



Vol. 10 No 5

September-October 2004

## President's Letter

Remember when we only had to deal with HMO products and traditional fee-for-service indemnity products (traditional Blue Shield) and when there were no copayments or a fixed dollar amount copayment? It is hard to believe that may be the definition of the good old days. In addition, we had PCP capitation and withholds, which we might get back. These are all beginning to change and in some cases disappear from the health care landscape. We are seeing more products, more combinations of benefits with deductibles and copayments, and more active interest by large employers to use the MaineHealth Management Coalition's "Pathways to Excellence" data to create a preferred network of providers.

For 2005, we expect to see some decline in HMO business. Anthem has filed to roll Maine Partners Health Plan (MPHP) into Anthem. They will offer alternative Anthem products to current MPHP members during 2005. Anthem will also be introducing Dirigo Health under its contract with the State of Maine, a new product with new deductibles, copays, and benefits. In fact, we are seeing an increasing number of people moving to high front end deductible PPO products that encourage members to use a select, albeit broad network of providers. The challenge in the office will be managing the deductible payments owed by your patients. And while preventive visits are usually covered with a copayment, the deductible amounts may keep patients from coming in when they should. Anthem is not the only insurer who offers this product. We expect to see more of them.

Another area where we are seeing increasing activity is Medicare supplemental products. The new Medicare laws are encouraging the creation of Medicare Advantage products - similar to the Medicare+Choice HMO products, but better funded. At least two insurers have expressed interest in contracting with PHOs to offer these products. They have indicated interest in pay-for-performance quality improvement incentives and some support for care managers. We will have more information in the next few months.

All of these changes will change the administrative loads in your offices. Hopefully, some things will go away or be reduced (referrals and precertifications, for example may be reduced). The emphasis on clinical/quality improvement and the related pay-for-performance incentives are putting the focus on what we do as physicians. While threatening at one level, it can help us provide better, consistent care for our chronically ill patients and others. The move to electronic medical records and other electronic resources may become more attractive in order to deal with these changes. For the first time, the focus is not on dollars to be saved, but improving health care in meaningful ways. Ultimately, the improvement in quality will benefit the health of our patients, which is a savings to everyone.

The Maine PHO is working to reduce the adverse impacts of these new benefit structures while working toward the implementation of standardized quality improvement pay-for-performance incentive programs and ways to support our members' participation in these programs.

Terrance Sheehan, MD  
President

### FREE ICD9 Information

Check out this great website where you can do inquiries for free on the appropriate ICD9 codes. This site even takes you out to the 5th digit!!!

<http://www.icd9coding.com/>, then click on the big red target to get started.

## DIRIGO Update

On June 13, 2003, the Maine legislature overwhelmingly enacted the Dirigo Health Reform Act with 2/3 bipartisan majorities in each chamber. Dirigo Health became law on September 13, 2004. As highlighted in the following recently published press release, the key accomplishments in the first-year of this legislation include:

- The successful completion of negotiations with Anthem Blue Cross and Blue Shield of Maine as the partner in Dirigo Choice. The Dirigo Choice Plan is built on the prevailing market PPO offerings but includes three unique innovations: (1) Wellness and prevention coverage at 100%; (2) the Healthy ME Program to provide incentives to enrollees who take responsibility for their health and to enhance wellness; and (3) Financial Discount Program to offer reduced payments and reduced deductible levels depending on income. The discounts are available to individuals who make up to three times the federal poverty level - \$27,930 for a single person, \$56,550 for a family of four. The sign-up period for this plan opened on October 4<sup>th</sup>.
- The Issuance of the Interim State Health Plan. Following extensive input from the Advisory Council on Health System Development, a public hearing, and incorporation of written public comment, the Governor's Office of Health Policy and Finance issued a one-year, interim Plan this past July.
- Issuance of the Capital Investment Fund rule and strengthening of the Certificate of Need (CON) Program. An emergency rule was issued on July 26, 2004 establishing the Capital Investment Fund which is the annual limit on the dollar amount of the third year costs of capital expenditures and new technology investment approved under the CON Program.
- Rate Regulation in the Small Group Market. The Bureau of Insurance has implemented regulations limiting how premium increases can be imposed on Maine's small group market. At least 78 cents of every premium dollar must be spent on medical claims.
- Posting of Average Prices. Providers are required to make available upon request their charges for their most common procedures.

- Maine Quality Forum. The Maine Quality Forum is established and working to improve the quality of care statewide.
- A Collaborative Process. In order to create a collaborative approach for the successful implementation of the Dirigo Health Reform Act, 6 boards and commissions consisting of diverse stakeholders from across the state were created to either direct or advise certain initiatives. These are the Dirigo Health Board of directors, The Maine Quality Forum Advisory Council, the Commission to Study Maine's Hospitals, the Advisory Council on Health Systems Development, the Public Purchasers' Steering Group, and the Task Force on Veterans Health Services.

For more information about the Dirigo Health Reform Act you may visit their new website at [www.dirigohealth.maine.gov](http://www.dirigohealth.maine.gov). The website includes detail on all of the cost, quality and access provisions of the Act and will be continually updated.

### **Experience IHI Without Having to Travel Too Far from Home!**

For the first time, MaineHealth is sponsoring a live satellite broadcast of the plenary sessions of the Annual National Forum on Quality Improvement in Health Care at the Maine Medical Center Dana Auditorium December 14-15, 2004. Held this year in Orlando, the Institute for Healthcare Improvement (IHI) Forum is the largest conference for those working on improving the quality of healthcare, attended by thousands in person and thousands more by satellite.

The Forum highlight is the keynote address by IHI CEO Dr. Donald Berwick 8:00 AM Tuesday, December 14th. Other plenary sessions follow on Tuesday through 4:15 and Wednesday, December 15<sup>th</sup>, from 8-10:45 AM. Details about the sessions and speakers are available on the website [www.ihf.org](http://www.ihf.org).

There is no charge for attendance at our satellite broadcast but response of intention to attend is important to us for planning purposes. Further details are available from Elizabeth Lambert, [LAMBEE@mmc.org](mailto:LAMBEE@mmc.org) or 541-7533.

## Defining Directions for the Maine PHO

The Maine PHO Board directed the Medical Directors of the individual PHOs to set the new course for the regional PHO. At the recommendation of the Medical Directors, the Board approved new statements of Mission:

- “Working together as physicians, hospitals, and purchasers to support the provision of care that is safe, effective, patient-centered, timely, efficient, and equitable”

and Vision:

- “The network of choice for quality healthcare.”

The Medical Directors further recommended focus on four areas:

1. Communication, with our members and with external customers
2. Technology, with a goal that all physician members will adopt an electronic medical record
3. Quality initiatives, aligned with the Maine Health Management Coalition’s “Pathways to Excellence”
4. Employer product, with a goal of standardizing care for all employees across our region.

Further consensus was reached on several points:

- The PHO will be the vehicle to drive quality and patient safety in our communities, because it is the right thing to do for our patients
- The PHO will advocate for resources to support systems required for measuring and reporting quality at the practice level
- Our commitment to quality will define our clinical integration and strengthen our ability to contract with purchasers of healthcare
- As members of the “coalition of the willing” committed to continuous quality improvement, PHO physicians will be positioned to benefit from future differential reimbursement rewarding quality care
- An integrated health information system across our region will bring collaborative care between PCPs and specialists to new levels.

The Maine PHO Board agreed with the Medical Directors’ assessment that there are sound reasons to work together as a regional PHO. The next step is developing a business plan and implementation strategy.

Larry G. Anderson, MD  
Medical Director

## MMC PHO Physician Referral and Communications Survey

Earlier this year, the MMC Physician-Hospital Organization conducted a physician survey to examine the patient referral process. The questions in the survey focused on the five critical elements of an effective patient referral: **access, communication, collaboration, coordination, and patient feedback.** More than 56% of the physician members responded. A number of important issues were identified including:

- Half of patients referred to specialists arrive for their initial appointment without necessary tests having been completed or results made available;
- Securing a timely urgent appointment with a specialist often requires direct contact by the PCP;
- One quarter of PCPs report that they would find it unacceptable, under any circumstance, for their patient to be seen initially by a specialty physician extender;
- Most PCPs and specialists indicated that a standardized referral form and an electronic communication system would be very beneficial in making the referral process more effective;
- Specialists believe a more coordinated approach and additional education is necessary in order to improve patient care for specific medical conditions such as chronic pain, joint pain, hyperlipidemia, congestive heart failure and chest pain, hypertension, diabetes as well as depression and other psychiatric conditions.

A number of these and other issues identified in the survey are being addressed by initiatives that are currently under way. The HEALTHVision Referral Communication system now being developed within MaineHealth Link will address some of the communication, coordination and collaboration issues. Also, as a result of a previous referral initiative through MaineHealth, we have MaineHealth referral communications forms. Increasing the availability and access to these forms is a priority for the Maine PHO.

We are planning to repeat the survey in 2005 to measure the impact of the above initiatives. For more information, please contact Jen Moore at 771-2004 ext. 226 or [moorej@mmc.org](mailto:moorej@mmc.org).

## **PIER Program seeks your help**

The Portland Identification and Early Referral program (PIER) is seeking your help in identifying your patients in Cumberland County between the ages of 12-34 who may be at risk for developing a major mental illness (schizophrenia or a psychotic mood disorder).

PIER is a community-wide clinical research project with a simple goal: Stopping the progression of the illness process before it deteriorates into psychosis and long term disability. (The estimated lifetime societal cost for each case of schizophrenia is 10 million dollars.)

The PIER Program is currently in its third year, and the outcomes are very promising. Over those three years, PIER, in concert with physicians, schools and colleges in Greater Portland, has identified over 60 young people at risk for a psychotic disorder and has prevented onset in all but 13% who have had a brief psychotic episode. Two of those developed schizophrenia and the rest quickly recovered, leaving an incidence rate of 5% among those identified early. Almost all of those who did not have an episode have regained nearly normal role functioning, rather than deteriorating. Although this is a preliminary result, it has been observed consistently over the course of this project. The treatment offered is intensive family support and guidance, low-dose antipsychotic medication and supported education and employment. It seems to be highly effective in preventing onset. The critical step is early identification, which needs to be done mostly outside the mental health system. Many of the earliest—and most successfully treated—cases have come from pediatricians, family practitioners and internists with adolescent patients.

Here are a few early warning signs for psychosis:

- Significant decline in functioning
- Withdrawal from family and friends
- Subtle changes in perception (seeing or hearing unusual things)
- Difficulties understanding or speaking words
- Unusual or exaggerated beliefs
- Loss of motivation or energy
- Uncharacteristic or peculiar behavior
- Heightened sensitivity to sight, sound and touch
- A vague feeling of being disconnected or confused
- Fear or suspiciousness of others.

If you are seeing a patient in your office or clinic and they have two or more of these warning signs, or if you have questions or concerns about a particular patient and their symptoms, please call PIER at (207) 662-2004 or toll free at 877-880-3377 for a free and confidential consultation. The cost of the referral and the care given at PIER are also free. Time is of the essence in prevention—call at the earliest opportunity.