasia	5	138	147	53.0 (43.6–62.5)

## Good News (Top 1/3<sup>rd</sup>)

- Cataract 78.7%
- Low Back Pain 68.5%

## Moderate Performance (50%+)

- Hypertension 64.7%
- COPD 58.0%

# Where We Struggle

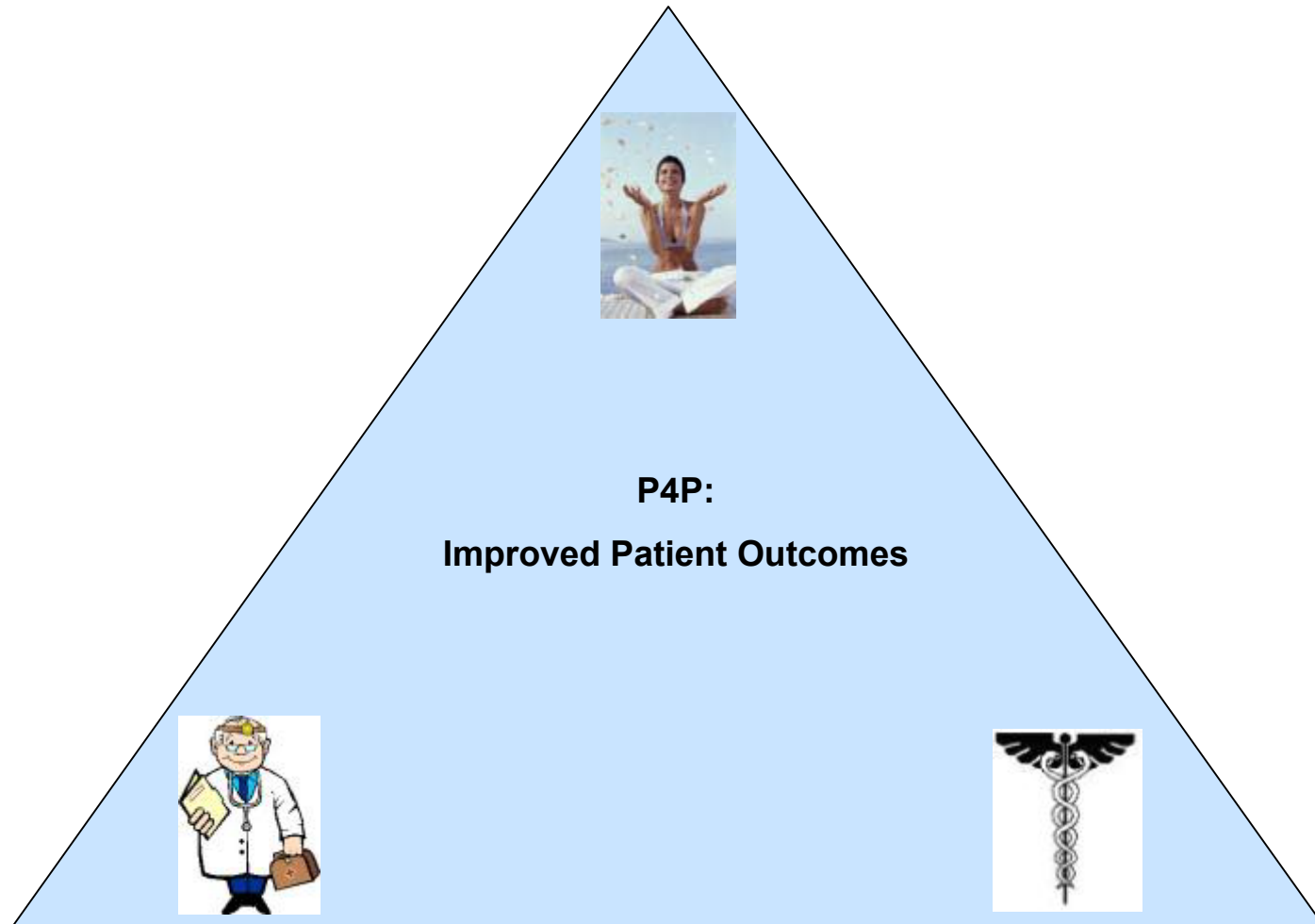
- Barely one-half of patients receive the benefit of consistent, evidence-based treatment practices (2003 Study New England Journal of Medicine)
- Patients 65 years and older receive recommended care only about 1/3 of the time (Rand Corp / Annals of Internal Medicine)
- Example: Nearly half of all diabetes patients do not receive an annual A1C test

**Table 5.** Adherence to Quality Indicators, According to Condition.<sup>a</sup>

Condition	No. of Indicators	No. of Participants Eligible	Total No. of Times Indicator Eligibility Was Met	Percentage of Recommended Care Received (95% CI)
Hyperlipidemia	7	519	643	48.6 (44.1–53.2)
Diabetes mellitus	13	488	2952	45.4 (42.7–48.3)
Headache	21	712	8125	45.2 (43.1–47.2)
Urinary tract infection	13	459	1216	40.7 (37.3–44.1)
Community-acquired pneumonia	5	144	291	39.0 (32.1–45.8)
Sexually transmitted diseases or vaginitis	26	410	2146	36.7 (33.8–39.6)
Dyspepsia and peptic ulcer disease	8	278	287	32.7 (26.4–39.1)
Atrial fibrillation	10	100	407	24.7 (18.4–30.9)
Hip fracture	9	110	167	22.8 (6.2–39.5)
Alcohol dependence	5	280	1036	10.5 (6.8–14.6)

# A Common Mission Among Key Stakeholders

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# John Marlow, MD

## The Physician's Perspective

# The Physician's Perspective of P4P

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- Incentives
- Physicians role
- Fairness
- Administration
- Managed Care & Media's Role
- “The Art of Medicine”

# The Physician's Perspective of P4P

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- Incentives that matter
  - Involve physicians in early planning phase
  - Communicating quality improvement demands is key
  - Incentives need to be at least \$5000 per physician, or
  - As high as 10% of a physician's income
  - Additional staffing & support infrastructure can motivate physicians to hit quality targets

(Source: Robert Wood Johnson P4P Study)

# The Physician's Perspective of P4P

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- Physicians as partners
  - MD's want to be involved
  - Guidelines are a springboard to excellence
- Use real quality measures
  - Timeliness & accuracy of making correct diagnoses
  - Timeliness & appropriateness of lab & imaging tests
    - To confirm diagnoses, not to make them
  - Timeliness & appropriateness of referrals
  - Appropriateness of meds
  - Identifying medication side effects
  - Preventative care counseling
  - Physician-patient communication

# The Physician's Perspective of P4P

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- Fairness takes into account
  - Severity – Use of “nature of presenting problem” sets the bar
    - CPT recommends its (Appendix C)
    - E&M Coding helps you use it (Item 4)
  - Patient role & responsibility
    - Measure things that patients can control
    - Contract for compliance



# The Physician's Perspective of P4P

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- Administration = Less hassle + Useful Information
  - To implement
  - Means reduced cost
  - Optimize the use of technology (Real-time Report Cards)
    - Intelligent EMR's - with a push of a button tell me:
    - How are all my patients doing
    - How is this patient doing with respect to all of my patients
    - How is this patient doing with respect to “best case”

# The Physician's Perspective of P4P

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- Managed Care's Role
  - Coordinate your formulary with my EMR
  - Issue patient guidelines
    - Preventive Care
    - Self Care
    - Referral Criteria
- Media's Role
  - Go beyond adversarial reporting
    - Get us the info we need
    - Resolve the conflict
  - Facilitate the dialogue between key parties
    - Specialty Societies & Academia & The Field

# The Physician's Perspective of P4P

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- “The Art of Medicine” realized
  - Price of entry (The “MD Degree”) is
    - Knowledge
    - Technical skill
  - The “Art” is in finding the “edge”
    - Focus
    - Consistency
    - Aggressiveness
    - Inventiveness
  - “The subtleties of medical decision making can be identified and learned” (Don Berwick)

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# Andy Weissberg

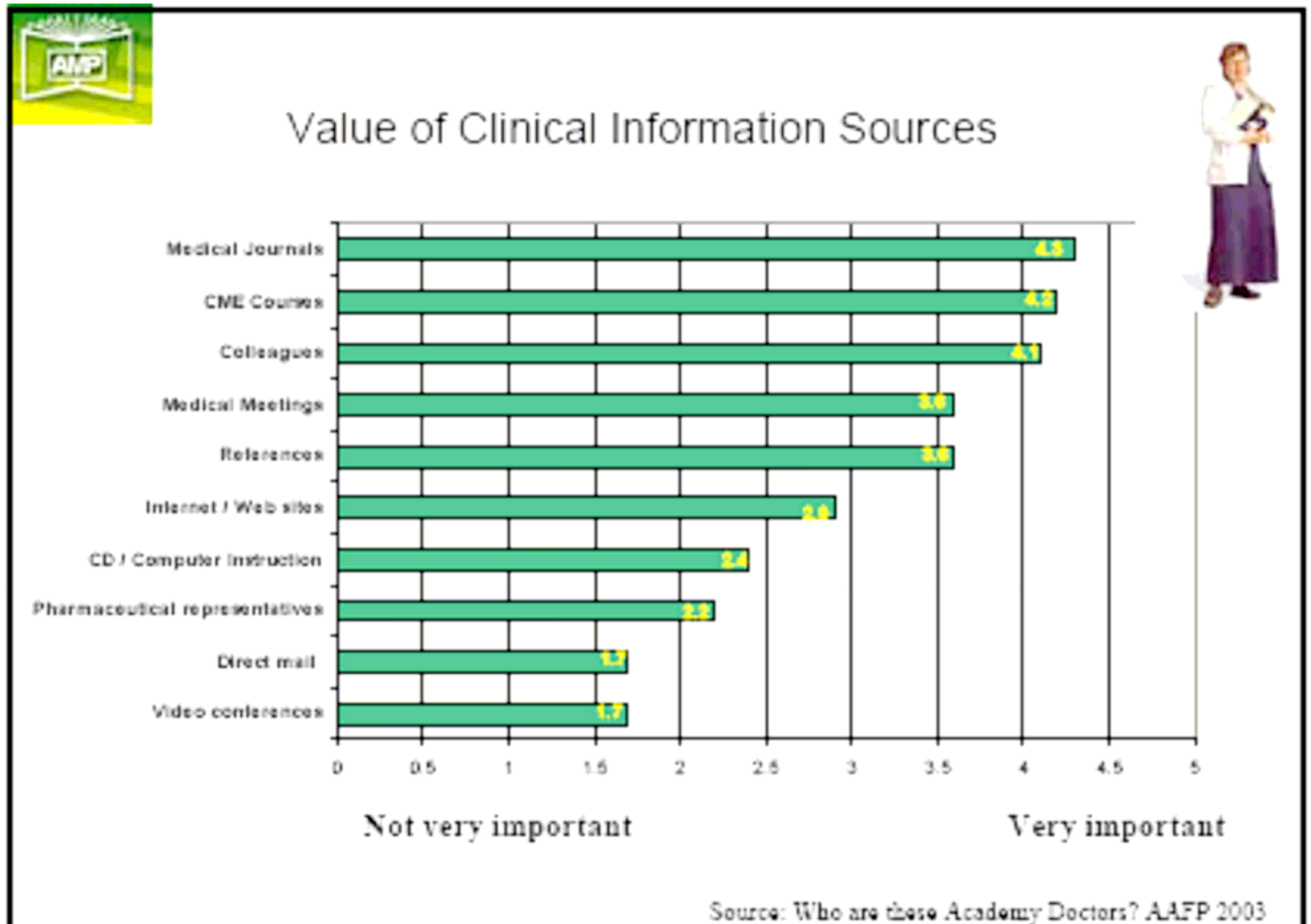
## Media Platform Solutions

# How the Media Helps Influence P4P Success

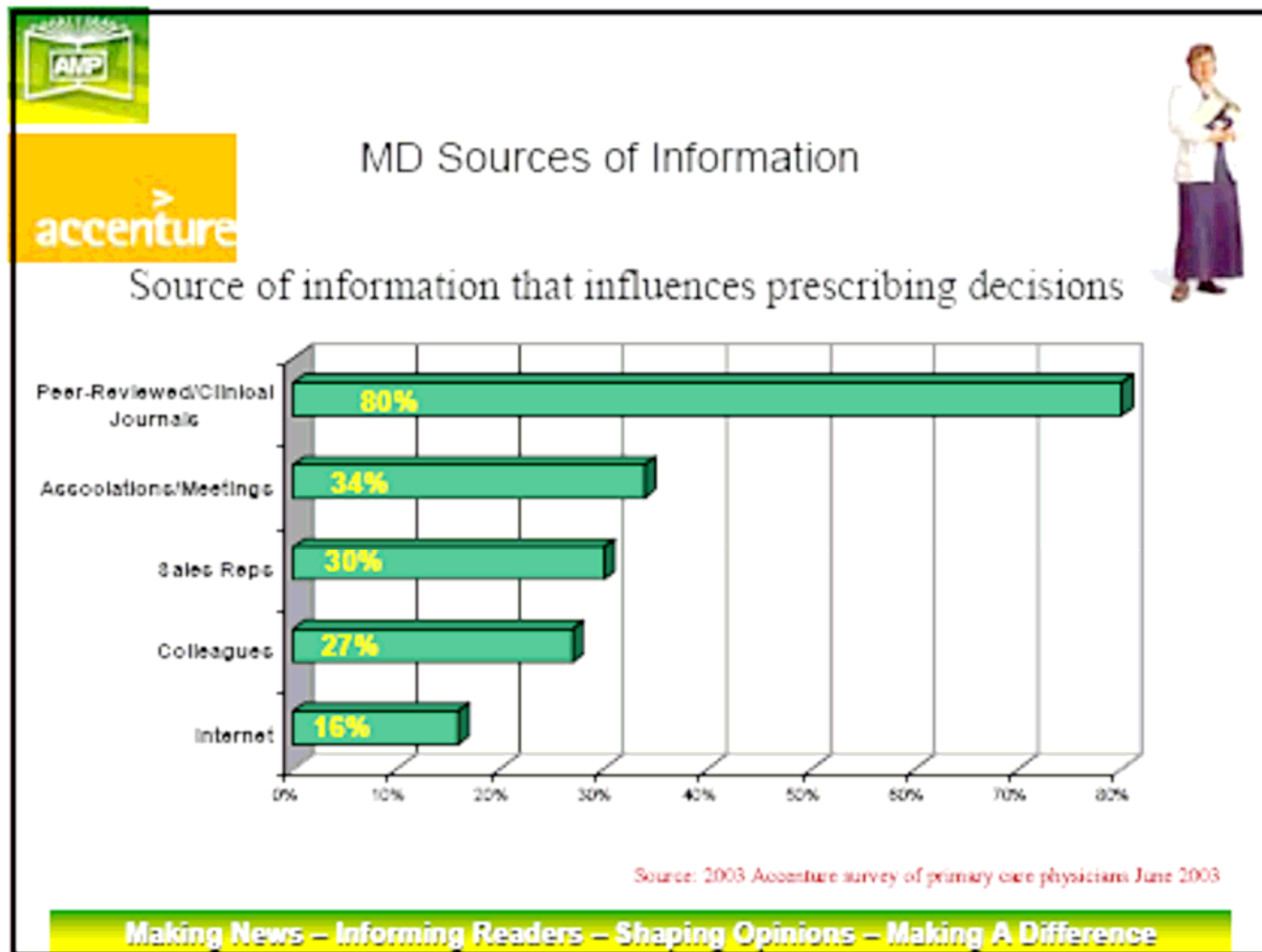
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- Non-biased in its' outlook
- Understands beyond physician and the managed care perspectives (formulary and pharmacology)
- Serve as an objective and moderating influence in guiding different interests towards the promise of improved patient care.
- Promote adoption of EMR technologies
- Communicate best practices that are evidence-based
- Provide platforms for two-way dialogue and consensus-building
- Education programs for patients whose compliance partially dictates P4P metrics
- Serves wellness program interests of large employers

# Value of Clinical Information Sources

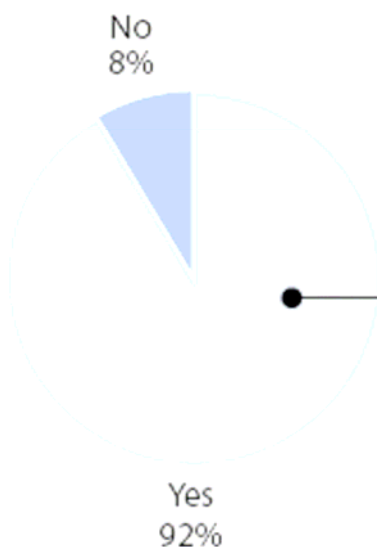


# How the Media Helps Influence Care Decisions

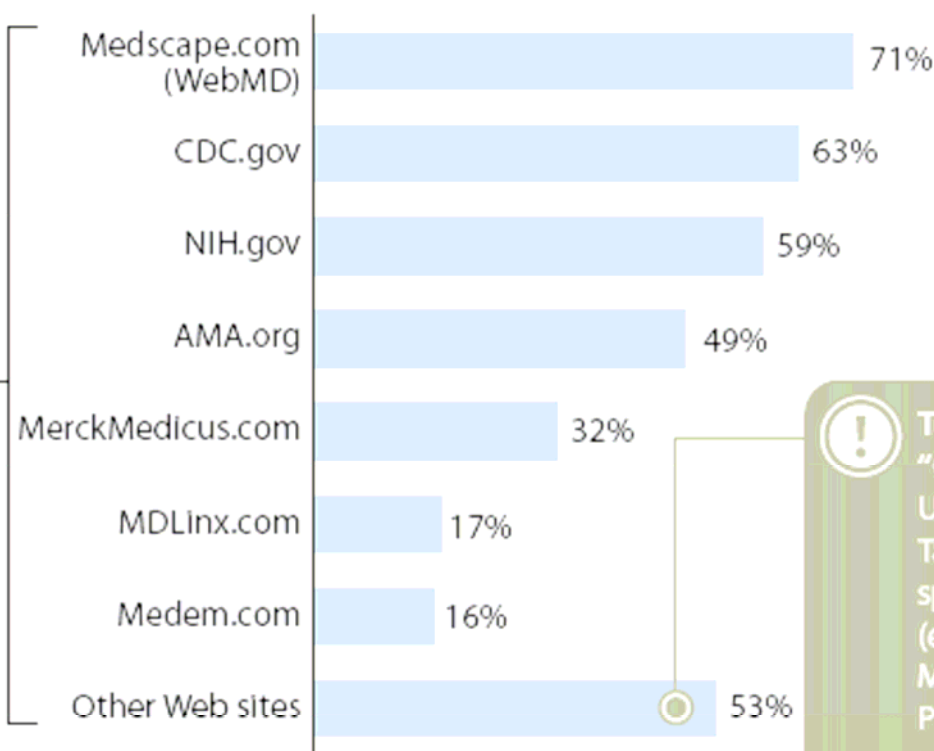


**Figure 1** Nine Out Of 10 Physicians Turn To The Web For Clinical Information

Have you visited any Web sites for clinical information?



Which of the following Web sites have you visited for clinical information?



**Top visited "Other" sites:**

Up To Date: 14%  
Targeted medical specialty sites (e.g., AAFP.org): 10%  
MDConsult: 9%  
PubMed (NLM): 7%  
eMedicine: 4%  
Medline: 2%  
Epocrates: 1%  
OVID: 1%

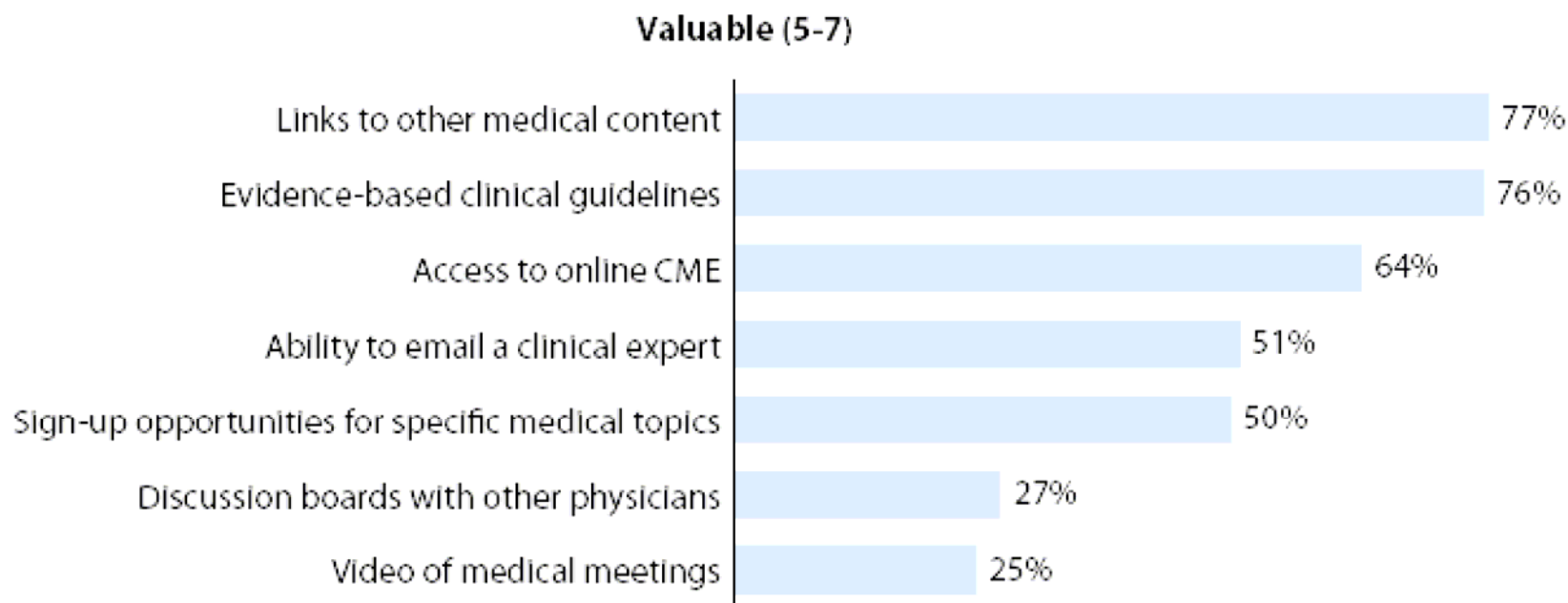
**FORRESTER**

Base: US online physicians  
(multiple responses accepted)



**Figure 2** Clinical Content Sites Draw MDs With Comprehensive Information, Clinical Guidelines

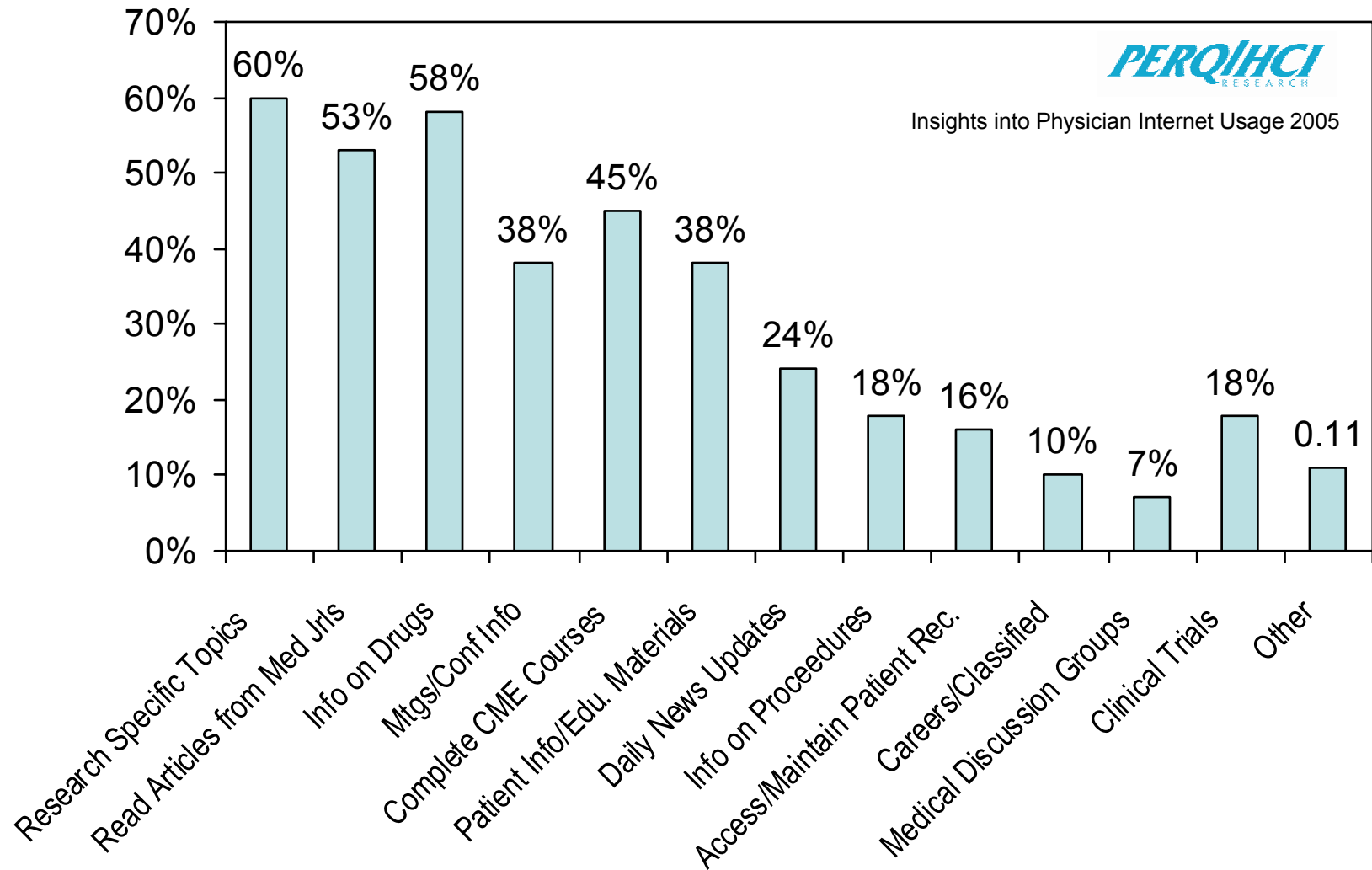
**2-1** "How valuable do you find the following online features at medical content sites?"



**FORRESTER**

Base: US online physicians visiting a Web site for clinical information  
(Scale of 1 [not at all valuable] to 7 [extremely valuable])

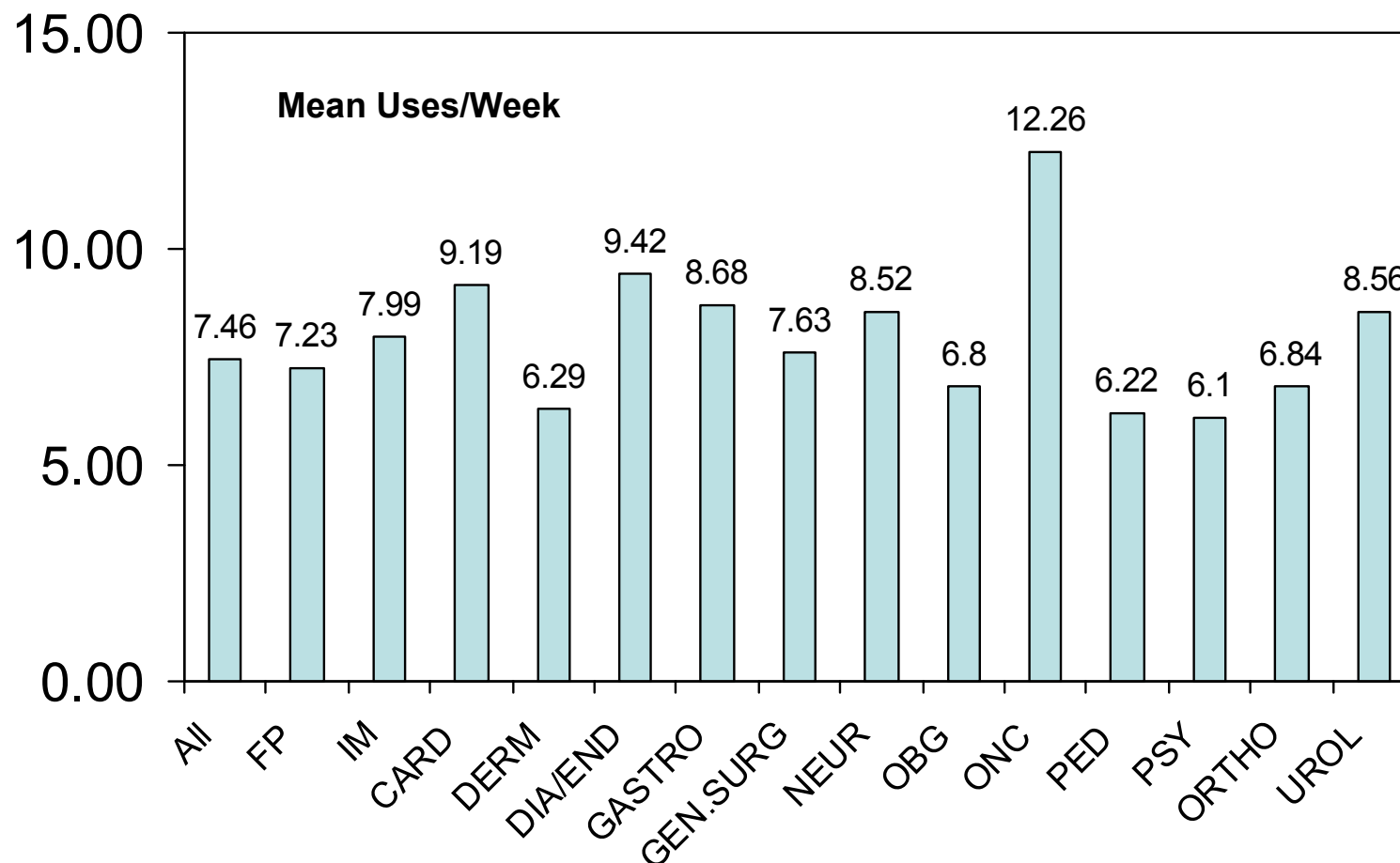
# How Physicians Using the Internet



# Frequency of Net Usage for Professional Purposes



Insights into Physician Internet Usage 2005



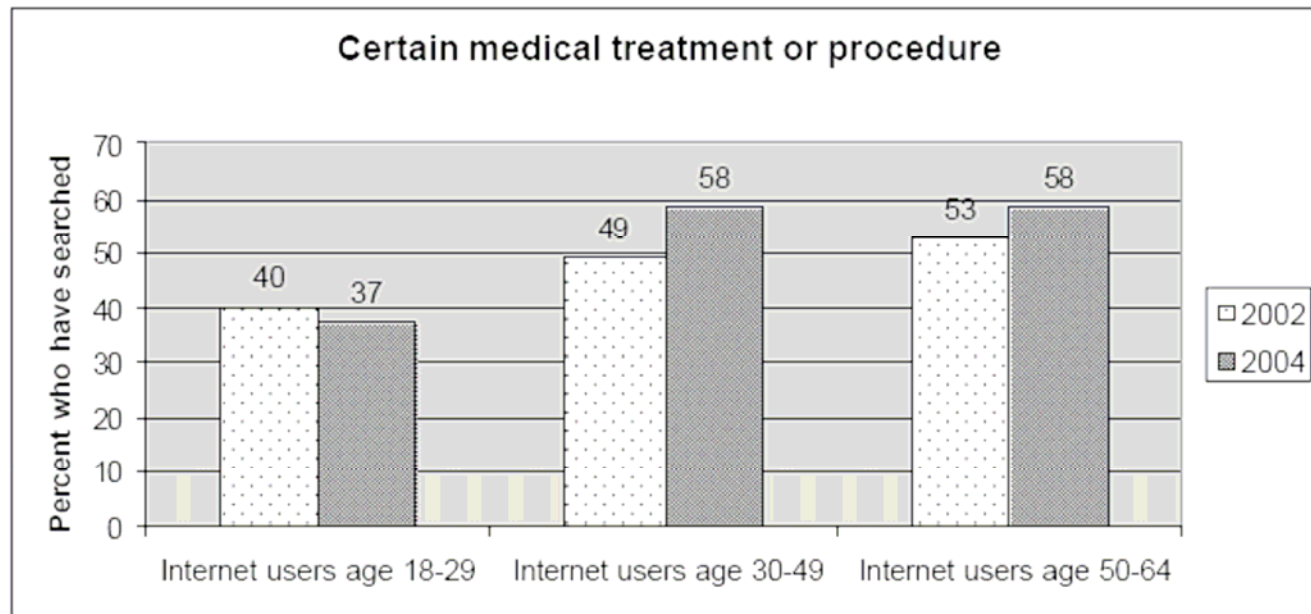
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# Pay for Performance: Media and the Consumer

Increase market competition, informed choice, and patient compliance by enabling consumers to identify effective/efficient providers in understandable, real time, comprehensive formats through accessible web portals and other communication mediums.

# Consumers and Patients Online

- Eight in ten internet users have looked for health information online, with increased interest in diet, fitness, drugs, health insurance, experimental treatments, and particular doctors and hospitals.
  - Pew Report May 2005



## Health Topics Searched Online

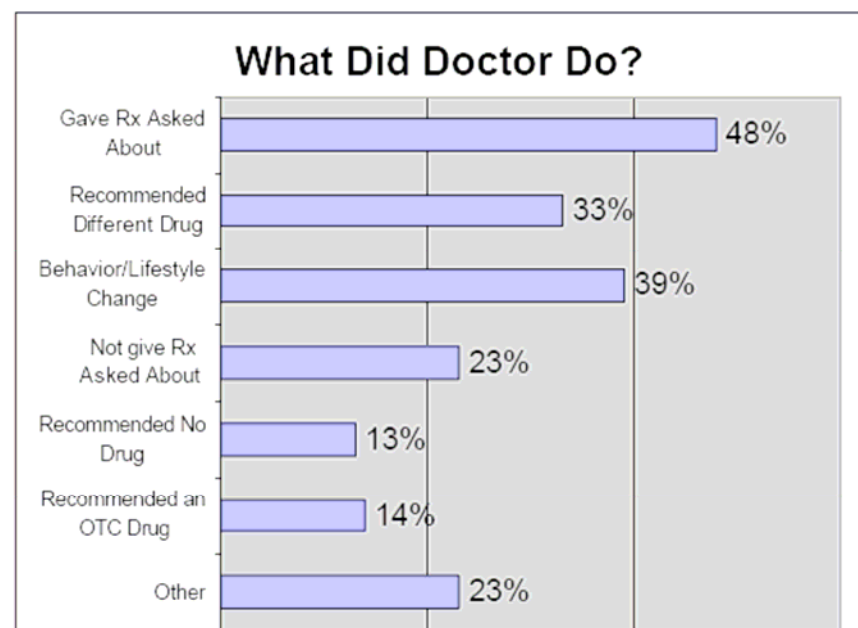
The typical health seeker has searched for 5 topics. About a third of health seekers have searched for 7 or more topics. Significant differences are marked with bold/blue type.

Health Topic	Internet Users Who Have Searched for Info on It (%)	
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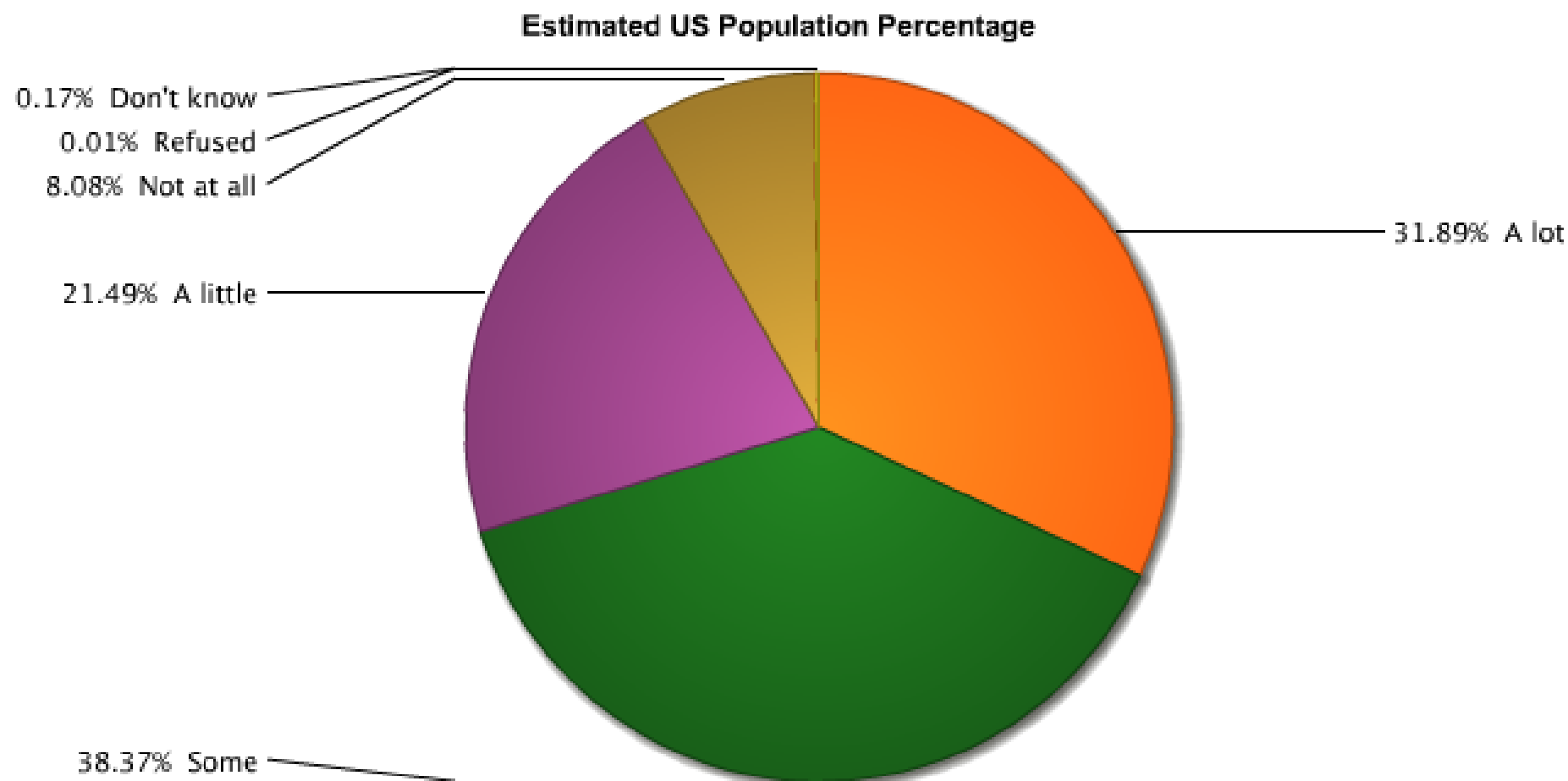
	2002	2004
Specific disease or medical problem	63%	66%
Certain medical treatment or procedure	47	51
<b>Diet, nutrition, vitamins, or nutritional supplements</b>	<b>44</b>	<b>51</b>
<b>Exercise or fitness</b>	<b>36</b>	<b>42</b>
<b>Prescription or over-the-counter drugs</b>	<b>34</b>	<b>40</b>
<b>Health insurance</b>	<b>25</b>	<b>31</b>
Alternative treatments or medicines	28	30
<b>A particular doctor or hospital</b>	<b>21</b>	<b>28</b>
Depression, anxiety, stress, or mental health issues	21	23
<b>Experimental treatments or medicines</b>	<b>18</b>	<b>23</b>
Environmental health hazards	17	18
Immunizations or vaccinations	13	16
Sexual health information	10	11
Medicare or Medicaid	9	11
Problems with drugs or alcohol	8	8
How to quit smoking	6	7

# DTC Advertising (DTCA) & Patient Compliance

- 76% consumers felt DTC advertisements allowed them to become more involved in their own health care.
  - Prevention Magazine 1999
- 26% MDs / 25% consumers agree that DTCA improves patient compliance with physician-directed treatment.
  - 2000 Scott-Levin survey



**How much attention do you pay to information about health or medical topics on TV? Would you say a lot, some, a little, or not at all?**



Health Information National Trend Survey (HINTS) ([cancercontrol.cancer.gov/hints](http://cancercontrol.cancer.gov/hints)) HINTS I Database, National Cancer Institute, DCCPS, Behavioral Research Program, Health Communication and Informatics Research Branch, released June 2004, based on the April 2003 data collection.



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# Recommendations for P4P Interaction and Program Communications

Leveraging All Available Media Platforms

# Media: “Partners in Performance”

- Empower physicians with tools and resources for patient compliance/persistence
  - Printable patient education handouts
  - Online HRAs, health management & decision-support tools
- Issue evidence-based P4P success stories and case studies
  - Program credibility
  - Reinforcement



## Hill Physicians Medical Group outshines California's pay-for-performance program

Although a recent article in the *Wall Street Journal* described many companies' efforts to link employees' performance to their salaries as "lackluster," Hill Physicians Medical Group in San Ramon, Calif., has reason to crow. The group, with more than 2,100 physicians, paid those physicians \$12 million in bonuses. Included in the distribution was \$5.6 million that the group received from the statewide Pay for Performance Initiative. The Hill bonuses are calculated using a series of clinical and service indicators that measure results.

"Hill paid out twice the amount as the state plan because the medical group program is older and more mature," says Steve McDermott, Hill's CEO.

difficulty. That's because medical groups expected about a 9 percent increase in capitation rates but, through the program, insurers were only offering 6 percent, with the bonus making up the difference. But after nearly two years of experience, most medical groups support the statewide program.

Hill took pay for performance further, says McDermott: "Health plans should budget a fixed amount for pay for performance independent of capitation negotiations. Purchasers should build it into their negotiations with plans, so when plans ask for a rate increase from purchasers, pur-

chasers can identify a certain portion for pay-for-performance funding. For medical groups, a certain portion of pay-for-performance earnings should be set aside for internal programs," says McDermott.

McDermott advises other medical groups contemplating compensation schemes to use performance indicators, but to adapt and build the program gradually. "The danger is taking a good idea like this and trying to execute it overnight. It's a matter of building this gradually to create comfort and trust in the physicians as to the reliability of the data set and the appropriateness of the metrics."

**Pay for performance revenue and payments**  
(millions)

**BlueCross BlueShield  
of Florida**An Independent Licensee of the  
Blue Cross and Blue Shield Association,  
Serving Florida and Residents of Florida

## Practice Guidelines

We applaud the role you play in our members' health. To support your efforts and continuously improve the satisfaction of our members, we have adopted national practice parameters for disease management. Our goal in adopting national parameters is to help our members attain optimal quality of life. The parameters are provided to physicians for use as guidelines to assist them in clinical decision-making, and are not intended to be rigid standards.

- [Diabetes Practice Guidelines](#)
- [Congestive Heart Failure Practice Guidelines](#)
- [Asthma Practice Guidelines](#)
- [Major Depression Practice Guidelines](#)

**SEARCH****GO**

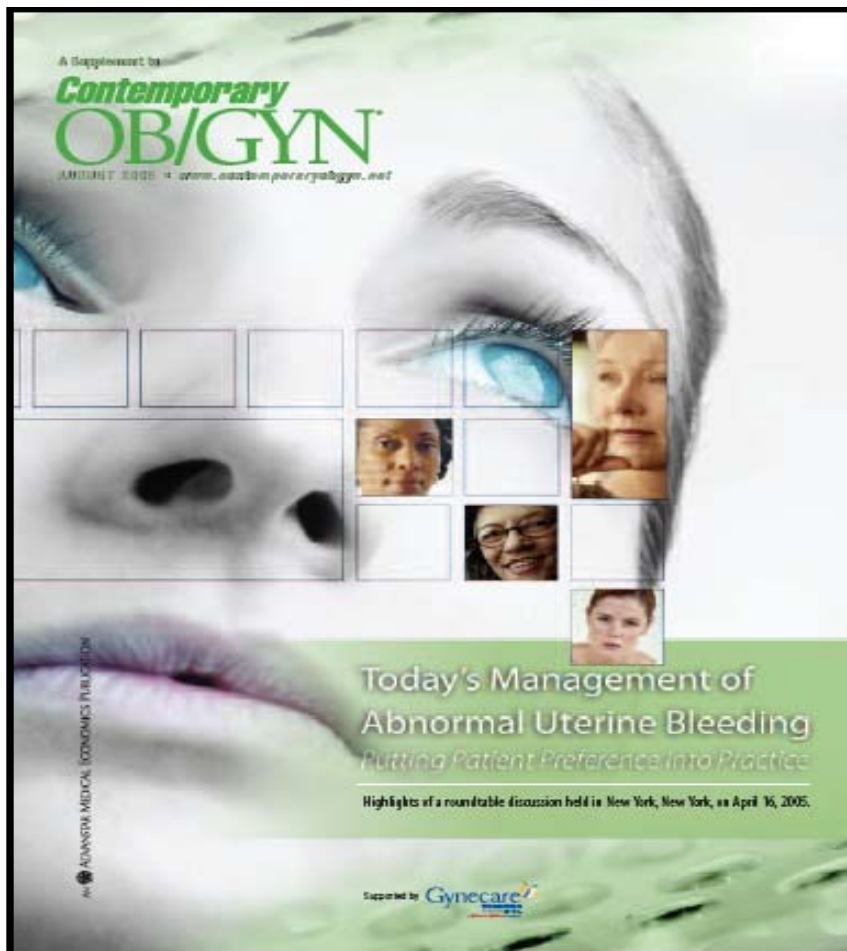
- ☉ By Disease/Condition
- ☉ By Healthplan

### Evidence-based Guidelines

Department of Health and Human Services • National Institutes of Health  
**National Heart, Lung, and Blood Institute**  
PEOPLE • SCIENCE • HOPE

# Special DTP and Patient Education Supplements

A Supplement to  
**Contemporary  
OB/GYN**  
JANUARY 2006 • [www.modernmedicine.com](http://www.modernmedicine.com)



**Today's Management of  
Abnormal Uterine Bleeding**  
*Putting Patient Preference into Practice*

Highlights of a roundtable discussion held in New York, New York, on April 16, 2005.

Supported by **Gynecare**  
medtronic

AN ALANSON MEDICAL ECONOMICS PUBLICATION

**PATIENT  
INFORMATION**



**FROM  
YOUR DOCTOR**

## Living with an enlarged prostate

Many men have problems with urination as they grow older. In fact, about half of all men older than 50 may have to go to the toilet frequently during the day and get up at night or may feel unusually strong urges to urinate. In most cases, these symptoms are caused by enlargement of the prostate, also known as benign prostatic hyperplasia (BPH).

Your doctor can determine if you have BPH by asking questions and doing a physical examination and a few tests. It is very important to remember that BPH is not cancer, and it does not lead to cancer. In many cases, prostate enlargement does not have to be treated at all.

Be sure to let your doctor know about all the medicines you use, including those you buy without a prescription and the ones called herbal medicines. Some of them may complicate your prostate problems, and substances may be available.

In addition, you may find that changing certain personal habits will help make symptoms less troublesome (see the tips at left).

If your symptoms are still bothering you, your doctor may suggest trying medicines or surgery. You may have to make important decisions about treatment.

Ask the doctor, for example, to explain how effective drugs are, how long treatment might last, what side effects you might expect, and how much the drugs will cost.

The drugs that your doctor can prescribe are usually helpful. Some may shrink the prostate. Others relax the muscles in the tube that carries urine from the bladder. These medications have only a few side effects.

Your doctor may prescribe one of these drugs and possibly another if the first one is not effective. You may need to stop taking a drug for a while so your doctor can see how you react.

If symptoms are very troublesome, your doctor may send you to a urologist right away for further examination. Or you may be referred to a urologist if drugs do not work for you. The urologist will probably do more testing and perhaps recommend a surgical procedure, depending on your symptoms and your wishes.

Some operations are relatively brief and simple, requiring only a short hospital stay. Others may take more time and call for a longer recovery. You will very likely find that an operation relieves your symptoms, makes you feel more comfortable, and does away with the need to take pills. Be sure to find out in advance what the procedure involves, how long you will be hospitalized, which side effects might occur, how long you can expect the results to last, and how much the surgery will cost.

Above all, remember that you must make most of the decisions. You may wish to do little or nothing if you have only mild BPH. If your symptoms give you a lot of trouble, try changes in your personal life and then drug treatment or surgery.

So be sure to let your doctor know how you feel and what you want done. A good partnership is essential to treating BPH successfully.

**patient  
care**

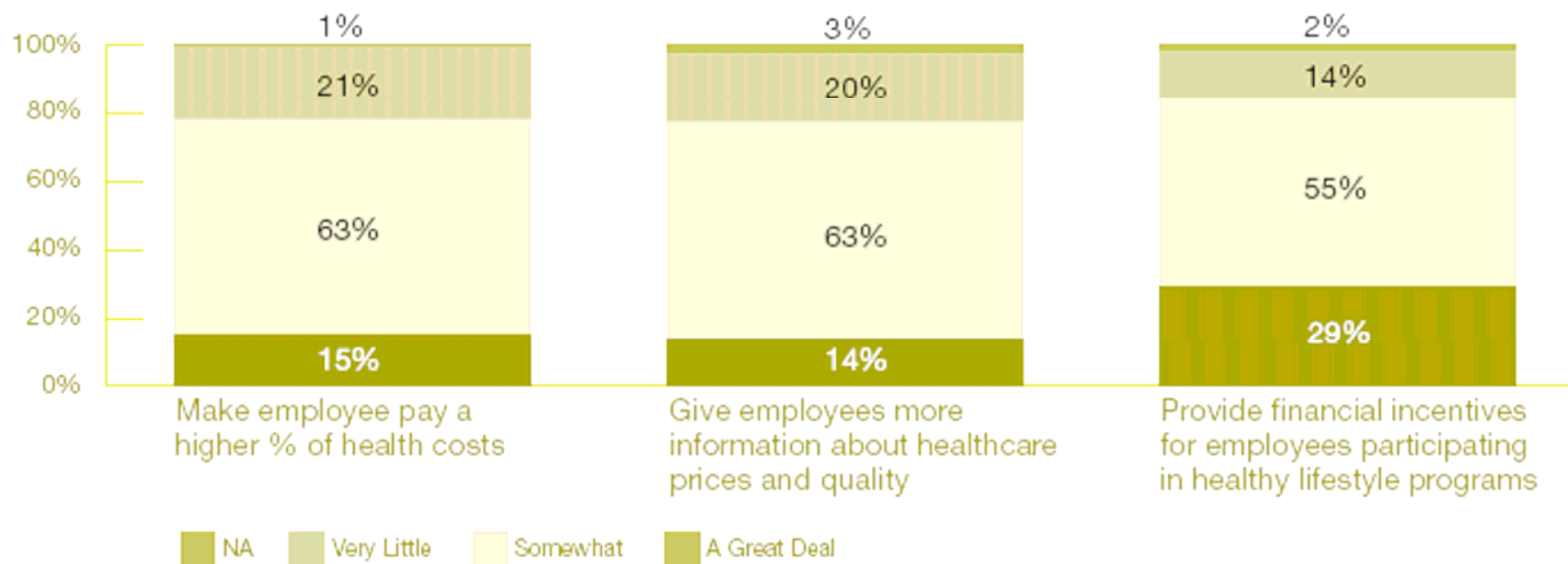
the patient information sheet may be photocopied or distributed by physicians to their patients. Written permission is required for any other uses.

36 PATIENT CARE / FEBRUARY 2006

# PWC Healthcast 2020 Survey

## Survey Results - Actions that Would Reduce Healthcare Costs

Which of the following actions, if taken, do you believe would reduce your company's healthcare costs?



Source: PricewaterhouseCoopers Barometer Survey



# P4P Program “Tie-ins” with Online Health Education

The image displays two screenshots of healthcare-related websites. The left screenshot shows the Anthem MyHealth website as of January 23, 2006. It features a blue header with the Anthem logo and a search bar. The main content area includes a section titled "How Healthy Are YOU?" with a "Learn your overall health status" link. Below this, there's a "Trans Fats in Plain View" article snippet. The left sidebar lists "Health Channels" such as Home, Drug Information, and Women's Health. The right screenshot shows the My Healthcare Advisor website, powered by WebMD and subimo. It has a login section with fields for Username and Password, and a "Welcome to My Healthcare Advisor" message. The site also features links for "I am a Consumer" and "I am a Small Business" and a "Log in" button. The browser window shows the address bar with the URL http://www.myhealthcareadvisor.com/.

# Engage Search Engines and Online Channels

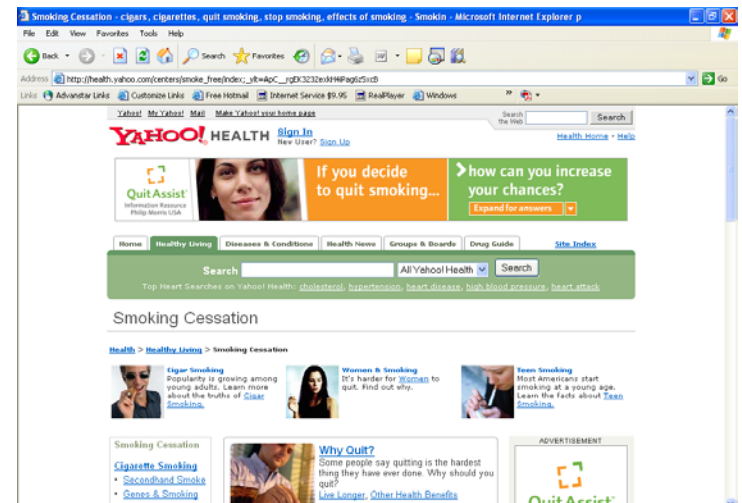


## Cardiovascular Risk Reduction Center

Are you age **55+** ?

The risk of heart attack, stroke, or cardiovascular death rises substantially in people age 55-64 compared with people age 45-54.

→ Take this quick [Self-Assessment](#).



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# Closing Remarks

Jeffrey Bush