

Physician Advocacy Cabinet (PAC)

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Agenda

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- III. The Struggle
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History of United Physicians

- United Physician is an independent physician organization which was founded in 2000 through the merger of Beaumont Physician Group Royal Oak and Beaumont Physician Group Troy.
- The Forerunning organization, Premier Physicians Network (PPN), was founded in 1996 as an HMO contracting entity for these two organizations.

United Physicians at a Glance

- 1,504 Providers Representing 674 Practice Units
- 532 Practice Units with ≤ 2 Providers per Practice Units
- 605 Providers in PGIP
- 1,003 Providers with Multiple Hospital Affiliations
- 49.8 Average Age of Providers

United Physicians Mission

- United Physicians exists to serve the professional and economic interests of its members. Guiding this mission are these principles:
 - **The organization pursues relationships and ventures that are physician-driven.**
 - **The physician/patient relationship is central to healthcare policy.**
 - **Physicians are accountable for quality and efficient healthcare.**

The Struggle

- United Physician struggled to engage our practice units in PGIP and PCMH initiatives as well as HMO incentives:
 - **Generic dispensing rate extremely low**
 - **Quality scores needed improvement**
 - **Radiology rates were through the roof**
 - **PCMH buy in was luke warm**
 - **General apathy towards involvement**

Communication Methods

- **One-on-One Communication**

- **Practice Development Consultants (Provider Representatives)**

- Facilitate UP messaging to our physician members
- Act as a Shareholder resource on a variety of topics including: performance reports, incentive programs and other initiatives and issues impacting physicians.

- **Chronic Disease Coordinators**

- Train practice units on patient registries and follow up on progress
- Review clinical guidelines with office staff
- Assist with the practice transformation model with regard to the clinical changes and the documentation of the processes for PCMH.

- **Medical Management Administrative Visits/Phone Calls**

- Medical Director and VP of Medical Operations & Informatics meetings with physicians to discuss performance measures
- Phone conversations with physicians to explain how to interpret utilization and profiling reports and ways to improve scores.

Communication Methods

- Group Meetings & Targeted Workgroups
 - Office Manager Forms
 - Office Manager Focus Groups
 - PCMH Workgroups
 - WellCentive Workgroups
 - Physician Peer Group Meetings

Communication Methods

- Written Communication
 - Physician Portal: Directed Communication
 - Blast Faxes
 - Direct Mail
 - HIPAA Compliant Messaging
 - E-mail

Problem?

- Even though we thought we were effectively communicating with the physicians, we were not.
- **Why?** We were missing direct physician-to-physician communication.

Solution

- Physician Advocacy Cabinet (PAC)

PAC

- Background
 - Initial and original UP physician collaboration initiative for Primary Care Physicians (PCPs). PAC Primary Care was established to re-connect with PCPs by establishing a collective sense of engagement, teamwork and community.
- Mission
 - To organize a proactive, value-driven provider community through physician-to-physician interaction.
- Vision
 - Encouraging high-quality, cost-effective care (value)
 - Efficiency through shared experiences and best practices
 - Integrated team approach within practice, as a specialty, across specialties, and as a physician organization
 - Enhanced technology
 - Improved PCP work-life balance

PAC

- Launched January 2010
- Physician-to-Physician Engagement
- Share Best Practices
- Involvement
 - **4 Action Groups: Family Medicine, Internal Medicine, Internal Medicine/Pediatrics, Pediatrics**
 - **78 Physicians Representing 20 Practice Units**

PAC Structure

- Steering Committee – Meet twice a month
- Specialty Specific Action Group Meetings – Meet monthly
- All Specialty Specific Action Groups come together for Quarterly PAC Meetings
- Structure of all meetings touches on four quadrants of education for physicians:
 - 1) Health Information Technology
 - 2) Education
 - 3) Incentive Programs
 - 4) Patient-Centered Medical Home

How PAC Affects PGIP and PCMH

- Incentive Programs
 - HMO's & PGIP Program reviews
 - Creation of incentive summary document for all plans (see attached)
 - Share best practices with other physician offices
 - Increase quality scores by educating physicians on the use of Care Coordinators to follow patient care using patient registries

Incentive Summary

United Physicians

2010 Incentive/Quality Care Reference Guide for PCPs

Adult and Pediatric

BCN, HAP, HealthPlus, Priority and PGIP BCBSM

Last updated 3/15/10

Measures	Frequency (Minimal Requirement)	Age Range	BCN	HAP	Health Plus	Priority	PGIP-BCBSM	UP Target Rates*
<i>Utilization Measures</i>								
Prescriptions								
Use of generic prescriptions: Generic Use Rates			x	x	x	x	x	80.0%
Antibiotics: Appropriate Use Bronchitis (Adults)		18-64	x			x	x	67.7%
Antibiotics: Appropriate Use URI (Children)		3-18	x		x		x	91.0%
Appropriate Testing for Children w/Pharyngitis	as needed	2-18	x	x	x			95.0%

How PAC Affects PGIP and PCMH

- Health Information Technology
 - Educate the physician on the use of e-Prescribing
 - Communicate to other physicians the need for a patient registry to increase patient safety by identifying and reducing gaps in care
 - Increase use of the physician portal for referrals and exchange of data by means of HIPAA compliant e-mails
 - Pre-populated electronic radiology order form to send requests to contracted facilities and receive results back

How PAC affects PGIP and PCMH

- Education
 - Better understanding of PGIP and PCMH
 - Increased awareness of EBCR scores and how to improve quality outcomes
 - Identifying that the “**team work approach**” is the key to success
 - Continuous learning of new PGIP and PCMH initiatives
 - How to utilize the resources around us to increase communication and share best practices with other physicians

How PAC affects PGIP and PCMH

- PCMH
 - Specialist Referral Process
 - PAC Primary Care Physicians attended the Specialty Peer Group meetings to present a specialist referral form, along with their expectations for referrals and the exchange of data going forward.

Specialist Referral Form

Patient Centered Medical Home Specialist Referral Form

Patient Information

Patient Name _____ Date of Birth _____	Requesting PCP _____ Primary Insurance _____	Today's Date _____ HMO Authorization Required _____
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Specialist Information

Consultant Requested _____ ____ First Available w/ Associate OK Scheduling Needed <input type="checkbox"/> Emergent (next few days) <input type="checkbox"/> Urgent (w/ in 2 weeks) <input type="checkbox"/> Routine (w/ in 4 weeks)	Specialty _____ Service Request <input type="checkbox"/> Eval + Recommendation <input type="checkbox"/> Eval + Treatment <input type="checkbox"/> Assume Care for Problem <input type="checkbox"/> Procedure Only
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Clinical Information

Reason for Consultation
Pertinent Medical History
Pertinent Studies
____ Patient Information available on WellCentive

Communication Preference

Please return eval/findings and recommendations electronically. Please notify if patient fails to schedule or attend scheduled appointment.
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Specialty PAC

- With the success of the PCP PAC came the need to form the “Specialist PAC”
 - Identified specialty group leaders in each of the core chronic disease specialties (i.e.: cardiology, allergy, OB/GYN, etc)
 - Education of specialists on PGIP/PCMH
 - How can specialist help PCP’s succeed with the PCMH movement

Introduction of Outside Speakers

- Guest Speakers at Quarterly PAC Meetings
 - April 20, 2010 - Bill Alvin (President and CEO of Health Alliance Plan)
 - July 13, 2010 - Dr. Stefanek (Gratiot Family Physicians)
 - Underlying message of both – this is a national movement, Patient-Centered Medical Home is not something that will go away. Physicians and their office staff need to get on board.

Example of Teamwork

- **Fact 1:** As each goose flaps its wings it creates an “uplift” for the birds that follow. By flying in a “V” formation, the whole flock adds 71% greater flying range than if each bird flew alone.
- **Lesson:** By sharing a common direction and sense of community, we can get where we are going quicker and easier because we are traveling on the thrust of one another.
- **Fact 2:** When a goose falls out of formation, it suddenly feels the drag of resistance of flying alone. It quickly moves back into formation to take advantage of the lifting power of the bird immediately in front of it.
- **Lesson:** By staying in formation with those headed where we want PAC to go, we will be more willing to accept their help and give our help to others.

- **Fact 3:** When the lead goose tires, it rotates back into the formation and another goose flies to the point position.
- **Lesson:** It pays to take turns doing the hard tasks and sharing leadership. As with geese, PAC is interdependent on each other's skills, capabilities and unique arrangements of gifts, talents and resources.
- **Fact 4:** The geese flying in formation honk to encourage those up front to keep up their speed.
- **Lesson:** We need to make sure honking is only for encouraging. In groups where there is encouragement the production is much greater.

You Make the Choice...

