The Physician Alliance

2016

Infrastructure Support Distribution Model

for Primary Care Physicians in the
Physician Group Incentive Program

“How To” Achieve Metrics to Maximize Distribution
2016 Infrastructure Support Distribution Model

Key enhancements to the 2016 model:

• Once a year distribution occurring in the fall
• Distribution dollars are dependent upon our physicians level of participation in population health goals and implementing Physician Group Incentive Program (PGIP) Patient Centered Medical Home (PCMH) processes:
  • Improving PCMH standing
    • Increasing the number of PCPs who are PCMH designated
    • Increasing the number of PCMH capabilities in each practice
  • Improvement in quality scores
    • Practices reaching best practice in registry use and focus on quality improvement
    • Practices implementing performance improvement plans for identified opportunities
    • Improvements in electronic data capture for reporting
Model Supports Your Success in all Pay for Performance Programs

- Promotes population health strategies for all payers
- Enhances use of registry tools to:
  - Proactively identify patients who need services
  - Identify gaps in services to perform patient outreach
  - Review population level reports for quality metrics
  - Supplement claims data with registry information
  - Target opportunities for improvement
- Implement PCMH capabilities that help you to be successful in all pay for performance programs
Practice Resource Team

*Key to your success is your engagement with your Practice Resource Team member!*

Your Practice Resource Team member:

- **Assists in completing the PCMH self assessment validation surveys twice a year (mandatory)**
  - Failure to complete the two self assessment validation surveys results in no payment

- **Reviews quality performance reports (mandatory)**
  - Failure to identify a physician champion and meet at least biannually to review performance opportunities results in no payment
Practice Resource Team - continued

• **Assesses registry use**
  – Assesses focused performance improvement efforts
  – Assesses use of registry/EMR at point of care, identification of gaps in care and for patient outreach
  – Works with practice to develop a practice performance improvement plan

• **Assesses practice engagement**

• **Identifies opportunities to implement additional PCMH capabilities**

• **Shares best practice processes**

• **Provides many tools/resources/education**
2016 Infrastructure Support Distribution

The distribution occurs once a year in the Fall of 2016 (October – November*)

*Payment timing varies slightly based on complexity of data and deliverables by BCBSM.
Primary Care Practices
Infrastructure Support Distribution Model

Patient Centered Medical Home Score

Weighted 100% of incentive distribution

There are four incentive distribution levels by practice:

1. Basic
2. Intermediate
3. Advanced
4. Best Practice
Patient Centered Medical Home Score Calculation

There are five data points that are included in the score:

1. Number of validated PCMH capabilities
2. Use of an electronic patient registry
3. Building new PCMH capabilities over time
4. PCMH quality and efficiency score
5. PCMH designation status
1. Number of PCMH Capabilities

There are four incentive distribution levels by practice:

1. **Basic** - \( \leq 60 \) capabilities
2. **Intermediate** - \( 61 - \leq 80 \) capabilities
3. **Advanced** - \( 81 - \leq 100 \) capabilities
4. **Best Practice** - \( \geq 101 \) capabilities

*Payment is based on the PRT member visiting the practice to validate the number of PCMH capabilities with the biannual survey process. Payment level is based on the count of capabilities reporting on the Summer 2016 PCMH-N self-assessment validation survey.*
2. Use of an Electronic Patient Registry

There are three incentive distribution levels by practice:

1. Intermediate
2. Advance
3. Best Practice
Use of an Electronic Patient Registry - continued

1. Intermediate Level* – Must have all 4 bullets
   • All providers must be using the EMR or registry and have a designated physician champion and “super user” of the registry
   • Registry is an all payer electronic registry used at the point of care for all chronic conditions prevalent for your specialty
   • Must be running gaps in care and performing patient outreach for all chronic conditions
   • Must develop a written Practice Performance Improvement Plan (PPIP) in coordination with the PRT for identified opportunities from the chronic condition reports

*Payment level is based on the PRT member visiting the practice to assess current processes. The registry assessment occurs once a year in the late summer - early fall.
2. Advanced Level* – Must have all criteria outlined in intermediate level plus:

- Using an all payer electronic point of care registry for all chronic conditions AND preventive care prevalent for your specialty population.
- Must be able to demonstrate that practice has systematically run gaps in care reports (at least two preventative and two chronic conditions) in the past 6 months and performed patient outreach.

*Payment level is based on the PRT member visiting the practice to assess current processes. The registry assessment occurs once a year in the late summer – early fall.
Use of an Electronic Patient Registry - continued

3. Best Practice* – Must have all criteria outlined in advanced level plus:

- Must have data migrated to Wellcentive and reviewed data capture and performance improvement opportunities.
- Must develop a plan to improve scores where opportunities are identified.

*Payment level is based on the Practice Resource Team member visiting the practice to assess current processes. The registry assessment occurs once a year in the late summer – early fall.
3. Building New PCMH Capabilities Over Time

There are four incentive distribution levels by practice:

1. **Basic** – no new capabilities in place
2. **Intermediate** – one new capabilities in place
3. **Advanced** – 2 new capabilities in place
4. **Best Practice** - > 3 new capabilities in place or has > 120 capabilities in place

*Payment level is based on the PRT member visiting the practice to validate the number of PCMH capabilities with the biannual survey process. For the fall 2016 payment, calculation is based on a comparison of the Summer 2015 survey count to the Summer 2016 survey count to determine the number of new capabilities.*
4. PCMH Quality and Use (QU) Score

Practices are placed into the levels by using BCBSM data that includes metrics used in determining PCMH QU score (Timeframe of 1/1/2015 – 12/31/2015)

• **Quality**
  • Evidence Based Care and Preventive Services – reflects use of patient registries and proactive practice teams.

• **Use**
  • Emergency Department (ED) Visits for Primary Care Sensitive Conditions – reflects improved patient access to care.
  • Imaging Use – reflects judicious use of ancillary services.
PCMH Quality and Use Score - continued

There are four incentive distribution levels by practice based on BCBSM reported score:

1. Basic - ≤ 17%
2. Intermediate - > 18% - ≤ 23%
3. Advanced - > 24% - ≤ 29%
4. Best Practice - > 30%

Score is based on the 2016 BCBSM calculated QU score
5. BCBSM PCMH Designation Status

- BCBSM PCMH designation is a component of BCBSM’s PGIP.
- PCMH designation recognizes and supports primary care physician offices that have made substantial progress in implementing and using patient-centered clinical and administrative processes and tools, resulting in delivery of more coordinated, efficient, and effective health care.
- Practices need to be re-nominated and re-designated yearly.
- Designation status occurs yearly on July 1\textsuperscript{st} and last for one year.
- Practices that were designated meet intermediate, advanced and best practice classification for this data point of the score.
# PCMH Score Data Points

<table>
<thead>
<tr>
<th>Criteria</th>
<th>BASIC</th>
<th>INTERMEDIATE</th>
<th>ADVANCED</th>
<th>BEST PRACTICE</th>
</tr>
</thead>
<tbody>
<tr>
<td># of PCMH Capabilities</td>
<td>≤ 60</td>
<td>≥ 61 - ≤ 80</td>
<td>≥ 81 - ≤ 100</td>
<td>≥ 101</td>
</tr>
<tr>
<td>Registry Use Score</td>
<td>none</td>
<td>Intermediate</td>
<td>Advanced</td>
<td>Best Practice</td>
</tr>
<tr>
<td>Building PCMH Capabilities Over Time (Summer 2015 compared to Summer 2016)</td>
<td>none</td>
<td>Intermediate</td>
<td>Advanced</td>
<td>Best Practice</td>
</tr>
<tr>
<td>PCMH QU Score</td>
<td>≤ 17%</td>
<td>≥ 18% - ≤ 23%</td>
<td>≥ 24% - ≤ 29%</td>
<td>≥ 30%</td>
</tr>
<tr>
<td>PCMH Designation</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Must meet 3 of 5 metrics in each level in order to receive the level rating. If does not meet at least 3 in a specific level, but meets a metrics in a higher level, then the practice can take credit for the lower level classification for that category to reach 3 capabilities. Note for practices to receive Intermediate through Best Practice score they must have a yes for PCMH designation.
1. Meet with your Practice Resource Team (PRT) member at least quarterly.

2. Use your electronic registries at the point of care and perform patient outreach to improve quality.

3. Identify a physician champion to review performance reports at least biannually to identify opportunities for improvement.

4. Review population report cards with PRT and develop written plans to improve metrics and improve data capture.

5. Focus on metrics that have the biggest opportunity for improving quality overall scores.

6. Complete a practice PCMH self assessment validation survey twice a year with PRT member.

7. Develop a plan to continue to implement at least 3 new PCMH capabilities yearly and maintain current capabilities.

8. Be Patient Centered Medical Home (PCMH) Designated. Work with PRT to assure yearly nomination for PCMH.

9. Use an electronic EMR or registry system and agree to share discrete data through an interface with WellCentive to provide supplemental clinical data to improve quality scores.
Physician Group Incentive Program
Expectations for PCP

- Complete a self assessment validation survey twice a year
- Maintain capabilities that are reported in place and implement at least 2 new capabilities every 6 months
- Work towards PCMH designation within one year of PGIP enrollment
- Meet with your PRT member at least quarterly
- Review performance reports, identify opportunities and develop process improvement plans
- Participate in supplemental data submission to health plans to improve quality scores and assist in improving data capture
- Attend educational sessions
- Review practice data on TPA secure physician portal
Incentive Model Resources

Contact your Practice Resource Team member at 586-753-0926

Or

Contact The Physician Alliance at 586-498-3555

We want you to be successful!