



Bridges To Excellence

The HIT Symposium

Massachusetts Institute of Technology

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What is this all about?

Without reliable information, markets cannot work. Physicians don't know how well they are doing compared to their peers, consumers don't know which doctor or hospital to pick, payers/purchasers cannot reward better performance.

BTE's answer has been to work with “accrediting” organizations to identify physicians and practices with above average performance, and to reward them.



Lessons learned to-date have now been widely accepted

Incentives matter and the size of the incentive has a relationship to a physician's decision to participate in care process improvement.

The costs and benefits of participating in an incentive program have to be known up front.

Self-assessment of performance and its validation by and independent third party is a very powerful agent of change.

High quality care can be cost effective care.



We started with zeros in most of these rows

June '06

Recognized physicians	1,624
Recognized practices	180
Patients seeing recognized physicians	71,480
BTE bonus earned	\$5M
States with operational BTE programs	9



BTE is a replicable p4p model

- Operational synergies with Health Plan core competencies
 - BTE exists along side or as part of health plan programs
- Employers can manage the administration through current health plan relationship
 - critical mass in total amount of rewards available to physicians
- Platform can integrate additional programs
 - American Board of Internal Medicine on the Internal Medicine Care Link.
 - NCQA on the Spine Care Link and the Cancer Care Link



Participating Health Plans, Coalitions & Employers

Aetna

The Employers' Health Coalition of Arkansas

BCSGA

BCBS NC

Buyers Health Care Action Group

CareFirst BCBS

CDPHN

The Center for Healthcare Transformation (GA)

The Colorado Business Group

CIGNA

Humana

Horizon BCBSNJ* - Not announced

MVP Health Plan

National Business Group on Health

Savannah Business Group

UnitedHealthCare

WellPoint* – Not announced

3M*

Assurant

AstraZeneca

Atlanta Gas Light

Atlantic Wood Industries

Baldor

BellSouth

Bradley Dixie Companies

Carlson Companies*

Cincinnati Children's Hospital Medical Center

Chatham Steel Corporation

Chem-Fab

Choice Point

Cingular

City Ft Smith

City of Cincinnati

City of Colorado Springs

City of Hannibal

City of Hot Springs

City of Quincy

City of Savannah

Cloyes

Colonial Oil Industries

Colorado College

Colorado Springs School District #11

Colorado Springs Utilities

Continental Cement Company

Cox Enterprises

Critz, Inc.

El Paso County

Fuji Vegetable Oil

Gardner Denver

GE

Georgia Emergency Associates

Georgia Ports Authority

Golub

Gulfstream Aerospace

Hannaford

Harris Corp.

Home Depot

Honeywell*

Humana

IBM

Intel

International Paper

Interstate Paper

J C Bamford Excavators Ltd

Knapheide Manufacturing

Kohl Wholesale

Marriott Corporation

McNay Truck Line

Medtronic*

Memorial Health System

Mercantile Trust

MoDot & Mo State Highway Patrol

Niemann Foods

North Carolina State Health Plan

Ok Foods

P&G

Penrose-St. Francis Health Services

Quincy Compressor

Quincy Public Schools

Raytheon

Reynolds Plantation

Ritz Carlton - Lake Oconee

Riverside

Southern Company

State of Georgia

State of MN employees

Sunset Home

Synovus

The Landings Club

Triumph Airborne

UPS

Verizon

Wells Fargo*

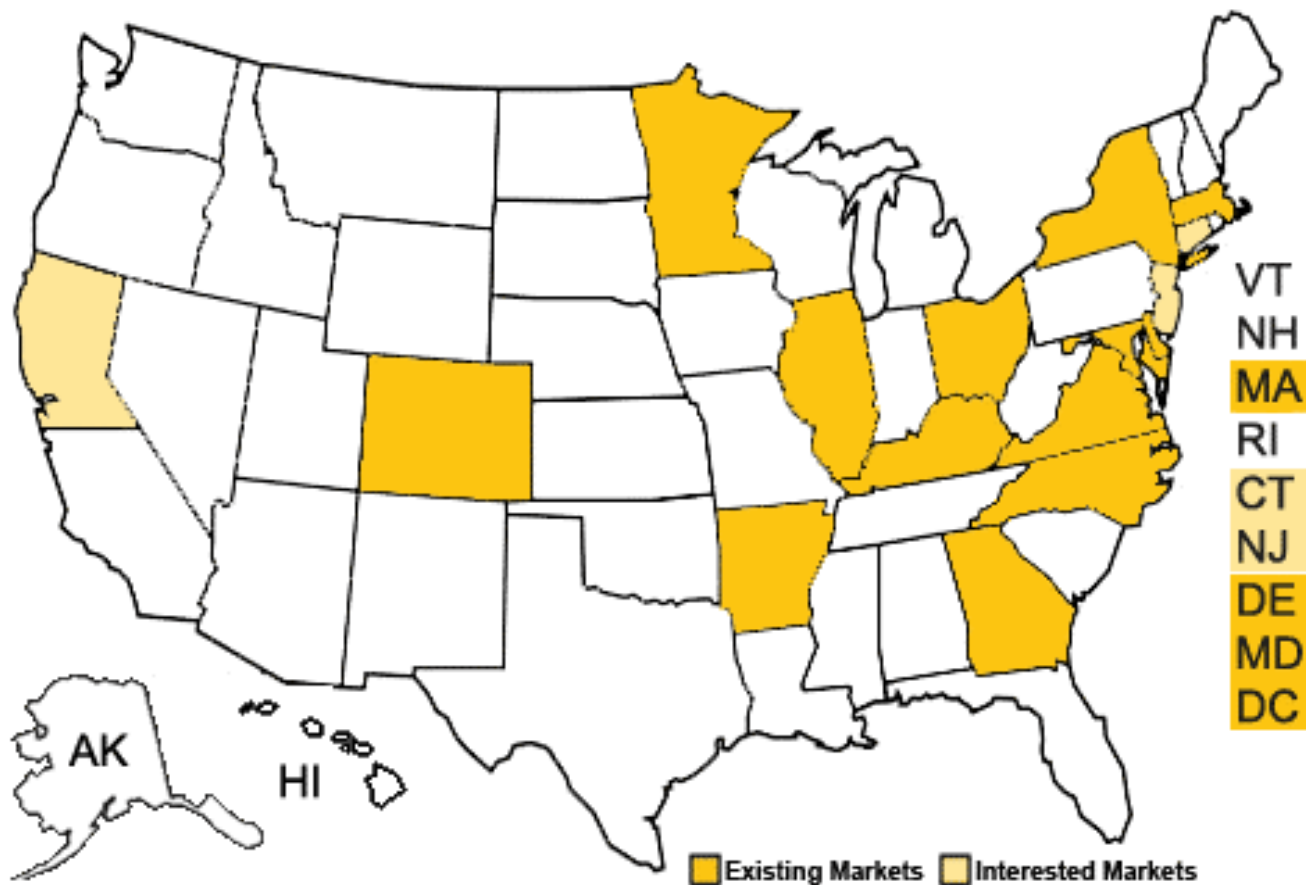
Whirlpool

WW&L

Xerox



BTE is being adopted at an increasing rate





BTE is a not-for-profit company that designs programs for plans and employers

- **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 \$80/diabetic/y
- **Cardiac Care Link** – Based on the NCQA’s Heart-Stroke Recognition Program (HSRP), eligible physicians can qualify for up to \$160/cardiac/y



Upstate NY is a benchmark market

- 2nd largest pilot market in terms of reward-eligible covered lives
- 279 physicians recognized
- 43 practices on their way to full HIT compliance, up from 0 at program start
- Community Care, Capital Care and Prime Care have become examples of significant practice transformation within 3 years
- Over 20% of patients seeing recognized physicians (2% at start of pilot)
- 1.3 million in rewards



Case Study - Capital Care Medical Group

Physician owned and managed

Family, pediatric and internal medicine, and endocrinology

1 of 3 prominent primary care groups in the region

20 sites

Started the recognition process in 1Q2003, first recognition 2Q2005

8 Physician Office Link recognized practices (20 physicians)

4k patients

Over \$300,000 in rewards from BTE alone



Case Study - Capital Care Medical Group

The Improvements

- Identified for the 1st time their top three chronic conditions and created registry
- Created standards, protocols and programs to manage their patients within and across practices
- Centralized patient follow ups for diabetes education
- Tracking quality improvements
- Invested in EMR

The Impact

- Implemented EMR system - wireless at 8 practice sites
- More than 20,000 patients now receive care at practices that have demonstrated improvement
- 20% more time with patients
- 5k savings in transcription costs per month per office
- Continuous improvement plans – more recognitions in 2006 and beyond

"I tend to spend more time with the patient and ask more questions because I've got a format that makes it easy to record answers on the spot. Furthermore, I have immediate access to electronic medical records, allowing me to make more timely decisions about patient care..." William Busino Jr., M.D., President, CapitalCare Medical Group



**COMMUNITY
CARE**
PHYSICIANS, P.C.

Case Study – Community Care Physicians

Physician owned and managed

Multi-Specialty

1 of 3 prominent primary care groups in the region

30 sites

Started the recognition process in 1Q2003, first recognition 2Q2005

11 Physician Office Link recognized practices (65 physicians)

Over 6k patients

Over \$400,000 in rewards from BTE alone



Case Study – Community Care Physicians

The Improvements

- Identified for the 1st time their top three chronic conditions
- Created standards, protocols and programs to manage their patients within and across practices and registry
- Launched 4 diabetes care improvement programs
 - Population tracking and follow up, DM and case managers
- Develop Diabetic registry
 - Conduct process audit
 - Provide benchmarking data
 - Develop interventions and implement
 - Re-measure
- Invested in EMR



Case Study – Community Care Physicians

Diabetes Areas of Opportunity and Interventions

Tobacco screening

- Staff education on Diabetic patient prep and Tobacco screening

Scheduling of follow-up visits

- Process changes in the way we schedule patients

Comprehensive foot care

- Diabetes Tool Kits filled with tools for the provider and the patient – to facilitate foot exams

Annual dilated retinal exam

- Documentation Tools: flow sheets, standing order sets etc.

Nephropathy testing

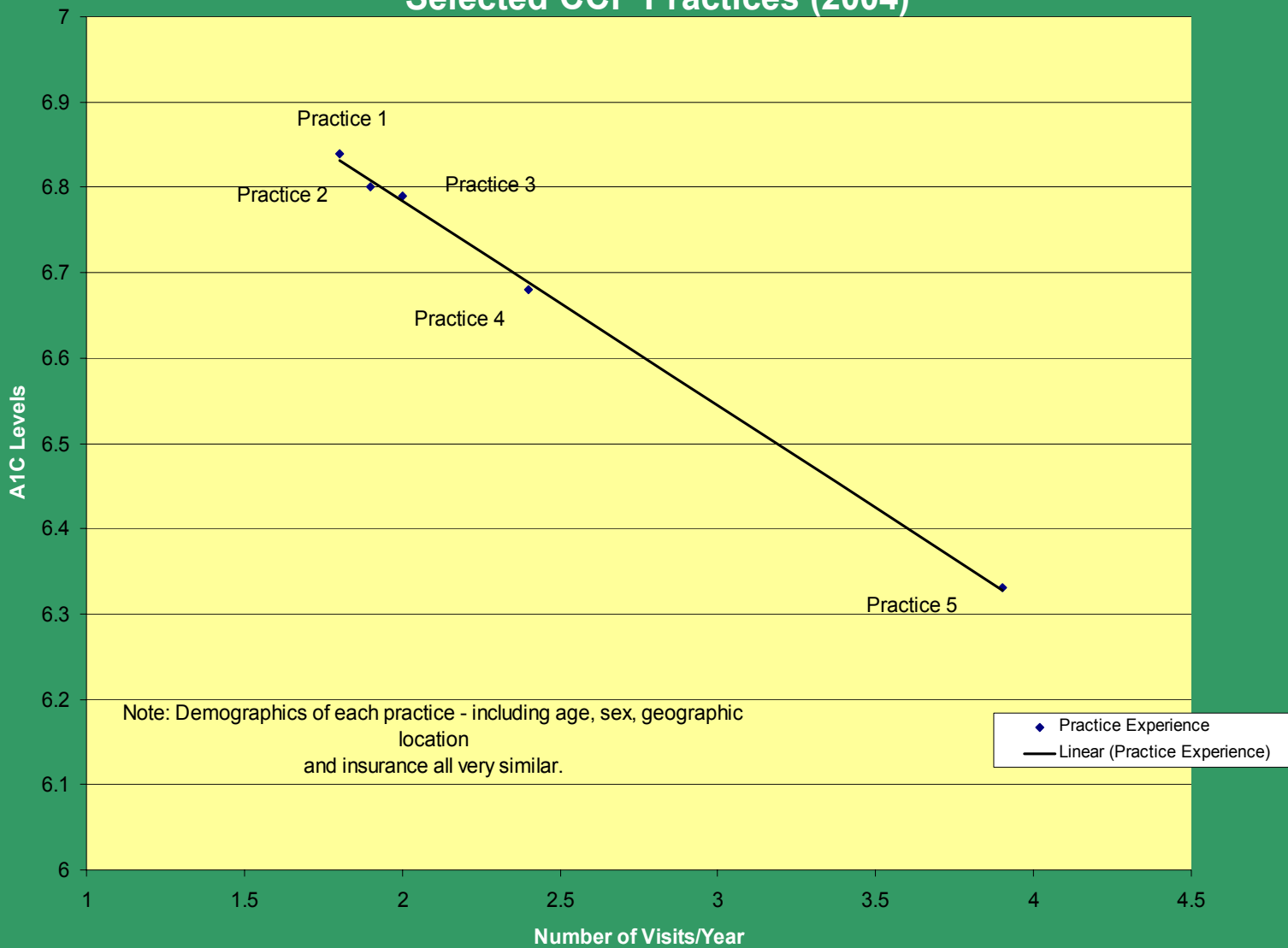
- Educational information on nephropathy testing

Self Management Education

ADA Certified Diabetes Self Management Education Program



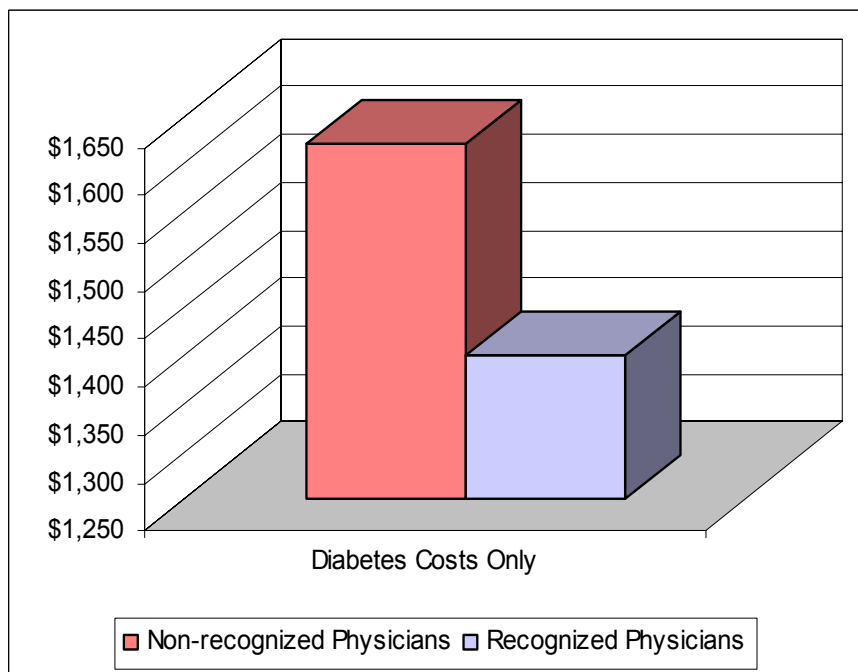
Relationship of # of Visits per Year to A1C Levels Selected CCP Practices (2004)



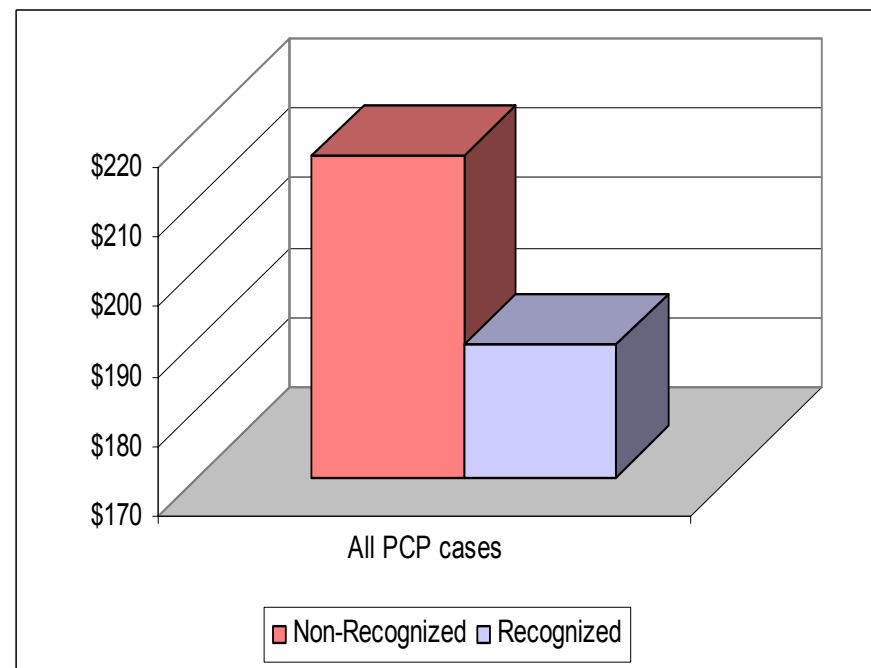


Current analyses show that patient costs are lower at recognized physicians

Diabetes Care Link



Physician Office Link



Average episode costs of care for recognized and non-recognized physicians



Case Study – Community Care Physicians

The Impact

- Implemented EMR system – rolling on a practice every two weeks
- Wireless in all practice sites
- More than 40,000 patients now receive care at practices that have demonstrated improvement
- Systems mapped to evidenced based care guidelines
- Diabetics in the programs on average 1.5% decrease in A1c levels
- Savings in reduced staff, transcription, materials, overtime
- Continuous improvement plans – more recognitions in 2006 and beyond

“If you want to effect clinical outcomes in patients you first have to make sure your structure and process are in place. This is an opportunity to utilize quality improvement strategies to enhance on going practice development.” Robert Fortini, PNP
Clinical Operations Manager, Community Care Physicians



Best practices in P4P have been adopted by many others

1. use standard performance measures;
2. bring together lots of payers and purchasers to make rewards meaningful to physicians;
3. use independent third party organizations to measure the performance of the physicians;
4. provide physicians with clearly defined benefits which helps them determine the value of participating;
5. encourage physicians to adopt better systems of care, including health information technology, to systematically improve the delivery of care.
6. American Medical Association, HSPA, NBCH, CMS, Rewarding Results



www.bridgestoexcellence.org

