

# CareFirst Doctors Earn \$1.4 Million in P4P Rewards

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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 of the practices 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 and they treat a combined total of 50,000 patients.

CareFirst used the Bridges to Excellence model program, which was 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.

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

Certified practices receive program recognition via a National Committee for Quality Assurance "practice connections" seal. The practices can use this seal in their 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. ■

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