

implementation 

Implementation

Employer Checklist – this checklist is to serve as the implementation guide

Contracting: The following agreements need to be executed prior to program launch

BTE Participation Agreement

Data Release Agreements (as determined by employer and health plan)

Contract with consumer web site vendor for DCL/POL/CCL web site administration

Data Collection: Medstat is the BTE data aggregator for the physician rewards process, the eligible patient file and the evaluation metrics.

Medstat will send the file specification to the new employer's health plan to identify eligible physicians and patients.

Medstat refreshes the "Top doc" list and sends to regional team leader.

Communications/Web Site

Web site: The DCL & CCL web sites have customized elements to each BTE participant, however the core point/incentive model is standard across all participants. The POL site is generic across all participants.

- Provide logo along with proper legal display of company name for the inclusion in the future BTE communications and the BTE gateway website.
- Define the company specific Url – example: "www.CareRewards/ge"
- Employer to decide to provide consumer rewards or certificate only. (Reference page 56 for *Rewards Processing*.)
- Employer's project coordinator works with web site vendor to customize the user registration, web site home page, rewards process, off line option, and security review.
- Add POL web site address to company employee site.
- Review employer-specific content on BTE, DCL, POL, & CCL websites.

■ Internal Communications: Each employer is responsible for announcing the programs to its employees, however for the condition specific programs, DCL and CCL, the web site vendor will be the third party that targets patients to enroll. In fully insured arrangements the health plan may send out the communications.

- Send announcement to eligible employees in pilot region.
- Review enrollment package to be sent by web site vendor/health plan targeted patients, customize as needed. Medstat will provide a patient file of eligible patients to the vendor/health plan to mail out the enrollment kits.
- Send out on going reminders to eligible employee population. A full toolkit of communication samples is provided to BTE participants to use during implementation from project leader.
- Contribute to development of Q&A's.

■ External Communications: Following a regional press release, an announcement communications will go to the entire physician community using data files from the participating health plans. To recruit enrollment by physicians, there may be a program specific enrollment package that follows the announcement with their specific patient count and potential reward amount from Medstat.

- Employers need to provide permission to use their name and potentially their logo within the communication.
- New Employer will get a copy of the physician package.

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- New Employer needs to brief public relations as well as internal stockholders (HR, PR, onsite medical, etc) and provide them a copy of talking points to address any external media inquiries.

** For further explanation of the communications, see the Appendix in section V.

Reward Process: Medstat, funded by each employer based on their patient count, administers the rewards to physicians. Although rewarding patients is encouraged, it is each employer's individual option. If the employer chooses to provide incentives to patients, they can adopt a model established by BTE or adopt a customized model, however the model must integrate with the CareRewards vendor.

- Confirm invoice process to Medstat for physician rewards
- Customized patient reward model—set up data feed between CareReward vendor and reward administrator.
- Confirm invoice process to CareRewards web site vendor
- Confirm invoice process to Consumer Incentive/Rewards vendor

Team Structure: There is a multi-layered team structure. Each sub team meets monthly. A calendar of meeting times and dates will be provided. Each employer should provide a list of key contacts and contact information for implementation.

- **Executive Committee** – Evaluation of program, key decision makers.
- **Regional Implementation team** – There is a regional team lead and a regional team coordinator focused on the roll out, solicitation of employers to participate in BTE, encourage physicians to get certified and qualify for rewards.
- **Working Group team** – Gathers program metrics, supports implementation.
- **Internal Employer team** – here is a list of some of the key team players that need to be engaged for a successful program implementation:
 - **Employer Project Coordinator** – facilitates the roll out of all aspects of physician and consumer engagement and coordinates the efforts of the employer team. The BTE Employer project coordinator attends regional calls and supports the recruitment of new employers into BTE and physicians for certification. A representative from corporate and the region are needed.
 - **Legal** - Contracting, data use agreements and use of company logo, press releases.
 - **IT** - security sign off of consumer web tool, facilitate the integration of existing web tools with DCL, CCL and POL sites (as needed).
 - **Communications** - provides feedback into the communications launch, communicates internally to employees about the programs, and supports requests from external media.
 - **Medical Director** - coordinates the recruitment of physicians to get certified.
 - **Accounting/Finance** - Supports contract signing, invoice process.
 - **Provider relations** (health plans)
- **Evaluation team** - on an annual basis reviews the programs impact on quality and cost of care.
- **Each individual employer identifies the member within their organization who will sit on the following BTE committees:**
 - **Executive Committee**
 - **Regional Implementation Committee**

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**BTE Program Calendar for Employers
2003 – 2004**

2003		
<p><u>July</u></p> <ul style="list-style-type: none"> TBD: employers invoiced for rewards for certified docs 31/TBD recogn. physician congrat. letters mailed 31: Number of diabetics in CareRewards reported by vendor 31: Effectiveness of connectors reported monthly by vendor 31: % of docs certified vs. eligible docs reported monthly by Medstat 	<p><u>August</u></p> <ul style="list-style-type: none"> 8: employer Jul-Sep reward funds due to Medstat 15: reward/fee checks mailed for Jul-Sep 2003 recogn. physicians 30: recogn. physician congrat. letters mailed 31: Number of diabetics in CareRewards reported by vendor 31: Number of diabetics for CDE reported by CDE coordinator quarterly 31: Effectiveness of connectors reported monthly by vendor 31: % of docs certified vs. eligible docs reported monthly by Medstat 31: Number of certified top docs/patient % vs. total top docs/patient reported quarterly by Medstat 	<p><u>September</u></p> <ul style="list-style-type: none"> 30: Sept. recogn. physician congrat. letters mailed 30: Number of diabetics in CareRewards reported by vendor 30: Effectiveness of connectors reported monthly by vendor 30: % of docs certified vs. eligible docs reported monthly by Medstat
<p><u>October</u></p> <ul style="list-style-type: none"> 8: employers invoiced for Jul-Sep 2003 rewards 31: Oct. recogn. physician congrat. letters mailed 31: Number of diabetics in CareRewards reported by vendor 31: Effectiveness of connectors reported monthly by vendor 31: % of docs certified vs. eligible docs reported monthly by Medstat 	<p><u>November</u></p> <ul style="list-style-type: none"> 8: employer Jul-Sep 2003 reward funds due to Medstat 15: reward/fee checks mailed for Jul-Sep 2003 recogn. physicians 30: Nov. recogn. physician contat. letters mailed 30: Number of diabetics in CareRewards reported by vendor 30: Effectiveness of connectors reported monthly by vendor 30: % of docs certified vs. eligible docs reported monthly by Medstat 	<p><u>December</u></p> <ul style="list-style-type: none"> 31: Dec. recogn. physician congrat. letters mailed 31: Number of diabetics in CareRewards reported by vendor 31: Number of diabetics for CDE reported by CDE coordinator quarterly 31: Effectiveness of connectors reported monthly by vendor 31: % of docs certified vs. eligible docs reported monthly by Medstat 31: Number of certified top docs/patient % vs. total top docs/patient reported quarterly by Medstat
2004		
<p><u>January</u></p> <ul style="list-style-type: none"> 8: employers invoiced for Oct–Dec 2003 rewards 31: Jan. recogn. physician congrat. letters mailed 31: employers receive annual reconciliation of pymts vs. invoice 31: Number of new employers 31: Number of new covered lives per Medstat 31: Number of diabetics in CareRewards reported by vendor 31: Effectiveness of connectors reported monthly by vendor 31: % of docs certified vs. eligible docs reported monthly by Medstat 	<p><u>February</u></p> <ul style="list-style-type: none"> 8: employer Oct–Dec 2003 reward funds due to Medstat 15: reward/fee checks mailed for Oct–Dec 2003 recogn. physicians 29: Feb. recogn. physician congrat. letters mailed 29: Number of diabetics in CareRewards reported by vendor 29: Effectiveness of connectors reported monthly by vendor 29: % of docs certified vs. eligible docs reported monthly by Medstat 	<p><u>March</u></p> <ul style="list-style-type: none"> 31: Mar. recogn. physician congrat. letters mailed 31: Number of diabetics in CareRewards reported by vendor 31: Effectiveness of connectors reported monthly by vendor 31: % of docs certified vs. eligible docs reported monthly by Medstat

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<p><u>April</u></p> <ul style="list-style-type: none"> • 8: employers invoiced for Jan-Mar 2004 rewards • 30: Apr. recogn. physician congrat. letters mailed • 30: Timeliness of pymt to Medstat ; rewards pymt due • 30: Number of diabetics in CareRewards reported by vendor • 30: Number of diabetics for CDE reported by CDE coordinator quarterly • 30: Effectiveness of connectors reported monthly by vendor • 30: % of docs certified vs. eligible docs reported monthly by Medstat • 31: Number of certified top docs/patient % vs. total top docs/patient reported quarterly by Medstat 	<p><u>May</u></p> <ul style="list-style-type: none"> • 8: employer Jan-Mar 2004 reward funds due to Medstat • 15: reward/fee checks mailed for Jan-Mar 2004 recogn. physicians • 31: May recogn. physician congrat. letters mailed • 31: Number of diabetics in CareRewards reported by vendor • 31: Effectiveness of connectors reported monthly by vendor • 31: % of docs certified vs. eligible docs reported monthly by Medstat 	<p><u>June</u></p> <ul style="list-style-type: none"> • 30: Jun. recogn. physician congrat. letters mailed • 30: Number of diabetics in CareRewards reported by vendor • 30: Effectiveness of connectors reported monthly by vendor • 30: % of docs certified vs. eligible docs reported monthly by Medstat
<p><u>July</u></p> <ul style="list-style-type: none"> • 8: employers invoiced for Apr-Jun 2004 rewards • 31: Jul. recogn. physician congrat. letters mailed • 31: Number of new employers and covered lives • 31: Number of diabetics in CareRewards reported by vendor • 31: Effectiveness of connectors reported monthly by vendor • 31: % of docs certified vs. eligible docs reported monthly by Medstat 	<p><u>August</u></p> <ul style="list-style-type: none"> • 8: employer Apr-Jun 2004 reward funds due to Medstat • 15: reward/fee checks mailed for Apr-Jun 2004 recogn. physicians • 31: Aug. recogn. physician congrat. letters mailed • 31: Timeliness of payment to Medstat ; rewards pymt due • 31: Number of diabetics in CareRewards reported by vendor • 31: Number of diabetics for CDE reported by CDE coordinator quarterly • 31: Effectiveness of connectors reported monthly by vendor • 31: % of docs certified vs. eligible docs reported monthly by Medstat • 31: Number of certified top docs/patient % vs. total top docs/patient reported quarterly by Medstat 	<p><u>September</u></p> <ul style="list-style-type: none"> • 30: Sep. recogn. physician congrat. letters mailed • 30: Number of diabetics in CareRewards reported by vendor • 30: Effectiveness of connectors reported monthly by vendor • 30: % of docs certified vs. eligible docs reported monthly by Medstat
<p><u>October</u></p> <ul style="list-style-type: none"> • 8: employers invoiced for Jul-Sep 2004 rewards • 31: Oct. recogn. physician congrat. letters mailed • 31: Number of diabetics in CareRewards reported by vendor • 31: Effectiveness of connectors reported monthly by vendor • 31: % of docs certified vs. eligible docs reported monthly by Medstat 	<p><u>November</u></p> <ul style="list-style-type: none"> • 8: employer Jul-Sep 2004 reward funds due to Medstat • 15: reward/fee checks mailed for Jul-Sep 2004 recogn. physicians • 30: Nov. recogn. physician congrat. letters mailed • 30: Number of diabetics in CareRewards reported by vendor • 30: Effectiveness of connectors reported monthly by vendor • 30: % of docs certified vs. eligible docs reported monthly by Medstat 	<p><u>December</u></p> <ul style="list-style-type: none"> • 31: Dec. recogn. physician congrat. letters mailed • 31: Timeliness of payment to Medstat ; rewards pymt due • 31: Number of diabetics in CareRewards reported by vendor • 31: Number of diabetics for CDE reported by CDE coordinator quarterly • 31: Effectiveness of connectors reported monthly by vendor • 31: % of docs certified vs. eligible docs reported monthly by Medstat • 31: Number of certified top docs/patient % vs. total top docs/patient reported quarterly by Medstat

implementation 

Physicians Communications – Key Messages

The physicians recruitment campaign is customized for each particular market, based on the environment, climate and relative organization of the physician community. We also continuously adopt the best practices and lessons learned across the BTE markets. The basic framework for physician communications is:

1. Media outreach – to maximize exposure when a market goes live, either a press release is issued or an exclusive story given to a local paper. Follow up stories on when the first checks are issued are either focused around an event or photo of key leadership giving the check to newly certified physicians.
2. Letters – Once the data integration is complete, letters with reward amounts customized to the physician are mailed (*see page X for example*). Included are instructions and contact information.
3. Recruitment – each regional team needs to determine what the best strategy is for their market in recruiting physicians for certification and who the key contact will be for questions.

Below are key messages for explaining Bridges to Excellence to physicians, an overview of the recruitment methodologies and talking points.

Key Messages

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- Bridges to Excellence (BTE) programs are designed to re-align the interests and incentives of purchasers, providers and patients around high quality care. That's because we believe that better quality care costs less overall.
- Purchasers understand that there needs to be a business case for quality at the provider level for quality initiatives to work. As such, physicians that can demonstrate better outcomes or processes in caring for their patients should be rewarded.
- Purchasers also understand that patients as well as physicians need to be engaged in improving outcomes of care. As such, patients will be encouraged to enroll in chronic illness self-management programs and will receive incentives for demonstrating better control of key biometrics.
- The quality criteria used by Bridges to Excellence, and around which incentives have been created, are validated and accepted measures that are administered by the National Committee for Quality Assurance (NCQA).
- BTE programs were co-developed by purchasers and providers, anticipating their needs and being responsive to their key concerns about the size and meaningfulness of rewards, as well as in minimizing the burden of reporting.

February 25, 2004

Dr. "FIRST_MIDDLE" "LAST"
"ADDRESS"
"CITY", "STATE" "ZIP"

Dear Dr. "LAST":

Bridges to Excellence is pleased to inform you that you may be eligible to participate in the Physician Office Link program, through which your practice may earn up to \$50 annually for each of your practice's patients covered by purchasers and health plans participating in this initiative. **Your practice's eligible reward amount based on your patient count alone is: \$<<RWD>>.**

What is Bridges to Excellence?

Bridges to Excellence is a multi-state, multi-purchaser coalition whose mission is to reward quality across the health care system, and is a grantee of the Robert Wood Johnson Foundation's Rewarding Results grant program. The program is 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 that they deliver safe, timely, effective, efficient, equitable, and patient-centered care. The Bridges to Excellence initiative is comprised of three individual programs: Physician Office Link (POL), Diabetes Care Link (DCL), and Cardiac Care Link (CCL). Physicians who demonstrate high levels of performance in these program areas are eligible for incentive bonuses paid by participating purchasers. Each of the three programs has its own rewards and performance criteria. These programs are currently being launched in the Albany/Schenectady area (New York's Capital Region).

What is Physician Office Link?

The Physician Office Link (POL) program is designed to promote and reward practices for the use of systematic information to enhance the quality of patient care. Systematic processes have been shown to contribute to improvements in health care, including physicians' ability to monitor their patients' medical histories and their ability to follow up with their patients and with other providers. The Physician Office Link program is using a performance assessment program administered by the National Committee for Quality Assurance (NCQA), called Safe & Coordinated Care (SCC). NCQA's SCC program consists of a set of standards associated with comprehensive systems in three critical areas: clinical information systems, patient education and support, and care management. NCQA evaluates office practices to determine if they meet the established performance standards in each of these three systems areas.

How can I obtain rewards through Physician Office Link?

If you are a primary care physician, your practice can receive the rewards offered under the Physician Office Link program by achieving passing scores in each of the three systems modules in the SCC program administered by NCQA. Enclosed with this letter are instructions regarding how your practice can receive the rewards offered under the Physician Office Link program.

How much reward can I earn?

Your practice can earn up to \$50 annually per eligible patient, up to \$20,000 per physician per year and \$50,000 per physician over the life of the Bridges to Excellence initiative. Your practice's annual eligible reward amount is based on the following:

1. The number of eligible patients for each physician identified as part of your office practice. Eligible patients are determined by Bridges to Excellence based on ambulatory claim and encounter data supplied by the participating health plans for the participating

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purchasers. Eligible patient counts are revised up to twice each year based on new data supplied by health plans. Each physician's eligible patient count will be specified on the physician list that is provided with the Practice Background Information Worksheet you obtain from NCQA.

- *Your current eligible patient count for the Physician Office Link program is: "PTS"*

2. The specific SCC program modules in the three system areas (clinical information systems, patient education and support, and care management) for which your practice obtains passing scores from NCQA. The amount of the reward varies depending on the number of modules in each of the three systems areas for which your practice achieves a passing score.

Can I also participate in the other BTE programs?

The Diabetes Care Link (DCL) program is open to primary care physicians and endocrinologists who coordinate the overall care of patients with diabetes. The Cardiac Care Link (CCL) program is open to primary care physicians, cardiologists, and neurologists who coordinate the overall care of patients with cardiovascular disease. By passing NCQA's performance criteria to demonstrate that they achieve good outcomes in the care of diabetes or cardiac patients, eligible physicians may receive \$80 annually for each eligible diabetes patient or up to \$160 annually for each eligible cardiac patient, up to \$20,000 annually and \$50,000 lifetime per physician across the DCL, CCL, and POL programs. Primary care physicians who obtain rewards through the POL program will receive detailed information regarding their practice's reward eligibility for the DCL and CCL programs. Practices that obtain passing scores in the DCL and CCL programs also will receive a 25% POL program bonus. Enclosed with this letter is a diagram illustrating the Program Eligibility and Reward Structure for Bridges to Excellence. Primary Care Physicians who are interested in obtaining the rewards available through the Bridges to Excellence initiative should follow the left-hand path outlined on the diagram.

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Where can I learn more about Physician Office Link and Bridges to Excellence?

For more information regarding the Physician Office Link program and Bridges to Excellence, contact Bridges to Excellence at:

- <http://www.bridgestoexcellence.org/>
- 1-800-224-7161
- bridgestoexcellence@medstat.com

For more information on the process to apply for performance recognition under the Safe & Coordinated Care (SCC) program, contact NCQA at:

- <http://www.ncqa.org/scc>
- 1-888-275-7585

We highly encourage your practice to obtain recognition with NCQA and to receive the rewards offered under the Physician Office Link program. We look forward to your participation in this important initiative.

Sincerely,



Francois de Brantes
Board President, Bridges to Excellence

Dale Whitney, Secretary

February 25, 2004

Dr. "FIRST_MIDDLE" "LAST"
"ADDRESS"
"CITY", "STATE" "ZIP"

Dear Dr. "LAST":

Bridges to Excellence is pleased to inform you that you may be eligible to participate in the Cardiac Care Link program, through which you may earn up to \$160 annually for each of your cardiac patients covered by purchasers and health plans participating in this initiative. **Your eligible reward amount is: \$<<RWD>>.**

What is Bridges to Excellence?

Bridges to Excellence is a multi-state, multi-purchaser coalition whose mission is to reward quality across the health care system, and is a grantee of the Robert Wood Johnson Foundation's Rewarding Results grant program. The program is 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 that they deliver safe, timely, effective, efficient, equitable, and patient-centered care. The Bridges to Excellence initiative is comprised of three individual programs: Cardiac Care Link (CCL), Physician Office Link (POL), and Diabetes Care Link (DCL). Physicians who demonstrate high levels of performance in these program areas are eligible for incentive bonuses paid by participating purchasers. Each of the three programs has its own rewards and performance criteria. These programs are currently being launched in the Albany/Schenectady area (New York's Capital Region).

What is Cardiac Care Link?

The Cardiac Care Link (CCL) program is designed to promote and reward physicians for demonstrating good outcomes in cardiac care. Patients who maintain control of their blood pressure and lipid levels, and who undergo recommended exams have improved health and lower health care costs. Physicians targeted for the program are those with primary responsibility for managing the overall care of patients with cardiovascular disease. The Cardiac Care Link program is using a cardiac care performance assessment program administered by the National Committee for Quality Assurance (NCQA). NCQA's assessment program consists of a set of standards associated with processes and outcomes involved in the care of patients with cardiovascular disease, such as blood pressure and lipid testing. NCQA evaluates physicians to determine if they meet the established cardiac care standards for 3-year recognition through the Heart/Stroke Recognition Program (HSRP).

How can I obtain rewards through Cardiac Care Link?

If you are a practicing cardiologist or neurologist, you can receive the rewards offered under the Cardiac Care Link program by obtaining recognition through the cardiac care performance assessment program administered by NCQA. Enclosed with this letter are instructions regarding how you can receive the rewards offered under the Cardiac Care Link program.

- If you are practicing in a cardiology/neurology specialty practice, then you should apply to NCQA's performance assessment program with other cardiologists/neurologists in your practice.
- If you are practicing in a general or mixed specialty practice, then you should apply to NCQA's performance assessment program as an individual cardiologist/neurologist.

How much reward can I earn?

You can earn up to \$160 annually per eligible cardiac patient, up to \$20,000 per year and \$50,000 over the life of the Bridges to Excellence initiative. Your annual eligible reward amount is based on the following:

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1. The number of eligible cardiac patients you treat. Eligible cardiac patients are determined by Bridges to Excellence based on inpatient and ambulatory claim and encounter data supplied by the participating health plans for the participating purchasers. Eligible patient counts are revised up to twice each year based on new data supplied by health plans.

- *Your current eligible cardiac patient count for the Cardiac Care Link program is: "PTS"*

2. Obtaining cardiac care provider recognition through NCQA's cardiac care performance assessment program. If you pass NCQA's performance assessment program, you will earn \$80 for each of your eligible cardiac patients. In addition to passing NCQA's performance program, if you also obtain top scores on blood pressure and lipid control for your cardiac patients, you can earn an additional \$80 per eligible cardiac patient.

Can I also participate in the other BTE programs?

Cardiologists and neurologists who are eligible for the CCL program also may be able to obtain rewards with their practice as part of the Physician Office Link program. The Physician Office Link (POL) program is designed to promote and reward office practices for the use of systematic information to enhance the quality of patient care. Practices which demonstrate that they have comprehensive patient management systems by meeting office practice standards established by NCQA may receive up to \$50 annually for each of the practice's eligible patients, up to \$20,000 annually and \$50,000 lifetime per physician across the CCL and POL programs. Cardiologists and neurologists who obtain rewards through the CCL program will receive detailed information regarding their reward eligibility for their practice to participate in the POL program. The Diabetes Care Link (DCL) program is open to endocrinologists and primary care physicians who coordinate the overall care of patients with diabetes. Enclosed with this letter is a chart illustrating the Program Eligibility and Reward Structure for Bridges to Excellence. Cardiologists and neurologists who are interested in obtaining the rewards available through the Bridges to Excellence initiative should follow the right-hand path outlined on the diagram.

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Where can I learn more about Cardiac Care Link and Bridges to Excellence?

For more information regarding the Cardiac Care Link program and Bridges to Excellence, contact Bridges to Excellence at:

- <http://www.bridgestoexcellence.org/>
- 1-800-224-7161
- bridgestoexcellence@medstat.com

For more information about the process for applying for cardiac care provider recognition, contact NCQA at:

- <http://www.ncqa.org/dprp/dcl/dclmain.htm>
- 1-888-275-7585

We highly encourage you to obtain cardiac care provider recognition with NCQA and to receive the rewards offered under the Cardiac Care Link program. We look forward to your participation in this important initiative.

Sincerely,



Francois de Brantes
Board President, Bridges to Excellence

Dale Whitney, Secretary

February 25, 2004

Dr. "FIRST_MIDDLE" "LAST"
"ADDRESS"
"CITY", "STATE" "ZIP"

Dear Dr. "LAST":

Bridges to Excellence is pleased to inform you that you may be eligible to participate in the Diabetes Care Link program, through which you may earn up to \$80 annually for each of your patients with diabetes covered by purchasers and health plans participating in this initiative.

Your eligible reward amount is: \$<<RWD>>.

What is Bridges to Excellence?

Bridges to Excellence is a multi-state, multi-purchaser coalition whose mission is to reward quality across the health care system, and is a grantee of the Robert Wood Johnson Foundation's Rewarding Results grant program. The program is 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 that they deliver safe, timely, effective, efficient, equitable, and patient-centered care. The Bridges to Excellence initiative is comprised of three individual programs: Diabetes Care Link (DCL), Physician Office Link (POL), and Cardiac Care Link (CCL). Physicians who demonstrate high levels of performance in these program areas are eligible for incentive bonuses paid by participating purchasers. Each of the three programs has its own rewards and performance criteria. These programs are currently being launched in the Albany/Schenectady area (New York's Capital Region).

What is Diabetes Care Link?

The Diabetes Care Link (DCL) program is designed to promote and reward physicians for demonstrating good outcomes in diabetes care. Patients who maintain control of their and who undergo recommended exams have improved health and lower health care costs. Physicians targeted for the program are those with primary responsibility for managing the overall care of patients with diabetes. The Diabetes Care Link program is using a diabetes care performance assessment program administered by the National Committee for Quality Assurance (NCQA). NCQA's assessment program consists of a set of standards associated with processes and outcomes involved in the care of patients with diabetes, such as HbA1c levels and blood pressure. NCQA evaluates physicians to determine if they meet the established diabetes care standards for either 3-year recognition through the Diabetes Physician Recognition Program (DPRP) or 1-year certification.

How can I obtain rewards through Diabetes Care Link?

If you are a practicing endocrinologist, you can receive the rewards offered under the Diabetes Care Link program by obtaining certification or recognition through the diabetes care performance assessment program administered by NCQA. Enclosed with this letter are instructions regarding how you can receive the rewards offered under the Diabetes Care Link program.

- If you are practicing in an endocrinology specialty practice, then you should apply to NCQA's performance assessment program with other endocrinologists in your practice.
- If you are practicing in a general or mixed specialty practice, then you should apply to NCQA's performance assessment program as an individual endocrinologist.

How much reward can I earn?

You can earn \$80 annually per eligible diabetes patient, up to \$20,000 per year and \$50,000

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over the life of the Bridges to Excellence initiative. Your annual eligible reward amount is based on the following:

1. The number of eligible diabetes patients you treat. Eligible diabetes patients are determined by Bridges to Excellence based on inpatient and ambulatory claim and encounter data supplied by the participating health plans for the participating purchasers. Eligible patient counts are revised up to twice each year based on new data supplied by health plans.

- Your current eligible diabetes patient count for the Diabetes Care Link program is: "PTS"

2. Obtaining diabetes care provider certification or recognition through NCQA's diabetes care performance assessment program. If you pass NCQA's performance assessment program, you will earn \$80 for each of your eligible diabetes patients.

Can I also participate in the other BTE programs?

Endocrinologists who are eligible for the DCL program also may be able to obtain rewards with their practice as part of the Physician Office Link program. The Physician Office Link (POL) program is designed to promote and reward office practices for the use of systematic information to enhance the quality of patient care. Practices which demonstrate that they have comprehensive patient management systems by meeting office practice standards established by NCQA may receive up to \$50 annually for each of the practice's eligible patients, up to \$20,000 annually and \$50,000 lifetime per physician across the DCL and POL programs. Endocrinologists who obtain rewards through the DCL program will receive detailed information regarding their reward eligibility for their practice to participate in the POL program. The Cardiac Care Link (CCL) program is open to cardiologists, neurologists, and primary care physicians who coordinate the overall care of patients with cardiovascular disease. Enclosed with this letter is a diagram illustrating the Program Eligibility and Reward Structure for Bridges to Excellence. Endocrinologists who are interested in obtaining the rewards available through the Bridges to Excellence initiative should follow the path outlined in the middle of the diagram.

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Where can I learn more about Diabetes Care Link and Bridges to Excellence?

For more information regarding the Diabetes Care Link program and Bridges to Excellence, contact Bridges to Excellence at:

- <http://www.bridgestoexcellence.org/>
- 1-800-224-7161
- bridgestoexcellence@medstat.com

For more information about the process for applying for diabetes care provider certification or recognition, contact NCQA at:

- <http://www.ncqa.org/dprp/dcl/dclmain.htm>
- 1-888-275-7585

We highly encourage you to obtain diabetes care provider recognition with NCQA and to receive the rewards offered under the Diabetes Care Link program. We look forward to your participation in this important initiative.




Sincerely,



Francois de Brantes
Board President, Bridges to Excellence

Dale Whitney, Secretary

Engaging Consumer

Create	Connect	Support
<ul style="list-style-type: none"> • Take action • You can do it • "It's your health" • "Research shows" 	<ul style="list-style-type: none"> • Own Nurse/Doc • Volunteers from the American Diabetes Association/CDEs • OSM 	<ul style="list-style-type: none"> • In person coaching • Checklist of treatment goals • Expert care team lists
<p>Comprehensive Toolkit</p>  <ul style="list-style-type: none"> • Four invitational letters based on different patient stories/themes • A series of 4 newsletter articles • 12 E-mail alerts ... and more 	<p>Multiple Touchpoints</p>  <ul style="list-style-type: none"> • Use CDEs to connect eligible patients to the support tools and the expert care team lists • Supplement CDEs w/ internal connectors – OSM, HR, etc... 	<p>CTQ-driven Tools</p>  <ul style="list-style-type: none"> • CareGuide • CareJournal • CareRewards • Physician Finder
<p>Comprehensive set of tools that employers can customize to their and their population's needs</p>		

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Consumer Self-Management Website



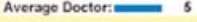






POL Consumer Tool




Provider Search Results: Rating and Rank

- High-level roll-up of physician's overall performance
- Distinguishes relative performance of physicians within each level

Provider Listing

The following providers meet the criteria you entered.

Name	Address	Miles	Overall Quality	How well are we doing?
Dr. Robert Smith	997 Glen Cove Avenue Glen Head, NY 11545	0.24		Doctor:  4 Average Doctor:  5
Dr. John Doe	339 Hick Street Brooklyn, NY 11210	0.24		Doctor:  5 Average Doctor:  7
Dr. Jane Doe	98 Princess Lane Scarsdale, NY 11201 additional addresses	0.13		Doctor:  9 Average Doctor:  9

 : Third stage of process excellence
 : Second stage of process excellence
 : First stage of process excellence

implementation 

Provider Performance Report

Dr. Robert Smith
FAMILY PRACTICE
ID NO: 0004668833 03
My Philosophy of Care
518 472 4584
518 472 4620 fax
dr.smith@aol.com

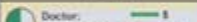



997 Glen Cove Avenue
Glen Head, NY 11545
Monday - Thursday 10-5
Friday, Saturday 11-4

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

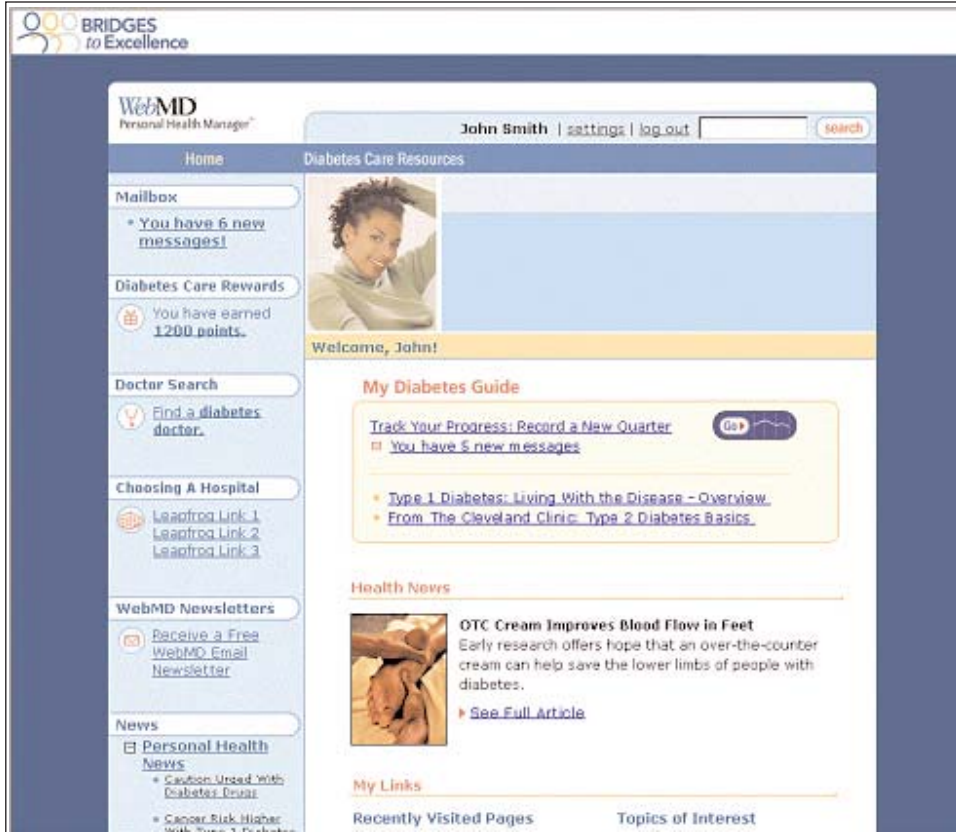
Performance Report:

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

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
 Provider has fulfilled the requirements for the measure

Diabetes CareRewards



implementation 

Four-step process

1. Create a profile to establish baseline
2. Use CareGuide with doctor to set long term goals
3. Use CareJournal to track progress
4. Earn CareRewards by answering the self-care questions


Diabetes CareRewards

- Participant accumulates points through improving self care processes and outcomes (HbA1c).
- Participant redeems points for coupons towards purchases at Diabetic Expres for lifestyle products: sugar-free foods, monitoring software, books on living with diabetes

	Requirements	Points Earned	Reward
Patient 1	Completes all of the self-care processes for six-months	5,500	\$5 coupon
Patient 2	Completes all of the self-care processes for six month and reduced HbA1c 1%	10,500	\$15 coupon
Patient 3	Completes all of the self-care processes for 1 year and reduces	15,500	\$35 coupon

Diabetes CareRewards Earning and Redeeming Points

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?		
Did I have my blood pressure and my cholesterol level checked at my doctor's visit?		
Did I have my Hemoglobin A1C level checked?		
The date of my Hemoglobin A1C test was:		
My Hemoglobin A1C level was:		
Total CareRewards Points Earned:		



Receive Awards

You have **1000 CareRewards Points**.

Coming soon, you'll be able to redeem your CareRewards Points for tangible rewards sent directly to you by mail. All you'll need to do 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

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Rewarding Active Consumers

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

Report for October, November & 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 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.



Receive Awards
You have 1000 CareRewards Points.
Coming soon, you'll be able to redeem your CareRewards Points for tangible rewards sent directly to you by mail. All you'll need to do 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

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Patient #1	Patient #2	Patient #3
<ul style="list-style-type: none"> Does all of the self care processes for six months Gets 5,500 points Qualifies for \$5 coupon 	<ul style="list-style-type: none"> Does all of the self care processes for six months and reduces HbA1c 1% Gets 10,500 points Qualifies for \$15 coupon 	<ul style="list-style-type: none"> Does all of the self care processes for 1 year and reduces HbA1c 2% Gets 15,500 points Qualifies for \$35 coupon

Health Plan Responsibilities

Patient Component

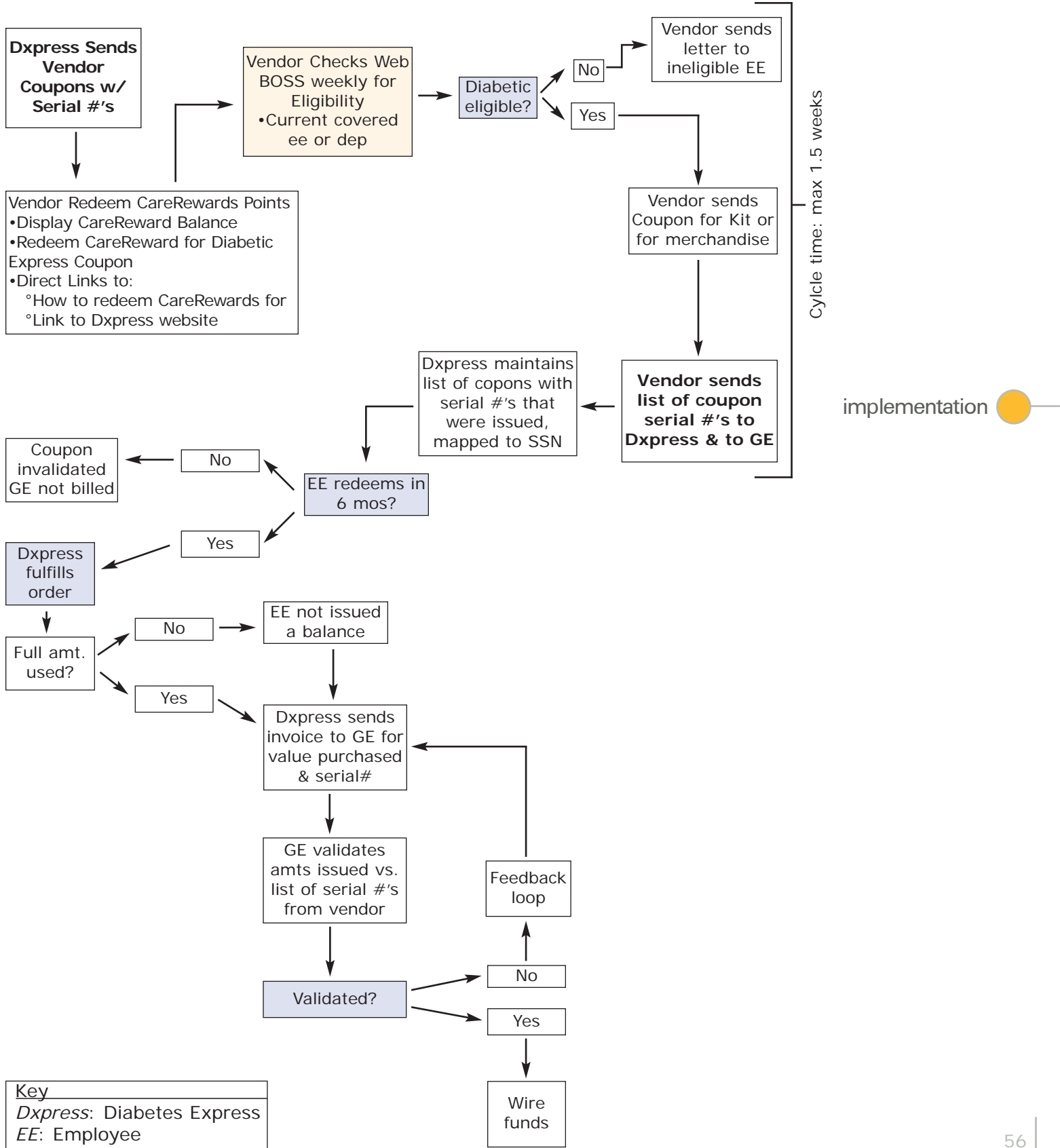
The DCL and CCL programs involve a web-based disease management tool for patients with diabetes or cardiovascular disease to use to help manage their own condition. Employers may choose to provide rewards to patients who meet target health goals. The data provided by the health plan identifies patients from participating employers who will be contacted regarding the disease management tool and patient rewards available under the BTE program.

- disease management tools: BTE offers a disease management tool through the Care Rewards Provider. Alternatively, employers may elect to use a disease management tool already available through a disease management vendor with which they or their health plan already contract.
- patient rewards: Patients who achieve certain thresholds in their own self-care (e.g., improved blood glucose levels) are eligible for rewards offered by participating employers. Employers choose whether to provide rewards to employees. The BTE Care Rewards Vendor manages a web-based system for patients to obtain points for achieving health care goals to redeem those bonus points for rewards.

With BTE's disease management tool, an integrated reward redemption system calculates patients' bonus points enabling patients to redeem rewards. With a health plan's own contracted disease management tool, the plan will need to provide patients' self-care data to the Care Rewards Vendor in order to allow the patient to track bonus points and redeem rewards.

implementation 

Employee Rewards Process Map



implementation 