Quality Care Deemed to Cost Less

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plementation with those organizations and getting it done in various sites across the country," he said.

Dr. Michael Barr, ACP vice president for practice advocacy and improvement, said that the program might spur physicians who are already working on practice improvement, but not documenting it, to start doing so, thereby becoming eligible for the bonuses.

The "patient ultimately benefits from better coordination" of care, Dr. Barr added in an interview.

Mr. de Brantes noted that the rewards won't be limited to primary care physicians. Being a specialist is not an obstacle. Any physician who meets the performance targets—including ob.gyns., endocrinologists, cardiologists, infectious disease specialists, and neurologists—can receive a medical home designation, he said.

He called the program a vote of confidence in the notion that delivering high-quality coordinated care—as described in the medical home model advocated by the AAFP, ACP, and American Academy of Pediatrics—saves money and improves quality, he said.

"We feel pretty confident that the rewards are warranted and that the savings are there to match them," Mr. de Brantes said. "Our research shows that patients who are well taken care of cost less," he said, adding that "the average potential savings per covered life would be approximately $250 a year."

Physicians will be eligible for additional bonus payments of $125 per patient—up to a maximum $100,000 per provider—if they achieve certain performance levels on the Physician Office Link module and at least two of the condition-specific modules.

The nonprofit BTE is a coalition of providers, insurers, and employers working together to advance the quality of health care. Members include Aetna, the American Board of Internal Medicine, the Blue Cross and Blue Shield Association, Cisco Systems, IBM, the Leapfrog Group, the National Business Coalition on Health, Partners Healthcare System, and Verizon Communications.

BTE has previously offered pay-for-performance incentives to physicians who use its Physician Office Link, Diabetes Care Link, Cardiac Care Link, and Spine Care Link reporting systems. Physician Office Link was developed in collaboration with the National Committee for Quality Assurance.

With the new Medical Home Program, physicians will be eligible for additional bonus payments of $125 per patient—up to a maximum $100,000 per provider—if they achieve certain performance levels on the Physician Office Link module and at least two of the condition-specific modules.

It's not yet clear when the medical home rewards will start flowing, but the structure is fairly well established, according to Mr. de Brantes.

The organization is requiring high practice performance in two conditions—not just one—because achieving that benchmark will require "fundamentally changing your practice process flows and the way you care for patients," Mr. de Brantes acknowledged.

The idea is that once that fundamental shift occurs, quality will improve for all patients. Physicians will receive rewards based on the total number of patients in the practice.

Dr. Barr said that BTE's Medical Home Program is significant because it recognizes that "practices that go through these recognition modules save payers money." It's also a plus, he added, that employers and payers are showing a willingness to give back a portion of the savings and to recognize higher performing practices. ■

Community Project Targets Heart Health in West Virginia

BY DOUG BRUNK
San Diego Bureau

Year after year West Virginia ranks near the bottom, compared with other states in surveys of cardiovascular health and healthy lifestyle.

In 1995, the age-adjusted rate of heart disease was 328/100,000, which is 21% higher than the national average and 49th in the nation. Results from the 1997 Centers for Disease Control and Prevention Behavioral Risk Factor Survey revealed that West Virginia had the highest rate of obesity, the third highest rate of self-reported hypertension, and the fifth highest rate of smoking in the nation.

But today, a prevention effort known as the Coronary Artery Risk Detection in Appalachian Communities (CARDIAC) Project aims to reverse those trends. First launched in three West Virginia counties in 1998, the project offers free comprehensive cardiovascular risk screening to fifth graders in each of the state's 55 counties, who number about 20,000 each year.

The screenings—which are conducted at elementary and middle schools, and require active consent—include measurements of height, weight, and blood pressure; evaluation of the neck for acanthosis nigricans, and a fasting lipid profile.

In addition, parents of the children receive a voucher to have their own fasting lipid profile performed at a local laboratory.

Parents receive a letter in the mail detailing results of the screening test. "They range from 'your child's results are normal; continue providing a nutritious diet and physical activity opportunities,' to the other end of the spectrum," said program founder and director Dr. William A. Neal of the section of pediatric cardiology at West Virginia University, Morgantown.

"Whenever results are significantly abnormal, we recommend that they consult their primary care provider. We do try to give them some specific advice. For example, if a child has a high cholesterol level, the recommendation is a low saturated fat diet and approximately 1 hour a day of physical activity. If the child has an LDL cholesterol of greater than 160 mg/dL, we recommend that they be evaluated in our children's lipid clinics. We conduct four of those each month around the state."

Sometimes the screening identifies parents at risk for heart disease or diabetes or who have not been taking statins as prescribed. "We frequently hear, 'my doctor did want me to be on medicine but it made me achy and I didn't want to take it,' or something like that," Dr. Neal said in an interview. "If a middle-aged adult has a cholesterol level of 300 mg/dL and should be on a statin but isn't, if they subsequently go on a statin, it reduces their chance of a sudden coronary event by about 40% in 1 week because of the suppression of the inflammatory reaction."

In recent years, CARDIAC (www.cardiacwv.org) has expanded to include body mass index (BMI) screening in select kindergarten and second-grade students in the state and a fasting lipid profile in select ninth graders. The project received a 2007 Innovation in Prevention Award from the HealthierUS initiative, a national effort sponsored by the Department of Health and Human Services and promoted by President Bush to help Americans live longer, healthier lives.

'We don't try to dictate what happens; we help communities accomplish what they think their priority should be in terms of an intervention.'

To date, CARDIAC has screened 3,539 kindergartners, 2,275 second graders, 46,212 fifth graders, and 1,328 ninth graders.

Results from the 2006-2007 school year demonstrated that 22% of kindergartners, 35% of second graders, 46% of fifth graders, and 48% of ninth graders were at or above the 85th percentile for body mass index. In addition, 17% of fifth graders and 23% of ninth graders had abnormal fasting lipid profiles.

Dr. Giovanni Piedimonte, chair of pediatrics at West Virginia University, Morgantown, credits the success of the project to the network of connections that Dr. Neal and his associates has built with school nurses, administrators, teachers, and clinicians in the state. This "allows them to access an incredible number of children with very high efficiency," he commented in an interview.

Dr. Neal said that level of networking evolved because of CARDIAC's affiliation with the West Virginia Rural Health Education Partnership, a state-funded coalition of rural communities and higher education. As part of this program, all college students enrolled in health sciences programs in West Virginia must spend several months performing community service such as CARDIAC under the supervision of 640 field preceptors and 13 site coordinators.

"They become the people power that allows us to do this comprehensive screening," he said, noting that many of the field preceptors are former students of his from WVU.

A steady funding stream keeps the program running. CARDIAC receives about $470,000 from the state of West Virginia each year, with the rest from federal government and private grants to meet its annual operating cost of $1.5 million. "We're fortunate that the state has recognized that this is important and funds us so we can continue to exist," said Dr. Neal, who noted that BMI screening will be expanded next year to include seventh graders.

Another component of the CARDIAC project includes school-based interventions such as Healthy Hearts 4 Kids, a Web-based instructional module that was made available to West Virginia teachers in 2001. According to program materials, this intervention "encourages children to participate in physical activity regularly, eat properly, and avoid the use of tobacco products. It is designed to impact children's knowledge, attitudes, and behaviors related to these risk factors associated with cardiovascular health."

To date, 17,516 students in West Virginia have participated in Healthy Hearts 4 Kids, according to Eloise Elliott, Ph.D., associate director of interventions for CARDIAC. Analysis of surveys conducted pre- and postintervention demonstrated that students improved in the content areas of heart knowledge, physical activity, nutrition, and tobacco use.

For example, when students from the 2005-2006 school year were asked "what is the minimum number of minutes each day experts recommend you should be physically active?" 28% provided the correct answer of 60 minutes before the intervention while 87% responded correctly thereafter.

Other evidence-based interventions are being implemented both in school and community settings, based on the needs of each respective community.

"We don't try to dictate what happens; we help communities accomplish what they think their priority should be in terms of an intervention," Dr. Neal explained.

"This is not a West Virginia University project. This is a West Virginia project." ■