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MaineHealth Physician Leadership Development Fellowship (PLDF)

MaineHealth builds a physician leadership development program in collaboration with key partners to promote the development of physician leaders across the region.

MaineHealth, in collaboration with Maine Medical Center and other key partners, is leading the development and implementation of the Physician Leadership Development Fellowship (PLDF) Program, an 18-month program to identify, develop, and support emerging physician leaders across the system. This program is offered in follow up to the highly successful MaineHealth “Physician Leadership Training Fellowship” (PLTF) that offered leadership training to over 60 physicians from across the system between 1999-2001, and is part of a wider strategy for building physician leadership capacity across the system and the local medical community.

Over 30 physicians from across the system have been selected by MaineHealth organizational leaders for participation in the current PLDF program. Physicians have been selected for participation because they are recognized as emerging leaders in their community and are felt to have potential for additional leadership roles in the future.

The curriculum for the current PLDF program addresses a wide range of leadership and management competencies, topics and skill building. Both national and local experts will be used as faculty for the program, with a focus on delivering multi-disciplinary perspectives. Six established physician leaders from the community, including Drs. Jackie Cawley, Mark Foure, Neil Korsen, Scott Mills, Ann Skelton, and Douglas Salvador, have agreed to serve as “Faculty Leaders” and are helping to develop and deliver curriculum content for the six program sessions. Alumni from the previous MaineHealth PLTF program will also be invited to serve as guest speakers and mentors for physicians participating in the program.

The program began on April 11, 2008 and will convene every other month for six 1.5-day sessions, concluding in June 2009. For more information about additional leadership development opportunities available to physicians, or for questions or more information on the PLDF program, please contact Laura Montville, Project Director, at montvl@mmc.org.

“LEAN”: What Does It Really Mean?

Practice Managers have been hearing the words Access, Efficiency, Flow and now Lean. But, what do they all really mean? Simply put,

Lean is looking at the processes that you currently have in place and determining if there are steps (waste) that can be eliminated.

I know, you're saying to yourself that the processes you have in place are fine. As a former Practice Manager at a busy PCP practice, I said that myself. But are they *really*? And are staff who use these processes doing it the same way? I thought my staff were, but I was disillusioned. By going through the process of looking at work processes I can guarantee you it will make your staff and the processes they use more efficient. It will also do something very exciting! It will bring staff together. They will talk processes through, together. They will listen to each others ideas and concerns, together. This fosters *teamwork* and *communication* which to me is the foundation of any successful practice. It becomes contagious. Your staff will have a voice in what they do and how they do it and they become the “change-agent”. They will be committed to making it work. It will energize them and you get the “buy-in” you need to make the changes for a more efficient practice.

So, you're thinking, “this all sounds really warm and fuzzy, but how do I even start this process?” Let's look at an overview of the steps that need to take place:

1. Identify an area of interest, - Are there processes that appear inefficient or lead to frustration?
Example: Exam room supplies, are they the same in every exam room? Are drawers and cupboards set up the same way? This allows physicians and clinical staff to efficiently use any exam room.
2. Convene all involved at the table: providers, clinical and clerical staff
3. Make a [flow chart](#) of the present protocol/process; start at the very beginning: who does what and in what order is it done
4. Take each step and analyze it; does it work? Is there a better way, new idea?
5. Make a flow chart of the new protocol/process
6. Then do a PDSA (Plan, Do, Study, Act)
 - A. Try the new protocol/process for 1 week.
 - 1) Have staff document concerns in a binder
 - B. Reconvene
 - C. Discuss what is working & what is not
 - 1) Ideas for change
 - D. Map out the flow of the updated protocol/process
 - 1) Continue the above until all areas of concern have been addressed and changes agreed upon
7. Write a new protocol/process for all to adhere to until discussion for change has been addressed, agreed upon and communicated to all involved

Now you're thinking, “how much time and effort will this take?” Let me assure you, the time and effort you put into this process will come back tenfold in the form of increased efficiency! The team work and communication that it will foster, along with the energy it creates, makes it more than worth the effort! You can even team up with another manager and look at each other's processes for ideas to help you get started.

Resources:

1. *Creating a Lean*: may be downloaded from the Family Practice Management Web site at www.aafp.org/fpm or from MMC PHO Web site: http://mmcpho.org/member_services/provider_resources/
2. *Tools to Improve Office Efficiency*: may be downloaded from the Family Practice Management Web site at www.aafp.org/fpm or from MMC PHO Web site: http://mmcpho.org/member_services/provider_resources/

Sandi Daigle, Practice Support Specialist, MMC PHO

Highlights of the 2007 PCP Quality Care Recognition Program Results

DIABETES

- Our PHO primary care practice teams are providing outstanding adult diabetes process care: 66% of the 11,033 patients with diabetes in the CIR are receiving all six recommended evidence-based process measures of care.
- During 2007, 396 additional patients with diabetes were managed to the optimal level of control (HbA1c, blood pressure, and LDL all at American Diabetes Association targets), which has been achieved now for 26% of the patients in the CIR. The population of patients at increased risk (because of high levels of HbA1c, BP, or LDL) has decreased from 48% in 2004 to 41% in 2005 to 40% in 2006 and to 37% in 2007.
- The “at increased risk” population of patients receiving care management decreased from 30% to 27% and the patients at optimal control increased from 18% to 19% this past year. 76% of the 2,211 care managed patients with diabetes received all six process measures of care.
- In the past three years, 1,588 more patients are documented to be under optimal control.

CARDIOVASCULAR DISEASE

- Many of our adult primary care practices are also delivering quality population process care (all four measures) to patients with cardiovascular disease. The PHO mean for population process management is 68% for 2007.
- During 2007, 496 additional patients with cardiovascular disease were managed to the optimal level of control (LDL and blood pressure at American Heart Association targets), which has been achieved in now 66% of the patients in the CIR. The population of patients at increased risk (because of high levels of BP or LDL) has decreased from 19% in 2005 to 17% in 2006 and to 15% in 2007.
- The “at increased risk” population of patients receiving care management decreased from 18% to 16% and the patients at optimal control increased from 65% to 66% this past year. 87% of the 1,752 care managed patients with CVD received all four process measures of care.
- In the past three years, 2,068 more patients are documented to be under optimal control.

ASTHMA

- Compared to 59% at year end 2006, 63% of patients with pediatric asthma received all four recommended process care measures by year end 2007. 58% of physicians caring for pediatric asthma delivered all six process measures to 50% or more of their patients.

DEPRESSION

- 89% of primary care physicians were trained over the last two years on using the PHQ-9 for the Diagnosis and Management of depression.
- 72% of primary care physicians were trained in 2007 on the treatment of depression with medication.
- 42% of patients with diabetes, CVD and depression were screened for depression using the PHQ-9 screening
- Nearly 11,000 patients with chronic illness were screened for depression with a PHQ9 in 2007. This is over 27 times the number in 2004!

TOBACCO

- Over 565 patients received a referral to the tobacco helpline in 2007.
- Documentation of intervention in tobacco users are up 35% in past three years.

Congratulations to all of the primary care physicians who have earned the Practice of Distinction recognition by having the percentage of their patients with Quality Process Care matching or exceeding year end 2006 PHO mean.

MMC PHO Primary Care Practices of Distinction

DIABETES

Distinctive population management of diabetes: 62% or more of all patients with diabetes in the practice had documentation of all six process measures during 2007.

Cape Elizabeth Family Medicine	Greater Portland Medical Group, Westbrook
Carl Schuler, DO	Scarborough Family Physicians
Ciampi Family Practice	Mark Braun, MD
Family Health Center of Southern Maine	Martin's Point Health Care- Brunswick
Family Medicine Center, Portland	Martin's Point Health Care- Portsmouth
Fore River Family Medicine, PA	Massabesic Regional Medical Center
Gray Family Health Center	Miles Family Medicine- Damariscotta
Heidi Larson, MD	Miles Family Medicine- Wiscasset
Internal Medicine on the Cape	Miles Internal Medicine
James Kirsh, DO	Oxford Hills Family Practice
Jeffrey E. Martin, MD	Oxford Hills Internal Medicine Group
Jett Family Practice	Pamela Wansker, DO
Joseph R. deKay, DO	Patricia J. Phillips, DO
Lifespan Family Healthcare	Portland West Family Practice
MMC OPD- Internal Medicine/Pediatric Clinics	Royal River Family Care, PA
Gorham Village Family Physicians	Scarborough Health Care
Greater Portland Medical Group, Cape Elizabeth	Seacoast Medical Care
Greater Portland Medical Group, Falmouth	St. Andrew's Family Care Center
Greater Portland Medical Group, Scarborough	Wellspring Family Medicine Associates

PEDIATRIC ASTHMA

Distinctive population management of pediatric asthma: 50% or more of all patients with pediatric asthma had documentation of all four process measures during 2007.

Bayview Pediatrics	Greater Portland Pediatric Associates- Westbrook
Carl Schuler, DO	Martin's Point Health Care- Brunswick
Family Medicine Center, Falmouth	Massabesic Regional Medical Center
Family Medicine Center, Portland	Miles Medical Group Pediatrics
Greater Portland Pediatric Associates- Falmouth	Pediatric Associates of Southern Maine
Greater Portland Pediatric Associates- Portland	Scarborough Family Physicians
Greater Portland Pediatric Associates- Saco	Waterboro Village Pediatrics
Greater Portland Pediatric Associates- S. Portland	

Congratulations to all of the primary care physicians who have received recognition for meeting the practice improvement requirements. These practices had 20% or more improvement in process care or 10% or more improvement in outcomes care from 2006 to 2007.

Primary Care Practice Improvement Achievers

DIABETES PROCESS

Mark Braun, MD

Massabesic Regional Medical Ctr

Miles Family Medicine Wiscasset

Miles Internal Medicine

Oxford Hills Internal Medicine Group

Portland West Family Practice

Royal River Family Care, PA

Scarborough Family Physicians

St. Andrew's Family Care Center

Wellspring Family Medical Associates

Wiscasset Family Medicine

DIABETES OUTCOMES

Martin's Point- Portland

Martin's Point- Portsmouth

Miles Family Practice Waldoboro

Miles Internal Medicine

Pamela Wasker, DO

Portland West Family Practice

Seacoast Medical Care

St. Andrew's Family Care Center

ASTHMA PROCESS

Greater Portland Pediatric Associates- Falmouth

Greater Portland Pediatric Associates- Westbrook

Scarborough Family Physicians

Pediatric Associates of Southern ME

Waterboro Village Pediatrics

Highlights of the 2007 Specialty and Combined Quality Care Recognition Program

The MMC Physician-Hospital Organization is pleased to recognize the 2007 Specialist Quality Care initiatives and Combined Specialist-Primary Care initiatives. There were 26 quality improvement, referral management, and improved access initiatives recognized for the year. In addition, 37 practices completed new Patient Satisfaction Surveys. The project teams and titles of the projects are listed below. Numbers within the parentheses () indicate the projects for each practice group.

Coastal Women's Healthcare

Breast Health Awareness

Julius Damion, MD

Consult report project

Maine Pediatric Specialty Group (5)

Division of Genetics – Consult report project

Division of Developmental-Behavioral Pediatrics

Improved Screening for Trauma, Depression and Anxiety

Optimizing Patient Care by Improving Triage System of MPSG-Diabetes Program

Smoking Cessation

Streamline Cystic Fibrosis Care

Maine Surgical Care Group (5)

Beta Blocker Utilization in Vascular Surgery

Breast Cancer Treatment State of Maine 2002-2004

Clinical Pathways for Lower Extremity Revascularization

Clinical Pathways for Open Abdominal Aorta Aneurysm Repair

Treatment of Colon Cancer: How Does Maine Compare?

Garth A. Miller, MD

Consult report project

Greater Portland Pediatric Associates in Gorham, Falmouth, Saco, Portland, Lake Region Primary Care and Maine Pediatric Specialty Group

Improved Referral Management, Patient Visits and Communication between four pediatric and one multi-specialty practices and Maine Pediatric Specialty Group

MMC OB/GYN Associates (3)

Chlamydia Screening

Mammography Screening

HIV Testing for Prenatal Patients

MMC OB/GYN Clinic (2)

Peer-Review Process for Improving Quality of Medical Records by Resident Physicians

Evaluation of Somali Perceptions through use of Focus Groups

Highlights of the 2007 Specialty and Combined Quality Care Recognition Program

Neurosurgery and Spine Associates

Referral Physician Outreach with Communications and Education

Plastic & Hand Surgical Associates

Endoscopic Carpal Tunnel Release and Post-Operative Pain

Portland Gastroenterology Center (2)

Colonoscopy Withdrawal Times and Malignancy/Pre-Malignancy Detection during Colonoscopy

Improve Monitoring of Patients on Immunosuppressant Therapy

Sacopee Valley Health Center

Group Visits to Improve Access and Outcomes for Patients with Diabetes

Scarborough Family Physicians

Patient case-based discussion between practice and endocrinologist to improve care of diabetes patients, reducing time between referral and consultation

Spectrum Medical Group

Radiation Oncology

Prostate Brachytherapy Outcomes Study

Patient Satisfaction Surveys – this program was available to both Primary and Specialty Care practices

Coastal Women's Healthcare

Elizabeth Pierce, DO

Falmouth Orthopaedic Center

Full Circle Family Medicine, LLC

Garth A. Miller, MD

Gorham Family Practice/Frederick Delaney, MD

Gorham Village Family Practice

GPMG - Westbrook

GPMG - Falmouth

GPMG - Cape Elizabeth

GPMG – Scarborough

GPPA - Falmouth

GPPA – Gorham

GPPA – Portland

GPPA - Saco

James Kirsh, DO

Julius Damion, MD

Lake Region Primary Care

Maine Cardiology Associates

Maine Center for Endocrinology and Diabetes

Maine Pediatric Specialty Group

Martins Point Healthcare

Medomak Family Medicine

Miles Internal Medicine

Miles Medical Group - Family Practice

Miles Medical Group – Pediatrics

Miles Medical Group Wiscasset

Neurosurgery & Spine Associates

OB/GYN Associates

Oral Surgery Associates

Patricia Phillips, DO

Plastic and Hand Surgical Associates

Sacopee Valley Health Center

Scarborough Family Physicians

Seacoast Medical Care

Wiscasset Family Medicine

Congratulations to all of our practice teams participating in the 2007 Quality Programs. For more information contact A. Jan Berlin, M. D. at (207) 482-7063 or berlij@mmc.org.

Congratulations to all of the primary and specialty care physicians who have received recognition offered by the National Committee for Quality Assurance.

NCQA Recognized Practices

Diabetes Physician Recognition Program

Dr. T. McInerney- GPMG Cape Elizabeth
Dr. J. Reynolds- GPMG Cape Elizabeth
Dr. C. Wellins- GPMG Cape Elizabeth
Dr. R. Hemphill- GPMG Falmouth
Dr. B. Farino- GPMG Scarborough
Dr. C. Freme- GPMG Scarborough
Dr. R. Engel- GPMG Westbrook
Dr. S. Hayes- GPMG Westbrook
Dr. R. Sturges- GPMG Westbrook
Dr. E. Paluso- Lake Region Primary Care
Dr. T. Piraino- Lake Region Primary Care
Dr. S. Babirak– Maine Center for Diabetes
Dr. I. Brodsky- Maine Center for Diabetes
Dr. M. Lee- Seacoast Medical Care
Dr. W. Lee- Seacoast Medical Care

Heart/Stroke Recognition Program

Dr. C. Brett– Cardiovascular Consultants of Maine
Dr. A. Corsello-Cardiovascular Consultants of Maine
Dr. W. Dietz- Cardiovascular Consultants of Maine
Dr. J. Lualdi- Cardiovascular Consultants of Maine
Dr. J. Moloney- Cardiovascular Consultants of Maine
Dr. T. McInerney- GPMG Cape Elizabeth
Dr. J. Reynolds- GPMG Cape Elizabeth
Dr. C. Wellins- GPMG Cape Elizabeth
Dr. R. Hemphill- GPMG Falmouth
Dr. B. Farino- GPMG Scarborough
Dr. R. Engel- GPMG Westbrook
Dr. S. Hayes- GPMG Westbrook
Dr. R. Sturges- GPMG Westbrook
Dr. D. Burkey- Maine Cardiology Associates
Dr. D. Butzel- Maine Cardiology Associates
Dr. C. Carpenter- Maine Cardiology Associates
Dr. M. Cohen- Maine Cardiology Associates
Dr. J. Cutler- Maine Cardiology Associates
Dr. J. Cutler- Maine Cardiology Associates
Dr. M. Diaz- Maine Cardiology Associates
Dr. M. Fahrenbach- Maine Cardiology Associates
Dr. J. Hillstrom- Maine Cardiology Associates
Dr. F. Poulin- Maine Cardiology Associates
Dr. J. Powers- Maine Cardiology Associates
Dr. J. Rosenblatt- Maine Cardiology Associates
Dr. K. Sze- Maine Cardiology Associates
Dr. L. Thomas- Maine Cardiology Associates
Dr. R. Ulin- Maine Cardiology Associates
Dr. J. Wight- Maine Cardiology Associates
Dr. W. Lee- Seacoast Medical Care

Congratulations to all of the primary care physicians who have received recognition for meeting the Pathways to Excellence criteria for two and three blue ribbons.

Pathways to Excellence Blue Ribbon Practices

Two Ribbon PTE Practices (29%)

Ciampi Family Practice
Joseph DeKay, DO
Fore River Family Medicine, PA
Gorham Village Family Physicians
Heidi Larson, MD
Internal Medicine on the Cape
Maine Centers for Healthcare- Scarborough/W. Buxton
Mid Coast Medical Group- Bath
Miles Family Medicine- Wiscasset
Miles Medical Family Practice- Waldoboro
MMG/Internal Medicine
Gwendolyn O'Guin, DO
Oxford Hills Internal Medicine
Patricia Phillips, DO
Elizabeth Pierce, DO
Royal River Family Care, PA
Scarborough Family Physicians
St. Andrews Hospital- Family Care Center
Wellspring Family Medical
Western Maine Family Practice

Three Ribbon PTE Practices (43%)

Andrew Candelore, DO
Barbara Bush Children's Hospital Pediatric Clinic
Bayview Pediatrics
Cape Elizabeth Family Medicine
Carl Schuler, DO
Family Medicine Center- Falmouth
Family Medicine Center- Portland
Greater Portland Medical Group- Cape Elizabeth
Greater Portland Medical Group- Falmouth
Greater Portland Medical Group-Scarborough
Greater Portland Medical Group-Westbrook
Greater Portland Pediatric Associates- Falmouth
Greater Portland Pediatric Associates- Gorham
Greater Portland Pediatric Associates- Portland
Greater Portland Pediatric Associates- Saco
Greater Portland Pediatric Associates- South Portland
Louis Hanson, DO
Jett Family Practice
James Kirsch, DO
Lake Region Primary Care
Martin's Point Family Practice-Brunswick
Martin's Point Family Practice-Portland
Martin's Point Pediatrics
Massabesic Regional Medical Center-Waterboro
Mid Coast Medical Group-Topsham
Mid Coast Pediatrics
Miles Family Medicine Damariscotta
MMC Internal Medical Clinic
MMG Pediatrics
Oxford Hills Family Practice
Scarborough Health Care
Seacoast Medical Care
Pamela Wansker, DO
Western Maine Pediatrics

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to better serve our communities.*



Payor Updates

Fee Schedules

The following is a summary of the fee schedule updates that have recently been implemented for MMC PHO providers.

- On **January 1, 2008**, Health Partners implemented a new fee schedule. The new fee schedule is based on the same 2007 Relative Value Units and conversion factor in place since July 1, 2007 with a lower withhold which results in an increase to the fees paid.
- On **February 1, 2008**, Aetna implemented an increase to the existing fee schedule. The fee schedule continues to be based on the 2006 Relative Value Units.
- On **April 1, 2008**, HPHC implemented a new fee schedule. The new fee schedule is based on the 2008 Relative Value Units and results in an overall increase to the 2007 fee schedule.
- On **April 1, 2008**, the CIGNA fee schedule was changed. The new fee schedule is based on the 2007 Relative Value Units and reflects an overall increase to the fee schedule that was in place prior to April 1st. As in 2007, no withhold will be taken.

For more information, contact Amanda Henson at 482-7056.

Provider Newsletters

The MMC PHO has a website – www.mmcpho.org. Under the Health Plan Information tab you can access the websites for the health plans, www.anthem.com, www.harvardpilgrim.org, www.cigna.com, and www.aetna.com. You may obtain current as well as older versions of provider newsletters from these payor websites. These newsletters often have policy updates which you may want to review.