

# Integrated Healthcare Association Pay for Performance (P4P) 2008 Results Executive Summary August 2009

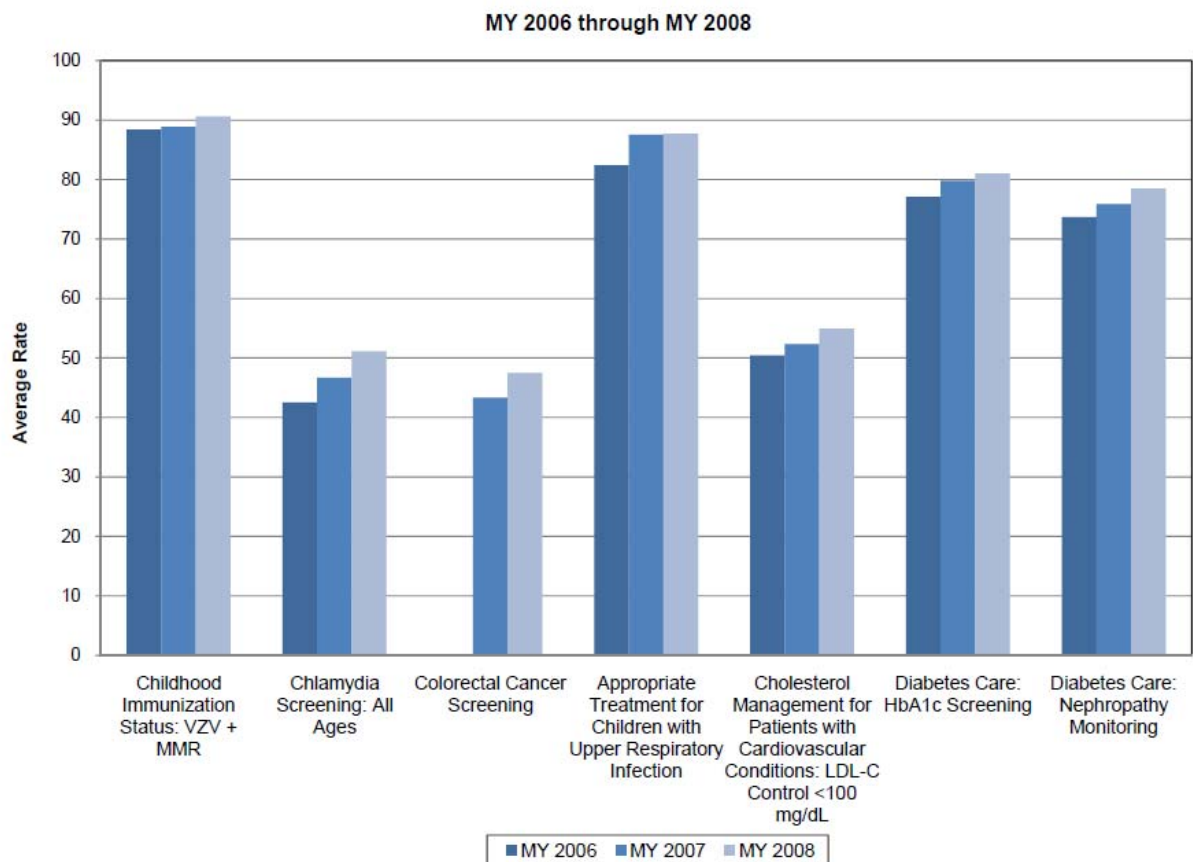
The Integrated Healthcare Association (IHA) Pay for Performance (P4P) program is the largest non-governmental physician incentive program in the U.S. and includes 8 health plans and over 225 physician groups representing 35,000 physicians who provide care for 10.5 million HMO members in California. Performance results for 2008 show steady improvement in clinical quality, patient experience, and information technology-enabled systemness.

## Clinical Quality Results

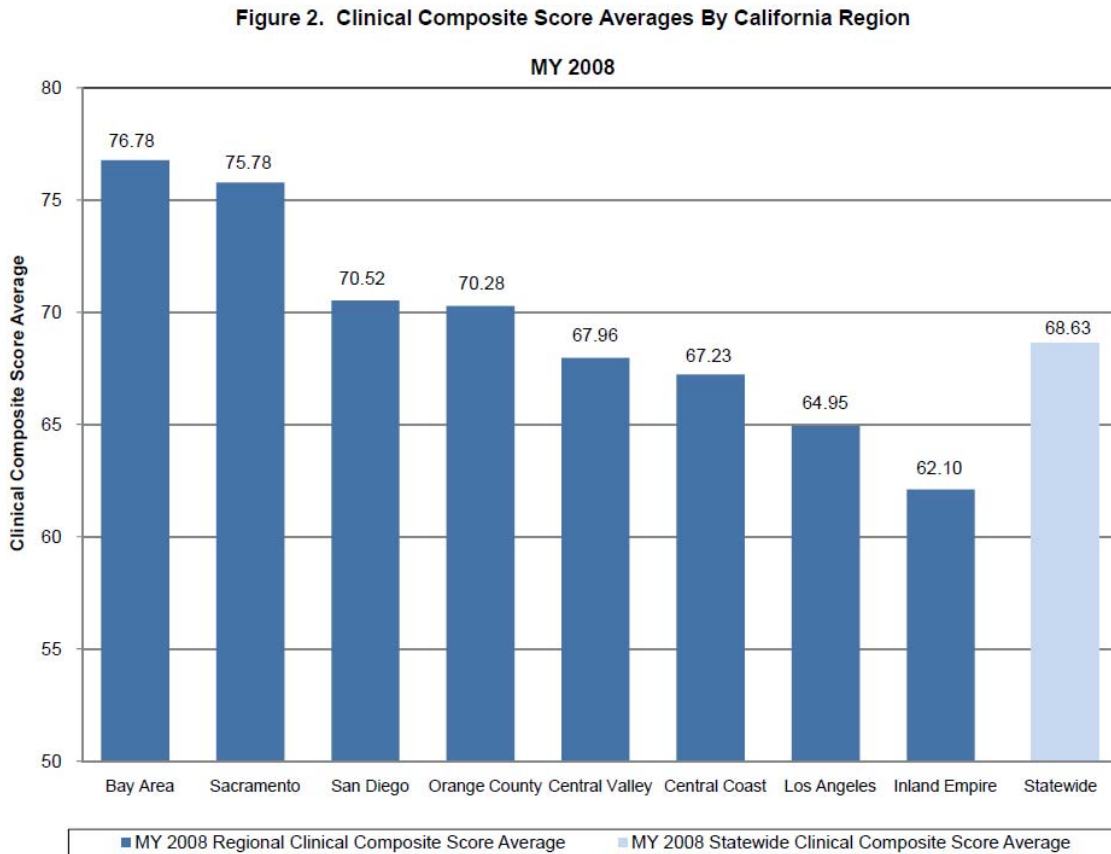
Clinical quality is measured in areas of preventive care, acute care, chronic care, and coordinated diabetes care.

- In 2008, all but one measure showed improvement in clinical performance. The measure that did not show improvement had a modest decrease of 0.4%. Figure 1 below shows performance for select measures from 2006 to 2008.

**Figure 1. Clinical Quality Measures: Average Rates by Measure**



- P4P results have exposed striking geographic performance variations within the state for clinical quality measures. Figure 2 below shows the performance variation in clinical composite score averages by each California region.



- The California counties within each region used for pay for performance reporting in 2008 are noted below.

Region	County
Bay Area	Alameda, Contra Costa, Marin, Santa Clara, San Francisco, and San Mateo
Central Coast	Monterey, Santa Barbara, Santa Cruz, San Luis Obispo, and Ventura
Central Valley	San Joaquin down to Kern and all counties East
Inland Empire	San Bernardino and Riverside
Los Angeles	Los Angeles
Orange County	Orange
Sacramento	Napa, Sacramento, Sonoma, Solano, and all counties North
San Diego	Imperial and San Diego

Patient Experience Results

Patient experience measures patients’ ratings of care received from their doctors and other providers in their physician group.

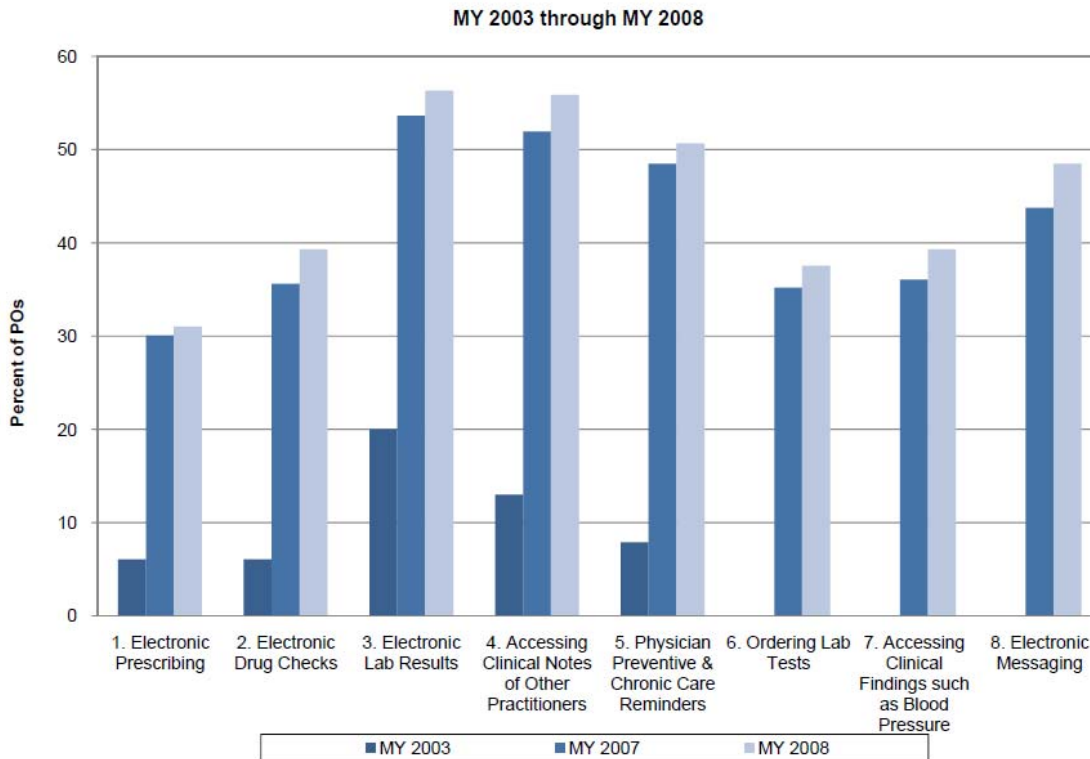
- In 2008, patient experience measures showed a slight upward movement across all measures.
- Regional variation in scores for patient experience follows the same general pattern as scores for clinical quality.

Information Technology-Enabled Systemness Results

IT-enabled systemness evaluates infrastructure and processes that physician groups use to systematically provide safe and effective evidence-based care.

- In 2008, more than two-thirds of physician groups demonstrated some health IT capability. This is about double the number of groups in 2003.
- In 2008, the number of physician groups qualifying for point of care activities increased on all activities.

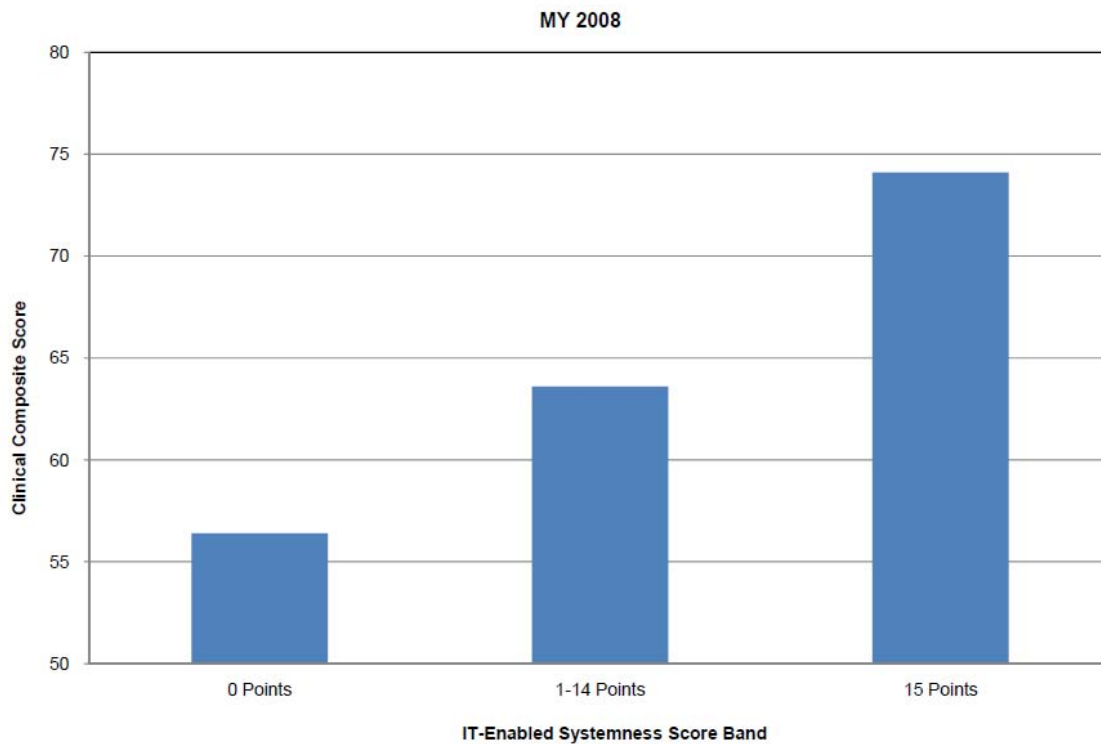
**Figure 3. IT-Enabled Systemness: Percent of Physician Organizations ("POs") Using Point of Care IT Activities**



**Note:** Ordering lab tests, accessing clinical findings such as blood pressure, and electronic messaging activities were added after MY 2003.

- IT-enabled systemness is associated with better clinical quality.

Figure 4. IT-Enabled Systemness: Clinical Composite Scores Distribution by IT-Enabled Systemness Score Band



**Note:** Clinical composite score averages are calculated for POs with reportable rates for at least half of the clinical quality measures.

Since P4P program inception, physician groups have improved in clinical quality, patient experience, and IT-enabled systemness. Physician groups have been highly engaged and quality improvement has become a strategic priority. This creates a strong foundation for continued performance improvement.

P4P results are based on measurement year (MY) 2008. The eight participating California health plans included in this report are: Aetna, CIGNA, Anthem Blue Cross, Blue Shield, Health Net, Kaiser Permanente, UnitedHealthcare (formerly PacifiCare), and Western Health Advantage. For additional information on the Integrated Healthcare Association or the California Pay for Performance program, please visit [www.IHA.org](http://www.IHA.org).

**Integrated Healthcare Association**  
**Pay for Performance (P4P) 2008 Results Report**  
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**California Pay for Performance Healthcare Results - Measurement Year 2008 (MY 2008)**

**Table R1. Clinical Quality, Patient Experience, IT-Enabled Systemness, and Coordinated Diabetes Care Composite Score Averages By California Region  
MY 2008**

<u>California Region</u>	<u>Clinical Quality</u>		<u>Patient Experience</u>		<u>IT-Enabled Systemness</u>		<u>Coordinated Diabetes Care</u>	
	<u>No. of POs</u>	<u>Composite Score Average</u>	<u>No. of POs</u>	<u>Composite Score Average</u>	<u>No. of POs</u>	<u>Composite Score Average</u>	<u>No. of POs</u>	<u>Composite Score Average</u>
	<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>	<b>(e)</b>	<b>(f)</b>	<b>(g)</b>	<b>(h)</b>
Bay Area	26	76.78	27	83.44	28	13.61	28	10.59
Sacramento	18	75.78	18	83.13	18	14.50	18	11.28
San Diego	17	70.52	17	81.75	20	9.15	20	5.82
Orange County	18	70.28	17	80.66	19	11.16	19	6.55
Central Valley	15	67.96	12	81.85	19	8.84	19	5.95
Central Coast	7	67.23	7	82.13	8	12.13	8	7.31
Los Angeles	65	64.95	56	79.25	90	8.22	90	3.97
Inland Empire	22	62.10	20	78.81	27	7.30	27	2.81
<b>Statewide</b>	<b>188</b>	<b>68.63</b>	<b>174</b>	<b>80.93</b>	<b>229</b>	<b>9.78</b>	<b>229</b>	<b>5.88</b>

Note: For additional information on the P4P measurement domains, see the MY 2008 P4P Manual posted on IHA's website ([www.iha.org](http://www.iha.org)).

**California Pay for Performance Clinical Quality Results - Measurement Year 2008 (MY 2008)**

**Table C1. Clinical Quality Measures: Average Rates<sup>1</sup> and Count of Physician Organizations ("POs") by Measure  
MY 2006 through MY 2008**

Measure	MY 2006		MY 2007		MY 2008		HEDIS <sup>2</sup> 75th Pctile
	P4P PO (N=235)		P4P PO (N=233)		P4P PO (N=229)		
	No. of POs	Avg Rate	No. of POs	Avg Rate	No. of POs	Avg Rate	
	(a)	(b)	(c)	(d)	(e)	(f)	(g)
<b>Preventive Care:</b>							
Breast Cancer Screening: Ages 42-69	205	66.8	200	68.0	207	69.4	74.2
Cervical Cancer Screening: Ages 24-64	201	73.5	201	74.2	204	75.2	84.2
Childhood Immunization Status: VZV + MMR <sup>3</sup>	142	88.4	140	88.9	132	90.6	95.2
Chlamydia Screening: All Ages	190	42.5	187	46.7	182	51.1	48.0
Colorectal Cancer Screening	--	--	200	43.3	208	47.5	65.0
<b>Acute Care:</b>							
Appropriate Treatment for Children with Upper Respiratory Infection	184	82.4	175	87.5	178	87.7	89.5
Appropriate Testing for Children With Pharyngitis	--	--	--	--	155	51.4	84.6
Avoidance of Antibiotic Treatment for Adults With Acute Bronchitis	--	--	--	--	177	36.1	26.1
Use of Imaging Studies for Low Back Pain	--	--	--	--	176	78.2	77.8
<b>Chronic Care:</b>							
Annual Monitoring for Patients on Persistent Medications: Overall	--	--	--	--	200	74.0	81.6
Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Screening	136	83.9	134	86.1	134	86.2	91.4
Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Control <100 mg/dL	135	50.4	134	52.3	134	54.9	65.5
Use of Appropriate Medications for People With Asthma: All Ages	155	90.9	143	91.9	141	92.7	93.9
<b>Coordinated Diabetes Care:</b>							
Diabetes Care: HbA1c Screening	199	77.1	195	79.8	201	81.0	91.7
Diabetes Care: HbA1c Control <8.0%	--	--	--	--	201	45.8	--
Diabetes Care: HbA1c Poor Control >9.0% <sup>4</sup>	199	46.2	195	46.7	201	47.1	22.7
Diabetes Care: LDL-C Screening	199	74.3	195	77.4	201	79.0	87.4
Diabetes Care: LDL-C Control <100 mg/dL	199	32.9	195	33.5	201	37.0	50.5
Diabetes Care: Nephropathy Monitoring	199	73.7	195	75.9	201	78.5	86.1

-- not available

Note: Results are collected from health plans, aggregated, and supplemented by PO reported results.

<sup>1</sup> This is a simple average of all reportable PO rates. Rates are reportable when 30 or more patients meet the measure denominator criteria.

<sup>2</sup> Healthcare Effectiveness Data and Information Set - National standard measures of health plan performance, from NCQA. Health plan measurement is not directly comparable to PO measurement, but is provided as a benchmark of National performance.

<sup>3</sup> Calculated as the simple average of MMR and VZV measures.

<sup>4</sup> Lower rates indicate better performance for HbA1c Poor Control.

## California Pay for Performance Patient Experience Results - Measurement Year 2008 (MY 2008)

**Table P1. Patient Experience Measures: Average Rates<sup>1</sup> and Count of Physician Organizations ("POs") by Measure  
MY 2006 through MY 2008**

Measure	MY 2006		MY 2007		MY 2008	
	No. of POs (a)	Avg Rate (b)	No. of POs (c)	Avg Rate (d)	No. of POs (e)	Avg Rate (f)
<b>Composites:</b>						
Quality of Doctor-Patient Interaction	169	88.2	178	88.0	175	88.4
Timely Care and Service	169	74.2	178	74.3	175	74.8
Coordination of Care	169	74.8	178	74.8	175	75.2
Health Promotion	--	--	--	--	172	55.5
Office Staff	--	--	--	--	175	84.9
<b>Overall Rating of Care:</b>						
Rating of Doctor	166	86.7	172	86.8	159	87.2
Rating of Healthcare	169	83.3	177	83.8	175	84.4
<b>Specialty Care:</b>						
Getting Appointment with Specialist	66	72.5	69	71.5	92	72.4
Rating of Specialist	168	85.3	157	85.5	173	85.7

-- not available

Note: Collected from the Patient Assessment Survey ("PAS"); derived from the National Clinician and Group CAHPS survey.

<sup>1</sup> This is a simple average of all reportable PO rates. Rates are reportable when enough patients complete the survey to achieve a reliability of greater than 0.7.

**California Pay for Performance IT-Enabled Systemness Results - Measurement Year 2008 (MY 2008)**

**Table I1. IT-Enabled Systemness: Total Points and Scores Distribution by Type of Physician Organization ("PO")  
MY 2007 and MY 2008**

IT-Enabled Systemness Score Band	MY 2007			MY 2008					
	Total Points			Total Points			P4P IT-Enabled Systemness Score		
	No. of POs	% Enrollment <sup>1</sup>	% SRPO <sup>2</sup>	No. of POs	% Enrollment <sup>1</sup>	% SRPO <sup>2</sup>	No. of POs	% Enrollment <sup>1</sup>	% SRPO <sup>2</sup>
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
0 Points	79	5.1 %	3.8 %	66	4.3 %	1.5 %	66	4.3 %	1.5 %
1-4 Points	2	0.4	1.5	2	0.2	1.5	2	0.2	1.5
5-9 Points	7	2.1	3.1	7	1.4	3.0	11	3.4	5.9
10-14 Points	11	2.9	6.2	7	2.7	3.7	35	4.5	18.5
15-19 Points	35	5.7	14.6	28	3.5	14.8	115	87.5	72.6
20-24 Points	43	36.7	29.2	43	34.9	27.4	--	--	--
25-30 Points	56	47.1	41.5	76	52.9	48.1	--	--	--
<b>Total</b>	<b>233</b>	<b>100.0 %</b>	<b>100.0 %</b>	<b>229</b>	<b>100.0 %</b>	<b>100.0 %</b>	<b>229</b>	<b>100.0 %</b>	<b>100.0 %</b>

-- not available

Note: Collected from POs and scored by NCQA based on the IHA P4P criteria.

<sup>1</sup> This is the percent of total membership enrolled in commercial HMO products that is included in the score band.

<sup>2</sup> This is the percent of Self-Reporting Physician Organizations (SRPO) that are included in the score band. SRPOs are physician organizations that calculate and submit their own clinical results.

**Table I2. IT-Enabled Systemness: Clinical Composite Score Averages Distribution by IT-Enabled Systemness Score Band  
MY 2008**

IT-Enabled Systemness Score Band	No. of POs	Clinical Composite Score Average <sup>1</sup>
	(a)	(b)
0 Points	36	56.4
1-14 Points	37	63.6
15 Points	115	74.1
<b>Total</b>	<b>188</b>	

<sup>1</sup> Calculated for POs with reportable rates for at least half of the clinical quality measures.

**Table I3. IT-Enabled Systemness: Percent of Physician Organizations ("POs") Using Point of Care and Population Management IT Activities  
MY 2003 through MY 2008**

Measures	MY 2003		MY 2007		MY 2008	
	No. of POs	Percent of POs	No. of POs	Percent of POs	No. of POs	Percent of POs
	(a)	(b)	(c)	(d)	(e)	(f)
<b>Total POs</b>	<b>215</b>		<b>233</b>		<b>229</b>	
<b>Population Management IT Activities:</b>						
1. Actionable Report/Data Warehouse	52	24.2 %	152	65.2 %	154	67.2 %
2. Computerized Registries	35	16.3	144	61.8	141	61.6
3. HEDIS Results	23	10.7	143	61.4	145	63.3
<b>Point of Care IT Activities:</b>						
1. Electronic Prescribing	13	6.0	70	30.0	71	31.0
2. Electronic Drug Checks	13	6.0	83	35.6	90	39.3
3. Electronic Lab Results	43	20.0	125	53.6	129	56.3
4. Accessing Clinical Notes of Other Practitioners	28	13.0	121	51.9	128	55.9
5. Physician Preventive & Chronic Care Reminders	17	7.9	113	48.5	116	50.7
6. Ordering Lab Tests <sup>1</sup>	--	--	82	35.2	86	37.6
7. Accessing Clinical Findings such as Blood Pressure <sup>1</sup>	--	--	84	36.1	90	39.3
8. Electronic Messaging <sup>1</sup>	--	--	102	43.8	111	48.5

-- not available

Note: Includes POs qualifying for point of care and population management activities.

<sup>1</sup> This activity was added after MY 2003.

**California Pay for Performance Coordinated Diabetes Care Results - Measurement Year 2008 (MY 2008)**

**Table D1. Diabetes Registry and Related Activities: Point Distribution by Type of Physician Organization ("PO")  
MY 2008**

<u>Point Distribution</u>	<u>P4P Diabetes Registry and Related Activities</u>		
	<u>No. of POs</u>	<u>% Enrollment<sup>1</sup></u>	<u>% SRPO<sup>2</sup></u>
	<b>(a)</b>	<b>(b)</b>	<b>(c)</b>
0 Points	108	12.8 %	21.5 %
1 Point	2	0.6	1.5
2 Points	14	4.9	8.9
3 Points	31	15.0	20.0
4 Points	1	0.0	0.0
5 Points	<u>73</u>	<u>66.7</u>	<u>48.1</u>
<b>Total</b>	<b>229</b>	<b>100.0 %</b>	<b>100.0 %</b>

Note: Collected from POs and scored by NCQA based on the IHA P4P criteria.

<sup>1</sup> This is the percent of total membership enrolled in commercial HMO products that is included in the score band.

<sup>2</sup> This is the percent of Self-Reporting Physician Organizations (SRPO) that are included in the score band. SRPOs are physician organizations that calculate and submit their own clinical results.