

# StarQuest: Getting Started



## Introducing: the Stars Measures!

### P4P HEDIS measures

- ★ Breast Cancer Screening
- ★ Colorectal Screening
- ★ CV Cholesterol Screening
- ★ Monitoring of Patients Taking Long-term Medications
- ★ Diabetes - Cholesterol Screening
- ★ Diabetes - Kidney Monitoring
- ★ Diabetes - Blood Sugar Control
- ★ Diabetes - Cholesterol control

### Non-P4P HEDIS measures

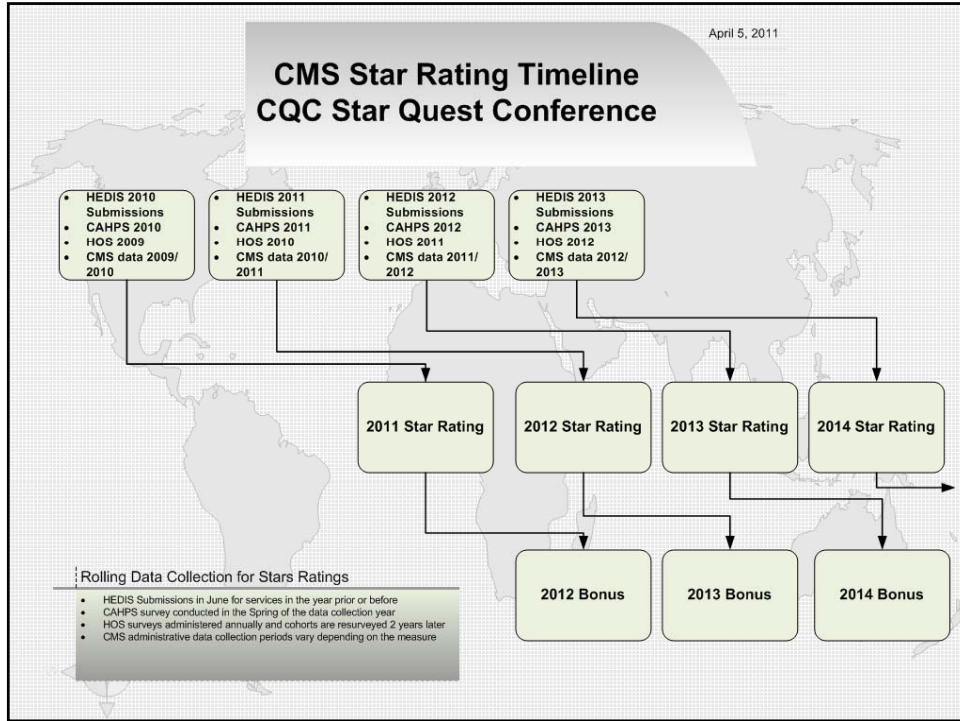
- ★ Glaucoma Testing
- ★ Access to Primary Care Doctor Visits
- ★ Osteoporosis Management
- ★ Diabetes Eye Care
- ★ Controlling Blood Pressure
- ★ Rheumatoid Arthritis Management
- ★ Testing to Confirm COPD

### Health Outcomes Survey

- ★ Improving Bladder Control
- ★ Reducing the Risk of Falling
- ★ Osteoporosis Testing
- ★ Monitoring Physical Activity
- ★ Improving or Maintaining Physical Health
- ★ Improving or Maintaining Mental Health

### CAHPS

- ★ Annual Flu Vaccine
- ★ Pneumonia Vaccine
- ★ Ease of Getting Needed Care and Seeing Specialists
- ★ Doctors Who Communicate Well



## Clinical Metrics

“What is your advice to achieve results in MY 2011?”

- Build data warehouse, use a registry
- Include Medicare patients in P4P registry
- Produce exception reports for MA Stars metrics
- Create an action plan to address gaps in care (outreach to members, etc.)
- Conduct planned annual visits with Seniors
- Work with entire organization to meet targets
- Collaborate with Health Plans

## Our Focus Today

### C14: Osteoporosis Management

- Dx: Osteoporosis 733.00
- No HCC

### C20: Rheumatoid Arthritis

- DX RA 714.0 (see packet for full list)
- HCC 38

### C21: Testing for COPD

- Dx COPD 496 (see packet for full list)
- HCC 108

Senior Stars

*In the Inland Empire*

Wells Shoemaker MD, Medical Director  
*California Association of Medical Groups*

Inland Quality Collaborative May 25, 2011



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Nobody wants to be the Cubs



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## Stars are for Health Plans...

### *Why should groups care?*

1. All of the star criteria make good clinical sense. Four + stars = Good patient care.
2. MA is the only profitable business line for many groups
3. Survival of MA as viable enterprise for Plans has a lot to do with our happiness
4. Bonus opportunity is not trivial

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## Stars are same as P4P, right?

### *No.*

- True, the technical measures overlap, and the new ones fall into similar grooves
- Patient satisfaction familiar, "soft"
- Patient recall measures all new
- Critical difference: All CA scores rolled up into one Plan rating. Low performing groups can bring Plan below threshold.

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## And if we don't respond?

- Plans will have tough choices—
  1. Accept lower returns, while competing plans earn more, can afford richer benefits to poach enrollment, attract PCP's, build clinics....
  2. Or...get out of the MA business → less choice for consumers
  3. Or...delete the low performing groups

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## Threat or Opportunity?

- IHA possibly blending in CMS stars with P4P—good thing
- Plans *will* reward high performing groups
- Plans will probably support enterprising groups...conditionally
- CQC is offering robust learning opportunities—synch'ed with CAPG priority
- 2011 will set the stage.

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Just Do It



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Shoemaker Part II

**REACHING SENIORS**

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## Two Rapidly Deployable Ideas

1. Senior Round-Up for Stars 2011
2. Elder Touch for "Silent Seniors"

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## What does a pediatrician know?

- Kindergarten Round-Up: Annoying ...because it is not coordinated with mainstream care... but it works.
- Round-Up is either a weed killer or a branding derby...not a great PR term
- Silent seniors...silent children...silence is not necessarily golden.

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## Group Visits on Steroids

- Give PCPs the information from registries and the opportunity to get the job done first half of the year
- Use “mass approaches” to finish the work
- Use social networking and outreach, not threats. Have fun. Make friends.

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## Screening measures amenable to mass approach:

1. Lab draws for pts with Dx diabetes, CAD (HbA1C, cholesterol)
2. *Lab draws Hb & Creatinine clearance*
3. Spirometry for COPD
4. Glaucoma & retinal screening
5. BP, BMI
6. Maybe—mammography, osteoporosis

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## Preventive services

- Influenza vaccine
- Pneumococcal vaccine

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## Teaching/Patient Recall

- Fall risk
- General health, exercise, nutrition
- Behavioral health, Depression screen
- Bladder problems
- Rheumatoid arthritis
- Med Reconciliation—The Brown Bag!

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## Not realistic *en masse*, but teaching opportunity

- Colorectal screening—once a decade, high yield for success.

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## Partnerships

- Hospitals
- Health Plans—as long as not exclusive
- Community Service Organizations
- Senior advocacy organizations
- Cultural affinity organizations
- Pharmacies
- Schools—facilities, transport, students
- Ancillary vendors

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## Keys

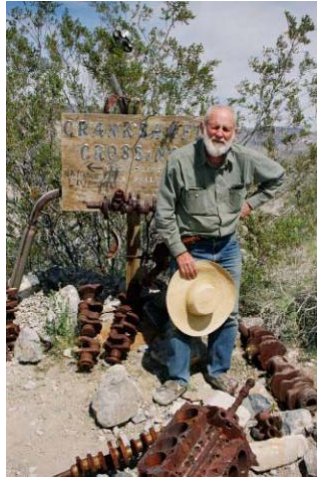
- Community “feel”
- Big splash/fun
- Transportation—just do it.
- Multiple dates
- All hands on deck
- Electronic hookup to registries/dashboards
- Follow up info to PCPs and patients
- Customize

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## Reaching the Silent Seniors



They're not all frail



Alas...  
Nobody  
lasts  
forever



Best to do  
some  
maintenance  
work



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## Elder Touch

- Graduated outreach to seniors
- Low, medium, high risk categories
- Tiered frequency of outreach, tiered expertise of personnel
- Well-lubed internal handoffs when something discovered
- Compact with MD's to act promptly
- Patient Satisfaction/communication bonus

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## Examples

- Low risk: Q 4-6 months
- Age < 70
- No acute problems recently
- No significant chronic illnesses
- Few meds 0-2
- Likely need screening & preventive care
- May be shut-in, depressed, fearful, sick

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## Medium risk: Q 2-4 months

- Age 70-85
- Known chronic illnesses 1 - 2
- Multiple meds 3-5
- ER visit in last year
- Depression
- Almost certainly lacking some Star services
- Most problems manageable outpatient

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## High risk: Q 1 – 2 months

- Age 85+
- New cancer diagnosis
- Recent hospitalization
- 3+ chronic illnesses
- 6+ drugs
- Frail
- Huge ROI for care management...but many failed connections

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## Outcomes

- Better technical care, fewer omissions
- Culture of communication
- Support Patient self management
- Better recall through repetition, better satisfaction through demonstration of caring, better trust
- Doctors happier with better outcomes
- CMS dollars welcome here
- No deletion from narrow networks

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Contact Information

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