

Massachusetts  
Physician Incentives  
Guide 07



MASSACHUSETTS  
ASSOCIATION of  
HEALTH PLANS

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## About this Guide

The Massachusetts Association of Health Plans is pleased to present the *2007 Massachusetts Physician Incentives Guide*.

A growing number of public and private payors are developing and implementing pay-for-performance programs in Massachusetts and throughout the country. Various reports have indicated that more than 100 health plans and other public agencies and employers have implemented pay-for-performance programs. As a result, about 20 percent of the nation's physicians currently are participating in one or more pay-for-performance programs and this number is expected to grow to 80 percent by 2010.

This guide is intended to provide information about the clinical areas participating health plans have designated in 2007 for bonuses or awards to physicians meeting specific quality indicators, measures of patient satisfaction, and adoption of information technology systems. It does not include every incentive program health plans offer, as it may not reflect specific contractual arrangements health plans have with individual provider practices. You should contact the individual health plans about your group practice. Contact information is available at the end of this guide.

The information contained in this guide is provided by and at the sole discretion of each individual health plan. Each health plan is solely responsible for implementing its performance incentive program, including but not limited to, evaluating a physician's performance and determining whether a performance payment shall be made to a physician. The enclosed information is proprietary and may not be used or reproduced for any purpose without a plan's express permission. The enclosed information is not intended to substitute for a physician's professional judgment in the practice of medicine.

I hope you find this guide useful and encourage you to provide us with comments and feedback on the booklet.

Sincerely,



Marylou Buyse, M.D.

*President*

Massachusetts Association of Health Plans

## What Is Meant by Pay for Performance?

Two landmark Institute of Medicine reports, *To Err Is Human* (1999) and *Crossing the Quality Chasm* (2001), place health care quality and patient safety issues squarely on the public policy agenda. Together, the reports draw attention to significant quality and patient-safety shortcomings in the American health care system. *Crossing the Quality Chasm* offers a key recommendation — to align payment policies with quality improvement.

Quality improvement programs typically target a range of criteria to reward providers rather than focus on one or two factors. Although incentive payments take a variety of forms, two designs are most common. The first is a bonus payment on top of usual reimbursements that is paid at regular intervals — yearly or quarterly, for example. Alternatively, some plans base a specified portion of a provider's payment rate increase over a multi-year contract on the provider's performance on a quality scorecard. Regardless of how physicians are paid, incentive payments are often designed to represent extra revenue for providers, in addition to their agreed-upon base reimbursement rates.

Plans are using a variety of methods to measure quality. Commonly used indicators include patient satisfaction and the use of preventive care screening. Patient safety-related indicators also are becoming more prevalent.

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## SUMMARY OF CLINICAL TOPICS COVERED BY HEALTH PLAN PROGRAMS

|                            | BCBSMA | FCHP | HPHC | HNE | NHP | THP |
|----------------------------|--------|------|------|-----|-----|-----|
| Adverse Drug Reactions     |        |      |      |     |     | X   |
| Antidepressant Medications |        | X    | X    | X   |     |     |
| Asthma                     | X      | X    | X    | X   | X   | X   |
| ADHD Treatment             | X      |      | X    |     |     |     |
| Breast Cancer Screening    |        | X    | X    | X   |     | X   |
| Cardiovascular Disease     | X      | X    |      | X   |     | X   |
| Cervical Cancer Screening  |        | X    | X    | X   |     | X   |
| Childhood Obesity          | X      |      | X    |     |     |     |
| Chlamydia Screening        |        |      | X    | X   |     |     |

|                             |   |  |   |   |   |   |  |   |   |
|-----------------------------|---|--|---|---|---|---|--|---|---|
| Colorectal Cancer Screening |   |  |   | X | X | X |  |   |   |
| Diabetes                    | X |  | X | X | X | X |  |   | X |
| Hypertension                | X |  |   |   | X |   |  |   |   |
| Otitis Media / Pharyngitis  |   |  |   |   | X |   |  |   |   |
| Patient Experience          | X |  | X |   |   |   |  | X | X |
| Cost-Effective Prescribing  | X |  | X |   | X |   |  |   | X |
| Well-Child Care             |   |  | X |   | X |   |  | X | X |
| Information Technology      | X |  |   |   | X |   |  |   | X |

## ADVERSE DRUG REACTIONS

| CLINICAL STANDARD   | MEASURE   | BENCHMARK SOURCE                                     | HEALTH PLANS      |
|---|---|--|-------------------|
| Members incurring adverse drug reactions to be tracked as part of patient safety improvement plan | Establishment and operation of adverse drug reaction registry | Objective definition derived from medical literature | Tufts Health Plan |

## ANTIDEPRESSANT MEDICATION MANAGEMENT

| CLINICAL STANDARD  | MEASURE                              | BENCHMARK SOURCE | HEALTH PLANS  |
|--|--------------------------------------|------------------|---|
| Members with depression begun on antidepressant medication will be seen three times in the next three months | Antidepressant medication management | HEDIS            | Fallon Community<br>Harvard Pilgrim<br>Health New England |

## ASTHMA

| CLINICAL STANDARD              | MEASURE   | BENCHMARK SOURCE  | HEALTH PLANS  |
|--------------------------------|---|---|---|
| Use of appropriate medications | Percentage of members in age group during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year | HEDIS<br>Age Groups<br>BCBS: 5–17<br>FCHP: 5–17 and 18–56<br>HPHC: 5–17 and 18–56<br>HNE: 5–9 and 10–17<br>NHP: 0–56<br>Tufts: 5–17 and 18–56 | Blue Cross Blue Shield<br>Fallon Community<br>Harvard Pilgrim<br>Health New England<br>Neighborhood<br>Health Plan<br>Tufts Health Plan |

## ASTHMA (cont'd)

| CLINICAL STANDARD        | MEASURE  | BENCHMARK SOURCE | HEALTH PLANS       |
|--------------------------|--|------------------|--------------------|
| ER Visits / 1000 members | ER utilization of asthmatics during the reporting year | HNE              | Health New England |

## ATTENTION DEFICIT HYPERACTIVITY DISORDER TREATMENT

| CLINICAL STANDARD  | MEASURE                | BENCHMARK SOURCE | HEALTH PLANS                              |
|--|------------------------|------------------|---|
| Children treated for ADHD should be seen often during the initiation of medication to assess their response to the treatment and possible side effects | ADHD treatment measure | HEDIS            | Blue Cross Blue Shield<br>Harvard Pilgrim |

## BREAST CANCER SCREENING

| CLINICAL STANDARD | MEASURE   | BENCHMARK SOURCE  | HEALTH PLANS   |
|-------------------|---|---|--|
| Mammograms        | The percentage of women in age group who had a mammogram during the year or previous year | HEDIS<br>Age Groups<br>FCHP: 50–64<br>HPHC: 50–69<br>HNE: 52–69<br>Tufts: 50–69 | Fallon Community<br>Harvard Pilgrim<br>Health New England<br>Tufts Health Plan |

## CARDIOVASCULAR DISEASE

| CLINICAL STANDARD   | MEASURE   | BENCHMARK SOURCE | HEALTH PLANS  |
|---|---|------------------|---|
| Cholesterol Screening for Patients with Cardiovascular Conditions | The percentage of members 18–75 who, from January 1 through November 1 of the year prior to the measurement year, were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) or who had a diagnosis of ischemic vascular disease, who had an LDL screening performed during the measurement year | HEDIS            | Blue Cross Blue Shield<br>Fallon Community<br>Tufts Health Plan |
| CAD Management  | LDL < 100   | ATP 3            | Health New England  |
| Blood pressure control  | HNE: < 140/90<br>BCBS: Submission of clinical outcomes data   | AHA Guidelines   | Blue Cross Blue Shield<br>Health New England                    |
| LDL control   | BCBS: Submission of clinical outcomes data  | AHA Guidelines   | Blue Cross Blue Shield  |

## CERVICAL CANCER SCREENING

| CLINICAL STANDARD | MEASURE   | BENCHMARK SOURCE | HEALTH PLANS   |
|-------------------|---|------------------|--|
| Pap smear         | The percentage of women ages 18–64 who had a pap smear during the year or previous year | HEDIS            | Fallon Community<br>Harvard Pilgrim<br>Health New England<br>Tufts Health Plan |

## CHILDHOOD OBESITY

| CLINICAL STANDARD  | MEASURE  | BENCHMARK SOURCE   | HEALTH PLANS           |
|--|--|--|------------------------|
| Body Mass Index screening and monitored among children ages 3–17                                 | Monitoring and follow-up of BMI for children ages 3–17 | BCBS   | Blue Cross Blue Shield |
| Body Mass Index control  | Submission of clinical outcomes data                   | BCBS   | Blue Cross Blue Shield |
| Heightened awareness of childhood obesity and increased intervention with children who are obese | Program development measure                            | Target varies to each provider program. For example, the program could be based on the percentage of charts with BMI recorded, or number of members receiving intervention | Harvard Pilgrim        |

## CHLAMYDIA SCREENING

| CLINICAL STANDARD                                | MEASURE   | BENCHMARK SOURCE | HEALTH PLANS                          |
|--|---|------------------|---------------------------------------|
| Screening for Chlamydia in sexually active women | Chlamydia screening HPHC for women ages 16–20 and 21–26<br>HNE for women ages 16–20 and 21–26 | HEDIS            | Harvard Pilgrim<br>Health New England |

## COLORECTAL CANCER SCREENING

| CLINICAL STANDARD           | MEASURE  | BENCHMARK SOURCE | HEALTH PLANS  |
|-----------------------------|--|------------------|---|
| Colorectal cancer screening | The percentage of adults 50–84 years of age who had an appropriate screening for colorectal cancer | HEDIS            | Fallon Community<br>Harvard Pilgrim<br>Health New England |

## DIABETES

| CLINICAL STANDARD | MEASURE   | BENCHMARK SOURCE  | HEALTH PLANS   |
|-------------------|---|---|--|
| HbA1c testing     | Percentage of members in age group with diabetes who were tested for hemoglobin A1c during the measurement year<br><br>(The Measure for BCBS and HNE is percent tested twice during the measurement year) | HEDIS<br>ADA Guidelines<br>Age Groups<br>FCHP: 18–64<br>Others: 18–75 | Blue Cross Blue Shield<br>Fallon Community<br>Health New England<br>Neighborhood<br>Health Plan<br>Tufts Health Plan |

## DIABETES (cont'd)

| CLINICAL STANDARD         | MEASURE  | BENCHMARK SOURCE   | HEALTH PLANS  |
|---------------------------|--|--|---|
| Retinopathy screening     | Percentage of members in age group with diabetes who had a retinal eye examination during the measurement year                 | HEDIS<br>ADA Guidelines<br><u>Age Groups:</u><br>BCBS: Over 30<br>FCHP: 18–64<br>Others: 18–75 | Blue Cross Blue Shield<br>Fallon Community<br>Health New England<br>Neighborhood<br>Health Plan<br>Tufts Health Plan                    |
| Nephropathy screening     | Percentage of members in age group with diabetes who had a test for microalbuminuria during the measurement year               | HEDIS<br>ADA Guidelines<br><u>Age Groups:</u><br>FCHP: 18–64<br>Others: 18–75                  | Blue Cross Blue Shield<br>Fallon Community<br>Harvard Pilgrim<br>Health New England<br>Neighborhood<br>Health Plan<br>Tufts Health Plan |
| LDL-Cholesterol screening | Percentage of members ages 18 to 64 years of age with diabetes who were tested for LDL cholesterol during the measurement year | HEDIS<br>ADA Guidelines<br><u>Age Groups</u><br>FCHP: 18–64<br>Others: 18–75<br>BCBS: 18–75    | Blue Cross Blue Shield<br>Fallon Community<br>Health New England<br>Neighborhood<br>Health Plan<br>Tufts Health Plan                    |

## DIABETES (cont'd)

| CLINICAL STANDARD      | MEASURE  | BENCHMARK SOURCE        | HEALTH PLANS  |
|------------------------|--|-------------------------|---|
| HbA1c Control          | Percentage of members who were tested during the measurement year with values less than 9%<br>BCBS: Submission of clinical outcomes data                                     | HEDIS<br>ADA Guidelines | Blue Cross Blue Shield<br>Harvard Pilgrim<br>Health New England                     |
| LDL Control            | Percentage of members with diabetes who were tested during the measurement year and year prior with values less than 100 mg/dl<br>BCBS: Submission of clinical outcomes data | HEDIS<br>ADA Guidelines | Blue Cross Blue Shield<br>Fallon Community<br>Harvard Pilgrim<br>Health New England |
| Blood pressure control | <140/90<br>BCBS: Submission of clinical outcomes data  | ADA Guideline           | Blue Cross Blue Shield  |

## HYPERTENSION

| CLINICAL STANDARD | MEASURE  | BENCHMARK SOURCE | HEALTH PLANS                                 |
|-------------------|--|------------------|--|
| BP < 140/90       | Chart review<br>BCBS: Submission of clinical outcomes data | AHA/HEDIS        | Blue Cross Blue Shield<br>Health New England |

## OTITIS MEDIA / PHARYNGITIS

| CLINICAL STANDARD                           | MEASURE   | BENCHMARK SOURCE         | HEALTH PLANS       |
|---|---|--------------------------|--------------------|
| Appropriate treatment for children with URI | Percent of children with URI who are prescribed an antibiotic                   | HEDIS                    | Harvard Pilgrim    |
| Appropriate antibiotic use                  | Generic prescribing for Otitis. Throat culture/rapid strep test for pharyngitis | Network expert workgroup | Health New England |

## PATIENT EXPERIENCE OF CARE

| CLINICAL STANDARD  | MEASURE  | BENCHMARK SOURCE              | HEALTH PLANS                                    |
|--|--|-------------------------------|---|
| Positive member experience with their physicians, as measured by an independent organization | FCHP: Participation in on-site survey<br>NHP: 25% response rate to survey and improvement in score from 2006 | CAHPS                         | Fallon Community<br>Neighborhood<br>Health Plan |
| Positive member experience with routine and urgent care appointments                         | Surpass health plan benchmarks on member experience of care survey   | Physician Assessment Form     | Tufts Health Plan                               |
| Cultural competency  | Completion of "Quality Interactions: A Patient Based Approach to Cross Cultural care".                       | Course on cultural competency | Blue Cross Blue Shield                          |

## COST-EFFECTIVE PRESCRIBING

| CLINICAL STANDARD                         | MEASURE  | BENCHMARK SOURCE        | HEALTH PLANS  |
|---|--|-------------------------|---|
| Generic prescribing                       | Percent generic prescriptions by PCPs                  | Network rate            | Blue Cross Blue Shield<br>Fallon Community<br>Tufts Health Plan |
| The use of cost-effective pharmaceuticals | Percent of prescriptions written for tier one products | Network performance     | Harvard Pilgrim<br>Tufts Health Plan                            |
| Generic/formulary prescribing             | Percent generic prescriptions compared to Plan average | HNE network performance | Health New England  |

## WELL-CHILD CARE

| CLINICAL STANDARD                    | MEASURE  | BENCHMARK SOURCE | HEALTH PLANS                         |
|--------------------------------------|--|------------------|--------------------------------------|
| Well child visits in infancy         | The percentage of members who turned 15 months old during the measurement year and who had six well-child visits with a primary care practitioner during their first 15 months of life | HEDIS            | Fallon Community                     |
| Well child visits in early childhood | The percentage of members between the ages of 3 and 6 who were seen for one of more well child visits during the measurement year  | HEDIS            | Harvard Pilgrim<br>Tufts Health Plan |

## WELL-CHILD CARE (cont'd)

| CLINICAL STANDARD                | MEASURE   | BENCHMARK SOURCE | HEALTH PLANS                                   |
|----------------------------------|---|------------------|--|
| Well child visits in adolescence | The percentage of members who were 12 through 21 years of age who had at least one comprehensive well-care visit with a primary care practitioner or an obstetrics and gynecology practitioner during the measurement year. | HEDIS            | Harvard Pilgrim<br>Neighborhood<br>Health Plan |

## INFORMATION TECHNOLOGY INVESTMENT AND USE

| CLINICAL STANDARD   | MEASURE   | BENCHMARK SOURCE                                     | HEALTH PLANS                                |
|---|---|--|---|
| Clinical Information Technology   | Clinical IT implementation over a spectrum of systems                       | HPHC   | Harvard Pilgrim                             |
| Medication error reduction through computerized prescribing systems           | Installation and usage of computerized physician order entry system         | The Leapfrog Group<br>BCBS<br>Tufts                  | Blue Cross Blue Shield<br>Tufts Health Plan |
| Improve the quality and efficiency of care through electronic medical records | Installation and usage of electronic medical record                         | Objective definition derived from medical literature | Blue Cross Blue Shield<br>Tufts Health Plan |
| Decision Support  | Implement and use a decision support system for approved chronic conditions | BCBS   | Blue Cross Blue Shield                      |

## Health Plan Contact Information

For questions about a particular health plan's pay-for-performance program, please contact the plan's provider relations department.

### **Blue Cross Blue Shield of Massachusetts**

Landmark Center, 401 Park Drive  
Boston, MA 02215  
800.316.BLUE (800.316.2583)  
[www.bcbsma.com](http://www.bcbsma.com)

### **Fallon Community Health Plan**

10 Chestnut Street  
Worcester, MA 01608  
866.ASK.FCHP (866.275.3247)  
[www.fchp.org](http://www.fchp.org)

### **Harvard Pilgrim Health Care**

93 Worcester Street  
Wellesley, MA 02481  
617.509.9420  
[www.harvardpilgrim.org](http://www.harvardpilgrim.org)

### **Health New England**

1 Monarch Place  
Springfield, MA 01144  
413.233.3025  
[www.healthnewengland.com](http://www.healthnewengland.com)

### **Neighborhood Health Plan**

253 Summer Street  
Boston, MA 02210  
800.433.5556  
[www.nhp.org](http://www.nhp.org)

### **Tufts Health Plan**

333 Wyman Street  
Waltham, MA 02254  
888.884.2404  
[www.tuftshealthplan.com](http://www.tuftshealthplan.com)





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