



Vol. 10 No. 3

May – June 2004

President's Letter

With all of the talk about clinical improvement programs for the Primary Care Physicians and pay-for-performance, I often get asked: is all of this for real or just talk? Physicians as a rule are not skeptical, so this seems a fair question. Well, it is real. In fact, we may get overwhelmed with pay-for-performance. On the surface, that could be a good thing, unless there are too many programs with different focuses and criteria to manage.

All PCPs in the state have received the office survey from the Pathways to Excellence (P2E) program of the Maine Health Management Coalition. In addition to the survey that asks about office systems and clinical improvement programs, P2E will be looking at diabetes and asthma management using all Coalition patients' claims data. An incentive pool is being set up with contributions from large employers and insurers. P2E will soon be looking at outcomes as well - how many of your diabetes patients have HbA1c levels below 7.0? This will be self-reported, but with your records subject to audit.

Meanwhile, Anthem will be introducing its own clinical improvement incentive program which will initially be looking at structure (types of electronic office systems in place), process (do you have the tools to track diabetes patients), outcomes (how well are you managing this population of Anthem members), and finally, generic drug prescribing. It intends to be very similar to the P2E program, but it is a regional program and therefore there may be variations.

And then there are the PHO initiatives. We are moving forward with tools to help the PCP offices meet these new challenges while making incentive payments available whenever possible. In fact, the PHOs, within the Maine PHO, are already ahead of the other programs with the implementation of chronic illness registries and, in some cases, care managers. We

We are also beginning to look at specialty clinical improvement programs. The PHOs are also active players in influencing the direction of P2E and working with Anthem to try to align its program with the local directions.

It will be a busy summer of activities as all of these programs begin to come on line. At the Maine PHO, the medical directors and staff are working to keep track of these programs and help you meet the challenges they present.

Terrance Sheehan, MD
President

Thank You Dr. Crothers

After years of service and support to the MMC Physician-Hospital Organization and the Maine Physician Hospital Organization, Omar "Chip" Crothers, MD stepped down as the Medical Director of both organizations in April. Chip was involved in the formation of the MMC PHO and helped throughout the formative years as the MMC PHO engaged in risk sharing agreements with the HMOs. He served as the Medical Director of Maine Partners Health Plan and returned to the PHOs when Maine Medical Center sold its shares in that venture.

Chip will be working at Orthopaedic Associates seeing patients in the clinical office beginning in August. Staff and members appreciate Chip's contributions to the PHO. We wish him well in his new pursuits.

Primary Care Practices in Maine are Improving Depression Care

Our 2003/2004 Graduates

The first Improving Depression Care Learning Collaborative ended on March 25, 2004 with a Summary & Celebration held at the Harraseeket Inn in Freeport. Eleven practices that had been working together for almost a year to implement a new system of depression care shared their accomplishments with each other and with leaders from around the MaineHealth system. Attendees heard an inspiring plenary speech by Margie Godfrey, RN, MS, Director of Clinical Practice Improvement at the Dartmouth Hitchcock Medical Center in New Hampshire.

Congratulations to the following MPHO primary care practices for successfully completing the 2003/2004 MaineHealth Improving Depression Care Learning Collaborative.

- Andrew J Candelore, DO, Scarborough
- Joseph R D deKay, DO, Hiram
- MaineGeneral Health Associates-Augusta
- MaineGeneral Health Associates-Gardiner
- MaineGeneral Health Associates-Winthrop
- Maine Medical Center-Family Practice Center, Portland
- Miles Medical Group Family Medicine-Damariscotta
- Sacopee Valley Health Center, Porter
- Scarborough Family Physicians
- Sheepscot Valley Health Center, Coopers Mills
- Sisters of Charity Health System-Poland Family Practice

Accomplishments in Implementing the Chronic Care Model for Depression

The system of depression care that these practices are implementing as a result of the Collaborative includes five key changes. They are:

1. A Depression Registry or another clinical information system that allows information about patients with depression to be easily available for clinical and reporting purposes.
2. The use of an outcome measure for depression, the Patient Health Questionnaire (PHQ-9), which provides a quantitative measure of symptom severity and response to treatment. (see related story on page 4)
3. The incorporation of patient self management tools and support into the care of people with depression.
4. The use of care management to support patients in initiating and continuing treatment for depression, to support self management activities, and to monitor response to treatment.

5. The use of a consulting psychiatrist to provide expert advice as needed for patients for whom the primary care clinician has questions.

Year 2 - Passing the Baton

The following Maine PHO practices have committed to participating in the 2004/2005 MaineHealth Improving Depression Care Learning Collaborative and hope to build on the success achieved by the 2003/2004 participants.

- Capital Family Practice, Augusta
- Family Medicine Institute, Augusta
- Home Health/Visiting Nurses of Southern Maine
- Kennebec Internal Medicine, Augusta
- Maine Medical Center-Outpatient Medical Clinic, Portland
- Maine Medical Center-Ob/Gyn Clinic, Portland
- Martin's Point Health Care-Windham
- Miles Internal Medicine, Damariscotta

If you would like more information about the MaineHealth Improving Depression Care Program, please contact Neil Korsen, MD at korsen@mmc.org or Cherie Porter, Program Manager at cporter1@maine.rr.com or 775-7001.

The *NEW* Spring Harbor Hospital

Spring Harbor Hospital has moved to its new facility at 123 Andover Road in Westbrook. The new hospital has 25 percent more therapeutic space than the South Portland facility. For more information on the new site visit www.springharbor.org, select the Publications tab, then InnerView Community newsletter.

Payer Updates

Please visit the MPHO website at www.mpho.org (Provider Support tab) to obtain the most current information regarding payer policy changes and current events.

If you do not have internet access, you may contact Amanda Henson at 771-2004 x 232.

News From KRHA – Sue Lyons

Your Choice, Your Health: Health Improvement Collaborative of Maine

Finding a solution to the spiraling, out of control healthcare costs is a perpetual endeavor. Many attempts have been made to control costs by focusing on the acutely ill, examining over utilization of services and managing catastrophic cases. Other attempts have been made by focusing on particular groups with programs that are isolated and have no continuum of care. Despite some cost containment, it has not stopped the upward spiral. Neither control nor reactive care is the answer. Our focus needs to change to finding *proactive solutions* that are not in silos but cross-over amongst home, work and recreational time. Kennebec Region Health Alliance, along with others, is developing and implementing a pilot program, which addresses the issues more broadly.

For the past year, Kennebec Region Health Alliance, employers and providers from the Kennebec region, along with Anthem, discussed how each could contribute to the solution. We all agreed on the following two key points:

- Improving health by concentrating on high-risk behaviors and chronic diseases would enhance an individual's quality of life.
- Providing employees access to coordinated local clinical expertise and linking the program directly to healthcare providers would be essential.

Through the newly developed program, employees can have access to a work-site nurse who conducts health risk assessments, provides counseling and coordinates healthcare using local resources. Work-site nurses are directly linked to KRHA's Community Care Managers (CCM), who provide intense local case management and who are directly linked to KRHA's Primary Care Providers. In addition, the selected employers understand the importance of fostering wellness and promoting culture change within their environment. Though participation in the program is voluntary for the employees, incentives are provided for those who do participate.

KRHA is very excited to report that the program has been successfully begun at the select employers. Literature and studies show positive return on investment with just implementing parts of this program. Our own analysis of KRHA's CCM program has shown a 36% decrease in PMPM when comparing expenditures prior to case management to after case management. The newly developed program enables us to reach more

people in a coordinated, proactive manner encouraging many to move to a lower risk profile. We have an on-going evaluation program and we will keep you posted on our results.

MMC PHO Clinical Improvement Plan

In collaboration with the AH! (Asthma Health) and the Target Diabetes Programs, the MMC PHO Clinical Improvement Team has been working with primary care practices to introduce them to the technical and clinical tools available to support practices in caring for their patients with adult diabetes and childhood asthma.

We are pleased to report that there are more than 8,000 patients now listed in the MaineHealth Chronic Illness Registry and nearly 5,000 have accompanying clinical data recorded by primary care practices. Congratulations to the MMC PHO Primary Care Physicians and their practice staff for committing resources and personnel for enhancing the quality of care provided to their patients!

Our goal is to have every patient with childhood asthma or adult diabetes identified within the primary care practices and added to the MaineHealth Chronic Illness Registry (CIR) or available to physicians through an electronic medical record (EMR). In recognition of those efforts, the MMC PHO has established an Incentive Reward Program for 2004. There are two levels of rewards *Good* and *Superior* based on meeting clinical performance measures.

The Process Reward Program will reward (per patient) both the PCP's and his/her practice team for achieving process measures.

The Clinical Improvement Team will continue to support each practice in the new process of caring for their patients with asthma and diabetes with technical support, provider tools, process of care support, patient self-care education tools and practice-based care management.

For more information please contact Norie Bruce, RNC at 771-2004 ext. 229 or brucee@mmc.org

The Patient Health Questionnaire (PHQ-9) – The HbA1c of Depression!

For many people who experience depression, it is a chronic illness much like diabetes and hypertension. Clinicians have long used measures such as blood sugar levels and blood pressure readings to monitor outcomes of treatment for patients with diabetes and hypertension, but until recent years they have not had an outcome measure that would provide comparable information for depression.

The Patient Health Questionnaire (PHQ-9) is a validated patient self-report tool.

It is a simple and accurate measurement tool which has proven to be effective in:

- Diagnosing depression based on DSM-IV criteria
- Tracking depression severity
- Monitoring a patient’s response to treatment
- Guiding treatment decisions

Implementation of the PHQ-9 as a measurement tool is a simple and effective way clinicians can improve the care of patients with depression today.

A copy of the PHQ-9 is available on the MaineHealth website at www.mainehealth.org. – Follow the links for health care professionals to Depression, then to Clinical Tools.

Private HealthCare Systems Health Care Discount Cards

Health care discount cards are now offered by some Private HealthCare Systems (PHCS) customers in place of, or as a supplement to, a traditional health plan. Using the discount cards, members have the two options for payment. They may pay the provider the negotiated PHCS in-network rate at the time services are rendered or they can be billed (and be responsible for) full charges. These payment options are intended to encourage patients to pay when care is rendered and thereby eliminate claims costs and payment delays. One PHCS customer utilizing the discount cards is The Capella Group. The front of the card will indicate that 100% of the PPO allowable is due at the time of service. If you have any questions, please contact Jen Moore at 771-2004.

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In Recognition!

The Maine Physician Hospital Organization would like to acknowledge the tremendous contributions of both the **AH!** (Asthma Health) and the **Target Diabetes** Program’s Leadership. Thanks to their commitment, we are embracing the philosophy of the chronic care model. They have provided us with clinical resources, the most current clinical guidelines and education tools. The members of the Asthma Clinical Action Group and the Target Diabetes Work Group can be found on the MPHO website www.mpho.org (see MPHO News).

These elements all are invaluable in supporting the “standard of care” in the primary care setting aimed at improving outcomes and the quality of life for our patients with chronic illness.

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