



FACT SHEET

Physician Group Incentive Program Transitions of Care Initiative

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.

Overview

The Transitions of Care Initiative is a Hospitalist driven initiative that aims to systematize and improve the effectiveness of processes of care at discharge from inpatient to outpatient care. Physician Organizations enroll in the Society of Hospital Medicine's BOOST (Better Outcome for Older adults through Safe Transitions) program for training and resources to examine current discharge processes and work with a BCBSM contracted coordinating center. Utilizing the BOOST tools, Physician Organizations will work to transform processes at discharge to assure patients understand self-care and treatment expectations, primary care settings receive clinical information on a timely basis, and patients are seen in primary care on a timely basis.

Objective

Examine current discharge process

- Utilize Transitions of Care Coordinating Center, Hospitalists and BOOST
- Utilize best practices through the coordinating center
- Re-examine, re-design and re-implement discharge processes

Incentive Design

- The initiative is designed in the following manner:
- An incentive for Physician Organization participants to defray the cost of participation in the initiative and for implementing BOOST interventions
- A coordinating center to orchestrate, assist, and provide consultative feedback to Physician Organizations by providing analysis and summative data on quality initiatives designed to improve transitions of care aimed at supporting Physician Organizations' efforts to decrease rates of potentially avoidable readmissions

Evaluation

- Participation and completion of PGIP Initiative Reports
- Performance in **Process measures**, such as
 - Comparing current discharge plan with discharge tool kit, medication reconciliation, transmission of discharge information, and/or post-inpatient PCP follow-up appointment compliance
- Performance in **Outcome measures**, such as
 - Length of stay and a long-term goal of reducing 30-day rehospitalization rates

Questions about the Transitions of Care Initiative? Please contact Della A. Rees, PhD at drees@bcbsm.com.



For more information on PGIP, or for a copy of the full initiative description, please contact: providerpartnerships@bcbsm.com