



JPA's New BCBSM PGIP Initiatives for 2011

January 26, 2011

Presented by:

Bonnie Mauch

Healthcare Management Coordinator, JPA

JPA's PGIP Initiatives as of December 2010

SERVICE-FOCUSED INITIATIVES

- Pharmacy Initiative/Generic Dispensing Rate—PCMH Quality Measure
- Radiology Management Initiative/Radiology High Tech Utilization—PCMH Quality Measure
- Emergency Department Utilization/Emergency Department Initiative—PCMH Quality Measure

JPA's PGIP Initiatives as of December 2010

CORE CLINICAL PROCESS-FOCUSED INITIATIVES

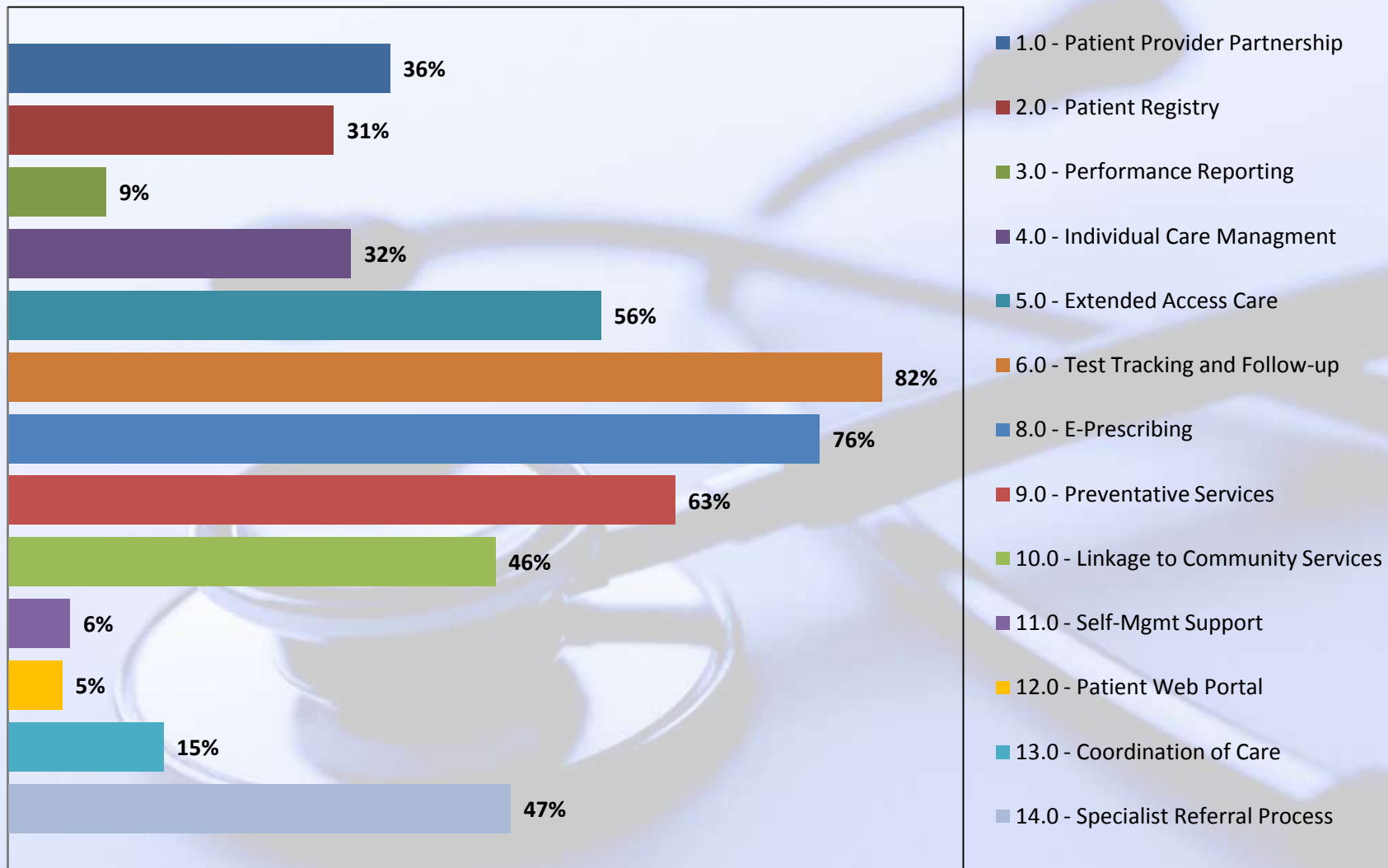
- Evidence Based Care Initiative—PCMH Quality Measure
- LEAN Clinical Redesign for PCMH CQI—PCMH Quality Measure
- Patient Provider Partnership Initiative—PCMH Capability 1.0
- Performance Reporting Initiative—PCMH Capability 3.0
- Individual Care Management Initiative—PCMH Capability 4.0
- Preventative Services Initiative—PCMH Capability 9.0
- Linkage to Community Services Initiative—PCMH Capability 10.0

JPA's PGIP Initiatives as of December 2010

CLINICAL INFORMATION TECHNOLOGY INITIATIVES

- Patient Registry Initiative—PCMH Capability 2.0
- E-Prescribing Initiative —PCMH Capability 8.0
- Patient Web Portal Initiative—PCMH Capability 12.0

Percentage of capabilities implemented per PGIP-PCMH initiative by all JPA practice units as of 12/31/2010



All JPA PGIP-PCMH Participating Practices

Range of Capabilities Implemented as of 12/31/2010



- HIGHEST # – 86 capabilities implemented
- LOWEST # – 9 capabilities implemented
- AVERAGE # – 44 capabilities implemented



5 New Initiatives in 2011

Core Clinical Process Initiatives

1. Extended Access – PCMH Capability 5.0
2. Test Tracking and Follow up – PCMH Capability 6.0
3. Self Management Support – PCMH Capability 11.0
4. Coordination of Care – PCMH Capability 13.0
5. Specialist Referral Process – PCMH Capability 14.0



Extended Access

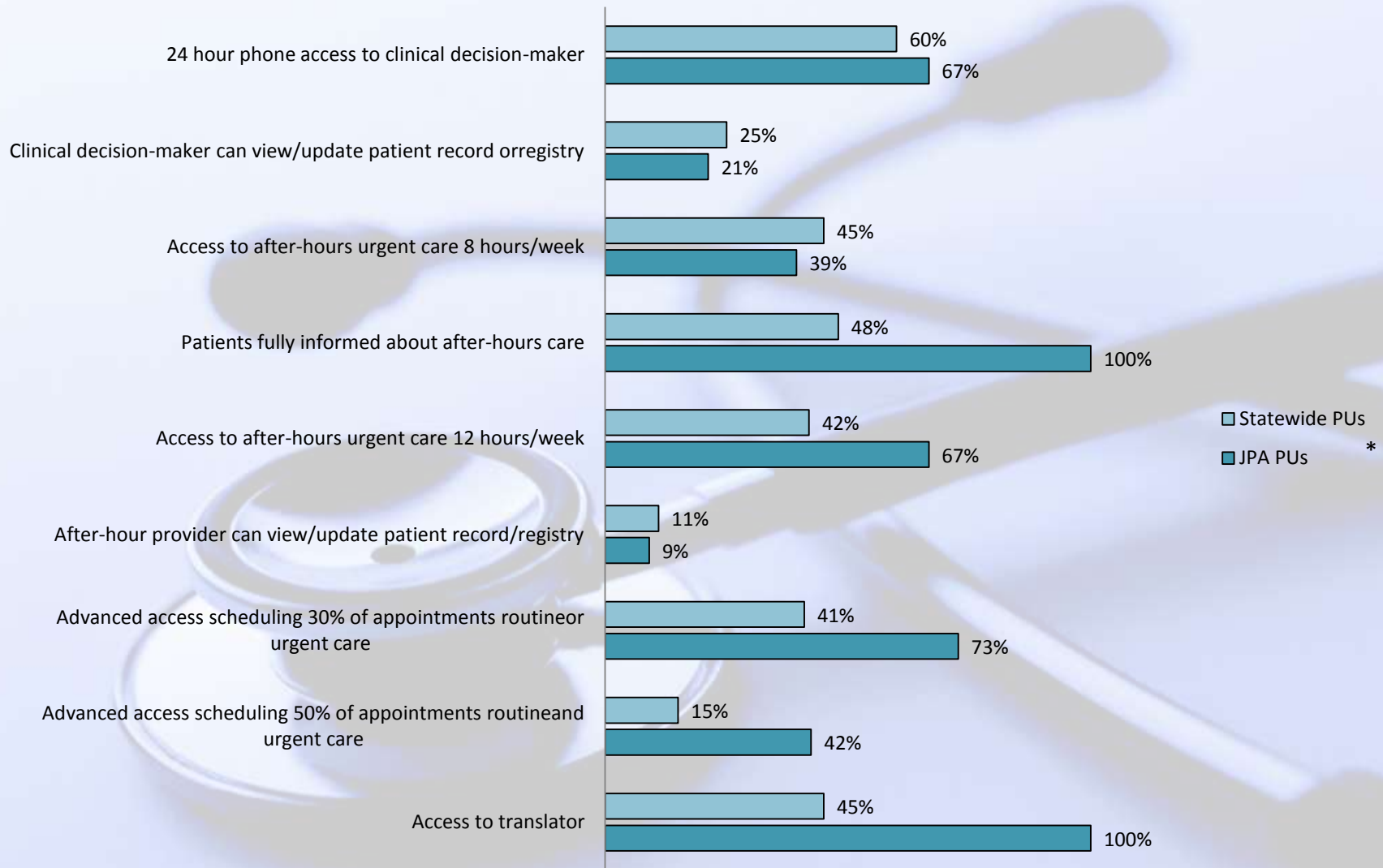
GOAL – To ensure all patients have comprehensive and timely access to health care services that are patient centered.

- 24 hour phone access to clinical decision-maker
- Clinical decision-maker can view/update patient record or registry
- Access to after-hours 8 to 12 hours/week
- Patients fully informed about after-hours care
- After-hours provider and clinical decision-maker can view/update patient record/registry

Extended Access (continued)

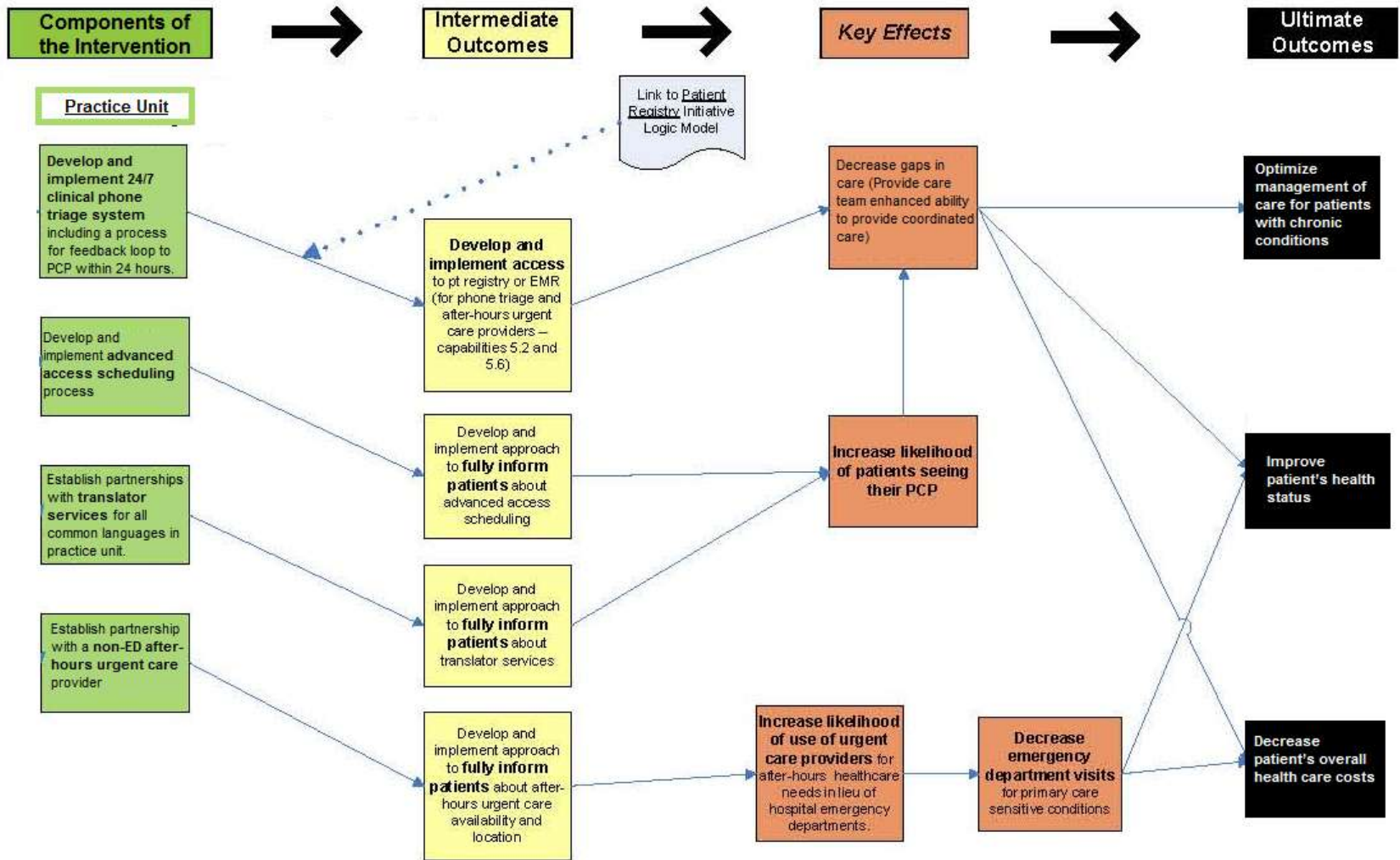
- Advanced access scheduling 30% and 50% of appointments routine and urgent care
- Access to translator

Percentage of JPA practice units that have implemented each capability associated with initiative 5.0 - Extended Access



* Statewide totals are estimates only. Pulled from BCBSM PGIP Initiative Fact Sheet

Patient-Centered Medical Home Extended Access Initiative Cause and Effect Diagram



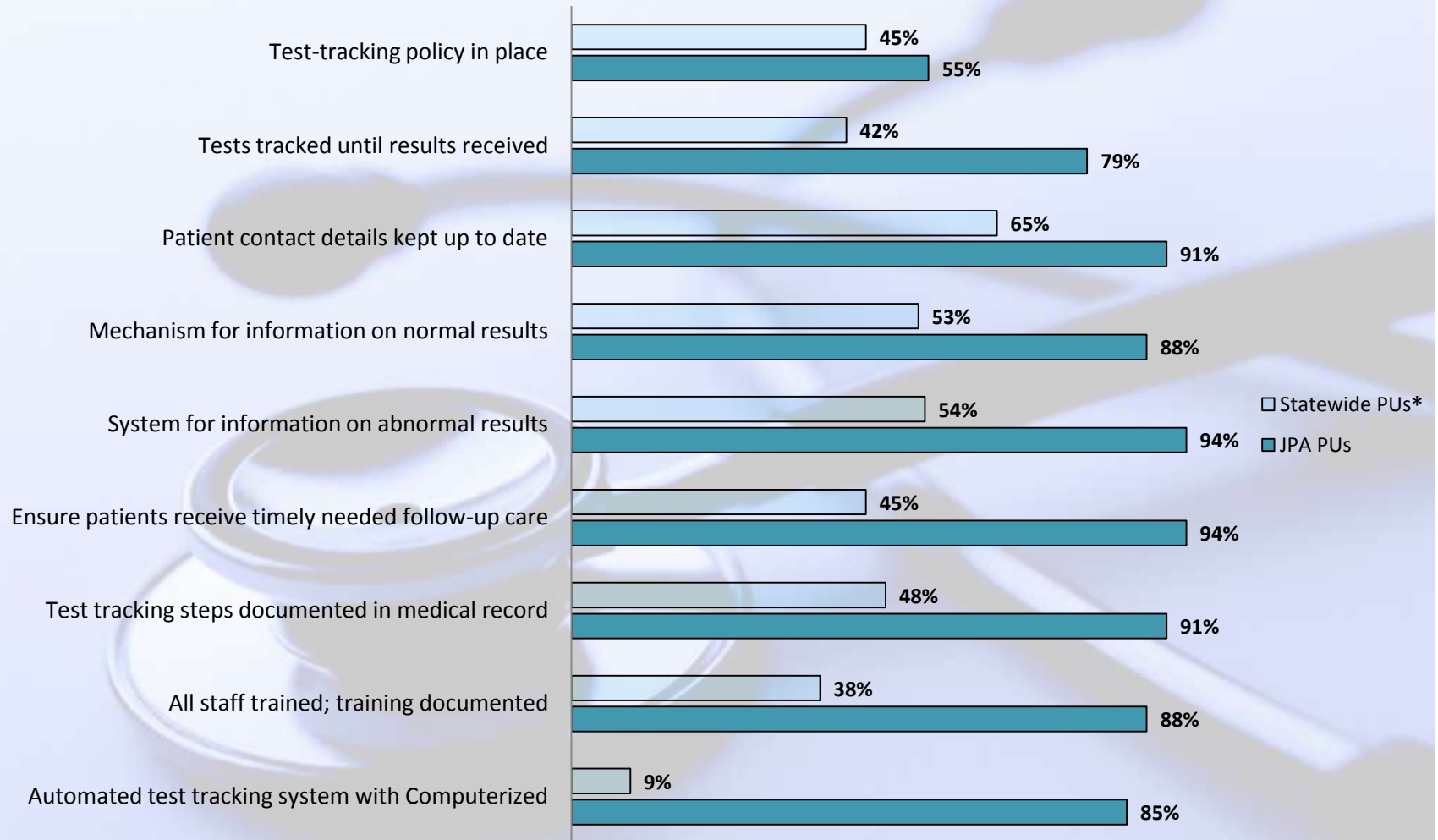


Test Tracking and Follow up

GOAL – Standardized reliable system to ensure patients receive needed tests and test results are communicated in a timely manner.

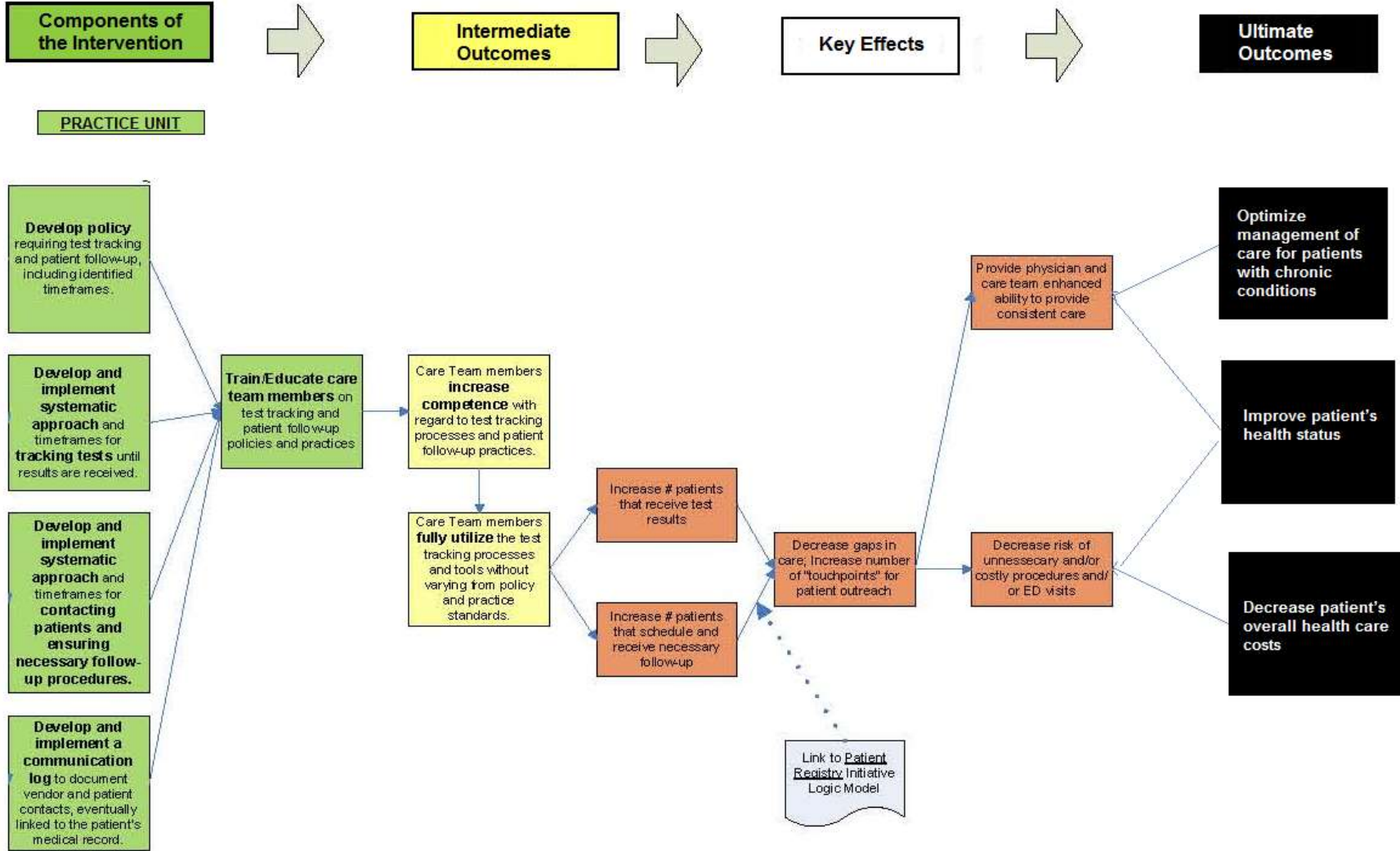
- Test-tracking policy in place
- All staff trained; training documented
 - Test tracking steps documented in medical record
 - System for information on normal results
 - System for information on abnormal results
 - Tests are tracked until results are received
 - Ensure patients receive timely needed follow-up care
 - Automated Test Tracking System with Computerized Order Entry

Percentage of JPA practice units that have implemented each capability associated with initiative 6.0 - Test Tracking and Follow-Up



* Statewide totals are estimates only. Pulled from BCBSM PGIP Initiative Fact Sheet

**Patient-Centered Medical Home
Test Tracking & Follow-Up Initiative Cause and Effect Diagram**





Self-Management Support

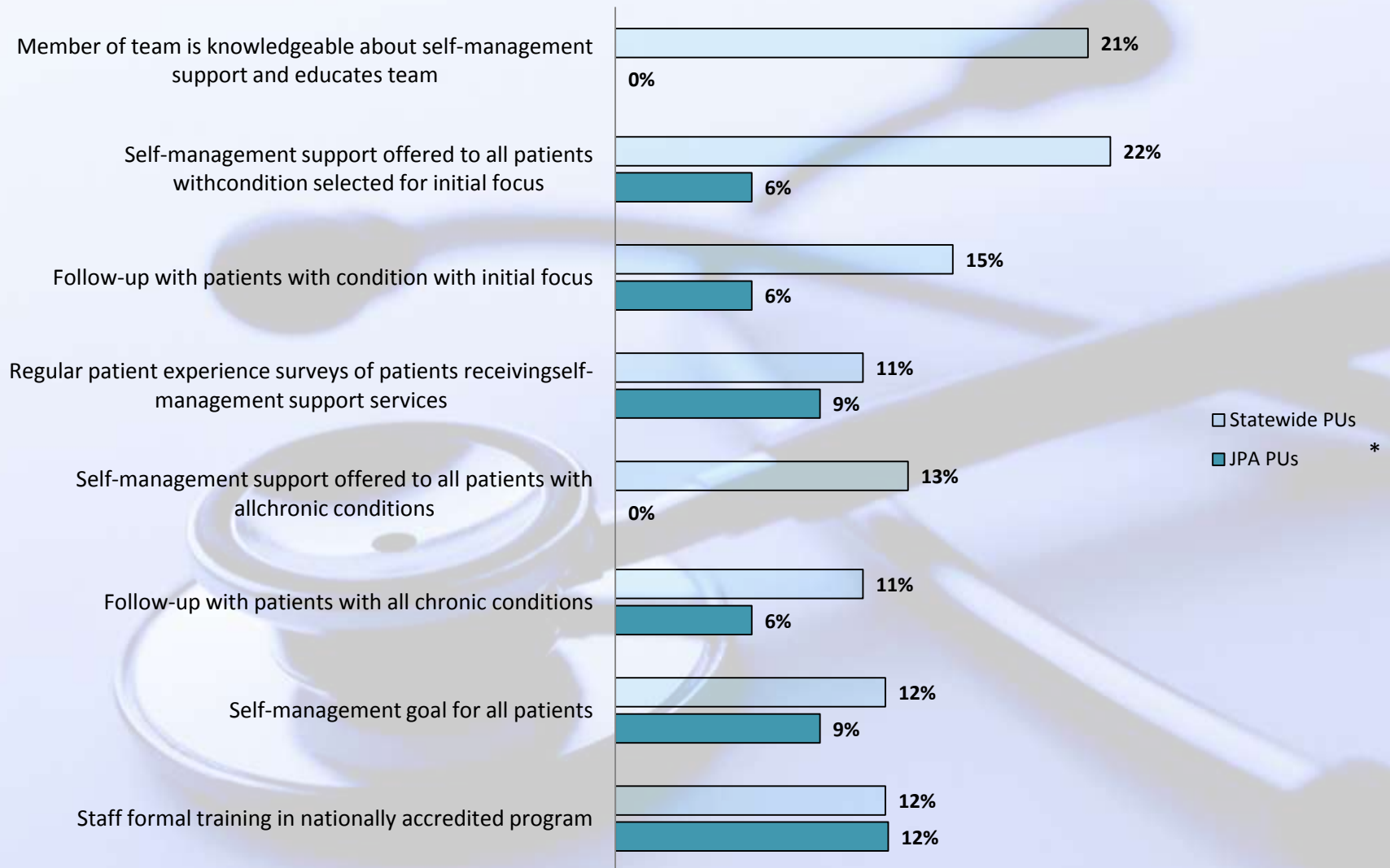
GOAL- Offer support to patients as they learn to assume responsibility for daily management of their chronic condition.

- Member of team is knowledgeable about self-management support and educates team
- Self-management goal for all patients
- Self-management support offered to all patients with all chronic conditions
- Follow up with patients with condition with initial focus
- Self-management support offered to all patients with condition selected for initial focus.

Self-Management Support (continued)

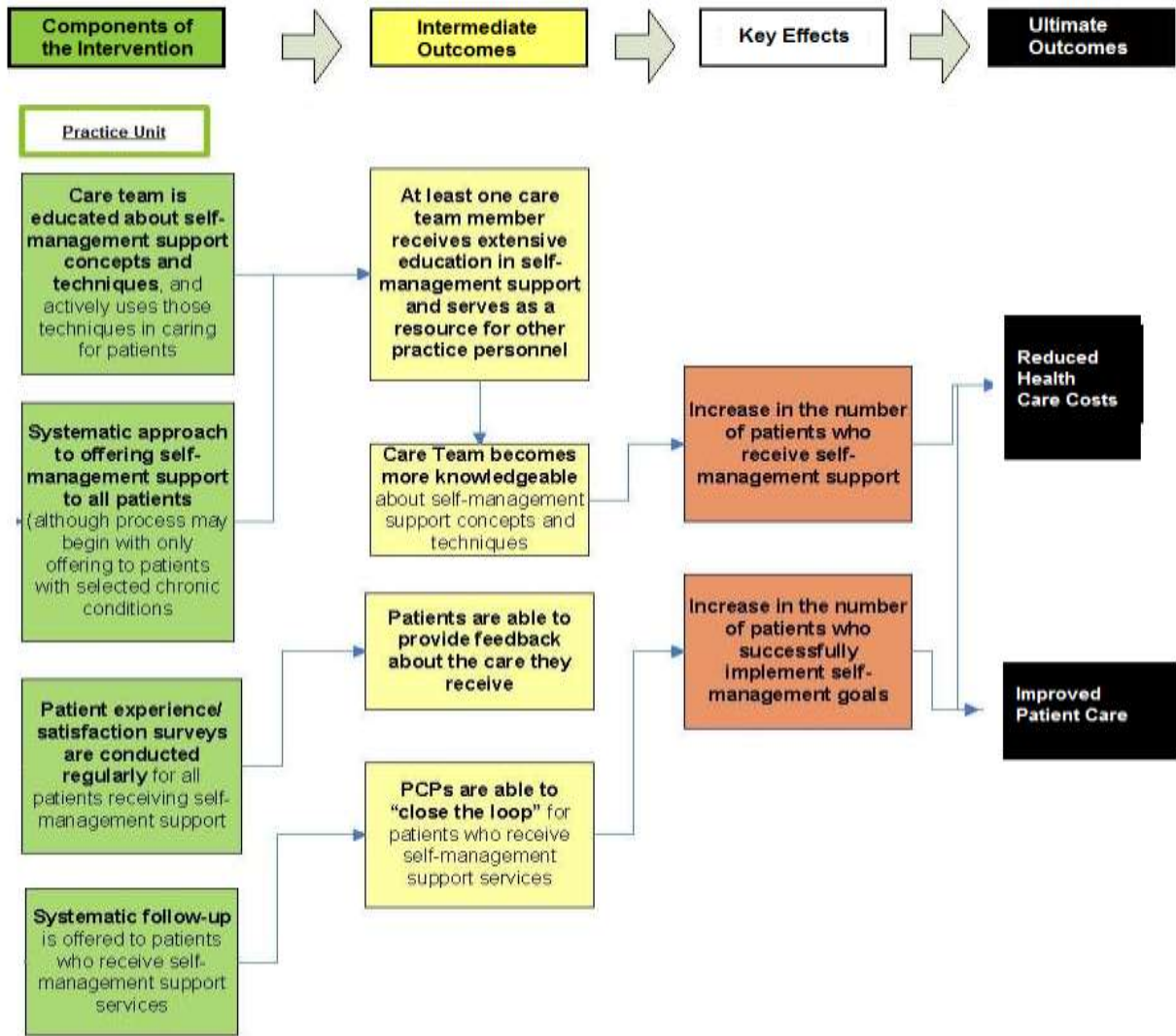
- Regular patient satisfaction surveys of patients receiving self-management support services.
- Staff formal training in nationally accredited program

Percentage of JPA practice units that have implemented each capability associated with initiative 11.0 - Self-Management Support



* Statewide totals are estimates only. Pulled from BCBSM PGIP Initiative Fact Sheet

**Patient-Centered Medical Home
Self-Management Support Initiative Cause and Effect Diagram**





Coordination of Care

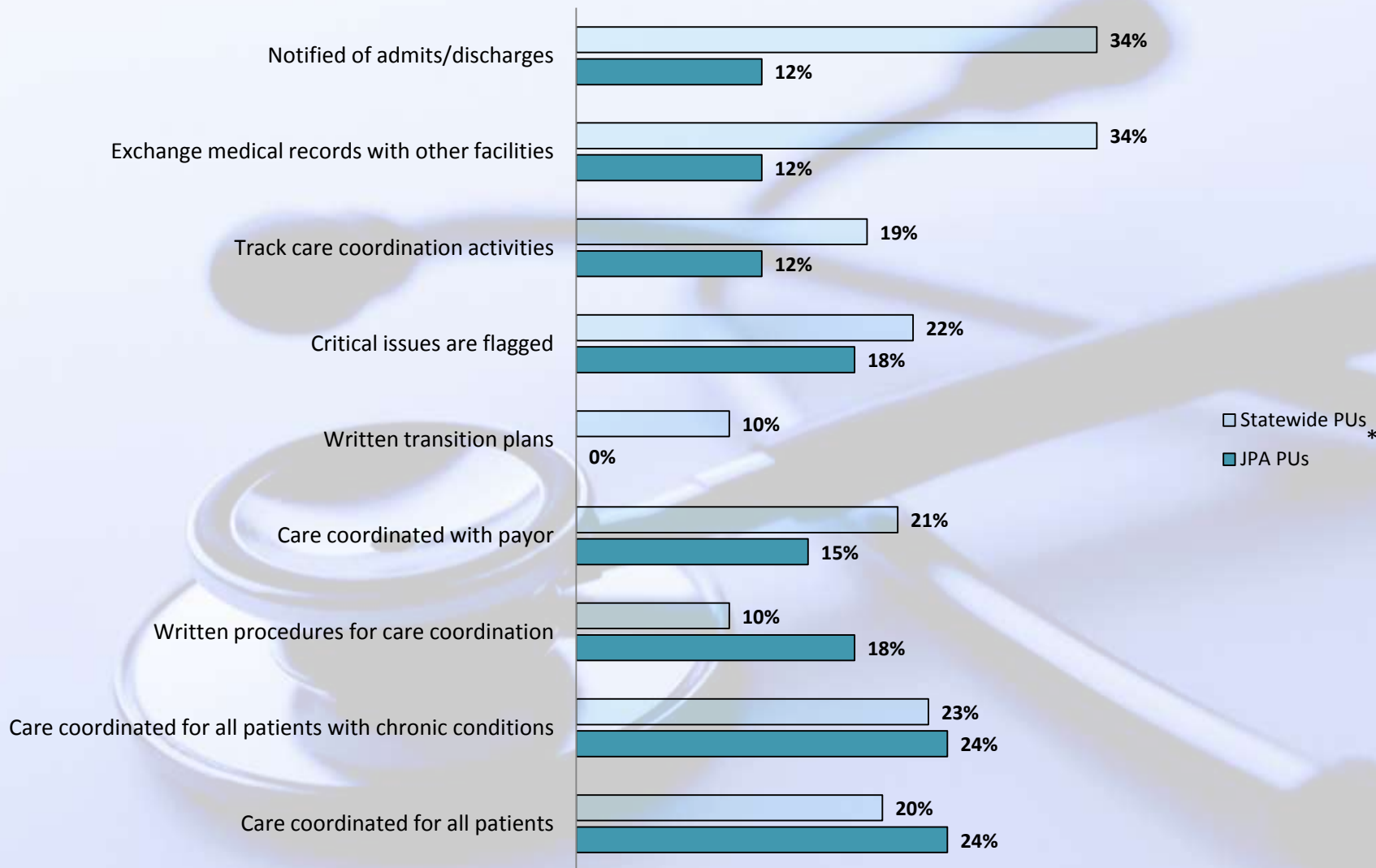
GOAL-Patient Care coordinated across the health system through a process of active collaboration and communication between providers, caregivers, and the patient.

- Written procedures for care coordination
- Care coordinated for all patients with chronic conditions
- Care coordinated for all patients
- Tracking care coordination activities

Coordination of Care

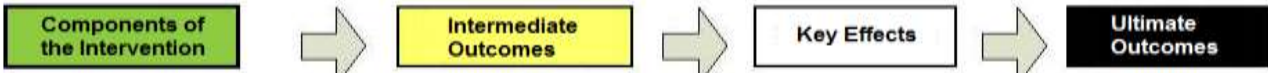
- Care coordinated with payers
- Written transition plans
- Critical issues are flagged
- Exchange of medical information with other facilities
- Notification of admits/discharges

Percentage of JPA practice units that have implemented each capability associated with initiative 13.0 - Coordination of Care



* Statewide totals are estimates only. Pulled from BCBSM PGIP Initiative Fact Sheet

**Patient-Centered Medical Home
Coordination of Care Initiative Cause and Effect Diagram**



PRACTICE UNIT

Establish mechanism for being notified of each patient admit or discharge

Develop process to create written transition plans, in instances where they are required

Systematically track care coordination activities for patients

Develop process for exchanging medical records and discussing care arrangements with other providers

Develop written procedures for care coordination processes

Develop process for flagging any potential patient health issue for immediate attention

The care transition and discharge/admit process proceed in an orderly, systematic fashion

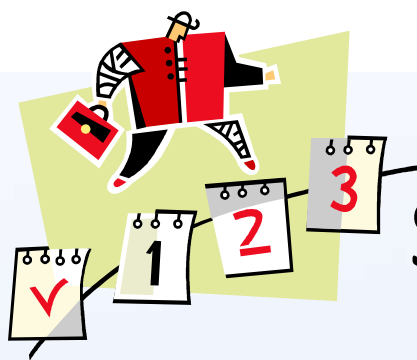
Patients receive care that is organized and efficient

Potential patient health issues are discovered and addressed expediently

All aspects of care coordination proceed smoothly for patients

Reduced Health Care Costs

Improved Patient Care



Specialist Referral Process

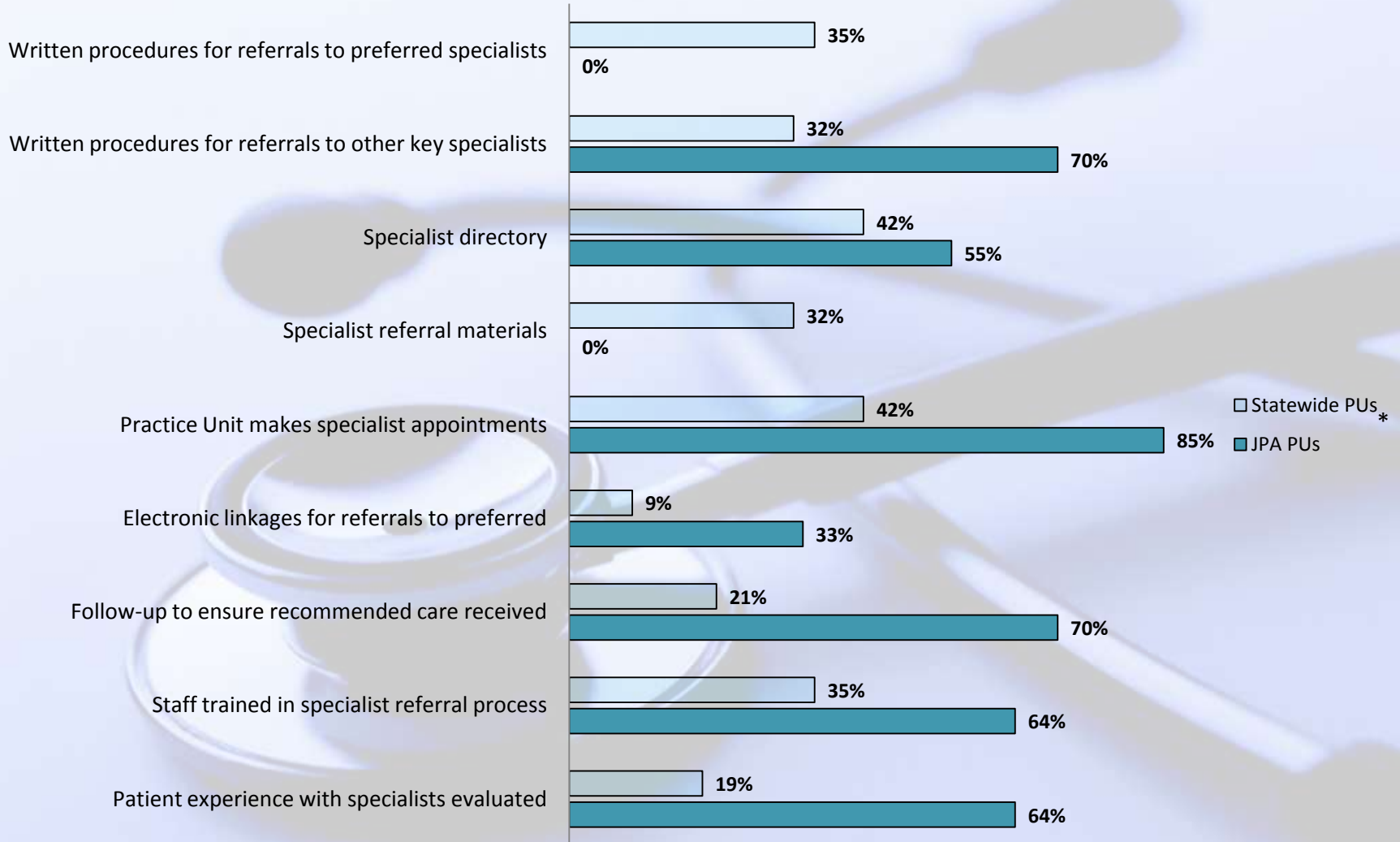
GOAL – Process of referring patients from primary care to specialty care to be coordinated seamlessly.

- Written procedures for referrals to other key specialists
- Written procedures for referrals to preferred specialists
- Staff trained in specialist referral process
- Practice Unit makes specialist appointments

Specialist Referral Process(continued)

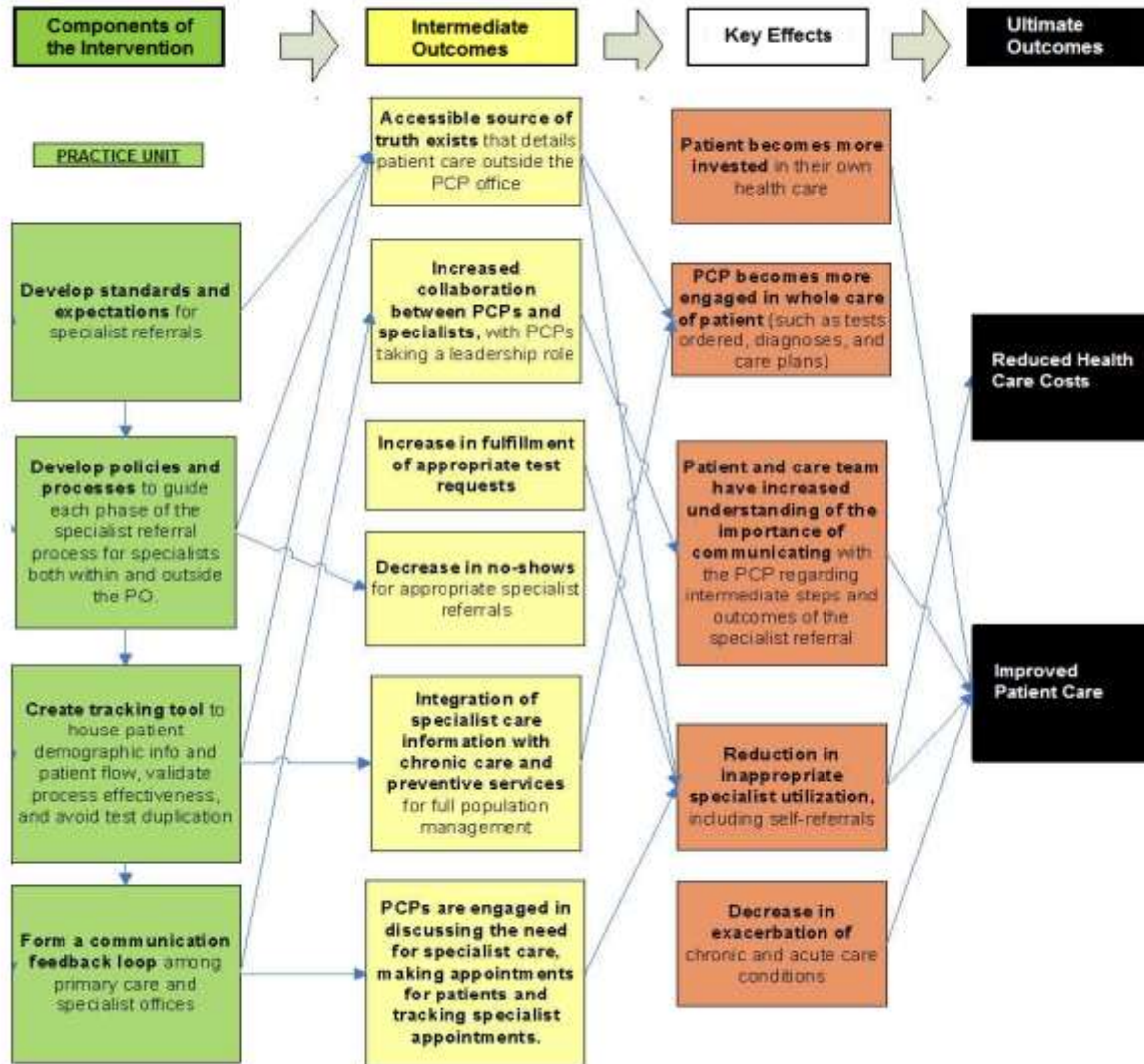
- Specialist referral materials
- Specialist directory
- Follow up to ensure recommended care received
- Electronic linkages for referrals to preferred specialists

Percentage of JPA practice units that have implemented each capability associated with initiative 14.0 - Specialty Referral Process



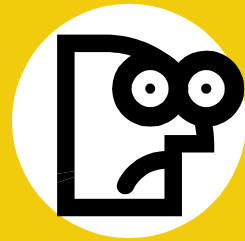
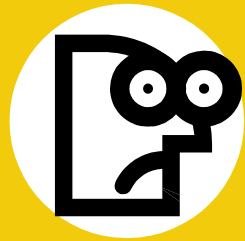
* Statewide totals are estimates only. Pulled from BCBSM PGIP Initiative Fact Sheet

**Patient-Centered Medical Home
Specialist Referral Process Initiative Cause and Effect Diagram**



PGIP Initiative Resources

- www.jpadoocs.com/index_files/Page321.htm
- http://bcbsm.com/provider/value_partnerships/pgip/initiatives.shtml
- Jackson Physicians Alliance – (517) 817-2140
 - Bonnie Mauch, JPA
 - bonniem@jpadoocs.com
 - Erika Byrum, JPA
 - erikab@jpadoocs.com



It's QUESTION TIME!!

Next Webinar

LEAN

Back to the Basics

Presenter: Christian Rasmussen

Thursday, February 10, 2011

12:00PM – 1:00PM