



Building a Culture of Quality

Engaging Our Providers

Presented by:
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Deborah Donovan, MLLS, RHIA, CPHQ



Agenda

- Introduction
- Overview of the Highmark Pay for Performance Programs
- Our Engagement Philosophy
- Supporting the Spread
- Program Results and Outcomes
- Highmark's Future Provider Quality Vision

Today's Landscape

■ Institute of Medicine's Landmark Report



Errors...are costly in terms of loss of trust in the health care system by patients and diminished satisfaction by both patients and health professionals.

More commonly, errors are caused by faulty systems, processes, and conditions that lead people to make mistakes or fail to prevent them.

The process of developing and adopting standards also helps to form expectations for safety among providers and consumers.

Today's Landscape

■ IOM's Crossing the Quality Chasm

- A new health system for the 21st century



The right care for every person every time that is.....

- Safe
- Effective
- Efficient
- Patient Centered
- Timely
- Equitable

Today's Landscape

- Institute for Healthcare Improvement
 - 1 Million and 5 Million Lives Campaign
- National Quality Forum
 - Measurement Standardization and Endorsement
- Four Cornerstones for Value Driven Healthcare
 - Interoperable Health Information Technology
 - Measure and Publish Quality Information
 - Measure and Publish Cost Information
 - Promote Efficiency and Quality through Incentives
- Consumer Disclosure Project – Patient Charter

Profiling and Pay for Performance

- Why Profile Providers and Pay for Performance?:

Address consumer demands for increased information about provider quality & safety.

Align a portion of provider reimbursement with performance.

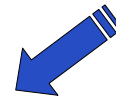
Support the evolution of quality improvement and hardwiring excellence

Quality



Cost

Value



The National P4P Industry Evolution

	Stage 1 1996 - 2003	Stage 2 2004 - 2006	Stage 3 2007 - 2010
Features	PCP HEDIS measures	PCP + Facility Measures, multiple specialties	Enhanced data collection, clinical data exchanges, data aggregation
	Hospital measures	Balanced scorecard	Standardized measures + outcomes + attribution methodologies
	Minimal consumer Reporting	EB quality and affordability measures	Efficiency
	POS and HMO product lines	Open access products; High deductible health plans; PPO prevalence (commercial)	Actionable information – registries, reminder alerts – Genesis of the Patient Centered Medical Home concept.
	Withhold or bonus based payouts (utilization focused)	Differential fee schedules (clinical outcome improvement focused)	PHR – eHR integration “Quest” for Interoperability and data aggregation.
			Transparency
Benefits			Enhanced provider directories (ratings)
	Informational	Static consumer report cards	Demonstrable ROI
	Low impact on cost	Safety and medication errors	Member Engagement
	Preventive care	Provider IT investment	Point of care notification
	Existing data sets	Collection of non-claims data	Patient centered coordinated care



QualityBLUE A Physician Pay-for-Performance Program

Our Programs

QualityBLUE A Hospital Pay-for-Performance Program

QualityBLUESM A Physician Pay-for-Performance Program

9

QualityBLUE Physician Program

- Program in 49 counties
 - ◆ 1,500 practices with over 5,000 physicians eligible
- Performance Indicators & Metrics
 - ◆ Clinical Quality (16 indicators)
 - ◆ Generic/Brand Prescribing
 - ◆ Member Access
 - ◆ Electronic Health Record
 - ◆ Electronic Prescribing
 - ◆ Best Practice

Clinical Quality Indicators

Family Practice, Internal Medicine, Pediatrics

Acute Pharyngitis Testing	Adolescent Well-Care Visits
Appropriate Asthma Medications	Varicella Vaccination Status
Beta Blocker Treatment after AMI	Well Child Visits for the First 15 Months
Breast Cancer Screening Mammography	Mumps-Measles-Rubella Vaccination Status
Cervical Cancer Screening PAP Test	Congestive Heart Failure Annual Care
Cholesterol Management after CV Event or IVD	Comprehensive Diabetes Care: <ul style="list-style-type: none">•LDL-C•HbA1c•Eye Dilation Exam•Screening for Nephropathy
Well Child Visits - 3 to 6 Years	

Best Practice

- ✓ Innovative practice improvements focusing on medical management and clinical quality issues that are not focus areas within the QualityBLUE program (innovation and core problem solving)
- ✓ Reinforces and teaches Continuous Quality Improvement model for primary care practice
- ✓ Accept:
 - ✓ ABIM, ABFM and ABP Performance in Practice Modules
 - ✓ AAFP Metric Program
 - ✓ NCQA Certifications

Incentive Payment Methodology

QualityBLUE Score	Incentive Payment Earned
0 – 64	\$0
65 – 89	\$3
90 – 100	\$6
101 - 115	\$9

Amount added to each claim payment for select E&M codes

Practice Performance

(all specialties 4th Quarter 2008)

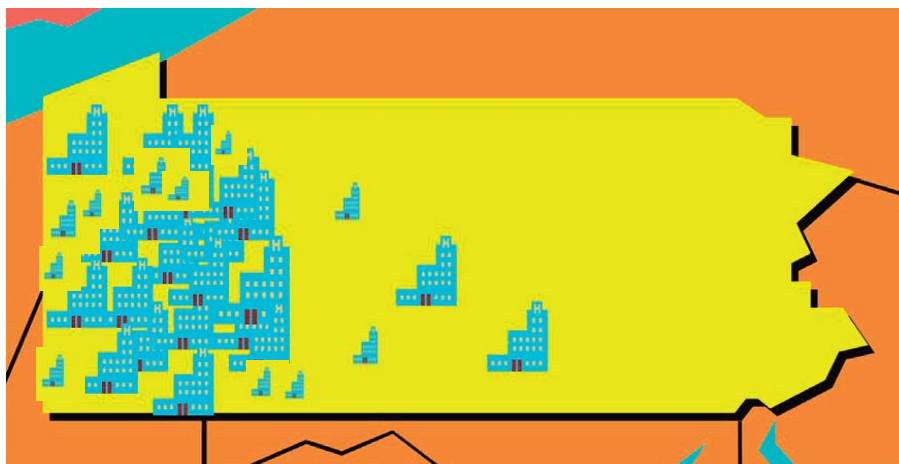
Total Quality Score Range	Incentive	Number	Percentage
Below 64	\$0	535	41%
65-89	\$3	601	46%
90-100	\$6	149	11%
Over 100	\$9	27	2%
Total		1,312	100

QualityBLUESM A Hospital Pay-for-Performance Program

15

QualityBLUE Hospital Pay for Performance Program

Currently 41 Hospitals in Western and Central Pennsylvania



Blue Cross Blue Shield
An independent licensee of the Blue Cross and Blue Shield Association

Program Growth & Enhancement

- Program Standardization 2001 -2008
 - Clinical Indicators
 - Administrative Processes Improved
 - Standardized measurement, tracking, reporting
- Quality & Compliance Reviews Conducted by Highmark's Internal Audit Department & Quality Insights of PA
- Alignment with National Programs
 - National Quality Forum measures
 - American Heart Association – Get With the Guidelines
 - Surgical Care Improvement Project
 - CMS Hospital Compare
 - Centers for Disease Control
 - IHI 5 Million Lives

Performance-Based Evaluation

- Program evaluation based on hospital's performance on established program indicators (90%)
- CMS Quality Measurement Set Performance (10%)

The number of CMS Quality Measures

at or above

the PA State Average

CMS Hospital Compare

Dates of Report: July 07-June 08

Measure set	Measure	PA Avg.	Hospital
Heart Attack	ACE Inhibitor or ARB for LVSD	82%	NA
	Aspirin at arrival	95%	92%
	Aspirin prescribed at d/c	93%	NA
	Beta blocker at arrival	92%	100%
	Beta blocker prescribed at d/c	95%	NA
	PCI within 90 minutes	58%	NA
	Fibrinolytic Medication Within 30 Minutes Of Arrival if appropriate	33%	NA
	Smoking Cessation	90%	NA
Heart Failure	ACE or ARB for LVSD	83%	62%
	Assessment of LVF	90%	89%
	Discharge Instruction	68%	73%
	Smoking Cessation	88%	NA

Performance Indicators & Metrics

Clinical Indicators:

- Reduction of Methicillin Resistant *Staphylococcus aureus* (MRSA)
- Reduction of Central Line Associated Bloodstream Infections (CLAB)
- Perinatal Elective Induction
- Surgical Care Improvement Project (SCIP)
 - Infection Prevention SCIP
 - VTE Prevention SCIP and ICU
- Get With The Guidelines (GWTG) (AHA)
 - Stroke
- *Clostridium difficile* (CDAD)
- Catheter Associated Urinary Tract Infection (UTI)

Why These Indicators Matter

- More than 1,700 reports related to methicillin-resistant *Staphylococcus aureus* (MRSA), including 14 deaths, have been submitted to the Pennsylvania Patient Safety Authority since June 2004 through October 2007. (2008 Patient Safety Authority Advisory)
- In 2006, hospitals reported that 30,237 patients contracted an infection during their hospitalization, a rate of 19.2 per 1,000 cases. (PHC4 2008 Hospital Acquired Infection Report)
- The urinary tract is the most common site of healthcare-associated infection, accounting for more than 40% of the total number reported by acute-care hospitals and affecting an estimated 600,000 patients per year. (CDC)

Why These Indicators Matter

- About 780,000 Americans each year suffer a new or recurrent stroke. That means, on average, a stroke occurs every 40 seconds.(AHA)
- Adverse events during labor and delivery can impose a heavy physical, psychological, and financial toll on the baby, family, care providers, and the community. In 2005, obstetrical physicians were involved in 1,258 (down from 2004) obstetrics-related award payments at a mean payment of \$523,534 and a median payment of \$300,000.
- From 1993 through 2003 the number of reported cases of *C. difficile* colitis in hospitalized patients doubled, associated mortality increased by 150%, and the number of colectomies attributable to the infection increased by 50%, according to an article in the July issue of *Archives of Surgery*.

Reimbursement Strategies

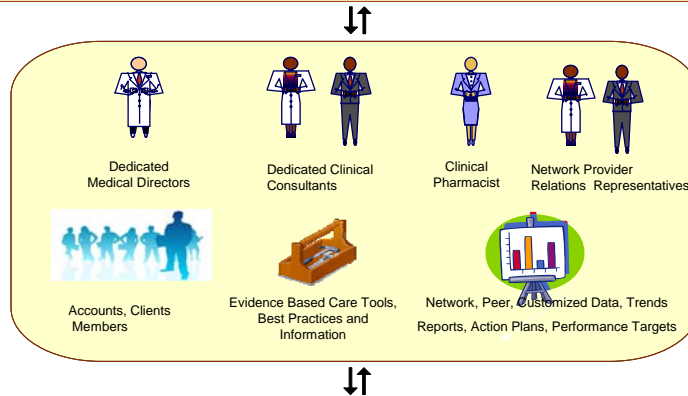
- QualityBLUE Hospital Pay for Performance offered via Provider Contracting discussion
- Hospitals place portion of reimbursement at risk
- Lump Sum and Rate Based Reimbursement

**Over \$42 Million in
Performance Based
Reimbursement**

Highmark's Engagement Philosophy

Highmark's Engagement Philosophy

Highmark - Healthcare Provider-Account-Member Collaboration



Improved Health Status – Patients; Shared Savings and Efficiencies

Medical Management Consultants

- The Medical Management Consultant (MMC) Team is made up of 15 staff members, one Medical Director, two Clinical Pharmacy Consultants
 - ◆ Dedicated staff to provide consultative quality improvement support, education and training to over 3,221 physician
- The team has over twenty years experience in working with physicians and other health care providers/entities to improve clinical care and quality outcomes.
- Medical Management Consultant credentials include:
 - ◆ RN, Respiratory Therapy, Medical Lab Technology, Pharmacy, Healthcare Administration

Medical Management Role

- Assess where the practice lies against quality performance criteria - the Quality Improvement Roadmap to Success
- Evaluate the practice office operations to determine process improvement opportunities - Clinical Office Process Evaluation Key Questions
- Meet with the physicians and staff to provide feedback and recommend a course of action to improve clinical quality and office operations
- Collaborate with the physicians and staff to create a work plan that:
 - defines the problem;
 - establishes baseline measures;
 - specifies action steps;
 - designates responsible team member;
 - establishes a timeline for expected outcomes; and
 - incorporates a control mechanism to ensure the operations don't falter.
- Scheduled meetings to monitor and report on the practice's performance against their clinical quality and process improvement activities

What's Different?

Activity	Medical Management Consultants	Provider Relations	Clinical Quality Outcomes Nurses
Provide consultative support and education on QualityBLUE program administrative guidelines and operations	X	X	
Provides administrative support to physicians on Highmark activities such as contracting and credentialing	X	X	X
Establishes and facilitates quality committees of physician leaders	X		X
Develops clinical business rules for PCP and Specialist profiles	X		
Provides high level intervention and education on clinical operations and evidence based medicine guidelines	X		
Develops practice specific clinical quality profiles, outcomes data and pharmacy reports	X		
Collaborates with physicians and administrators in the development of targeted performance improvement work plans	X		
Provides on-site process engineering based and process improvement focused on evidence based care protocols	X		
Identifies Best Practice opportunities to incorporate into practice operations	X		
Works with external vendors to incorporate new tools into the physician offices such as Generic Sampling Machines, GSK Diabetes Education Series, etc.	X		
Conducts data analysis of physician performance to determine gaps in practice operations and opportunities for improvement as shown by practice trends and variances	X		
Acts as an incubator for carrying out new and exploratory initiatives such as the NCQA Pilot Program for Physician Recognition, CHRPC Urgent Care Pilot, Drugs to void in the Elderly, etc.	X		
Establishes long-term relationships with physicians and their staff to allow for partnering with Highmark in the advancement of quality initiatives as the single point of clinical contact with the providers	X		

Hospital QualityBLUE Team

- Team background and credentials:
 - Medical Technology
 - RN
 - Certified Infection Control Professional
 - Speech Pathology
 - Nursing Home Administrator
 - Registered Health Information Administrator
 - Certified Professional Healthcare Quality

Hospital Engagement

- Pre-engagement program overview
- QualityBLUE Orientation and on site visit for new participants
- Mid Year and Year End hospital visits with hospital quality improvement teams and hospital executive team
- Lunch and Learn for new program year
- Best Practices Forum
- Focus Groups

Supporting the Spread

31

QualityBLUE Best Practices Forum

SAVE THE DATE

QualityBLUE A Hospital
Pay for Performance
Program

BEST PRACTICES FORUM
NOVEMBER 5, 2008
8:30 A.M. TO 4:30 P.M.

Four Points Sheraton Pittsburgh North
910 Sheraton Drive
Mars, PA 15046

Learn to
improve
from each
with you
New!
For more
Address

QualityBLUE Hospital



Service Conference Registration

8:30 AM - 8:45 AM
8:45 AM - 9:00 AM

9:00 AM - 9:15 AM
9:15 AM - 9:30 AM

9:30 AM - 9:45 AM
9:45 AM - 10:00 AM

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Registration and Conference

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Pittsburgh North

910 Sheraton Drive
Mars, PA 15046

800.444.4444
www.qualityblue.com

Highmark Blue Cross Blue Shield

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QualityBLUE Best Practices Forum

Save the Date:

Best Practice Forums Set for October

Physicians Can Earn CMEs for Attending
In October, Highmark will conduct two QualityBLUESM Best Practice Forums for participating practices and for eligible physicians who may be considering enrollment in the pay-for-performance program.

QualityBLUE Physician

Informative events, you'll have the opportunity to hear a panel of physicians, nurses and other clinical professionals speak about the latest best practice trends and about office-based improvement projects that have helped to transform patient care. You'll also have the opportunity to ask questions, network with your colleagues and share your quality improvement success stories. By attending one of the forums, physicians can earn 1.5 CMEs. For additional information, contact your medical management consultant or provide representative.



You are invited...
2008 QualityBLUESM Forums

PHYSICIANS CAN EARN
1.5 CME CREDITS
FOR ATTENDING

Register now for one of these important meetings to be held this fall!

WHAT: HIGHMARK'S ANNUAL QUALITYBLUE BEST PRACTICE FORUMS

WHO SHOULD ATTEND: PHYSICIANS, OFFICE MANAGERS AND CLINICAL OFFICE STAFF

More than 100 health care professionals will share the latest best practice trends and about office-based improvement projects that have helped to transform patient care. Learn more about the QualityBLUE pay-for-performance program. Ask questions, network with your colleagues and share quality improvement success stories.



Speakers for the Best Practice Forum include: Michael M. Madigan, MD, Highmark medical director; Francis S. Meyers, MD, Medical Director, South West Chester/Edgely; and Dr. William J. Berman, MD, Medical Director, University of Pennsylvania. For more information, contact your medical management consultant or provide representative.

Newsletters



Upgrade Your Preventive Care
By Michael Madigan, MD, Highmark medical director
Following members the story of a frequent traveler like the words "time upgrade" when it comes getting a first-class seat or a more comfortable or a more enjoyable flight. To improve health care quality, you might consider giving your preventive care and diabetes flow charts a "time upgrade."

Instead of just recording the date a person had a mammogram, Pap smear or diabetes retinal exam, do you record whether the member was educated about the service, the test was offered, the test was performed and where or by whom the test was done? Upgrade your information. This makes the flow chart a far more complicated but much more informative.

Why? Suppose your QualityBLUESM score for cervical cancer screening is low. Do you know which of the physicians your patients see have low or high rates for your patients, what should you do? Perhaps some physicians do a better job of sending you a report of their exams and a copy of the Pap smear report.

If you are not getting information back from some physicians, or the Pap test for your patients who see them is low, consider calling that physician to let them know that you know and are working. Ask if that practice has a call center or a nurse who can help them why members are not coming back regularly. Perhaps advice about how to improve the rate and their communication. And, if you get a call center, let them know when members ask, you will let them to go otherwise.

Is that an aggressive response? Yes. But don't you want your patients to get the best quality care? Similarly, if you find a generalist practice that is doing a better job, let them know that you know. Otherwise there's positive feedback.

Regarding mammograms, you should know what facilities get your patients back regularly. You should know what providers for CDS are more likely to use your patients' mammography (and what helps your QualityBLUE score the most). Armed with this information, you will know where to send your patients when they ask.

Documenting clearly, consistently and in the same place in the chart when you educate patients about preventive services can improve your reliability, and it can save time by avoiding redundancy. It could decrease your malpractice risk by showing that members were educated about the need for mammograms and colorectal cancer screening.

So, consider giving your flow charts an upgrade, and bring a smile to your face when you watch your QualityBLUE scores improve.

Best Practice: Thinking "Outside the Box"
One of our own pediatric PEP groups, Pediatric Alliance, Inc., elected to submit a Best Practice improvement project focusing on the submission of the Edinburgh Postnatal Depression Scale (EPDS). This is a creative application to enhancing process improvement in the clinical office setting to ultimately impact the care of patients.

As you are probably aware, depression screening is often overlooked during the perinatal period, and using the EPDS tool in the pediatric setting provides a valuable opportunity to support mothers in their caring role during the perinatal period. But it is a complex visit. The pediatrician's focus, naturally, is on the infant during these visits. But if a mother is depressed, her condition ultimately impacts the development of the infant, so identifying PPD in this stage, if it is present, is critical.

This group chose the EPDS tool due to its specificity, sensitivity and ease of use and writing. The office staff were trained to provide the tool upon the patient's arrival in the office and to instruct the mother to complete the tool while waiting for her child to be seen by the doctor. Mothers with scores of greater than 12 were referred for follow-up care.

This PEP project reported high satisfaction from the members leaving the screening. For more information about this Best Practice improvement project, call your Highmark Medical Management consultant.

Best Practice Forums Held
In October, Pay-for-Performance Best Practice Forums were held in Cleveland, Pittsburgh and Erie. The primary goal of the forums was to showcase strategies that PEP providers in



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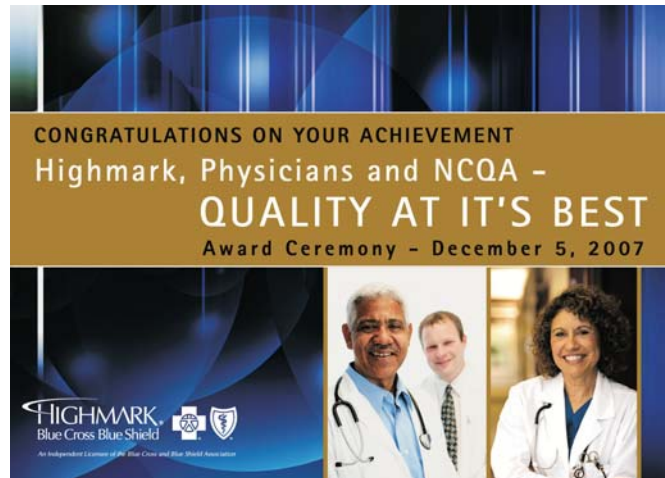
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NCQA Quality Recognition Pilot



NCQA Physician Recognition Pilot

- The Medical Management Consultant Team collaborated with physicians to enhance their practice processes and improve their delivery of care.
- The goal of the Pilot Program was to increase the number of physicians designated as a provider of high quality care in Diabetes, Heart/Stroke and/or utilizing systematic processes in the delivery of care (Physician Practice Connections – PPC) by attaining NCQA recognition by 80% within a one year period.
- Over 500 physician applied for the pilot and 370 physicians achieved NCQA designation

Provider Transparency

37

Who Cares About Quality & Cost Transparency ?

Patients, Employers, Health Plan Members

- Health Care Consumers (160,000,000 strong and growing)
- Benefits Consultants, Brokers, Producers
- Business Coalitions: NBCH, PBGH (Patient Charter)

Accreditation Bodies

- Primary Care Specialty Boards - Certification Requirements
- NCQA – Health Plan Physician Hospital Quality Standards
- URAC- Health Plan Physician-Hospital Standards

Regulators-Policy Makers

- NY State Attorney General – Industry Precedent
- Centers for Medicare and Medicaid Services
- National Quality Forum

Insurers

- Alignment with national measures and metrics and mandatory standards, Patient Charter, Value Proposition, Competitive Differentiators

Media



38

Physician Transparency

- Addition of Quality Data December 2007
 - Initial launch in Western Pennsylvania
 - Based on QualityBLUE data
 - Available to members only
 - Modifications based on physician feedback
 - Physician's own data viewable on NaviNet
 - Data refreshed quarterly
- Physician transparency across network in 2009



The screenshot shows a web browser window with the title 'Healthcare Advisor'. The page content includes a search bar, a 'Print This Page | Close Window' link, and a section titled 'Find and Compare Physicians'. Below this is a 'Quality of Care Rating Key' table with four rows. The first row is for 'Greater than or equal to the specialty average' with a 3-star rating. The second row is for 'Below, but within a 10% margin of, the specialty average' with a 2-star rating. The third row is for 'Below the specialty average' with a 1-star rating. The fourth row is for 'There were not enough Highmark patients to measure in the clinical category OR the clinical category is not within the normal scope of the physician's practice (e.g., well-child visits for an Internal Medicine physician)' with a 'Not Measured' rating. The Subimo logo is visible at the bottom of the page.

Quality of Care Rating Key	Rating
Greater than or equal to the specialty average.	☆☆☆
Below, but within a 10% margin of, the specialty average.	☆☆
Below the specialty average.	☆
There were not enough Highmark patients to measure in the clinical category OR the clinical category is not within the normal scope of the physician's practice (e.g., well-child visits for an Internal Medicine physician).	Not Measured

Provider Directory - Microsoft Internet Explorer

Highmark

Back View Favorites Tools Help

Search Favorites

https://www.highmarkblueshield.com/CHMPRVWeb/provdir/doctorDetails.do

Highmark BLUE SHIELD
An Independent Licensee of the Blue Cross and Blue Shield Association

TEXT SIZE A A A


Directory Home / Advanced Doctor Search / Doctor Search Results / Doctor Details

Doctor or Medical Professional Details

Perry, Stephanie Lynne, MD

Specialties:	Internal Medicine
Gender:	Female
Languages other than English:	None

Credentials

Medical School:	Pennsylvania State University College of Medicine
Year of Graduation:	1994
Residency:	University of Virginia School of Medicine
Internship:	University of Virginia at Charlottesville
Board Certification:	Internal Medicine ; Expires: 12/31/2017
NCOA Recognition:	

Search Options:

- Back to Search Results
- Change Your Search
- Start a New Search

Practice Locations

Physician Transparency

- Coordination with future Blue Cross Blue Shield Association Clinical Quality and Transparency
 - Evolving National Strategy
 - Attribution, Clinical Quality, Efficiency Index
 - Evaluation of Consumer Disclosure Project – Patient Charter
 - NCQA Physician Hospital Quality Standards
 - URAC Standards (in public comment)

Results & Outcomes

43

Case Study: Chestnut Ridge Primary Care (CRPC)

- CRPC partnered with Highmark to implement an initiative on-site Urgi-Care Center to reduce unnecessary Emergency

Results:

- **21% reduction in ER visits**
 - **Decline in the number of admissions via the ER**
 - **Savings ranging from \$220 - \$831 per episode of care**
- Urgi-Care vs. the ER during the two month pilot period.**
- Train the Trainer methodology
 - Physicians volunteered to work the extended hours

44

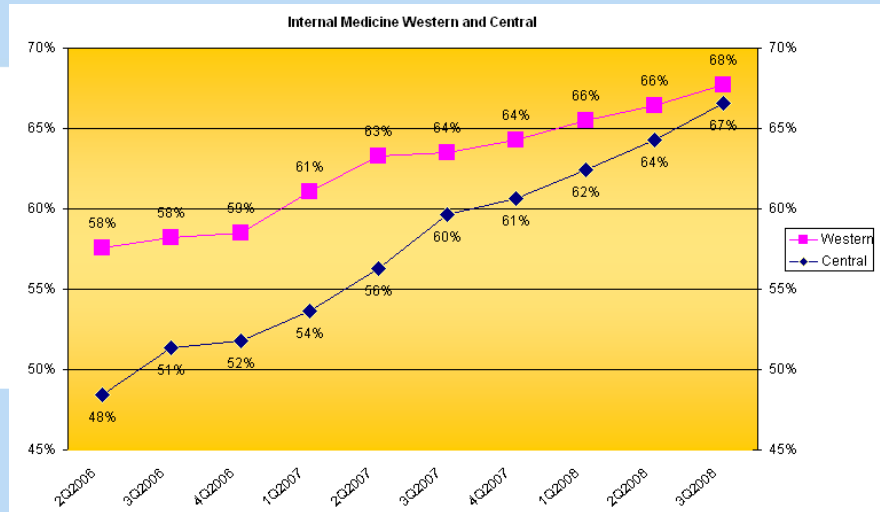
“BEST of BLUES” AWARD

- The QualityBLUE Physician P4P Program was the recipient of a Best of Blues Award in 2007 from the Blue Cross of Michigan.
 - The P4P Program includes:
 - fair and reasonable financial incentives that
 - address various quality and service indicators, and
 - dynamic measures that are
 - adjusted and/or replaced over time to reflect market changes.
- The one feature that sets Highmark's Physician P4P Program apart from other health plans is the added support the physicians are given via Medical Management Consultants**

Generic/Brand Prescribing

- Performance assessed relative to network specialty average, recalculated quarterly
- The 2003 generic prescribing rate was 49%
- Currently the network percentage is 65-70%, depending on specialty

Improvement in Generic Prescribing Rates



Generic Prescribing

- Journal of Managed Care Pharmacy published a recent Highmark study
 - Employers and Highmark saved a combined total of \$850,000 in 2005 and 2006 attributed to higher generic drug disbursement

Since 2003, Highmark and its Western Pennsylvania members have saved **\$2.5 million** through the use of MedVantix kiosks

QualityBLUE FY08: MRSA Impacts & Outcomes

MRSA

A: Community Acquired Admission Cultures

B: Hospital Acquired Discharge Cultures

C: A & B Combined

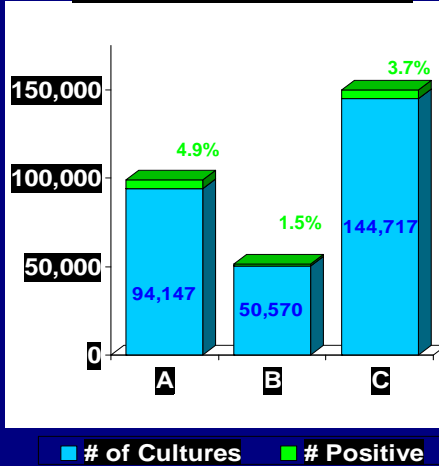
5,349 (3.7%) patients were identified as positive for MRSA

4,597 (4.9%) patients identified upon admission

implemented appropriate precautions

Reduced transmission

Identification of "Unknown" MRSA Carriers



QualityBLUE FY08: CLAB Impacts & Outcomes

CLAB

Nation

2

0

9

QB

5

COST OF a CLAB

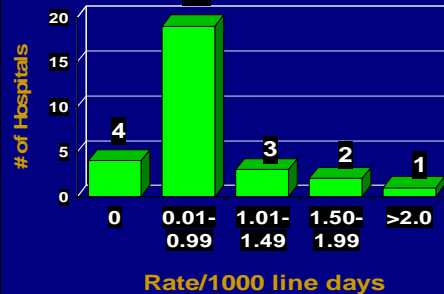
(\$38,703) X 566 =

\$21.9 Million

Lives Saved:

68-142

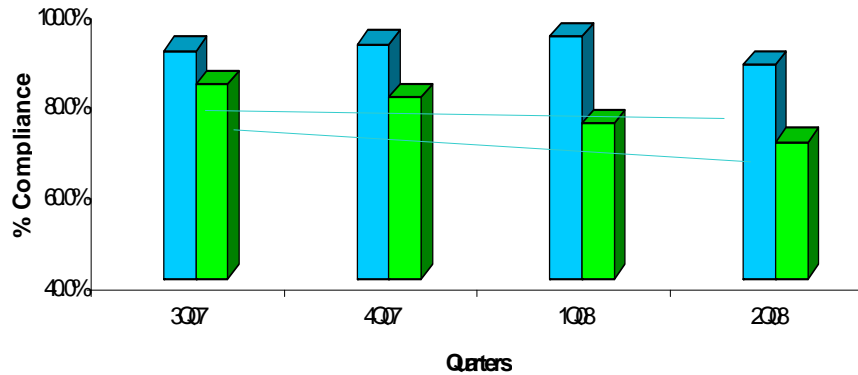
Hospitals
at Zero!



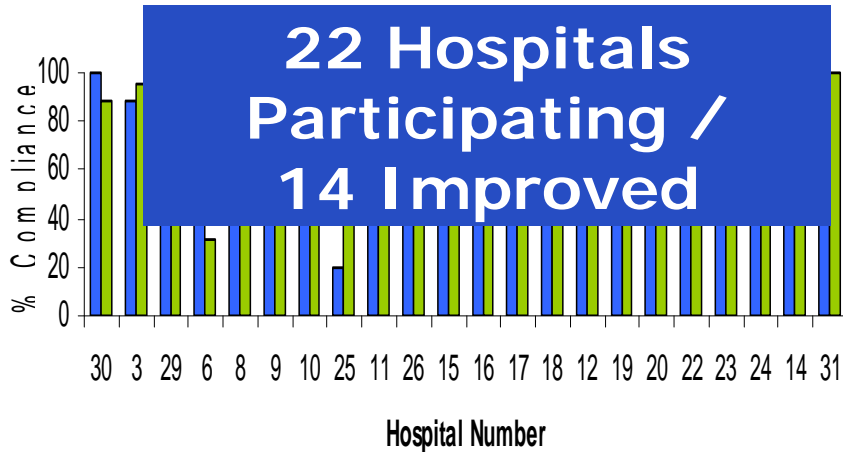
QualityBLUE FY08: GWTG CAD - Defect Free Care

Sustained Improvement

QB Hospitals vs. PA State Average



QualityBLUE FY08: SCIP Normothermia 1st vs 3rd Quarter by Hospital



Future Vision

53

Where Are We Going?

QualityBLUE A Hospital
Pay-for-Performance
Program

QualityBLUE A Physician
Pay-for-Performance
Program

2009 and Beyond

- Alignment with National Quality Standards – Patient Charter
- Prescription for Pennsylvania – Governor’s Chronic Care Commission
“Coordination of Care”
- NQF Membership – “A Voice at the Table”
- Shift Reimbursement Paradigm to Performance based “Earning”
- Legislative Movement - Never Events – Hospital Acquired Conditions
- Meet Value Based Purchasing Objectives
- Continued Engagement of the Provider Community
- Enhanced Clinical Quality & Cost Measurement
 - Development of Efficiency Index/Medical Episode Grouping
- Pilot Demonstrations
 - CMS EHR Demonstration – Pittsburgh Regional Healthcare Initiative Community Partner

54

Future Vision

- Continued Pursuit of Excellence by Raising the Bar on Quality Performance
- Profiling
- Transparency
- Pay for Performance
- Innovation, Collaboration, Engagement

Thank You

- Questions or Follow-up:

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