

# PGIP INITIATIVE UPDATES: EBCR, QOPI, Inpatient Utilization

PGIP Quarterly Meeting  
March 13, 2009  
Lansing Community College

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- Release of EBCR Initiative Plan in 4Q07
- Introduction of the ABC Benchmarks in 4Q07
- Changes in EBCR measure set
  - 11 new “test” measures announced in 4Q07 including:
    - COPD (1 measure)
    - Low Back Pain (1)
    - Adult Preventive (2)
    - Child/Adolescent Preventive (5)
    - Drug Persistence (2)
- Transparency of key metrics via GDAHC and BCBSM websites
- Movement from “Pay for Participation” to “Pay for Performance”
  - Payments now based on meeting PGIP average, Improvement at Clinical Aggregate level and Meeting ABC Benchmark



- Focused Improvement Program announced (Dec 10, 2008)
  - Diabetes: Statin Use
  - Diabetes: Monitor for Nephropathy
  - Diabetes: ACE/ARB Use with Comorbidity Nephropathy
  - Coronary Artery Disease: Statin Use
  - Use of Imaging Studies for Low Back Pain
- HEDIS-like measures now fully mirror HEDIS (i.e. changes to EBCR Diabetes measures)
- Release of full EBCR Measure Specifications (Feb 13, 2009)
- Initiative Plan Version 2.0 released (March 2009)

# EBCR – What's New in 2009



- The 11 test measures from 2008 now part of EBCR payment calculation
- Changes in EBCR measure set
  - 2 Medication Mgt measures announced in 4Q08 including:
    - Antidepressant Medication Management
    - Annual Monitoring for Patients on Persistent Medications
  - 3 measures retired including Asthma (1) and Beta Blocker (2). However Asthma will continue to be reported on EBCR as it is a publicly reported measure
- Continued movement on “Pay for Performance” scale
  - 100% of incentive payment is performance based
  - Payments based on meeting PGIP average, Improvement at Clinical Aggregate level, Meeting ABC Benchmark and Improvement on Focused Improvement measures
- All 32 PCP POs participating in EBCR

# Sample of EBCCR Specs – 28 in All

BCBSM Physician Group Incentive Program

## Evidenced Based Care Report (EBCCR) Measure Specifications

### #1 Breast Cancer Screening - percentage of members who have had a mammogram during the measurement year, or year prior to the measurement year

Source: HEDIS 2009

Eligible population: Women members 40-89 years of age as of December 31 of the measurement year

Continuous enrollment: Members must be continuously enrolled during the measurement year and the year prior to the measurement year. No more than one gap in enrollment of up to 45 days during each year of continuous enrollment is allowed.

Denominator: Eligible population

Numerator: 1 or more mammograms during the measurement year or the year prior to the measurement year. A woman had a mammogram if a submitted claim/encounter contains any one of the codes mentioned below in "Codes to Identify Breast Cancer Screening".

Exclusions: Women who had a bilateral mastectomy by and through December 31 of the measurement year (looking back 2 years in the member's history) and for whom administrative (claims) data do not indicate a mammography was performed.

~ Please refer below for "Codes to Identify Exclusions".

Note: As of 4<sup>th</sup> quarter 2008, BCBSM began looking back 4 years (instead of 2) in the member's history for exclusionary criteria. Also, BCBSM plans to eventually include an ongoing list of members who were excluded from this measure's calculation due to criteria listed in this report.

### Codes to Identify Breast Cancer Screening

CPT	HCPCS	ICD-9-CM Diagnosis	ICD-9-CM Procedure	UB Revenue
76090 - 76092, 77055 - 77057	G0202      G0204  G0206	V76.11, V76.12	87.38, 87.37	0401      403

### Codes to Identify Exclusions

Description	CPT	ICD-9-CM Procedure
Bilateral mastectomy	19180.50, 19200.50, 19220.50, 19240.50, 19303.50, 19304.5, 19305.5, 19308.5, 19307.5	85.42, 85.44, 85.46, 85.48
Unilateral mastectomy (two separate occurrences on two different dates of service)	19180, 19200, 19220, 19240, 19303, 19304, 19180, 19305, 19306, 19307	85.41, 85.43, 85.45, 85.47

Note: Biopsies, breast ultrasounds, and diagnostic mammograms should not be counted as they are not primary screening procedures

February 2009



## A variety of moving variables impacts the quality scores comprising the clinical aggregates and the overall EBCR score

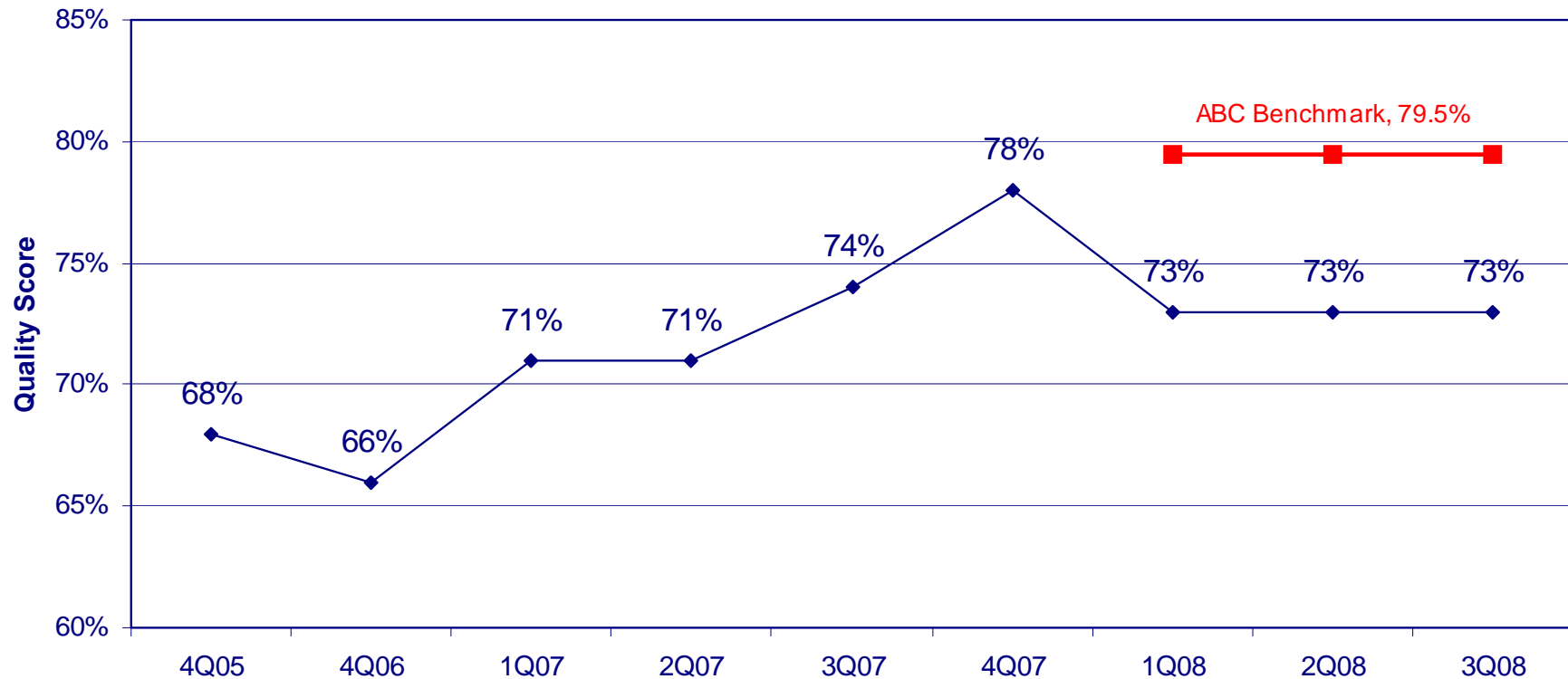
- # of physician organizations
- # of physicians associated with POs
- # of attributed members
- # of measures
  - 11 new measures added in 4Q07 including COPD (1 measure), Low Back Pain (1), Adult Preventive (2), Child/Adolescent Preventive (5), and Drug Persistence (2)
  - 2 new measures added in 4Q08 including Medication Mgt (2 measures) and 3 measures dropped including Asthma (1) and Beta Blocker (2 measures)
- calculation methodology behind measures (HEDIS and BCBSM changes)

	2005	2006	2007		2008	
	June	June	January	June*	January*	June*
Attributed Members	609,704	1,159,861	1,346,490	1,542,978	1,669,036	1,707,617
# POs	10	31	31	33	33	33
# Physicians	2,903	4,798	5,470	5,790	6,232	6,250

\* Excludes oncologists and their attributed members



## Overall Diabetes Scores

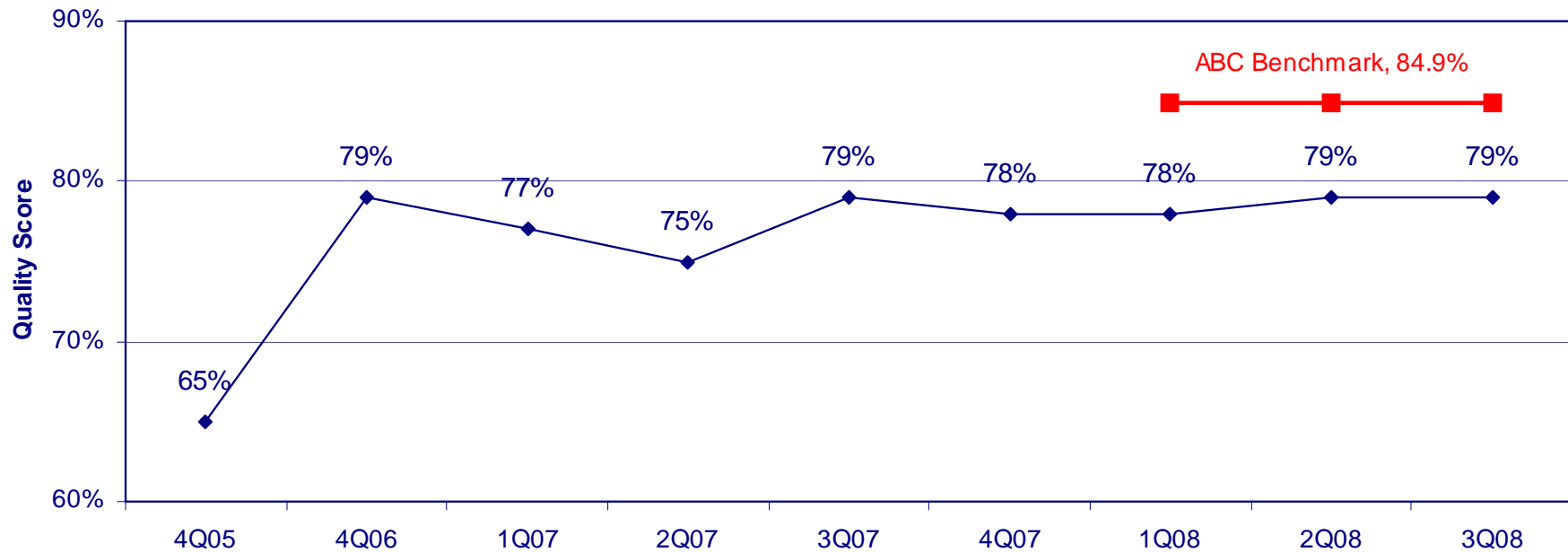


Diabetes measures include: HbA1c Testing, LDL-C Screening, Monitor for Nephropathy, Lipid Lowering Drug Rate, Statin Use, ACE/ARB Use with Cormorbid CHF, ACE/ARB Use with Cormorbid Nephropathy and ACE/ARB Use with Cormorbid Hypertension

# Coronary Artery Disease



## Overall CAD Scores

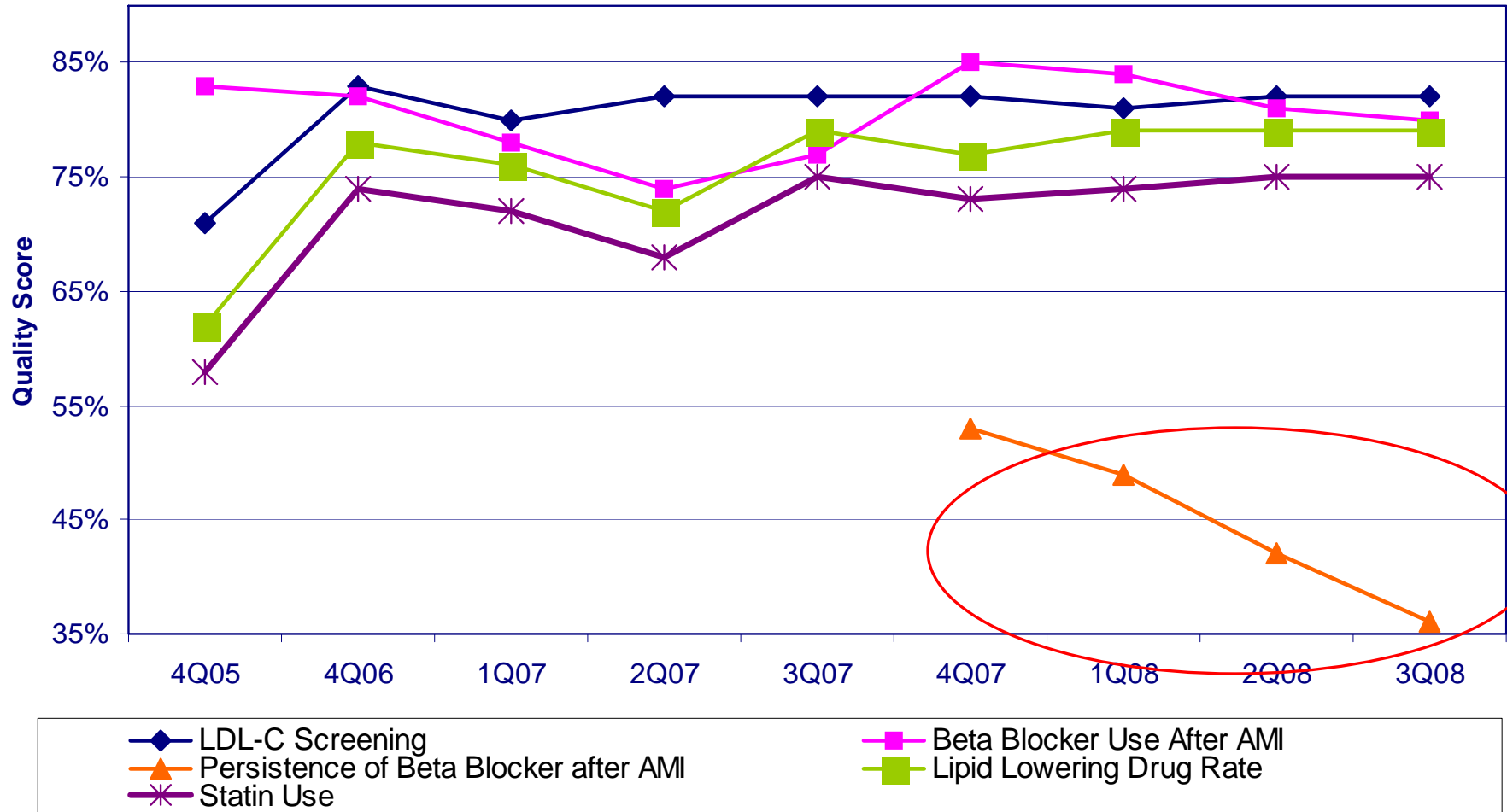


Coronary Artery Disease measures include: LDL-C Screening, Beta Blocker Use After AMI, Lipid Lowering Drug Rate and Statin Use. "Persistence of Beta Blocker After Heart Attack" is a new measure introduced for 4Q07

# Coronary Artery Disease



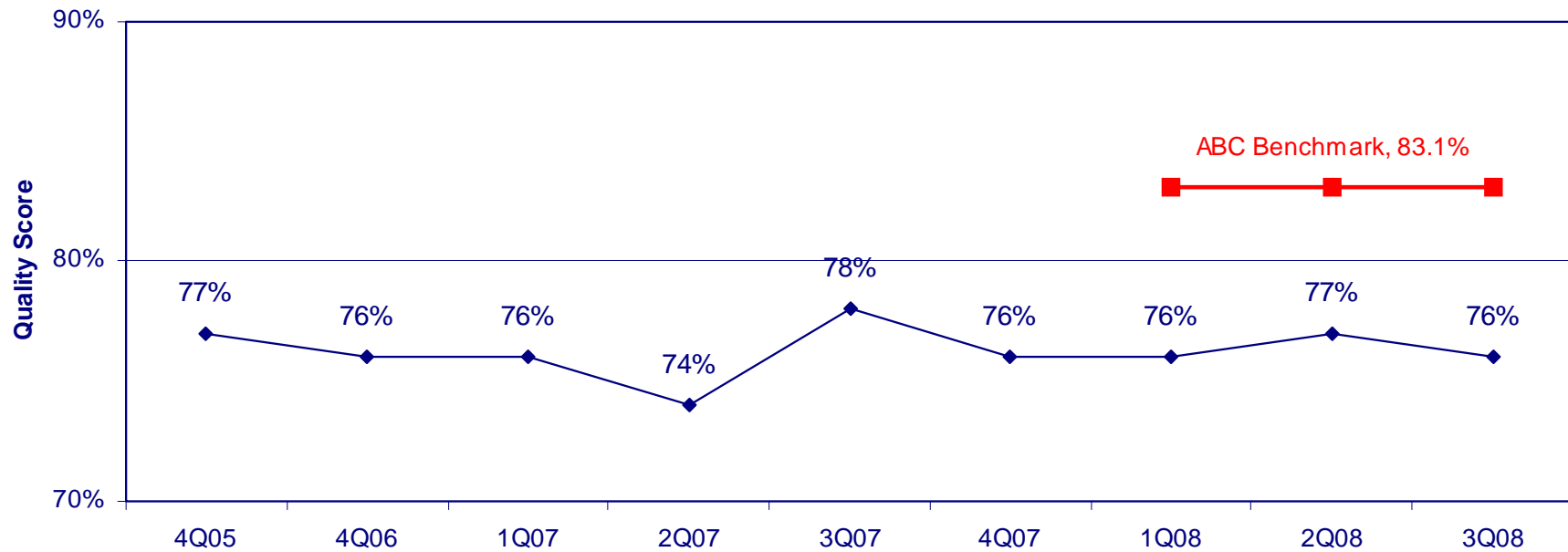
Individual Metrics Composing the Overall Coronary Artery Disease EBCR Score



# Congestive Heart Failure



## Overall CHF Scores

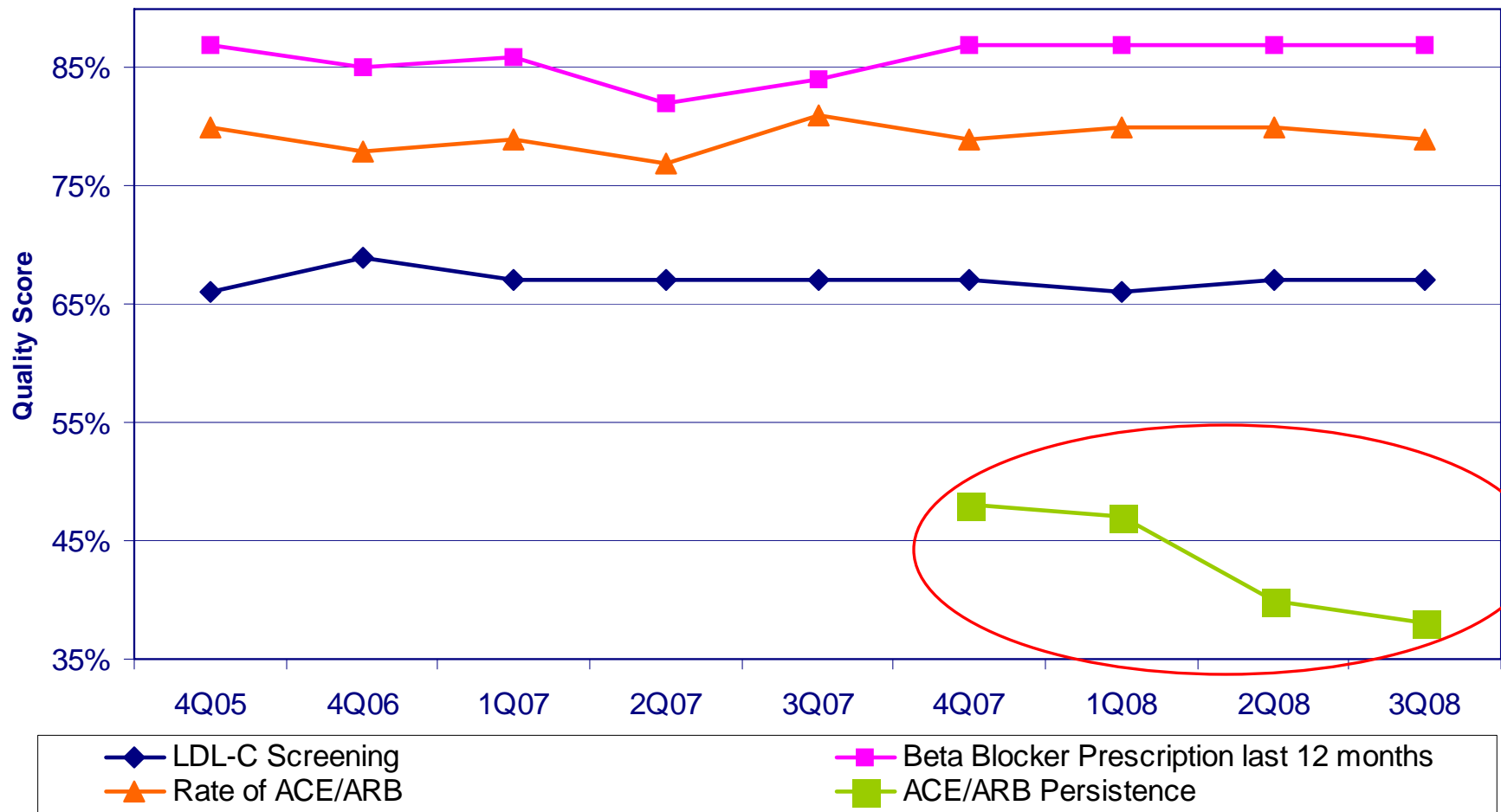


Congestive Heart Failure measures include: LDL-C Screening, Beta Blocker Prescription last 12 months, and Rate of ACE/ARB. ACE/ARB Persistence is a new measure introduced for 4Q07.

# Congestive Heart Failure



Individual Metrics Composing the Overall Congestive Heart Failure EBCR Score



# Overall EBCR Score (Combined)



- By adding 11 new measures to the payment consideration for 2009, it impacts the Overall EBCR Score (Combined)
- PGIP average is 67%
- Range of performance is now from 58 to 74
- 7 POs have Overall EBCR Score (Combined) below PGIP average
- Top performers include:
  - MMPC (74%)
  - Sparrow (73%)
  - U of M (72%)
  - IHA (72%)



## Antidepressant Medication Management

- HEDIS measure
- Percentage of members 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment. Two rates are reported.
  - *Effective Acute Phase Treatment* - Percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 days (12 weeks)
  - *Effective Continuation Phase Treatment* - Percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 180 days (6 months)



## Annual Monitoring for Patients on Persistent Medications

- HEDIS measure
- Percentage of members 18 years of age and older who received at least a 180-days supply of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. EBCR will report each of the four rates separately and as a total rate.
  - Annual monitoring for members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB)
  - Annual monitoring for members on digoxin
  - Annual monitoring for members on diuretics
  - Annual monitoring for members on anticonvulsants
  - Total rate (the sum of the four numerators divided by the sum of the four denominators)

# American Society of Clinical Oncology (ASCO) Quality Oncology Practice Initiative (QOPI)





- 12 POs participating in Year 2 of QOPI Initiative
- Year 1 focused on developing the infrastructure, gaining active participation
- Year 2 will focus on opportunities presented through data reports and quality improvement efforts
- BCBSM building support capabilities to support PGIP oncologists
- BCBSM expanding collaboration with ASCO
- Movement from “Payment per Physician” to “Pay for Participation.”  
Payments will be based on:
  - Bi-annual data submission for each participating practice will determine level of payments to PO
  - “Blue” penetration – number of attributed BCBSM members
  - Practice unit composition, including the number of physicians within each practice
  - Projected data abstraction costs per practice unit

# Inpatient Utilization Initiative





- IP initiative focuses on Ambulatory Care Sensitive Conditions (ACSCs)
- Initiative Goals
  - Re-design existing processes to improve overall care delivered to PGIP members
  - Provide members at risk for ACSCs with timely and effective primary care with an emphasis on disease state management
  - Develop interventions to manage disease progression, reduce preventable complications, and avoid unnecessary hospitalizations and ED visits for ACSCs
- IP initiative will provide an ongoing basis for assessing and rewarding the results of POs' PCMH efforts

# Ambulatory Care Sensitive Conditions (ACSCs)



14 ACSCs, which are measured as rates of admission to hospital:

- Adult Asthma
- Angina w/o Procedure
- Bacterial Pneumonia
- COPD
- CHF
- Dehydration
- Diabetes (Short Term Comps)
- Diabetes (Uncontrolled)
- Diabetes (Long Term Comps)
- Hypertension
- Perforated Appendix\*
- Rate of Lower-Extremity Amputation among people with Diabetes
- Urinary Tract Infection

\* Denominator is based on adults (18-64 years) with a diagnosis code for appendicitis in any field (primary, secondary or tertiary diagnosis)

# Drilling Down



- 3 of the 14 ACSCs account for approximately 50% of ACSC inpatient admissions
  - Lower-Extremity Amputations
  - Bacterial Pneumonia
  - Adult Asthma
- 5,655 ACSC annual admissions for PGIP POs or approximately 109 admissions per week!
- This translates into a significant number of hospital admissions per week for PGIP-attributed members, including:
  - 25 admissions for bacterial pneumonia
  - 18 admissions for CHF
  - 13 admissions for adult asthma
- In 2007, PGIP unadjusted total ACSC-related inpatient standard cost was \$51.6 Million

# Inpatient Utilization Initiative



- 16 POs participating
- Participants receive
  - Semi-annual dashboard reports
  - Quarterly datasets
- Participation expectations
  - Describe use of BCBSM data in Progress Report and Implementation Plan
    - Key trends, underlying major causes of IP admissions for ACSCs
    - Opportunities for improvement
    - Dissemination of data to Practice Units and physicians
    - Planned strategies
- Performance expectations
  - Decrease rate of ACSC inpatient admissions