



Pay for Performance: Choosing Measures

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PFP Boot Camp for Physicians and
Physician Organizations

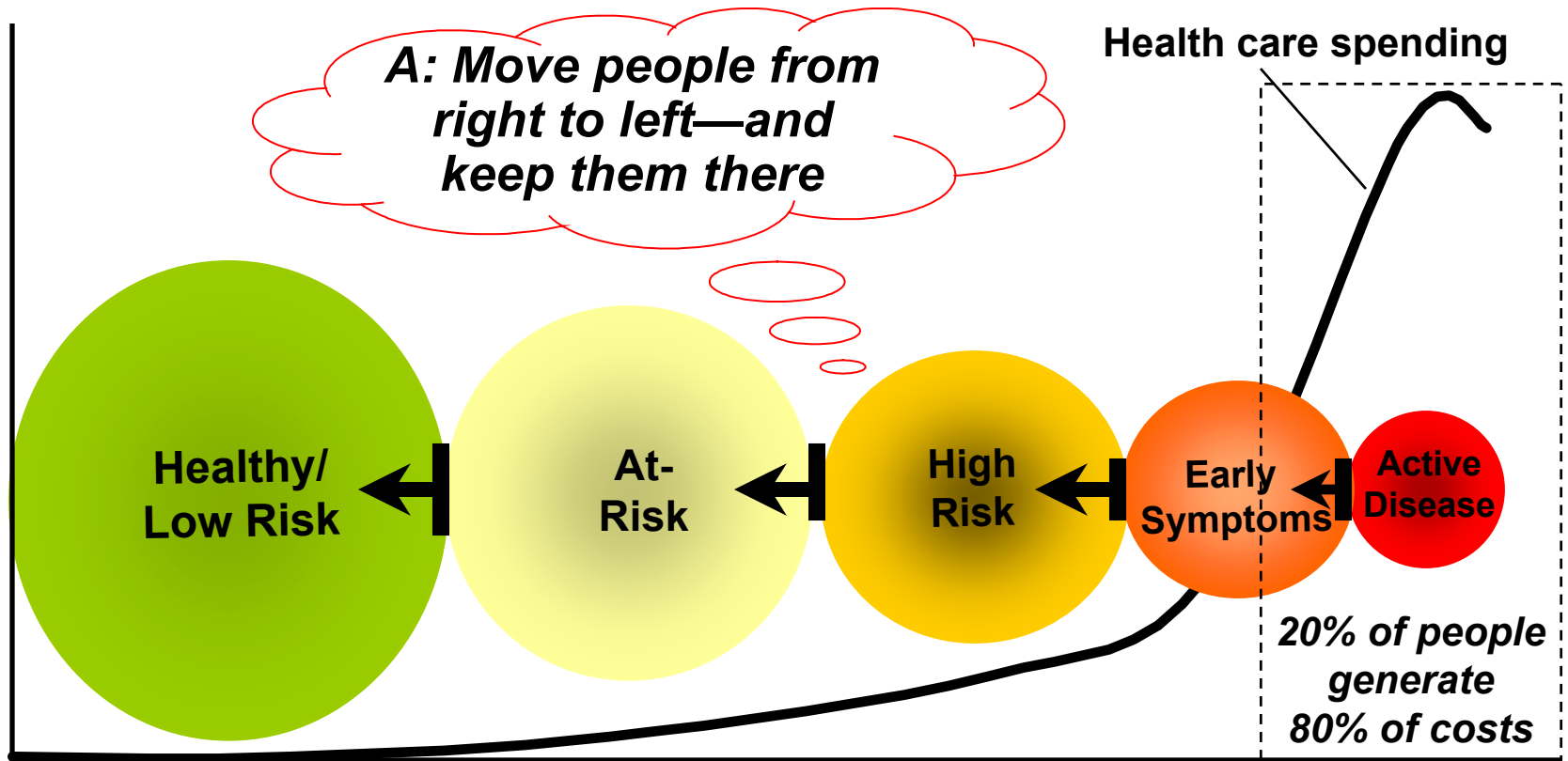
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Overview

- Framework for quality measures
- Use of medical evidence to develop measures
- Desirable attributes of measures
- Examples of measures used for reports and rewards

What is the Health Care System Supposed to Do?



A value-based health care system

Source: HealthPartners

Measuring the Quality of America's Health Care

NCQA

Using Medical Evidence: Guidelines and Measures

- National, trusted sources – rate evidence and develop guidelines
- Guidelines--indicate what to do, based on the best evidence, to achieve the desired result
- Measures--indicate what result you have achieved (threshold, bands, absolute values)
 - Indicator
 - Fully developed measure
- The progression from evidence to fully developed measure is NOT assured

General Types of Measures

- Structure
- Process
- Outcomes

Desirable Attributes of Measures-- NCQA

- Relevance
- Scientific soundness
- Feasibility
- Level of specification and sampling required related to use of measure and level of system measured

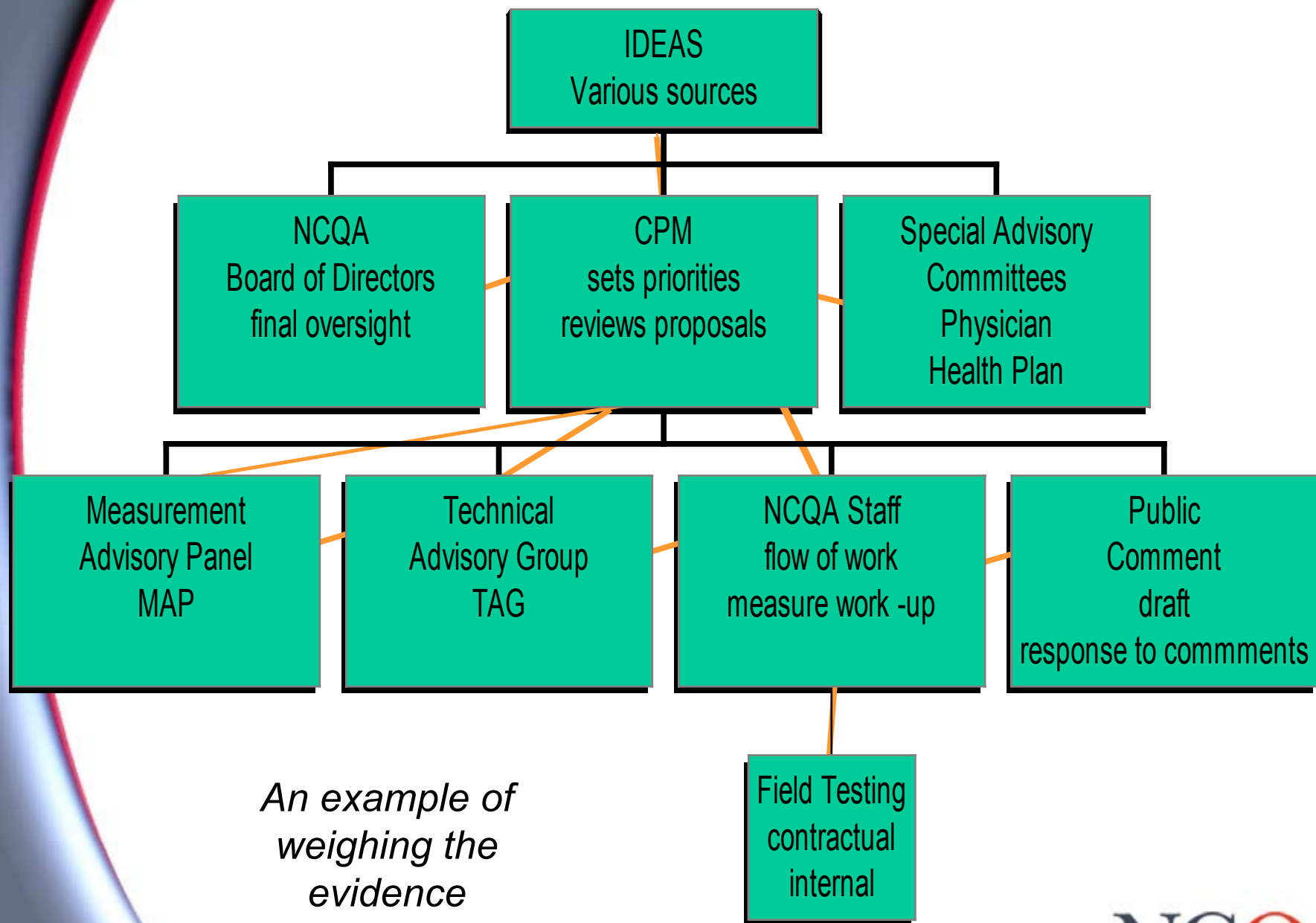
Desirable Attributes of Measures— Health Plans

- Based on evidence-based medicine
- Target prevalent conditions
- Relevant to practice for specialty/region
- Focus on improvement opportunities
- Communicate effectively to MD and patient

*Source: Kathleen Curtin, from Conference on Benchmarking
Physician Performance, NCQA/AHRQ, January 11, 2006*

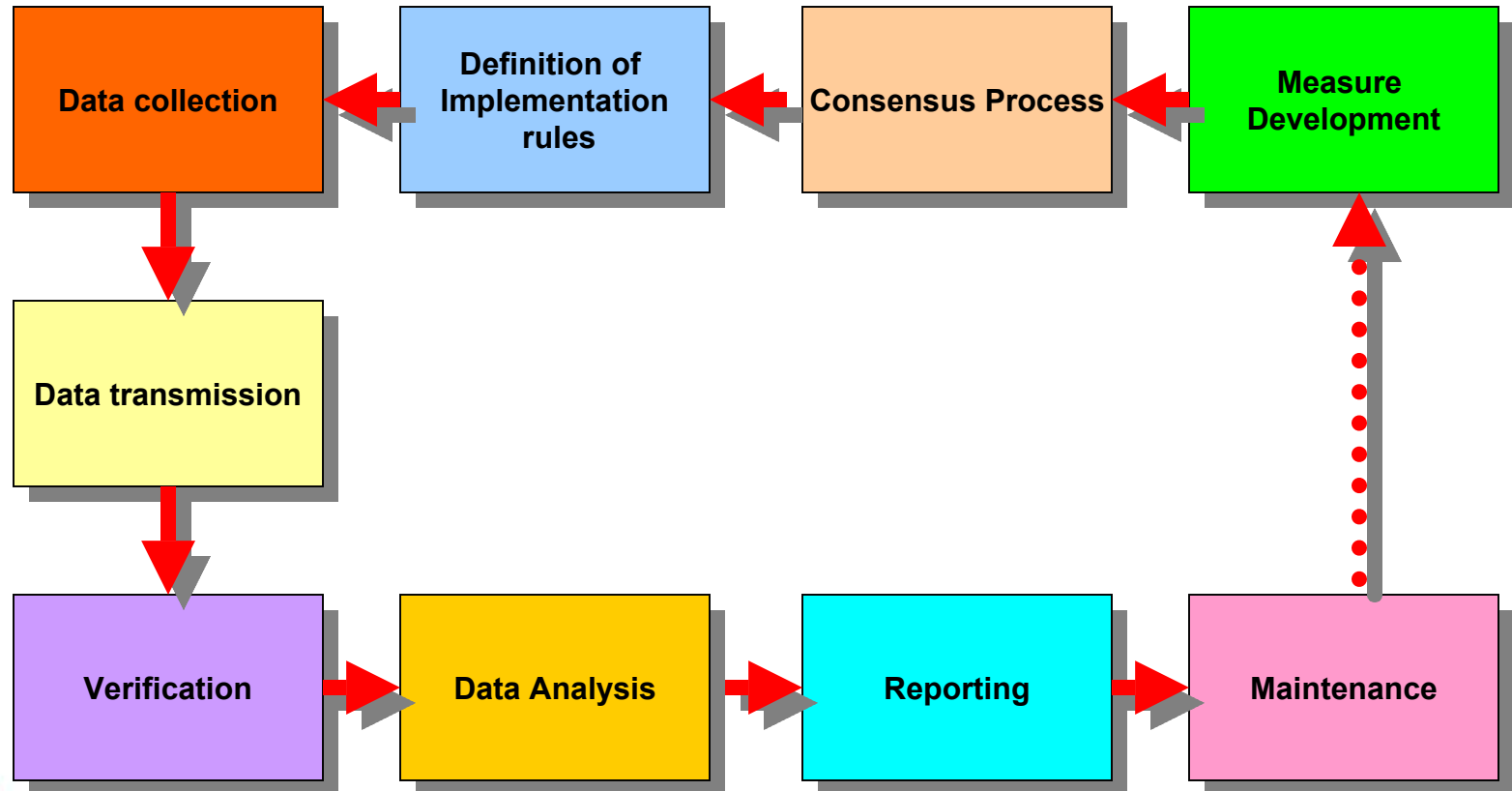
Measuring the Quality of America's Health Care





*An example of
weighing the
evidence*

Standardization needs for benchmarking



Some measures that can rely on administrative data

Prevention

- Cervical Cancer Screening
- Breast Cancer Screening
- Colorectal Cancer Screening
- Glaucoma Screening
- Chlamydia Screening

Medication monitoring

- ACE Inhibitors
- Anticonvulsants
- Digoxin
- Diuretics
- Statins

Overuse

- Children with Upper Respiratory Infection
- Pharyngitis Testing
- Adults with Bronchitis
- Imaging for Low Back Pain

Chronic Disease

- Asthma Med. Mgmt.
- Antidep. Med. Mgmt. – Acute Phase
- Antidep. Med. Mgmt. – Conti Phase
- Follow-up After MH Hosp – 30 day
- Follow-up After MH Hosp – 7 day
- Beta Blocker After AMI – On Disch.
- Beta Blocker After AMI – Persistent
- Diabetes: LDL Screening
- Diabetes: HbA1c Testing
- Diabetes: Nephropathy Screening
- ADHD: Initiation Visit
- ADHD: Follow-up Visits
- Osteoporosis Management Post Fracture

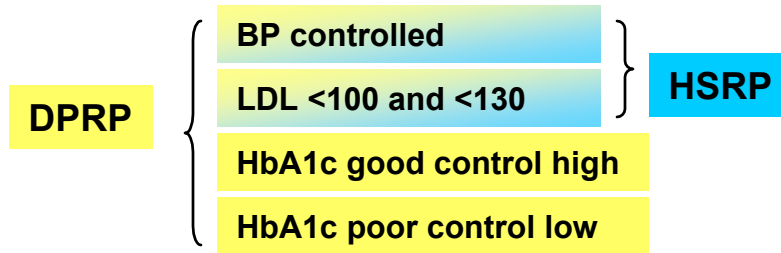
NCQA Recognition Programs: Physicians' data

- **What measures included:** Structure, process and outcomes of excellent care management
- **Where they come from:** partnership with leading national health organizations
- **Who rewards recognized physicians:** many health plans and Bridges to Excellence employers
- **Who is recognized:** over 3800 physicians nationally

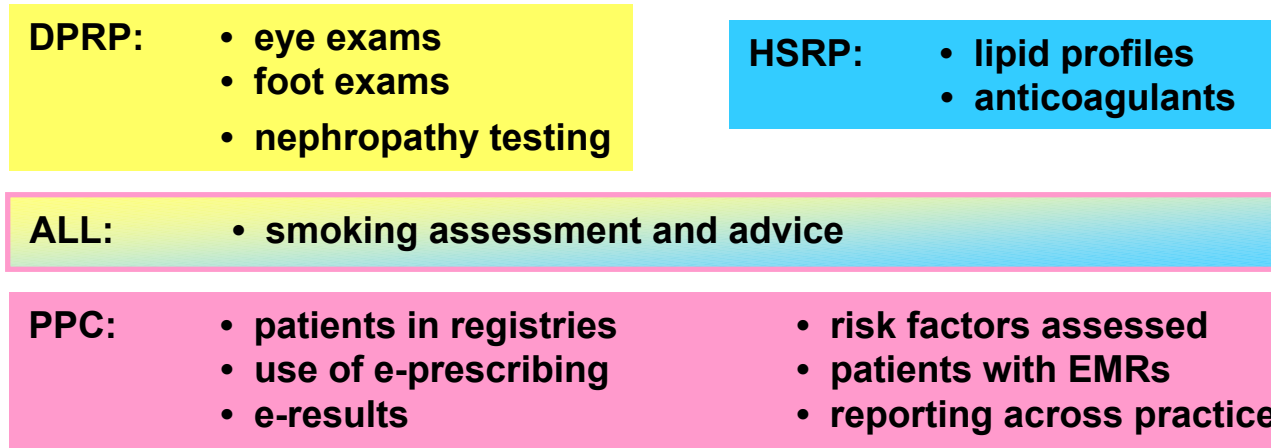


Measures in NCQA Recognition Programs

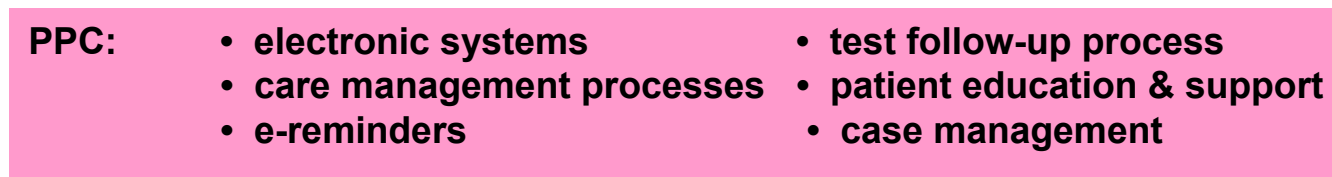
OUTCOMES (Clinical)



PROCESS

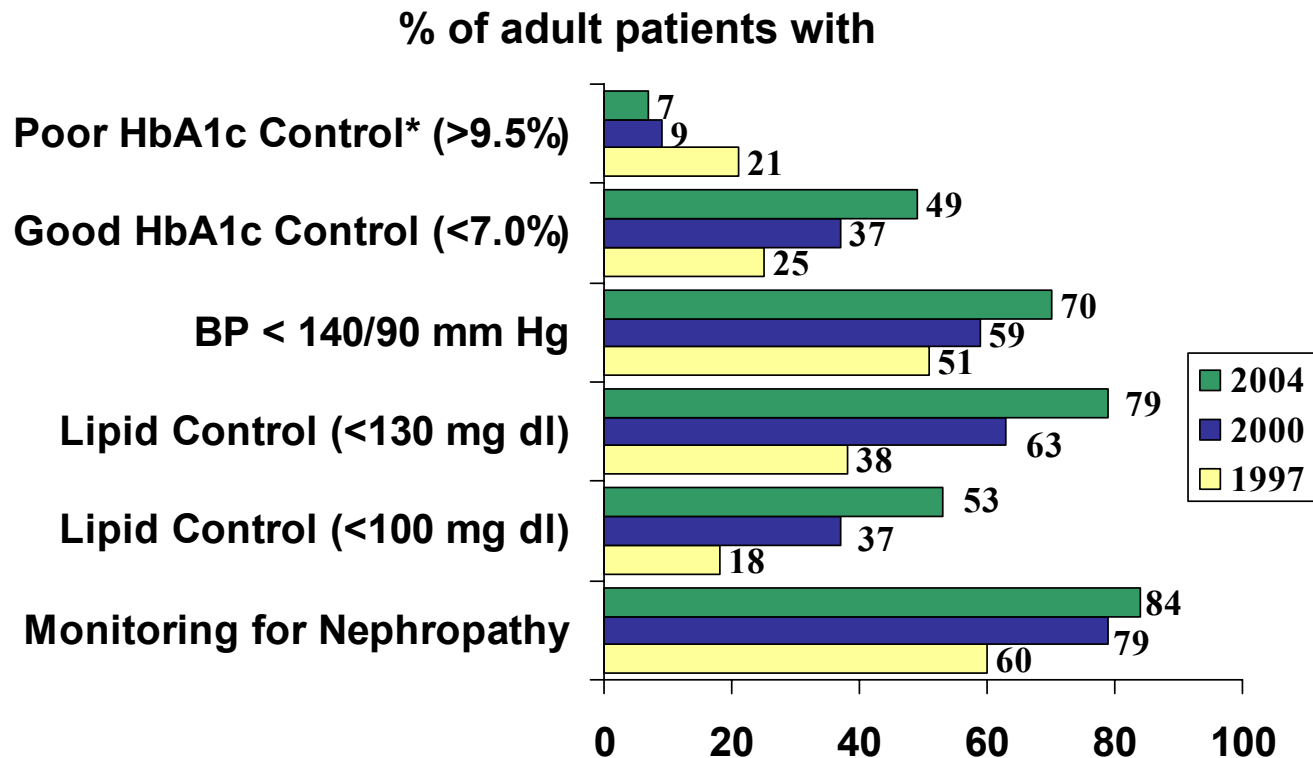


STRUCTURE



Tracking Improvement

Physicians Achieving Diabetes Physician Recognition
Show Substantial Improvement In Key Clinical Measures



Diabetes Physician Recognition Program, average performance of applicants, 1997-2003 data.

* Lower is better for this measure.

Measuring the Quality of America's Health Care

NCQA

Physician Practice Connections (PPC)

- **What it is:** recognition for practices that use *systematic processes and IT*
- **What it measures:**
 - Access & communication
 - Registry functions
 - Care management
 - Patient self-management support
 - E-Prescribing
 - Test tracking and management
 - Referral tracking & management
 - Performance measurement & improvement
 - Interoperability

The Systematic Practice & PPC Standards

Systematic Inputs

2. Patient Tracking & Registries

- patient's demographic & visit data
- patient's clinical data
- population-based reporting
- identifying top conditions

3. Care Management

- guidelines or protocols
- team roles – internal & external
- pre-visit planning
- clinician reminders (decision support)
- PHR and self-monitoring tools
- patient reminders
- self-management resources

4. E-prescribing Information

- safety (interactions)
- efficiency (formulary)

5. Test Results History

6. Referral Results

1. Access & Scheduling

- open access
- care coordination
- 24/7 telephone
- web site

Patient – Care Team Interaction



- in person
- by telephone
- by e-mail

Systematic Follow-up & Outcomes

2. Patient Tracking & Registries

- updated database

3. Care Management

- further reminders & contact
- disease management & case management
- referrals to self management resources
- self-management tools including PHR
- updated care plans & goals

4. E-Prescribing, Checks for Safety & Efficiency

5. Test Follow-up across practice

6. Referral Follow-up across practice

7. Performance Measurement, Feedback & Reporting

8. Interoperability



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