Pay-for-Performance Program Focuses on Web-based Quality Data

By Michael A. Patmas, MS, MD, MMM, CPE, FACP, FACPE, Rowena Rosenthall and Curt Hatch, CFA, MBA

The general consensus is that P4P programs are proliferating rapidly, albeit without much compelling evidence of their worth. There is serious concern on the part of many providers about basic issues of fairness in these programs.

The American Medical Association recently expressed its reservations to the Centers for Medicare and Medicaid Services (CMS) about their proposed system and its apparently onerous reporting requirements, but has agreed to help develop a list of acceptable quality measures for inclusion.

Despite these concerns early reports of success with P4P in California spawned an explosion in such programs that clearly suggests P4P has reached the tipping point and is here to stay, at least for the time being.

Starting from scratch

Joining this trend was Clear Choice Health Plans, a provider-sponsored organization in Bend, Oregon.

As the organization grew to serve more than 40,000 members it became necessary to develop more sophisticated mechanisms such as pay-for-performance programs to complement existing quality assurance, case management and utilization management processes.

The first step was to get a better idea of what P4P programs were out there. Clear Choice found that, although there are differences between existing programs, they all share certain similarities, namely a focus on discreet clinical measures, similar to HEDIS, to serve as surrogate markers for quality.

Rates of preventative screening procedures, diabetes measures and lipid determinations dominate. Primary care providers are the prime targets of these programs mainly because no one has yet devised an acceptable set of specialty-specific parameters. The selected metrics are chosen primarily because that is what can be measured from claims data, imperfect as that may be.

Some programs place significant requirements on providers, often engendering their displeasure.

Despite the fact that nearly everyone is developing P4P programs, most organizations freely admit the plans’ limitations. Measuring a baker’s dozen of discreet clinical parameters is good, but does it fundamentally improve quality or are the prime targets of these programs mainly because no one has yet devised an acceptable set of specialty-specific parameters. The selected metrics are chosen primarily because that is what can be measured from claims data, imperfect as that may be.

Finding flaws

Some programs place significant data gathering and reporting requirements on providers, often engendering their displeasure. Finally, nearly all P4P programs reward or penalize physicians depending on where they rank compared to others.

Note: All positions listed are from publicly available sources such as job search sites and company web sites.
P4P Program Focuses on Web-based Quality Data

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change practice habits? Won’t providers simply "teach to the test?"

If physicians know they are being measured on the rate they obtain glycohemoglobin levels in diabetics, won’t they just be sure to measure those more often? Will that really change the quality of care overall?

It’s not as if diabetes, hypertension and hypercholesterolemia are the only disorders physicians treat. Shouldn’t the goal be to change the way medicine is practiced and improve the overall quality of care?

Only rewarding the better performing physicians and penalizing poorer performers may not raise the overall quality of care. Disenfranchising the bottom half may not be particularly motivating.

Onerous reporting requirements placed on providers take them away from their patients. Poorly chosen metrics, misaligned incentives and inadequate compensation for the time required can derail a P4P program.

Creating a better P4P model

If the goal of P4P is truly meant to drive improvement in the quality and value of care, and hold providers accountable for outcomes, a program that fundamentally changes how physicians work is needed.

There must be a systematic change in practice patterns. A handful of quality measures is unlikely to do that. But the wholesale adoption of clinical practice-patterns based on the very best evidence the medical literature has to offer just might.

Rather than basing a P4P program on narrowly focused metrics, Clear Choice developed a unique and innovative program that attempts to change practice patterns more globally by encouraging greater adoption of evidence based medicine and self-directed quality improvement.

Instead of calling it a pay-for-performance plan, Clear Choice chose to call it the Clear Choice Quality Awards program. This reflects the underlying philosophical commitment to making this program truly one that recognizes and rewards physicians for their dedication to quality medical care. Financial utilization measures are not the primary focus of the program.

The program has three main measures emphasizing the importance of evidence-based decision making, appropriate guidelines for imaging, and improvement in clinical quality measures. Specifically, each of the following components will count toward 1/3 of the scorecard for a potential award.

- Use of UpToDate.com as a reference tool
- Use of the American College of Radiology’s Appropriateness Criteria/radiology utilization
- Improvement in clinical quality metrics on a report card

The heart of Clear Choice’s program is use of www.UpToDate.com. This online resource is one of the biggest breakthroughs in medical practice since the advent of the Internet.

UpToDate was the brainchild of Burton Rose, MD. He realized over 10 years ago that the pace of new information was accelerating so rapidly that the traditional methods we use to stay current, such as reading journals and attending CME programs, simply didn’t work. Searching Medline is very time-consuming and impractical for a busy practitioner.

Rose created an online service in which expert physicians continuously review over 350 medical

Please see>P4P, P4

Plan and Hospital Financial Information

YTD Net Income and Members through 09/30/06 for the Largest Health Plans in Washington State (1)

<table>
<thead>
<tr>
<th>Plan Name</th>
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<th>Members</th>
<th>Plan Name</th>
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YTD Margin and Days through 06/30/06 for the Largest Hospitals in Washington State (2)

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<th>Days</th>
<th>Hospital Name</th>
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An Interview with Greg Vigdor of Washington Health Foundation

Vigdor
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measurable impact on our state’s overall ranking.

Editor: What activities and events are you planning in the near future?

Vigdor: We have assembled a group of very active organizations we call Partners for Progress. These organizations donate time and funds to the Healthiest State Campaign, and are significantly involved in WHF’s policy priorities and action areas.

One example of a collaborative project with some Partners for Progress relates to improving in one of our measures. WHF, the Washington State Medical Association and the Washington State Nurses Association, in partnership with Q13 FOX, are engaged in an effort to increase childhood immunization rates through a public and provider awareness campaign.

Another example is Leading Partner Whole Foods which is currently engaged in a “mileage challenge”, pitting one store against another in competing for the most cumulative steps taken on their pedometers.

The next large event in the campaign is the New Year’s Resolution Challenge, in which participants in the campaign can enter their 2007 resolution on WHF’s website (www.HealthiestState.org) and received points for keeping it through out the year.

Points, along with miles of activity logged, accumulate throughout the year and keep individual participants eligible for great prizes and incentives.

Editor: What is a “Health Home”?

Vigdor: A Health Home is an entity that promotes wellness for individuals and families by coordinating care.

It’s the entire support system a child and family needs to have to access all health resources available, and it includes: a central resource for health and wellness information; a health partner to advise on decision and coordinate care; a central location for individual health information; and active, individualized health and wellness planning.
P4P Program Focuses on Web-based Quality Data

< P4P

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journals searching for quality evidence. His idea rapidly took off. Today, UpToDate has over 10,000 users and 7,000 topic summaries spanning nearly all of clinical medicine. Once physicians try it, they like it. In fact, over 90 percent of subscribers report that using UpToDate:

- Changes their management
- Changes their diagnostic testing
- Is an efficient way to keep up
- Helps them provide the best care

- Makes them more comfortable with their decisions
- Makes them a “better doctor”
- Is faster than other means of obtaining information

Studies reveal that 80 percent of UpToDate searches result in improved care of the patient. Vanguard Medical Associates, a large multi-specialty group in Massachusetts found that using UpToDate:

- Confirmed plan/knowledge
- Avoided phone calls/curb side consults
- Suggested correct testing
- Raised additional considerations
- Changed choice of drug
- Led to decision to discontinue drug
- Avoided specific testing
- Caused clinician to intervene rather than wait
- Avoided a referral
- Avoided a medication error

Clear Choice is convinced that physicians who use UpToDate are better diagnosticians and practice the highest quality medicine, so

Continued from prior page

healthiest state in the nation. Would it make sense for WHF to have incremental goals so your participants don’t become discouraged?

Vigdor: Absolutely. The Governor’s Blue Ribbon Commission met earlier this year to work on this very issue. The Commission set a goal for Washington to reach the top ten in state health rankings by 2010. We think Washington has a very good chance of achieving this goal.

Editor: Have you considered the 80/20 rule with respect to improving health status? In other words, are there a couple of measures that Washington ranks poorly that are bringing down the overall ranking and, if so, would it make sense to focus on them first to allow you to bring the entire ranking higher?

Vigdor: Yes, and to some extent we are doing that. For instance, Washington state ranks among the lowest in the country in public health funding (44th), high school graduation rates (35th), and receipt of preventive services (29th).

The WHF Board of Trustees is directing and supporting our work to specifically improve in three measures: Receipt of proven preventive care, physical activity and nutrition, and ensuring each Washingtonian has a Health Home.

WHF is very supportive of Washington Learns and other policy work at the state legislative level that will help improve our state’s high school graduation rate. Additionally, along with many of our partner organizations, WHF supports the need for greater public health funding, and accountability measures.

Bringing up our ranking in just a few of these areas would make a

Please See> Vigdor, P10
An Interview with Greg Vigdor of Washington Health Foundation

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5) Emphasize personal responsibility for healthy living and prevention

6) Educate and engage the people of Washington

7) Seek community-based solutions

8) Emphasize collaboration and cooperation

9) Assure government accountability

10) Provide additional resources

These values, and how to educate and engage the people of Washington state around them, were the catalyst for WHF’s vision: that Washington can and should be the Healthiest State in the Nation. To that end, WHF kicked off the “Healthiest State in the Nation Campaign” in September 2004. The campaign promotes civic engagement around health and health care – and today, more than 700 organizations, 30,000 individuals and 200 schools are participating in the campaign.

WHF has organized several events over the last few years to raise awareness and encourage participation. In 2005, the first ever Governor’s Community Health Bowl was a very successful event where participants logged miles of physical activity – beating Governor Gregoire’s challenge of accumulating one million miles of health in just five weeks.

Editor: What challenges have you encountered in implementing this vision?

Vigdor: Our biggest challenge is engaging the campaign’s more than 700 participating organizations in how we can specifically work together to improve health status in our state. Our vision is to make Washington the Healthiest State in the Nation, but it’s sometimes difficult to explain what that means to each participating individual and organization. To help individuals understand what they can do to increase their personal health status, we developed a resource list on our website at www.HealthiestState.org.

And this year, WHF published its 2006 Report Card on Washington’s Health, that shows where Washington ranks in 18 different health measures and outcomes. This tool has helped organizations understand where their collective energies and resources can improve our state’s health status.

Editor: You mentioned you’re advocating fundamental change and a vision of being the

Continued from prior page

use of this recourse was embedded into the P4P program.

Image is everything

The second component of the Clear Choice program is the American College of Radiology’s Appropriateness Criteria Web site (www.acr.org). Imaging has become so complex that even radiologists can have difficulty keeping up with the latest recommendations. It is almost impossible for a non-radiologist to do so.

Having a resource such as the ACR Appropriateness Criteria with its proven benefits addresses a need that is lacking in most other P4P frameworks, namely the need to improve imaging.

Report cards

The final component of the Clear Choice program is the provider report card. Developed in collaboration with Curt Hatch, President of ManagedCare.com, this instrument provides physicians with a comprehensive and detailed look into their practices.

With a robust list of key performance indicators depicted in both graphic and tabular formats, the report card is visually appealing and easy to use. It also offers extensive drill-down so that providers can obtain patient-level and other details that allow them to understand the statistics being captured.

Providers can view their report card by logging into ManagedCare.com through the provider portal on the Clear Choice Web site. A list of key performance indicators and screen shots of the report card include:

• Patient summary demographics
• Evaluation and management coding summary
• Emergency department utilization
• Bed days
• Referral data
• Lab tests per member
• Lab utilization
• Generic utilization
• Antidepressant utilization
• MRI utilization
• CT utilization
• Quality Measures
• Efficiency percentile ranking

The real-time feedback contained in these report cards gives Clear Choice providers the tools necessary to monitor and improve their performance.

Clear Choice complemented the profiles with a bonus program. Distributions are tied to the individual physician’s attainment on the three measures, 1/3 of the total bonus for each.

The organization anticipated enrolling a very small number of providers, perhaps only 50 this year. But within a few months, it was apparent that enrollment would exceed expectations.

Fearing dilution of the bonus pool, a decision was made to close enrollment on June 1, 2006. Ultimately, 118 providers successfully registered for the program. Roughly 18 percent of Clear Choice’s contracted providers are actively participating. Clear Choice monitors their activity and visits to UpToDate.com.

As of September 2006, the 100 enrolled providers had logged onto UpToDate.com over 600 times, the ACR Appropriateness Criteria Web site nearly 150 times and viewed their score cards over 200 times.

The extent of provider interest was unanticipated and demonstrated that it is possible to craft pay-for-performance programs that providers will accept. Further, given data from UpToDate demonstrating that users improve the quality and efficiency of their medical care, Clear Choice believes the program offers an excellent value proposition for improved clinical quality.
Puget Sound Medical Office Space Analysis

How Much Time is Needed to Relocate my Offices?

By Charlie Hampton
Vice President, Grubb & Ellis Company

Depending on the size of your office requirements, number of employees to relocate, the density of your build-out and the level of finishes in the space improvements, it can take from four months to two years to relocate your offices.

In reverse order, your move schedule should resemble something like this:

Month 12: Punch out space improvements, move-in, and conduct business.
Month 9-11: Install space improvements, cabling and furniture.
Month 7-9: Space design and construction document creation.
Month 5-7: Negotiate lease language with the Landlord.
Month 3-5: Review office space alternatives; negotiate basic economic terms with prospective landlords.
Month 0-3: Select a commercial real estate representative. Evaluate space needs, develop "lease-up" strategy, identify alternatives, conduct tours.

Most importantly, all of the above must be accomplished prior to any pre-existing renewal notice date in your lease to provide the best leverage during negotiations. In the rapidly changing Puget Sound office space market you should seek the assistance of an experienced and qualified real estate representative. Your business has specific needs and your representative has your particular information on space costs, concessions, lease language, landlord performance, tenants and economic changes in the markets your business will operate.

Next month: How do load factors affect my overall space costs?

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An Interview with Greg Vigdor of Washington Health Foundation

Greg Vigdor is President of the Washington Health Foundation (WHF). WHF was formed in the early 1990’s with the vision of improving the health status of all Washington state citizens. This early November 2006 interview was held in Seattle Washington.

Editor: How successful has WHF been at improving the health status of Washington state citizens?

Vigdor: Initially we focused on ways to leverage government money to improve public programs, working on incremental change as opposed to fundamental change. We felt WHF was making a positive impact because Washington state was recognized as the 7th healthiest state in the nation in 1997.

However, there was still a sense that the state of health in Washington was going downhill. Unfortunately, that was confirmed in 2003 when Washington slipped in state level health rankings to number 17.

Even prior to the 2003 ranking, WHF had made the commitment to fundamentally change the health status of our citizens. We knew incremental change wasn’t enough and we the public had to be involved if change was to originate from outside of government. After WHF made this commitment we spent a significant time polling and working with the public.

In 2001 through 2003 we talked to thousands of people to see what changes they could support. WHF hoped to create a basic agreement about what those changes should be, and then move forward. In autumn 2003, WHF gathered 400 leaders from around the state to see if they could resolve to support nine primary values for health and health care in Washington state. Perhaps most significantly, the participants that day decided to add a tenth value: to educate and engage the people of Washington state around those values. That day, Governor Gary Locke was the first to sign a resolution supporting those core values – and of the 400 leaders participating, 250 signed the document. With substantial agreement on those values, WHF began focusing on how to implement them.

Editor: What are the primary values and how are you implementing them?

Vigdor: The primary values are:
1) Assure fairness
2) Redesign the health system
3) Re-allocate existing resources
4) Improve health system performance and efficiency

Please See: Vigdor, P8

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Washington State Medical Office Building Listings

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<tr>
<th>Property Name</th>
<th>City</th>
<th>Size (sf)</th>
<th>Rate (NNN)</th>
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Source: Grubb & Ellis Company, Commercial Broker’s Association. Includes both completed, under construction and proposed properties.