

CareFirst Docs Reap \$1.4 Million in P4P Rewards

BY NELLIE BRISTOL
Contributing Writer

WASHINGTON — A total of \$1.4 million in pay-for-performance rewards was distributed to physicians in 20 group practices that participated in a pilot project sponsored by CareFirst BlueCross BlueShield, Dr. Jon Shematek said at a meeting on health information technology sponsored by eHealth Initiative and Bridges to Excellence.

Thirty practices initially were selected for participation in the first year of a \$4.5 million, 3-year project, said Dr. Shematek, vice president for quality and medical policy at CareFirst. Eight dropped out, and rewards were given to the remaining practices that met National Committee for Quality Assurance certification requirements. The practices are located primarily in Maryland but also in

Delaware and the District of Columbia. The practices treat a combined total of 50,000 patients.

CareFirst used the Bridges to Excellence model program developed by a group of employers, insurers, and physicians. Standards met by physicians addressed clinical information systems, use of evidence-based medicine, patient education and support, and care management. Seventeen groups passed at a basic level, and three passed at an intermediate level, Dr. Shematek said.

No groups passed at an advanced level.

Of the pilot practices, 14 had paper medical records, while 6 had partial electronic records, he added.

Practice improvements implemented by the groups included chronic disease registries and follow-up, electronic prescribing, follow-up of emergency department visits and inpatient admissions, improved rates of colonoscopy screening and diabetes eye exams, and enhanced patient education material.

Certified practices receive program recognition via a National Committee for Quality Assurance "practice connections" seal they can use in advertising.

Dr. Shematek said CareFirst is now looking at proposals from academic centers to evaluate quality, utilization, and cost of the program "as well as what qualitatively changed in the practice and what motivated doctors to participate." Participating practices will be compared with a control of nonparticipating groups. ■

EHR Systems' Potential Lost in Small Offices

WASHINGTON — A growing number of small medical practices are turning to electronic health record systems to help the office run more smoothly, but few are using them to directly improve patient care, according to findings from a small study presented at the annual symposium of the American Medical Informatics Association.

Christopher E. West, Ph.D., and his colleagues at the University of California, San Francisco, surveyed 30 doctors, nurses, and physicians' assistants working in solo or small group practices. They were working in 16 offices spread across 14 states.

All but one said they use the electronic health records system for documenting patient care at least 75% of the time, and half said they use it all the time. At least 80% said they use the system most of the time for visit coding, writing prescriptions, or viewing lab results, Dr. West reported.

That kind of "basic functionality" of electronic health records software seems to have largely replaced paper in those offices, he said.

But the researchers also found that offices were not as quick to adopt more advanced functions for improving patient care.

Only 13% said they took advantage of functions capable of generating lists of patients in need of follow-up care. Only about one-quarter used features enabling patient self-management plans or doctor visit summaries.

"Doctors are still not using electronic health records for quality improvement," Dr. West said.

Still, the study suggests that stubbornness may not be to blame.

Half of respondents said their software came with adequate training, but the other half called their training fair or poor.

—Todd Zwillich

choose **BenzaClin**[®]
with **confidence**

BenzaClin[®] Topical Gel is indicated for the treatment of acne vulgaris.



Write

"BenzaClin[®] Pump 50g"!



BenzaClin[®] topical gel
clindamycin 1% - benzoyl peroxide 5% gel

The **only pump available** in combination* acne treatment

*Combination of clindamycin and benzoyl peroxide.

Important Safety Information

BenzaClin[®] is well tolerated. Adverse events reported in clinical trials include dry skin (12%), application site reaction (3%), pruritus (2%), peeling (2%), erythema (1%), and sunburn (1%). BenzaClin[®] Topical Gel is contraindicated in those individuals who have shown hypersensitivity to any of its components or to clindamycin. It is also contraindicated in those having a history of regional enteritis, ulcerative colitis, or antibiotic-associated colitis. Diarrhea, bloody diarrhea, and pseudomembranous colitis have been reported with topical clindamycin. Discontinuation is recommended if significant diarrhea develops.

Please see brief summary of full Prescribing Information on next page.

DERMIK[®]

© 2006 Dermik Laboratories
sanofi-aventis U.S. LLC

sanofi aventis

USA.CLI.06.03.14