

gripa news

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Message from the Chairman and President



Dan Meyers
Interim Chairman,
GRIPA Board of
Directors



Gregg Coughlin
President, GRIPA

GRIPA is currently involved in implementing a number of new programs. We are also continuing contract negotiations with local insurers and employers who have expressed interest in GRIPA Connect™ Clinical

Integration. We welcome Bob Brandon, MD to the GRIPA Board of Directors. Bob is an experienced, enthusiastic physician who has been very helpful to GRIPA in the development of Clinical Integration.

We are also delighted to announce that William Pelino, CPA has joined our staff as Chief Operating Officer and will have responsibilities for both GRIPA and Cognisight. Bill has strong financial and management skills and comes to us from Paychex, where he most recently served as Controller for the firm's Human Resources Business Unit. He also previously worked for PricewaterhouseCoopers.

Point of Care Alerts are being piloted in several GRIPA Connect Clinical Integration

participating physician offices and will be available to all GRIPA CI participants for whom we have practice management data later this year. Development of these features has been a thoughtful and deliberate process to ensure that the tools will be comprehensive and valuable for physicians when caring for your patients. Thank you for your patience during the implementation period.

We are continuously looking for ways we can better assist our physician membership. Below you can find out more about how GRIPA can help you obtain PQRI incentives. Please contact us or GRIPA Provider Relations at 585-922-1525 if you have any questions or concerns. We look forward to hearing from you.

GRIPA OFFERS GRIPA CONNECT™ PHYSICIANS SIMPLE, FREE WAY TO QUALIFY FOR PQRI INCENTIVES OFFERED BY MEDICARE

No billing system modification; we'll cover the \$350 expense for submitting
Did you know that Medicare wants to pay you an extra 1.5 percent on your Medicare claims?

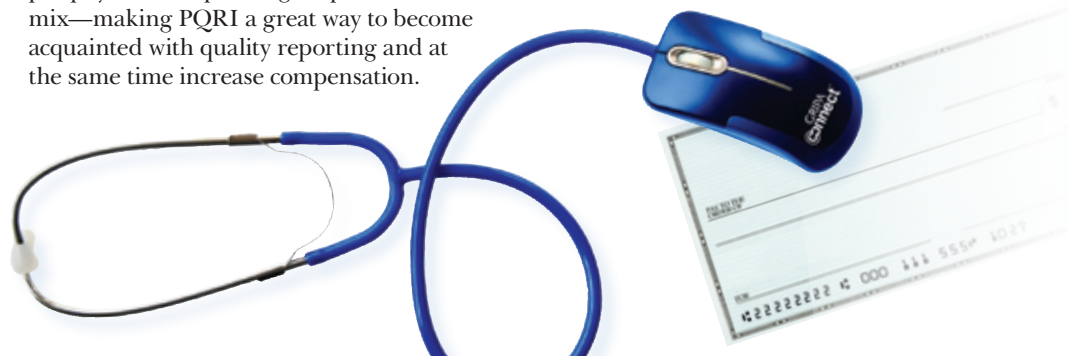
New reporting options make it easy for physicians to participate in Medicare's 2008 Physician Quality Reporting Initiative (PQRI). The GRIPA Connect web portal offers GRIPA Clinical Integration program participants a simple, free way to satisfy the requirements and qualify for incentive payments.

PQRI is a voluntary, no-risk quality reporting program open to physicians in all specialties. Physicians who complete

the program satisfactorily can earn a bonus payment of 1.5 percent of total allowed charges for covered Medicare services in 2008 and 2 percent in 2009. Typical practices can earn \$1,000 to \$2,000 per physician, depending on patient mix—making PQRI a great way to become acquainted with quality reporting and at the same time increase compensation.

PQRI in the GRIPA Connect web portal requires no billing system modification and will take only a few hours a day for a few days!

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Message from the Chief Medical Officer



Eric Nielsen, MD

A year ago in September GRIPA received a positive advisory opinion from the Federal Trade Commission (FTC) for our GRIPA Connect Clinical Integration program. When we decided to become a clinically integrated

group, the GRIPA Board of Directors asked us to pursue an FTC advisory opinion to ensure that we adhered to federal antitrust laws when we acted on behalf of the GRIPA Network.

The FTC reviewed our plans and reported that GRIPA has “an *active* and *ongoing* program to evaluate and modify the clinical practice patterns of the physician participants so as to create a high degree of *interdependence* and *collaboration* among the physicians to *control costs* and *ensure quality*.” GRIPA is the second organization in the country to receive a positive advisory opinion from the FTC.

It was important to the FTC that our clinical integration program met the following criteria:

- the development and adoption of clinical protocols
- care review based on the implementation of protocols
- mechanisms to ensure adherence to protocols
- the use of common information technology to ensure exchange of all relevant patient data

We have followed an incremental path in implementing clinical integration to ensure that our information technology and our processes are easily adoptable by our physicians and their offices.

This fall we are introducing **Point of Care Alerts**, a feature which alerts physicians when a patient is overdue for a test or is beyond a treatment goal. Several offices are currently piloting the program, and we will soon be ready to introduce them to all physicians who have signed Clinical

Integration Participation Agreements for whom we’ve received and integrated practice management data.

Achieving the positive FTC advisory opinion was an important step for us in the process of becoming a clinically integrated network. But for GRIPA Connect Clinical Integration to achieve optimum success it will take the continued involvement and commitment of our physician members. We encourage you to use the GRIPA Connect web portal to ensure that we get the most out of what Clinical Integration offers us.

POINT OF CARE

ALERTS

PATIENT INFORMATION
WHEN IT MATTERS

A GRIPA CARE MANAGEMENT SUCCESS STORY: SOCIAL WORKERS HELP WITH SPECIAL NEEDS



Sandy Smith
LMSW, GRIPA
Social Worker

GRIPA Care Management services are available to help in medical management for patients with complex health

issues. Recently GRIPA Social Worker Sandy Smith, LMSW was called by a GRIPA primary care physician to help an elderly couple.

Recently, Mr. & Mrs. M began canceling their medical appointments, and Mrs. M’s primary care physician called Sandy to see if she could help. Sandy discovered Mrs. M was very worried about a potential car accident because her husband had Alzheimer’s dementia and confused the

gas pedal from the brake pedal. Mrs. M felt she was too old, at 82, to learn how to drive.

The couple needed transportation to access medical care, obtain medications and purchase groceries. The GRIPA social worker met with Mrs. M at her home to assess the situation, discuss possible needs and provide psychosocial support. Mr. M napped during the home visit, providing the only respite that Mrs. M would have for her entire day.

Sandy helped Mrs. M complete a Lifeline application for transportation and an EPIC application to help reduce her medication costs. In addition, Sandy helped Mrs. M enroll in a transportation service that would help her with grocery shopping.

A pharmacy close to the couple’s home offered free delivery, but they were just outside of the pharmacy’s delivery radius.

Sandy spoke to the manager and the manager extended the delivery service to include the residence.

After all the interventions were completed, the couple was able to access medical care, receive medications at their home at a lower cost and arrange rides to the grocery store. Mrs. M remarked that she felt free and that a whole world had opened up to her since Sandy came into her life.

For more information on Care Management Services for your patients, call GRIPA Care Management Services at 585-922-1520. You can also access Care Management Services through the Referral Management feature on the GRIPA Connect web portal.

AUTHORIZED GENERICS: SAVE MONEY FOR YOUR PATIENTS



Jeanette Altavela
PharmD, BCPS
Consulting Clinical
Pharmacist

Why are
“brand name”
angiotensin
converting
enzyme inhibitors,
beta blockers,

selective serotonin receptor inhibitors (SSRIs) and proton pump inhibitors still being prescribed when less expensive, effective alternatives are available?

It’s not simply awareness—many medication reviews identify opportunities to change brand name medications to a comparable generic, but prescribers don’t change the medication for various reasons:

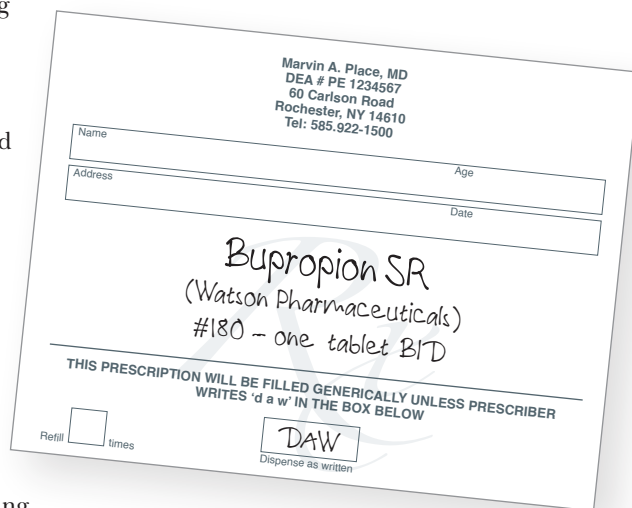
- False beliefs about generics abound.
- The term “bioequivalence” is often misunderstood (see sidebar).
- Manufacturers change drug formulations, preventing automatic generic substitution (i.e., Tricor).
- Best intentions are thwarted when free samples for brand name medications are given to patients for managing chronic conditions; they pay more for their medications after the samples are used!

Those reasons aside, there are still unique circumstances for some conditions/diseases, warranting the consistent drug formulation a single manufacturer provides. But the **authorized generic** is an alternative that will save the patient money while delivering the same therapeutic efficacy.

What makes an authorized generic different? It **is** the brand name medication, relabeled and marketed under a generic name. In fact, nearly 50 percent of generics are made by brand name manufacturers, including generics of Ambien, Celexa, Paxil, Zoloft, Wellbutrin SR, Fosamax, Protonix, Toprol XL, Norvasc and many oral contraceptives.

GRIPA’s clinical pharmacists can determine availability of an authorized generic and provide prescription-writing guidance. (See the image below for an example; the process is different than prescribing a regular generic.) Our clinical pharmacists can be reached directly through Referral Management on the GRIPA Connect web portal or by calling 585-922-1520.

¹*Source: Characteristics of patients receiving pharmaceutical samples and association between sample receipt and out-of-pocket prescription costs. Med Care 2008;46:394-402.*



Writing a prescription for an authorized generic requires a physician to name the specific generic and write “DAW” in the “Dispense as Written” box. In this example, a physician has written a prescription for Bupropion SR, made specifically by Watson, an authorized generic of Wellbutrin SR.

Pharmacy Pearl: Understanding Bioequivalence

Bioequivalence is one of the Federal Drug Administration (FDA) requirements for generic manufacturers. The generic drug must deliver the same amount of active ingredient in the same amount of time as the brand name drug. A generic drug is considered bioequivalent if, during testing, at least 90 percent of the time, the maximum plasma concentration (Cmax) and the area under the plasma concentration time curve (AUC) are within 80 percent to 125 percent of the brand name drug’s Cmax and AUC. This is often misinterpreted to mean the generic’s “average” plasma concentration could be as low as 80 percent or as high as 125 percent of the brand name medication’s concentration, but this is not the case. As a result of meeting the FDA’s strict measure, most generics usually provide average plasma concentrations within three to four percent of the average Cmax of the brand name medication.

GRIPA WELCOMES NEW PROVIDERS

GRIPA welcomes the following providers who joined our panel from January 1 through August 30, 2008:

PRIMARY CARE PHYSICIANS

Family Practice
Fatma Akmese, MD

Internal Medicine
Sivasubramaniam Aumbhagavan, MD
Raymond Bejerano, MD
Apeksha Desai, MD
Ernesto Santana, MD
Bhupesh Singh, MD

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PQRI Medicare Incentives

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The Centers for Medicare & Medicaid Services (CMS) in April announced alternative reporting methods for the 2008 PQRI bonus payment, including one that bypasses the need for administrative G-code and CPT-II code use. Instead, Medicare will make incentive payments based on clinical data you report through the registry component of the GRIPA Connect web portal, without altering your current billing workflow.

GRIPA will cover the submission expense for GRIPA Connect Clinical Integration Program participants who submit their information through the GRIPA Connect Web Portal. (This expense is valued at \$350 if a provider were to submit on their own directly through our disease registry vendor DocSite.)

Here's how it works:

- 1. Collect Information from 30 Patients.**
Using the electronic or paper collection tools provided through the GRIPA Connect Web Portal, ask a few specified questions of the next 30 patients over 50 years old (only two need to be Medicare). Most physicians can satisfy this requirement in two days.
- 2. Enter Data on the Web through the GRIPA Connect Portal.** Enter clinical data using the secure link on GRIPAconnect.com. This task can be handled by an office staff member.
- 3. Submit for Bonus Payment.** Physicians will be alerted when they have satisfied the data requirements and will be directed to click the "Submit" button.

Following this process for 30 consecutive patients before the end of 2008 provides a bonus payment of 1.5 percent of total allowed charges for covered Medicare Physician Fee Schedule services provided January 1 through December 31, 2008.

The PQRI bonus payment does not include services for enrollees in Medicare Advantage plans such as Preferred Care Gold, WellCare, and Blue Choice Senior. For more information, contact GRIPA Provider Relations at 585-922-1525.

COGNISIGHT,® LLC ADDS NEW CLIENTS

In the past several months Cognisight® has contracted with several new clients across the country. The limited liability corporation founded by GRIPA recently announced the addition of clients in Oregon, Arizona, Arkansas and Massachusetts.

CognisightDX™, the company's core offering, is an expert clinical analytic system that helps Medicare Advantage plans and other Medicare Advantage risk-bearing entities identify, verify and submit correct member diagnosis information to support collection

of accurate payments from the Centers for Medicare and Medicaid Services. The information collected by Cognisight also supports disease management and other care quality initiatives.

"The GRIPA Board and I are thrilled that Cognisight sales are exceeding all of our projections," said Gregg Coughlin. "Betsy Gaffney and her staff are doing a great job."

Revenues from Cognisight help support GRIPA Connect Clinical Integration. Learn more at Cognisight.com.

New GRIPA Providers

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Internal Medicine/Pediatrics

Susan Kindel, MD

SPECIALISTS

Emergency Medicine

Selvakumar

Chockalingham, MD

Bastian Domanjko, MD

Charles Cavallaro, DO

Randal L. Christenson, MD

Brian Dailey, MD

Victoria Dickerson, MD

Bryan Gargano, MD

Kelly Huiatt, MD

Deborah Kerley, MD

Laurie Kilbury Taylor, DO

Linda Liu, MD

John Schriver, MD

Ravi Singh, MD

Eve Williams, MD

General Dentistry

Richard Speisman, DDS

Hospitalist

Waseem Sajjad, MD

Infectious Disease

Yoshihiko Murata, MD

Obstetrics/Gynecology

Paul Cabral, MD

Shawn Stephens, MD

Pediatrics

Lauri Carrier, MD

Sara Dovichi, MD

Jack W. Finnell, MD

Sanford Mayer, MD

Physical Medicine/

Rehabilitation

Christina Taddeo, MD

Psychiatry

Muhammad Cheema, MD

Muhammad Dawood, MD

Sahar Elezabi, MD

Alexandrea Fotiou, MD

Mary Marrocco, MD

Pulmonary

Todd Sheppard, MD

If you have not signed a Clinical Integration contract and want more information, please contact GRIPA Provider Relations at 585-922-1525.

If you need to schedule a training session on how to access the portal, please contact GRIPA Provider Relations at 585-922-1525.