The Physician Alliance
Dedicated to Improving Michigan's Health

BCBSM Patient-Centered Medical Home Designation
2016 Objective and Selection Process Summary

BCBSM Patient Centered Medical Home Designation occurs yearly on July 1st of each year. Designation occurs to support and promote the concept of the Patient-Centered Medical Home (PCMH). BCBSM and PGIP-participating POs collaborate to evaluate practices for designation.

The two scoring components occur for PCMH designation:

1. PCMH Capabilities (50% of the score): number of capabilities in primary care practices that are implemented and actively used across twelve PCMH domains of PCMH function. PCMH capabilities used for calculation are reported to BCBSM via the Winter Self-Assessment Data (SAD), based on the BCBSM Interpretive Guidelines. Practices must have at least 50 capabilities to be considered for nomination.
2. Quality and Efficiency Performance (50% of the score): primary care physicians are given a quality/use/efficiency performance score as evidenced by several key metrics*:
    - Quality: Evidence based care and preventive services
    - Use: Emergency department (ED) for primary care sensitive conditions and imaging use

   *Quality and efficiency metrics are calculated using BCBSM claims data with dates of service from January 1st – December 31st for the year before designation with a 3-month run-out for paid claims. All quality/use/efficiency metrics were calculated based on the practice unit's primary care attributed membership.

Quality Data Metrics:

Practices are grouped into three categories based on the age distribution of their membership: adult only practice, family practice, or pediatric practice. The performance of adult only practices are based only on adult metrics; family practices are evaluated on both adult and pediatric metrics; and pediatric practices are evaluated only on pediatric metrics. Performance is measured using 27 nationally-recognized quality HEDIS metrics. A combination of individual component metrics and composite metrics are used to balance a need to distinguish performance and a need to minimize the impact of small sample size.

Metric	Metric Components
Adult Appropriate Use	1. Avoidance of antibiotics treatment with adults with acute bronchitis 2. Use of spirometry in assessment of COPD 3. Use of imaging studies for low back pain
Adult Post-event care	1. Persistence of beta blocker after AMI 2. Pharmacotherapy of COPD Exacerbation – Systemic corticosteroids 3. Pharmacotherapy of COPD Exacerbation – Bronchodilators
Adult Medication Management	1. Antidepressant medication management – Acute Phase 2. Antidepressant medication management – Continuation Phase 3. Medication Management – Persistent meds – ACE/ARB 4. Medication Management – Persistent meds - Digoxin 5. Medication Management – Persistent meds - Diuretics
Adult Quality	1. Diabetes – HbA1c testing 2. Diabetes – Medication attention for nephropathy
Adult Preventive	1. Breast cancer screening 2. Colorectal cancer screening 3. Chlamydia screening 4. Cervical cancer screening
Pediatric Appropriate Use	1. Appropriate treatment for children with upper respiratory infection

	2. Appropriate testing for children with pharyngitis
Pediatric Medication Management	1. Follow-up for children prescribed ADHD medications – initiation (6 to 12 years) 2. Follow-up for children prescribed ADHD medications – continuation/maintenance (6 to 12 years)
Pediatric Preventive	1. Child immunization status (combo 3) 2. Adolescent immunization status (combo 1) 3. Well child visits – 15 months of life (6 or more) 4. Well child visits in 3rd, 4th, 5th and 6th years of life 5. Well adolescent visits

Use Data Metrics:

ED Visits for Primary Care Sensitive Conditions

New York University ED classification algorithm was used to identify Primary Care Sensitive (PCS) category which are a combination of the non-emergent, emergent-primary care treatable, and emergent-ED needed-preventable categories. The estimated number of PCS ED visits was calculated by summing the NYU probability scores for the PCS category across all ED visits. Use rates were calculated as the number of PCS visits per 1,000 attributed member-years. Rates were calculated separately for adults and children and were risk adjusted for age, gender, and risk score.

Imaging Use

Imaging use included metrics for high tech imaging services (MR imaging, CT scans, Nuclear Medicine and PET scans) and low tech imaging services (conventional radiography, ultrasound and all other noninvasive imaging). Use rates were calculated as the number of procedures rendered or performed per 1,000 attributed member-years. Adult metrics are both high and low tech and pediatric is low tech only.

Maintain or Obtain Designation

The above information can assist practices in identifying opportunities for improvement to assure designation or re-designation within the practice. Your assigned practice resource team member is your best resource to help guide your practice to be successful in this program.

NOTE: As BCBSM yearly enhances the PCMH Designation process, metrics and weighting of metrics may change.