

Value Based Purchasing Project



*Task Order Number 2014, Contract Number 500-97-0441*

## Physician Group Practice Demonstration Selection Tool

Submitted by:

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# **Guidance for Selecting Participants for the CMS: BIPA 2000 Physician Group Practice Demonstration Project**

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## ***I. Organizational Structure***

1. How many physicians are in the Physician Group Practice (PGP)?
2. What percentage of the physicians are board certified or board eligible?
3. What is the current credentialing and re-credentialing process for physicians and the PGP? (Ex. NCQA accreditation, etc.) Please submit copies of current credentialing policies and procedures.
4. What percentage of the PGP is in primary care? (i.e., family/general practice, internal medicine, geriatric, preventative medicine, etc.)
5. Are multiple specialties available? If so, what is the breakdown in terms of type and percentages?
6. Is the PGP able to provide both Part A and Part B services through Medicare approved providers, suppliers, institutions? Please identify and explain any affiliations.
7. How many Medicare Fee for Service beneficiaries are seen in the PGP?
8. What is the rate of physician turnover?
9. Please submit an organizational chart that indicates the functional and reporting lines of the major administrative and clinical departments. In addition, list all geographic locations of PGP offices.
10. Please submit a one page narrative on any key historical events such as mergers, changes in organizational structure, etc.

## ***II. Payment & Incentive/Bonus Methodology***

1. What is the payment structure of the PGP? (Are physicians partners/owners, employees, contractors, per diem/hourly workers, etc.?)
2. How are the physicians compensated?

3. Are administrative arrangements in place to share any bonuses with physicians for performance improvement initiatives? (Incentive arrangements do not include any specific payment to be made directly or indirectly to a physician, physician group or affiliated entity as an inducement to withhold, limit or reduce services to a specific beneficiary.)

For the demonstration:

4. How does the PGP ensure the aggregate expenditures (payment + bonus) for the demonstration are budget neutral?
5. How is compliance incented?
6. Does the PGP use guidelines? If so, please submit a draft of the guidelines.
7. How are incentives/bonuses paid?
8. What kind of systems are in place to manage and track incentive arrangements?
9. Does the PGP have any other incentive programs in place that would compete with the demonstration project? If so, please describe the program and how it would interface with the CMS demonstration.

### **III. *Governance/Leadership/Management***

1. Are operations managed by an executive whose appointment and removal are under the control of the organization's policy making body? If so, what is the executive's title? Is s/he an M.D.?
2. Is there a Board that has oversight and control over the PGP organization's policies, personnel, and management actions? If so, what is the composition of the Board? How often does the board meet? Please submit the most recent board meeting minutes.
3. Does the leadership have the ability to influence and/or direct clinical practice to improve efficiency, processes and outcomes? If so, please provide a past example that demonstrates this ability.
4. Does the PGP have effective procedures to monitor utilization of appropriate health services and to control costs of health services to achieve utilization goals (e.g. high cost case management)?
5. Please describe in detail whether the PGP has sufficient staff and systems to implement, monitor, evaluate and report on the demonstration.

#### ***IV. Market Characteristics***

1. How many Medicare beneficiaries are in the immediate market and what percentage of this population does the PGP serve?
2. What are the demographics of the Medicare population served by the PGP?
3. What percentage does the PGP derive its total revenue from Medicare FFS? From Medicare Managed Care?

#### ***V. Financial Stability***

1. Please provide documentation of the PGP's financial viability that will enable it to participate actively and successfully in the demonstration project. This can either be a formal audit from the past 3 years or the balance sheet from the past 3 years with a summary description. If there are any financial concerns, please explain how the organization has addressed/will address the problem.

#### ***VI. Process/Outcome Improvement***

1. Is consumer satisfaction measured using the American Medical Group Association (AMGA) patient satisfaction survey? If so, how often is the survey administered? If not, what do you use instead? Please submit a copy of your last patient satisfaction survey and the results.
2. Are the quality of care and services measured and reported? (i.e., Are relevant process and outcome measures monitored, performance assessed, and processes for sharing results and promoting accountability in place?) Areas may include access and utilization measures, practice guideline compliance, HEDIS, satisfaction, geriatric measures and other innovative and patient safety measures.
3. Is continually improved patient safety a declared aim of the PGP with executive responsibility? Does the patient safety program include proven medication safety practices? Please describe your patient safety program.
4. Do care coordination activities focus on chronic diseases relevant to Medicare population? Are these high-priority conditions for the patients population served by this PGP? Please provide an example.

5. Is there a protocol or care management plan for these priority conditions? Does the plan incorporate evidence-based guidelines? If so, please describe.
6. Do any of the care management protocols for the priority conditions chosen track the AHRQ quality indicators? If yes, please describe how they are monitored. If no, are there plans to incorporate these measures?
7. Are processes in place for monitoring, reporting and measuring physician/patient compliance and patient outcomes?
8. Does the PGP have an information system that collects data on key metrics for the quality improvement initiative? (i.e., capability to track individual patient information, aggregate data to identify practice patterns and/or suspected aberrant care (adverse outcomes, substandard care, inappropriate/under utilization), and support both individual and pattern analysis and other QA activities.)
9. Does the PGP use electronic medical records? If so, what system? Does the PGP use computerized order entry? If so, what system?
10. Does the PGP have infrastructure to support a quality/performance improvement? Please describe.
11. Are there any measures in place for determining cost-effectiveness of this initiative?

## ***VII. Quality Assurance***

1. Does a physician-directed quality assurance committee oversee on-going outcome/process improvement oriented QA program? How often does the committee meet? When was the last time the committee met? Are meeting minutes kept? Does the membership include PCPs, specialists, ancillary, and administrative staff? If so, please describe the composition.
2. Does the QA committee ...
  - a. regularly review practice guidelines, PRO and other data sources on performance and patient results?
  - b. have an established process for keeping physicians, governing board, management, staff and other providers informed of QA activities?
  - c. monitors delegated QA functions?

3. Please list the performance metrics for quality of care and services, cost effectiveness, physician/staff and beneficiary satisfaction and process and outcome improvements.
4. Describe how the QA initiatives are clearly defined, identify responsible personnel, establish guidelines for implementing and collecting relevant data required for on-going monitoring and refinement, and integrating change into practice.
5. Describe the corrective action process in place that identifies types of problems requiring corrective action, define process for developing and implementing corrective action plans including timetable for implementing, refining corrective action, and assessing/monitoring compliance. Please provide a past example.