Quality and Consumer Information

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Joint Federal Trade Commission/
Department of Justice Hearings
on Health Care and Competition Law and Policy

May 29, 2003



Agenda

- WellPoint Mission
- What is Quality?
- WellPoint Physician Quality Incentive Programs
- WellPoint Member Quality Assessment Programs
- Conclusions



WellPoint Mission

The WellPoint companies provide health security by offering a choice of quality, branded health and related financial services designed to meet the changing expectations of individuals, families and their sponsors throughout a lifelong relationship.



WellPoint Goals Relating to Quality

- <u>Improve</u> outcomes and promote patient safety
- Ensure that physicians and hospitals follow quality standards, promote wellness, improve clinical outcomes, increase member satisfaction, and use technology to enhance communication
- Enhance the quality of care to our members by identifying and rewarding physicians who excel



Healthcare Quality Assurance-Our Role in WellPoint

- <u>Facilitate</u> the success of WellPoint Business Units in their service to payors and individual members by the timely recognition of medically necessary healthcare services and the elimination of unnecessary and non-value added costs
- Optimize the quality of our healthcare networks in collaboration with our physician and hospital partners
- <u>Assure</u> that patients served by WellPoint products receive the information necessary to make the best decisions for themselves and their families



Consumers & Employers Want Quality

- Employers want evidence of costeffective, high quality care
- Increased individual focus on quality because of questions raised in:
 - News reports (Duke, Tenet-Redding, etc.)
 - Institute of Medicine studies
- Government is accelerating its response to heightened consumer concerns



What is Quality from the Member Perspective?

Efficacy: Did the treatment plan work? How many visits

did it take to reach the right treatment plan?

Effectiveness: How much did my medical condition improve?

Appropriateness: Is this the best type of care for my condition?

Availability: Are appointments available in a reasonable

time frame, for initial and follow-up visits?

<u>Timeliness:</u> Are there early intervention options? Was

there a delay in treatment?

Continuity: Will I see the same doctor(s) when I visit? Do

all of my physicians exchange my medical

history and test results seamlessly?

Safety: Will I suffer adverse reaction or injury from the

treatments?

Hospitals/Physicians are in the Spotlight

- Consumers increasingly will use quality data and cost comparisons to chose their providers
- Intensified scrutiny due to:
 - News reports (Duke, Tenet-Redding, etc.)
 - Institute of Medicine studies
- Physician compensation increasingly based on quality of care measures as industry shifts away from gatekeeper model



What is Quality from the Physician Perspective?

Efficacy: Was this treatment rendered correctly?

Effectiveness: Did the patient get better?

Appropriateness: Is this the best type of care for this patient?

Availability: Are physicians available when the patient

needs them?

Timeliness: Is care given when it can do the most good?

Continuity: Is there coordination among physicians?

Safety: Is there compliance with infection control and

other regulatory activities?



Quality Measurements

Quality at WellPoint is measured through assessment of:

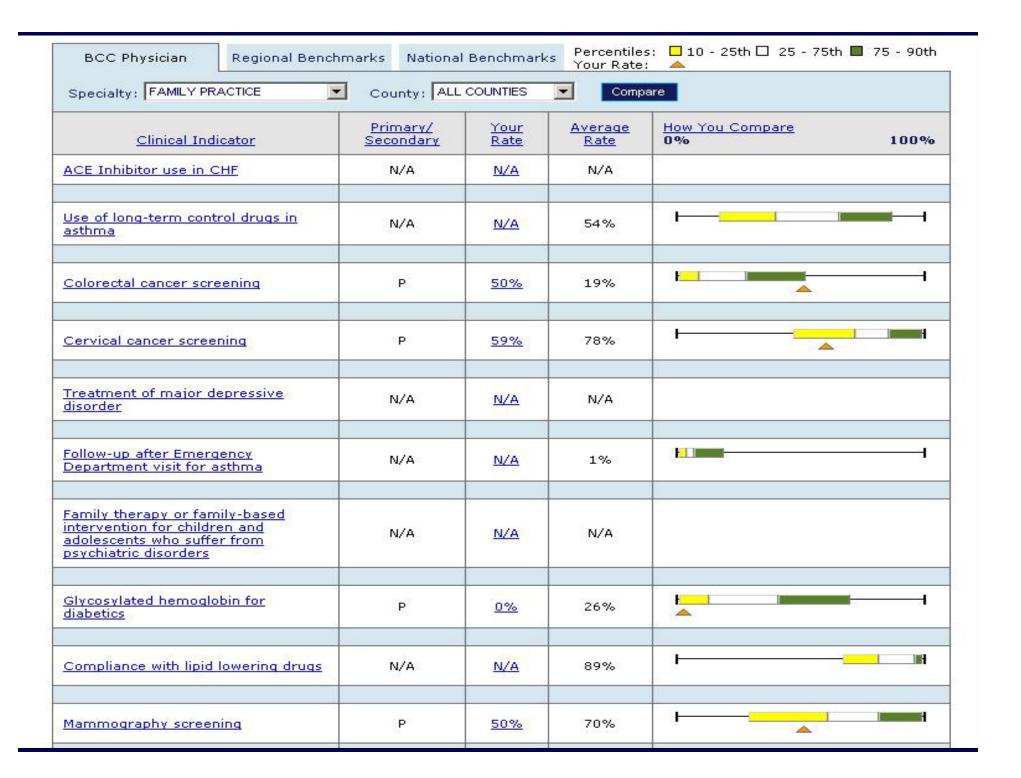
- Member and physician satisfaction
- Health outcome studies
- Physician and facility comparison ratings
- Accreditation and regulatory agency audits and ratings
- Quality indicators metric set



Quality and Incentive Programs

- Physicians are an important health plan ally in quality improvement programs
- Incentive programs allow WellPoint to communicate quality improvement goals to our network physicians
- WellPoint has quality incentive programs in most of our health plans
 - California HMO and PPO
 - Georgia HMO
 - Missouri HMO and PPO





Physician Performance Profile > Physician Performance Profile > Physician Recognition Program



Physician Recognition Program

Performance Profile Home Page

Clinical Quality Comparison

Physician Recognition Program

Clinical Indicator Reference

Frequently Asked Questions

Physician:

Specialty:

FAMILY PRACTICE

(If any of this information is not correct, click here)

Header Text

Combined Performance Indicators	Your Result	Maximum Points	Your Points
Clinical Performance Percentile	76th Percentile	35	25
Tenure and Product Length of time contracted with BCC Contracted with other BCC products	5 years Yes	8 2	4 2
Access to Care Practice open to new patients Extended or weekend office hours	No Yes	3 2	0 2
Board Certification	No	10	0
Administrative Cooperation Electronic claims submission Provider Access use Credentialing and compliance	81% Yes Yes	12 3 5	8 3 5
Pharmacy: generic prescribing	50th Percentile	20	10
	Total	100	59

How to Improve Your Score

To read some ways to improve your score, click here

Incentive Award Scale

Points	Awards	
<40	scholar-MD (s-MD)	
40-60	s-MD + 2% paid claims	
61-80	s-MD + 4% paid claims	
81-90	s-MD + 7% paid claims	
91-100	s-MD + 10% paid claims	

Questions About Your Ratings Shown on This Chart? Get more information on our Frequently Asked Questions page.

Pharmacy: Generic Prescribing

- Performance Profile Home
- Clinical Quality Comparison
- Physician Recognition Program
- Clinical Indicator Reference
- How to Improve Your Score
- Frequently Asked Questions

Physician:

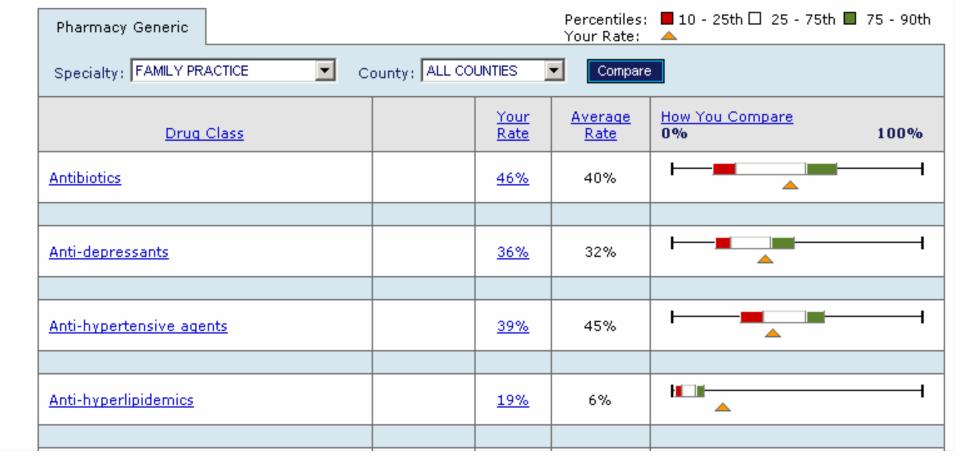
Specialty:

FAMILY PRACTICE

(For more physician personal information, click here)

Rx Header Text

Rx Header Description





Clinical Indicator Reference

Performance Profile Home Page

Clinical Quality Comparison

Physician Recognition Program

Clinical Indicator Reference

Frequently Asked Questions

Physician:

Specialty:

FAMILY PRACTICE

(If any of this information is not correct, click here)

Header Text

Indicator Measure	Description
<u>Mammoqraphy Screenin</u> q	Rationale: Breast cancer is one of the most frequent malignancies affecting women and the most common cause of death from cancer in women aged 40-55 years. More Plan Rate: 50%
Cervical Cancer Screening	Focus of Measure: Prevention; Early detection Rationale: Approximately 16,000 new cases of cervical cancer are diagnosed annually, and about 4,800 women die from this disease each year. More Plan Rate: 50%
Colorectal cancer screening	Focus of Measure: Prevention; Early detection Rationale: Colorectal cancer is the second most common form of cancer in the U.S. and has the second highest mortality rate, accounting for 140,000 new cases and about 55,000 deaths each year More Plan Rate: 50%

How to Improve Your Score

To read some ways to improve your score, click here

Physician Performance Profile

> Physician Performance Profile > Clinical Indicator Reference



Clinical Indicator Reference

Performance Profile Home Page

Clinical Quality Comparison

Physician Recognition Program

Clinical Indicator Reference

Frequently Asked Questions

Physician:

Specialty:

FAMILY PRACTICE

(If any of this information is not correct, click here)

Measure: Mammography Screening

Focus of Measure: Prevention: early detection

Rationale: Breast cancer is one of the most frequent

malignancies affecting women and the most common cause of death from cancer in women aged 40-55 years. The average sensitivity of combined clinical breast examination and

mammography is 75 - 81%, while the specificity of mammography has been noted to be approximately 83 - 98.5%. HBI recommends that women aged 50 - 69 have mammography screening every 1 - 2

years.

Type of Measure: Process

Physician Attribution: Primary: Family Practice, General Practice, Internal

Medicine, Obstretrics/ Gynecology Secondary: Cardiology, Pulmonary

Denominator: All women age 50 - 69 who were continuously

enrolled members of the plan during the two-year

reporting period.

Description: HEDIS 2002 specification

Data Element(s): Primary:

A. Member age (date of birth)

B. Member sex

C. Enrollment eligibility

D. CPT-4 procedure codes

Secondary:

E. ICD-9 procedure codes

Data Source(s): A-B. Membership dataset

C. Enrollment dataset

D-E. Claims/encounter dataset

Return to Clinical Indicator Reference

How to improve your score

To read some ways to improve your score, click here.

Subimo

- A web-based, interactive quality data information tool that offers quality measurements and comparisons that enable members to:
 - Ask better questions
 - Make more informed choices
 - Gain control over their health care decisions



Subimo

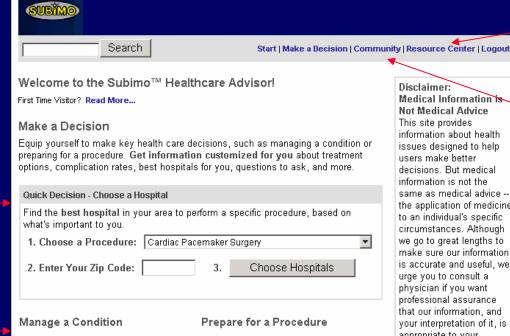
- Quality data sources
 - Publicly available Medicare data
 - Hospital Leapfrog reports hospital safety indicators selected through published research
 - Outcomes Studies
 - Generally accepted hospital satisfaction surveys
 - California state hospital data base (OSHPD)



Subimo - Welcome Page

Screen hospital based on individualized criteria

Information on common diseases



- Asthma
- Breast Cancer
- Diabetes Type I
- Diabetes Type II
- · Gastroesophageal Reflux Disease (GERD)
- Heart Attack
- . Hypertension (High Blood Pressure)
- Osteoporosis
- Prostate Cancer
- More Conditions...

- C-Section
- · Cardiac Catheterization and Angiocardiography

Disclaimer:

Medical Information is

information about health

issues designed to help

decisions. But medical

the application of medicine

to an individual's specific

circumstances. Although

we go to great lengths to

make sure our information

is accurate and useful, we

your interpretation of it, is appropriate to your

particular situation. Read

our complete Terms and

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and, by using this site,

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urge you to consult a physician if you want professional assurance that our information, and

information is not the same as medical advice --

users make better

Not Medical Advice This site provides

- Colectomy
- · Coronary Artery Bypass Graft Surgery (Heart Bypass)
- Gallbladder Removal
- · Hip Replacement
- . Knee Replacement
- . Mastectomy and Breast-Conserving Surgery
- More Procedures...

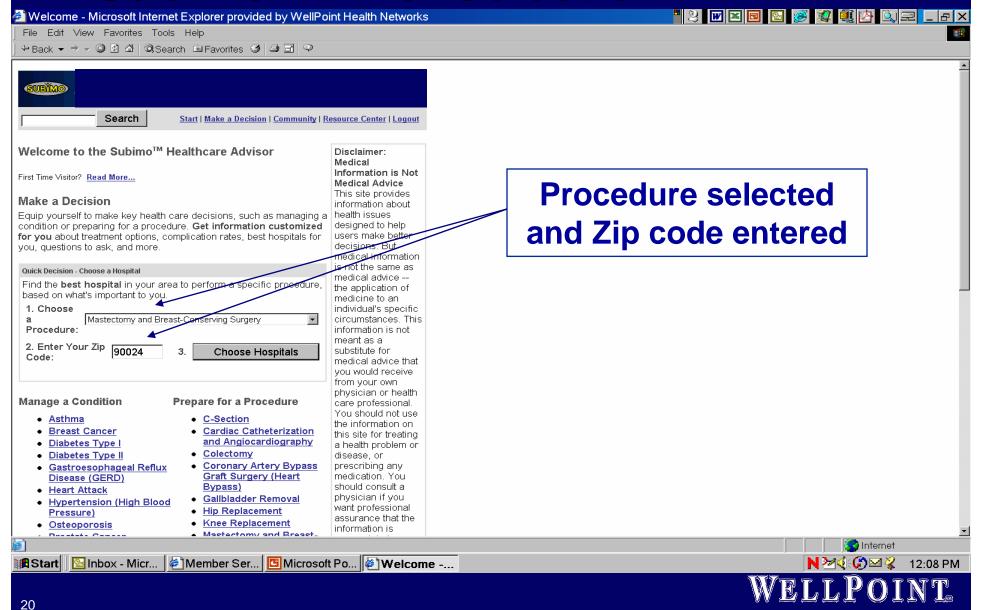
Online medical encyclopedia and links

Connect to disease or procedure specific chat rooms

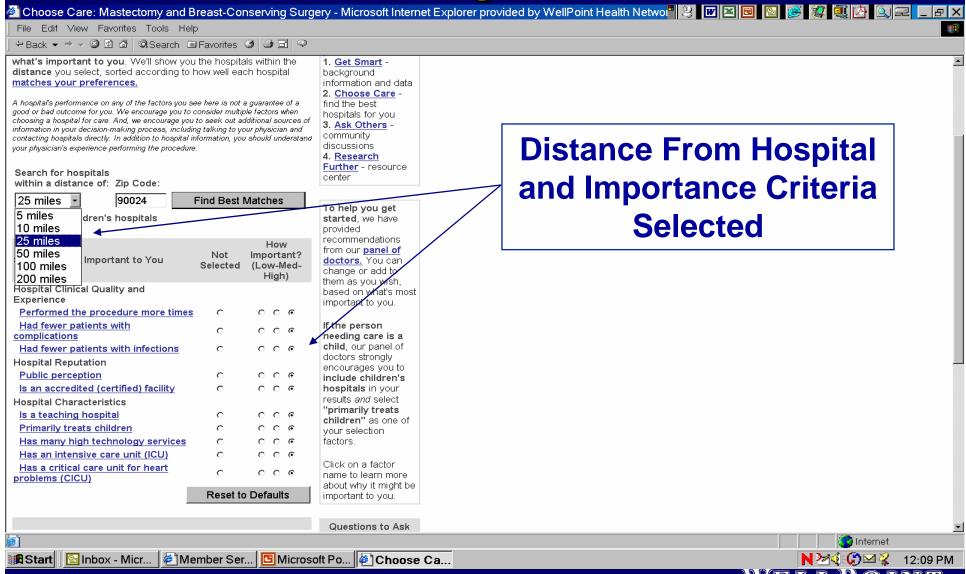
Information on common medical procedures



Subimo - Initial Selection



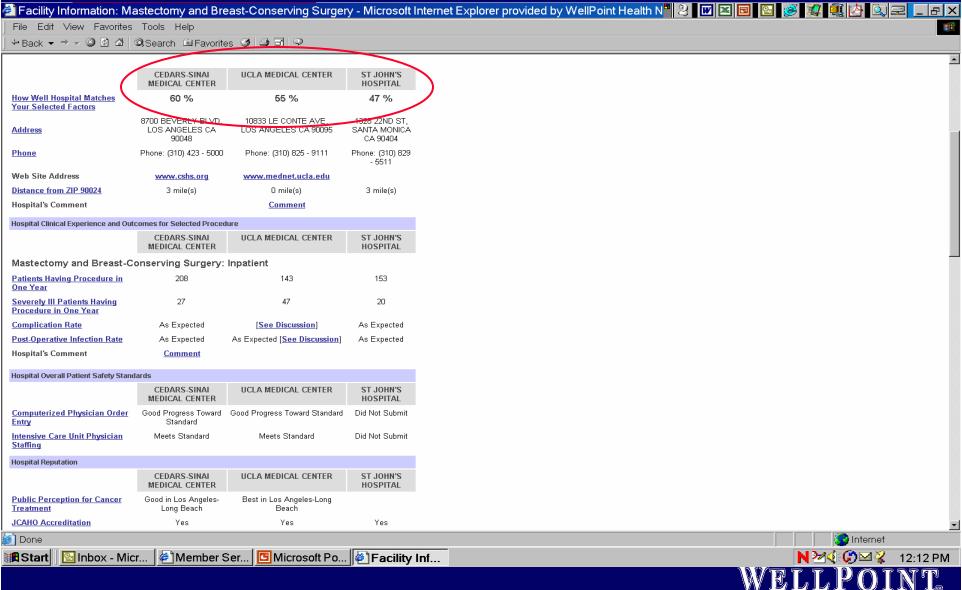
Subimo - Refining Criteria



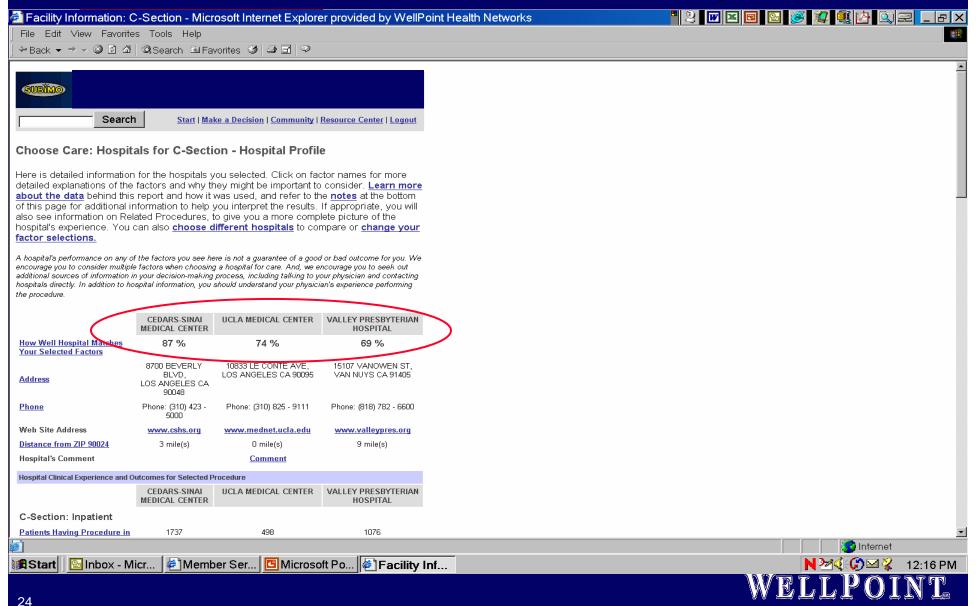
Subimo - Hospital Choice



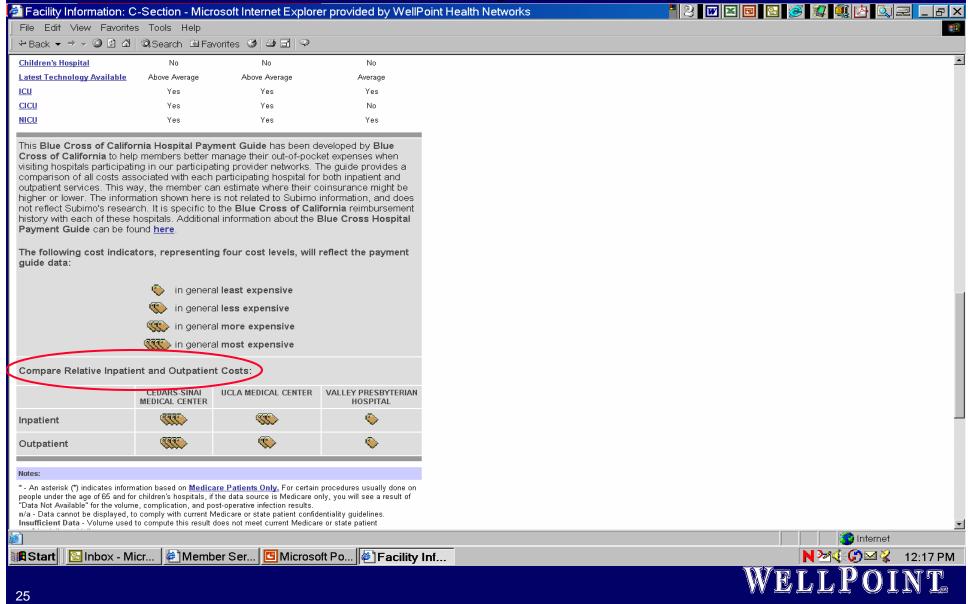
Subimo - Hospital Comparison



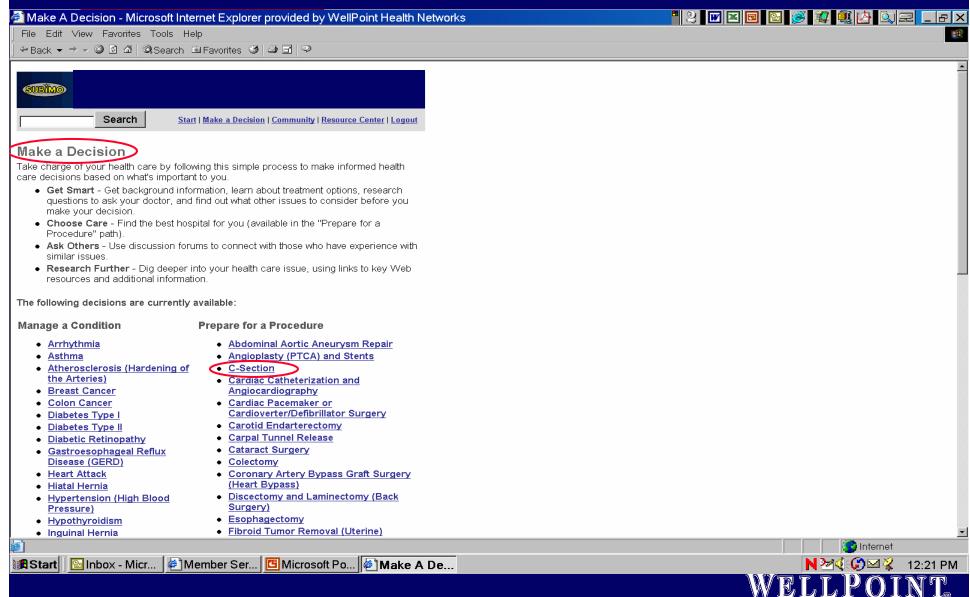
Subimo - Common Procedure Comparison



Subimo - Cost May Be Important



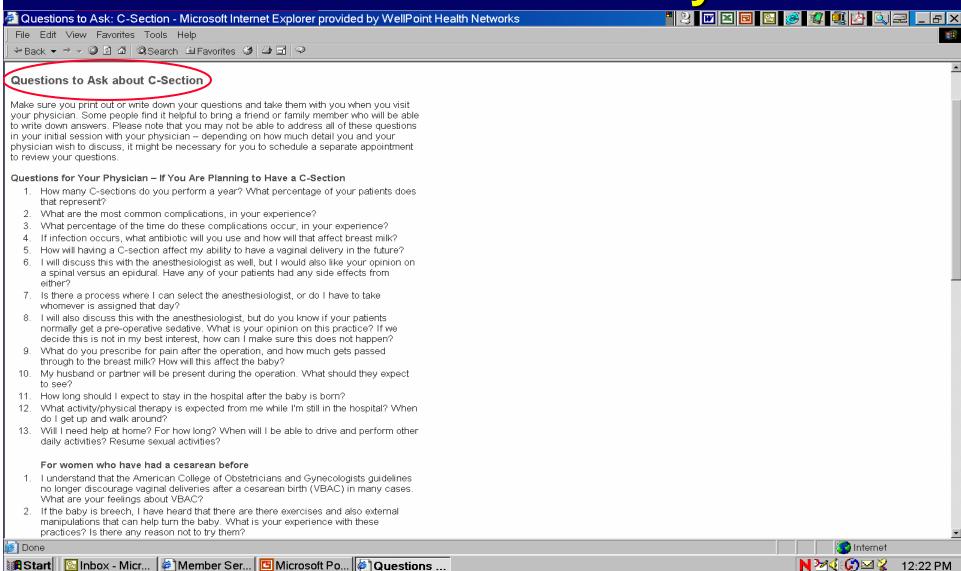
Subimo - Medical Procedure Info



Subimo - Clinical Decision Tools



Subimo - Questions for Physicians



Conclusions

- Consumers are learning more about healthcare quality variations, and they want tools to compare and contrast providers
- Healthcare industry is evolving from "delegating" quality (to NCQA, URAC and others) to more direct, timely, and individual assessments
- The healthcare industry should lead the changes by:
 - Promoting use of evidence-based medicine
 - Sharing data and information for quality improvement
 - Aligning financial incentives to reward clinical best practices and quality outcomes





WELLPOINT