

2009 Initiatives Update PGIP Quarterly Meeting

March 13, 2009

Sandy Reoma, Healthcare Manager



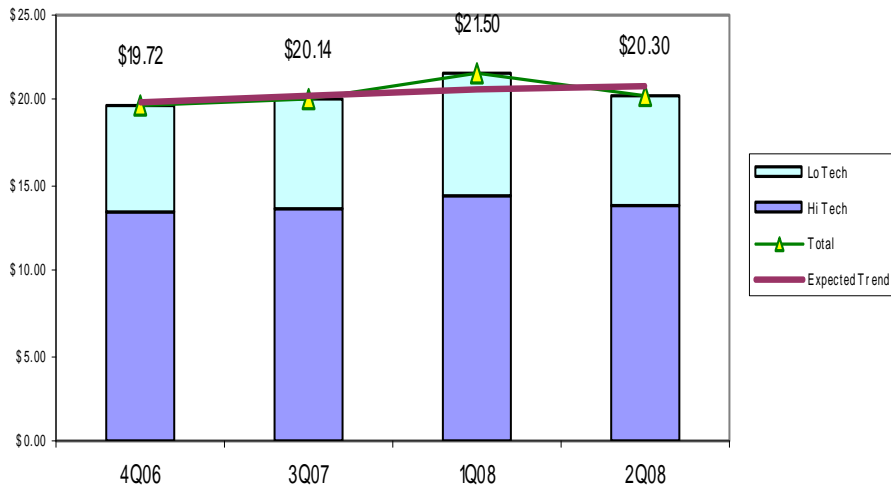
2009 Radiology Initiative – Data Sharing

- Identifiers of referring physicians
 - Add in language in PGIP contracts for PGIP affiliated physicians
 - *PGIP Matters*
 - *Record* article to notify all physicians
 - Included in quarterly claims data sets
- Future data requests
 - Evaluate on an individual basis

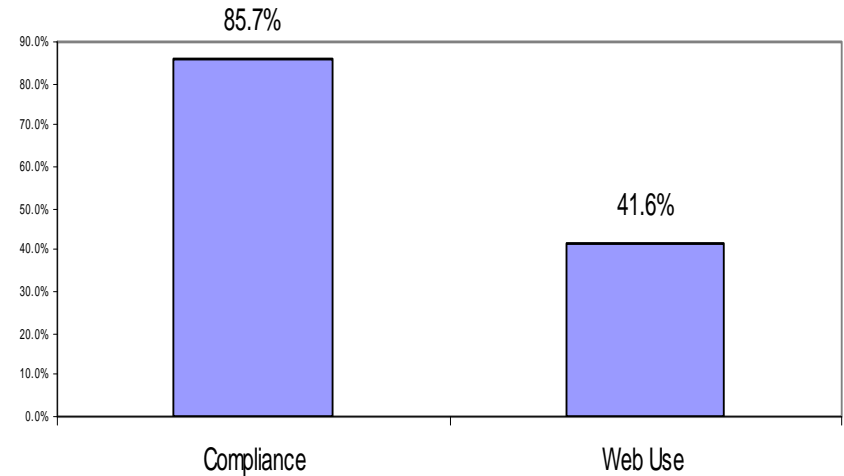


Performance: 4Q06 – 2Q08

**Total PGIP Radiology Standard Cost PMPM:
4Q06 - 2Q08**



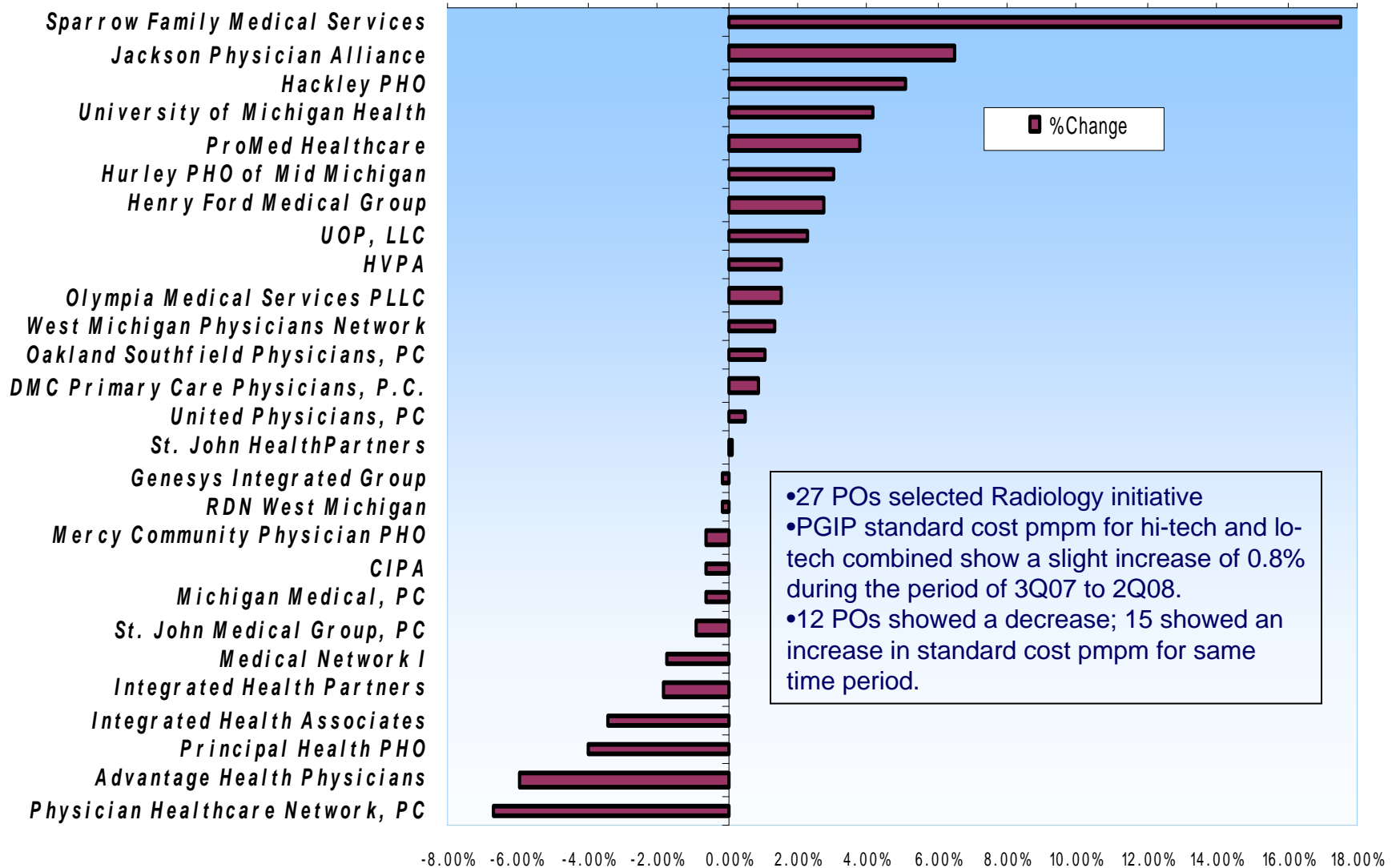
Compliance and Web Use Rates as of 2Q08



Percent of physicians having received an approval from AIM's utilization management review process (combined LOS 2 & 3 – outpatient and freestanding)

Percent of authorization requests initiated and completed on the web

Radiology Standard Cost PMPM Trend by PO: 3Q07 vs 2Q08



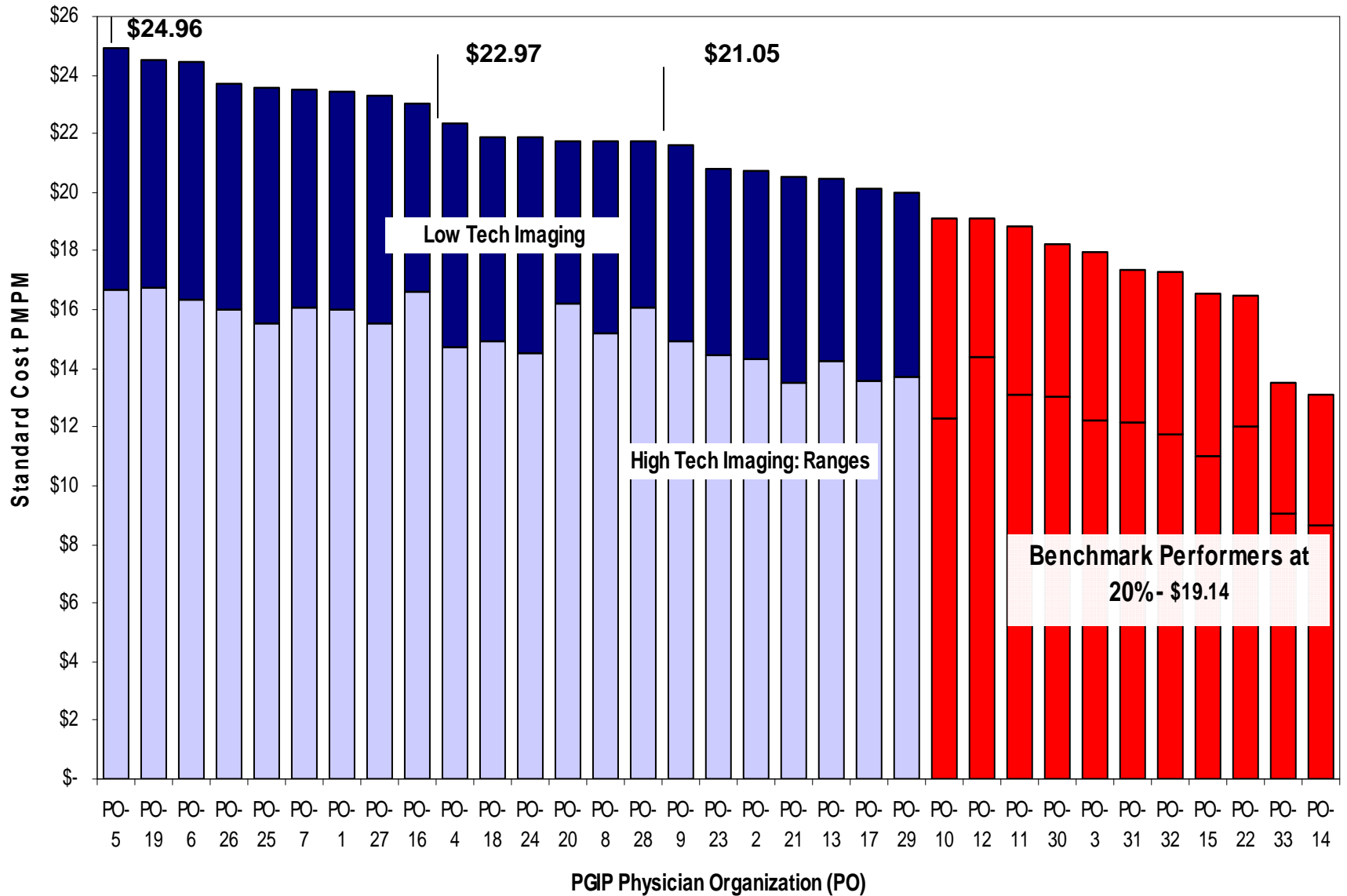
2009 Radiology Initiative – Update

- 28 POs selected the initiative
- 80% of incentive payment would be performance based:
 - Set an achievable benchmark
 - POs with lowest combined PMPM (high and low tech) and comprising 20% of the total attributed adult members
 - Loosely based on ABC Methodology¹
 - Balance reward between performance and improvement
 - Reward performance at benchmark
 - Reward only improvement for the most variant groups
 - Mixed performance and improvement reward for intermediate groups

¹ Kiefe, CI, et al. Identifying achievable benchmarks of care: concepts and methodology. International Journal for Quality in Health Care 1998; 10(5): 443-447.



PGIP Physician Organization Total Radiology Imaging Standard Cost PMPM, Risk-Adjusted 07/01/2007 through 06/30/2008



Incentive Design – Reward Categories and Scores

Group	Performance Score	Improvement Score	Total Score
1	1.0	0.0	1.0
2	0.8	0.2: improvement = 2-5%	1.0
		0.0: improvement of < 2%	0.8
3	0.0	1.0: improvement of >5%	1.0
		0.5: improvement = 2.5-5.0%	0.5
		0.0: improvement of < 2.5%	0.0
4	0.0	1.0: improvement of =>10%	1.0
		0.5: improvement of => 5%	0.5
		0.0: improvement of < 5%	0.0



Transitions of Care Initiative

- Leadership Committee established
 - Sub-groups on three aspects of initiative
 1. Practice organization and structure
 2. Metrics and measurements
 3. Interventions
- Hospitalists will be enrolled in PGIP during the June Physician List Update

Transitions of Care Initiative

- Preliminary analytics completed on 369 hospitalists who may be affiliated with PGIP POs
 - Data analysis of claims volume of hospitalists
 - I/P admissions and re-admissions attributed to hospitalists
- Process Improvement opportunities
 - Systematizing handoffs/communication between hospitalists and PCPs at discharge
 - Communication between care givers
 - Timely transition of patient records
 - Timely follow-up with PCPs
 - Patient education
 - Teach back to ensure patient understanding of information

BCBSM Clinical Leader:	David Share, MD
Initiative Manager:	Sandy Reoma, MHSA, FACHE
Analytic Support:	Michael Paustian, MPH
Leadership Committee: (Chair)	Scott Flanders, MD, UMMC



ESRD Initiative

- Engage nephrologists in the management of ESRD/CKD patients
- Reward physicians for maintaining/implementing disease registries of ESRD/CKD patients
- Reward physicians for improvement in quality and efficiency of caring for ESRD/CKD patients
- Improvement Opportunities
 - Increased immunization
 - Reduced admissions for CHF, Pulmonary, vascular and access related infections
 - Reduced stroke and other thrombotic complications

ESRD Initiative

- 5-year road map on ESRD and CKD management may include:
 - Engaging dialysis centers in better management of ESRD patients
 - Integrating ESRD/CKD in management of chronic conditions for PC-MH designation

BCBSM Clinical Leader:	Tom Ruane, MD
Initiative Manager:	Sandy Reoma, MHSA, FACHE
Analytic Support:	Ann Annis-Emeott
PGIP Representatives:	TBD