Successful partnerships in practice: A payer perspective

Editor’s note: MGMA-ACMPE strives to improve the payer-provider relationship through ongoing efforts, including discussions and meetings with the top national payers and engaging them in collaboration with other physician organizations. As part of this effort, the Association conducts an annual Payer Study, which explores member perceptions of payer interactions, sheds light on practical issues and provides a framework for improvement. We reached out to payers to gather information about issues critical to successful payer-provider partnerships. Their answers and feedback will be featured as a series of articles in upcoming issues of MGMA Connexion, and a deeper analysis will follow. This second installment of the series features Cigna.

Q: Can you highlight a few innovative physician quality initiatives your company is focusing on that have resulted in improved patient care and patient health outcomes?

A: Cigna’s goal is to transition to a value-based reimbursement system that rewards physicians for achieving the triple aim of better quality, better cost and better experience for their patients. We are particularly focused on those in need of additional care coordination, and our goal is that in the next several years, the majority of Cigna customers who have a chronic condition will be cared for by a physician who receives an incentive for and assistance with achieving the triple aim.

Cigna’s first step in this journey is our collaborative accountable care (CAC) program, which is our approach to accountable care organizations. Cigna has nearly 60 CACs with physician practices of various sizes (between 50 and 200 primary care physicians, though some are larger) and types in 24 states involving more than 650,000 customers (patients) and more than 23,000 physicians. We work with large primary care practices, multispecialty groups, fully integrated delivery systems, physician hospital organizations and independent physician associations. In addition to fee-for-service reimbursement, we compensate these groups through a monthly care coordination payment, which is proprietary, and in return, these medical groups accept responsibility and accountability for total population health and for achieving the triple aim. To measure clinical quality, Cigna looks at how well the medical group professionals have followed evidence-based medical guidelines for its Cigna patients compared with other medical practices in its market. For example, have people with diabetes had eye and foot exams? Have women had mammograms?

The physician practices have the opportunity to close gaps in care and improve clinical outcomes by hiring clinical care coordinators (usually registered nurses) who review the patient-specific data that Cigna provides and reach out to patients for follow-up care, case management and health education. Examples include a list of patients who have been admitted to the hospital, patients being discharged who might be at high risk for readmission, patients who haven’t refilled a prescription and diabetic patients who are overdue for an A1c test. If the medical group outperforms the market on dozens of evidence-based measures while simultaneously outperforming the market on total medical cost trend, it is rewarded through a higher monthly care coordination payment. We compare Cigna customers who are treated by the CAC physician practice in a specific geographic area with Cigna customers in that area who get medical care from other physicians. In 2011, of the eight CAC programs that had been operational for at least a full year, half met targets for quality and cost.
Q: How do you see the role of physician quality programs developing with new, innovative performance-based contracting?

A: We plan to have 100 CACs in 2014, and in 2013 we will launch programs for smaller practices, such as solo doctor practices and those with a few doctors. The programs are incentive-based to provide additional compensation for achieving triple aim quality and cost targets. We're planning pilot programs that will focus on accountability for quality and cost for specific types of care. In the first half of 2013, we have started pilots for oncology and orthopedics (total hip and knee replacements). In the second half of 2013, we’ll have pilots for maternity, cardiology and gastrointestinal care. Although these are separate from the CACs, these pilots will align incentives and compensation for achieving quality and cost improvement targets for these specific treatment areas.

Q: One of the main challenges for practices is dealing with many different quality programs from different payers. Taken together, these programs create administrative burdens for practices. How are you using consensus-based national quality measures and working with other payers to standardize quality reporting across the industry to help ease the administrative burdens of quality reporting?

A: The Cigna Care Designation (CCD) program is our primary method for measuring quality and cost-efficiency performance. We analyze quality and cost-efficiency indicators for similar medical practices in a geographic area. Physician practices that score in the top third of all the doctors in the network area for whom we have quality and cost-efficiency data measures receive the CCD. It is displayed on Cigna’s online healthcare professional directory that Cigna customers use to make a more informed choice when selecting doctors.

The CCD program uses Cigna claims data plus evidence-based quality indicators endorsed by the National Quality Forum to measure physician quality performance. Physician practices

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are not required to submit data; consequently, no burden is placed on practice professionals to collect and submit data.

Q: Results from a recent survey of MGMA-ACMPE members show that there are continued concerns about the transparency of cost and quality measures that are used for various physician rating and/or pay-for-performance programs. Can you address these concerns and explain what you are doing to increase transparency?

A: A growing number of employers are demanding quality and cost-efficiency transparency programs, such as the CCD, and are providing incentives for enrolled members to choose physicians who have achieved high-quality and cost-efficiency rankings. For example, some employee health benefit plans are incorporating reduced copayments (ongoing), deductibles and premiums into their benefit design to encourage employees to select high-quality and cost-efficient healthcare professionals.

We annually update and publish a white paper that includes a detailed description of our methodology to increase transparency regarding evaluation of quality and cost efficiency. It is available on Cigna’s website (www.cigna.com) for healthcare professionals and the public.

Cigna also maintains National Committee for Quality Assurance (NCQA) accreditation in Physician and Hospital Quality (PHQ).

“PHQ standards evaluate how organizations measure physicians to ensure that measurement methods are fair and rely not only on cost but also on accepted measures of quality,” according to the NCQA. “PHQ standards were developed with input from physicians, physician groups, consumer advocates, employers, representatives from state and local agencies, and health plans.” Continued PHQ accreditation ensures that Cigna meets rigorous standards for measuring and reporting quality and cost-efficiency information to consumers. Additionally, in our collaborative accountable care relationships with physician practices, the quality and cost measures that the group will be accountable for are clearly spelled out and transparent.

Q: Many practice professionals are receiving more information from payers, both private and public, about their performance as it relates to quality and cost measures. The details of this information are sometimes difficult to understand, or there is not an easy way to further drill down to fully understand where the data are from. What efforts are you making to provide timely, actionable and meaningful feedback to physicians that they can use to improve patient care?

A: Cigna provides each network physician in all three primary care specialties (family practice, internal medicine and pediatrics) and 19 other specialties with an annual determination of whether the practice achieved CCD status as part of our transparency program. Details of Cigna’s methodology for measuring a practice’s quality and cost efficiency are contained in an annually updated white paper that is publicly available.

Physicians may submit an online request for detailed performance reports down to the patient level, which provides insight into recent quality and cost-efficiency performance and offers guidance on how a physician can improve the practice’s quality and cost-efficiency performance.

Cigna employs regional network clinical managers with strong clinical nursing backgrounds who are available to physicians and their office staff to answer questions about the reports and to respond to any errors identified by a physician. These managers can also assist a physician with a request for reconsideration if CCD status was not achieved. Cigna’s market medical executives can also answer questions or help resolve issues.

We continue to improve the website for healthcare professionals to make it easier for physicians and other healthcare professionals to obtain information and assistance with performance measurement, payment and clinical coverage policy issues.