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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*

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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

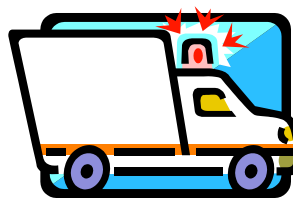


Our newest vendor to join JPA's Preferred Vendor Program is **Professional Business Bureau (PBB)**. PBB is a locally owned and operated collections agency who specializes in debt recovery, plus a number of other helpful services. For more info, call Marti or Liz at 517-782-0336 today!

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.

JACKSON PHYSICIANS ALLIANCE

JPA

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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**