Engaging Specialty Physicians in P4P

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Presentation

• Introduction
• Quality incentives
• Specialty physicians’ views on P4P
• Engaging specialty physicians in P4P
• Take away messages
Multiple stakeholders calling for quality improvement in health care

THE WALL STREET JOURNAL.

January 22, 2008, 9:52 am

Blue Cross Wants to Pay Per Patient in Mass.

Posted by Jacob Goldstein

Physician Quality Reporting Initiative

The New York Times

November 7, 2007

A Model for Health Care That Pays for Quality

By MILT FREUDENHEIM Seeing low fees for family doctors as a weak link in the nation's health care system, some big employers and health insurers are seeking new ways to pay doctors to reward high-quality medical care.
Specialty Physicians

- Physicians not rendering primary care (pediatrics, family practice, internal medicine)
- Frequently serve in consultative role
- Examples
  - Cardiologists
  - Hematologists
  - Orthopedic Surgeons
  - General Surgeons

- AMA- Physician Consortium for Performance Improvement includes 97 organizational members (Ferris et al 2008)
Quality Incentives

• IOM Recommendation to promote quality improvement
  – Align incentives for quality
  – Foundation of P4P movement

• Specialty physician services reimbursed “fee for service”
  – Current payment schemes do not pay quality differential
  – Misaligned payment mechanisms
Quality Incentive Programs

- Over 100 in the US
- Medicare engaged in the movement
- Majority of programs are designed for primary care physicians
  - Pediatrics
  - Family medicine
  - Internal medicine
- Limited for specialty physicians
Engaging Specialty Physicians

- Specialty Physicians account for:
  - 41% office visits
  - 70-80% of national health care expenditures
- Exclusion renders systemic quality improvement unlikely
- Past divergent payment strategies have been unsuccessful in achieving goals
  - Example – Managed Care - PCP capitation versus specialty fee for service
Physicians’ Views on P4P

• Study Sample
  – Physicians in PA practicing
    • Cardiology
    • OBGYN
    • Hematology/Oncology
    • Orthopedic Surgery
    • Urology

• 35- Item Survey
  – Based on items identified in previous studies that influence physicians’ views on reimbursement and quality
“P4P provides payers and patients a way to differentiate the quality of care”

% Strongly disagree and disagree/agree and strongly agree

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<th>Disagree</th>
<th>Not Sure</th>
<th>Agree</th>
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“P4P promotes the delivery of care according to evidence-based medicine.”

% Strongly disagree and disagree/agree and strongly agree

[Bar chart showing percentages for Disagree, Not Sure, and Agree with numerical values: 28, 17, 54]
“P4P is a means for payers to decrease physician reimbursement.”

% Strongly disagree and disagree/agree and strongly agree
“Information received from specialty society in the past 12 months”

- How to improve my patients experiences of care in my office practice: 51
- Structural measures of quality like EMR: 48
- Clinical quality measures I could use in my office to measure quality: 35
- P4P: 40
“I would favor a P4P that is based on….”

% Responses agree and strongly agree

- Publicly discloses my performance: 31%
- Reimburses on patient satisfaction: 40%
- Reimburses on clinical quality: 42%
- Offers EMR Funding: 68%
Physicians’ Views on P4P

• Specialty physicians identified key objectives of P4P
  – Differentiated quality
  – Promoted evidence–based practices
• Physicians’ attitudes toward adopting technology, infrastructure appear to be changing
Factors Influencing Physicians’ Views

- Information received from specialty societies was the only significant factor in the study to influence physicians’ positive views on P4P
- Societies have been slow in developing quality measures (Ferris et al 2008)
- Findings offer opportunity for key role for specialty societies to advance the quality movement
Implementation Challenges

• Inherently complex execution
  • Non-primary care physicians more diverse services (number and type) as compared to primary care

• Lack of vetted measures

• Attribution issues (Pham et al 2007)
  • Patients see multiple physicians, who is responsible for quality?

• Specialty physicians receive higher income more difficult to offer meaningful incentives
Engagement Strategies

• Successful implementation of broad adoption of P4P will require innovative strategies
  – Past attempts to improve quality and cost have not been successful
  – Example, managed care
    • Founded on strong principals accompanied ineffective execution

• “Strategy fatigue” lead to premature abandonment of tenants that offered significant long term impacts on quality and cost
Engagement Strategies

• Short-Term
  – Support incentive programs that reward for investments in structural improvements such as ambulatory electronic medical record
  – Engage specialty societies
  – Identify effective community-based strategies that include both primary and specialty physicians

• Long-Term
  Continue to pursue development of robust, evidence-based quality measures
Take away messages

• Specialty physicians identify positive aspects of P4P
• **Magnitude of services** require the inclusion of specialty physicians in **meaningful** quality improvement initiatives
• Specialty physicians are influenced by **professional societies** i.e., important to involve them in P4P development
• **Financial incentives for structural quality improvements** such as implementation of ambulatory electronic health records will engage specialty physicians in the short-term
• Continue to develop evidence-based quality measures