A Deeper Dive into Clinical Integration

The term Clinical Integration (CI), which has clinical, strategic and legal implications, is a key term HFPN has been using to differentiate itself in the marketplace. Yet I sense from ongoing conversations that there is not universal understanding of our differentiating characteristics. It is important for all members of the HFPN to be able to articulate what makes our physician network different from the others.

CI is a term that has been used by many people for many years and consequently is defined in numerous ways. Our use of the term is confined to what I can best describe as Federal Trade Commission (FTC)-recognized CI. This conjures up both a financial and a clinical model.

Co-negotiation by and among physicians in the marketplace for establishment of pricing is carefully scrutinized by the FTC, which is charged with ensuring that only pro-competitive and fair marketing practices characterize the marketplace. Most physicians are familiar with joining similar-minded physicians in an IPA (Independent Physician Association) where, for an entry fee, they share cost-saving opportunities and participate in contracted arrangements. The majority of these operate under the messenger model when contracting for fee-for-service (FFS) products. The agent of the IPA cannot negotiate price with the payer, and when other details of the proposed arrangement are discussed with individual physician members, they can opt in or out of the deal and conclude with an individually signed contract. When there is significant skin in the game – either by significant financial investment or inherent risk in the contracted arrangement – this type of organization can be considered financially integrated through risk or capitated contracts. Co-negotiating fees is considered pro-competitive and not a violation of anti-trust regulations or considered to be anti-competitive price fixing. This generally results in a single contract for the IPA and its collective members.

The concept of CI allowing co-negotiated fees is anchored in the idea that this practice is reasonable and necessary to achieve the outcomes in quality and efficiency the physician network proposes to bring to the marketplace. It could not otherwise reasonably bring this value without the ability to negotiate costs with the prospective payer. The FTC requires that these value initiatives be clearly articulated and achievable and directly related to the member physician practice behaviors in their FFS patient relationships. They measure physician commitment to these changes in practice patterns by the amount of time they spend.
HFPN SECURES FIRST CONTRACT

The Henry Ford Physician Network (HFPN) has signed its first provider contract, offering the Preferred Medical Option to Henry Ford Health System (HFHS).

Beginning January 1, the HFPN will be the only physician network within the HFHS Preferred Medical Option, which will be the lowest cost medical plan for System employees and their dependents. The product will be administered by Health Alliance Plan.

“We are encouraging employees to ‘choose Henry Ford’ by enrolling in the Preferred Medical Option,” says Charles Kelly, D.O., senior vice president and chief medical officer for the HFPN. “By choosing Henry Ford, not only are employees benefitting from the lowest out-of-pocket option, they are supporting the System’s growth and helping ensure its healthy future.”

HFPN physicians will benefit from the patient pool and the open network configuration provided by the Preferred Medical option. Due to a new reimbursement model for this patient population, the plan allows physicians to refer to any specialist within the HFPN. To facilitate referrals and open communication, HFPN physicians will have the ability to share patient information through the use of a secure electronic health record (EHR) portal. Also, physicians can direct patients to the Henry Ford facility of their choice for outpatient diagnostic, ancillary and therapeutic services, as well as for inpatient care.

“The HFPN is a provider-led entity driving higher quality, better clinical outcomes, and cost-effectiveness across a continuum of Henry Ford Medical Group and non-HFMG physicians,” says Kathy Yaremchuk, M.D., medical director of the Detroit regional care collaborative of the HFPN and vice president of clinical practice performance for HFHS. “We are designed to yield a consistent patient experience at every encounter across the network.”

Since its incorporation, the HFPN has focused on developing innovative and exclusive provider agreements – including direct employer agreements – that do not exist in the market today. Signing a contract such as the HFHS Preferred Medical Option allows the HFPN to demonstrate its viability as a provider group to prospective employers and insurers in southeast Michigan.

“Employers are concerned with their health care costs, and they demand increased levels of quality and efficiency,” says Dr. Kelly. “We offer more than 1,700 physicians who have agreed to a higher standard of quality and efficiency, and are willing to measure our performance and make ongoing improvements.

“As health reform gains traction, we are engaging our physicians and health care providers in common goals that provide more value to our patients, payers and employer groups in southeast Michigan.”

According to Dr. Kelly, joining the HFPN does not limit a physician’s ability to contract with health plans independently or through another clinical integration program, accountable care organization, independent practice association, physician organization, or physician hospital organization.

Each potential HFPN agreement is carefully reviewed to ensure it presents an economic benefit. No contract is signed without review and recommendation of the finance committee of the HFPN Board, followed by a supermajority vote of the Board.

MACOMB REGIONAL CARE COLLABORATIVE HOSTS CMF

Plan to attend Macomb’s Regional Care Collaborative Clinical Management Forum (CMF) focused on Utilization Efficiency in High-Tech Imaging. The agenda will include a review of imaging requests, as well as national trends in utilization and a discussion on managing patients with chronic low back pain. A maximum of 2.25 AMA PRA Category 1 Credit(s)™ are offered.

Wednesday, December 7, 2011
5:30 – 8:15 pm
Villa Penna Ristorante
43985 Hayes Road
Sterling Heights, Michigan

Registration required at www.henryford.com/cmeevents.
Looking Forward
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contribute to process and personal performance improvement efforts — in other words, how much sweat equity do they deposit in the network? In simple terms, the value promised in the marketplace is improved quality, improved efficiency and reduced costs. But, in order to achieve it, we mutually will negotiate the costs of up-front investments in infrastructure and rewards to our network physicians for their commitment to this effort.

You cannot waiver from participation in the high-performance platform of agreed-upon measures and clinical support program utilization. You must participate in all negotiated contracts as an additional measure of physician commitment to the CI program, but network physicians are free to contract individually with health plans that do not choose to contract with our network. The use of information systems for sharing clinical information and adhering to clinical protocols are two of the most favorable characteristics of CI programs. The linkage of significant penalties to non-compliant physician members also is expected by the FTC.

This is the thrust of the Henry Ford Physician Network. Our members have agreed to be measured across a quality dashboard that also has an efficiency focus. The goals are to elevate clinical outcomes and drive out waste. We focus on primary care via the Patient Centered Medical Home model and work collectively to improve the Medical Neighborhood. The approval of clinical protocols and selection of clinical support programs are all physician driven and supported by their personal time commitment. Participation in Clinical Management Forums are where we identify best practices for spread. Discussions with your medical directors regarding performance measures help identify opportunities for improvement. We have agreed on information sharing goals and have currently approved and are executing several clinical support programs. We have designed an incentive model to reward high performance and also have a remediation process to deal with non-compliant members. We will continue to work collaboratively with payers to fund our non-reimbursable services and reward our physician commitment.

We also are differentiated by being first to market with a program of this size and scale and by the depth of commitment of our affiliated Henry Ford Health System.

REFERR BCB SM PATI ENTS
WITH CHRONIC PAIN OR STRESS FOR FREE PROGRAM

Henry Ford is extending its award-winning “Stress and Pain-Free Living” program to members of the Henry Ford Physician Network. Your patients with any Blue Cross Blue Shield of Michigan (BCBSM) insurance who have chronic pain including low back pain, stress, or a stress-related illness, now have the opportunity to participate at no cost.

This program is offered to support your efforts in achieving more accountable and efficient care through a tested approach to better manage chronic pain and stress patients with the goal of reducing avoidable interventions and ER visits.

More than 80 percent of past program participants reported reducing or eliminating their pain, including back, headache, neck, knee, and joint pain, as well as relief from stress, depression symptoms, anxiety, fatigue, and sleep disturbances.

The program, presented in conjunction with Henry Ford's Center for Integrative Wellness under the direction of Robert A. Levine, Ph.D., C.Ht, uses guided relaxation, somatic functional therapy movement routines and other simple stress reducing strategies to assist patients in relieving their pain and stress. Long-term maintenance tools ensure continued success and will support your effectiveness when treating patients who have completed the program.

Referring physicians are notified of patient enrollment and receive a summary report of changes in their patients’ health status after the program.

Due to the success of the program, new five-week sessions will begin in December offered at locations in Detroit, Downriver, Oakland and Macomb counties. To refer patients, ask them to log on to www.stressandpainfreeliving.com to take a brief, confidential survey. They then will be contacted by a member of the program staff.

Flyers about the program for distribution are available by calling (313) 874-1466.
**Clinical Integration**

**HFPN Introduces Diabetes Education**

To help physicians support their patients with diabetes, the Henry Ford Physician Network is introducing Diabetes Self-Management Education (DSME) available through Henry Ford Diabetes Care Centers. This program is one of four robust clinical support programs being offered to HFPN-affiliated patients at no charge to the physicians.

The comprehensive DSME program includes a one-hour medical history and life-style assessment with a registered nurse, and nine hours of classroom sessions with a certified diabetes educator. Education topics include understanding glucose monitoring and interpreting results, basic nutrition, medications, coping techniques, strategies to reduce the occurrence of complications, goal-setting and additional management skills.

Diabetes is largely a self-managed condition, in which patients are responsible for 99 percent of their care. Research shows that patients who participate in diabetic education are 50 percent more likely to engage in daily self-care activities, and two times more likely to get all of their recommended medical care in a single year.

By referring patients to diabetes education, HFPN physicians will foster patient independence in managing their condition which will reduce costly complications, emergency department visits and hospitalizations and improve quality measures.

**Henry Ford DSME is recognized by the American Diabetes Association and is certified by the Michigan Department of Community Health for meeting quality standards in diabetes education. The program will be available in January to appropriate HFPN-affiliated patients with a covered benefit (diagnosis code G0108: assessment visit; and code G0109: classes). It also will be a covered benefit for UAW Retiree Medical Benefits Trust members.**

Diabetes care rates with and without diabetes education*


Henry Ford Diabetes Care Centers is the proud recipient of the 2011 Michigan Organization of Diabetes “Outstanding Achievement Award” for Diabetes Self-Management Education (DSME) programs. This annual award acknowledges the DSME program in the State of Michigan that demonstrates innovative thinking and approaches to improve the quality of patient care and outcomes.
RECRUITMENT

- As of November 16, 1,720 physicians have joined the Network. The breakdown follows:
  - Henry Ford Medical Group – 1,283 (all)
  - Employed – 86 (all)
  - Private Practice – 351
- The majority of new members have gone through orientation, which involves a brief in-office introduction to ensure understanding of the clinical integration program, technology requirements and implementation schedule as well as quality metrics, data collection, and performance reporting.
- 2011 recruiting goal is to add private practice physicians, with a focus on primary care, pediatric and obstetrics/gynecology practices.

CLINICAL SYSTEMS

Are you a meaningful user of health information technology (HIT)?

Did you know:

- 114,000 providers and hospitals have registered for CMS's electronic health record (EHR) incentive program.
- More than 8,000 providers have attested to and been verified by the Centers for Medicare and Medicaid Services (CMS) as successfully achieving meaningful use.
- CMS has paid $870 million in incentives to both providers and hospitals.

In the month of September alone:

- 17,000 providers (excluding hospitals) registered for CMS’s EHR incentive program.
- CMS paid $25 million in incentives to 1,400 providers (excluding hospitals) who successfully achieved meaningful use.

If you are a current user of HIT, the following will be helpful when you attest to achieving meaningful use:

1. Any quality usage report your EHR provides for the objectives for which you intend to attest.
2. Your EHR system’s official name. For HFPN EHR portal users, it is: RelayClinical™ EHR v11.1.
3. Your EHR system’s certification number. To obtain your certification number, go to: http://onc-chpl.force.com/ehrcert/CHPLHome. Once there, the instructions can be found in the section that reads: To obtain a CMS EHR Certification ID, follow the steps outlined below.

Not yet ready for meaningful use?

If you’re not ready to begin demonstrating meaningful use this year, don’t despair. Providers have until October 1, 2012 to begin and still be eligible for the full Medicare incentive payment.

- Detail on the meaningful use objectives to be met can be found at: https://www.cms.gov/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf.
- For step-by-step registration information and guides, go to: https://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp.
- To register, you’ll need your: 1. NPI 2. NPPES or PECOS ID 3. TID
- To register, go to: https://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp and choose the link titled: Register for the Medicare and/or Medicaid EHR Incentive Programs.

For more information about our clinical systems, please contact Denice Asbell at (313) 874-5471 or via email at dasbell2@hfhs.org.
GROWING CARDIOLOGY PRACTICE SERVES DOWNRIVER COMMUNITY

According to the National Heart, Lung and Blood Institute, angioplasty is performed on more than 1 million people in the United States every year, and the number of diagnostic and therapeutic interventional cardiology procedures totals more than 6 million.

While the debate between the long-term advantages of angioplasty versus coronary artery bypass graft (CABG) continue, industry analysts credit breakthroughs in interventional cardiology for a 40 percent decline in CAD mortality rates in the last 30 years.

That's why it may surprise you to hear that board-certified interventional cardiologist Mustafa Hashem, M.D., thinks his most important work occurs outside the cath lab.

“Performing angioplasty and placing stents is very effective, but it isn’t the most important thing I do for my patients,” says Dr. Hashem, of Downriver Heart and Vascular Specialists, PC. “My philosophy is prevention. I emphasize smoking cessation, exercise, and cholesterol and blood pressure medication, to prevent a coronary event and the need for intervention.”

Mustafa Hashem, M.D., conducted his residency and fellowship at St. John Hospital and Medical Center in Detroit. He practiced several years at Toledo Hospital and Mercy Saint Vincent’s Medical Center, before joining Downriver Heart and Vascular Specialists, PC, and its founding physician Kempaiah Gowda, M.D., in 2005.

Today, Downriver Heart and Vascular is the largest private practice provider of interventional cardiac and vascular procedures in the Dearborn and Downriver community, and is among the fastest growing practices of its kind in metro Detroit.

“I treat every patient like I would want my mom or dad to be treated,” says Dr. Hashem, who credits excellent customer service and word of mouth for the practice’s growth.

Downriver Heart and Vascular staffs one cardiologist and four interventional cardiologists, offering the latest approaches in comprehensive cardiology; on-site diagnostics such as echocardiography, Doppler, and stress testing; pacemaker and defibrillator management; and enhanced external counterpulsation (EECP).

A broad spectrum of interventions, including angioplasty; coronary, carotid, and renal stenting; and PFO (patent foramen ovale) closures are performed at Henry Ford Wyandotte Hospital and Henry Ford Hospital in Detroit. Vascular interventions for peripheral arterial disease, including radiofrequency ablation for varicose veins, are a growing area of practice as well.

Downriver Heart and Vascular’s 4,000-square-foot Southgate office houses 20 staff including physicians, nurses, technologists, and support staff. Construction currently is underway for an expanded office at the former AAA building at Fort Street and Eureka Road, which will offer a dedicated diagnostic and laboratory testing suite, spacious examination rooms, expanded administrative offices, and more than 100 parking spaces.
iMRI Enables More Accurate Brain Surgery

Henry Ford Hospital has joined a handful of medical institutions worldwide — and is the only one in Michigan — to acquire technology that takes brain surgery far beyond any previous advances.

Intraoperative Magnetic Resonance Imaging, or iMRI, allows neurosurgeons to vividly see the brain in real time as they work, with GPS-like mapping to guide them through its intricacies and perform surgical procedures with an accuracy that was previously unattainable.

“Our number one priority is our patients,” says Jack Rock, M.D., a neurosurgeon at the Hermelin Brain Tumor Center, a part of the Henry Ford Neuroscience Institute. “In order to continue to provide the best care, we need to invest in the latest tools.”

With typical MRI, a study of the brain is done prior to surgery. Surgeons use these images, their experience, and instinct to remove as much of the mass as they can without damaging healthy tissue. Additional surgery is often necessary if post-operative scans show missed tumor fragments.

Because iMRI provides real-time images in 3-D as the operation progresses, the procedure is less invasive, follow-up surgery can be avoided and patient recovery times and hospital stays are shortened. It also may reduce or eliminate the need for chemotherapy and radiation.

One study found surgeons were able to remove tumors more completely in 25 to 30 percent of the cases using iMRI (Current Neurology and Neuroscience Reports, Feb. 16, 2011; DOI 10.1007/s11910-011-0188-9). Another found that iMRI located residual tumor tissue in 36 percent of surgeries that had been thought to be complete (Acta Neurochirurgica (2011) 153:479–487).

The steady stream of real-time images generated with the use of iMRI also eliminates the problem of the brain shifting during surgery — sometimes as much as three-fourths of an inch — and the technology allows the use of conventional brain surgery instruments because the operating table is located outside the magnetic field. When necessary, surgery can be paused, the operating table rotated, and the brain scanned as needed.

“For decades Henry Ford has been at the forefront of innovation,” says Dr. Rock. “This system is another tool for us to deliver even more precise treatment which we are hopeful will allow for better outcomes for our patients.”

iMRI is currently used during neurosurgery on tumors, but it offers the potential for improved techniques in treating other neurological conditions, such as Parkinson’s disease, epilepsy and dystonia; tumors of the pituitary gland, which present many of the same challenges as masses elsewhere in the brain; and diseases of the heart, liver, kidneys, eyes, prostate, uterus and endometrium.

To refer a patient or to consult with a physician, please call (877) 434-7470. Visit www.henryford.com/cancer for more information.

Jack Rock, M.D., in surgery in the iMRI suite at Henry Ford Hospital.
TOOLS YOU CAN USE

SLADEN LIBRARIES

Have you explored DynaMed? The Henry Ford Health System Sladen Libraries – among the nation’s most comprehensive group of hospital-based medical libraries – offer their services, including DynaMed, to HFPN members at your office or home at no charge.

A recent study published in the *British Medical Journal* (BMJ 2011 Sep) looked at how quickly five different point-of-care products updated new evidence, addressing the importance of incorporating the best available evidence into the clinical workflow and the impact of updates on patient care. In the *British Medical Journal* study, DynaMed was shown to be at least 78 percent faster and as much as 97 percent faster at including evidence than other resources in the study, concluding that DynaMed has an updating process that markedly leads the others.

Another study published in the *Journal of the Medical Library Association* in July (J Med Libr Assoc 2011 Jul: 99(3): 247) tested DynaMed against seven other point-of-care resources with similar results.

The authors of the BMJ study noted, “Slowness in updating could mean that new relevant information is ignored and could thus affect the validity of point-of-care information services. Ultimately, whenever the transfer of relevant information is inappropriately slow, this can affect patient care, potentially denying treatments of proved benefit.”

Access DynaMed at www.henryfordconnect.com/sladen on the right side under Quick Links. You may access any Sladen resource using your HFHS Outlook ID and password.

If you do not have an HFHS Outlook ID and password, Sladen staff can provide you with an alternate ID and password. Receive an alternate ID and register for remote access at: www.henryfordconnect.com/sladen and click on the Remote Access link on the left side of the page. Please note that if you are in a Henry Ford facility, no ID and password are required.

For more information or a demonstration of DynaMed or any of Sladen’s resources, email sladen@hfhs.org or call (313) 916-2550.

FREE EDUCATIONAL OPPORTUNITIES

TRANSRADIAL ACCESS TRAINING

A free, two-day training course led by Akshay Khandelwal, M.D., a Henry Ford Medical Group interventional cardiologist.

Day one includes a didactic presentation and dinner at Andiamo – Detroit Riverfront.

Day two offers hands-on procedural training at Henry Ford Hospital’s Catheterization Lab. Participants will perform transradial access and cardiac catheter manipulation under the guidance of an experienced transradial operator.

Course dates:
December 8 – 9, 2011
January 12 – 13, 2012
February 9 – 10, 2012
March 8 – 9, 2012

For more information or to attend, contact Cari Linehan at (732) 535-1638 or via email at cari.linehan@terumomedical.com.

UNDERSTANDING AND MEETING MEANINGFUL USE

This 2.5 hour presentation offers attendees an understanding of the concept of meaningful use and provides an in-depth overview of the requirements, privacy and security issues and physician eligibility guidelines. Incentives, funding disbursements and reporting requirements also are covered. If you have any questions about how to qualify for meaningful use incentives, plan to attend this program. A maximum of 2.5 AMA PRA Category 1 Credit(s)™ are offered.

For more information, or to schedule a date for the meaningful use CME, please contact Denice Asbell at (313) 874-5471 or via email at dasbell2@hfhs.org.

ABOUT HENRY FORD PHYSICIAN NETWORK

The Henry Ford Physician Network (HFPN) is a physician-led subsidiary of Henry Ford Health System (HFHS), comprised of private practice, HFHS hospital-employed and Henry Ford Medical Group physicians. Focused on delivering higher quality care while reducing medical costs, this clinically integrated network strives to provide optimal value to patients, payers and employers through collaborative best practices, evidence-based medicine and improved efficiency.

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Questions or comments about Physician Network News can be directed to sacker1@hfhs.org.