

E-PRESCRIBING

The AMA and State Medical Societies are continuing to press the Centers for Medicaid and Medicare Services (CMS) about changing the requirement for providers to be financially penalized in 2012 and 2013 for not eprescribing for a sufficient number of patients in 2011. Under the current rules, prescribers must eprescribe for 10 events between January 1, 2011 and June 30, 2011 and 15 more between July 1, 2011 and December 31, 2011 to avoid financial penalties in 2012 and 2013 respectively. CMS is currently saying that even providers who participate in the eprescribing incentive program will be expected to meet these requirements in order to avoid financial penalties. For more information about eprescribing go to <http://cwcg.mcms.org> under Quality: eprescribing.

PATIENT CENTERED MEDICAL HOME

Interest in the Patient Centered Medical Home (PCMH) is continuing to grow. New York State is providing Medicaid incentive payments for services provided after July 1, 2010 by a PCMH recognized by the National Committee on Quality Assurance (NCQA). NCQA recognizes three levels of PCMHs – Level 1 which can be achieved without an EHR; Level 2 which requires some electronic functions; and Level 3 which requires a fully functional EHR. Incentive payments are available through Medicaid fee for service and managed care programs. There are a series of steps current NCQA PCMHs must take to ensure receipt of their Medicaid PCMH incentive payments.

NYS Medicaid providers wanting to become a NCQA PCMH will receive a 20% discount from NCQA toward the cost of the PCMH application. Providers may also be eligible to participate in a free quality improvement project conducted by IPRO (working on behalf of the NYS Dept. of Health) which is providing 20 adult or pediatric primary care practices assistance in obtaining NCQA PCMH recognition. For further information about Patient Centered Medical Homes go to our website under Quality. For further information about IPRO services contact their Healthcare Quality Improvement Program at 800-852-3685.

NY PALLIATIVE CARE LAW

The Palliative Care Information Act became effective Feb. 9, 2011. Attending physicians and nurse practitioners must offer terminally ill patients with less than a 6 month prognosis, information & counseling concerning palliative care & end of life, including information about pain management & symptom control.

For information about this law and access to patient information go to our website: Provider Tools: Palliative and End of Life Care.

2011 IMMUNIZATION SCHEDULES RELEASED

The CDC recently released the 2011 Immunization Schedules for Adults and for Children and Adolescents.

The major changes in the **Adult Immunization Schedule** include:

- The new influenza recommendation for vaccination of all persons aged 6 months and older, including all adults
- Persons aged 65+ who have close contact with an infant less than 12 months old should get vaccinated with Tdap
- Either quadrivalent HPV vaccine or bivalent vaccine is recommended for females
- Re: revaccination with PPSV – the one time revaccination after 5 years only applies to patients 19-64 yrs. old with indicated chronic conditions
- A 2 dose series of meningococcal conjugate vaccine is recommended for adults with anatomic or functional asplenia or persistent complement component deficiencies as well as adults with HIV virus infection who are vaccinated

The major changes to the **Child & Adolescent Immunization Schedule** include:

- A recommendation for a routine 2-dose schedule of quadrivalent meningococcal conjugate vaccine (MCV4) for certain persons at high risk for meningococcal disease and recommendations for a booster dose of MCV4
- Information on the use of 13 valent pneumococcal conjugate vaccine

For a copy of the schedules, listing of the changes and community-wide guidelines go to our website, <http://cwcg.mcms.org> under Guidelines – Adult Preventive Care and Pediatric Preventive Care.

BREAST RECONSTRUCTION LAW

Effective January 1, 2011, every hospital that provides mastectomy surgery, lymph node dissection or lumpectomies must provide information to patients concerning the option of breast reconstructive surgery following such procedures, including the availability of insurance coverage of reconstructive surgery and access to reconstructive care.

The NYSDOH recently sent CEOs a letter advising them of access to website materials in developing information packets. The MCMS Quality Collaborative is working with local providers to assist them in obtaining patient information that meets this law and is written at an appropriate grade level. For information and patient materials, visit <http://cwcg.mcms.org> Provider Tools: Breast Cancer Treatment.

New Guidelines: Exercise and Type 2 Diabetes

In December, the American Diabetes Association and the American College of Sports Medicine released guidelines on Exercise and Type 2 Diabetes. The guidelines note that most of the benefits of exercise are realized through acute and long-term improvements in insulin action, accomplished with both aerobic and resistance training. For people who have type 2 diabetes, the new guidelines recommend at least 150 minutes per week of moderate to vigorous aerobic exercise at least 3 days per week, with no more than 2 consecutive days between aerobic activity. The guidelines also recommend that resistance training be part of the exercise regimen & that patients do this at least twice or ideally 3 times a week on nonconsecutive days. Regular use of a pedometer is also encouraged, To access the guidelines go to our website.

Hospital Value-Based Purchasing Program

On January 13, 2011 CMS issued a notice of proposed rulemaking in the Federal Register on Hospital Inpatient Value-Based Purchasing. The hospital value-based purchasing payments would apply beginning FY 2013 to payments for discharges occurring on or after October 1, 2012. Value based incentive payments would be based either on how well the hospitals perform or how much their performance improved from a baseline period. The higher the hospital's performance or improvement, the higher the hospital's value based incentive payment would be.

CMS held a special open door forum on Thursday, February 10, 2011 outlining the proposed rule. For the FY 2013 program, CMS has proposed looking at: 17 Clinical Process of Care measures and 8 Patient Experience of Care dimensions. Most hospitals will be given two scores, achievement and improvement, for each measure or dimension, with the higher score being used. Measure scores will be summed into a Clinical Process of Care domain score; the dimension scores summed with consistency points into a Patient Experience of Care domain score. CMS has proposed that 70% of the total performance score be based on Clinical Process of Care measures and 30% based on Patient Experience of Care dimensions. Comments on the proposed rule are due March 8. To view handouts from the forum and links to additional information go to our website, under Quality: Hospital Quality Initiatives.

Funds for Physician Diabetes Programs

The New York State Health Foundation has released a Request for Proposals focused on physicians increasing the quality of care they provide their diabetic patients by achieving recognition through the National Committee on Quality Assurance (NCQA) or Bridges to Excellence (BTE) Diabetes Programs. Private practice physicians as well as other organizations are eligible to apply. The Foundation will award grants, \$2500 per physician, based on the number of primary care physicians who achieve NCQA or BTE diabetes recognition. If you are interested in learning more about this program, send an email to MeettheMark@nyshealth.org or go to www.NYSHealth.org

ACP Initiative Targets Depression

Providing services to patients with depression is quite the challenge for a busy primary care physician's office. Help is available! The American College of Physicians (ACP) is looking for primary care clinicians interested in enhancing the provision of care to patients with depression by participating in a 12 month quality improvement program designed to help make improvements in medical management of patients with depression. Physicians will be asked to complete two practice pattern surveys; two sets of 35 each chart abstractions; a web based education module and participate in goal setting and development of practice plans. There is no cost to participate and participating physicians will receive 30 Performance Improvement CME credits and credit towards the American Board of Internal Medicine Part 4 Maintenance of Certification. For more information, email Meghan Gannon at mgannon@acponline.org.

New Cardiovascular Prevention Guidelines

Women who are diagnosed with preeclampsia, pregnancy-induced hypertension, or diabetes during pregnancy are now considered at risk for heart attack or stroke going forward, according to newly updated guidelines from the American Heart Association. The new guideline recategorizes a woman's risk for heart disease and notes some gender-specific prevention advice on diet and daily aspirin therapy in women at high risk of coronary heart disease in order to prevent heart attacks. For further information, see our website under Guidelines: Cardiovascular Prevention.

GRIPA's Accountable Care Medical Program

The Greater Rochester Independent Practice Association (GRIPA) has recently developed GRIPA's Accountable Care Medical Program (ACMP) available at no charge for practices participating in GRIPA's Clinical Integration. This program addresses prevalent chronic conditions and allows Physicians, Care Managers, other providers and office staff to work together to better treat patients.

Using claims, billing, lab, and other data, GRIPA developed a Patient Outreach Report identifying patients overdue for tests and out of compliance with clinical measures. This makes it easy for providers to identify and contact each patient. By having the Care Managers, Physicians, and other providers working together, the patient is more likely to receive the most appropriate care. And, using the available information, the physician is able to better fill open appointments with assistance from all providers caring for this patient.

The ACMP has three components including; a Chronic Condition Management Program to prevent Emergency Department visits and hospital admissions; a Cardiac Risk Management Program targeting hyperlipidemia and hypertension; and a Diabetes Prevention Program identifying patients at high risk of developing diabetes. The results to date have been positive with many patients identified as overdue for appointments and very quickly being scheduled for the necessary office visit or lab.

For more information call GRIPA at 922-1525.

If you wish to receive this directly (electronically) email mjmilano@mcms.org.