

Highlights of Current Issue

- Pay-For-Performance Landscape
- BTE Gains National Prominence and Support
- Inner City Practice Receives ADA-NCQA Recognition in Louisville, KY
- New Website Tool to Find the Right Doctor

Inside This Issue

<i>BTE Gains National Prominence and Support</i>	2
<i>Recognized Physicians</i>	2
<i>CareFirst BlueCross BlueShield and NBCH Working with BTE</i>	3
<i>Practice Profile: Dr. A. O'tayo Lalude—Louisville, KY</i>	4
<i>Practice Profile: Charter Professional Services Corporation</i>	5
<i>A New Way for Patients to Find the Right Doctor</i>	6
<i>NCQA Recognition Update</i>	7

Copyright © 2005 by
Bridges to Excellence and
Thomson Medstat

BTE in the Current Pay-For-Performance Landscape

When Bridges to Excellence launched its first program in its first market a little over two years ago, skepticism about the need to reward physicians for delivering higher quality care was rife. Since then the national landscape has changed and what started out as a market experiment has become an imperative. In the process, the principles that were forged through the close cooperation between physicians and employers in the design of BTE have been embedded in almost all pay-for-performance principles advanced by various organizations.

Today there are a significant number of organizations across the country that have adopted Bridges to Excellence, in part, or altogether, both in the private and public sectors.

Health Plans – In 2004, UnitedHealth Group agreed to implement BTE's programs in five to ten markets from Florida to Nebraska. Earlier this year CareFirst BlueCross BlueShield agreed to implement the Physician Office Link program in its market, earmarking up to \$3 million in bonuses for physician practices. Most recently, CIGNA has agreed to promote BTE in Arizona. Other health plans have expressed similar interest and we expect many to emulate the example of these leaders.

Employer Coalitions – Late last year Bridges to Excellence entered into a cooperative agreement with the National Business Coalition on Health (NBCH) designed to provide coalitions around the country with toolkits and implementation plans to roll-out BTE programs in their markets. Four coalitions immediately agreed to become pilot sites (see page 3 for more on this) with more interested to follow suit. Other coalitions around the country have also spontaneously come together to develop plans to implement BTE or BTE-like programs. Today, employers, plans and providers are working together in New Jersey and Minnesota to lay the groundwork for creating rewards in their markets.

Federal Government – As the single largest health care purchaser in the country, Medicare's actions carry a lot of weight. Earlier this year Dr. Mark McClellan announced the launch of a demonstration program built on the Bridges model that will be implemented in four States: Arkansas, California, Massachusetts and Utah, with the potential for more to come. For its part, the Office of Personnel Management, which contracts with health plans for federal employees across the country, has introduced language in its RFPs that makes it clear it expects the plans it contracts with to create incentives and rewards for physicians that deliver higher quality care.





Bridges to Excellence Gains National Prominence and Support

By Jeffrey Hanson
President, Bridges to Excellence

I want to begin by saying how honored I am to be serving as President of Bridges to Excellence. Working with the BTE collaborative team we continue to build on our early successes and have broadened our strategic partnerships, strengthening our voice for change in the healthcare system.

We are now in year three in the Cincinnati and Louisville markets, entering year two in the Boston market and nearing the end of year one in the Albany, New York market. We have more than 700 recognized physicians in these programs and have distributed to them over \$1 million in rewards for quality care. In addition, we have added new employer partners in Boston and Cincinnati since the initial program launch. With the increasing amount of data coming in from the first four pilot markets, BTE is verifying the value of its programs to employers, providers and, most of all, our employees who are obtaining care from program participants.

In January, GE and UPS launched a Patient Incentive Pilot Program in Louisville. Targeting employees, retirees and family members living with diabetes, this new program is intended to result in more of them being treated by NCQA-recognized diabetes care providers. Patients will receive monetary certificates that they can redeem for diabetic supplies, simply by obtaining their care from an NCQA-recognized provider. We believe that this Patient Incentive Pilot Program will help ensure that our employees are receiving the best possible care for their diabetes and taking an active role in their care management.

The BTE team is also pleased to announce new health plan partner licensees and their initiatives around the country. On January 18th, CareFirst BCBS of Maryland launched BTE's Physician Office Link (POL) program targeting its largest medical groups. In February, CIGNA announced the launch of a large quality initiative in Phoenix in collaboration with BTE, the Leapfrog Group and the HR Policy Association (HRPA). United Healthcare is actively engaged in working with their clients in targeted markets. In addition, Medicare is launching a physician-based pay-for-performance initiative in four markets, the basis of which is being built around the BTE standards.

The BTE team is very proud to see our vision being realized in so many ways and in so many parts of the country. Our hard work, in many ways however, is just beginning. I am looking forward to working with the BTE Leadership Council and all of our stakeholders, current and future, to continue bringing government, industry and businesses together around healthcare quality issues.

Physicians Newly Recognized for Demonstrating Performance Excellence

November 2004 — February 2005

Cincinnati, OH Area (DCL Rewards)

1. David D'Alessio, MD
2. Health First Physicians — Blue Ash
3. Health First Physicians — Loveland
4. Health First Physicians — Mariemont
5. Health First Physicians — Mason
6. John Zerbe, MD
7. Ronald S. Klein, MD
8. The Family Medical Group

Louisville, KY Area (DCL Rewards)

1. A. O'tayo Lalude, MD
2. Ciliberti, Wijangco, and Bosler, PSC
3. Delhi Associates
4. Family Practice Associates
5. Jahangir Cyrus, MD
6. MedEast Physicians, PLLC

New York Capital Region (POL Rewards)

1. Community Care Physicians Latham Medical Group
2. Community Care Physicians Latham Medical Group — Clifton Park

Boston, MA Area (DCL Rewards)

1. Baystate Health System
2. Catherine M. Hegarty, MD
3. Hayward K. Zwerling, MD
4. Lahey Clinic

Boston, MA Area (POL Rewards)

1. Hyde Park Pediatrics

To date, physicians have been awarded a total of \$1,192,890 by BTE

Largest Monetary Reward (Practice Office):
\$99,990

Largest Monetary Reward (Indiv. Physician):
\$9,100

CareFirst BlueCross BlueShield Partners with BTE to Reward Physicians



An independent licensee of the Blue Cross and Blue Shield Association.

CareFirst BlueCross BlueShield, a not-for-profit health plan serving 3.3 million members in Maryland, Washington, D.C., Northern Virginia and Delaware, is partnering with Bridges to Excellence on an unprecedented initiative to reward physicians financially for taking concrete steps to improve the quality of care delivered to patients.

The nation’s first insurer to directly fund pay-for-performance incentives under BTE, CareFirst will pay participating physicians up to \$50 per CareFirst patient for meeting NCQA’s Physician Practice Connections (PPC) criteria promoting the use of information technology to improve safety and standardize care. An integral part of the CareFirst Commitment, CareFirst has committed \$3.6 million over three years to the BTE partnership. In addition to providing incentives to physicians selected to participate in this pilot program, CareFirst will reimburse NCQA application fees for those physicians who obtain PPC recognition and CareFirst will offer on-site assistance with the NCQA application process.

“BTE is where obligation and opportunity meet,” explained CareFirst President and CEO William L. Jews. “Through BTE, we have the opportunity to fulfill our obligation to deliver the best possible care and service in a way benefiting both patients and physicians. Doctors get financial support for upgrading their systems and patients get information they need to make informed health care decisions.”

National Business Coalition on Health Working to Advocate BTE



The National Business Coalition on Health is working with Medstat and local business coalitions to implement Bridges to Excellence in their markets. Business coalitions are natural advocates for BTE, as they already have strong employer relationships and local knowledge about their markets.

NBCH and Medstat hope to share the experience gained from these pilot markets to assist additional business coalitions in implementing BTE.

Initially four business coalitions have stepped forward to implement BTE. They are:

1. Employers’ Health Coalition, Fort Smith, Arkansas
2. Tri-State Health Care Coalition, Quincy, Illinois
3. Heartland Healthcare Coalition, Peoria, Illinois
4. Colorado Business Group on Health, Denver, Colorado

These business coalitions will start signing up employers to participate in BTE by this summer.

NBCH and Medstat hope to share the experience gained from these pilot markets to assist additional business coalitions in implementing BTE. Numerous other coalitions have expressed interest and could begin the process later in 2005.

Inner City Practice of Diabetes Excellence

Submitted by: A. O'tayo Lalude, MD
Louisville, Kentucky

DIABETES CARE LINK

The ADA-NCQA Certificate of Recognition for Delivery of Quality Diabetes Care is a boost to my inner city practice, serving the west side of the Metro Louisville-Jefferson County area. Demographically, the practice's patient population is ethnically split into about 50% each of African-Americans and Euro-Americans, mainly blue collar cadre professionals living in neighborhoods generally developed before the 1950's.

"I strongly encourage the practice site seeing patients with diabetes to consider the ADA-NCQA Recognition campaign."

The most important benefit of ADA-NCQA Recognition is practicality: my perceptive self measurement (PSM) of the standard of care, that I thought I gave before the survey of the practice, did not stack up to the real performance measurement (RPM) collated from the patients' medical records. Prior to the survey, my PSM estimate of nearing 100% standard of care goal was confirmed to be RPM of 40-80% spread over the criteria set to meet the goals.

Other benefits of the recognition are: 1) a keen awareness of and the ease of adherence to the ADA standard of care algorithms; 2) an on-time reportage of the logical need to maximize the use of pharmaceutical agents to achieve goals in glycemic and hypertensive controls; and 3) the use of every office visit opportunity to re-educate patients on diet, exercise, and the latest paradigms in diabetes management. Documentation of the data is laid out neatly on the right-hand side of the progress note for each visit – enabling a thorough assessment of the patient's clinical progress.

Pursuing recognition is vital: it is comforting for a third party peer to endorse one's excellence in a universal standard of care. I can now do a real time data review (RTDR) which enhances an early aggressive intervention. The outcome of such intervention is the

reduction in morbidity for the patient with improved quality of life. Automatic integration of RTDR to the practice protocol leads to practice excellence. Physician drive for quality and excellence guided by RTDR in an act of commission would significantly reduce complications of diabetes vis-à-vis the reduction of costs of health care for the individual and the community at large.



Shown here with Dr. A. O'tayo Lalude (center) is Will Hornback, a medical student from the University of Louisville and Christine Archer, a physician's assistant from the University of Kentucky.

I strongly encourage the practice site seeing patients with diabetes to consider the ADA-NCQA Recognition campaign. The physicians should know the ADA Guidelines for adequate diagnosis and treatment of diabetes and its sequelae; then, set attainable goals of excellence for propelling the practice forward; and, finally, agree to a third party assessor to measure the patient care of the physician with a set "gold standard".

If an inner city practice in the mid-south can cross the "Bridges to Excellence," any practice can meet the challenge as well.

On the Path to Excellence

Submitted by: Sharon Lucie, RN, BSN, Regional Director of Operations
Charter Professional Services Corporation

PHYSICIAN OFFICE LINK

As our multi-site group of 72 physicians embarked upon Bridges to Excellence, we were heartened to find a program that rewarded us for something we knew we could control – process. Like most groups, we are evaluated by quality metrics that focus primarily on outcomes and for which physicians depend upon patient compliance and colleague cooperation to achieve. Applying for BTE certification seemed an obvious choice, one which we naively assumed would be without significant impact.

NCQA standards swiftly challenged our ability to systematically record performance, particularly in process driven areas such as diagnostic tracking. System opportunities, realities over what today’s EMR would and would not ultimately accomplish in the quality arena, and the investment of time and resources necessary to achieve staff and provider changes in areas that are often governed by personal work style preferences, were key themes during our re-engineering. However, the rewards have been significant. Increased staff satisfaction over patient care improvements, rejuvenation of internally developed quality initiatives and cohesion of physician leadership over group quality self-monitoring are emerging.

Lessons Learned and Tips:

- ◆ Start early. It will take longer than you think to evaluate, plan and implement.
 - ◆ Engage the survey tool immediately to define your gaps.
 - ◆ Buy in from providers and staff is essential. Their daily decision-making and workflow will be impacted.
 - ◆ Maintain emphasis on quality improvement, not program mechanics.
 - ◆ Engage physicians, managers and staff champions with a passion for quality.
 - ◆ Identify easy process changes and implement first to build confidence.
 - ◆ Identifying and fixing associated broken processes along the way will reward physicians and staff for their efforts in the program. For example, a flow sheet to track incoming results can become a master order form with your hospital to avoid documentation redundancy.
 - ◆ Keep it simple. Using visual aids like colored sheets and stickers may be all you need to prompt staff that a chart needs additional attention.
- ◆ Enlist your training department or staff willing to mentor others. Repeated reinforcement of data entry and clinical staff processes will be key.
 - ◆ Use your practice management system in new and unique ways for data capture:
 - ◇ ICD-9s at charge entry = chronic disease patient identification
 - ◇ Unused fields for data capture, i.e., language preference
 - ◇ Referrals management module to track tests, consults
 - ◆ Processes that initially add labor can be time savers when staff become proficient. For example, entering test result tracking into a referral or other database allows telephone staff to answer patient questions about the status of results at the point of service rather than transferring them to medical records or nursing.
 - ◆ Use your hospital affiliates and professional memberships as a resource for patient educational and compliance materials.
 - ◆ Provide strategy-sharing opportunities between departments and sites.
 - ◆ Regularly audit and provide progress reports to staff and physicians.
 - ◆ Use momentum from this program to foster culture change and practice-driven quality improvements.



“Charter Pioneers” Rhonda Katz, Site Manager; Ernesto DaSilva, MD; and Lorraine Klimarchuk, Supervisor

A New Way for Patients to Find the Right Doctor

Bridges to Excellence is introducing a new way for patients to find the right doctor for their care. A key part of BTE's mission to encourage improvements in the quality of patient care involves the development of an internet-based web tool that will help patients to locate high-quality physicians in their area.

The Physician *Quality Ratings* web site allows patients to:

- ◆ Research the quality of a specific physician or practice.
- ◆ Find qualified physicians in the patient's area, based on specified criteria.
- ◆ Express patients' satisfaction or dissatisfaction about their physician experiences.
- ◆ Learn what other patients have said about their experiences with a physician.

Patients can search for and view physician information on the web site, and will be asked to complete an on-line survey to share their personal experience of care with their primary care physician. Summary patient results about a physician will be displayed on the web site after 40 patients have completed surveys. The web site also encourages patients to visit the web site often, as physician and practice performance information is regularly updated.

Physician Selection				
Physician's Name	Speciality	Address	Your Experience	
Barbara L. Smith, MD	Surgery	85 Fruit St Boston, MA 02114	Take Survey Now	
Boris J. Smith, DO	Internal Medicine	271 Carver Street Springfield, MA 01104	Take Survey Now	
Benjamin S. Smith, MD	Gastroenterology	1155 Centre Street Boston, MA 02130	Take Survey Now	
Edward T. Smith	Gastroenterology	500 Main St 3rd Fl South Weymouth, MA 01980	Take Survey Now	
Erin A. Smith, MD	Neurology	1300 Main St 3rd Fl Springfield, MA 01104	Take Survey Now	
Ernest M. Smith, MD	Gen/Fam Practice	205 Willow Street S. Weymouth, MA 01980	Take Survey Now	
Christopher J. Smith, MD	Surgery	11 Seaview Street Ste 201 Burlington, MA 01803	Take Survey Now	
Christopher S. Smith, MD	Internal Medicine	67 Union Street Methen, MA 01756	Take Survey Now	
Donald J. Smith, DO	Gen/Fam Practice	134 Liberty Street PO Box 882 Hanson, MA 01926	Take Survey Now	
David Brent Smith, MD	Internal Medicine	Mass General Hospital Boston, MA 02114	Take Survey Now	
Deborah E. Smith	Neurology	140 Bonstock Street Framming, MA 01702	Take Survey Now	
David S. Smith, MD	Neurology	25 Francis Street Boston, MA 02114	Take Survey Now	
Gregory J. Smith, MD	Internal Medicine	75 Washington Street Framming, MA 01702	Take Survey Now	
Harlan S. Smith, MD	Cardiology	88 Lincoln Street Framming, MA 01702	Take Survey Now	
Heidi P. Smith, MD	Internal Medicine	40 Holland Street Sunderland, MA 01344	Take Survey Now	
Jeanne S. Smith, MD	Cardiology	170 Governors Avenue Medford, MA 02155	Take Survey Now	

The Physician *Quality Ratings* web site can be accessed at <http://www.bridgestoexcellence.com/bte/qualityratings>. Patients can register on the web site by identifying their employer. Physicians and healthcare professionals also can register on the web site (by selecting "Other" under the employer listing). BTE anticipates that this web site will serve as a useful tool to help patients locate physicians who deliver the highest quality care.

Physicians who obtain NCQA performance recognition in the PPC, DPRP or HSRP programs will have their recognition status clearly displayed on the Physician *Quality Ratings* web site for patients to be able to view. BTE participating employers will encourage their employees to use this web site to locate a physician and to seek healthcare services from those physicians and practices that are recognized for their high quality care.

Physician's Name	Excellence in:			Patients' Experiences	Share Your Experience of Care
	Systems of Care	Diabetes	Heart/Stroke		
Ernest M. Smith, MD	★	★	N/A	Take Survey Now	
David Brent Smith, MD	★	★	N/A	Take Survey Now	
Benjamin S. Smith, MD	★	★	N/A	Take Survey Now	
Ernest M. Smith, MD	★	★	N/A	Take Survey Now	
Ernest M. Smith, MD	★	★	N/A	Take Survey Now	



NCQA Recognition Update

BTE uses the three NCQA recognition programs as a basis for paying physician rewards:

1. Diabetes Physician Recognition Program (DPRP)
2. Heart/Stroke Recognition Program (HSRP)
3. Physician Practice Connections (PPC)

The graphic shows a summary of the measures that are in the three programs.

Why have NCQA and BTE picked this particular set of measures? What does recognition mean?

Physicians who are recognized in any of these programs:

- ◆ Know and use up-to-date information with their patients.
- ◆ Make sure their patients get the right tests and good follow-up, according to nationally recognized evidence-based practice guidelines.
- ◆ Take responsibility for ongoing care of patients instead of just individual visits.
- ◆ Partner with their patients to get better health outcomes (DPRP and HSRP). This is what the *Crossing the Quality Chasm* (Institute of Medicine, 2001) report calls “continuous healing relationships” that result in better care, particularly for patients with chronic conditions.
- ◆ Demonstrate better quality to health plans, employers and patients, which ultimately keeps patients healthier and costs less.

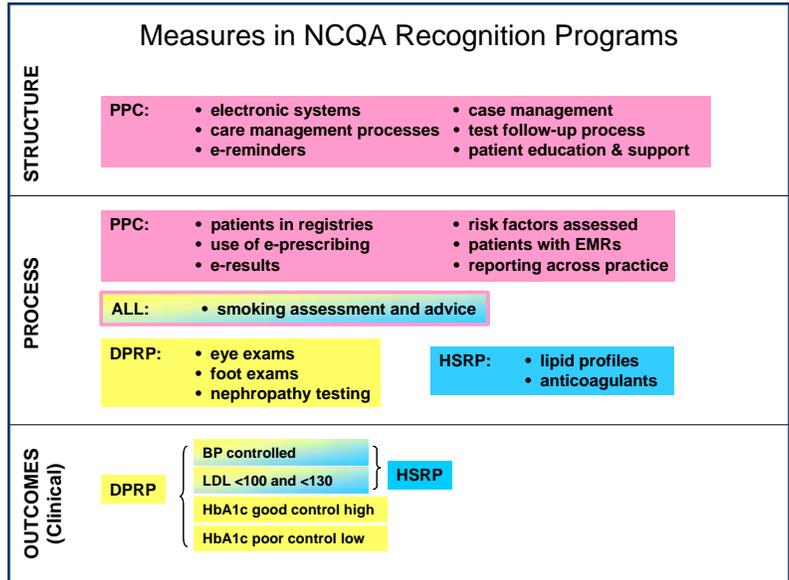
Who else uses NCQA recognition?

The NCQA recognition programs are available and have recognized physicians throughout the country.

- ◆ The American Board of Internal Medicine (ABIM) will begin this summer to coordinate recertification for inter-nists with DPRP recognition, so physicians can qualify for DCL rewards, attain NCQA’s DPRP recognition and apply for board certification by submitting one set of data to NCQA and ABIM.
- ◆ Numerous health plans as well as BTE use recognition seals in their provider directories. Many health plans also pay rewards to NCQA-recognized physicians or use recognition to qualify physicians for special networks, acknowledging the greater value these physicians provide.
- ◆ In a new demonstration program starting late this year, CMS is considering using PPC recognition as the basis for rewarding physicians much like BTE does, in California, Massachusetts, Arkansas and Utah.

What’s next for NCQA’s recognition programs?

NCQA is developing measures for more kinds of care and more physician specialties—we are currently considering measures for treatment of back pain, some cancers, more heart conditions, depression and screening for depression in patients with chronic conditions. These will result in more recognition programs in the future.





c/o Medstat
5425 Hollister Avenue, Suite 140
Santa Barbara, CA 93111

Bridges to Excellence is a not-for-profit organization with a Board comprised of representatives from employers, providers, and plans. The Corporation is not formed for pecuniary profit or financial gain. The Corporation is organized to create significant advances in the quality of health care by:

- *Providing tools, information and support to consumers of health care services,*
- *Conducting research with respect to existing health care provider reimbursement models,*
- *Developing reimbursement models that encourage the recognition of healthcare providers who demonstrate that they have implemented comprehensive solutions in the management of patients and deliver safe, timely, effective, efficient, equitable, and patient-centered care which is based on adherence to quality guidelines and outcomes achievement.*



We're on the Web!
www.bridgestoexcellence.org

E-mail: bridgestoexcellence@thomson.com