

# TRANSFORMING HEALTHCARE DELIVERY

**COMMUNITY BY COMMUNITY, NATIONWIDE**



Blue Cross and Blue Shield companies are leading the transformation of healthcare delivery. This is one of many examples of value-based programs underway at these companies nationwide.

## **Blue Cross and Blue Shield of Louisiana Quality Blue Accountable Care Programs:**

Applying powerful data, provider education and expert guidance to improve population health

Founded in 1934, Blue Cross and Blue Shield of Louisiana (BCBSLA) has a long history of both stability and innovation. Today the company serves 1.6 million people statewide through its health benefits and health improvement programs. However, a large portion of BCBSLA's membership consists of high-risk individuals. For example, Louisiana is one of the top states in the nation for cardiovascular death rates, and has the second-highest diabetes mortality rate.<sup>1,2</sup> To address these challenges, BCBSLA became an early adopter of today's accountable care and patient-centered medical home delivery models. What started as a condition-specific pilot in 2011 has since grown into statewide patient-centered medical home (PCMH) and accountable care organization (ACO) programs that empower providers to improve care, reduce costs and offer a better patient experience.

### **Demonstrated results\*:**

EARLY RESULTS INDICATE  
**POSITIVE ROI**  
THROUGH A REDUCTION  
IN TOTAL COST OF CARE

**25%** IMPROVEMENT IN  
DIABETES CARE

**31%** IMPROVEMENT IN  
HYPERTENSION CARE

**40%** IMPROVEMENT IN  
VASCULAR DISEASE  
CARE

**69+%** IMPROVEMENT IN  
KIDNEY DISEASE CARE

\*Results for two-year period

Visit [www.bcbsla.com/QBPC](http://www.bcbsla.com/QBPC) for more information.

Program has met nationally consistent selection criteria, including availability to BCBS national accounts.

1 2009-2010 Annual Report of the Louisiana Chronic Disease and Prevention Unit, Louisiana Department of Health and Hospitals

2 Omada Health, Prevent Diabetes Prevention Program

## PROGRAM HIGHLIGHTS

- Quality Blue Primary Care, the company's patient-centered medical home, includes **more than 197,000 attributed members** (including nearly 72,000 of whom have one or more chronic conditions) and contracts with **668 primary care physicians statewide**.
- Tulane University's School of Public Health validated data from the first year of Quality Blue that show the program is **leading to cost savings** (approximately \$27 PaMPM), mainly through reduced hospitalizations and increased primary care services.
- This program has achieved measurable results in terms of quality improvement, including **25% improvement in diabetes care, 31% improvement in hypertension care, 40% improvement in vascular disease care** and more than **69% improvement in kidney disease care**.
- Blue Cross and Blue Shield of Louisiana's ACO program, Quality Blue Value Partnerships, contracts with more than **700 primary care providers**, hundreds of specialists and **serves 130,000 attributed members**. The company currently has **eight ACOs under contract** throughout Louisiana.

### Improving care through a holistic look at quality improvement

BCBSLA holds providers accountable for quality based on a set of robust clinical quality and efficiency measures. These measures go beyond simple diagnostic screenings and utilization metrics to address the total health management of each individual. Quality Blue Primary Care (QBPC), the company's PCMH model, provides a strong foundation for these efforts by focusing on better management of individuals with chronic conditions including diabetes, hypertension, vascular disease and kidney disease. Providers are paid care management fees that are adjusted twice annually based on their performance.

The Quality Blue Value Partnerships (QBVP) ACO program builds on this foundation but takes a broader perspective on improving population health across all patients and care settings. This program is a more advanced model available to large primary care physician clinics and clinically integrated systems that are willing to take on greater financial risk in exchange for offering cost-effective, appropriate and impactful care that reduces costs.

### Leveraging advanced analytics and clinical insights

Early on, BCBSLA realized that it needed to access valuable clinical information from the point of care in order to truly improve quality and understand the

unique opportunities and challenges within its member population. As a result, the company invested in health technology that could both "push" and "pull" data between its own systems and the electronic medical records used by participating providers. Data collected from the provider—including practice notes and treatment information—was then combined with claims data to create a full picture of population health down to the patient level. Through this approach, the company has been able to effectively stratify its population, pinpoint opportunities for health improvement and help physicians identify and close gaps in care. At the same time, this data is shared with a patient's entire care team through advanced technology that encourages collaboration and coordination among BCBSLA's providers and care managers.

*"I feel like they (Nurse Navigators) are an extension of our office. I believe that they truly care about our patients."*

— Participating provider describing the value of BCBSLA's care management approach

## Promoting continuous learning to encourage consistent, evidence-based care

BCBSLA's programs are also highly unique in that they focus on creating a "continuous learning" healthcare program that combines quality improvement goals with continuing medical education (CME) for physicians. Physicians who contract with BCBSLA for its accountable care programs agree to participate in a Continuing Medical Education (CME) program. The CME component of these programs helps practices determine where they have strengths to capitalize on and where they have opportunities for improvement. Physicians can access several modules, which incorporate traditional clinical content, evidence-based guidelines, information on population health management and strategies to address gaps in care. In addition to this CME process, BCBSLA hosts regional and statewide learning collaboratives for the physicians in the program as a way to obtain feedback on the program and discuss care delivery best practices to further support continuous learning among the practices.

## A multidisciplinary care management approach

BCBSLA's care management program is a key foundational element of its accountable care approach. This program is highly integrated and customized to the needs of each provider practice and their patients. All providers receive access to a BCBSLA-employed Quality Navigator, a case manager assigned to the practice to assist them in management of chronic care patients. Navigators work directly with the provider's Practice Coordinator to facilitate a regular care team review—assessing the scheduled patients, identifying potential gaps in care and opportunities for health improvement. The Navigator plays a critical role by serving as a liaison between BCBSLA and each practice. In addition, patients from each practice may also be referred to a BCBSLA health coach who can provide more intensive outreach and follow up. Thanks to the company's web-based data exchange tools, all of these clinical professionals are on the same page with regard to patient support, treatment options and needs.

By combining advanced technology, continuous provider education and a focus on integrated and collaborative care management, Blue Cross and Blue Shield of Louisiana offers accountable care models that are among the most innovative in the nation.

### To learn more:

#### PLAN

Blue Cross and Blue Shield of Louisiana

#### CONTACT

**Selina Loupe**  
225.295.2440  
Selina\_Loupe@bcbsla.com