



# **Standardizing and Scoring Health Plan-based P4P Programs**

**Mini-Summit V**



# Speakers

## **Francois de Brantes**

Chief Executive Officer, Bridges to Excellence

## **Emma Hoo**

Director of Value-Based Purchasing, Pacific Business Group on Health

## **Dennis White**

Senior Vice President, National Business Coalition on Health

## **Phyllis Torda**

Vice President for Product Development, National Committee for Quality Assurance (NCQA)

## **Edison Machado, Jr. MD, MBA**

Program Manager and Medical Director, Bridges to Excellence



# Agenda

## **10:00-10:05 – Introductions**

- Francois de Brantes

## **10:05-10:45 – eValue8: Setting Expectations for Health Plans in Pay for Performance**

- Emma Hoo
- Dennis White

## **10:45-11:15 – NCQA PHQ Certification**

- Phyllis Torda

## **11:15-11:30 – Scoring Health Plan-based P4P Programs**

- Edison Machado, Jr. MD, MBA

## **11:30-12:00 – Panel Discussion – Encouraging P4P innovation in a regulated environment**

- Francois de Brantes – Moderator
- Emma Hoo
- Dennis White
- Phyllis Torda
- Edison Machado

# **The NBCH *eValue8* Initiative**

***Leveraging Purchaser  
Standards to Improve  
Performance***

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***Presentation to P4P Conference  
February 28, 2008  
Dennis White, NBCH  
Emma Hoo, PBGH***

# Discussion Topics

- NBCH
- ***eValue8*** Overview
- Incentives and Rewards Broadly Defined
- Selected Plan Results

# NBCH

- **Membership of 60 employer-led coalitions across the country**
  - Represents over 7,000 employers and 34 million employees and their dependents
- **Focus:** Community-based health care reform
- ...The Voice of America's employers through local coalitions



# NBCH

- ***Products and Services:***
- ***eValue8***
- BTE Initiative
- Leapfrog Regional Roll Outs
- PBM Preferred Vendor Program
- HealthMapRx (Previously Asheville Model)
- College for Advanced Management of Health Benefits

# What is eValue8?

- A national standardized health plan evaluation process
- A web-based response tool that collects information for local and national comparisons...
- A foundation for continuous quality improvement and value-based purchasing...
- ...*enabling purchasers to think globally, act locally*



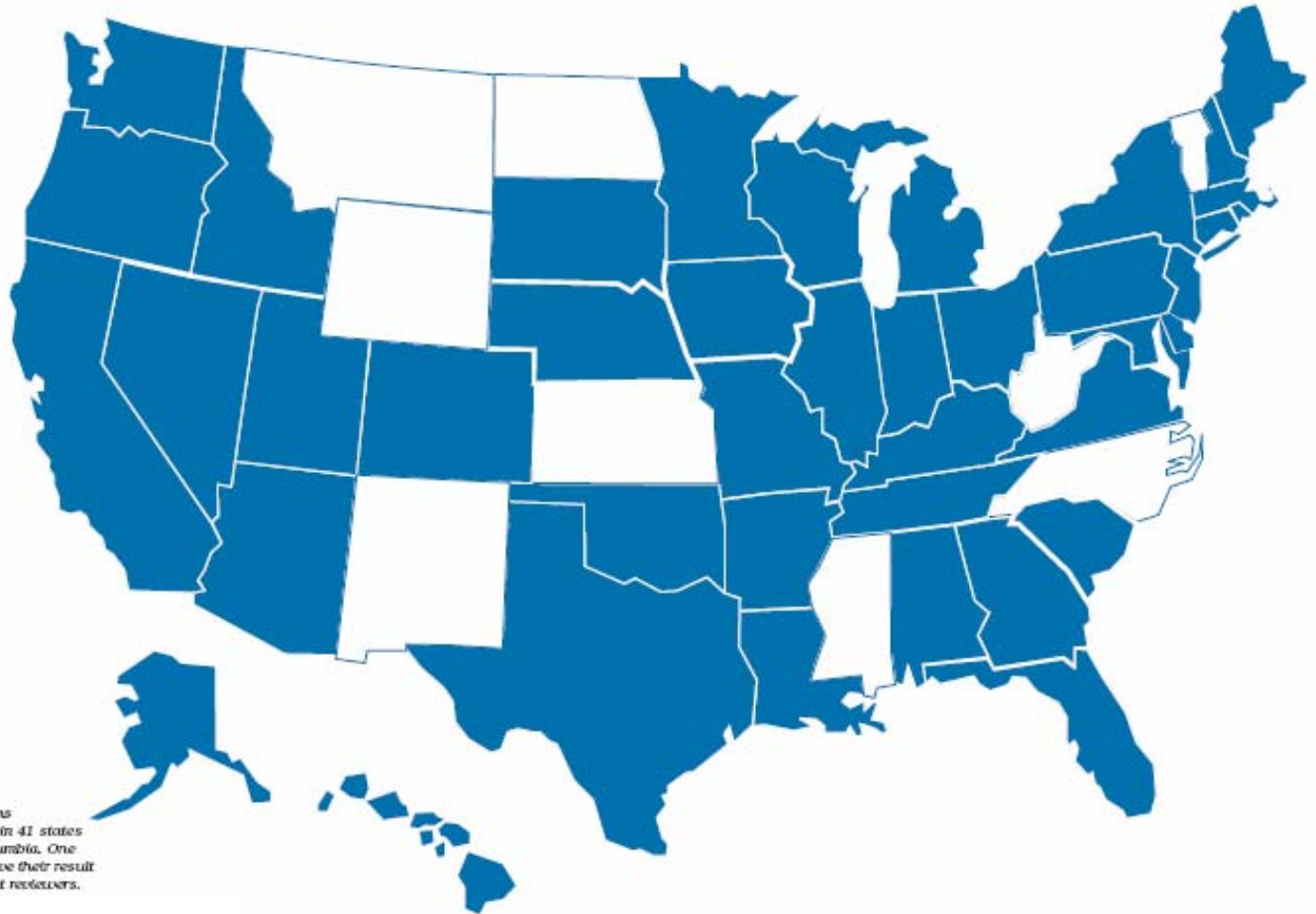
# What does *eValue8* Do?

- Align purchaser standards and expectations
  - Increase the signal strength for desirable plan capabilities and investments
  - Reduce the chaos of hundreds of purchaser requests for information
  - Align with Major Stakeholders: HHS/CMS, OPM
- Captures plan performance against evidence-based processes
- Benchmark regional and national plan performance
- For purchasers
  - Plan selection beyond price and network; defensible in the Board room
  - Basis for employee incentives (payroll contributions)
  - Basis for year-over-year improvements for selected plans
- Highly interactive placing plans face-to-face with largest customers
  - Coalition led
  - Verified responses
  - Site visits with multiple purchasers discussing strengths and weaknesses
  - Follow-up to track progress
- Provide a data repository of benchmarking data for over 300 health plans nationally
- Provide employee decision tools and guidance
- Provide community-wide forum for plan improvement

# eValue8 Users: Coalitions

- Alliance for Health (MI)
- Buyers Health Care Action Group (MN)
- Colorado Business Group on Health
- Employers Health Purchasing Corporation of OH
- Florida Health Care Coalition
- Greater Detroit Area Health Council
- Hawaii Business Health Council
- HealthCare 21 (TN)
- Health Action Council of NE Ohio
- Indiana Employers Health Alliance
- Memphis Business Group on Health
- Michigan Purchasers Health Alliance
- MidAtlantic Business Group on Health
- Midwest Business Group on Health
- New York Business Group on Health
- Oregon Coalition of Health Care Purchasers
- Pacific Business Group on Health
- Puget Sound Health Alliance
- South Carolina Health Coalition
- Virginia Business Coalition on Health

# States With Responding Plans



*Nearly 200 health plans participate in eValue8 in 41 states and the District of Columbia. One hundred two plans have their results verified by independent reviewers.*

# eValue8 Users: Employers

- 3M
- A-Dec, Inc
- AFL-CIO Employer Purchasers Coalition (AEPC)
- Altria
- American Medical Systems
- Andersen Windows
- Argonne National Laboratory
- Barry Wehmiller
- Bemis
- Benton County
- Bethel School District
- Blount International
- Bristol-Myers Squibb
- Cargill
- Carlson Companies
- Ceridian
- Chesapeake City Public Schools
- City of Corvallis, OR
- City of Eugene, OR
- City of Springfield, OR
- City of Norfolk, VA
- City of Virginia Beach, VA
- Comerica Bank
- Constellation Energy Group
- Consumers Energy
- Daimler Chrysler
- ELCA
- EMCOR
- Eugene School District
- Evraz Oregon Steel Mills
- Exelon-ComEd
- General Mills
- General Motors
- First Midwest Bank
- Ford Motor Company
- Harris Trust and Savings Bank
- Harry and David
- Honeywell
- Intel Corporation
- International Truck and Engine
- Jewish Federation of Metro Chicago
- John Crane, Inc.
- Jostens
- Land O' Lakes
- Landmark Communications
- Lane County, OR
- Lane Transit District, OR
- Marriott International
- Maryland Counties: Anne Arundel, Baltimore, Carroll, Harford, Montgomery, Prince Georges
- Maryland Schools: Anne Arundel County, Baltimore County, Harford County, Montgomery County, Howard County, Prince Georges County
- McCormick and Company, Inc
- Medtronic
- Meijer, Inc
- Merck & Co.
- Minnesota Life
- MN Department of Employee Relations
- New York City Transit Authority
- Norfolk Southern Corp
- Northwest Airlines
- Olmsted County
- Oregon Educators Benefit Board
- Oregon School Boards Association
- Park Nicollet
- Pfizer
- Philip Morris USA
- Pitney Bowes
- Portland General Electric
- Public Employees Benefit Board, OR
- Resource Training and Solutions
- Robert Bosch Tool Corp.
- Rosemount
- SAIF Corporation
- Sanofi-Aventis
- Securian Financial
- Seneca Saw Mill
- SEIU Local 49
- State of Minnesota
- Starwood Hotels and Resorts Worldwide
- Stanford University
- Steelcase
- St. Jude
- SUPERVALU
- Target
- TCF Financial
- Tektronix, Inc
- Tennant
- The Auto Club
- The Bank of New York
- The Northern Trust
- TIAA-CREF
- Tiffany & Co.
- TOC Management Services
- United Metal Trade Association Trust
- University of California
- University of Chicago
- University of Michigan
- University of Minnesota
- US Bank
- Virginia Beach Public Schools
- Wells Fargo
- Xcel Energy

# Contributing Organizations

- Centers for Disease Control (CDC)
- Centers for Medicare and Medicaid Services (CMS)
- Agency for Healthcare Research and Quality (AHRQ)
- National Committee for Quality Assurance (NCQA)
- Joint Commission for the Accreditation of Health Care Organizations (JCAHO)
- URAC
- American Board of Internal Medicine (ABIM)
- The Leapfrog Group
- Bridges to Excellence
- E-Health Initiative
- Pennsylvania State University

# eValue8 Content

- **Clinical Sections**

- Chronic Disease Management (Asthma, Coronary Artery Disease, Diabetes)
- Behavioral Health
- Pharmaceutical Management
- Prevention and Health Promotion

- **Non-Clinical Sections**

- Consumer Engagement
- Provider Measurement
- Plan Profile (Accreditation, HDHP)

# Provider Measurement

- EO: Community Collaboration
- EO: Performance measurement and feedback
  - Physician
  - Medical group
  - Hospital
- Leapfrog performance
- EO: Differentiation and incentives
  - Lump sum payment
  - Tiered payment arrangements
  - Plan design incentives
- EO: Health Information Technology
- Centers of excellence

# Health Plan Added Value

- *eValue8* boils down to the question:
- Is the health plan using its resources and information as effectively as possible to improve health and health care?



# Pay for Performance Content in eValue8

- Broaden the definition to consider Incentives and Rewards
  - Consumer influences
  - Providers influences

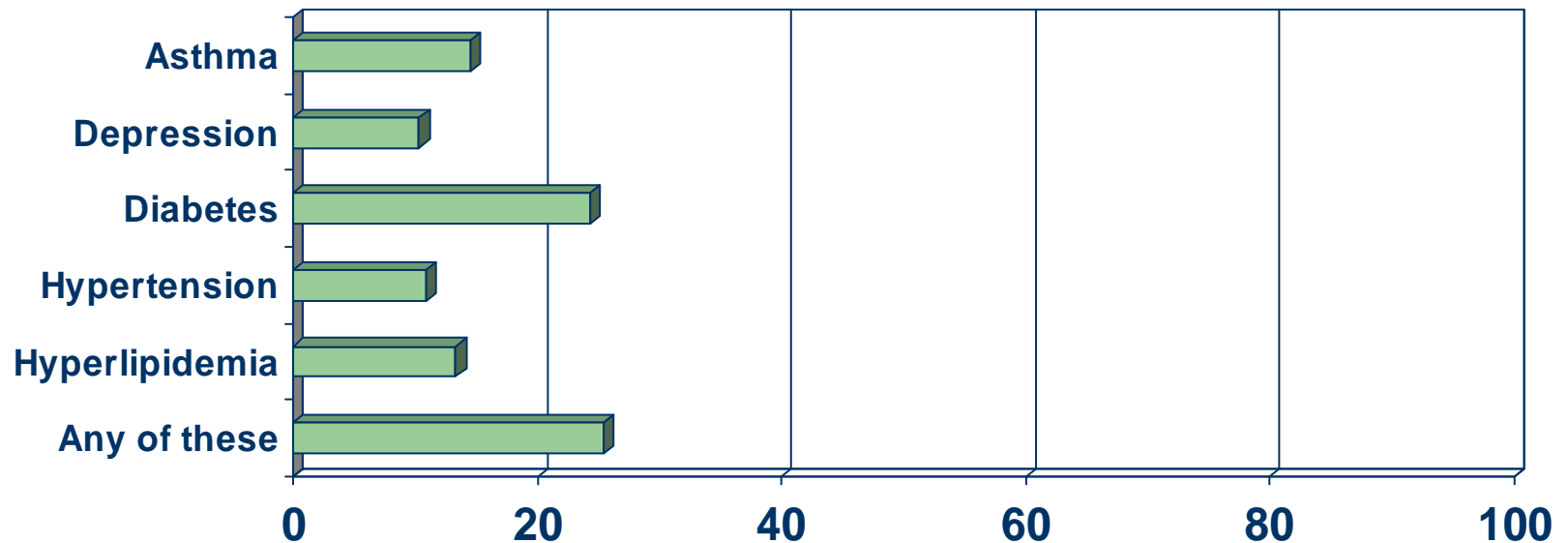
# Incentives and Rewards

- Consumer influences
  - Forms of incentives & rewards
    - Removal of barriers
    - Active encouragement (HRA, prevention, managing ongoing conditions, acute care options)
    - Provider steerage
    - Performance transparency
  - Target of incentives & rewards (through plan design)
    - Adherence to prevention guidelines
    - Effective management of ongoing conditions
    - Selection of most cost effective providers
    - Selection of most effective acute treatment alternatives
  - Support tools
    - Provider directory & performance reports
    - Reminders about gaps in care
    - PHR
    - Treatment decision support

# Some 2007 eValue8 Results

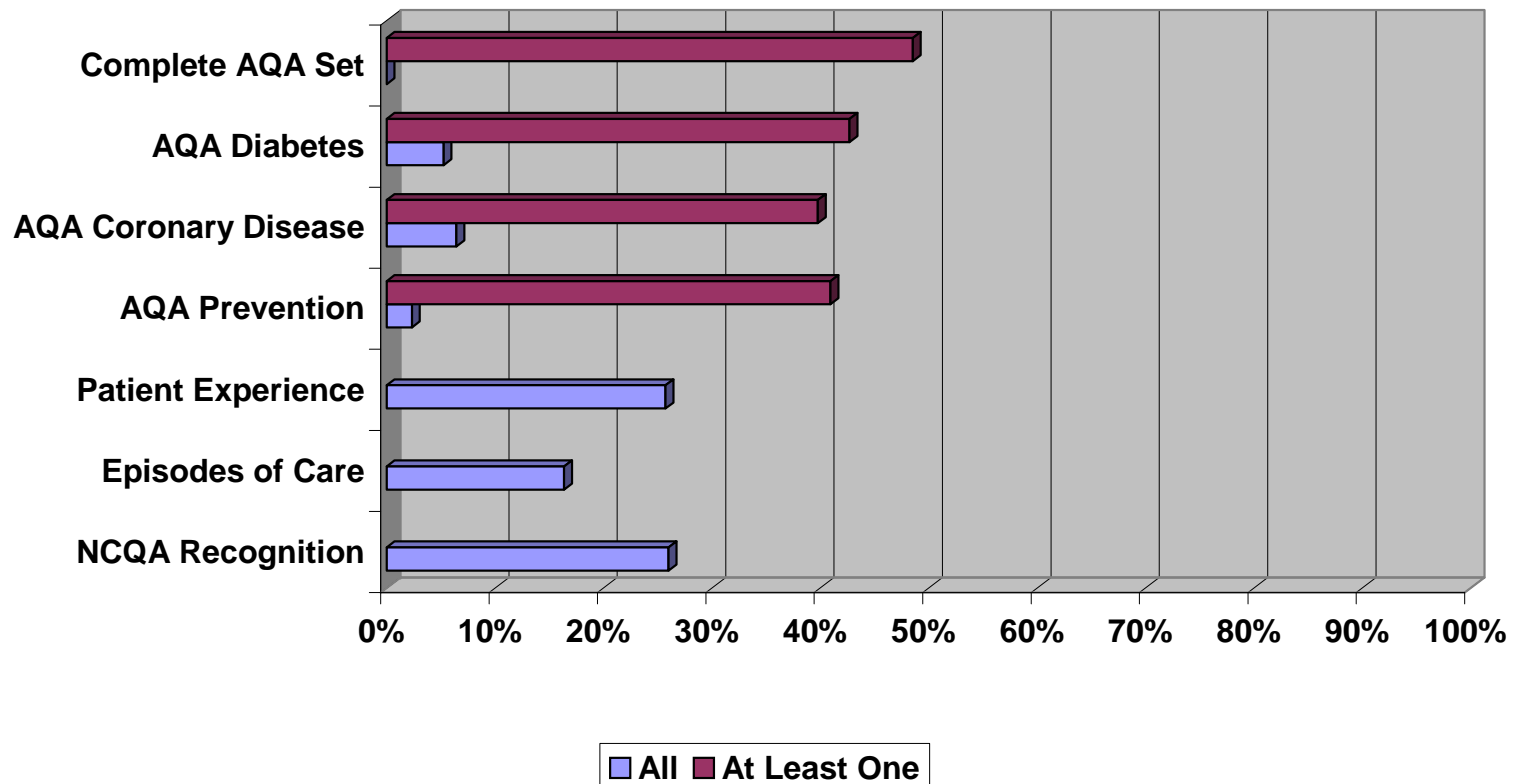
## Value-Based Plan Design

Percent of Plans Offering Reduction in Copays/Deductibles for Essential Rx/Tests/Equipment



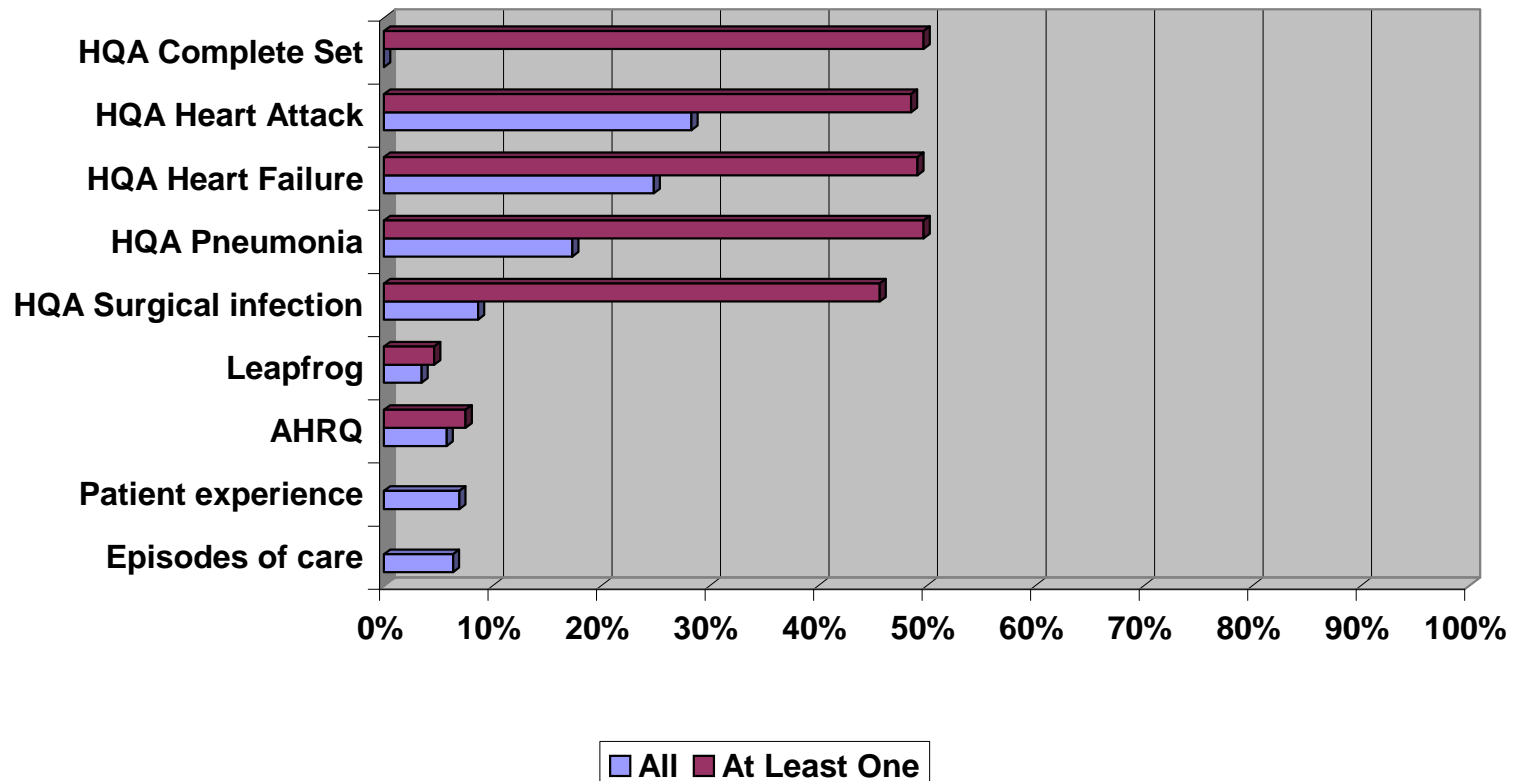
# Some 2007 eValue8 Results

**Transparency of Physician Performance**  
Percent of Plans Using All or At Least One of Each Measure Type



# Some 2007 eValue8 Results

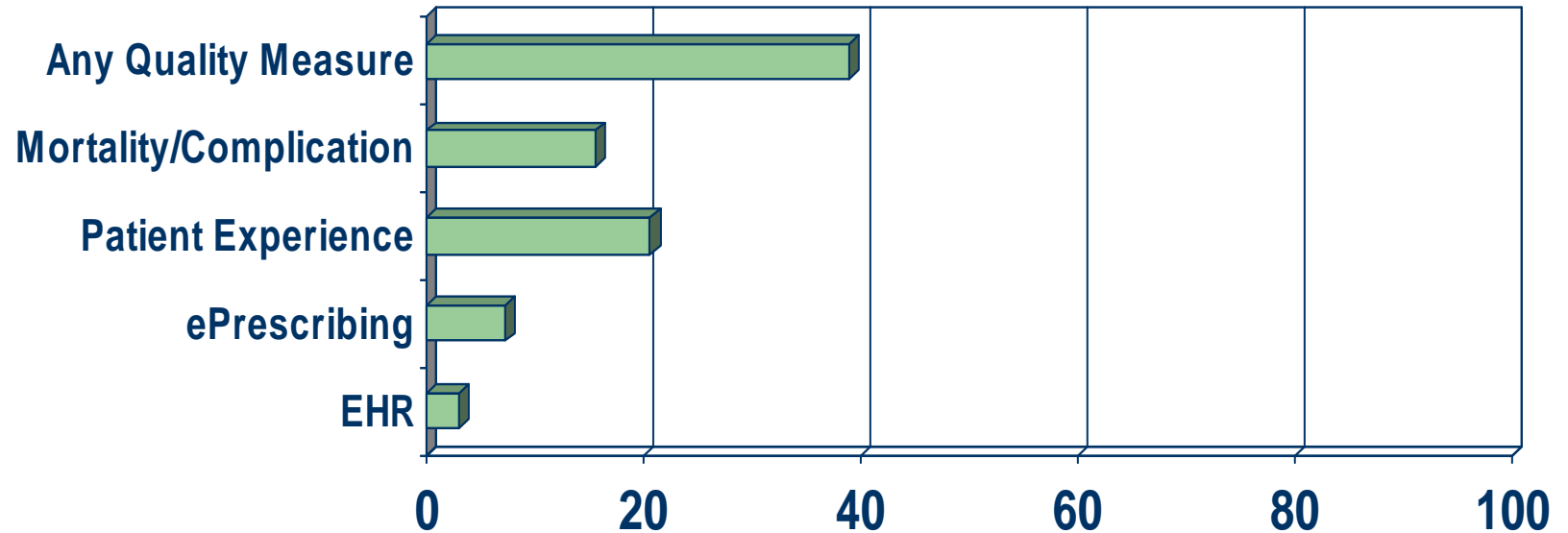
**Transparency of Hospital Performance**  
Percent of Plans Using All or At Least One of Each Measure Type



# Some 2007 eValue8 Results

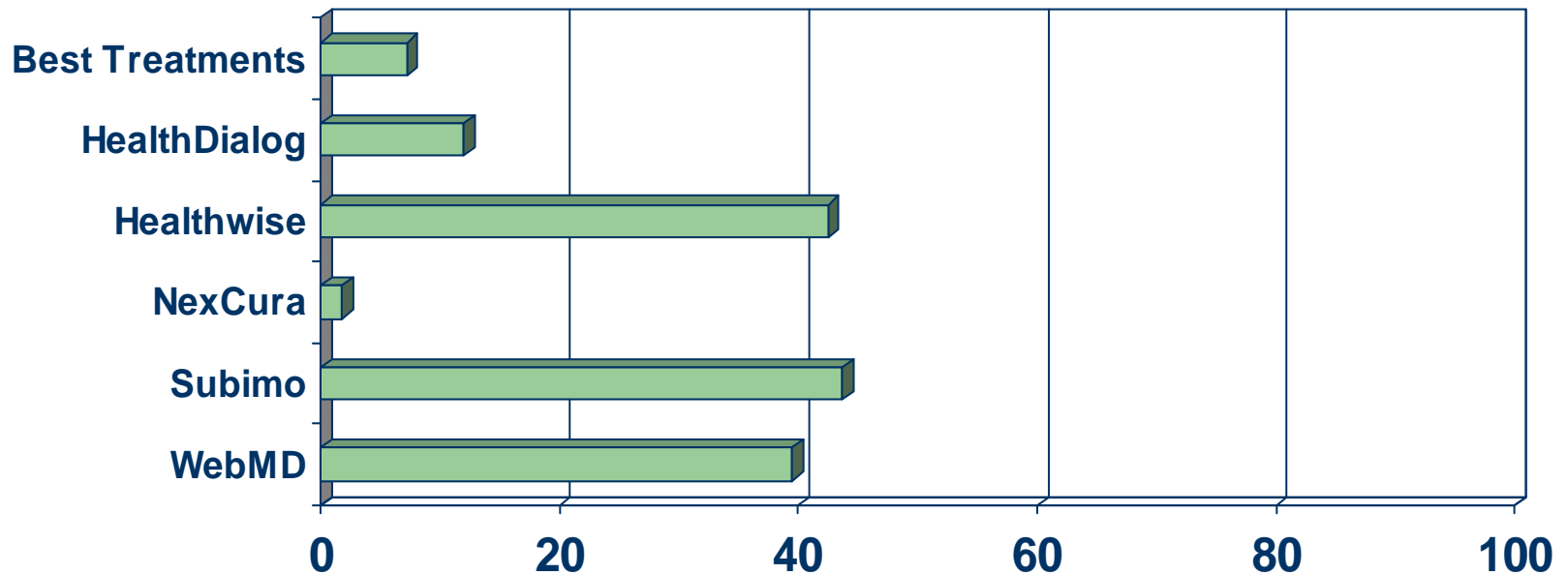
## Physician Directory

Percent of Plans Using it as a Source of Performance Transparency



# Some 2007 eValue8 Results

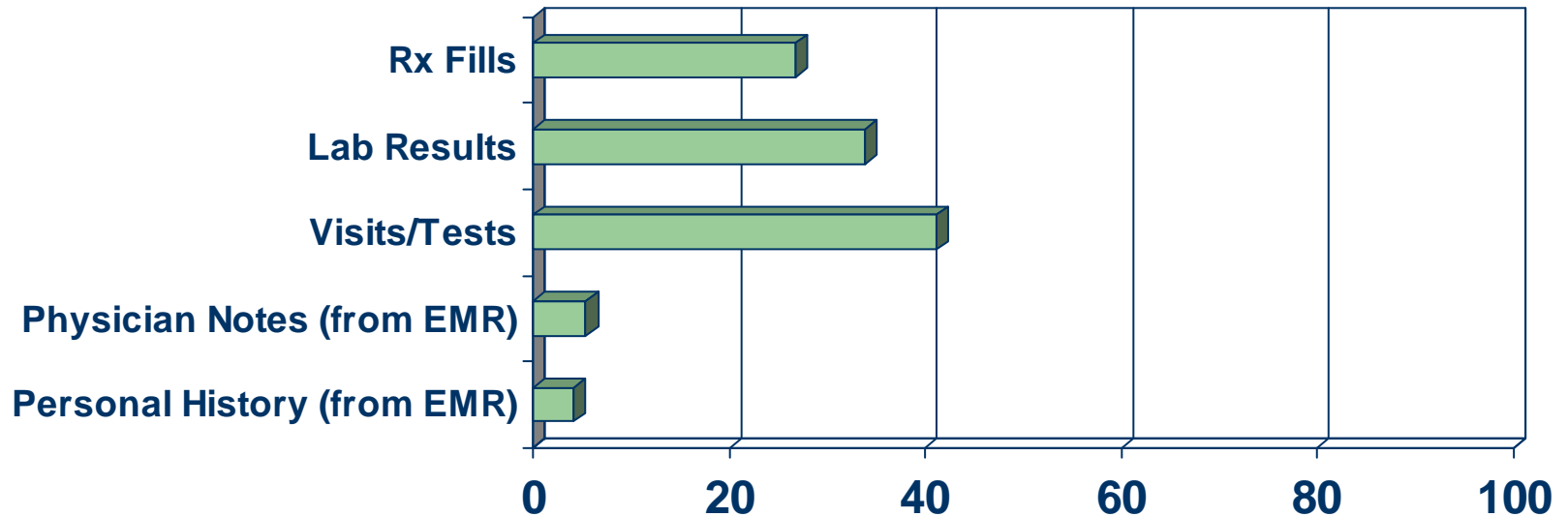
**Treatment Choice Support**  
Percent of Plans Using Specific Vendors



# Some 2007 eValue8 Results

## Support for Self Management: PHR

Percent of Plans Making Use of Electronic Data to Prepopulate the PHR

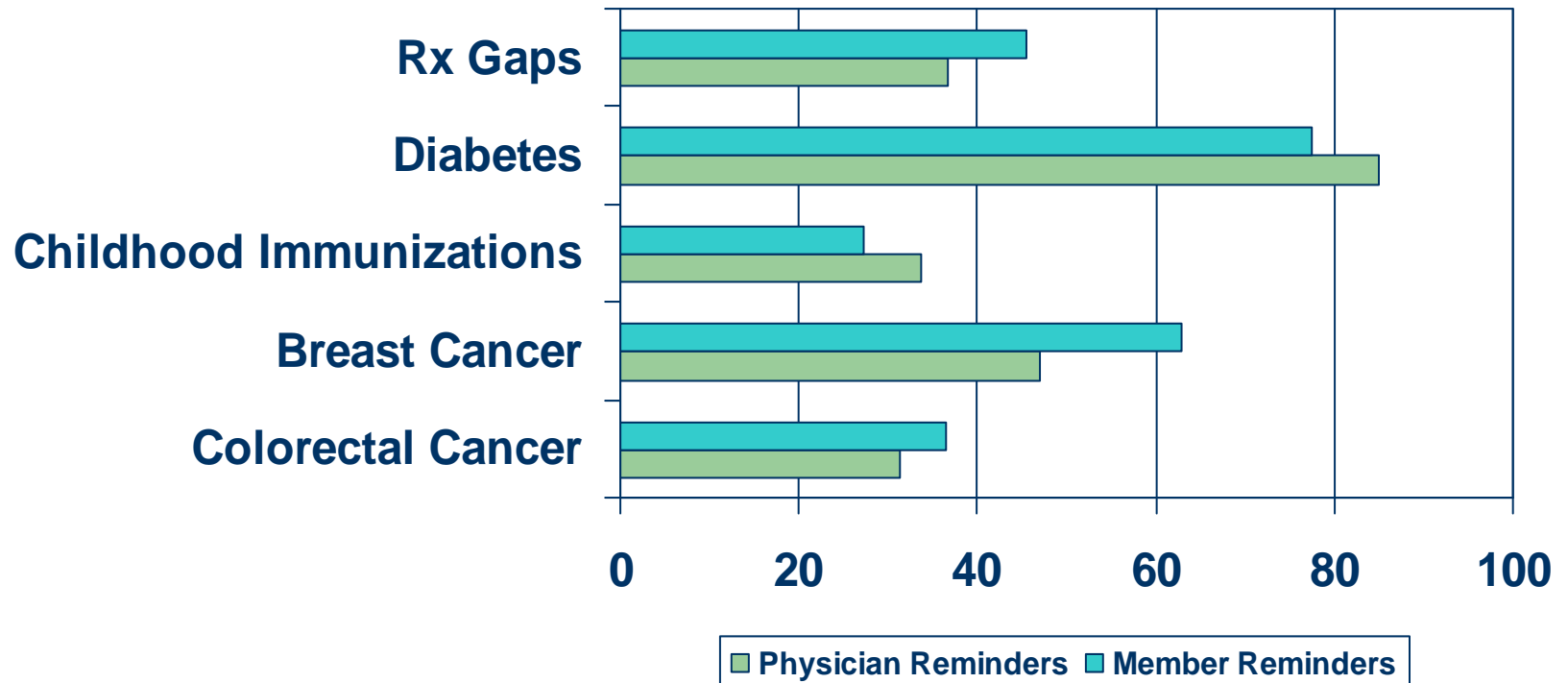




# Some 2007 eValue8 Results

## Support For Consumer Compliance

Percent of Plans Using Electronic Data To Identify Gaps and Send Reminders

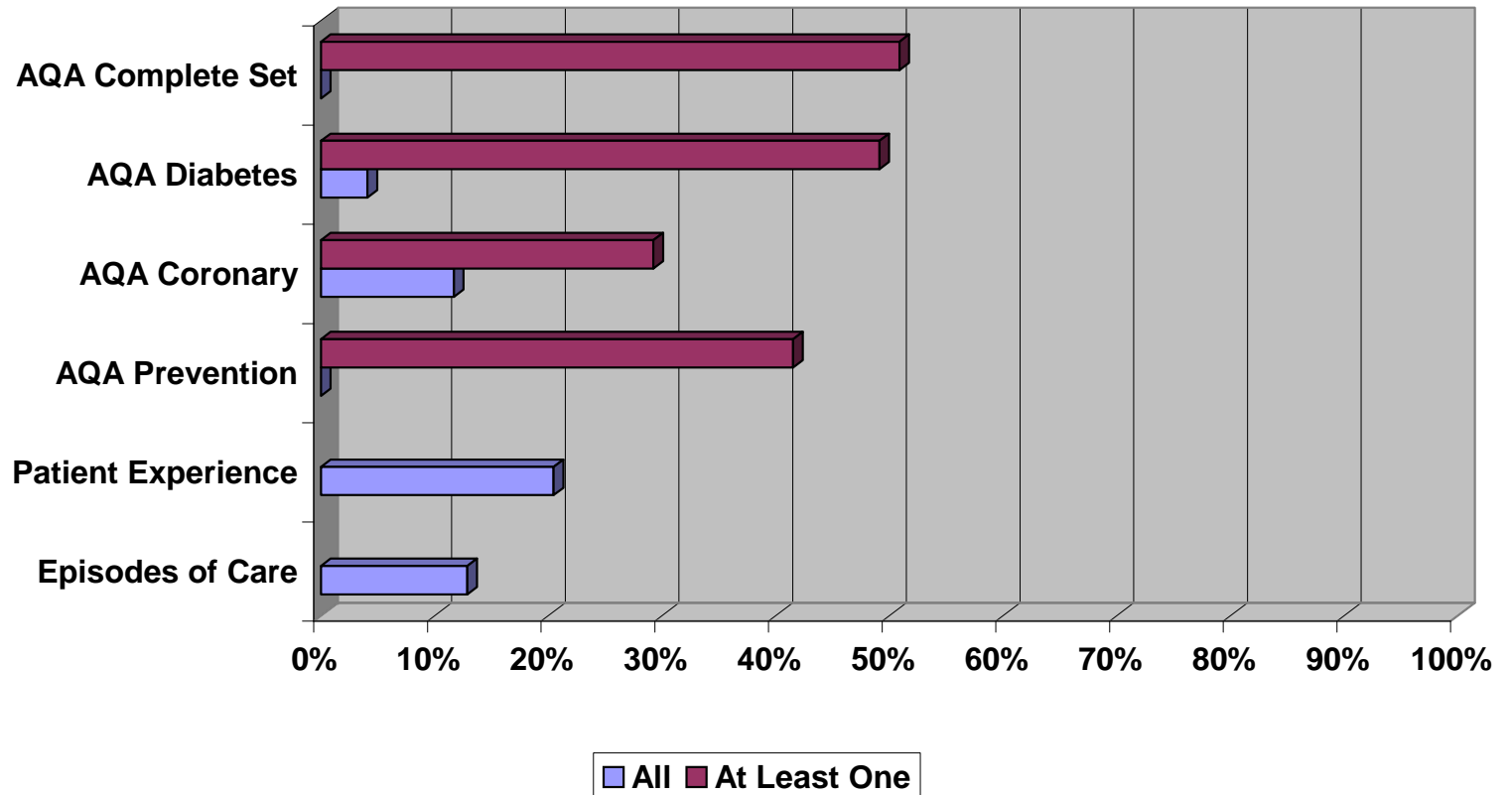


# Incentives and Rewards

- Provider influences
  - Forms of incentives & rewards
    - Performance transparency (see consumer)
    - Bonus
    - Elevated fee schedule
    - Savings share
    - Plan design (especially specialists, hospitals)
    - Supplemental support
  - Target of rewards
    - Quality performance
    - Practice capabilities (POL/PPC/Medical Home)
    - Cost effectiveness
  - Support tools
    - Patient-specific Gaps in care
    - Performance transparency about specialists & hospitals
    - Technical assistance for EHR, etc.

# Some 2007 eValue8 Results

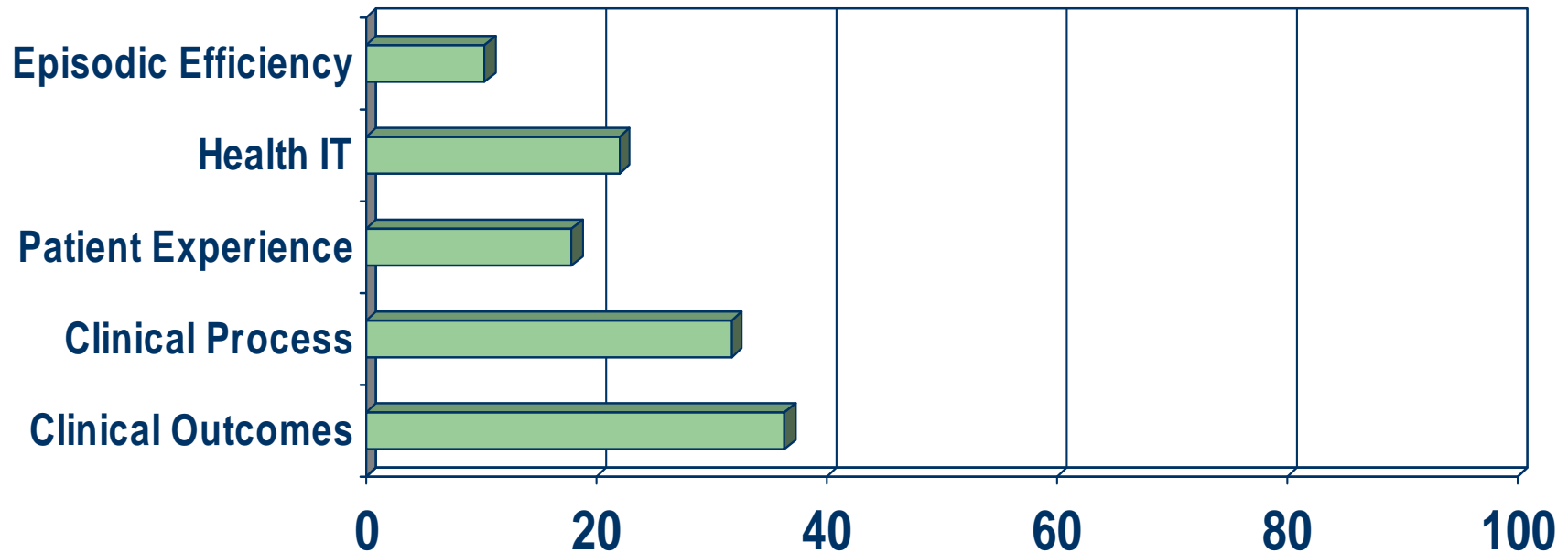
**Physician Incentives**  
Percent of Plans Using All or At Least One of Each Measure Type



# Some 2007 eValue8 Results

## Physician Incentive Criteria

Percent Reporting Criteria as an Element of Reward Determination



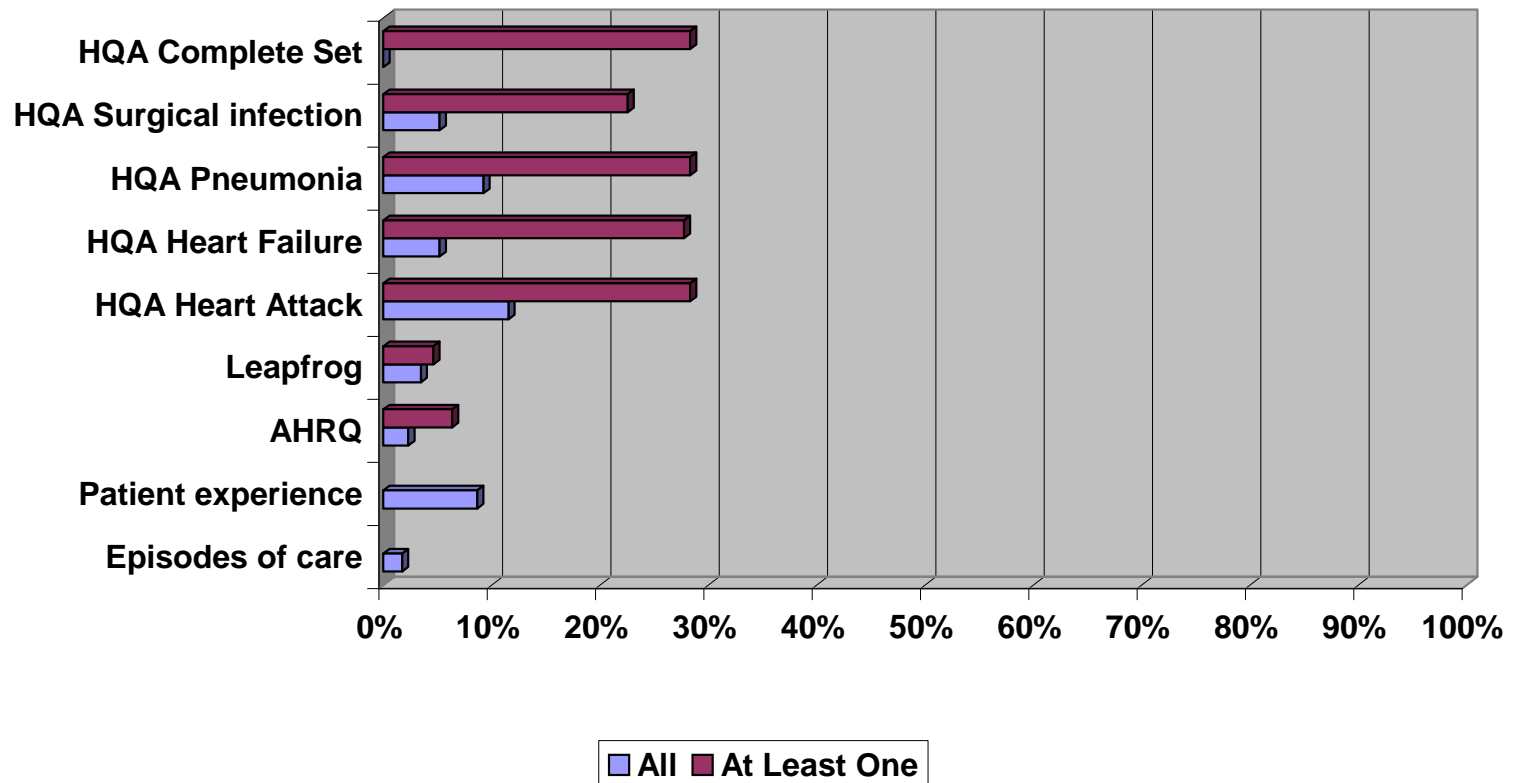
# Some 2007 eValue8 Results

- # physicians eligible for bonus: 21 to 9,000
- % of eligibles receiving bonus: 25 to 100%
- \$ paid as a % of total paid: <1% to 36%
- Total \$ paid out: \$7K to \$155M

# Some 2007 eValue8 Results

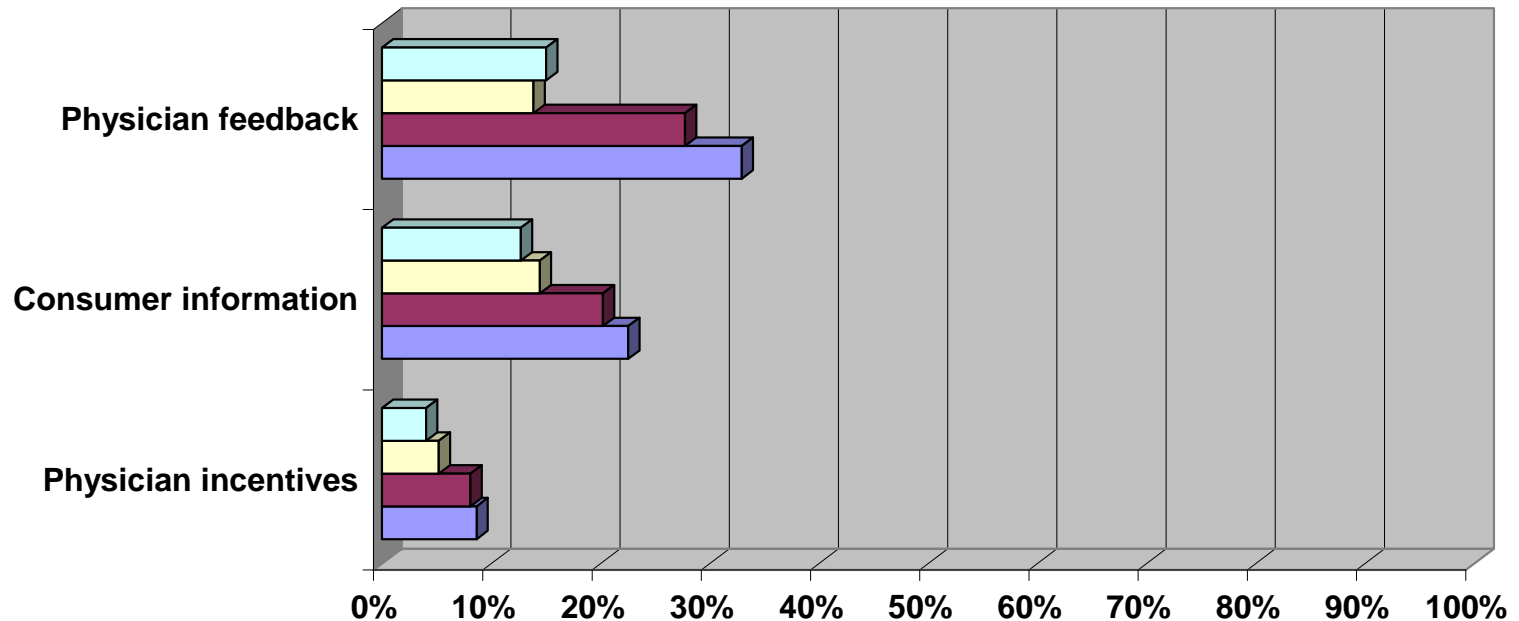
## Hospital Incentives

Percent of Plans Using All or At Least One of Each Measure Type



# Some 2007 eValue8 Results

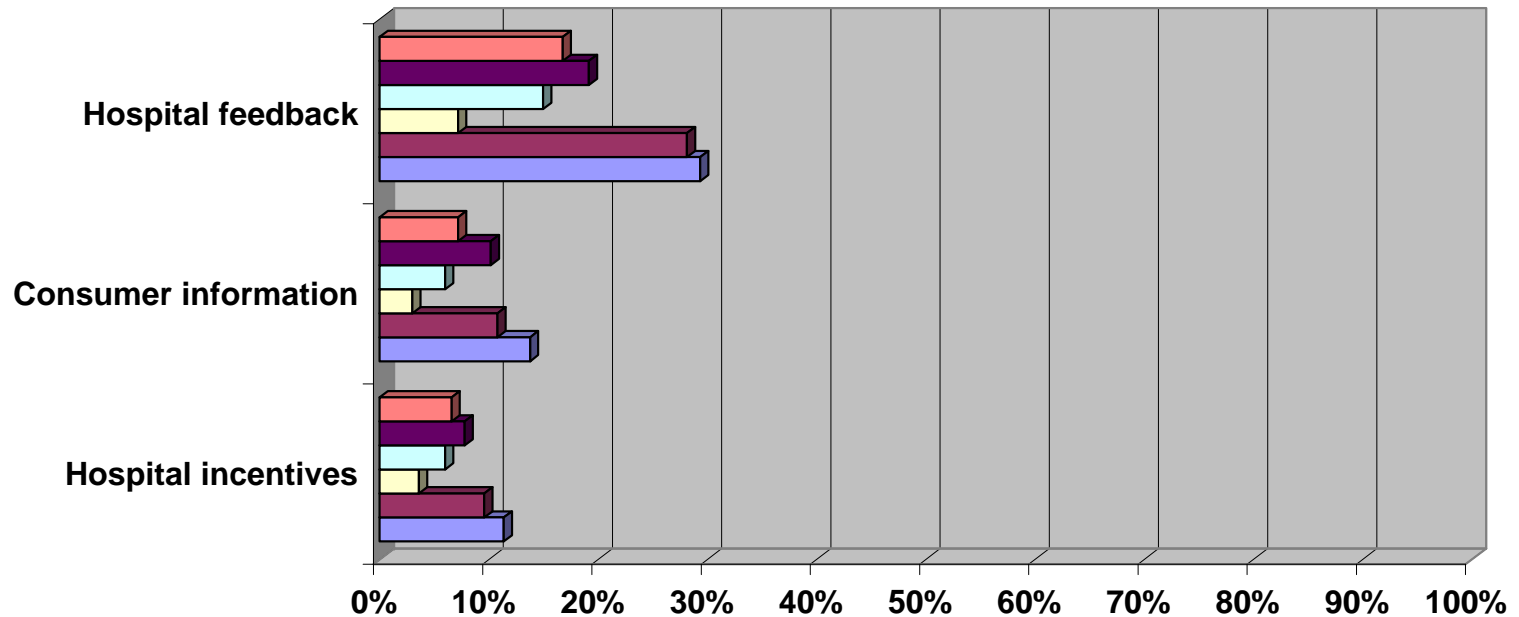
## Collaboration on Physician Performance Percent of Plans Pooling Physician Performance Information



■ AQA Process Measures      ■ AQA Outcome Measures  
■ Patient Experience Measures      ■ Efficiency Measures

# Some 2007 eValue8 Results

## Collaboration on Hospital Performance Percent of Plans Pooling Hospital Performance Information



■ HQA Process Measures      ■ HQA Outcome Measures      ■ Patient Experience Measures  
■ Efficiency Measures      ■ LF      ■ AHRQ

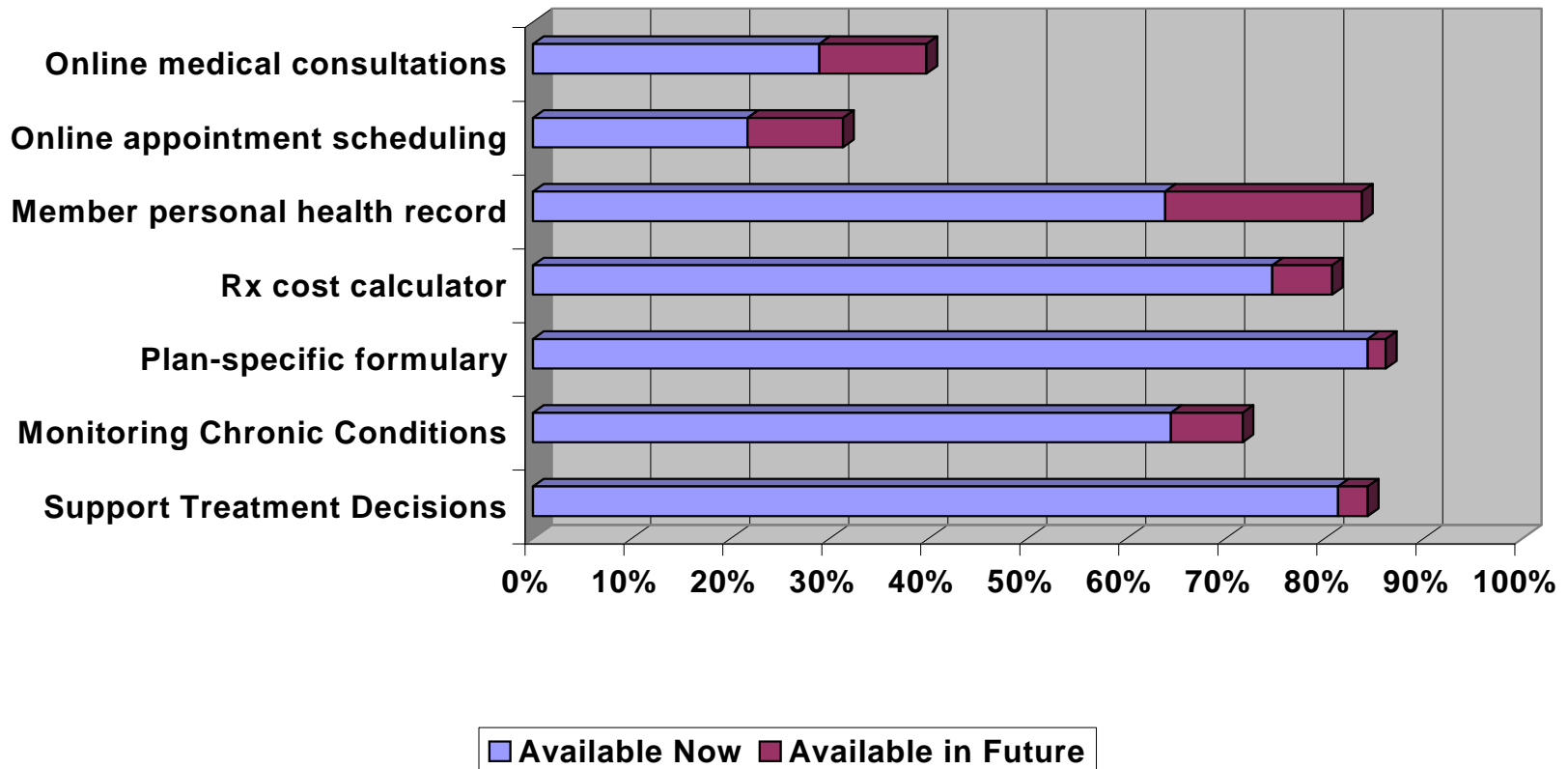


# Supplemental: HIT

- Plan Activities and Incentives

# Some 2007 eValue8 Results

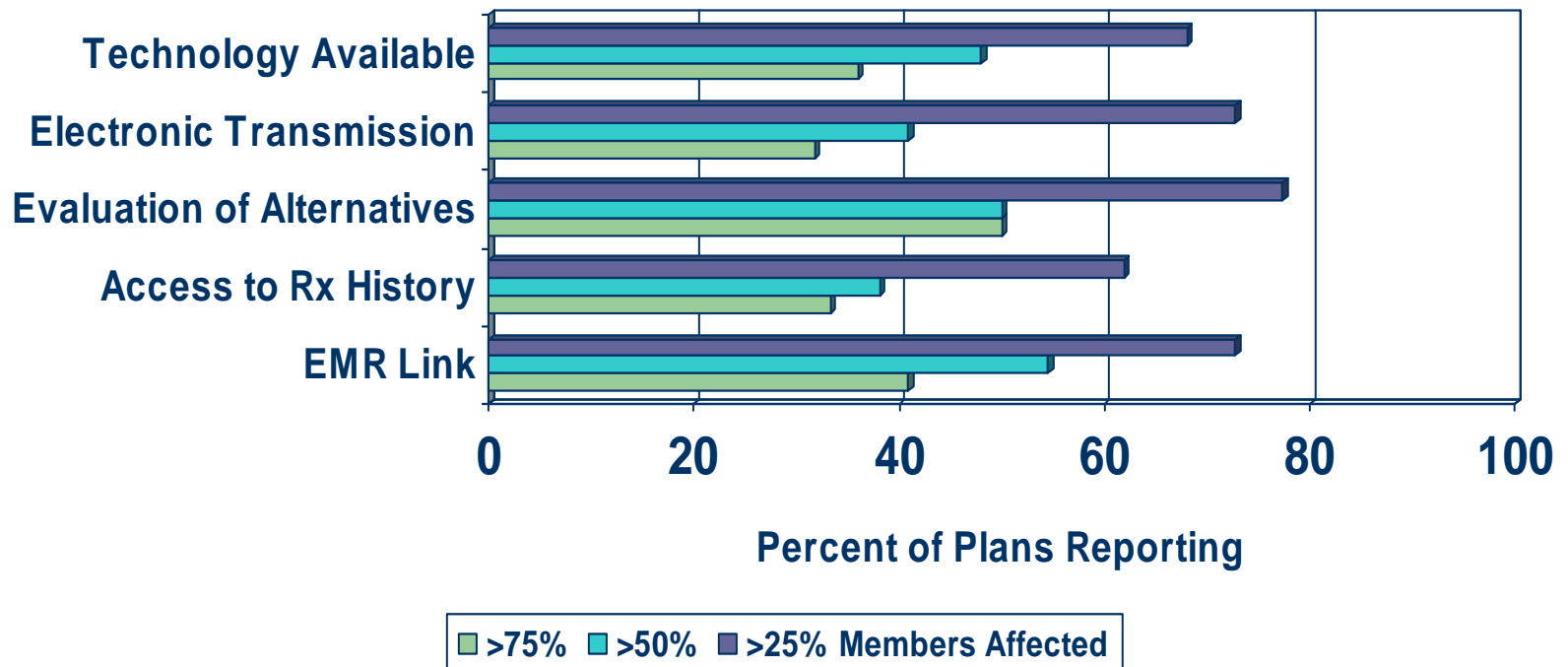
## Consumer Online Applications



# Some 2007 eValue8 Results

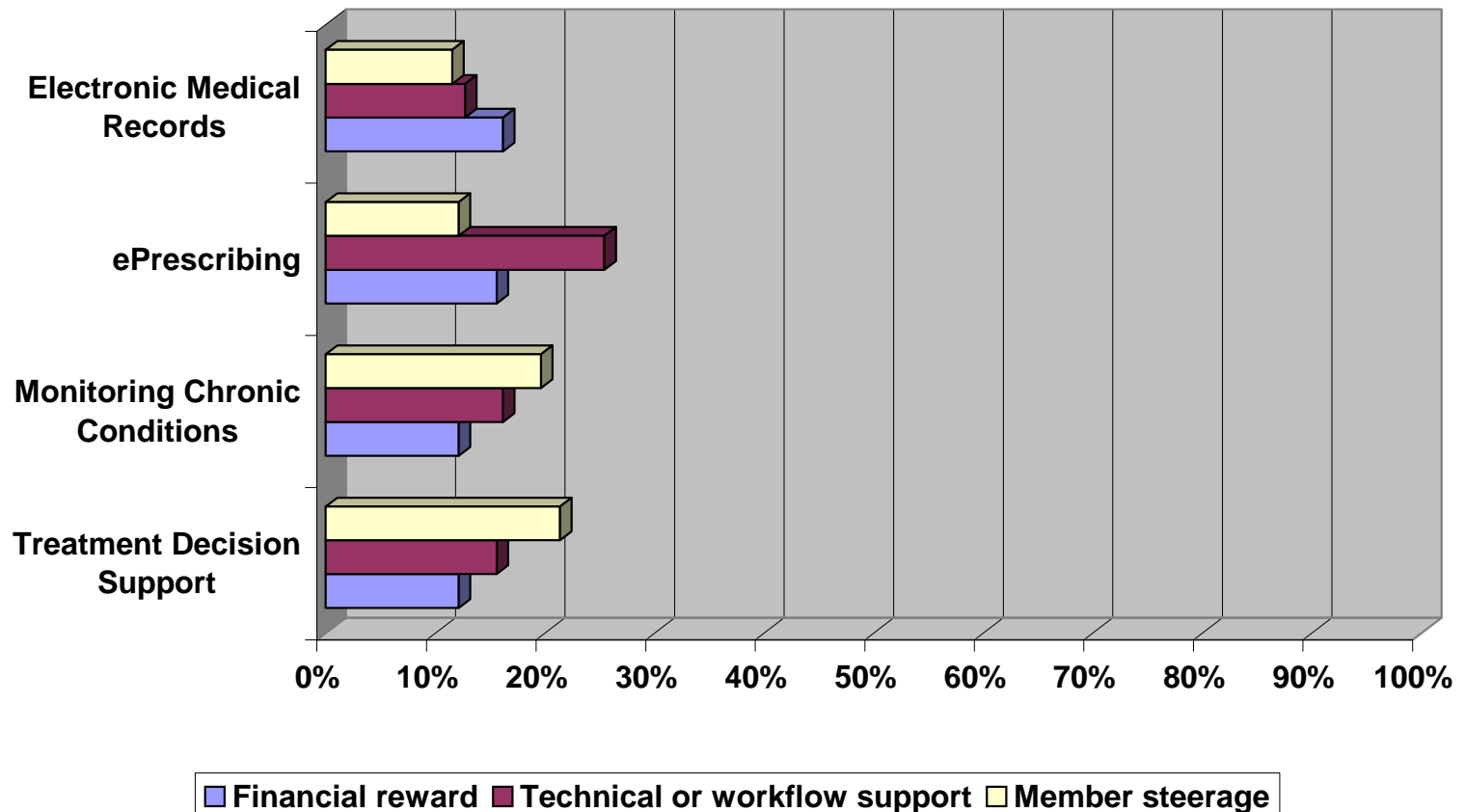
- Percent of Plans able to report practice capability: 14%

## Availability of ePrescribing in Physician Offices



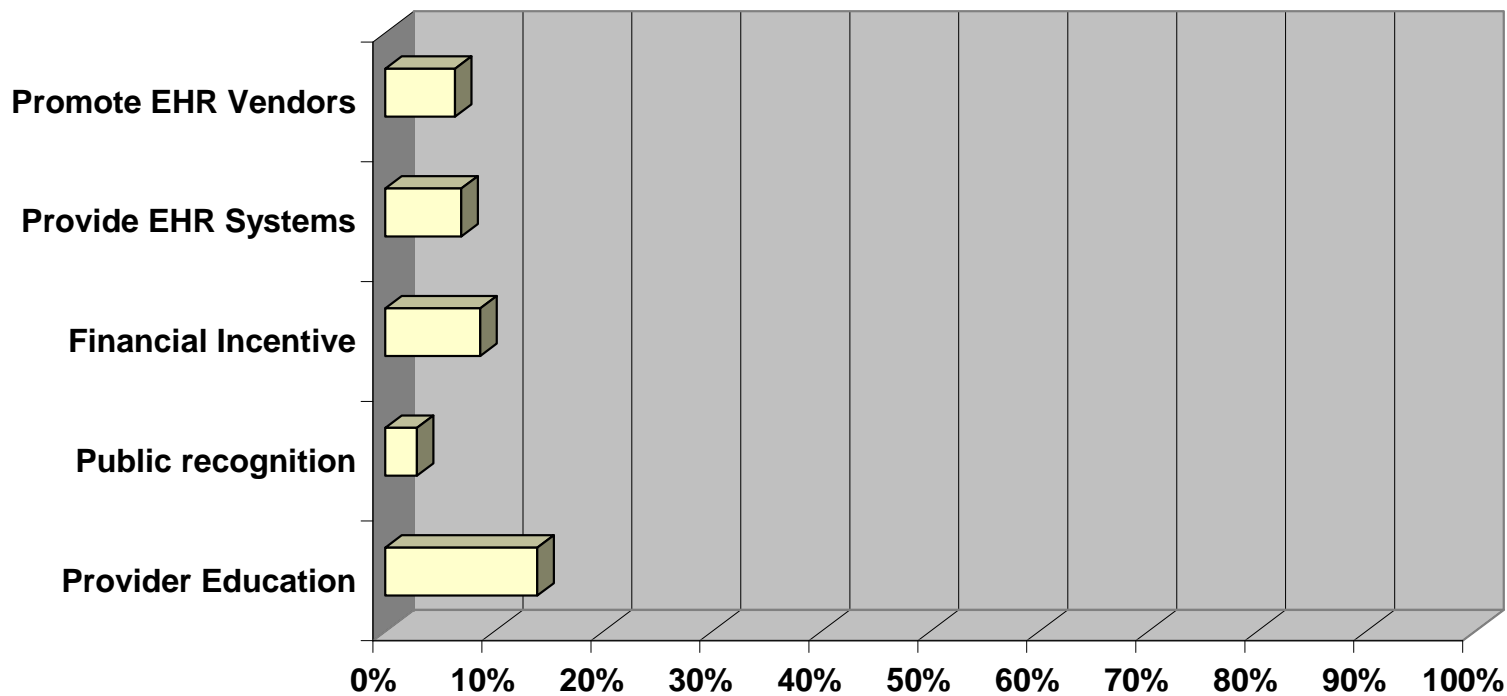
# Some 2007 eValue8 Results

## HIT: Physician Incentives



# Some 2007 eValue8 Results

## Plans Encouraging Use of CCHIT-Certified Electronic Records



# Questions, Discussion

- Further Information
  - Dennis White
  - [dwhite@nbch.org](mailto:dwhite@nbch.org)
  - 202.775.9300



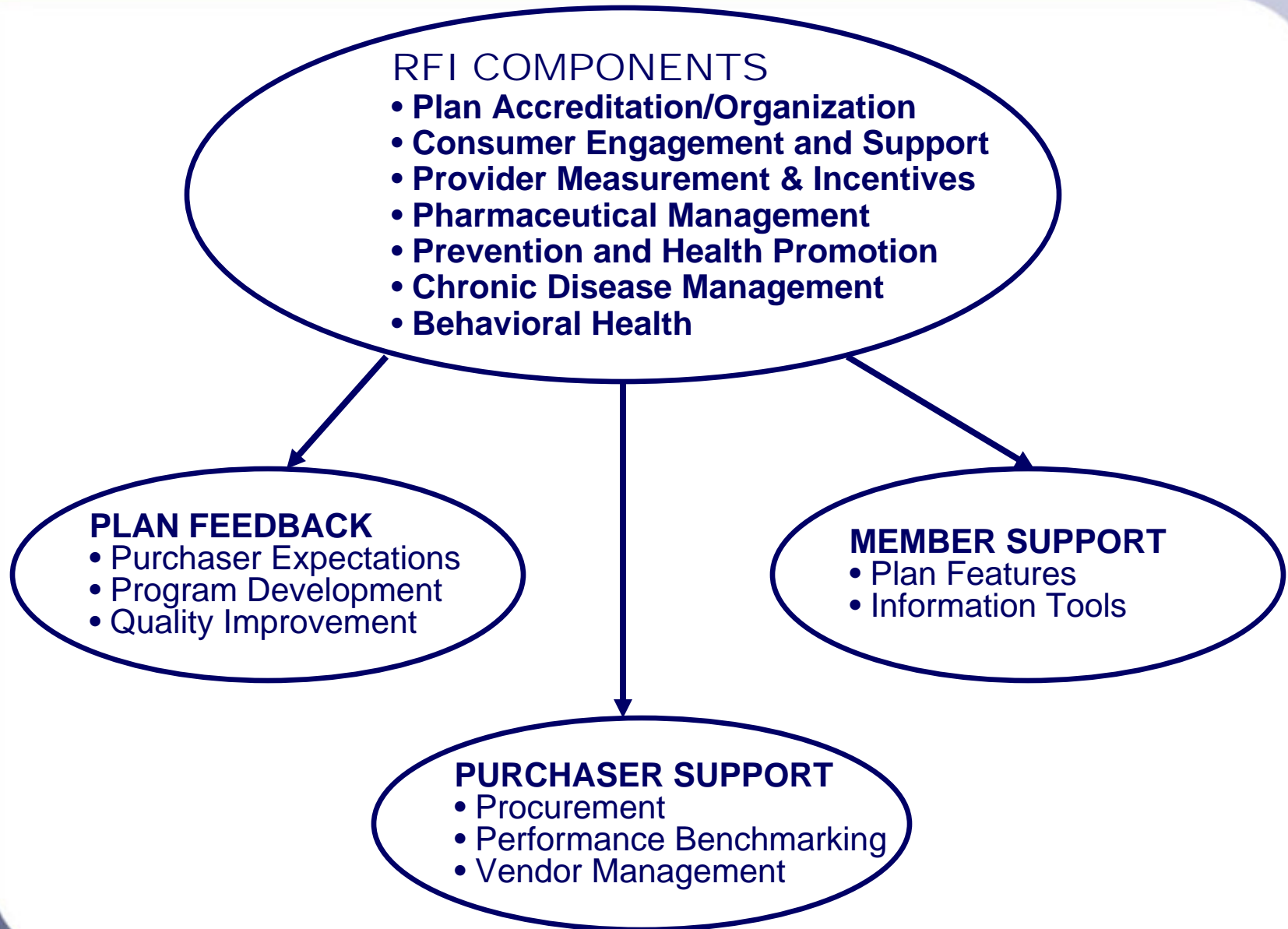
# ***Using eValue8 Results: A Purchaser Perspective on Assessing Plan Performance***

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**Emma Hoo  
Pacific Business Group on Health**



# eValue8 Health Plan RFI Uses







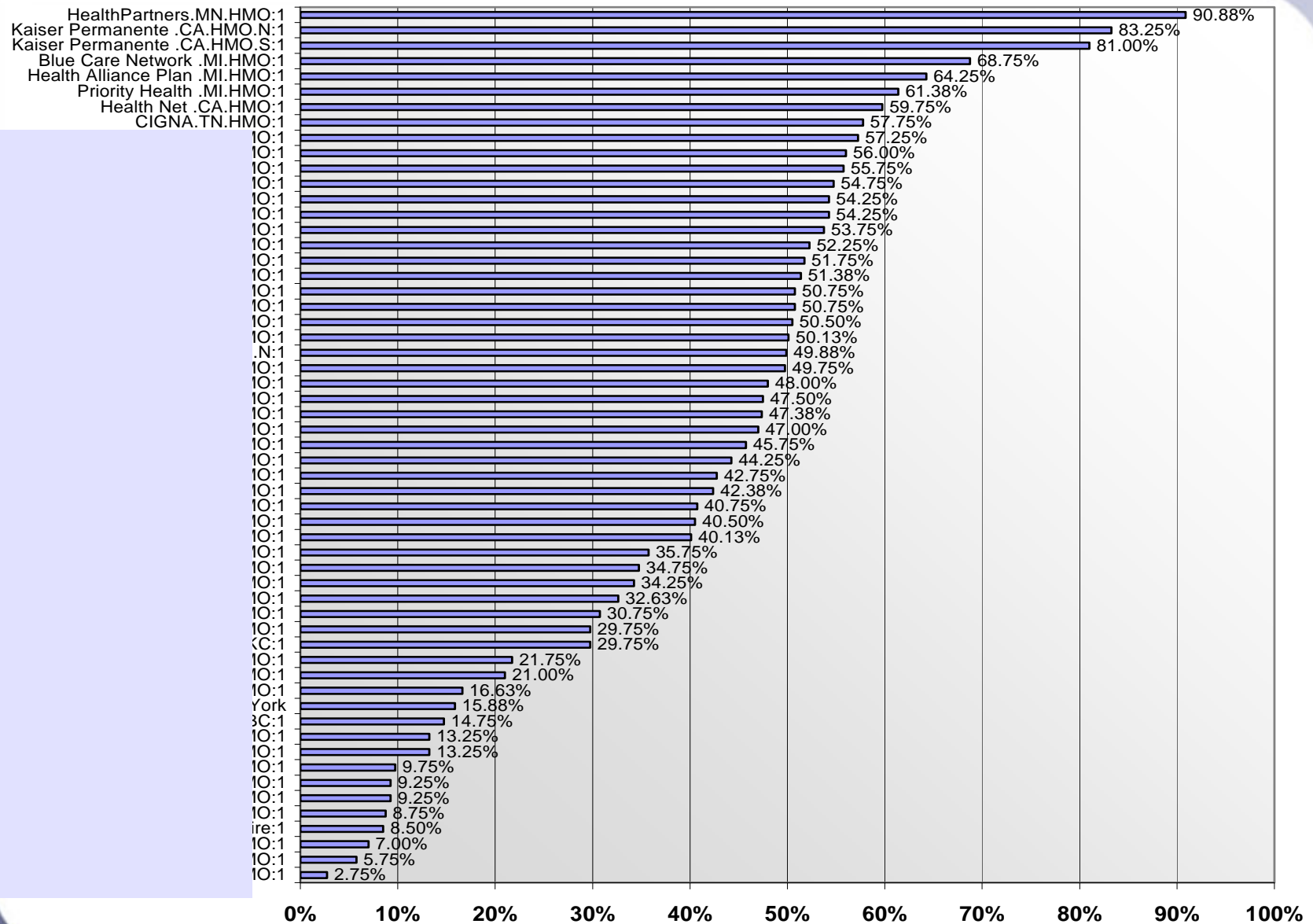
# Provider Measurement & Rewards

- Community Collaboration
- Physician Support (Referral and HIT)
- Practitioner Performance Measurement
  - What is measured (very granular list)?
  - How is it used (feedback, transparency, incentives)?
- Practitioner Differentiation/Incentives
  - Types of measures used
  - Types of incentives (bonus, fees, plan design)
- Facility Performance Measurement
- Facility Differentiation/Incentives
- Centers of Excellence and High Performance Network



# 2007 eValue8 Results

## HMO Provider Measurement





# Measure Types & Use

	Individual physician/ practice site	Medical group/IPA	Used for provider feedback & benchmarking	Used for payment rewards	Used for consumer reporting	Not tracked
<b>PREVENTION</b>						
Breast Cancer Screening*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colorectal Cancer Screening*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cervical Cancer Screening*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco Use#+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advising Smokers to Quit*+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza Vaccination*+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumonia Vaccination*+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CORONARY ARTERY DISEASE (CAD)</b>						
Drug Therapy for Lowering LDL Cholesterol#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beta-Blocker treatment after heart attack*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beta-Blocker therapy -- post MI*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>HEART FAILURE</b>						
ACE Inhibitor/ARB Therapy#+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LVF Assessment#+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DIABETES</b>						
HbA1c Management*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbA1c Management Control*+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

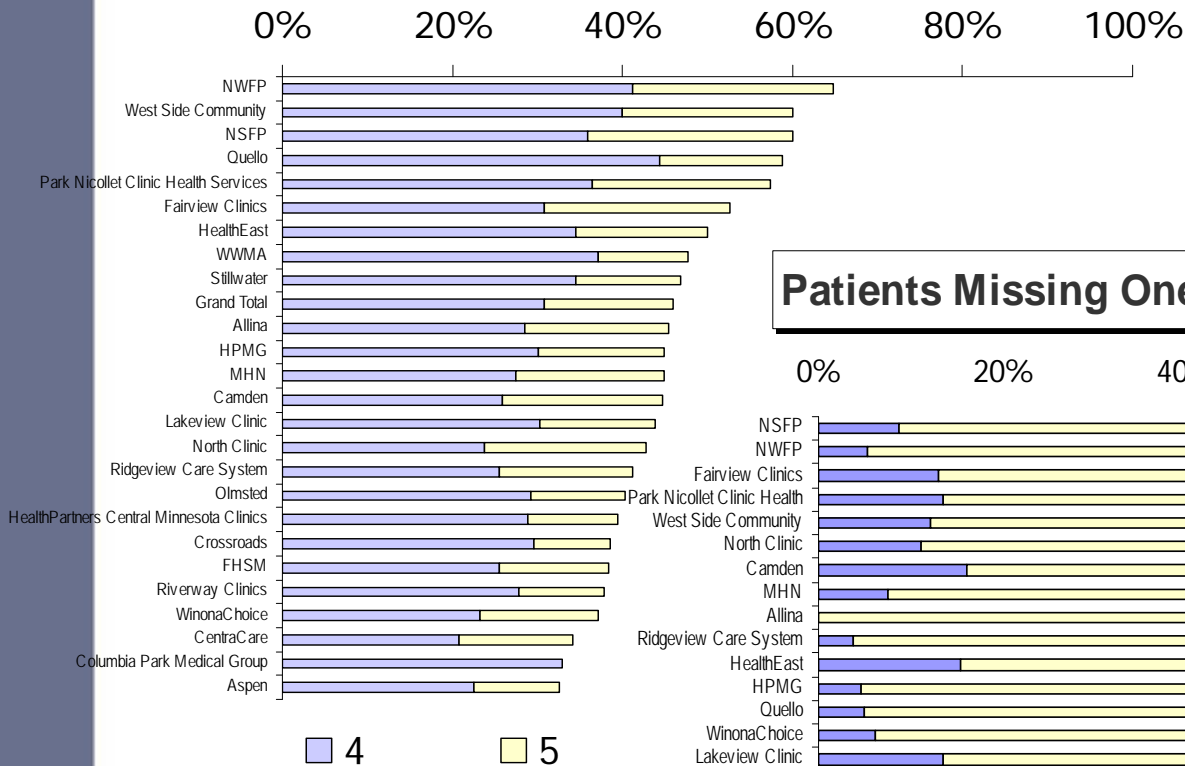
(continued)

- Use of Standard Metrics
  - Prevention
  - Chronic Care
  - Overuse/misuse
  - Patient Experience
  - Efficiency
  
- *Not just the types of measures but **HOW** they are used*
  - Feedback & benchmarking
  - Payment rewards
  - Consumer reporting

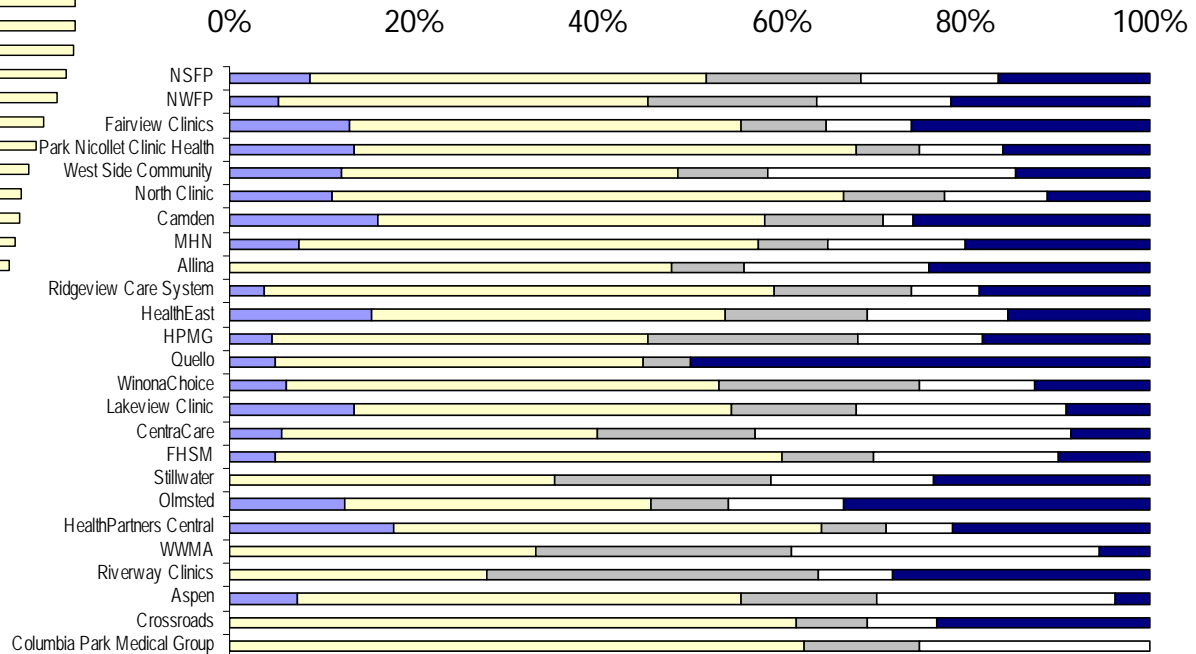


# Measures & Use Health Partners - Minnesota

**Patients Meeting 4 & 5 Diabetes Components**



**Patients Missing One Diabetes Component**



■ Smoking    
 ■ Blood Pressure    
 ■ Cholesterol    
 ■ Blood sugar    
 ■ Aspirin



# Measures & Use Health Partners - Minnesota

## Reliability & Diabetes Care\*

BP	ASA*	LDL	A1c	Smoker	Meets All
127/74	Y	95	6.5	Y	N
<b>132/68</b>	Y	84	6.9	N	N
122/80	N/A	79	<b>8.1</b>	N	N
116/74	<b>N</b>	98	7.0	N	N
126/72	Y	<b>168</b>	<b>7.7</b>	N	N
60%	80%	80%	60%	80%	0%

\* *BP < 130/80, Daily Aspirin\*, LDL < 100, A1c ≤ 7, No Tobacco*



# Feedback & Benchmarking: Kaiser Permanente - California

## Care Management: Web Registry/Tracking System - SC By Medical Center and Region

### Care Management: Web Registry/Tracking System - SC Drill Down to Facility

POINT: Care Management - Microsoft Internet Explorer

Care Management MPS | My Panel | Back |

Personalized For JOEL D HYATT

Diabetes

Sorting Order: Ascending | Employer Group(s): None

Area	Possible Diabetes Patients	Hospitalized	Total Hospital Discharges	Hospital Days	Length of Stay = Hospital Days / Nr. of Discharges
	Pats. %	Freq. Days	Days	Days	
NA	380	21 5.5 %	47	82	1.7
BAK	6350	860 13.5 %	1568	5675	3.6
BFL	20125	3300 16.4 %	5579	16615	3
CHV	43	1 2.3 %	2	0	0
FON	29484	5395 18.3 %	8908	26514	3
HBC	15570	2698 17.3 %	4555	14528	3.2
LOS	19304	4009 20.8 %	6838	20195	3
ORC	22116	2702 12.2 %	4571	13503	3
PNC	18563	3163 17 %	5021	14843	3
REG	24	0 0 %	0	0	0
RVS	17042	2968 17.4 %	5102	15039	2.9
SDG	30738	5239 17 %	8476	26596	3.1
SGV	17428	2087 12 %	3269	10674	3.3
VEN	211	4 1.9 %	4	7	1.8
WDH	12388	2088 16.9 %	3339	11647	3.5
WLA	13233	2644 20 %	4691	14443	3.1
	222999	37179 16.7 %	61970	190361	3.1

POINT: Care Management - Microsoft Internet Explorer

Care Management MPS | My Panel | Back | POINT

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Diabetes Home Panel Asthma CVD HF Diabetes HTN CAD CKD

Diabetes Live Help Help Print Export

Sorting Order: Ascending | Employer Group(s): None Search Group Region: CS | Area: WDH |

Clinic	Possible Diabetes Patients	Hospitalized		Total Hospital Discharges		Hospital Days		Length of Stay = Hospital Days / Nr. of Discharges	Missing Retinal Exams in last 12 mos		Missing Lipid lowering Rx for age 40+ in last 12 mos		Patients with Last LDL > 100 mg/dL		Missing ACEI/ARB Rx for age 55+ in last 12 mos		Having HgbA1C		HgbA1C > 9.0%		HgbA1C > 7.0%		No SM refills
		Pats. %	Freq. Days	Days	Days	Pats. %	Pats. %		Pats. %	Pats. %	Pats. %	Pats. %	Pats. %	Pats. %	Pats. %	Pats. %							
NA	158	19 12 %	27	91	3.4	34 21.5 %	52 40.9 %	108 128.6 %	36 28.3 %	90 57 %	77 48.7 %	102 64.6 %	114										
COV	1253	226 18 %	350	1091	3.1	199 15.9 %	285 24 %	545 49.9 %	270 22.7 %	1088 86.8 %	245 19.6 %	481 38.4 %	805										
ERW	1818	334 18.4 %	529	1847	3.5	247 13.6 %	457 26.8 %	873 54.9 %	420 24.6 %	1568 86.2 %	397 21.8 %	832 45.8 %	1096										
GNZ	583	38 6.5 %	67	294	4.4	20 3.4 %	205 40.9 %	377 81.6 %	110 22 %	448 76.8 %	210 36 %	310 53.2 %	424										
HRD	5	1 20 %	1	0	0	0 0 %	3 60 %	5 200 %	2 40 %	1 20 %	4 80 %	4 80 %	2										
LPS	4	1 25 %	1	1	1	0 0 %	2 66.7 %	4 200 %	0 0 %	2 50 %	4 50 %	3 75 %	4										
NRS	4236	719 17 %	1139	4244	3.7	590 13.9 %	1031 26.7 %	2023 54.8 %	900 23.3 %	3625 85.6 %	958 22.6 %	2013 47.5 %	2585										
OXG	4	0 0 %	0	0	0	0 0 %	0 0 %	4 400 %	0 0 %	0 0 %	4 100 %	4 100 %	2										
SIV	1543	262 17 %	443	1557	3.5	291 18.9 %	344 23.9 %	734 55.9 %	300 20.9 %	1291 83.7 %	366 23.7 %	661 42.8 %	1016										
THO	487	88 18.1 %	132	436	3.3	57 11.7 %	105 22.1 %	232 54.7 %	103 21.6 %	415 85.2 %	103 21.1 %	198 40.7 %	331										
VAW	3	0 0 %	0	0	0	0 0 %	3 100 %	2 200 %	1 33.3 %	1 33.3 %	2 66.7 %	2 66.7 %	2										
WOD	2294	400 17.4 %	650	2086	3.2	309 13.5 %	509 23.8 %	1047 51.2 %	450 21 %	2006 87.4 %	482 21 %	979 42.7 %	1365										
	12388	2088 16.9 %	3339	11647	3.5	1747 14.1 %	2996 26.2 %	5954 55.6 %	2592 22.6 %	10535 85 %	2850 23 %	5589 45.1 %	7746										





# Feedback & Benchmarking: Kaiser Permanente

## Drill down to MD

## Care Management: Web Registry/Tracking System - SC Drill Down to MD Patient Panel

POINT: Care Management - Microsoft Internet Explorer

Care Management MPS | My Panel  
Personalized For **JOEL D HYATT** Thursday, December 2

Diabetes

Sorting Order **Ascending** | Employer Group(s): No

PCP	Possible Diabetes Patients	Hospitalized	Total Hospital Discharges	Hospital Days	
	Pats.	%	Freq.	Days	
NE	94	13	13.8 %	18	57
CH	162	33	20.4 %	45	130
NT	94	20	21.3 %	29	84
L	108	16	14.8 %	27	99
TL	148	23	15.5 %	38	116
A	161	32	19.9 %	52	129
N	26	2	7.7 %	3	7
LL	108	25	23.1 %	44	114
OV	144	28	19.4 %	39	175
D	128	16	12.5 %	25	80
G D	51	11	21.6 %	18	45
RIE					
	1224	219	17.9 %	338	1036

POINT: Care Management - Microsoft Internet Explorer

Care Management MPS | My Panel | Back | POINT Home Panel Asthma CVD HF Diabetes HTN CAD CKD  
Personalized For **JOEL D HYATT**

Diabetes View this criteria with other Population Live Help Help Print Export Batch Print Provider Batch Export

View Records **1-50/161** | Sorting Order **Ascending** Region : CS | Area : WDH | Clinic : COV | Department : FAM | PCP : LEVIN, DAVID A

Find Display Patients ALL

Remove Patient	Patient Name	MRN	Age	Gender	Enrolled in MTM	Asthma	CVD	HF	CAD	CKD	HTN	Osteoporosis	Missing Lab	ACEI Rx Date	ACEI Intolerance flag	Last MA Date	Last MA	MA + Date	MA + Result	Last Serum Creatinine Date	Last Serum Creatinine	
X			56	M			CVD	HF	CAD		HTN			11/06		01/06	118.4	05/05	51.9	1/30/2006	1.5	12/
X			71	M			CVD				HTN			12/06		08/06	12.0			8/25/2006	1.1	11/
X			65	F			CVD		CAD		HTN			10/06		09/06	16.9			9/12/2006	0.8	11/
X			77	F		Asthma	CVD		CAD	CKD	HTN			11/06		07/06	1236.0	05/06	237.2	9/28/2006	1.7	07/
X			62	M			CVD				HTN			11/06		05/06	7.9	04/05	31.9	12/23/2006	1.3	12/
X			86	M			CVD	HF	CAD	CKD	HTN		L	12/06						10/6/2006	2.8	12/
X			80	M			CVD				HTN			09/06		06/06	13.2			6/12/2006	1.1	09/
X			74	M			CVD		CAD		HTN	Y		06/06*		10/06	18.1	08/06	30.1	10/21/2006	1	10/
X			54	M			CVD				HTN		HLM	09/06						8/3/2006	1	06/
X			65	F			CVD		CAD	CKD	HTN			11/06	Y	10/06	135.0	07/06	113.1	10/30/2006	1.1	11/
X			63	M			CVD		CAD	CKD	HTN			09/06		11/06	128.3	08/06	636.6	11/18/2006	2.4	10/
X			82	M			CVD			CKD	HTN			11/06		07/06	49.2	01/06	81.8	7/13/2006	1.3	06/
X			64	M			CVD	HF	CAD		HTN		HLM	10/06								12/



# Feedback & Benchmarking: Kaiser Permanente

## Physician Panel Management Support Tool

Panel Management Select Provider | Back | POINT Panel Views Populations Search Reports

Personalized For **JOEL D HYATT**

Provider View | All Opportunities View | High CAD Risk | ER visit in 7 days | No PCP visit in 12 mos | Monthly Birthday | Upcoming Visit in 2 weeks

Provider View Other Populations Live Help Help Export Batch Print

View Records 1-50/21132 Region : CS | Area : PNC | Clinic : PAN | Department : FA

Print CMSS Print Generate Letters Reviewed/Re-Review

	Action	MRN	Patient Name	Age	Gender	Gap Score	CDCF	Breast Cancer Screening Due	Cervical Cancer Screening Due	Colorectal Screening Due	Pneumovax Due	Diabetes	CAD	CVD	HF	HTN	CKD	Asthma	Missing Lab	Missing Rxs	10 year CVD risk	Last PCP Appt Date
<input type="checkbox"/>	<input checked="" type="checkbox"/>	[blurred]	[blurred]	60	F	2	Y	Y	Y	Y		MOD		LOW		NoBP			CA1LK	AL	21.6	5/15/2006
<input type="checkbox"/>	<input checked="" type="checkbox"/>	[blurred]	[blurred]	62	F	2	Y	Y	Y	Y		MOD		LOW		STG2			CAA1LK	AL		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	[blurred]	[blurred]	66	F	2	Y	Y		Y	Y	MOD		LOW					CAA1LK	A		5/7/2007
<input type="checkbox"/>	<input checked="" type="checkbox"/>	[blurred]	[blurred]	66	F	2	Y	Y		Y	Y	MOD		LOW		NoBP			A1L	AAcL	8.8	1/26/2006
<input type="checkbox"/>	<input checked="" type="checkbox"/>	[blurred]	[blurred]	54	F	2	Y	Y		Y	Y	MOD		LOW					A1L	AL	15.1	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	[blurred]	[blurred]	61	F	6										STG2			A1L	AL		3/27/2007
<input type="checkbox"/>	<input checked="" type="checkbox"/>	[blurred]	[blurred]	53	M	6										STG2			A1L	AL	29.4	3/15/2007
<input type="checkbox"/>	<input checked="" type="checkbox"/>	[blurred]	[blurred]	55	M	6										STG2			A1L	AL	9.6	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	[blurred]	[blurred]	57	M	6	Y				Y	MOD	LOW	MILD					A1L	AAcBL	22.5	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	[blurred]	[blurred]	64	F	6	Y			Y		MOD		LOW					A1L	AcL		4/2/2007
<input type="checkbox"/>	<input checked="" type="checkbox"/>	[blurred]	[blurred]	59	F	6	Y	Y		Y	Y	MOD	LOW	MOD		STG1			A		22.2	4/16/2007
<input type="checkbox"/>	<input checked="" type="checkbox"/>	[blurred]	[blurred]	64	F	6	Y	Y	Y	Y		MOD		LOW		CTL			CA1LK	AL	10.6	9/29/2005





# Payment Rewards: Priority Health - Michigan

## Allocation of Financial Incentives

	Physician	Medical Group	Hospital
Clinical outcomes	20%		
Clinical process	60%		100%
Utilization results		35%	
Pharmacy mgmt		60%	
Patient experience	20%		
Longitudinal efficiency		5%	
2006 Bonus as % of Total Payments	33% of PCP payment 7% of Specialist payment		12%

Source: 2007 eValue8 Plan Response



# Payment Rewards: Priority Health - Michigan

Category	Measures	Award	Benchmark
Preventive Health	Childhood Immunizations	\$175	81%
	Adolescent Immunizations	\$65	81%
	Cervical Cancer Screenings	\$10	87%
	Chlamydia Screenings	\$15	49%
	Mammography	\$10	77%
	Tobacco Status and Advice	\$0.15 pmpm	90%
	Recorded BMI Level	\$0.15 pmpm	90%
Disease Management	Diabetes Care: Controlled HbA1c	\$100	60%
	Diabetes Care: Controlled LDL-C	\$80	51%
	Diabetes Care: Annual Retinal Eye Exam	\$25	71%
	Diabetes Care: Monitoring for Nephropathy	\$25	87%
	Diabetes Care: Controlled Blood Pressure	\$100	44%
	Hypertension: Controlled Blood Pressure	\$75	68%
	Asthma Medication Management	\$100	78%
	Persistence of ACE/ARB & Statin Therapy*	\$50	36%
Access & Availability	Peak Membership	\$0.25 pmpm**	500
	Months open to new members	\$0.25 pmpm**	12 months
Efficiency	High-Tech Radiology		100
	Generic Percent		72%

Source: Priority Health  
Physician Incentive  
Program Technical Manual



# Consumer Information: Priority Health - Michigan

67 results met your search for:  
Primary Care Physician, Family & General Practice, Within 5 miles of 49525

Within 5 mi. of Zip Code 49525

Order by: Quality Ratings Display: 10 PER PAGE

- Quality Ratings
- Name
- Distance

Results 1

### VIEW DETAILS

#### Peter B App, MD

Peter B. App, MD  
[Is your plan accepted here?](#)  
[View Location](#)  
(616) 776-0814 - 3.8 mi

Quality Ratings:

#### Steven R. Ashmead, MD

Saint Mary's Health Care - Wege Center  
[Is your plan accepted here?](#)  
[View Location](#)  
(616) 752-6922 - 5 mi

Quality Ratings:

#### Emmanuel L Barias, MD

Advantage Health - Downtown  
[Is your plan accepted here?](#)  
[View Location](#)  
(616) 913-8450 - 4.9 mi

Quality Ratings:

#### Philip J. Baty, MD



### QUALITY RATINGS

Below are the number of apples this Primary Care Physician (PCP) earned based on his/her individual or practice group quality performance in 2006.

[How is this calculated?](#)

HOW IS THIS CALCULATED?	
2006 QUALITY MEASURES	QUALITY RATING
<b>Disease Management</b>	
Asthma Care	
Depression	*
Diabetes Care	
HTN - Controlled Blood Pressure	
<b>Patient Satisfaction</b>	
Advice on Avoiding Illness	
Time to Return Phone Calls	
<b>Preventive Health</b>	
Adolescent Immunizations	*
Breast Cancer Screening	
Cervical Cancer Screening	
Childhood Immunizations	*
Tobacco Screening	
<b>Summary</b>	
Overall Quality	
Percent of apples earned by this PCP	92%
Average percent earned for all PCPs	83%

#### Key

- Met or exceeded Priority Health's target rate
- Scored in the highest 1/3 of performance below the target rate
- Scored in the middle 1/3 of performance below the target rate
- Scored in the lowest 1/3 of performance below the target rate

\* This PCP did not have enough Priority Health patients in this category to qualify for measurement.

[http://www.priorityhealth.com/prog/provdir/provider\\_directory.cgi](http://www.priorityhealth.com/prog/provdir/provider_directory.cgi)



# Community Collaboration: Health Net - California

- Community collaboration: Use common Integrated Healthcare Association Pay for Performance metrics

**Executive Order: Identify community collaborative activities with local health plans on implementation of the following physician performance-related activities. Collaboration with parent or owner organization or with one of the Plan's vendors does not qualify for credit. Participants should be named for each collaboration. Check all that apply.**

	Pooling data for physician feedback and benchmarking	Pooling data for consumer reporting	Pooling data for payment rewards	Pooling data for repository, registry or electronic exchange	No collaborative activities
Standardized AQA measures for physician clinical process performance reporting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Standardized AQA measures for physician clinical outcome performance reporting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-AQA clinical quality measures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Standardized measures for patient experience	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Standardized measures for practitioner economic/longitudinal efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

# Standards for Measuring Physician and Hospital Quality

Phyllis Torda



February 2008



# Today

- **Review**
  - 2006 PHQ development
  - Why considering review; update
  - Proposed changes
- **Discuss proposed changes**

# Our Mission And Vision

- **MISSION**

- To improve the quality of health care

- **VISION**

- To transform health care through quality measurement, transparency and accountability

# PHQ Principles

- **Standardization**
- **Transparency**
- **Collaboration**
- **Action**
- **Align with leading market activities**



# 2006 PHQ Standards Development Process

- **Public comment in 2005**
  - Comments from >50 organizations; purchasers, plans, physician organizations
- **Outreach, research Summer & Fall '05**
  - Research on plan activities; interviewed >20, reviewed materials in detail for 5 – 10
- **Approved by Standards Committee, February 2006**
- **Approved by NCQA Board, March 2006**

# Why Considering Review, Update

- Advances in measurement of quality, cost or resource use
- Growing number of pay-for-performance (P4P) programs
- Increased visibility
  - New York Attorney General actions
  - Consumer-Purchaser Disclosure Project's National Consumer Transparency Charter

# New York Attorney General

- **August 2007: Issued letters to NY health plans citing concern with physician ranking/tiering programs**
- **Challenged the validity of the data**
- **Concerned use of cost/efficiency measures could be “misleading” to consumers and channel them into low cost networks**

# Consumer Groups

- **Consumer-Purchaser Disclosure Project: physician performance should be made public**
  - Useful and accurate information
  - Transparent process for development and reporting
- **Supported by AMA, AARP, Consumers Union, National Partnership for Women and Families and others**

# NYAG SETTLEMENTS

- Seven plans have signed agreements with the New York Attorney General consenting to appointment of a Ratings Examiner (Rx) to assess compliance:
  - CIGNA
  - Aetna
  - Empire
  - United/Oxford
  - GHI
  - MVP
  - Independent Health

# PHQ 1: Measuring Physician Performance

- The organization uses standardized measures of quality and valid measures of cost or resource use to improve the quality and affordability of care provided by network physicians
- Intent
- The organization collects data on physician quality and cost of services and uses the information to help physicians provide, and purchasers and members choose, high-quality, cost-effective care.

# PHQ 2006 Standards

- **A: Measuring Quality of Care by Physicians**
- **B: Measuring Physician Cost or Resource Use**
- **C: Measurement Methodology**
  - The methodology addresses:
    1. the specifications
    2. the methodology for attributing patients to physicians
    3. the minimum number of observations for each episode or measure and physician
    4. how it employed or considered case mix and severity adjustment
    5. how it considers the statistical error in reporting actual performance differences among physicians
    5. for cost or resource use, the methodology for including or excluding outliers
    7. for cost or resource use, the definition of episodes of care.

# PHQ 2006 Standards (cont.)

- **D: Verifying Methodology**
- **E: Units of Measurement**
- **F: Measurement Scope**
- **G: Working With Physicians**
  1. The organization works with its physicians on quality and cost or resource-use measurement activities prior to acting on measure results, including: soliciting input from physicians about measurement activities that the organization could use to meet of the standards
  2. providing the methodology to physicians
  3. providing results and estimates of statistical reliability for comparative information to each physician
  4. providing physicians opportunity to obtain a full explanation of individual results before used
  5. having a process by which physicians can provide add'l info
  6. having a mechanism that considers additional information and communicates back to physicians
  7. seeking feedback on the validity, usefulness of reports



# PHQ 2006 Standards (cont.)

- H: Principles for Use of Results
- I: Reporting Results to Customers
- J: Making Measurement Methodology Available
- K: Scope of Measure Reporting
- L: Making Information Available
- M: Feedback on Reports
- N: Taking Action
- O: Collaborating on Physician Measurement
- P: Using Physician Measurement Activities

# Proposed Changes

- **Scope: Change from “how many quality measures?” to “regardless how many, how many are standardized?”**
  - Standardized: NQF, AQA, Accreditor, AMA PCPI, government agency
- **Clarify, strengthen process for physicians to request corrections or changes**
  - Minimum notice period
  - Review actual cases for compliance with process

# Proposed Changes (cont.)

- Risk adjustment of cost measures
- Process to handle member complaints
  - Review actual cases for compliance with process
- Designate some requirements as minimum thresholds to pass PHQ
  - Most quality measures are standardized
  - Transparency to, work with physicians
  - Considering quality not just cost, when acting

# PHQ 2: Hospital Performance

## Propose No Changes

- Using all-payer data on hospitals, the organization provides members with information and resources to inform decision-making
- Intent
- The organization provides members and purchasers with information about how hospitals perform to help them make decisions based on quality and cost.

# Next Steps

- Spring 2008: Public comment
- April, May 2008: Analyze comments, develop final program requirements
- May 2008: Standards Committee reviews, approves final program requirements
- June 2008: NCQA Board review, approve final program requirements
- July 2008: Publish final program requirements

# Discussion



# **Bridges To Excellence**

**Scoring Health Plan-Based P4P Programs**

**February 28<sup>th</sup> 2008**

Edison Machado Jr, MD,MBA  
Medical Director and Programs Manager  
Bridges To Excellence



## **Purpose & Rationale for integrating BTE into health plan operations**

2003 – very few plans have physician-based incentives outside of the tight HMO networks. BTE launches its core incentives and rewards model with fixed bonuses for physicians, driven by employer participation.

2007 – most plans have or are designing P4P programs for all contracted physicians. Market coordination helps focus physician attention, drive better improvement, and reduce confusion. BTE shifts from fixed bonus model to more flexible implementation by plan.

The objective is to eliminate redundant provider incentives, reduce administrative expenses for employers, while maintaining core BTE principles that have led to significant improvements in provider performance: community collaboration, strong signal on what needs to change.





# There are two pathways for a plan to choose from...and they can choose both

## BTE Certification

- Intended for plans that want to implement the traditional BTE model
- Focuses on the plan's execution of the BTE programs
- Is regional in nature

## BTE Program Endorsement

- Intended for plans developing their own network-wide I&R program
- Focuses on the types of data used to measure quality and the weight given to those data
- Is program-specific
- (Optional) NCQA PHQ Accreditation



# There are a few minimum conditions of participation for each model

## BTE Certification:

- Performance measurement and quality rewards are based solely upon BTE assessment
- Good quality must be rewarded and recognized

## BTE Program Endorsement:

- BTE is not administered as a stand alone program
- Physician performance assessment is based on quality and efficiency metrics, with quality coming first
- Good quality must be rewarded and recognized
- BTE measures must be weighted at 51% or greater where applicable
- Obtain NCQA PHQ Designation (optional)



# BTE Certification survey elements & scoring

Data Attribution Methodology	0 points
Performance Measurement Level	15 points
Rewards Type	15 points
Rewards Threshold	15 points
Rewards Recipient Level	0 points
Rewards Funding Source	15 points
Program Administration	0 points
Program Commitment	20 points
Program Administrative fees Charged to Employers	20 points

Minimum score needed for Certification: 75%



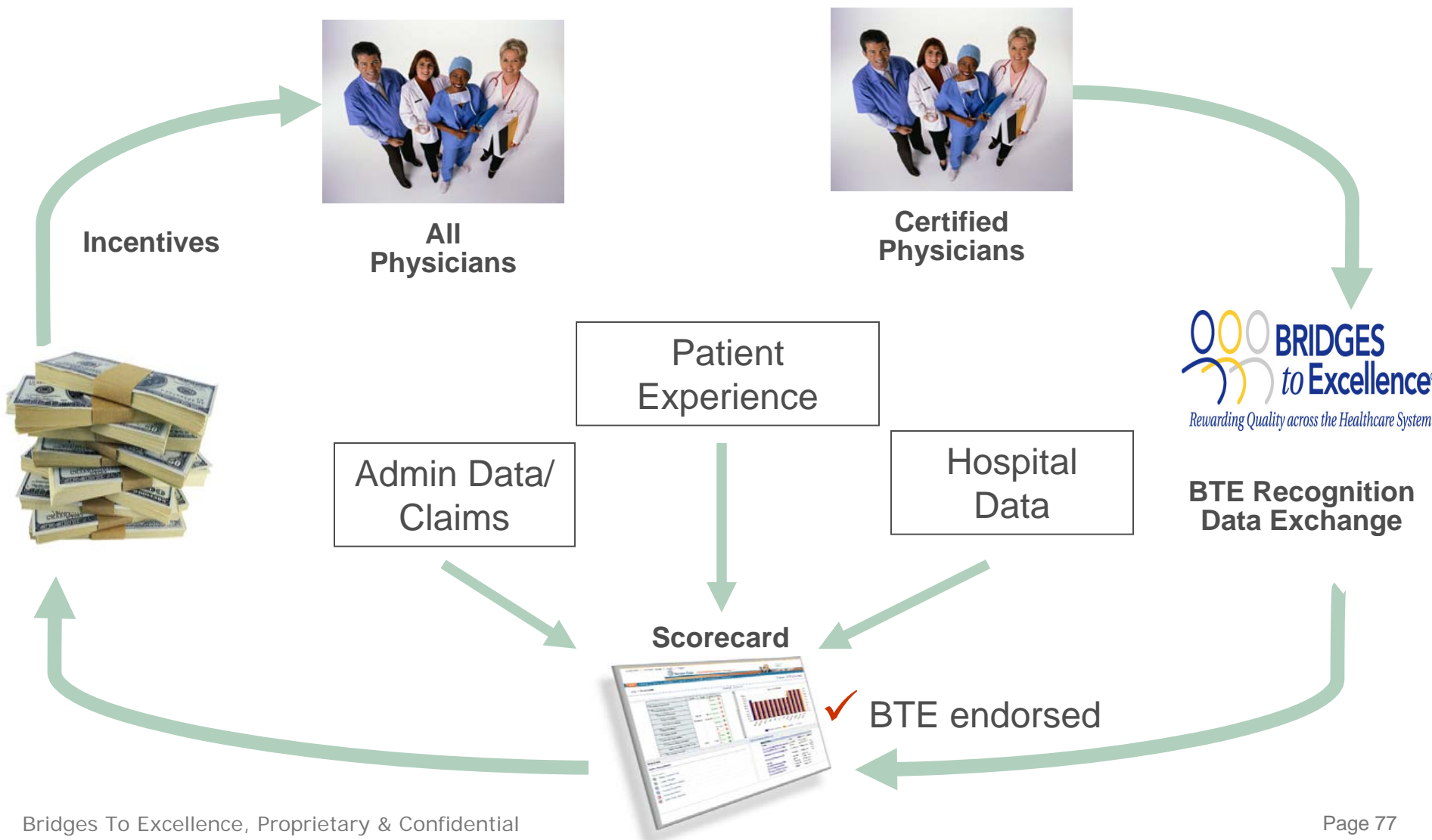
# BTE Program Endorsement survey elements & scoring

Data source	10 points
Data attribution methodology	0 points
Performance measurement level	5 points
Performance measurement type	10 points
Performance measures source	15 points
Performance measures methodology	10 points
Rewards design	15 points
Rewards type	0 points
Rewards threshold	10 points
Rewards recipient level	0 points
Rewards and Quality link communication	10 points
Program Administration	0 points
Program Commitment	15 points

Minimum score needed for Endorsement:75%



# BTE Endorsed Health Plan P4P Program





## Value-proposition for Health Plans

- Actively support local initiatives while serving national accounts
- Offer physicians options on how to have their performance measured
- Ability to incorporate physician performance criteria important to the plan
- Leverage plan-branded P4P programs
- Stay consistent with 4 Cornerstones effort



## Health Plan process in 2008

1. Download survey questions and scoring grid from BTE website
2. Contact Edison Machado to work through survey
3. Schedule face-to-face with BTE staff to review survey score
4. Certification and/or Endorsement granted and announced



# Panel Discussion – How do we balance “regulation” with the need for innovation

General Q&A