

**LUMETRA call
August 24, 2006**

Practical Tips for P4P

**Ronald Bangasser, MD, FAAFP
Past President,
California Medical Association
and
Chair,
Technical Advisory Committee,
IHA's P4P Program**

P4P – “The train has left the station”

- There are over 120 P4P programs across the country.
- In CA, 45,000 physicians, ALL the major health plans, and 7 MILLION HMO patients under 65 are in the IHA program.
- Over 20 MILLION patients are in some kind of program across the country.
- CMS has started PVRP and is planning a P4P program.
- IHA paid out over \$100 MILLION in 2004 and 2005, more in 2006.

How can I get a piece of those \$\$?

- Must I have an EMR/EHR?
- Am I in a P4P program/s already?
- What makes a good P4P program? AMA and CMA Principles and Guidelines.
- How much can it mean to me?
- How much did Beaver physicians get?

What makes up IHA's P4P program?

- Clinical measures – Chronic and Preventive.
- Patient Experience Measures.
- IT Measures.
- Measures are valid, tested, easy to collect, stable over time, raising the bar over time, paying for performance and improvement.
- Raise all the boats.
- Physician driven from the beginning.
- Single set of measures and single reporting mechanism.

NEW MONEY!

Perverse incentives?

- The more you do....
- How much P4P is too much? At what point will I drop the “tough”/sicker patients? UK has 25% of salary at risk. What is the “right” number?
- What will it take for me change my practice?
- My patients are “sicker”.
- My patients won’t do what I ask them to do.

Show ME the Data! How can I trust it?

- Aggregated data by an independent third party.
- Shared by all. No one “owns” the data.
- Appeals and corrections before reporting.
- Publicly reported by GROUP, not individual physician.
- Is it perfect? Will it ever be perfect?

Simple IT Systems

- Start with just a list of patients who have HF or CAD.
- Know who the patients with HF and CAD are.
- Code correctly Create registry with ICD-9 codes.

HF

- List by ICD-9 codes all patients with HF.
- Get list of all patients with EF by CPT codes.
- Compare lists – by hand or by IT.
- Now you know who **NEEDS** an ECHO.
- IP or OP – no need to add patients, if you kept track of all HF patients. Keep adding new ones.

Wt/BP Measurement/Patient Education

- EXCEL program for listing each patient for each visit for BP, weight, and patient education documentation.
- Create a check-off list, or even better, record as a flow sheet for each patient.

Pharmacy Data

- Pharmacy data is harder to integrate into IT for Beta-Blockers and ACE-I's.
- The ask is for if patient is on a BB or not and on an ACE-I or not.
- Simplest is to use a check-off list.
- Easier if data can come from Health Plans on diskettes or CD.

Coumadin Program

- For \$500 or less, get program from Barr or DuPont.
- Put patients in and add lab values.
- Tickler report daily.
- Beaver had 1265 patients in program with 70% in range regularly.

CAD

- List of patients – again. English P4P program.
- Need to record one LDL per year.
- Need to track actual values of patients under 130.
- Check BP again.
- Check ACE-I again.
- Pharmacy is a bit tougher.
 - Anti-platelet Tx
 - BB for patients with Prior MI

Final Thoughts

- Build and add over time.
- If your group or IPA has P4P program, make sure you get your share. Beaver – 50% set aside for IT, 50% for physicians doing the work.
- Too many patients – START NOW and add current patients.
- Too few patients – START NOW and go back through recent patients using bill codes for HF and CAD.
- **JUST START NOW!**