

NCQA

Making the Case for Pay for Performance

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Alliance for Health Reform
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NCQA

- **Private, non-profit health care quality oversight organization**
 - Independent since 1990
- **Measures and reports on health care quality**
- **Accredits 50% of MCOs accounting for 75% of covered lives**

NCQA's Mission and Vision

Mission:

To improve the quality of health care

Vision:

To transform health care through measurement, transparency and accountability

What is Quality?

“Quality is never an accident. It is always the result of intelligent effort.”

John Ruskin

“[Quality is] the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”

Institute of Medicine

Crossing the Quality Chasm

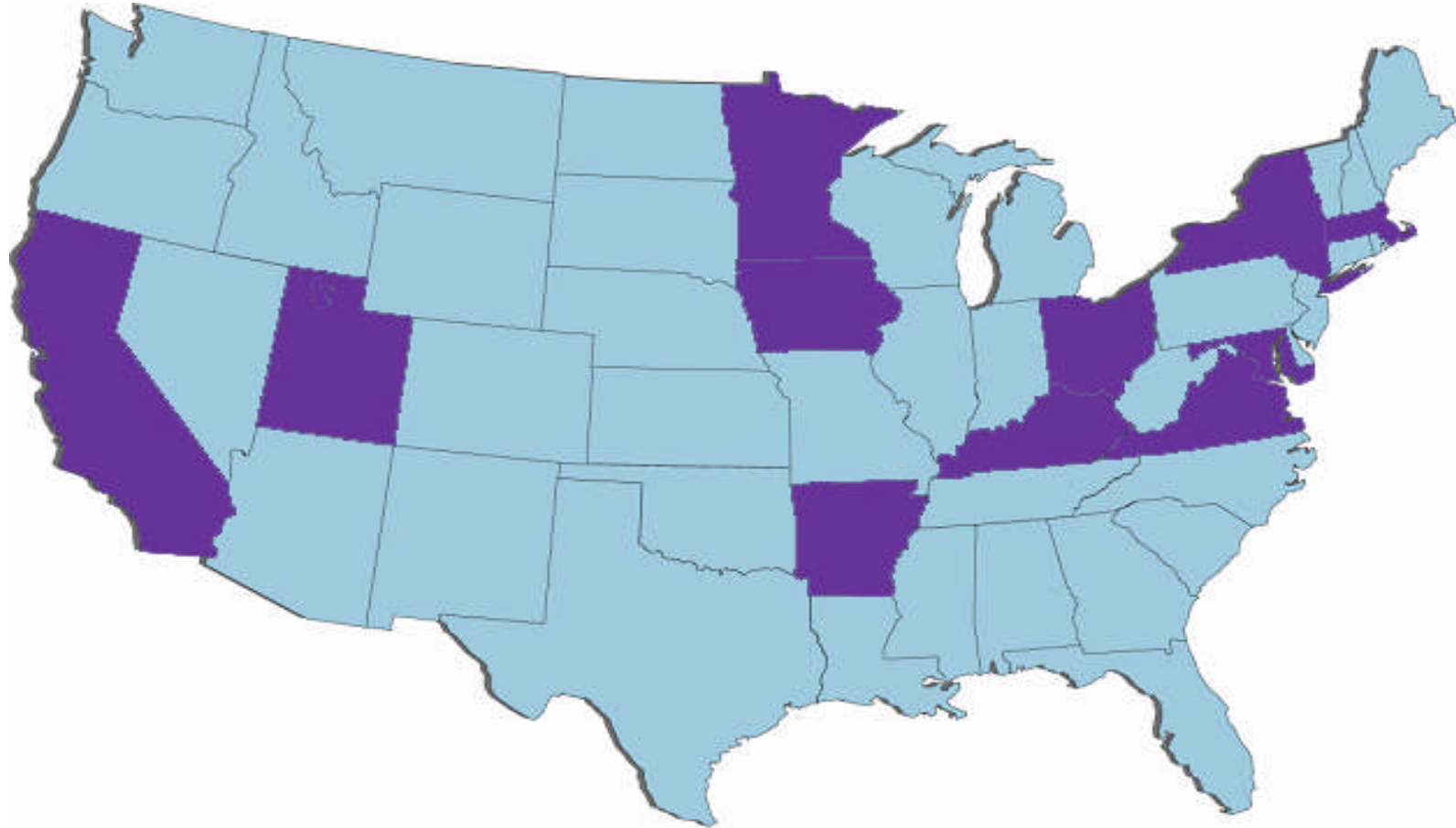
- **We must create an environment that fosters and rewards improvement by:**
 - (1) creating an infrastructure to support evidence-based practice,
 - (2) facilitating the use of information technology,
 - **(3) aligning payment incentives**
 - (4) preparing the workforce to better serve patients in a world of expanding knowledge and rapid change.

MedPAC Report to Congress

- “The Congress should adopt pay-for-performance programs for hospitals, home health agencies, and physicians. . . Medicare Advantage plans and dialysis providers.”
- “We have identified measures that are ready to be used: for hospitals, a set of process, structural, and outcomes measures; for home health agencies, a set of outcomes measures; and for physicians, a set of structural measures related to use of information technology (IT), and, after a transition, process measures.”

March 2005

NCQA & Pay for Performance



Includes BTE, DOQ, CMP,
DOQ-IT, IHA, and others


Measuring the Quality of America's Health Care

NCQA

NCQA Provider Recognition Programs

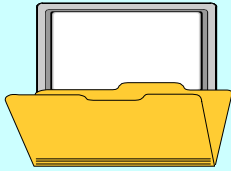


Many Uses for Provider Recognition Programs




Health plans show seals in Provider Directory

Aetna
CIGNA
GeoAccess
Humana
Medical Mutual (OH)
United



Help practices with data collection

Blue Care Network (MI)
BTE (KY, MA, OH, NY)
Oxford (NY)
United (4 areas)



Pay rewards and/or applications fees to recognized MDs


Anthem (VA)
Blue Care Network (MI)
BTE (KY, MA, NY, OH)
CareFirst (DC-MD-VA)
ConnectiCare
HealthAmerica (PA)
Oxford (NY)
First Care (FL)



Actively steer patients to recognized MDs

BTE (KY, OH)
Oxford (NY)

Use for network entry



Aetna, CIGNA

What Medical Practice Looks Like Now

- 85% of physicians can't generate registry lists by test results or current medications
- 33% of physicians repeat tests because results are unavailable
- 15% observed abnormal test results not followed up
- Only 18% of physicians have data on patients' outcomes
- Only 13% can generate their own performance measures

**Commonwealth Fund
2003 survey of U.S.
physicians, *Health
Affairs* May-June 2005.**

The Systematic Practice

Systematic Inputs

Medical evidence on what works
Patient's *complete* data and history
Customized reminders for physicians
Self-management resources

Doctor/Patient Relationship



an ongoing partnership for health

Systematic Follow-up & Outcomes

Patient reminders
Test and referral follow-up
E-Prescribing
Disease management
Performance measurement and feedback
Quality improvement

How Do Systems Lead To Quality Improvement?

- Automated reminders to physicians can reduce prescribing errors
- Patient self-management support leads to better outcomes with chronic conditions
- Improving clinical information through registries etc. can improve care
- Systematic measurement and feedback to physicians improved quality of care in a variety of conditions

Physician Practice Connections

Recognizes physician practices that use systematic processes and H-IT

Measures

- Registry functions
- Care management
- Patient self-management support
- Performance measurement & improvement

Measures

- Test tracking and management
- Referral tracking & management
- E-Prescribing
- Integration of information

PPC: How it Works

- Practice collects data using Web-based tool (simple survey can be used)
- Practice submits documentation to NCQA
- NCQA evaluates & scores all submissions
- NCQA conducts additional audit of sample of practices
- NCQA reports those that pass, gives certificate and issues a press release
- Data feed goes to BTE and health plans monthly

Screen Shot: Web-Based Survey Tool

ELEMENT E
[View Points](#) Clear Data

ELECTRONIC SYSTEM FOR PATIENT FOLLOW-UP
The practice uses an electronic system to assist in tracking test results as follows:

	Yes	No
1. Tracking all laboratory tests until results return to the practice	<input type="radio"/>	<input type="radio"/>
2. Tracking all radiology tests until results return to the practice	<input type="radio"/>	<input type="radio"/>
3. Distinguishing abnormal test results	<input type="radio"/>	<input type="radio"/>
4. Prompting follow-up with patients who have abnormal test results	<input type="radio"/>	<input type="radio"/>

Scoring:

100%	75%	50%	0%
Practice uses system with 4 factors	Practice uses system with 3 factors	Practice uses system with 2 factors	Practice uses system with 0 - 1 factors

Data Source: Reports

Scope of Review: ONCE--NCQA scores this element once for the organization.

Reference Information: [Explanation](#) | [Examples](#)

ELEMENT SCORE
DOCUMENTS
SUPPORT TEXT / NOTES

PPC Basics

- **Who rewards recognized practices now?**
 - Growing number of employer coalitions, health plans, and others
- **How big are the rewards?**
 - \$1.1 million paid in first 16 months
- **Who is recognized?**
 - Over 600 physicians in 75 practices
- **What's next?**
 - Version 2, national standards being developed

One Physician's View



“Jumping through the NCQA hoops is good motivation for me to take extra special care of the diabetics and others as well.” – *a PPC Recognized physician*

PPC Version 2: Basic, Intermediate or Advanced

BASIC

Standards assess the use of evidence-based standards of care, maintenance of patient registries, and provision of educational resources to patients.

INTERMEDIATE

Standards require use of electronic systems to maintain patient records, provide decision support, enter orders for prescriptions and lab tests, and provide patient reminders.

ADVANCED

Standards require a practice's electronic systems interconnect to be "interoperable," and able to automatically send, receive, and integrate data.

Cautionary Notes

- **Physician involvement is necessary but you can't turn it over to those being measured.**
- **Keeping measurement and payment activities separate is important.**
- **Behavior cannot change overnight but the bar must be continually raised.**
- **Allow for innovation. Don't lock into one set of measures.**