Bridges to Excellence:
Expanding Direct Data Submissions beyond Minnesota

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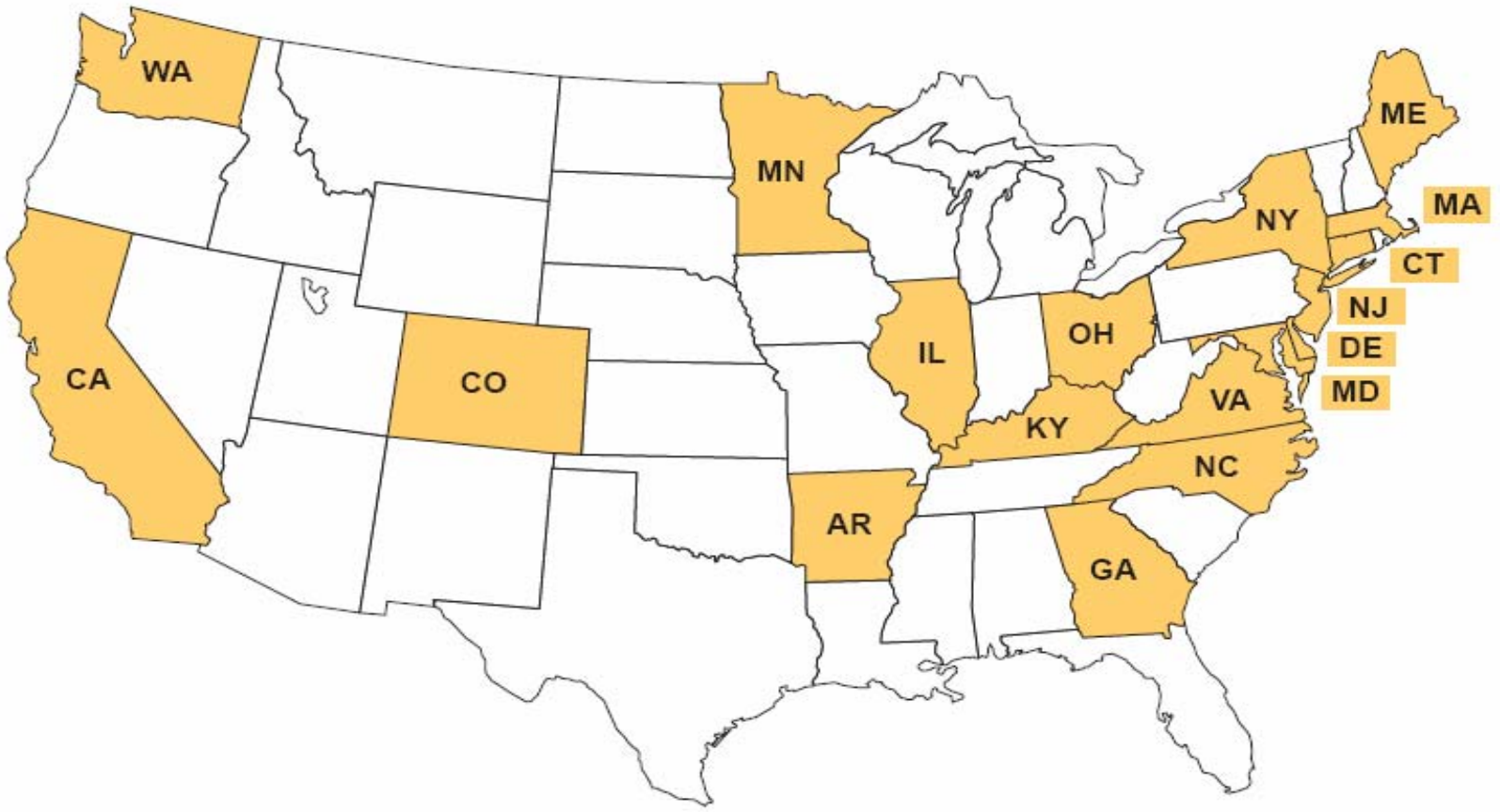
Pay-for-Performance Summit
February 28, 2008

BTE Mission

Bridges to Excellence is a not-for-profit organization developed by employers, physicians, health care services researchers, and other industry experts with a mission to create significant leaps in the quality of care by recognizing and rewarding health care providers who demonstrate that they have implemented comprehensive solutions in the management of patients and deliver safe, timely, effective, efficient, equitable and patient-centered care.

BTE is the largest national PFP program and continues to grow



~ 10,000 BTE-Certified Physicians

BTE Care Links – Current Programs

- **Physician Office Link** – Based on NCQA's Physician Practice Connections (PPC v2), or the QIO Practice Assessment, practices that go through the recognition process successfully are rewarded up to $50pmpy
- **Diabetes Care Link** – Based on the NCQA's Diabetes Physician Recognition Program (DPRP), eligible physicians can qualify for up to $100/diabetic/y
- **Cardiac Care Link** – Based on the NCQA's Heart-Stroke Recognition Program (HSRP), eligible physicians can qualify for up to $200/cardiac/y
- **Spine Care Link** – Based on the NCQA's Back Pain Recognition Program (BPRP), eligible physicians can qualify for up to $50/back pain/y

BTE's regional success to date

Region	Programs	# Physician Recognitions	Rewards Paid to Date
Massachusetts	POL, DCL, CCL	991	$2.4 million
Upstate New York	POL, DCL, CCL	704	$1.7 million
Ohio	DCL	221	$675,975
Kentucky	DCL	40	$340,475
North Carolina	POL, DCL, CCL	897	$1.4 million
Georgia	DCL	153	$75,000
Minnesota	**DCL, CCL**	**39 sites for DCL; 42 sites for CCL**	**$445,000**
Colorado	DCL	10	$16,100
Arkansas	POL, DCL, CCL	13	$18,040
Maryland-DC	POL, DCL, CCL	87	$3.6 million
California	POL	1800	$580,000
Washington	DCL, CCL	160	$0
New Jersey	DCL	51	$0

Bringing initiatives like MNCM to your community

MNCM is the “gold standard” of performance assessment

- Have demonstrated that direct data collection is a better method to measure results and drive improvement
- “Optimal care” model

BTE is enhancing its programs to incorporate lessons learned from MN

- Expansion of BTE programs to include “optimal care” strategy
- Development of BTE Automated Performance Assessment System

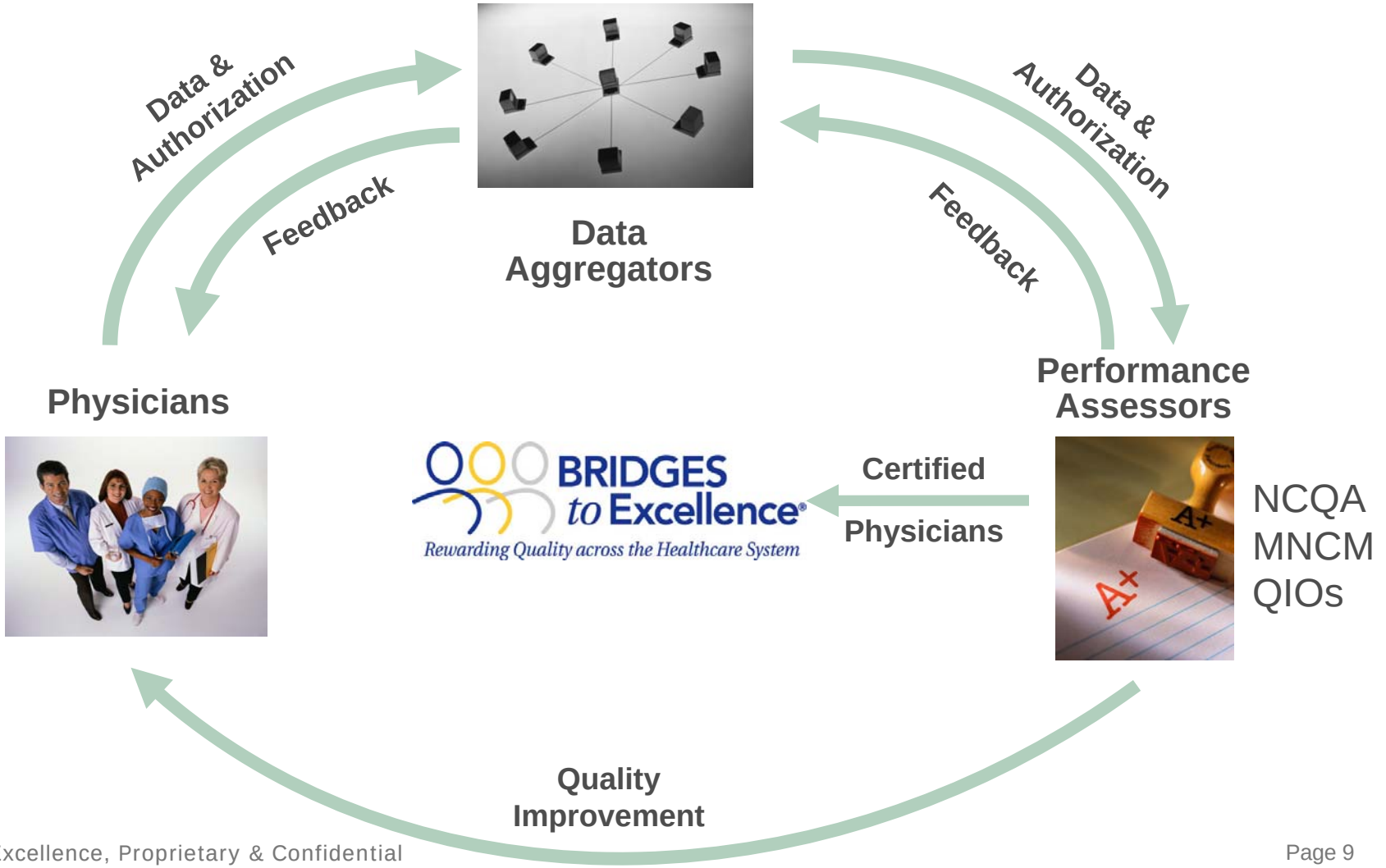
BTE program levels promote continuous quality improvement

- Three levels of certification:
  - 
    Set at about the 50th national percentile. "Classic" measurement of individual metrics summed to produce a score, threshold set to focus on above average performance
  - 
    Set at about the 75th national percentile. Still focused on individual metrics, but all intermediate outcome measures are "must pass".
  - 
    Set at about the 90th national percentile. Physicians must demonstrate that they are using advanced processes and delivering all the right care to patients.
- Having three levels is consistent with most recommendations by experts today of having thresholds and potential for improvement (Casalino, Rosenthal)

Assessment requires reliable & credible data, but how do we get it?

BTE's Automated Performance Assessment System allows for rapid and dependable medical record-based physician performance evaluations by connecting local and national medical record data sources to a network of performance assessment organizations

BTE's automated performance assessment system framework

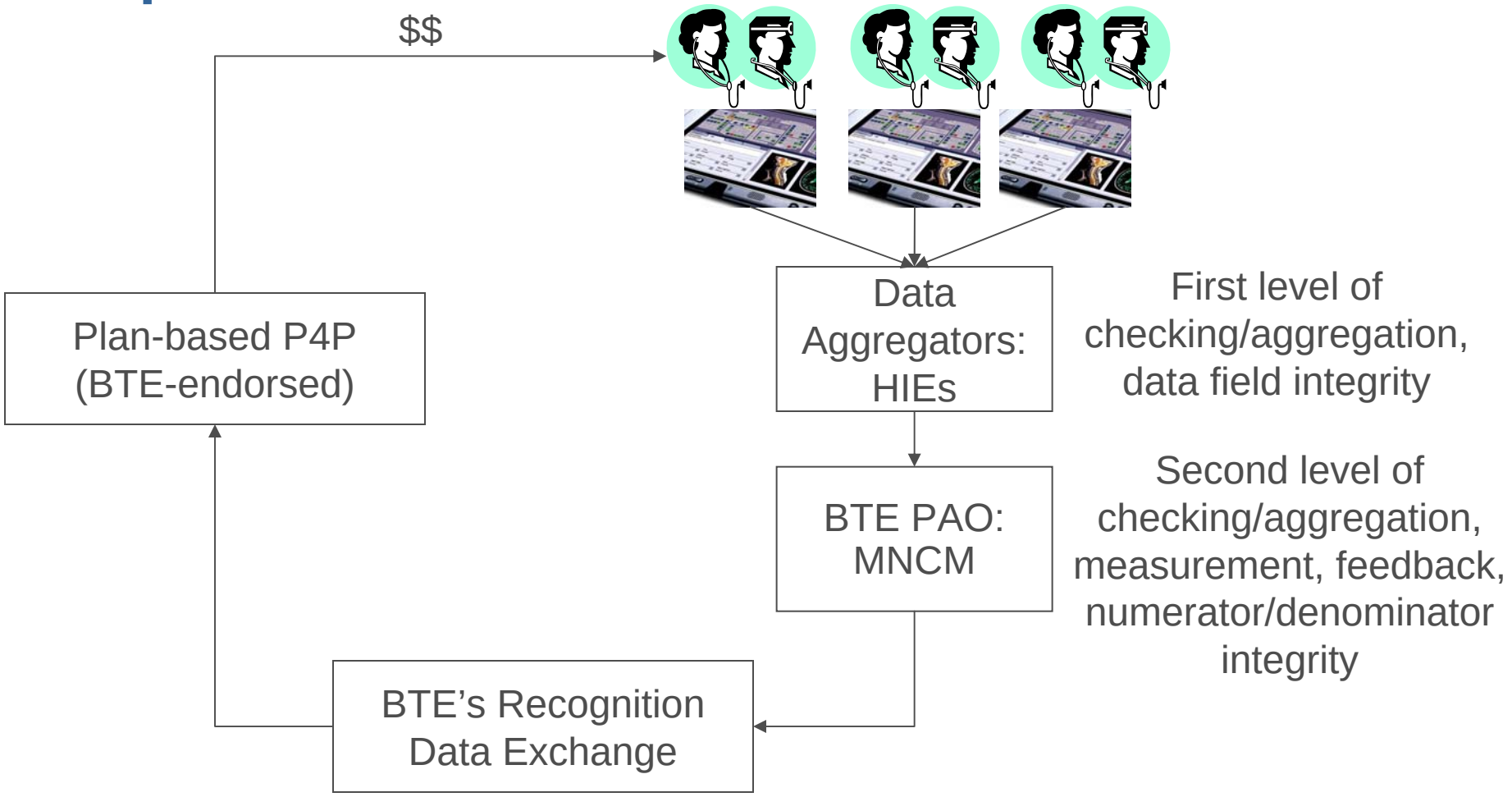


PAO System general principles

Design Elements and Data Flows

- Voluntary and anonymous for physicians
- Full patient panel when available, otherwise random patient sample.
- Use standardized set of measures and criteria: AQA/NQF-endorsed measures where available, and NCQA-developed measures where there are no AQA/NQF-endorsed measures.
- Feedback loop and QI offered to physicians by DAs and/or PAOs.
- Only successful certifications passed to BTE's RDE by the PAOs.

Example of performance assessment process:



PAO System advantages

Same as MNCM Direct Data Submission

- All patients represented – assessment of full patient panel when available, if not random sample
- Faster results – speed up cycle time between reporting, improvement, reporting
- Collects clinical and patient experience data not available in claims

Leveraging existing local reporting/data aggregation initiatives

- Reduce reporting burden for physicians
- Reduce data collection and reporting costs

Participation in Bridges to Excellence

- Nationally standardized measures
- Facilitate connection between QI and incentives
- Efforts are consistent with the AQA principles on performance measurement and reporting.

Next steps

- Connect 2 Health Information Exchanges to MNCM for automated performance assessment in 2008
- Collaborate with EMR vendors and other electronic data collectors
- Expansion of BTE programs to include hypertension, asthma, depression and others

Questions or comments

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