

---

*5<sup>th</sup> National Pay for Performance Summit*  
**Evaluating Regional Pay for  
Performance Demonstration  
Projects**

---

*Joseph Anarella, MPH, NYS Dept. of Health*

*Rohit Bhalla, MD, MPH, Montefiore Medical Center*

*Thomas Foels, MD, MMM, Independent Health*

---

# New York's Experience

- As a payer, NYS has been using Pay for Performance as a means to incent health plans in the Medicaid Program since 2001.
  - Currently NYS provides \$60-70million annually in quality incentive payments to plans that achieve quality and satisfaction benchmarks.
-

---

# P4P Legislation

- Passed in 2005.
  - Allowed the NYSDOH to fund up to five regional demonstrations for a 2 year period.
  - Funded at \$10 million; the majority of which was to be used for matching incentives put up by plans.
-

---

# Legislation

- Established a Commissioner's Workgroup to develop the design of the regional pay for performance demos.
  - Composed of all the relevant players – plans, hospitals, advocacy groups, employers and trade organizations.
-

---

# Recommendations from the workgroup

- Use standardized measures.
  - Allow use of hybrid measures.
  - Do not establish a core set of measures.
  - Allow grantees to define regions.
  - Centralized vs regional data aggregation.
-

---

# Request for proposals

- Released in the spring of 2006.
  - 12 applications received; four were funded.
  - Supported admin, data collection/processing, matching incentives
  - Awards ranged between \$2–3.2 million.
  - Incentive portion of awards ranged between 25%-70%.
-

---

# Bumps along the way...

- Grantees got less than they asked for.
  - Most experienced delays in contracting, subcontracting and hiring.
  - Delays in data submission/processing and aggregating.
  - Blurred roles.
  - Whose patient is it anyway...?
  - One demo was terminated due to an inability to meet data submission deadlines.
-

# More bumps or... the state's out of money!

- Contentious hospital/ health plan negotiations during this period
  - Hospitals pulled out
- Plans pulled out of demos.
- Declining state revenues led to multiple attempts to reduce P4P funding; some of which were successful.
  - \$.56 million cut (6%) in summer 2009
  - \$3.4 million cut fall 2009, (\$1.3 million realized)



---

# Despite all that ... Our successes

- P2 Collaborative – three plans serving western NY came together to coordinate data collection with approximately 800 primary care providers. Pay for participation model.
  - Montefiore Medical Center – hospital based demo focused on improving care to low income persons with cardiovascular disease and corresponding risk factors.
-

# ***The Bronx CHAMPION Program***

## **Aligning Clinical and Financial Incentives in a Complex Provider Organization**

Rohit Bhalla, MD, MPH

Project Director

Chief Quality Officer, Montefiore Medical Center

Nandini Deb, MA

Project Administrator

*National Pay for Performance Summit: March 9, 2010*

MONTEFIORE



Bronx  
**CHAMPION** Program  
Making a measurable difference.

# Overview

- The Bronx and Montefiore
- The Bronx CHAMPION Program
  - Objectives and stakeholders
  - Data and measures
  - Program materials
  - Challenges
- Results and incentives
- Next steps



# *The Bronx, New York*

	<b>Bronx</b>	<b>U.S.A.</b>
<b>Total population</b>	<b>1.4 million</b>	<b>300 million</b>
<b>Individuals below poverty level</b>	<b>28%</b>	<b>13%</b>
<b>Foreign born</b>	<b>32%</b>	<b>13%</b>
Non-English language spoken ( $\geq 5$ y.o.)	56%	20%
Hispanic/Latino ethnicity	51%	15%
African-American/Black race	34%	12%

**Source: U.S. Census Bureau. Bronx County, New York. 2006-2008 American Community Survey 3-Year Estimate. [www.census.gov](http://www.census.gov).**

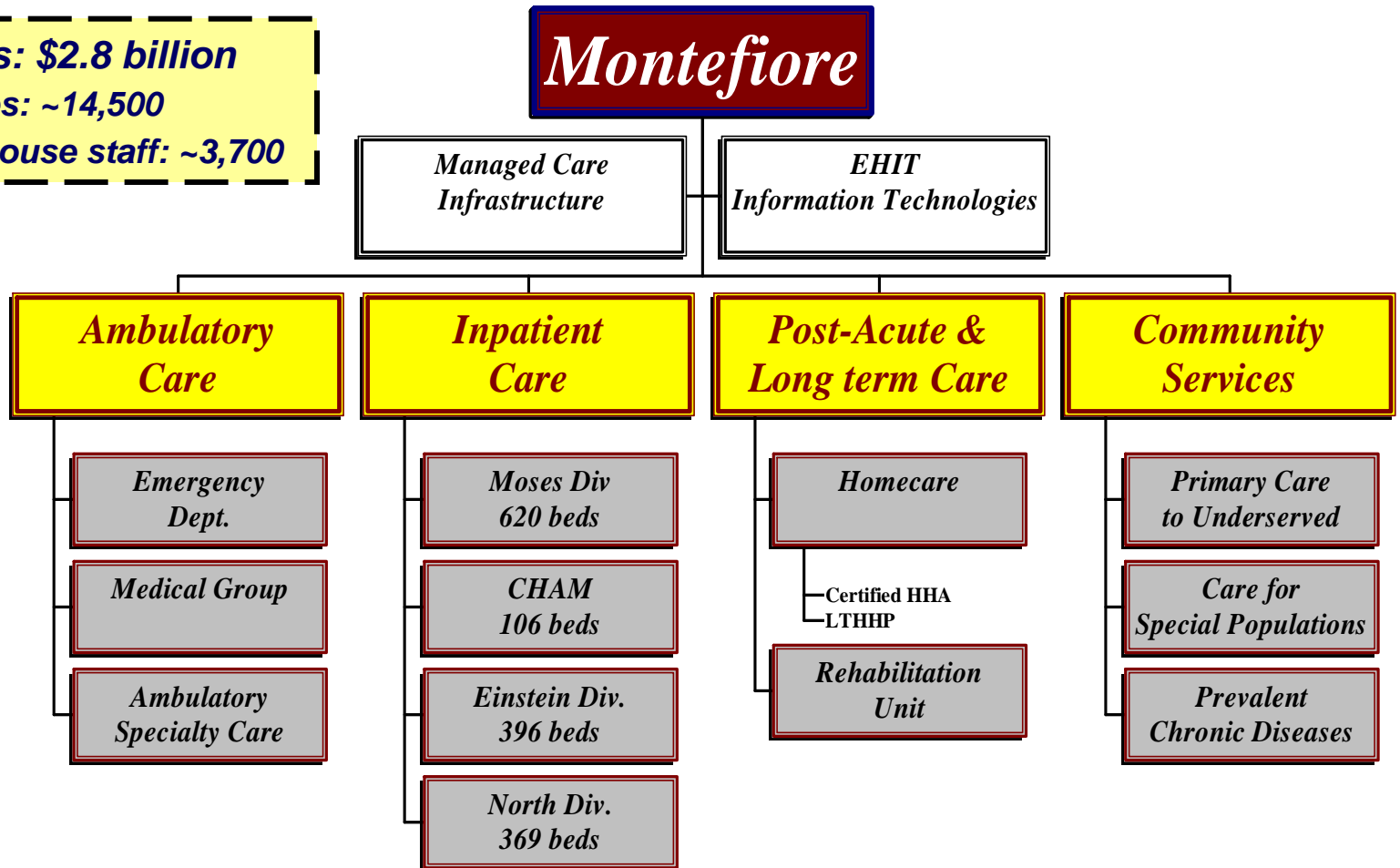
# Montefiore

## An Integrated Delivery System

**Revenues: \$2.8 billion**

**•Employees: ~14,500**

**•Medical/House staff: ~3,700**



**Acute Care: 95,000 discharges / 250,000 ED visits**

**Ambulatory and Home Care: 2.5 million visits / 500,000 home care visits**

# Objectives

- Improve quality of care for Bronx adults with
  - Diabetes, cardiovascular disease, cardiovascular risk factors
  - Prevalent acute medical conditions (e.g., pneumonia, surgical procedures)
- Utilize financial incentives
  - Across performance domains
  - Across care settings
- Promote care management
  - Cohort identification and evaluation
  - Patient and provider centered materials
- Create a scalable management platform

# ***Bronx CHAMPION Program***

## **Key Statistics**

- Key partners
  - NYS DOH funded: \$2.4 million
  - NYS Quality Improvement Organization (IPRO)
  - Area health plans
  - Albert Einstein College of Medicine
- Sites
  - Inpatient
    - Hospitals: 2
    - Departments: 9
    - Pertinent discharge volume: ~75,000
  - Outpatient
    - Practice sites: 22
    - Providers: 140 (IM and FP)
    - Pertinent visit volume: ~500,000

***The Bronx Community Health and Acute Medical Performance Improvement Organizational Network (CHAMPION) Program***

# Performance Measures: 70\*

## Two Measurement Periods

Domain	N	Example
<b>Inpatient: 36 Measures (34 standardized)</b>		
AMI	8	Primary PCI within 90 minutes
CHF	3	Discharge instruction provision
Pneumonia	6	Pneumococcal vaccination
Surgical Care	3	Venous thrombembolism prophylaxis
Infection Prevention	5	Central line BSI rate
Diabetes	2	ICU glycemic control
Patient Satisfaction	9	HCAHPS measures
<b>Outpatient: 34 Measures (21 standardized)</b>		
Diabetes	9	LDL cholesterol control
Cardiovascular disease	9	Beta blocker for CHF
Prevention/Assessment	8	Electronic weight documentation
Documentation/Communication	5	Problem list usage
Patient Satisfaction	1	Press Ganey score
Utilization	2	ED treat and release rates

***\*Four measures dropped because of changes in underlying evidence base or incomplete data availability.***





# ***Data Collection***

## ***A Standardized, Hybrid Approach***

### Specifications

### Substrates

### Accuracy

### Reporting

- Joint Commission and CMS: AMI, CHF, Pneumonia, SCIP
- AHRQ: HCAHPS
- CDC/NHSN: infection rates
- Montefiore measures

- Medical record reviews (random sample)
- Satisfaction surveys
- Surveillance reports
- Administrative queries

- CMS/CDAC: external auditing
- NYS DOH and IPRO auditing
- Montefiore audits

- Montefiore checks
- IPRO audits

***Inpatient***

- NCQA/HEDIS: physician measurement
- Patient satisfaction vendor
- IT vendor
- Montefiore measures

- Medical record reviews (random sample)
- Satisfaction surveys
- Vendor reports
- Administrative queries

- Reviewer testing
- IPRO auditing
- Montefiore audits

- Montefiore checks
- IPRO audits

***Outpatient***



# ***Design Challenges and Solutions***

<b>Challenge</b>	<b>Solution</b>
<b>Program</b>	
Organizational buy-in	Alignment with strategy
Physician buy-in	Design input, prevalent conditions, payer-neutrality
Recruitment of review personnel	Medical record review firm
2008 economy	?!
<b>Measurement</b>	
Measure selection	Standardization
PCP assignment in “mixed” setting	Visit-based PCP algorithm
Hybrid data substrates	Leveraged organizational expertise
Changes in evidence base	Measurement platform modification



# Overall Results

## 2007 to 2009

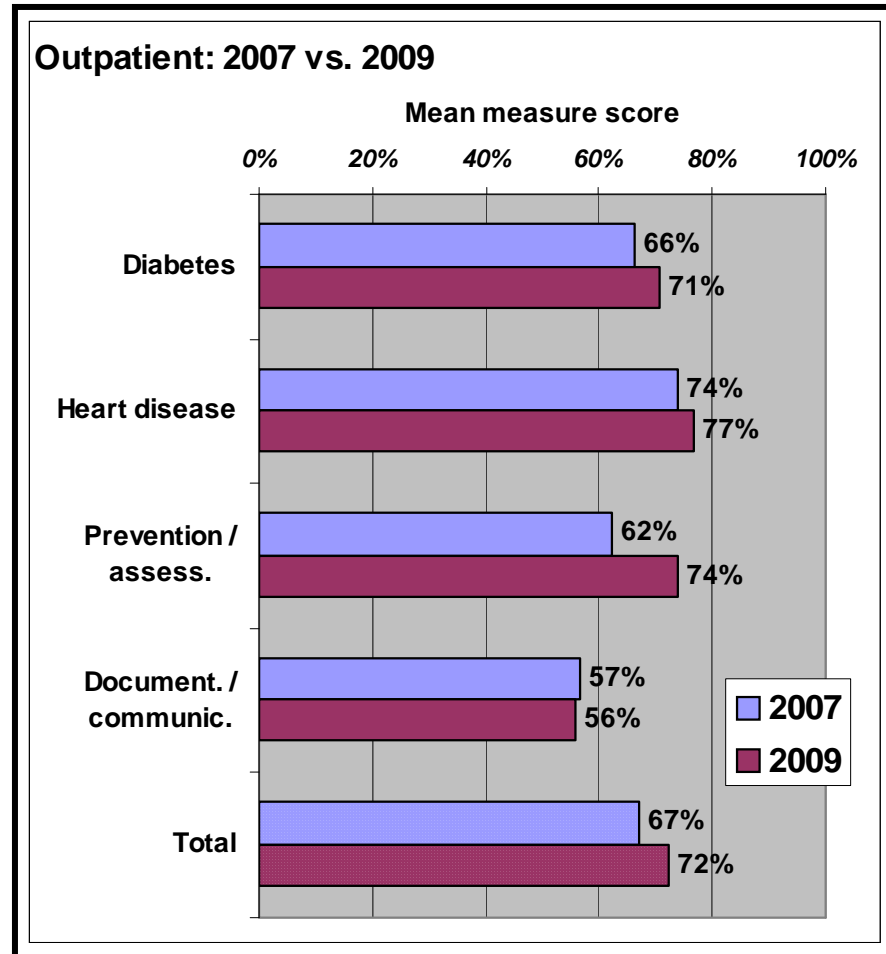
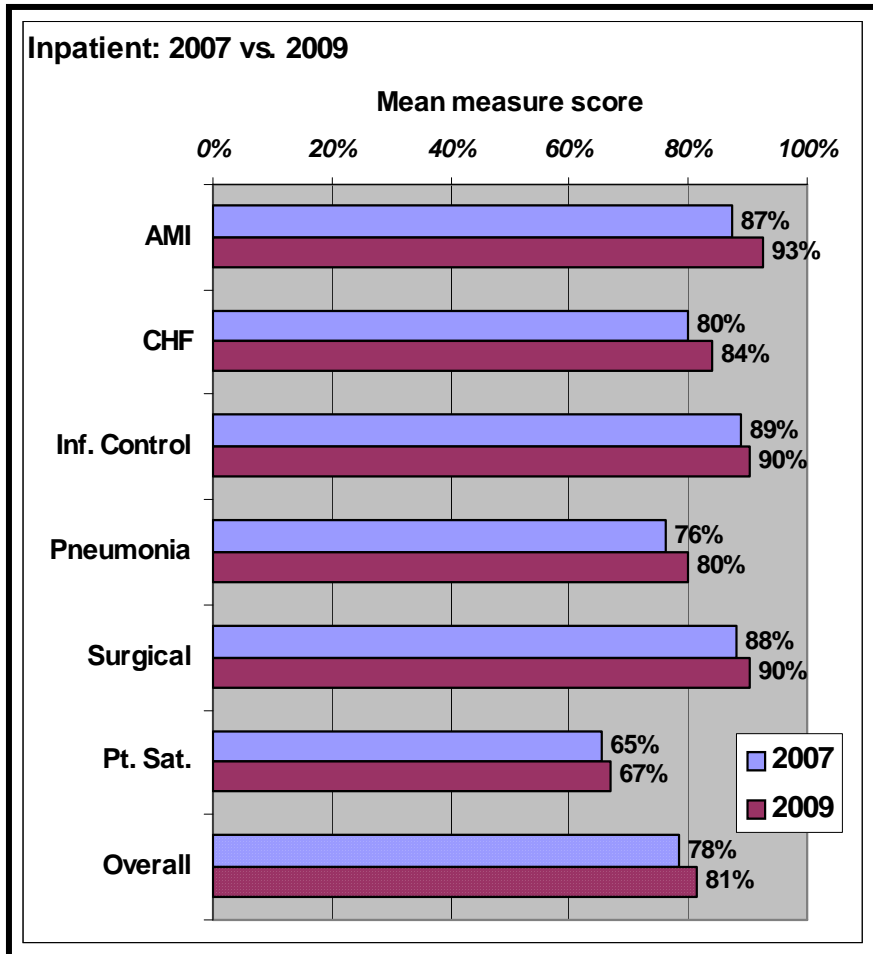
Parameter	Percent
<b>Program View</b>	
Inpatient measures improved (N=33)	67%
Outpatient measures improved (N=33)	73%
<b>Total measures improved (N=66)</b>	<b>70%</b>
<b>Provider View</b>	
Inpatient departments improved (N=9)	100%
Outpatient providers improved (N=107)	73%
<b>Total providers improved (N=116)</b>	<b>75%</b>
<b>Significance</b>	
<b>Same department / provider mean score change (N=116)</b>	<b>+3.3%*</b> [75.9→79.2%]
<b>All department / provider mean score change (N=142)</b>	<b>+3.3%*</b> [75.9→79.2%]

*\*p < 0.01*



# Mean Scores by Domain\*

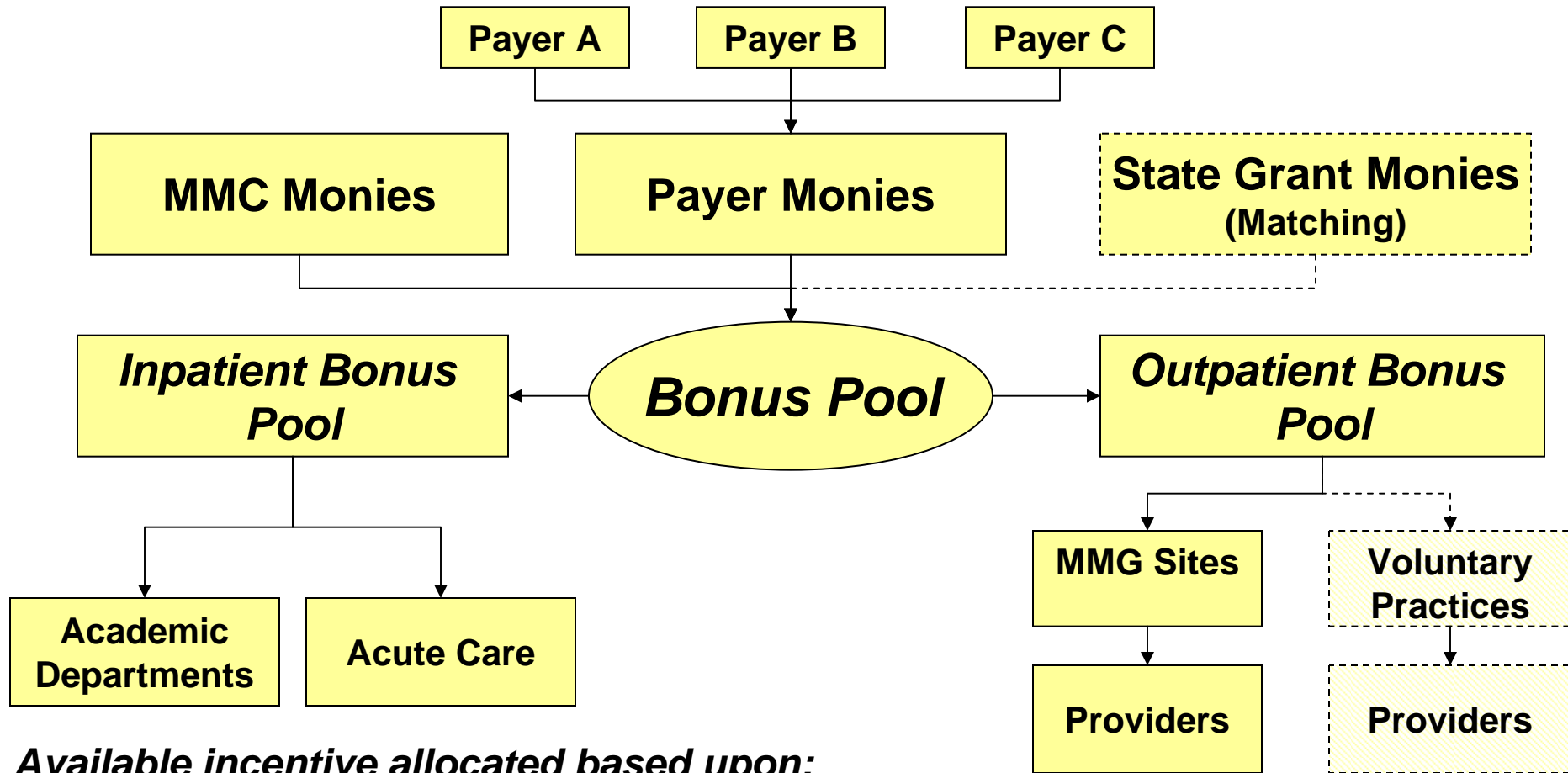
## 2007 vs. 2009



\*Mean measure scores. Excludes continuous variable measures.



# Incentive Fund Dynamic



**Available incentive allocated based upon:**

- **Inpatient:** applicable measures and discharges
- **Outpatient:** equivalent amount/provider, after minimum visit threshold

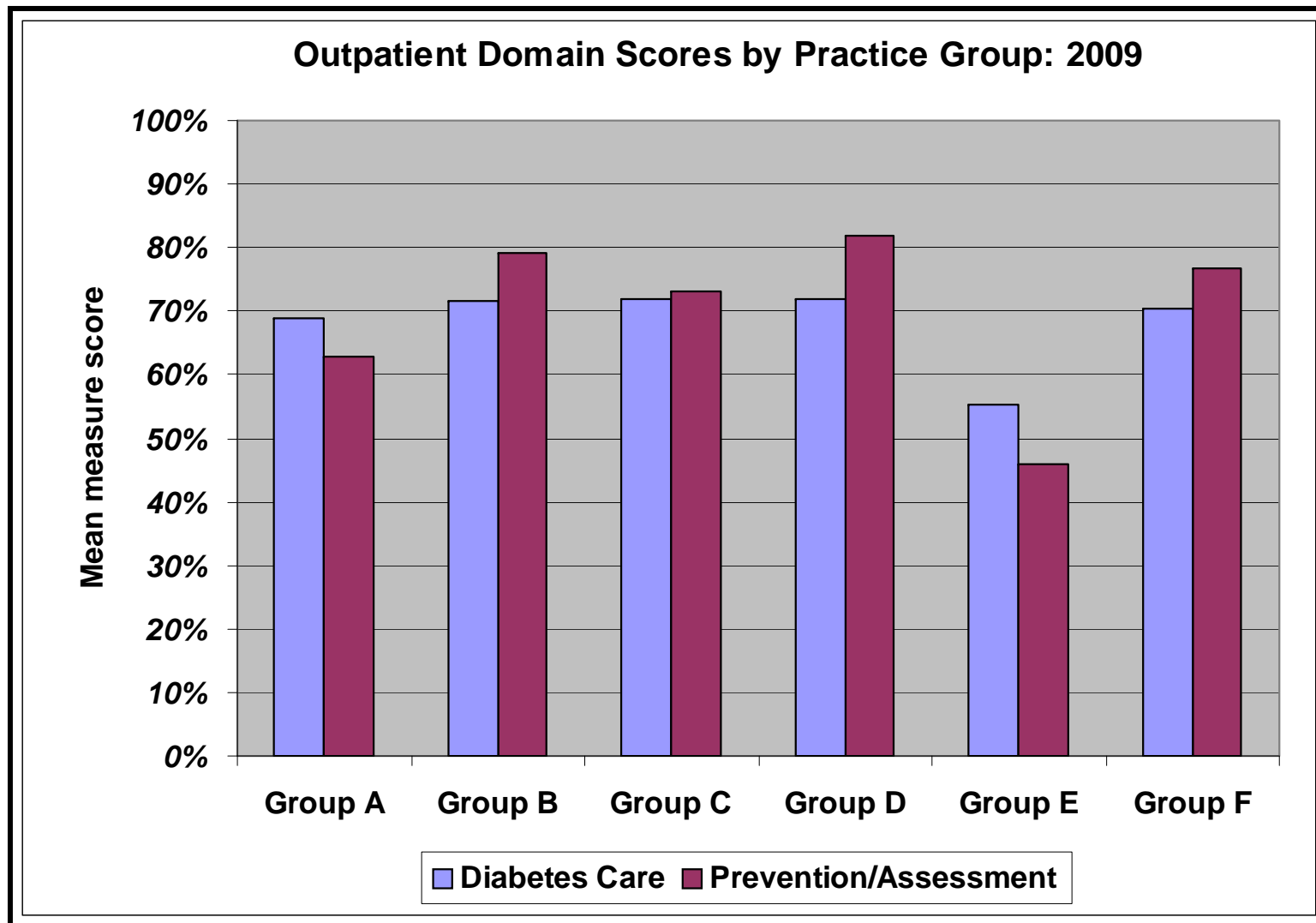


# *Value for the Future*

- Internal
  - Greater improvement insight
  - Alignment with strategic plan
  - Platform for “clinical incentive economy”
  - Promotion of operational research
    - Demonstration
    - Translation
- External
  - Payer partnerships
  - Improved care and differentiation
    - Accountable Care Organization
    - Value Based Purchasing
    - Patient Centered Medical Home
  - Meaningful EHR use
  - Recognition

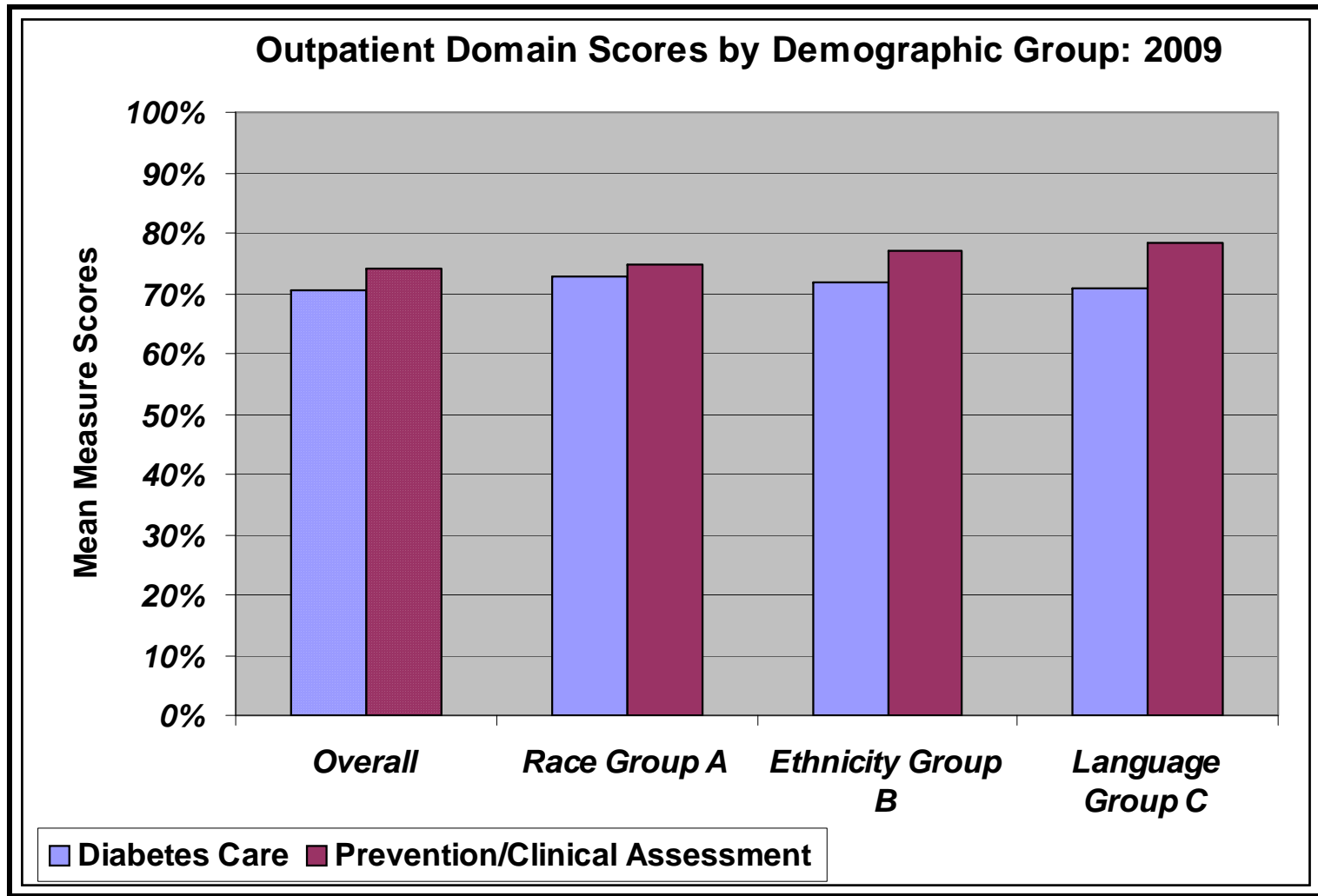


# Organizational Insight





# Population Insight



***P<sup>2</sup> Collaborative  
of Western New York***

***Quality Measurement Collaborative***

**Thomas Foels, MD MMM  
Chief Medical Officer  
Independent Health**

**P<sup>2</sup> = Pursuing Perfection**

# Goals of the P<sup>2</sup> Collaborative

- Empower all in the WNY community to take responsibility for their own wellness
- Facilitate the development of a community-wide standard for the promotion of wellness
- Work with physicians and provider organizations to enhance access to care and improve quality of care
- Initiate dialog with government leadership to promote policy change

*Multi-Stakeholder Collaborative*  
*-More than 200 Partners-*

Labor

Healthcare providers

Small to mid size employers

Faith based organizations

Hospitals

Payers

Consumers & Consumer Advocacy Groups

Media

Educational Institutions

Philanthropic Foundations

# *Performance Measurement*

# ***WNY-QMC Grant Funding***

- Supports a two-year project
- Funding provided by New York State Department of Health.
- The area's three health plans  
-- Independent Health, HealthNow and Univera --  
partnered together to obtain the WNYQMC funding.
- The P<sup>2</sup> Collaborative is the program administrator.

# ***WNY-QMC Grant Funding***

- Each primary care physician their own aggregated quality measures report.
  - Internists
  - Family Practitioners
  - Pediatricians
- For the first time, primary care physicians will be receiving one quality report detailing the results of 19 quality metrics, rather than three different statistical reports from each of the plans.



# ***Quality Measures Report***

- Data is comprised of pharmacy and medical claims data provided by the area's three health plans and aggregated by a third-party technology vendor.
- Physicians access quality metric results via password-protected web portal.
- Supporting patient-level data will be made available on the portal (Business Associate Agreement).
- Honorarium available for physician participation.

# ***NYSDOH Grant***

## **Nineteen health quality measures:**

- **Breast cancer screening**
- **Colorectal cancer screening**
- **Childhood immunization status**
- **Cholesterol management for patients with cardiovascular conditions**
- **ACE/ARB treatment (post-HF)**
- **Comprehensive diabetes care (hemoglobin A1C testing, retinal exam, nephropathy screening, LDL testing)**
- **Use of appropriate medications for people with asthma**
- **Appropriate testing for children with pharyngitis**
- **Cervical cancer screening**
- **Chlamydia screening**
- **Lead screening in children**
- **Persistence of beta-block treatment after a heart attack**
- **Prenatal/postpartum care**
- **Antidepressant medication management – acute phase treatment & continuation phase**
- **Appropriate treatment for children with upper respiratory infection**

# ***NYSDOH Grant***

- Grant also calls for distribution of Inpatient Hospital Quality Rates [www.hospitalcompare.com.](http://www.hospitalcompare.com)

# Physician Portal

The screenshot shows a Mozilla Firefox browser window displaying the My Quality Counts website. The browser's address bar shows the URL <http://p2quality.com/index.php>. The website header includes the title "My Quality Counts - Mozilla Firefox" and a menu with "File", "Edit", "View", "History", "Bookmarks", "Tools", "Aviary", and "Help". The browser's tabs show "GoToMeeting : Web confe..." and "D² My Quality Counts".

The website content features the following elements:

- Western New York Quality Measures Collaborative** (header text)
- Five circular navigation buttons: "Honorarium/Survey", "Data Specifications", "Project Governance", "Reading the Report", and "FAQ".
- A "Login" button.
- Welcome to My Quality Counts!** (section header)
- Text describing the pilot program: "Through a pilot program granted to the Western New York Quality Measurement Collaborative and funded by the New York State Department of Health, primary care physicians in the region's eight counties now have access to their own aggregated quality measures reports."
- Text explaining the website's purpose: "This website provides a secure log-in site for internists, family practitioners, med/peds and pediatricians looking to access their My Quality Counts! quality measures report. This first My Quality Counts! report reflects months of work by stakeholders throughout the community who came together to develop a reporting process that is expected, over time, to provide data to empower providers to create sustainable, quality improvement initiatives within their practices."
- Text regarding user input: "But this report is only a first step on the journey to a healthy Western New York. We need your input today to ensure that the aggregated data posted in your password-protected report reflects, to a reasonable degree, the results of certain health care quality measures within your practice during calendar year 2008."
- Text about data access: "If you wish to receive patient-level data that supports your aggregated quality report, please print and fax back a fully-executed copy of the Business Associates Agreement available within the report portal to the My Quality Counts! Physician Services at (716) 218-1738. Please call My Quality Counts! at \_\_\_\_\_ if you would like to have any other questions answered about the report."
- My Quality Counts!** logo (bottom right).

The Windows taskbar at the bottom shows the "start" button, several open applications (Inbox - Mi..., WNYQMC..., GoToMeeti..., My Quality..., Microsoft ...), and the system clock displaying "11:06 AM".

# Physician Portal Report Summary

My Quality Counts - Mozilla Firefox

File Edit View History Bookmarks Tools Aviaary Help

medicationpathfinder.com https://www.medicationpathfinder.com/r/

Most Visited Getting Started Latest Headlines

GoToMeeting : Web confe... D My Quality Counts csssqlserver04 / csssqlser...

Welcome jdolan -- Log out

My Site Quality Check Hospital Reporting

2007 measures | 2008 measures | 2009 measures

Name: JOHN ADAMS Patients attributed to Physician: 683  
 Master Link ID: 9774139 Patients selected by Enrollment PCP Method: 658  
 Specialty: FAMILY PRACTICE E&M and Preventive Visit Count: 1131

Address: 1234 N MAIN STREET Patients Selected by Imputed Method: 25  
 NEW YORK, NY 12345 E&M and Preventive Visit Count: 86  
 Telephone: (555) 555-1212

NPI: 1234567890  
 DEA: AA1234567  
 TIN: 123456789

Measure Results - Overall				
Measure Name ▲	Physician Rate ▼	WNY Average ▼	Physician Percentile Ranking ▼	
Breast Cancer Screening	77.0%	71.7%	72.7%	<a href="#">View Details</a>
CDC - Eye Numerator	64.8%	46.4%	94.9%	<a href="#">View Details</a>

Done

start | Inbox - ... | My Qual... | Microsof... | Medicati... | Registry | Error Co... | 2:33 PM

# Physician Portal

## Measures Detail

My Quality Counts - Mozilla Firefox

File Edit View History Bookmarks Tools Aviary Help

medicationpathfinder.com https://www.medicationpathfinder.com/rr

GoToMeeting : Web confe... D<sup>2</sup> My Quality Counts csssqlserver04 / csssqlser...

Address: 1234 N MAIN STREET  
NEW YORK, NY 12345  
Telephone: (555) 555-1212

NPI: 1234567890  
DEA: AA1234567  
PIN: 123456789

Patients Selected by Imputed Method: 25  
E&M and Preventive Visit Count: 86

Measure Results - Overall			
Measure Name	Physician Rate	WNY Average	Physician Percentile Ranking
Breast Cancer Screening	77.0%	71.7%	72.7% <a href="#">Hide Details</a>
Eligible Patients: 265			
Excluded Patients: 0			
Compliant Patients: 204			
Physician Rate: 77.0%			
Consortium Rate: 72.0%			
Physician (Hybrid Adjusted): 77.0%			
Consortium Rate (Hybrid Adjusted): 72.0%			
Consortium Rate			
50 <sup>th</sup> Percentile: 71.7%			
70 <sup>th</sup> Percentile: 76.2%			
90 <sup>th</sup> Percentile: 82.8%			
Physician Percentile Ranking: 72.7%			

Done

start | Inbox - ... | My Qual... | Microsof... | Medicati... | Registry | Error Co... | 2:36 PM

# Physician Portal

## Patient Level Information

My Quality Counts - Mozilla Firefox

File Edit View History Bookmarks Tools Aviaary Help

medicationpathfinder.com https://www.medicationpathfinder.com/r/ Google

GoToMeeting : Web confe... D<sup>2</sup> My Quality Counts cssqlserver04 / cssqlser...

Physician Rate:	77.0%
Consortium Rate:	72.0%
Physician (Hybrid Adjusted):	77.0%
Consortium Rate (Hybrid Adjusted):	72.0%
Consortium Rate	
50 <sup>th</sup> Percentile:	71.7%
70 <sup>th</sup> Percentile:	76.2%
90 <sup>th</sup> Percentile:	82.8%
	72.7%

Physician Percentile Ranking:

Hide Affiliated Patients

Patient Name	Compliance Indicator	Health Plan Name	
BRENDA J EVANS	No	E	<a href="#">Hide Details</a>
Date of Birth		4/21/1956	
Phone		(555) 555-1212	
Count of E&M or Preventive Care visits with Physician		2	
Method		ENROLLMENT	
Compliance Indicator		Yes	
Most Recent E&M Visit date		9/19/2007	
MANDY SCOTT	No	F	<a href="#">View Details</a>
JEANNE MICHAEL	No	C	<a href="#">View Details</a>

CDC - Eye Numerator	64.8%	46.4%	94.9%	<a href="#">View Details</a>
---------------------	-------	-------	-------	------------------------------

javascript: ;

start | Inbox - ... | My Qual... | Microsof... | Medicati... | Registry | Error Co... | 2:41 PM

# ***Challenges***

What went right...

- Data Aggregator selection
  - Vendor capabilities vary
  - Not their core business (it's new to them too)
  - Pricing varies considerably
- Very organized health plan teams (IT)
  - Champions
  - Dedicated resources



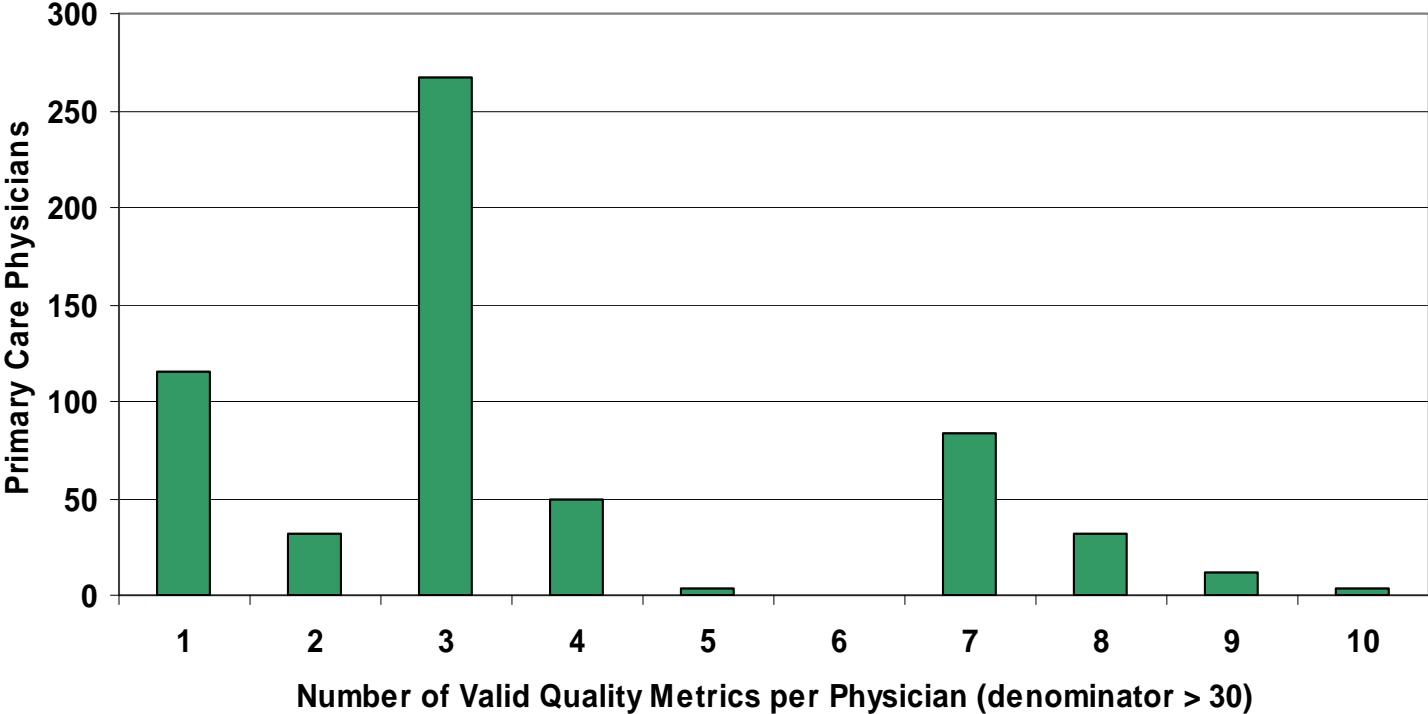
# *Challenges*

What was difficult...

- The data aggregation itself was difficult
  - Physician attribution methodology
  - Physician identification (pre-NPPI)
  - Unified member number
  - Benefit design (pharmacy data inclusion)
- Legal issues
  - 3 health plans, 1 data aggregator, 1 program administrator
  - HIPPA, BAAs
  - Took time to build trust

<b>WNYQMC</b>	<b>2008</b>
<b>General Statistics</b>	<b>Count</b>
Total Members Enrolled on 12/31/08	867,908
Count of members qualified for at least one of the NYQA quality measures	330,434
Count of members attributed to a Primary Care Physician	308,327
% of members attributed	93.31%
Percentage of members not attributed	6.69%

### Number of Metrics Attributable to Each Physician



# ***Successes***

- Physician awareness
- Data accuracy
- Data portal usability
- Health plan transition of existing P4P programs

# ***Sustainability***

- Community-wide metrics (gender / ethnic disparities)
- “Re-purposing” of aggregated data
- New opportunities:
  - CHAPS survey
  - Health plan collaboration on guideline development, SCP performance measurement

***For more information...***

[www.p2wny.org](http://www.p2wny.org)

[www.af4q.org](http://www.af4q.org)