



# FACT SHEET: 2009 Physician Group Incentive Program Preventive Services PCMH Initiative New for 2009

## Initiative Overview

The purpose of the Preventive Services initiative is to coordinate patient care through Primary Care Physicians (PCPs) in a patient centered medical home (PCMH). Screening, active counseling, and outreach efforts will be used to inform and educate patients about preventive care.

## Objectives

Physician Organizations and Practice Units will expand the delivery of preventive services by:

- Routine application of evidence-based measures and revised office processes
- Using IT to assist the practice in addressing preventive services from a population management perspective
- Accurately assessing patient risk for developing disease
- Developing interventions that encourage individuals to avoid the onset of disease
- Identifying individuals who would benefit from treatment for a condition that they are unaware of

## Initiative Criteria

- It is expected that all initiative tasks be completed within **four years**
- Practice Units will have a fully functioning disease registry by the end of the third year

## Incentive Design

All PCMH Initiatives will have three phases that correspond to incentive payment periods:

### Year I

- **PO Planning Phase:**  
*First incentive payment:*  
PO to provide self-assessment and an implementation plan
- **Initial Performance Phase:**  
*Second incentive payment:*  
Each Practice Unit will implement one task

### Year II and thereafter

- **Ongoing Performance Phase:**
  - Two incentive payments per year for subsequent years of PO participation
  - Practice Units will implement 3 tasks per year, minimum one task per payment period

## Initiative Tasks

- 9.1 Primary care prevention health promotion program is in place that focuses on modifying personal health behaviors to reduce the risk of disease and injury
- 9.2 Systematic approach is in place to providing preventive services
- 9.3 Strategies are in place to promote ongoing annual well care visits for children and adolescents 2- 21 years of age
- 9.4 Patients are systematically educated about the importance of integrating outside health encounter information into the patient's medical record
- 9.5 Systematic approach ensures documentation of tobacco/smoking cessation assessment tools that include NCQA CAHPS survey questions related to tobacco use
- 9.6 Standing order protocols are in place to authorize nurses (or pharmacists, if appropriate) to administer vaccinations, pap smears, fecal occult blood test and mammogram orders according to physician-approved protocol without examination by a clinician
- 9.7 Secondary prevention program is in place to identify and treat asymptomatic persons who have already developed risk factors or pre-clinical disease, but in whom the disease itself has not become clinically apparent
- 9.8 Staff receive regular, formal training in health promotion and disease prevention; and incorporate preventive-focused practices into ongoing administrative operations
- 9.9 Patient registry is used to ensure compliance with preventive services guidelines for adults and children

## Metrics

TBD

## Results

TBD