

*A Presentation to the HIE Steering Committee
Mendocino Informatics
Thursday December 19, 2007
A. John Blair, III, MD
CEO, MedAllies*





Healthy Hudson Valley Initiative

- ❖ Care Coordination and Continuity
- ❖ Reporting
 - Public Health
 - Quality



MedAllies

- ❖ EHR Implementation
- ❖ Hudson Valley Health Information Exchange (HVHIE)
- ❖ Reporting Services
 - Public Health (PHRS)
 - Quality (QRS)



Barriers to EHR Adoption

- ❖ Prohibitive Cost
- ❖ Inadequate IT Expertise
- ❖ Scarce Resources
- ❖ Poor Integration of Products



Prohibitive Cost

- ❖ \$20,000-30,000/Provider Up-Front
- ❖ \$500-1,000/Provider/Month On-Going



Strategy

- ❖ Subscription Model
- ❖ \$5,000/Provider Up-Front
- ❖ \$400/Provider/Month On-Going



Inadequate IT Expertise

❖ Practice Management System

- Legacy Systems
- Older Technology
- Less Network Complexity
- Lower Availability Requirement
- Lower Response Time Requirement

❖ Internet Connectivity

- ASP



Strategy

❖ EHR is a New World

- Availability
- Response Time
- Equipment
- Network



Strategy

❖ IT Support Outsourcing

- Connectivity
- Healthcare Setting
- Application Familiarity
- New Understanding of Medical Practice Setting
 - Now clinical area and workflow effected in addition to administrative

❖ Preventive Maintenance



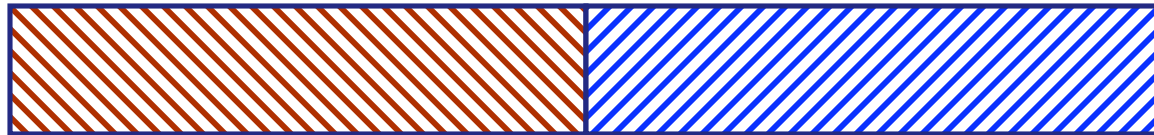
Scarce Resources

- ❖ Staffing Constraints
- ❖ Knowledge Base

Ideal Implementation

Vendor

Practice



Typical ~~Strategy~~ Implementation

Vendor

Practice

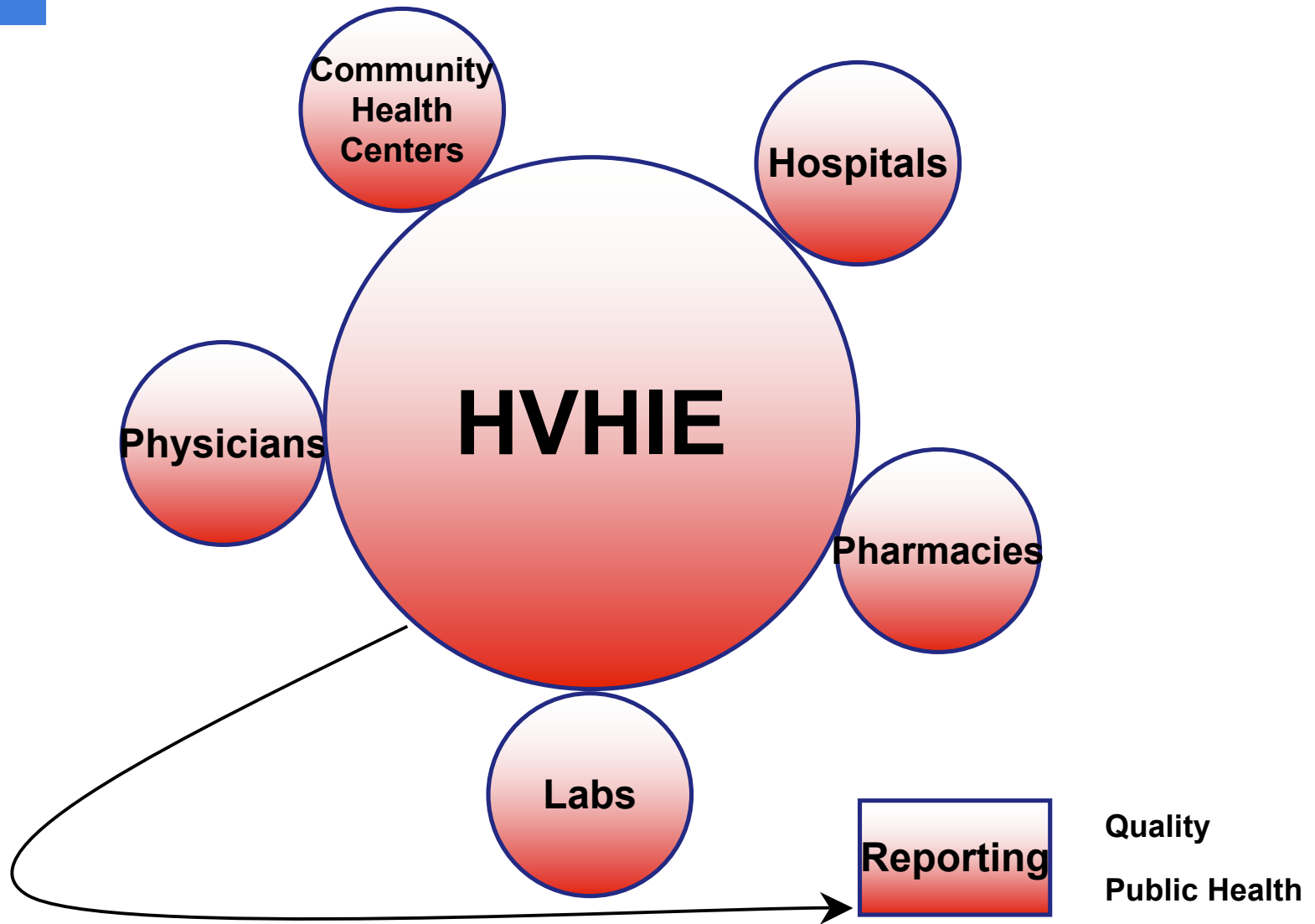




Implementation Services

- ❖ Coordinate IT
- ❖ Practice Consultant
 - MGMA
 - Front office
 - Billing office
- ❖ Implementation
 - Project management
- ❖ Post Implementation
 - CMIO
 - Decision support
 - Chronic disease management
- ❖ Connectivity
 - HIE

Health Information Exchange





Evolution of Quality Reporting

- ❖ Claims Data
- ❖ Structural Incentives
 - IT adoption and usage
 - NCQA/POL
- ❖ Clinical Data

Claims Based Incentives

Physician Feedback and Communication Efforts

P-4-P
Project
Multi-Payer

Transparency

Report
Development

Single Payer P-4-P Project

2000

2002

2004

2006

2008

2010

Physician Reports



Physician Quality Report - Family/General Practice

Physician: PRIMARY CARE PHYSICIAN Normalized PQR Score (Range 0 - 149): 1.02
 PQR Region: MVP IPA REGION
 Avg Panel: <149

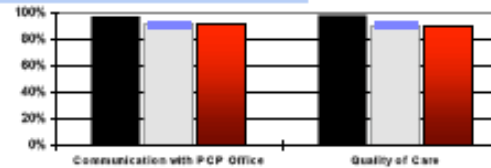
PQR Score Sub-Categories (Range 0 - 2)
 Med. Record: 2.00 Disease Mgmt: 0.50
 Preventive: 1.50

Member Satisfaction and Access

Quality and Communication

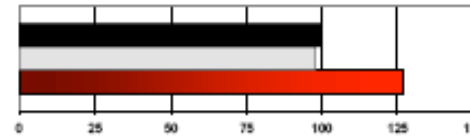
Scores are obtained from questions asked on the Member Satisfaction with PCP Survey which is administered by Eliza Corporation. A complete copy of your survey and explanation of survey methodology is included with this mailing.

Change from 2005: Communication -7.5
 Change from 2005: Quality of Care -3.3



Emergency Room Utilization

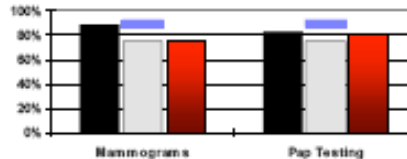
The number of ER Urgent/Non-Emergent services accessed by your panel members during the reporting year, reported as a rate/1000 members. These services can generally be provided in the office setting. The goal is fewer than 91 such visits per 1000. Region and HMO rates are specialty specific.



Women's Health

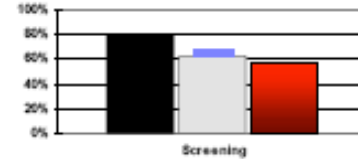
Quality of Care

Colorectal Cancer Screening



Mammograms: The percentage of your female members between the ages of 50-69 who had a mammogram in the reporting year or the year prior.
 Pap testing: The percentage of your female members between the ages of 21-64 who had a pap test in the reporting year or the two years prior.

Change from 2005: Mammograms -6.5
 Change from 2005: Pap Testing -9.0



Percentage of enrolled members 50-80 years of age who have had screening for CRC: flexible sigmoidoscopy during the last 5 years, DCSE during the last 5 years, or colonoscopy during the last 10 years.

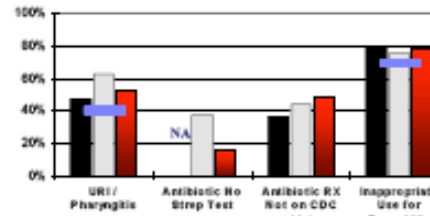
Antibiotic Use

URI/Pharyngitis: Percentage of members in your panel who were treated with an antibiotic for Tonsillitis, Adenoiditis or Pharyngitis without surgery.

Antibiotic No Strep Test: The only condition included that warrants antibiotic treatment is strep pharyngitis. We are not able to report on the results of strep tests, but can report if such a test was performed.

Antibiotic RX Not on CDC List: Percentage of antibiotics prescribed not from the CDC recommended list.

Inappropriate Use for Bronchitis: Percentage of antibiotics dispensed within three days after a diagnosis of acute bronchitis. A lower rate represents better performance.



Change from 2005: Acute URI/Pharyngitis +4.1

Physician Score Region Mean HMO Mean HMO Goal

Single Payer P-4-P



TIPA Family Practice
2006 Pay for Performance Program
Dr. Example
MVP ID: XXXX



Average Panel Size 2005 289

Pay for Quality P4Q (see other side for P4T)						
CRITERIA	HMO Mean	HMO Goal	Payment Level	Measure Definition	Year Score	\$ Earned
BASIC						
*Open Panel		Open	\$0.10	Panel open to new MVP members	Y	\$0.10
*Weekend/Evening availability		3	\$0.10	Hours outside of 9:00-5:00 Mon-Fri available for routine appointments	Y	\$0.10
COMPREHENSIVE (>149 Members)						
Diabetic Care HbA1c Control < 7	48.5%	60.0%	\$0.05/ 0.10	Percentage of the PCP's patients with diabetes, whose A1c was less than 7.0.	20.0%	\$0.00
Diabetic Care LDL Control < 160	45.1%	60.0%	\$0.05/ 0.10	Percentage of the PCP's patients with diabetes, whose LDL-C was less than 160.	20.0%	\$0.00
Well Tests Risky Behavior	75.5%	80.0%	\$0.05/ 0.10	Percentage of PCP's patients, age 18-70, whose three medical record components present that alcohol or drug screening was performed at least once in past 2 years.	100.0%	\$0.10
Well Tests BMI	10.3%	50.0%	\$0.05/ 0.10	Percentage of PCP's patients, age 18-70, whose three medical record components present that a BMI measurement was done.	0.0%	\$0.00
Antibiotic RX URI/Pharyngitis	47.2%	Less than 40.0%	\$0.05/ 0.10	Percentage of episodes of URI/Pharyngitis, during which an antibiotic was prescribed and 5-day. Since bacterial infection is infrequent, the goal is to reduce antibiotic use.	**	\$0.00
Aspirin Medication Management	80.8%	100.0%	\$0.05/ 0.10	Percentage of PCP's patients with asthma, who filled a prescription for more than one SABA in a 4 month period, and were also on a long-term controller medication.***	**	\$0.00
Member Satisfaction Quality of Care Communication with PCP Office	86.5% 85.5%	90.0% 90.0%	\$0.05/ 0.10	Percentages regarding Overall Quality of Care and Communication with PCP Offices are obtained from questionnaires sent to the Member Satisfaction with PCP Survey which is administered by PatientFirst.	92.5% 89.5%	\$0.10 \$0.05
ER Utilization: Family Practice Urgent/management (HMO)	123.1 enc/000	91 enc/000	\$0.05/ 0.10	The number of PCP's panel members receiving ER services for conditions that would generally be treated in the office setting, reported as a rate/000 members. HMO rates is specialty specific.	248.0	\$0.00
COMPREHENSIVE (>249 Members)						
Resource Consumption Index	0.71-0.89 1.01-1.10	0.50 - 1.00	\$0.10/ 0.20	Comprehensive risk adjusted measure of utilization of medical services	**	\$0.00

The reporting period ends 6/30/05 for all measures.

** Indicates there were not enough members to qualify for the measure/payment

***Note: To give credit for those who are not using systemic SABA and are on a long-term controller, these members are added into both the numerator and denominator.

Total payout per member per month (capped at \$.80)	\$0.45
Total member months (January 2005 - December 2005)	3,233
Total P4Q Payout	\$1,454.85
Total Possible P4Q Payout:	\$2,586.40
Amount a physician would have received if that physician had scored well enough to receive the maximum payment (\$.80 per pt).	

Transparency



Met credentialing standards ★
 Met or Exceeded Average ★★
 Met or Exceeded Goal ★★★

Family Practice - IPA XXX Performance Metrics

MVP Average:			127 /000	54%	46%	90%	33%	83%	53%	
MVP Goal:	Yes	Yes	91 /000	60%	60%	100%	50%	90%	40%	
	NCQA Recognition	Taking New Patients	Evening or Weekend Hours	Lower is Better Patient use of ER for Non Emergencies	Diabetes HbA1C < 7%	Diabetes LDL < 100 mg/dL	Asthma Medication Management	Adolescent Body Mass Index (BMI)	Drug or Alcohol Screening	Lower is Better Antibiotic use for URI/ Pharyngitis
Medical Group		Y	N	★★						★★
Medical Group		Y	N	★★	★	★★★	★★★	★	★	★★
Medical Group		Y	N	★★	★	★				
Medical Group		Y	N	★	★	★★	★★★	★	★★★	
Medical Group		N	N	★	★★★	★★★	★★★	★★★	★★★	★★
Medical Group		Y	N	★	★★★	★★	★	★★★	★★★	
Medical Group		Y	N	★★	★★★	★★★	★★★	★	★★★	
Medical Group		Y	N	★★	★★★	★		★	★★★	★★
Medical Group		N	N	★	★★★	★★	★★	★	★★★	★
Medical Group		Y	Y	★★	★★★	★★★	★	★	★	★★
Medical Group	Practice Connections	Y	Y	★	★★★	★★★	★★	★	★★★	★★
Medical Group		Y	Y	★★	★★★	★	★★★			★
Medical Group		Y	Y	★★	★★★	★★	★	★	★	★
Medical Group		Y	Y	★	★	★★★	★	★	★★★	★★
Medical Group		Y	N	★	★	★★★	★★★	★★	★★★	★
Medical Group		Y	Y	★	★	★★	★	★	★★	★★
Medical Group		Y	N	★★	★	★★★	★★★	★★★	★★★	★★
Medical Group		Y	Y	★★	★★★	★★★	★	★★★	★★★	

NCQA Recognition: Physician Practice Connections (PPC) is NCQA's nationwide recognition program for physician practices that use information systematically to enhance the quality of patient care.



It is important to MVP that the data presented accurately represents the performance of each practice. As a result, we only include those practices with at least 250 members. Even with this requirement, there may be other factors such as the prevalence of a given condition within each practice's population, or other variations in the patient mix of each practice, that can impact the reported performance.



Physician Feedback & Communication

- ❖ Medical Council
 - PCP
 - Specialty
 - Clinical leadership
 - Strong quality focus
- ❖ Initial Report Feedback
 - Individual
 - Group
- ❖ Monthly Newsletter
- ❖ Physician Comment Period Prior to Incentive Payments

Multi-Payer Reports

New York Multi-Payer Data Reporting Project Provider-Specific Report

Provider Name: Paul

Springs

License Number: 000003

Address: 133 CENTRAL PARK W

NEW YORK NY

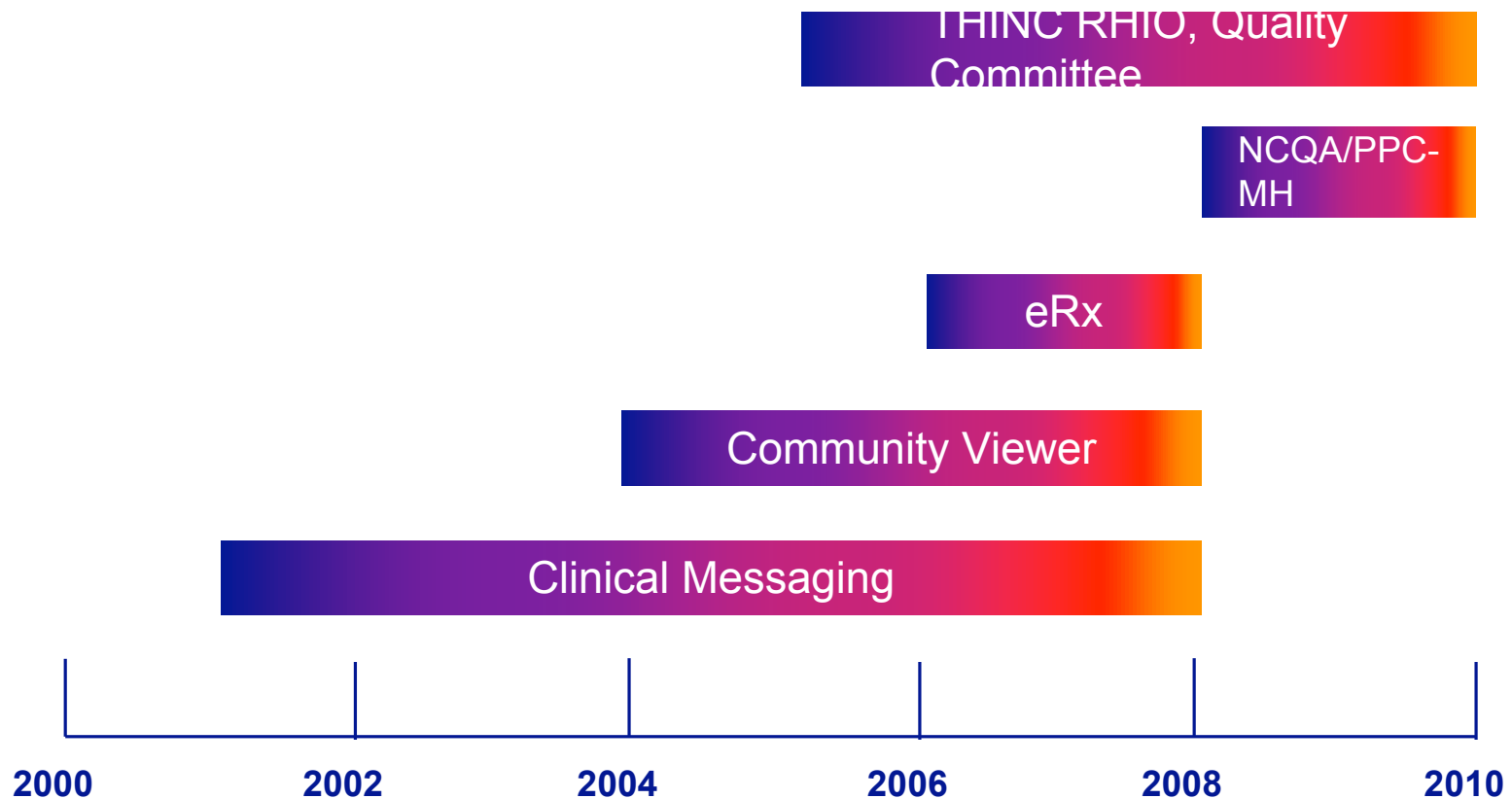
10023

Measures	Your Results ¹			Project Results ⁴			Benchmark	
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	NYC Average ³	National Average ⁴
Breast Cancer Screening	35	56	62.5%	26,192	39,734	65.9%	71.0%	73.4%
Cervical Cancer Screening	89	116	77.4%	72,028	89,511	80.5%	79.0%	80.9%
Colorectal Cancer Screening	83	172	48.3%	56,595	101,964	55.5%	n/a	49.0%
Comprehensive Diabetes Care - HbA1c Tested	44	52	84.6%	13,762	17,337	79.4%	86.0%	92.5%
Comprehensive Diabetes Care - LDL-C Screening Performed	49	52	94.2%	15,834	17,337	91.3%	95.0%	94.9%
Comprehensive Diabetes Care - Nephropathy monitored	29	52	55.8%	9,325	17,337	53.8%	60.0%	65.5%



Structural Incentives

Physician Feedback and Communication





NCQA Physician Practice Connections

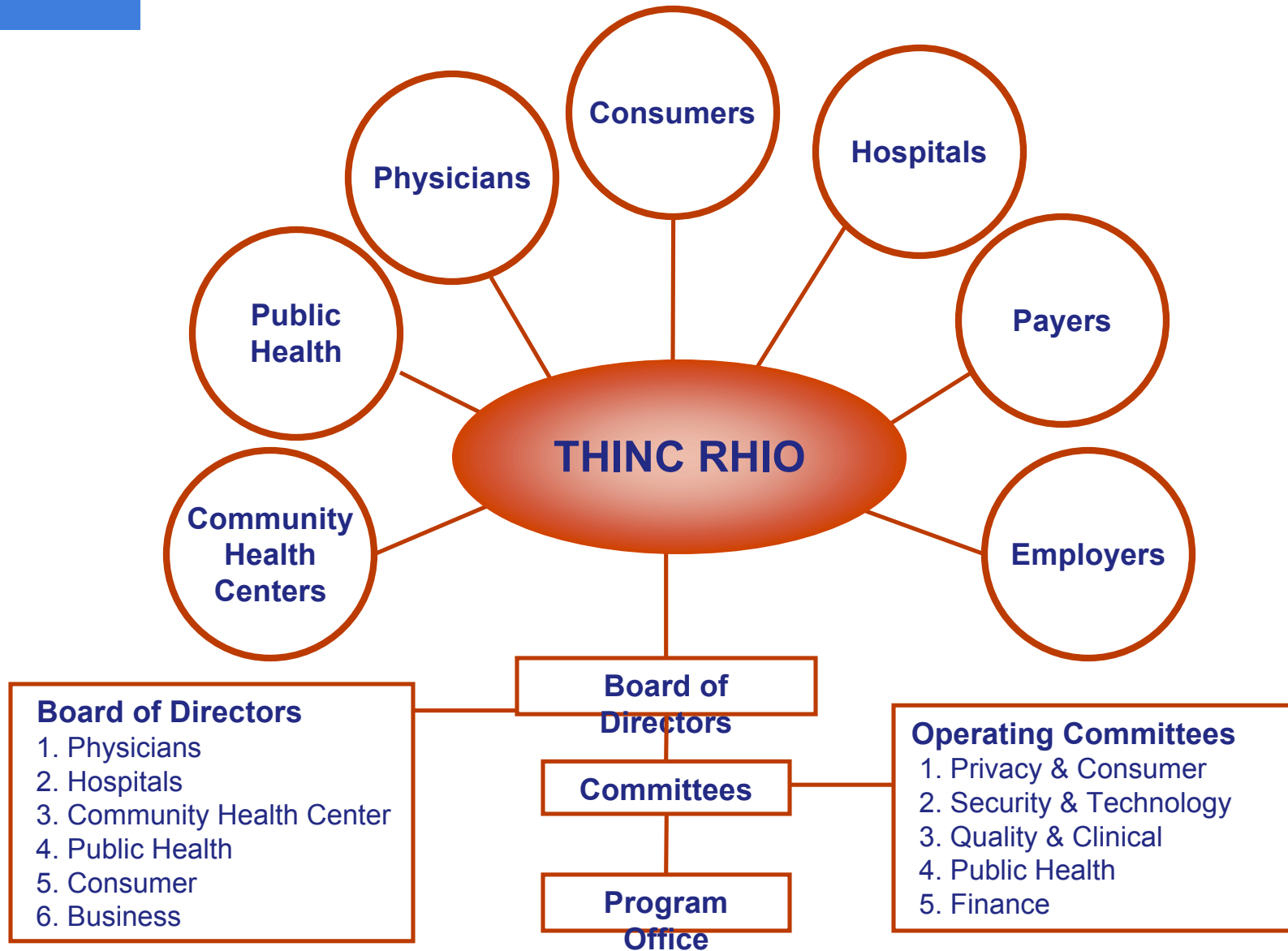
- ❖ Access / Communication
- ❖ Patient tracking / Registries
- ❖ Care Management
- ❖ Self Management Support
- ❖ Electronic Prescribing
- ❖ Test Tracking
- ❖ Referral Tracking
- ❖ Performance Reporting & Improvement
- ❖ Interoperability



2008 Incentive Pilot

- ❖ FFS Base
- ❖ Structural Incentive
 - PPC-MH
- ❖ Process/Outcome Measure Incentives
 - Claims Data
 - Multi-payer Aggregation
- ❖ Clinical Measures
 - CMS/AMA/NCQA/EHRVA Collaborative
 - TCNY Project
 - HL-7 Project

THINC RHIO, Inc.





THINC RHIO, Quality Committee

❖ Activities

- Determine performance measures
- Promote standards
 - HIE
 - Measure metrics
- Coordinate payment incentives

❖ Committee Composition

- Physicians
- Hospitals
- Health plans
- Quality measures experts



Current Grants / Contracts

- ❖ HEAL I
 - 1,000 Ambulatory EHRs
- ❖ MSSNY
 - 50% Hardware Network Costs
 - HEAL I EHRs
- ❖ Pay For Performance
 - Aggregated Claims Data and Report
 - Medical Home
- ❖ NHIN II
 - Quality Reporting
- ❖ CDC
 - Public Health Reporting

Thanks for your time!

A. John Blair, III, MD
CEO, MedAllies

