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TOP STORIES

State's P4P Program Exposes Regional Health Disparities

Inland Empire targeted for quality performance improvement

OAKLAND— The **Integrated Healthcare Association**, while highlighting **California's** top pay-for-performance physician groups at its annual convention in three weeks, says its pioneering incentive program has exposed wide regional disparities in the quality of patient care and clinical performance that will be urgently addressed with a new collaborative effort.

The **California Department of Managed Health Care** says it will work to address the disparities found in the IHA report by forming a collaborative group composed leading academics, health plans, medical groups, and national quality organizations.

"The wide variation in performance seems to reflect disparities of resources, IT infrastructure, and leadership for change, and indicates the need for more structured support," says **Cindy Ehnes**, director of the DMHC.

Dolores Yanagihara, who heads the IHA's P4P program, says the **San Francisco Bay Area** and **Sacramento** regions consistently have the highest average composite scores in each measurement domain compared to other regions in California. The **Inland Empire** that includes **Riverside** and **San Bernardino** counties shows the lowest regional averages in quality of care, patient satisfaction, and adoption of Health IT scores, she says.

"We assigned each physician group to a county or region and started looking at average scores on 16 clinical measures across the region," she says. "We expected some variations, but not as large as was found."

For example, the study shows physician groups in the Bay Area are performing on average 25% higher than groups in the Inland Empire on the quality measures, she says. "So this means more women in the Bay Area who need mammograms are getting them, and more heart disease patients are keeping their cholesterol under control," Yanagihara says.

The IHA will continue to do quality of care scorecards and add performance measures for evaluating some 225 medical groups. However, instead of awarding about \$64 million annually in P4P bonuses from seven major health plans as an

« CONTINUED ON PAGE 2 »

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IN BRIEF

» State officials are delaying a Sept. 1 deadline for reducing aid to more than 100,000 people enrolled in the state's **In-Home Supportive Services** program. The **California Department of Social Services** needs more time to come up with instructions for counties and adjust the caregiver payroll system, says spokeswoman **Lizelda Lopez**. The IHSS program pays 250,000 caregivers to help about 400,000 low-income elderly and disabled people with such chores as laundry, shopping, and assisting with medications so they can live at home and avoid expensive nursing home care. The new state budget calls for a reduction in the pay of IHSS workers to save \$98 million this fiscal year. **Gov. Arnold Schwarzenegger** also lopped off a portion of program funding in line-item vetoes after the budget was passed. For each month of delay in dropping some enrollees and cutting some services, the state will lose \$8 million in savings, says **Department of Finance** spokesman **H.D. Palmer**. Healthcare advocates asked the department to delay cuts while alternative funding is sought along with a court challenge to the line-item cuts.

» While financially troubled **Valley Health System** awaits a buyout offer by a group of 100 physicians who work at the district's two acute-care hospitals, a veteran healthcare executive was named interim CEO effective Sept. 10. **Joel Bergenfeld**, who recently served as president and CEO of **Balboa Health and Education Associates** in **Newport Beach**, was named to the post by the VHS board of directors. Bergenfeld also served as the CEO for **Century City Doctors Hospital** in **Los**

« CONTINUED ON PAGE 3 »

TOP STORIES CONTINUED FROM PAGE 1

P4P Disparities cont.

add-on for high performance, the cash incentives will eventually be incorporated into contractual relationships as part of the core compensation, she says.

Despite the demonstrated performance variations, there are select physician organizations within every region in the state that are able to achieve scores consistent with the highest statewide levels, she adds.

The DMHC says the new **California Right Care Initiative** will partner with the **California Quality Collaborative** in the Inland Empire to look at practice redesign. The initiative will also conduct a demonstration project in **San Diego** focused on improving quality scores, leadership skills, and use of health IT.

"Understanding factors that may impact clinical quality performance is important and gives focus to improvement projects," Ehnes says. "Further analysis of the P4P results shows correlation between physician organizations' clinical quality and adoption of health IT and its use in care management."

Physician organizations that have adopted health IT capabilities perform better on quality measures, says Yanagihara. Use of IT facilitates systematic collection of data that can then be used for assessing compliance and conducting patient outreach, she says. —*JOHN LEIGHTY*

Healthy SF Gets High Marks As Option For City's Uninsured

Universal care model is centerpiece of mayor's run for governor

SAN FRANCISCO— **San Francisco's** goal of providing a medical home for the city's 60,000 uninsured residents is getting high marks in patient satisfaction, and has not resulted in job losses feared by employers who must help pay for the universal access to care initiative, researchers report.

San Francisco **Mayor Gavin Newsom**, meanwhile, is making the program's success a centerpiece in his 2010 bid for **California** governor. As national healthcare reform is debated, he says the universal access to care model is an example of a public option that works.

The program now covers about 75% of the city's uninsured at a cost of roughly \$120 million annually that comes from city funds, state grants, employer contributions, and participants' fees.

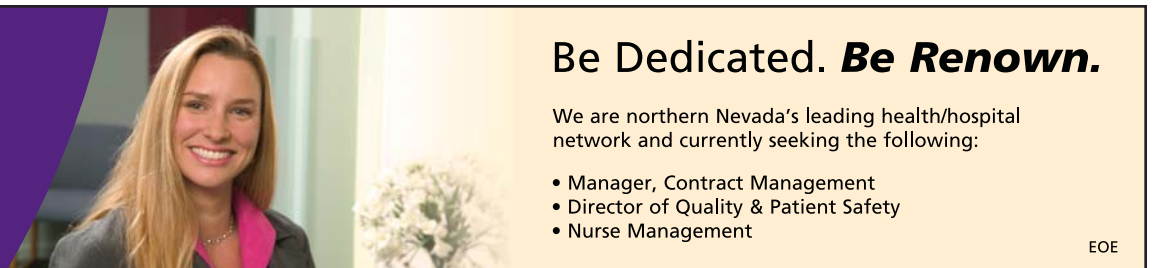
About 63% of participants in the **Healthy San Francisco** program say they are "very satisfied" and 31% report being "somewhat satisfied" with the landmark program, says a survey released last week by the nonpartisan **Kaiser Family Foundation of Menlo Park**.

Since launched in July 2007, more than 45,000 residents have enrolled the

« CONTINUED ON PAGE 3 »



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