Clinical Integration Driving the P4P Program

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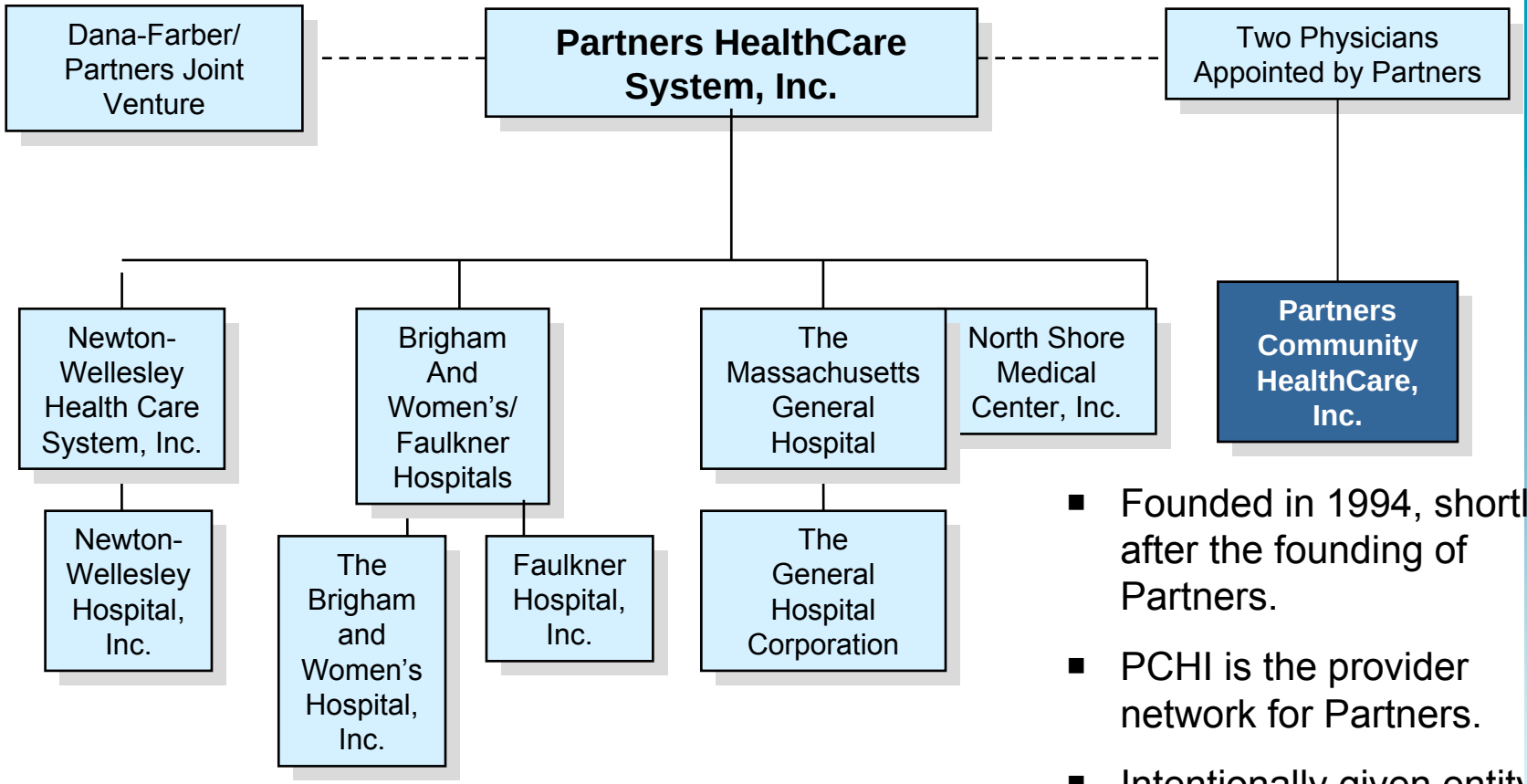
Our Focus for Today

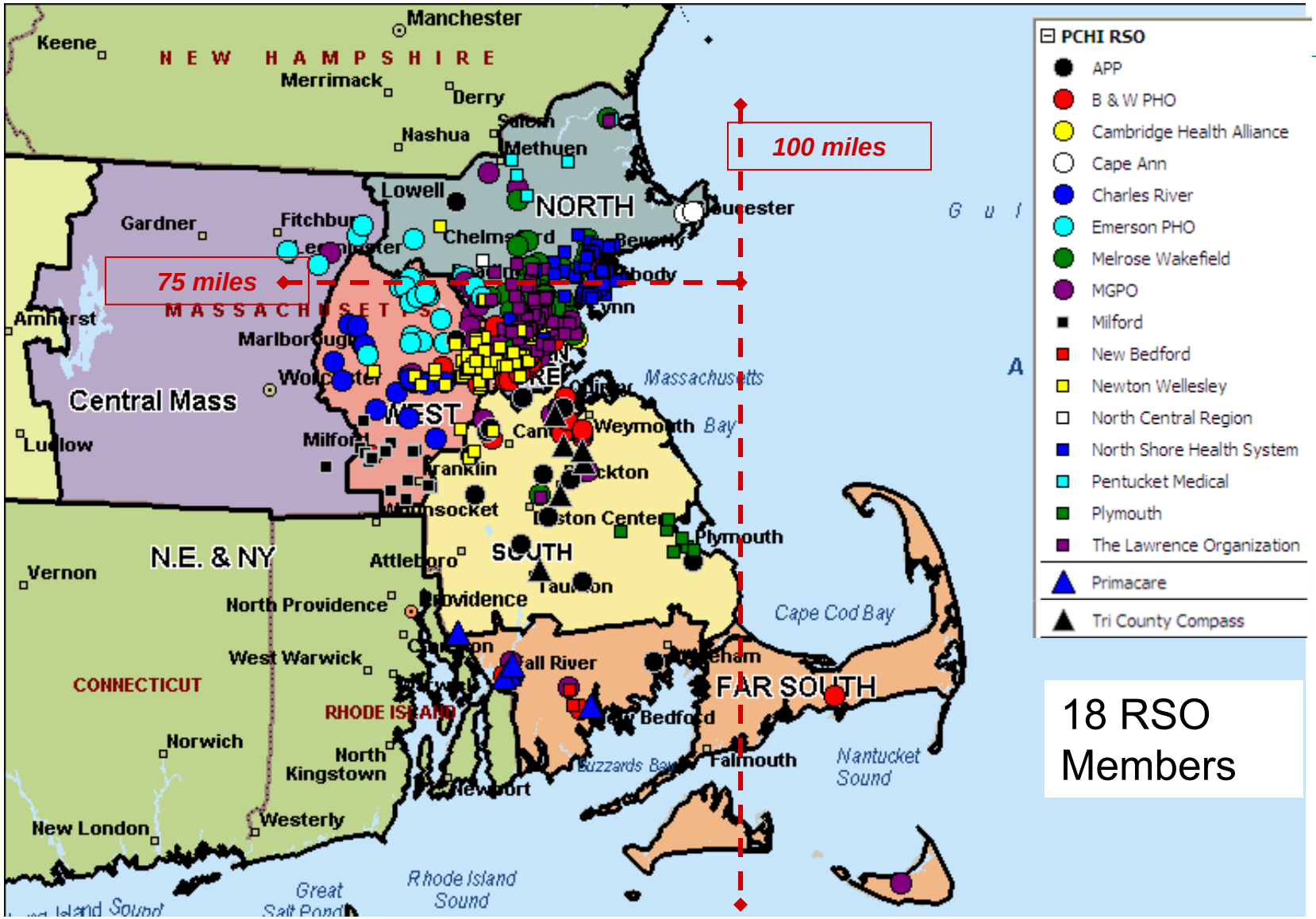
- Stop the Madness!
- Integrate the Specialists!
- Care for Patients!

Partners HealthCare: An Integrated Delivery System



- Founded in 1994, shortly after the founding of Partners.
- PCHI is the provider network for Partners.
- Intentionally given entity status to assure MD voice and build trust

Eastern Massachusetts PCHI Overview

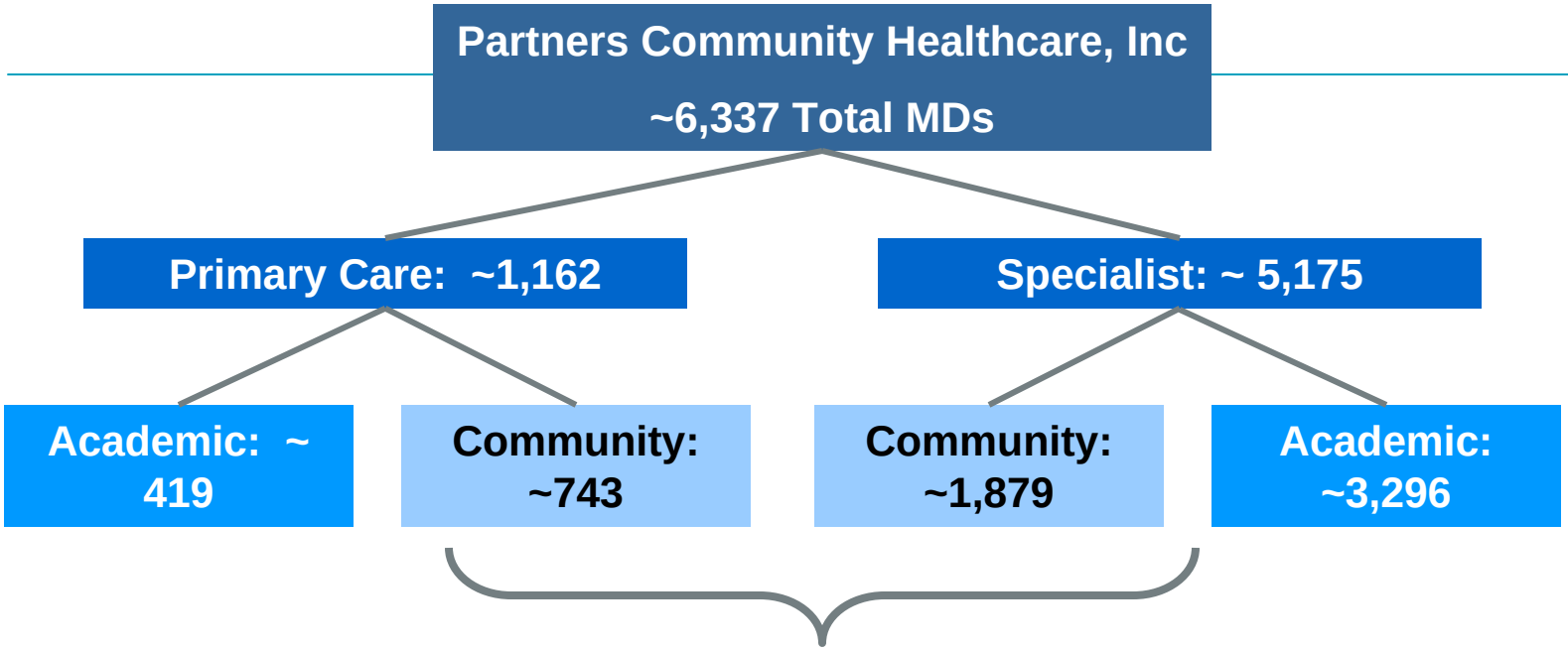


18 RSO Members

(1) Source: Massachusetts Division of Healthcare Finance and Policy; Ages 0-17 excluded.

(2) Sources: Folios, Partners Corporate Provider Master, PCHI

Network Composition



Total: 2,622

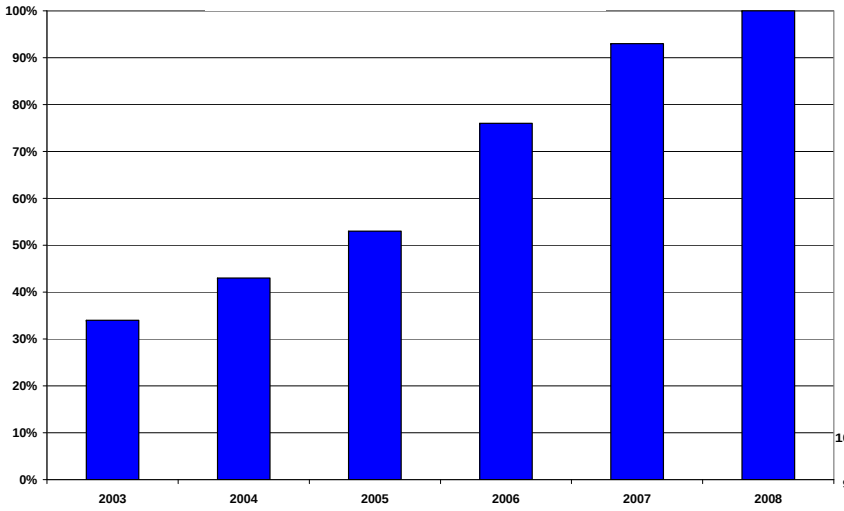
PHS Community Hospital PHOs: 1,013

Integrated Practices: 233

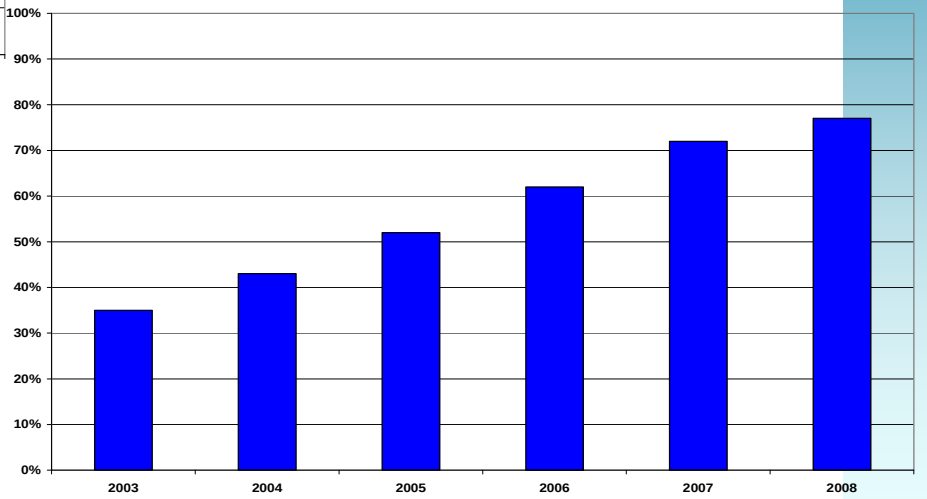
Affiliated Groups & PHOs:: 1,376

Network Participation Criteria: EMR Adoption

PCPs



Specialists



Summary of 2009 Measures by Health Plan

	Plan A	Plan B	Plan C
Inpatient	Weighted Days/1000	Weighted Admits/1000	Weighted Admits/1000
Radiology	Tests/1000	Weighted Tests/1000	Tests/1000
Pharmacy	Adult = PMPM, % Generic Pediatric = PMPM	PMPM, % Generic	PMPM, % Generic
Diabetes	Screening: LDL and HbA1c Outcomes LDL <100; HbA1c ≤9 (Composite)	Screening: all 4 (HbA1c, LDL, Eye, Nephropathy) Outcomes: LDL, HbA1c, BP (Composite)	Outcomes: LDL <100; HbA1c ≤9
Hypertension	Outcomes: BP (Composite)	None	None
Cardiac screening	None	Screening: LDL post CVE Outcomes: LDL, BP	None
Pedi Quality	ADHD; BMI screen/charting; Obesity pop. mgmnt	ADHD; BMI screen/charting; Obesity pop. mgmnt	ADHD; BMI screen/charting.; Obesity pop. mgmnt; Chlamydia
End of Life (outpatient)	None	Document of advanced care planning preference; pts with specific diagnoses	None
Shared Decision Making	None	Distribute videos & plan for academic study	None
Patient Experience	None	Improvement on the targeted domain/2007 baseline data	None
EMR	AMC & Community – Computer Generated Prescribing and Structured Problem List	Community – Adoption, Computer Generated Prescribing and Structured Problem List AMC – Computer Generated Prescribing, Structured Problem List and Clinical Decision Support	Community - Computer Generated Prescribing and Structured Problem List AMC – Computer Generated Prescribing and Structured Problem List

Current State Review: What Did Our P4P Program Look Like?

- Payer-driven
  - Measurement and targets have been payer specific, which causes disconnects
  - Measure development has been part of a negotiation with the health plan.
    - Focus has been on negotiating achievable targets and then managing to target … not much strategic orientation
  - Some accepted quality measures are flawed and cause clinical dissonance
  - Process driven by negotiation of contracts
    - Emphasis on delivering value in contractual terms may not be the same as “quality” and “efficiency”.
- MD reaction
  - Overarching goal has always been good patient care, but …
  - The use of HEDIS measures cause significant physician angst
  - Workflow issues are not fully considered in negotiating targets

Current State Review: What Did Our P4P Program Look Like?

- Heavily PCP Focused
  - Primary care physician's performance have carried the network for several years
  - Minority of withhold dollars, but about 90% of the work
  - The addition of metrics with biological endpoints (e.g., reducing BP, LDL, and A1c) has made achieving targets harder
  - Primary care physicians have more than enough performance measures to deal with now
- Limited to no specialist engagement
  - Majority of the 2008 withhold dollars go to specialists, but most of them are not engaged in the process to achieve RSO and network targets
  - Specialist infrastructure for P4P lags significantly behind PCP
- Bright line separating outpatient and inpatient strategy and management

2009 Diabetes Measure Summary

	Payer 1	Payer 2	Payer 3
Measures	**4-Part Distribution: Average** DM composite score ▪ HbA1c Screening ▪ LDL Screening ▪ HbA1c ≤9% ▪ LDL <100	**6-Point Distribution: one point per measure below** ▪ Screening tests (HbA1c, LDL, Micro and Eye) ▪ HbA1c ≤9% ▪ LDL <100 ▪ LDL <130 ▪ BP ≤129/79 ▪ BP ≤139/89	**2-Point Distribution** ▪ HbA1c Outcome ≤9% ▪ LDL Outcome <100
Network Target	78.53% Composite	62% Composite	• HbA1c = 80.78% • LDL = 51.58%
Patient Identification	Members 18-75 years of age that meet the HEDIS definition for diabetes.		
Exclusions	Gestational Diabetes , Steroid Induced Diabetes, Polycystic Ovaries (Per HEDIS)		

2009 Inpatient Measure Summary

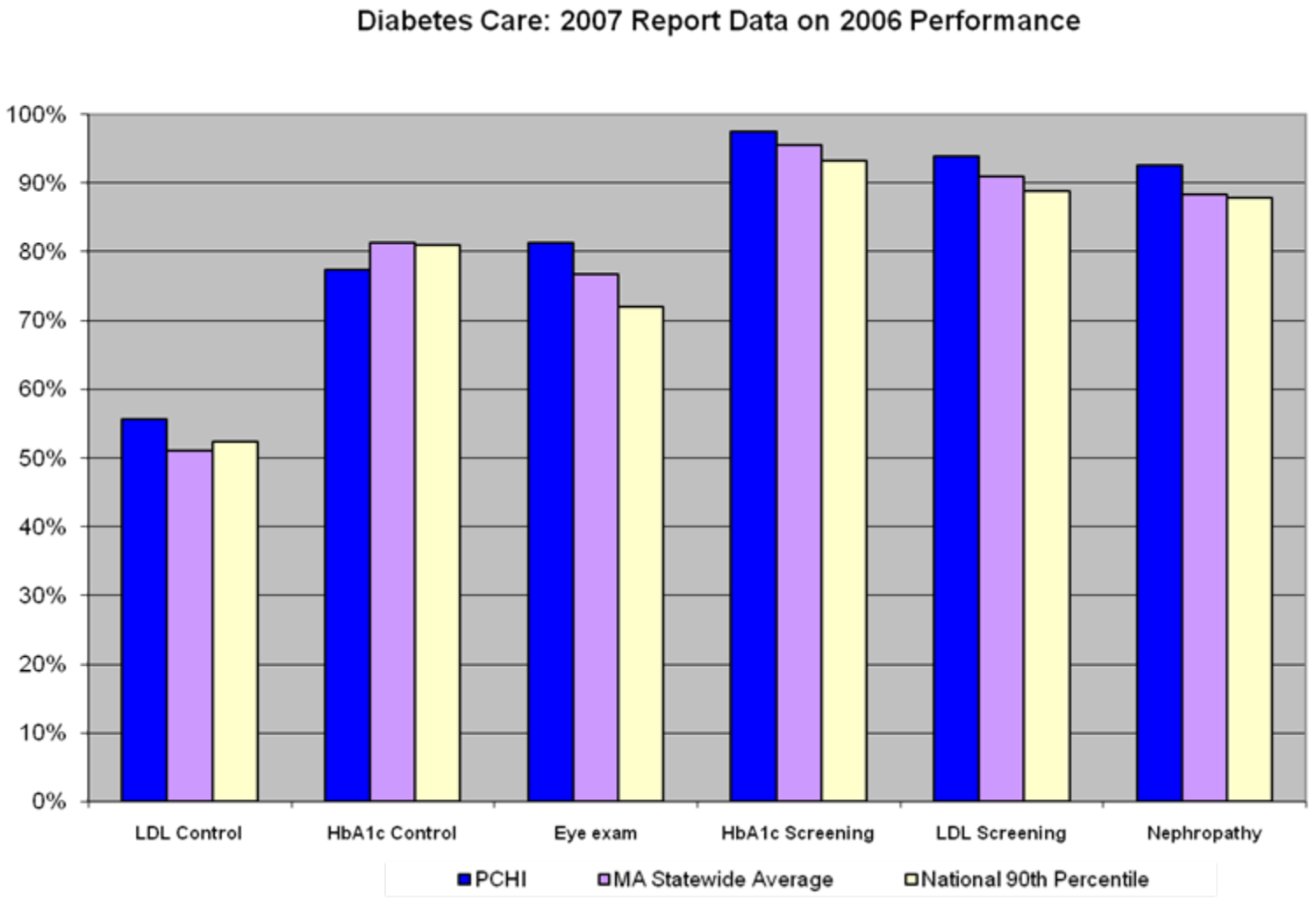
	Payer 1	Payer 2	Payer 3
Measure	Weighted Days/1000	Weighted Admits/1000	Weighted Admits/1000
Weighting	• Tertiary = 1.65 • OBSV/CH = 1.0	• Tertiary = 1.4 • CH = 1.0	• Tertiary = 1.4 • CH = 1.0
Excludes	• Members are capped at 25 days per member per facility type • NICU • Behavioral Health • OB • Rehab • SNF • Home Care	• NICU • OB • Observation • Non-Acute • PSC 12	• NICU • OB • Observation • Rehab • SNF • Home Care • ASO
Network Target	Target A	Target B	Target C

Example of Dashboard for Quality

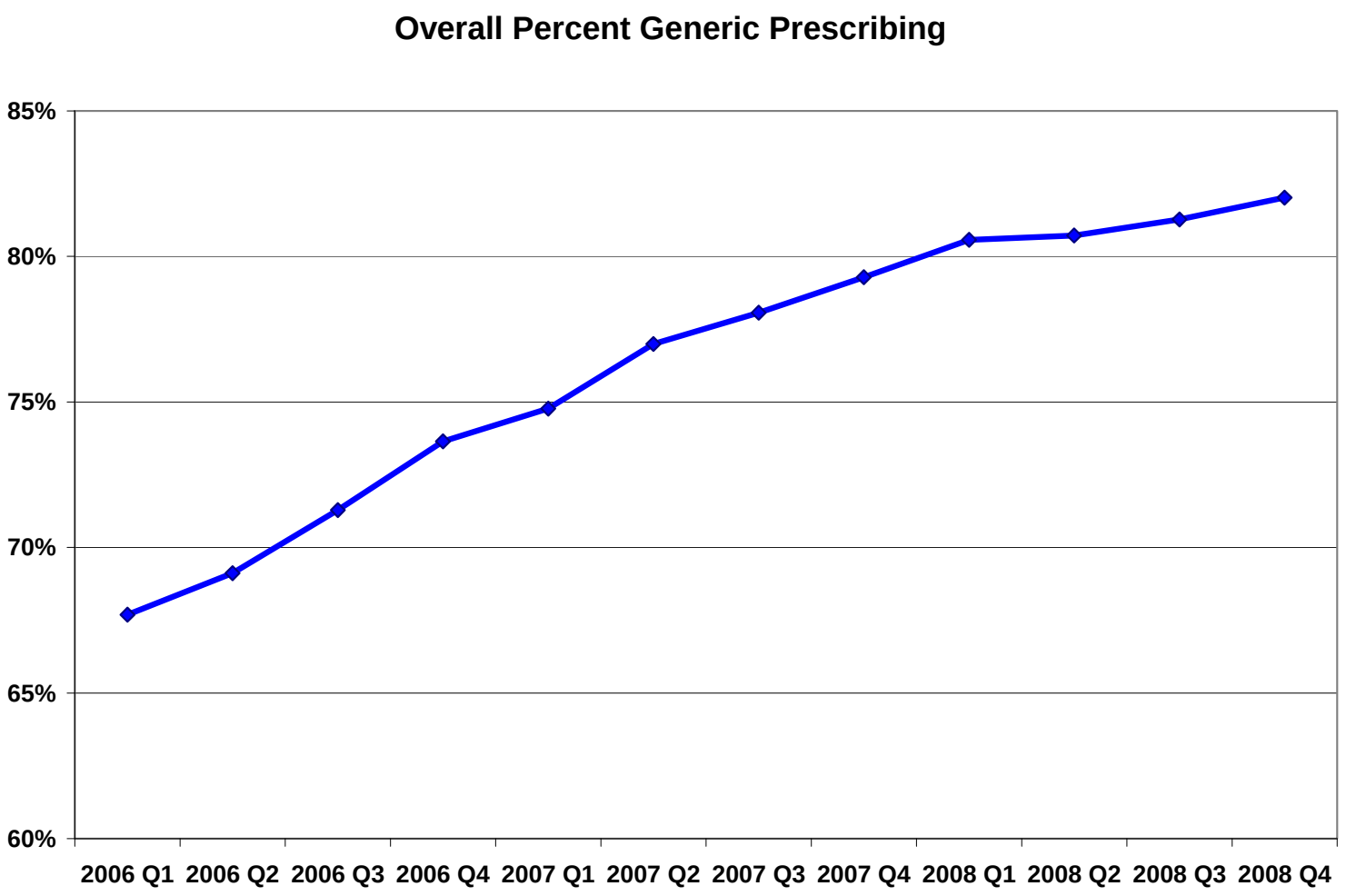
Quality							
		RSO			PCHI		
Payer	Measure	On Target?	Actual	Target	On Target?	Actual	Target
	Diabetes Comp	Y	86.60%	78.53%	Y	81.24%	78.53%
	ADHD	Y	80.00%	48.73%	Y	70.00%	48.73%
	BMI Charting	Y	99.08%	90.00%	Y	96.39%	90.00%
	Obesity Pop Mgmt	Y	86.49%	80.00%	N	78.88%	80.00%
	LDL Outcomes	Y	68.09%	51.58%	Y	56.88%	51.58%
	HbA1c Outcomes	Y	82.88%	80.78%	N	80.52%	80.78%
	BMI Charting	Y	99.00%	80.00%	Y	96.70%	80.00%
	Obesity Pop Mgmt	Y	87.00%	75.00%	Y	81.67%	75.00%
	Chlamydia	Y	52.50%	39.13%	Y	60.46%	39.13%
	ADHD	Y	77.78%	41.67%	Y	50.31%	41.67%
	Diabetes Comp	Y	77.47%	64.50%	Y	66.28%	64.50%
	CVE Comp	Y	88.35%	78.00%	Y	83.90%	78.00%
	HTN Comp	Y	86.13%	72.70%	Y	75.64%	72.70%
	ADHD	N	45.00%	58.22%	N	51.73%	58.22%
	BMI Charting	Y	99.13%	90.00%	Y	95.19%	90.00%
	BMI Pop Mgmt	N	30.73%	60.00%	N	35.53%	60.00%
	Obesity SPL	Y	95.24%	90.00%	Y	92.25%	90.00%

- RSO is currently earning 92% of quality withhold

Selected Quality Measure



% Generic Prescribing



So, Let's Stop the Madness!

- Multiple targets based on Payer requirements
  - Frustrating for providers
  - Reactive rather then proactive
  - Agenda driven by payer needs
  - Close to HEDIS™ 90th in many areas
- Heavy burden on PCP
  - PCP had had enough measures
  - How to get specialists involved?
  - How to integrate hospital agenda with network opportunities?

Clinical Integration: Definition

- An active and ongoing program to valuate and modify the clinical practice patterns of all the physician participants
- so as to create a high degree of interdependence and collaboration among the physicians to control costs and ensure quality

FTC/DOJ Statements of Antitrust Enforcement Policy in Health Care, Statement 8.B.1 (1996)

Clinical Integration: Main Points

"Commentators primarily focus on four indicators of clinical integration:

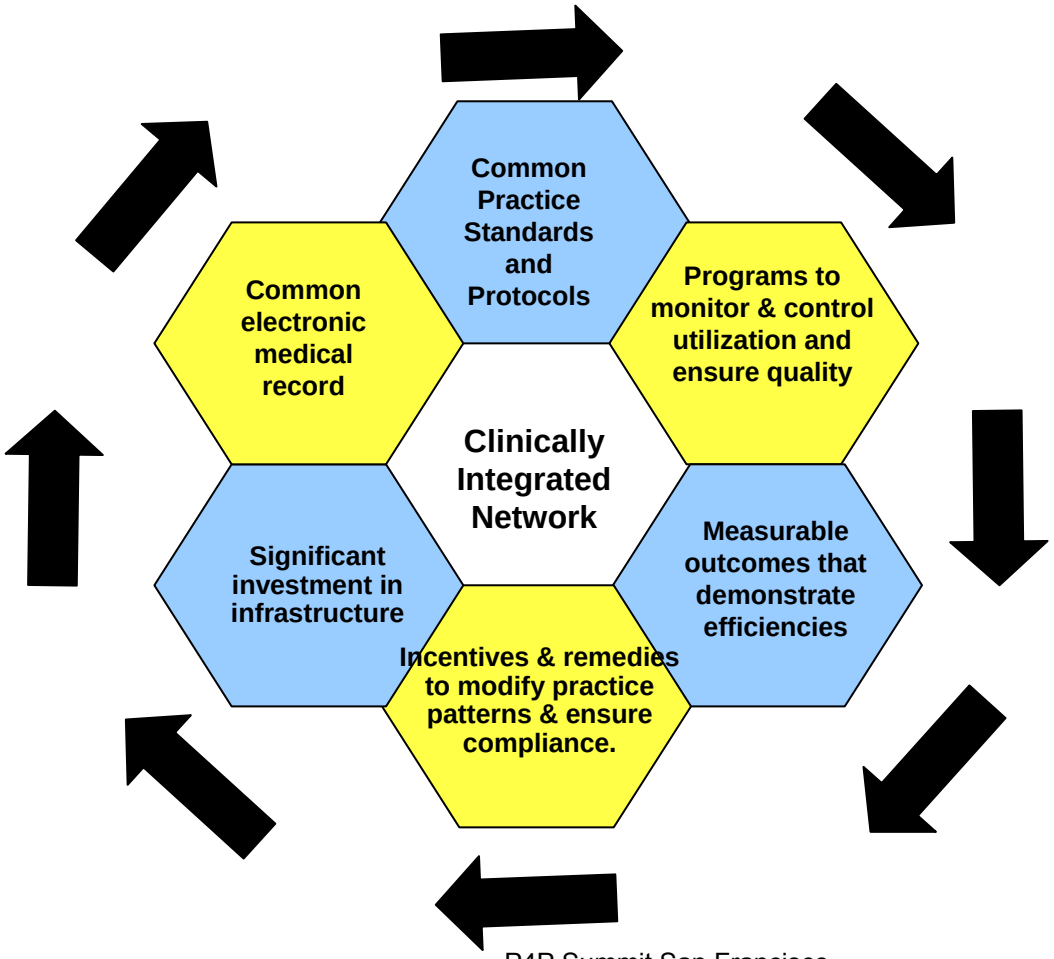
- The use of common information technology to ensure exchange of all relevant patient data;
- The development and adoption of clinical protocols;
- Care review based on the implementation of protocols; and
- Mechanisms to ensure adherence to protocols."

FTC/DOJ, Improving Health Care: A Dose of Competition,Ch. 2, p.37 (July 2004).

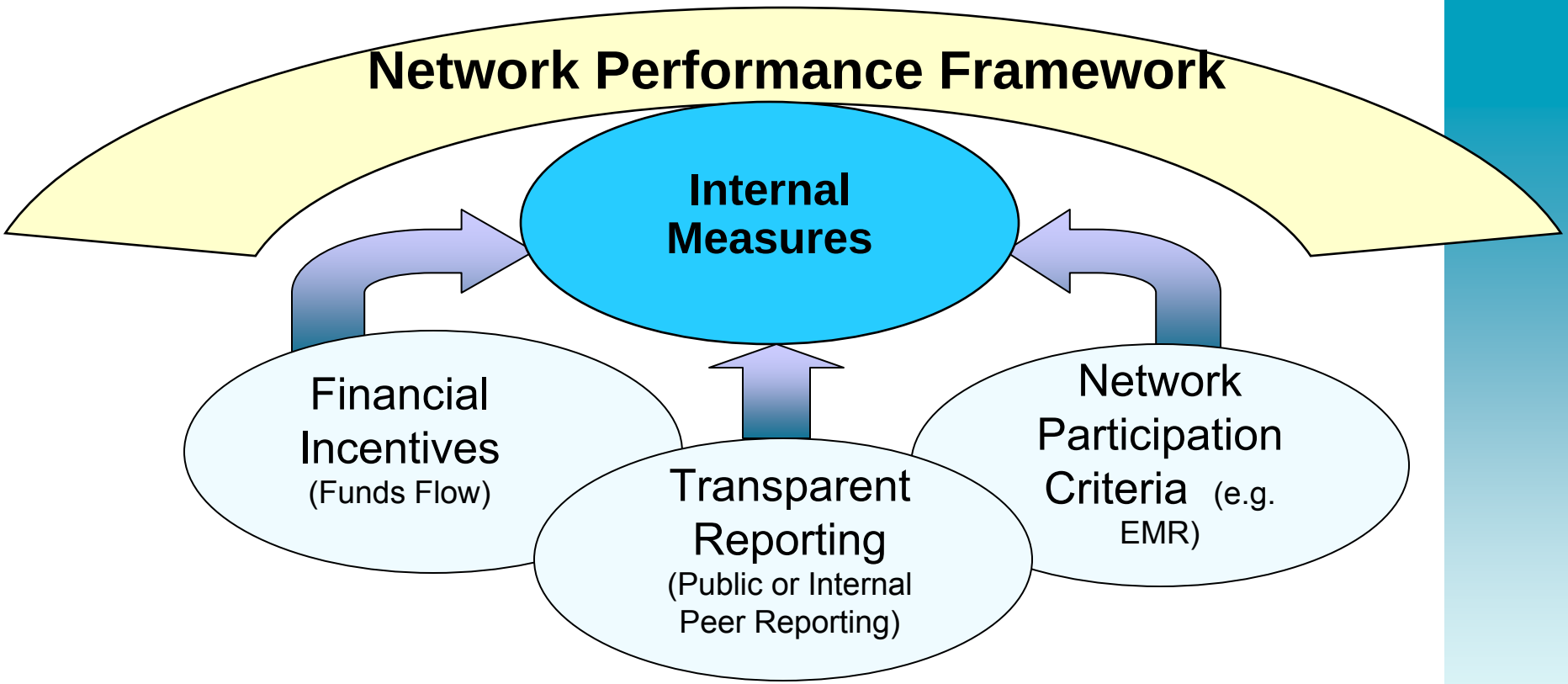
Clinical Integration is a Driving Framework

PCHI

Working <u>together</u> for better, safer, more cost-effective care



Incentives to Support Network Performance Goals

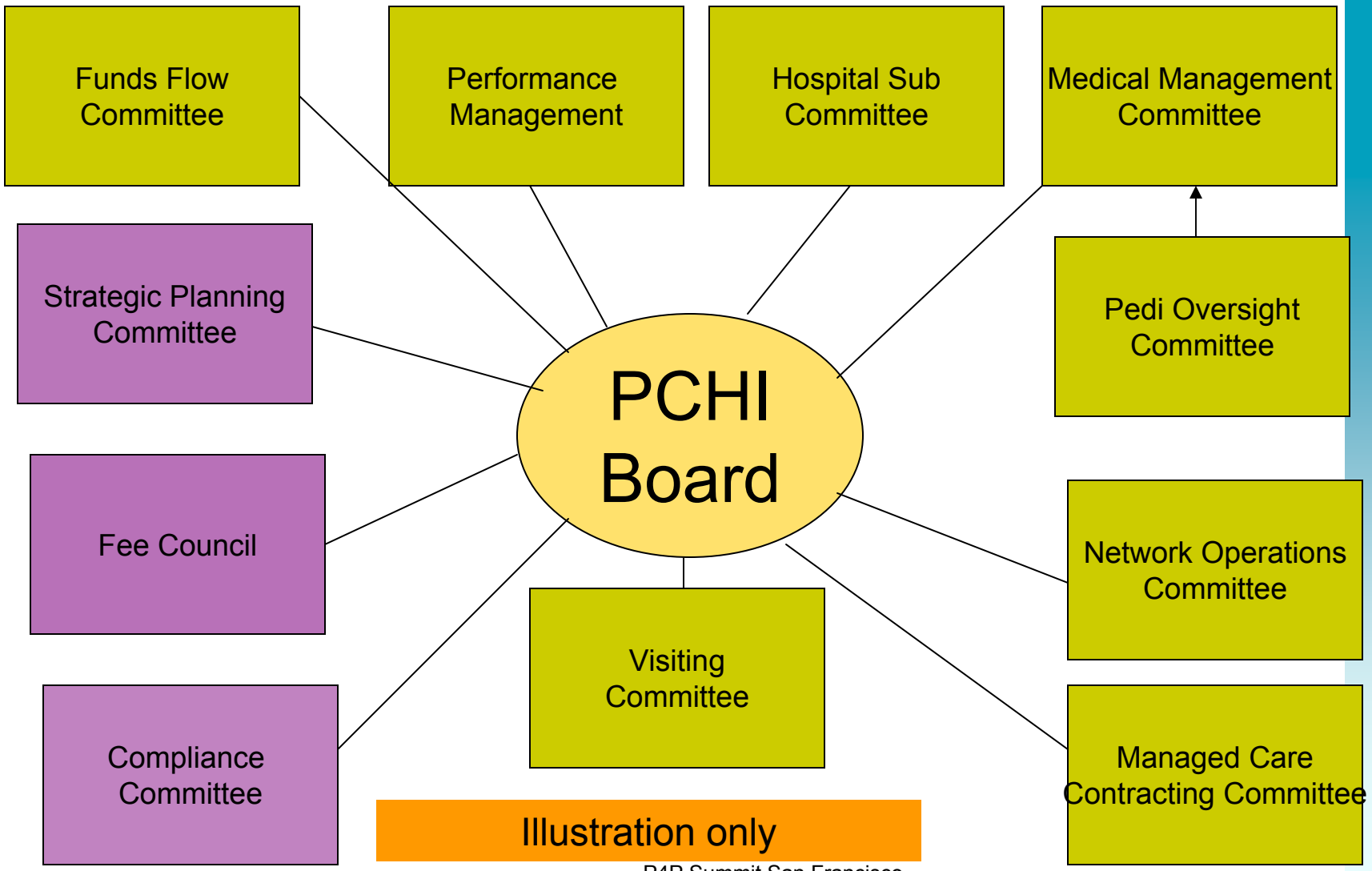


Key concept was integration of clinical services and managing population

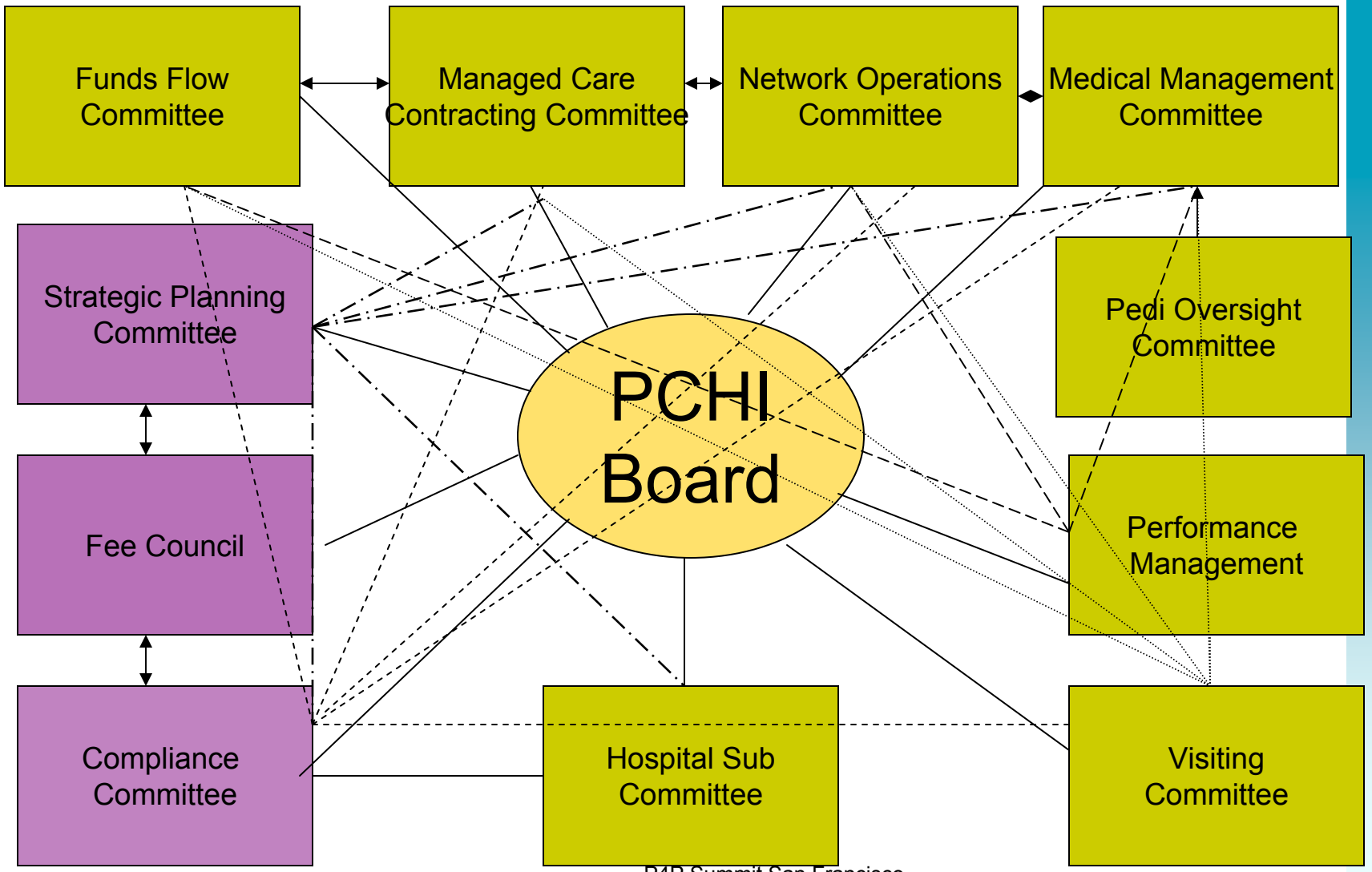
Working Principles for 2010 P4P Program

1. Develop “all payer” P4P measures
   - Would not move too far from 2009 measures
   - Remain consistent with national comparisons (HEDIS, etc.)
   - Would “tweak” measures to enhance clinical relevance
2. Revamp governance to support initiative
3. Would recognize that this was evolution and not revolution
4. Specialist measures would be the most challenging
   - ✓ Lack of infrastructure
   - ✓ Challenges with data collection and attribution
   - ✓ Gaining consensus and buy-in
5. 2010 measure would continue to require cooperation between PCP and specialists to achieve efficiency targets
6. Would attempt to engage as many physicians as possible and manage a “population” of patients

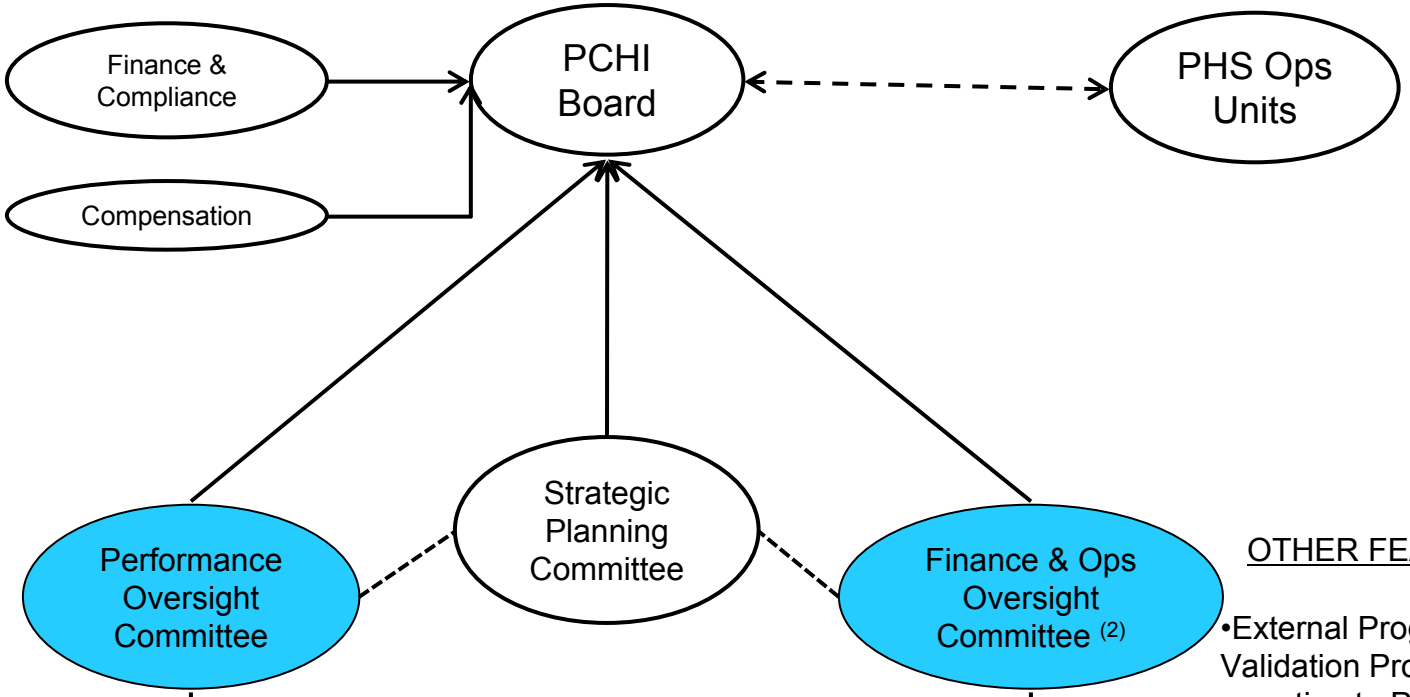
Prior (2009) Organizational Structure



Duplication of Effort



New Committee Structure and Governance (2010)



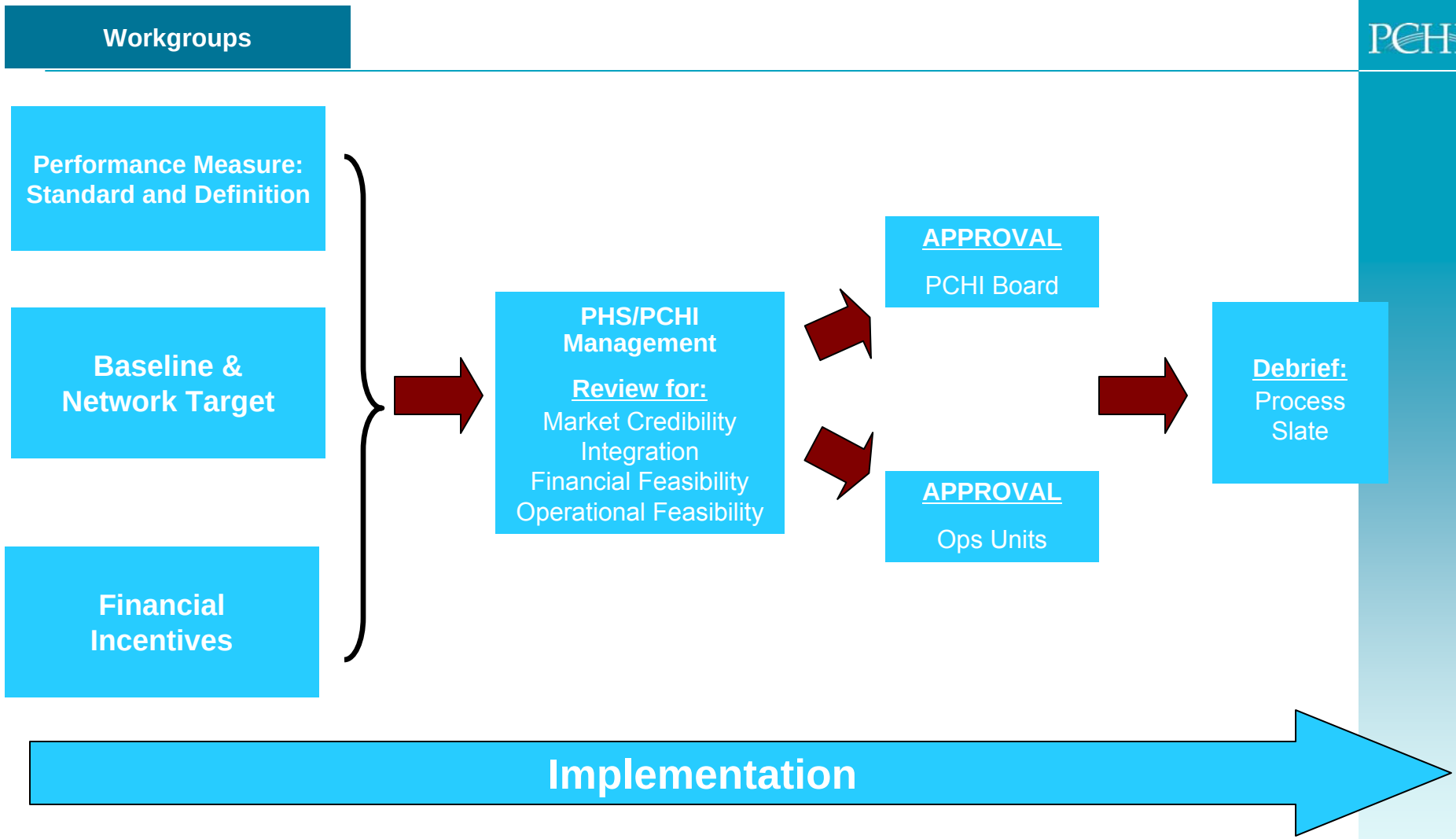
OTHER FEATURES

- External Program Validation Process reporting to PCHI Board
- Annual PCHI Retreat

Workgroup Composition

- PCP
  - Quality and Efficiency
- Hospital P4P
  - Hospital focused Quality, Efficiency, JACHO, CMS, Leapfrog
- Pediatric Oversight
  - Quality and Efficiency
- Infrastructure (technology)
  - Infrastructure measures
- Specialists Performance Committee

Processing Flow for 2010 “Slate”



Evolution not Revolution

- Implementation of new measure development must be incremental
  - PCPs
    - will focus first on “tweaking” current measure set
  - Specialists:
    - Process and/or technology/infrastructure measures to lay the groundwork for quality/efficiency measures in 2010 and beyond.
    - Narrowly focused quality measures based on reliable validated measure sets.
    - “Portable” efficiency measures (e.g., generic Rx).
- Must be able to articulate a long-term vision and develop a plan for “getting there” but we won’t get there in 2010; achieving the vision will be a journey.

Special Attention for Specialists Measures

- P4P would be a new process for specialists
  - P4P has previously focused on PCPs, so PCHI, RSOs and hospitals would need to plan for additional work
  - Additional specialist measures requires infrastructure to report and support programs
- Challenge to identify and select specific measures
  - Attribution issues and small N for numerators are problematic
  - Capturing data related to hospital practice based on providers performance is complex
  - System-wide performance on many publicly reported metrics leaves little room for improvement
- Select measures and develop standard programs to promote and measure improvement

Identifying High Impact Specialists

Specialty	% of Total
Allergy & Immunology	1%
Cardiology	6%
Dermatology	3%
Endocrinology	2%
Gastroenterology	3%
Hematology Oncology	4%
Infectious Disease	2%
Nephrology	2%
Neurology	4%
Ob Gyn	6%
Ophthalmology	3%
ERAP*	20%
Otolaryngology	1%
Pediatrics	6%
Physical Medicine & Rehab.	1%
Podiatry	2%
Psychiatry	6%
Pulmonary	2%
Rheumatology	2%
Surgery & Anesth	23%

* Anesth included in Surgery

Principles for Managing with Specialists

- Not every Specialist has (or needs) a specific “quality” measure
- Start with measure friendly groups or those with significant infrastructure
  - Anesthesia
  - Cardiology
- Adoption of EMR and effective use principles apply to all providers and are useful tools for P4P
  - Computer generated prescriptions
  - Use of problem lists
  - Development of patient portals

2010 Physician Measures

PCP Adult	Pediatric	Specialist
Quality 1. Diabetes Composite 2. Hypertension Composite 3. Cardiovascular Composite 4. Screening Composite	**Quality** 1. ADHD 2. Asthma 3. BMI Population Management 4. Chlamydia	**Quality** 1. Cardiologist CVE Composite 2. Endocrinologist Diabetes Composite 3. Chemo Treatment Plan & Summary Staging Module 4. World Health Organization Surgical Safety Checklist 5. Antibiotic Administration for Cesarean Section Procedures
Efficiency 1. Inpatient Utilization 2. Radiology Utilization 3. Pharmacy PMPM Utilization 4. Pharmacy % Generic Utilization	**Efficiency** 1. Pharmacy PMPM	**Efficiency** 1. Inpatient Utilization 2. Radiology Utilization 3. Pharmacy PMPM Utilization 4. Pharmacy % Generic Utilization (all physicians except cardiologists) 5. Cardiology % Generic (cardiologists only)
Infrastructure 1. Physician Effective Use 2. Physician Documentation 3. Patient Communication RSO Choice (Lab Communication or Patient Portal Adoption)		

A word about composites

Baseline Information

	Hypothetical Performance Year				
	Total Patients (not actuals)		Total Possible Points		
	779		4,674		
Components:	Compliant Patients	% Compliant Patients	Pts	Compliant Points	% Compliant Points
HbA1c Scr	773	99.23%			
HbA1c <=7	312	40.05%	2	624	40.05%
HbA1c <=8	203	26.06%	1	203	13.03%
HbA1c <=8.5	60	7.70%	0.5	30	1.93%
HbA1c >8.5	151	19.38%	0	0	0.00%
HbA1c No Values	47	6.03%	0	0	0.00%
HbA1c Total	575	73.81%		**857**	55.01%
LDL Scr	747	95.89%			
LDL <=100	497	63.80%	2	994	63.80%
LDL <=105	38	4.88%	1	38	2.44%
LDL <=110	30	3.85%	0.5	15	0.96%
LDL >110	132	16.94%	0	0	0.00%
LDL No Value	50	6.42%	0	0	0.00%
LDL Total	565	72.53%		**1,047**	67.20%
BP Values Present	752	96.53%			
BP <=130/80	473	60.72%	2	946	60.72%
BP <=140/90	151	19.38%	1	151	9.69%
BP >140/90	128	16.43%	0	0	0.00%
BP No Value	27	3.47%	0	0	0.00%
BP Total	624	80.10%		**1,097**	70.41%
Total Points = Composite				**3,001**	**64.21%**

The numbers are representational and do not reflect actual performance

- Total of 6 points/pt
- Points = quality opportunities
- Can have different strategies for compliance relative to performance

2010 Quality Outcome Measures (PCP)

Diabetes

Composite Measure

- HbA1c Outcomes≤7.0 (with declining credit for ≤8.5)
- BP ≤130/80 (with declining credit for ≤140/90)
- LDL ≤100 (with declining credit for ≤110)

HbA1c ≤7.0	2 points	LDL ≤100	2 points	BP ≤130/80	2 points
HbA1c >7, ≤8	1 point	LDL >100, ≤105	1 point	BP >130/80, ≤140/90	1 point
HbA1c >8, ≤8.5	.5 point	LDL >105, ≤110	.5 point	BP >140/90	0 point
HbA1c >8.5	0 point	LDL >110	0 point	No value	0 point
No value	0 point	No value	0 point		
Total Points Available = 6 Per Patient					

CVE

Composite Measure

- BP ≤140/90 (with declining credit for ≤145/95)
- LDL ≤100 (with declining credit for ≤110)

LDL ≤100	2 points	BP ≤140/90	2 points
LDL >100, ≤105	1 point	BP >140/90, ≤145/95	1 point
LDL >105, ≤110	.5 point	BP >145/95	0 point
LDL >110	0 point	No value	0 point
No value	0 point		
Total Points Available = 4 Per Patient			

Hypertension

Composite Measure

- BP ≤140/90 (with declining credit for ≤145/95)

2 points	BP ≤140/90
1 point	BP >140/90, ≤145/95
0 point	BP >145/95
0 point	No value
Total Points Available = 2 Per Patient	

2010 Quality Measures (Specialists)

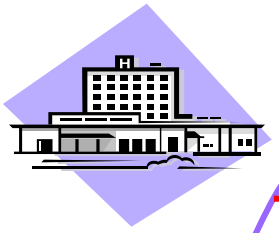
Obstetrics	▪ Antibiotic Timing: C-Section patients receiving prophylactic intravenous antibiotics within 1 hour to surgical incision up to 15 minutes after the time of delivery ▪ Antibiotic Selection: C-Section patients who receive appropriate prophylactic antibiotics consistent with currently accepted guidelines
Oncology	▪ Measurement and improvement of completion of Chemotherapy Treatment Plan and Summary/Staging Module in electronic health record
Surgery & Anesthesiology	▪ World Health Organization Surgical Safety Checklist adherence
Cardiology	▪ BP ≤140/90 (with declining credit for ≤145/95) ▪ LDL ≤100 (with declining credit for ≤110)
Endocrinology	▪ HbA1c Outcomes≤7.0 (with declining credit for ≤8.5) ▪ BP ≤130/80 (with declining credit for ≤140/90) ▪ LDL ≤100 (with declining credit for ≤110)

Performance Should Be Looked As A Continuous Process

Reflects strong sentiment from Vision Summit that PCHI should be "incubating the future" quality agenda for the System … and the region

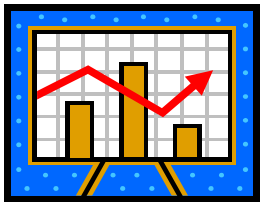
Ideal of Patient Centered Team\ Based Health Care

Defining Unique Health System "Value"



Progressive Integration Of Providers and System

Traditional Quality Measures



Quality of Healthcare System

Comprehensive Approach to Measurement Of Quality

Thank You

Questions?

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