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Data Reporting: HCIP Implementation at Doctors Community Hospital

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As we have participated in the HCIP Program, we have learned a number of valuable lessons. One of the most important is that accurate and timely data is key to achieving buy-in and commitment from participating care partners. The three major components of implementation have been (1) identification of care partners to recruit; (2) what interventions and conditions of payment will correctly measure the impact of the Program on per capita cost and patient outcomes; and (3) how can we report the findings to the care partners.

Using HCIP Service Line reports allowed us to see which ones would offer the best opportunity for achieving higher efficiency. Those Services Lines with the greatest opportunity were Cardiology, Infectious Disease and Pulmonary, so we recruited physician care partners from those areas to participate in HCIP. However, since we had not considered providing feedback to these physicians at the time, we did not develop adequate internal reporting mechanisms to provide the care partners with a detailed analysis on their performance. My advice is that the earlier you can design the internal reporting structure, the more informed the participants will be and the more successful you will be.

Once you determine what Service Lines to target and which care partners will be included, the next important hurdle is to identify what interventions have the highest impact on improving outcomes and which conditions of payment ensure that physicians are delivering quality care. Again, we found that our biggest hurdle was to collect accurate and timely data to report to our CRP Committee and care partners. In the first two reporting periods, we were not able to provide feedback to physicians as the internal systems had not yet been established. We learned that since the data was not available, we could not penalize participants for not meeting all goals. So it is vital that mechanisms be established to report accurate data to physicians as early in the Program as possible – and before you disseminate the data, proof it and re-proof it. Physicians are scientists and understand data, but if you provide inaccurate or faulty data, you may lose their confidence.

Not all programs pay incentives, but our program does. I am not sure we would be successful without incentive payments. So, as mentioned previously, issuing routine understandable reports is critical, so physicians have a real chance of earning an incentive for a job well done. For those conditions of payments that we did not have reports to issue, we gave 100% of the points to a physician to be equitable. This also helped to make it feel like the hospital was being equitable with this gainsharing program.

Finally, reporting results to physicians in a usable and effective manner is imperative. Not every care partner needs to get their data in the same manner. Internal reports and scorecards can be customized to different types or groups of physicians. Approaching care provided to pulmonary patients can be very different than care provided to a cardiology patient – there can be vastly different goals and ways to achieve them. It can be helpful to partner participating physicians with data reporters to work together in developing reports that are useful, accurate and timely.

These steps can make the implementation of the HCIP, and other companion programs like ECIP, smoother and ensure the integrity of the data that is core to success. As with any endeavor, you should always be looking ahead. I continually ask what areas should we include in the next period, do we need to change any of our interventions or conditions of payment, and do we need to rethink the weights of the conditions of payment. Thinking about these issues helps to identify what reporting mechanisms we need to consider and when we should start developing new reports.