

## PRESIDENT'S LETTER

In the last *PHO Connection*, I wrote about the various incentive programs that have been created for PCPs and are beginning to be discussed for Specialists. I also mentioned the Physicians of Distinction program at Hannaford Brothers where employees have incentives to go to physicians who achieved all three of the Pathways to Excellence ("PTE") goals.

It is this latter point that I want to talk about this month. While Hannaford may have broken the ground by creating incentives for its employees to use the PCPs who met the three Pathways to Excellence goals, they won't be in the lead for long. Other major employers are looking to some variation of the idea of creating a select network of PCPs who will have met some screening criteria. It may be PTE goals and/or other targets.

It appears that 2005 may be the beginning of a process that will distinguish PCPs who are actively involved in achieving quality improvement targets and those who aren't. In some cases, those who are recognized may make up a preferred network similar to Hannaford's or it may be that the preferred PCPs get better reimbursement and/or employees who use them get better benefits. In both cases, all credentialed physicians will still be part of the provider network. However, it is also possible that some employers may choose to limit their networks to PCPs who meet certain levels of quality. They will either eliminate PCPs or make the benefit for using them so costly that employees will go to PCPs on the preferred list. While it may be a relatively small number of PCPs who are excluded, you don't want to be one of them.

The PHOs will be providing whatever support they can to assist their members to achieve the optimal levels of performance against whatever quality goals exist in the market. We are committed to improving quality through our PCP members. In the future, we will be engaging the Specialists in similar support.

If you have any questions or concerns about the various PCP incentive programs or what you need to do to achieve the targets, contact your local PHO or the Maine PHO.

Terrance Sheehan, MD, President

## UPDATES FROM AH! ASTHMA HEALTH

The AH! (Asthma Health) Program is pleased to announce the release of its 2004 annual report. The report provides an overview of the programs and activities that took place in the 2004 fiscal year. Among the highlights include the AH! Program's partnership with the MMC PHO to improve asthma care and outcomes. The report is available online at [http://www.mainehealth.org/mh\\_professional/asthma\\_default.htm](http://www.mainehealth.org/mh_professional/asthma_default.htm) or you may contact Julie Osgood ([osgooj1@mmc.org](mailto:osgooj1@mmc.org)) for a printed copy.

### AH! ASTHMA CAMP 2005

Planning is underway for AH! Asthma Camp 2005. Asthma Camp is a week-long residential program for children ages 8-13 with moderate to severe asthma. The camp takes place at the State YMCA Camp in Winthrop, Maine. Children participate in a number of fun activities, like canoeing, arts and crafts, eating s'mores, etc. AH! Asthma Campers have the added benefit of having 24/7 physicians, nurses, and respiratory therapists on-site and available. In addition, a nationally certified asthma educator teaches the children about their asthma and how to better self-manage it.

Asthma Camp will take place from August 14-20, 2005. If you have a patient who could benefit from this experience, please have them submit a "request for an application", which can be found at [http://www.mainehealth.org/mh\\_professional/asthma\\_campdefault.htm](http://www.mainehealth.org/mh_professional/asthma_campdefault.htm). Full applications are also available online.

In addition to seeking campers, we are looking for volunteer physicians, nurses, and respiratory therapists. Asthma Camp offers the healthcare professional a unique and rewarding opportunity for them to get to know the children and to see them improve with their knowledge and self-management skills. If you are interested in being part of the team, please contact Julie Osgood at 541-7515. A minimum 24-hour shift is required and we promise a fun and gratifying experience!

## **PRACTICE ACHIEVES ‘SUPERIOR’ ASTHMA CARE**

Over the last year, Pediatric Associates of Southern Maine has been involved with the MMC PHO’s effort to improve asthma care. The practice implemented the MaineHealth Chronic Illness Registry (CIR) at sites in Biddeford, Kennebunk, and Sanford. They have worked very closely with Southern Maine Medical Center’s Community Asthma Education Specialist, Chris Rossi, RT on implementing the CIR, making office systems improvements and referrals for asthma education. The practice has five physicians and 2 nurse practitioners. Their patient population is approximately 80% Maine Care patients and they currently see between 5,000-6,000 patients a year.

Prior to this initiative, the practice did not utilize any type of registry to track patients with chronic illness. As a first step, they had to determine the number of asthma patients in the practice. Their initial query from billing data indicated that they had over 800 patients with a diagnosis of asthma, inducing an understandable feeling of panic among the staff. Each provider was tasked with reviewing the billing data for accuracy of the diagnosis. Staff pulled every medical record to confirm the diagnosis and at the end of this arduous process, there were 321 patients confirmed with asthma.

The CIR was implemented in the office in 2003 and the practice encountered many obstacles. First of which was the absence of high speed Internet access. They were using dial-up service on a single PC. Eventually, they switched to a cable modem to improve efficiency. Just as things began to run more smoothly, 3 physicians left the practice. With a looming deadline to enter all of their data, the team decided that they needed a champion to get and keep everyone motivated on the goal.

Melanie Lee, a Family Nurse Practitioner, provided the enthusiasm needed to complete this tedious but important task. Melanie used all her resources including the office staff, nurses, Norie Bruce RN from the MMC PHO, as well as the Community Asthma Educator, Chris Rossi from Southern Maine Medical Center. As January 2005 approached, the team was able to pull it together and achieve a superior rating from the MMC PHO’s Quality Rewards program.

Congratulations Pediatric Associates of Southern Maine:

Denise Toshach, MD      Barry Hugo, MD  
Joseph Toshach, MD      Laurel Taylor, MD

Megan Edison, MD      Melanie Lee, RNP  
Steve Nashi, RNP      Caroline Lemieux  
Debbie Lauzon      Jayne Chouinard  
Jenney Corbeil      Jennifer Meuse  
Linda Smith      Rita Golojuch  
Robin Whitney      Alethea Parker

## **CVD RISK SCREENING AND RISK REDUCTION PROGRAM**

According to the American Heart Association, Cardiovascular disease (CVD), mainly heart disease and stroke, is the leading cause of death for both men and women in the U.S. and in Maine, resulting in over 3400 deaths per year, and with increasing prevalence as our population ages. The Centers for Disease Control reports that CVD is also a leading driver of healthcare costs in Maine, with over \$437 million spent annually for cardiovascular-related hospital charges in Maine, equaling almost one-fourth of total hospital charges for the state. Moreover, thousands of Maine citizens are at risk for CVD, with risk factors at rates at or above the U.S. average, including smoking, obesity and overweight, hypertension, and elevated blood lipids.

Taken together, these facts provide compelling reasons for Maine citizens, employers, and health care providers to work together to take action to improve the identification and awareness of CVD risk factors, and to build programs that effectively reduce this risk. There is strong evidence that risk identification and reduction programs can successfully improve health status and reduce the risk of CVD, particularly programs that include individualized, long-term health coaching and support for individuals at high risk for cardiovascular events. In addition, evidence suggests that workplace-based risk screening and risk reduction programs can provide an effective setting for such interventions.

An excellent example of a community-based risk-screening program, *Take Charge!* has been developed at St. Mary’s Regional Medical Center over the past few years. Building on the success of this program, the Maine Heart Center, in collaboration with St. Mary’s and MaineHealth, is working to develop a CVD Risk Screening and Risk Reduction program that can be offered in communities across the system. Once the development is complete, this program will provide community and worksite based CVD screening with a systematic approach to promote coordination with primary care physicians so that people who are identified with risk factors receive the appropriate follow-up care. MaineHealth, with the

Maine Heart Center, is convening a Cardiovascular Health Workgroup to serve in an advisory capacity for this program development, management and evaluation as well other cardiovascular health related activities such as the public awareness campaign for early identification of heart attacks and strokes and the integration of cardiovascular health into a Learning Collaborative. We are in the process of recruiting members for this Workgroup, if you are interested in participating in this Workgroup or if you would like further information about the CVD Risk Screening and Risk Reduction Program, please contact Deb Silberstein, Program Manager, at [silbed@mmc.org](mailto:silbed@mmc.org) or at 541-7520.

## IMPROVING CARE THROUGH MICROSYSTEMS THINKING

“All models are wrong, but some models are useful.”  
W. Edwards Deming

It is probably not news to most of you that there is great and increasing pressure on all of us to improve the quality of care that we provide. Many of you are involved in activities to achieve the goal of improving care. I'd like to describe a conceptual model that can be helpful to those who are working to improve care.

The Clinical Microsystems model has been developed as a way to understand a small unit of health care. Clinical microsystems are the front-line units that provide most health care to most people. They are the places where patients, families and care teams meet. Microsystems also include support staff, processes, technology and recurring patterns of information, behavior and results. Central to every clinical microsystem is the patient.

A Clinical Microsystem is defined as a small group of people who work together on a regular basis to:

- Take care of a defined population of patients.
- Have clinical and business aims,
- Have linked processes,
- Have a shared information environment
- Produce performance outcomes.

The Clinical Microsystem is different from the health care team in that it also includes the population being cared for and the information system that supports that care. A Clinical Microsystem can be a small ambulatory practice, a hospital unit, a home health agency, etc. The idea of the Clinical Microsystem was developed by Paul Batalden and Gene Nelson at Dartmouth. It was a modification of a model of how the best performing service organizations work,

developed by Brian Quinn, a professor at the Tuck School of Business at Dartmouth.

The value of this model is that it provides a format with which to assess, diagnose, and treat a small unit of care, as well as a variety of useful tools that help you and your colleagues to successfully improve the care that you provide. The assessment of a microsystem focuses on the 5 P's:

1. Purpose – Why does the microsystem exist? What is the aim or purpose?
2. Professionals (consider that all those who work in health care are professionals) – Who works in the microsystem? What are their strengths and weaknesses? What is the culture of the microsystem?
3. Patients – Who does the microsystem care for? What are their health care needs?
4. Processes – How is the work done? What are the specific steps taken in caring for patients?
5. Patterns – What are the results/outcomes of the work? How do people communicate with each other?

By understanding these five aspects of a microsystem, the people who work in the system can identify important areas for improvement and can actively work to change those areas.

This brief introduction is being offered because a number of people from MaineHealth have been trained in working with this model over the last 6 months. These people will be able to coach others in using this model to help them with implementing change and improvement.

There is much more detail about this model, including useful tools, on the website [www.clinicalmicrosystem.org](http://www.clinicalmicrosystem.org)

If you are interested in learning more about the Microsystems model, please contact me at [korsen@mmc.org](mailto:korsen@mmc.org) Neil Korsen, MD

### NOTICE! NOTICE! NOTICE!

**This will be our last bi-monthly issue of the PHO Connection. We will be printing on a quarterly basis from now on – July, October, January, April.**

## ELECTRONIC PRESCRIBING

Electronic prescribing (e-Rx) is an important tool for improving safety and the delivery of care. In addition to eliminating illegible or misinterpreted handwritten prescriptions, a well designed e-Rx system will provide decision support at the point of

ordering. Data storage options can provide ready access to medication usage lists to address medication alerts and/or recalls. Other patient safety features include drug-drug interaction warnings and drug allergy alerts, duplicate medication and/or duplicated therapeutic class warnings. Another benefit is quick access to formularies and professional reference information.

Office time saving efficiencies are realized with reduced pharmacy call backs, simplicity of pharmacy access, and ease of renewing prescriptions electronically. Patient waiting time for new or renewed prescriptions is also significantly improved.

The use of electronic information systems to support patient care will increasingly be a factor in the emerging “pay-for-performance” provider reimbursement model. Entities such as Anthem and the Maine Health Management Coalition are already recognizing and rewarding primary care practices for electronic prescribing systems. The Medicare Modernization Act of 2003 legislated for the creation of standards for preferential Medicare reimbursement for e-Rx by 2007.

The MPHMO Medical Directors representing Southern Maine Medical Center, Kennebec Regional Health Alliance PHO, Sisters of Charity Health System PHO and MMC PHO are committed to the goal of having electronic prescribing or electronic health systems implemented in their community practices over the next three years.

The Maine PHO staff will continue to educate offices on this important initiative. If you would like more information, please contact us at 771-2004.,

## **NOTICE! UPCOMING OFFICE SYSTEMS SURVEY**

The Maine Health Management Coalition continues with its goal of bringing the purchaser and provider communities together in a partnership to measure and report on the value of the healthcare services to inform employer and employee decisions. The Coalition’s Pathways to Excellence (PTE) initiative measures the quality of care, reports this information to practices, employers & employee/families and recognizes and rewards high performing practices and hospitals. 2004 survey results for primary care practices throughout the state are available on the Web at [www.MHMC.org](http://www.MHMC.org)

In May-June, the Coalition will again be sending out surveys to all primary care practices with a June 30<sup>th</sup> response deadline. Payers, including Anthem and Cigna and Aetna are aligning incentives with the PTE measures.

The Coalition is now beginning to work with specialists starting with a Specialists Office Systems Survey to be distributed on June 1<sup>st</sup>. Areas covered will include office/process systems, communications processes, use of guidelines and protocols, use of registries electronic health record systems, and electronic prescribing. As with the first PCP practice surveys, there will be no scoring results but practices will be recognized for responding. If you want further information you may contact Norie Bruce, RN at 771-2004 ext. 229 or [brucee@mmc.org](mailto:brucee@mmc.org)