

# The Effectiveness of Pay for Performance To-Date: Lessons Learned and Program Adaptations

**Barbra G. Rabson**

***MHQP Executive Director***

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# The Impact Of Pay For Performance On Health Care Quality In Massachusetts, 2001–2003

“Overall, P4P contracts were not associated with greater improvement in quality compared to arising secular trend. Future research is required to determine whether changes to the magnitude, structure, or alignment of P4P incentives can lead to improved quality.”

Pearson, et al, *Health Affairs* 27, no. 4 (2008): 1167–76

# MHQP's Performance Reporting Initiatives

- Five years of public release of physician performance of medical groups using clinical HEDIS measures
- Two statewide surveys and public release of patient experience with PCPs and specialists with a third survey and public release planned for 2010
- Created AQA physician measures from merged database of Commercial and MA Medicare data for BQI pilot project
- Partnered with RAND to research impact of different methodology and decision rules in measuring efficiency
- Led the selection, design, development and calculation of clinical quality measures from electronic health records for the MA eHealth Collaborative Quality Data Center
- Analytic consultant for the MA Quality and Cost Council

# MHQP's Brand Promise

## Health care information you can trust

- MHQP provides reliable information to help physicians improve the quality of care they provide their patients and help consumers take an active role in making informed decisions about their health care.

## quality reports : clinical quality



### QUALITY INSIGHTS: CLINICAL QUALITY IN PRIMARY CARE

#### Medical Groups Summary: Diabetes Care For Adults

click on the measure name to learn more information about the measure



Medical Group

HbA1c Test

Cholesterol (LDL-C)  
Screening Test

Carney IPA

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Harvard Vanguard  
Medical Associates,  
Copley

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Massachusetts General  
Hospital PHO, Partners  
Community HealthCare

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Click on a medical group to view results on all measures

[clinical quality](#)

[medical group  
performance](#)

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**quality reports : clinical quality : medical group performance**



**QUALITY INSIGHTS: CLINICAL QUALITY IN PRIMARY CARE**

**Atrius Health, Harvard Vanguard Braintree**

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Clinical Measure	Rate	Rating
<b><i>Asthma Care</i></b>		
Medications for Children (Ages 5 to 17)	97.7%	★★★★★
Medications for Adults (Ages 18 to 56)	93.0%	★★★★☆
<b><i>Depression Care for Adults</i></b>		
Short-term Medication	81.1%	★★★★★
Long-term Medication	63.2%	★★★★★
Follow-up Appointments	40.0%	★★★★★
<b><i>Diabetes Care for Adults</i></b>		
HbA1c Test	94.1%	★★★★★
Cholesterol (LDL-C) Screening Test	92.3%	★★★★★
Tests to Monitor Kidney Disease	90.1%	★★★★★
<b><i>Diagnostic and Preventive Care</i></b>		
Correct Imaging Test Use for Lower Back Pain	74.1%	★☆☆☆☆
Colorectal Cancer Screening Tests (Ages 50 to 80)	85.3%	★★★★★
<b><i>Heart Disease and Cholesterol Management</i></b>		

# 5 Year Trend for Publicly Reported MHQP Measures

Measures	MA Rate HEDIS 08, PY 07	MA Rate HEDIS 07, PY 06	MA Rate HEDIS 06, PY 05	MA Rate HEDIS 05, PY 04	MA Rate HEDIS 04, PY 03	Point Improvement from HEDIS 04 - HEDIS 08
Chlamydia Screening (21-25 yrs)	53%	51%	48%	45%	41%	<b>12 points</b>
Chlamydia Screening (16-20 yrs)	51%	49%	47%	45%	42%	<b>9 points</b>
Well-care Visits (12-21 yrs)	73%	73%	71%	71%	67%	<b>6 points</b>
Comprehensive Diabetes Care – HbA1c Testing	95%	92%	95%	92%	91%	<b>4 points</b>
Well-child Visits 1 <sup>st</sup> 15 Months of Life (6+ Visits)	94%	96%	92%	87%	90%	<b>4 points</b>

# Areas For Targeted Improvement Efforts

- Despite statewide improvements, there continues to be large variation among groups
- Achieving better chronic disease outcomes for Diabetes, CAD and Asthma
- Decreasing inappropriate use of diagnostic imaging services
- Engaging MA teens in preventive care services
- Achieving better management of depression



# Setting Performance Goals

- Why establish a performance goal?
  - NCQA 90<sup>th</sup> % performance sometimes lacking as a benchmark
  - Counter expectations that 100% is attainable for all measures
  - Set achievable targets for groups
- Established goal with input from physician workgroup
- Agreed on 75<sup>th</sup> percentile score among 150 medical groups as performance goal

# Physician Engagement Key to Improvements

- Medical groups use MHQP reports to set internal goals and distribute incentives
- MHQP process for reviewing contentious issues builds credibility
  - Concerns about specific measures taken seriously in public reporting decisions

# Measurement Challenges

- Gaining alignment on measurement
  - Data sources, measures, methodology
  - Competing measurement initiatives from state, health plans, employers
- Accessing data sources to create robust and meaningful measures for primary care and specialists
  - Facilitate linkage of HIT with quality measurement
- Securing ongoing funding to support collaborative measurement and reporting

# Observations

- We can and have moved the bar on performance, but it is hard to tease out specific cause and effect
- Despite statewide improvements, there continues to be large variation among groups
- Difficult to get people and organizations to buy into “single source” data/measurement for multiple purposes
  - Everyone wants to own their own database/registry

**For more information about MHQP...**

**Barbra Rabson, *Executive Director***  
**brabson@mhqp.org**  
**617- 402-5015**

**Website: [www.mhqp.org](http://www.mhqp.org)**