Florida Health Care Plan is featured as a high performer in cardiovascular care, identified by NCQA. This project is in support of Million Hearts® and funded by the CDC’s Division for Heart Disease and Stroke Prevention. The high performers were identified based on performance data in cardiovascular care-related measures in the HEDIS and diversity with respect to geographic location, organizational structure and patient population. We interviewed the health plan leadership to learn what they do to achieve good results.

The table shows HEDIS 2012 results on measures related to cardiovascular care.

Overview

Florida Health Care Plan (FHCP) is a mixed-model HMO serving 49,000 members in two counties in North-Central Florida.

Strategies

Patient Engagement and Care Management

FHCP develops benchmarks based on past performance on HEDIS measures, and works to improve HEDIS measures by focusing on getting members with cardiovascular disease and diabetes the preventive care they need.

FHCP’s telephone disease management and complex case management program staff work closely with providers to encourage patient self-management and...
provide care and support. The plan also identifies patients with high cholesterol. Staff dietitians and educators conduct classes in lipid control, blood pressure management and other areas. Providers refer members who need more support (for example, members who are resistant to treatment) than can be provided in time-limited office visits to the disease management program.

Health Information Technology and Quality Improvement

FHCP monitors performance on quality metrics throughout the year, focusing on cardiovascular disease, diabetes and other prevalent chronic conditions. Every two months, providers are given gap reports with a list of at-risk patients who are not meeting care goals or who are due for a screening and should be contacted. In addition, FHCP contacts members with high blood pressure for a follow-up appointment within 90 days of a high reading. FHCP looks beyond HEDIS data for the “whole story.” Although HEDIS performance scores are important, so are supplemental sources of data on quality metrics—medical and pharmacy claims, medical record data, lab results and health assessments—when performing population interventions to improve the health of members through measurement and reporting.

FHCP is partly a staff model plan that employs about 70 or 80 providers. Located throughout two counties, providers are on a common EHR platform, which lets them see information from case managers and consulting physicians. However,

<table>
<thead>
<tr>
<th>Measure</th>
<th>Commercial (HMO/PPO Combined)</th>
<th>Medicare (HMO/PPO Combined)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controlling High Blood Pressure</td>
<td>68</td>
<td>65</td>
</tr>
<tr>
<td>Cholesterol Management for Patients With Cardiovascular Conditions: LDLC Screening</td>
<td>93</td>
<td>95</td>
</tr>
<tr>
<td>Cholesterol Management for Patients With Cardiovascular Conditions: LDLC Control (&lt;100 mg/dl)</td>
<td>61</td>
<td>71</td>
</tr>
<tr>
<td>Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers to Quit</td>
<td>89</td>
<td>-</td>
</tr>
<tr>
<td>Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medications</td>
<td>66</td>
<td>-</td>
</tr>
<tr>
<td>Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies</td>
<td>67</td>
<td>-</td>
</tr>
</tbody>
</table>

Note: “-” indicates plan representatives reported that the rate of smoking in their area is too low to be able to generate a reportable measure for Medicare.
some FHCP members see contracted providers who are not linked into the common EHR platform, making it challenging to get access to medical record data. For these providers, their claims data are stored in FHCP’s internal data warehouse.

Wellness and Health Promotion
Some of the plans’ employer groups base incentives (such as differentials in health-insurance premiums) on blood pressure, smoking status, cholesterol and weight, so there are financial incentives or other incentives tied to the member’s choice.

Engaging Physician Practices
FHCP assesses physician performance twice a year. Physicians are given financial incentives, based primarily on quality measures. Providing information from the gap reports is useful for engaging physicians. Staff reported, “Physicians, by nature, are competitive. They like to feel they’re doing a good job. If data [show them] they’re doing not so well with
respect to their peers, they are spurred to do a little bit better.”

Lessons Learned
One way to get good results is presenting data to physicians in a way that is timely and actionable and avoids “data overload” or too little information. Actionable information lets physicians know about gaps in care and how to close them. Regular comparison of their performance with that of their peers can spur them to improve. By cultivating a health plan-provider alliance to improve patient care, providers are more willing to work toward continuous quality improvement, which needs to become part of the normal clinical routine to be effective.

Success Factors
FHCP identifies the following as key success factors for strong performance on quality indicators related to cardiovascular disease:

- Continuous monitoring of performance on quality measures.
- Committing to blood pressure monitoring for members not at optimal goals, requiring a follow-up visit within 90 days.
- Using disease and case management as an extension to in-person physician office visits. Staff dieticians and educators lead classes in lipid control, blood pressure management and other areas.