

PGIP Future Directions

PGIP 3rd Quarter Meeting

Lansing, MI

September 11, 2009

Tom Simmer, M.D.

Sr. VP and Chief Medical Officer



Key Themes for 2010



- PCMH
- Organized Systems of Care
- Oncology Initiatives
- Cardiac Initiatives
- Reducing Rehospitalizations
- Other new initiatives: Anticoagulation, Obstetrics (labor induction), CKD and ESRD



PCMH Designation (July 2010)

- Include continuous process improvement expectation
- Defined process for post-hospitalization transition care
- Additional capabilities included in designation criteria from PCMH-related initiatives
- Other than that, no major changes in performance measures for PCMH designation. However, weights will change
- Changes will be determined by December PGIP meeting, only “corrections” after that



Organized Systems of Care (aka Accountable Care Organizations)

- Creating effective “Organized Systems of Care” will be a major PGIP priority over the next 5 years
- OSCs will receive progressively more favorable payment from BCBSM according to a “shared savings model”, with proportionately more resources directed to POs that become highly functioning Organized Systems of Care
- BCBSM will not officially designate OSCs in 2010, but expect to do so when forthcoming PGIP OCS initiative matures
- Recommended Reading: “*How to Create Accountable Care Organizations*” by Harold D. Miller. (www.CHQPR.org)



Organized Systems of Care (aka Accountable Care Organizations)

- Milestones for 2010:
 - High percentage of Primary Care Physicians have PCMH designation.
 - Benchmark level PO performance in risk adjusted, standard fee assessment of PMPM cost of care.
 - ❖ Criteria development for 2011 designation follows collaborative discussion within PGIP.



Organized Systems of Care (aka Accountable Care Organizations)

- Proposal for July 1, 2010:
 - Some PCMH practices will receive an E & M fee schedule of 120 percent of TRUST based on the following criteria:
 - ❖ Percentage of PCP's in PO that are PCMH designated.
 - ❖ PCMH performance in resource management for its attributed population.
 - ❖ Overall performance in resource management of the PCMH's PO.
 - ❖ All PCMH practices meeting 2010 milestones for “Organized Systems of Care” will receive 120 percent of TRUST for E & M services.



Improving Oncology Care

- Chemotherapy: delivery consistent with guidelines created by leaders in the Michigan Oncology community. Includes a gain-sharing program based on net program savings.
 - ❖ Lead: Drs. Phil Stella and Kurt Neumann (PRM/OPR)
 - ❖ Rollout: Annual Meeting of the Michigan Society of Hematology and Oncology in late September. Followed by a series of webcasts and town halls.
- QOPI Coordinating Center: Use Clinical data sets to drive improvements in oncology care
 - ❖ Lead: Dr. Doug Blayney (UMHS)
 - ❖ Rollout: Annual Meeting of MSHO in late September.



Improving Cardiac Care

- New initiative based on “cardiac bundle”
- Develop new performance bundle that captures the “diagnostic-therapeutic cascade” for coronary disease, including non-invasive functional testing (stress test modalities), CT Angiography, coronary angiography and percutaneous interventions, and CABG.



Medicare Advantage – PPO

- BCBSM will include MA - PPO members in the PGIP attributed populations when they become available.
- BCBSM will report MA - PPO performance separately.
- PGIP Performance measurement will include MA – PPO members when this information is available.

New Specialties in 2010



- Gastroenterology
- Orthopedic Surgery

...and possibly Radiation Oncology