Quality and Performance Improvement Initiatives

At Blue Cross Blue Shield of Massachusetts (BCBSMA*), we believe in working with providers to facilitate member access to high-quality health care. Our health quality programs described here are designed to:

- Support the physician-patient relationship
- Help members optimize their health and minimize the need for more intensive care
- Promote safety
- Educate members about effective self-management
- Obtain information about provider quality so they can make effective care decisions.

Quality Improvement Programs

We collaborate with providers to improve quality, prevent medical errors, and reduce underuse, misuse, and overuse of health care resources. All of our initiatives are based on nationally accepted, validated measures. Here is a summary of our initiatives:

- The **Alternative Quality Contract (AQC)** is the innovative contract used by nearly three-quarters of our physician network. Under the AQC, hospitals and physicians agree to take responsibility for all the care their patients receive—including its cost and quality—regardless of where that care is given. We pay providers according to a fixed budget for their patient population and offer financial incentives to improve clinical quality, patient outcomes, and lower overall costs. Incentives are tied to nationally accepted, clinically important measures of quality, outcomes, and patient experience.

  Through the AQC, we provide customized reporting that details specific quality measures, including clinical cancer screenings, diabetes and heart disease management, patient experience, hospital readmissions, unnecessary emergency department visits, and more. Providers can use these reports to better manage their patients and facilitate the most efficient and appropriate care when needed.

  The AQC is one of the largest commercial payment reform initiatives in the United States, and the predominant contract model between Blue Cross Blue Shield of Massachusetts, our network physicians, and hospitals. Current results (2011) show the AQC is on track to achieve its original goals of improving the quality of care for our members, and simultaneously slowing the growth in medical spending.

- The **Hospital Performance Improvement Program (HPIP)** is a comprehensive hospital incentive program that rewards hospitals for performance based on absolute thresholds for good performance in three domains of care—clinical outcomes, clinical processes, and patient experience. Hospitals work to improve performance on measures within these domains over the three years of their contract with us. By providing the financial incentive as well as support to hospitals, we are able to accelerate performance improvement and disseminate best practices to improve outcomes of care for our members.
• Our **Primary Care Provider (PCP) Incentive Program** offers providers incentives for achieving quality goals, and data and tools to help them succeed. It includes most of the same ambulatory care measures as the AQC, and uses the same performance methodology. The PCP Incentive Program has increased the number of members receiving services essential to good health, quality care, and management of disease.

• **Practice Pattern Variation Analysis reports (PPVA)** are distributed to the majority of our physician network for a variety of clinical conditions. They illustrate the variations of care among physicians treating the same medical condition. Armed with these reports, physicians can understand the behaviors of their peers and make adjustments, if necessary, to their practice behaviors.

• The **CMS 5-Star program** is designed to drive improvements in quality of care for Medicare Advantage members. CMS ranks health plans on a scale of one to five; a 5-star score represents the highest quality. Over 50 measures of quality care are measured. For each measure, a different percentage of compliance is required to earn a 5-star rating. The Star ratings look at performance in three key areas and reflect the quality of care and service our Medicare Advantage members receive:
  o Clinical indicators: How well the plan and its network of providers help members stay healthy and manage chronic illness
  o Member satisfaction: How members score the plan in terms of overall satisfaction
  o Member experience: How well the plan manages its customer service function.

**Health Management**

To help our members achieve optimal health, we offer the following health management programs to support members with both medical and behavioral health conditions.

Referring a patient to our **Health Management Program** is easy. Simply download the *Patient Referral Form for Health Management Programs* or call our Health Management Programs area at 1-800-392-0098. Here is a brief description of our Health Management Programs:

• **Our Chronic Condition Management programs**—called Blue Care Connection®—support members with asthma, chronic obstructive pulmonary disease, coronary artery disease, diabetes, and heart failure. Interventions are designed to help members master the day-to-day management of their chronic illnesses.

• **Case Management**. Led by experienced registered nurses, our Case Management program helps members with complex conditions by coordinating health care services and offering education to promote self-management for their particular condition. The program aims to help members improve their health and quality of life, and to lower rates of complications and inpatient admissions. Conditions eligible for case management include certain cancers, high-risk pregnancy, complex pediatric conditions, organ transplants, stroke, traumatic brain injury, and catastrophic events.

• **Continuity of Care after Hospitalization**. This case management outreach program assists Commercial and Medicare Advantage HMO and PPO members recently discharged from an inpatient hospitalization with their discharge plans. It educates members on their diagnosis, and any changes in their medication and/or treatment plans. Members also receive information on community resources, medications, and home safety. Members identified for complex case management or chronic condition management may be referred for additional support and education.
With growing evidence linking oral and overall health, it is clear that dental care can have a direct impact on total health and well-being. Our **Total Health Solution** program educates members who have diabetes or coronary artery disease, women who are pregnant, and those with oral cancer about the importance of preventive and periodontal dental care in relationship to their condition. We also provide enhanced dental benefits to ensure that members receive appropriate care.

**Behavioral Health Management**

For patients with behavioral health conditions, we support providers through several programs:

- **Depression Program.** Our care managers identify members who screen positive for depression and offer outreach designed to provide education, referral assistance, and engage members in treatment.

- **Follow-up after Hospitalization.** Our case managers follow up with members within 48 hours of their discharge from a psychiatric or substance abuse hospitalization to assist them with discharge plan questions, development of crisis plans, adherence with medications, and keeping their outpatient appointments.

**Prevention and Wellness**

We provide prevention and wellness programming designed to help members manage their health and quality of life, regardless of their health status. Tools we offer to physicians and clinicians help support long-term, positive behavior change for our members. Some examples of initiatives include:

- Offering **MyBlueHealth**, a comprehensive wellness solution that includes an online suite of lifestyle management tools, enabling our members to support their individual health care needs in a convenient, secure, and confidential setting. MyBlueHealth includes a Health Risk Assessment, online coaching, tracking tools, customized action plans, social networking communities, and reporting capabilities.

- Promoting the Massachusetts Department of Public Health’s smoking cessation program, **QuitWorks™**, which offers telephone counseling and referrals to community resources, and provides materials for smoking assessment and enrollment into counseling programs.

- Providing resources and tools for women—from preconception and pregnancy through the baby’s first year—at [www.livinghealthybabies.com](http://www.livinghealthybabies.com).

- Offering an array of member wellness programs including a **$150 Fitness Benefit** and a **$150 Weight Management Benefit** to enroll in qualified programs; an array of discounts on health care products; and discounts to certified Pilates, personal training, yoga, tai chi, and qi gong through our **Living Healthy® Naturally** network.

- Offering members educational materials, information, and programs at [www.bluecrossma.com](http://www.bluecrossma.com) where they are just a click away from a portfolio of products and services that can help them start living healthier.
Quality and Cost Transparency
We believe that engaging your patients, our members, in care decisions is essential as we work together to improve quality, affordability, and patient-centered care. Our accounts have also requested that we increase members’ engagement in their care by offering more transparent cost and quality resources. To meet these needs, we offer online tools to our members to help them make health care decisions based on quality and cost in partnership with their physician. These programs include:

- **Blue Distinction Centers.** Blue Distinction® is a national designation program, developed in collaboration with the medical community, to recognize those facilities that demonstrate expertise in delivering quality specialty care safely, efficiently, and cost-effectively. Its areas of recognition include bariatric surgery, bariatric surgery, cardiac care, knee and hip replacement, spine surgery, complex and rare cancer treatment, and transplant services. The Blue Distinction Centers for Specialty Care® program is evolving from a quality-focused designation to a more robust “Total Value” designation awarded to facilities that meet stringent patient safety and outcome measures, as well as cost-of-care criteria.

  The program’s goal is to help consumers consistently find both quality and value for their specialty care needs. We actively market Blue Distinction Centers to our nearly 100 million members through public relations, and recognition in our local and National Provider Directory.

- **Cost and Quality Data on Find a Doctor.** We are adding both cost and quality data to Find a Doctor to help members become more informed health care consumers.

  Cost data, which is currently available only to PPO members, uses the Medical Cost Comparison Guide data, which is produced by the Blue Cross Blue Shield (BCBS) Association in partnership with BCBS plans such as Blue Cross Blue Shield of Massachusetts. It allows PPO members to compare:

  - The approximate cost range of services and procedures that can be performed in a variety of settings (e.g., hospital outpatient, inpatient, freestanding imaging centers, ambulatory surgery centers)
  - Average costs for services performed in medical group offices, including physician-specific costs for outpatient and imaging services
  - Statewide average costs for office visits.

  The Medical Cost Comparison Guide encourages members to consult with their physicians in making decisions about where to seek care.

  Our Find a Doctor tool also shows group-level quality results for:

  - The same clinical quality measures as we have previously included in Find a Doctor
  - Patient care experience results. These measures are new to Find a Doctor, but have long been included in our performance incentive programs with you and your group.

  For facilities, Find a Doctor shows the Hospital Consumer Assessment of Healthcare Provider Systems (HCAHPS’) patient experience measures from CMS’ Hospital Compare website.
- Low-cost lab and imaging list on Plan Education Center. Many of our members have substantial out-of-pocket cost responsibility as part of their health plan. To help these members make decisions about where to seek care for services that can be provided with similar levels of quality in a variety of settings, we have created a list of low-cost laboratories and imaging providers.