



# JPA's PGIP News

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

## JPA IS GOING LEAN!

BCBSM is sponsoring a LEAN collaborative quality initiative (CQI) to assist physician organizations (POs) in developing capacities for becoming a Patient-Centered Medical Home (PCMH). This CQI offers to apply the tools and methods of "Lean Thinking," used in manufacturing, to physician group practices in accordance with the guiding concepts of the Chronic Care Model and PCMH. In addition to benefits gained by participating practices, BCBSM hopes to build and sustain a collaboration of participating POs to promote shared learning, and to supply support and guidance to assist other POs in developing internal competencies in "Lean Thinking." JPA applied for a grant to support Lean CQI in 2010 and was notified it was a recipient earlier this spring.



are funds for six practices to participate in this project. Two practices have committed initially to participate in the first Lean cycle: Lynn VanWagnen, MD, and Allegiance Family Medicine-Mason. Impacted practices are expected to increase patient throughput and experience savings from efficiencies identified in the project. The objectives of Lean CQI include the following:

- Improve operational processes;
- Implement improvements with the capabilities of the Electronic Health Record (EHR);
- Identify appropriate implementation strategies; and
- Create a feedback loop to participating institutions and physicians to facilitate continuous improvement of care.

JPA and Allegiance Health (AH) are working together with this BCBSM Lean CQI project in the Jackson community with an initial focus around diabetes. The BCBSM Coordinating Center has contracted with the University of Michigan to supply staff trained in medical LEAN CQI efforts to lead the project. There

In addition, the project structure encourages on-going benefit by training local individuals in Lean CQI leadership skills. Six individuals representing JPA, AH, JCMR and ICM will participate and receive training. If you have any questions or are interested in participating in a Lean cycle audit, contact the JPA office.

## The 'Domains of Function' initiative

Let's take an in depth look at the PCMH Initiative 1.0: Patient Provider Partnership and the required capabilities that are necessary to satisfy this "Domain of Function" initiative. **Activities tied to this initiative can be started even if your practice hasn't yet been PGIP PCMH designated.**

PCMH-related patient communication tools that outline the patient and provider roles and responsibilities must be developed. The staff must be trained on the concepts of PCMH, the patient-provider partnership concepts, and patient communication processes. *JPA has developed templates that can be used for developing your practice agreement.* A PCMH PowerPoint presentation has also been developed that can be used to educate your

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staff. Bonnie can present the concepts of PCMH at a staff meeting. Guidelines have been developed for developing a process for communicating with your patients to establish the patient-provider partnership. These tools are available on the JPA web site at [www.jpdocs.com](http://www.jpdocs.com).

The patient communication process must include a conversation between the patient and a member of the clinical practice unit team. Other team members may begin the conversation, or follow up after the physician conversation with more detailed discussion/information. A clinical team member must participate in at least part of the initial patient provider partnership conversation. There must be documentation in the medical record, sticker

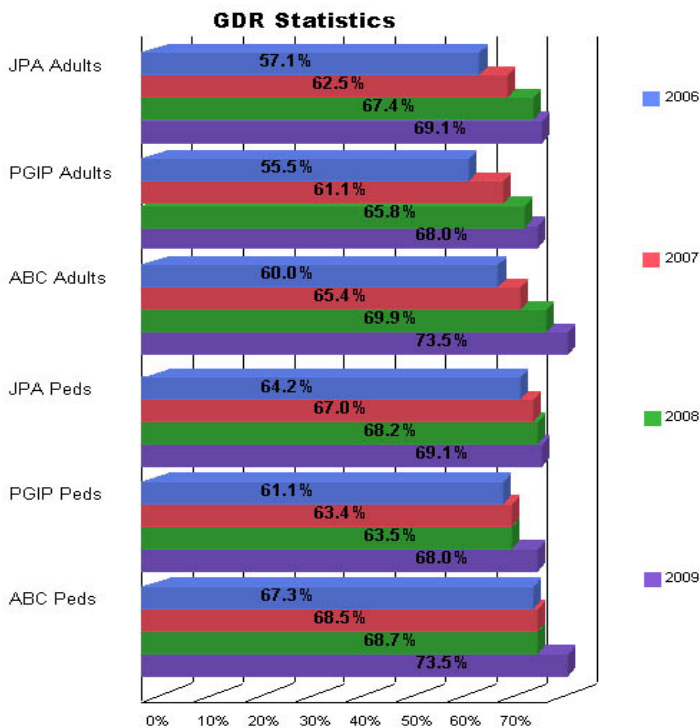
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## PCMH Calendar

- June: BCBSM will announce PCMH designations for 2010 (based on 2009 capabilities);
- June 16th - Practice Managers Forum;
- June 25 - the Self-Assessment for 2010 is due to BCBSM.

# Results Are In!

BCBS recently sent us the Generic Dispensing Rate (GDR) Baseline dashboards comparing years 2006 – 2009. The comparison graph shows the Adult and Pediatric Generic Dispensing Rate for Jackson Physician Alliance compared to the PGIP aggregate and the ABC Benchmark. This shows a continual improvement in the GDR since 2006.



\* Data for 2009 only represents July through December 2009 and is aggregated rather than separate for adults and peds. Complete data for 2009 was unavailable at the time of printing.

## PCMH Users Group has initial meeting

The PGIP PCMH users group met for the first of several meetings. It is expected that this group will meet monthly to discuss the PGIP PCMH process.

The main topics have been the Patient Provider Partnership Agreement, Patient Registry, Extended Access, and Test Results and Tracking. The attendees have shared templates and how they have implemented the BCBSM PGIP Domains of Function with others in the group. Announcement of these meetings and minutes have been e-mailed to the practice managers. If you would like more information regarding the meetings or the main topics, please contact Bonnie at JPA.

Practices that are continuing work on the PCMH process include: David Halsey, MD., David Munro, MD, PC., Jackson Pediatric Associates, Riverside Pediatrics, Sacred Heart Pediatrics, Trimas Family Care, PLLC, Springcrest Family Physicians, PC, Lynn Van Wagnen, MD, PC, and Allegiance Family Medicine - Townsend.

Look for an e-mail announcement for the next month's users group meeting. Please join us.

### QUESTIONS? Contact Bonnie Mauch at JPA

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## Expanding PCMH to Organized Systems of Care (OSC) (Integrating PCPs and Specialties)

At the statewide PGIP March Quarterly meeting, Dr. Thomas Simmer, Sr. VP and Chief Medical Officer discussed how PCMH and Organized Systems of Care (OSC) will work together. Primary care physicians through the Patient Centered Medical Home Model assure that the care of their patients is coordinated, that caregivers effectively communicate, and that patients are directed toward the most appropriate services and settings of care. Primary care plays a leadership role in assuring that the 'system of care' performs as an "Organized System of Care."

OSCs are defined by the population served by a community of primary caregivers. The aggregate performance of the 'system of care' relative to this population is the measure of the OSC success. Blue Cross is looking at the implications of OSCs for its participating Physician Organizations. Under a proposed approach, each practice unit will be identified with a PO "sub-unit" that comprises the "community of primary caregivers" whose patients define the population serviced by 'system of care.' They will facilitate the journey from 'systems of care' to "Organized Systems of Care."

PCMH practice units that are identified with the PO sub-units ('system of care') that are performing at benchmark level performance for PMPM cost OR trend, will have E & M fees set at TRUST + 20%. Looking ahead, the populations served by each 'system of care' will be identified along with the high volume facility and professional providers serving the population. These reports will be shared with the POs, and BCBSM will begin to plan how and at what rate they should proceed to designate OSCs. BCBSM has committed to implement a payment model that supports the business case for OSC infrastructure and rewards better population management.

If you want to read more about Accountable Care Organizations or Organized Systems of Care, visit the website [www.CHQPR.org](http://www.CHQPR.org).

## Domains

*From front page*

placed on front of the chart, indicator in the EMR, patient registry, or patient log so that the practice can identify the percent of patients with whom the partnership has been discussed.

A process must be underway to reach out to established patients, which is defined as patients who were seen within the past 12 months (regardless of insurance coverage). Outreach may consist of distribution of material at the time of visit, or through a general mailing to patients. Most practices that have implemented the patient provider agreement have been able to discuss PCMH and the patient provider agreement at the time of visit.

Satisfaction of the capability is determined based on the percent of documented patients that have received the agreement: 10%, 30%, 50%, 60%, 80% and 90%. This percentage must be shown through reports that can identify the percent of patients that have received the discussion and/or agreement.

If you need assistance in developing a template and/or procedure for this "Domain of Function," please contact Bonnie Mauch at the JPA Office.