

# Westshore Health Network News

Volume 8 No. 1



1st. Quarter 2008

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## Important Updates Regarding Quality Reporting and Payor Reimbursement For Medicare & Medicaid Services (CMS)

Under this program, hospitals will report standardized measures of outpatient quality data for services provided in calendar year 2008. This reporting will be used to receive the full annual update to the CMS payment rate, effective for payments beginning in calendar year (CY) 2009. The program is modeled on the current CMS quality data-reporting program for inpatient services.

The reporting of quality measures for hospital outpatient services builds on previous efforts in the inpatient arena. Reporting is intended to encourage hospitals and clinicians to improve their quality of care and to empower consumers with quality of care information to make more informed decisions about their health care. While the program is voluntary, those hospitals that do not participate are automatically docked 2% of their annual CMS outpatient update starting in 2009.

To meet HOP QDRP requirements and receive reimbursement for CY 2008 services, hospitals must submit data for seven (7) quality measures beginning April 1, 2008. Those measures include:

### Acute Myocardial Infarction and Chest Pain

- OP-1 Median Time to Fibrinolysis
- OP-2 Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival
- OP-3 Median Time to Transfer to Another Facility for Acute Coronary Intervention
- OP-4 Aspirin at Arrival
- OP-5 Median Time to ECG Surgery
- OP-6 Prophylactic Antibiotic Initiated Within One Hour Prior to Surgical Incision
- OP-7 Prophylactic Antibiotic Selection for Surgical Patients

Data submission for episodes of care from April 1, 2008 through June 30, 2008 will affect the CY 2009 annual payment update. Data submission for episodes of care from July 1, 2008 forward will be used for future annual payment update eligibility determinations.

It is anticipated that additional quality measures will be added in the future. We will keep you updated as this program evolves.

If you have any questions about this program you may contact Colleen Flynn, Director, Quality & Care Transformation at 231-672-3740 or via email [FLYNNC@trinity-health.org](mailto:FLYNNC@trinity-health.org).

## The Creation of a Patient Centered Network

Paul Ponstein, DO—Medical Director

Jennifer Bailey, BSN, RN— Provider Network Manager

In most recent years, Clinical Integration efforts within WHN have focused on the implementation of Chronic Care Model concepts and tools. You may recall seeing the Chronic Care Model and hearing about network initiatives and successes around this model. These efforts have resulted in the transformation of patient care delivery process and operations within offices as well as the implementation of the WellCentive patient registry and Dr. First electronic prescribing tools in multiple WHN PCP and SCP offices. These efforts are part of the WHN Medical Management strategy and will continue in 2008 with the goal of spreading these concepts and tools across the entire physician and hospital network.

In February, the WHN Medical Management Committee worked with the WHN Clinical team to approve the 2008 Medical Management Plan. This plan will set the clinical direction for network quality and efficiency activities. This plan will focus on the continued implementation of the Chronic Care Model as well as advancement into the areas of the Patient Centered Medical Network model with Specialty Integration efforts. In addition, Patient Centered Medical Home (PC-MH) concepts are being adopted and promoted by national and regional quality improvement organizations and payors. WHN believes that implementation of this model is the right thing to do for the network and the patients we serve. We are working with the Regional Delivery network of

West Michigan, payors and professional associations to advocate for a model that is consistent with national quality programs and restructures the payment system to encourage coordinated and comprehensive health care delivery. Blue Cross Blue Shield of Michigan has adopted PC-MH measures as a part of their Physician Group Incentive Program (PGIP). In 2008 and 2009, PGIP participating groups will be evaluated and rewarded for implementing PC-MH concepts within their practices. Priority Health, Blue Care Network, United Health Care and Aetna are in the process of developing similar incentives around PC-MH concepts.

As we advance in network wide implementation of the Chronic Care Model, we are positioned to support growth in a Patient Centered Network model. This is a transformative journey in how we work together to redesign care. We look forward to meeting with you to share information on the Chronic Care Model and Patient Centered Medical Network concepts. We are very excited to work with you to create a Patient Centered Network that focuses on personal relationships with patients and their physicians, uses a team approach at the practice level, comprehensively meets health care needs, coordinates and integrates care across the health care system, assures quality and safety, expands patient access to providers, and provides added value.

### **Newly Available Generics**

- Kytril (Granisetron)
- Zyrtec/Zyrtec-D (Cetirizine +/- pseudoephedrine) – generic & OTC available
- Fosamax (Alendronate)
- Risperdal (Risperidone) – available in June 2008. ZERO co-pay for BCN patients.

### **MGHP inpatient formulary change**

- Omeprazole (Prilosec) replaces Pantoprazole (Protonix)

#### **MISSION STATEMENT:**

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



## Electronic Prescribing Continues to Grow as a Major Healthcare Topic for 2008

Lori Roark, PharmD -Clinical Pharmacy Coordinator

With Medicare physician reimbursement scheduled to drop by 10.1% in 2009, several new federal bills incorporate electronic prescribing as a method to counteract or prevent this reduction. Keeping that in mind (plus the requirement that Electronic Medical Record products must include an e-prescribe component in 2009), it is important to reflect on what WHN has accomplished thus far & look at what can be done in 2008.

### 2007 WHN eRx Summary

- 19 offices went "live" with e-prescribing (3 Specialty offices, 16 Primary Care offices)
  - 18 offices are using the BCBSM-sponsored DrFirst program
  - 1 office has a functioning e-prescribing component of their EHR
  - Over 70000 prescriptions have been sent electronically !



### 2008 eRx Plan

- 6 practices have gone live in January/February
- BCBSM is extending their offer to sponsor more DrFirst licenses and provide \$500 of hardware per physician. (Contact the WHN Clinical Pharmacy Coordinator, Lori Roark, for further information).
- Dr. Roark continues to work with area pharmacies to improve the e-prescribing process.
- WHN is facilitating an interface between WellCentive & DrFirst to improve our physician incentive return and reduce the manual portion of reporting.
- The interface with WellCentive will also be used to support WHN pharmacy clinical alerts that will assist in quality improvement programs and physician incentive returns.
- WHN will continue network preparation for impending Medicare/Medicaid incentive measures.

### 2008 Pharmacy Incentives

- Generic Utilization Rate - still top of the list for payor incentive measures.
- Statin PUMPM (Per Utilizing Member Per Month) Cost
- Proton Pump Inhibitors PMPM (Per Member Per Month) Cost
- Antidepressant (SSRI/SNRI) PUMPM Cost
- Nonsedating Antihistamines PMPM Cost  
(Zyrtec & Zyrtec-D are generic now. Yea! Avoid Clarinex & Allegra-D.)
- ACEi/ARB use in Diabetes & CHF
- Statin use in Diabetes & CAD
- Asthma - Long-acting inhaler:Short-acting inhaler goal ratio > 2:1



## Vaccine News

### Flu Vaccine—Slightly off mark, but still needed

- The current vaccine only directly addresses one of the 3 common strains this season; *however*, there is some cross-coverage that will reduce the severity of symptoms if infected with one of the other strains.
- Patients should still be encouraged to be vaccinated, as late as April 2008.
- Remind patients to exercise proper hand washing technique.

### H. influenzae (Hib) vaccine—Voluntary Recall

- Merck ordered a precautionary recall after finding *Bacillus cereus* present on manufacturing equipment. No contamination of product was found.
- Due to the shortage, the CDC recommends holding the dose given at 12-15 month of age, except for high risk children: sickle cell disease, leukemia and malignant neoplasms, HIV and certain other immunocompromising conditions, asplenia, as well as American Indian and Alaska Native children.

### Office Administration for BCN Patients:

- BCN has contracted with OptionCare to provide **Zostavax** and **Gardasil** vaccines to the offices with direct billing to BCN. This prevents the office from having to pay for the vaccines & then file for reimbursement. The administration fee paid by BCN is \$22 and OptionCare has guaranteed next day delivery of the vaccines, which are packed on dry ice with a 3-day stability. To utilize this service, you must contact OptionCare & provide them with the name(s) of the BCN patient(s) that will be vaccinated. [OptionCare: 866-515-1355]
- WHN has asked BCN to create a list of all patients that qualify for **Gardasil** administration. A patient list will be sent to each primary care physician for follow-up, along with a recommended course of action to work with OptionCare. A Zostavax patient list will not be created due to the need for closer scrutiny in patient selection.

### Zostavax – Alternative Administration Options

○ Due to the strict stability concerns with Zostavax (must remain frozen until within 30 minutes of administration), many offices are looking for alternative methods to manage their patients. The following pharmacies are certified to administer the Zostavax vaccine with a prescription. Additional pharmacies will be certified in the coming months.

- Benson's Pharmacy
- Paul's Pharmacy (Holland, MI)
- Hackley Professional Pharmacy (Hackley Prof. Bldg)

NEW

## Universal Referral Form

### For Primary Care and Specialty Care Offices

At a recent WHN Biller/Referral meeting, we heard from many frustrated offices about all the different referral forms they use to refer to different specialty offices. As we began to investigate this issue, we found that Hackley Primary Care was also experiencing difficulties with all of the different forms.

Colleen Johnson from Hackley Primary Care Network along with Cindy Curran and Lori Goudie from Westshore Health Network have been working together to create a "Universal Referral Form" that would meet the needs of both Primary Care Offices as well as Specialty offices. We asked several of you for your suggestions and copies of sample forms you currently use. Your input for the development of the new form was appreciated during this process and has helped us compose one universal form for everyone to use. This *Universal Referral Form* will make it easier and more efficient for Primary Care Staff to make referrals to Specialty offices.

We presented the new form at the WHN Biller/Referral meeting this past week and had the forms on hand for everyone to take. If you were unable to attend the

meeting, please contact  
Cindy Curran or Lori Goudie  
at 672-3882 and we will be happy to supply you with some of the new  
*Universal Referral Forms*.



## “WHN Bright Spots”



We would like to acknowledge:

**Patrick Meyer, DPM &  
Jeffrey S. Rewitzer, DPM**  
Foot & Ankle Specialists of West Michigan

For donating their time to provide surgeries and after-care to Eddie Ramirez, a 15 year old from the Dominican Republic. Eddie had the worse case of clubfeet that his doctors in West Michigan had ever seen.

Drs. Meyer and Rewitzer volunteered to perform a series of surgeries over 3 years, through a nonprofit humanitarian organization called Healing the Children of Michigan-Ohio. This organization provides donated medical and surgical care to underprivileged children from around the world. The surgeries and after-care were donated by Mercy General Health Partners.

We would like to acknowledge:

WHN's Medical Director, Paul Ponstein D.O., was recently recognized for the work WHN does with “Value Partnerships” aka PGIP program in a recent BCBS publication of *Partners in Health Care*.

### Contributing Writers

Jennifer Bailey, BSN,RN  
Linda Bailey  
Cindy Curran  
Colleen Flynn

Lori Goudie  
Paul Ponstein, DO  
Lori Roark, PharmD  
Carrie Uthe

## MSO

### Management Services Organization News

Where your MSO works for you as a value added service that is included in your membership with WHN. There are many different opportunities to partner at no cost:

- Appointment Reminder Service
- After Hours Answering Service
- Banking Financial Services
- Cell Phone Services
- Coding Books
- Computer Hardware & Application Services
- Floral Services
- Food Services
- Group Buying Service
- HealthCare Advisor Discount Agreement
- HealthCare Financial Services
- Landscaping Services
- Malpractice Insurance
- Medical Staffing Services
- Office Supplies
- Pager Services
- Practice Management/EHR
- Prescription Pads
- Retirement Capital Group/ISOP
- Shredding Services
- Snow Removal Services
- Technology Solutions (IS Support)
- Translations Services

To learn more about the above opportunities or schedule in office education presentation, contact Carrie Uthe, MSO/Provider Relations Specialist at 231-672-3882 or email at [uthec@trinity-health.org](mailto:uthec@trinity-health.org).

*If you have a newsletter topic hat you would like to include in a future edition of Westshore Health Network News, please contact Lori Goudie @ 672-3882 or email [goudiel@trinity-health.org](mailto:goudiel@trinity-health.org)*

## **Directors Corner**

Linda Bailey, Executive Director



As a Network we are committed to engaging on the Patient Centered Delivery Care Model. Some of you have inquired, isn't this another Primary Care focused activity? What does this mean and how do we get there? There are many questions and we will try to address them as we move forward.

WHN has been actively involved in discussions on the state and regional level regarding Patient Centered Medical Home (PCMH). As we evaluated our Network's readiness for this concept, we realized this was another way of looking at integrated system of care based on the patients needs. There are 8 domains of function that are discussed in reference to the PCMH. Several apply to the entire network. They include Patient Access, Test Tracking, and Electronic Mobilization. These are the very initiatives that WHN has been committed to over the past few years.

Our work in the Network with IT deployment including e-Prescribe and the electronic registry, (WellCentive) has support the concepts of the Patient Centered Network. We continue to expand the use of these tools into our specialty panel and our goal is to get them deployed into key departments within the hospital. The expansions will allow us to improve medication reconciliation and with some enhancements we hope to add patient tracking as part of the process.

The Network continues to address access, especially for after hour services. We have partnered with the Hackley PHO to build community support for understanding the issues we face with after hours care. Activities continue this year with initiatives to assure access for patients integrated with their Primary Care Physicians.

WHN is also exploring ways we can facilitate regional information flows to enhance patient care. These activities are taking place with Regional Delivery Network and the Alliance for Health.

This is a Network initiative that touches all of our members. The involvement may vary from time to time, but to be successful each of you will need to be involved. The vision is to create a system of care that centers on our patients improving outcomes in access, quality, utilization and safety. The staff of WHN looks forward to working with each of you as we move forward in Patient Centered Care.

**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.

### **Westshore Health Network**

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**Route This Issue To:**

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