

Blue Cross Blue Shield of Michigan Physician Group Incentive Program

PCMH Initiatives Update

Margaret Mason, MHSA
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Many thanks to our Provider Leads



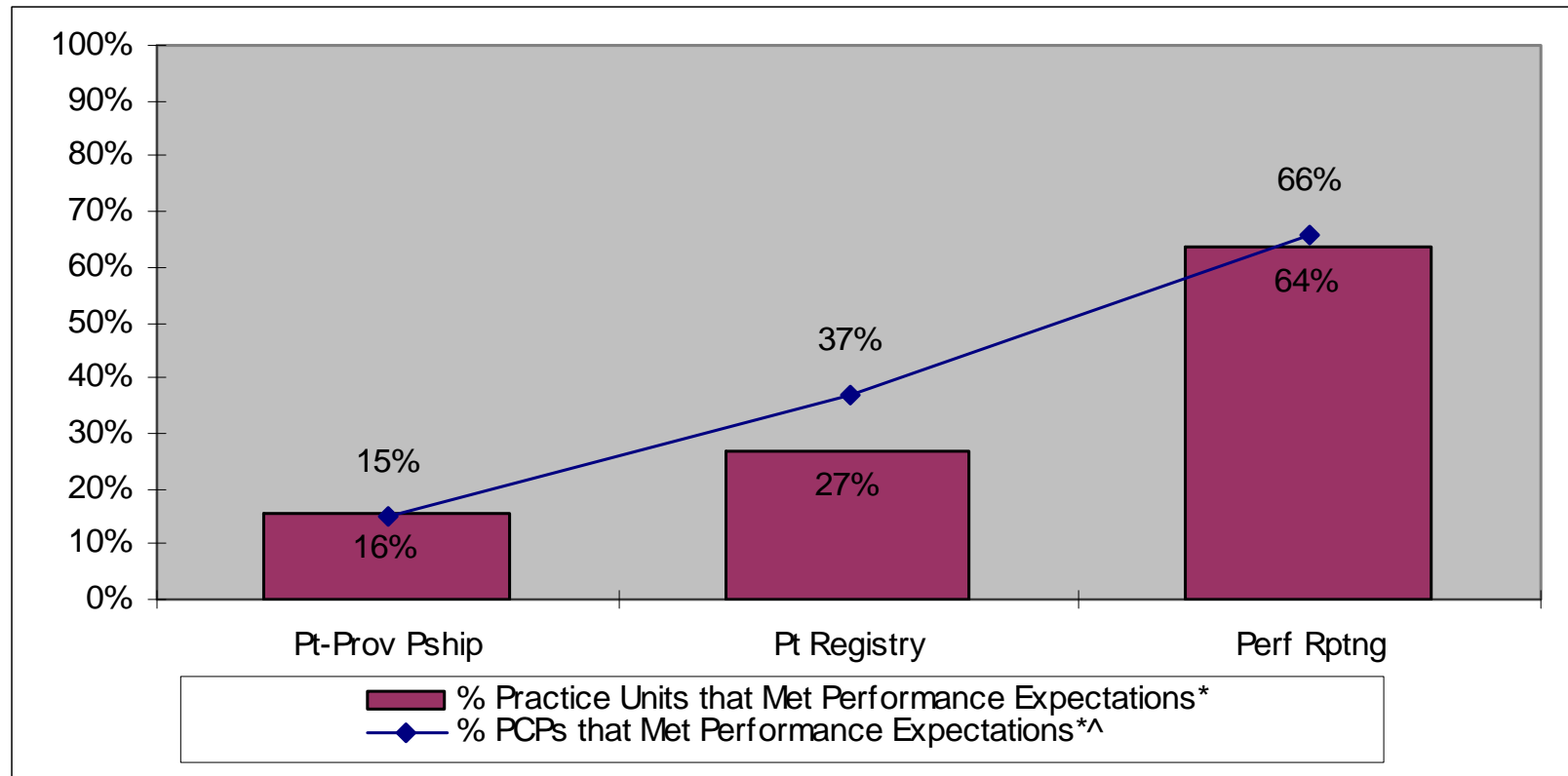
Name	Representing	Initiative
Phil Baty	Advantage Health	Self-Mgmt Support
Sue Viviano	Advantage Health	Self-Mgmt Support
Charlie Carpenter	CIPA	Spec Ref Process
Nancy Sammons	Henry Ford Medical Group	Prev Svcs
Barb Donohue	Huron Valley Physician Association	Self-mgmt Support
Kay Dwyer	Huron Valley Physician Association	Patient Portal/Self-Mgmt Support
Kevin Taylor	Huron Valley Physician Association	Patient Portal
Marilyn Schwinn	Huron Valley Physician Association	Patient Portal/Self-Mgmt Support
Chris Holda	Integrated Health Associates	Patient Portal
Lynn Klima	Integrated Health Associates	Linkage to Community Services
Mary Durfee	Integrated Health Associates	ED/ACSC
Cindy Elliott	Integrated Health Associates	ED/ACSC
April Kuehn	Integrated Health Partners	Prev Svcs
Mary-Ellen Benzik	Integrated Health Partners	Prev Svcs
Eva Matuszewski	Medical Network One	Linkage to Community Services/Patient Portal
Mary Burns	Michigan Medical PC	Spec Ref Process
Amy Barton	Primary Care Partners (Covenant)	Coord of Care
Michael Slavin	Primary Care Partners (Covenant)	Coord of Care
Cindy Buckner	ProMed Healthcare	Coord of Care
Jen Bailey	RDN (WestShore Health Network)	PCMH Designation
Paul Ponstein	RDN (WestShore Health Network)	PCMH Designation
Chris Wise	University of Michigan Health System	Coordination of Care

Flexibility and Choice



- Expanded PCMH “menu” in 2009
- We do NOT expect POs to select all Initiatives
- Select what you can focus on and work to make incremental progress
 - Incentive payments will be increasingly weighted towards performance

In 2008, many participating practice units did not meet PCMH performance expectations



*Percentage of all practice units that selected the respective initiative.

^Note that physician count data is incomplete for 132 PGIP practice units (about 5%).

BCBSM PGIP Patient-Centered Medical Home “Menu” of Initiatives



Introduced in 2008	New in 2009
Patient-Provider Partnership	Linkage to Community Services
Individual Care Management	Patient Portal
Extended Access	Self-Management Training
Test Tracking	Preventive Services
Patient Registry	Specialist Referral Tracking
Performance Reporting	Coordination of Care

Key Program Elements for 2009



- Two incentive payment periods per year
 - Progress Report & updates 2 times per year
 - Feb PCMH self-assessment update will be required for practice units nominated for 2009 PCMH designation program
- PCMH Initiative planning periods are for POs newly participating in that Initiative
 - Planning period is first incentive payment period of PO's participation in initiative
 - If PO started participating in PCMH Initiative in 2008, all participating practice units, including those beginning participation in 2009, will be expected to implement 3 tasks per year

Semi-Annual Incentive Payments



	<i>First Year of PO Participation in PCMH Initiative</i>		<i>Second or Subsequent Year of PO Participation in PCMH Initiative</i>
	PO Planning Phase	Initial Performance Phase	Ongoing Performance Phase
Dec 1 - May 30	➤ PO Planning activity		➤ Practice Units implement minimum of 1 new task (3 required by end of year)
Due June 1	<ul style="list-style-type: none"> ➤ PCMH self-assessment w/baseline info* ➤ Progress Report ➤ First Implementation Plan 		<ul style="list-style-type: none"> ➤ PCMH self-assessment update - tasks implemented Dec 1-May 31 ➤ Progress Report
June 1 - Nov 30		➤ Practice Units implement minimum of 2 new tasks	➤ Practice Units implement minimum of 1 new task (3 required by end of year)
Due Dec 1		<ul style="list-style-type: none"> ➤ PCMH self-assessment update - tasks implemented June 1-Nov 30 - baseline capabilities for any practice units that will start participating in next year ➤ Progress Report ➤ Updated Implementation Plan 	<ul style="list-style-type: none"> ➤ PCMH self-assessment update - tasks implemented June 1-Nov 30 - baseline capabilities for any practice units that will start participating in next year ➤ Progress Report ➤ Updated Implementation Plan

2009 E-Prescribing Initiative



Expectations

- Actively engaged in implementing qualified e-prescribing system (payable for one incentive payment period only), or
- Actively using qualified e-prescribing system and engaged in developing capabilities to track e-prescribing use and results, where feasible
- E-prescribing vendors must comply with Medicare Part D 2009 e-prescribing standards

Incentive Design

- Flat fee for each participating physician, pro-rated by the number of attributed members
- Paid over the course of 1-2 years.

2009 E-Prescribing Initiative Reporting Requirements



- Progress Report
 - Practice unit level info: current e-prescribing vendor, vendor's reporting capabilities and costs
 - PO's efforts to develop/procure tracking and reporting capabilities, barriers encountered, and collaborative activities with other POs
- Site Visits
 - Demonstration of PO oversight capabilities
 - Monitoring and follow up with Practice Units regarding e-prescribing use patterns
 - Tracking e-prescribing outcomes (i.e., alerts by type of alert, prescription changes, etc.), where available

2009 Emergency Department Use Initiative



- Focus on ED use for non-emergent and avoidable visits
- Data provided 4 times/year
 - Semi-annual dashboard report
 - Quarterly patient-level datasets
- Incentive payments based on participation/planning and performance, increasingly weighted towards performance over time

2009 Inpatient Use Initiative



- Focus on Ambulatory Care Sensitive Conditions (ACSCs)
- Data provided 4 times/year
 - Semi-annual dashboard report
 - Quarterly patient-level datasets
- Incentive payments based on participation/planning and performance, increasingly weighted towards performance over time

Before making selections...



- Fact Sheets
- Initiative Plans