

Presbyterian Health Plan Quality Incentive Program Description 2007

The 2007 Presbyterian Health Plan Provider Quality Incentive Program (PQIP) is based on three categories of measurements, as described below. This document explains the basic structure of the PQIP, and how it applies to primary care practitioners and specialists.

Participation Requirements: The purpose of the PQIP is to recognize and reward practitioners who share Presbyterian's commitment to improving health, achieving superior clinical outcomes, and reducing administrative burdens to increase clinical care time. To maximize the rewards within the program, it is important to establish minimum requirements for practitioner participation that can be linked to the partnership described above. To be eligible for award under the PQIP, a practitioner must meet the following requirements:

- The Primary Care practitioner maintains a minimum panel of 100 members throughout the calendar year
 - The Specialty practitioner has a minimum of 300 member encounters during the calendar year
 - The practitioner or provider submits at least 90% of their claims electronically to PHP.
 - The practitioner must be contracted with PHP within the guidelines of a "standard contract" which is defined as follows:
 - Fee schedule within standard deviation for the geographic region
 - No annual inflation adjustments
 - Contract period is "evergreen", i.e., no fixed termination date but rather continuously renewing
 - Contract product scope is for all product lines unless mutually agreed to by the practitioner and PHP
 - The prescribing practitioner maintains a minimum threshold of <1.75% of the total pharmacy prescription rejects for no "Pharmacy Exception on File". Put another way, 98.25% of the time a member goes to the pharmacy with a prescription in hand, it can be filled because the medication is on formulary or an authorization has been obtained for a non-formulary medication. Our goal is to ensure that members succeed in securing their prescriptions. Practitioners will receive their pharmacy data this summer to provide an opportunity for management.
 - Acute Care hospital providers must report results of A1c and Cholesterol (LDL) tests performed within their facility.
 - Acute Care hospital providers must be paid for outpatient facility services via the PHP standard outpatient fixed pricing methodology.
- 1) **Quality of Care.** Each year, Presbyterian Health Plan (PHP) conducts an extensive analysis of its claims data and performs chart reviews to produce our annual HEDIS (Health Plan Employer Data Information Set) report, which consists of 37 measures of clinical quality. These measures can be compared to national data and are audited.

Primary Care Practitioners

Presbyterian has selected five measures for improvement in 2007 for Primary Care Providers:

- a) Control of diabetes mellitus as measured by A1c levels
- b) Antidepressant medication management
- c) Breast Cancer Screening
- d) Childhood immunization rates (HEDIS Combo 3)
- e) Immunization Reporting/Utilization of New Mexico Immunization Information System (SIIS)

Progress towards attaining the targets for measures (a) and (b) will be evaluated on an individual practitioner basis whenever the practitioner has four (4) or more patients who fall into the disease category. Item (c) will be evaluated on an individual practitioner basis when the practitioner has four (4) or more patients in the appropriate sex and age classification for this screening. Items (d) and (e) will be evaluated solely on a network basis. Individual performance progress will be reported throughout the year via the Presbyterian Practitioner Profile that we expect to distribute quarterly.

Specialists

Two clinical quality measures apply only to those practitioners who provide Cardiology and Behavioral Health (Commercial and Medicare only) services:

- a) Beta-blocker treatment after a heart attack – applies only to Cardiology practitioners
- b) Antidepressant medication management – applies to Behavioral Health practitioners

Progress on these values will continue to be measured for the network as a whole rather than at the individual practitioner level.

Hospitals

Using reported results on the CheckPoint web site www.nmcheckpoint.org, eligible acute care hospital facilities may receive a pay out for specific quality indicators. CheckPoint tracks 3 clinical measure categories:

- Heart Attack
- Congestive Heart Failure
- Pneumonia

To recognize the varying illness/disease populations that may present to different size facilities, three tiers have been created with differing measurement requirements. Financial awards will be based upon achievement of performance exceeding the National Average in 1-3 measures (Tiers 1 & 2) and/or self-reporting 2 measures (Tiers 2 & 3).

	Facility Size	Target	Potential Payout
Tier 1	> 120 Beds	Exceed national	33% /33% /33%

		average on 3 measures	
Tier 2	50 – 120 Beds	Exceed national average on 1 measure + report on 2 others	50% /50%
Tier 3	< 50 Beds	Report on 2 measures	50% /50%

2) **Access to Care.**

In 2007 these measures are based upon results of the entire network, and **not for individual practitioners**. However, in 2008 we will move to individual results.

Each quarter, PHP distributes a random member survey to measure progress on a variety of issues related to satisfaction and access to care. One issue relates to a member’s ability to obtain an appointment for routine care at their provider’s office in a “reasonable” (as defined by the member) time period. The results of this network survey will be used as the measure for access to care. Within the scope of this survey, **Routine Care** is defined as: “non-urgent, non-emergency care that focuses on maintaining health”.

3) **Satisfaction with Physician or Practitioner.** Each year, PHP has a certified external vendor perform annual member satisfaction surveys called CAHPS (Consumer Assessment of Healthcare Providers and Systems). This survey includes specific questions about satisfaction with both primary care and specialist practitioners. PHP chose two measures to improve:

- a) **PCP:** “We want to know your rating of your personal doctor or nurse ...where 0 is the worst personal doctor or nurse possible and 10 is the best personal doctor or nurse possible. How would you rate your personal doctor or nurse now?”
- b) **Specialist:** “We want to know your rating of the specialist that you saw most often in the last 6 to 12 months...where 0 is the worst specialist possible and 10 is the best specialist possible. How would you rate the specialist?”

These measures will be determined for all PCPs as a group, and all specialists as a group. **We will not calculate scores for individual practitioners for this category in 2007.** We are, however, planning for individual performance reporting in 2008.

The table below outlines the relative weights of the criteria and the difference in distribution between PCPs and specialists.

Type of Practitioner	Quality of Care	Access	Member Satisfaction
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Primary Care	Diabetes Antidepressants Breast Cancer Screening Childhood Immunizations Immunization Reporting	Response to Routine Care as measured by PHP Quarterly member survey	Response to PCP satisfaction question on PHP Quarterly member survey
Weight	50%	25%	25%
Cardiology Behavioral Health	Beta-blockers Antidepressants Medical Mgt.	Response to Routine Care as measured by PHP Quarterly member survey	Response to Specialist satisfaction question on PHP Quarterly member survey
Weight	50%	25%	25%

Type of Practitioner	Quality of Care	Access	Member Satisfaction
Other Specialty Practitioners	Additional specialty measures to be added in future	Response to Routine Care as measured by PHP Quarterly member survey	Response to Specialist satisfaction question on PHP Quarterly member survey
Weight	0%	50%	50%
Acute Care Hospitals	Heart Attack Congestive Heart Failure Pneumonia		
Weight – Based on facility size – see hospital table on page 2			

You will note that quality of care measures have not yet been developed for all specialists. While HEDIS is rich in measures of care, these measures tend to be more focused on primary care than specialists. To enhance the program in future years, our plan is to explore options soon to be introduced by AHRQ (Agency for Healthcare Research and Quality) as well as continue to work with individual specialists to add more measures.

Below are the list of the measures for 2007 and their targets. The targets have been developed using national performance levels, and have been averaged over the Commercial, Medicaid, and Medicare products. Because some of these measures are not completely intuitive we provided a description of each of the measures, targets, and scoring systems in the full program description located at www.phs.org.

MEASURE	PRIOR YR TARGETS (MEASUREMENT YEAR 2006)	PRIOR YR RESULTS (MEASUREMENT YEAR 2006)	TARGET FOR 2007 – SALUD ONLY	TARGET FOR 2007 HMO/POS/ MEDICARE
Diabetes Poorly Controlled (HgA1c) (lower is good)	22.21%	TBA	20.88%	20.88%
Breast cancer screening	73.03%	TBA	66.11%	66.11%
Childhood Immunizations (Combo 3)	New measure	N/A	76%	76%
Data Population/Utilization SIIS	New measure	N/A	50% of eligible members	N/A
Antidepressant Med Mgmt	40.2%	TBA	40.2%	40.2%
Persistence of Beta Blocker Treatment after MI	New measure	TBA	NA	72.50%
Routine Care Appt	90%	TBA	90th Percentile	90th Percentile
PCP Satisfaction	80.3% / 82.2% %	TBA	85th Percentile	70th Percentile
Specialist Satisfaction	79.9% / 83.6% %	TBA	65th Percentile	70th Percentile