



## PCMH User Group Highlights 8/23/17

*Slides from presentations are attached to email and on website (slides and highlights under PCMH User Group)*

### **MSMS Survey to practices about the burden of pre-authorization:**

Kevin M. McFatridge, *Director Marketing, Communications & Public Relations MSMS (Michigan State Medical Society)*

Kevin gave a brief overview of MSMS's role for physicians and discussed what is prior authorization and the definition that MSMS uses (see slides):

- Prior authorization is a mechanism for health plans to control costs by requiring providers to obtain approval before performing a service to qualify for payment.
- Health insurers require prior authorization for:
  - Pharmaceuticals, Durable medical equipment, and Medical services
- How MSMS views prior authorization:
  - MSMS believes that prior authorization is overused and that existing processes are too difficult. Due to its widespread usage and the significant administrative and clinical concerns it can present, the MSMS believes that prior authorization is a hassle that needs to be addressed through a multifaceted approach to expedite patient care and reduce burdens on physicians.
- MSMS conducted a 12-question web-based survey in July 2017, more than 600 physicians responded, 29% of which are PCPs and 70% are specialists. He then showed results of the survey (see slides).

Kevin discussed "reform of prior authorization". This is a draft being presented for the first time – NPO is first group to see

- Through its research and partnership with the American Medical Association, MSMS identified the most common provider and patient complaints associated with utilization management programs. These principles seek to improve prior authorization and utilization management programs by addressing the following broad categories of concern: (Kevin gave examples of each, please see slides)
  - Clinical validity, Continuity of care, Transparency and fairness, Timely access and administrative efficiency, and Alternatives and exemptions

Kevin discussed the next step that MSMS will be taking:

- MSMS believes there are various legislative opportunities available, each taking a considerable amount of investment. The opponents to our position have a significant amount of financial backing. In order for MSMS to determine the proper level, staff will be:
  - Developing strong partnerships throughout the Michigan health care community, including specialty associations and other interested groups
  - Begin drafting legislation based upon the aforementioned five broad categories; and
  - Begin its grassroots advocacy and outreach.

Kevin discussed MSMS resources that are available.

- If you do not have access to the MSMS website for resources, email Kevin at [KMcFatridge@msms.org](mailto:KMcFatridge@msms.org) and he will get you access. All NPO physicians are members of MSMS, through NPO.

### **NPO PCMH-N Site Visit Learnings (see slides)**

- BCBSM VBR to NPO practices has increased!

- 2015 BCBSM VBR to practices: \$3,816,113
- 2016 BCBSM VBR to practices \$4,948,956
- Reminders to receive VBR:
  - CHARGES MAY NEED TO BE INCREASED! Claims where the provider's charge is less than or equal to the BCBSM Allowed Amount are excluded from the value based reimbursements. Providers must remember that all payers must be charged the same.
  - There is currently no clear indicator on the voucher that the VBR has been applied. One must reference the standard fee from the Fee Schedule to understand if the VBR has been applied.
- Site Visits
  - 2 PCP offices, 2 Specialist offices. PCP practices scored 100%
  - BCBSM asked for a copy of phone triage as they thought it was a best practice (attached to email). The practice has this at their front desk to handle patients that phone.
  - Patient View of PCMH:
    - BCBSM said: Employers say their employees often don't know the benefits of PCMH so employers are not always realizing the benefits of PCMH.
    - BCBSM Best practice: Receptionist had a laminated copy of PCMH brochure and pointed out just a couple of the things that the practice did very well to ensure patient receives message of how PCMH benefits them.
  - Questions that BCBSM asked at the site visits:
    - How do you inform patients that Care Management is available?
    - What does your practice do better than anyone else?
    - How is patient educated about Community Resources?
    - Specific to capabilities 11.1 and 11.8 How do you share training with staff?
  - Things that the practices needed to be able to demonstrate at the site visit:
    - 4.19 Care Management: describe the process how patients are identified for selection
    - Domain 12 Portal: Show from patient side (test patient, screen shots, real patient...)
    - 5.7 30% Access: If meeting by allowing over-booking, policy must be very clear as to what can be used, how many blocks per provider, etc.
      - Deb Schepperly shared how her practice meets this requirement. One physician in her office each day is designated "doc of the day" and a half a day of that physician's schedule is blocked for the acute call in appts. Over the past year they have found that they had over 500 more patient encounters than the previous year.
  - BCBSM gave suggestions on making policies work for your office:
    - BCBSM suggests that policies be set up as training aids (desk aid) for staff
    - For example, for planned visit, draft as a flowchart that staff can use constantly
    - **Review annually to ensure up to date and ask "is this the best way to do this process?" As technology changes, processes may be able to be streamlined**

**2017 Meeting Dates – all meetings from 11:30 AM – 1PM:**

- Sept 28, Thursday
- **RESCHEDULED October 24, Tuesday – this meeting is rescheduled to Wednesday November 8th. due to a conflict with SIM.**

***PLEASE NOTE: If you plan to attend the next meeting either in-person or telephonically, please either email [kelliott@npoinc.org](mailto:kelliott@npoinc.org) or call NPO at 231-421-8505 to RSVP. After we receive your RSVP, we send you an Outlook appointment. Please bring in parking garage tickets for validation.***