Getting Your Physicians to Succeed in P4P

Can a Data Driven CQI Process Change Physician Practice?

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Charlotte, NC

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Getting Your Physicians to Succeed in P4P

Since 1997, SAC has developed, field tested and refined Quantum, a data driven CQI program to reduce medical errors.

- Real time measurement of over 50 clinical indicators (efficiency, practitioner performance, clinical outcomes and patient satisfaction)
- Provides a continuous real time feedback loop to providers, CQI committees, Department Chiefs, Exec Committee, Hosp Administration
- Analysis of aggregate data & EBM guide development of system-wide best practices and systems approach to error reduction
- Performance measures/benchmarks facilitates clinician practice change
- Positions our physicians and hospital partners to implement processes and beat benchmarks prospectively for P4P initiatives
Getting Your Physicians to Succeed in P4P

- What’s at stake? P4P covers a wide spectrum
- How do we generate buy-in?
- How do we change physician practice?
- How do we develop a system to achieve customer satisfaction, efficiency, decrease medical errors?
- What is the ROI for stakeholders?
Managed Care Contracts - P4P

Nationwide Interest In P4P

Up to 4 percent of hospital payments tied to quality indicators; 90 hospitals participating
Reimbursement based on implementation of medication safety improvement initiatives and use of select JCAHO standards
Hospitals receive reward the year after performance is measured

$3,000
Low Reward

$300K
Average reward in 2002 about

Blue Cross Blue Shield of Michigan

Hannaford

Supermarket chain with 20,000 employees in 5 New England States
$250 copy pay waived for employees going to a "high quality" hospital
Initially, hospitals adhering to Leapfrog standards considered "high quality"; definition later expanded to hospitals meeting "high quality" standards based on HealthGrades measures

Empire

Hospitals eligible for 4 percent incentive payment for "eligible admissions"
In 2002, 29 hospitals met CPOE and intensivist staffing requirements
Total bonus payment of $195,000 for 1,395 admissions across all hospitals

Inpatient Admissions
Typical Hospital Benefit

0.6% "eligible" for bonus

Empire

Independence Blue Cross

Developed Quality Incentive Payment System in 2002; 15 Hospitals currently participating
Hospitals agree to base part of annual rate increase on performance against agreed-upon quality measures from JCAHO, The Leapfrog Group, and the Pennsylvania Health Care Cost Containment Council
Range of annual rate increase negotiated separately with each hospital system, although maximum is four percent
Additional Hospitals to come on board as contracts are renegotiated

Anthem

Developed the Hospital Quality Program in 1993; more than 340 hospitals participating across Kentucky, Indiana and Ohio
Report card of 100+ clinical quality indicators track individual hospital performance against network performance
Beginning in 2002, report card standings used to implement graduated rate increases during contract renewal

Boeing

53,000 employees in Puget Sound region; 90,000 covered lives
Boeing pays 100 percent of patient bill for Leapfrog compliant hospitals; 95 percent otherwise
Program launched June 2004

Patient Out-of-Pocket Expense

Hannaford

Medicare Advantage Plan

$250
Noncompliant Hospital
$0
Compliant Hospital

Average N0 of-Pocket Expense

$474
Noncompliant Hospital
$0
Compliant Hospital

$3 M
Low Reward

$300K
Average reward in 2002 about

Boeing

Medicare Advantage Plan

$250
Noncompliant Hospital
$0
Compliant Hospital

Average Out-of-Pocket Expense
OR as Source of Hospital Profit

- Other Services: 35%
- Surgery: 65%

OR as Source of Hospital Revenue

- Other Services
- Surgery: 60%–70%

Source: Clinical Advisory Board Flashpoint Handbook “Navigating the Anesthesia Shortage”
Customer Satisfaction/Transparency

P4P- Market Share

- **HCAHPS** Hospital Consumer Assessments of Healthcare Providers & Systems

- CMS survey instrument to collect information on hospital patients’ perspectives of care received in the hospital. Allows patients and physicians to compare patient satisfaction scores of multiple facilities.

- 2002 Clinical Advisory Board – Surgeon’s top ten priorities- skilled anesthesiologists; OR Turnover

- Press Ganey / PRC / HealthGrades / JD Powers
Dollars at Stake

P4P/Transparency/Certification

- CMS-Medicare SCIP Initiatives, Core measures - 2% withhold
- JCAHO – CREDENTIALS - demonstration of ongoing competency/sentinel events
- PQRI 2009 - central line protocol; pre-op antibiotics - Provided 1.5% bonus payment for physicians reporting data on relevant measures- $1.3 Billion for 2008
Pay for Performance

- Malpractice Premium Reduction
- MD – Hospital Contract performance criteria
- Lower Costly Complications - CMS Present on Admission, DRG
How do we Generate Physician Buy-in?

Committed Leadership

SAC Executive Leadership

SAC CQI Committee

Site CQI COMMITTEE MDs, CRNAs

CQI ADMINISTRATORS

QA NURSING

IT INFRASTRUCTURE
How do we generate buy-in?

- Real time clinician entered metrics; not claims based data or retrospective chart reviews
- Timely communication of practitioner results
- Transparency—virtually 100% data capture; Audit process assures veracity of data
- Uniform clinical definitions: apples to apples measurements
- Ease of implementation
- Field tested—wide spectrum of clinical settings; >100K patients annually
- Opportunity to achieve substantive improvements in patient satisfaction, efficiency, quality of care
- Practitioner/Site specific
- Ability to benchmark and achieve objective comparisons
- Communicate expectations/ Encourage positive incentives
Challenge

How Do We Change Physician Practice?

- We create constant real time positive & negative feedback loops—foster change in physician practice
- Measure a spectrum of relevant parameters—
  - Patient Satisfaction (Patient Focused)
  - Efficiency/Timeliness (Value/Productivity)
  - Practitioner Performance (Individual Accountability)
  - Clinical Outcomes (Systems Issues)
Challenge
How Do We Change Physician Practice?

- Constant Re-measuring; Reporting (Hawthorne Effect)
- Benchmarking facilitates appropriate competitive forces
- Alerts allow focus on key metrics
- Real time reporting enables quick analysis; intervention, re-measurement
- We implement Best Practices-review of data in aggregate-along with EBM
Challenge
How Do We Change Physician Practice?

This process results in individual and organizational physician practice change; systems approach to decreasing errors yet preserves individual accountability.
Elements of a Successful Data Driven CQI System-Linkage to The Scientific Method

- Six Sigma—Define, Measure, Analyze, Improve, Control (DMAIC)
- Deming Cycle—Plan—Do—Study (Check)—Act (PDCA, PDSA)
- JCAHO—Plan Design, Measure, Assess, Improve
- SAC CQI System—Metrics, Measure, Feedback, Analyze, Implement, Monitor
### Positive Indicators

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Sleep Apnea PA - OSA Protocol Implemented</td>
</tr>
<tr>
<td>11</td>
<td>Perioperative BB Given to Plant BB</td>
</tr>
<tr>
<td>16</td>
<td>Antibiotic Inhaled w/1 hr Pre-Intubation</td>
</tr>
<tr>
<td>24</td>
<td>Hemothermia on arrival to PARU</td>
</tr>
<tr>
<td>25</td>
<td>OTR: Glucose/Insulin Protocol for Diabetic PRs</td>
</tr>
<tr>
<td>29</td>
<td>Site Verification Protocol/Regional Block</td>
</tr>
<tr>
<td>58</td>
<td>Central Line Protocol</td>
</tr>
</tbody>
</table>

### Critical Quality Indicators

<table>
<thead>
<tr>
<th>QA</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>32</td>
<td>Death</td>
</tr>
<tr>
<td>55</td>
<td>Transfusion Error (by Anesthesia Care Team)</td>
</tr>
<tr>
<td>57</td>
<td>Death (by Anesthesia) (Failing Event)</td>
</tr>
</tbody>
</table>

### Airway/Respiratory System

<table>
<thead>
<tr>
<th>QA</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>Aspiration of Gastric Contents</td>
</tr>
<tr>
<td>34</td>
<td>Bronchospasm Requiring Treatment (Perioperative)</td>
</tr>
<tr>
<td>35</td>
<td>Failed Airways (Bag Surgical Trach or Wakeup)</td>
</tr>
<tr>
<td>36</td>
<td>Laryngospasm</td>
</tr>
<tr>
<td>47</td>
<td>Hypoxemia (Grades/PARU)</td>
</tr>
<tr>
<td>58</td>
<td>Pulmonary Edema</td>
</tr>
<tr>
<td>39</td>
<td>Pneumothorax Due to Mechanical Vent</td>
</tr>
<tr>
<td>54</td>
<td>Surgical Site</td>
</tr>
<tr>
<td>56</td>
<td>Anaphylaxis (i.e. latex, medication, transfusion)</td>
</tr>
<tr>
<td>52</td>
<td>Stroke (by qualified MD or radiologic criteria)</td>
</tr>
<tr>
<td>40</td>
<td>Cardiac Arrest (Intra-op/Post-op)</td>
</tr>
<tr>
<td>41</td>
<td>BP Changes of 25% Pre Treatment (Intra-Op/PARU)</td>
</tr>
<tr>
<td>42</td>
<td>PEC Changes Requiring Treatment</td>
</tr>
<tr>
<td>43</td>
<td>MI (Perioperative)</td>
</tr>
</tbody>
</table>

### Unplanned Cancellation/Day of Surgery

- Abnormal ECG/Labs
- NPO Violation

### Efficiency Measures

**Process Delay (Pre-Op)**
1. Anesthesiologist Late > 10 minutes
2. Uncoordinated Abnormal Lab
3. NPO Violation
4. OR Room Delay (turnover > 10 minutes)
5. Surgeon Late > 10 Minutes
6. Holding Area Delay > 10 Minutes

### PAW Performance Indicators

- Abnormal ECG/Labs
- Central Nervous System
- Medication Related
- Prolonged IM Block - Unplanned
- Antagonist Use (Pre-op/Intra-op/PARU)
- Medication Error (by Anesthesia Care Team)
- Neurological Block Related

### PARU Utilization

- Fall
Critical Alert

intranet@seanesthesiology.com

To: Sample Doctor

Critical Alert

Dr. Sample Doctor,

On 01/24/2008 quality indicator # 23 Awareness under general anesthesia was reported for your patient JOHN SMITH. For your reference, the medical record number for the patient is 0001234567.

To see the QA sheet for this patient you can access your report online at https://www.seanesthesiology.us/. Once you are at the site, select Interactive QA reports, then CQI Report. When the report comes up click on the number of patients for this indicator to get a list of patients. Select this patient from that list and click on the medical record number. This will provide you with a copy of the patient’s QA sheet. Please let me know if you would like me to walk you through this process or assist you with any problems.

Janet Beck
**CQI Summary Report**

**Facilitates Systems Approach**

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**Quantum™ Clinical Navigation System**

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**Search Criteria**

- **Start Date**: 08/01/2008
- **End Date**: 08/13/2008
- **Time Period**: Month to Date
- **Location**: All Locations
- **Minimum age (no minimum age)**
- **Maximum age (no maximum age)**
- **Anesthesiologist**
- **Surgeon**
- **CRNA**
- **CPT Code**

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**Generated by Janet Beck**

**Date Generated**: 05/12/2008

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| Indicator | Carolina Center for Specialty Surgery | Carolina Orthopedic Surgery Center | Carolina Surgery Center | Carolinas Medical Center - Lincolnton | Carolinas Medical Center - Mercy | Carolinas Medical Center - Northcross | Carolinas Medical Center - One Day Surgery | Carolinas Medical Center - Pineville | Carolinas Medical Center - Union | Carolinas Medical Center - University | Kings Mountain | Prince Anne Surgery Center | Springs Memorial |
|-----------|--------------------------------------|-----------------------------------|------------------------|--------------------------------------|-----------------------------------|------------------------------------------|----------------------------------------|------------------------------------|----------------|----------------------------|----------------|
| 1. Abnormal EKG/Labs | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| 2. NPO Violation | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| 3. Anesthesiologist Late | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| 4. Abnormal Labs | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| 5. NPO Violation | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
Positive Incentives
Practitioner Scorecard

https://www.seanesthesiology.us/reports/scorecard.cfm

Critical Quality Indicators
(Top Score = 5% for each measure for a total of 25% per category)

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>Panellist</td>
</tr>
<tr>
<td>24%</td>
<td>All Locations</td>
</tr>
<tr>
<td>28%</td>
<td>SAC</td>
</tr>
</tbody>
</table>
Positive Incentives
Patient Satisfaction Award

In special recognition of your outstanding patient satisfaction scores.
2007

Thank you for your continued commitment to excellence.
Hospital ROI- OR Efficiency

The High Performance OR- 2007 Clinical Advisory Board

“Case cancellations - costly in terms of schedule disruption revenue foregone”
Efficiency-Consistent Results

ROI Hospitals/Physicians

- Practice-wide, less than one fourth of one percent of cases are cancelled because of NPO violations or Abnormal Labs.

Case Cancellations

- 2001: 0.13%
- 2002: 0.09%
- 2003: 0.12%
- 2004: 0.24%
- 2005: 0.25%
- 2006: 0.11%
- 2007: 0.09%
- 2008: 0.06%
Overall Surgical Patient Satisfaction

ROI Hospital/Physicians

<table>
<thead>
<tr>
<th>Year</th>
<th>Patient Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>99.74%</td>
</tr>
<tr>
<td>2002</td>
<td>99.58%</td>
</tr>
<tr>
<td>2003</td>
<td>99.72%</td>
</tr>
<tr>
<td>2004</td>
<td>99.62%</td>
</tr>
<tr>
<td>2005</td>
<td>99.65%</td>
</tr>
<tr>
<td>2006</td>
<td>99.70%</td>
</tr>
<tr>
<td>2007</td>
<td>99.76%</td>
</tr>
<tr>
<td>2008</td>
<td>98.80%</td>
</tr>
</tbody>
</table>

*Confidence Level 95%, Confidence Interval 5.00*
Patient Satisfaction
Results Confirmed by Press Ganey

Overall Anesthesia Care

- CQI Program Results: 99.63
- Press Ganey Results: 96.9

Would Recommend

- CQI Program Results: 99.68
- Press Ganey Results: 93.8

*29,722 patient surveys received. Confidence Level/Interval – CQI Results 99%± .52
**163 patient surveys received. Confidence Level/Interval – Press Ganey 95%±6.56
Out of 50 quality indicators tracked, the incidence of serious adverse events was less than 1%.

In 2007 & 2008, information was collected on 183,423 patients.

Results:

<table>
<thead>
<tr>
<th>Event</th>
<th>SAC 2007</th>
<th>SAC 2008</th>
<th>National Benchmark**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death</td>
<td>0.09%</td>
<td>0.11%</td>
<td>1.33%</td>
</tr>
<tr>
<td>Death - Anesthesia</td>
<td>0.002%</td>
<td>0.00%</td>
<td>0.12 – 1.06%</td>
</tr>
<tr>
<td>Cardiac arrest</td>
<td>0.13%</td>
<td>0.09%</td>
<td>0.44 – 1.72%</td>
</tr>
<tr>
<td>Failed intubations</td>
<td>0.01%</td>
<td>0.02%</td>
<td>0.05%</td>
</tr>
<tr>
<td>Myocardial infarction</td>
<td>0.02%</td>
<td>0.03%</td>
<td>0.19%</td>
</tr>
<tr>
<td>Stroke</td>
<td>0.02%</td>
<td>0.01%</td>
<td>&lt; 1%</td>
</tr>
<tr>
<td>Recall</td>
<td>0.00%</td>
<td>0.02%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Pulmonary edema</td>
<td>0.06%</td>
<td>0.04%</td>
<td>7.6%</td>
</tr>
</tbody>
</table>

**National Benchmarks were obtained from the IOM Report, MEDLINE articles, and Evidence-Based Practice of Anesthesiology.**
The February issue of the journal *Anesthesiology* features a new report based on data collected over a three-year period. Findings from the report, *Intraoperative Awareness in a Regional Medical System: A Review of Three Years’ Data*, show that the incidence of intraoperative awareness may be as low as 1 in 14,000 surgeries.

**Pollard, Beck, et.al. Anesthesiology**

February 2007
MD Performance-Skill/Technical Ability

CHS Medical Staff Survey 2005, 2007

Anesthesiologists:
Skill or Technical Ability

Mean Score: 3.6

2005, 2007 Health stream Survey-99% Satisfied or Very Satisfied

Very Satisfied 69.2%
Satisfied 29.7%
Dissatisfied 0.7%
Very Dissatisfied 0.4%
“the group’s commitment to quality assurance and patient satisfaction has returned benefits in many areas, not the least of which is a reduction in professional liability coverage premiums”

“discretionary credits associated with the comprehensive quality/patient satisfaction programs maintained by Southeast...primary professional liability coverage increased from 5%...to 15% this year.

“total loss-free discount for the group amounts to an 11.1% credit against the total annual premium”

“we...attribute an 8% to 10% overall net premium reduction...in recognition of the impact of Southeast Anesthesia’s quality assurance and risk management programs”

-Lawrence Jones, Sr. VP/ Manager, Special Risk Division
Customer Branding
Customized Reports

Efficiency and Patient Satisfaction Results Jan – March 2008
from Southeast Anesthesiology Consultants
Patients of Dr. Sample

Southeast Anesthesiology Consultant’s CQI program tracks over 50 clinical quality indicators which measure efficiency, patient satisfaction, anesthesiologist’s performance and clinical quality outcomes. Please find below scorecards measuring selected Efficiency and Patient Satisfaction indicators for your patients under our care.

Efficiency metrics that track anesthesia related events are completed for virtually every patient that undergoes anesthesia.

<table>
<thead>
<tr>
<th></th>
<th>Cases</th>
<th>Anesthesia Related Case Delays</th>
<th>Anesthesia Related Cancellations</th>
<th>Stroke</th>
<th>Awareness Under General Anesthesia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Sample</td>
<td>716</td>
<td>0.14%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>SAC Overall</td>
<td>44,160</td>
<td>0.08%</td>
<td>0.22%</td>
<td>0.02%</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

Efficiency:
- Test Surgeon: 1/01/08-3/31/08

<table>
<thead>
<tr>
<th>Medical Error (by Anesthesiologist Team)</th>
<th>Death</th>
<th>MI (Perioperative)</th>
<th>Wrong-Site Procedure Regional Block</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Sample</td>
<td>0.02%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>SAC Overall</td>
<td>0.01%</td>
<td>0.09%</td>
<td>0.02%</td>
</tr>
</tbody>
</table>

Patient satisfaction surveys include questions regarding whether the patient’s overall anesthesia care was good or excellent and whether the patient would recommend Southeast Anesthesiology Consultants. SAC attempts to contact all anesthesia patients through personal patient interviews by CQI nurses or mailed surveys. Patient satisfaction surveys are completed on over 50% of patients that undergo anesthesia. Audits are performed to assure data capture and accuracy.

<table>
<thead>
<tr>
<th></th>
<th>Anesthesia Care</th>
<th>Would Recommend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Sample</td>
<td>99.38%</td>
<td>99.60%</td>
</tr>
<tr>
<td>SAC Overall</td>
<td>99.67%</td>
<td>99.79%</td>
</tr>
</tbody>
</table>

Patient Satisfaction:
- Test Surgeon: 1/01/08-3/31/08

- Surveys Received: 336
- Confidence Level/Confidence Interval: <95%/5.0
- Met anesthesia rep before surgery: 94.31%
- Questions answered prior to surgery: 99.40%
- Anesthesia team responsive to needs: 99.37%
- Overall care “excellent” or “good”: 99.38%
- Would recommend anesthesia services: 99.69%
### Medicare Hospital Reporting Program

<table>
<thead>
<tr>
<th></th>
<th>Year 1</th>
<th>Year 2*</th>
<th>Year 3*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Medicare Market Basket**</td>
<td>$600,000,000</td>
<td>$630,000,000</td>
<td>$661,500,000</td>
</tr>
<tr>
<td>Deduction for Not reporting 2.0%***</td>
<td>$12,000,000 ($3,000,000)</td>
<td>$12,600,000 ($3,150,000)</td>
<td>$13,230,000 ($3,307,500)</td>
</tr>
</tbody>
</table>

*Incorporates a 5% increase each year in Medicare reimbursement.
**Includes total Medicare Reimbursement for Sample hospital network.
*** SCIP Initiatives approximately ¼ overall reporting requirements.
Payer/Hospital/Physician-ROI

Post Operative MI

<table>
<thead>
<tr>
<th>Myocardial Infarction</th>
<th># Patients</th>
<th>% Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAC</td>
<td>19</td>
<td>0.02%</td>
</tr>
<tr>
<td>National Benchmark*</td>
<td>205</td>
<td>0.19%</td>
</tr>
</tbody>
</table>

Number of patients undergoing anesthesia annually: SAC-95,205 patients/year
US approx. 40 million patients/year.

Average cost to traditional health insurer for first 90 days after heart attack per patient $38,501**

Total SAC patients $731,519
Total National Benchmark $7,894,755

Estimated savings to health plans/patients resulting from SAC reduced events $7,163,236

Estimated national savings if benchmark reduced to SAC benchmark levels $2.618 Billion

*Benchmark Source: Chung, Dorothy and Stevens, Robert, “Evidence-based Practice of Anesthesiology,” page 379.
# Payer/Hospital/Physician-ROI

## Post-Op Stroke

<table>
<thead>
<tr>
<th>Stroke</th>
<th># Patients</th>
<th>% Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAC</td>
<td>19</td>
<td>0.020%</td>
</tr>
<tr>
<td>National Benchmark*</td>
<td>476</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

Number of patients undergoing anesthesia annually: SAC—95,205 patients/year US approx. 40 million patients/year.

*Natl Avg is <1%, so .5% is used for calculation.

Cost at discharge for inpatient care per patient
- Total SAC patients: $9,882**
- Total National Benchmark: $4,703,832

Estimated savings to health plans/patients resulting from SAC reduced events: $4,516,074

Estimated national savings if benchmark reduced to SAC benchmark levels: $1.897 Billion

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*Benchmark Source: Fleisher, Lee; "Evidence-based Practice of Anesthesiology, page 163.
Can a Data Driven CQI Process Change Physician Practice?

QUANTUM Clinical Navigation System

- Facilitates data driven culture of high performance Customer Service/Clinical Quality/Efficiency
- Guides the organization to best practices/systems approach to healthcare delivery utilizing quantitative real time clinical data with reduction in costly medical errors
- Identifies opportunities for Process/Practitioner improvement
- Identifies opportunity for operations efficiency
- Transforms physician practice from episodic to data driven
- Real Time monitoring enhances ability to exceed benchmarks and success in the Realm of P4P
P4P Success
Hospitals/Medical Staff

- Managed Care Contracts
- MD-Hospital Contract - demonstrate value proposition
- CMS SCIP Initiatives/Core Measures/POA - Hospital P4P
- PQRI Reporting - MD P4P
- Patient Satisfaction - HCAPS, JD Powers, market share
- Decrease Costly Post-op Complications - MCO, Hospital DRG
- Malpractice Premium Reduction - Hosp; MD cost savings
P4P Success
Hospitals/Medical Staff

- Monitors-Operating Room Efficiency
- Facilitates Surgeon Satisfaction- market share
- Opportunity for CRM marketing/Branding – market share
- JCAH Compliance-Credentialing/ Re-Credentialing- demonstration of competence/Sentinel events