



# Messenger

Fall 2010

## Let's Break Those Good Doctor Habits

Jeff Aalberg M.D.

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### Contact Us:

Executive Director  
Peter Wood, p 482-7050  
[woodp@mmc.org](mailto:woodp@mmc.org)

Senior Medical Director  
Jeffrey Aalberg, MD  
p 482-7061  
[aalbej@mmc.org](mailto:aalbej@mmc.org)

Senior Director, Operations  
News Editor  
Jen Moore, p 482-7051  
[moorej@mmc.org](mailto:moorej@mmc.org)

Provider Relations Manager  
News Editor  
Angela Best, p 482-7054  
[besta@mmc.org](mailto:besta@mmc.org)

We all know an early and important part of our clinical training was to write comprehensive and legible notes. As students, we were graded on our ability to document every single detail and thought surrounding a patient encounter. Let's ask ourselves how much information needs to be recorded, who might read it and does that documentation really improve outcomes? And as we all jump on the train to EMRs, ACOs, HCR, MU, P4P and productivity incentives, can we really afford to be eloquent authors of unnecessary conversation?

The *brief* SOAP note is only a portion of encounter documentation in an EMR:

- **Subjective:** Document the patient's issues; with practice we can have 4 or fewer bullets, 4-8 words each. Record only helpful positive and negative review of systems (ROS).
- **Objective:** Record only pertinent exam elements; good care, as well as billing, often only requires several exam features.
- **Assessment & Plan:** With the confidence of a seasoned provider don't explain the assessment in the detail of a medical student. We can say: chest pain-atypical, or somatic dysfunction, or reflux, etc, and further elucidate and support that with a bulleted plan e.g. labs, xray, follow up 2 weeks, refer.

The communication from your office to other health care providers also contains other EMR content and functionality:

- Problem, medication and allergy lists
- Past histories: medical, social, family
- Documentation of the flow of care

The abbreviated SOAP note, plus the pre-loaded information as above, will provide all the pertinent information, allow us maximal time with the patient, and may relieve us of the cultural expectation of a long winded prose recording of details that can better be communicated briefly. I hear loud complaints from all that are encumbered by an EMR 'go live' that the workdays are longer, fewer patients can be seen, and the work is meaningless and cumbersome. Yes, an EMR introduces us to a new world that we must quickly learn to navigate, but will be so much easier if we make the cultural leap to the confidence of simplicity. Our specialty colleagues have responsibilities to message comprehensively to others, but the synopsis of their encounter can be a brief preface to a longer dictated note (if necessary). Our surgical colleagues have known this forever-remember the 'OP Note'!

EMFBI it's my POV on TMI, we're SOT must CR8 less WRK B4 2 late\*

**EMR:** Electronic Medical Record

**ACO:** Accountable Care Organization

**HCR:** Health Care Reform

**MU:** Meaningful Use

**P4P:** Pay for Performance

\*excuse me for butting in but it's my point of view on too much information, we're short of time, must create less work before too late.

# QUALITY PROGRAMS UPDATES

## Maine Health Management Coalition (MHMC) Pathways to Excellence (PTE) Program Update

The MHMC has announced it will be refocusing its PTE efforts on primary care over the next two years. PTE's goal is to help practices understand and successfully meet both local and national office systems and clinical program requirements, ARRA Meaningful Use standards and Patient Centered Medical Home criteria.

Currently, local (green ribbon) and national (blue ribbon) recognition is displayed on the PTE website at <http://www.mhmc.info/>. Green ribbons earned prior to the present year will expire on December 31, 2010. The goal moving forward is for all practices to be publicly recognized for their achievements, as follows, by 2012:

- National/Local clinical recognitions (NCQA, BTE)
- Patient Centered Medical Home
- Patient experience surveys
- Use of Health Dialog Cost and Utilization data (due to be released in 2011)

The MHMC will soon be sending a letter asking for all practices to complete an online survey to share practice information (name, location, provider names, etc.) and will provide details about the local Office Systems Survey option just created for practices without the financial resources to pursue national recognition.

The MMC PHO is currently evaluating how to best support practices moving forward. We will continue to provide the Clinical Improvement Registry (CIR) at no charge to primary care practices which will allow the majority of practices to report on clinical measures. We will also explore opportunities for EMR users to directly report clinical outcomes to national programs. The MMC PHO 2011 Clinical Improvement Plan is under development and will be created with these new PTE goals in mind. To request support, or more information, please contact your Quality Program Manager, Gail Mazzone at 482-7059 or [maz-zog@mmc.org](mailto:maz-zog@mmc.org), Hilary Sangster 482-7058 or [sangsh1@mmc.org](mailto:sangsh1@mmc.org)

## Anthem Quality Insights (AQI) Programs

The 2010 AQI Program primary care and specialty (cardiology and obstetrics/gynecology) packets are available on our website at the following link: [http://mmcpho.org/quality\\_programs/external\\_quality\\_programs/anthem\\_quality\\_insights/](http://mmcpho.org/quality_programs/external_quality_programs/anthem_quality_insights/)

### **When is the Web Portal available?**

The Anthem Web Portal is currently available for data entry for the measurement period January 1, 2010 through December 31, 2010. You are encouraged to review your data regularly and not wait until the end of the year. The data entry deadline is February 11, 2011.

### **How are incentives earned?**

Eligible practices will be eligible for fee schedule adjustments of 2%-6% based on the level of points achieved for the measures listed above.

### **When will performance results be available?**

Final performance results will be available on the Web Portal to providers in June 2011. Practices will have until June 15, 2011 to review and comment on the results.

### **Who do I contact with questions?**

Contact your Network/Provider Relations Consultant or e-mail Anthem at [ppmne@anthem.com](mailto:ppmne@anthem.com).

The MMC PHO works closely with the Anthem AQI Program Manager to ensure practices have information available to participate in the program and to provide feedback on improving ease of submission. If you have any comments or issues, please feel free to contact Gail Mazzone at 482-7059 or [maz-zog@mmc.org](mailto:maz-zog@mmc.org) for primary care and Sandi Daigle at 482-7067 or [daiglsa@mmc.org](mailto:daiglsa@mmc.org) for specialty care.



## Care Coordination Program

**Annual Meeting  
CPM Members  
October 27, 2010  
7:00 a.m.  
Dana Center  
Board Room**

The Care Coordination program was rolled out on March 1<sup>st</sup>. Since that time, 651 physicians have signed the Master Service Agreement, one of the first markers of the program's acceptance.

The Specialty Referral form has undergone some minor tweaking to include gender specificity and scheduling for Adult and Pediatric referrals. It will be posted on the PHO website at [www.mmcpHO.org](http://www.mmcpHO.org). The referral form has also been incorporated into EPIC at Maine Medical Partners and Logician at Martin's Point.

## Payer Updates

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### **Harvard Pilgrim Health Care**

Effective January 1, 2011 Harvard Pilgrim will comply with a recent mandate that health plans with members in Maine provide Maine residents coverage for early intervention services. In order to provide these services, providers will need to be contracted for early intervention. Providers who are interested in contracting with Harvard Pilgrim should fax a letter of interest, along with a W9 form, to the attention of Ancillary Contracting at (603) 656-9578.

### **Anthem**

*Effective October 1, 2010: Expanded prior authorization/precertification recommendations for outpatient procedures.* To reduce unexpected post-service claim denials, Anthem is revising and standardizing services that are reviewed, either pre- or post service. These will apply only to Anthem's local plans. Please note that these recommendations do not apply to national accounts, Medicare, Medicare Advantage or the Federal Employee Program. In addition, please be advised that existing requirements for inpatient stays will continue. A detail of the changes that will become effective October 1 may be found on pages 7 & 8 of Anthem's August 2010 newsletter. (see links under Provider Newsletter section)

### **Fee Schedule Updates**

The 2010 fee schedule updates and summary information are available on the MMC PHO website under Practice Resources/Contracts/Fee code look up. If you do not have a username and password, please contact Julie Jameson at [Jamesj@mmc.org](mailto:Jamesj@mmc.org).

### **Provider Newsletters**

You may obtain information referenced above directly from the MMC PHO website. The website address is – [www.mmcpHO.org](http://www.mmcpHO.org). Under the Practice Resources tab you can access Health Plan Newsletters. The websites for the health plans are: [www.anthem.com](http://www.anthem.com), [www.harvardpilgrim.org](http://www.harvardpilgrim.org), [www.cigna.com](http://www.cigna.com), and [www.aetna.com](http://www.aetna.com). These newsletters often have policy updates which we encourage you to review.



### **Messenger**

443 Congress Street  
Portland, Maine 04101  
Phone: 207 771-2004  
Fax: 207 771-2005

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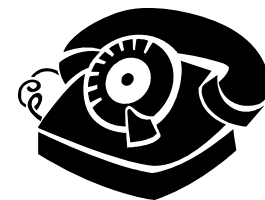
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## **Behavioral HealthCare Program Referral Line**



For many years we have been hearing from Primary Care Physicians that they do not have access to or do not know the behavioral health providers in their area. The Behavioral HealthCare Program (BHCP) is pleased to announce the BHCP PCP Referral Program.

We surveyed the behavioral health clinicians that are part of the BHCP network and asked if they were interested in collaborating with Primary Care Physicians. Based on the survey results, we created a database of information regarding the clinicians' specialties, the insurance companies they accept and their office hours. This was created as a resource for you. Either you or your office staff can call 1-877-854-6144 to receive names of behavioral health clinicians to refer your patients to. Please have the patient's insurance information and the zip code where the patient resides so that we may provide an accurate list of available clinicians with office information for you to give to your patient. The patient will still have to call the insurance company for a referral and call the provider for an appointment.

The communication of information between primary care practices and specialty mental health services regarding the severity of symptoms (the PHQ-9 and/or other rating scales), medications prescribed, substance use issues (including smoking), and medical/metabolic concerns can all be helpful in improving the overall health of your patients. We are hoping that by providing this list to you, you will be able to better build relationships with the behavioral health community.

If you have questions regarding this program please feel free to call Rhonda Dolley at 771-2004 x7070.