



# FACT SHEET

## Physician Group Incentive Program Patient-Centered Medical Home

### About Value Partnerships

*Value Partnerships is a collection of clinically oriented initiatives among Michigan physicians, hospitals and Blue Cross Blue Shield of Michigan that are improving clinical quality, reducing complications, controlling cost trends, eliminating errors, and improving health outcomes throughout Michigan.*

### About The Physician Group Incentive Program

*This program began in 2005 to encourage and incentivize physicians to more effectively manage populations of patients with chronic diseases and build an infrastructure to more robustly measure and monitor care quality. As of January 2010, 38 physician organizations and 8,148 physicians are working together to improve health care for roughly 1.8 million Michigan Blues members.*

### The Patient Centered Medical Home Model

*In July 2009, BCBSM established the PCMH Designation program to provide additional financial support to those PGIP primary care physicians who have made significant progress in incorporating PCMH infrastructure and care processes into routine practice and have achieved outstanding results on quality and efficiency measures.*

## Extended Access Initiative

### Overview

The purpose of the Extended Access initiative is to ensure that all patients have comprehensive and timely access to health care services that are patient centered, culturally sensitive, and delivered in the least intensive and most appropriate setting based on the patient's needs. Ultimately, implementation of this initiative will lead to reduced Emergency Department visits, improved practice efficiency, and increased patient satisfaction. Through the concept of extended access, or same day scheduling, patients are better equipped to make time sensitive health care choices and ultimately choose the most appropriate level of care.

### Objectives

- Increase patient access to care and decrease fragmentation of care
- Reduce cost and use
- Improve health care processes and outcomes
- Increase patient and provider satisfaction

### Incentive Design

Physician Organizations will receive incentive payments commensurate with their performance on implementing PCMH capabilities during the six-month incentive payment period. The first time a PO reports implementation activity for a particular PCMH Initiative, the PO should also submit an Initial Implementation Plan for that Initiative; for that six-month incentive period only, incentives will be paid for participation as well as performance.

### Evaluation

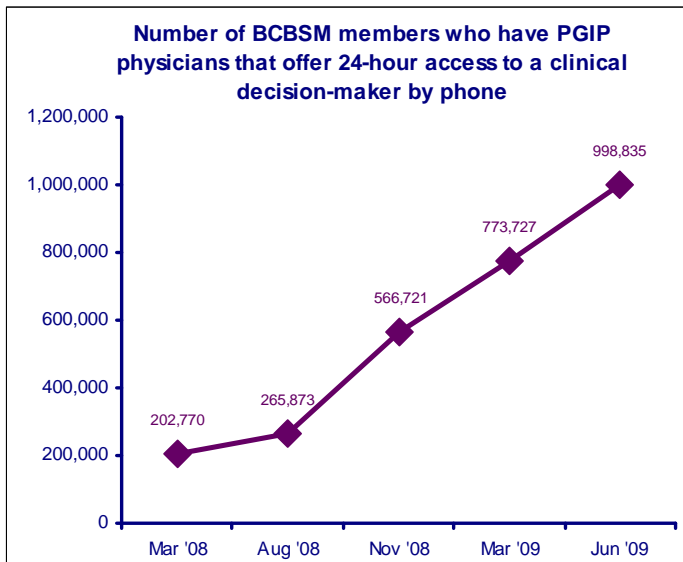
Performance improvement is evaluated based on Practice Unit progress toward implementing PCMH capabilities. Results from the Progress Reports and Self-Assessment Database will be used to gauge performance improvement twice a year.



## Initiative Capabilities

- 5.1 Patients have 24-hour access to a clinical decision-maker by phone, and clinical decision-maker has a feedback loop within 24 hours or next business day to the patient's Patient Centered Medical Home (PCMH)
- 5.2 24-hour patient access to clinical decision-maker is enhanced by enabling clinical decision-maker to access and update patient's EMR or registry info during the phone call
- 5.3 Provider has made arrangement for patients to have access to non-ED after-hours provider for urgent care needs during at least 8 after-hours per week, and if different from the PCP office, after-hours provider has a feedback loop within 24 hours or next business day to the patient's PCMH
- 5.4 A systematic approach is in place to ensure that all patients are fully informed about after-hours care availability and location, at the PCMH site as well as other after-hours care sites, including urgent care facilities, if applicable.
- 5.5 Patients have access to non-ED after-hours provider for urgent care needs during at least 12 after-hours per week
- 5.6 After-hours care provider is enhance by enabling non-ED after-hours provider for urgent care needs to access and update the patient's EMR or patient's registry record during the visit
- 5.7 Advanced access scheduling is in place reserving at least 30% of appointments for same-day appointment for routine and acute care
- 5.8 Advanced access scheduling is in place reserving at least 50% of appointments for same day appointment for routine and acute care
- 5.9 PU has telephonic or other access to translator(s) for all language common to practice's established patients

## Evaluation and Results



Compared to baseline data taken at 2/29/2008, the number of members who have 24-hour access to a clinical decision maker by phone has nearly quadrupled.



Questions about the Extended Access Initiative? Please contact Margaret Mason, MHSA  
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