

# Pay-for-Performance – Purpose

- There are three primary purposes of our Physician Pay-for-Performance initiative:
  - ✓ Provide high-value care to our members.
  - ✓ Efficiently use resources.
  - ✓ Help lower-performing physician groups close the gap with high-performing peers.
- *A robust P4P program is one aspect of answering our customers' call for quality care at the best price possible – that is, "value-based" care.*



# Agreement Structure - reminder

- Bonus P4P Agreement pays up to 3% of AETNA revenue generated by TINs in FIHN, no impact to practices' AETNA fee for service contract
- FIHN 5100 attributed members under this Agreement, 30% pediatric
- 5000+ “adult” members required for ACO shared savings Agreement – in Maryland only Medstar, and University have AETNA ACO Agreements, migrate to ACO contract as AETNA membership increases
- Goals selected for efficiency and quality from AETNA's available *claim based* measures, several match other FIHN contracts
- Bonus weighting: Efficiency 60%, and Quality 40%
- Quality measure attribution requires at least 100 patients, patients are attributed to PCPs and medical specialists
- Each measure is scored individually within the weighting category (cost or quality) and weighted equally
- High level Scorecard for the Agreement is provided in June & Dec.
- Attribution is updated and lists of patients are provided quarterly with measure gaps as well as their attributed physician, 90 day lag

# Physician Pay-for-Performance – The Scorecard Measures

**Clinical Efficiency Measures** - This category should be the most heavily-weighted section of the scorecard, representing 60% of the final score.

**Purpose:** To produce high-quality, cost-effective outcomes.

**Measures: (Select 3 or more)** **yellow highlighted selected :**

- **Episodes of Care Efficiency Index** currently .91, Goal is .01 improvement to .90
- **Formulary Compliance Rate** currently at 97.2%, Goal is to maintain 95% or above
- **Generic Substitution Rate**, currently at 99.6%, Goal is to maintain at 95% or above
- **In-Network Lab Use** (Quest for HMO members, many labs including FMH for non-HMO), currently at 85.7%, Goal is 87.13% (calculation is 10% improvement between current and 100%)



Episode of Care Efficiency is based on market norm (Maryland) at 1.0, .91 means FIHN is already more efficient than market

# Physician Pay-for-Performance – The Scorecard Measures

**Clinical Quality Measures** - This category contains a broader number of measures to consider. Depending on provider's current scores, targets will be proposed to either improve or maintain quality levels. This section represents 40% of the final scorecard.

**Purpose:** To promote adherence to best practice guidelines in providing certain key types of care.

**Measures: (select 6 or more)**

- Measures categories are disease management, medication management, prevention & screening and program recognition.
- Measure focus includes Diabetes, Cardiovascular Disease, Preventative Health/Cancer Screenings, Asthma and Pediatrics
- Model breaks out reward opportunity by measure (i.e. can achieve partial reward if achieve goals on some, but not all, measures)



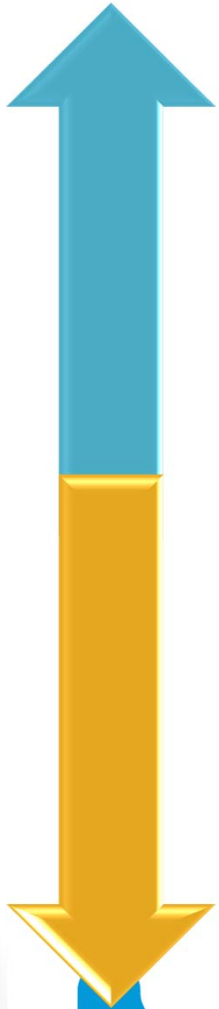
# Measures to select from (pick 6+):

Measures suggested based on other contracts and good performance

Measure		Current			Sample Goals
Description	5 suggested by Exec Committee, need 1 more	through June 2016 Num	Den	Score	Goal
Clinical Effectiveness					
Breast cancer screening	<b>ACO Measure</b>	580	733	79.1%	81.2%
Cervical cancer screening (NQF measure #032)		1,193	1,337	89.2%	90.3%
Diabetes: Hemoglobin A1c testing (NQF measure #057)		729	789	92.4%	93.2%
Diabetes: Retinal eye exam (NQF measure #055)		349	682	51.2%	56.1%
Diabetes: Medical attention for nephropathy (NQF measure #062)		656	684	95.9%	95.0%
Diabetes: Hemoglobin A1c poor control (>9.0%) (NQF measure #059)	<b>ACO Measure</b>	27	283	9.5%	8.6%
Diabetes: Hemoglobin A1c Control (<8.0%) (NQF measure #0575)		215	283	76.0%	78.4%
Persistent medication use with lab monitoring: Digoxin, ACE-I/ARB or Diuretic (NQF measure #2781)		1,085	1,183	91.7%	92.5%
Well child visits 3-6 years of life		614	640	95.9%	95.0%

Goal is based on 10% increase in the difference between current performance and 100%, or maintenance of score if performance is 95% or above.

# The Scorecard-Setting Targets – The Default



## ***Targets are set as follows:***

- Clinical measures targets are set at a 10% closure of the difference between current score and 100%.
- Clinical measures scores 95% or greater are often targeted to maintain.
- Episodes of Care Efficiency measure is targeted to be decreased by .01.

*Aetna's goals in setting targets are to make them achievable yet ambitious.*

