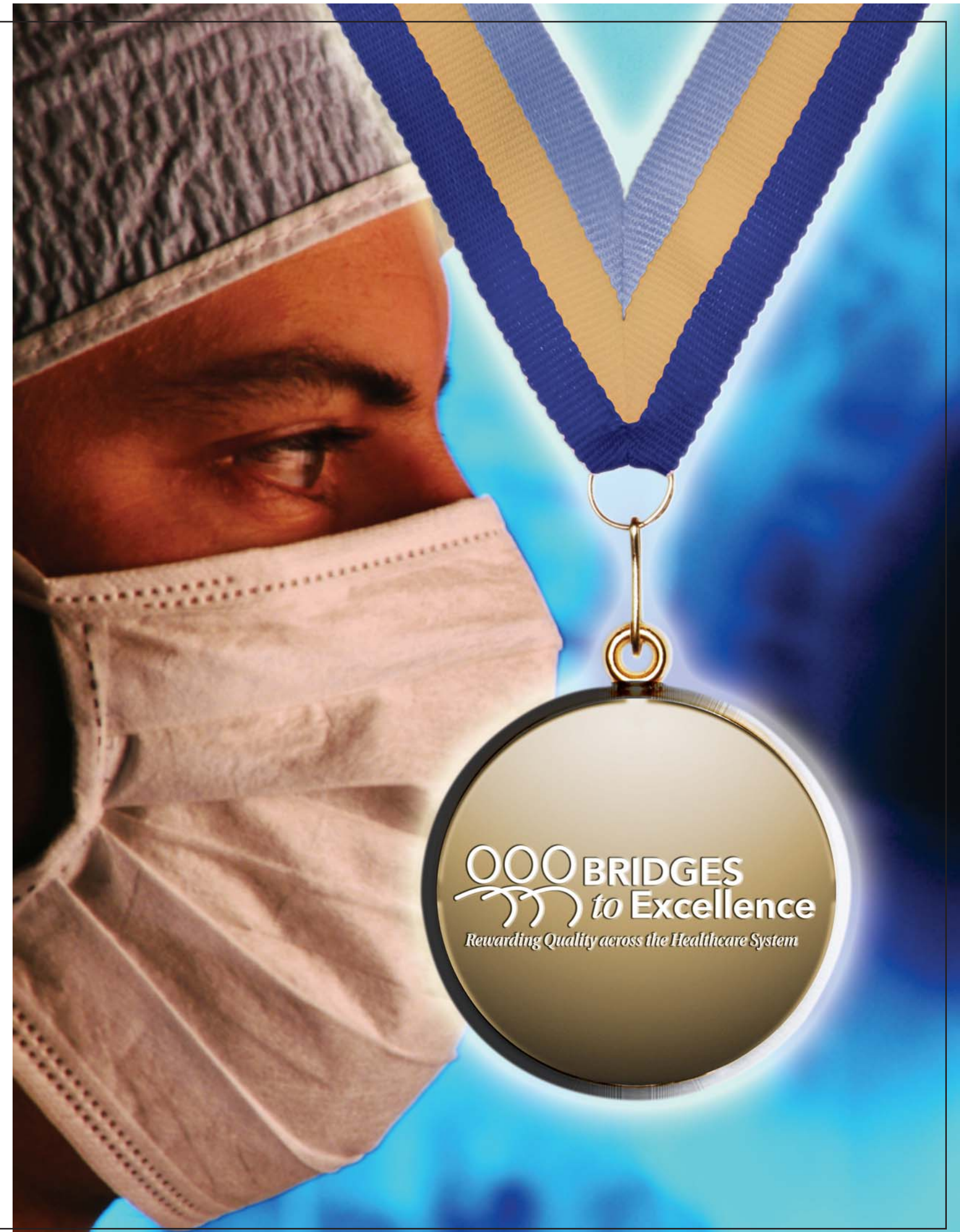




BRIDGES
to Excellence
Rewarding Quality across the Healthcare System





THE BRIDGES TO EXCELLENCE (BTE) INITIATIVE INCLUDES PHYSICIANS, EMPLOYERS AND INDUSTRY GROUPS WORKING TOGETHER TO DEFINE, DELIVER AND REWARD QUALITY CARE. BY ENCOURAGING THE DELIVERY OF EVIDENCE-BASED TREATMENT AND THE IMPLEMENTATION OF LEADING-EDGE PATIENT INFORMATION MANAGEMENT SYSTEMS, BTE IS HELPING TO IMPROVE CARE QUALITY AND DRIVE DOWN COSTS IN KEY MARKETS ACROSS THE COUNTRY. TO DATE, BTE HAS DISTRIBUTED MORE THAN \$2.5 MILLION IN BONUS PAYMENTS, AND RECOGNIZED MORE THAN 1200 PHYSICIANS FOR QUALITY CARE. WITH ITS RAPID EXPANSION OF PARTICIPATING PHYSICIANS AND MARKET AREAS, BTE IS TRANSFORMING THE WAY CARE IS DELIVERED IN AMERICA—WITH POWERFUL BENEFITS FOR PATIENTS, PROVIDERS, AND PURCHASERS ALIKE.

FOR MORE INFORMATION, PLEASE VISIT WWW.BRIDGESTOEXCELLENCE.ORG

COMMUNITY CARE PHYSICIANS



THE PRACTICE: Community Care Physicians is a physician owned and operated practice with more than 35 offices around Albany, New York, approximately 200 providers and 1000 employees.

THE PROGRAM: BTE Physician Office Link

THE MOTIVE: According to Robert Fortini, "If you want to effect clinical outcomes in patients you first have to make sure your structure and process are in place. This is an opportunity to utilize quality improvement strategies to enhance ongoing practice development."



"WHEN A PRACTICE IMPLEMENTS STRATEGIES THAT IMPROVE PATIENT OUTCOME AND DRIVES DOWN RISKS, EVERYONE WINS."

*Robert Fortini, PNP
Clinical Operations Manager
Community Care Physicians
Albany, NY*

THE CHALLENGE: Working with so many locations required a thorough, systematic effort. Fortini began by visiting each one and providing an overview of the program. Then he went back with details, involving the practice managers and lead physician at each step. He also reported to the whole physician group on at least a quarterly basis. "The key was getting physician buy-in by keeping lines of communication open."

THE PROCESS: "I would go to the practice and talk through how a referral was made, or what process occurred when a physician ordered a lab," says Fortini. He found variations from site to site. "Bridges gave us the opportunity to identify best practices and implement them at each site systematically." To help, Fortini and his team developed a step-by-step guide for the offices to follow.

THE BENEFITS: Each practice now has one disease management system, one process for tracking referrals and tests, and a consistent set of educational materials to hand out to patients. Patients are also getting more calls or postcard reminders when they're due for shots or follow-ups. Not only has this increased the number of patient visits, but "the physician patient relationship is enhanced by the increased interaction". says Fortini.

THE RESULTS: There is an enormous financial challenge facing practices that implement electronic medical record because of the upfront technology investment required. The dollars received from Bridges are used to help offset a portion of this expense, thereby easing the burden on the participating practices.,," says Fortini. Initial surveys also show an increase in business income and a reduction in clinical risk. Says Fortini, "it's a win-win."

HYDE PARK PEDIATRICS



THE PRACTICE: Hyde Park Pediatrics includes five pediatricians and a nurse practitioner who care for about 4500 patients in Boston, Massachusetts, and neighboring Milton. The practice is an affiliate of Partners Community Healthcare, Inc (PCHI).

THE PROGRAM: BTE Physician Office Link

THE MOTIVE: "I've always seen the flaw in health care as not having the right kind of systems and processes to help improve care," says Lasker. "There isn't any training in medical school or residency on how to make these kinds of improvements, especially in a small practice. This seemed to me to be a way to bring those skills into the private practice setting."



"THIS PROGRAM MADE US REALLY THINK ABOUT MEDICAL MANAGEMENT POLICIES, AND MAKE SYSTEMATIC CHANGES IN HOW WE DEAL WITH OUR PATIENTS."

*Dr. Jeffrey Lasker
Managing Senior Partner
Hyde Park Pediatrics
Boston, MA*

THE SYSTEMS: Dr. Lasker worked with PCHI to help facilitate the initial application process, and develop the policies and procedures needed to earn BTE rewards. Based on their findings, they created:

- An asthma registry that helps the practice manage many issues more effectively.
- A process to follow up with every patient who visits an emergency room.
- A system to reduce obesity through education materials and other interventions.
- A portable document for special needs children that contains all of his or her issues, medicines and specialists.
- A behavior survey for adolescents to identify potential problems before they become serious.

THE REWARDS: According to Dr. Lasker, "At the end of the day you feel much better about the care you're providing. You'll see examples on a pretty regular basis of patients whose care has been affected by what you do. Then it becomes part of the way you do business." In addition, the practice has received approximately \$12,000 to date, enough to cover the cost of implementing its new processes.

THE EXTRA EDGE: Hyde Park had previously worked with insurers on similar programs, but they only included patients covered by the insurer. This initiative allows the practice to develop programs for all patients. Plus, says Lasker, it puts practices into the mindset to create policies and procedures for all kinds of issues. "It makes you aware that systems help you care for your patients," Lasker says. "I'm a believer in this stuff."

ALLIANCE PRIMARY CARE



BRADDOCK MEDICAL GROUP



THE PRACTICE: Alliance Primary Care is the largest primary care group in Cincinnati, Ohio, with 24 locations, 80 physicians, and 15,000 diabetic patients.

THE PROGRAM: BTE Diabetes Care Link

THE FIRST STEP: When the Alliance Primary Care team began the application process, they found big variations in the delivery of diabetes care. It not only varied from practice to practice, but also within individual practices. According to Amy Dorrington, "We definitely knew we had a great opportunity for significant improvement."

THE PRACTICE: Located in a rural section of Maryland, Braddock Medical Group includes six full time doctors and one part time doctor.

THE PROGRAM: BTE Physician Office Link

THE ISSUE: Burkey's central task was to bring a paper-driven office into the electronic age. The incentives provided by CareFirst, through the BTE program helped the practice do so much for less than it would have cost on their own. Burkey says the rewards covered around half the cost. "Without these incentives, there's a possibility the upgrade would not have been implemented at all."



THE PROCESS: The implementation team met with physicians in small groups to provide data on their patients and compare them to NCQA standards. At first, the physicians were skeptical. But once they saw that key services like foot exams were not being delivered consistently, they quickly embraced the initiative.

THE MARKETING: The team developed tools to help with documentation, such as chart stickers to alert doctors that a patient is a diabetic, and flow sheets that make it easy to compare things like blood pressure, weight, and A1C measures. They also created cup holders and pens to promote target goals, and educated medical assistants on BTE so they could prompt the doctors and help with the flow sheets.

THE PATIENTS: The team also developed educational sheets for patients to help them monitor their conditions and become more involved in their care.

THE RESULTS: Within five weeks of starting the Diabetes Care Link Program, the number of qualifying physicians increased from one to 32. Internal tracking shows significant improvements in the consistent delivery of important tests and procedures. To date, the practice has earned around \$20,000 in rewards.

THE NEXT STEPS: Dorrington will continue working with physicians until all practice sites are recognized. Alliance Primary Care is also working towards implementing an electronic medical record system, which will assist in documentation and measurement of the quality of care given to their patients.

"YOU DEFINITELY IMPROVE THE LEVEL OF CARE YOU'RE GIVING TO YOUR DIABETIC PATIENTS."

*Amy Dorrington RN
Senior Manager, Clinical Projects
Integrated Management Services
Cincinnati, OH*

THE UPGRADE: "We had one desktop PC in a conference room and everything else was dummy terminals," says Burkey. "Now we're having a full network implemented with brand new Dell desktops, and our nursing staff will have small hand held devices for Electronic Medical Records. It's a big step forward."

THE INITIAL BENEFIT: Burkey says the practice has begun transitioning its manual processes, such as follow-up reminders, to the new system. "Now we can go through on a quarterly basis and make sure patients under our top three diagnostic categories receive reminders or letters telling them to come in for a follow up." This has led to an increase in patient visits and helped ensure that at-risk patients keep up with their key tests and lab visits.

THE NEXT STEPS: With the new technology coming on line, Burkey is planning a whole array of process improvements, from electronic flow sheets to risk identification programs. "The practice management phase will be going live in January, and the EMR piece should be up and running by the spring."

THE LESSON: According to Burkey, the NCQA evaluation process "forces you to really look at how you're handling things clinically. We all know we can put patients in an exam room, evaluate them, send them out with a prescription and bill for that. But I think many practices are lacking in areas of good quality assurance and clinical follow up. This process shows you where your weaknesses are and how to address them."

"OUR PRACTICE WAS 80-90% PAPER-DRIVEN. THIS WAS AN EXCELLENT OPPORTUNITY TO AUTOMATE OUR SYSTEMS AND RECEIVE A LOT OF HELP WITH THOSE EXPENSES."

*Michael Burkey
Administrator,
Braddock Medical Group
Cumberland, MD*