



Improved Analytics for P4P

Recap of February 2009 Visit

Outline

- Overview
- Remaining challenges
- Information for Measurement vs. Information for Improvement
- Different approaches to data aggregation
- Information for improvement – Performance management

What is happening so far?

- P4P has gained a significant momentum
 - Measurement has become acceptable
 - More often combined with programs that rewards consumers to choose better performing providers
- Cost of care measurement is becoming a prominent component of P4P
- Results are mixed
 - Some improvement in clinical results
 - Cost of care is not improving
 - Patient experience is not improving

Challenges Remain

- Availability of measures
 - Increasing emphasis on measure creation and standardization of methodology
- Statistical challenges
 - Sample size
- Financial relevance
 - Magnitude of incentive pools
 - Shared savings
- Information systems and analytical capabilities
 - Information is not integrated into providers' workflow
- Ability to integrate clinical data to with the administrative data

Information for Measurement vs. Improvement

- The focus has been on measurement
 - Most information is designed to demonstrate what the performance was
- Lack of information to help providers on how to improve their performance
 - Most deficient for cost of care measurement
- Lack of common processes for improvement and learning
- Lack of common analytical infrastructure for
 - P4P/Performance measurement
 - Patient centered medical homes/communities
 - HIE -

Data Aggregation Initiatives

- The right idea
 - Effectively addresses significant issues concerning statistical validity such as sample size and market share
- Current models/approaches
 - Cost prohibitive not a viable business model
 - Mixed success rates
 - Not timely
 - Does not help improvement
 - Very difficult to integrate into work flow
 - Does not offer enough value to individual data contributors

A New Approach To Data Aggregation Distributed Data Model

- Robust, transparent and standard approach to aggregating healthcare information across multiple health plans;
- Measure clinician quality of care, applying measures and methods that are valid conceptually and are defensible, understandable, and accepted by key stakeholders and other users of the measurement results
- infrastructure that allows aggregation and measurement can across plans on an ongoing basis
 - Capabilities
 - Validation – Reconciliation
 - Data exchange – Reconsideration
 - Cost effective
 - Timely
 - Increased frequency
 - Increased production speed
 - Empowers physicians

Empowering Providers

- Common Informatics Infrastructure Allows Providers Access To...
 - Practice performance information
 - Validates measurement – reconciliation
 - Allows providers to submit information for reconsideration and integration of clinical data
 - Help providers identify opportunities for improvement
 - Gaps in care - Quality
 - Patterns of care – Cost of care
 - Allows access to longitudinal health record
 - Allows access to disease registries and quality registries
- HIE optimization
 - Adds analytical capabilities to existing data stores
- Single data source that empowers measurement, PCMH and performance improvement

Performance Analytics™

- Provider Outreach Program...
- Prescriptive in Nature
 - Identifies drivers of efficiency and patterns of care among high performing providers
 - Identifies opportunities among underperforming providers
- Clinically Relevant and Provider Specific
- Coupled with Training Program for Medical Directors and Individual Providers
- Informatics Capabilities to Support
 - Interactions between health plan medical directors and providers
 - Interactions among providers

Engaging providers: sharing “actionable” information

The screenshot displays a medical dashboard for a patient named Gabriel Wright. The interface includes a top navigation bar with options like 'Patients', 'Manage Access Requests', 'My Profile', 'Administration', and 'Log Out'. Below this, there are tabs for 'Patient Summary', 'Diagnostic Summary', 'Procedures', 'Medications', 'Lab Tests', 'Patient Reported', and 'Care Team'. The 'Medications' tab is currently selected.

Patient Summary: Gabriel Wright, Patient ID: 00648, Age: 59, DOB: 12/1/1948, Phone: 888-888-888-054, Sex: Male, Access: Full. A link 'What is this?' is provided for the access level.

Medications: A list of medications is shown with columns for Date and Drug Name. The list includes:

- 11/11/2007: GLUCO
- 11/03/2007: GLUCO
- 11/03/2007: ACTOS
- 09/13/2007: Insulin
- 08/15/2007: RELAFE
- 08/01/2007: GLUCO
- 08/01/2007: ACTOS
- 08/01/2007: GLUCO
- 08/01/2007: MONOP

Diagnosis: A table of diagnoses is provided with columns for Date, Code, Diagnosis, and Doctor.

Date	Code	Diagnosis	Doctor
12/04/2007	250.00	Dmii wo cmp nt st uncntr	MCCALLION NED; MD
11/16/2007	714.0	Rheumatoid arthritis	MUCZYNSKI PATRICIA; MD
09/25/2007	250.62	Dmii neuro uncntrld	CYPHERT GALE; MD
09/13/2007	250.0	Diabetes mellitus uncomp	HUETTMAN MERLE; MD
09/11/2007	250.90	Dmii unspfr nt st uncntrl	MUCZYNSKI PATRICIA; MD
04/07/2007	719.42	Joint pain-up/arm	BEEBE TWANNA; MD
02/09/2007	735.1	Hallux varus	KURKA DOMINICA; MD

Best Practice Recommendations: A list of recommendations with 'Learn More' links:

- Diabetes, no evidence of HbA1C testing
- Sub-optimal hemoglobin A1C testing during the last 12 reported months (less than 2 tests)
- No evidence of annual screening for diabetic retinopathy
- <70% compliance with prescribed thiazolidinedione-containing medication (eg pioglitazone, rosiglitazone)
- <70% compliance with prescribed sulfonylurea (eg glipizide, glyburide, glimepiride)
- No evidence of serum ALT or AST in last 12 reported months while on a biguanide, thiazolidinedione or Precose
- No evidence of LDL cholesterol testing in the last 12 reported months
- No evidence of HDL cholesterol testing in the last 12 reported months

Engaging providers: sharing “actionable” information

- Enable physicians to view a more comprehensive history of a member across physicians and other care providers

The image displays two screenshots of a medical dashboard interface. The top screenshot shows the 'Patient Summary' tab for Rolando Haile, displaying patient ID, age, DOB, effective start date, sex, and access level. The bottom screenshot shows the 'Procedures' tab for the same patient, displaying a list of procedures with columns for Date, Code, Procedure, Code, Primary Diagnosis, Code, Secondary Diagnosis, and Doctor.

Patient Summary (Top Screenshot):

Logged in as: Lavena Larch

Patient Summary | Diagnostic Summary | Procedures | Medications | Lab Tests | Patient Reported | Care Team

Print | Add To List | New Search

Rolando Haile

Patient ID: 0000606819 | Age: 53 | DOB: 11/17/1951

Effective Start Date: 1/1/2004 | Sex: Male | Access: Full [What is this?](#)

Diagnosis Table:

Date	Code	Diagnosis	Doctor
12/03/2004	786.05	Shortness of breath	Jonty List
12/01/2004	433.10	Ocl crtd art wo infrct	N/A
11/30/2004	414.01	Crnry athrsl natve vssl	N/A
11/03/2004	V70.0	Routine medical exam	Deshawn Stuart
10/05/2004	601.9	Prostatitis nos	N/A
09/24/2004	789.00	Abdnnal pain unspcf site	N/A
09/16/2004	789.07	Abdnnal pain generalized	Deshawn Stuart
05/04/2004	461.9	Acute sinusitis nos	Deshawn Stuart
02/18/2004	414.00	Cor ath unsp vsl ntv/gft	N/A

Procedures (Bottom Screenshot):

Logged in as: Lavena Larch

Patient Summary | Diagnostic Summary | Procedures | Medications | Lab Tests | Patient Reported | Care Team

Print | Add To List | New Search

Rolando Haile

Patient ID: 0000606819 | Age: 53 | DOB: 11/17/1951

Effective Start Date: 1/1/2004 | Sex: Male | Access: Full [What is this?](#)

Procedures Table:

Date	Code	Procedure	Code	Primary Diagnosis	Code	Secondary Diagnosis	Doctor
12/03/2004	93325	Doppler color flow add-on	786.05	Shortness of breath	N/A	N/A	Jonty List
12/03/2004	93307	Echo exam of heart	786.05	Shortness of breath	N/A	N/A	Jonty List
12/03/2004	93320	Doppler echo exam, heart	786.05	Shortness of breath	N/A	N/A	Jonty List
12/01/2004	93880	Extracranial study	433.10	Ocl crtd art wo infrct	N/A	N/A	N/A
11/30/2004	99213	Office/outpatient visit, est	414.01	Crnry athrsl natve vssl	272.4	Hyperlipidemia nec/nos	Jonty List
11/03/2004	99396	Prev visit, est, age 40-64	V70.0	Routine medical exam	N/A	N/A	Deshawn Stuart
10/05/2004	81003	Urinalysis, auto, w/o scope	601.9	Prostatitis nos	597.80	Urethritis nos	Harley Phil
10/05/2004	81004	Office/outpatient visit, new	601.9	Prostatitis nos	597.80	Urethritis nos	Harley Phil

Engaging providers: sharing “actionable” information

- Enable physicians to better manage the patients in their practice with patient registries based upon diseases, conditions, acute care, compliance alerts, or risk information.

The screenshot displays a web-based patient registry interface. The top navigation bar includes 'Patients', 'Manage Access Requests', 'My Profile', and 'Log Out', with a user status of 'Logged in as: Lavena Larch'. The main interface is divided into two panels. The left panel, titled 'Find Current Patients', features a search filter dropdown set to 'Care Opportunities'. Below this, a list of care opportunities is shown with checkboxes: 'Breast Cancer' (unchecked), 'CAD' (checked), '<70% compliance with prescribed ACE-inhibitor-containing medication' (checked), '<70% compliance with prescribed beta-blocker-containing medication' (checked), '<70% compliance with prescribed calcium channel blocker-containing medication' (checked), '<70% compliance with prescribed long acting nitrates' (checked), '<70% compliance with prescribed statin-containing medication' (checked), and 'CAD, insufficient (gaps in) refills for beta-blocker' (checked). A 'Search' button is at the bottom. The right panel, titled 'Manage Patient Lists', has an 'Open Existing List' dropdown set to 'Active Patients' and 'Open List' and 'Create List' buttons. Below this, there are 'Print Records', 'Select All', 'Deselect All', and 'New Search' buttons. A 'Create New List' field and 'Create List' button are also present. The 'Add to Existing List' dropdown is set to 'Active Patients' with an 'Add To List' button. The 'Search Results' section shows a table with columns for 'Patient Name', 'Patient ID', and 'Doctor'. Two patients are listed: Rolando Haile (Patient ID: 0000606819, Doctor: Deshawn Stuart) and Jamel Trevithick (Patient ID: 0015600788, Doctor: Grahame Door). To the right of the table, a 'Search For Non-Compliance to Evidence Based Guidelines:' section lists specific care opportunities for Rolando Haile, such as 'No evidence of ACE inhibitor', '<70% compliance with prescribed statin-containing medication', and 'No evidence of serum ALT or AST test in last 12 reported months'. A 'View Record' button is next to each patient entry.