



SPRING/SUMMER— 2008

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PRESIDENTS LETTER

For years, the PHOs have been focusing their resources on quality improvement and measurement, first with Primary Care Physicians and more recently with Specialists. For the former, we have all made a good deal of progress in demonstrating our work to close the quality gap (chasm?) which existed for patients with chronic illnesses. This work is reflected in the Pathways to Excellence Blue Ribbons the member PCPs have achieved; as well as the Anthem Quality Incentives. For the Specialists, they have just started the process of identifying quality measures, but already there is significant engagement by Specialists through out the PHOs.

As we have been focusing on quality (and appropriately so), we have not actively worked on the other two key components of a good health care delivery system: access and efficiency. I was recently asked “how many of the Primary Care Physician practices are using open access scheduling.?” At the time I didn't know and had to admit I hadn't thought about it. I have learned that it is only about 15%. But access is not only at the PCP office level, we need to be thinking about access to Specialists practices as well.

Anecdotally, we hear good and bad comments. Some PCPs are very good at providing referral information which greatly facilitates the patient's accessing the Specialists. Other PCPs aren't as good. Then there are the patients that go directly to the Specialist with no PCP involved, but that is a topic for another day.

The final leg to our three-legged stool of health care delivery is efficiency. Some of you may have heard Ted Rooney's axiom: “Efficiency without quality is unthinkable, Quality without efficiency is unsustainable.” The health care system cannot afford to provide quality that is not affordable. We hear that there is thirty percent waste in health care delivery - some as overuse, some as wrong use, and some as under use. Each results in waste from too much care, wrong care, or need for corrective care at a later time. While the elimination of waste and improved efficiency (without sacrificing quality) seems like a no brainer, I am reminded by someone more cynical than myself: “one person's waste is another person's revenue.” Or another way of saying “this isn't going to be easy.”

All three of these components of health care delivery are found in the Patient Centered Medical Home program which is being piloted in Maine. *(continued on last page)*

PAYORS REPORT

Anthem

On May 24, 2008, Anthem began accepting *only* National Provider Identifier (NPI) numbers on electronic claims and other transactions requiring a provider number to meet required HIPAA compliance. As of May 24, 2008 any submitter who submits an electronic transaction with a provider identifier other than the NPI (even if the NPI is also on the transaction) risks rejected claims and payment delays. These claims will generate rejects (failed claims) on submitters' Level 2 Status reports. Previously assigned Anthem legacy IDs will be considered invalid; therefore, claims should not be submitted with these numbers. However, certain providers are exempt from submitting NPIs. Exempt providers are those individuals and organizations who are “not eligible” to receive NPIs, and therefore are not required to use them. Examples of exempt providers include taxi services, home and vehicle modification, insect control and health clubs.

Effective June 22, 2008, the Anthem multiple surgery policy will be updated as stated in the February 2008 Anthem Network Update. Certain procedures will no longer follow the 100 percent maximum allowance for the primary procedure and 50 percent for each subsequent procedure. The codes affected by this policy change are set forth on page 6 of the February 2008 Network Update.

On May 1st, Anthem began utilizing a new claims editing tool called ClaimsXten[®] to replace their existing system. The additional edits that will be included were outlined in the February 2008 Network Update.

Harvard Pilgrim Health Care (HPHC)

On May 23rd, 2008, HPHC ceased accepting electronic transactions or paper claims submitted without a valid NPI as the primary provider identifier. Covered entities, as defined by HIPAA, will be required to use the NPI as the primary provider identifier on standard electronic transactions. Paper claims, including those submitted on UB-04, CMS-1500, and ADA J400 forms, must include a valid NPI in the correct provider identifier fields. Paper claims submitted without an NPI, or an invalid NPI in the correct field location, will be returned to providers for correction and re-submission.

In the May 2008 HPHC News to Use, HPHC announced that they will begin distributing News to Use via e-mail. In order to receive the e-mail version of the HPHC consolidated newsletter, go to www.harvardpilgrim.org/providers and click on the link from the home page to submit your e-mail address. You will then begin receiving the new publication via e-mail within the coming months.

Maine Immunization Program

Beginning June 1, 2008 two vaccines that the Maine Immunization Program had previously supplied universally to all children will be limited to VFC-eligible children only. These are: Tdap and 2nd dose Varicella. As of June 1, 2008, Tdap, 2nd dose Varicella, Hepatitis A, Rotavirus, HPV and Menactra supplied by the Immunization Program should only be administered to children 0-18 that are: Medicaid Eligible, American Indian/Alaskan Native, Uninsured, or Underinsured. To vaccinate patients who do not meet a least one of the requirements above with one of these antigens, private purchased vaccine should be used.

Provider Newsletters

You may obtain information referenced above directly from the Maine PHO website. The Maine PHO website address is – www.mpho.org. Under the Links tab you can access the websites for the health plans, www.anthem.com, www.harvardpilgrim.org, www.cigna.com, and www.aetna.com. You may obtain current as well as older versions of provider newsletters from these payor websites. These newsletters often have policy updates which we encourage you to review.

“LEAN”

What Does It Really Mean?

As managers we've been hearing the words Access, Efficiency, Flow and now Lean. But, what do they all really mean? Simply put,

LEAN is looking at the processes that you currently have in place and determining if there are steps (waste) that can be eliminated

I know, you're saying to yourself that the processes you have in place are fine. As a former Practice Manager at a busy PCP practice, I said that myself. But are they *really*? And are staff who use these processes doing it the same way? I thought my staff were, but I was disillusioned. By going through the process of looking at work processes I can guarantee you it will make your staff and the processes they use more efficient. It will also do something very exciting! It will bring staff together. They will talk processes through, together. They will listen to each others ideas and concerns, together. This fosters *teamwork* and *communication* which to me is the foundation of any successful practice. It becomes contagious. Your staff will have a voice in what they do and how they do it and they become the “change-agent”. They will be committed to

making it work. It will energize them and you get the “buy-in” you need to make the changes for a more efficient practice.

So, you're thinking, “this all sounds really warm and fuzzy, but how do I even start this process?” Let's look at an overview of the steps that need to take place:

1. Identify an area of interest, - Are there processes that appear inefficient or lead to frustration?
 - o Example: Exam room supplies, are they the same in every exam room? Are drawers and cupboards set up the same way? This allows physicians and clinical staff to efficiently use any exam room.
2. Convene all involved at the table: providers, clinical and clerical staff
3. Make a flow-chart of the present protocol/process; start at the very beginning: who does what and in what order is it done
4. Take each step and analyze it; does it work? Is there a better way, new idea?
5. Make a flow chart of the new protocol/process
6. Then do a PDSA (Plan, Do, Study, Act)
 - A. Try the new protocol/process for 1 week.
 - Have staff document concerns in a binder
 - B. Reconvene
 - C. Discuss what is working & what is not
 - (a) Ideas for rework
 - D. Map out the flow of the updated protocol/process
 - E. (a) Continue the above until all areas of concern have been addressed and changes agreed upon
7. Write a new protocol/process for all to adhere to until discussion for change has been addressed, agreed upon and communicated to all involved

Now you're thinking, “how much time and effort will this take?” Let me assure you, the time and effort you put into this process will come back tenfold in the form of increased efficiency! The team work and communication that it will foster, along with the energy it creates, makes it more than worth the effort! You can even team up with another manager and look at each other's processes for ideas to help you get started.

Resources:

1. *Creating a Lean*: may be downloaded from the Family Practice Management Web site at www.aafo.org/fpm or from MMC PHO Web site: <http://mmcpho.org/resource/d/37979/ToolstoImproveOfficeEfficiencyDWillisFPM.pdf>
Tools to Improve Office Efficiency: may be downloaded from the Family Practice Management Web site at www.aafo.org/fpm or from MMC PHO Web site: <http://mmcpho.org/resource/d/61232/EndsleyCreatingaLeanPracticeAFP2006.pdf>

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Automated Fecal Occult Blood Test to Detect Colorectal Cancer

Introduction

In June of 2008, NorDx Laboratories began performing a new screening method for colorectal cancer. The Immunochemical Fecal Occult Blood Test (IFOBT) is an automated immunoassay.

This immunochemical test provides several advantages over the old guaiac method including ease of collection, reduction in the number of samples needed, no dietary restrictions, improved specificity for human hemoglobin, and detection of hemoglobin from the colon or rectal area only.

The new IFOBT detects human hemoglobin by immunoassay using a photometric reading of the presence of an antibody-antigen complex.

Clinical Significance

Colorectal Cancer is the third most frequently diagnosed cancer among men and women in the United States and the second leading cause of cancer death.

According to the Centers for Disease Control and Prevention (CDC), 60% of deaths from colon cancer could be prevented if every-one 50 years or older were regularly screened.

Screening methods can detect adenomatous polyps, precursors to cancer that can be removed before they progress to malignancy. When cancer is detected and treated at an early stage, the 5-year survival rate is 90%. *See chart from American Cancer Society.

The previous guaiac based screening test has a low rate of patient compliance due to an unpleasant collection procedure, multiple dietary restrictions, and need for repeated samples.

Current Statistics on Screened Cancers

Cancer	Screening Frequency	Screening Modality	Number of new cases/year	Number of Deaths/year	% Screened	% 5 year Survival
Cervical	yearly	PAP	9,710	3,700	82.3	83
Prostate	Offered yearly	PSA/DRE	234,460	27,350	53.7/52.0	99
Breast	yearly	Mammogram	214,640	41,430	69.7	88
Colorectal	yearly	IFOBT/Colonoscopy	148,610	55,170	39	64

Appropriate Use of Test

Unlike the guaiac method, which uses Occult Blood cards where three consecutive samples are needed to confirm negativity, the IFOBT method requires only one sample. There are no dietary or Vitamin C restrictions, which both factor into the cause of false positives when using the guaiac method.

The American Cancer Society recommends annual Fecal Occult Blood Testing every year beginning at age 50. Patients will need to be instructed to submit the self-collection device soon after collection as testing must be performed within 5 days.

Specimen Requirements

Collection: Patient/Physician submits a single sample from one stool specimen collected in the IFOBT Sample Bottle Collection Device accompanied by a self-addressed, pre-stamped mailer provided by NorDx.

Transport: Routine courier pickup or mailer.

Storage: Up to 5 days at room temperature.

Unacceptable Conditions: Samples not received within 5 days of collection.

Contact Information

If you have any questions or would like to learn more about this new Automated Fecal Occult Blood Test or obtain testing kits, please call NorDx Client Support at: (207) 885-7830.

(Presidents letter—continued from page 1)

Maine Quality Forum, Quality Counts, and the Maine Health Management Coalition are convening a multi-payer pilot program to identify the opportunities and challenges of the Patient Centered Medical Home. This, too, is a topic for another day. The key point is that working together, and with the support of the PHOs, we need to achieve optimal performance for all three legs of the health care delivery stool: quality, efficiency, and access. Stay tuned, more to come.

Barbara Crowley, MD

Harvard Pilgrim 2008 Provider Office Training Events

Harvard Pilgrim's Provider Relations Department is offering a calendar of training sessions throughout 2008. These sessions are targeted to help educate both individual provider office and group/facility administration staff on Harvard Pilgrim products and policies, on-line functionality, provider service options and electronic administrative services to name a few. Specific session titles include the following:

- ✦ New Provider Orientation
- ✦ Products Overview
- ✦ *HPHConnect* – Functional Therapy Notification Submission
- ✦ *HPHConnect* – Skilled Nursing Facility Inpatient Authorization Request
- ✦ *HPHConnect* – Home Health Care Authorization Request
- ✦ *HPHConnect* – Acute Care Hospital Admission Notification
- ✦ *HPHConnect* – Primary Care Physician Referral for Specialty Care
- ✦ New Provider Claims Reports
- ✦ *NEHENNet* – Multi-payer Transaction Portal

EDI Options – Claims & More

For more information on these sessions (including training objectives, available dates, times and locations), visit the Harvard Pilgrim provider home page at www.harvardpilgrim.org/providers. Then select the 2008 Training Calendar link under the News section. To sign up for a training session, just send an E-mail with your session preference (title and date) to provider_relations@hphc.org.