



FACT SHEET

Physician Group Incentive Program

End Stage Renal Disease Initiative

About Value Partnerships

Value Partnerships is a collection of clinically oriented initiatives among Michigan physicians, hospitalUUs 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

This program began in 2005 to encourage and incentivize physicians to more effectively manage populations of patients with chronic diseases and build an infrastructure to more robustly measure and monitor care quality. As of January 2010, 38 physician organizations and 8,148 physicians are working together to improve health care for 1.8 million Michigan Blues members.

Overview

The purpose of the End Stage Renal Disease (ESRD) initiative is to improve management of individuals with ESRD by nephrologists, in coordination with primary care physicians, leading to improved quality of care and outcomes for patients, and lower health care costs.

Objectives

- Increase percent of ESRD patients with AV fistula vascular access at start of dialysis and overall
 - Increase use of team-based approach to collaborate with PCPs to project disease progression and create timely AV fistula vascular access
- Increase care management services for ESRD patients, including patient education and self-management training
- Reduce inpatient admissions and emergency department visits by ESRD patients due to volume overload, flu, pneumonia, cardiovascular disease, infections and anemia, as well as other preventable causes
- Increase evidence-based care driven management of ESRD patients, coordinated with primary care physicians
 - Annual immunizations for flu and pneumonia
 - Control of blood pressure
 - Use of ace inhibitors
 - Control of lipid levels

Participation Criteria

To participate in the ESRD Initiative, POs must enroll one or more nephrologist as a PGIP participant, participate in the PGIP CKD Initiative, and participate in PGIP's Patient-Centered Medical Home Patient Registry Initiative.

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 ESRD Initiative, the first six months of a PO's participation will be considered to be a planning phase, during which incentives will be based on participation. (Continued)





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Incentive Design (continued)

During the planning phase, POs will be expected to (i) collaborate with nephrologists to implement evidence-based guidelines for management of ESRD patients, (ii) develop the capability to deliver care management services to ESRD 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 ESRD registries, and (iv) 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 ESRD 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 institute a team-based approach to collaborate with PCPs to project disease progression and create timely AV fistula vascular access, deliver care management services to ESRD patients, actively manage all patients in the ESRD 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 ESRD patients, integrating information from all ESRD registries in the PO and providing information on compliance with the evidence-based guidelines for screening and management of ESRD.

Evaluation

The ESRD evaluation will assess whether the ESRD 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. 2010 will serve as a planning year for the POs and BCBSM. The first ESRD 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

Not yet available

Questions about the ESRD Initiative? Please contact Margaret Mason, MHSA
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For more information on PGIP, or for a copy of the full initiative description, please contact: providerpartnerships@bcbsm.com