



# 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.

#### **Evidence Based Care Tracking Initiative**

##### **Overview**

BCBSM's Evidence Based Care (EBC) Tracking Initiative strives to induce best practice behaviors among physicians participating in the Physician Group Incentive Program (PGIP) by promoting provider awareness and subsequent implementation of evidence-based medicine guidelines into their daily practice. The EBC Tracking Initiative uses selected measures of care to compare evidence-based care across physician organizations (POs) and against applicable benchmarks.

##### **Objective**

The intention of the EBC Tracking initiative is to align incentive payments by paying those physicians who provide a higher quality of care based on specified initiative performance metrics with the goal to:

- Encourage the most rapid, feasible performance improvement possible by PGIP physicians
- Induce best practice among PGIP physicians that results in effective care
- Support innovation and constructive change in processes for the delivery of care
- Promote better outcomes coordination of care across provider settings and over time

##### **Incentive Design**

Incentive payments are based on overall performance and improvement on metrics specified in the Initiative. Performance improvement considers the following components for payment:

- Improvement on overall EBC score
- Improvement on weighted measures

##### **Participation Criteria**

All Primary Care Physicians (PCPs) who are members of a PGIP PO are eligible to participate in the EBC Tracking Initiative. The PCPs are defined as those practicing within Michigan with a primary specialty of General Practice, Family Practice, Internal Medicine, Pediatrics, or Geriatric Medicine.



## Evaluation

Evaluation of the EBC Tracking Initiative will address the intervention design and delivery, and will focus on the effects theorized to result from the intervention. These effects include short-term behavioral and knowledge-based changes, and long-term effects regarding the impact that adopting evidence-based care guidelines has on reducing gaps in care and improving health outcomes. The evaluation is intended to provide insight into the effectiveness of the EBC Tracking Initiative design.

## Results

- For program year 2011, all of the 39 PGIP-participating physician organizations participated in the EBC Tracking Initiative including five Independent Associations (IPAs), 14 Physician Hospital Organizations (PHOs), and 20 physician organizations.
- In calendar year 2010, the overall rates for the 39 physician organizations participating in the EBC Tracking Initiative ranged from a low of 62% to a high of 76.8%.
- The overall EBC composite score for 2010 was 70.7% with a benchmark average of 75.4%.
- The overall EBC rate for the PGIP participants (70.7%) fared better than non-PGIP participants (64.2%) when comparing calendar year 2010 data with 2009.
- Five of the nine EBC categories of care showed an improvement in the overall rate compared to CY 2009.

EBC Categories of Care	Increase/ Decrease in Overall Rate
Lower Back Pain	2.9%
Adult prevention	0.7%
Pediatric Prevention	3.8%
Antibiotic Use	3.0%
Medication Management	0.8%
Diabetes	-1.6%
Congestive Heart Failure	-1.9%
Chronic Obstructive Pulmonary Disease	-3.5%
Coronary Artery Disease	-4.2%

Questions about the EBC Initiative?

Please contact Kristy Wietholter, RN,  
Manager, [kwietholter@bcbsm.com](mailto:kwietholter@bcbsm.com).

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

[providerpartnerships@bcbsm.com](mailto:providerpartnerships@bcbsm.com)

