

Physician P4P : Foundation for Primary Care Transformation

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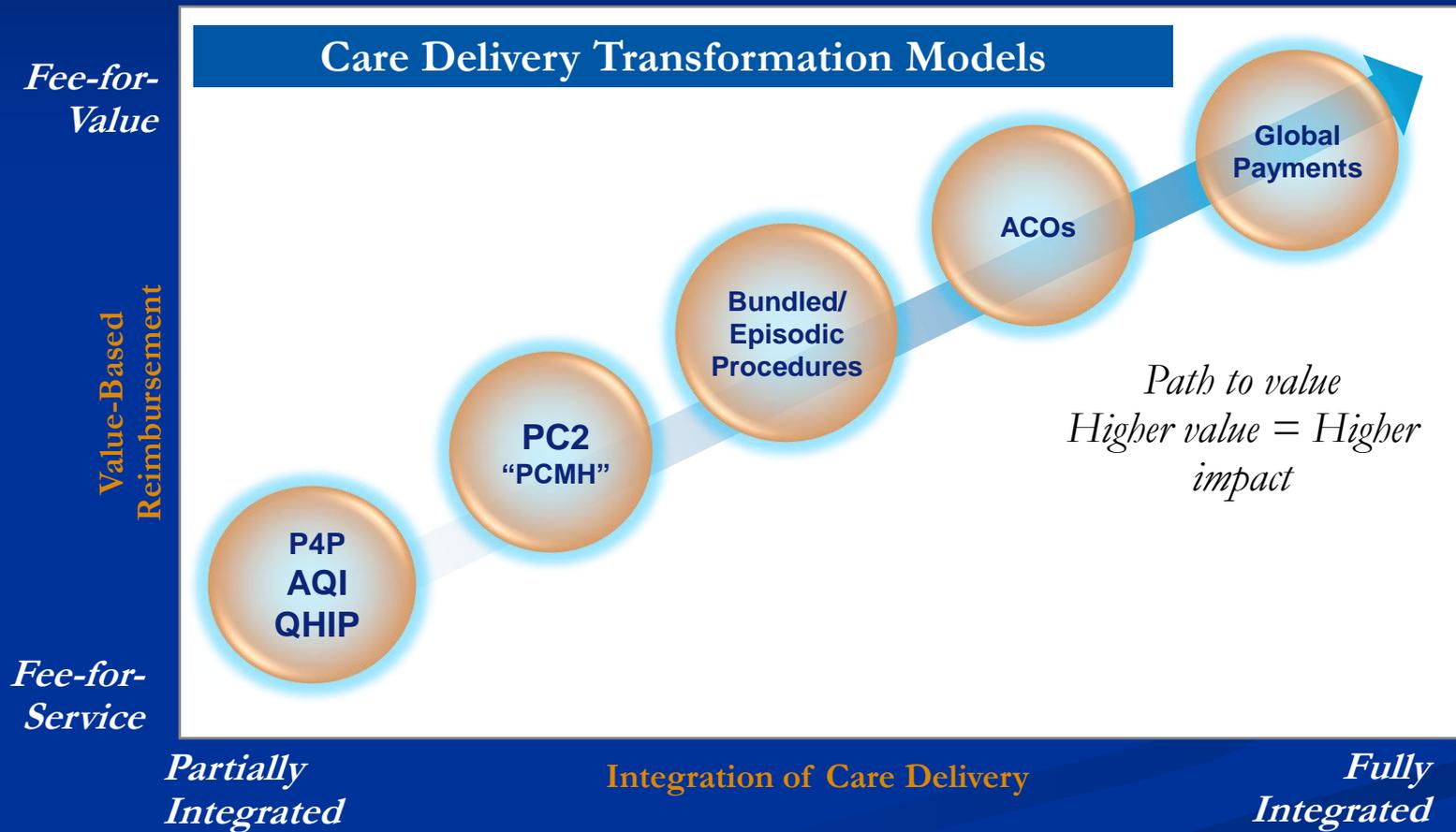
Physician Value-Based Payment Modifier National Provider Call:

Experience from Private Sector Pay-for-Performance Programs

March 14, 2012

The views expressed in this presentation are those of
the speaker and do not represent the views of CMS

Anthem has experience in a broad range of innovative solutions...



Eligibility

- The 2012 Primary Care Quality Incentive program will be offered to participating physicians who specialize in:

- **Internal Medicine**
- **General Practice**
- **Family Medicine**
- **Pediatrics**



- Physicians must have one of the above specialties as their primary specialty.

States Included for 2012:

- Virginia
- Connecticut
- New Hampshire
- Maine
- New York (currently in 2011 program)
- Georgia (currently in 2011 program)
- Colorado (currently in 2011 program)
- Missouri (currently in 2011 program)
- Nevada (currently in 2011 program)

Reward Program Framework



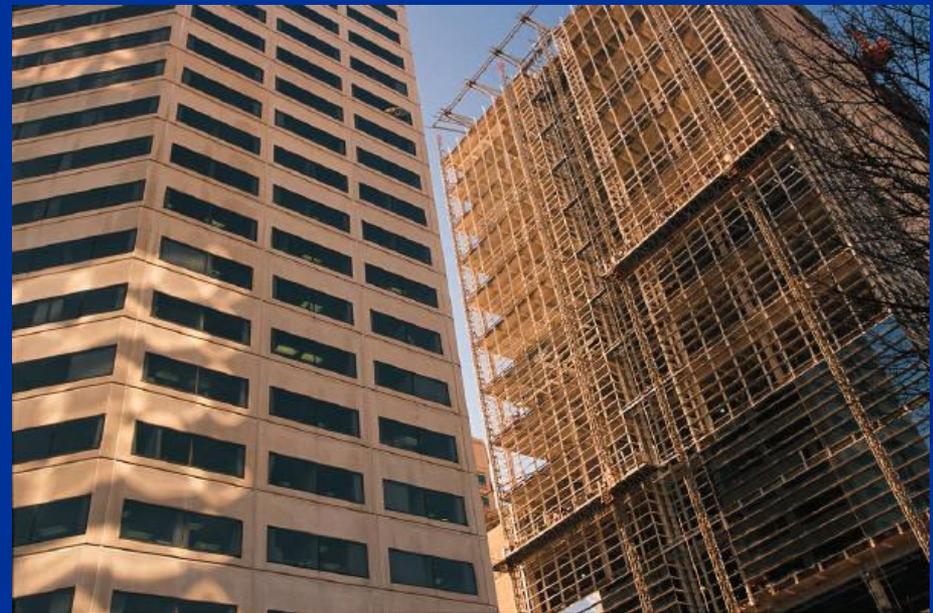
PCP Physician Framework

- 1. Clinical Quality Measures (2 Composites)
 - Nationally endorsed Process measures
 - Bridges to Excellence (BTE) and National Committee for Quality Assurance (NCQA) provider recognition achievement

- 2. Clinical Improvement/Patient Centered Measures
 - Active participation in a local, state or national quality improvement collaborative or Practice Improvement Activity

- 3. Resource Measures
 - Overall Cost Performance Index
 - Generic Performance Rate

- 4. Care Systems Measures
 - E-prescribing or National Committee for Quality Assurance (CCHIT) Technology Implementation
 - American Image Management (AIM) Radiology Adoption
 - Availability Adoption
 - OR
 - CMS Certification Meaningful Use EHR Requirements –



PCP Physician Framework - *Details*

Summary of Measures Used in Scoring – 4 components

- Clinical Quality Measures/External Recognition
- Clinical Improvement
- Resource Measures
- Care Systems



1. Clinical Quality Measures/External Recognition

- Assessment using claims-based quality care measures endorsed by organizations that are nationally recognized experts in health care quality - Healthcare Effectiveness Data and Information Set (HEDIS), National Quality Forum (NQF), and AQA Alliance.
- Measures will be run by Resolution Health, Inc. (RHI).
- Clinical Quality Measures are broken up into two separate composites.
 - A. Preventive measures
 - B. Care Management measures

PCP Physician Framework (Clinical Quality Measures)

A. Preventive Care Measures (10 pts)

- *Mammography, Chlamydia Screening, Cervical Cancer Screening, Childhood Immunizations*

B. Care Management Measures (30 pts)*

- *Diabetes, Hypertension, Wellness visits, Heart Disease, Appropriate Use of Antibiotics, Asthma, Persistent Medication Monitoring*
- *Medication Compliance – Medication adherence for lipid medications and beta-blocker treatment*



* Physicians are eligible for points in either the Care Management measures or the External Physician Recognition measures in the Clinical Quality composite section. The Care Management or External Physician Recognition measures with the highest total point value (maximum of 30) will be included in the final scoring.

PCP Physician Framework - *Details*

B. External Recognition (30pts)*

- Emphasizing the clinical quality of care, physicians will receive points for the successful completion of a performance assessment program sponsored by either Bridges to Excellence (BTE) or the National Committee for Quality Assurance (NCQA).

Bridges to Excellence (BTE)

- Diabetes Care Link (DCL)
- Cardiac Care Link (CCL)
- Spine Care Link (SCL)
- Depression Care Management Link (DCML)
- Hypertension Care Link (HCL)
- COPD Care Link (COPD CL)

National Committee for Quality Assurance (NCQA)

- Diabetes Physician Recognition Program (DPRP)
- Heart/Stroke Recognition Program (HSRP)
- Back Pain Recognition Program (BPRP)

* Physicians are eligible for points in either the Care Management measures or the External Physician Recognition measures in the Clinical Quality composite section. The Care Management or External Physician Recognition measures with the highest total point value (maximum of 30) will be included in the final scoring.

PCP Physician Framework - *Details*

2. Resource Measures (25 pts)

- **Overall Cost Performance Index (10 pts)** - Cost performance evaluation that encompasses all costs of care – Professional, Institutional Inpatient, Institutional Outpatient, Ancillary and Pharmacy and risk adjusted utilizing the ETG grouper
- **Generic Performance Rate (15 pts)** - An overall generic performance rate will be calculated with comparison to their peer network state rate

3. Clinical Improvement or Practice Improvement Activity (5 pts)

- **Recognition of applicable local, state or national collaborative activities or Practice Improvement Activity** that the physician or physician groups participate in during the measurement period.



PCP Physician Framework - *Details*

4. Care Systems (30 pts)

Appropriate technology care systems can improve the quality, safety, efficiency and care coordination of patient care and simplify transactions.

- **Electronic prescribing OR Use of any CCHIT Certified Ambulatory EHR (10 pts)**
- **AIM Radiology Adoption (10 pts) – Survey question**

Requires at least 1 user within a Tax ID has signed up and has used AIM to pre-certify for at least 1 health plan member by the last day of the measurement period.

- **Availability Adoption (10 pts) – Survey question**

Requires at least 1 user within a Tax ID has signed up and has access to Availability by the last day of the measurement period.

OR

- **Current Certified Electronic Health Record Technology that met the Centers of Medicare and Medicaid (CMS) Meaningful Use Requirements (30 pts) - Survey question and requires documentation.**



P4P Scorecard

| <u><i>Program Components</i></u> | <u><i>Points</i></u> |
|--|----------------------|
| ■ Clinical Quality Measures | 40 |
| ■ Preventive (10) | |
| ■ Care Management OR External Recognition (30) | |
| ■ Resource Measures (25) | |
| ■ Overall Cost Performance Index | 10 |
| ■ Generic Performance Rate | 15 |
| ■ Clinical Improvement/Patient Centered Measures | 5 |
| ■ Care Systems | 30 |
| <hr/> | |
| <i>Physician/Group Total</i> | <i>100</i> |

Quality-In-Sights® Timeline



Measurement Period:

1/1/2012 → 12/31/2012

Final Reports Available (anticipated):

5/2013

Reward Period:

7/1/2013 → 6/30/2014

RESOURCE MEASURES –Reporting Only

- Promoting the importance of advancing transparency, data sharing and evaluating cost as well as quality.
- We will be looking to provide cost performance information to participating Quality-In-Sights physicians during the coming year.
- Possible measures includes such as Emergency Room Utilization Measure “potentially avoidable visits” and All Cause Readmission Rate (HEDIS source).
- These measures will not be used in the Quality-In-Sights scoring this year, but may be included in future years with advanced notification.



Q-HIPSM - Hospital Pay for Value Program

Quality In Sights®: Hospital Incentive Program (Q-HIPSM) Hospital Pay-for-Performance ties rate increases to performance against safety, outcomes, and patient satisfaction measures

Program Components:



AWARD WINNING
BCBSA) *“Best of Blues Award”*

BCBSA /Harvard Medical School Dept Health
Care Policy
“BlueWorks Award”

Joint Commission / National Quality Forum
*“John M. Eisenberg Award for Patient Safety and
Quality”*

Today- 608 Participating Hospitals

| State | Total Facilities participating in Q-HIP/P4P |
|---------------|---|
| California | 104 |
| Colorado | 17 |
| Connecticut | 18 |
| Georgia | 45 |
| Indiana | 78 |
| Kentucky | 45 |
| Maine | 16 |
| Missouri | 45 |
| New Hampshire | 14 |
| Nevada | 5 |
| New York | 50 |
| Ohio | 84 |
| Virginia | 75 |
| Wisconsin | 12 |

QHIP: *Tying Payments to Value*

| | | |
|--|--|--|
| <p>Patient Safety Section</p> | <p>Patient Health Outcomes Section</p> | |
| <ul style="list-style-type: none"> • Computerized Physician Order Entry (CPOE) System | <p><u>CMS National Hospital Quality Measures</u></p> <ul style="list-style-type: none"> • Acute Myocardial Infarction (AMI) • Heart Failure (HF) • Pneumonia (PN) • Surgical Care Improvement Project (SCIP) | <p><u>Healthcare Associated Infection (HAI) Measures</u></p> <ul style="list-style-type: none"> • Pressure Ulcer Prevalence • Catheter Associated Urinary Tract Infection (CAUTI) • Central Line Associated Bloodstream Infection (CLABSI) • Ventilator Associated Pneumonia (VAP) |
| <ul style="list-style-type: none"> • NQF Recommended Safe Practices | <p><u>PCI Indicators</u></p> <ul style="list-style-type: none"> • 5 ACC-NCDR/Indicators for Cardiac Catheterization/PCI | <p><u>CABG Indicators</u></p> <ul style="list-style-type: none"> • 5 STS Coronary Artery Bypass Graft (CABG) Measures |
| <ul style="list-style-type: none"> • Institute for Healthcare Improvement (IHI) Improvement Map - Surgical Safety Checklist and Medication Reconciliation | | |
| <ul style="list-style-type: none"> • NQF ED Care Measures | | |
| <ul style="list-style-type: none"> • NQF Perinatal Measures | | |
| <p>Member Satisfaction Section</p> | | |
| <ul style="list-style-type: none"> • Hospital Consumer Assessment of Healthcare Providers and Systems (H-CAHPS) Survey Results | | |

Patient Centered Primary Care (PC2)

Execute a Bold and Aggressive Strategy



Drive the transformation to a patient centered care model that promotes access, coordination across the continuum, prevention and wellness by collaborating with primary care physicians in ways that allow them to successfully manage the health of their patients and thrive in a value based reimbursement environment.

This strategy represents an aggressive and fundamental shift in how we interact with and engage primary care physicians on all levels:
clinically, contractually, operationally and culturally.

Patient Centered Primary Care

This strategy will drive transformation to a patient-centered care model by aligning economic incentives and giving primary care physicians the tools they need to thrive in a value-based reimbursement environment.



Enhanced reimbursement tied to measurable behavior changes and outcomes



Expanded access through innovation



Aligning care management with the delivery system



Exchange of meaningful information

Four Foundational Pillars