The Silicon Valley P4P Consortium: Employers, Doctors and Technology Collaborating to Change Health Care

Panel Presentation

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# High-tech companies face similar challenges …and opportunities

- High-tech community

- Progressive medical environment

- Tech-savvy, young employee populations

- Innovation is core business value

- 63K employees in 80 countries; 15K+ at corporate headquarters in San Jose, CA

- Average 5 years length of service; 93% retention rate

- 33% engineering/IT, 33% sales, 33% all others

- All connected to common internet tools

- Nearly all are Cisco shareholders

- $37.6B in revenues (2008)

- Intel has grown into the word's leading silicon innovator

- 83K employees, 5K in Silicon Valley, 12K covered lives

- 300 facilities in 50 countries

- World's 7th most valuable brand

- Enjoys a consistent history of strong corporate accolades

  – 2008 -09 Dow Jones Sustainability Index Technology Sector Leader (10th consecutive year)

  – #48 of World's Most Innovative Companies

  – #1 "Best Corporate Citizen"
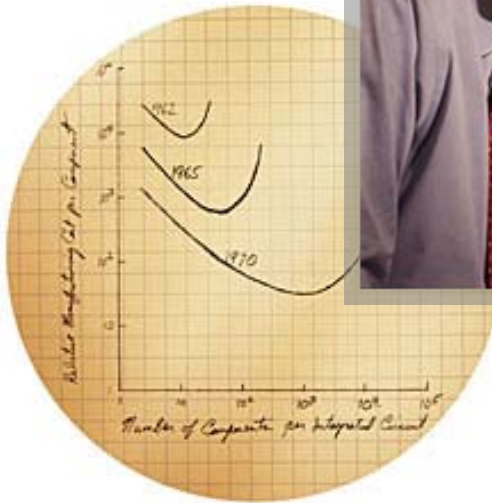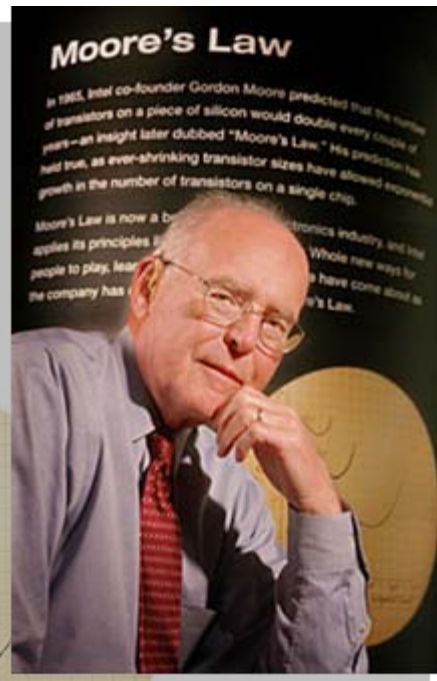
Large, progressive medical groups

	Locations	Physicians	Patients	Primary/ Specialty
Camino Medical Group Affiliated with the Palo Alto Medical Foundation	*3*	*200*	*154,375*	*Both*
KAISER PERMANENTE	*4*	*1,400*	*1,204,168*	*Both*
Palo Alto Medical Foundation A Sutter Health Affiliate	*4*	*250*	*210,379*	*Both*
San Jose Medical Group OUR PATIENTS. OUR STRENGTH	*3*	*200*	*75,000*	*Both*
SANTA CLARA COUNTY sccipa INDIVIDUAL PRACTICE ASSOCIATION PACIFIC PARTNERS MANAGEMENT SERVICES, INC.	*3*	*10*	*20,000*	*Primary*
STANFORD HOSPITAL & CLINICS Stanford University Medical Center	*4*	*21*	*25,427*	*Both*
Santa Cruz Medical Foundation A Sutter Health Affiliate	*6*	*190*	*116,416*	*Both*

Silicon Valley Pay for Performance (SVP4P) created in 2005

- Consortium started to foster use of IT

- 7 multi-site medical groups

- 25 practice sites; over 1,800 physicians

- Each employer funded $50,000 per year per group

- Agreement was informal

Original value proposition

High-tech Employers

- Build closer relationships with providers

- Partner to change the game and increase use of IT

- Collaborate to foster alignment with unique, employee-focused goals

Bay Area Medical Groups

- Belief that current model of episodic care is unsustainable

- Standards consistent with other quality programs and incentives

- Employers uniquely positioned to leverage technology and measure outcome over time

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Rewarding Quality across the Healthcare System

INTEGRATED HEALTHCARE ASSOCIATION

NCQA
Measuring quality.
Improving health care.

2006-07 use of national standards sped start-up

NCQA Physician Practice Connections standards drove improvement:

- Same-day appointments

- Electronic health records (EHRs)

- Registries, data mining and reminders

- E-prescribing and e-test results

- Secure messaging

- Referral tracking and post-hospital follow-up

NCQA

★ ★ ★ ★

PRACTICE CONNECTIONS

All medical groups earned rewards

2 groups

PPC level 3
Best scores—
maximum reward

3 groups

PPC Level 2
Better scores – 2/3 of
maximum reward

2 groups

PPC Level 1
Good scores – 1/3 of maximum
reward

Platform, 2006-2007: NCQA National
PPC standards

2008-09 focusing on patient-centered care …enabled by IT

- PPC level

- % test results received electronically by physicians

- % prescriptions written electronically

- % patients signed up for online interaction

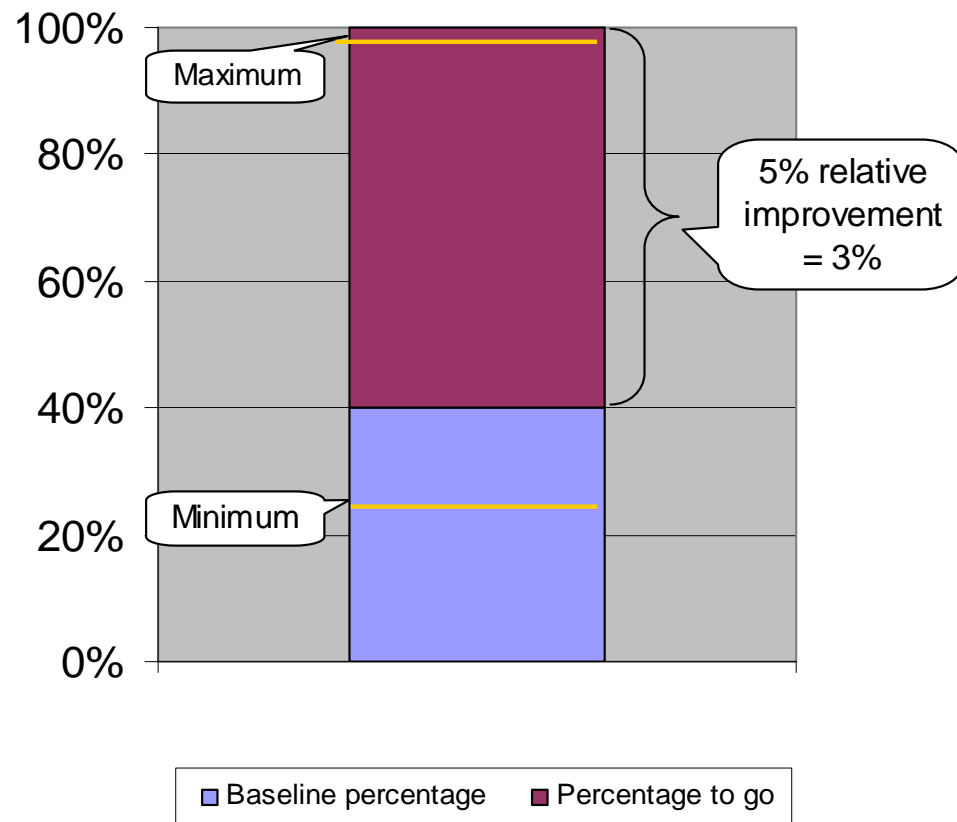- % appointments scheduled online

Full reward given for improvement in two or more categories

Rewards are for improvement, at all levels

Each measure has:

- An amount of relative improvement required, such as 5%

- A minimum level for any rewards, such as 25% e-prescriptions

- A maximum achievable, such as 95% of lab results received online

Only one previously achieved maximum counts

And there was further progress in 2008

Measure	Group Performance
- % Test results received electronically by physicians	- 4 groups have over 95% of tests electronically received
- % prescriptions written electronically	- 11K additional eRXs were written
- % patients signed up for online interaction	- 314K additional patients signed up
- % appointments scheduled online	- 4K additional appointments scheduled online

2008: Groups achieved more

4 groups

2 IT improvements for the full reward

2 groups

1 IT improvement for ½ the reward

2008-09 platform: SVP4P-designed measures of IT improvement

Financial rewards paid to medical groups

- 2007 = $ 586,000

  Min per group = $ 13K

  Max per group = $150K

- 2008 = $ 375,000

  Min per group = $ 20K

  Max per group = $100K

Medical groups keys to success - so far

- Incentive rewards - crucial for 4 groups

- Shared incentives for physicians and treatment groups, including medical assistants, to enroll patients online

- Reminders, in EHRs and paper systems, key to encourage patient enrollment

- Extension of perspective from P4P metrics to patient engagement required for future success

- Tenacity – some false starts before getting it right

- Learning to use technology to better partner with tech-savvy patients

Benefits to employers, patients and medical groups are now clearer

- Patient engagement still a struggle - but better IT functionality helps

- Patient population appreciates the convenience of e-medicine; builds loyalty

- Patient portals sell themselves for patients and all but a few late-adopting doctors

- Higher percentage of people with chronic disease use e-visits than non-chronic disease; opportunity for better status management

- Urgent care visits decrease with open access; reduces costs

New value proposition: partner to craft new ideas and test innovative models

The employers want:

- A focus on our unique population, not just chronic disease

- A direct relationship with the best providers

All agree that they want:

- Innovation--the current model is broken

- A new paradigm that leverages technology

- Partnership to change the game

The medical groups want:

- P4P resources focused on the core of the non-system

- A direct relationship with employers

Beyond P4P: Innovate together to change corporate health management, patient experience and set example

Unique population: younger employees with little patience and health issues different from the norm

Progressive medical groups: now investing in IT solutions; interested in changing models of care and innovation

Employers anxious to innovate: actively engaged in their employees' health and anxious to experiment

Collaborative relationship: direct connection between employers and provider groups centered on the same patients

- Engage employees and families in managing their health

- Produce better outcomes in lifestyle issues, productivity, emotional issues and orthopedic problems

- Helps prevent development of chronic diseases

- Maximize talents of the patient, the health coach, the employers' resources and the community providers' resources

- Take advantage of leading edge technology

Long-term goal is collaboration to build cultures of health across community