Quality Blue Primary Care

Patient-Focused Care Improvement

Louisiana | Quality Blue PRIMARY CARE

Quality Blue Primary Care: Patient-Focused Care Improvement

In 2013, Blue Cross and Blue Shield of Louisiana launched Quality Blue Primary Care (QBPC), a patient-focused population health and quality improvement program.

Blue Cross designed QBPC to incent primary care doctors to improve the quality and efficiency of the care they deliver, using a team-based approach where Blue Cross supports and collaborates with the practice in coordination of care and in getting better health results for mutual customers – their patients, Blue Cross' members.

Blue Cross is the only commercial health insurance company in Louisiana to offer this type of program, and as QBPC enters its fourth year, it's been embraced by key stakeholders across the state:

- For **customers**, QBPC emphasizes the importance of primary care and encourages them to choose, and become engaged with, a primary care doctor to coordinate their healthcare needs. This is particularly important for members with a chronic disease like diabetes, high blood pressure, heart disease or kidney disease.
- For **primary care doctors**, Blue Cross supports them to do what they do best – treat their patients – by giving them and installing population health management software, tools, resources and assistance from our own staff.
- For **employers**, QBPC is designed to improve their employees' health, particularly those with chronic conditions – this lowers overall claims costs by leading to fewer hospitalizations and complications and improved productivity of employees.

QBPC has grown significantly in its first three years, from 450 primary care doctors enrolled in 2014 to 718 primary care doctors enrolled through year-end 2016. Today, those doctors are treating 230,639 Blue Cross customers, including more than 90,906 with at least one chronic condition.

Blue Cross developed QBPC as part of its commitment to working with customers, doctors in the insurer's networks, employers and other stakeholders to improve the health and lives of Louisianians while keeping costs under control. QBPC has branched into other Quality Blue programs that transition to value-based payment and represent a long-term solution for getting better health at a lower cost.

This white paper is an overview of QBPC's accomplishments in its first three years – launching, growing, proving value and leading to breakthrough health improvements.

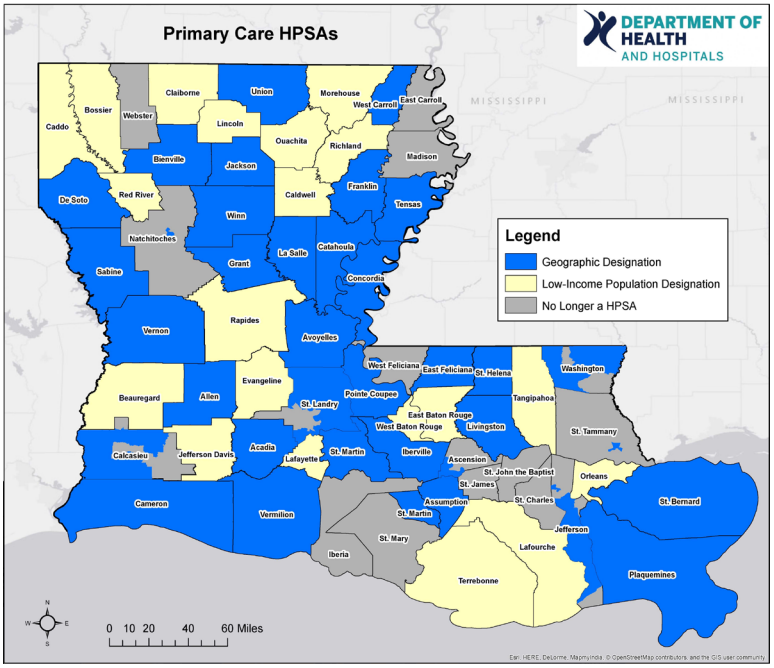
National Shift Toward Patient-Focused Care and Alternative Payment Programs

America has a healthcare cost crisis. Many factors contribute to these rising costs: more people needing more care than expected, increasing costs of medical equipment and procedures, rapidly increasing drug costs and health system consolidation that decreases competition.

The traditional fee-for-service system is part of the issue – in that system, doctors were paid for how many services they provided without regard for quality, efficiency or outcomes. Doctors were not reimbursed for taking extra steps or more time to coordinate care, follow evidenced-based guidelines to get better health results for their patients or meet national quality benchmarks.

While higher costs and lower quality outcomes are a national problem, these disparities are even more pronounced in Louisiana.

The United Health Foundation has released the annual America's Health Rankings© report for more than 20 years, and in that time, the highest Louisiana has ever been ranked is 47th. And, Louisiana only achieved that ranking once – in other years, the state is always 48th, 49th or 50th.[1] In the 2016 rankings, Louisiana is again 48th.[2] These reports rank states on a series of health quality measures in categories of Behavioral Health, Community and Environment, Public and Health Policies, Clinical Care and Outcomes.



Access to healthcare, particularly primary care, is an issue compounding Louisianians' poor health status. Most parishes in the state are designated Health Professional Shortage Areas (HPSA) and/or have a low-income population designation.

Creating incentives for more physicians to practice primary care and to work in medically underserved areas is key to improving health access for Louisianians.

SOURCE: http://new.dhh.louisiana.gov/assets/oph/pcrh/HPSAMaps/HPSA_PC_Shortages_woLabels.jpg

[1] "Improving Louisiana's Healthcare Rankings – A Report Prepared in Response to SCR 111 of the 2012 Regular Session" of the Louisiana Legislature, Louisiana Department of Health and Hospitals

[2] United Health Foundation – America's Health Rankings©, 2016 www.americashealthrankings.org

Why Change Is Needed: Louisiana's Medical Cost Crisis

A big factor affecting Louisiana's high costs and poor health outcomes is prevalence of chronic disease. Nationally, almost half of all Americans live with one or more chronic conditions.[4] And, while these patients are fewer than half of all patients, they account for two-thirds of healthcare expenditures.[5]

Cardiometabolic diseases – e.g. diabetes, hypertension, vascular disease, chronic kidney disease – in particular drive many of the poor health outcomes and high-cost measures. Locally, Louisiana is among the top states in the nation for cardiovascular death rates[6], and has the second-highest diabetes mortality rate.[7] And, these problems are only expected to increase, especially without significant interventions.

So, what can be done? The Institute of Medicine addressed this in its 2001 book, "Crossing the Quality Chasm," stating that "common chronic conditions should serve as a starting point for the restructuring of health delivery because … chronic conditions are now the leading cause of illness, disability and death … and accounting for the majority of healthcare resources used.[8]"

The takeaway message is that if many chronic conditions could be prevented or better controlled, this would lead to improved health and lower costs. This was the framework in which Blue Cross created its landmark QBPC program.

Launching QBPC

In creating QBPC, Blue Cross built on the success of an earlier ATGOAL pilot conducted in partnership with the Consortium of Southeast Hypertension Control (COSEHC) and 10 primary care practices in Louisiana to improve patients' cardiometabolic risk reduction, which led to improvement over 24 months and showed that engaging primary care providers with a performance improvement process designed around best practices can lower patients' risk for chronic diseases.

With QBPC, Blue Cross shifted the way the insurer paid for healthcare – instead of paying doctors based on how many patients they see, their payments were now tied directly to getting better outcomes for their patients, how well they meet national best-practice standards and how effectively they improve care delivery.

Given its market share as the oldest and largest health insurer in Louisiana, covering more than 1.5 million people, Blue Cross recognized its unique opportunity to reverse the state's historically poor health outcomes by implementing a program like QBPC.

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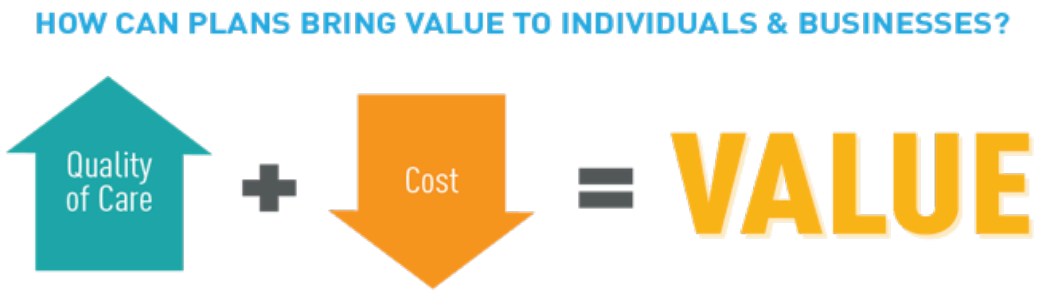
[4] Partnership for Solutions: Johns Hopkins University, Baltimore, MD for The Robert Wood Johnson Foundation

[5] Robert Wood Johnson Foundation, 1996

[6] 2009-2010 Annual Report of the Louisiana Chronic Disease and Prevention Unit, Louisiana Department of Health and Hospitals

[7] Omada Health, Prevent Diabetes Prevention Program

[8] Crossing the Quality Chasm: The National Academy of Medicine, July 19, 2001



In 2013, Blue Cross launched QBPC and began targeting primary care practices around the state for enrollment. Blue Cross customers were attributed to the program if they were seeing primary care doctors who enrolled, so the first year focused on enrolling primary care practices treating higher numbers of customers with the four targeted cardiometabolic diseases – diabetes, hypertension, vascular disease and chronic kidney disease.

Strategic partnerships were a key part of developing and implementing QBPC.

For the information technology component of QBPC, Blue Cross worked with Symphony Performance Health. QBPC incorporates Symphony's MDinsight® cloud-based technology to help practices identify, manage and improve the quality of care for their patients. This total population management tool supports a patient-centered approach to care.

Blue Cross and Blue Shield of Louisiana clinical consultant Dr. William Bestermann helped throughout the first three years of QBPC by coaching several of the early-enrolled practices in using protocols for treating cardiometabolic conditions, along with medication adherence and prescribing advice. The practices that worked with Dr. Bestermann benefited from his advice and three years later are among the highest performing practices in the program.

Growing QBPC

To participate in QBPC, primary care doctors must be contracted with Blue Cross in one of the three primary care specialties (general practice, family medicine, internal medicine), have and actively use an electronic medical record (EMR) system with a current Health IT Certificate from the Office of National Coordinator for Health IT, and agree to the necessary data extraction, practice staff training and participation in targeted continuous learning including Continuing Medical Education (CME) informed by clinical outcomes results.

At this time, pediatricians are not eligible providers for QBPC, and members under age 18 are not attributed to the program. Geriatricians will be added to the primary care specialties beginning January 2017.

Blue Cross supports QBPC primary care doctors in treating their patients by supplying them with patient medical and pharmacy information, giving them resources and installing and providing population health software and support from Blue Cross Population Health staff members.

Once a provider contracts with Blue Cross to enroll in QBPC, Blue Cross collaborates with those doctors/clinics to help them coordinate care for their patients, who are also our customers. This is especially important for patients who have the targeted chronic conditions.

Blue Cross shares members' health information – an aggregate of EMR, lab, pharmacy and medical claims data – with the enrolled doctors/clinics using MDinsight, a population health software program that supports QBPC. MDinsight allows both the clinic and Blue Cross to easily identify patients at risk due to gaps in care, such as missing important labs, screenings and tests. MDinsight provides actionable and timely information, which is vital to improving health outcomes and supports evidenced-based practice.

Using MDinsight, the doctor's office has a more complete picture of the patient's health when s/he comes in for an appointment. Blue Cross made a generous initial investment in this program by funding the QBPC practice transformation program and MDinsight system for each enrolled practice, along with providing any necessary technical and clinical support and continuing to pay the monthly physician software licensing fees.

Blue Cross assigns a member of the Care Management staff – called a Quality Navigator – to work directly with each practice enrolled in QBPC and facilitate proactive patient engagement to ensure more informed, productive office visits for the staff and the patient.

The Quality Navigator analyzes all available patient data, including MDinsight data, and prioritizes it in a simple, actionable report. This report includes important gaps in care along with pertinent admissions, discharge, medication non-adherence and ER utilization information.

During care coordination calls, the Quality Navigator shares the report and helps prepare the practice for upcoming scheduled appointments. In addition, the Quality Navigator works to identify and actively reach out to high-risk patients who are due for, but are not scheduled for, an upcoming appointment.

The doctor's office and Quality Navigator can also use this time to better identify patients who are Blue Cross customers and have chronic conditions or more complex care needs. For these customers, Blue Cross health coaches – nurses, dietitians and/or social workers – will follow up with them between their appointments to support the patients and help them stick to the treatment plans they develop with their doctors.

While Blue Cross already provides health coaching through Care Management programs, QBPC adds collaboration and coordination between Blue Cross and the physicians' offices, so more patients are becoming aware and become engaged in Blue Cross' Population Health programs. If any issues or barriers to care are identified through health coaching, the Blue Cross nurses or other clinical staff share this, via the Quality Navigator, who informs the doctor's office.

QBPC builds on what the Blue Cross Population Health staff already do – and do well – to better support primary care doctors and work together to get better health results for mutual customers while keeping healthcare costs in line.

For added learning opportunities, Blue Cross hosts a series of regional collaboratives around the state, along with an annual statewide learning collaborative. These collaboratives give the doctors enrolled in QBPC an opportunity to come together, share best practices and learn how they can get the most out of their participation in the program.

In addition to the doctors enrolled, for the past two years, Blue Cross invites sales staff and group leaders to attend portions of the collaborative so they can hear the latest news and updates about QBPC. The collaborative coincides with peak renewal times for group accounts, and is a good way for healthcare providers, employers and Blue Cross staff to come together to hear what QBPC is doing for their mutual customers.

Blue Cross keeps participating QBPC clinical and administrative staff informed on the latest news and developments of the QBPC program via a monthly distributed e-newsletter.

Alternative Payment Based on Health Improvement and Cost Efficiency

To reward QBPC physicians for taking extra steps to coordinate care, Blue Cross compensates these providers with a Care Management Fee (CMF) on top of their standard fee-for-service payment. There is a continuing improvement element associated with the CMF, also.

In the first year of a provider's participation in QBPC, the CMF is set at a standard base rate. Once providers have been in QBPC approximately 12 months, Blue Cross will adjust the amount of their CMF payments twice a year based on their performance on the program's core clinical quality measures around diabetes, vascular disease, hypertension and chronic kidney disease. These measures indicate, for example, how many patients have blood pressure controlled, are compliant with taking statins for vascular disease and/or are tobacco free.

In addition, participating practices and physicians are evaluated on three efficiency measures for all of their Blue Cross and HMO Louisiana, Inc. patients attributed to QBPC, not just those with the four targeted chronic conditions. These measures are: avoiding potentially preventable ER visits, avoiding unnecessary imaging tests for simple, new-onset lower-back pain and increasing the generic fill rate for prescriptions.

Provider Rewards and Recognition

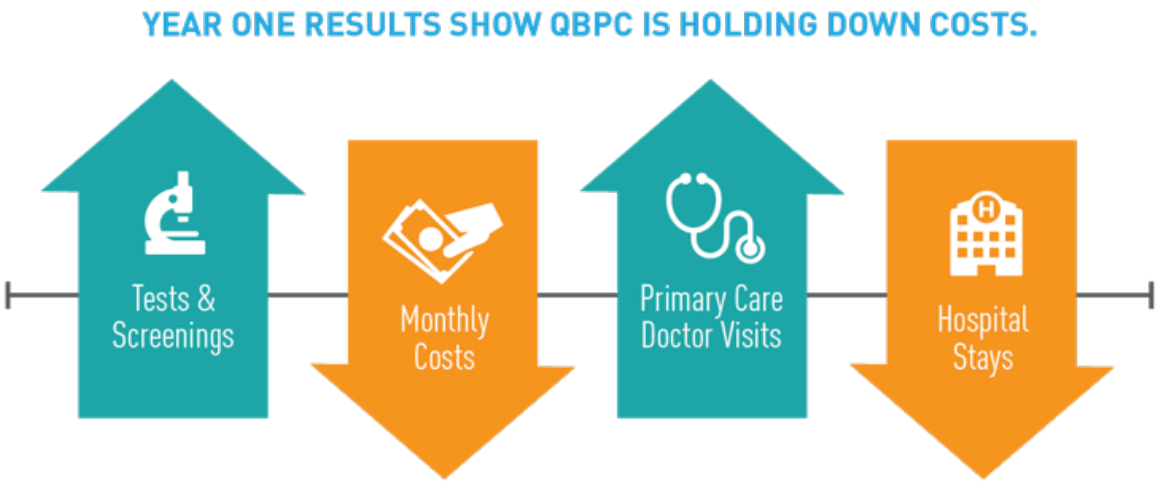
This payment tiering system rewards providers who are delivering high-quality care that leads to improved health outcomes, which translate into overall lower healthcare claims.

Blue Cross also uses the providers' performance on these measures to designate the top-performing clinics and individual doctors each program year. Blue Cross presents these awards at its annual statewide learning collaborative. To see a list of current QBPC Top Performers, visit **www.bcbsla.com/QBPC**.

All providers participating in QBPC are designated with a blue "Q" symbol next to their name in the Blue Cross participating provider directories. As an additional recognition, Top Performers are highlighted and promoted with an added gold star in the Blue Cross participating provider directories.

Proving Value: QBPC's Results

In October 2015, Tulane University's School of Public Health validated data from the first full program year of QBPC (2013-2014), which showed the program is leading to cost savings because attributed members are having more primary care doctor visits, which leads to fewer hospital stays.



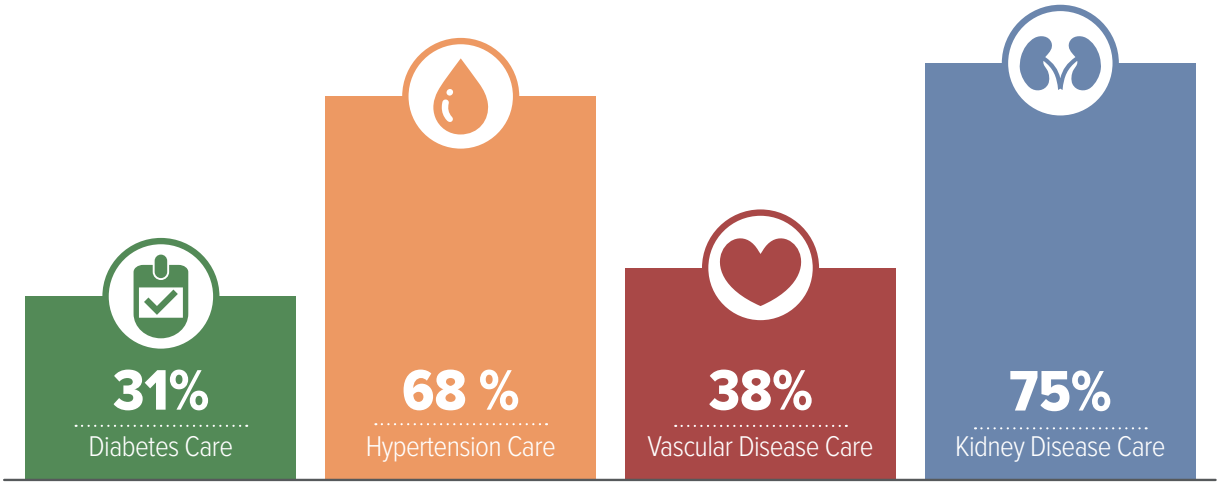
SOURCE: Data based on Blue Cross members continuously enrolled from June 2012 – December 2014

Blue Cross customers seeing QBPC doctors had healthcare costs about $27 a month lower than other customers. A key reason for this is they needed fewer hospital stays, which are a key component of rising healthcare costs. And, these members saw primary care doctors for checkups more often and had higher rates of getting recommended screenings and tests, which help catch problems early, when they are easier to treat.

2016 data shows continued improvement, with overall trends for customers seeing QBPC doctors showing:

- Lower monthly costs
- Fewer hospitalizations
- Less likely to visit the ER
- Lower pharmacy costs

Data collected over the first three years of the program (2013-2016) show that Quality Blue doctors have together made significant improvements in the metrics for the four targeted chronic conditions. Each has shown percentage improvements from the baseline over three years.



Source: QBPC Quality Measures data from 2013-2016

Anecdotal feedback has also been positive. Many customers have reported positive experiences from the coordination between their insurance company and the doctor's office, and the practices have reported the Quality Navigator connection better prepares them to find and address gaps in care.

Success Story 1:

Blue Cross developed reports for Quality Blue doctors to provide more information about their patients' ER visits. The first run of these reports showed a particular patient had 119 ER visits in the past year! The average charge for one ER visit is about $1,000.

Now that this patient's doctor knows about these ER visits (possible because of the data sharing in QBPC), the doctor is working with the patient to provide preventive care and explain why it's more cost-effective to handle routine care in a doctor's office. The doctor is also using office visits as an opportunity to educate the patient about when it's appropriate to go to the ER.

The claims savings from that one patient alone could pay for the staff time and resources Blue Cross used to develop this report. Blue Cross expects collaboration like this to reduce unnecessary ER visits over the long term.

Success Story 2:

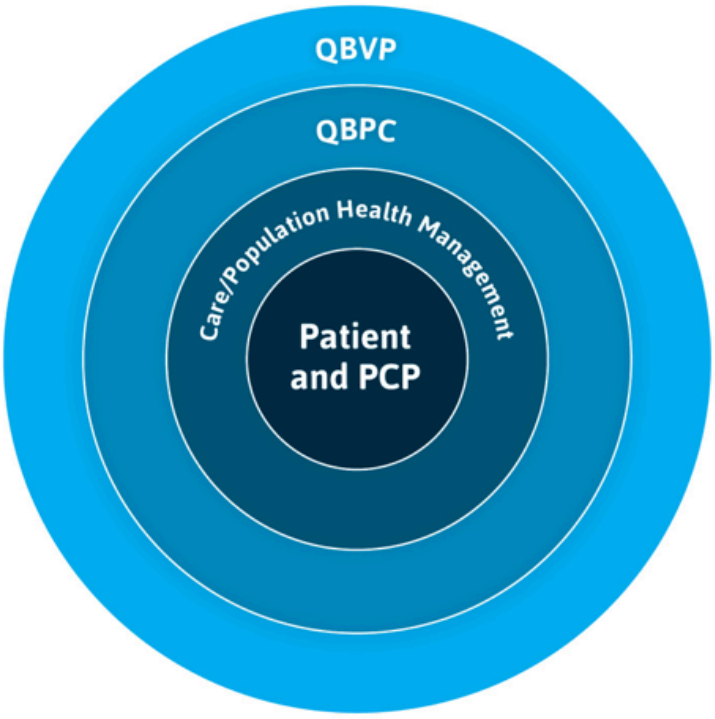
Blue Cross provides QBPC doctors with Medication Adherence Estimator Reports that show if patients at that practice are at risk for stopping their medication, which can lead to poor health outcomes and require higher-cost interventions to treat.

A patient of one practice was at risk of stopping medication because of the cost of filling her prescription. This information was reflected in the Medication Adherence Estimator Report for that practice and discussed on the weekly call with the Quality Navigator.

The practice got in touch with the patient, discussed the cost issue she was having, and worked with her to find a lower-cost but equally effective alternative. The patient was very appreciative and continued to take her medicine as directed.

As a provider at that practice said, "Putting a handle on the problem before [the patient] becomes non-adherent – great QBPC team work!"

Breakthrough Improvement: Building on QBPC



To build on the success of QBPC, Blue Cross created Quality Blue Value Partnerships in July 2014 to let large providers – Accountable Care Organizations, or ACOs – move beyond primary care and look for opportunities to improve quality and hold down costs throughout the whole treatment experience.

Quality Blue Value Partnerships rewards physician groups that can demonstrate they have improved the quality and reduced the cost of the care they provide. Blue Cross launched the Value Partnerships arm of Quality Blue in 2014 with five ACOs. The program now has 11 enrolled ACOs.

First-year results show that it's working -- for the first program year, Blue Cross paid out $6.5 million to the enrolled ACOs as their portion of the total savings achieved. Most participating physician groups successfully cut spending and improved healthcare quality. On average, they saved 1.7% in their total healthcare costs. The most successful groups saved 3.8% on average. Even more promising, the physician groups with the best health outcomes for their patients had the highest total savings.

Some ways the ACOs successfully lowered healthcare spending include:

- Prescribing more generic drugs
- Increasing outreach and engagement for patients with chronic conditions
- Extending office hours so patients could more easily get in to be seen by a doctor instead of going to an ER or urgent care
- Encouraging patients to see primary care doctors for routine medical services, instead of going to more expensive specialists, hospitals or acute-care centers
- Educating patients about when to go to an emergency room or hospital and when they can get the care they need in a doctor's office
- Coordinating services to help patients get treatment at the highest quality, most cost-effective option for their care needs
- Improved coding in the practices, leading to more accurate determination of population risk

Blue Cross provided the ACOs with technical and analytical support and paid for them to access an online 3M® dashboard. ACOs can use the dashboard to review their total cost of care data, look for ways to use resources more effectively, and meet defined quality benchmarks that help them keep healthcare costs in line.

Blue Cross will continue adding more doctors, systems and clinics around the state in order to give more customers the care coordination, health improvement and cost-saving benefits of Quality Blue.

In 2016, Blue Cross worked with the national Blue Cross and Blue Shield Association to add customers of the 36 other Blue plans nationwide to QBPC as part of the national Blue Distinction Total Care initiative.

Program Expansion and Continued Support for Providers in 2017 and Beyond

In 2017, Blue Cross will continue to promote primary care visits by offering lower or free copays for office visits with QBPC primary care doctors. This benefit is available to most Blue Cross customers, depending on their plan type and benefits. Blue Cross is also increasing ER copays across all lines of business to discourage customers from using the ER for non-emergency health needs.

BlueCare
Anytime, Anywhere

BlueCare, Blue Cross' first telemedicine platform, will expand access to primary care doctors after hours. BlueCare is available 24/7 at **www.BlueCareLa.com** or via the BlueCare app for Android or Apple, and lets customers have online doctor visits using a computer, laptop, tablet, smartphone or other internet-accessible device. Customers pay a flat fee, typically $39, to use BlueCare, which is less than an ER or urgent care copay. This makes BlueCare a good alternative for treating routine, low-acuity health conditions like colds, sinusitis, allergies, pink eye, bladder infections, minor stomach issues or rashes.

Beginning in 2017, Blue Cross will expand the QBPC program portfolio to include a claims-based version that encompasses process-based measures. This additional claims-based version extends the eligibility opportunity for practices with limited or no ability to integrate electronic clinical health records so more primary care practices can participate. Clinics or entities that are new to the QBPC program will have the option to participate in either the outcomes-based version or the claims-based version of the program.

For more information about Quality Blue Primary Care, visit **www.bcbsla.com/qbpc**