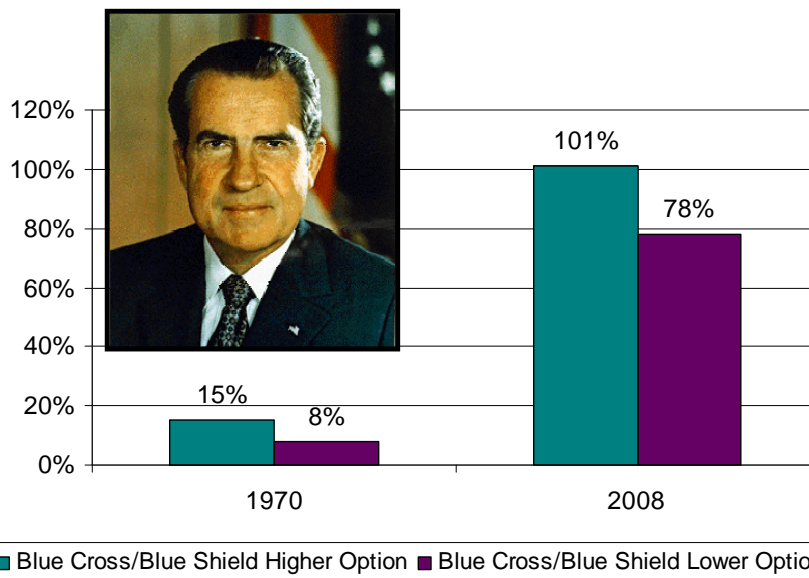


# The California Physician Performance Initiative (CPPI)

David Lansky, PhD  
Pacific Business Group on Health  
IHA P4P Summit



## Health Insurance Total Family Premium as a Percent of US Minimum Wage Earnings

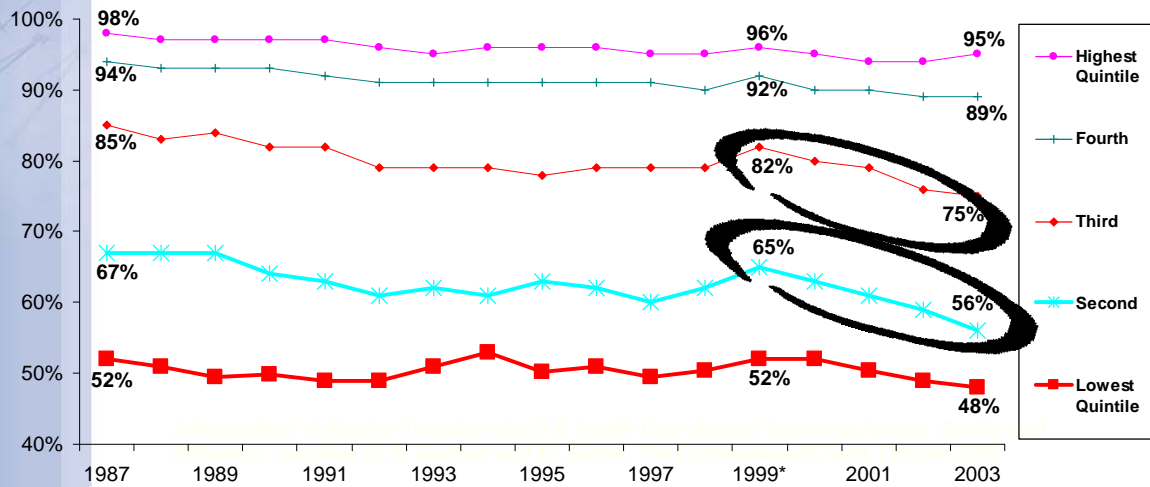


(2008 bars are per year 121 under the 2008 Federal minimum wage)



# A Politically Unstable Trend: Middle Income Workers are Losing Insurance Most Quickly

Percent of working adults insured, by household income quintile  
1987-2003



*Adapted from "A Need to Transform the U.S. Health Care System: Improving Access, Quality, and Controlling Costs" by the California Cooperative Healthcare Reporting Initiative.*  
 \*In 1999, CPS added a follow-up certification question for health coverage. Source: Analysis of the March 1987-2003 Current Population Surveys by Danielle Ferry, Columbia University, for The Commonwealth Fund.

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# Health Care Cost Burden to Consumers

## Problems Paying for Health Care Compared to Other Problems

As a result of recent changes in the economy, have you and your family experienced any of the following problems, or not? Was this a serious problem, or not?

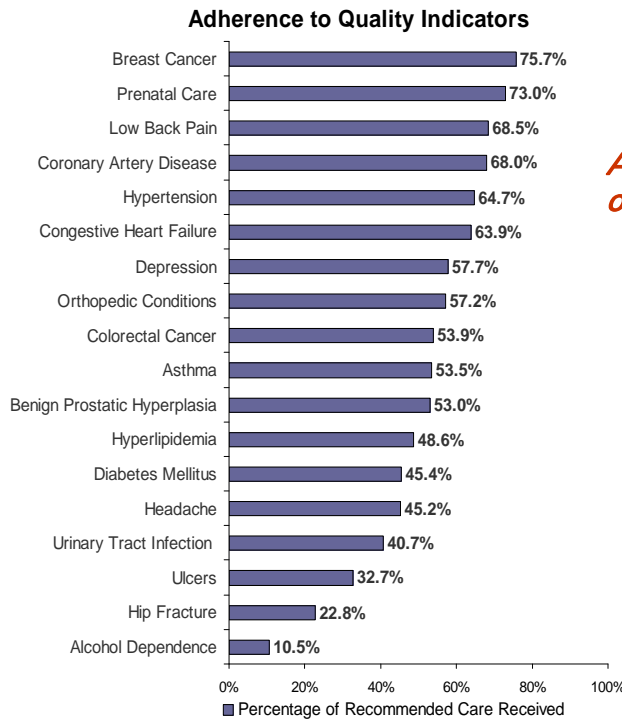


SOURCE: Kaiser Health Tracking Poll: Election 2008 (conducted July 29 - August 6, 2008 and September 8 - 13, 2008)

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# Quality Shortfalls: Getting it Right 50% of the Time

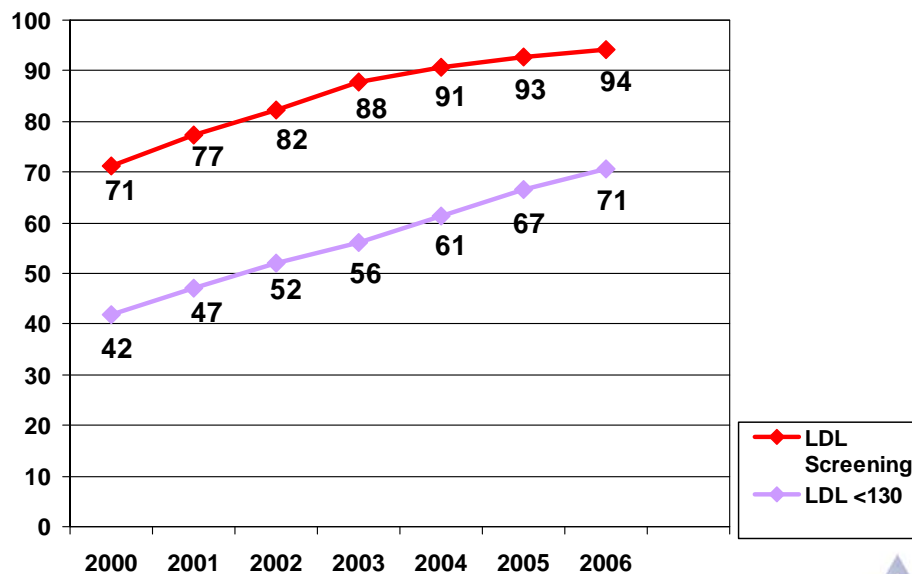


*Adults receive about half  
of recommended care*  
**54.9% = Overall care**  
**54.9% = Preventive care**  
**53.5% = Acute care**  
**56.1% = Chronic care**

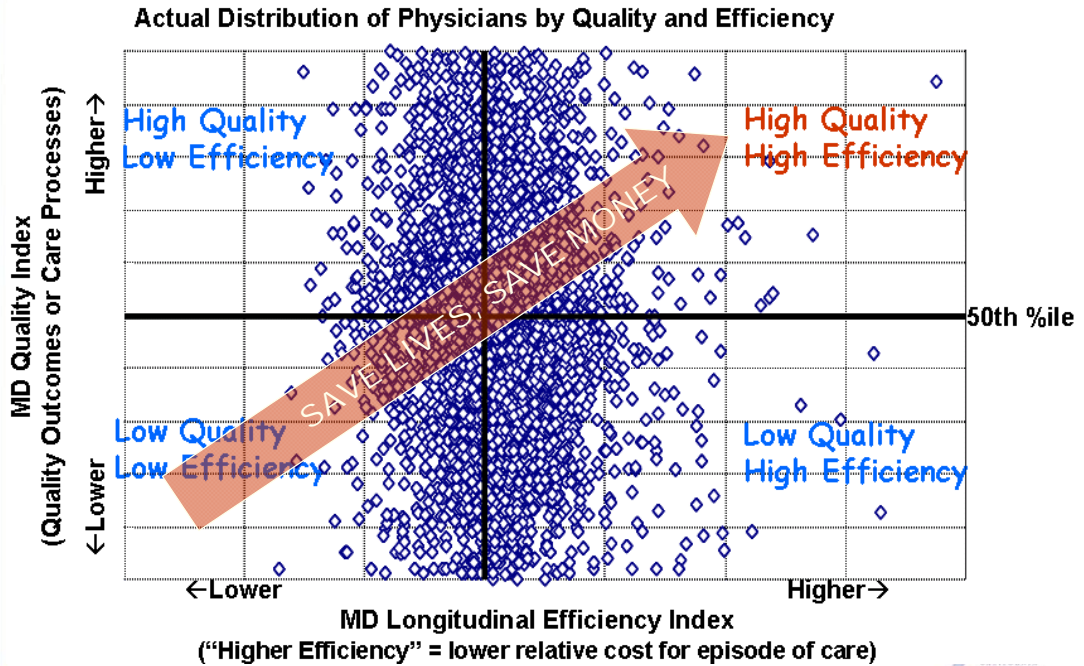


# BUT...Excellent Care and Rapid Improvements are Possible

## Improvement in Screening and Health Status for Californians with Diabetes



# Path to Reform: reward excellence



Adapted from Regence Blue Shield

# Physician Performance Information ... Done Right

Questions?

PROVIDER INFORMATION	
Name:	Shirley Holmes, MD
Gender:	Female
Specialty:	Internal Medicine
Board Certification:	Certified
Group Practice:	Uptown Internal Medicine
ID#:	037625
Office:	5672 Queens Court, NE Grand Rapids, MI 49525 Kent County (616) 595-1212
<b>Get Driving Directions</b>	
Office Hours:	M, W, F 8:30-5; T, Th 9:30-7
Patient Ages Accepted:	All ages
Quality Measures:	
Below are the number of apples this Primary Care Provider (PCP) earned based on his/her individual or group practice quality performance in 2003.	
Quality Measures	2003 Quality Performance
<b>Disease Management</b>	
• Diabetes Care	●●●●●
• Asthma Care	●●●●●
• Depression	●●●●●
• Pediatric Antibiotic Resistance	●●●●●
<b>Preventive Health</b>	
• Adult Physical Exams	●●●●●
• Children's Physical Exams	●●●●●
• Childhood Immunizations	*
• Breast Cancer Screening	●●●●●
<b>Patient Satisfaction</b>	
• Overall Satisfaction	●●●●●
This physician has earned 28 out of 32 possible apples in providing quality care to patients. On average PCPs achieved 22 apples.	
<b>Key</b>	
●●●●●	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.	
PRACTICE DETAILS	

## Priority Health, Grand Rapids, Michigan

- 450,000 insureds
- 1,100 PCP's; 1,700 specialists
- Information on 75% of PCPs
- P4P since 1996; public reporting since 2002
- See: [www.priorityhealth.com](http://www.priorityhealth.com)

### Physician Information:

#### Basics:

- Specialty
- Board Certification
- Hours/Contact

#### Performance:

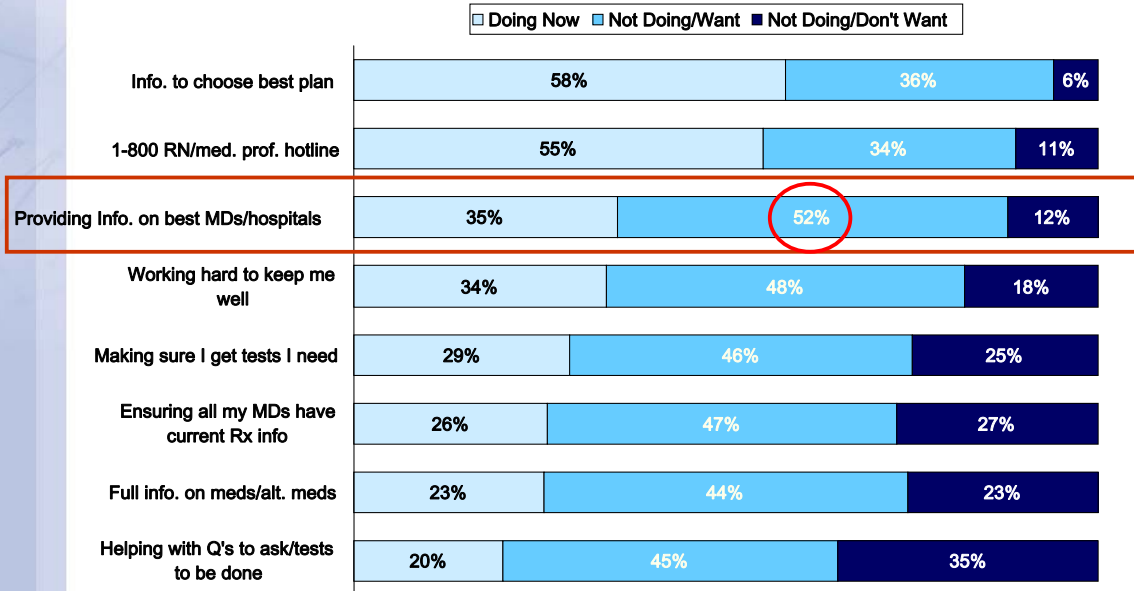
- Disease management
- Preventive care
- Patient experience

#### Reporting Issues:

- Transparency of "Target Rate"
- Almost all look "above average"
- Combines practice site and individual physician results

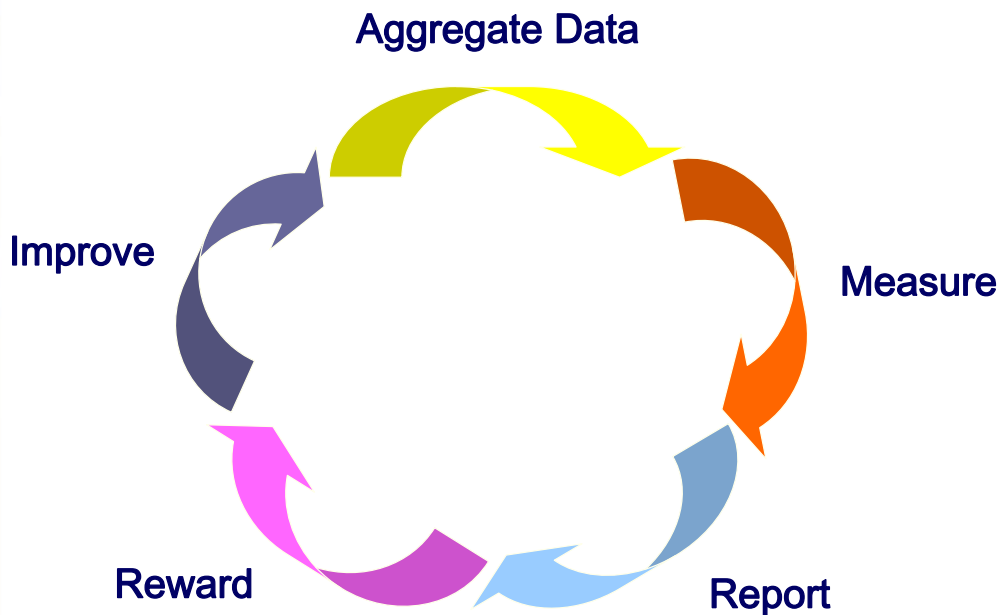
# Transparency: Key Ingredient to Reform and Key Health Plan Role

## Types of Information Health Plans (Provide):



Source: Consumer Habits and Practices Study, 2005

# Cycle for Change



## CPPI Vision

- To close the clinical quality gap (by increasing performance)
- To moderate cost trends (e.g., improving efficiencies, reducing overuse of services that yield no clinical benefit or which do not improve patient outcomes)
- To engage patients/consumers in decision making

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## CPPI Uses

- Results to physicians for quality improvement
- Public recognition for top performers
- Plans and employers use with members
- Tiering, narrow networks/benefit design
- P4P

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## California Physician Performance Initiative (CPPI)

- **Purpose:** measure physician quality & efficiency; supply results to providers and stakeholders for array of performance initiatives
- **Governance:** by CCHRI with guidance from the Physician Advisory Group and the Steering Committee
- **Tactical Approach:** create infrastructure to aggregate claims data across multiple plans/data suppliers, score and report
- **Initial Data Suppliers (Claims Based):** commercial PPOs: Anthem Blue Cross, Blue Shield, UnitedHealthcare & Medicare FFS provided to Thomson Reuters
- **Funding:** start-up funded by CMS, California HealthCare Foundation, PBGH, Plans and Merck
- **Dovetail National Efforts:** obtain Medicare data through Charter Value Exchange Sept 2008

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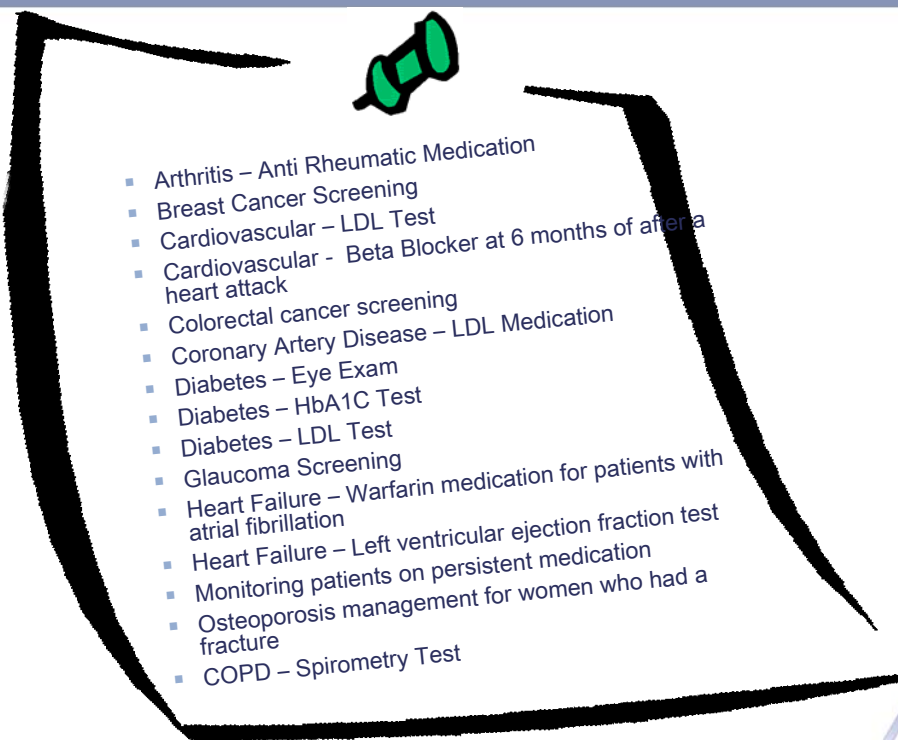
## What Did We Set Out to Accomplish?

- Aggregate data across multiple payers – build the infrastructure
- Use claims data for performance measurement
- Engage physicians in the process
- Methods work
  - Validate data and measurement methods
  - Attribute patient events to physicians
  - Reliably score individual physicians
- Generate physician reports and distribute

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# CPPI Measures

- 
- Arthritis – Anti Rheumatic Medication
  - Breast Cancer Screening
  - Cardiovascular – LDL Test
  - Cardiovascular - Beta Blocker at 6 months of after a heart attack
  - Colorectal cancer screening
  - Coronary Artery Disease – LDL Medication
  - Diabetes – Eye Exam
  - Diabetes – HbA1C Test
  - Diabetes – LDL Test
  - Glaucoma Screening
  - Heart Failure – Warfarin medication for patients with atrial fibrillation
  - Heart Failure – Left ventricular ejection fraction test
  - Monitoring patients on persistent medication
  - Osteoporosis management for women who had a fracture
  - COPD – Spirometry Test

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## CPPI: Phase I Achievements

- ~62,000 physicians on Master Physician List (MPL)
  - 32,718 were relevant specialty type for measures
- Reliably scored ~16,500 on one or more measures using claims data
- Emphasis on care provided by primary care specialists
  - 11,529 PCPs had  $\geq 1$  reliable measure scores
    - Represents 61% of PCPs in the MPL
  - 5,402 PCPs had  $\geq 4$  reliable measure scores
- Other specialties with  $\geq 1$  reliable measure (examples)
  - 1,429 OB/GYNs (42% of OB/GYNs in MPL)
  - 1,289 Cardiologist (57% of cardiologists in MPL)
  - 976 Gastroenterologists (77% of GIs in MPL)

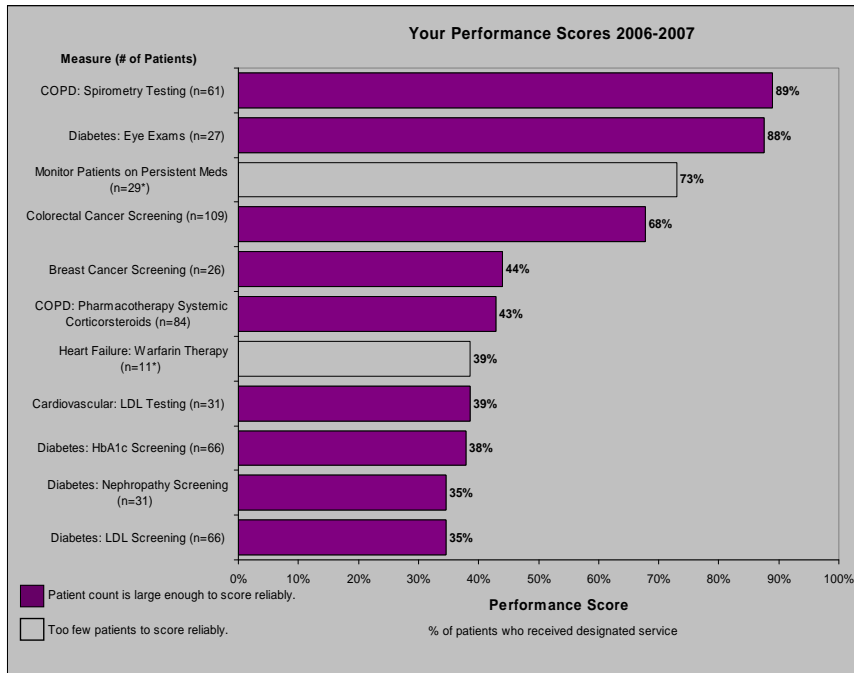
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# Physician Performance Report- Sample Table

## Your Performance Scores by Measure



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# Physician Performance Report – Sample Table

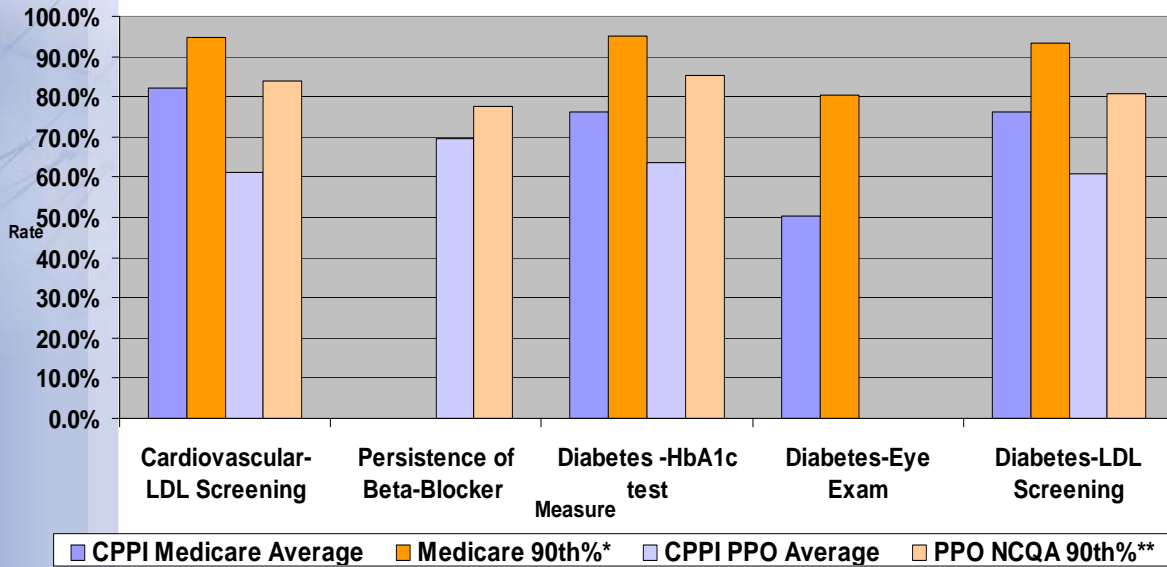
**Table 1: Your Performance Scores: Medicare and Commercial Patients**

Measure Name	Measure Description	Your Score All Patients	Your Score Medicare Patients Only	Your Score Commercial Patients Only
Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	Patients, age 18+, diagnosed with rheumatoid arthritis who received at least one ambulatory prescription for a disease modifying anti-rheumatic drug during 2007.	Num = 4 Den = 7	Num = 3 Den = 5	Num = 1 Den = 2
Breast Cancer Screening	Women, age 42-69 on 12/31/2007, who had mammogram in 2006 or 2007.	Num = 11 Den = 26	Num = Den =	Num = Den =
Cardiovascular: LDL Testing	Patients, age 18-75, who were hospitalized in 2006 for an AMI, CABG, or PTCA, or were diagnosed with IVD in 2006 or 2007, and who had an LDL test in 2007.	Num = 12 Den = 31	Num = Den =	Num = Den =
Cardiovascular: Beta Blocker at 6 Months After a Heart Attack†	Patients, age 35+, who were hospitalized in 2007 for an AMI and received beta-blocker therapy for the 6 months after discharge.	Num = 1 Den = 2	Commercial only	Num = Den =
Colorectal Cancer Screening*	Patients, age 51-80, who had a FOBT in 2007, sigmoidoscopy during 2004-2007, DCBE during 2004-2007, or colonoscopy during 2004-2007.	Num = 74 Den = 109	Num = Den =	Num = Den =
Coronary Artery Disease: LDL Drug Therapy†	Coronary artery disease patients, age 18+ on 1/1/2007, who were prescribed a lipid-lowering therapy.	Num = 1 Den = 9	Commercial only	Num = Den =

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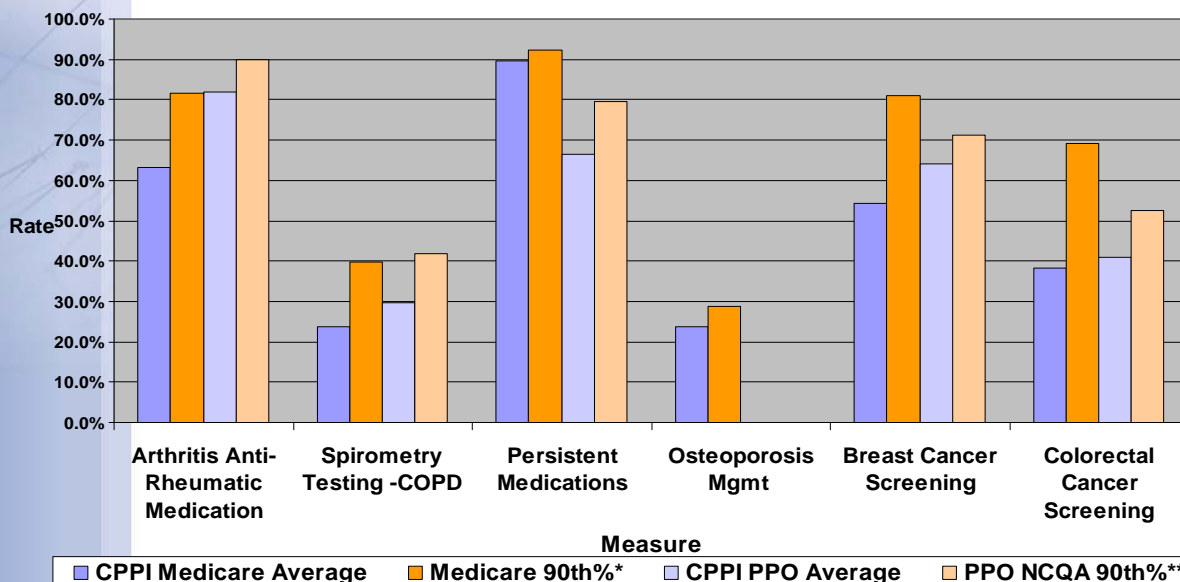
## CPPI Performance vs. 90<sup>th</sup> Percentile Benchmark



\*Source: CMS Public Use File 2008

\*\*Source: NCQA 2008 Quality Compass

## CPPI Performance vs. 90<sup>th</sup> Percentile Benchmark



\*Source: CMS Public Use File 2008

\*\*Source: NCQA 2008 Quality Compass

## What Have We Learned: Performance

- **Performance must be improved**
  - 60-75% patients get right care (mature measures)
  - 35-60% patients get right care (new measures)
- **Large variation across physicians**
  - Rates vary 20-25 points between 10<sup>th</sup> - 90<sup>th</sup> percentile physicians
  - Specialists score higher than primary care
- **Measurement is feasible, especially for primary care**
- **Aggregating patient services is essential to score physicians**
  - 30-35 patients to reliably score MD on a measure
  - Pareto: ~ 40% MDs account for most patients
  - Lower volume MDs have insufficient data unless aggregated at practice site level/other approach

## CPPI Reports - initial feedback

- **Primary specialty designation incorrect**
- **Requests for reports to be sent to group representative for distribution**
- **Disagreement with results - feel that data is flawed, better assessments are needed**
- **How do you account for informed refusals by patients?**

## CPPI Reports - initial feedback

- Request for permission to place report on physician website for patients to have access to see it
- “Glad to see you are doing this and am interested in working with you on relevant projects”
- “I think what you are doing is a great idea”
- Appreciate opportunity to validate results with patient lists

## CPPI Reports – requests for patient lists to validate rates

### Physician Reporting and Reconsideration Process Findings

- 322 physicians requested their patient lists –2% of physicians
- 258 physician requests were validated and sent patient lists – 50% of these physicians submitted corrections
- 64 requests were not valid: a) physicians had a mismatched specialty, letter was sent to the physician explaining the specialty mismatch which invalidated the results and hence no reason to send a patient list, b) 17 requests had Medicare patients only, e-mail was sent to physician to explain our inability to provide Medicare patient lists and c) 4 requests could not be validated due to incorrect information

## CPPI Reports – requests for patient lists to validate rates

Requests for Patient Lists

# of Physician Performance Reports Sent	# Patient Lists Requested	% of Physicians that Requested Patient Lists	# Requests Validated	# Requests Not Validated	# Not Validated Due To Mismatched Specialties	# Not Validated Due to Medicare Only	# Not Validated Due to Other Reasons	# of Physicians that Submitted Corrections	% of Physicians that Submitted Corrections
16,958	322	1.9%	258	64	43	17	4	127	0.75%

## CPPI Reports – corrections submitted by physicians

The 127 physicians that submitted corrections accounted for 722 physician correction requests across all measures ~1% of physicians overall

- Physicians requested that 15% of the patients be removed from denominators. The key reasons were: a) disagreement with the attribution rule – that they were not accountable for the patient, b) the patient moved/died/transferred care to another doctor, and c) in small number of cases that they had never seen the patient (likely due to a practice that submitted wrong rendering physician ID)
- Physicians requested correction for 14% of the numerator negative patients. The key reasons were: a) patient did not have diagnosis, b) patient contraindication, c) test was provided, and d) patient non-compliant

## CPPI 2009 Measurement Objectives

- **Measurement:**
  - Aggregate data to cover a larger share of patient activity
  - Expand number of quality measures:
    - To get fuller range of topics in an area
    - For specialties, like maternity, allergy
  - Expand the types of quality measures:
    - Appropriateness
    - Efficiency
    - Outcomes

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## CPPI 2009 Measurement Objectives

- **Uses of data:**
  - Continue performance feedback to physicians
  - Use composite and roll-up measures
  - Report results to health plans & public at both physician- and practice-levels
  - Collaborative performance improvement with medical groups

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## CPPI Policy Issues

- **Availability of clinical data:**
  - Improve uniform requirements for administrative data submissions
  - Incorporate Medi-Cal data and seek CMS data
  - Use state pressure to encourage (or mandate) data release by plans and health systems
- **Availability of cost data:**
  - Remove contractual restrictions on sharing of cost data
- **Public reporting of physician results:**
  - Role for routine publication of physician results
- **Role of OSHPD:**
  - Increasing resources and mandate to take advantage of existing data resources
- **Use of physician data by state agencies:**
  - Use of data to support DMHC health improvement strategy
  - Encouraging DMHC, Medi-Cal and other agencies to encourage use of high-performing providers

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## Thank you.

David Lansky, PhD

President & CEO

Pacific Business Group on Health

[dlansky@pbgh.org](mailto:dlansky@pbgh.org)

[www.cchri.org/cppi](http://www.cchri.org/cppi)

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