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The JPA Examiner

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2 Six Ways to Refresh Your Practice

3 Could your practice benefit from some innovative changes? Get inspired by these 6 ideas that have made a difference for your colleagues:

4 1. Let Staff Members Share a Job

4 In many medical practices, staff turnover at the front desk isn't just high; it's like a revolving door. Even when the position is filled, finding backup when the front-desk person is sick or on vacation can be a major crisis. Try experimenting with job sharing. Hire two candidates to work part-time instead of one person full-time. The part-time employees can alternate hours, days and vacations, sharing the position. This can prevent burnout, decrease turnover and eliminate the need for constant training and filling in.



2. What Does My Waiting Room Say About Me?

Physicians are not always known for their sensitivity to patient needs in the waiting room. Chairs with small chrome legs are packed together. Magazines frequently are torn and literally years old. Patients wait without any attention to their basic needs.

Make your waiting room as functional for those waiting "out front" as it is for those "in the back." Try creating sections such as a bistro area (with coffee, hot tea and juices available), a reading area and a television viewing area. Also, keep everything warm and comfortable. Make

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Year 2008-09 JPA Board Members

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2009 COMPETITIVE ASSESSMENT AVAILABLE TO MEMBERS

JPA has completed a 2009 competitive assessment, which demonstrates JPA's key accomplishments in 2008, Jackson County area statistics and addresses healthcare's "state of the state."

The report also identifies the following key industry trends:

► **Pay-for-performance** and **national provider report cards** are becoming increasingly popular.

► An increasing number of **practices** are **initiating** their own **patient satisfaction survey** applications.

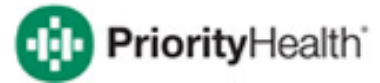
► Nationwide, more and more healthcare providers continue to test and **implement** the **Patient Centered Medical Home (PCMH)** concept that encompasses a team managed care approach to patient care and chronic disease management.

► **Information transparency** in healthcare continues to develop as more tools are created to allow for information sharing as well as the desire for the consumer (patient) to be informed. **Transparency** is expected **in** both the **delivery** and **payment components** of

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Payer News

Priority Health



Reimbursement Reform related to Patient Centered Medical Home

A team made up of Priority Health management and select physician organizations have worked to develop a strategy supporting primary care physicians (PCPs) in the implementation of the Patient Centered Medical Home (PCMH). An important component of the PCMH is payment reform.

Priority Health supports the proposed national model for changing reimbursement including:

- Payment for services (capitation and fee-for-service);
- Pay for performance (quality and efficiency); and
- Care coordination (fixed payment per patient based on level of achievement toward PCMH).

The newest component of this payment reform — the care coordination fee — is critical to pay for infrastructure and physician time spent in activities that traditionally have gone unreimbursed. The problem is how to qualify practices as medical homes. While NCQA certification may become standard across the industry in the future, Priority Health recognizes that practices may not have the resources available to apply for NCQA certification today or may have conflicting requirements from payers.

That is why Priority Health has decided to “prime the pump” by making grants available to a select number of provider

organizations intending to implement PCMH but who may not apply for certification until late 2009 or early 2010. Priority Health anticipates the grant program will be extended to providers beginning in July 2009. Any details on the expanded grant process will be available mid 2009. Should any practice achieve NCQA certification in 2009, we will pay a care coordination fee of \$1 - \$3 pmpm for up to 12 months based on the level of certification.

In addition, Priority Health has expanded payment for additional codes as they believe it is important to invest in our PCPs. Priority Health recognizes PCPs cannot build the necessary infrastructure needed to support a PCMH model alone. Notwithstanding the grant payment model described above, Priority Health is introducing reimbursement changes for all of our PCPs on standard Priority Health contracts.

Effective April 1, 2009, the following codes will be paid fee for service: 99078, 99441, 99442, 99443, 99050, 99051 and 99053. In addition we will add: 98966, 98967, 98968 and 99444 to Primary Care Provider (PCP) fee schedules. The reimbursement changes Priority Health is introducing are for providers on standard Priority Health contracts. Changes in payment are for fully funded HMO, PPO and POS products (government programs, self-funded and shared funding are not included).

BCN

J&B Medical Supply Company exclusive diabetic supplies vendor



Effective April 1, 2009, J&B Medical Supply Company of Wixom, Michigan is the new and exclusive diabetic supplies vendor for Blue Care Network of Michigan.

This change affects both BCN commercial and BCN Medicare Advantage members. The transition to J&B will occur over the three-month period from January through March 2009.

A representative from J&B will contact physicians to obtain updated prescriptions for BCN Commercial and BCN Advantage diabetic members. J&B will also contact members affected by the change. It is important to note members do not have to change their current supplier until they have been contacted by J&B.

Complete your JPA Survey

Don't forget to complete your JPA survey and become eligible to win a \$50 Visa gift card. A link to the online survey is available on JPA's web site (www.jpadoes.com) for completion. Practice managers must complete and return the survey by March 27th to become eligible for the \$50 raffle.

Freshen up your patient orientation materials

JPA Administration is undertaking a broad-based initiative to help its practices refresh the materials given out to patients and caregivers. This is all part of an initiative to reinforce the physician-patient relationship. We will be providing templates and sample content for practices to consider placing in their patient materials. If you are interested in being part of our advisory team and/or want to receive these templates, please contact Cheryl.

JPA Practice Managers Forum

Every other month, JPA practice managers meet to discuss a wide range of topics regarding the JPA medical community. Known as the JPA Practice Managers Forum, the meeting fosters collaboration among practices through an “Open Mike” format allowing anyone to raise an issue for discussion. In the past, forums have included topics such as Payer News, JPA developments and ways to improve JPA practices (for example, Web site content). Anything and everything is on the table.

The JPA Administration also furnishes a handout giving updates on trends in medicine, HIPAA and OSHA updates, as well as legislative updates. This is an opportunity for Practice Managers to find out what is going on in the JPA medical community and find answers to questions relating to practices.

The next meeting is March 12th in Dining Room 2 of Foote Hospital - Allegiance Health. For information regarding future meeting times, dates and locations, call Cheryl.

Welcome Bonnie Mauch, RHIA, CPHQ to JPA

Bonnie Mauch (Registered Health Information Administrator and Certified Professional of Healthcare Quality) has joined JPA as the new part-time Healthcare Management Coordinator.

Bonnie will work closely with the Jackson Physicians Alliance administrative team and JPA Board to help achieve measurable results in their operational management. Her responsibilities include assisting physician practices with achieving pay-for-performance (P4P) goals, optimizing

practice resources and enhancing procedural systems for chronic disease management.

Bonnie is a medical and data project manager with 20-plus years of experience managing staff, clients, projects, and records, working in a PC and mainframe environment.

Prior to joining JPA, Bonnie developed educational and training materials for specific products and training groups, proprietary software, and most recently EHR implementation

for physician offices, including work flow analysis and care management. She also helped physicians and office staff to understand and develop care management principles in their practices; consulted with hospitals to evaluate their coding accuracy and DRG assignment; and looked for opportunities to improve reimbursement.

Bonnie's focus will be to help our JPA members achieve P4P targets and maximize revenue in 2009 and beyond.

Freshen up your practice

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sure you offer plenty of patient education materials for patients.

3. Create a Medical Office in Your Home

While opening a home office is certainly not for everyone, a low-overhead, solo practice (in your home) can give you the freedom to see fewer patients but provide better care to them. A solo practice can allow you to offer timely, personalized care via electronic medical records, same-day appointments, phone and e-mail access, and home visits. It can also strengthen your family life.

4. If you're a PCP, Add a Procedure to Your Practice

We've all heard the stories of how the "old GPs did everything." They delivered babies, performed appendectomies, repaired hernias and carried out hysterectomies. Not only have these procedures been dropped by most primary care physicians, but even the simple things such as skin biopsies, treatment of hemorrhoids, vasectomies, and incision and drainage of abscesses have been eliminated. It's time to reacquire some of these basic skills. Doing procedures can increase the quality of care for patients, educate them about disease, reduce health care costs, and reduce liability risks. You

are more likely to meet patients' expectations and can generate additional revenue.

5. Optimize Marketing & Public Relations

With so many people turning to the Internet for information, the practice should consider establishing a web-site. Through this vehicle, the practice can create a "virtual brochure" about its services. Information can include practice hours, profiles of staff, healthcare services offered, and information about what patients should expect. An electronic presence helps convey an impression of being "current" with technology and can serve as an effective marketing tool to attract new patients.

6. Remember Why You Came to Work Today

In the myriad tasks of providing care - charting, coding, paperwork and phone calls - it is easy to lose track of the value of your work. To help prevent this, try sharing stories about "The Reason I Came to Work Today" with staff. Intentionally sharing meaningful stories and experiences with co-workers makes for a richer work life and builds on itself. By highlighting the "value" of your work, you are creating a self motivating, positive environment.

Competitive Assessment

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healthcare.

- ▶ More and more healthcare systems are **creating alliances**, merging, and/or **sharing resources** in order to cut costs and raise efficiency.
- ▶ More physician offices and healthcare systems are **adopting electronic administrative solutions** to ease communication and back-office administration. A government sponsored report in September 2008 estimated that 18 percent of practicing physicians have implemented some type of electronic

medical record system (Up from 12 percent in 2006).

- ▶ Providers are **adopting electronic Internet-based communication tools** to interact with patients and other providers.
- ▶ Consumerism is continuing to **push for convenience driven healthcare options**.

For more information regarding the why's of industry trends, or if you would like to view the entire report, a copy of the PowerPoint presentation can be made available electronically, simply contact Cheryl.

JACKSON PHYSICIANS ALLIANCE

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**Making
Healthcare Better**

Web Site References You Should Know

NCQA (www.ncqa.org)

The National Committee for Quality Assurance (NCQA) seal is a widely recognized symbol of quality. For consumers and employers, the seal is a reliable indicator that an organization is well-managed and delivers high quality care and service.

For information regarding patient registry and automated patient outreach product, visit www.phytel.com. For more information, contact JCMR.

For the 2% initiative for Physician Quality Reporting and E-

prescribing Medicare, visit <http://www.cms.hhs.gov/pqri/>.

For downloads regarding Patient Centered Medical Home and information about Physician Practice Connections® visit www.ncqa.org/tabid/631/Default.aspx

For the latest information about BCBS PGIP program initiatives, visit: www.bcbsm.com/provider/value_partnerships/pgip/index.shtml (all on one line).

For the latest information regarding generic Rx's, visit www.theunadvertisedbrand.com or www.Nofreelunch.org.

In the Door

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

Dr. Amy Benzing
Hospitalist-Pediatrics

Dr. Roy Davis
Hospitalist-Pediatrics

Dr. Donn LaTour
Dermatology

Dr. Eliza Parker
Hospitalist-Pediatrics

Dr. Timur Raghieb
Hospitalist-Pediatrics



Dr. Richard Schultz
Dermatology

Dr. Melissa Van Sickle
Family Practice

Dr. Aileen Vitangiol
Hospitalist-Pediatrics



Save the Date!!

Practice Manager Forum

Thursday, March 12, 2009 Time: 8:00 a.m. to 9:30 a.m.
Dining Room 2, Foote Hospital - Allegiance Health

BCN Town-hall Meeting

Thursday, March 26, 2009 Time: 8:00 a.m. to 9:30 a.m.
Auditorium at Foote Hospital - Allegiance Health

**Workplace Wellness:
Sanitize, Disinfect and Protect**



Through March 31, 2009, DBI Business Interiors will offer JPA members discounted prices on surface, hand and air hygiene products. Use disinfecting sprays and wipes to kill germs on surfaces; Use alcohol-based sanitizing wipes, gels and liquids to kill germs on hands; Use hand-held and metered air sanitizers to remove airborne bacteria. Call (517) 783-5934 or visit www.dbiyes.com for sale prices.