BCBSM
Physician Group Incentive Program
2012 Program Year

Patient-Centered Medical Home
Patient Web Portal

Initiative Plan

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

I. Initiative Overview

The Blue Cross Blue Shield of Michigan (BCBSM) Patient-Centered Medical Home Initiatives are part of the Physician Group Incentive Program (PGIP). Since its inception in 2005, PGIP has supported and facilitated practice transformation using a wide variety of initiatives to reward physician organizations (POs) for improved performance in health care delivery. As of September 2011, PGIP includes 40 POs from across the state of Michigan, representing nearly 15,000 primary care and specialty physicians who are members of the BCBSM TRUST PPO and/or Traditional Networks. These physicians provide care to nearly two million BCBSM members.

BCBSM's Physician Group Incentive Program encourages all payer collaboration, catalyzing all payer system development, rather than payer-specific system development. Through PGIP, BCBSM is helping to improve the quality of care for all Michigan residents. Patients throughout the state, regardless of payer, benefit from the improved care processes developed through the PGIP provider community. Developing systems of care which are used for all patients helps assure that providers don't have to alter care processes based on whether patients have insurance, or which insurance they have. This is an important factor in ensuring that the best practices and care processes are reliably provided to all patients, all of the time. This all-payer approach to practice transformation is good for patients with coverage from BCBSM and BCN and helps further BCBSM's social mission of cultivating a healthier future for all Michigan residents.

BCBSM's PCMH program has provided the foundation to build Organized Systems of Care (OSCs). An Organized System of Care (OSC) is a community of caregivers consisting of primary care practices, specialists/subspecialists, hospitals and other providers that measure performance, set goals, track progress, and coordinate care across the continuum for the primary care-attributed patient population. The OSC assumes responsibility for establishing shared information systems and care processes, and accepts accountability for delivering effective and efficient patient care over time and across settings of care.

Specialty and sub-specialty practices affiliated with the OSC are expected to engage in care processes consistent with the principles of the Patient-Centered Medical Home Neighbor (PCMH-N) model[1]:

- Ensure effective communication, coordination, and integration with PCMH practices
- Provide appropriate and timely consultations and referrals that complement the aims of the PCMH practice(s)
- Confirm the appropriate flow of necessary patient and care information
- Determine responsibility for all types of clinical interactions, in accordance with the definitions listed below
- Support patient-centered care, enhanced care access, and high-quality, safe care
- Recognize the PCMH practice as the provider of the patient's primary care
- Understand that the PCMH practice has overall responsibility for coordination and integration of care provided to the patient

For more information about Organized Systems of Care and the specialist role within the PCMH model, please see the Organized Systems of Care Initiative Plan.

Goals and Objectives

The goal of the Patient Web Portal Initiative is to support optimal management of patients with chronic conditions by using a patient web portal to allow for electronic communication between patients and physicians, and provide greater access to medical information and technical tools.

The objective of the Patient Web Portal Initiative is to annually increase the percentage of PGIP practice units that have implemented the capabilities associated with this Initiative.

Summary of Results

For details on progress being made by Physician Organizations participating in this Initiative, please refer to the *Results* section of this Initiative plan.

In 2012, BCBSM will continue to engage participating POs in their efforts to implement the tasks associated with this Initiative, offering assistance as needed. BCBSM will also update the *PCMH Interpretive Guidelines* annually, based on PO feedback and clarification about the Initiative tasks.

II. Background

Health Problem and Significance

The U.S. model of care continues to be based on treatment of acute conditions, although more than half of all Americans suffer from one or more chronic diseases and seventy-five percent of health care spending is for chronic disease. Researchers report that only 56% of those with chronic disease receive clinically appropriate care, and only 27% of adults (and 12% of low-income Americans) report having full access to a well-organized source of health care.[2]

Key stakeholders agree that our American health care system warrants redesign to better meet patient needs. The principles to improve care outlined in *Crossing the Quality Chasm*, a 2001 report from the Institute of Medicine, call for greater responsiveness to patient needs – which includes visits outside of the traditional face-to-face model – and freely-flowing access to one's own medical information.[3] A patient web portal that facilitates electronic communication between providers and patients will help fill the need for improved access and responsiveness, and ultimately improved patient care.

A review of the literature shows that patient web portals are well-liked by health care consumers, and electronic communication with providers has led to increased patient satisfaction.[4] In a randomized controlled trial by Lin et al, patients who used the portal were more likely to indicate that communication with their provider had improved, and

those patients were more likely to rate the clinic satisfactorily. The popularity of the Internet continues to increase as consumers become technologically savvy, even with their health care. A 2007 report from the Pew Internet and American Life Project indicates that 71% of Americans now use the Internet, whether at work or at home.[5]

Patient web portals also have the potential to decrease cost. In a recent study of a patient web portal for diabetes conducted at the University of Pittsburgh Medical Center, patients reported that all 15 of the portal features were at least "somewhat useful." The most helpful features rated were a personal log to record and graph glucose levels, a calculator to estimate diabetes control, and links to educational diabetes web sites.[6] Another study found that clinical messaging was the most popular feature of a patient web portal used by a group practice of over 900 primary and specialty care providers in New England, followed by medication renewal and appointment-setting.[7]

Eighty-one percent of participants in a 2005 study at the University of Colorado Hospital reported that their patient web portal saved them a telephone call to the clinic, and 33% indicated that it saved them a visit to the clinic. That same study revealed that portal users sent 175 administrative requests such as appointment scheduling (42% of messages), and 239 messages related to clinical care (58% of messages). Participants in portal studies by Ling Leong et al and Lin et al, reported that work volume either decreased or remained the same over time when they implemented a patient web portal system. In addition, 48% of survey respondents indicated a willingness to pay for electronic communication with their provider, at an average rate of $4.10 per electronic message. Payment for electronic communication could potentially create an additional revenue stream for providers.[iv] [8]

Legal and ethical issues must be addressed prior to implementing a patient web portal system to ensure that legal liability is mediated by sound policies and procedures that protect patients and physicians alike, including:[9]

- Patient privacy
- Confidentiality
- Identity and information verification
- Informed consent
- Expectations for response time
- The type of care that may be provided electronically, and potential limitations of that care
- At what point during the medical service relationship it is appropriate to provide care electronically (for example, the literature suggests that email should be used as a communication vehicle only for existing medical relationships, not new ones).
- How to address unsolicited email messages

III. Initiative Description

To support and promote the concept of the Patient-Centered Medical Home (PCMH), and in recognition of the challenges associated with transitioning to a PCMH model, BCBSM invites PGIP-participating POs to collaborate with us in a two-pronged PCMH approach:

1. PCMH Related PGIP Initiatives: Opportunity to participate in Initiatives that support development of competency as a PCMH.

2. PCMH Designation Program: Implementation of differential reimbursement for PGIP physicians who meet criteria for BCBSM designation as a PCMH

Both opportunities are optional for providers. In addition, POs and their Practice Units do not have to apply for PCMH Designation to participate in the PCMH Initiatives.

POs that choose to participate in PCMH Initiatives will receive incentive rewards commensurate with their performance and participation in their selected Initiatives.

Specific Area of Focus

Participants in this Initiative will support optimal management of patients with chronic conditions by using a patient web portal to allow for electronic communication among patients and physicians, and provide greater access to medical information and technical tools. Participants will receive incentive payments for implementing the capabilities listed in Table 1 below, and meeting the stated goals and objectives of this Initiative plan.

Consistent with the overall design of PGIP, an integral part of this Initiative is that PO-identified Practice Units will work to implement capabilities to successfully accomplish stated objectives. POs are responsible for providing leadership, support, coordination, and monitoring of Practice Unit practice transformation activity. POs are expected to maintain documentation regarding the capabilities that Practice Units implement during the course of their participation in the PCMH Initiatives, and which Practice Units identify as being “fully in place” on the PCMH self-assessment survey. Documentation may be provided to BCBSM upon request and practice audits are possible.

	Table 1. Patient Web Portal Initiative Tasks
12.1	Available vendor options for purchasing and implementing a patient web portal system have been evaluated
12.2	Physician Organization or Practice Unit has assessed liability and safety issues involved in maintaining a patient web portal at any level and developed policies and procedures that allow for a safe and efficient exchange of information
12.3	Ability for patients to request and schedule appointments electronically is activated and available to all patients
12.4	Ability for patients to log and/or graph results of self-administered tests (e.g., daily blood glucose levels) is activated and available to all patients
12.5	Providers are automatically alerted by system regarding self-reported patient data that indicates a potential health issue
12.6	Ability for patients to participate in E-visits is activated and available to all patients
12.7	Providers are using patient portal to send automated care reminders, health education materials, links to community resources, educational websites and self-management materials to patients electronically
12.8	Patient portal system includes capability for patient to create a personal health record, and is activated and available to patients
12.9	Ability for patients to review test results electronically is activated and available to all patients
12.10	Ability for patients to request prescription renewals electronically is activated and available

	to all patients
12.11	Ability for patients to graph and analyze results of self-administered tests for self-management support purposes is activated and available to all patients
12.12	Ability for patients to have access to view registries and/or electronic medical records online that contain patient personal health information that has been reviewed and released by the provider and/or practice is activated and available to all patients

Criteria for Participation

To participate in this Initiative, POs must currently participate in the Physician Group Incentive Program.

BCBSM Deliverables

BCBSM will provide PCMH Interpretive Guidelines to participating POs, and update the guidelines at least annually based on PO and practice questions and feedback. The Interpretive Guidelines provide detailed descriptions of each capability associated with each PCMH Initiative to deepen PO and practice unit understanding of program expectations and the PCMH model.

BCBSM will also conduct site visits to enrich PO and practice unit understanding of the Patient-Centered Medical Home Initiatives.

In addition, BCBSM will provide semi-annual Progress Report templates and a database for the collection of Self-Reported PCMH data, so that POs can adequately fulfill their reporting requirements.

PO Expectations

POs are expected to complete all reporting requirements, including self-reported data about practice unit performance on PCMH capabilities, twice per year. POs are also strongly encouraged to participate in workgroups and webinars related to their PCMH involvement, and to collaborate with their fellow POs to share best practices.

Incentive Model & Payment Methodology

This Initiative will have 2 Incentive Payment periods:

- January 1 – June 30 (6 months)
- July 1 – December 31 (6 months)

Physician Organizations will receive incentive payments commensurate with their performance on implementing PCMH capabilities during the six-month incentive payment period. POs will be expected to complete the following reporting requirements in a timely manner:

- At the end of each six-month incentive payment period, update PCMH self-reported data, identifying all tasks implemented by each participating Practice Unit
- Once per year, complete the PCMH progress reports, identifying best practice accomplishments, challenges encountered, and outlining plans to overcome barriers to success

POs are encouraged to maintain high-level implementation plans to assist them in tracking progress and recording key milestones related to the PCMH Initiatives.

Performance payments will reflect the percent of the PO's total practice units that implement an Initiative capability. POs employing a phased approach to practice unit involvement in an Initiative will not be financially penalized since there is no time limit for implementation of PCMH capabilities.

Note: BCBSM reserves the right to modify its evaluative and administrative processes related to the Initiative at any time.

IV. Evaluation

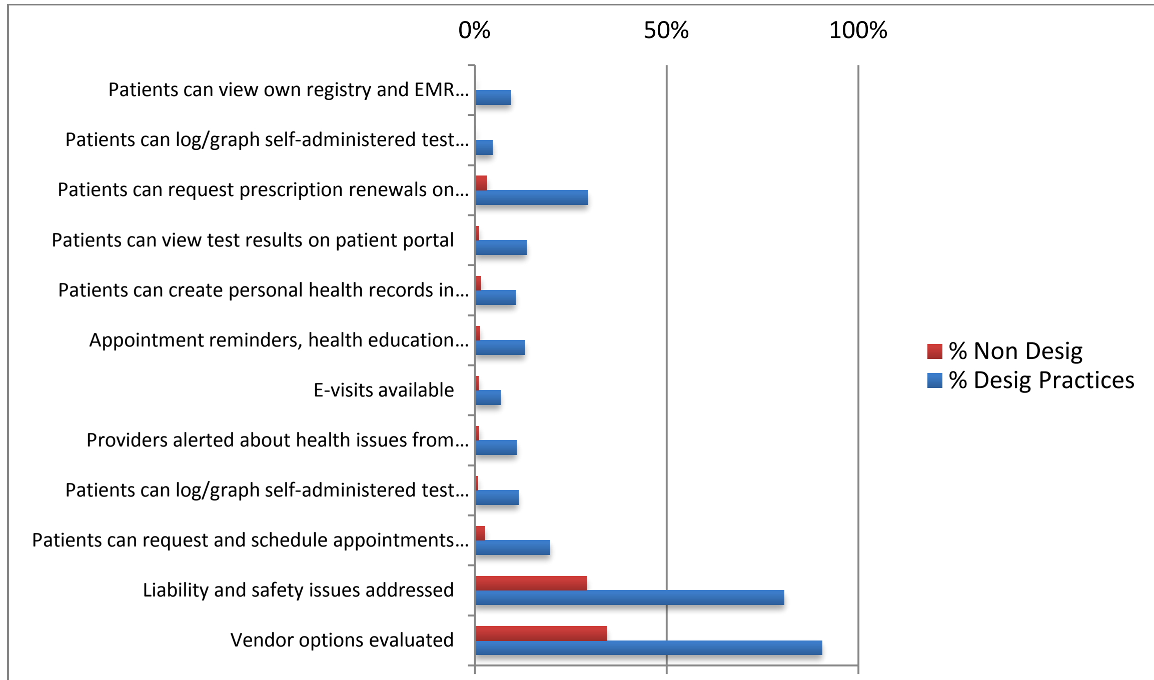
A long-term evaluation of the Patient-Centered Medical Home Program is currently underway. Objectives of the evaluation are as follows:

- Assess the rate of PCMH implementation to assist providers with understanding the level of commitment needed for long-term development of their medical home
- Determine whether the PCMH model is associated with more efficient utilization of services
- Determine whether the PCMH model is associated with improved performance in evidence-based care
- Determine whether the PCMH model is associated with lower overall medical and pharmacy costs
- Estimate savings, if any, generated from the PCMH program and its associated Initiatives
- Determine whether members who obtain care in a patient-centered medical home are more likely to have a continuous source of care than members who obtain care in practices without patient-centered medical home capabilities
- Determine stakeholder awareness of and satisfaction with the PCMH program
- Determine whether the PCMH model is associated with improved patient satisfaction with their medical care.

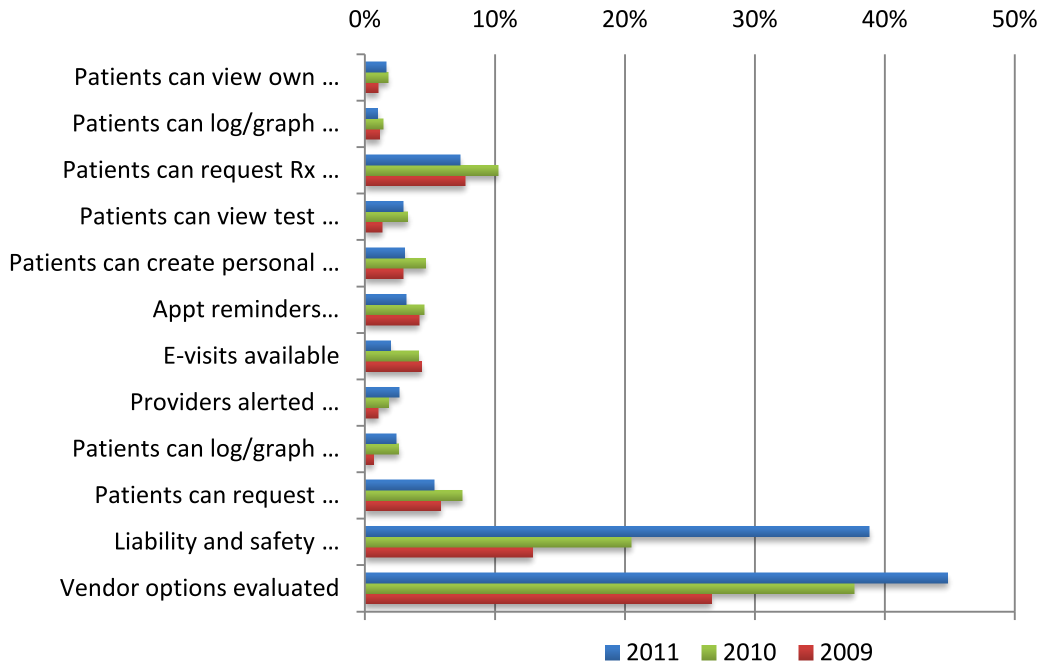
Findings from the long-term evaluation will be available on a rolling basis, beginning in the 2012 program year.

V. Results

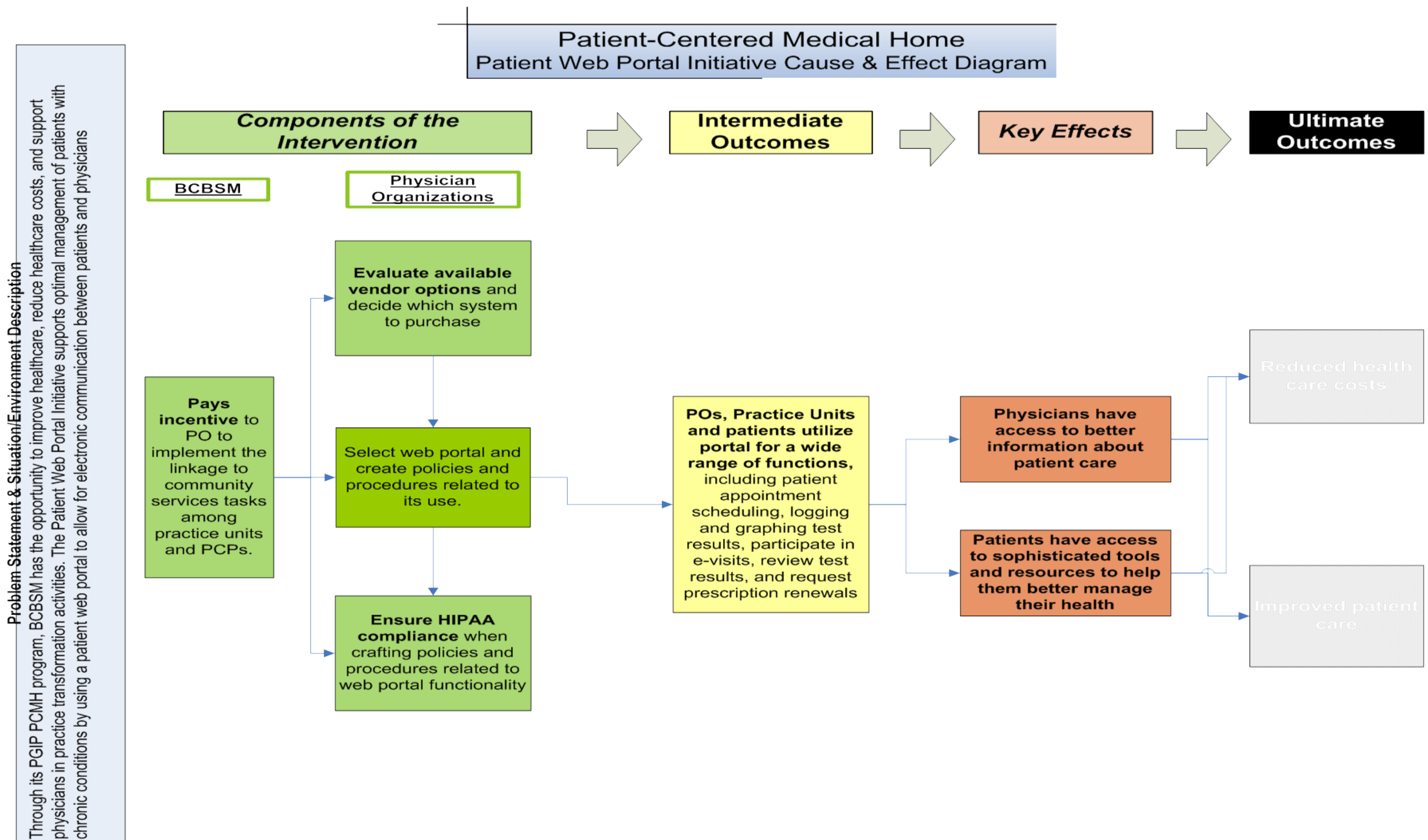
The objective of the Patient Web Portal Initiative is to annually increase the percentage of PGIP practice units that have implemented the capabilities associated with this Initiative. As our recent program results show, both designated and non-designated providers are actively implementing capabilities related to patient web portals.



In general, the percentage of practice units that have implemented each capability associated with this Initiative has steadily increased over time, which shows that overall, PCMH-participating providers across the state are transforming their practices to become more patient-centered.


Patient Web Portal
0%
10%
20%
30%
40%
50%
Patients can view own ...
Patients can log/graph ...
Patients can request Rx ...
Patients can view test ...
Patients can create personal ...
Appt reminders...
E-visits available
Providers alerted ...
Patients can log/graph ...
Patients can request ...
Liability and safety ...
Vendor options evaluated
2011
2010
2009

Appendix I: Cause and Effect Diagram



Appendix II: Additional Resources on Patient Web Portals

Email as a Provider-Patient Electronic Communications Medium and its Impact on the Electronic Health Record. Practice Brief, *American Health Information Management Association*. Available online at: http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_021588.hcsp?dDocName=bok1_021588

Appendix III: PGIP Initiative Contacts

For more information on the PCMH Patient Web Portal Initiative, please contact one of the following individuals:

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Endnotes

[1] American College of Physicians Policy Paper, "The Patient-Centered Medical Home Neighbor: The Interface of the Patient-Centered Medical Home with Specialty/Subspecialty Practices", October 2010/

[2] Health Care Quality Survey, Commonwealth Fund, 2006.

[3] *Crossing the Quality Chasm*, Institute of Medicine, March 2001.

[4] Ling Leong S, Gingrich D, Lewis PR, Mauger DT, George JH. Enhancing Doctor-Patient Communication Using Email: A Pilot Study. *Journal of the American Board of Family Medicine* 2005. 18(3): 180-188.

[5] Report: Home Broadband Adoption 2007. Pew Internet & American Life Project. Available online at: http://www.pewinternet.org/pdfs/PIP_Broadband%202007.pdf.

[6] Hess R, Bryce CL, McTigue K, Fitzgerald K, Zickmund S, Olshansky E, Fischer G. The Diabetes Patient Portal: Patient Perspectives on Structure and Delivery. *Diabetes Spectrum* 2006; 19(2).

[7] Walters B, Barnard D, Paris S. Patient Portals and E-visits. *Journal of Ambulatory Care Management* 2006. 29(3). 222-224.

[8] Lin C, Wittevrongel L, Moore L, Beaty B, Ross S. An Internet-based Patient-Provider Communication System: Randomized Controlled Trail. *Journal of Medical Internet Research* Jul-Sept 2005. 7(4): e47.

[9] Bovi AM. Ethical Guidelines for Use of Electronic Mail between Patients and Physicians. *The American Journal of Bioethics* 2003. 3(3): W43-W47