Being a good neighbor helps improve patient care

This collaboration and sharing of patient care is part of an expanded care model called the Patient Centered Medical Home – Neighborhood. The PCMH model is patient-centered, team-based, coordinated and focused on quality and safety for the patient. It relies on the primary care physician to facilitate partnerships with other physicians, health care staff and the patient to ensure necessary care is received at the right time by the right person at the right location, and long-term coordination of care.

Expanding the concept of PCMH to include specialists helps improve collaboration between physicians, thereby improving patient care along all points of the continuum.

In the world of the Patient Centered Medical Home care model where the primary care physician is the central coordinator of patient care, the next door neighbor is the specialty physician. Building an efficient “neighborhood” for physicians to easily communicate and help the patient navigate the health care system is critical to providing excellent care.

While the PCMH-Neighborhood model still supports the primary care physician as having overall patient responsibility, it recognizes the importance of specialty practices in patient care and aligns specialists with the critical elements of PCMH.

St. Clair Specialty Physicians works closely with its primary care colleagues to ensure a proper care plan is executed for patients with kidney disease. This increases awareness of the disease state and provides accessibility for the referring physician to gain additional insights into the management of the patient. “We (St. Clair Specialty Physicians) believe strongly in the collaborative care model among the primary care

continued on page 3
Dear members,

During our staff meetings and planning sessions, we ask “what is The Physician Alliance doing for our members?” We ask this question to keep in mind our goals of providing the best support to physicians. This includes helping you improve quality scores, patient care and performance revenue.

Throughout this issue, you’ll read some of the ways that The Physician Alliance is supporting our members. We’re hosting focus groups throughout the year to get feedback on programs and share best practices. We’re also creating strategies to utilize technology more, including online training. One example is our new Physician Education app, which I hope you take the time to download (see page 3 for details). This free education tool provides numerous tips and information on improving HEDIS measures, coding, revenue and more. It’s easy to download to your smartphone or tablet to have these items at your fingertips.

With BCBSM’s expansion of the Physician Group Incentive Program (PGIP), all specialties are eligible to participate in this pay for performance program (see below for details). This has caused our staff to re-evaluate resources and opportunities for engaging more physicians in the Patient Centered Medical Home-Neighborhood care model. It’s an exciting opportunity, yet also one that will take time and resources to ensure The Physician Alliance is meeting the needs of all of our physician members.

Please don’t hesitate to contact our staff with any questions or if you need additional information on any of our programs. Thank you for your efforts in improving the health of the populations we serve.

In good health,

Michael R. Madden
President & CEO

BCBSM expand eligibility for participation in pay for performance program

Blue Cross Blue Shield of Michigan expanded eligibility for specialists to participate in the Physician Group Incentive Program, the pay for performance program that rewards physician organizations and physicians for effectively managing populations of patients. Last year, 24 specialties were eligible to receive uplifts and incentives. In 2015, all specialties are eligible.

This change helps expand the Patient Centered Medical Home-Neighborhood care model to involve multiple specialties in improving communication along the care continuum.

The Physician Alliance has reached out to new specialties, such as chiropractors and anesthesiologists, to invite these practitioners to join the physician organization. The goal is to help these specialty practices receive the benefits of patient-centered care initiatives, including opportunities to more easily share information with PCPs and close gaps in care.

“Seamless channels of timely communication of key clinical information between primary care and specialist practices create the efficient roads to help the patient navigate through the neighborhood,” said Sharon Ross, NFRN RN, executive vice president of population health at The Physician Alliance. “At times the specialist provides the second home when the medical condition necessitates the specialist to manage the condition but this is always in close collaboration with the primary care physician.”

The PCMH-N ensures effective bidirectional communication and coordination of care between PCPs and specialists for population health management, according to the American College of Physicians. This care model aims to effectively guide physician responsibility in co-management situations by defining roles and responsibilities of each physician and practice staff.

In 2012, TPA developed the Patient Centered Specialty Practice Designation to help improve care coordination between specialists and primary care physicians. The internal designation helps specialists achieve the goal of improved care integration and coordination within the Patient Centered Medical Home – Neighborhood care model. Since the program began, more than 54 specialty practices, representing 204 physicians, have achieved PCSP designation by TPA.

“Healthcare is being delivered quickly in such a variety of venues, it is essential to coordinate this care delivery across the wide continuum,” said Bellovich. SCSP is designated as a patient centered specialty practice by TPA. “If we are ever going to control cost while increasing quality it can only happen through very highly reliable coordination among all the providers. We cannot afford to be inefficient any longer.”

Examples of information included on the app:

- Provider tips for adult and pediatric HEDIS measures
- Overview of pay for performance programs, including PGIP
- Transitional care management tips sheets
- Billing codes for condition specific care
- Links to educational videos
- Link to TPA’s secure physician portal for TPA members to access PGIP performance reports

To download The Physician Alliance’s FREE Physician Education app, visit www.the physicianalliance.org, or shop the App Store or Google Play Search “The Physician Alliance.”

There’s an app for that!

The Physician Alliance launched a free Physician Education app to help physicians access important tips and information on smartphones, tablets and laptops. This valuable information helps improve knowledge, quality scores and incentive payments.

The Physician Education app is compatible with Apple and Android based devices.

continued from page 1

“At times the specialist provides the second home.”

providers and the sub-specialists,” said Dr. Keith Bellovich, senior vice president at SCSP.

Need tips on improving HEDIS metrics, coding, revenue and more? Want some tips when you’re on the go?

To download The Physician Alliance’s FREE Physician Education app, visit www.the

physicianalliance.org, or shop the App Store or Google Play Search

“The Physician Alliance”. 
TPA specialty practices awarded fee uplift

The Specialty Fee Uplift program is designed to reward specialty physicians for population level performance. The program seeks to strengthen collaboration between specialists and primary care physicians. The uplift program acknowledges and rewards specialists who demonstrate a commitment to improving population health management by delivering effective and efficient care.

Specialty practices participating in the BCBSM Physician Group Incentive Program through The Physician Alliance may be eligible for the Specialty Fee Uplift program. Practices must be nominated by TPA for an uplift by meeting certain criteria, then meet specific quality, cost and efficiency metrics set by BCBSM to receive a RVU uplift between 5-10 percent. Specialist nomination and uplift consideration occurs annually.

The program was expanded in 2015 to include all specialty types – this expansion increases the number of eligible physicians while the available funds remained the same. In 2015, BCBSM selected 86 percent of the nominated TPA specialists, resulting in 755 specialists (249 practices) receiving the specialist fee uplift.

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SECURE PORTAL
provides access to physician performance reports

The Physician Alliance launched a secure physician portal in 2014 to allow physicians access to timely information and performance reports. All physicians in TPA’s Blue Cross Blue Shield of Michigan Physician Group Incentive Program (PGIP) have received, through their personal email, a login in and password.

This secure portal provides access to important information. Physicians should review all reports for opportunities to improve performance and incentives. Types of available reports may include:

• Comprehensive View
• Population report cards
• Specialty fee uplift summary results
• Population performance reports
• PCMH designation report

Available reports depend on physician specialty, designation and other factors.

Obtaining the reports from the portal will be a metric that will be tracked in 2015 and reported on physician’s Comprehensive View report. The practice resource team member will review reports during the performance improvement visit with a practice’s physician champion. Visits will be more productive if reports are reviewed ahead of the meetings. Bi-annual meetings with the practice resource team to review performance and develop performance improvement plans is a requirement in 2015 to be eligible for PGIP incentive dollars.

The Physician Alliance is moving all performance report updates to the portal. This is a more secure method of sharing data and also easier for physicians to access at their convenience. Portal access is available from any computer, laptop or mobile device by visiting www.tpareporting.org. Access is also available from TPA’s new free Physician Education app now in the App Store or Google Play.

IMPORTANT: Please be aware that your 5-10 percent additional reimbursement may cause payments to exceed your current charges in some practices.

You may not receive the entire 5-10 percent uplift as BCBSM typically does not pay over the charge level. Please review your current fee structure and make the appropriate adjustments in your charges if necessary to enjoy the increase you earned.

The fee uplifts are applied to the RVU-based procedure codes (most procedure codes, except those for ambulance service, durable medical equipment, prosthetics and orthotics, anesthesia, immunizations, hearing, vision, lab, dental and most injections). The fee uplifts apply to services regardless of the location of service. The only exception is that professional codes billed on a facility bill (UB) will not have the uplift applied. BCBSM will not be releasing a list of codes. Please contact your biller and BCBSM representative directly with any billing questions.
Are You a Good Neighbor?
(Advice on enhancing your incentive payments)

Most physicians have some familiarity with the Patient Centered Medical Home (PCMH) and the Patient Centered Medical Home-Neighborhood (PCMH-N) programs endorsed by Blue Cross Blue Shield of Michigan. Both primary care and specialists are eligible for fee uplifts by successfully participating in these programs. Currently, The Physician Alliance has 320 designated primary care physicians receiving a 20 to 30% uplift and 755 specialty physicians receiving uplifts ranging from 5% to 10% of the fee schedule.

In order to improve or maintain these uplifts, the provider “community” must communicate effectively to co-manage patients. This coordination of care leads to improved outcomes, higher patient satisfaction and cost savings. As the health care industry moves toward alternative payment models and value based payments, we must improve communication between providers to reduce duplicative services, length of stay and re-admissions. The days of being paid based on the volume of care rather than the value of care are numbered. Fifty percent of traditional or fee-for-service Medicare payments will be linked to quality or value through alternative payment models by 2018.

So how does the average physician prepare for this seismic paradigm shift in reimbursement and continue to maximize current uplifts to the fee schedule? Fortunately, it is likely the premise of the PCMH and PCMH-N will help prepare physicians for the changes in payment models. Providers need to become “good neighbors” to achieve these uplifts.

How can you do this?
• Providers need to share the responsibility in caring for a patient. This requires communication.
• Providers need to work collaboratively on improving the quality metrics across a population (HEDIS metrics, reducing readmissions).
• Providers need to hold each other accountable for implementing evidence based care that is efficient and effective.

Some examples of these high level principles in real world health care:

ER physicians: Contact the PCP early in your patient evaluation to determine if a CT may have been completed recently as an outpatient.

Ob/GYNs: Share your PAP smear and mammogram results with the PCP (You do not need to have the patient sign a release of records.)

Gls: Share your colonoscopy reports with the PCP.

PCPs: Provide the problem list, medication list and relevant diagnostics for consultants.

Hospitalists: Provide transfer of care information within 48 hours of discharge.

Radiologists: Communicate immediately with the ordering physician when a diagnostic test reveals a suspicious carcinoma or acute infectious process.

Surgeons: Text a referring physician shortly after a surgical procedure and copy the PCP on your surgical report.

We all need to do better communicating with our colleagues. Good neighbors “sharing the care” can improve outcomes and the patient experience, as well as, reduce the cost of care and enhance provider revenue.

New mobile app for patients focuses on improving communication along care continuum

The Physician Alliance recently created a mobile app to help patients keep their physicians’ contact information in one, easy to access location on their smartphone. The My Doctors app lets patients and family members add individual physicians to the app. Examples of information included are physician name, specialty, phone number and address (with map function). The app will be available for download in May.

Once the free My Doctors app is downloaded to a smartphone, patients can add their doctors. All The Physician Alliance members are pre-populated in the app and appear in the search function. Patients can also add providers not pre-populated in the app by clicking “Add a Doctor Manually.” This function allows patients to keep all of their health providers in one location.

Users will be required to create a personal identification number (PIN) during the first use to ensure their physician list remains private (the PIN can be disabled if the user chooses).

“We wanted to create an app that would help patients keep their doctors’ information in one location,” said Michael Madden, president and CEO of The Physician Alliance. “Our hope is that by keeping contact information in one location, it’s easier to share and will help lessen confusion and miscommunication along the care continuum.”

The Physician Alliance will be mailing marketing materials to practices to share with patients so they can help identify physicians.

The My Doctors app is compatible with Apple and Android based devices.

To download The Physician Alliance’s free Physician Education app, visit www.thephysicianalliance.org, or shop the Apple App Store or Google Play. Search “My Doctors.”
Help us keep connected with you!

Follow us on Twitter: @ThePhysAlliance
Connect with The Physician Alliance on LinkedIn
(586) 498-3555
www.thephysicianalliance.org

Scan the QR code with your smartphone to visit our website.

To ensure TPA news and announcements reach you, please make certain any changes in contact information (name, email, address, phone) are shared with us. Send to thephysicianalliance@thephysicianalliance.org.