### P4P Drives Quality Improvement in Large Integrated System

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## **Fairview Health Services**

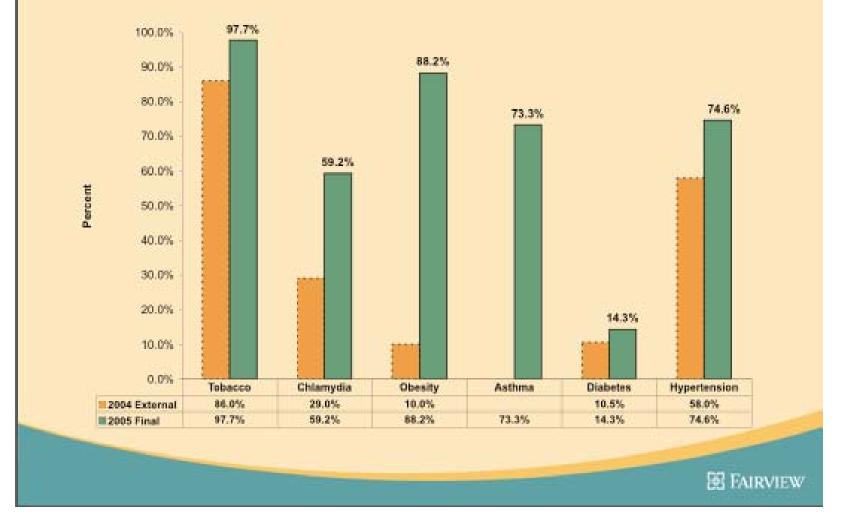
- 20,000 Employers
- 7 Hospitals
- 31 Primary care clinics- 300 physicians
- 28 Specialty clinics
- 24 Institute for Athletic Medicine locations
- 5 Urgent care centers
- 5 Fairview Hand Center locations
- 8 Orthotics & prosthetics clinics
- 8 Fairview Counseling Centers
- 20 Senior housing facilities
- 5 long-term care facilities
- 24 Retail pharmacies

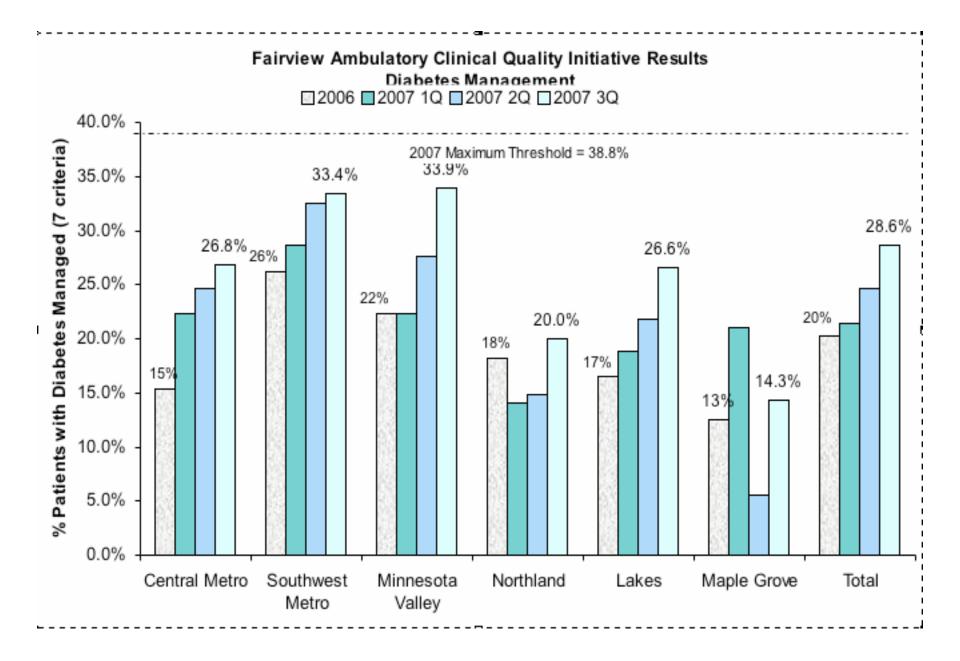


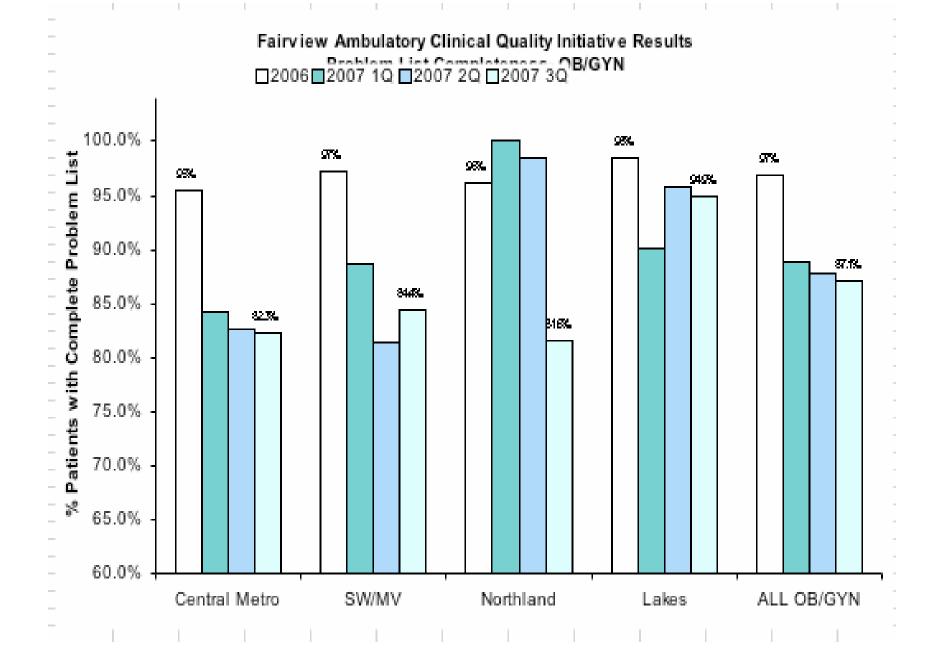
# BTE & other P4P programs redirect organizational culture

- 2004- Fairview below average in state for diabetes outcomes as reported by Minnesota Community Measurement- begins unblinded internal reporting on DM
- 2005- average-system adds major internal P4P & expands unblinded reporting to six initiatives
- 2006- above average, but "in the pack"-initiatives expand to 14
- 2007- "Goes public" with granular site level reporting on DM results by clinic, BTE in place. FV now #1 in state. Named as "setting the benchmark in MN for DM care

#### Overall Fairview Clinics (5 Care System) 2005 Quality Initiative Results







# P4P/BTE Lessons

- P4P is a powerful tool in producing improved quality outcomes
- Ongoing P4P continues to improve patient results
- Withdrawal of P4P leads to erosion of gains
- Rewards programs redirect conversation towards what really matters.

# P4P/BTE Lessons

- This is hard work! Expect pushback. Wear a helmet
- Reporting (drill down capabilities) to the patient level is critical in gaining the confidence of clinicians that the reports accurately reflect his/her practice
- Much (wasted) time will be spent arguing over details of initiatives and threshold levels

## P4P/BTE Lessons

- Aim high and you will end up in high places
- Aim low and you will be disappointed even if you achieve your goals
- Those who say it can't be done should get out of the way of those who are already doing it