

Bridges to Excellence (BTE)	National Committee for Quality Assurance (NCQA)
<p style="text-align: center;"><b>BOTH:</b></p> <ul style="list-style-type: none"> <li>Practices can submit as a group or as individual clinicians to NCQA and BTE</li> <li>All clinicians are eligible to apply (MD, DO, PA, NP) to NCQA and BTE</li> <li>NCQA and BTE recognitions are all recognized by the PTE program.</li> </ul>	
<b>BTE Office Systems Survey</b>	<b>NCQA Office Systems Survey</b>
<p><b><u>BTE Physician Office Link (POL):</u></b></p> <p><b>Advantages</b></p> <ul style="list-style-type: none"> <li>BTE gives office systems recognition at no cost if practice uses CCHIT-certified EHR <u>and</u> achieves level 1 in any clinical program</li> <li>If your EHR is CCHIT-certified and is not currently partnered as a data aggregator with BTE, practices can sign an attestation form using BTE’s electronic portal (IPRO) by attesting that they have used a CCHIT-certified EHR. If they earned at least a level 2 in a clinical outcome program (NCQA or BTE), they can earn office systems recognition at no additional charge.</li> <li>Recognition offered at 3 levels</li> <li>Less expensive than NCQA</li> </ul> <p><b>Disadvantages</b></p> <ul style="list-style-type: none"> <li>There are currently only a limited number of registries and EHR systems that have partnered with BTE to create a standard data exchange format. (e.g. CINA, Patient 360, Next Gen and Centricity/MQIC).</li> <li>Recognition limited to 2 years</li> </ul>	<p><b><u>NCQA Physician-Practice Connections (PPC), PPC Patient Centered Medical Home (PPC-PCMH)</u></b></p> <p><b>Advantages</b></p> <ul style="list-style-type: none"> <li>PCMH recognition used in Maine PCMH Pilot</li> <li>Robust and rigorous assessment of multiple office systems</li> <li>Recognition offered at 3 levels</li> <li>NCQA offers discounted fee for practices submitting as group or provider organization, or if applying with BTE as sponsor</li> <li>Recognition good for 3 years</li> </ul> <p><b>Disadvantages</b></p> <ul style="list-style-type: none"> <li>Time and resource intensive – requires many hours of work by more than one individual &amp; uploading of documents</li> <li>Cost - \$2780 plus \$80 per practice (80 x 115 = 9200)</li> </ul>
<b>BTE Clinical Recognition Programs</b>	<b>NCQA Clinical Recognition Programs</b>
<p><b><u>Diabetes Care Link, Cardiac Care Link, Coronary Artery Disease Program, Hypertension Program</u></b></p> <p><b>Advantages</b></p>	<p><b><u>Diabetes Recognition Program, Heart/Stroke Recognition Program</u></b></p> <p><b>Advantages</b></p>

- Free clinical data submission & scoring through CCHIT-certified data aggregator with BTE
- Cost-effective - \$95 per clinician or \$295 per group for IPRO direct-portal submissions
- Quarterly report cards and extended end recognition dates as long as the clinician continues to earn a level 1 or higher
- Population-level reports and composite scoring system
- Clinicians can move up in recognition levels, but will not lose a level 1 status if subsequent scores are decreased
- Offers multiple pathways to submit data (excel spreadsheet, individual patient samples, direct data-feeds)
- Recognition offered at 3 levels
- Available to practices with smaller patient panels – practice can submit if have at least 10 patients per individual provider with target condition, and a practice average of at least 25 patients per provider
- Can get BTE PCMH recognition if achieve Level 2 or 3 POL or PPC-PCMH, and BTE level 2 or 3 in at least 2 clinical programs
- Relationship with ABFM
- Offers 3 options/clinical programs for earning PTE CVD ribbon
- BTE acknowledges recognition received via NCQA
- Any specialist can apply

#### Disadvantages

- There are currently only a limited number of registries and EHR systems that have partnered with BTE to create a standard data exchange format. (e.g. CINA, Patient 360, Next Gen and Centricity/MQIC)
- Pre-work and IT involvement needed for direct submissions
- No recognition programs currently available for residency training programs
- Level 3 recognition requires submission of 2 consecutive quarters of Level 3 scores
- If submitting through BTE's IPRO portal, a practice must have 3 or more clinicians (MD, DO, NP, PA), and recognition is limited to 2 years

- Relationship with ABFM & indirect relationship with ABIM and ability for providers to earn Maintenance of Certification (Part IV) credit
- Heart/Stroke – only need 25 pts/provider if submitting by group
- Established Diabetes Recognition Program (DRP) for residency training programs
- Reports Level 1 and 2 recognition
- Discount from NCQA available for practices submitting as group or provider organization, or if applying with BTE as sponsor

#### Disadvantages

- Higher threshold for minimal patient requirement (25 patients per provider for diabetes; 35 per provider for Heart/Stroke if submitting for individual provider)
- Limited ICD-9 codes for Heart/Stroke program
- Costly - Sponsorship \$3000 (plus \$10 surcharge for each provider >100) plus \$80 per practice for application fee (80 x 115 = \$9200) + \$1000 (surcharges) = \$12,900+
- Has established a maximum # of patients they will accept
- Recognition based on data submitted at time of application (i.e. information "static")
- NCQA does not acknowledge BTE recognition