



Incentive Payments and Public Reporting

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GE Corporate Health Care Initiatives

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BTE Program Fundamentals

Pay rewards AFTER physicians have demonstrated high performance

Encourage employees to seek better performers; create incentives for better self-care

Pick performance measures that change practice patterns and yield better, safer care

Keep pushing for tougher standards

Keep demanding complete accountability for use of resources and delivery of outcomes



Incentive Program Design & Methods

Shared Savings Model – Pilot markets - Rewards are up to \$100 for each diabetic (DCL) or up to \$160 for cardiac (CCL) patient, and \$50 for each patient (POL)

Physicians can earn up to \$20,000 annually, \$50,000 over the program timeframe

Physician rewards are based on the count of participating employers' patients identified from health plan claims data

In the pilot markets - qualified physician applicants are reimbursed for NCQA application fees they paid in application process

Administrators consolidate payments from employers and sends single reward / reimbursement check to each physician.



The rewards are designed to encourage adoption AND use of better systems

5-PCP Practice with 1000 patients covered by the program:

- 3.5% are diabetic patients
- 2.5% are cardiac patients

Assume practice meets maximum performance goals

Practice receives total of \$54,800:

- $\$40 * 1000 = \$40,000$ for meeting system measures (PPC)
- $\$80 * 60 + \$10 * 1000 = \$14,800$ for meeting clinical measures

Purchaser is motivated since patients will be healthier and cost less



P4P Infrastructure has evolved for long term sustainability

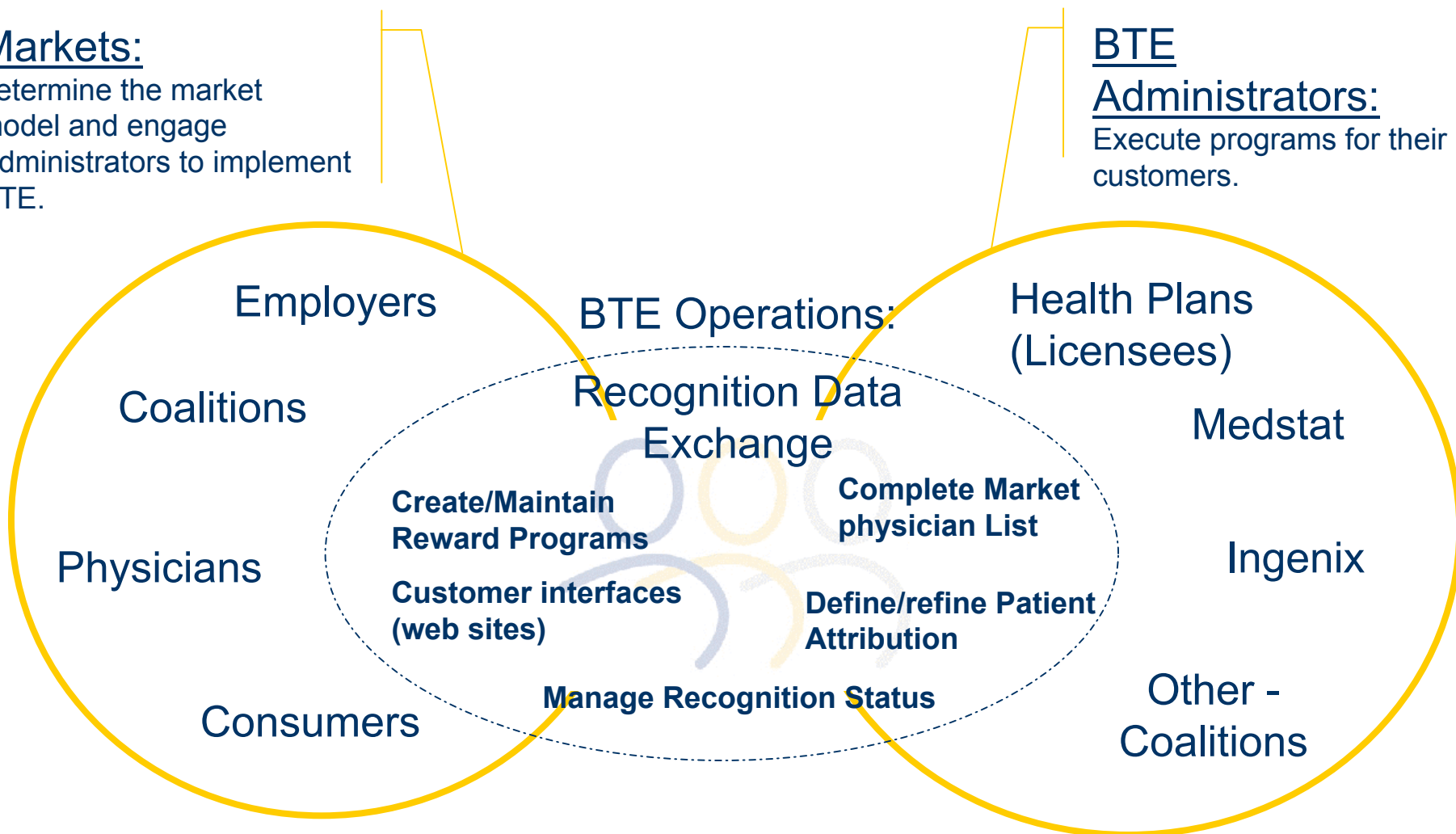
Markets:

determine the market model and engage Administrators to implement BTE.

BTE

Administrators:

Execute programs for their customers.





The BTE Recognition Data Exchange enables key Program features

- **Provides master patient attribution for all physicians in a region – the only way for physicians to gauge total reward potential**

- **Recognition data intake & output**
 - Physician-Practice Portal: Only way for practices to participate in POL
 - All Assessment Organizations (NCQA, QIOs, ABIM) feed data to BTE to match up to Master Physician List
 - Consumer Portal: The Physician Quality Ratings site provides all employers with a complete view of physician and practice recognition status and engages consumers in filling out a patient experience of care survey



BTE Administrators manage the program for Participating Employers

BTE Admin
(Ingenix or
Medstat)

BTE
Admin
(Coalition)

BTE Admin
(Health
Plan)

BTE Admin Functions:

- Provider Engagement
- Communications
- Project management
- Reporting
- Pay rewards
- Patient Attribution files

High Volume Flag
Recognized
physicians

BTE Operations

- **Physician Portal (Master Attribution)**
- **Quality Ratings Site**
- **Employee Rating of Patient Experience**

Patient – Physician file

**Performance
Assessment
Organization**

Total rewards available

Practices/Physicians

(after physician is recognized)



Consumers are engaged through our report card web site

- High-level roll-up of physician's overall performance
- Distinguishes relative performance of physicians within each level



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Quality Legend

Systems of Care

- Recognized with Utmost Distinction
- Recognized with Distinction
- Recognized

Diabetes

- Recognized

Heart/Stroke

- Recognized - Super Star
- Recognized

-- Did not submit
N/A Not Applicable

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[State:](#) Massachusetts >> [Specialty:](#) Internal Medicine >> [City:](#) Ipswich

These physicians, with your requested specialty, are in the area you selected.



Internal Medicine					
Physician's Name	Excellence In:				Share Your Experience of Care
	Systems of Care	Diabetes	Heart/Stroke	Patients' Experiences	
William D Kenyon MD		--	N/A	Data Not Yet Available	Take Survey Now
Francis V McDermott MD		--	N/A	Data Not Yet Available	Take Survey Now
Carl Soderland MD		--	N/A	Data Not Yet Available	Take Survey Now
Sideris D Baer MD	--	--	N/A	Data Not Yet Available	Take Survey Now



Effectiveness results come from NCQA, & patient experience of care from employees

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Quality Legend

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-- Did not submit
 N/A Not Applicable

[State: Massachusetts](#) >> [Specialty: Internal Medicine](#) >> [City: Ipswich](#) >> [Results](#)



Carl Soderland MD		
Physician Overview		
Specialty: Internal Medicine Practice: Lahey Ipswich		
Physician Performance		
<u>Systems of Care</u>	<u>Diabetes</u>	<u>Heart/Stroke</u>
	--	N/A
Patient Summary		Take Survey Now
Data Not Yet Available		
General Information		
130 County Road Ipswich, MA 01938 Phone: (978) 356-5522 Fax: Hours:		



Diabetes Patients can also be engaged through WebMD



Four-step process

- Create a profile to establish baseline
- Use CareGuide with doctor to set long term goals
- Use CareJournal to track progress
- Earn CareRewards by answering the self-care questions



Major Lessons in P4P

Meaningful incentives – 5% to 10% of physician revenue ~ \$10K to \$15K per physician...cash is especially important for PCPs

Independent review of performance (i.e. NCQA), and panel-wide sampling

Standard and recognized measures that are attainable

Consumer engagement when holding physicians accountable for outcomes

Predictable costs & benefits, and timely rewards

Small practices need lots of help in reengineering and there are not many resources available

Single disease focus limits program uptake among PCPs

Recognized docs are happy to get more patients, even w/ a chronic condition

You need a pull (bonus) and a push (steerage) to maximize results

Organized groups required smaller per physician bonuses to get engaged