P4P Success Story- MN BTE

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Fairview Health Services

- *20,000 Employers*
- *7 Hospitals*
- *31 Primary care clinics- 300 physicians*
- *28 Specialty clinics*
- *24 Institute for Athletic Medicine locations*
- *5 Urgent care centers*
- *5 Fairview Hand Center locations*
- *8 Orthotics & prosthetics clinics*
- *8 Fairview Counseling Centers*
- *20 Senior housing facilities*
- *5 long-term care facilities*
- *24 Retail pharmacies*

Two Level View

1. Influence across the state since 1st awards in 2006

2. Influence within a delivery system

Difference in Lake Wobegon

- State participation starting 2007, both Department of Employee Relations (DOER) and state Medicaid program.   Added many lives to BTE and really helped it gather respect and attention
- Data collection having the trust of the medical community- MNCM
- Granular level reporting capability due to DDS
- Skipped right over the POL step due to the penetration of EMR's in the state already

Alignment of Initiatives

- Starting to be agreement around common measures in the state and a common data set to support this.

- BCBS (with one small exception in 2008) agrees to use the same data definitions as BTE/MNCM

Culture of Quality in the state

- One group submitted data for diabetes and asked to be reported publicly even though their percentage of patients in optimal control was zero

- MN not interested in working with NCQA thresholds because we felt they weren't high enough

- Roll-up pass rules are very difficult to achieve, which is why we like them

2007

Health Care Quality Report

Presented November 1, 2007

MN Community Measurement **Overview**

- Improving health through public reporting
- A community effort of providers, purchasers and health plans
  - Report results on health care quality measures
  - Provide information for consumers to make better health care decisions
  - Provide information to help providers improve care
  - Increase efficiency of reporting

BTE/MNCM

Direct Data Submission Pilot

- Optimal Diabetes Care measure
  - Bridges to Excellence recognition in June 2007
  - Posted on Web site in July 2007

- Optimal CAD Care measure
  - Data collection complete, validation underway
  - Bridges to Excellence recognition in Dec. 2007
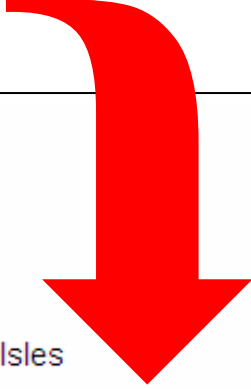 - Posted on Web site in Jan. 2008

BTE/MNCM

Direct Data Submission Benefits

- Efficient

  – Aligned methods to meet multiple needs

- Useful

  – More representative data

  – Shorter reporting cycle better supports QI cycles & puts reward closer to performance

  – Clinic-level reporting better supports consumer decision-making & brings rewards to those deserving

Year in Review
Engaging Consumers

***Example:*** Enables consumers to compare clinics by geography

Diabetes

Clinic Site	Rating*	Rate
AALFA Family Clinic	▲ above	30%
Allina Medical Clinic - Isles	● average	16%
Allina Medical Clinic - Litchfield	▼ below	11%
Allina Medical Clinic - Maple Grove	▲ above	18%
Park Nicollet Health Services - Maple Grove	▼ below	11%
Park Nicollet Health Services - Minnetonka	▲ above	23%
Park Nicollet Health Services - Prairie Center	▲ above	25%
Southdale Internal Medicine	▲ above	31%

Methodology
Direct Data Submission

- Medical groups submit data on patient results using MNCM specifications
- Data must be submitted on all sites of care, patients attributed to sites by the medical group
- Samples can be used, but whole populations preferred
- Results audited by MNCM staff
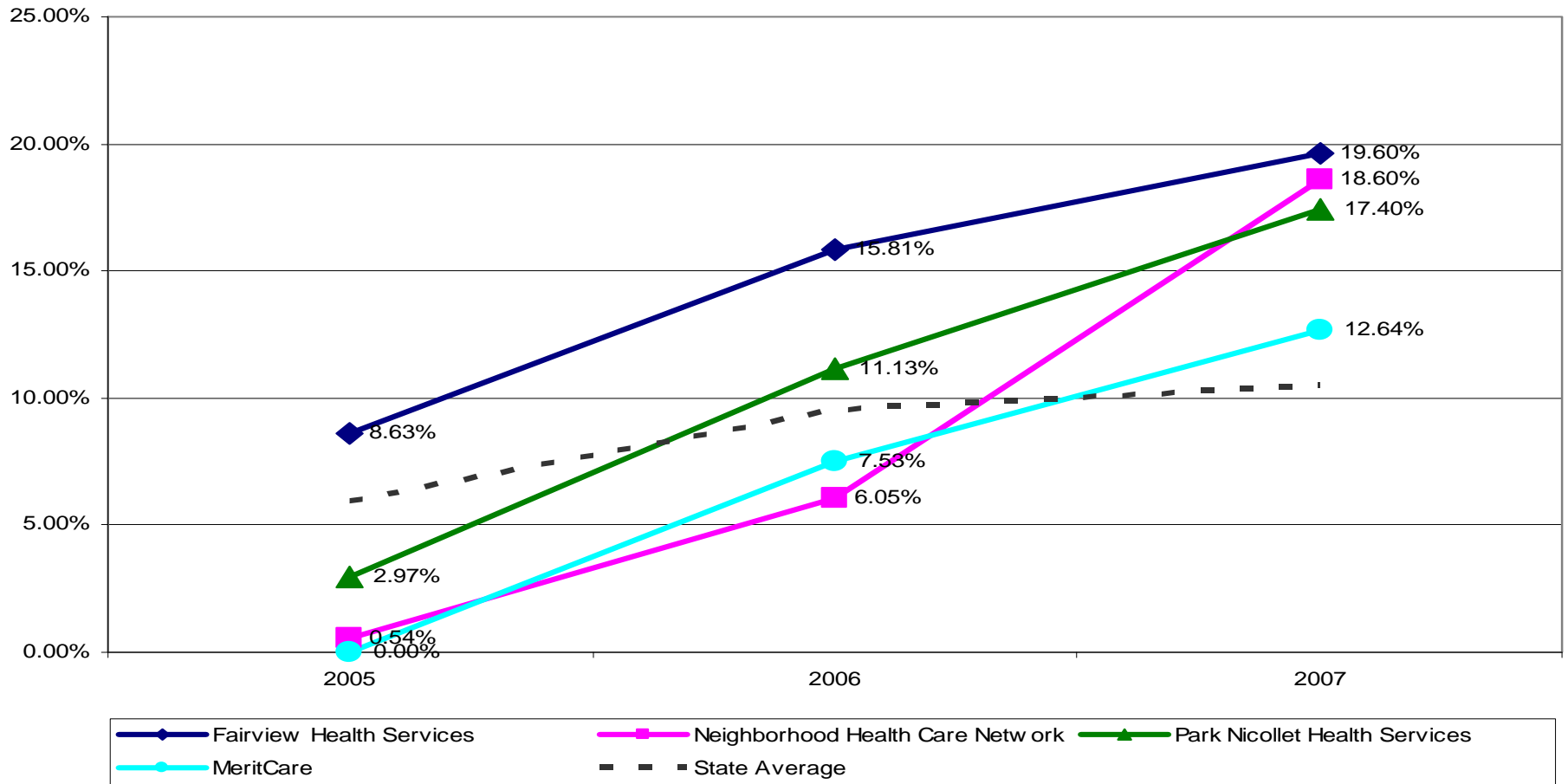- Only model eligible for BTE rewards in 2008

Participating Medical Groups
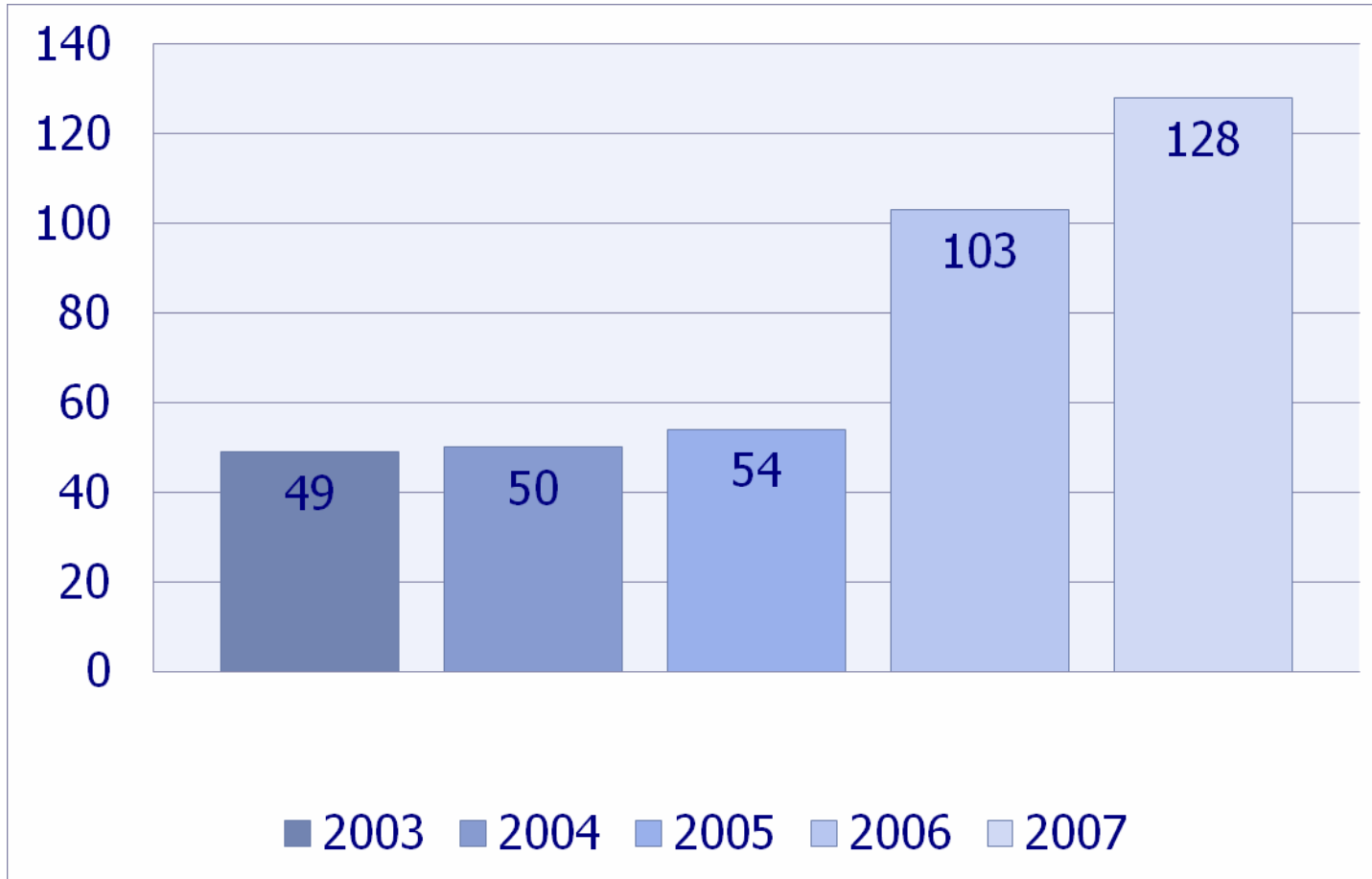
FV Leads state in DM results
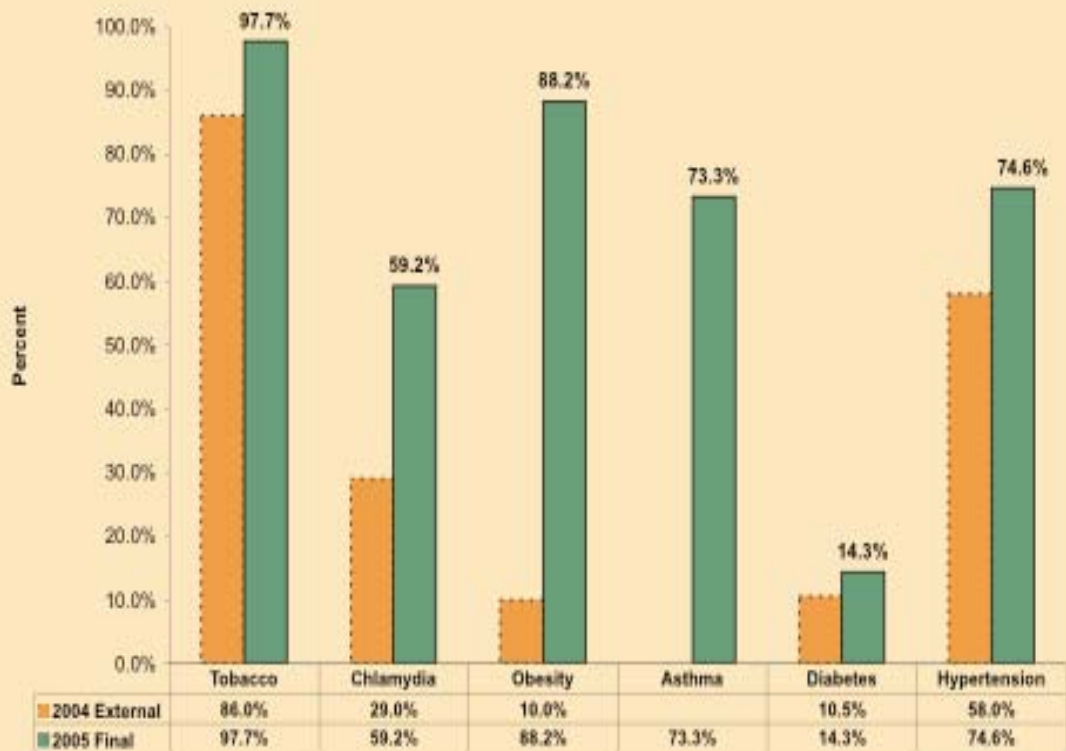## 2007 DOS revealed at conference

Three Year Improvements with Optimal Diabetes Care

Fairview Health Services: 8.63% (2005), 15.81% (2006), 19.60% (2007)
Neighborhood Health Care Network: 0.54% (2005), 6.05% (2006), 18.60% (2007)
Park Nicollet Health Services: 2.97% (2005), 11.13% (2006), 17.40% (2007)
MeritCare: 0.00% (2005), 7.53% (2006), 12.64% (2007)
State Average

Legend:
- Fairview Health Services
- Neighborhood Health Care Network
- Park Nicollet Health Services
- MeritCare
- State Average

BTE & other P4P programs redirect organizational culture

- 2004- Fairview below average in state for diabetes outcomes as reported by Minnesota Community Measurement

- 2005- average

- 2006- above average, but "in the pack"

- 2007- BTE in place. FV now #1 in state. Named as "setting the benchmark in MN for DM care
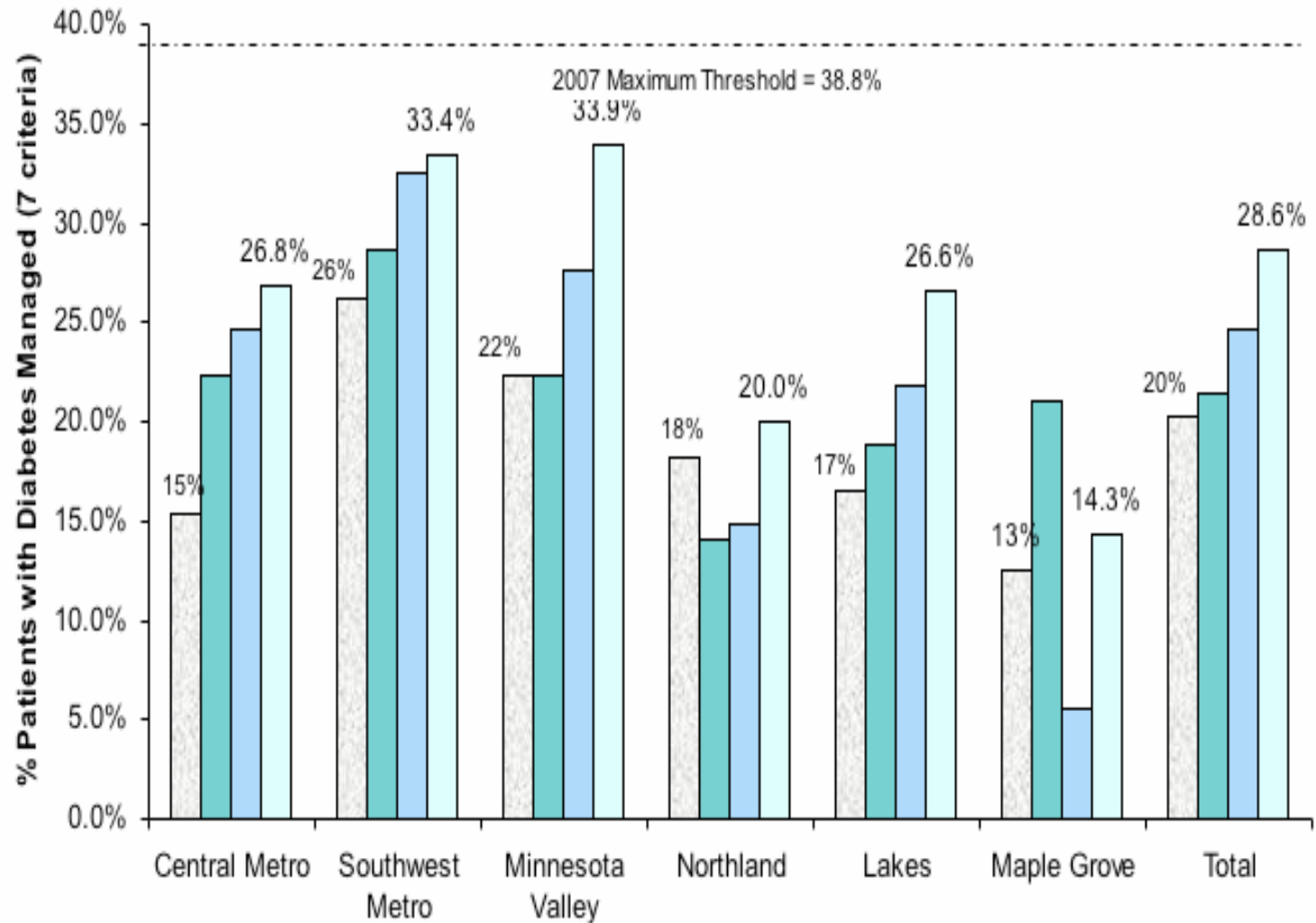
Overall Fairview Clinics (5 Care System) 2005 Quality Initiative Results

	Tobacco	Chlamydia	Obesity	Asthma	Diabetes	Hypertension
2004 External	86.0%	29.0%	10.0%		10.5%	58.0%
2005 Final	97.7%	59.2%	88.2%	73.3%	14.3%	74.6%

Fairview Ambulatory Clinical Quality Initiative Results
Diabetes Management

Fairview Ambulatory Clinical Quality Initiative Results
Problem List Completeness, OB/GYN
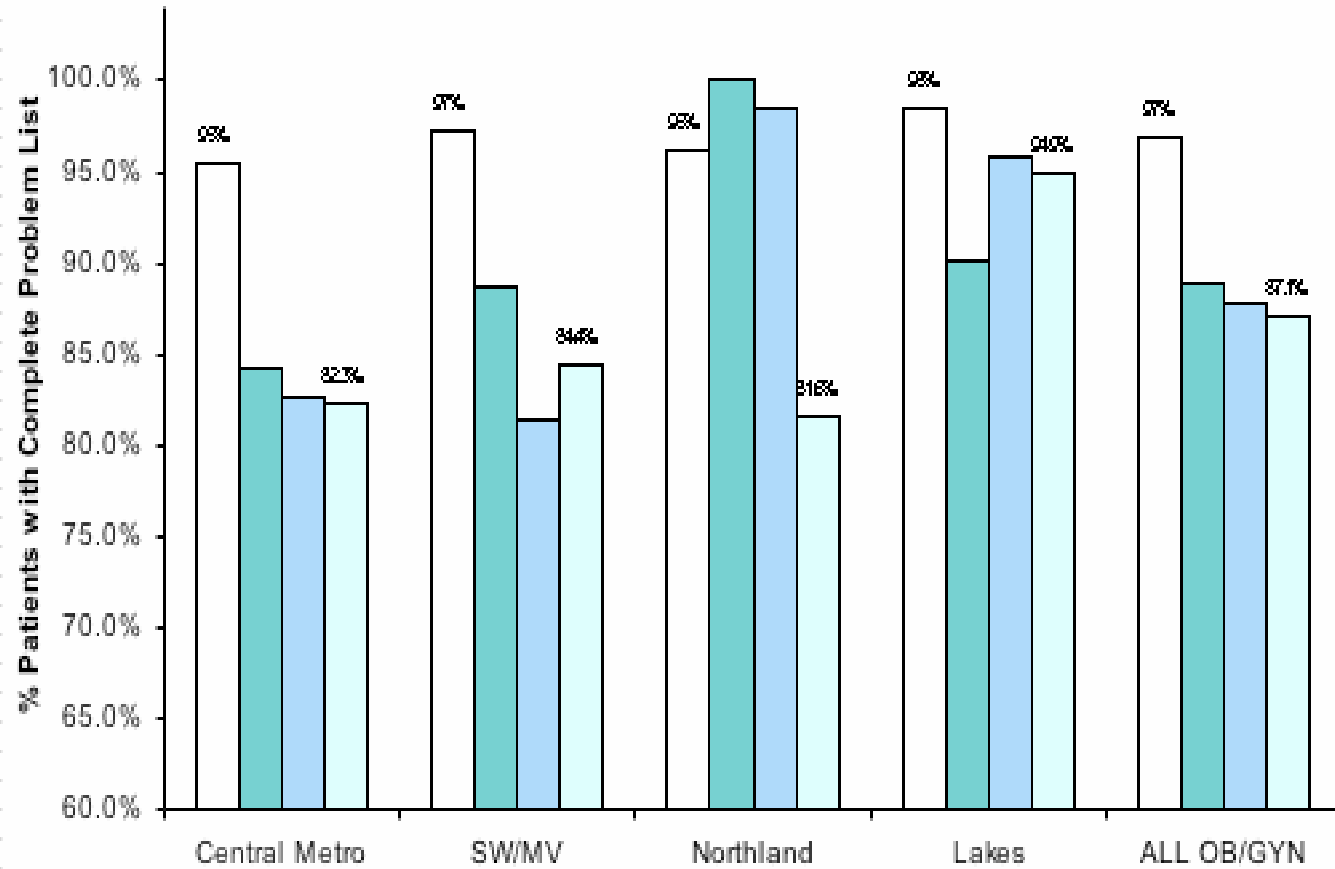
P4P/BTE Lessons

- P4P is a powerful tool in producing improved quality outcomes

- Ongoing P4P continues to improve patient results

- Withdrawal of P4P leads to erosion of gains

- Rewards programs redirect conversation towards what really matters.

Improve the Center- Reduce the Spread

Mean

Outliers
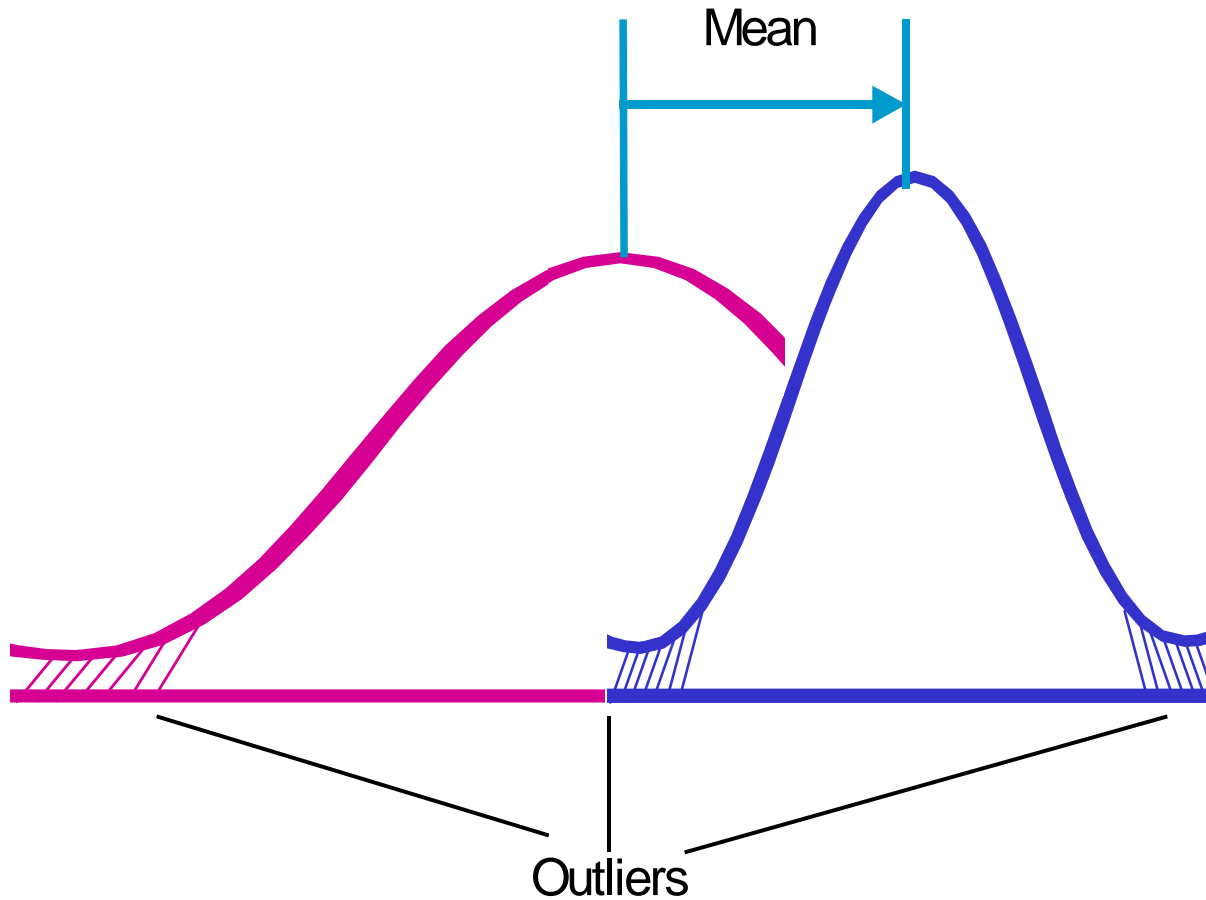
Normalized Curve of Chlamydia Screening Pediatric Patients

2006 & Q3 2007

	key
	2006
	Q3 2007

Mean	StDev	N
15.50	5.853	5
39.02	16.68	6

Frequency

Percent of Eligible Patients Who Were Screened
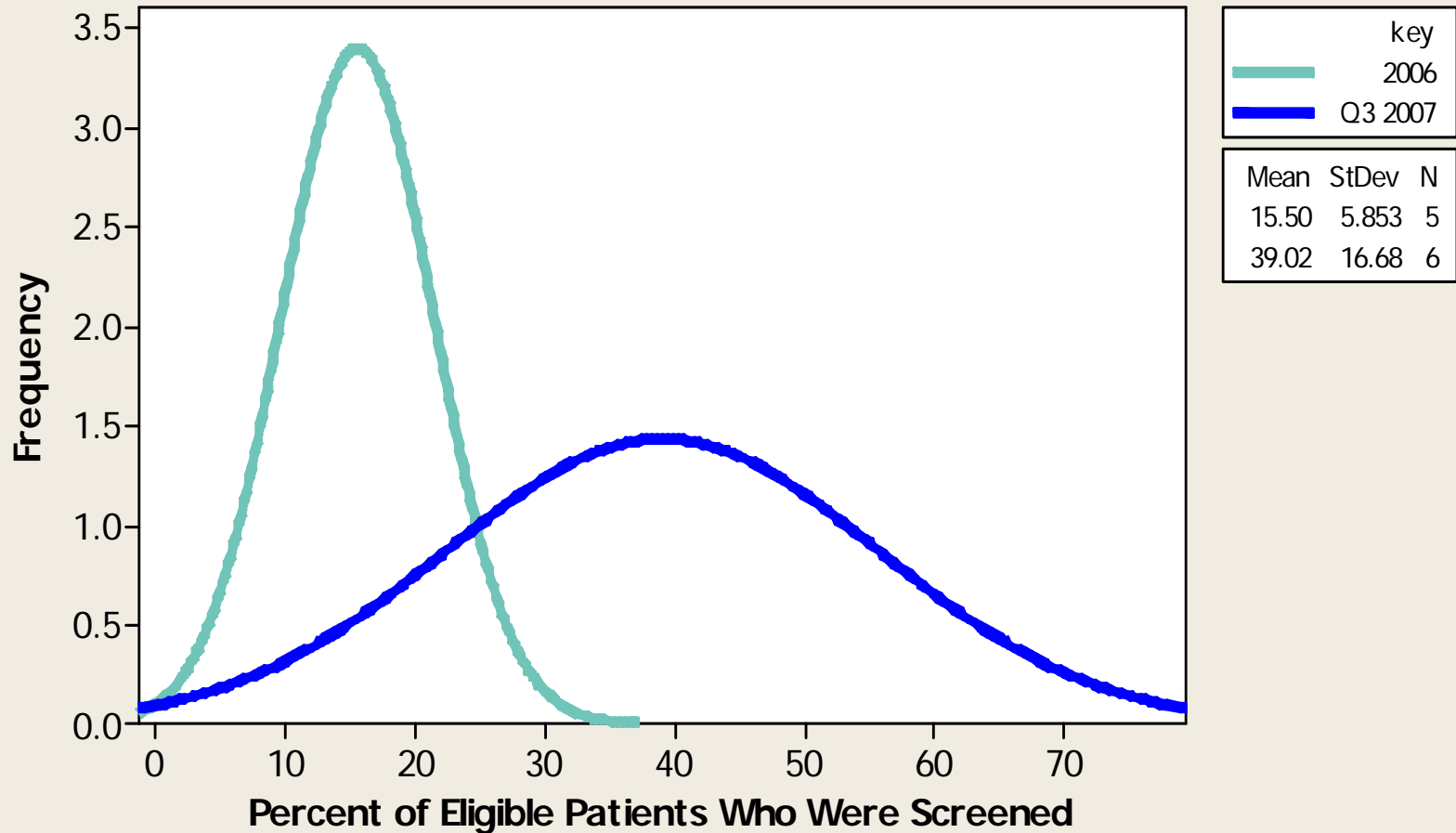
Normalized Curve of Chlamydia Screening
OBGYN Patients
2006 & Q3 2007
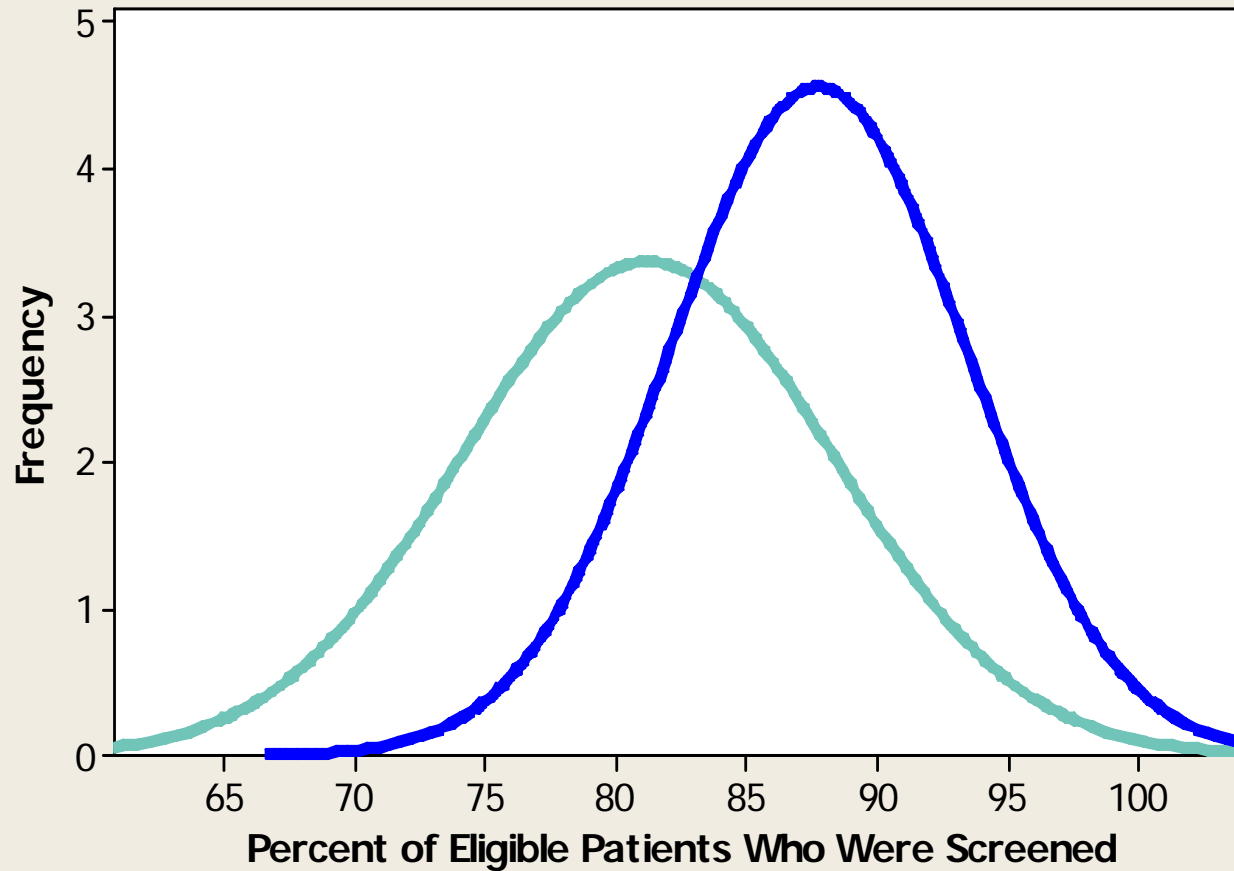
Mean	StDev	N
81.22	7.107	12
87.74	5.690	13

Diabetes Histogram
Fairview Clinics
2006 & Q3 2007
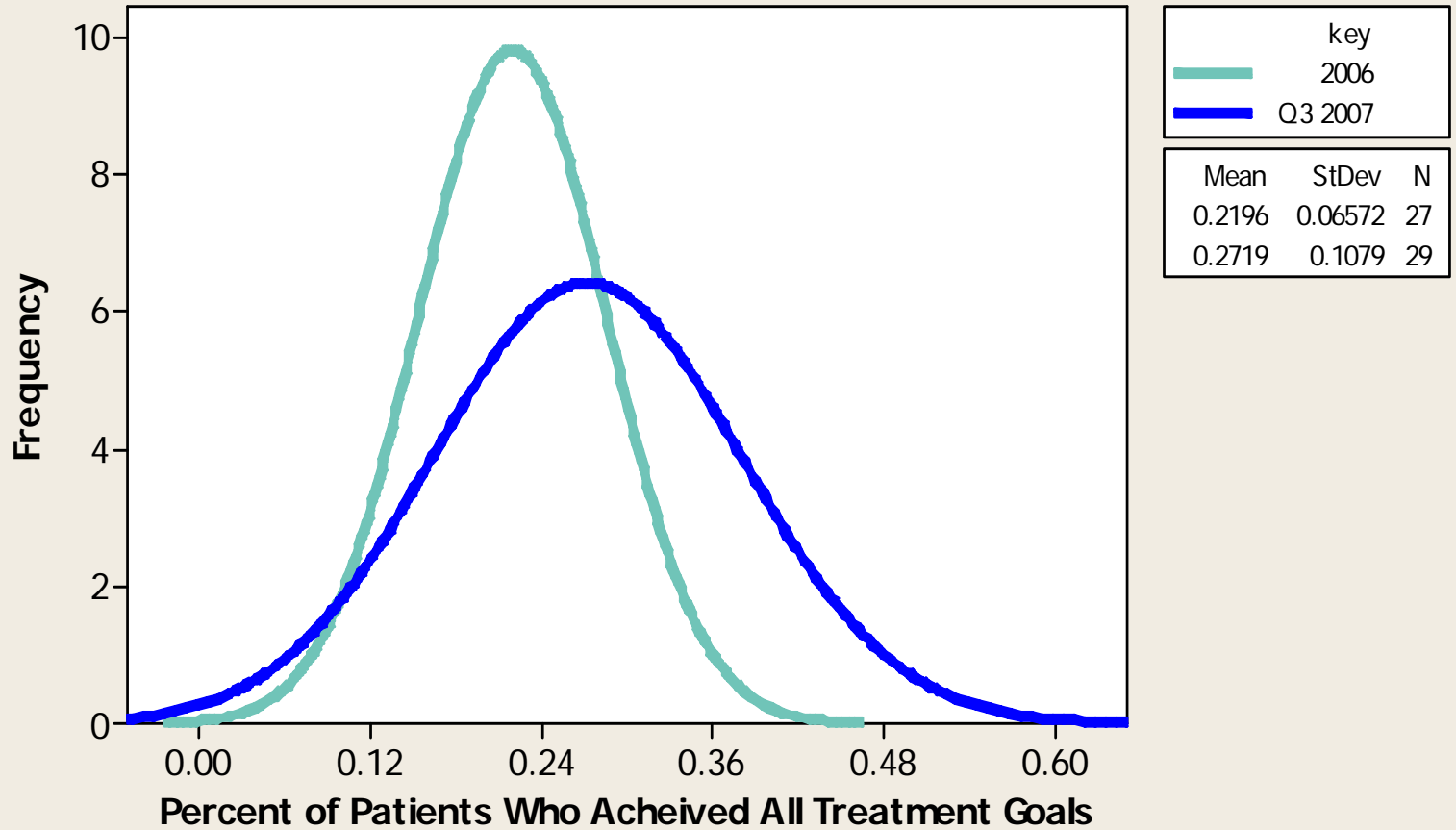
key	
	2006
	Q3 2007

Mean	StDev	N
0.2196	0.06572	27
0.2719	0.1079	29

Frequency

Percent of Patients Who Acheived All Treatment Goals

Diabetes Histogram
(Fairview Clinics = Q3 2007)
(Other MN Clinics = 2006 dates of services)
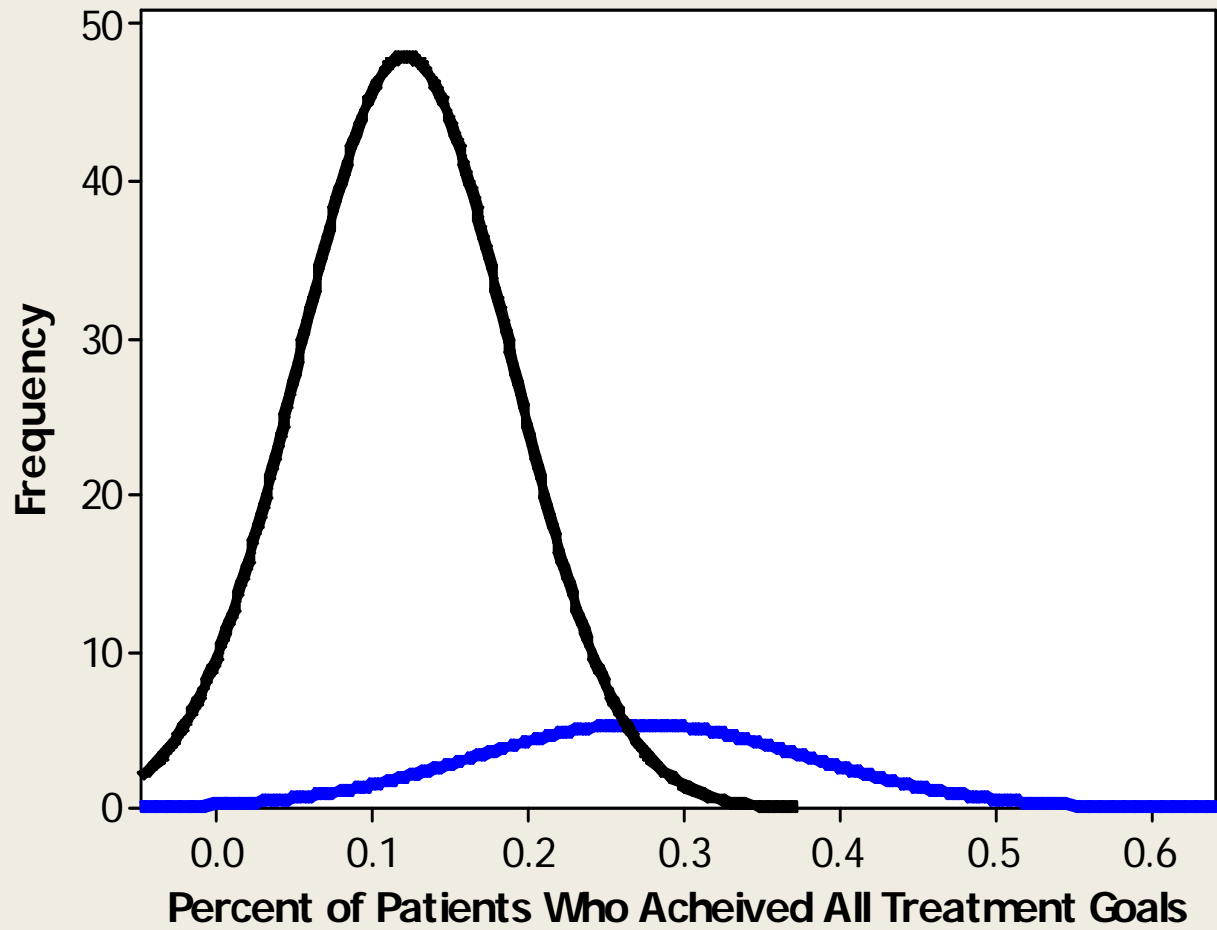
	key
	Fairview
	Other MN Clinics

Mean	StDev	N
0.2719	0.1079	29
0.1208	0.06769	163

Frequency

Percent of Patients Who Acheived All Treatment Goals

Diabetes Histogram
(Fairview Clinics = Q3 2007)
(Other MN Clinics = 2006 dates of services)
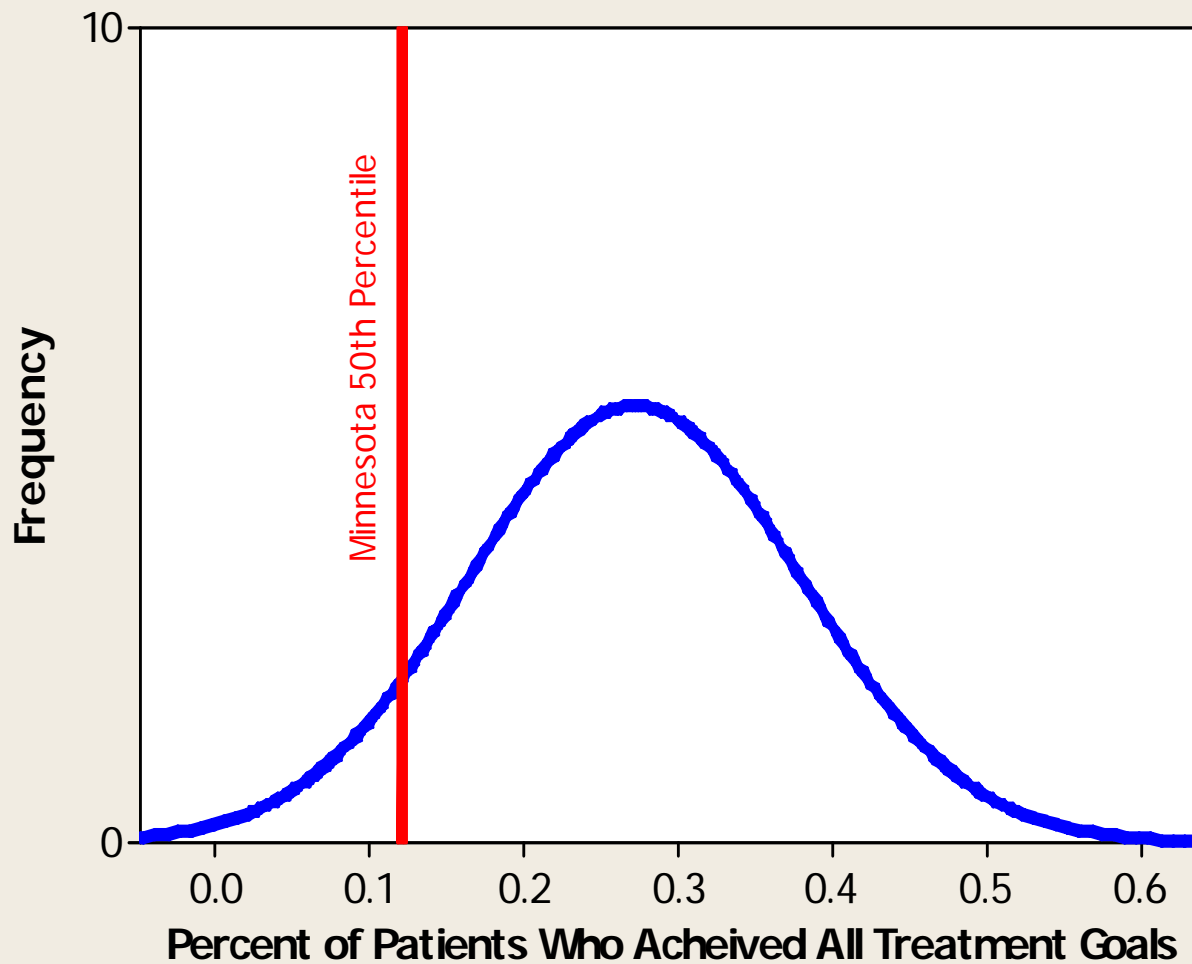
key
Fairview

Mean	StDev	N
0.2719	0.1079	29
0.1208	0.06769	163

Minnesota 50th Percentile

Frequency

Percent of Patients Who Acheived All Treatment Goals

There is still room to improve-

Unwarranted variation (ala Jack Wennberg) exists

Diabetes Management
Fairview Family Practice, Internal Medicine, and IM/Peds Providers
3rd Quarter 2007 (Patients Seen July 1 to Sept 30)

Cedar Ridge
Chisago
Crosstown
Eagan
Eden Center
Elk River
Hiawatha
Highland Park
Hugo
Jonathan
Lakeville
Lino
Maple Grove
Milaca
Northbranch
Northeast
Oxboro
Princeton FP
Princeton IM
Ridges
RidgeValley
Rush City
Uptown
Wyoming FP
Wyoming IM
Zimmerman
Zimmerman IM

0   5   10   15   20   25   29   30   35   40   45   50   55   60   65   70
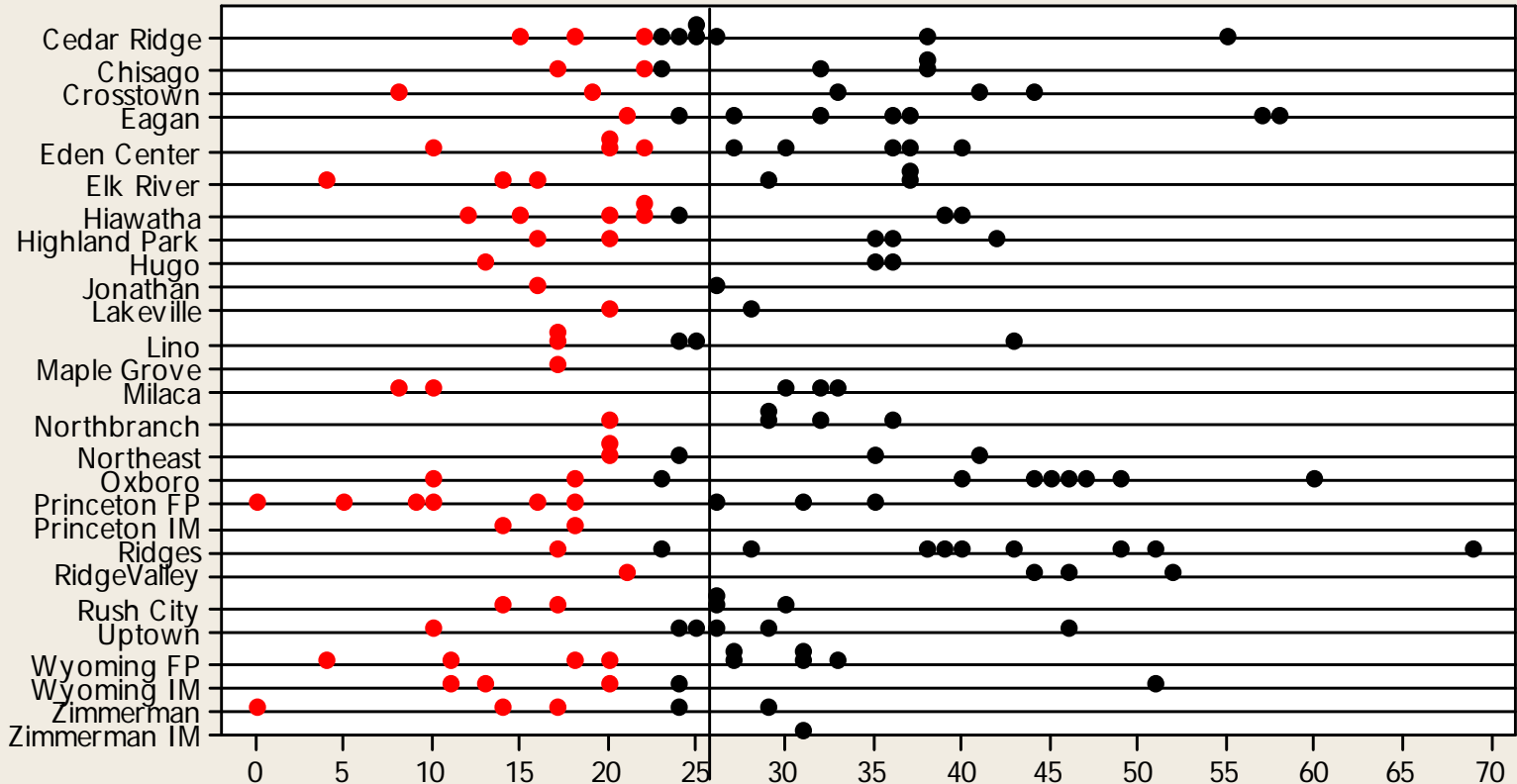
Patients = 5,921

Providers = 151

Overall Score = 28.6

Median = 26.3

Targets: Baseline = 22.8, Max = 38.8

% Patients with Diabetes Optimally Managed

Samples with < 10 patients are not displayed
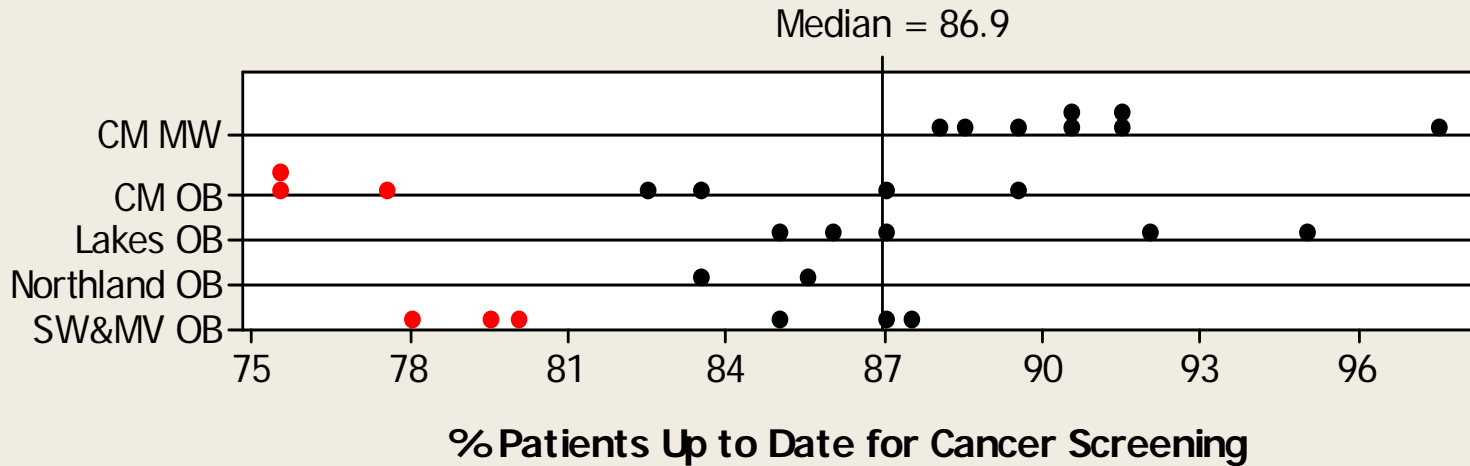
Composite Cancer Screening
Fairview OB/GYN Providers
2007 YTD October

Providers = 28

Patients = 12,610

Overall Score = 84.7

Targets: Baseline = 80.0, Maximum = 92.0

Median = 86.9

CM MW
CM OB
Lakes OB
Northland OB
SW&MV OB

75   78   81   84   87   90   93   96

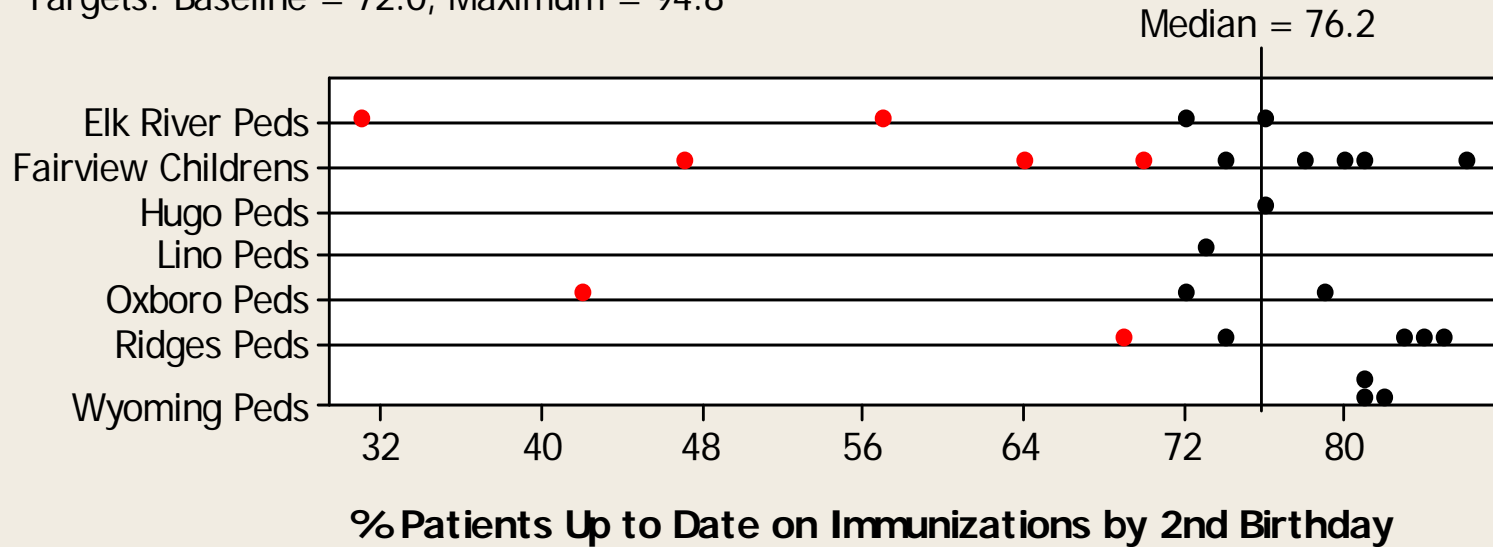**% Patients Up to Date for Cancer Screening**

Childhood Immunizations
Fairview Pediatric Providers
2007 YTD September

Patients = 1,323

Providers = 25

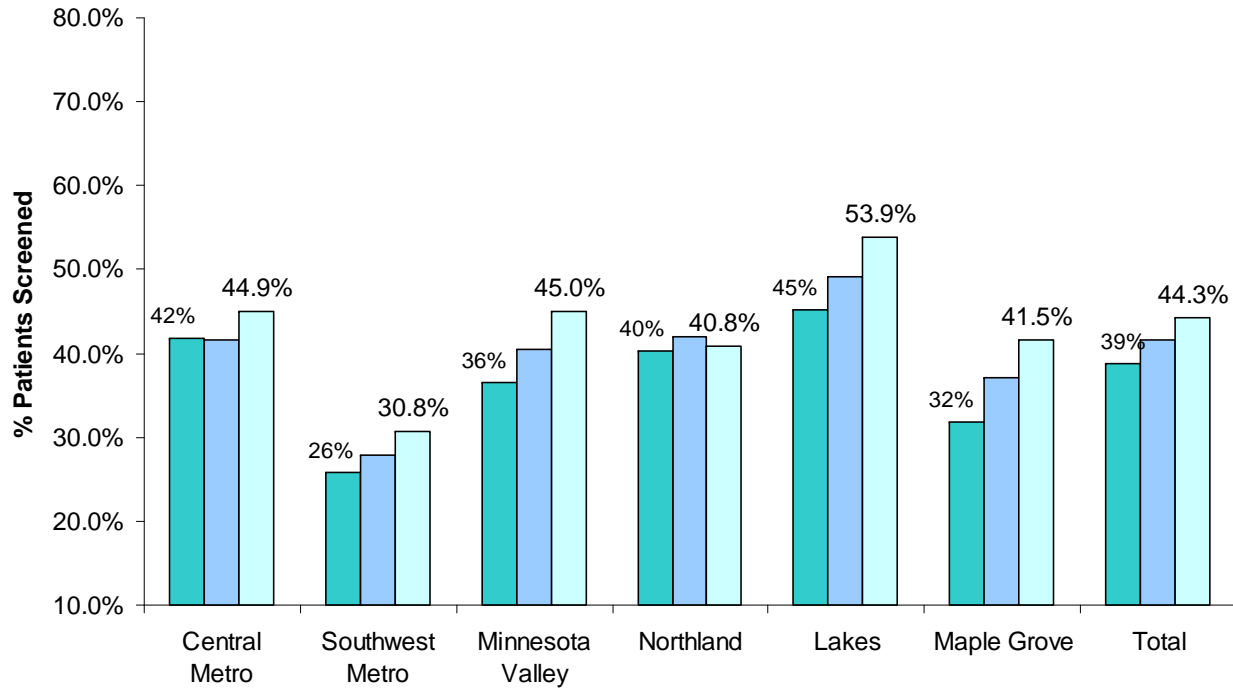Overall Score = 73.2

Targets: Baseline = 72.0, Maximum = 94.8

Median = 76.2

% Patients Up to Date on Immunizations by 2nd Birthday

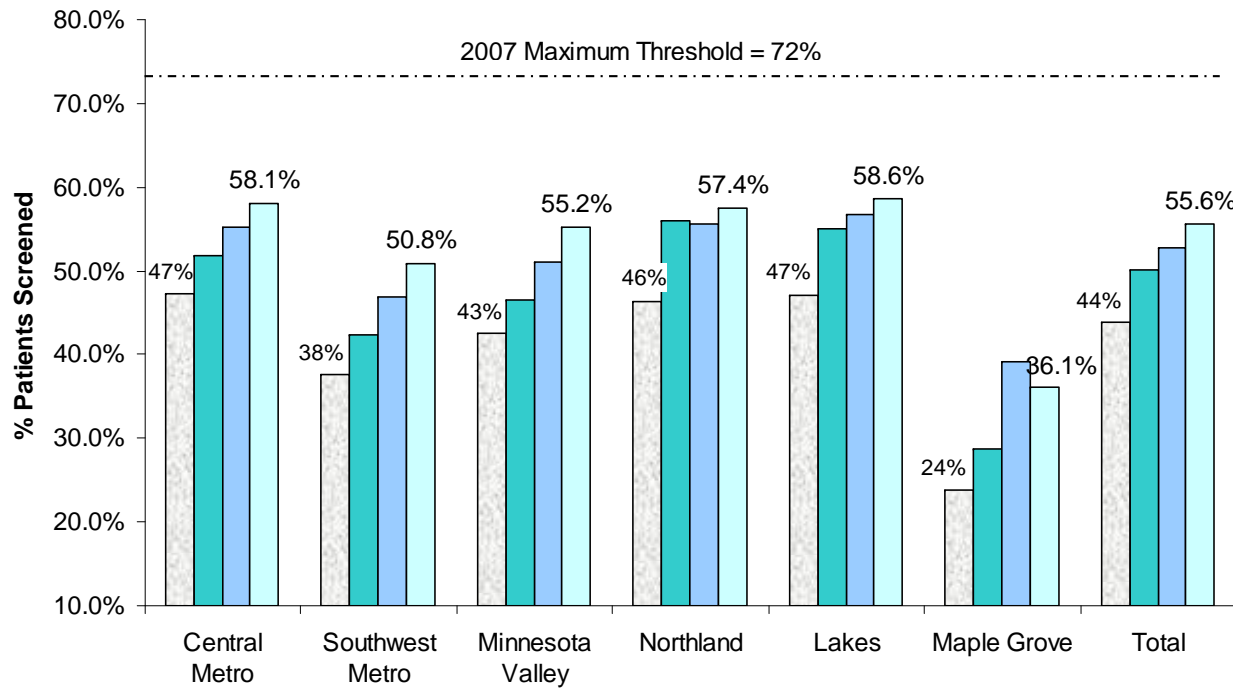**Fairview Ambulatory Clinical Quality Initiative Results**
Asthma - FP/IM/IMPEDS
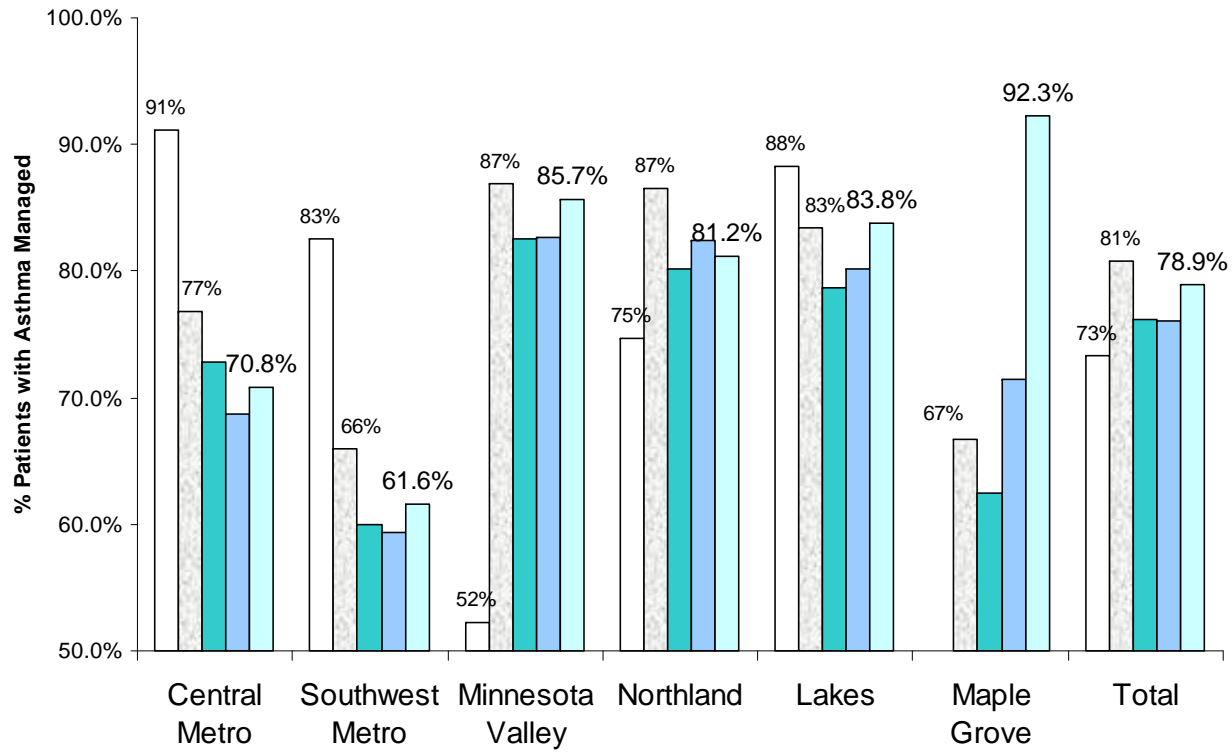
Fairview Ambulatory Clinical Quality Initiative Results
Chlamydia Screening - FP/IM/IMPEDS
□ 2007 1Q □ 2007 2Q □ 2007 3Q

% Patients Screened

Central Metro: 42%, 44.9%
Southwest Metro: 26%, 30.8%
Minnesota Valley: 36%, 45.0%
Northland: 40%, 40.8%
Lakes: 45%, 53.9%
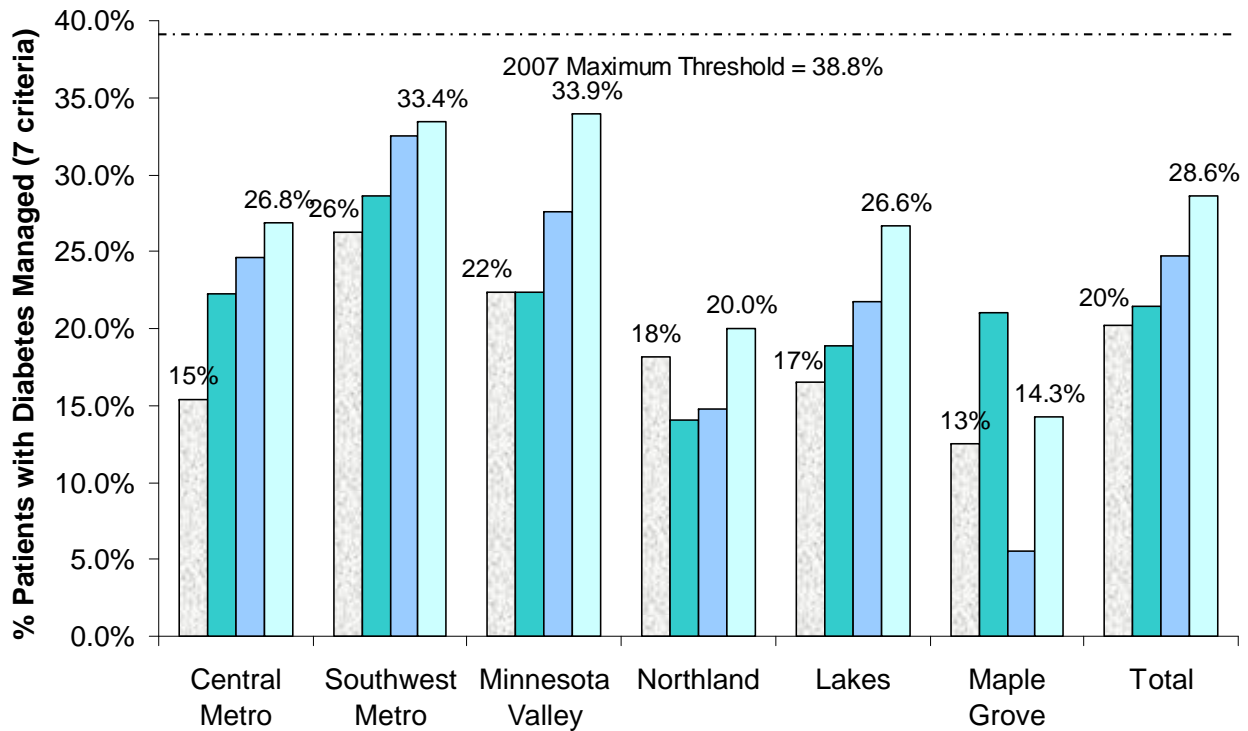Maple Grove: 32%, 41.5%
Total: 39%, 44.3%

Fairview Ambulatory Clinical Quality Initiative Results
Composite Cancer Screening - FP/IM/IMPEDS
☐ 2006 ☐ 2007 1Q ☐ 2007 2Q ☐ 2007 3Q

Fairview Ambulatory Clinical Quality Initiative Results
Diabetes Management

Legend: □ 2006 ■ 2007 1Q ■ 2007 2Q □ 2007 3Q

Y-axis: **% Patients with Diabetes Managed (7 criteria)**

2007 Maximum Threshold = 38.8%

Central Metro: 15%, 26.8%
Southwest Metro: 26%, 33.4%
Minnesota Valley: 22%, 33.9%
Northland: 18%, 20.0%
Lakes: 17%, 26.6%
Maple Grove: 13%, 14.3%
Total: 20%, 28.6%

Fairview Ambulatory Clinical Quality Initiative Results
Problem List - FP/IM/IMPEDS

Legend: 2006 | 2007 1Q | 2007 2Q | 2007 3Q

Y-axis: % Patients with Complete Problem List (70.0% to 100.0%)

Central Metro: 95%, 87.0%
Southwest Metro: 98%, 89.7%
Minnesota Valley: 98%, 92.7%
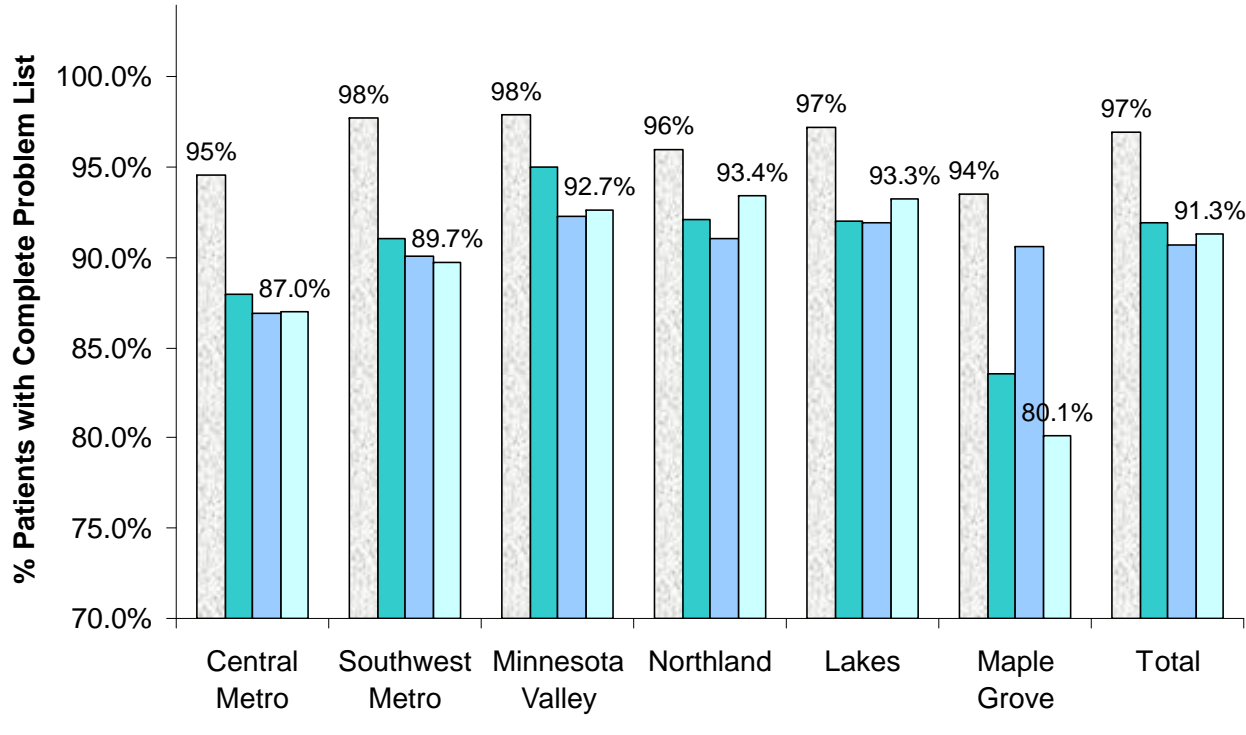Northland: 96%, 93.4%
Lakes: 97%, 93.3%
Maple Grove: 94%, 80.1%
Total: 97%, 91.3%
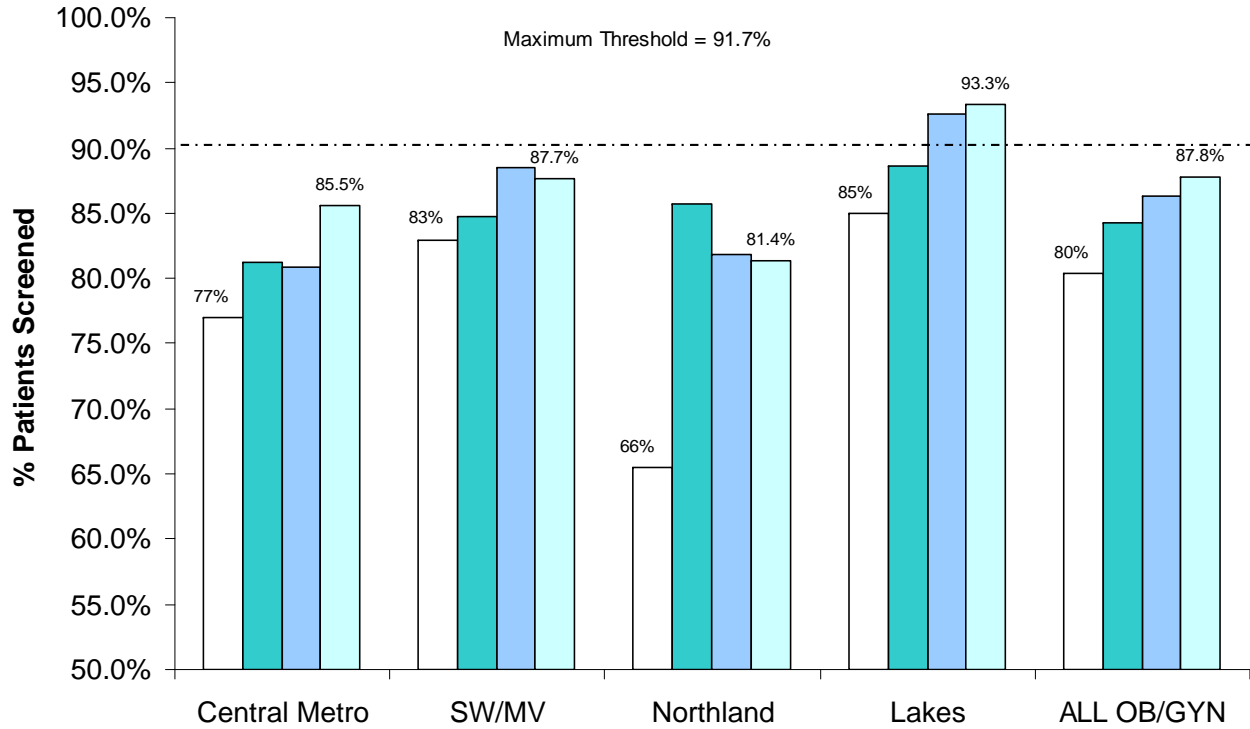
Fairview Ambulatory Clinical Quality Initiative Results
Diabetes Management

**Fairview Ambulatory Clinical Quality Initiative Results
Chlamydia Screening- OB/GYN**

□ 2006 ■ 2007 1Q ■ 2007 2Q □ 2007 3Q

Maximum Threshold = 91.7%

% Patients Screened

Central Metro: 77%, 85.5%
SW/MV: 83%, 87.7%
Northland: 66%, 81.4%
Lakes: 85%, 93.3%
ALL OB/GYN: 80%, 87.8%

Francois de Brantes

"Minnesota is doing it better than everywhere else. We're going to throw out those programs and change them to the MN model."

Conclusions

1. P4P works if reward is high enough to get physician's attention

2. P4P outcomes lag if reward is withdrawn and refocused elsewhere before it is "hard-wired" into system

3. Having enough patients "enrolled" helps create a large enough critical mass, so state participation in MN was vital

Conclusions, continued

- A trusted joint "steering committee" of clinicians, employers and health plans (BTE steering committee in our state) is critical in getting buy-in and promoting understanding of viewpoints and hurdles

- A trusted jointly operated measurement group (MNCM in our state) promotes confidence in data & suppresses "noise" about all that is wrong with P4P

- Direct data submission via electronic records fits in well with Dr. Bershow's porpoise theory

- Rapid cycle feedback to providers is key in helping them understand where to improve. Therefore EMR's are part of the solution, not something to be rewarded in & of themselves

Projections into the future

- After a time, your high performers will reach an asymptote.   Getting better outcomes after that requires system changes to move the laggards

- Redesign of compensation models will need to be made to extend concept of P4P "out to the capillaries" (R4R in our state)

- Further alignment of health plans' P4P with BTE (& MNCM in our state) will increase signal strength and magnify improvement