

Highmark's Physician Pay for Performance Program

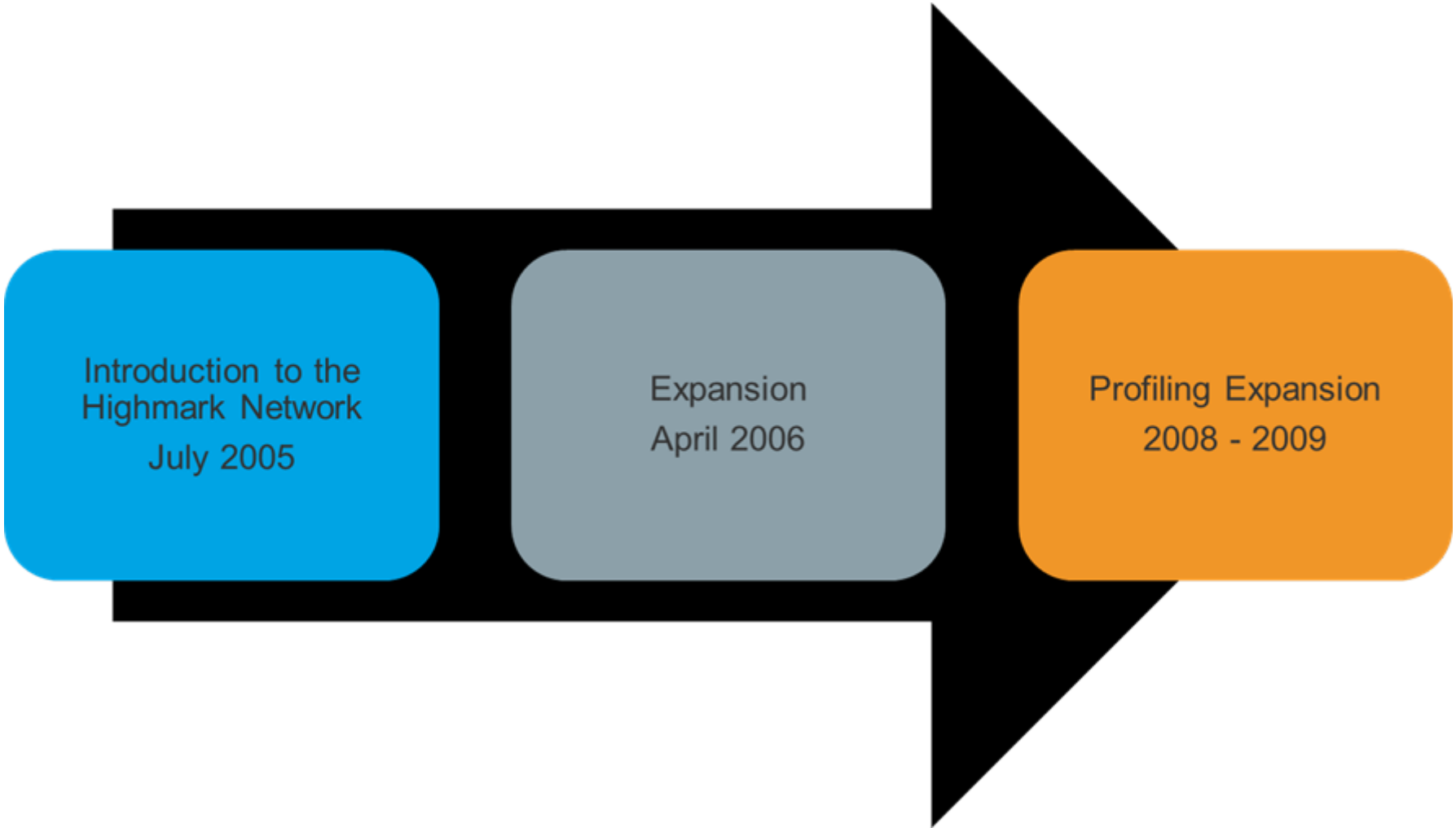
Pay for Performance Summit
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Overview

- 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

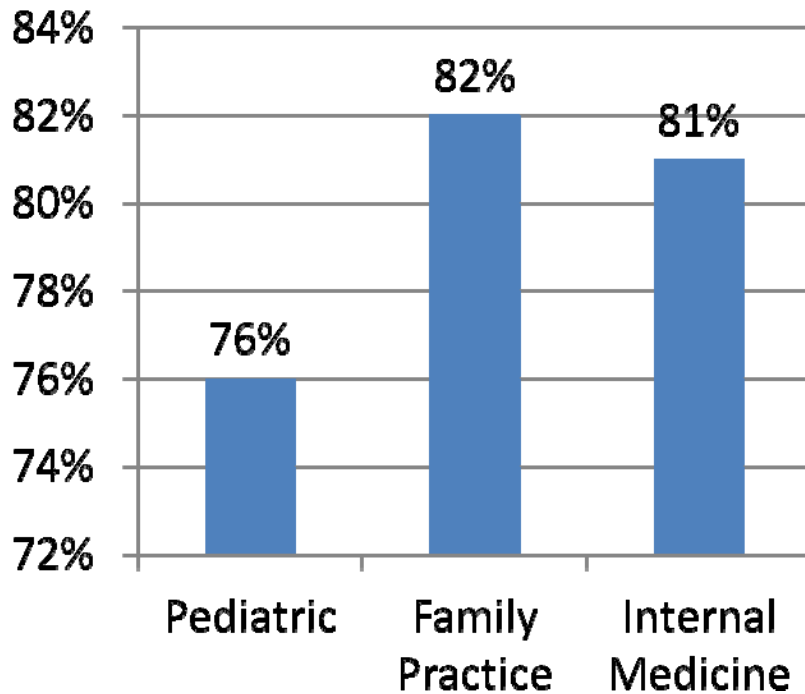
- Percent of generic drugs prescribed compared to total drugs prescribed in a 3 month period.
- Compared to specialty and region averages.
- If generic prescribing rate is greater than 75% full points are awarded



Generic Prescribing Averages

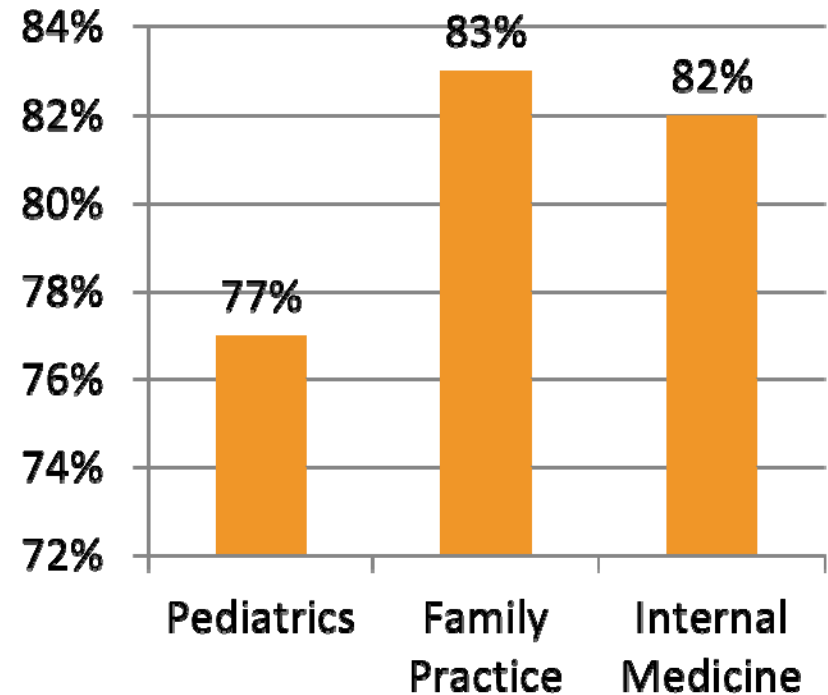
Western PA

1st Qtr 2013



Central PA

1st Qtr 2013



Member Access



- This metric measures is 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	Gold Level 20 points	Blue Level 35 points
<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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

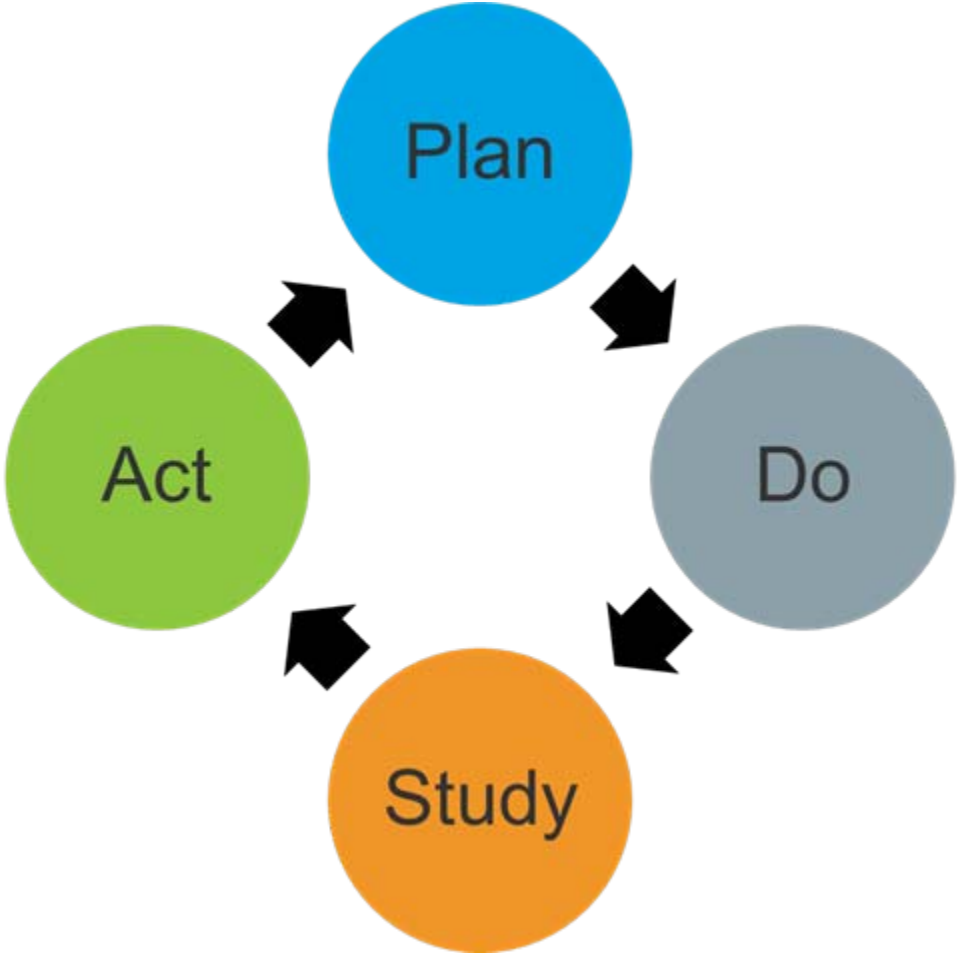
- Aligns with CMS Core and Alternate Core Disease State Measures
- Three Different Levels
- Must show improvement

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



Best Practice Metric

Clinical Improvement Activity

Silver Level 15 points	Gold Level 20 points	Blue Level 35 points
1 Measure	3 Measurements <ul style="list-style-type: none"> •1 CMS Core or Alt Core •2 CMS Disease State (from the same disease state) 	6 Measurements <ul style="list-style-type: none"> •3 CMS Core or Alt Core •3 CMS Disease State (from the same disease state)
Base line measurement plus 6 month measurement	Base line measurement plus 6 month measurement each year	Base line measurement plus 6 month measurement each year
Must show improvement from baseline to 6 th month measurement	2 year measurement <ul style="list-style-type: none"> •1st year reporting only •2nd year must show improvement in one measurement, others must show sustainability 	2 year measurement <ul style="list-style-type: none"> •1st year reporting only •2nd year must show improvement in one measurement, others must show sustainability
Points Applicable for 1 year	Points Awarded Yearly	Points Awarded Yearly

Best Practice Metric *(continued)*

Clinical Improvement Activity

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

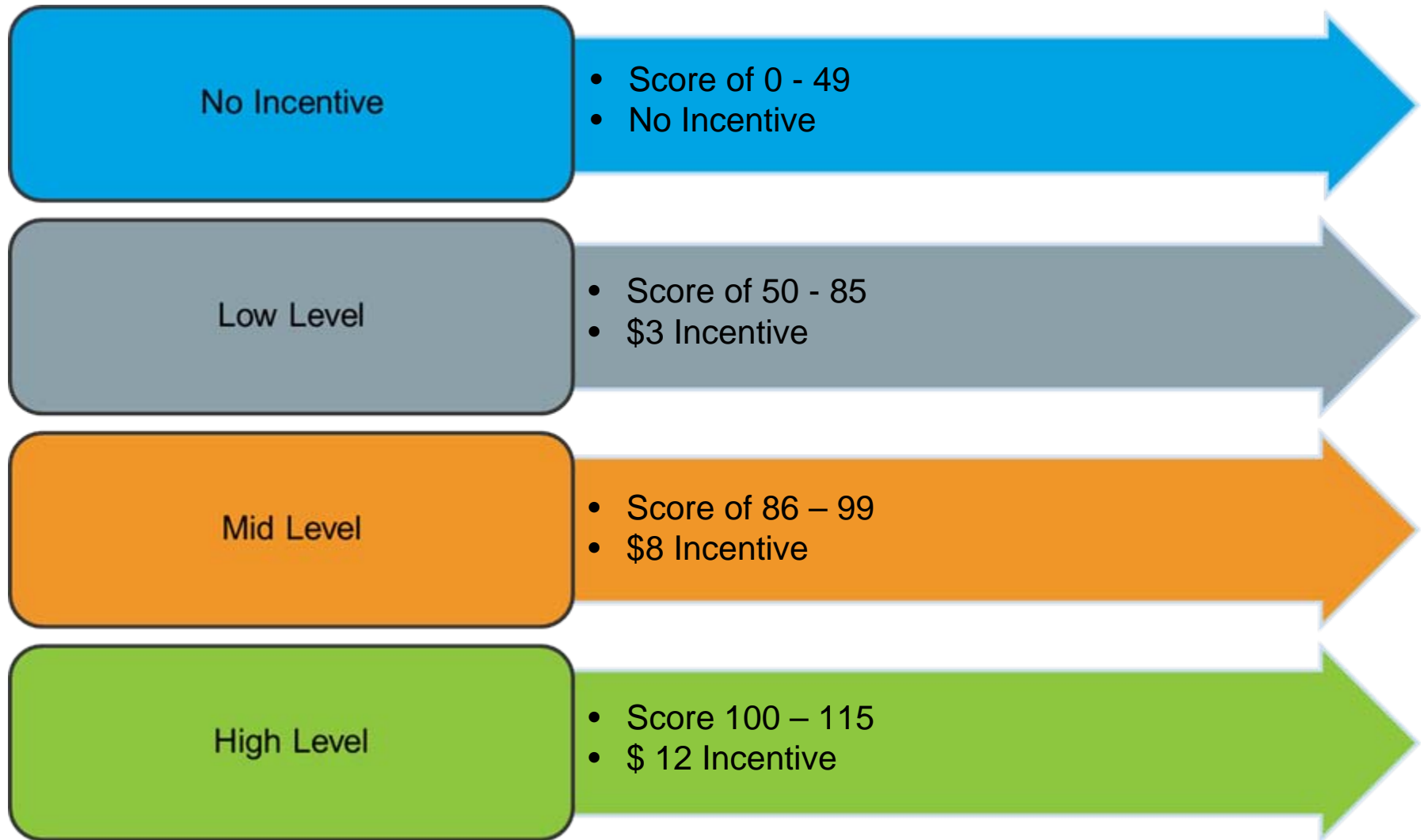
Measurement Indicators	Maximum Points Awarded
Clinical Quality*	50
Generic / Brand Prescribing	15
Member Access	5
Meaningful Use	10
Best Practice**	15, 20, 35
Possible Total Points***	115

- 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

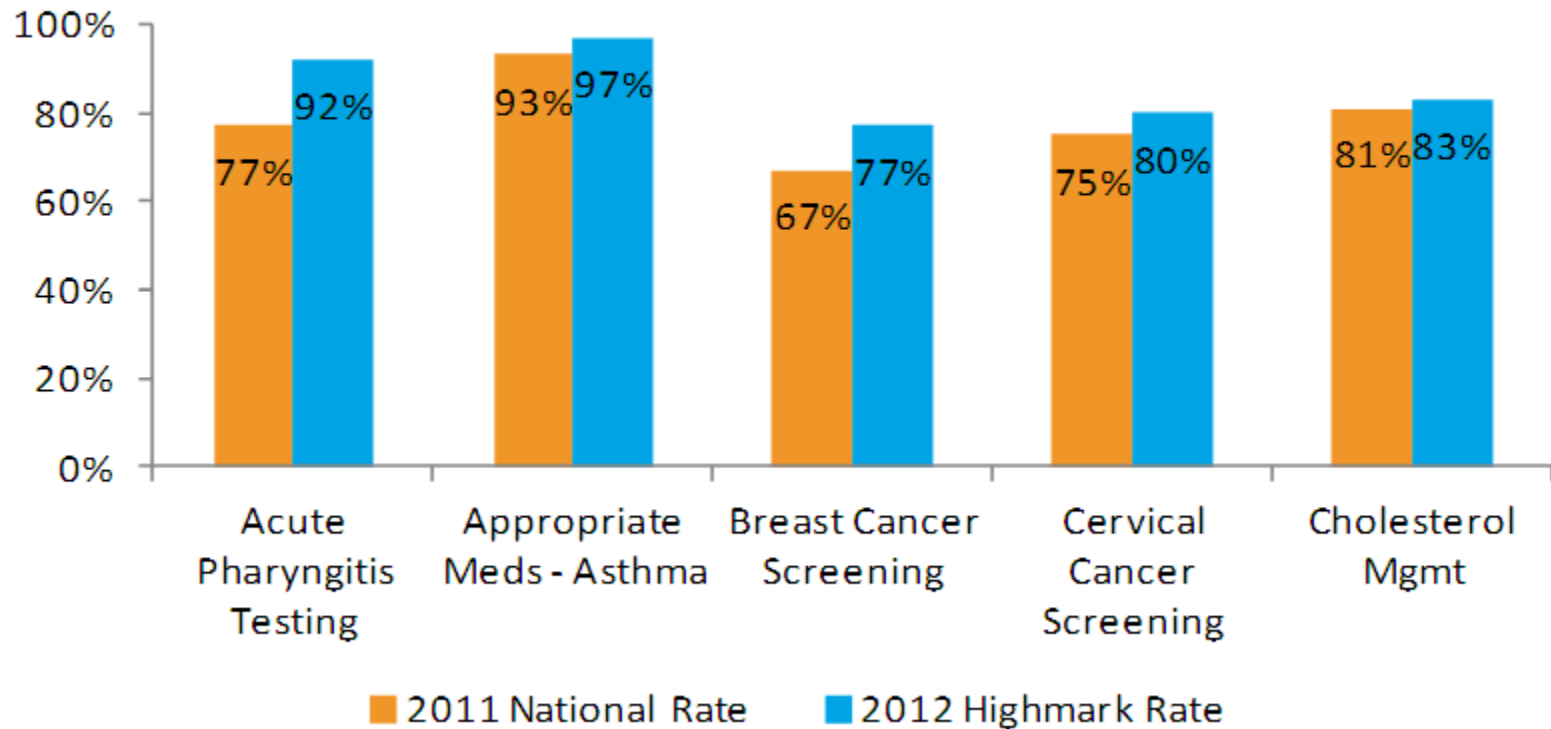
Incentive Levels



Outcome Measurements

Population Health Screenings

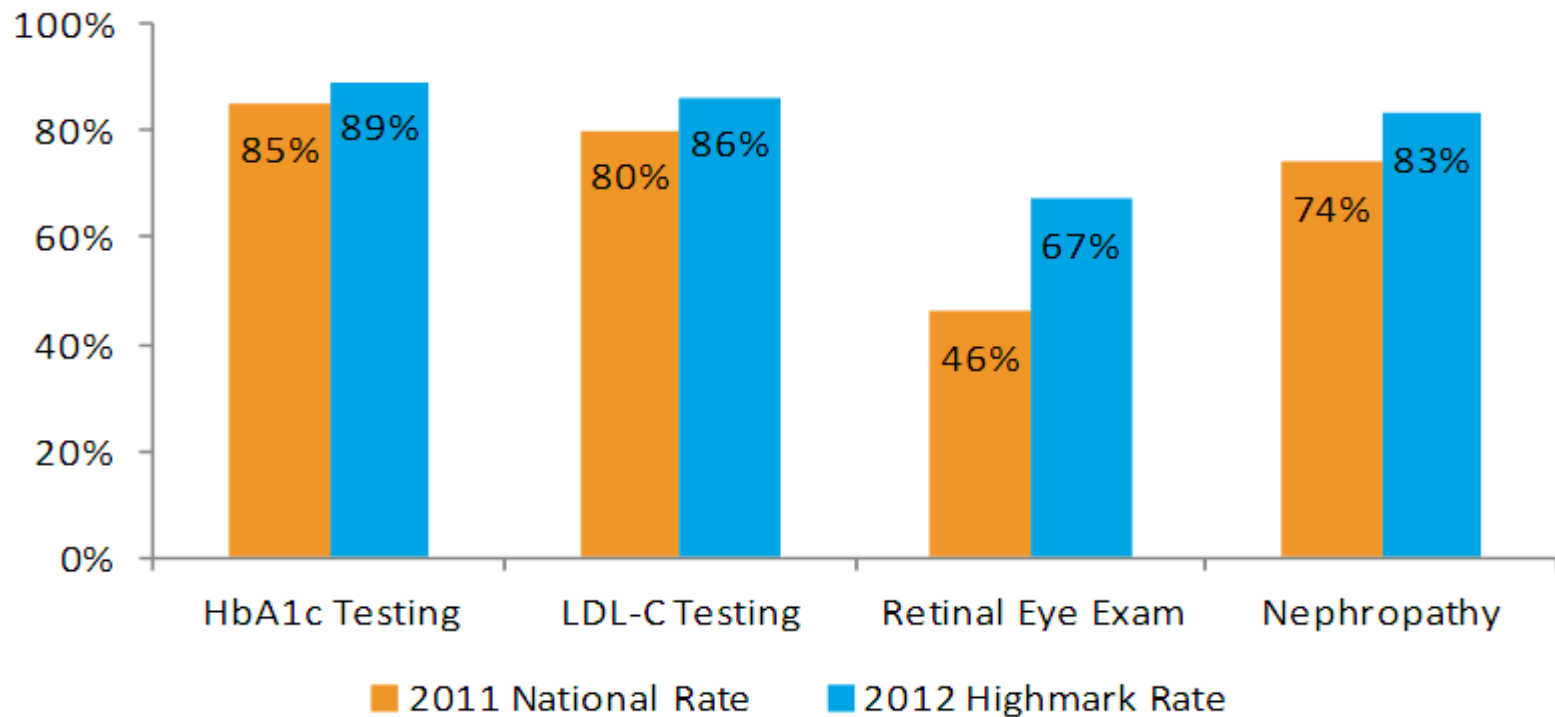
FY2012 Population Health Screening



Outcome Measurements

Comprehensive Diabetes Care

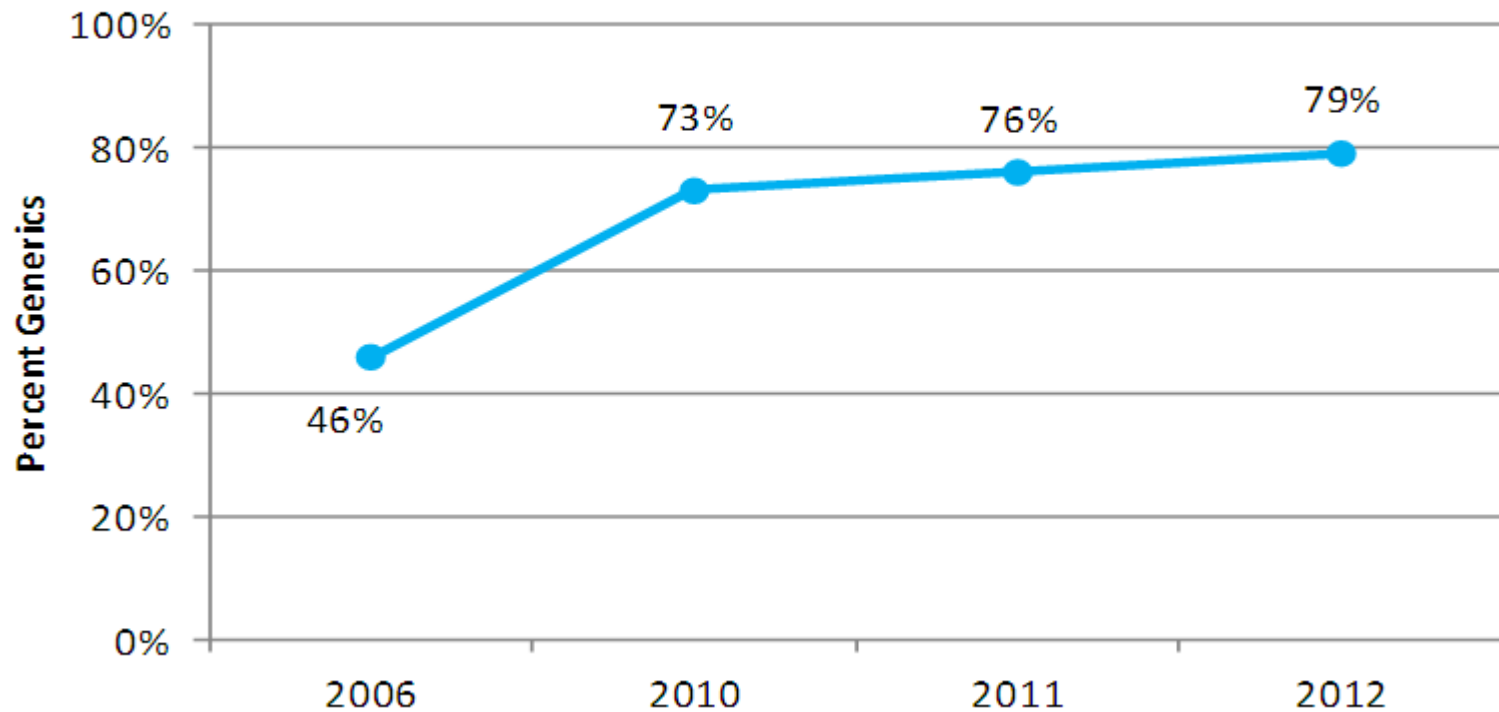
FY2012 Comprehensive Diabetes Care



Outcome Measurement

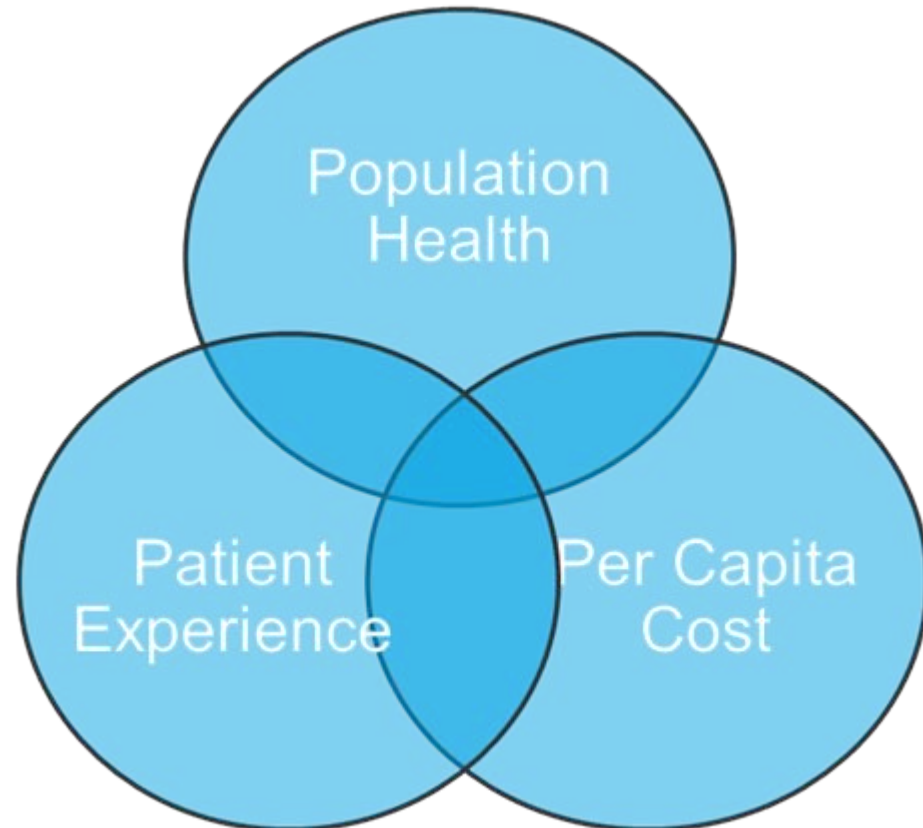
Generic Prescribing Rate

FY2012 Generic Prescribing Rate



WHERE DO WE GO NEXT?

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.

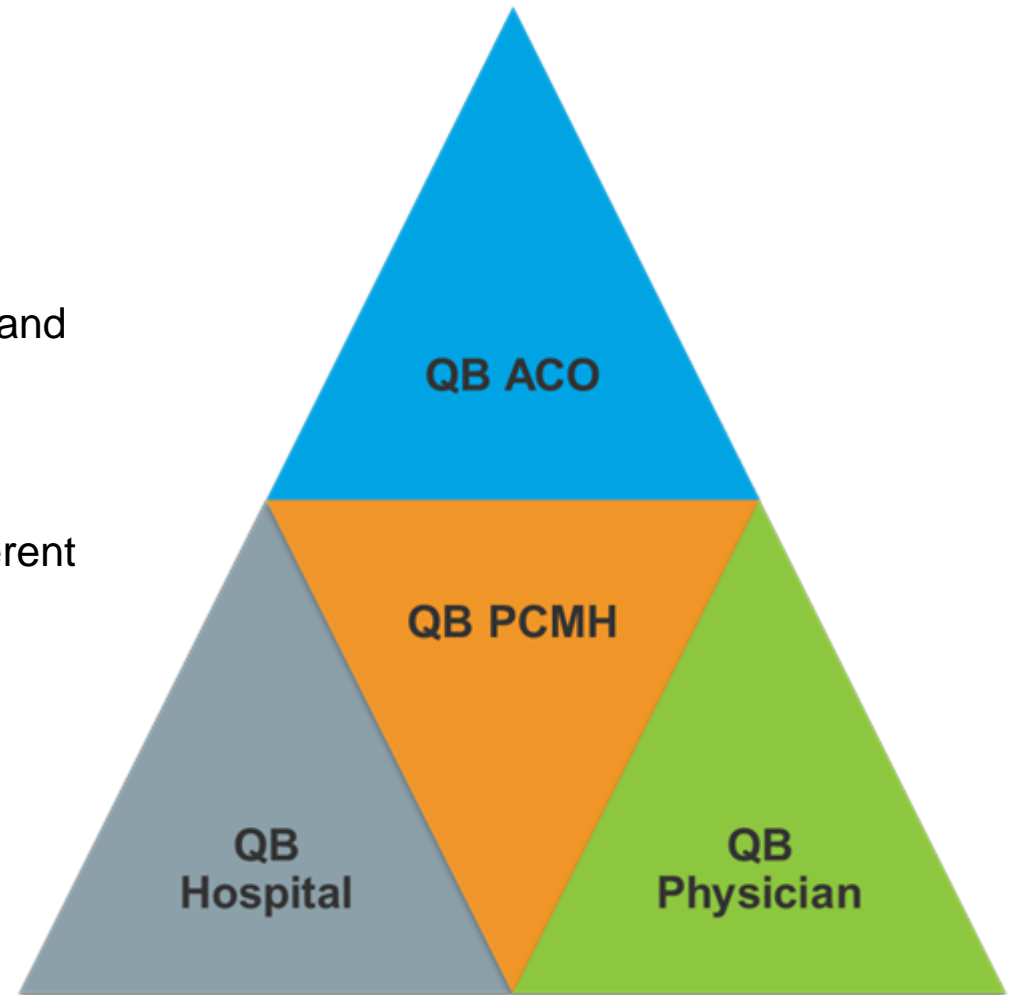


NEXT STEPS



Care Model Connections

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



Conclusion and Questions