Kokua Mau Summit
HMSA's Hospital and Primary Care Pay for Quality Programs

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Our Vision

* To build a healthcare system which is
  * High Quality
  * Accessible
  * Affordable
  * Sustainable

Current health care system

REWARDS VOLUME, NOT VALUE.

REWARDS QUANTITY, NOT QUALITY.

What is Quality?

IOM, National Academy of Sciences 2003
Institute for Healthcare Improvement

* Patient Centered
* Beneficial
* Timely
* Safe
* Equitable
* Efficient

Patient-Centered

* *"…respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions"*

Beneficial (Effective)

* *Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse, respectively)*

Timely and Safe

- *"Reducing waits and sometimes harmful delays for both those who receive and those who give care"*
- *"Avoiding injuries to patients from the care that is intended to help them"*

Equitable and Efficient

- *"Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status"*
- *Avoiding waste, including waste of equipment, supplies, ideas, and energy"*

Hospital Pay for Quality Program Summary

Legacy HQSR Program	New Hospital Program
Quality payments: Approx. 2% of total reimbursement	Quality payments: Up to 15% of total reimbursement
Payment for **PERFORMANCE** Largely based on tournament scoring	Payment for **PERFORMANCE** and **IMPROVEMENT** over prior year Based on threshold scoring
Annual reports and awards, based on previous calendar year data	Monthly and quarterly reports and awards, based on hospital's contract period
Same measures applied to all hospitals (if not applicable, remove from denominator)	Customized quality program for each hospital, based on applicable measures

Premier's Multi-Year Performance Improvement Targets

- Save lives
  - Eliminate avoidable hospital mortalities
- Safely reduce the cost of care
  - Reduce costs for each patient's hospitalization
- Deliver the most reliable and effective care
  - Ensure that patients receive all appropriate evidence-based care
- Improve patient safety
  - Prevent incidents of harm, including healthcare-acquired infections and birth injuries
- Improve patient experience
  - Improve the patient's overall care and reinforce loyalty to the care providing facility

Premier Program and Results

- 157 hospitals in national collaborative saved 22,000 lives and $2.13 billion over two years
- 240 hospitals in 34 states currently participate
- Each hospital in the collaborative submits data to Premier on a variety of metrics
- Data is transparent within the collaborative
- Hospitals participate in quality collaborative, data sharing, and discussion of best practices
- HMSA has partnered with Premier and 15 hospitals in Hawaii in the Premier quality collaborative for four years

Metrics and Dollars for One Hospital System for Year 1 of Program

Category #	Metric Category	Maximum Points	Explanation	Maximum Available Dollars	High Estimate in Dollars	Realistic Estimate in Dollars
1	Premier Implementation	20	Process metric for 2011. These points will be reallocated across other categories in 2012 and 2013	$3,410,608	$3,410,608	$2,560,171
2	CMS/TJC	10	Already high performance - Payment for sustained excellence	$1,705,304	$1,662,671	$1,280,085
	Adult Core Measures					
	HCAHPS					
	Perinatal Core Measures					
	NICU Adverse Events					
3	Harm Avoidance	10	Already high performance - Payment for sustained excellence. Reduces medical complication rate and therefore DRGs with complications	$1,705,304	$1,705,304	$1,280,085
	Ventilator Assisted Pneumonia					
	Blood Stream Infections					
4	Surgical Complications	20	Historical performance has been lower for HBI complications. NSQIP will be a process metric for 2011 and convert to outcome in later years	$3,410,608	$2,899,017	$2,560,171
	HBI complication rate					
	NSQIP					
	Perinatal					
5	Readmissions/Discharge Planning	20	Based on historial performance	$3,410,608	$2,899,017	$2,560,171
			Measures 30 preventable re-admission rate			
6	End of Life Care	20	Process metric for 2011. Will convert to outcomes metrics for later years	$3,410,608	$3,410,608	$2,560,171
	Total	100		$17,053,040	$15,987,225	$12,800,854
Net projected revenue base		$221,468,057				
Maximum potential per negotiated contract		7.70%				
Realistic potential per negotiated contract		5.78%				

HMSA: Hospitals Need Palliative Care!

- Patient-centeredness
  - Richer, more sophisticated discussions
    - Patient wishes for treatment clarified
  - Clearer plans of care
  - Better coordination of care
  - Fewer hospitalizations/ER visits
  - Fewer re-hospitalizations
  - Fewer non-beneficial treatments
  - Lower rates of avoidable complications
  - Care shifted from acute to non-acute settings
  - Increased comfort
  - Better quality of life for patient and family

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Quality Measures: Palliative and End of Life Care

Measures:

- Ability to deliver palliative care services
- Process to identify patients who may benefit from an Advanced Care Planning conversation
- Palliative Care Curriculum
  - Delivery of program to appropriate hospital staff
- Incorporating ACP, AHCD &POLST into EMR
  - Processes to capture data relative to End of Life issues

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We Are Serious About Changing the Whole System

- Patient Centered Medical Home initiative for Primary Care
  - Better coordination of care
  - Improved wellness
  - Enhanced support for primary care
- Partner with specialists
- Support increased penetration of EHRs
- Support development of state wide clinical data repository

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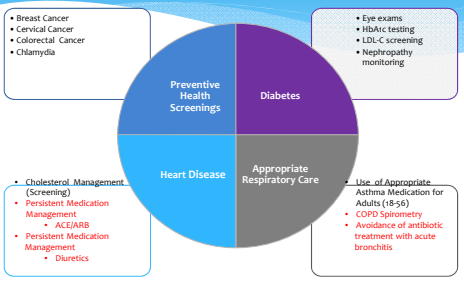
Pay for Quality 2012 Population Health Priorities (Adult)



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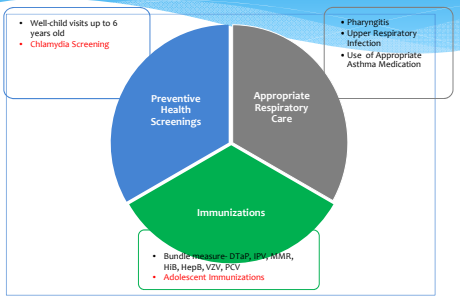
- Addition of pediatric measures for providers with pediatric patients
- Black: 2011 Measures
- Red: New 2012 Measures

Pay for Quality 2012 Population Health Priorities (Pediatrics)



17 Black: 2011 Measures
Red: New 2012 Measures

Assumptions:			
- Patient panel of HMSA commercial members			800
- Base medical payments from 2010 FFS schedule for 800 commercial members			$161,280
- Primary Care P4Q program initiated January 2011		2011 PMPM	$2.00
		2012 PMPM	$4.00
- PCMH population health management program initiated January 2011		Level 1 PMPM	$2.00
		Level 2 PMPM	$2.50
		Level 3 PMPM	$3.00

	2010 Baseline	2011 Non-PCMH	2011 PCMH	2012 Non-PCMH*	2012 PCMH*
Base FFS Payments	$161,280				
PQSR and Q&P payment at 70% of potential	$8,256				
Primary Care P4Q payment at 70% of potential	N/A				
PCMH Population Health Payment at Level 1	N/A				
Total P4Q and Population Health payments	$8,256				
Total HMSA Commercial payments	$169,536				
Population Health and P4Q as % of Total payments	4.9%				
Increase over baseline	N/A				

* Certain E&M codes were increased for 2012 impacting base medical payments

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Assumptions:		
- Patient panel of HMSA commercial members		800
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- Primary Care P4Q program initiated January 2011	2011 PMPM	$2.00
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	Level 3 PMPM	$3.00

	2010 Baseline	2011 Non-PCMH	2011 PCMH	2012 Non-PCMH*	2012 PCMH*
Base FFS Payments	$161,280	$161,280	$161,280		
PQSR and Q&P payment at 70% of potential	$8,256	N/A	N/A		
Primary Care P4Q payment at 70% of potential	N/A	$13,440	$13,440		
PCMH Population Health Payment at Level 1	N/A	N/A	$19,200		
Total P4Q and Population Health payments	$8,256	$13,440	$32,640		
Total HMSA Commercial payments	$169,536	$174,720	$193,920		
Population Health and P4Q as % of Total payments	4.9%	7.7%	16.8%		
Increase over baseline	N/A	3.1%	14.4%		

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- Patient panel of HMSA commercial members		800
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	Level 2 PMPM	$2.50
	Level 3 PMPM	$3.00

	2010 Baseline	2011 Non-PCMH	2011 PCMH	2012 Non-PCMH*	2012 PCMH*
Base FFS Payments	$161,280	$161,280	$161,280	$169,344	$169,344
PQSR and Q&P payment at 70% of potential	$8,256	N/A	N/A	N/A	N/A
Primary Care P4Q payment at 70% of potential	N/A	$13,440	$13,440	$26,880	$26,880
PCMH Population Health Payment at Level 1	N/A	N/A	$19,200	N/A	$19,200
Total P4Q and Population Health payments	$8,256	$13,440	$32,640	$26,880	$46,080
Total HMSA Commercial payments	$169,536	$174,720	$193,920	$196,224	$215,424
Population Health and P4Q as % of Total payments	4.9%	7.7%	16.8%	13.7%	21.4%
Increase over baseline	N/A	3.1%	14.4%	15.7%	27.1%

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  - ***High Quality***
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