



## Interviews

### RHIOs Critical to Pay-for-Performance Programs

by Kate Ackerman, *iHealthBeat* Associate Editor

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Although many physicians are wary of pay-for-performance programs, regional health information organizations could play an important role in overcoming the barriers standing in the way of establishing such programs, speakers at the World Healthcare Innovation and Technology Congress in Washington, D.C., said on Thursday.

According to Dr. David Lee, vice president of health care management for Anthem Blue Cross and Blue Shield of Indiana, barriers to creating successful pay-for-performance programs include:

- Claims data being an inadequate way to evaluate care;
- Fragmentation of the health care industry;
- Importance of scale in making programs attractive to physicians; and
- Physicians' mistrust of data.

Lee suggested two interventions that could help overcome all four barriers. Collaborating with RHIOs could be a solution to the claims data hurdle because they already have access to reliable clinical data for providers, hospitals, pharmacies and laboratories. In addition, RHIOs, such as the Indiana Health Information Exchange are well respected by physicians, which could alleviate physicians' mistrust of the data used in pay-for-performance programs, he said.

Lee also suggested involving CMS in pay-for-performance programs. He said CMS could leverage its role as the largest payer in the U.S. to make programs more attractive to physicians. Data on a small fraction of patients do not hold the same credibility as data on all Medicare and Medicaid patients, according to Lee.

Maggie Gunter, project director and principal investigator of the New Mexico Health Information Collaborative, said RHIOs can provide physicians with clinical information about patients at the time of care, as well as aggregate data on the care they are providing over time. Gunter added that pay based on quality is important but that it "needs to be done in a careful and effective way."

Pay-for-performance programs should not discourage physicians from caring for underserved, sicker or poor patients, Gunter said. She also noted that because care often is provided across physicians, pay-for-performance programs should reward care coordination rather than individual doctors.

### Role of Physicians, Consumers

Both Gunter and Lee called for the inclusion of physicians in the design of pay-for-performance programs. "It's important to really listen to physicians," Gunter said.

Collaborating on the design of programs and alleviating skepticism associated with evaluating physicians based on data are essential to successful pay-for-performance programs, according to Lee. He added, "Physicians for the most part are very hungry for information about how they compare with their peers."

Consumers also can play a "very important role" in assessing physicians' care, Lee said. While consumers would not provide direct clinical data, their experience with a physician could provide other patients "with a great deal of insight," he said.

