

PGIP: Looking Ahead

PGIP Quarterly Meeting
December 5, 2008
Lansing Community College

Presenter: Thomas Simmer, MD, CMO, BCBSM





- Transparency
 - January 1, 2009 – Launch a secure website with physician performance information.
 - Physician quality information will be mapped to their physician organization performance (same as reported on EBCRs)
 - Additional performance measures will be added over time, such as patient experience with care (survey), efficiency measures, etc.



- Expansion in the number of PGIP initiatives
- At least 50 percent of the 2009 payments will be based on measures of performance, both absolute level and improvement
- Continued support for participation in ambitious transformational practice improvement efforts
- Priority: Performance Improvement in EBCR, Generic Prescribing, Low and High Tech Imaging.
- Rapid learning curve for Emergency and Inpatient services, Imaging Bundles (Spine and Cardiac Bundles), and evaluating utility of distributing specialist performance information to PCP's. Referral information.



- New initiative involving Hospitalists and Nephrologists
 - PINs were collected on
 - Hospitalists: 369
 - Nephrologists: 144
 - Enrollment will occur during June 09 physician update
 - Addition of Ob/Gyns to the program in June 2009
- Enrollment updates for current PGIP specialists is occurring now through January '09 (via Adds form)



- West Michigan Demonstration Project
 - Program to introduce open-ended gain-sharing opportunity based on comparing health cost trend in 4 western counties with the rest of Michigan. Includes both BCBSM and BCN.
 - Theme: Creating “Patient-Centered Medical Networks”
 - (Kent, Kalamazoo, Ottawa, Muskegon)

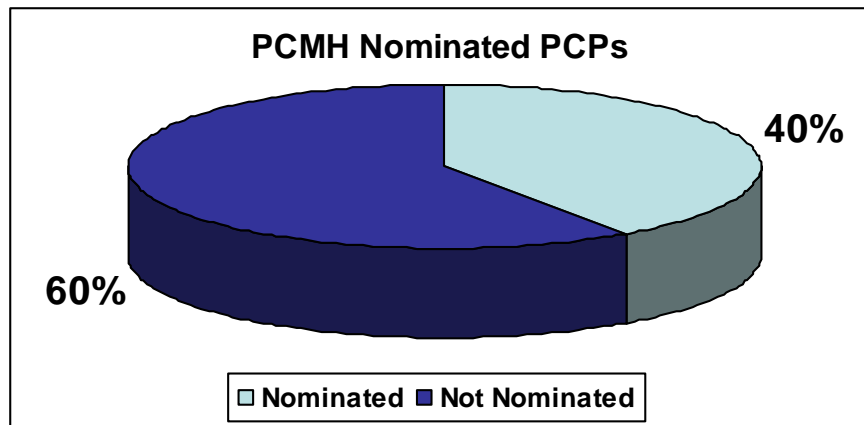
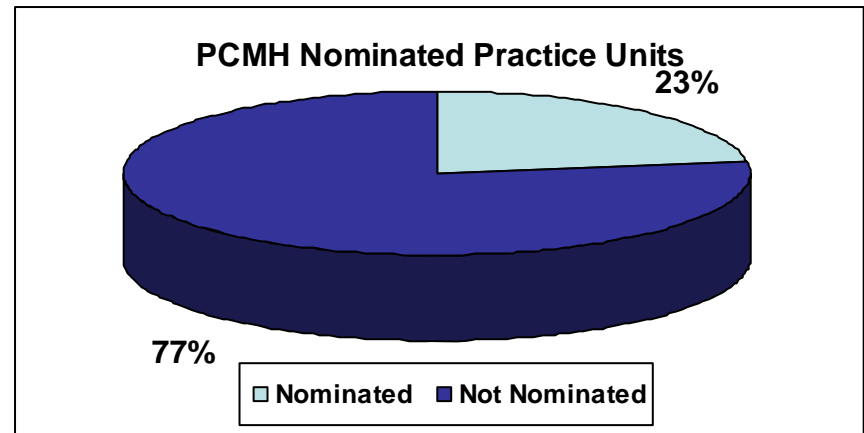


1. Support performance transformation initiatives.
2. Higher E & M fees for PC-MH designated primary care practices.
3. Selective privileging of qualifying PC-MH practices to deliver services not payable for other physicians, i.e., case and disease management, selected diagnostic tests, etc.
4. Benefit designs that encourage patients to see PC-MH designated physicians.
5. PGIP rewards based on performance

PCMH Designation Update



- Based on Nov 3, 2008 self-assessment updates:
 - Approx. 1700 physicians in 585 practice units nominated for PCMH designation
 - 23% of practice units
 - 40% of participating PCPs
- Currently assembling data to begin review process
- Developing plans for PO involvement and collaboration
- Preliminary designation decisions early 1Q2009





- BCBSM's MA-PPO Product to launch January 1, 2010
- Theme: Use “all payer” improvement approach rather than unique Medicare clinical programs
- Partnership with Physician Organizations will be the core strategy improving access, quality and cost for MA-PPO members in Michigan.
- Emphasis on inpatient care, skilled nursing facilities, end-of-life care, and rehabilitation services.



- Participating with CHRT in Institute for Healthcare Improvement (IHI): Triple Aim Program
- Michigan Primary Care Consortium
 - Participating in workgroup
 - Endorsed PCMH definition
- Evaluate PGIP reward payments to support Physician Organization collaborations with others, such as TransforMed, IPIP, MacColl Institution, U of M Lean transformation, etc.