

PGIP INITIATIVE UPDATES: Evidence-Based Care Tracking to Reduce Gaps in Care

PGIP Quarterly Meeting
June 13, 2008
Schoolcraft Community College
Tom Leyden, Health Care Manager



Agenda

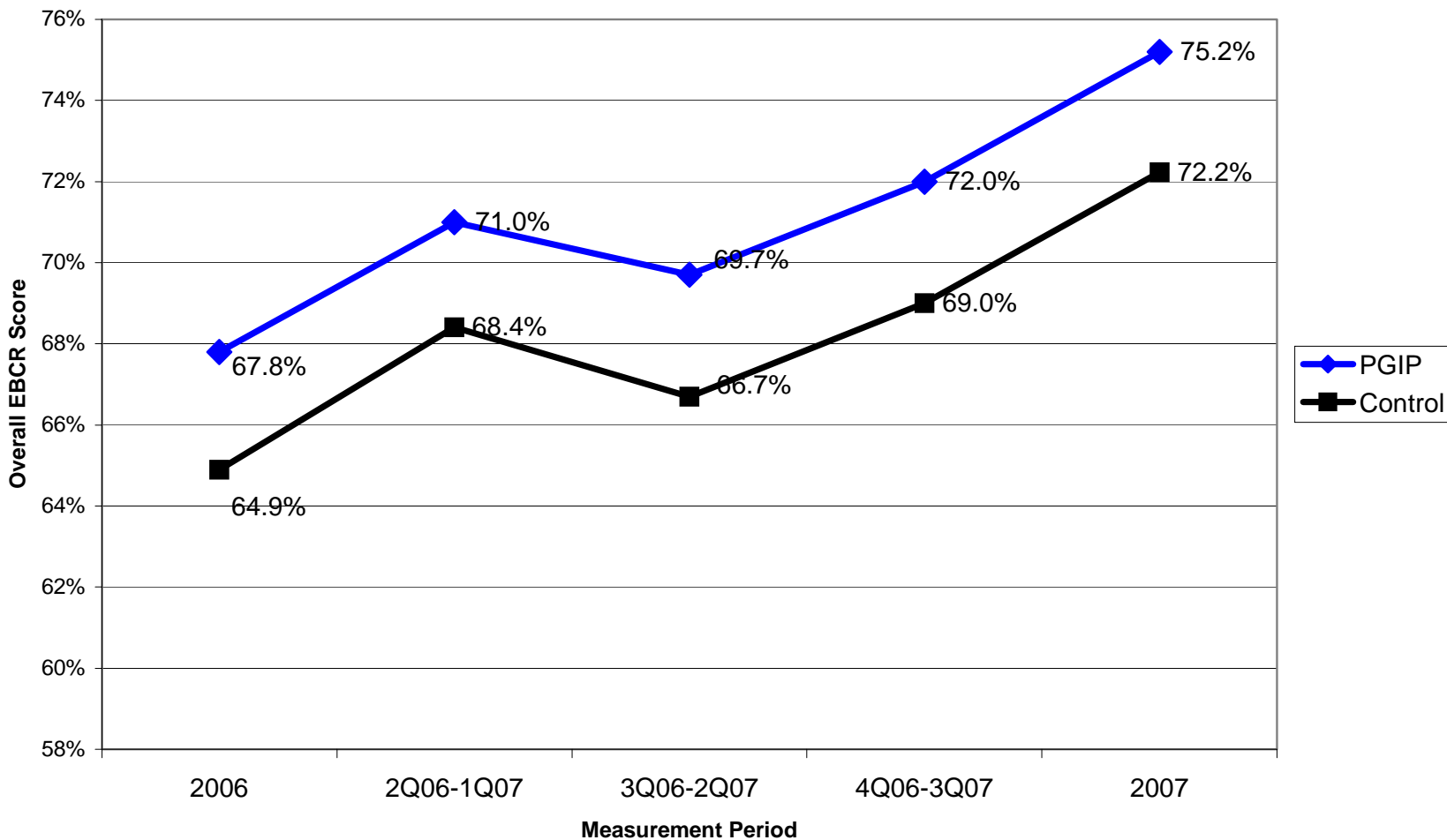


1. June 2008 EBCR
2. EBCR Improvement Realized
3. New EBCR Measures
4. Questions re: New Measures
5. Comparisons w/ ABC Benchmark
6. Opportunities for Improvement

Overall EBCR Score



PGIP Improvement in Evidence Based Care Measures
Overall EBCR Score by Measurement Period



EBCR Improvements Realized



	June 2008	June 2007
POs w/ Overall EBCR rates ≥ 80	15.2%	0.0%
POs w/ Overall Rates > 75 , but < 80	48.5%	9.7%
POs w/ Overall Rates > 70 , but < 75	33.3%	22.6%
POs w/ Overall Rates in the 60's	3.0%	67.7%
	<hr/>	<hr/>
	100%	100%

- **64% of POs have EBCR scores ≥ 75 compared to 10% 1 year prior**

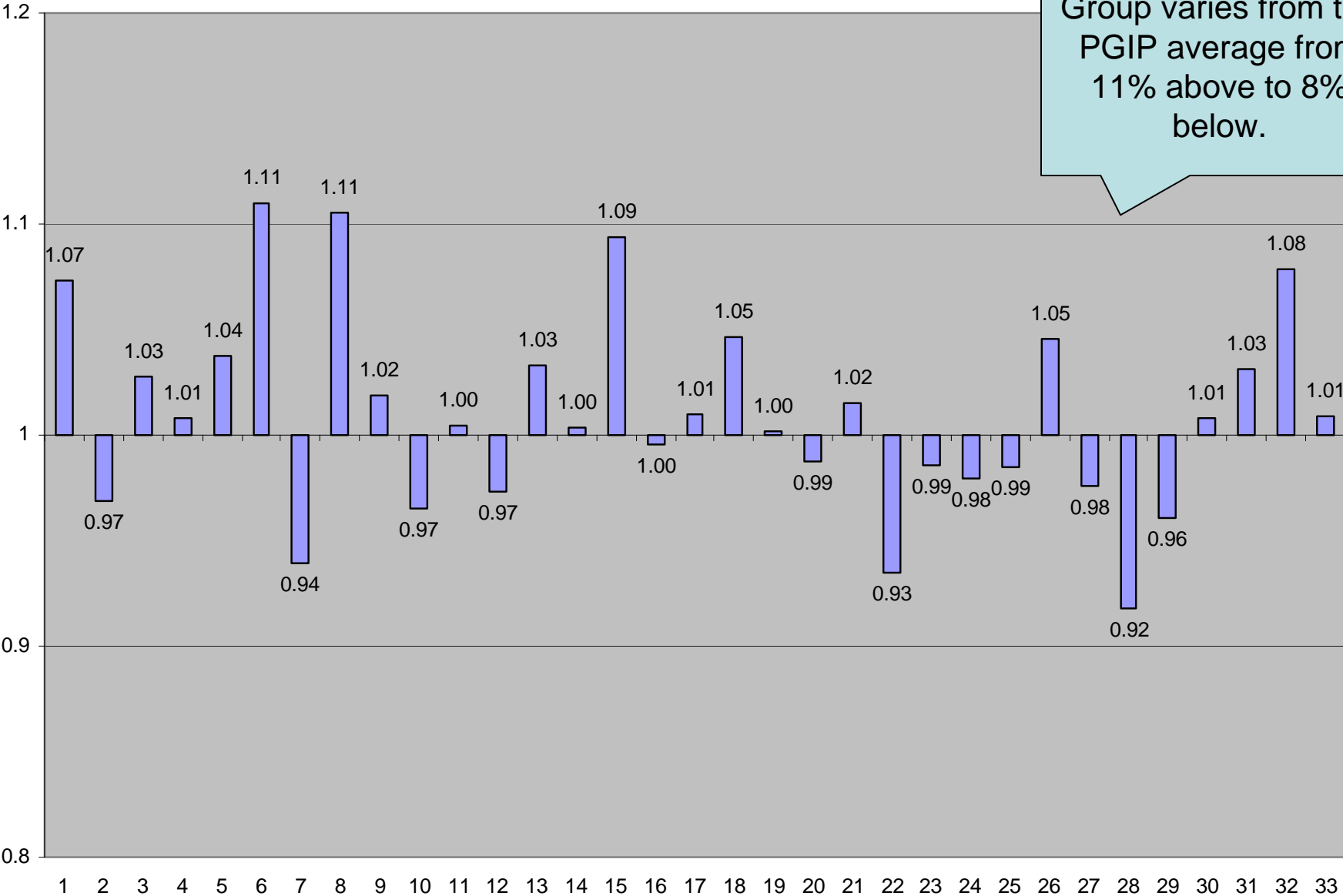
1/1/07 -12/31/07 (June 2008 EBCR) compared to 1/1/06 – 12/31/07 (June 2007 EBCR)

EBCR Improvements Realized

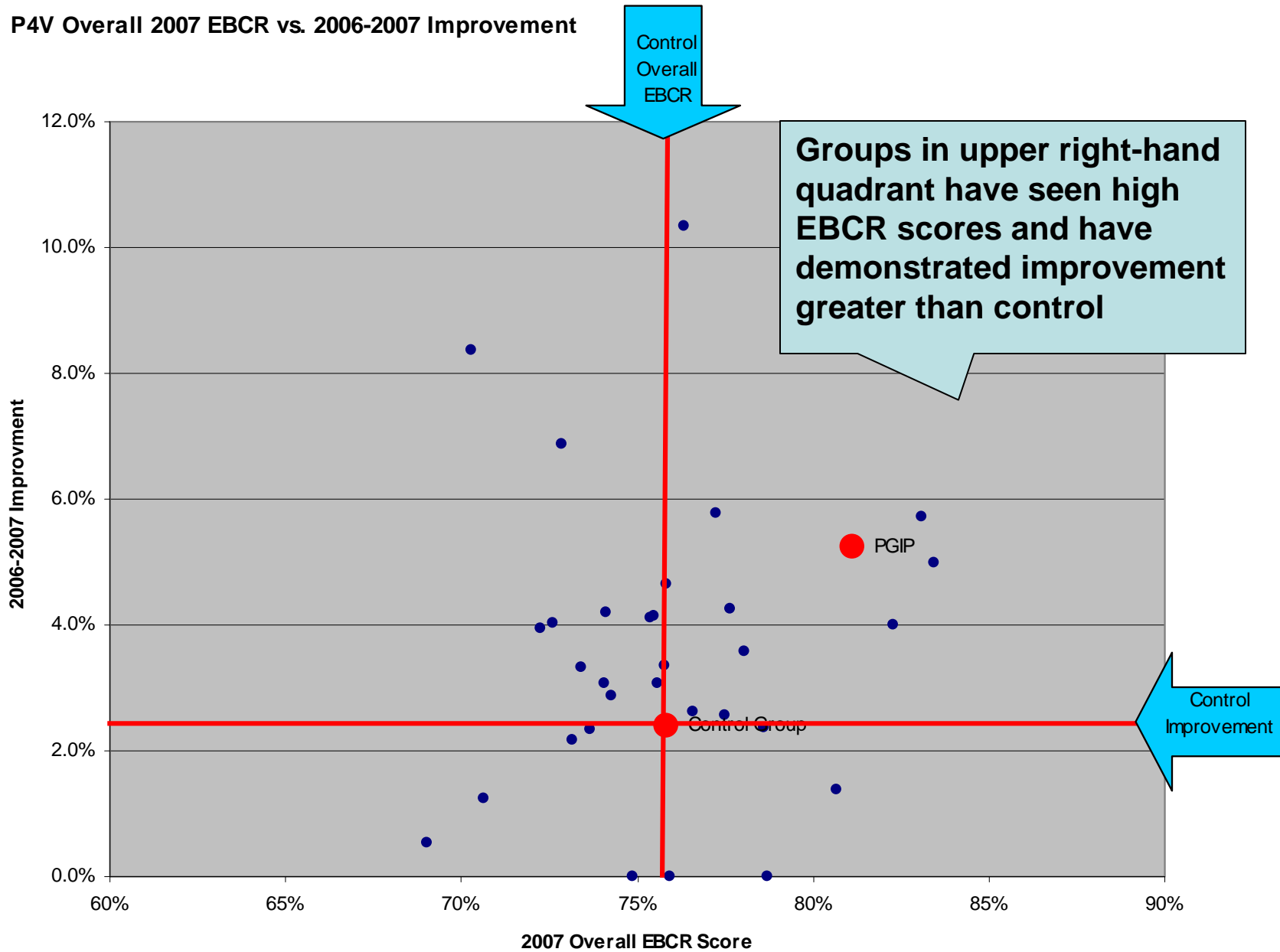


- In the past 12 months...
 - **Progress is being made across the board by all POs**
 - Range of EBCR scores 1 year ago was 63 to 76 (13 percentage point spread)
 - Today, score range is 69 to 83 (14 percentage point spread)
 - **Overall EBCR Score for PGIP (Entire Program) increased 7% - from 68% to 75%**
 - **3 highest performing POs (MMPC, U of M, and Advantage Health) have increased their overall EBCR by 9, 7, and 7 percentage points, respectively**

Variation from PGIP Average



P4V Overall 2007 EBCR vs. 2006-2007 Improvement



11 New EBCR Measures



- CAD: Persistence of Beta Blocker after AMI
- CHF: ACE/ARB Persistence (non-HEDIS)
- COPD: Use of Spirometry in Diagnosis
- Low Back Pain: % Receiving Appropriate Care
- Breast Cancer Screening
- Cervical Cancer Screening
- Adolescent Well Care Visit
- Adolescent Immunization Status
- Childhood Immunization Status
- Well Child Visit (first 15 months)
- Well Child Visits (years 3 – 6)

Questions re: New EBCR Measures



Question: Does the new EBCR measure “use of spirometry to diagnose COPD” go against the recent recommendation of the USPSTF that says screening for COPD is a D recommendation. I'm struggling with giving a recommendation to my physicians that seems to contradict the March 2008 USPSTF recommendations, specifically:

The USPSTF recommends against screening adults for COPD using spirometry.

www.ahrq.gov/clinic/uspstf/uspscopd.htm



Response from NCQA:

- While NCQA has a spirometry measure in HEDIS, the finding by USPSTF should not be in conflict with our measure. The intent of SPR is to ensure that patients, who are **newly diagnosed with COPD**, are **confirmed using a spirometer** and not clinical judgment alone. Thus, SPR focuses on spirometry as a diagnostic tool, not a screening tool
- The USPSTF states that patients with no symptoms of COPD should not be screened for COPD using spirometry; however, patients who experience COPD symptoms may have spirometry to confirm the diagnosis
- Both the literature and COPD guidelines (The Global Initiative for Chronic Obstructive Lung Disease (GOLD) available at <http://www.goldcopd.org>) designate spirometry as the gold standard for confirming a COPD diagnosis

Additional Questions



Question: Is my PO being paid on the new EBCR measures that we just received?

- The 11 new EBCR measures are considered to be in a “test” mode and aren’t part of scoring and payment for 2008 PGIP
 - However these measures most likely will be included in the scoring/payment for 2009 PGIP
- On the latest (June 2008) EBCR, the **Overall Evidence Based Care Score: OLD Measures** is the rate that PGIP utilizes to evaluate/score and reward overall performance and improvement
- For scoring/payment purposes, BCBSM is looking at overall performance, overall improvement and improvement within each clinical topic category

Additional Questions



Question: I understand that my PO's January 2009 payment will compare us against the ABC Benchmark. What is the benchmark, how is it applicable, and what period does the benchmark cover?

- BCBSM use of the ABC methodology provides POs with benchmarks of best practices among their peer group – Michigan POs that are part of PGIP. Use of the ABC methodology will ensure that:
 - All PGIP providers contribute to the benchmark,
 - Providers with high performance but very low numbers of cases do not unduly influence benchmark levels, and
 - BCBSM produces appropriate benchmarks for POs working in a PPO environment.
- So that PGIP POs are not being compared to a benchmark that keeps increasing as their rates increase, the ABC benchmark for overall performance that will be used when determining the January payment will cover the 7/1/06 to 6/30/07 period. This benchmark will be updated annually and used for scoring purposes the following year.

Comparison w/ ABC Benchmark



- Less than 5% differences b/w PGIP Average & ABC benchmark
 - Diabetes: HbA1c Testing 4%
 - ACE/ARB use w/ Comorbidity Nephropathy 4%
 - ACE/ARB use w/ Comorbidity Hypertension 3%
 - Asthma: Appropriate Medication Use 3%
 - CAD: Beta Blocker use after AMI 3%
 - Breast Cancer Screening 4%
 - Cervical Cancer Screening 3%

RED = Existing EBCR Measure

Opportunities for Improvement



- 10+ Percent differences b/w PGIP Average & ABC benchmark
 - Diabetes: LDL-C Screening 11%
 - Diabetes: Monitor for Nephropathy 12%
 - CHF: Rate of ACE/ARB 12%
 - CHF: ACE/ARB Persistence 14%
 - CAD: Persistence of Beta Blocker after AMI 16%
 - COPD: Use of Spirometry in Diagnosis 10%
 - Adolescent Immunization Status 10%
 - Childhood Immunization Status 10%
 - Well Child Visits (first 15 months) 10%

RED = Existing EBCR Measure

Opportunities for Improvement: Drilling Down



New Measure:

- Persistence Measures for Beta Blocker after AMI
 - PGIP Score: 53%
 - ABC Benchmark: 69%
 - Highest Performing PO: 80%
 - Lowest Performing PO: 25%

Questions?

