"PPRNet
How our approach to quality has translated into value-based payment"
or.....How we do what we do…and get paid more for it

Tim Tobolic MD
Beth Keena, CMA
Byron Center Family Medicine
Byron Center, MI

Quality = Involve All Staff

- Knowledge / Training - Clinical Guidelines
- Knowledge / Training - Quality Codes
- Not limiting access to Patient Records
  - Invest in enough resources - hardware, licenses
- Enhance role of Medical Assistants
  - Standing Order / Patient Engagement / Patient Education

PPRNet Staff

- Know our office
- Benefit of our involvement in PPRNet Meeting
- Benefit of our involvement in PPRNet Projects
- Genuine interest in “our” quality improvement

PPRNet Model

- Patient Activation = ALL patients
  - Look at all patients - global registries
  - Not limiting to individual insurance companies - limited registries of their patients
  - Better understanding and use of HM, Registries
- Seems like they were here before PCMH
- PPRNet Model = Meaningful Use of EHR = soul of our EHR
PPRNet Model

- PPRNet Model and Staff
  - Better understanding of clinical guidelines
  - Studies / Projects (eg. A-Trip, ColoRectal, CKD, MedSafety, etc) give us opportunities to teach staff. It makes sense to us now
  - Specific project process = Carry over to other quality measure
- PPRNet - Innovative, Unique, Data extraction, Comparison to benchmarks, Registry -

PPRNet Meetings / Site Visits / Webinars

- Opportunity to network and talk with other offices
- Discuss best practices - how others make things work
  - Quality
  - Patient Satisfaction
  - Business
- Help focus on the next year quality measures

PPRNet Value Based Payment

- BCFM = 3 major payors =
  - Medicare and Medicare Advantage programs
  - Blue Cross
  - Priority Health
- Value Based Incentives = Staff Incentives