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### CPM BOARD RETREAT

The Community Physicians of Maine (CPM), Board of Directors held a one and a half day retreat in the beginning of October. The focus of this meeting was strategic planning for CPM. The meeting had been preceded by a 4 month list of guest speakers to inform the group of the outside "forces" and current events facing us locally and nationally. Such speakers included Dr. Vance Brown, Mr. Bill Caron and Mr. Frank McGinty all from MaineHealth. Dr. Lisa Letourneau addressed the concept of the medical home. We also heard from independent sources in the industry who have other outside experiences with IPAs and employer groups.

The retreat was thought provoking and well attended by the Board. We carefully reviewed, with the help of moderator Richard Fitzpatrick, our current state of affairs and where we felt that CPM needed to go. This work was just the building block, and the board will continue to set forth a full strategic plan over the next 6 to 12 months.

Tina Piraino MD  
President CPM

### The Physician Leadership Development Fellowship (PLDF)

MaineHealth's Physician Leadership Development Fellowship (PLDF) program commenced in April 2008. The program is well underway and entering into its fourth of six sessions, in December 2008. This highly experiential physician leadership program is at capacity with 30 participants representing leadership across the MaineHealth system.

The program was originally launched in 1999 as The Physician Leadership Training Fellowship (PLTF) for three consecutive years until 2002.

The PLDF program's curriculum addresses issues including national health care trends; the role of physicians as leaders in a team-based culture; new demands for quality, accountability and transparency; leading and managing change; and the personal journey of leadership. Course topics include: Making The Case for Physician Leadership; Communication Skills; Teambuilding and Management; Business Skills for Physicians; Strategic Planning and Systems Based Care. The course structure is based on principles of adult leaning theory, and is solution-oriented and highly interactive, drawing on real-world experiences of faculty and participants. Each physician leader is nominated for the PLDF program, by their sponsoring organization. The physician leader then makes a commitment to attend this program over six 2-day sessions spanning 15 months. The program concludes in June 2009.

This program is Directed by Lisa Letourneau, MD with Vance Brown, MD, CMO of MaineHealth, Laura Montville, MS, Program Manager of the Physician Leadership Development Fellowship program at MaineHealth and our Faculty Physician Leaders: Ann Skelton MD; Doug Salvador MD; Neil Korsen MD; Mark Fourre MD, Scott Mills MD, Jackie Cawley DO.

The PLDF is currently accepting nominations for the next program in the Fall of 2009. Please send all inquiries to Laura Montville at [montvl@mainehealth.org](mailto:montvl@mainehealth.org). For a list of participants and their sponsoring organizations, please go to the Maine PHO website at: <http://www.mpho.org/resource/d/73694/PhysicianLeadership.pdf>

## **AHA Recommends Depression Screening for Patients with CHD**

On September 29, 2008 an American Heart Association scientific advisory committee published a summary article (<http://circ.ahajournals.org/>) with Recommendations for Screening, Referral, and Treatment for Depression and Coronary Heart Disease (CHD). It is noted that depression is approximately 3 times more common in patients after an acute myocardial infarction than in the general population. Between 15 and 20% of patients with myocardial infarction (MI) meet established criteria for major depression. Younger women and patients with congestive heart failure are at higher risk. The prevalence of major depression is also higher in those people living with CHD than those without major medical illness (9.3% vs 4.8%). This coexistence is associated with an increased number of office visits, emergency room visits, and sick days, as well as more functional disability. There is also consensus that the presence of depression is associated with at least double the risk of additional cardiac events over the 1 to 2 years after an MI.

Both biological and behavioral mechanisms have been proposed to explain the link between these two conditions. Depressed cardiac patients may have increased biomarkers found to predict cardiac events, evidence of hypothalamic-pituitary dysfunction, increased C-reactive protein, increased platelet activation, and increased cytokine activity. Certain behaviors such as poor diet, lack of exercise, non-adherence to medications, smoking, social isolation and chronic life stress may also contribute to the development and progression of CHD.

The article recommends depression screening and treatment for all cardiac patients. The Patient Health Questionnaire (PHQ)-2 is validated as a screen and if positive, the entire PHQ-9 should be administered. A score of 10 or higher on the 0 to 27 scale should trigger further assessment and consideration of treatment.

Treatment options include medication, cognitive behavioral therapy (CBT), other forms of psychotherapy, and physical activity (exercise and cardiac rehabilitation). Randomized studies have shown that 2 selective serotonin reuptake inhibitors (SSRI's), sertraline and citalopram are safe for patients with CHD and effective for moderate, severe, and recurrent depression. Other antidepressants can also be used, and only tricyclic antidepressants and monoamine oxidase inhibitors are specifically contraindicated in people with CHD. In one trial, patients treated with an SSRI for depression had a 42% reduction in death or recurrent MI as compared to those depressed patients not taking an SSRI. Patients should be observed closely for the first 2 months after initiating treatment, and regularly thereafter to monitor for suicide risk, ensure medication adherence, and manage side effects. Many patients with moderate to severe depression will respond better to the combination of CBT and medication than either treatment alone. Finally, exercise and cardiac rehabilitation have been shown to reduce depressive symptoms as well as improve cardiovascular fitness.

These American Heart Association recommendations are consistent with the guidelines from MaineHealth's Improving Depression Program. Recommendations from MaineHealth include annual screening for depression for patients with CVD, diabetes and prior history of depression, close follow-up with at least 2 PHQ-9's in the first several months after a diagnosis, and consideration of a referral to a Care Manager for patients whose PHQ-9 scores are 15 or higher (in the moderate or severe range). A referral to a mental health provider should be considered for patients with risk for suicide, severe symptoms, or lack of improvement with treatment. eLearn modules with regard to Screening for Depression, Medications, and Use of Self-Care and Care Managers can be found at [elearn.mmc.org/depression](http://elearn.mmc.org/depression). Username and password: welcome.

Peter Amann, MD

October 5, 2008

## Care Transitions Program

Care Transitions is a patient-centered intervention designed to support older patients and their caregivers as they return home from the hospital. Because patients and their caregivers are often the only common thread moving across settings, together they comprise an appropriate target for an intervention designed to improve the quality of transitional care.

This evidence-based intervention provides patients with support and tools that promote knowledge and self-care skills. Research outcomes include improved knowledge and self-management skills, primarily in the areas of medication and condition management. Encouraging patients and their caregivers to assert this more active role in their care transition can also result in reduced re-hospitalization.

Below are outcomes for those patients who have completed the Care Transition Intervention at Maine Medical Center:

- Hospital readmission rate within 30 days of discharge: 5% for same diagnosis; 11% for any diagnosis
- Medication discrepancies found on nearly 50% of the served population upon hospital discharge

Feedback from patients satisfaction surveys include:

- 100% are more confident managing their health (68% agree; 32% strongly agree)
- 100% understand what their medications are and how to take them (51% agree; 49% strongly agree)
- 100% understand the symptoms they need to watch for and whom to call (62% agree; 38% strongly agree)
- 76% set a personal health goal
- 100% would recommend Care Transitions to others

## Clinical Tools and Patient Education Materials for COPD

MaineHealth has developed new clinical tools and patient education materials to view on their website at [www.mainehealth.org/COPD](http://www.mainehealth.org/COPD). These tools include:

- GOLD Guidelines
- An algorithm for adults with respiratory symptoms suggestive of asthma and/or COPD
- An office flow sheet to prompt Tobacco/COPD status assessment and delivery of assistance
- A Diagnosis and Management Checklist
- A COPD action plan to provide to your patients
- Posters to help your patients recognize their symptoms and understand the need for spirometry
- Links to numerous websites for COPD.

These clinical tools and patient education materials are available to order on the J. S. McCarthy website: [www.jsmcCarthy.com/mainehealth](http://www.jsmcCarthy.com/mainehealth). If you have questions about any of these materials, please contact Program Manager, Donna Levi at [levid@mainehealth.org](mailto:levid@mainehealth.org) or 541-7566

## Asthma Educators Referral Process

Referral to an asthma educator is part of the Clinical Improvement Plan (CLIP) quality rewards program. Here's the way it works:

- Tell your patient about the benefit of meeting with an asthma educator.
- Let them know that you will forward a referral to an asthma educator near them and that they can expect a phone call to set up an appointment.
- Make sure that your office flow includes documenting the referral in the CIR.
- AND Most Important – fill out the FAX referral form and send it to the asthma educator. Referral to an Asthma Educator is as easy as 1, 2, 3, 4!

To obtain a fax referral form, please visit the MMC PHO website at [www.mmcpHo.org](http://www.mmcpHo.org) and click on Asthma under the Clinical Improvement tab.

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[www.mmcpo.org](http://www.mmcpo.org)

## Payor Updates

### ***Health Partners***

The MaineHealth Health Partners fee schedule was updated on July 1, 2008 to incorporate the 2008 RVUs. You may access the updated fees via the password protected portion of the Maine PHO website.

### ***Anthem***

The Anthem advanced imaging program is transitioning to AIM on November 1, 2008. In September, Anthem sent information about the upcoming transition of their diagnostic imaging management program from NIA to American Imaging Management (AIM), an affiliate of Anthem. For procedures scheduled on or after November 1, 2008, all ordering physicians must contact AIM to obtain a prior authorization for non-emergency outpatient advanced diagnostic imaging modalities including CT/CTA, MRI/MRA, Nuclear Cardiology and PET. Providers are now able to contact AIM for prior authorization or consultation via the internet or by telephone.

### ***Harvard Pilgrim Health Care (HPHC)***

The final issue HPHC *News to Use* was issued in September, HPHC began distributing *Network Matters*, their new newsletter via e-mail on October 15th. In order to receive the e-mail version of the new HPHC consolidated newsletter, go to [www.harvardpilgrim.org/providers](http://www.harvardpilgrim.org/providers) and click on the link from the home page to submit your e-mail address. You will then begin receiving the new publication via e-mail within the coming months. *Network Matters* will be organized into five content categories to make it simpler to find the information important to you: Main News; Clinician Corner; Industry Notes; Office Assistant; and Mark Your Calendar.

HPHC will implement the most recent quarterly update of the iCES claims software. Starting January 1, 2009, you may notice some editing changes in coding relationships, such as bundling/unbundling, codes incidental to global payments, and age/sex coding edits. Editing changes affecting current payment policies will be published in future issues of *Network Matters* and updated in the HPHC Provider Manual, available at the same link mentioned above.

### ***Provider Newsletters***

You may obtain information referenced above directly from the Maine PHO website. The Maine PHO website address is – [www.mpho.org](http://www.mpho.org). Under the Links tab you can access the websites for the health plans, [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). You may obtain current as well as older versions of provider newsletters from these payor websites. These newsletters often have policy updates which we encourage you to review.