



June 23, 2005

“An Employer Driven Incentive Model for Diabetes”

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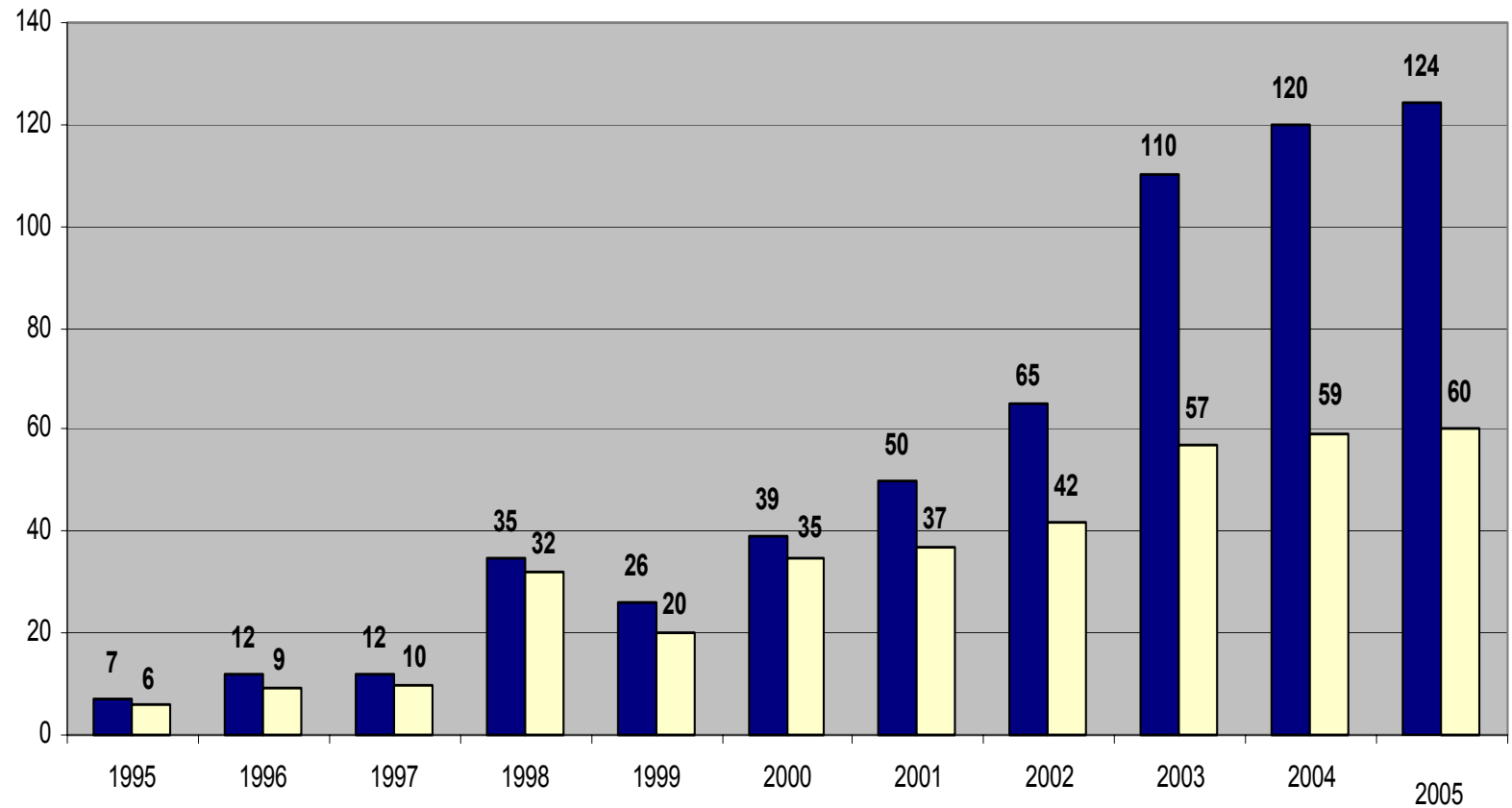
What is ECOH

- Employers Coalition On Health
- 1990-1995 Employers had open meetings
 - Need to control costs
 - Need to measure quality
 - Focus on prevention and wellness
 - Work directly with physician
- Mission Statement

“Employers Coalition on Health is committed to progressively reform the Rockford area health care delivery system to continuously improve quality and access while reducing cost.”
- Gold Plan Capitation
 - Greater focus on prevention
- Regular P.P.O. fee for service



ECOH Growth 1995 – 2005



■ Number of ECOH Companies

■ Number of Covered Lives (x1000)



Pay for Performance First Effort

Centers of Excellence (Specialists)

- **Selected ENT physicians**
Monitor management of chronic sinusitis
- **Selected orthopedists**
Monitor management of carpal tunnel
- **Failed**
Doctors and staff forgot the project
Too many forms – too complicated

SF 36
Patient Satisfaction
Number of Visits
Costs
5-7 forms per case



Pay for Performance Primary Care

More consistent with prevention and wellness mission

- Performance of four (4) tasks:
 - Patient Satisfaction surveys
 - H.R.A.
 - Referrals
 - Diabetes Mellitus
- Incentive Payment:
 - 30 cents per covered life per month added to capitation monthly rate.



Why Diabetes Mellitus

-
- Many demonstration studies showing effectiveness of guidelines and goals in DM care
 - Our cost 4.6% of population = 13% of costs
 - Frequent condition
 - Impacts all body systems
 - Established guidelines & goals
 - Free data analysis through IFQHC



DIABETES CARE FLOWSHEET

Patient Name _____ Birth Date ____/____/____ Gender M ____ F ____

PAYER & PATIENT NUMBER:

CLINIC & PROVIDER:

Medicare _____

Clinic _____

Medicaid _____

Location _____

Other, please specify _____

Physician _____ UPIN _____

ONGOING CLINICAL MEASURES

	INITIAL MEASUREMENT		SUBSEQUENT MEASUREMENTS					
	Date <i>mm/dd/yyyy</i>	Results	Date <i>mm/dd/yyyy</i>	Results	Date <i>mm/dd/yyyy</i>	Results	Date <i>mm/dd/yyyy</i>	Results
LABORATORY								
Hemoglobin A1c <i>At Least Annual</i>								
FASTING LIPID PROFILE								
Total Cholesterol <i>Annual</i>								
HDL Cholesterol <i>Annual</i>								
LDL Cholesterol <i>Annual</i>								
Fasting Triglycerides <i>Annual</i>								
Urinalysis for protein <i>Annual</i>		Pos Neg		Pos Neg		Pos Neg		Pos Neg
Quantitative/Semi-Quantitative Urine Protein*		Pos Neg		Pos Neg		Pos Neg		Pos Neg
Microalbumin**								
Creatinine <i>Annual</i>								
MONITORING								
	Date	Results	Date	Results	Date	Results	Date	Results
Diabetic Foot Exam <i>Annual</i>								
Dilated Eye Exam <i>Annual</i>								
Blood Pressure <i>Each Visit</i>								
Weight <i>Each Visit</i>								
Review Home Blood Glucose Monitoring <i>Each Visit</i>		Yes No		Yes No		Yes No		Yes No
PREVENTIVE CARE								
	Date	Results	Date	Results	Date	Results	Date	Results
Influenza Vaccination <i>Annual</i>								
Pneumococcal Vaccination								
Tobacco Counseling <i>PRN</i>		Nonsmoker Yes No		Nonsmoker Yes No		Nonsmoker Yes No		Nonsmoker Yes No
Diabetes Education <i>Each Visit</i>		Yes No		Yes No		Yes No		Yes No
Dietary Instruction <i>Each Visit</i>		Yes No		Yes No		Yes No		Yes No

Frequency recommendations are for stable diabetics based on ADA guidelines. More frequent monitoring is required for unstable diabetics.

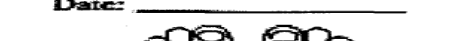
*May be indicated in patients with proteinuria to assess the degree of nephropathy.

**May be indicated in patients without frank proteinuria to



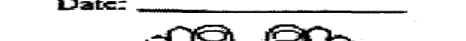
Date: _____

Right Foot Left Foot

Two blank line drawings of human feet, one labeled 'Right Foot' and one labeled 'Left Foot', intended for drawing the footprints of the two people in the group.

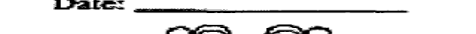
Date: _____

Right Foot Left Foot

Two simple line drawings of human feet, one on the left and one on the right, intended for a drawing exercise. The left foot is labeled 'Right Foot' and the right foot is labeled 'Left Foot'. Each foot has five circles on the toes, representing toenails.


Date: _____

Right Foot Left Foot

A diagram showing two footprints side-by-side. Each footprint has several small circles placed on it to indicate measurement points: one at the heel, one at the ball of the foot, and three along the arch. The left footprint is labeled 'Right Foot' and the right footprint is labeled 'Left Foot'.

Date: _____

Right Foot Left Foot

Two simple line drawings of human feet, one on the left and one on the right, facing forward. Each foot has small circles at the tips of the toes. The left foot is labeled 'Right Foot' and the right foot is labeled 'Left Foot'.

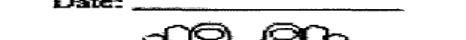
Date: _____

Right Foot Left Foot

A diagram showing two footprints side-by-side. Each footprint has several small circles placed on it to indicate measurement points: one on the heel, one on the ball of the foot, and one on the tip of the foot. The circles are arranged in a row across the width of the foot. The left footprint is slightly larger than the right one.


Date: _____

Right Foot Left Foot

Two simple line drawings of human feet, one on the left and one on the right, facing forward. Each foot has ten small circles on the top surface, representing toes. The left foot is labeled 'Right Foot' and the right foot is labeled 'Left Foot'.

Date: _____

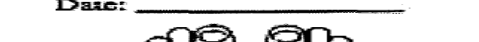
Right Foot Left Foot



The diagram shows two footprints side-by-side. Each footprint has several small circles placed on it to indicate measurement points: one at the heel, one at the base of the first metatarsal, one at the base of the second metatarsal, one at the base of the third metatarsal, one at the base of the fourth metatarsal, one at the base of the fifth metatarsal, and one at the tip of the longest toe. The circles are arranged in a way that allows for the measurement of various foot dimensions.

Date: _____


Right Foot Left Foot



The diagram shows two footprints side-by-side. Each footprint has ten circles representing fingerprints, arranged in a pattern similar to a hand. The left footprint is labeled 'Right Foot' and the right footprint is labeled 'Left Foot'.

Date: _____


Right Foot Left Foot



The diagram shows two simple line drawings of human footprints, one on the left and one on the right. Each footprint has several small circles drawn on it to represent toes. The left footprint is labeled 'Right Foot' and the right footprint is labeled 'Left Foot'.

Date: _____

Right Foot Left Foot



The diagram shows two feet, labeled 'Right Foot' and 'Left Foot'. Each foot has ten numbered circles placed on the toenails, corresponding to the numbered circles in the table above. The numbering is as follows: Right Foot (1: Big toe, 2: Second toe, 3: Third toe, 4: Fourth toe, 5: Little toe, 6: Big toe, 7: Second toe, 8: Third toe, 9: Fourth toe, 10: Little toe) and Left Foot (1: Big toe, 2: Second toe, 3: Third toe, 4: Fourth toe, 5: Little toe, 6: Big toe, 7: Second toe, 8: Third toe, 9: Fourth toe, 10: Little toe).



JAMA Article

“ Effect of Improved Glycemic Control on Health Care Costs and Utilization”,

Wagner, Sandhu, Newton, McCulloch, Ramsey, Grothams
- JAMA, January 10, 2001

Objective: To determine whether sustained improvements in hemoglobin A1C (HbA1c) levels among diabetic patients are followed by reductions in health care utilization and costs.

Conclusion: Our data suggest that a sustained reduction in HbA1c level among adult diabetic patients is associated with significant cost savings within 1 to 2 years of improvement.

	1999	2000	2001	2002
% of HgA1C done x 1 - Goal	80%	93%	95%	95%
ECOH Hospital A	75%	93%	89%	97%
ECOH Hospital B	85%	87%	96%	98%
 % of HgA1C \leq 7.5 - Goal		56%	60%	65%
ECOH Hospital A		58%	63%	70%
ECOH Hospital B		60%	63%	73%
 % of HgA1C \geq 9.0 - Goal		22%	20%	15%
ECOH Hospital A		14%	15%	9%
ECOH Hospital B		16%	17%	9%



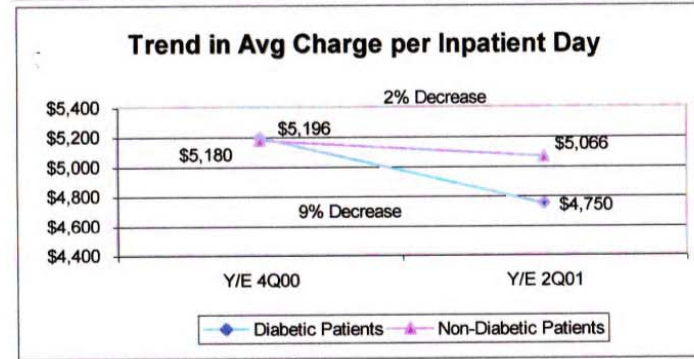
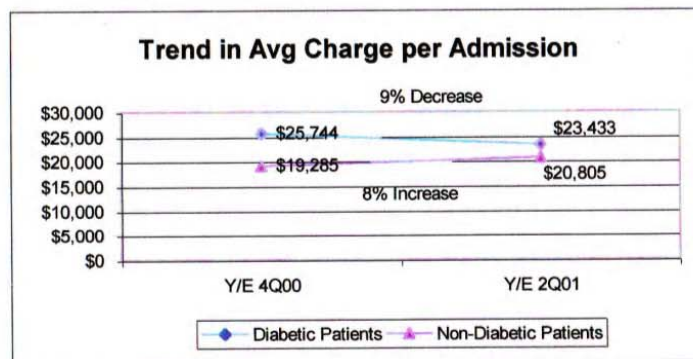
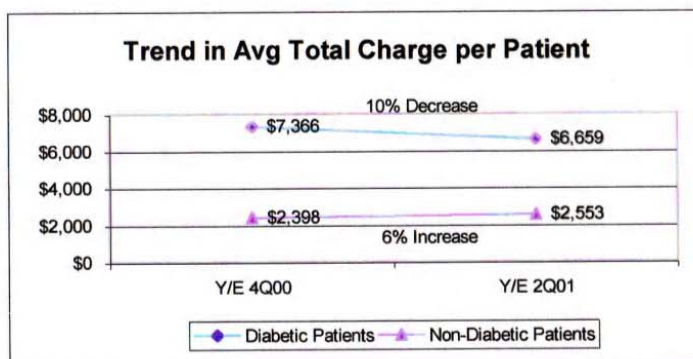
Department of Health & Human Services Healthy People 2010 Diabetes

Healthy People 2010

ECOH

50% have 1 HgA1C/year	97%
75% have 1 foot exam/year	34%
60% have 1 blood sugar home test/day	97%
75% have dilated eye exam each year	30%
60% have formal Diabetes Education	35%

Employers Coalition on Health Diabetic Study - Baseline Dashboard 2001





Diabetes Type Distributions

Episode Type	2002 Distribution	2003 Distribution
Insulin Dependent Diabetes with Co-morbidity (IDw C)	12%	8%
Insulin Dependent Diabetes without Co-morbidity (IDw oC)	11%	10%
Non-Insulin Dependent with Co-morbidity (NIDw C)	48%	46%
Non-Insulin Dependent Without Co-morbidity(NIDw oC)	29%	35%
All Diabetes	100%	100%



Diabetes-Cost Per Episode

Episode	Covered Charges per Episode			Trend	
	2002	2003	2004	2002-03	2003-04
Insulin Dependent Diabetes with Co-morbidity (IDw C)	\$4,032	\$3,627	\$2,893	-10%	-20%
Insulin Dependent Diabetes without Co-morbidity (IDw oC)	\$3,269	\$3,627	\$3,317	9%	-7%
Non-Insulin Dependent with Co-morbidity (NIDw C)	\$ 921	\$ 952	\$ 962	3%	1%
Non-Insulin Dependent Without Co-morbidity(NIDw oC)	\$ 789	\$1,086	\$ 648	38%	-40%
All Diabetes	\$1,661	\$1,556	\$1,353	-6%	-13%
All Diabetes with Drug Claims	\$3,458	\$2,908	\$2,256	-16%	-22%



Hiatus 2003

Data Base was on track

No incentive paid

Plan Phase II



Phase II Goals

	<u>2004</u>	<u>2005</u>	<u>2006</u>
% of HgA1C done x 1 - Goal	95% or better	Same	Same
ECOH Hospital A	96.4%		
ECOH Hospital B	85%		
% of HgA1C \leq 7.0 - Goal	55% or better	Same	Same
ECOH Hospital A	66%		
ECOH Hospital B	60%		
% of HgA1C \geq 9.0 - Goal	9% or less	Same	Same
ECOH Hospital A	8.6%		
ECOH Hospital B	4%		
LDL \leq 100	TBD	47.9%	52.6% (10% Inc.)
ECOH Hospital A	43.5%		
ECOH Hospital B	24%		
B.P. \leq 130/80	TBD	27.5%	30.2% (10% Inc.)
ECOH Hospital A	25%		
ECOH Hospital B	26%		



Phase II Goals

Payment Incentive 2004:

2.5% added to RBRVS base (all claims)

Lessons Learned

1. Be sure there is a consistent coding system to identify individuals that remain the same with each submission.
2. Have teaching sessions: a) Explain to doctors
b) Teach the staff to be sure the job is done (IFQCH STEPS outline)
3. Require that the full flow sheet is sent in on a regular basis and the aggregate analysis is sent to the payer (you have to remind them).
4. Have a system to keep count of how many diabetics each doctor has.
5. Set progressive goals.
6. Fan the Fire – we reminded managers at quarterly meetings.
7. Collaborative meetings help spur the project, increase quality and narrow the variability.
8. Compare to benchmarks – IFQHC and others.
9. Monetary incentives.
10. Write your expectations into the contract.