

Medicare Value-Based Purchasing from Bench to Clinical Practice

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Objectives

- Lumetra Overview
- Medicare Care Management Performance (MCMP)
- Demonstration Overview
- Real World Perspective

Overview

- Medicare Care Management Performance
 - Centers for Medicare & Medicaid Services (CMS)
 - Three-year pay-for-performance (P4P) demonstration
 - Improve quality of care for beneficiaries
 - Improve coordination of care for beneficiaries
 - Promote healthcare information technology (HIT)

Other Value-Driven Demonstrations

- Premier Hospital Study
- Physician Group Practice (PGP)
- Better Quality Information (BQI)

MCMP Timeline



- Practices receive a database of patients each winter.
- Quality reports are released each spring.

Clinical Quality Measures

- 26 Quality Measures
 - Diabetes – DM (8)
 - Congestive Heart Failure – CHF (7)
 - Coronary Artery Disease – CAD (6)
 - Preventive Care – PC (5)
- Measure Owners
 - American Medical Association - AMA (14)
 - National Committee for Quality Assurance - NCQA (10)
 - CMS (2)
- Healthcare Effectiveness and Data and Information Set - HEDIS Measures (15)

Data Collection

- Stand-alone electronic reporting tool
- Pre-populated with demographic and claims data

The screenshot displays the MCMP-PAT Test MCMP Site interface. The window title is "MCMP-PAT | Test MCMP Site | T:\Physician Office Initiatives Tea...". The menu bar includes "File", "Patient", "Reports", "Tools", "Options", and "Help". The status bar shows "Complete, Complete - 1/1/1937", "Last Name", a clock at "07:59:38", and buttons for "Save", "Cancel", and "Check".

Navigation tabs at the top include: Demographics, DM, HF, CAD, PC.

DM Confirmation

DM Confirmed: Yes

DM1 & DM2 : Latest HbA1c Result

HbA1c Test: Yes
Date Drawn: 12/30/2005
Value: 7.1

DM3 : Blood Pressure Management

Most Recent BP: Yes
Date Taken: 12/28/2005
Systolic: 120
Diastolic: 80

DM4 & DM5 : Latest LDL-C Result

LDL-C Test: Yes
Date Drawn: 12/28/2005
Value: 120

DM6 : Urine Protein Testing

Med. Attention Nephropathy: Yes

DM7 : Eye Exam

Performed: Yes

DM8 : Foot Exam

Performed: No - Med. Reasons

Patient Status

Pt. Data: **Incomplete**
Warnings: Yes
Locked By: Unlocked
Updated: 10/29/2007 09:59 AM
Last User: ekorsgaard

Topic	Dx.	Rank
DM	Yes	11
HF	Yes	13
CAD	Yes	13
PC	Yes	----
PC - BP		13
PC - Mammo		7
PC - Colo.		13
PC - Flu		13
PC - Pneumo		13

Database Info.

Perf. Year: Sample
Min. Date: 01/01/2005
Max. Date: 12/31/2005
Mode: Editing
Current Date: 10/29/2007

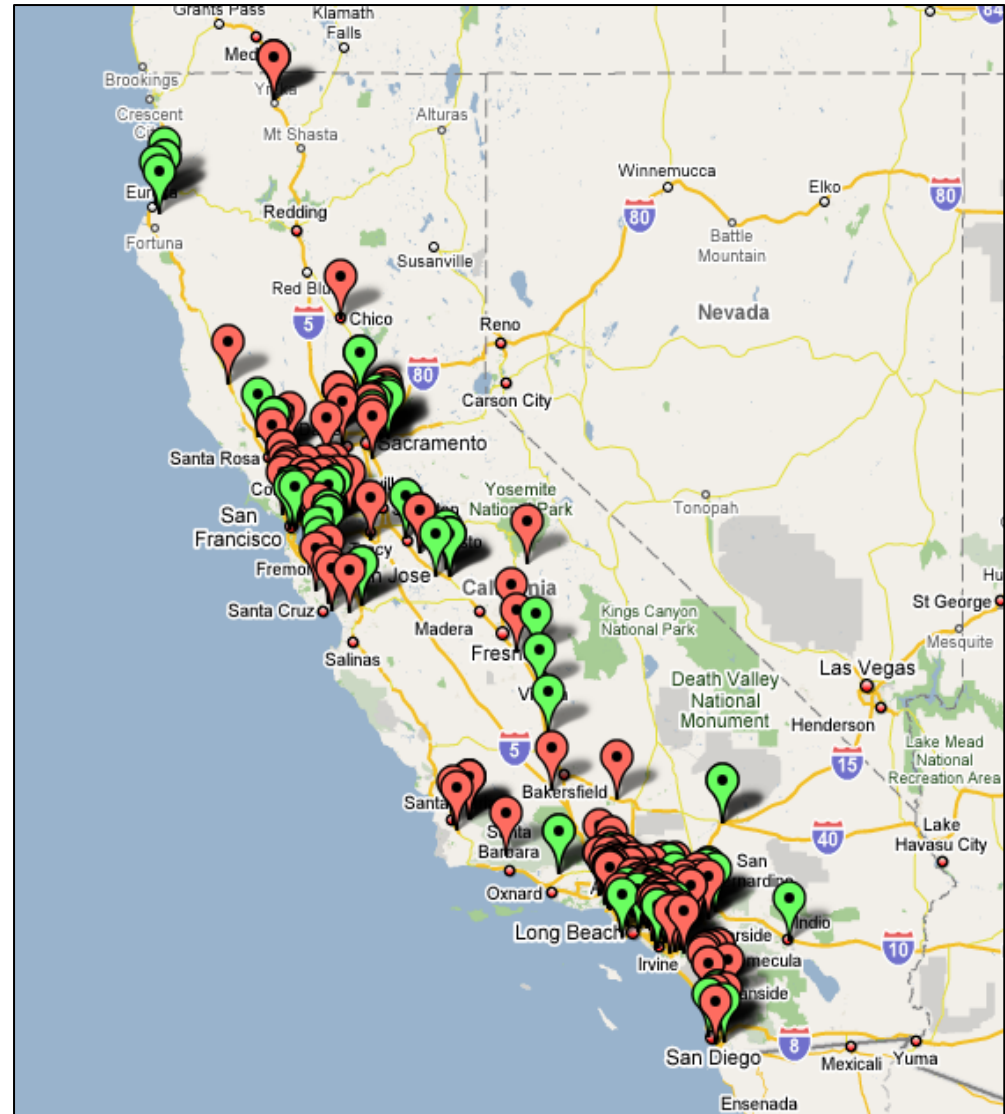
MCMP Incentive Payment

		2007	2008 – 2010
Pay-for-Reporting	Max Per Physician	Up to \$1,000	---
	Max Per Location	Up to \$5,000	---
Pay-for-Performance	Max Per Physician	---	Up to \$10,000 Annually
	Max Per Location	---	Up to \$50,000 Annually
Certification Commission for Healthcare Information Technology (CCHIT) Bonus		---	Up to 25% Annually

- Payments are capped at five physicians per practice.
- **\$38,500 per physician; \$192,500/practice**

Practice Demographics

- Four states
 - Arkansas
 - Utah
 - Massachusetts
 - California



Care Management in California Practices

	Urban	Rural	Total
California MCMP Practices	199	8	207 (100%)
Implemented Electronic Health Record (EHR)*	148	5	153 (74%)
Using EHR for Care Management	50	2	52 (34%)
Did Not Implement EHR*	51	3	54 (26%)
<p>Examples of Care Management in EHR:</p> <ul style="list-style-type: none"> • Identification of patients by disease • Health maintenance alerts • Patient-specific care plans 			

*Data collection period: June-October, 2007

Source: Lumetra, CMS' Doctor's Office Quality – Information Technology (DOQ-IT) Program, California Physician Office Enrollees

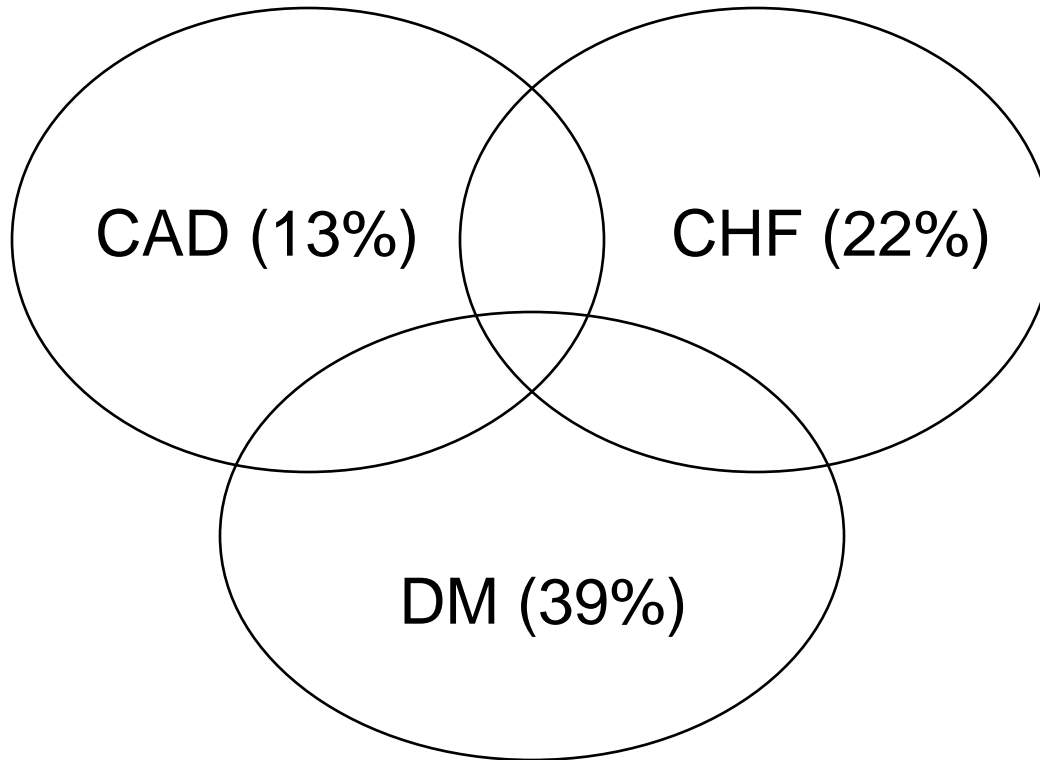
Urban/rural designations were obtained from 2000 Census data, by zip code. Urban designation was assigned to zip codes with a population density of at least 80% urban.

Size of California Practices

- 242 CA practices accepted into the demonstration
- 207 submitted baseline data (85%)

Number of Physicians	Number of Practices	Total Number of Beneficiaries	Mean Number of Beneficiaries per Practice
1	86 (36%)	12,537 (22%)	146
2-3	61 (25%)	10,278 (18%)	168
4-5	52 (21%)	13,265 (23%)	255
6-10	37 (15%)	15,426 (27%)	417
11+	6 (2%)	6,375 (11%)	1,063
Total	242 (100%)	57,881 (100%)	239

Beneficiaries by Measure Topic




- All eligible for Preventive Care measure topic.
- Preventive Care also included other chronic conditions.

EHRs



- Opportunities
 - Capture of discrete data
 - Unique reporting solutions
 - Enhance registry functionality
- Challenges
 - Missing data
 - Data warehouse?
 - Interfaces?

Paper Charts



DOQ-IT
Doctor's Office Quality - Information Technology

**Medicare Care Management Demonstration Project
(MCMP) Visit Planner**

PATIENT INFORMATION											
Patient:		MRN:		Gender:		DOB:		Age:			
Diagnosis:				Next PCP Appt.:							
PREVENTIVE CARE					CONGESTIVE HEART FAILURE						
Measure	Date	Freq.	Measure	Result	Date	Freq.	Measure	Result	Date	Freq.	
Mammogram			LV Systolic Function %				Weight				
Mammogram Contraindication							CHF Education				
Colorectal Screening			CORONARY ARTERY DISEASE								
Result	Date	Freq.	Measure	Result	Date	Freq.	Measure	Result	Date	Freq.	
FOBT			Beta Blocker*				Antiplatelet Therapy*				
Flex Sig			Beta Blocker Contraindication				Antiplatelet Therapy Contraindication				
Colonoscopy			ACEI/ARB*				Total Cholesterol				
Colorectal Screening Contraindication			ACEI/ARB Contraindication				HDL				
Influenza Vaccine			AFIB: Warfarin Therapy				LDL				
Influenza Vaccine Contraindication			AFIB: Warfarin Therapy Contraindication				Triglycerides				
Pneumonia Vaccine							Lipid Lowering Agent				
Pneumonia Vaccine Contraindication							Lipid Lowering Agent Contraindication				
Blood Pressure											
BP Systolic*							Prior MI				
BP Diastolic*							Beta Blocker*				
BP Titration Phase							Beta Blocker Contraindication				
BP Control Phase							ACEI/ARB				
							ACEI/ARB Contraindication				
DIABETES MELLITUS											
Measure	Result	Date	Freq.	Measure	Result	Date	Freq.	Measure	Result	Date	Freq.
HbA1c*											
I DI*											
Urine Protein Test											
DX of Nephropathy											
Dilated Retinal Eye Exam											
Complete Foot Exam w/monofilament											
Complete Foot Exam w/monofilament Contraindication											
Diabetes Education											
Additional Comments:											

* Indicates this measure may also be reported for the Physician Quality Reporting Initiative (PQRI).

Originally created by St. John's Health System, this tool is provided by Lumetra, California's Medicare Quality Improvement Organization. To obtain more copies visit www.lumetra.com or call (415) 677-2000.

- Opportunities
 - MCMP Visit Planner
 - Workflow changes
 - Population management
- Challenges
 - Idiosyncratic charting
 - Labor intensive
 - Missing data

Lessons Learned

- Reasons for Attrition
 - Competing Priorities (8)
 - Not Enough Time (10)
 - Other (7)
- Incentives for Participation
 - Peer Recognition
 - Realizing HIT Investment

Recruitment

- Promotion
 - California Academy of Family Physicians (CAFP) Annual Meeting
 - Hand-deliver applications
 - California NextGen Advisory Group (CNAG)
 - P4P Summit
- Networking
 - Independent physician association (IPA) leadership
 - Recruit champions
 - Barriers to participation

Training and Support

- Partners in success
- “Just in time” training
- Transmission of secure data
- Reminder emails and fax blasts
- EHR users groups
- Job description

Practice Perspective

- Mercy Medical Group
 - 38 physicians
 - 7 locations
- Woodland Clinic
 - 30 physicians
 - 6 locations

Organizational Commitment

- Pre-Requisites
 - Buy in (Financial and Clinical)
 - IT Support
 - Costs
 - Start up
 - Ongoing
- Communication of opportunities with clinicians
 - Through EMR
 - Through other means
 - Email
 - Note pad with patient check in

Workflow and Measure Capture

- Workflow:
 - Past History
 - Ability to accurately mine data elements and submit them
 - Standardized workflow across different locations
 - Future strategies:
 - Enable performance of requisite measures on an ongoing basis

Identifying Patients and Measures

- 2006 Measurement Year and Stage of EMR Implementation
- Patient Identification and Matching
- Interfaced Clinical Data Systems- footprint of data coverage.
- EMPI, EMPri- inheritance of legacy system problems
- Underlying capabilities of the EMR
- Underlying Discreet Data elements

Reporting Standards

- Underlying Terminology System
- Multiple interfaced (or Not) systems- LOINC
- Traditional P4P, a business event
 - For Quality - capturing a Value, not just an event
- Soft Clinical measures
 - Diabetic Foot Exam
 - LVEF, Topic Specific Patient Education
 - Results hidden by location, inpatient vs outpatient vs OON

Reporting Specifications

- Data Specification Document
 - Allow lots of time
 - Cover the past, plan the future (4 reporting years)
 - Intimate knowledge of the EMR
 - Data Schema for the transactional system, aggregated EMR structure
 - Multitude of status flags, columns, terms and dictionaries.

Quality Assurance and Monitoring

- Interim Reporting to Monitor Workflows and Data Capture
- QA for reporting
- Feedback to Clinicians and to Operations
- Licensing, scope, and union issues
- Perpetual Tension-Time required for discreet data capture vs efficiency in office workflow.

Data Warehouses

- Transactional Systems vs CDRs vs Data Mart
- Failure Rate of Data Warehouses
- Next Steps
 - Stakeholder buy-in
 - ETL Tool
 - Designing and development of a data mart
 - Knowledge workers
 - Continued EMR build out, more lab and hospital document interfaces or messaging summaries such as CCR/CCD

Practice Perspective

- Challenges:
 - Financial
 - Legal
 - Continuity of care
 - EMR policies regarding data entry