

# BCBSM

## PGIP March 2010 Quarterly Meeting

# PCMH and OSC

Thomas Simmer, MD  
Sr. VP and Chief Medical Officer  
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- Organized Systems of Care (OSC) are defined by the population served by a community of primary caregivers.
- The performance of the ‘system of care’ relative to this population is the measure of OSC success.

# Implications for Primary Care



- Primary Care Physicians through the Patient Centered Medical Home model assure that the care of their patients is coordinated, that caregivers effectively communicate, and that patients are directed toward the most appropriate services and settings of care.
- Primary Care plays a leadership role in assuring that the ‘system of care’ performs as an “Organized System of Care.”

# Implications for the Physician Organization



- Each practice unit should be identified with a PO “sub-unit” that comprises the “community of primary caregivers” whose patients define the population serviced by ‘system of care.’ (Unless the entire PO forms a single system of care.)
- This information will need to be validated annually by the PO.
- PO’s are facilitators of practice transformation in the journey from ‘systems of care’ to “Organized Systems of Care.”

## Can 'Systems of Care' include practice units from more than one PO?



- Yes. Each practice units can only be identified with a single 'system of care;' however, each system of care may include PCP's from more than one PO...
  - ...if the PO's agree to support their practice units collaborating within the same 'system of care.'

## E & M Uplift Opportunity for 20%



PCMH practice units that are identified with PO sub-units ('system of care') that are performing at benchmark level performance for PMPM cost **OR** Trend, will have E & M fees set at TRUST + 20% beginning July 1, 2010.

## Looking ahead...



- After identifying populations served by each ‘system of care’ BCBSM will identify the high volume facility and professional providers serving the population. Reports related to population-based performance will be shared with the PO’s.
- We will begin by seeking direction from the PCLC to plan how--and how quickly—we should proceed to designating “Organized Systems of Care.”

# OSC's and Payment



- The OSC should possess the capability to identify the population served, assess performance, establish goals for performance improvement, and track performance to goal.
- BCBSM commits to implementing a payment model that supports the business case for OSC infrastructure and rewards better population management.
- In the next 12 months, the total value of the PGIP Reward Pool, E & M fee enhancements for PCMH designated practices, and payment for T-codes will exceed \$100M.