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**Making Healthcare Better**

**Practice Manager Forum Meeting**  
Tuesday, April 8th  
8:00 a.m. to 9:00 a.m.  
Foote Hospital—Dining Room 1

**Physicians Annual Meeting**  
April 7, 2008  
6:00 p.m. to 8:00 p.m.  
Foote Hospital Auditorium

**Guest Speaker:** Lou Rabaut  
"Motivating Your Practice Staff -  
One Employee at a Time"  
Guest speaker Lou Rabaut is sure to give an  
informative and enjoyable presentation. Rabaut, from  
Warner Norcross & Judd LLP, presented last year to  
rave reviews by JPA attendees. He is a nationally  
recognized speaker and a frequent presenter at  
MGMA in Michigan and nationally.



**Don't Miss**

**In the Door**

**Welcome the following new  
JPA physician members:**

**Dr. Paul J. Corcoran**  
[Vascular Surgeon]

**Dr. Julie Kovach**  
[Cardiovascular Disease]

**Dr. Thuy-Anh Tran**  
[Internal Medicine]

**Dr. Carol Wierenga**  
[Family Practice]



**Customer Relations** From page 1

*"Wait time on the phone is long."  
"Last appointment – there over two hours."  
"Staff is sometimes short with me when I call about scripts and  
appointments."  
"Office staff is not nearly as friendly and helpful as could be."  
"Needs to work on calling in prescriptions. They aren't being sent to  
the pharmacy at all or in a timely manner."*

On the complimentary side, members wrote the following  
about their JPA office:  
*"Even when we're there 15 minutes early, we're seen within 5-10  
minutes of arrival. That's terrific customer service!"  
"I am satisfied with everything."*

If you are interested in JPA setting up education programs  
specific to customer service issues contact Cheryl Meschke  
817-2140.

**RHIOs** From page 3

Local RHIOs must also be able to use a common set of  
standards so they can communicate with one another.  
Interconnecting each RHIO will require an infrastructure,  
known as a National Health Information Network (NHIN),  
to facilitate interoperability among RHIOs. This will allow  
medical information to travel anywhere with patients, thus  
revolutionizing the industry by making information more  
consumer-centric. HHS has proposed convening a private  
sector consortium to plan, develop, and operate the NHIN  
and has published a request for information (RFI) calling  
for outside input into the design and operation of the  
NHIN.

The government has also made a commitment to using  
common standards and architecture to achieve a result  
similar to what is being planned for the private sector. The  
result will be a more cost-effective and efficient healthcare  
system.



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*The JPA Examiner*

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**Inside this Issue:**

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**Offices Need to Set the Bar  
in Customer Relations**

Patient satisfaction studies continue to  
point toward the need for practices to have  
strong customer relations within their office.  
The patient's overall experience with the  
physician's office is a key driver in overall  
physician satisfaction. It is very important  
that all staff dealing with patients are  
properly trained in customer service  
techniques.

BCN recently provided JPA with its  
2007 satisfaction data, which indicated that  
BCN members' overall satisfaction rating for  
their JPA PCP and office was 89%. Other  
indicators show that 96% of BCN members  
are satisfied with their JPA office staff, level  
of service and respect. In addition 96%  
believe their PCP listens carefully, shows  
respect and explains things well, while 94%  
would recommend their JPA PCP to family  
members or friends.



While JPA satisfaction scores are high a  
sampling of some verbatim BCN member  
comments regarding their JPA office, point  
out areas in need of improvement:

*"PCP is not available readily, nor any staff."*

Please see Customer Relations, page 4

**Year 2007-08  
JPA Board Members**

**President:**  
Dr. Lynn VanWagnen  
**Vice President:**  
Dr. Brian Adamczyk  
**Treasurer:**  
Dr. Timothy VanSchoick

Dr. Bruce Bigelow  
Dr. Piyush Patel  
Dr. Arthur Vendola  
Dr. R. Charles Medlar

**JPA Administrative Staff**

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**JPA and JCMR recognized**

Jackson Physicians Alliance (JPA) and  
Jackson Community Medical Record LLC  
(JCMR) were recently highlighted in the  
Jackson Citizen Patriot.

JPA teamed up with Foote Health  
System (FHS) in January 2005 to champion  
a community electronic medical record  
(EMR) and formed Jackson Community  
Medical Record LLC (JCMR).

The mission of JCMR, a limited liability  
corporation, is to maximize community  
healthcare through real time provider access  
to patient health history at the point of care.  
JCMR selected and implemented a fully

integrated, HIPAA-compliant, EMR. The  
result is a shared database for quick  
information exchange that benefits the  
physician and patient. The community is  
already experiencing the benefits of the  
EMR, including increased accuracy of  
medications, patient satisfaction, efficiency  
and reimbursement.

JPA and FHS, through JCMR, are  
transforming health care in the greater  
Jackson area. There is excitement within the  
community, knowing that JCMR's  
electronic medical record has made a major  
step in improving overall health.

## Payer News

### BCN News



#### Health e-Blue<sup>sm</sup>

As part of the BCN's Blue Reward Program, JPA's threshold for the 2008 Performance Physician Recognition Program (PRP) was increased to 75 percent. Last year the threshold was 70 percent. This means that in order for JPA practices to receive their 2008 PRP payout, they will need to be vigilant in their efforts to update Health e-Blue on a regular basis throughout the year to avoid losing thousands of dollars. Unless the PRP values for the practice are at least 75% complete, no PRP monies will be awarded.

If you do not have an ID to log-on to Health e-Blue or if you need a refresher "in-service" for Health e-Blue, you can schedule an appointment with Ted Drozd by calling 517-322-8114.

### Medical Policy Updates

BCN has updated its policies on the following services:

#### Non-Covered Services

- Actigraphy Testing (home sleep study device — Procedure code 0089T)
- Skin Cholesterol Testing (Procedure code 84999)

#### Covered Services

- Gastric surgery for morbid obesity (Procedure code 43999)

Refer to the January-February 2008 *Network News* or more detailed information about each of these changes. The recently released March-April issue have added more non-covered services including genetic testing for warfarin dosing; genetic testing for intraoperative, for breast cancer staging; radiofrequency ablation for spinal pain; spinal distraction therapy; and transanal endoscopic microsurgery for the management of large or sessile rectal adenomas. Covered services include: intranasal influenza vaccine; magnetic resonance imaging of the breast for cancer, meningitis-automated rapid diagnostic test; and nutritional counseling.

### In-house Disease Management

Blue Care Network has announced that it concluded its contract with Accordant Health Services, Inc. on December 31, 2007. Accordant had provided disease management services for BCN members with certain chronic, progressive diseases.

As of January 1, 2008, BCN has been providing disease management in-house through BCN's Case Management Department. Questions regarding this change should be directed to Ted Drozd @ 517-322-8114.

### BCBSM's

#### PGIP Program



JPA has begun its participation with those JPA practices invited to participate in the BlueCross and BlueShield of Michigan Physician Group Incentive Program (PGIP) for 2008. The JPA administrative team has submitted work plans for six pay-for-performance initiatives. They are (1) Generic Rx Prescribing; (2) Radiology Procedure Management; (3) Chronic Disease Patient Registry Development; (4) HEDIS Performance Reporting; (5) Evidence Based Care Tracking; and (6) E-Prescribing.

JPA administration has already begun rolling out the program specifics. There will also be a comprehensive training session on Thursday, May 15th at the Common Wealth Commerce Center from 10:30 a.m. — 2:30 p.m.

The first reports related to generic prescribing rates were sent out electronically to physicians. Other reports will be following soon. If you have any questions contact Cheryl at 817-2140.

### Great West PPO



JPA is finalizing an agreement with the Great West Healthcare PPO. The contract is scheduled to become effective April 1, 2008. Please note that Great West Healthcare is being purchased by CIGNA. JPA's participation is only in the Great West Healthcare PPO product lines. JPA has not contracted with CIGNA. Major Jackson area employers using Great West PPO are Anderson Distributing Co., Daniel L. Jacob & Co., Inc. and Silver Foam Distributing. Estimates are that there are about 350 employees within the county. You will be receiving more information soon.

### Priority Health



JPA has been fielding practice questions and issues related to the Priority Health contract and operations. A summary of concerns has been sent to Kim Suarez, the vice president for Provider Relations. JPA has been assured by the local representative, Rhonda Browning that issues are being promptly addressed. JPA will be working with its physicians to role out Priority Health's Partners in Performance (PIP). JPA's training on the Priority PIP program is expected sometime this month.

Please stay tuned for more about Priority's P4P programs.

## And the Survey Says . . .

### (2008 JPA Practice Survey Results)

Thank you to all the practice managers who completed the 2008 JPA Needs and Satisfaction Survey. We had a 45.5% response rate, up from last year's response rate of 40%. The survey results are used to improve services to our membership. Highlights of the findings include:

- The majority are quite satisfied with JPA services - with 90% rating JPA a grade of "B+" or higher.
- More than 80% read the *JPA Examiner* newsletter on a regular basis. On the other hand, 73% have never visited the JPA website.
- Only one practice reports communicating with its patients by e-mail.
- Nearly one-third of responding practices are using EMR. Over half of those not using EMR are likely to consider implementing EMR in 2008.
- Most frequently mentioned practice issues are (1) Reduction in insurance reimbursements, (2) EMR/lack of funding, (3) Decreased income/bringing in revenue, (4) Building the practice and (5) Collections.
- 69% of PCP practices are familiar with the BCN Health e-Blue program. Another 16% are somewhat familiar.
- 58% of the practices are familiar or very familiar with BCN's Blue Rewards. Another 26% are somewhat familiar.
- More than half of the practices (63%) said that training or assistance could improve use of BCN programs.
- 82% are satisfied with BCN and a vast majority (90%) are

#### Preferred Vendor Program

Respondents for the most part are satisfied with the products and services provided by the JPA preferred vendors. Following is a vendor comparative chart.

JPA Preferred Vendor	# worked w/vendor	Sat Score (Out of 4)
AMBS Call Center	20	3.2
Automatic Imaging	3	3.3
DBI	20	3.5
HD Vest	2	3.5
Henry Schein	10	3.5
HR One	4	3.8
Interstate Leasing	0	-
Jamieson-Allen Agency	7	3.7
Pro Image Uniforms	13	3.2
TDS Metrocom	17	3.2
Transworld System	1	3.0
Voice Data Network	1	-
Willis Information Technologies	15	3.3

- satisfied with JPA's management of the BCN contract.
- Only 52% are satisfied with Priority Health and a majority are satisfied with JPA's management of Priority Health issues.

## RHIOs are the wave of the future

Electronic medical records (EMR) is the new healthcare industry buzz term. It is everywhere you turn. EMRs improve the workflow efficiency in clinicians' offices resulting in higher quality care for patients. Yet, only a fraction of all offices in the U.S. use this technology today.

The cost of EMRs remains a persistent and legitimate concern and thus a barrier to widespread adoption. In order to overcome this barrier, three things must happen:

- The investment in EMRs must be a shared one;
- EMR certification is necessary; and
- Access to EMRs in rural and underserved areas must be increased.

There is no doubt that patient information should be portable and move with them from one point of care to another.

Conversion to an EMR system is necessary, however it is not sufficient to solve the portability problem. That's because each clinician or medical practice can purchase an EMR system from different vendors, which may not be compatible with one another.

Without clinicians' ability to exchange information with one another electronically, whether it is across town or across the country, patients' information may not be readily available when and where it is needed. To remedy this, an interoperable system based upon a common architecture must be developed. Patient records can then be available electronically virtually anywhere in the country.

To achieve this, regional collaborations must be fostered among health care entities so that a patient's information can be securely stored in the local community, but is electronically accessible to those involved with providing their care in that community.

A limited number of regional initiatives exist today, but they vary in their approach to data sharing and cannot communicate patient information outside their own system. As momentum builds and more regional collaboratives are initiated, a common approach is needed. Often these regional collaboratives result in the creation of "Regional Health Information Organizations," or RHIOs.