



FACT SHEET: 2009 Physician Group Incentive Program Self-Management Support PCMH Initiative New for 2009

Initiative Overview

The purpose of the self-management support initiative is to implement a comprehensive program that will utilize patient education tools, informative sessions, and life skills training to offer support to chronic care patients, and help them to manage their condition.

Objectives

- Self-management support and systematic follow-up will be offered to all patients with chronic conditions
- Support and guidance in working towards a self-management goal will be offered to every patient including well patients
- Patients will be regularly surveyed to ensure a positive experience for those who receive self-management support

Initiative Criteria

- It is expected that all initiative tasks be completed within **three years**
- Practice Units may implement tasks in any sequence they choose

Incentive Design

All PCMH (Patient Centered Medical Home) Initiatives will have three phases that correspond to incentive payment periods:

Year I

- **PO Planning Phase:**
First incentive payment:
PO to provide self-assessment and an implementation plan
- **Initial Performance Phase:**
Second incentive payment:
Each Practice Unit will implement one task

Year II and thereafter

- **Ongoing Performance Phase:**
 - Two incentive payments per year for subsequent years of PO participation
 - Practice Units will implement 3 tasks per year, minimum one task per payment period

Initiative Tasks

- 11.1 Practice Unit leaders and staff are all trained and have a comprehensive knowledge of self-management support concepts and techniques
- 11.2 Self-management support is offered to all patients with the chronic condition that has been selected for initial focus
- 11.3 A systematic follow up process that includes action plan development, goal setting, and the delivery of supportive reminders is extended to all participating patients *with the chronic condition selected for initial focus*
- 11.4 Regular surveys (e.g., PACIC) are administered to measure patient satisfaction levels, assess the quality of self-management support that is being offered, and identify areas for improvement
- 11.5 Self-management support is offered to patients with each type of chronic medical condition
- 11.6 A systematic follow up process that includes action plan development, goal setting, and the delivery of supportive reminders is extended to participating patients with each type of chronic condition
- 11.7 Support and guidance in establishing and working towards a self-management goal is offered to every patient, including well patients

Metrics

TBD

Results

TBD

Initiative Launched: 2009 Ref # CCP-09-12 Version 1.0