



# Fact Sheet

## Physician Group Incentive Program

### 2012

#### About Value Partnerships

Value Partnerships is a collection of clinically oriented initiatives among Michigan physicians, hospitals and Blue Cross Blue Shield of Michigan that are improving clinical quality, reducing complications, controlling cost trends, eliminating errors, and improving health outcomes throughout Michigan.

#### About The Physician Group Incentive Program

The Physician Group Incentive Program (PGIP) began in 2005 to encourage and incentivize physicians to more effectively manage populations of patients and build an infrastructure to more robustly measure and monitor care quality. As of September 2011, 40 physician organizations (POs) across the state of Michigan representing nearly 15,000 primary care physicians and specialists are working together to improve health care for nearly 2 million Michigan Blues members. Additionally, PGIP is cultivating a healthier future for all Michigan residents by catalyzing all payer system development. Patients throughout the state, regardless of payer, benefit from the improved care processes developed through the PGIP provider community.

#### Cardiac Care Initiative – Phase III

##### Overview

The Cardiac Care Initiative (CCI) consists of three phases. POs participating in the CCI must participate in all phases of the Initiative. Phase I is designed to reduce the use of unnecessary cardiac diagnostic procedures and limit the associated cost trend. Phase II is designed to enhance the quality of ambulatory cardiac care provided to BCBSM members. The first two phases of the CCI complement and build upon the goals of two other current PGIP Initiatives - the Radiology Initiative and the Evidence Based Care Tracking Initiative. Phase III addresses the cardiac diagnostic/therapeutic cascade – the strong association between diagnostic tests and subsequent diagnostic tests and therapeutic procedures. Phases I and II were initially rolled out in the 2011 program year; Phase III is being introduced in the 2012 program year.

##### Objectives

- Understand the patterns and variation in the diagnostic/therapeutic cascade among PGIP POs
- Create actionable metrics that allow the PGIP POs to:
  - Understand their performance along the diagnostic testing/therapeutic intervention sequence relative to other POs
  - Take action to improve performance
- Decrease variability in the use of diagnostic cardiac diagnostic tests and therapeutic procedures among the PGIP POs
- Reduce the use and cost trend of cardiac diagnostic tests and percutaneous coronary interventions (PCIs) overall, and specifically in patients with no evidence of disease and with stable coronary artery disease (CAD).

In addition to a standard data dashboard, Phase III will provide unique flow diagrams to enable POs to visualize the data in terms of a “cascade” and to understand their performance along the cascade in comparison to that of other PGIP POs.

##### Incentive Design

The incentive payment in the first year of Phase III of the Initiative is based on participation. In subsequent years, the incentive payment will be based on performance and improvement.



## Participation Criteria

All phases of the CCI are applicable to the following PGIP physician specialties:

### Primary Care

- General Practice
- Family Practice
- Internal Medicine
- Pediatrics
- Geriatric Medicine (Internal Medicine and Family Medicine)

### Specialty

- Cardiology

*(Cardiac and thoracic surgeons may elect to participate in Phase III, but are not eligible to participate in other phases of the Initiative.)*

## Evaluation

The evaluation of the CCI is designed to assess the effectiveness of the Initiative in achieving stated objectives. The evaluation assesses the Initiative's effect on the short-term implementation, intermediate-term, and long-term outcome objectives of the CCI.

## Results

Almost half of the PGIP POs - 18 of 39 - participated in Phases I and II of the CCI in the first year. The overall risk-adjusted rate of use cardiac diagnostic procedures has declined by 22% from 2008 to 2010. This decline started prior to implementation of the CCI and is consistent with observed decreases in the recent literature. Further results are to be determined and will be reported in future updates.

Questions about the Cardiac Care Initiative?

Please contact Emily Santer, Health Care Manager, [esanter@bcbsm.com](mailto:esanter@bcbsm.com)

For more information on PGIP, or for a copy of the full initiative plan, please contact:

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