

Does P4P Work?

Lessons from the field



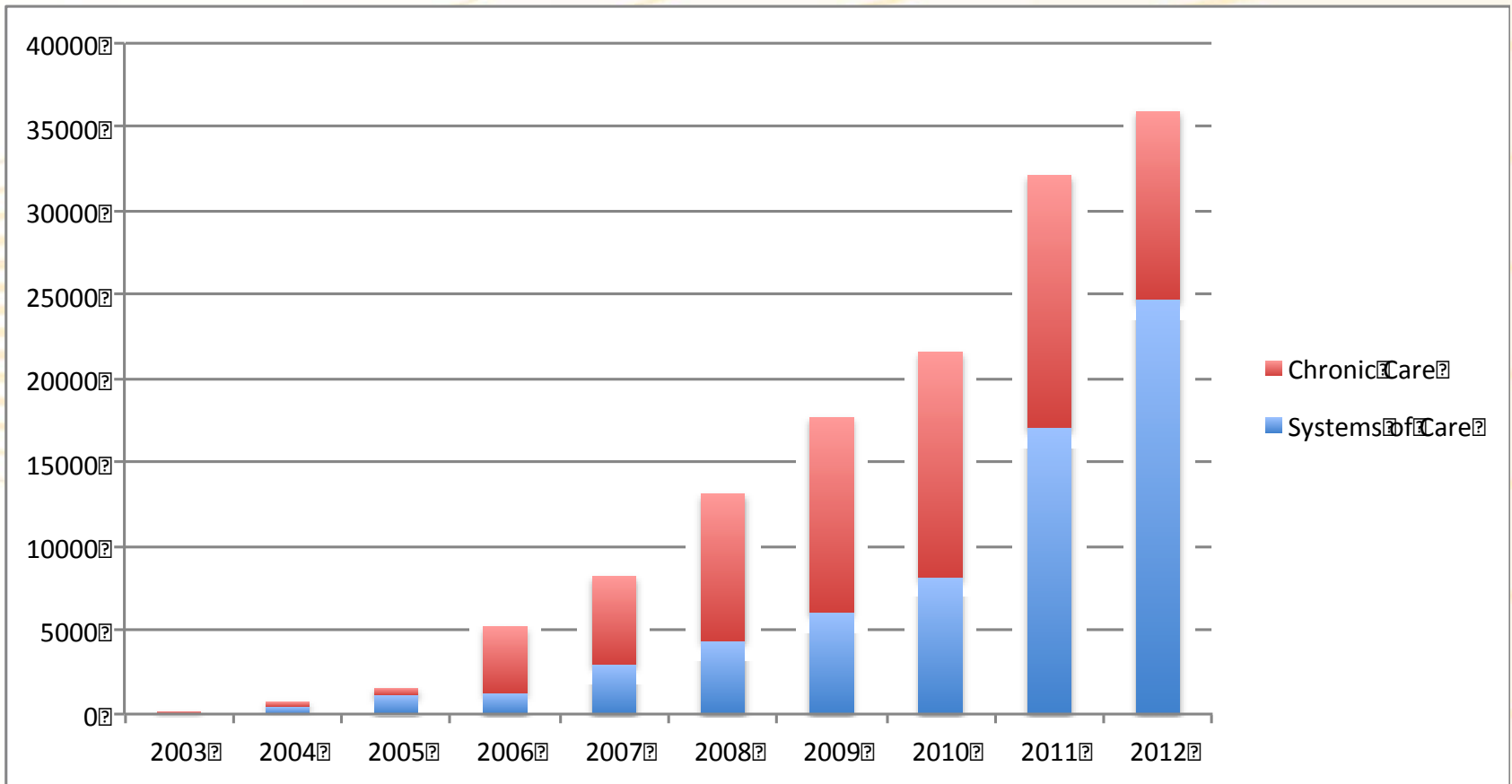
Fair, Evidence-based Solutions. Real and Lasting Change.

IHA – February 19th 2013

Just about ten years ago...

- A few large companies set out to reward physicians for better managing patients with chronic conditions, and help employees find physicians that were better at managing chronic conditions
- Then, with a small grant from RWJF – an afterthought of Rewarding Results – Bridges To Excellence was born; we hired the NCQA to help us create the first survey of physician “systemness”; and we set out to also reward physicians who adopted systems and processes that could lead to better management of patients.

Growth in BTE Recognitions



Researched results

- **What you measure matters** — de Brantes F, Wickland P, Williams J - "The Value of Ambulatory Care Measures: A Payer's/Purchaser's Perspective" American Journal of Manage Care, June 2008
- **The juice has to be worth the squeeze** — de Brantes F, D'Andrea G, "Physicians respond to pay-for-performance incentives: larger incentives yield greater participation" American Journal of Managed Care, 09 May; 15(5):305-10
- **You reap what you sow** — Rosenthal MB, de Brantes F, Sinaiko A, Frankel M, "Bridges To Excellence: Recognizing High Quality Care" American Journal of Managed Care, October 2008

Why have we succeeded where others seem to have failed?

1. Focus on reducing costly defects

- ED visits, IP stays, readmissions, patient safety failures...what we've called Potentially Avoidable Complications

2. Fuel intrinsic incentives

- Dashboard with all patients, improvement over time, peer comparisons, benchmarks

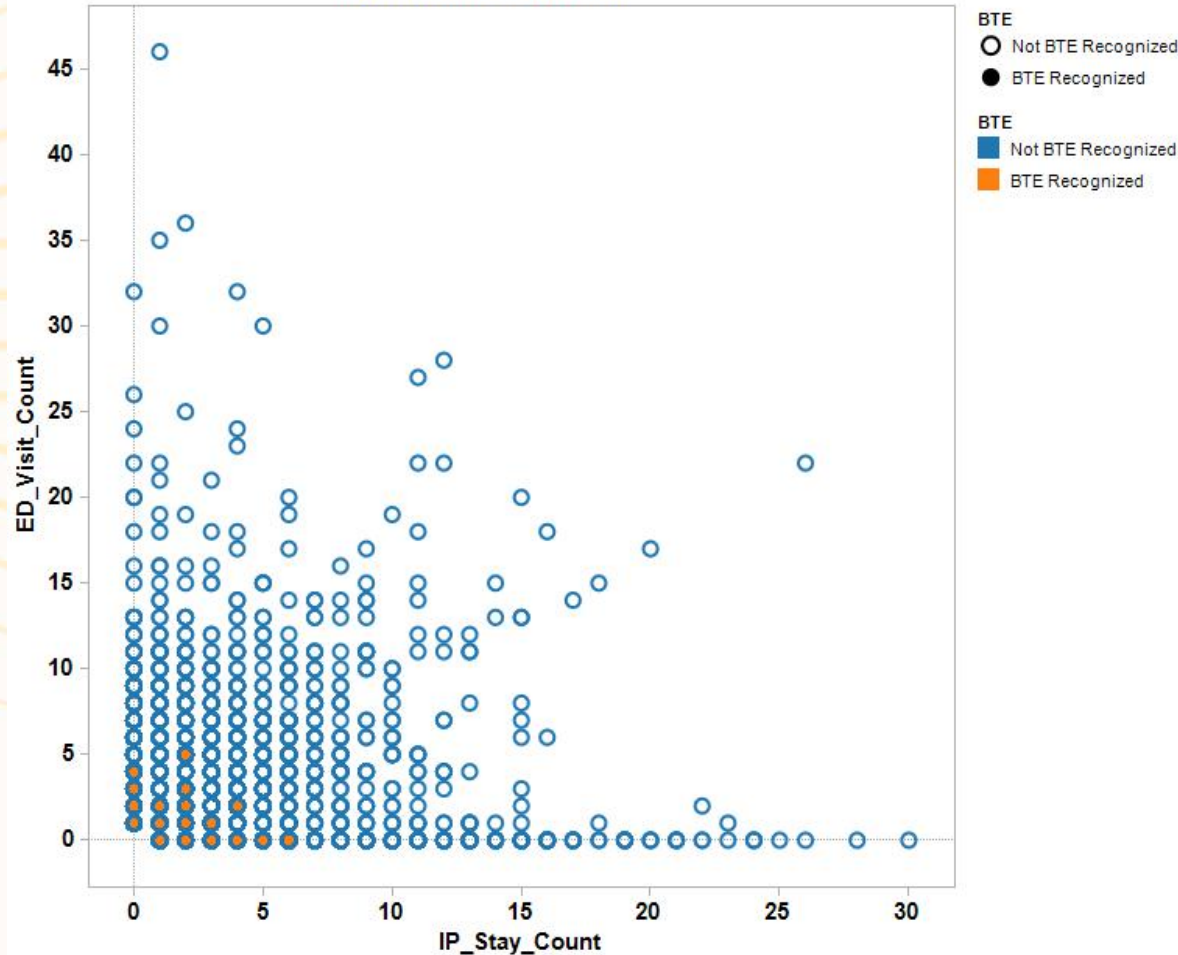
3. Don't compromise on where you set the bar

- The more costly patients have more defects that stem from more out-of-control biometrics

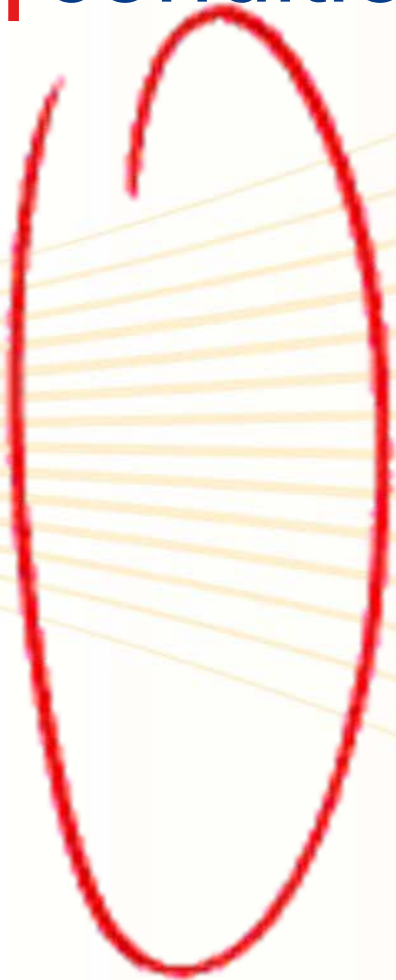
Costly defects in one community

- 15% of total commercial plan members had a least one Inpatient hospitalization or one ED visit (87,332 of 581,418 members)
- 833 patients had 6+ ED visits and accounted for 18% of total ED visits
- 6,170 patients had 3+ IP stays and accounted for 31% of total IP stays

Inpatient Admissions & ED Use for Patients Seeing BTE Recognized and Non Recognized Physicians

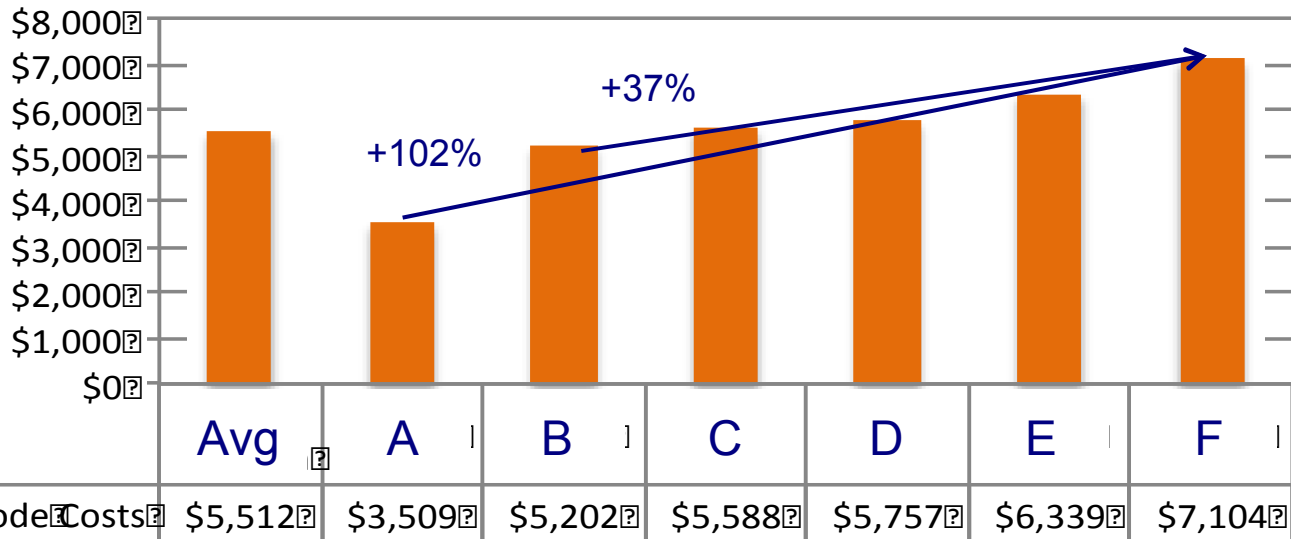


Causes for admissions – chronic conditions



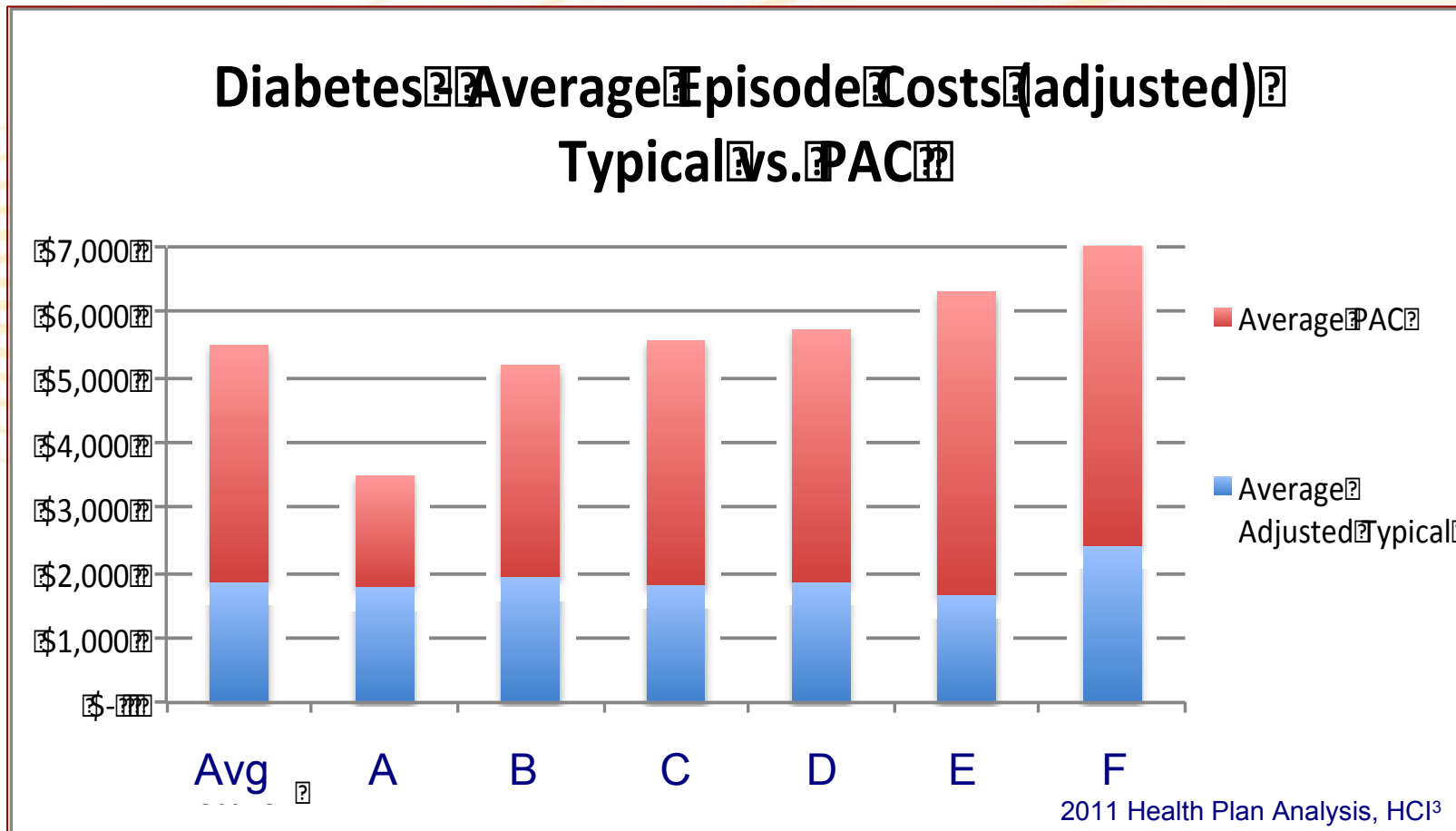
Consider these Practices...All part of the same "System"

Diabetes Average Episode Costs (Adjusted)



2011 Health Plan Analysis, HCI³

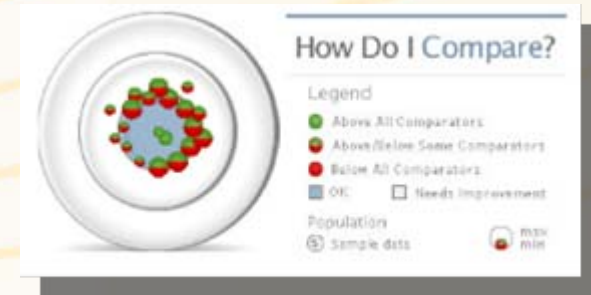
The difference in Diabetes episode costs is made up of complications



PAC: Potentially Avoidable Complications

Valid and actionable feedback loops motivate action

Measure Name	Time Period	My Performance		How Do I Compare?		Patient Outliers	How Do I Improve
		Trending	My Score	My Gaps	My vs All		
Measure: D14 - Diabetes Treatment	Dec 2012		Actual 82% Higher is Better	5 gaps	100%		
Diabetes Mellitus: High Blood Pressure Control	Dec 2012		Actual 90% Higher is Better	3 gaps	50%		
Measure: C17 - Diabetes Care - Eye Exam	Dec 2012		Actual 69% Higher is Better	3 gaps	100%		
Measure: C19 - Diabetes Care - Blood Sugar	Dec 2012		Actual 76% Higher is Better	3 gaps	100%		
% of patients with blood pressure in control	Dec 2012		Actual 51% Higher is Better	2 gaps	0%		



My Patient Alerts

Identify patient outliers requiring attention. These indicators represent each patient's most recent status for each measure.

Select an App: East General Hospital Quality Improver

Filter by measure: 6 selected

Sort by: More gaps first

My Patients (140)

Filter by: Performance Met Performance Not Met Excluded

Patient Information	Measures					
	Dilated Eye Exam in Diabeti...	Diabetes Mellitus: Foot Exam	Hemoglobi n A1c Poor Control...	High Blood Pressure Control...	Low Density Lipoprotei n (LD...	Urine Screening for Microal...
Julia, Sanforth F 63y 3/26/1949 ID: 65375363	●	●	●	●	●	●
Phillip, Bloise M 61y 11/29/1951 ID: 2002462	●	●	●	●	●	●
Joseph, Dryfus M 55y 4/19/1957 ID: 68375355	●	●	●	●	●	●
David, Blaine M 69y 5/26/1943 ID: 74575646	●	●	●	●	●	●

Measure roll-ups drill down to individual patient reports that identify misses

Getting to good, better, best

<i>Clinical Measures</i>	Measure Focus	Min	Possible Points Per Measure		
			<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
<i>Poor control measures</i>					
HgBA1c Control	> 9.0	27.50%	15		
Blood Pressure Control	≥ 140/90	40.00%	15		
LDL Control	≥ 130 mg/dl	40.00%	10		
<i>Poor control composite measure</i>					
HgBA1c Control	> 9.0			40	40
Blood Pressure Control	≥ 140/90				
LDL Control	≥ 130 mg/dl				
<i>Superior control measures</i>					
HgBA1c Superior Control	< 7.0	40.00%	5	5	5
HgBA1c Superior Control	< 8.0	40.00%	5	5	
Blood Pressure Superior Control	< 130/80	30.00%	10	10	
LDL Superior Control	< 100 mg/dl	35.00%	10	10	
<i>Superior control composite measure</i>					
HgBA1c Superior Control	< 8.0				25
Blood Pressure Superior Control	< 130/80				
LDL Superior Control	< 100 mg/dl				
<i>Process measures</i>					
Body Mass Index			0	0	0
Ophthalmologic Exam			10	10	10
Nephropathy Assessment			5	5	5
Podiatry Exam			5	5	5
Tobacco Status and Cessation Advice and Treatment			10	10	10
Total possible points			100	100	100
Percentage of Points to pass			60	60	60

FAIR, EVIDENCE-BASED SOLUTIONS.

Real and Lasting Change.



For contact information:

www.HCI3.org

www.bridgestoexcellence.org

www.prometheuspayout.org

**HEALTH CARE
INCENTIVES**
IMPROVEMENT INSTITUTE®