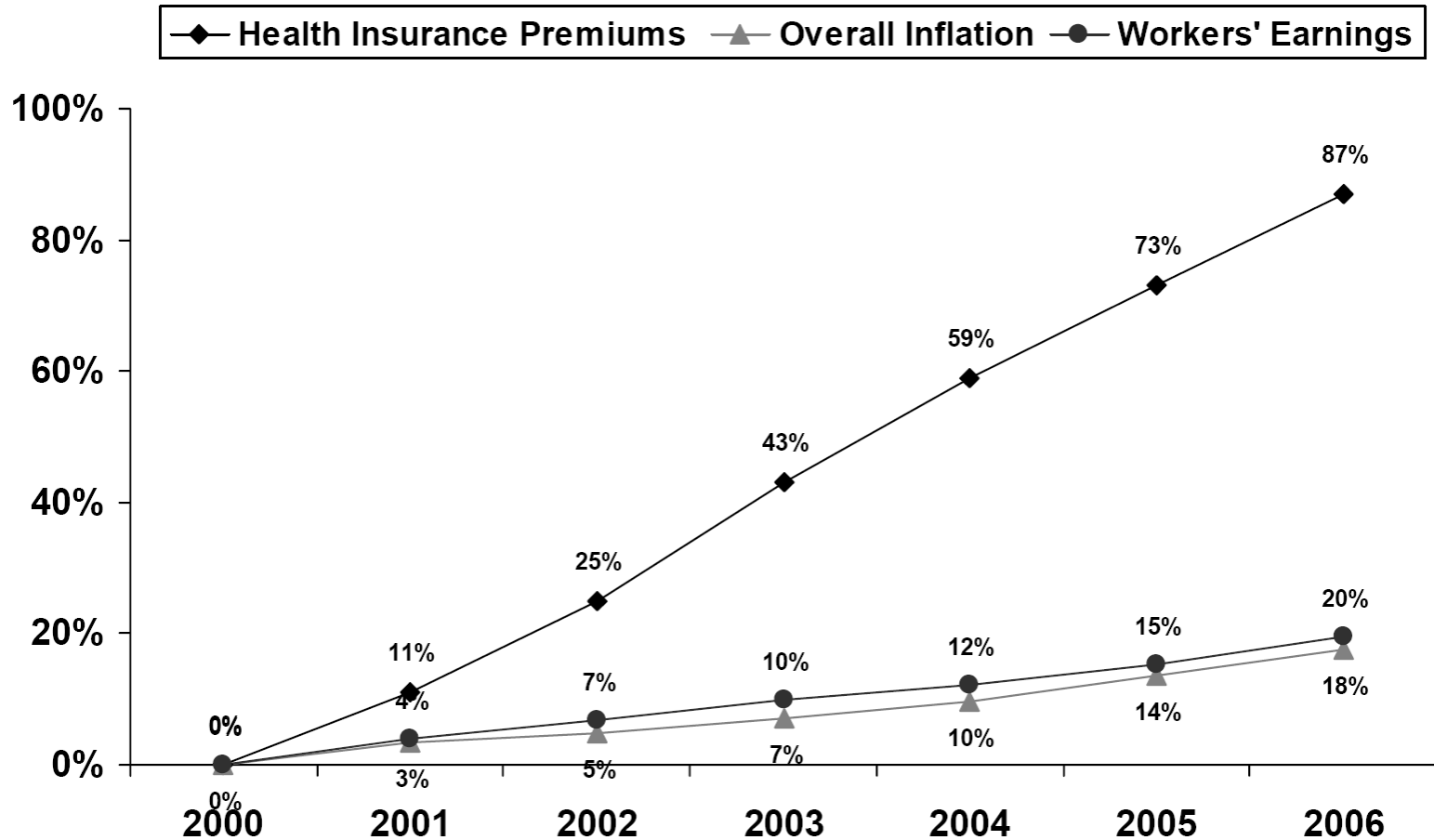


Measuring Efficiency in Cardiac Care: a health plan perspective

- **October 29, 2008**
- Lisa M. Latts, MD, MSPH, MBA
- VP, Programs in Clinical Excellence



Comparative Change in Premiums, Inflation and Earnings: 2000 – 2006



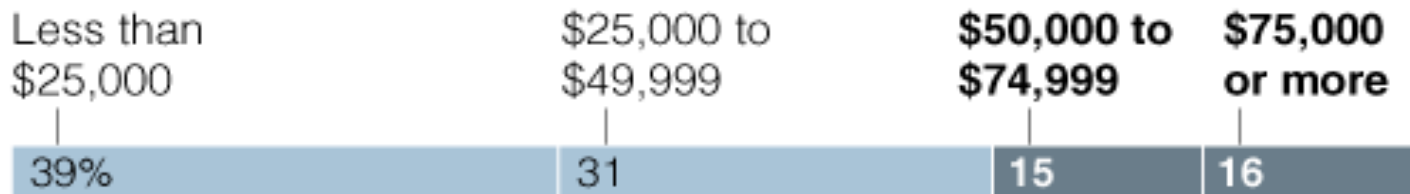
Note: Data on premium increases reflect the cost of health insurance premiums for a family of four.

Source: KFF/HRET Survey of Employer-Sponsored Health Benefits, 2001-2006; Bureau of Labor Statistics, Consumer Price Index, U.S. City Average of Annual Inflation (April to April), 2001-2006; Bureau of Labor Statistics, Seasonally Adjusted Data from the Current Employment Statistics Survey (April to April), 2001-2006.

Access: Uninsured Americans

Nearly 17% of Americans will be uninsured by 2010

FAMILY INCOME BREAKDOWN



AGE BREAKDOWN



Source: U.S. Census Bureau, Current Population Survey

THE NEW YORK TIMES

Approximately 1/3 of the 47 million Americans without health insurance have incomes > \$50,000 and more than 1/4 of them are between ages 25-34

Key Drivers of Medical Trend

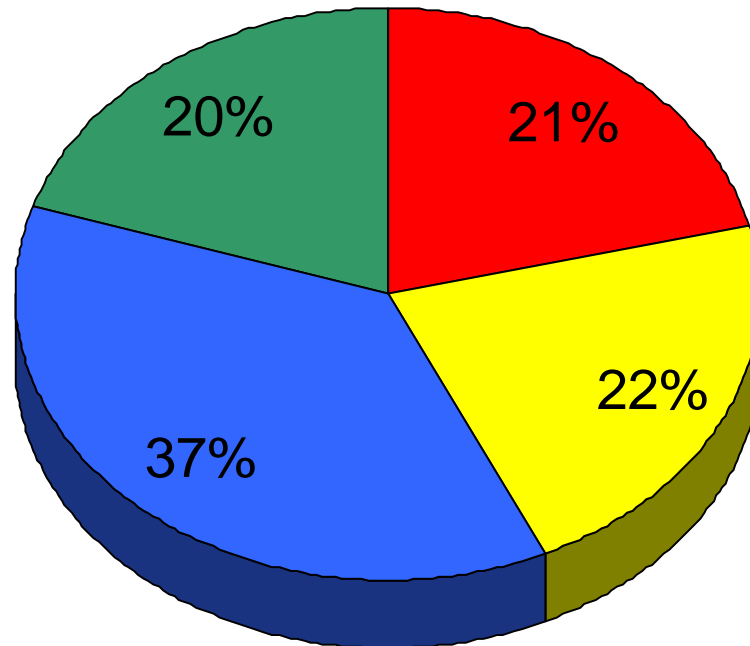
% of WellPoint Commercial Insurance Claim Costs

Pharmacy

- Increased Costs for Brand Drugs
- New and Increased Use of Specialty Drugs

Professional (MD)

- Specialist Procedures



Inpatient Hospital

- Orthopedic Implants
- Bariatric and Cardiac Surgery
- Neonatal Intensive Care

Outpatient

- Advanced Imaging
- Outpatient Surgery
- Emergency Room
- Molecular and Advanced Diagnostic Testing

Regulatory Agreements

- **Created a “roadmap” for provider measurement programs**
- **New York Attorney General Cuomo**
 - Aligns efforts in NY
 - Entered into a voluntary agreement
- **Consumer Purchaser Disclosure Project (“Patient Charter”)**
 - Extends the NY AG principles nationwide
- **Key Principles:**
 - Measures should be meaningful to consumers
 - Full disclosure of methods to members and providers
 - Cost can only be shared when paired with quality
 - Quality measures should be nationally endorsed
 - Cost efficiency must be risk adjusted
 - Programs should use third party reviewer to evaluate compliance with standards

WellPoint Quality Program: *Principles*

- **Program uses nationally-endorsed, standardized measures**
- **Measures should be meaningful and actionable**
 - Work with measure developers and endorsers such as AQA, NQF, NCQA, CMS, etc to encourage measure development
 - Work collaboratively with medical and specialty societies to fill gaps in comprehensive assessment strategy
- **Reward improvement**
 - Program design will not only reward upper echelon of top performing providers; it will also inspire lower performers to improve through various methods of reward and recognition
- **Include efficiency and other aspects of performance that enhance total quality**
 - Identify appropriate balance of quality and efficiency
 - Pharmacy, e-Prescribing, patient satisfaction

Blue Precision



- ***Blue Precision provides information about cost effectiveness and quality so our members can be well informed when making critical decisions related to their health benefits***

• Selection Criteria

- **Designates specialists for quality and cost-efficiency using industry accepted criteria and methodology**
 - Used external quality standards that are nationally accepted and endorsed:
 - Recognition through Quality Performance Assessment Program (NCQA Heart/Stroke Physician Recognition Program)
 - Nationally endorsed administrative metrics
 - Used *Episodes of Care* methodology to assess efficiency
- **Based on our broad, national BlueCard PPO networks**

Blue Precision: *Deployment Staging*

- **Provider communications sent to cardiologists**
 - Specialty with both quality and cost efficiency data
 - Allow for a 45-day notification period
- **Rollout process will be staged based on state-specific readiness**
 - OH, IN, KY cardiologists – letters mailed in May; displayed publicly in Q4
 - CT, ME, NH cardiologists – letters mailed in July; displayed publicly in Q4
 - Other states will deploy based on data readiness

Blue Precision: NCQA Heart/Stroke Recognition

- **NCQA developed the Heart/Stroke Recognition Program (HSRP) to address the tremendous impact heart disease and stroke have on our population and what doctors can do to improve care**
- **Criteria represent commonly accepted measures of care for patients with cardiovascular disease**
 - Blood Pressure Control
 - Complete Lipid Profile
 - Cholesterol Control
 - Use of Aspirin or Other Antithrombotic Agents
 - Smoking Cessation Advice or Treatment
- **A sample of patients are evaluated against the criteria (based on number of eligible patients and practice size)**

Blue Precision: NCQA Heart/Stroke Recognition

Standards	Criteria	Points														
Blood Pressure Control (<140/90 mm Hg) as follows: <table> <thead> <tr> <th><u>BP Result</u></th> <th><u>Credit Toward</u></th> </tr> </thead> <tbody> <tr> <td><u>Numerator</u></td> <td></td> </tr> <tr> <td><140/90 mm Hg</td> <td>1.00</td> </tr> <tr> <td><145/90 or <140/95 mm Hg</td> <td>.75</td> </tr> <tr> <td><145/95 mm Hg</td> <td>.50</td> </tr> <tr> <td>≥ 145/95 mm Hg</td> <td>0</td> </tr> </tbody> </table>	<u>BP Result</u>	<u>Credit Toward</u>	<u>Numerator</u>		<140/90 mm Hg	1.00	<145/90 or <140/95 mm Hg	.75	<145/95 mm Hg	.50	≥ 145/95 mm Hg	0	75% of patients in sample	10.0		
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Complete Lipid Profile	80% of patients in sample	10.0														
Cholesterol Control (<100 mg/dL) <table> <thead> <tr> <th><u>LDL Result</u></th> <th><u>Credit Toward</u></th> </tr> </thead> <tbody> <tr> <td><u>Numerator</u></td> <td></td> </tr> <tr> <td><100 mg/dL</td> <td>1.00</td> </tr> <tr> <td>100-109 mg/dL</td> <td>.75</td> </tr> <tr> <td>110-119 mg/dL</td> <td>.50</td> </tr> <tr> <td>120-129 mg/dL</td> <td>.25</td> </tr> <tr> <td>≥130 mg/dL</td> <td>0</td> </tr> </tbody> </table>	<u>LDL Result</u>	<u>Credit Toward</u>	<u>Numerator</u>		<100 mg/dL	1.00	100-109 mg/dL	.75	110-119 mg/dL	.50	120-129 mg/dL	.25	≥130 mg/dL	0	50% of patients in sample	10.0
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Use of aspirin or another antithrombotic	80% of patients in sample	10.0														
Smoking status and cessation advice or treatment	80% of patients in sample	10.0														
Total Points		50.0														
Points Needed to Achieve Recognition		40.0														

Blue Precision: *Quality Validation Audit*

- **Anthem is adding an administrative (claims-based) measurement component to Blue Precision:**
 - Providers will be designated as quality if they meet *either* the NCQA designation or the administrative quality assessment:
 - Composite performance rating on administrative metrics above a minimum threshold
- **Prior to publicly releasing this information, Anthem is conducting a quality validation audit:**
 - Medical record abstraction at the group level:
 - Random sample of 80-120 groups enterprise wide
 - Abstract a total of 2200 charts
 - Comparison of Anthem administrative data with data derived from the medical record
 - Detect a 5% error rate in 95% of the sample

Administrative Measures

Disease	Topic	Measure	Sources/Endorsers
AMI	Beta-blocker after AMI	Percentage of patients 35 years or older discharged after an acute myocardial infarction with ambulatory prescription for beta-blockers filled within 7 days of discharge.	AQA, NCQA (HEDIS), JCAHO, NQF
AMI	Beta-blocker persistence after MI	Percentage of patients 35 years or older discharged after an acute myocardial infarction with persistent beta-blocker therapy 6 months after discharge.	AQA, NCQA (HEDIS), NQF
CAD	Lipid-lowering therapy	Patients with CAD prescribed a lipid-lowering therapy	AQA, NQF, AMA-PCPI, ACC/AHA
CAD	ACE or ARB therapy	Percentage of patients with 1) CAD AND 2) diabetes who were prescribed ACE-I or ARB therapy.	AQA, NQF, AMA-PCPI, ACC/AHA
CAD	Lipid management	Percentage of patients with AMI, PTCA, CABG or IVD during measurement year with at least one LDL cholesterol test or all component cholesterol test.	NCQA (HEDIS), NQF

Quality Audit: *Provider Communications*

- **Anthem sent letters to providers requesting their participation in the Quality Audit**
 - Letters mailed to providers in Anthem Service Areas
 - Offered \$200 per practice to compensate for staff time
- **American College of Cardiology (ACC) partnership**
 - ACC letters to providers encouraging participation
- **Local Anthem Medical Director available to answer any questions or concerns**

Blue Precision: *Cost Effectiveness*

- **Based on industry-accepted Episodes of Care methodology to identify performance variations between providers**
 - Episodes of care are grouped into clinical “episodes” associated with each patient for treatment of a condition
 - Includes all inpatient, outpatient, diagnostic, pharmacy and laboratory claims
 - Includes all claims for a specific 2 year period
- **A risk adjustment is applied so that a physician’s episodes are only compared to other “like episodes” performed by other same-specialty physicians in the same geographic area**
 - Physician assignment is based on which provider had the majority of claims associated with the episode or 25% of overall claims
- **The top designations are limited to those physician groups that were identified as the most efficient**

Blue Precision: *Network Composition*

- **Estimate that a majority of measured cardiologists will achieve cost efficiency designation**
 - Approximately 70% will meet the defined thresholds and be designated as “Cost Effective”
 - Approximately 20% will not have enough data or volume to determine efficiency and will be assigned as “Not Rated”
 - Anticipate that about 10% will not meet cost efficiency thresholds

Blue Precision: *Directory Recognition*

- Enhanced National Provider finder:
 - Displays Blue Precision specialists who have been designated based on effectiveness and quality

ProviderFinder Search By Location | Lookup By Name | Provider Finder Help
BlueCard Worldwide | Transplant Information


Search Results Español

4 providers met the preferences you selected.

Search Criteria: City: **Evansville**
State: **IN**
Zip: **47710**
Plan: **Blue Precision**
Provider Type: **Physician or Other Medical Professional**
Mileage: **5 miles**
Specialty Category: **Cardiology**

Your Short List:
There are no providers in your short list. You may select up to 5 providers.

Sort Results By:
Distance

Short List	Provider Name	Address	Accreditations	Blue Precision Value & Quality
	Heart, Harvey, MD <u>Cardiologist</u>	555 Main Street Suite 829 Evansville, IN 47710 (812)555-5555 0.8 miles <u>Map</u>	  	 <u>Cost Effective</u>  <u>NCOA Recognition</u>

Cardiac Imaging

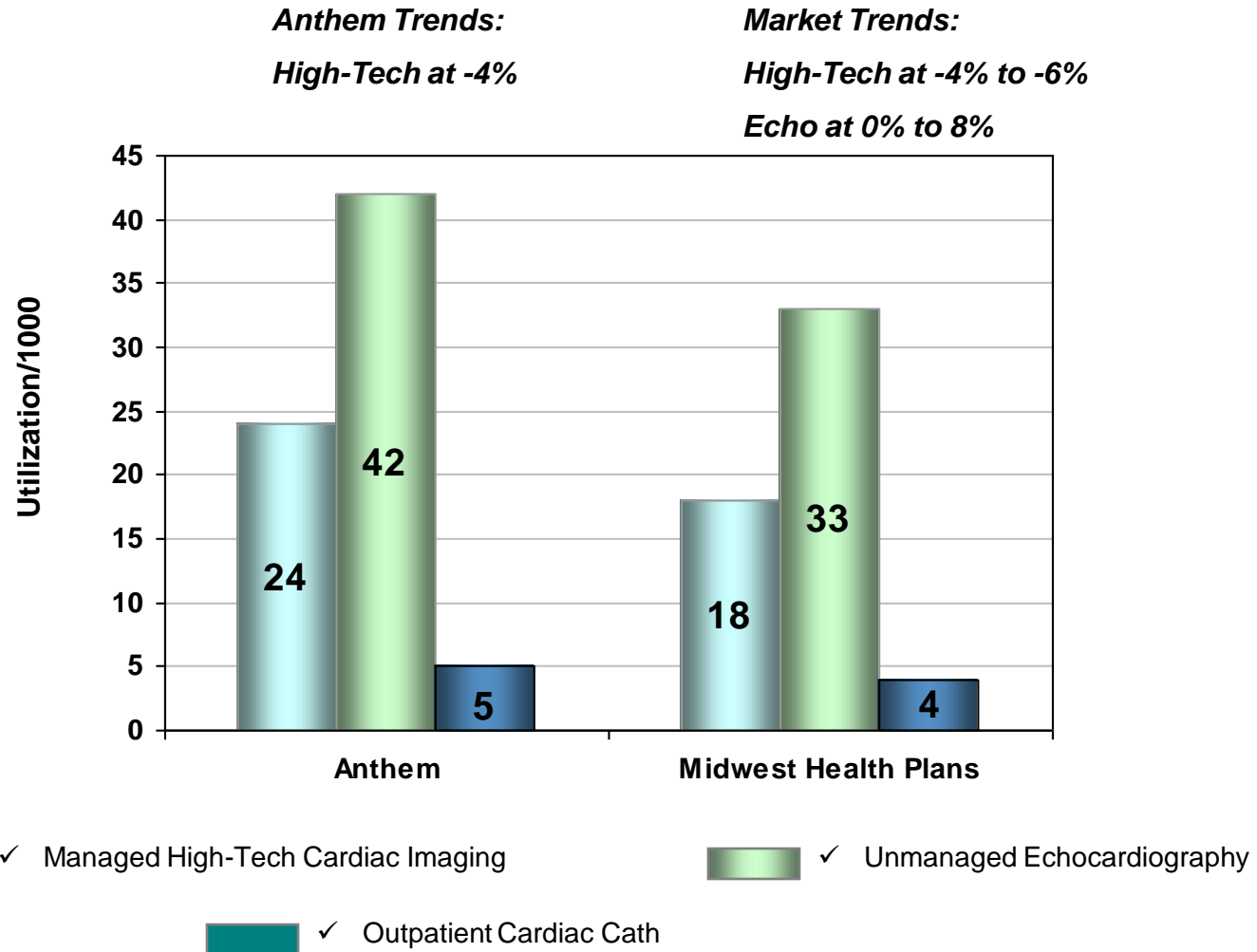
Rapid evolution in cardiac imaging services presents a growing challenge for health plans...



Key Issues

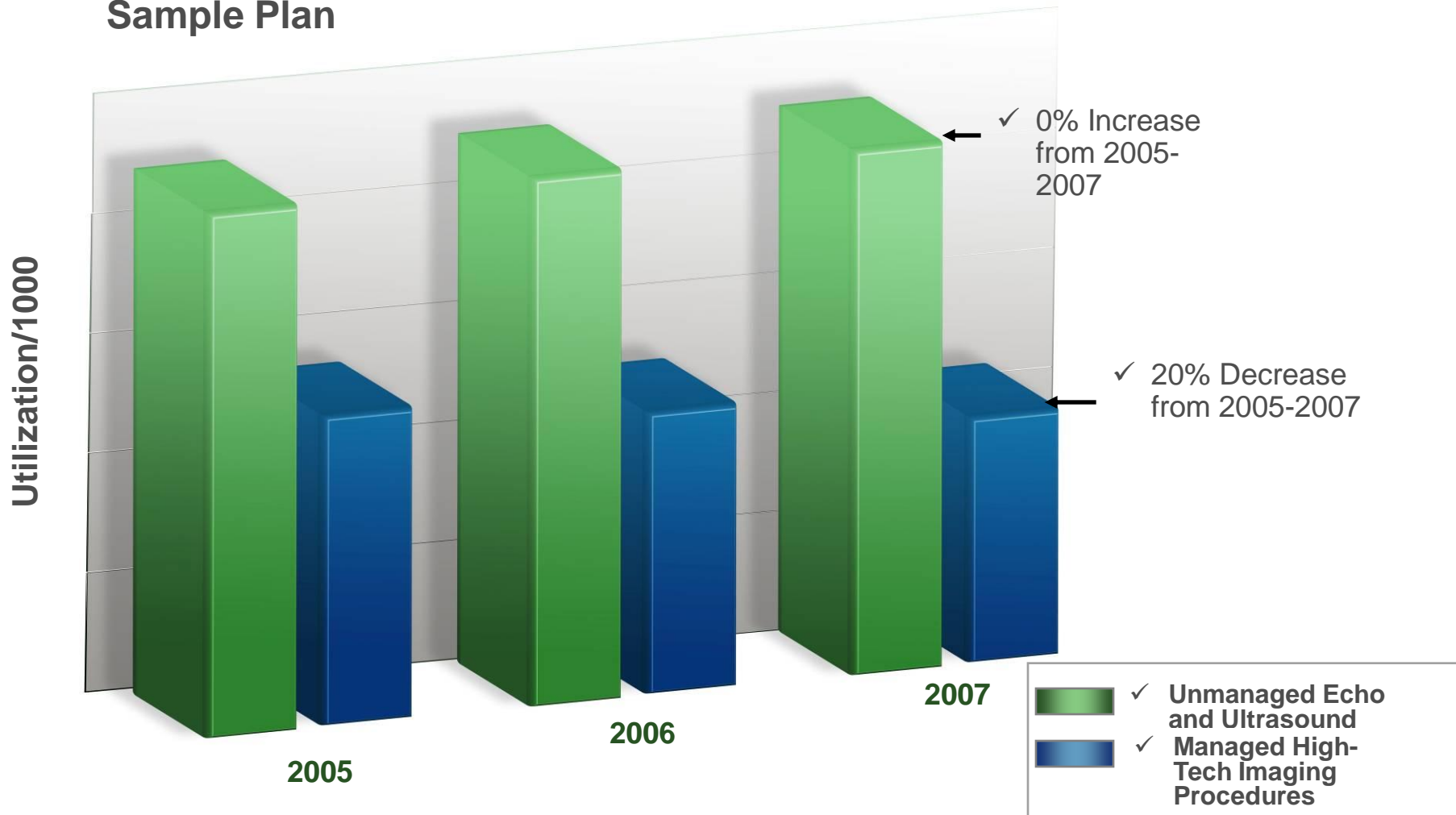
- **Cost and Utilization Growth:** Treatment costs for cardiovascular disease increased from \$62 billion to \$90 billion between 2000 and 2004
- **Equipment Proliferation:** From 2000 to 2006 the proportion of cardiologists billing for in-office imaging grew from **24 per 100 to 43 per 100**
- **Care and Treatment Pathways:** Growing struggle between medical and procedural management of cardiovascular disease
- **Self-Referral:** From 2000 to 2006 the percentage of cardiology practice revenue from in-office imaging grew from **23% to 36%**
- **Patient Safety:** CT and Nuclear Cardiology exams increase radiation exposure in patients

Cardiology utilization is higher than other Midwest benchmarks



Cardiac Procedure Management Programs Decrease Utilization

Sample Plan



New Expanded Cardiac Imaging Program

Included Modalities



- Stress Echocardiogram
- Transthoracic Echocardiogram (TTE)
- Transesophageal Echo (TEE)
- Cardiac Catheterization
- Percutaneous Coronary Intervention (PCI)
- Pacemaker
- Biventricular Pacemaker
- Implantable Cardioverter Defibrillator (ICD)
- Lower Extremity Vascular Ultrasound

Program Design



- Radiology Quality Initiative (RQI)
- UM
- Transition
- Registration Only
- With or Without Result Reporting

Post-Exam Data Collection

Post-Exam Results Collection Process:

- AIM requests submission of results for all cardiology exams.
- Results can be submitted by either (or both) the Ordering or Servicing Providers via **ProviderPortal** or by phone or fax.

The screenshot displays the AIM (American Imaging Management) Provider Portal interface. The main window is titled "Please select the results of the exam". It contains two sections for selecting exam results and a section for indicating if the study concluded the investigation.

Please select the results of the exam

Please indicate the exam result

- Normal
- Abnormal (related to reason examination ordered)
- Abnormal (unrelated to reason examination ordered)
- Inconclusive

Did this study conclude the investigation for the suspected diagnosis that prompted the test or was subsequent imaging required?

- Concluded investigation
- Subsequent imaging required

At the bottom of the form, there are three buttons: "Exit", "Restart", and "Continue".

The interface also shows a sidebar with navigation tabs: "Caller", "Member", "Physician", "Preadth", and "Provider". The "Provider" tab is selected. Below the tabs, there are fields for "Exam", "Desc.", "CPT", and "Call Comments (Maximum 1800 characters)".

At the bottom of the screen, there is a status bar with the following information: "Height: 169 cm", "Weight: 163 lbs", "Systolic Blood Pressure: Unknown", "Total Cholesterol: Unknown", "Is Smoker: Yes", "Has Diabetes: Yes", and "Has Hiale Relative With CAD: Yes".

Expanded Cardiac Radiology Program

