



# *Minnesota Bridges to Excellence*

*National Pay for Performance Summit*

*February 7, 2006*

*Los Angeles*



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# Agenda

- *Minnesota Marketplace*
- *Local Pay for Performance Building Blocks*
- *What it looks like today*
- *What's in our future*



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# Minnesota Market

- Providers organized into care systems
- Locally based non-profit health plans
  - Consumer directed health care growing
  - All plans have tiered networks
- Home of UnitedHealth Group (no owned local presence)
- Home of multiple corporate headquarters
- Buyers Health Care Action Group (BHCAG) has been a catalyst for several advancements over last 15 years
  - Choice Plus/Patient Choice
  - ICSI
  - Leapfrog Group
  - Evalu8e
  - Smart Buy Alliance



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# **BHCAG Members**

- **3M**
- **AMS**
- **Barry Wehmiller**
- **Bemis**
- **Cargill**
- **Carlson Companies**
- **Ceridian**
- **CHS**
- **ELCA**
- **General Mills**
- **Honeywell**
- **Jostens**
- **Land O' Lakes**
- **Medtronic**
- **Merck & Co.**
- **Minnesota Life**
- **MN DOER**
- **Northwest Airlines**
- **Olmsted County**
- **Park Nicollet**
- **Pfizer**
- **Resource Training and Solutions**
- **Rosemount**
- **SUPERVALU**
- **Target**
- **Tennant**
- **TCF Financial**
- **University of Minnesota**
- **US Bank**
- **Xcel Energy**
- **Wells Fargo**



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# MN P4P Building Blocks

- Providers and health plans develop consensus on evidence based guidelines, relevant measures, and provide implementation support
- Aggregate payer data, review physician performance according to ICSI measures, publicly report results
- Reward performance through existing health plan programs and BTE



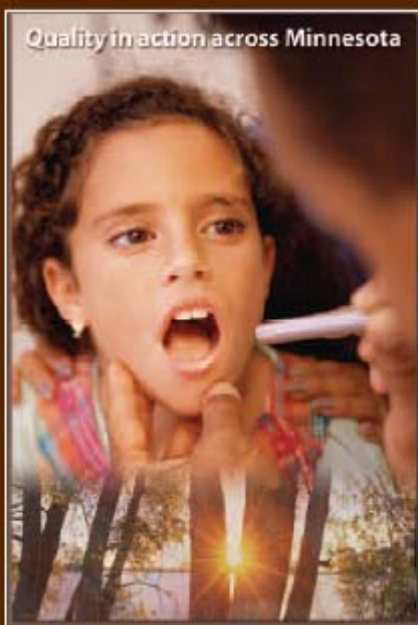
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ICSI

## Institute for Clinical Systems Improvement



Institute for Clinical Systems Improvement  
Annual Report 2004

- Formed in 1993
- Independent, non-profit
- Members include 55 medical organizations representing over 7,500 physicians
- Sponsored by six Minnesota health plans
- Provides health care quality improvement services
  - Guideline development
  - Support for implementation
  - Measures
- [www.icsi.org](http://www.icsi.org)



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- Begun by Minnesota health plans in 2002
  - Review quality
  - Report results
  - Increase efficiency of reporting
- Aggregated data from 7 health plans
- Chart audits for clinical and administrative data
- Four years of reporting
  - 2002 diabetes
  - 2003 nine clinical topics, 20 measures
  - 2004 first public report
  - Latest report released November 2005
- [www.mnhealthcare.org](http://www.mnhealthcare.org)



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Medical Group Login

- Home
- Your Health
- Clinics
- Employers
- About

## MEASURE UP TO BETTER HEALTH



### Healthier Tomorrows

Making informed decisions about your health takes teamwork: you, your doctor and other professionals working together to keep you healthy. Information is key. What care should you receive? What can you trust? How do provider groups compare? Is the quality of care at your provider improving? MN Community Measurement can help. Here you'll find accurate, comparative details on the quality of care at Minnesota's provider groups.



### View Our Report

Providers and employers use our data. Now you, the consumer, can see how your provider group measures up in our 2005 report. You can locate your provider by name or region.



### Find Your Clinic

Use this tool to search for or select providers. Once you've located the providers of your choice, you can compare results.



### Sign Up Today

Keep up to date with MN Community Measurement news and activities. Sign up to receive our electronic newsletter and notices of upcoming web seminars and events.

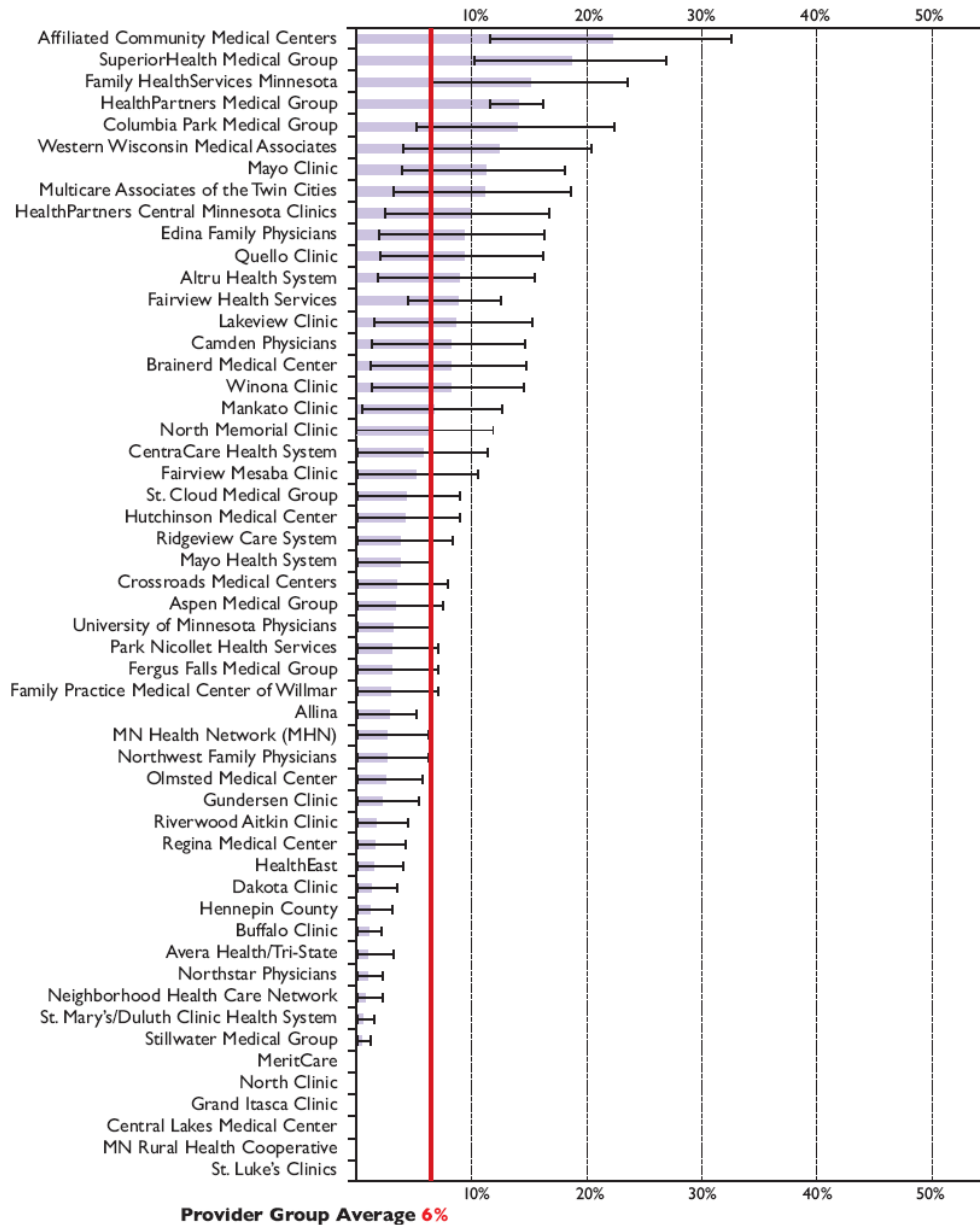
Quick View

- [Asthma](#)
- [Children's Health](#)
- [Depression](#)
- [High Blood Pressure](#)
- [Women's Health](#)





**Optimal Diabetes Care (revised targets)**



**Provider Group Average 6%**

Lower Confidence Level/Upper Confidence Level

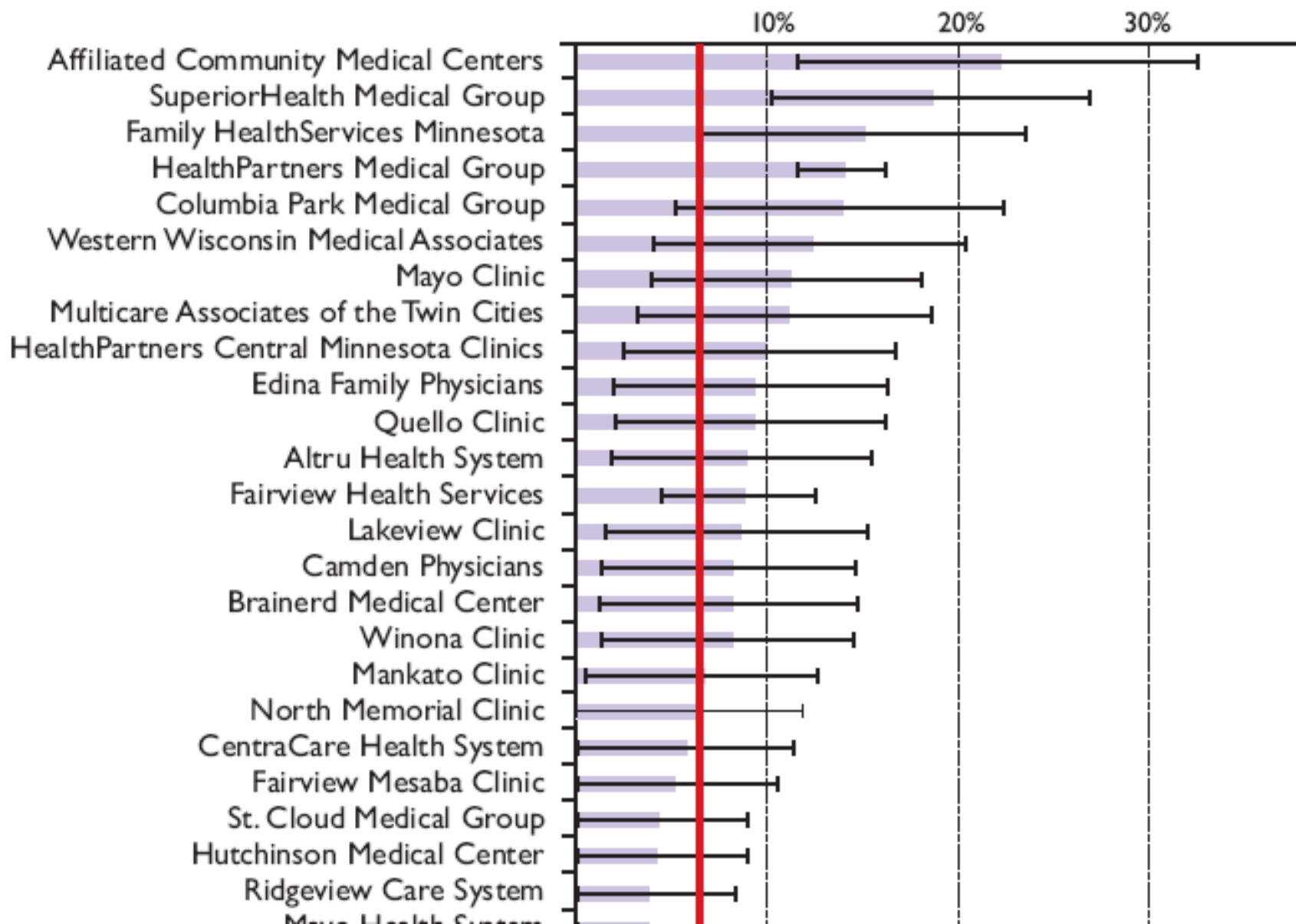


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# MN Community Measurement 2005 Health Care Quality Report

## Optimal Diabetes Care (revised targets)





## *Why BTE in Minnesota?*

- Common direction - community-wide return
- Builds momentum and greater rationale for physician re-engineering efforts
- Despite years of work by ICSI and measurement, it's still needed
  - the current “best” is poor
  - 6% of patients meet Optimum Diabetes Care (all 5 criteria) for 2004 performance



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# Members of the Guiding Coalition

- *BCBSMN*
- *HealthPartners*
- *Medica*
- *Preferred One*
- *MN Community Measurement*
- *Stratis-QIO*
- *Fairview*
- *MN Medical Association*
- *Carlson Companies*
- *United HealthGroup*
- *Resource Training and Solutions*
- *Securian*
- *3M*

*Health Plans*  
*Employers*  
*Providers*  
*Community*



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# *Adapting Bridges to Excellence*

- Program design
  - Which programs?
  - Which measures?
  - Where to set the bar?
  - Comparison to existing health plan P4P programs
  - Group v. individual rewards
- Employer recruitment
- Vendors
- Contracting



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## *Rewards for ....*

- All 5 measures must be met by each patient
  - HbgA1c < 7
  - LDL < 100
  - BP < 130/80
  - Non-smoking status
  - 40 y.o. + daily aspirin use
- Thresholds
  - Goal of 10% of diabetic patients for 2004  
(9 out of 53 medical groups)
  - Goal of 15% in 2005
  - Goal of 20% by 2006



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# *Employer Participation*

- Objections
  - Paying for this already through disease management (they don't reward physicians)
  - Health plans already have programs (but self funded employers aren't funding them)
  - Administrative costs too high (cut by 2/3 with local resources)
  - Too much on their plates
  - ROI not solid enough
- Participants so far include 91,300 covered lives from...
  - 3M
  - Carlson Companies
  - GE
  - Medtronic
  - UPS
  - Wells Fargo

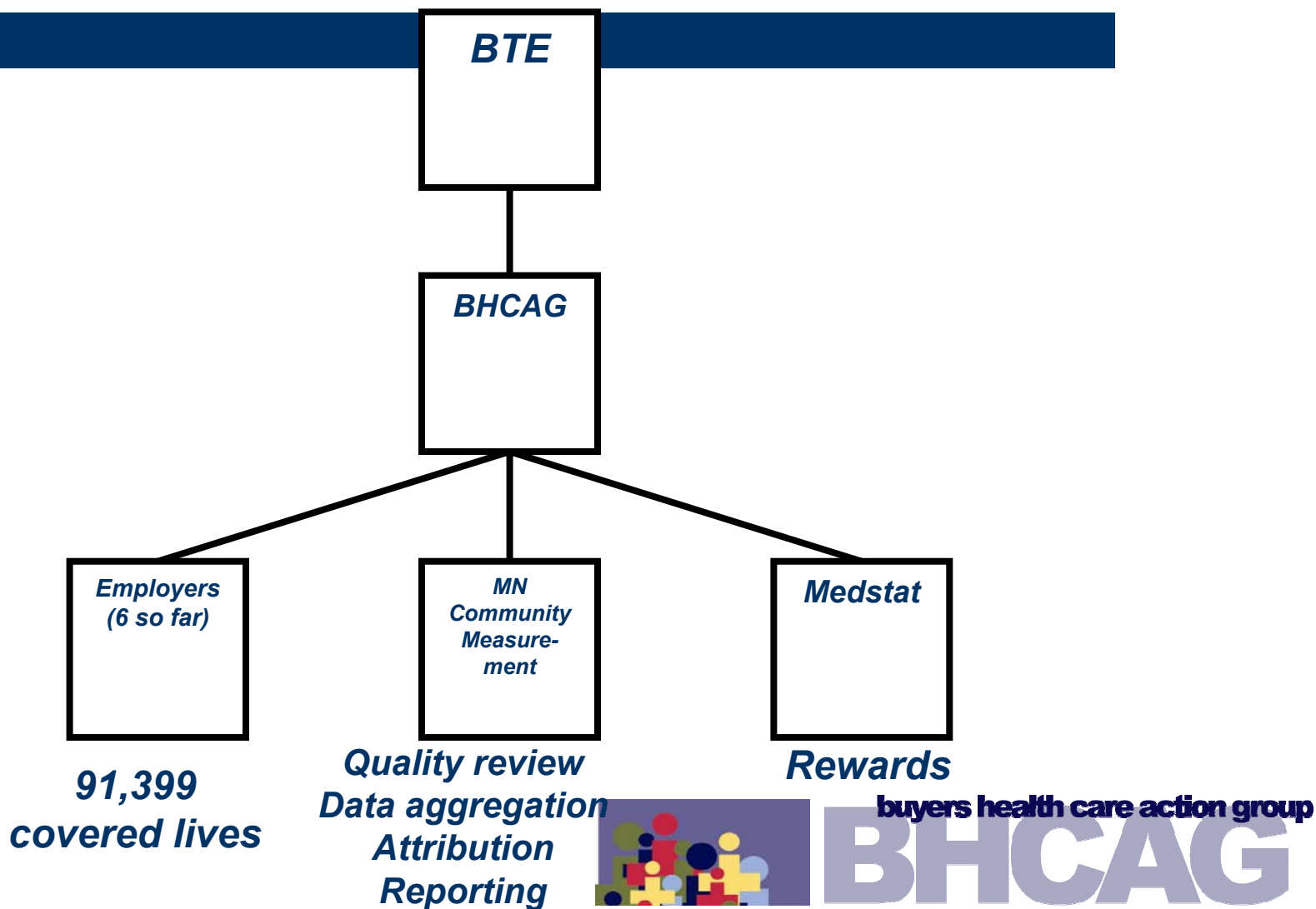


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# MN BTE Contract Arrangements







## Comparing MN to “Vanilla” BTE

### Minnesota Model

- MN Community Measurement does chart review, data aggregation and attribution
- Annual review and report on 51 physician groups
- No physician recruitment
- Annual payments
- Optimal Diabetes care; must meet all 5 measures
- Random sampling of all patients
- Annual increase in targets

### BTE

- Medstat does aggregation and attribution
- Physicians apply for rewards to NCQA at any time
- Report on rewarded physicians only
- Physicians must apply
- Quarterly payments
- NCQA criteria rewards single measures
- Patient sampling based on visit sequence
- Rewards for three years





# *Where we are going*

- January
  - Employer contracting
  - Obtaining data from health plans
- February
  - Health plans provide data
  - MN Community Measurement completes attribution and sends to Medstat
- March
  - Medstat invoices employers
  - Employers fund rewards
- April
  - Medstat cuts checks to providers
  - Provider Webcast announcing rewards
- May
  - BHCAG Annual Summit – Pay for Performance



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# Challenges

- Past
  - ROI not solid (enough)
  - Getting attention of employers
  - Role of competing health plans
  - Lack of knowledge about what works
- Future
  - Debate about what needs to common across plans
  - How to include Medicaid and State employees
  - How to incorporate specialty care
  - Sustained funding for ongoing development





## ***Lessons Learned: Think Nationally; Act Locally***

- National health care problems can turn into action by considering local health care market, resources, economics, and culture
- Build on existing initiatives and local strengths
- National quality standards (or higher)
- Local reporting (for now)
- Payment from local and national payers



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