NCQA

Pay for Performance: Data Collection and Reporting Results

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PFP Boot Camp for Physicians and Physician Organizations

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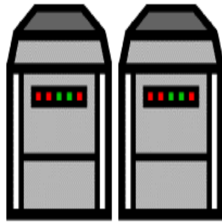
Overview

- The data problem
- Ways of approaching the data problem
- Reporting results
- Kinds of rewards

The data problem



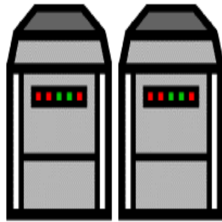
The data you want:

- Electronically available and therefore less expensive to collect
- Measuring outcomes
- Audited
- Publicly reportable
- Statistically comparable
- Physician-level or practice-level
- Across all health plans

"If you can't be with the one you love,

love the one you're with"

Claims data



The data you want:

- Electronically available and therefore less expensive to collect—yes
- Measuring outcomes—no
- Audited—yes
- Publicly reportable—sometimes
- Statistically comparable—sometimes
- Physician-level or practice-level—sometimes
- Across all health plans—no

Medical records data

The data you want:

- Electronically available and therefore less expensive to collect—no, except for EHRs
- Measuring outcomes—yes!
- Audited—can be
- Publicly reportable—yes
- Statistically comparable—depends on sample size
- Physician-level or practice-level—yes
- Across all health plans—-yes

Large-plan claims data: One solution

- Plan attributes PPO and other patients to physicians based on claims data
- Plan groups physicians into practices based on available identifiers
- Plan applies process measures available from claims data
- Plan reports data for physicians/practices that have sufficient sample size
- Plan may combine quality measures with cost measures in reports

Issues with claims data at physician level: Attribution

In settings where patients are not "assigned," plans decide differently how to attribute patients to a particular physician or medical group

- At least one visit; or should MD have at least 30% or 50% of visits? More stringent rules reduces % of patients who can be attributed
- Can patients be attributed to multiple doctors? Everyone who touches patient is responsible for good (and bad)
- What is the time period for defining attribution?
- Currently, most common to use the one-visit definition and give all docs credit (good & bad) for the measure

Issues with claims data at physician level: Reliability

- How to get a stable and reliable estimate of physician performance
  - Require minimum denominator size?
  - More stringent requirements reduce the number of physicians who have enough data especially when data system covers small portion of a physician's practice (i.e., when a medium-sized health plan is measuring)
  - Easier to get enough people in denominator for preventive screening measures with broad eligible populations
  - Aggregating to practice or group level may work, as in Massachusetts
  - Aggregating data across health plans is another approach, as in California

Medical records data: Another solution

NCQA Recognition approach:

- Practice self-identifies physicians using specifications
- Practice self-assesses and collects data using Web-based tool with specifications—NCQA's or ABIM's
- Practice submits documentation on structure, process and outcomes to NCQA when ready
- NCQA evaluates & scores all submissions
- Practice can submit more data if needed
- NCQA conducts additional audit of sample of practices
- NCQA reports composite measure--those that meet thresholds
- Data feed goes to BTE and health plans

Develop Improvement Plan

NCQA/ADA Diabetes Physician Recognition Program ("DPRP")

DPRP awards physicians who demonstrate that they provide high quality care to patients with diabetes. Below is a summary of your performance on the Diabetes PIM in comparison with DPRP criteria. If you are using your PIM data to apply for DPRP, you may click the NCQA logo on the right to download your patient data into the DPRP Medical Record and Survey Workbook in order to review your DPRP point score.

Measure	Your Result * (37 eligible patients)	DPRP Criteria
HbA1C <7% (good control)	59%	≥40% of sample
HbA1C >9% (poor control)	19%	≤20% of sample
Blood pressure <140/90	59%	≥65% of sample
Blood pressure <130/80	22%	≥35% of sample
Retinal screening	59%	≥60% of sample
Smoking status and cessation advice	95%	≥80% of sample
Lipid profile	92%	≥85% of sample
LDL <130 mg/dL	78%	≥63% of sample
LDL <100 mg/dL	57%	≥36% of sample
Nephropathy assessment	92%	≥80% of sample
Foot examination	25%	≥80% of sample

Percentages are translated into points by the NCQA. The total point score determines recognition status. It is possible to reach the point score needed to achieve recognition without meeting the DPRP criteria for all measures. Download your data into the DPRP workbook to determine if you have achieved the total points needed for recognition.

NCQA's Recognition Program Physician Directory

www.ncqa.org/PhysicianQualityReports.htm

Physician Search Results - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Physician Search Results

New Search

Physicians (1 - 41) of 41

Physician	Address	Recognition Program
Blank, Roy	**Novant Health (Southern Piedmont Region)** 1900 Randolph Road, Suite 610 Charlotte, NC 28207	AHA/ASA/NCQA ★★★★ HEART/STROKE; NCQA/ADA ★★★★ DIABETES
Braithwaite, Susan	**University of North Carolina, Diabetes Care Center** Highgate Specialty Center, 5316 Highgate Drive Durham, NC 27713	NCQA/ADA ★★★★ DIABETES
Braswell, Sherril	**Forsyth Medical Group** 105 Vest Mill Circle Winston Salem, NC 27103	NCQA/ADA ★★★★ DIABETES

Physicians with multiple recognitions clearly identified

Additional physician practice data available

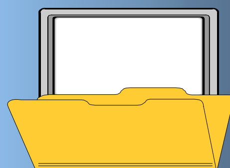
Measuring the Quality of America's Health Care

NCQA

Many kinds of PFP

Show seals in Provider Directory

1. *Aetna*
2. *CIGNA*
3 *GeoAccess*
4. *Humana*
5. *Medical Mutual (OH)*
6. *United*



Help practices with data collection

Blue Care Network (MI)

BTE (KY, MA, OH, NY)

Oxford (NY)

United (4 areas)

Pay rewards and/or applications fees to recognized MDs

Anthem (VA)

Blue Care Network (MI)

BCBS (SC)

BTE (KY, MA, NY, OH, GA, CO)

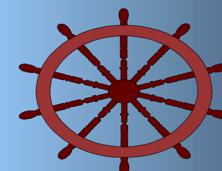
CareFirst (DC-MD-VA)

ConnectiCare

HealthAmerica (PA)

Oxford (NY)

First Care (FL)



Actively steer patients to recognized MDs

BTE (KY, OH)

Use for network entry

Aetna, CIGNA

Additional markets

United (5 areas)
National Business Coalition on Health (4 areas)

Recognition Programs & BTE

Program	Pre-BTE 6/2003	12/2005	% Change
DPRP Physicians -- All	1,787	2,378	+33%
DPRP Physicians – BTE Diabetes Care Link areas	100	550	+450%

What we've learned from Recognition Programs

- Measurement provides physicians with a new perspective on their practice
- Practices change their processes in order to pass recognition standards
- Clinical data is *very* hard to get, until EHRs produce it
- You can evaluate generalists and some specialists
- National standards are just as hard for small and large practices

Measurement + Rewards = Improvement!

Access NCQA & BTE

- NCQA Web site www.ncqa.org
- Diabetes Physician Recognition Program page www.ncqa.org/dprp
- Heart Stroke Recognition Program page www.ncqa.org/hsrp
- Physician Practice Connections page www.ncqa.org/ppc
- Recognized physicians: www.ncqa.org/PhysicianQualityReports.htm
- NCQA Customer Support (888) 275-7585