

Tentative Plans for PGIP 2010 Program Year



- October 1 through October 31 – PGIP initiatives (both new initiatives and updates of existing initiatives) rolled out on an ongoing basis. This includes:
 - Initiative Plans
 - Fact Sheets
- November – PGIP POs can review initiatives and determine what initiatives they want to participate in for 2010 program year
- December 1st – **All POs must submit their list of initiatives to BCBSM that they intend to work on in 2010**
- January 1 – PGIP 2010 program year begins

Professional CQIs



- Modeled after our longstanding hospital Collaborative Quality Initiatives (CQIs), professional CQIs (e.g. QOPI and MAQI2) are collaborative, statewide initiatives that utilize clinical data registries coupled with a coordinated QI program provided by a PO.
- Registries are “owned” by the provider community – BCBSM does not have access to practice level data, only sees data in aggregate
- CQIs examine the link between care processes and outcomes to continually generate new knowledge contributing to understanding of which care processes lead to optimal outcomes
- Measure the quality of care within and across systems of care
- Create a feedback loop to participating providers to facilitate continuous quality improvement at their own practice
- Implement fast-track quality improvement initiatives
- CQIs positively impact systems of care and help optimize the quality and outcomes of care

Role of Participating Practices in CQIs



- Participant's primary responsibilities:
 - Submit timely and accurate data directly to the data registry
 - QOPI is a bi-annual data collection while MAQI2's registry is an ongoing collection of all new patients using an inception cohort
 - Respond to queries from Coordinating Ctr
 - Active consortium participation – attendance at regularly scheduled meetings
 - Share data with key stakeholders internally
 - Implement improvement efforts within the practice
 - Learn from best practices
 - Share best practices with other participants
 - Cooperate with data audits/site visits





PHASE I - DEVELOPMENT

- MAQI2 is a professional CQI that is expected to increase patient safety, improve outcomes, identify risk factors for poor outcomes and develop guidelines for highly effective anticoagulation services.
- July 2008 and August 2008 BCBSM *Record* articles provided information on MAQI2. Articles addressed goals of program, participation requirements and alerted providers that only those participants in MAQI2 could bill the 99363 and 99364 CPT codes for anticoagulation management
- PGIP POs were notified of development of MAQI2 and asked to submit emails of interest in participating this pilot
- Anticoagulation services (ACS) representing 5 POs expressed interested and have been involved in program development since Fall 2008



PHASE II - IMPLEMENTATION

- MAQI2 initiative plan being released in Fall 2009
- POs with ACS providers that meet participation requirements are asked to submit interest in MAQI2 as part of their initiative selections for 2010 program year
- Conversations will be held between MAQI2 Coordinating Center and interested POs to determine eligibility and bring additional ACS providers into MAQI2 program in 2010
- Ongoing data collection and quarterly meetings to address opportunities

Quality Oncology Practice Initiative (QOPI)



- In efforts to continue to ramp up our efforts to improved oncology care, BCBSM engaged UMHS Comprehensive Cancer Center to serve as the Coordinating Center for QOPI - the Michigan Oncology Quality Consortium (MOQC, pronounced “Moxie”)
- Leaders at MOQC include:
 - Doug Blayney, MD
 - Jane Martin, MHSA
- Coordinating Center will be working with American Society of Clinical Oncology (ASCO) and participating POs and practices to
 - Analyze data to identify best practices and opportunities for improvement
 - Convene quarterly meetings to discuss opportunities and share data
 - Catalyze improvement
- MOQC will be presenting at MSHO annual meeting on 9/25 and 9/26
- Article regarding MOQC will be in November issue of ASCO’s Journal of Oncology Practice

Oncology Clinical Treatment Pathways – New Oncology Initiative for 2010



- As part of our efforts to expand the depth of initiatives addressing oncology care, BCBSM engaged Physician Resource Management, a subsidiary of Oncology Physician Resources to serve as the Coordinating Center for this initiative
- For this program, oncology clinical treatment pathways will be developed by representatives from the Michigan oncology physician community
- Initial focus of pathways will include lung, breast, colon and supportive care

Oncology Clinical Treatment Pathways – New Oncology Initiative for 2010



- Leaders include:
 - Philip J. Stella, MD
 - Kurt Neumann, MD
 - Lesli Lord
- Clinical Pathways initiative will be presented in detail at Michigan Society of Hematology and Oncology (MSHO) and OPR annual meetings and followed up by a series of webcasts and town halls

EBCR – Relative Resource Use Measures under Consideration for 2010



NCQA HEDIS *Technical Specifications* include many *Relative Resource Use (RRU) measures*. The RRU measures are a standardized approach to measuring the healthcare use of groups defined by a set of diagnoses. When evaluated with the corresponding quality of care measure, the RRU measures provide more information about the efficiency or value of services rendered by an organization. Diabetes and CV measures look at comorbid conditions including: asthma, COPD, depression, or hypertension

RRU measures:

- Focus on high-cost conditions that have corresponding HEDIS Effectiveness of Care measures
- Differentiate between unit price and utilization variation
- Rely on a transparent risk-adjustment method similar to a proprietary risk-adjustment system

HEDIS RRU measures evaluate six major clinical conditions, BCBSM considering the addition of Diabetes and CV conditions. Additional RRU measures include:

- Asthma, Acute Low Back Pain, Uncomplicated Hypertension and COPD