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The JPA Examiner

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PATIENT ENGAGEMENT IS A MUST

“The patient is the most underutilized resource in healthcare today.”

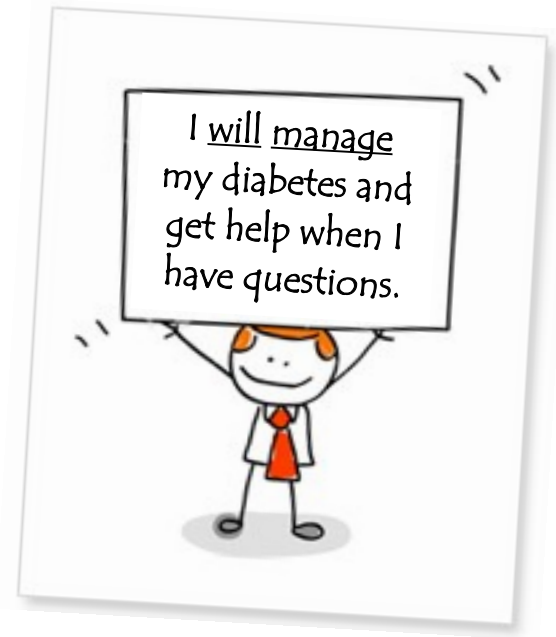
Paul Wallace, MD

Senior Advisor to Care Management Institute

Patients need to take ownership of their own health. The idea of patient engagement is reinforced in the care model of a patient-centered medical home, where the patient and the physician have established a common goal of improving one’s health over the course of a lifetime. This model recognizes that patients are not the “object of care,” but rather they are “full-fledged participants” in it.

Improving the care of a patient requires a motivated, informed, and engaged patient. People who are unable to seek care when they need it, who don’t fill their prescriptions, who delay their colonoscopies indefinitely or who keep smoking, place their health at risk, waste human and material resources, and incur unnecessary expenses to themselves and others. Overall, health status and health care delivery can be significantly improved if patients acknowledge responsibility and proactively engage in their healthcare.

Encouraging the full participation of every patient in finding and using safe, appropriate health care is vital to the success of the health care enterprise and improving the health of



individuals and the population.

The first step in properly engaging your patients should be to *inform them on how your*

See Patient Engagement, page 3

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PHYTEL ROLLOUT

JCMR in conjunction with the implementation team including JPA, Center for Family Health, and Allegiance Health Practice Management staff, continue to work with Phytel to implement the new CareInsight population management registry. The team is in the midst of a 120-day implementation period and is on target to complete data validation in September, roll out reports and training to three pilot sites in October, and have the registry available for general use about November 1.

JPA leadership met with the implementation team during a recent planning session to monitor implementation issues and viewed samples of the metric and comparative outcome reports that will be available. We remain excited about the new reports and are encouraged with the progress to date. JCMR plans to issue further information concerning the product in the near future. Please call Cheryl Meschke at our office with any questions.



BCN Payer News



Spirometry is a useful diagnostic tool for COPD

Blue Care Network's (BCN) clinical practice guidelines indicate that spirometry is a useful diagnostic tool for establishing a diagnosis of chronic obstructive pulmonary disease (COPD). Spirometry should be performed on individuals older than 40 if the characteristic symptoms of COPD including cough, sputum production and dyspnea on exertion are present.

Once the diagnosis has been determined, physicians are encouraged to utilize the written COPD management plan developed by BCN. This can help physicians facilitate care in the office and assist patients with managing their symptoms.

The COPD management plan should be completed during office visits and a copy should be provided to the member. To obtain a copy of BCN's COPD management plan, please log in to web-DENIS. Go to *BCN Provider Publications and Resources*. Under *Resources*, click on *Forms*, then scroll down to *Disease Management* and click on *Chronic Obstructive Pulmonary Disease Management Plan*.

Referral to BCN not needed for diabetic retinopathy exam

Blue Care Network is no longer requiring providers to submit a referral for an annual eye exam for retinopathy as long as the exam is performed by a contracted BCN provider. It is important for both the referring provider and the provider who conducts the eye exam to document in the member's chart that the member was advised to have an annual eye exam. If additional eye exams are needed, a referral will need to be on file. Any questions regarding provider referrals can be directed to your BCN provider representative.

Simpler approach to encourage completion of eye exams

Blue Care Network has developed a new "My Diabetes Eye Exam Form," which will make it easier for eye care providers to report the results of retinopathy and glaucoma eye tests for members with diabetes.

- Providers can find the form on Health e-BlueSM and on the web-DENIS *Forms*

page.

- Members can print the new form from **MiBCN.com** and bring it to their eye care specialist.

BCN also encourages primary care physicians to print the form themselves and give it to their members with diabetes to remind the members to visit their eye care specialists and get their eyes tested on a regular basis.

Colorectal cancer screening update

Most preventative screening services do not require a specific diagnosis code to prevent BCN from applying member cost-sharing. However, a specific primary diagnosis code is required when billing a screening colonoscopy. If a procedure code other than the screening code is reported due to another procedure being added (polyp removal or biopsy of lesion, for example) then member cost sharing would apply. To avoid this, enter the **primary** diagnosis as V76.51 to indicate that it was a planned screening procedure, then add the secondary diagnosis code if applicable.

BCN Inpatient Discharge Patient List Available

Monday through Friday, JPA receives a detailed Inpatient Discharge list from BCN. This list contains all cases with a LOS in an inpatient acute and inpatient rehab setting. Currently, JPA is faxing Medicare Advantage inpatient discharge information to the respective member's primary care physician. BCN is offering a \$100 incentive to PCPs to see the Medicare Advantage patient within seven days of the discharge date.

In addition, JPA is offering to fax JPA PCPs a letter identifying all their BCN patients who were recently discharged. Please contact Kristin Schaller at JPA to arrange this for your office, (517) 817-2140. Research shows that quick follow up with discharged patients decreases complications and helps prevent readmissions.

NCQA Notifications Announced

JPA is pleased to announce that **Dr. David Halsey, MD** was awarded a **level 3 recognition** through the National Committee for Quality Assurance (NCQA) Physician Practice Connections[®] – Patient-Centered Medical Home (PPC-PCMH[™]) program.



Early evaluations of PPC-PCMH[™] recognized practices have shown promising results in improving care quality and lowering costs by increasing access to more efficient, more coordinated care. JPA is currently awaiting news from NCQA on the re-application of several JPA practices that are currently recognized at a level 1 status and are pursuing a level 3 recognition status. To date, JPA has 10 practices recognized by NCQA.

Additionally, the NCQA Marketing Department announced they are no longer requiring advanced approval of promotional materials referencing your NCQA recognition status. Instead, NCQA will conduct periodic audits of advertising and marketing material. You must retain a copy of all your marketing documents for 15 ½ months for auditing purposes. Noncompliance with NCQA Marketing and Advertising Guidelines or with an audit could jeopardize your NCQA status. Please read the guidelines before publishing any announcement. The NCQA marketing department is available by email to answer specific questions, at marketing@ncqa.org.

New Vendors Join JPA

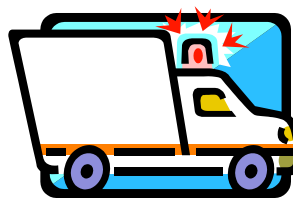


Our newest vendor to join JPA's Preferred Vendor Program is **Professional Business Bureau (PBB)**. PBB is a locally owned and operated collections agency who specializes in debt recovery, plus a number of other helpful services. For more info, call Marti or Liz at 517-782-0336 today!

In June, **Superior Medical Waste Disposal** joined our Preferred Vendor Program. They are now offering the safe removal of unwanted, unused, or expired drugs. Call Tim Gyorko today for your free, no obligation quote at 734-834-0233.



Be on the lookout for upcoming Vendor of the Month flyers in your email. JPA will be highlighting Jamieson-Allen Agency in September and Henry Schein in October.



Emergency Reducing Inappropriate ER Utilization

A portion of your BCN withhold is tied to hitting a defined ER utilization target. A suggestion to help reduce inappropriate ER use is to educate your patients on the differences between emergency care and non-emergent care. Contact JPA for a one page listing of non-emergency vs. emergency ailments that can be printed on your Practice's letterhead and hung in patient exam rooms.

When a patient cannot get into your office, an option for non-emergent care is the Express Care Clinic located at 110 N. Elm Street in Jackson. They are open Sunday through Saturday from 8a.m. - 10p.m. Use of this urgent care clinic will not negatively impact your ER utilization score. JPA wants to encourage its patients to visit the most appropriate healthcare provider when needing services.

Patient Engagement From page 1

practice operates. Do this by developing a simple guide that may include things like: how to make an appointment; how to contact the doctor or the team; who to discuss financial matters with; who to call for problems in the middle of the night; and how referrals are handled. The distribution and discussion of this guide will help eliminate confusion and frustration for your patients.

The second step in the engagement process should be *the development of patient and provider responsibilities, expectations, and goals.* Both parties should recognize the mutual obligations to one another at the beginning of the relationship and agree to communicate these throughout the relationship. Many JPA practices currently use a patient-provider agreement to set these expectations. If you are interested in getting help to develop a patient-provider agreement for your office, please contact the JPA office.

Finally, *the practice needs to regularly reach out to patients* and make sure that they are taking ownership of their care. This means being seen by the necessary healthcare professionals following practice orders and proactively living a healthy lifestyle. Practices can set up coaching activities whereby they touch base with their patients several times throughout the year. The growth of electronic media, particularly the patient portal, has made this activity much easier to accomplish.

The transformation from standard issue primary care to patient centered care requires physicians and patients to be proactively involved in individual care. This change may be challenging for some patients, but the outcome is healthier living overtime. Physicians can provide the knowledge, skills, and opportunity for their patients to take effective action.

BackQuack™ Community Spine Program



In the March 2011 JPA Newsletter, we introduced the BackQuack™ community spine program that is being commissioned by the Center for Healthcare Research and Transformation. Over the

past six months, Dr. Andrew Haig and colleagues have been working hard to educate Jackson physicians and the community through an intensive malpractice fest, namely BackQuack™, an on-line video game designed to improve spine care by bad example.

To date, the video game and physician/community education is coming along very well. Dr. Haig and his team will make one more push in September before wrapping up the program in October. You can still access the online video game from the website, www.backquack.net. The website also goes into more detail about the program and provides you with contact information to Dr. Haig and his team.

JPA would like to thank you participating in the BackQuack™ community spine program.

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***Making
Healthcare Better***

Looking for a specific topic in The JPA Examiner?

E-mail comments, ideas or suggestions to KristinS@JPAdocs.com.

In the Door

**Welcome the following new
JPA physician members:**

M. Rashid Siddiqui MD
Family Practice

Marcos Iza, MD
Family Practice

Joel Miller, MD
Family Practice

Maria Soto, DO
Family Practice



NextGen Super Users Group Blog

Don't forget, JCMR has developed an online blog that is dedicated to NextGen Super Users. This blog is intended to be used as a vehicle for sharing information through group discussion. To access this blog, follow this link, <http://sharepoint.jcmr.org/support/SUG/blog/default.aspx> or by visit the support site and follow the group link (Support > Super Users Group > SUG Blog).

Each Super Users Group member was emailed its own username and password in June. If you need your username and password resent, please contact Jeff Quinn at JCMR, JQuinn@jcmr.org or 517-817-6991.



Save the Date!!

October 4, 2011

**BCN Townhall Meeting
8:00am - 9:30am & 10:00am - 11:30am**



JPA's PGIP News

This newsletter updates JPA Practices on the BCBSM PGIP program

CONGRATULATIONS!

2011 DESIGNATED PRACTICES

Jackson Physicians Alliance is proud to announce its 2011 Blue Cross Blue Shield of Michigan Patient-Centered Medical Home designated practices:

- Aaron VanWagnen, MD, PC;
- Allegiance Family Medicine – Townsend;
- Jackson Pediatric Associates;
- Lynn VanWagnen, MD, PC;
- David Halsey, MD
- David B. Munro, MD, PC;
- Riverside Pediatrics;
- Sacred Heart Pediatrics;
- Springcrest Family Physicians;
- Trimas Family Care.

2011-2012 INTERPRETIVE GUIDELINES REVISED

Last month, Blue Cross Blue Shield of Michigan (BCBSM) released the 2011-2012 revised version of the PGIP Interpretive Guidelines to Physician Organizations (PO). PGIP representatives from BCBSM met with each PO to discuss the changes made to the interpretive guidelines. The majority of updates include refinements to the wording of the PGIP capabilities to reduce the “unknown” or “grey areas.” JPA has highlighted three major updates below.

Major Updates

9.9 - Preventative Services (NEW):

“Planned visits are offered as a means of providing preventative services in the context of structured health maintenance exams for which the practice team and the patient are prepared in advance of the date of service.”

BCBSM wants to see documented preventative activities a practice undertakes with their patients to prepare for the patient's health maintenance visit. This new workflow documentation will increase efficiency within the office and increase the amount of quality time the patient spends with the provider.

11.0 - Self-Management

Each capability within this domain has been re-defined and expanded upon to clarify or eliminate confusion. For example, capability 11.1 now requires that education occur in regular intervals to ensure the staff are educated and able to actively use self-management support concepts and techniques. The regular intervals must include at least 60 minutes of education every other month, as well as include documented minutes and the staff attendance sheet.

13.5 - Coordination of Care:

In addition to sending written transition plans to the new caregiver, a copy of the transition plan must now also be provided to the patient in office or by mail.

The 2011-2012 Interpretive Guidelines are now available to print or download from the JPA website, www.jpdocs.com. Erika Byrum will discuss the changes that will impact your practice during your regular scheduled monthly PGIP meeting. If you do not have regular appointments with Erika and would like to discuss these changes, please contact JPA to make an appointment.

PHARMACY INCENTIVE

One of JPA's selected PGIP initiatives is the Pharmacy Initiative - Generic Dispensing Rate (GDR). To meet the goal set by BCBSM, JPA encourages the use of high quality, cost effective, generic drugs as alternatives to brand name prescriptions when generic use is considered clinically appropriate by the physician. JPA also encourages physicians to prescribe lower cost alternatives such as over-the-counter (OTC) medications, lower cost generic medications and additionally low cost brands when no generic drug is available and when clinically appropriate.

Best practices include (1) reviewing reports and determining if patients currently on brand drugs with a generic alternative can be switched; (2) beginning a patient's treatment with a generic drug initially; (3) reviewing the JPA reports; and (4) regularly meeting with JPA staff to see what steps can be taken to improve GDR throughout the year. To the right are top prescribed Brand drugs for adults and children, along with their cost effective alternative option. JPA recommends using this list as a guide when prescribing medications.

When this...	Use this...
Concerta	Methylphenidate
Vyvanse	Adderall (g), XR, Ritalin(g), Concerta (g), Metadate CD
Proair HFA	Ventolin HFA
Lipitor	Mevacor, Zocor, Pravachol, Crestor
Lexapro	Celexa(g), Effexor(g), Luvox(g), Prozac(g), Wellbutrin(g), Paxil(g)
Focalin XR; Strattera	Focalin(g), Adderall(g), XR, Ritalin(g), Concerta(g), Metadate CD
Nasonex	Flonase(g), Naslide(g), Nasacort

(g) - Use generic equivalent

PGIP-PCMH Selection Methodology



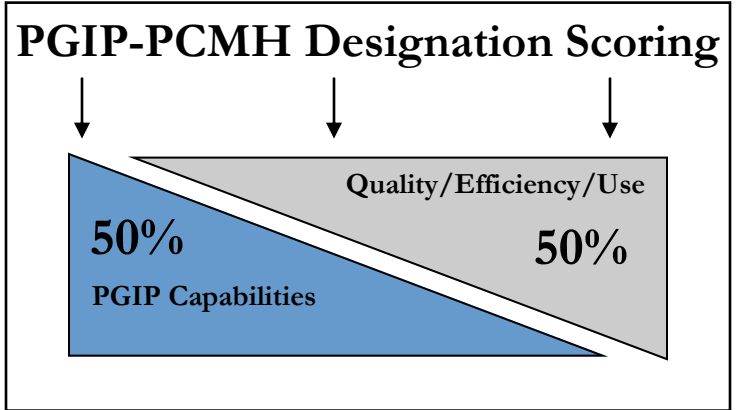
The July 2011 Blue Cross Blue Shield of Michigan (BCBSM) Physician Group Incentive Program - Patient Centered Medical Home (PGIP-PCMH)

Designation selection process was based on a combination of PCMH capabilities and quality/use/efficiency scores. Fifty percent of the overall weighted score came from the total number of “fully in

place” capabilities as of December 31, 2010 and the other fifty percent came from the calculation of a weighted quality/use/efficiency score reported by BCBSM claims data. As your practice continues working towards PGIP-PCMH Designation, it is very important to understand how you will be scored during the selection process. Jackson Physicians Alliance hopes to increase your knowledge of the scoring system by sharing information that has been provided by BCBSM.

BCBSM determines the total number of practices to designate across the state for the upcoming year. It then determines the total points threshold it will accept for PGIP-PCMH designation. Each year this threshold changes so practices need to continue to adopt new capabilities and meet quality benchmark scores. Each nominated practice is ranked by their overall weighted score and then chosen to become designated if their ranking falls within the threshold.

PCMH capabilities equals fifty percent of the overall weighted score because BCBSM wants to recognize those practices that have made the greatest investment in the PCMH infrastructure. The calculation of a PCMH raw score is based



BCBSM wants to recognize practices that have made the greatest investment in the PCMH infrastructure.

on the number of capabilities reported as “fully in place.” There are a total of 127 possible capabilities for family practices and 123 capabilities for pediatric and adult practices to earn. Each capability that is reported as “fully in place” for a family practice earns .79 points; pediatric and adult practices earn .81 points for each “fully in place” capability. The total points earned for each capability “fully in place” gives each practice their weighted PCMH score.

As a practice adopts PCMH capabilities into its workflow, BCBSM recognizes that quality scores will increase. Thus, the second half of the overall weighted score comes from quality/use/efficiency measures. The breakdown of each metric is outlined in Table 1. The next step is to combine the weighted PCMH score and the weighted quality/use/efficiency score to get the practice overall weighted score. JPA creates a physician dashboard report containing your current score for each quality/use/efficiency measure. The scores are produced from BCBSM claims data. Erika Byrum delivers and discusses the physician dashboard with each practice manager on a quarterly basis.

BCBSM may chose to amend their scoring methodology at anytime. JPA is not aware of any modifications at this time for the next designation in 2012. If JPA learns of any official changes, we will inform you right away.

Table 1

PGIP PCMH Designation Program Weights			
	Family Practice	Adult Practice	Pediatric Practice
TOTAL	100%	100%	100%
PCMH Capabilities	50%	50%	50%
QUALITY			
EBCR Adult	6%	10%	
EBCR Pediatrics	2%		5%
Preventive Adult	2%	4%	
Preventive Pediatric	4%		8%
USE			
PCS ED Use Adult	4%	8%	
PCS ED Use Pediatric	4%		10%
Low Tech Radiology Adult	3%	6%	
Low Tech Radiology Pediatric	3%		9%
High Tech Radiology Adult	6%	6%	
EFFICIENCY			
Generic Dispensing Rate Adult	6%	12%	
Generic Dispensing Trend Adult	2%	4%	
Generic Dispensing Rate Pediatric	6%		13%
Generic Dispensing Trend Pediatric	2%		5%

QUESTIONS?

Contact the Jackson Physicians Alliance

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