



# **BCBSM Physician Group Incentive Program 2011 Program Year**

## **Patient-Centered Medical Home Initiative Plan Patient Web Portal**



## **I. Initiative Overview**

Blue Cross Blue Shield of Michigan Patient-Centered Medical Home Initiatives are part of the Physician Group Incentive Program (PGIP). Since its inception in 2004, the BCBSM PGIP program 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 August 2010, PGIP includes 37 provider organizations representing over 100 physician groups from across the state of Michigan. The groups represent over 8,600 primary care physicians and selected specialists who are members of BCBSM's TRUST PPO Network. These physicians provide care for over 1.8 million BCBSM members.

### **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 2011, 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.<sup>i</sup>

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.<sup>ii</sup> 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.<sup>iii</sup> 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.<sup>iv</sup>

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.<sup>v</sup> 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.<sup>iii</sup>

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.<sup>iv iv</sup>

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:<sup>v</sup>

- 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.

<b>Table 1. Patient Web Portal Initiative Tasks</b>	
12.1	Available vendor options for purchasing and implementing a patient web portal system have been evaluated
12.2	PO or PU 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 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 Interpretive Guidelines to participating POs, updated at least once annually. The Interpretive Guidelines provide comprehensive detail on each capability associated with each PCMH Initiative, to deepen PO and practice unit understanding of the tasks required for optimal performance.

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

BCBSM will provide bi-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. At the end of each six-month incentive payment period, POs will be expected to complete the following reporting requirements in a timely manner:

- Submit a progress report for each PCMH Initiative for which capabilities were implemented during the previous six months, identifying best practice accomplishments, challenges encountered, and outlining plans to overcome barriers to success
- Update their PCMH self-reported data, identifying all tasks implemented by each participating Practice Unit
- 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 POs total physicians that complete 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.*

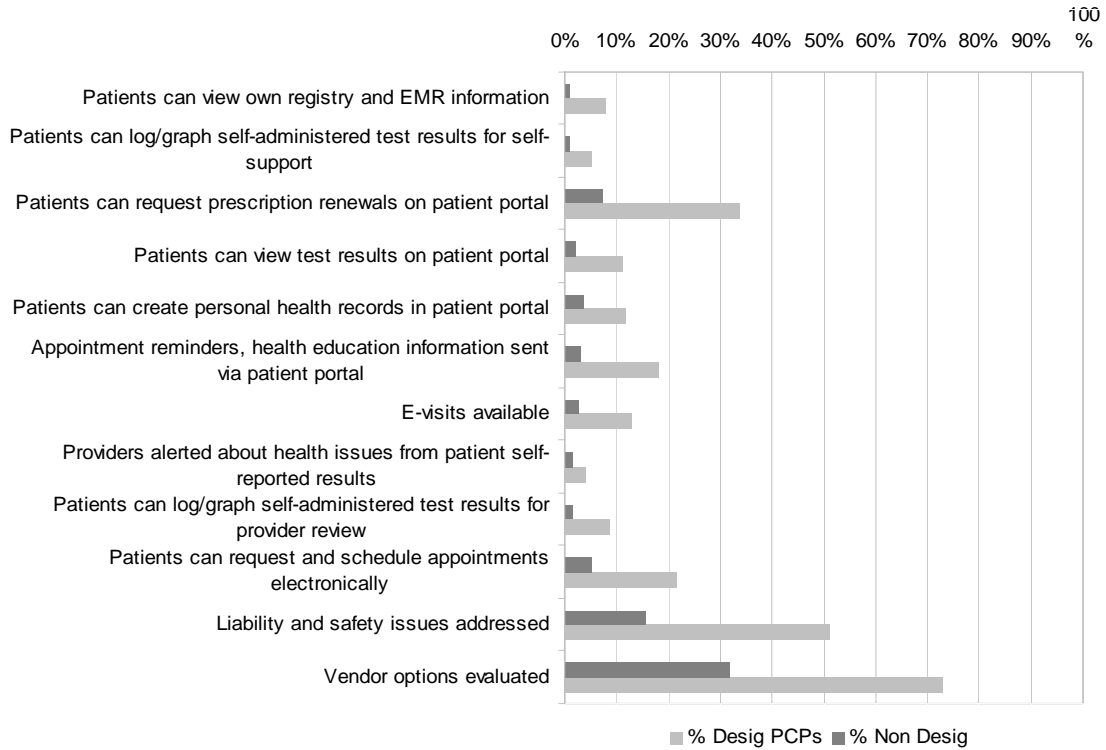
## **IV. Evaluation**

An in-depth evaluation of the PCMH Initiatives will be completed in 2011. The evaluation will focus on the correlation between PCMH capabilities and cost/use performance, as well as quality, use, efficiency and cost trends.

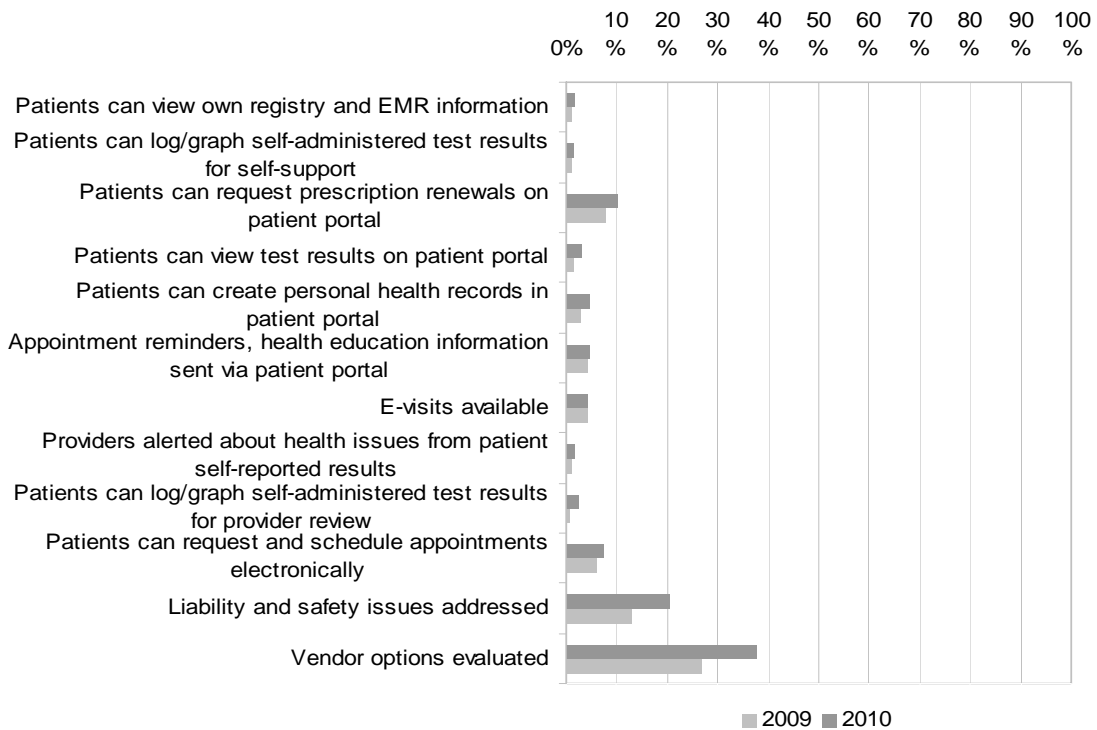
For more information on the process outcomes related to all aspects of PCMH general participation and the PCMH designation program, please refer to Appendix II.

## **V. Results**

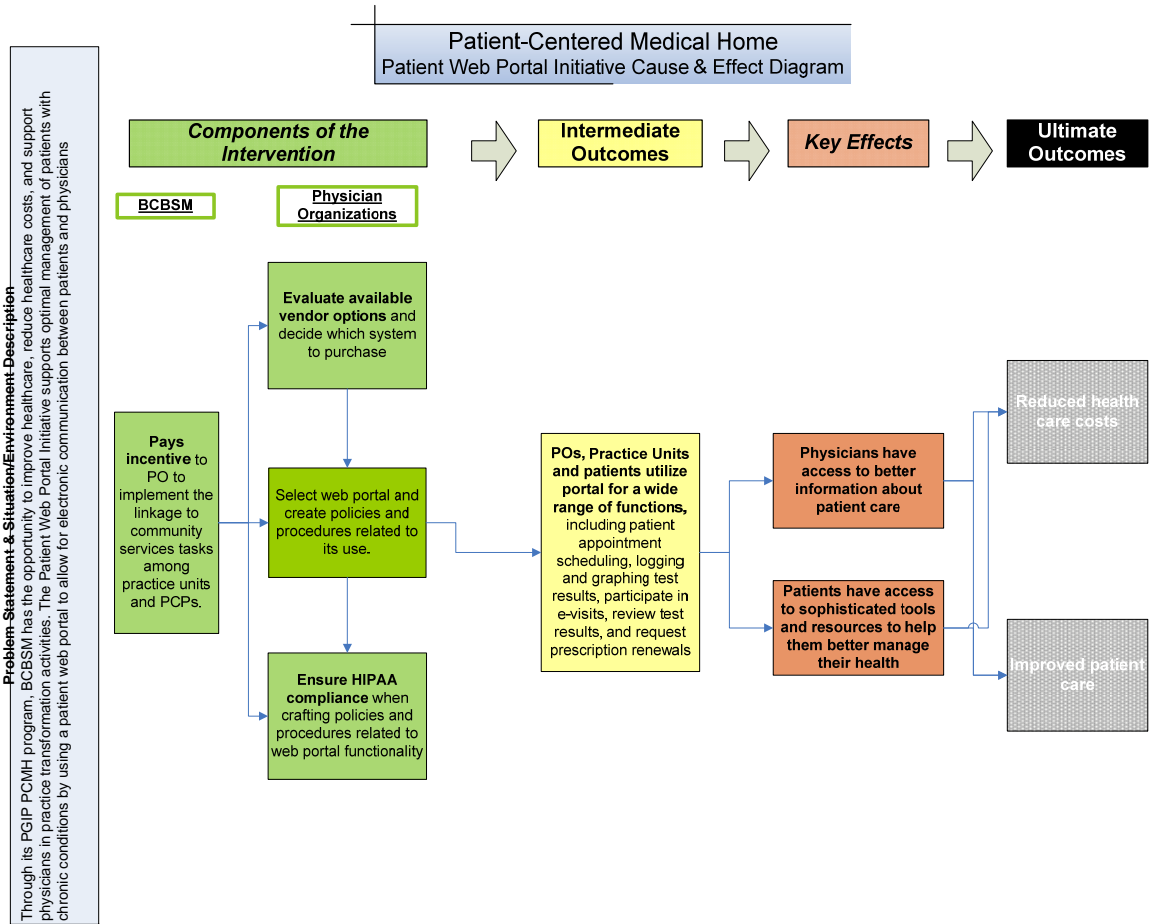
The objective of the Patient Web Portal Initiative is to annually increase the percentage of PGIP practice units that have implemented the capabilities associated with this initiative. As our recent program results show, both designated and non-designated providers are actively implementing capabilities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



In addition, 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.



# Appendix I: Cause and Effect Diagram



## Appendix II: Patient Centered Medical Home Evaluation Plan for 2011

Table 1: Process Outcomes				
Category	Process Metric	Data Source	Measurement	Metric
<b>PO PCMH program team</b>	Identification of the Clinical Lead	Progress Report	A) Please identify the name of the Clinical Lead for the PCMH program.	% of participating PGIP POs who identified a Clinical Lead
			B) What percentage of time does the Clinical Lead dedicate to the PCMH program (FTE)?	% of participating PGIP POs with a Clinical Lead who spends at least 25% or .25 FTE toward the initiative
	Identification of the Analytic Lead	Progress Report	A) Please identify the name of the Analytic Lead for the PCMH program.	% of participating PGIP POs who identified an Analytic Lead
			B) What percentage of time does the Analytic Lead dedicate to the PCMH program (FTE)?	% of participating the PGIP POs with an Analytic Lead who spends 25% of time or .25 toward the initiative
	PGIP Data Users Workgroup (DUWG) Representative	A) Progress Report	A) Please identify the name of the DUWG representative for the PCMH program.	% of participating PGIP POs who identified a representative to attend the DUWG
			B) Data Users Workgroup Meeting Minutes	% of DUWG meetings attended by each PO
<b>Participation in the PCMH program</b>	PO participation  PU participation PCP participation Member participation			
<b>Participation in PCMH program-related initiatives</b>	Clinical Team	Progress Report	Participating PGIP POs who identify a Clinical Lead, an Analytic Lead, and a Data Users Workgroup Representative	% of participating PGIP POs who met the minimum necessary requirements for the program

PO participation	Self Assessment Database	<p>Total POs who participate in the following PCMH initiatives:</p> <ol style="list-style-type: none"> <li>1) Patient-provider partnership</li> <li>2) Patient registry</li> <li>3) Performance reporting</li> <li>4) Individual care management</li> <li>5) Extended access</li> <li>6) Test results tracking and follow-up</li> <li>7) Preventive services</li> <li>8) Linkage to community services</li> <li>9) Self-management support</li> <li>10) Patient web portal</li> <li>11) Coordination of care</li> <li>12) Specialist referral process</li> </ol>	Number and percent of non-Oncology POs participating in each PCMH-related initiative
Practice unit participation	Self Assessment Database	<p>Total PUs who participate in the following PCMH initiatives:</p> <ol style="list-style-type: none"> <li>1) Patient-provider partnership</li> <li>2) Patient registry</li> <li>3) Performance reporting</li> <li>4) Individual care management</li> <li>5) Extended access</li> <li>6) Test results tracking and follow-up</li> <li>7) Preventive services</li> <li>8) Linkage to community services</li> <li>9) Self-management support</li> <li>10) Patient web portal</li> <li>11) Coordination of care</li> <li>12) Specialist referral process</li> </ol>	Number and percent of practice units participating in the initiative

Physician participation	Self Assessment Database	<p>Total PCPs who may be impacted by each of the following initiatives:</p> <ol style="list-style-type: none"> <li>1) Patient-provider partnership</li> <li>2) Patient registry</li> <li>3) Performance reporting</li> <li>4) Individual care management</li> <li>5) Extended access</li> <li>6) Test results tracking and follow-up</li> <li>7) Preventive services</li> <li>8) Linkage to community services</li> <li>9) Self-management support</li> <li>10) Patient web portal</li> <li>11) Coordination of care</li> <li>12) Specialist referral process</li> </ol>	Number and percent of physicians who participate in the PCMH program
Member participation	Self Assessment Database	<p>Total members who may be impacted by each PCMH initiative:</p> <ol style="list-style-type: none"> <li>1) Patient-provider partnership</li> <li>2) Patient registry</li> <li>3) Performance reporting</li> <li>4) Individual care management</li> <li>5) Extended access</li> <li>6) Test results tracking and follow-up</li> <li>7) Preventive services</li> <li>8) Linkage to community services</li> <li>9) Self-management support</li> <li>10) Patient web portal</li> <li>11) Coordination of care</li> <li>12) Specialist referral process</li> </ol>	Number and percent of total members and PGIP members assigned a PCP relationship to a PCP participating in each of the PCMH initiatives

<b>Participation in PCMH initiative capabilities</b>	Participation by PO, PU, physician, and member for each PCMH capability	Self Assessment Database	Total POs, practice units, physicians, and members by absence or presence of capabilities under each initiative (see interpretive guidelines document for listing of PCMH capabilities) 1) Patient-provider partnership capabilities 1.1 to 1.8 2) Patient registry capabilities 2.1 to 2.18 3) Performance reporting capabilities 3.1 to 3.13 4) Individual care management capabilities 4.1 to 4.15 5) Extended access capabilities 5.1 to 5.9 6) Test results tracking and follow-up capabilities 6.1 to 6.9 7) Preventive services capabilities 9.1 to 9.8 8) Linkage to community services capabilities 10.1 to 10.8 9) Self-management support capabilities 11.1 to 11.8 10) Patient web portal capabilities 12.1 to 12.12 11) Coordination of care capabilities 13.1 to 13.9 12) Specialist referral process capabilities 14.1 to 14.9	Number and percent of POs, practice units, physicians, and members by absence or presence of capabilities under each initiative
<b>PCMH Designation</b>	Practice unit recognition for progress toward achieving PCMH	PCMH Designation Database	Practice units nominated for PCMH designation	Number and percent of practice units who were nominated by POs for PCMH designation
		PCMH Designation Database	Practice units designated as PCMH	Number and percent of practice units who were designated as a PCMH

		PGIP Physician list	PCPs located in practice units nominated for PCMH designation	Number and percent of PCPs who were nominated by POs for PCMH designation
		PGIP Physician list	PCPs located in practice units designated as PCMH	Number and percent of PCPs who were designated as a PCMH
		PCP Care relationship assignment	Members assigned a care relationship with PCPs located in practice units nominated for PCMH designation	Number and percent of members assigned a care relationship with PCPs who were nominated by POs for PCMH designation
		PCP Care relationship assignment	Members assigned a care relationship with PCPs located in practice units designated as PCMH	Number and percent of members assigned a care relationship with PCPs who were designated as a PCMH

## **Appendix III: 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](http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_021588.hcsp?dDocName=bok1_021588)

## Endnotes

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<sup>i</sup> Health Care Quality Survey, Commonwealth Fund, 2006.

<sup>ii</sup> *Crossing the Quality Chasm*, Institute of Medicine, March 2001.

<sup>iii</sup> 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.

<sup>iv</sup> Report: Home Broadband Adoption 2007. Pew Internet & American Life Project. Available online at: [http://www.pewinternet.org/pdfs/PIP\\_Broadband%202007.pdf](http://www.pewinternet.org/pdfs/PIP_Broadband%202007.pdf).

<sup>v</sup> 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).

<sup>iii</sup> Walters B, Barnard D, Paris S. Patient Portals and E-visits. *Journal of Ambulatory Care Management* 2006. 29(3). 222-224.

<sup>iv</sup> Lin C, Wittevrongel L, Moore L, Beaty B, Ross S. An Internet-based Patient-Provider Communication System: Randomized Controlled Trial. *Journal of Medical Internet Research* Jul-Sept 2005. 7(4): e47.

<sup>v</sup> Bovi AM. Ethical Guidelines for Use of Electronic Mail between Patients and Physicians. *The American Journal of Bioethics* 2003. 3(3): W43-W47