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## **PRESIDENT'S LETTER**

Things are picking up all around us. Pathways to Excellence (PTE) is reviewing over 175 responses to its diabetes and child immunization survey and is also beginning the development of specialty performance measurement tools; Dirigo is recruiting members for coverage beginning in 2005; and MaineHealth issued a community report on chronic care management.

Of these activities, one of the most interesting developments is in Dirigo and the use of Health Risk Assessment (HRAs) as a screening tool. This is not new. No doubt, most PCPs have had a patient or two walk in with a computer generated report describing their health risks (lung cancer from smoking two packs a day, etc.). But Dirigo is making a unique investment in the use of HRAs: they are reimbursing the PCP who administers the approved HRA and paying the patient for taking it. This accomplishes two objectives that have in the past been shortfalls for HRAs as screening tools. They were often taken at home or at work with no linkage to the individual's physician. Now they will be taken in the PCP's office which puts more emphasis on its value. And, by taking it in the office, it establishes a link between the outcome of the HRA and the physician. No longer an interesting exercise, HRAs are being viewed as a valuable tool to develop a course of preventive care, both by the PCP and the patient. On top of this, the HRA is deemed valuable enough to pay both the PCP and the patient.

In addition to Dirigo, some large employers have talked with member PHOs about offering HRAs to their employees that will then provide information to the PCPs. We can also tie in our chronic disease registries and care managers.

While it may seem like we are getting overwhelmed with new tools, we have to recognize their value and that the employers in our communities are taking an active interest in the health of their employees and families. The PHOs and medical directors will continue to be active in the development of these new tools, and work to make sure they have value.

Terrance Sheehan, MD  
President

## **STANDARDIZING REFERRAL COMMUNICATIONS**

On the MMC PHO membership survey earlier this year, both specialists and primary care physicians cited communication surrounding referred patients as a continuing problem in our community. The majority of both specialists and PCPs strongly recommended standardized forms for referral communication, as well as electronic transfer of information.

As we await the availability of electronic referral management on MaineHealthLink, all physicians are urged to use the standardized MaineHealth referral forms developed by the Clinical Integration Referral Communications Workgroup. The two most useful forms are:

1. PCP referral form which standardizes the request for the consultation, the requested timing of the consultation, and instructions to the staff about clinical information to be submitted to the specialist.
2. Specialist Quickfaxback form standardizing a brief handwritten note about initial impressions and plan, to be faxed to the PCP on the day of the consultation, with the full written consultation note to follow.

These forms, which can be customized with your practice name and letterhead, can be downloaded from the MaineHealth website: [www.mainehealth.org](http://www.mainehealth.org). Select "For Health Care Professionals", then "Referral Communication", then "Clinical Tools", then either "PCP Referral Form" or "Specialty Quick Fax Back forms". The website also contains important information about consultation etiquette and guidelines for both PCPs and specialists.

During 2005 the MMC PHO and the MMC Remote Access Team will be seeking specialty and PCP practices to serve as early adopter pilots of the new HEALTHvison Referral Management product on MaineHealthLink. Interested practices should contact Dr. Larry Anderson, 771-2004 ext. 227 or [anderlar@mmc.org](mailto:anderlar@mmc.org).

## **GREATER PORTLAND ASTHMA COLLABORATIVE UNDERWAY**

Earlier this year, MaineHealth received a grant from the Maine Health Access Foundation to support a community-based asthma collaborative.

The two-year project, known as the AH! (Asthma Health) Community Collaborative, or AHCC, works to improve asthma care and outcomes among disparate populations in the Greater Portland area. The Program will target children and adults with asthma, especially low-income individuals, MaineCare enrollees, the uninsured, the underinsured (individuals with catastrophic or high deductible policies), and non-English speaking groups. It will engage a broad cross-section of the community, including primary care providers, hospitals, public health, housing, schools, pharmacies, childcare programs, individuals with asthma and their families. Together, through a collaborative approach, improving treatment can be addressed holistically.

Fourteen teams have joined the Collaborative and had their first “Learning Session” conference in early October. Teams include:

- MMC Family Practice Center, Portland (Peggy R. Cyr, MD)
- Mercy Primary Care, North Deering (Doug Ertman, MD)
- Intermed Pediatrics, Yarmouth (Charlotte Carnes, MD)
- Homeless Clinic, City of Portland, Health & Human Services Department, Public Health Division
- HomeHealth Visiting Nurses of Southern Maine
- Centro Latino, Portland
- Minority Health Program, City of Portland, Health & Human Services Department, Public Health Division
- The Root Cellar, Portland
- Somali Health Care Program, Portland
- PROP Child and Family Services, Portland
- Noah’s Ark Child Care Center, Windham
- Windham Primary School
- Portland School Based Health Center, City of Portland, Health & Human Services Department, Public Health Division
- Barber Foods

The clinical teams are working to increase the percentage of patients with documented severity classification and to increase the use of controller

medications for patients with persistent asthma among other clinical measures. Community teams have different goals; for example, to increase the number of students with a Maine Asthma School Plan, to increase asthma awareness and education among non-English speaking populations, and to identify barriers to accessing asthma care.

The Maine Health Access Foundation (MeHAF), created in 2000, is the state’s largest health care foundation. MeHAF promotes affordable and timely access to comprehensive, quality health care and seeks to improve the health of every Maine resident. In particular, MeHAF targets projects that serve the medically uninsured and underserved.

For more information about the Community Collaborative, contact Julie Osgood, Collaborative Director at tel. 207-541-7515 or [osgooj1@mmc.org](mailto:osgooj1@mmc.org) or visit us on the web at [http://www.mainehealth.org/mh\\_professional/asthmaclinicalpracticecollaborative.htm](http://www.mainehealth.org/mh_professional/asthmaclinicalpracticecollaborative.htm)

## **HEALING HEARTS: IMPROVING HEART FAILURE CARE—2004 PROGRAM EVALUATION**

MaineHealth is pleased to announce another successful year for its Healing Hearts Program. The program, created by the MaineHealth Heart Failure Workgroup under the direction of the MaineHealth Clinical Integration Steering Committee, was begun in 2000 to address chronic heart failure, which affects an estimated 4.6 millions Americans and is a leading cause of hospital admissions nationwide. The goals of the Healing Hearts Program are to improve the care and outcomes of heart failure patients, improve patient and provider satisfaction with heart failure management and promote consistent standards of care for patients with heart failure across the MaineHealth system.

Eight hospitals and one home care organization from the MaineHealth system currently participate in the program. Each organization is led by a physician and nurse champion who oversee implementation of the following key program components:

- heart failure care managers (in 7 of 8 hospitals)
- discharge instructions pamphlet
- comprehensive HF patient education materials
- free scales to patients with financial need
- inpatient worksheet
- discharge instruction order set
- provider education materials
- educational forums for care providers

In two year's time, MaineHealth hospitals participating in the Healing Hearts Program have demonstrated, sustained and continued improvements in heart failure care. The Heart Failure Workgroup measures the effectiveness of their interventions by tracking the 4 JCAHO Core Measures for Heart Failure at each hospital participating in the program and for all hospitals combined. The program also tracks 31-day heart failure readmission rates across all MaineHealth hospitals. The following is a summary of the 2003 outcomes:

- In 2003, **330** patients received care management and educational support from nurse care managers in the program. **Five hundred and ninety five (595)** educational booklets and **seventy-two (72)** scales were distributed to patients participating in the program.
- JCAHO Heart Failure (HF) Core Measure 1 measures chart documentation that HF patients were given written discharge instructions addressing activity level, diet, follow-up appointment, discharge medications, what to do if symptoms worsen and daily weight monitoring. In a one year period, hospitals showed an increase of **37% percentage points (33% to 70%)**.
- HF Core Measure 2 addresses which patients had written documentation that Left Ventricular Ejection Fraction (LVEF) had been assessed before arrival, during hospitalization or was planned after discharge. LVEF improved from **68%** in 2001 to **94%** in 2003.
- HF Core Measure 3 assesses the number of patients with LVEF (and no contraindication to ACEI) who were prescribed an ace inhibitor at discharge. For this measure, hospitals showed a **30 percentage point** improvement (56% in 2001 to 86% in 2003).
- HF Core Measure 4 assesses whether a heart failure patient with a history of smoking within the past year has been given advice/counseling about smoking cessation. In 2001, hospitals documented that 51% of patients meeting these guidelines had been given advice/counseling. In 2003, this number climbed to 75%.
- Heart Failure 31-day readmission rates decreased from **17.5%** in 2001 to **9.46%** in 2003.

Healing Hearts interventions are positively impacting patients' lives *and* helping healthcare systems to save money. In 2003, by avoiding 185 Heart Failure 31-day readmits, the MaineHealth hospitals collectively saved \$473,000 (average net loss of \$1661 per admission).

In 2004-05, the group will continue efforts to improve inpatient care of HF patients, will work to expand the Healing Hearts Program to home care agencies affiliated with MaineHealth hospitals, will explore end-of-life care for HF patients, and will oversee a Cardiovascular Disease Learning Collaborative to engage primary care providers and cardiologists in improving HF care in the outpatient setting.

For more information contact Amy Grant, Program Manager at 541-7536 or [granta@mmc.org](mailto:granta@mmc.org).

#### **MMC PHO WELCOMES DR. JAN BERLIN**

A. Jan Berlin, M.D. has joined the staff of the MMC PHO as Associate Director, Quality Improvement and Medical Affairs. After many years on the faculty at the Cleveland Clinic, Dr. Berlin responded to the allure of sailing and other amenities of living in Maine by moving here to join the Maine Eye Center as an oculoplastic surgeon. Since his retirement from practice, he has been active with the American Academy of Ophthalmology by serving on its Board of Directors and overseeing educational activities such as the annual scientific meeting and the Academy's evidence-based guideline development called Preferred Practice Patterns. Most recently he was Director of Development for The Iris Network.

Dr. Berlin will be assisting Dr. Larry Anderson with the development and implementation of quality initiatives for specialist MMC PHO member practices.

#### **MAINE PHO WEBSITE**

Have you checked out the Maine PHO website? We update the information daily and are currently working on revising the clinical improvement content. One area that you might find helpful is our *Provider Directory*. You can search for Maine PHO providers by name, specialty, PHO or town. Visit [www.mpho.org](http://www.mpho.org)

#### **CIGNA 2005 CHANGES**

CIGNA has announced several benefit and procedural changes which will go into effect on January 1, 2005. The Maine PHO has held Office Manager Forums in Portland, Lewiston, and Waterville to review these changes. If your staff was not able to attend, please visit [www.cignaforhcp.com](http://www.cignaforhcp.com) and download the 2005 *Alert* for details.

## MAINE STATE LIBRARY OUTREACH: HELPING PEOPLE LIVE FULLER LIVES

“I’m very grateful for all your help. The books are there when I really need them—they really make a difference in my life.” “I don’t know what I would do if I couldn’t read, I have Glaucoma and it is difficult for me to read normal print. . .”

These are the kinds of testimonials we at Maine State Library Outreach receive all the time from grateful users of our Talking Books, Large Print and Descriptive Video services. Delivered by mail, free of charge and requiring no postage, they mean even more to individuals on fixed incomes.

Talking Books offers a huge library of popular reading materials for all ages on four-track audiocassette. It is a tax-supported program of the National Library Service, which was established in the 1930s. Talking Books provides specialized four-track cassettes and players free of charge to the blind, visually impaired, and physically disabled (can't hold a book). The tone and volume of the cassette players can be adjusted to suit the listening preferences and needs of the users. Descriptive Videos, which include special narration for those who cannot see the settings of popular films and television shows, are also popular. We also loan Large Print books to libraries and eligible individuals.

However, it is not always easy for people to accept that their vision is failing, and as a result sometimes they have a difficult time trying something different. One of the most important things health care providers can do is help their patients understand that by learning new coping skills and using new tools, they can continue to live fulfilling, interesting lives.

If you would like some brochures or other materials, please feel free to contact us.

*Melora Ranney Norman, Outreach Coordinator at Maine State Library, may be reached at 287-5653 or 1-800-762-7106, or via our web site: [www.maine.gov/msl/outreach](http://www.maine.gov/msl/outreach)*

Don't Forget! Institute for Healthcare Improvement (IHI) satellite broadcast at the Dana Center Auditorium on Dec 14-15. Dr. Donald Berwick's keynote address is at 8:00 AM on Tuesday, December 14<sup>th</sup>. Contact Elizabeth Lambert, [lambec@mmc.org](mailto:lambec@mmc.org) or 541-7533, if you are interested in attending. See the Sept/Oct PHO Connection for more details

