

Physicians embrace Michigan program to improve health care

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A statewide program created by Michigan's largest insurer has succeeded in engaging primary care physicians from the ground up to improve patient care, according to the University of Michigan School of Public Health.

Researchers found that doctors have collaborated to make improvements, and early indications are that they have made an impact on cost and quality in Michigan.

The Physician Group Incentive Program by Blue Cross Blue Shield of Michigan encouraged doctors across the state to collaborate to develop a vision for improving [primary care](#), and work to achieve it. The U-M research, reported in the latest issue of the *Journal of Health Care Management*, measured early success of the effort by surveying physicians and other key stakeholders.

"Physicians said things like, 'Before this program, I never worked with the primary care practice across town. Now we work together to find community and other services for our patients,'" said Christy Harris Lemak, U-M associate professor of health management and policy. "Physicians typically thought of other practices as the competition."

Today some 17,500 doctors from 40 organizations in Michigan, representing 71 percent of active [primary care physicians](#) and 56 percent of specialties, are part of the BCBSM [incentive program](#). Lemak said its success largely is based on program design and leadership.

"What Blue Cross Blue Shield of Michigan realized is that they could not create an incentive program and just expect physician involvement. Instead, they set some goals and an initial plan, but they then engaged physicians in creating the program," she said. "Because the approach was designed and developed by physicians, they became really committed to make care better."

Some examples of physician group projects resulting from the collaboration include: development of programs to reduce chronic pain and depression; facilitation of diabetes self-management programs; creation of quality measures for colonoscopy; and increased coordination between all providers who treat patients with gastrointestinal cancer, in an effort to improve patient outcomes.

The manner in which incentives were provided also made it attractive to [physicians](#), Lemak said. Instead of paying only for specific performance, BCBSM rewarded doctors' offices for initial participation and learning, to help those offices that needed to build infrastructure before they could address program goals.

In addition to the creation of the shared vision and the support for practice-to-practice partnerships, the research showed provider engagement also was related to how BCBSM built the program on existing physician organization infrastructure in the state, as well as how the program leveraged resources and market share.

Lemak said the team is conducting additional research on the program to measure cost savings and the impact on care. The research is supported through a grant from the Commonwealth Fund.

Provided by University of Michigan

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