

Intended and Unintended Consequences in Britain's P4P Program



NCQA Policy Conference
Pay for Performance: A Critical Examination
December 1, 2006

THE LEAPFROG GROUP
for **Patient Safety**
Rewarding **Higher Standards**

LEAPFROG COMPENDIUM

The Leapfrog Group, with funding from The Commonwealth Fund and additional support from The Robert Wood Johnson Foundation, has developed a public Web-based compendium of incentive and reward programs aimed at improving health care. These initiatives, which focus on improving care performance in both the inpatient and outpatient settings, represent a common commitment on behalf of health plans, private and public purchasers, purchasing coalitions, and other health care organizations, such as medical societies, to reward and incentivize a range of health care providers and insurers for quality and efficiency improvements in the care they provide or administer.

The Leapfrog Incentive and Reward Compendium documents and categorizes financial programs, such as those that reward providers with quality bonuses, and non-financial programs, such as those that reward providers with public recognition. The majority of the programs included in the Compendium are initiated by health plans, purchasers, and purchasing coalitions and target hospitals, physicians, health plans, and consumers. Users are able to sort by location and program target and search the programs by using a built-in keyword search function. For instance, a search might focus on certain performance measures used in programs such as HEDIS or Leapfrog's four measures of quality and safety.

Leapfrog staff has performed comprehensive literature and Internet searches to gather the initial incentive and reward program information but new submissions are encouraged. If an organization wishes to submit new program information or update information already posted on the Web site, they are able to do so on-line. **Leapfrog encourages programs that use not only Leapfrog's quality and safety practices but also those programs that use other performance measures to submit their program information to the Compendium.** Please refer to the Compendium Guide and Glossary for new submission, revision, and user instructions.

CMS:
Multiple
Demonstration
Projects

PATHWAYS TO QUALITY HEALTH CARE

REWARDING PROVIDER PERFORMANCE
Aligning Incentives in Medicare

INSTITUTE OF MEDICINE OF THE NATIONAL ACADEMIES

8/06

“ The Secretary of . . . DHHS . . . Should implement pay-for-performance in Medicare using a phased approach ”

The Secretary of DHHS should implement a monitoring and evaluation system for the Medicare pay-for-performance program in order to:

- Assess early experiences with implementation so timely corrective action can be taken.

Key Questions

- Does P4P Work?
- Will the Results Be Worth the Effort?
- How Do We Minimize Unanticipated Consequences?
- What Can We Learn From Others?

The U.K. Experience

- **What We Can Learn**

- Incentives Clearly Drove Behavior
 - But up to 20% Increase in Base Salary
- 'Know Thy Baseline'
 - Government Paid for Improvement Already Achieved
- 'Trust But Verify'
 - Clear Gaming by a Small Number of Groups

- **Where We're Not Really Helped**

- No Integration of Efficiency or Patient Experience of Care
- No Attempt to Bridge Silos
- No National Research Agenda

How the U.S. P4P Framework Differs

- Budget Neutrality
- IOM Guidance: Integrate Quality, Cost and Robust Patient Experience Measures
- Preferentially Reward Use of Health I.T.
- Reward Coordination of Care: Include PCP's, Specialists, Hospitals, Health Plans, Long-term Care Facilities.