



Physician Group Incentive Program Opportunities for Partnerships

PGIP Quarterly Meeting
March 14, 2008
Lansing Community College

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- Joint venture of Blue Cross Blue Shield of Michigan and University of Michigan Health System
- Formed and funded by BCBSM during sale of M-Care to Blue Care Network
- Independent entity supporting, studying and disseminating information about health system transformation
- Foci: quality, access, efficiency, system change



- CHQT recognizes the Physician Group Incentive Program Physician Organizations' efforts as transformative and ground-breaking
- CHQT hopes to support PGIP concepts, partner with PGIP Physician Organizations to enhance selected PGIP Initiatives, study their impact and disseminate findings
- Participation in proposed collaborations is voluntary



- Describe the current state of Patient-Centered Medical Home practice in Michigan
 - Define the gap between current and ideal (PCMH-based) practice
 - Describe the evolution of PCMH practice over time
 - *PGIP Physician Organization self assessments are essential to this effort*
- Examine the relationship of PCMH practice/specific domains of function to quality and cost performance
- Identify barriers to PCMH implementation
- Data Sharing



- Conservative treatment of acute low back pain infrequently requires imaging, yet large sums are spent on these services
- CHQT partners with PGIP Physician Organizations to support optimal management of patients with low back pain (PGIP Radiology Initiative)
- Project components - physician education, practice pattern reporting, patient education and decision support, additional incentive payments
- Interventions crafted by each participating Physician Organization with support from low back pain experts at UMHS
- Goals - moderate use rates and optimize patient outcomes and satisfaction



- High variation in use of diagnostic and therapeutic services for stable coronary artery disease
- Medical therapy similar to PCI in long term outcomes for stable CAD, yet “diagnostic cascade” often leads to PCI
- Project components: physician education, practice pattern reporting, patient education and decision support, additional incentive payments
- Interventions crafted by each participating Physician Organization
- Goals: moderate use rates and optimize patient outcomes and satisfaction



- Currently cardiologists, pulmonologists, endocrinologists, oncologists and allergists are included
- May add others (e.g., OB-GYN, hospitalists, ER)
- Challenges:
 - Each specialty is unique; challenge is to align specialists with PGIP physician organizations
 - Specialists often collaborate across PGIP physician organizations
 - Include specialists while supporting PCMH-based practice and encouraging effective, coordinated population management
- Opportunity: improve collaboration, communication and coordination of care between primary care physicians and specialists
- PGIP goal: Support and sustain primary care



- Hospitalist Collaborative Quality Initiative
 - Supported by BCBSM Foundation
 - Interest in extending it with focus on DVT/VTE prevention
- Hospitalists in PGIP
 - Opportunity to coordinate care at transition into and from inpatient care
 - Improve communication at handoffs, expedite care, avoid dropping the ball, improve outcomes



- Exploring partnership opportunity with Kaplan EduNeering
 - Development of an educational module on Patient-Centered Medical Home to be completed by mid-2008
 - BCBSM/PGIP provides content
 - Online access for PGIP physicians state-wide
- Kaplan EduNeering - leading provider of computer-based instruction and compliance management solutions for over 26 years.
 - Computer-based Medicare compliance, privacy, security, ethics, workplace conduct, safety, environmental and operations training to over 300 companies in the healthcare, life sciences, and energy sectors



- Patient Provider Agreement discussion
 - Cornerstone of PCMH practice is an explicit understanding that the provider team is responsible for coordinating all of a patient's health care needs and working with the patient to establish health care goals and treatment priorities
 - Not prescriptive: PGIP PO has latitude regarding how to implement such an agreement
 - Does not have to be a signed document (but can be)
 - Some form of documentation should exist demonstrating that the substance of such an agreement has been discussed (touching on the nature of PCMH practice and the patient's and provider's respective roles and responsibilities) and agreed to by the patient
- **This can take many forms**