After a five-month delay, the Centers for Medicare and Medicaid Services (CMS) have released the proposed rule for Accountable Care Organizations (ACOs) and the CMS Shared Savings program. The publication allows two months for commentary before the final rule is published in July. Every organization considering participation has to evaluate its readiness and prepare to deliver in less than six months. There were four to six pages of ACO mentions in the Affordable Care Act legislation passed in Spring 2010. One year later, we have 429 pages of rules and regulations. We’ve read them, along with post-publication analysis, and reached some preliminary conclusions. Moving forward, our strategy will be under discussion with our stakeholders as we await the final rule.

My initial response is that CMS has set the bar very high, and the path to financial success is a very steep climb. If you choose to participate, it will be in a one-sided limited risk model or a two-sided risk model. The greater the risk, the greater the potential reward. The one-sided model suits ACOs in their early phase of development, during which risk aversion is understandable. The two-sided model is suited for organizations with mature, managed care experience (I have nicknamed this the “California model”). An ambitious quality performance program and Information Technology demand is placed on providers.

The disappointments in the rules and regulations are in the design of the shared savings model, specifically the patient attribution rules and achievement of the cost reduction targets to allow for sharing in the effort. There is considerable delay – a minimum of 18 months – before you can realize your financial outcomes and receive dollars for distribution. Also expected are significant upfront capital investments in the ACO structure, with no opportunity to negotiate for dollars to support infrastructure development. It is a three-year contract model. Improvements need to be maintained over all three years or prior incentive payments within that timeframe need to be refunded. The real target is reduction in “cost growth” not actual “total costs” and is based on your prior three years’ performance. Failure to be a benchmark performer in the quality dashboard either eliminates or reduces your access to the shared savings.

We will continue to analyze this opportunity and watch closely for changes adopted by CMS based on public commentary. Simultaneously, we are evaluating the opportunity to participate with CMS through the Innovation Center, where our potential to be effective may not be as constrained. We are also constantly pursuing ACO payment reform contracts in the commercial market. Stay tuned – the fun is just beginning.
HFPN MEMBERSHIP HAS ITS ADVANTAGES

Since its formal incorporation in April 2010, the Henry Ford Physician Network (HFPN) has distinguished itself from other Accountable Care Organizations in southeast Michigan.

“We’re not just creating another structure for health care,” says Charles Kelly, D.O., senior vice president and chief medical officer for the Henry Ford Physician Network. “We are partnering with physicians to transform the delivery and payment system in parallel. It’s a philosophical approach that differentiates us in this market.”

PHYSICIANS AS LEADERS

According to Dr. Kelly, the Henry Ford Physician Network has been designed purposefully as a physician-led organization, to foster a high degree of interdependence and cooperation between private practice and health-system employed groups.

Physicians comprise more than 80 percent of the voting members of the HFPN Board of Trustees and its executive, clinical integration, finance, nominating and governance, and provider network committees.

An important part of the HFPN governance includes Regional Care Collaboratives with medical directors in four southeast Michigan regions. In addition to representing member physicians on the HFPN Board of Trustees, medical directors recommend inclusion or exclusion of physicians in the network, and facilitate participation applications, agreements, enrollment and credentialing of physicians.

CLINICAL INTEGRATION

Never before has the pressure been higher to manage care costs while improving quality. Employers expect to purchase more effective and more efficient health care services for their employees and dependents.

“We have designed a unique model that is intended to meet the needs of employers,” says Matt Walsh, vice president of operations for the Henry Ford Physician Network. “When you combine our clinically integrated network of physicians with the extensive geographic coverage of Henry Ford’s hospital facilities across southeast Michigan, HFPN definitely has an advantage when marketing to employer groups.”

The Henry Ford Physician Network is the only Accountable Care Organization in the local market focused on a platform of clinical integration. In fact, the HFPN also is the only local ACO to receive positive feedback from an informal meeting with the Federal Trade Commission.

Clinical Integration gives physicians access to infrastructure and tools to demonstrate quality and efficiency to current and future patients, payers and employers. They also may enter physician-directed "pay-for-performance" and other contractual arrangements with health plans, in a way that financially recognizes efforts to improve health care quality and efficiency.

TECHNOLOGY AND MANAGEMENT SERVICES

“Electronic connectivity is essential in helping physicians reduce costs,” says Walsh. “Henry Ford Health System introduced one of the country’s first electronic medical records more than 20 years ago, and we continue to use clinical data to improve care.”

Henry Ford Physician Network members may choose from a menu of affordable technology solutions, from an interface with an existing electronic medical record (EMR) system, to a physician portal with e-prescribing, to a complete EMR solution.

“Our physicians receive full implementation and training support, so that they and their staff feel comfortable with the solution they chose and take full advantage of its capabilities,” says Dr. Kelly.

In addition to technology support, the HFPN offers many support services to its members (see Management Service Organization Offerings on page 3). All services are centralized, making it convenient for the physicians and their office staff.

“Our highest priority, as evidenced by our services, is to support private practice physicians to stay in private practice,” says Dr. Kelly. “Ultimately, it’s about providing the tools to help physicians provide excellent health care services and enhance their practice as a thriving, viable business.”
REGIONAL NEWS

Henry Ford Physician Network’s governance structure includes Regional Care Collaboratives (RCC) in four regions: Detroit, Downriver, Macomb and Oakland. RCCs provide the structure to promote collaboration on network initiatives and priorities relevant to physicians in their local market.

Among the tools which facilitate collaboration and learning in the regions are Clinical Management Forums (CMF). These gatherings offer many benefits and are intended to facilitate:

- collaboration between Henry Ford Physician Network members
- dissemination of best practices across the network
- appropriate clinical outlier case and data review
- utilization management programs

Topics covered include network operational updates, case reviews and quality metric trends, quality improvement plans, and a clinical topic of interest presented by an invited speaker. Continuing medical education (CME) credits are offered.

Henry Ford Physician Network members are required to attend a minimum of two CMFs in 2011. Please mark your calendar and plan to attend:

DOWNRIVER REGION – June 6, September 15 and December 6
MACOMB REGION – June 8, September 21 and December 7
OAKLAND REGION – May 5, September 13 and November 15

Meetings are held from 5:30 – 8:15 p.m. More information will be provided prior to each event. To ensure CME credit, registration is required at www.henryford.com/cmeevents.

Henry Ford Medical Group (HFMG) physicians are encouraged to attend CMFs in their assigned region. However, in 2011, HFMG regular department meetings may qualify for CMFs if the theme, agenda and meeting content follows CMF specifications. Henry Ford Physician Network staff is working with HFMG leaders to ensure that meeting guidelines are followed.

The Henry Ford Physician Network has successfully conducted two Clinical Management Forums in the Oakland and Macomb Regions. Many attendees have found the meetings to be well organized, informative and pertinent to their practice. One attendee commented, “Excellent venue. Relevant lecture topic to current practice. Knowledgeable speakers.”

MANAGEMENT SERVICE ORGANIZATION OFFERINGS

MALPRACTICE INSURANCE
The Henry Ford Health System insurance program offers professional liability insurance to eligible medical staff members at affiliated healthcare facilities. Both primary and limited excess coverage, with full- and part-time rates, are available.

GROUP PURCHASING OF MEDICAL AND OFFICE SUPPLIES
Discounted rates are offered on a variety of products and services, including: medical, surgical, pharmaceutical and general office supplies; laboratory services; capital equipment; imaging; linen and housekeeping products; and background checks.

TEMPORARY EMPLOYMENT SERVICES
The Henry Ford Health System temporary staffing program assists with short-term employment needs at discounted rates.

CONSUMER DISCOUNT PROGRAMS
Members receive discounted rates and special offers on a range of services, including wireless services, automotive, lodging and travel.

For more information, please go to henryfordphysiciannetwork.com or call (313) 874-1466.

MARK YOUR CALENDAR

HEALTH CARE REFORM, ACOs AND PHYSICIAN NETWORKS - A PRIMER

Saturday, June 11, 2011
7:30 a.m. - 12:30 p.m.
Henry Ford
West Bloomfield Hospital

Complimentary registration for HFPN members.
Please call (313) 874-1466 or email jcoachm1@hfhs.org to register today.

For more information, please go to henryfordphysiciannetwork.com or call (313) 874-1466.
As of April 30, 1,575 physicians have joined the Henry Ford Physician Network:
- Henry Ford Medical Group – 1,314 (all)
- Employed - 81 (all)
- Private Practice - 180

Through the end of April, 168 physicians have completed new member orientation. Orientation involves a brief in-office introduction to ensure understanding of the network’s clinical integration program, technology requirements and implementation schedule, as well as quality metrics, data collection, and performance reporting.

The network’s 2011 goal is to continue to add private practice physicians, with a focus on recruiting primary care, pediatric and obstetrics/gynecology practices. If you know of a physician or practice interested in joining, please direct them to (313) 874-1466.

As we move toward more clinical integration, new quality measures will be monitored and collected to ensure that, as a network, we are providing optimal quality and value through collaborative best practices, evidence-based medicine and improved efficiency. These metrics will allow us to better demonstrate our value to interested payers and employers.

The quality measures were vetted through the Henry Ford Physician Network Clinical Integration Committee, chaired by William Conway, M.D., and comprised of the Henry Ford Medical Group, and Henry Ford employed and private practice physicians from multiple specialties across all regions. Metrics, targets and thresholds are reviewed annually. All members of the HFPN will have an opportunity to provide input into metric selection and revision.

The Henry Ford Physician Network Electronic Health Record (EHR) portal is now live. The EHR is CMS certified and includes all of the clinical tools providers need for their practice and to meet meaningful use:
- Progress Note Documentation
- ePrescribe
- Results Management
- Electronic Order Entry

Margaret Hepke, D.O., medical director for inpatient rehabilitation at Henry Ford Macomb Hospital – Warren, purchased use of the system for her practice. In early March, the implementation team visited her office for a workflow assessment and training and, according to Dr. Hepke, tweaked the system to meet her practice’s needs.

“I have been very pleased with how user-friendly the portal is,” says Dr. Hepke. “I feel very connected with the news and information that is relayed, with the access to Sladen Libraries, and with the interface it offers between Henry Ford physicians and the hospitals.”

Will you see a reduction in your Medicare payments in 2012?

You may if you’re not ePrescribing by June 30. CMS plans to audit provider claims data from Jan. 1 – June 30, 2011, to determine if a provider is an ePrescriber. Providers who have not submitted at least 10 claims with the ePrescribe G-code during that period will be subject to a one percent Medicare payment reduction for all Part B covered professional services in 2012. The Henry Ford Physician Network EHR portal offers
ePrescribe functionality and can get your practice on track to maximize your reimbursement.

**Are you ready for meaningful use?**

- Providers who are meaningfully using technology to improve care can earn up to $44,000 for the Medicare program or up to $64,000 for the Medicaid program, beginning in 2011 and ending in 2016.

- Detail on the meaningful use objectives can be found at: https://www.cms.gov/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf.

- To be eligible for incentive payments this year, providers have until October 1 to begin demonstrating the meaningful use objectives for a three-month consecutive period.

- If you’re not ready to begin this year, don’t despair. Providers have until 2012 to begin meaningful use of health information technology and still be eligible for the full Medicare incentive payment.

- Providers can now register with the Centers for Medicare & Medicaid Services (CMS) to become a meaningful user of health information technology; it is not required to have technology installed to register.

- CMS now allows a designate such as an office manager to register and attest to meaningful use on the physician’s behalf. To do so, a user must have a CMS Identity and Access Management System (I&A) Web user account and be associated to the physician’s NPI. If you do not have an I&A Web user account, please visit https://nppes.cms.hhs.gov/NPPES/IASecurityCheck.do to create one.

- To register, you will need your: 1) NPI, 2) NPPES or PECOS ID, and 3) TID.

- To register, go to: https://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp to view step-by-step information and guides or to choose the link titled: Register for the Medicare and/or Medicaid EHR Incentive Programs.

- The Henry Ford Physician Network now offers a CME activity titled *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 CME activity.

To schedule an onsite presentation for your department or practice, or for information regarding the EHR portal, please contact Denice Asbell at (313) 874-5471 or via email at dasbell2@hfhs.org.

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**Margaret Hepke, D.O., accesses electronic medical records using the new Henry Ford Physician Network EHR portal.**
TRANSPLANT INSTITUTE OFFERS INNOVATIVE MULTIVISCERAL TRANSPLANT

Multivisceral transplantation, which includes a combination of digestive system organs – the stomach, pancreas, intestine, duodenum and liver, is now being performed by surgeons at the Henry Ford Transplant Institute.

Henry Ford is the only Michigan institution with a multivisceral transplant program. A team led by Marwan Kazimi, M.D., director, Small Bowel and Multivisceral Program, performed two transplants last year. Both patients have had good outcomes and no longer require total parenteral nutrition (TPN).

“While still rare, intestine transplant is much more successful due to advancements in surgical techniques, immunosuppression and management of post-surgical infection,” says Dr. Kazimi, who joined Henry Ford from Indiana University Hospitals, one of the most active adult and pediatric intestine transplant programs in the United States.

People with intestinal failure are considered transplant candidates when other treatments, such as TPN, are unsuccessful. Indications are short bowel syndrome, mesenteric venous thrombosis, irritable bowel or Crohn’s disease, Gardner’s syndrome, complications of gastric bypass or other bowel trauma.

The Henry Ford Transplant Institute offers the full range of intestine transplant procedures:

• **isolated intestine transplant**, for patients with short bowel syndrome and no liver disease
• **combined liver-intestine transplant**, for patients with short bowel syndrome and irreversible TPN-induced liver disease
• **composite multivisceral transplant**, for patients with short bowel syndrome requiring intestine, stomach, pancreaticoduodenal complex, and/or liver transplantation

Intestine transplant is approved by the Centers for Medicare and Medicaid Services. To refer a patient or to consult with a physician, please call 877-434-7470.

Visit [www.henryford.com/transplant](http://www.henryford.com/transplant) for more information.

Marwan Kazimi, M.D., performs transplant surgery.

OFFICE MANAGER UPDATE

• The Henry Ford Physician Network EHR portal is live. Network providers will soon receive information on how to access the portal for HFPN news and information.

• Implement ePrescribe functionality by June 30 to ensure that your practice doesn’t see a one percent reduction in Part B Medicare covered professional services in 2012. CMS plans to audit provider claims data from Jan. 1 – June 30, 2011 to determine if a provider is an ePrescriber. The Henry Ford Physician Network EHR portal offers ePrescribe functionality and can get your practice on track to maximize your reimbursement.

• If your office has participated in new member orientation, you will be contacted to schedule installation of the Crimson tool needed to collect billing information to facilitate performance measurement. Please contact us at (313) 874-1466 or hfpnhelp@hfhs.org if you have questions or concerns about Crimson installation or data collection. We also can provide a staff in-service about the process.
When Laura Dalla Vecchia, M.D., decided to become a surgeon, she wasn’t planning on specializing in breast surgery.

“Women started to come to me saying they prefer a female surgeon,” explains Dr. Dalla Vecchia. “Today, breast surgery accounts for about 90 percent of my practice.”

For most women, any situation surrounding breast health – from finding a lump, to receiving abnormal mammogram results – can be stressful, especially if the diagnosis is cancer. Dr. Dalla Vecchia says that she dedicates considerable clinic time to her patients, listening to concerns and counseling them on their surgical options.

“As surgeons, our role is more prominent in the early stages of a patient’s diagnosis, to provide guidance and decision-making regarding surgical options for management of their disease,” says Dr. Dalla Vecchia. “For many of us, one of the most satisfying aspects of our job is the ability to perform a surgery on a patient and see measurable improvement in a short period of time.”

Dr. Dalla Vecchia receives many referrals for needle biopsies, which she performs under ultrasound guidance. If the diagnosis is cancer, she helps women decide on the best surgical approach, taking into consideration test results, health history and, if warranted, genetic testing at Henry Ford Hospital to provide a complete picture of a woman’s recurrence risk.

Although minimally invasive techniques continually advanced over the last ten years, Dr. Dalla Vecchia says more women are opting for total and bilateral mastectomy for a variety of reasons.

“Many young women, especially those with children, are driven by anxiety rather than science, leading them to choose the most aggressive surgical approach,” she says. “I think that reconstruction surgery has come a long way, which also makes mastectomy a more acceptable choice.”

Dr. Dalla Vecchia is a partner in Surgical Associates of Macomb, based in Clinton Township, and founded in 1997 by Alfred Schneider, M.D., and Prabhaker Reddy, M.D., both general surgeons at St. Joseph Mercy Hospital – Macomb. Dr. Schneider specialized in bariatric surgery before transitioning to an administrative role at Henry Ford Macomb Hospital. Dr. Reddy is still active in the practice.

Other partners are John Lim, M.D., and Michael Noorily, M.D., who perform a broad range of general surgical procedures, including minimally invasive techniques.

The partners of Surgical Associates of Macomb decided to join the Henry Ford Physician Network last fall.

“The primary impetus was the EMR, and the capability to track metrics that insurance will require,” says Dr. Dalla Vecchia. She admits that while she embraces new technology, she inherently resists electronic communication with patients.

“Nothing is more valuable than face-to-face contact,” she says.

For more information on services provided at Surgical Associates of Macomb, please call (586) 263-5410 or visit www.samplc.net.
TOOLS YOU CAN USE

SLADEN LIBRARIES

AccessMedicine Tool
The Henry Ford Health System Sladen Libraries, among the nation’s most comprehensive group of hospital-based medical libraries, offer their services to the Henry Ford Physician Network.

New at the Sladen Libraries is AccessMedicine (McGraw-Hill), an innovative online resource that provides:

- Sixty top medical titles such as *Harrison’s Online, Current Medical Diagnosis and Treatment, Tintinalli’s Emergency Medicine, Hurst’s the Heart, Fitzpatrick’s Dermatology, Williams Obstetrics* and more.
- Diagnosaurus, “a differential diagnosis tool for the ages.” Choose to view entries by organ system, by symptoms, by diseases, or by all fields, from an alphabetical listing.
- Practice guidelines for more than 60 common complaints and conditions to assist in disease screening, prevention, and management.
- An Image Index with thousands of photos and illustrations. Browse an A-Z listing of medical, clinical and other scientific images, and find videos and audio clips that are ready to download and insert into a presentation.

To access this resource, go to the Sladen Libraries main page at www.henryfordconnect.com/sladen and click on the AccessMedicine link on the right side of the page. A Sladen ID or a HFHS network account is required. To obtain a Sladen ID:

- Complete a registration form by clicking www.henryfordconnect.com/sladen.cfm?id=1337
- An ID and password will be emailed within one business day
- A Sladen ID and password is not required if you are using a Henry Ford computer

For more information, please email sladen@hfhs.org or call (313) 916-2550.

ANNOUNCEMENTS

Michelle Nelson, director of Managed Care for the Henry Ford Medical Group (HFMG), has agreed to take on additional responsibilities as director of Clinical Performance Measurement for the Henry Ford Physician Network.

Michelle is a key contributor to HFMG’s ambulatory quality initiatives, incentive programs and other managed care activities. Her expanded areas of responsibility include clinical integration data definition and quality data analysis and validation for HFMG, employed and private practice physicians within the network.

Michelle has more than 17 years of experience in the health care industry and has worked at institutions including Kaiser Permanente – Northern California and Baptist Health System in Birmingham, Alabama. She holds a bachelor of science degree in Computer Science and Engineering from the University of Alabama at Birmingham and is pursuing a master’s degree in business administration from Wayne State University.

Jacquelin Coachman has joined the Henry Ford Physician Network as a Physician Liaison. In her role, Jackie will support all network physicians and their staff with questions or issues related to network participation. She also is available to assist with education and communication materials.

Jackie has been with Henry Ford Health System for 12 years and has served in provider relations and managed care roles. She has a bachelor of science degree from the University of Detroit Mercy and is currently pursuing a master’s degree in public health administration. She can be contacted by phone at (313) 874-1466 or email at jcoachm1@hfhs.org.

ABOUT HENRY FORD PHYSICIAN NETWORK

The Henry Ford Physician Network is a physician-led subsidiary of Henry Ford Health System, comprised of private practice, Henry Ford-employed and Henry Ford Medical Group physicians, and is focused on delivering even higher quality care and lowering medical costs. It is an accountable care organization, using the concept of Clinical Integration, to provide optimal value to patients, payers and employers through collaborative best practices, evidence-based medicine and improved efficiency.

HFPN Office: (313) 874-1466
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hfpnhelp@hfhs.org

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