

# Physician and Hospital Collaboration: *Reducing Harm & Improving Care Delivery Through Quality-based Incentives!*

## **Concurrent Session: 1.04**

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**February 28, 2008**

# Presentation Outline

- **Session Objectives**

- Landscape of BCBS Plans' Quality-based Incentive Programs (QBIP)
- Explore Case Studies of Different Approaches
  - BCBS Massachusetts: Hospital Performance Incentive Program (HPIP)
  - Highmark: Medical Specialty Boards Collaboration
  - BCBS Illinois: HMO Pay for Performance and Public Reporting Programs
  - Anthem BCBS Virginia: Aligning Hospital and Physician P4P Programs
- Q & A Session

# Session Objectives

Payers are increasingly testing various pay for performance (P4P) models to incentivize providers to improve the overall quality of care. The most common approach is to pay providers a bonus for achieving a defined level of quality. This session presents a framework to align financial incentives for quality improvement between payers and providers. Lessons learned from various P4P projects will be discussed.

After this presentation you will be able to:

- Define factors that enable providers to be successful in pay for performance initiatives
- Recognize key components to quality-based incentive programs for hospitals and physicians sponsored by Blue Plans
- Understand the direction health plans are taking in future pay for performance programs

# BCBSA Vision: Collaboration

- Adoption of industry-accepted measures
- Collaboration on measuring and improving hospital and physician performance
- Reimbursement systems and structures align incentives for overall quality and better outcomes
- Support knowledge-driven solutions

# BCBSA Provider Measurement and Improvement Initiatives

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

## Hospitals

**Blues initiating collaborations with hospitals on:**

1. Blue Distinction Centers
2. Acute Myocardial Infarction
3. Heart Failure
4. Pneumonia
5. Surgical Infection Prevention
6. Patient Safety – IHI 5M Lives

## Physicians

**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

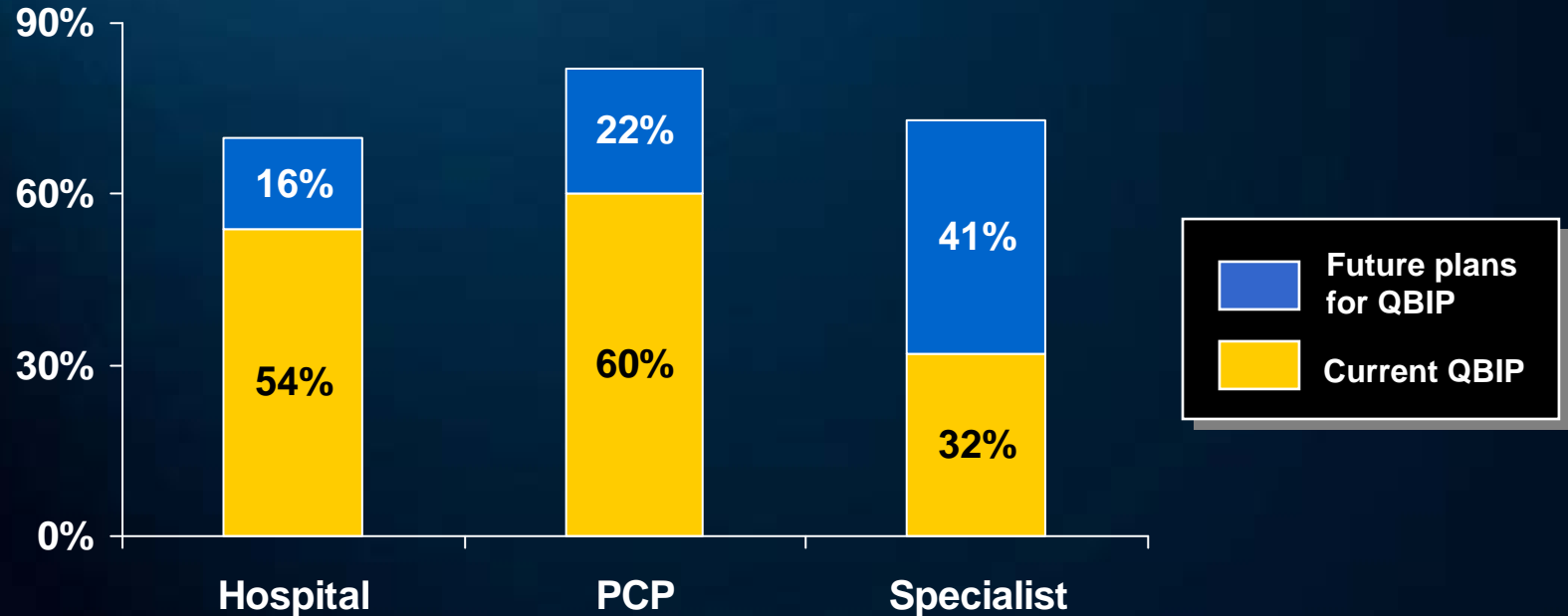
# Provider Reward and Recognition

BCBS Plans are advancing design and development of quality-based incentive programs

- Majority of Blue Plans have some QBIP and intend to expand in future
- PCP programs most prevalent today, followed closely by hospital-based programs; specialist programs lag behind
- Plans completing QBIP evaluations unanimously agree that programs improve quality and do not have a negative impact on total costs

# Quality Based Incentive Programs (QBIP)

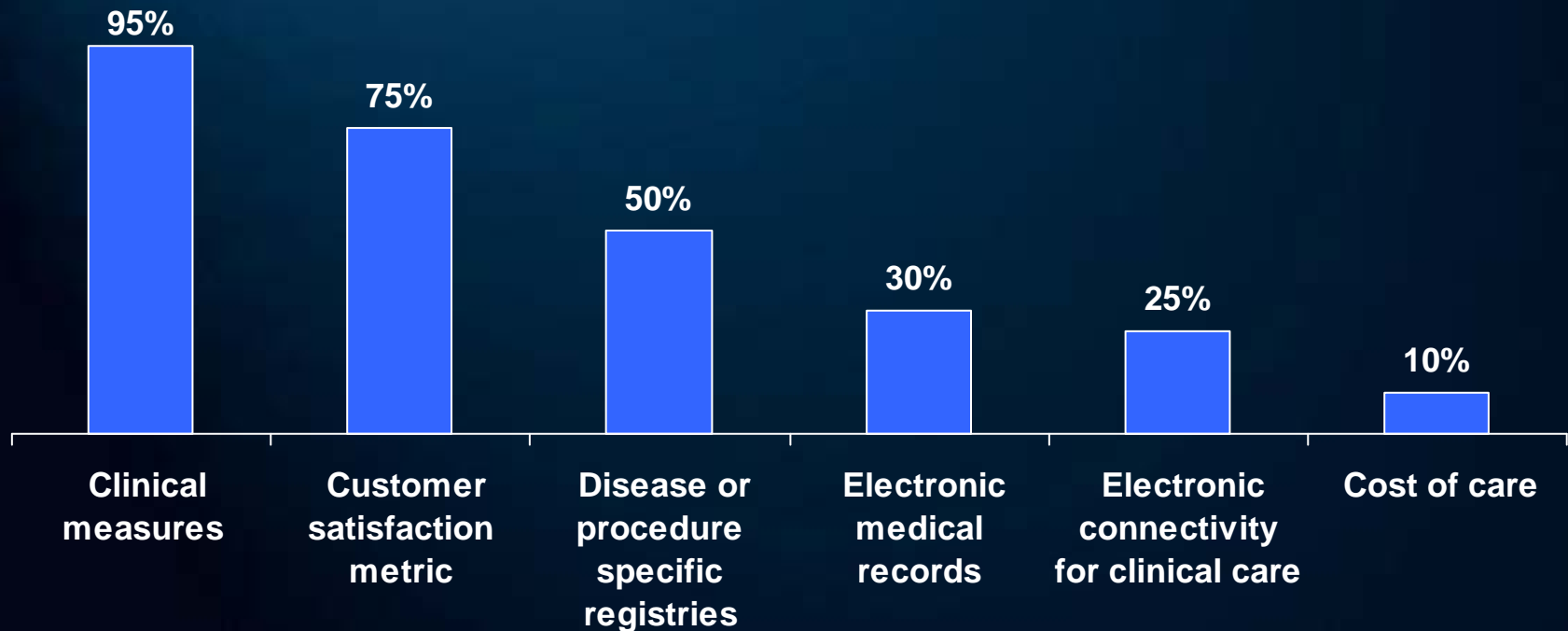
Majority of Plans offer Hospital and PCP QBIPs



**74M Blues members are enrolled in Plans that have at least one QBIP today**

# Inpatient Hospital Quality Measures

## Percent of Programs that Consider Each Factor in Their Quality Assessment of Hospitals (N=20)

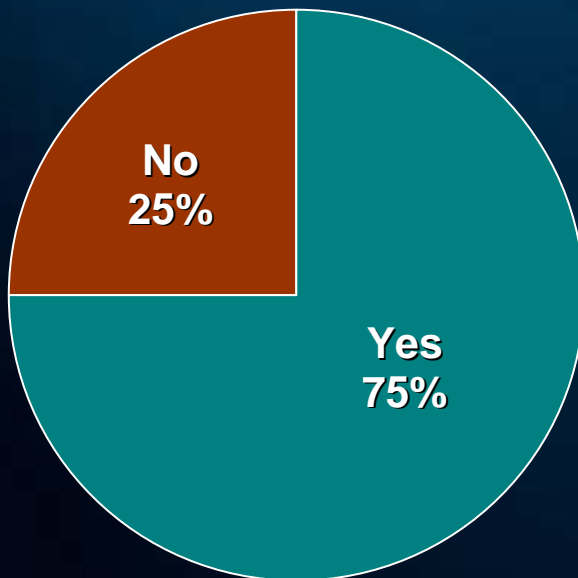




# Patient Satisfaction

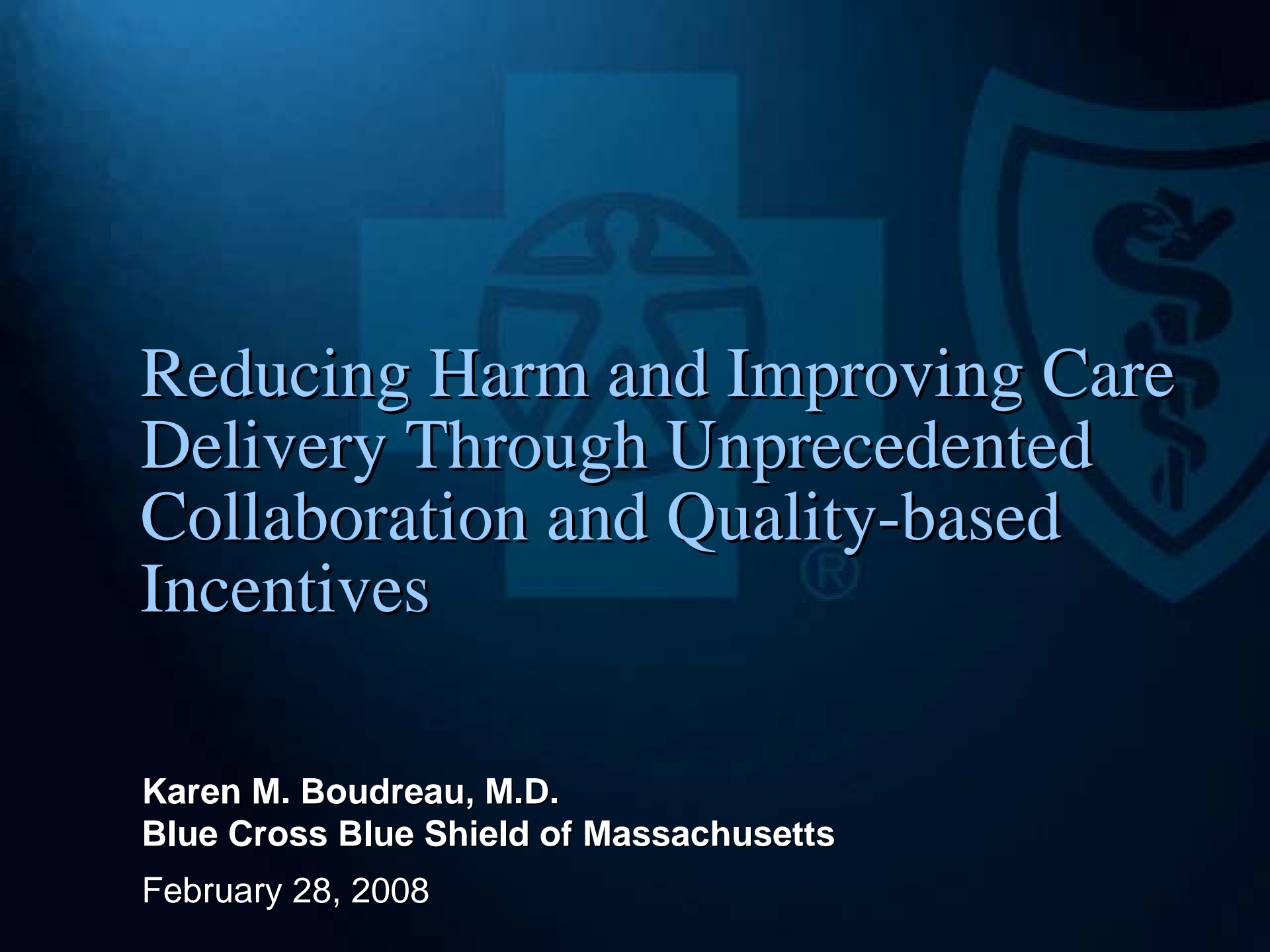
Patient satisfaction is used as a metric in hospital programs

## Use Patient Satisfaction Indicator, (N=20)



## Sources of Patient Satisfaction Include:

- Plan Developed
- CAHPS
- Hospital's own survey
- External Vendor



# Reducing Harm and Improving Care Delivery Through Unprecedented Collaboration and Quality-based Incentives

**Karen M. Boudreau, M.D.**  
**Blue Cross Blue Shield of Massachusetts**

February 28, 2008

# Our Promise

**To Always Put Our  
Members' Health First**

# Institute of Medicine Key Recommendations

- Reward shared accountability and coordinated care
- Reward care that is of high clinical quality, patient-centered and efficient
- Reward improvement and achieving high performance
- Increase transparency through financial incentives for participation
- Identify and share quality improvement ideas from high performing delivery systems

# Pay for Performance: Objectives

- Reward high quality providers
- Accelerate implementation of known quality and safety practices
- Support innovation
- Promote better care and outcomes
- Align goals of Providers and Payors

# Pay for Performance: Criticisms

- Physicians, Nurses and other Healthcare Professionals are just that - Professionals – incentives are degrading
- Incentives are too small – not worth the effort and resources needed to improve
- Measures used are faulty
- Patient compliance varies by socio-economic segments

# Leading Thinkers' Support

## The Problem:

The fee for service system rewards overuse and duplication of services. . . without rewarding prevention of avoidable hospitalizations, control of chronic conditions or care coordination.

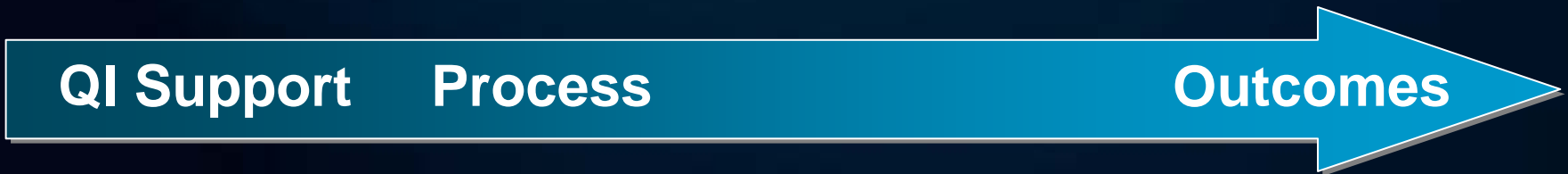
## The Solution:

Payment systems that reward both the quality and efficiency of care.

*Karen Davis, President, The Commonwealth Fund, March 2007*

# Evolution of Performance-based Incentives – Hospitals

- |   |  |   |  |  |
|---|--|---|--|--|
| <p><b><u>1<sup>st</sup> Generation</u></b></p> <ul style="list-style-type: none"> <li>• Obstetric QI Collaborative – 1990s</li> <li>• No payment incentive</li> </ul> | <p><b><u>2<sup>nd</sup> Generation</u></b></p> <ul style="list-style-type: none"> <li>• Process Measures               <ul style="list-style-type: none"> <li>– Joint Commission, CMS</li> </ul> </li> <li>• 0.5-1% Incentive</li> </ul> | <p><b><u>3<sup>rd</sup> Generation</u></b></p> <ul style="list-style-type: none"> <li>• Outcomes               <ul style="list-style-type: none"> <li>– (AHRQ)</li> </ul> </li> <li>• Technology</li> <li>• 1-2% Incentive</li> </ul> | <p><b><u>4<sup>th</sup> Generation</u></b></p> <ul style="list-style-type: none"> <li>• Comprehensive               <ul style="list-style-type: none"> <li>– Outcomes                   <ul style="list-style-type: none"> <li>› IHI 5ML</li> <li>› CMS</li> </ul> </li> <li>– Experience</li> <li>– Governance</li> <li>– Technology</li> </ul> </li> <li>• 2-6% Incentive</li> </ul> | <p><b><u>Next Generation</u></b></p> <ul style="list-style-type: none"> <li>• Continuum of Care</li> <li>• Achieve dramatic reductions in misuse, overuse, underuse and preventable error</li> <li>• <math>\geq 10\%</math> Incentive</li> </ul> |
|---|--|---|--|--|



**QI Support**

**Process**

**Outcomes**

*Chart-review Process*

*Claims- and Chart-based Clinical Outcomes*



# Guiding Principles for Selecting Performance Measures

- Nationally accepted standard measure set
- Clinically important
- Provides stable and reliable information at the level reported (hospital, physician)
- Provider participation in development and validation of measures
  - Opportunity for providers to examine their own data
- Overall goal
  - Safe, affordable, effective, patient-centered
  - Patient experience, process, outcome
  - Pay for improvement and for reaching absolute performance

# Hospital Performance Improvement Program Goals

- Improve the overall quality of care our members receive
- Accelerate performance improvement activities
- Identify opportunities that represent shared priorities for Plan and hospital
- Identify and share best practices
- Use quality performance incentives to support and recognize hospitals' active participation in data driven, outcome oriented performance improvement processes
- By-product is to elevate the “importance of quality” in hospital strategic and financial planning discussions

# Improving Hospital Quality

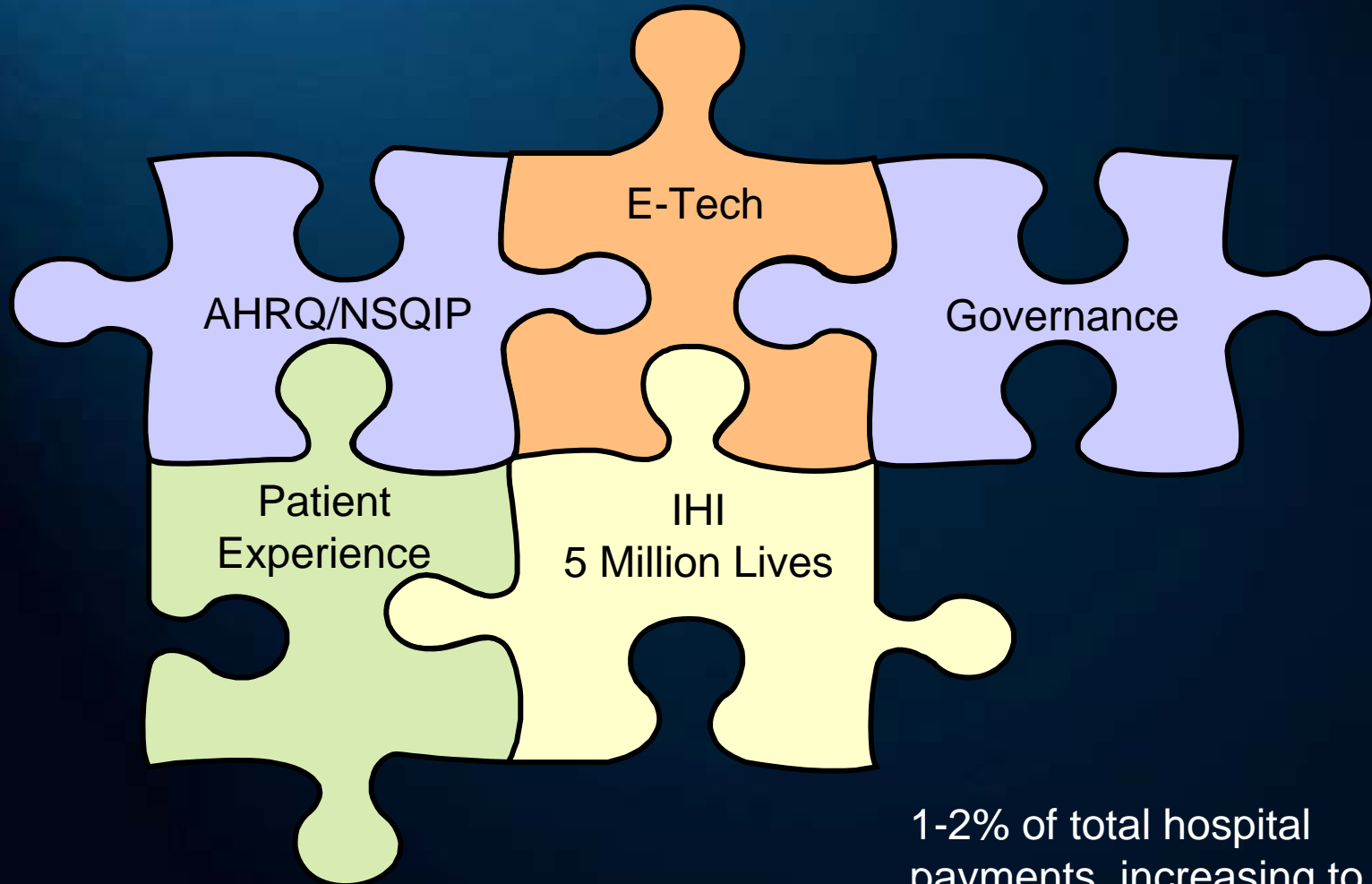
## *Building Momentum When There's So Much To Do*

- Recognize that today's hospitals are responsible for approximately 400 quality measures from numerous organizations (Joint Commission, CMS, State Governments, Plans, Patients First...)
- Reflect national measurement agenda and include clinical areas of high importance
- Inclusion of IHI Campaign measures (pay-for-process, pay-for-reporting) promotes campaign participation, self-measurement and adoption of evidence-based improvement strategies
- Annual revision of the program based on our experience and feedback from hospitals

# Measure Selection and Goal-setting

- Highly individualized at the hospital level
  - Comprehensive reporting of AHRQ patient safety indicators and CMS process measures by cohort (academic, large, medium and small community hospital)
  - Hospitals encouraged to look at measures with most opportunity
    - › Look specifically at the patients in the numerator to determine potential for impact
- Measures and goals ultimately chosen based on attainable, clinically and statistically meaningful improvement potential and alignment with QI priorities
- Mutually agreed-upon targets aim to progressively bring performance to top deciles
- Process meets BCBSMA Guiding Principles and IOM Recommendation of rewarding improvement/achieving high performance

# Hospital Performance Incentive Program (HPIP)



1-2% of total hospital payments, increasing to 5-6% over 3 years

# The 5 Million Lives Campaign



# Institute for Healthcare Improvement (IHI): Definition of Harm

- Unintended physical injury resulting from or contributed to by medical care (including the absence of indicated medical treatment), that requires additional monitoring, treatment or hospitalization, or that results in death
- Such injury is considered harm whether or not it is considered preventable, whether or not it resulted from a medical error, and whether or not it occurred within a hospital

**Note:** For more information, please reference detailed FAQs at [www.ihl.org/campaign](http://www.ihl.org/campaign).

# The 5 Million Lives Campaign



- Campaign Objectives:

- Avoid five million incidents of harm over the next 24 months;
- Enroll more than 4,000 hospitals and their communities in this work;
- Strengthen the Campaign's national infrastructure for change and transform it into a national asset;
- Raise the profile of the problem – and hospitals' proactive response – with a larger, public audience



# The Platform



The six interventions from the  
100,000 Lives Campaign:

- 1. Deploy Rapid Response Teams...**at the first sign of patient decline
- 2. Deliver Reliable, Evidence-Based Care for Acute Myocardial Infarction...**to prevent deaths from heart attack
- 3. Prevent Adverse Drug Events (ADEs)...**by implementing medication reconciliation
- 4. Prevent Central Line Infections...**by implementing a series of interdependent, scientifically grounded steps
- 5. Prevent Surgical Site Infections...**by reliably delivering the correct perioperative antibiotics at the proper time
- 6. Prevent Ventilator-Associated Pneumonia...**by implementing a series of interdependent, scientifically grounded steps

# The Platform



New interventions targeted at harm:

- **Prevent Pressure Ulcers...** by reliably using science-based guidelines for their prevention
- **Reduce Methicillin-Resistant *Staphylococcus aureus* (MRSA) Infection...** by reliably implementing scientifically proven infection control practices
- **Prevent Harm from High-Alert Medications...** starting with a focus on anticoagulants, sedatives, narcotics, and insulin
- **Reduce Surgical Complications...** by reliably implementing all of the changes in care recommended by the Surgical Care Improvement Project (SCIP)
- **Deliver Reliable, Evidence-Based Care for Congestive Heart Failure...** to reduce readmissions
- **Get Boards on Board....** Defining and spreading the best-known leveraged processes for hospital Boards of Directors, so that they can become far more effective in accelerating organizational progress toward safe care

# HPIP FY 2008 Participation/Reporting Incentive

## Supports full commitment to IHI 5 Million Lives Campaign

IHI's 5 Million Lives Campaign includes 12 elements: 11 clinical interventions and a "Boards on Board" program. In this segment of the HPIP program, BCBSMA addresses the 11 clinical interventions. The "Boards on Board" program is addressed separately in the "Governance" component of our HPIP program.

- By the end of year 3, the hospital will have fully implemented (submit approved policies and procedures) and will report 12 months of process data on 8 of 11 of the IHI interventions including the following 3 interventions:
  - Reduce MRSA
  - Prevent Pressure Ulcers
  - Prevent Harm from High Alert Medications
- **AND** have fully implemented (submit approved policies and procedures) as well as have at least 3 months of process data on an additional 2 IHI interventions

### Measurement Year 1

Hospital will fully implement 6 of the 11 IHI clinical bundles. At the end of the measurement period, the hospital will submit policies and procedures and at least 3 months of process data to the Plan.

### Measurement Year 2

Hospital will submit performance process data in accordance with IHI specifications, including the monthly numerators and denominators for the 6 IHI bundles worked on in Year 1.

AND

Hospital will fully implement 2 additional IHI clinical bundles. At the end of the measurement period, the hospital will submit policies and procedures and at least 3 months of process data for these two measures to the Plan.

### Measurement Year 3

Hospital will submit the performance compliance data in accordance with IHI specifications including the monthly numerators and denominators for the 8 IHI bundles worked on in Year 2.

AND

Hospital will fully implement 2 additional IHI bundles. At the end of the measurement period, the hospital will submit policies and procedures and at least 3 months of compliance data for these two measures to the Plan.

NOTE: 3 of the 8 are:

Reduce MRSA, Prevent Pressure Ulcers, and Prevent Harm from High Alert Medications

# One Community Hospital's Experience

## Lowell General Hospital

- Mortality following Stroke –
  - FY 04 Baseline APO: 16.68 – lowest in cohort
  - FY06 Result APO: 6.35 – just below 10th percentile
    - › Focused on dysphagia management, American Heart Association Get With the Guidelines and Massachusetts DPH Stroke Program measures, guideline education and more robust Emergency Department management, public service messages on FAST (Face, Arm, Speech, Time) stroke recognition
- Mortality after Pneumonia – Pneumonia is their #1 diagnosis
  - FY04 Baseline APO: 10.46 – second lowest in cohort
  - FY06 Result APO: 4.26 – above cohort average
    - › Focused on VAP bundle – only 1 VAP in over 18 months
    - › Great ICU and Infection Control engagement
    - › Also focused on clinical pathways, current protocols and pneumonia vaccine

# What Do We Hear From Hospitals?

- You're the only plan that really engages us on quality
- This program has fundamentally changed the conversations in our hospital
- Quality Forum attendance has increased annually
  - Participants highly satisfied with the conference
  - Provides opportunities for networking among hospitals

“Thank you so much for meeting with us this morning and planting the seeds for improvement into the heads of those in attendance. Your clear explanation of the report helped everyone in their understanding of the data and the financial impact it has now and in the future...oh...and of course...improved patient care.”

– **Cathy Carvin, Director of Quality Management, Quincy Medical Center**

# Pay for Performance

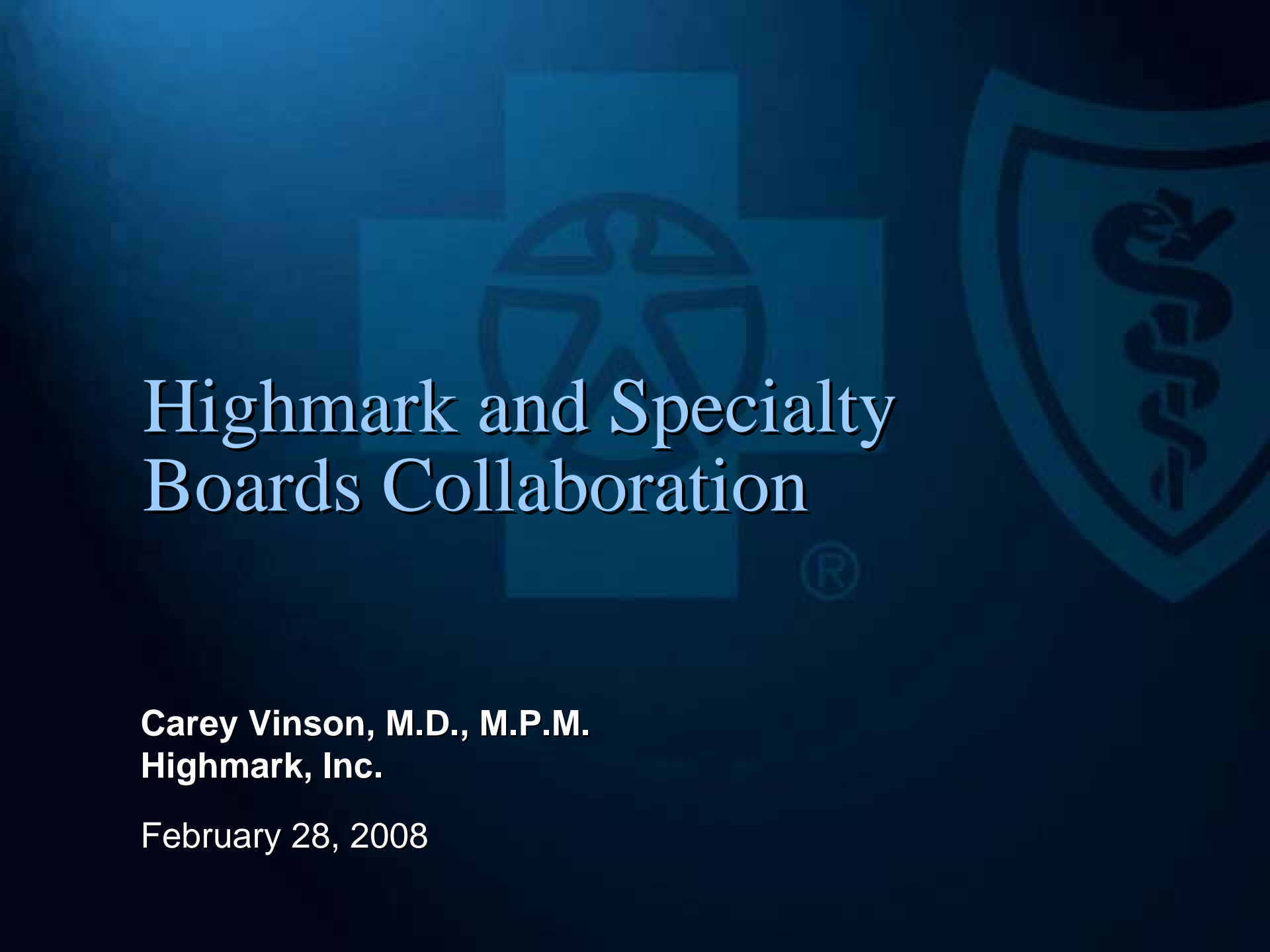
## *Where Is It Heading?*

### **BCBSMA has made a commitment to substantially increase the amount of money made available to providers through our incentive programs**

- Promote higher quality, better overall outcomes and more cost-effective care
- Performance-based increases are eclipsing traditional inflationary cost adjustments

### **Measurement Evolution –**

- Physicians and hospitals need to be able to see not only how individual patients are doing but how their full **patient populations** are doing as well.
- With overall performance on individual “process measures” at very high levels, “**all-or-nothing**” or **composite measures** play increasingly important role
- **Outcomes Focus** – Movement away from claims data towards tracking and responding to one’s own data – **real-time outcomes (NSQIP, IHI measures)**
- Innovating payment mechanisms for measures still under development or validation (such as pay-for-reporting)



# Highmark and Specialty Boards Collaboration

**Carey Vinson, M.D., M.P.M.**  
**Highmark, Inc.**

February 28, 2008

# Program Scope

- Current design in place since July 2005 in Western Region
- Incentive programs new to Central in April 2006
- Primary Care only
- 1100 practices, over 5000 physicians eligible



# Program Components

- Clinical Quality
- Generic/Brand Prescribing Patterns
- Member Access
- Electronic Health Records
- Electronic Prescribing
- Best Practice

# Clinical Quality Measures

- Acute Pharyngitis Testing
- Appropriate Asthma Medications
- Beta Blocker Treatment after AMI
- Breast Cancer Screening-  
Mammography
- Cervical Cancer Screening -PAP Test
- Cholesterol Management after CV  
Event or IVD
- Comprehensive Diabetes Care
- Congestive Heart Failure Annual  
Care
- Adolescent Well-Care Visits
- Varicella Vaccination Status
- Mumps-Measles-Rubella  
Vaccination Status
- Well Child Visits for the First 15  
Months
- Well Child Visits - 3 to 6 Years

# Best Practice

- Innovative practice improvements focusing on medical management and clinical quality issues that are not currently being measured in our program
- Begun in response to physician request
- Accept
  - ABIM, ABFM and ABP Practice Quality Improvement Modules
  - AAFP Metric Program
  - NCQA Certifications

# Collaboration History

- Initially approached by American Board of Internal Medicine in spring 2006
- Need to provide options for all specialties
- Heard of American Academy of Family Physician METRIC program
- Outreach to American Board of Family Medicine, American Board of Pediatrics
- Arranged collaborations, signed agreements and developed promotions in Fall 2006

# American Board of Internal Medicine

- **Practice Improvement Module (PPM)**
- Web-based, quality improvement modules
- Enables physicians to conduct a confidential self-evaluation of the medical care that they provide
- Helps physicians gain knowledge about their practices through analysis of data from the practice
- Development and implementation of a plan to target areas for improvement
- Part of ABIM's Maintenance of Certification program

# American Board of Family Medicine

- **Performance in Practice Module (PPM)**
- Web-based, quality improvement modules
- Physicians assess care of patients using evidence-based quality indicators
  - Data from 10 patients into ABFM website
  - Feedback is provided for each quality indicator
  - Choose an indicator
  - Develop a quality improvement plan
  - After 3 months, assess the care provided to 10 patients
  - Input the data to the ABFM website
  - Compare pre- and post-intervention performance, & to their peers

# Positive Outcomes

- Wonderful collaboration with boards, specialty society and NCQA
- Reduce redundancy
  - Practices already stretched
- Simpler process for us
- Synergy
  - Emphasizes the need for QI at the practice level
  - Helps educate regarding the MOC process
- Good PR with physicians

# Future Directions

- Started slowly – takes a while to get certifications
- Increase value of Best Practice measure
- Hope to add icons to transparency web site







# HMO Pay for Performance and Public Reporting Programs

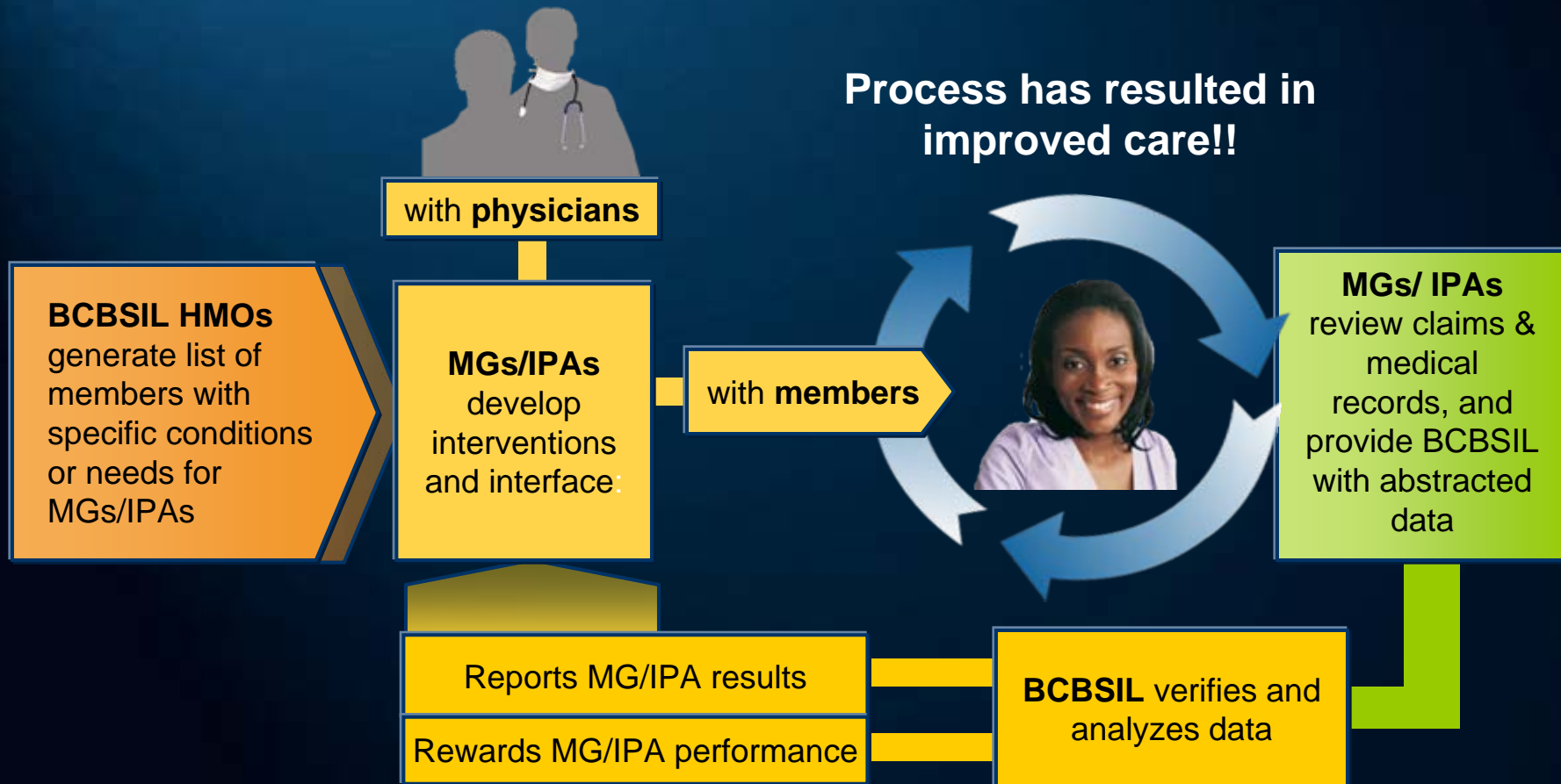
**Carol Wilhoit, M.D., M.S.**  
**Blue Cross and Blue Shield of Illinois**

February 28, 2008

# BCBSIL HMO P4P Program

- HMO Illinois and BlueAdvantage HMO provide coverage for approximately 850,000 members.
- The HMOs contract with about eighty medical groups and IPAs. The HMOs do not contract with individual physicians. HMO performance-based reimbursement was implemented in 2000.
- Transparency was added in 2003 with publication of the Blue Star MG/IPA report.
- In 2007, ten clinical projects were supported by the HMO QI Fund:
  - Asthma, Diabetes, Cardiovascular Disease, Hypertension, Mental Health Follow-Up
  - Childhood Immunization, Influenza Vaccination, Colorectal Cancer Screening, Breast Cancer Screening, Cervical Cancer Screening
- The total QI Fund available for HMO clinical projects exceeds \$60 million/year.
- Payment plus transparency of results has led to significant improvements in multiple clinical areas.

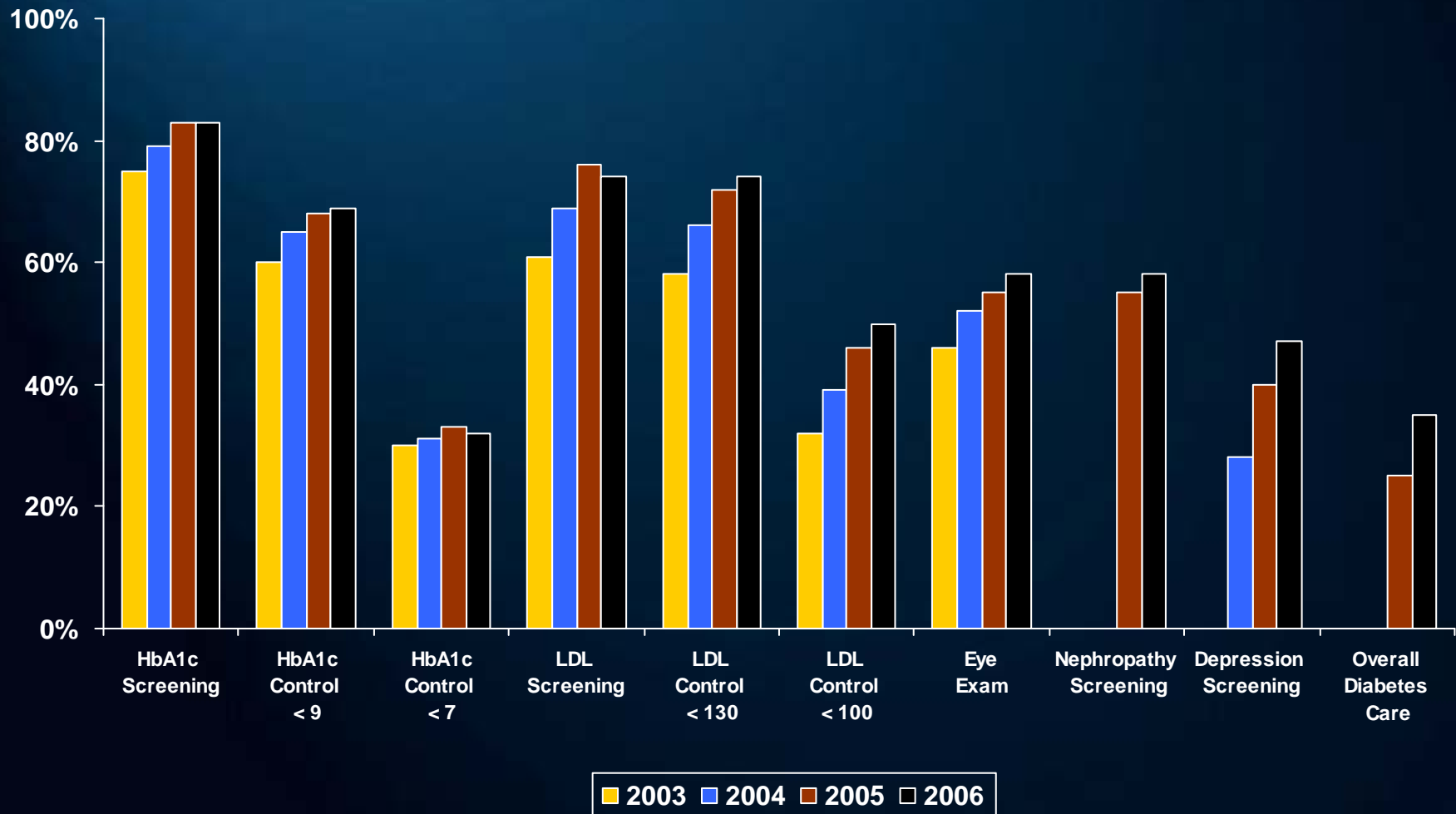
# A Collaborative Approach to Managing Health



# Diabetes Flowsheet QI Fund Project

- The project was implemented in 2000. The objective is to promote improvements in diabetic care by encouraging physicians to track and trend diabetes care on a flowsheet.
- The project has been expanded over time to include eye exam (2001), HbA1c control and LDL control (2003), depression screening (2004), “Overall Diabetes Care” and nephropathy screening/medical attention for nephropathy (2005), and blood pressure control (2007).
- Public reporting of IPA performance, including diabetes care, began in 2003.
- The project includes the entire population of identified diabetics (>20,000 each year.) Of these, 9,993 diabetic members had diabetes claims EACH year from 2002 to 2006 and were included in the diabetes project each year from 2003 through 2006.
- The remainder of the analysis is focused on the above cohort of 9,993 diabetic members.

# Results For Diabetes Quality Measures (N = 9,993)



# ER Visit and Inpatient Admission Rates Per 1,000 for Analysis Population

N = 9,993

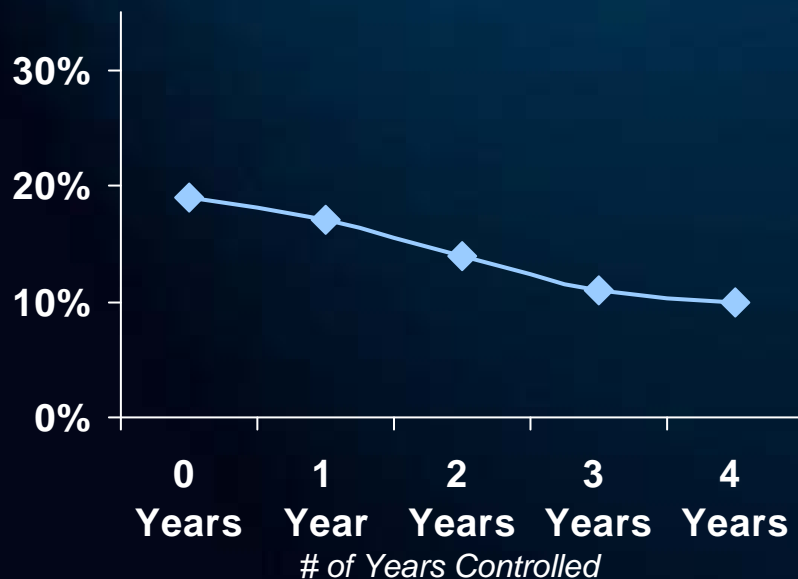
	2002	2003	2004	2005	2006
ER Visit Rate/1,000	111.1	126.4	88.5	96.2	98.4

	2002	2003	2004	2005	2006
Inpatient Admission Rate/1,000	133.9	154.2	128.7	127.8	128.4

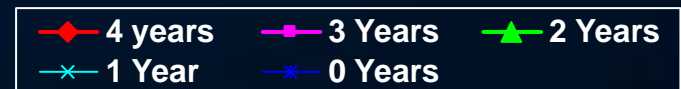
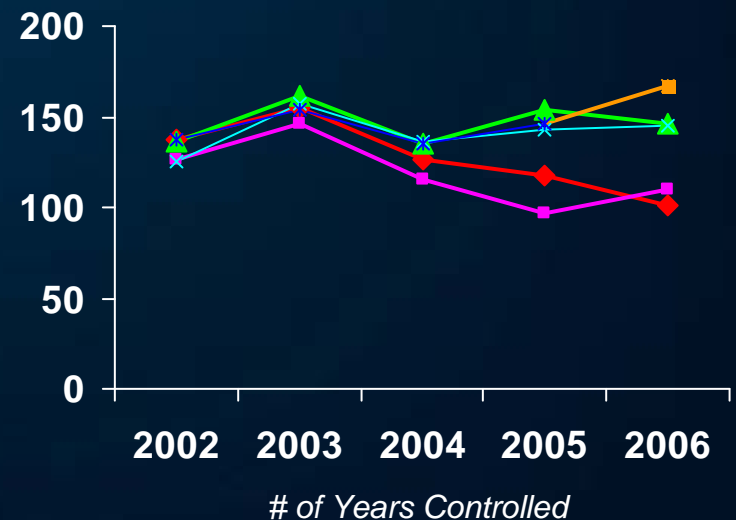
# Diabetes Program: Outcomes

For 9,993 diabetic patients enrolled from 2002-2006, those whose diabetes was more consistently controlled (<9.0) achieved better health outcomes

**% of Members with 1 or More ER Visit in 2006**



**Relationship Between Frequency of HbA1c Control and Diabetes Inpatient Admits per 1000 Diabetics**



# Value of the Diabetes Program

- Diabetics with consistently managed diabetes (HbA1c <9.0 each year) over a four year period have:
    - 27% to 48% lower likelihood of an ER visit
    - 22% to 28% lower likelihood of a hospital admission
    - 39% to 61% lower ER visit rate and
    - 34% to 49% lower hospital admission rate
- than diabetics whose LDL and HbA1c have been elevated for one or more years during this time period.



# Asthma Action Plan Project

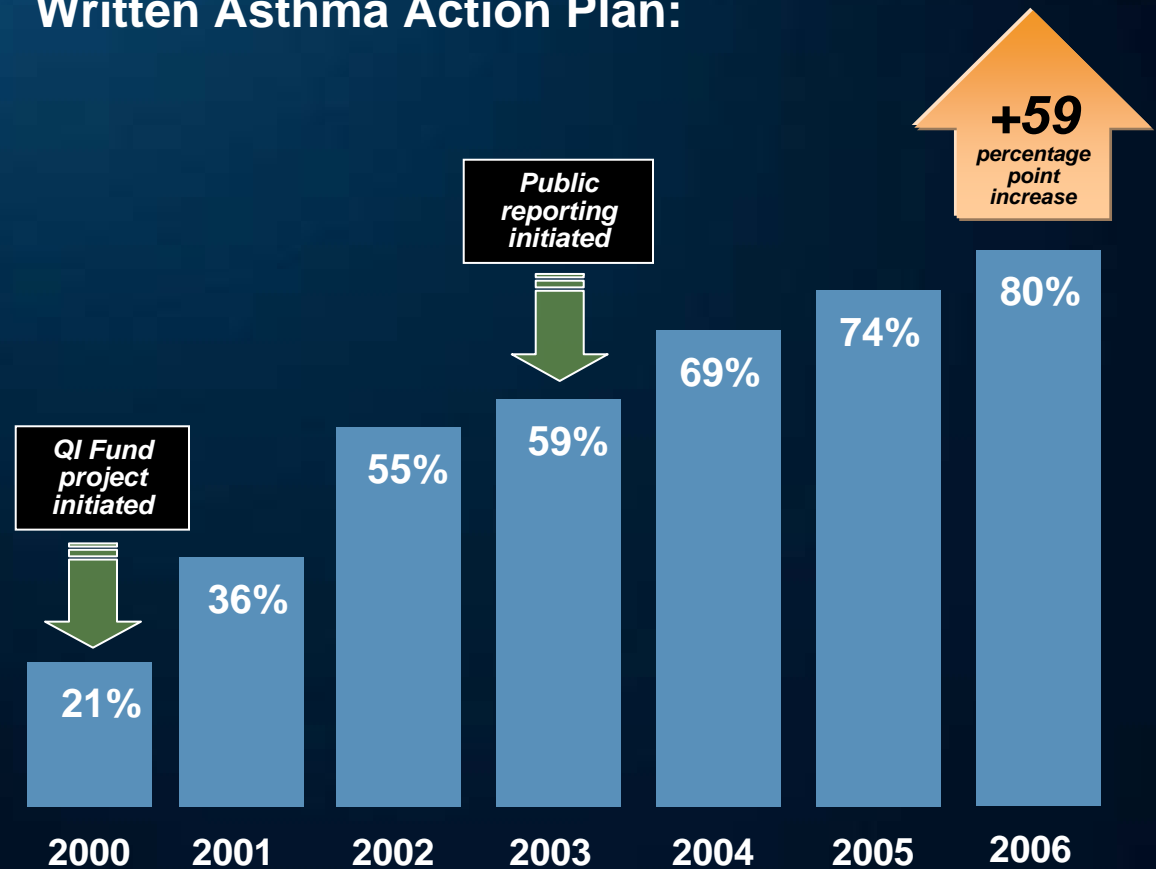
- The National Asthma Education and Prevention Program guidelines recommend “provid(ing) all patients with a written daily self-management plan and an action plan for exacerbations.”
- Since 2000, IPAs have been able to earn additional compensation based on the IPA’s asthma action plan rate.
- To be certain that plans met project criteria, each asthma action plan was reviewed for the presence of six elements:
  - Was the plan in writing? Was the plan given to the member? Was the plan discussed with the member? Does the plan include daily medication instructions? Does the plan include monitoring instructions? Does the plan include emergency instructions?
- In 2003, BCBSIL began public reporting of IPA performance for the Asthma Action Plan project through the MG/IPA Blue Star report.
- However, national guidelines do not provide guidance on the frequency with which a new or updated asthma plan should be given to asthmatics.
- In 2001, lacking evidence on optimal frequency, BCBSIL decided that an asthma action plan given during the current year or the prior year would count for purposes of the Asthma Action Plan Project.
  - Therefore, for a member who received an acceptable asthma plan in year 1, credit for a plan was given automatically in year 2, and data was not collected on whether the member was given a new plan in year 2.

# Use of Written Asthma Action Plans

## Percentage of Asthma Members Receiving a Written Asthma Action Plan:

### Program Objective:

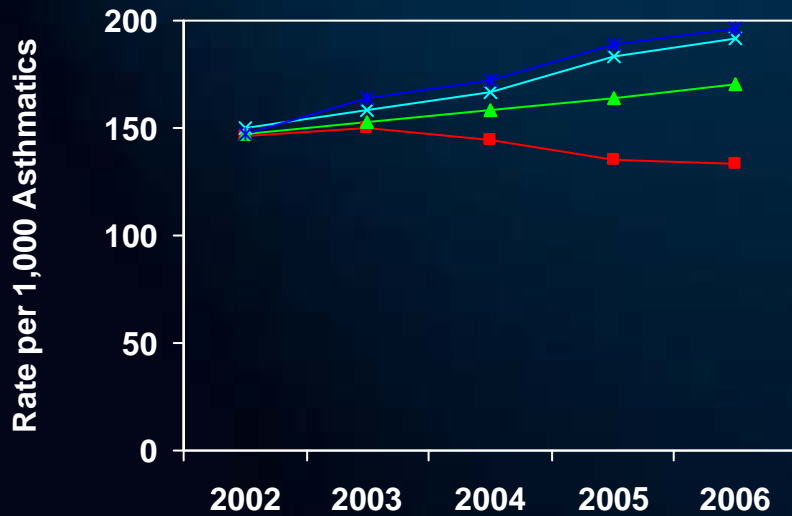
Motivate physicians to give asthmatic members written asthma action plans to help them better manage their condition



# Asthma Program: Outcomes

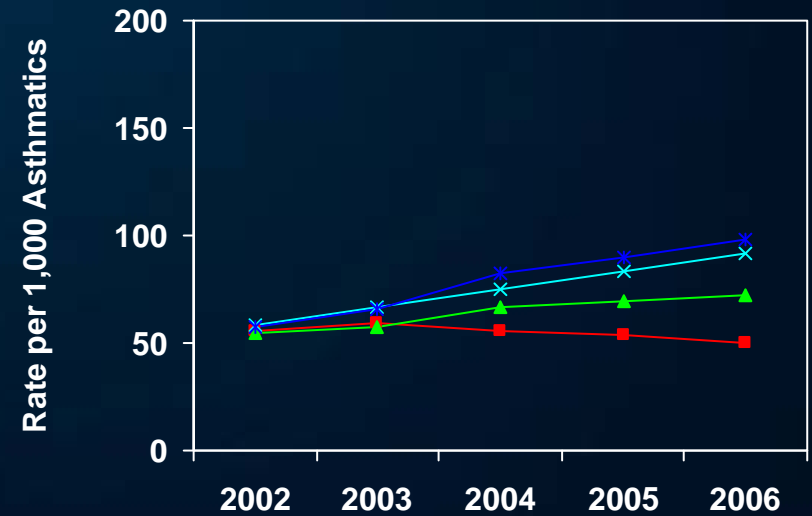
There has been a substantial reduction in asthma ER visits and asthma inpatient admissions for asthmatics who have received multiple written asthma action plans from their physician over a several year period

Relationship Between Frequency of Asthma Action Plan & Asthma ER Visits



■ 3 plans ▲ 2 plans × 1 plan \* 0 plans

Relationship Between Frequency of Asthma Action Plan & Asthma Inpatient Visits



■ 3 plans ▲ 2 plans × 1 plan \* 0 plans

# Asthma Action Plan Project: Impact and a Change

- The BCBSIL HMO Pay for Performance for Asthma Action Plan QI Fund Project has stimulated improvements in quality that are correlated with lower utilization.
- For the cohort of asthmatics enrolled and identified as being asthmatic in each of five consecutive years, there was a significant increase in the percentage of asthmatics who received a written asthma self-management plan from 2001 to 2006.
- Asthmatics who received a written asthma action plan in 3 of the years from 2001- 2006 have:
  - 47% to 58% lower likelihood of an ER visit
  - 39% to 62% lower likelihood of a hospital admission
  - 21% to 32% lower ER visit rate and
  - 30% to 49% lower hospital admission ratecompared to asthmatics who received a written action plan in 0-2 of the years.
- Based on a preliminary analysis of the correlation between asthma action plans and utilization, BCBSIL changed the requirements for the Asthma Action Plan QI Fund Project. Starting in 2007, asthma action plans had to be provided within the current year to be counted for the HMO Asthma Action Plan Project.

# Blue Star<sup>SM</sup> Medical Group/IPA Report

## Goal:

Help educate and motivate medical groups/IPAs to improve their patient care performance in the reported areas

## Approach:

Medical group performance is measured annually by BCBSIL. Groups earn a “Blue Star” each time they meet the target care goal

**2006 Blue Star<sup>SM</sup> Medical Group/IPA Report**

The annual Blue Star Report recognizes contracting Medical Groups/Independent Practice Associations (IPAs) that have documented high levels of performance in providing patient care. Medical group performance is measured in accordance with nationally based clinical practice and preventive care guidelines.

The report helps HMO members make wiser health care decisions when selecting health care providers that best meet their needs, whether choosing or changing network medical groups.

**Reading the report**  
Groups earn one “Blue Star” each time they meet or exceed the target care goal in each of the six reporting categories. Medical Group/IPAs that did not participate are not eligible for a Blue Star.

**The six criteria are:**

- Asthma:** At least 75% of asthmatic members received a written asthma self-management plan in 2004 or 2005.
- Childhood Immunization:** At least 70% of children turning 2 years of age in 2005 received all routine immunizations in a timely manner.
- Coronary Artery Disease:** At least 70% of members with an admission for a heart attack, bypass surgery or coronary angioplasty had an LDL and other coronary risk factors tracked in a systematic manner.
- Diabetes:** The MG/IPA demonstrated high levels of performance in providing routine diabetic care in 2005.

Site No.	Network Medical Group/IPA Name	Asthma	Childhood Immunization	Coronary Artery Disease	Diabetes
002	Hammond Care, LLC	★	★	★	★
002	Hammond Medical Professional Group	★	★	★	★
072	Arthritis Family Medical Center Ltd	★	★	★	★
075	Hammond Physician Associates, Inc. at Winnetka	★	★	★	★
080	Managed Health Care Associates, LLC	★	★	★	★
082	DuPage Medical Group - Central DuPage	★	★	★	★
084	Judith Medical Assoc., Ltd	★	★	★	★
086	Physicians Care Network, Inc.	★	★	★	★
088	Dreyer Medical Clinic	★	★	★	★
100	West Suburban Health Providers	★	★	★	★
102	Delton Medical Associates	★	★	★	★
112	St. Francis Health Care, LLC	★	★	★	★
113	Pronger Smith MedicalCare - Blue Island	★	★	★	★
114	Pronger Smith MedicalCare - Tinley Park	★	★	★	★
118	Advanced Physician's Association	★	★	★	★
122	Culbert Physicians Associates, Ltd.	★	★	★	★
124	Advocate Lutheran General Health Partners	★	★	★	★
129	WellGroup HealthPartners, LLC	★	★	★	★
130	Guthrie/West Towne PMS, Inc.	★	★	★	★
141	UC Physician Group	★	★	★	★
145	United Physicians Network	★	★	★	★
152	Integrant Family Medical Center	★	★	★	★
153	Hammond Medical Professional Group on Oceans	★	★	★	★
158	Independent Physicians at Merry	★	★	★	★
166	Cal-Park Medical Center	★	★	★	★
167	Scott Mary of Southworth Family Practice Center	★	★	★	★

**BCBSIL was the first (2003) HMO in Illinois to publish condition-specific provider data to members**

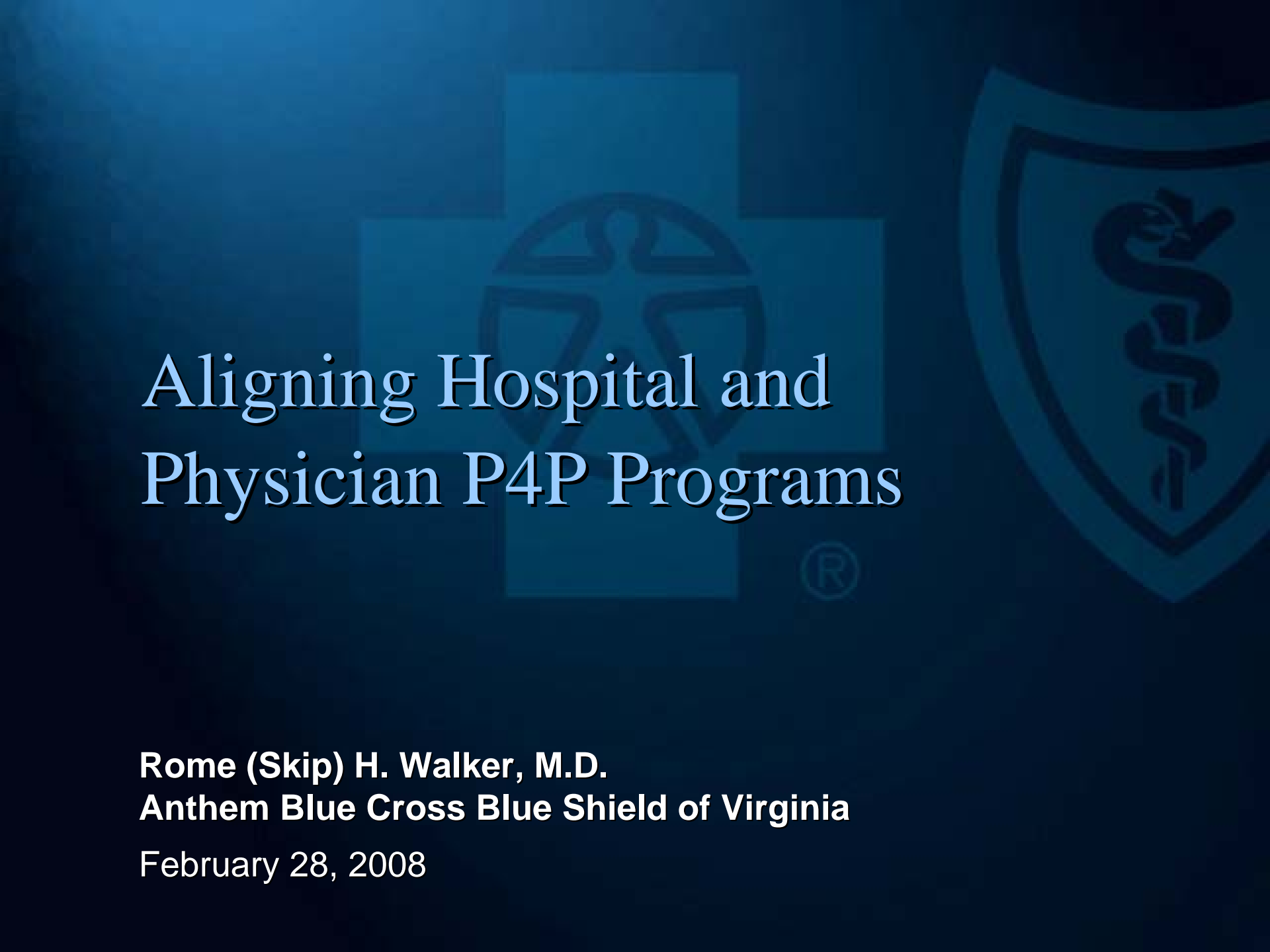


# Impact of the Blue Star Report

Groups that earn more Blue Stars have had more growth in membership than groups with fewer Blue Stars

# of Stars in 2004 Blue Star Report	2003-2007 Membership Change
0 to 2	1%
3 to 4	4%
NETWORK TOTAL	3%

# of Stars in 2006 Blue Star Report	2003-2007 Membership Change
0 to 3	(4%)
4 to 6	5%
NETWORK TOTAL	3%



# Aligning Hospital and Physician P4P Programs

**Rome (Skip) H. Walker, M.D.**  
**Anthem Blue Cross Blue Shield of Virginia**

February 28, 2008

# Anthem's Quality Evolution

## **Quality-In-Sights®: Hospital Incentive Program (Q-HIPSM)**

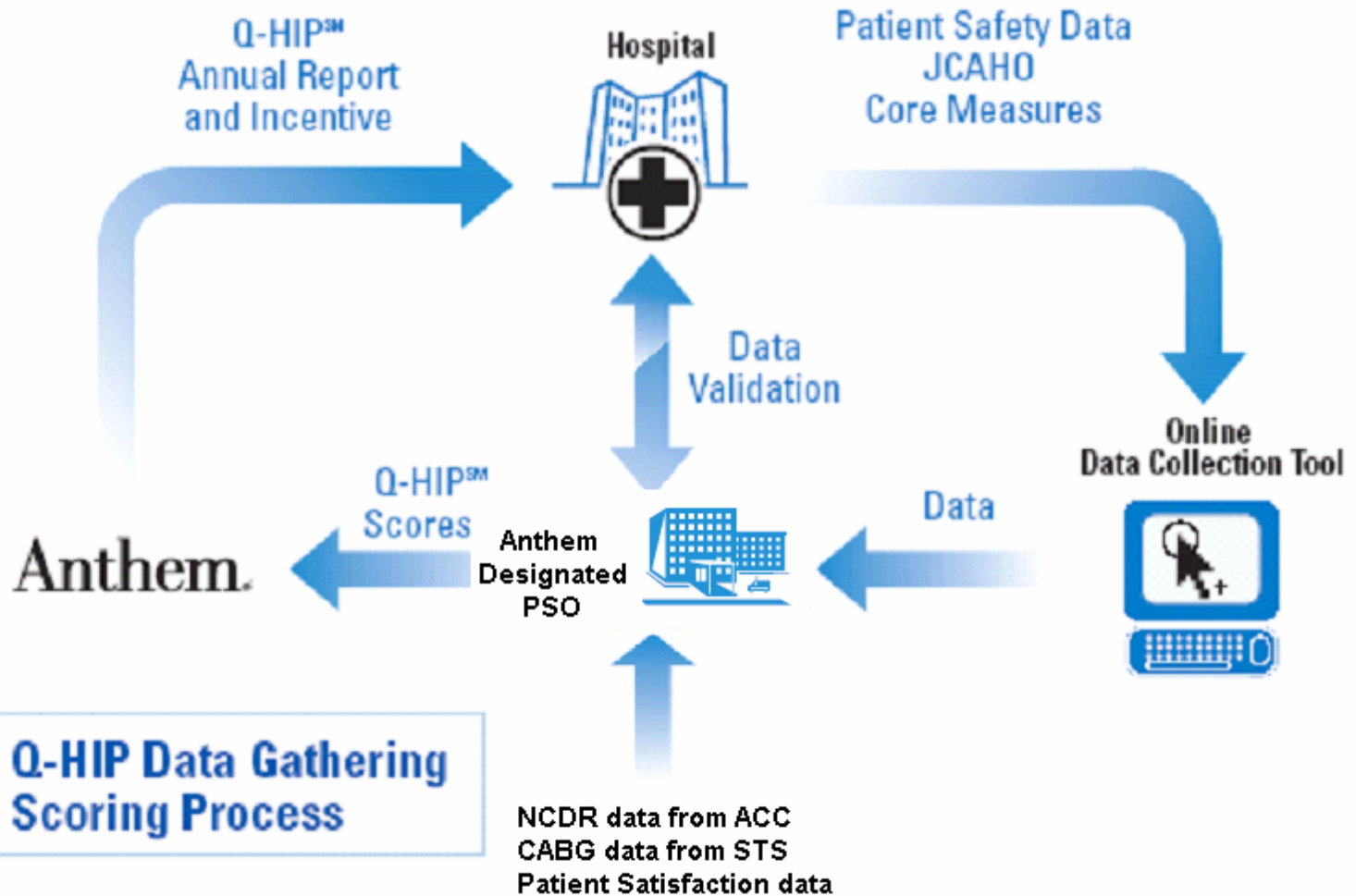
- Partnership developed in collaboration with the American College of Cardiology and the Society of Thoracic Surgeons

## **Quality Physician Performance Program (Q-P3SM)**

- Sister program to Q-HIPSM designed to align incentives



# Q-HIP<sup>SM</sup> – A Collaborative Effort



# Scorecard Components

## **Patient Safety Section (25% of total Q-HIPSM Score)**

- JCAHO Hospital National Patient Safety Goals
- Computerized Physician Order Entry (CPOE) System
- ICU Physician Staffing (IPS) Standards
- NQF Recommended Safe Practices
- Rapid Response Teams
- Patient Safety and Quality Improvement Measures

## **Member Satisfaction Section (15% of Total Q-HIPSM Score)**

- Patient Satisfaction Survey
- Hospital-Based Physician Contracting

## **Patient Health Outcomes Section (60% of total Q-HIPSM Score)**

### ACC-NCDR Section

- 7 ACC-NCDR Indicators for Cardiac Catheterization and PCI

### JCAHO National Hospital Quality Measures

- Acute Myocardial Infarction (AMI) Indicators
- Heart Failure (HF) Indicators
- Pneumonia (PN) Indicators
- Surgical Care Improvement Project (SCIP)
- Pregnancy Related

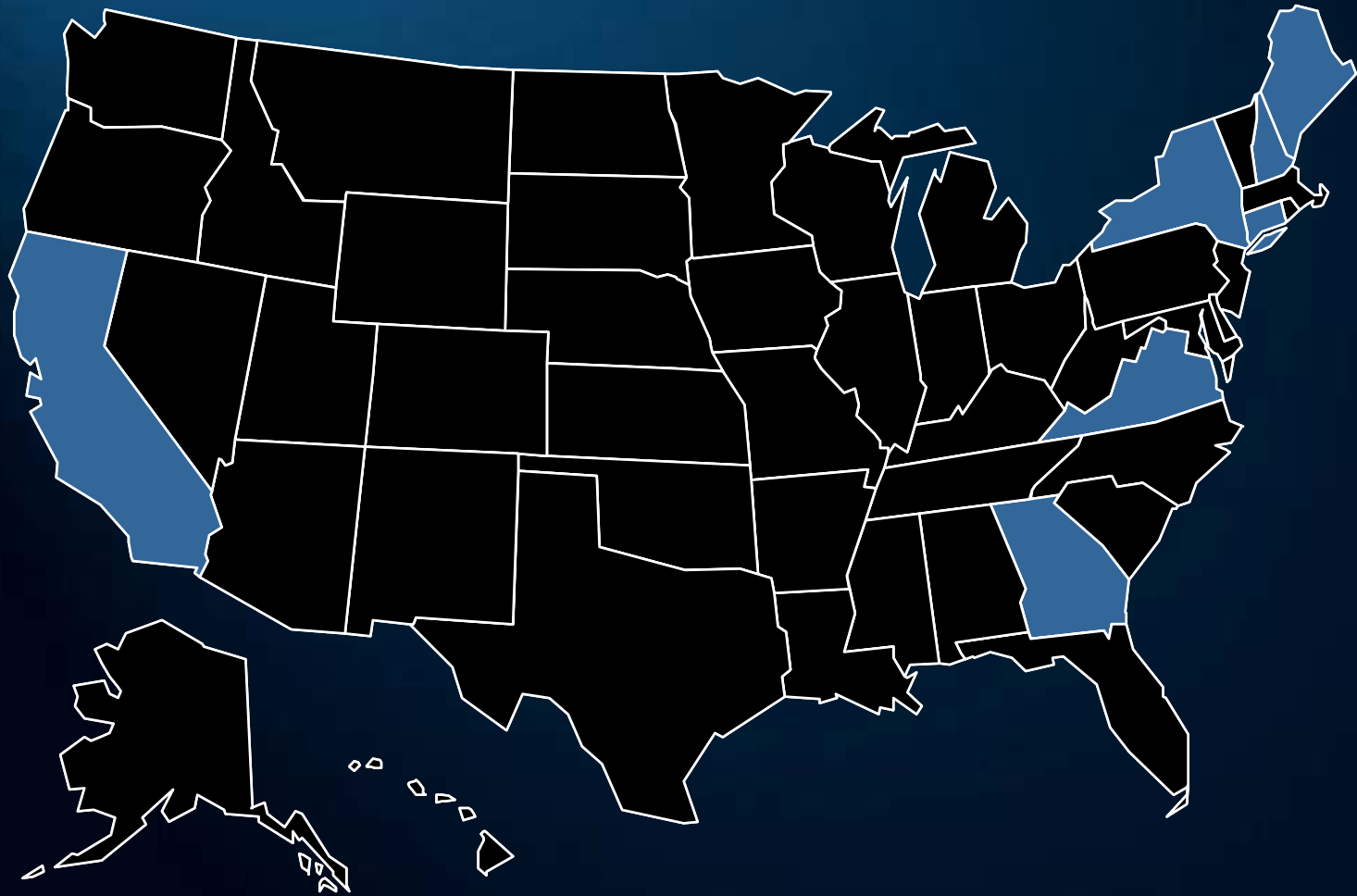
### CABG Indicators

- 5 STS Coronary Artery Bypass Graft (CABG) Measures

# Q-HIP<sup>SM</sup> in Virginia

- 65 hospitals participating in Q-HIPSM in Virginia
- >95% of Anthem inpatient admissions in the Commonwealth of Virginia
- Rural, local and tertiary care hospitals
- Measurement period runs July-June; started in 2003
- Outside Virginia:
  - Northeast Region (ME, NH, CT): 32 hospitals
  - Georgia: 21 hospitals
  - New York: Pilot/Rollout Phase
  - California: Pilot/Rollout Phase

# Q-HIP<sup>SM</sup> Model Adoption in WellPoint States



# Q-P3<sup>SM</sup> Program

- Q-P3<sup>SM</sup> is Anthem's performance based incentive program (Pay-for-Performance) for physicians
- Opportunity to reward high quality performance
- Collaborated with the American College of Cardiology and the Society of Thoracic Surgeons
- Researched published guidelines, medical society recommendations and evidence-based clinical indicators
- Programs implemented in 2006

# Q-P3<sup>SM</sup> - Cardiology

- Voluntary Program – participating physicians account for 83% of market share
- Based on an all-payer data base except for the pharmacy measure
- Mirrors QHIP indicators to align incentives
- Final Scorecard results are based on hospital market share
- Rewards are based on excellence

# The Benefit of a Shared Approach

- Physician groups can't rely on one hospital's exceptional performance and hospitals don't benefit from any one group practice
- Best Practice sharing is facilitated by physician involvement at various hospitals
- “Competing” physician practices are given incentive to work together to achieve common goals

# Q-P3<sup>SM</sup> Cardiology Scorecard Components

## JC AMI Section

- Aspirin at arrival
- Aspirin prescribed at discharge
- ACEI/ARB for LVSD
- Beta blocker at arrival
- Beta blocker at discharge
- Smoking cessation advice

## JC HF Section

- LVF assessment
- ACEI/ARB for LVSD
- Discharge Instructions
- Smoking cessation advice

## ACC-NCDR Section

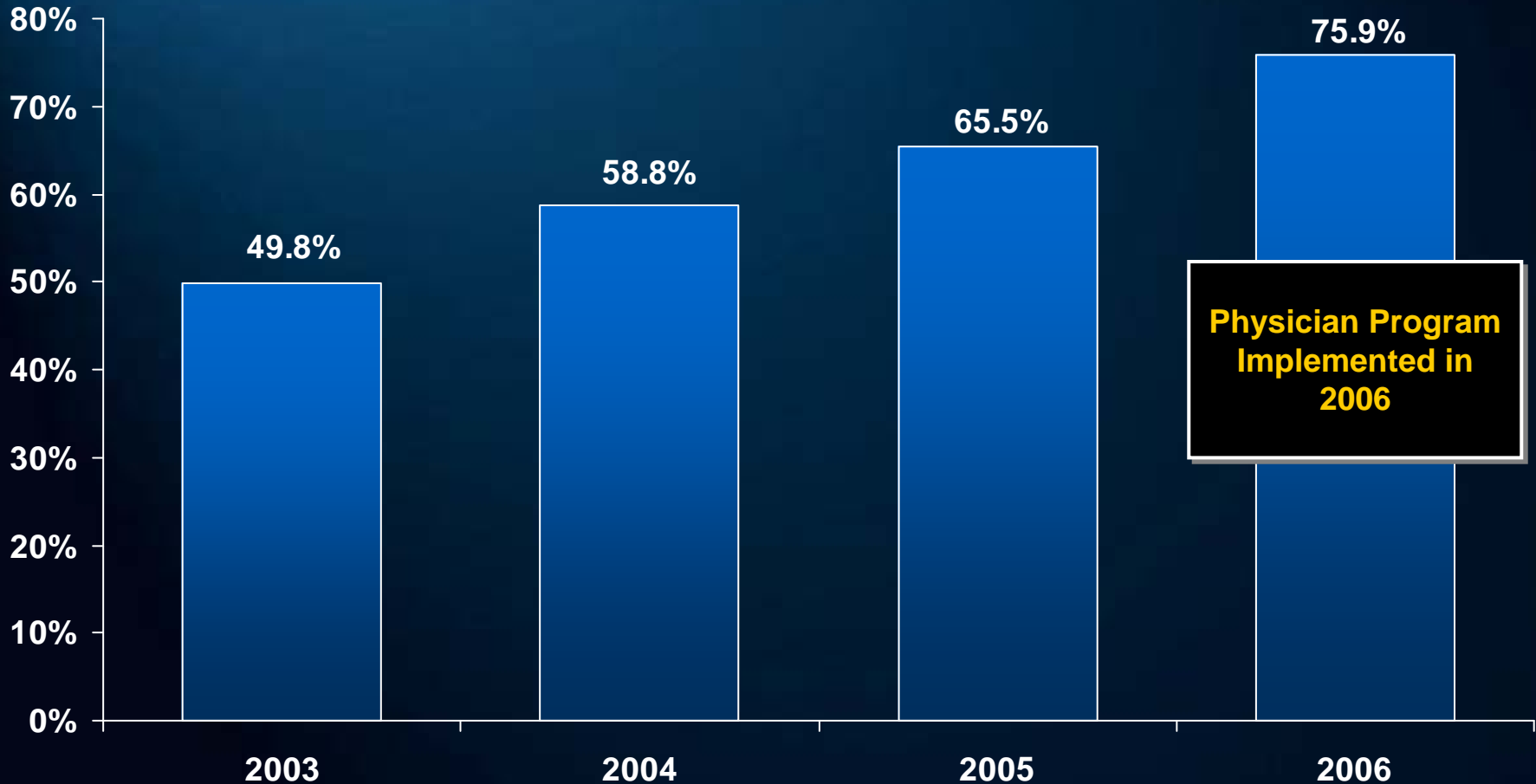
- Rate of serious complications – diagnostic caths
- Door to balloon time for primary PCI  $\leq 90$  min
- Door to balloon time for primary PCI  $\leq 120$  min
- % of patients receiving Thienopyridine
- % of patients receiving statin or substitute at discharge
- Rate of serious complications – PCI
- Risk-adjusted mortality rate – PCI

## Bonus Section

- Generic Dispensing - Statins

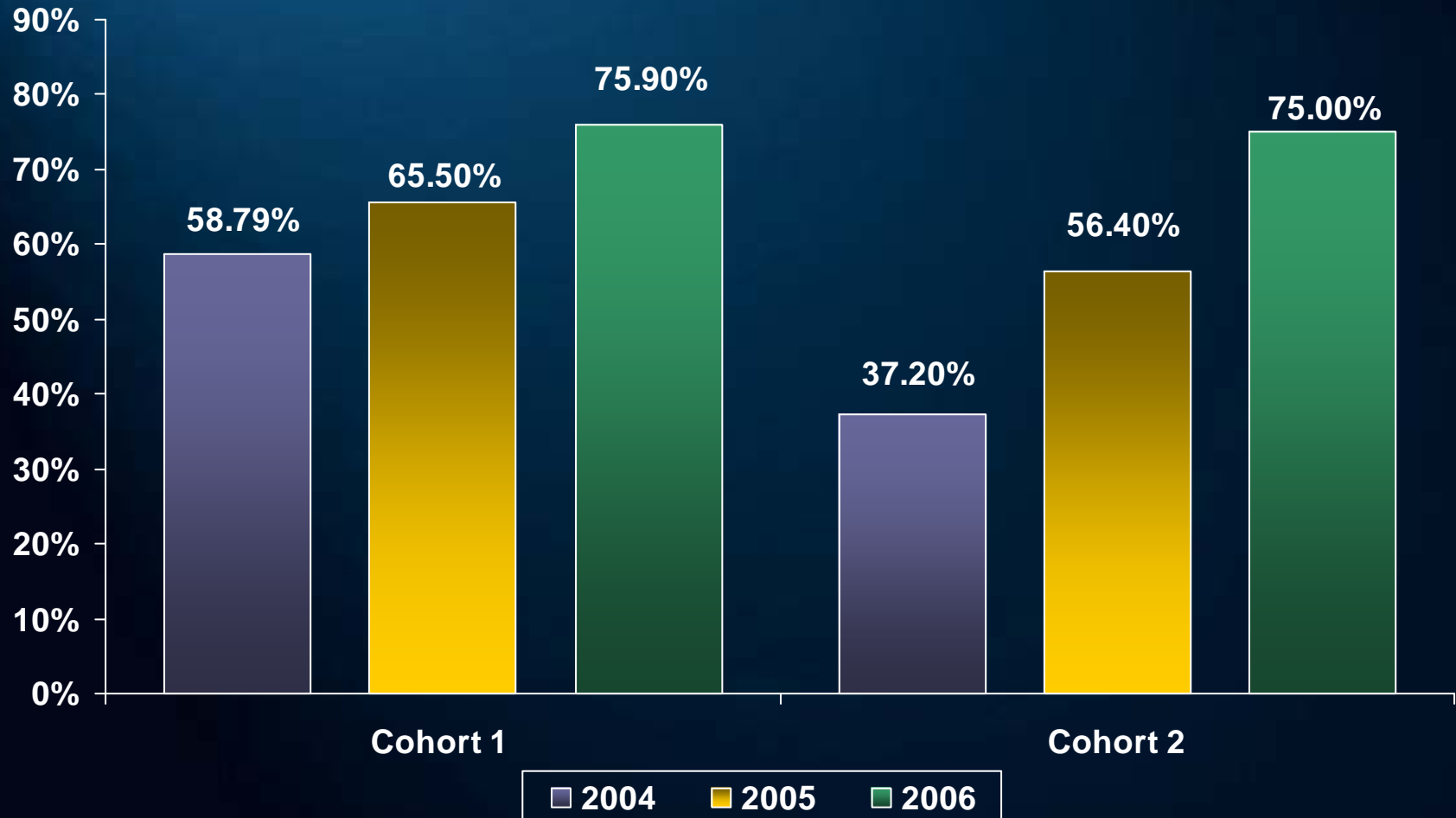


# Original 8: DTB 90 min or less (Annual)



\*Original 8 is the original 8 cardiac care hospitals that supplied four full years of comparative data.

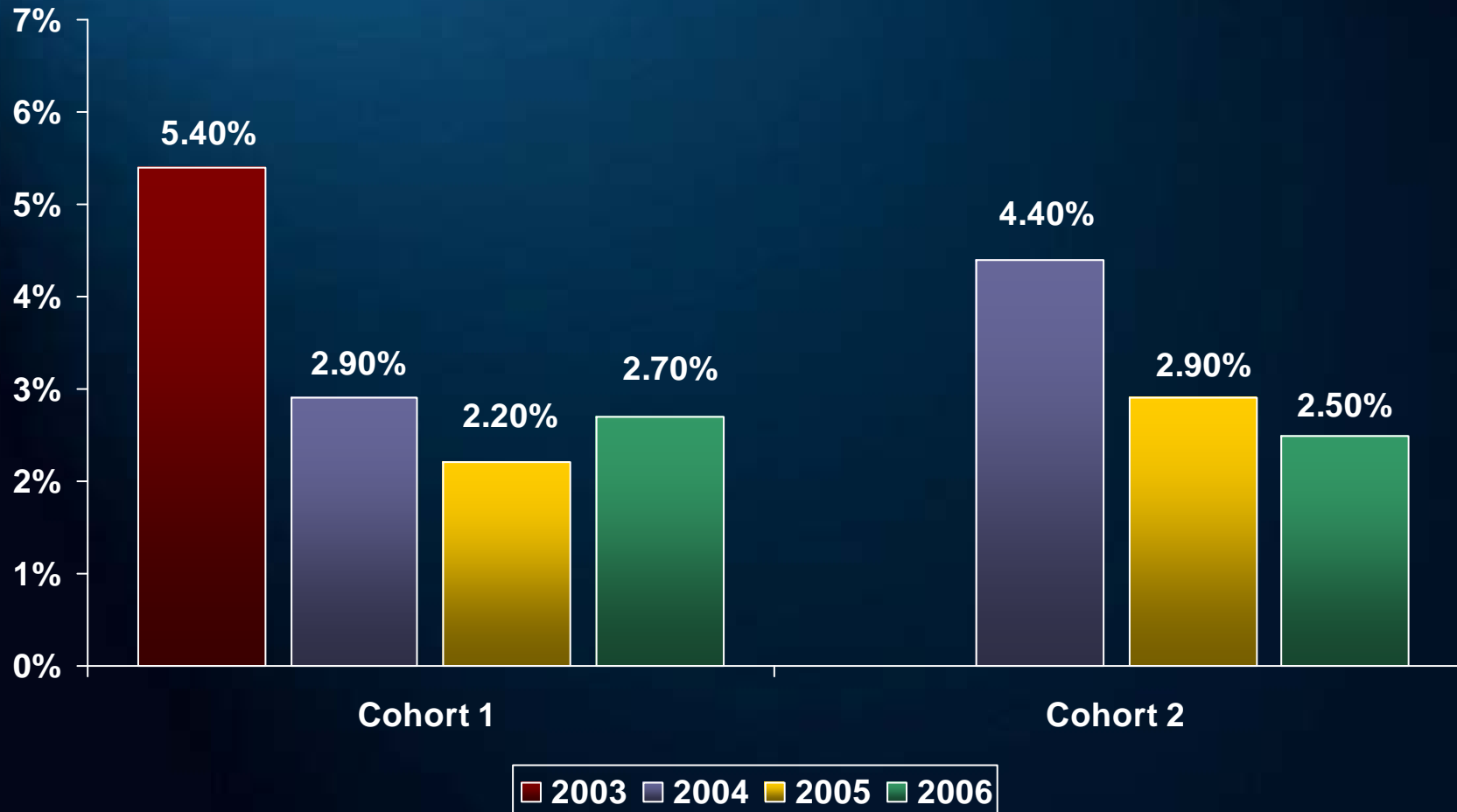
# Cohorts: DTB 90 min or less (Annual)



\*Cohort 1: cardiac care hospitals that joined during Q-HIP 2003 (8 hospitals)

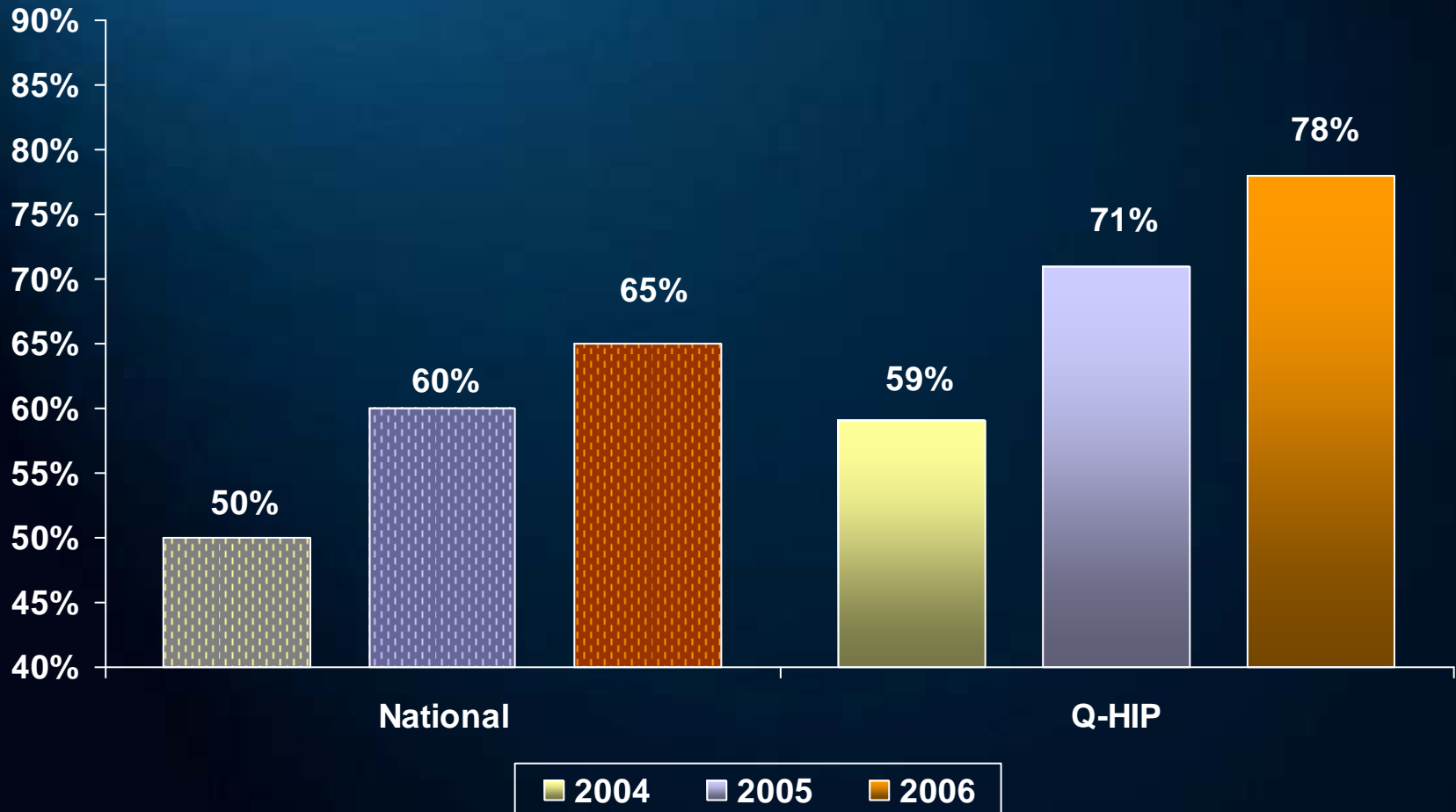
Cohort 2: cardiac care hospitals that joined during Q-HIP 2004 (6 hospitals)

# Cohorts: Serious Comp – PCI (Annual)



\*Cohort 1: cardiac care hospitals that joined during Q-HIP 2003 (8 hospitals)  
Cohort 2: cardiac care hospitals that joined during Q-HIP 2004 (6 hospitals)

# Discharge Instructions: Q-HIPSM vs National



- Q-HIP: average for the 39 facilities that submitted data for Q-HIP 2004-2006
- National: national average (source – Hospital Compare). Note 2006 data one quarter behind (2Q06-1Q07)

# Summary

- Marketplace is looking for a solution
- A demonstrated impact on quality of care for cardiology
- Feeds into hospital transparency efforts
- Drives alignment between hospitals and cardiac specialists
- Win-Win solution for providers, members and employers

Thank you!

Questions and Comments