

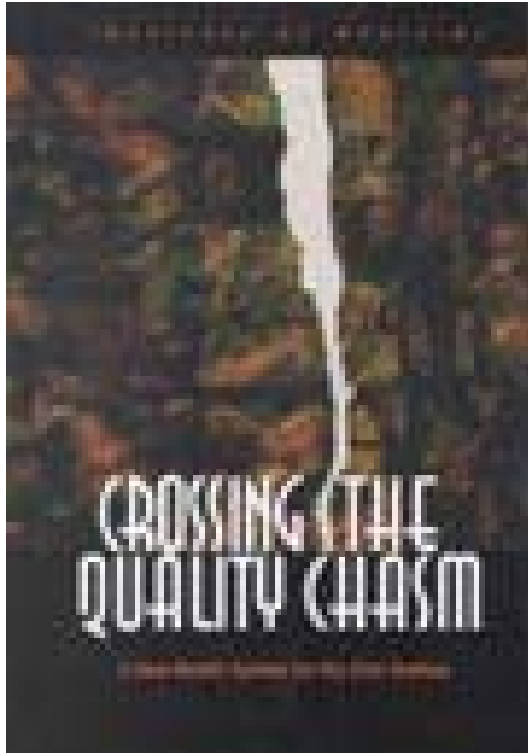


Bridges To Excellence – Rewarding better quality care

A Robert Wood Johnson Foundation –
Rewarding Results Grantee



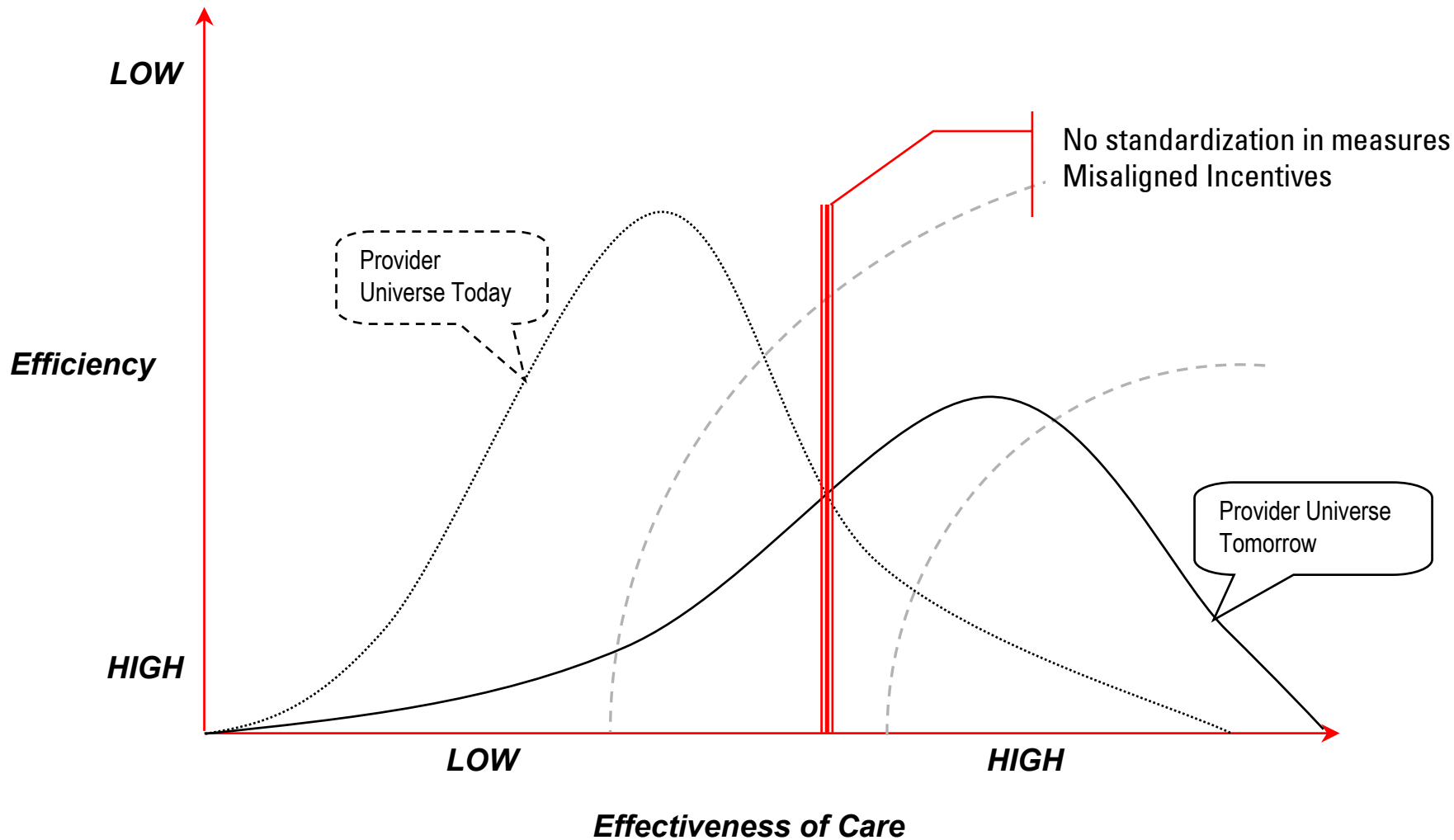
Why Isn't Quality Better



- Growing complexity of science and technology
- Poorly organized delivery system
- Inadequate information infrastructure
- Gaps in leadership and education: Missed opportunities in “systems” thinking and continuous improvement
- Toxic payment system



Better Quality Can Cost Less





A Framework For Sustainable Change

Hospitals:

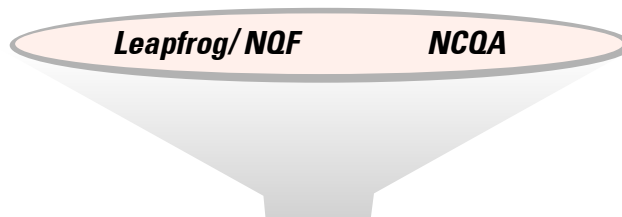


- ❖ Focus on three Safe Practices
 - ✓ CPOE
 - ✓ ICU Supervision
 - ✓ Procedure Volume and/or Outcomes

Physicians:



- ❖ Focused on physician performance
 - ✓ Patient Safety & Systems of Care
 - ✓ Diabetes outcomes
 - ✓ Cardiac outcomes



SELECTION

Measured by Volume Shift

Standard Measures:

- Process
- Outcomes

CHANGE

Measured by Better Scores

Voluntary Selection or Steered Selection:

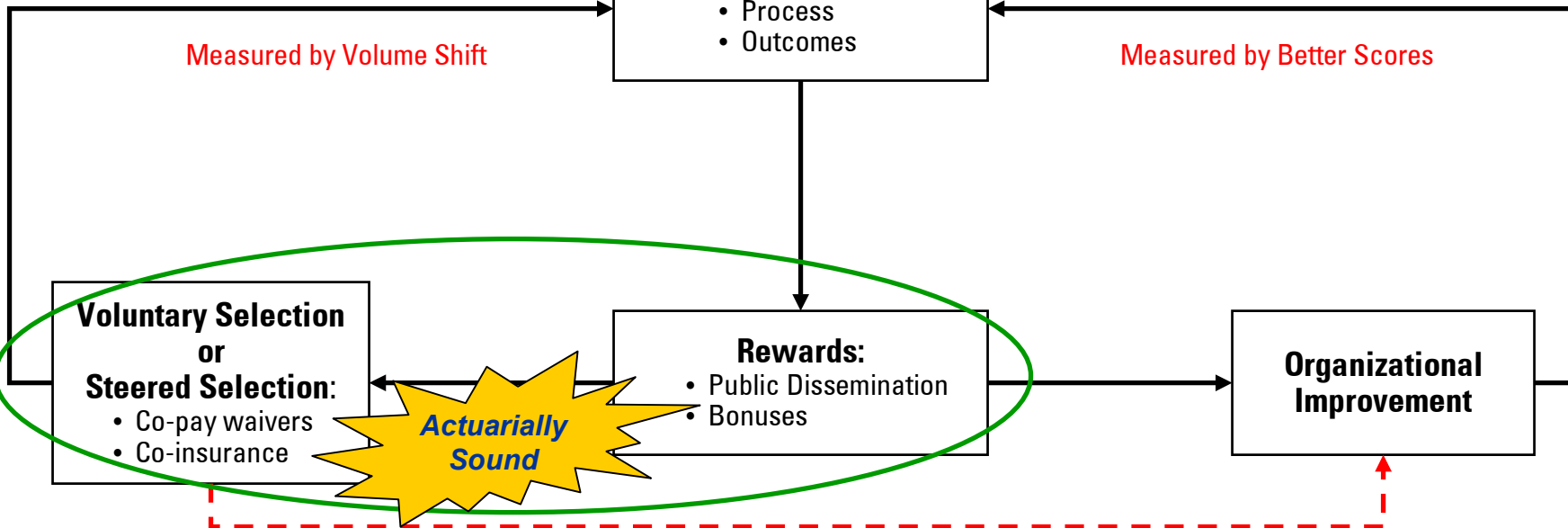
- Co-pay waivers
- Co-insurance

**Actuarially
Sound**

Rewards:

- Public Dissemination
- Bonuses

Organizational Improvement





Rewarding Inpatient Quality

THE **LEAPFROG** GROUP
for **Patient Safety**
Rewarding **Higher Standards**

- Direct Financial Rewards:
 - Empire BCBS: $x + x\%$, bonus is a % of fees paid, decreasing over time to spur Leap adoption
 - Trigon/Anthem BCBS: up to 1% bonus on fees paid based on scores of “balanced scorecard” that includes CPOE/IPS, JCAHO & ACC measures, and patient experience survey
 - CMS: Getting into the game (Premier demo, AHA demo)
- Marketshare Shift:
 - Hannaford Bros: \$250 co-pay difference for member going to Hospital meeting Leapfrog measure
 - Boeing: as of June 2004, members going to Hospitals not meeting Leapfrog measures will pay 5% co-insurance
 - CA Plans: many have launched tiered network arrangements based in part on Leapfrog measures
 - UHC: Pilot in development on consumer incentive linked to PBA

Next step is baking these measures and rewards into plan-hospital contracts.



Rewarding Outpatient Care

- Bridges to Excellence is a program designed to create significant leaps in the quality of care by recognizing and rewarding health care 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.
- Quality is measured uniformly using nationally accepted standards, collected by an independent third party – NCQA
- Quality measures are focused on actuarially sound performance criteria that provide an opportunity for a positive ROI for payers in a fee-for-service environment

What we're after is a significant reengineering in the processes of care.



BTE Performance Dimensions

Structure (PSCMRP):

PHYSICIAN OFFICE LINK

- Patient safety – e-prescribing
- Guideline-driven care – EHRs
- Focus on high-cost patients – Care coordination
- Improved compliance – Patient education & support



Process & Outcomes (DPRP & HSRP):

DIABETES CARE LINK

- HbA1Cs tested and controlled
- LDLs tested and controlled
- BP tested and controlled
- Eye, Foot and Urine exams

CARDIAC CARE LINK

- LDLs tested and controlled
- BP tested and controlled
- Use of aspirin
- Smoking cessation advice



Summary of Performance Measures – From Structure To Outcomes

Physician Office Link Measures

Clinical Information Systems	Patient Education and Support	Care Management
Use of Patient Registries	Educational Resources (languages)	Care of Chronic Conditions (disease management)
Electronic RX and Test ordering systems	Referrals for Risk Factors & Chronic Conditions	Preventable Admissions
Electronic Medical Records	Quality Measurement and Improvement	Care of High-Risk Medical Conditions (care management)

Diabetes Care Link Measures		Cardiac Care Link Measures	
	Req. % of Patients Achieving Measure		Req. % of Patients Achieving Measure
# Tested HbA1c	93%	# Blood Pressure Testing in last 12 mos	80%
Proportion HbA1c < 8%	55%	Proportion < 140/90 mm Hg	75%
Proportion HbA1c > 9.5%	≤ 21%	LDL <100 mg/dl	50%
# Exams Completed	61%	# Lipid Profiles Done in last 12 mos	80%
# Foot Exam	80%	Patients with aspirin or other antithrombotics use	80%
# Blood Pressure Frequency	97%	Smoking status & cessation advice	80%
Proportion < 140/90 mm Hg	65%		
# Nephropathy Assessments	73%		
# Lipid Profiles	85%		
LDL <130 mg/dl	< 63%		



Rewarding Physicians & Patients

- Engage Physicians
 - Reward DPRP Certification at up to \$100/dp/y
 - Reward HSRP Certification at up to \$160/cp/y
 - Reward PSCMRP Certification at up to \$50/p/y
- Engage Patients
 - Reward compliance with diabetic care and HbA1c control
 - Reward compliance with cardiac care and BP/LDL controls
 - Encourage rating physicians on patient experience of care and using performance information to select care providers

Bonuses
actuarially
calculated to
yield positive
ROI for
purchaser



BTE Incentives For PCP Practice

Offices meeting Passing Score in:		POL			DCL/CCL
		Clinical Information System	Patient Education & Support	Care Management	
Any Module	Y1	\$50			20% of bonus is withheld until practice meets DCL and/or CCL (depends on whether attribution id's diabetics and/or cardiac patients) Doc gets full POL bonus plus extra \$80 for each diabetic and cardiac patient when meeting CCL/DCL
	Y2	\$20			
	Y3	\$10			
Two out of three Modules	Y1	\$50			
	Y2	\$50			
	Y3	\$30			
All three Modules	Y1	\$50			
	Y2	\$50			
	Y3	\$50			

A top scoring practice can earn up to \$20K per doc/year



Reward Example

- 3 PCP Practice with 1000 patients covered by the program:
 - 3.5% are diabetic patients
 - 2.5% are cardiac patients
- Practice receives total of \$54,800:
 - $\$40 * 1000 = \$40,000$ for meeting POL measures
 - $\$80 * 60 + \$10 * 1000 = \$14,800$ for meeting DCL & CCL measures
- Purchaser saves a total of \$55,000 less program costs (\$5 pmpy)

Incentives have to be compelling enough that physicians cannot afford to ignore them.



Rewarding Active Consumers: Diabetes Care Rewards

Participant accumulates points through improving self care processes and outcomes (HbA1c)

Report for October, November and December 2002 entered on Mar 22, 2003.

CareRewards Question	Your Answer	Points Earned
Did I monitor my blood sugar level 3-4 times per day?	Yes	250
Did I take all my diabetes medications as prescribed? (If your doctor has not prescribed diabetes medications, you may also select "Yes")	Yes	250
Did I exercise at least 4 times per week and maintain a healthy weight (or lose weight)?	Yes	250
Did I have my annual eye exam?	Yes	1000
Did I discuss diabetes foot care during my doctor's visit?	Yes	500
Did I have my blood pressure and my cholesterol level checked at my doctor's visit?	Yes	500
Did I have my Hemoglobin A1C level checked?	Yes	500
The date of my Hemoglobin A1C test was:	October 2002	n/a
My Hemoglobin A1C level was:	10	n/a
Total CareRewards Points Earned:		3250

Participant redeems points for coupons towards purchases at Diabetic Express for lifestyle products – sugar free foods, monitoring software, books on living with diabetes.

[wards Home](#) [What are CareRewards?](#) [Record a New Quarter](#) [Receive Awards](#)



ve Awards

1000 CareRewards Points.

oon, you'll be able to redeem your CareRewards Points for tangible rewards sent directly to you by mail. All you'll is select an award you're eligible for from the table below and tell us where to send it.

CareRewards Points Required *	Award Choice *
5,000	\$5 Diabetic Express Coupon
10,000	\$15 Diabetic Express Coupon
15,000	\$35 Diabetic Express Coupon

Diabetic #1

- Does all of the self care processes for six months
- Gets 5,500 points
- **Qualifies for \$5 coupon**

Diabetic #2

- Does all of the self care processes for six months and reduces HbA1c 1%
- Gets 10,500 points
- **Qualifies for \$15 coupon**

Diabetic #3

- Does all of the self care processes for 1 year and reduces HbA1c 2%
- Gets 15,500 points
- **Qualifies for \$35 coupon**



Guiding Active Consumers

Provider Listing

The following providers meet the criteria you entered.

Name	Address	Miles	Effectiveness of Care	Patient Experience of Care
Dr. Robert Smith	997 Glen Cove Avenue Glen Head, NY 11545	0.24		
Dr. John Doe	339 Hick Street Brooklyn, NY 11210	0.24		
Dr. Jane Doe	98 Princess Lane Scarsdale, NY 11201 additional addresses	0.13		

Gives the consumer a high-level roll-up of the physician's overall performance, appropriate levels of drill-down, and gives the consumer the ability to compare objective and subjective measures.

Doctor Information	Address & Hours	Staffing	Credentials	Hospital Affiliation
Dr. Robert Smith FAMILY PRACTICE ID NO: 00046688833 03 My Philosophy of Care 518.472.4584 518.472.4620 fax dr.smith@aol.com	997 Glen Cove Avenue Glen Head, NY 11545 Monday - Thursday 10-5 Friday, Saturday 11-4	<ul style="list-style-type: none"> 2 Nurses 3 Technicians 1 on-call doctor 	NY Medical College, M.D., 1989 St. Lukes - Roosevelt, 1992 AM Board of Internal Medicine, 1994	Mt. Sinai Medical Center Westchester Medical Center Columbia Presbyterian Medical Center

Performance Report:

Effectiveness of Care			Patient Experience of Care
Overall	Diabetes Care	Cardiac Care	Overall
 Doctor: 5 Average Score: 6	✓		 Doctor: 4 Average Score: 5

Doctor-Patient Interactions		Access and Office Systems	
Communication		Organizational Access	
Interpersonal Treatments		Visit-based Continuity	
Knowledge of Patient		Clinical Team	
Health Promotions			
Integration			
Patient Trust			
Relationship Duration			

Clinical Information Systems & Evidence-Based Medicine	Patient Education & Support	Care Management
Basic Registries and Follow-up <input checked="" type="checkbox"/> 100%	Educational Resources <input checked="" type="checkbox"/> 70%	Care of Chronic Conditions
Electronic Registries, Prescription and Test Ordering	Referrals for Risk Factors & Chronic Conditions	Preventable Admissions
Electronic Medical Records	Quality Measurement and Improvement	Care of High-Risk Medical Conditions

Key	
	Your Provider
	Average Provider

Key
<input checked="" type="checkbox"/> Provider has fulfilled the requirements for the measure



Current Market Activity

- BTE in Four States
 - L'ville, KY & Cin'ci, OH with Ford, GE, UPS, P&G, Humana and others
 - MA with Raytheon, Verizon, Medicaid, GE and others
 - Albany, NY with GE, Verizon, & potentially Lockheed and IBM
- CMS getting in the game:
 - DOQ demo slated for CA, NY & Iowa
 - DOQ-IT demo slated for up to five States
- Other large like initiatives:
 - IHA in CA
 - Rewarding Results, funded by Robert Wood Johnson
- Leapfrog ready to jump

Significant opportunity for private & public purchasers to join forces in accelerating market change.