

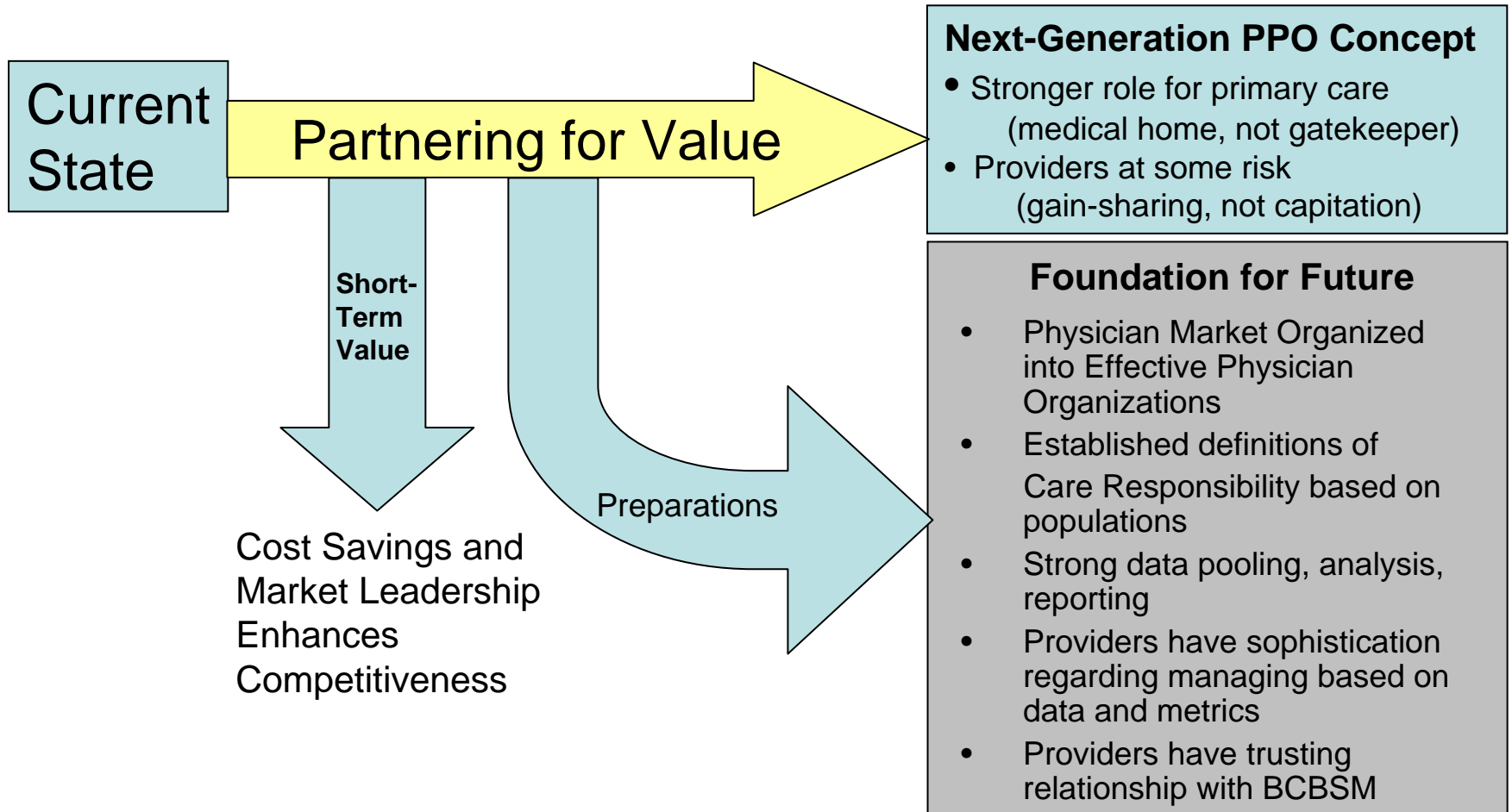
# BCBSM Physician Group Incentive Program

## 2008 PGIP Initiative Selection and Goal Setting Process

November 30, 2007



# Partnering for Value as bridge to future



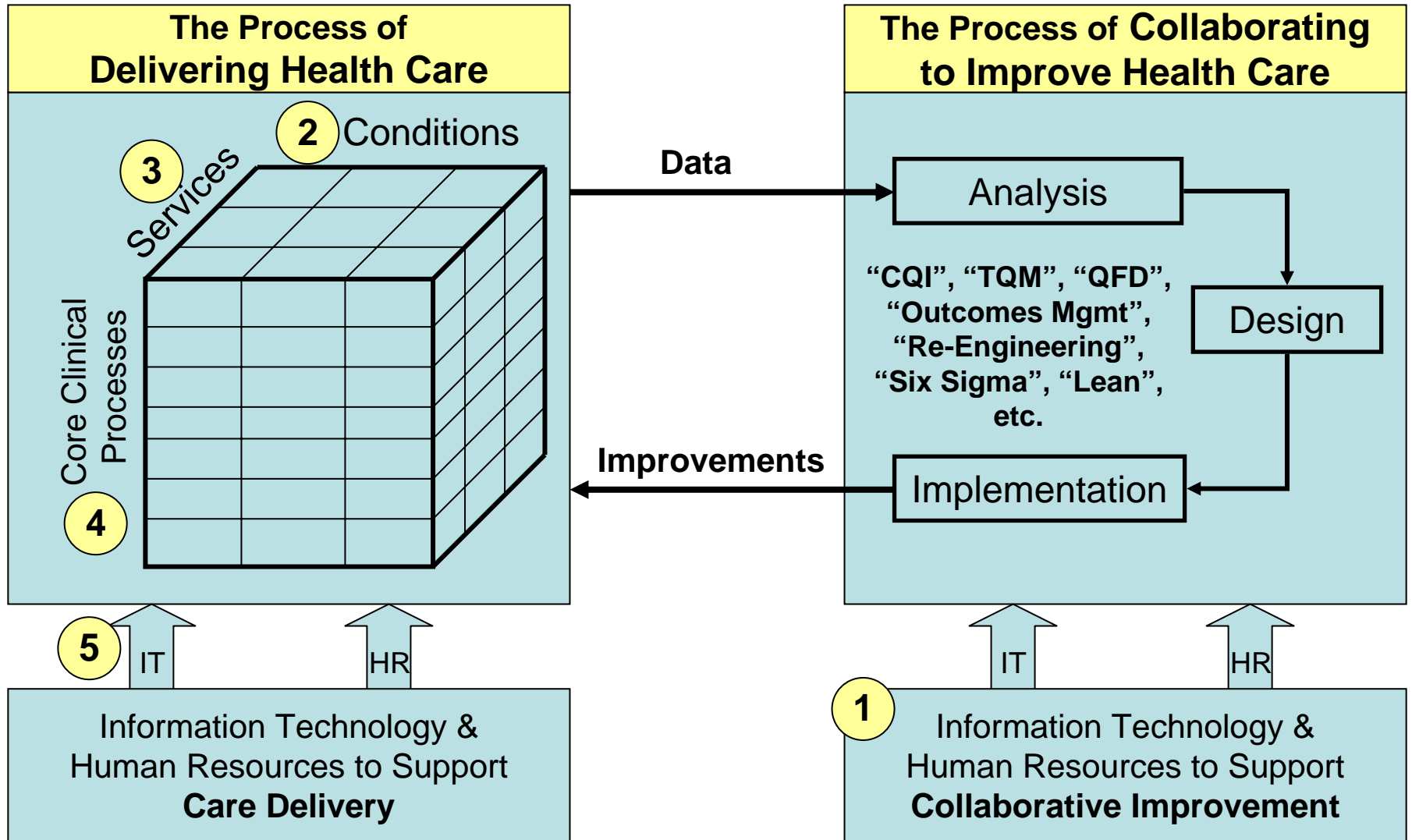
# The Concept of Initiatives



Initiatives are focused on improving different aspects of the health care system:

- ① Initiatives to develop capabilities for collaborative improvement
- ② Condition-specific initiatives
- ③ Service-specific initiatives
- ④ Core clinical process initiatives
- ⑤ Clinical information technology initiatives

# The Health Care System



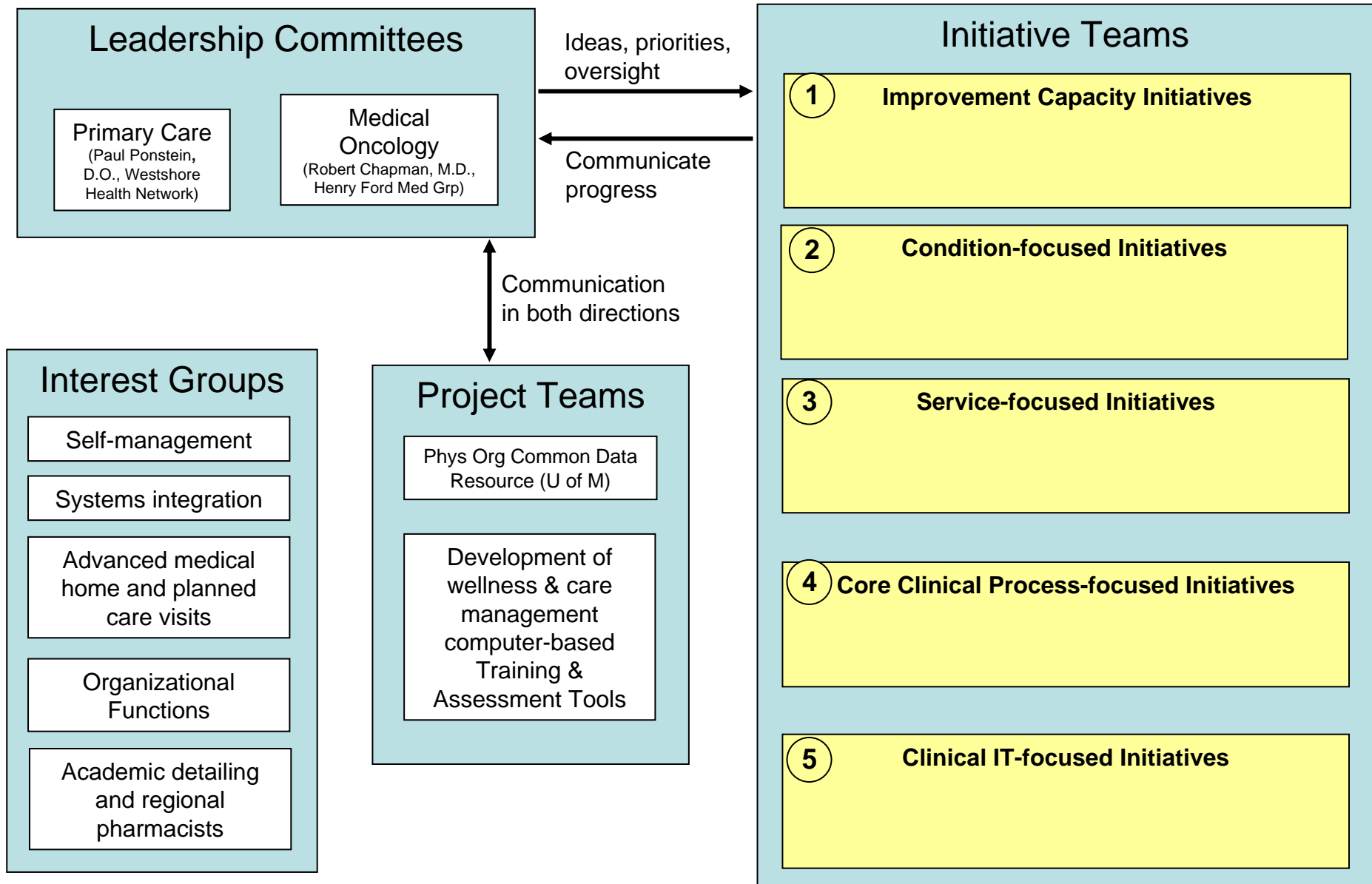
● = Types of PGIP Initiatives

# The Anatomy of an Initiative



- Eligibility criteria
- Description of the scope, focus and objectives
- Data, Metrics & Reports designed to:
  - Describe the improvement opportunity
  - Assist in diagnosing the process problems
  - Tracking progress of implementation effort
  - Measure improvement success
- Resources and services (educational materials, etc.)
- Incentive design

# PGIP 2008 Organizational Model



# Organization of PGIP



Leadership Committees (fixed payment to physician organization (PO))	<ul style="list-style-type: none"><li>•Responsible for the visioning, development and on-going oversight of the program</li><li>•BCBSM will invite an individual from a provider organization to lead a committee for a one year term</li></ul>
Initiative Teams (fixed payment to PO)	<ul style="list-style-type: none"><li>•Provide oversight to the operations of an initiative.</li><li>•BCBSM will invite an individual from a provider organization to lead the team on an “at-will” basis.</li></ul>
Project Teams (fixed payment to PO)	<ul style="list-style-type: none"><li>•Carry our time limited tasks defined by BCBSM or Leadership Committees.</li><li>•BCBSM will invite team leads on an “at will” basis</li></ul>
Interest Groups (PO updates provided to BCBSM via progress reports)	<ul style="list-style-type: none"><li>•Collaborative interest groups that will disseminate best practice, promote continuing education and generation of ideas for improvement.</li><li>•Lead by physician organization member volunteers with support from BCBSM.</li></ul>

# The Reward - Participation



- Participation reward to support infrastructure development and catalyze change
- Participation opportunities currently include:
  - Program level
    - Leadership committees
    - Initiative teams
    - Project teams
  - Initiative level
    - As defined within each initiative
    - Tracked via progress reports

# The Reward - Performance



- Performance reward intended to reward success in meeting specifically outlined initiative goals
- Goals may be quantitative and/or qualitative
- Quantitative goal reward philosophy is:
  - To evaluate for absolute level AND interval change
  - NOT to reward for performance below the concurrent control level and rate of improvement

# The Reward Process



- Entire reward pool is distributed each year
- Three payments made for each program year, approximately every 4 months
- Each payment has 2 components – participation and performance
- Participation and performance components will vary by specific initiatives chosen
- The participation portion may be based on various methods, such as BCBSM attributed population, per physician amount, etc. formula for the group
- The performance portion is adjusted based on the group's performance

# 2008 PGIP Initiatives

## ① Initiatives to develop capabilities for collaborative improvement

- Establishing staff dedicated to managing or coaching process improvement teams
- Establishing analytics and reporting staff
- \*Performance reporting
- Lean Thinking-Clinic Re-engineering CQI (in development for early 2008)
- Anticoagulation management CQI (in development for early 2008)

## ② Condition-specific initiatives

- \*Patient registry

## ③ Service-specific initiatives

- Increase the use of generic drugs
- Radiology procedures utilization
- Improve Oncology Practice Performance

## ④ Core clinical process initiatives

- Evidence based care tracking
- \*Patient-Provider agreement.
- \*Extended access
- \*Individual care management
- \*Test tracking and follow-up

## ⑤ Clinical information technology initiatives:

- \*Accelerating the Adoption and Use of Electronic prescribing

*\*Components of the Patient Centered Medical Home (PC-MH)*

# 2008 Development for 2009



- ER utilization
- Inpatient care
- Inpatient admissions for ambulatory sensitive conditions
- Rates of specialty referral
- Patient-centered medical home designation

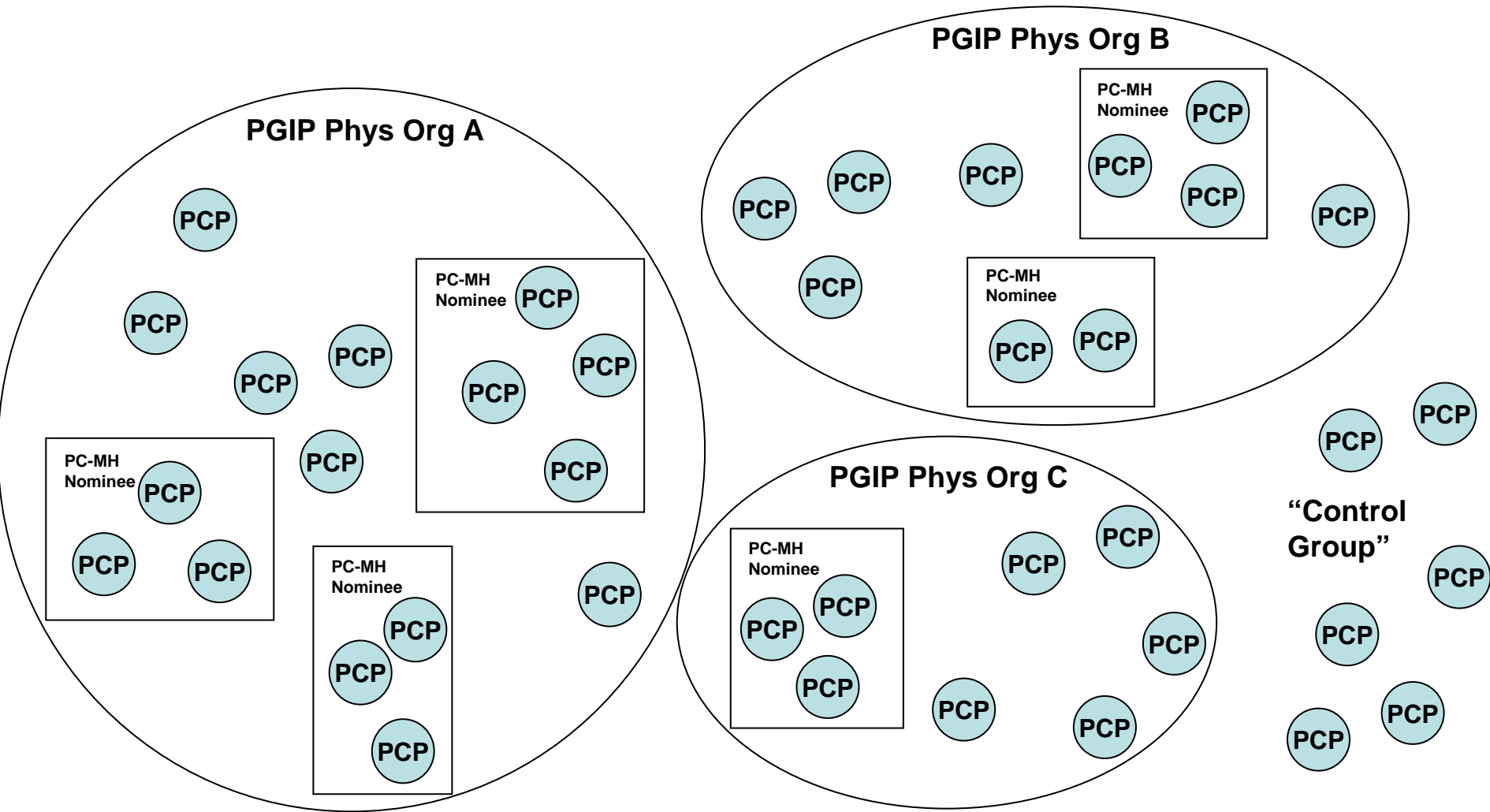
# Patient Centered Medical Home



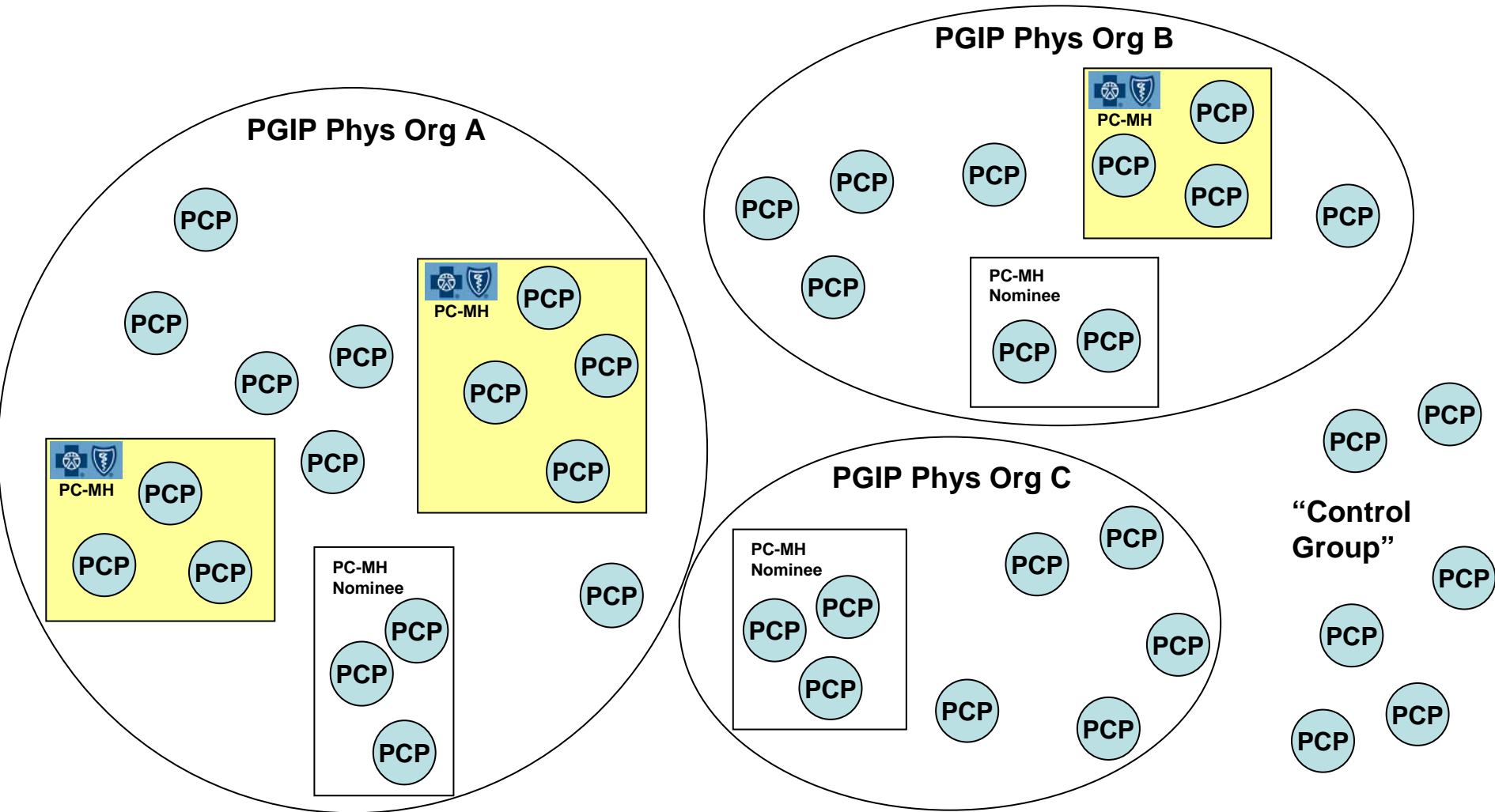
American Academy of Family Physicians  
American Academy of Pediatrics  
American College of Physicians  
American Osteopathic Association

- Care planning based on **partnership** of patient, patient's family and **personal physician**
- Enhanced **access**
- **Whole person** orientation
- Focus of **safety, quality, evidence-based** medicine
- Integration and **coordination** of care, facilitated by **information technology**
- Physician practice accepts responsibility, held accountable based on **performance measures**
- **Payment structure** redesign, including gain-sharing and performance-based components.

# Patient Centered Medical Home



# Patient Centered Medical Home



# Getting Started with PGIP Initiatives



- Each PO should select “preliminary” 2008 PGIP initiatives on-line by 12/17/07
- BCBSM staff will offer feedback and be available to discuss initiatives selected during December 2007 & January 2008
- Each PO should finalize initiative selection by 01/31/08
- POs should work with BCBSM to submit list of physicians organized by practice groups by 02/29/08
- Self-assessment for many initiatives due by 02/29/08
- Implementation plans for initiatives due according to specific initiatives chosen by PO

# Need help?



- BCBSM Clinical Program Development and Provider Partnership team members are available for questions
- Web site link will be provided with background materials, resources, FAQ's, contacts for questions, etc.