



CIPA Western New York IPA, Inc.
A Partnership for Medical Excellence
 www.cipawny.org

CIPA SOURCE

July 2009

News and information exclusively for CIPA members

CIPA Board Elects New Officers 2009-2010 Board Officers:

Joseph Cervi, MD
Chairman

Cary Vastola, DO
Vice Chairman

Thomas DeGrave, DO
Secretary

James Dunlop
Treasurer

Joseph Ralabate, MD
Assistant Treasurer

Identifying Problems – Finding Solutions

A Message from Dennis Horrigan, President and CEO CIPA WNY, IPA, Inc.

The economic crisis is magnifying the impact that health care costs are having on families, employers, and government. The root causes of uncontrolled health care costs are complex but include clinical variation, poor coordination of care, barriers to access, medical errors, underuse of information technology, health plan red tape and administrative costs. Integrated Delivery Systems (IDS) are the most successful organizations at overcoming many of these obstacles because they create organized systems that promote quality, eliminate errors and improve coordination of care. Examples of IDS in the United States are Intermountain Health Care and the Hill Medical Group. These organizations have the following attributes:

- Strong physician leadership
- A comprehensive scope of clinical services
- A committed and active program to improve quality
- Strong reputation and commitment to patient care
- Ways to engage patients in their preventive and chronic care
- A health information technology plan

CIPA WNY IPA, Inc. has all the components of IDS and is unique in that our physician members are clinically-integrated, yet remain economically independent practices. This provides greater flexibility, enhanced choice and geographic coverage, but presents challenges in ensuring reliability and consistency. This edition of our 2009 newsletter outlines CIPA's Strategic Plan and informs you of how we are shaping the development of CIPA's Integrated Delivery System and how you can actively participate in our Clinical Integration programs.

Our plan to become an IDS is quite simple. We will have all physicians using an EHR effectively by 2012. This will enable all CIPA physicians to benefit from the American Recovery and Reinvestment Act. All patients treated within our system will have active disease management and care coordination available to them. We plan to have 150 RN/LPN care coordinators trained and in the clinical offices by 2011. This will improve access and office capacity, but most importantly, will reduce the burden of illness for patients. The disease management program will support the CHS service line implementation and improve continuity of care for patients. This will ensure the patients that are at risk are identified early, treated effectively, and monitored to ensure the full benefit of clinical care. Our mantra is "no patient left behind." Our patient education program, including EMMI, will serve to assist patients in being actively involved in their care by improving their knowledge and self-care skills. A knowledgeable and engaged patient will have better outcomes and will be more satisfied.

CIPA is positioned to create a high performing IDS that can address the needs of patients and be successful in a new environment that will demand greater accountability for quality and cost. Your board and management team has looked into the crystal ball and sees the future: In order to achieve our strategic objectives we will need your continued involvement and support. I believe we understand the problems in the health care system and have created solutions. What stands between our future goals and where we stand now is leadership and execution. Please read each and every article to find how you can contribute.

Table of contents

| | |
|---|---|
| Identifying Problems – Finding Solutions | 1 |
| New CIPA Board Officers | 1 |
| Disease Management | 2 |
| Board Members | 2 |
| Patient Centered Medical Home Initiative | 3 |
| Service Lines | 3 |
| EHR Stimulus | 4 |
| EHR Evolution | 5 |
| NEW MA Program | 6 |
| EHR Deadline | 6 |
| MSSNY Grant..... | 7 |
| Welcome to Niagara County .. | 8 |
| New CIPA Members | 8 |

Board Members:

Gregory Daniel, MD
Brian D'Arcy, MD
Lisa Hoffman, MD
Dennis Horrigan
Michael Ickowski
Eugene Kalmuk, MD
John Kane
Colleen Mattimore, MD
Joseph McDonald
Lisa Mendonza, MD
Douglas Moreland, MD
Todd Orszulak, DO
James Rycyna, MD
Carols Santos, MD
David Serra, MD
Norman Sfeir, MD
Steven Weiss, MD
Rev. Msgr. Robert E. Zapfel



CIPA Western New York IPA, Inc.
A Partnership for Medical Excellence

Disease Management

Problem: A large national study published in the New England Journal of Medicine found that patients were receiving an average of only 55 percent of recommended care across a variety of conditions and treatments, and 70 percent of the health care costs are related to chronic health conditions. (AHRQ)

Solution: CIPA has developed a **Disease management** program that uses evidence-based medicine guidelines and provides a valuable human resource – the office-based care coordinator – to close quality gaps.

The cornerstone of disease management is engaging patients with chronic disease and their families in interventions that activate patients' self-help skills, and motivate them to assist in their own care. A **care coordinator** is an office-based nurse responsible for **ENGAGING** and **ACTIVATING** the patient. The care coordinator is part of the clinical team and works under the supervision of the physician, engaging patients in understanding their disease state and coaching patients so they can meet their treatment goals. A care coordinator is a teacher and advocate who uses patient registry to identify and work with each individual patient. Care coordinators are trained by CIPA's Medical Director and disease management staff.

Care coordinators are actively involved in the following:

- Using clinical registries and evidence-based medicine guidelines
- Using educational tools to assist the patient in understanding their illness
- Making face-to-face and telephonic contact with patients to address gaps in treatment
- Conducting pre-visit planning to ensure that laboratory and diagnostic tests were ordered and completed prior to the next appointment
- Following up after appointments to ensure that patient is following treatment plans
- Conducting follow-up on patients who have missed appointments and/or who have not received regular office visits for their chronic health condition

The care coordinators have reported that disease management interventions have been well received by patients and that positive things are happening. Care coordinators' interventions tell the patient that the practice cares about them and has extra services that help them meet their treatment goals.

Integrating Disease Management

One office said the care coordinator conducts an outreach visit to the patient's house to reestablish contact and reduce the barriers to care.

Another example is a care coordinator who said: "I wanted to make sure I reinforced what the patient was learning at the diabetes education classes, so I attended the classes myself to learn to be a better coach."

A third office held a contest to see which care coordinator could get the most patients to watch an interactive Web-based education program called EMMI. This was an example of the work of a team and how practice improvement can be energizing.

Physician feedback on the care coordination program has also been very favorable. Dr. John Ward said "The care coordination program is an evolving process that allows a practice to devote more time to patients who need attention. The care coordinator is familiar with the patient's needs and care is delivered to meet those individual needs – this is a great thing. CIPA has provided educational programs to enhance the care coordination program and CIPA is all about integration."

continued on page 7

Six CIPA Practices to Apply for NCQA Patient Centered Medical Home Recognition

Problem: Primary Care is becoming an endangered medical profession, with fewer and fewer physicians selecting primary care as their specialty.

Solution: Strengthen primary care offices and make primary care more satisfying and economically rewarding.

CIPA WNY is assisting six primary care practices in achieving NCQA recognition as **Patient Centered Medical Homes (PCMH)** in 2009. A PCMH is a primary care office that organizes itself around the following principles:

- Each patient has an ongoing relationship with a personal physician trained to provide continuous and comprehensive care
- The personal physician leads a team of individuals who collectively take responsibility of the care of patients
- A PCMH practice takes responsibility for providing or coordinating care for patients at all stages of life (preventive, chronic, acute, and end-of-life)
- A PCMH practice uses information technology, registries and community resources, and adopts office procedures to improve coordination of care such that “no patient is left behind”
- A PCMH practice enhances access to care through same-day appointments, expanded hours, and, in the future, will use patient portals to facilitate improved access and interaction
- A major component of the PCMH relies on the work of the care coordinators and the entire physician-driven practice team’s active participation in the disease management program (see article on Disease Management on page 2)

CIPA’s disease management program will assist all practices in becoming patient centered medical homes.

The adoption of this change in care delivery is essential for practices to meet the demands of the future by providing high-quality, cost-effective care while maximizing their ability to be fiscally-successful in the changing reimbursement environment. Once the pilot is completed, we will begin the process of expanding this support to all CIPA primary care practices with the intention of achieving recognition for all physicians by the end of 2011.

If you have any questions, or would like more information on the PCMH, please contact **Nancy Hourigan at 862-2166 or Dr. Mike Edbauer at 862-2164.**

Service Lines

Problem: Medical care can be fragmented, with patients experiencing care that is not well-coordinated and not patient-centered. Patients would say that information about their clinical care does not follow them through the system, time spent with the physicians is often limited, and they are not fully knowledgeable about their treatment goals.

Solution: Over the next 5+ years, Catholic Health will redesign its key clinical services into patient-centered service lines. The first step will be establishing physician and administrative co-leadership positions for each service line, followed by operational councils heavily populated by primary care and specialty physicians. Key to our service line success will be the continued development and integration of our Electronic Health Records (EHRs) across Catholic Health and with our physician partners. In the end, this service line redesign will better align our physicians and health system and result in improved coordination of care, clinical results, and patient/family satisfaction at a reduced cost, an outcome that is desired by everyone.

Service lines are designed to:

- Organize care around specific medical conditions
- Integrate outpatient, acute and post acute care to improve coordination and adherence to best practices
- Improve the effectiveness, safety and efficiency of medical care
- Improve the patient experience of care by designing systems that are patient-centered

EHR Stimulus

Problem: Practicing physicians are not able to afford the cost of purchasing and implementing an Electronic Health Record.

Solution: In addition to our CIPA EHR incentive, the federal government has put forth a Health Information Technology stimulus plan to offset some of this cost.

There has been a general agreement that greater investment in health information technology is needed to help reform the U.S. health care system. The use of technologies such as Electronic Health Records (EHRs), e-prescribing, and computerized order entry holds the potential for vastly improving access, reliability and care, and lowering costs.

A portion of President Obama's stimulus plan (American Recovery and Reinvestment Act) is intended for expanding the use of this technology. The stimulus includes provisions for creating standards and policies on implementing this technology, as well as financial incentives for physicians and hospitals that adopt and report information using EHR.

Medicare Incentive Payments to Physicians for Adopting and Becoming Meaningful Users of EHR

1st year payment – \$15,000 (\$18,000 if you start in 2011 or 2012)

2nd year payment – \$12,000

3rd year payment – \$8,000

4th year payment – \$4,000

5th year payment – \$2,000

Payment for any succeeding year – \$0

TOTAL POSSIBLE PAYMENT is \$41,000 (\$44,000 if you start in 2011 or 2012)

No incentive payment if first adopting EHR after 2014

Physicians who do not adopt an Electronic Health Record will begin to see reductions in Medicare payments starting in 2015.

There is new legislation pending to not allow physicians that do not have an EHR to participate in Medicare starting in 2015.

CIPA WNY has been a leader in promoting and supporting the use of EHRs for the past 3 years. CIPA now has over 40% of all members using an EHR. This is almost double the national rate. As a member of this organization, this is something to be very proud of. CIPA looks forward to continuing to support those who adopt EHRs, as well as provide assistance on how to better use technology to help improve quality of care.

To learn more about the stimulus plan, please visit www.ama-assn.org/ama1/pub/upload/mm/399/arra-hit-provisions.pdf, or if you have any questions, please contact **Sarah Fleming** at 862-2150 or sfleming@chsbuffalo.org.

Richard Ruh, MD
Orchard Park Family Practice

EHR Evolution

Problem: Many practicing physicians have yet to adopt EHR technology for their office, and those who have admit to not using it to full capacity and may not qualify for federal stimulus dollars unless they become “meaningful users.”

Solution: CIPA offers help to practices to improve workflow, system efficiencies, quality reporting, and interoperability.

Adopting an EHR is a huge decision for a practice. It is a decision to not only purchase a computer system and equipment for an office, but also to redesign office workflow. EHR systems allow for so many variations on how to enter the clinical data to satisfy practice/physician desires, that there is no one way to work in an EHR. You must work with your office to create policies and procedures for entering information in such a way that it not only allows for ease of workflow, but also so that it is reportable. This last point is of extreme importance.

Many of our early EHR adopters have implemented EHRs and have never really gone past the basics in the system. In order to realize all the potential benefits of an EHR, a practice needs to be able to create and run reports on clinical quality and access to care measures. To produce meaningful practice reports, information must be entered reliably in discrete data points, or documents must be labeled consistently in such a way that the name of the

report is able to be queried. For example, if you enter a report called Diabetic Eye Exam, and your nurse calls it Eye Consult, you will not be able to create a report for which diabetics are in need of their diabetic eye exam, because there is no consistency in how you are entering this data.

Each system is different and will require different elements to report. CIPA can help you evaluate your system, go over your workflow, and show how you need to document data points like labs, diagnostic imaging, and preventive screenings so that you can create registries and compliance reports and satisfy alerts/reminders in the system. **If you have not yet adopted, please call us for assistance.** If you have any questions, or if you would like any help with your system, please contact **Sarah Fleming at 862-2150 or sfleming@chsbuffalo.org**.

The Evolution of Health Information Technology

Paper Process

- Considering Electronic Health Record
- Selection of CCHIT Certified Vendor/ASP Model or Office Server
- Create implementation plan for your practice

EHR

Adoption/Implementation

- Conversion of Practice Management System (60 days)
- Basic clinical uses (templates, progress notes, problem lists)
- Ordering and receiving Lab Diagnostic Imaging and referral information in EHR
- Creating clinical alerts and reminders

Full Utilization of EHR System

- Full utilization
- Quality Reporting (on preventive screening and chronic conditions), linkage to CIPA’s Disease Management program
- Interoperability between physicians and external clinical resources (hospital, labs, diagnostic imaging, and referrals)
- Achievement of PCMH for Primary Care practices (ex: e-Rx, and test and referral tracking)

New MA Program

Problem: Many offices are experiencing difficulty in finding committed and qualified staff.

Solution: CIPA Western New York IPA, Inc. and Bryant & Stratton College are pleased to announce a joint project. Medical Assisting internship students are available to CIPA offices for an unpaid learning experience.

This opportunity provides you with the ability to train a potential hire at no cost to your office and provides a cost-benefit of training a student that you may potentially hire. It also provides assistance in the office to free your nurses' time to perform nursing responsibilities.

Internship FAQs

- **New internship classes begin every May, September, and January.**
- Program accrediting organizations, the American Association of Medical Assistants and Commission on the Accreditation of Allied Health Education Programs (CAAHEP), require Medical Assisting students to participate in an **unpaid 160-hour internship in a physician's office or ambulatory setting.**
- Interns complete required hours over the 15-week semester. The student **may fulfill the hour requirement by completing four hours per day, four days per week for ten weeks or any other combination that is suitable to both parties.**
- **Prior to the Internship course, students attend 3 semesters (or 45 weeks) of classroom instruction** and complete all preparatory medical assisting courses.
- All students attend a **2-hour HIPAA training program and sign a confidentiality agreement** prior to internship. **All Medical Assisting students are American Heart Association CPR-certified prior to internship.**
- **Proactive** medical assisting **placement team** includes the Medical Assisting Program Director, Practicum Coordinator, and Instructors.
- Required **on-site visit** (subject to facility policy and compliance with HIPAA) with the office manager and/or student to discuss internship experience.
- **Weekly on-campus course** for students to reflect on the internship experience.
- Graduates are **prepared for entry-level employment** in private medical practices, outpatient departments, clinics, and/or governmental institutions.

Bryant & Stratton College continues to grow and looks forward to working with the CIPA Western New York medical offices in the future to provide this service to the CIPA practices.

Please feel free to contact either Bryant & Stratton's Program director, **Johanna Armstrong at 884-9120** or CIPA's Director of Physician Services **Kathy Obstarczyk at 862-1261** for more information.



Alicia Antilla
Dent Neurological Institute

Julia Walton
Delaware Pediatrics

Mary McCann
Parkview Primary Care

IMPORTANT EHR Subsidy Deadline:

CIPA WNY has had an EHR subsidy incentive for physicians who have adopted a CCHIT Certified EHR since 2006. Physicians must sign up with a CCHIT Certified vendor and send their signed contract to CIPA by December 31, 2009, if they want to receive the 3-year subsidy. If you sign up after December 2009, you will not be eligible to receive those funds.

There will also be a Western New York health plan subsidy for providers that adopt EHR. Once more information is available on this incentive, we will make sure to let you know.

If you have any questions please call **Sarah Fleming at 862-2150** or email her at **sfleming@chsbuffalo.org**.

MSSNY GRANT

Problem: An EHR's full potential can only be realized once interoperability is available. Interoperability has not yet been achieved in the United States.

Solution: CIPA received a grant to develop the interfaces between EHR systems and our local Regional Health Information Organization (RHIO) called HEALTHeLINK.

CIPA was awarded a \$1 million grant from the Medical Society of the State of New York to design and implement a health information system that will enable physicians with different Electronic Health Records to exchange medical information. CIPA has teamed with the medical leadership of Buffalo Medical Group, Lifetime Health, Dent Neurological Institute, and UB Associates to form the Buffalo Area Physician Health Information Exchange (BAPHIE) and will work with HEALTHeLINK to develop the interfaces and key processes necessary to create an interoperable system in Western New York. To the best of our knowledge, we are the first community collaborative in the country to tackle the development of an information exchange system using

different CCHIT-certified Electronic Health Record systems. This foundational work supports both the Patient Centered Medical Home and the meaningful use criteria being established by Medicare. CIPA and the Buffalo Area Physicians Health Information Exchange will initially focus on interoperability among the following Electronic Health Record systems: Medent, eClinical Works, EPIC, Allscripts, and Nextgen. We are excited to be moving forward into the next stage of advancement in health information technology and will keep you informed on new developments. If you have questions please contact **Sarah Fleming at 862-2150 or sfleming@chsbuffalo.org**.

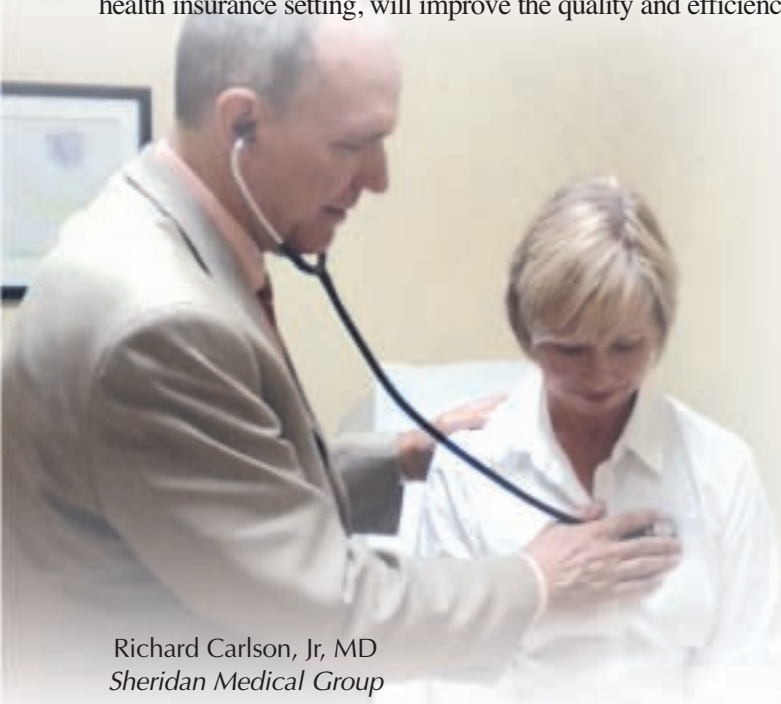
Disease Management continued from page 2

Dr. Richard Carlson, Jr. said "Our patients benefit from the care coordination program, as it offers them another way to communicate with our staff. This communication helps clarify mutual goals of treatment. The program has helped patients, and our medical team more fully understands our patients' chronic medical conditions."

Disease management really works when the practice uses the "team" approach to care. This means the physician does not have to do all the work but carefully delegates clinical interventions to the care coordinator. Dr. Edbauer believes that disease management in the office setting, rather than health insurance setting, will improve the quality and efficiency

of care for patients, since patients tend to listen more to the information that comes from a doctor's office than from their health insurer. Disease management, according to DMAA 2009 definition, is "a system of coordinated health care interventions and communications for populations with conditions in which patient self-care efforts are significant." It is all about caring, coaching, consistency and commitment in contact, especially face-to-face. This is the major difference between the health plan intervention and physician office-based program. The office-based disease management provides the "touches" that add trust to the equation. Patient self-management is promoted through a relationship that is "not established simply by continuity, but by comprehensive knowledge of the patient, the patient's choice of provider, and the patient's identification of the source of his/her care – the home base."

The CIPA disease management program is a new concept for private practicing physicians, and is the cornerstone of the Patient Centered Medical Home. The CIPA practitioner-based disease management program focuses on the care of patients who have diabetes, congestive heart failure and coronary artery disease. Our business should be about ensuring that each patient treated within the CIPA network receives all the care they need to reduce their burden of illness. We look forward to seeing all the benefits care coordination and disease management can bring to our offices. If you have any questions or would like to learn more about either of these programs, please contact **Patricia Podkulski at 862-2160 or ppodkuls@chsbuffalo.org**.



Richard Carlson, Jr, MD
Sheridan Medical Group

Welcome Niagara County Doctors

In 2008, CIPA Western New York IPA, Inc. expanded into Niagara County by adding Mount St. Mary's Hospital as an institutional member. The expansion resulted in the addition of 20 Mount St. Mary's physicians into contracts with Fidelis, MVP/Preferred Care and, in 2009, the HealthNow contract. In total, CIPA has 70 physicians participating at Mount St. Mary's Hospital and a CHS Hospital. The expansion into Niagara County allows us to extend the reach of our clinical integration programs aimed at improving the quality of care delivered to a broader range of patients.



Jennifer Adamson, MD
Mount St. Mary's Hospital
9th Street Clinic

Todd Orszulak, DO
TMO Medical

Tej Kaul, MD
Summit Pediatrics

New Members

CIPA would like to welcome the following physicians who have joined the organization as of January 1, 2009:

Physician Specialty

| | |
|-------------------------------------|----------------------|
| Thomas Brewer, DO | Internal Medicine |
| Caroline Fernandez, MD | Internal Medicine |
| Agnes Quebral, MD | Internal Medicine |
| Norman Fiorica, MD..... | Pulmonary Disease |
| Robert Kaprove, MD | Rheumatology |
| Karen Krutchick, MD..... | Rheumatology |
| Alberto Benedicto, MD | Diagnostic Radiology |
| Kim Marie Schindler, MD, Ph D | Diagnostic Radiology |
| Jack Coyne, MD | Pediatrics |
| Daryl R. Ehlenfield, MD | Pediatrics |
| Deborah Raiken, MD | Pediatrics |
| Romel A Bertulfo, MD..... | Hospitalist |
| Matthew R. Cox, MD | Hospitalist |
| Laila ElGadi, MD..... | Hospitalist |
| Anna Lamb, DO | Hospitalist |
| Nancy R. McGarvie, MD | Hospitalist |

Physician Specialty

| | |
|-----------------------------------|------------------------------------|
| Bela Ajtai, MD | Neurology |
| Minsoo Kang, MD | Neurology |
| Paul Biddle, MD | Anesthesiology/ Pain Management |
| Fredrick Beck, MD | Geriatrics |
| John Bell-Thomson, MD..... | Cardiothoracic Surgery |
| Philip J. Seereiter, Jr, MD | Urology |
| Thomas P. Smith, Jr, MD | Cardiovascular Disease |
| Dang Tuan Phan, MD | Bariatric Surgery |
| Won Sam Yi, MD..... | Radiation Oncology |
| Thomas Cumbo, Jr, MD | Infectious Disease |
| Matthew Bennett, MD..... | Family Practice |
| Julie Gavin, MD | OB/GYN |