

Westshore Health Network News

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1st. Quarter 2007

WHN Board of Director Highlights

We would like to introduce to you our WHN Board of Directors:

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***Mary L. Boyd, M.B.A.**, is Chief Development officer for Mercy General Health Partners. She has a background in finance/accounting, hospital operations, marketing and business development. Mary is married with two children ages 16 and 11.

- *How did your perspective change since participating on the WHN Board?*
I gained a much greater appreciation for the perspectives of physicians, business and the payers of the healthcare system. It has broadened my thinking considerably.

***Scott Renton, DO**, works for West Michigan Internal Medicine. He is a graduate of Michigan State University specializing in Internal Medicine. His special professional interests include, diabetes, hypertension, and congestive heart failure. He enjoys golfing, tennis, photography, appreciating technology and what the future brings us. Scott's father is also a physician. He is interested in creating and preparing a broad range of food styles.

- *How did your perspective change since participating on the WHN Board?*
Having participated since the inception of WHN, I have become aware of the interaction of the ability to provide quality health care and balancing that against the secondary focus of maintaining reimbursement for physicians and the importance of maintaining integrity in those decisions.

* **Steve Olsen** is President of Northern Machine Tool. He graduated from the University of Michigan. He serves on both the Community Foundation Board and the Red Cross Board. He is married to Deb and has two children, Sara (26), and Matthew (23).

- *How did your perspective change since participating on the WHN Board?*
Offered me a chance to become much more aware of the provider side of healthcare. Also, the values that WHN brings to our healthcare community.

***Gary Allore, BA, MBA**, is Chief Financial Officer for Mercy General Health Partners. Gary is a graduate from Albion College and Grand Valley State University. He is married to Sue and has three children, Olivia (14), Erik (13), and Alex. (11) He enjoys golfing and coaching.

***Matthew N. Powell, BS, DC, DO**, is a solo physician for Shoreline Family Medicine. He specializes in Family Medicine. His special professional interests are in Osteoporosis Management. He grew up in Rothbury, his wife’s name is Lesley and they have three children, all boys ages 3, 5, 7. He enjoys golfing and boating.

• *How did your perspective change since participating on the WHN Board?*

Eye opening in providing a greater foundation of understanding the complex relationship between providers and the insurance industry.

***Roger Spoelman, DBA**, is President/CEO of Mercy General Health Partners. His special professional interests are leadership development and executive coaching. He is married with two children and one granddaughter. He collects compasses, guitars, and air sickness bags.

***Kathy G. Keller, D.O.**, is the family practice Residency Director for Mercy General Health Partners/Muskegon Family Care. She is a graduate from Michigan State University. Her special professional interests are family centered Obstetrical care. She is married and has two children, Emily (14), and Josh (12). She is also a Girl Scout leader and Science Olympiad coach at Whitehall Middle School.

• *How did your perspective change since participating on the WHN Board?*

Much better understanding of the depth and complexity of issues facing WHN and area physicians. I’m impressed with how WHN looks to the future, anticipates and is productive. A real asset for the community.

***Fredric Levin, D.O.**, works for Tri-County Orthopedics. He is a graduate from College of Osteopathic Medicine/ Surgery in Des Moines, Idaho. His special professional interests include sports medicine with shoulder/ knee emphasis, and joint replacement. Fred is married to Pamela; they have two children: Josh (25), Jordan (20).

MISSION STATEMENT:

A Partnership to provide excellence through quality, value and customer service to meet healthcare needs in our community.

***Michael Banka, MD**, is a Physician for Westshore Family Medicine. He specializes in Family Medicine. His special professional interests are in computerized records. He is married with three children ages 21, 19, 15. He is also a High School Soccer Coach at M.C.C.

• *How did your perspective change since participating on the WHN Board?*

Relative how complicated the system is and is very enlightening.

I gained a much greater appreciation for the perspectives of physicians, business and the payers of the healthcare system. It has broadened my thinking considerably.

The only way to change the system is for all partners to work together through an organization like WHN.

***Michael O’Brien, MD**, is Medical Director of the Heart and Vascular Services, works for Mercy General Health Partners. He is a graduate from University of Michigan.

Michael specializes in Cardiovascular Surgery. His special professional interests include clinical database utilization for care process improvement.

***Lawrence Mallon, MD**, is a Vascular Surgeon for Muskegon Surgical Associates, PLC. He is a graduate from University of Michigan and completed his Residency at University of Kentucky Medical Center. He is married and has five children.

***Paul Lomeo, D.O.**, works for Shoreline ENT specializing is Otolaryngology. Paul is a

Graduate from West Virginia School of Osteopathic Medicine. His special professional interests are head and neck surgery.



(Board, cont. from page 2)

* **F. Remington Sprague, M.D.**, Vice President of Primary Care and Chief Medical Officer for Mercy General Health Partners. He specializes in Internal Medicine and attended Indiana University School of Medicine. His special professional interests include Board of Trustees Michigan State Medical Society, Board of Directors, and Community Mental Health. He has been married for thirty-three years and has four children, Rob, Steve, Tom and Erin. He enjoys acting in community theatre.

- *How did your perspective change since participating on the WHN Board?*

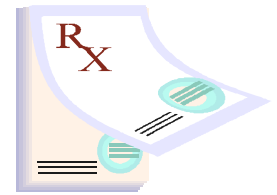
With focused attention, good data and dedicated staff, physicians and hospitals can improve quality, reduce inappropriate utilization and prosper while simultaneously increasing value to patients and purchases.



Recent Drug Recalls

- **Permax (Pergolide)** - Removed from market for potential heart valve damage. Permax was used for the treatment of Parkinson's.
- **Zelnorm (Tegaserod)** - Removed from the market due to higher chance of heart attack, stroke, or worsening chest pain that can result in a heart attack. Zelnorm was indicated for the short-term treatment of irritable bowel syndrome in women.
- **Tigan (Trimethobenzamide) Suppositories** - Removed from the market due to lack of proven efficacy. The oral and injectable forms are still available for the treatment of nausea & vomiting.

Electronic Prescribing is ~~coming~~ HERE!



The initial steps have been taken & **Northshore Family Practice** will soon start training as the pilot site for the implementation of electronic prescribing (e-Rx).

Why?...What's at stake?

- Impending CMS requirements
- Physician incentive dollars: First Incentive "Hurdle" - BCBSM PGIP. **Our goal is to have e-Rx started in ALL of our primary care offices (& some specialty offices) by the end of 2007** for measurement & reporting in 2008. Part of how this incentive is "dispersed" is via an increase in E&M Codes, which will impact the entire network.

e-Rx Benefits

- More complete medication lists (Rx fill data from any prescriber) —*Quality!*
- Point-of-care drug interaction, allergy, & formulary information —*Quality! Time-saving\$*
- Reduced phone calls from pharmacies & patients...for refills, interactions, formulary issues, etc. —*Time-saving\$*
- Improved capability for incentive reporting (& reduced workload on offices) via interfacing with WellCentive —*Quality! Time-saving\$*
- Improved WHN Actionable Drug Alerts—or internal office initiatives—that include more patients (not just HMO claims data), which will increase *Quality* of care &...
- Improved capability to provide payors with the necessary information to demonstrate our actual quality (beyond basic utilization measurement). —*\$\$ Pay For Performance \$\$*
- Enhanced medication reconciliation between providers/facilities of care. —*Quality!*

Watch your mail for a specific Pharmacy/PGIP Newsletter which will provide more details.

Network Wide Approach To The Future of Health Care

By:

Dawn Cole, Quality Management Specialist

Westshore Health Network has been working to help implement a patient registry tool called WellCentive® since August of 2006. This registry is very unique and is the first of it's kind in the area to help manage entire populations of patients and offers opportunities for report generation that most current EMR systems are not capable of. WellCentive® is currently being used by Primary Care Physician offices, to assist in identifying and capturing data for patients who are lacking services in our community. The tracking and alerting ranges from care for chronic diseases or conditions to preventative screening services.

Investigation into population management has been ongoing however, Blue Cross Blue Shield of Michigan's incentive program funding further inspired the idea of population management by developing an incentive program for physicians that reports aggregate data on entire populations, regardless of payer. This program is called the Physician Group Incentive Program (PGIP). Participants in this program underwent an application/approval process and Westshore Health Network as part of the Regional Delivery Network (RDN), has been participating since the program pilot in 2005. WellCentive® was developed out of the need to find a program that would allow physicians to be able to report as well as track certain incentive program measurements for chronic diseases such as Diabetes, Asthma, CHF, and CAD population wide and plan specific.

Currently WellCentive® has interfaces with the laboratories from MGHP and Hackley, with future interfaces being negotiated for development with Quest, North Ottawa Community Hospital and MICR. In addition to interfaces for laboratory results, an electronic prescribing interface is in development that will allow for ease of medication reconciliation for offices using WellCentive® and future vision of a community wide health information exchange.

As of March 10, 2007, 16 out of 27 Physician office groups are using WellCentive® to assist in their daily encounters with patients, 5 offices are in the process of implementation, and the remaining 5 offices are targeted for the second half of 2007.

Westshore Health Network is very proud of the commitment to quality that is apparent in our community and the work that we are doing has been spotlighted by sources such as Blue Cross Blue Shield of Michigan and Medical Economics. For more information on current incentive programs please contact Dawn Cole, Quality Management Specialist at 672-4037 or Jen Bailey, Provider Network Manager at 672-3882.



2007 MEDICARE **Pay For Performance**

www.cms.hhs.gov/pqri

By: Paul Ponstein, DO

The Centers for Medicare and Medicaid (CMS) has released their 2007 Pay For Performance (PFP) program called the Physician Quality Reporting Initiative (PQRI) as an iterative step to the 2008 program. It will be from 7/1/07 to 12/31/07. Eligible practitioners include **specialty and primary care** doctors of:

Allopathic Medicine	Osteopathic Medicine
Podiatric Medicine	Optometry
Oral Surgery	Others as noted on web site

74 quality measures and specifications are available on the web page for multiple specialties. You must report on a minimum of 3 measures, except if less than 3 apply to your practice. You must report a minimum of 80% of the cases reportable for each measure to qualify for payment in that measure. A payment cap is in place to equalize payment between measures with few and many reportable cases.

Case reporting is done through HCPCS CPT II or G codes on the CMS 1500 paper or 837-P electronic claim form. Bonus payment is available up to 1.5% of the allowed charges for professional services, not just those paid by Medicare.

The final 2008 PQRI is expected to also accept data from an EMR/HER or the Wellcentive registry. WHN is monitoring the situation closely as there are updates frequently on the web page.

I strongly recommend you or your manager visit www.cms.hhs.gov/pqri to see if this is right for you!

Email questions to: Ponsteip@trinity-health.org

Contributing Writers

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MSO - Update

Management Services Organizations (MSO) is a valued added service line of WHN offered exclusively to the physicians and staff of the network. There is *no fee* to participate in any of the products through the MSO.

New services available through the MSO:

- Consorta ~ National Group Discount Purchasing Organization (824 contracts)
- Staples Office Supplies at a discount
- Banking/Financial: Community Shores; Fifth Third & National City
- ISOP-A tax advantaged retirement savings program (offered exclusively through Retirement Capital Group)
- Shredding Services: Lakeshore Documentation Services and Iron Mountain

Other services available through the MSO:

- Coding Books & Supplies
- After Hours Services: Communications Unlimited & ProPhone
- Malpractice Insurance
- Translations Services
- Computer Hardware & Applications Services

For information regarding the above services through the MSO or have suggestions for new services to be evaluated, please contact Carrie Uthe at 231-672-3839.

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, please contact us at 231-672-3882.

Imaging Update at MGHP

By: Anne Hoekenga

We have two exciting developments in the Imaging Department to share.

First, In November, we installed a new GE general radiography/tomography room. This room produces high quality images of the kidneys for IVP (Intravenous Pyelogram) exams as well as tomograms. The new room is equipped with a table that lowers for easy patient access and can be used for all general radiographs.

Secondly, we have received approval to begin implementation of a PACS (Picture Archiving and Communication System) project. PACS will transform MGHP into a filmless environment. Patient images will be stored as digital data that can be computer enhanced and distributed electronically to several locations. This will allow all images to be viewed throughout the hospital and in physician offices on computer monitors. In addition, electronic viewing will provide tools to manipulate and enhance images.

All Imaging modalities, with the exception of Breast Imaging, are slated to convert to PACS by Fall of 2007. Over the next several months, the system will be built, tested, and process flows will be redesigned. Training for staff and for Physicians will occur in the two months prior to the system go-live.

Images will be available for viewing outside the hospital using “Easy Access”, our physician portal. Any physician or physician office that utilizes Easy Access will have the capability to view PACS images from MGHP.

After implementation patients will begin receiving CD images in place of film. This will facilitate easier access to images. It will also eliminate loss of images, and reduce costs. CD images can be viewed using a Windows 98 or more current operating system.

We welcome your comments, questions and concerns as we move forward with this important project. Please feel free to contact Ken Uganski at 672-3773.



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Route This Issue To:

