



NCVHS Workgroup on Quality

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GE Health Care Initiatives and Bridges to Excellence

We imagine a health care market...

- Where service providers are free to compete, based on the published value of the services they provide, and rewarded for high performance.
- Where patients, as consumers, are free to choose their providers, are sensitive to the value of the services they consume, and engaged in better managing their health.

To create this market we need to solve a few problems

- Harmonize performance measures on effectiveness and efficiency across the industry
- Engage plans in developing products that will encourage consumers to “shop” for value
- Succeed in significant market experiments that can be implemented by large and small employers

Bridges to Excellence is an answer to some of the “problems”

A multi-stakeholder approach to creating incentives for quality

- > Employers, health plans, consumers, physicians and group practices

Mission:

- > Improve quality of care through rewards and incentives that
 - encourage providers to deliver optimal care, and
 - encourage patients to seek evidence-based care and self-manage their own conditions

Focus:

- > Office practices, diabetes care, cardiac care
- > Roll-out in selected markets, leveragability to any market
- > Program costs paid by participating employers

Bridges to Excellence: Quality Reward Programs

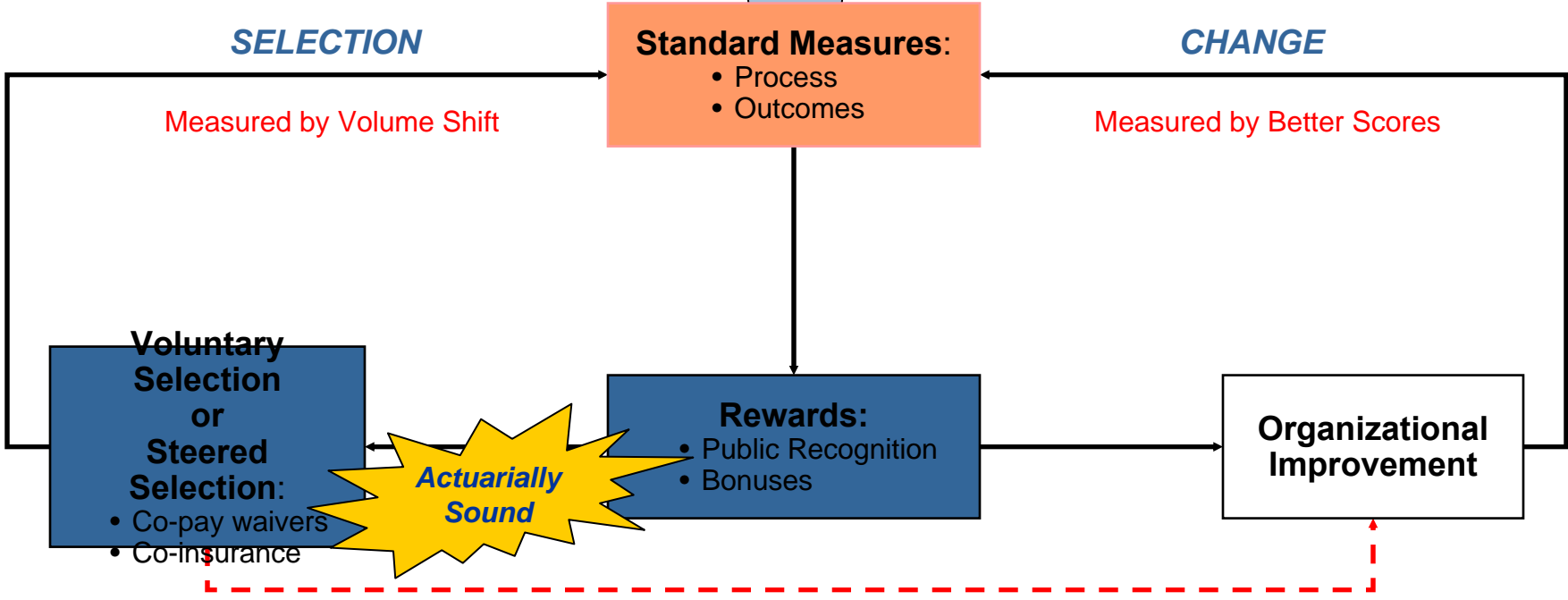
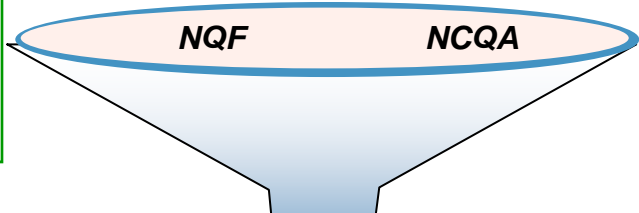
- > **Diabetes Care Link (DCL)**
 - NCQA Diabetes Provider Recognition Program
 - Improve outcomes for patients with diabetes
 - Target PCPs and Endocrinologists, and patients with diabetes
- > **Cardiac Care Link (CCL)**
 - NCQA Heart Stroke Recognition Program
 - Improve outcomes for patients with CVD
 - Target PCPs and Cardiologists, and patients with cardiac disease
- > **Physician Office Link (POL)**
 - Physician Practice Connections
 - Redesign processes of care to close the Quality Chasm
 - Target all physicians and all patients
- > **Hospital Care Link (HCL)**
 - Leapfrog Group Hospital Incentives & Rewards
 - Efficiency and Effectiveness (NQF Quality Measures)

Hospitals: THE **LEAPFROG** GROUP
for Patient Safety
Rewarding Higher Standards

- ❖ Focus on three Safe Practices
 - ✓ CPOE
 - ✓ ICU Supervision
 - ✓ Procedure Volume and/or Outcomes

Physicians: BRIDGES
to Excellence
Rewarding Quality across the Healthcare System

- ❖ Focused on physician performance
 - ✓ Diabetes outcomes
 - ✓ Cardiac outcomes
 - ✓ Systems of care



A Framework For Sustainable Change

DCL Performance Assessment (DPRP)

	3-year	1-year
Clinical Measures (past 12 months)	% of Patients Achieving Measure	
HbA1c control >9.0% (poor control)	≤20% of patients in sample	≤20% of patients in sample
HbA1c control <7.0%	40% of patients in sample	40% of patients in sample
Blood pressure control <140/90 mm Hg	65% of patients in sample	65% of patients in sample
Blood pressure control <130/80 mm Hg	35% of patients in sample	35% of patients in sample
Eye exam	60% of patients in sample	
Smoking status and cessation advice or treatment	80% of patients in sample	
Complete lipid profile	85% of patients in sample	
Cholesterol control <130 mg/dl	63% of patients in sample	63% of patients in sample
Cholesterol control <100 mg/dl	36% of patients in sample	36% of patients in sample
Nephropathy assessment	80% of patients in sample	
Foot exam	80% of patients in sample	

Sampling

Diabetic patient population on which to base the outcomes measures:

- > 35 patients or less, send us the numbers for all
- > >50 patients, send the list of patients and we'll select the random sample

Risk-adjust annual outcome measures if requested

CCL Performance Assessment (HSRP)

	3-year (rewards)	1-year
Clinical Measure	% of Patients Achieving Measure	
# Blood Pressure Testing in last 12 months	80%	80%
Proportion <140/90 mm Hg	75%	50%
# Lipid Profiles Done in last 12 months	80%	80%
LDL <100 mg/dl	50%	50%
Patients with aspirin or other antithrombotics use	80%	80%
Smoking status and cessation advice	80%	80%

Physicians scored based on what percentage of their patients with a diagnosis of a past cardiac event meet established criteria.

1 year: recognition only, no rewards

Super-star status for those physicians able to demonstrate the highest level of BP control among 75% of patients

BTE – Candidate Recommendation Crosswalk

Physician Office Link

- Basic Registry/EMR
- Education and screening
- Quality improvement of health outcomes, performance goals
- Prevalence of chronic care and management
- Preventable admissions – identification and follow up
- Identification and comprehensive longitudinal care of high risk patients

Direct Candidate Recommendation

1. Test results/lab data
2. Vital signs/objective data
3. Dates and times for admissions and procedures
4. Episode start and end dates for global procedure codes
5. Functional status codes
6. Functional status code reporting

Overall Response

- I. Competition should happen at the individual physician level by disease/procedure.
- II. Competition at this level is only possible through improvements in the outcome and administrative data and making it transparent.
- III. For purchasers to buy health care based on value – *quality of health outcomes per dollar expended* – outcome data needs to be readily available and transparent in the marketplace.

Response to Candidate Recommendations

1. *Test Results*

- Implementation could dramatically increase provider participation in BTE

2. *Vital Signs / Objective Data*

- Implementation could dramatically increase provider participation in BTE

3. *Secondary Admission Diagnosis Flag*

- Would improve precision of hospital performance measures

4. *Operating Physician*

- Better attribution of responsibility for care and focusing of quality improvement

Response to Candidate Recommendations

5. Dates and Times for Admission and Procedures

- Allows for measures of timeliness of hospital care

6. Episode Start and End Dates for Global Procedure Codes

- Allows for episode view in measuring performance

7. Functional Status Coding

- Coding of health status and severity of illness would better account for individual patient differences

8. Functional Status Reporting

- Measures of health status and severity of illness would facilitate risk adjustment of provider performance data

Summary

- We want to reward physicians for doing it right the first time – that creates a business need for accurate and complete data at the individual physician and procedure level.
- Standard data formats will help physicians and practices leap the administrative hurdle of self reported performance standards.
- Bridges to Excellence is open to exploring changes to performance measures in the promotion of data exchange and interoperability