



NEWSLETTER Fourth Quarter 2002

NovaHealth is an Independent Practice Association established to ensure that participating providers have the economic freedom to focus on improving their patients' health status and to partner with patients to manage care.

QUALITY INITIATIVES

DIABETES TASK FORCE

The Task Force has done an extensive review of literature relative to strategies for successful diabetes guideline implementation. Using the Plan-Do-Study-Act model for accelerating improvement, the following aims have been identified:

1. Create an accurate ongoing diabetes registry for all patients with diabetes.
2. Obtain an HbA1C two times a year on at least 90% of our patients with diabetes.
3. Obtain a lipid profile once a year on at least 90% of our patients with diabetes.

We are piloting the use of the CVDEMS registry software with Dr. Ervin at the InterMed Park Avenue site and with Dr. Albaum at the Biddeford PrimeCare site.

The registry is being created with the help of Meritus using practice data, lab data and plan claims data. We will be asking each primary care physician and their staff to review a list of their patients who have been captured in the system with at least one diabetes related diagnosis. The accuracy of this information is crucial to the success of the project.

In order to better manage the reporting of diabetic eye exams, we are planning to send a letter to the major eye care providers in the area with a Notice of Diabetic Eye Status Form to be sent or faxed back. We are hopeful that improved communication between specialists and primary care physicians combined with the use of the

registry will assist in increasing compliance with the ADA guidelines relative to retinopathy. The forms will be posted on the website, should you wish to refer to an eye care center that may not have received the information.

The Task Force has also determined that the definition of diabetes for purposes of the registry is to be as follows:

Criteria for the diagnosis of diabetes*

1. Symptoms of diabetes and a casual plasma glucose ≥ 200 mg/dl (11.1 mmol/l). Casual is defined as any time of day without regard to time since last meal. The classic symptoms of diabetes include polyuria, polydipsia, and unexplained weight loss.

OR

2. FPG ≥ 126 mg/dl (7.0 mmol/l). Fasting is defined as no caloric intake for at least 8 hours.

OR

3. 2-h PG ≥ 200 mg/dl (11.1 mmol/l) during an OGTT. The test should be performed as described by the World Health Organization (4), using a glucose load containing the equivalent of 75 g anhydrous glucose dissolved in water.

* In the absence of unequivocal hyperglycemia with acute metabolic decompensation, these criteria should be confirmed by repeat testing on a different day. The OGTT is not recommended for routine clinical use, but may be required in the

evaluation of patients with IFG (see text) or when diabetes is still suspected despite a normal FPG.

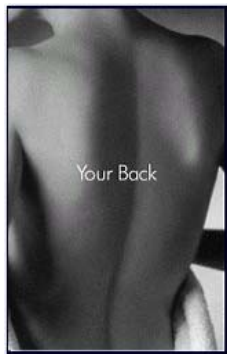
AND

Hyperglycemia not sufficient to meet the diagnostic criteria for diabetes is categorized as either impaired fasting glucose (IFG) or impaired glucose tolerance (IGT), depending on whether it is identified through a FPG or an oral glucose tolerance test (OGTT):

IFG = FPG \geq 110 mg/dl (6.1 mmol/l) and <126 mg/dl (7.0 mmol/l)
Or FPG 110 mg/dl (6.1 mmol/l) to 125 mg/dl (6.9 mmol/l)

IGT = 2-h PG \geq 140 mg/dl (7.8 mmol/l) and <200 mg/dl (11.1 mmol/l)
Or 2-h PG 140 mg/dl (7.8 mmol/l) to 199 mg/dl (11.0 mmol/l)

Because both categories, IFG and IGT, are risk factors for future diabetes and cardiovascular disease and recent studies have shown that lifestyle interventions can reduce the rate of progression to type 2 diabetes, the Task Force opted to include these patients in the registry.



Back
By
Popular
Demand

Additional brochures, handouts and videos have been ordered in response to continued demand. Please contact Linda Sabourin if you need more of any of these.

What patients are saying about the video:

“Very informative. My daughter has frequent back pain. I think the anxiety of not knowing if it will get better is the biggest problem.”

“Great job – it has all the information that you need with back pain....”

“Simply explained how to care for problems – what to do, what not to do. Tips are helpful.”



Feedback thus far has been positive relative to EBM Solutions as a source of evidence based guidelines for internal use. If you have not yet accessed the site, please contact Heather Cabading for information and/or assistance.

We will be piloting the use of the patient education materials and self-management tools with patients with diabetes next. Feedback will be used to design the best means of rolling this out to other patients.

The guidelines and materials relative to diabetes care have been reviewed and endorsed by the Diabetes Task Force.



“Physicians are ready to take a lead role in improving quality”

“Payers are interested in supporting investments in quality and rewarding performance.”

“Employers see opportunities for improving quality and recognize the need to reward those who differentiate themselves in the marketplace.”

Cigna Healthcare

Feedback from our physician leaders was positive relative to the well-attended leadership conference.

Karen Bell, MD, Chief Medical Officer of Anthem BCBS Maine presented *A Plan's Perspective on Improving Quality*.

Peter Hayes, Benefits Strategist with Hannaford Bros. Co. presented *An Employer's Perspective on Improving Quality*.

Paul Keckley, Ph.D, CEO and President of EBM Solutions spoke regarding *Physicians' Role in Expediting Evidence Based Medicine*.

The Nova Managers successfully facilitated an informative dialogue regarding obstacles and opportunities for quality initiatives of the type outlined. The input will be factored into the development of the 2003 strategic business plan. CME credits were awarded to those in attendance.

ADMINISTRATIVE ISSUES

Harvard Pilgrim

In response to our feedback, HPHConnect will soon be updated to include Harvard Pilgrim Provider numbers.

Anthem / BCBS of Maine

Anthem has made a tremendous effort through their relatively new Provider Solutions Team to quickly identify and resolve many of our ongoing payer issues. We continue to work closely with them.

Aetna

Kathy Kaczor has replaced Cindy Stewart as our Aetna Provider Representative. She may be reached at 791-7992 or Kazcork@aetna.com.

Cigna has recently acknowledged publicly that they have issues surrounding service and they are refocusing their energy on improving provider relationships. A reorganization of various departments is under way including those in Freeport – details will follow once they become clear.

Reminder: If you have difficulty scheduling MRIs, MRAs, CTs, PETs or Nuclear Cardiac Imaging studies, or getting a “notification number” for Concord, Scranton or Chattanooga claims addresses, please contact Tracy Bodge at 865-5780 or Tracy.Bodge@CIGNA.com or Heather at 846-5621 or hcabading@nova-health.org. We are in hopes that Cigna will be able to provide Nova with a dedicated service rep for assistance with this and other issues in the near future.

Web Based Tools for Increased Efficiency

We are happy to report that the vast majority of front end staff, referral coordinators and billing staff have been supplied with user IDs and passwords and have received training on Anthem's Online Provider Services, Harvard's HPHConnect and on MedUnite for Aetna and Cigna.

Nova staff should be commended for embracing these technological changes and restructuring workflow to allow for these tools to be used effectively. The feedback from our users has already resulted in upgrades to the Anthem and Harvard sites, and MedUnite has formed a Product Management Team that is investigating ways to implement our suggestions. Ultimately we hope that these changes will result in timely, correct claim reimbursement and less administrative hassle for all.