

PGIP: Looking Ahead

PGIP Quarterly Meeting
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Lansing Community College

Presenter: Thomas Simmer, MD, CMO, BCBSM





Recognize those practices that have made the most progress

Recognize and support those physician practices that have demonstrated the most progress in transforming their care aligned with the Patient Centered Medical Home model and whose performance reflects the impact of these advances in better patient care.

Important to consider both infrastructure and performance



- Practices are evaluated for:
 - Progress in implementing the PC-MH model by the number of milestones achieved in the domains of function.
 - Performance that reflects the impact of the successful implementation of the PC-MH model.
 - Evidence Based Care Measures. These are improved through use of condition registries and proactive practice teams.
 - Generic Use, which reflects e-Rx capabilities and recognizes efforts to better manage healthcare resources.
 - Improved accessibility, reducing the number of ED visits for non-emergent conditions.
 - Managing imaging use, promoting the PCP commitment to influencing the totality of the patient's care.

The Patient Centered-Medical Home and Value



- Patients and customers will be paying more for office visits to PC-MH designated physician practices.
- Sustaining higher payments to primary care physicians depends on designated practices demonstrating corresponding added value for better access, consistent delivery of evidence-based care, and more effective management of healthcare resources.
- BCBSM intends to promote steerage to PC-MH designated practices by communicating overall differences in performance between designated and non-designated practices.

Key Points to Remember about the 2009 PGIP PCMH Designation Program



- Only PCPs are eligible for PC-MH designation in 2009.
- Specialist designation will follow the development of parallel PC-MH performance measures that reflect implementation of the PC-MH in selected specialty practices.
- BCBSM will re-evaluate physician practices annual for continued designation.
- At least 80 percent of the criteria will be retained each year, although the weights given to performance areas may change.



- **Initiatives under development:**
 - Transition of Care: Hospitalists
 - ESRD/CKD patient management: Nephrologists
 - OB/Gyn – TBD (Align with Keystone, IHI)
- **Expansion of PGIP to include specialists related to these initiatives**
 - Enrollment “officially” to begin during June 09 physician list update (to begin in April)
 - Data collection begins after the completion of the Physician List
 - Provide data to POs (date TBD)
 - Initiative roll out (date TBD)
 - Payment methodology TBD, but will occur after initiative begins

Future Specialist PGIP Participation Model (Proposal)



- **All specialists must belong to a primary care based physician organization contracted with PGIP.**
- **Specialists may--but are not required--to join a second PGIP organization that is specific to that specialty.**
- **PGIP will contract with only one sub-specialty physician organization per specialty.**
- **This will apply to hospitalists, nephrologists, and OB-GYN's.**