

***Innovations: Building a Community
Coalition for Market-wide Adoption of P4P***

*The 3rd National Pay for Performance Summit
February 2008*

The Buyers Health Care Action Group

*The Buyers Health Care Action Group is a coalition of public and private employers working to **recreate the health care system** so consumers will get the care they need in the **right place**, at the **right time** and at the **right price**. We develop purchaser strategies and seek out consumer information tools that promote a **safe, timely, efficient, effective, equitable and patient-centered health care system**.*

BHCAG Members

- Allina Hospitals
- AMS
- Alkermes
- Cargill
- Carlson Companies
- GlaxoSmithKline
- Medtronic
- MN DOER
- Olmsted County
- Park Nicollet
- Pfizer
- Resource Training and Solutions
- Rosemount
- sanofi-aventis
- Securian
- SUPERVALU
- Target Corporation
- University of Minnesota
- US Bank
- Ceridian
- ELCA
- General Mills
- Honeywell
- Jostens
- 3M
- Land O' Lakes
- Merck & Co.
- Wells Fargo

Fifteen years of market driven reform

- First RFP established long term relationship with Health Partners - "Choice Plus" benefit program is created
- The Institute for Clinical Standards Integration is formed in response to the request for treatment guidelines and clinical quality improvement
- The Minnesota Health Data Institute is created to gather and publish health care information for consumers
- The Robert Wood Johnson Foundation provides five year funding for the Minnesota Health Partnership on Integrated Disability Management

Fifteen years of market driven reform

- The Department of Employee Relations joins BHCAG, demonstrating the value of public/private relationships
- Nationally recognized Direct Contracting Model featuring defined contribution, risk adjusted payment methodology and “tiered networks” is introduced
- BHCAG publishes consumer report cards
- BHCAG creates the *Excellence in Quality Awards* to provide cash and recognition to providers demonstrating superior quality improvement
- BHCAG spins off new for profit health plan, *Patient Choice Healthcare, Inc.*

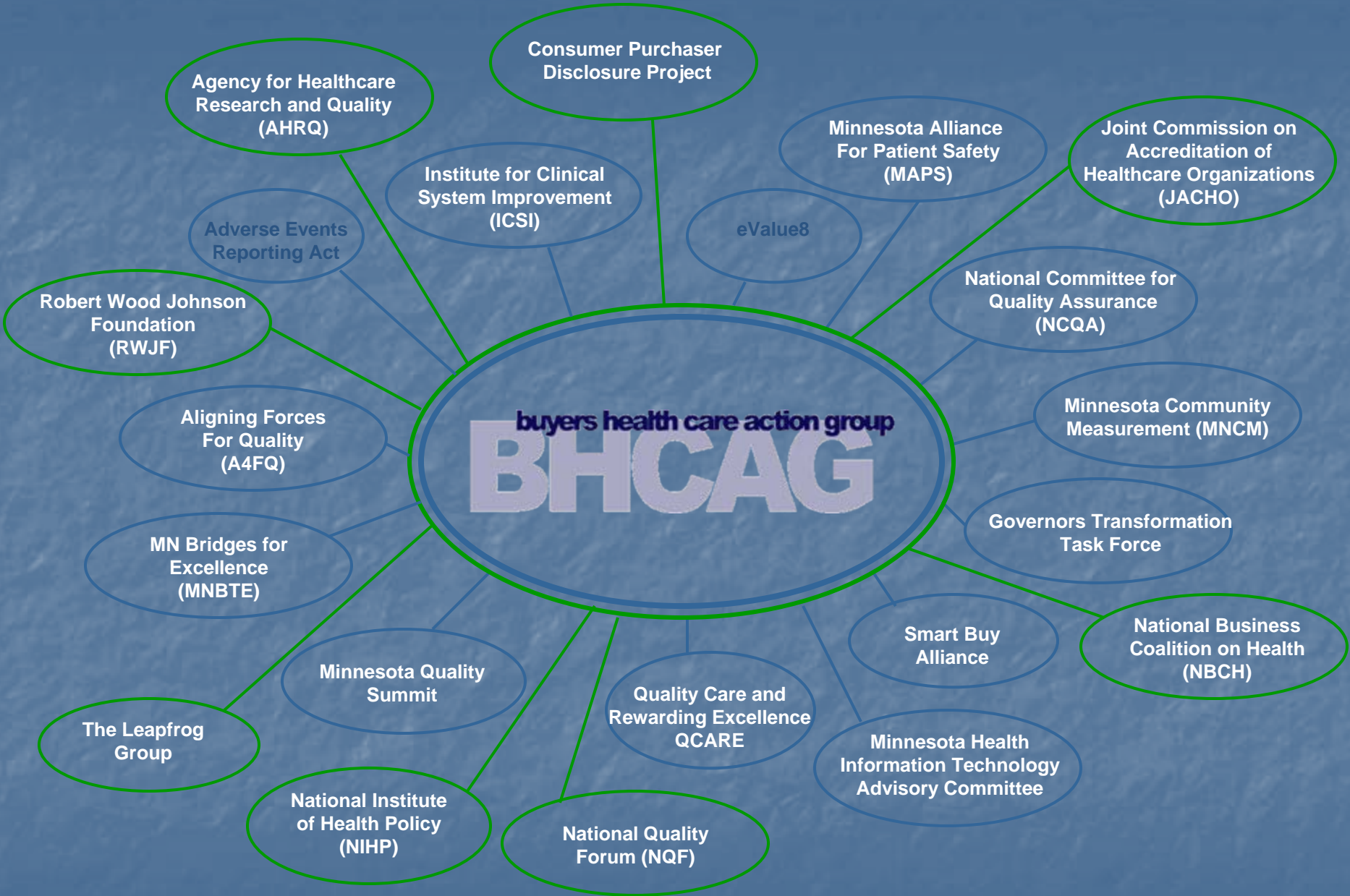
Fifteen years of market driven reform

- BHCAG provides seed grant to new non-profit organization, *HealthFront*, comprised of providers, employers and consumers
- BHCAG creates a National Data Cooperative providing members the tools and analytic support needed to support strategy development and decision making
- BHCAG, a founding "frog", becomes a regional lead in the implementation of the Leapfrog Group patient safety criteria
- With BHCAG support and direction, the Minnesota Hospital Association achieves 100% participation - in both urban and rural hospitals - posting information to the Leapfrog website

Fifteen years of market driven reform

- Advocated for the creation of the Adverse Events Reporting Act; provided financial assistance for implementation
- Founded the Broad Alliance of Minnesota Purchasers; later embraced by the Governor as the “Smart Buy Alliance”
- Assist in development of statewide HIT policy and direction through participation on HIT Advisory Committee and Board of Directors for Minnesota Health Care Connection
- Created the BTE Guiding Coalition and led the implementation of Diabetes Care Link P4P program statewide (730,000 covered lives and counting!)
- Gained broad acceptance of eValue8 as an evaluation, reporting and market reform tool, in both the private and public sector

buyers health care action group
BHCAG



Goals of Stakeholder Collaboration

- Reduce the noise in the market
- Build on existing infrastructure
- Accelerate performance improvement
- Increase signal strength
- Engage the public

Smart Buy Alliance Members

- State of Minnesota
 - Dept. of Human Services (co-chair)
 - Dept. of Employee Relations
- Buyers Health Care Action Group (BHCAG) (co-chair)
- Minnesota Chamber of Commerce
- Labor/Management Coalition of the Upper Midwest (co-chair)
- Minnesota Business Partnership
- Employers' Association
- Minnesota CEO Roundtable

QCare - Quality Care and Rewarding Excellence

- In 2006, Governor Pawlenty signed an executive order creating QCare
 - Directs state agencies to adopt quality standards
 - Reward top performing health care providers
 - Improve health care quality, and outcomes and contain health care costs.
 - The Minnesota Department of Health estimates a savings of up to \$153 million if goals are met

The MN BTE Champions of Change

The Champions of Change are early adopters of MN BTE. These entities are taking the lead in publicly signaling the medical community that health care purchasers want to pay and reward providers for optimal care, not quantity of services performed.

- *3M*
- *Carlson Companies*
- *General Electric*
- *Honeywell*
- *Medtronic*
- *State of Minnesota Department of Employee Relations*
- *State of Minnesota Department of Human Services*
- *Target Corporation*
- *Wells Fargo*
- *University of Minnesota*
- *US Bank*

Public Sector Employer: Minnesota State Employee Group

- Minnesota State Employee Group is the first public sector group to implement provider rewards under the national Bridges to Excellence program
- The State Employee Group Insurance Program covers 120,000 lives, with annual state expenditures of over \$400 million

Public Program: Medicaid Concerns

- DHS clients are less likely to receive optimal care vs. private sector
- DHS limitations under fee for service- payment must be tied to client
- Labor intensive- cost was higher to extract data then provider pay out
 - Implementation of EMR would dramatically improve this process
- Need for a single process of collecting data

BTE in Minnesota Medicaid Program

- *Legislative Authority*
 - Collect & report data (and move toward reporting at most granular level)
 - Funds appropriated for rewards
- *Minnesota Medicaid* is the first Medicaid program in US to implement Bridges to Excellence
 - \$6.3 billion annual spending
 - Covers 600,000

The MN BTE Guiding Coalition

MN BTE is governed by representatives from key community stakeholders to ensure collaboration, consensus and the success of the program.

- *3M*
- ***BHCAG***
- *Blue Cross Blue Shield*
- *Carlson Companies*
- *Community Measurement*
- *Fairview Medical Group*
- *Health Partners*
- *Institute for Clinical System Improvement (ICSI)*
- *Medica*
- *Minnesota Medical Association*
- *Stratis*
- ***State of Minnesota
Department of Employee
Relations***
- ***State of Minnesota
Department of Human
Services***

Minnesota 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





Institute for Clinical Systems Improvement



- 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

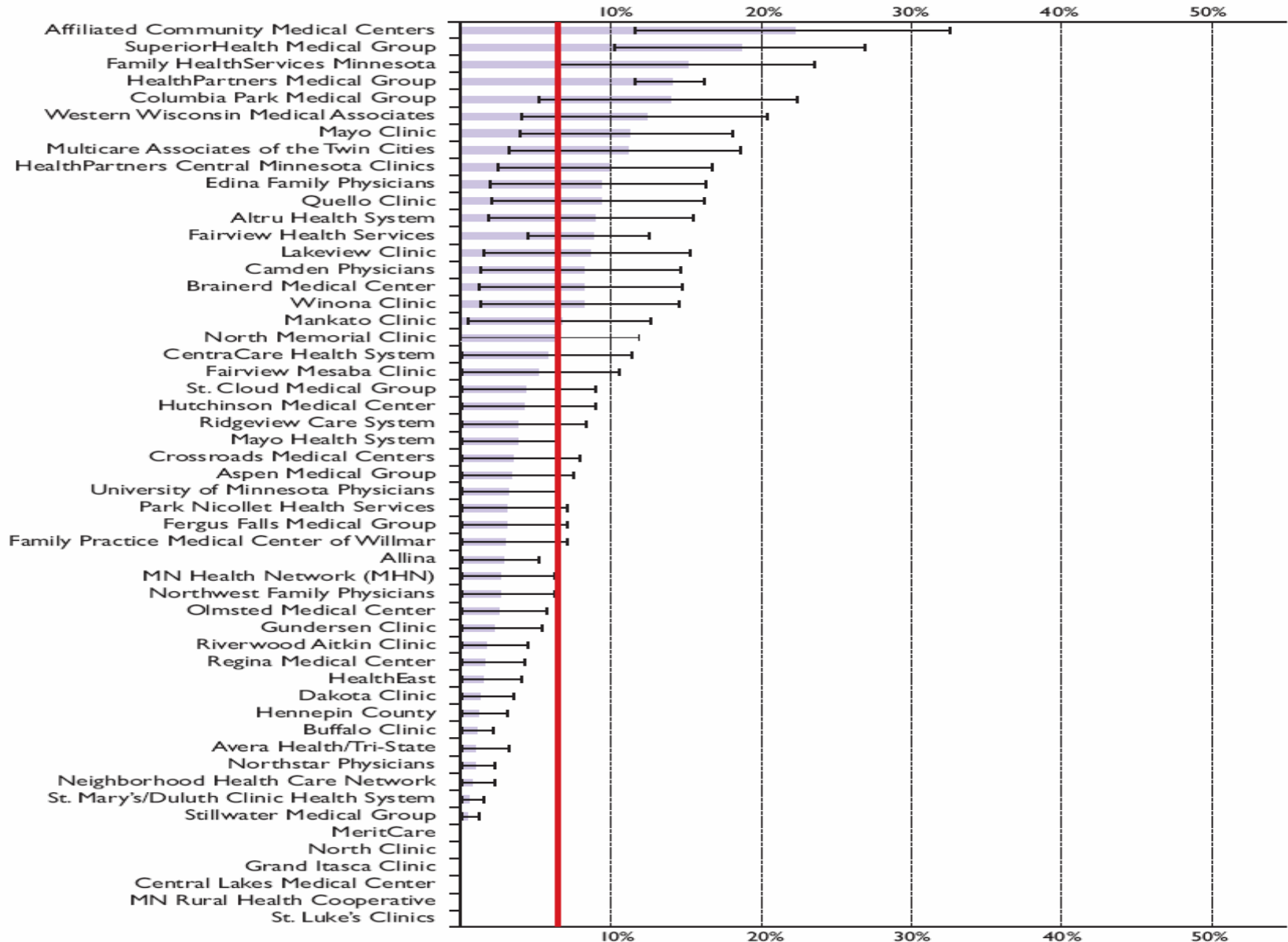


- Created by Minnesota health plans in 2002
 - Review quality
 - Report results
 - Increase efficiency of reporting
- Aggregates data from 7 health plans by medical group
- Supplements samples with abstracted clinical data
- www.mnhealthcare.org

Building on Existing Minnesota Best Practices

- *Institute for Clinical System Improvement (ICSI) developed measures and obtained physician consensus on levels of performance (MN measures are higher than NCQA measures)*
 - *Must meet all four (for CVD) or five (for diabetes); not just one*
 - *Measures on outcomes, not process*
 - *More aggressive outcomes, e.g., HgbA1c of <7 not <8*
- *Minnesota Community Measurement (MCMN) - data aggregation, quality review, public reporting for increased transparency*
 - *Using MNCM reduces administrative costs by 66% over BTE costs in other markets*
- *Consensus reached on consistent measures to be used by all payers for rewards*

Optimal Diabetes Care (revised targets)



Provider Group Average 6%

Lower Confidence Level/Upper Confidence Level

In 2006, Minnesota BTE paid for...

- Optimal diabetes care - 5 measures must be met by each patient
 - HbgA1c < 7
 - LDL < 100
 - BP < 130/80
 - Non-smoking status
 - 40 y.o. + daily aspirin use
- Performance threshold
 - Goal of 10% of diabetic patients
(9 out of 53 **medical groups**)

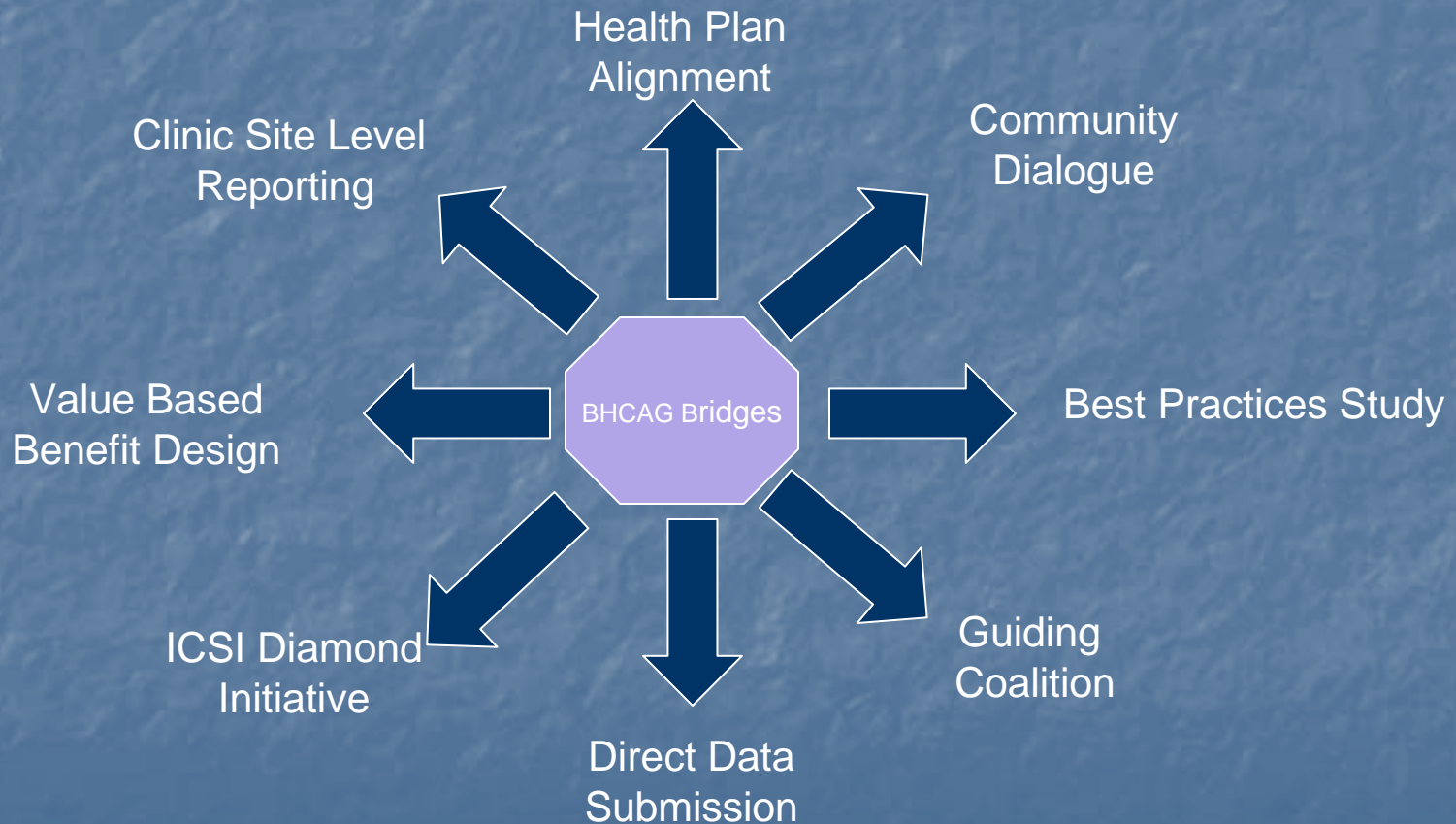
In 2007, we rewarded for....

	<i>Diabetes</i>	<i>CVD</i>
Hgb A1c	<7	NA
LDL	<100	<100
One aspirin daily	45+ years	All
Smoking	Non-smoker	Non-smoker
Blood Pressure	130/80	140/90 130/80 if also diabetic
Performance Thresholds: Medical Group	2006: 10% 2007: 20%	2006: N/A 2007: 55%
<i>Clinic Site</i> Locations	2007: 20%	2007: 55%

Building Bridges beyond P4P

- Value Based Benefit Design for Diabetes
 - Survey Employers, Complete Gap Analysis, Recommend Benefit Design Features that Support Employees Receiving Optimal Diabetes Care
- Community Dialogues
 - Best Clinical Practices Study
 - Diagnostic Imaging
 - Depression
 - Best Benefit Design Options
- Proposed Additions to BTE Program
 - Optimal Depression Care
 - Appropriate Use of Diagnostic Imaging

Crossing the Bridge to Market Alignment



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