

# **Engaging Specialty Physicians in P4P**

**Karen M. Murphy, Ph.D.**  
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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** nytimes.com

November 7, 2007

### **A Model for Health Care That Pays for Quality**

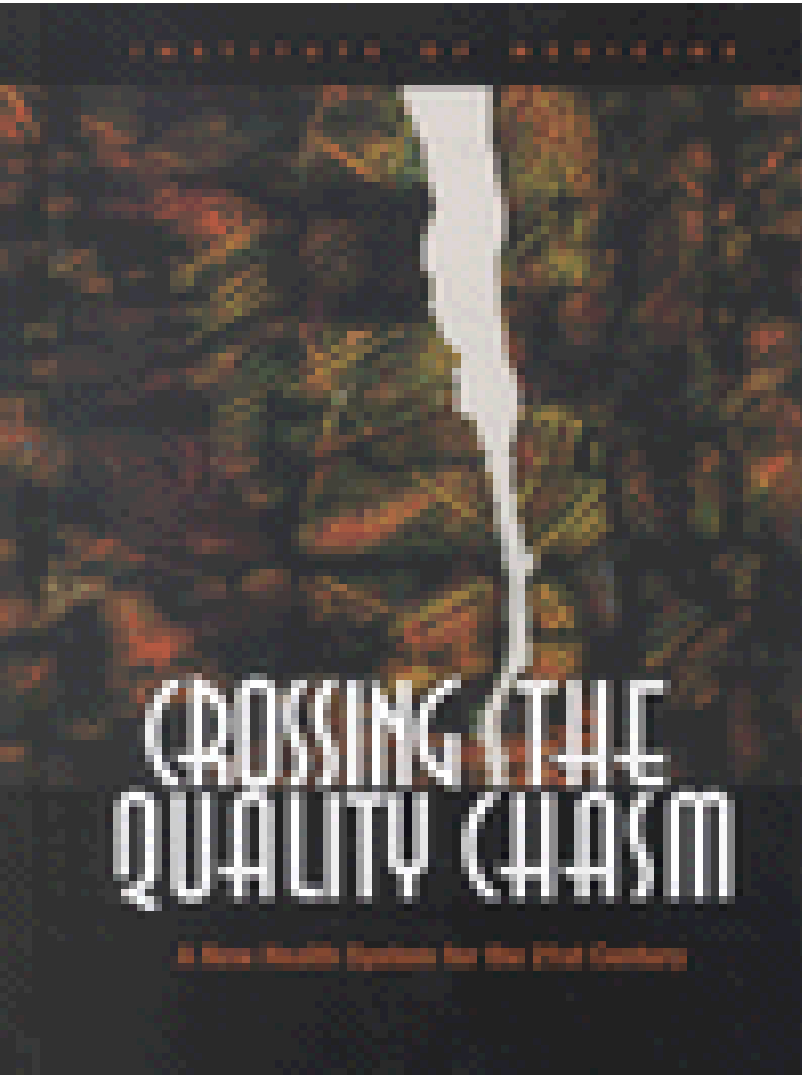
By **MILT FREUDENHEIM** Seeing low fees for family doctors as a weak link in the nation's health care system, some big employers and health insurers are seeking new ways to pay doctors to reward high-quality medical care.



# 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

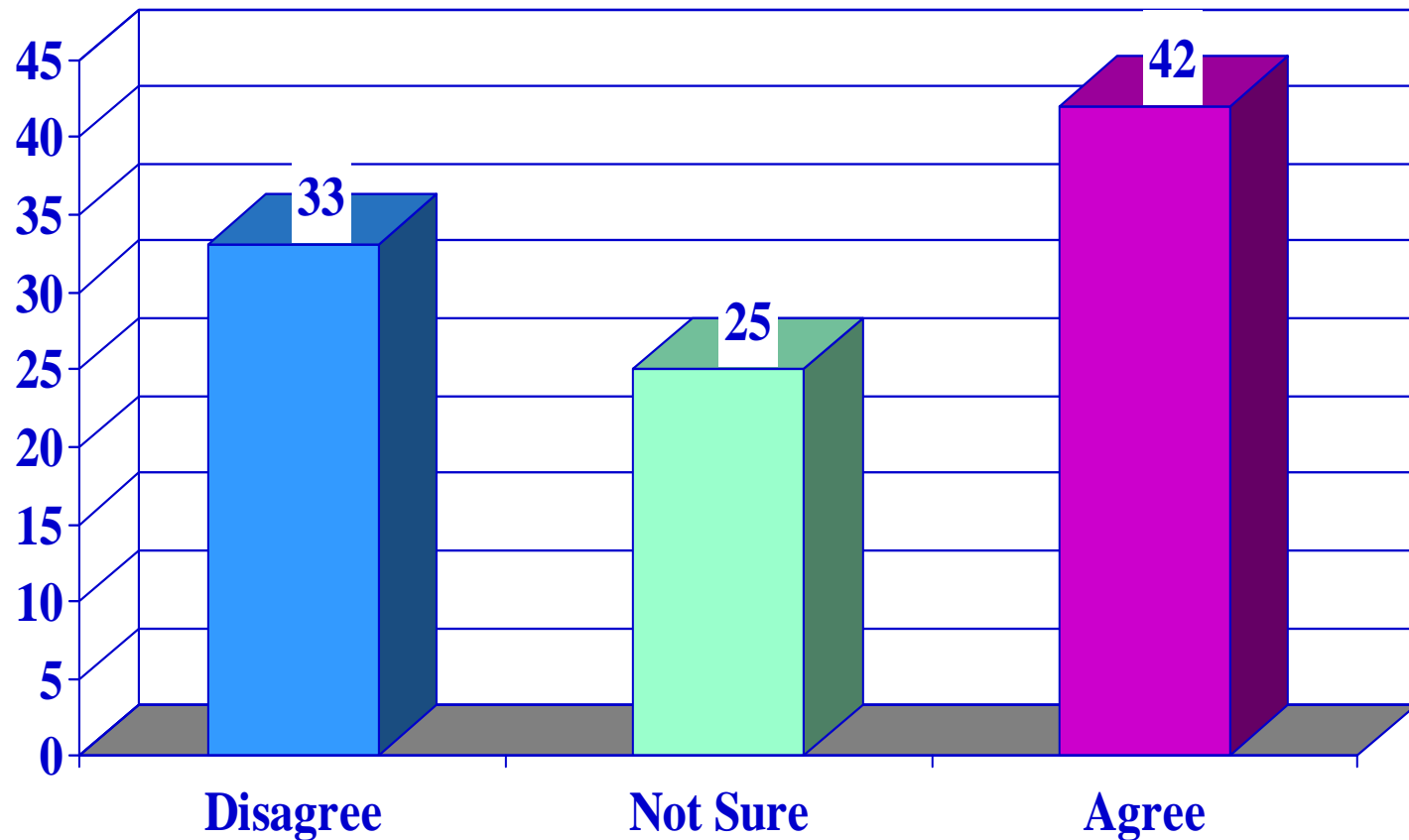
# Physicians' Views on P4P

- 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



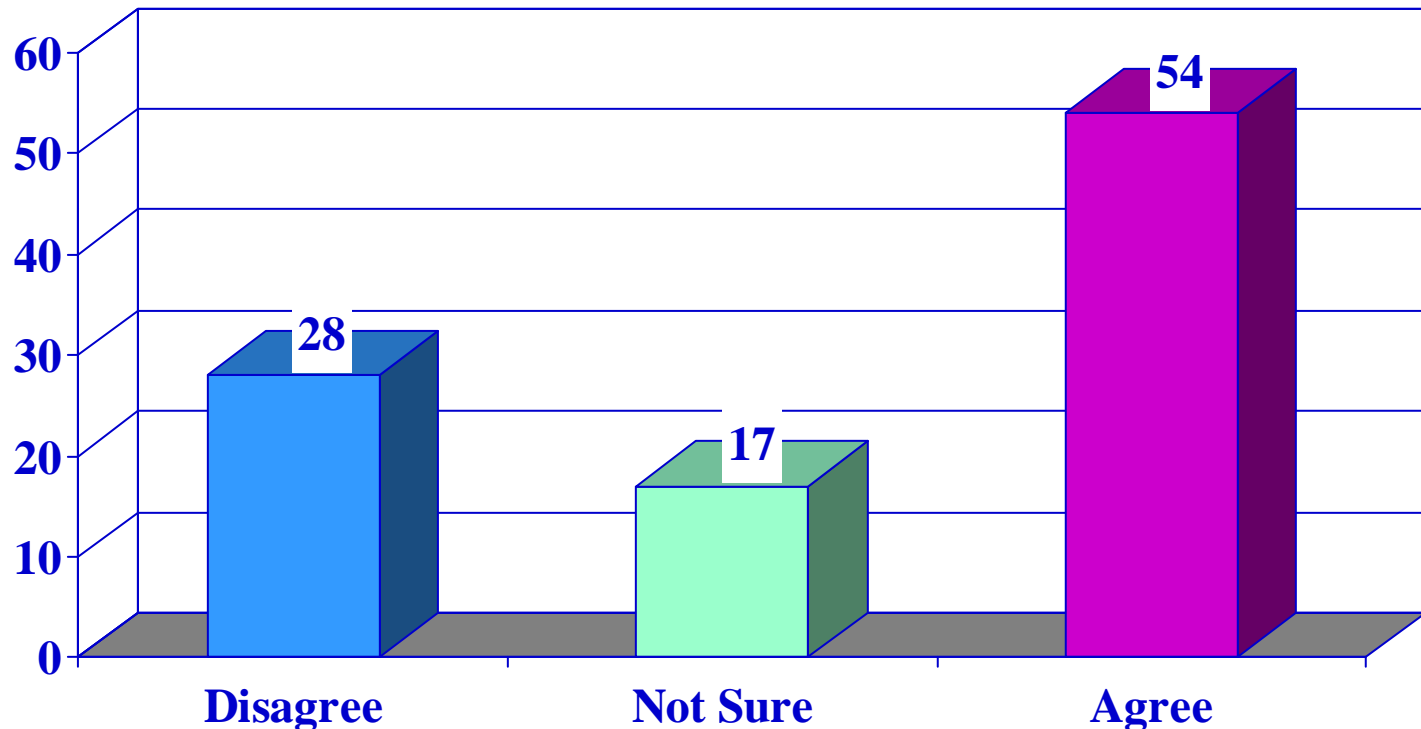
# “ P4P provides payers and patients a way to differentiate the quality of care”

% Strongly disagree and disagree/agree and strongly agree



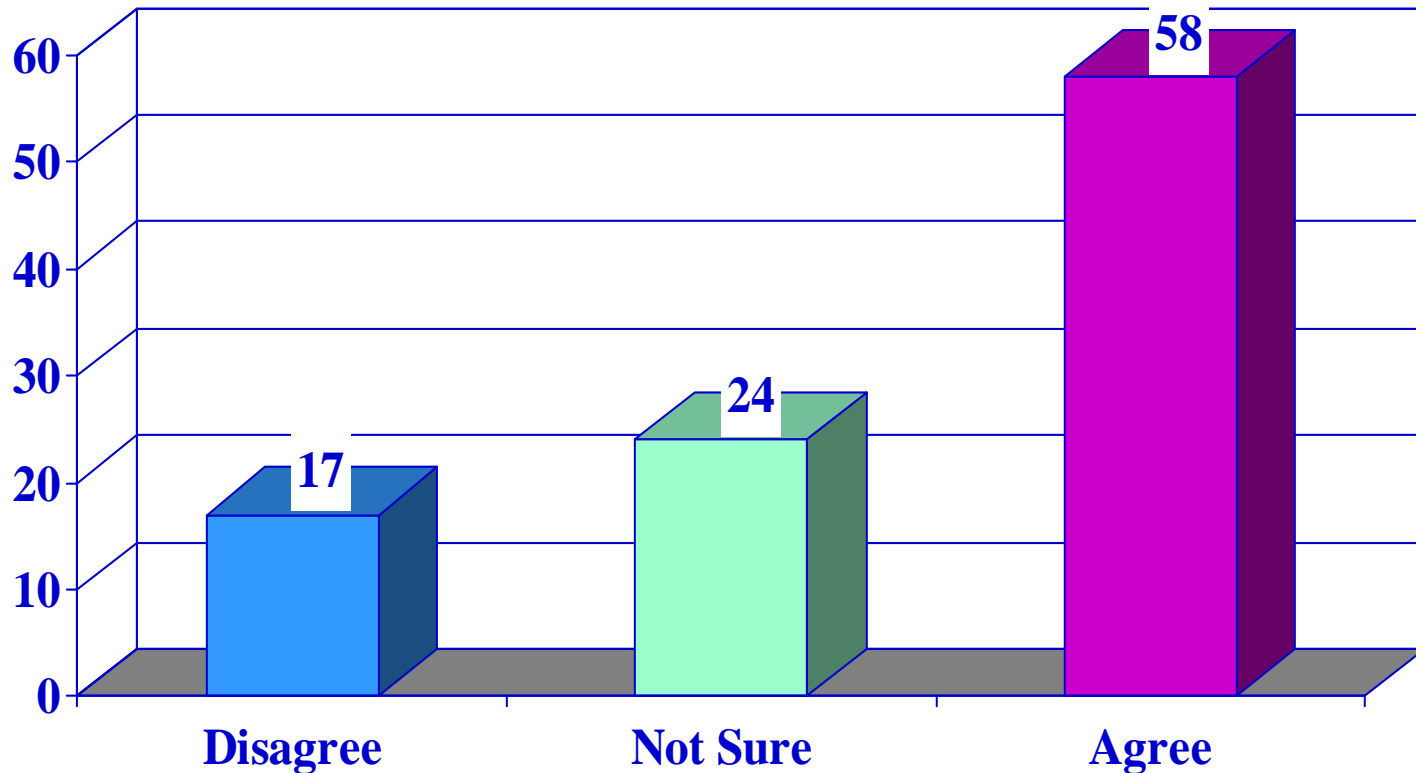
# “ P4P promotes the delivery of care according to evidence-based medicine.”

% Strongly disagree and disagree/agree and strongly agree

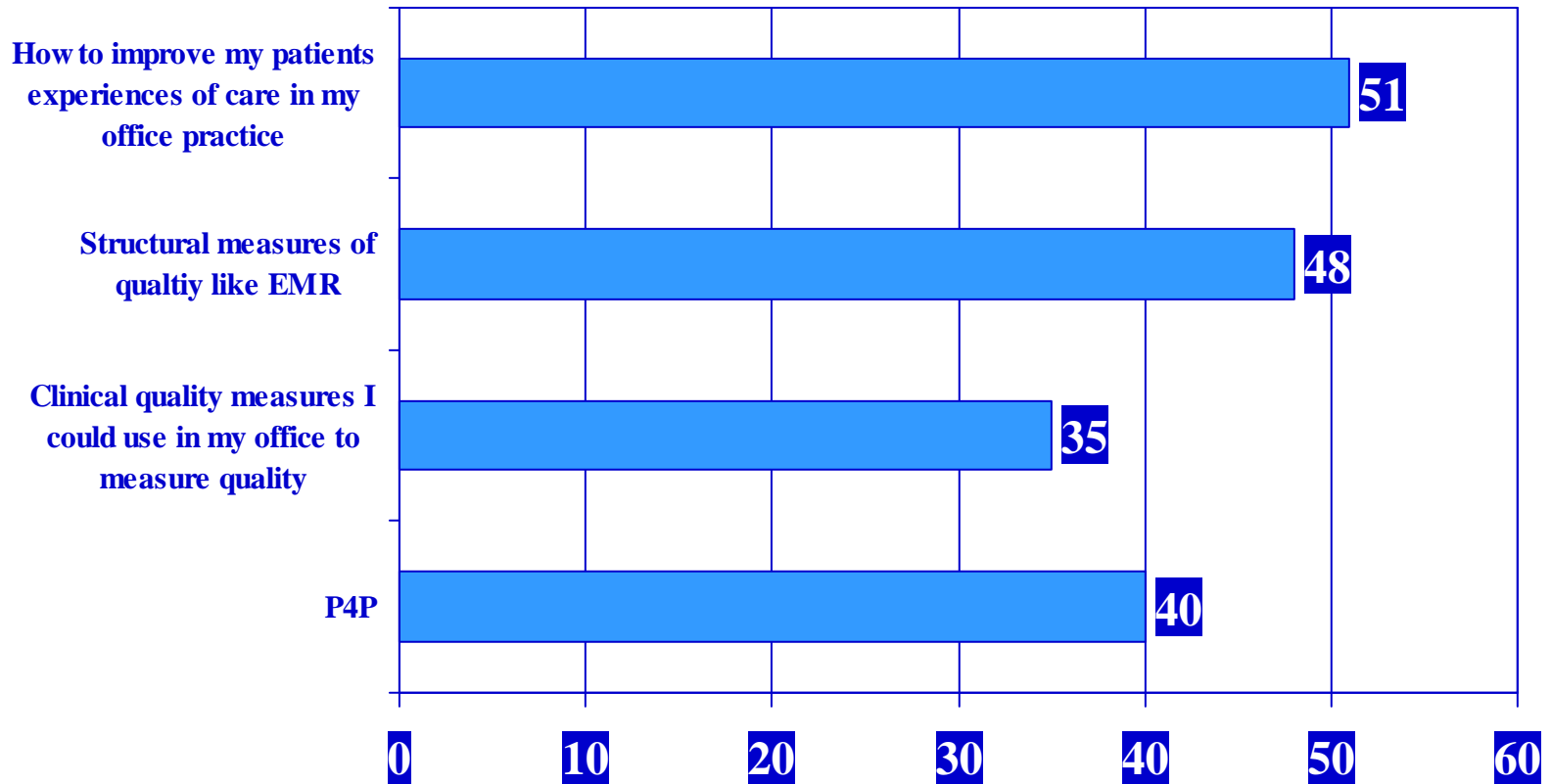


# “ P4P is a means for payers to decrease physician reimbursement .”

% Strongly disagree and disagree/agree and strongly agree

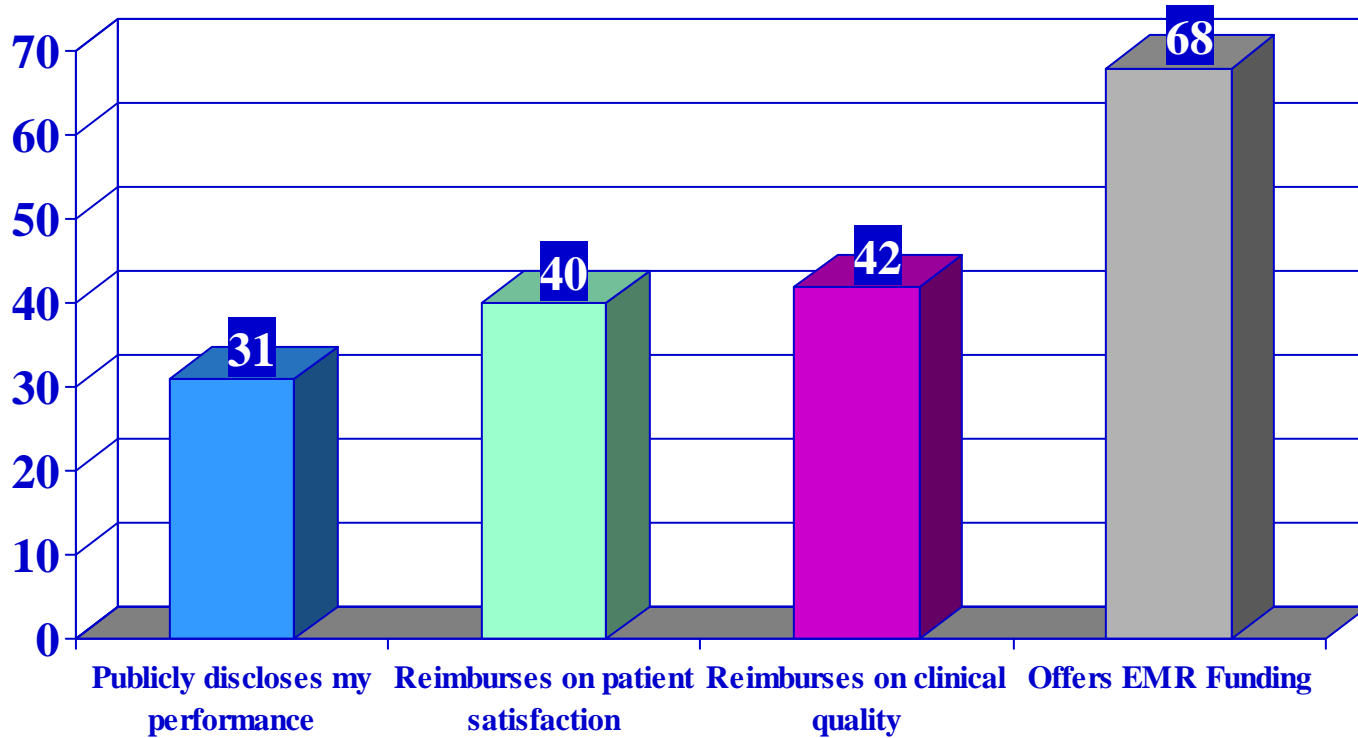


# “Information received from specialty society in the past 12 months”



# “I would favor a P4P that is based on...”

% Responses agree and strongly agree



# 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