

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, this situation is about to change.

PBGH, under a contract with the California Healthcare Performance Information System (CHPI Corp., a not-for profit, multi-stakeholder corporation), is assembling a massive Multi-Payer Claims Database (MPCD) and, once the rigorous statistical analyses and audits are complete, will release performance information to an online publisher. Given the

MPCD'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 to develop high-performing networks and report in member doctor directories. Furthermore, it will enable CA consumers to make more informed healthcare choices, fostering accountability among CA doctors and incentivizing them to improve the quality of care.

How it works: The MPCD's output will be an analysis of claims data aggregated from more than 12 million patients enrolled in the MPCD's three participating CA health plans—Blue Shield, Anthem Blue Cross and UnitedHealthcare, as well as Medicare. The more data in the MPCD, 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. The MPCD will initially cover primary care physicians and some specialists, including cardiologists and endocrinologists. 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: The MPCD's pioneering work is laying the foundation for more robust transparency initiatives. Soon, the MPCD 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, the MPCD hopes to add data on the allowed cost of care paid by health plans. With this new information, the MPCD will make public the total cost of care for many conditions or episodes side-by-side with quality care data.



How does CHPI's MPCD 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 the MPCD include more CA health plans, such as Kaiser and Cigna?

The MPCD is actively working with other health plans to encourage their participation. PBGH Members can help accelerate participation by encouraging their contract plans to join the MPCD.

2. How are the MPCD and PAS initiatives different?

The MPCD and PAS initiatives will produce complementary data in CA. The MPCD will produce individual doctor ratings by analyzing claims data. PAS will produce physician group ratings based on patient-reported experiences (www.pbgh.org/pas).

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

PBGH staff members perform the day-to-day work for CHPI's two initiatives (MPCD and PAS) 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 was established as a separate 501(c)(4) corporation in 2012.

MPCD Milestones

2012

- CHPI established as CA Corporation, 501(c)(4).
- Appointed Board with David Lansky representing PBGH.
- CHPI's MPCD initiative added Private Plans: Anthem, Blue Shield, United.

2013

- CHPI certified by CMS as a "Qualified Entity" to receive Medicare data.
- Merged PBGH's PAS program into CHPI Corp.

2015

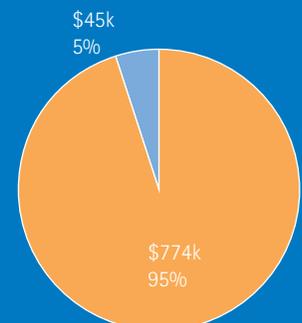
- Release findings to an online publisher. Include efficiency measures.

2016

- Add cost measures to database.
- Add new quality measures.

2015 MPCD Operations

PBGH Staff: 2.85 FTE
Revenue: \$818k



CHPI Management Fee
PBGH Member Contributions

Kai Carter, Director
Pacific Business Group on Health
kcarter@pbgh.org
www.pbgh.org/pas