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PRESIDENT'S LETTER

Change is a challenge, especially when it will cost a lot of money and you're not sure what it will do for your practices and your patients. Certainly, many of you are facing that general question when it comes to Electronic Medical Records (EMRs) and other office based care management tools. The challenge is exacerbated by the pressures to implement EMRs from the payers, including Medicare. Of the many issues relating to introducing electronic systems into the office, one of the unknowns is how will the patients react to you at a keyboard or graffiti writing on a Palm[®] Pilot?

In the fall of 2005, a Wall Street Journal Online/Harris Interactive Health-Care Poll shed some light on that question. The survey found that less than 20% of physicians are using EMRs and/or handhelds in their offices. Therefore, very few patients have been exposed to their use when visiting their physician. But over 75% of the patients surveyed indicated they strongly or somewhat strongly favor the use of EMRs and/or handheld devices. Over 80% favored the use of e-mail for communications. Most patients indicated they felt these devices will improve care and save money.

While every situation is different, the results of this Poll certainly suggest that patient reaction may be more favorable than some of us feared. Clearly, how you interact with your patient and this new player in the exam room will be a critical factor in how your patients react. I know of one practice where the physicians spend at least five minutes in direct dialogue with the patient before turning to the computer. When the physicians do use the computer, they invite the patient to sit next to them so they can see what is going on and interact together, not over the top of the screen.

You may have many hurdles to overcome in going "electronic", but it seems reasonably safe to take negative patient reaction off the list, or certainly drop it down as an issue.

Barbara Crowley, MD
President

Pathways to Excellence (PTE) Office System Survey Due June 30, 2006

Pathways to Excellence

The "Pathways to Excellence-Primary Care" initiative was designed to get information concerning the quality of care of primary care physician practices out to employees and reward those practices which can demonstrate high quality care. This initiative is about redesigning payment mechanisms to fund new services which enhance care, employ technology to bring up-to-date information into the physician/patient interaction, reduce administrative burden and emphasize quality of care rather than visits. The steering committee for Pathways to Excellence is focused on developing credible and fair measures that are based on evidence based medicine, reflect best practice, and are under the control of the clinicians and organizational leaders. Physicians are recognized for the extra efforts being made in their practice for quality improvement. Financial and recognition rewards can help make these efforts economically feasible and sustainable for their practices. This initiative offers physicians confidential comparative data to allow them to compare themselves to other practices as well to learn from other practices in the state and around the country. It also suggests a focused set of improvement goals so physicians can prioritize the efforts of their busy practices. To learn more about Pathways to Excellence and the blue ribbon rating system, you can log onto their website at: <http://mhmc.info/> or you can contact Tracy Callahan or Gail Mazzone at the PHO at 771-2004.

Have you been to the Maine PHO website lately?

Look us up – www.mpho.org

Need a password? Contact Julie Jameson at
jamesj@mmc.org

OFFICE MANAGERS' FORUMS – 2006

AUGUSTA

September 5th

The meeting will be from 11:30 am – 1:00 pm
In Conf Room 4a at Maine General

PORTLAND

September 26th

The meeting will be from 11:30am – 1:30pm
at the Dana Center Auditorium
at Maine Medical Center

LEWISTON

September 12th

The meeting will be from 11:30am – 1:30pm at the
LePage Center at St. Mary's Hospital

For more information, contact Angela Best
(besta@mmc.org) or go to the MPH O website
www.mpho.org

CarePartners Expands Pharmaceutical Access Services

CarePartners (CP), a program of MaineHealth, and supported locally by Maine Medical Center, provides access to free or low-cost comprehensive medical care to low-income, uninsured individuals, via a network of over 900 volunteer providers. Members of CP also receive care management and pharmacy services. Since June 2001, Maine Medical Center, Mercy Hospital, Spring Harbor Hospital and local primary care physicians and specialists donated medical services worth over \$3.5 million to Greater Portland CarePartners members. CP also operates in Kennebec and Lincoln Counties.

Who is eligible for help from CarePartners?

Maine residents on a fixed income - usually

- \$1500 per month/ \$18,000 per year or less for a single person,
- \$2000 per month/\$24,000 per year for a couple - living anywhere in Maine....prescriptions will be mailed either to the doctor's office or directly to patient's home (depending on the manufacturers' requirements).

CarePartners receives thousands of phone calls each year from under and un-insured individuals seeking healthcare information. By far, the healthcare concern most frequently expressed by these individuals is their inability to afford prescribed medications. Since its inception in June 2001, CP staff have processed over 22,000 PAP applications on behalf of low-income adults. Over \$2 million dollars in free medications have been donated by pharmaceutical companies via the CP PAP program.

In the past, staffing and funding constraints limited CP's availability to provide direct assistance with free drug applications to only those individuals enrolled in the CarePartners program. In April 2005, Health Resources Services Administration (HRSA) grant funds were used to expand our PAP assistance service to non-CP members. The new program is called MedAccess.

***MedAccess* is a program developed to help patients get the prescription drugs they need.....for free.**

What is CarePartners?

A program supported by MaineHealth to help people get the medication they need... FREE...from the drug makers.

How does it work?

CarePartners *MedAccess* program will work with the doctor and patient – we will collect all of the needed information, fill out the applications, and mail them to the patient and doctor for signatures. We will then mail them to the drug company, and follow up to make sure that medications are received.

Who do I call?

Patient or doctor can call Jenn Hardin at 662-7000x231 (toll free in Maine 877/626-1684x231), or e-mail at hardij@mmc.org. We will listen, and mail a letter letting patient know what information we need to get started. The process can take as little as 2 weeks or as long as 2 months, depending on how quickly we can collect the needed paperwork.

For more information or to make a referral, please contact Jenn Hardin, MedAccess Pharmacy Liaison at hardij@mmc.org or 662-7000 ext 231.

AH! Asthma Celebrates

In the wake of a new report showing that asthma continues to be a huge problem in Maine and New England, the AH! Asthma Health Community Collaborative is celebrating its success here in greater Portland. The 12 organizations involved are gathering to summarize their work over the past one and a half years, sharing actual numbers that prove asthma can be beaten, and sharing the stories of real people whose lives have been improved. They also will call for the dissemination of the approaches they have proven to work.

Maine has the highest rate of current childhood asthma (10.7%) of all New England states. The problem is hitting minorities (blacks and/or hispanics) and poor people especially hard. MaineHealth has demonstrated that the problem can be addressed successfully. The AH! (Asthma Health) Program is a systematic, coordinated, community-based approach to asthma care.

The AH! Program has successfully demonstrated:

- significant reductions in hospitalizations
- significant reductions in emergency department visits
- lower rates of absenteeism from work and school

The AH! Asthma Health Community Collaborative built on successes achieved earlier in physician offices and took them into the community. Those participating include:

MMC Family Practice Center, Portland
Mercy Primary Care, North Deering
Intermed Pediatrics, Yarmouth
Healthcare for the Homeless, Portland
Portland School-Based Health Center, Portland
PROP Child and Family Services, Portland
Noah's Ark Child Care Center, Windham
Minority Health Program, City of Portland
a. Somali Health Care Program, Portland
b. Latino Health and Community Service
The Root Cellar – Barber Foods, Portland
Contact: Julie Osgood, Program Manager-MaineHealth
osgooj1@mmc.org

Some of the successes to be reported by the Collaborative partners:

- Use of controller medication among clients at Healthcare for the Homeless rose from 0% to 94%.
- Use of controller medication among patients at the MMC Family Practice Center rose from 7% to 100%.
- Noah's Ark Child Care Center completed an indoor air quality assessment and removed carpeting and mold.
- An asthma helpline was established for the Somali and Latino communities in greater Portland, and two native-speaking outreach workers trained to help.

In order for the gains demonstrated by the Collaborative to make a broad difference, several things must happen:

- Research is needed to identify links between substandard housing and asthma and other respiratory conditions, and effective interventions to improve that housing.
- funding for education and access needs to be increased
- programs that have been proven to make a difference should be used as models for the state
- help must reach the estimated 19,000 Maine children ages 0-18 who do not have health insurance, some 1,300 of whom likely do not have access to proper treatment

National Provider Identifier (NPI)

The Final Rule adopting the HIPAA standard unique health identifier for health care providers was published in the Federal Register on January 23, 2004. Health care providers have been able to apply for an NPI since May 23, 2005. CMS will only accept NPI numbers from May 23, 2007 forward. CMS currently accept legacy numbers and requires a legacy number to be provided in conjunction with the NPI.

If you need to obtain your NPI, you may apply on-line using the web-based application available at <https://nppes.cms.hhs.gov>. A paper application may be submitted to the entity that assigns the NPI (the Enumerator). A copy of the application and the Enumerator's mailing address is available at: <https://nppes.cms.hhs.gov>.

If you have any questions, please contact Amanda Henson at 771-2004.

Aetna Add-On Codes

Under the terms of a lawsuit settlement agreement dated May 21, 2003, Aetna has agreed to pay add-on codes once they become effective under CPT® guidelines. Aetna has posted key information regarding this issue, including instructions and forms, on www.aetna.com on the "Doctors & Hospitals" main page under "Features" in the lower right corner. Simply click the link titled "Add-On Codes Claims Payment" to access the information.

Keep Those PHQ-9's Coming!

The Behavioral HealthCare Program is moving forward with its previous Quality Improvement initiative regarding the use of this screening and outcome instrument. This year we are going to be monitoring behavioral health treatment plans that indicate a depression diagnosis (Major Depression, Dysthymia, Depression NOS, and Adjustment Disorder with Depressed Mood) to see if we can increase the routine use of this instrument by psychotherapists to document symptom response. We also encourage the use of this tool as a routine screening instrument at the time of intake or at other times if indicated if symptoms of possible depression are suspected, even if depression is not the primary diagnosis. Our new treatment plan will continue to have a place to list the Patient Health Questionnaire (PHQ-9) scores.

Guidelines for the use of the PHQ-9 remain available on the MaineHealth Website at https://www.mainehealth.org/workfiles/mh_healthinformation/PHQ9.pdf.

For patients with mild or moderate symptoms, psychotherapy is often an effective alternative to medication, which is considered optional for patients with PHQ-9 scores below 20. It should be remembered that this is a screening and outcome tool, not in itself diagnostic of depression; high PHQ-9 scores require clinical exploration, especially regarding suicidality, mood and loss of interest in things.

Collaborative care between specialty mental health and primary care is becoming a national priority in both public and private systems, and is becoming a significant

quality indicator for organized systems of care. If your patients are seeing behavioral healthcare specialists, please send them copies of any PHQ-9's that patient's complete at your office; you should expect to receive PHQ-9's from time to time from behavioral health clinicians, especially if you are prescribing antidepressants for a patient.

Contact: Ben Crocker, MD, Medical Director
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