

Minnesota Case Study: How Providers are Really Responding to P4P and Public Reporting

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Case Study II: Minnesota-How Providers are Really Responding to P4P and Public Reporting

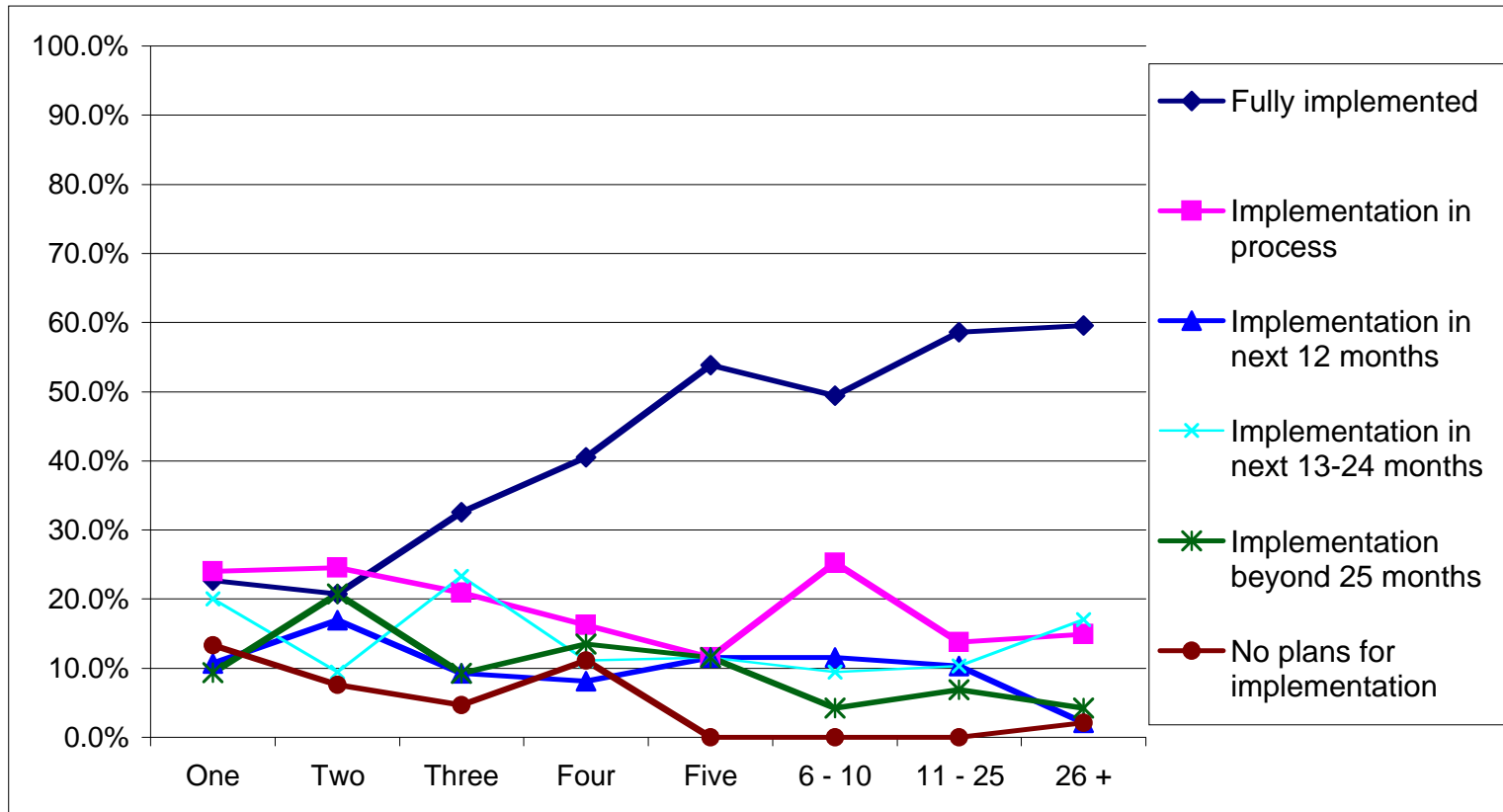
- Linda Davis: Consultant BHCAG & MN Community Measurement
 - P4P MN style
 - Role of Bridges to Excellence
 - Best Practices Study; findings then and now
- Jim Chase: CEO, MN Community Measurement
 - MNCM moving to provider submission of clinical data
 - Increasing granularity and transparency of variation
- Barry Bershaw, MD: Medical Director Quality and Informatics, Fairview Health Services
 - P4P Drives Quality Improvement in Large Integrated System

MN Background

- 20 years of the Buyers Health Care Actions Group (BHCAG)
- 14 years of the Institute for Clinical Systems Improvement (ICSI)
- 12 years of health plan Pay for Performance (P4P)
- 6 years of MN Community Measurement (MNCM)
- 2 years of Q-Care (Governor's goals for quality)
- Consolidation of provider groups to hospital based systems
- 600 adult primary care clinic locations*
 - 4008 FTEs
 - 62% part of integrated delivery systems

**2007 Stratis (QIO) survey*

Results - EHR Implementation by Number of Physicians (Stratis Survey)



MN Bridges to Excellence (BTE) Timeline

2005

- BHCAG adapted national BTE program to MN

2006

- Seven Champions of Change = 227,000 covered lives
 - 3M
 - Carlson Companies
 - General Electric
 - Honeywell
 - Medtronic
 - State of MN Employees
 - Wells Fargo
- 10%+ threshold for Optimal Diabetes Care (composite measure)
 - Each patient must meet all 5 criteria

HgbA1c<7 + LDL<100 + BP<130/80 + non-smoker + daily aspirin >40 y.o.

- Based on 2004 MN Community Measurement data
 - Health plan data plus clinical results chart abstracted
- Rewards paid to 9 medical groups for 2004 performance
- Best Practices Study conducted fall 2006

MN Bridges to Excellence (BTE) Timeline

2007

- Four new Champions = 770,000 covered lives
 - MN Managed Medicaid
 - Target Corporation
 - University of MN
 - Non-metro county, city and school groups
- Optimal Diabetes Care @ 20%+
- Rewards to 3 medical groups - 2005 performance based on health plan plus chart abstracted data
 - Rewards to 37 clinics (from 12 medical groups) - 2006 performance based on Direct Data Submission
- Optimal CAD Care @ 50% +
 - 2006 performance
 - Rewards to 64 clinics (from 21 medical groups)
 - Direct Data Submission only

MN Bridges to Excellence (BTE) Timeline

2008

- Rewards to clinics based on Direct Data Submission only
- BCBSMN Recognizing Excellence joined BTE
- Medica and HealthPartners planning on using DDS for 2009
 - 2007 Optimal Diabetes Care
 - Three threshold levels (not finalized), e.g., 25, 35, 40
 - 2007 Optimal Cardiovascular Care
 - Three threshold levels (not finalized), e.g., 55, 60, 65

2009 (proposed)

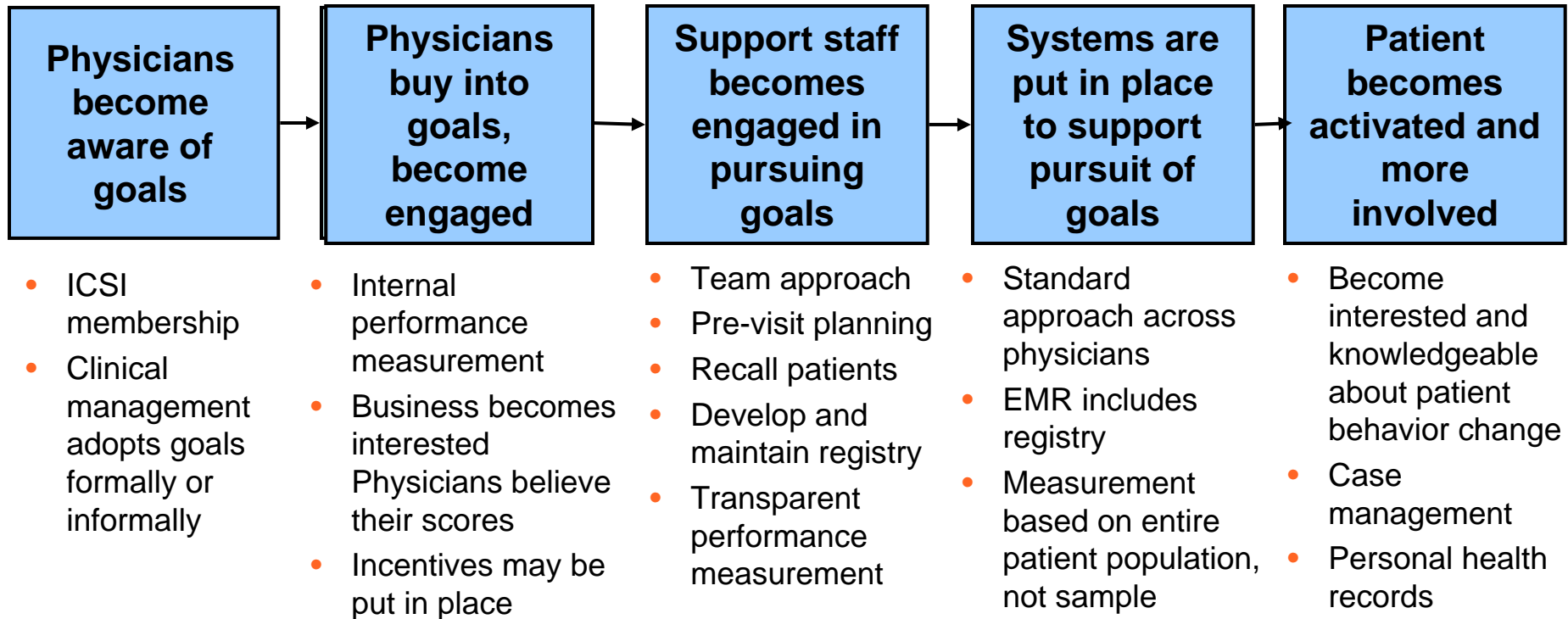
- Conditions
 - Diabetes
 - CVD
 - Depression
- Rewards for Optimal Care for patients with co-morbid conditions

2006 Best Practices Study

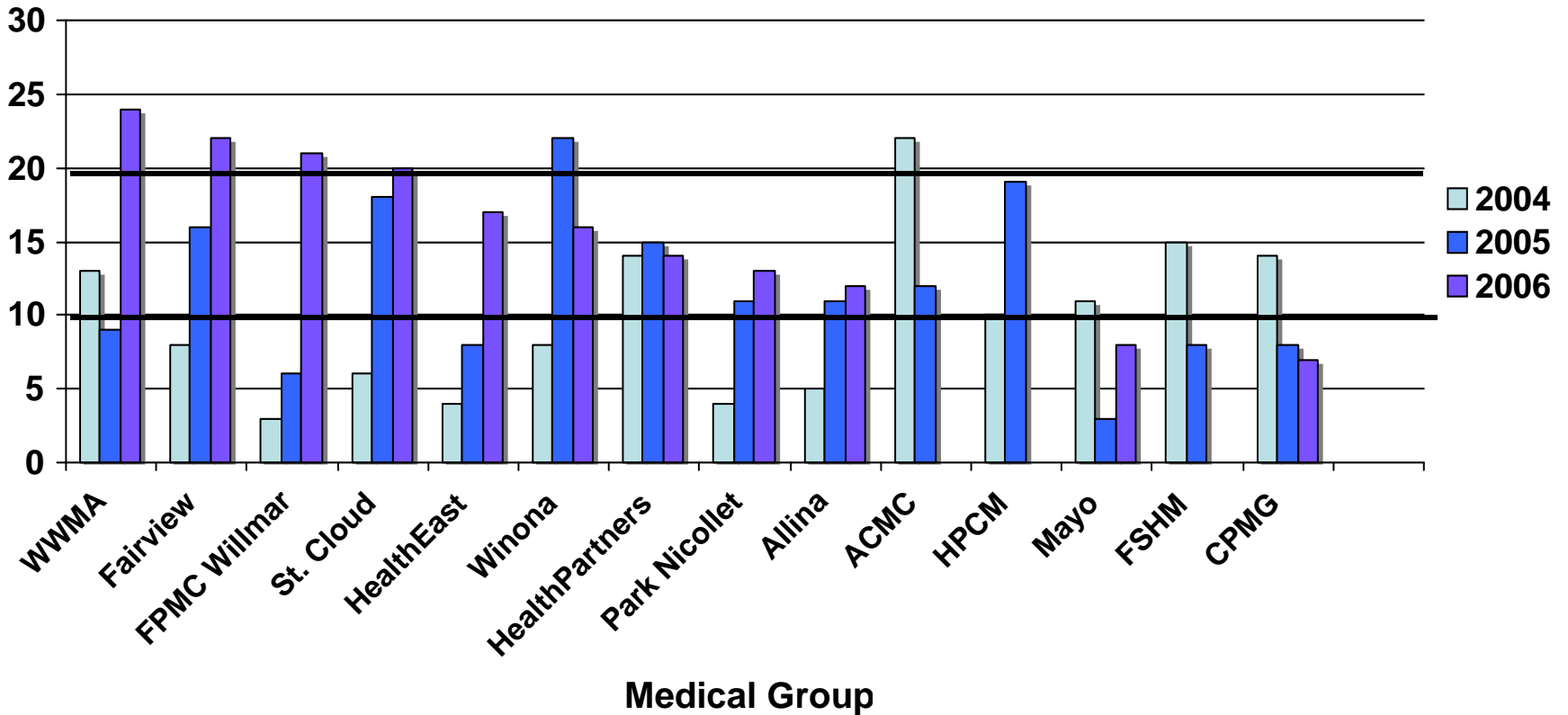
- BTE wanted to learn about and share best practices across all physician groups
- Compared nine rewarded groups to nine non-rewarded, matched groups
- On-line survey and face to face interviews
- 2004 performance reported in 2006
- 2004 practices to 2006 practices

2006 Conclusions

Evolutionary Process



Optimal Diabetes Score



2007 Best Practices

- Based on conversations with groups participating in Direct Data Submission during validation
- Frequent (monthly) internal transparent feedback on scores and patient specific results
- EMR *with registry and measurement capabilities*
- Quality team includes physician
- Care team includes CDE
- Take responsibility for patient behavior change
- Frequent (weekly) meetings on quality
- Focused, passionate, competitive quality manager

2008 Goals

- Increase number of groups submitting through Direct Data Submission (DDS)
 - More scores for consumers
 - More granular
 - More current
 - More internal measurement by medical groups
- Align other P4P programs to use DDS as basis for rewards, payment timing and methods
- Grow number of Champions

Questions or Comments

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