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Details of the Statewide Physician Advisory Panel Discussion

On May 3, 2007, BlueCross BlueShield of Tennessee (BCBST) held the initial meeting of the Statewide Physician Advisory Panel on Quality Measurement and Reporting. The purpose of the Panel is to allow BCBST to gain advice, opinions and council from physician leaders on the design and implementation of quality and cost-of-care measurement and reporting at the physician level.

The Advisory Panel membership includes a representative of the TMA. In addition to the Advisory Panel members, participants included business coalition leaders, a representative of the THA, representatives of Health Benchmarks® Inc., and BCBST leadership in network management, medical management and marketing.

Dr. Ken Patric, Vice-President and CMO of BCBST Commercial Business, opened the meeting and conveyed the purpose of the Advisory Panel and noted the two areas of focus for the initial meeting: purchaser demands for transparency, and a high-level discussion of a proposed approach to quality and cost-of-care measurement.

Cristie Upshaw Travis, CEO of the Memphis Business Group on Health, communicated the expectations of purchasers:

- Purchasers / consumers should have quality information available to them.
- Providers must take into account the needs of the patient
- Providers should be held accountable for quality of care.

Jerry Burgess, CEO of Healthcare21 Business Coalition presented the goal of his organization to promote “value-based purchasing” that takes into account not only cost, but quality as well.

This was followed by a substantive discussion among the panel members, Ms. Travis and Mr. Burgess. In this discussion, one panel member asked whether purchasers are expecting transparency from health plans as well as providers. The response was that health plans will be expected to publicly release information about their performance. Another panel member noted that employers appear impatient and asked about timing. The response was that the first iteration is expected within the next year and that will be tested in the marketplace. The response also noted that, in order for the process to work, we will need a realistic commitment from everyone.

The rest of the meeting was devoted to presentation and discussion of a proposed approach to quality and cost-of-care measurement. Health Benchmarks® Inc. (HBI) President / CEO and Founder, Antonio Legorreta, MD, MPH, gave an overview of HBI, an applied health services research company. HBI was invited to this meeting because of their track record, reputation of flexibility and attention to physician concerns. Their goal is to work with BCBST to “provide meaningful, accurate and actionable feedback of an individual physician’s practice performance.” Dr. Legorreta and his associates gave an overview of the types of quality indicators that HBI uses, how these indicators are developed and maintained, and

the methodology for applying the indicators at the physician level. Dr. Legorreta emphasized that HBI is a nationally recognized third party organization who partners with physicians across medical specialties and academic institutions to ensure clinical accuracy in its work.

Next, Ray Phillippi, PhD from BCBST Health Services Research discussed the background and approach that the BCBST team has developed for measuring cost of care. Ray also shared some of the findings; results and examples of the Health Services Research work in combining cost and quality data to rank and compare physicians.

In the last section of the meeting, the facilitator, Ron Galbraith, noted the following:

- There is a genuine skepticism and a serious question of trust between the members of this assembled group.
- It is necessary to define the concepts of “quality” and “cost.”
- It will be a challenge to figure out how everyone is supposed to use all of the information.

Ron asked the physicians for general feedback about the information given to them thus far as well as comments as to whether this meeting had met their expected goals for the day.

Selected physician responses:

- We would like to continue to be included in sessions like this.
- We want to hear feedback and know that our participation in these planning sessions does not go unnoticed.
- This is a good first step in this process.
- We recognize that this will be a long process and in order to stay involved, we would like to be updated and kept informed of all developments.
- We need to be clear on the intent of using this data.
- If these new processes make it harder to submit claims, this will be a big problem. Therefore it will be important to collaborate with the health plans on these issues.
- For the future, we need examples of what groups are doing and how we, as physicians, can make helpful changes as we move forward.
- We would like data on who has done this already and what they would choose to do differently, given the opportunity to start the process over again.

Ron then asked the group, for those who were interested in this process, what does BCBST need from physicians? If BCBST chooses to work with HBI, they together will need physician input through technical sub-group meetings, conference calls, etc. Physician advice and input will be sought throughout the process of selecting and implementing measurement and reporting.

The meeting was closed with comments from Mark Austin, BCBST Sr. VP of Network Management and Dr. Patric.

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