Pay for Performance Programs

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About Partnership HealthPlan of California

Mission: To help our members, and the communities we serve, be healthy

Strategic Focus Areas:
- Quality
- Operational Excellence
- Financial Stewardship

Membership: 530,000
PHC is a County Organized Health Systems (COHS) Plan

Non-Profit Public Plan
Allocate as much money as possible towards Medi-Cal services and provider reimbursement

Local Control and Autonomy
A local governance that is sensitive and responsive to the area’s healthcare needs

Community Involvement
Advisory boards that participate in collective decision making regarding the direction of the plan

Counties Served
Health Care Delivery

Over 1000 **Primary Care Providers** from 220 organizations; Member care provided:

- 77% seen by Health Centers
- 10% by Kaiser (full capitation)
- 7% by Large Multispecialty Groups
- 6% by Small Independent Practices

**Hospital Network**

- 4 Large Tertiary Care Hospitals
- 19 Medium-sized Hospitals
- 14 Small Hospitals

**Pharmacies**

- 77% prescriptions filled by chain pharmacies
- 23% prescriptions filled by community pharmacies.

2500 **Contracted Specialists**

Pay for Performance Programs

- **Primary Care Quality Improvement Program (QIP)**
  - Since 1995
  - $4-5 PMPM
  - 35% of average capitation rate paid to PCPs
- **Hospital QIP**
  - Since 2012
  - 4.5% of average hospital income
- **Pharmacy QIP**
  - Since 2013
  - Pool: Approximately $1 per prescription filled
- **Specialty (Quality and Access Improvement Plan) QAIP**
  - Since 2014
  - 10% of average yearly PHC fee for service payments
Guiding Principles

1. Pay for outcomes, exceptional performance and improvement
2. Sizeable incentives
3. Distribute 100% of Fixed Pool Per Member Per Month (PMPM) Funds
4. Actionable Measures
5. Feasible data collection
6. Collaboration with providers
7. Simplicity in the number of measures
8. Comprehensive measurement set
9. Align measures that are meaningful
10. Stable measures

Primary Care QIP Structure

Two types of incentives
- Fixed pool (PMPM)
- Unit of Service

Four domains of Quality
- Clinical
- Use of Resources
- Operations and Access
- Patient Experience
Examples of Fixed Pool Measures

Clinical Quality
- Cervical Cancer Screening
- Diabetes measures (A1c control, Retinal Eye exam, Nephropathy screen)
- Adolescent vaccination
- Blood Pressure Controls
- Colorectal Cancer Screening

Use of Resources
- Hospital admissions/1000
- Readmission Rate or Post discharge follow-up
- Generic prescription Rate
- Opioid Safety

Access
- Avoidable ED visits
- PCP open to new PHC members
- PCP office visits

Patient Experience
- CAHPS Survey for large providers
- Two surveys with QI project or training option.

Examples of Unit of Service Measures

- Advance Care Planning
  - Patients with advanced illness
  - $100 per attestation
- Patient Centered Medical Home Recognition
- Peer-led Self Management Support Groups
  - Minimum number of patients and sessions
  - Structural parameters
- Extended office hours
  - 8 hours per week after hours or weekend
- Utilization of the California Immunization Registry (CAIR)
  - Pay for improvement
- Utile Buprenorphine Qualified Providers
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
Technical Assistance Program

Data Support – eReports
• Identify gaps in care for all clinical measures
• Obtain denominator and numerator patient lists
• Print worksheets at member level

Peer Sharing Teleconferences
• Collecting access/operations data
• Improving immunizations
• End of life discussions

Partnership Improvement Academy
• Coleman
• ADVANCE
• Upstream Medicine Institute
• Managing pain safely
• ABC of QI
• Quality Conference
Results

Clinical performance rates with providers submitted data

- Child BMI
- CCS
- Well Child
- HbA1c good control ≤ 9%
- LDL good control <100
- Blood pressure control

2011-12  2012-13  2013-14
Results

Population Level Data on for Appropriate Use of resources and Access & Operations Domains in Southern Counties

<table>
<thead>
<tr>
<th>Measure</th>
<th>2011-2012</th>
<th>2012-2013</th>
<th>2013-2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Days/1000</td>
<td>233.53</td>
<td>210.66*</td>
<td>180.11*</td>
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<tr>
<td>Readmission Rate</td>
<td>8.96%</td>
<td>13.82%*</td>
<td>11.85%*</td>
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<tr>
<td>Generic Prescription Rate</td>
<td>85.65%</td>
<td>87.70%*</td>
<td>88.07%*</td>
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<tr>
<td>Formulary Prescription Rate</td>
<td>97.54%</td>
<td>97.71%*</td>
<td>98.03%*</td>
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<td>Specialty Referral Management</td>
<td>$15.57</td>
<td>$14.76*</td>
<td>1.16 Visits*</td>
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<tr>
<td>Outpatient Visits</td>
<td>2.74</td>
<td>2.68*</td>
<td>2.63*</td>
</tr>
<tr>
<td>Avoidable ED Visits</td>
<td>N/A</td>
<td>39.10</td>
<td>36.94*</td>
</tr>
</tbody>
</table>

*Demonstrates statistically significant improvement (p<.05) using the chi-square test.
#Demonstrates statistically significant decline (p<.05) using the chi-square test.
#Due to specification changes, the measure cannot be compared to previous year.

Results

Population-level performance rates by clinical measure in Southern Region

*Demonstrates statistically significant improvement (p<.05) using the chi-square test.
Lessons Learned: What works?

- **Fixed Pool Measures**
  - Larger sites with dedicated QI staff perform best
  - Smaller sites less likely to enter data online and submit reports

- **Unit of Service Measures**
  - Smaller sites more likely to use
  - Especially good for services normally paid under Cap that need extra incentive to be done or recorded.

- **Incentives passed on to office staff can result in large improvements in outcomes**

- **Sites with financial, leadership stresses perform less well**

Hospital P4P Measures

- **Hospital Readmission Rate**
  - Goal <13%

- **Completion of Advance Directives**
  - Goal >50%

- **Elective (scheduled) C-section before 39 weeks**
  - Goal <3%

- **Breastfeeding on newborn discharge**
  - Threshold >65%

- **Venous Thromboembolism Prophylaxis**
  - Threshold >60%

- **Inpatient TARS submitted electronically**
  - Threshold >85%
Pharmacy P4P Measures

Clinic Domain:
- Medication Counseling
- Use of CURES program

Patient Experience Domain:
- Blood Pressure Checks
- Medication Delivery Available

Access Domain:
- Extended Hours

Cost Efficiency Domain:
- Generic Fill Rate

Questions?