

MVP Health Care

Pay-4-Performance

- Technology



Establishment of a well constructed technology infrastructure has been demonstrated to be an important step in practice based health care quality improvement. MVP and Taconic IPA have partnered in the development of the MedAllies system to facilitate health care communication and management across the Hudson Valley communities.

In 2004, the MVP Pay 4 Performance program has been adapted to recognize the accomplishments of Taconic IPA and our participating physicians in implementation and daily use of this system (Phase I). Next steps now under development include e-prescribing (Phase II) and electronic health records (Phase III).

The following defines how this element of the Pay 4 Performance program will be administered for Phase I.

Technology P4P Methodology

Physicians will be bonused according to usage of the MedAllies system. Eligibility for bonuses will include all primary care physicians and specialists who log on to the system at least once during the period 7/1/04 – 12/31/04. The threshold for achieving credit will require active look up of electronic results on the Elysium system. Credit will be given for look up on a daily basis. Therefore, if a physician looked up results electronically each day for the entire period, they would receive the full bonus. If they look up the results at a frequency less than 100%, the bonus would reflect the frequency of utilization (e.g. 50% usage would result in 50% of the bonus).

Bonuses would only be paid for physician usage. Physician support staff usage would not count as credit. All end users hold a unique username and password, and by written policy, physicians are not to give their username and password to other individuals. These requirements are delineated in the signed Confidentiality policies and logs are monitored to track usage.

Additional physicians will be entering the program after the starting date. Those physicians will receive a bonus based on the percentage of days utilizing the system during 7/1/04 – 12/31/04. Therefore, those physicians will not get credit for the time lapsed between initiation of the project and their entry date.

Payment calculation

This component of the P4P is funded at \$0.40PMPM for the six months 7/1/04 – 12/31/04. This funding is based on member months for all MVP fully insured HMO members with a TIPA PCP who has personally logged on to the system at least once during the 7/1/04 – 12/31/04 timeframe.

Potential shares of this pool will be defined based on the total number of unique patients cared for, across all eligible physicians. PCP's will be credited with two contacts for each member on their panel. Specialists will be credited one contact for each unique

member seen during the time period; regardless of the number of times that member was seen. Each member will be counted multiple times as they may see their PCP and several specialists. But that member can only be counted once for any individual specialist.

The total number of shares will then be divided into the total dollars available to define a dollar value for each share. Each physician's number of shares will be multiplied by this to determine their potential earnings.

Regular use of the system is defined as logging on at least 15 days out of each month. Logging on more often than 15 days each month does not earn additional credit or does it offset other months in which less than 15 logons occurred. Actual earnings will be determined by dividing the total number of days when a physician log-on took place during the six month period, by 90, and then multiplying this number by the potential earnings.

Integration with Core Quality Measures

As noted above, the 2004 Technology performance measure is funded at up to \$0.40PMPM for the period Jul-Dec 2004. The complete P4P program is funded at \$1.00PMPM for the full year 2004. The core quality measures thus earn up to \$1.00PMPM for Jan-Jun member months and up to \$0.60PMPM Jul-December of 2004.

As described elsewhere these core measures reflect performance in relation to access, service and effectiveness of care. For the 2004 program, the performance period for most measures ends June 30th of 2004. Analysis of claims and record reviews take place 4Q04 with generation of reports and payments 1Q05.

Next Steps

System enhancements for subsequent phases of this program are now under consideration. MVP and Taconic IPA leadership will be working with the local health care community to prioritize and select the specific components to be used in future years of this program.

In addition, other health plans are now being approached to financially recognize physicians utilizing this system in a collaborative manner. This recognizes that the larger a portion of each physician's practice that can benefit from any system, the more likely the physician will incorporate it into his/her daily routines.