Best Practices
Contracting for Health IT Supporting Pay-for-Performance (P4P)
Early Findings

Researchers: **Martin, Thomas R. PhD**, Assistant Professor St. Joseph's University Department of Health Services;
Gasoyan, Hamlet, DMD, MPH
Doctoral Student Temple University, College of Public Health, Department of Health Services Administration and Policy;
Wierz, David J. MA
Adjunct Professor St. Joseph's University, Graduate Program in Health Services

NJ & DVHIMSS Annual Fall Event
September 2018

SJU Saint Joseph's University

Motivation

- Market Trends
  - Pay for Performance (P4P) is replacing fee for service for specific types of care
  - Use of Certified EHR Technology remains a requirement to participate in multiple federal & state programs
  - Demonstration of IT & EHR system performance is a critical for clinical and financial operations – plus – reporting
- Issue
  - How are and what role can incentive-based contracting for Health IT & EHR systems have to enhance cost, time and outcomes in meeting these trends

Practical Issues

- Previous False Claims Act Litigation v.v. Performance against Meaningful Use requirements
- “Deference” in CEHRT criteria and support towards 3rd party or with for-profit as well as non-profit organization
- Less clear is how commonly adopted metrics support contracting under P4P
- This work identifies the current state and options for best practices to define contract terms & conditions that support P4P thru contracting for health IT and EHR systems

SJU

Approach

- Structured Review of Existing Literature
  - Evaluate Peer Reviewed Literature
  - Criteria
    - EHR, Performance, Outcomes Assessment, Contracting, Health IT
    - After 2008
  - N= 3,033 articles returned with N=22 qualified
  - Structured review by SME's for categorization
- Complementary Survey
  - Introduced into collection January 2018
  - Distribution by HIMSS Chapters, ACHE Chapters, and other outlets (direct email)
  - 127 responses to date
  - Continuing data collection

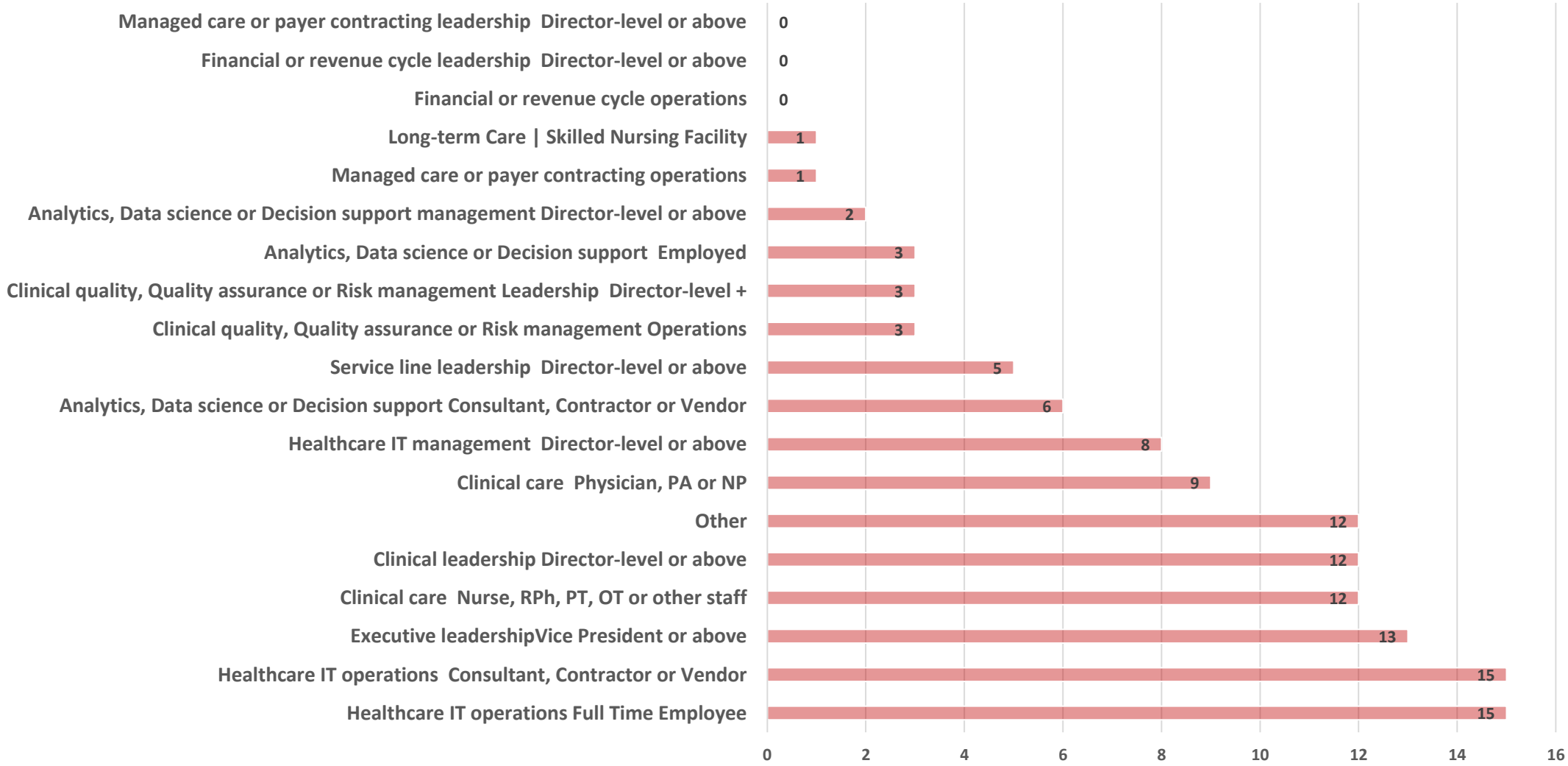
Literature Review

Type	Internal Assessment	External Response	Joint Response
Number	8	8	6
Likelihood of Contacting	High	High	Uncertain
Key Findings	• Single care setting • Small number of care settings • Assessment of automated vs. manual calculation of quality measures	• Multiple locations • Assessment of automated vs. manual calculation of quality measures	• More difficult to estimate • Often multi site studies • Difficult to assess buyer & seller collaboration vs multi site and multiple collaborator settings

Complementary Survey Tool

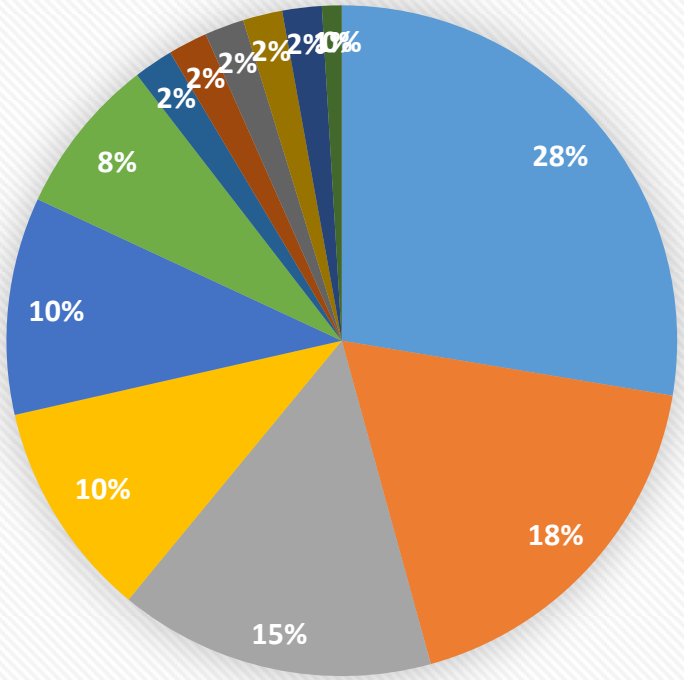
- Survey development and review with SMEs for input
- Initiated data collection January 2018
- Distribution via local chapters and email campaign
- 20% completion rate upon starting the survey

Who Responded

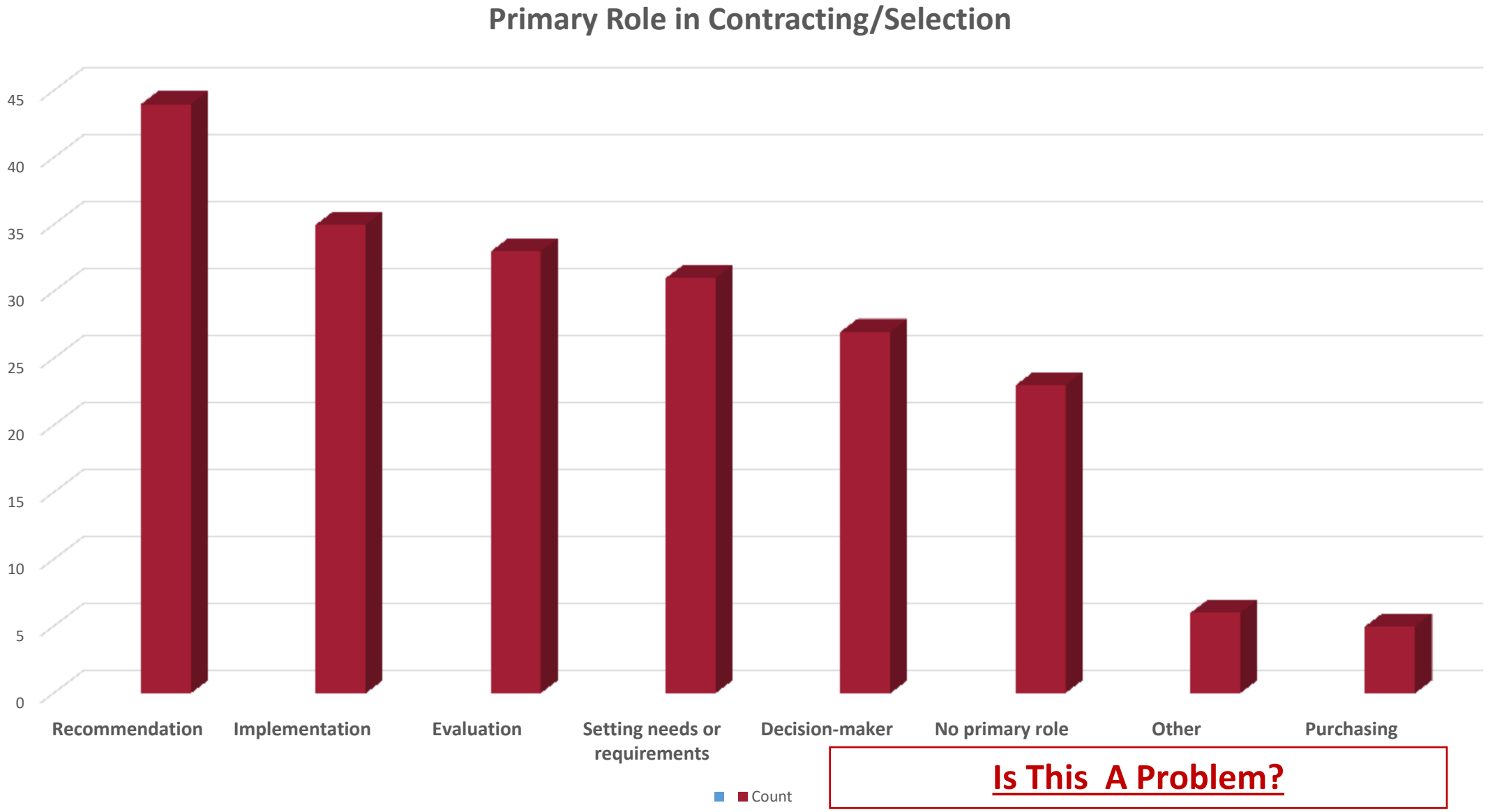


@tommartin3

Work Setting



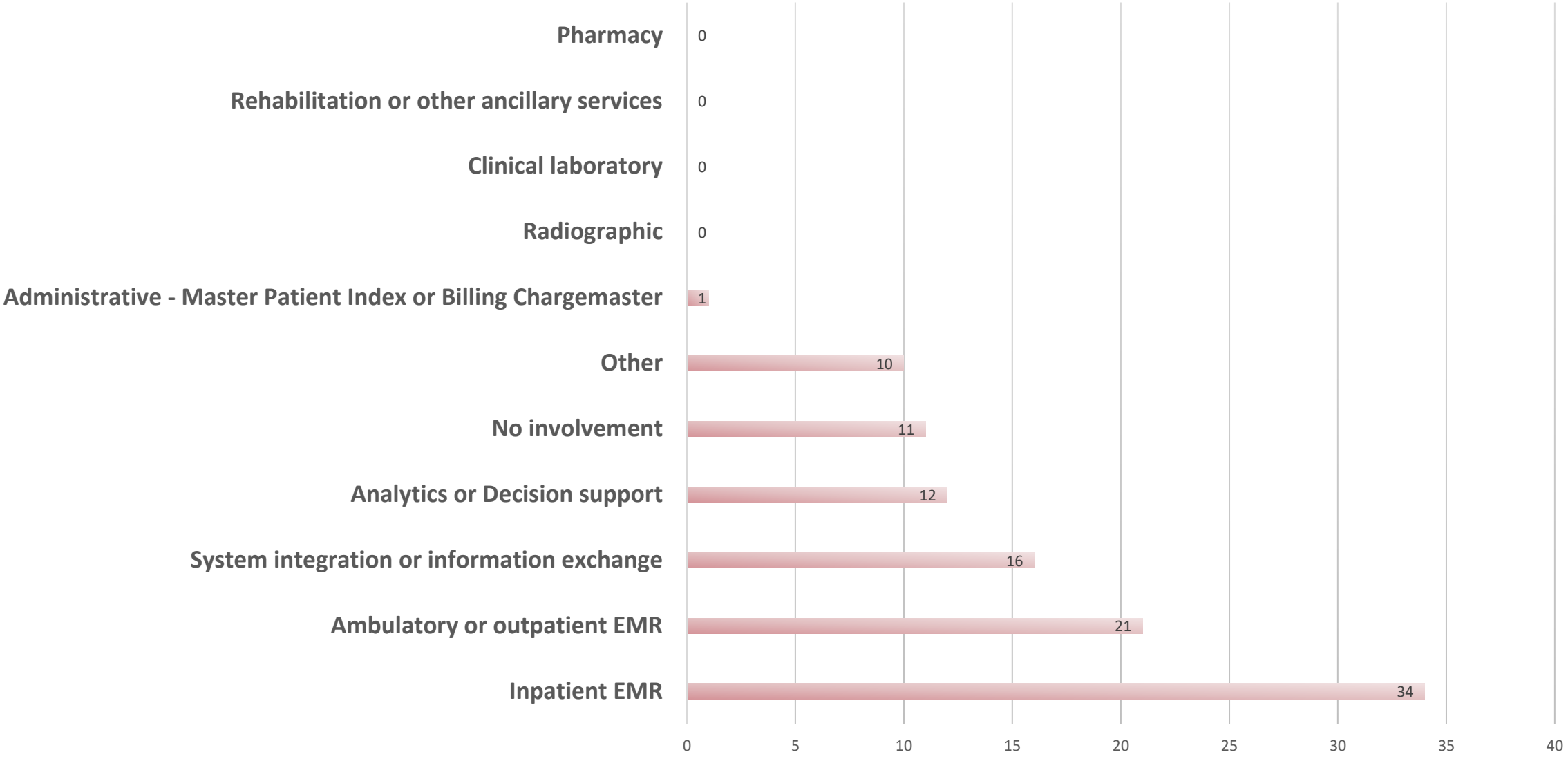
- Vendor or Consulting
- Hospital Suburban or Urban
- Hospital Academic Medical Center
- Physician Practice or Related Physician Group Model
- Other Please note
- Hospital Rural
- Integrated Delivery System (Health Plan and Delivery)
- Managed Care Medicare
- Managed Care Medicaid
- Other Payer or Contracting Entity (e.g. ACO)
- Behavioral Health or Specialty
- Managed Care Commercial
- Health Information Exchange (HIE) Regional or State-wide



Is This A Problem?

@tommartin3

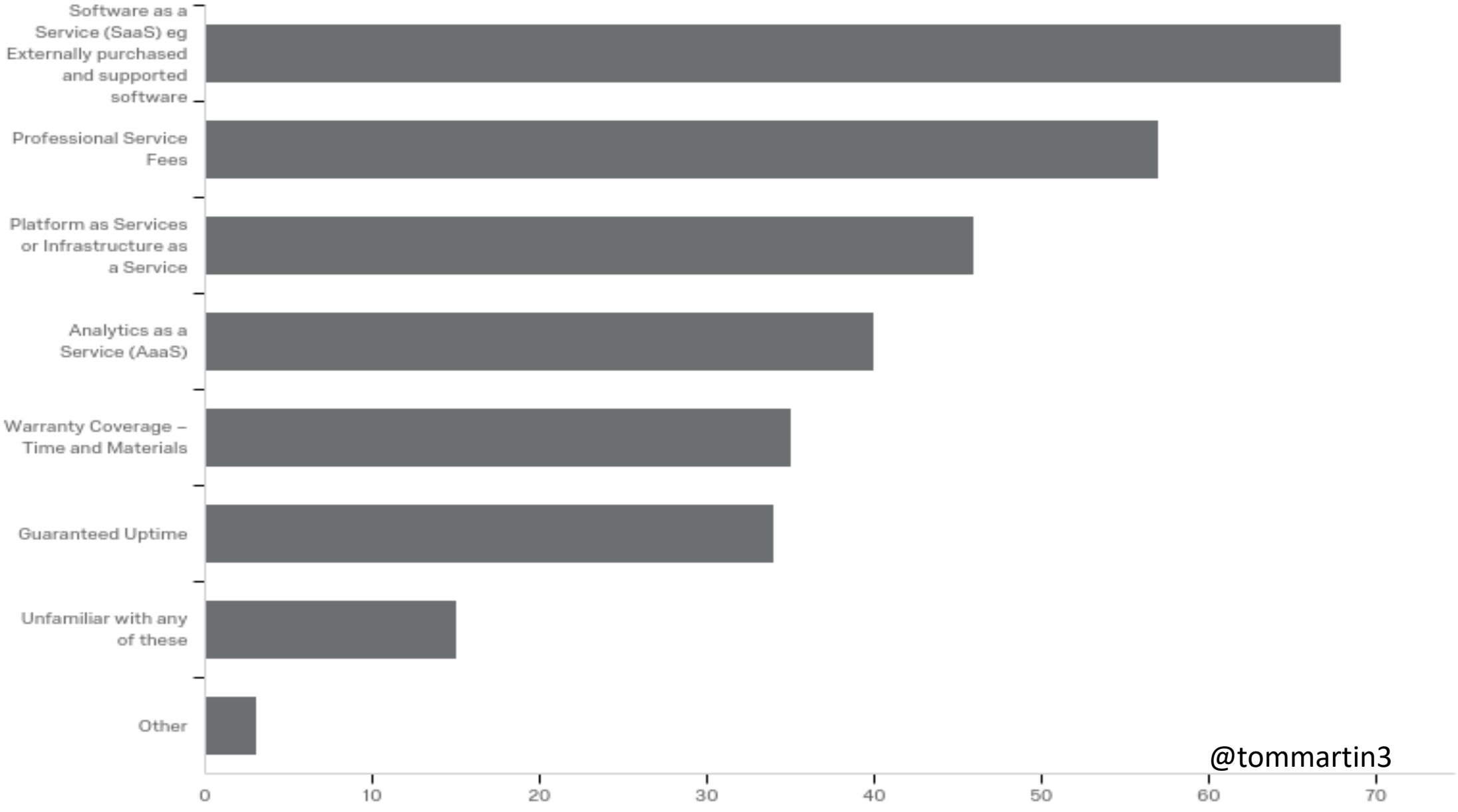
PRIMARY SYSTEM OF RESPONSIBILITY



@tommartin3

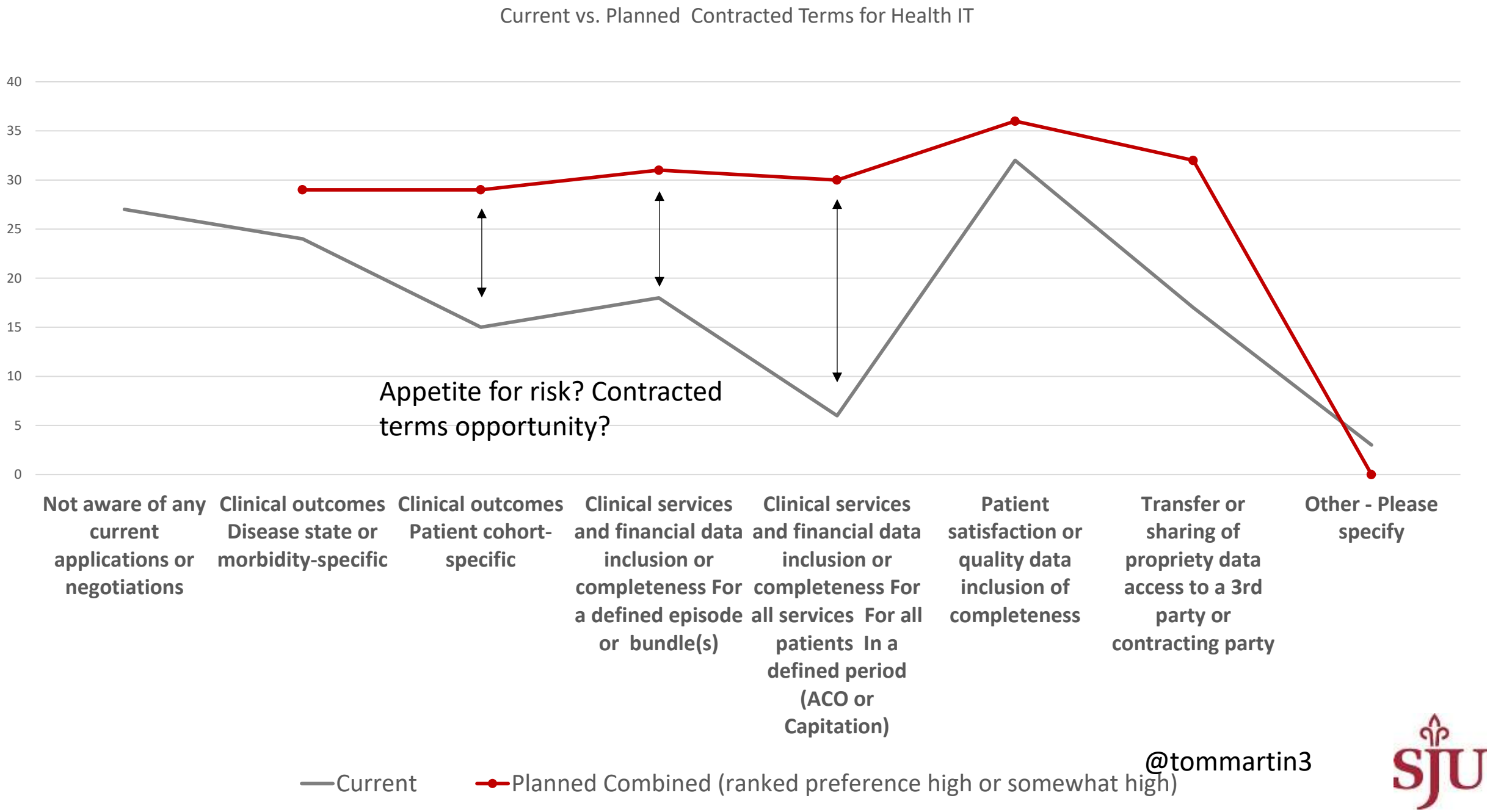
SJU

Awareness of Existing Approaches to Contacting for Service



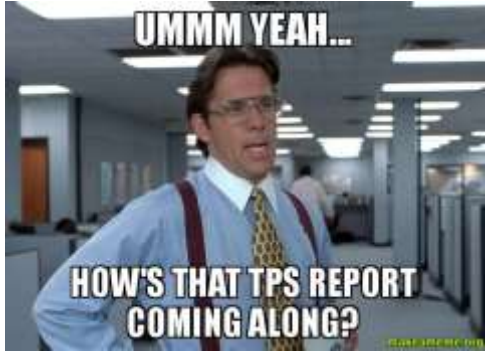
@tommartin3

SJU

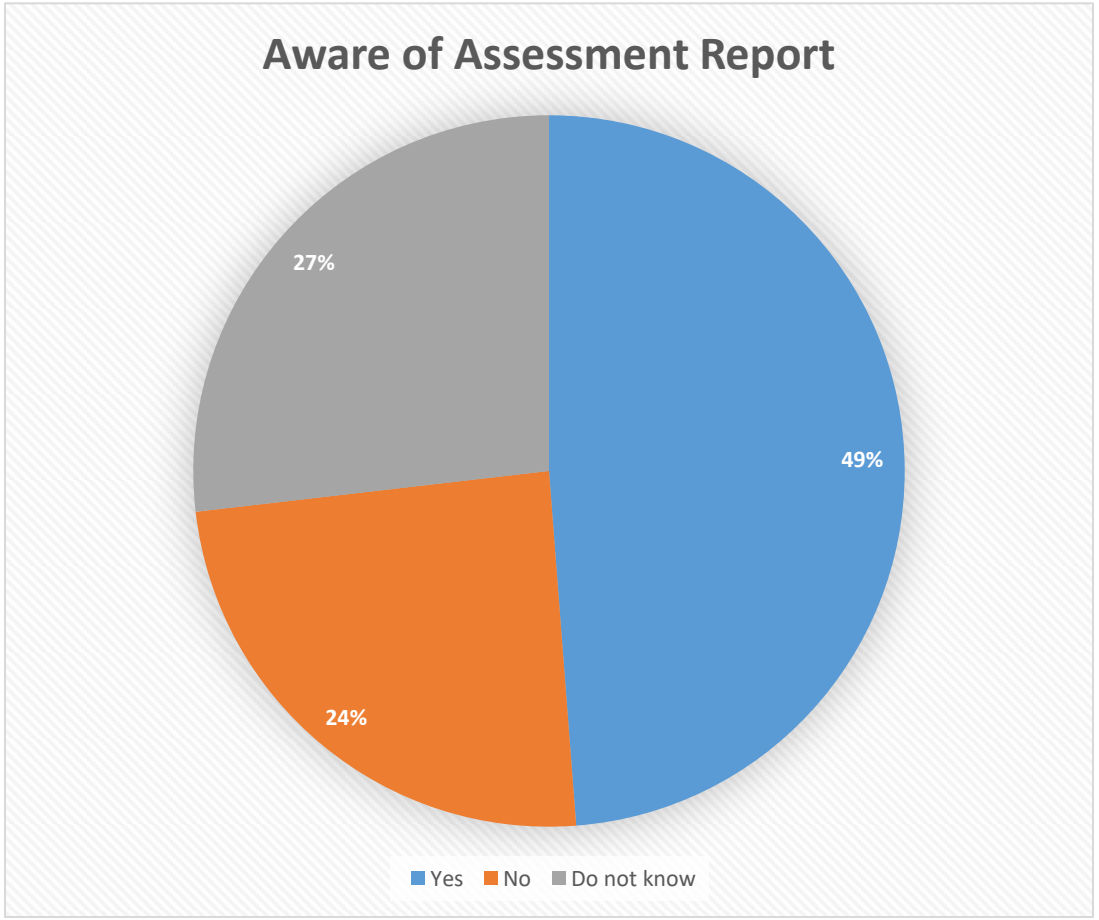

Current vs. Planned Contracted Terms for Health IT
40
35
30
25
20
15
10
5
0
Appetite for risk? Contracted terms opportunity?
Not aware of any current applications or negotiations
Clinical outcomes Disease state or morbidity-specific
Clinical outcomes Patient cohort-specific
Clinical services and financial data inclusion or completeness For a defined episode or bundle(s)
Clinical services and financial data inclusion or completeness For all services For all patients In a defined period (ACO or Capitation)
Patient satisfaction or quality data inclusion of completeness
Transfer or sharing of propriety data access to a 3rd party or contracting party
Other - Please specify
Current
Planned Combined (ranked preference high or somewhat high)

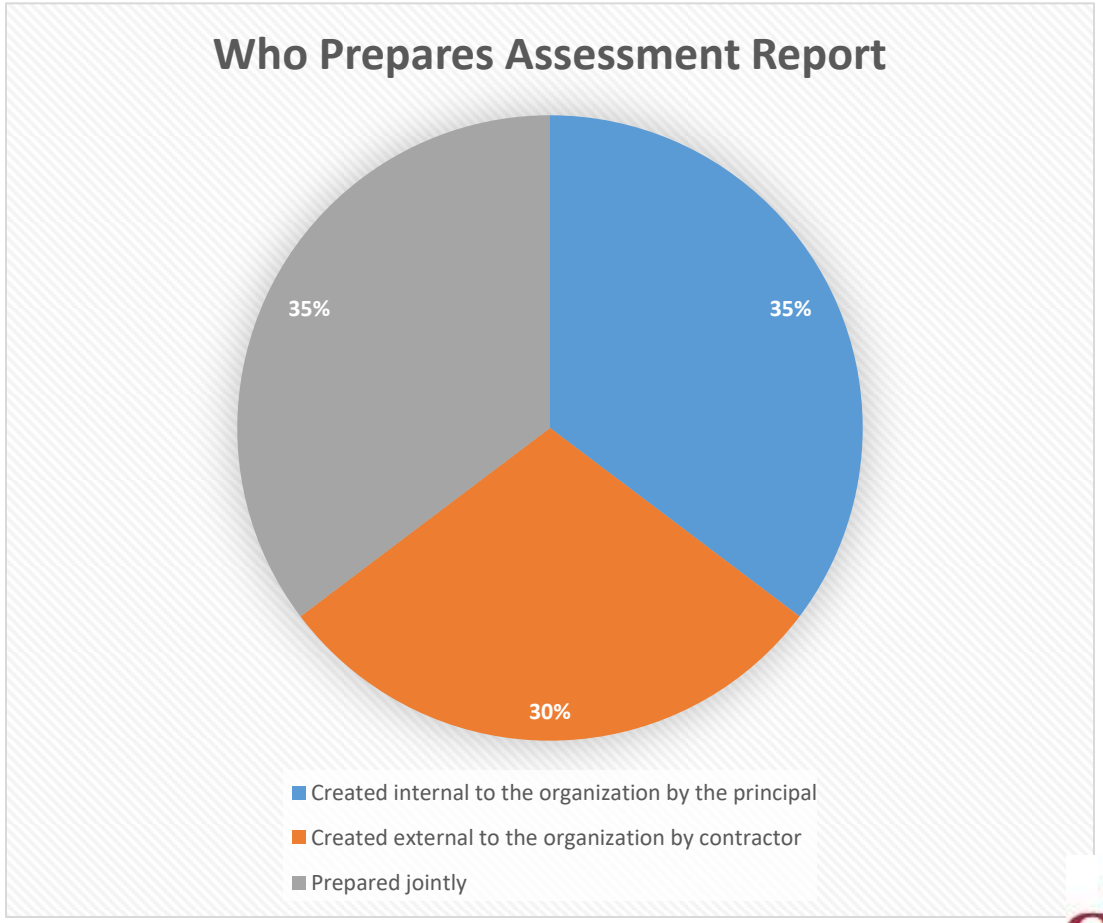
@tommartin3

Don't find fault, find a remedy.



Assessment Reports





@tommartin3

Recommendations

- Increase organizational engagement in setting terms and conditions for HIT & EHR systems. Engage up and down over 2 to 3 levels below the C-Suite securing input and buy-in across stakeholders

- Enhance understanding of use for contracting options (SaaS, Integrated Build, Time and Materials) to drive links between P4P (ACOs, bundled payments, data sharing) and contracted system performance

- Ensure organizational awareness of ***all*** contracted performance requirements. Solicit ongoing feedback on adherence as well as implications for clinical and financial operations

SJU

Path Forward

- Planned Activities
  - Further Data Collection
  - Analysis & Integration

  - Phase II Evaluation
    - Architypes for Contract Terms & Conditions
    - Review in Practice

- Comments & Questions

- Thank You!

@tommartin3

SJU

Best Practices
Contracting for Health IT Supporting Pay-for-Performance (P4P)
Early Findings

Researchers: **Martin, Thomas R. PhD**, Assistant Professor St. Joseph's University Department of Health Services;
Gasoyan, Hamlet, DMD, MPH
Doctoral Student Temple University, College of Public Health, Department of Health Services Administration and Policy;
Wierz, David J. MA
Adjunct Professor St. Joseph's University, Graduate Program in Health Services

NJ & DVHIMSS Annual Fall Event
September 2018

SJU Saint Joseph's University