



JPA's PGIP News

This newsletter updates JPA Practices on the BCBSM PGIP program

Full House at PGIP Training



JPA conducted its first PGIP training session on May 15th at the Commonwealth Commerce Center. The majority of PGIP participating practices attended. This was a very

informative session for all in attendance. The purpose of the session was to provide an overview of the BCBSM sponsored program. If you were not able to attend, expect a call from Cheryl to schedule an appointment with you to review what was covered in the session. If you have any questions, please don't hesitate to contact Cheryl at 817-2140. If she doesn't have the answer...she will get you an answer.

BCBSM's Next PGIP Meeting

BCBSM will be holding its quarterly PGIP meeting on June 13th. Cheryl and Mark will be attending and will keep you informed. This session includes all 33 physician organizations involved in the program. It represents an opportunity to jointly identify "best practices" for achieving the PGIP goals. It is also an opportunity to learn alternative approaches to addressing some of the barriers that practices are finding with regard to the program.

If you have any questions that you would like Cheryl to inquire about at future meetings, email them to cherylm@JPAdocs.com.

AAFP Endorses Patient Centered Medical Home

In response to numerous reports demonstrating increased efficiency and compensation for family physicians, the American Academy of Family Physicians (AAFP) advocates for and supports the creation of a Patient Centered Medical Home (PC-MH) model.

This model of primary care requires access and partnership with specialty care, educational services, out-of-home care, family support, and other public and private community services important to the overall health of the patient. There is an emphasis on electronic health records and advanced information systems. This allows doctors to become more efficient and more patient-centered.

The PC-MH care includes a number of characteristics, including the following:

Cont'd bottom page 2

Help JPA Reach its Goals

JPA Needs Physician Champions!!!

The PGIP Initiative requires physician involvement. Please look at the list of committees below and let Cheryl know which committee you are interested in serving on. Physicians will be compensated for their involvement.

Committee's

Pharmacy
Radiology
Evidence Based Care
E-prescribing
Medical Home
Performance Reporting

... This commitment involves only a little bit of your time and energy

QUESTIONS?

Contact Cheryl at JPA

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New Healthcare Payment Model to be Tested

Performance reporting becoming more critical

Many of the PGIIP initiatives that we are engaged in are going to serve JPA practices well as the healthcare industry slowly transforms. Many new programs, payment models, and legislative activities call for improved performance reporting and transparency.

Right now a new payment model, funded by the Robert Wood Johnson Foundation, is being tested. It will provide \$6.4 million in grants to further develop and test a new model for health care payment that will reward hospitals and physicians to coordinate and provide high-quality care.

The PROMETHEUS Payment model is specifically designed to: improve quality; lower administrative burden; enhance transparency; and support a patient-centric and consumer-driven environment, all while facilitating better clinical coordination throughout the health care system. The PROMETHEUS Payment model is intended to create a payment environment where doing the right things for the patient helps providers and insurers do well for themselves. The name speaks to the values of the model: Provider Payment Reform for Outcomes, Margins, Evidence, Transparency, Hassle Reduction, Excellence, Understandability and Sustainability

The Payment model was designed to explicitly base payment on adherence to clinical guidelines and patient outcomes, which by necessity will require tight coordination among an entire care team.

Source: *Modern Healthcare's Daily Dose*, Rebecca Vesely; Robert Wood Johnson Foundation news release, May 21, 2008.

PROMETHEUS Program Highlights:

- Starts Jan '09 in Rockford IL and Minneapolis, MN.;
- Hospitals and physicians will be rewarded to coordinate and provide high quality care;
- Base payment is based on adherence to clinical guidelines and patient outcomes;
- The payment model starts with science and fairly accounts for resources necessary to make the care deliverable to patients with specific, individual clinical needs;
- Voluntary system and can be used by small physician groups, as well as large integrated systems;
- A starter set of Evidence-informed Case Rates (ECRs) will give patients and payers a predictable measure of costs and are generous and flexible enough to give providers a clear incentive to improve care;
- To start, there will be 12 ECRs for certain types of cancer, cardiology, orthopedic care; as well as for routine and preventative care;
- Each ECR will have a minimum base of care for uncomplicated situations. Above base will be a "severity adjustment" to account for complicated factors; as well as an additional "margin" to give providers a financial incentive to adhere to the guidelines;
- There will be a withhold and a public scorecard; and
- Teams of providers will coordinate and negotiate which parts of the case rate they will deliver and at what price.

AAFP Endorses Patient Centered Medical Home Model *Cont'd*

- Whole person orientation with coordinated care;
- Advanced information systems, including EMR;
- Patient-centered care with a team approach;
- Focus on quality and safety;
- Elimination of barriers to access;
- Evidence-based medicine and clinical decision-support tools; and
- Redesigned, more functional offices.

Community Care of North Carolina is a working example of a PC-MH. The program shows excellent quality and cost outcomes through disease management, evidence-based clinical practice, and an emphasis on a physician-led team approach. Community Care of North Carolina is the state's Medicaid program. Two independent evaluations of this program indicate it has saved the state \$195 to \$215 million

in 2003 and between \$230 and \$260 million in 2004 when compared to historical fee-for-service.

States and localities like Louisiana, Massachusetts, Minnesota and Washington, DC, are developing legislation to implement medical home pilot programs. Additionally, Section 204 of the Federal Tax Relief and Health Care Act outlines a Medicare Medical Home Demonstration Project. This three-year project will involve care management reimbursement and incentive payments to physicians. It will evaluate the health and economic benefits of providing targeted, accessible, continuous, and coordinated, family-centered care to high-need populations.

JPA is again at the forefront of the healthcare evolution.

Source: *American Academy of Family Practice website*