

Fact Sheet

Physician Group Incentive Program 2011



Evidence Based Care Tracking Initiative

Overview

BCBSM's Evidence Based Care (EBC) Tracking Initiative strives to induce best practice behaviors among PGIP physicians by promoting provider awareness and subsequent implementation of evidence-based medicine guidelines into their daily practice. The EBC Tracking Initiative uses selected measurement criteria to compare evidence-based care across POs and against applicable benchmarks.

Objectives

- Improve health outcomes through adherence to evidence based guidelines
- Reduce gaps in care
- Encourage POs to use performance results from Evidence Based Care Reports (EBCR) to develop processes for identifying gaps in care

About Value Partnerships

Value Partnerships is a collection of clinically oriented initiatives among Michigan physicians, hospitals and Blue Cross Blue Shield of Michigan (BCBSM) that are improving clinical quality, reducing complications, controlling cost trends, eliminating errors, and improving health outcomes throughout Michigan.

About The Physician Group Incentive Program

The Physician Group Incentive Program (PGIP) began in 2005 to encourage and incentivize physicians to more effectively manage populations of patients and build an infrastructure to more robustly measure and monitor care quality. As of August 2010, 37 physician organizations (POs) and over 8,600 physicians are working together to improve health care for more than 1.8 million Michigan Blues members.

Incentive Design

Incentive payments are based on overall performance and improvement over time, and evaluated based on the following metrics:

- Overall EBCR score (absolute)
- Overall EBCR improvement compared to 12 months prior
- Overall improvement in the following clinical topic aggregates: diabetes, coronary artery disease, congestive heart failure, antibiotic use, adult prevention, child/adolescent prevention, appropriate utilization of technology, and medication management

PO effectiveness in reducing gaps in care:

- Overall performance toward benchmark
- Focused improvement for:
 - Appropriate use of antibiotics in adults with acute bronchitis
 - Use of spirometry testing in the assessment and diagnosis of chronic obstructive pulmonary disease
 - Appropriate use of imaging studies for low back pain
 - Persistence of beta-blocker treatment after a heart attack in patients with coronary artery disease
 - Angiotensin converting enzyme inhibitor/angiotensin receptor blocker (ACE/ARB) continuation and persistence in patients with congestive heart failure



Participation Criteria

All Primary Care Physicians (PCPs) that are members of a PGIP PO are eligible to participate in the EBC Tracking Initiative. PCPs are defined as those practicing within Michigan with a primary specialty of General Practice, Family Practice, Internal Medicine, Pediatrics, or Geriatric Medicine.

Evaluation

The evaluation of the EBC Tracking Initiative will address the intervention design and delivery, and will focus on the effects theorized to result from the intervention. These effects include short-term behavioral and knowledge-based changes, and long-term effects that include the impact that adopting evidence-based care guidelines has on reducing gaps in care and improving health outcomes. The evaluation is intended to provide insight into the effectiveness of the designed EBC Tracking Initiative.

Results

Overall PGIP performance for all measures continues to increase.

The following EBC Tracking Initiative results were observed during program year 2010:

- Over 90% of eligible PGIP POs participated in the EBC Tracking Initiative
- Overall PGIP performance for all EBC measures increased by two percentage points from 4Q08 to 4Q09
- The number of POs performing at 70% or above increased (see Table 1 below)
- Fourteen measures exhibited an overall increase with individual PO improvements in performance ranging from one to nine percentage points
- Seven measures exhibited no change and three measures exhibited an overall decrease
- Improvement was seen in five of the six EBC focus measures selected for program year 2010. Based on these results and the observation that improvement opportunities still exist, three of the six will remain as focus measures for program year 2011 (see Table 2 below)

Table 1 - PO Performance on EBCR Over Time

	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%	3.0%
POs with overall EBCR rates >=75 but <80	9.7%	48.5%	28.1%	33.3%
POs with overall EBCR rates >=70 but <75	22.6%	33.3%	59.4%	63.6%
POs with overall EBCR rates in the 60s	67.7%	3.0%	12.5%	6.1%
Total	100%	100%	100%	100%

The decline in overall EBCR rates for July 2009 can be traced to: eliminating high-scoring measures (e.g., asthma and beta blockers) and the introduction of new measures with notable opportunities for improvement (e.g., child/adolescent prevention).

Table 2 - PO Performance on Focused Improvement Measures

Focused Measure	Range of Performance Scores for the 32 POs* (# of POs in each range by percentage point changes)				
	(+11%) to (+15%)	(+6%) to (+10%)	(+0%) to (+5%)	(-5%) to (-1%)	(-23%) to (-6%)
Diabetes: LDL-C Screening	0	1	19	11	1
Diabetes: Monitor for Nephropathy	0	5	23	4	0
Diabetes: ACE/ARB Use with Co-morbid Nephropathy	0	2	18	8	3
Antibiotics: Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	0	1	16	12	3
COPD: Use of Spirometry Testing in the Assessment and Diagnosis of COPD	2	3	13	8	4
Low Back Pain: Use of Imaging Studies	0	3	17	10	2

Question about the EBC Tracking Initiative?

Please contact Kristy Wietholter, Health Care Manager, Kwietholter@BCBSM.com



For more information on PGIP, or for a copy of the full initiative plan, please contact:

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