

# Bridging Market Approaches and Professionalism to Further Physician Accountability and Improvement

American Board of Internal Medicine

The Blue Cross and Blue Shield  
Association

# *Outline of Presentation*

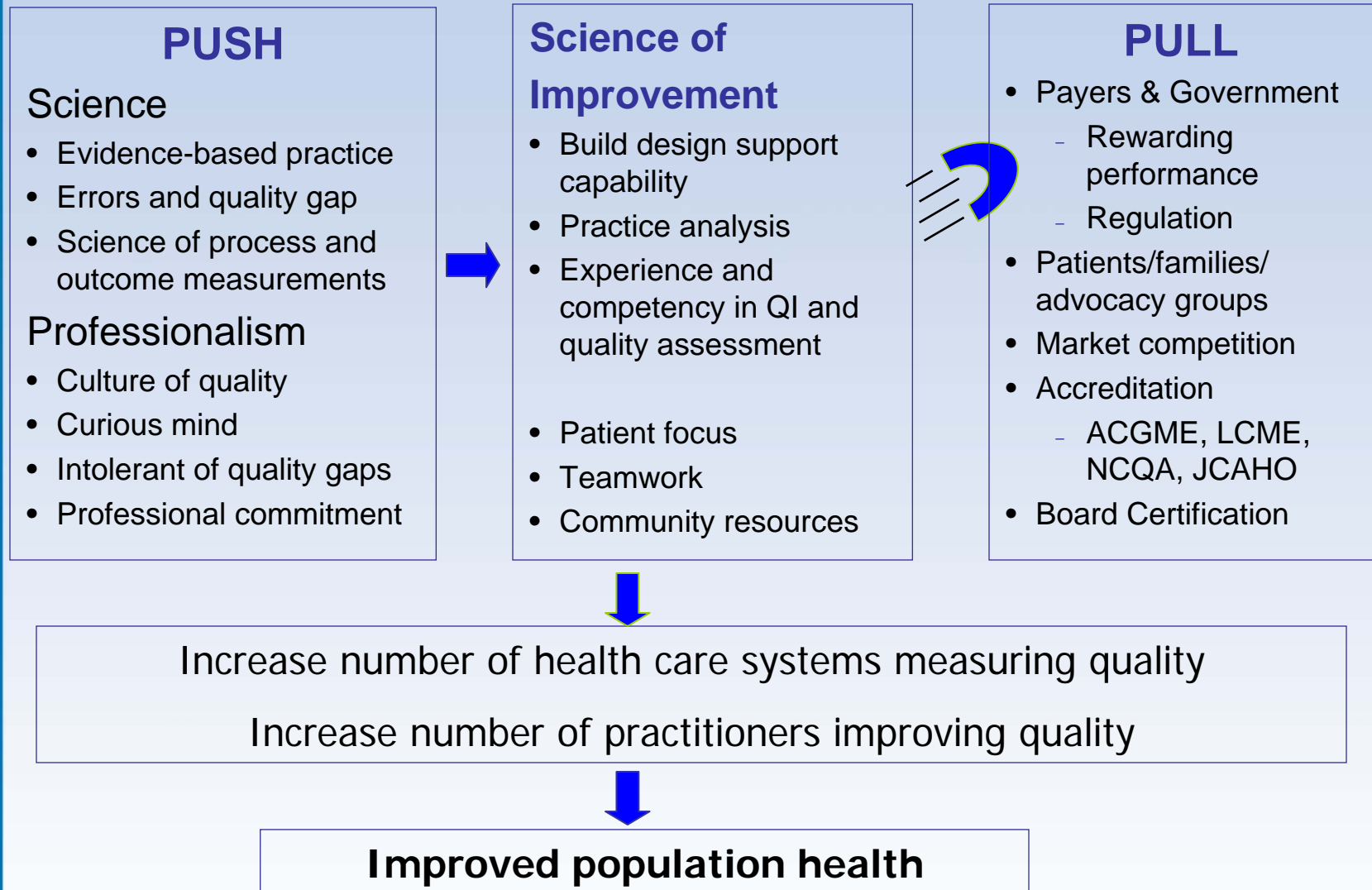
- The new role of professionalism in medicine and quality improvement
- 21<sup>st</sup> century Board Certification and its link to professionalism
- Certifying Boards' interest in recognition/reward
- Blue Cross and Blue Shield plans' interest in board certification
- How Blue Cross and Blue Shield plans are using certification as a marker of quality

“Pay for performance is a third choice vehicle for crossing the quality chasm among America’s purchasers. The first by a country mile is professionalism...but the speed of chasm crossing is too slow.”

***Arnie Milstein,  
Medical Director, PBGH  
Thought Leader, Mercer Consulting\****

**\*Source: 2005 ABIM Foundation Forum Issue Brief**

# Push/Pull Forces on Performance Improvement



# *Professionalism—The Physician Charter*

## Traditional Roles:

- Professional competence and responsibilities
- Honesty
- Patient confidentiality
- Appropriate relations with patients
- Scientific knowledge
- Managing conflicts of interest

# *Professionalism—The Physician Charter*

## New Roles:

- Commitment to improving quality of care
- Commitment to improving access to care (principle of social justice)
- Commitment to a just distribution of finite resources

# Quality Improvement Troika

Overarching goal:  
Alignment to reduce  
redundancy and  
accelerate  
improvement

The Role of Board  
Certification



# *Certifying Boards*

- Independent, non-profit evaluation organization (not a membership society)
- 70 years of rigorous standard-setting through high stakes examinations
- Well-known marker of excellence
- Trusted by the profession and the public
- Proven marker of higher quality care



# Board Certification Matters

## Board Certification correlates with...

Better outcomes and more reliable care	<i>JAMA</i> , 2004, Vol. 292, pp. 1038-43
15% lower mortality rate for patients with acute myocardial infarction (AMI)	<i>Acad. Med.</i> , 2000, Vol. 75, pp. 1193-98
Higher rates of preventive service (Mammography, hemoglobin A1c monitoring, influenza vaccination)	<i>JAMA</i> , 2005, Vol. 294, pp. 473-81
40% lower mortality rates for patients having colon resection	<i>Surgery</i> , 2002, Vol. 132, pp. 663-70
Higher rates of prescription of aspirin and beta blocker after AMI	<i>JGIM</i> , 2006, Vol. 21(3), pp. 238-244



# *The Breadth of Internal Medicine*

- Adolescent Medicine
- Cardiovascular Disease
- Clinical Cardiac Electrophysiology
- Critical Care Medicine
- Endocrinology, Diabetes and Metabolism
- Gastroenterology
- Geriatric Medicine
- Hematology
- Infectious Disease
- Interventional Cardiology
- Medical Oncology
- Nephrology
- Pulmonary Disease
- Rheumatology
- Sleep Medicine
- Sports Medicine
- Transplant Hepatology

- ✓ **Certify 1 of every 3 physicians in US**
- ✓ **Over 180,000 valid certificates**
- ✓ **More internists than any other specialty**
- ✓ **Most frequent patient encounter is with internist**



# *ABIM's Mission*

*To enhance the quality of health care by certifying internists and subspecialists who demonstrate the knowledge, skills and attitudes essential for excellent patient care.*



# *Board Certification Today*

- Initial Certification
- Periodic recertification (or “Maintenance of Certification”) based on ACGME’s 6 competencies
- New emphasis on skills required to measure and improve performance (in the complex world of today’s health care)
  - Application of knowledge in patient care
  - Interpersonal and communication skills
  - **Systems-based practice**
  - **Practice-based learning and improvement**

# *Maintenance of Certification*

- ✓ Required after 1989, recommended for all ABIM diplomates
- ✓ Certificate valid for 10 years
- ✓ Diplomate must:
  - Hold an unrestricted medical license
  - Complete self-evaluation requirements
    - Medical knowledge
    - Practice performance
  - Pass a secure, cognitive examination

# *The Secure Examination*

- Cognitive simulation of practice
- Predominantly assesses higher-order intellectual abilities—not recall
  - Clinical judgment: >50%
  - Synthesis: 20 to 35%
  - Recall knowledge: <15%
- Includes conditions that **could** present to any practice, but doesn't require knowledge that good practitioners **should** “look up”

# *Self-Evaluation of Medical Knowledge*

- ABIM self-evaluation products
  - Recent advances and annual updates
  - Clinical Skills
  - Simulation – interventional cardiology
  - Quality improvement knowledge
- Society self-evaluation products
  - Credit granted if meet ABIM criteria
  - Currently ten society products
    - Examples: MKSAP, ACC-SAP



# *Self-Evaluation of Practice Performance*

- Designed to force “a new way of thinking” about quality and QI
  - Quality is not what the doctor does (but what the system produces)
  - Quality improvement is not about working harder (or learning more) but about diagnosing and treatment system problems”
- Designed to promote adult (experiential) learning by creating a safe and credible mechanism for self-evaluation





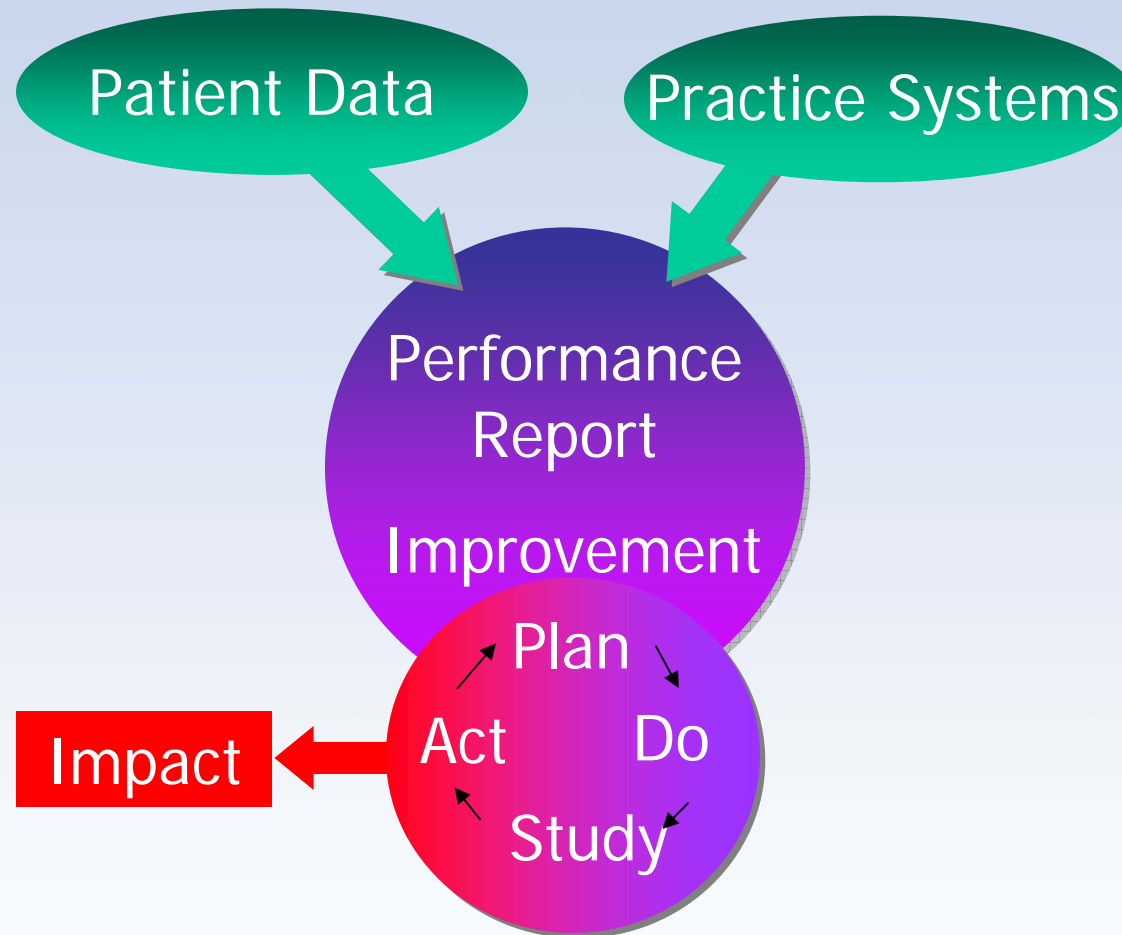
# *Self-Evaluation of Practice Performance*

*“If you want to teach people a new way of thinking, don’t bother trying to teach them, instead give them a tool, the use of which will lead to a new way of thinking.”*

R. Buckminster Fuller

# ABIM's "Fullerene"

## Practice Improvement Module (PIM)



# ABIM PIMs

## Available

- Asthma
- Care of the Vulnerable Elderly
- Clinical Prevention
- Colonoscopy
- Communication - Primary Care
- Communication - Subspecialists
- Communication with Referring Physicians
- Diabetes (NCQA DPRP link)
- Hepatitis C
- HIV
- Hospital-Based Care
- Hypertension
- Osteoporosis
- Preventive Cardiology
- Self-Directed

## In Development

- Comprehensive Care

## *Certifying Boards' Interest in Recognition and Reward*

- Reduce redundant data collection for physicians
- Increase the economic value of certification and recertification (Maintenance of Certification)
- Encourage more frequent and continuous participation in Recertification (Maintenance of Certification)

## *Interest by Certifying Boards (cont.)*

- Encourage “Grandfathers” to participate in Maintenance of Certification
- Guidance for product evolution/enhancement
  - Efficiency
  - Patient Safety
  - Focused Recognition
- Research opportunities





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**An Association of Independent  
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**A Blue Cross and Blue Shield Association Presentation**

# Bridging Market Approaches and Professionalism to Further Physician Accountability and Improvement

**The National Pay for Performance Summit**

Beverly Hills, CA

February 15, 2007

**Office of Clinical Affairs**

# BlueCross BlueShield Association



**BlueCross BlueShield  
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## Office of Clinical Affairs

- Creating relationships with physicians that reinforce consumer confidence in the Blues
- Promoting public-private collaborations toward measurably improving overall quality and health outcomes
- Supporting evidence-based decision making

# Blue Plans and Board Certification



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Objective is to make life easier for physicians

## Measurement

NQF & Quality  
Alliances

ABIM – MOC & PIMs

NCQA-recognized  
Programs

AHRQ

HEDIS

## Reward / Recognition

Societies

Boards

Bridges to  
Excellence  
FEELIS

BCBS Plans

NCQA

CMS

## Motivation

CME Credit

Certification

\$\$\$ Reward

Credentialing /  
Network Inclusion

Medicare Reporting  
P4P



# Blue Plans and Board Certification



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Collaboration with physicians is essential for transforming physician practices to improve overall quality and affordability

- Adoption of existing, industry-accepted performance measures
- Collaboration on measuring and improving overall physician performance
- Reimbursement systems and structures that align incentives for improved overall quality and outcomes
- Support knowledge-driven solutions
- Achieve better value, i.e., better aggregate health outcomes per dollar spent

# Blue Plans and Board Certification



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## Active participation in Maintenance of Certification complements Blue Plans' measurement and reporting

- Enables broader participation in Blue Plans' programs where limited claims experience precludes valid measurement
- Enhances credibility and transformational potential through integration of clinical data
- Promotes transparency in recognizing clinical quality



# Network Performance Transparency

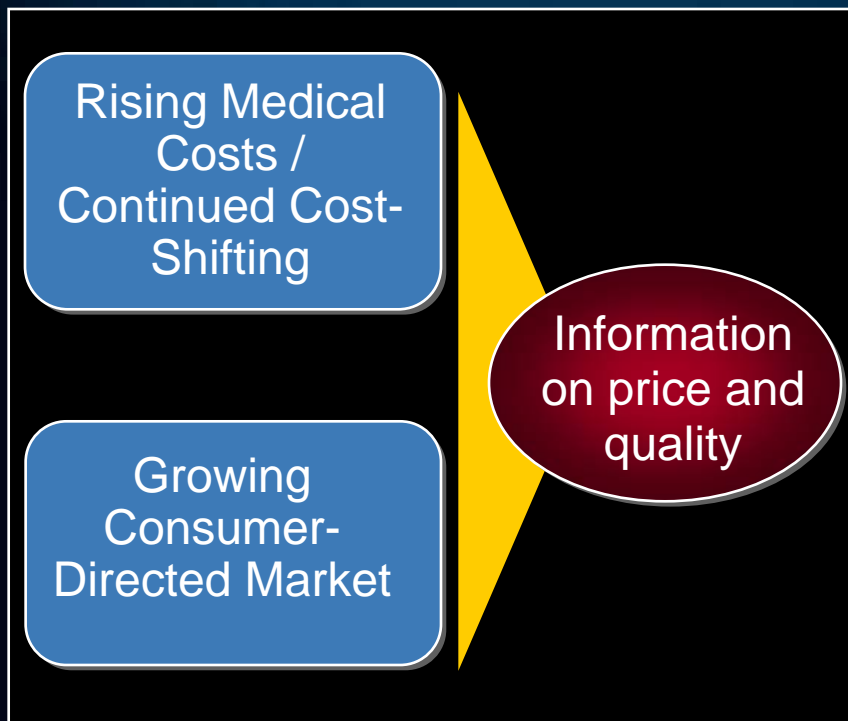


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Private and public sectors pushing for greater transparency on provider / practitioner performance

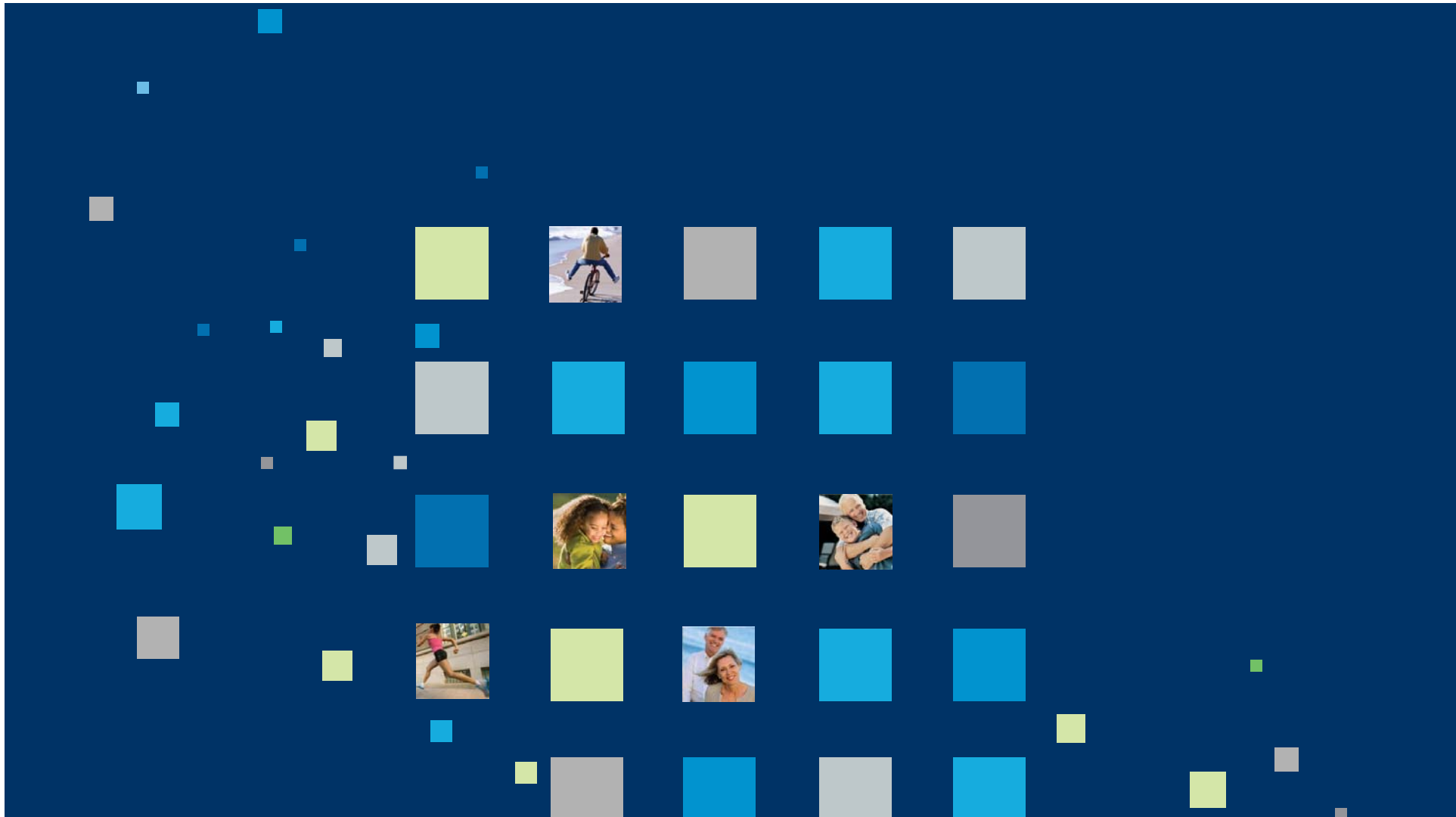
## Private



## Public

### Four Cornerstones of Value-Driven Healthcare

1. Connecting the System
2. Measure and Publish Quality
3. Measure and Publish Price
4. Create Positive Incentives



# Blue

Better knowledge for healthier lives

## Distinction

# Blue Distinction



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Blues' innovative program to create an unprecedented level of transparency:

- Goal 1: Engaging consumers to enable them to make more informed health care decisions
- Goal 2: Collaborating with providers to improve overall quality outcomes and affordability
- Programs include:
  - Blue Distinction National Transparency Demonstration<sup>SM</sup>
  - Blue Distinction Centers for Specialty Care<sup>SM</sup>
  - Blue Distinction Provider Measurement and Improvement Program<sup>SM</sup>

Better knowledge for healthier lives

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# National Transparency Demonstration



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Blues engaged in a cohesive, dedicated effort to promote consumer engagement through transparency:

- Establish best-in-class approach to quality, cost-effective provider selection
- Launch comprehensive national wellness initiative to support healthier behavior in the workplace and in the home
- Enhance national provider locator:
  - Information on price and quality
  - ABIM Practice Improvement Module completion
  - NCQA Physician Recognition
  - Participation in Bridges to Excellence

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# Centers for Specialty Care



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## Transparent quality criteria and clinical data are foundation

### Blue Distinction Centers for Bariatric Surgery<sup>SM</sup> Summary of Program Requirements



Evaluation is based primarily on the facilities' responses to the Blue Distinction Centers for Bariatric Surgery<sup>SM</sup> detailed clinical request for information (RFI) survey that examines structure, process and outcome measures for bariatric surgery. Facility must have scored a total of 60 points, with at least 50 of those points derived from absolute criteria. Additional factors may be considered by BCBS Plans and may affect the decision to invite a facility to participate in the program.

Category	Criteria Description	Level
Duration	Program must have been actively performing bariatric surgery for the most recent 18- to 24-month period.	Absolute
Volume	Institution will perform an average of >100 bariatric surgical cases per year. Exceptions may be allowed for geographical rural access.	Absolute
Survival	Actual one-month survival of 90% ± one additional patient death per each twelve-month period.	Absolute
Major Complications Occurring Within 30 Days of Initial Surgery (by procedure type)	A variety of measures are evaluated, including GI leak, stomal obstruction, cardiac arrest, wound dehiscence, pancreatitis, etc.	Absolute
Outcomes	A >65% sustained EWL at 2 years post surgery for 60% of patients.	Preferred
Re-Admission Rates	Re-admission rates within 90 days following initial bariatric surgery must be < 10%.	Preferred
Major Long-Term Complications	A variety of measures are evaluated, including re-admission rates, atelectasis, wound site seroma, splenic injury, vitamin deficiency, etc.	Preferred
Facility	The institution must be an acute care inpatient facility including intensive care and emergency room services.	Absolute
Team	There should be a Program Director who is an administrator or clinician with the authority to effect programmatic processes and outcomes. Additional team criteria relate to other clinical providers.	Absolute
Data Management	Personnel and/or systems to collect, analyze, and maintain program data.	Absolute
Patient Management Plans	A variety of criteria that address pre-surgical evaluation, surgery and recovery phase.	Absolute
Post-Operative Phase	Includes written discharge and follow-up plans.	Absolute
Percentage Follow-Up	Programs must maintain at least 70% follow-up rate.	Absolute
Patient Education	Written plans for patient education including pathways and response to teaching.	Absolute
Patient Selection	Regularly scheduled multi-disciplinary meetings are held.	Preferred
Policies and Procedures	Detailing all aspects of care, and incorporated into formal development and review process.	Preferred
Quality Management Program	A comprehensive quality management program exists that specifically incorporates bariatric surgery.	Preferred
Patient Satisfaction Review Process	Bariatric program should have written process and data management systems.	Preferred
BCBS Plan Participation	Facility must have a valid network participation agreement in place with the local BCBS Plan.	Absolute

Some facilities have been accepted into the Blue Distinction Centers for Bariatric Surgery program on a contingent basis with agreements to submit additional information and/or perform corrective action plans for the following conditions: single surgeon programs, monitoring of lost to follow-up data, case system implementation, monitoring of complication rate data.

Blue Distinction Centers for Bariatric Surgery Summary of Program Requirements - June 2006

- Transplants
- Bariatric Surgery
- Cardiac Care
- Rare Cancer Care (2007)



**Make criteria public**

**Use aggregate clinical data not individualized claims data**

# Provider Measurement and Improvement



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Initiatives designed to “raise the bar on quality” across Blue Plans’ networks

## Hospitals

**Blues initiating collaborations with hospitals on:**

1. Acute Myocardial Infarction
2. Heart Failure
3. Pneumonia
4. Surgical Infection Prevention
5. Patient Safety Indicators

## Practitioners

**Blues integrating self-assessment and improvement programs**

1. Medical Specialty Board Practice Modules
2. NCQA Physician Recognition
3. Bridges to Excellence
4. Patient-centered Medical Home



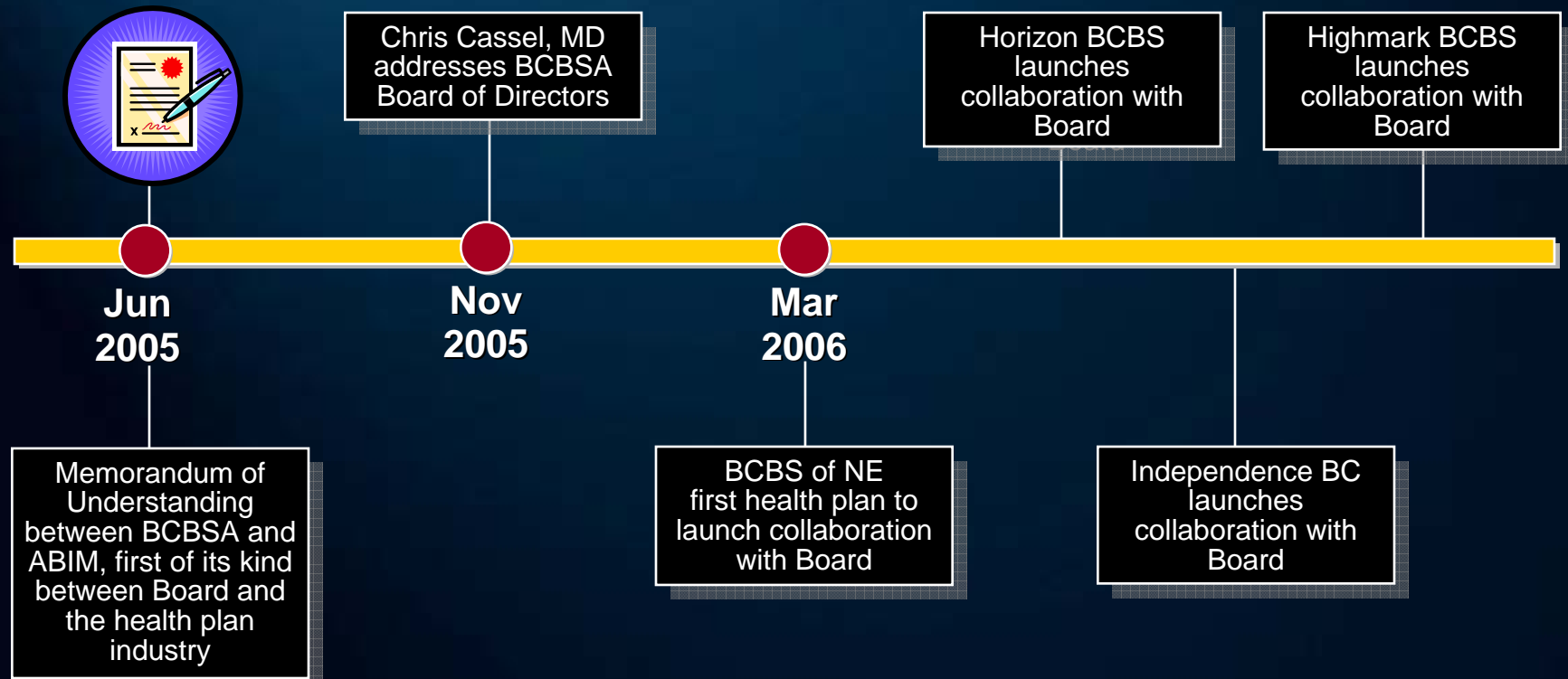
# ABIM and The Blues



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## ABIM and The Blues' collaboration began with historic agreement



# ABIM and The Blues



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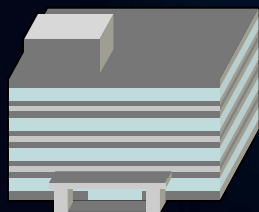
Collaborations promote professionalism while minimizing burden of reporting on physicians

PIM:  
Medical Chart Audit



Data Submitted  
to ABIM

Self-Directed: Health Plan data  
accepted



**EXAMPLE:** Independence BC provides practice performance data through Practice Quality Assessment Score (PQAS) and / or the Connections<sup>SM</sup> Program SMART<sup>TM</sup> Registry

# ABIM and The Blues



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## Blue Plans aligning incentives for practice transformation

### Recognition

- **BCBS of Nebraska**
- Recognition of existing QI activities
- Award certificate for office display
- “Quality” designation in physician directory
- Reimbursement for annual PIM completion

### Reward

- **Horizon BCBS of NJ**
- PIM completion an option to enhance quality component of performance score
- Top performance scores receive enhanced fee schedule

### Reward

- **Highmark BCBS**
- QualityBlue<sup>SM</sup> quality-based incentive program
- PIM completion earns points for “Best Practice” QI initiative component of performance score
- Enhanced payment per patient

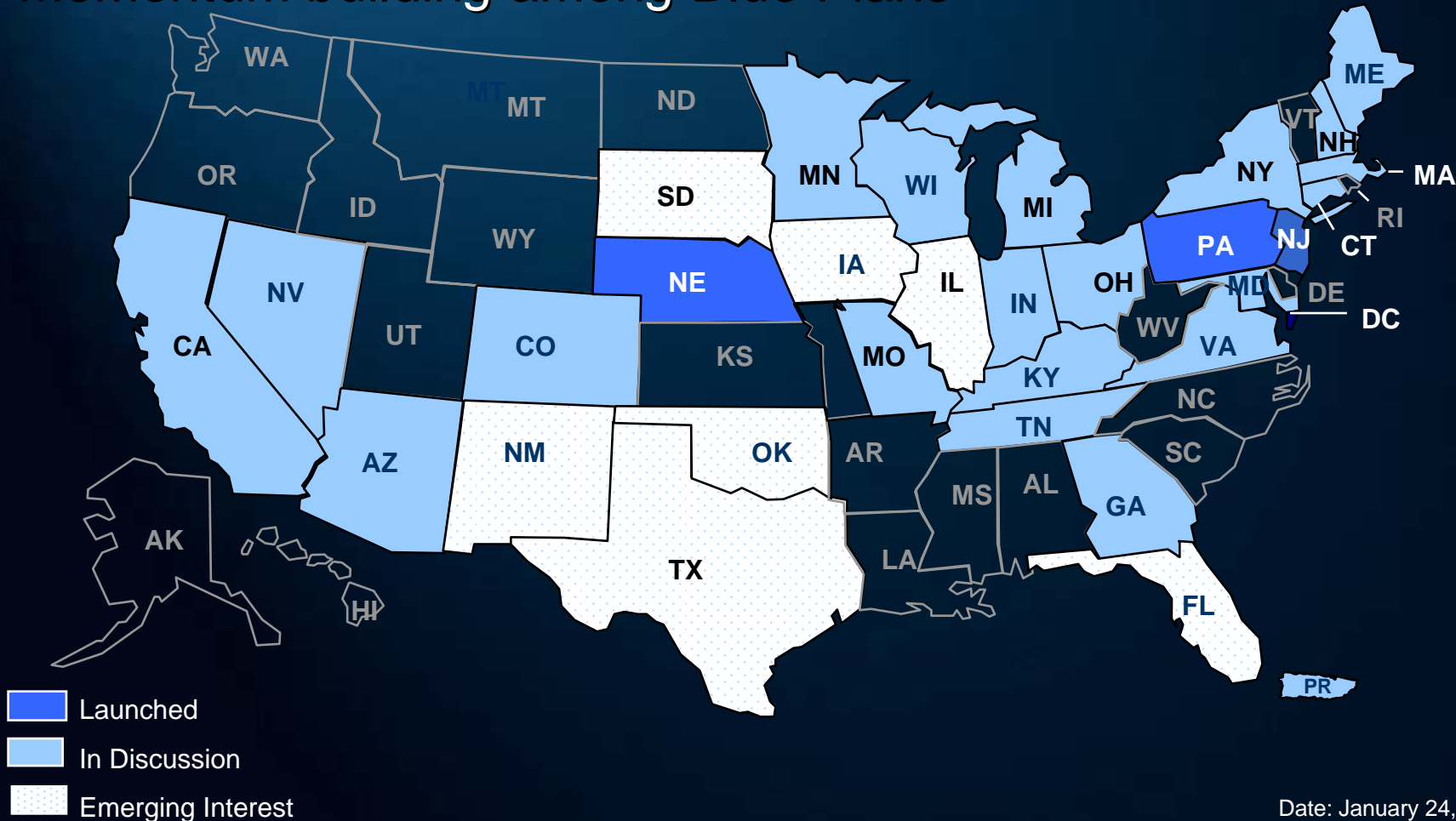
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## Momentum building among Blue Plans



Date: January 24, 2007

# ABIM and The Blues



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## Expansion of collaborations planned for 2007:

- Additional medical specialty boards
  - Pediatrics
  - Family Medicine
  - Urology
  - Others
- Additional Blue Plans

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Distinction**



# Contacts



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