

BCBSM Physician Group Incentive Program

Patient-Centered Medical Home

November 30, 2007



Background



- The PC-MH concept has gained wide currency and support
- The PGIP program as originally designed embodies concepts of Chronic Care Model and PC-MH
- PGIP POs have asked for greater structure and clarity regarding expectations

PGIP Approach



To more directly support and promote the PC-MH concept, and in recognition of the challenges associated with transitioning to a PC-MH model, BCBSM has designed a two-pronged PC-MH approach:

PC-MH Related PGIP Initiatives

Opportunity for PGIP POs to participate in Initiatives that support development of competency as a PC-MH, beginning in 2008

PC-MH Designation Program

Implementation of differential reimbursement for PGIP physicians who meet criteria for BCBSM designation as a PC-MH, beginning mid-2009

Key Points



Participation in PC-MH Initiatives is **VOLUNTARY**

POs decide, in consultation with physician members, which Practice Units* will participate in which PC-MH Initiatives

Participation in PC-MH Designation Program is **VOLUNTARY**

Practice Units **DO NOT** have to be nominated for PC-MH Designation in order to participate in PC-MH Initiatives

*Practice Unit defined as physician members of a Physician Organization who share responsibility for a group of patients in the context of an office practice or other approach to shared clinical responsibilities, clinical information and care processes

2007 Joint Principles of the Patient-Centered Medical Home*



Personal physician
Physician-directed team
Whole person orientation
Coordinated, integrated care emphasizing quality & safety
Enhanced access
Appropriate payment structure

**March 2007 Statement Issued by:*

American Academy of Family Physicians (AAFP); American Academy of Pediatrics (AAP)
American College of Physicians (ACP); American Osteopathic Association (AOA)

PC-MH Related Initiatives



2008 PC-MH Initiatives Ranked by Complexity

Individual Care Management (new)

Extended Access (new)

Test Tracking (new)

Patient Registry (existing)

Performance Reporting (existing)

Patient-Provider Agreement (new)

Additional PC-MH related Initiatives are planned for 2009: electronic mobilization of health care information, linkage to community services, coordination of care across settings, specialist referral tracking, preventive services, and self-management training.

Criteria to Participate in PC-MH Initiative



- POs provide BCBSM with a list of participating physicians, organized by Practice Unit.
- Participating Practice Units must not yet meet the criteria for Advanced PC-MH designation for the domain of function addressed by the Initiative.

Provider Responsibilities During “Start-Up Phase”



- POs conduct a self-assessment, develop an implementation plan, and submit Progress Reports
 - During **first year** of participation in Individual Care Management, Extended Access, and Test Tracking Initiatives
 - During **first reward period*** of participation in Patient Registry, Performance Reporting, and Patient-Provider Agreement Initiatives

*Reward periods are January-March; April-August; and September-December.

Provider Responsibilities During “Implementation Phase”



- Practice Units implement one pre-defined “Initiative Task” per reward period and POs submit a Progress Report each reward period:
 - During **second and subsequent years** of participation in Individual Care Management, Extended Access, and Test Tracking Initiatives
 - During **second and subsequent reward periods** of participation in Patient Registry, Performance Reporting, and Patient-Provider Agreement Initiatives

Example of Initiative Tasks



Test Tracking Initiative Tasks

1. Establish a practice policy requiring tracking and follow-up for all test results.
2. Implement a process and identify timeframes for tracking tests until the results have been received.
3. Implement a process for ensuring patient contact details are kept up to date.
4. Establish venue for patients to obtain information about normal tests.
5. Implement a process to inform patients about abnormal results.
6. Implement a process to ensure that patients with abnormal results receive the recommended follow-up care within defined timeframes.
7. Implement a process for documenting all test tracking steps (phone calls, letters, etc.) in the patient's medical record.
8. Train all physicians and office staff to adhere to the test-tracking policy, and document all training in each staff member's personnel file.
9. Automate test tracking system.

See Initiative-Specific Fact Sheets for all Task Lists

PC-MH Initiatives Incentive Design



Basis for Incentive Payments During:

Start-Up Phase	Implementation Phase	
<p><u>PO Participation</u></p> <ul style="list-style-type: none"> • Self-assessment • Implementation plan for Initiative Tasks • Satisfactory completion of Progress Reports each reward period 	<p><u>Practice Unit Performance</u></p> <ul style="list-style-type: none"> • Percent of PO's total physicians completing at least 1 Initiative Task each reward period 	<p><u>PO Participation</u></p> <ul style="list-style-type: none"> • Satisfactory completion of Progress Report each reward period • Updated implementation plan annually

Initiative Timeframes



- Timeframes are defined for each Initiative (see Initiative-specific plans)
- Practice Units may request extensions of time
- Participation does not have to be continuous
- Practice Units with some capabilities in place will be expected to complete implementation within a shorter time period
- Once a Practice Unit meets the Advanced PC-MH criteria for the domain of function addressed by the Initiative, it will no longer be eligible to participate in that Initiative
- Timeframes apply to Practice Units, not to the overall PO

Potential Timeline – 4 Year Initiative

PO “A” participates in Initiative

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8
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Practice Unit 1 implements all tasks

Practice Unit 2 already has some capabilities in place; completes remaining tasks

Practice Units 3, 4 & 5 implement all tasks

Practice Unit 6 continuously actively engaged; applies for extension of time

Practice Unit 6 completes all tasks

Practice Unit 7 actively engaged, then unable to maintain active engagement

Practice Unit 7 re-engages, completes all tasks

Practice Units 8, 9 & 10 implement all tasks

PC-MH Designation Program



Goal - To compensate Physicians Organizations (POs) for the additional time and resources required to function as a Patient-Centered Medical Home

Mechanism - Higher level of reimbursement for office-based E&M codes to physicians who are designated by BCBSM as a Patient-Centered Medical Home.

Eligibility Requirements for PC-MH Designation Program



1. Physicians nominated by their PGIP PO
2. Meet standards for acceptable EBCR gap scores, radiology, and GDR performance
3. Have no outlier cost/use experience or pattern of excessive use of health care resources
4. Meet BCBSM's PC-MH criteria
 - Initially, to facilitate a phased approach, Practice Units that meet criteria for only a subset of the Domains of Function may be eligible for Basic Designation

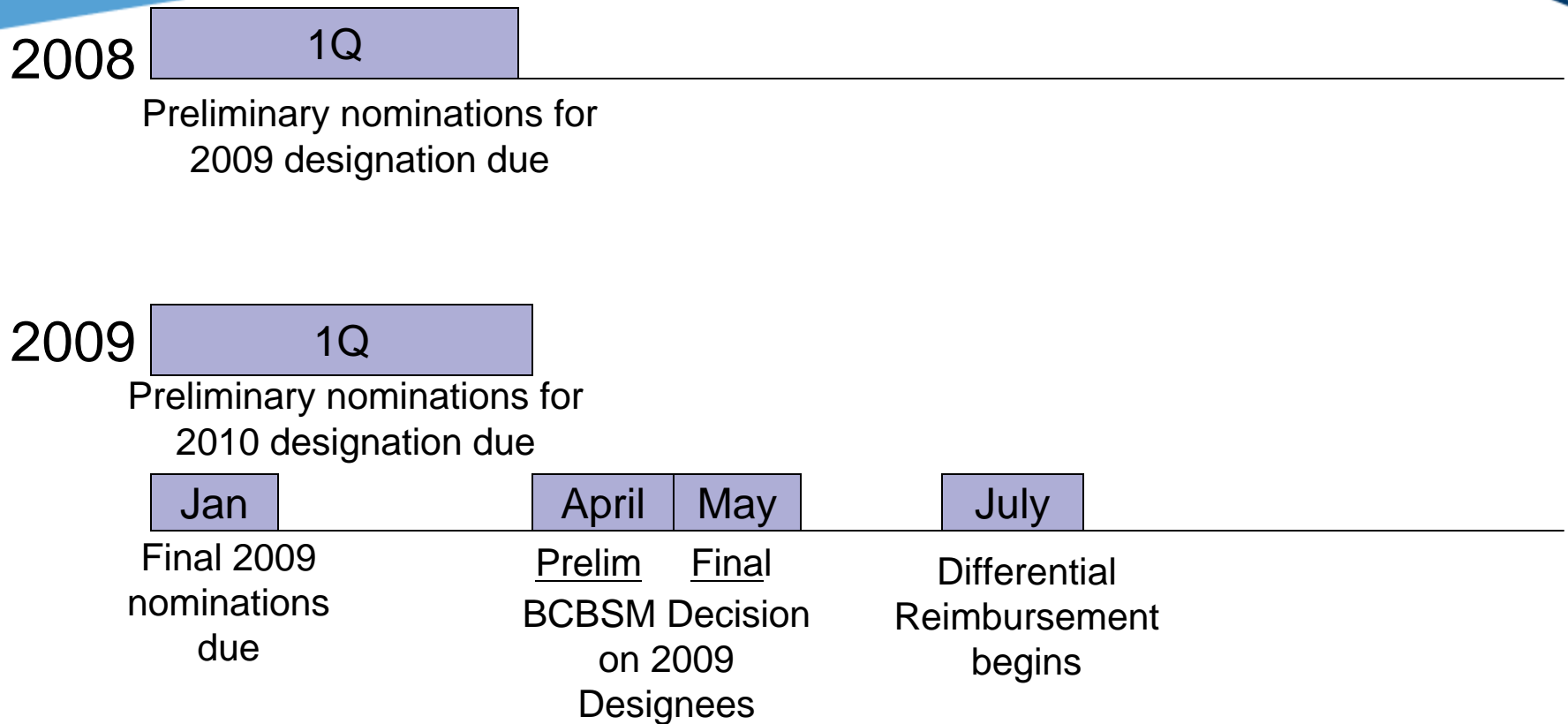
Practice Units that achieve Basic Designation may continue to participate in PC-MH Initiatives and are expected to demonstrate ongoing progress towards achieving Advanced PC-MH designation

Example of Criteria for PC-MH Designation: Extended Access



Basic	Advanced
24 hour patient access to clinical decision-maker with feedback loop to PC-MH	Clinical decision-maker has access to review and update patients' EMR or registry record
Patient access to at least 8 “after-hours” per week, with specific guidance to patients to avoid ED visits for non-emergent care; urgent care provider has feedback loop to patient's PC-MH provider	Patient access to at least 12 “after-hours” per week; urgent care provider has access to review/ update patients' EMR or registry record
Same day appointments available for 30% of visits	For 50% of visits
Telephonic access to translator for languages common to practice	Same

Timeframe for PC-MH Designation Program



Evaluation of PC-MH Effectiveness



- Increased access to care/decreased fragmentation of care
 - Patients who have and use 24-hour phone access to PC-MH
 - Patients who have access to and use non-ED after-hours care (with communications link to PC-MH) for non-emergent conditions
- Reduced cost and use
 - ED use for non-emergent conditions
 - IP admissions for ACSCs
 - Specialist visits for conditions that can be managed by PCP-patient partnership
- Improved health care processes and outcomes
 - Reduced gaps in care for chronic conditions
 - Reduction in progression and complications of chronic conditions
 - Reduced incidence of chronic conditions
 - Increased use of preventive screening
- Increased satisfaction
 - Higher patient satisfaction
 - Greater provider satisfaction
 - Increased interest among medical students in Primary Care
 - Amelioration of PCP shortage
 - Increased employer satisfaction as a result of reduced absenteeism and presenteeism

Multiple Sources of Financial Compensation for Providers with PC-MH Competencies



Time-Limited	Ongoing			
Implementation of PC-MH Capabilities	Improved Results	New PC-MH Activities		PC-MH Designation
PGIP PC-MH Initiatives Incentives	PGIP Service-Specific Initiatives	T-Codes for Case Management & Self-Management Training	Disease Management Fees	Differential Reimbursement
<ul style="list-style-type: none"> •Participation •Performance 	<ul style="list-style-type: none"> •EBCR •Radiology •ED Use (new in 2009) •IP Admits for ACSCs (new in 2009) 	<ul style="list-style-type: none"> •Services by RN, dietitian, diabetes educator, MSW, clinical pharmacist, or respiratory therapist •Patients with care plan in medical record and diagnosis of persistent asthma, COPD, HF, diabetes, CAD, or major depression 	<ul style="list-style-type: none"> •Disease Management for patients with specific chronic disease(s) delegated from BCBSM BlueHealth Connection program 	Higher reimbursement for office-based E&M codes