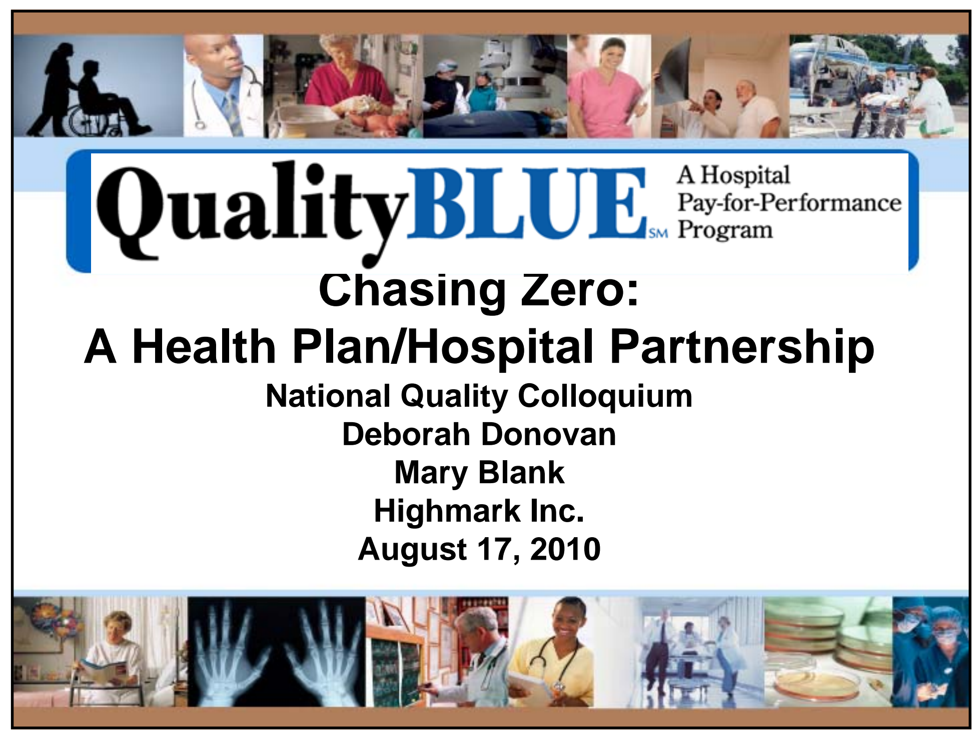

Program Objectives

- Evaluate the impact of the QualityBLUE Hospital P4P program and the ability to improve patient outcomes in the healthcare value driven market.
- Distinguish the QualityBLUE program from traditional payer P4P programs inclusive of program development, clinical collaboration, and engagement facilitation.
- Advance a program to support providers in their ability to meet and exceed legislative and evidence-based industry practices through a P4P program, designed to create a "win-win-win" situation for providers- payers- and members.

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Agenda

- Introduction
- Pay for Performance
- Highmark QualityBLUE Program
- Outcomes with evidence-based Practices and reducing adverse events
- Program Activities/Engagement activities
- Concluding Thoughts

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Highmark Overview

- **Coverage**: 4.8 million (PA and West Virginia)
- **Claims processed:** > 201 million
- **Employment**: 19,000 employees
- **Corporate mission:** $130 million for programs in support of the mission
- **Number of Accounts:** 22,595

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Media Coverage

The Washington Post

Hospital infection deaths caused by ignorance and neglect, survey finds

By N.C. Aizenman
Washington Post Staff Writer
Tuesday, July 13, 2010; A03

Deadly yet easily preventable bloodstream infections continue to plague American hospitals because facility administrators fail to commit resources and attention to the problem, according to a survey of medical professionals released Monday.

An estimated 80,000 patients per year develop catheter-related bloodstream infections, or CRBSIs -- which can occur when tubes that are inserted into a vein to monitor blood flow or deliver medication and nutrients are improperly prepared or left in longer than necessary. About 30,000 patients die as a result, according to the Centers for Disease Control and Prevention, accounting for nearly a third of annual deaths from hospital-acquired infections in the United States.

outweigh the risks and to use electronic monitoring systems that allow them to spot infections quickly and assemble a rapid response team to treat them.

A federally funded program implementing these measures in intensive-care units in Michigan hospitals reduced the incidence of CRBSIs by two-thirds, saving more than 1,500 lives and $200 million in the first 18 months. Similar initiatives across the country helped bring the overall national rate of these and related bloodstream infections down by 18 percent in the first six months of 2010, according to the CDC.

"Our research shows that the cost of implementing [such programs] is about $3,000 per infection, while an infection costs between $30,000 to $36,000," said Peter Pronovost, a professor at Johns Hopkins University School of Medicine who led the

- CLAB
  - 80,000/year develop a CLAB
  - 30,000 deaths related to CLAB
- Cost of implementing procedures
  - $3,000 infection
  - CLAB cost $30,000-36,000
- Could be eliminated if checklist used:
  - Hand sanitize
  - Antimicrobial agent to clean patient's skin
  - Large sterile drape over patient's body
  - Mask, sterile gloves and gown, cap
  - Sterile dressing on catheter site
  - Timely removal of the catheter

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Association for Professionals in Infection Control

- "Preventing infections requires the full commitment of hospital leadership to ensure adequate resources and instill a culture of patient safety within the institution," said Peter Pronovost, MD, PhD, FCCM

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Consumer Focus

Need to reduce HAI

Citizen action groups pushing for public reporting

Large variability across the nation for progress

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Pay for Performance

- Quality of Care is a National **Priority**
- **Impact** on variations of treatment is significant

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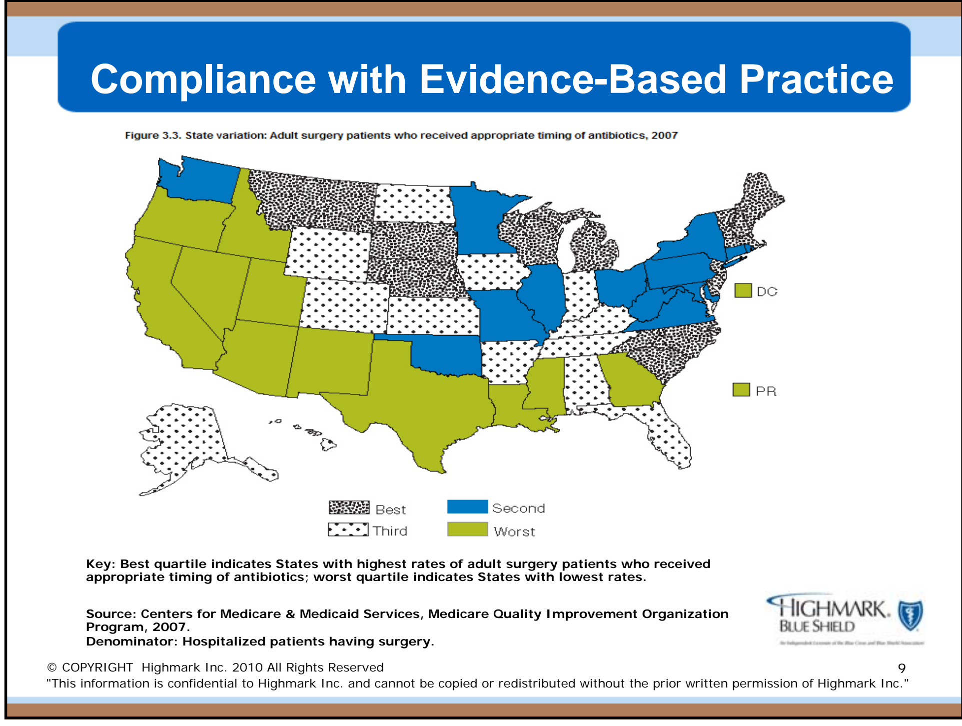
Compliance with Evidence-Based Practice



Key: Best quartile indicates States with highest rates of adult surgery patients who received appropriate timing of antibiotics; worst quartile indicates States with lowest rates.

Source: Centers for Medicare & Medicaid Services, Medicare Quality Improvement Organization Program, 2007.
Denominator: Hospitalized patients having surgery.

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Highmark's QualityBLUE Program

Sustained Quality

+ Performance Efficiency

MEMBER VALUE

Why Pay for Performance?

- Escalating consumer demand for high quality safe care that is cost effective
- Align payment for the delivery of evidenced based care
- Reduce variations in care delivery

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QualityBLUE Hospital Pay-for-Performance Program

- Non-traditional pay-for-performance program
- Developed as a contracting strategy
- Align contracted reimbursement with focus on key healthcare improvement initiatives to improve patient care quality and outcomes
- Support National Quality Initiatives and use of Evidence-Based Practices
    - Joint Commission (TJC)
    - American Heart Association (AHA)
    - Institute for Healthcare Improvement (IHI)
    - Centers for Medicare and Medicaid Services (CMS)
    - Centers for Disease Control and Prevention (CDC)
    - National Quality Forum (NQF)

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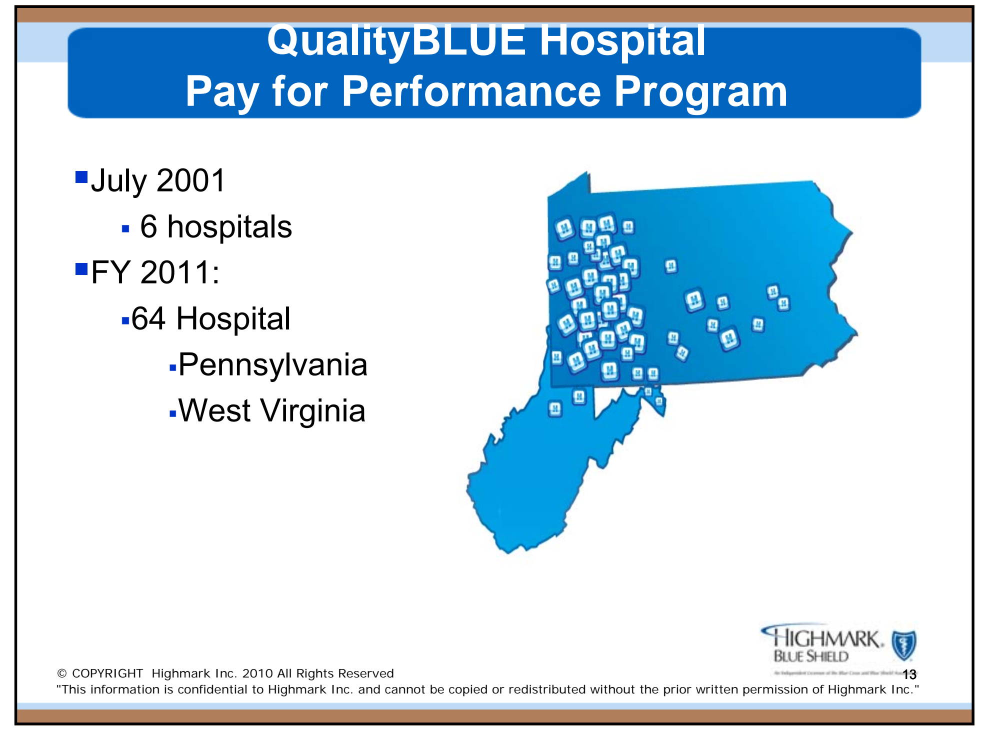
QualityBLUE Hospital
Pay for Performance Program
July 2001
6 hospitals
FY 2011:
64 Hospital
Pennsylvania
West Virginia
HIGHMARK.
BLUE SHIELD
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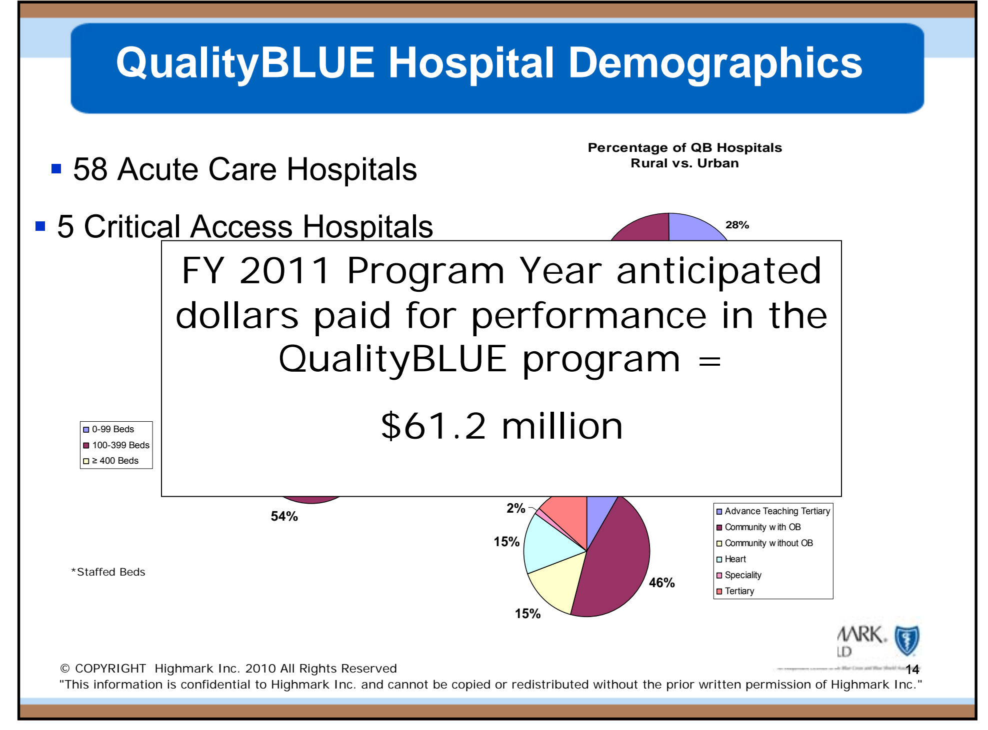
QualityBLUE Hospital Demographics
58 Acute Care Hospitals
5 Critical Access Hospitals
Percentage of QB Hospitals
Rural vs. Urban
28%
FY 2011 Program Year anticipated dollars paid for performance in the QualityBLUE program =
$61.2 million
0-99 Beds
100-399 Beds
≥ 400 Beds
54%
2%
15%
15%
46%
Advance Teaching Tertiary
Community with OB
Community without OB
Heart
Speciality
Tertiary
*Staffed Beds
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FY 2011 Indicator Categories

Category 1
Hospital Efficiencies
- **ED Throughput**
- **Readmissions**

Category 2
Infection Prevention
- **Surgical Safety**
- **MRSA**
- **CLAB**
- **CAUTI**
- ***Clostridium difficile***
- **IP-GNR**

Category 3
Process of Care
- **Perinatal**
- **GWTG™-Stroke**
- **VTE Prevention**
- **Diabetes**
- **GWTG™-Heart Failure**

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Infection Prevention Indicators

- Methicillin Resistant *Staphylococcus aureus* (MRSA)
- Central Line Associated Bloodstream Infections (CLAB)
- Catheter associated urinary tract infections (CAUTI)
- Surgical Safety – Surgical site infection
- *Clostridium difficile* associated disease (CDI)

Hospitals work to eliminate infections in all hospital units: Chasing Zero adverse outcomes

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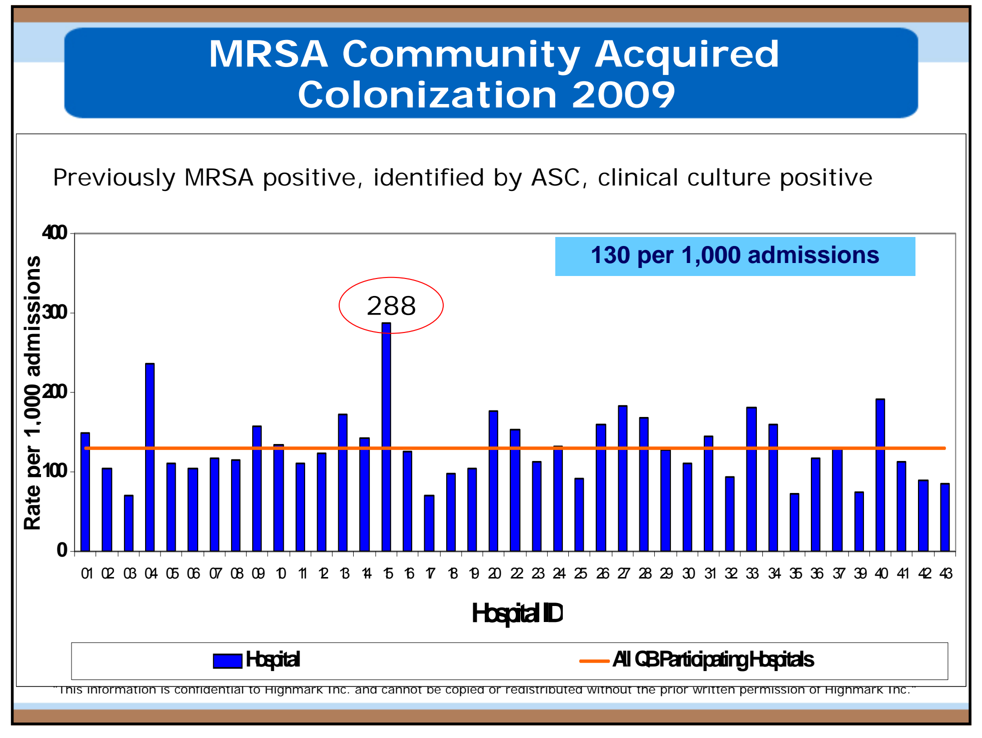
MRSA Community Acquired Colonization 2009
Previously MRSA positive, identified by ASC, clinical culture positive
130 per 1,000 admissions
288
Rate per 1,000 admissions
400
300
200
100
0
01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 39 40 41 42 43
Hospital ID
Hospital
All QB Participating Hospitals
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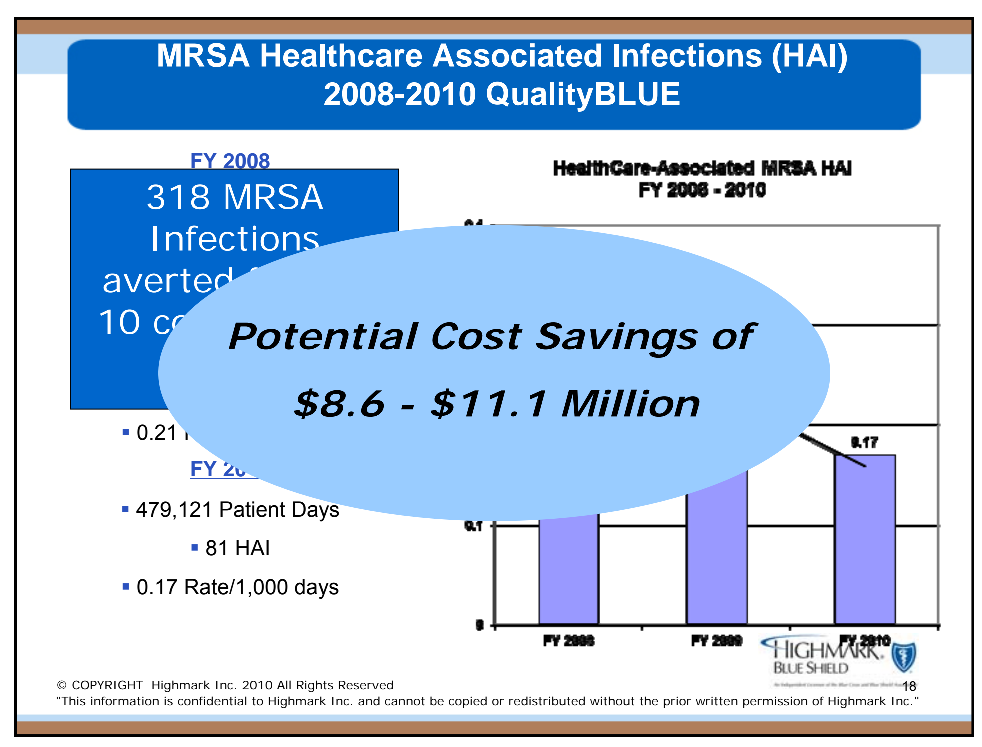
MRSA Healthcare Associated Infections (HAI) 2008-2010 QualityBLUE
FY 2008
318 MRSA Infections averted
10 c
0.21
FY 20
479,121 Patient Days
81 HAI
0.17 Rate/1,000 days
Potential Cost Savings of
$8.6 - $11.1 Million
HealthCare-Associated MRSA HAI
FY 2008 - 2010
0.17
0.1
0
FY 2008
FY 2009
FY 2010
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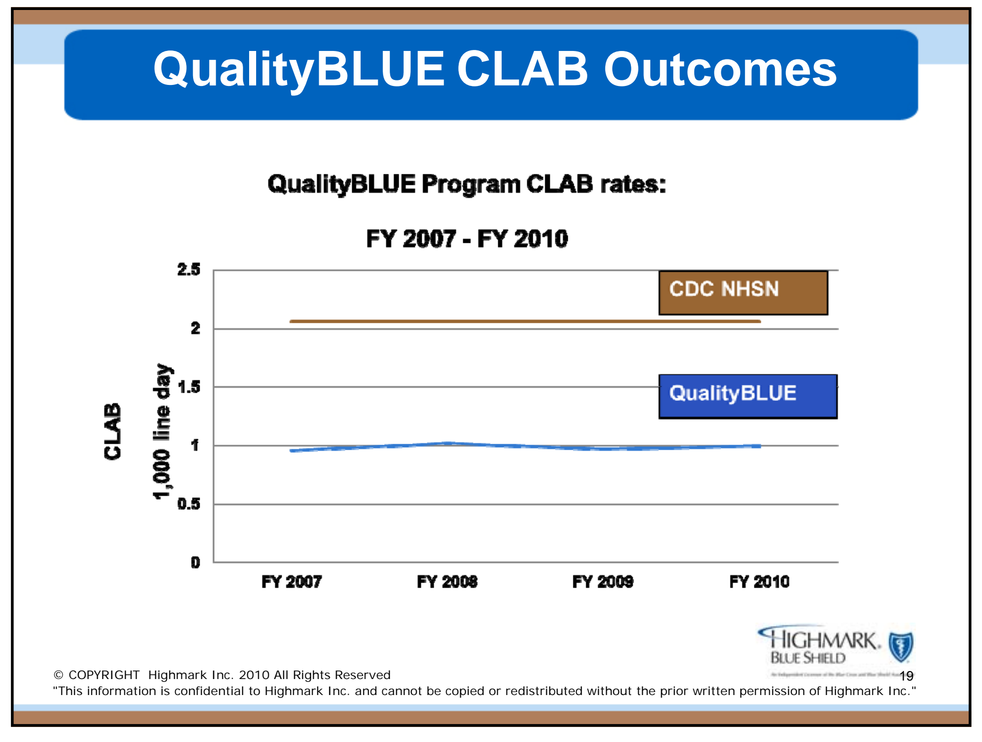

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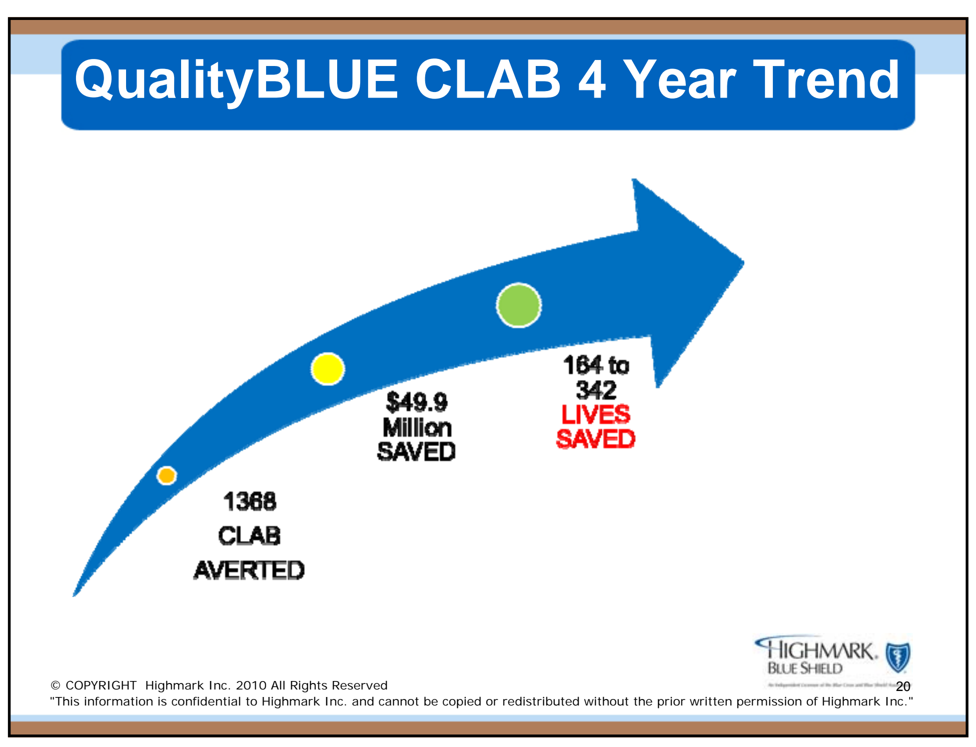

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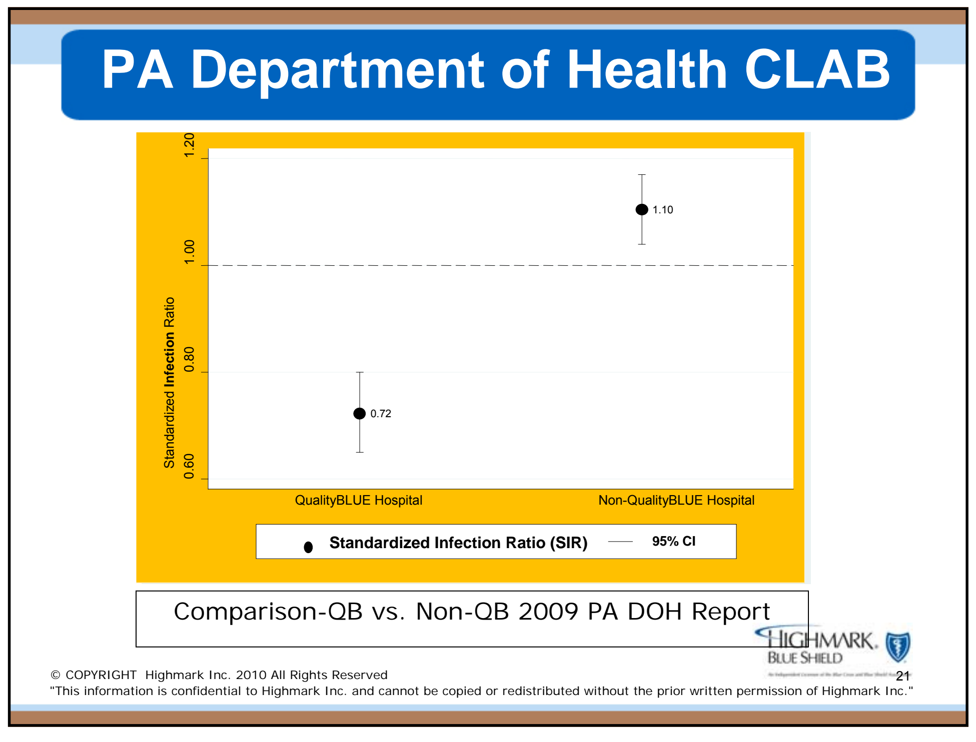
PA Department of Health CLAB
Standardized Infection Ratio
0.60
0.80
1.00
1.20
1.10
0.72
QualityBLUE Hospital
Non-QualityBLUE Hospital
Standardized Infection Ratio (SIR)
95% CI
Comparison-QB vs. Non-QB 2009 PA DOH Report
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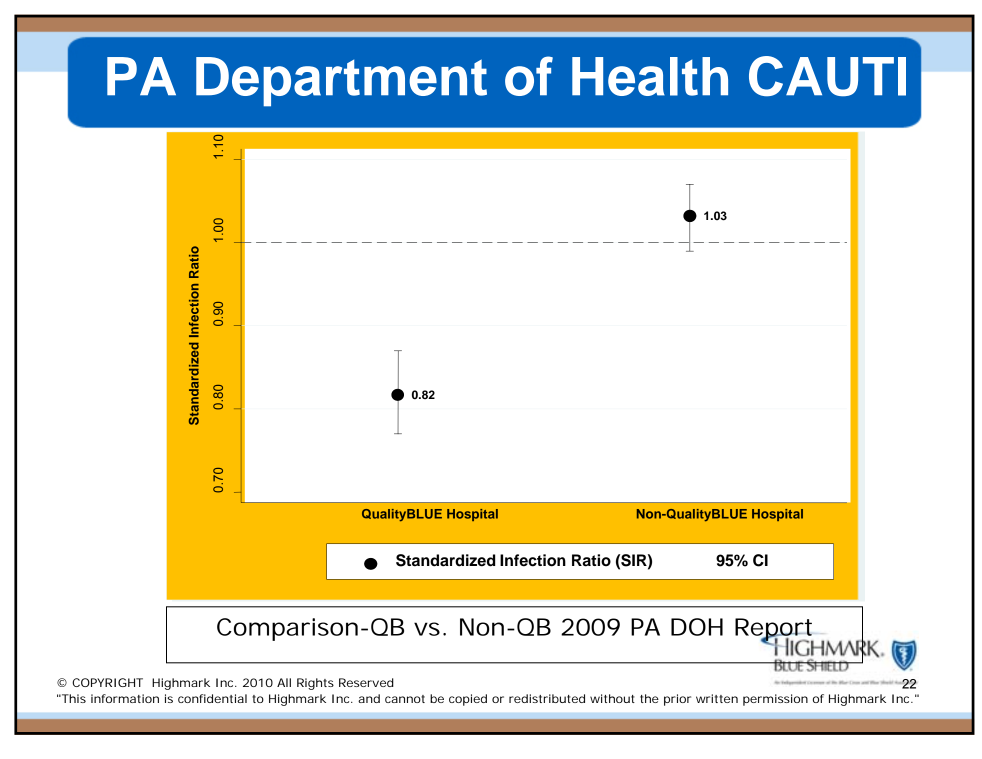
PA Department of Health CAUTI
Standardized Infection Ratio
0.70
0.80
0.90
1.00
1.10
1.03
0.82
QualityBLUE Hospital
Non-QualityBLUE Hospital
Standardized Infection Ratio (SIR)
95% CI
Comparison-QB vs. Non-QB 2009 PA DOH Report
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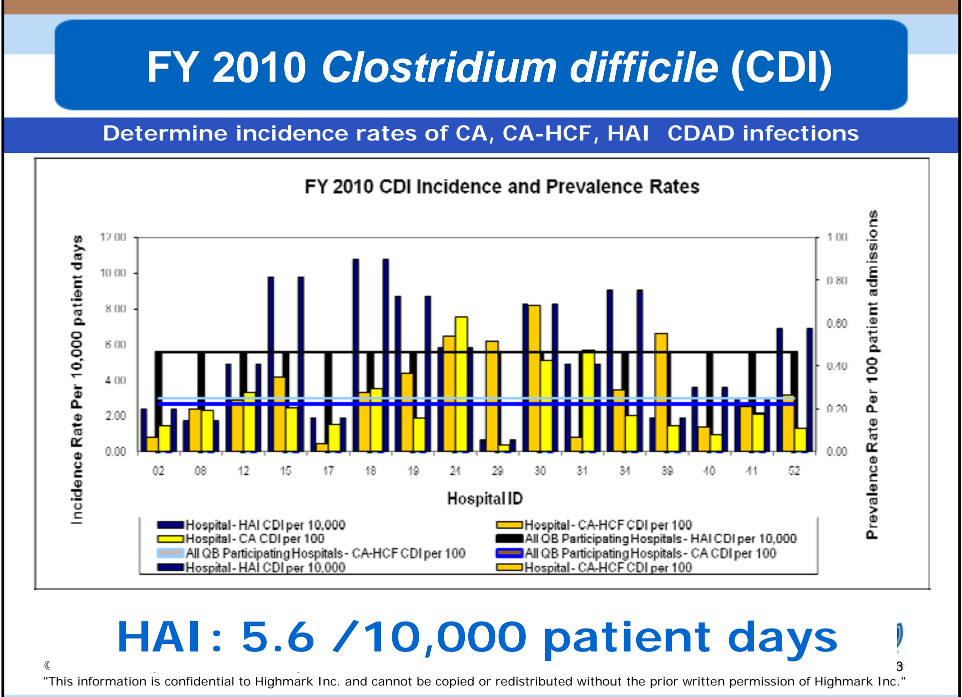
FY 2010 Clostridium difficile (CDI)
Determine incidence rates of CA, CA-HCF, HAI CDAD infections
FY 2010 CDI Incidence and Prevalence Rates
Incidence Rate Per 10,000 patient days
Prevalence Rate Per 100 patient admissions
Hospital ID
02
08
12
15
17
18
19
24
29
30
31
34
39
40
41
52
Hospital - HAI CDI per 10,000
Hospital - CA CDI per 100
All QB Participating Hospitals - CA-HCF CDI per 100
Hospital - HAI CDI per 10,000
Hospital - CA-HCF CDI per 100
All QB Participating Hospitals - HAI CDI per 10,000
All QB Participating Hospitals - CA CDI per 100
Hospital - CA-HCF CDI per 100
HAI: 5.6 /10,000 patient days
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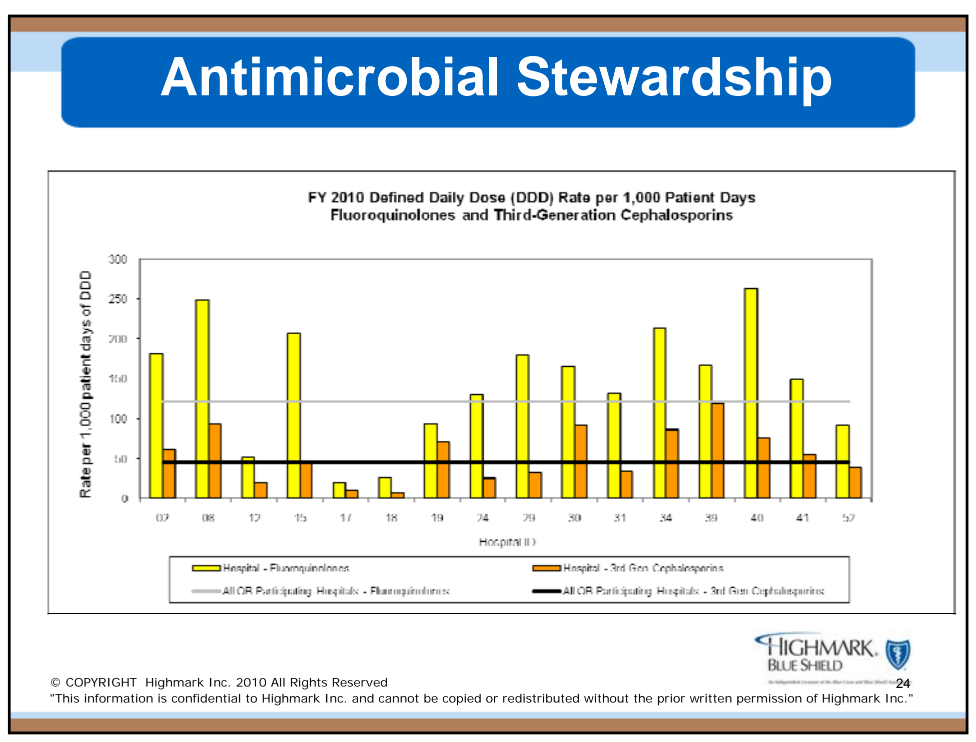
Antimicrobial Stewardship
FY 2010 Defined Daily Dose (DDD) Rate per 1,000 Patient Days
Fluoroquinolones and Third-Generation Cephalosporins
Rate per 1,000 patient days of DDD
300
250
200
150
100
50
0
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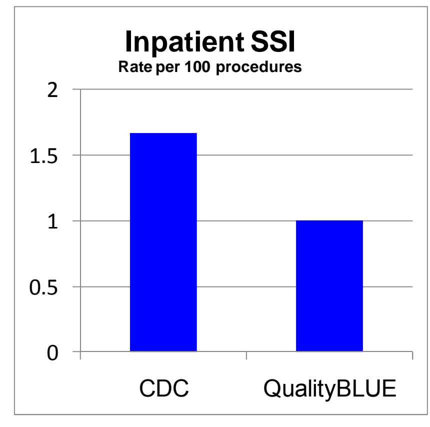
Surgical Safety 2010

Focus on improving surgical care by reducing surgical site infections



- CDC –NHSN comparison with our QualityBLUE hospitals – averted 180 SSI
- Potential cost of care savings of $4.9 million
- LOS savings1350

Increased LOS associated with SSI reported to be 7.5 additional days

- **Cost of SSI $27,631**

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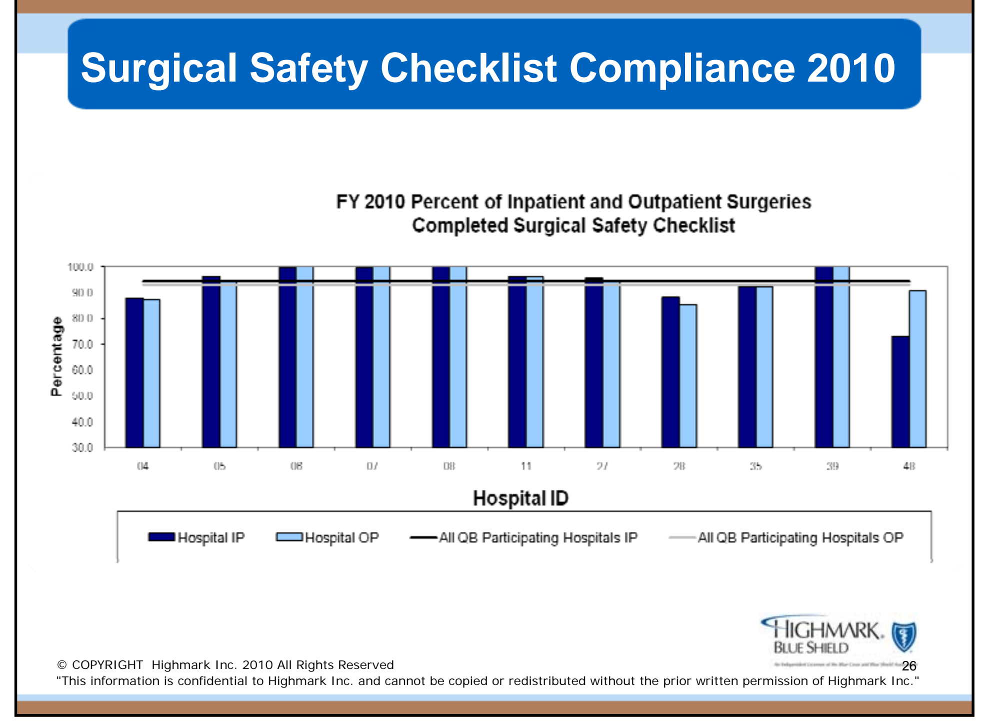
Surgical Safety Checklist Compliance 2010



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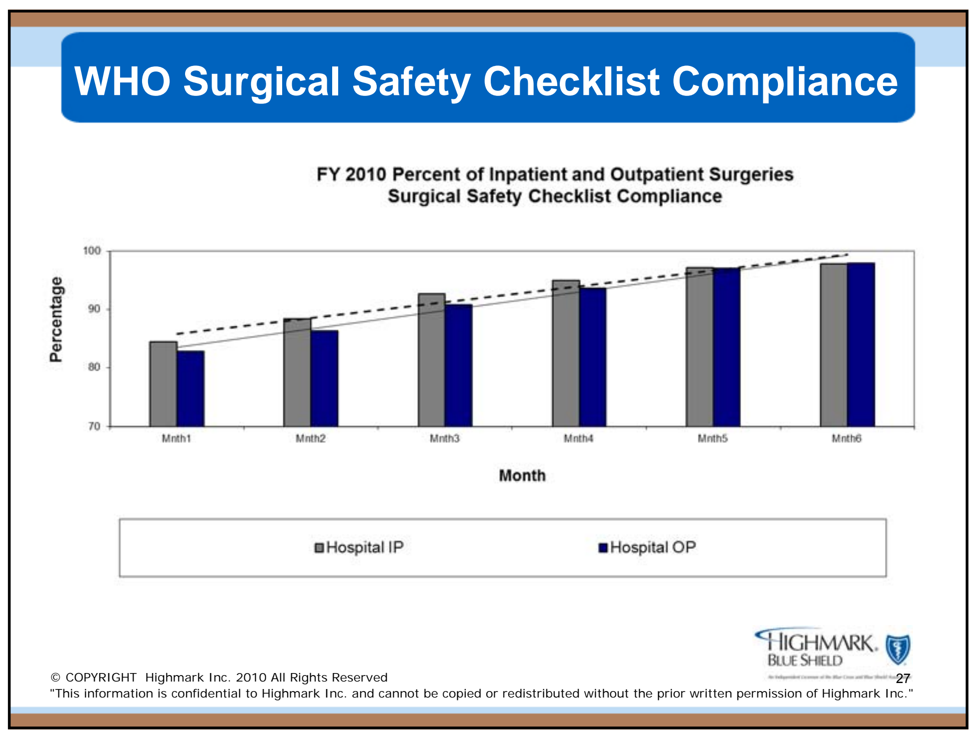
WHO Surgical Safety Checklist Compliance
FY 2010 Percent of Inpatient and Outpatient Surgeries
Surgical Safety Checklist Compliance
Percentage
100
90
80
70
Mnth1
Mnth2
Mnth3
Mnth4
Mnth5
Mnth6
Month
Hospital IP
Hospital OP
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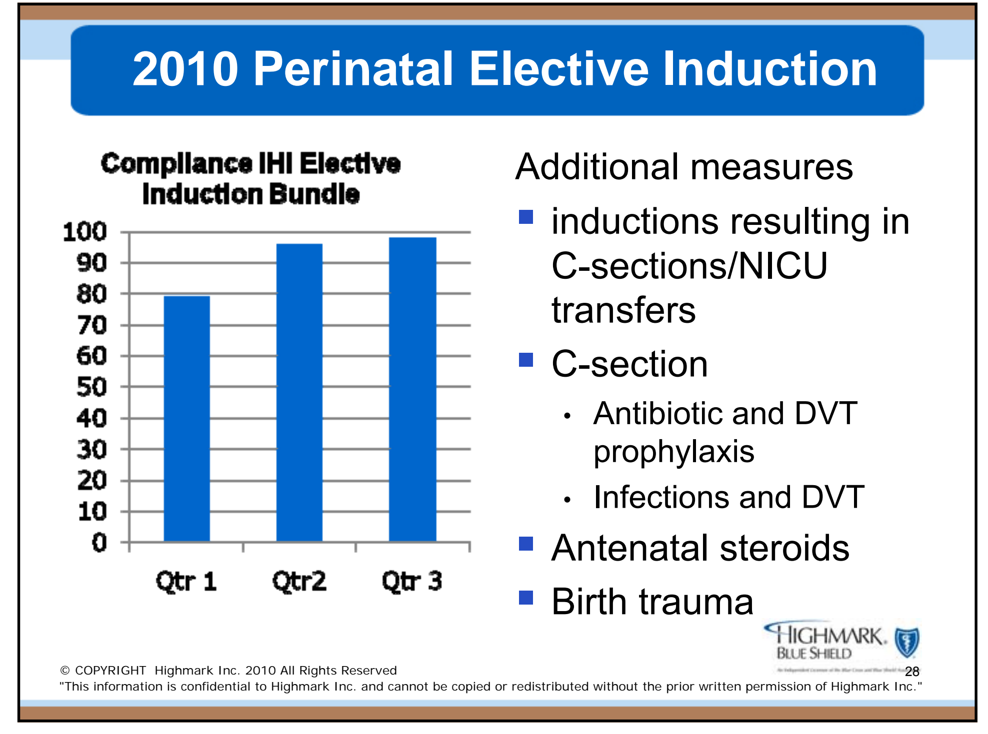
2010 Perinatal Elective Induction
Compliance IHI Elective
Induction Bundle
100
90
80
70
60
50
40
30
20
10
0
Qtr 1
Qtr2
Qtr 3
Additional measures
inductions resulting in C-sections/NICU transfers
C-section
Antibiotic and DVT prophylaxis
Infections and DVT
Antenatal steroids
Birth trauma
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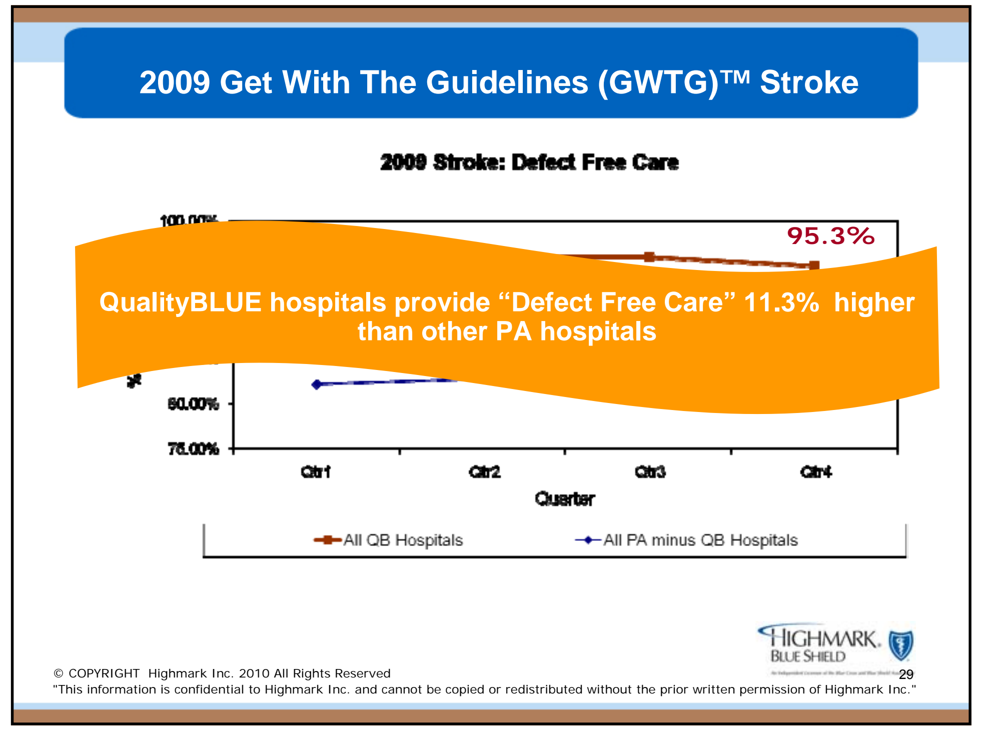

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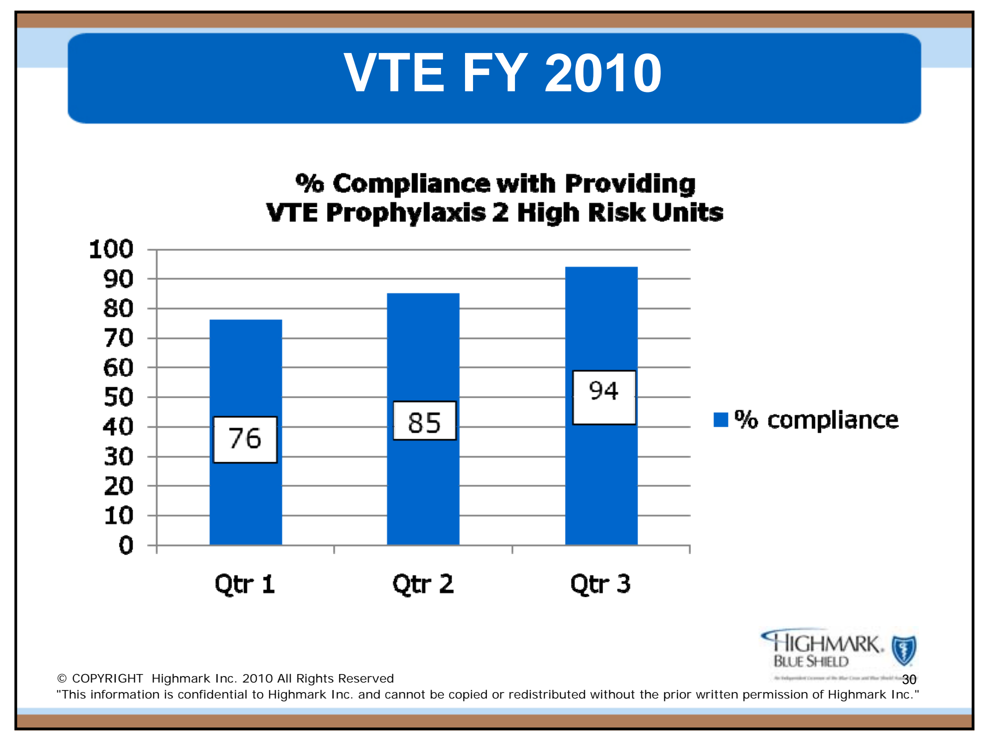

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VTE FY 2010 Outcomes

- Hospital-wide DVT and PE
  - Index hospitalization
  - 30 days post-discharge
- DVT rate for program year
  - 0.5 per 100 patient admissions
  - **1,222 DVT for 25 hospitals for 9 month time period**
- PE rate for program year
  - 0.3 per 100 patient admissions
  - **859 PE for 25 hospitals for 9 month time period**

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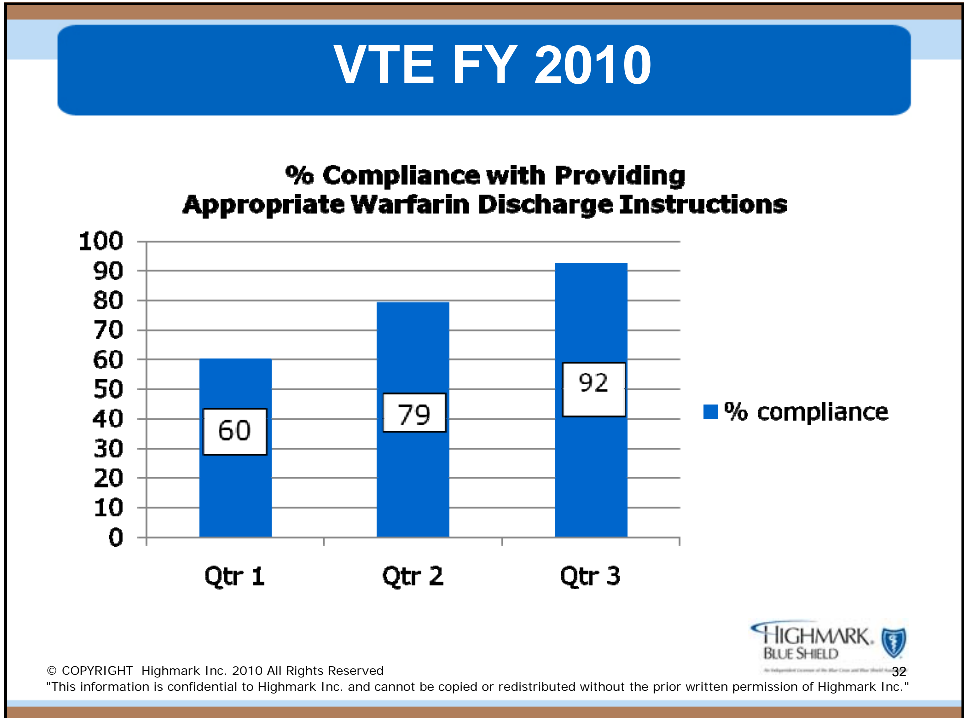
VTE FY 2010



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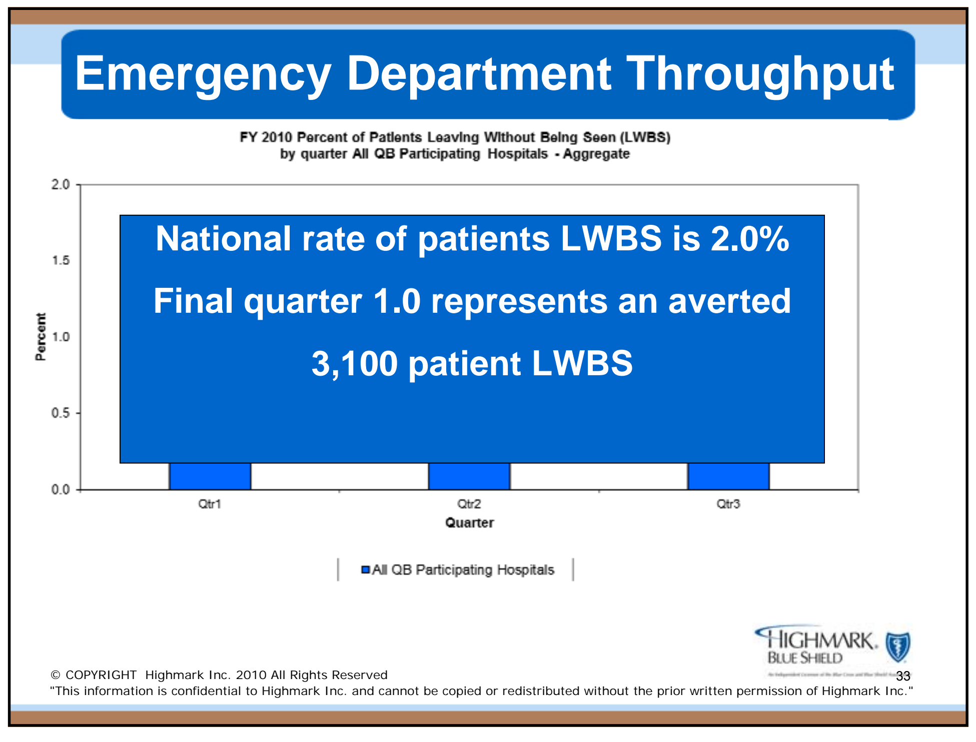
Emergency Department Throughput
FY 2010 Percent of Patients Leaving Without Being Seen (LWBS)
by quarter All QB Participating Hospitals - Aggregate
2.0
1.5
1.0
0.5
0.0
Percent
National rate of patients LWBS is 2.0%
Final quarter 1.0 represents an averted
3,100 patient LWBS
Qtr1
Qtr2
Qtr3
Quarter
All QB Participating Hospitals
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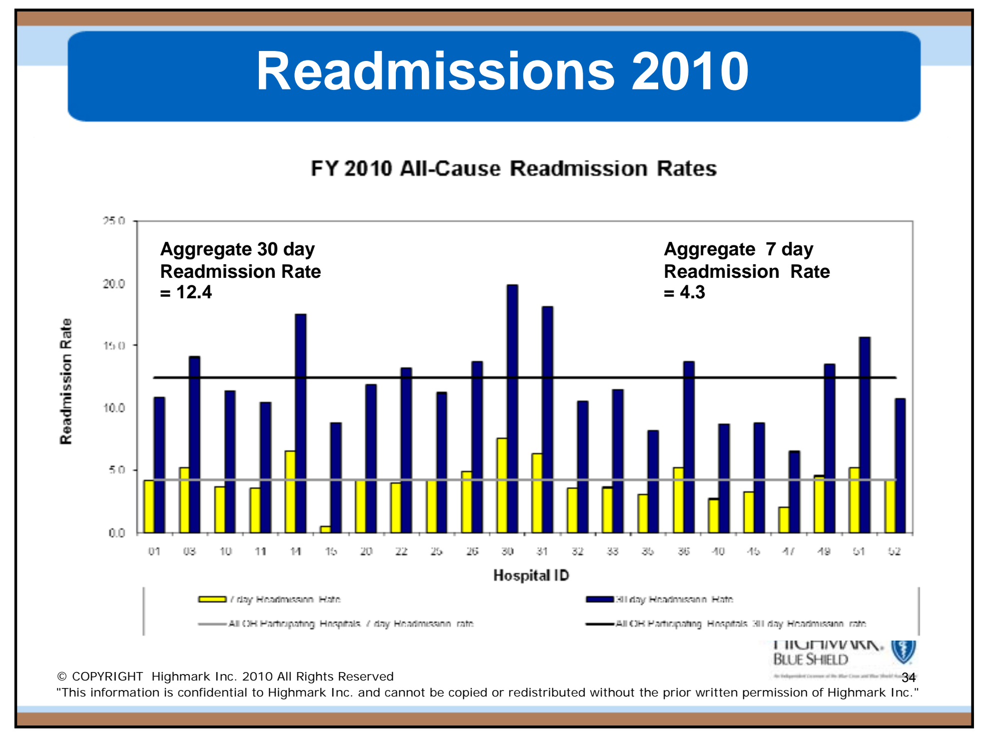
Readmissions 2010
FY 2010 All-Cause Readmission Rates
Readmission Rate
25.0
20.0
15.0
10.0
5.0
0.0
Aggregate 30 day
Readmission Rate
= 12.4
Aggregate 7 day
Readmission Rate
= 4.3
Hospital ID
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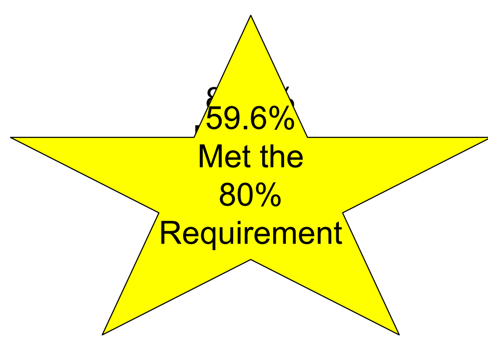
PA Non-QualityBLUE Hospitals Core Measure Performance: 24 Core Measures (Based on CMS Data July 2008 through June 2009)



♦Sixty-five of 109 hospitals met or exceeded the PA state average on 80% of the CMS core measures

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Current Program Overview

- 3 new indicators introduced
  - Diabetes – Glycemic Control and Coordination of Care
  - Get With The Guidelines™ (GWTG) Heart Failure
  - Lab ID Event – Gram Negative Rods
- Existing indicators
  - **Surgical Safety**
  - ***Clostridium difficile* Infections (CDI)**
  - **Central Line Associated Bloodstream Infections (CLAB)**
  - **Catheter-Associated Urinary Tract Infections (CAUTI)**
  - **Perinatal Care**
  - **Methicillin Resistant *Staphylococcus aureus* Transmission (MRSA)**
  - **VTE Prevention and Care Coordination**
  - **ED Throughput**
  - **Readmissions**
  - **Get With The Guidelines™(GWTG) Stroke**

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Highmark's Engagement Philosophy

Program Activities

- Hospital visits
- Focus Group Meetings
- Lunch and Learn
- Achievement Compendium
- Hospital Profiles
- QualityBLUE Best Practices Forum
- QualityBLUE Newsletter

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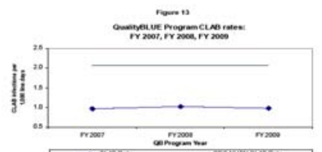
Achievement Compendium

Achievement Compendium
2009



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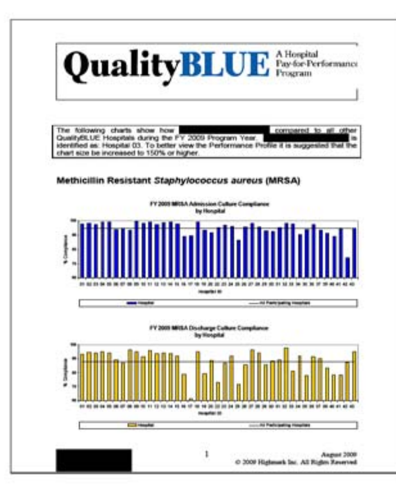
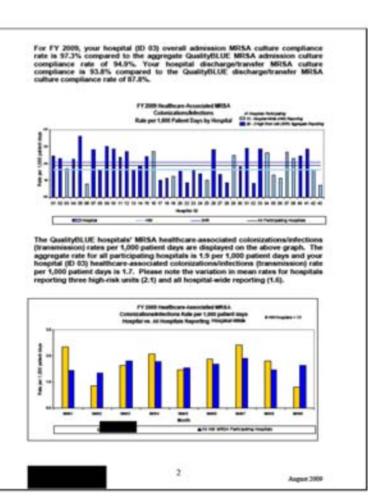
Hospital Profiles





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QualityBLUE Best Practices Forum

QualityBLUE.

Best Practices Forum

November 6, 2009
8:30 a.m. - 4:30 p.m.

Pittsburgh Marriott North at Cranberry Woods

- November 6, 2009
- Nearly 300 health care professionals participated
  - Hospitals
  - National, State, & Local Healthcare Quality Organizations
- Opportunity to share positive clinical outcomes and improvements identified through participation in the QualityBLUE program
- Agenda included national speakers, clinical breakout sessions, poster sessions & lunchtime discussions

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Newsletters

Partners in Quality NEWS

Promoting partnerships in quality and process improvement

Upgrade Your Preventive Care

by Michael Madden, MD, Highmark medical director

Nothing makes the day of a frequent traveler like the words "free upgrade" when it means getting a first-class seat or a suite instead of a standard hotel room. To improve health care quality, you might consider giving your preventive care and diabetes flow charts a "free upgrade."

Instead of just recording the date a person had a mammogram, Pap smear or dilated retinal exam, do you record whether the member was educated about the service, the test was offered, the test was performed and where or by whom the test was done? Upgrade your information. This makes the flow chart a bit more complicated but much more informative.

Why? Suppose your QualityBLUE[SM] score for cervical cancer screening is less than the network average. You know some women go to gynecologists for this service. If you could easily determine which of the physicians your patients see have low or high rates for your patients, what should you do? Perhaps some physicians do a better job of sending you a report of their exam and a copy of the Pap smear report.

If you are not getting information back from some physicians, or the Pap rate for your patients who see them is low, consider calling that physician to let him/her know that you know and are watching. Ask if that practice has a callback system or if they have any ideas why women are not coming back regularly. "Problem-solve" about how to improve the rate and their communication. And, if you get a cold shoulder, let them know when members ask, you will tell them to go elsewhere.

Is that an aggressive response? Yes. But don't you want your patients to get the best quality care? Similarly, if you find a gynecology practice that is doing a better job, let them know that you know. Everyone likes positive feedback.

Regarding mammograms, you should know what facilities get your patients back regularly. You should know what providers for DRE are more likely to see your patients annually (and who helps your QualityBLUE scores the most). Armed with this information, you will know where to send your patients when they ask.

Documenting clearly, consistently and in the same place in the chart where you educate patients about preventive services can improve your reliability, and it can save time by avoiding redundancy. It could decrease your malpractice risk by showing that members were educated about the need for mammograms and colorectal cancer screening.

So, consider giving your flow charts an upgrade, and bring a smile to your face when you watch your QualityBLUE scores improve.

Best Practice: Thinking "Outside the Box"

One of our own pediatric PBIP groups, Pediatric Alliance, Inc., elected to submit a Best Practice improvement project focusing on the administration of the Edinburgh Postnatal Depression Scale (EPDS). This is a creative application to evaluating process improvement in the clinical office setting to ultimately impact the care of patients.

As you are probably aware, depression screening is often overlooked during the postpartum period, and using the EPDS tool in the pediatric setting provides a valuable opportunity to support mothers as they bring their infants to the pediatrician for their two-, four- and six-month visits. The pediatrician's focus, naturally, is on the infant during these visits. But if a mother is depressed, her condition ultimately impacts the development of the infant, so identifying PPD at this stage, if it is present, is crucial.

This group chose the EPDS tool due to its specificity, sensitivity and ease of use and scoring. The office staff were trained to provide the tool upon the patient's arrival to the office and to instruct the mother to complete the tool while waiting for her child to be seen by the doctor. Mothers with scores of greater than 12 were referred for follow-up care.

This PBIP practice reported high satisfaction from the mothers receiving the screening. For more information about this Best Practice improvement project, call your Highmark Medical Management consultant.

Best Practice Forums Held

In October, Pay-for-Performance Best Practice Forums were held in Greensburg, Pittsburgh and Erie. The primary goal of the forums was to showcase strategies that PBIP providers in

Continued

BLUE SHIELD

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Concluding Thoughts……

- Alignment of organization's leadership for quality
- Requires focus, leadership, dedication – rapid transformation – tight timeframes

"Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skillful execution; it represents the wise choice of many alternatives."

William A. Foster

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Thank You

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