



Jessica DiLorenzo

GE Corporate Health Care Initiatives

February 6, 2006



Background and Overview



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



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



We have three programs that are operational now

	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 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



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	4,700
		PPC	18,684
Rewards paid to-date			\$3.4 MM
Available Rewards			\$8MM



Towers Perrin has validated actuarial savings for DCL and CCL

We estimate the following annual savings per patient for each clinical measure

Clinical Measure		Annual savings per diabetic patient	Max
HbA1c Control	Poor Control	\$177	\$279
	Good Control	\$96	
Blood pressure control	< 140/90 mm Hg	\$166	\$494
	< 130/80 mm Hg	\$230	
LDL control	< 130 mg/dl	\$149	\$369
	< 100 mg/dl	\$251	
Nephropathy Assessment		\$77	
Eye Examination		\$1	
Notation of smoking status and cessation advice or treatment		\$1	
Completion of Lipid Profile		\$0	
Foot Examination		\$0	

Savings vary significantly for individual measures

Overall Savings Estimates

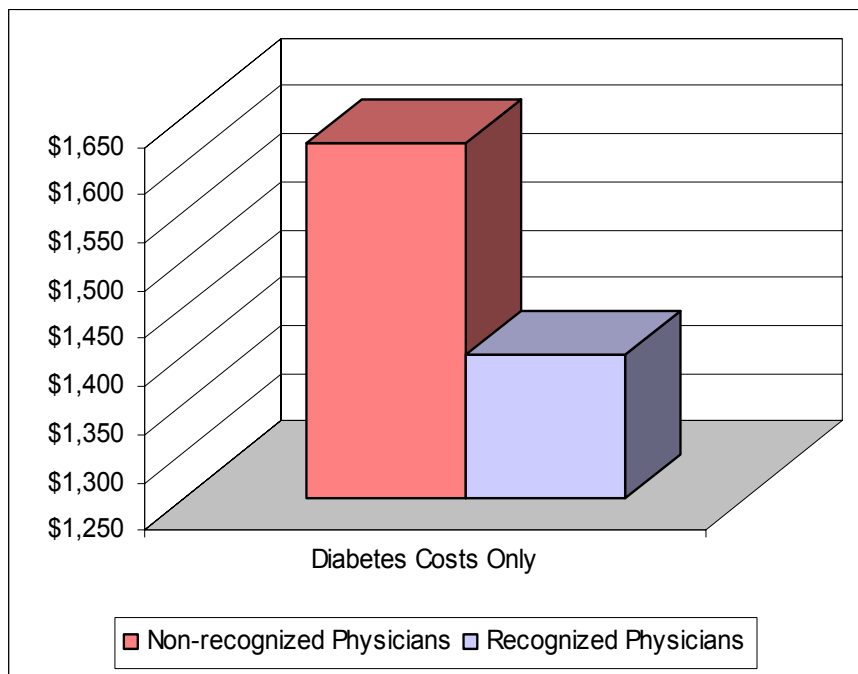
Measure	Savings per Patient
Blood pressure control < 140/90 mm Hg	\$547
Completion of Lipid Profile	\$0
LDL control < 100 mg/dl	\$91
Use of aspirin or other antithrombotic	\$168
Notation of smoking status and cessation advice or treatment	\$12

Savings vary significantly for the 5 measures and are *not* additive
 Estimated Savings per patient = \$547 with Blood pressure measure
 vs. \$271 without Blood pressure measure

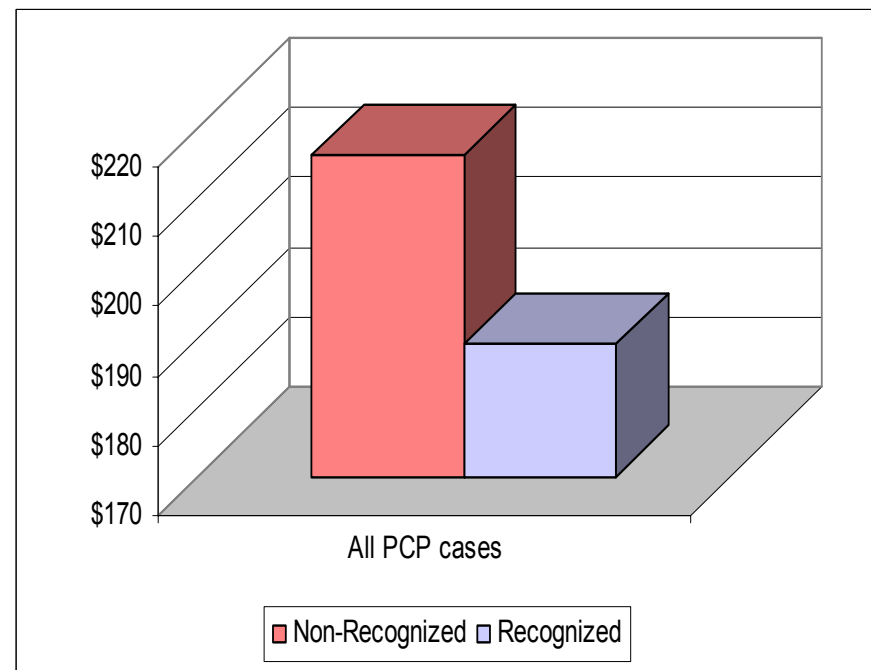
- Maximum savings estimate is \$1,059 per patient, which occurs when all measures are met
 - Savings are greatest if Blood Pressure, HbA1c and LDL control measures are met
- In contrast, when recognition is achieved with the least cost-saving measures, the savings estimate is \$421
- Aside from 'Nephropathy Assessment,' little or no savings are derived from process measures



These savings are in line with observed savings from claims analysis



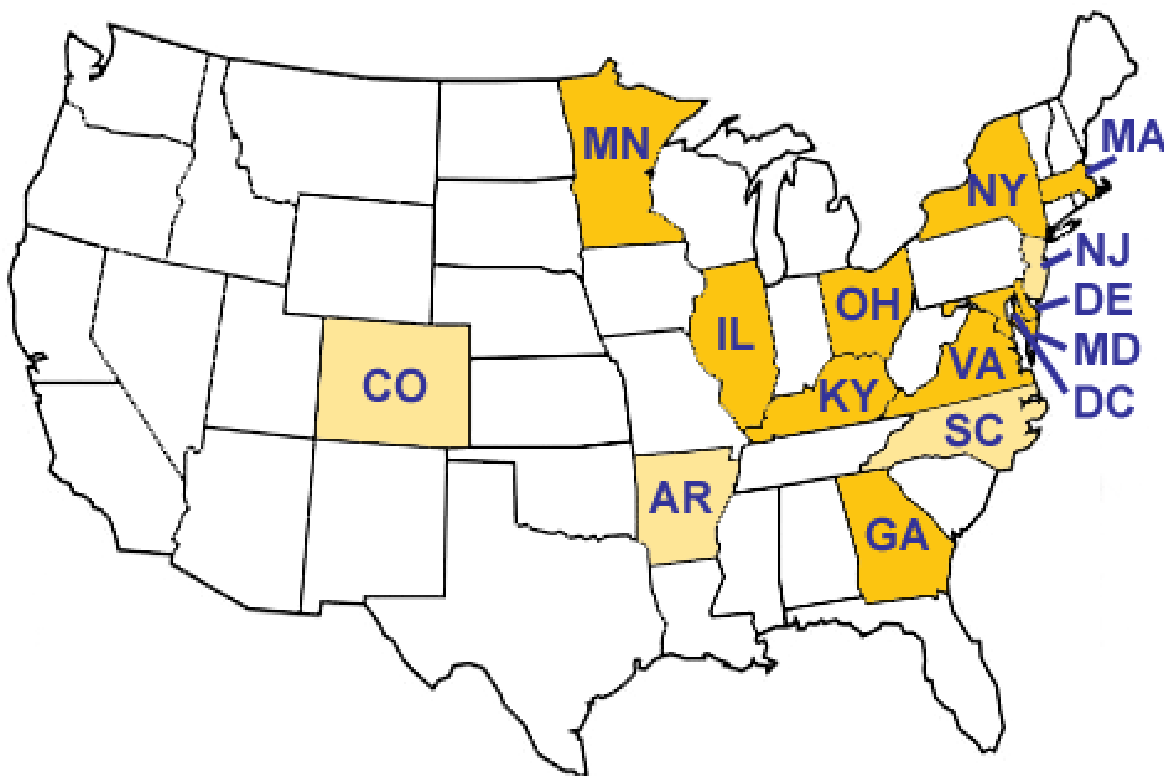
DCL Savings per member per year



POL Savings per episode per year
(there are multiple episodes per member per year)



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



National Progress

National measures:

- NCQA - Physician Practice Connections V2 and reward structure
- NCQA – Back/Spine program on track 2006, and 2007 Cancer Care
- NCQA – Diabetes measures - scoring reviewed for actuarial savings
- ABIM collaboration – Primary Care Physician recognition program includes

National Expansion:

- Since then we created an alliance with the NBCH as a distribution network for BTE and 4 coalitions have already signed up and started, included MN
- GA has a State-wide BTE initiative
- Every national commercial plan has licensed BTE, in addition to a few Blues plans and some regional plans



We're building programs to cover most specialties

2006

2007

All Docs

PPC version 2.0 +

Patient Experience of Care

PCPs (IM, FP, Gyn, Ped, etc.)

PCP Recognition Program

ABIM Internal Medicine

Endo

DPRP

Cardio & Neuro

HSRP

Ortho & Rheum

MSK RP

Oncologists

Cancer RP



Who is Paying Attention?

Providers – We have received endorsements from the ACP and the AAFP. In addition, we’re working closely with Medical Societies in KY and MA.

Consumers – One of our tools include a patient experience of care survey and we’ve had several thousand employees from participating employers fill that out, at the same time viewing the quality ratings of the docs

Community – in many communities we’ve grown participation over time and now, in MN and GA, the entire employer community and even public sector purchasers are engaged

Policy Makers – BTE is often referenced by policy makers as a positive example of P4P and we have had BTE recognized physicians testify in a few Congressional hearings