Performance Assessment and HIT

Session 3.07

Speakers

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BTE today

Physician Office Link
Diabetes Care Link
Cardiac Care Link
Spine Care Link

WA
ME
MN
MA
NY
CT
NJ
OH
DE
CA
IL
CO
VA
MD
KY
NC
AR
GA

~ 10,000 BTE-Certified Physicians

BTE Care Links Strategy – Current Programs

- **Physician Office Link** – Based on NCQA's Physician Practice Connections (PPC v2), or the QIO Practice Assessment, practices that go through the recognition process successfully are rewarded up to $50pmpy
- **Diabetes Care Link** – Based on the NCQA's Diabetes Physician Recognition Program (DPRP), eligible physicians can qualify for $200/diabetic/y
- **Cardiac Care Link** – Based on the NCQA's Heart-Stroke Recognition Program (HSRP), eligible physicians can qualify for up to $200/cardiac/y
- **Spine Care Link** – Based on the NCQA's Back Pain Recognition Program (BPRP), eligible physicians can qualify for up to $50/back pain/y

The BTE performance system standardizes medical record-based quality assessments

- Three levels of certification:

  - Set at about the 50th national percentile. “Classic” measurement of individual metrics summed to produce a score, threshold set to focus on above average performance

  - Set at about the 75th national percentile. Still focused on individual metrics, but all intermediate outcome measures are “must pass”.

  - Set at about the 90th national percentile. Physicians must demonstrate that they are using advanced processes and delivering all the right care to patients.

- Having three levels is consistent with most recommendations by experts today of having thresholds and potential for improvement (Casalino, Rosenthal)

Today's performance assessment cycle

Day 90

Claims data

Payment

Aggregated claims

Health Plan

Day 1

Day 365

Physician

Scorecard

NQF/ AQA Measures

Day 500

Supplemental

Data

Significant barriers to physician assessment today

1. Time lag – today's assessment reflects last year's (at best) performance. The quality of today's care will be known sometime next year
2. Credibility – "not my patients" syndrome caused by (a) time lag, (b) billing systems
3. Relevance – performing a test is not the same as managing the results of the test

BTE's pilot system

Day 30

Data and authorization

Data & Authorization

Data Aggregators

Feedback

Day 90

Feedback

Day 90

Day 1

Physicians

Performance Assessors

Recognized

Physicians

NCQA
MNCM
MassPRO

Day 120

Quality Improvement

Features of new model

1. "Real-time" assessment – scorecards every 90 days, recognition within 120 days
2. Continuous assessment and improvement – data and scores updated every quarter, recognition status can change every other quarter
3. Credibility and relevance – no doubt about patient attribution, and breadth of quality measure mining is only beginning to be understood

Many challenges remain

1. Incomplete picture (part 1) – if a practice has just started their EHR/Registry implementation, it may take a year for all their patients to be included
2. Incomplete picture (part 2) – no patient mapping across providers
3. Lack of standardization – BP may be SBP or DBP in one system and the reverse in another

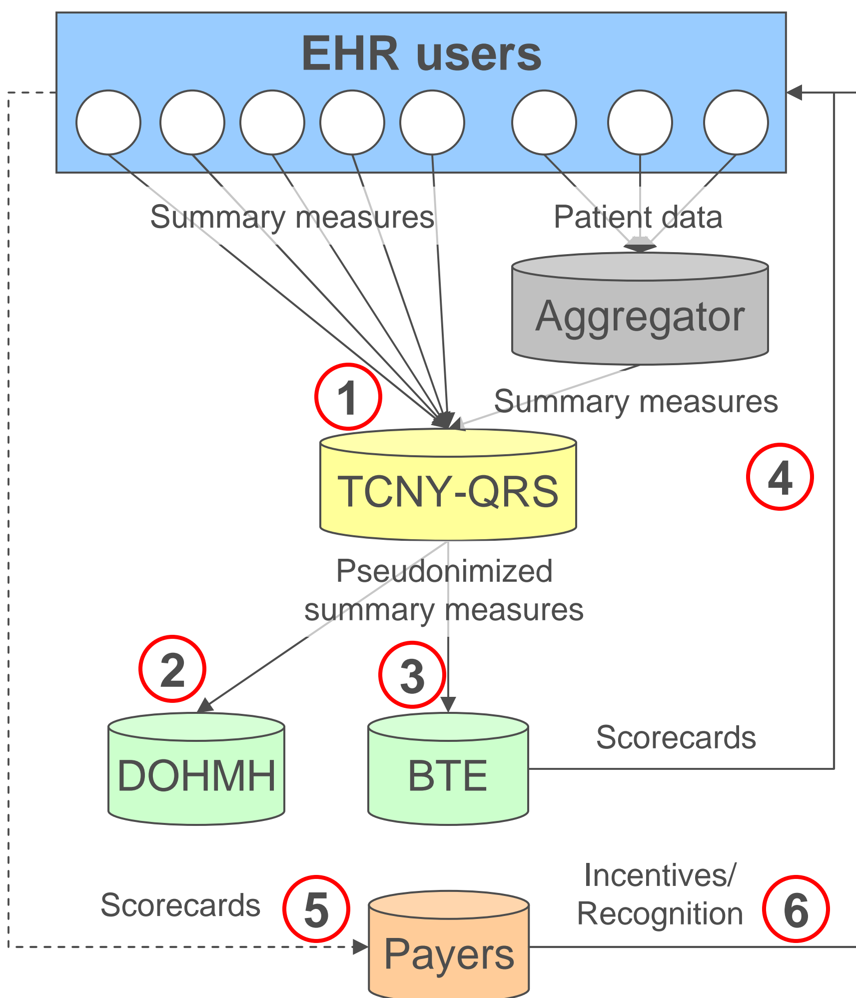
Different models offer different solutions

- Physician to Assessor – “DOQ-IT” model where any physician’s system pushes measures into a common measure warehouse for performance assessment and review
- Physician to “infomediary” to Assessor – Infomediaries are data aggregators that perform some data manipulation to standardize the data elements across physician HIT systems, and potentially organize numerators and denominators prior to assessment

DOQ-IT data submission model

1. EHRs or registries are configured to assemble numerators and denominators by tagging specific measures –
   - 37 measures currently
   - Can measure clinical process and outcomes
2. Physicians then push those measures to a warehouse – can be automated
3. Warehouse constructs the performance scores and comparative performance analyses and reports back to physicians
4. Physicians review and act on data – MCMP pilot example
5. *Future - data released to public after review and approval*

Take Care NY Quality Reporting System



1) EHR users collect patient data and transmit summary measures in a standardized, pseudonimized format to the TCNY-QRS (Note: An aggregator will be required to standardize measures for some EHR users)

2) NYC DOHMH uses pseudonimized measures for population surveillance

3) BTE uses pseudonimized measures to assess performance of participating physicians

4) EHR users receive scorecard from BTE and review results for practice QI. IPRO will provide QI and auditing services.

5) OPTIONAL: EHR users approve report and authorize push to contracted payers

6) Payers recognize/send incentives to EHR users that qualify based on P4P benchmarks

Issues with this model

- Measures have to be programmed by EHR vendors
  - How many variations are enough?
- Still requires auditing and verification of measure coding and reports
  - Vendor must be authorized to submit
  - Multiple vendors required to submit to same measure
- What happens when criteria for measures change?

BTE will focus on the infomediary model

EMRs/Registry and CDSS Vendors/Boards

Plans

BTE

ABIM

DocSite

eCast

Community Initiatives/Health Systems

Physicians can leverage the ABIM MOC process for BTE Recognition

Physicians submit ABIM Performance Improvement Module

1 Cardiac | Diabetes | Comprehensive | Asthma

2 Physicians authorize scoring of data

DATA SWEEP

MassPro

ABIM

3 Physician's Scored

Pass

Not Pass

Scorecard

4 Physicians Review/elect to participate in BTE

5 BTE Incentives/ Recognition

Cardiac Care Link

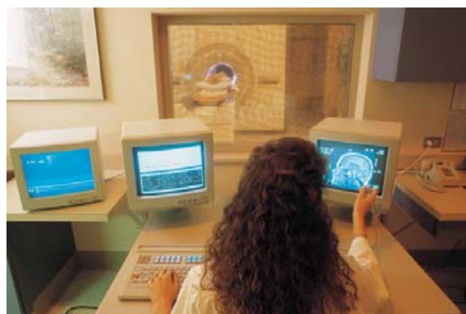
Diabetes Care Link

Comprehensive Care Link

Asthma Care Link

Physicians can participate through community/HIE efforts

Physicians submit data: Portal/HIE/Registry



IDS/HIE aggregates Data (numerator/denominator)

Performance Assessment Organization scores

Recognized Physicians

BTE Incentives/ Recognition

Cardiac Care Link

Diabetes Care Link

Comprehensive Care Link

Asthma Care Link

Physicians with Centricity will be able to elect to send their recognition status directly to BTE

Physician data into EMR

1

2 Centricity daily Upload to MQIC

3 MQIC data standardization

4 MNCM creates N/D And Scores

5 GE passes outcome to physicians

6 Physician Y/N to participate

7 Recognized physicians to BTE

Next steps

Determine proof of concept relative to data flows

Determine proof of concept relative to effect of rapid-cycle reporting, assessment, improvement

Questions…