



The Office of the National Coordinator for  
Health Information Technology



# Health IT and Health Care Delivery and Payment Reform

August 25, 2015



- Provide background information
- Characterize the delivery and payment reform participation in 2013
- Describe use of health IT among participating physicians
- Describe changes in participation between 2012 and 2013

# Background

# US health care system receives poor rankings on cost, efficiency, access, and quality

## COUNTRY RANKINGS

Top 2*
Middle
Bottom 2*



	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
<b>OVERALL RANKING (2013)</b>	4	10	9	5	5	7	7	3	2	1	11
<b>Quality Care</b>	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
<b>Access</b>	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
<b>Efficiency</b>	4	10	8	9	7	3	4	2	6	1	11
<b>Equity</b>	5	9	7	4	8	10	6	1	2	2	11
<b>Healthy Lives</b>	4	8	1	7	5	9	6	2	3	10	11
<b>Health Expenditures/Capita, 2011**</b>	<b>\$3,800</b>	<b>\$4,522</b>	<b>\$4,118</b>	<b>\$4,495</b>	<b>\$5,099</b>	<b>\$3,182</b>	<b>\$5,669</b>	<b>\$3,925</b>	<b>\$5,643</b>	<b>\$3,405</b>	<b>\$8,508</b>

Notes: \* Includes ties. \*\* Expenditures shown in \$US PPP (purchasing power parity); Australian \$ data are from 2010.

Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund National Scorecard 2011; World Health Organization; and Organization for Economic Cooperation and Development, *OECD Health Data, 2013* (Paris: OECD, Nov. 2013).

- PCMH – Patient-Centered Medical Home
  - Care delivery model with patient care coordinated by primary care provider to ensure patient receives the care s/he needs
- P4P – Pay for Performance
  - Also known as value-based purchasing. Participants are rewarded for meeting certain performance measures for quality and efficiency, and penalized for poor outcomes, medical errors or increased costs
- ACO – Accountable Care Organization
  - Group of health care providers, hospitals, and other care organizations that work together to provide high quality care to patients within a defined population while simultaneously reducing health care costs. If successful in providing both high quality and cost savings, organization will share in the savings.

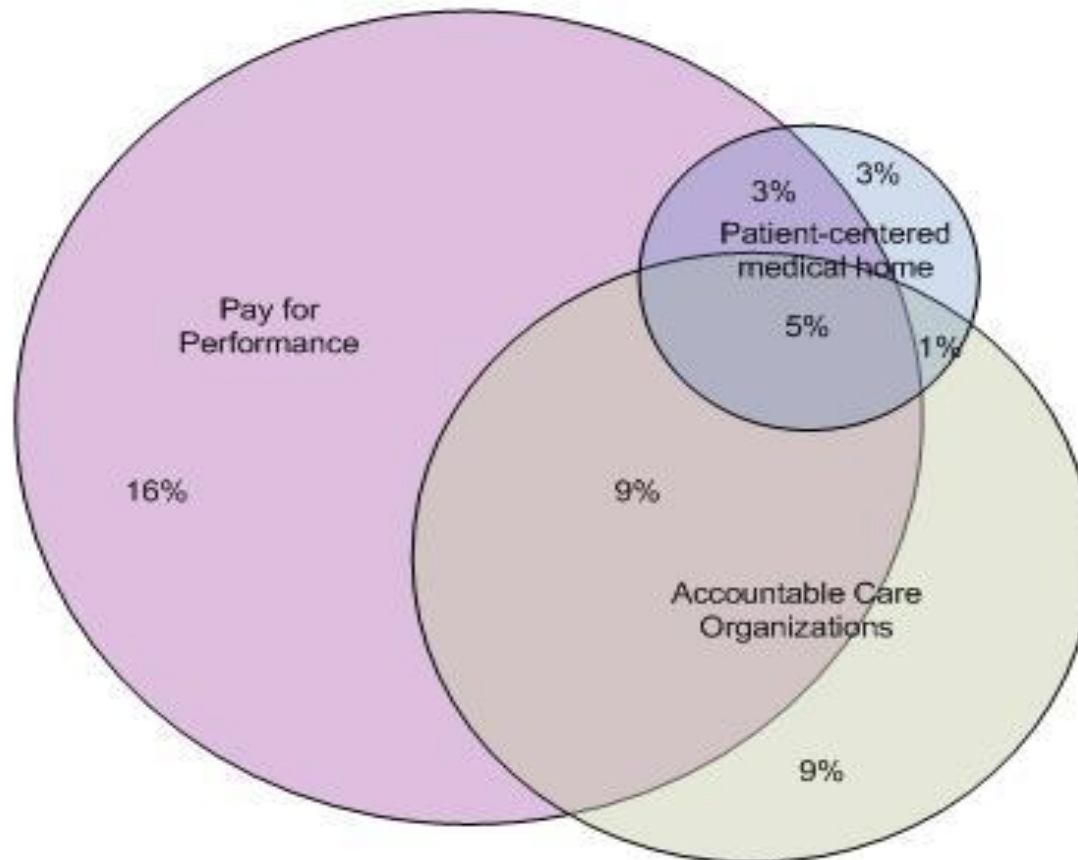
- In January, 2015, >700 ACOs were covering ~23.5M lives
- National Committee for Quality Assurance's PCMH recognition program participation grew from <2K providers in 2009 to >34K providers in 2014
- By 2016, CMS aims to have 85% of all Medicare fee-for service payments tied to quality or value, and 90% by 2018

- 2012 and 2013 NAMCS Physician Workflow Supplements
  - Longitudinal survey
- Delivery/payment reform participation based on the location in which the physician saw the most ambulatory care patients

# Physician participation in payment and delivery reform programs



# Physician participation in delivery and payment reform programs in 2013



55% of physicians did not participate in health care delivery reform in 2013

# Physician characteristics associated with participation in delivery or payment reform programs, 2013



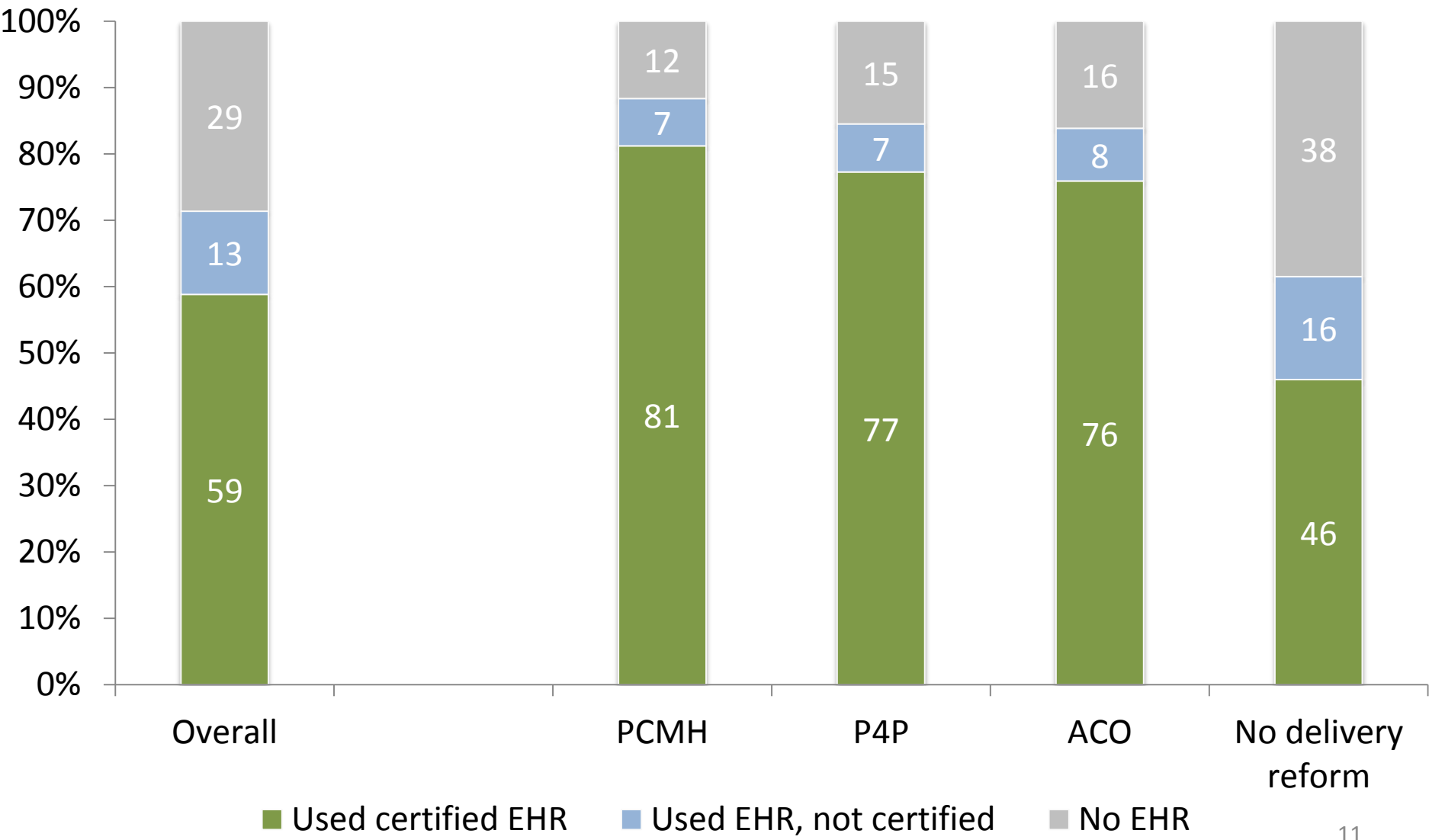
	PCMH	ACO	P4P	Any Program
Primary care (ref=specialist)	1.12 (1.09-1.16)	1.07 (1.02-1.11)	1.15 (1.10-1.21)	1.19 (1.13-1.26)
Rural area (ref=urban area)	--	--	--	--
Practice ownership (ref=physician group practice)				
Hospital/academic medical center	--	1.08 (1.02-1.14)	--	1.10 (1.04-1.17)
HMO/other health insurance	--	--	1.19 (1.10-1.29)	1.21 (1.12-1.30)
Community health center	1.19 (1.09-1.30)	--	--	--
Practice size (ref=solo practitioner)				
11+ physicians	1.13 (1.08-1.19)	1.12 (1.04-1.21)	1.27 (1.18-1.38)	1.27 (1.17-1.37)
6-10 physicians	1.08 (1.03-1.14)	--	1.13 (1.05-1.21)	1.17 (1.08-1.26)
2-5 physicians	1.05 (1.01-1.08)	--	1.12 (1.06-1.18)	1.13 (1.07-1.20)

Results presented as the likelihood that physicians participate in the named program (Relative Risks), calculated by a multivariate regression analysis controlling for other physician and practice level characteristics. Cells with "--" indicate no statistical difference from the referent group.

# Use of health IT



# Use of Electronic Health Record (EHR) systems by physicians participating in delivery or payment reform programs, 2013



Likelihood that physicians with an EHR who participated in delivery or payment reform programs performed population management functions electronically

		Electronically generate patient lists	Electronically create reminders for preventive care
Model 1	PCMH (ref=no PCMH)	1.14 (1.07-1.23)	1.11 (1.03-1.20)
	ACO (ref=no ACO)	1.10 (1.03-1.17)	--
	P4P (ref=no P4P)	1.08 (1.02-1.15)	--
Model 2	Any delivery/payment reform participation (ref=no delivery reform)	1.13 (1.07-1.19)	1.08 (1.02-1.14)

Likelihood that physicians with an EHR who participated in delivery or payment reform programs performed patient engagement functions electronically

		Patient access to electronic health information	Electronically record advance directives	Electronically provide clinical summary to patients
Model 1	PCMH (ref=no PCMH)	--	1.10 (1.01-1.20)	1.15 (1.08-1.24)
	ACO (ref=no ACO)	1.10 (1.03-1.17)	1.11 (1.03-1.19)	1.10 (1.04-1.18)
	P4P (ref=no P4P)	1.08 (1.01-1.15)	1.11 (1.04-1.18)	--
Model 2	Any delivery/payment reform participation (ref=no delivery reform)	1.12 (1.06-1.18)	1.15 (1.08-1.22)	1.12 (1.05-1.18)

# Electronic exchange of health information (care coordination)

Likelihood that physicians with an EHR who participated in delivery or payment reform programs electronically exchanged health information with other providers

		Electronically received clinical information from other providers	Electronically sent clinical information to other providers
Model 1	PCMH (ref=no PCMH)	--	--
	ACO (ref=no ACO)	1.08 (1.01-1.14)	1.09 (1.02-1.15)
	P4P (ref=no P4P)	--	--
Model 2	Any delivery/payment reform participation (ref=no delivery reform)	1.07 (1.01-1.12)	--

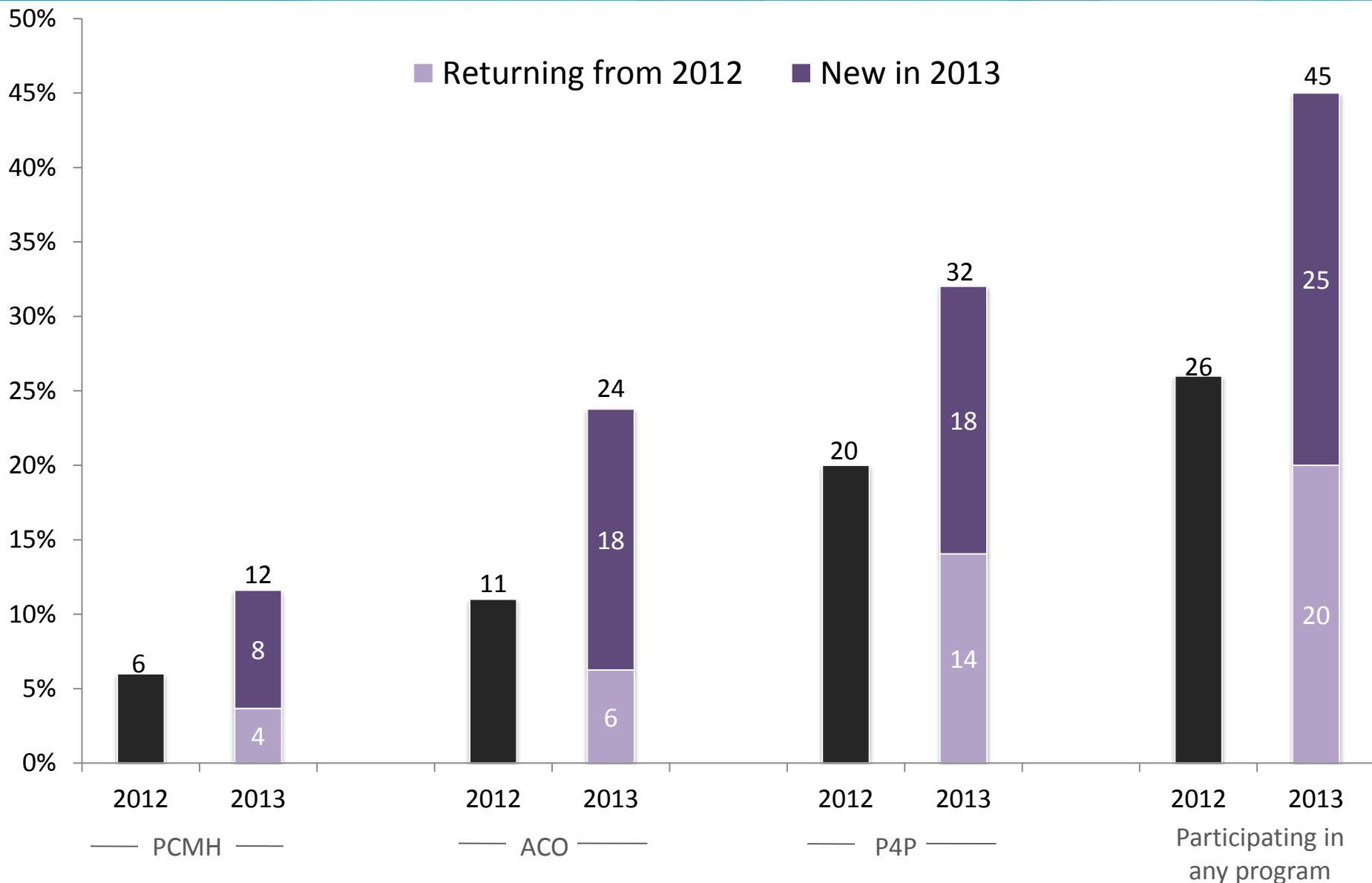
Likelihood that physicians with an EHR who participated in delivery or payment reform programs performed quality improvement functions electronically

		Electronic quality improvement activities
Model 1	PCMH (ref=no PCMH)	1.09 (1.01-1.18)
	ACO (ref=no ACO)	1.12 (1.05-1.19)
	P4P (ref=no P4P)	--
Model 2	Any delivery/payment reform participation (ref=no delivery reform)	1.20 (1.13-1.27)



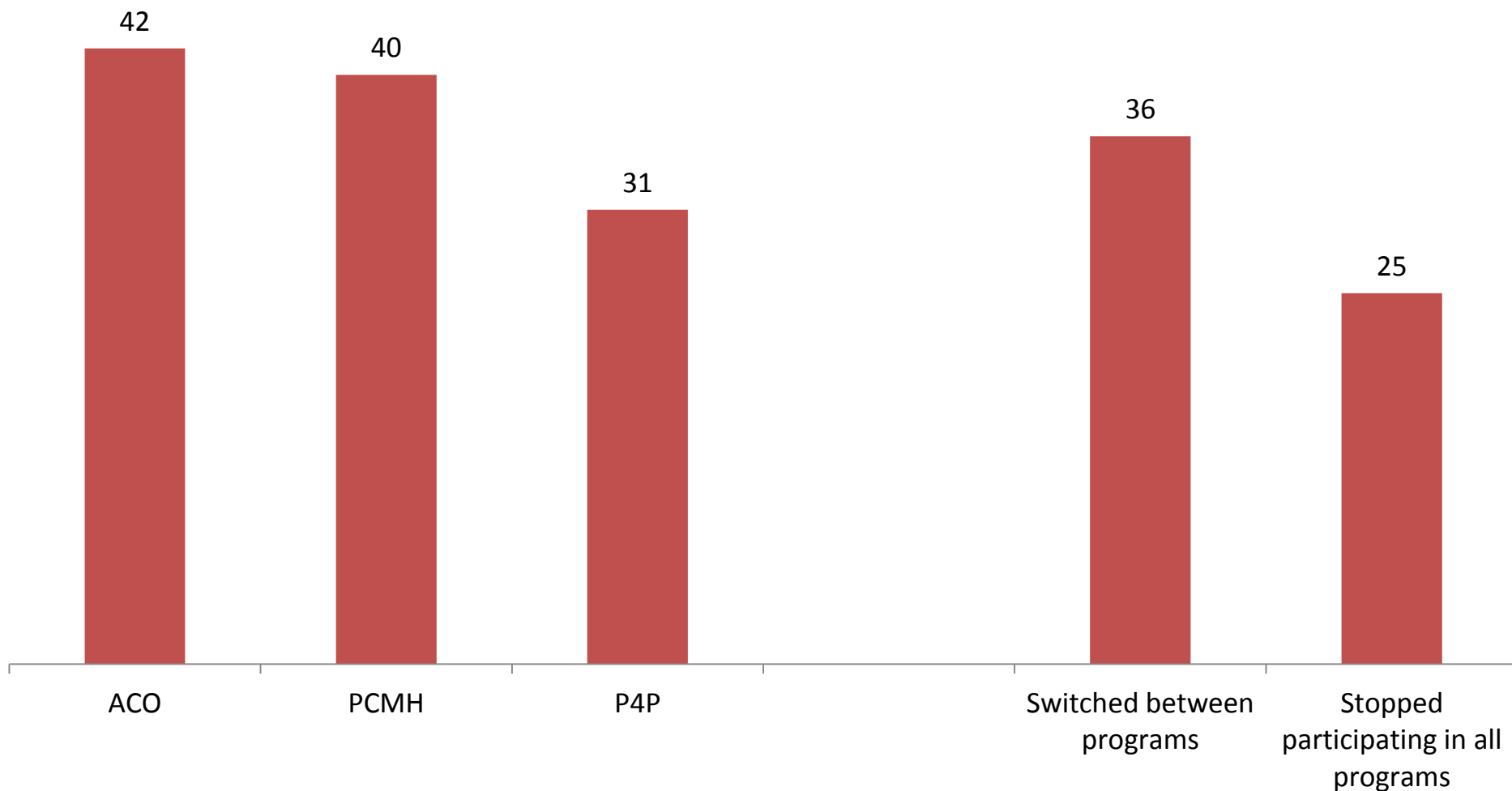
# Physician participation in payment and delivery reform programs

# Percent of physicians participating in ACO, PCMH, or P4P programs in 2012 and 2013



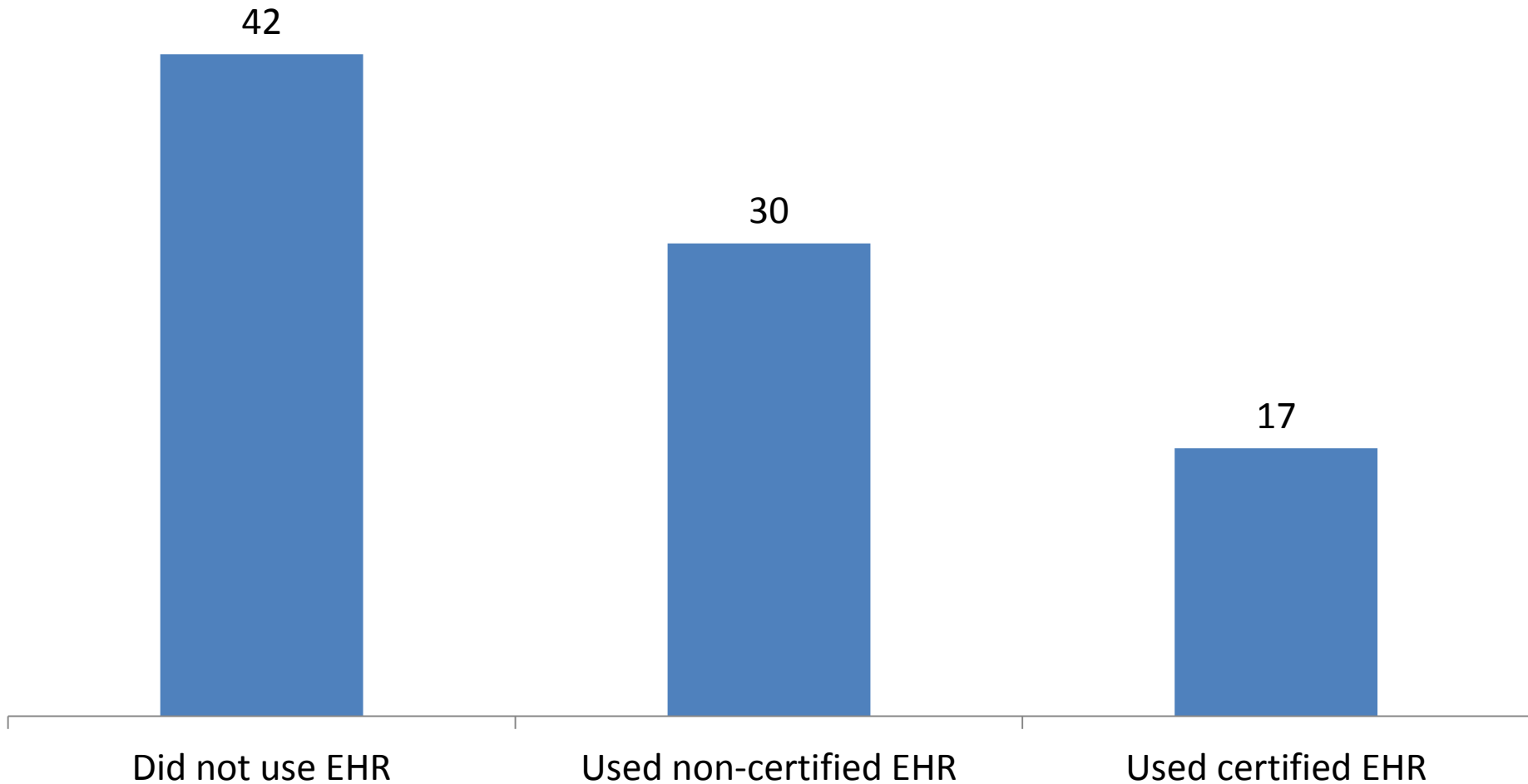
# Although attrition from individual programs was high, the rate of attrition from all programs was lower

Among providers participating in PCMH, P4P, or ACO programs in 2012, proportion of providers who stopped or changed their participation in 2013



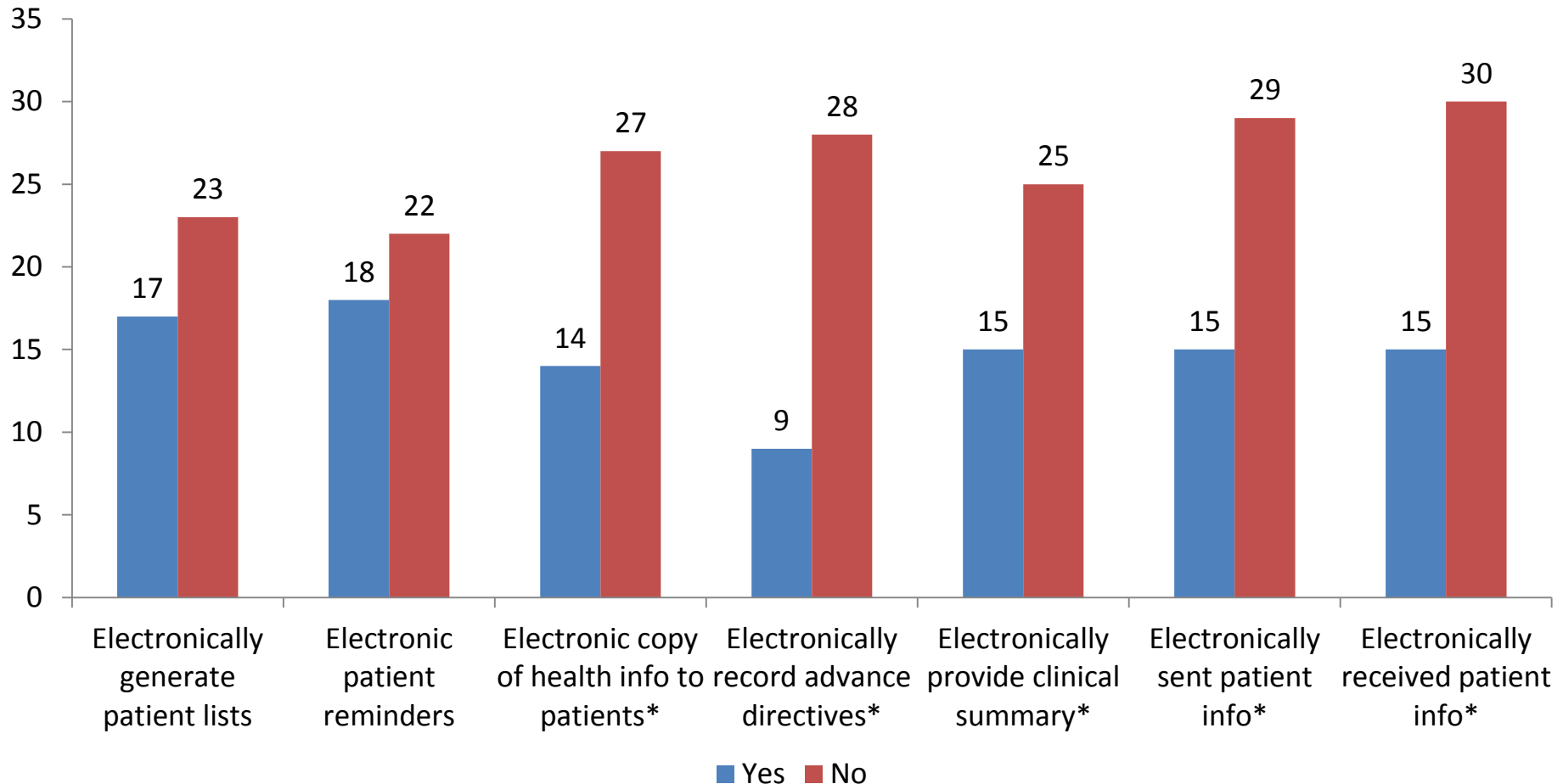
# Physicians who used a certified EHR were less likely to drop from all delivery reform activities

Proportion of physicians who participated in delivery or payment reform activities in 2012 who stopped all delivery or payment reform activities in 2013



# For many functions, physicians who performed those activities electronically were less likely to stop participating in delivery and payment activities

**Proportion of physicians with an EHR who participated in delivery or payment reform activities in 2012 who stopped all delivery or payment reform activities in 2013**



\*statistically different  $p < 0.05$

# Summary

- Physician participation in delivery and payment reform increased between 2012 and 2013
- The vast majority of physicians participating in ACO, PCMH, and P4P activities are using health IT, and most are using certified products
- Among ACO, PCMH, and P4P participants with EHRs, the use of health IT for advanced care processes varies
- 1-year attrition from individual programs ranges from 30-40%, however, fewer providers are dropping from delivery or payment reform entirely
- Providers not using health IT or performing certain advanced care processes electronically, were more likely to stop participating in delivery/payment reform activity entirely

Questions?  
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