Health Data Management

January 2009

healthdatamanagement.com

CLINICAL QUALITY REPORTING

DATA MAKES A DIFFERENCE

By Howard J. Anderson, Executive Editor

How a registry gives doctors reminders for preventive medicine.

DELIVERING THE RIGHT DATA TO THE right doctor at the right time can have a big impact on the quality of care. That's what Wellmark Blue Cross and Blue Shield has discovered in its Collaboration on Quality Primary Care Initiative that involves 1,600 physicians in Iowa and South Dakota.

A key component of the effort is providing physicians with frequent updates on their chronically ill patients, says Rick Miller, D.O., medical director for the Des Moines-based insurer. The Blues plan has worked with MDdatacor, Atlanta, to create a patient registry. Physicians can check the Web-based registry to get alerts on their patients who are due for certain tests and procedures.

"If a diabetic patient lacks a urine test to detect early signs of kidney failure, the system gives the physician an alert that the patient is overdue for that service and provides a summary of the results of tests the patient has had," Miller says.

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Rick Miller, D.O.
Wellmark BCBS

To help bolster participation, the payer is offering physicians financial incentives that total up to $15,000 annually if they hit targets for providing timely preventive medicine. Incentives for 2008, payable in 2009, will be paid to each group practice, rather than individual physicians, based on the doctors' total average scores.

"The money attracts physicians," Miller acknowledges. "But those who use the tool for quality improvement say things like 'this is the right thing to do.'"

Miller, who frowns on the term "pay for performance," describes the effort as "promoting the coordination of care and quality improvement by attaching a revenue stream to preventive activities and creating an accountability mechanism."

Labels aside, one physician who participates hails the program as a way to identify gaps in care. "Diabetics can fall through the cracks if they don't come in for a year or two," says Donald Skinner, M.D., medical director at McFarland Clinic in Ames, Iowa. "The registry tunes us into who has not come in so we can put systems into place to contact them."

Focus on chronically ill

In 2007, the program focused on incentives for preventive medicine for diabetics and those with hypertension. It also offered incentives for prescribing appropriate generic drugs. In 2008, the program added incentives for treatment of patients with asthma as well as pediatric cases. Also added were incentives for timely immunizations of infants.

Unlike some other pay-for-performance programs, which rely heavily on data from claims, the Wellmark project relies on detailed clinical data that physicians submit.

Physicians who volunteer to participate in the project submit data regularly in one of three ways, with the Blues plan paying the full cost of the MDdatacor technology.

Doctors can map the necessary data fields in their electronic health records for automatic submission to MDdatacor via a secure Web portal. They can enter the data manually using the portal. Or they can submit transcribed documents based on physicians' dictation. For transcribed documents, MDdatacor applies algorithms that look for certain terms and synonyms to identify relevant test results and other data.

The program, tested in 2005 and officially launched in 2006, has generated some impressive results.

For example, the Blues plan saw a $348 per month cut in the cost of care for diabetics served by participating physicians in 2007, compared with those who see a non-participating physician, Miller says. Much of the savings, he says, was from avoiding hospital emergency department

visits. Some 85% of diabetics treated by participating doctors now get timely blood and urine tests, compared with a national average of 45%, he adds.

For patients with high blood pressure, 76% had the condition under control at the end of 2007, vs. 14% a year earlier. And participating physicians prescribed appropriate generic drugs 63% of the time in 2007, up from 57% in 2006.

Miller portrays the program as a step toward the medical home model of care. In this model, primary care practices serve as the focal point of patient care coordination. The model advocates extensive use of information technology to document and coordinate care across all providers and settings, support evidence-based medicine through decision support tools and conduct performance measurement.

"Clinicians don't get quality improvement training in medical school and residency programs nor do they have the tools to support the effort," he says.

Wellmark's several million dollars worth of annual incentive payments to physicians, plus the investment in the necessary technology, is paying off in major cuts in the cost of care, Miller adds.

McFarland Clinic's Performance Improvement

Measure	2005	2007
Diabetics having at least 1 HgA1C test	86%	99%
Diabetics having at least 1 LDL test	76%	97%
Diabetics having at least 1 microalbumin test	47%	95%
Diabetics having a foot exam	NA	98%
Hypertensive patients whose last reading was Less than 140/90	NA	91%

Source: MDdatacor. 2005 figures are based on claims data; 2007 figures are based on clinical data submitted for the quality program May 2006 through June 2007

A pioneer

The 170-physician McFarland Clinic was one of the first participants in the program. "Doctors want to do the right thing clinically," says Jeb Lee, executive director of clinical operations. The MDdatacor registry enables physicians to better monitor their performance in providing preventive medicine to the chronically ill, he adds.

Some 80 primary care physicians now participate in the program. Last year, 65 doctors received incentive payments of up to $15,000 for their 2007 performance, with many scoring highly for the diabetes and hypertension prevention measures, Lee says.

The physicians, however, generally earned somewhat lower scores for prescribing generic drugs. Lee declined to reveal the total amount of payments received.

The program was particularly attractive, Lee says, because clinics don't need an electronic records system to participate. The practice electronically transmits transcribed documents to the MDdatacor secure portal several times each week.

McFarland Clinic, however, now is in the early stages of phasing in electronic records software from Epic Systems Corp., Verona, Wis.

Physicians vary widely in how often they check the MDdatacor portal for updated reports on their patients, Lee says. "I send them out to the physicians to make sure they have seen them."

Aggregate reports, for example, provide doctors with a summary of how many diabetic patients they have and how many have achieved various benchmarks for preventive tests.

A "care opportunity report" lists specific patients that need to be contacted for tests or visits. For example, some might be flagged because a recent blood sugar test level was high and requires follow-up action, Lee explains.

"At first, some physicians questioned the accuracy of the reports," Lee says. But each time the practice checked the data, the alerts in the reports proved accurate, he adds.

Skinner, the practice's medical director, acknowledges that winning physician support for a program backed by an insurance company is challenging.

"There's a credibility gap between insurance companies and physicians," he says. "And Wellmark is trying to break down barriers."

The medical director gained the support of his peers by "presenting them with a product that gave them good information on their clinical performance."

A key to success in the program, Skinner says, is consistently reaching out to patients to make sure they come in for appropriate tests and follow-up visits.

"We have rmeetings of program champions where physicians, nurses and others from each clinic site meet to brainstorm about best practices," he adds.

Skinner produces a monthly electronic newsletter to reinforce the value of the program and to share tips.

But the program, he observes, boils down to helping physicians answer three questions that are difficult to answer without the right data: "Who are your patients, where are they and how are they doing?" •

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