

BCBSM PGIP Quarterly Meeting  
March 13, 2009  
Lansing Community College

# PCMH Designation Program Update

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# Agenda



**Please remember critical deadline:  
Corrected, updated PCMH self-assessment databases and physician  
lists due Monday, March 16<sup>th</sup>.**

1. Review of Previously Communicated Quality and Use Criteria for PCMH Designation
  - Slides from Sept & Nov 2007, and Sept & Nov 2008
2. Nominations
3. Requirements for PCMH Capabilities in Place
  - PCMH Progress to Date
4. Revised Approach to Allow More Practice Units to Qualify for Designation
  - More Flexible PCMH Criteria
  - Weighted Score for PCMH Infrastructure, Quality & Use
5. Updated Timeline
6. Data Methods

[Slide from Sept 2007 Quarterly Meeting]

# Requirements To Be Designated as a PC-MH:



- Participate in PGIP
- Receive a nomination from the Partnering physician organization
- Meet performance criteria for patient satisfaction, quality, and utilization
- Demonstrate effective functioning of all the basic PC-MH attributes

# Eligibility Requirements for PC-MH Designation Program



1. Physicians nominated by their PGIP PO
2. Meet standards for acceptable EBCR gap scores, radiology, and GDR performance
3. Have no outlier cost/use experience or pattern of excessive use of health care resources
4. Meet BCBSM's PCMH criteria
  - Initially, to facilitate a phased approach, Practice Units that meet criteria for only a subset of the Domains of Function may be eligible for Basic Designation

***Practice Units that achieve Basic Designation may continue to participate in PC-MH Initiatives and are expected to demonstrate ongoing progress towards achieving Advanced PC-MH designation***

[Slide from Sept. 2008 Quarterly Meeting]

# PCMH Designation will be based on PCMH infrastructure and overall performance



1. Infrastructure (self-assessment with validation)
  - PCMH domains of function
2. Categories of Performance (claims data)
  - Evidence-Based Care Measures
  - Attributed Population Use Rates
    - Rx
    - ER
    - IP
    - Imaging
    - Ancillary
3. Patient Experience of Care (mini-CAHPS survey)

Final criteria and standards will be determined through collaborative review of self-assessment and use data at the Practice Unit level

[Slide from December 2008 Quarterly Meeting]  
**Multiple performance categories**



2. Categories of Performance (BCBSM claims data)

- PCP Member Attribution Model
- Censored data for practice units with low number attributed members or low number unique attributed members having event
- Overall Evidence-Based Care Rate and Trend
- Use Rates and Trends
  - Generic Dispensing Rate
  - ED Use for Non-Emergent Conditions
  - High-Tech and Low-Tech Radiology Use
- Pediatric Practices (80%+ attributed membership <18 years age)
  - EBCR: asthma, antibiotics use, pediatric preventive services
  - Generic Dispensing Rate
  - ED use rates and trends for pediatric patients, with pediatric-based benchmark

3. Patient Experience of Care (survey to be completed Dec. 08)

Final criteria and standards will be determined through collaborative review of self-assessment and use data at the Practice Unit level

# Approximately 25% of Practice Units and 37% of PCPs nominated for PCMH Designation



(does not incorporate latest physician update or practice unit info)

Nominated?	Pr Unit Size	# PrUnits	% PrUnits	# PCPs	% PCPs
<b>PCMH Nominated</b>					
	solo	251	11.00%	249	5.83%
	2-5	238	10.43%	600	14.04%
	6-10	59	2.59%	440	10.29%
	11-25	15	0.66%	241	5.64%
	51-100	1	0.04%	52	1.22%
<b>PCMH Nominated Total</b>		<b>564</b>	<b>24.72%</b>	<b>1582</b>	<b>37.01%</b>
<b>Not Nominated</b>					
	solo	1178	51.62%	955	22.34%
	2-5	446	19.54%	1039	24.31%
	6-10	76	3.33%	458	10.72%
	11-25	14	0.61%	158	3.70%
	26-50	4	0.18%	82	1.92%
<b>Not Nominated Total</b>		<b>1718</b>	<b>75.28%</b>	<b>2692</b>	<b>62.99%</b>
<b>Grand Total</b>		<b>2282</b>	<b>100.00%</b>	<b>4274</b>	<b>100.00%</b>

Originally Proposed Infrastructure Criteria: Meet Requirements in 7 of 7 Domains of Function with first capability in place (i.e., 34 out of 68 capabilities)



## Originally Proposed: PCMH Domains of Function for 2009 Designation

Patient-Provider Partnership – Have 4 of 8 capabilities in place

Patient Registry – Have 7 of 14 capabilities in place

Performance Reporting – Have 6 of 12 capabilities in place

Individual Care Management – Have 4 of 15 capabilities in place

Extended Access – Have 5 of 9 capabilities in place

Test Tracking – Have 7 of 9 capabilities in place

E-Prescribing – Have basic level of electronic prescribing capabilities [marked as draft criteria]

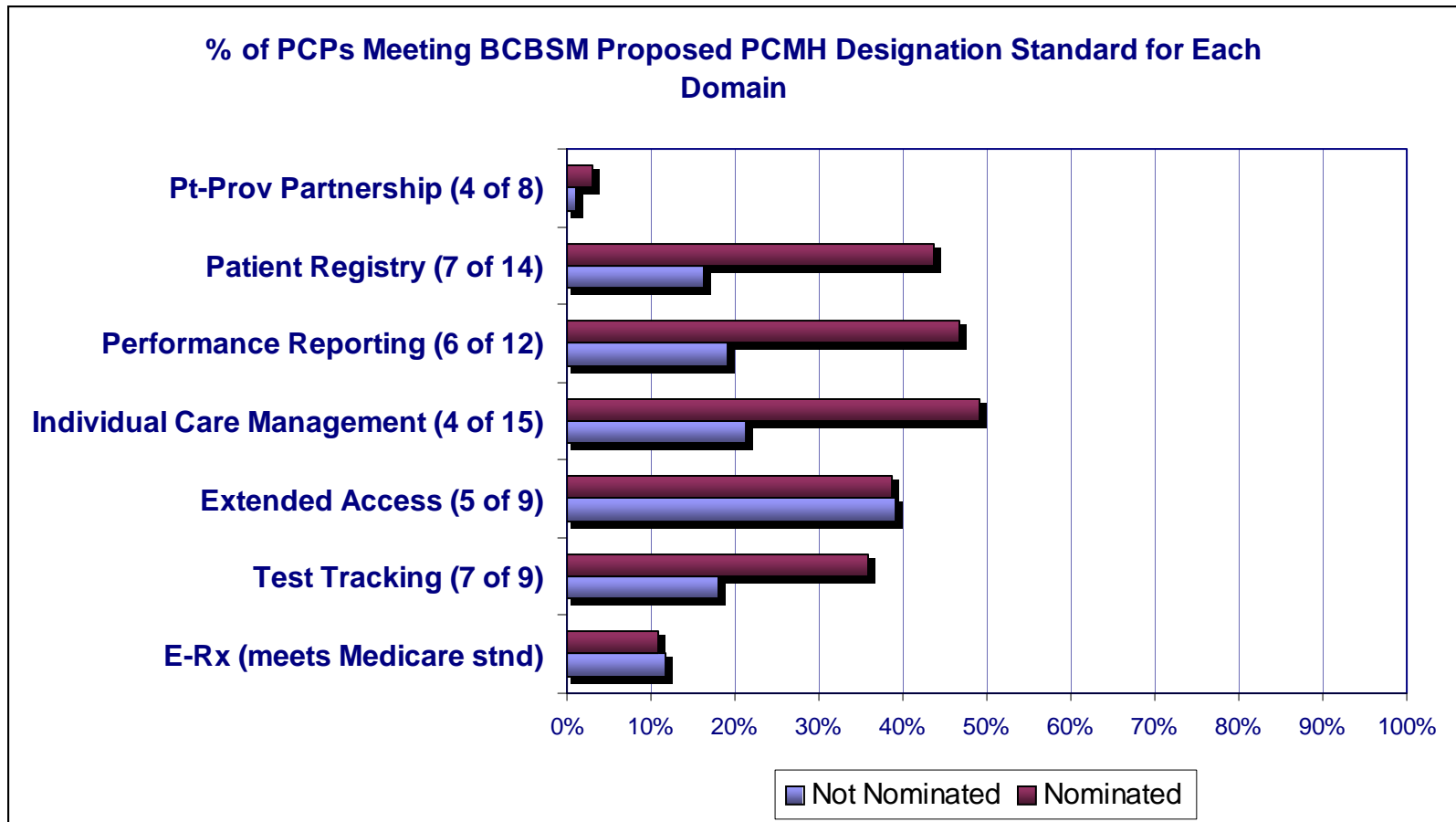
0 Practice Units met original criteria as of Nov 2008; 1 Practice Unit (not nominated) met “revised” original criteria



Practice Units & PCPs Meeting Originally Proposed PCMH Capabilities Criteria as of Nov-08				
Meets 7 out of 7 w/1st in Place	Meets 7 out of 7 1st not in place	Nominate for PCMH Designation?	PrUnits	PCPs
<b>Not Met</b>				
<u>Req Met</u>				
PCMH Nominated			0	0
Not Nominated			1	3

- Even under *revised* Original Criteria (“first capability in place” requirement eliminated) 0 nominated practice units (and only 1 not-nominated practice unit) met original criteria
- Without iterative refinement of draft selection criteria and flexible approach to collecting PCMH capabilities data, there would be no practices eligible for PCMH Designation in 2009

# Patient-Provider Partnership, E-Rx, and Test Tracking Standards Least Likely to be Met by Nominated PCPs



# Next Step: Consider practices that meet requirements in 5 out of 7 PCMH Domains of Function



Modified Criteria: Meet Requirements in 5 out of 7 Domains				
Nominate for PCMH Designation?	Meets 5 out of 7 w/1st in Place	Meets 5 out of 7 - 1st not in place	PrUnits	PCPs
<b>PCMH Nominated</b>	<b>Req Met</b>	Req Met	51	195
	<b>Not Met</b>	Req Met	28	166
	<b>PCMH Nominated Total</b>		<b>79</b>	<b>361</b>
	<b>Not Nominated</b>	<b>Req Met</b>	Req Met	8
<b>Not Met</b>		Req Met	24	166
<b>Not Nominated Total</b>		<b>32</b>	<b>181</b>	

- By eliminating “first capability in place” requirement and allowing practices to meet criteria in 5 out of 7 domains, about 350 nominated PCPs meet PCMH Infrastructure criteria

# But only about 220 of those 350 nominated PCPs have data available and no potential performance concerns



Practices Meeting Modified Criteria (5 out of 7)			
Nominate for PCMH Designation?	Potential Quality-Use Concern	PrUnits	PCPs
<b>PCMH Nominated</b>			
	Potential Concern	26	79
	No data	12	58
	OK	41	224
<b>PCMH Nominated Total</b>		<b>79</b>	<b>361</b>
<b>Not Nominated</b>			
	Potential Concern	13	69
	No data	4	6
	OK	15	106
<b>Not Nominated Total</b>		<b>32</b>	<b>181</b>

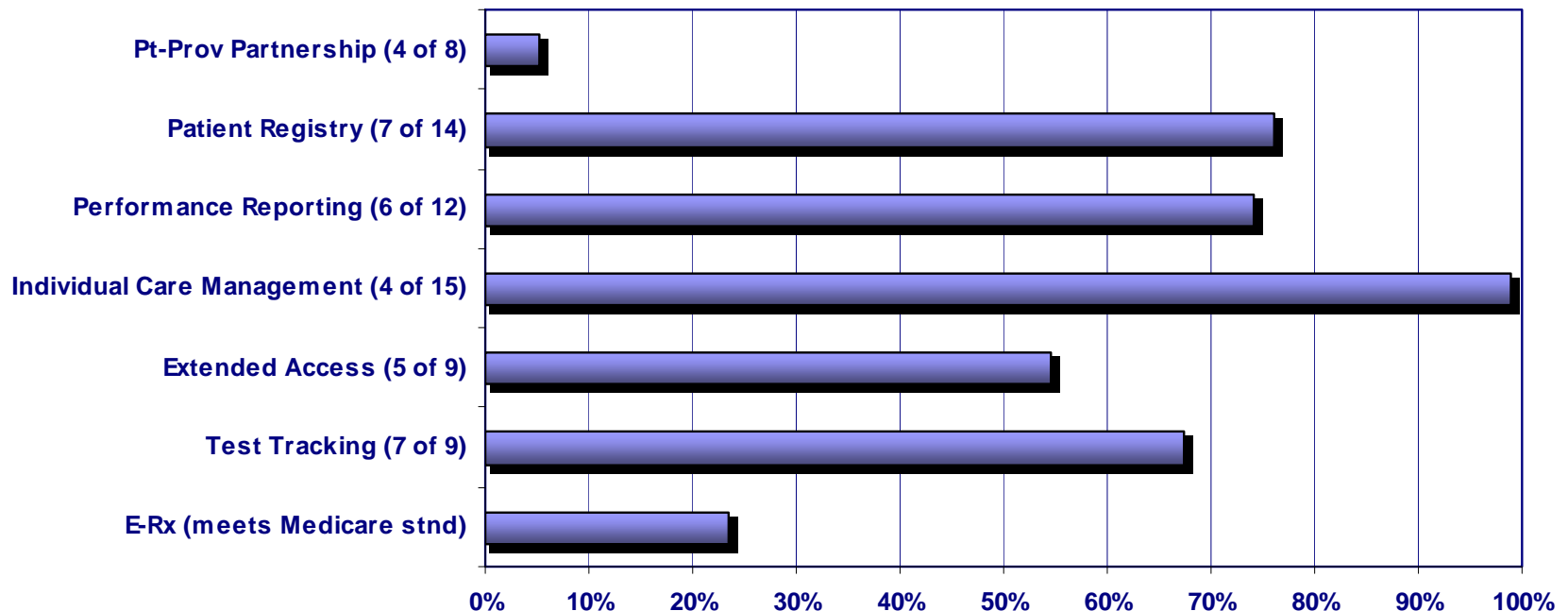
•Based on preliminary 2007 data, potential performance concerns or no data for over a third of the nominated PCPs meeting 5 out of 7 PCMH infrastructure criteria

- Potential Quality/Use Concern = lowest quartile in EBCR or GDR, or among worst 10% in radiology, ER, or preventive services. No data may be due to small n or Phys List matching issues (which we are working to resolve)

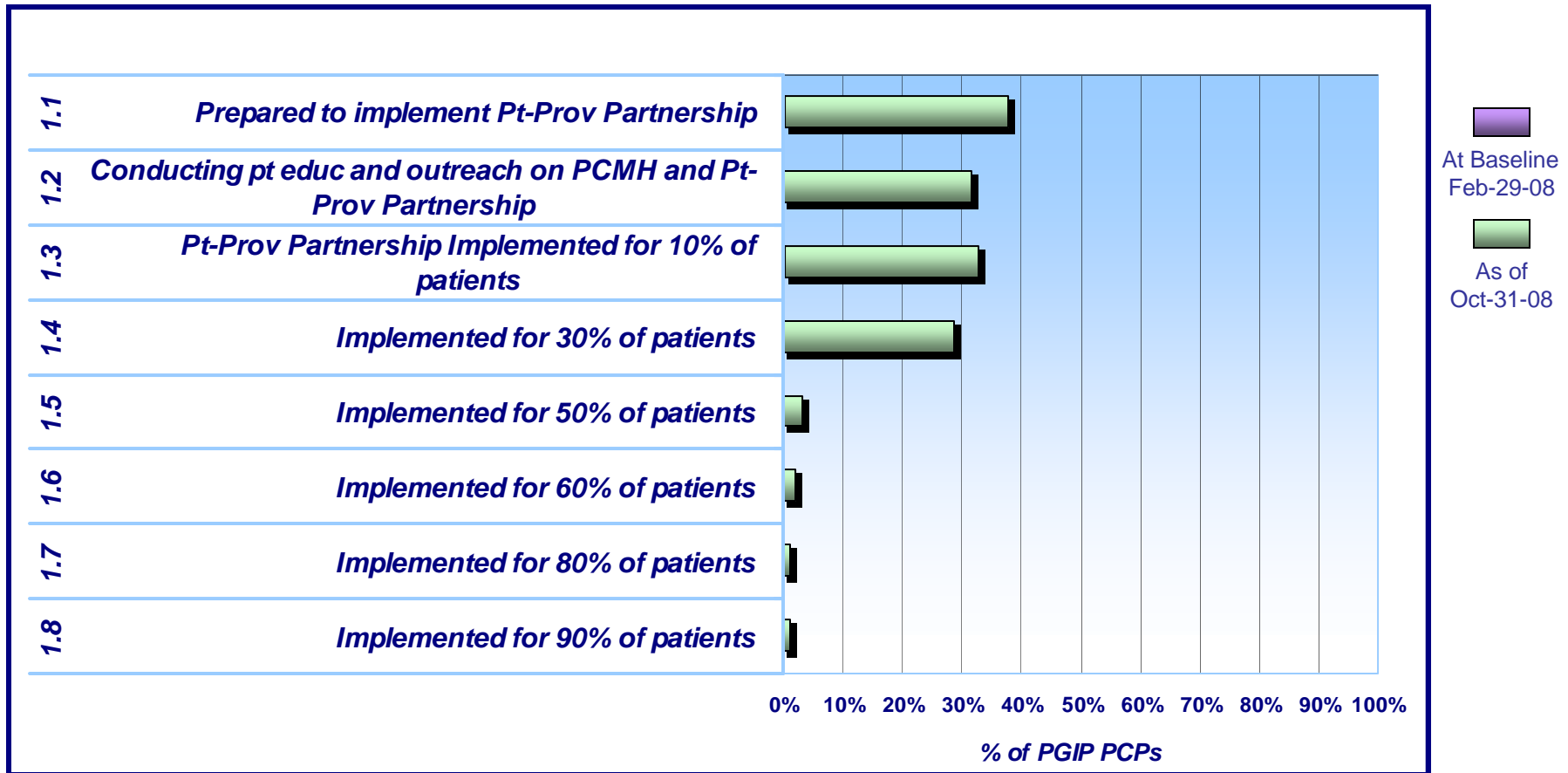
# Main Barriers to Meeting 5 out of 7? Patient-Provider Partnership, E-Rx & Extended Access



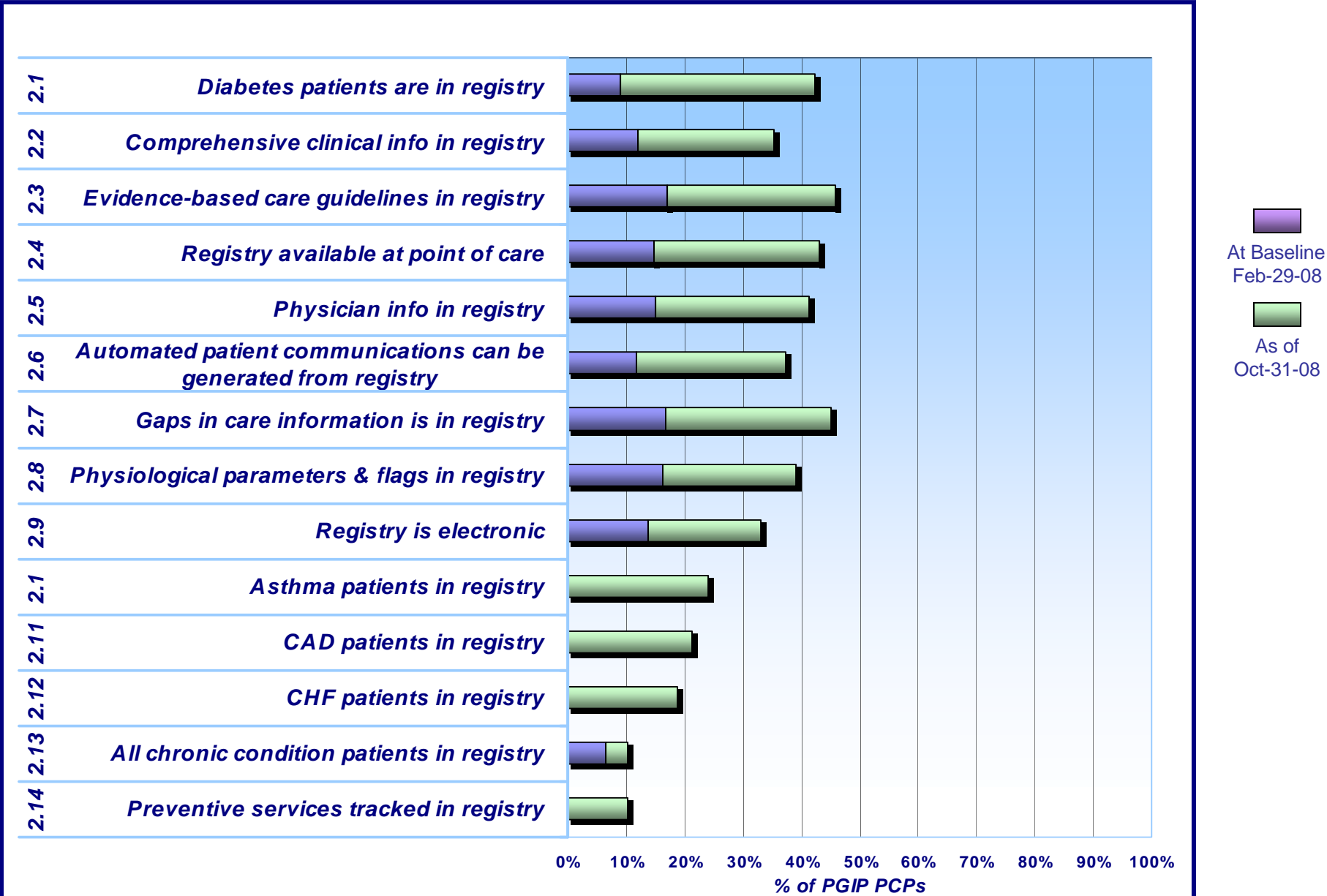
Standards Met Among PCPs Meeting only 4 Standards



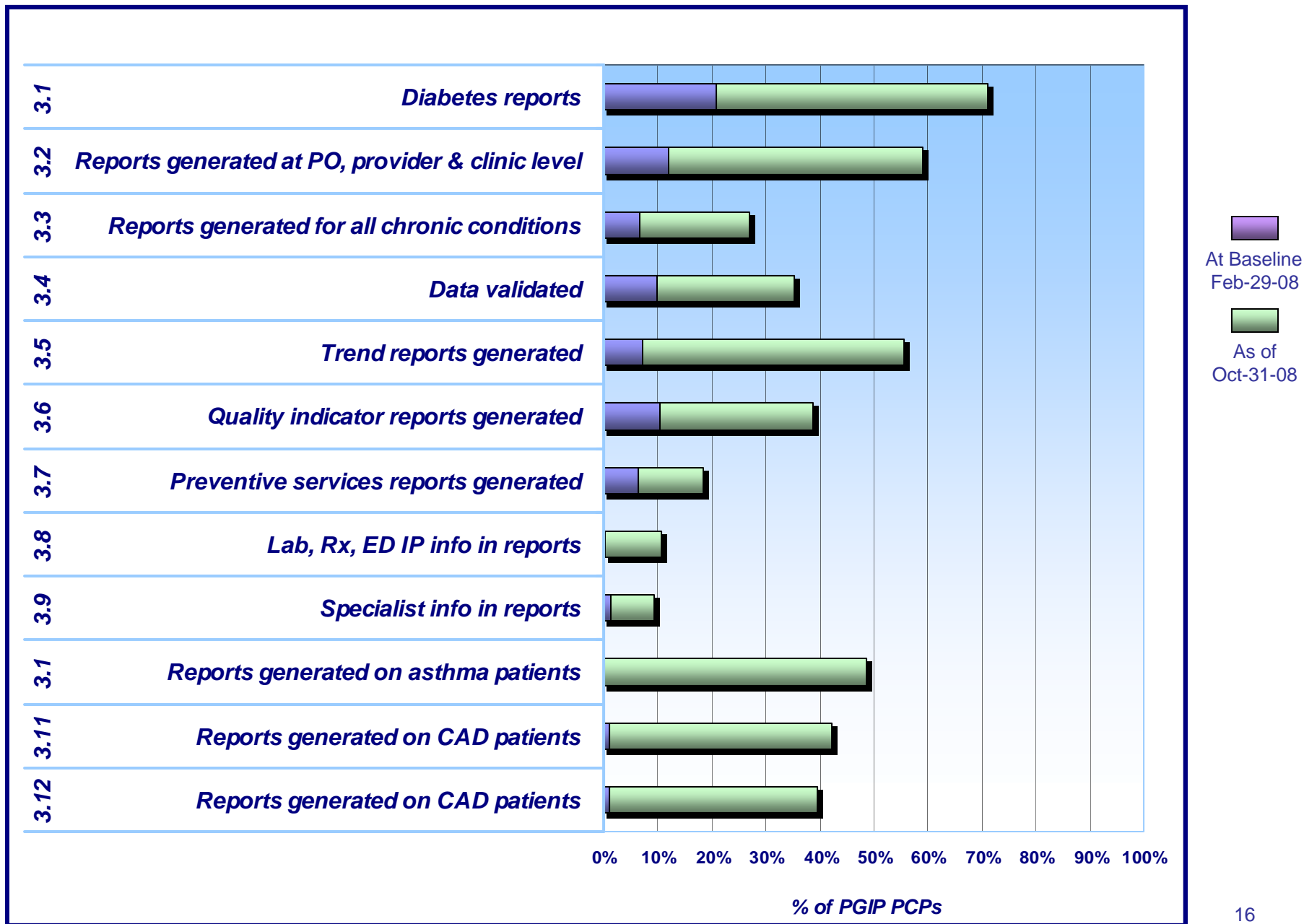
# About 30% of PCPs have a Patient-Provider Partnership in place for 30% of their patients (as of 10/31/08)



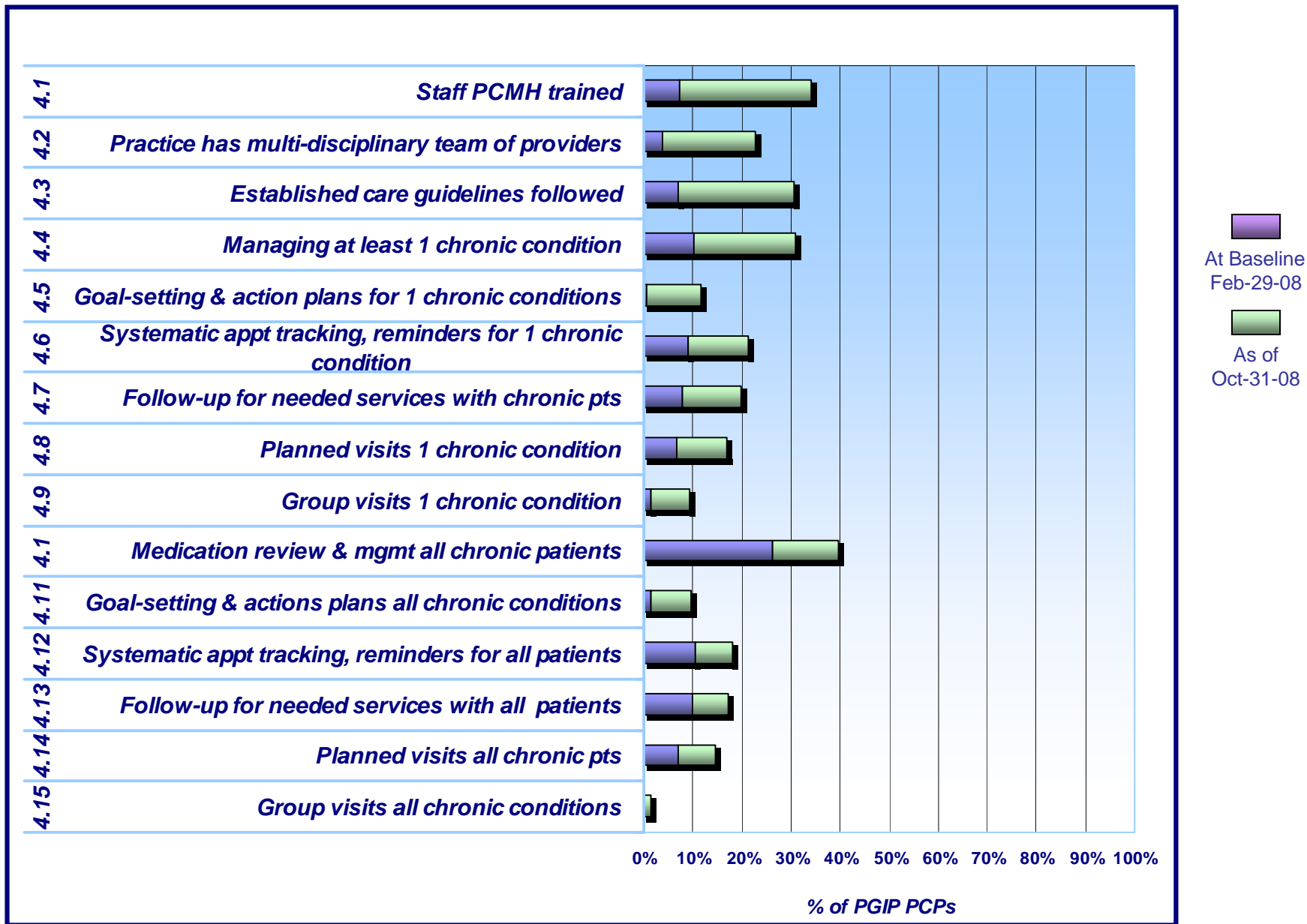
# About 40% of PCPs have a Diabetes Registry



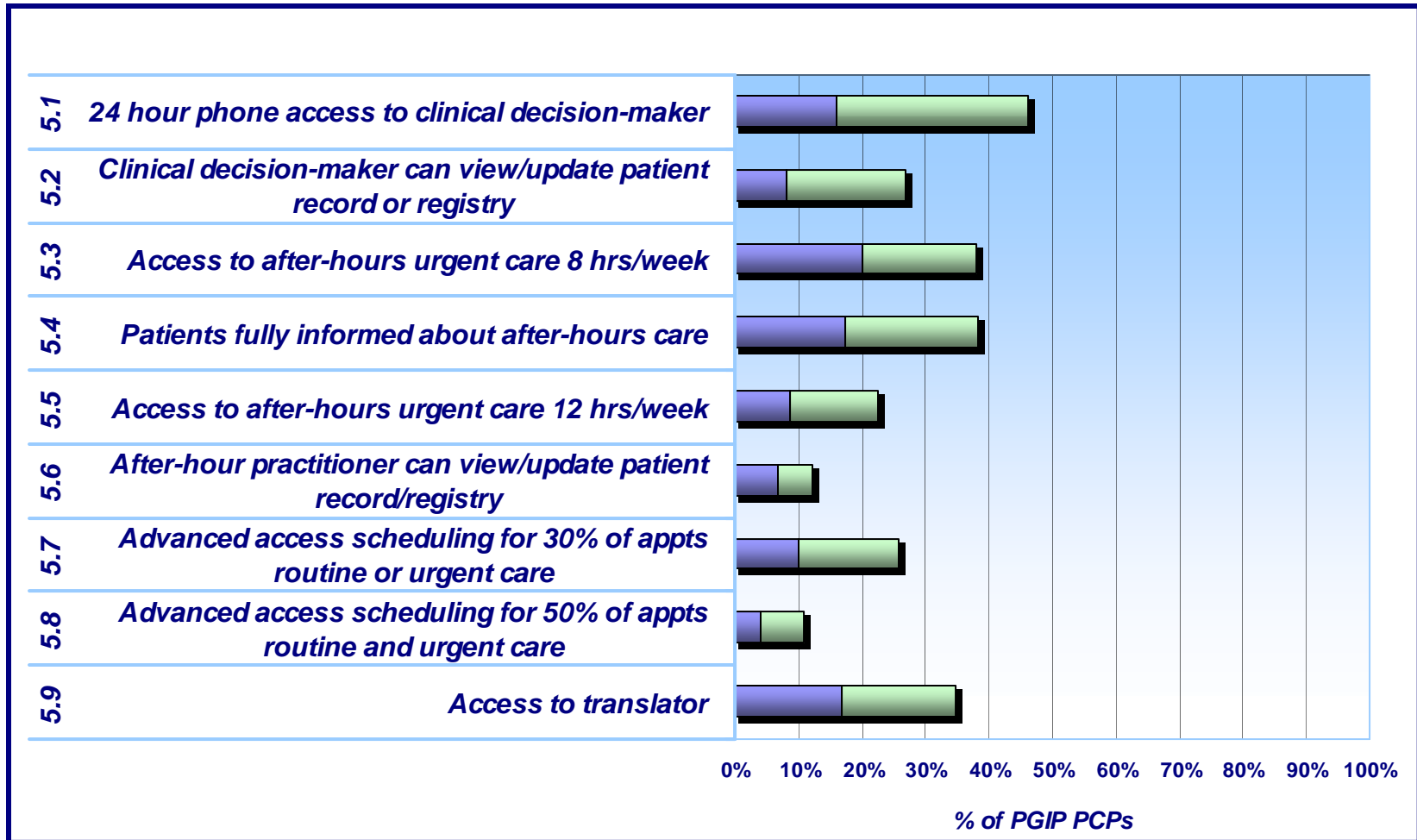
# About 70% of PCPs have Performance Reporting for Diabetes



# Gradual progress for Individual Care Management; about 40% of PCPs conduct medication review and management for all patients with chronic conditions

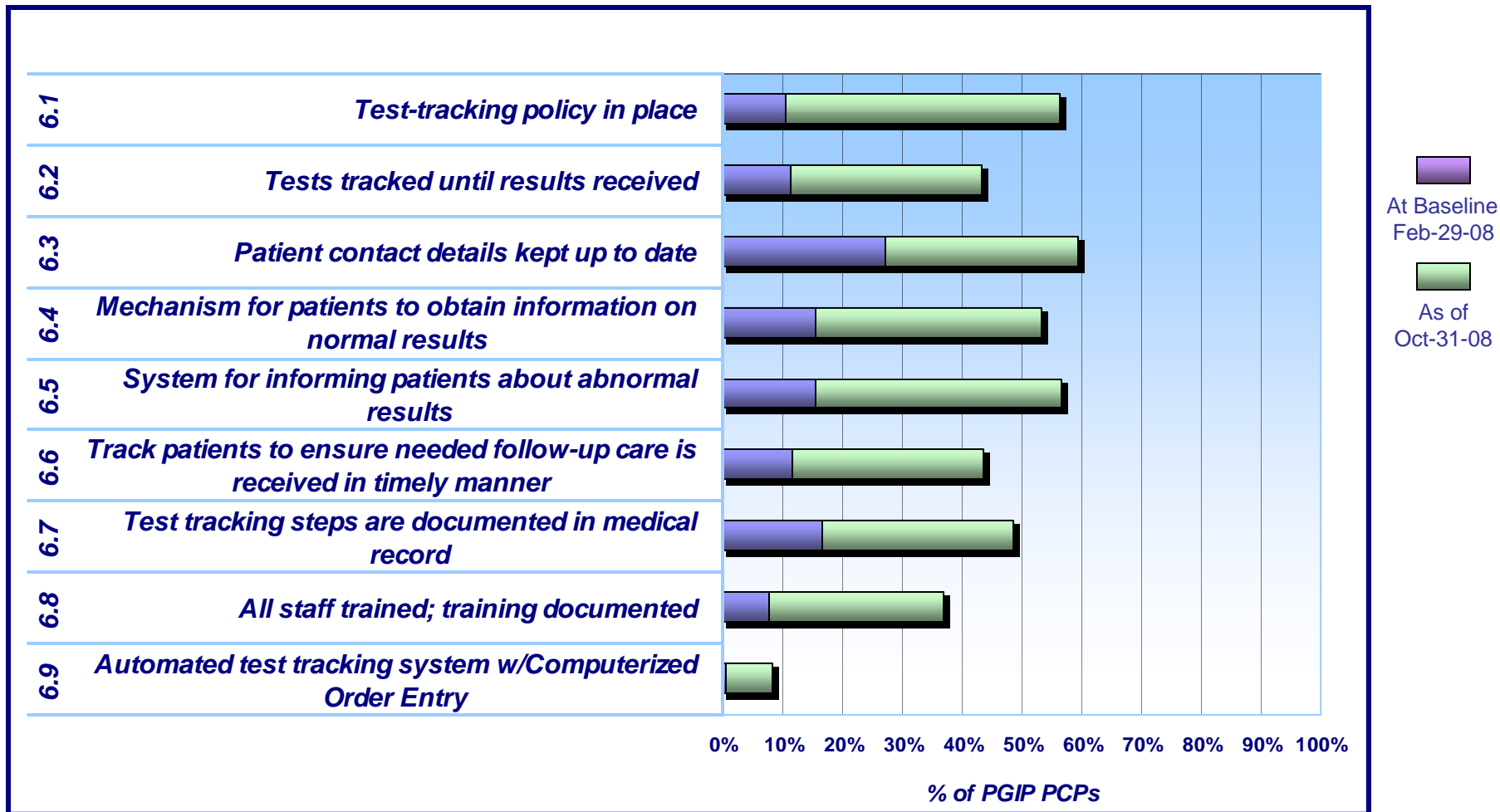


# About 45% of PCPs provide their patients with 24 hour phone access to a clinical decision-maker

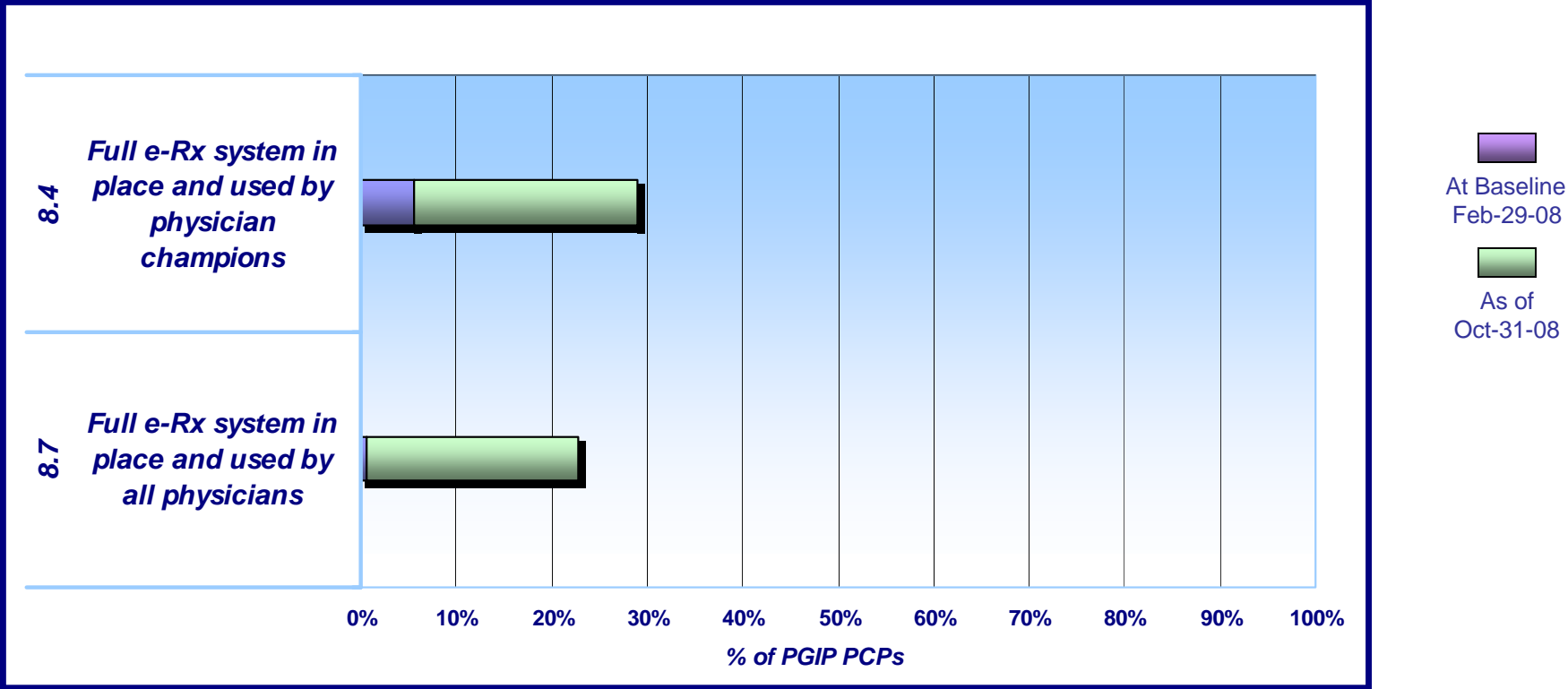


At Baseline Feb-29-08  
 As of Oct-31-08

# About 55% of PCPs have a test-tracking policy in place, and a system to ensure patients are informed of abnormal test results



# About 30% of PCPs have an E-Rx system that meets Medicare standards



# Consideration of future (not yet implemented) capabilities



- October self-assessment survey
- Provided POs with opportunity to indicate which additional PCMH capabilities would be implemented by end of February 2009

Among nominated PCPs, 44% of Reported Capabilities were listed as ECD 2-28-09 – limiting usefulness of including ECD capabilities in review



## **% of Reported PCMH Capabilities Listed as ECD 2-28-09**

<b>Nominate for PCMH Designation?</b>	<b>Capabilities listed as ECD 2-28-09</b>
<b>PCMH Nominated</b>	<b>44%</b>
<b>Not Nominated</b>	<b>8%</b>

# When ECD capabilities are included, about 250 nominated PCPs meet original criteria (without first capability in place)



## Practice Units & PCPs Meeting Originally Proposed PCMH Capabilities Criteria when ECD are included

Nominate for PCMH Designation?	Meets 7 out of 7 w/1st in Place - Incl ECD	Meets 7 out of 7 1st not in place - Incl ECD	PrUnits	PCPs
<b>PCMH Nominated</b>	<u>Req Met</u>	Req Met	5	13
	<u>Not Met</u>	Req Met	55	241
<b>Not Nominated</b>	<u>Not Met</u>	Req Met	21	24

# With ECD Included, about 1,000 Nominated PCPs meet 'Modified' (5 out of 7) Criteria



## Modified Criteria: Meet Requirements in 5 out of 7 Domains - Including ECD Capabilities

Nominate for PCMH Designation?	Meets 5 out of 7 w/1st in Place - Incl ECD	Meets 5 out of 7 - 1st not in place - Incl ECD	PrUnits	PCPs
<b>PCMH Nominated</b>	<b>Req Met</b>	Req Met	126	435
	<b>Not Met</b>	Req Met	139	607
<b>PCMH Nominated Total</b>			<b>265</b>	<b>1042</b>
<b>Not Nominated</b>	<b>Req Met</b>	Req Met	29	37
	<b>Not Met</b>	Req Met	37	190
<b>Not Nominated Total</b>			<b>66</b>	<b>227</b>

# But - potential quality-use performance concerns or no data for about half of those 1000 nominated PCPs



<b>Practices Meeting Modified Criteria (5 out of 7) when ECD Capabilities are Included</b>			
<b>Nominate for PCMH Designation?</b>	<b>Potential Quality-Use Concern</b>	<b>PrUnits</b>	<b>PCPs</b>
<b>PCMH Nominated</b>			
	Potential Concern	99	311
	No data	44	175
	OK	122	556
<b>PCMH Nominated Total</b>		<b>265</b>	<b>1042</b>
<b>Not Nominated</b>			
	Potential Concern	32	96
	No data	11	15
	OK	23	116
<b>Not Nominated Total</b>		<b>66</b>	<b>227</b>

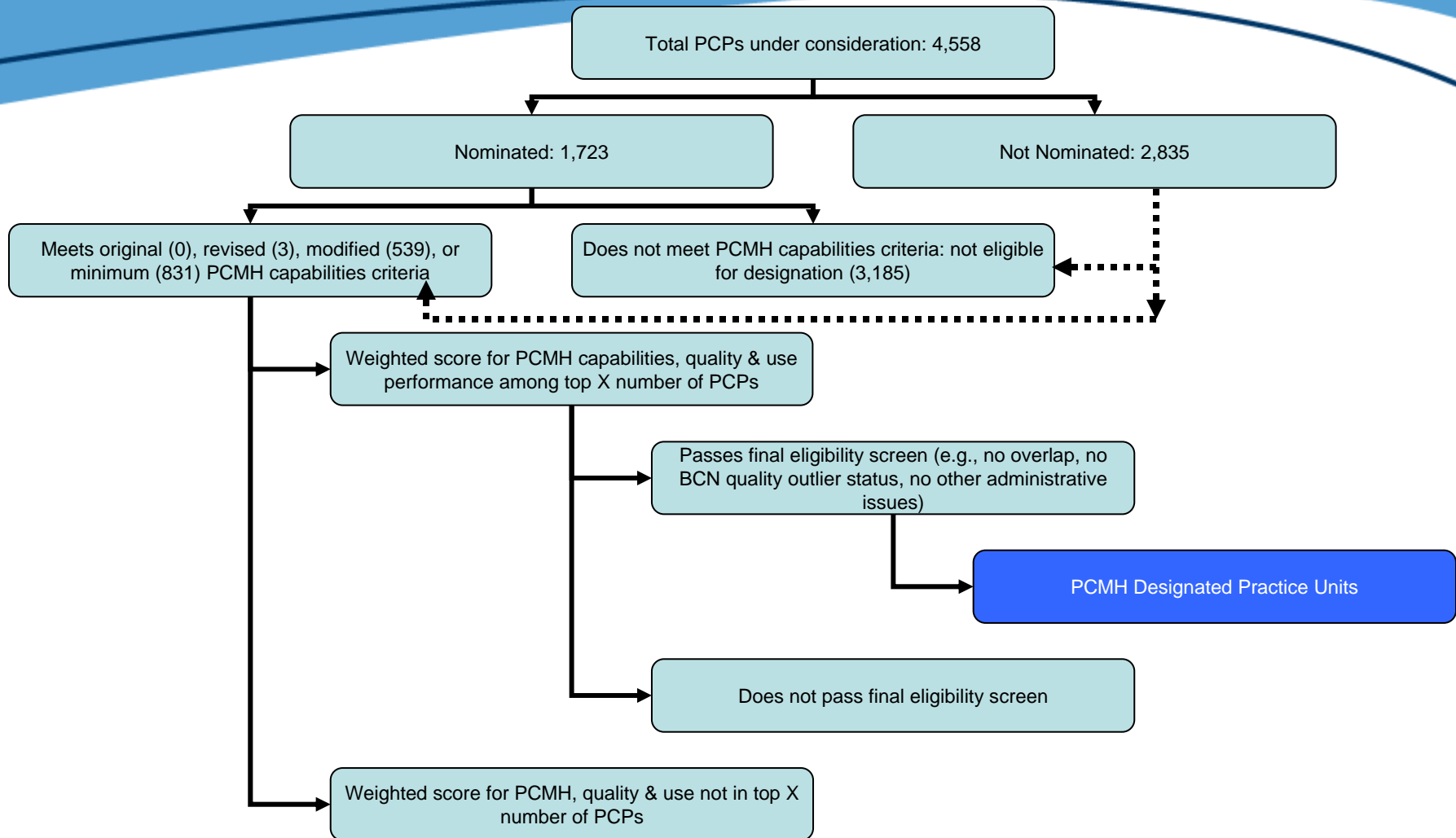
\*Potential Quality/Use Concern = bottom quartile in EBCR or GDR, or bottom 10% in radiology, ER, or preventive services use. No data may be due to small n or Phys List matching issues; we are working to resolve.

# Revised Approach



- More flexible standards for PCMH capabilities
- Instead of setting outlier cut-offs (e.g., not eligible for designation if in bottom quartile or bottom 10%), calculate weighted score for each practice unit based on PCMH capabilities in place and quality & use performance relative ranking (compared to all other PGIP PCP practices)
- Given that goal is to designate practices with greatest capability to perform well as Patient-Centered Medical Homes, discuss with POs the possibility of nominating high-scoring practices not previously nominated
  - Iterative process to identify strongest PCMH candidates

# Overview of BCBSM PGIP PCMH Designation Selection Process [preliminary results]



# More Flexible PCMH Capabilities Criteria



Points may be awarded based on level of PCMH criteria met

Possible scoring approach (*subject to change*):

- 100 points for meeting Original Criteria
- 80 points for meeting Modified Criteria
- 60 points for meeting Minimum Criteria
  - At least 20 PCMH capabilities in place
  - ❖ Additional points earned for each additional PCMH capability in place
- 0 PCMH infrastructure points if do not at least meet Minimum Criteria

*Potential future refinement: univariate and multivariate analyses of correlation between specific PCMH capabilities and performance*

# Quality and Use Performance Metrics



- Evidence-Based Care Score
  - Overall Rate for Adults (Diabetes, CAD, CHF, Back Pain, Antibiotics, Asthma)
  - Overall Rate for Peds (Asthma & Antibiotics)
- Generic Dispensing Rate
  - Overall Rate
- Preventive Services Rate
  - Overall Rate for Adults (Mammogram, Pap, Well Visit)
  - Overall Rate for Peds (Immunization 2 months & 13 months, Well Visit 15 months & 36 months)
- ED Use Rate
  - Primary Care Sensitive Conditions (based on NYU algorithm classifications: Non-Urgent; Urgent but Primary Care Treatable; ED Needed but Avoidable)
- Radiology Use Rates
  - Low Tech Imaging
  - High Tech Imaging

*Preliminary analysis used 2007 data; final determination will be based on 3 quarters of 2008 data*

# Calculating a Weighted Score



- Convert quality and use metrics to percentile ranking (based on PGIP PCP data)
- Calculate weighted scores for PCMH and each quality and use metric
  - For incomplete data, redistribute weights to other metrics
  - If no data (small n, other issues): 0 score for quality & use
- Add all weighted scores to produce single score for each Practice Unit

# Proposed Weights



	Weights for Practices Units with:		
Category	Both Adults & Peds Metrics	Only Adult Metrics	Only Peds Metrics
<b>Total</b>	100%	100%	100%
PCMH Infrastructure	40%	40%	40%
EBCR	20%	20%	21%
Adult Preventive	2.5%	5%	
Peds Preventive	2.5%		6%
Adult ED Use for PCS Conditions	2.5%	5%	
Peds ED Use for PCS Conditions	2.5%		6%
GDR	20%	20%	21%
Low-Tech Imaging	5%	5%	6%
High-Tech Imaging	5%	5%	

# Designation



- Top-scoring X% of practice units subject to final review process
  - Internal Administrative review
    - Verify eligibility
    - Screening
      - Corrective action
      - BCN Quality outliers
- Site visits to validate self-reported PCMH infrastructure data
- Final PCMH designated practices: X number (value of X dependent upon % of E&M boost; amount of available funding is fixed)

# Revised timeline: Preliminary results available after 2008 data and Feb-09 PCMH results incorporated into scenarios tool



March 16-30	<b>Critical next step:</b> Incorporate 3Q 2008 data, latest physician update info, & Feb 2009 self-assessment data (all actual; no ECD) into scenarios tool
April 1-June 1	Inform POs of preliminary decisions regarding designation & make validation visits to practice units
June 1	Final list of designated practice units released
July 1	E&M uplift begins



## Emergency Department and Radiology Metrics

- Physician Population
  - PCP attribution methodology
    - Excluded oncologists and cardiologists
- Utilization rates standardized for member age, gender and risk score
- Adult and pediatric metrics calculated separately
  - Adult metrics not included for practice units with over 80% pediatric population
- Censoring applied to practice units with low attributed member populations and low number of unique members having the event



- **EBCR**
  - Composite EBCR metric was created by aggregating all EBCR metrics to overcome issue of small 'n'
  - Measurement period is 2<sup>nd</sup> quarter 2008 which captures data from 7/1/2007 through 6/30/2008
  - Patients had to be continuously enrolled through the measurement year. For pharmacy measures, patients had to be continuously enrolled with pharmacy benefits.
  - Customer ID 23CB69 (GM) was removed from calculations due to incomplete lab data
- **GDR**
  - The proportion of generic drugs to all prescriptions given as  $(\text{generic RX})/(\text{generic RX} + \text{brand RX})$
  - Measure was reported for 4 quarter 2008 which captures data from 10/1/2008 through 12/31/2008