



Bridges To Excellence

Leveraging HIT in Rewarding Quality

Health Information Technology Summit

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BTE.....

- **Bridges to Excellence is a program designed to create significant leaps in the quality of care by recognizing and rewarding health care 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.**
- **Quality is measured uniformly using nationally accepted standards, collected by an independent third party – NCQA**
- **Quality measures are focused on actuarially sound performance criteria that provide an opportunity for a positive ROI for payers in a fee-for-service environment**

What we're after is a significant reengineering in the processes of care.



Bridges to Excellence: co-designed by employers and providers

A multi-stakeholder approach to creating incentives for quality

- Employers, health plans, consumers, physicians, and group practices

Mission

- Improve quality of care through rewards and incentives that:
 - ✓ encourage providers to deliver optimal care, and
 - ✓ encourage patients to seek evidence-based care and self-manage their own conditions

Focus

- Office practices, diabetes care, cardiac care
- Roll-out in selected markets
- Program costs paid by participating employers



BTE Program's principles consistent with national purchaser initiatives

- **Rewards have to be meaningful and positive (if actuarially supported), not simply punitive, and result in a positive sum game**
- **Pay rewards AFTER physicians have demonstrated high performance**
- **Encourage employees to seek out better performers and create incentives for better self-care**
- **Use independent national accrediting organization to assess and recognize provider performance on a community-wide (not just plan-specific)**
- **Keep pushing for tougher standards**
- **Keep demanding complete accountability for use of resources and delivery of outcomes**



We have three programs that are operational now

	NCQA Measure set	Physician Activation	Consumer Activation
Physician Office Link (POL)	Physician Practice Connections (PPC)	Up to \$50 pmpy	Physician-level report card, and patient experience of care survey
Diabetes Care Link (DCL)	Diabetes Provider Recognition Program (DPRP)	Up to \$100 pdppy	Diabetes care management tool, and rewards for care compliance
Cardiac Care Link (CCL)	Heart Stroke Recognition Program (HSRP)	Up to \$160 pcppy	Cardiac care management tool, and rewards for care compliance



BTE uses nationally recognized physician recognition programs

Structure (PPC):

- Patient safety – e-prescribing
- Guideline-driven care – EHRs
- Focus on high-cost patients – Care coordination
- Improved compliance – Patient education & support



Process & Outcomes (DPRP & HSRP):

- HbA1Cs tested and controlled
- LDLs tested and controlled
- BP tested and controlled
- Eye, Foot and Urine exams
- LDLs tested and controlled
- BP tested and controlled
- Use of aspirin
- Smoking cessation advice



BTE Incentives

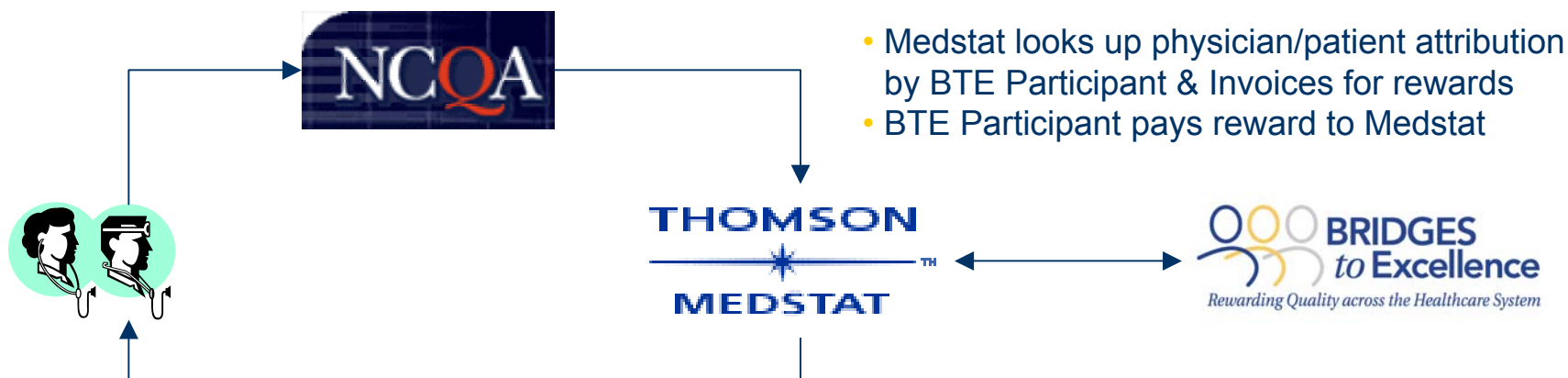
<i>Offices meeting Passing Score in:</i>		POL			DCL/CCL
		Clinical Information System	Patient Education & Support	Care Management	
<i>Any Module</i>	Y1	\$50			<p>20% of bonus is withheld until practice meets DCL and/or CCL (depends on whether attribution id's diabetics and/or cardiac patients)</p> <p>Doc gets full POL bonus plus extra \$80 for each diabetic and cardiac patient when meeting CCL/DCL</p>
	Y2	\$20			
	Y3	\$10			
<i>Two out of three Modules</i>	Y1	\$50			
	Y2	\$50			
	Y3	\$30			
<i>All three Modules</i>	Y1	\$50			
	Y2	\$50			
	Y3	\$50			

A top scoring practice can earn up to \$20K per doc/year



The process for recognition and rewards is straightforward

- Physicians apply for recognition with NCQA
- NCQA send notify of physician being recognized to Medstat



- Medstat bundles Participant payments and pays physician



The rewards are designed to encourage adoption AND use of better systems

➤ **3 PCP Practice with 1000 patients covered by the program:**

- 3.5% are diabetic patients
- 2.5% are cardiac patients

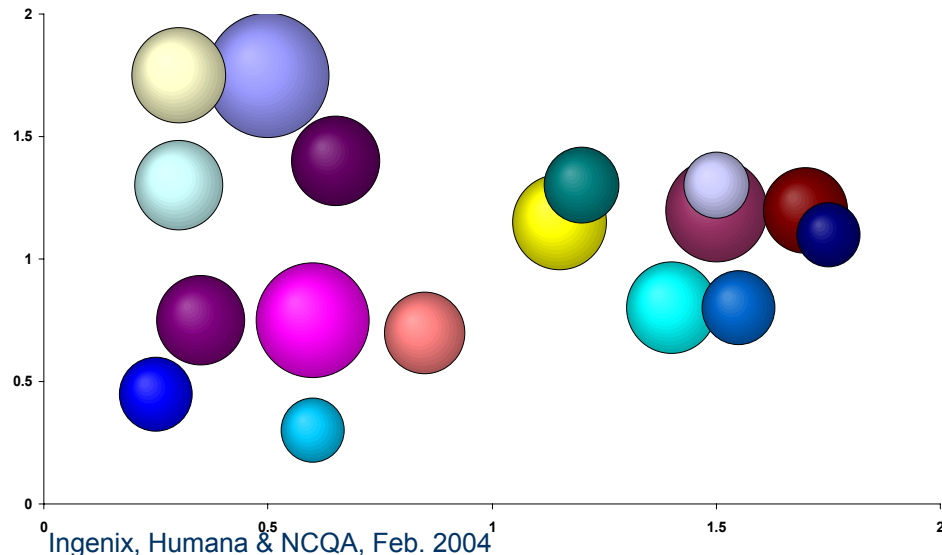
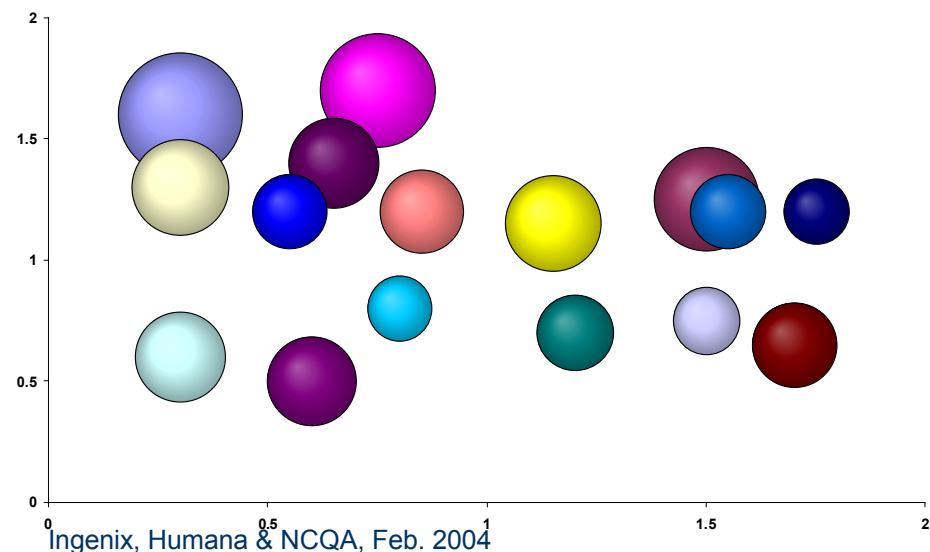
➤ **Practice receives total of \$54,800:**

- $\$40 * 1000 = \$40,000$ for meeting PPC measures (POL)
- $\$80 * 60 + \$10 * 1000 = \$14,800$ for meeting DPRP & HSRP measures (DCL & CCL)

➤ **Purchaser saves a total of \$55,000 less program costs (\$6 pmpy)**



In both Cincinnati and Louisville we've found that DPRP docs are better



Effective docs show less variation in cost of care delivered
Efficient docs are at least 25% more efficient than the average, resulting in savings of at least \$600/patient/year



Preliminary data confirm savings for NCQA recognized physicians

Endocrinologists:

- NCQA recognized: \$1,747
- Not recognized: \$1,989

PCP's

- NCQA recognized: \$1,394
- Not recognized: \$1,627

10% to 15% savings translates to \$500 to \$600 on total cost of care for patients with diabetes. Overall savings range from \$240 to \$550 ~ \$350



BTE is live in four markets

	Cincinnati, OH / Louisville, KY	Boston, MA	Albany / Schenectady, NY
Launch Date	June 2003	February 2004	May 2004
Program(s)	DCL	DCL, POL	POL, DCL, CCL
# of Employers	7: GE, Ford, UPS, P&G, Humana, CCHMC, City of Cincinnati	3 (6): GE, Raytheon, Verizon, (IBM, AZ)	4: GE, Hannaford Bros, Verizon, Golub
# of Plans	6: Humana, Aetna, UHC, Anthem, BCBS (OH, AL)	5: Tufts, Harvard, UHC, BCBS(MA, AL),	3: MVP, CDPHP, UHC
# of Covered Lives	200,000 (7,000 Diabetes)	85,000 (3,500 Diabetes)	45,000 (2,000 Diabetes; 1,000 Cardiac)



CUMULATIVE

BTE Recognized & Rewarded Physicians

Market	DCL		POL		CCL	
	Recg	Rwd	Recg	Rwd	Recg	Rwd
Cincinnati	55	48				
Louisville	12	10				
Boston	190	83	444	426		
NY Capital Region	36	7	0	0	0	0
Total	293	148	444	426	0	0

BTE Bonus Earned

Market	DCL	POL	CCL	Total
Cincinnati	\$55,230			\$55,230
Louisville	\$36,675			\$36,675
Boston	\$30,663.57	\$709,150.20		\$739,813.77
NY Capital Region	\$7,040	\$0	\$0	\$7,040
Total	\$129,608.57	\$709,150.2	\$0	\$838,758.77

Employer Patients Seeing NCQA Recognized Physicians

Cincinnati	DCL			POL			CCL		
	#	Elig.	%	#	Elig.	%	#	Elig.	%
Cincinnati	469	4985	9.4%						
Louisville	322	3757	8.6%						
Boston	230	3664	6.3%	7722	86297	8.9%			
NY Capital Region	65	2093	3.1%	0	43585	0.0%	0	968	0.0%
Total	1086	14499	7.5%	7722	129882	5.9%	0	968	0.0%



Consumers are also engaged through our report card web site

- ✓ High-level roll-up of physician's overall performance
- ✓ Distinguishes relative performance of physicians within each level

Provider Listing

The following providers meet the criteria you entered.

Name	Address	Miles	Effectiveness of Care	Patient Experience of Care
Dr. Robert Smith	997 Glen Cove Avenue Glen Head, NY 11545	0.24		
Dr. John Doe	339 Hick Street Brooklyn, NY 11210	0.24		
Dr. Jane Doe	98 Princess Lane Scarsdale, NY 11201 additional addresses	0.13		



Effectiveness results come from NCQA, patient experience of care from employees

Doctor Information	Address & Hours	Staffing	Credentials	Hospital Affiliation
Dr. Robert Smith FAMILY PRACTICE ID NO: 00046688833 03 My Philosophy of Care 518.472.4584 518.472.4620 fax dr.smith@aol.com	997 Glen Cove Avenue Glen Head, NY 11545 Monday - Thursday 10-5 Friday, Saturday 11-4	<ul style="list-style-type: none"> 2 Nurses 3 Technicians 1 on-call doctor 	NY Medical College, M.D., 1989 St. Lukes - Roosevelt, 1992 AM Board of Internal Medicine, 1994	Mt. Sinai Medical Center Westchester Medical Center Columbia Presbyterian Medical Center

Performance Report:

Effectiveness of Care			Patient Experience of Care	
Overall	Diabetes Care	Cardiac Care	Overall	

Clinical Information Systems & Evidence-Based Medicine		Patient Education & Support		Care Management	
Basic Registries and Follow-up	✓ 100%	Educational Resources	✓ 70%	Care of Chronic Conditions	
Electronic Registries, Prescription and Test Ordering		Referrals for Risk Factors & Chronic Conditions		Preventable Admissions	
Electronic Medical Records		Quality Measurement and Improvement		Care of High-Risk Medical Conditions	

Key

✓ Provider has fulfilled the requirements for the measure



Key lessons learned are applied to all markets to improve performance

- ✓ **Moving docs to reengineer takes a combination of positive and negative incentives (bonus and threat of losing business)**
- ✓ **Getting multiple purchasers to coordinate activities is tough, especially when they are used to plans doing everything for them**
- ✓ **You have to be nimble and quick to adapt to succeed in changing the market**



Our efforts have been incorporated in other national initiatives

- ✓ **HRPA – the coalition has agreed to use the BTE & Leapfrog-defined measure sets in its initiative, and will only contract with plans that agree to use them**
- ✓ **CMS – we're working with CMS on three of its demos: CMP, DOQ, DOQ-IT to make sure that our performance measures are synched up**
- ✓ **Health Plans – health plans like Tufts in MA have already launched premium-based products that use these BTE principles in measuring physician performance. Others like Aetna and UHC are adopting the concepts and measures in their programs**



BTE Summary

- ✓ **Focused on physician care reengineering**
- ✓ **Processes of care that are assessed include health information technology (i.e. fully functional & **interoperable** EHR), patient education and care management**
- ✓ **Program launched and operated in four markets. Health information technology being rewarded now in two markets (MA & NY)**
- ✓ **NCQA assesses if practices meet the BTE criteria through the PPC program, which is being revised into Version 2.0, adding in MCMP requirements**