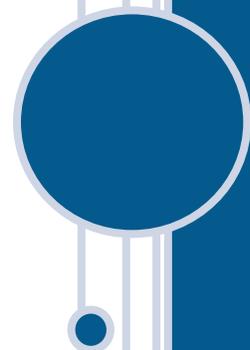


# MEASURING SUCCESS:

*A Coalition Guide for Implementing a  
Diabetes Recognition Program Initiative*



## Measuring Success:

### *A Coalition Guide for Implementing a Diabetes Recognition Program Initiative*

The NBCH community of business coalitions has made great strides as agents of change to improve health outcomes and reduce costs through value-based purchasing. Programs and initiatives that encompass the pillars of value-based purchasing have yielded success for providers, purchasers, and payers, and our sharing of best practices and lessons learned has helped achieve significant results in markets across the country.

As diabetes continues to rank high on the health and cost impact scale for all stakeholders, NBCH has decided to continue our diabetes seed grant program to support coalitions' efforts to reduce the impact through physician education and engagement. Providing evidence-based care to patients with diabetes is critical to improve health outcomes.

The Diabetes Recognition Program (DRP), developed by the National Committee for Quality Assurance (NCQA), measures physicians' compliance with evidence-based measures for diabetes care and acknowledges physicians' achievements through public recognition. In some markets, the Diabetes Care Link, a financial incentives program developed by Bridges to Excellence which requires physicians to achieve recognition status, has been implemented to engage physicians in quality improvement efforts.

Since numerous NBCH business coalitions have utilized the Diabetes Recognition Program and/or the Diabetes Care Link as part of their physician engagement strategy, NBCH conducted a survey questionnaire and interviews to obtain best practices and lessons learned.

This Guide discusses coalitions' experiences and recommended best practices for other coalitions aiming to launch a physician engagement strategy or expand an existing physician engagement strategy to improve diabetes care in the local community.

We encourage coalitions to utilize these experiences and build their own physician engagement strategies for the diabetes seed grant application program. Our collaborative work to launch successful initiatives will continue to reduce the impact of diabetes and improve the health of individuals across the country.

## Overview

NBCH worked with several coalitions and organizations to understand their efforts and experiences to plan, implement, and manage a successful physician engagement strategy to increase compliance with evidence-based measures by achieving Diabetes Recognition Program status.

Through a survey questionnaire and interviews, NBCH obtained a variety of recommendations from these veteran coalitions which have been organized into three phases:

- Initiative Planning
- Initiative Implementation
- Initiative Management

In addition, the Guide includes case studies and recognition activities currently utilized by coalitions, organizations, and health plans.

Coalitions can utilize these recommendations and customize them to suit the needs of their local market.

Because the dynamics and relationships among stakeholders vary from market to market, it is important to acknowledge how these dynamics will play into the process for planning, implementing, and managing a physician engagement strategy.

To account for these market differences, coalitions noted several overall strategy recommendations that proved successful in their markets:

- Establish stakeholder partnerships at the on-set
- Identify a physician “champion” with demonstrated leadership
- Develop a model for sustainability and growth
- Provide technical support for practices
- Recognize achievements

There are numerous activities and tactics coalitions can use to accomplish each of these recommended practices, which are discussed in this Guide.

As coalitions move forward with new physician engagement strategies, or expanding existing physician engagement strategies, NBCH intends to integrate additional best practices and recommendations into the Guide so that coalitions can continue to use this tool as part of a learning collaborative.

In addition, we encourage coalitions to communicate directly with one another to help enhance their physician engagement strategies.

## Initiative Planning

Coalitions have served as conveners to align community stakeholders around a common goal—to improve health outcomes for patients. To initiate this

action, many coalitions conduct a planning process to develop a project plan for health care improvement initiatives.

The project plan for developing a Diabetes Recognition Program initiative should include the following activities:

### Goal-setting

- Create target goals for the initiative, such as the percentage of physicians to engage or the percentage of physicians to achieve recognition.
- The New York State Health Foundation set a goal of reaching out to 25% of the 11,000 primary care physicians across the state in order to impact a large patient population.
- As a benchmark for goal-setting, Bridges to Excellence staff estimates that approximately 10% of physicians participate in the early years of an initiative (across all programs), and up to 25% of physicians participate within three years (across all programs).

### Communications

- Develop effective messages for engaging stakeholders. In Maryland, the initiative served as a way to improve quality and therefore improve care provided to patients.
- In Colorado, the initiative focused on outcomes, not the process.
- Formulate the message into an overall community campaign, like the NYS Health Diabetes Campaign. The utilization of national standards and benchmarks helped coalitions provide a consistent message to physicians, health plans, and employers.

## Stakeholder meetings

- Host a multi-stakeholder meeting to discuss and plan the engagement strategy.
- The majority of coalitions (80%) have invited physicians and physician groups to the initial meeting.
- In addition, coalitions have invited employers, hospitals/health systems, and health plans. Use the multi-stakeholder meetings to develop partnerships to support the initiative going forward.

## Educational workshops

- To help physicians and employers understand the importance of improving diabetes care for patients, develop an educational workshop or series.
- Use results from the eValue8 tool to discuss needed improvements in diabetes measures.
- Bridges to Excellence staff recommends asking a recognized physician to deliver a presentation about the process to obtain DRP status.
- In Colorado, breakfast meetings with physician speakers helped educate others about the Diabetes Recognition Program.

## Material development

- Develop a set of materials that stakeholders can take away for internal discussion.
- The materials should include information about the initiative, details about the Diabetes Recognition Program, and resources for additional support.

Coalitions need to determine the priority of activities and the timeline allocated for the planning process. Most coalitions that previously conducted a Diabetes Recognition Program initiative allocated approximately three months for planning efforts.

The planning process included developing a physician engagement strategy composed of meetings, workshops, communications, letters from the coalition/employers, and incentives (financial and non-financial) to encourage participation in quality improvement efforts.

In some cases, coalitions will first need to secure buy-in from physician practices. To gain support for the initiative, coalitions should consider hosting an educational workshop with selected presentations from physicians who have achieved Diabetes Recognition Program status. Understanding the process and learning from a fellow physician may alleviate some concerns.

Keep in mind that coalitions should customize the project plan and activities to suit the needs of their local community. There isn't a one-size-fits-all approach to planning a successful physician engagement strategy.

## Initiative Implementation

The timeframe to implement a physician engagement strategy as part of a

Diabetes Recognition Program initiative will vary among coalitions. The implementation timeline ranged from three months to several years for on-going communications efforts.

As the initiative gets underway, coalitions should determine whether technical assistance and financial incentives will impact the participation rates of physicians. Conducting survey questionnaires, interviews, or focus groups will provide clarity and recommendations.

For most coalitions, technical assistance helped physicians expedite the Diabetes Recognition Program application process. As part of the application, physicians need to submit data from patient charts for the set of diabetes quality measures. Some coalitions have noted that this data collection process can be cumbersome in addition to physicians' daily operating activities.

However, practices with Electronic Medical Records have found that the data collection process for recognition is simplified due to their system utilization. Small physician practices are only required to submit data for 25 patients, and this data collection can be completed in less than one day.

To assist practices with this process, some coalitions have sought additional funding and resources to conduct the data collection process for practices.

In Maryland and Colorado, this technical assistance has included conducting webinars and training events, as well as providing on-site resources to practices. Other coalitions have advised practices to utilize NCQA's Data Collection Tool (DCT). In addition, some coalitions and the NYS Health Foundation reimburse practices for the NCQA application fee.

Financial incentives may encourage participation in a Diabetes Recognition Program initiative. According to Bridges to Excellence staff, financial incentives are key to the recognition process since recognized physicians deliver high quality care to patients according to evidence-based guidelines.

Bridges to Excellence estimates that participating physicians are awarded about \$3,000 annually and many practices use the financial incentives to re-invest in the practice's operations. The NYS Health Foundation provides a \$2,500 award to physicians in installments upon receiving Diabetes Recognition Program status.

Overall, coalitions have noted their most influential activities to engage physicians during implementation, which include:

- Letter from the coalition and employer members
- Letter from health plans
- Financial and non-financial incentives
- Reimbursement for application fees

## Provider Recognition

Acknowledging physicians' achievements is important to maintain momentum in the Diabetes Recognition Program initiative. Changes in processes or behavior are difficult and celebrating successful change motivates sustainability.

Current recognition efforts and activities include:

- Press releases
- Newsletter announcement
- Letter to recognized physicians from coalition/employers
- Plaque or certificate for recognized physicians
- Coalition website listing of recognized physicians
- Health plan website listing of recognized physicians
- Health plan preferred status listing in physician directory
- Stakeholder meetings with presentations and awards

Coalitions should be creative to develop new ways to acknowledge physician achievements. Coalitions can work with employers and health plans to alter benefit design to incentivize patients to seek care from recognized providers. Or, coalitions can develop on-going learning collaboratives for physicians transitioning to Electronic Medical Records, for example.

## Case Studies: Physician Engagement Strategies

CIGNA recognizes provider achievements through its Care Designation Program. The program evaluates quality and cost-efficiency measures for primary care and specialty physicians, in addition to offering a benefit plan design option to encourage individuals to consider seeking care from a designated physician. Designated physicians receive symbols for quality criteria and cost-efficiency on CIGNA's member website, [www.mycigna.com](http://www.mycigna.com).

Blue Cross Blue Shield of North Carolina (BCBSNC) manages a diabetes care project as part of a larger initiative, the Blue Quality Physician Program. Physicians participating in the initiative receive training for diabetes care guidelines in addition to a discounted application fee for NCQA Diabetes Recognition Program. Through the Blue Quality Physician Program, physicians receive points based on the completion of diabetes programs such as NCQA DRP, Diabetes Practice Improvement Module (ABIM), or Diabetes Performance in Practice Module (ABFM). More information is available on the BCBSNC website, <http://www.bcbsnc.com/content/providers/bqpp/index.htm>.

The Health Collaborative in Ohio publishes physician recognition achievements on its website, [www.yourhealthmatters.org](http://www.yourhealthmatters.org), for consumers. The Collaborative provides assistance to practices to format and submit data to an online web-portal for instantaneous scoring results. Then, the results are validated and published for provider recognition and consumer decision-making.

## Initiative Management

To create long-term sustainability in a Diabetes Recognition Program initiative, coalitions have developed numerous local partnerships for support and communications.

Partnerships can be established at any point in the planning or implementation phases, but it's important to identify partnerships and invite those organizations to join the collaborative effort early-on.

Coalitions have partnered with the following organizations in their initiatives to-date:

<b>Employers</b>	In addition to coalitions' existing employer members, consider partnering with additional employers for a community-wide impact.
<b>Health Plans</b>	Health plans typically have quality programs already in place, but coordinating all health plans into a Diabetes Recognition Program initiative may have a greater impact on the physician community. For the NYS Health Foundation, working with the local health plans is essential to provide sustainable financial incentives and program support.
<b>American Academy of Family Physicians</b>	Local provider societies and chapters host on-going educational seminars and workshops for physician members. Coalitions can work collaboratively to establish on-going relationships and disseminate communications to community physicians about the Diabetes Recognition Program initiative.
<b>American College of Physicians</b>	
<b>State/County Medical Societies</b>	
<b>State Hospital Association</b>	Coalitions can work with state hospital associations to provide outreach and education to the physician community about the importance of improving diabetes care. The NYS Health Foundation partnered with its state hospital association with the common goal of improving care to reduce unnecessary hospitalizations for diabetes.
<b>Other Community Associations</b>	Many coalition markets have active community associations that aim to improve health care in a variety of settings. The Community Health Care Association of New York State served as an active organization to assess the needs of primary care providers in addition to providing technical assistance and training to providers.

## Results

Over the past few years, coalitions have noted increased physician participation in the Diabetes Recognition Program initiative as a result of their engagement strategies. One coalition reported a participation rate of more than 15% of physicians, and several other coalitions reported participation rates between 6-10%.

There is no single strategy that has been employed by every coalition working to promote DRP recognition. However, continuous communication with providers is crucially important, as is aligning financial incentives with quality goals.

Furthermore, achieving recognition status enabled physicians to understand their care processes and identify areas of opportunity. The data collection process for the NCQA application illustrated that many physicians had poor documentation on patient charts, especially with the eye exam and foot exam measures, which at times requires coordination with other providers who may have conducted these exams.

With Electronic Medical Records, physicians learned that the data collection process could be expedited through the chronic disease registries, which reduced the time and resources required to complete the data collection and submission requirements for the NCQA application.

In addition, coalitions noted that using EMRs for the recognition process helped physicians prepare for the meaningful use requirements.



*"NCQA recognition has helped create friendly competition among providers and is valuable for publicly recognizing those who are providing quality care."*

*-Dr. Douglas Rahner, New York*

## DRP Building Blocks

Coalitions noted that the Diabetes Recognition Program initiative helps to prepare physicians for the new performance measurement and quality improvement policies set forth by the Centers for Medicare and Medicaid Services (CMS).

In particular, many of the measures for NCQA's PCMH Recognition Program (patient-centered medical home) utilize the Diabetes Recognition Program measures. One of the goals of PCMH recognition is to instill comprehensive and coordinated care for patients with chronic conditions like diabetes. Because these recognition programs are designed to complement one another, coalitions have distilled this message to physicians to help them understand how processes can be improved as a next step.

Coordinating care in a team environment is one of the pillars of the patient-centered medical home model, and this aspect is inherent in both recognition programs.

For example, the "Defy Diabetes" nurse champion program in New York, as part of the Diabetes Recognition Program initiative, helped to frame quality improvement in a team environment approach. Nurses in primary care practices received several in-service trainings about the diabetes guidelines and best practices and they served to

coordinate the measurement and improvement processes within some of the practices.

In addition, the Diabetes Recognition Program initiative can include a patient engagement component to improve health outcomes. For example, in Savannah, Georgia, the coalition created local American Diabetes Association centers to provide education and support for patients to complement the physicians' care management efforts. To help sustain the efforts by both patients and physicians, the coalition worked with employers and health plans to change the plan design to incentivize improvements in patient behavior.

The Diabetes Recognition Program can help physicians to "connect the dots." Providing consistent, evidence-based diabetes care to patients serves as a platform for transitioning into future care delivery models such as the patient-centered medical home or accountable care organization. Coalitions can help physicians and other stakeholders understand how these efforts align and benefit the community.

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## APPENDIX:

### DIABETES RECOGNITION PROGRAM MEASURES

<b>Criteria</b>	<b>Standard</b>
<b>Blood glucose (HbA1c) control</b>	
HbA1c < 7.0%	40% of patients
HbA1c > 9.0% (poor control)	<15% of patients
<b>Blood pressure control</b>	
BP > 140/90mmHg (poor control)	<35% of patients
BP <130/80mmHg	25% of patients
<b>Cholesterol control</b>	
LDL >130mg/dL (poor control)	<37% of patients
LDL <100mg/dL	36% of patients
Eye exam	60% of patients
Foot exam	80% of patients
Nephropathy assessment	80% of patients
Smoking status and cessation advice or treatment	80% of patients

## APPENDIX:

### DIABETES RECOGNITION PROGRAM UPDATES

In July 2010, NCQA released a number of updates to the Diabetes Physician Recognition Program. First among the changes involves the program's name: going forward, it will be known as the Diabetes Recognition Program. Other changes include:

- *Expansion of eligible health care providers.* In addition to physicians, nurse practitioners may apply for Recognition under the Diabetes Recognition Program.
- *Temporary suspension of the patient satisfaction survey component of application.* The survey will be examined for effectiveness and value during the next overall program reevaluation.
- *Timeliness of submitted data.* The start date for patient identification and data abstraction must be no more than 180 calendar days prior to the data collection tool submission date.
- *Inclusion of new HbA1c <8% measure.* In 2008, results from studies including ACCORD (Action to Control Cardiovascular Risk in Diabetes) and ADVANCE (Action in Diabetes and Vascular Disease) suggested that aggressive HbA1c management could cause patient safety issues in certain patients. NCQA worked with the Committee on Performance Measurement and a panel of experts on diabetes management to analyze the data and monitor further developments. As a result, changes were made to the HEDIS Comprehensive Diabetes Care measures adding a new indicator for HbA1c <8% and adjusting the HbA1c<7% to apply new exclusions. NCQA then worked with the Committee on Physician Programs and a diabetes recognition program advisory committee to determine the implications for Recognition requirements. While guidelines continue to recommend a general HbA1c goal of <7% for most adults with diabetes, they should be individualized and less stringent glycemic goals are appropriate for certain patients. NCQA's expert panels also emphasized that significantly lowering the HbA1c (even if not reaching the target HbA1c) provides a benefit for patients and this benefit could be recognized by adding an HbA1c<8% measure. Scoring has been adjusted to accommodate the new measure while maintaining the same total point allocation for the measures related to level of HbA1c control.

- *Scoring Changes.* The table below specifies revised scoring for the updated standards.

<b>Clinical Measures</b>	<b>Criteria</b>	<b>Points</b>
<b>HbA1c Poor Control &gt;9.0%*</b>	<b>≤15% of patients in sample</b>	<b>12.0</b>
<b>HbA1c Control &lt;8.0%</b>	<b>60% of patients in sample</b>	<b>8.0</b>
<b>HbA1c Control &lt;7.0%</b>	<b>40% of patients in sample</b>	<b>5.0</b>
<b>Blood Pressure Control ≥ 140/90 mm Hg*</b>	<b>≤35% of patients in sample</b>	<b>15.0</b>
<b>Blood Pressure Control &lt;130/80 mm Hg</b>	<b>25% of patients in sample</b>	<b>10.0</b>
<b>Eye Examination</b>	<b>60% of patients in sample</b>	<b>10.0</b>
<b>Smoking Status and Cessation Advice or Treatment</b>	<b>80% of patients in sample</b>	<b>10.0</b>
<b>LDL Control ≥130 mg/dl*</b>	<b>≤37% of patients in sample</b>	<b>10.0</b>
<b>LDL Control &lt;100 mg/dl</b>	<b>36% of patients in sample</b>	<b>10.0</b>
<b>Nephropathy Assessment</b>	<b>80% of patients in sample</b>	<b>5.0</b>
<b>Foot Examination</b>	<b>80% of patients in sample</b>	<b>5.0</b>
<b>Total Points</b>		<b>100.0</b>
<b>Points Needed to Achieve Recognition</b>		<b>75.0</b>

**\*Denotes poor control – lower is better**

Additionally, applicants will submit data through a secure, password-protected online tool. The tool allows for online submission of data and application information through a web browser—eliminating the need for mailing a CD to NCQA.

[The 2009 version is now available for pre-order on NCQA's Web site.](#)

Free online workshops will be available for those interested in learning more about the updated program. Watch for information to be posted at <http://www.ncqa.org/DRP>

For more information about these changes, contact [NCQA Customer Support](#) at (888)275-7585.