



COUNCIL of ACCOUNTABLE PHYSICIAN PRACTICES

Report on 2007 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 2007 and planned activities for 2008 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 2007, two studies approached completion:

Group Practice Performance Study – In 2006, CAPP launched a study to analyze linked data from (1) CAPP multi-specialty group practices; (2) Medicare claims 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. The study hoped 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 sought to compare the performance of CAPP groups and the other providers within their hospital markets. 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.

STATUS: As of this report, the data collection and linkages have been completed, and analysis of quality measures is underway.

NEXT STEPS: Final report expected by June 2008.

Integration Quotient Study - In 2006, the CAPP Advisory Council recommended that CAPP collect best practices in (1) the 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. 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. Participants in this project are HealthPartners Research Foundation; University of California, Berkeley; National Committee for Quality Assurance (NCQA); and Novartis. Principal investigator is Leif Solberg, MD, of HealthPartners Research Foundation; co-investigators are Stephen Shortell, PhD, and Robin Gillies, PhD, of U.C. Berkeley.

STATUS: This study was completed in early 2008. Findings indicate that the overall presence of care management processes was significantly and positively associated with measures of integration. Structural integration (i.e., having a hospital, home health, etc.) was related to use of care management processes, but not as strongly as clinical integration capabilities (e.g., IT interoperability, care arrangements across units, etc.) Even after adjustment for organizational characteristics that might account for some differences in care systems (e.g., organization size), associations of care systems and integration were still significant. Larger organizations, those with an EMR, and those providing coverage through their own health plan show higher integration

NEXT STEPS: Researchers will finalize a paper and submit it for publication in a peer-reviewed journal. Feedback reports will be provided to participating medical groups. In addition, we will consider opportunities for follow-up work and additional studies.

Do Something

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

Reporting Level Project – The current practice of reporting at the individual physician level in “transparency” initiatives doesn’t capture the value of care coordination, and encounters problems due to small sample sizes and difficulties in determining accountability for care when multiple providers deliver services. CAPP embarked on research to better understand the impact of reporting levels on sample size needs, the number of available measures, and attribution methods.

STATUS - In 2007, the study was developed, funded and launched with the Kaiser Permanente Division of Research, with Joe Selby, MD, PhD; Bruce Fireman, MD, PhD; John Hsu, MD, PhD; Julie Schmittiel, PhD.

Initial Findings from Literature Review: An extensive abstract review of over 1,000 articles found 48 articles that examined the level of variation in health care quality; however, few articles actually report the percent of variation that can be attributed to the physician, center, or group level. The few that do report attributable variation show that anywhere from 1% to 20% of variation in performance can be attributed to the physician level for many quality metrics (including A1c levels and patient satisfaction). Very little data has been published on the level of variation attributable to other levels beyond the physician level.

Initial Findings from an Analysis of Quality Measures: Using measures that were closely aligned with the American Quality Alliance (AQA) “starter set” of primary care quality measures, the study examined the level of variation attributable to the physician-level, team-level, and facility-level in blood pressure control in hypertensives, patient satisfaction, and breast cancer screening. The study found that between 2001 and 2006 performance on these metrics has improved significantly. Variation in blood pressure and patient satisfaction attributable to the physician, team, and facility levels has all decreased over time. However, declines in facility-level variation over time tends to be greater than the decline in physician or team-level variation for these metrics, which suggests that facility-level measurement is a reasonable place to target performance improvement metrics. The amount of variation that can be attributed to each level varies across the conditions. For example, more variability in patient blood pressure levels can be attributed to the facility level than to the physician level, while the opposite is true of patient satisfaction with their provider.

NEXT STEPS - The research team is finalizing a paper to be submitted for publication in a peer-reviewed journal.

Employer Forum - In 2007, CAPP engaged the consulting firm Booz Allen Hamilton to conduct interviews with employers to understand their views regarding health reform, and hear specifically how they see multi-specialty groups as being able to contribute to health reform. In addition, Booz Allen tested ideas for collaboration between multi-specialty groups and large employers, including pilot projects to improve quality of care, promote a healthy and productive workforce, or remove barriers to more efficient care.

STATUS – Interviews were completed in late 2007. Large employers have expressed interest in working with multi-specialty groups, viewing them as part of a solution to health care cost and quality issues in the U.S.

NEXT STEPS - A forum has been planned for the fall of 2008. Participants will include a small group of employers and medical group leaders. Specific pilot work under consideration includes: chronic care carve outs, on-site clinics, and patient-shared decision making.

“Systemness” Roundtables - CAPP co-sponsored a one-day roundtable event in August 2007 with The Commonwealth Fund and Kaiser Permanente’s Institute for Health Policy. The objectives of the roundtable were to determine the adequacy of the research base that supports “systemness”; examine policy changes that might be required to promote organized delivery systems, focusing on aligning financial incentives for hospitals and physicians; and to discuss ways to organize physicians and hospitals. A follow-up roundtable conducted February 2008 was co-sponsored with Kaiser Permanente’s Institute for Health Policy and American Hospital Association.

NEXT STEPS - CAPP will engage in additional discussions with AHA to identify follow-up activities.

Communicate

The goal for the Communications Workgroup in 2007 was to start to implement the approved CAPP Communication Strategy, and to continue to understand how to inform and sell the multi-specialty group and integrated delivery system to all stakeholders.

Media Activities – In 2007, CAPP launched the new CAPP website, with a Press Room; developed a CAPP press kit; a database of both regional and national health care media; and started to outreach to the media to inform them about the advances in integrated delivery systems and accountable multi-specialty medical groups.

STATUS - Developed a pitch letter and press package that was sent to over 150 media outlets. In the letter, CAPP positions itself as a media resource for information, research, and interview opportunities about the American delivery system, and reminds the media to consider the delivery system when developing health care stories. *New York Times* reporter Reed Abelson engaged in several conversations with Jay Crosson, MD with a desire to develop an exclusive story for her paper.

NEXT STEPS - Develop other story ideas to pitch to specific media, with trade focus and consumer focus. Continue follow-up with the *Times*. Identify and follow-up on opportunities to insert the CAPP message into the media and health care policy discussions.

Employer-Physician Partnership Stories – In response to media inquiries, CAPP researched case studies of current CAPP medical groups who were involved in projects with employer groups.

STATUS - Twelve case studies were identified. Stories were sent to the media that requested them, and have been posted onto the CAPP website.

Consumer Language Study – In 2007, the CAPP Communication Workgroup developed language, messages, ads, and articles targeted to the consumer to describe the benefits of the accountable multispecialty medical group and coordinated care delivery system. Before using the language, however, the group felt that it should be tested with consumers to see if the messages would resonate with this market. Los Angeles-based research firm, Gomez Research, was retained to conduct eight focus groups in two research phases: Wave 1: Boston, Massachusetts and St. Paul, Minnesota; and Wave 2: San Diego, CA and Billings, Montana, using modified language. An additional focus group was also conducted in New York, New York, sponsored by Kaiser, with slightly different demographics. Nine CAPP groups donated to the effort.

STATUS – Research has been completed and final reports were developed and presented to the Communications Workgroup and CAPP Advisory Council. Results identified specific language and messages that seem to resonate with consumers, and underscored the fact that the lexicon used by health care professionals does not always translate accurately or positively to the lay public.

NEXT STEPS – Recommendations by the Communications Workgroup will be considered by CAPP management in light of the results of the CAPP strategic planning process. Articles are being written to be published in AMGA's *Group Practice Journal* and the *Permanente Journal*. Modified research findings will also be presented to the AMGA Marketing Group and AMGA lobbyists.

Website analyses - In a desire to measure the effectiveness of our work in “seeding a common language and messages about accountable group practices” among our internal stakeholders (the CAPP groups themselves), CAPP conducted a web site analysis to identify the baseline adoption of group practice specific language within CAPP members’ websites. In 2006, we conducted the baseline analysis against which the 2007 analysis was compared.

STATUS - Because group websites’ search engines are inconsistent, in 2007, we relied solely on Google search functionality to count the number of hits per key term. Findings: hospital with medical group organizations (PHOs) and multi-specialty groups showed an increase of all key terms; the use of “coordinated total care,” “multispecialty,” “coordinated care,” “integrated care,” and “integrated” increased generally among our most active CAPP groups; health plan and medical group organizations had a reduction in all key term usage except for a slight increase in the use of “coordinated care” and “integrated care.” Opportunities still exist to further utilize the language and better promote the multispecialty group model.

Strategic Planning

CAPP staff will continue its existing work in 2007 to support the three areas of work: Make the Case, Do Something, and Communicate, and has initiated a strategic planning process to determine new priorities for 2008 and beyond.

Strategic Planning – With the completion of significant project work in early 2008, CAPP is taking the opportunity to revisit our mission and activities to ensure alignment with the needs of our constituents and the health care environment.

STATUS - Booz Allen Hamilton has been engaged to assist us in this process. Phase 1: conduct a landscape assessment; Phase 2: conduct interviews and have strategy discussions with CAPP leadership and others. Findings from this process will be developed in the summer of 2008.

| CAPP Participating Medical Groups | |
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| 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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