Highmark’s Physician Pay for Performance Program

Pay for Performance Summit
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Highmark Inc.
Overview

• Background

• Define Current Program and Recent Changes

• Outcomes
  – Quality Metrics
  – “Best Practice”

• Operation Structure of the program

• What’s next for the program
History of the Quality Blue Program

Introduction to the Highmark Network
July 2005

Expansion
April 2006

Profiling Expansion
2008 - 2009
Definition of Quality Blue

Who is Eligible

- Primary Care Physicians (PCPs)
  - Family Practice
  - Internal Medicine
  - Pediatricians
  - General Practice

What is the Program

- Quality Blue is an incentive program above and beyond the Fee Schedule for selected E&M services (111 CPT Codes)
- Focus is on quality and efficiency measures. Aligning reimbursement with patient safety and clinical care improvement
Participation Requirements

- Provider Agreement
- Participation Agreement
- IT Capabilities
- Required Amount of E&M Claims
- Required Amounts of Electronic Claims Submitted
- Achievement of a minimum Quality Score
Current Program Statistics

49 Counties Across Pennsylvania

- 4,584 Participating PCPs
- 1,600 Practice Sites
- 1,770,000 Unique Highmark Members
Program Metrics

Prior to 4th Qtr 2012

• Clinical Quality Metrics
• Generic / Brand Prescribing
• Member Access
• Implementation of EHR
• Implementation of ePrescribing
• Best Practice

4th Qtr 2012 Implementation

• Clinical Quality Metrics
• Generic / Brand Prescribing
• Member Access
• Meaningful Use Attestation
  – CMS
  – Medical Assistance
  – Highmark
• Best Practice
  – Non Meaningful Use Attestation
  – 2 levels if attested for Meaningful Use
### Quality Metrics

#### Pediatrics
- Acute Pharyngitis Testing
- Adolescent WCC
- Appropriate Medications for People with Asthma
- MMR Vaccination Status
- Varicella Vaccination Status
- Well Child Visits in the First 15 months
- Well Child Visits in the Third, Fourth, Fifth and Sixth Year

#### Family Practice
- Pediatric Measures Plus
- Breast Cancer Screening
- Cervical Cancer Screening
- Cholesterol Management For Patients with Cardiovascular Conditions
- Comprehensive Diabetes Care
  - Nephropathy Screening
  - Retinal Eye Exam
  - LDL-C Testing
  - HgbA1c Testing

#### Internal Medicine
- Breast Cancer Screening
- Cervical Cancer Screening
- Cholesterol Management For Patients with Cardiovascular Conditions
- Comprehensive Diabetes Care
  - Nephropathy Screening
  - Retinal Eye Exam
  - LDL-C Testing
  - HgbA1c Testing
Measurement / Scoring Quality Metrics

- Claims Based
- Compared to Specialty and Regional Averages
- Full point for measure if above Specialty/Network average
- 0.5 point for measure if within 90% of Specialty / Network average
Generic / Brand Prescribing

Based on providers DEA

• Percent of generic drugs prescribed compared to total drugs prescribed in a 3 month period.

• Compared to specialty and region averages.

• If generic prescribing rate is greater than 75% full points are awarded.
Generic Prescribing Averages

Western PA

1st Qtr 2013

- Pediatric: 76%
- Family Practice: 82%
- Internal Medicine: 81%

Central PA

1st Qtr 2013

- Pediatrics: 77%
- Family Practice: 83%
- Internal Medicine: 82%
Member Access

- This metric measures based on the practice’s office hours and non traditional hours.
- Compared to specialty average.
- Group or Solo Practice
Meaningful Use

This measure reflects information providers are required to capture and report to CMS.

Aligned with CMS, the goals of Meaningful Use are to:

• Improve quality, safety, efficiency, and reduce health disparities;
• Engage patients and families in the health care process;
• Improve care coordination;
• Improve population and public health; and
• Protect the confidentiality, integrity, and availability of health information stored and exchanged.
### Meaningful Use (continued)

**Silver Level**  
15 points

- Meet CMS MU core and alternate core measures  
- Successfully attested to CMS for at least 50% of the primary affiliated providers in the practice  
- Submission of the CMS Attestation Confirmation Number

**Gold Level**  
20 points

- Meet PA MA MU core and alternate core measures  
- Successfully attested to PA MA for at least 50% of the primary affiliated providers in the practices  
- Submission of the PA MU Attestation Confirmation Number

**Blue Level**  
35 points

- Unable to attest to CMS or PA MA  
- Provide sufficient evidence that they meet the core and alternate core CMS MU measures.  
- Accomplished by submission of numerator and denominator counts for each measure
## Best Practice Metric

In order to meet the standards for the Best Practice metric, physician practices are required to establish population-based outcomes goals.

### Clinical Improvement Activity
- Aligns with CMS Core and Alternate Core Disease State Measures
- Three Different Levels
- Must show improvement

### Professional Organization Activity
- Highmark recognizes work completed for Maintenance of Board Certification and physician recognition through approved national organizations
- One level
Best Practice

Process Improvement Cycle

Plan → Do → Study → Act → Plan

Highmark
## Best Practice Metric

### Clinical Improvement Activity

<table>
<thead>
<tr>
<th>Silver Level 15 points</th>
<th>Gold Level 20 points</th>
<th>Blue Level 35 points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 Measure</strong></td>
<td>3 Measurements</td>
<td>6 Measurements</td>
</tr>
<tr>
<td></td>
<td>• 1 CMS Core or Alt Core</td>
<td>• 3 CMS Core or Alt Core</td>
</tr>
<tr>
<td></td>
<td>• 2 CMS Disease State (from the same disease state)</td>
<td>• 3 CMS Disease State (from the same disease state)</td>
</tr>
<tr>
<td><strong>Base line measurement plus 6 month measurement</strong></td>
<td>Base line measurement plus 6 month measurement each year</td>
<td>Base line measurement plus 6 month measurement each year</td>
</tr>
<tr>
<td><strong>Must show improvement from baseline to 6th month measurement</strong></td>
<td>2 year measurement</td>
<td>2 year measurement</td>
</tr>
<tr>
<td></td>
<td>• 1st year reporting only</td>
<td>• 1st year reporting only</td>
</tr>
<tr>
<td></td>
<td>• 2nd year must show improvement in one measurement, others must show sustainability</td>
<td>• 2nd year must show improvement in one measurement, others must show sustainability</td>
</tr>
</tbody>
</table>

**Points Applicable for 1 year**

- Silver Level: 15 points
- Gold Level: 20 points
- Blue Level: 35 points

**Points Awarded Yearly**

- Silver Level: 15 points
- Gold Level: 20 points
- Blue Level: 35 points
Information the practice must submit

• Name of Measure
• Measure Description
• Goal Statement
• Numerator / Denominator Count (population based)
• 6 month measurement – Numerator / Denominator Count and % of compliance
• Describe actions taken to assist to improve clinical activity
• Describe barriers that were encountered along the way
• Describe steps they will take to sustain improvement
Best Practice Metric (continued)

Clinical Improvement Activity

Examples of Best Practice Programs

• Cancer Screening
  – Colorectal Cancer Screening
  – Prostrate Cancer Screening

• Childhood Obesity

• COPD / Asthma Spirometry Testing

• Medication Adherence Management

• Vitamin D Insufficiency
Best Practice Metric (continued)

Professional Organization Activity

METRIC Modules from the American Academy of Family Physicians (AAFP)

- Performance in Practice Modules (PPMs) – American Board of Family Medicine (ABFM)
- Maintenance of Certifications Practice Improvement Modules (PIMS) from the American Board of Internal Medicine (ABIM)
- Performance in Practice (PIP) activities from the American Board of Pediatrics (ABP)
- Clinical Assessment Program (CAP) Measures, American Osteopathic Association (AOA)
- National Committee for Quality Assurance (NCQA) Physician Recognition Programs
Best Practice Metric (continued)

Professional Organization Activity

Information the practice must submit

• Designation Certification Type
• Designation Certification Topic
• Designation Certification Number, if available
• Designation Certification Effective Date
• Designation Certification End Date
Clinical Quality Consultant (CQC) Team

Role of the CQC:

• Activate providers in process improvement
• Facilitate adoption of evidence-based best practices and knowledge transfer among providers
• Optimize practice roles to deliver operational efficiencies
• Engage providers in data analysis to drive decision making
• Evaluate workflow to optimize performance
• Guide practices in MU requirements & certification attainment
• Facilitate attainment of PCMH designation
• Identify opportunities to gain performance synergy across programs & providers
### Point Structure

<table>
<thead>
<tr>
<th>Measurement Indicators</th>
<th>Maximum Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Quality*</td>
<td>50</td>
</tr>
<tr>
<td>Generic / Brand Prescribing</td>
<td>15</td>
</tr>
<tr>
<td>Member Access</td>
<td>5</td>
</tr>
<tr>
<td>Meaningful Use</td>
<td>10</td>
</tr>
<tr>
<td>Best Practice**</td>
<td>15, 20, 35</td>
</tr>
<tr>
<td>Possible Total Points***</td>
<td>115</td>
</tr>
</tbody>
</table>

- Must have a clinical quality score of 25 to receive incentive

** Must successful attest for MU to achieve 20 and 35 points
*** Must have a total score of 50 to receive incentive
### Incentive Levels

- **No Incentive**
  - Score of 0 - 49
  - No Incentive

- **Low Level**
  - Score of 50 - 85
  - $3 Incentive

- **Mid Level**
  - Score of 86 – 99
  - $8 Incentive

- **High Level**
  - Score 100 – 115
  - $ 12 Incentive
Outcome Measurements

Population Health Screenings

FY2012 Population Health Screening

- Acute Pharyngitis Testing: 77% (2011 National Rate), 92% (2012 Highmark Rate)
- Appropriate Meds - Asthma: 93% (2011 National Rate), 97% (2012 Highmark Rate)
- Breast Cancer Screening: 67% (2011 National Rate), 77% (2012 Highmark Rate)
- Cervical Cancer Screening: 75% (2011 National Rate), 80% (2012 Highmark Rate)
- Cholesterol Mgmt: 81% (2011 National Rate), 83% (2012 Highmark Rate)
Outcome Measurements

Comprehensive Diabetes Care

FY2012 Comprehensive Diabetes Care

<table>
<thead>
<tr>
<th>Service</th>
<th>2011 National Rate</th>
<th>2012 Highmark Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>HbA1c Testing</td>
<td>85%</td>
<td>89%</td>
</tr>
<tr>
<td>LDL-C Testing</td>
<td>80%</td>
<td>86%</td>
</tr>
<tr>
<td>Retinal Eye Exam</td>
<td>46%</td>
<td>67%</td>
</tr>
<tr>
<td>Nephropathy</td>
<td>74%</td>
<td>83%</td>
</tr>
</tbody>
</table>

0% 20% 40% 60% 80% 100%
Outcome Measurement

Generic Prescribing Rate

FY2012 Generic Prescribing Rate

Percent Generics

- 46% in 2006
- 73% in 2010
- 76% in 2011
- 79% in 2012
Improving the U.S. health care system requires simultaneous pursuit of three aims: improving the experience of care, improving the health of populations, and reducing per capita costs of health care.
Care Model Connections

- Opportunities to “connect” programs and providers
- Working on similar projects from different perspectives
Conclusion and Questions