

	BCBSM Physician Group Incentive Program (PGIP)
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	Provider Organization Implementation Plans
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	Due February 29, 2008
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READ THIS FIRST: [Instructions For Completing Implementation Plans](#)

This Excel file contains templates for Implementation Plans for each PGIP Initiative.

Complete the "PO Info" Tab first. Information entered there will populate the Implementation Plans and save you time.

Please enter information ONLY in the fields outlined with a blue dashed line and in the Implementation Plan fields bordered by solid blue lines. Please be specific and concise.

For easier navigation among tabs, you may delete the tabs for those Initiatives with which your PO is not participating this year [right-click on tab and select delete].

Save this file using the following file-naming convention: [Your Organization Name] Implementation Plans 2008-MM-DD. For example: "[Organization Name] Implementation Plans 2008-02-29" would be the way you would name the February 29 document.

Please submit this Implementation Plan file by attaching it to the Progress Report email and sending to providerpartnerships@bcbsm.com.

QUESTIONS? Please email providerpartnerships@bcbsm.com or call Linda Mackensen at 248-448-5457.

	BCBSM Physician Group Incentive Program (PGIP) Provider Organization (PO) Info	Due February 29, 2008
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PLEASE REFER TO "READ THIS FIRST" TAB, THEN COMPLETE THIS SECTION BEFORE MOVING ON TO THE INITIATIVE IMPLEMENTATION PLANS. If one person is completing all the Implementation Plans, please place an "X" in the yellow box in cell G8 below. This will populate the demographic fields on each worksheet and save you time. If more than one person is completing Implementation Plans, leave the yellow box blank.

Provider Organization Name	PO Sample	Enter "X" in the yellow box if the person named below is completing all the Implementation Plans	X
Date plans completed	1/10/2008	Name of person completing this section	P. Jones
Email	pjones@email.com	Phone Numbers (office/cell)	222-222-2222 333-333-3333

Contact Info

QUESTIONS? Please email providerpartnerships@bcbsm.com or call Linda Mackensen at 248-448-5457.

	PGIP Implementation Plan Increasing the Use of Generic Drugs Initiative	Due February 29, 2008
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PLEASE REFER TO "READ THIS FIRST" TAB and COMPLETE "PO OVERVIEW" TAB BEFORE COMPLETING THIS PLAN. If one person is completing all the Implementation Plans, **contact information should be entered in the "PO Overview" tab and will automatically appear below.** Otherwise, please use the fields below to enter information about the person completing this Implementation Plan.

Contact Info

Provider Organization Name	PO Sample		
Name of person completing this section	P. Jones	Phone Numbers (work/cell):	222-222-2222 333-333-3333
Email	pjones@email.com	Date Completed	1/10/2008

Implementation Plan template instructions: Please use the template below to create a HIGH-LEVEL implementation plan. Please be specific and concise. Please identify ECD (expected completion dates) for both Initiative Tasks and the Major Steps within each Task. You may delete or add rows as needed (click on row number(s) on left, right-click, and select delete or insert).

Initiative Tasks	Team Members Name and Affiliation	Major Steps	Lead	Step ECD	Status
1		a			
		b			
		c			
		d			
		e			
	Task ECD:		f		
2		a			
		b			
		c			

		d				
		e				
	Task ECD:	f				
3		a				
		b				
		c				
		d				
		e				
	Task ECD:	f				
4		a				
		b				
		c				
		d				
		e				
	Task ECD:	f				
5		a				
		b				
		c				
		d				
		e				
	Task ECD:	f				
6		a				

		b				
		c				
		d				
		e				
Task ECD:		f				

Questions about this section? Please email:

[Tom Leyden](#)

	PGIP Implementation Plan Accelerating the Adoption and Use of Electronic Prescribing Initiative	Due February 29, 2008
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Contact Info

Provider Organization Name	PO Sample		
Name of person completing this section	P. Jones	Phone Numbers (work/cell):	222-222-2222 333-333-3333
Email	pjones@email.com	Date Completed	1/10/2008

Implementation Plan template instructions: Please use the template below to create a HIGH-LEVEL implementation plan. Please be specific and concise. Please identify ECD (expected completion dates) for both Initiative Tasks and the Major Steps within each Task. You may delete or add rows as needed (click on row number(s) on left, right-click, and select delete or insert).

	Initiative Tasks	Team Members Name and Affiliation	Major Steps	Lead	Step ECD	Status
1			a			
			b			
			c			
			d			
			e			
	Task ECD:		f			
2			a			
			b			
			c			

		d				
		e				
	Task ECD:	f				
3		a				
		b				
		c				
		d				
		e				
	Task ECD:	f				
4		a				
		b				
		c				
		d				
		e				
	Task ECD:	f				
5		a				
		b				
		c				
		d				
		e				
	Task ECD:	f				
6		a				

	PGIP Implementation Plan	Due February 29, 2008
Oncology Initiative		

PLEASE REFER TO "READ THIS FIRST" TAB and COMPLETE "PO OVERVIEW" TAB BEFORE COMPLETING THIS PLAN. If one person is completing all the Implementation Plans, **contact information should be entered in the "PO Overview" tab and will automatically appear below.** Otherwise, please use the fields below to enter information about the person completing this Implementation Plan.

Contact Info

Provider Organization Name	PO Sample		
Name of person completing this section	P. Jones	Phone Numbers (work/cell):	222-222-2222 333-333-3333
Email	pjones@email.com	Date Completed	1/10/2008

Implementation Plan template instructions: Please use the template below to create a HIGH-LEVEL implementation plan. Please be specific and concise. Please identify ECD (expected completion dates) for both Initiative Tasks and the Major Steps within each Task. You may delete or add rows as needed (click on row number(s) on left, right-click, and select delete or insert).

	Initiative Tasks	Team Members Name and Affiliation	Major Steps	Lead	Step ECD	Status
1			a			
			b			
			c			
			d			
			e			
	Task ECD:		f			
2			a			
			b			
			c			

		d			
		e			
	Task ECD:	f			
3		a			
		b			
		c			
		d			
		e			
	Task ECD:	f			
4		a			
		b			
		c			
		d			
		e			
	Task ECD:	f			
5		a			
		b			
		c			
		d			
		e			
	Task ECD:	f			

6			a				
			b				
			c				
			d				
			e				
			f				
Task							
ECD:							

Questions about this section? Please email: [Tom Leyden](#)

	PGIP Implementation Plan	Due February 29, 2008
Radiology Initiative		

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Contact Info

Provider Organization Name		PO Sample	
Name of person completing this section	P. Jones	Phone Numbers (work/cell):	222-222-2222 333-333-3333
Email	pjones@email.com	Date Completed	1/10/2008

Implementation Plan template instructions: Please use the template below to create a HIGH-LEVEL implementation plan. Please be specific and concise. Please identify ECD (expected completion dates) for both Initiative Tasks and the Major Steps within each Task. You may delete or add rows as needed (click on row number(s) on left, right-click, and select delete or insert).

	Initiative Tasks	Team Members Name and Affiliation	Major Steps	Lead	Step ECD	Status
1			a			
			b			
			c			
			d			
			e			
	Task ECD:		f			
2			a			
			b			
			c			
			d			
			e			
	Task ECD:		f			

3		a			
		b			
		c			
		d			
		e			
	Task		f		
	ECD:				
4		a			
		b			
		c			
		d			
		e			
	Task		f		
	ECD:				
5		a			
		b			
		c			
		d			
		e			
	Task		f		
	ECD:				
6		a			
		b			
		c			
		d			
		e			
	Task		f		
	ECD:				

	PGIP Implementation Plan Evidence Based Care Report Initiative	Due February 29, 2008
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	Provider Organization Name	PO Sample	
Contact Info	Name of person completing this section	P. Jones	Phone Numbers (work/cell): 222-222-2222 333-333-3333
	Email	pjones@email.com	Date Completed 1/10/2008

Implementation Plan template instructions: Please use the template below to create a HIGH-LEVEL implementation plan. Please be specific and concise. Please identify ECD (expected completion dates) for both Initiative Tasks and the Major Steps within each Task. You may delete or add rows as needed (click on row number(s) on left, right-click, and select delete or insert).

	Initiative Tasks	Team Members Name and Affiliation	Major Steps	Lead	Step ECD	Status
1	Integration of lab patient information into our existing patient registries.	Dr. A. Doctor - Practice Group X	a Form workgroup, hold kick-off meeting	VP Admin Svcs.	1/15/2008	Complete
		Dr. B. Doctor - Practice Group Y	b Develop workplan	IT Director	2/20/2008	On schedule
		Administrator - Practice Group X	c Alpha Testing	IT Director	8/15/2008	
		Director, Lab Services	d Beta Testing	IT Director	10/15/2008	
		IT Director - Hospital ABC	e Education/staff inservices	Administrat or	12/1/2008	
		Task ECD: 12/31/2008	VP, Admin Services	f Go-Live	IT Director	12/8/2008
2			a			
			b			
			c			
			d			

		e			
	Task ECD:	f			
3		a			
		b			
		c			
		d			
		e			
	Task ECD:	f			
4		a			
		b			
		c			
		d			
		e			
	Task ECD:	f			
5		a			
		b			
		c			
		d			
		e			
	Task ECD:	f			
6		a			
		b			

		c				
		d				
		e				
Task ECD:		f				

Questions about this section? Please email:

[Tom Leyden](#)

	PGIP Implementation Plan PC-MH Patient-Provider Agreement Initiative	Due February 29, 2008
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	Provider Organization Name	PO Sample		
Contact Info	Name of person completing this section	P. Jones	Phone Numbers (work/cell):	222-222-2222 333-333-3333
	Email	pjones@email.com	Date Completed	1/10/2008

Implementation Plan template instructions: Please use the template below to create a HIGH-LEVEL implementation plan. Please be specific and concise. Please identify ECD (expected completion dates) for both Initiative Tasks and the Major Steps within each Task. You may delete or add rows as needed (click on row number(s) on left, right-click, and select delete or insert).

Initiative Tasks	Team Members Name and Affiliation	Major Steps	Lead	Step ECD	Status
1 Establish process to implement patient-provider agreement Task ECD: 5/1/2008	Dr. A. Doctor - Practice Group X	a Draft patient-provider agreement & submit to BCBSM	Dr. A	3/1/2008	On schedule
	Dr. B. Doctor - Practice Group Y	b Create data field in patient registry to track which patients have accepted PC-MH invitation	Dr. B	3/1/2008; Rev: 4/1/2008	Delayed
	Admin Lead A - Practice Group X	c Define process for educating all physician members	Admin Lead A	4/15/2008	On schedule
	Admin Lead B - Practice Group Y	d Define process for patient education and outreach	Admin Lead B	4/20/2008	On schedule
		e			
		f			
2		a			
		b			
		c			

		d			
		e			
	Task ECD:	f			
3		a			
		b			
		c			
		d			
		e			
	Task ECD:	f			
4		a			
		b			
		c			
		d			
		e			
	Task ECD:	f			
5		a			
		b			
		c			
		d			
		e			
	Task ECD:	f			
6		a			
		b			

			c			
			d			
			e			
	Task		f			
	ECD:					
7			a			
			b			
			c			
			d			
			e			
			f			
8			a			
			b			
			c			
			d			
			e			
			f			

Questions about this section? Please email:

[Margaret Mason](#)

	PGIP Implementation Plan PC-MH Patient Registry Initiative	Due February 29, 2008
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	Provider Organization Name	PO Sample		
Contact Info	Name of person completing this section	P. Jones	Phone Numbers (work/cell):	222-222-2222 333-333-3333
	Email	pjones@email.com	Date Completed	1/10/2008

Implementation Plan template instructions: Please use the template below to create a HIGH-LEVEL implementation plan. Please be specific and concise. Please identify ECD (expected completion dates) for both Initiative Tasks and the Major Steps within each Task. You may delete or add rows as needed (click on row number(s) on left, right-click, and select delete or insert).

	Initiative Tasks	Team Members Name and Affiliation	Major Steps	Lead	Step ECD	Status
1	Enhance registry to generate individual patient reports with timeline of essential services and whether they were obtained/provided, and provide gaps in care reports and graphs to patients Task ECD: 5/1/2008	Dr. A. Doctor - Practice Group X	a Work with vendor to design reports	Admin Lead A	3/1/2008	On schedule
		Dr. B. Doctor - Practice Group Y	b Establish process for providing reports to patients	Dr. B	4/1/2008	On schedule
		Admin Lead A - Practice Group X	c			
		Admin Lead B - Practice Group Y	d			
			e			
			f			
2			a			
			b			
			c			
			d			
			e			

Task ECD:		f			
3		a			
		b			
		c			
		d			
		e			
		f			
Task ECD:		f			
4		a			
		b			
		c			
		d			
		e			
		f			
Task ECD:		f			
5		a			
		b			
		c			
		d			
		e			
		f			
Task ECD:		f			
6		a			
		b			
		c			
		d			

			e			
	Task ECD:		f			
7			a			
			b			
			c			
			d			
			e			
			f			
8			a			
			b			
			c			
			d			
			e			
			f			
9			a			
			b			
			c			
			d			
			e			
			f			
10			a			
			b			
			c			

		d				
		e				
		f				
11		a				
		b				
		c				
		d				
		e				
		f				

Questions about this section? Please email:

[Margaret Mason](#)

	PGIP Implementation Plan PC-MH Performance Reporting Initiative	Due February 29, 2008
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	Provider Organization Name	PO Sample	
Contact Info	Name of person completing this section	P. Jones	Phone Numbers (work/cell): 222-222-2222 333-333-3333
	Email	pjones@email.com	Date Completed 1/10/2008

Implementation Plan template instructions: Please use the template below to create a HIGH-LEVEL implementation plan. Please be specific and concise. Please identify ECD (expected completion dates) for both Initiative Tasks and the Major Steps within each Task. You may delete or add rows as needed (click on row number(s) on left, right-click, and select delete or insert).

Initiative Tasks	Team Members Name and Affiliation	Major Steps	Lead	Step ECD	Status
1 Expand performance reports to include all chronic conditions Task ECD: 4/1/2008; Rev 9/1/2008	Dr. A. Doctor - Practice Group X	a Hire staffperson to work on registry	Admin Lead A	2/1/2008; Rev 5/1/2008	Delayed
	Dr. B. Doctor - Practice Group Y	b Expand registry	New staff person	9/1/2008	Not yet started
	Admin Lead A - Practice Group X	c			
	Admin Lead B - Practice Group Y	d			
		e			
		f			
2		a			
		b			
		c			
		d			

		e				
	Task ECD:	f				
3		a				
		b				
		c				
		d				
		e				
	Task ECD:	f				

Questions about this section? Please email:

[Margaret Mason](#)

	PGIP Implementation Plan Due February 29, 2008 PC-MH Individual Care Management Initiative
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	Provider Organization Name	PO Sample		
Contact Info	Name of person completing this section	P. Jones	Phone Numbers (work/cell):	222-222-2222 333-333-3333
	Email	pjones@email.com	Date Completed	1/10/2008

Implementation Plan template instructions: Please use the template below to create a HIGH-LEVEL implementation plan. Please be specific and concise. Please identify ECD (expected completion dates) for both Initiative Tasks and the Major Steps within each Task. You may delete or add rows as needed (click on row number(s) on left, right-click, and select delete or insert).

	Initiative Tasks	Team Members Name and Affiliation	Major Steps	Lead	Step ECD	Status
1	Establish team of multi-disciplinary providers Task ECD: 8/1/2008	Dr. A. Doctor - Practice Group X	a Agree on composition of team	Dr. A.	3/1/2008	On schedule
		Dr. B. Doctor - Practice Group Y	b Hire staff	Dr. B	6/1/2008; Rev 7/1/2008	Delayed
		Admin Lead A - Practice Group X	c			
		Admin Lead B - Practice Group Y	d			
			e			
			f			
2			a			
			b			
			c			
			d			

		e			
	Task ECD:	f			
3		a			
		b			
		c			
		d			
		e			
	Task ECD:	f			
4		a			
		b			
		c			
		d			
		e			
	Task ECD:	f			
5		a			
		b			
		c			
		d			
		e			
	Task ECD:	f			
6		a			
		b			
		c			

		d				
		e				
	Task ECD:	f				
7		a				
		b				
		c				
		d				
		e				
	Task ECD:	f				
8		a				
		b				
		c				
		d				
		e				
	Task ECD:	f				
9		a				
		b				
		c				
		d				
		e				
	Task ECD:	f				
10		a				
		b				

		c			
		d			
		e			
	Task ECD:	f			
11		a			
		b			
		c			
		d			
		e			
	Task ECD:	f			
12		a			
		b			
		c			
		d			
		e			
	Task ECD:	f			
13		a			
		b			
		c			
		d			
		e			
	Task ECD:	f			
14		a			

		b				
		c				
		d				
		e				
	Task ECD:	f				
15		a				
		b				
		c				
		d				
		e				
	Task ECD:	f				

Questions about this section? Please email:

[Margaret Mason](#)

	PGIP Implementation Plan PC-MH Extended Access Initiative	Due February 29, 2008
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	Provider Organization Name	PO Sample	
Contact Info	Name of person completing this section	P. Jones	Phone Numbers (work/cell): 222-222-2222 333-333-3333
	Email	pjones@email.com	Date Completed 1/10/2008

Implementation Plan template instructions: Please use the template below to create a HIGH-LEVEL implementation plan. Please be specific and concise. Please identify ECD (expected completion dates) for both Initiative Tasks and the Major Steps within each Task. You may delete or add rows as needed (click on row number(s) on left, right-click, and select delete or insert).

	Initiative Tasks	Team Members Name and Affiliation	Major Steps	Lead	Step ECD	Status
1	Establish 24-hour patient access via phone to clinical decision-maker with feed-back loop to patient's PC-MH Task ECD: 6/1/2008	Dr. A. Doctor - Practice Group X	a Establish rotating on-call schedule	Admin Lead B	2/15/2008	Completed
		Dr. B. Doctor - Practice Group Y	b Define process for updating patient registry each morning	Admin Lead B	5/1/2008	On schedule
		Admin Lead A - Practice Group X	c			
		Admin Lead B - Practice Group Y	d			
			e			
			f			
2			a			
			b			
			c			
			d			
			e			

Task ECD:		f				
3		a				
		b				
		c				
		d				
		e				
Task ECD:		f				
4		a				
		b				
		c				
		d				
		e				
Task ECD:		f				
5		a				
		b				
		c				
		d				
		e				
Task ECD:		f				
6		a				
		b				
		c				
		d				

		e				
Task		f				
ECD:						
7		a				
		b				
		c				
		d				
		e				
Task		f				
ECD:						
8		a				
		b				
		c				
		d				
		e				
Task		f				
ECD:						
9		a				
		b				
		c				
		d				
		e				
Task		f				
ECD:						

Questions about this section? Please email:

[Margaret Mason](#)

	PGIP Implementation Plan PC-MH Test Tracking Initiative	Due February 29, 2008
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Provider Organization Name	PO Sample				
<i>Contact Info</i>	Name of person completing this section	P. Jones	Phone Numbers (work/cell):	222-222-2222	333-333-3333
	Email	pjones@email.com	Date Completed	1/10/2008	

Implementation Plan template instructions: Please use the template below to create a HIGH-LEVEL implementation plan. Please be specific and concise. Please identify ECD (expected completion dates) for both Initiative Tasks and the Major Steps within each Task. You may delete or add rows as needed (click on row number(s) on left, right-click, and select delete or insert).

	Initiative Tasks	Team Members Name and Affiliation	Major Steps	Lead	Step ECD	Status
1	Implement process to ensure that patients with abnormal results receive the recommended follow-up care within defined timeframes	Dr. A. Doctor - Practice Group X	a Establish process to flag patients requiring follow-up within specified timeframe	Admin Lead A	3/1/2008; Rev 4/1/2008	Delayed
		Dr. B. Doctor - Practice Group Y	b Establish process to track cancellations and no-show appointments and assess whether any patients require follow-up	Admin Lead A	7/1/2008	On schedule
		Admin Lead A - Practice Group X	c Establish process to file outcomes of follow-up action in patient's medical record	Admin Lead A	9/1/2008	On schedule
		Admin Lead B - Practice Group Y	d			
			e			
		Task ECD: 12/1/2008		f		
2			a			
			b			

		c			
		d			
		e			
	Task ECD:	f			
3		a			
		b			
		c			
		d			
		e			
	Task ECD:	f			
4		a			
		b			
		c			
		d			
		e			
	Task ECD:	f			
5		a			
		b			
		c			
		d			
		e			
	Task ECD:	f			
6		a			

		b			
		c			
		d			
		e			
Task		f			
ECD:					
7		a			
		b			
		c			
		d			
		e			
Task		f			
ECD:					
8		a			
		b			
		c			
		d			
		e			
Task		f			
ECD:					
9		a			
		b			
		c			
		d			
		e			
Task		f			
ECD:					

Questions about this section? Please email:

[Margaret Mason](#)