



JPA's PGIP News

This newsletter updates JPA Practices on the BCBSM PGIP program

PGIP DATA GOES 'LIVE' ONLINE

BCBS of Michigan (BCBSM) has enhanced cost and quality information about physicians, hospitals, drugs and common health services that is viewable on the provider, group, customer, and Blues' agent portals of bcbsm.com. The quality information includes the same measures reported in PGIP.

The data posted covers aggregate PGIP physician organizations, rather than individual physicians. Providers may reach the information on bcbsm.com by clicking on Health Care Advisor™, a self-service transparency tool powered by WebMD. BCBSM ensures the cost and quality data on its site is well vetted and representative. They solicited input from their health care partners including Michigan PGIP physician organizations, Michigan Health and Hospital Association, Michigan State Medical Society and the Michigan Osteopathic Association.

Updated PGIP Initiative Plans are on PGIP website

BCBS has recently posted PGIP Initiative Plans to their PGIP website http://www.bcbsm.com/provider/value_partnerships/pgip/initiatives.shtml. Scroll to the desired initiative and select the link to find the Fact Sheet on the Initiative Plan.

JPA's PGIP Quality Improvement Committee Endorses Blinded Physician Level Reporting

The purpose of this committee is to provide physician oversight regarding JPA participation and activities related to quality management under the BCBSM PGIP. This committee is comprised of physician members representing primary care and another specialty care areas covered under the PGIP program.

Dr Lynn Van Wagnen, JPA Medical Director, serves as chair of the committee. The members are: Dr. Brian Adamczyk, Dr. Ray King, Dr. Jon Lake, Dr. Miranda Makulski, Dr. Mark Smith, Dr. Tim Murray and Dr. Jessica Williams. The Committee meets quarterly and reviews JPA-PGIP participating PGIP physician level detail data to help coach and suggest process improvement activities.



At its recent meeting, the committee reviewed several PGIP utilization reports and agreed to send "blinded," individualized data reports to the members. This data represents a dashboard-like look as to where each JPA physician is on meeting respective pay-for-performance criteria targets.

One of the committee's charges is to raise the compliance levels of the lowest 10 physicians in the measured PGIP initiative categories. Individualized meetings are being scheduled with select physicians to improve compliance. *All PGIP participating physicians should regularly monitor their PGIP reports.* The next PGIP Quality Improvement Committee meeting will be held June 17, 2009.

PGIP Update from JPA!

In April, each participating JPA PGIP providers was sent a packet of information containing the most recent data reports from BCBSM. If you have any questions concerning these reports, data, the packet itself, or would like more information, please contact Bonnie. JPA will be proactively contacting those physicians in the lowest quartile in the PGIP initiative categories. Please review your utilization rates and discuss with your staff strategies to improve your rates in each of the reported categories, completing an action plan when necessary. Remember that BCBSM will monetarily reward those physician organizations that can demonstrate an improvement in performance of the 2009 initiatives. Ultimately, as JPA did in 2008, JPA will reward their members accordingly.

BCBS has reviewed the assessment for the Patient Centered Medical Home Designation. Each practice was scored based on the number of PCMH capabilities completed, along with a quality score for each of the reported initiatives. BCBSM has conducted a site visit of the practices that met the preliminary requirements to quality for Patient Centered Medical Home (PCMH) status. Two of JPA's practices may be eligible for PCMH designation. This is very positive since JPA is only in the second year of a three-year expected PCMH transformation process.

Bonnie is currently updating individual office capabilities for 2009.

PGIP Program



QUESTIONS?

Contact Bonnie Mauch at JPA

1310 Greenwood Avenue
Jackson, MI 49203
517-817-2140 (phone); 517-817-2142 (fax)
BonnieM@JPAdocs.com

The Chronic Care Model

JPA is exploring use of the Chronic Care Model (CCM) for healthcare. This approach is a fundamental of the PCMH. The CCM identifies the essential elements of a health care system that encourage high-quality chronic disease care. Evidence-based change concepts under each element, in combination, foster productive interactions between informed patients who take an active part in their care and providers with resources and expertise.

The Chronic Care Model includes six essential elements of a health care system that when integrated encourage high-quality chronic disease care:

1. Community Resources

- Mobilize community resources to meet needs of patients
- Encourage patients to participate in effective community programs
- Form partnerships with community organizations to support and develop interventions that fill gaps in needed services
- Advocate for policies to improve patient care

2. Health System

- Create a culture, organization and mechanisms that promote safe, high quality care
- Visibility support improvement at all levels of the organization, beginning with the senior leader
- Promote effective improvement strategies aimed at comprehensive system change
- Encourage open and systematic handling of errors and quality problems to improve care
- Provide incentives based on quality of care
- Develop agreements that facilitate care coordination within and across organizations

3. Self-Management Support

- Empower and prepare patients to manage their health and health care
- Emphasize the patient's central role in managing their health

The Chronic Care Model



- Use effective self-management support strategies that include assessment, goal-setting, action planning, problem-solving, and follow-up
- Organize internal and community resources to provide ongoing self-management support to patients

4. Delivery system design

- Assure the delivery of effective, efficient clinical care and self-management support
- Define roles and distribute tasks among team members

- Use planned interactions to support evidence-based care
- Provide clinical case management services for complex patients
- Ensure regular follow-up by the care team
- Give care that patients understand and that fits with their cultural background

5. Decision Support

- Promote clinical care that is consistent with scientific evidence and patient preferences
- Embed evidence-based guidelines into daily clinical practice
- Share evidence-based guidelines and information with patients to encourage their participation
- Use proven provider education methods
- Integrate specialist expertise and primary care

6. Clinical Information Systems

- Organize patient and population data to facilitate efficient and effective care
- Provide timely reminders for providers and patients
- Identify relevant subpopulations for proactive care
- Facilitate individual patient care planning
- Share information with patients and providers to coordinate care
- Monitor information with patients and providers to coordinate care
- By implementing the Chronic Care Model in the physician office setting physicians can improve the timeliness of care provided to patients, improve office workflow and improve patient outcomes.

For more information about the Chronic Care Model, visit www.improvingchroniccare.com.

JPA hosts training session

JPA recently sponsored a PGIP training session highlighting two '09 PGIP initiatives, Generic Dispensing Rate and Emergency Department (ED) Utilization. JPA's Healthcare Management Coordinator Bonnie Mauch, RHIA and CPHQ, said the two-hour dinner program gave participants "information that should help them improve their rates in these two initiatives so they can ultimately receive a monetary benefit from JPA."

The session included two presentations: one by Mike Strampel, the Clinical Program Manager for Blue Cross Blue Shield of Michigan (Pharmacy Services department), regarding Generic Dispensing Rate; and the second by Mark Smith, MD, Director of the Allegiance ER, providing an overview of the new ED PGIP Initiative.

In Strampel's presentation, he noted how the current pharmacy measures are reported and what improvement is measured by; identified for each RX categories the percentage of brand Rx's used in the first quarter of 2009; and noted these categories are the easiest to switch because of more generics available in therapeutic categories.

"It would only take one or two prescriptions per provider to increase our overall GDR rate," Strampel said.

Dr. Smith began his presentation with the ACEP guidelines for when to use an ED and when to contact a PCP. He emphasized using reports to analyze data then develop strategies to reduce primary care sensitive ED use, investigate frequent ED users, identify causes and develop a plan to prevent inappropriate ED use.