

BCBSM

PGIP March 2010 Quarterly Meeting

Updates on Improvements in PGIP Initiatives

Tom Leyden

Manager, Clinical Program Development

March 12, 2010



Agenda



Updates:

- Evidence Based Care Tracking
- Radiology
- Generic Dispensing Rate
- Lean CQI
- Transitions of Care CQI

A painting of a heart in shades of red and maroon, set against a background of warm, textured yellow and orange tones. The heart is the central focus, with the text 'I LOVE THE EBCR' overlaid in white, bold, sans-serif font. The background has a painterly, textured appearance with visible brushstrokes. In the bottom right corner, there is a faint signature that appears to read 'Aron C'.

**I
LOVE THE
EBCR**

PGIP EBCR Improvements Realized



	Jun-07	Jun-08	Jul-09	Dec-09
Number of Measures (Resulting in Payments)	18	18	26	26
POs with overall EBCR rates ≥ 80	0.0%	15.2%	0.0%	0.0%
POs with overall EBCR rates ≥ 75 but < 80	9.7%	48.5%	28.1%	32.4%
POs with overall EBCR rates ≥ 70 but < 75	22.6%	33.3%	59.4%	61.8%
POs with overall EBCR rates in the 60s	67.7%	3.0%	12.5%	5.9%
Total	100%	100%	100%	100%

Dotted line indicates change in measures effective Jan 09

- In 2008, 11 new measures were calculated: breast and cervical cancer screening, child/adolescent prevention (5) COPD, CHF: ACE/ARB Continuation /Persistence, CAD: Persistence of beta blocker treatment after AMI and imaging for low back pain.
- The drop in overall EBCR rates for December 2008 can be traced back to:
 - high-scoring measures (e.g., for asthma and Beta blockers) were dropped and
 - new measures provide notable opportunities for improvement (e.g., child/adolescent prevention)
- Other measures with room for improvement are antibiotic use for bronchitis and COPD.
- In 2009, 2 new medication management measures were calculated



- BCBSM “focused improvement program” is intended to stimulate more rapid and substantial improvement in the scores on specific EBC performance measures and reduce the disparities in performance and overall performance
- Goal is for less variation in performance on each measure
- Focused improvement measures include EBCR measures where there were low PGIP average performance scores relative to benchmark and a wide range between highest and lowest performers indicating substantial opportunity for improvement among POs
- Selected measures for 2009 Focused Improvement were:
 - Diabetes: Monitor for Nephropathy
 - Diabetes: Statin Use
 - Diabetes: ACE/ARB Use with Comorbid Nephropathy
 - Coronary Artery Disease: Statin Use
 - Low Back Pain: Appropriate Use of Imaging Studies

Evidence Based Care Tracking Initiative

December 2009 Scoring - Focused Measures



Findings from a comparison of 2Q09 to 2Q08 EBCR performance scores.

- POs improving 10 percentage points or more on the focused measures:

Focused Measures	POs
Diabetes - Monitor for Nephropathy	PMC, Genesys, MSU
Diabetes - Statin Use	MSU
Diabetes - ACE/ARB w/ Comorbid Nephropathy	Mercy, MMPC
CAD - Statin Use	Sparrow, MSU
Low Back Pain - Appropriate Use of Imaging	N/A*

*UM +9 percentage points; DMC +8 percentage points

Note: Plans with low “n” removed from the count.

Evidence Based Care Tracking Initiative

December 2009 Scoring - Focused Measures



Findings from a comparison of 2Q09 to 2Q08 EBCR performance scores.

Range of Performance Scores for the 32 POs*

(# of POs in each range by percentage point changes)

Focused Measure	(-10%) to (-6%)	(-5%) to (-1%)	(+0%) to (+5%)	(+6%) to (+10%)	(+11%) to (+15%)	(+16%) to (+20%)
Diabetes - Monitor for Nephropathy	0	4	24	2	2	0
Diabetes - Statin Use	0	6	24	2	0	0
Diabetes - ACE/ARB w/ Comorbid Nephropathy	0	5	17	4	3	0
CAD - Statin Use	0	2	21	7	0	1
Low Back Pain	2	6	21	3	0	0

*Plans with low “n” removed from the count.

Evidence Based Care Tracking Initiative

Focused Measures for PY 2010



- Once again, BCBSM has identified several EBC measures that will be part of its 2010 focused clinical improvement component of the EBCR
- BCBSM analyzed performance on all EBCR measures and chose six measures for a focused improvement initiative in 2010
- 2010 EBC focused clinical improvement measures are:
 - Diabetes: LDL-C Screening
 - Diabetes: Monitor for Nephropathy*
 - Diabetes: ACE/ARB Use w/ Comorbid Nephropathy*
 - Avoidance of Antibiotic Treatment in Adults w/ Chronic Bronchitis
 - COPD: Use of Spirometry Testing in Assessment and Diagnosis
 - Low Back Pain: Appropriate Use of Imaging Studies*

* Focused clinical measures in 2009, also.

Evidence Based Care Tracking Initiative

December 2009 Scoring



- The overall EBCR benchmark performance rate established in November 2008 for the 2009 program year was 76.6%
- 34 POs were evaluated on EBCR performance
- Two POs achieved benchmark performance for the 2Q09 EBCR (released November 2009)
 - Sparrow (79%)
 - Additionally, Sparrow exhibited improvement in several of the focused measures (Diabetes: Nephropathy +3 percentage points; Diabetes: Statins +4 percentage points; CAD: Statin Use +10 percentage points)
 - MMPC (78%)
 - Additionally, MMPC exhibited notable improvement in the Diabetes ACE/ARB focused measures – a 12 percentage point increase

POs noted had a significant “n.”

Evidence Based Care Tracking Initiative

Program Year 2010 Incentive Payments



- First 2010 incentive payment
 - Payment in July 2010
 - Based on
 - overall EBCR score,
 - overall improvement over the past 12 months and
 - overall improvement in each aggregate clinical topic (diabetes, CHF, CAD, antibiotic use, adult prevention, child/adolescent prevention, appropriate utilization, medication management)
- Second 2010 incentive payment
 - Payment in January 2011
 - Based on
 - meeting the overall EBCR benchmark and
 - significant improvement in performance on the 2010 focused clinical improvement EBC measures

PGIP Radiology Initiative: Risk-Adjusted Standard Cost PMPM Biannual Trends for Adult (18-64) Attributed to PGIP PCPs, 200601-200906.

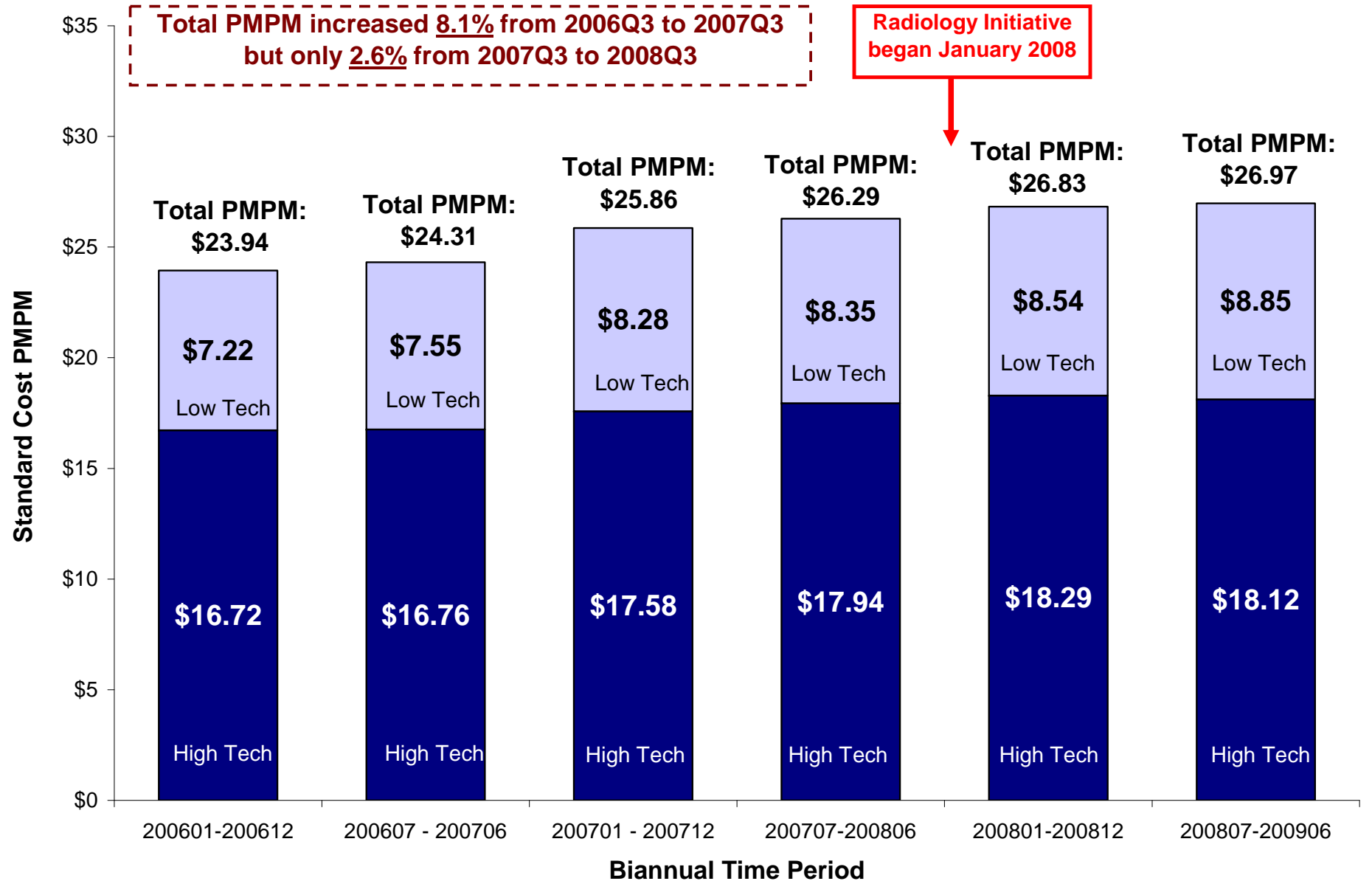
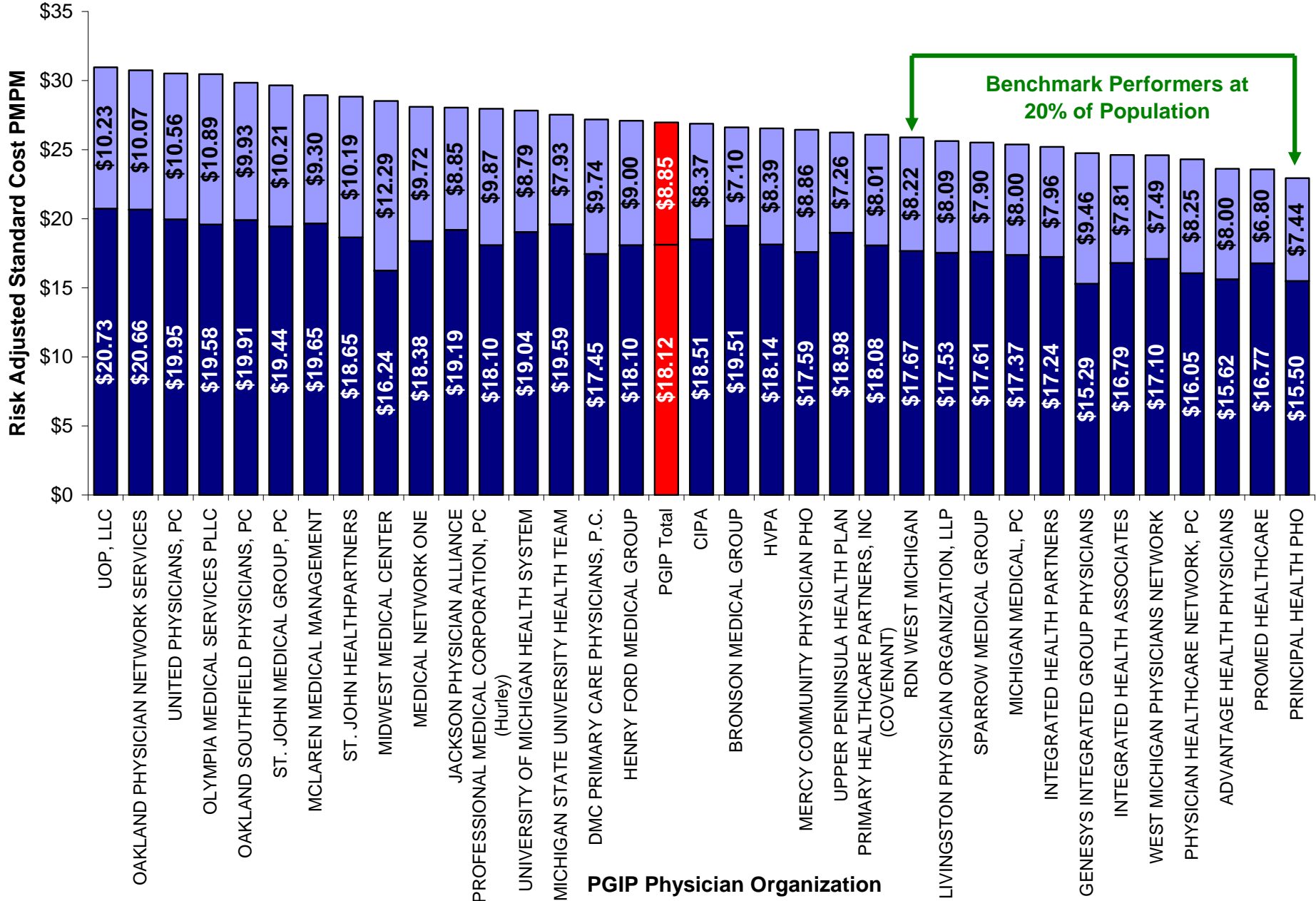


Figure 3. Combined High Tech and Low Tech Risk Adjusted Standard Cost PMPM for Adults Attributed to a PGI PCP by Physician Organization, 07/01/2008 - 06/30/2009





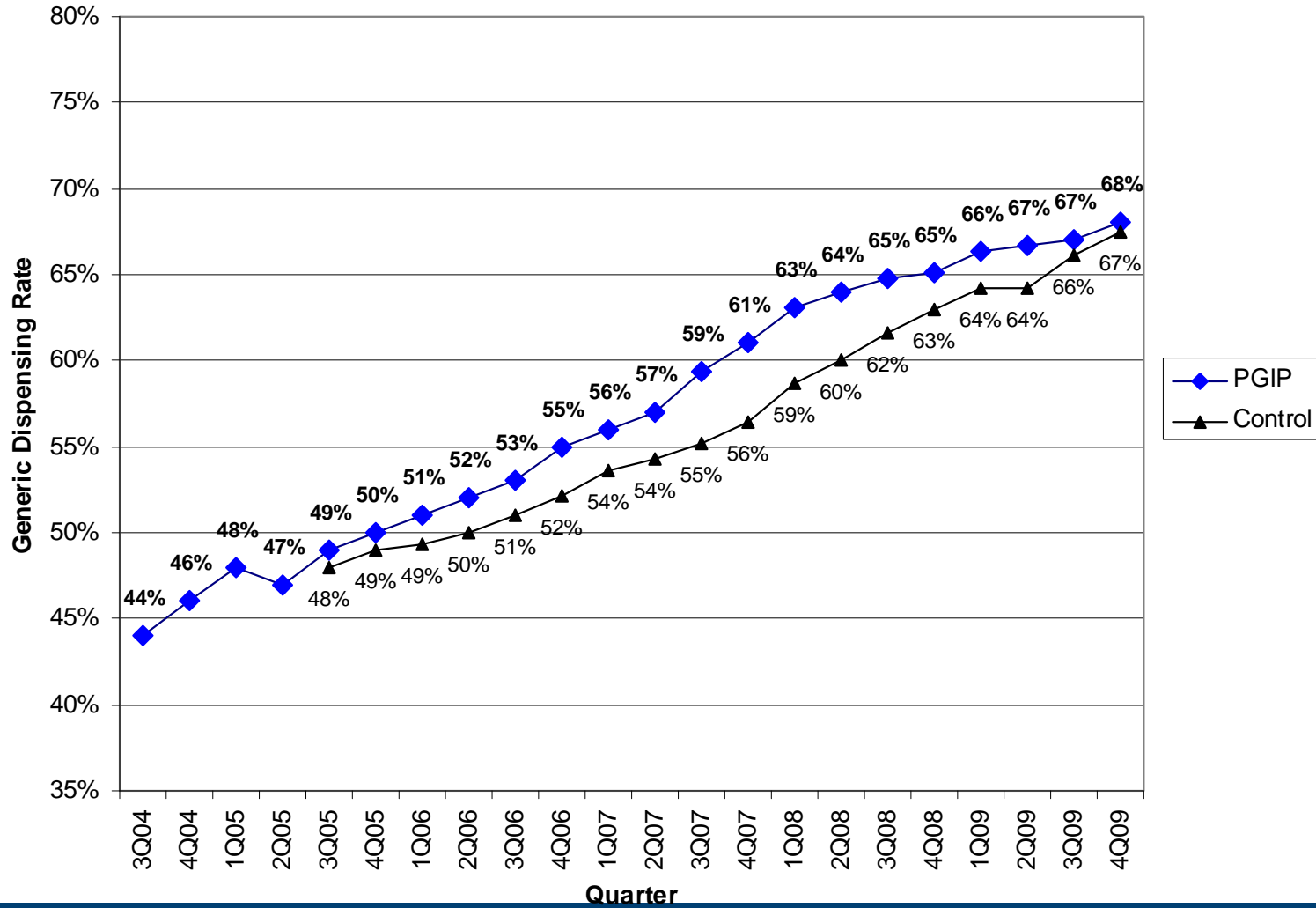
Per the Key Metric Report (Jan 2007 – June 2009)

- Radiology PMPM trend is projected to be flat for 2009, mainly due to a -3% trend observed in high tech utilization
- CT and MRI Compliance with RMP in the hospital outpatient location reached 90% in June 2009. Compliance across all locations and all high tech modalities now exceed 90%

GDR Performance Trend

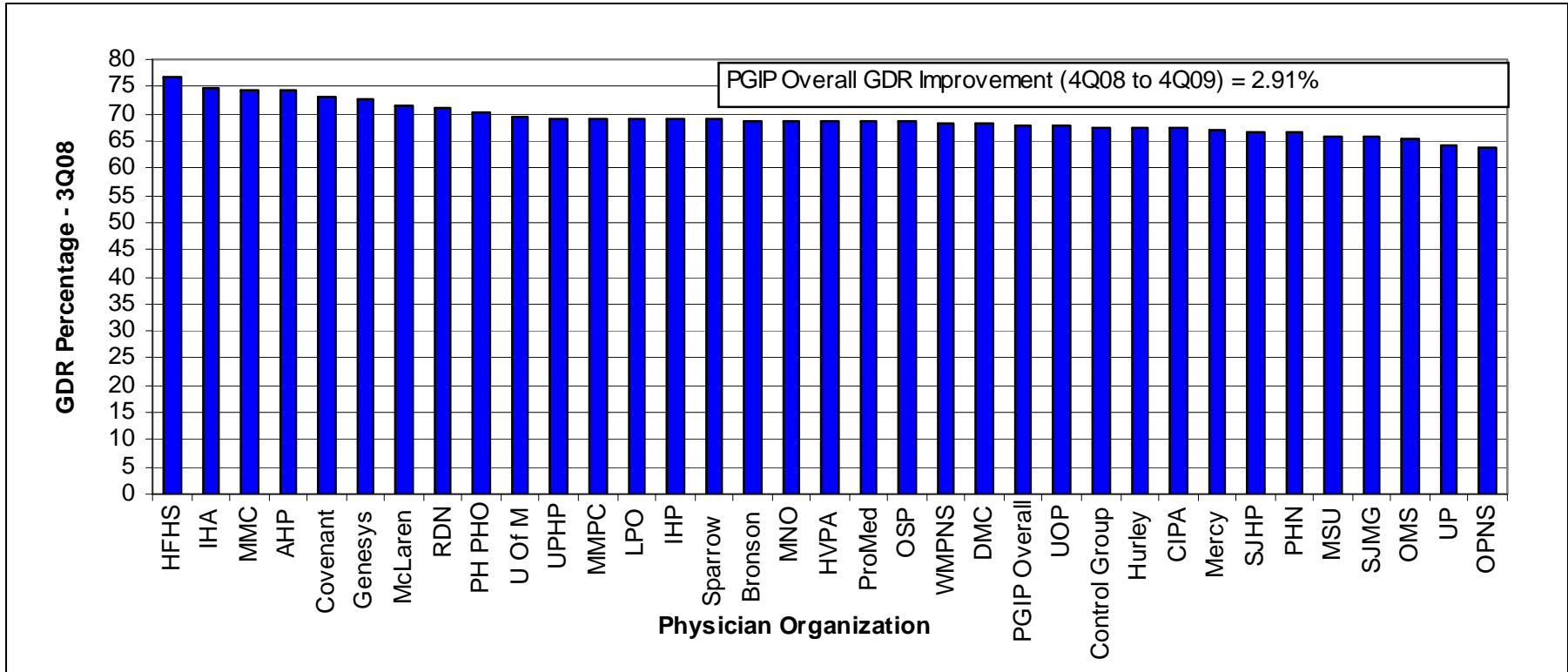


PGIP Generic Dispensing Rate Improvement



2.9 percentage point increase in PGIP GDR (4Q08 to 4Q09)

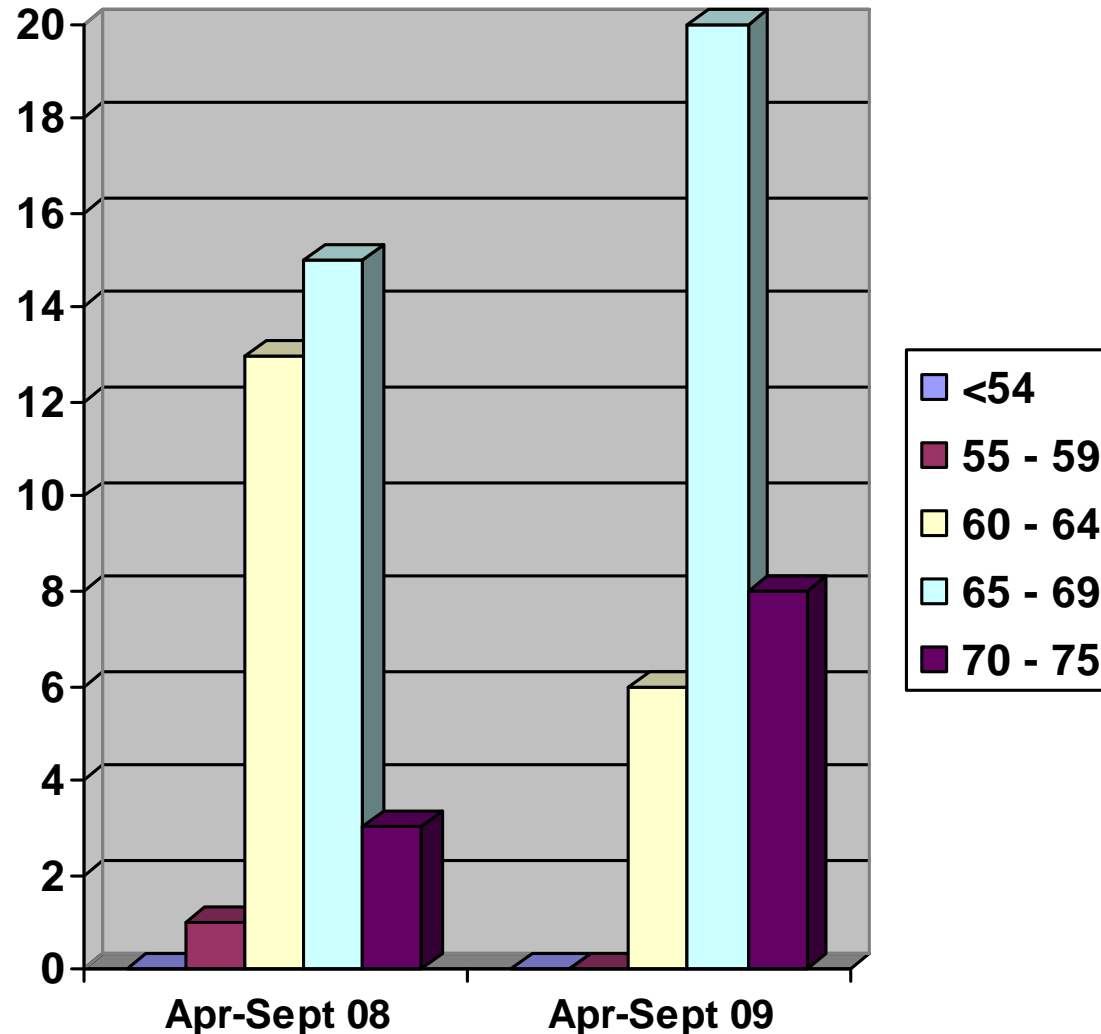
GDR Performance 4Q 2009



PGIP GDR Improvements Realized



- POs continue to see improvement in Generic Dispensing Rate
 - Overall PO rates are shifting up the performance scale.
 - Most recent GDR indicates that there are no POs with scores less than 60 and the number of POs with scores in the high 60's and 70's continues to rise



Transitions of Care- 2010 Timeline



- Initiative Plan Release: Dec 2009 – Jan 2010
- PO Initiative Selection: Jan 2010
- BCBSM distribute “Readiness” Questionnaire: Feb 2010
- Review PO submitted Questionnaires: Feb 2010
- PO Notification of acceptance into Initiative: Mar 2010
 - 15 POs officially selected, only 1 practice per PO
- POs return signed participation contract: Apr 2010
- Transitions of Care 2 day Kickoff Meeting: May 2010
- Transitions of Care Quarterly Meeting for Teams Sept 2010

Contact Information: Chris Kim, MD (ToC CQI Project Director): (734) 647-2892 or seoungk@med.umich.edu

Lean CQI – Project Overview & Timeline

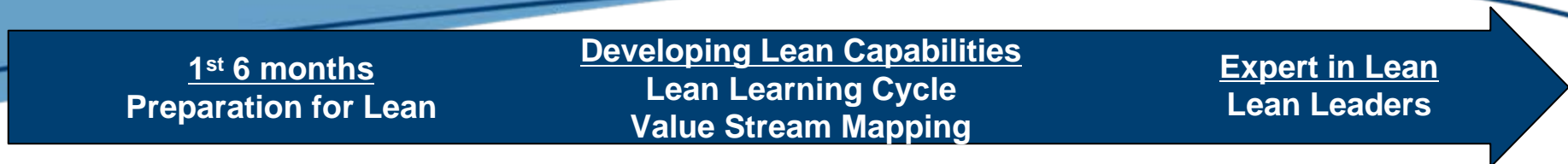


As highlighted in October *PGIP Matters*, over last 2 years, Lean CQI has supported 90+ clinics from 13 POs in developing strategies to advance implementation efforts related to the PCMH model. Lean CQI's Objectives are to:

- Transform the delivery of patient care
- Improve operational efficiencies and reduce waste in the delivery of care
- Develop an internal Lean Coach to support Lean moving forward

Lean for PCMH CQI Timeline	Date
Initiative Plan Release	December 2009
Lean Application sent into BCBS PGIP <ul style="list-style-type: none">• 12 New POs applied	2/12/2010
Coordinating Center Selection-Approval Process of PO <ul style="list-style-type: none">• Conversations will be held between Lean Coordinating Center and interested POs to determine organizational readiness	5/1/2010
Lean Coordinating Center Satisfaction Survey <ul style="list-style-type: none">• Survey released to participating Lean sites to gage effectiveness of the Lean Coordinating Center	April-May 2010
Lean Participating Site Evaluation Assessments <ul style="list-style-type: none">• Assess the progress of Lean activities for participating physician organizations	October 2010

PO's Paths to becoming Lean-Enabled POs



1st 6 months Preparation for Lean

- Preliminary discussions with Lean Coordinating Center regarding participation
- PO creates proposal outlining problem statement and goals
- Create SIPOC (suppliers, inputs, process, outcomes, customers)
- “Gemba” – Observe the work
- Prepare for Value Stream Mapping (VSM) Workshop
- Identify a clinical champion, internal Lean Coach and administrative contact

Developing Lean Capabilities Lean Learning Cycle Value Stream Mapping

- Guides clinicians & process owners to create visual maps of the process to improve
- Develop current & future state mapping
- Process owners and leadership will implement steps for change that will move the PO to an enhanced future state
- 30, 60, and 90 day progress reporting
- Development of POs own internal Lean Coach capabilities

Expert in Lean Lean Leaders

- Utilizing skills and experience from initial Lean projects to perform additional Lean initiatives within PO
- Lean projects are run and administered by internal coach and process owners
- Lean CQI Coordinating Center provides guidance and resources

Progress of Lean CQI Coordinating Center

- ✓ Initial # of Participating POs in Lean pilot: **6**
- ✓ Number of projects initiated since inception: **25**

- ✓ Lean Cycles completed or in progress: **30**
- ✓ POs completing 2 or more Lean Cycles: **9**
- ✓ CQI expanded to include learning collaborative and online learning

Current Lean Leaders

- ✓ IHA
- ✓ ProMed/Borgess
- ✓ RDN/Lakeshore Health Network

For Additional Information



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BCBSM

PGIP March 2010 Quarterly Meeting

Operational Updates

Linda Mackensen, RN
Manager, PGIP Field Operations
March 12, 2010



Many Thanks!!!



1- PCMH Validation Training 1/18/10 – 2/12/10:

- Advantage Health Physicians
- Lakeshore Health Network
- Medical Network One
- Mercy Community Physicians PHO
- Physician Healthcare Network
- CIPA – Alcona Health Centers, Bay Physicians PC, St. Joseph's Health System Tawas City, Sparrow Physicians Healthcare Network, Pine Medical Group PC,
- Sparrow Medical Group
- UOP, LLC
- West Michigan Physicians Network

2- URAC PCMH Validation Meetings 3/10 & 3/11

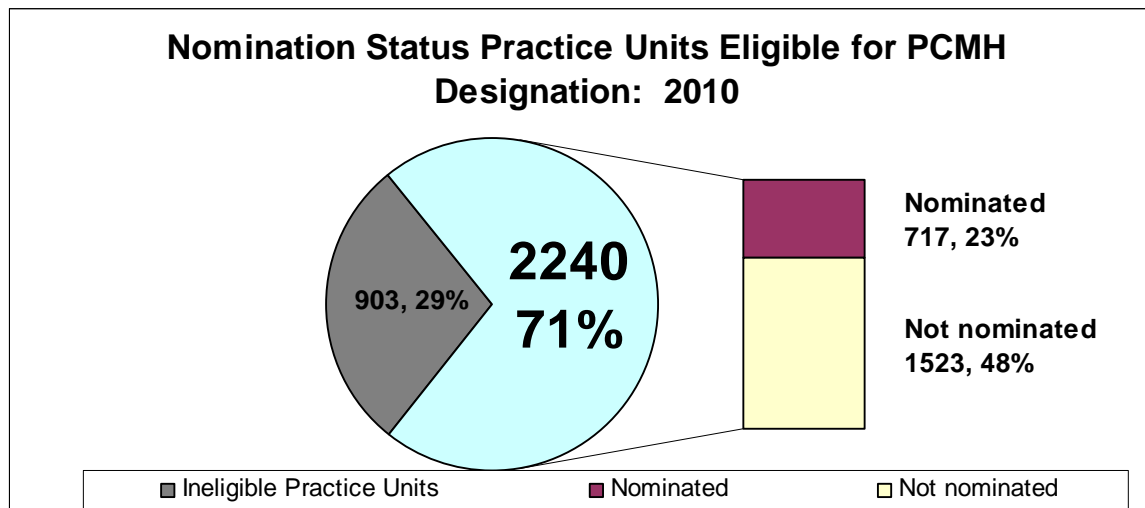
- Integrated Health Associates – Ann Arbor Family Practice
- St John Medical Group – Pointe Pediatrics
- Medical Network One – Country Creek Pediatrics

3- PCMH Validation Visits 2/15/10 – 5/14/10

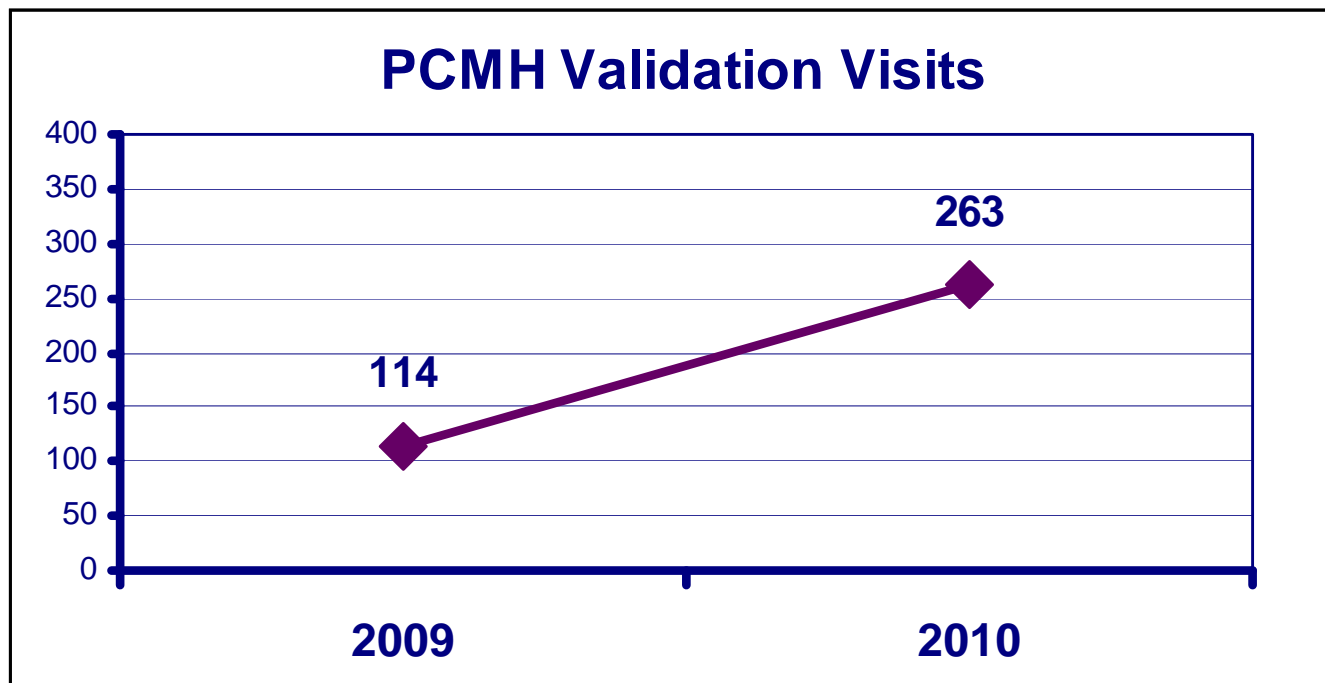
PCMH Nominations Overview



	PGIP Practice Units	PCMH Eligible Practice Units	PCMH Nominated Practice Units
2009	2737	2212	670
2010	3143	2240	717



- The number of PGIP practices (excluding Oncology – only PO's) increased by 15% from 2009 to 2010 from 2,737 to 3,143.
- For this analysis, a practice unit was considered eligible to participate in PCMH designation process if it had at least one primary care physician.



With the addition of three health care analysts in 2009, Linda Mackensen and her team will be able to more than double the number of site visits that were completed in 2009.

The number of capabilities that the field team members need to verify has increased from just under 70 capabilities and 7 initiatives in 2009 to approximately 130 capabilities and 13 initiatives in 2010.

PGIP seeks opportunities to integrate new specialties



∫ Dermatologists

∫ Orthopedic Surgeons

∫ Otolaryngologists

∫ ER Physicians

∫ Neurologists

∫ Radiation Oncologists

∫ Rheumatologists

∫ Gastroenterologists

Self-Assessment Database replaced by “Self Reported Data” and combined with the Physician List Update. YEAH!!!!!! Much easier process forth coming...



On the PGIP Calendar, you will see that we have a tentative rollout of the Physician List and Self-Assessment database scheduled for March 24th.

Next week, you will receive an email explaining in full detail that this rollout will be delayed for several weeks, and will provide details, adjusted timelines, as well as new dates for the webinars that will be offered to explain our new physician list update and self-reported data submission processes. ONE STOP SHOPPING!!

Sneak Peek

Please keep an eye out for this very important email.

State License Number	BCBSM License	Physician Rec1 ag	DEA Number	Individual NPI	Last Name	First Name	Middle	Zip Code	Board Certified Specialty	Practice Specialty
				0						

CCP-08-02	CF-08-01	IC-08-03	CCP-08-04	CCP-08-03	CCP-08-05	Page38	CCP-09-09	CCP-09-11	CCP-09-12	CIT-09-03	CCP-09-08	CCP-09-10
1 - Patient-Provider Partnership	1.1: Ready to implement: PCMH tools developed; staff trained; data field created in PT registry	1.2: PU is using systematic approach to provide PT education and outreach on PCMH	1.3: PT-provider partnership implemented and documented in medical record or PT registry for 10% pts	1.4: PT-provider partnership implemented and documented in medical record or PT registry for 30% pts	1.5: PT-provider partnership implemented and documented in medical record or PT registry for 50% pts	1.6: PT-provider partnership implemented and documented in medical record or PT registry for 60% pts	1.7: PT-provider partnership implemented and documented in medical record or PT registry for 80% pts	1.8: PT-provider partnership implemented and documented in medical record or PT registry for 90% pts				

Physician List

Self Assessment Database

PGIP PO Collaborative Site



The secure PGIP PO Collaborative Site will be launched in a phased approach over the next couple of months.

Applications for user IDs along with a copy of the site's Terms and Conditions of Use will be sent to your PO's primary contact in the near future along with a schedule of instructional webinars.

This site will centralize all your communications between BCBSM and your Physician Organization.

If you have any questions, please contact Elizabeth Miller, Senior Health Care Analyst.

The screenshot displays the PGIP PO Collaborative Site interface. At the top, there is a navigation bar with links for Home, Administration, Library, Initiatives, Project, Deliverables, and Secure PO Site. A search bar and a welcome message for Elizabeth Miller are also present. Below the navigation, there is a section for 'Patient-Provider Partnership' with sub-sections for Initiative Documentation, Discussion Board, Initiative Calendar, and Initiative Tasks. A 'PGIP Calendar' is shown for June 2010, highlighting the 11th as the date for the 'PGIP June 11, 2010 Quarterly Meeting'. Below the calendar is the 'PGIP Document Repository', which lists various fact sheets such as 'Fact Sheet - Care coordination', 'Fact Sheet - Chronic Kidney Disease', 'Fact Sheet - E prescribe', 'Fact Sheet - EBCR', 'Fact Sheet - Emergency Department', 'Fact Sheet - End-Stage Renal Disease', and 'Fact Sheet - Extended Access', each with a 'NEW' indicator and a start date of 1/1/2010.