P4P and Disparities: Realities and Opportunities

Alyna Chien, MD
Jeremy Nobel, MD

IHA P4P Conference
San Francisco, CA
March 24, 2011

Harvard School of Public Health

Jeremy Nobel, MD, MPH
jnobel@hsph.harvard.edu

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Health disparities and challenges to improved "performance" of care deliviery

- Underlying primary risk factors (lifestyle)
- Relatively low secondary prevention rates (e.g. screening)
- Availability of treatment guidelines (tertiary prevention)
- Provider ability to track and follow up
- Patient sustained access to care
- Ability for patient to engage with follow-up
    - Health literacy
    - Economic and social instability

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What Can Performance Based Reimbursement Offer?

- Provides resources for education and follow up
- Provides resources for implementation of "Chronic Care" model
- Draws attention to importance of population based endpoints (outcomes) and preventive care
- Collects and compiles data to drive improvement
- But,…risk of unintended negative consequences, e.g. cherry picking and patient abandonment

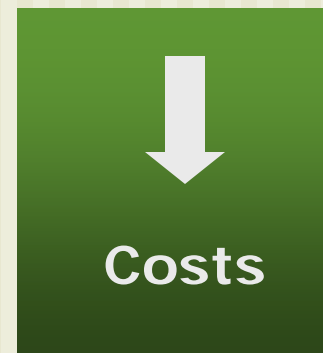# What do we Know Right Now About P4P and Health Disparities?

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Where Can We Go From Here: Information Technologies and Disparities

Innovative care models with "smart" technologies facilitate:

Health Disparity Populations — **Earlier Intervention** — **Efficiency** — **Costs**

…more efficient care with reduced care burden

But it ALL Begins with Identifying Care Gaps!

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Health Reform Will Drive *Evolution* of Innovation; Even with Health Disparities!

Evolution of Technology

Cheaper
Stable
Secure
Interoperable
User-friendly
Intelligent

Evolution Payments

Moving from Pay for "Improved Process" to Pay for "Improved Outcomes"

Coordinated High-Value Care
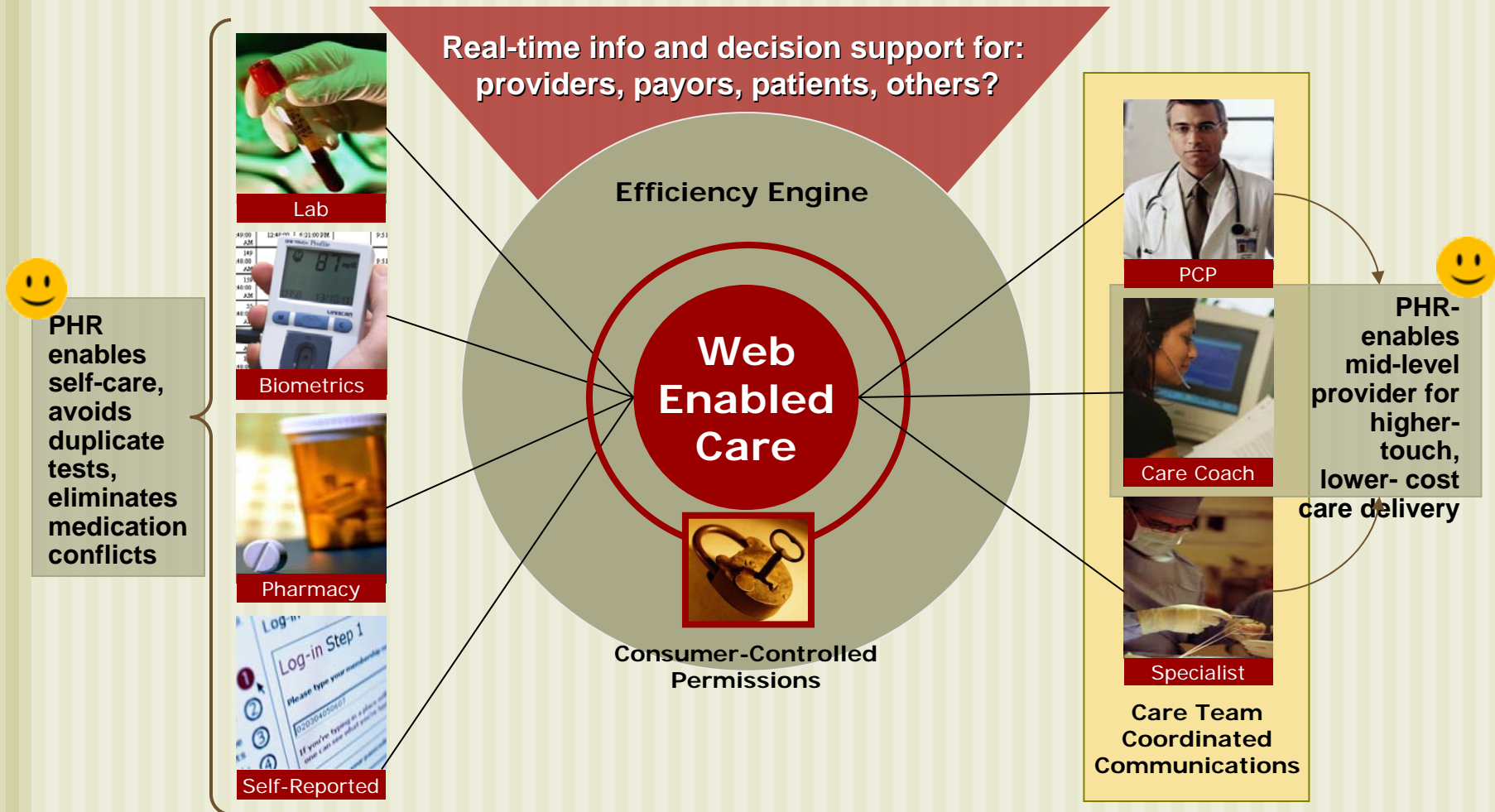
Evolution of Benefit Designs

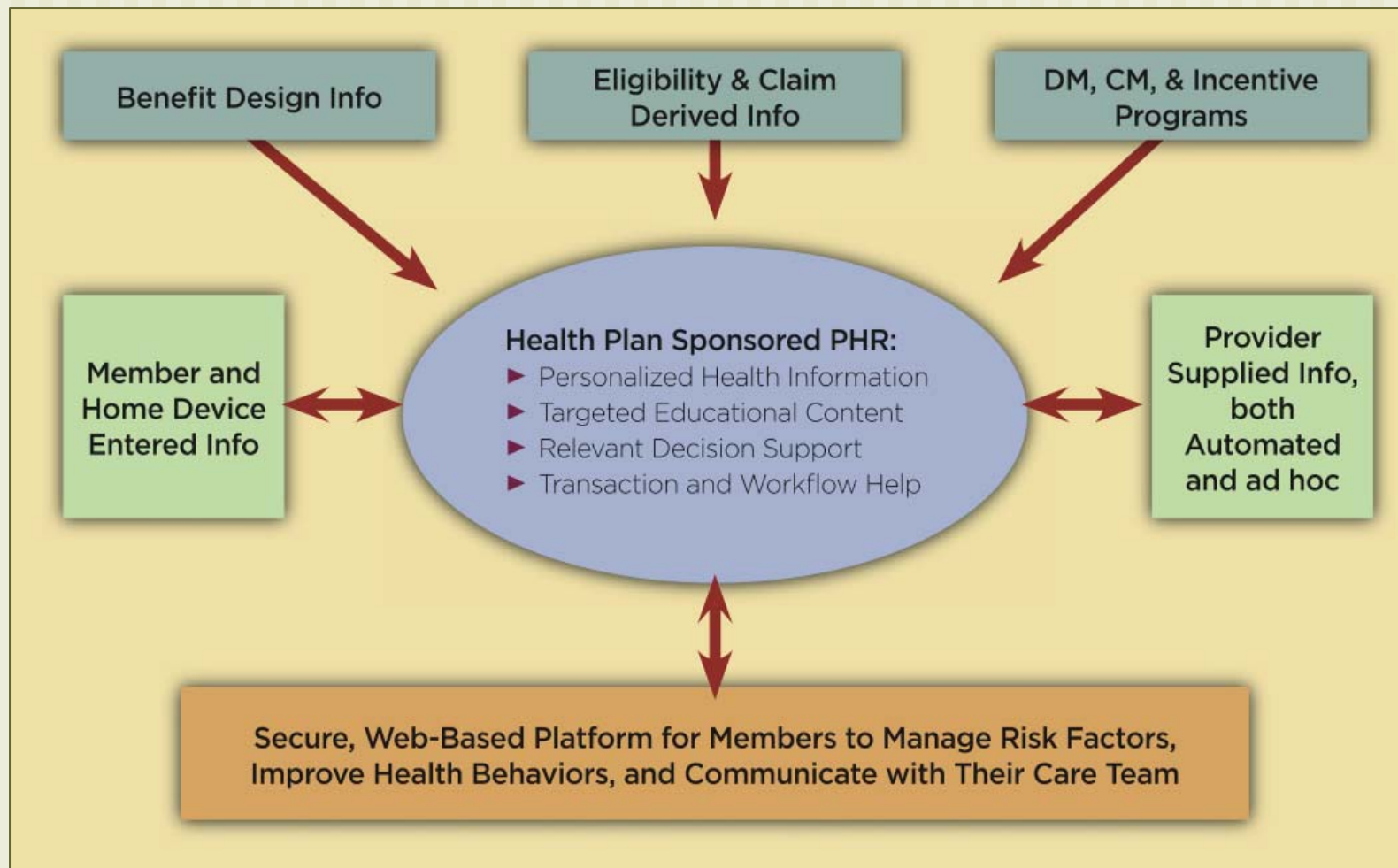**Steerage to high-performance networks**

Employer-sponsored reward programs

Incentives for lower-cost alternatives

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Efficiency Challenge: Collecting, Assembling and Delivering Data

Real-time info and decision support for: providers, payors, patients, others?

Efficiency Engine

Web Enabled Care

Consumer-Controlled Permissions

Lab

Biometrics

Pharmacy

Self-Reported

PHR enables self-care, avoids duplicate tests, eliminates medication conflicts

PCP

Care Coach

Specialist

PHR-enables mid-level provider for higher-touch, lower- cost care delivery

Care Team Coordinated Communications

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On the Health Plans Side, Much of this is ready to go RIGHT NOW!
(NO EHR or RHIO Required!)
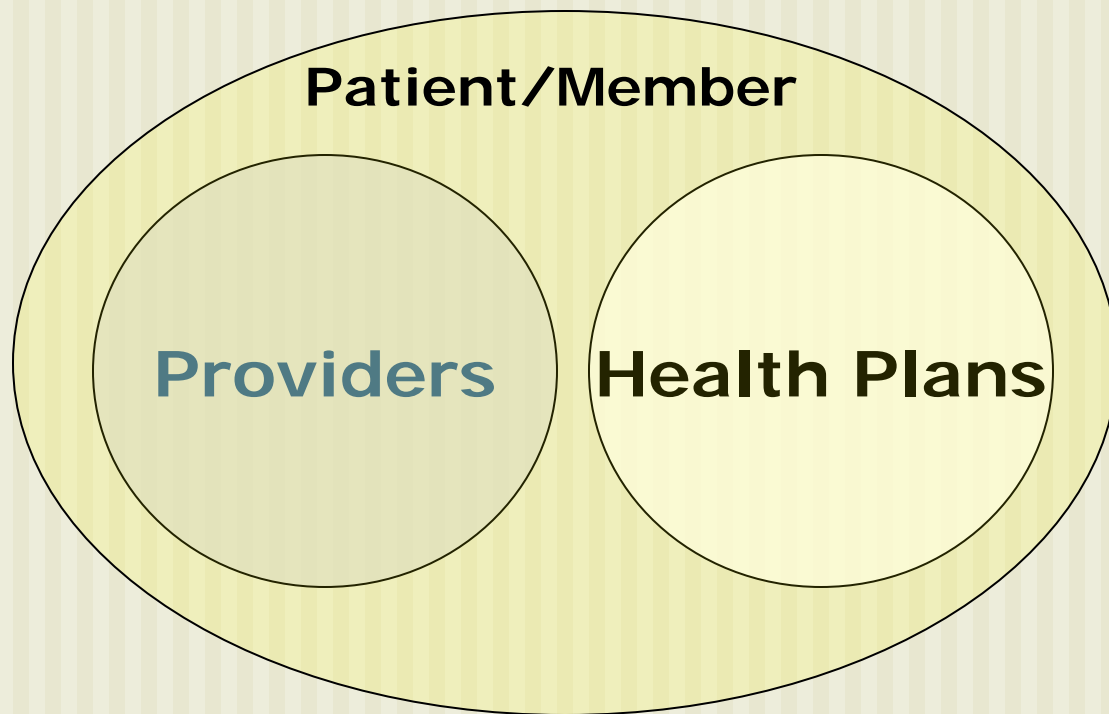
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Opportunity: Use Health Plan Data to Improve Care "Real-Time"

- Providers and health plans share the objective: Improve health and wellness of the patient/member

Administrative Transactions

- Payers and providers exchange millions of transactions each day:
  - Eligibility
  - Referrals and Authorizations
  - Claims and Remittances

- Established Methods for Exchange
  - Standards (HIPAA)
  - Secure
  - Trading partners

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Health Plan Clinical Data

- Mostly derived from claims data
  - Physical Health – Visits, admissions, medications
  - Care management
  - BI derived – Care Gaps, Episodes of Care
- Health plan data offers "Big Picture" view

Episode of Care →

Visits: | **PCP** | **Spec. 1** | **Hospital** | **Rehab.** | **Spec. 2** | **PCP** |

Health Plan Sees All Visits Through Claims Submitted

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What's In It for the Provider?

- More complete view of the patient's needs = improved care = improved outcomes

- Most still lack EHR or are not using EHR for chronic care and preventive health

- EHR may lack the breath of data required to calculate HEDIS measures

- Pay for Performance

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What's In It for the Health Plan?

- Improves the health of the member
- Reduction in number of hospital visits
- Client incentive programs
- HEDIS score improvement

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Why Use Administrative Transactions?

- Valuable "Trigger"
- Leverages an existing provider workflow
- Can deliver valuable clinical information
- Deliver information when actionable

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A Case Study in a HD Population

- Started March 2009 with Care Gap Alerts for 2 Medicaid Health Plans in Pennsylvania (> 400,000 members)
- Expanded to 3 plans in other states by end of 2009
- Added Member Clinical Summary in May 2010

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Collaborators

- **AmeriHealth Mercy**

  - Largest organization of Medicaid managed care plans in the United States

  - Touches 6.5 million lives nationwide

  - Largest plans in: Pennsylvania, Kentucky, South Carolina, Indiana, New Jersey, Louisiana

- **NaviNet**

  - Nationwide real-time healthcare communications network

  - Connects 915,000+ physicians, clinicians and other healthcare professionals to leading national, Blue and commercial payers, Medicare and Medicaid, and HCIT vendors.

  - Multi-payer portal: One stop shop for providers to communicate with multiple health plans from one secure Web site.

Initiative Highlights

- **Quality and Outcomes Goals**
  - Suite of health plan derived clinically enriched information that when delivered to providers:
    - Improves preventive screenings
    - Supports disease management
    - Coordinates transitions in care

- **Technology Goals**
  - Create a "Clinical Alert Service" and "Inquiry Transaction"
  - Service-oriented architecture loosely coupled to deliver to any internal/external system

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Flexibility of Access for Providers

- Data "push" triggered by eligibility check
  - Heavily used for Medicaid members
  - 70% checked via the Web portal (higher for physician practices)
  - Typically within 24 hours of a visit

- Data "pull" as provider wants information
  - Include member clinical summary on referral transaction
  - Inquiries for reports, clinical summary

How Does It Work? - Alert

- **Provider requests eligibility**
- **Payer system check's eligibility**
- **Also checks for Care Gaps**
- **If gap found – alert appears**
- **Provider can "View" or "Dismiss Alert"**

But Clinical Care Summaries Delivered Too!

KEYSTONE MERCY
HEALTH PLAN

Date of Report : 05/03/2010
Member : JANE DOE / 40999999997

Member Information

Member Name:	JANE DOE
Address1:	3333 CESAR MORALES AVE
Address2:	APT D-7
City, State, Zip:	WEST CHESTER, PA, 19061
Phone No:	(610) 444-4444
Date Of Birth:	11/05/1951
Gender:	F
Member ID:	40999999997

PCP Information

Provider Name:	JOE MILLER
Address1:	1 AMIN SALAHUDDIN BLVD
Address2:	VIVACQUA PAVILLION
City, State, Zip:	WEST CHESTER, PA, 19013
Phone No:	(610) 619-7470

Medication (within past 6 months)

Fill Date	Name & Strength	Days Supply	Prescriber Name	Pharmacy
4/27/2010	HYDROCHLOROTHIAZIDE 25 MG TAB	30	NIRAV GOHEL	CVS PHARMACY #02000
4/27/2010	DIOVAN 320 MG TABLET	30	SALMAN AQEEL	CVS PHARMACY #02000

Chronic Conditions

Diabetes

ER Visits (within 6 months)

Date	Provider Name	Reason
10/08/2009	BROWN SHANNON S.	UNSPECIFIED CHEST PAIN – Emergency department visit for the evaluation and management of a patient which requires these three key components wit

Inpatient Admissions (within past 12 months)

From Date	To Date	Provider Name	Reason
10/08/2009	10/08/2009	MUETTERTIES KURT A.	SHORTNESS OF BREATH – Computed tomographic angiography chest without contrast materials followed by contrast materials and further sect

Office Visits (within past 12 months)

From Date	Provider Name	Specialty	Reason
11/05/2009	LAVER ARTHUR	OB/Gynecology	DISORDER OF BONE AND CARTILAGE UNSPECIFIED – Office or other outpatient visit for the evaluation and management of an established patient which requires at least tw

Gap in Care

Condition	Service	Status	Next Service	Rules of Freq
Diabetes	Microalbumin Test	Up-to-date	01/05/2011	At least once per year

How Well Has It Worked?

- Provider feedback
- Reduction in Care Gaps
- Provider benefits
- Health plan benefits

Provider Feedback

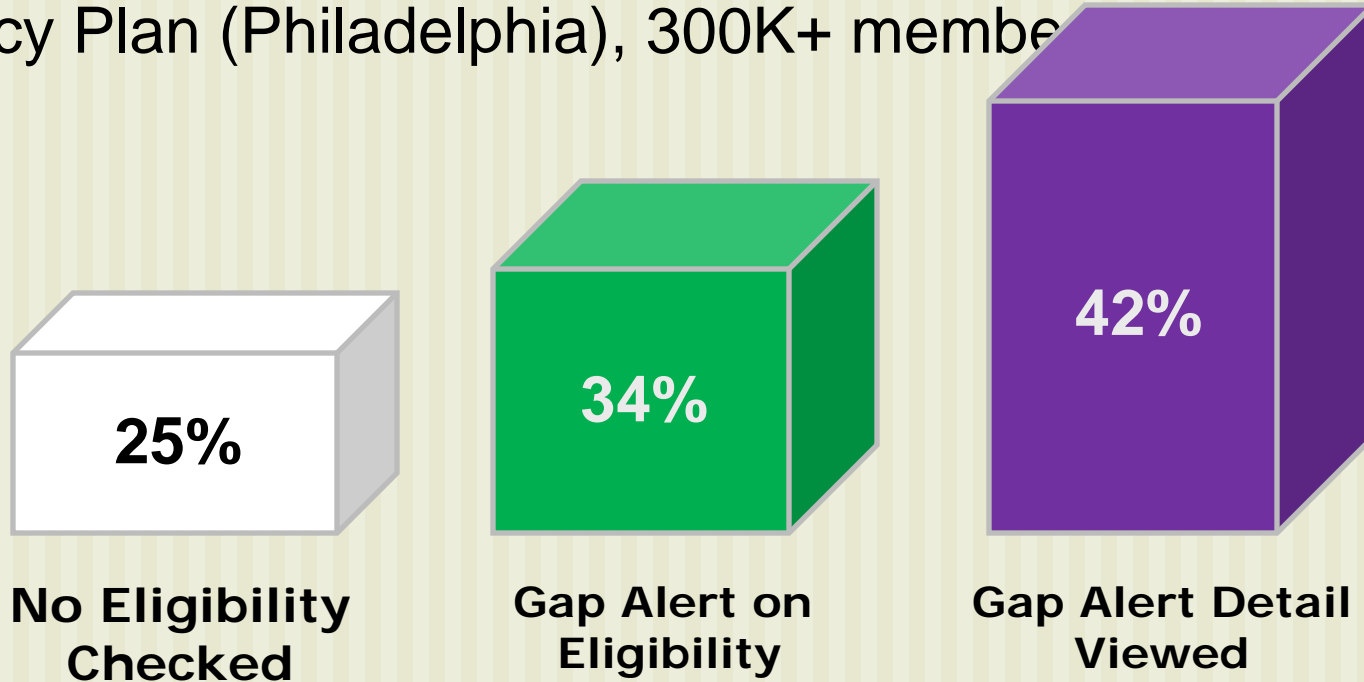| Committed Users	Occasional Users	Non-Users
10%	**35%**	**55%**
"This is the perfect example of how the health plan and the provider can use technology to improve patient care" - Dr Steven Diamantoni (large multi-site PCP practice)	"Good information, but I wish the information was more current" "I only look at the first reminder I get about a patient"	"Too busy to use this" "Too much printing" "Have own method to track"

Improvement In Care Gaps

- Hypothesis – Members with alerts presented have Care Gaps resolved at higher rate
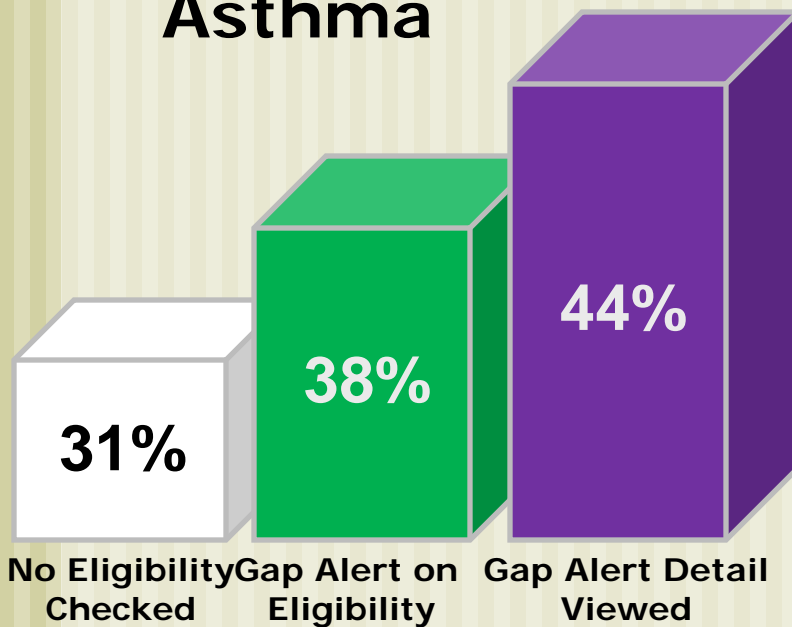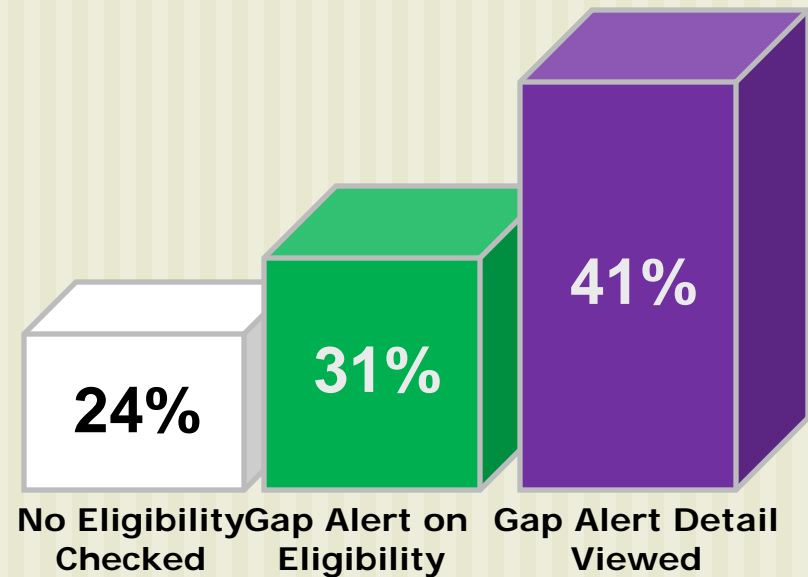- April 09 Gaps Compared to March 10 Gaps, Keystone Mercy Plan (Philadelphia), 300K+ members

25%

34%

42%

No Eligibility Checked

Gap Alert on Eligibility

Gap Alert Detail Viewed

N = 73,8

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Specific Care Gaps

■ Two largest groups, Asthma and Preventive Health Screens, are Similar

Asthma

31%	38%	44%
No Eligibility Checked	Gap Alert on Eligibility	Gap Alert Detail Viewed

N = 10,487

Preventive Health

24%	31%	41%
No Eligibility Checked	Gap Alert on Eligibility	Gap Alert Detail Viewed

N = 60,060

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Other Benefits

- Expected benefits
  - Improved HEDIS scores
  - Improved P4P scores for providers
- Both areas are moving in the right direction and new technology is helping
- Difficult to isolate direct impact of new technology vs. other initiatives

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Challenges

- Administrative process – Resistance to change

- Data latency – Need to improve real-time turnaround of analytics

- Real-time transactions – How to link clinical data to 271 or 278 HIPAA transactions?

What About "Meaningful Use"?

- Health plans largely ignored in EHR and HIE discussions
- Administrative transaction highway rarely being used for clinical information exchange
- Potential for health plans to support MU:
  - Provide patients with electronic copy of their health information
  - Maintain active medication list, problem list of diagnoses
  - Create lists of patients with specific conditions
  - Demonstrate ability to exchange key clinical information
  - Provide summary of care record for transitions of care

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Critical Success Factors

- Use push method
- Don't over alert
- Reduce data latency
- Ensure security and privacy
- Link to Pay for Performance

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Healthcare in 2020

- PCPs will track care across providers via Medical Home model – but still need "Big Picture" view
- EHRs will trigger request for information updates when patient is scheduled
- HIEs will pull and consolidate data from many sources including payers
- But until then . . . Leveraging administrative transactions is a viable strategy for clinical information exchange,…ESPECIALLY for health disparity populations

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