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THOMSON MEDSTAT

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Rewarding Quality across the Healthcare System

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- *Providing tools, information and support to consumers of healthcare services,*
- *Conducting research with respect to existing healthcare 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.*

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Rewarding Quality

Physician Newsletter

BRIDGES to Excellence®
Rewarding Quality across the Healthcare System

Issue #4 **December 2005**

Inside This Issue

Bridges to Excellence and Other Grantees of Rewarding Results Program Brief Congress on Program Findings

By Jessica DiLorenzo

In 2003 Bridges to Excellence (BTE) was chosen as one of seven grantees to receive funding from the Robert Wood Johnson Foundation as part of a three year Rewarding Results grant program. The Rewarding Results program paid a total of 4.9 million dollars to projects that examined the effects of pay-for-performance on physicians, consumers and the quality of health care provided. This effort was one of the largest and most diverse experiments to examine several approaches using financial and non-financial incentives. It has supported programs such as a Medicaid-based initiative which focused on improving the preventive care received by adolescents and babies. Also benefiting were California plan-based Independent Practice Association (IPA) reward models and BTE, the largest national employer-driven pay-for-performance program.

Recently, the grantees convened in Washington, DC to share the lessons learned and to discuss the future of pay-for-performance. As part of that meeting, representatives from BTE and five other grantees had the opportunity to go to Congress and brief key Senate and House staff on the important results from their programs. In attendance were several House Ways & Means Health Subcommittee and Senate Finance Committee members as well as staff representing Senators Bill Frist (R-TN, Majority Leader), Maria Cantwell (D-WA) and Diane Feinstein (D-CA).

The key message that BTE brought to the legislators was the impact that meaningful incentives contributed in motivating practices to adopt healthcare information technology (HIT) and to significantly improve the outcome of care that they deliver. Many medical practices made positive changes in the BTE pilot markets. One such practice is *Hyde Park Pediatrics* in Boston. *Dr. Jeffrey Lasker,* Managing Senior Partner, credited BTE for encouraging his practice to examine their medical management policies and to implement systematic changes in how they work with their patients. This group set up a patient registry (specific for asthma) that facilitates patient care management and has improved physician-patient relationships.

Despite the diversity of the grant funded programs, the policy briefing provided a forum for the grantees to collectively highlight key common findings:

- Financial incentives do change physician behaviors and motivate change. BTE has seen with its pilot markets and through physician testimony that $5,000 can be enough to get physicians' attention in small to mid-size practices to make systematic practice improvements.
- Physician engagement involves using different strategies even when the rewards are meaningful. A critical part of engaging physicians is to make sure that they are included as part of the design and implementation team. Also, if there is a mid-course program adjustment, open dialogue with physicians is a necessary step.
- There is strong evidence that savings occur with pay-for-performance and that a shared savings model, as BTE was built on with approximately 50% of the savings going towards incentives, is the most promising sustainable solution. Early analysis of the two BTE pilot markets with the Diabetes Care Link program has shown a 10-15% overall lower cost of care when patients see physicians recognized for delivering evidence-based care.

Finally, one of the most encouraging results concluded from these experiments is that no one can succeed in these efforts alone. Success comes through a collaborative effort focused on harmonizing measures and market signals that result in the improvement of care delivered to all.

Health Plans Bring Bridges to Excellence to Georgia

By Dale Whitney
President, Bridges to Excellence

Let me begin by thanking Jeff Hanson for his leadership of Bridges to Excellence (BTE) over the past year. Jeff has recently changed jobs and has stepped down as BTE President. We all wish him success in his new position at Medstat. I have been asked by the BTE Board to fill in as President.

As Congress and the Federal government consider the role of pay-for-performance in our nation's health system, BTE continues to be a shining example of a program that works. We have continued to grow both in physician numbers and markets served.

One of the newest BTE markets is Georgia. With a rollout date of January 1, 2006, BTE is the cornerstone of the Healthy Georgia Diabetes and Obesity Project. On September 8th, Georgia Governor Sonny Purdue, Dr. David Satcher and Newt Gingrich launched the project along with Dr. Julie Gerberding, Director of the CDC who was in attendance with over 100 employers, insurers, physicians and others.

The initiative is a collaboration of public and private sector leaders dedicated to improving treatment and outcomes for people with diabetes. The Healthy Georgia Diabetes and Obesity Project focuses on promoting early diagnosis and prevention of diabetes, including decreasing the prevalence of obesity. The four major components of the initiative are public awareness and communications, quality of care (of which BTE is a part), minority health disparities and improving the health of Georgia's children.

Fourteen major Georgia employers, including the State of Georgia, and six major healthcare plans make up the Georgia BTE Steering Committee. This will be the first market to use a "health plan" model with the six major Georgia health plans all licensing BTE. Plans are in place to recruit participants statewide and physicians have begun the certification process. The program will be available to nearly one million lives in Georgia.

Former House Speaker Newt Gingrich, founder of the Center for Health Transformation, has been a supporter of BTE since first learning of the results of implementing the Diabetes Care Link program in Cincinnati and Louisville. The Community Physicians' Network at Morehouse School of Medicine, a network of practices specifically focused on eliminating health disparities in the care of minorities and other underserved populations, is also participating in BTE.

As BTE moves from a "pilot project" to a program integrated in our health system, public and private partnerships like the one in Georgia offer a way to have an immediate impact on the quality of care in a market.

Physicians/Practices Newly Recognized for Demonstrating Performance Excellence

July 2005 – October 2005

Cincinnati, OH Area (DCL Rewards)

1. Alliance Primary Care (9 sites)
   - MAB6
   - Mason 111
   - MOB 520
   - Oakley
   - Ruther
   - Wyoming
   - Florence
   - Hebron
   - Harper's Point
2. C. Scott Mowery
3. Chetna Mital
4. Douglas Magenheim
5. Greater Cincinnati Associated Physicians
6. Joseph Pflum
7. N. Patel, M.D., Inc.
8. Thomas V. Sargero

Louisville, KY Area (DCL Rewards)

1. Svitlana J. Mandzy
2. Phillip G. Morrow
3. Community Medical Associates

Boston, MA Area (DCL Rewards)

1. Suzanne M. Rieke
2. Ronald Rosen
3. David Fanti
4. Baystate Medical Center

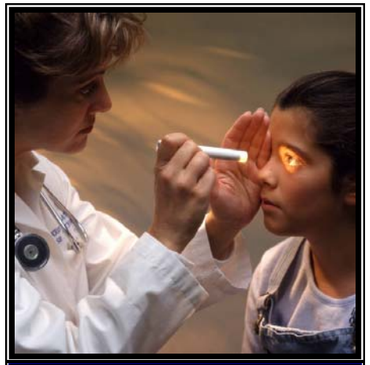
NY Capital Region (POL Rewards)

1. CapitalCare Family Practice New Karner Road
2. Cardiology Associates of Schenectady, P.C.

NCQA

NCQA Diabetes Physician Recognition Program (DPRP) FAQs:

Q: I receive registry lists of patients with diabetes from one of the health plans I deal with, including some of the patients' diabetes data. How can I use this for NCQA recognition?



"What kinds of documentation can I not use as evidence for an eye examination?"

A: For the DPRP, you must select the sample from all of your eligible patients, across all payors; a sample of patients from a single payor does not meet the specifications. However for PPC, a registry from a single health plan can help you meet requirements in Clinical Information Systems (CIS) 1. If you start with a registry from one health plan but actively update it with other patients, it counts.

Q: For DPRP data, what if I can't get responses from eye care professionals to show that they performed an exam?

A: The DPRP requires evidence that an eye care professional performed an exam. Getting eye exam reports back can be a challenge. Here are some of the ways we have found to make it easier: (1) Use a standardized form where the patient takes it to the ophthalmologist and then brings it back to the physician applying for recognition, or have the ophthalmologist fax or mail a copy back to you. (2) Have a standardized form faxed to the ophthalmologist after the appointment is kept, then have the results faxed back to you. (3) Contractually, make an agreement that this is what will be done (health plans can negotiate this with eye care professionals).

Q: What kinds of documentation can I <u>not</u> use as evidence for an eye examination?

A: The following are **not** acceptable documentation for eye examinations:

- Referral for an eye exam or referral with no documentation that an eye exam was completed;
- Any exam of the eyes that simply states the eyes were within normal limits (WNL);
- Primary care physician notes state only that the fundi were normal without specifically stating that the eyes were dilated;
- Visits to eye care professionals where it is clear that a dilated exam was not performed;
- Patient self-report of an eye examination.

Q: What does a "complete lipid profile" include?

A: A complete lipid profile includes the following four components:

1. total serum cholesterol
2. serum triglyceride
3. high-density lipoprotein (HDL)
4. low-density lipoprotein (LDL)

Bridges to Excellence (BTE) Announces Two Ways to Receive POL Rewards in Massachusetts

The BTE program is now offering Physician Office Link (POL) rewards to BTE rewards-eligible Massachusetts physician practices that complete either NCQA's Physician Practice Connections (PPC) or MassPRO's Doctor's Office Quality Information Technology (DOQ-IT) assessment programs. The recent BTE/DOQ-IT collaboration will provide an additional recognition method for rewarding practices that invest in IT solutions and practice change as a means to better patient care.

Bridges to Excellence will issue rewards to qualifying Massachusetts practices that pass either of the following:

NCQA - Physician Practice Connections (PPC)

	Clinical Information Systems	Patient Education & Support	Chronic Care Management
Module 1	Use of Patient Registries	Educational Resources	Care of Chronic Conditions (Disease Mgt)
Module 2	Electronic Rx & Test Ordering Systems	Referrals for Risk Factors & Chronic Conditions	Preventable Admissions
Module 3	Electronic Medical Records	Quality Measurement & Improvement	Care of High-Risk Medical Conditions (Case Mgt)

Steps to obtain BTE rewards via NCQA:

1. Visit BTE's Physician Practice Portal at **http://bte.healthgrades.com/sites/practice/** to add your practice, associate physicians to your practice, and confirm your practice information.

Remember your BTE practice ID!

2. Purchase* a license for the PPC Survey Tool from NCQA and assess your performance by calling 1-888-275-7585. Be sure to have your practice ID ready to receive a BTE pricing discount and to be eligible for POL Rewards.

*Physicians who submit a new NCQA application and pass NCQA's performance criteria may be eligible for reimbursement of some or all of these application fees.

3. Submit your completed Survey Tool and application to NCQA.

4. BTE will mail a reward check to your practice for submitting a completed application and for successfully meeting any 2 Modules in all 3 categories by 7/24/06.

Complete any 2 modules in EACH category by the date indicated above to be eligible for Bridges to Excellence rewards.

MassPRO - DOQ-IT

	Information Technology	Clinical Operations/ CCM	Cultural/ Change Competency
Module 1	Assessment Planning Selection	Assessment Planning Selection	Assessment Planning Selection
Module 2	Implementation Evaluation	Implementation Evaluation	Implementation Evaluation
Module 3	Improvement	Improvement	Improvement

Steps to obtain BTE rewards via MassPRO:

1. Visit BTE's Physician Practice Portal at **http://bte.healthgrades.com/sites/practice/** to add your practice, associate physicians to your practice, and confirm your practice information. Individual physician UPINs are mandatory to complete the rewards process.

Remember your BTE practice ID!

2. Have your Practice ID and please confirm that a DOQ-IT application and needs assessment has been completed by contacting DOQ-IT Coordinator Nancy O'Connor at noconnor@MAQIO.SDPS.ORG or 781-419-2888.

3. MassPRO will perform site visit assessments to facilitate your process improvement action plan. A follow-up assessment will be conducted by MassPRO to determine the completion of your process improvement requirements.

4. BTE will mail a reward check to your practice for submitting a completed application and for successfully meeting Module 1 and 2 criteria in all 3 categories by 7/24/06.

Modules must be completed IN ORDER by the date indicated above to be eligible for Bridges to Excellence rewards.

Bridges to Excellence Licensee Interest Grows

Bridges to Excellence's (BTE) continues to grow across the country in many new markets. Through licensing, BTE provides health plans the opportunity to adopt its principles, measures, reward structure and operational methodologies. BTE has been receiving interest across the nation and in 2006 will reach more than 1 million associated covered lives. Interested health plans are emerging and positioning themselves by developing their design and plans for rollout to new markets.

This development is reflected in the Georgia market implementation. Georgia's development is unique in that it has stemmed from The Healthy Georgia Diabetes and Obesity Project coordinated by the Center for Health Transformation and it will be one of the first to leverage a health plan directed model. Two recent licensees, Blue Cross and Blue Shield of Georgia Inc. and Aetna Life Insurance Company, will join CIGNA Health Corporation, Humana Inc. and United Healthcare Insurance Company to launch BTE in the Georgia market.

MVP Health Care has licensed Bridges to Excellence and will provide direct financial rewards to their participating primary care practices recognized by NCQA for Physician Practice Connections in the Upstate New York Region in 2006.

As we begin 2006, BTE is excited about new market interest and development. We are working with each health plan to incorporate BTE principles into each unique environment to deliver high quality, effective and efficient patient care.

Coalition to Launch BTE in Four Markets in 2006

Four local employer based health coalitions are poised to launch Bridges to Excellence in early 2006. The imminent launch of BTE in these markets – Minneapolis (DCL), Colorado Springs (DCL), Arkansas (DCL, CCL and POL), and Quincy, IL (DCL and CCL) – is the culmination of a year of work by these business coalitions. It is also proof that coalitions can be effective platforms to promote and coordinate BTE at the local market level.

Since November 2004, the National Business Coalition on Health (NBCH) has been working with several of its member coalitions and BTE to create a model for coalition implementation of the physician rewards program. Through this work, NBCH has created a set of tools that will help other coalitions to efficiently implement BTE in their own markets. These include a set of contracts to establish a local BTE infrastructure and a return-on-investment calculator to help local employers better understand the benefits of BTE participation. Coalitions have also begun to develop and implement strategies to reach out to the local physician community, which will be critical to BTE's success.

NBCH plans to further expand coalitions' role in BTE by adding new coalition-led efforts in 2006 and will continue its ongoing efforts to engage interested coalitions moving forward.

Key Web Links

For more information on the BTE lessons learned and BTE toolkits visit:

- The Leapfrog Group: www.leapfroggroup.org
- Robert Wood Johnson: www.rwjf.org/index.jsp
- Rewarding Results: www.leapfroggroup.org/RewardingResults
- Bridges to Excellence: www.bridgestoexcellence.org

New York Practice Proud to Participate in Bridges to Excellence

PHYSICIAN OFFICE LINK

Submitted by: Margaret See & Louis Snitkoff, MD, Medical Director
CapitalCare Medical Group, New York

We are fortunate to have been chosen as a pilot community for Bridges to Excellence (BTE) in Upstate New York's Capital Region. Some of the groundwork for process improvement and outcomes measurement had already been developed by a local initiative, the Healthcare Quality Roundtable, which was a collaborative effort involving physician groups, health plans, hospitals and integrated health systems in the area.

Back Row, L-R: Nadine Brush, Kerry Murphy, Tori Wilson, Sue Harasiemowicz, Melinda Sanford, Lori White, Christina McGaffin NP and Jean Ashley.
Front Row, L-R: Nellie Halvey, Julie Chesbrough, Ann Pettracione and William A. Busino, MD.

CapitalCare Medical Group is an independent, physician-owned and directed multi-specialty group with about 100 providers in 20 offices in Northeast New York, providing services in Family Medicine, Internal Medicine and Pediatrics, as well as Endocrinology, Medical Nutrition Therapy and Comprehensive Diabetes Education. As of this writing, six of our practice sites are participating within BTE. Our participating sites include Family Practice sites in Clifton Park, Guilderland and Charlton, Internal Medicine sites in Niskayuna and Schenectady and a Pediatric site in Clifton Park.

The opportunity to participate in BTE came at a time when our preparations for NCQA's Physician Practice Connections (PPC) recognition could be integrated with two critical organizational initiatives. Our focus on disease management had already begun in earnest with development of a comprehensive diabetes self-management education program, Diabetes Matters, which achieved American Diabetes Association (ADA) recognition in December of 2003. The experience we gained through the ADA application process was a preview of what to expect as we began to work with NCQA toward recognition for participation in BTE.

In addition, CapitalCare is currently in the midst of a group-wide implementation of a fully-integrated electronic medical record (EMR). While an EMR is not a pre-requisite for participation in BTE, we have seen first-hand that electronic information technology definitely facilitates the process improvements specified within the PPC modules. As a result, site selection for BTE participation in the future will be limited to those sites that have successfully implemented an EMR.

One of the critical tasks related to our use of an EMR has been the development of its Preventive Health Maintenance module, which provides real-time system prompts for preventive services and disease management to providers at the point of care. A tangible benefit of our participation in BTE has been our decision to use NCQA metrics and criteria in setting up these rules and reminders.

Although the process of application for recognition and participation in BTE has been lengthy and labor intensive, we are now seeing its positive effects on our providers and staff, and in patient outcomes. There is increased awareness throughout the organization that the optimal use of information systems can have an immediate impact on the quality of the care we provide, and this has resulted in process improvements in many of our other sites.

We are hopeful that BTE in our region will take roots and grow in the years ahead; it is truly an initiative that has helped to align incentives among employers, patients, insurers and healthcare practitioners in our area and we are proud to be a part of this vital process.

Alliance Primary Care Strives for All Practices to Obtain DPRP Recognition

DIABETES CARE LINK

Submitted by: Amy Dorrington RN, CPC
Alliance Primary Care, Ohio

Alliance Primary Care (APC), one of the largest primary care physician groups in Greater Cincinnati, includes over 80 internal medicine, family practice and pediatric physicians in more than 20 locations throughout Cincinnati and Northern Kentucky. APC is part of the Health Alliance, Greater Cincinnati's largest and leading integrated healthcare delivery system, which also includes The Christ Hospital, The University Hospital, The St. Luke Hospital, The Jewish Hospital and The Fort Hamilton Hospital.

Alliance Primary Care is committed to providing our communities with health care of the highest quality. As part of this commitment to offer the very best diabetes care to our more than 15,000 diabetic patients, we are working to achieve recognition through NCQA's Diabetes Physician Recognition Program (DPRP) for all of our physicians at each of our practice sites.

We began pursuing DPRP recognition in March 2005, with the direction and leadership from Joseph Bateman, M.D., APC Medical Director, and our Quality Committee. We were provided with our eligibility for Diabetes Care Link (DCL) rewards through the Bridges to Excellence program from GE, one of the participating employers in Cincinnati. A grant from Novo Nordisk to the Employer Health Care Alliance (EHCA) provided assistance for chart abstraction that was needed to complete the DPRP application. During this six week abstraction process, we identified 67 eligible physicians and we reviewed 1,680 charts. In our initial attempt for DPRP recognition, we had one physician out of 67 who passed NCQA's requirements.

We worked to achieve recognition for the rest of our physicians by promoting education of the physicians and staff using NCQA's requirements as our guide. With assistance from Novo Nordisk, we developed many educational tools for the physicians and the staff that included:

- A diabetes flow sheet to assist and remind the physicians of diabetes quality of care standards.
- Monofilaments and stickers to place on the front of the charts to alert physicians and staff that the patient is diabetic and to remind them of the standards of care that are required.
- A patient education handout titled "Map Your Course" for patient distribution which explains how diabetes affects organ systems and encourages patients to document the results of their blood pressure, HbA1c, lipids, foot exam, microalbumin, and date of their last eye exam.

Alliance Primary Care
Ruther Practice Group

The additional education efforts for the physicians and staff had a strong positive impact. We re-abstracted in June 2005 and 32 physicians obtained NCQA's DPRP recognition.

Additional educational training and diabetes patient care standards that were put in place as a result of the DPRP application process include:

- Reviewing the NCQA application results with the physicians and providing them with insulin management information.
- Diabetes Educators conducted educational meetings with our medical assistants.
- An endocrinologist spoke with our physicians as a group on the standards of care for diabetic patients.

Our future goal is to achieve 100 percent DPRP recognition among our physicians at APC. We hope that through our efforts and educational tools we can achieve this goal in January 2006.