



Michigan Patient Experience of Care (MiPEC)

An initiative of the Greater Detroit Area Health Council

2016 Overview

What is MiPEC: A voluntary, statewide, collaborative initiative established to fill unmet needs related to measuring, reporting and improving patient experience of care in the physician practice setting.

Vision: One standardized state-wide initiative to measure, report and improve patient experience of care.

Mission: To measure, report on and improve patient experience of care.

Overall Value:

- Generates actionable data for providers to catalyze improvement
- Generates valid, comparative data for public reporting, helping consumers to make more informed decisions
- Better patient experience correlates with better patient outcomes
- Improved patient experience at the practice site level translates into improved health plan patient experience scores
- Demonstrates commitment to patient-centeredness and attention to voice of the patient
- Reduces burden on patients and providers, in that a standardized and aligned approach across Michigan reduces duplication while meeting multiple needs
- Differentiating factor to patients—patients want to know what other patients think, and this initiative provides that information to them in an evidence-based manner

Financing: Shared financing commitment

- Health plans: 85% of survey costs (for PO's first two rounds of participation); 90% of admin expenses
- POs/PHOs/practices: 15% of survey costs (for PO's first two rounds of participation); 10% of admin expenses
- Most plans pay prospectively
- Health plans' financial support structured as payments under their incentive programs
 - Phase 1 (PO's first two Rounds of participation)—full payment (85%) for participation.
 - Phase 2 (PO's third Round of participation)---plans' portion of payment contingent upon meeting performance targets—85% of survey costs if targets met; 76.5% of survey costs if targets not met
 - Phase 3 (PO's fourth Round of participation)---increasing share of plans' portion contingent upon meeting commonly agreed upon performance targets

Survey Details

- Tool: CG-CAHPS* Core Survey, with PCMH Supplemental Item Set, version 3.0, 6-month look-back period
- Sample Frame: All patients seen from April—September, 2016 (regardless of insurance coverage)
- Measurement: practice site level
- Vendor: Providers may elect to use current vendor, or MiPEC common vendor, NRC
- Methodology: providers may choose continuous or point-in-time survey administration
- Modality: mail, phone, mixed (e.g., email plus mail)
- Aggregation of results across all participating survey vendors and production of results reports done by national CAHPS database
- Results reporting: practice site, group, PO and statewide levels of aggregation

Provider Eligibility

- Any primary care practice participating in a plan's incentive program
- Specialist practices are welcome to participate at PO's/PHO's/practice's expense; specialist practices will eventually be added to MiPEC

MiPEC Workgroup

- Purpose: Oversee MiPEC initiative and achieve consensus on policies and other key decisions
- Co-chairs: Jeni Hughes, Oakland Southfield Physicians, PC, and Tom Stankewicz, Mercy Health
- Membership: representatives of participating POs/PHOs and health plans, MSMS and MiPCT

Data Access and Use Policy

- POs, provider groups and practice sites have access to “own data and down” for internal use only
- Health plans have access to all data at all levels, for internal use only
- GDAHC has access to all data at all levels for internal use and preparing:
 - PO level results reports to share with POs—blinded for 2015 results; unblinded for 2016 results
 - Practice site level results reports—each PO sees only its own practice site results (until 2017)
 - Web-based public reporting of results:
 - 2014 results: aggregated at regional level (now available at www.myCareCompare.org)
 - 2015 results: aggregated at regional level (POs may opt to report results at PO level)
 - 2016 results: PO level, by name
 - 2017 results: practice site level, by name

Current Status of the Initiative

- Initiative design work completed
- Common vendor selected (National Research Corporation)
- 2014/Round 1 results shared with all participants
 - PO and practice site results compared to national benchmarks via CAHPS Online Reporting System
 - PO and practice site results compared to MiPEC specific and national benchmarks shared with all participants (Excel files)
 - Vendor reports
 - Regional results available at myCareCompare.org (from home page, click blue button “Compare Physician Organizations” and select “Patient Survey Results” from left side menu)
- 2015/Round 2 surveys completed—17 POs, 250+ practice sites, 1000+ providers; data aggregation in process
- Round 2 performance targets and agreed upon PO financial risk levels for Round 3 have been established
- Patient experience of care improvement activities kicked off at Improvement Summit on March 23rd; additional improvement activities being planned
- 2016/Round 3 survey work has begun

MiPEC Participants -- 2016 (Round 3)

POs/PHOs

- Affinia Health Network (Grand Rapids, Lakeshore)
- DMC PHO
- Great Lakes OSC
- Greater Macomb PHO
- Holland PHO
- Livingston Physician Organization
- MedNetOne Health Solutions
- Oakland Physician Network Services
- Oakland Southfield Physicians
- Olympia
- Physicians Organization of West Michigan
- United Physicians
- Wayne State University Physician Group
- West Michigan Physician Network
- Wexford/Crawford PHO (includes Otsego Memorial Hospital Physicians)

Health Plans

- Blue Care Network
- Blue Cross Blue Shield of Michigan
- Health Alliance Plan
- HealthPlus (now part of Health Alliance Plan)
- Priority Health

For More Information: Contact the staff for MiPEC

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