

Westshore Health Network News

Volume 6 No. 3



3rd Quarter 2005

WHN Vision & Master Planning

~ Roger Spoelman President of the WHN Board of Directors

Westshore Health Network has completed our Visioning and Master Planning process. On behalf of the Board of Directors I would like to express our thanks to all who participated in this process. Ideas and suggestions were solicited through a series of Focus Groups made up of employers, community groups, hospital staff, physicians, office staff and representatives from our payers, both commercial and Medicaid.

The process was very valuable and gave us great insight into the expectations of our customers. After review of the information gathered through this process, the WHN Board of Directors has revised its Mission Statement as follows:

"Physicians and hospitals striving for excellence in quality, value and service through creative partnerships with the community we serve."

The WHN Board of Directors and staff are committed to being leaders in quality health care through value and service excellence. We greatly appreciate your support in this important process.

Medical Management Vision: Clinical Integration and Education

By:

Jen Bailey, RN Provider Network Manager & Paul Ponstein, DO Medical Director Westshore Health Network

This year WHN completed our five-year strategic visioning process. This process called us to evaluate our mission, vision, goals and objectives as well as reflect on where we as an organization have been, what we have accomplished, and where we need to go to continue to provide excellent service to our members. To this end we collaborated with you, our members, as well as representatives of all of our external and internal customers in focus groups to identify the key areas that will drive us to be a leader in healthcare quality. A very large part of this focus becomes the increased need for clinical integration and provider education. Together, we believe that these two components will drive our Medical Management efforts and lead to improved communication and collaboration.

In the next five years you will see focused initiatives in clinical integration and provider education designed to obtain two of our five-year goals:

1. Leading Clinical and Process of Care Integration throughout the continuum of care with a focus on quality, utilization, provider education, and community integration.
2. Recognition in our region as a leader in physician and office education to drive clinical and fiscal management, as well as a leader in patient self-management education and shared decision making.

The achievement of these goals will depend on the accomplishment of a number of short and mid term goals including:

Identification of a process to enable PCP practice systems to download and accommodate data extractions to support electronic chronic disease and preventive health registries.

Network evaluation of EMR tools, needs, and cost analysis with support of future implementation of EMR through PCP and SCP office sites.

Spread of IHI Advance Access concepts through PCP and SCP office sites.

Provide an interactive website to focus on physician and office education and drive clinical and fiscal management. The web site will be evidence based, use established vehicles and support best practice. The web site will also focus on patient and community education of self-management, shared decision making, and collaboration to build community integration of practice and dissemination of information.

The achievement of these goals will be dependent on a number of objectives that together we will work to accomplish. They include:

- Fostering an integrative relationship between our Physician and Hospital partners.
- Collaborative design and implementation of projects that focus on patient safety and quality care including the Palliative Care Program and Advance Care Planning Implementation in partnership with Hospice of Muskegon Oceana.
- Standardization of practice through Chronic Disease Management tools including Chronic Disease Registries.
- Develop and implement patient education and shared decision making tools to use within our practices.
- Continued educational opportunities for our members through forums and sharing of best practices.
- Support of Community programs such as the CALL 211 resource line.
- Continued improvement in PIP and Pay For Performance Quality and Utilization scores.

The WHN network PHO goals are ambitious; it will take the support of all of our organizational members to achieve our vision for 2010. If you are interested in contributing to the success of any of the above-mentioned initiatives please contact Jen Bailey or Dr. Ponstein at 231-739-3882.

Primary Care Leaders in Generic Prescribing

The following represents the generic prescription percentage for all *patients* listed under the given primary care provider, excluding PCPs with less than 750 prescriptions, for Jan—Sept 2005. (All Pediatricians included).

**Priority Health Patients—
WHN 2005 Goal > 62%**

Jan—Sep 2005: 61.9%

Family Practice Average— 62.6%

#1 William Dukes— 84.9%

#2 Nipa Shah — 76%

#3 Katherine Keller — 74.5%

#4 Carol Southland — 73.2%

#5 Sharlene Mattson— 72.5%

Lowest WHN value— 44.4%

Internal Medicine Average— 59.4%

#1 Hikmat Halasa— 68%

#2 Jon Hinderer— 64.7%

#3 Don Campbell— 63.7%

#4 Michael Krohn— 62.8%

#5 Ronald Rop— 61.8%

Lowest WHN value— 46.3%

Pediatrics Average— 59.7%

#1 Robington Woods— 65.3%

Lowest WHN value— 37.2%

Thank you to our leaders for their diligent use of evidence-based medical use of generic pharmaceuticals.

Simple, evidence-based generic alternatives:

<u>Brand drug ...</u>	<u>Generic alternative...</u>
Lexapro 10 mg	Citalopram 20 mg
Paxil CR 25 mg	Paxil 20 mg
Effexor XR	generic SSRI (such as citalopram)
Lipitor 10-20mg	Lovastatin 80 mg
Altace 5 mg	Lisinopril 10 mg

2006 Pharmacy Measures

Generic Drug Rate

- Generic prescribing rates continue to be a top measure for physician incentive programs and withhold calculations.

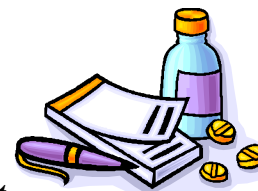
Total Pharmacy Costs & Target Drug

Classes (PMPM, PUMPM)

- Blue Care Network and BCBSM continue to focus efforts on total pharmacy costs & target drug class improvement.

Quality Measure: Lipid Therapy

- BCBSM will lead a growing trend of physician incentive programs that focus on clinical outcomes in patients requiring lipid therapy (improved utilization in patients with CAD and/or diabetes).



***What can
a head start
you do to get
for 2006?***

- Call WHN and request a short meeting with Lori Roark. She can provide you with patient-specific reports, patient letters, and other quick tools to assist you in meeting these goals.
- Watch for WHN mailings and faxes.

Looking for your feedback—

As a growing Network, it is important to listen to your compliments, observations, questions and concerns. We would appreciate your feedback, so

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Case Study Palliative Care Success Story

By: Leonard Wright, MD

Mrs. W was a sixty-seven year old white female was referred to the Palliative Care Service for help in the management of her pain and nausea. She had been admitted to the hospital for abdominal pain with subsequent workup documenting an abdominal cancer. The cancer was unusual arising from the omentum of the bowel and weeping large amounts of fluid into the abdominal cavity. Her abdomen was grossly distended which she felt caused both her pain and nausea. She had decided after only one dose of chemotherapy that she would like to go home with comfort measures only. Despite multiple medications for the nausea and pain, her symptoms persisted with

the only relief coming from periodic peritoneal taps - withdrawing multiple liters of fluid from her abdomen at a time.

The Palliative Care Team felt that her unusual tumor and symptoms required an equally unique treatment and suggested an indwelling catheter that would allow periodic drainage of the fluid at home. Normally this is not done because of the risk of infection. She was apprised of these risks, but felt in her case the benefits outweighed the risks. The following day, she was discharged from the hospital after the placement of a peritoneal catheter. She had no infections, no further hospitalizations and died peacefully at home a month later, her symptoms controlled by twice weekly drainage of her abdomen via the peritoneal catheter placed on the last day of her hospitalization.



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