

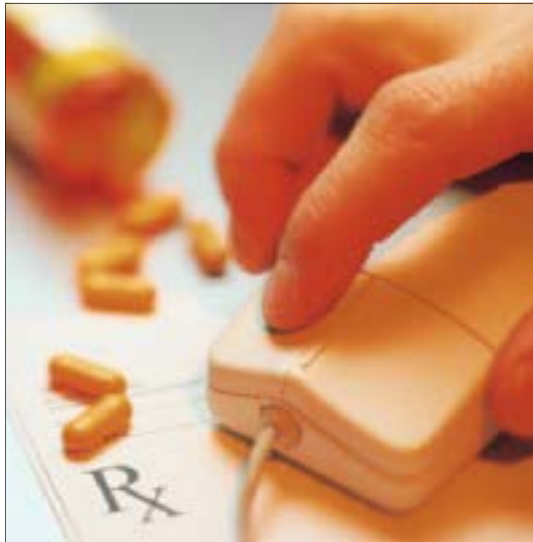


# JPA's PGIP News

*This newsletter updates JPA Practices on the BCBSM PGIP program*

## Preventing tragedy with E-prescribing

Every year, approximately 7,000 U.S. deaths occur as a result of medication errors. Contributing factors include prescriptions with illegible hand-writing, wrong dosages and missed drug-drug or drug-allergy reactions among others. These errors raise malpractice rates and increase the cost of medicine (increased ER, hospitalization, testing, etc). It also decreases public confidence when these types of statistics are reported.



A technology known as E-prescribing can reduce medication errors thereby improving patient safety and reducing sky-rocketing medication costs. E-prescribing is an electronic means to generate prescriptions through an automated data-entry process utilizing e-prescribing software and a transmission network that links to participating pharmacies. Within Jackson Physicians Alliance (JPA), there are currently 32 practices enrolled in the Physician Group Incentive Program (PGIP) program that are also utilizing e-prescribing software. However, JPA encourages all its member practices to adopt an e-prescribing process.

"The main goal of PGIP is to move practices to the Patient Centered Medical Home (PC MH) concept of care delivery," said Cheryl Meschke, JPA Administrator. "E-prescribing is a core component of this model of patient care. This concept (PC MH) incorporates the physician, the practice and the patient working collaboratively to reach health goals. This team approach requires everyone to be aware of the patient and his/her treatment. By using an electronic medical record, e-prescribing and a disease registry, all the patient's history is together and accessible to the entire healthcare team."

Not only does e-prescribing better treat patients, but Medicare providers will also be paid two percent of their claims if they prove e-

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## JPA Scores High

BlueCross-BlueShield of Michigan recently completed an Evidence Based Care Report (EBCR) on JPA practices.

"EBCR is a reporting method used by health plans to make sure their members are receiving the correct and basic care needed to keep them healthy," JPA Administrator Cheryl Meschke said.

EBCR measures address a broad range of important health issues including:

- Asthma medication use;
- Persistence of Beta-Blocker treatment after a heart attack;
- Controlling High Blood Pressure;
- Comprehensive Diabetes Care;
- Breast Cancer Screening;
- Antidepressant Medication Management;
- Childhood and Adolescent Immunization Status; and
- Advising Smokers to Quit.

For the most part, JPA practices fared very well with a majority of measures being in the top quartile among all PGIP groups. However, there are some areas where JPA's performance

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**“Overall, practices need to develop processes that ensure that their patients receive appropriate preventive care and chronic disease condition management.”**



### QUESTIONS?

Contact Cheryl at JPA

1310 Greenwood Avenue  
Jackson, MI 49203

517-817-2140

517-817-2142 fax

CherylM@JPAdocs.com

# Sign-up with PHYTEL: Help us help you

JPA is finalizing a preferred vendor relationship with PHYTEL Proactive Patient Care. We need your help!

Please consider and solidify a business relationship with the organization before Dec. 31, 2008.

PHYTEL provides a patient registry system and an automated patient outreach solution to increase appointment scheduling and care management. Not only does the service help your practice by improving the quality of care to chronically ill patients, it will help increase the practice's revenue through increased visits and pay-for-performance



## Grant \$\$ Available

bonuses.

JPA is providing grant monies of up to \$1,400 to each JPA BCBSM PGIP participating physician who signs an arrangement with PHYTEL before Dec. 31, 2008.

Your PHYTEL subscription will help JPA build a chronic disease registry and satisfy one of the BCBSM PGIP initiatives. The JPA administrative team will then be able to assist you with patient education and payer reporting compliance, moving the practice toward fulfillment of the Patient Centered Medical Home concept of care delivery.

## Preventing tragedy

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prescribing capability in 2009. So, why are practices reluctant to sign-up?

“A downside always mentioned by practices is cost,” Meschke said. “However, with the two percent and streamlined process, this should not be considered a downside.”

Another potential downside is training the physician and staff in using the new program.

“Most software comes with training – the rest is just getting used to something new,” Meschke said. “The biggest downside to me would be making sure you do your research and get the best product for you and your practice.”

According to Meschke, JCMR has taken the guess work out of choosing a system by looking at numerous products and cross referencing them with the PGIP goals.

### Benefits of e-prescribing

- Improved patient safety and overall quality of care
- Access to patient's medical history
- Reduces or eliminates phone calls and call-backs to pharmacies
- Eliminates faxes to pharmacies
- Streamlines the refill's requests and authorization processes
- Increases patient compliance
- Improves Formulary adherence
- Increases patient convenience
- Offers true Provider Mobility
- Improves reporting ability

## JPA scores high

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could improve. One of these is in the category “Appropriate use of Antibiotics.” JPA's rating through the second quarter of 2008 places us in the lowest quartile. The JPA physicians need to be sure to avoid the dispensing of antibiotic drugs for upper respiratory viruses versus true infection. Often times greater counseling and information to patients will help them understand that their illness is viral and must run its course. The use of antibiotics will not improve the care outcome



and may ultimately be a long-term detriment.

Another area where JPA's performance was below expectations was the rate of ACE and ARB inhibitors for congestive heart failure chronic disease patients.

“Overall, practices need to develop processes that ensure that their patients receive appropriate preventive care and chronic disease condition management,” Meschke said.

More and more insurance payers are moving toward a performance based reimbursement system. JPA practices need to be at the forefront of this transition.