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news

Published by Greater Rochester Independent Practice Association



Message from the Chairman and President



Dan Meyers
Interim Chairman,
GRIPA Board of
Directors



Gregg Coughlin
President, GRIPA

Greater Rochester Independent Practice Association (GRIPA) was formed more than 13 years ago under the leadership of a dedicated group of physicians and hospital administrators who believed that a physician/hospital partnership would result in the highest quality care for our

community. We have made significant strides since our inception and physician leadership has been a key component of our achievements.

We express our sincere appreciation to Mike Kukfa, M.D., who has served as GRIPA Board Chair for eight years and recently stepped off the board. In addition to GRIPA Board Chair, Mike has served as President of the Genesee Physicians Organization, Secretary of the GRIPA Board, Chair of the GRIPA Finance Committee and as a member of Medical Management and Compensation Committees. Under Mike's leadership and that of previous GRIPA Board Chair Richard Gangemi, M.D., GRIPA has accomplished many important goals.

■ GRIPA has consistently led the community in paying higher conversion factors and in

the distribution of significant risk withhold return and gainshare. For example, physicians who participated through GRIPA in Preferred Care Commercial and Preferred Care Gold for the years 2004-2007 were paid on average 4.9 percent more than if they had participated through PHN.

- For all products over the years 2003-2007, physicians who were part of GRIPA contracts received an additional \$11 million dollars in higher conversion factors, withhold return, gainshare and bonus payments, averaging \$17,000 per physician.
- GRIPA received a favorable advisory opinion from the Federal Trade Commission (FTC) for its Clinical

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REFERRAL MANAGEMENT: EASY-TO-USE GRIPA CONNECT WEB PORTAL FEATURE



MORE COMPLETE PATIENT INFO,
FASTER, FROM PHYSICIAN TO PHYSICIAN

GRIPA Provider Relations representatives are currently training physicians and their office staff members in using the Referral Management feature on the GRIPA Connect™ web portal. Referral Management

is a safe and secure way to communicate between offices electronically.

When a referral is sent electronically through the portal, it creates a relationship between the patient being referred and the office the patient is being referred to. Physicians must have a relationship to the patient to view information on that patient. "We are encouraging physicians to send referral notices through the portal whenever possible so the physician receiving the referral can have portal access to the most current information on the patient," says Kelly Taddeo, GRIPA Director of Provider

Relations. "Our goal is to have all physicians enrolled in GRIPA Connect Clinical Integration using this feature."

The referral feature can be used to track all referrals to and from a physician's office. Referral forms can also be printed and handed to patients or used as a fax cover sheet for those offices not using the portal. The portal lists which offices are currently online for referrals.

The portal can be accessed from any computer with Internet Explorer 5.1 or above and high speed Internet access. For more information, contact GRIPA Provider Relations at 585-922-1525.

Message from the Chief Medical Officer



Eric Nielsen, M.D.

GRIPA Connect Clinical Integration has achieved several significant milestones. More than 450 physicians have joined the program. We received the

second-ever positive advisory opinion

from the Federal Trade Commission on our plan for clinical integration. We are in the process of adding more data sources to the GRIPA Connect web portal; Rochester Radiology is next in line. Offices are being trained to use Referral Management, the portal feature that enables offices to make referrals online and provides secure online communication between offices. We have begun the next phase of talking to insurers, employers and community leaders about how clinical integration can have a positive impact on health care in the Rochester area.

We have come a long way in the two years since we started making plans for our Clinical Integration program. We can say without reservation that the secret to



INSTANT KNOWLEDGE The results of every interaction your patient has with a GRIPA Connect clinically integrated physician will appear on the portal.

the success of this program is physician involvement. Physicians have been involved every step of the way and serve on very active committees, including the Clinical Integration Committee, Specialty Advisory Groups, the Quality Assurance Council and the IT Steering Committee. We receive valuable input every day from physicians and their staff members, and we are continually working to make enhancements to the portal.

Recently, Rochester General Physicians Organization President John Genier, MD; former GRIPA Board Chair Mike Kukfa, MD; and I spoke to the Rochester Business Alliance's Health Care Planning

Group. Representatives from some of the area's top employers were present at the meeting and were most impressed that physicians themselves are taking the time to talk to insurers, employers and community members, and that the physicians have made significant investments of their time and resources in its success. We have already spoken to several employers who are interested in how Clinical Integration can help them control health care costs while still ensuring high quality health care for their employees. Your support clearly makes a difference, and I thank you for it. Feel free to contact me with any questions or ideas at **585-922-3062** or eric.nielsen@viahealth.org



SHARING KNOWLEDGE: PRESENTATIONS AND PUBLICATIONS



■ Congratulations to **Michael Van Ornum**, RPh, RN, BCPS, GRIPA Consulting Clinical Pharmacist—author of a book from Jones and Bartlett Publishers.

Electronic Prescrib-

ing: A Safety and Implementation Guide was recently published and is available at the publisher's web site (www.jbpub.com/catalog/9780763758493) and on Amazon.com.

■ GRIPA President **Gregg Coughlin** served on a panel of experts for a recent audio conference, "Successful Clinical Integration Initiatives in Physician



Deb Lange

Organizations: How to Build a FTC Compliant Program."

■ **Deb Lange**, Director, Analysis and **Eric Nielsen**, MD, Executive Vice President and Chief Medical Officer, recently

presented at The National Pay for Performance Summit. Their topic was "Clinical Integration: Strengthening Quality and Promoting Cost Savings Through P4P."

■ Deb Lange also presented at the Ingenix Healthcare Technology Conference in May 2008. Her presentation was titled "Business Solutions for a Clinical

Integration Program." Matt Jones, Analytic Data Systems Team Leader, also spoke at the conference on a panel of expert users of Ingenix's Symmetry products.

■ **Paul Starowicz**, RN, Case Manager and **Bridget Casselman**, MSW, Program Leader, CM, DM will be attending the 2008 Annual Meeting & Exhibition for the American Association of Diabetes Educators (AADE) in Washington, DC in August. Their abstract, "Diabetes Educators' Role in the World of Clinical Integration," has been accepted by the program committee. They will present it at the AADE Annual Meeting poster session on Wednesday, August 6th.

PLAVIX WITH ASPIRIN – WHEN IS IT APPROPRIATE?



Cori Wyman
Consulting Clinical
Pharmacist

Determining the appropriateness of combination antiplatelet therapy Plavix (clopidogrel) with aspirin has been a longstanding area

of confusion. The American College of Cardiology (ACC) and the American Heart Association (AHA) have developed evidence-based guidelines to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances. Currently, the ACC and AHA recommend combination therapy with Plavix and aspirin for 12 months in the following conditions:

- Percutaneous coronary intervention (PCI)—with or without stent
- Acute coronary syndrome

- Unstable angina
- NSTEMI
- Acute STEMI

This antiplatelet combination, in place of the anticoagulant warfarin, has recently been studied in the prevention of thromboembolism in patients with atrial fibrillation (AF). The results of the ACTIVE W study showed that warfarin is more efficacious than the combination of Plavix and aspirin in the long-term prevention of major ischemic events in patients with AF without an increased risk of major bleeding. Warfarin remains the standard of antithrombotic care for eligible patients with AF. In another study, the combination of warfarin, Plavix and aspirin has been shown to increase the probability of a major bleeding episode by an additional 5 percent, compared with combined use of Plavix and aspirin.

Using Plavix with aspirin can increase the potential for significant bleeding in

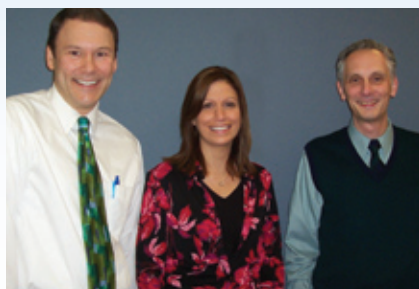
patients, and the risks should be weighed against the benefits. Clinical conditions in which the combination of Plavix with aspirin is not indicated and therefore may not be appropriate include:

- Atrial fibrillation
- Primary prevention of coronary artery disease (CAD)
- Established cardiovascular (CV) disease/multiple CV
- Chronic stable angina
- Secondary prevention of stroke or transient ischemic attack (TIA)

“Secondary Prevention of Ischemic Stroke/TIA,” a Clinical Care Guideline created by GRIPA clinically integrated physicians, deals directly with aspirin/Plavix issues. It is available on the GRIPA Connect portal.

References are available on request. For more information, contact GRIPA Care Management Services at **585-922-1520**.

A GRIPA SUCCESS STORY: GRIPA CARE MANAGERS ASSIST GRIPA CONNECT PHYSICIANS' PATIENTS



Paul Starowicz, RN; Linda Peter, LMSW; Tom Sorrento, RPh

Since January 2008, more than 568 referrals have been initiated for GRIPA Care Management Services to provide assistance for patients. According to Jane Dean, RN, BSN, CCM, Director, Care Management

Services, the majority of referrals have been initiated by the proactive involvement of GRIPA Care Management staff members.

Recently Tom Sorrento, RPh, Consulting Pharmacist; Paul Starowicz, RN, Case Manager; and Linda Peter, LMSW, Care Manager teamed up to help an elderly woman with Wellcare insurance better manage her diabetes and consequently gave her assistance in other areas as well.

In a proactive screening of Wellcare patients, Tom identified a potential problem created by a drug formulary change requiring a patient to switch insulin products. After consulting with Helen's (not her real name)

physician, Tom suggested that Paul, a GRIPA diabetes care manager, visit her at home. Paul determined that Helen did not fully understand the effects of the new insulin or how to properly use the new insulin administration device. Paul educated Helen about her insulin and showed her how to properly use the pen she was using to administer the insulin.

On a follow-up visit a week later, Paul visited Helen to provide education on glucose monitoring. At that time she had a higher blood glucose value than would have been expected. On further questioning, Helen *continued on page 4*

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Integration program. This is only the second time that the FTC has given a favorable advisory opinion to a clinical integration program and the first time in five years.

As we pursue contracting for our clinically integrated network, GRIPA is developing new lines of business, like Cognisight, which are generating new income streams.

These accomplishments could not have been achieved without the dedicated leadership of Mike and Dick, and the active participation of all our physician leaders. There are great opportunities and challenges ahead for us. We can accomplish our goals with your continued commitment and involvement in GRIPA. We encourage you to contact us with your questions or ideas as we continue to work with you to provide the highest quality health care in the Rochester area.

GRIPA Success Story *continued from page 3*

revealed that she was very upset because she had received a call from her electric company telling her she had 72 hours to pay a bill of more than \$500 or her power would be turned off. While Paul was there, Helen also received two other calls, which turned out to be sales solicitations. This prompted Paul to make a referral to Linda Peter, a GRIPA social worker, to take a broader look at how Helen was functioning within her environment.

Linda visited Helen and through a complete psycho-social assessment was able to evaluate her cognitive functioning, assess her support system and determine her financial status. Linda helped Helen obtain HEAP assistance to ensure that her power was not shut off. She also signed her up for a “do not call” registry to eliminate the stress of unwanted phone

solicitations. Since this intervention, Helen has less anxiety and worry, which is contributing to better blood glucose control and overall better health.

“One of the reasons that GRIPA is successful with the patients who are referred to us is that we can take our time and explain things to them in the comfort of their own homes,” says Paul. “Another reason is that we work together as a team, in consultation with the physician’s office, to provide needed support.”

For more information on Care Management Services for your patients, call GRIPA Care Management Services at 585-922-1520. If you have been trained on Referral Management on the GRIPA Connect web portal, you can request help for your patients with a few clicks of the mouse.