

Fact Sheet

Physician Group Incentive Program 2011



Lean for Clinical Redesign CQI

About Value Partnerships

Value Partnerships is a collection of clinically oriented initiatives among Michigan physicians, hospitals and Blue Cross Blue Shield of Michigan 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.

Overview

The purpose of this professional Collaborative Quality Initiative (CQI) is to support and facilitate health care transformation through process improvement initiatives utilizing Lean Thinking principles. The Lean CQI is designed to assist PGIP POs with developing strategies for creating efficient practice transformation as well as to implement components of the Patient Centered Medical Home (PCMH) model. With the assistance of a BCBSM-supported Lean CQI Coordinating Center, POs will learn Lean methodologies and tools to reduce waste and improve efficiencies in the delivery of care.

Objectives

- Transform the delivery of patient care through collaborative problem solving in the primary care setting
- Improve clinical practice and core operational processes through application of Lean Thinking tools and approaches
- Support development of Lean competencies within participating PO groups; over the course of three Lean Learning Cycles, each PO will develop an internal Lean Coach to support Lean initiatives moving forward

Incentive Design

Lean CQI participants will receive payments for the initiation and completion of up to three Lean cycles. The participation model is designed to cover resource development and initial use of Lean consultants who will utilize a "Train the Trainer"-type approach to transfer Lean facilitation skills to the participating POs.

Evaluation

The Lean CQI Coordinating Center will evaluate PO performance, particularly assessing POs' active participation, submission of reports, and successful completion of Lean cycles.



Over the past three years, the Lean CQI has assisted participating POs in addressing opportunities for improvement in the following office practice processes:

- Diabetes management - patient care, registry establishment, and test tracking
- Improving provider accessibility
- Improving throughput of patients from registration through checkout
- Office management, care management, and PCMH capability implementation
- Introducing Lean principles as part of new hire orientation
- Developing a "change management team" at each office
- Improving lab throughput processes
- Streamlining and removing waste from the telephone messaging process

Provider Profile: ProMed/Borgess Ambulatory Care

ProMed/Borgess Ambulatory Care is a PO consisting of 98 providers (58 physicians, 40 non-physicians) working in 10 practices throughout 16 locations across Southwest Michigan. They have approximately 330,000 provider visits per year and 650,000 total patient visits per year. In 2007, Borgess began participation in BCBSM's Lean initiatives to help address a number of operational challenges, including a wide range of medical records management inefficiencies, lengthy turnaround times for urgent care centers, delays in radiation/mammography appointment scheduling, low workforce job satisfaction, less-than-optimal patient satisfaction scores, and excessive time to 3rd available appointments.

As a participant in the Lean CQI, ProMed utilized the concepts, principles, and tools provided by the Lean CQI Coordinating Center to create and deliver the most value from the customer's perspective while consuming the fewest resources. The benefits realized from implementing Lean within their practices included:

- **81% improvement in follow-up for mammography screening - from 11 days to 2 days**
- **Turnaround times for urgent care were reduced 25% on a monthly basis in a 1 year period**
- **Improved organization and provider workspace**
- **67% reduction in chart pull time**
- **Reductions in wasted floor space**
- **Improved workforce satisfaction**
- **87% improvement in time for scheduling 3rd appointments in Pediatric offices**
- **Developed the skill set of an employee who now functions as an internal Lean coach for the PO**

Questions about the Lean Clinical Redesign Initiative? Please contact Marc Cohen, Project Administrator
Email: mcohen@bcbsm.com



For more information on PGIP, or for a copy of the full initiative plan, please contact:
providerpartnerships@bcbsm.com