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PRESIDENT'S LETTER

The health care literature today is packed with articles about pay-for-performance (“P4P”) programs and the demonstrated application of evidence based best practices. In Maine, we have Pathways-to-Excellence (PTE); Anthem’s Quality Award Program, and various PHO initiatives to encourage us to report our processes and outcomes. We have tools to help us track HbA1c and LDL levels for diabetes patients; and other tools for asthma, depression, CVD and more. We are changing the way we provide care with an eye to the changing reimbursement world. CMS (Medicare) plans to reimburse based on quality metrics (good quality gets paid more; poor quality gets paid less); Anthem is giving increases in what they pay PCPs for meeting their targets. Employers and payers are using performance indicators such as PTE and ETGs (Episode Treatment Groups) to tier benefits for their employees and members. The employers (members) are making decisions based on quality indicators and price. We are being measured on what counts most to us – the care of our patients and the outcomes of that care...and the cost and how efficiently we provide that care.

But do all these public measures really inspire us to change? Is it about incentive dollars and/or what tier we are in? Or is there something that strikes more at who we are as professionals? We have already seen that the dollar incentives and the threat of not being in the “preferred” tier are having an impact. We have seen improvements in our process and outcome measures. We have also seen some of our colleagues push back against these initiatives: “We know quality and simple measures don’t tell the whole story” “There is a lot more to providing quality medicine than measuring diabetes and asthma.”

Ok, there is more. Let’s, for the sake of argument, compare ourselves to an auto mechanic or computer help desk staff. We expect them to use their diagnostic tools and knowledge to identify the problem with our cars or computers. We expect them to know how to fix the problem right the first time and to do it at a fair price; after all we can go somewhere else. And, if they don’t fix it right the first time – we expect them to do it right at no additional charge. No, cars and computers are not the

same as organic, living patients. Physiology is more complex (although, have you looked under the hood of a car recently?). There are clearly illnesses that are outside of our control and even the ones we can control, the patient’s actions are also part of the treatment process and outcome. But, there are also errors unrelated to these complicating factors. We place pretty high expectations on these repairmen and we don’t expect to pay them to fix the problem they allegedly fixed the first time. We don’t pay them to fix their mistakes, we expect them to absorb the cost and do it right.

What if we practiced medicine with the knowledge that we would not get paid for any procedure or test we had to do over because we didn’t do it right the first time? What would a hospital do if it did not get paid when a patient is returned to the operating room or readmitted? How would our “error” rate be with that reality? Maybe on the 6-Sigma scale we might start doing better than airlines’ baggage handlers.

Barbara Crowley, MD
President

HEALTH RISK ASSESSMENTS

The healthcare industry is in the midst of a fundamental change in how healthcare is financed. Healthcare costs are out of control and employers are turning to health risk assessments to help them identify cost containing measures. Companies are using the aggregate information from these assessments to project and prioritize group risks and plan health intervention programs as a means to help improve employee general health and to lower healthcare costs. These programs range from interventions like exercise or smoking counseling programs to offering incentives (i.e. lower out of pocket costs, reduced premiums) for those employees who take proactive measures to improve their health.

Primary care providers may be asked by their patients to complete health risk assessments to submit to health insurance companies. Be assured that the companies adhere to stringent confidentiality policies and patient identifiable data is not shared with the employer group. Physicians often indicate that they need employers and insurers to design programs that better engage consumers. We seem to be headed in the right direction.

MARTIN'S POINT RECEIVES CONDITIONAL APPROVAL TO OFFER MEDICARE HMO PRODUCT

Martin's Point Generations Advantage Offers Seniors a New Health Plan Option

For information only: not to share with patients until October 1st.

Senior citizens in six southern Maine counties will soon have a new health plan option offered by a well-established and experienced Maine based company. The Centers for Medicare & Medicaid Services (CMS) announced that Martin's Point Health Care has been approved to provide managed care coverage to Medicare beneficiaries in six Maine counties – Androscoggin, Cumberland, Kennebec, Oxford, Sagadahoc and York.

Martin's Point *Generations Advantage* offers seniors a managed care benefit plan which will include health care services covered under Medicare Parts A and B and prescription drug coverage under Medicare Part D. Coverage is effective January 1, 2007.

Martin's Point Generations Advantage joins other Martin's Point products: the *US Family Health Plan*, and *PointPartners*TM.

The **US Family Health Plan** at Martin's Point is a TRICARE Prime option available to enrollees in Maine, New Hampshire, and northeastern New York and Vermont. This Department of Defense designated plan is for military retirees, their dependents, and families of active duty personnel. Eligible beneficiaries also include retirees of the National Guard and the Reserve who have reached 60 years of age, as well as their families, and family members of active Guard/Reserve.

PointPartners provides integrated health services and wellness programs for employees of self-insured employers in Maine. Building upon the relationship between the Maine PHO and Martin's Point, PointPartners can offer a comprehensive network from Waterville to Southern Maine. As new groups purchase this product, physicians will see PointPartners ID cards presented at their practices.

USM MUSKIE SCHOOL HOSTS ANNUAL FORUM FOR HEALTH CARE LEADERS

On October 18-19, 2006, the USM Muskie School's Graduate program in Health Policy and Management will present the 2nd Annual Forum for Health Care Leaders, "Building an Integrated, High Quality and Evidence-Based Mental Health Program," at the

Abromson Community Education Center on the USM Portland campus.

This meeting will focus on the development and expansion of evidence-based mental health services. Information sharing and discussion around this topic is particularly important and timely. As service needs, demands and costs escalate, policymakers, consumers, practitioners and purchasers must work together more closely to establish delivery and financing systems that advance accessible, efficient, integrated and quality-based mental health services.

Over two days, participants will focus on this issue through a two-day seminar (credit available), a roundtable meeting to discuss Maine's research agenda for mental health services, and an evening lecture on October 18, featuring national expert Dr. Mary Jane England, President of Regis College and chair of the Institute of Medicine Committee that authored the report *Improving the Quality of Health Care for Mental and Substance-Use Conditions*. Dr. England will present findings from the report released in November 2005. Following Dr. England's comments, an expert panel will provide some context and insights to Maine. Panelists include Michael Brennan, MSW; Andy Cook, MD; Girard Robins, MD; and Wendy Wolf, MD, MPH. there will be an opportunity for questions from the audience.

Please visit the Forum Web site, www.muskie.usm.maine.edu/healthforum for information about each event and how to register or contact Ray Dumont, University Outreach at 780-5892.

UPCOMING EVENT Thursday, October 12, 2006 7:45 AM – 3:30 PM Harraseeket Inn, Freeport

"Quality, measures, outcomes, registries, pay-for-performance..." –seems like these terms are everywhere you turn? Join us for the Summary and Celebration of the MaineHealth **TARGET Diabetes Obesity and Cardiovascular "DOC"** Collaborative. You will hear from 22 primary care practices on how they improved their outcomes for patients with diabetes and cardiovascular disease. They will share the tools and strategies that have helped make them successful during this year long journey.

We will also hear from a reactor panel including a payor, an employer, and healthcare leaders who will reflect on the presentations by the teams, speak to the work the teams have done, why this work is important to them and what they see their role is in continuing to improve outcomes for patients with diabetes.

Who Should Attend? Primary care physicians, physician practice clinical and administrative staff, nurses, diabetes educators, care managers, public health professionals and all others interested in improving diabetes care and outcomes for patients.

For more information or to register, contact Elizabeth Lambert (lambee@mmc.org) or 207-541-7533.

MAINEHEALTH LAUNCHES SYSTEM-WIDE HEALTHY WEIGHT INITIATIVE

Maine, along with the rest of the nation, is in the midst of an epidemic. It's not avian flu, or even HIV/AIDS, but a more insidious problem: excess weight and obesity. Medical and public health experts have linked these tightly intertwined issues to rising rates of diabetes, heart disease, cancer and a host of other maladies.

The economic impact of these issues is just as big as the health effects. A study released by MaineHealth and Anthem in April 2006 revealed that more than \$2.13 billion is spent on obesity, overweight, and the lack of physical activity in the state of Maine annually. What role should health care providers play in addressing these issues? A poll conducted by Critical Insights in October 2005 showed that the public thinks health care providers should have the biggest role, above ALL other categories (including schools, health insurers, government, employers, and others).

MaineHealth is stepping up to this challenge in a big way, with the creation of a 12-step Action Plan, entitled "Preventing Obesity: A Regional Approach to Reducing Risk and Improving Youth and Adult Health." The report lays out objectives and strategies for the entire system, from hospitals and home health agencies, to patients and employees. According to Deborah Deatrck, Vice President for Community Health at MaineHealth, actions will be targeted to two major areas: health care providers and communities. A group of 25 physicians, nurses, nutritionists, administrators and others who represent almost 20 different member, strategic affiliate, and affiliate organizations across the MaineHealth system has been charged with planning and overseeing the new initiative. Called the "Healthy Weight" Workgroup, the committee decided to take a positive approach to the problem, resisting the opportunity to use the term "obese" or "overweight" in their title.

In particular, the Workgroup is seeking strategies that will link clinical integration and quality improvement initiatives with best practice interventions related to healthy eating and physical activity.

Examples of strategies that are underway or are planned include:

- Policies to promote healthy choices for employees, patients, and community members in cafeterias and other food service venues.
- Standardized protocols for the diagnosis and treatment of obesity and overweight among children and adults.
- A regional Learning Collaborative for pediatric and adult medical practices.
- A 10-community "healthy weight" demonstration project targeted at youth in Greater Portland.

For more information about MaineHealth's Healthy Weight activities, contact Naomi Anderson, MPH, Program Manager at andern@mmc.org or Deborah Deatrck, MPH at deatrd@mmc.org.

TAKE CHARGE!TM PROGRAM AT THE MAINE HEART CENTER – UPDATE

The Maine Heart Center's Take Charge!TM program has completed over 1000 cardiovascular risk screenings since its start last fall. This health risk screening and risk reduction program has been very successful in the worksite and community settings. The program's primary goals are to identify individuals at risk for cardiovascular disease and to encourage them to connect with their primary care physician for preventive care and appropriate risk factor management.

What is Take Charge?

The Maine Heart Center "Take Charge!" program is a worksite-based cardiovascular risk screening program that includes a written cardiovascular health risk assessment, as well as measurement of waist circumference and body mass index and biometric testing of total cholesterol, HDL, LDL and triglycerides and glucose. Following these assessments, a trained health counselor (nurse or health educator) reviews results with participants, assesses identified risks, provides suggestions for improvement, and encourages participants to follow-up with their primary care physician. Participants are provided with a written report summarizing the results at the time of the screening, and with the participant's consent, a one-page summary of the screening results is sent to their primary care physician.

Highlights of the first year of the program:

- Take Charge encourages participants to connect with their primary care physician; strengthening this link to the primary care community continues to be a priority for the program.
- Multiple worksite and community screenings have been conducted, including the Latinos Exercise for Health and Love event in May 2006 – and thanks to

- many of the Maine PHO providers who volunteered at this very successful event!
- Cardiac risk factors are being identified. Aggregate data from these community and worksite screenings shows that a significant number of participants have one or more health related risk factors that were previously unrecognized or not meeting treatment goals.

Next steps?

The Take Charge program is now being marketed to other employers in the area. A Take Charge brochure explaining the program is available for distribution, and the Maine Heart Center is conducting outreach to other employers and community groups.

If your organization, or others you know, are interested in undertaking a Take Charge screening to improve employee health, please contact Deborah Silberstein (silbed@mmc.org; 541-7520), Program Manager, Maine Heart Center. Questions about the program can be directed to Deborah Silberstein or Lisa Letourneau, MD, Senior Director of Clinical Integration, MaineHealth (letoul@mmc.org; 541-7521)

PAYER UPDATES

Medsolutions

Medsolutions has a new on-line pre-certification request option. The online portal has recently been redesigned with significantly expanded functionality for referring physicians. The submissions are now real-time and the website allows you to print copies for record-keeping. The new website is www.medsolutionsonline.com. If you have any questions regarding the new on-line pre-certification request option, please contact Medsolutions at 1-800-575-4417.

Aetna

Effective immediately, provider claim and utilization review appeals should be sent to the following post office box:

Aetna
Provider Resolution Team
P.O. Box 14020
Lexington, KY 40512.

For additional information on the provider appeal process, please visit www.aetna.com. Select “Doctors & Hospitals,” “Services and Tools,” then “Medical Resources.”