

Fact Sheet

Physician Group Incentive Program 2011



Emergency Department Utilization

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 goal of the Emergency Department (ED) Utilization Initiative is to have POs use available data to reduce ED visits for primary care sensitive (PCS) conditions, thereby ensuring that PGIP-attributed members use the ED appropriately.

Objectives

- To reduce cost related to PCS ED utilization in the pediatric and adult patient populations
- To reduce PCS ED utilization in the pediatric and adult patient populations

Incentive Design

Incentive payments for the ED Utilization Initiative are based on PO performance and improvement on six ED utilization metrics. Incentives are calculated by giving statistical weight to each of the specific performance metrics. POs eligible for the full incentive payment include those with performance at or better than the benchmark and improvement at or better than the PGIP average improvement.

Participation Criteria

Any non-specialty PGIP participating PO is eligible to participate in this initiative. POs are expected to analyze their data and develop strategies and targeted patient interventions to reduce inappropriate ED utilization

Evaluation

The evaluation of the PGIP ED Utilization Initiative includes participation, process and performance measures and is focused 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 reducing PCS ED use and cost savings.



Results

In 2010, 29 PGIP POs participated in the ED Utilization Initiative, up from 18 participants in the Initiative's initial year. From 2008-2009, PCS ED use rates/1,000 have remained stable, reflecting the challenges in changing the behaviors and processes that contribute to ED use for PCS conditions.

PO progress reports from July 2010 reveal that the strategies for implementing the ED Utilization Initiative varied among participants, with the following representing the top approaches:

- Reviewing or circulating information among stakeholders
- Building coalitions, work groups or committees
- Developing materials or curricula

In 2011, progress reports will be updated to include intermediate measures that can help identify specific practice changes implemented by the POs and their practice units, such as the extended office hours and patient education. By collecting this information, BCBSM will move closer to linking the activities of the POs to cost and use.

Questions about the Emergency
Department Utilization Initiative?

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For more information on PGIP, or for a
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