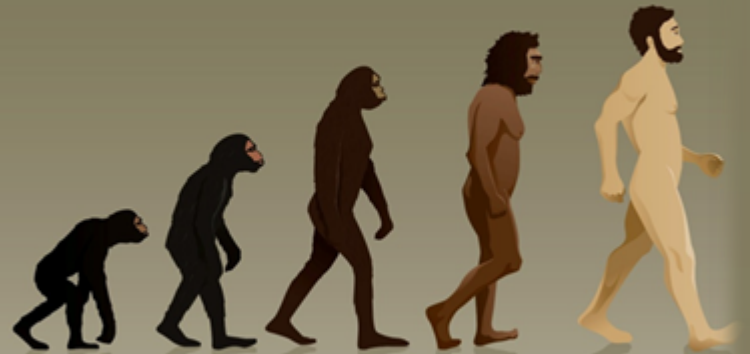


The Evolution of the Information Technology Domain in P4P

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Integrated Healthcare Association





2003-2006

1st Generation
IT Domain

2007-2010

IT Systemness

2011-

Meaningful
Use Alignment

2003-2006

1st Generation

IT Domain

California P4P Background

- Integrated Healthcare Association - provides oversight and governance of P4P
- **8** Health Plans - Kaiser Permanente, Western Healthcare, Cigna, United, Aetna, Blue Shield, Blue Cross, Health Net
- **221** Physician Organizations
- **35,000** Physicians
- **10 Million** Commercial HMO/POS Members

2003-2006

1st Generation

IT Domain

California's P4P Aims

- Create Uniform Set of Measures
- Aggregate health plan data
- Develop meaningful payments and public reporting

2003-2006

1st Generation

IT Domain

Four P4P Domains

1. Clinical Quality
2. Patient Experience
3. Information Technology
4. Efficiency/Appropriate Resource Use

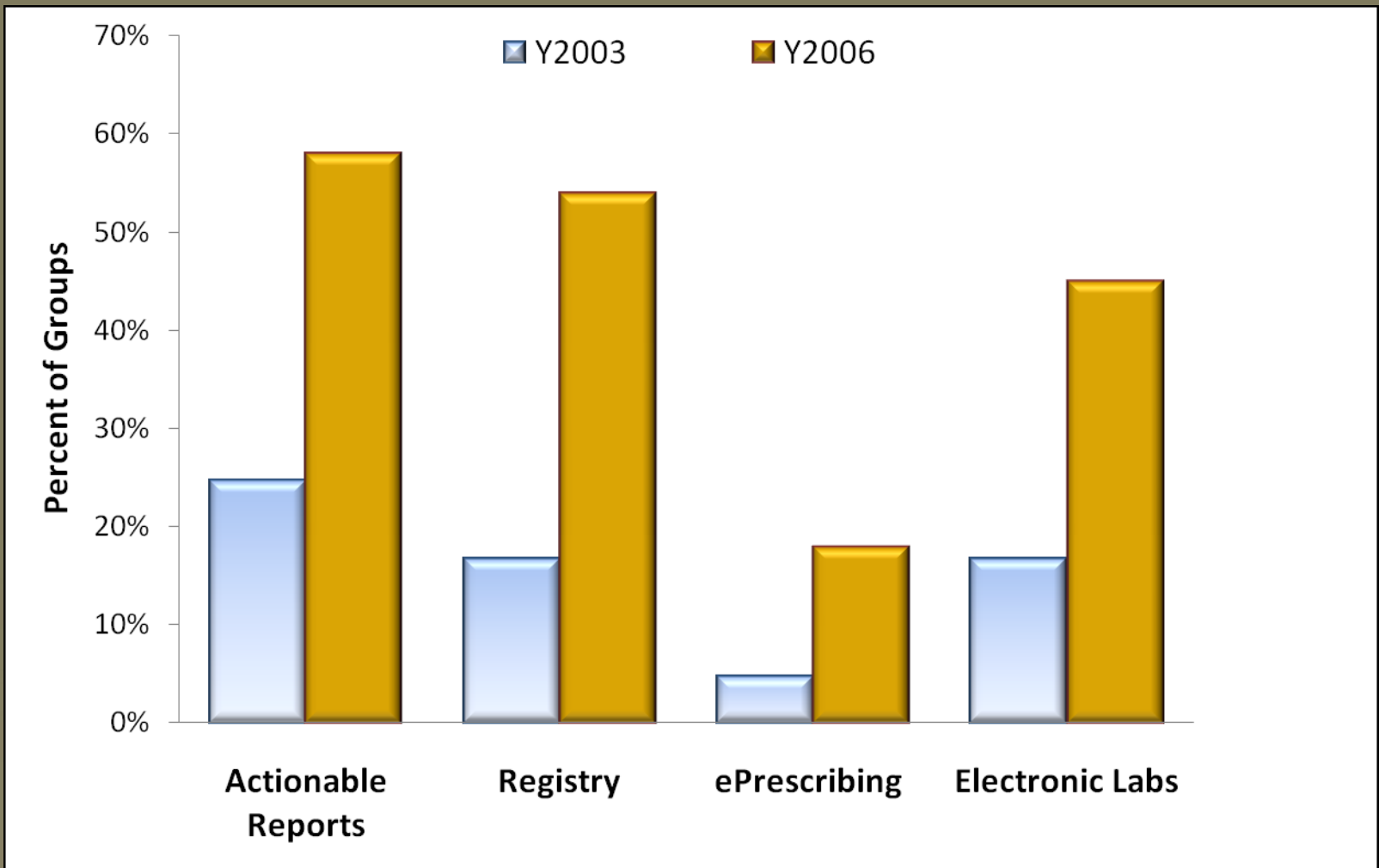
Information Technology Domain

- Self Reporting by physician organizations
- Why separate IT payments?
 - Develop support and infrastructure to achieve quality breakthroughs
 - Reward systematic processes of care

First IT Measures

1. Data Integration for population management
 - Registries
 - Actionable Reports
 - HEDIS Reports
2. Electronic Clinical Decision Support
 - eRx
 - Electronic access to labs, notes

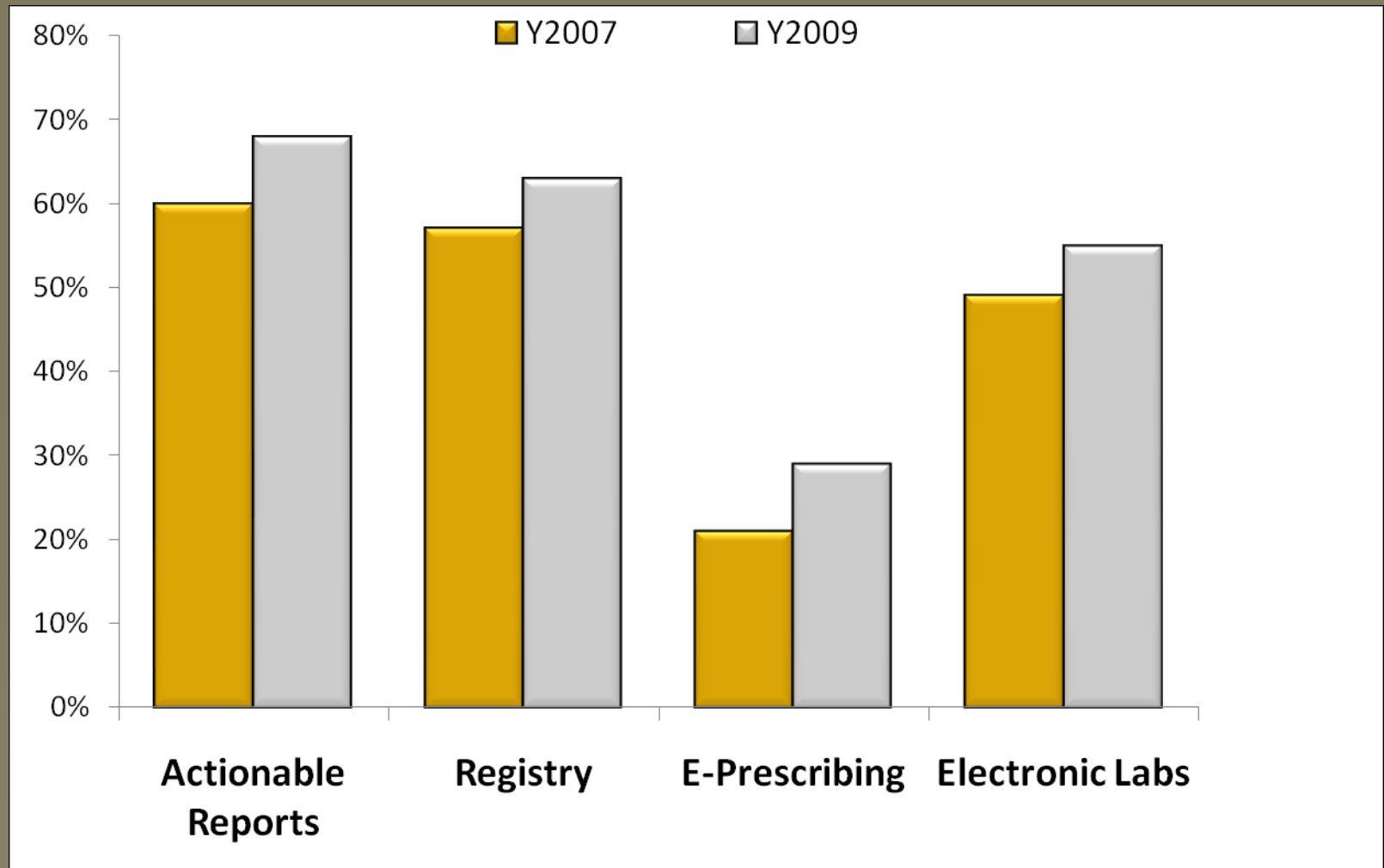
Results



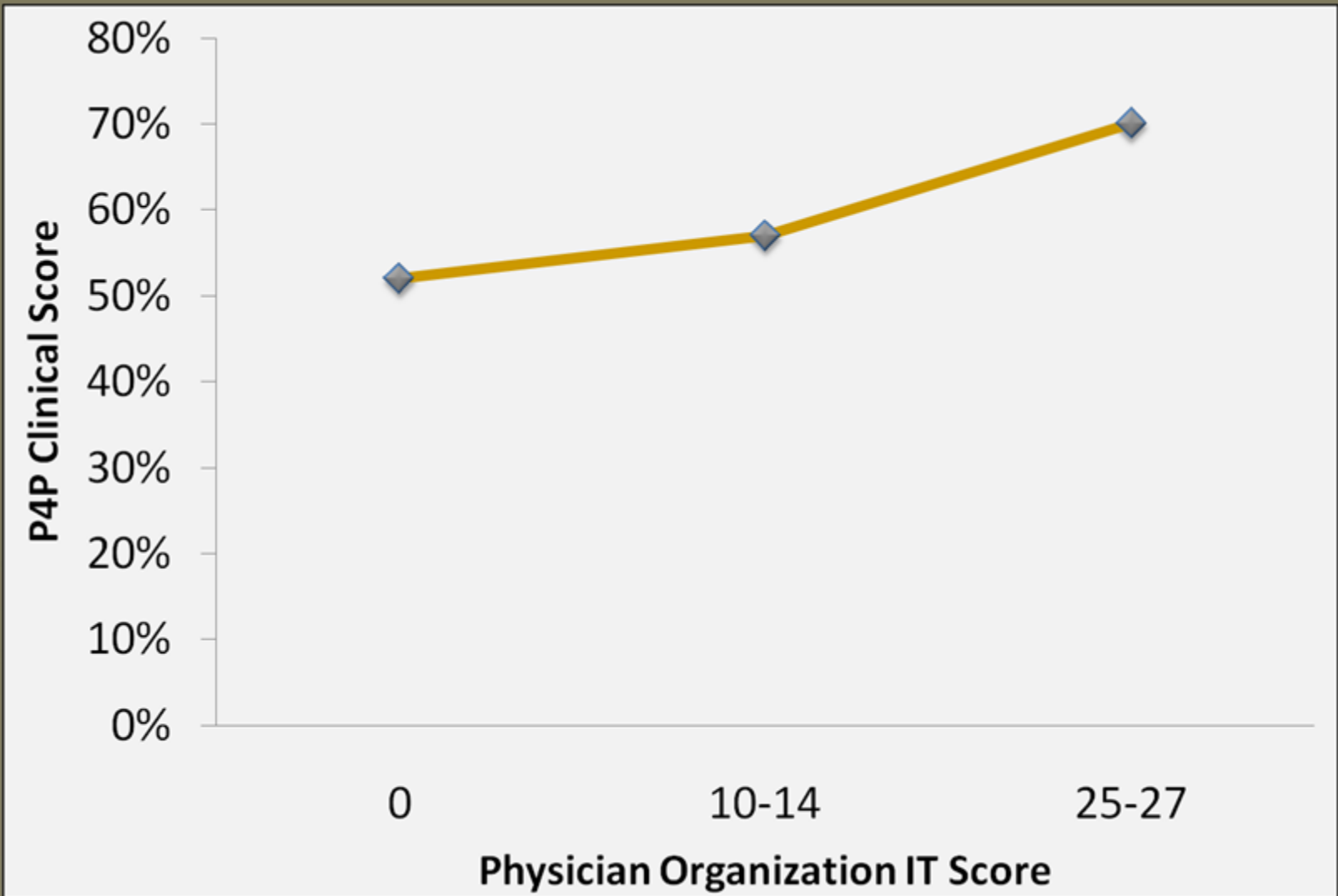
IT Systemness

- Systematic Processes to identify and act on patients needing additional services
- **3** additional measurement areas
 - Chronic Care Management
 - Continuity of Care
 - Individual Physician Measurement and incentives

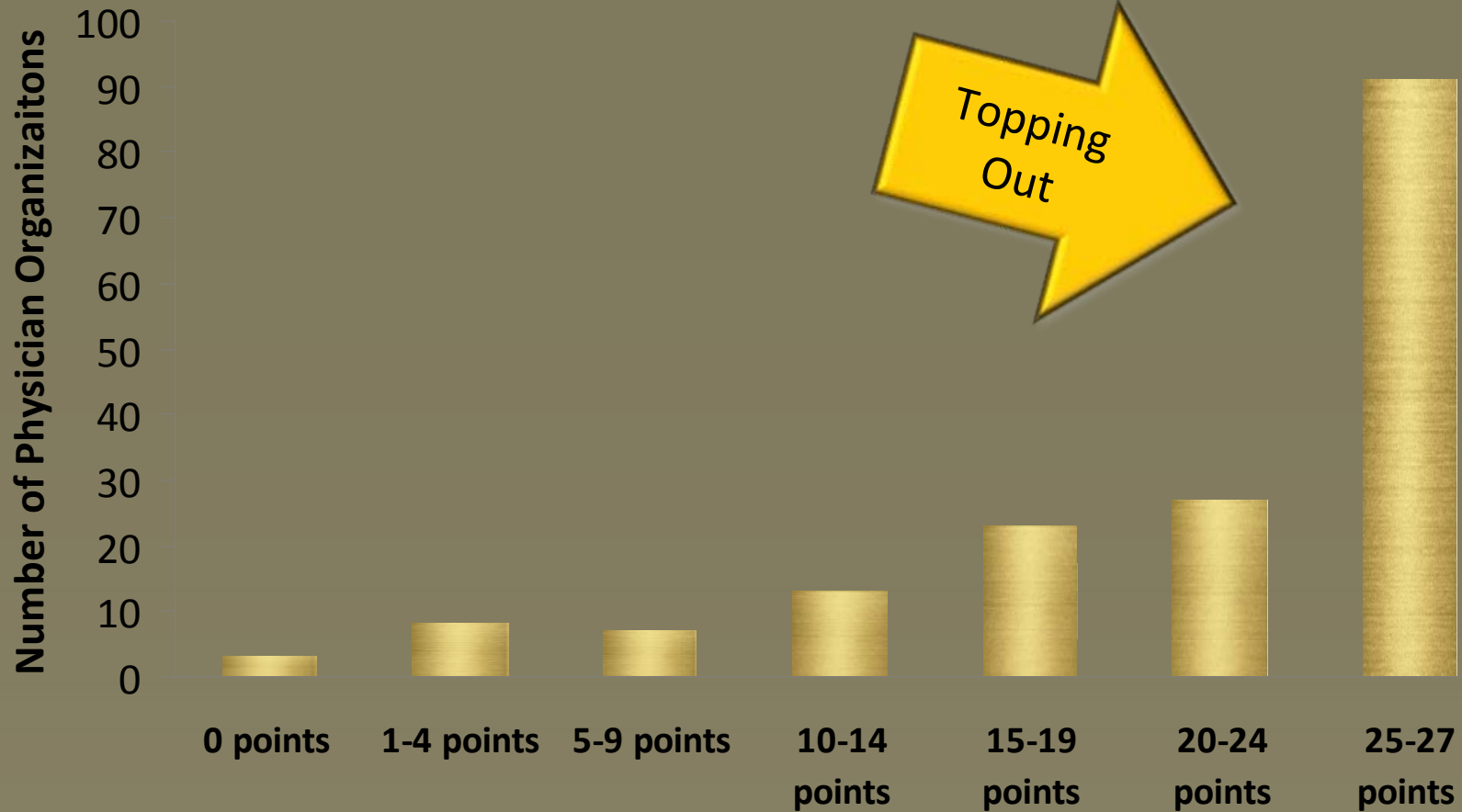
Results



IT Linked to Better Results



2009 P4P IT Systemness Score



Why Align?

- Re-energize IT Systemness
- Enhance Federal EHR incentives
- Facilitate reporting

2011-










Meaningful
Use
Alignment

Meaningful Use Priority Areas	P4P IT Systemness
1. Care Coordination	Care Coordination/Care Management
2. Patient Engagement	None
3. Privacy/Security	None
4. Public Health	Population Management
5. Quality/Safety	Clinical Decision Support

Prioritization Criteria

- 1. Standardized Data** – promotes standardized, structured data to support performance measurement and QI
- 2. Cost Containment** – reduces costs
- 3. Systemness**- aligns with existing P4P Systemness specifications

Examples

Meaningful Use Measure	Standardized Data	Cost Containment	P4P Systemness
Generate and transmit permissible prescriptions electronically			
Implement 1 clinical decision support rule with ability to track compliance			
Record smoking status for patients 13 years or older			
Report ambulatory quality measures to CMS or the States			

Alignment Result

- Adopted **15** Core Measures
- Added **2** Priority A measures
 - *Send reminders to patients per patient preference for preventive/follow-up care*
 - *Generate Lists by specific condition to use for quality improvement, reduction of disparities, or outreach*
- **Retained** Chronic Care Management measures

Scoring Physician Organizations

Percent of PCPs Who Meet Intent of Measure	P4P Points
1-24	1
25-49	3
50-74	4
75+	5

Use CMS/ONC criteria to determine qualification **by measure** at the individual physician level

P4P IT Evolution

Building *Infrastructure*
for *Future Performance*

