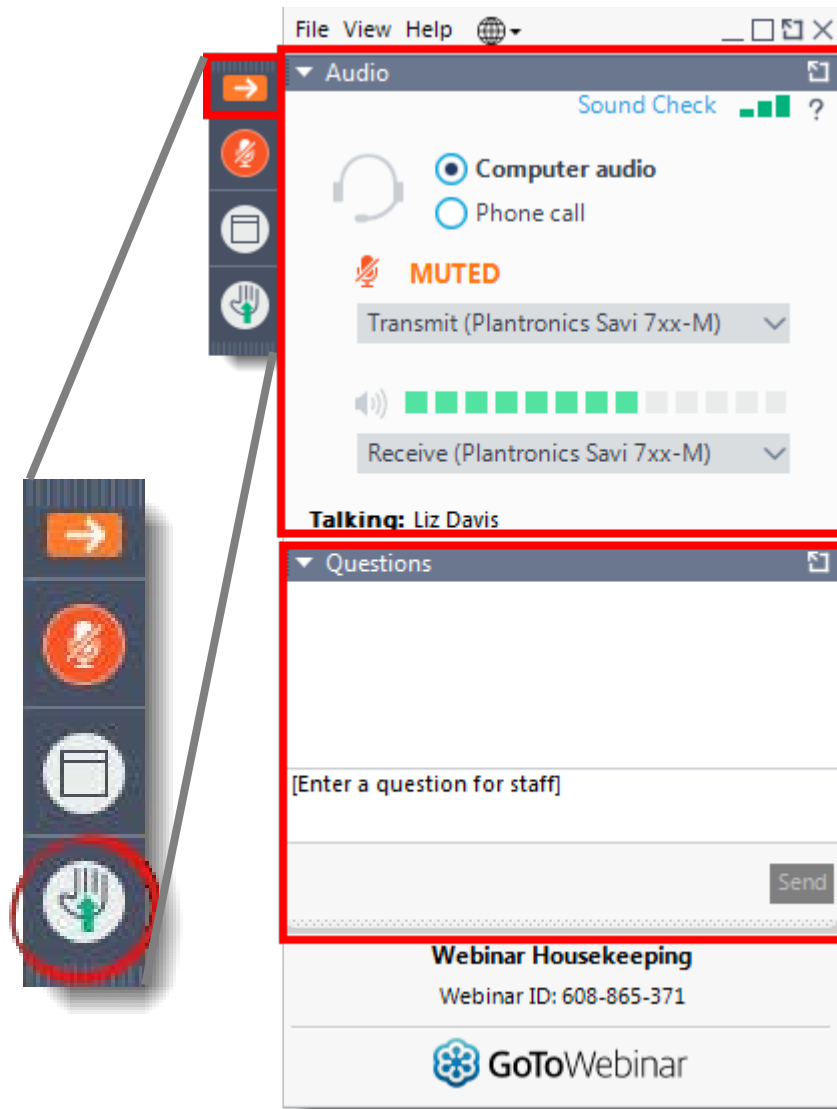


Housekeeping: Webinar Toolbar Features



Your Participation

Open and close your control panel

Join audio:

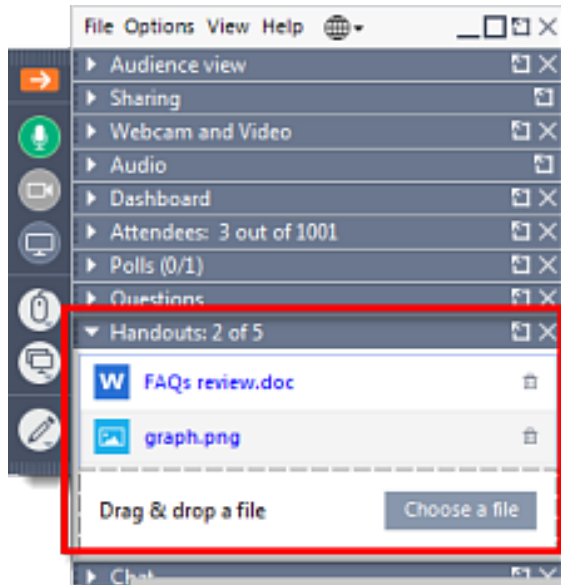
- Choose **Mic & Speakers** to use VoIP
- Choose **Telephone** and dial using the information provided

Submit questions and comments via the Questions panel

Note: If time allows, we will unmute participants to ask questions verbally.

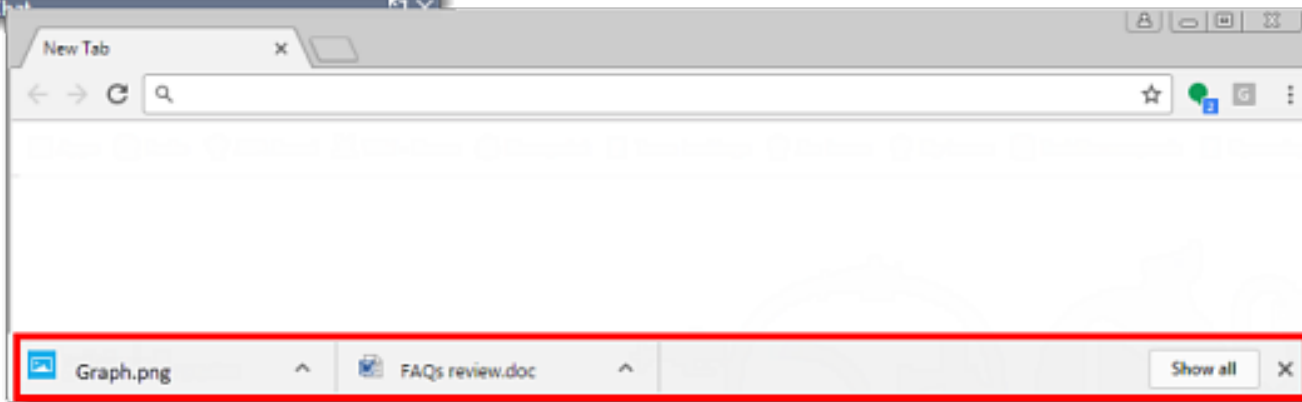
- Please raise your hand to be unmuted for verbal questions.

Housekeeping: Webinar Resources/Handouts



Handouts

- Webinar slides & other resources are uploaded to the “Handouts” section of your GoToWebinar Toolbar.
- Note: You may need to check the download bar of your browser to view the resources.



Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life.

MI Patient Experience of Care (MiPEC) Initiative

Introduction for
SIM PCMH Initiative POs & Practices

July 12, 2017



Poll

Are you already familiar with the MI Patient Experience of Care (MiPEC) Initiative?

- Yes, currently participating in MiPEC
- Yes, not currently participating in MiPEC, but already feel very familiar with it
- No/Not Really

Topics to be Covered

- Overview of MiPEC and Why Patient Experience Matters
- Background and Features of MiPEC
- Value Propositions
- Relationship to SIM PCMH Initiative Goals
- Key Steps and Timeline
- Q & A

Why Does Patient Experience of Care Matter?



Patient Experience:

- Is a major driver of patient engagement
- Helps secure patient loyalty
- Correlates with higher quality
- Affects financial health of a practice (financial incentive programs and more)
- Promotes higher provider job satisfaction
- Is already being anecdotally measured, reported and researched by patients themselves

MiPEC Mission

- To measure, report and improve patient experience of care
- Demonstrate participants' commitment to patient-centeredness and valuing the voice of the patient

MiPEC Guiding Principles and Goals



- Create a sustainable program
- Design and implement a standardized approach promoting data comparability across the state
- Align all users' needs around a single survey effort to the extent possible
- Build upon what POs/practices are already doing
- Generate actionable data for providers
- Generate valid, comparative data for public reporting
- Measurably improve patient experience of care

Patient Experience vs. Satisfaction



- Satisfaction is a value judgment; experience is what actually happened, focused upon events and elements of the interaction important to patients—patient-centered
- How one would evaluate an experience vs. what was the experience
- Patient experience = actionable data

Background

- Voluntary, collaborative initiative to fill unmet needs
 - Affordable solution for securing patient experience of care information for the physician practice setting
 - Transparency—publicly available performance information
- Initiative started by Alliance for Health and Greater Detroit Area Health Council (GDAHC) through participation in Robert Wood Johnson Foundation *Aligning Forces for Quality* initiative
- Statewide Workgroup
 - Governs and sets policy; consensus decision-making
 - Convened and staffed by GDAHC
 - Membership consists of participating PO/PHO and health plan representatives, MSMS, SIM



Key Features

- Open to primary care practices
- Uses the CG-CAHPS PCMH version 3.0 patient survey tool--flexible, nationally endorsed
 - Maximize opportunities for alignment with other survey efforts
 - Use both adult and child surveys
- Employs the “leveraged approach”
 - Can use NRC, the common vendor, or continue using existing vendor
- Surveys a random sample drawn from *all* patients seen
- Uses National CAHPS Database as data aggregator, to case mix adjust, edit, supply national benchmarking
- Conducts surveys annually
- 2017 is 4th year of MiPEC data collection/patient survey work (“Round 4”)



Financing Model

- Shared financing commitment
 - SIM PCMH Initiative: 85% of survey costs; 90% of admin expenses
 - PO/PHO/practice: 15% of survey costs; 10% of admin expenses
 - GDAH C will make payments to POs on behalf of SIM PCMH Initiative **prior to** POs' first payment to survey vendor
- SIM PCMH Initiative financial support will evolve to health plan payments under their incentive programs
 - Phase 1 (PO's first two rounds of participation)— SIM PCMH Initiative payment* of survey costs (85%)
 - Phase 2 (PO's third round and beyond) — plans assume survey cost payments contingent upon PO meeting performance targets
 - 85% of survey costs if targets met; less if targets not met
 - Performance targets and plans' percentage of cost shares established by consensus of MiPEC Workgroup members

*via check from GDAH C

Survey Costs by Practice

Practice	# Providers	# Completed Surveys*	Total Survey Cost**	PO Share Survey Cost***
A	1	50	\$400	\$60
B	2	100	\$800	\$120
C	3	150	\$1,200	\$180
D	4-9	175	\$1,400	\$210
E	10-13	200	\$1,600	\$240

* Number of completed surveys required by AHRQ, based on # providers

** Total survey cost = \$8 x number of completed surveys (NRC negotiated rate)

*** PO Share of Total Survey Cost = 15%

Sample Costs:



Administrative/Staffing Costs

Assumptions

■ Total Admin/Staffing cost	\$113,056
■ POs' Share of Admin/Staffing cost (10%)	\$ 11,306
■ # SIM PCMH Initiative POs in MiPEC	14
■ Each PO's share Admin/Staffing	\$ 808



Sample Costs by PO

Sample Cost for ABC PO

■ Survey Costs (15% of Total Survey Costs)

■ South Family Medical (1 provider)	\$ 60
■ Family Pediatrics (3 providers)	\$ 180
■ North Internal Medicine (6 providers)	\$ 210
■ Amazing Family Care (1 provider)	<u>\$ 60</u>
Total Survey Costs:	\$ 510

■ Admin/Staffing Costs (per previous slide) \$ 808

ABC PO TOTAL COST: \$1,318



Results Reporting

■ POs and practice sites

- Their own results, at the PO, group and practice site levels
- “Immediate” reports from vendor
- Excel reports from the National CAHPS Database, with case mix adjustments and national benchmarks
- MiPEC reports, case mix adjusted, with both national benchmarking and comparative benchmarking to MiPEC participants specifically

■ SIM PCMH Initiative

- Raw data from vendors
- Excel reports from national CAHPS Database and MiPEC --all results, at the PO and practice site levels

■ Public reports

- Regional level for two years
- PO level for one year (optional practice level)
- Practice level for subsequent years

Value Proposition for POs and Practices



- Incredibly affordable means of gaining valid and reliable patient experience of care information—SIM cost sharing
- Access to evidence-based, actionable data (including benchmarking uniquely available through MiPEC) that physicians can use to improve patient experience
- Meets BCBSM PCMH capability 4.4 and Priority Health PIP PEC measurement requirement, generating incentive \$
- Proactive response to consumers' growing demands for patient experience information (Yelp, Angie's List, etc.)
 - With scientifically validated information, neutral reporting website
- Increased levels of patient trust, from compelling evidence that practice listens to voice of the patient, is truly patient-centered

Value Proposition for POs and Practices, continued



- Positive patient experience increases likelihood of patients' engagement in their own care--better clinical outcomes and more
- Opportunity to participate in MI PEC Workgroup's patient experience improvement initiatives, related collaborative work
- MiPEC results provide actionable data on more PCMH key characteristics than those from most other surveys
- Maximum alignment w/ CMS initiatives; reduced reporting burdens
- Supports NCQA Distinction in Patient Experience Reporting recognition

Testimonial

Jeni Hughes

Oakland Southfield Physicians

- MiPEC participant since Round 1 (2014)
- Represents over 40 MiPEC-participating practices
- Co-Chair MiPEC Workgroup

Relationship to SIM PCMH Initiative Goals



Helps practices advance PCMH delivery of care

- Improve quality of care (patient outcomes)
- Improve patient experience
- Improve care delivery processes
- Contributes to meeting Practice Transformation objectives, e.g. Improvement Plans from Patient Feedback

Key Steps

1. POs complete MiPEC Master List
 - Participating providers, practice sites, descriptive data
 - See Master List Template on next slide

MI PEC SIM Master List 2017

PO/PHO ID #:
 PO/PHO Name:
 PO/PHO Address, City, Zip Code:
 PO/PHO Contact Name:
 PO/PHO Contact Phone Number:
 PO/PHO Contact Email Address:

Provider NPI (for MDs/DOs) or License # (for PAs, NPs/CNSs)	Provider Last Name	Provider First Name	Provider Specialty <small>(Choose from drop-down list)</small>	Provider Type <small>(Choose from drop-down list)</small>	Provider Gender <small>(Choose from drop-down list)</small>	First Year Participating in MiPEC	Practice Site Name	Practice Site Address	Practice Site City	Practice Site Zip Code	Practice Site Contact Name	Practice Site Contact Phone Number
						2017						
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Provider Info

Drop Down Lists



Practice Site Contact Email Address	Apx. # of Patient Visits/Week	Apx. # of FTE Providers Working Each Week (MD/DO, NP, PA)	Practice Ownership & Affiliation <small>(Choose from drop-down list)</small>	Group Name	Group Address	Group City	Group Zip Code	Group Contact Name	Group Contact Phone Number	Group Contact Email Address	Ownership & Affiliation <small>(Choose from)</small>

Provider Info

Drop Down Lists





Key Steps, cont'd

2. All parties sign MOU
3. POs sign vendor contracts
4. SIM PCMH Initiative makes payments to POs (via check from GDAHC) for survey costs
5. POs make payments to vendors
6. POs/Practices collect/upload sample frame data to vendor
7. Vendor:
 - Surveys randomly selected patients
 - Compiles results
 - Provides online results to POs



Key Steps, cont' d

8. POs sign CAHPS Data Use Agreements
 - Vendor provides DUA with provider lists to POs for signature
 - Allows vendor to submit survey results data to National CAHPS Database
9. Vendors submit results data to National CAHPS Database
10. National CAHPS Database
 - Compiles data and aggregates results
 - Applies adjustments
 - Provides reports to participants
11. MiPEC produces and distributes:
 - MI reports with MI benchmarks for MiPEC participants
 - Reports for public website



MiPEC Improvement Activities

- Annual Improvement Summit
- Periodic Webinars
- Membership/participation
 - The Beryl Institute
 - Health Doers Network



Summary of PO Tasks

- Sign MiPEC MOU
- Complete Master List
- Contract with survey vendor (NRC)
 - Provide survey vendor with material for survey cover letters
 - Successfully submit test Sample File to vendor (all patients seen in all participating practices during sample period)
 - Receive payments from SIM PCMH Initiative (via check from GDAHC) and make payments to survey vendor
- Submit Sample File to vendor
- Sign CAHPS Data Use Agreement
- Support participating practices
 - Communicate survey activities
 - Share reports
 - Conduct improvement activities

Timeline—Highlights

Key Tasks	Deadline
Complete recruitment of SIM PCMH Initiative-participating POs, practices	July 31 2017
POs submit Master Lists and sign MOU	July 31, 2017
PO selects vendor, signs contract with vendor and submits signatures, logos, etc. for letter to patients; successfully submits test file to vendor	September 29, 2017
PO collects sample frames from each participating practice and submits in one file to vendor	October 13, 2017
SIM PCMH Initiative payments to POs (via check from GDAHC)	October 31 2017
PO makes 1st payment to selected vendor	Early November 2017
Surveys in field	Nov 1 –Dec 31, 2017
Results Reports with benchmarks available	Summer 2018



Poll

Given what you've learned about the MiPEC opportunity, how likely are you to participate?

- Very likely
- Not sure yet—need more information
- Not sure yet—other reason
- Not likely

Q & A





Next Steps

- In the survey following this webinar, please indicate your interest in considering MiPEC participation through this SIM PCMH Initiative offering.
- **Contact MiPEC Staff**
 - Ensure questions answered and participation understood
 - Receive MOU and Master List Template and Instructions
- Submit signed MOU and completed Master List **by July 31**

MiPEC Staff

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