Integrated Healthcare Association
Pay for Performance Summit
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The Right Care Initiative

Cindy Ehnes, Director

Department of Managed Health Care

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The Right Care Initiative: A Public/Private Partnership

- **In 2007, the DMHC convened a collaborative of all of the health care communities (health plans, medical groups, academic community, quality experts) at one table with clear goals:**
  - ***Raise HEDIS scores to national 90th percentile of performance for cardiovascular disease (prioritizing hypertension and lipid control) and diabetes.***
  - ***Reduce hospital acquired infections.***
- **This quality improvement effort is built on the foundation of Governor Schwarzenegger's health reform principles, and aligned with those of President Obama, to improve value of coverage and clinical outcomes for patients.**
- **Goals incorporate planning for the appropriate technology tools, and active identification of grant and vendor funding opportunities.**

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DMHC Right Care Initiatives

- **Right Care Initiative:** a collaborative for clinical quality improvement utilizing “best practices” and work process redesign.
- **Right Care Initiative Technology Innovation Network (RCITN):** supporting arm of the RCI focused on bringing technology resources to smaller, under-resourced medical practices to assist with clinical performance improvement.
- **Multi-payer portal:** a consortium for reducing administrative costs for providers and payers.

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Outstanding Public and Private Partners

- California Department of Managed Health Care
- California Department of Public Health
- National Committee for Quality Assurance
- California health plans and medical groups
- Pacific Business Group on Health
- California Quality Collaborative
- California Medical Association Foundation
- UCLA, UC Berkeley, UCSF, UC San Diego
- University of Southern California
- RAND
- California Chronic Care Coalition
- Clinical quality experts - Lumetra
- Supporting businesses and vendors

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Why, Even with P4P, Is It So Hard to Improve HEDIS Quality Scores to National Averages?

- Lack of clear focus on what to do
- Lack of resources to do more than current
- Lack of funding
  - P4P $$$ insufficient
  - HMO capitation finances quality infrastructure, and enrollment is declining

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Barriers to Best Practices

- As much as 1/3 of every health care dollar, about $700 billion nationally, goes for unneeded or inexact care.
- It takes (on average) 17 years to translate research on best practices into practice.
- Efforts to modernize medical offices with HIT requires practice redesign
- The cost and impact of adoption of best practices is poorly articulated and seldom compensated.
- Physicians often receive conflicting guidance regarding best practices.
- Health plans have proprietary disease management programs that have generally been unsuccessful

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Right Care: What is the Value-Add of Another Collaborative?

- Regulatory imperatives can overcome inertia.
- A bully pulpit is a powerful tool.
- Focuses on areas of collaborations versus competition – avoids the “not my patient” issue.
- Gives voice to concerns for the underdogs, i.e. under-resourced groups serving minority, low income enrollees.
- Provides ability to work through resource constraints in a problem-solving environment.
- Partners with private participants and capital.
- Not inventing best practices, but focusing on Implementation strategies, appropriate for managed care.

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The Clinical Quality Improvement Leadership Summits

- **Brings together leaders from health plans, healthcare delivery systems, physician and hospital organizations, regulatory agencies, employers, academic institutions, and quality improvement experts to discuss improving California's performance.**
- **Two summits have been held on heart disease and diabetes control, and a second summit on HAI was held on March 1.**

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HEDIS Scores
California vs. National Top Ten

HEDIS Measure	California Average	National Top Ten Average
DIABETES -- Blood Sugar level higher than 9	28.6%	19.5%
DIABETES – LDL-C level less than 100	48.3%	52.6%
CARDIOVASCULAR – LDL-C level less than 100	62.7%	69%
CARDIOVASCULAR – Blood Pressure less than 140/90	63.6%	71.6%

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National Top Ten Hypertensive Commercial Enrollees with Blood Pressure Controlled

Health Plan 2009 HEDIS Score:

1.	PersonalCare Insurance of Illinois	87.62%
2.	Kaiser Foundation Health Plan Inc. (Northern California)	80.37%
3.	Grand Valley Health Plan Inc. – Michigan	79.08%
4.	Kaiser Foundation Health Plan Inc. (Southern California CA)	79.08%
5.	HealthAmerica Pennsylvania	78.93%
6.	CIGNA HealthCare of Delaware, Inc.	78.09%
7.	Wellmark Health Plan of Iowa, Inc.	77.86%
8.	CIGNA HealthCare of Pennsylvania, Inc.	77.36%
9.	CIGNA HealthCare of the Mid-Atlantic, Inc.	76.04%
10.	Health Net of Connecticut, Inc.	75.50%

Source: NCQA 2009

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California Improvement in Controlling Blood Pressure

RCI Goal: 71.61%

	2007	2009
Kaiser Foundation Health Plan, Inc. (N.CA)	73.31	80.37
Kaiser Foundation Health Plan, Inc. (S. CA)	73.97	79.08
Anthem Blue Cross	60.04	71.16
PacifiCare of California	53.81	66.75
Western Health Advantage	60.83	63.99
Blue Shield of California	58.60	63.55
HealthNet of California, Inc.	62.23	63.11
Aetna Health of California, Inc.	61.06	62.59
CIGNA HealthCare of California, Inc.	64.23	62.11

Source: NCQA 2007 and 2009

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Preventable HAIs kill 48,000 Americans in one year

- **A new *Archives of Internal Medicine* study released in Feb. 2010 reviewed 69 million discharge records from hospitals in 40 states for sepsis or pneumonia cases.**
- **Just these two HAIs killed an estimated 48,000 people in 2006 and cost the healthcare system $8.1 billion.**
- **In California's 430 acute care hospitals alone, HAIs account for an estimated 240,000 infections, 13,500 deaths, and $3.1 billion dollars in excess health care costs annually. (CA Dept. of Public Health)**

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Hospital Infection Rate Reporting

- California and at least 27 other states mandate reporting of HAI.
- In 2009, California hospital regulators began working with hospitals to improve infection control practices and report infections contracted during hospital stays.
- A bill signed by Governor Schwarzenegger requires that hospital HAI rates, including those for MRSA, be posted on the Department of Public Health web site starting in 2011.
- There is also a financial incentive -- as of 10/01/08, Medicare no longer pays hospitals for added costs incurred by catheter or surgery-related infections.

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HAI Joint Summit to eliminate preventable infections

- DMHC and the CA Dept of Public Health held a joint summit on preventing HAI on March 1 at UC Berkeley.
- The answer is both a checklist and a change in culture and consequences.
- Under-resourced hospitals lag behind.
- “No-Pay” policies by payers are necessary, but will skew success.
- Leadership from the top is fundamental to success.

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Right Care Clinical Work Group Recommendations

- Clinician practice redesign must move away from visit-based and reactive model
- Continuous healing relationships and a community of care
- New model: team-based, computerized registry, and web-supported
- Proactive patient self-management model
- Aligned and improved payments and incentives
- Scientifically based provider and patient messaging

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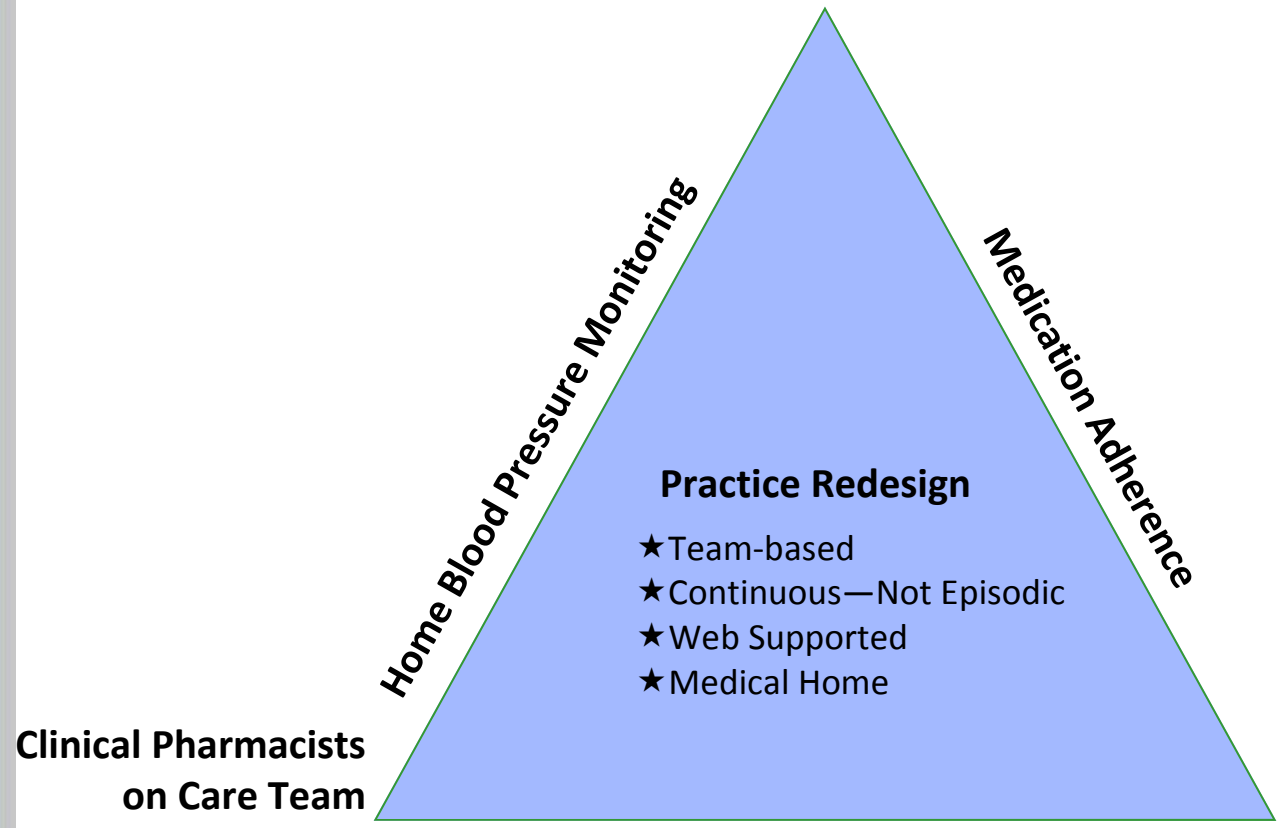
PROMISING INTERVENTIONS FOR REACHING SAFE CONTROL TARGETS AND HEALTHY PATIENT OUTCOMES

Patient Activation

1) Patient Incentives 2) Stanford Patient Self-Management



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Heart Disease and Diabetes Intervention Strategies

Three cost-effective, evidence-based intervention strategies will be implemented in a San Diego pilot program:

- **Clinical Pharmacist on Care Team -- Medication Therapy Management**
- **Chronic Disease Self-Management Program (Stanford Model)**
- **ALL PHASE (Preventing Heart Attacks and Strokes Every Day) Kaiser medication protocol -- (aspirin, lisinopril and lipid-lowering simvastatin)**

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NIH “GO” grant for RCI Infrastructure

- ***A $3.85 million NIH Heart Lung and Blood Institute GO Grant has been awarded to UC and RAND to establish a Center For Comparative Effectiveness and Outcomes Research that will support the cardiovascular disease goals of RCI between now and November 2011.***
- ***Key RCI components that the grant will support:***
  - ***Medication therapy management pilot at UCSD***
  - ***Collaborative among delegated medical groups and the San Diego community to achieve excellent levels of control in blood pressure and lipids for the prevention of strokes and heart attacks.***

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CA Quality Collaborative Inland Empire Project

- **The Pacific Business Group on Health is seeking grants to implement clinical IT systems (registries) that improve care for 400,000 residents in the Inland Empire.**
- **Proposes to provide local, targeted support to the weakest physician organizations in the state as a strategy to improve California-wide performance.**
- **Proposes to provide direct funding for registry start-up costs with an intensive training program.**
- **Includes one-on-one coaching to work with physician practices and patients to improve measures of diabetes and heart care.**

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Right Care Technology Innovation Network

- **Supporting arm of the RCI focused on bringing technology resources to smaller, under-resourced medical practices for clinical performance improvement.**
- **Integrates technology partners (vendors, service providers, and academic researchers) into the existing RCI stakeholder group**
- **Has the potential to provide a real-world laboratory for innovation, commercialization and dissemination of cognitive-support tools and approaches**
- **Convenes working groups to facilitate collaboration among health care stakeholders, the technology community and researchers**
- **Supports rapid proliferation of successful innovations throughout California and the nation**

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RCI and RCI TN
Initial Joint Project

- **Ralph's Pharmacy Medication Therapy Management** intervention in San Diego with a commercial pharmacy chain, physician practices from one or more IPAs & up to two health plans

- Pharmacists will coordinate with physicians to optimize patient treatment plans and medication regimens and provide coaching and education to patients.

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RCI Technology Innovation Network Projects

1. **Support clinical goals of RCI for diabetes and heart disease outcomes in California.**
2. **Build constructively on existing relationships with RCI stakeholders, while selectively introducing new partners with aligned interests and credibility.**
3. **Utilize innovative technological approaches that all partners understand and support.**
4. **Involve parties that are willing and able to share required data, with a broadening of data networks in subsequent phases.**

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Multi Payer Portal

IHA Feasibility Study and Consortium to Develop One-Stop Portal to Lower Administrative Costs

Landscape analysis

- Assessed AHIP pilots in Ohio and New Jersey
- Comparative assessment of relevant health plan marketplaces vs. California
- Assessed existing eligibility and claims query practices (volumes, modalities, etc)
- Assessed current technical environment
- Surveyed all key players

Feasibility Assessment

- Assessed technology platforms of leading vendors
- Examined consistency with national and state HIT initiatives
- Options and recommendations regarding scope and adoption

Examined Business Case

- Key variables and assumptions
- Documented evidence of savings
- Steps and proposed scope
- Participation requirements and adoption standards
- Costs and savings
- Adoption issues and concerns

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