Collaboration on Quality: A Foundation Built on Trust

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February 7, 2006

Wellmark at a Glance

- Wellmark Blue Cross Blue Shield of Iowa, an Iowa Mutual Insurance Company
- Wellmark Blue Cross Blue Shield of South Dakota, a South Dakota Insurance Company
- Wellmark Health Plan of Iowa, Inc., an Iowa HMO owned by Wellmark and Iowa Providers
- More than 1.5 million members
  - 1 in 2 Iowans
  - 1 in 4 South Dakotans
- Independent licensee of Blue Cross and Blue Shield Association
- Comprehensive provider network

Health Care Crossroads

- Premium cost has increased substantially
- Increased number of uninsured

- No clear data that increasing costs always translate to improved care
- Health care affordability is at significant risk

Where did Wellmark start?

- Focus on Patient Centered Care
- Work closely with clinical community
- Voluntary Program for Primary Care Physicians
- Reduce Practice Variation
- Encourage Improved Quality and Efficiency
- Collaborate to Improve Provider Office Infrastructure

How did Wellmark help?

- Provide usable data
- Supply resources to support change
- Encourage process improvement
- Bring all stakeholders to the table
- Recognize and reward those that succeed

How did Wellmark start?

- Identified Physician Leaders in a participating clinic
  - Leaders recruit participants
  - Drive local activity
- Participants identified relevant disease conditions for community
- Aligned work with clinic initiatives and objectives
- Jointly established guidelines and performance targets
- Included physician care team in design

Encourage change agents

- Recognize participating clinicians in directories
- Designate support resources from Wellmark
- Simplify certain administrative processes
- Deliver performance reports on pharmacy
- Recognize publicly as performance objectives are met

Recognizing and Rewarding Best Practices

Mercy Clinics' Perspective

David Swieskowski, MD, MBA
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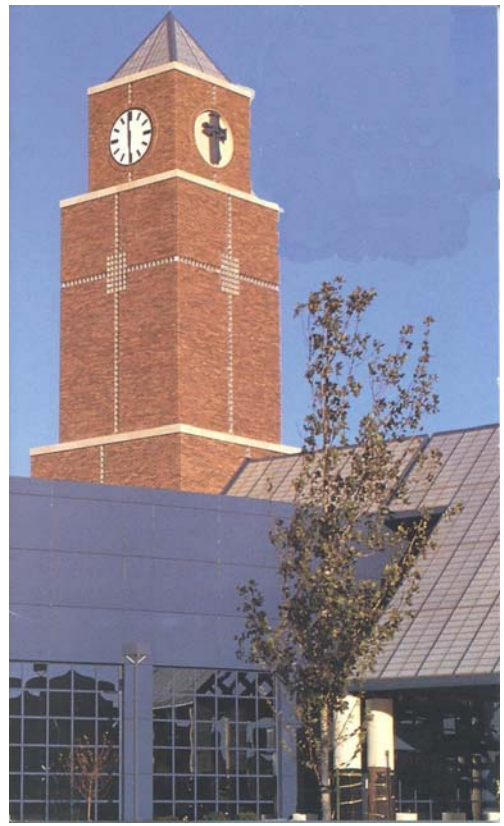
Wellmark Blue Cross Blue Shield
2006

Mercy Clinics, Inc.
A member of Mercy Medical Center–Des Moines

Mercy Clinics, Inc.

- Established in 1984
- Owned by Mercy Hospital Medical Center – Non Profit
- 23 Clinics – 126 physicians
- 668,613 patient visits in 2004
- Virtual Private Practice
- Ambulatory Care Quality is a Board Strategic priority



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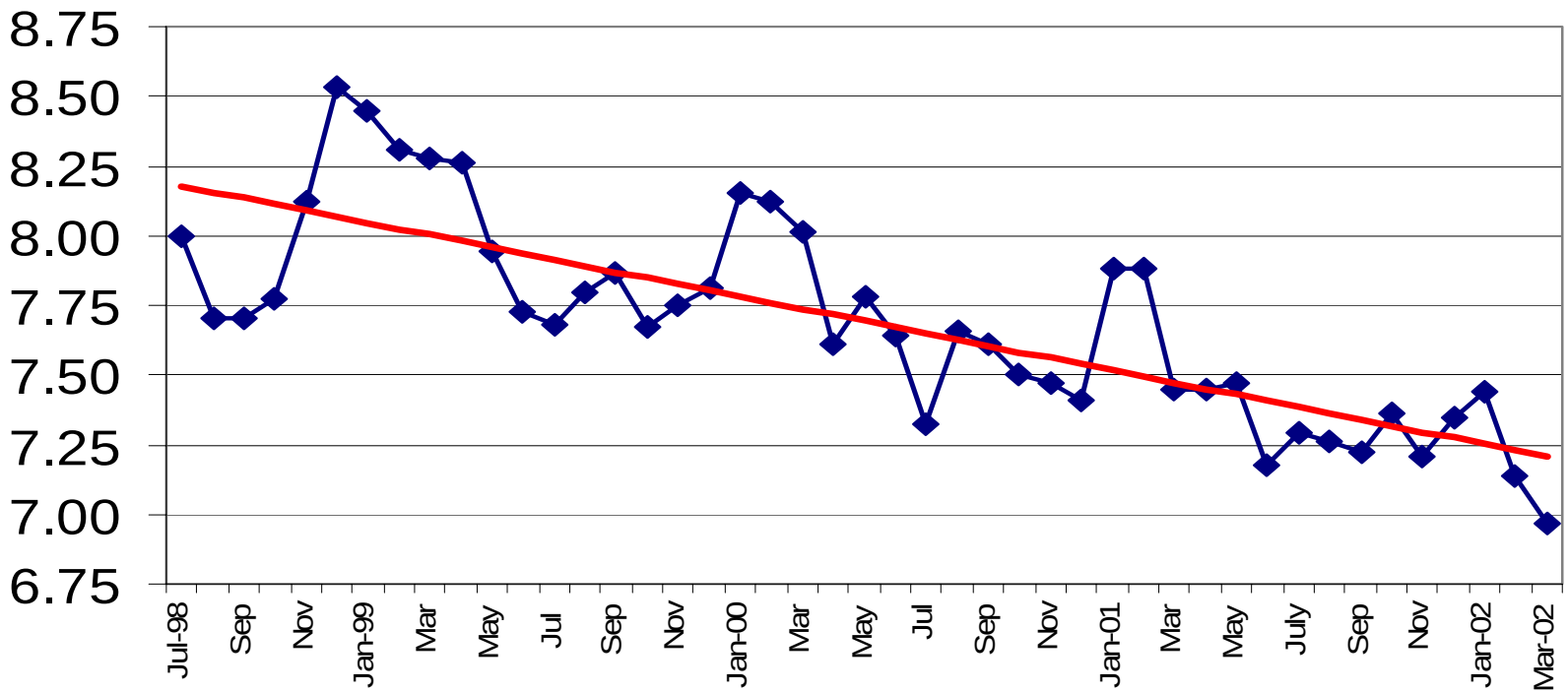
MCI Average HgA1C Values
July 98 - Mar. 02

Compared to a national average of 9%.
(Clinical Diabetes: V.20, No.2, 2002)



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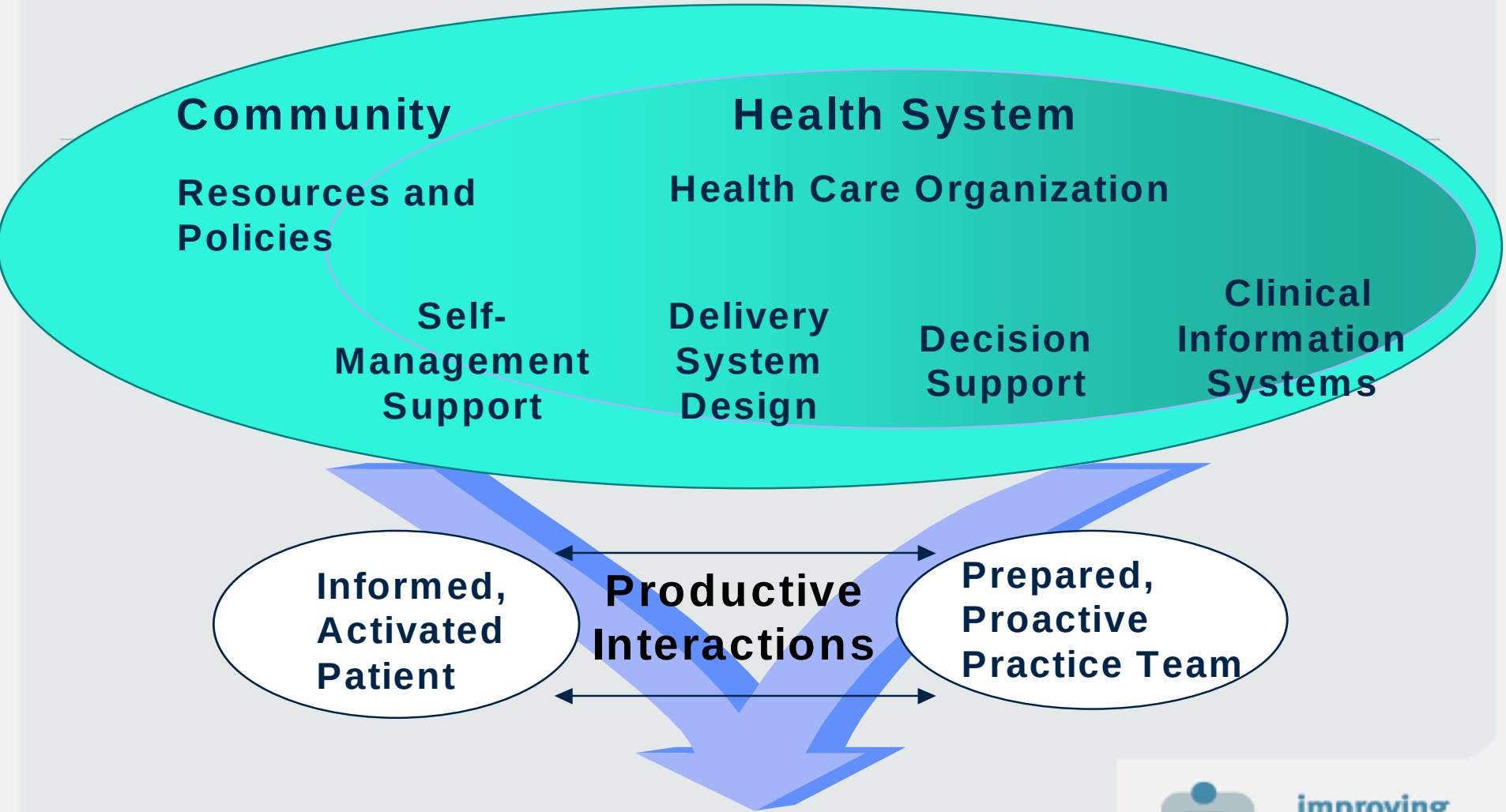
Chronic Care Model



improving chronic illness care

Alignment of Goals

MCI Goals

- Patient Centered Care
- Performance measurement
- Disease Registry
- Improved outcomes
- Reduced cost
- Chronic Care Model

Wellmark Goals

- Patient Centered Care
- Performance measurement
- Clinical Information
- Improved outcomes
- Reduced cost
- Disease management

Engaging MCI Physicians

Barriers	Response
Lack of trust	Physicians as partners in design of the program
Inaccurate patient list	Physician generated list
Financial disincentives	P4P & pay for Self-Management Support
Difficult to define ROI	Settled on pharmacy cost
Hard to measure results	Limited data set
Design process too long	Finally just started

Mercy Clinics, Inc./Wellmark Quality Parameters

	Process Goal*	Outcome Goal*
Diabetes overall**	80%	70%
Proportion with HgA1C < 8.0 or 1% improvement over the last year (i.e. 8.6 to 7.6)	85%	70%
Proportion with LDL < or = 130	85%	70%
Proportion with BP < or = 140/90	85%	70%
Nephropathy screening or evidence of disease	70%	
Documentation of Diabetes education or Patient refusal	Establish Baseline	
Hypertension Quality overall**	80%	70%
Proportion with BP < or = 140/90	85%	70%
Lipids checked in last 30 months	85%	
Glucose checked in last 30 months	85%	
Proportion with microalbumin documented in the last year	70%	
Patient education documented	Establish Baseline	
Quality Incentive Payment	**$**	**$**
Pharmacy Targets* **		**Incentive Payment**
Per member per month cost: % < Wellmark Avg.	4.0%	**$**
Per member per month cost: % < Wellmark Avg.	6.0%	**$**

*If a parameter is not within goal, evidence of action to achieve the goal will meet criteria.
** Overall goal is the average of all the goals in the disease suite.
*** This is a group goal paid to all or none

Process Goals are whether or not a test was done within the last year (unless otherwise stated) and can often be determined by billing data.
Outcome Goals reflect clinical measurements described in the left hand column.

Pay for Performance

Recognize & Reward Best Practices

Quality Parameters

Data self-reported by providers

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Improving Physician Quality Scores

"Working harder is the worst plan"

-*W. Edwards Deming*

- Currently
  - Depend on physician memory and Individual effort
- In the Future
  - Will depend more on the system physicians work in than on individual effort

Delivery System Redesign

- Disease Registry for diabetes and HTN
- Diabetes Flow Sheet up to date on each chart
- Diabetes and Hypertension Guidelines
- Standing orders for diabetes & HTN care
- Diabetes OV form
  - Checklist so all critical elements are addressed
  - Codes to a level 4 office visit
    - Level 4 EM visits went from 49% to 72% of total visits
- Population Health Coaches

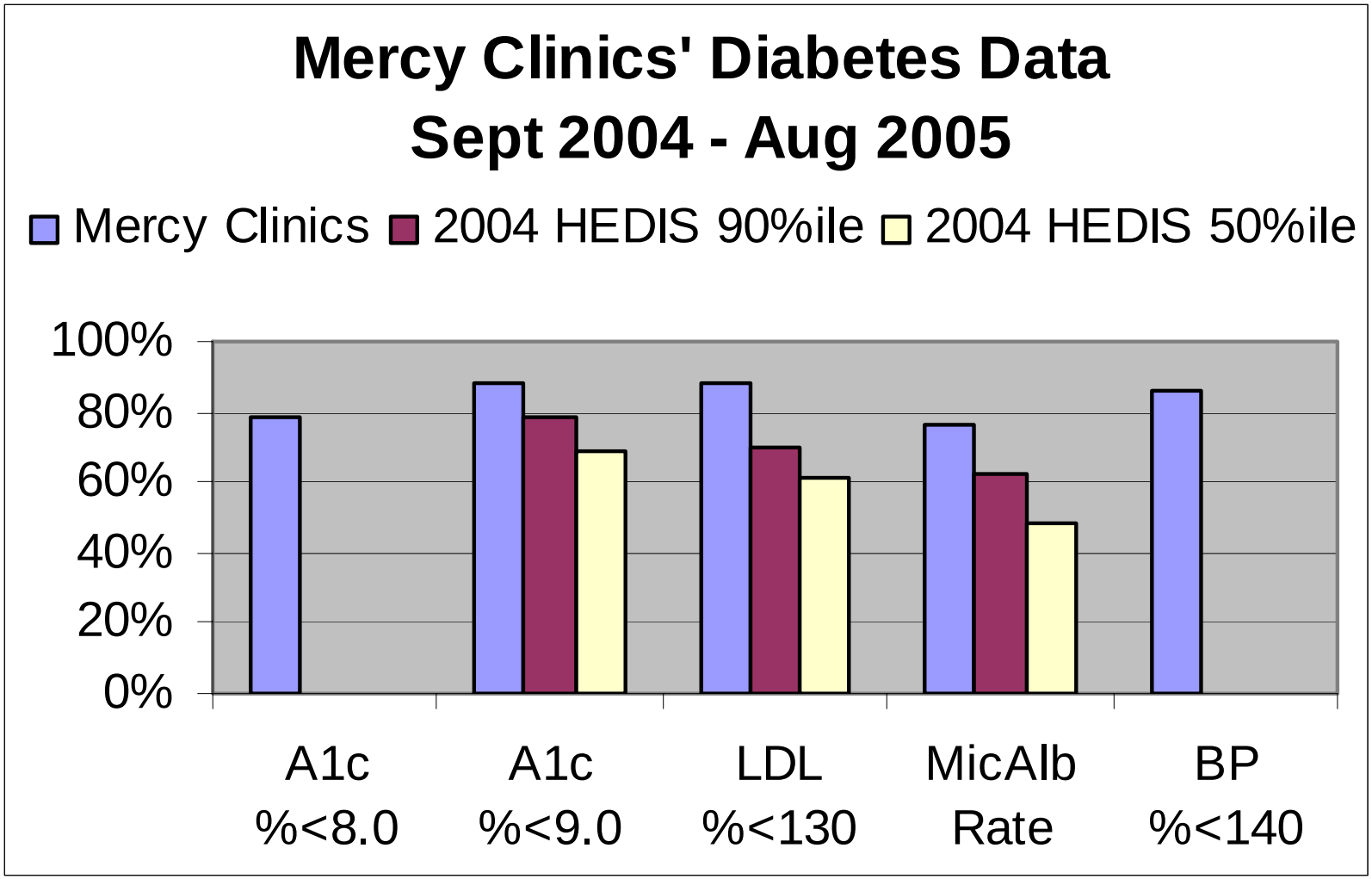
Population Health Coach

- Full time position in 4 clinics, part time in others
  - Wellmark Foundation grant provided seed money
- Proactively manages the population
  - Oversees registries
  - Calls patients
    - Overdue visits
    - Not meeting goals
- Pre-visit chart review for chronic care patients
  - Pre-work saves Doctor time
- Provide or arrange for education & SMS
- Assist with group visits

Physician Level Performance Reports

ALL PATIENTS Diabetes Data: 9/1/04-9/1/05						
Provider	Heims	Kennedy	Moore	Steinmetz	Swieskowski	**Goal**
Total Patients	100	69	145	91	138	
Process goals:						
HgAlc last 12 mo.	89%	75%	82%	87%	94%	**85%**
LDL last 12 mo.	73%	57%	60%	73%	89%	**85%**
SBP last 12 mo.	84%	75%	80%	88%	96%	**85%**
Microalb last 12 mo.	70%	33%	50%	74%	86%	**70%**
Overall process goal %	79%	60%	68%	81%	91%	**80%**
Overall process goal met?	No	No	No	Yes	Yes	
Outcome goals:						
% HgAlc < 8.0	84%	62%	73%	73%	92%	**70%**
% LDL < 130	76%	72%	74%	84%	93%	**70%**
% SBP < 140	84%	75%	88%	92%	77%	**70%**
Overall outcome goal %	81%	70%	78%	83%	87%	**70%**
Overall outcome goal met?	Yes	Yes	Yes	Yes	Yes	

RRBP Diabetes Pilot Data



N=497 Wellmark patients

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Cost of Poor Glycemic Control

Patient Class	Changes in HbA1c Levels			
	10 to 9%	9 to 8%	8 to 7%	7 to 6%
Diabetes, Heart, Htn	$4,116	$3,090	$2,237	$1,504
Diabetes, Heart	$2,796	$2,088	$1,503	$1,002
Diabetes, Htn	$1,703	$1,260	$897	$588
Diabetes only	$1,205	$869	$601	$378
Diabetes Care, Volume 20, Number 12, Dec. 1997				

1% reduction in HgA1c saves $685 - $950 per year

JAMA. January 10, 2001

Chronic Care Model Spread

- 2002: Joined IHI IMPACT
  - 2 Clinics
- 2004: Grant for disease registry
  - 3 Clinics
- 2004: RRBP Pilot
  - 4 Clinics
- 2005: RRBP – second year
  - 13 Clinics

Program Expansion

- Increase number of physicians in program
- Structure
  - Must align with national standards
  - Monitor CMS, NQF other standards setting organizations
  - Focus on Diabetes, Asthma, prevention
- Baseline performance of physicians
- Support provider change processes
- Reduce variation in program administration

Critical to Success

- Willingness to adopt change
- Active involvement of the entire physician care team
- Effective patient follow-up
- Application of technology to processes
- Ongoing evaluation of progress
- Clear measures and measurements

How will Wellmark support change?

- Work with clinical community to identify barriers
- Implement technology to encourage reduction of practice variation
- Support relationship between patient and physician
- Promote patient advocacy and education
- Engage all stakeholders in the process
- Encourage and support Quality
- Recognize and reward as appropriate

How does technology help?

- Change Processes First
- Technology supports change
  - Monitoring of patient care coordination
  - More timely feedback on performance
  - Appropriate information sharing

Wellmark believes that technology is a key enabler

What kind of technology?

- Align cost with expected benefit
- Incremental improvements vs. Big Bang
  - Plan for change
  - Migrate over time
  - Do Not interrupt service
  - Allow for successes to fuel innovation
- Minimize re-work / duplicate entry
- Integrate tools into office processes

Support adoption of change

- Identify your change champions
- Listen to concerns
- Set achievable goals
- Work together to monitor progress
- Celebrate small wins
- Educate others on what is in it for them

Financial Incentives

- Future reward structure components
  - Quality – clinical suite measures
  - Cost – generic vs. brand prescription rates, ER visits, Inpatient days, etc.

- Rewards will be based on Improvement in agreed upon Quality Measures

Wellmark's Next Steps

- Evaluate other opportunities for measurement
- Work with clinicians to increase program scope
- Begin working with specialists
- Improve performance metrics and monitoring
- Celebrate improved quality