

Fact Sheet

Physician Group Incentive Program 2011



Chronic Kidney Disease Initiative

Overview

The purpose of the Chronic Kidney Disease (CKD) Initiative is to improve identification and management of individuals with CKD by primary care physicians, in coordination with nephrologists, leading to improved quality of care and outcomes for CKD patients, and lower health care costs.

Objectives

The CKD Initiative objectives are:

- Increase screening of at-risk patients and early diagnosis of individuals with CKD
- Increase care management services for CKD patients, including patient education and self-management training
- Reduce inpatient admissions and emergency department visits by CKD patients due to flu, pneumonia, cardiovascular disease, and infections, as well as other preventable causes
- Increase evidence-based care-driven management of CKD patients, coordinated with nephrologists:
 - Annual immunizations for flu and pneumonia
 - Control of blood pressure
 - Use of angiotensin converting enzyme (ACE) inhibitors
 - Control of lipid levels
- Increase timely consultation with and referral of CKD patients to nephrologists
- Increase use of a team-based approach to project disease progression and increase timely creation of arteriovenous (AV) fistula vascular access

Participation Criteria

To participate in the CKD Initiative, POs must enroll one or more nephrologist as a PGIP participant (if there are no nephrologists available to be enrolled in the PO, an acceptable alternative would be for the PO to have an established relationship with a nephrologist enrolled in a different PO), and participate in PGIP's Patient-Centered Medical Home Patient Registry Initiative.

About Value Partnerships

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



Incentive Design

Incentives for PGIP Initiatives are based on participation and performance components, with the weight given to each component varying by Initiative and by the length of time a PO has participated in the Initiative.

For the CKD Initiative, the first six months of a PO's participation will be considered to be a planning phase, during which time incentives will be based on participation. During the planning phase, POs will be expected to (i) collaborate with PO nephrologist(s) to develop procedures and systems for PCP diagnosis and management of CKD patients and referrals to nephrologist, (ii) develop the capability to deliver care management services to CKD patients, including patient education and self-management training, (iii) build the capability to generate integrated semi-annual PO-level reports from the PO/practice unit CKD registries, (iv) implement evidence-based guidelines for management of CKD patients, and (v) collaborate with BCBSM to identify the fields to be included in the PO-level performance reports, and determine the feasibility of having the POs provide BCBSM with member-level data from their registries posted to a secure website.

At the end of the planning period, at least one practice unit in the PO must have a fully functioning CKD registry. After the planning phase, incentives will be based primarily on performance. During the performance phase, POs and participating practice units will be expected to conduct annual screening of all patients at increased risk for CKD, actively manage all patients in the CKD registry according to the evidence-based guidelines, provide BCBSM with semi-annual progress reports, and provide BCBSM with a semi-annual PO-level performance report on management of CKD patients, integrating information from all CKD registries in the PO and providing information on compliance with the evidence-based guidelines for screening and management of CKD.

Evaluation

The CKD evaluation will assess whether the CKD Initiative is successful in catalyzing POs to enroll nephrologists and form collaborative teams between nephrologists and POs, and whether the result is improved patient care and outcomes and lower overall costs. Given the difficulty in identifying CKD patients through claims data, 2010 served as a planning year for the POs and BCBSM. The first CKD evaluation will be completed during 2011.

The scope of the evaluation will expand over time. Initially, the evaluation will be based on currently available PO information from PO Progress Reports and Performance Reports. Additional metrics will be incorporated as BCBSM and POs collaborate to determine effective methods for collecting a broader range of data.

Results

Results are to be determined and will be reported in future updates.

Questions about the CKD Initiative?
Please contact Margaret Mason,
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For more information on PGIP, or for a copy of the full initiative plan, please contact:
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