2018 PGIP Fact Sheet
Michigan Patient Experience of Care

Overview
Launched in 2014, the Michigan Patient Experience of Care supports PGIP Physician Organizations in their efforts to develop a common statewide method for public reporting to assess patients’ experience of care with their primary care physician. Blue Cross support and work within this initiative is done in conjunction the with Michigan Patient Experience of Care Workgroup administered by the Greater Detroit Area Health Council.

Background
Public reporting of primary care physician performance is expected to result in increased information for the patient, identification of opportunities for improvement and ultimately better care and better patient experience of care.

It is anticipated health plan participation and funding for this initiative at the practice level will lead to improved PEC scores for the health plans overall (e.g., improved STARS rating for Medicare Advantage plans, National Committee for Quality Assurance scores, etc.)

Goals and objectives
The goals of MI PEC are to:

- Promote patient experience of care measurement, reporting and improvement through the use of a common survey tool and methodology.
- Sustain the effort through a financial model supported by Physician Organizations, practices and health plans.

The initiative promotes use of a standard survey instrument — Patient Centered Medical Home Clinician Group-Consumer Assessment of Healthcare Providers and Systems — to measure patient experience of care in a comparable manner across the state so that the results can be used as the basis for public reporting at the regional and PO level.

Incentive design
Health plans, including Blue Cross, support participating POs by covering 85 percent of survey costs. Each health plan’s cost is calculated based on its proportion of the POs’ commercial patients where the denominator is total patients covered by participating health plans. Performance targets were incorporated into the incentive design in 2016; as of 2017, POs must meet performance and improvement targets to receive the 85 percent health plan funding.
Participation criteria
Practices and POs eligible to participate in this Initiative must meet the following criteria:
- Participate in PGIP.
- Agree to use the Patient Centered Medical Home CAHPS 12-month survey with PCMH questions.
- Follow common survey methodology identified by the MiPEC Workgroup.
- Agree to the terms and conditions described in the PEC Initiative *Memorandum of Understanding*.

Evaluation
This initiative is intended to promote use of a standard survey instrument - Patient Centered Medical Home CG-CAHPS - to measure patient experience of care in a comparable manner across the state so that the results can be used as the basis for public reporting at the regional and PO level.

Results
- In 2014, the first year of the Initiative (Round 1), 16 POs participated and survey data was collected for 830 primary care physicians.
- In Round 3, 16 POs participated, 250 practices representing 1,067 PCPs.
- Round 4, based on 2016 data, will include 12 POs and 221 practices.

Blue Cross staff works with select MiPEC participating practices to improve targeted Clinician Group-Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores and patient experience. As seen in the chart below, MiPEC Physician Organizations made slight improvements in each of the three domains used for performance targets from Round 1 to Round 3.
For additional information about this initiative contact:
Sheri Lee, Sr. Health Care Analyst, Value Partnerships, Blue Cross, at slee2@bcbsm.com, or Lisa Mason, Vice President, Program Partnerships, Greater Detroit Area Health Council, at lmason@gdahc.org.

About Value Partnerships
Over a decade of innovation, Value Partnerships is a collection of clinically-oriented initiatives among Michigan physicians, hospitals, and Blue Cross Blue Shield of Michigan that are improving clinical quality, reducing health complications, controlling cost trends, eliminating errors, and improving healthcare outcomes throughout Michigan.

About PGIP
PGIP, a BCBSM Value Partnerships program, encourages, and rewards practitioners to more effectively manage patient populations and build an infrastructure to more robustly measure and monitor care quality. Over 40 Physician Organizations across the state of Michigan - representing nearly 20,000 primary care physicians and specialists - are working together in PGIP to improve the delivery of healthcare for Michigan Blues members.

PGIP is cultivating a healthier future for all Michigan residents by catalyzing an all-payer system. Patients throughout the state, regardless of payer, benefit from improved care processes developed in the PGIP provider community.

For additional information about PGIP:
Send an email to valuepartnerships@bcbsm.com.


The information contained herein is the proprietary information of BCBSM. Any use or disclosure of such information without the prior written consent of BCBSM is prohibited.