NPO PCMH Updates

Apr 29, 2017

NORTHERN PHYSICIANS ORGANIZATION

NPOINC.ORG

Progression

- 2013: 18 PCMH designated practices
- Today: 39 designated, 2 new practices nominated

Summary of Quality Performance

	Earned Points	Possible Points	Raw Score
CY 2015 (HEDIS® 2016) Performance Score	19.468	24.191	80.48%
CY 2014 (HEDIS® 2015) Performance Score	14.174	24.191	58.59%
CY 2013 (HEDIS® 2014) Performance Score	8.642	19.240	44.92%

Total 2015 VBR

- 2015 Total BCBSM VBR to NPO practices

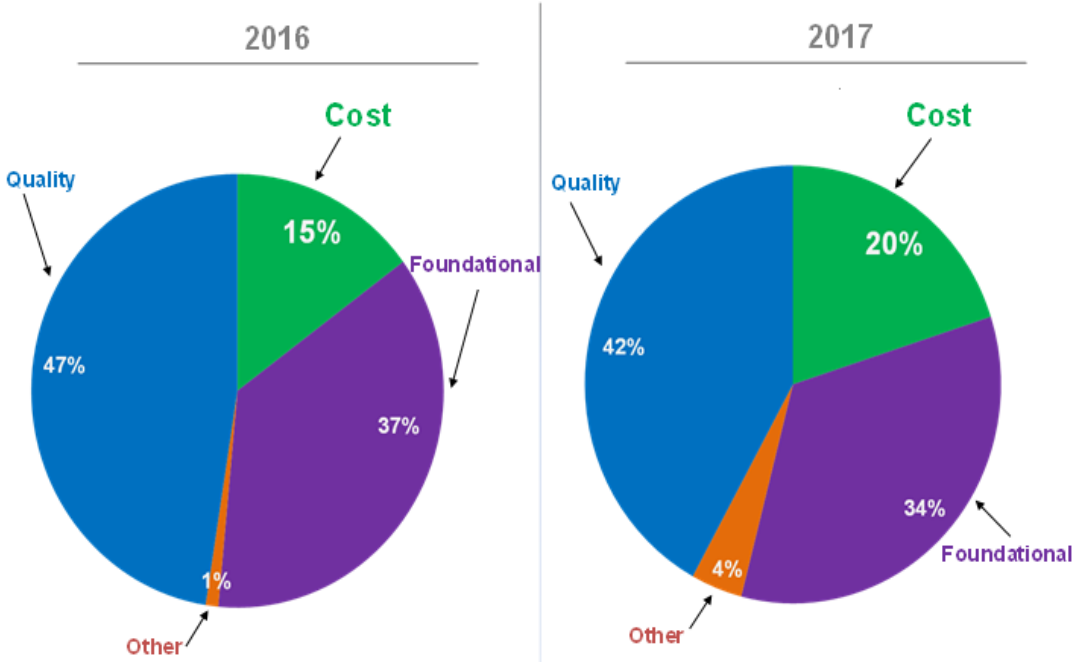
$3,816,113

PGIP

- Clinical Quality Initiative: July and October 2017 awards
  - Evaluation will include both Medicare and Commercial performance
- CQVBR
  - Evaluation will include both Medicare and Commercial performance (weight: Commercial – 70% and Medicare – 30%)
    - MA – must use HeB to see gaps

PGIP

PGIP Reward Pool – 2016 vs. 2017



Proportion of reward pool based on cost of care increased by five percentage points from 2016 to 2017

Draft Advanced Practice

Draft Criteria for New Advanced Practice VBR

PCMH and Care Management

- BCBSM PCMH-designated and receiving PDCM VBR
- Two ADT PCMH capabilities in place (13.11 and 13.12)
- Delivering care management services to significant percentage of eligible BCBSM patients (e.g. at least 6-9%)
- At least 1 lead care manager per 2,500 eligible members (RN, NP, LMSW, PA), to ensure capability to deliver care management to most complex patients

Telehealth Services

- PO has submitted Telehealth Implementation Plan to BCBSM
- Practice is actively delivering and billing for telehealth services
  - Patient-initiated urgent and after-hours telehealth visits
  - Scheduled telemedicine visits
    - Between PCP and patient at home
    - Between PCP office and consulting specialist
    - Between patient and care management team member (e.g., RN, MSW, pharmD, dietitian, social worker, care manager)

Questions from a Practice

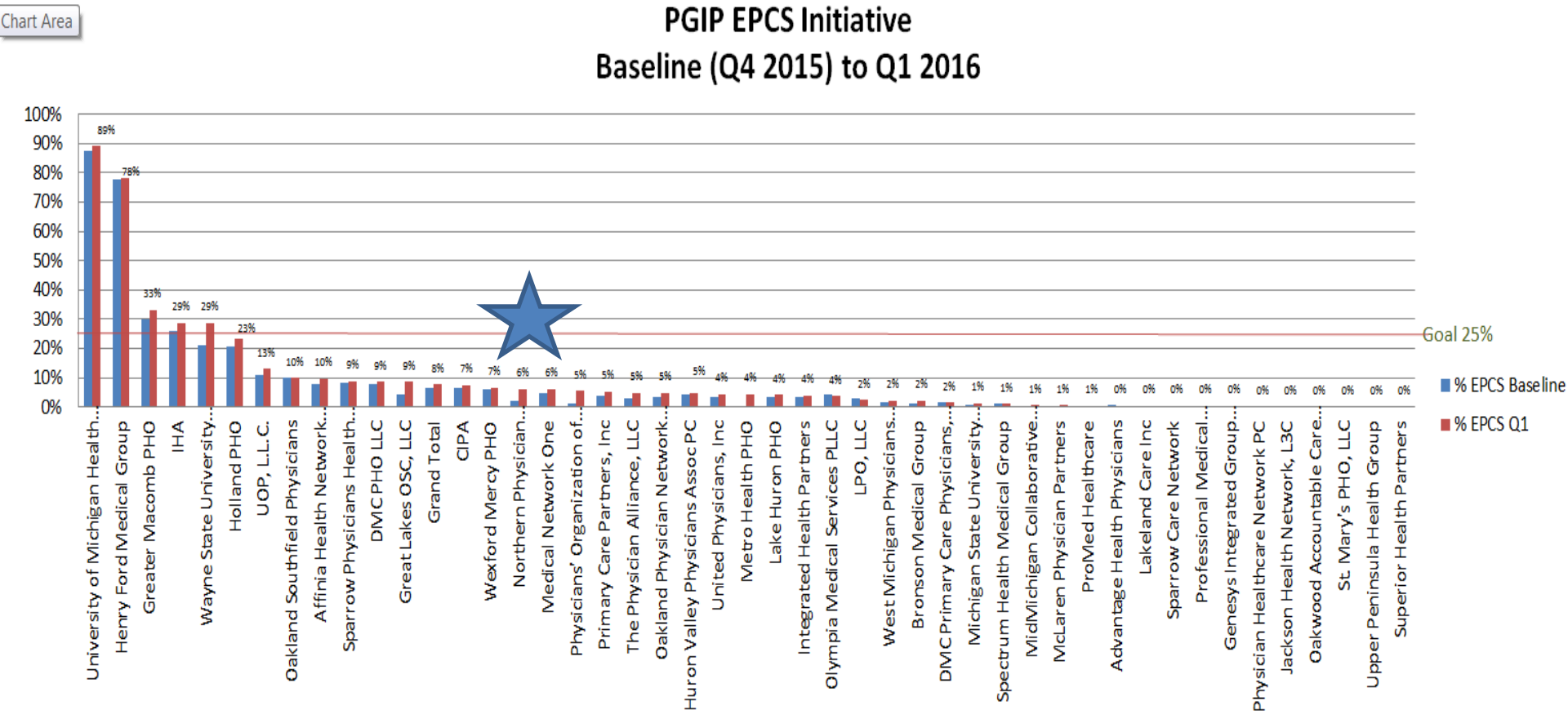
- We are looking to be more cost efficient with our time and I was wondering if there is any reason we could not use a phone company such as call-em-all to perform our preventative and chronic care visit recalls? I would still be running a report to upload the specified patients/numbers and I would be creating the HIPPA compliant message.

- My other question would be for our patients with numerous chronic illness how is everyone recalling all of there chronic illness's and preventative visits without constantly bombarding the patients. (I sometimes feel we send too many recalls.)
  - I sometimes wonder if running a report on based patient name or age range and then sending all recalls for the year chronic and preventative 1 time annually would be a better way to go but I don't think that would meet PCMH guidelines.

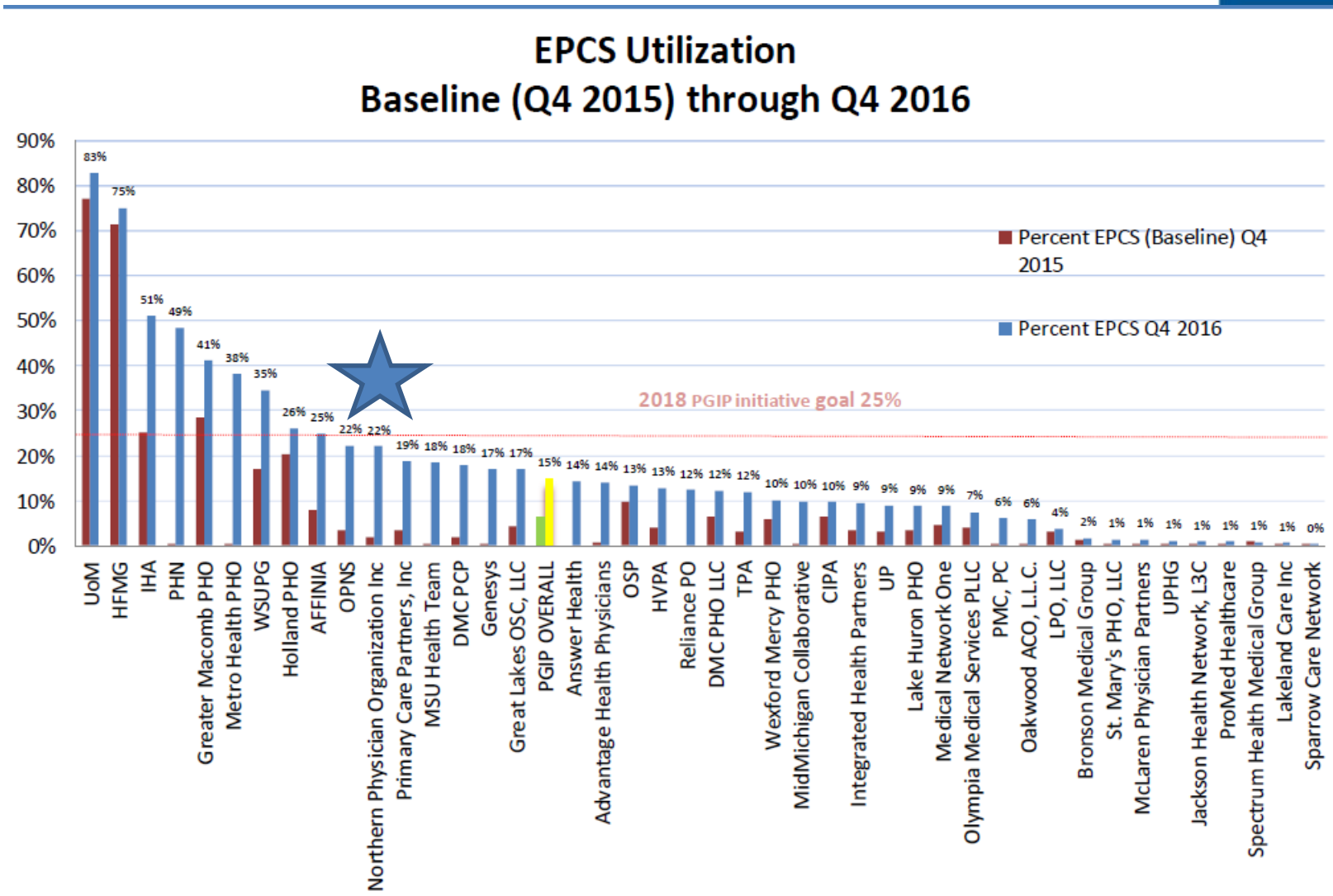
NPO note: Bcbsm looks for multiple consecutive reachouts to a patient. So the idea of all issues at one time to a patient is compelling as long as the patient is reached out successively perhaps via different methods if they don't respond.

PGIP

Electronic Prescribing of Controlled Substances (EPCS)



PGIP


EPCS Utilization
Baseline (Q4 2015) through Q4 2016
Percent EPCS (Baseline) Q4 2015
Percent EPCS Q4 2016
2018 PGIP initiative goal 25%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
83%
75%
51%
49%
41%
38%
35%
26%
25%
22%
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6%
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0%
UoM
HFMG
IHA
PHN
Greater Macomb PHO
Metro Health PHO
WSUPG
Holland PHO
AFFINIA
OPNS
Northern Physician Organization Inc
Primary Care Partners, Inc
MSU Health Team
DMC PCP
Genesys
Great Lakes OSC, LLC
PGIP OVERALL
Answer Health
Advantage Health Physicians
OSP
HVPA
Reliance PO
DMC PHO LLC
TPA
Wexford Mercy PHO
MidMichigan Collaborative
CIPA
Integrated Health Partners
UP
Lake Huron PHO
Medical Network One
Olympia Medical Services PLLC
PMC, PC
Oakwood ACO, L.L.C.
LPO, LLC
Bronson Medical Group
St. Mary's PHO, LLC
McLaren Physician Partners
UPHG
Jackson Health Network, L3C
ProMed Healthcare
Spectrum Health Medical Group
Lakeland Care Inc
Sparrow Care Network

May Meeting

- Will have to be cancelled