

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

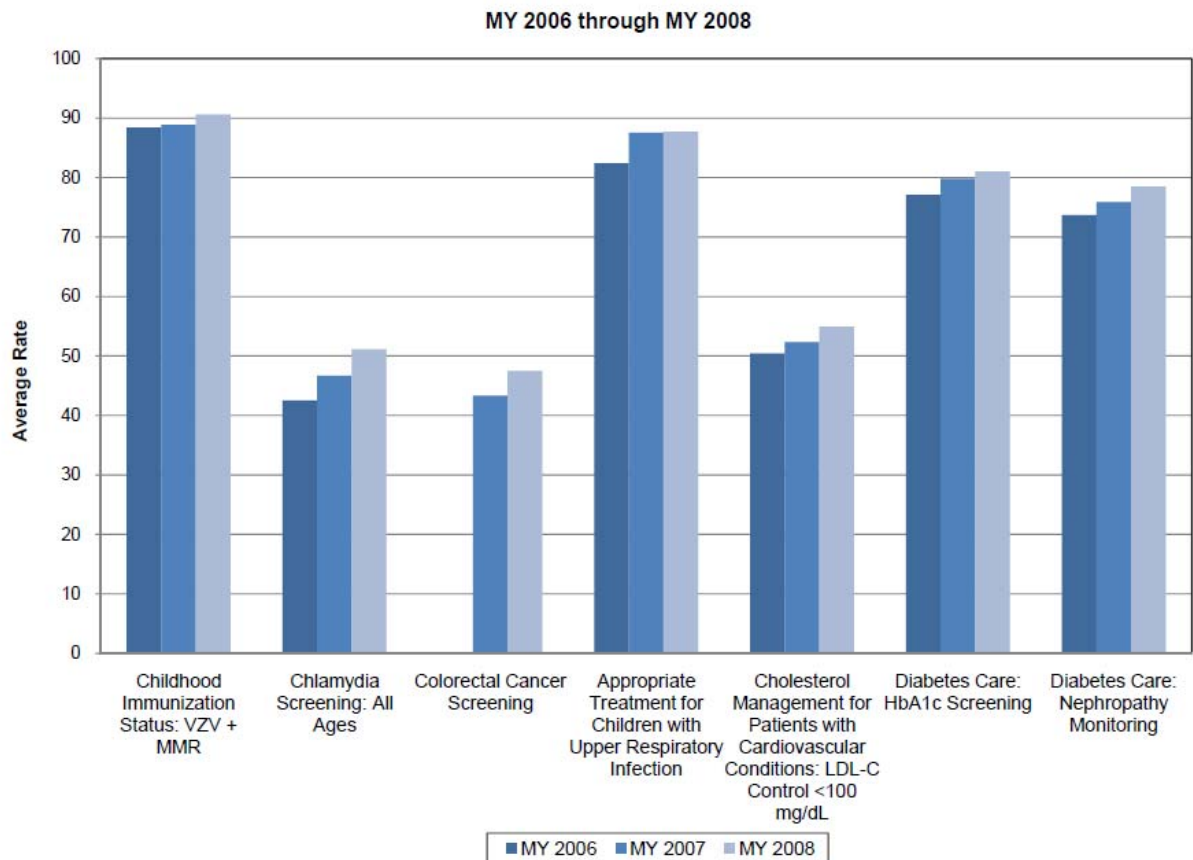
The Integrated Healthcare Association (IHA) Pay for Performance (P4P) program is the largest non-governmental physician incentive program in the U.S. and includes 8 health plans and over 225 physician groups representing 35,000 physicians who provide care for 10.5 million HMO members in California. Performance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

Clinical Quality Results

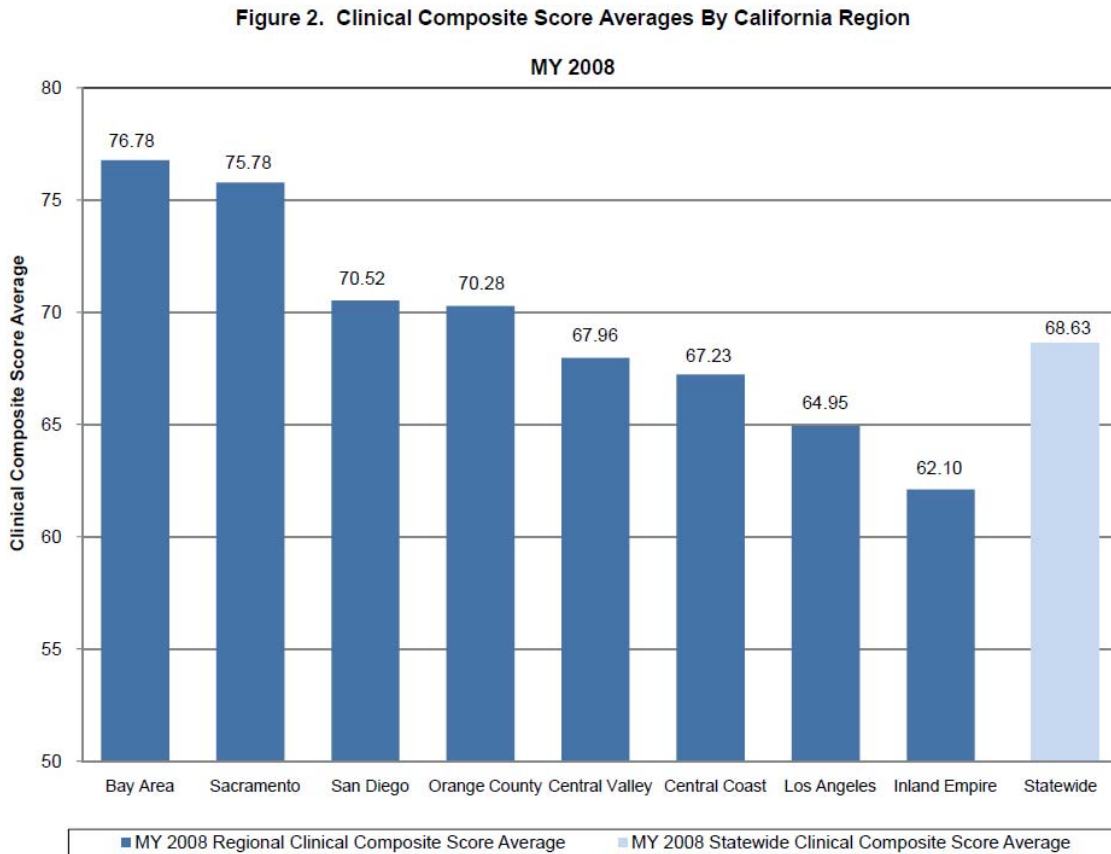
Clinical quality is measured in areas of preventive care, acute care, chronic care, and coordinated diabetes care.

- 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.

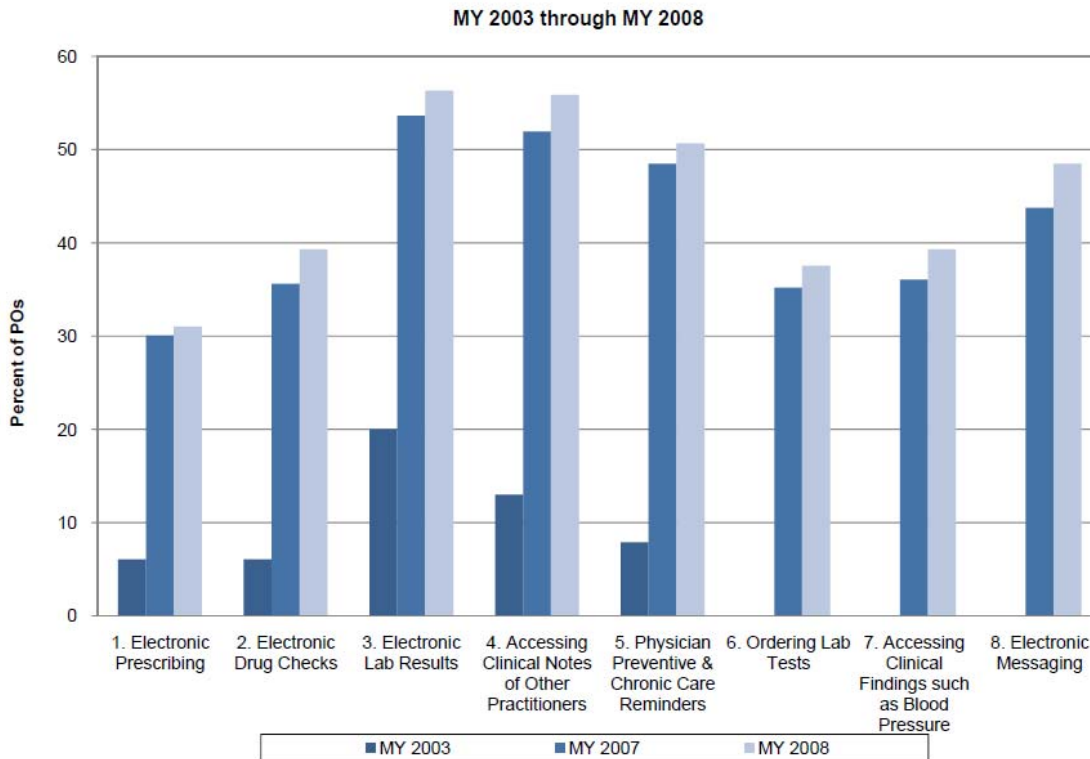
- In 2008, patient experience measures showed a slight upward movement across all measures.
- Regional variation in scores for patient experience follows the same general pattern as scores for clinical quality.

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.

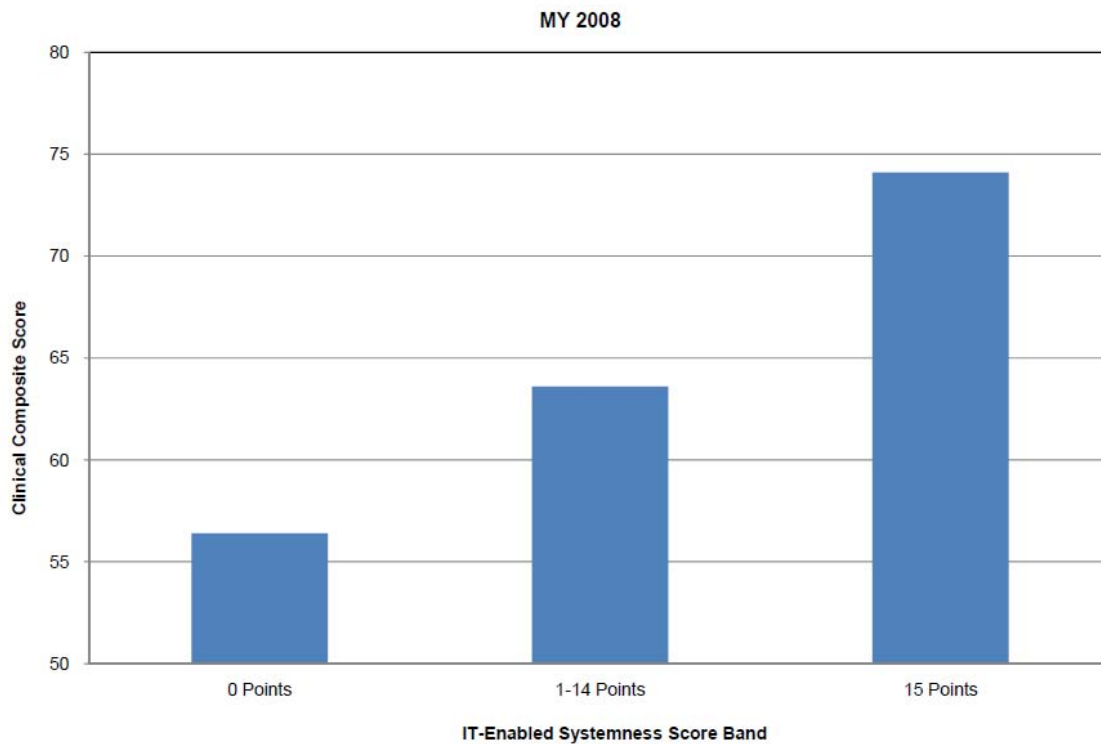
Figure 3. IT-Enabled Systemness: Percent of Physician Organizations ("POs") Using Point of Care IT Activities



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.