

**IT STARTS WITH  
APPROPRIATENESS:  
SUCCESSFULLY REDUCING  
OVERUSE OF CARDIAC TESTING**

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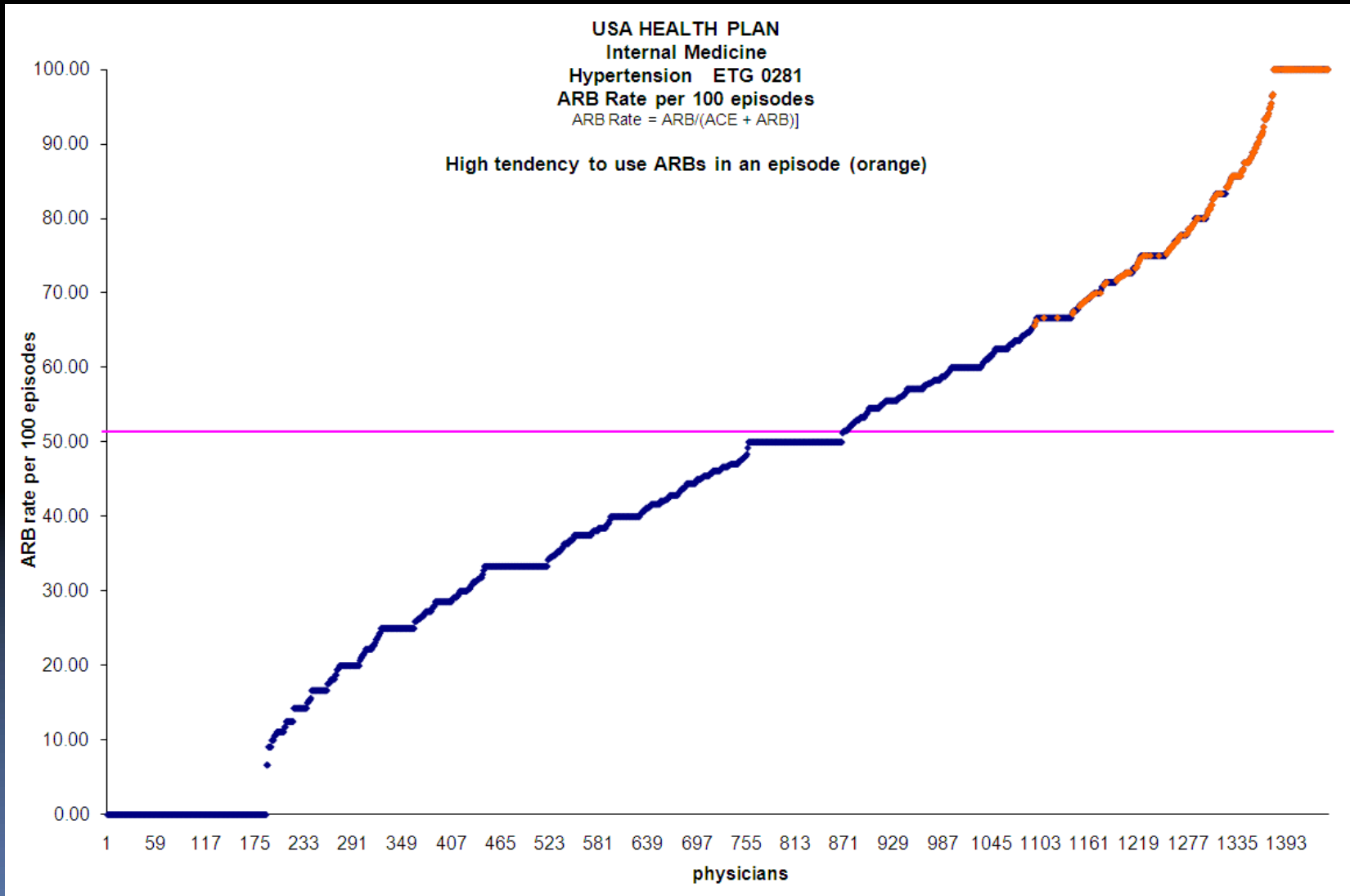
# AGENDA

- Who are we?
  - Excellus BCBS Health Plan / Focused Medical Analytics
  - The focus on practice variation
  - Methods of Practitioner/Practice Engagement
- Why Cardiology?
- Dashboard metrics
- Measuring program impact
- Application to Your Organization

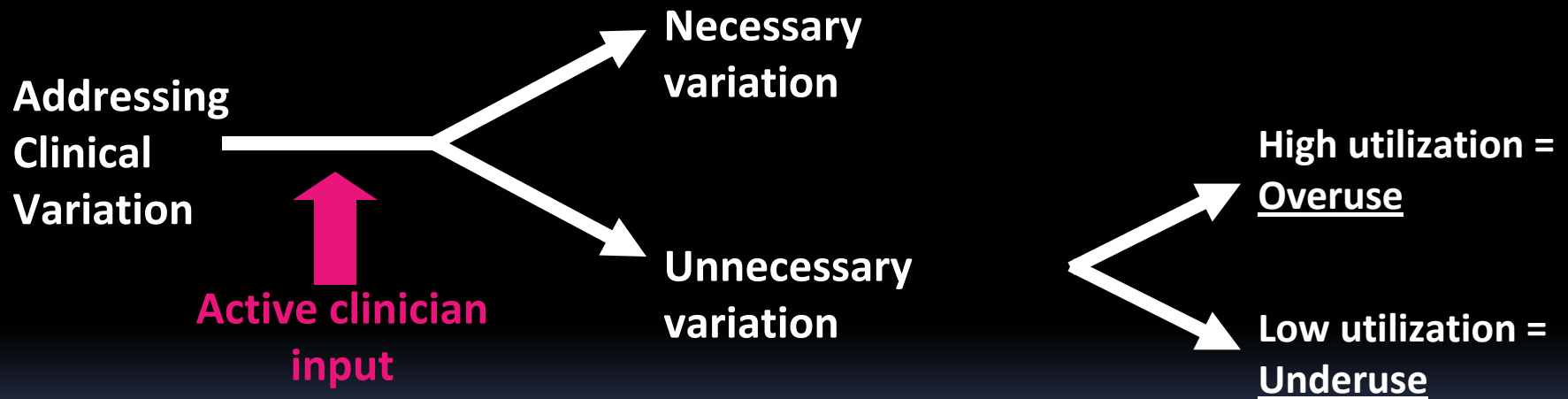
# Focused Medical Analytics

- Spin off from Rochester Individual Practice Association 2005
- Grew out of the need to answer the physician question, “What do you (the payer) want me (the practitioner) to do differently?”
- Identifies
  - *High cost high volume ETGs*
  - The *key cost drivers* within those ETGs
  - The necessary and unnecessary *variation* in utilization of those cost drivers within ETGs
  - The *appropriate* utilization of the identified services
  - THEN engages practitioners in reducing overuse and underuse

# Variation Can be Significant



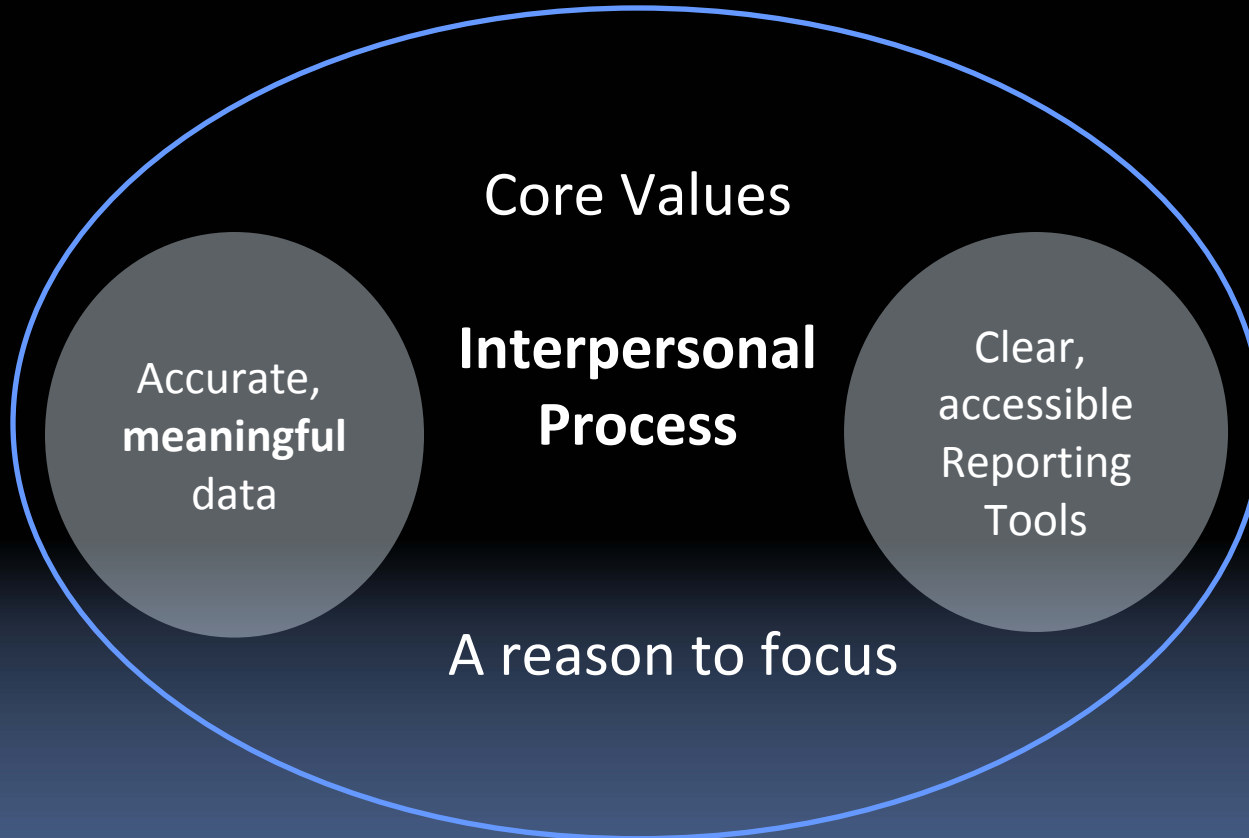
# Choosing Clinically Appropriate Areas on which to Focus



# Engaging Physician in Change: All are required

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Focused  
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LLC



# Promote Change by Engaging Physicians Respectfully

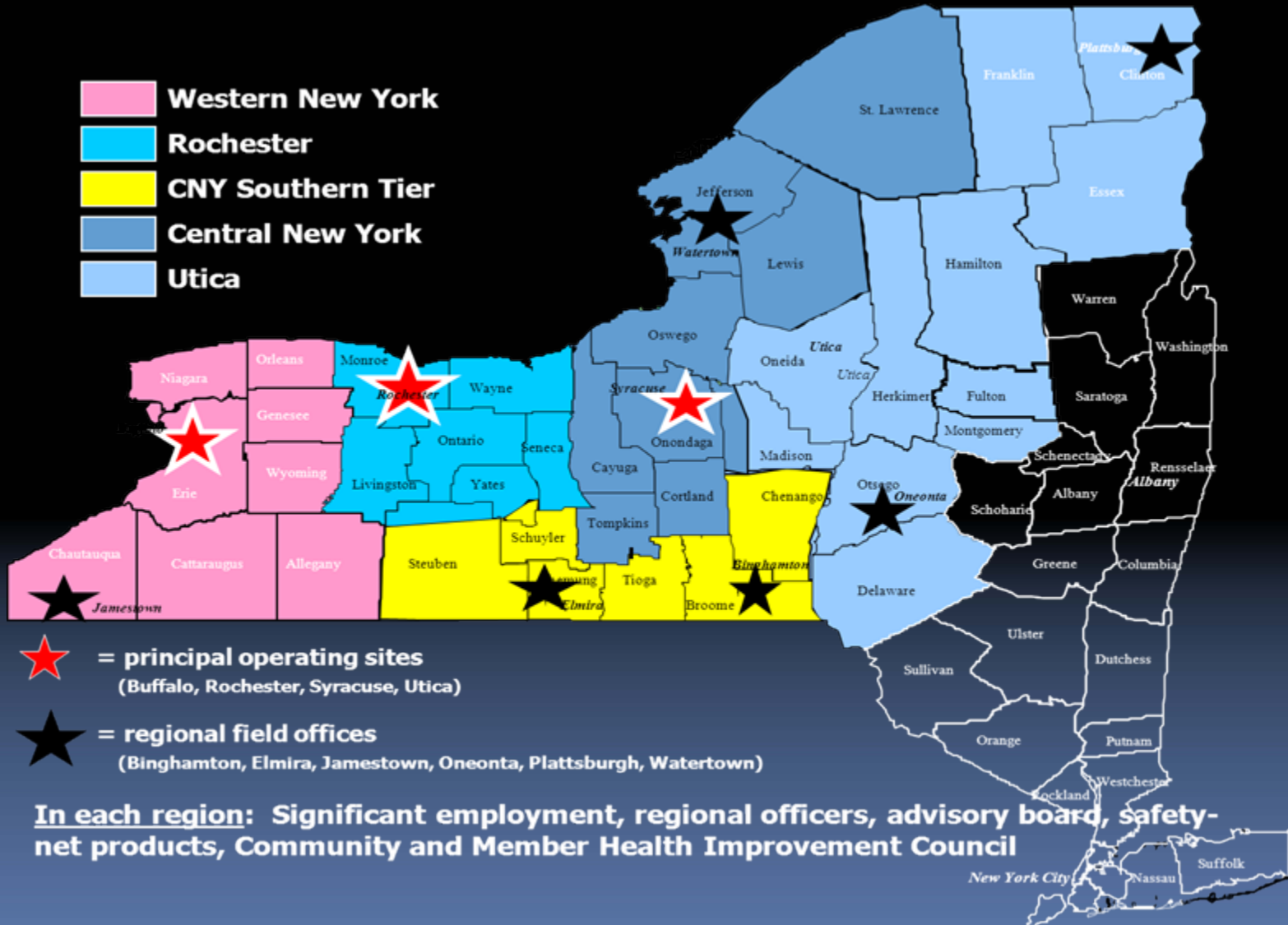
- Using Variation Curves and Quartile patterns with a *non-judgmental* approach
  - “Here is the variation we observe”
  - “Many of your colleagues are similar, others are different [quartiles]”
  - Invite discussion

# Excellus BCBS: Upstate New York's Largest Non Profit Insurer

- Headquartered in Rochester, NY
- Part of a \$5 billion family of companies
- Finances and delivers health care services
- Covers 1.8 million people
- Employs nearly 4000 people
- The network includes:
  - 18,000 upstate physicians
  - 110 upstate hospitals
  - 61,000 pharmacies



# Health Plan Regions



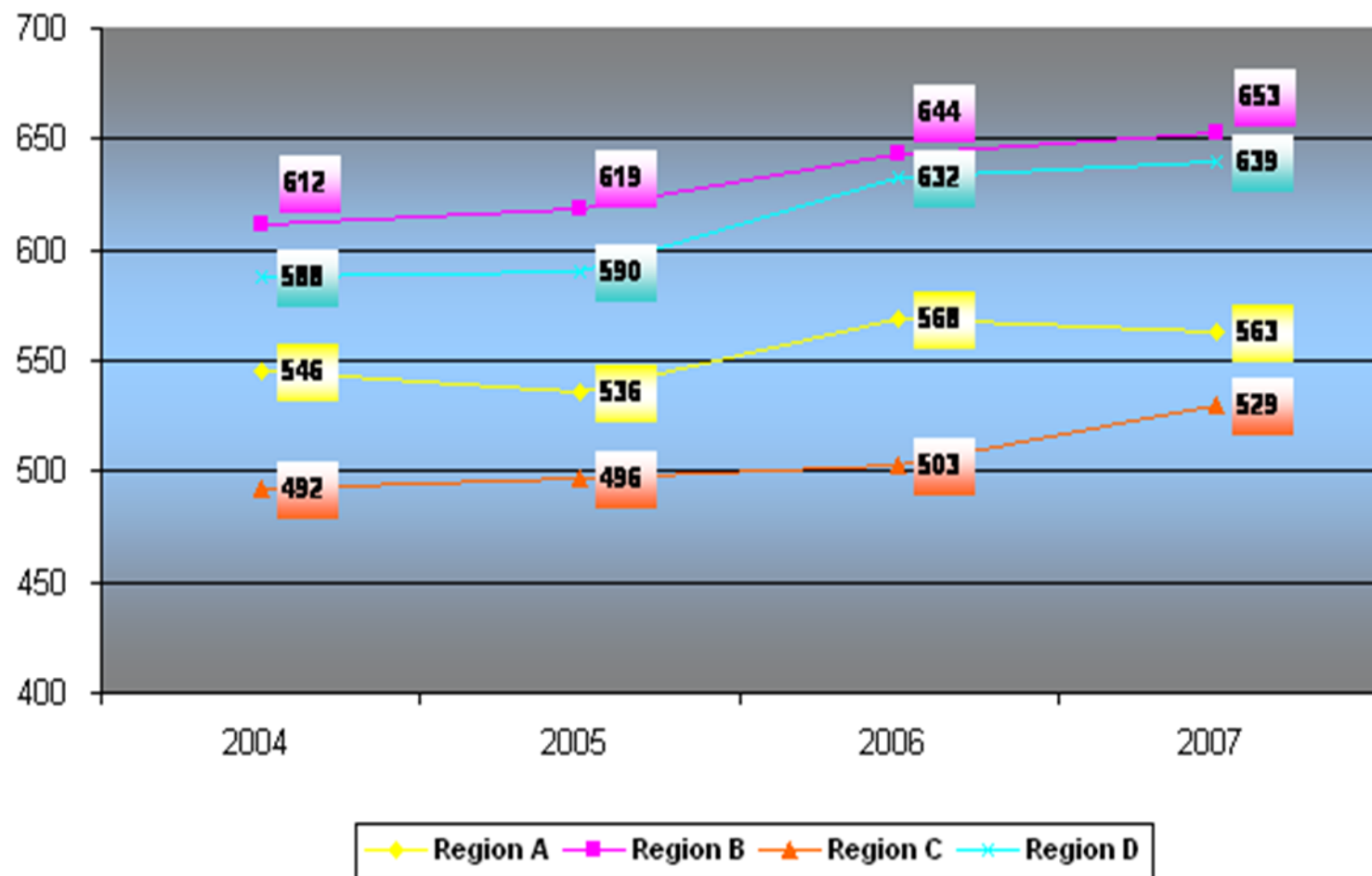
# Cardiology

- Why the health plan started down this path?
- Strategy
  - Provider Engagement
  - Principles
- Committee structure
- Data
  - Baseline data
  - Physician reports
- Program outcomes

# Context

- Dartmouth Atlas Project
  - Variation in the practice of medicine
  - Underuse of effective care, misuse of preference sensitive care, overuse of supply sensitive care
- Medical literature
  - Literature regarding 'inappropriate' testing
  - Gibbons, RJ et al. J Am Coll Cardiol 2008; 51:1283-9.
- Cardiology services are a significant part of the medical spend
- Health plan data documented differences across regions and within regions

Utilization Trends by Region (Svcs/1000)



# Preliminary Conclusions

- There were significant regional variances in use rates
- The variances could not be attributed to line of business or illness severity
- There were significant medical costs in cardiac diagnostic testing
  - (3) diagnostic services account for the majority of the costs (nuclear cardiology, echo, cardiac cath)
- The literature regarding clinical appropriateness supported the case for 'overuse' and 'misuse'

# Strategy: Consensus Building

- Recognition by all participants of the significant concern in the physician community with traditional health plan medical management programs
  - Vendor based radiology management program implemented in 10/2007 with impacts on SPECT imaging
  - Ongoing operational challenges
- Recognition of the need to further understand practice variation in cardiac testing
- Recognition of the need to pilot a different medical management model

# Provider Engagement

- Cross Regional Cardiology Meeting convened 1<sup>st</sup> quarter 2008
  - Purpose was to review the literature, the data, and opportunities for collaboration
  - Examine creative alternatives to conventional medical management programs such as 'pre-authorization'
- Cardiology Proposal submitted 2<sup>nd</sup> quarter 2008
  - Build upon the RIPA (Rochester IPA) analytic expertise in variation analysis
  - Measure variation at the regional and group level
  - Provider outreach to cardiology groups to clarify drivers of the variation and impact unwarranted variation
- Principles to Guide the Work
  - Data driven; methodologies that encourage collaborative approach to the identification of overuse and misuse; employ appropriateness criteria developed by the ACCF

# Cardiology Collaborative: The Decision to Proceed

- Considerations in support of a Cardiology Collaborative: “Pros”
  - Limitation of conventional health plan prospective and retrospective medical necessity review programs
  - Literature documented gaps between practice and guidelines
  - Practice pattern variation work by RIPA
- Challenges “Cons”
  - Regional differences in culture and trends
  - Logistics
  - Unproven ROI
  - Internal resource constraints



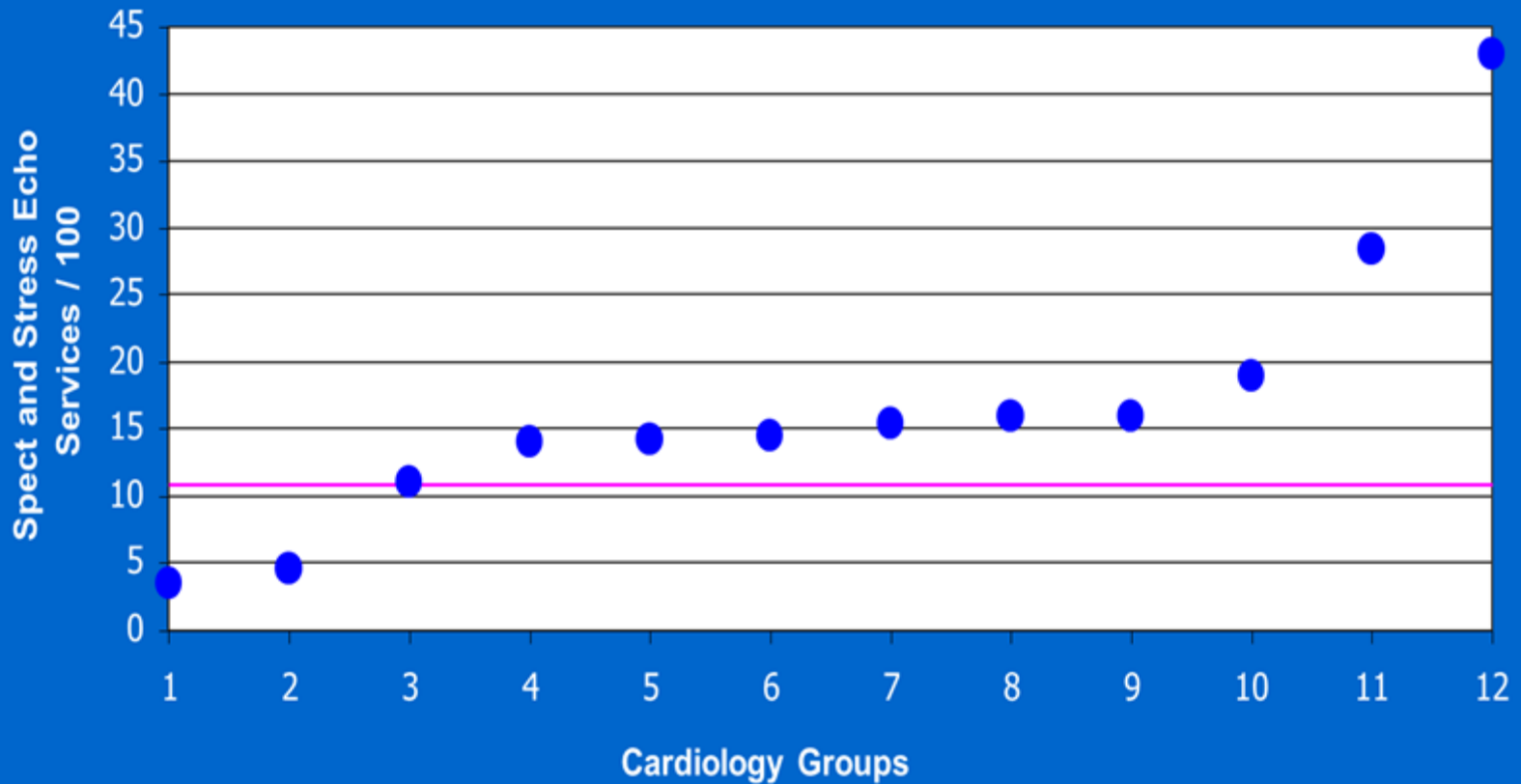
# Committee Structure

- The Operations Committee:
  - The Health Plan internal workgroup with some staff from the IPA to manage the logistics of the project.
- The Advisory Committee
  - The “heart” of the project with cardiologists from throughout our network meeting every other month to review data, build consensus on appropriateness criteria and support outreach efforts.
- The Data Sub-Committee:
  - Internal analytic staff, medical directors and five cardiologists that developed the reports used to support the project. This committee focused on the attribution and counting logic and reporting format.

# Health Plan Cardiology Group Reports: Significant Challenges

- Methodology
  - Specifications
    - CPT code complexity of all services (e.g. SPECT)
  - Counting logic
  - Attribution logic
  - Cardiology groups versus multispecialty groups
- Identifying groups that were *different* than peers

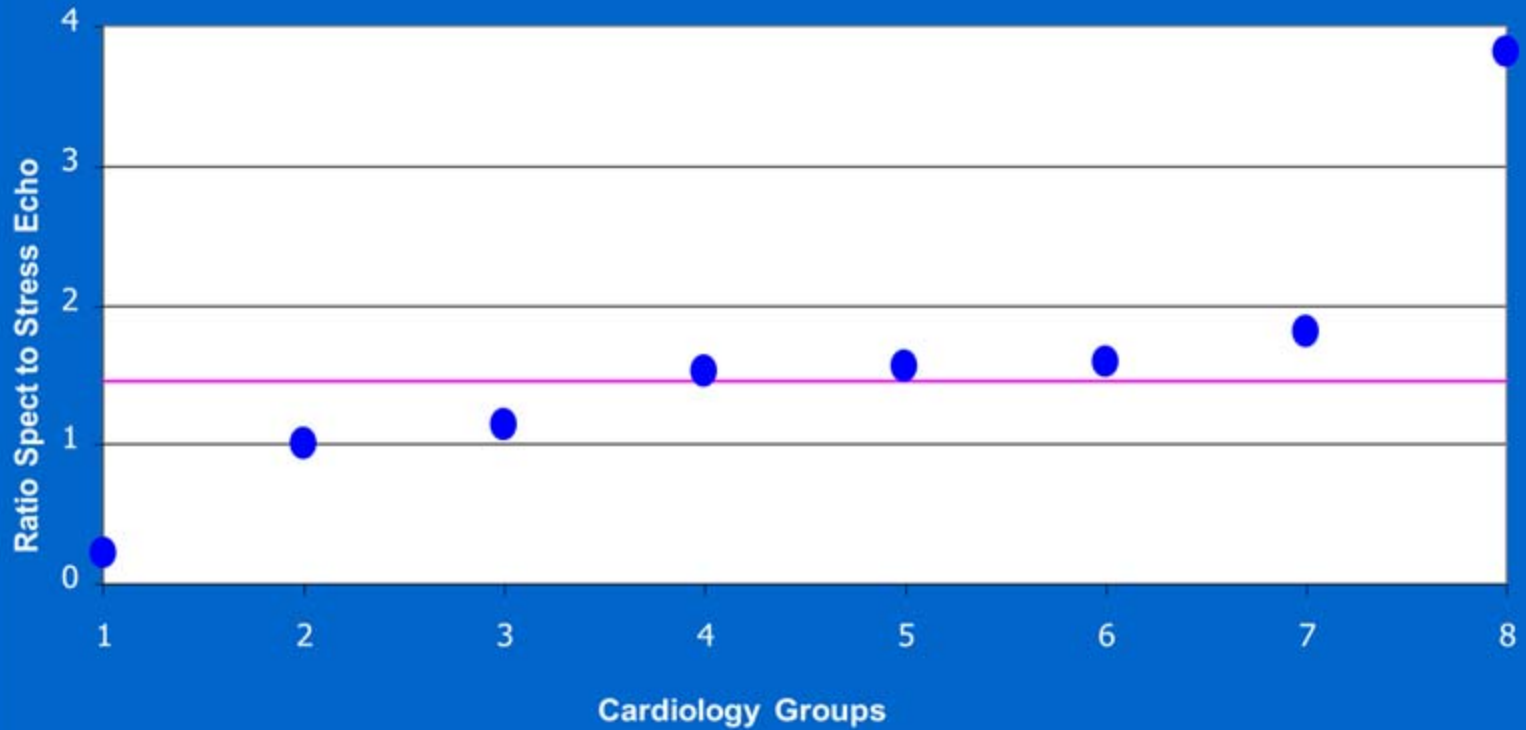
## B Cardiology Groups Aggregate of Spect and Stress Echo Utilization 3rd Qtr 2008



● Groups — Peer Group Aggregate

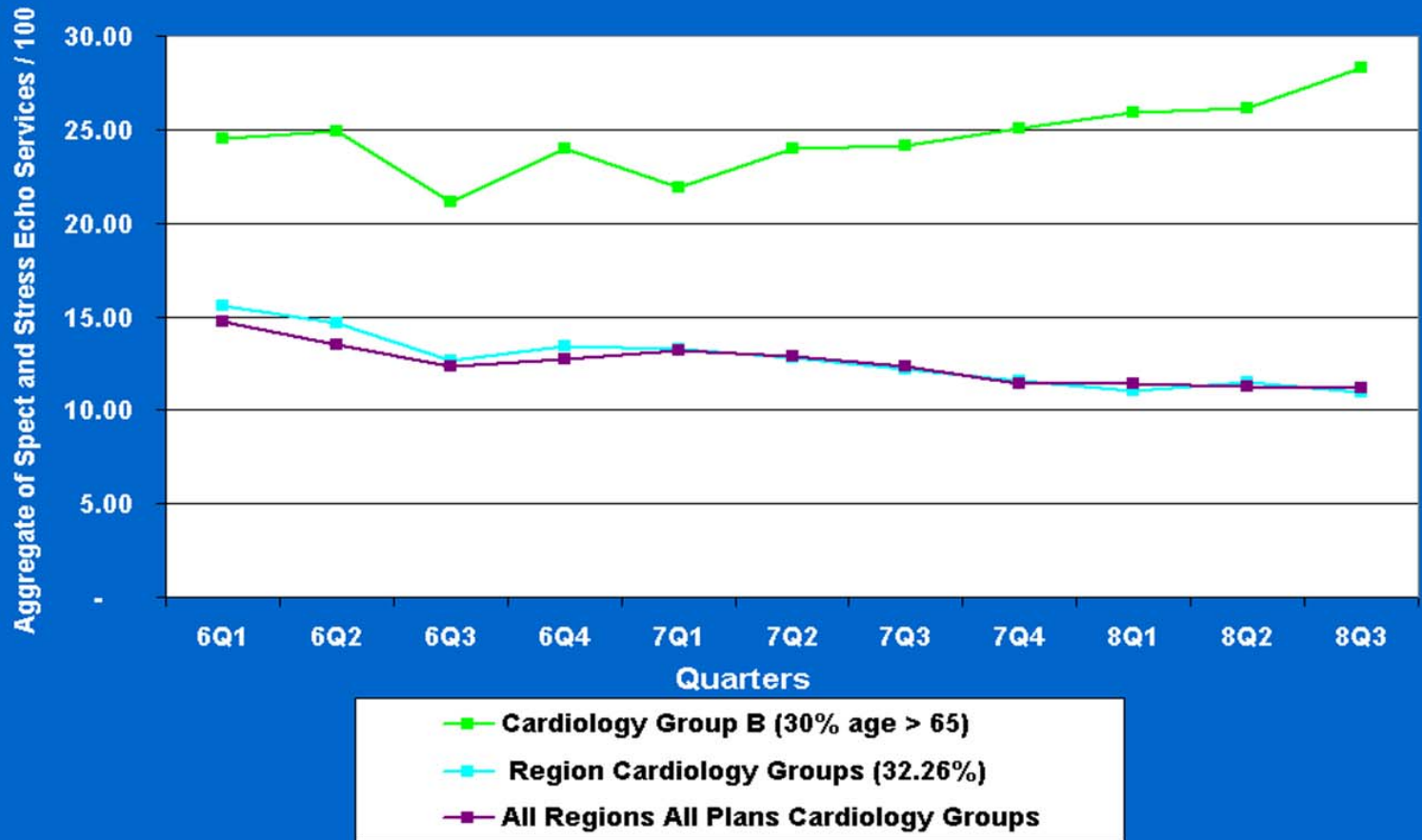
# B Cardiology Groups

## Ratio of SPECT to Stress Echo - 3rd Qtr 2008



● Groups — Peer Group Ratio

### Aggregate of Spect and Stress Echo Provider vs Region Peers vs All Peers



| Groups                                  | 6Q1   | 6Q2   | 6Q3   | 6Q4   | 7Q1   | 7Q2   | 7Q3   | 7Q4   | 8Q1   | 8Q2   | 8Q3   |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Cardiology Group B (30% age > 65)       | 24.53 | 24.92 | 21.12 | 23.95 | 21.92 | 23.96 | 24.16 | 25.04 | 25.93 | 26.12 | 28.29 |
| Region Cardiology Groups (32.26%)       | 15.61 | 14.64 | 12.62 | 13.38 | 13.25 | 12.77 | 12.19 | 11.57 | 11.06 | 11.52 | 10.92 |
| All Regions All Plans Cardiology Groups | 14.76 | 13.50 | 12.35 | 12.71 | 13.20 | 12.86 | 12.32 | 11.42 | 11.40 | 11.27 | 11.15 |

# Project Milestones

Jul-08    Oct-08    Dec-08    Jan-09    Feb-09    Mar-09    Apr-09

## Milestone

Physician Advisory and Data  
Sub-Committees

Determination of tests to  
include

Medical Director Meetings  
with Cardiology Offices

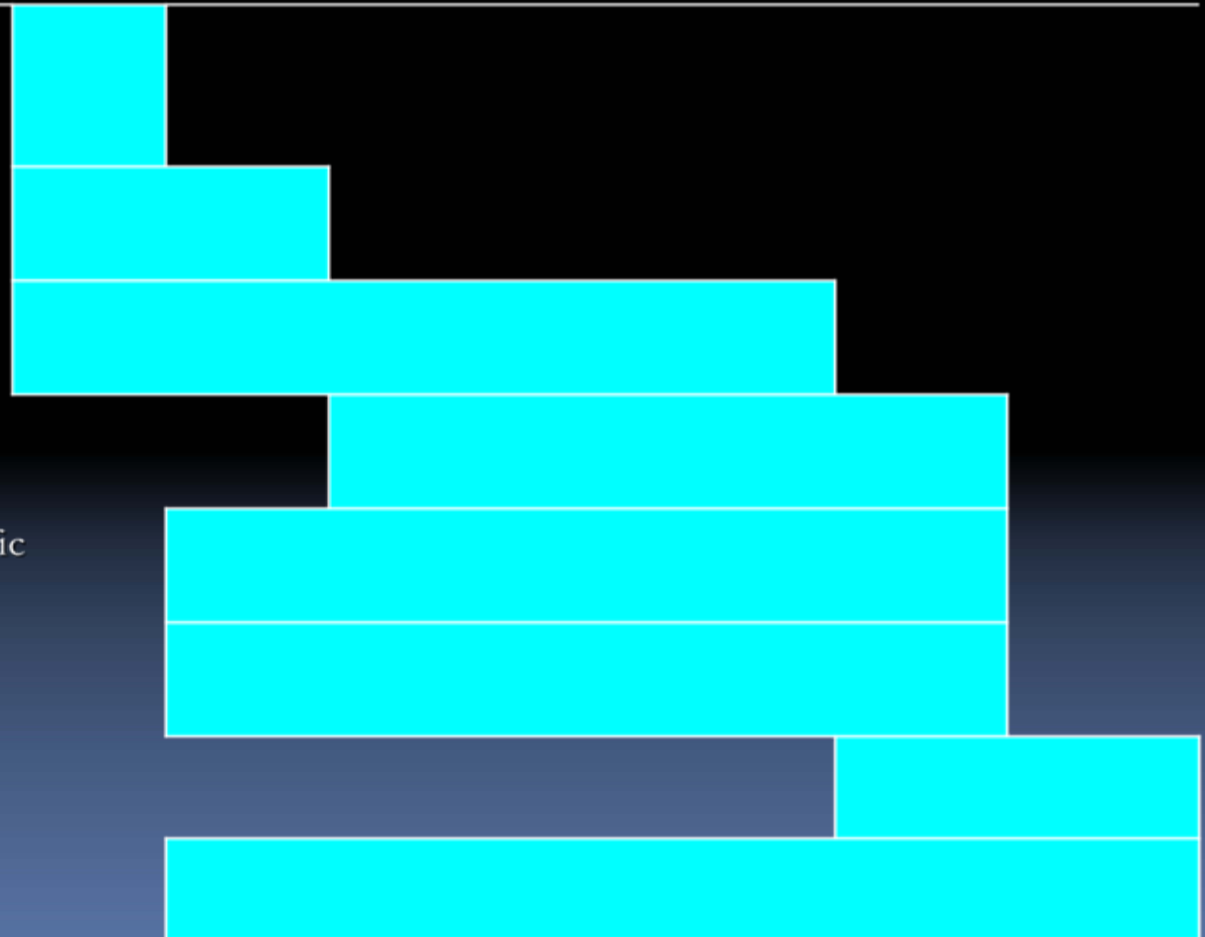
Approval of Inappropriate  
Indications Table

Development of practice specific  
data for identified tests

Development of Dashboard  
Metrics

Outreach Visits Initiated

Ongoing communications



# Dashboard Metrics: Process and Outcomes

- 30% of group practices participated in one or more committees
- 100% of group practices received reports
- 45% of practices received outreach visits
  - Targeted advisory group members and outliers first
- Use rates: services/1000 for the targeted CPT code set

# Cardiac Diagnostic Tests

- SPECT
- Stress Echo
- Stress Test
- Myocardial PET
- CT Angiography

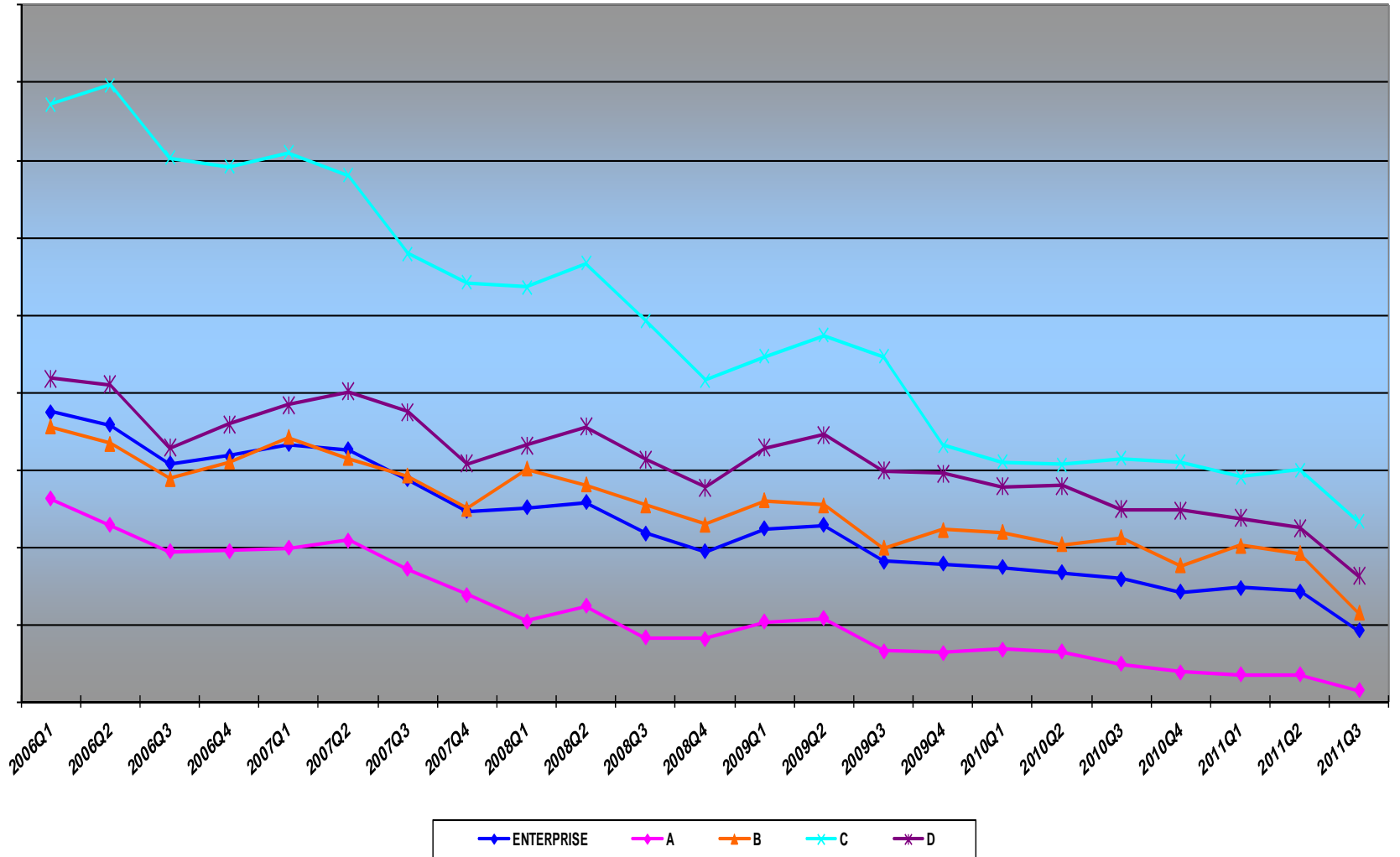


# Spect MPI by Region Utilization Per 1000

## Spect MPI by Region

All Lines of Business:

2011 Q3 with Paid Run Out to November 30, 2011

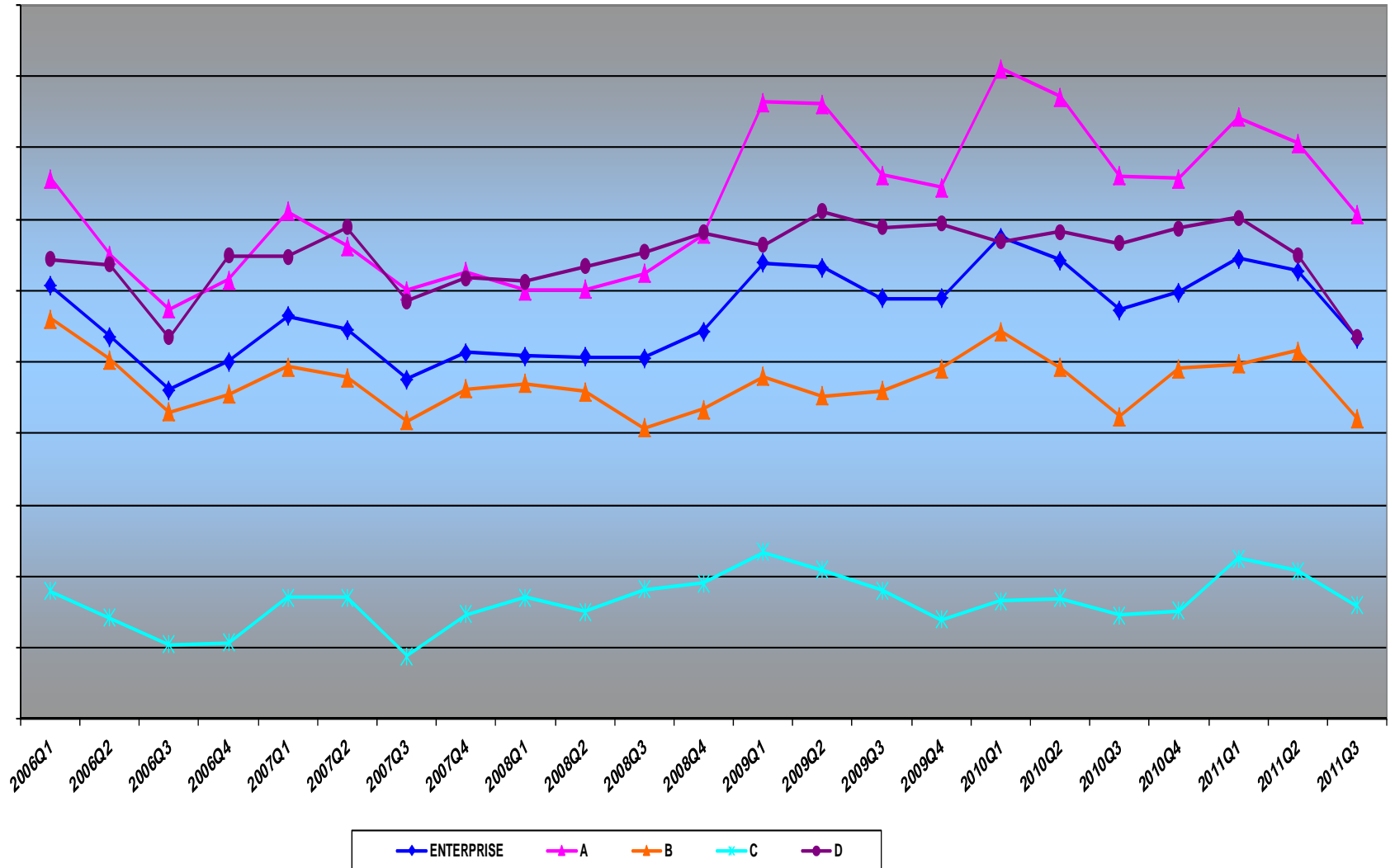


# Stress Echo by Region Utilization Per 1000

## Stress Echo by Region

All Lines of Business:

2011 Q3 with Paid Run Out to November 30, 2011

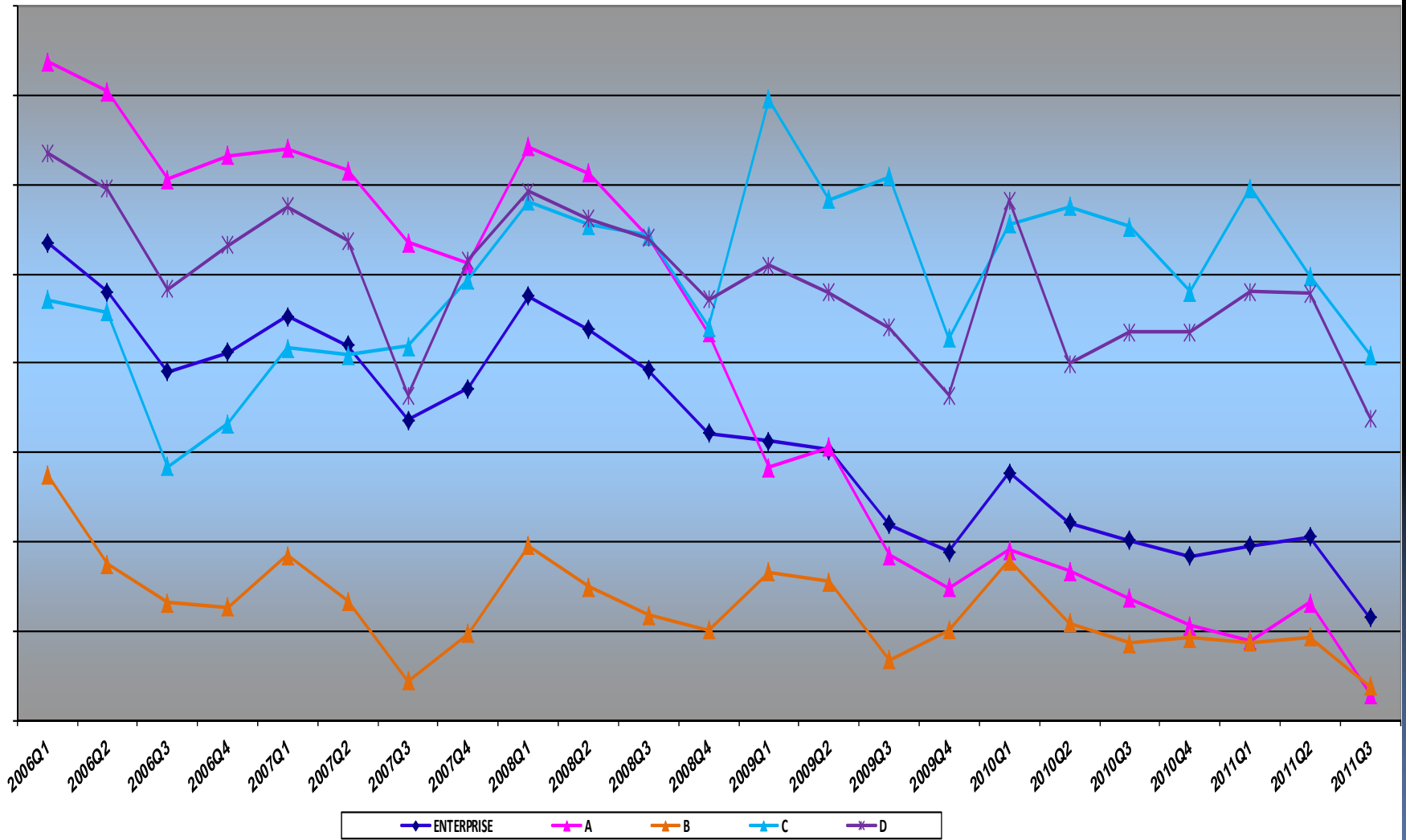


# Stress Test by Region Utilization Per 1000

## Stress Test by Region

All Lines of Business:

2011 Q3 with Paid Run Out to November 30, 2011



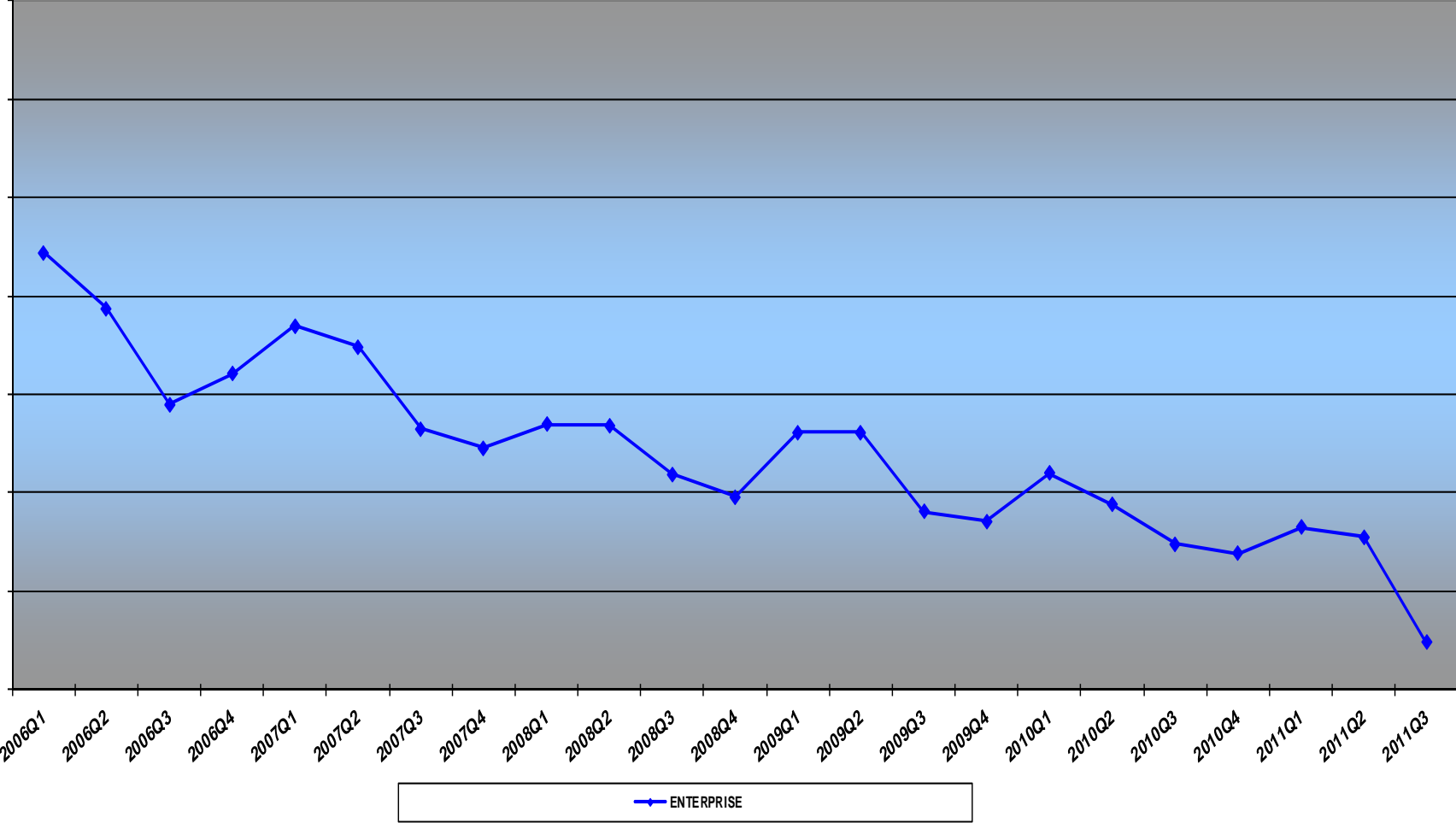
Spect MPI +StressECO+StressTest

Utilization Per 1000

All Lines of Business:

2011 Q3 with Paid Run Out to November 30, 2011

ENTERPRISE





Summary

Application to Your  
Organization

Questions/Comments

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