

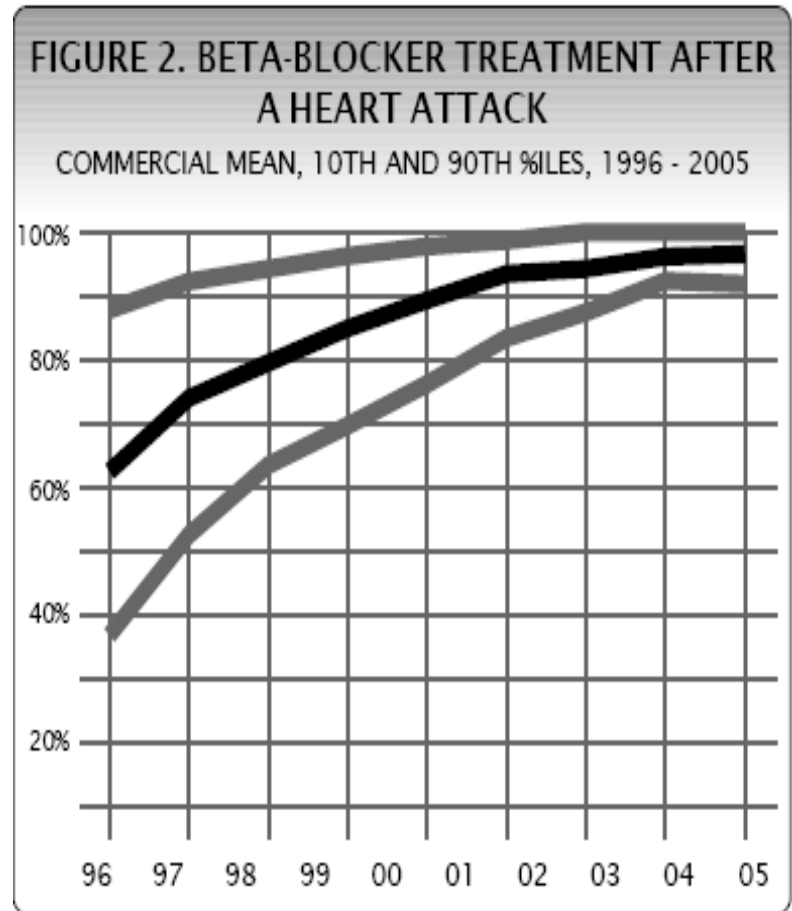
National Drivers for Change: Recipes for Success Emerge

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Eulogy for a Quality Measure

- Beta blockers after acute myocardial infarction was retired by NCQA on May 8, 2007
- Reason: lack of variation among health plans



Source: State of Health Care Quality, available at www.ncqa.org

Not Exactly an Overnight Success Story...

- 1982 – Beta Blocker Heart Attack Trial (BHAT) shows mortality reduction. Subsequent data indicate that benefit is:
 - Up to 40% reduction in relative mortality
 - Present despite relative contraindications to beta blockers
- 1984 – Benefit of beta blockers for secondary prevention cited in Braunwald's *Heart Disease*
- Still ... treatment rates ~34% documented in early 1990s

...Moving Beyond Education Alone

- 1996 – ACC/AHA guidelines endorse use of beta blockers after MI
- 1996 – NCQA begins collecting data on post-MI beta blocker prescriptions for managed care organizations
- 1997 – JCAHO launches ORYX, including beta blocker measure
- Health plans implement care coordination, financial incentives
- Professional societies and IHI launch quality improvement collaboratives (e.g., Guidelines Applied in Practice)

The Ingredients

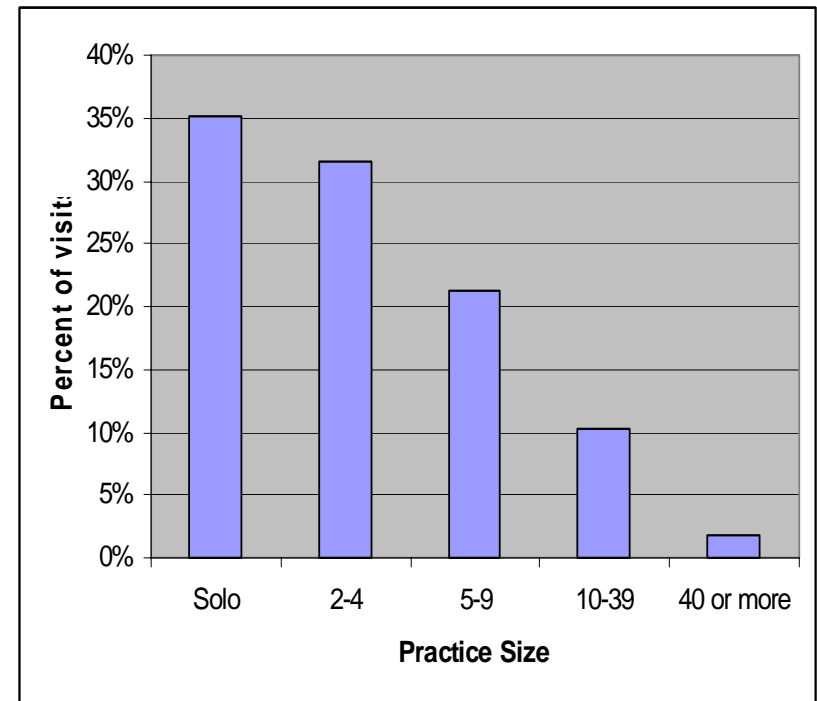
- Rigorous research
- Acceptance by opinion leaders
- Consensus guidelines
- Performance measures
- Use of measures for:
 - Benchmarking and internal quality improvement programs
 - Public reporting
 - Pay for performance
- Development of national and regional collaboratives
- Implementation of systems to hard-wire performance

Some Nagging Problems

- One issue down – and about 10,000 to go
 - How many guidelines, performance measures, P4P targets, and collaboratives can we absorb?
- Fragmented U.S. provider system has limited ability to respond to P4P incentives

Physician Practice Size and Percentage of Office Visits

(Source: 2004 National Ambulatory Medical Care Survey)



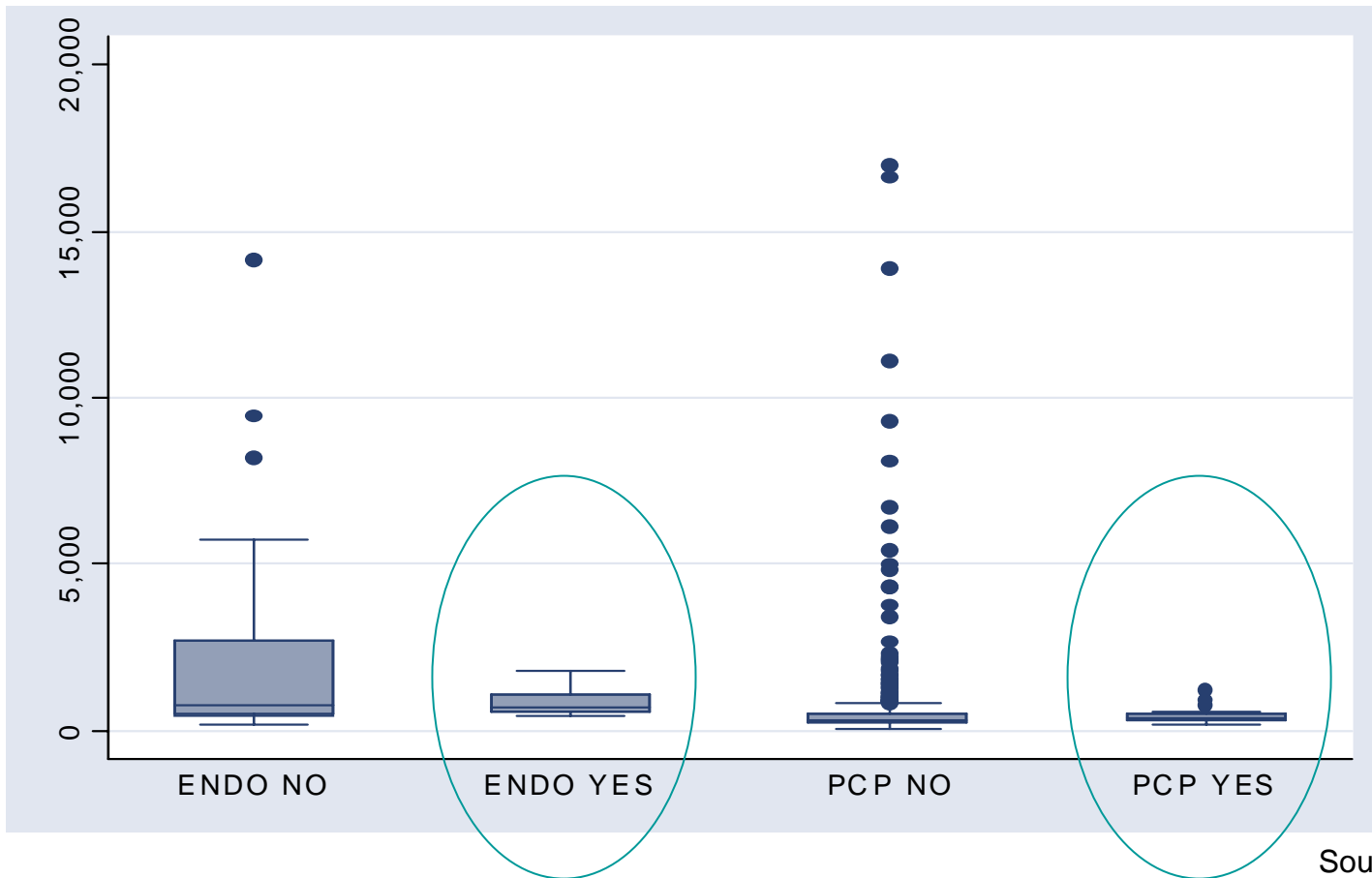
Bridges to Excellence as a Complementary P4P Model

- Rewards for physician practices that adopt systems likely to reduce errors of all three types
- Original process: Complete NCQA survey
- Basic theme: Delaying – promote systems that “get it right the first time”
- Estimated rewards shared between providers and purchasers
- Key features:
 - Works for small MD practices
 - Focuses on systems
 - MDs report clinical data from charts/EMRs and information on office systems

BTE Programs

- **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 \$50/pmpy
- **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
- **Spine Care Link** – Based on the NCQA’s Back Pain Recognition Program (BPRP), eligible physicians can qualify for up to \$50/back pain/y

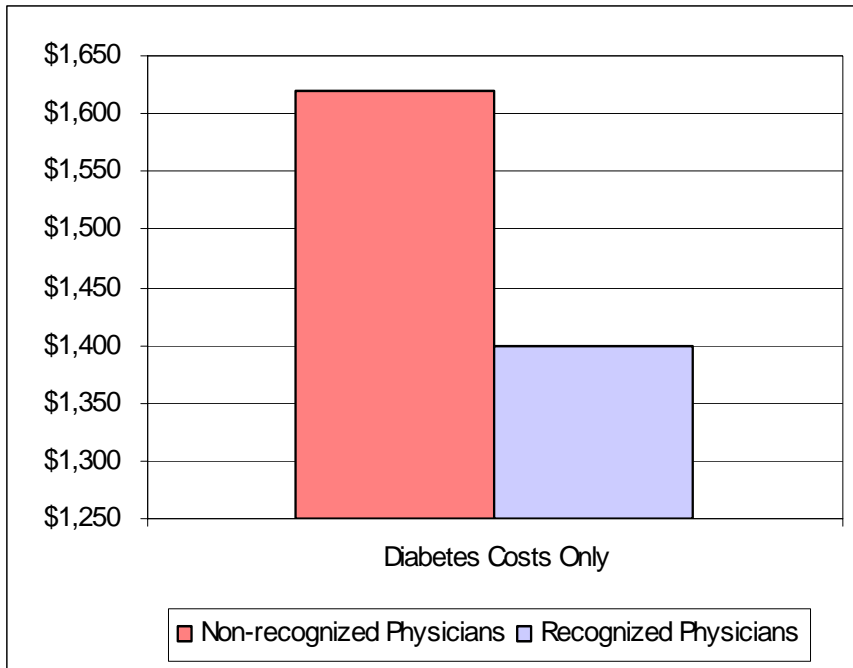
BTE-recognized physicians show significant reduction in variation



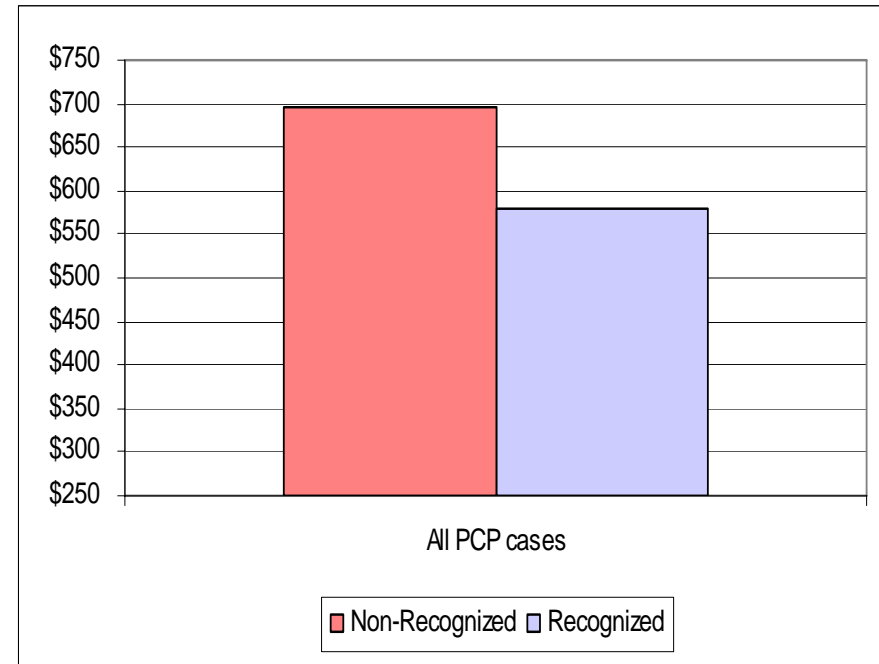
Source: Ingenix

Which also leads to lower costs of care

Diabetes Care Link



Physician Office Link



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

BTE in Evolution

- BTE being implemented by payers as part of their incentive/quality reporting programs
- Other options for provider recognition (e.g., QIOs) developing
- BTE may be evolving into aggregator of non-claims data relevant to performance measurement on physicians practices for use by payers/employers