Value Based Pay for Performance (VBP4P) Results & Highlights Measurement Year (MY) 2015
The California VBP4P program is one of the largest advanced alternative payments models in the country and aims to create a compelling set of incentives that will drive improvements in clinical quality, patient experience and total cost of care through:

- A Common Set of Measures
- Health Plan Incentive Payments
- A Public Report Card
- Public Recognition Awards
VBP4P Program Evolution: From Quality to Value

- **2003**: P4P first year measurement – quality only
- **2009**: Total Cost of Care measure added
- **2011**: Appropriate resource use measures added
- **2013**: Value Based P4P – quality and resource use integrated into a single incentive program
- **2014**: First payments for Value Based P4P
- **2015**: Attainment pathway added to improvement pathway in VBP4P design
- **2016**: Total Cost of Care publicly reported
## Value Based P4P at a Glance

<table>
<thead>
<tr>
<th>$550 million</th>
<th>200+</th>
</tr>
</thead>
<tbody>
<tr>
<td>paid out since 2004</td>
<td>Medical Groups and IPAs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10</th>
<th>9.6 Million Californians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plans</td>
<td></td>
</tr>
</tbody>
</table>

- Blue Shield of California
- Anthem Blue Cross
- Aetna
- Cigna
- Kaiser Permanente
- Western Health Advantage
- Chinese Community Health Plan
- CCHP
- UnitedHealthcare
- Health Net
Over 200 Physician Organizations Caring for 9.6 Million Californians

VBP4P participation is voluntary—200-plus physician organizations (PO) participated in MY 2015, representing care delivered to 9.6 million commercial HMO/POS members, or more than 95% of California’s commercial HMO/POS enrollment.

<table>
<thead>
<tr>
<th>Region</th>
<th># PO</th>
<th>Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sacramento and North</td>
<td>15</td>
<td>1,119,592</td>
</tr>
<tr>
<td>Bay Area</td>
<td>24</td>
<td>2,083,007</td>
</tr>
<tr>
<td>Central Valley</td>
<td>18</td>
<td>121,349</td>
</tr>
<tr>
<td>Central Coast</td>
<td>9</td>
<td>601,163</td>
</tr>
<tr>
<td>Los Angeles</td>
<td>68</td>
<td>2,758,981</td>
</tr>
<tr>
<td>Orange County</td>
<td>24</td>
<td>849,835</td>
</tr>
<tr>
<td>Inland Empire</td>
<td>28</td>
<td>1,189,788</td>
</tr>
<tr>
<td>San Diego</td>
<td>16</td>
<td>905,342</td>
</tr>
<tr>
<td>Total Enrollment (12/31/2015)</td>
<td></td>
<td>9.6 million</td>
</tr>
</tbody>
</table>
Widespread participant engagement is crucial to achieving meaningful performance improvement. As such, the measure set must meet participant needs.

<table>
<thead>
<tr>
<th>Physician Organizations</th>
<th>Health Plans</th>
<th>Consumers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Clinically relevant</td>
<td>• Represent overall quality, enrollee satisfaction, and bottom-line costs</td>
<td></td>
</tr>
<tr>
<td>• Meaningful</td>
<td>• Support meaningful benchmarks to understand network performance across product lines</td>
<td></td>
</tr>
<tr>
<td>• Actionable</td>
<td>• Align with/reinforce internal standards of accountability</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Valid, meaningful summary of performance and quality</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Targeted quality and cost information on aspects of care relevant to personal interest</td>
<td></td>
</tr>
</tbody>
</table>
VBP4P Measure Alignment with Key Measurement Systems

As health care performance measurement proliferates, measure alignment and standardization is critical to reduce reporting burden. VBP4P measures are broadly aligned with key measurement programs, including HEDIS health plan accreditation, CMS’ quality rating system, and MACRA/MIPS measurement.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>All Cause Readmissions</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Antidepressant Medication Management</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Annual Monitoring Persistent Medications: ACEI/ARB, Digoxin, Diuretics</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate Testing for Children with Pharyngitis</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma Medication Ratio</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoidance of Antibiotic Treatment of Adults with Acute Bronchitis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast Cancer Screening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical Cancer Overscreening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Childhood Immunization Status Combination 10</td>
<td></td>
<td>Combo 3</td>
<td>X*</td>
</tr>
<tr>
<td>Chlamydia Screening in Women</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Controlling High Blood Pressure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes Care: Blood Pressure Control</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes Care: HbA1c Control &lt;8%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes Care: HbA1c Poor Control &gt;9%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes Care: Nephropathy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes Care: Two HbA1c Tests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of Days Covered</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optimal Diabetes Care Combination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunizations for Adolescents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statin Therapy for Patients with Cardiovascular Disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statin Therapy for Patients with Diabetes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of Imaging Studies for Low Back Pain</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* – Core Measure Collaborative (w/AHIP)
MY 2015 Results Highlights
Clinical Quality, Patient Experience, Resource Use
13th year of measurement

Clinical quality gains greater than 1 percentage point for 10 measures

For example, more than 33,000 additional Californians had high-blood pressure under control, about 2,500 more boys received recommended HPV vaccines, and 20,000+ additional diabetics received needed care for kidney disease in 2015 compared to 2014.

Patient experience ratings increase

Patient experience rating results improved in 2015, with overall rating of care increasing by 1.6 percentage points to 69.2 percent of patients in MY 2015 reporting the highest possible score.

Average Total Cost of Care of $3,912—a 3% increase
VBP4P Measures (MY 2015)

**Clinical**
- Process and outcome measures focused on five priority clinical areas
  - Cardiovascular (4)
  - Diabetes (8)
  - Musculoskeletal (1)
  - Prevention (8)
  - Respiratory (3)

**Patient Experience**
- Patient ratings of six components and overall care composite:
  - Communicating with Patients
  - Coordinating Care
  - Helpful Office Staff
  - Health Promotion
  - Timely Care and Service
  - Overall Rating of Care

**Meaningful Use of Health IT**
- Percent of providers meeting CMS Meaningful Use Requirements
- Ability to report selected e-measures (2)

**Appropriate Resource Use**
- Utilization metrics spanning:
  - Inpatient stays
  - Readmissions
  - ED visits
  - Outpatient procedures
  - Generic prescribing

**Total Cost of Care**
- Average health plan and member payments associated with care for a member for the year, adjusted for risk and geography
## MY 2015 Clinical Quality Performance

Of the 24 paid clinical quality measures, 10 measures increased by more than 1 percentage point, 1 measure declined by more than 1 percentage point, and 13 measures saw less than 1 percentage point change.

### Cardiovascular
- Proportion of Days Covered: RAS Antagonists
- Proportion of Days Covered: Statins
- Controlling High Blood Pressure for People with Hypertension
- Annual Monitoring of Patients on Persistent Medications

### Diabetes
- Blood Pressure Control <140/90 mm Hg
- HbA1c Testing
  - HbA1c Control < 7.0%
  - HbA1c Control < 8.0%
  - HbA1c Poor Control > 9.0%
- Medical Attention for Nephropathy
- Proportion of Days Covered: Oral Diabetes
- Optimal Diabetes Care Combination

### Musculoskeletal
- Use of Imaging Studies for Low Back Pain

### Prevention
- Breast Cancer Screening
- Chlamydia Screening
- Childhood Immunization Status, Combo 3
- Colorectal Cancer Screening
- Evidence Based Cervical Cancer Screening: Appropriately Screened
- HPV Vaccine: Female Adolescents
- HPV Vaccine: Male Adolescents
- Immunizations for Adolescents: Tdap/Td

### Respiratory
- Asthma Medication Ratio
- Appropriate Testing for Children with Pharyngitis
- Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis
Impact of Gains in Clinical Quality

Average physician organization performance improved from 2014 to 2015 by more than 1 percentage point on 10 of 24 clinical quality measures—measures with the largest percentage-point gains and their patient impact are shown below.

- **33,458** more non-diabetic people with hypertension had their blood pressure controlled.
- **2,551** more males received 3 doses of the HPV vaccine by age 13.
- **2,498** more children two years of age had completed the antigen series by their second birthday.
- **15,090** More diabetics had their blood pressure adequately controlled (<140/90 mmHg).
- **20,776** more diabetics received medical attention for nephropathy.

Average PO Rate (%)

- **+5.8%** Controlling Blood Pressure for People with Hypertension.
- **+5.0%** Human Papillomavirus Vaccine for Male Adolescents.
- **+3.3%** Childhood Immunization Status: Combination 3.
- **+3.5%** Diabetes Care: Blood Pressure Control <140/90 mmHg.
- **+4.8%** Diabetes Care: Medical Attention for Nephropathy.
While annual gains may seem modest, incremental gains add up over time – as demonstrated by the percentage-point gains for the measures below, which represent all of the clinical quality measures that have been consistently collected in VBP4P since 2008.

Incremental Gains in Clinical Quality Over Time Add Up...

+8.2%  +13.2%  +17.3%  +13.1%  +2.9%  +7.2%  +15.5%  +30.6%  +13.9%
Of measures collected by VBP4P since 2008, the 5 with the greatest clinical improvement are shown to illustrate the patient health impact of clinical performance gains over time—for example, more than 280,000 more people were screened for colorectal cancer in 2015 than 2008.

- **57,686** more diabetic patients had blood sugar in control
- **17,985** more women screened for chlamydia
- **282,084** more adults screened for colorectal cancer
- **8,874** more children appropriately tested for pharyngitis
- **7,144** more adults with acute bronchitis avoided unnecessary antibiotics

![Graph showing average PO rate (%)](image-url)
Members served by P4P-participating POs and plans represent over 95% of the commercial HMO/POS population in California. Of the 17 P4P measures with HEDIS benchmarks, the California HMO/POS average exceeds the national “all lines of business” average for 13 measures and exceeds the California PPO average for 14 measures. Below are five example measures.

- **Diabetes Care: HbA1c Poor Control > 9.0%**
- **Use of Imaging Studies for Low Back Pain**
- **Chlamydia Screening**
- **Appropriate Treatment for Children with Upper Respiratory Infection**
- **Avoidance of Antibiotic Treatment for Adults With Acute Bronchitis**
Patient experience rating results improved in 2015, with overall rating of care increasing by 1.6 percentage points to 69.2 percent of patients in MY 2015 reporting the highest possible score. Along with overall care, the patient experience measures include ratings of doctor-patient interaction, timely care and service, care coordination, and office staff.

<table>
<thead>
<tr>
<th></th>
<th>MY2012</th>
<th>MY2013</th>
<th>MY2014</th>
<th>MY2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Rating of Care Composite</td>
<td>64.8%</td>
<td>68.7%</td>
<td>69.2%</td>
<td>69.8%</td>
</tr>
<tr>
<td>Doctor-Patient Interaction Composite</td>
<td>65.6%</td>
<td>68.9%</td>
<td>69.2%</td>
<td>69.7%</td>
</tr>
<tr>
<td>Coordination of Care Composite</td>
<td>64.5%</td>
<td>68.3%</td>
<td>69.0%</td>
<td>69.4%</td>
</tr>
<tr>
<td>Office Staff Composite</td>
<td>64.5%</td>
<td>68.2%</td>
<td>69.0%</td>
<td>69.3%</td>
</tr>
<tr>
<td>Timely Care and Service Composite</td>
<td>64.5%</td>
<td>68.2%</td>
<td>69.0%</td>
<td>69.3%</td>
</tr>
</tbody>
</table>

*Rates based on Clinician and Group CAHPS survey instrument administered by the California Healthcare Performance Information System, includes case mix adjustment.*
Doctor-Patient Interaction Ties Strongly with Patient’s Overall Rating of Care

Improvements to patient experience results are one of the most challenging performance measurement areas. While all patient experience items have at least a moderate correlation with a patient’s overall rating of care, it is clear that the patient’s experience with their doctor, or the relationship measured by the doctor-patient interaction composite, has the highest correlation.
Hospital Utilization Trends Mixed

The number of non-maternity inpatient bed days (per thousand member years) increased in MY 2015, despite the 1.9% decrease in inpatient discharges. As suggested by the continued declines in the number of inpatient discharges, the increase was driven by increases in the length of stay for the first time in several years. Inpatient discharges continue to tick down with a 1.9% decrease, and emergency department use increased by 0.9%.
Increases in Generic Prescribing Slow

Overall generic prescribing increased by less than 1% in 2015, which is less than the 2% average increase observed for the 4 preceding years. New pharmacotherapy options for diabetes and the availability of over-the-counter nasal steroids led to declines in generic prescribing and contributed to the overall trend.
MY 2015 saw continued health plan participation in Total Cost of Care measurement, representing 8.7 million members. The average TCC of $3,912 represents a 3% increase. For the first time, public reporting of TCC results in 2016 were publicly reported, contributing to cost transparency.
Insights to Enable Improvement
Advancing Value-Based Measurement
Aggregation of PO data addresses variation in health plan-specific rates and provides a trustworthy, valid summary of PO performance across contracted health plans.

For example, the identified PO has aggregated performance across contracted plans of 61.08. On a plan-specific basis the PO’s performance ranges from 41.28 to 65.57 – the plan-specific results are more sensitive to variation in small numbers and reflect uncertainty about the PO’s actual performance.
Several VBP4P measures align with Choosing Wisely,® an initiative of the ABIM Foundation designed to advance dialogue about avoiding unnecessary medical tests, treatments, and procedures. Physician organizations have gained ground since 2008 in avoiding unnecessary antibiotics and adopting evidence-based cervical cancer screening, but there is still much room for improvement.
Variation in performance on overuse measures demonstrates that as incremental gains occur year over year, there is still much room for individual physician organization improvement. For example, PO performance on avoiding antibiotics for adults with acute bronchitis varies widely—ranging from 10.8% to 89.4%. Comparatively, there is relatively little variation in PO performance on appropriate treatment for children with upper respiratory infection, illustrating the measure has “topped out” with performance at the 90th percentile across nearly all POs—signaling it’s time to retire the measure from the VBP4P set.
Greater Gains on New Measures

The four following measures are prime examples of the opportunity for improvement on new measures, with average annual increases of 2.69% for cervical cancer screening, 2.87% for blood pressure control, 4.93% for adolescent immunizations, and 2.63% for HPV vaccination.
MY 2015 VBP4P Measure Development

Testing

- Optional reporting.

- **MY 2015 testing measures:**
  - Statin Therapy (Cardiovascular)
  - Statin Therapy (Diabetes)
  - Antidepressant Medication Management

Baseline

- Internally collected and reported by all POs but not paid or publicly reported.

- **MY 2015 baseline measures:**
  - Childhood Immunization Status Combo 10
  - Cervical Cancer Screening
  - Cervical Cancer Overscreening
  - Asthma Medication Ratio (additional age bands – 5-85)

Paid & Publicly Reported

- Recommended for payment and public reporting.

- **MY 2015 paid/publicly reported measures:**
  - Controlling High Blood Pressure
  - Diabetes: 2 HbA1c Tests
  - Optimal Diabetes Care
Data Sharing Opportunity for Plans & POs

Comparing rates reported by health plans and physician organizations highlights persisting data gaps. Physician organizations often have better lab and registry data, while plans have better pharmacy data. The resulting data pattern indicates the need for better data sharing between plans and physician organizations.
Encounter Data Contribute to Risk Scores

Risk adjustment is an increasingly necessary component of population performance measurement, especially for resource use. Relative risk scores are the basis for risk adjustment in the Total Cost of Care and several resource use measures. PO risk scores are strongly correlated with encounter rates (correlation of +0.82, p<0.0001). Higher risk scores reflect a sicker population and more complete diagnosis capture, resulting in higher expected utilization and better performance.

![Graph showing the correlation between Relative Risk Score and Encounter Rate (PMPY)]
Quality and cost are two incredibly complex yet vital factors to understanding and assessing value in healthcare. Comparing physician organization performance does not demonstrate a clear relationship or correlation between performance on quality and Total Cost of Care.
Striking Variation in Cost within Regions

The California statewide average Total Cost of Care was $3,912 in MY 2015. Geographic differences persist despite adjusting for the relative risk of the population and regional differences in wages and capital costs. The Central Coast region had the highest average per-member cost in 2015 at $5,005, while the Inland Empire region had the lowest at $3,663.

(1) Risk Adjusted TCC is geography adjusted using CMS’ Hospital Wage Index Geographic Adjustment Factor
To provide additional insights into the sources of variation in Total Cost of Care, cost breakdowns for service categories will be collected in MY 2016.

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>Maternity FFS, Non-maternity FFS</td>
</tr>
<tr>
<td>Outpatient</td>
<td>Ambulatory Surgery Center FFS, Hospital FFS, Emergency Department FFS</td>
</tr>
<tr>
<td>Other Facility</td>
<td></td>
</tr>
<tr>
<td>Professional</td>
<td>Any FFS</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Specialty/Biologics FFS, All Other FFS</td>
</tr>
<tr>
<td>Capitation</td>
<td>Any (e.g., professional, global, dual)</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>
Payment Innovation Insights

3rd Year of VBP4P Shared Savings
VBP4P National Leader in Payment Innovation

Category 1:
Fee-For-Service
No Link to Quality or Value

Category 2:
Fee-For-Service
Link to Quality & Value

Category 3:
Advanced Payment Models Built on Fee-for-Service Architecture

Category 4:
Population-Based Payment

Classic P4P (Quality Only)

VBP4P
Shared Savings

Advanced Payment Models with Upside Gain-sharing

Upside
Gain-sharing/Downside Risk

Condition-Specific Population Based Payment

Population-Based Payment

Fee-for-Service
Payments for Infrastructure & Ops
Pay for Reporting
Reward for Performance
Reward & Penalty for Performance

Adapted from LAN whitepaper: https://hcp-lan.org/workproducts/apm-whitepaper.pdf
VBP4P Incentive Design Overview

**Does the PO qualify?**
- Meets minimum Quality Composite Score
- Does not exceed Total Cost of Care Trend Gate

**Did the PO improve resource use?**
- Resource use performance compared to prior year determines if any savings to share

**How much is the PO’s incentive payment?**
- Quality performance determines share of savings, adjusting up or down
- Combined net shared savings incentive across all appropriate resource use measures
Most POs Meet Quality & TCC Trend Gates

To earn any VBP4P shared savings, physician organizations must first demonstrate that they meet a minimum level of quality and are managing TCC trend. Most PO contracts (73%) met both requirements and would be eligible for any shared savings earned. Of the 27% of PO contracts that didn’t pass the performance gates, 24% missed the TCC trend gate (CPI+3% = 4.1%), 3% missed the quality gate, and 1% missed both gates.

Note: Blue Shield used an improved data system in the calculation of observed costs for MY 2015 that may affect the direct comparability of TCC results; they have been excluded for the purposes of modeling.
Net improvement across resource use measures is the basis for VBP4P shared-savings payments. The graph below displays the distribution of PO incentives using the recommended design. From left to right, those that would earn an incentive (34%), those that did not pass the gates (27%), and those with estimated losses that earn nothing (39%).

The graph above assumes the following unit savings: inpatient bed day $4,000, ED visits $750, readmit $14,000, preferred outpatient procedures $1,500, and generic prescriptions $70. Includes adjustments.

Note: Blue Shield used an improved data system in the calculation of observed costs for MY 2015 that may affect the direct comparability of TCC results; they have been excluded for the purposes of modeling.
Bed Days Continue to Drive Shared Savings

The following graph shows the same distribution of quality-adjusted net positive shared savings from the previous slide broken down by relative resource use contribution. The green, which represents bed days, is clearly the main contributor.
### Attainment Incentive Added for MY 2016

<table>
<thead>
<tr>
<th><strong>Does the PO qualify?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Meets minimum Quality Composite Score</td>
</tr>
<tr>
<td>- Does not exceed Total Cost of Care Trend Gate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Did the PO improve or maintain efficient resource use?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Resource use performance compared to prior year to determine if savings generated to be shared</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>How much is the PO’s incentive payment?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Quality performance determines share of savings, adjusting up or down</td>
</tr>
<tr>
<td>- Combined net shared savings and attainment incentive across all ARU measures</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>SHARED SAVINGS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ATTAINMENT</strong></td>
</tr>
<tr>
<td>- Meets minimum Quality Composite Score</td>
</tr>
<tr>
<td>- TCC amount below 90th percentile for baseline &amp; measurement year</td>
</tr>
<tr>
<td>- Resource use performance compared to P4P benchmarks</td>
</tr>
</tbody>
</table>
Crucial to the addition of the attainment pathway to the VBP4P design are performance thresholds that indicate high performance.

<table>
<thead>
<tr>
<th></th>
<th>Attainment Threshold (75&lt;sup&gt;th&lt;/sup&gt; percentile)</th>
<th>Attainment Benchmark (90&lt;sup&gt;th&lt;/sup&gt; percentile)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Bed Days</td>
<td>91.32 per 1000 member years</td>
<td>78.63 per 1000 member years</td>
</tr>
<tr>
<td>All-Cause Readmissions</td>
<td>6.36%</td>
<td>3.48%</td>
</tr>
<tr>
<td>ED Visits</td>
<td>139.8 per 1000 member years</td>
<td>127.5 per 1000 member years</td>
</tr>
<tr>
<td>Generic Prescribing</td>
<td>86.5%</td>
<td>88.12%</td>
</tr>
<tr>
<td>Outpatient Procedures: Preferred Facility</td>
<td>plan-specific</td>
<td>plan-specific</td>
</tr>
</tbody>
</table>
Results Transparency
2016-2017 Office of the Patient Advocate Report Card
Public Reporting

Total Cost of Care results will be publicly reported for the second year at the physician organization level alongside clinical quality and patient experience ratings on the Office of the Patient Advocate website. The 2016-2017 edition of the quality report cards were released in October 2016. [http://reportcard.opa.ca.gov](http://reportcard.opa.ca.gov)
Excellence in Healthcare Awards
3rd Year Recognizing Value
To earn the Excellence in Healthcare Award, physician organizations must perform in the top 50% for clinical quality and patient experience and Total Cost of Care performance. Out of over 200 participating physician organizations, only 34 statewide met this criteria for MY 2015—the stars in the graph below.
2016 Excellence in Healthcare Award Winners

Each year, IHA recognizes physician organizations that perform in the top 50 percent in each of the Triple Aim VBP4P measurement areas: clinical quality, patient experience and total cost of care.

- Affinity Medical Group
- Arch Health Partners
- Hill Physicians Medical Group - Sacramento Region
- Kaiser Permanente Southern California Permanente Medical Groups:
  - Baldwin Park
  - Downey, Fontana/Ontario
  - Kern County
  - Los Angeles
  - Orange County
  - Panorama City
  - Riverside
  - San Diego
  - South Bay,
  - West Los Angeles
  - Woodland Hills
- Kaiser Permanente Northern California Permanente Medical Groups:
  - Diablo/Antioch Medical Centers
  - Fremont/San Leandro Medical Centers
  - Fresno Medical Center
- Modesto/Manteca/Stockton Medical Centers
- Oakland/Richmond Medical Centers
- Redwood City Medical Center, Roseville/Sacramento Medical Centers
- San Rafael Medical Center
- Santa Rosa Medical Center
- South Sacramento Medical Center
- South San Francisco Medical Center
- Vallejo/Vacaville Medical Centers
- Meritage Medical Network
- Mission Heritage Medical Group
- PIH Health Physicians - Group Division
- Riverside Medical Clinic
- Sharp Community Medical Group IPA
- St. Joseph Heritage Medical Group
- Verity Medical Foundation
If all POs performed like “Excellence” Winners...

41,496 More Diabetic Patients with Blood Sugar Controlled

VBP4P PO Average 55.65%
Excellence in Healthcare Award PO Average 65.17%
9.5% difference
If all POs performed like “Excellence” Winners...

291,121 More Patients Rate Overall Care a “9” or “10”

- VBP4P PO Average: 69.21%
- PO Average: 72.29%
- 3.08% difference
If all POs performed like "Excellence" Winners...

$3.9 Billion Saved

Excellence in Healthcare Award
PO Average $3,719

VBP4P PO Average $4,160

$441 difference
2016 Bangasser Quality Improvement Award Winners

In memory of Ronald P. Bangasser, M.D., (1950-2007), a family physician and tireless champion of quality improvement, IHA recognizes eight physician organizations—one from each VBP4P region—demonstrating the greatest year-to-year quality improvement based on measures of clinical quality, patient experience, and meaningful use of health information technology.

- Bay Area Region: Santa Clara County IPA (SCCIPA)
- Central Coast Region: Seaview IPA
- Central Valley Region: All Care IPA
- Inland Empire Region: Upland Medical Group
- Los Angeles Region: Prospect Health Source Medical Group
- Orange County Region: AMVI Medical Group
- Sacramento/North Region: Sutter Medical Group of the Redwoods
- San Diego Region: Rady Children's Health Network
VBP4 Program Contacts

Lindsay Erickson, MSPH - Director, Value Based P4P Program
Ginamarie Gianandrea – Program Coordinator, Value Based P4P Program
Thien Nguyen, MPH – Senior Project Analyst, Value Based P4P Program

Contact Us: p4p@iha.org