



**BlueCross BlueShield  
Association**

An Association of Independent  
Blue Cross and Blue Shield Plans



**BLUE  
WORKS<sup>®</sup>**  
Leading the future  
of healthcare



**2009 WINNING ENTRIES**





# BLUE WORKS<sup>®</sup>

Leading the future  
of healthcare



Welcome to the Blue Cross and Blue Shield Association's annual BlueWorks Awards Program. We are pleased to celebrate our twelfth consecutive year of honoring Blue Plans' innovative solutions for improving healthcare quality, value and access.

Blue Plans submitted 41 programs that demonstrate their commitment to leading the way with best practices and innovation that provide safe, quality, affordable healthcare for everyone, while building on the private market system. These programs engaged both consumers and providers, and emphasized the Pathway to Covering America initiatives: changing incentives to promote better care, empowering consumers and providers, promoting health and wellness and fostering public-private solutions. Our panel of judges from the Harvard Medical School Department of Health Care Policy, along with judges from key medical societies, carefully reviewed these programs and determined today's winners.

All program submissions will be available on Blue Web at <http://BlueWeb.bcbs.com> following the conference.

We hope you enjoy today's awards ceremony and the rest of the Distinctively Blue Conference. We encourage you to attend the concurrent educational sessions featuring the seven winning programs later this morning and the poster session at the Exhibitor Fair featuring other innovative BlueWorks submissions.

Allan M. Korn, M.D., F.A.C.P.  
Senior Vice President  
Office of Clinical Affairs  
Chief Medical Officer

Jennifer Vachon  
Vice President  
Brand Strategy and  
Marketing Services



### Anthem Blue Cross and Blue Shield/Anthem Blue Cross Journey Forward

Cancer is now being recognized as a chronic disease with need for multi-modality, comprehensive care. Such care is frequently missing, and cancer patients often get “lost in the transition” from being patients with acute diseases to ones with chronic diseases. Journey Forward is a program created by Anthem Blue Cross and Blue Shield (Anthem BCBS), UCLA’s Cancer Survivorship Center, the National Coalition of Cancer Survivorship and Genetech, based on recommendations from a 2005 IOM report, that is dedicated to improving follow-up care and monitoring of these patients.

Journey Forward promotes Survivorship Care Plans. It was developed using a series of focus groups with cancer survivors, interviews with providers (e.g., oncologists, nurse practitioners, primary care physicians [PCPs]) who care for patients with breast or colon cancer, and interviews and meetings with key opinion leaders from national organizations. Using information from these groups and interviews, Anthem BCBS developed toolkits for oncologists and patients as well as mailers for PCPs. Anthem BCBS collaborated with UCLA’s Cancer Survivorship Center, The National Coalition of Cancer Survivorship and Genetech to create hardcopy and electronic tools to educate their clientele. The program was initially made available to physicians and members through Anthem BCBS’s Plans in California, Colorado, Nevada, Maine and New Hampshire. Each Plan subsequently marketed the pilot to its physicians and members.

The Web site, [www.journeyforward.org](http://www.journeyforward.org), is especially useful because it houses all survivorship materials in one place and is available to the public, not just to Anthem BCBS’s enrollees.

Since the inception of the program in 2006, Anthem BCBS has done annual provider satisfaction surveys to determine how comfortable PCPs are in caring for cancer survivors. PCPs have become more comfortable over time in their care of these patients and view the reports they receive describing the course of the cancer treatment, as well as recommended care of these patients going forward, as particularly valuable.

This program is well-designed and targets an important area often ignored — the need for assistance for those consumers experiencing the complicated journey after active cancer treatment ends.

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## BlueCross BlueShield of Tennessee, Inc.

### Physician and Cost Transparency

In the past, healthcare has been slow to respond to consumer needs for information and transparency, and BlueCross BlueShield of Tennessee, Inc. (BCBST) is changing that trend. BCBST developed the Physician Quality and Cost Transparency program to guide consumers with their healthcare decisions. They phased in the program during a one-year period and then made the information available to all of BCBST's 1.3 million members. The available information includes HEDIS-based quality indicators associated with preventive and primary care. In the future, BCBST plans to include other items such as treatment of abnormal lipid levels, childhood immunizations and appropriate use of antibiotics.

Information is accessed on a Web-based tool through the online Provider Directory. Providers with rates 85 percent or more than one standard deviation above the state-wide average for that specialty and measure are shown as "above average" on graphic presentations. For those more than two standard deviations below, they are shown as "below average."

QUALITY MEASURE	NUMBER OF PATIENTS TREATED	PERFORMANCE
U/Member Care	85	Below Average
Total For Blood Sugar Control		Above Average
Diabetes		Above Average
Diabetes Medication Use		Above Average
Diabetes Medication Control		Above Average
Diabetes Medication Control		Above Average
Diabetes Medication Control		Above Average
Diabetes Medication Control		Above Average
U/Member Care	225	Below Average
Colorectal Cancer Screening		Above Average

What sets this program apart from other similar efforts is the inclusive and collaborative way in which the program was organized. BCBST worked closely with a statewide physician panel, the Tennessee Department of Commerce and Insurance, state and county medical associations, business coalitions and provider groups. They also conducted patient focus groups and included a multi-step data validation process and review period that allowed providers to review their data and correct any inaccuracies. The program also incorporated a provider self-report function to increase the accuracy of the claims data, and used a nationally-recognized third-party vendor to remove perceptions of bias on the part of the Plan. The third-party vendor, Health Benchmarks, Inc., compiled and scored physician performance data for the program and performed a number of quality checks. Use of this vendor gave providers confidence in the accuracy of the data. The Web site experienced more than 10,000 hits in the first two weeks after wide publication of its availability.

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## Excellus BlueCross BlueShield

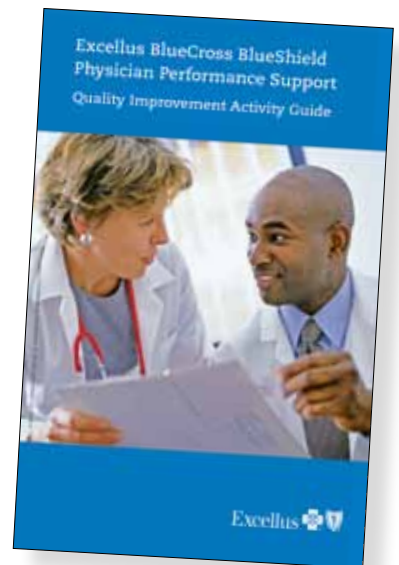
### Performance Improvement Coaching Program

Whereas previously, board certification was ongoing, medical specialty societies now provide time delimited certifications that must be renewed every seven to ten years. For instance, Maintenance of Certification by the American Board of Internal Medicine not only requires evidence of life-long learning and knowledge, but also physician participation in practice-level quality improvement programs known as PIMS (Practice Improvement Modules). PIMs require physicians to collect and review data from their own patients and to implement one or more internal quality improvement programs to improve care for patients with a specific chronic disease.

Excellus BlueCross BlueShield (Excellus BCBS) recognized that physicians were devoting many hours to the completion of these modules and that they could benefit from expert practice consultants to help them complete this task in a more expeditious manner. Its Performance Improvement Coaching Program (PIC) supported practitioners in their attempts to improve their clinical skills and knowledge through the completion of a PIM. Nurses from the Excellus BCBS' Physician Performance Improvement department implemented the PIC program, on-site, and at no cost to physicians.

The program has a series of manageable steps, with tools, data and resources provided at every session to assist physicians in completing the practice improvement modules. Physicians had the opportunity to participate in as much (or as little) of the tutorial that they wanted, and were offered a "menu of services." Physicians appreciated this flexibility and took advantage of the Plan's innovative training sessions. The PIC program was geared toward physicians in the Excellus BCBS network who needed to renew their certification in 2008-2009.

Although this was a pilot program aimed at a relatively small number of physicians undergoing recertification, the program had a 44 percent physician engagement rate, with 83 percent of these physicians participating in all program components. The participation rate is considered high for a voluntary program of this type. In an independently conducted survey, participating physicians reported very positive experiences.



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## Blue Cross and Blue Shield of North Carolina

### Bridges to Excellence Pilot

Blue Cross and Blue Shield of North Carolina (BCBSNC) launched its three-year Bridges to Excellence (BTE) pilot program in April 2006. The pilot recognized and financially rewarded selected physicians who attained quality standards set by the National Committee for Quality Assurance (NCQA). All three of the NCQA physician recognition programs were included in the pilot: Physician Practice Connection (PPC), The Diabetes Physician Recognition Program (DPRP) and the Heart/Stroke Recognition Program (HSRP). The physicians in the pilot were given extensive support and guidance by BCBSNC as they proceeded through the NCQA recognition process. Methods of support included help from quality management consultants, monthly meetings and reimbursement of NCQA fees after achievement of NCQA recognition. The Pay for Performance component of the program had two and three levels of payment that varied during the three years of the pilot. Expected payouts over three years will exceed \$4.2 million.

The pilot group was diverse with respect to geography, practice mix and location. There were 249 physicians in the Pilot and, of these, 100 received PPC recognition, 73 received DPRP recognition and 100 received HSRP recognition by March 2009 (some physicians received multiple recognitions).

Although the clinical results of the study are based on a small number of patients and indicate the need for further accrual to reach statistical significance, the results are encouraging. Physicians recognized in the DPRP and HSRP programs of NCQA were slightly (though not significantly) better in management of patients with diabetes and cardiovascular disease, but they were significantly better in achieving blood pressure control of diabetics. Moreover, the performance of physicians who had not achieved recognition by these programs exceeded HEDIS benchmarks, thus indicating that the "reach" of the pilot program extended to other physicians in the state.

The patients of physicians who received PPC recognition were noted to have fewer high cost radiology services, fewer ER visits and fewer specialty visits. This resulted in lower total costs of care for patients of those PPC-recognized physicians compared to patients of non-recognized physicians.

With its use of the BTE model and NCQA recognition programs, BCBSNC was able to reach high levels of achievement through its dedicated efforts and serves as a model for other Plans.

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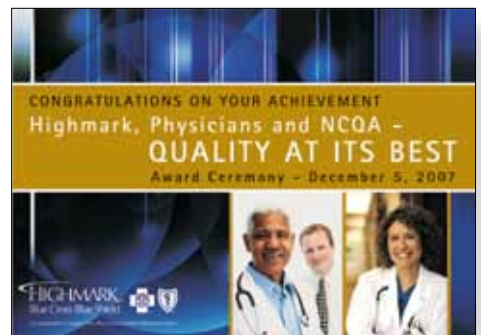


## Highmark Blue Cross Blue Shield

### Highmark Pilot Program for National Committee for Quality Assurance (NCQA) Physician Recognition: Collaborating with Physicians to Improve Patient Care

Although improving quality of care is a laudatory goal, many health insurers' initiatives are a source of frustration to physicians because they generally require them to devote substantial time and resources to documenting care or responding to queries or requests from insurers. In the case of the Highmark Blue Cross Blue Shield (Highmark BCBS) pilot program NCQA: Physician Recognition, the Plan developed a program to provide meaningful assistance to physicians completing an external physician recognition program from the NCQA. The NCQA program encourages physicians to improve the quality of care by having them attain recognition in one of several programs that require physicians to demonstrate systems for managing the care of patients with chronic medical conditions and also to demonstrate acceptable outcomes based on a chart review of random samples of patients. Relatively few physicians nationwide have sought such recognition because of the intense effort the process requires.

Highmark BCBS recognized the importance of encouraging physicians to seek recognition through the NCQA program. The physicians in the Highmark BCBS network oversee more than 55,000 members with chronic conditions, and the care provided to these patients did not always conform to national standards. In addition, employers are strongly supportive of such recognition programs that were first developed under the auspices of several large employers. In this program, provided as a no-cost service to physicians, Highmark BCBS medical management consultants worked with physicians in western Pennsylvania during a one year period (2007) to help them seek NCQA recognition in diabetes, heart/stroke or physician practice connections. After the physicians completed a baseline performance assessment, the Plan consultants worked with each individual physician and/or practice to identify gaps in care and provide specific recommendations and process improvement tools that could be used to overcome these gaps.



As a result of this program, the number of physicians in the western Pennsylvania network with NCQA recognition increased from just 25 to more than 550. Physician participants in the program agreed that the program was beneficial, and 70 percent thought that their patients' experienced improved health outcomes as a result of the pilot program.

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## Blue Cross and Blue Shield of Illinois

### The Positive Impact of Asthma Action Plans

Asthma is responsible for more than 10 million outpatient visits and 500,000 hospitalizations annually. The most striking statistic is that more than 4,000 deaths are due to asthma each year, many of which could be avoided with improved care. As a result, Blue Cross and Blue Shield of Illinois (BCBSIL) decided to concentrate its efforts on improving the care of asthma patients, a particularly prevalent condition in the Chicago area.

BCBSIL identified that network physicians were not using asthma action plans to improve care, as recommended by the National Asthma Education and Prevention Program (NAEPP) guidelines. Since 2000, BCBSIL included the use of asthma action plans in its pay-for-performance program for HMO physician groups. An asthma action plan is completed by the physician and provides specific instructions for early treatment of asthma symptoms; including guidelines for calling the doctor or what to do if asthma control is worsening. All asthma patients should have an asthma action plan to follow at home, and these should be reviewed on a regular basis.

The Quality Improvement Fund (QIF) is the major quality improvement initiative used to improve care in the BCBSIL HMO product. This HMO product only contracts with Independent Practice Associations (IPAs). Each year the Plan selects specific measures to include as the focus of improvement efforts for the network, works with IPAs to achieve improvement and rewards improvement with funds set aside in the QIF.

BCBSIL works with IPAs throughout the year to identify appropriate members for interventions in order to help the IPAs improve their performance. One potential frustration for physicians is that quality improvement programs often inaccurately identify patients as requiring the intervention. For instance, a patient might be labeled asthmatic on the basis of a single asthma attack that occurred in the setting of an upper respiratory infection. Thus, as part of this activity, BCBSIL improved its criteria for identifying asthmatics and also allowed physicians to exclude inappropriate patients from the program. BCBSIL now mails each IPA instructions and a data request form for each member with asthma. IPA physicians are expected to create specific plans and to review them with their patients within six months of being notified of an asthmatic patient in their practice. In addition, these patients also receive annual mailings of the *Asthma Care Diary or Personal Asthma Management* brochure.

Since the action plan was included in the QIF, the percentage of HMO members with asthma receiving written asthma action plans has increased dramatically, from 21 percent in 2000 to 80 percent in 2006.

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## Excellus BlueCross BlueShield

### Community Conversations on Compassionate Care (CCCC) Program

Community Conversations on Compassionate Care (CCCC) is a program developed by Excellus BlueCross BlueShield (Excellus BCBS) to help individuals over 18 years of age complete healthcare proxies and living wills. The program addresses the growing need for end-of-life care initiatives. Developers of the program state: “Without advance care planning, families and loved ones are left guessing the individual’s wishes regarding medical care, life-sustaining treatments and if the resulting quality-of-life would be acceptable to the individual.” The CCCC program was created soon after the publication of the Institute of Medicine’s 1999 report, *Approaching Death, Improving Care at the End-of-Life*.

Key elements of the program include: (1) identification of advance care planning as a developing process, (2) introduction of storytelling for discussions of death and dying, (3) application of behavioral readiness theory to engage patients in discussions of end of life, (4) advertisement of “Five Easy Steps” to complete advance care planning and (5) communication to Plan enrollees with useful tools and resources. In addition to these elements, the Plan set ambitious performance goals to ensure it stayed on track.

CCCC provides patients with ample information for advance care planning, such as advance care planning booklets, posters, brochures, workshops and videos.

A survey was conducted in 2008 to assess the success of the program and obtain information about knowledge and attitudes regarding living wills and healthcare proxies. The survey indicates initial success with specific additional needs. For example, while 88 percent of adults in upstate New York believe that healthcare proxies are important, only 42 percent of adults have implemented them. This is higher than the national average.

Completion rates for advance directives have stagnated nationally at around 30 percent. However, these rates are surpassed in Excellus BCBS’ upstate New York service area, where there is a completion rate of 35 percent in the Utica/Rome/North Country region, 40 percent in Central New York and 44 percent each in the Southern Tier and Western New York. The highest completion rate for advance directives, 47 percent, is in the Finger Lakes Region where the community conversations began in 2004.

This program is valuable not only because it is tackling one of the most important problems in healthcare today, but also because it is available (via Excellus BCBS’ Web site) to the community beyond Excellus BCBS members.

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The BlueWorks independent award panels acknowledges exemplary programs through the designation of Honorable Mentions.

## Blue Cross and Blue Shield of Kansas City

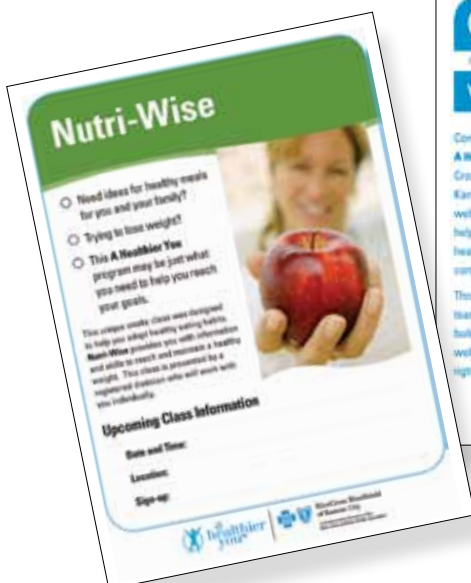
### A Healthier You Worksite Wellness

In today's market, employers are looking to their health insurer partners to stem the rising costs of healthcare. Many insurers believe that the answer to future cost containment must lie in disease prevention and increased member accountability for lifestyle behaviors that lead to disease.

A Healthier You program promotes partnerships between employers and the Plan to bring health promotion services to employee populations. The program helps employers develop a culture of workplace wellness and health promotion services to employees.

The program experienced strong growth, boasting in excess of 200 participating employer groups. Results have demonstrated reductions in self-reported risks, improvements in biometric measures, and stabilized healthcare cost and utilization.

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The BlueWorks jury is composed of experts from the Harvard Medical School Department of Health Care Policy, along with industry experts from key medical societies. Through a rigorous process of criteria-based evaluation, the jury reaches a consensus on the Award-winning programs. Working as an independent body, the jury renders its decisions with no influence from Blue Plans or BCBSA staff. Each juror brings a wealth of healthcare experience to the judging process with expertise in clinical, pharmacy, public health, quality improvement, academic or epidemiological areas.

## Harvard Medical School Department of Health Care Policy

### **Barbara J. McNeil, M.D., Ph.D**

Ridley Watts Professor and Head, Department of Health Care Policy; Professor of Radiology, Harvard Medical School; Professor of Radiology and Practicing Radiologist, Brigham and Women's Hospital

### **Bruce E. Landon, M.D., M.B.A., M.Sc.**

Associate Professor of Health Care Policy, Harvard Medical School; Associate Professor of Medicine, Beth Israel Deaconess Medical Center; Practicing Internist, Beth Israel Deaconess Medical Center

### **J. Michael McWilliams, M.D., Ph.D.**

Assistant Professor of Health Care Policy and of Medicine, Harvard Medical School; Associate Physician, Division of General Medicine, Brigham and Women's Hospital

## Medical Society Judges

### **Richard M. Bergenstal, M.D.**

President-elect, Medicine and Science, American Diabetes Association

### **Yul Ejnes, M.D., F.A.C.P.**

Chair, American College of Physicians

### **Leonard Lichtenfeld, M.D., F.A.C.P.**

Deputy Chief Medical Officer, American Cancer Society

### **Edward Zimmerman, M.D.**

Department Director, American Academy of Pediatrics

*Thank you* to the following Plans

for submitting programs for consideration this year:

Anthem Blue Cross and Blue Shield

Anthem Blue Cross

Blue Cross and Blue Shield of Hawaii

Blue Cross and Blue Shield of Illinois

Blue Cross and Blue Shield of Kansas City

Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Minnesota

Blue Cross and Blue Shield of North Carolina

Blue Cross Blue Shield of North Dakota

Blue Cross & Blue Shield of Rhode Island

Blue Cross and Blue Shield of South Carolina

BlueCross BlueShield of Tennessee, Inc.

Blue Cross and Blue Shield of Texas

BlueCross BlueShield of Western New York

BlueShield of Northeastern New York

CareFirst BlueCross BlueShield

Excellus BlueCross BlueShield

Highmark Blue Cross Blue Shield

Horizon Blue Cross and Blue Shield of New Jersey

Independence Blue Cross

Regence BlueCross BlueShield

**PLEASE NOTE:**

1. All documents are in PDF format. Acrobat Reader is required to read these files and it is available as a free download from [www.adobe.com](http://www.adobe.com).
2. When you insert this CD in your CD-ROM drive, launch the document named "09 Compendium."
3. In case of any technical difficulties with the CD, all documents are available on [BlueWeb.bcbs.com](http://BlueWeb.bcbs.com).



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