Catherine MacLean, MD, PhD, Staff VP, Performance Measurement
Michael Belman, MD, Medical Director, Clinical Quality and Innovations
Randy Solomon, Staff VP, Regional Network Performance
Michael Jaeger, MD, Regional Medical Director

February 28, 2008
Agenda

Using past experience to define a new framework for physician P4P programs
   Catherine MacLean, MD, PhD

Designing a New Framework
   Michael Belman, MD

P4P Success
   Randy Solomon

WellPoint’s P4P Framework
   Michael Jaeger, MD
Using past experience to define a new framework for physician P4P programs

Catherine MacLean, MD, PhD
Staff Vice President
Performance Measurement

February 28, 2008
Code of Hammurabi

- Set of statutes in ancient Mesopotamia
- Specified differential compensation for physicians based on the outcome of their services

_If a physician make a large incision with an operating knife and cure it, or if he open a tumor (over the eye) with an operating knife, and saves the eye, he shall receive ten shekels in money._

_If a physician make a large incision with the operating knife, and kill him, or open a tumor with the operating knife, and cut out the eye, his hands shall be cut off._

— Code of Hammurabi, c. 1750 B.C.
More Recently

Recognition that ....

• there are significant deficiencies in health care quality, and
• no apparent relationship between quality and cost

....has led to calls to improve quality though alignment with financial incentives.
Quality

Nearly one-half of physician care is not based on best practices

<table>
<thead>
<tr>
<th>Condition</th>
<th>% of Recommended Care Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>64.7%</td>
</tr>
<tr>
<td>Congestive Heart Failure</td>
<td>63.9%</td>
</tr>
<tr>
<td>Colorectal Cancer</td>
<td>53.9%</td>
</tr>
<tr>
<td>Asthma</td>
<td>53.5%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>45.4%</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>39.0%</td>
</tr>
<tr>
<td>Hip Fracture</td>
<td>22.8%</td>
</tr>
</tbody>
</table>

Cost

A negative relationship: As costs go up, quality goes down

1999 *To Err is Human*
- Initiatives to improve quality

2001 *Crossing the Quality Chasm*
- Alignment of payment and quality

2005 *Performance Measurement*
- National system for performance measurement and reporting

2006 *Rewarding Provider Performance*
- Financial rewards are powerful incentives but require specific ‘operating systems’
Pay for Performance

Reimbursement structure whereby remuneration is tied to performance on a set of defined quality metrics.

Typically accounts for only a small fraction of total reimbursement.

May include metrics for activities aimed at reducing cost.
Through alignment of payment with quality it is hoped that P4P will:

Improve Quality

Reduce costs:
- Directly through program components
- Indirectly through improved quality:
  - Improved health
  - Reduced need for services
  - Avoidance of adverse events
  - Reduced use of inappropriate services

Reward High Quality Providers
P4P Program Components: Measurement and Scoring

Measures of:

• Quality
  • Process
  • Outcomes
  • Patient Satisfaction

• Cost
  • Utilization of specific goods or services
  • Efficiency

Scoring Parameters:

  Threshold
  Absolute
  Relative
  Weighting
Results may be reported:

- Internally
- To participating providers (own scores)
- To network providers (scores of network providers)
- To employers
- To members
- To public

Types of Rewards:

- Recognition
- Financial
- Bonus payment
- Fee schedule increase
- Exclusive contract
- Member steerage
### P4P Components: Rewards

<table>
<thead>
<tr>
<th>Performance standards</th>
<th>Bonus Pool</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fixed</td>
<td>Open-Ended</td>
<td></td>
</tr>
<tr>
<td>Absolute</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Qualifications: Certain</td>
<td>Amount: Uncertain</td>
<td>Qualifications: Certain</td>
<td>Amount*: Certain</td>
</tr>
<tr>
<td>Relative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Qualification: Uncertain</td>
<td>Amount: Certain</td>
<td>Qualification: Uncertain</td>
<td>Amount*: Certain</td>
</tr>
</tbody>
</table>

* Predetermined

Hanh. CRS Report for Congress 2006;RL33713.
Growth in P4P Programs

* Med Vantage Survey
† Rosenthal et al. NEJM 2006;355:1895-1902.
Variation in Program Components

Survey of 10 Blue Plans:

- 60 indicators:
  - 0 indicators in all 10 plan programs
- 10 reward methods
- 10 methods to administer program
- 10 reward targets:
  - Bonus or fee schedule increase
  - 1% to 8% of total base physician reimbursement

Effect of Public Reporting

11 Hospital studies:
  • Stimulation of quality improvement activity
  • Inconsistent association with improved effectiveness

9 Hospital studies:
  • Inconsistent association with selection by consumers

7 Provider studies:
  • Inconsistent association with selection by consumers

Effect of Payment on Performance: UK

Physician P4P

*P Predicted vs. Actual

1998
2003
2005 - Predicted
2005 - Actual

*P = 0.07
*P = 0.002
*P < 0.001

Campbell et al. NEJM 2007;357:181-190.
Effect of Payment on Performance: US

33 Control Physician Groups in Northwest vs. 134 P4P Groups in California

ΔΔ = 3.6, P = .02
ΔΔ = 1.7, P = .13
ΔΔ = 0, P = .50

Compliance (%)
Hospital P4P: Incremental Effect

CMS-Premier Hospital Quality Incentive Demonstration Project

Percentage Point Change from Baseline

AMI
Pneumonia

Matched
Matched & Adjusted

Lindenauer et al. NEJM 2007;356:486-496.
P4P Summary

Growth in programs
Variation between programs
Measurement appear to improve performance
Effect of public reporting on performance uncertain
Effects of payment small or uncertain

Where do we go from here?
Evaluate programmatic components:
For shortcoming
For success
Revise programs informed by literature and analysis
Pay for Performance
Defining a New Framework

Michael Belman, MD
Medical Director
Clinical Quality and Innovations

February 28, 2008
Introduction

Integrated Healthcare Association (IHA) 5th year of statewide measurement

Over 200 groups and IPAs in the program
Incentives from 7 California health plans

Clinical quality measures and Patient Assessment Survey

Total Blue Cross bonus payment for measurement year (MY) 2006 was $69 million
Blue Cross of CA HMO Membership: Total = 1.4M

% = Percent of Blue Cross HMO members in each region.
Clinical Quality by Region

MY 2005  MY 2006

Bay Area  Inland Empire  Los Angeles  Orange  Rural East  Rural North  Sacramento  San Diego  South Coast

80.6%  79.6%  76.7%  77.3%  76.8%  77.8%  77.0%  80.0%  80.9%  79.4%  75.3%  72.9%
Regional Performance Metrics
Treatment for Children with URI

MY 2006 Appropriate Treatment for Children with Upper Respiratory Infection

- Sacramento: 94%
- Rural North: 92%
- Bay Area: 91%
- San Diego: 87%
- South Coast: 85%
- Los Angeles: 83%
- Rural East: 81%
- Orange: 78%
- Inland Empire: 74%
- Statewide: 83%

URI
MY 2006 Breast Cancer Screening

Regional Performance Metrics
Breast Cancer Screening

Sacramento
Rural North
Bay Area
San Diego
Orange
South Coast
Inland Empire
Rural East
Los Angeles
Statewide
IT Implementation Has Impact on Clinical Quality Scores

MY 2006 IT Implementation vs. Clinical Overall

<table>
<thead>
<tr>
<th>IT Implementation Score</th>
<th>Clinical Overall Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>45%</td>
</tr>
<tr>
<td>5%</td>
<td>44%</td>
</tr>
<tr>
<td>10%</td>
<td>62%</td>
</tr>
<tr>
<td>15%</td>
<td>73%</td>
</tr>
<tr>
<td>20%</td>
<td>71%</td>
</tr>
</tbody>
</table>
IT Implementation Has No Impact on Patient Satisfaction Scores

MY 2006 IT Implementation vs. Patient Satisfaction

Patient Sat Overall Score vs. IT Implementation Score

<table>
<thead>
<tr>
<th>IT Implementation Score</th>
<th>Patient Sat Overall Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>80%</td>
</tr>
<tr>
<td>5%</td>
<td>79%</td>
</tr>
<tr>
<td>10%</td>
<td>80%</td>
</tr>
<tr>
<td>15%</td>
<td>80%</td>
</tr>
<tr>
<td>20%</td>
<td>81%</td>
</tr>
</tbody>
</table>
Did the Rich Stay Rich?

Tracking MY 2004 Highest Quartile Provider Groups and Their Performance in MY 2006

76% of highest performing provider groups stayed at the top two quartiles after two years

# of Groups in Each Quartile

- Contract Termed
- 2006 Quartile 1
- 2006 Quartile 2
- 2006 Quartile 3
- 2006 Quartile 4

- 2004 Quartile 4

Highest Performing Groups N=45
Did the Poor Stay Poor?

Tracking MY 2004 Lowest Quartile Provider Groups and Their Performance in MY 2006

73% of lowest performing provider groups stayed at the bottom two quartiles after two years

# of Groups in Each Quartile

<table>
<thead>
<tr>
<th>Year/Quartile</th>
<th>Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract Termed</td>
<td>2</td>
</tr>
<tr>
<td>2006 Quartile 1</td>
<td>21</td>
</tr>
<tr>
<td>2006 Quartile 2</td>
<td>12</td>
</tr>
<tr>
<td>2006 Quartile 3</td>
<td>3</td>
</tr>
<tr>
<td>2006 Quartile 4</td>
<td>7</td>
</tr>
</tbody>
</table>
# Health Disparities and California P4P: Market Statistics (2005 Data)

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Riverside San Bernardino</th>
<th>Fresno</th>
<th>Sacramento</th>
<th>San Francisco</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP / 100K</td>
<td>53</td>
<td>80</td>
<td>79</td>
<td>116</td>
<td>86</td>
</tr>
<tr>
<td>PCP + SPC / 100K</td>
<td>119</td>
<td>171</td>
<td>184</td>
<td>276</td>
<td>207</td>
</tr>
<tr>
<td>Hospital Beds / 1000</td>
<td>1.8</td>
<td>1.6</td>
<td>1.8</td>
<td>2.2</td>
<td>2.7</td>
</tr>
</tbody>
</table>

**Source:** 2006 HealthLeaders-InterStudy Market Overview
## Health Disparities and California P4P: A Tale of Two Regions

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Inland Empire</th>
<th>Bay Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCPs/100K Pop.</td>
<td>53</td>
<td>116</td>
</tr>
<tr>
<td>% Pop. Medi-Cal</td>
<td>17%</td>
<td>12%</td>
</tr>
<tr>
<td>% Hispanic</td>
<td>43%</td>
<td>21%</td>
</tr>
<tr>
<td>Per Capita Income</td>
<td>$21,733</td>
<td>$39,048</td>
</tr>
</tbody>
</table>
Inland Empire Performance Metrics:
Inland Demographics

Lower PCP and specialist numbers in Inland Empire compared to California and the nation

Lower number of college graduates and higher number with high school education or below

Ethnic breakdown amongst insured in San Bernardino County shows

• Higher percent African American and Latino
• Lower percent Asian and White

Lower percent insured in Inland Empire compared to California
Conclusions

Persistent and consistent regional variation in performance

Low performing regions in general do not improve relative performance

Membership has not declined in poor performing groups

Incentive formula based only on thresholds or rank perpetuates disparity.
P4P: Success

Randy Solomon
Staff Vice President
Regional Network Performance

February 28, 2008
P4P Success
Building blocks for a successful P4P program

• Willingness to listen to each other
• Willingness to *partner* for the greater good
• Willingness to make changes
• Willingness to share information
• Willingness to reduce administrative burdens by acceptance of external recognitions
• Willingness to use of nationally endorsed industry standard quality measures
What do we believe has made programs successful?

- External Recognition Acceptance
- Portal Technology
- Program Enhancements
- Physician Collaborations
- Internal Leadership Engagement
### Process Measures

Requires a minimum of 25 members eligible for all Process Measures combined.

The percent of total eligible members who received the measured services:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Eligible Members *</th>
<th>Services</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRE</td>
<td>118</td>
<td>66</td>
<td></td>
</tr>
<tr>
<td>HbA1c</td>
<td>118</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>LDL</td>
<td>118</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>CVC LDL</td>
<td>38</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Childhood Well Visits</td>
<td>31</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Childhood Paediatric Test</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Adolescent Well Visits</td>
<td>295</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td>49</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL SCORE</strong></td>
<td><strong>770</strong></td>
<td><strong>171</strong></td>
<td><strong>22.2 %</strong></td>
</tr>
</tbody>
</table>

### Technology

**Measure**

- Electronic Medical Record (EMR) or Electronic Health Record (EHR)
- Electronic Prescription (e-Rx)
- Electronic Disease / Patient Registry
- Use of AOF Web Portal

**Measure**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Eligible Members *</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childhood Combo</td>
<td>12</td>
<td>0.0 %</td>
</tr>
<tr>
<td>Adolescent Combo</td>
<td>29</td>
<td>0.0 %</td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HbA1c below 7</td>
<td>118</td>
<td>57.6 %</td>
</tr>
<tr>
<td>HbA1c above 9</td>
<td></td>
<td>0.0 %</td>
</tr>
<tr>
<td>LDL-C below 100</td>
<td>118</td>
<td>57.6 %</td>
</tr>
<tr>
<td>LDL-C above 130</td>
<td></td>
<td>0.0 %</td>
</tr>
<tr>
<td>Cardiovascular Condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Pressure &lt; 140 / 90</td>
<td>38</td>
<td>63.2 %</td>
</tr>
<tr>
<td>LDL-C &lt; 100</td>
<td></td>
<td>63.2 %</td>
</tr>
<tr>
<td>Depression Screening for Chronic Diseases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression Screening</td>
<td>0</td>
<td>0.0 %</td>
</tr>
</tbody>
</table>

**TOTAL POINTS**
### Generic Prescribing Rate

- **Your Group (N = 646)**: 59.16%
- **Comparison Network (N = 489,913)**: 58.96%
- **Your Previous Year Group (N = 632)**: 56.97%

### Your Group Prescriptions Filled

#### Classifications vs. BRAND vs. GENERIC

<table>
<thead>
<tr>
<th>Classifications</th>
<th>BRAND # Scripts</th>
<th>GENERIC # Scripts</th>
<th>Total Scripts</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACEI &amp; ARB</td>
<td>20</td>
<td>46</td>
<td>66</td>
</tr>
<tr>
<td>ANTIBIOTICS</td>
<td>6</td>
<td>48</td>
<td>54</td>
</tr>
<tr>
<td>NARCOTIC ANALGESICS</td>
<td>0</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>ORAL DIABETIC AGENTS</td>
<td>6</td>
<td>8</td>
<td>14</td>
</tr>
<tr>
<td>ORAL CONTRACEPTIVES</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>STIMULANTS/STRATTERA</td>
<td>10</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>SSRI/SNRi/WELLBUTRIN</td>
<td>48</td>
<td>57</td>
<td>105</td>
</tr>
<tr>
<td>NSAIDs/COX2s</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>ALL OTHER DRUGS</td>
<td>187</td>
<td>197</td>
<td>384</td>
</tr>
</tbody>
</table>

**Total Scripts:** 278  368  646
AQI Portal Adoption Rates – Northeast

- 2005: 20%
- 2006: 55%
PCP Process Measure Results

AQI Northeast PCP Process Measures

- LDL: 80.8% (p<0.00001) to 84.9% (2005 to 2006)
- HbA1c: 60.8% (p<0.00001) to 72.1%
- DRE: 53.7% (p<0.00001) to 84.9%
- CAD-LDL: 84.9% (p<0.00001) to 84.3%

Note: All improvements are statistically significant.
AQL PCP Generic Pharmacy Results

Northeast AQL Generic Prescribing

- CT: 44.61%
- NH: 52.67%
- ME: 52.49%
- Region: 54.01%

57.05% and 57.06% represent data from 2005 and 2006 respectively.
Approximately 38% of the eligible PCP’s received a reward for the 2005 Program

Approximately 59% of the eligible PCP’s received a reward for the 2006 Program
Lessons learned

• Continuously evaluate performance
• Create incentives for improvement
• Include external recognition achievement
• Constant (near real-time) information sharing
• Actionable information leads to increased partnerships
• Full disclosure of methodology
• Fee schedule vs. bonus reward
P4P: Leadership

Catherine MacLean, MD
Academic Clinical Experience

Mike Belman, MD
Clinical Experience

Randy Solomon
Business Experience
P4P: Framework Principles

Followed the Six Aims for quality improvement endorsed by the Institute of Medicine (IOM) that states medical care should be:

- Safe
- Effective
- Timely
- Efficient
- Equitable
- Patient Centered

Framework is aligned with other initiatives:

<table>
<thead>
<tr>
<th>WLP Member Health Index</th>
<th>State Health Index</th>
<th>HEDIS</th>
<th>Hospital Quality Program</th>
<th>Blue Distinction Centers of Excellence</th>
<th>National Initiatives: NCQA, BTE, ABIM</th>
</tr>
</thead>
</table>
Alignment with WellPoint Initiatives

Value Networks/Blue Precision

Bridges to Excellence

Member Health Index

Generic Prescribing

E-prescribing

Web-portal
P4P: Core Measures

- **Safe**
  - Annual monitoring for persistent medications (NCQA)

- **Timely**
  - Extended office hours

- **Effective**
  - Nationally endorsed process measures covering:
    - Asthma
    - Behavioral Health
    - Coronary Artery Disease
    - Diabetes
    - Preventive Care
    - Patient-shared decision making
P4P: Core Measures

- **Efficient**: Generic prescribing; ePrescribing; use of EMR, web-portal
- **Equitable**: Opportunity for rewards based on quality improvement
- **Patient Centered**: Measurement of patient satisfaction
  Programs to improve patient satisfaction
Avoid the “Black Box”
Characteristics

Easily communicated
Physician engagement and interaction
Local market flexibility
Actionable information and data
Timely information and data
Performance Measurement Principles

Program uses nationally-endorsed, standardized measures wherever possible

- Measures should be meaningful and actionable
- Work with measure developers and endorsers such as AQA, NQF, NCQA, CMS, etc to encourage measure development
  - Work collaboratively with medical and specialty societies to fill gaps in comprehensive assessment strategy

Reward improvement

- Program design will not only reward upper echelon of top performing providers; it will also inspire lower performers to improve through various methods of reward and recognition

Include efficiency and other aspects of performance that enhance total quality

- Identify appropriate balance of quality and efficiency
- Pharmacy, e-Prescribing, patient satisfaction
Nationally Endorsed Third Party benchmarks whenever possible: NCQA, ABIM, AAFP Metrics, NQF, Specialty Societies
P4P: Measurement Framework

WellPoint’s P4P Framework provides program structure while allowing for regional flexibility based on market need:

Clinical Measures

• Process, outcomes and improvement measures
• NCQA provider recognition for diabetes, heart/stroke and back pain
• ABIM Practice Improvement Modules and AAFP Metrics programs

Patient-Centered Measures

• Measures may include patient satisfaction, extended office hours, use of patient shared decision making tools

Pharmacy Measures

• Generic prescribing

Care Systems Measures

• E-prescribing, use of EMR, use of web-portals
• NCQA Practice Connect Program recognition
DOMAIN:

- Core measures
  - Assessed for all members in all markets

- Optional measures
  - Implemented in response to local quality gaps, regional programs and/or market needs.

- Future measures
  - Under consideration
P4P: Concept of Core Measures

Core Measures

- Clinical Quality
  - Clinical Process
  - Clinical Outcomes
  - Clinical Improvement

- Patient Centered

- Pharmacy

- Care System

Expanded Local Measures

Business Need, Quality Gaps, Local Quality Initiatives
P4P: Scoring

- Scoring will be calculated separately for each of the four categories
- A composite score will be derived from individual measures within each category
- Four scoring levels which will correspond to different ranges of reward are defined as follows:
  
  I. *Below Threshold*
  II. *Threshold*: 3% above average
  III. *Target/Goal*: 80th percentile
  IV. *Superior*: 90th percentile

- Compared against local scores first, if none are available, national benchmarks and thresholds are used
- Attainment of the threshold Clinical Measures score will be required to obtain a reward regardless of scores in the other areas
P4P: Scoring

**Category**
- Clinical Quality
  - Clinical Process
  - Clinical Outcomes
  - Clinical Improvement
  - Potential Score: 50 +/- 5 points
  - Composite score for each domain
  - Scoring level: Below threshold, Threshold, Target, Superior

- Patient Centered
  - Potential Score: 10 +/- 5 points
  - Composite score for each domain
  - Scoring level: Below threshold, Threshold, Target, Superior

- Pharmacy
  - Potential Score: 25 +/- 5 points
  - Composite score for each domain
  - Scoring level: Below threshold, Threshold, Target, Superior

- Care Systems
  - Potential Score: 15 +/- 5 points
  - Composite score for each domain
  - Scoring level: Below threshold, Threshold, Target, Superior
P4P: Physician Eligibility, Reporting and Rewards

Eligibility:

- P4P programs apply to all individual and group, fully insured and ASO, commercial lines of business
- Medicare and Medicaid are excluded

Reporting:

- Annually, preliminary scorecards and metric reports will be distributed to participating providers
- Providers will have 60 days to review and respond
- Final reports to network providers will be adjusted based on feedback

Rewards:

- Periodic fee schedule adjustments
- Determined locally and may vary based on local market needs
Reward Elements

Financial

• Structure-Periodic fee schedule adjustments for allowable E&M charges
• Amount- varies by market
• Paid at tax id level

Periodicity varies by program maturity

• Every 6 months for new program
• Annually for mature programs

Recognition

• Directories
• Other forms of recognition
<table>
<thead>
<tr>
<th>Measure</th>
<th>Measurement Category</th>
<th>Eligible members</th>
<th>Percent</th>
<th>Eligibility Criteria</th>
<th>Points Possible</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Measures</strong></td>
<td></td>
<td></td>
<td></td>
<td>Threshold must be at least above average. Specific scoring levels to be determined</td>
<td></td>
</tr>
<tr>
<td>Colorectal cancer screening (MHI)</td>
<td>Enterprise P4P Measure</td>
<td></td>
<td>YYY</td>
<td>locally; some guidelines shown below</td>
<td></td>
</tr>
<tr>
<td>Childhood immunization status (MHI)</td>
<td>Enterprise P4P Measure</td>
<td></td>
<td>ZZZ</td>
<td>50 +/- 5 points - breakdown per domain per local plans</td>
<td></td>
</tr>
<tr>
<td>Breast cancer screening (MHI)</td>
<td>Enterprise P4P Measure</td>
<td></td>
<td>ZZZ</td>
<td>72%</td>
<td></td>
</tr>
<tr>
<td>Cervical Cancer Screening (MHI)</td>
<td>Enterprise P4P Measure</td>
<td></td>
<td>ZZZ</td>
<td>82%</td>
<td></td>
</tr>
<tr>
<td><strong>Asthma</strong></td>
<td></td>
<td></td>
<td></td>
<td>Clinical process measures equal-weighted</td>
<td></td>
</tr>
<tr>
<td>Long-term meds</td>
<td>Expanded Local Measure</td>
<td></td>
<td>90%</td>
<td>Meets composite threshold; X Points</td>
<td></td>
</tr>
<tr>
<td>CAD</td>
<td></td>
<td></td>
<td></td>
<td>Meets composite goal; X Points</td>
<td></td>
</tr>
<tr>
<td>Beta-blocker persistence after AMI</td>
<td></td>
<td></td>
<td>70%</td>
<td>Meets superior composite goal; X Points</td>
<td></td>
</tr>
<tr>
<td>Beta-blocker therapy</td>
<td></td>
<td></td>
<td>YYY</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Measure</td>
<td>Measurement Category</td>
<td>Eligible members</td>
<td>Members meeting criterion</td>
<td>Percent</td>
<td>Eligibility Criteria</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>----------------------</td>
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<td>---------------------------</td>
<td>---------</td>
<td>----------------------</td>
</tr>
<tr>
<td><strong>CLINICAL MEASURES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CLINICAL OUTCOME MEASURES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCQA Diabetes Recognition</td>
<td>Enterprise P4P Measure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional measure(s) per local plan</td>
<td>Expanded Local Measure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes Outcomes Composite</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CAD</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCQA Heart/Stroke Recognition</td>
<td>Enterprise P4P Measure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional measure(s) per local plan</td>
<td>Expanded Local Measure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAD Outcomes Composite</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>COMPOSITE OUTCOME MEASURES SCORE</strong></td>
<td>XXX</td>
<td>YYY</td>
<td>ZZZ</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>COMPOSITE CLINICAL MEASURES (PROCESS + OUTCOME) SCORE</strong></td>
<td>XXX</td>
<td>YYY</td>
<td>ZZZ</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## P4P: Sample Scorecard - Clinical Improvement & Composite Score

<table>
<thead>
<tr>
<th>Measure</th>
<th>Measurement Category</th>
<th>Eligible members</th>
<th>Members meeting criterion</th>
<th>Percent</th>
<th>Eligibility Criteria</th>
<th>Points Possible</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLINICAL MEASURES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completion of any ABIM PM or AAFP METRIC Module (Asthma, Diabetes, Hypertension, Preventive Cardiology, Prevention)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Threshold must be at least above average. Specific scoring levels to be determined locally; some guidelines shown below</td>
<td>50 +/- 5 points - breakdown per domain per local plans</td>
</tr>
<tr>
<td>Additional measure(s) per local plan</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

### CLINICAL IMPROVEMENT MEASURES

<table>
<thead>
<tr>
<th>Measure</th>
<th>Measurement Category</th>
<th>Eligible members</th>
<th>Members meeting criterion</th>
<th>Percent</th>
<th>Eligibility Criteria</th>
<th>Points Possible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completion of any ABIM PM or AAFP METRIC Module (Asthma, Diabetes, Hypertension, Preventive Cardiology, Prevention)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X points per program completed, up to a maximum of Y points (points determined locally)</td>
<td></td>
</tr>
<tr>
<td>Additional measure(s) per local plan</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### CLINICAL IMPROVEMENT MEASURES SCORE

### ADJUSTED COMPOSITE CLINICAL MEASURES SCORE CALCULATION

### SUM OF COMPOSITE CLINICAL MEASURES SCORE AND CLINICAL IMPROVEMENT MEASURES SCORE UP TO A TOTAL of 50 POINTS (NOT)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Measurement Category</th>
<th>Eligible members</th>
<th>Members meeting criterion</th>
<th>Percent</th>
<th>Eligibility Criteria</th>
<th>Points Possible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Composite Clinical Measures Score</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Meets composite threshold: 20 points</td>
<td></td>
</tr>
<tr>
<td>Clinical Improvement Measures Score</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Meets composite goal: 30 points</td>
<td></td>
</tr>
</tbody>
</table>

### ADJUSTED COMPOSITE CLINICAL MEASURES (PROCESS + OUTCOME + IMPROVEMENT) SCORE

<table>
<thead>
<tr>
<th>Measure</th>
<th>Measurement Category</th>
<th>Eligible members</th>
<th>Members meeting criterion</th>
<th>Percent</th>
<th>Eligibility Criteria</th>
<th>Points Possible</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>45-55 points</td>
</tr>
</tbody>
</table>

**ADJUSTED COMPOSITE SCORE MUST BE AT LEAST YY (THRESHOLD) TO QUALIFY FOR ANY REWARD - REGARDLESS OF SCORES IN OTHER SECTIONS**
P4P: Annual Program Evaluation

Alignment with Framework Goals:
- Does program promote the 6 IOM aims?
- Alignment with other Anthem quality initiatives?
  - MHI, Hospital & COE programs, National initiatives (NCQA, BTE)
- Does program address quality gaps?
- Does program address specific local market needs?
- Does program align with local quality initiatives/collaborative?

Quality Improvement:
- Define populations, baseline measurement pts, follow-up measurement, relevant comparison groups, analytic and statistical methods used to assess individual measures, domains and overall composite results

Rewards:
- Time periods and accounting methods defined

Program Costs:
- ROI
Search for other innovative incentive models:

- Financial incentives may not create enough incentive to change behavior; look for other viable options such as:
  - Gold-carding
  - Technology Assistance - software or hardware rewards
  - Disease/care management support
  - Administrative assistance

Develop metrics in other areas such as:

- Efficiency
- Pharmacy
- Technology
- Infrastructure
Questions?