



INTERNATIONAL P4P PROGRAMS: P4P PROGRAMS FOR THE BRAZILIAN PRIVATE HEALTH SECTOR Unimed System - Nagis

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Agenda

- Brazilian Health Care System
- P4P at UNIMEDs (early experiences)
- P4P-NAGIS a model for Brazil

How is the Brazilian health sector organized?

The system is predominantly private and market-oriented.

US\$ 130.7 billion = 8.4% of the GNP

SUS
(Public and universal)

Private health sector
(22% of the population)

42% of the expenses

US\$ 54.9 billion/year

41.9 million*

58% of the expenses

US\$ 75.8 billion/year

Health plans and out-of-pocket expenses with medication, hospital care and other services

*In September 2009. Sources: ANS and IBGE (2009).

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The Private Health Sector in Brazil

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The Unimed System



- The world's biggest health area cooperative model
- Founded in 1967
- 377 medical cooperatives in the country
- 107,000 physicians as cooperative members
- 15.7 million clients and 73,000 companies served
- Consolidated billing of US\$12.4 billion (2008)



The Unimed System



Owns:

- 100 hospitals
- 89 emergency rooms
- Health promotion centers and drugstores

It has the biggest accredited hospital network in Brazil

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Why did some Unimed's embark on initiatives in P4P? context and problems to solve

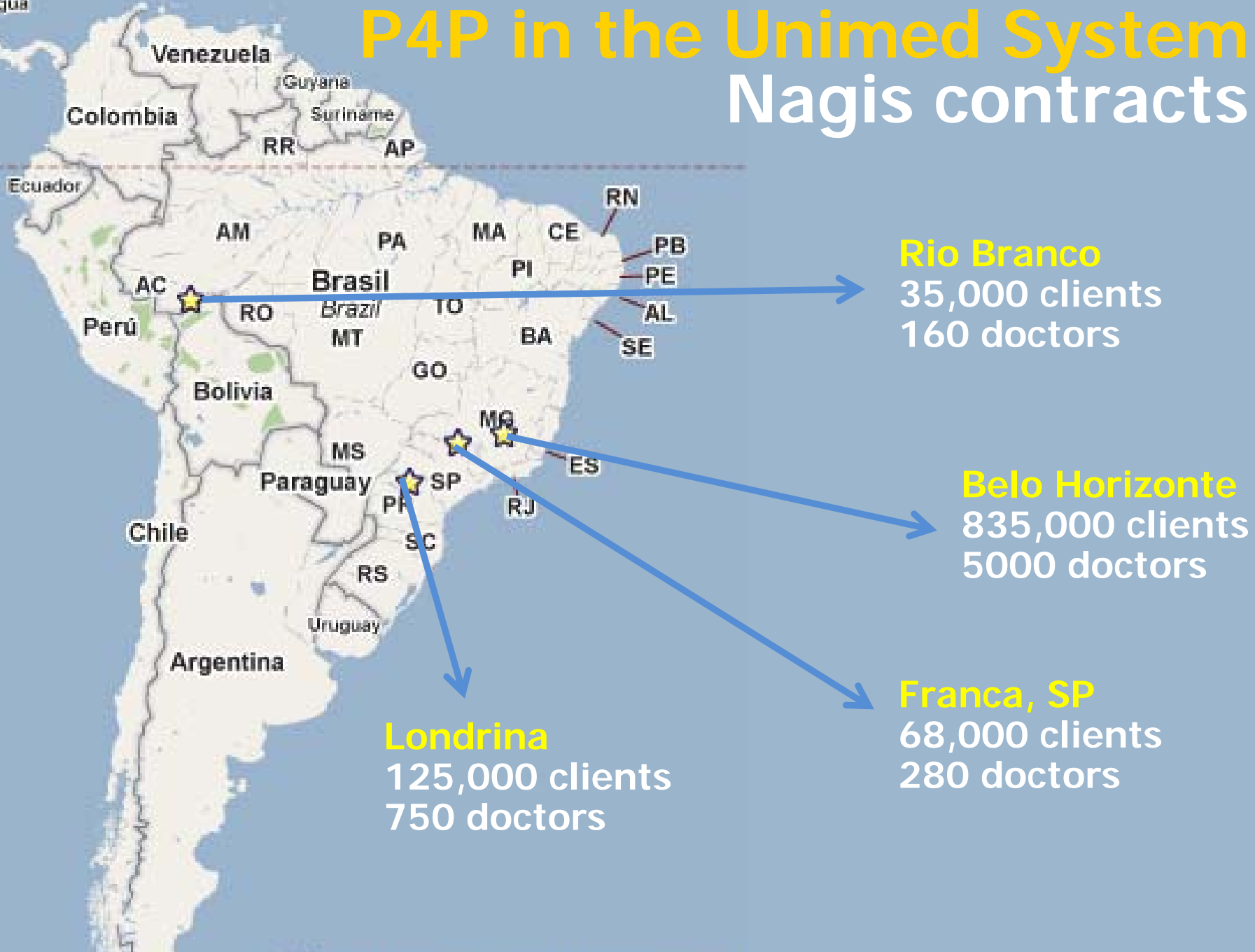
- Predominance of fee-for-service model
- Hospital-centered medical care provided by specialists
- Fragmented health care
- Physician pay improvement policies had not met health care improvements for the clients
- Late identification of chronic pathologies, avoidable hospitalization

Resulting in:

- Unsatisfactory remuneration for the primary care physicians
- Difficult patient access to primary care
- Increasing costs

P4P in the Unimed System

Nagis contracts



Early experiences with P4P in Unimed System design

- Unimed Franca and Londrina:

Goal: control costs and improve physicians remuneration but not linked to patient outcomes

- Design: financial incentives to physicians that were prescribing exams below average

- Unimed-BH pilot

Goal: improve clients health and improve primary care physicians remuneration

Unimed-Belo Horizonte (UBH): some of our figures



Brazil's best regional health care operator*
Biggest private health service operator in the State of Minas Gerais

835,000

clients in our portfolio,
with 85% satisfaction

75%

clients covered through
their employers

40%

of health plan market in
BH

4,800 physicians
with 82% satisfaction

Owns 8 facilities

6 out-patient and
2 hospitals (352 beds)

288

Hospitals, labs and clinics



Initial focus:
patients with chronic diseases
well-child care

	Program
2007	Cardiovascular health
	Diabetes
2008	Childhood asthma
	Well-child care program

Chronic disease management: design



- Primary care physicians, geriatricians, cardiologists, endocrinologists, pediatricians, pediatric pulmonologists were invited
- Disease-management protocols validated by Brazilian Medical Association
- Physician participation was NOT mandatory
- The client had to sign an agreement according to regulatory agencies



Chronic disease management: pilot program

Cardiovascular diseases, diabetes
and childhood asthma

Enrollment
fee of
US\$ 9 per
patient

- ✓ Risk stratification
- ✓ Compliance of physicians
- ✓ Aggregates the data

Definition
of the
care plan

Following
the care
plan:
US\$ 9 per
visit

Annual
bonus of
US\$ 26
per patient
enrolled

If doctors
input
clinical results

Nurses and doctors
analyze the data and
call the clients

If goals have
been
reached

Chronic disease management: program goals, targets and incentives

Programs	Goals (NCQA)	Targets	Incentives
Cardiovascular health	<ul style="list-style-type: none"> •Referral to the tobacco use cessation groups •BP < 140/90 	<ul style="list-style-type: none"> •Patient enrollment •75% 	U\$ 7,5 for each measure
Diabetes	<ul style="list-style-type: none"> •Annual eye examination •BP < 130/80 •Glycated Hb < 7% 	<ul style="list-style-type: none"> •Patient enrollment •25% •40% 	U\$ 7,5 per achievement
Local indices			
Well-child care	<ul style="list-style-type: none"> •Formation of the client-doctor relationship in the doctor's office 	<ul style="list-style-type: none"> •< 3 visits to the emergency room/year 	<ul style="list-style-type: none"> •U\$ 40 per client enrolled/year
Childhood asthma	<ul style="list-style-type: none"> •Reduce avoidable hospitalizations 	<ul style="list-style-type: none"> •No hospital admission per semester 	<ul style="list-style-type: none"> •U\$ 20 per patient enrolled/semester

Results: client participation in the programs

	Total enrollment 2007-2009*
Cardiovascular health	5,247 (3.3% of eligible)
Diabetes	4,248 (10% of eligible)
Well-child care	5,337
Childhood asthma	1,179

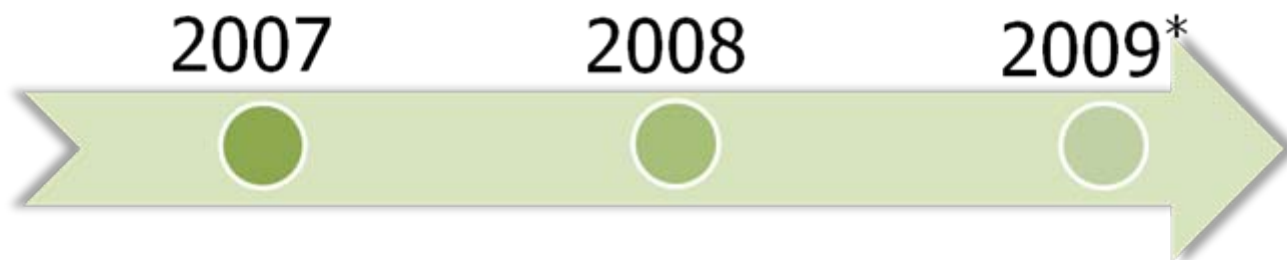


*Through August.

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Results: physician participation in the programs



	2007		2008		2009*	
	n	% total eligible	n	% total eligible	n	% total eligible
Cardiovascular health	26	3.1%	85	10.0%	123	14.3%
Diabetes	24	2.8%	84	9.9%	125	14.5%
Well-child care	-	-	91	18.4%	119	25.5%
Childhood asthma	-	-	39	7.9%	58	12.4%

*Through August.

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Results: annual bonus paid to cooperative members

Average and maximum values paid in 2008

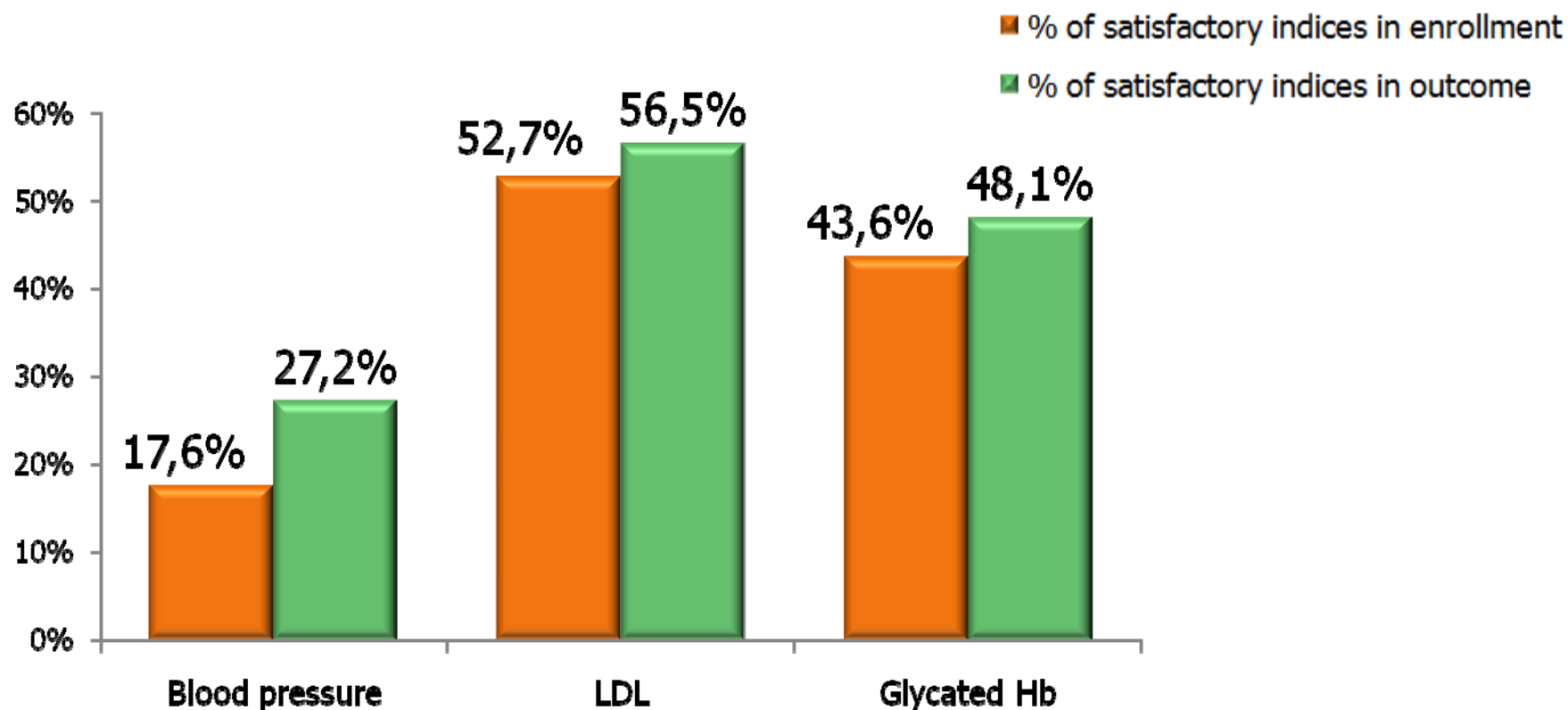
Program	Annual bonus (on average)	Annual bonus (maximum)
Cardiovascular health	\$ 121	\$ 1,334
Diabetes	\$ 241	\$ 2,970
Well-child care	\$ 350	\$ 2,117
Childhood asthma	\$ 128	\$ 1,635



Total of investments: U\$ 55,000 in first year of the program

Cardiovascular health and diabetes programs: results for the client

Clients with results after 12 months (n=261)



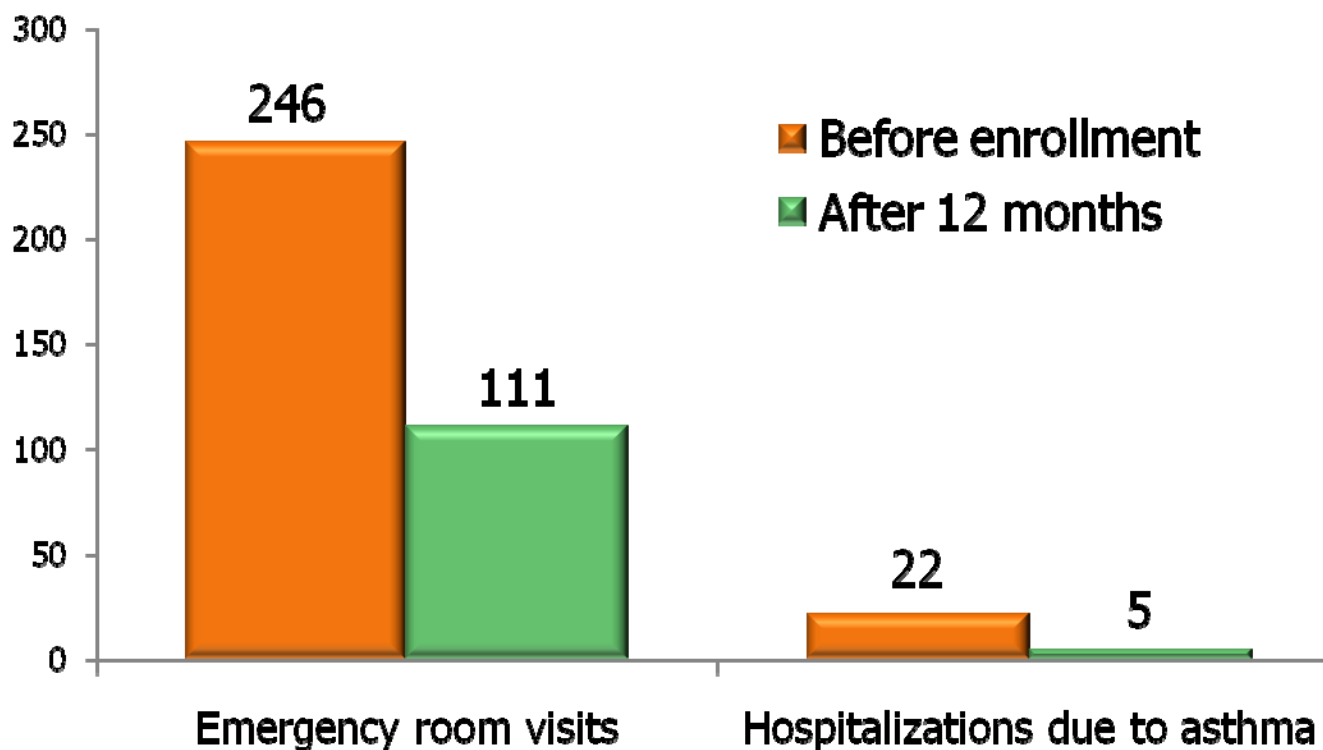
*The difference between the enrollment and the outcome is statistically significant for the three groups being studied (p-amount < 0.001, chi-square test).

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Childhood asthma program: results for the client

Clients following the program (n=601)



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Expressive resource redistribution asthma program

	Hospitalization	Emergency room	Pre-hospital care
Cost	↓ -46.53%	↓ -22,45%	↓ -48,76%
	Co-op physicians	Laboratory	Imaging exams
Cost	↑ +23.36%	↑ +10.17%	↑ +31.84%



Program investments asthma program

Total cost

- Six months after enrollment
(consults, hospitalizations, ER visits, exams, and bonus paid to the physicians)
- Six months before enrollment
(consults, hospitalizations, ER visits, exams)
- Difference

US\$ 153,000

US\$ 150,500

+ US\$ 2,500

Unnecessary hospitalizations and emergency room visits were avoided and the physicians' income improved.



Summary: preliminary results (2007-2009)

Indices	Before RBF	After RBF	Interpretation
Cardiovascular health (n=31)			
Blood pressure <140/90	12	20	
LDL <130 mg/dL	22	28	
Diabetes (n=255)			
Blood pressure ≤130/80	34	64	
Blood pressure ≥140/90	7	2	
LDL <100 mg/dL	103	170	
LDL >130 mg/dL	38	49	
Glycated Hb <7%	106	158	
Glycated Hb >9%	38	50	
Asthma (n=601)			
Hospital admissions	22	5	

Lessons learned

- Distinguish P4P from other initiatives to increase provider remuneration.
- First initiatives linked the incentives to reduction of costs, specially in prescribing exams
- Information technology weaknesses
- All initiatives strongly fee-for-service based
- Fear to be measured

Lessons learned UBH pilot

Problems in the design:

- Only a few physicians informed UBH of their clients' annual results.
- Mechanism of bonus payment too complex
- No performance report
- Size of the incentives
- No support to doctors improve their performance



The Proposal: P4P-NAGIS©

To Promote a Breakthrough in
the Client's Health by Aligning
Incentives to the Quality of
Health Care

Objectives



To systematize performance evaluation criteria from a comparative analysis of quantitative and qualitative measures gathered in 3 domains (Effectiveness, Efficiency and Patient Satisfaction)



To increase provider accountability within the health systems which he/she is part of



To value the provider with better performance through incentives large enough to motivate behavior changes

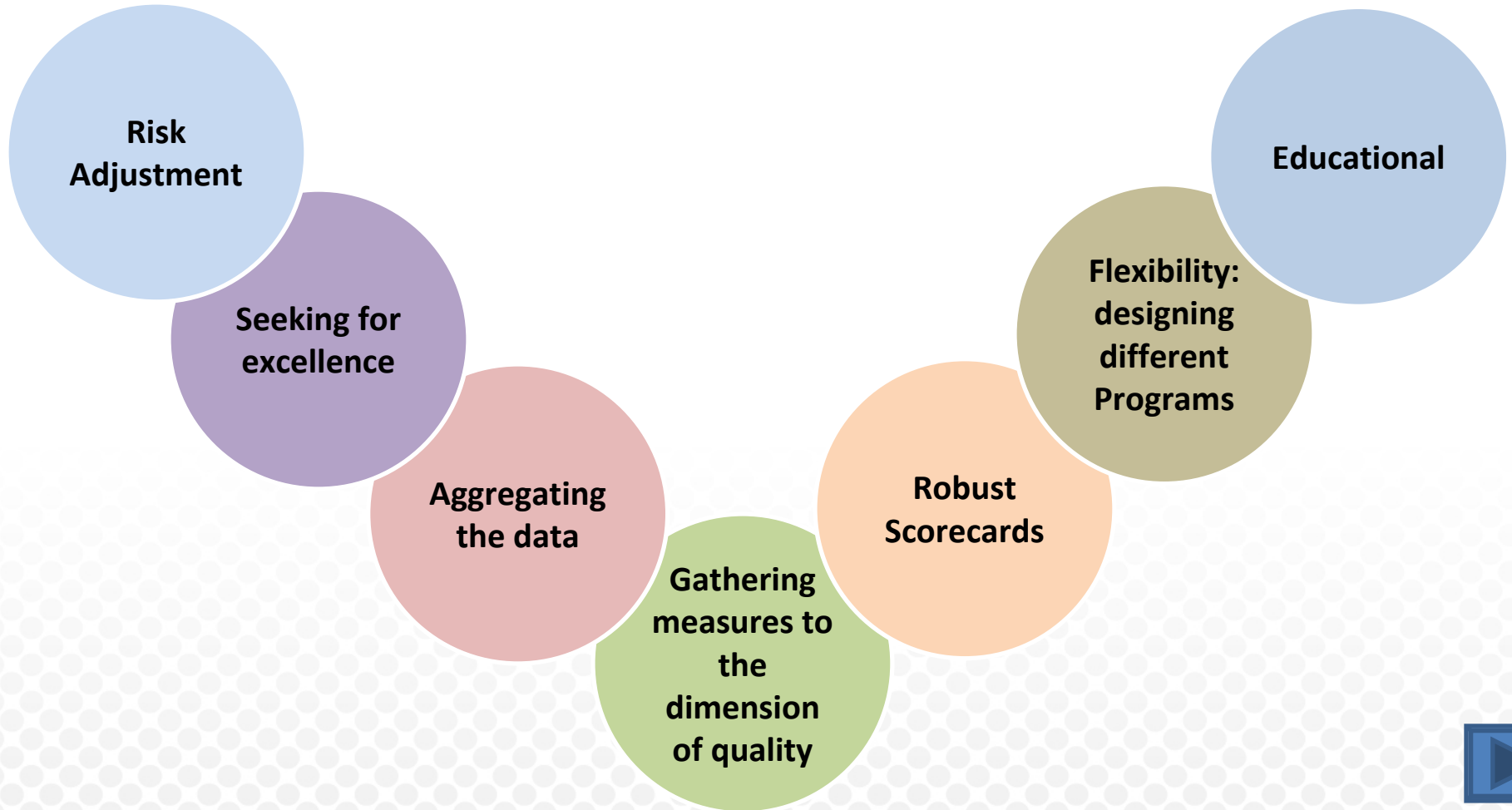


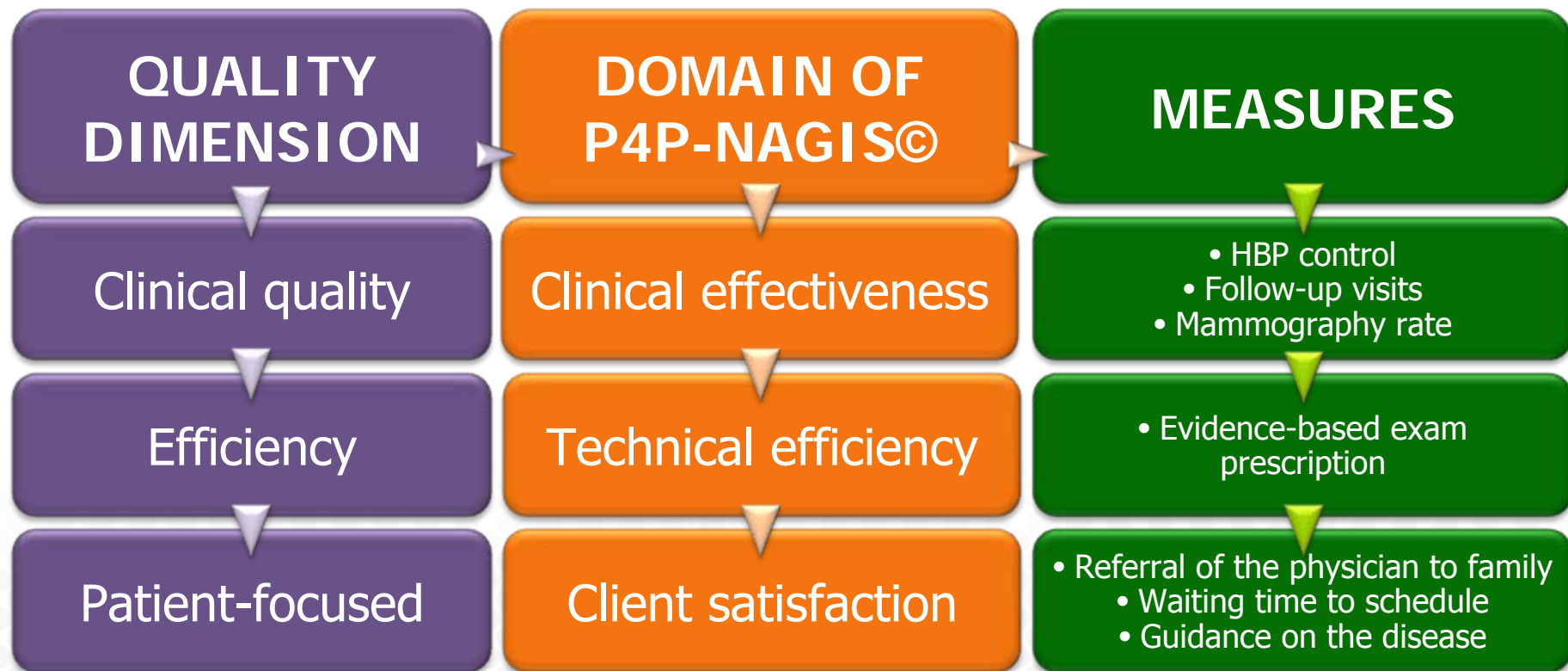
To improve health system information and enable this information to be shared between health plans and patients



To reallocate resources within the health system with equity

Design features of P4P-NAGIS©







Sistemas disponível na OPS (Sistema de gestão, prontuário eletrônico, sistema hospitalar, Gerenciamento de Doença, dentre outros)

MBE

BDS

BDS: com 6 milhões de vidas e 20 mil médicos fornece os padrões de referência quando não encontrado na **MBE**

SISTEMA AGREGADOR

MÓDULO P4P-NAGIS©

Sistema "Agregador": (Ex.: Matriz Gerencial) Através de layout específico extrai os dados necessários para gerar os indicadores de performance

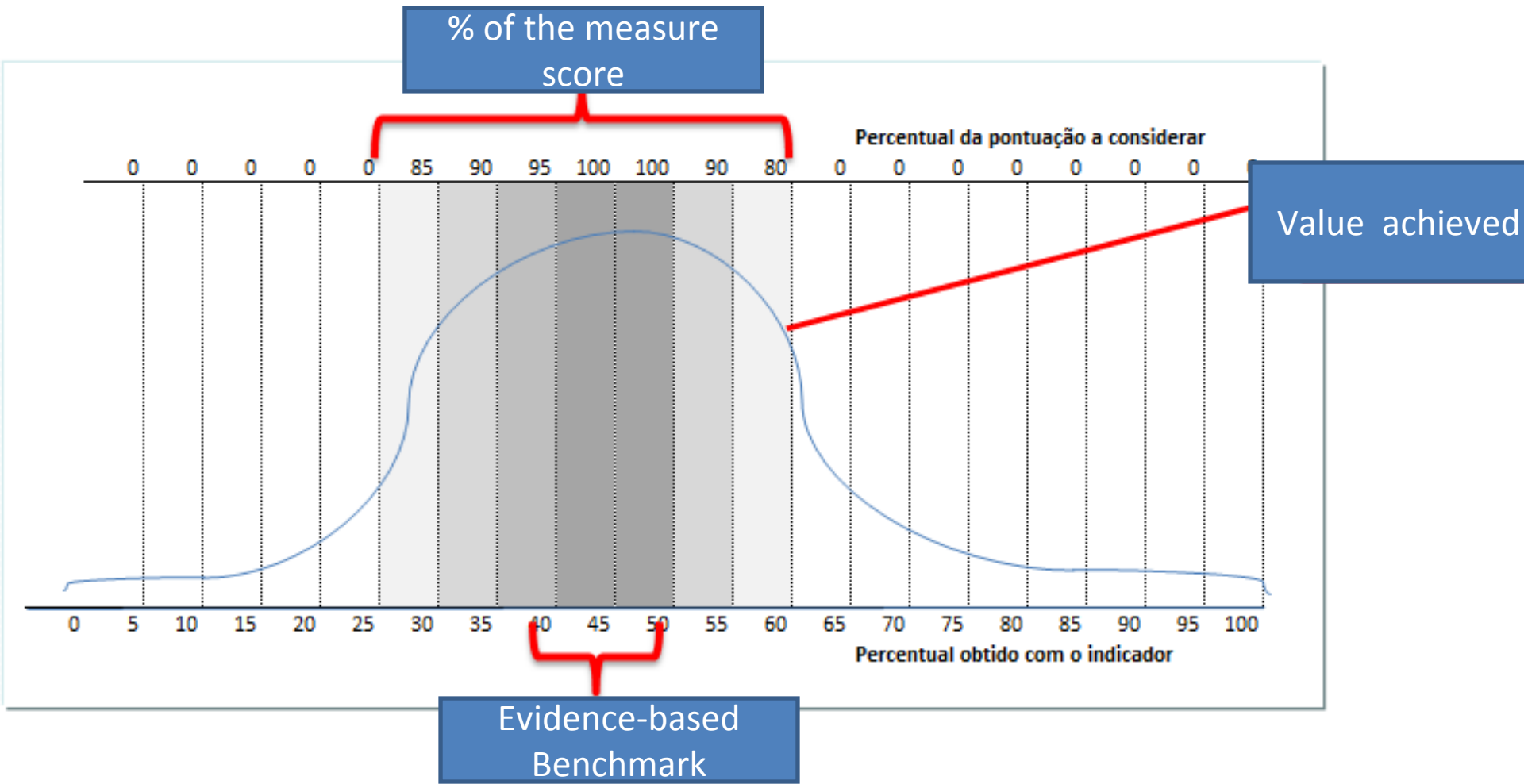
Módulo P4P NAGIS©. Calcula os indicadores, agrupa-os em domínios, compara-os com a Banda Ideal baseada em evidência, pontuando-os de acordo com critérios pré-definidos por especialidade e ajustados pelo risco.

MÉDICOS

Médico. Acessa (WEB e relatórios) suas informações relativas a seu desempenho, os critérios utilizados, o comportamento de seus pares, dentre outras.



Seeking for excellence



Scorecard

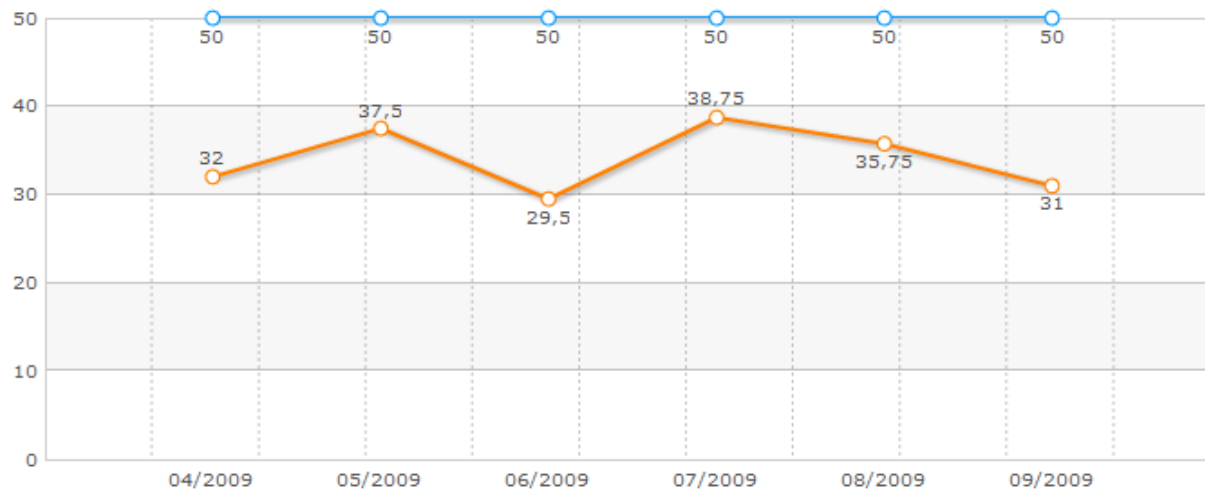


ScoreCard - NIOSCAE UOMUSI - Cardiologia - Perfil I - 9 de 2009

Domínio	Indicador	Pontos Max	Valor Indicador	Banda Inferior						Faixa Ideal 100%		Banda Superior						Score			
				0%	50%	60%	70%	80%	90%	Min	Max	90%	80%	70%	60%	50%	0%				
EFETIVIDADE CLÍNICA	Consultas não vinculadas da especialidade - 40 dias (%)	10	1,613			0,000 a 0,150	0,161 a 0,530	0,541 a 0,910	0,921 a 1,290	1,300	2,060	2,071 a 2,440	2,451 a 2,820	2,831 a 3,200	3,211 a 3,580	3,591 a 3,960	3,971 a 3,81,680	10,00			
	Média de diárias + diárias UTI por internação (Qtd)	10	9,000			0,000 a 0,480	0,491 a 1,450	1,461 a 2,420	2,430	4,370	4,381 a 5,340	5,351 a 6,310	6,321 a 7,280	7,291 a 8,250	8,261 a 9,220	9,231 a 973,400	5,00				
	Quantidade de internações por consulta (Qtd)	10	0,024						0,011 a 0,010	0,020	0,040	0,051 a 0,050	0,061 a 0,060	0,071 a 0,070	0,081 a 0,080	0,091 a 0,090	0,101 a 0,1030	10,00			
	Reconsultas 60 dias (%)	10	2,419			0,000 a 1,040	1,051 a 2,230	2,241 a 3,420	3,430	5,810	5,821 a 7,000	7,011 a 8,190	8,201 a 9,380	9,391 a 10,570	10,581 a 11,760	11,771 a 1.194,620	9,00				
TOTAL DOMÍNIO		40																34,00			
EFICIÊNCIA TÉCNICA	Gasto geral por internação na referência (R\$)	5	11.743,975			0,000 a 617,080	617,091 a 1.269,070	1.269,081 a 1.921,060	1.921,070	3.225,050	3.225,061 a 3.877,040	3.877,051 a 4.529,030	4.529,041 a 5.181,020	5.181,031 a 5.833,010	5.833,021 a 6.485,000	6.485,011 a 654.563,060	0,00				
	P4P - Diagnose por usuário - Cardiologia (Qtd)	5	0,187						0,001 a 0,010	0,020	0,050	0,051 a 0,070	0,071 a 0,090	0,091 a 0,120	0,121 a 0,140	0,141 a 0,160	0,161 a 999,000	0,00			
	P4P - Patologia por usuário - Cardiologia (Qtd)	5	1,331	0,001 a 0,230	0,231 a 0,600	0,601 a 0,980	0,981 a 1,360	1,361 a 1,740	1,741 a 2,120	2,130	2,870	2,871 a 3,250	3,251 a 3,630	3,631 a 4,000	4,001 a 4,380	4,381 a 4,760	4,761 a 999,000	3,50			
	Gasto por consulta da referência (R\$)	5	131,096			0,000 a 12,290	12,301 a 42,800	42,811 a 73,310	73,321 a 103,820	103,830	164,850	164,861 a 195,360	195,371 a 225,870	225,881 a 256,380	256,391 a 286,890	286,901 a 317,400	317,411 a 30.644,340	5,00			
	P4P - Ecocardiograma por usuário - Cardiologia (Qtd)	7.5	0,179			0,001 a 0,010	0,011 a 0,080	0,081 a 0,160	0,161 a 0,230	0,231 a 0,300	0,310	0,440	0,441 a 0,520	0,521 a 0,590	0,591 a 0,660	0,661 a 0,730	0,731 a 0,810	0,811 a 999,000	4,50		
	P4P - ECG por usuário - Cardiologia (Qtd)	7.5	0,684			0,001 a 0,010	0,011 a 0,030	0,031 a 0,050	0,051 a 0,080	0,081 a 0,160	0,161 a 0,230	0,231 a 0,300	0,310	0,440	0,441 a 0,520	0,521 a 0,590	0,591 a 0,660	0,661 a 0,730	0,731 a 0,810	0,811 a 999,000	4,50
	P4P - Teste de esforço por usuário - Cardiologia (Qtd)	7.5	0,008			0,001 a 0,010	0,011 a 0,030	0,031 a 0,050	0,051 a 0,080	0,081 a 0,160	0,161 a 0,230	0,231 a 0,300	0,310	0,440	0,441 a 0,520	0,521 a 0,590	0,591 a 0,660	0,661 a 0,730	0,731 a 0,810	0,811 a 999,000	5,25
	Autogerados e afins por consulta da referencia (R\$)	7.5	39,794			0,000 a 9,940	9,951 a 20,040	20,051 a 30,140	30,151 a 40,240	40,250	60,450	60,461 a 70,550	70,561 a 80,650	80,661 a 90,750	90,761 a 100,850	100,861 a 110,950	110,961 a 10.150,350	6,75			
TOTAL DOMÍNIO		50																31,00			
SATISFAÇÃO DO CLIENTE	Indicador de Satisfação MAIS DOUTOR (%)	10	0,460	0,001 a 0,100		0,101 a 0,300	0,301 a 0,400	0,401 a 0,500	0,510	1,000								9,00			
TOTAL DOMÍNIO		10,00																9,00			
TOTAL GERAL		100,00																74,00			

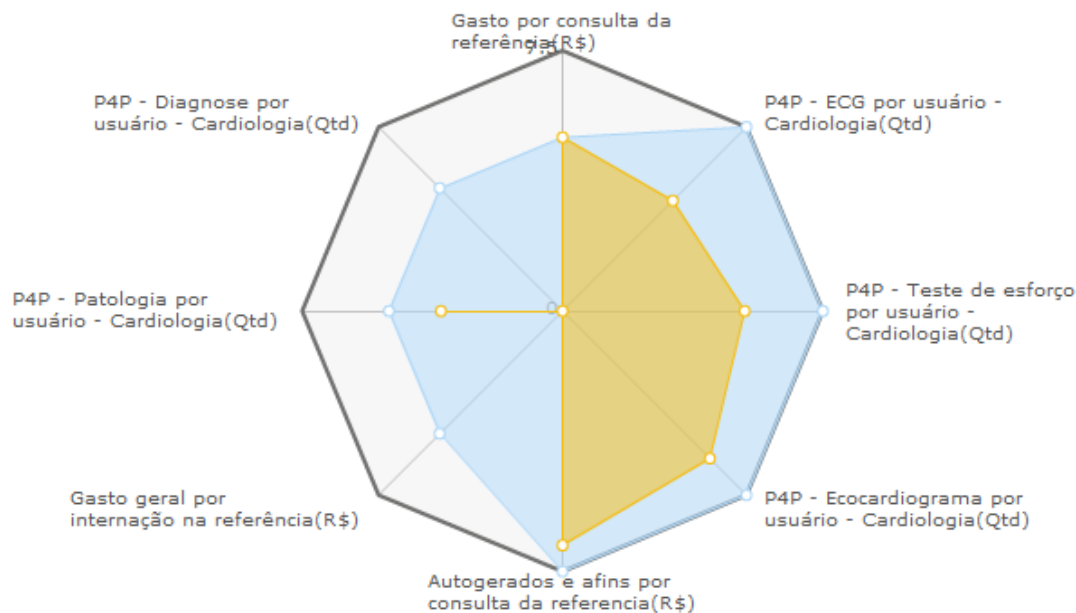
P4P Nagis - Pagamento Por Performance

Gráfico de Desempenho - últimos 6 meses - Domínio EFICIÊNCIA TÉCNICA



Referências

■ Pontuação Domínio ■ Pontuação Médico



■ Indicadores - Peso
■ Indicadores - Score

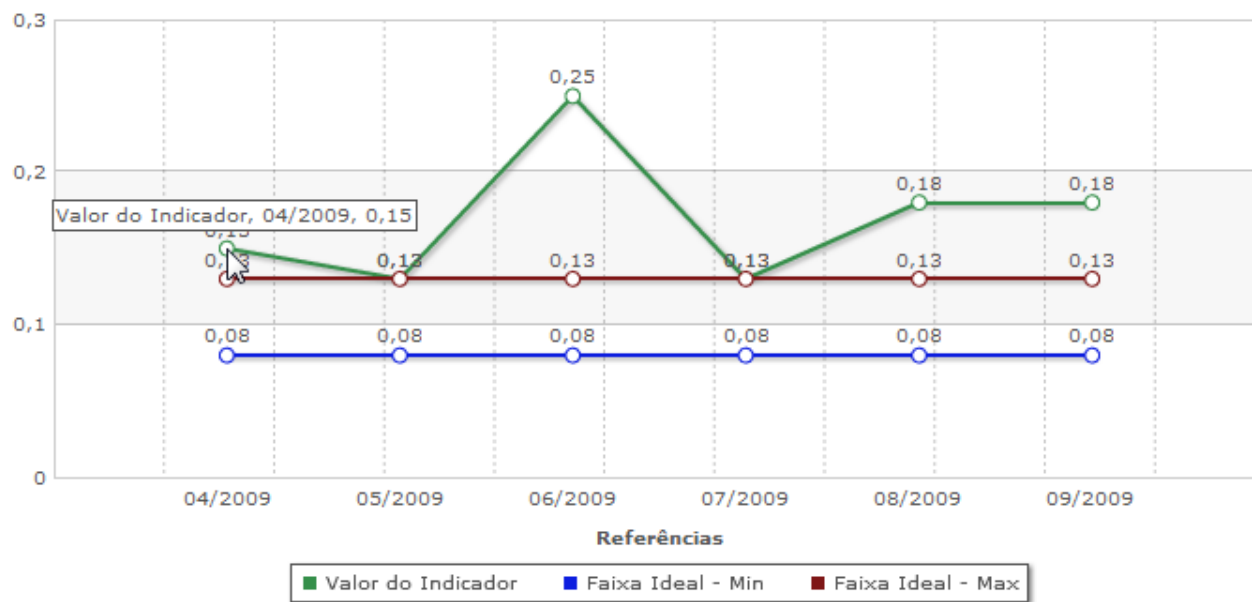


ScoreCard - NIOSCAE UOMUSI - Cardiologia - Perfil I - 9 de 2009

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EFETIVIDADE CLÍNICA	Consultas não vinculadas da especialidade - 40 dias (%)	10	1,613			0,000 a 0,150	0,161 a 0,530	0,541 a 0,910	0,921 a 1,290	1,300	2,060	2,071 a 2,440	2,451 a 2,820	2,831 a 3,200	3,211 a 3,580	3,591 a 3,960	3,971 a 3,81,680	10,00
	Média de diárias + diárias UTI por internação (Qtd)	10	9,000			0,000 a 0,480	0,491 a 1,450	1,461 a 2,420	2,430	4,370	4,381 a 5,340	5,351 a 6,310	6,321 a 7,280	7,291 a 8,250	8,261 a 9,220	9,231 a 9,73,400	5,00	
	Quantidade de internações por consulta (Qtd)	10	0,024						0,011 a 0,010	0,020	0,040	0,051 a 0,050	0,061 a 0,060	0,071 a 0,070	0,081 a 0,080	0,091 a 0,090	0,101 a 0,1030	10,00
	Reconsultas 60 dias (%)	10	2,419			0,000 a 1,040	1,051 a 2,230	2,241 a 3,420	3,430	5,810	5,821 a 7,000	7,011 a 8,190	8,201 a 9,380	9,391 a 10,570	10,581 a 11,760	11,771 a 1.194,620	9,00	
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	P4P - Ecocardiograma por usuário - Cardiologia (Qtd)	7.5	0,179			0,001 a 0,020	0,021 a 0,050	0,051 a 0,080	0,091 a 0,120	0,130	0,160	0,161 a 0,190	0,191 a 0,210	0,211 a 0,240	0,241 a 0,270	0,271 a 0,299,000	6,00	
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	Autogerados e afins por consulta da referencia (R\$)	7.5	39,794			0,000 a 9,940	9,951 a 20,040	20,051 a 30,140	30,151 a 40,240	40,250	60,450	60,461 a 70,550	70,561 a 80,650	80,661 a 90,750	90,761 a 100,850	100,861 a 110,950	110,961 a 10.150,350	6,75
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TOTAL DOMÍNIO		10,00															9,00	
TOTAL GERAL		100,00															74,00	



P4P Nagis - Pagamento Por Performance
Gráfico de Desempenho - últimos 6 meses - Domínio EFICIÊNCIA TÉCNICA
Indicador - P4P - Ecocardiograma por usuário - Cardiologia (Qtd)





ScoreCard - NIOSCAE UOMUSI - Cardiologia - Perfil I - 9 de 2009

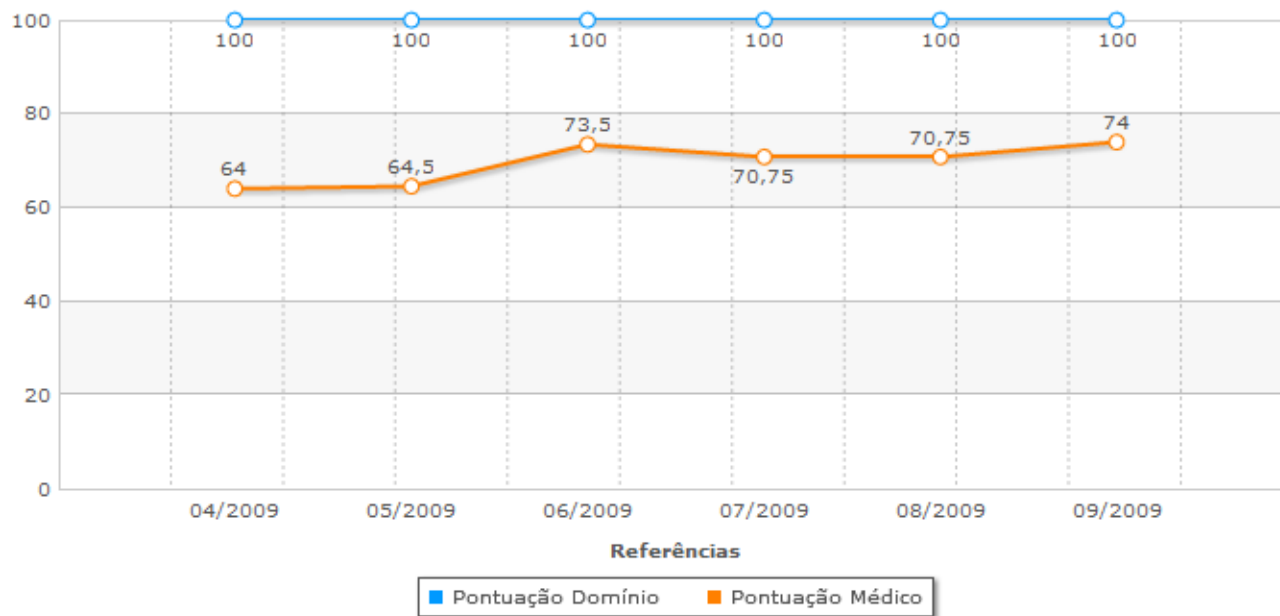
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	Reconsultas 60 dias (%)	10	2,419			0,000 a 1,040	1,051 a 2,230	2,241 a 3,420	3,430	5,810	5,821 a 7,000	7,011 a 8,190	8,201 a 9,380	9,391 a 10,570	10,581 a 11,760	11,771 a 1.194,620	9,00		
TOTAL DOMÍNIO		40															34,00		
EFICIÊNCIA TÉCNICA	Gasto geral por internação na referência (R\$)	5	11.743,975			0,000 a 617,080	617,091 a 1.269,070	1,269,081 a 1.921,060	1,921,070	3,225,050	3,225,061 a 3,877,040	3,877,051 a 4,529,030	4,529,041 a 5,181,020	5,181,031 a 5,833,010	5,833,021 a 6,485,000	6,485,011 a 654.563,060	0,00		
	P4P - Diagnose por usuário - Cardiologia (Qtd)	5	0,187						0,001 a 0,010	0,020	0,050	0,051 a 0,070	0,071 a 0,090	0,091 a 0,120	0,121 a 0,140	0,141 a 0,160	0,161 a 999,000	0,00	
	P4P - Patologia por usuário - Cardiologia (Qtd)	5	1,331	0,001 a 0,230	0,231 a 0,600	0,601 a 0,980	0,981 a 1,360	1,361 a 1,740	1,741 a 2,120	2,130	2,870	2,871 a 3,250	3,251 a 3,630	3,631 a 4,000	4,001 a 4,380	4,381 a 4,760	4,761 a 999,000	3,50	
	Gasto por consulta da referência (R\$)	5	131,096			0,000 a 12,290	12,301 a 42,800	42,811 a 73,310	73,321 a 103,820	103,830	164,850	164,861 a 195,360	195,371 a 225,870	225,881 a 256,380	256,391 a 286,890	286,901 a 317,400	317,411 a 30.644,340	5,00	
	P4P - Ecocardiograma por usuário - Cardiologia (Qtd)	7.5	0,179			0,001 a 0,010	0,011 a 0,080	0,081 a 0,160	0,161 a 0,230	0,231 a 0,300	0,310	0,440	0,441 a 0,520	0,521 a 0,590	0,591 a 0,660	0,661 a 0,730	0,731 a 0,810	0,811 a 999,000	4,50
	P4P - ECG por usuário - Cardiologia (Qtd)	7.5	0,684			0,001 a 0,010	0,011 a 0,030	0,031 a 0,050	0,051 a 0,080	0,081 a 0,110	0,111 a 0,130	0,131 a 0,150	0,151 a 0,170	0,171 a 0,180	0,181 a 999,000	0,271 a 999,000	5,25		
	P4P - Teste de esforço por usuário - Cardiologia (Qtd)	7.5	0,008			0,000 a 9,940	9,951 a 20,040	20,051 a 30,140	30,151 a 40,240	40,250	60,450	60,461 a 70,550	70,561 a 80,650	80,661 a 90,750	90,761 a 100,850	100,861 a 110,950	110,961 a 10.150,350	6,75	
	Autogerados e afins por consulta da referencia (R\$)	7.5	39,794			0,001 a 0,100	0,101 a 0,300	0,301 a 0,400	0,401 a 0,500	0,510	1,000							9,00	
	TOTAL DOMÍNIO		50															31,00	
SATISFAÇÃO DO CLIENTE	Indicador de Satisfação MAIS DOUTOR (%)	10	0,460	0,001 a 0,100		0,101 a 0,300	0,301 a 0,400	0,401 a 0,500	0,510	1,000							9,00		
TOTAL DOMÍNIO		10,00															9,00		
TOTAL GERAL		100,00															70,00		





P4P Nagis - Pagamento Por Performance

Gráfico de Desempenho - últimos 6 meses - Modelo P4P - Clínico 09/2009





P4P-NAGIS© PROGRAMS



P4P-NAGIS©

PRELIMINARY RESULTS



Results measures

	UNIMED FRANCA	UNIMED LONDRINA*
Number of beneficiaries	68,000	125,000
Number for Doctors enrolled	209	525
Number of Specialties enrolled	32 (all)	14
% represented of doctors production	100%	80%
Period analyzed	6 months	6 months
Number of medical visits	142,449	249,027
Incentives (in US\$)	387,000	986,021
Increase in the regular fee	14.80%	12.80%

* This is the simulation before start the P4P Program. Study run by NAGIS, 2009.

SOURCES: UNIMED Londrina (study by NAGIS, 2010) and UNIMED Franca (panel at ISPOR Brazilian Meeting, ABICALAFFE, 2009)

What we have achieved so far



Doctors:

- Individual performance report:
 - Self evaluation culture
 - Compare their behavior with peers
 - Possibility to improve their performance during the year
- Physician's payment based on patient risk adjustment
- Adoption of the culture linking more financial resources to quality

What we have achieved so far

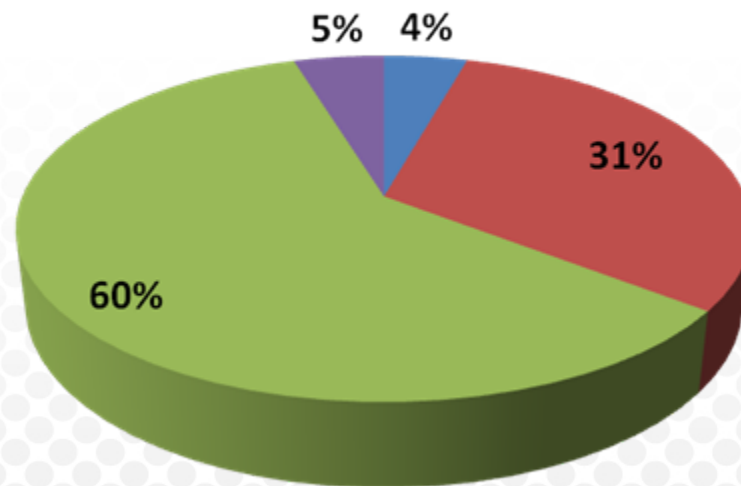


Doctors:

- In Londrina, as we performed a simulation, we could observe that 96% of the doctors get some incentive.

Incentive distribution to 525 doctors

■ Witout incentive ■ 10% incentive ■ 15% incentive ■ 20% incentive



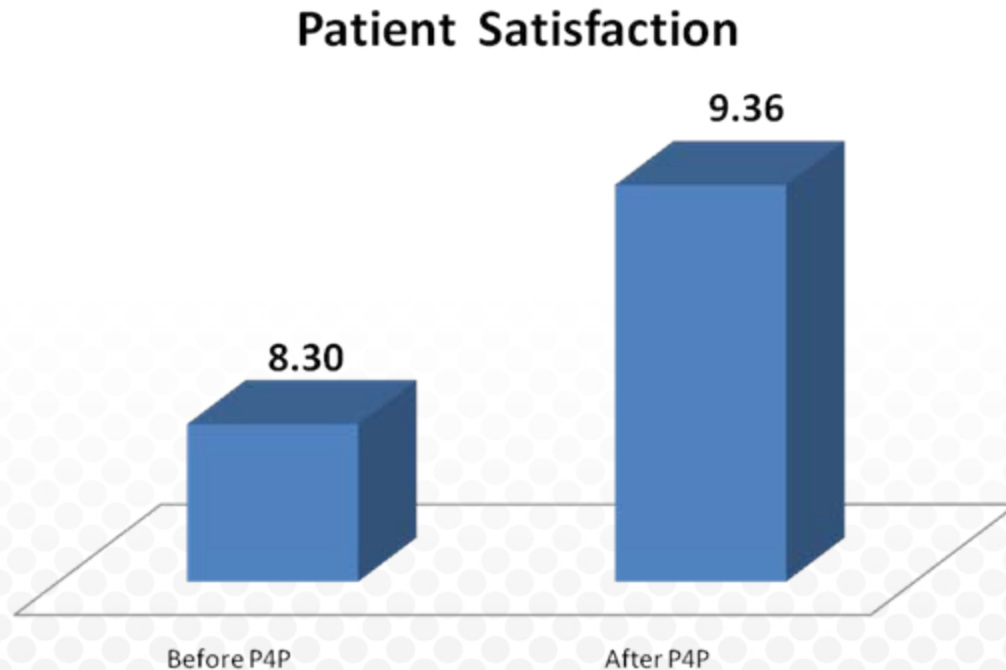
SOURCE: NAGIS - UNIMED Londrina, 2010

What we have achieved so far



Clients:

- In Franca, there was an increase in the average of patient satisfaction.



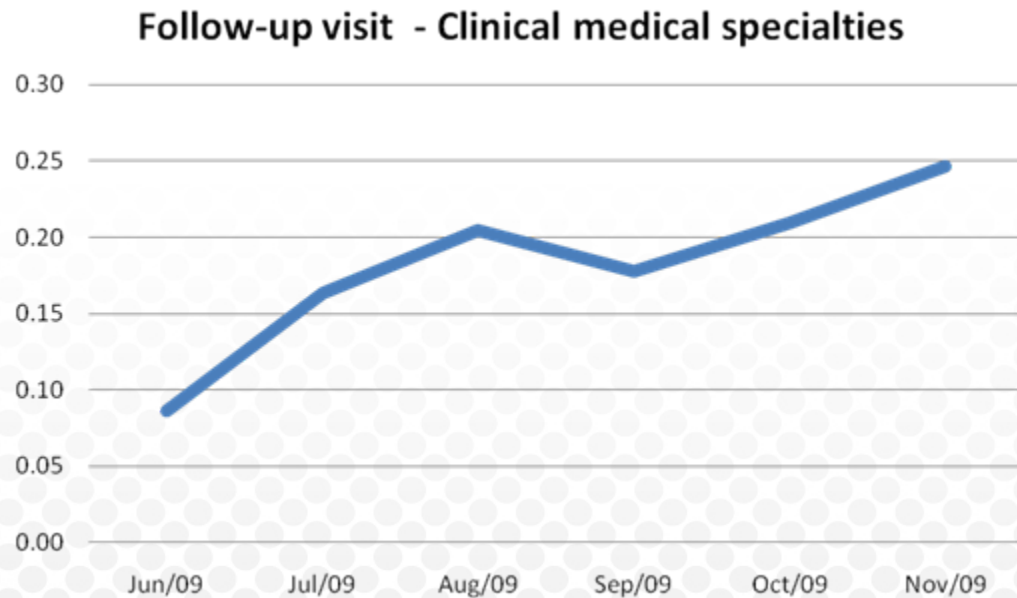
SOURCE: ABICALAFFE, 2009 and UNIMED Franca, 2010

What we have achieved so far



Clients:

- In Franca, there was an important increase in the follow-up visits. The figures are the average of the clinical medical specialties.



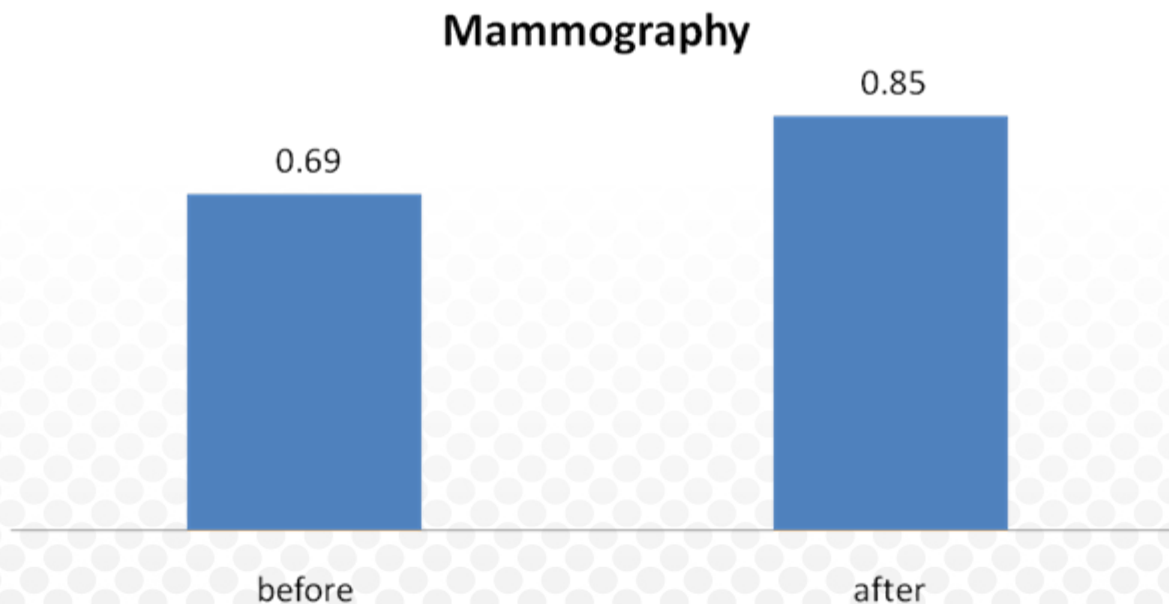
SOURCE: UNIMED Franca, 2010

What we have achieved so far



Clients:

- In Franca, there was an increase of **23%** in Mammography Exams for women between 35 and 50 years old after the program.



SOURCE: UNIMED Franca, 2010

What we have achieved so far



Health plan

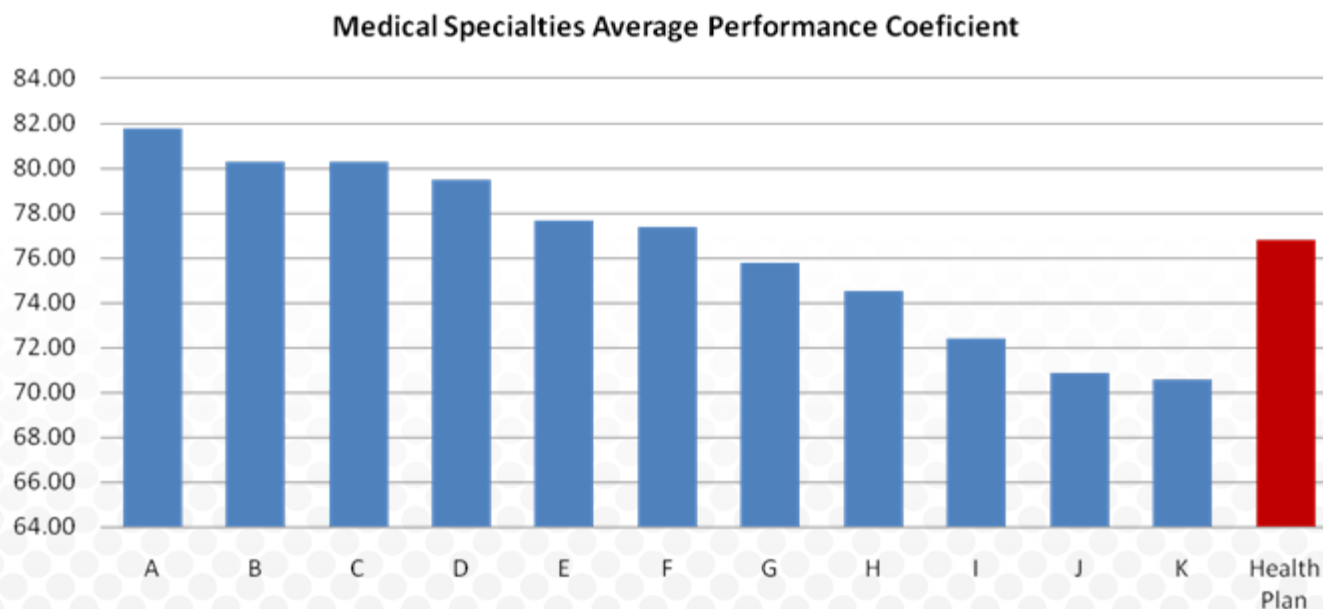
- Identify the specialties with better performance leading to different incentives
- Identify and increase the accountability of those physicians who have the poorest performance
- Higher information level of clients utilization. The information was used as an important medical audit tool as well.

What we have achieved so far

Health plan



- In Londrina, during the simulation we could observe different average Performance Coefficient between the doctors specialties



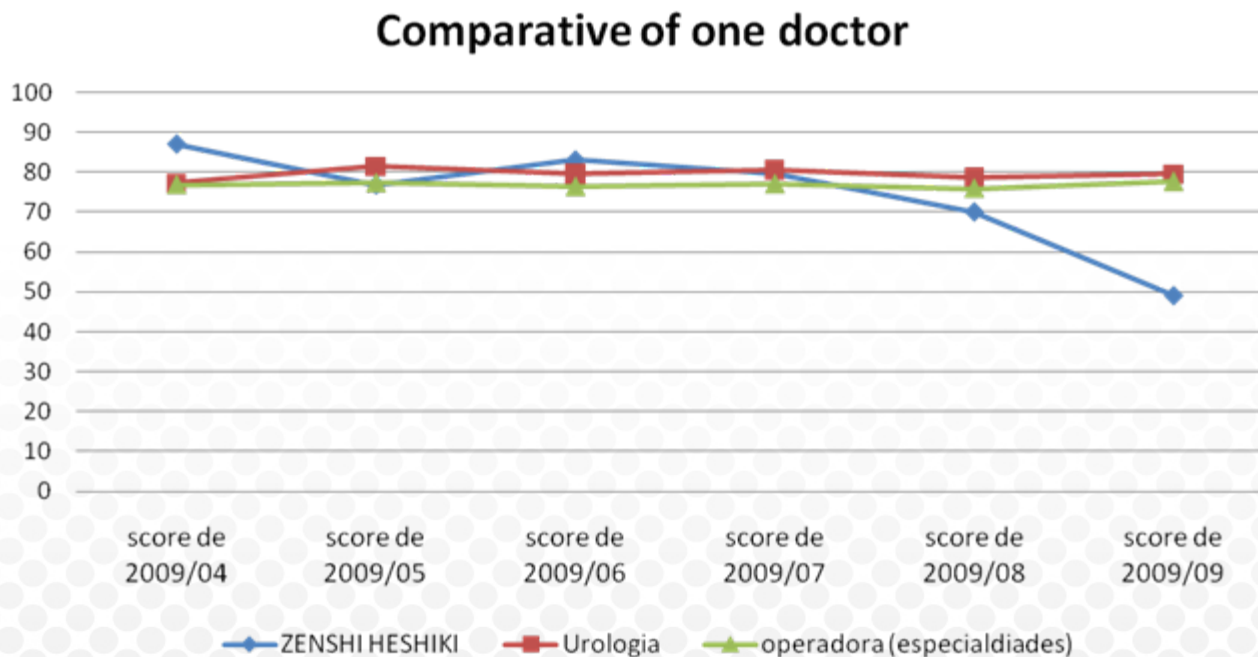
SOURCE: UNIMED Londrina, 2010

What we have achieved so far

Health plan



- In Londrina, it was possible to compare an individual physician performance to his/her medical specialty and with the average performance of the health plan



SOURCE: NAGIS report, 2010 to UNIMED Londrina



Lessons learned

- ✓ To develop different incentives for the worse performers who have improved their performance during the year
- ✓ To offer the doctors educational programs, training, up to date guidelines and technical support
- ✓ To offer the patients performance report of doctors and hospitals
- ✓ It is important to implement EMR to get clinical data
- ✓ To promote a breakthrough in the client's health

“You cannot change what
you cannot face”. JAMES BALDWIN



Thank you

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SAÚDE SEMPRE

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