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We created a multi-stakeholder group and designed the program to meet diverse needs

Mission:

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

Focus:

- Reengineer office practices by adopting better systems of care
- Demonstrate the reengineering is working through better outcomes for patients with chronic conditions, starting with diabetes and cardio-vascular diseases



Engaged Purchaser Beliefs

- 1. Effectiveness and efficiency must improve dramatically**
- 2. We must transform the health care supply chain into a consumer driven market**
- 3. Health care efficiency and effectiveness can be improved using the same tools (IT & continuous process improvement) we use to improve quality and productivity in our businesses.**
- 4. Purchasers and consumers will reward providers demonstrating the greatest effectiveness and efficiency**
- 5. Purchaser, consumer, provider and health plan incentives must be aligned.**





We're a not-for-profit company with a Board, including structured input from all stakeholders

Board

BTE Participants & Licensees:

- Dale Whitney – 2 years
- Francois de Brantes – 3 years
- Vince Kerr – 2 years
- Renee Turner Bailey – 2 years

▪ **Other Stakeholders:**

- Tom Lee – 3 years
- George Isham – 2 years
- Andy Webber – 2 years

BTE Executive Committee:

Dale Whitney, President

Tom Lee, Secretary

Francois de Brantes, Treasurer

Employer Advisory Board

Purpose: Provide broad input into BTE topics and direction.

Participants: Employer participants

Administrator Committee

Purpose: Review implementations and operational topics.

Participants: Administrators – licensees and partners



BTE Program Fundamentals

Pay rewards AFTER physicians have demonstrated high performance

Encourage employees to seek better performers; create incentives for better self-care

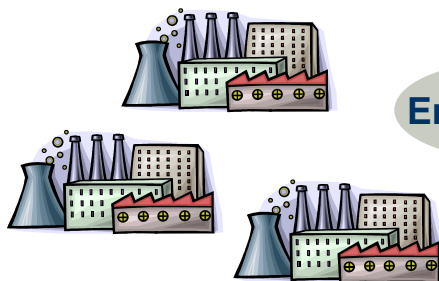
Pick performance measures that change practice patterns and yield better, safer care

Keep pushing for tougher standards

Keep demanding complete accountability for use of resources and delivery of outcomes



Employers and Plans Commit Within Market



Employers



Health Plans

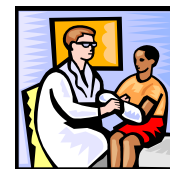
- Program Planning & Agreement
- Data Integration
 - Count of Lives per Physicians
- Communication & Outreach
 - Physicians
 - Employees/Members

Physicians Are Engaged



1. Reengineer and Improve Practices

- Clinical Guidelines
- Outcomes
- Information Systems
- Disease Management



2. Apply for “Recognition”

- Collect and Submit Performance Data to NCQA



3. “Excellent” Performers Rewarded

- Employers pay into pool
- Pooled annual rewards presented to physicians



Consumers Are Engaged



- Steered to Excellent Physicians

- Rewards for Self-Care Improvement (optional)



There are three programs based on the NCQA Physician Recognition Measures

	National 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 started in four markets

	Cincinnati, OH / Louisville, KY	Boston, MA	Albany / Schenectady, NY
Launch Date	June 2003	February 2004	May 2004
Program(s)	DCL	POL, DCL, CCL	POL, DCL, CCL
# of Employers	7: GE, Ford, UPS, P&G, Humana, CCHMC, City of Cinci	5: 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)

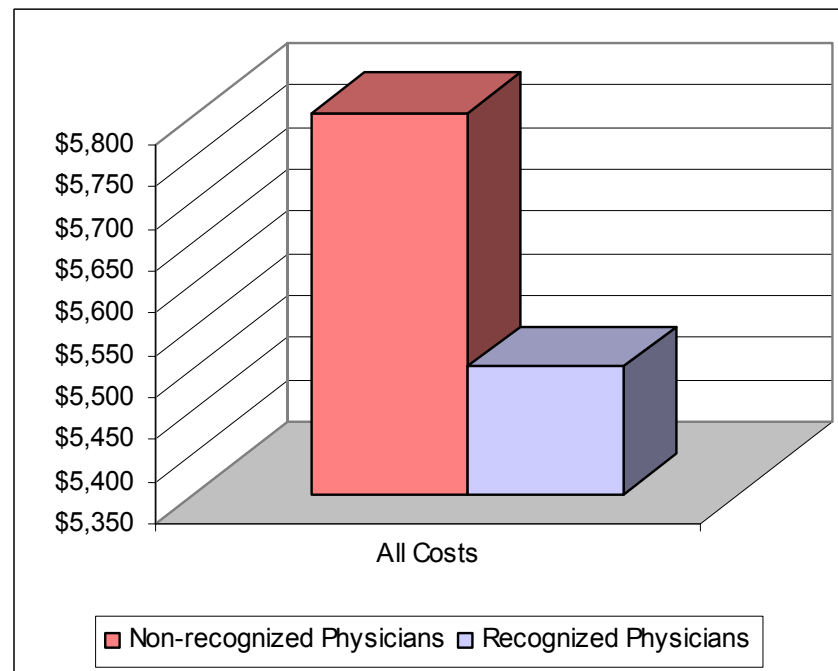
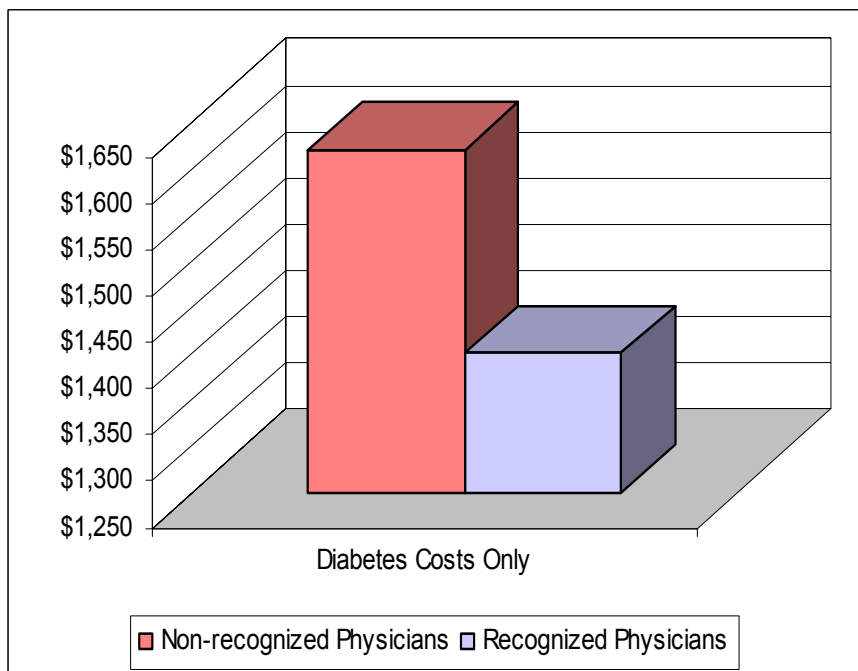


We've made great progress

		Jan 2004	Dec 2005
Recognized Physicians	PPC	30	1055
	DPRP	60	533
	HSRP	0	30
Employees going to recognized Physicians		DPRP	13.4%
		PPC	11.5%
Rewards paid to-date			\$3.4MM
Available Rewards			\$8MM

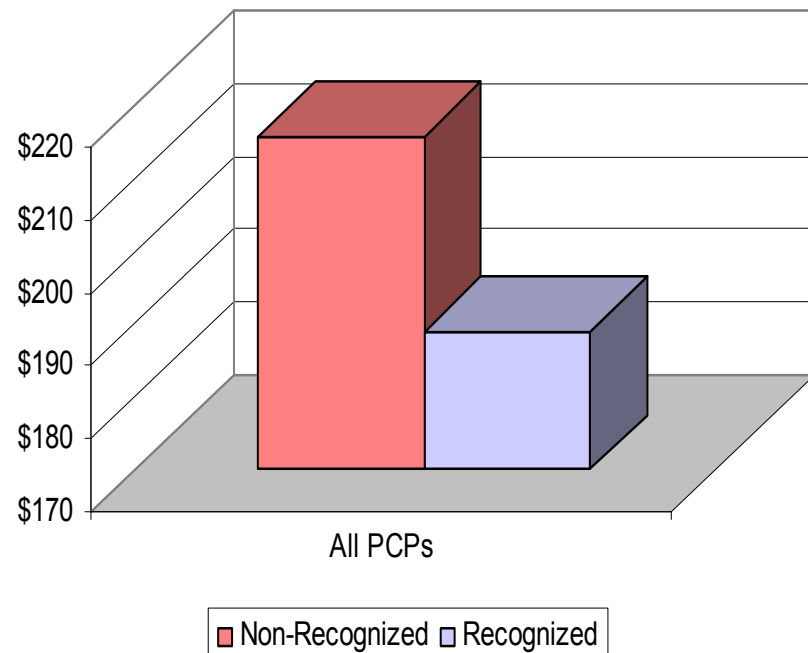
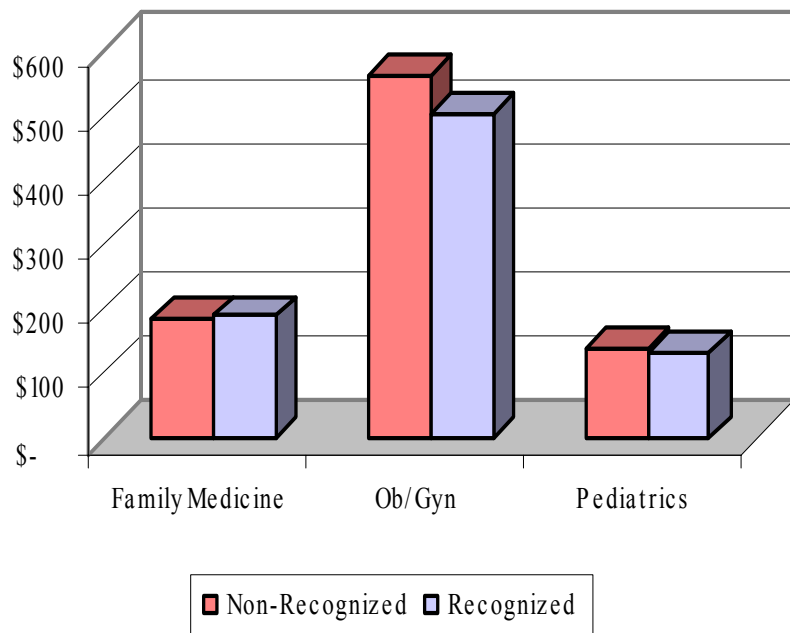


DPRP recognized physicians are more efficient and have lower variation in costs





POL Recognized PCPs as a group are more efficient, especially Ob-Gyns





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

Meaningful incentives – 5% to 10% of physician revenue ...cash is especially important for PCPs

Independent review of performance (i.e. NCQA)

Non-proprietary, standard and recognized measures that are attainable; all stakeholders in market in agreement

Process and outcome measures necessary

Consumer engagement essential when holding physicians accountable for outcomes

Predictable costs & benefits and timely rewards



Responding to the needs of an evolving marketplace – BTE Recognition Data Exchange

- 1. Provide different modes of operating the program in a market**
- 2. Provide appropriate level of coordination**
- 3. Allows for the potential of multiple Performance Assessment Organizations in a single market**
- 4. Connects as a single entry point to the Physician Portal in order to share the Practices composition information for rewards**
- 5. Provides systematic platform to display provider quality ratings to plan members/employees**



P4P Infrastructure has evolved for long term sustainability

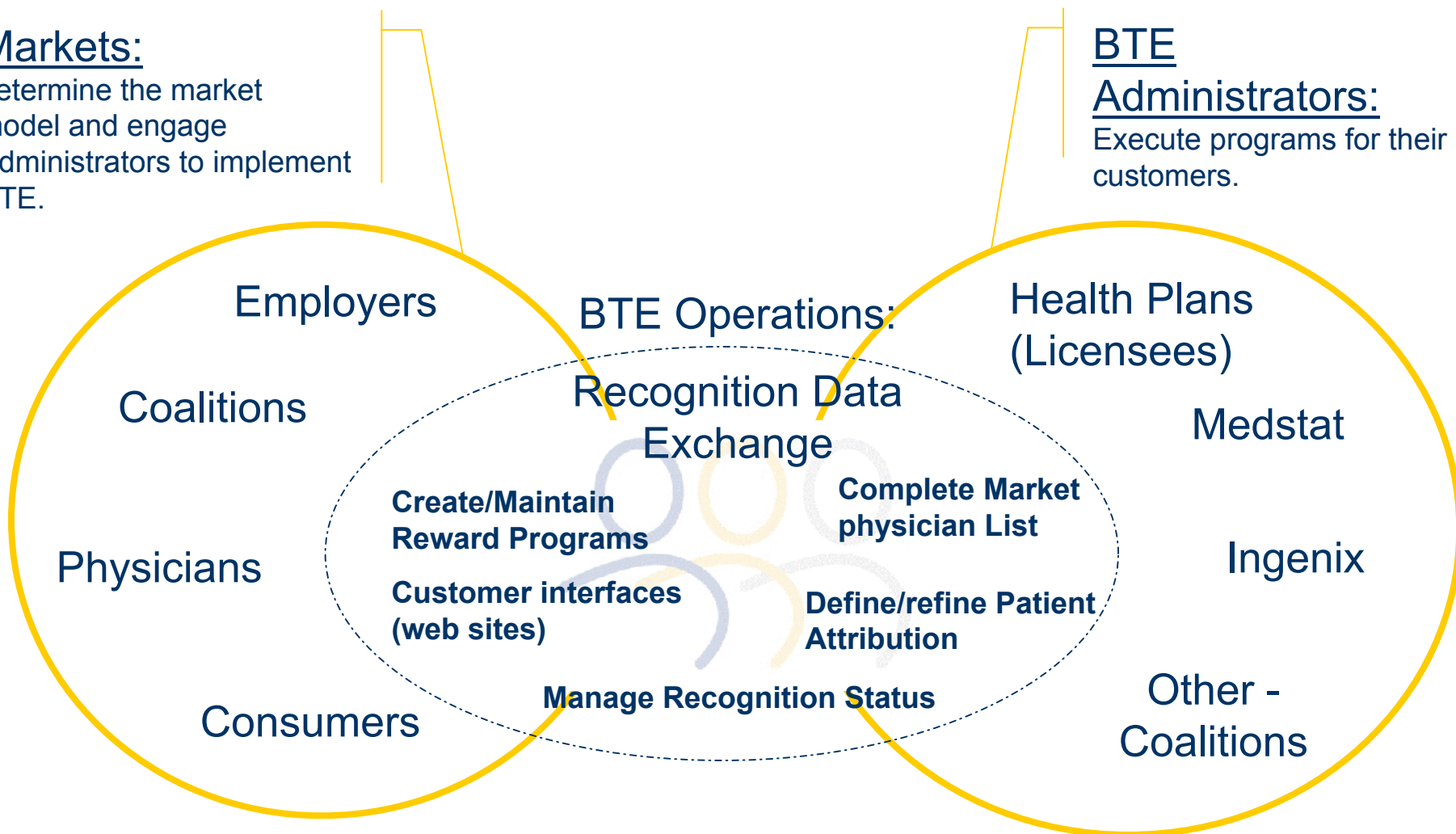
Markets:

determine the market model and engage Administrators to implement BTE.

BTE

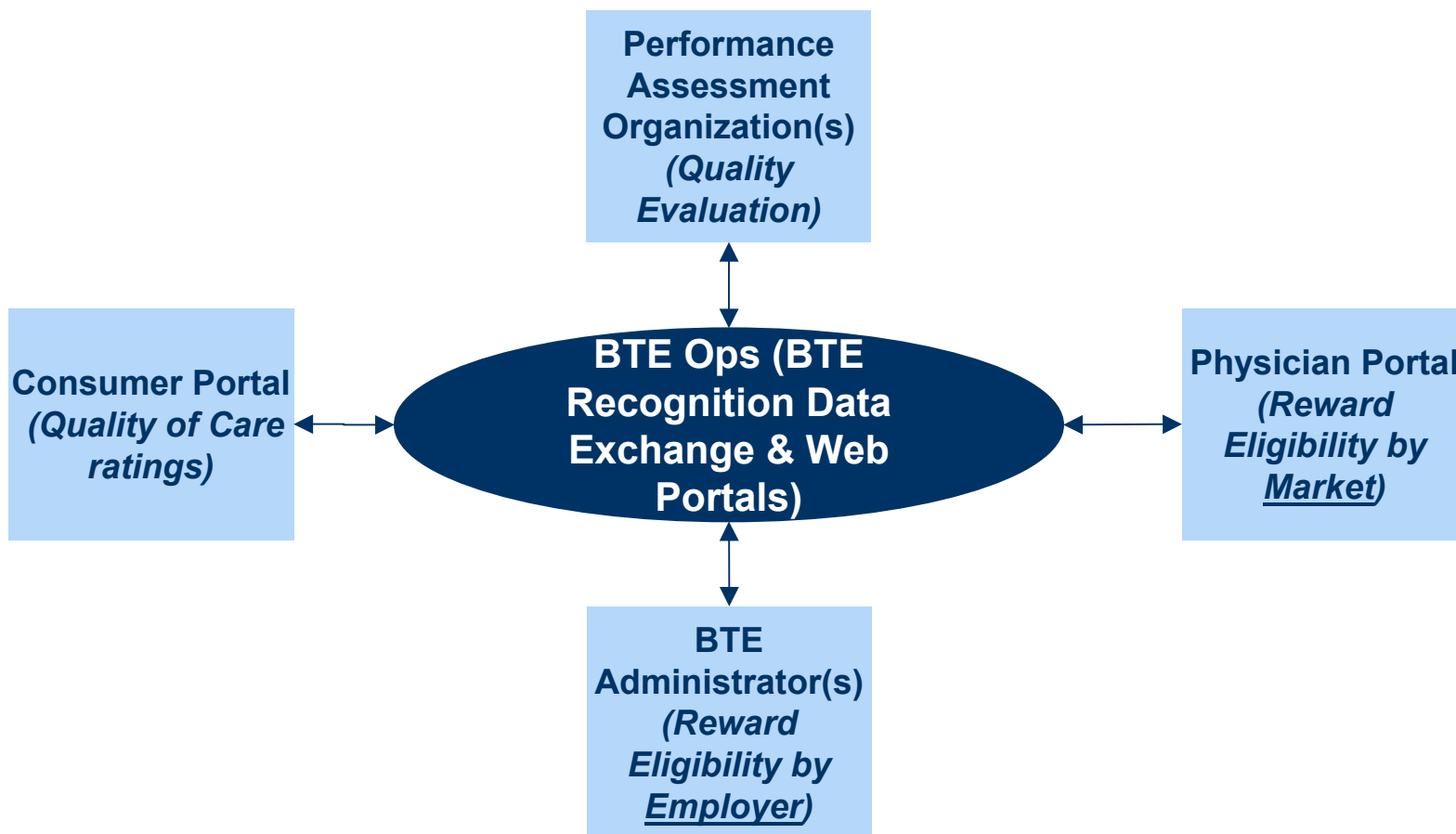
Administrators:

Execute programs for their customers.





BTE Recognition Data Exchange facilitates coordinated automated market wide BTE Operations for all stakeholders





BTE is built to meet the needs of its customers

Employers want to improve the quality of care their employees receive, and they want to increase the value of their health care spend:

- BTE Programs have actuarially validated savings and BTE recognized physicians deliver higher quality care

Employers want operational simplicity:

- BTE is now administered by licensed or certified administrators, mainly health plans

Physicians want to be measured by reliable and valid measures and independent third party organizations:

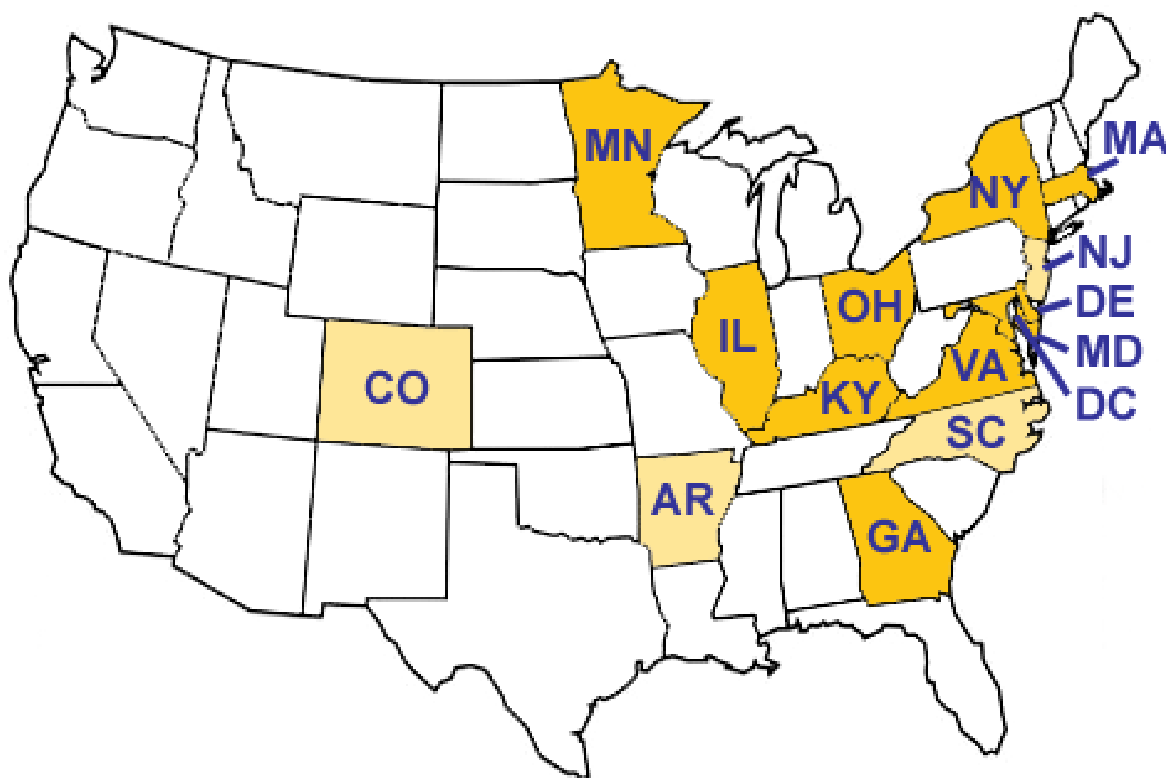
- BTE's Provider Performance Assessment Organizations and measurement systems are accepted by the physicians

Physicians need to know up front what performance is expected of them and what they will get for achieving it:

- BTE's Operations give physicians a market-wide view



BTE will have an additional 650k lives in 2006, over 1mm total in 15 states



Licensee Administrators:

NBCH

Aetna

CareFirst BCBS

CIGNA

CDPHP Humana

MVP Health Plan

UnitedHealthcare

Wellpoint