



# JPA's PGIP News

*This newsletter updates JPA Practices on the BCBSM PGIP program*

## PGIP Updates

### (1) Patient Centered Medical Home Designation

**B**onnie Mauch, JPA's Healthcare Management Coordinator, visited all the JPA PGIP participating offices during the month of February. The purpose of this visit was to update the Patient Centered Medical Home (PCMH) capabilities list for the practices' accomplishments made in 2008. The results of these visits will be passed on to the BCBSM PGIP Designation Committee.

The Designation Committee will look at all the results from all the Physician Organizations and determine if any practices meet PCMH designation requirements. Those meeting requirements will undergo a site visit for **Final Designation**. The practices meeting **Final Designation** will qualify for increased E&M reimbursement beginning July 1, 2009. Blue Cross Blue Shield will continue to assess PCMH capabilities for 2009.

JPA's Admin staff is developing an assessment crosswalk tool that the BCBSM PGIP and NCQA Patient Centered Medical Home requirements needed for designation. By making both sets of criteria available to you, practices will be able to work toward the full scope of PCMH requirements. The designation could further increase your reimbursement with other payors. Priority Health is just beginning some pilot programs for PCMH using the NCQA guidelines. They anticipate the program to grow during the year with more grants being released in late summer.

### (2) Generic Rx Summary Reports

**Third quarter 2008** Generic Rx Reports have been distributed to both JPA physicians and PGIP Champions. The report template is different than what JPA has sent out in the past. Please look the latest report over carefully to determine where you stand compared to JPA, and the whole PGIP group for 3Q08. Remember, JPA is rewarded for the level of change made in the Generic Dispensing Rate (GDR). Our initial GDR began at 61% 1Q08 and has risen

to 65.7%. Our target rate is to be above 70% by mid-year in 2009. For assistance with interpreting your report, please call Bonnie. Look for additional PGIP reports highlighting the status of other initiatives for Radiology, Evidence-Based Care Measures, and Emergency measures as we receive them from BCBSM.

### (3) Building PGIP Awareness

**Do you discuss** the PGIP initiatives in your practice staff meetings? For practices to move forward to PCMH designation, everyone should be aware of the goals and the path to reach the goals. Meetings can be used to discuss workflow and ways to streamline tasks and shorten wait times between steps in the workflow to improve the

efficiency and quality of care in your practice. Furthermore, the staff meeting is a good time for everyone to discuss the PGIP program and target goals.



### A note from Bonnie

I would like to thank everyone for welcoming me so graciously to the JPA community. I look forward to working with you so your practices continue to be successful and move forward with the PGIP initiatives. If you are interested in knowing more about e-prescribing, Phytel, or PQRI, please feel free to call me at any time.

### PGIP Program



### QUESTIONS?

Contact Bonnie Mauch at JPA

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# JPA's 2009 PGIP Initiatives

Initiative	Goal	Progress	Practices Should
<b>Initiative #1</b> Pharmacy Plan for Increasing the Use of Generic Drugs	Improve prescribing patterns and reduce pharmacy costs.	<ul style="list-style-type: none"> <li>Practices falling below expectations have been asked to increase generic use. Names of their patients on brand Rx's have been supplied.</li> <li>JPA's overall generic dispensing rate continues to increase and has risen to 65.7%. The goal is to increase the GDR above the 70% mark by mid-year.</li> </ul>	<ol style="list-style-type: none"> <li>Review quarterly reports and share with prescribing physician(s).</li> <li>Utilize generic drugs whenever possible.</li> <li>Prioritize Rx's by cost, using low cost alternatives first.</li> </ol>
<b>Initiative #2</b> Adoption and Use of Electronic Prescribing	Improve safety, quality and cost-effectiveness of the prescription process through adoption and increased use of electronic prescription ordering.	<ul style="list-style-type: none"> <li>Surescripts® was implemented into the NextGen EMR. NextGen EMR Lite is available to practices with NextGen practice manager for use of electronic e-prescribing.</li> </ul>	<ol style="list-style-type: none"> <li>Evaluate, with your physician(s), moving to e-prescribing with an opportunity for 2% Medicare incentive enhancement.</li> </ol>
<b>Initiative #3</b> Radiology Management	Ensure appropriate use of diagnostic imaging services, reducing over-utilization and costs.	<ul style="list-style-type: none"> <li>The next set of utilization reports from BCBSM will contain ordering physician.</li> </ul>	<ol style="list-style-type: none"> <li>Review quarterly reports and share with ordering physician(s).</li> <li>Follow protocol with AIM certification program.</li> </ol>
<b>Initiative #4</b> Evidence Based Care Tracking to Reduce Gaps in Care	Increase adherence to evidence-based medicine, reduce gaps in care and ultimately improve patient outcomes.	<ul style="list-style-type: none"> <li>JPA received individual physician reports in December for the period: July 1, 2007 through June 30, 2008.</li> <li>JPA will be sharing data with PGIP Quality Committee for next steps.</li> </ul>	<ol style="list-style-type: none"> <li>Learn and measure the Key Evidence Based Care Indicators.</li> <li>Consider developing a program (registry) to document these measures and outcomes.</li> <li>Review the EBCR reports when received from JPA.</li> </ol>
<b>Initiative #5</b> Patient Registry PC-MH	Create capability to identify and actively monitor patients with chronic conditions supporting optimal management of population.	<ul style="list-style-type: none"> <li>JPA finalized arrangement with Phytel and currently two practices have been implemented into the Phytel registry.</li> <li>JPA is working with JCMR regarding establishment of a disease registry.</li> </ul>	<ol style="list-style-type: none"> <li>Build awareness regarding purpose and function of a patient registry.</li> <li>Consider establishing a registry to submit pertinent data and utilize reports from the registry.</li> <li>Ensure patient documentation and compliance with protocols are robust.</li> </ol>
<b>Initiative #6</b> Performance Reporting PC-MH	Create capability to assess and report on performance of individual physicians, their practice and JPA with regard to preventative care and chronic disease management of patients.	<ul style="list-style-type: none"> <li>Overall, Initiative #6 requires completion of Initiative #5. JPA conducted an education session on the PCMH concept for JPA members.</li> </ul>	<ol style="list-style-type: none"> <li>Review reports and share with physician(s).</li> <li>Attend PGIP focused meetings and educational sessions.</li> </ol>
<b>Initiative #7</b> (New for 2009) Emergency Department Use	Use of Emergency Department is used appropriately.	<ul style="list-style-type: none"> <li>JPA expects data from BCBSM to determine JPA's performance in rate of ED use for primary care sensitive conditions, and % of PO's population that are frequent ED users for primary care sensitive conditions.</li> </ul>	<ol style="list-style-type: none"> <li>Review reports and share with physicians.</li> <li>Develop strategies to reduce PGIP patients' use of the ED for primary care sensitive conditions.</li> </ol>