

BCBSM

PGIP Quarterly Meeting

December 4, 2009

Updates on:
CKD & ESRD Initiatives
PCMH
2010 PCMH Designation

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Chronic Kidney Disease and End Stage Renal Disease Initiatives



CKD Goals

- Increase screening and early diagnosis
- Provide care management services to CKD patients
- Reduce inpatient admissions and emergency department visits by CKD patients due to flu, pneumonia, cardiovascular disease
- Increase timely consultation with and referral of CKD patients to nephrologists, using team-based approach

ESRD Goals

- Increase timely establishment of AV fistula vascular access, using team-based approach
- Provide care management services to ESRD patients
- Reduce inpatient admissions and emergency department visits by ESRD patients due to volume overload, flu, pneumonia, cardiovascular disease, infections and anemia



- **PO must participate in PCMH Patient Registry Initiative**
 - Support for CKD and ESRD registry implementation & practice unit level tracking
- **PO must have at least one nephrologist enrolled**
 - For CKD, may have an established relationship with a nephrologist, if all nephrologists in area are already enrolled in a different PO

Structure of CKD & ESRD Initiatives



- First 6 months: planning phase
 - Establish PO team (nephrologists and PCPs)
 - Select and implement evidence-based guidelines
 - Collaborate with BCBSM and other POs to define performance report content and process for providing reports to BCBSM
- By end of first 6 months, at least 1 practice unit must have applicable registry in place
- After 12 months, POs provide BCBSM with copy of integrated PO-level Performance Reports



- **During 2010, incentives based on participation**
 - ✓ Progress Report and Implementation Plan after first six months
 - Identify nephrologist, describe evidence-based guidelines, identify practice units with relevant registries in place
 - ✓ PO Performance Report at end of second incentive period (and progress report)
 - Integrated PO-level report



- **Simplified administration of PCMH Initiatives**
 - ✓ No time limit for implementing capabilities
 - ✓ Credit for all capabilities implemented at end of each incentive period
 - ✓ Only initial implementation plan must be submitted
- **Special recognition awards**
 - ✓ To be included in January 2010 payment for practices that did not receive 2009 PCMH designation but showed considerable progress

Interpretive Guidelines for all 12 PCMH Domains of Function



- **Primary Care Leadership Committee requested that we convene staff from their POs to review & revise the PCMH Interpretive Guidelines**
- **Four full-day sessions in Lansing**
- **Guidelines sent to all POs in early October for final review & questions**
- **Guidelines will be updated as needed annually**

Thank you, PGIP Interpretive Guidelines Team!!



Jen Bailey, BSN RN (RDN)
Judy Bascom, RN (RDN)
Jeni Hughes (OSP)
Ilene Horwitz (OSP)
Beth Lipscomb (ProMed)
Cindy Gaines, RN (ProMed)
Julie Graham, Genesys
April Kuehn (IHP)
Lori Kostoff, Pharm.D (HVPA)
Kay Dwyer, RN (HVPA)

Barb Donohue, RN (HVPA)
Marilyn Schwinn, RN (HVPA)
Sue Viviano, RN (Advantage)
Nancy Sammons, RN (Henry Ford)
Mary Burns, LPN (MMPC)
Carol Zima, RN (SJHP)
Maureen Braun, RN (SJHP)
Amy Barton (Primary Care Partners Covenant)
Ginny Hosbach, RN (MNO)



- **2010 scoring (to be discussed at PCLC)**
 - ✓ Overall weight same as 2009: 50% PCMH, 50% quality/use
 - ✓ PCMH capabilities in 12 domains implemented as of 12/31/09
 - ✓ Same quality/use metrics as 2009
 - Possible quality/use weighting adjustments
 - GDR 2/3 rate and 1/3 trend
 - Slightly increase ED and Radiology weight, reduce EBCR weight



- **Nominations from November 30, 2009**
 - ✓ BCBSM will conduct preliminary analysis; no distribution of preliminary results to avoid confusion and miscommunication
 - ✓ If any not-nominated practices appear to be strong candidates, BCBSM will contact POs individually
- **Final results generated May 2010, based on most recent quality/use data available (combination of 12 months ending 3Q09 and 4Q09)**

2010 PCMH Designation – Selection Process (con'd)



- **Site visits January-May 2010**

- ✓ PCMH validation training visits will occur full time between January 11th and January 29th
 - POs will be contacted in mid-December regarding Practice Units to be visited for training purposes
 - All PGIP Field Representatives will attend the validation training visits
 - All training will be conducted by Linda Mackensen
 - Training will occur at Practice Units that were designated last year and nominated again for 2010 and also at newly nominated Practice Units
 - Training visits will count as validation site visits
 - At least 1 PO representative must attend
 - Practice may be asked to produce reports, demonstrate tools, etc.

2010 PCMH Designation – Selection Process (con'd)



- PGIP Field staff are currently receiving advance training, attending demos of IT tools (CDRs, EMRs, e-Rx) in our PGIP community

- WellCentive
- Cielo
- CDEMS
- NexGen
- GE Centricity

Araphron
MSMS Connect
Dr First
Epic
Relay Health
MI1HI



- **PCMH Validation Site Visits Feb 1-May 15th**
 - ✓ Plan is to visit 300+ Practice Units
 - ✓ POs will be contacted early January regarding Practice Units scheduled for site visits
 - Site visit does not mean practice will be designated
 - Lack of site visit does not mean practice will not be designated
 - For new POs, practice units composed of new-to-PGIP physicians will have automatic site visits
 - ✓ At least one PO representative must attend each visit
 - Important to have consistency to support PO-level adjustments across all practice units after all the PO's site visits are completed
 - ✓ Practice Units should be prepared to share their policies and procedures, provide a demo of their tools and systems, show examples of all-payer Performance Reports, etc.