

EXCELLENCE IN CHRONIC CARE MANAGEMENT PROGRAM

Improve care, decrease expenses across six major conditions



The Excellence in Chronic Care Management program encompasses six chronic conditions: congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), diabetes, asthma, hypertension, and coronary artery disease (CAD). This program measures the quality and cost of care delivered in physician practices. Physicians who meet certain performance criteria are rewarded with a variety of incentives, often including cash payouts. Employers and health plans are rewarded with healthier members and lower costs of care.

The opportunity

For these chronic conditions, our research shows that significant expenses are wasted on potentially avoidable complications (PACs). For CHF alone, the reduction or elimination of PACs can save employers and health plans as much as \$10,000 per patient per year.

Key goals

The program is designed to provide meaningful incentives for practices to improve care; provide timely and actionable information to each practice; and measure quality on all patients, regardless of insurance plan, so all plans can participate and quality can be measured reliably.

Quality measures

Practices must meet all measures specified in the Bridges to Excellence® (BTE) Recognition programs for each of the covered conditions. Practices are only scored on the domains relevant to their patient mix. For example, pulmonologists are measured on asthma and COPD, cardiologists on CHF, CAD and hypertension, and so on.

How practices submit data

Practices create reports through electronic medical records, then submit data to a designated BTE Performance Assessment Organization (PAO). The PAO scores the data and, each quarter, sends the practice a scorecard tailored to its actual patient panel. Total scores are also provided to BTE, and we submit them to participating plans and employers for incentive payments.

Calculating potential cost savings

Cost reduction opportunities are calculated using our Evidence-informed Case Rate™ (ECR) Analytics. An ECR includes all covered services bundled across all providers that would typically treat a patient for a given condition (hospital, physicians, lab, pharmacy, rehabilitation facility, etc.). By adding up the prices of all treatments, an ECR creates a budget for an entire care episode. We then analyze claims data against the ECR for each condition to identify potential cost savings, based on covered member counts and other criteria.

Tying rewards to performance

Practices can receive both fixed and variable financial rewards, tied closely to actual performance. Practices that achieve minimum thresholds on each condition will receive a fixed bonus. Practices that achieve higher scores will also be eligible for variable rewards; the higher the scores, the higher the bonus.

Why participate?

Among your covered members, those with chronic conditions are most likely to suffer costly and debilitating complications. By participating in the Excellence in Chronic Care Management Program, you can take concrete steps to improve their care—and decrease your costs in the process. In addition, you will identify top-performing providers, and gain other valuable insights into the care your members are receiving. **To get started, contact us at info@HCI3.org or visit www.HCI3.org, www.BridgesToExcellence.org, or www.PrometheusPayment.org.**



Recognizing Quality across the Healthcare System



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