UWMF Compensation Development Committee

February 1, 2022, 4:30 - 6:00 PM

WebEx: https://uwhealth.webex.com/uwhealth/j.php?MTID=m66a485f4cfcfbbadd12b207dadaccd
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Meeting number: 2624 661 2423 // Password: 020122


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UWMF Compensation Development Committee - February 1, 2022 - Public Meeting Notice

Agenda

4:30 PM  I. Call to Order  
Dr. Cristopher Meyer  

4:31 PM  II. Welcome and Introduction of New Committee Members  
Dr. Cristopher Meyer  

4:39 PM  III. Meeting Minutes - Open Session  
Dr. Cristopher Meyer  

4:40 PM  IV. UWMF Compensation Development Committee - Value/Quality-Based Compensation Workgroup  
Dr. Daniel Bennett  

Presentation - Value/Quality-Based Compensation Workgroup  
Attachment - Value/Quality-Based Compensation Workgroup Statement of Deliverables  

5:10 PM  V. Closed Session  
Motion to enter into closed session pursuant to Wisconsin Statutes section 19.85(1)(e) for the discussion of the following confidential matters which for competitive matters require a closed session: review and approval of closed session minutes; and, pursuant to Wisconsin Statutes sections 19.85(1)(e) and 19.85(1)(c), which authorizes closed session for consideration and discussion of physician compensation data, including review of Recruitment Bonus and Salary Advance Guideline Report.  

5:35 PM  VI. Return to Open Session  

5:36 PM  VII. ACTION: Recruitment Bonus and Salary Advance Guideline Report  
Dr. Cristopher Meyer  
(Motion to endorse approval of the Recruitment Bonus and Salary Advance Guideline Report as discussed in Closed Session)  

6:00 PM  VIII. Adjourn  
(Meeting may adjourn prior to 6:00 PM)
Compensation Development Committee

Value/Quality-Based Compensation Workgroup

Compensation Development Committee Meeting
February 1, 2022
Workgroup Objective

- Case for change
- Identify UW Health goals for dept/div alignment
- Propose an achievable starting point
Value/Quality-Based Compensation Workgroup

- Workgroup created April 2021
- Executive Sponsor – Dr. Cristopher Meyer
- Project Sponsor – Kelsie Doty
- Physician Leader – Dr. Daniel Bennett
- First Meeting – Wednesday, June 9
- Four meetings in 2021
Value/Quality-Based Compensation Workgroup - Purpose

- Develop recommendations to CDC for appropriate compensation plan value/quality-based incentives using best practices and metrics
- Monitor health care market as value/quality measure evolve
- Review requested exceptions and evaluate for reason/purpose, relevance and impact
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<thead>
<tr>
<th>Member Name</th>
<th>Role/Representing</th>
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<tbody>
<tr>
<td>Dr. Daniel Bennett</td>
<td>Physician Lead</td>
<td>Kelsie Doty</td>
<td>Administrative Lead</td>
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<tr>
<td>Ron Anderson</td>
<td>CDC Member - Community Member</td>
<td>Shiva Bidar-Sielaff</td>
<td>VP/Diversity, Equity &amp; Inclusion</td>
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<tr>
<td>Dr. Mahua Dey</td>
<td>CDC Member</td>
<td>Linda Drummond</td>
<td>Payment Program with Quality, Regulation &amp; Accreditation</td>
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<tr>
<td>Jerome Garrett</td>
<td>Department Administrator</td>
<td>Dr. Dobie Giles</td>
<td>CDC Member</td>
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<tr>
<td>Dr. John Hawkins</td>
<td>Primary Care Quality Compensation Lead</td>
<td>Dr. Paul John Hayner</td>
<td>CDC Member</td>
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<tr>
<td>Lisa Kurth</td>
<td>Practice Plan Administration</td>
<td>Melissa Manzuk</td>
<td>APP Manager for Surgical Specialties</td>
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<tr>
<td>Dr. Jonathan Jaffery</td>
<td>Chief Population Health Officer &amp; President UWH ACO</td>
<td>Dr. Aparna Mahajan</td>
<td>CDC Member</td>
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<tr>
<td>Dr. Sarah Nehls</td>
<td>CDC Member</td>
<td>Dr. Jeff Pothof</td>
<td>Chief Quality Officer</td>
</tr>
<tr>
<td>Pratik Prajapati</td>
<td>Department Administrator</td>
<td>Cameron Gilbertson</td>
<td>PPA Support</td>
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• Review of organizational environment
• DEI: Shiva Bidar-Sielaff
• Payers
  • ACO: Jonathan Jaffery, MD
  • Private Payers: Mark Johnson (presented by Julia Nowicki)
• Access is critical - Affordability impacts access
• “Countable metrics” negatively impact disparities
• Examine existing inequities as part of current state review
• Embed an equity lens when developing recommendations and best practice for department value/quality metric selection process
• Incorporate community engagement as a measure
• How will the case for change improve, worsen, or ignore existing inequities?
• “Industry Standard” – what is the standard and who makes the standard?
• Examine transforming the human experience verses transactions
• Quality/value metrics among payers do not always align
  • “Access” is universal
• Payers frequently change metrics, often with little advanced notice
• Utilization is not a top issue
  • UW Health utilization is 15% lower than national average
• UW Health is highly capitated
  • Full risk on 27% of clinical revenue in FY21
  • Capitation % varies among departments/divisions
• Need incentives for collaboration among specialties, largely in support of primary care
Clinics select metrics and/or their improvement projects
- Process is iterative and evolving
- Primary Care data available through Wisconsin Collaborative for Healthcare Quality (WCHQ) program
- Specialty care data is not as available, especially at the clinician level

Challenges
- Accessing meaningful data to set base-line
- Regular and timely reporting

Lessons learned
- Local Autonomy encourages buy-in
- Process improvement projects build teamwork and sustainability, though results are not immediate
- Need to develop a way to monitor/create accountability
- Local changes can lead to best practices across all sites
December 21, 2021
Quality Data Reporting Capabilities
Presented by Linda Drummond and Shana Ward

Internal and external quality reporting and efforts

- UW Health Quality Alignment Project
- APM vs MIPS (CMS/MACRA) – Approx $2 million recent bonus payments
  - Almost all UW Health Clinicians are included in the ACO
  - CMS moving to MIPS Value Pathways (MVP) beginning in 2023 (optional)
    - EHR vendors expected to develop methods to track/report
- Inpatient and primary care environments are relatively data rich
- National Registries – UW Health participates in 65 (not all centralized)
- Need for equity metrics (CMS is developing)
Value/Quality-Based Compensation Workgroup – Statement of Deliverables

• Developed as a starting point
  • Expect to evolve over time
• Establishes basis and guiding principles to move forward
• Does not identify metrics or establish criteria for metrics
Statement of Deliverables

1. Make a case for change that will be shared with the CDC and then with all departments

“Remarkable Healthcare” is inextricably dependent on high-value, high-quality care and is supported by foundational competencies in: 1) Quality and Safety, 2) Information Management and Analytics, 3) Financial Performance, and 4) Staff and Physician well-being.

The healthcare finance environment is rapidly evolving to shift financial risk from payers to institutions, thus shifting institutional financial incentives from volume to value. “Value” incorporates assessment of both cost and quality, and “quality” may incorporate individual and population-based outcomes. Therefore, physician compensation plans must incorporate incentives for efficient, high-value, and equitable care in support of UW Health’s financial success as well as in support of our commitment to individual and population health goals.

Our ability to grow and maintain a strategic advantage with the public and payers depends on the development of mechanisms to reward high value, high quality care. Despite a lack of external innovative compensation models, UWMF and UW Health are poised to lead given our reputation, large primary care base, and the success of Quartz and our Accountable Care Organization. Well-designed physician compensation models will be important elements in the success of our academic center as the health care marketplace evolves.

Well implemented Value/Quality-Based incentives will benefit UW Health, our patients, and our community in many ways, including:
- Lowering cost to patients with better clinical outcomes and improved patient satisfaction
- Enhancing existing contracting and success with new 3rd party payers, Quartz, and our ACO
- Improving regional Population Health outcomes, including improving equity metrics
- Providing equitable and timely access to care
2. **Identify UW Health goals for department/division alignment**
   
   Alignment of department and organizational goals will facilitate access, equity, reputation, financial performance and help to create consistency throughout clinical operations. Departments will be expected to align some or all their goals with organizational goals, but in no instance may a department goal be contradictory to the organization goal.

   Organizational Goals include but are not necessarily limited to:
   - Reduce inequities in health care access and outcomes within our community and UW Health
   - Create and utilize mechanisms to collect and report meaningful clinical quality data
   - Implement best practices to provide innovative, high-quality, and cost-effective care
   - Improve patient, clinician and staff experience
   - Improve coordination of care across UW Health

3. **Propose an achievable starting point for departments. Starting points may vary from department-to-department or within departments depending on UW Health objectives and support for metric reporting.**
   
   Departments are expected to create or amend compensation plans (XYZ model) as directed by the UWMF Compensation Development Committee. New or amended compensation plans must explicitly address the included incentives for high quality, high value care. Compensation based on quality/value can be included in the Y quantitative or Z qualitative variable components of new compensation plans; novel approaches to quality/value-based compensation incentives are encouraged.

   Departments will be responsible for aligning physician compensation with organizational and department/division value and quality goals. Criteria are:
   - Measurable, meaningful, understandable, and equitable
   - Goals must result in improvement in clinical process, reduced waste, improved patient or population outcomes and/or improved clinician fulfillment
   - At least one goal must address organizational goals, and departments may be asked to incorporate specific organizational metrics (ACO, MIPS, WCHQ, etc) when they are of strategic importance
Discussion
Attachment

Value/Quality-Based Compensation Workgroup
Statement of Deliverables
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iv. Improve patient, clinician and staff experience

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