



COUNCIL of ACCOUNTABLE PHYSICIAN PRACTICES

## Report on 2006 Activities

CAPP seeks to foster the development and recognition of accountable physician practices as a model for transforming the American health care system. This report outlines the accomplishments of 2006 and planned activities for 2007 to further these goals.

Three broad areas of work have been identified to support CAPP's goals:

### **Make the Case**

-Contribute to the body of literature and quantitative data analyzing the performance of accountable physician practices in delivery of high quality and efficient care

### **Do Something:**

-Advocate specific policy or payment changes to promote accountable physician practice systems

### **Communicate:**

-Tell the story of multi-specialty group practice in readily accessible language

## Make the Case

In 2006, several papers were published and a new study was funded and launched.

**The Impact of Health Plan Delivery System Organization on Clinical Quality and Patient Satisfaction** - Robin Gillies, PhD, and Stephen Shortell, PhD, of U.C. Berkeley, Greg Pawlson of NCQA, and Kate Chenok of Chenok Associates co-authored a paper using cross-sectional multivariate regression analysis. Completed by Gillies and Shortell, this analysis examined the impact of health plan organizational characteristics (i.e., tax status, size, age, and the type of delivery system used to deliver care) with clinical process and patient satisfaction measures. The results of the study provide evidence suggesting that health plans that rely more on organized physician groups or internal staff physician groups perform at a higher level on many clinical measures than plans without this form of delivery system. However, the study does not indicate a correlation between patient satisfaction and the type of delivery system used. Published in the journal *Health Services Research*, the paper generated media interest.

**Large Multi-specialty Group Practices and Quality of Improvement – What is Needed to Transform Care?** In 2004 and 2005, CAPP collected and/or wrote case studies on how multi-specialty medical groups were able to improve care delivery. Subsequently, CAPP conducted a survey of quality improvement leaders to validate the elements of success that were highlighted in these stories. This paper summarizes the results of the survey and explores how the results related to selected models of health care quality improvement. The study was published in the *Journal of Ambulatory Care Management*. The objective of the study was to use successful quality improvement initiatives in large multi-specialty medical groups to identify the organizational factors that were the most important to improvement. Eighteen factors were identified, with five in particular being strong: Communication, Use of Evidence-Based Medicine, Leadership, Measurement, and Reporting.

**Group Practice Performance Study** - CAPP launched a study to test the feasibility of linking three important data sources: (1) data from CAPP multi-specialty group practices identifying physicians within their groups; (2) Medicare claims data from Dartmouth's Medicare fee-for-service claims database; and (3) National Survey of Physician Organizations (NSPO) - NSPO1 and NSPO2 data on organizational attributes and care management processes at these organizations. This linked data will be analyzed to provide insight into

differences in performance across these organizations and the association between better performance and the presence of specific organizational attributes and specific care management processes. In addition, the study hopes to be able to compare the performance of CAPP groups and the other providers within their hospital markets. As of February 2007, the data collection phase is complete and initial analyses are being formulated.

This study is being led by Elliott Fisher, MD, of the Dartmouth Center for Evaluative Clinical Sciences, Larry Casalino, MD, of the University of Chicago, and Stephen Shortell, PhD, of University of California, Berkeley.

## Do Something

CAPP identified projects to support policy positions or further the knowledge base about how multi-specialty medical groups provide care.

**AQA Alliance/Hospital Quality Alliance (HQA) Workgroups** - The AQA Alliance was formed in 2004 to lead a collaborative effort for determining how to most effectively and efficiently improve performance measurement, data aggregation, and reporting in the ambulatory care setting. The Hospital Quality Alliance (HQA) was founded in 2002 as a coalition of hospitals, nurses, physician organizations, accrediting agencies, government, consumers, and business that share quality information about key aspects of hospital care. In the summer of 2006, Health and Human Services Secretary Mike Leavitt endorsed these efforts and announced the creation of a combined AQA/HQA steering committee and new workgroups that would collaborate to expedite a national quality strategy.

CAPP sought to have the multi-specialty group practice view represented through participation in workgroups. CAPP was also instrumental in highlighting the need for further discussion and prompting the formation of a new workgroup to address the appropriate level of reporting. CAPP groups will be able to contribute to the ongoing discussions about performance measurement at AQA and provide feedback to CAPP and AMGA about the potential impact of AQA decisions on multi-specialty medical groups.

**Degree of Integration and Care Management Processes** - CAPP launched a project to collect best practices in the following areas: (1) use of IT and the EMR in the care of chronic conditions, (2) capabilities to provide feedback and guidance on the overall performance of a practice and its physicians, and (3) capabilities to provide patient-centered care. Participants in this project are HealthPartners Research Foundation; University of California, Berkeley; National Committee for Quality Assurance (NCQA); and Novartis. The study will summarize the current capabilities across the CAPP groups and examine the relationship between the degree of integration and use of care management processes.

## Communicate

**Communications Toolkit** - As part of a three-year Communication Plan, CAPP completed and distributed a Communications Toolkit to CAPP members. The toolkit provides language that member groups can use to disseminate a consistent, clear message about multi-specialty medical groups. The toolkit has received very positive reviews and includes components such as a discussion book, language samples for press releases, FAQs, and a database of group practice-related facts, quotes, and stories.

A teleconference and webcast was held with communications representatives of CAPP members to formally launch the toolkit and train the representatives on how to use the toolkit. CAPP will continue to collect feedback from member groups to make improvements to the toolkit.

**Web Site Analysis** - CAPP member groups approved the goal of developing and seeding a common language and messages about accountable group practices among CAPP's target audiences. An appropriate first step has been to understand how widely key terminology is currently being used within CAPP members' external communications. CAPP conducted a website evaluation and analysis to help understand the baseline adoption of group practice specific language within CAPP members' websites.

It was found that about 20% of CAPP groups are using agreed-upon terminology and that there is an opportunity for CAPP members to use accountable group practice terminology more broadly and more consistently. The most frequently used terms were “team,” “comprehensive,” “coordinated,” and “integrated.” Hospital/physician group and health plan/hospital/physician group organizations used multi-specialty messages most frequently. Generally, stand-alone physician groups are not promoting the fact that they are multi-specialty groups. A Workgroup offsite was held and opportunities were identified to reinforce the CAPP coordinated care message through Annual Reports, “About Us” pages, and “Messages from the CEO.” CAPP staff will continue to develop outreach strategies to support CAPP members in their efforts to use group practice-specific language in their communications.

**CAPP Brochure/Press Kit Developed** – To respond to increasing inquiries from the press and other organizations, CAPP developed a new brochure/press kit, utilizing the same design as the Communications Toolkit.

**AMGA Activities** – CAPP has a website presence on the AMGA website ([www.amga.org/CAPP](http://www.amga.org/CAPP)), and in 2006, the pages were redesigned to incorporate new messages and to reflect the look of the toolkit.

AMGA has adopted some of the CAPP language in its press releases and other printed materials.

### New Project Work for 2007

CAPP staff will continue its work in 2007 to support the three areas of: Make the Case, Do Something, and Communicate.

**Several studies and a proposal are in development to continue to promote accountable physician practice systems.**

- (1) **Large Employer Pilot Meeting** – Work with a small number of self-insured companies whose employees receive care from CAPP provider groups to better understand the needs of employers in improving the health of their employees, remove barriers to more efficient care, and advance the CAPP policy agenda.
- (2) **Individual versus Group Level Reporting** – Launch a study to evaluate the strengths and weaknesses of different levels of aggregation in performance measurement and reporting, and, further, to understand how measurement systems can be used to transform care delivery processes.
- (3) **EMR Functionality in Diabetes Care** – Examine the current application and usefulness of decision support and EMR tools with the management of diabetic patients. The findings will provide insight on the most effective use of the tools and provide guidance on how to improve the care of diabetic patients.

#### **Communicate**

The Communications Work Group will continue to monitor the key messages and language being used by CAPP members and offer strategies to reach their target audiences. As part of their three year Communications Plan, they will also embark on a variety of external public relations strategies in 2007, which are now in development.

## Membership

### CAPP Participating Medical Groups

Austin Regional Clinic	The Jackson Clinic
Billings Clinic	Lahey Clinic
The Cleveland Clinic	The Marshfield Clinic
Dean Health System	Mayo Clinic
Duluth Clinic	Mayo Health System
The Everett Clinic	Nemours
Fallon Clinic	Ochsner Clinic Foundation
Geisinger Clinic	Palo Alto Medical Foundation
Group Health Permanente	The Permanente Federation (8 PMGs)
Harvard Vanguard Medical Associates	Scott & White
HealthCare Partners Medical Group	Sharp Rees-Stealy Medical Group
HealthPartners Medical Group	Virginia Mason Medical Center
Henry Ford Medical Group	Wenatchee Valley Medical Center
Intermountain Health Care	

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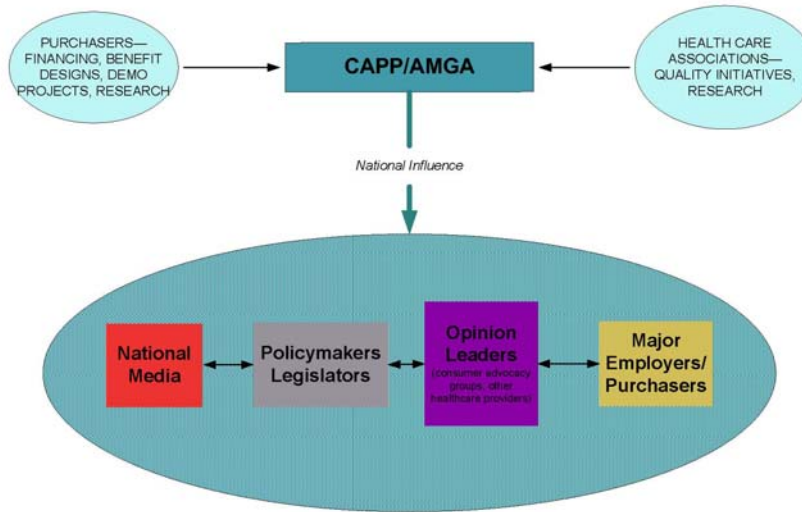
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**CAPP COMMUNICATIONS STRATEGY  
TARGET AUDIENCES AND  
DIRECTION OF NATIONAL INFLUENCE**



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