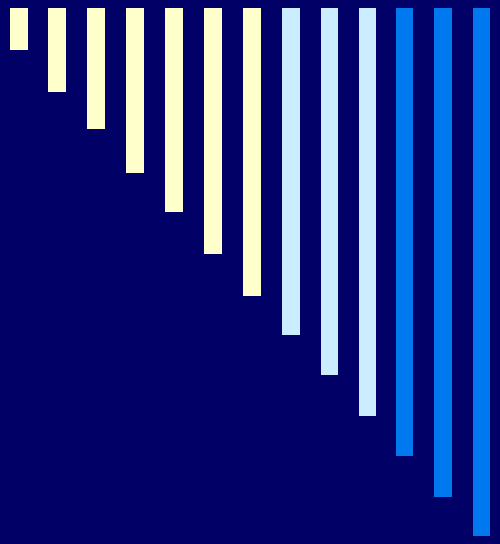

Designing & Implementing Pay for Performance Within a Physician-Hospital IPA

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Welcome and Introductions

- Michael Edbauer, DO
  - Medical Director
- Nancy Hourigan, MBA
  - Manager, Physician Compensation and P4P

Overview for Today's Discussion

- What is CIPA
- History of our Physician-Hospital Programs
- Our Change to Clinical Integration
- What Pay for Performance Means to CIPA
- Our Program and Results
- Future of our Program

CIPA Western New York IPA, Inc

- Physician-Hospital IPA based in Buffalo, NY.
- Includes 8 counties of WNY.
- Jointly owned entity between the Catholic Health System (CHS) and physicians.
- Shared governance with physicians having greater representation on the board.

Hospital Participants

- Catholic Health System (CHS)
  - 4 Hospitals within CHS
  - 8 Skilled Nursing Facilities
  - 7 Diagnostic and Treatment Centers
  - 13 Primary Care Centers
- Mt. St. Mary's Hospital

Physician Participants

- Approximately 815 Physicians
  - Approximately 260 Primary Care
  - Approximately 555 Specialist
  - Approximately 50 employed by CHS

History of CIPA Clinical Integration Program Including P4P

- History important to understand where we have come from and where we are looking to go.
- Started as a risk based group with more of an emphasis on utilization management than quality improvement programs. This mirrors where most physicians have been.
- In 2006 CIPA Board made decision to pursue Clinical Integration as the focus for the future.

Our Considerations in Developing the CI program

- Program needs to be real; something tangible to physicians.
- Likely to result in quality improvement – wanted programs with proven success to get started.
- Active physician input needed during development to make program successful.

Our Considerations in Developing the CI program

- Simplify administration of programs. Programs need to be easily understood, well communicated and actionable.
- Acknowledged importance of IT in the overall improvement of care delivery and error reduction.
- Programs need to be geared to increase physician participation in initiatives as well as rewarding of the outcomes – payment follows the work.

Our Considerations in Developing the CI program

- Acknowledged importance of patient education and patient involvement in care.
- Enhance resources (staff, technology etc) to assist physicians in overall provision of care.
- Need alignment with other components of delivery system (hospital)

Current Reality of Care Delivery

- Burden of care of patients with chronic disease continues to increase.
- One study suggested that if every patient received all the care and counseling recommended by guidelines that each visit would exceed 60 minutes.
- Many of the areas considered to be “Medical Care” can be provided by individuals other than physician but with physician oversight of the care.

Basic Assumptions Made in Developing Clinical Integration

- Physicians want to provide the best care possible to their patients.
- There are economic factors which influence physician behaviors.
- There are “system” limitations which influence physician behaviors.
- Programs which simply focus on the economic factors without addressing system limitations will minimize the opportunities for improvement.
- “Definition of Insanity”

What are The System Limitations?

- Inefficient access to information.
- Insufficient physician staff to address all areas of patient needs.
- Insufficient time and resources for patient education.
- Inefficient process for communicating new care standards to physicians.

Effective Pay for Performance

- Program must address System Limitations as well as the Economic Factors

CIPA Definition of P4P

- All the resources utilized by CIPA to enhance the clinical outcomes for patients. This includes:
  - Direct payment to physicians for participation and performance in evidenced based programs.
  - Direct payment to physicians for their professional expertise.
  - Payments to offset cost of resources (technical and human).
  - Direct investment in resources and services to improve patient care in conjunction with physician.
  - Educational programs for providers, staff and patients.

Direct Payments to Physicians for Evidenced Based Programs

- Office Based
  - Chronic Disease Management Program
    - Guidelines, Registry & Chart Review
  - Healthy Shots Immunization Registry
  - Coumadin Management Program
  - Disease Prevention Program
  - Consult Turnaround Time

Direct Payments to Physicians for Evidenced Based Programs

- Hospital Based
  - Appropriate Length of Stay
  - Hospital Safety
  - Surgical Safety Program
  - Stroke Program
  - Radiology Transcription Sign Off
  - Pathology Proficiency

Direct Payment to Physicians for their Professional Expertise.

- Work Groups and Committees
- Development of Order Sets and Pick Lists

Payments to Offset Cost of Resources

- Care Coordination Program
- EHR

Direct Investment In Resources And Services To Improve Patient Care In Conjunction With Physician

- EMMI Program
- Pediatric Nutritional Counseling and Intervention Program

Educational Programs For Providers, Staff And Patients.

- Care Coordination
- Pediatric Nutritional Counseling and Intervention Program
- EMMI Program

Selected Program Details

- Programs are administered separately but are integrated to reach our goals.

- EHR and IT Support
- Chronic Disease Management
- Safety Programs

EHR and IT Support

- Stipend to support cost of CCHIT certified programs for 36 months
  - Over 27% of our physicians participating
- Financial support for development of interfaces with hospital for lab, x-ray, etc
- Hiring and training an EHR support specialist to maximize use of EHR's especially disease management

EHR and IT Support Cont.

- Incented the training and use of hospital based system for labs, reports imaging etc.
- Payment to physicians to assist in development of electronic order sets and pick lists.
- Investment in an electronic data base which can accept clinical reporting from practices electronically (diminish manual chart reviews & increase number of patients reviewed).
- Received grant to begin connecting physicians with each other electronically.

Chronic Disease Management

- Developed and implemented guidelines for CAD, CHF, Depression, Diabetes, Coumadin Management, Asthma and Childhood Nutrition
- Developed registries for these disease states for all our primary care physicians and applicable specialist.
- Perform semiannual chart reviews for adherence to guidelines and measure quality of care.

Chronic Disease Management

- Hospital Core Measures also address the treatment of chronic disease (CAD and CHF) as well as pneumonia and surgical care.
- Payment to physicians to assist in development of electronic order sets and pick lists to increase practice of evidenced based medicine.

Chronic Disease Management

- Care Coordination Program provides practices with financial support to employ a nurse to case manage and coordinate the care of high risk patients.
- This program also covers the cost of patients in need of home care services not covered by insurance plans
- Provides another link in care of patients in hospital, sub-acute, home care and the office
- Provides additional resources for patient education including the nursing time, written materials and other programs (EMMI)

Chronic Disease Management

- Pediatric program pays for the cost of nutrition counseling and nutrition/fitness education for patients.
- Begins to leverage personnel other than physicians to be part of team providing care to patients (supervised by physicians).

Safety Programs

- Helped fund the cost of a Hospital Safety initiative
- Will provide financial incentive for physicians to complete education specific to hospital safety.
- Assisting with the funding for a Infection Management Program
- Financial incentive for surgeons to participate in a Operating Room Safety Program (based upon John Hopkins Model)
- Medication Reconciliation program for hospital. This gas direct impact on offices, sub-acute and nursing homes.

What Have We Achieved?

- The foundation of an improved infrastructure to dramatically change the way care is delivered.
- Introduction of a new approach to delivery of care through an expanded care delivery team.
- A set of programs which have strong support of the physicians and hospital.
- Programs which are integrated to build upon each other.
- A system which is able to adjust to the changes in best practice recommendations.
- Improvement in Quality Measures and the care of our patients.

Specific Results

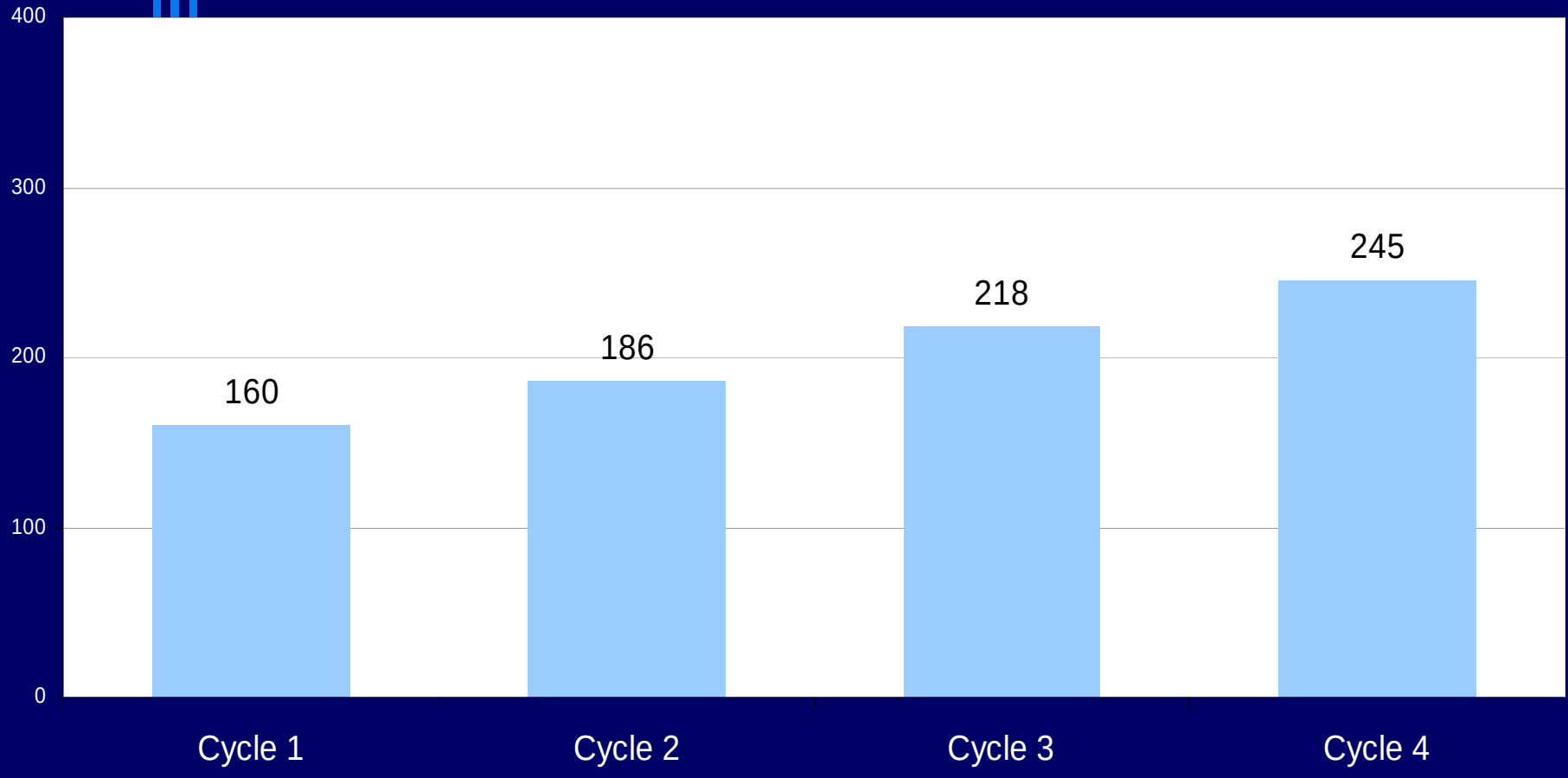
- Cycle 1-4 Participation and performance

- Participation
- Performance

Chronic Disease Management

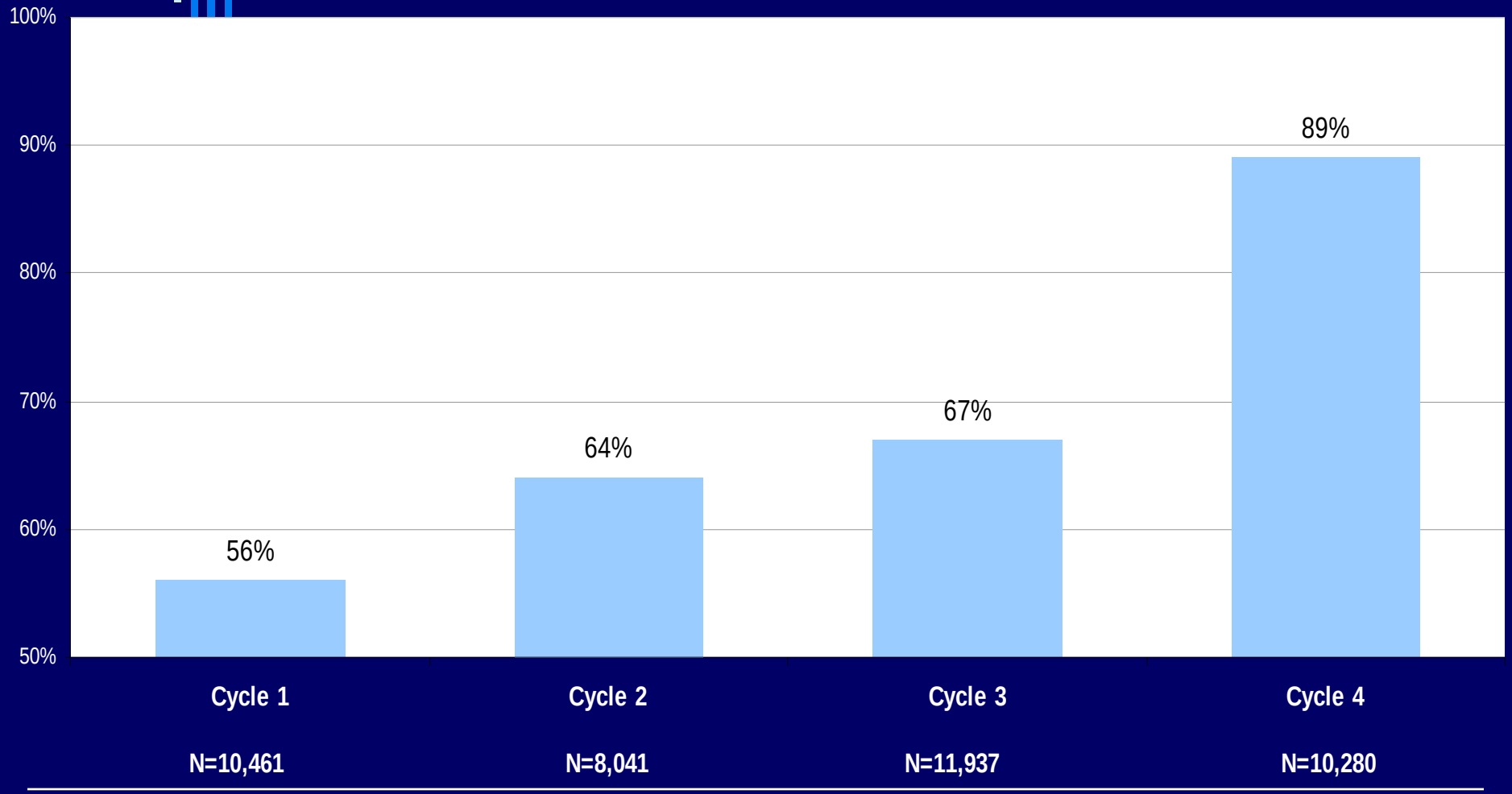
- Process
  - Semiannual Program
  - Registry Provided
  - Online Data Entry
  - Claims Based Data
  - Scoring
  - Reports and checks are provided

Number of MDs participating in Chronic Care (Registry) Program

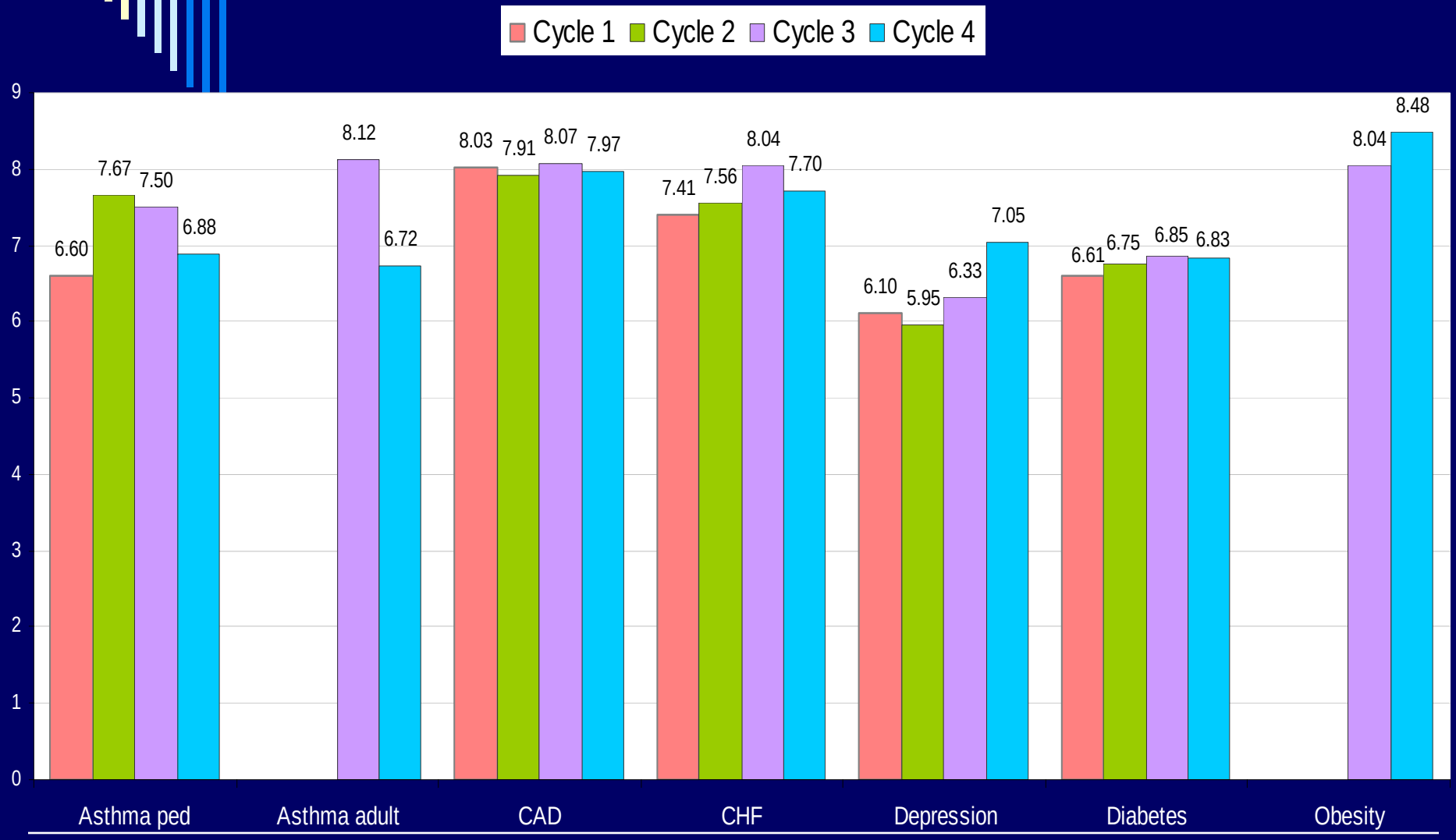


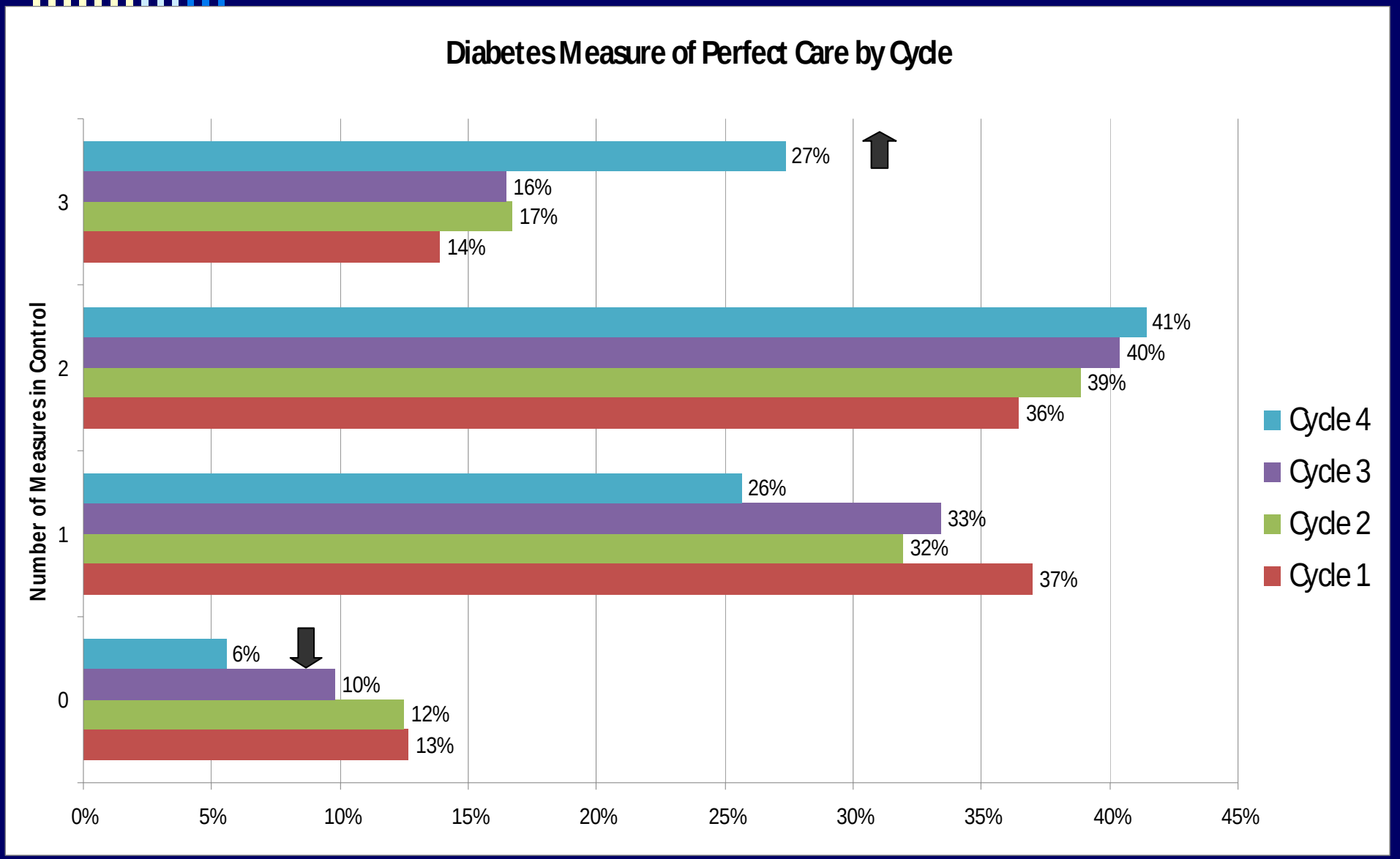
N=203 N=249 N=280 N=299

Percentage of Records Reviewed in Chronic Care (Registry) Program



Average Score by Disease State by Cycle




Diabetes Measure of Perfect Care by Cycle
Number of Measures in Control
3
2
1
0
27%
16%
17%
14%
41%
40%
39%
36%
26%
33%
32%
37%
6%
10%
12%
13%
0%
5%
10%
15%
20%
25%
30%
35%
40%
45%
Cycle 4
Cycle 3
Cycle 2
Cycle 1

CIPA's Vision For The Future

- Continue to build upon the principles we have established. Specifically:
  - Continue the adoption of EHR to achieve universal use within our community within 5 years.
  - Achieve interconnectivity of private practice EHR's with one another and with the Catholic Health System.

CIPA's Vision For The Future

- Have all members of CIPA actively engaged in Clinical Integration programs which improve the quality and/or add value to the care of our patients.
- Continue to expand the team model to provide the most appropriate and comprehensive care.
- Continue to push further "upstream" to more effectively deal with primary prevention (greater emphasis on education, and health advocacy).

A Ripple In the Pond

The success of our collective efforts will be measured by future generations in the decreased incidence of preventable disease through healthy lifestyles; and the timely and efficient delivery of care when needed which is free of errors and based upon the best evidence available.