

PRESIDENT'S LETTER

In a recent conversation with a practice manager, she was telling me about how things have changed over the years. What used to be reasonably manageable has become increasingly demanding - more expectation and faster changes with the same resources. It brought to mind one of the great comic sketches of all times: Lucille Ball and Vivian Vance trying to keep up with the candy conveyor belt. This practice manager thought that was an apt comparison...except for trying to stuff the candies anywhere they could. There is no place to hide the increasing expectations. But it does speak to the need for finding new ways to get the work done with limited resources - clearly the old ways are not keeping up with the changes.

While tools such as registries and electronic medical records (EMRs) can bring significant benefits, they are still tools. They can either help your office become more efficient or they can become a burden on an already over taxed staff. The difference between the two outcomes is the planning that goes into the installation and implementation. Both registries and EMRs require changes in workflows and redefining the roles of the entire staff in the practice. Those practices that have been successful have re-invented their workflows and people.

But how do you redesign an already overworked office staff? First, the physician/owner/manager must be committed to change and either leads the way or supports the "change agent" on his/her staff. Next, there are several educational and support programs provided by the PHOs: take advantage of them. Take advantage of the networking that is available through the PHOs - you'd be surprised what some of your colleagues have already done.

Change is coming and like Lucy's candy conveyor belt, someone is turning up the

speed. We are going to see greater expectations around clinical/quality performance reporting for PCPs and Specialists; differential reimbursement based on quality and efficiency, referral patterns that favor the good performing specialists, etc. Talk to your colleagues and PHOs to see what resources are available and check them out.

Barbara Crowley, MD
President

PAYOR UPDATES

National Provider Identifier (NPI)

Beginning January 1, 2008, The Centers for Medicare & Medicaid Services (CMS) will require hospitals and other health care providers to use the NPI when they bill Medicare fiscal intermediaries and Medicare Administrative Contractors, the agency said in a recent notice. Claims that contain only a legacy provider identifier in their primary fields will be returned as unprocessable, the agency said. CMS said it was taking the "next step toward full implementation of the NPI" because the "vast majority" of providers already include the NPI on their Medicare claims. Providers may include both an NPI and legacy identifier in the primary fields through April 2008. However, CMS recommends they submit at least some claims with only an NPI to assure their claims will process successfully when an NPI alone is required, beginning May 1, 2008.

Medicare Advantage Plans

A number of new Medicare Advantage Plans are currently being marketed and will most likely have some members effective January 1, 2008. In order to assist you, the Maine PHO website (www.mpho.org) has a grid that lists the Medicare Advantage Plans and some information about their benefit designs.

Aetna

In early October Aetna sent letters to participating providers about the new cost of medical procedures by facility tool that was introduced in November. This tool is being introduced in response to the growing membership in consumer-directed health plans. With this tool, members will see the more common elective procedures and services they may need or ones that require some planning. Some of the procedures include cardiac catheterization, colonoscopy, coronary bypass surgery, hysterectomy and ear tube insertion. After selecting a procedure, members will see a list of Aetna participating facilities in their area that perform the procedure. Actual cost ranges for that procedure, based on claims data for the past two years, are displayed as well.

MAINE PHYSICIANS CAN NOW RENEW THEIR LICENSES

ONLINE - OCTOBER 15, 2007The Maine Board of Licensure in Medicine has partnered with InforME, the state's eGovernment provider, to provide a new service that allows Maine physicians to renew their licenses online. The user-friendly service is designed to allow physicians to quickly and easily renew their professional licenses 24 hours a day, 7 days a week. The service is located online at:

<http://www.maine.gov/online/doclicensing/>.

Physicians will no longer receive paper applications for renewal of their MD license. Instead, licensees will be receiving a postcard notifying them that their license is due to expire. The postcard will provide the address for the online renewal as well as instruction for obtaining a paper copy if necessary.

To use the online system, physicians must hold an active or inactive Maine license. Physicians who meet these criteria can

renew their license, change the status of their license from active to inactive, and update their address. Payment with a Visa or MasterCard may be made through Maine.gov's secure payment processor.

Physicians are required to renew bi-annually, and may do so within one month of renewal date. For more information regarding the Maine Board of Licensure in Medicine, please visit http://www.docboard.org/me/me_home.htm.

Related Services The online nursing license renewal service

(<http://www.maine.gov/bon>), available since 2005, has been very successful. Over 80% of nurses now renew their licenses online.

InforME is the state's eGovernment provider, responsible for managing the state's official Web portal and building online government services in partnership with state and municipal agencies. Maine.gov (www.Maine.gov) offers more than 350 online services, including vehicle/trailer registration renewals, hunting and fishing licenses, criminal history records, traffic ticket payments, and business tax registration.

MENTAL HEALTH INTEGRATION PROGRAM ENDS A PHASE AND BEGINS ANOTHER

"Inspiring. Makes me want to keep trying to sustain and enlarge Mental Health Integration"(MHI). That's how one participant described the conference entitled 'Celebrating Successful Partnerships' at the Hilton Garden Inn in Auburn on October 18, 2007. This conference, put on by MaineHealth's Mental Health Integration (MHI) program, marked the culmination of its first phase of operation.

The conference featured two nationally known experts in integrated care. Macaran Baird, a family physician and family therapist from Minnesota who was one of the early advocates of integration, provided

inspiration in his keynote speech, blending experience and expertise supported by strong evidence and good common sense. Brenda Reiss-Brennan, a psychiatric nurse practitioner from Intermountain Health Care in Utah, developer of the integration model we are using and initial trainer for our Phase one teams, provided commentary on our progress and on the path forward. She was particularly impressed with the significant progress made by the teams, exclaiming, "What a great meeting! I smiled all the way home on the plane."

The MHI program has received grant funding from the Maine Health Access Foundation and the JTG Foundation, and ongoing support and mental health leadership from Maine Medical Center and Spring Harbor Hospital. With the goal of integrating mental health services with primary care practices, the Intermountain Health Care model offers the following components:

- Standardized mental health self-assessment questionnaires for adults and children/adolescents;
- Stratification of risk/complexity to help match level of services to level of need;
- On-site mental health services in primary care practices to help address the needs of at least some patients, and to help link patients to other needed services;
- Care management to make sure that needed services and treatments are received.

Six partnerships consisting of primary care practices and mental health organizations have been working together since May 2007 to pilot test this approach. The participants are:

- Greater Portland Pediatrics and Spring Harbor/Maine Medical Center Mental Health Network

- Western Maine Pediatrics, Norway and Tri-County Mental Health
- Robert Merrill, MD, Rockport and Mid-Coast Mental Health
- Winthrop Family Practice and Kennebec Behavioral health
- B. Street Health Center, Lewiston and Common Ties Mental Health Coalition, Lewiston
- St. Andrews Family Care, Boothbay and St. Andrews Social Services, Boothbay

These six pairs of organizations have all successfully introduced at least some components of the model. More than 200 patients have had the direct benefit of integrated care for their mental health problems, while many others have benefited indirectly from the improved access and working relationships between the primary care sites and the local mental health clinics. While it is too early in the piloting of this model to report on outcomes of care, all participants provided stories about how patients have been helped by this approach.

The next phase of the MHI program will begin in 2008. Thanks to another grant from the Maine Health Access Foundation, we will be able to bring MHI to sixteen additional partnerships over the next three years. We will continue to support current participants to help them spread and sustain the changes they have made, as they serve as role models for new teams getting started.

Several primary care practices and mental health organizations have indicated their intent to participate in the next phase, but if you are interested in more information about the MHI program, please contact one of the people listed below:

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**CALLING ALL PRIMARY CARE AND
PEDIATRIC PRACTICES: Save the
Date for PRISM 4**

YOU are invited to attend our first Practice Improvement Series Meeting (PRISM) for 2008 on January 17th from 7:45 a.m. -3:30 p.m. at the Harraseeket Inn in Freeport, Maine. The theme for PRISM 4 is "Turning Information into Action." The **keynote for this PRISM is Nananda Col, MD, Director of the Center for Outcome Research and Evaluation at Maine Medical Center**, who will be speaking on her research and expertise in shared-decision making. The afternoon plenary, "Laughter is Sometimes the Best Medicine," will be presented by Susan Goran, RN, MSN, who will lead us all to understand the importance of laughter in the healthcare industry.

www.mpho.org/clinical_improvement/main_ehealth_learning_community/practice_improvement_series_meetings_prisms/