

2019 to 2020 March PGIP Presentation



Agenda

Scorecard

- 2019 Scorecard Results
- 2020 Scorecard

Care Management Attestation Regional Meeting

- Details and Registration
- Training Framework
- Workgroup Acknowledgements
- Applying to Become a Trainer







Scorecard



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93% of POs submitted a Strategic Plan.

70% participated in PPQC.

45% aggregated or submitted SDoH data to MiHIN.

<u>88%</u>

of POs completed (3) quarterly meetings with MICMT.

95% of POs participated in the Annual Meeting.





4

\$4,811,300

paid out!

	2020 Scorecard							
Measure #	Weight	Measure Description	Poir	nts				
1	44	Information Sharing: Consistently follow the process for sharing clinical data in the appropriate format to MiHIN in coordination with PPQC and SIM throughout 2020. • PO should send clinical data on all patients and all payers • Expectation is that the PO is sending info from, at minimum, all PDCM-defined offices (https://mihin.org/wp-content/uploads/2018/08/MiHIN-UCIG-Commercial-Payers-PPQC-SIM-Data-Aggregator-v20-07-31-18.pdf)	10					
		Expand the PO process for aggregating Social Determinants of Health questionnaire results and sending to MiHIN; to be completed by October 1, 2020. 2020 requirements → Send SDoH data for all practice units who reached the 2 touches on 1% of the population in CY2018.	16 total % of PDCM offices 90%	# of points				
		BCBSM/MICMT will provide a list of those offices.	75%	12				
			50% 25%	8 5				
		Expand the PO process for screening among Practice Units. Points provided for the percentage of PDCM-defined practice units with PCMH capabilities 10.5 in place.	10 total % of PDCM offices	# of points				
			90% 75%	10 7				
			50% 25%	5				
		Develop/expand the PO process for creating a feedback loop for social needs among Practice Units. Points provided for the percentage of PDCM-defined practice units with PCMH capabilities 10.7 in place.	8 total % of PDCM offices	# of points				
			90% 75% 50%	8 6 4				
			25%	2				

Scorecard

2020 Scorecard						
Measure #	Weight	Measure Description	Points			
2	16	Engagement:				
		Care Team Survey & Attestation / Verification	5			
		At least 3 scheduled phone conferences (30 minutes) with the	5			
		MICMT to review scorecard performance and program updates				
		Participation in a Regional MICMT meetings by at least 1 PO	3			
		representative.				
		Participation in the Annual MICMT meeting by at least 1 PO	3			
		Representative with a leadership role in Care Management				
		activity at the PO level.				
3	40	Outcomes (Aligned with BCBSM PDCM Outcomes VBR, MA				
		CPC+, and Priority Health):				
		A1c performance	10			
		BP Performance	10			
		ED Utilization	10			
		IP Utilization	10			







Care Management Attestation



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Care Manager Attestation

Purpose: To monitor and measure the success of Care Management models and implementations in order to determine their impact on health outcomes and providing cost effective care and to support the development of value added Care Manager trainings.

Data will be used to:



Monitor and measure the success of Care Management models.



Support payor based incentive programs.



Support the development of value added Care Manager trainings.

Data will not be used to:



Share staffing and contact information between Provider Organizations and Practices.





Care Manager Attestation Data Collection Tool

While the Web-based solution for collecting Care Manager data is in development, MICMT will continue to collect information using an Excel form. The proposed format and data elements are:

What To Do:



Confirm existing data are correct.



Make necessary changes.



Add new Care Managers.





Do not delete practices or Care Managers; instead enter an end date.







Practice Data

This form is pre-populated with BCBSM Practice identifiers and related data from the October 2019 Attestation. Provider Organizations will use this form to verify and modify practice level data.

Practice Attestation Validation and Data Entry Form Click Here to										
Form Completed by:			Title:			R	eview / Ad	ld Care		
Phone Number:			Date			Managers to Registry				
Email:							Ũ	•••		
The information submitted on this form may be subject to audit by Blue Cross Blue Shield of Michigan.										
	Does your practice use payer agnostic targeting for the	-						What Is the <u>primary</u> care management	MICMT Practice Begin Date	
	care	patients	la tha muchter	la tha maatiaa	Does this office	What is the	targeted	model for this	≥ 1st Care	MICMT
	management of members?	regardless of payer?	Is the practice CPC+?	Is the practice SIM?	screen for SDOH?	targeted population for	population has been	practice? Centralized or	Manager Attestation	Practice End Date
Practice Name 👻		Yes/No 👻	Yes/No 👻			SDOH screening -	screened ~	embeddec -	10/1/2019 -	≤ Today 🔻
Practice A	Yes	No	Yes	Yes	Yes	Annual well visits	94.0%	embedded	10/1/2019	
Practice B	Yes	No	Yes	Yes	Yes	Annual well visits	72.5%	embedded	10/1/2019	
Practice C	Yes	No	Yes	Yes	Yes	Annual well visits	66.0%	embedded	10/1/2019	
Practice D	Yes	No	Yes	Yes	Yes	Annual well visits	91.0%	embedded	10/1/2019	
Practice E	Yes	No	Yes	Yes	Yes	Annual well visits	78.0%	embedded	10/1/2019	
Practice F	Yes	No	Yes	Yes	Yes	Annual well visits	72.0%	embedded	10/1/2019	
		No	Yes	Yes	Yes	Annual well visits	87.0%	embedded	10/1/2019	
PRACTICE_DATA CM_DATA INSTRUCTIONS	\oplus					E 4				





Care Manager Data

- This form is pre-populated with Care Manager data from the October 2019 Attestation.
- Care Managers should have one record for each Practice they work at.
- List can be filtered using the available slicers and/or auto filters.
- To add a new Record, click the button labeled "Insert row to add a new Care Manager"

Care Manage	er Attestatio	on Validat	ion and Da	ita Entry Fo	orm													
ilter by:																		
Care Manag	ger Patient	差 🏹	PracticeNa	me	≋ 🏷	Care Mana	ager Role 🏻 🇯	T _×										
Mixed Practice A			Dietician															
Primary Care Practice B		Nurse																
Specialty Practice C			Pharmac	ist	Ins	Insert row to add a new Care Manager												
(blank) Practice D				Social Worker			cure manag	,										
			Practice E			(blank)												
Practice Name	Care Manager ▼ First Nan ▼	Care Manager Las Name	Care it Manager Middle Ini [™]	Care Manager Role ▼	Care Manager Licensur ▼	Care Manager Patient Population Primary Care, Specialty or Mixed V	Care Manager Email ▼	Care Manag Phone Numb		Patient Engagement / Self Management Training Date	Based Care / Complex Care		manager receive a minimum of 8 hours continuing	Will the care manager receive a minimum of 8 hours continuing education in 2020? Yes/No	In an average week, how many days is the care manager seeing patients in the practic	In this practice is the Care Manager centralized or	MICMT Care Manger Begin Dai ❤	MICMT Car Manager Er Date
actice A	Person		3	Dietician	RD	Primary Care	Person3@email.com	555-555-55	55	3/1/2014	Ļ		Yes		2.5	Embedded	10/1/2019	
actice B	Person		4	Social Worker	MSW	Primary Care	Person4@email.com	555-555-55	55			Yes			0.0	Embedded	10/1/2019	
actice B	Person		5	Social Worker	MSW	Primary Care	Person5@email.com	555-555-55	55			Yes	Yes		3.0	Embedded	10/1/2019	
ctice B	Person		6	Pharmacist	PharmD	Primary Care	Person6@email.com	555-555-55	55	7/11/2019			Yes		1.5	Embedded	10/1/2019	
PRACT	ICE DATA C	M DATA	INSTRUCTIO	ONS (+))						: 4			[





Virtual Training Sessions



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Virtual Training Sessions

Patient Engagement: provide care team members with a basic introduction to motivational skills and a collaborative approach to patient care.

MAT Orientation: introduce care team members to their role in supporting physicians who are providing Medication Assisted Treatment to patients with opioid use disorder.

Introduction to Palliative Care: provide care team members with a foundation by which to begin introducing palliative care into the primary care practice.

Specialty Team Based Care: provide care team members with an introduction to care management and care coordination with a focus on the Specialty Physician office setting.



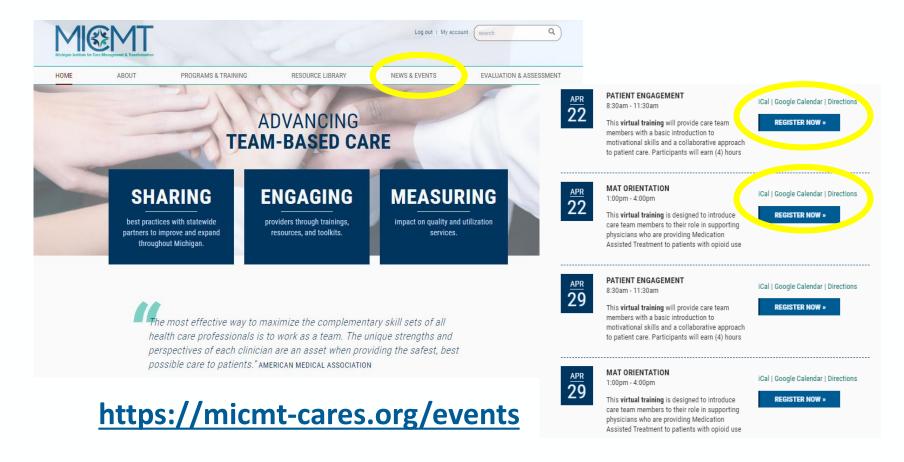


Virtual Training Sessions Dates

Patient Engagement	April 22 nd from 8:30-11:30	April 29 th from 8:30-11:30
MAT Orientation	April 22 nd from 1:00-4:00	April 29 th from 1:00-4:00
Introduction to Palliative Care	May 1st from 9:00-12:00	May 6th from 9:00-12:00
Specialty Team Based Care	May 5 th from 9:00-12:00	May 7th from 9:00-12:00
13		M@M



Virtual Training Registration









Training Framework



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Required Training

All primary care-based care team members new to the role must attend the *Introduction to Team-Based Care* and view the *BCBSM billing webinar*. The Introduction course covers the critical components of getting started as a care team member.

Continuing (Longitudinal) Education

Every learner has to accomplish (8) credit hours of additional training per year. These (8) credits may include:

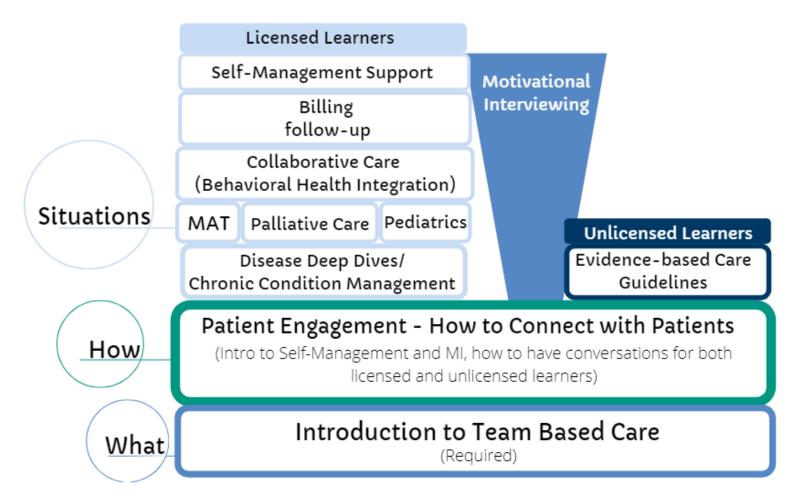
- Official continuing education credits for their licensure,
- Webinars/ learnings on the MICMT website, and
- All courses offered by approved statewide trainers.

*As we have in the past, MICMT would work with Priority Health and MDHHS to have this course approved for their respective programs. There are other course leads other than MICMT and the current focus is the standardized portion of the course.





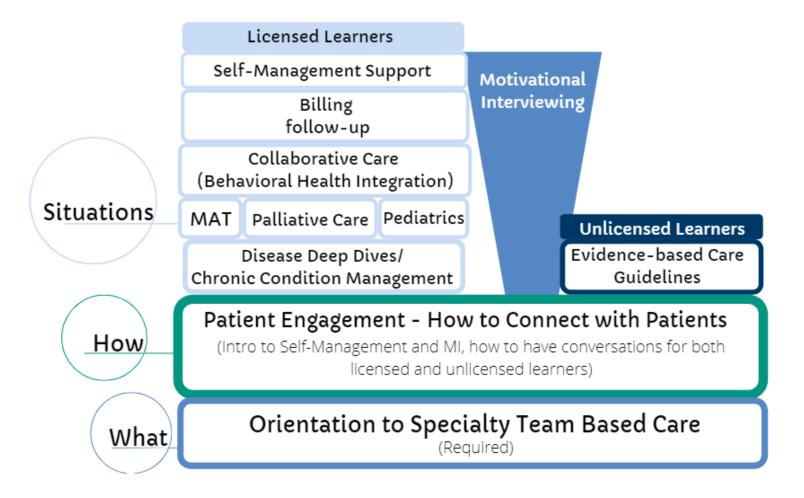
Primary Care Training Framework







Specialty Care Training Framework



MICMT

Current Curriculum Name	Purpose	Required?	Reimburse- ment?*	Historical Curriculum Name	Reason for change
Intro to Team-Based Care	Orientation to the role; describe what new care team members need to know.	Yes for all Primary Care.	\$500	Complex Care Management	More inclusive to all learners, organize learning elements.
Patient Engagement	Describe how care team members can use evidence- based motivational interviewing / self- management support skills to engage with patients.	No	\$500	Self- Management Support	Focus on skill development, moving away from broad program info like billing.
Intro to Specialty Team-Based Care	Orientation to the role; describe what new care team members need to know.	Yes for all Specialty Care.	\$250	NA	Focus on the specialty role.
Orientation to MAT	Introductory level training to educate care team members about MAT for OUD.	No	\$250	NA	NA
Introduction to Palliative Care	Introductory level training to educate care team members about Palliative Care.	No	\$250	NA	NA



Training Workgroup Acknowledgements



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Intro to Team Based Care

Who are the team members developing the curriculum?

Judy Avie, MICMT Scott Johnson, MICMT Sue Vos, MiCCSI Robin Schreur, MiCCSI Lynn Klima, Cure-Michigan Ewa Matuszewski, MedNetOne **Ruth Clark**, Integrated Health Partners Lisa Nicolaou, Northern Physicians Organization Kim Harrison, Priority Health Lisa Rajt, BCBSM







Patient Engagement

Who are the team members developing the curriculum?

Sarah Fraley, MICMT Sue Vos, MICCSI Robin Schreur, Spectrum Health Tiffany Turner, Infinity Counseling Casidhe Harte, IHA Beth Jurczak, IHA Ruth Clark, Integrated Health Partners Lisa Nicolaou, Northern Physicians Organization Jamie Mallory, Wexford PHO Christen Walters, Integrated Health Partners Maureen Braun, IHA Erika Perpich, Olympia Lynn Klima, Cure-Michigan Ewa Matuszewski, MedNetOne





MAT Orientation

Who are the team members developing the curriculum?

Julie Geyer, MICMT Alicia Majcher, MICMT Nicole Rockey, MICMT Sarah Fraley, MICMT Sue Vos, MICCSI Robin Schreur, Spectrum Health Ewa Matuszewski, MedNetOne Dania Berjaoui, Michigan Medicine Fiona Linn, Michigan Medicine Maryam Khodadost, Michigan Medicine Minu Aghevli, MOC Suzanne Kapica, MOC Marissa Palmer, MidMichigan Richard Bates, MidMichigan Kathy Dollard, MidMichigan





Palliative Care

Who are the team members developing the curriculum?



Scott Johnson, MICMT Ewa Matuszewski, MedNetOne Ruth Clark, Integrated Health Partners Kim Harrison, Priority Health Sharon Kim, BCBSM Michael Smith, Michigan Medicine Tom O'Neal, MD Arbor Hospice







Specialty Care

Who are the team members developing the curriculum?

Marie Beisel, MICMT Sue Vos, MICCSI Ewa Matuszewski, MedNetOne Ruth Clark, Integrated Health Partners Ashley Rosa, Bronson Joan Kirk, Answer Health Sheri Lee, BCBSM Alicia Majcher, Michigan Medicine











Applying to Become a Trainer



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Applying to Become a Trainer



Training Framework

BCBSM PDCM Program

- Billing Resources
- General Resources

Trainings

- Complex Care Management
- Self-Management Support

iviAl Orientation

Become a Training Organization

- Complex Care Management Trainer Application
- Self-Management Support Trainer Application



COMPLEX CARE MANAGEMENT

Foundations of complex care management delivery by the multidisciplinary team

MORE ABOUT THE COMPLEX CARE MANAGEMENT COURSE »



SELF-MANAGEMENT SUPPORT

Assist patients with health behavior changes.

MORE ABOUT THE SELF-MANAGEMENT SUPPORT COURSE





For previously approved CCM and SMS trainers:

- Do not need to reapply, but will be asked to have a billing section review with BCBSM (Lori Boctor).
- Can continue to train with the revised material.

For all new courses:

Complete online application.

*New course applications open by noon on May 4th, 2020 Have conversation with designated subject matter experts.

*Any course with a billing

that the trainer complete a

billing section review with

component will require

Lori Boctor.

Training and Mentorship Support. MICMT will participate in first training to help answer questions and logistics.

Courses are subject for review for continuous quality improvement purposes on an annual basis.





Questions? Who to Contact!

Lead	Course	Contact
Julie Geyer	MAT Orientation	geyerj@med.umich.edu
Scott Johnson	Intro to Palliative Care	scojoh@med.umich.edu
Scott Johnson	Intro to Team Based Care	scojoh@med.umich.edu
Sarah Fraley	Patient Engagement	svoor@med.umich.edu
Marie Beisel	Specialty Team Based Care	mbeisel@med.umich.edu



MICMT Approved Trainer Organizations

Complex Care Management

Northern Physician Organization Lisa Nicolaou

Oakland Southfield Physicians Annaliese Brindley

Wexford PHO Jamie Mallory

MiCCSI

Sue Vos

Olympia Medical, LLC Erika Perpich

IHA Casidhe Harte

Upper Peninsula Health Group Kaitlyn Schroderus

Bronson Health Network Ashley Rosa



https://micmt-cares.org/training/complex-care

Self-Management Support

Integrated Health Partners Christen Walters

Practice Transformation Institute Yang Yang

MiCCSI

Sue Vos

Dr. Lynn Klima

Northern Physician Organization Lisa Nicolaou

Infinity Counseling Tiffany Turner

IHA Casidhe Harte

https://micmt-cares.org/training/self-management



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