

Partners HealthCare: EMR as a Foundation for Success in Pay For Performance Contracts

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Agenda

- Brief overview of Partners
- Overview of our P4P Contracts
- Electronic Medical Records as a Foundation for Success in P4P Contracts

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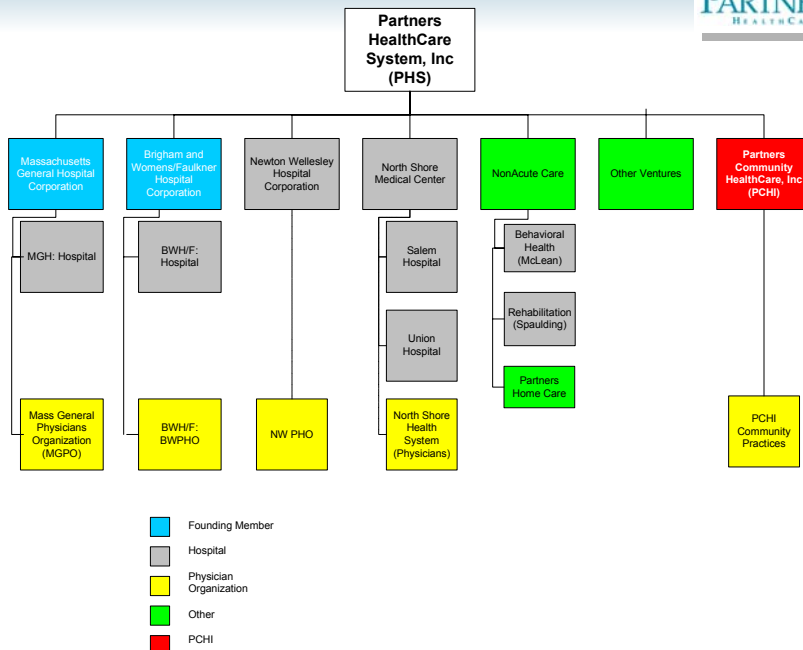
Introduction to PHS/PCHI



- Founded in 1994
- Division of Partners HealthCare System (PHS) – formed with merger of MGH and BWH
- 15 Regional Service Organizations (RSOs)
 - 2 AMCs with associated physician organizations
 - 2 community PHOs (facilities owned by PHS)
 - 3 community PHOs (facilities independent of PHS)
 - 9 physician groups (8 “owned” by PCHI)
- 3 major commercial contracts (these payers represent ~70% of commercial business in eastern Massachusetts)
- 1200 primary care physicians and almost 5000 specialists
- ~500,000 covered lives

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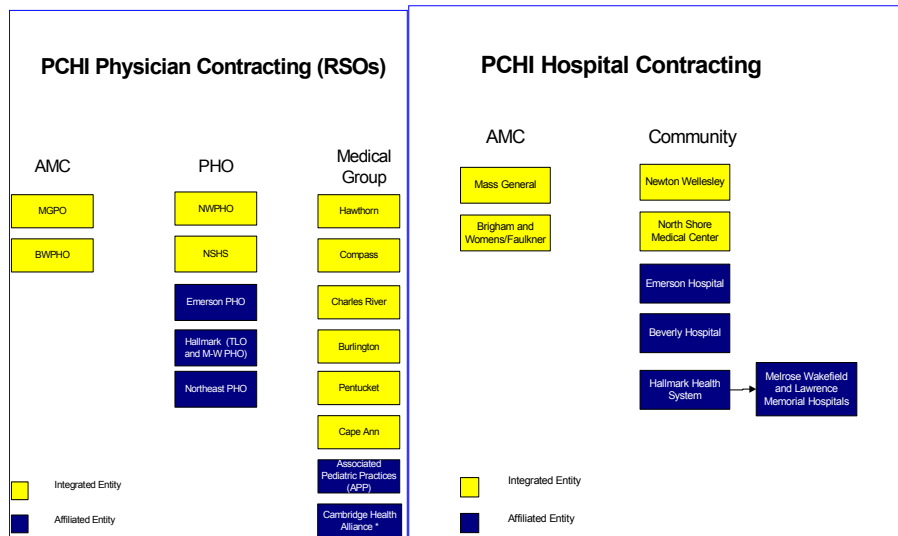
Partners HealthCare System



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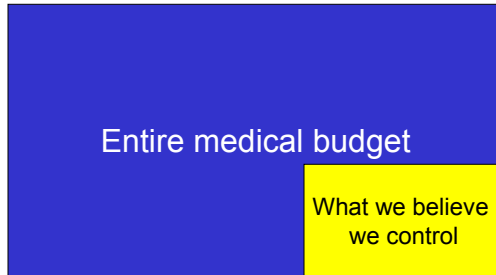
Contracting Entities



Evolution of Pay for Performance at Partners



Capitation →
(1995-2000)



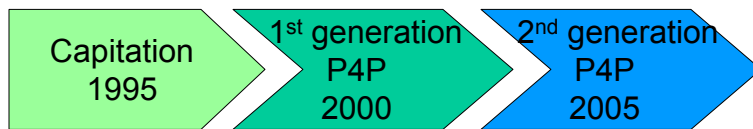
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Evolution of Pay for Performance at Partners



Capitation →
(1995-2000)

R.I.P.



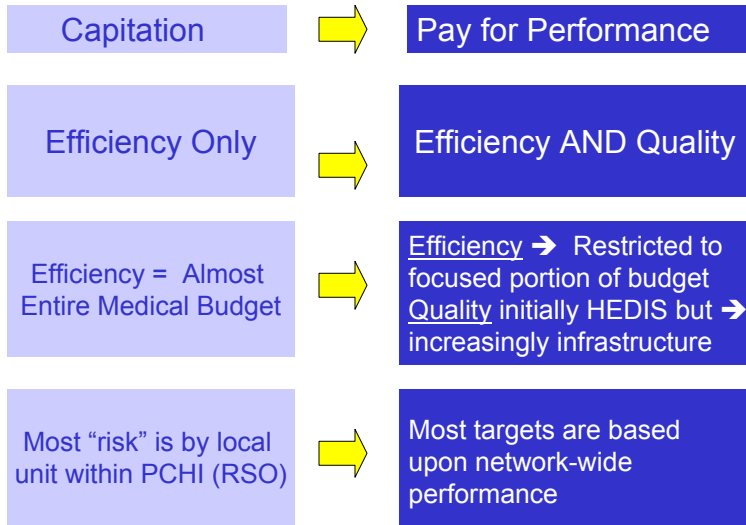
PCHI at risk for most services. Each RSO bears full risk

Risk restricted to limited areas including quality. Risk shared across network

Performance metrics refined. Risk shared across network

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P4P has changed our focus



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Principles for Incorporation of Performance



Metrics into P4P Contracts

- Limited number
- Similar metrics across plans
- Standard methodology
- Not costly to measure
- Represents actual value to patients or to health plans
- Prefer 'graduated' measurement
- Quality Target: National 90%ile
- Efficiency Target: Outperform local market.

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Efficiency Measures



	Hospitals	Physicians
Inpatient (days/1000 or admits/1000)	✓	✓
High cost Imaging Tests	✓	✓
Outpatient Pharmacy Costs		✓

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Efficiency Programs



- Inpatient
 - High risk patient identification and intervention
 - Post-discharge calls to those with selected chronic diseases
 - Focus: CHF, COPD, CAD, DM, Asthma and CRF
- Imaging
 - Order entry decision support
- Pharmacy
 - Counter-detailing
 - Switch-scripts
 - Data reporting and pharmacist education programs

We generally exclude diabetes and lipid medications from pharmacy pmpm targets to avoid penalties for tighter control

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Quality Measures



	Hospitals	Physicians
CPOE (Leapfrog Leap One)	✓	
NQF Measures (Leapfrog Four)	✓	
National Hospital Quality Measures (JCAHO Core)	✓	
HEDIS		✓
EMR Adoption and Use		✓
Patient Satisfaction		✓

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Physician Quality Programs



- EMR Adoption
 - Selection of two 'preferred vendors'
 - Practice assessment
 - Clinical content development and promulgation
- Registry Programs
 - HEDIS (mammography, cervical cancer screening, chlamydia screening, well child care)
 - Chronic diseases (asthma, diabetes, will possibly add COPD)
- Infrastructure Support
 - Bridges to Excellence application support
- Provider Education
 - Specialist and primary care targeted sessions and mailing, NP/PA meetings, Pediatric Council

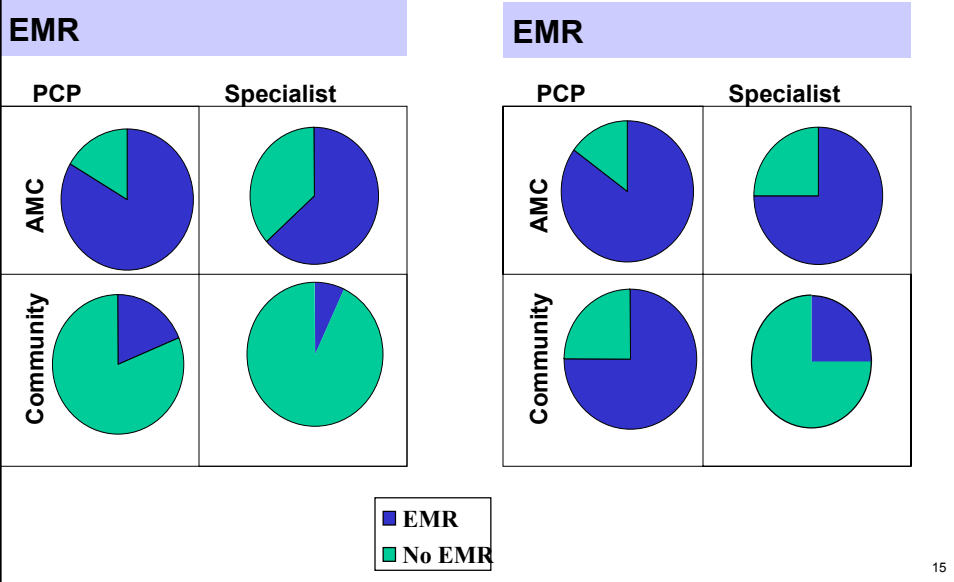
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Ambulatory Electronic Infrastructure:



2005 Status

Where do we hope to be in 2008?



Hospital Quality Programs



- System-wide CPOE effort
- System-wide commitment to Leap Four
- Regular reporting on “core measures”

National Hospital Quality Measure	Benchmark Jan 04 - Dec 04 JCAHO Nat'l 90th %ile	Partners HealthCare System Results and Targets										
		Jan 05 - Jun 05										
		BWH		MGH		FH		NWH		NSMC		
		Jan 05	CY05	Jan 05	CY05	Jan 05	CY05	Jan 05	CY05	Jan 05	CY05	
		Jun 05	Target	Jun 05	Target	Jun 05	Target	Jun 05	Target	Jun 05	Target	
AMI	Aspirin at arrival	100%	95%	99%	95%	100%	95%	100%	95%	99%	95%	
	Aspirin at discharge	100%	95%	99%	95%	100%	95%	100%	95%	99%	95%	
	ACEI/ARB for LVSD	100%	95%	89%	87%	100%	95%	100%	95%	100%	95%	
	Beta blocker at discharge	100%	95%	99%	95%	100%	95%	100%	95%	100%	95%	
	Beta blocker at arrival	99%	100%	95%	99%	95%	100%	95%	100%	95%	99%	95%
HF	Assessment of LVF	98%	95%	100%	95%	100%	95%	96%	95%	94%	95%	
	ACEI/ARB for LVSD	95%	95%	90%	88%	100%	95%	100%	95%	91%	88%	
	Oxygenation assessment	100%	95%	100%	95%	100%	95%	100%	95%	100%	95%	
PNA	Pneumococcal screening/vaccination	83%	49%	28%	49%	49%	69%	69%	74%	73%	34%	49%
	Initial antibiotic received within 4 hours	90%	72%	81%	72%	63%	76%	85%	88%	85%	86%	73%

Inpatient Electronic Infrastructure:



2005 Status

Where do we hope to be in 2008?

CPOE

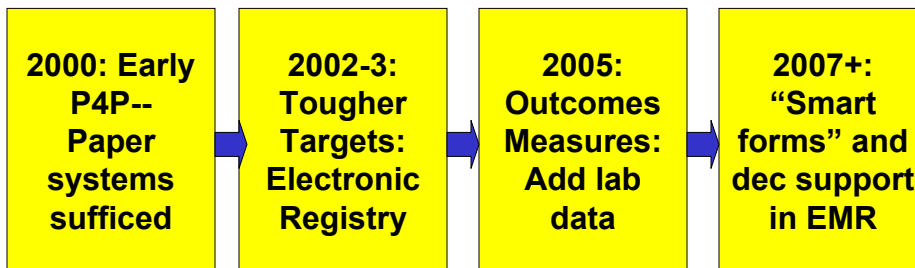
CPOE

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Academic Med PHS	<input checked="" type="radio"/>	
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Evolution of Infrastructure to Succeed in P4P Contracts



To succeed, we not only need to develop and implement systems to improve care, but we also must ensure these systems are used reliably.

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Diabetes Care in EMR: Smart Form



Diabetes Smart Form - Microsoft Internet Explorer

Address: <http://ls.partners.org/prototype/tafor/dmf/dmfsmset.htm>

Diabetes Smart Form

Patient: CLAUDIA SANTA C 0000004 (MOM) 08/25/1976 (28 yrs.) M Tel: (H) 617-555-1212

Highlights

- A1C high (8.1 on 12/20/04) - Consider starting insulin
- LDL high (112 on 12/20/04) - Intensify statin therapy
- Total Chol high (219 on 12/20/04)
- walb/Cr overdue (Last 11/9/03)
- Foot exam overdue (Last 4/14/03)
- Eye exam overdue (Last 10/6/03)
- Need current BP
- BMI high (26.4 today)
- Current smoker

Lab Results

Order	12/20/04	11/10/04	9/14/04	6/4/03
Glucose (mg/dL)	179	185	-	143
A1C (4.4%-6.4%)	8.1	8.2	-	8.3
Total Chol (<200 mg/dL)	210	-	240	190
HDL (145 mg/dL)	59	-	60	53
LDL (<100 mg/dL)	112	-	115	118
Trig (<200 mg/dL)	125	-	125	125
SUGDT (u/L)	10	7	-	-
BUN (mg/dL)	12	11	-	-
Cr (mg/dL)	1.2	1.1	-	-
walb/Cr ratio (mg Add/g Cr)	-	-	-	-

Vital Signs

	3/22/05	11/10/04	9/14/04
BP	Enter	120/80	120/78
Weight	173 lbs	-	176
Height	63 in	-	63 in
BMI	26.4	-	26.3

Health Maintenance

	Doc	Refer/Order	Last Done	Comment
Foot exam	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4/14/03	
Eye exam	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/6/03	Dr. Rainer
Flu shot	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11/9/04	
Pneumovax	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12/9/95	

Smoking status Current smoker

Problems

- Smart Form Qualifying Conditions
 - Diabetes mellitus type 2
 - Diabetes Complications

Recommendations/Orders

- A1C
 - Start insulin
 - Refer to CDE
 - Have patient report AM FBG after first 3-5 days
 - Patient education handouts
 - Giving an insulin injection
- Lipids
 - Intensify statin therapy
 - Refer to dietitian
 - Order LFTs
 - Order fasting lipid profile in 30 days
 - Patient education handouts
- Urine Protein
 - Order walb/cr ratio
 - Patient-specific plan
- Eye
 - Refer to ophthalmol. for yearly exam
 - Patient-specific plan
- Immunizations
 - Up to date
 - Patient-specific plan
 - Aspirin
 - Aspirin allergy - rash
 - Patient-specific plan
 - Smoking

document all above as 'reviewed'

print patient action plan

print patient data summary

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P4P Paradoxes



- Pay for performance measures must be constantly refined
 - But we'll only build infrastructure for metrics that have staying power
- The entire market might move in an unpredicted direction
 - But we really like "hard" targets rather than moving targets
- Risk adjustment is critical
 - But we've found this introduces its own volatility
- Many metrics blend items that we want to increase with those that we want to decrease
 - But it's difficult to convince health plans to eliminate these conflicts
- We would like to drive financial incentives down to the level of clinical accountability
 - But there is often inadequate statistical reliability at a lower organizational level
- We really want to engage our physicians
 - But our most successful programs rely on non-MD staff
- Efficiency measures drive health plan ROI
 - But quality measures are more important to provider entities

Important trends that will affect the future of our P4P and medical management programs



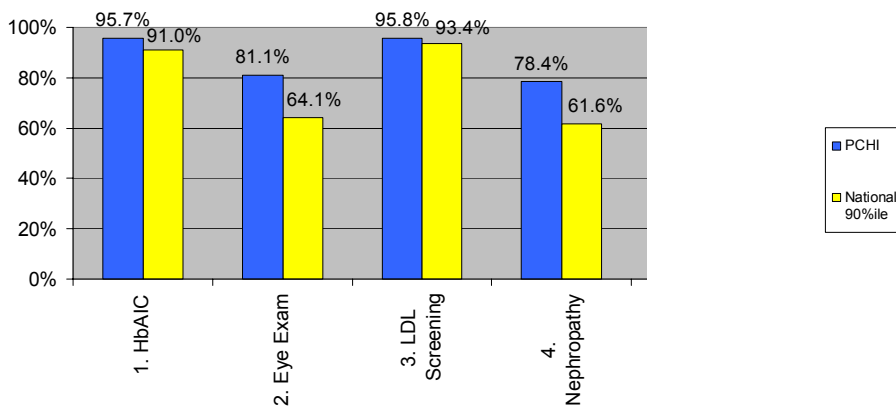
- Pressure to lower medical inflation trend will accelerate
- Technologic advances will continue to exert upward pressure on health care costs.
- Health plans will offer plans that expose consumers to a greater share of total expense
- We will continue to face a shortage in primary care and many specialties in Massachusetts
- There will be increased public reporting of cost and quality
- Consumers will become more empowered

Our electronic infrastructure will be the foundation for our medical management programs, and will be the basis of our competitive differentiation

We are currently above national 90th percentile in diabetes process measures



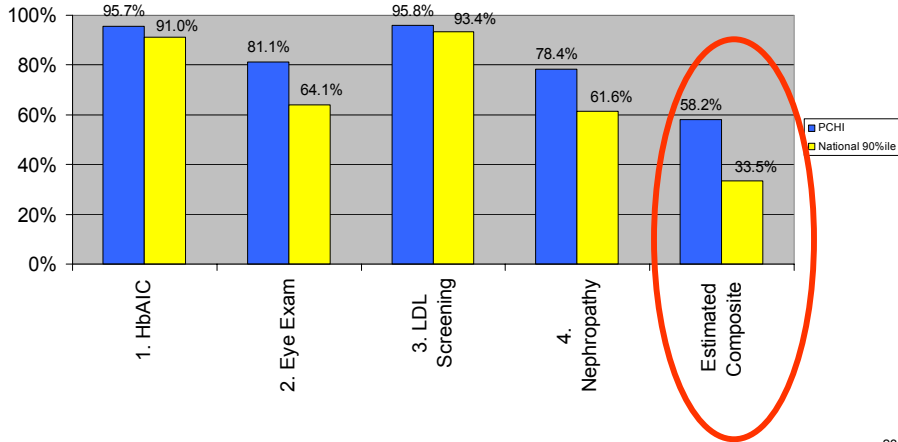
2003 PCHI and National 90% Percentile for Diabetes HEDIS Measures



...But reporting of composite scores will show just how much room there is for improvement!



2003 PCHI and National 90% Percentile for Diabetes HEDIS Measures



Transparency of the Future



California Pizza Kitchen, Charlotte NC Airport, October, 2005

Appendix Slides

Appendix: How will our P4P contracts improve the care of diabetics?

- Improved EMR infrastructure will lead to fewer errors of omission and better glucose control in outpatient care.
 - When we can measure performance, we will improve it!
- Improved CPOE with decision support will increase inpatient safety
- We will enroll more diabetics in health plan disease management programs to prevent inpatient admissions
- We will increase the number of our physicians in the Diabetes PRP and the number of our practices in BTE
- We are working to eliminate disincentives to prescribe adequate antidiabetes and antihyperlipidemia medications

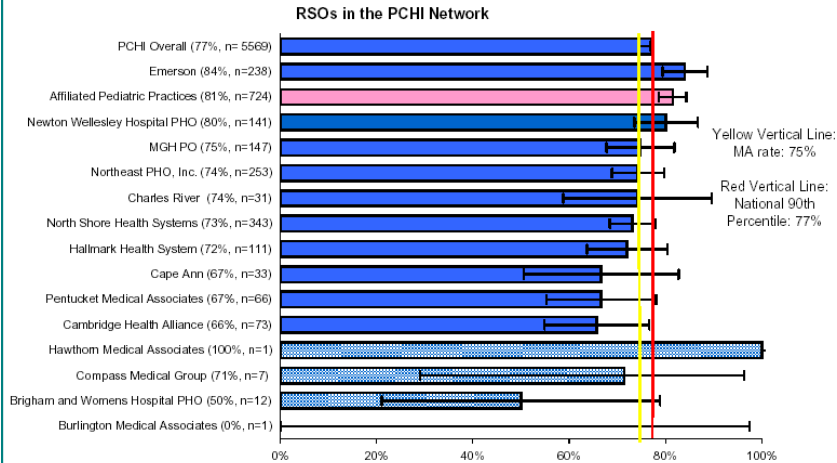
Appendix: Pediatric Asthma Medication Rates



ASTHMA MEDICATION RATES FOR CHILDREN AGES 5-17

The percent of children, ages 5 to 17, who are suffering from persistent asthma and were given appropriate medication for long-term control of asthma.

Annual Results (Jan2003-Dec2003)



Source: MHQP, 2005

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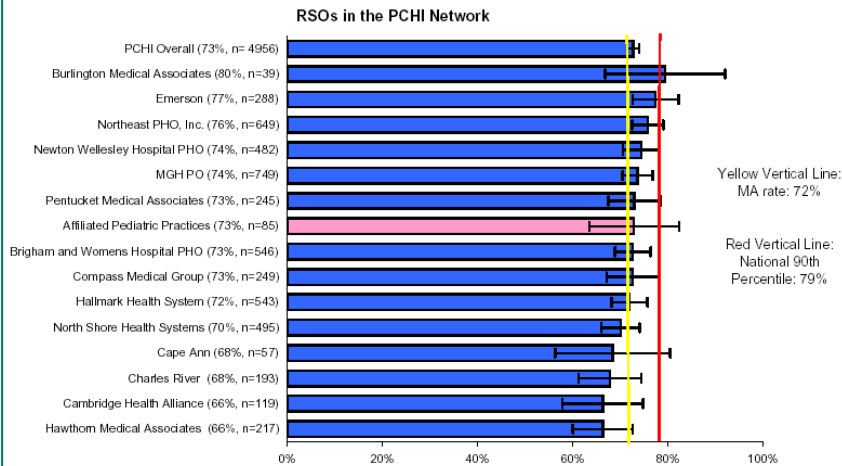
Appendix: Adult Asthma Medication Rates



ASTHMA MEDICATION RATES FOR ADULTS AGES 18-56

The percent of adults, ages 18 to 56, who were suffering from persistent asthma and were given appropriate medicines for long-term control of asthma.

Annual Results (Jan2003-Dec2003)



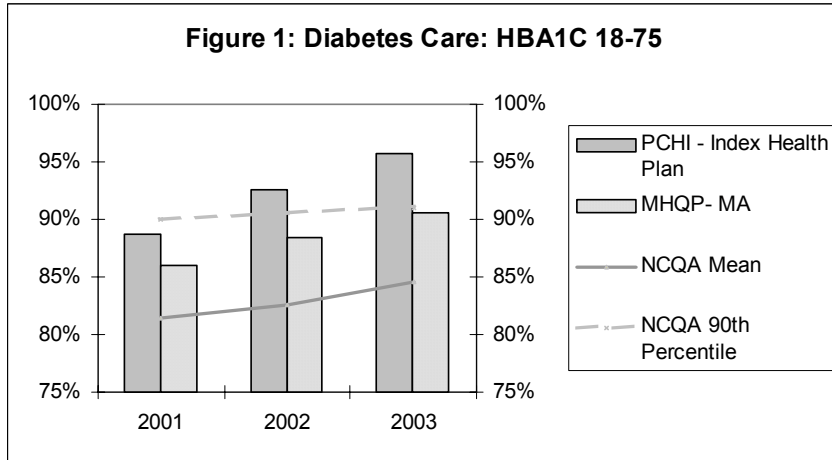
Source: MHQP, 2005

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Appendix: HEDIS results



Figure 1: Diabetes Care: HBA1C 18-75



Appendix: HEDIS results



Figure 2: Diabetes Care: Eye Exams 18-75

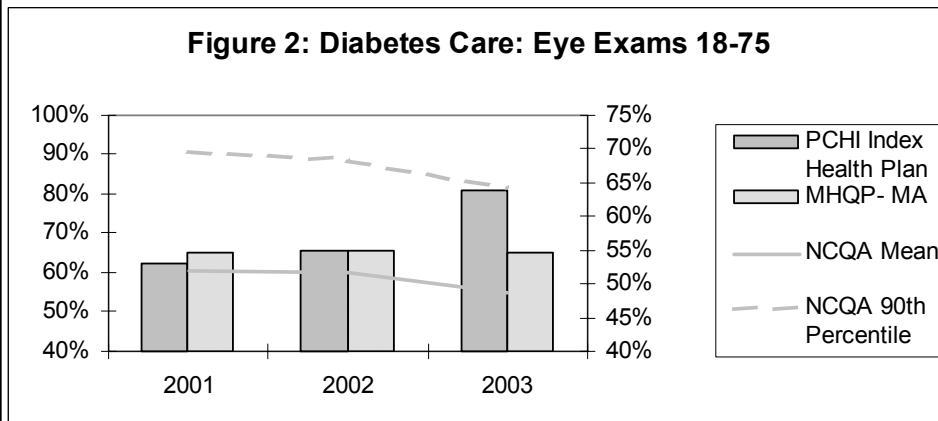


Figure 3: Diabetes Care: LDL Screening 18-75

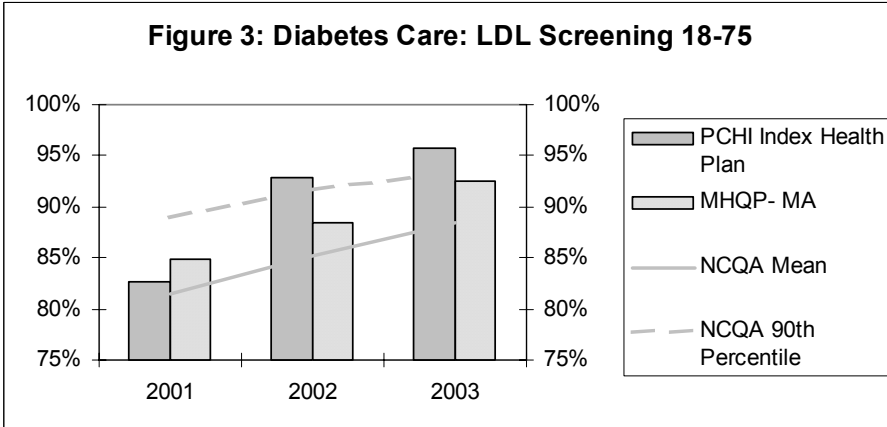


Figure 4: Diabetes Care: Nephropathy Screening 18-75

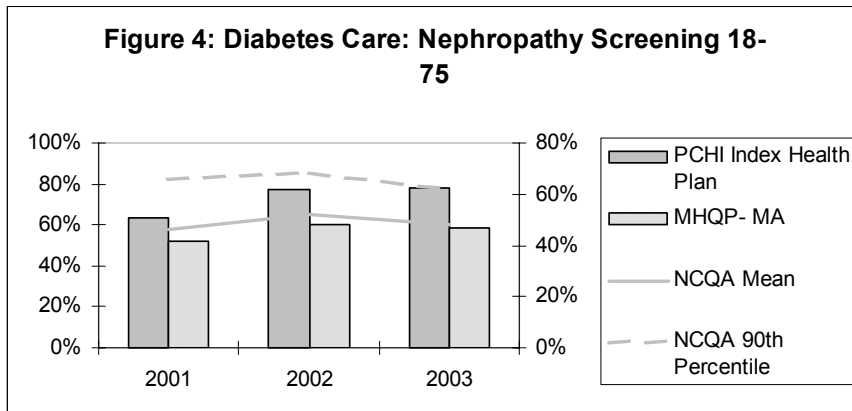
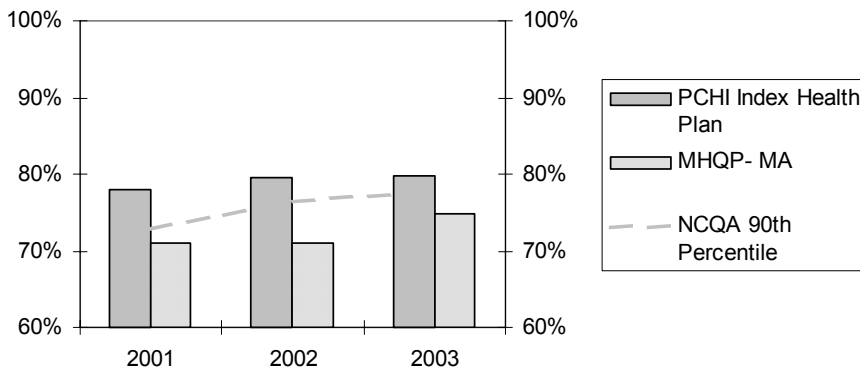


Figure 5: Asthma Care: Appropriate Medications 5-17



Note that for asthma NCQA mean and 50th percentile are available only for two separate age groups, and not for the aggregated pediatric age group.