

St. John Physician Hospital Organization

Managed Care and Pay for Performance Overview

for Primary Care Physicians and Specialists

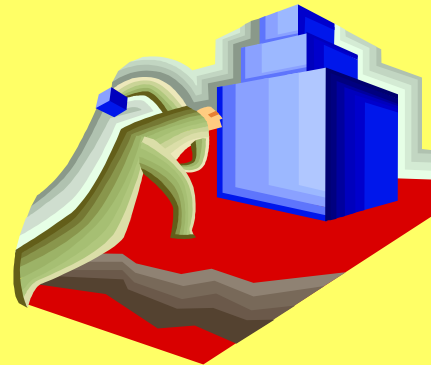
2007

Program Overview

- Review the SJPHO Risk Model and its performance measurements.
- Review of the REPP Program.
- Discussion of Pharmacy Initiatives including incorporating e-prescribing into your practice and using generics or lowest cost drug alternatives.
- Discussion of physician profiling and how to access websites to view how health plans rank your performance.
- Discussion of POGS, PGIP, Disease Management, Ambulatory Guidelines and Public Reporting.
- Discussion of incorporating the “Patient Centered Medical Home” Model into your practice.

2007 SJPHO RISK MODEL

- Both PCP's and Specialists are only at risk for their 15% withholds.
- PCP's and Specialists withhold dollars are returned by achieving utilization and quality measures (REPP)
- St. John Hospital assumes all downside financial risk.



2007 SETTLEMENT PROCESS

		BCN	HAP
Step 1	PCP withhold (15%)	Return dependent on utilization and quality score (REPP)	Return dependent on utilization and quality score (REPP)
	Specialist withhold (15%)	Return based on inpatient utilization targets and quality scores (REPP)	Return based on inpatient utilization targets and quality scores (REPP)
Step 2	Determine PCP fund balance for B1/B2 and pharmacy pools	<u>Surplus:</u> PCP with gain paid 100% of gain <u>Deficit:</u> PCP with deficit is 100% funded by SJH	Not applicable
Step 3	Determine Hospital pool balance	<u>Surplus:</u> split 10% physician – 90% hospital (PCP=5% based on member months, Specialists =5% based on claims experience) <u>Deficit:</u> Hospital assumes all risk	<u>Surplus:</u> split 50% physician – 50% hospital (PCP=25% based on member months, Specialists =25% based on claims experience) <u>Deficit:</u> Hospital assumes all risk

Medical Management

Inpatient Utilization Outcomes 2001 - 2nd Quarter 2007

HEALTH PLAN	ALOS	ADMITS/1,000	DAYS/1,000
BCN 2001	4.33	53	228
BCN 2006	4.24	58	248
BCN 2007 (2nd Qtr)	3.81	54	207
<i>BCN % Change (2001- 2007 2nd Qtr)</i>	<i>12% Improved</i>	<i>2% Decline</i>	<i>9% Improved</i>
HAP 2002	3.81	68	259
HAP 2006	3.48	68	211
HAP 2007 (2nd Qtr)	3.23	64	207
<i>HAP % Change (2002- 2007 2nd Qtr)</i>	<i>15% Improved</i>	<i>6% Improved</i>	<i>20% Improved</i>

Medical Management

Overall Generic Utilization Rate (GUR) – 2nd Quarter 2007

HEALTH PLAN	GUR 2 nd Qtr 2007	2003 to 2 nd Qtr 2007 Percentage Improvement	2007 GUR TARGET
BCN	72%	36% Improvement	> 75 %
HAP	71%	34% Improvement	> 75 %

Generic Utilization Rate (GUR) by Specialty – 2005 to 2nd Quarter 2007

YEAR	HAP FP GUR	BCN FP GUR	HAP IM GUR	BCN IM GUR	HAP PED GUR	BCN PED GUR
2005	69%	67%	68%	65%	62%	54%
2006	71%	69%	66%	68%	60%	62%
2007 2 nd Quarter	73%	74%	70%	72%	64%	66%
% Improved 2005 – 2007 1st Qtr	6%	10%	3%	11%	3%	22%

St. John PHO - BCN Group 48

2006 Top Medications Associated with Lower-Cost Alternatives*

Medication	Total # Rx	Total Amt Paid	Ave. Cost/Rx	Therapeutic Alternative	Potential \$ Savings
Lipitor®	1,071	\$143,705.40	\$134.18	Generic Zocor ® (Simvastatin)	\$117,810.00
Prevacid ®	285	\$52,881.53	\$185.55	PriLOSEC OTC ®	\$43,468.20
Zocor®	221	\$46,664.20	\$211.15	Generic Zocor® (Simvastatin)	\$41,139.15
Zyrtec®	399	\$19,123.73	\$47.93	Generic Claritin ® (Loratadine)	\$15,034.32
Lexapro®	207	\$14,736.36	\$71.19	Generic Celexa ® (Citalopram)	\$12,635.28
Allegra D®	251	\$13,593.67	\$54.16	Generic Claritin D ® (loratadine/pseudoephedrine)	\$8,574.16
Totals	2,434	\$290,704.89	\$119.44	---	\$238,611.11

*Based on 2006 paid Rx claims. Cost Savings based on 100% conversion to lower-cost med.

Pharmacy Strategies to Reduce Costs

- Use e-prescribing to write prescriptions and use generics and lower cost alternatives.
- Use evidenced-based medicine to guide prescribing of higher cost medications.
- Prescribe limited medication quantities & refills.
- Optimize dosage regimens whenever possible.
- Limit exposure to pharmaceutical industry.
- Adhere to Managed Care health plan formularies.
- Individual education upon request to Roseanne Paglia, Pharm D. at (586) 753-0932 or by e-mail at roseanne.paglia@stjohn.org

BCN Formulary at www.MIBCN.com

HAP Formulary at www.hap.org

Pharmacy References to Reduce Costs

- Use Specialty Preferred Drug Lists that identify average 30 treatment costs, generics and those on HAP and BCN formularies
 - ✓ Diabetes – Type 2
 - ✓ Cardiology
 - ✓ Gastroenterology
 - ✓ Otolaryngology
 - ✓ Psychiatry
- Pharmacy references included with Ambulatory Clinical Guidelines



Both references available on the SJHP Link – www.sjhs.com

Recognition for Excellence in Physician Practice Program (REPP)

St John PHO Program

- Defines quality and utilization indicators for PCP's and Specialists.
- Reaching targets determines withhold return.



Recognition for Excellence in Physician Practice (REPP)

Primary Care Physician Program - 2007

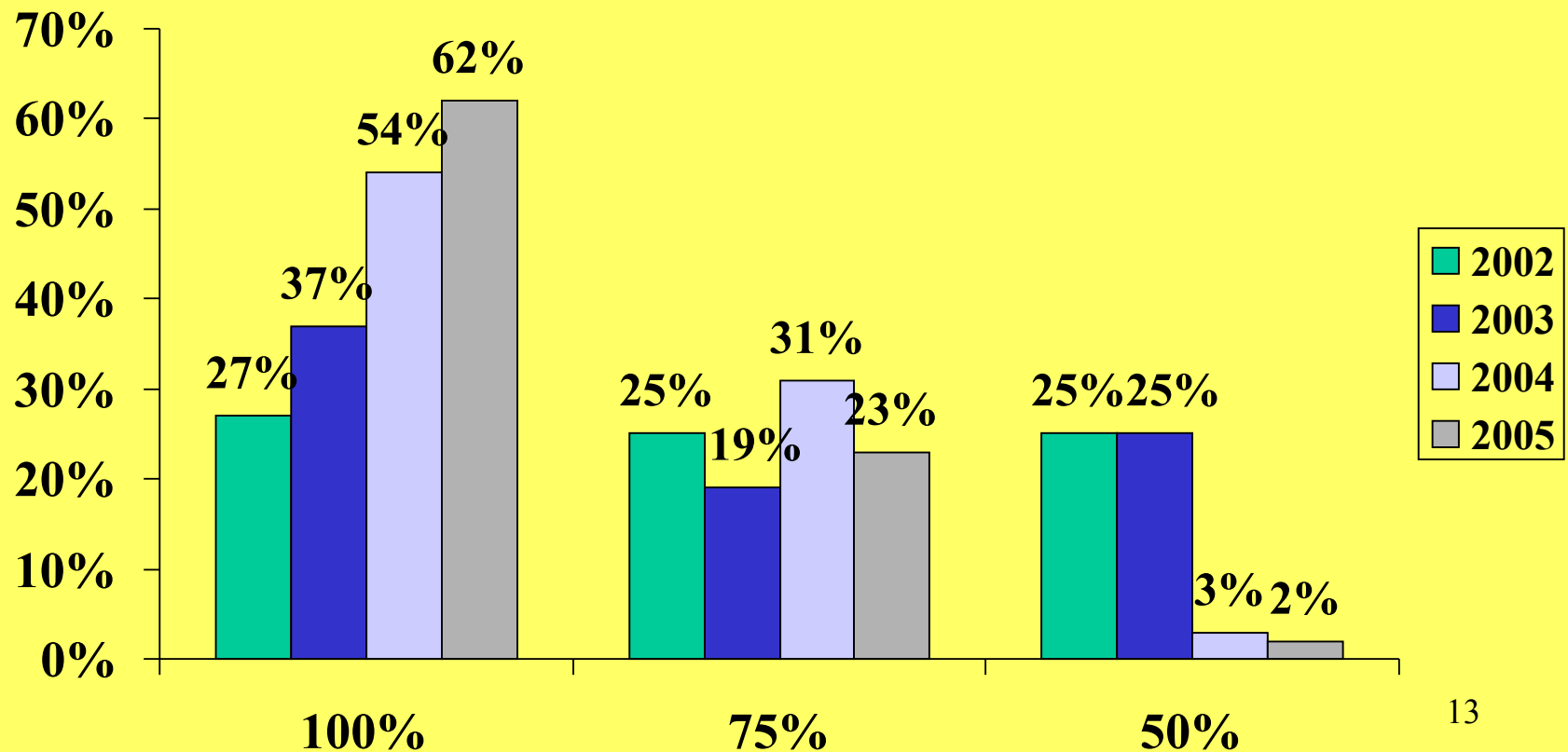
- ❑ **Utilization Measure:** ER visits/1,000
- ❑ **Quality Measures:** PCP chooses 2 from 9 measures.
 - Must have at least 15 members per measure to choose it.
 - If PCP does not have at least 15 members in any measure, the measure with highest number of members is assigned.
- ***5 bonus points are awarded to those physicians who starting e-prescribing in practice in 2007***

REPP Quality Indicator Choices For PCP'S 2007

Indicator	2007 5pt Target	2007 10pt Target
Breast Cancer Screening	≥70%-<85%	≥85%
Colorectal Screening	≥40%-<60%	≥60%
Diabetes Care	≥75%-<85%	≥85%
Childhood immunizations (2yrs)	≥85%-<92%	≥92%
Adolescent Immunizations(13-18 yrs)	≥60%-<75%	≥75%
Well-Child visits (18 mos.)	≥75%-<85%	≥85%
Well-Child visits (3-6 yrs)	≥70%-<80%	≥80%
Lipid screening	≥70%-<85%	≥85%
Diagnostic Combo: Ejection fraction (Heart Failure) Annual HgbA1c (Diabetes).	≥75%-<85%	≥85%

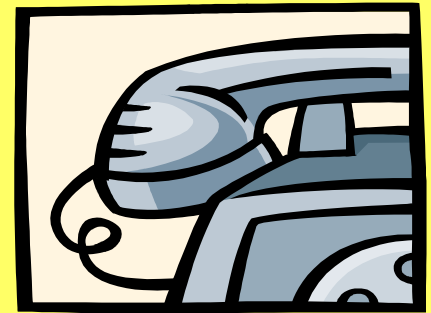
Recognition for Excellence in Physician Practice (REPP)

Percentage of PCPs Recovering Their Withhold



Utilization Measure

Emergency Room (ER) Use



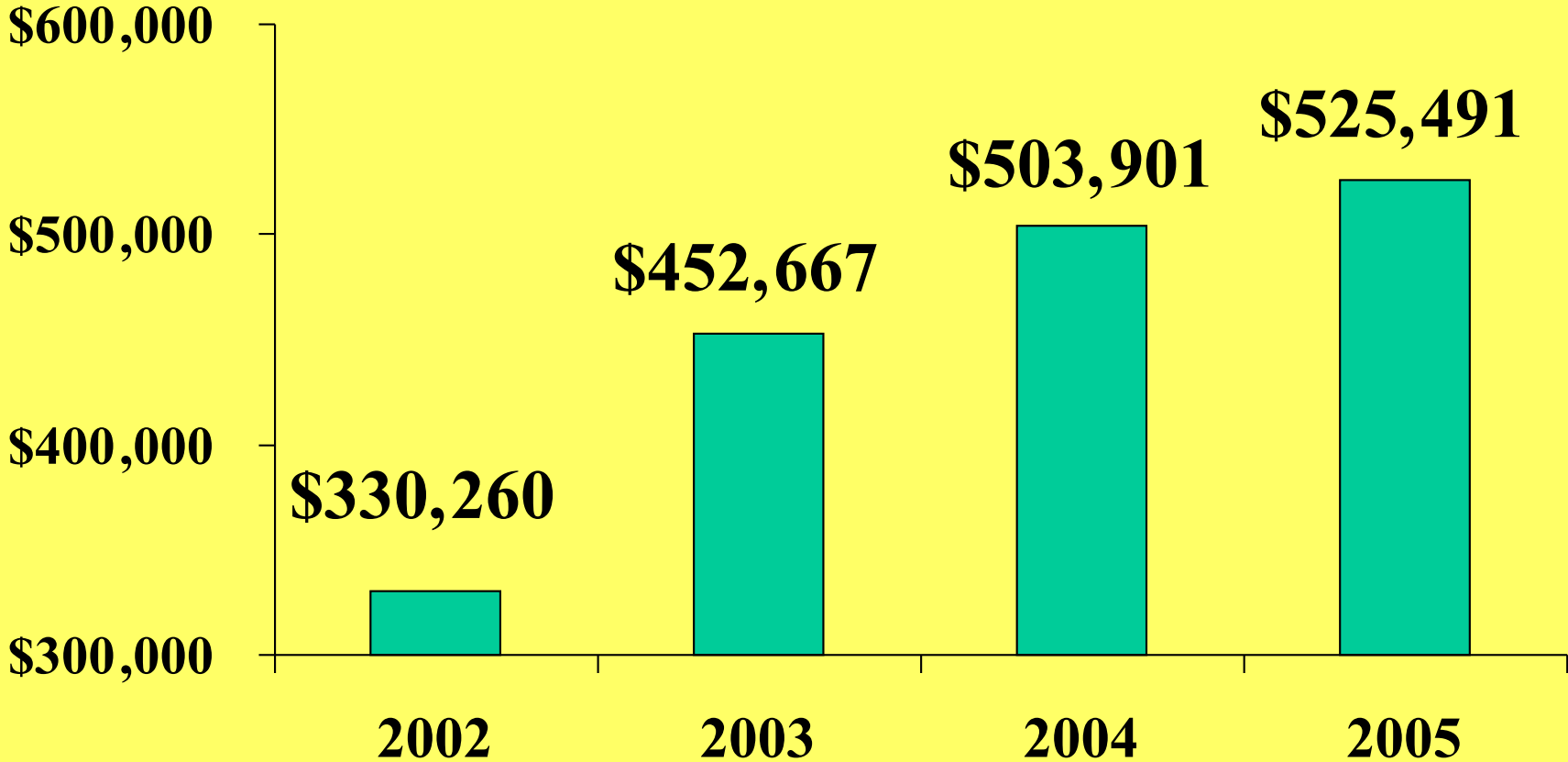
❑ Strategies To Reduce ER Use:

- Educate members about the importance of contacting PCP before seeking care elsewhere.
- Educate members about after hours care and how to contact PCP.
- Provide extended office hours and/or establish a relationship with an urgent care center to provide non-emergency care.
- Allow time in office appointment schedule to see members with urgent conditions.
- Contact members with high ER utilization and discuss ER use.
- After hours phone message should include instructions of how to contact PCP.

Recognition for Excellence in Physician Practice Program (REPP) Non-Hospital Based Specialists 2007

- ❑ **Utilization Measures (50%):** HAP and BCN days/1,000 and admits/1,000
- ❑ **Quality Measures (50%):** are aligned with hospital initiatives
 - ACEI prescribed at discharge for heart failure patients
 - Surgical Infection Prevention (SIP) Program – Antibiotics are discontinued within 24 hours for certain Ortho, Vascular, General, and GYN surgeries, 48 hours for CABG

Total REPP Dollars Recovered by PCPs 2002 - 2005



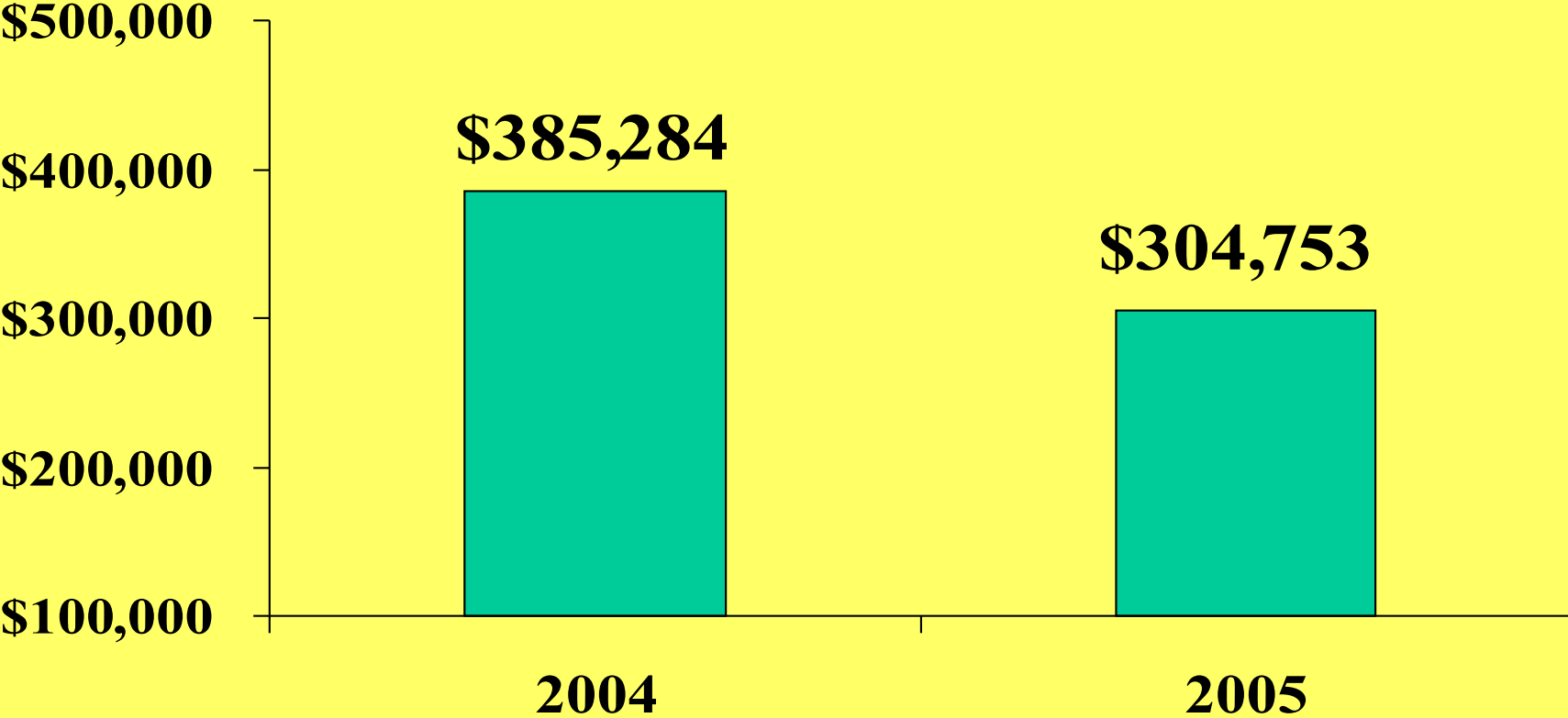
2005 REPP

Quality Indicator Results

Non-Hospital Based Specialist

- All other Non-Hospital Based Specialist receive a quality score based on the average withhold recovery of those specialties that have a quality indicator assigned to their specialty.

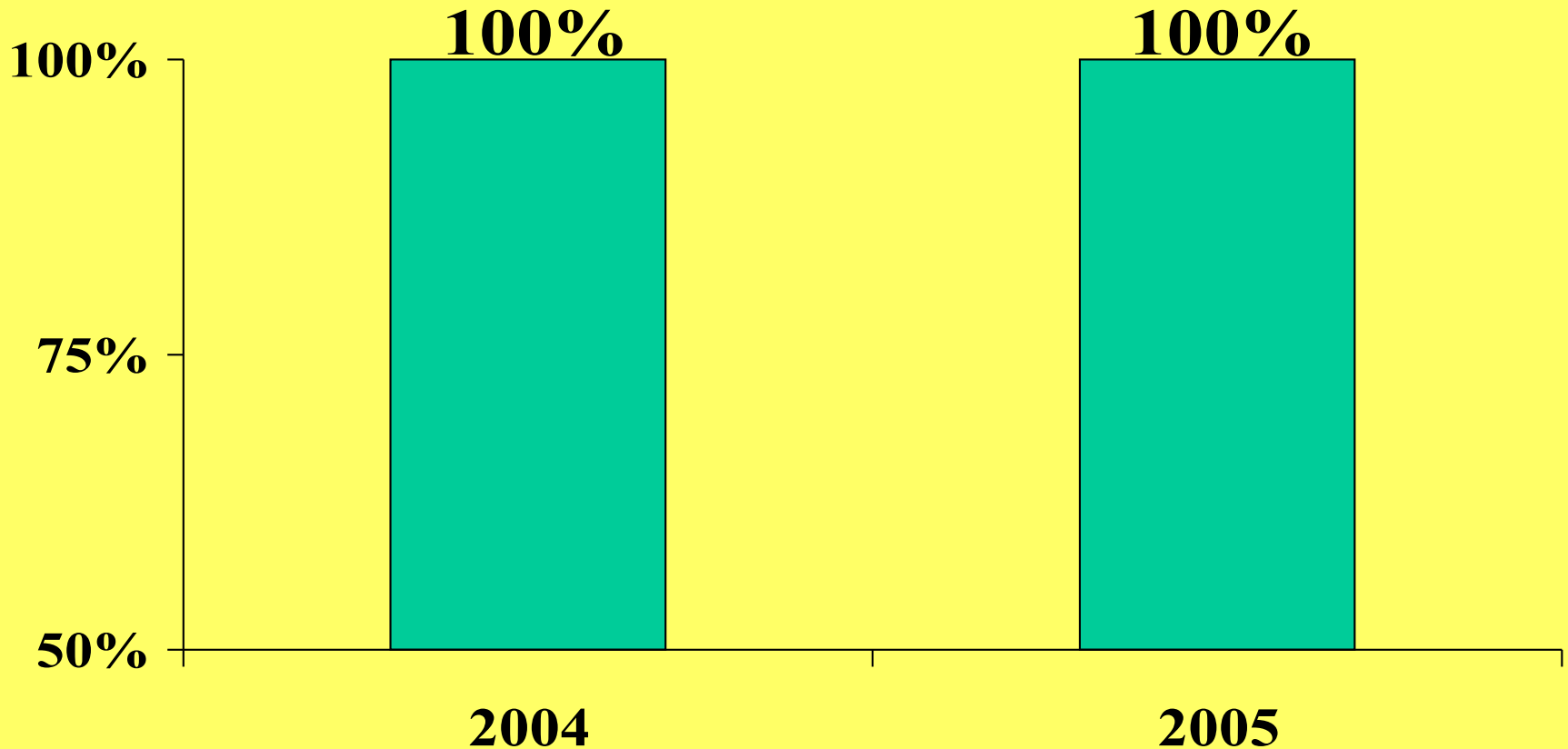
Total REPP Dollars Recovered by Non-Hospital Based Specialist



Recognition for Excellence in Physician Practice Program (REPP) Hospital Based Specialists 2007

- **Emergency Department** – case management plan in chart for eligible patients.
- **Anesthesia** – Prophylactic antibiotics administered within 1 hour of procedure for bowel resection, hysterectomy, carotid endarterectomy, Fem Pop, AAA, hip & knee arthroplasty and CABG.
- **Pathology** – 1) Uncomplicated pathology reports completed \leq 72 hours, complicated $<$ 7 days, 2) Pathology reports sent to the nursing unit by 0230.
- **Radiology** – suspicious mammography results communicated to ordering physician within 1 business day of interpretation, develop/implement a critical value reporting process and develop a process to decrease the turnaround time of E.D. radiology exam interpretations.

Percentage of REPP Dollars Recovered by Hospital Based Specialist



Physician Profiling Systems

Report Cards are available to individual physicians and their administrative groups. Summary information is available to consumers through public reporting.

- St. John HealthPartners - Profsoft Profiling System
- Blue Care Network – www.bcbsm.com available with web Denis ID and Health e-Blue password. Call 248-455-3484 to obtain one.
- Health Alliance Plan - www.hap.org available with a login password. Call 313-664-8173 to obtain one.
- UnitedHealthcare – www.unitedhealthcareonline.com available with user ID and password.
- Priority Health – www.priorityhealth.com available with user ID and password.

ProfSoft Profiling

What is ProfSoft?

- Case mix adjusted physician profiling system.
- Uses Symmetry's Episode Treatment Groups (ETGs)
- Summarizes and scores overall performance.
- Provides detailed information that highlights opportunities for improvements.
- Produces easy to use Excel based spreadsheets.

ProfSoft Profiling

Measures

- Episode Count
- Patient Count
- Total Actual Cost
- Total Expected Cost
- Difference in Cost
- Total PI
- ETG Mix Index
- EM Utilization Index
- EM Cost Index
- EM Coding Index

St. John HealthPartners
 ProfSoft Profiling System
 St. John Physician Hospital Organization
 Health Alliance Plan

Ranking
 : Family Practice
 Provide rs with patients having episodes greater than 100

Comparative Group : St. John PHO-Family Practice- HAP										
PCP Name	Episode Count	Patient Count	Total Actual Cost	Total Expected Cost	Difference = Actual Cost - Expected Cost	Total PI	ETG Mix Index	EM Utilization Index	EM Cost Index	EM Coding Index
XXXXXXXXXXXXXXXXXX	1,196	451	795,782.69	770,091.07	25,691.62	103.3%	91.1%	104.8%	100.6%	97.5%
XXXXXXXXXXXXXXXXXX	674	213	527,847.50	561,327.80	(33,480.30)	94.0%	103.5%	99.4%	96.5%	96.8%
XXXXXXXXXXXXXXXXXX	649	242	388,761.81	388,052.84	708.97	100.2%	102.8%	98.6%	102.2%	102.4%
XXXXXXXXXXXXXXXXXX	625	210	298,241.25	349,257.31	(51,016.06)	85.4%	107.0%	105.0%	109.9%	105.3%
XXXXXXXXXXXXXXXXXX	583	221	531,347.19	604,542.48	(73,195.29)	87.9%	100.8%	92.9%	88.7%	99.8%
XXXXXXXXXXXXXXXXXX	558	200	350,980.69	292,105.80	58,874.89	120.2%	98.8%	100.2%	97.2%	95.3%
XXXXXXXXXXXXXXXXXX	536	191	410,732.66	353,564.07	57,168.59	116.2%	107.7%	92.6%	95.5%	99.7%
XXXXXXXXXXXXXXXXXX	405	163	311,074.91	316,041.22	(4,966.31)	98.4%	102.8%	101.1%	100.3%	101.1%
XXXXXXXXXXXXXXXXXX	339	132	299,107.19	301,437.63	(2,330.44)	99.2%	100.0%	92.0%	82.5%	92.6%
XXXXXXXXXXXXXXXXXX	205	61	94,547.32	104,611.41	(10,064.09)	90.4%	90.6%	106.5%	114.8%	105.9%
XXXXXXXXXXXXXXXXXX	167	64	70,245.73	62,776.20	7,469.53	111.9%	94.9%	98.8%	103.5%	98.8%

Sample BCN PCP Utilization Profile

Utilization Measures/1000

Professional Services

- PCP Visits
- Non-capitated services
- Paid non-cap services
- Specialist visits
- Specialist services
- Specialists PMPM
- Total Pro Services/Expected PMPM

Inpatient Services

- Discharges
- Days
- ALOS
- Total Inpt Hospital/Expected PMPM

Outpatient Services

- ER
- Urgent Care
- Ambulatory Surgery
- Radiology
- PT, OT, ST
- Total Outpt Services/Expected PMPM

Other Measures Not Shown

Primary Care Physician Utilization Profile BCN Commercial Members



Name: [REDACTED] Baseline Period: 10/01/2003 Through 09/30/2004
 Provider Ref ID: [REDACTED] Paid Through: 12/31/2004
 PCG/RI# Group: [REDACTED] PRIMARY Current Period: 10/01/2004 Through 09/30/2005
 Specialty: [REDACTED] Paid Through: 12/31/2005

Current Reporting Period - Specialty Specific

	PCP	PCG/RI# Grp	Region	State
Member Months	7,009	45,476	1,696,887	2,971,929
Relative Risk Score	1.094	1.006	1.127	1.167
All Med Cost PMPM	\$125.26	\$137.39	\$126.85	\$140.57

Utilization Measures

Denote: Current Period Measure > Regional Avg.

	Baseline Period	Current Period	Percent Change	Regional Average	90th Percentile Statewide	Expected
Professional Services						
PCP Visits/1000	2015.19	2023.80	0.43%	1992.14	1779.00	
Your Non-Capitated Services/1000	959.90	883.49	-7.96%	910.81	N/A	
Your Paid Non-Capitated Services PMPM	\$2.40	\$2.04	-14.91%	\$1.59	N/A	
Specialist Visits/1000	608.13	546.19	-10.19%	832.36	716.22	
Specialist Services/1000	1146.71	1313.24	14.52%	1845.88	1481.09	
Specialist PMPM	\$9.34	\$16.78	79.56%	\$17.08	\$8.60	
Total Pro Services and Expected PMPM	\$11.74	\$18.81	60.28%	\$18.68	\$8.60	\$18.12
Inpatient Services						
Total Discharge #/1000	41.73	47.94	14.87%	59.43	62.49	
Total Inpatient Days/1000	135.14	224.30	65.97%	215.12	195.95	
Total Inpatient ALOS	3.24	4.68	44.49%	3.62	2.75	
Total Inpt Hosp and Expected PMPM	\$26.09	\$51.22	134.62%	\$47.77	\$19.00	\$46.35
Outpatient Services						
ER Visits/1000	121.23	148.96	22.87%	285.79	201.14	
ER Paid Amount PMPM	\$7.57	\$9.99	32.02%	\$14.80	\$2.25	

Sample BCN PCP Quality Summary Report

PRIMARY CARE PHYSICIAN QUALITY SUMMARY REPORT BCN Commercial Members



**Blue Care
Network
of Michigan**

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Quality Measures

- Diabetes
- Asthma
- CHF
- CV Disease
- CHF
- Immunizations
- Well Child Care
- Health Screening



Specialty: Family Practice/General Practice

Report Period: 1/1/05 - 12/31/05

Primary Care Group: MACOMB-ST CLAIR PRIMARY PHYSICIANS

HMP QUALITY MEASURES – based on BCN Clinical Guidelines and continuously enrolled members (See Spec 1)

Measure	Tot Mbrs Elig	Elig Mbrs With Srv	RATES BY SPECIALTY				State All Spec	Plan Goal
			Young	PCG	State	ECN 90th Pctile		
Health Promotion								
*Cholesterol Screening: Mbrs of Average Risk	260	151	58.08%	57.19%	60.76%	70.64%	62.47%	75.00%
Diabetes								
Outpatient Preventive/Ambulatory Visits	10	8	80.00%	90.43%	89.46%	94.52%	89.07%	90.00%
Persistence of lipid lowering/statin medications	3	1	33.33%	36.84%	33.51%	46.15%	32.68%	80.00%
Asthma								
Outpatient Preventive/Ambulatory Visits	1	1	100.00%	92.31%	86.09%	100.00%	84.71%	90.00%
Congestive Heart Failure								
ACE Inhibitor or ARB Medications	N/A	N/A	N/A	80.00%	68.88%	100.00%	67.35%	95.00%
Beta-Blocker Medications	N/A	N/A	N/A	80.00%	67.75%	100.00%	68.34%	95.00%
Diuretic Medications	N/A	N/A	N/A	80.00%	68.01%	100.00%	68.56%	95.00%
Outpatient Preventive/Ambulatory Visits	N/A	N/A	N/A	100.00%	91.91%	100.00%	92.24%	90.00%
Cardiovascular Disease								
*LDL-C Test	2	2	100.00%	66.00%	74.90%	88.89%	74.31%	87.27%
LDL-C Level <100 mg/dL	2	1	50.00%	46.00%	32.90%	52.00%	33.42%	75.00%
LDL-C Level <130 mg/dL	2	2	100.00%	54.00%	48.15%	67.20%	48.60%	76.29%
Outpatient Preventive/Ambulatory Visits	2	2	100.00%	94.00%	90.98%	100.00%	90.91%	90.00%
Persistence of lipid lowering/statin medications	1	1	100.00%	41.86%	36.91%	54.55%	36.23%	80.00%

BCN Quality Summary Report

Opportunity to Improve Quality Scores

Blue Care Network (Health-e Blue) – www.bcbsm.com available with web Denis ID and Health e-Blue password. Call 248-455-3484 to obtain ID and password.

- Access to patient data that identifies missing services.
- Allows opportunity for your practice to input dates of service to update your profile.
- Data is linked to incentive programs.

Sample BCN PCP Pharmacy Report

Measures

- Scripts/member
- Generic Rate
- % DAW
- Formulary Compliance
- Average cost/generic
- Average cost/script
- Average cost/brand
- Cost PMPM



Your Primary Care Physician Pharmacy Report
Reflects Costs for your Membership
Commercial Membership Only Incurred: 11/106-3/31/06

Physician Information

Physician Name: [REDACTED] SRGER

Region: SE
Risk Group: H0000000013

Your Specialty: Internal Medicine
Member Months: 181.49
Avg. Monthly Membership: 60.50

Your Member Utilization

	# of Rx's		Rx Cost	
Physician Prescribed (You):	87	65.41%	\$6,405.76	74.56%
Other in Your Risk Group:	18	13.53%	\$200.73	3.34%
BCN Specialists:	16	12.03%	\$1,239.41	14.23%
Other*:	12	9.02%	\$686.08	7.87%
Total Prescribed:	133		\$8,711.98	

Comparative Prescription Information

	Your Members	Statewide In Your Speciality	All Prescribers in Region
Scripts PMPY:	8.79	11.80	8.69
Generic Dispensed:	34.59%	64.55%	65.84%
%DAW:	0.75%	0.94%	0.92%
Formulary Compliance:	86.47%	96.71%	96.54%
Avg Cost/Rx:	\$65.60	\$56.39	\$49.80
Avg Cost/Generic:	\$18.04	\$17.17	\$15.38
Avg Cost/Brand Rx:	\$90.60	\$127.49	\$115.03

Comparative Trends

	2nd Qtr 2005	3rd Qtr 2005	4th Qtr 2005	1st Qtr 2006	% Change
	Δ	Δ	Δ	Δ	% Change (Q-A)/A
Your Cost PMPM:				\$48.00	%
Goal PMPM:				\$35.75	
Your Specialty Cost PMPM:	\$57.41	\$50.02	\$57.89	\$55.46	-3.40%

Sample BCN Specialist Report

Measures

- Visits/Pt
- Avg Pd/Pt
- Avg Procedures/Pt
- Procedures/Visit
- RVU Procedure
- Efficiency Index
- Efficiency Indicator

Specialist Report by Service Provider (30+ Patients)

Adult Patients - Ages 19 to 64

Provider Specialty: **Allergy / Immunology**

Health Referral Region: **Detroit MI**



Reporting Period: **Oct 1, 2004 - Sep 30, 2005**

Health Referral Region			Avg RRS	Visits	Pts	Visits/Pt	Med Paid/Pt	Avg Proc/Pt	Procs/Visit	Avg Work RVU - Proc Type			Use Indx	Effic Ind
										EM	Non EM	All Proc		
234	Detroit	MI	2.13	1,000	481	2.08	\$191	1.48	0.71	1.51	0.23	1.74	1.15	0
Servicing Provider		Contract Status	Avg RRS	Visits	Pts	Visits/Pt	Med Paid/Pt	Avg Proc/Pt	Procs/Visit	Avg Work RVU - Proc Type			Use Indx	Effic Ind
										EM	Non EM	All Proc		
		CONT	1.68	136	70	1.94	\$190	1.56	0.80	1.20	0.21	1.41	1.12	0
		CONT	2.27	58	34	1.71	\$179	1.29	0.76	1.46	0.27	1.73	1.01	0
		CONT	1.41	132	70	1.89	\$224	1.27	0.67	1.99	0.23	2.22	2.11	1
		CONT	1.69	63	38	1.66	\$176	1.24	0.75	1.09	0.23	1.32	1.04	0
		CONT	1.75	58	39	1.49	\$136	1.18	0.79	0.93	0.26	1.19	0.91	0
		CONT	1.73	54	37	1.46	\$136	1.14	0.78	1.04	0.23	1.27	0.98	0
		CONT	0.99	148	35	4.23	\$95	3.77	0.89	0.85	0.25	1.10	1.49	0

Sample HAP PCP Report Card



Physician Report Card
Family Practice

HMO Commercial

ST JOHN HEALTHPARTNERS



	2005 YTD	Q1 2006	Q2 2006	Q3 2006	Q4 2006	2006 YTD	"A" Rating Performance	HAP Specialty Average	Year Percentile
29% ETG Acute	0.80	-no data-	-no data-			-no data-	0.84	1.00	90
7% Colorectal Cancer Screening (CRC)	49.00	41.18	45.33			45.33	66.67	52.11	32
6% ER Rate/1000 (ER)	232.04	222.93	125.41			174.64	126.86	222.86	63
32% Generic Use Rate (GUR)	64.41	72.29	70.83			71.56	68.19	61.75	92
9% Total \$ PMPM	206.29	211.15	275.85			283.19	219.40	275.47	68
0% Use of Statins in CAD - Future Measure	N/A	N/A	N/A			N/A	N/A	N/A	N/A
0% Use of Statins in Diabetes - Future Measure	N/A	N/A	N/A			N/A	N/A	N/A	N/A
9% After Hours Access (AHA)	Y	Y	Y			Y	Y	N/A	100
9% IRA Usage	Y	Y	Y			Y	Y	N/A	100
9% E-mail Address with HAP	N	N	N			N	Y	N/A	0
9% ePrescribing	Y	Y	Y			Y	Y	N/A	100
9% Electronic Medical Records (EMR)	Y	Y	Y			Y	Y	N/A	100
100% COMPOSITE SCORE	76.93	70.63	69.93			71.20	70.50	58.81	85

MEASURES

- ETG
- ER Visits/1000
- GUR
- Total PMPM\$
- Statin in CAD
- Statin in Diabetes
- After Hours Access
- IRA Usage
- eMail with HAP
- ePrescribing
- EMR
- Colon Ca Screening
- Asthma Meds Mngt
- Breast Ca Screening
- Diabetes Care
- High Tech Radiology/1,000

Composite Score

HAP PCP Report Card

Opportunity to Improve Composite Score

Health Alliance Plan - www.hap.org available with a login password. Contact HAP at 313-664-8173 to obtain login password.

- Access to patient data that identifies missing services.
- Allows opportunity for your practice to input dates of service to update your profile.
- Data is linked to incentive programs.

Sample HAP Specialist Report



Specialist - Physician Report Card - 2005 YTD

Allergy

HMO/AHL COMMERCIAL

PREMIER PHYS NWK, WBRH MED PHYS



HAP MEASURES

SPECIALTY PERFORMANCE MEASURES ¹	YTD 2005	Q1 2005	Q2 2005	Q3 2005	Q4 2005	YTD 2005	Year Current Rating	3 Star Range	2 Star Range	1 Star Range
Generic Use Rate	0						+			
Asthma - Appropriate Medication	82.65						+++			
Allergic Rhinitis Practice Management (ITG 432)	-no data-									
Minor Inflammation of Skin (ITG 678)	-no data-									

¹ These measures are provided to assist you in improving your overall performance.

CIGNA WEBITE MEASURES (cigna.com) ²

QUALITY MEASURES	YTD 2005	
NCQA Designation	Y	+++
Board Certification	Y	+++
ABIM PDM	Y	+++
EFFICIENCY/COST MEASURES	YTD 2005	
ITG Performance Index	.81	+++
TOTAL STARS EARNED		12

² Cigna Care Network Designation is based on the combined number of stars achieved on the Quality and Efficiency measures.

NCQA Designation earns 1 star
 American Board of Internal Medicine Performance Improvement Module designation earns 1 star
 Board Certification earns 2 stars

ITG Performance Index earns:
 3 stars if PI is in top 10% of peer group
 2 stars if PI is between 2.0% and 60.0% of peer group
 1 star if PI is in lowest 2.5% of peer group

You must earn a total of 5 stars to be considered a Cigna Care Network Physician, and be designated as such on Cigna's web-site

-no data- Insufficient volume or no member eligible for measure

HAP MEASURES
GUR
Specific Specialty measures

CIGNA MEASURES
Quality
Specialty Specific
Efficiency
ETG performance

Physician Profiling

- Health Plans are using profiling systems to provide performance-ranking data for both PCP's and Specialists.
- Those physicians with a designation of “good performer” in both quality and efficiency may receive increased rate of reimbursement.
- Physicians who fail to meet designated status may be excluded from participation with the health plan.
- Health Plans are making this information available to employer groups and consumers and members may be directed to seek care from designated physicians.
- Patients who seek care from non-designated physicians may be subject to increased out of pocket expenses.

Pay-For-Performance

- Incentive programs that monetarily recognize physicians who meet or exceed defined quality and efficiency of care measures.
- Focus is on improving systems of care as well as process improvements in physician practices.
- Physicians' willingness to participate in improving their quality measures will be rewarded.
- In the future, physician reimbursement and participation in health plans may depend on the physicians' performance in both quality and efficiency measures.
- Encourage quality improvement practices as part of the practice's business model.

Pay-For-Performance Programs

Blue Cross & Blue Shield of Michigan

PGIP (Physician Group Incentive Program)

Blue Care Network (BCN)

PRP (Performance Recognition Program)

Blue Reward\$

Pay As You Go

HAP (Generic Use Rate and ER visit rate)

PPOM (Premium Physician Fee Schedule based on HealthPartners medical management program)

UnitedHealthcare (In development)

Priority Health (Pending contract)

Medicare PQRI (Physician Quality Reporting Initiative)

Physician Group Incentive Program (PGIP) St John Medical Group, PC

- Gain sharing incentive program sponsored by Blue Cross and Blue Shield of Michigan for select TRUST physicians.
- Current program includes PCP, Cardiology, Endocrinology, Pulmonary, Allergy, and Oncology).
- Two groups in St. John Health.
- Focus is on improving systems of care as well as achieving measurable savings through process improvements.
- E-prescribing is encouraged and may be required in the future.
- Utilization of disease registry in tracking chronic disease to improve quality of care.
- Practice transformation to provide components of a Patient Centered Medical Home (Advanced Medical Home)

PGIP Measurements

2007 Improvement Measurements

- Increasing Generic Dispensing Rate
- Reducing Non-Sedating Antihistamines (NSA) PMPM costs
- Reducing Proton Pump Inhibitors(PPI) PMPM costs
- Reducing Statin PMPM costs
- Reducing Antidepressant PMPM costs
- Chronic Disease Management processes that demonstrate improvements in quality measures

Strategies To Accomplish 2007 PGIP Pharmacy Goals

Pharmacy Measures

- Increase your generic use rate
- Prescribe generic and low cost Statins and Antidepressants (generic SSRIs, NOT SNRIs).
- For PPIs, use Prilosec OTC and/or generic Omeprazole whenever possible.
- For NSAs, use OTC Claritin/Claritin-D as first-line therapy.
- For NSAs, reserve use of Allegra/Allegra-D for patients who have failed first-line therapy.

PGIP Disease Management

Disease Management and/or self management of chronic disease

- Diabetes
- Congestive Heart Failure
- Coronary Artery Disease/Ischemic Heart
- Asthma

2007 PGIP Measurements

Measure	Outcome Measurements	Measurement Period
Diabetes		
HbA1c Testing	HbA1c result - % < 7 and % < 9	1 year
LDL_C Screening	LDL-C result - % < 100 and % < 130	2 years
Monitor for Nephropathy	% had nephropathy screening	1 year
Lipid Lowering Drug Rate	% receiving at least 1 lipid lowering drug	2 years
Statin Use	% receiving at least 1 statin category drug	2 years
ACE/ARB Use with Comorbidity CHF	% receiving at least 1 ACE/ARB category drug	2 years
ACE/ARB Use with Comorbidity Nephropathy	% receiving at least 1 ACE/ARB category drug	2 years
ACE/ARB Use with Comorbidity Hypertension	% receiving at least 1 ACE/ARB category drug % with B/P of < 140/80	2 years
Asthma		
Asthma: Appropriate Medication Use	% receiving at least 1 prescription for a appropriate asthma medication	2 years
Asthma Action Plan Up to Date	% with asthma plan updated	1 year
Congestive Heart Failure		
CHF:LDL_C Screening	LDL-C result - % < 100 and % < 130	2 years
CHF:Beta Blocker Prescription	% receiving a Beta Blocker category drug	1 year
CHF:Rate of ACE/ARB	% receiving ACE/ARB with LFEF < 40%	1 year
CHF: Hypertension control	% with B/P of < 140/80	1 year
Coronary Artery Disease		
CAD:LDL_C Screening	% with LDL-C screening and % with LDL-C < 100 and <130	1 year
CAD:Beta Blocker Use After AMI	% discharged with AMI and receiving at least 1 prescription for a Beta Blocker	1 year
CAD:Lipid Lowering Drug Rate	% receiving at least 1 lipid lowering drug	1 year
CAD:Statin Use	% receiving at least 1 statin category drug	1 year
CAD: Hypertension control	% with B/P of < 140/80	1 year

St. John HealthPartners Ambulatory Clinical Guidelines

- Adult Preventive
- Adult Obesity
- Asthma
- Diabetes – Type 2
- Heart Failure
- Hypertension
- Coronary Artery Disease
- Child Preventive Health
- Depression- Adult & Child



- ❖ Annual quality data collection and reporting.
- ❖ Meets quality measures defined by NCQA, Health Plans, others.
- ❖ Identifies “best practice” processes & simplifies national standards.
- ❖ Provides useful performance data & tools to promote quality care.
- ❖ Access to guidelines on SJHS **intranet** at www.sjhs.com - click on the St. John HealthPartners link.

Disease Management Programs

Blue Care Network

- Asthma
- Cardiovascular
- Catastrophic illnesses
- Diabetes
- Frequent Emergency Room Use
- Heart Failure
- High Risk Pregnancy
- Ischemic Heart Disease
- Low Back Pain
- Migraine
- Neonatal
- Obesity
- Oncology
- Renal Disease
- Transplant

For referrals for the above conditions call 800-392-4247

- Depression – Value Options call 800-482-5982
- Smoking Cessation Program: Quit the NIC call 800-811-1764
- Accordant Care – for select complex, chronic, progressive diseases (i.e., Multiple Sclerosis, Parkinson's, etc.) call 800-392-4247

Disease Management Programs Health Alliance Plan

- Asthma
- Diabetes
- Heart Failure

For referrals for the above conditions call 313-664-8732

HealthTrack Disease Management – Provided in partnership with Accordant Health Services for chronic & complicated conditions (Multiple Sclerosis, Sickle Cell Anemia, Parkinson's, etc.)

For referrals for HealthTrack call 800-288-2902

Transition from REPP, PRP & POGS to PGIP to Population Management

REPP

Rates of Compliance – Testing (HgA1c, Lipid Panel, Mammography), Well Child Visits, Immunizations, ERV/1000, Bonus for E-prescribing in 2007.

PRP

Rates of Compliance – Similar to REPP.

POGS 2006

Increasing Generic Dispensing Rates & reducing costs in 3 drug classes (NSA, NSAID, & PPI).

PGIP 2007

2006 POGS measures omitting NSAID & adding Statins and Antidepressants. Disease Management - Rates of Compliance for quality measures for Asthma, CAD, CHF and Diabetes.

Incorporating information technology into practice (e-prescribing, disease management software, other).

PGIP 2008

Transformation of practice to Patient Centered Medical Home. Population management using technology. Process and quality improvement practices incorporated in business model.

Patient Centered Medical Home

BCBSM Principles of the PC-MH:

- Personal Physician
- Physician Directed Team
- Coordinated, integrated care emphasizing quality and safety
- Enhanced Access
- Appropriate payment structure

BCBSM Patient Centered Medical Home Designation

PC-MH Phase 1 Domains of Function 2008:

- Patient Caregiver Agreement
- Extended Access and Alternative Access
- Patient Tracking and Registry Functions – to support population management
- E-prescribing
- Performance Reporting and Improvement
- Individual Goal Setting with Active Pt. Involvement
- Test Tracking and Follow-up – automated flagging of results with systematic follow-up

Public Reporting

The following plans rate physicians on their web sites through various designations:

- HAP – CIGNA
- Aetna
- UnitedHealthcare
- Priority Health
- Medicare (in development)

Public Reporting

Standard Measurements

- Physician performance is measured through Episode of Treatment Groups (ETGs).
- ETGs are a nationally recognized tool that combines and standardizes outpatient, inpatient, ancillary, procedure and pharmaceutical claims data into a complete treatment episode per patient.
 - ETGs are adjusted for patient severity, intensity and complexity by accounting for patient's age, co-morbidities and major surgeries.
 - ETGs determine resources a physician is utilizing in managing a patient's care and the cost related to that care.

Public Reporting

Available to Consumers

The purpose of Public Reporting is to:

- Measure quality, efficiency and service in a fair and accurate manner.
- Allow identification of inefficiency as well as the specific area of inefficiency.
- Provide peer-to-peer comparison.
- Provide physicians with meaningful data and actionable information to improve efficiency and quality.

Summary

- Understand the SJPHO Risk Model and its performance measurements.
- Know the REPP indicators for your specialty and try to exceed their maximum performance thresholds.
- Use e-prescribing in your practice and do your best to prescribe generics and the lowest cost alternatives.
- Learn more about physician profiling by going to the plans' websites to understand how the plans rank your performance.
- Learn as much as you can regarding PGIP, Disease Management, Ambulatory Guidelines and Public Reporting.
- Incorporate the principles of a Patient Centered Medical Home into your practice.

Educational Resources

- Educational Sessions or Individual Data Review – Sharon Ross (586) 498-3582.
- Inpatient Case Manager – Nancy Rodriguez (313) 343-7191.
- Clinical Pharmacy Coordinator – Roseanne Paglia (586) 753-0932.
- REPP Program – Mike Madden (586) 498-3584.
- Ambulatory Guidelines – Sharon Ross (586) 498-3582.
- Web sites: www.stjohnmedicalgroup.org
www.sjhs.com