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Directors Corner

Linda Bailey, Executive Director

As of July 1, 2009 Lakeshore Health Network celebrates its first anniversary as a newly merged entity. This has been a very exciting year, integrating our processes and taking the best practices in both of our legacy organizations and replicating them to make all of us stronger as one new organization. This Spring seemed an ideal time for our organization to begin a process of visioning and planning for the future.

To accomplish this task, we chose to take the time to ask our customers what they expected and/or needed from a Network of medical providers serving our community. The staff conducted a series of focus groups in Muskegon and Oceana Counties that included: physicians, hospital management, health plans, employers, office managers, health care insurance agents and others in our community. In April, the Board dedicated two days to planning and developing the goals that will carry our organization into the future. At these planning sessions, the Board was addressed by Dr. Thomas Simmer, Medical Director of BCBS of Michigan as well as a panel from our community, consisting of Cindy Larsen from the Muskegon Chamber of Commerce, Lisa Sabourin, from the Employers Association of West Michigan, and Edward Garner, from Muskegon Area First. The information from the community focus groups, as well as that from our speaker, gave the Board a broad breath of information to consider as they set our direction for the future.

A set of objectives has been set for LHN's future. They are comprehensive, addressing the needs of our members and the community we serve. Detailed work plans are being developed to address the following areas and goals:

Membership: Provide the highest level of customer service to demonstrate value and meet the individual and collective needs of our members.

Clinical: Develop a Patient Centered Medical Network utilizing common tools and evidence based guidelines to improve the wellness of the community we serve.

Operations: Create an efficient and effective staffing model to support the objectives of LHN and to create value to the overall health system and community we serve.

Finance: Establish and build relationships with payors and other revenue sources to create a healthy community, aligning reimbursement with the market while supporting the Network needs and objectives.

Information Technology: LHN will facilitate and promote a common vision for integrated IT systems throughout the medical community we serve.

Community: Facilitate a common vision with our community partners to promote a healthy community through a Patient Centered Medical Network.

MSO: Establish high quality, cost effective relationships with vendors that support and benefit the business functions of our Network members.

The challenge is ours. We have the ability to shape the future of healthcare in our community. Our Board has set an ambitious vision; I hope you will join all of us in making it a reality.

Lakeshore Health Network

Over the past few years, Lakeshore Health Network has focused clinical integration efforts to incorporate the attributes of a Patient Centered Medical Home. The American College of Physicians (ACP), American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP) and American Osteopathic Association (AOA) defined Joint Principles of the Patient Centered Medical Home to include:

- Personal Physician
- Physician Directed Medical Practice
- Whole Person Orientation
- Care is Coordinated and/or Integrated
- Quality and Safety
- Enhanced Access
- Payment Reform

We are very proud of our network wide accomplishments in promoting these joint principles and implementing transformative process improvement across the network. It is our unique network perspective that has driven our focus to encompass the expanded concept of a Patient Centered Medical Network. Lakeshore Health Network defines the Patient Centered Medical Network as *A patient-centric, integrated care delivery network of providers who share a common vision to deliver excellence in quality, efficiency and service within the community we serve.* Attributes of the Patient Centered Medical Network include:

- Patient Centric
- Strong PCP Foundation
- Network Providers share a common vision
- Integrated Care
- Collaborative
- Well Coordinated
- Focused on evidence based care delivery
- Enabled through health information technology
- Shared financial risk and reward

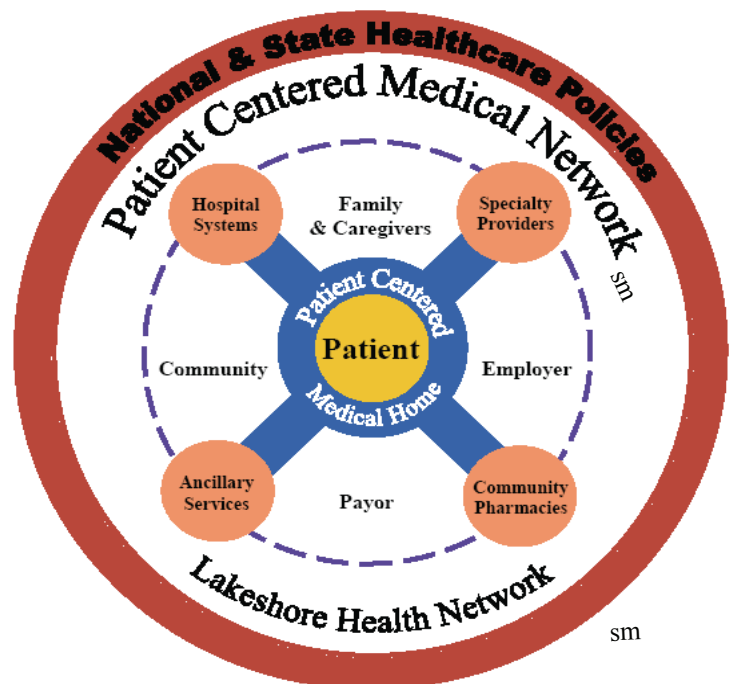
We believe strongly in the benefits of a well-coordinated patient centric network of providers working together:

- Improves the health of the population
- Enhances the patient experience of care (including quality, access, and reliability)
- Reduces, or at least control, the per capita cost of care
- Addresses Provider Reimbursement and Satisfaction

Some of the clinical team activities supporting the implementation of these models include:

- Development and Implementation of PCP and office specific patient centered medical home attribute action plans
- Implementation and support of WellCentive and electronic prescribing functionality in our PCP and SCP practices.
- Development of Coordination of Care activities to support the seamless care of patients throughout our network continuum.
- Local, State and Federal grant applications to support implementation of coordination of care concepts.
- Facilitation of LEAN process improvement tool implementation within our PCP and SCP office sites.

We look forward to continuing our network journey to create a seamless Patient Centered Medical Network. If you have any questions or would like to discuss opportunity to advance these concepts within your practice, please contact Jen Bailey, Provider Network Manager at 231-672-3742 or baileyjl@trinity-health.org





Pharmacy Topics

Medication Therapy Management

Newer Reimbursement Codes for the Pharmacist Member of the PCMN Team

2009 Rx Measures

Measure	Payor
% Generics	BCN, PH, BCBSM
Rx PMPM	BCN
ACE/ARB Persistence	PH
Statin Persistence	PH
E-Prescribing	BCBSM
Diabetes—% with statins	BCBSM
Diabetes + (CHF/ Neph/HTN) —% with ACE/ARB	BCBSM
CHF (LVEF < 40%) —% with ACE/ARB	BCBSM
CHF—B-blocker in last 12 months	BCBSM
CHF—ACE/ARB in calendar year	BCBSM
CAD—Statin in calendar year	BCBSM
CAD—B-blocker in calendar year	BCBSM
Asthma— 2:1 ratio LTC:STC Inhaled LTC	PH BCN

As healthcare lives in a world of acronyms, you will hear more and more references to “MTM” or medication therapy management. While the concept is quite old, the acronym became more prevalent with the creation of the Medicare Part D prescription program.

MTM Definition

MTM programs, as defined by the Centers for Medicare & Medicaid Services (CMS), are designed to ensure that medications are appropriately used to optimize outcomes & reduce adverse events. These programs must be developed in cooperation with licensed & practicing pharmacists and physicians.

Payors with Medicare Part D plans are required to have a MTM program. In fact, CMS has established CPT codes (99605-

99607) specific for pharmacist-provided MTM. Unfortunately, they have not established a standard reimbursement rate for those codes. Historically commercial payors wait for CMS to “set the bar” on reimbursement of new codes. Not this time.



West Michigan Payor Pilot

Priority Health has stepped up as a forerunner by piloting competitive reimbursement for these codes with a select group. Lakeshore Health Network was one of three PHOs invited to join the pilot.

Qualifying patients are those with two or more chronic comorbidities — there are nine targeted conditions— and 15 or more prescription claims within the last 3 months. The pilot will be evaluated based on clinical, financial, & patient satisfaction measures. *(cont, page 5)*

A word about the MHP Anticoagulation Clinic...

Hours: M/W/F 8:00 am — 5:00 pm
Tues 8:00 am — 12:00 pm
Thurs 1:00 pm — 5:00 pm

Benefits:

- **Better Clinical Outcomes, compared to traditional care**
- **Enhanced patient satisfaction**
- **Consistent communication with the Medical Home.**

An anticoagulation clinic at Mercy Health Partners has been seeing patients since 2002, and is accepting physician referrals. The clinic is located inside Westshore Professional Pharmacy within the MHP Health Pavilion located at the corner of Sherman and Roberts. Patients are seen by an anticoagulation-trained pharmacist at each appointment and have PT results drawn via fingerstick point-

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For more details, contact
Lori Roark, Pharm.D.

Clinical Pharmacy Coordinator
(231) 672-6713
RoarkL@trinity-health.org

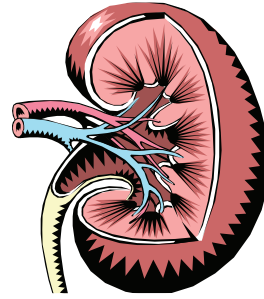
LIFE-K

Lakeshore Initiative For Everybody's Kidneys

A community collaborative effort of Lakeshore Health Network, West Michigan Nephrology, Norton Shores Internal Medicine & Nephrology, National Kidney Foundation of Michigan, DaVita, Renal Advantage, Inc., Priority Health, Health Plan of Michigan, MPRO, and Blue Care Network.

Goals:

1. Utilize registry to identify chronic kidney disease (CKD) in early stages
2. Assist primary care physicians with patient management
3. Streamline resources and care coordination (patient care path through our healthcare systems)



Five Domains for Success:

1. Provider Education
2. Population management
3. Community education
4. Community care coordination and communication
5. Patient education

The initiative will begin this Summer with CME presentations at the July and August monthly meetings of the Primary Care Network. Two offices will pilot the more comprehensive “LIFE-K Process-in-Practice” in September and the community education component will begin later this Fall and Winter.

If you have any questions or would like to be at the top of the list for the Process-in-Practice tools, please contact Lori Roark, PharmD (231-672-6713).

Recent FDA Alerts

Darvocet—N 100, Darvon (Propoxyphene-containing products)

- Propoxyphene products have been banned in Britain for years due to the high risk-to-benefit ratio. Recently Europe’s drug regulators recommended that all European Union countries do the same. In stark contrast, on July 7th the U.S. FDA overrode its advisory panel’s recommendation to ban propoxyphene products. Instead, a **stern boxed warning** will be placed on drug packaging and there will soon be a special **patient pamphlet** distributed with each prescription that stresses the risks of taking too much.
- The FDA has ordered additional studies to evaluate the impact of high doses of propoxyphene on the heart.
- These decisions are controversial due to the high utilization of these products in the U.S. and the 503 Darvon-related deaths in 2007 [most recent annual data].

Acetaminophen (APAP) — MAX DOSES, including combo products

- On June 30th, the FDA advisory panel suggested lowering the maximum daily Acetaminophen dose. A new limit (if accepted) has yet to be defined.
- The advisory panel also voted to ban combination products. This will be an interesting debate since Hydrocodone/Acetaminophen (generic Vicodin) is the nation’s #1 prescribed drug. You can anticipate the likely addition of a black box warning and increased use of generic Norco (Hydrocodone/APAP 10/325).
- The abbreviation “APAP” will not be used on patient-related labeling or materials.
- Acetaminophen product labels will have a Liver Warning and notation of the maximum dose directly on each bottle (& not just the box).
- <http://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm165107.htm>

(Anticoag, cont from page 3)

of-care devices. Results are typically available in 30-45 seconds, and allow the pharmacist to assess non-traditional causes for out-of-range values, leading to fewer dosage changes, and ultimately more time spent within the therapeutic range. For 2008, the MHP anticoagulation clinic saw greater than 55% of visits within the therapeutic range and 65% of visits within range +/- 0.1 INR (n=2199). Primary literature sources support an average time within therapeutic range for traditional care of 30-40%.

Initial visits are scheduled by physician referral only and include a 30-45 minute education session about warfarin therapy. (The clinic does not accept walk-ins or act as a lab resource, but functions as a consult service only.) Pharmacists schedule subsequent visits based on policy/procedure recommendations, lowering the probability of patients lost to follow-up. A copy of each visit report is forwarded to the referring physician, discussing any dose changes as well as potential confounders for review. For more information, or copies of the referral form or policies and procedures, contact the clinic at 231-672-3020.



H1N1 Influenza A (Swine Flu) and Seasonal Flu Season

Muskegon County is leading the state in its proactive measures to address any H1N1 outbreak that might occur. There are some distinct concerns with the H1N1 vaccine: 1) national supply is limited, 2) targeted patient populations differ from those of the seasonal flu vaccine.

H1N1 flu target population: pregnant women, caregivers of children < 6 mo, healthcare & emergency personnel with direct patient contact, children 6 mo—4 yrs, people age 5—18 yrs with chronic medical conditions; then, people age 5-24 yrs.

Seasonal flu target population: pregnant women, children 6 mo—19 yrs, caregivers of children < 6 mo, adults > 50 yrs, people with chronic medical conditions, healthcare personnel, people living in long-term care facilities.

Note: Elderly are NOT considered high-risk for H1N1 flu, but are for Seasonal flu.

Lakeshore Health Network will be working with the Pandemic Preparedness team to facilitate a rapid-response survey of your practice. This survey will assist us in identifying the number of vaccinations that we require to inoculate at-risk healthcare providers. You will also be hearing from us as we attempt to assess the volume of high-risk patients, as this will assist us in requesting the necessary vaccine supply. LHN will communicate ongoing activities & information with you. If you have any questions, please contact Lori Roark (231-672-3882).

(MTM, cont from page 3)

Since Lakeshore Health Network already has pharmacists as part of the Medical Home in five offices, pilot participation was a logical fit.

MTM in MHP offices—Award-Winning Practices

Harbour Pointe Medical Associates was one of the first MHP offices to add advanced degree pharmacists to their practice teams. The pharmacists are consulted to assess the patient, review the medication plan, provide recommendations to the physician &/or make select drug adjustments per practice agreement policy/protocol, and provide patient education. An initial analysis in 2005—which demonstrated enhanced clinical outcomes in diabetes care—received the national *ASHP 2015 Health-System Pharmacy Initiative Award*. Subsequently, similar models were established with Westshore Family Medicine, Northshore Family Practice, Kinney & Parrett Assoc., and Mercy Westshore Internal Medicine.

A pharmacist was added to the team of the Mercy Geriatric Care Center in 2006. Early outcome analysis of their new interdisciplinary team approach showed a 12% reduction in the number of medications, an improvement in the number of patients with >= 12 medications (19% population to 0%), a 44% reduction in ED visits, 75% reduction in hospitalizations, and the practice generic drug rate rose by 3%.

LHN/MHP will be evaluating the impact on office reimbursement & incentive returns; and, Lori Roark is actively working with other payors to establish reimbursement rates for CPT codes 99605-99607.

New Generics—Coming Soon

Prevacid - November 2009

Cozaar/Hyzaar—April 2010

Valtrex— 4th Qtr 2009

Flomax—?4th Qtr 2009?

“Copy cats” to Avoid

Kapidex

Xyzal

Pristiq

Thank you to everyone who participated in the 2009 LHN Satisfaction Survey. Congratulations to *S. Maxine Peterson, MD.* for being the winner of The Lakes Mall gift certificate.

MSO
Management Services Organization News

Consorta/HPG
Advantage Trust Physician/Agency Program

Consorta/HealthTrust Purchasing Group (HPG) is a purchasing cooperative comprised of 4,000 members leveraging purchasing power to achieve excellent pricing. Trinity Health belongs to HPG and is extending membership into this program through Lakeshore Health Network at no cost to your practice or agency.

The contracted agreements are based on HealthTrust group purchasing organization negotiated manufacturer prices that reflect strong purchasing power for physician offices, clinics, and home health agencies. Average contract savings are in the aggregate of 20%. There are over 800 contracts to utilize in areas of Administrative, Medical/Surgical, I.T. Services, Laboratory, Sterilization, and Pharmacy (i.e. vaccines). To highlight a few companies: Henry Schein, Inc, Office Max, Staples (Corporate Express), Fed Ex, Cardinal, Cintas, Pitney Bowes, Medline, Verizon, AT&T, Dell and more.

To sign up for this exciting and cost savings program please contact Carrie Uthe at 231-672-3882 from Lakeshore Health Network or visit www.advantagetrustpg.com to complete and submit the Facility Information Form. Enrollment documents will be sent to you electronically or by mail for completion and processing.

New MSO Agreements:

- Hospital Network Healthcare Services (Medical Waste)
- Great Wolf Lodge
- Hearthstone Banquets & Catering
- Ryke's Bakery & Catering Café
- Shoreline Vision Optical Discounts
- Riemer Eye Care Optical Discounts

Please contact Carrie Uthe MSO/Provider Relations to obtain discount details at 231-672-3882.



MISSION STATEMENT:

Lakeshore Health Network exists to serve the residents of the Lakeshore through a partnership of the community and health care providers, dedicated to delivering value and excellence within a "Patient Centered Medical Network".sm

Lakeshore Health Network
1560 E. Sherman Blvd, Suite 145
Muskegon MI 49444
(231) 672-3882
lhnpho.org

Route This Issue To:

