



Physician Group Incentive Program

2008 Self-Assessment Template Sample

Posted: May 2008

	BCBSM Physician Group Incentive Program (PGIP)
	Provider Organization Self-Assessment Due February 29, 2008

READ THIS FIRST: [Instructions For Completing Self-Assessment](#)

Provider Organizations (POs) are expected to complete a Self-Assessment for each Initiative in which they are participating. This Excel file contains templates for Self-Assessments for each PGIP Initiative.

Please complete the PO Info tab first, then the Practice Group Info tab, and then move on to the Self Assessments.

If ONE person will be completing the Self-Assessments for ALL Initiatives, please enter an "X" in the yellow box in the "PO Info" worksheet. This will populate the demographic fields in all the worksheets and save you time. If more than one person is completing the Self-Assessments, each responder will need to enter their name and contact info at the top of each Initiative's self-assessment.

Enter responses ONLY in the fields outlined with a blue dashed line. Please be specific and concise in your responses.

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 the file using the following file-naming convention: [Your Organization Name] Self-Assessment 2008-MM-DD. For example: "[Organization Name] Self-Assessment Rpt 2008-02-29" would be the way you'd name the February 29 document.

Please refer to the "Deliverable Due Dates" tab for specific due dates for each Initiative.

Please submit this Self-Assessment 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.**

	<p>BCBSM Physician Group Incentive Program (PGIP)</p> <p>Provider Organization (PO) Info</p>
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PLEASE REFER TO "READ THIS FIRST" TAB BEFORE COMPLETING OTHER SECTIONS OF THIS EXCEL FILE. Please enter below your Provider Organization name and the name of the person completing the Practice Group Info tab. **If ONE person is completing all the Self-Assessments, please also place an "X" in the yellow box (cell G8). This will populate the fields in the other worksheets and save you time.**

Provider Organization Name		Enter an "X" if the person named below is completing all self-assessments	
Date self-assessment completed		Name of person completing this section	
Email		Phone Numbers (office/cell)	

Contact Info

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

BCBSM Physician Group Incentive Program (PGIP)
Provider Organization Deliverables

In addition to the **Progress Report**, POs will also be expected to complete a **Self-Assessment** and an **Implementation Plan** for each Initiative selected. Due dates for the Self-Assessment and Implementation Plan vary by initiative; please refer to the timetable below. Templates for these documents can be found at the PGIP website at http://www.bcbsm.com/provider/value_partnerships/pgip/

Selecting File/Print/OK in this worksheet will print the Timetable on a single page.

Timetable for PGIP PO Deliverables						
Initiative Name	Due Dates for Year 1 of Participation			Due Dates for Year 2 and Subsequent Years		
	February 29	July 31	October 31	February 29	July 31	October 31
Generic Drugs	Progress Report Self-Assessment Implementation Plan	Progress Report	Progress Report	Progress Report Self-Assessment Updated Impl Plan	Progress Report	Progress Report
E-Prescribing	Progress Report Self-Assessment Implementation Plan	Progress Report	Progress Report	Progress Report Self-Assessment Updated Impl Plan	Progress Report	Progress Report
Oncology	Progress Report Self-Assessment Implementation Plan	Progress Report	Progress Report	Progress Report Self-Assessment Updated Impl Plan	Progress Report	Progress Report
Radiology	Progress Report Self-Assessment Implementation Plan	Progress Report	Progress Report	Progress Report Self-Assessment Updated Impl Plan	Progress Report	Progress Report
EBCR	Progress Report Self-Assessment Implementation Plan	Progress Report	Progress Report	Progress Report Self-Assessment Updated Impl Plan	Progress Report	Progress Report
PC-MH Pt-Prov Agreement	Progress Report Self-Assessment Implementation Plan	Progress Report	Progress Report Updated Impl Plan	Progress Report	Progress Report	Progress Report Updated Impl Plan
PC-MH Pt Registry	Progress Report Self-Assessment Implementation Plan	Progress Report	Progress Report Updated Impl Plan	Progress Report	Progress Report	Progress Report Updated Impl Plan
PC-MH Performance Reporting	Progress Report Self-Assessment Implementation Plan	Progress Report	Progress Report Updated Impl Plan	Progress Report	Progress Report	Progress Report Updated Impl Plan
PC-MH Indiv Care Mgmt	Progress Report Self-Assessment	Progress Report	Progress Report Implementation Plan	Progress Report	Progress Report	Progress Report Updated Impl Plan
PC-MH Extended Access	Progress Report Self-Assessment	Progress Report	Progress Report Implementation Plan	Progress Report	Progress Report	Progress Report Updated Impl Plan
PC-MH Test Tracking	Progress Report Self-Assessment	Progress Report	Progress Report Implementation Plan	Progress Report	Progress Report	Progress Report Updated Impl Plan

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

SCROLL DOWN FOR MORE INFO

	PGIP Self-Assessment 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 INFO" TAB and "PRACTICE GROUP INFO" TAB BEFORE COMPLETING THIS SELF-ASSESSMENT. If one person is completing the Self-Assessments for all the Initiatives, **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 section of the report.

Contact Info

Provider Organization Name		
Name of person completing this section	Phone Numbers (work/cell)	
Email	Date Completed:	

Does your PO have a pharmacist on staff? (enter "X" in one box)	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	

If yes, please indicate # of FTE pharmacists

Describe your process for generating performance reports at the individual physician or practice group level for each pharmacy measure.

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

	PGIP Self-Assessment Increasing the Use of Ger
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This revised template for the Generic Drugs Initiative Self-Assessment may be used in place of the original template file originally sent to POs. OR you may simply ignore the question "What is the week?" in the original template.

Contact Info

Provider Organization Name

Name of person completing this section

Phone Numbers (work and home)

Email

Date Completed:

Does your PO have a pharmacist on staff? (enter "X" in one box)

Yes

If yes, please indicate # of FTE pharmacists

Describe your process for generating performance reports at the individual physician or practice group level for each pharmacy measure.

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

	PGIP Self-Assessment Accelerating the Adoption and Use of Electronic Prescribing Initiative	Due February 29, 2008
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Contact Info

Provider Organization Name	
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Name of person completing this section	
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Phone Numbers (work/cell)	
----------------------------------	--

Email	
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Date Completed	
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Do you have e-prescribing in place? (enter "X" in one box)	
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Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Please identify all E-Prescribing Systems in use	
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Does your PO use the Institute for Safe Medication Practices Physician Practice Patient Safety Assessment? This interactive, self-assessment tool (www.physiciansafetytool.org) evaluates medication safety, patient handoffs and transitions, surgery and invasive procedures, personnel qualifications and competency, practice management and culture, and patient education and communication (enter "X" in one box)	
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Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Questions about this section? Please email:

[Tom Leyden](mailto:Tom.Leyden@...)

	PGIP Self-Assessment Due February 29, 2008 Oncology Initiative
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	Provider Organization Name														
<i>Contact Info</i>	Name of person completing this section														
	Email														
	Phone Numbers (work/cell)														
	Date Completed:														
	Physicians/Practices are enrolled and actively participating in the American Society of Clinical Oncology, Quality Oncology Practice Initiative®*, including: - Being an active ASCO member (enter "X" in one box) - Registering members/practices with ASCO by Feb. 28, 2008 to participate in May and October data collection (enter "X" in one box)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Yes</th> <th style="width: 50%;">No</th> </tr> <tr> <td style="border: 1px dashed black;"></td> <td style="border: 1px dashed black;"></td> </tr> <tr> <td style="border: 1px dashed black;"></td> <td style="border: 1px dashed black;"></td> </tr> </table>	Yes	No					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Number of Physicians</th> <th style="width: 50%;">Number of Practices</th> </tr> <tr> <td style="border: 1px dashed black;"></td> <td style="border: 1px dashed black;"></td> </tr> <tr> <td style="border: 1px dashed black;"></td> <td style="border: 1px dashed black;"></td> </tr> </table>	Number of Physicians	Number of Practices				
Yes	No														
Number of Physicians	Number of Practices														

*The Quality Oncology Practice Initiative (QOPI®) is a physician-led quality improvement program of the American Society of Clinical Oncology® for medical oncology practices. Practices participating in QOPI abstract medical records, submit data to a central database, and receive reports containing practice-specific data and national comparison data. Designation of an oncology practice or practitioner as a "QOPI participant" indicates that the practice has successfully completed QOPI data collection and received at least one data report. More information about QOPI, including the 50+ quality measures assessed through the program, is available at www.asco.org/QOPI. QOPI is a registered trademark of the American Society of Clinical Oncology.

[Questions about this section? Please email:](#) [Tom Leyden](mailto:Tom.Leyden@ascopubs.org)

	PGIP Self-Assessment Due February 29, 2008 Radiology Management Initiative
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Contact Info

Provider Organization Name	
Name of person completing this section	Phone Numbers (work/cell)
Email	Date Completed:

Does your PO provide reimbursable diagnostic imaging services at your clinics? (enter "X" in one box)		Yes		No	
		<input type="checkbox"/>		<input type="checkbox"/>	

Please indicate percent of all High Tech Radiology services ordered for your patients that are provided in your offices, by modality		CAT Scans (CT)	MRIs (MRI, MRA)	Nuclear Medicine	PET Scans
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate percent of all Low Tech Radiology services ordered for your patients that are provided in your offices, by modality		Other Imaging (Bone Density, Fluoroscopy)	Plain Film	Ultrasound (OB, non-OB, Ophthalmology)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate percent of all Other Radiology services ordered for your patients that are provided in your offices, by modality		Associated Procedures	Breast Imaging	Echo-cardiography
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe your process for sharing and discussing the BCBSM radiology reports with your practice groups and physicians

Questions about this section? Please email: [Sandy Reoma](#)

	PGIP Self-Assessment	Due February 29, 2008
Evidence Based Care Initiative		

PLEASE REFER TO "READ THIS FIRST" TAB and COMPLETE "PO INFO" TAB and "PRACTICE GROUP INFO" TAB BEFORE COMPLETING THIS SELF-ASSESSMENT. If one person is completing the Self-Assessments for all the Initiatives, **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 section of the report.

Contact Info

Provider Organization Name		
Name of person completing this section	Phone Numbers (work/cell)	
Email	Date Completed:	

Please describe the process your PO uses for sharing and discussing the Evidence-Based Care reports with practice groups and physicians. In particular, please indicate whether physician-level reports are generated and shared with individual physicians. If yes, indicate frequency.

Please list the type of individuals (i.e., titles, positions within practice groups and PO) that the Evidence-Based Care reports are shared with.

Please enter 'X' in the appropriate blue-dashed-line boxes below to indicate which capabilities are currently in place in each of your PGIP Practice Groups (including those that are not actively participating in the Evidence Based Care Initiative.)

Practice group names are populated from the Practice Group Info tab; names of Practice Groups not actively participating in this Initiative are in gray.

For ease of entry, scroll down and over so that cell C25 is in the top left corner of your screen, and then position the cursor on cell H30 and select Window/Freeze Panes.

If you would like to print the Capabilities by Practice Group chart for your own reference, please highlight the area you'd like to print and select File/Print/Selection/OK.

Questions about this section? Please email:

[Tom Leyden](#)

Practice Groups

Evidence Based Care Initiative

Capabilities in Place in PGIP Practice Groups within your Physician Organization:

Practice Group has all-payor patient registry currently installed

Practice Group is slated to have an all-payor patient registry implemented in 2008

Patient registry addresses **asthma**

Patient registry addresses **chronic obstructive pulmonary disease**

Patient registry addresses **heart failure**

Patient registry addresses **coronary artery disease**

Patient registry addresses **diabetes**

Patient registry addresses **other disease(s) (please specify):**

Patient registry incorporates **inpatient** patient clinical information

Patient registry incorporates **outpatient** patient clinical information

Patient registry incorporates **lab** patient clinical information

Patient registry incorporates **pharmacy** patient clinical information

Patient registry incorporates **imaging** patient clinical information

Patient registry incorporates evidence-based care guidelines

Registry information available at the point of care

Registry generates individual patient reports with timeline of essential services and whether they were obtained/provided or

Electronic communication system proactively notifies **patients** regarding chronic disease-specific gaps in care

Electronic communication system proactively notifies **physicians** regarding chronic disease-specific gaps in care

Electronic communication system proactively identifies and proposes a course of treatment for patients whose medical goals are not met (e.g., HbA1c >7, LDL > 100, BP >130/80 for diabetics) for the four chronic illnesses

Practice group person has a designated staff person charged with responsibility to monitor EBCR and develop strategies to improve performance

Practice Group produces physician-level reports based on the BCBSM-provided data files and routinely shares with individual physicians

	PGIP Self-Assessment	Due February 29, 2008
PC-MH Patient-Provider Agreement Initiative		

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<i>Contact Info</i>	Provider Organization Name		
	Name of person completing this section	Phone Numbers (work/cell)	
	Email	Date Completed:	
	Questions about this section? Please email:		Margaret Mason

Please enter 'X' in the appropriate blue-dashed-line boxes below to show which capabilities are currently in place for the PGIP Practice Groups within your Physician Organization that are participating in the PC-MH Patient-Provider Agreement Initiative.

Practice group names are populated from the Practice Group Info tab; those Practice Groups not participating in this Initiative are grayed out.

For ease of entry, scroll down and over so that cell C20 is in the top left corner of your screen, and then position the cursor on cell H25 and select Window/Freeze Panes.

If you would like to print the Capabilities by Practice Group chart for your own reference, please highlight the area you'd like to print and select File/Print/Selection.

	PGIP Self-Assessment	Due February 29, 2008
PC-MH Patient Registry Initiative		

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Provider Organization Name			
Contact Info	Name of person completing this section	Phone Numbers (work/cell)	
	Email	Date Completed:	

Questions about this section? Please email: [Margaret Mason](#)

Please enter 'X' in the appropriate blue-dashed-line boxes below to show which capabilities are currently in place for the PGIP Practice Groups within your Physician Organization that are participating in the PC-MH Patient Registry Initiative.

Practice group names are populated from the Practice Group Info tab; those Practice Groups not participating in this Initiative are grayed out.

For ease of entry, scroll down and over so that cell C20 is in the top left corner of your screen, and then position the cursor on cell H25 and select Window/Freeze Panes.

If you would like to print the Capabilities by Practice Group chart for your own reference, please highlight the area you'd like to print and select File/Print/Selection.

	PGIP Self-Assessment	Due February 29, 2008
PC-MH Performance Reporting Initiative		

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<i>Contact Info</i>	Provider Organization Name		
	Name of person completing this section	Phone Numbers (work/cell)	
	Email	Date Completed:	
	Questions about this section? Please email: Margaret Mason		

Please enter 'X' in the appropriate blue-dashed-line boxes below to show which capabilities are currently in place for the PGIP Practice Groups within your Physician Organization that are participating in the PC-MH Performance Reporting Initiative.

Practice group names are populated from the Practice Group Info tab; those Practice Groups not participating in this Initiative are grayed out.

For ease of entry, scroll down and over so that cell C20 is in the top left corner of your screen, and then position the cursor on cell H25 and select Window/Freeze Panes.

If you would like to print the Capabilities by Practice Group chart for your own reference, please highlight the area you'd like to print and select File/Print/Selection.

	PGIP Self-Assessment	Due February 29, 2008
PC-MH Individual Care Management Initiative		

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Contact Info	Provider Organization Name		
	Name of person completing this section		Phone Numbers (work/cell)
	Email		Date Completed:
	Questions about this section? Please email:		Margaret Mason

Please enter 'X' in the appropriate blue-dashed-line boxes below to show which capabilities are currently in place for the PGIP Practice Groups within your Physician Organization that are participating in the PC-MH Individual Care Management Initiative.

Practice group names are populated from the Practice Group Info tab; those Practice Groups not participating in this Initiative are grayed out.

For ease of entry, scroll down and over so that cell C20 is in the top left corner of your screen, and then position the cursor on cell H25 and select Window/Freeze Panes.

If you would like to print the Capabilities by Practice Group chart for your own reference, please highlight the area you'd like to print and select File/Print/Selection.

	PGIP Self-Assessment	Due February 29, 2008
PC-MH Extended Access Initiative		

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<i>Contact Info</i>	Provider Organization Name		
	Name of person completing this section	Phone Numbers (work/cell)	
	Email	Date Completed:	
	Questions about this section? Please email:		Margaret Mason

Please enter 'X' in the appropriate blue-dashed-line boxes below to show which capabilities are currently in place for the PGIP Practice Groups within your Physician Organization that are participating in the PC-MH Extended Access Initiative.

Practice group names are populated from the Practice Group Info tab; those Practice Groups not participating in this Initiative are grayed out.

For ease of entry, scroll down and over so that cell C20 is in the top left corner of your screen, and then position the cursor on cell H25 and select Window/Freeze Panes.

If you would like to print the Capabilities by Practice Group chart for your own reference, please highlight the area you'd like to print and select File/Print/Selection.

	PGIP Self-Assessment	Due February 29, 2008
PC-MH Test Tracking Initiative		

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Provider Organization Name			
Contact Info	Name of person completing this section	Phone Numbers (work/cell)	
	Email	Date Completed:	

Questions about this section? Please email: [Margaret Mason](mailto:Margaret.Mason@...)

Please enter 'X' in the appropriate blue-dashed-line boxes below to show which capabilities are currently in place for the PGIP Practice Groups within your Physician Organization that are participating in the PC-MH Test Tracking Initiative.

Practice group names are populated from the Practice Group Info tab; those Practice Groups not participating in this Initiative are grayed out.

For ease of entry, scroll down and over so that cell C20 is in the top left corner of your screen, and then position the cursor on cell H25 and select Window/Freeze Panes.

If you would like to print the Capabilities by Practice Group chart for your own reference, please highlight the area you'd like to print and select File/Print/Selection.