



# Pay-for-Performance

GNYHA

Engineering Quality Improvement



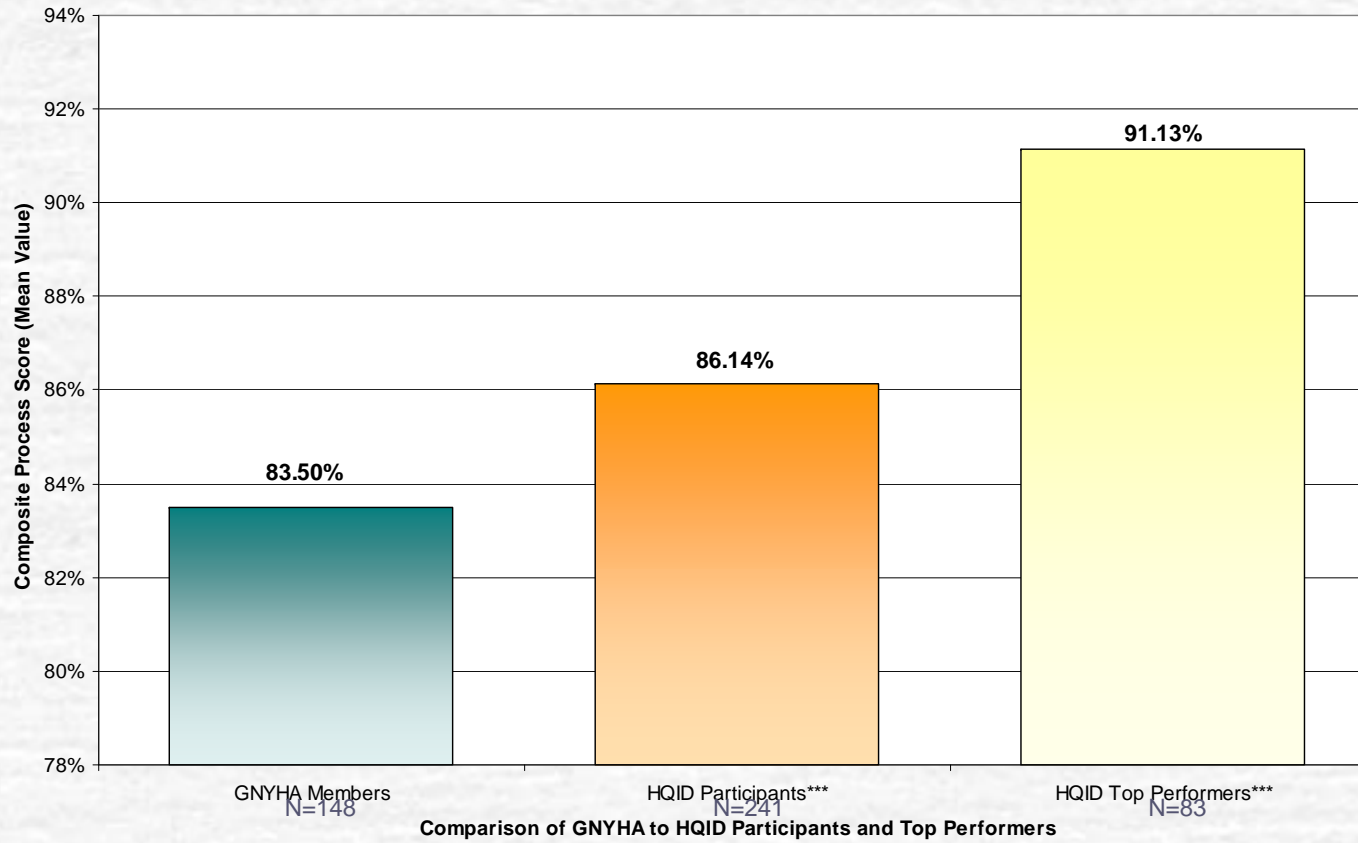
# The Writing Is On The Wall

- IOM Report - "Rewarding Provider Performance: Aligning Incentives In Medicare" 9/21/06
- Medicare P4P and quality improvement demonstration projects underway
- Moving to cost-based DRGs for hospital inpatient services over three-year period (beginning in FY 2007)
- Severity-adjusted DRGs for hospital inpatient services in FY 2008
- CMS to develop outpatient-specific quality measures to report by CY 2009
- NEJM study "P4P in Commercial HMOs," 11/2/06

# *Poor Quality of Patient Care*



**Greater New York Hospital Association Compared to Premier Engagements**  
Hospital Compare Data From Q1-05 to Q4-05  
18 Process Measures Aggregated to Overall Composite Process Score




T-test comparing GNYHA to other group, statistical sig.: \* p < 0.05 \*\* p < 0.01 \*\*\* p < 0.001

# Characteristics of top performers

1. The patient is the core priority
2. Quality is a top priority of the executive team
3. Frontline staff takes a leadership role in assuring patient centered care
4. Physicians are engaged and provide patient centered care
5. The institution has a defined improvement methodology
6. The institution dedicates resources to quality improvement
7. "Knowledge transfer" is institutionalized and continuous



## Patients are Given the Tools to Ask the Right Questions

- ☛ Patients are guided by their health plan to review the hospital data
  - ☛ Education about their clinical condition is provided to patients and their families
  - ☛ Physicians are being asked about the hospitals they admit to
- 

# How Can 1199 Members Become Leaders in Quality and Patient Safety?

- Ongoing communication with leadership
- Staff commitment and understanding of the issues impacting P4P
- Staff are provided the support and tools (information, data, communication structure) to achieve goals
- Communicate issues related to operational support
  - Supply chain
  - Resources
- Communication and coaching

# P4P Top Performers Findings

Reliable delivery of patient care processes can:

- Reduce costs
- Save lives
- Reduce complications
- Reduce readmissions
- Shorten length of stay



# Pay-for-Performance

## ☛ GNYHA P4P Work Plan:

- **Established P4P Steering Committee**
- **Advocacy efforts to align and standardize reporting of measures**
- **Shift quality from a department to the frontline staff**
  - Train quality and patient satisfaction coaches to develop programs (optimize report card measures, meet 100,000 Lives Campaign goals, improve patient outcomes and staff morale)
  - GNYHA staff available to educate hospital committees
  - On-site P4P training initiatives
- **Developing P4P products to support GNYHA member education programs**
  - P4P Web support that will include educational materials, best practices and “threaded” discussion site for members
  - Template presentations for hospitals to customize and develop P4P hospital education
  - GNYHA staff available present to your boards on P4P

# What is being measured?

## ☞ Process Measures

- Flow of work, timing to treatment

## ☞ Structure Measures

- Staffing, supplies, environment

## ☞ Outcome Measures

- What happened to the patient as a result of hospitalization
  - Infections as a result of hospitalization
  - Mortality

# Patient Satisfaction

- Was the patient satisfied with hospitalization
  - Was the pain management satisfactory?
  - Was the room clean?
  - Was the bathroom kept clean?
  - Did the “nurse and doctor” communicate and explain everything?

# P4P Does it Work?

- Potential savings if all pneumonia, heart bypass, AMI, and hip and knee replacement patients nationally received most of a set of widely accepted care steps – 76 percent or more:
  - \$1.41 billion
  - 5,600 avoidable deaths
  - 6,300 complications
  - 9,900 readmissions
  - 830,000 days in the hospital

# P4P Phase In

