



JPA's PGIP News SPECIAL EDITION

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This newsletter updates JPA Practices on the BCBSM PGIP program

PGIP Initiatives expand for 2010

Happy New Year everybody. It's hard to believe 2009 is over and 2010 is here. A brand new calendar year! Wow!

I appreciate everyone's hard work and diligence with the BCBS PGIP Initiatives for 2009.



The JPA Board has expanded the PGIP Initiatives to pursue in 2010. This issue will describe these new initiatives, what the objectives for JPA are, and what you can do to successfully achieve required targets.

Service-Focused Initiatives

Look to optimize the appropriate service venue for patient care.

Service focused initiative compliance is critical when evaluating practices for Patient Centered Medical Home (PCMH) nomination. In the past, this has comprised 50% of a practice's PCMH score. Primary Care offices have the opportunity to work on any of these initiatives. Specialists, while not eligible for PCMH designation, should continue to focus on implementing the service initiatives and the EBCR tracking initiative.

Service Focused Initiatives are:

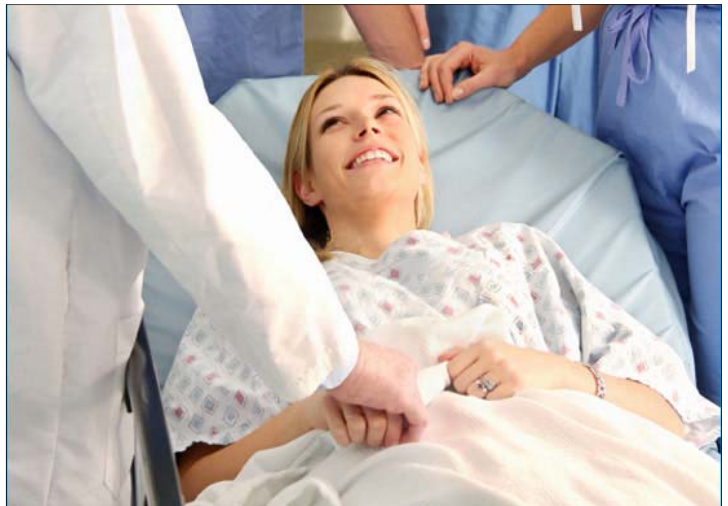
► Increase the Use of Generic Drugs

- Encourage the use of high quality, cost effective, generic drugs as alternatives to brand name prescriptions when generic use is considered clinically appropriate by the physician;
- Encourage physicians to prescribe lower cost alternatives such as over-the-counter (OTC) medications or low cost brands when no generic drug is available and when clinically appropriate; and
- Reduce drug costs by increasing the use of lower-cost generic medications.

JPA's Goal for 2010
Performance Improvement when comparing JPA's generic dispensing rate to past performance and an established benchmark. JPA's GDR at the end of 2009 was 67.83%. The PGIP overall program rate was 66.95% and the ABC Benchmark was 71.55%.

What practices can do to help meet this goal:

1. Review reports and determine if patients currently on brand drugs with a generic alternative can be switched;
2. Begin a patient's treatment with a generic drug initially;
3. Review the JPA reports and meet with JPA staff to see



4. what steps can be taken to improve GDR throughout the year;
4. If you are not using an e-prescribing software now, please consider implementing one to assist you with knowing what generics are available; and
5. Keep current with "First Time" generics available for 2010. A great Internet resource is www.theadvertisedbrand.com.

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QUESTIONS?
Contact Bonnie Mauch at JPA
 1310 Greenwood Avenue
 Jackson, MI 49203
 517-817-2140 (phone); 517-817-2142 (fax)
 BonnieM@JPAdocs.com

Core Clinical Process-Focused Initiatives

Look to optimize clinical process activities within the practice.

► Evidenced-Based Care Report (EBCR)

Tracking

- Improve health outcomes through adherence to PGIP evidence based guidelines;
- Reduce gaps in care;
- Improve JPA's overall 2010 EBCR compliance rate; and
- Focus on JPA's diabetic population chronic care management.

JPA's Goal for 2010

Improve the overall EBCR score and specific clinical topic measures: Diabetes, CHF, CAD, Antibiotic Use, Adult Prevention, Child/Adolescent Prevention, and Medication Management. JPA's overall score for 2nd Qtr. 2009 is 75%, the JPA aggregate is 74%, and the PGIP benchmark is 76.6%.

What practices can do to help meet this goal:

1. Review JPA reports and meet with staff to establish a plan to improve the office's EBCR rates for the specific clinical topic measures;
2. Review the definitions for the 2010 Evidence Based Care Measures located on the BCBSM website; (www.bcbsm.com);
3. Add patients to your patient registry; and
4. Conduct outreach of the at-risk patients to ensure receipt of appropriate and timely care.



► Performance Reporting

- Continue to develop performance reports that allow tracking and comparison of outcomes across JPA's diabetic population; and
- Demonstrate chronic disease management at the JPA, practice unit, and provider level.

What practices can do to help meet this goal:

1. Review JPA reports and meet with JPA staff regularly.

NEW ► Patient-Provider agreement (PCMH)

- Increase the percentage of practices that have implemented a Patient-Provider Agreement; and
- Demonstrate continued education activities targeted to practice understanding of the PCMH model.

JPA's Goal for 2010

For all JPA practices to be educated and have initiated the patient-provider agreement. JPA currently has three practices that have implemented this initiative.

What practices can do to help meet this goal:

1. Review the PCMH-related patient communication tools that JPA has developed and adapt them to your practice.

Tools can be located at www.jpadoocs.com;

2. Distribute and document agreements established in 2010; and
3. Contact JPA to schedule education for you and your staff regarding the PCMH Model.

NEW

► Individual Care Management (PCMH)

- Implement individual care management capabilities among practices to ensure appropriate and effective chronic disease management empowering

JPA's Goal for 2010

To increase practice chronic disease management activities for all JPA practices.

patients to take greater responsibility for their health;

- Focus on diabetes care demonstrating improved outcomes, processes and patient satisfaction measures;
- Establish procedures for self-management, goal-setting with patients with chronic conditions; and
- Implement educational tools to be used with patients.

What practices can do to help meet this goal:

1. Review the Individual Care Management Initiative with JPA's Quality Management Coordinator focusing on any gaps in service;

and

2. Develop procedures for planned visits, action plan development and self-management goal setting for patients with diabetes.

NEW

► Preventive Services (PCMH)

- Implement procedures to provide preventive services for primary (i.e., HgA1c for Diabetes) and secondary (i.e., colonoscopy, prevention programs) management; and
- Use JPA developed tools with patients and staff regarding preventative care management.

JPA's Goal for 2010

To increase practice diligence to preventative care services among all JPA practices.

What practices can do to help meet this goal:

1. Meet with JPA's Quality Management Coordinator and review the practice's preventative care services;
2. Implement procedures to ensure compliance and launch of prevention programs;

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The Core Clinical Process-Focused Initiatives

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3. Develop standing order protocols to authorize care team members to deliver preventive services according to approved protocol without examination by a clinician; and
4. Provide staff opportunities for regular training and/or communications in health promotion and disease prevention.



NEW ▶ Transitions of Care

- Increase collaboration with JPA, Allegiance Hospital, Hospitalists and the BOOST program to optimize discharge communications; and
- Adopt strategies to address re-hospitalizations and ED re-admissions.

What practices can do to help meet this goal:

1. Discuss and share with staff information that JPA will be publishing regarding the BOOST program; and
2. Begin implementing strategies to prevent unnecessary re-admissions.

NEW ▶ Linkage to Community Services (PCMH)

- Increase community-wide collaboration with health care resources; and
- Inventory community resources and maintain a database

for all JPA practices.

What practices can do to help meet this goal:

1. Look to utilize community resources in the practice's overall care/treatment of patients.

NEW ▶ Lean Clinical Redesign for PCMH Collaborative Quality Initiative (Lean CQI)

- To optimize clinical practice and core operational processes through application of tools and approaches related to "Lean Thinking."

What practices can do to help meet this goal:

1. Meet with JPA's Quality Management Coordinator to discuss Lean redesign of your practice.

Service-Focused Initiatives

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▶ Unnecessary Emergency Department

Utilization

- Reduce the emergency department use for primary care sensitive conditions; and
- Reduce the percent of PGIP-attributed patients who are frequent (5 or more visits per year) ED users for primary care sensitive conditions.

JPA's Goal for 2010
Reduce JPA's ED use compared to the PGIP average. Decrease the number frequent ED users (defined as 5 or more visits per year) compared to the PGIP average. JPA's Risk Adjusted ED Standard Cost PMPM for 2008 was \$6.68. The Benchmark performance (10% of Population) range was \$5.72 to \$6.15.

What practices can do to help meet this goal:

1. Expand outpatient office hours, same day appointments;
2. Educate patients on what to do, re: after hours care;
3. Send letters to patients who are consistently utilizing ED services inappropriately; and
4. Contact Allegiance Patient Navigators to assist in educating frequent fliers on appropriate utilization for ED.

▶ Radiology Procedures Utilization

- Reduce the utilization PMPM for radiology procedures;
- Increase compliance with prior authorization through AIM for high tech procedures;
- Increase the use of the web-based authorization tool; and
- Lower the overall radiology cost PMPM.

JPA's Goal for 2010
Increased compliance with the use of AIM pre-authorization process and the use of AIM website (the web use rate > 50%). JPA's standard cost PMPM to be at or below the established benchmark. JPA's standard cost PMPM for 2008 was \$28.97. The benchmark range was \$23.25 to \$26.26.

What practices can do to help meet this goal:

1. Be sure to comply with AIM pre-authorization and use the AIM website for high cost radiology procedures; and
2. Monitor your practice's cost PMPM reported by JPA discussing ways that this cost could be decreased.

Clinical Information Technology-Focused Initiatives

Look to optimize the most efficient and effective electronic tools within the practice.

▶ Accelerate the Adoption and Use of Electronic Prescribing

- Implement E-prescribing into practice operations.

What practices can do to help meet this goal:

1. Contact JPA to assist you with implementing E-prescribing functionality. E-prescribing must be in place by the end of 2010 with one or all physicians using it on an on-going basis to qualify for “meaningful use”; and
2. Review the tools that JPA has developed to help with implementation.

JPA’s Goal for 2010
 Ensure all JPA PCP practices have implemented an E-prescribing solution.

What practices can do to help meet this goal:

1. Assist JPA in evaluating vendor options for a patient portal;
2. Give input to JPA regarding the functions you are looking for when using a Patient Web Portal; and
3. Adopt and implement web-based patient portal capabilities in the office.

▶ Patient Registry Establishment and Use

- Establish a Patient Registry focusing on Diabetes patients; and
- Document use of the patient registry in chronic disease management, particularly diabetic patients.

JPA’s Goal for 2010
 Ensure all JPA PCP practices are reporting at least their diabetic patients into a registry.

What practices can do to help meet this goal:

1. Meet with JPA staff to verify appropriate use of a patient registry; and
2. Work with your practice’s clinical team to improve workflow changes for management of Diabetes.

NEW

▶ Patient Portal Development

- Evaluate vendor options for purchasing and implementing a patient web portal system; and
- Develop policies and procedures to allow safe and efficient exchange of information through a patient web portal system.

JPA has many initiatives to work on with you and your practice in 2010. As you review these initiatives, please remember the following:

1. JPA has published tools, resources, websites, etc. that are available on the JPA website, www.jpadoocs.com. You can obtain Pay-4-Performance information and PCMH information on this website as well.
2. JPA is developing a PCMH work group that meets monthly. If you are interested in attending, please

- contact the JPA office.
3. Please contact JPA to make an appointment for a practice visit. We can help develop a customized, practice specific plan for your office.
4. A re-evaluation of each of your practices will be conducted in June with a final assessment to be conducted in November. All PCMH capabilities must be in place by the end of 2010 to be counted as complete.



1310 Greenwood Avenue
 Jackson, MI 49203