

Bridges to Excellence Pilot Program Results

Eugenie Komives, MD
VP and Senior Medical Director

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Physician Reward and Recognition Programs: BCBSNC Philosophy

- Utilize nationally recognized physician quality measurement (NCQA, NQF, PCPI)
- Incorporate programs that allow recognition of broad variety of physicians in our network (rural, urban, solo to large multi-site practices)
- Avoid excess administrative complexity for physician and BCBSNC
- Work in collaboration with physician community



Bridges to Excellence Pilot

- Three-year pilot that began in 2006 recognizes and rewards qualifying physicians who achieve quality standards set by the National Committee for Quality Assurance (NCQA)
- Focuses on improving quality of care, resulting in:
 - Better health for members
 - Long-term medical cost savings
 - Overall affordability
- Joint venture
 - NC State Health Plan and BCBSNC
- Provider support
 - Help them make the changes needed to transform



Bridges to Excellence Pilot

Rewards paid to practices with physicians who obtain NCQA (BTE) recognitions in any of three quality improvement programs:

- **Physician Practice Connection (Physician Office Link):** Use of systems, processes and technology to enhance the quality of patient care
- **Diabetes Physician Recognition Program (Diabetes Care Link):** Management of the overall care of patients with diabetes
- **Heart/Stroke Recognition Program (Cardiac Care Link):** Management of the overall care of patients with cardiovascular disease



NCQA Recognitions – NC totals

As of 04/01/09.....

- Physician Practice Connections: (46 practices)
 - 27 Basic, 64 Intermediate, 208 Advanced PPC
 - Total 299 physicians
- Patient Centered Medical Home: 49 physicians
- Heart/Stroke Recognition Program: 447 physicians
- Diabetes Physician Recognition Program: 551 physicians
- Total recognitions among NC physicians as of 4/1/09: **1346**
- Total eligible physicians approximately 6000
- **Rewards only paid on the 250 physicians in the BTE pilot

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Bridges to Excellence Pilot Program Evaluation

Overall Methodology:

- Evaluated patients of physicians involved in first recognition cycle (applications to NCQA by 1/31/07; recognized as of 4/1/07)
 - Diabetes Program (DPRP): 52 recognized physicians
 - Heart/Stroke Program (HSRP): 54 recognized physicians (16 basic, 38 advanced)
 - Physician Practice Connection Program (PPC): 56 recognized physicians (27 basic, 28 intermediate, 1 advanced)



Diabetes and Heart/Stroke Program Evaluation

- Methodology:
 - Randomly selected patients from recognized and non-recognized providers (same specialties included in the pilot)
 - Chart pull of most recent clinical measure between 1/1/07-12/31/07 – pulled within 6 months after 12/31/07
 - Comparison of % compliant with measure
 - Match-paired based on age and retrospective risk score
- Cost evaluation: Average ETG costs for applicable ETG's



Results for HSRP/DPRP

- Quality:
 - Improvement in 4 of 6 quality measures, one statistically significant (BP <130/80)
 - All providers (on average) performed significantly better than 2006 HEDIS - ?reflects ongoing QI activity in NC physician practices
- Cost:
 - Results do not show significant differences in costs between recognized and non-recognized physicians



Physician Office Link Evaluation

- Compared results for patients of recognized vs. non-recognized physicians 7/1/07-6/30/08, for same specialties eligible for POL (PPC) program
 - Utilization measures:
 - High-cost radiology/1000
 - Admits/1000
 - Bed days/1000
 - Specialty visits/1000
 - Costs
 - All episode groups for “member months”



Physician Office Link Results

- 12% reduction in High Tech Imaging services
- 34% reduction in Emergency Room visits
- 24% reduction in Specialist Physician visits



BTE Pilot Results: Bottom line

- Clinical results for **disease specific programs** indicate that NCQA recognized docs perform better on BP<130/80 in diabetes – newest NCQA/HEDIS quality measure – otherwise NC physician performance very good; no demonstrated cost savings in this early analysis
- **PPC/POL program** appears to produce cost savings which represent care in a “medical home.”
- Savings appear to be due to overall **improved management** of patients.
- These results provide a basis for continued inclusion of BTE recognitions in our primary care recognition programs.

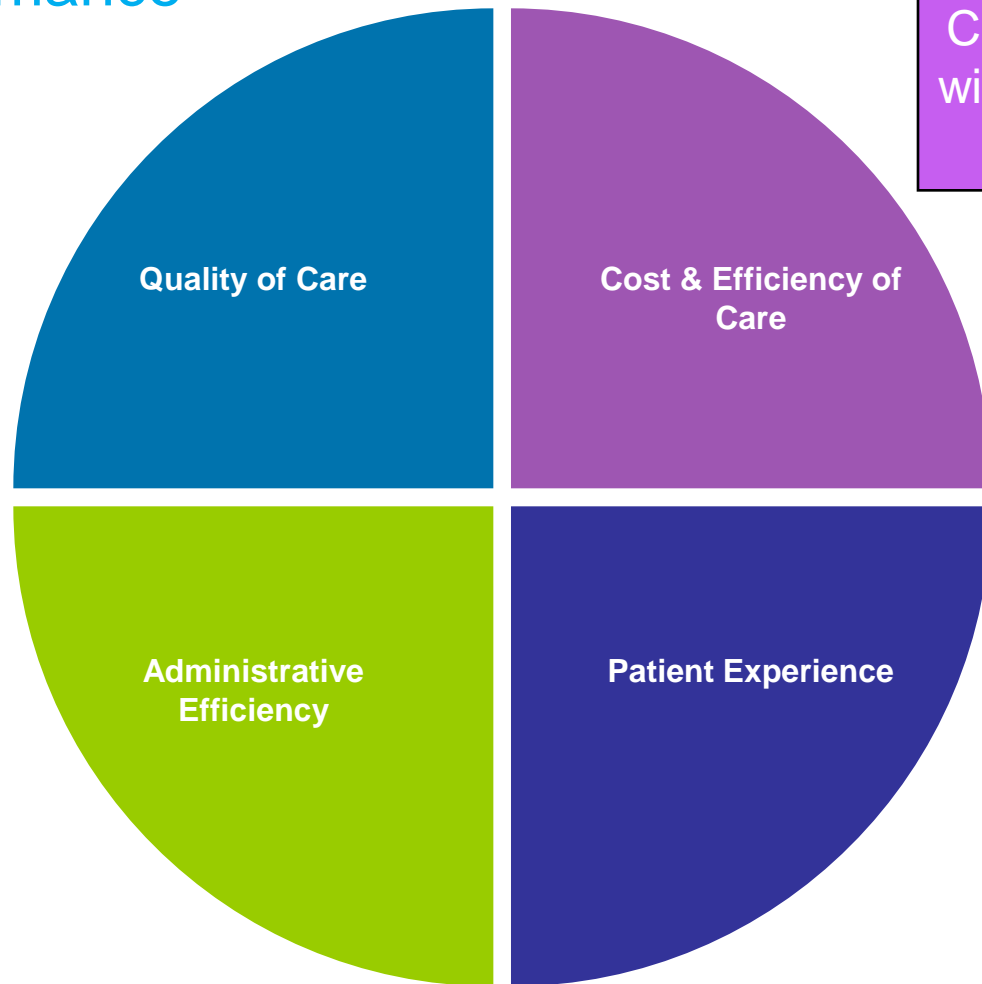


Blue Quality Physician Program

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Blue Quality Physician Program incorporates four areas of provider performance



Cost and Efficiency will be set aside this Round



Questions?

Thank you!

