



**BlueCross BlueShield
Association**

An Association of Independent
Blue Cross and Blue Shield Plans

A Blue Cross and Blue Shield Association Presentation

Incorporating the ABMS MOC®

An Alternative to the Use of Claims-based Metrics for P4P

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The Fifth National Pay for Performance Summit 2010

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Outline of Presentation

- Sarah Begor - Introduction
- Barb Rosenthal – What is the American Board of Medical Specialties Maintenance of Certification MOC®?
- Dr. Jason Aronovitz – Development of American Board of Internal Medicine’s Practice Improvement Module (PIMSM)
- Deborah Donovan – Incorporation of MOC® Part IV into P4P Programming
- Kathleen Janiszski – Blue Plan Support for Physicians’ Completion of an ABIM PIMSM

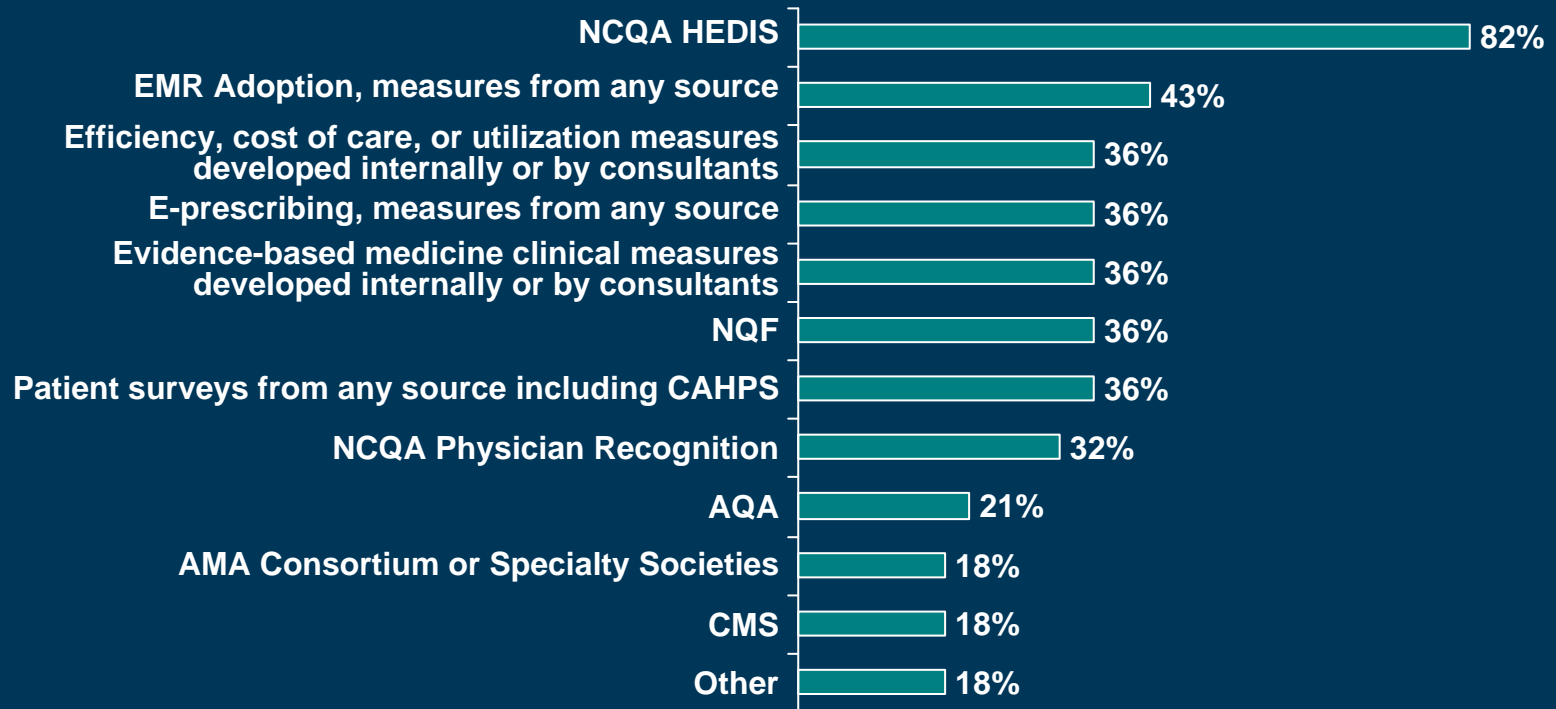
Physician Performance Measurement used in Pay for Performance

- Potential levers to improve health care quality and reduce costs
- Historically relied on medical and pharmacy claims data
- Performance reports may vary by health plan due to measure selection, methodological differences, limited size of data sets, etc.
- Consideration of risk adjustment and patient non-compliance
- Acceptance of physician measurement of physician performance

Physician Programs – Metric Sources

Blue Plans combine P4P metrics from a variety of sources, but most commonly include HEDIS

Sources of Metrics



ABMS Maintenance of Certification (MOC)

- Increasing need throughout Blue system to use relevant performance data to identify high quality, cost effective physicians
- Currently some Blue Plans recognize and/or reward physicians
 - Who are active in ABMS MOC®
 - Who are recognized by 3rd party programs (e.g. BTE, NCQA)
 - Who participate in clinical registries (e.g. ACC, STS)
- ABMS Board Certification and MOC® processes add value in documenting physician competencies

Goal is to raise the bar in delivery of quality clinical outcomes



**Collaboration
Between
Boards &
Blue Plans**

American Board of Medical Specialties
American Board of Internal Medicine
23 other Member Boards

BlueCross BlueShield Association
Excellus BlueCross BlueShield
Highmark, Inc.
37 other BCBS Licensees

Barb Rosenthal, MBA

Director, Product Management and Business Development

The American Board of Medical Specialties

ABMS: A Self-Regulatory Organization

- » ABMS is largest self-regulatory group of physicians in the United States
 - ~ 725,000 practicing physicians are certified
 - General certificates = 38
 - Subspecialty certificates = 111
 - ~ 65% have time-limited certificates (93% projected by 2020)

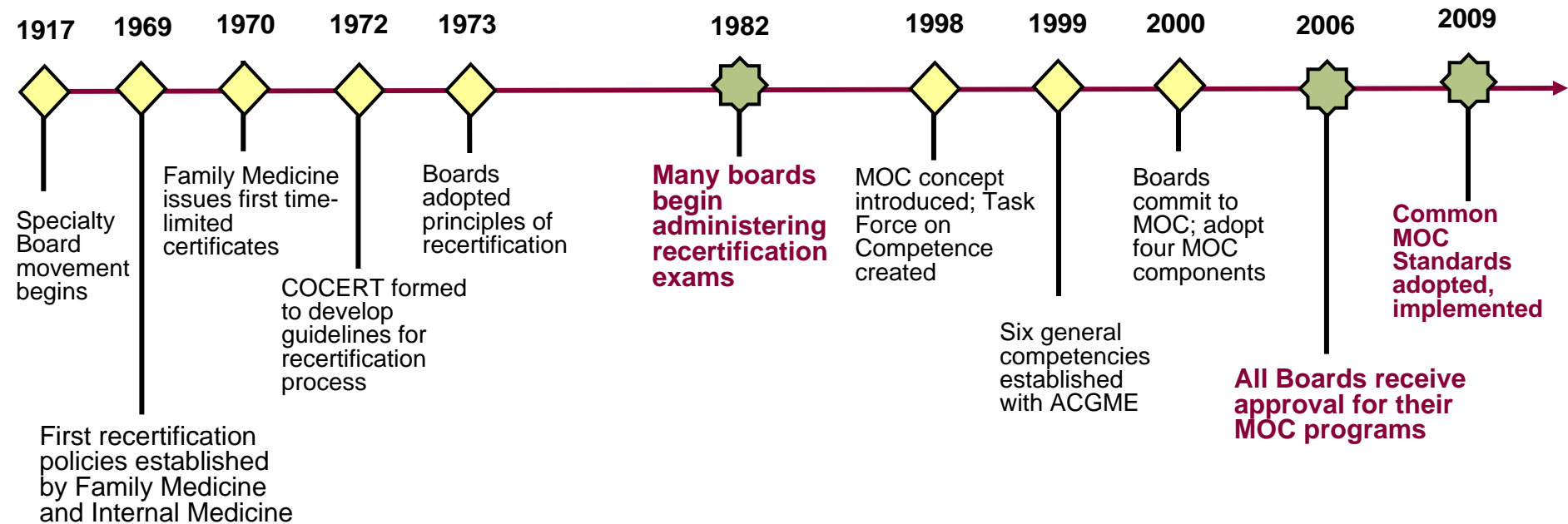


ABMS Member Boards

- » Allergy and Immunology
- » Anesthesiology
- » Colon & Rectal Surgery
- » Dermatology
- » Emergency Medicine
- » Family Medicine
- » Internal Medicine
- » Medical Genetics
- » Neurological Surgery
- » Nuclear Medicine
- » Obstetrics & Gynecology
- » Ophthalmology
- » Orthopaedic Surgery
- » Otolaryngology
- » Pathology
- » Pediatrics
- » Physical Medicine and Rehabilitation
- » Plastic Surgery
- » Preventive Medicine
- » Psychiatry & Neurology
- » Radiology
- » Surgery
- » Thoracic Surgery
- » Urology



MOC: A Commitment to Lifelong Learning



American Board
of Medical Specialties

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What is Maintenance of Certification? (ABMS MOC®)

A lifelong learning process designed to document that physician specialists, certified by one of the Member Boards of ABMS, maintain the necessary competencies to provide quality patient care.



ABMS MOC: ABMS / ACGME Competencies

1

**Practice-based
Learning & Improvement**

2

Patient Care

3

**Systems-based
Practice**

4

Medical Knowledge

5

**Interpersonal &
Communication Skills**

6

Professionalism



ABMS MOC: Four Components

- » **Professional standing (licensure)**
 - Hold a valid, unrestricted medical license
- » **Lifelong learning and self-assessment**
 - Evidence of participation
 - General and specialty-specific standards
- » **Cognitive expertise (examination)**
 - Covers the scope, range of discipline
 - Is clinically relevant
- » **Practice performance assessment**
 - Proven scientific, educational and assessment methodology
 - Reflects patient care
 - Results in quality improvement



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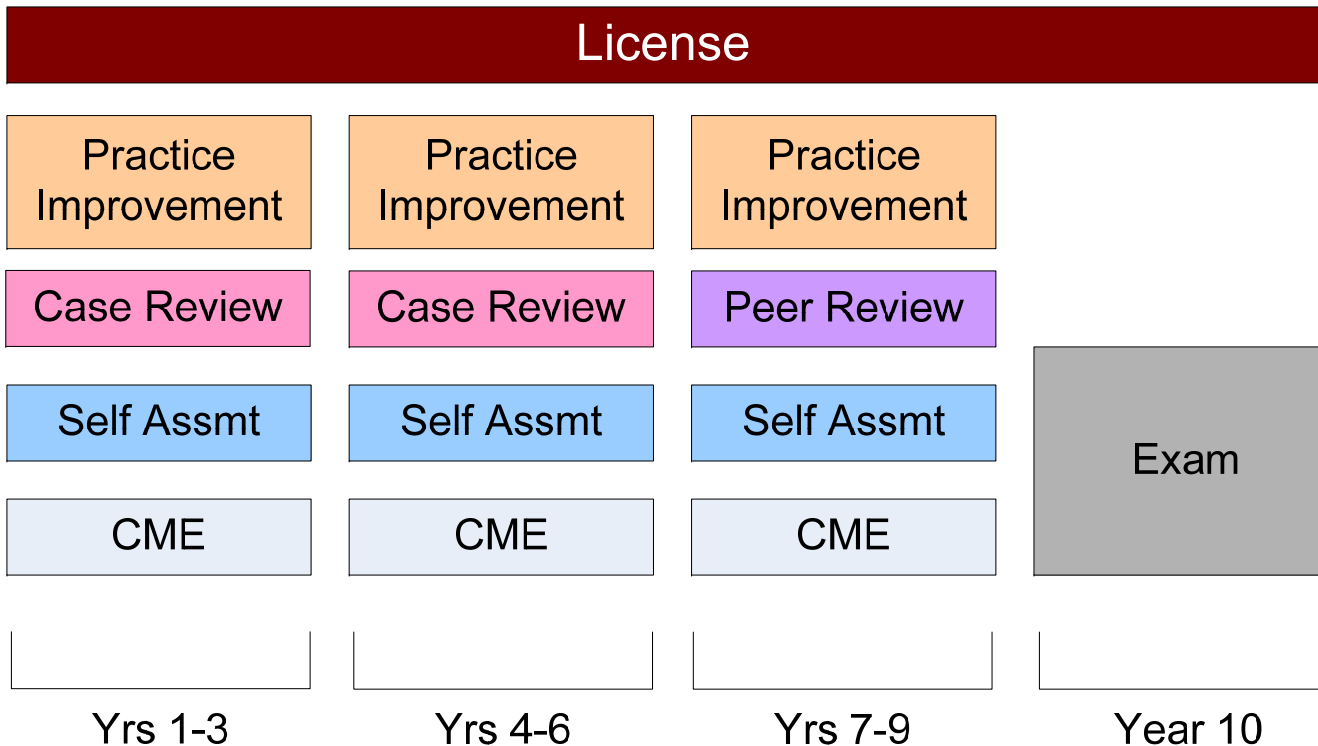
ABMS MOC: A Comprehensive Approach to Physician Accountability

- » Integrates the patient's voice
- » Supports public transparency
- » Addresses patient safety
- » Hold peers accountable for self-regulation
- » Addresses communication skills, professionalism
- » Includes knowledge assessment, cognitive skills
- » Incorporates quality improvement
- » Continuous participation



MOC Structure (Generic Board Example)

MOC Mini-Cycles assure timely, consistent knowledge acquisition and application to practice



ABMS MOC: Public Benefits

- » Improve quality of care and patient safety
- » Objective criteria for evaluating physician's performance
- » Improved ability to make well-informed healthcare choices



ABMS MOC: Physician Benefits

- » Participation in MOC is important credential
- » Enhances physician ability for lifelong learning needs, opportunities
- » Aligns with external environment
 - Streamlines credentialing & privileging
 - Reduces malpractice costs
 - Aligns with other strategies for physician accountability



MOC in Context: Other Interested Parties

- » Consumers, payors, and insurers
 - Pay-for-performance, physician report cards and rating (Zagat, HealthGrades, Wellpoint, RateMDs.com, etc.)
- » Quality organizations
 - AHRQ, AQA, NQF, NCQA, PCPI (AMA)
- » Federal government
 - Centers for Medicare and Medicaid Services (CMS)
- » Healthcare reform



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MOC: Future Directions

- » Organizations seeking physician assessment / performance data need to work together to develop:
 - Coherent, non-redundant, non-burdensome approach
 - Common standards for assessment and reporting
 - Integration into clinical practice



Thank you!

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PIM Development Department

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Self-Evaluation of Practice Performance Pathways

I know I have to do this, but I do not have data that I trust that tell me anything useful about my practice performance



“Classic” PIMs

I have valid performance data using evidence-based measures, but I need a tool to support my QI project (or would like to report a project that is already completed)



Self-Directed PIM, or Hospital PIM

I’m involved in a quality improvement project that has been pre-approved by ABIM for practice performance credit



AQI Program

Quality Improvement? I think I read about that once. Or I don’t practice clinical medicine.



Essentials of QI Module (clinically inactive)



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of Internal Medicine

1.800.441.ABIM | www.abim.org

PIM 101

- ABIM PIM Practice Improvement Module®
 - Web-based practice self-evaluation
 - PDSA (Plan-Do-Study-Act) practice improvement cycle
- PIMs allow you to:
 - Reference national guidelines for care
 - Use links to educational resources
 - Use measures developed by others to complete the Self-Directed PIM: e.g., NCQA, Consortium, CAHPS, research studies

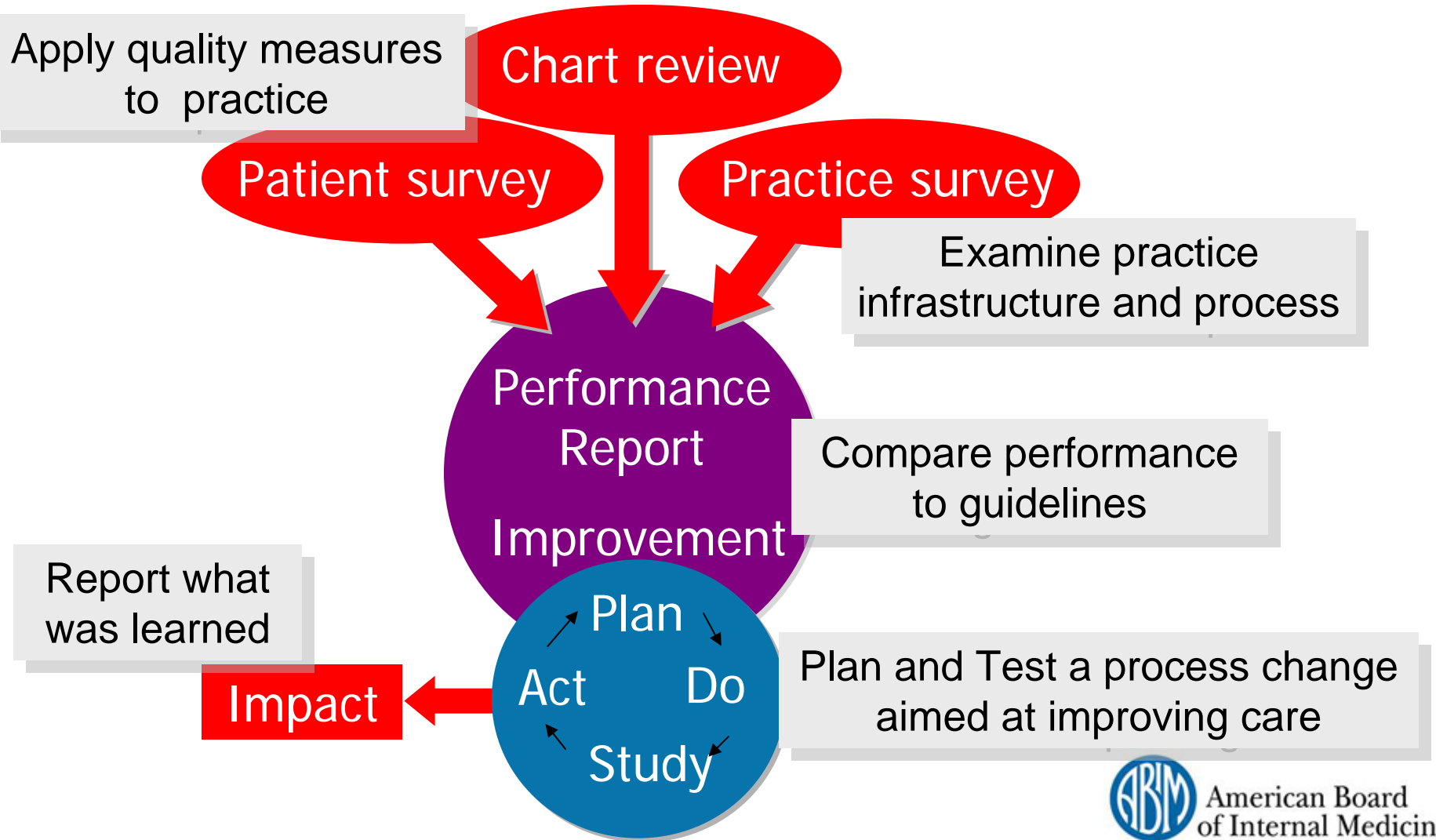
Practice Improvement Modules

- Asthma
- Care of the Vulnerable Elderly
- Colonoscopy
- Communication
- Diabetes
- Hepatitis C
- HIV
- Hospital-based Patient Care/Self-Directed
- Hypertension
- Osteoporosis
- Preventive Cardiology

PIM “Plan-Do-Study-Act” Process

- Collect data
- Make a plan for improvement
- Test the impact of your plan

Anatomy of a PIM



Getting Started[Requirements](#)**PART 1 - Performance Data****[Surveys](#)** ▶[Review Charts](#)[Examine Systems](#)[Performance Data Analysis](#)**PART 2 - Quality Improvement (QI) Plan**[QI Plan Overview](#)[Patient Characteristics](#)[Outcomes of Care](#)[Processes of Care](#)[Target a Measure for Improvement](#)[Practice Structures—System Enhancements](#)[Your Practice Structure—System Enhancements](#)[Your QI Plan](#)**PART 3 - Remeasurement**[Remeasurement](#)[Surveys](#)[Reflecting On Your QI Plan](#)

Surveys Overview

Before you begin distributing surveys to your patients, you must read the section below entitled [Selecting Your ABIM Patient Sample](#) to ensure that your sampling strategy complies with the Board's requirements.

On This Page...

[Quick Reference Guide](#)
[How Do The Surveys Work?](#)
[Selecting Your ABIM Patient Sample](#)
[Tips for Improving Survey Response Rates](#)
[Confidentiality About Research](#)

On the next page, you can review individual survey responses as they are received by the Board.

Quick Reference Guide

Your Physician ID: 273-748-102

This ID applies for surveys completed both on the Web and over the phone. The surveys you received by mail are pre-printed with this ID. If you choose to use e-mail to invite patients to complete the survey, be sure to include your physician ID in the body of your message.

Web Survey (English & Spanish): <https://survey.abim.org>

Phone Surveys:

English: 888-591-3528

Spanish: 888-592-3528

Printable Surveys: If you need additional copies of the survey, you may distribute these printable versions (PDF) to your patients; however, you must provide them with your physician ID (above) since it does not appear in this version.

[English Patient Survey](#)[Spanish Patient Survey](#)



Review Charts

The patient identifier below is for your reference only. Some physicians choose to enter a medical record number or patient initials. Any combination of letters and numbers that are meaningful to you may be used.

Patient ID *

p1

NOTE: For the Patient Visit Date below, enter the most recent visit date.

Patient Visit Date *

3/3/2007



Gender: *

- Male
 Female

Age at the most recent visit: *

51

yrs

Is the zip code of the patient's primary residence documented in the medical record? *

- Yes No

5-digit zip code: *

19152

Patient is Hispanic or of Latino origin or descent: *

- Yes
 No
 Unknown

			Potentially Eligible <i>n</i> = 25	Treatment Prescribed <i>n</i> = 25
<input type="checkbox"/>	Individualized medical nutrition therapy	➔	28	15 (54%)
<input type="checkbox"/>	Individualized physical activity plan	➔	28	13 (46%)
<input type="checkbox"/>	ACE inhibitor or ARB	➔	11	11 (100%)
<input type="checkbox"/>	Statin or other lipid-lowering drug	➔	25	17 (68%)
<input type="checkbox"/>	Aspirin	➔	28	22 (79%)
<input type="checkbox"/>	Smoking cessation support	➔	5	4 (80%)
<input type="checkbox"/>	Smoking status and cessation support	➔	28	27 (96%)
<input type="checkbox"/>	Single oral anti-hyperglycemic agent	➔	28	13 (46%)
<input type="checkbox"/>	Combination oral anti-hyperglycemic agents	➔	28	11 (39%)
<input type="checkbox"/>	Insulin	➔	28	14 (50%)

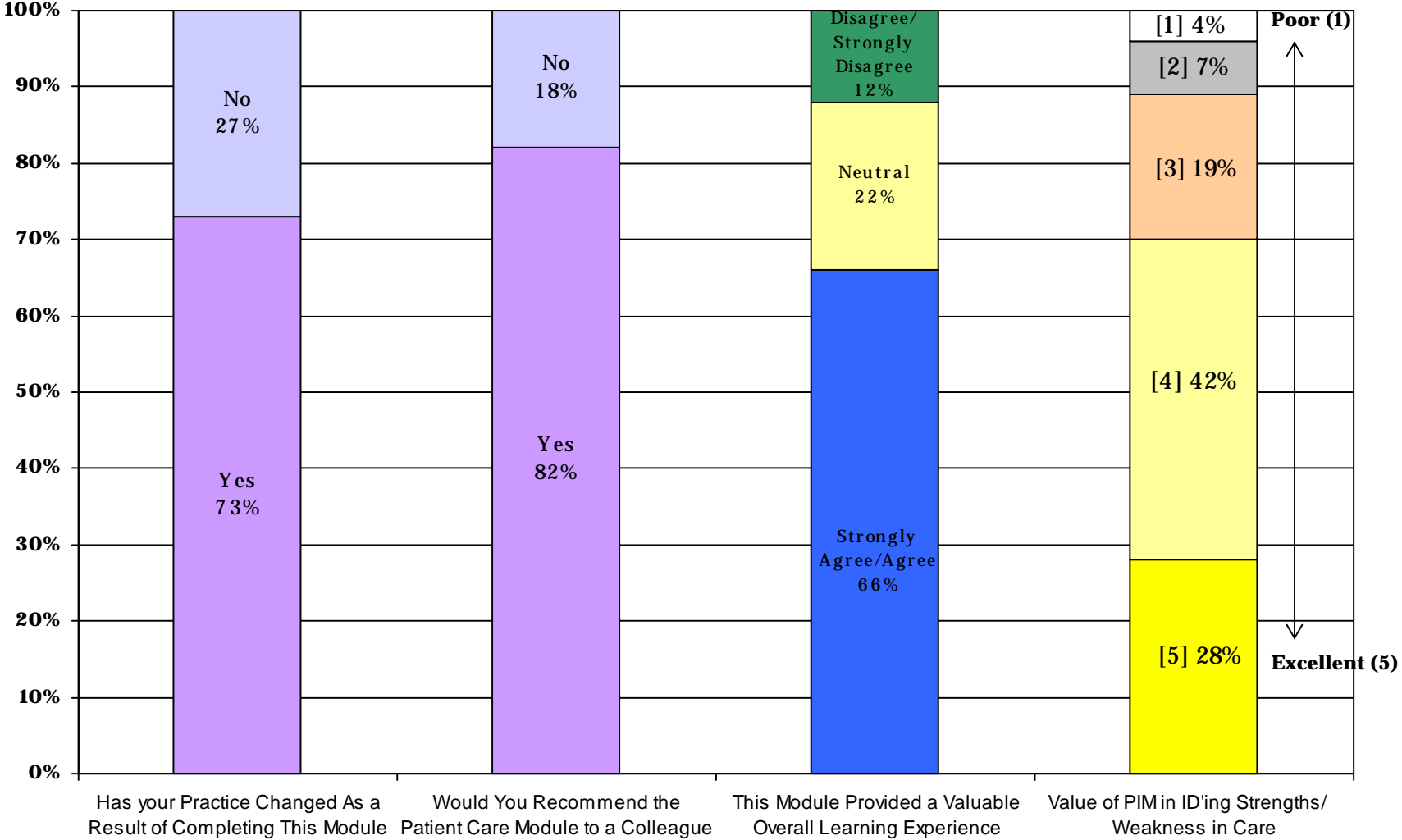
Preventive Care

			Chart Reviews <i>n</i> = 28	Patient Surveys <i>n</i> = 25
<input type="checkbox"/>	Influenza vaccine during most recent flu season	➔	21 (75%)	15 (60%)

Ways to Complete PIMs

- By yourself or in a group. Your entire practice can complete as a team.
 - Minimum of 10 charts per physician
 - Full point credit for the module
- By using data/measures from medical societies/other sources
- By using data from your own practice

Diplomate Opinion – PIMs



POST PIM Survey – ALL DIPLOMATES
 N= Approximately 4990-5003
 January – December 2008

Thank you!

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Building a Culture of Quality

Pay for Performance: Incorporating the ABMS MOC®

Presented by:
**Deb Donovan, Director, Provider and Hospital Performance
Management**



About Highmark

- Membership in Highmark health care programs in Pennsylvania and West Virginia reached 4.8 million.
- Processed over 201 million commercial health, dental, vision, Medicare, and pharmacy claims.
- Received more than 5.8 million customer and provider inquiries to its call centers in Pittsburgh, Camp Hill, Erie, and Johnstown.
- Approximately 19,000 people were employed by Highmark, including nearly 11,000 in Pennsylvania.
- Highmark contributed \$130 million for programs in support of its corporate mission.

QualityBLUE Physician Program Overview

- The Program is currently in 49 Pennsylvania counties that includes over 1,300 eligible Primary Care Physician practices with over 5,000 physicians.
- The quality scores are evaluated quarterly and the performance incentive is paid through Highmark's claims processing system at the time the claim is processed.

The Total Quality Score contains Six Performance Metrics:

- Clinical Quality (15 indicators)
- Generic/Brand Prescribing
- Member Accessibility
- Use of Electronic Health Records
- Use of Electronic Prescribing Records
- Development of a Best Practice Clinical Improvement Project or Professional Organizational Activity

QualityBLUE Program Points

■ Clinical Quality	65
■ Generic/Brand Rx	20
■ Best Practice	15
■ Member Access	5
■ Electronic Health Record	5
■ eRx Indicator	5
	<hr/>
Total	115

QualityBLUE Physician Program

Total Quality Score	Incentive Level	Incentive Amount
Over 100 points	High	\$14mil was paid in incentive payments to primary care physicians in 2008.
90 – 100 points	Medium	
65 – 89 points	Low	
0 – 64 points	None	

Practice Summary

Quality Measure Scores

Quality Measure	Description	Possible Score	Practice Score
Clinical Quality	Expected Quality Guidelines <i>Uses a 1 - 4 year defined measurement period of claims data</i>	65	59
Generic / Brand RX	Generic/Brand Prescribing Patterns <i>Uses 3 months drug claims data in measurement period</i>	20	14
Member Access	Average Weekly Office Hours and Non-Traditional Hours <i>Uses current office hours</i>	5	5
Best Practice	Clinical Improvement Activity <i>Uses work plan progress documentation</i>	15	15
Electronic Health Record (EHR)	Electronic Health Record Implementation <i>Uses evidence of implementation progress</i>	5	3
Electronic Prescribing	Electronic Prescribing Implementation <i>Uses evidence of implementation progress</i>	5	5
Total Quality Score		115	101

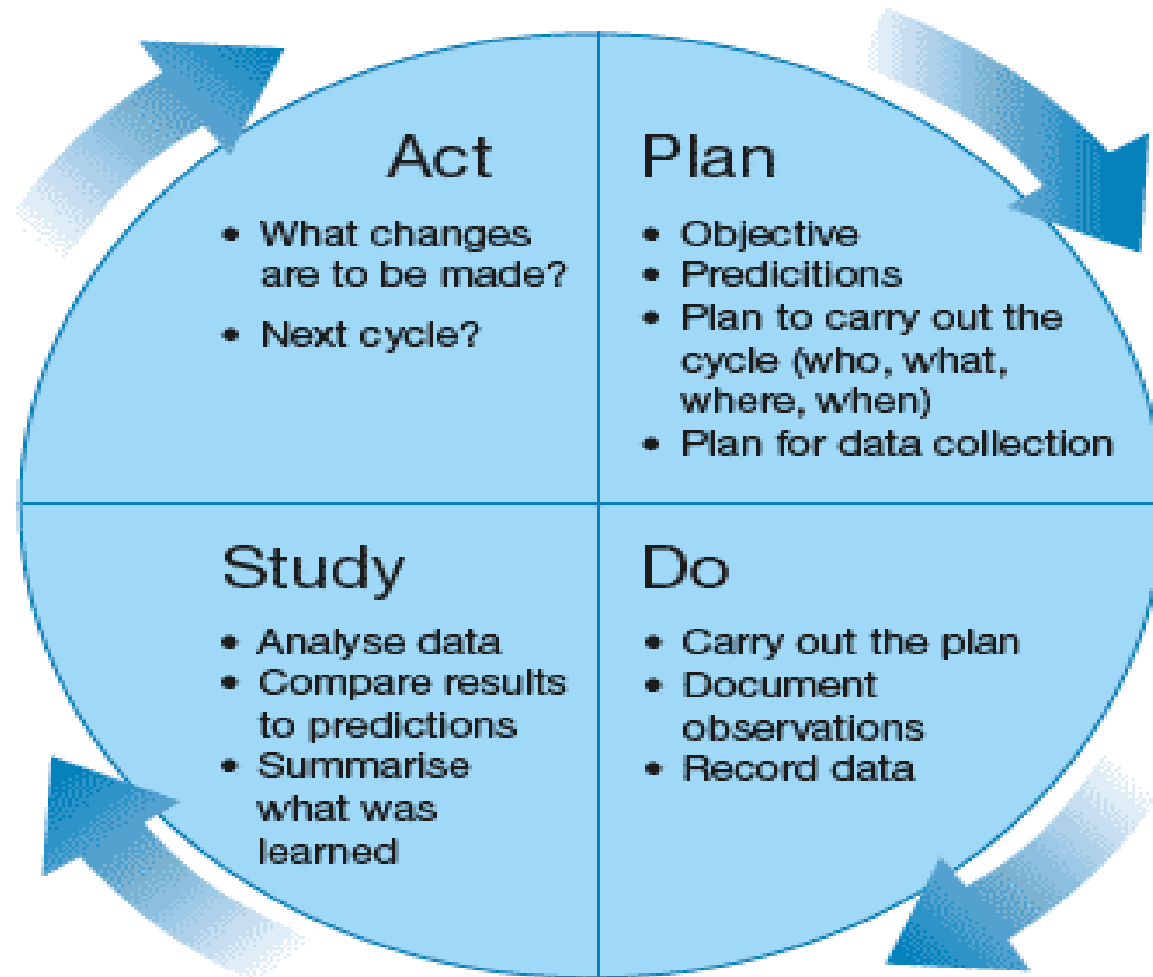
Best Practice Performance Indicator

- The Best Practice indicator of the QualityBLUE Program awards a total of 15 points to practices.
- Two options exist for practices to earn points:
 - Practices can undertake a clinical initiative to improve care in the office setting, or
 - Practices can submit selected professional organization-based certification or recognition activities.
- Highmark recognizes work completed for Maintenance of Board Certification and physician recognition through approved national organizations.

Professional Organization Activity

- Performance in Practice (PIP) Module from the American Board of Family Medicine (ABFM)
- Performance in Practice (PIP) activities from the American Board of Pediatrics (ABP)
- Maintenance of Certification Practice Improvement Modules (PIMs) from the American Board of Internal Medicine (ABIM)
- METRIC modules from the American Academy of Family Physicians (AAFP)
- National Committee for Quality Assurance (NCQA) Physician Recognition
- Clinical Assessment Program (CAP) Measures, American Osteopathic Association (AOA)

Best Practice - Goal



QualityBLUE Resources

Best Practice



A Guidebook for

QualityBLUESM A Physician Pay-for-Performance Program



Revised July 2009

Provider Performance Consulting Team

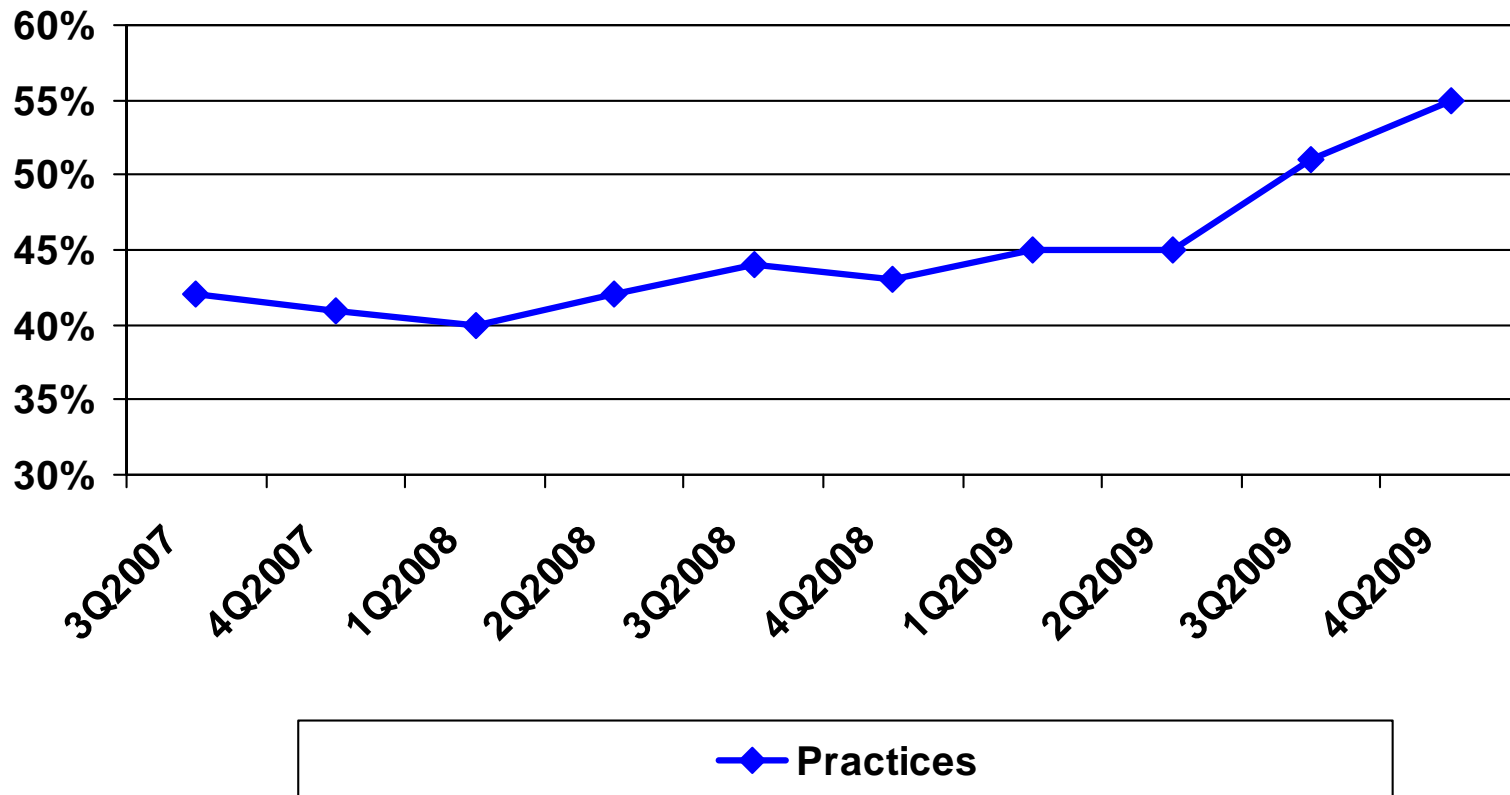
- **The Medical Management Team consists of:**
 - **14 Medical Management Consultants (MMCs)**
 - **1 Medical Director; and**
 - **2 Clinical Pharmacy Consultants**
- **Responsible for providing clinical consultative support, education and training to providers and their staff**
- **Each team member has experience working with physicians and other health care providers/entities to improve clinical care, quality improvement and administrative outcomes**

Scope of Consulting Services

- Establish long-term relationships with physicians and their staff to support advancement of quality
- Practice coaching on Performance Improvement
- Education on the QualityBLUE Pay for Performance program/Best Practice Indicator
- Assistance with process improvement initiatives
- Consultation regarding office redesign efforts
- Sharing of best practice initiatives
- Advancing pilot projects, i.e., Urgicare and NCQA designations
- Hosting Best Practice Forums
- Communication and sharing of information via Partners in Quality Newsletters/webinars

Best Practice Implementation

Network Best Practice Implementation



Thank You

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Clinical Quality Coordinator

Excellus BlueCross BlueShield



Excellus BlueCross BlueShield Performance Improvement Coaching (PIC) Program

Kathleen Janiszewski, RN CCM
Physician Performance Improvement



Program Development

- Project Objectives and Strategy
- Staff Training
- Collateral Development
- Eligible Physicians



Program Design

Menu of Services:

- Getting Started
- QI Analysis and Recommendations
- PIM Intervention and Implementation Plan
- Re-measurement
- Report Results
- Resources



Physician Diabetic PIM QI Measurement Results

Clinical Measure Diabetes PIM	Baseline Measurement Prior to PIM	Measurement After PIM QI Interventions	Trend	N
DRE rate	32%	60%	^	25
Microalbumin testing	59%	88%	^	25
Advising Diabetic re: ASA	52%	73%	^	50
Diabetic Foot Exam	43%	75%	^	25
Diabetic-HTN Control < 130/80	39%	73%	^	68



Program Outcomes

- Physician Satisfaction
- Technology
- Resources
- Sustainability



Next Steps

- Virtual PIC Program
- Expanding Partnerships
- P4P



Thank You

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-
- Questions?
 - Comments?
 - Panel Liaison

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