

TITLE: The New Medicaid Fraud: How CCO pay--for-performance schemes defraud our patients, providers and the tax payer.

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STUDENT SUBMISSION: No

TOPIC/TARGET AUDIENCE: Pay for Performance Metrics in Coordinated Care Organizations
Target Audience: Healthcare professionals, policy makers, researchers and public health officials.

ABSTRACT: The US healthcare system is the most expensive in the world, our health outcomes are poor and 45% of non-elderly adults are either uninsured or underinsured leading many to delay care and/or face crippling medical debt. Many health policy experts blame fee-for-service financing and a system that rewards quantity over quality for these shortcomings and, therefore, have looked to pay-for-performance (P4P) programs to improve healthcare quality and decrease cost. In Oregon the Coordinated Care Organization (CCO) program overseen by the Oregon Health Authority has championed P4P and touted it as improving quality and reducing cost in our medicaid system. CCO's have established multiple metrics that healthcare providers must meet in order to obtain quality payments. But when one looks more closely, it is becoming clear that P4P in healthcare has limited evidence of success and, on the other hand, may worsen health inequities and siphon money and resources away from the provision of health care to those most in need. This presentation will examine the evidence for P4P in detail and analyze its shortcomings so that health policy makers can reassess the utility of P4P with regard to delivery of healthcare in the future.

OBJECTIVE(S): Evaluate the effectiveness of pay-for-performance programs in the delivery of healthcare. Explain how pay-for-performance programs can lead to worsening health inequities. Compare the effect of pay-for-performance programs versus social determinants of health on health outcomes.
