

# *P4P Program Updates*

*Integrated Healthcare Association*

*February 1<sup>st</sup> and 4<sup>th</sup>, 2010*



# *Agenda*

- Overview
- MY 2009 Updates
- MY 2009 Testing Measures
- MY 2010 Measure Set
- Live Q&A
- Appropriate Resource Use Domain
- Payment Methodology Recommendations
- Data Exchange Update
- MY 2011 and beyond
- Live Q&A

# *Presenters*

- **Alan Glaseroff, MD** (Chair, P4P Technical Quality Committee)  
Chief Medical Officer, Humboldt-Del Norte IPA
- **Phil Renner**  
AVP, Performance Measures, NCQA
- **Keely Macaulay, NCQA**
- **Jas Nihalani, IHA**
- **Dolores Yanagihara, IHA**

## *Overview: Goal of P4P*

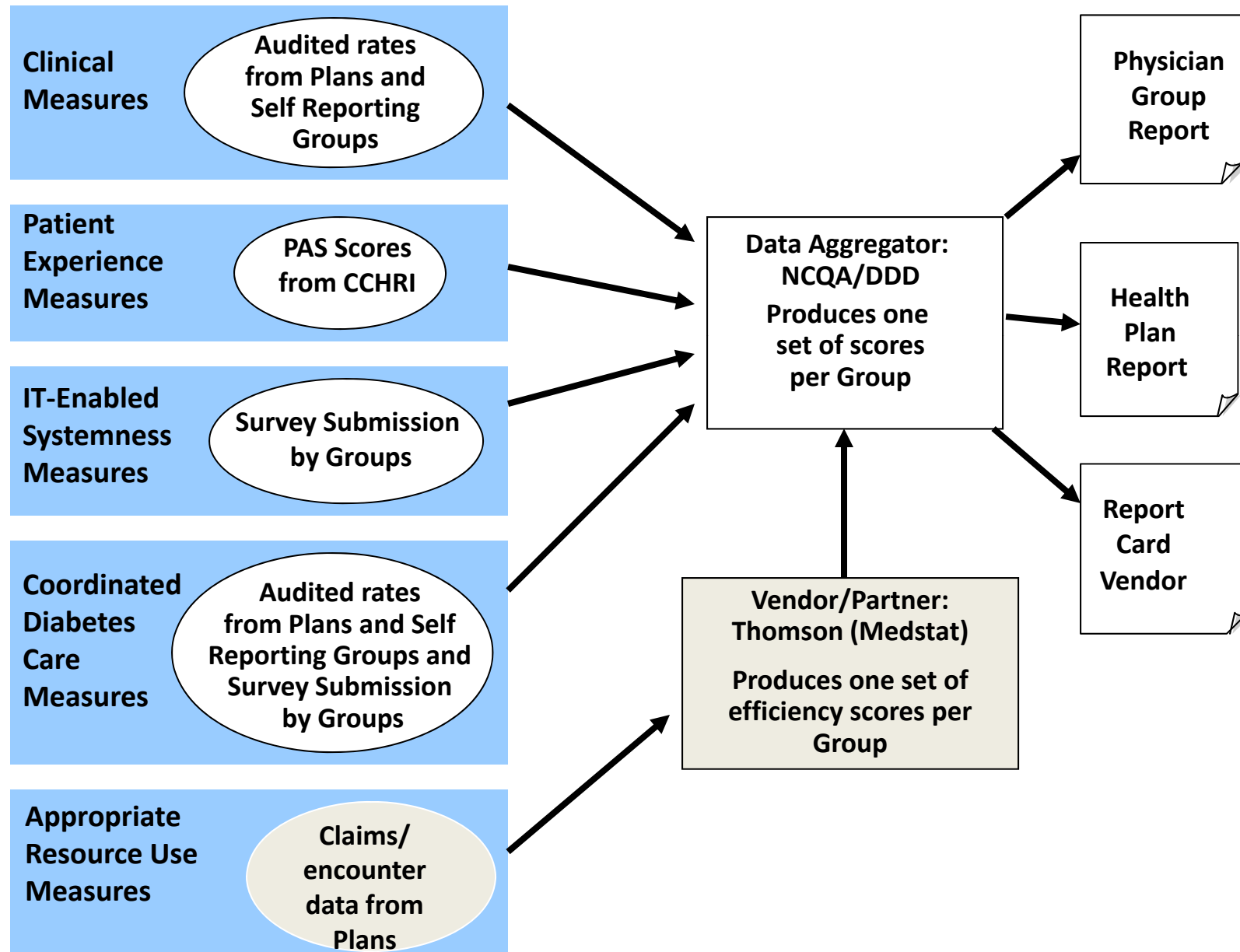
To create a compelling set of incentives that will drive breakthrough improvements in clinical quality, IT-Enabled Systemness, efficiency, and the patient experience through:

- √ Common set of measures
- √ A public report card
- √ Health plan payments to physician groups

# *Overview: Guiding Principles*

- Measures:
  - ✓ Use nationally vetted, standardized measures whenever possible
  - ✓ Test new measures and seek public comment prior to adoption
  - ✓ Move toward outcome measures
- Data Collection:
  - ✓ Only allow electronic data for full eligible population
  - ✓ Health plan data is supplemented by physician group data
- Data Aggregation:
  - ✓ Combine results across plans to create a total patient population for each physician group
  - ✓ Allows more complete and robust measurement and reporting

# Overview: Data Collection & Aggregation



# *MY 2009 Updates*

# *Clinical Domain*

- FAQs – Please check the IHA website for the most updated document
- Measure Deletions
  - Cervical Cancer Screening
  - Use of Appropriate Medication for People with Asthma
- Measure Additions
  - Evidence-Based Cervical Cancer Screening has been added to the Measure Set

## *Evidence Based Cervical Cancer Screening*

- Women 21 years of age and older who received cervical cancer screening in accordance with evidence-based standards
- Three separate overall rates are calculated for this measure based on the same eligible population
  - Rate 1: Appropriately Screened
  - Rate 2: Not Screened
  - Rate 3: Screened Too Frequently
    - Two age bands will be reported to POs (24-30 and 31-65)
- Only Rate 1 – Appropriately Screened will be recommended for public reporting and payment

# *Clinical Domain*

- PO Encounter Threshold for reporting
  - MY 2008 = 3.75
  - MY 2009 = 4.0
  - Rationale for change: The goal is to continue to raise the bar for encounter submission and capture, without excluding more than 5% of enrollment. The P4P Committees reviewed calculations on the percent of enrollment that would be excluded at different thresholds.

# *IT-Enabled Systemness Domain*

- Survey opens on February 2<sup>nd</sup> and closes on March 3<sup>rd</sup>
- Each PO received an email from NCQA on what your points for MY 2009 will be if you choose to not supplement any portion of the survey
- The next technical training session is Monday February 8<sup>th</sup> ,10:00am-11:00am

# *IT-Enabled Systemness Domain*

- Changes to the MY 2009 survey include:
  - Total possible points changed from 15 to 20
  - For full credit, a PO must now successfully meet the criteria for all measures and elements
  - Increased the number of items PO's need to meet to receive full credit in measures 3B1, 3B2 and 3B3, from four of the six items to five of the six items
    - Depression Care Management
  - Removed Measure 4: Access and Communication

# *Coordinated Diabetes Care Domain*

- HbA1c Control < 7.0% for a selected population was added
- CDC Registry
  - This information is collected via NCQA's online Survey Tool (the same survey tool that is used to collect the IT-Enabled Systemness Survey).
  - This question must be completed every year
  - The Survey opens on February 2<sup>nd</sup> and closes on March 3<sup>rd</sup>

*MY 2009 Testing Measures  
(collected in 2010)*

# *MY 2009 Testing Measures*

- Test in 2010 for potential inclusion in MY 2010
- Clinical
  - Blood Pressure Control for Patients with Diabetes
  - Optimal Diabetes Care – Combo 1 and 2
  - Childhood Immunizations – Hep A and Rotavirus
  - Childhood Immunizations – HEDIS Combinations 3 and 7
  - Asthma Medication Ratio

# *Blood Pressure Control for Patients with Diabetes*

- Description: Percentage of members 18-75 years of age with diabetes (type 1 and 2) who had their blood pressure in control
- Eligible Population: Same as other diabetes clinical measures
- Two levels of control measured:
  - < 130/80
  - < 140/90
- Use CPT II codes or data from registry or EMR

# *Blood Pressure Control for Patients with Diabetes*

- Use the most recent BP reading during the measurement year
- Do not include :
  - BPs taken during acute inpatient stay or ED visit
  - BPs taken during outpatient visit for the sole purpose of having diagnostic test or surgical procedure performed
  - BPs obtained same day as major diagnostic or surgical procedure
  - BP readings taken by the member

# *Optimal Diabetes Care*

- Description: Percentage of members 18-75 years of age with diabetes (type 1 and 2) who met the numerator criterion for the below numerator rates. Combination 1 will be the only measure recommended for public reporting and payment.
  - Combo 1: HbA1c (<8.0%), LDL-C Control (<100), and Nephropathy Monitoring
  - Combo 2: All criteria in Combo 1 and BP Control (<140/90)
- Eligible Population: Same as other diabetes clinical measures

# *Childhood Immunization Status – Hep A and Rotavirus*

- Description: Percentage of children who turned two years of age during the measurement year who were identified as having completed antigen series by their second birthday.
  - Two hepatitis A
  - Two or three rotavirus (RV)
- Eligible Population: Same as other childhood immunization status measures

# *Childhood Immunization Status – HEDIS Combinations 3 and 7*

- Description: Percentage of children who turned two years of age during the measurement year who were identified as having had the following combination series by their second birthday.

Combination	DTaP	IPV	MMR	Hib	Hep B	VZV	PCV	Hep A	RV
Combination 3	X	X	X	X	X	X	X		
Combination 7	X	X	X	X	X	X	X	X	X

- Eligible Population: Same as other childhood immunization status measures

# *Asthma Medication Ratio*

- Description: The percentage of members 5-50 years of age who were identified as having persistent asthma and has a ratio of controller medications to total asthma medication of .50 or greater during the measurement year. This measure calculates an unweighted medication ratio of units of controller medications over units of controller medication plus units of short acting beta-agonists (SABAs)/reliever medications for one-year persistent asthmatics.

Units of Controller

Units of Controller + Units of Reliever

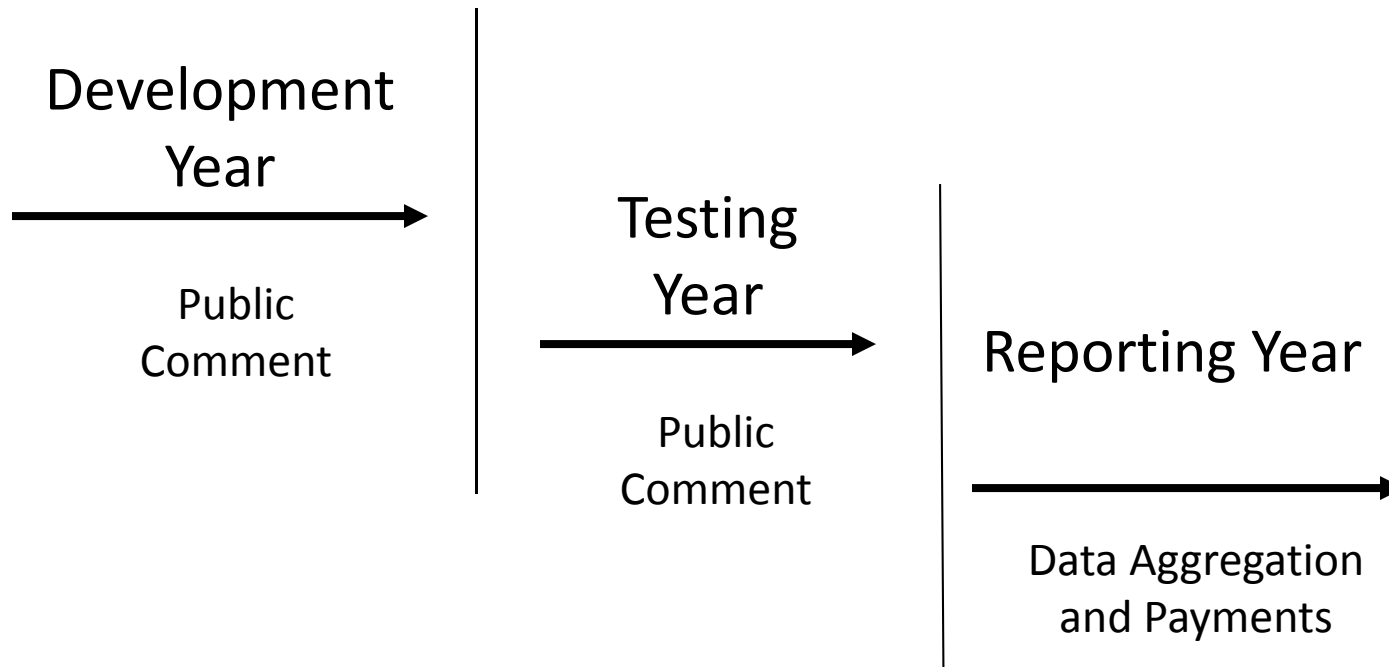
# *Asthma Medication Ratio*

- Eligible Population:

- Report two age stratifications and a total rate
  - 5 – 11 years
  - 12 – 50 years
  - Total
- Step 1: Identify members as having one-year persistent asthma who met at least one of the indicated criteria during the measurement year
- Step 2: A member identified as having persistent asthma because of at least four asthma medication events, where leukotriene modifiers were the sole asthma medication dispensed in the measurement year, must also have at least one diagnosis of asthma, in any setting, in the measurement year

# *New Measure Adoption Timeline*

*(effective for MY 2009)*



# *MY 2010 Measure Set*

# *Domain Weighting*

<b>Domain</b>	<b>MY 2009</b>	<b>MY 2010</b>
Clinical	40	40
Coordinated Diabetes Care	20	20
IT-Enabled Systemness	20	20
Patient Experience	20	20
Appropriate Resource Use	Standard gain-sharing arrangement recommended	Standard gain-sharing arrangement recommended

# *Changes to MY 2010 Measure Set*

- Clinical
  - Added Adolescent Immunizations
  - Added additional antigens/combinations for Childhood Immunization Status
  - Added Asthma Medication Ratio
- Coordinated Diabetes Care
  - Added Blood Pressure Control for People with Diabetes
  - Added Optimal Diabetes Care
- IT-Enabled Systemness
  - Added Electronic Reporting of Blood Pressure for People with Hypertension

# *IT-Enabled Systemness Domain*

- Extended the effective date of the IT-Enabled Systemness scores from MY 2009 to MY 2010
- Added Electronic Reporting of Blood Pressure for People with Hypertension
- Overall P4P scores are calculated by applying a weighting of .67 to PO's total points earned. For example, if PO earned a total of 30 points, PO's overall calculated P4P score would be 20
- Scores are rounded to the nearest whole number

## *Electronic Reporting of Blood Pressure for People with Hypertension*

- Description: The organization has a process in place to collect and electronically store blood pressure for patients with hypertension, and uses the information for population management, patient care and data exchange with business partners.
- Element A: Blood Pressure is collected for at least 10% of its Commercial/POS patients with hypertension and electronically stored in a format that can be searched/queried and extracted. This must be in place by December 31, 2010.
- Scoring: 3 points for an organization if they perform the element, 0 points if they do not perform the element

# *Live Q&A*

# *Appropriate Resource Use Domain*

- Measures for payment:
  - Inpatient Readmission within 30 Days (IRN)
  - Inpatient Utilization – Acute Care Discharges (IPU)
  - Inpatient Utilization – Bed Days (IPBD)
  - Emergency Department Visits (EDV)
  - Outpatient Surgeries Utilization – % Done in ASC (OSU)
    - Not provided in MY 2008 reports
  - Generic Prescribing – 7 therapeutic areas (GRX)

## *Appropriate Resource Use Domain*

- MY 2008 results distributed December 2009
- MY 2009 results to be distributed July 2010
  - 1 plan to pay on all measures; 1 plan to pay on GRX
- Intended for use in shared savings approach
  - For MY 2009, plans not using shared savings
- No public reporting planned

## *Appropriate Resource Use Domain*

- For each PO, each of the measures will be calculated from health plan data in two ways:
  - Results for each contracted health plan
    - Health plan to apply its actual costs and share savings generated by a PO's improvement
    - Health plans may also reward POs for attainment
  - Results aggregated across all contracted health plans
    - Allows PO to understand how its utilization compares to other POs

## *ARU Methodology Basics*

- Observed rate and risk adjusted rate provided
  - For MY 2009 and forward, risk adjustment will be applied to both plan-specific and aggregated results
  - For MY 2008, risk adjustment not applied to plan-specific results

$$\text{Risk adjusted rate} = [\text{Observed Rate/Expected Rate}] * \text{Population Rate}$$

- Confidence intervals provided
- Outliers shown in report, but removed when calculating benchmarks

# *ARU Methodology Basics*

- Except for Generic Prescribing, lower is better and lower percentile ranking is better
- Generic Prescribing
  - For MY 2009 and forward, generic/”preferred” drugs to be determined by each plan based on contracting
  - For MY 2008, generic status based on RED Book designations
- Benchmarks derived from results of all POs statewide

# ARU Methodology Basics

	Readmissions	Inpatient Discharges/Bed Days	ED Visits	Generic Prescribing
Risk Adjustment	CMS DRG case mix	Concurrent DxCG Relative Risk Score	Concurrent DxCG Relative Risk Score	None
Exclusions	<ul style="list-style-type: none"> <li>• Maternity/newborn</li> <li>• Discharge to SNF</li> <li>• Admission to other acute care facility &lt; 1 day</li> <li>• Discharge deceased</li> </ul>	<ul style="list-style-type: none"> <li>• Maternity/newborn</li> <li>• Readmissions</li> <li>• Mental health &amp; chemical dependency</li> <li>• Discharge to other acute care facility</li> </ul>	<ul style="list-style-type: none"> <li>• Admissions</li> <li>• Mental health &amp; chemical dependency</li> </ul>	<ul style="list-style-type: none"> <li>• Self-injectibles</li> </ul>
Outliers	None	<ul style="list-style-type: none"> <li>• &lt;30 or &gt;70 PTMY <u>total</u> discharges</li> <li>• Days Winsorized at 3 SD from mean/DRG</li> </ul>	<ul style="list-style-type: none"> <li>• &lt; 60 or &gt; 250 PTMY ED rate</li> </ul>	None

# *ARU Reports*

- Report 1: Inpatient Hospital Rates
  - Discharges
  - Bed Days
  - Average Length of Stay (for information only)
- Report 2: Hospital Readmission
- Report 3: Emergency Room Visits
- Report 4: Maternity Discharges and ALOS
  - For information only
- Report 5: Generic Prescribing
  - 7 therapeutic areas
  - Overall generic rate (for information only)

## *ARU Reports*

- PO Report – for each measure:
  - Results for each contracted plan
  - Aggregated across all plans with percentile rank
  - Statewide benchmarks
- Health Plan Report – for each contracted PO, for each measure:
  - Plan-specific results
  - Aggregated across all plans
  - Statewide benchmarks

# Sample PO ARU Report

Plan	Member Years of Enrollment	Average RRS	Emergency Room Visits	Emergency Department Visits (EDV) PTMY						
				Observed	Lower 95% Confid. Interval	Upper 95% Confid. Interval	Expected	Risk Adjusted*	Lower 95% Confid. Interval	Upper 95% Confid. Interval
<b>PO's Total (Across All Plans)</b>										
<b>Percentile Rank</b>	—	—	—		—	—			—	—
Aetna										
Anthem Blue Cross										
Blue Shield										
CIGNA										
Health Net										
United/PacifiCare										
Western Health Adv.										

Benchmark Information (All Plans and POs)	Emergency Room Visits (EDV) PTMY		RRS
	Observed	Risk Adjusted	
<b>Average</b>			
<b>Number of POs (N)</b>			
Minimum			
10th Percentile			
25th Percentile			
50th Percentile			
75th Percentile			
90th Percentile			
Maximum			

# Sample Health Plan ARU Report

DMHC Name	DMHC ID	Average RRS	Plan Unadjusted Rates					Emergency Department Visits PTMY (EDV) – All Plans		
			Plan Member Years of Enrollment	Plan Observed ER Visits	Plan Observed ER Visits PTMY (Unadjusted)	Lower 95% Confid. Interval	Upper 95% Confid. Interval	Risk Adjusted ER Visits PTMY	Lower 95% Confid. Interval	Upper 95% Confid. Interval
PO 1 name	PO 1 ID									
PO 2 name	PO 2 ID									
PO 3 name	PO 3 ID									
PO 4 name	PO 4 ID									
PO 5 name	PO 5 ID									
PO 6 name	PO 6 ID									
PO 7 name	PO 7 ID									
PO 8 name	PO 8 ID									
PO 9 name	PO 9 D									
PO 10 name	PO 10 ID									

Benchmark Information (All Plans and POs)	Emergency Room Visits PTMY (EDV)		RRS
	Observed	Risk Adjusted	
Average			
Number of POs (N)			
Minimum			
10th Percentile			
25th Percentile			
50th Percentile			
75th Percentile			
90th Percentile			
Maximum			

# *Data Quality Reports*

- Based on MY 2008 data
- Not for payment; intended to help plans and POs identify and address data issues
- Report 1: Encounter rate metrics
  - Follow “Encounter Rate by Service Type” (ENRST) specifications
    - Office category is combination of ENRST Rates 1-3
  - Inpatient stays metric follows IPU specifications
    - Maternity and hospital readmissions exclusions not applied
  - ED visits metric follows EDV specifications

# *Data Quality Reports*

- Report 2: Diagnosis, Procedure, Revenue Coding
  - Extent to which specified code fields are populated on 1) professional claims and 2) facility claims
- Report 3: Place of Service
  - Shows values populated on 1) professional claims and 2) facility claims
- Report 4: DCG RRS
  - Contains average concurrent relative risk score
  - Negatively impacted (i.e., lower than it should be) by missing/incomplete diagnosis coding

# *Data Quality Reports*

- PO Report – for each metric:
  - Results for each contracted plan
  - Aggregated across all plans with percentile rank
  - Statewide benchmarks
- Health Plan Report – for each metric, for each contracted PO:
  - Plan-specific results
  - Aggregated across all plans
  - Statewide benchmarks

# Sample PO Data Quality Report

Plan	Member Years of Enrollment	Office*	Lab	Radiology	Ambulatory Surgery	Inpatient	Emergency Department
<b>PO's Total (Across All Plans)</b>							
<b>Percentile Rank</b>	—						
Aetna							
Anthem Blue Cross							
Blue Shield							
CIGNA							
Health Net							
United/PacifiCare							
Western Health Advantage							

Benchmark Information (All Plans and POs)	Office*	Lab	Radiology	Ambulatory Surgery	Inpatient	Emergency Department
<b>Average</b>						
<b>Number of POs (N)</b>						
Minimum						
10th Percentile						
25th Percentile						
50th Percentile						
75th Percentile						
90th Percentile						
Maximum						

# Sample Health Plan Data Quality Report

DMHC Name	DMHC ID	Health Plan							All Plans					
		Member Years of Enrollment	Office	Lab	Radiology	Ambulatory Surgery	Inpatient	Emergency Dept	Office	Lab	Radiology	Ambulatory Surgery	Inpatient	Emergency Dept
<b>PO Average</b>														
PO 1 name	PO 1 ID													
PO 2 name	PO 2 ID													
PO 3 name	PO 3 ID													
PO 4 name	PO 4 ID													
PO 5 name	PO 5 ID													
PO 6 name	PO 6 ID													
PO 7 name	PO 7 ID													
PO 8 name	PO 8 ID													
PO 9 name	PO 9 D													
PO 10 name	PO 10 ID													

Benchmark Information (All Plans and POs)	Office	Lab	Radiology	Ambulatory Surgery	Inpatient	Emergency Department
<b>Average</b>						
<b>Number of POs (N)</b>						
Minimum						
10th Percentile						
25th Percentile						
50th Percentile						
75th Percentile						
90th Percentile						
Maximum						

# *What to Look For*

- For POs:
  - How do I compare across plans? Am I significantly different for one plan compared to the rest?
  - How do I compare to statewide benchmarks?
  - Are there particular metrics where my performance is much lower than other metrics?
- For Health Plans:
  - Are there POs that are significantly lower for my plan than other plans?
  - Are there POs that perform poorly across all measures?
  - Are there particular metrics where my average performance is much lower than all plans combined?

For comments or questions related to the ARU  
or Data Quality Reports, please submit to:

[EfficiencyReportFeedback@iha.org](mailto:EfficiencyReportFeedback@iha.org)

*Payment Methodology  
Recommendations*

# *Payment Methodology Recommendations*

- Linking Payment Potential to Data Sharing
  - effective MY 2009
- Standard Payment Methodology incorporating Attainment and Improvement
  - effective MY 2009

## *Linking Payment Potential to Data Sharing*

- Two data sharing levels, with two-fold payment potential differential between levels
- Health plans should redistribute money they “save” due to lower payments to non-sharing POs
- Payment differential only applies if plan shares with POs electronically available pharmacy, facility, and other paid claims (POS, OOA/OON)

# *Adoption of Data Sharing Recommendation*

<b>Plan</b>	<b>Adopt for MY 2009?</b>	<b>Requirement for Full Payment</b>
Aetna	Yes	Express intent to share data and be working in good faith to get data flowing
Anthem	No	
Blue Shield	Yes	Return signed authorization form
CIGNA	No	
Health Net	Yes	Send authorization form
PacifiCare	Yes	Contract with Labcorp; Send lab results from other lab providers by Dec 1, 2009 for dates of service Jan-Sept 09, and by Feb 28, 2010 for dates of service Oct-Dec 2009
Western Health Advantage	No	

## *Enhancing Data Sharing*

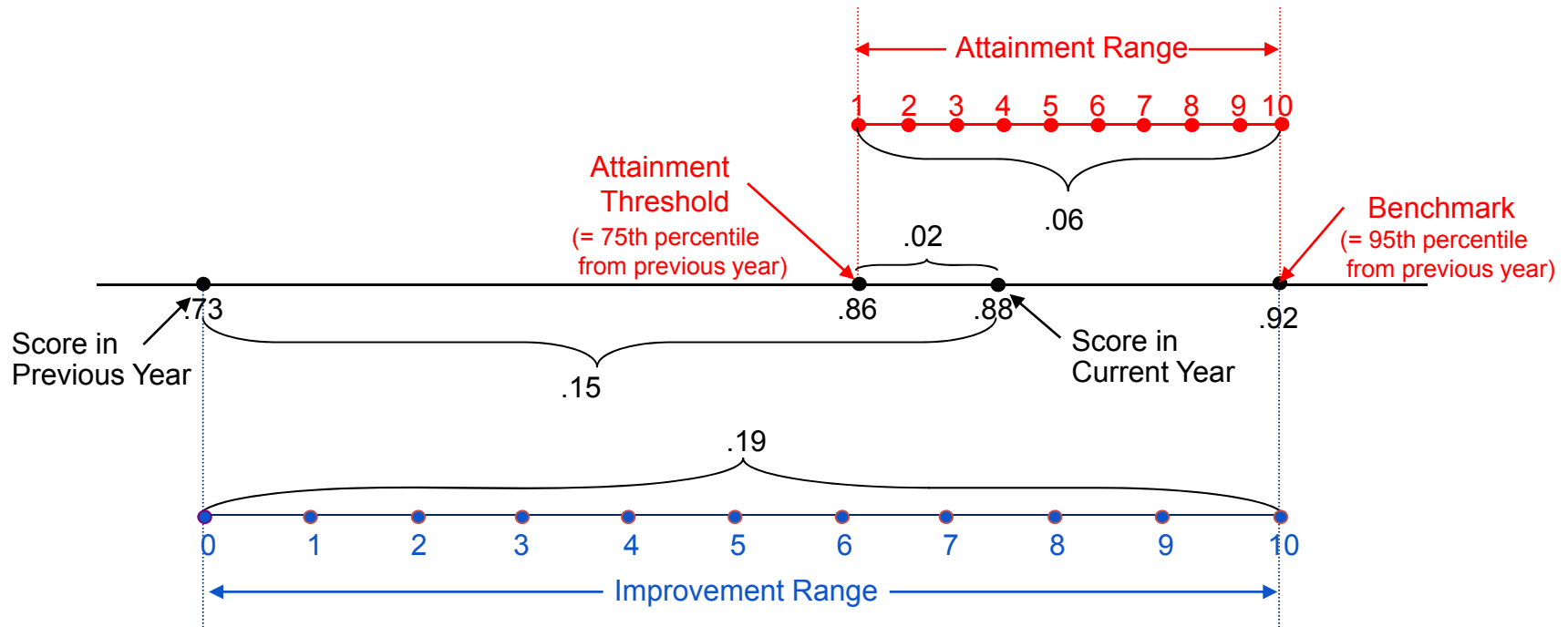
- Survey to assess experience to-date
- Standard file format
- Code mapping table
- Audit process
- Pilot Summer 2010

# *Standard Payment Methodology: Assessing Attainment & Improvement*

- Award each measure 0-10 points for attainment and 0-10 points for improvement
  - 75<sup>th</sup> percentile score from previous year to earn any attainment points
  - 95<sup>th</sup> percentile score from previous year to earn full points
- Select higher of two point values
- Sum points for all measures in a domain and calculate domain score by dividing by possible points

# Assessing Attainment & Improvement

## Measure: Nephropathy Monitoring



Attainment Range =  $.92 - .86 = .06$   
 Attainment Scale =  $.06 / 9 = .0067$   
 Attainment Value =  $.88 - .86 = .02$   
 Attainment Points =  $.1 + .02 / .0067 \approx 4$

Improvement Range =  $.92 - .73 = .19$   
 Improvement Scale =  $.19 / 10 = .019$   
 Improvement Value =  $.88 - .73 = .15$   
 Improvement Points =  $.15 / .019 \approx 8$

PO earned: 4 points on Attainment and 8 points on Improvement  
 PO score: maximum of Attainment and improvement points = 8 points

# *Standard Payment Methodology: Calculating Domain Score*

## Scoring example:

- Clinical Domain
  - PO has valid results for 10 measures
  - Each of 10 measures assigned points (higher of attainment and improvement)
  - Sum of points for 10 measures = 39
  - Possible points for 10 measures = 100
  - Domain score =  $39/100 = 0.39$
- Patient Experience Domain
  - Scored similarly to Clinical

# *Standard Payment Methodology: Calculating Domain Score*

## Scoring example:

- Systemness Domain
  - PO earned 20 points
  - Possible points = 27
  - Domain score =  $20/27 = 0.74$
- Coordinated Diabetes Care Domain
  - Combination of Clinical Domain scoring and Systemness Domain scoring
- Measure points and Domain Score will be included in MY 2009 results reports

# *Adoption of Standard Payment Methodology Recommendation*

<b>Plan</b>	<b>Adopt Standard Payment Method for MY 2009?</b>
Aetna	Yes
Anthem Blue Cross	No
Blue Shield	Modified version
CIGNA	No
Health Net	No
PacifiCare	Yes
Western Health Advantage	No

## *P4P MY 2011 and beyond...*

- Affordability problems have significantly worsened since P4P started – with impacts on HMO enrollment
- Variation in resource use by geographic location and physician is now a major part of the national policy discussion
- Incentive payments already weighted toward efficiency
- Need bold C-change to stimulate rapid re-engineering
- Opportunity to build on common metrics and learn from current best practices to improve on weaknesses of historic risk sharing

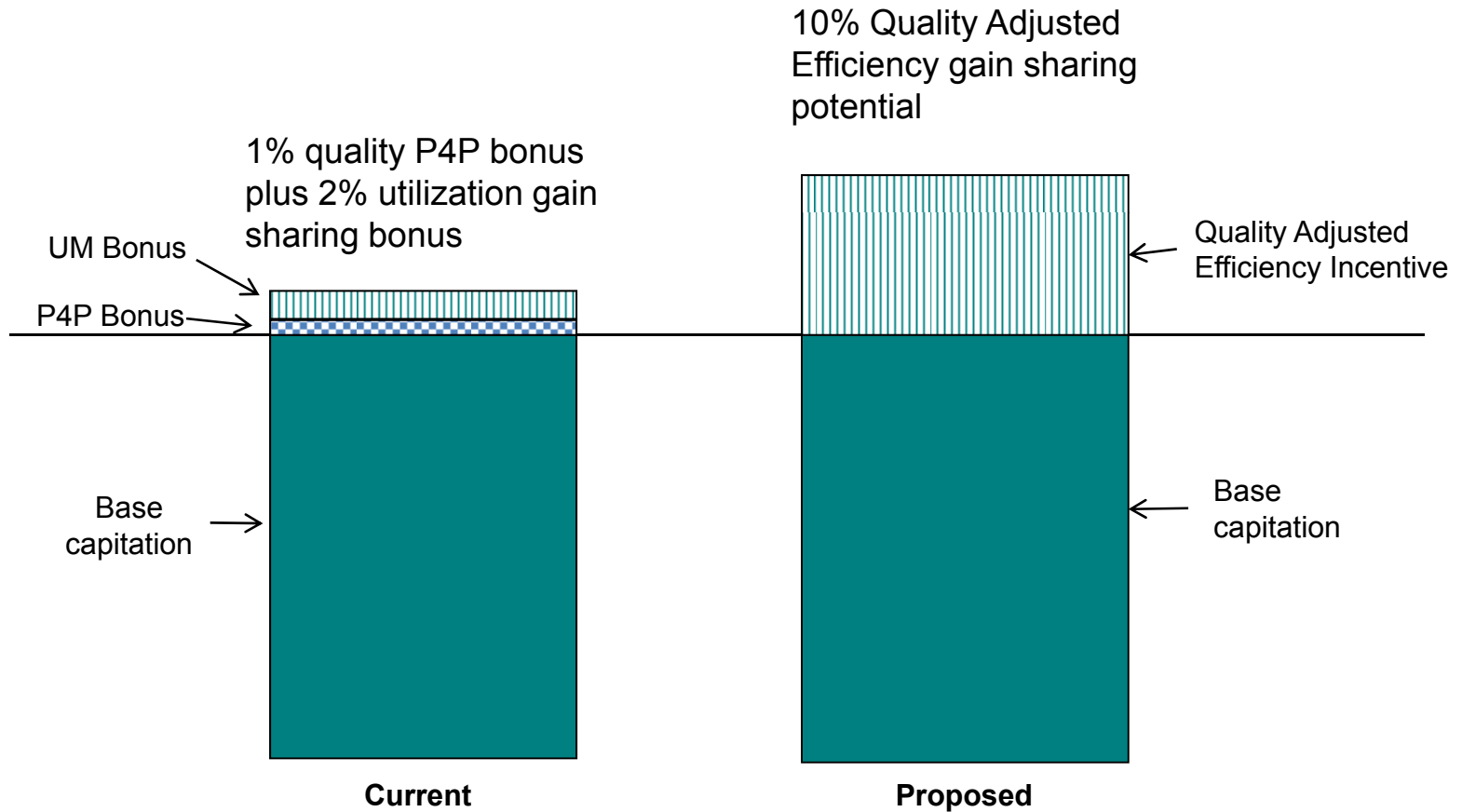
# *Performance Based Contracting*

- Incorporate P4P into standard agreement
- Increase potential opportunity for earnings from the current ~3% of total revenue toward 10% over 5 years
- Increase emphasis on efficiency and affordability
- Continue to measure, report, and reward quality achievement and improvement

# *Performance Based Contracting*

- Focus on efficiency/bending the cost trend
  - Move to Total Cost of Care measure
- Revamp Quality measure set
  - Eliminate some process measures
  - Add outcomes, condition focused, and inpatient measures
  - Focus on Care Transitions and Health Outcomes
  - Align with 'Meaningful Use' requirements

# Performance Based Incentive Proposed Framework



# *Live Q&A*