



# JPA's PGIP News

*This newsletter updates JPA Practices on the BCBSM PGIP program*

## CONGRATULATIONS!

# 2011 DESIGNATED PRACTICES

Jackson Physicians Alliance is proud to announce its 2011 Blue Cross Blue Shield of Michigan Patient-Centered Medical Home designated practices:

- Aaron VanWagnen, MD, PC;
- Allegiance Family Medicine – Townsend;
- Jackson Pediatric Associates;
- Lynn VanWagnen, MD, PC;
- David Halsey, MD
- David B. Munro, MD, PC;
- Riverside Pediatrics;
- Sacred Heart Pediatrics;
- Springcrest Family Physicians;
- Trimas Family Care.

## 2011-2012 INTERPRETIVE GUIDELINES REVISED

Last month, Blue Cross Blue Shield of Michigan (BCBSM) released the 2011-2012 revised version of the PGIP Interpretive Guidelines to Physician Organizations (PO). PGIP representatives from BCBSM met with each PO to discuss the changes made to the interpretive guidelines. The majority of updates include refinements to the wording of the PGIP capabilities to reduce the “unknown” or “grey areas.” JPA has highlighted three major updates below.

### Major Updates

#### **9.9 - Preventative Services (NEW):**

“Planned visits are offered as a means of providing preventative services in the context of structured health maintenance exams for which the practice team and the patient are prepared in advance of the date of service.”

BCBSM wants to see documented preventative activities a practice undertakes with their patients to prepare for the patient's health maintenance visit. This new workflow documentation will increase efficiency within the office and increase the amount of quality time the patient spends with the provider.

#### **11.0 - Self-Management**

Each capability within this domain has been re-defined and expanded upon to clarify or eliminate confusion. For example, capability 11.1 now requires that education occur in regular intervals to ensure the staff are educated and able to actively use self-management support concepts and techniques. The regular intervals must include at least 60 minutes of education every other month, as well as include documented minutes and the staff attendance sheet.

#### **13.5 - Coordination of Care:**

In addition to sending written transition plans to the new caregiver, a copy of the transition plan must now also be provided to the patient in office or by mail.

The 2011-2012 Interpretive Guidelines are now available to print or download from the JPA website, [www.jpdocs.com](http://www.jpdocs.com). Erika Byrum will discuss the changes that will impact your practice during your regular scheduled monthly PGIP meeting. If you do not have regular appointments with Erika and would like to discuss these changes, please contact JPA to make an appointment.

## PHARMACY INCENTIVE

One of JPA's selected PGIP initiatives is the Pharmacy Initiative - Generic Dispensing Rate (GDR). To meet the goal set by BCBSM, JPA encourages the use of high quality, cost effective, generic drugs as alternatives to brand name prescriptions when generic use is considered clinically appropriate by the physician. JPA also encourages physicians to prescribe lower cost alternatives such as over-the-counter (OTC) medications, lower cost generic medications and additionally low cost brands when no generic drug is available and when clinically appropriate.

Best practices include (1) reviewing reports and determining if patients currently on brand drugs with a generic alternative can be switched; (2) beginning a patient's treatment with a generic drug initially; (3) reviewing the JPA reports; and (4) regularly meeting with JPA staff to see what steps can be taken to improve GDR throughout the year. To the right are top prescribed Brand drugs for adults and children, along with their cost effective alternative option. JPA recommends using this list as a guide when prescribing medications.

When this...	Use this...
Concerta	Methylphenidate
Vyvanse	Adderall (g), XR, Ritalin(g), Concerta (g), Metadate CD
Proair HFA	Ventolin HFA
Lipitor	Mevacor, Zocor, Pravachol, Crestor
Lexapro	Celexa(g), Effexor(g), Luvox(g), Prozac(g), Wellbutrin(g), Paxil(g)
Focalin XR; Strattera	Focalin(g), Adderall(g), XR, Ritalin(g), Concerta(g), Metadate CD
Nasonex	Flonase(g), Naslide(g), Nasacort

(g) - Use generic equivalent

# PGIP-PCMH Selection Methodology



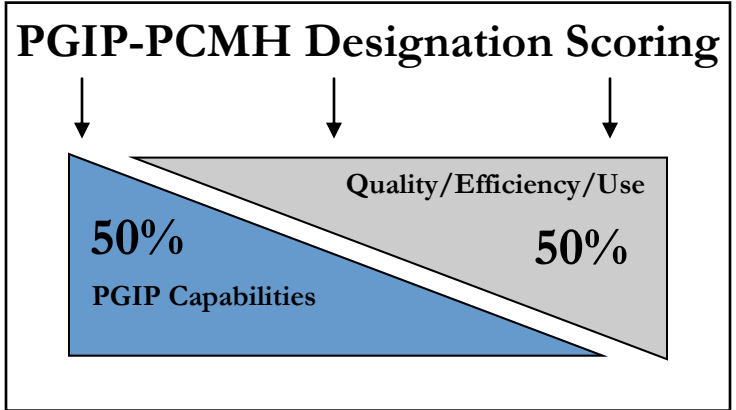
The July 2011 Blue Cross Blue Shield of Michigan (BCBSM) Physician Group Incentive Program - Patient Centered Medical Home (PGIP-PCMH)

Designation selection process was based on a combination of PCMH capabilities and quality/use/efficiency scores. Fifty percent of the overall weighted score came from the total number of “fully in

place” capabilities as of December 31, 2010 and the other fifty percent came from the calculation of a weighted quality/use/efficiency score reported by BCBSM claims data. As your practice continues working towards PGIP-PCMH Designation, it is very important to understand how you will be scored during the selection process. Jackson Physicians Alliance hopes to increase your knowledge of the scoring system by sharing information that has been provided by BCBSM.

BCBSM determines the total number of practices to designate across the state for the upcoming year. It then determines the total points threshold it will accept for PGIP-PCMH designation. Each year this threshold changes so practices need to continue to adopt new capabilities and meet quality benchmark scores. Each nominated practice is ranked by their overall weighted score and then chosen to become designated if their ranking falls within the threshold.

PCMH capabilities equals fifty percent of the overall weighted score because BCBSM wants to recognize those practices that have made the greatest investment in the PCMH infrastructure. The calculation of a PCMH raw score is based



***BCBSM wants to recognize practices that have made the greatest investment in the PCMH infrastructure.***

on the number of capabilities reported as “fully in place.” There are a total of 127 possible capabilities for family practices and 123 capabilities for pediatric and adult practices to earn. Each capability that is reported as “fully in place” for a family practice earns .79 points; pediatric and adult practices earn .81 points for each “fully in place” capability. The total points earned for each capability “fully in place” gives each practice their weighted PCMH score.

As a practice adopts PCMH capabilities into its workflow, BCBSM recognizes that quality scores will increase. Thus, the second half of the overall weighted score comes from quality/use/efficiency measures. The breakdown of each metric is outlined in Table 1. The next step is to combine the weighted PCMH score and the weighted quality/use/efficiency score to get the practice overall weighted score. JPA creates a physician dashboard report containing your current score for each quality/use/efficiency measure. The scores are produced from BCBSM claims data. Erika Byrum delivers and discusses the physician dashboard with each practice manager on a quarterly basis.

BCBSM may chose to amend their scoring methodology at anytime. JPA is not aware of any modifications at this time for the next designation in 2012. If JPA learns of any official changes, we will inform you right away.

Table 1

PGIP PCMH Designation Program Weights			
	Family Practice	Adult Practice	Pediatric Practice
<b>TOTAL</b>	100%	100%	100%
<b>PCMH Capabilities</b>	50%	50%	50%
<b>QUALITY</b>			
EBCR Adult	6%	10%	
EBCR Pediatrics	2%		5%
Preventive Adult	2%	4%	
Preventive Pediatric	4%		8%
<b>USE</b>			
PCS ED Use Adult	4%	8%	
PCS ED Use Pediatric	4%		10%
Low Tech Radiology Adult	3%	6%	
Low Tech Radiology Pediatric	3%		9%
High Tech Radiology Adult	6%	6%	
<b>EFFICIENCY</b>			
Generic Dispensing Rate Adult	6%	12%	
Generic Dispensing Trend Adult	2%	4%	
Generic Dispensing Rate Pediatric	6%		13%
Generic Dispensing Trend Pediatric	2%		5%

## QUESTIONS?

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