

How Can Health Plans Support Practice Site Improvement?



WHO:

Gifford Boyce-Smith, MD
Senior Medical Director of Quality Management
Blue Shield of California
Contact: Administrative Assistant - Debbie Carriger, 415-229-5316

WHAT:

Other than Kaiser, all major Plans (Aetna, Cigna, PacifiCare, Health Net, Blue Cross/Anthem and Blue Shield) share the same delivery system in California. Since starting CCHRI in 1994, we have demonstrated there is a key role for health plans in promoting practice pattern improvement.

Early on, Plans working together collaboratively standardized HEDIS data collection and clinical guideline use (prevention, diabetes, CHF, etc.). Later through the Diabetes CQI effort (1997), the P4P Incentive program (2003) and the Breakthrough in Chronic Care Program (2004), Plans have assisted with data collection, physician engagement, and actual improved clinical performance as measured at the IPA/MG level. Plans and other key stakeholders are also promoting the production of Hospital Quality Report Cards (CHART Project). Secondly, plans have promoted infrastructure improvement over time which have included CALYNX 1.0 (1999), CALYNX 2.0 (2005) and CAPG Clinical Data Repository (2004/2005).

Additional programs launched by Blue Shield of California (BSC) in the California market that are still gaining traction include:

- Relay Health, Inc. (web based office visits)
- Direct-to-Member messaging (resolution Health, Inc.)
- Medical Office Re-Design (advanced Access)
- Treatment of Depression in the Primary Care Setting (Robert Wood Johnson: UCSF/BSC/UBH Research Grant)
- Chronic Pain Program

HOW:

Harnessing pent-up purchase/consumer demand for better value-added programs in the California market has accelerated change. Measurable improvements in the Quality and Cost of Healthcare are a market imperative that has been impossible for Plans and providers to ignore.

Actual meetings, projects, consensus building efforts, etc. would have been impossible to sustain without the dedicated full-time commitment of staff. Staff usually housed at PBGH, the Plans, CHCF and now the IPA/MGs have been critical to progress.

WHAT NEXT:

Accelerated infrastructure build out; migration to projects that operate only with administrative/electronic data (no charts/paper records). More attention to data integration, registry construction and point-of-care reminder systems. EHRs and improved interoperability will hopefully follow but only if the process does not become co-opted by someone's political agenda.

TAKE HOME MESSAGE:

- 1.) Healthcare reform is not being slowed by data issues, resource constraints or lack of knowledge on where we should be headed. The biggest barrier to Healthcare reform is politics. All stakeholders must stop protecting their own self-interests and cooperate on a collaborative solution.
- 2.) Closing the Quality Chasm should be "job number one" for all stakeholders in health care.
- 3.) Good ideas take a *long time* to get traction so plan to be patient and engaged for the long haul.