

Imagine trying to purchase a car without knowing anything about how good it is or what it will cost. That's the situation consumers face when choosing a doctor.

Consumers simply don't have the information they need to pick a doctor based on measurable quality or the expected cost of care. Instead, they usually select physicians based on convenience or referrals. In addition, while most physicians sincerely want to give their patients high-quality care, they don't know how they stack up to each other and are not competing to attract patients.

In California, CHPI is about to change this situation.

CHPI is assembling a massive database and, once the rigorous statistical analyses and audits are complete, will release performance information to an on-line publisher. Given CHPI's pioneering work, CA will be the first state to benefit from published ratings at the individual doctor level. This information can be used by health plans in developing high-performing networks and report in member doctor directories. Furthermore, it will enable CA consumers to make more informed health care choices, fostering accountability among CA doctors and incentivizing them to improve the quality of care.

How it works: CHPI's output will be an analysis of claims data aggregated from more than 12 million patients enrolled in CHPI's three participating CA health plans—Blue Shield, Anthem Blue Cross and UnitedHealthcare, as well as Medicare. The more data in CHPI, the more precise the performance measures. That's why it was a major accomplishment when CHPI was certified to include data from Medicare's five million CA beneficiaries, and became the first Qualified Entity to receive Medicare data.

CHPI will initially cover primary care physicians and some specialists, including cardiology and endocrinology. Physicians' performance scores will be based on evidence-based indicators vetted and used by standard setting organizations such as the National Quality Forum (NQF) and National Committee for Quality Assurance (NCQA). Examples include, how often the physician provides:

Breast cancer screening of women ages 50 to 69

Appropriate use of pediatric antibiotics in children three months to 18 years old with upper respiratory infections

LDL screening of patients ages 18 to 75, who have type 1 or 2 diabetes

Looking ahead: CHPI's pioneering work is laying the foundation for more robust transparency initiatives. Soon, CHPI will include efficiency and resource use metrics, such as whether the physician prescribed generic drugs as opposed to more expensive brands. In a few years, CHPI hopes to add data on the allowed cost of care paid by health plans. With this new information, CHPI will make public the total cost of care for many conditions or episodes side-by-side with quality care data.



How does CHPI benefit PBGH members?

- ▶ Members will have the information they need to pressure their health plans to include and highlight top performing physicians.
- ▶ Member populations will be healthier when they have access to top-performing doctors.
- ▶ Member populations will appreciate having the information needed to identify top-performing doctors.
- ▶ Doctors have to compete and this will improve the quality of care they provide.

How can PBGH members get involved?

- ▶ Request health plan carriers to send member claim data, including self-insured data, to CHPI.

Frequently Asked Questions (FAQs)

1. When will CHPI include more CA health plans, such as Kaiser and Cigna?

CHPI is actively working with other health plans to encourage their participation. PBGH members can help accelerate participation by encouraging their contract plans to join CHPI.

2. Will CHPI expand beyond California?

Once the challenging work of building a performance measurement system in a large state like CA is proven successful, scaling CHPI for use in other states can be considered.

3. How are the CHPI and PAS initiatives different?

The CHPI and PAS initiatives will produce complementary data in CA. CHPI will produce individual doctor ratings by analyzing claims data. PAS will produce physician group ratings based on patient-reported experiences. PAS recently came under the auspices of CHPI, Corp., with the aim of presenting both data sets in a common format in the future. www.chpis.org/programs/pas.aspx

4. What is the relationship between PBGH and CHPI Corp.?

PBGH staff members perform the day-to-day work for CHPI under a management contract. However, in order to preserve its status as a separate initiative with significant oversight from health plans, purchasers, consumers, and providers, CHPI has filed for 501(c) 4 status.

CHPI Milestones

2012

- Established as CA Corporation
- Appointed Board with David Lansky representing PBGH
- Added Private Plans: Anthem, Blue Shield, United

2013

- Filed for 501(c) 4 IRS status
- Certified by CMS as a "Qualified Entity" to receive Medicare data
- Merged PBGH's PAS into CHPI Corp.

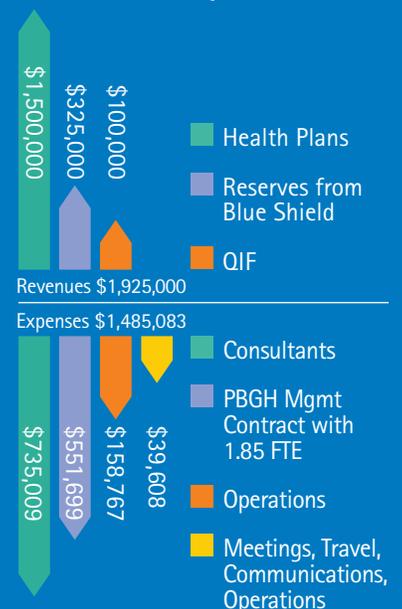
2014

- Release findings in 2nd Q to an on-line publisher.
- Include efficiency measures

2015

- Add cost measures to database
- New quality measures

2013 CHPI Operations



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www.pbgh.org/chpi