



**BlueCross BlueShield
Association**

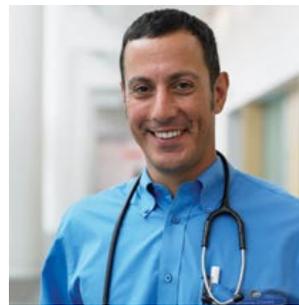
An Association of Independent
Blue Cross and Blue Shield Plans

Celebrating

10 YEARS

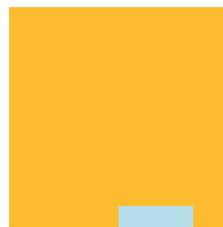


Blue
Distinctively



Award Presentation

September 17, 2007



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VISION STATEMENT

Blue Cross and Blue Shield Plans are dedicated to improving the quality and services available to their members while working together to keep healthcare affordable. The Distinctively Blue Awards Program is designed to advance that mission. The Distinctively Blue Awards highlight Blue solutions to providing affordable, quality care and services to members with an emphasis on quality outcomes. The program highlights many effective health and service issues that are judged by an independent peer-review panel to be innovative and transportable to other Blue Cross and Blue Shield Plans. By promoting evidence-based solutions to relevant problems, the Distinctively Blue Awards are designed to benefit the entire Blue System and our overall healthcare system.

The 10th Annual Distinctively Blue Awards

Welcome to the Blue Cross and Blue Shield Association's tenth annual Distinctively Blue Awards Program (formally named "Best of Blue®"). We are proud to announce our tenth consecutive year of showcasing Blue Plans' innovative solutions to improving our nation's healthcare delivery system.

This year Blue Plans submitted 61 programs that demonstrate the Blues commitment to leading the way in best practices and innovative ideas in their local communities. This year's program submissions highlight Blue solutions to providing affordable, quality care and services to members while engaging local providers. Successful partnerships with network providers and other stakeholders can lead to sustained changes in healthcare.

Our award program features an independent panel of expert jurists who recognize Blue Plan excellence through selection of innovative award winners. Themes that emerge from Plan submissions include a dedication to improved healthcare affordability, methods to engage providers, success in improving quality outcomes, member education outreach, health promotion and customer satisfaction.

We hope you enjoy the Awards ceremony and encourage you to attend the concurrent educational sessions later today on the winning programs. There is ample opportunity to learn more about these innovative programs today. In addition, these program submissions will be available on BlueWeb at <http://BlueWeb.bcbs.com> following the conference.

We hope that you find the Distinctively Blue Awards program a valuable resource for the dissemination of Blue Cross and Blue Shield Plan innovations and best practices.

Enjoy the rest of our Distinctively Blue Conference and Orlando.



Allan M. Korn, M.D., F.A.C.P.
Senior Vice President,
Office of Clinical Affairs
Chief Medical Officer

Best Practices

Anthem Blue Cross and Blue Shield

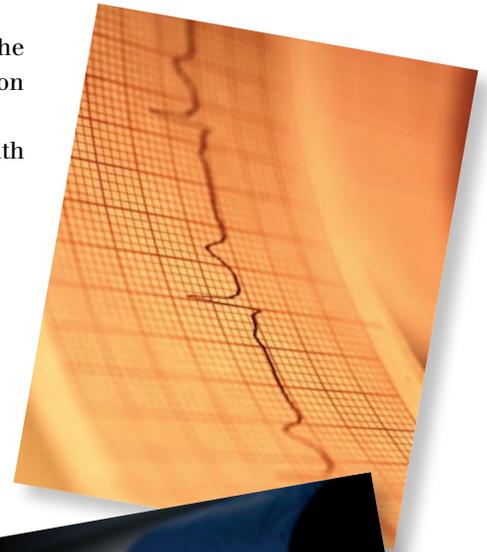
Anthem Medical Specialty Society Partnership Program

All stakeholders in the healthcare system today would agree that the quality of patient care needs improvement, but few would concur on how to achieve it. Anthem has implemented the Medical Specialty Society Partnerships Program to create collaboration between health plans, specialist physicians and hospitals. The program aligns interests to improve quality of care through the use of nationally endorsed metrics, programs and data registries. The goal of the program is to achieve measurable improvement in the quality and efficiency of care for coronary disease.

Anthem's relationships with the American College of Cardiology and the Society of Thoracic Surgeons have led to improvement in the quality and efficiency of care for coronary disease. Through collaborative effort, physicians and hospitals have agreed to use a core set of performance measures and to submit detailed clinical data to a national registry. Thus Anthem has:

- Reached agreement with practicing clinicians on areas of measurement (and improvement);
- Provided performance feedback to hospitals and physicians in comparison to peers and national benchmarks;
- Evaluated participants in a performance measurement program versus those outside the program; and
- Applied the core data set to Anthem plans across the country.

The Program has demonstrated that collaborative effort through medical society partnerships speeds improvement rates in areas of focus. For example, between 2003 and 2006, the hospital program in Virginia achieved a 50% reduction in serious and costly complication rates for angioplasty (vs. a 29% reduction nationally), and data submitted to the registry showed decreased mortality and complications rates and improved process measures. By improving quality and reducing complications, the program can lead to greater affordability of healthcare and have a positive impact on patients' lives in participating communities.



Best Practices

Blue Cross of California

Advanced Public, Private and Community Collaborations: Optimizing the Health Plan's Role in Improving Asthma Management

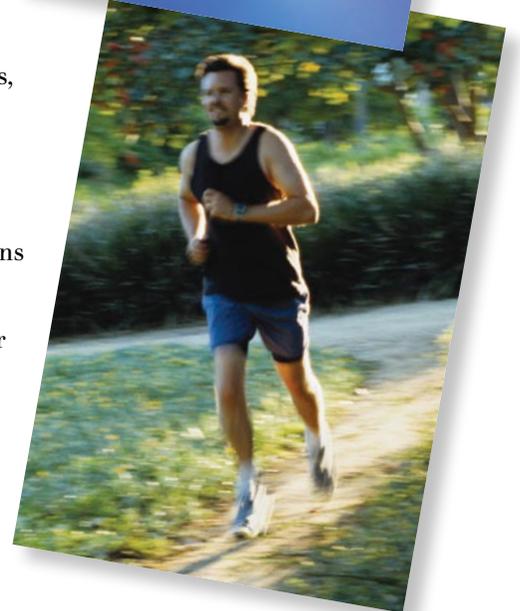
Asthma affects more than 20 million Americans, and is a chronic and potentially life-threatening condition. It also ranks in the top 10 diagnoses in Blue Cross of California's (BCC) State Sponsored Business (SSB) membership. To counter increasing rates of asthma in California, BCC has continued to build on and enhance its Comprehensive Asthma Intervention Program (CAIP), which is in its 12th year. Most noteworthy has been its statewide and county-specific achievements in improving asthma outcomes, collaborating with community groups and addressing both indoor and outdoor environmental factors that affect the disease. These efforts have, in turn, won honors for the program in San Francisco and Fresno counties from the Environmental Protection Agency (EPA).

Subsequently, SSB took the opportunity to collaborate directly with the EPA and solicit from the agency ways to help educate and stimulate its own staff about additional methods of promoting effective asthma management. As a result, BCC has 17 new projects involving environmental management of asthma being designed by SSB field staff in a total of seven states, with more being planned.

Some of the successful approaches that BCC has used include the following:

- Asthma Management Project, including member interventions and resources for physicians
- Pharmacy Asthma Consultation Program to provide member medication education
- Best Clinical and Administrative Practices Project for racially and ethnically diverse populations
- Plan/Practice Improvement Project to promote advancements in intervention

Using its disease management foundation and advanced public, private and community collaboration, CAIP serves as a state-of-the-art, best practice model for health plans looking to improve asthma management nationwide.



Blue Cross and Blue Shield of Minnesota

Paying for Performance Increases Tobacco Quitline Referrals

The use of the tobacco results in 440,000 premature deaths and \$75 billion in excess medical costs annually. National guidelines have identified telephonic tobacco cessation counseling as an effective intervention, but practitioners often fail to connect patients to treatment programs. The Paying for Performance Increases Quitline Referrals program encourages practitioners to refer patients to a tobacco cessation phone counseling quitline. Blue Cross and Blue Shield of Minnesota assessed the impact of using financial incentives on providers' use of fax referral to phone-based quit-smoking counseling.

Adult primary care clinics in a large Minnesota healthcare delivery system were notified of a new fax referral program for tobacco cessation phone counseling, and individual clinics were randomly assigned to receive either information only or information plus financial incentives encouraging quitline referral. The primary outcome was the proportion of smokers referred to the quitline services.

Results demonstrated that a modest pay-for-performance program substantially increased the rate of physician referral to tobacco quitline services.

Clinics selected as a pay for performance site:

- Generated 11,483 referrals versus 441 from control clinics
- Demonstrated an 11% referral rate compared to 4% for control clinics

Among control clinics, 15 of 25 referred fewer than 2% of their smokers, which was nearly reversed in the pay for performance clinics (12 of 24 referred more than 10%). Of special note, the incentives were most beneficial to clinics without a strong history of referral.

The increased number of referrals resulted in more patients being enrolled in the telephonic quitline programs, which have a proven success rate in smoking cessation.

Thinking about quitting smoking? We can help.

You can get free stop-smoking help through our phone support program. To make it easy for you to get started, we'll call you. Leave it to us to make the first move. Ask your doctor or clinic staff how you can get a call.

Free phone support can help you quit smoking. Thousands have quit successfully with help from a phone support program. People who use the program are four times more likely to be successful quitting smoking than those who try to quit on their own. **How does phone support work?** The program pairs you with a personal stop-smoking coach. Through a series of phone calls – scheduled at your convenience – your coach helps develop a quit plan that fits your circumstances and helps you deal with cravings and stresses as you quit. With your permission, a phone coach will call to talk about the program. **Is the program really free?** Everyone in Minnesota – whether or not they have health care coverage – is eligible for free stop-smoking phone support. **How do I get started?** 1 Complete the contact form from your doctor or clinic, giving your permission for a phone coach to call you. Your clinic may use an electronic version of the form-if so, you'll give a verbal okay to be called. 2 Your clinic faxes the form to a phone coach. 3 Your coach will call within a few days to answer questions, talk with you about your situation, and if you're ready, get you started quitting. **Supporting your success.** Studies show a phone support program helps people quit tobacco. Nicotine replacement therapies-such as the patch or gum-in combination with support from a phone coach increases quitting success even more.

Blue Cross and Blue Shield of Texas

Blue Care® Connection: Closing the Gaps in the Obesity Epidemic

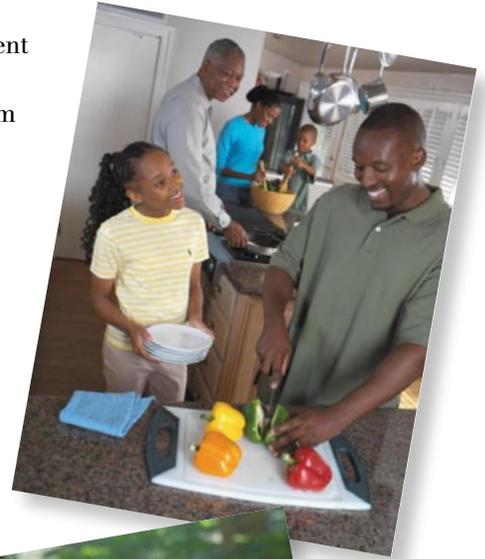
Knowing that obesity is a major contributing factor to the development and exacerbation of chronic disease, Blue Cross and Blue Shield of Texas developed Blue Care Connection (BCC), an innovative program that was piloted with five employer groups and aimed at members who are struggling with weight management. Although research shows that physician support of weight loss programs increases success dramatically, barriers to physician involvement with their patients' weight management attempts are significant:

- social stigma in asking for help,
- lack of health insurance coverage for weight programs and
- competing interests for physicians' clinical time

The BCC program used a multimodal methodology to effect changes, including the following:

- Identify members using an advanced predictive modeling technique and health-risk assessment tool
- Develop disease-specific milestones to identify gaps in care, set achievable goals and implement interventions and provide regular follow-up
- Track member's self-reported gaps in care, progress of weight loss, body mass index (BMI), medication compliance, behavioral and eating habits and wellness checkups with their physicians
- Develop employer group profiles to customize certain program components
- Collaborate with physicians for wellness checks, diet considerations and recommendations for appropriate exercise
- Scientifically measure and validate changes in member health over time

Among the 328 members in the pilot program, a significant decrease in weight was reported by those who had met their milestone goals. The most commonly reported benefits of participation were improved medication compliance, reduced BMI and weight and improved health weight management behaviors. Participants also showed significant decreases in average care management index, per member per month costs and specialist visits. Blue Care Connection highlighted that developing a successful mechanism for understanding and resolving barriers to weight loss could make a major difference in the lives of members.



CareFirst BlueCross BlueShield

100K Lives and Beyond

In a commitment to reduce mortality in U.S. hospitals due to medical errors and morbidity from hospital-associated infections, healthcare professionals in Maryland, Delaware, Virginia and the District of Columbia hospitals began changing the way care is delivered. CareFirst BlueCross BlueShield and Delmarva Foundation, the Mid-Atlantic Quality Improvement Organization, partnered with 28 rural, teaching and community hospitals in the region to systematically address the existing gaps in health quality in their operating rooms (OR) or intensive care units (ICU).

The 100K Lives and Beyond collaborative aimed to establish a thriving, cooperative and collaborative network among regional hospitals by focusing on the goals developed by the Institute for Healthcare Improvement (IHI) 100K Lives campaign and an infrastructure for tackling new issues in the future. The 39 ICU teams worked to eliminate the transmission of catheter-related bloodstream infection and ventilator-associated pneumonia, while the 21 OR teams aimed to eliminate postoperative surgical site infections and preventable post-surgical heart attacks and blood clots.

The hospital teams used the IHI Collaborative model to make rapid changes, and Delmarva provided technical assistance, training and facilitation of the program. Results after one year included the following:

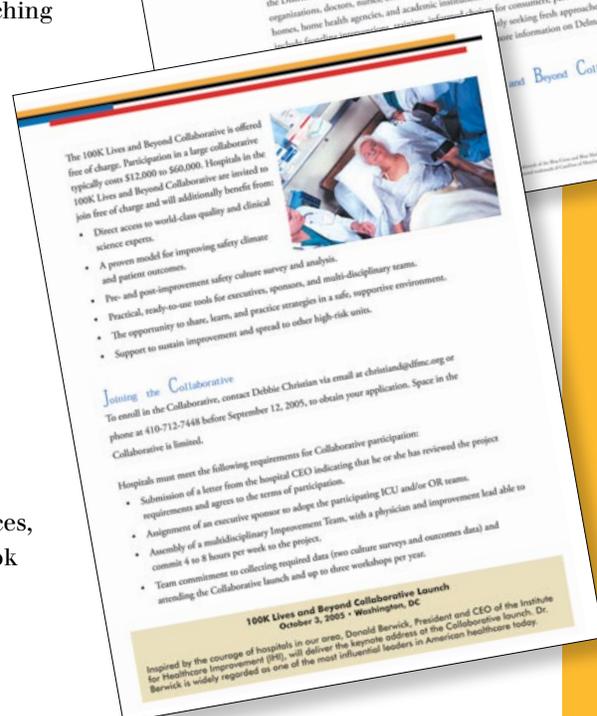
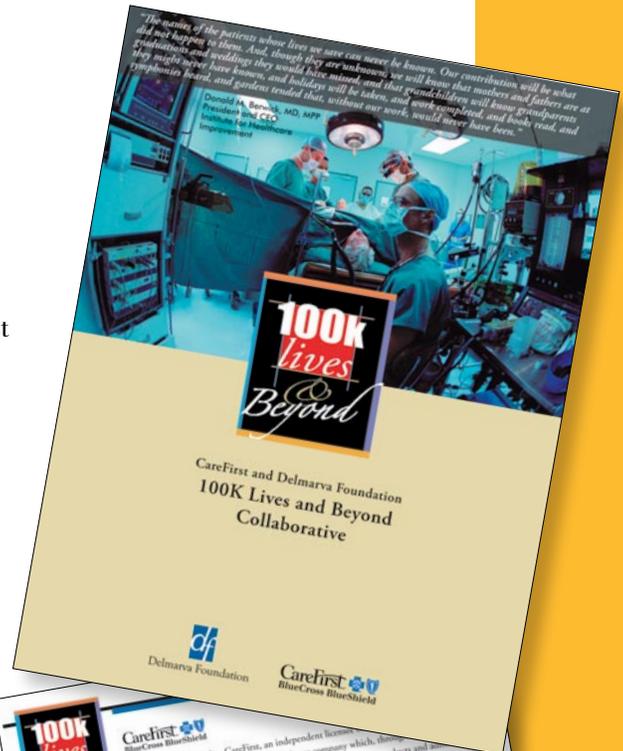
In the ICU:

- 53% of reporting teams improved compliance, with 67% reaching 0% ventilator-associated pneumonia cases
- 46% of teams had reduced bloodstream infection rates
- 64% achieved improved overall perception of hospital safety

In the OR:

- 80% of reporting teams were at 90% or better compliance with antibiotic timing and 47% were at 90% or better with antibiotic selection
- 80% of teams met 0% for surgical site infections
- 92% showed improved overall perception of hospital safety

First-hand accounts of the Collaborative participants' experiences, challenges, success and tools have been collected in a Brag Book for use by participating teams as the project continues.





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Honorable Mention

The Distinctively Blue independent award panel acknowledges exemplary programs through the designation of Honorable Mention. The Honorable Mention winners listed here offer innovative and fresh insights to solving healthcare delivery issues.

Innovations

Blue Care Network of Michigan

Healthy Blue LivingSM

Best Practices

Blue Cross and Blue Shield
of Minnesota

**Improving Substance Abuse Screening and
Intervention in Mental Health Treatment**

Jurors

The Distinctively Blue jury is composed of health industry experts who are independent of the Blues System and BCBSA. Through a rigorous process of criteria-based evaluation of applications, the jury reaches a consensus on the Award-winning programs, selecting those identified as winning entries. Working as an independent body, the jury renders its decisions with no influence from Blue Plans or BCBSA staff. Each jurist brings a wealth of healthcare experience to the judging process, with expertise in a clinical, pharmacy, public health, quality improvement, academic or epidemiological area.

Moderator: [Thomas W. Wilson, PhD, MPH, DrPH](#)

[Suzanne Atkinson, RN, MBA](#)

Independent Consultant

[Angela M. Beattie, RN, MS, CPHQ](#)

Aggelos, LLC

[Timothy Crimmins, MD](#)

General Mills, Inc.

[Carol Delage, RN](#)

Tashidy Corporation

[Yul Ejnes, MD, FACP](#)

American College of Physicians

[Bruce Landon, MD](#)

Harvard Medical School

[Leonard Lichtenfeld, MD, FACP](#)

American Cancer Society

[Meredith Mathews, MD, MPH](#)

Independent Consultant

[Carol Matyka](#)

National Breast Cancer Coalition

[Suzanne Mercure](#)

Barrington & Chappell

[Carolyn Pare](#)

Buyers Health Care Action Group

[Peter Penna, PharmD](#)

Formulary Resources, LLC

[Bill Rosenberg](#)

PricewaterhouseCoopers Center

[Cary Sennett, MD, PhD](#)

American Board of Internal Medicine

[Richard Sherman](#)

Behavioral Health Strategies

[William M. Silverman, DO, FACP](#)

Lake Howell Family Medicine Association

[Alan Spielman](#)

URAC

[Jonathan H. Sunshine, PhD](#)

American College of Radiology

[Edward P. Zimmerman, MS](#)

American Academy of Pediatrics

Thank you to the following Plans for submitting 61 programs this year:

Anthem Blue Cross and Blue Shield

Arkansas Blue Cross and Blue Shield

Blue Care Network of Michigan

Blue Cross and Blue Shield of Alabama

Blue Cross and Blue Shield of Florida, Inc.

Blue Cross and Blue Shield of Georgia

Blue Cross and Blue Shield of Massachusetts

Blue Cross and Blue Shield of Minnesota

Blue Cross and Blue Shield of Texas

Blue Cross and Blue Shield of Vermont

Blue Cross and Blue Shield of Illinois

Blue Cross Blue Shield of North Dakota

Blue Cross and Blue Shield of South Carolina

Blue Cross of California

BlueCross BlueShield of Tennessee Inc.

BlueCross BlueShield of Western New York

Blue Cross of Northeastern Pennsylvania/First Priority Health

Capital BlueCross

CareFirst BlueCross BlueShield

HealthNow New York, Inc.

Highmark Blue Cross Blue Shield

Horizon Blue Cross and Blue Shield of New Jersey, Inc.

Premera Blue Cross

Wellmark Blue Cross Blue Shield

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The Distinctively Blue Awards and the BlueWorks Program are combining, creating a single enhanced award program under the BlueWorks name. BlueWorks will recognize those outstanding Blue Plan programs that positively impact healthcare delivery, quality and affordability.

Some key features of the new BlueWorks program include:

- One submission application and process
- Evaluation by Harvard Medical School researchers
- Annual award ceremony that recognizes winning Blue programs
- Availability of tools for Blue Plans to attract local and regional media attention
- Active promotion of best practices across the Blue System

More details about the new BlueWorks program will be communicated to you in the near future.

Please note:

1. All submission documents are in PDF format. Acrobat Reader is required to read these files and it is available as a free download from www.adobe.com.
2. When you insert this CD in your CD-ROM drive, launch the document named "DB Compendium."
3. In case of any technical difficulties with the CD, all submission documents are available on BlueWeb.bcbs.com.



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