

Northeast

Physician Hospital Organization

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(P) 978-236-1744 • (F) 978-236-1777 • www.nepho.org

NEWS

INFORMATION LINE

978-236-1734

CALL FOR UPDATED
MEETING CANCELLATIONS
AND OFFICE CLOSURES

OPTUM Newsletter:

December Focus— Chronic Lung Disease (*see page 9 of this newsletter*)

Early Jan 2018

PHYSICIAN AND PRACTICE CHANGES/UPDATES

Physician/Practice Changes

- **Syed Mahmood, M.D.**, Hospitalist, terminated his affiliation with NEPHO
- **Richard Manolian, D.P.M.**, Podiatrist, terminated his affiliation with NEPHO
- **Jaime Rivera, M.D.** from **Division of Community Surgery** resigned his privileges at Northeast Hospital Corporation and terminated his affiliation with NEPHO
- **Shamila Saiyed, M.D.**, Hospitalist, terminated her affiliation with NEPHO
- **Philip Wong, M.D.**, formerly with **Urology Consultants of the North Shore**, relocated and terminated his affiliation with NEPHO

SAVE THE DATE

MD Orientation

Date: January 17, 2018 @7:30 A.M.

Place: 500 Cummings Center, Suite 6500
Good Harbor Conference Room
Beverly, MA 01915

RSVP: Alycia Messelaar (P) [978-236-1784](tel:978-236-1784) or
via e-mail at Alycia.Messelaar@Lahey.org

NEPHO'S NEW WEBSITE HAS LAUNCHED

Check it out at nepho.org if you haven't already! Much of the site is available for public viewing, including the enhanced Provider Directory (which now includes provider photos and "special clinical interests"). There is also an easy-to-use Calendar feature where you can filter by meeting category and RSVP with just one click. The website works great on mobile phones and tablets as well as desktop computers.

The following sections require secure login and are denoted with a lock icon:

- Fee Schedules 
- Meeting Attendance 
- Newsletters (note: Newsletters later in 2018 will be public) 
- Additional Notes Section of the Community Resource Guide 

We have provided user access to all NEPHO Physicians along with Advanced Practitioners and Office Managers at NEPHO Physician practices. Some additional team members at Lahey, LCPN and the practices also have access. If you had access to the previous version of the NEPHO website, you should have received a notice about your new user name and temporary password. Please contact Nick Catino (P) [978-236-1773](tel:978-236-1773) or Nicolas.Catino@Lahey.org if you experience any technical difficulties and/or would like secure access to the website.

Continue reading for more details about the website content and navigation.

cont.

Home Page—See below for a snap shot of the Home Page and the next page for some tips.

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Services Provider Information Meetings Calendar News & Resources About Us

NEPHO

A Management Services Organization

Northeast PHO (NEPHO) is a Management Services Organization (MSO) that provides management services including contract negotiation and management of pay for performance and other risk contracts on behalf of our owners, New England Community Medical Group and Northeast Hospital Corporation.

Upcoming Meetings

[View Calendar of Events >](#)

NECOMG PHYSICIANS POD 2
January 2, 2018 @ 12:15 pm

Cape Ann Med. Ctr. IPA
January 3, 2018 @ 12:00 pm

NEPHO Board of Directors
January 4, 2018 @ 7:00 am

Administrative Services >

NEPHO offers a variety of Administrative Services to help our providers manage contractual obligations.

Clinical Services >

Our providers are supported by NEPHO clinical team members to help with patient care management.

Provider Spotlight

**Lahey Health Primary Care**

Click [here to read about](#) > the new Family Practitioners at Lahey Health Primary Care, Beverly and their new office at Tozer Road

[Find a Provider >](#)

Hot Topics

**MASSACHUSETTS MEDICAL SOCIETY**
Every physician matters, each patient counts.

What the Burnout Epidemic Teaches Us about Self-Care >
December 21, 2017

[PBMs – Will the Amazon Cometh? >](#)
December 21, 2017

[Topsfield resident heads new vein care program at Beverly Hospital >](#)
December 12, 2017

[Upcoming CME Events at BCH >](#)
December 12, 2017

[Lahey Health Recognized Excellence in Patient Safety \(video\) >](#)
November 13, 2017

[Palliative Care Information >](#)
November 9, 2017

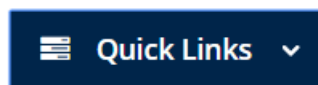
[View all News >](#)

cont.

NEW NEPHO WEBSITE, cont.

Website Tips

- “**Quick Links**” at top of each page provides one click access to Provider Directory, Fee Schedules, Meeting Attendance, Hot Topics and Community Resource Guide.
- The **Fee Schedule** search functionality now includes a filter for Office vs Facility based rates.
- The **Community Resource Guide** is a completely new resource available to help you address patient needs in the community. We do not in anyway endorse any of the agencies or organizations listed. The guide is not intended to replace the professional assessment and services of a licensed social worker or nurse care manager. Rather, the intent is to provide a comprehensive resource tool for you and your patients. You can navigate through the Table of Contents or by sections listed alphabetically by topic. The entire guide can be downloaded as well.
- The **Administrative Services** and **Clinical Services** pages contain a plethora of resources and information at your fingertips.
- All websites, phone numbers and email addresses are **hyperlinked** for your convenience.



Keeping it Current

Please help us keep the website current by:

- Sending us demographic changes regarding providers’ and practice information;
- Submitting ideas for the Provider Spotlight and Hot Topic pages; and
- Providing suggestions for additional content you’d like to see on the website.

Changes, ideas and suggestions can be sent to the attention of Judy O’Leary at Judith.O’Leary@Lahey.org.

NEPHO POD MEETING SUMMARY—DECEMBER 2017

Quality

- Areas of focus for the year-end Quality push were reviewed, including:
 - Well visits for adolescents and children ages 3-6
 - Asthma
 - Statin adherence
 - General hypertension
 - Diabetes hypertension outcomes, and
 - Diabetes A1c outcome.
- All visits scheduled at year-end should be followed closely in case of no shows – so that these can be rescheduled before year end.
- Updated scorecards and patient lists were distributed.

Pharmacy

- Network Pharmacy cost savings initiatives were reviewed.
- Writing for generic Glucophage XR yields a substantial savings.
- For patients using PDE5-inhibitors, writing a prescription for sildenafil 20mg that the patient can have filled, off insurance, will yield savings for both the patient and the system.

BOARD STRATEGIC PLANNING MEETING RESULTS

On November 30, 2017, there was a Strategic Planning meeting with the NEPHO and NECoMG Boards of Directors. One of the objectives of the meeting was to focus on improving our performance on contract goals: Efficiency, Quality and Patient Experience.

We have been successful in our contract performance over the past several years. However, the goals have become more difficult in the current contracts, as the health care market is under pressure to reduce the cost of care. We have opportunities to improve our contract performance by finding ways to provide more efficient care, improve the patient experience and improve the quality process and outcomes for our patients. Just a few of the many ideas discussed at the meeting include:

- Learning from best practices
- Collaborating more with the practice staff
- Making it easier for providers to communicate with each other about patient care
- Coaching and scripting of ways to communicate with patients

We also discussed our physician network. With respect to specialty care, we remain committed to keeping care local and referring within the Northeast PHO specialty network. Lahey Hospital and Medical Center and their affiliated physicians are our preferred tertiary providers for care we cannot provide in the NEPHO network.

Our discussion on primary care was focused on recruiting and retaining PCPs. Mentoring new PCPs may be an effective strategy as well as finding ways to provide additional practice support and training.

We also discussed the new system affiliation. There are many benefits to the affiliation such as sharing resources and creating a larger network to support Population Health. It was agreed that the following factors should be considered during the affiliation planning process:

- Keep our identity/culture
- Maintain our identity as a strong community hospital
- Continue local relationships with NEPHO and physicians
- Internal competition within LCPN helps all ACUs improve
- Ensure subcommittees include people from each unit
- Governance should be fairly equally represented (not just size)
- Make referral processes for advanced care hassle-free

NEPHO will compile the feedback from the Strategic Planning meeting and develop an action plan to create goals and priorities for 2018. If you have any questions or would like to provide feedback about any of these areas, please contact Stacey Keough at 978-816-2010 or Stacey.Keough@Lahey.org.

QUALITY

When you have a chance, check out the Quality page on the new NEPHO website and read in depth explanations of the Quality Measures, learn what services we provide and get answers to some of your most frequently asked quality questions. See the Quality landing page below and the link to be directed to the webpage nepho.org/quality

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Quality

Services
Administrative Services
Clinical Services
Care Management
Patient Experience / Patient Satisfaction
Population Health
Pharmacy Services
Quality
Quality FAQs
Measure of the Month
Projects

Maximizing Patient Quality, Safety and Experience



Pictured (l-r): 1st row - Jennifer Andersen, Lauren Viel, Stephanie Cunningham; 2nd row - Louis Di Lillo, MD and Liz Isaac, PharmD

Our program is geared towards continuous improvement in the quality of care received by our patients.

We provide education about the details of nationally accepted quality measures as they are interpreted by the health plans. We share data and analyses on current ambulatory quality performance at the organization and individual level. We also design and implement strategies, processes and programs directed to maximize patient quality, safety and experience.

Now that the 2017 quality performance year has ended, we want to thank you for partnering with us throughout this year. You worked the patient lists we kept sending you, booked appointments, made reminder calls, rescheduled patients who didn't show up, talked your patients into getting preventive care they were due for, and so much more. We look forward to working with you again in 2018. In the meantime, we hope that you enjoyed relaxing with friends and family during the holiday season.

Best wishes from the quality team,

Lou Di Lillo, MD, Jennifer Andersen, Stephanie Cunningham, Carol Freedman, RPh, Alison Gustafson, NP, Liz Isaac, PharmD, Lucia Kmiec and Lauren Viel.

CHANGES WITHIN CARE MANAGEMENT TEAM

Welcome

Please join us in welcoming Jeannette “Betsy” Bradford Boccuzzi to the NEPHO Care Management Team. Betsy had been with Northeast Health System for several years at the Lifestyle Management Institute, working with Cardiac, Diabetic and Weight Loss Programs. Recently she has been a Care Manager at the Lahey ACU and comes to NEPHO with a great deal of experience and knowledge in Care Management and the services offered through our network hospitals and affiliates along with those in the community. We are very excited to have Betsy be a part of our team.

Farewell

It is with mixed emotions we bid farewell to Patty Drozdowicz. Patty has been a member of the Care Management team for over ten years and is retiring at the end of December. We will miss her spirit, enthusiasm and passion for the work she has done here at the PHO. Patty always has a way of lightening up a moment no matter how stressful it may be; she provides us with laughs, sometimes even at her own expense. We cannot thank her enough for what she has contributed to the NEPHO Care Management Team. Patty will continue to spread her kindness to a new team: her husband John, her daughter Jamie and son George along with a gang of grandchildren. Please join us in congratulating Patty as she begins this new life chapter.

BOSTON CHILDREN’S HOSPITAL—CONTINUING MEDICAL EDUCATION EVENTS

Upcoming CME Events

The Boston Children’s Hospital Continuing Medical Education Department wishes to inform physicians of upcoming CME event offerings. In addition, they offer a variety of live and online courses.



Children's Hospital Boston

life-changing care world-changing research

- **Pediatric Asthma and Allergy Updates for Primary Care**
February 2-3, 2018 | Boston Hilton Back Bay, Boston, MA
- **The Lennox-Lombroso Pediatric Epilepsy Conference**
February 2-3, 2018 | Boston Hilton Back Bay, Boston, MA
- **Frontiers in Pediatric Surgery**
March 14, 2018 | Mass Medical Society, Waltham, MA
- **Non-Accidental Trauma**—click here to enroll online>>

***Early bird rates end 1/30/2018*

For more information and to register for courses please click the following link or cut/paste it into your browser: <http://www.childrenshospital.org/clinician-resources/cme-calendar>

CHANGE WITHIN LAHEY ACO PREFERRED SKILLED NURSING FACILITY NETWORK

Please see notice below from Dr. Les Sebba, LCPN President and Chief Medical Officer:

Dear Colleagues,

I am writing to inform you of a change taking place within the Lahey ACO Preferred Skilled Nursing Facility (SNF) Network. Wayne S. Saltsman, MD, PhD, CMD, FACP, and his team will no longer be providing care to short-term rehabilitation patients or long-term care residents in our preferred facility network. Dr. Saltsman is transitioning to a clinical leadership role in home care, hospice and palliative care in addition to his work as Chief Medical Officer of Lahey Health Continuing Care.

While Dr. Saltsman will continue to assist with oversight of patients in the Preferred SNF Network, care will be provided by New England Community Medical Services (NECMS), a highly respected group of physicians and advanced practitioners who work exclusively in the SNF and long-term care environment. This change will be effective Feb. 1, 2018. Until then, patients should continue to be assigned to Dr. Saltsman's team.

We remain fully committed to the Preferred SNF Network, recognizing that having a dedicated set of partner facilities allows us to best care for our patients. The outcomes measures we track, including length of stay and readmission rates, show a consistent benefit for patients who are admitted to facilities in the network. Equally important is a group of providers, like NECMS, with whom we can work closely. These changes will not affect our ability to work closely with our Preferred SNF Network partners to continually improve care processes for our patients.

Please feel free to call me at [978.236.1706](tel:978.236.1706) or email me at leslie.j.sebba@lahey.org if you have any questions.

Sincerely,

Les Sebba, MD

President and Chief Medical Officer
Lahey Clinical Performance Network

MASS MEDICAL SOCIETY—CME PROGRAM ON BURNOUT

The Mass Medical Society is offering a free program on “What the Burnout Epidemic Teaches Us About Self-Care, Work/Life Balance & Reengineering Health Care”. The speaker is Steven Adelman, MD and the program is eligible for 1.0 Credit Hour of CME.

Date: January 17, 2018

Time: 7:30 PM—8:30 PM

Location: Spinellis Functional Hall, 10 Newbury St, Peabody, MA

For more information or to register, please contact Susan Frazier at 781-464-4823 or sfrazier@mms.org.

PATIENT EXPERIENCE COMMENT REPORTS—DECEMBER 2017

CAPE ANN MEDICAL CENTER

- **Dr. Shawn Pawson** is the best! He was very caring and compassionate with my husband and listened to his concerns regarding his recent diagnosis. A top doctor and there should be more like him.

LAHEY HEALTH PRIMARY CARE, GLOUCESTER – 298 Washington St, 4th floor

- I have referred others to **Dr. Victor Carabba** and have been extremely satisfied! Great care!

LAHEY HEALTH PRIMARY CARE, BEVERLY – 900 Cummings Center, Suite 107

- **Dr. Daniel McCullough** is always up on the latest research, listens well, and does not push medicine.
- **Dr. Sokunthirith Thach**, is incredibly professional, knowledgeable and kind. Would highly recommend and I am very happy she is my provider. Excellent experience!

LAHEY HEALTH PRIMARY CARE, DANVERS – 480 Maple St, Suite 204

- I have been seeing **Dr. Kristina Jackson** for over 20 years. I always feel listened to by her, her MA's and her NP's.

NORTH SHORE PEDIATRICS

- **Dr. David Danis** is superb in every way! He is very caring, extremely knowledgeable considerate and willing to explain things in detail with clarity and I have total confidence in him and the entire team!

PATTON PARK MEDICAL CENTER

- **Dr. Michael Edwards** has restored my faith in the medical community and humanity by allowing me to be totally honest about my concerns. It's liberating to trust someone like him. He has inspired me to live a healthier and happier life.

THOMPSON MEDICAL ASSOCIATES

- Excellent experience with **Dr. Candace Thompson**. Very caring, knowledgeable, doctor and practice. Wish more DRS. were like this. She always takes the time for me. I never feel she is rushing to get to another patient. Looks at me when I talk to her.

Insider

Educational and coding information for providers

Focus on: Chronic lung disorders

Pulmonary fibrosis is when the lung tissue around and between the air sacs (alveoli) becomes scarred and damaged, causing thickened, stiff lung tissue. This makes it harder for oxygen to pass through the walls of the air sacs into the bloodstream, making the individual progressively more short of breath. Once the lung tissue becomes scarred, the damage cannot be reversed. About 140,000 Americans have been diagnosed with pulmonary fibrosis. It is most likely to affect people ages 50 to 75. In most cases, there is no known cause for the disease; this is idiopathic pulmonary fibrosis.

Things that may increase the risk of pulmonary fibrosis include; cigarette smoking, exposure to environmental toxins or pollutants, radiation therapy to lungs or breast, and certain medications. Also lung damage can occur from certain medical conditions including; GERD, SLE, rheumatoid arthritis, sarcoidosis, scleroderma, TB and pneumonia.¹

Chronic obstructive pulmonary disease (COPD) is the third leading cause of death in America and has been diagnosed in nearly 13 million adults. Researchers estimate another 12 million have the disease but have not yet been diagnosed.² COPD is a serious but highly preventable disease, smoking is the leading cause of COPD in the U.S. COPD is an umbrella term for the diagnosis of emphysema and chronic bronchitis. Chronic asthma also puts individuals at higher risk of developing COPD. The definite diagnosis of COPD is made using spirometry test to measure how well the lungs are working. Providers should document and code the specific type of COPD when known; emphysema, chronic bronchitis or chronic asthma.

- **Emphysema** pathologically denotes permanent enlargement of the air spaces distal to the terminal bronchiole, causing destruction of their walls, without obvious fibrosis.
- **Chronic bronchitis** is an inflammation of the mucus membrane of the bronchial tubes, over time the airways become narrowed and tightened limiting airflow in and out of the lungs.
- **Chronic asthma** is paroxysmal dyspnea accompanied by wheezing caused by bronchial tube spasm or swelling of their mucous membrane.

Always remember ...

- For both pulmonary fibrosis and COPD, document and code any exposure to tobacco, other external agent or radiation therapy
 - Categories **J60-J70** contain codes to report by external agent
- Specify any acute exacerbation or status asthmaticus
 - An acute exacerbation is a worsening or a decompensation of a chronic condition. An acute exacerbation is not equivalent to an infection superimposed on a chronic condition, though an exacerbation may be triggered by an infection.
- If a patient is on long-term oxygen, document the clinical condition that supports the use of oxygen, the status and the treatment plan

Documentation and coding tips

Coding pulmonary fibrosis

J84.10 Pulmonary fibrosis, unspecified

J84.112 Idiopathic pulmonary fibrosis

*Categories **J60-J70** contain codes to report by external agent.*

Coding chronic obstructive pulmonary disease (COPD)

Code also type of asthma, if applicable (J45.-)

J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection
Code also to identify the infection

J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation

J44.9 Chronic obstructive pulmonary disease, unspecified

Coding emphysema

J43.9 Emphysema, unspecified

Coding chronic bronchitis

J41.0 Simple chronic bronchitis (smoker's cough)

J41.1 Mucopurulent chronic bronchitis

J41.8 Mixed simple and mucopurulent chronic bronchitis

J42 Unspecified chronic bronchitis

Coding chronic asthma

J45.909 Unspecified asthma, uncomplicated

J45.902 Unspecified asthma with status asthmaticus

J45.901 Unspecified asthma with (acute) exacerbation

For codes J00-J99, use additional code to identify tobacco use, exposure, dependence or history of. (Z77.22, Z87.891, Z57.31, F17.-, Z72.0).

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2018: "A dash (-) at the end of an Alphabetic Index entry indicates that additional characters are required. Even if a dash is not included at the Alphabetic Index entry, it is necessary to refer to the Tabular List to verify that no 7th character is required." The bolding of ICD-10-CM codes represents categories, subcategories or codes that map to the 2017 CMS-HCC risk adjustment model for Payment Year 2018.

Codes marked with a + directly after them represent new additions to the FY 2018 ICD-10-CM code classification; however, these are not bolded and will not follow bolding conventions as explained until official notice is available.

This guidance is to be used for easy reference; however, the ICD-10-CM code book and the Official Guidelines for Coding and Reporting are the authoritative references for accurate and complete coding. The information presented herein is for general informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Specific documentation is reflective of the "thought process" of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment, and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. Lastly, on April 3, 2017, the Centers for Medicare & Medicaid Services (CMS) announced that 2017 dates of service for the 2018 payment year model is based on 100% of the 2017 CMS-HCC model mappings released April 4, 2016, which include additional code updates in the 2017 Midyear Final ICD-10 Mappings released December 30, 2016. See: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2018.pdf>, <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors-Items/Risk2017.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending>

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For additional information as well as publications and products available for HEDIS®, please visit the National Committee for Quality Assurance (NCQA) website at ncqa.org

For additional information about the Medicare Advantage Five-Star Quality Rating System, please refer to: <http://go.cms.gov/partcandstaratings>

Optum360 ICD-10-CM: Professional for Physicians 2018. Salt Lake City: 2017.

1. "Statistics About Diabetes." American Diabetes Association. N.p., 10 Sept. 2014. Web. 1 Oct. 2014. <<http://www.diabetes.org/diabetes-basics/statistics/>>.

2. Kalyani RR, Margolis S. 2015 Diabetes: Your annual guide to prevention, diagnosis and treatment. The Johns Hopkins White Papers. 64-79.