BRIDGES to Excellence®

Rewarding Quality across the Healthcare System

Information Packet

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Information Packet Description

This Information Packet provides an overview about the BTE reward programs and the specific measures used to assess physician performance in each of the BTE program areas. This packet also provides information about how to launch Bridges to Excellence in new market areas.

- Bridges to Excellence (BTE) is currently active in the following markets:
  - » Cincinnati, Ohio
  - » Louisville, Kentucky
  - » Massachusetts
  - » Upstate New York (NY Capital Region)

BTE Initiative Summary

Bridges to Excellence is a multi-state, multi-employer coalition whose mission is to reward quality across the health care system, and is a grantee of the Robert Wood Johnson's Rewarding Results grant program. BTE is a not-for-profit organization with a Board comprised of representatives from employers, providers, and health plans.

- BTE is a multi-stakeholder approach to creating incentives for quality, involving:
  - » employers
  - » health plans
  - » physicians
  - » patients

- BTE's mission is to improve the quality of care through rewards and incentives that focus on both health care providers and patients:
  - » Providers
    - Encourage providers to deliver optimal care.
    - Recognize and reward 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.
  - » Patients
    - Encourage patients to seek evidence-based care.
    - Reward patients with chronic diseases who take an active role in managing their own care and achieve target goals aimed at improving their health.

- BTE's focus is defined in several key areas:
  - » BTE involves 3 key programs that target office practices, diabetes care, and cardiac care.
  - » Program costs are paid by participating employers, based on their count of member patients.
  - » BTE is currently active in the following selected market areas: Cincinnati, Louisville, Massachusetts, and Upstate New York (NY Capital Region).

Program Summary

The Bridges to Excellence initiative currently is comprised of three individual programs, each of which is designed to promote and reward improvements in the quality of patient care. Through these programs, physicians can earn up to $20,000 annually and up to $50,000 over the life of the initiative.

- **Physician Office Link (POL)** is focused on promoting office practice's use of information systems to enhance the quality of patient care.
  - » Office practice sites which implement specific processes to reduce errors and increase quality can earn up to $50 per year for each patient covered by a participating employer.

- **Diabetes Care Link (DCL)** is intended to improve the quality of care for patients with diabetes.
  - » Patients who use disease management tools to self-manage their own diabetes care can earn rewards for achieving target goals that improve their health.
  - » Physicians who demonstrate they are top performers in diabetes care can earn $80 per year for each diabetes patient covered by a participating employer.

- **Cardiac Care Link (CCL)** is focused on improving the quality of care for patients with cardiovascular disease.
  - » Physicians who demonstrate they are top performers in cardiac care can earn up to $160 per year for each cardiac patient covered by a participating employer.

Physician Rewards

BTE's physician reward programs are designed to reward physicians and office practices that demonstrate high levels of performance in the three program areas.

- **Physician Office Link (POL)**: rewards office practices for the use of systematic information to enhance the quality of patient care

- **Diabetes Care Link (DCL)**: rewards physicians for demonstrating good outcomes in diabetes care

- **Cardiac Care Link (CCL)**: rewards physicians for demonstrating good outcomes in cardiac care

The BTE programs are targeting primary care physicians, endocrinologists, and cardiologists/ neurologists who treat patients associated with the participating employers. Each eligible physician's reward amount is based on the count of eligible employer patients treated by the physician. Eligible patients are determined by BTE's General Contractor (Medstat) based on inpatient and ambulatory claim and encounter data supplied by the participating health plans for the participating employers.

Each of the three BTE programs has its own performance assessment and rewards criteria Performance assessment in administered by the National Committee for Quality Assurance (NCQA) Rewards are administered through Bridges to Excellence, with a maximum per-physician reward across all BTE programs of $20,000 per year and $50,000 over the life of the initiative.

Program	Performance Measurement	BTE Rewards
POL	• 3-year recognition in NCQA's Physician Practice Connections (PPC) program • office practices must submit data in three PPC categories: clinical information systems, patient education and support, and care management	• maximum $50 per eligible member of participating employers • to earn $50 reward, practices must pass at least one module in each of the 3 categories in Year 1, 2 modules per category in Year 2, and 3 modules (all) per category in Year 3
CCL	• 3-year recognition in NCQA's Diabetes Physician Recognition Program (DPRP) • physicians must submit data on HbA1c control, blood pressure control, cholesterol testing and control, eye exam, foot exam, nephropathy assessment and smoking status/ cessation advice/treatment for a sample of their diabetes patients	• $80 per eligible diabetic patient of participating employers
DCL	• 3-year recognition in NCQA's Heart/Stroke Recognition Program (HSRP) • physicians must submit data on blood pressure, cholesterol testing and control, aspirin/antithrombotic use, and smoking status/cessation advice/treatment for a sample of their cardiac/stroke patients	• maximum $160 per eligible cardiac patient of participating employers • physicians who earn recognition will receive $80 per eligible cardiac patient; physicians who also earn top scores will receive an additional $80 per eligible cardiac patient

In addition to the financial rewards available through Bridges to Excellence, physicians who obtain NCQA recognition in one or more of the three BTE program performance areas (information systems, diabetes, and cardiovascular disease) will be highlighted on the Bridges to Excellence web site (http://www.bridgestoexcellence.org) and on the NCQA web site (http://www.ncqa.org). Recognized physicians also will be identified to employees of the BTE participating employers.

Diabetes Patient Rewards

The DCL Program includes a web-based disease management tool for patients with diabetes 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 plans to BTE's General Contractor is used to determine the diabetic patients of participating employers who will be contacted regarding the disease management tool and patient rewards available through BTE.

- Disease Management Tools. BTE offers a diabetes disease management tool through the CareRewards vendor. Alternatively, employers may elect to use a diabetes disease management tool already available through a disease management vendor with which they or their health plan contracts. BTE does not offer or endorse any specific disease management tools beyond the BTE Diabetes CareRewards program.

- Patient Rewards. Patients who achieve certain thresholds in their own self-care (e.g., improved blood glucose levels) are eligible for rewards offered by the participating employers. Employers choose whether to provide rewards to employees. The BTE CareRewards 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 health plan will need to provide patients' self-care data to the CareRewards vendor in order to allow the patient to track bonus points and redeem rewards.

Performance Assessment Overview

In order to receive the rewards available under the Bridges to Excellence programs in BTE markets, BTE-eligible physicians must pass the corresponding performance assessment program administered by the National Committee for Quality Assurance (NCQA). NCQA is the leading independent organization providing information that allows employers and consumers of health care to distinguish among health plans and physicians based on quality of care.

- **For POL Rewards**, pass NCQA's office practice performance assessment program. NCQA's office practice performance assessment program involves 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.

- **For DCL Rewards**, pass NCQA's diabetes care performance assessment program. NCQA's diabetes performance assessment program consists of a set of standards associated with processes and outcomes involved in the care of patients with diabetes. Performance measurement areas include 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.

- **For CCL Rewards**, pass NCQA's cardiac performance assessment program. NCQA's cardiac performance assessment program consists of a set of standards associated with processes and outcomes involved in the care of patients with cardiovascular disease or who have had a stroke. Performance measurement areas include 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).

Physicians applying for performance assessment must pay fees established by NCQA for administering the PPC, DPRP, and HSRP programs. BTE-eligible physicians who pass NCQA's performance criteria will be reimbursed by Bridges to Excellence for 1 average applicant fee per 50 POL patients (for NCQA's PPC program), 10 DCL patients (for NCQA's DPRP program), or 10 CCL patients (for NCQA's HSRP program).

Physician Practice Connections (PPC)

Physician Practice Connections is the performance assessment program for the Bridges to Excellence rewards program, Physician Office Link (POL). Meeting PPC standards means that practices have links—to information, to patients, to other practitioners, to evidence. The links in PPC take several forms, and NCQA evaluates three overlapping categories of standards in measuring physician office practice performance:

- Clinical Information Systems/Evidence-Based Medicine: How does the practice use information to keep track of patients' treatments, follow up on tests, check medications and use researched standards of care?

- Patient Education and Support: How does the practice use resources and referrals to help patients manage their own health? How does the practice measure and improve quality?

- Care Management: How does the practice actively help patients with chronic conditions and patients with very complex problems maximize their health and prevent hospitalization?

Clinical Information Systems/ Evidence-Based Medicine		Patient Education and Support		Care Management	
Basic Registries and Follow-up	**Pts**	**Educational Resources**	**Pts**	**Care of Chronic Conditions**	**Pts**
• Registry for patients with chronic conditions	10	• Assessment of risk factors and patient language preferences	30	• Identification of the practice's three most prevalent chronic conditions	10
• Percentage of patients in registry	10	• Provision of educational resources in English	50	• Structured process for disease management for patients with the practice's most prevalent conditions	45
• Use of registry to manage patients with chronic conditions	40	• Provision of educational resources in the practice's most prevalent second language, if applicable	20	• Use of resources to assist with medication compliance, appointments and barriers to care for the most prevalent conditions	45
• Use of paper or electronic system to track and follow up referrals and abnormal test results	40				
	100		**100**		**100**
Electronic Registries & Systems for Rx/Tests	**Pts**	**Referrals for Risk Factors and Chronic Conditions**	**Pts**	**Preventable Admissions**	**Pts**
• Registry for all patients	10	• Percent of patients the practice has screened for specific risk factors	50	• Use of data to identify patients who are at risk for emergency admissions	25
• Electronic system capabilities for prescriptions and tests	20	• Provision of referrals for education & support to patients with risk factors and chronic conditions	50	• Proactive contact with identified at-risk patients	50
• Electronic system use for prescribing and checking for safety & efficiency	40			• Confirmation that each identified at-risk patient receives appropriate follow-up care	25
• Electronic system use to order tests and retrieve results	10				
• Electronic system use to track test results and prompt follow-up of abnormal test results	20				
	100		**100**		**100**
Partial Electronic Medical Record	**Pts**	**Quality Measurement and Improvement**	**Pts**	**Care of High-Risk Medical Conditions**	**Pts**
• Contents of patient information in EMR	10	Identification of opportunities for improving outcomes or processes	30	• Resources for managing patients with high-risk conditions	5
• Percentage of patients with records in EMR	20	• Setting goals for performance for identified opportunities of improvement	20	• Number and percent of patients who receive high-risk care management	5
• EMR use for population management	30	• Implementation of improvement activities	50	• Comprehensive high-risk care management program	25
• EMR use for decision support—prompting interventions for abnormal results and care of chronic conditions	30			• Qualified high-risk care manager	10
• EMR capability to capture services ordered, delivered or paid	5			• Information in database of patients with high-risk conditions	5
• Use of EMR to track referrals and test results	5			• Frequency of communication between physician and care manager	25
	100			• Frequency of communication between care manager and patient	
Partial Electronic Medical Record					
• All contents above in integrated EMR	**300**		**100**		**100**

Diabetes Physician Recognition Program (DPRP)

The American Diabetes Association (ADA) and NCQA have developed the Diabetes Physician Recognition Program (DPRP) to assess physician performance in the care of patients with diabetes, and to recognize those physicians who demonstrate a high level of performance. To achieve DPRP Recognition and obtain 3-year recognition, physicians must submit data on outcome and process measures for a sample of their patients with diabetes.

Required Standards (Adult Patients*)	Criteria	Points
CM1A: HbA1c control >9.0% (poor control)	≤20% of patients in sample	10.0
CM1B: HbA1c control <7.0%	40% of patients in sample	5.0
CM2A: Blood pressure control <140/90 mm Hg	65% of patients in sample	10.0
CM2B: Blood pressure control <130/80 mm Hg	35% of patients in sample	5.0
CM3A: Eye exam	60% of patients in sample	10.0
CM4A: Smoking status and cessation advice or treatment	80% of patients in sample	5.0
CM5A: Complete lipid profile	85% of patients in sample	5.0
CM5B: Cholesterol control <130 mg/dl	63% of patients in sample	7.5
CM5C: Cholesterol control <100 mg/dl	36% of patients in sample	2.5
CM6A: Nephropathy assessment	80% of patients in sample	10.0
CM7A: Foot exam	80% of patients in sample	10.0
	Total Points	**80.0**
	Points Needed to Achieve Recognition	**60.0**
Optional Patient Survey Standards	**Criteria**	**Points**
PS1A: Self-management education	90% of patients in sample	10.0
PS2A: Medical nutrition therapy	90% of patients in sample	10.0
Self-monitoring of blood glucose: PS3A: non-insulin treated patients	50% of patients in sample	1.0
PS3B: insulin treated patients	97% of patients in sample	4.0
Patient satisfaction with: PS4A: diabetes care overall PS4B: diabetes questions answered PS4C: access during emergencies PS4D: explanation of lab results PS4E: courtesy/personal manner of provider	 58% of patients in sample 56% of patients in sample 46% of patients in sample 50% of patients in sample 77% of patients in sample	 1.0 1.0 1.0 1.0 1.0
	Total Points (including Required Standards)	**110.0**
	Points Needed to Achieve Recognition	**80.0**

* Note: separate standards also exist for pediatric patients

Heart/Stroke Recognition Program (HSRP)

The American Heart Association/American Stroke Association (AHA/ASA) and NCQA, have developed the Heart/Stroke Recognition Program (HSRP) to assess physician performance in the care of patients with cardiovascular disease or who have had a stroke, and to recognize those physicians who demonstrate a high level of performance. To achieve HSRP Recognition and obtain 3-year recognition, physicians must submit data on outcome and process measures for a sample of their cardiovascular/stroke patients.

<table>
<tr><th colspan="2">Measures</th><th>Criteria</th><th>Points</th></tr>
<tr><td colspan="2">Blood pressure control (<140/90 mm Hg)</td><td rowspan="6">75% of patients in sample

(50% of patients in sample for applicants seeking 1-year certification)</td><td rowspan="6">10.0</td></tr>
<tr><td>BP Result Credit Toward Numerator:</td><td>Credit Toward Numerator:</td></tr>
<tr><td>< 140/90 mm Hg</td><td>1.00</td></tr>
<tr><td>< 145/90 or <140/95 mm Hg</td><td>0.75</td></tr>
<tr><td>< 145/95 mm Hg</td><td>0.50</td></tr>
<tr><td>≤21%145/95 mm Hg</td><td>0.00</td></tr>
<tr><td colspan="2">Complete lipid profile</td><td>80% of patients in sample</td><td>10.0</td></tr>
<tr><td colspan="2">Cholesterol control (<100 mg/dL)</td><td>50% of patients in sample</td><td>10.0</td></tr>
<tr><td colspan="2">Use of aspirin or another antithrombotic</td><td>80% of patients in sample</td><td>10.0</td></tr>
<tr><td colspan="2">Smoking status and cessation advice or treatment</td><td>80% of patients in sample</td><td>10.0</td></tr>
<tr><td colspan="3">Total Points</td><td>50.0</td></tr>
<tr><td colspan="3">Points Needed to Achieve Recognition</td><td>40.0</td></tr>
</table>

Current BTE Markets

BTE was developed by employers, physicians, health care services researchers, and other industry experts with a simple mission: 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.

Currently, Bridges to Excellence is active in four geographic market areas, with the following BTE programs and participating employers:

Market Area	BTE Programs	Participating Employers
Cincinnati	DCL	• Cincinnati Children's Hospital Medical Center • City of Cincinnati • Ford Motor Company • General Electric • Humana Inc. • Procter & Gamble • UPS
Louisville	DCL	• Ford Motor Company • General Electric • Humana, Inc. • UPS
Massachusetts	POL, DCL, CCL	• AstraZeneca • General Electric • Raytheon • Verizon Communications
Upstate New York	POL, DCL, CCL	• General Electric • Hannaford Bros., Inc. • Price Chopper • Verizon Communications

Launching in New BTE Markets

BTE is continuing to expand to include new purchasers and new markets. To launch BTE in a new market, one or more large purchasers (employers) in the new market must commit to initiating BTE in their market area.

The goal of Bridges to Excellence is to influence physicians and medical practices to change their behavior regarding the care of patients. To achieve this change, the incentives or rewards available to physicians must be of sufficient size. The amount of physician rewards is tied to the number of participating purchasers' covered lives who are seen by physicians—the higher the number of purchasers' covered lives in a geographic area, the higher the potential reward available to the physicians who treat these purchasers' members. As a result, the combined number of covered lives of purchasers' in a market area must represent a sufficient segment of the local population to ensure the BTE reward program is effective.

In general, BTE participating purchasers' combined count of covered lives in a specific geographic market area should be:

- at least 50,000 and/or
- 8-10% of the local population

New purchasers who are interested in launching BTE in a new market area should determine their organizations' number of covered lives (covered employees, dependents, and retirees) in the specific geographic area. If one organization alone has a sufficient number of covered lives to impact physicians in the market, they may be able to participate in BTE as an individual purchaser. More commonly, one organization alone does not have enough covered lives to ensure significant physician impact in a market area, so multiple, local market purchasers interested in BTE participate together, such that a significant number of covered lives is represented in the market when combined across all interested purchasers.