



Jan/Feb/Mar 2006

Vol 12 No 1

## PRESIDENT'S LETTER

The United States is the only industrialized nation in the world that relies on employers to finance the health care of most of its citizens. The percentage of employees covered by employer based insurance has dropped over the past five years. Employers that still provide coverage are moving away from traditional coverage to "consumer driven" coverages with high front end deductibles and copays. With the aging "Baby Boomers", both the cost and the demand for services will rise. Without some dramatic changes, the system cannot afford the future as it is currently structured.

In Maine, we have been seeing major employers begin to demand measurable and better outcomes for their dollars. We have also seen them willing to work with health care providers to achieve a balance between cost and quality. The Maine Health Management Coalition's Pathways to Excellence is a great example of that partnership to identify and measure quality services. But our seat at the table will exist only as long as we work to demonstrate our commitment to improving the quality and efficacy of the services that we deliver. For now the emphasis is on quality - meaningful and measurable. Employers understand that treating to target for diabetes and other chronic illnesses will have benefits in the long run: fewer related heart attacks, amputations, kidney failures, etc. But what about in the short term: shouldn't there be fewer ER visits or admissions for these patients who are being more effectively managed? Shouldn't we see some progress now, at least on the margin? The answers to these questions will be coming soon.

The cost of health care in the United States is expected to increase by almost 80% between now and 2013. That is unaffordable. Change is unavoidable. But, in Maine we are actually on the front edge of the wave. Our focus on quality improvement and evidence-based, best practice medicine is ahead of most parts of the country. Ask your colleagues in those other parts of the country. Whatever change is coming, the work we are doing will be a big part of that change - and we will be ready.

### MEDICARE INFORMATION

The best answers to Medicare Prescription drug questions can be found at  
**1-800-MEDICARE**

## SYSTEMS WIDE 2005 CLINICAL IMPROVEMENT PLAN RESULTS

The MMC PHO would like to share the **GOOD NEWS!** 71% of our primary care physicians received recognition for achieving outstanding performance for managing chronic illnesses. Out of the 180 physician members of the PHO, 128 were able to deliver the level of evidenced based care set up as goals in the Clinical Improvement Plan. In fact, about 70% of our physician teams delivered this level of care to 84% of the Clinical Improvement Registry patients with asthma while 65% of our primary care physicians provided evidenced based process care to 78% of patients with diabetes. We would like to acknowledge those physicians who helped us achieve our annual goals.

## IMPROVING DEPRESSION CARE PROGRAM PARTICIPATES IN NATIONAL SELF-MANAGEMENT LEARNING COMMUNITY

The importance of patient self-management in the care of chronic conditions is increasingly accepted by healthcare providers. Evidence suggests that self-management is an effective component of depression care for adults. However, many questions about patient self-management remain unanswered. What is the best way for providers to communicate with patients about self-management? How does the healthcare provider predict that the patient is receptive to messages about self-management? What are the best tools and approaches to education about self-management? Should goal setting be a part of the process? If so, how do you teach goal setting? Are high-quality goals more effective than low-quality goals? How can healthcare providers measure the effectiveness of the activities and strategies chosen by individual patients?

The Improving Depression Care program at MaineHealth is involved in a nation-wide learning community to attempt to answer some of the questions above. MaineHealth was selected to receive 1 of 20 grants funded by the Robert Wood Johnson Foundation to participate in a one-year project conducted by the Institute for Healthcare Improvement to learn about effective methods of bringing patient and families into the process of self-management for chronic conditions. Other teams participating in the project are working with patients who have conditions such as cystic fibrosis, diabetes and HIV/AIDS.

We believe that MaineHealth is in an excellent position to develop new and innovative ways of engaging patients and family members affected by depression in learning about the illness and about how they can be active participants in care. We are thinking about how to weave together primary care clinicians and staff, care managers, health educators from the Learning Resource Centers, and community organizations such as the National Alliance for the Mentally Ill (NAMI) and the Depression Bipolar Support Alliance (DBSA) into a system that insures that everyone affected by depression has the opportunity to have their needs met in terms of information and support for self-management.

Scarborough Family Physicians (SFP) is participating as the pilot practice for the project. Peter Amann MD, Patti White, Office Manager and Beth Wilcox RN, MMC PHO Care Manager are leading the effort at SFP. Two adult patients of Dr. Amann's with depression are members of the project team as well as Deborah Deatrick MPH from MaineHealth, Joe deKay, DO from the Spring Harbor Hospital Board of Directors, and Neil Korsen MD and Cynthia Cartwright MSEd from Improving Depression Care.

The aims of the MaineHealth team are to:

- Increase patient and family involvement in the design of systems for self-management;
- Develop new approaches to motivate and educate patients with depression and their families to increase involvement in self-care;
- Identify and apply patient and family-centered strategies to measure outcomes of depression care; and
- Deploy knowledge and skills learned during the learning community to improve patient self-management in other chronic conditions.

Through monthly patient surveys, we are specifically measuring how the healthcare providers at SFP are working with patients to share information, assess patient values and preferences, plan for follow-up care and set goals collaboratively. We're also asking patients how satisfied they are with their care, if they have been able to make changes in their lives that improved their health and how confident they are about their ability to make those changes.

An exciting aspect of our work as part of the Quality Allies community is the involvement of patients as part of the team that is redesigning care. The patients on our team are invaluable advisors to the process of improving care. They provide a perspective on the healthcare system, the day-to-day clinical processes in the office and approaches to self-management that are helping us design better ways to teach and carry out self-management of depression. We look forward to reporting our findings to you through the MMC PHO and to disseminating what we learn to other Clinical Integration programs in diabetes, asthma, cardiovascular health, women's health and employee wellness.

If you have questions or want more information, please contact Cynthia Cartwright, MaineHealth Program Manager for Improving Depression Care, at [cartwc@mmc.org](mailto:cartwc@mmc.org) or 662-3529.

## AIR QUALITY FORECASTING PROTECTS HEALTH

For individuals with impaired lung and heart function, knowing when air quality is likely to be poor enables them to take precautions and limit their exposure. Thus, they may reduce their need for medications, avoid hospitalization and possibly even save their lives. So, in cooperation with the Environmental Protection Agency (EPA), the Maine Department of Environmental Protection Bureau of Air Quality's (MEDEP-BAQ) staff meteorologists forecast air quality year-round for two pollutants: ozone and particle pollution. These forecasts are available on a toll-free hotline (800) 223-1196 and online at [www.mainedep.com](http://www.mainedep.com) click on 'Maine Air Quality Forecast'.

The 'Air Quality Forecast' web page also has links to a wealth of useful air quality information. In the upper right corner, there is an icon to view current real-time running averages of ozone and particle pollution by site. In the left-hand blue column, there are links to health information related to ozone and particle pollution, the Air Quality Index, historical data, 'Air Quality' trends in Maine, 'Regional Haze' and 'UV' radiation (all on MEDEP's website). Further down the column are Air Quality, Health and Weather links of interest.

Forecasts are issued by the color coded Air Quality Index (AQI) categories which are: Good (green), Moderate (yellow), Unhealthy for Sensitive Groups (orange), Unhealthy (red) and Very Unhealthy (purple). In addition, health messages related to each category are available online and stated on the hotline.

The State has been divided into seven forecasting regions: Northern, Western Mountains, Western Interior, Eastern Interior, Southwest Coast, Mid-Coast and Downeast Coast. These seven regions provide flexibility to issue forecasts that more accurately portray the area(s) forecasters believe is/are more prone to elevated levels of ozone and particle pollution on any given day.

Online, the 'Air Quality Forecast' is given for the current day and the following day in a color coded table by region, in a color coded graphic of Maine and also in a text box. The latter allows the forecaster to give more information when that would be helpful to the public.

The National Ambient Air Quality Standard for ozone is an 8-hour average while particle pollution has a 24-hour average. Therefore, ozone forecasts are for the highest 8-hr average expected for the day while particle pollution forecasts are the average from midnight to midnight. There are times when particle levels increase late one day and decrease early the following day. Both days would average Good, but the overnight hours may be high. In these cases, forecasters note this in the text forecast on the 'Air Quality Forecast' page.

MEDEP-BAQ meteorologists sometimes work evenings, weekends and holidays to ensure that the forecast is as current and accurate as possible.

When levels of either ozone or particle pollution are expected to reach the Unhealthy for Sensitive Groups level or higher, the public is alerted by several means including press releases

issued by MEDEP and email alerts sent by EPA to those individuals who have signed up to receive notification of poor air quality.

For more information contact Martha Webster, Air Quality Meteorologist, at 287-8093 or [Martha.e.webster@maine.gov](mailto:Martha.e.webster@maine.gov)

## SLEEP DISORDER CONFERENCE

MaineHealth is sponsoring a conference on March 3, 2006 at the Dana Center on "*Diagnosing and Treating Sleep Disorders in Adults and Children.*" The conference is part of the 2nd Annual Maine Sleep Awareness Month and is a strategy developed under the aegis of the Maine Sleep Disorder Network (comprised of six sleep centers affiliated with MaineHealth) to raise awareness and educate PCPs (and others - but the focus is on PCPs) about sleep-related issues. The keynote speaker is an internationally known sleep expert (Richard Ferber, MD) from Harvard Medical School.

Call 207-885-8570 or email [sleepconference@mmc.org](mailto:sleepconference@mmc.org) to preregister.

## ASTHMA NEWS

**Non-English Asthma Education Materials Available**  
MaineHealth's AH! Asthma Health Program has several patient education brochures available in languages other than English. The two most popular brochures, "How To Use Your Peak Flow Meter" and "How To Use Your Inhaler" are available in Somali and Spanish. The one page sheet, "5 Important Things You Must Know About Asthma" is available in French, Khmer, Somali, Spanish, and Vietnamese.

These materials are available on the MaineHealth web site ([www.mainehealth.org](http://www.mainehealth.org)), click on "For Healthcare Professionals" and then "AH! (Asthma Health)". You will find downloadable versions in the patient education section. Hardcopies may be obtained by contacting Shannon Bosse at [bosses@mmc.org](mailto:bosses@mmc.org) or by tel. 541-7546.

Just a reminder: The AH! Program has comprehensive asthma patient education booklets in English for children and adults as well as a full complement of provider tools. All materials are on our web site at the link described above. The provider tools can be found under the "Clinical Tools" link.

### **Asthma: A Practical Guide - March 24, 2006**

Experts will present on various aspects of asthma and will provide attendees with Clinical Updates, use of Severity Classifications, Asthma Triggers, Environmental Instruments and the benefits of Asthma Educators.

Pre-registration fee - \$75/\$100 after March 10<sup>th</sup>

Contact: Greta Doe at 207-621-0677 or [gdoe@mepca.org](mailto:gdoe@mepca.org)

Hilton Garden Inn – Freeport

Sponsored by Maine Primary Care Association

### **Asthma Community Collaborative Summary and Celebration—April 7, 2006**

Are you interested in seeing how the latest group of teams improved asthma care and outcomes? Then, please join us for a celebration on April 7<sup>th</sup> from 8:00am-1:30pm at the

Mariner's Church Banquet Center in the Old Port Tavern in Portland. This collaborative included clinical and community based teams in the Greater Portland area such as the MMC Family Practice Center, Healthcare for the Homeless, Barber Foods, and the City of Portland's Minority Health Program. If you are interested, please RSVP to Shannon Bosse at [bosses@mmc.org](mailto:bosses@mmc.org) or by tel. 541-7546.

## BIW PREVENTIVE VISIT INITIATIVE

"Encouraging employees and their spouses to establish/build effective relationships with their primary care practice."

People are surprised to hear that the average age of BIW's employees is 48 years old, and the average years of service with the shipyard is 20 years. Like many large employers, BIW offers a full health benefit plan, a robust Health and Wellness program, and regularly communicates to employees and families about the importance of staying well and being active healthcare consumers. Yet despite these efforts, chronic conditions are prevalent, and preventive visits are underutilized. Only 40% of adults on BIW's health plans went in for a preventive visit in 2004. With the belief that nothing is more important in healthcare than having a positive working relationship with a primary care physician, BIW is embarking on an incentives program with PCPs to encourage them to outreach to BIW employees and spouses to come in for their preventive visit in 2006. As part of this effort, BIW is offering practices \$6 per adult member for the additional effort of reaching out to employees and spouses who have not had a recent preventive visit (in 2005), and an extra payment of \$10-12 per member for the additional preventive health work for all employees/spouses who are successfully seen in 2006.

For more information, contact Maureen Kenney (207-442-5346) or [Maureen-j.kenney@biw.com](mailto:Maureen-j.kenney@biw.com)

### **UPCOMING OFFICE MANAGERS' FORUMS – 2006**

#### **PORTLAND**

**April 25<sup>th</sup>**

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

#### **LEWISTON**

**February 28<sup>th</sup>**

**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](mailto:besta@mmc.org)) or go to the MPH website  
[www.mpho.org](http://www.mpho.org)**

## PAYOR SATISFACTION SURVEYS

Our annual survey for 2005 has been completed. We sent surveys to each practice within the Maine PHO and 74 practice sites (representing 260 physicians) completed and returned the surveys. We asked practices to rate each payer on a scale of 1-5 (1 – Poor; 5 – Very Good). The results are as follows:

	<b>CIGNA</b>	<b>AETNA</b>	<b>MAINE PARTNERS</b>	<b>CBA</b>	<b>HARVARD PILGRIM</b>
<b>Overall Satisfaction with Plan</b>	<b>3.13</b>	<b>3.40</b>	<b>4.21</b>	<b>3.81</b>	<b>3.63</b>
<b>Responsiveness of Provider Representative</b>	<b>2.88</b>	<b>3.21</b>	<b>3.93</b>	<b>3.61</b>	<b>3.5</b>
<b>Timely Notification of Policy Changes</b>	<b>3.23</b>	<b>3.49</b>	<b>3.81</b>	<b>3.61</b>	<b>3.57</b>
<b>Satisfaction with Referral / Auth process</b>	<b>3.28</b>	<b>2.93</b>	<b>4.08</b>	<b>3.83</b>	<b>3.42</b>
<b>Claims Processing</b>	<b>3.3</b>	<b>3.48</b>	<b>4.01</b>	<b>3.7</b>	<b>3.64</b>

Thanks to all who took the time to complete the survey. If you would like more detail on the survey results, please contact Angela Best at [besta@mmc.org](mailto:besta@mmc.org) or 771-2004.