



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.

Specialist Referral Process Initiative

Overview

The purpose of the Specialist Referral Process initiative is to create a well-coordinated seamless process of referring patients from primary care to specialty care. Both providers will receive timely access to the information they need to provide optimal care to the patient.

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

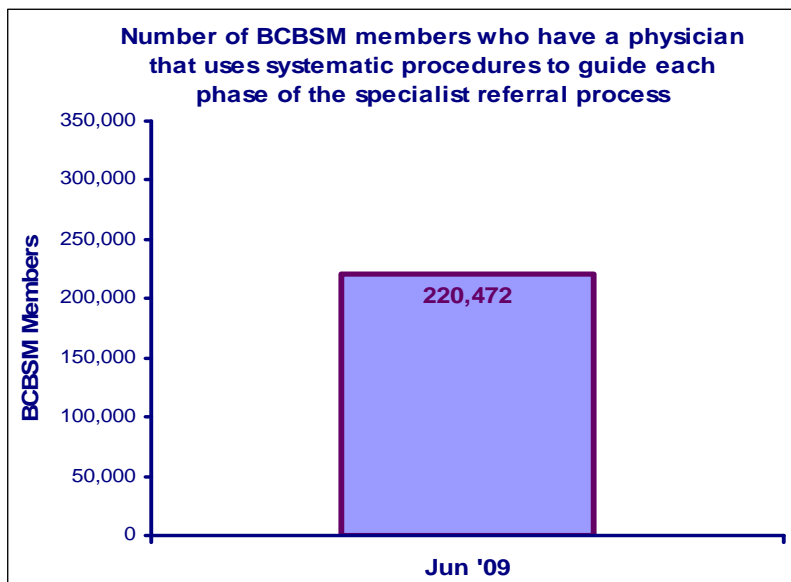
Performance improvement is evaluated based on Practice Unit progress toward implementing PCMH capabilities. Results from the Progress Reports and Self-Assessment Database will be used to gauge performance improvement twice a year.



Initiative Capabilities

- 14.1 Procedures are in place to guide each phase of the specialist referral process – including desired timeframes for information exchange – for preferred or high volume specialists
- 14.2 Procedures are in place to guide each phase of the specialist referral process – including desired timeframes for appointment and information exchange – for preferred or high volume specialists
- 14.1 Procedures are in place to guide each phase of the specialist referral process – including desired time frames for appointment and information exchange – when patients are referred to other key specialists
- 14.2 Directory is maintained listing specialists to whom patients are routinely referred
- 14.3 Physician Organization (PO) or Practice Unit has developed specialist referral material supportive of process and individual patient needs
- 14.4 PU or designee routinely makes specialist appointments on behalf of patients
- 14.5 Each facet of the interaction between preferred/high volume specialists and the PCPs at the PU level is automated by using electronically-based tools and processes to avoid duplication of testing and prescribing across multiple care settings
- 14.6 For all specialist and sub-specialist visits deemed important to the patient’s well-being, process is in place to determine whether or not patients completed the specialist referral in a timely manner, reason they did not seek care (if applicable), additional sub-specialist visits that occurred, specialist recommendations, and whether patient received recommended services
- 14.7 Appropriate Practice Unit staff is trained on all aspects of the specialist referral process
- 14.8 Practice Unit regularly evaluates patient satisfaction with most commonly used specialist, to ensure physicians are referring patients to specialists that meet their standards for patient-centered care

Evaluation and Results



Questions about the Specialist Referral Initiative? Please contact Margaret Mason, MHSA
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For more information on PGIP, or for a copy of the full initiative description, please contact:
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This initiative was available starting in Program Year 2009. At the mid-way point of the first year, 220,472 BCBSM members see a PGIP physician who has procedures in place to guide each phase of the specialist referral process including timeframes for appointments and information exchange.