



# JPA's PGIP News

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

## END OF YEAR: WRAP UP LOOSE ENDS

Since we are in the last quarter of the year, I would like to remind all of you about the initiatives that JPA may receive PGIP incentive payments for based on our overall 2009 performance. BCBSM will use the claims data from the calendar year 2009 as the basis for scoring practices and making 2010 PCMH designation decisions.

The PO's have requested from BCBSM additional updated information on a practice unit's quality/use scores and they are trying to provide these reports prior to the end of the year. JPA will disperse this information when they receive it from BCBSM. The target metrics are listed in the adjacent table:

Bonnie will discuss individual JPA provider's scores for each of the initiatives reported above when she meets with each practice to complete and finalize practice's BCBSM PCMH assessment.

2009 Generic Dispensing PGIP Metrics Rate – JPA's goal – 70%
Evidence Based Care Measures – JPA's Overall Score: 74%; PGIP's Benchmark 80.5%
High Tech Radiology - JPA: \$20.25 PMPM (based on 2008 data); PGIP's Benchmark <\$17.96 PMPM
Non-emergent high tech compliance rate – JPA: 84.9%; PGIP's Benchmark 84.9%
AIM website compliance – JPA: 43.2%; PGIP's Benchmark 39.2%
Emergency Department Utilization – (2008 data) Percentage of ED visits by NYU Categories Non Emergent – JPA: 20.37% Emergent, Primary Care Treatable – JPA: 21.29% Emergent, ED needed, Preventable – JPA: 14.09%

## Cielo Registry

The offer for JPA to subsidize the first year's purchase of the Cielo registry is **only available through December 15, 2009**. Your cost for the first year's contract would be \$450, and \$900 for the subsequent years. JPA will pay the setup and 50% of the first year subscription.

Working with a patient registry will help manage patient care, and ultimately optimize receipt of P4P monies from payers. It will assist in meeting the registry requirement for Patient Centered Medical Home (PCMH) designation through the PGIP program, as well as the National

Committee for Quality Assurance (NCQA). The use of the registry should more than pay for itself with earned P4P incentive dollars that is earned from payers. If you are interested in this offer and you haven't called for a demo, please contact the JPA office ASAP.



## Phytel Registry

*Grant Monies are still available through JPA (up to \$1,400) to each participating physician who signs an arrangement with PHYTEL before 12/15/09. Practices using PHYTEL received PQRI incentive payments for 2009.*

### PGIP Program



### QUESTIONS?

Contact Bonnie Mauch at JPA

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## Becoming a Patient Centered Medical Home

# Integrated Care Management

A team comprised of individuals from the Jackson Community Medical Record, Jackson Physician Alliance, Allegiance Health, the Center for Family Health, Priority Health and MPRO have been working on the advancement of integrated care management within the Jackson community. They are focused on identifying and implementing electronic technologies and workflows, to advance the quality of care and lower overall medical costs in the Jackson area.

Their work is rooted within the NextGen EMR system.

The team is currently piloting standardization of data entries for the following: *PCP identification, diabetic diagnosis when appropriate, use of the diabetes flow sheet, and colorectal cancer screening.* For JCMR to provide quality reports to providers and payers to meet pay-for-performance criteria, all the data must be recorded in the EMR consistently. This work will allow JCMR to leverage your

captured EMR data and maximize your reimbursement incentive.

A key component of the Patient Centered Medical Home is being able to develop performance reports by patient for chronic diseases like diabetes. The standardization of data in the diabetic flow sheet will help JCMR produce accurate performance reports for your practice. If you have any questions regarding this initiative, please contact JCMR directly.

## Learn to be a ‘Learning Organization’

Observations suggest that practice transformation is more about learning how to become a “learning organization,” which co-creates an emergent future, than it is about implementing techniques from experts on how to create or build something already known.

**There is no expert who knows what a PCMH actually looks like. We are all learning together as thoughtful practices around the country transform in their own way and at their own pace. This learning organization model differs appreciably from the conventional expert model and challenges a medical community expecting consultants to come with external expertise and simply fix problems.**

Primary care, like healthy food, works best at a local and personal level. What is waste on an assembly line is not necessarily waste in a healing relationship; allow for appropriate variability. Stewarding patients toward healthier lives is a deliberate process - stewarding practices toward health and toward becoming a PCMH is also a deliberate process.” Achievements are measured in re-engineered processes rather than incremental data points.

## Some insights from a recent article:

### **Initial Lessons From the First National Demonstration Project on Practice Transformation to a Patient-Centered Medical Home**

(Nutting et al, Ann Fam Med 2009; 7: 254-260).

“Change is hard enough; **transformation to a PCMH requires epic whole-practice re-imagination and re-design.** It is much more than a series of incremental changes. Roles of individuals and the practices, sense of identity, and imagination about the meaning of patient care are all changed. Most current practice models are designed to enhance physician workflow. **The PCMH should be designed to enhance the patient experience. This shift requires a transformation, not an incremental change.**

## BCBSM PCMH ‘Domains of Function’

Under BCBSM’s Physician Group Incentive Program (PGIP), PCMH-based infrastructure and care processes have been organized into 12 “Domains of Function.”

Each PCMH Domain of Function has a set of required capabilities, collaboratively developed by BCBSM and participating PGIP Physician Organizations (POs). To provide further information regarding the definition of each required capability, a BCBSM-PO team was assembled to review and finalize Interpretive Guidelines. Any capability reported to BCBSM as “in place” must be fully in place and *in use* by all appropriate members of the practice unit team on a routine and systematic basis. The guidelines have been published and you may request a copy from Bonnie at JPA.

The BCBSM PCMH assessment must be completed by the end of November 2009. Bonnie will be contacting you to schedule an appointment with your practice manager, PGIP champion, and physician to meet and assess your practice based on completion of the “Domains of Function”. PCMH designation will be based upon PCMH capabilities in place as of December 31, 2009.

The 12 “Domains of Function” include:

1. Patient – Provider Partnership
2. Patient Registry
3. Performance Reporting
4. Individual Care Management
5. Extended Access
6. Test Results and Tracking & Follow up
7. Preventive Services -NEW
8. Linkage to Community Services - NEW
9. Self-Management Support
10. Patient Web Portal - NEW
11. Coordination of Care - NEW
12. Specialist Referral Process - NEW