



FACT SHEET

Physician Group Incentive Program Evidence Based Care Tracking Initiative

About Value Partnerships

Value Partnerships is a collection of clinically oriented initiatives among Michigan physicians, hospitals and Blue Cross Blue Shield of Michigan that are improving clinical quality, reducing complications, controlling cost trends, eliminating errors, and improving health outcomes throughout Michigan.

About The Physician Group Incentive Program

This program began in 2005 to encourage and incentivize physicians to more effectively manage populations of patients with chronic diseases and build an infrastructure to more robustly measure and monitor care quality. As of January 2010, 38 physician organizations and 8,148 physicians are working together to improve health care for roughly 1.8 million Michigan Blues members.



Overview

The purpose of the Evidence Based Care Tracking Initiative is to evaluate physician organization performance on several quality, cost and effectiveness of care measures. These evidence based quality measures include measures developed by the National Committee for Quality Assurance (NCQA), Michigan Quality Improvement Consortium (MQIC) and BCBSM. This initiative assists providers to understand their provision of care in accordance with evidence based care standards. BCBSM provides a quarterly evidence based care report (EBCR) that provides each PO with performance scores for approximately 30 patient care measures.

Objectives

- Improve health outcomes through adherence to evidence based guidelines
- Reduce gaps in care

Incentive Design

Incentive payments are based on overall performance and improvement over time, and evaluated based on the following metrics:

- Overall EBCR score (absolute)
- Overall EBCR improvement over 12 months
- Overall improvement in the following clinical topic aggregates: diabetes, coronary artery disease, congestive heart failure, antibiotic use, adult prevention, child/adolescent prevention, appropriate utilization of technology and medication management

PO effectiveness in reducing gaps in care:

- Overall performance toward benchmark
- Focused improvement for:
 - Antibiotic use in adults with acute bronchitis
 - Use of spirometry testing in the assessment and diagnosis of Chronic Obstructive Pulmonary Disease
 - Monitoring for nephropathy in diabetics
 - ACE/ARB use for diabetics with comorbid nephropathy
 - LDL-C screening for diabetics
 - Appropriate use of imaging studies for low back pain

Results

- The performance of PGIP physician organizations on the overall EBCR rate continues to improve. The overall EBCR rate increased from 68% in Q2 2008 to 74% in Q2 2009
- The overall benchmark rate* increased from 72.8% in Q2 2008 to 86.2% in Q2 2009.

*Benchmarks are calculated as the average of the top performing groups treating 10% of the attributed population and are calculated in November of each year based on PO performance for the year ending second quarter

June 2009 PGIP Progress Report Major Accomplishments Reported by PO's

- COPD toolkit
- Validate patients on EBCR and add to registry
- Develop adolescent screening cards
- Identify best practice opportunities in care management
- One-on-one meetings with outlier practices
- Audits of patient charts for asthma, CAD, CHF and diabetes
- Set physician performance goals
- Develop standing orders for screening mammography, adult and peds immunizations
- Office education
- Send reminder cards or make calls to patients for diabetes, colorectal and breast cancer screenings
- Evaluating practices using disease registry to determine if they are performing better than practices without a disease registry
- Work with hospital staff to implement preventive service initiative where preventive screening scheduled at discharge
- Expand physician unit investment in disease registries

Based on the most recent progress report results, physician organizations continue to develop processes that will improve future performance on EBCR measures.



Questions about the EBCR Initiative?
Please contact Kim Harrison, MHSA
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For more information on PGIP, or for a copy of the full initiative description, please contact:
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