Blue Cross Blue Shield of Arizona

Patient Centered MEDICAL HOME

Innovating to Improve Patient Health

BlueCross BlueShield of Arizona

Background

The Patient Centered Medical Home (PCMH) model is defined as "a healthcare setting that facilitates partnerships between individual patients and their personal providers, and when appropriate, the patient's family."[1]

Blue Cross Blue Shield of Arizona (BCBSAZ) started the Patient Centered Medical Home (PCMH) program in mid-2011 to promote better communication and closer contact between patients and their primary care physicians.

The goal of the PCMH program is to improve patient care outcomes by encouraging Primary Care Physicians (PCPs) to practice high quality evidence-based medicine.

Participation criteria for the PCMH program

The participation criteria for providers include, but are not limited to, the following:

- The providers must be, and remain, contracted with BCBSAZ throughout their involvement with the PCMH program.
- The physician's current practicing specialty is Internal Medicine, Family Practice, General Practice or Pediatrics.
- The physician must be seeing patients in an office setting.

1 *American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, and American Osteopathic Association. (2007 Mar). "Joint principles of the patient-centered medical home"*

Provider Expectations

The PCMH program currently includes six chronic disease conditions:

1. Asthma
2. Congestive Heart Failure (CHF)
3. Congestive Obstructive Pulmonary Disease (COPD)
4. Diabetes
5. Hypertension
6. Coronary Artery Disease (CAD)

BCBSAZ has developed care plans based upon nationally-recognized, evidence-based standards for the management of these chronic diseases.

PCPs will be guided by these care plans in their effort to reach the goals outlined in the care plans which are directly tied to the incentive payments.

In addition, PCPs will be expected to guide the total care of their chronic disease patients who are part of the PCMH program through the medical system. This includes adopting practices such as:

1. Using high quality cost effective consultants, when medically necessary
2. Directing the patients to high quality cost effective facilities, when medically necessary
3. Using generic drugs whenever possible
4. Avoiding poly-pharmacy
5. Encouraging appropriate members to participate in wellness & disease management program

BCBSAZ Resources for PCMH Participants

- **Registry to record data on chronic disease care plans –** An electronic web-based registry through our vendor Alere will allow PCPs to easily record data related to each of the chronic disease care plans.
- **Registry of members being seen by PCPs for chronic conditions –** Preloaded registry records are available for those patients who are known to be BCBSAZ members previously seen by the PCP for one of the chronic conditions.
- **Training on the PCMH system –** All PCPs and their staff can learn how to use the PCMH registry system.
- **Progress reports –** To assist the PCP in measuring their progress, the program includes reporting tools.
- **Care Manager assistance –** PCPs have access to the no-cost services of a dedicated BCBSAZ Care Manager to help in managing complex patients.
- **Incentive payments –** At the conclusion of the one year reporting period, PCPs may be eligible for incentive payments based upon achievement of goals as outlined in the care plans.

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Blue Physician Recognition Program

The Blue Physician Recognition (BPR) Program is designed to reinforce Blue Plans' commitment to quality by providing more meaningful and consistent information on physician quality improvement and recognition on the Blue National Doctor & Hospital Finder site and Federal Employee Program (FEP) online directory. A BPR indicator will be used to identify physicians, groups and/or practices who have demonstrated their commitment to delivering quality and patient-centered care by participating in local, national, and/or regional quality improvement programs as determined by the local Blue Plan.

Blue Cross Blue Shield of Arizona is recognizing primary care physician, group, and/or practice participation in the Patient Centered Medical Home Program through the BPR program. Members may choose to select providers within the provider directory with this indicator.

Future Directions

As the PCMH program develops, BCBSAZ expects to use the results to assess the feasibility of developing a high performance provider network, which we anticipate may be a valuable tool to help BCBSAZ develop the health care insurance products and provider reimbursement paradigms we will need to meet the challenges of the changing health care insurance market.

Next Steps

If the PCMH program is of interest to you, please contact your network contract specialist or the BCBSAZ Network Relations Department in Phoenix at (602) 864-4231 or (800) 232-2345, ext. 4231.

Thank you! We look forward to talking with you further about this exciting program.