



CCBH Conference

P4Q and HIEs: A recipe for better healthcare

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What is this all about?

Without reliable information, markets cannot work. Physicians don't know how well they are doing compared to their peers, consumers don't know which doctor or hospital to pick, payers/purchasers cannot reward better performance.

BTE's answer has been to work with “accrediting” organizations to identify physicians and practices with above average performance, and to reward them.



BTE is a not-for-profit company that designs programs for plans and employers

- **Physician Office Link** – Based on NCQA’s Physician Practice Connections (PPC v2), or the QIO Practice Assessment, practices that go through the recognition process successfully are rewarded up to \$50pmpy
- **Diabetes Care Link** – Based on the NCQA’s Diabetes Physician Recognition Program (DPRP), eligible physicians can qualify for \$80 pdmpy
- **Cardiac Care Link** – Based on the NCQA’s Heart-Stroke Recognition Program (HSRP), eligible physicians can qualify for up to \$160 pcmpy

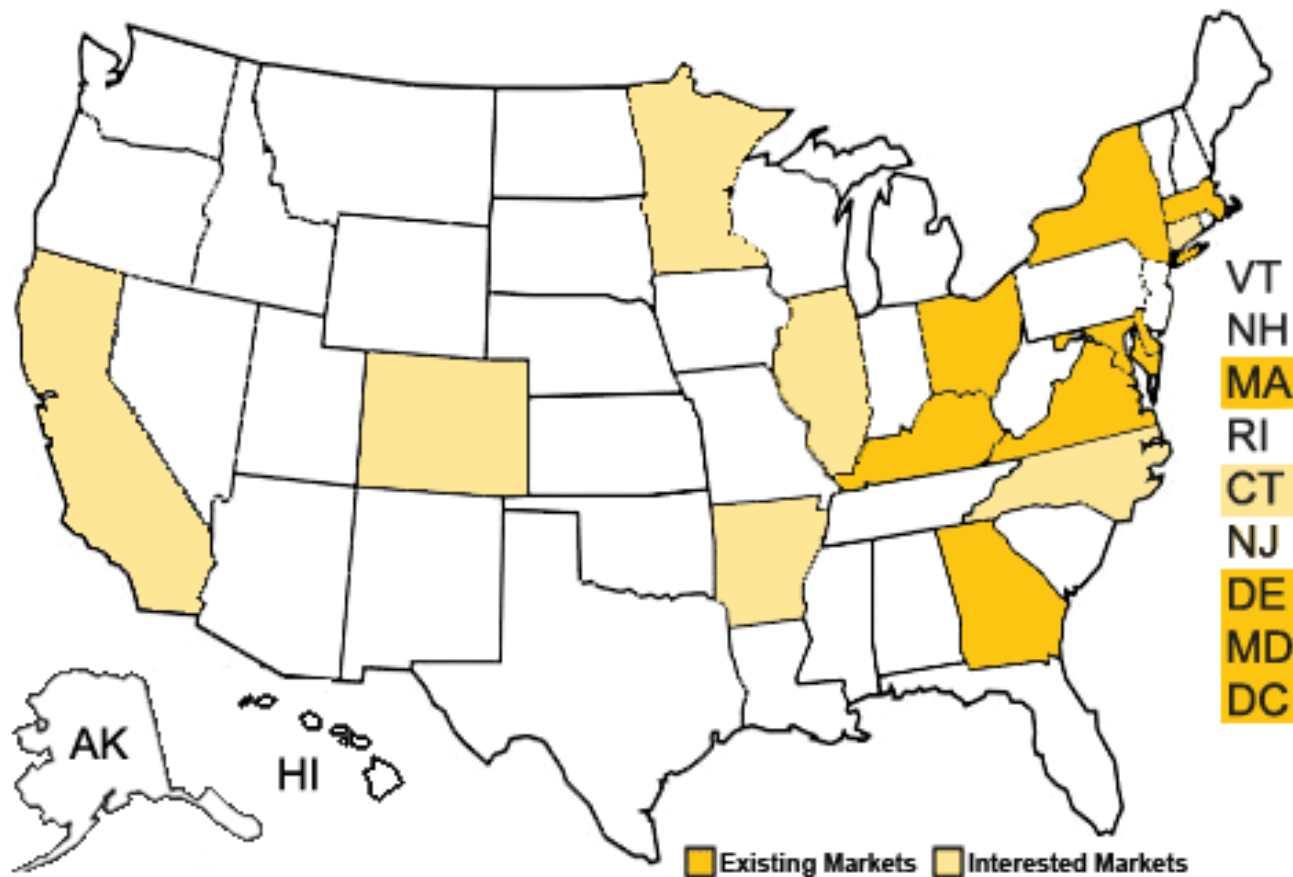


We started with zeros in most of these rows

	Dec '05
Recognized physicians	1,618
Recognized practices	180
Patients seeing recognized physicians	71,480
BTE bonus earned	\$4.8M
States with operational BTE programs	7



But now BTE is being adopted at an increasing rate





Because we've learned major lessons in BTE and P4P/P4E

- Offer meaningful incentives – 5% to 10% of physician revenue ~ \$10K to \$15K per physician...cash is especially important for PCPs
- Include independent review of performance (i.e. NCQA), and panel-wide sampling of medical charts
- Only use standard and recognized measures that are attainable but challenging
- Add consumer engagement when holding physicians accountable for outcomes
- Provide physicians with predictable costs & benefits, and timely rewards, and make sure you have a structure to help small practices to reengineer



We intend to create new Programs to better meet employer and payer needs

1. ABIM-BTE Joint effort – develop performance assessment program for physicians board-certified in internal medicine – on track for release in Q4 2006.
2. NCQA Back-Spine Recognition Program – on track for release in Q4 2006
3. NCQA's Cancer Care Recognition Program – in its formative stage, most likely live in 2007



Over time HIEs can change the game





The data that matter are hard to get through claims, but not through HIEs

Value of Diabetes Measures

Clinical Measure		Annual savings per diabetic patient	Max
HbA1c Control	Poor Control	\$177	\$279
	Good Control	\$96	
Blood pressure control	< 140/90 mm Hg	\$166	\$494
	< 130/80 mm Hg	\$230	
LDL control	< 130 mg/dl	\$149	\$369
	< 100 mg/dl	\$251	
Nephropathy Assessment		\$77	
Eye Examination		\$1	
Notation of smoking status and cessation advice or treatment		\$1	
Completion of Lipid Profile		\$0	
Foot Examination		\$0	

Value of Cardiac Measures

Measure	Savings per Patient
Blood pressure control < 140/90 mm Hg	\$547
Completion of Lipid Profile	\$0
LDL control < 100 mg/dl	\$91
Use of aspirin or other antithrombotic	\$168
Notation of smoking status and cessation advice or treatment	\$12

Source: Towers Perrin, 2005 & 2006