

NEPHO NEWS
February 2019 Edition

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PHYSICIAN and PRACTICE CHANGES/UPDATES

New Providers

- ▶ **Ashling O'Connor, MD** has joined **Lahey Outpatient Center, Danvers – Breast Health Center** 480 Maple Street Danvers, MA 01923 [978-304-8101](tel:978-304-8101) (F) 978-304-8123
- ▶ **Elizabeth Emberley, DO** has joined **Essex County OBGYN Associates, Inc.** 85 Herrick Street - Suite 2004 Beverly, MA 01915 [978-927-4800](tel:978-927-4800) (F) 978-232-5561
- ▶ **Robert Slocum, DO** of **Gloucester Family Health** 302 Washington Street Gloucester, MA 01930 [978-282-8899](tel:978-282-8899) (F) 978-744-0079 has joined the NEPHO
- ▶ **Leroy Kelley, DPM** has joined **NPA Cape Ann Foot & Ankle** 1 Blackburn Drive 2nd Floor Gloucester, MA 01930 [978-281-2550](tel:978-281-2550) (F) 781-255-7905

Practice Changes/ Updates

- ▶ **Louis Laz, MD** of **Lynn Women's Health** has retired effective 2/5/2019
- ▶ Effective 4/1/2019 **Nicholas Avgerinos, MD** of **Lahey Health Primary Care, Beverly – Tozer Road** will be relocating to **Family Medicine Associates, A Member of Lahey Health** 195 School Street Manchester, MA [978-526-4311](tel:978-526-4311) (F) 978-525-2342

SAVE THE DATE

REMINDER: OPEN MEETING I

For your convenience we will be conducting the presentation at 3 sessions.

Place: Beverly Hospital Lecture Hall
Beverly, MA 01915

RSVP: Lisa.M.Driscoll@Lahey.org

WEDNESDAY

MARCH 6

5:30 P.M.

THURSDAY

MARCH 7

12:30 P.M.

TUESDAY

MARCH 12

7:00 A.M.

Video Conferencing is available for all meetings with the exception of March 12th. No video @AGH on March 12th. Attendance at more than one Open Meeting will not provide additional attendance credit.

[2019 PCP ATTENDANCE POLICY](#) [2019 SCP ATTENDANCE POLICY](#)

MD ORIENTATION

Date: March 13, 2019 @5:30 P.M.

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

RSVP: Judith.O'Leary@Lahey.org
or [978-236-1739](tel:978-236-1739)

NP/PA MEETING *(CME credit approved)*

Our Guest Speaker will be . . .

Steven Hollis, MD - Coastal Orthopedic Associates
Patient Selection and Optimization for Total Joint Replacement

Date: March 27, 2019 @12:00 P.M.

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

RSVP: Judith.O'Leary@Lahey.org or [978-236-1739](tel:978-236-1739)

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PAYOR UPDATES

NEPHO Recognized by HPHC – 2019 Physician Group Honor Roll

Harvard Pilgrim would like to congratulate the 62 physician groups in Massachusetts, Maine, and New Hampshire named to the 17th annual Physician Group Honor Roll. [Click here to read the Honor Roll press release](#) [Click here to view complete listing](#)

Harvard Pilgrim uses a domain opportunity methodology which combines HEDIS measures for both adult and pediatric patients into 3 domains, as listed below.

- ▶ **Acute Care Domain**
- ▶ **Chronic Care Domain**
- ▶ **Preventive Care Domain**

Measure	Denom	Numer	Act Rate	Exp Rate	Exp Rate	Denom	Exp Rate	Exp Rate	Denom	Exp Rate	Denom	Exp Rate	Points
				@ 50%	@ 50%		@ 50%	@ 50%		@ 50%		@ 50%	
Acute Care domain													
AMB	19	10	52.63%	49.52%	54		52.63%	54	19	52.63%	19	52.63%	17.7
AMA	25	17	68.00%	75.70%	103		68.00%	103	25	68.00%	25	68.00%	17.7
CDP	37	37	100.00%	94.64%	111.8		100.00%	111.8	37	100.00%	37	100.00%	17.7
CT	52	19	36.54%	42.81%	21.8		36.54%	21.8	52	36.54%	52	36.54%	17.7
LBP	10	10	100.00%	92.29%	76.5		100.00%	76.5	10	100.00%	10	100.00%	17.7
UAP	108	88	81.50%	84.89%	102.2		81.50%	102.2	108	81.50%	108	81.50%	17.7
Combined Opportunity	204	124	60.79%	61.99%	221		60.79%	221	204	60.79%	204	60.79%	2
Chronic Care domain													
AMB	36	27	75.00%	85.85%	36.9		75.00%	36.9	36	75.00%	36	75.00%	17.7
CDI	232	190	81.90%	94.83%	198.2		81.90%	198.2	232	81.90%	232	81.90%	17.7
CDI	270	168	62.22%	79.89%	142.9		62.22%	142.9	270	62.22%	270	62.22%	17.7
CDI	181	180	99.45%	99.81%	198.7		99.45%	198.7	181	99.45%	181	99.45%	17.7
CCC	130	147	113.08%	90.80%	148.3		113.08%	148.3	130	113.08%	130	113.08%	17.7
UAP	30	30	100.00%	97.84%	128.3		100.00%	128.3	30	100.00%	30	100.00%	17.7
Combined Opportunity	627	512	81.66%	86.50%	722.5		81.66%	722.5	627	81.66%	627	81.66%	1
Preventive Care domain													
AMB													
CDI													
CDI													
CDI													
CDI													
Combined Opportunity													

AllWays Health Partners Update

- ▶ AllWays Health Partners, rebranded Neighborhood Health Plan (NHP), contract has been finalized with LCPN and terms are effective January 1, 2019. The Northeast PHO Provider Relations team will be working with individual practices that are currently non-participating or require a Type II NPI to be used for billing purposes due to their affiliation with another risk unit to ensure access to the LCPN contract terms. The estimated credentialing/enrollment processing time for new providers or change submissions is 30-45 days.
- ▶ Please contact Alycia Messelaar at Alycia.Messelaar@lahey.org or 978-236-1784 with questions related to credentialing/enrollment. For questions related to contracting and/or reimbursement contact Shawn Bromley at shawn.m.bromley@lahey.org or 978-236-1704.

IPA and POD SUMMARIES

Efficiency/Pharmacy

- ▶ Carol Freedman, RPh reviewed 2018 ACC/AHA Cholesterol Guidelines and the Statin Quality Measures.
- ▶ The Statin Adherence measure (adherence 80% of time) is used by multiple payers.
- ▶ The 2018 guidelines update is the first since 2013; heart-healthy lifestyle is still emphasized, but specific LDL thresholds are recommended for very high risk ASCVD or very high baseline LDL.
- ▶ Also shared were the primary and secondary prevention treatment pathways that were published with the updated guidelines.

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- ▶ As a follow up to the February Primary Care POD meetings, see the [Guidelines Made Simple](#) for providers who requested information on the following:
 - clear primary and secondary prevention algorithms
 - top 10 take-home messages to reduce risk of ASCVD via cholesterol management
 - selected examples of candidates for coronary artery calcium (CAC) measurement who might benefit from knowing CAC score is zero

Reporting

- ▶ Dr. Louis Di Lillo, NEPHO Medical Director reviewed detailed results for 2017 OOPHO Referral Trends, Gate Score, Patient Experience and ED Visits.
- ▶ Also shared were the results of the specialist incentives.
- ▶ The Q3 PCP Report was shared.

Population Health

- ▶ Alison Gustafson, NP reviewed a flyer reviewing the health effects of obesity.
- ▶ The flyer includes the contact information for NEPHO Health Coach and other system resources that can be utilized by interested patients and providers.

Patient Experience

- ▶ Liz Isaac reviewed 2019 threshold changes to the patient experience measures for the AQC contract.
- ▶ Based on the changes and using 2018 performance, 2019 performance is considerably decreased for both pedi and adult providers, unless there is considerable improvement over 2018.
- ▶ Also reviewed were the patient experience domains and questions that are part of the Medicare ACO MSSP contract.
- ▶ An update was provided on the NEPHO transparency pilot intended to drive improvement in patient experience of care.

Quality

- ▶ Liz Isaac reviewed the updates/measures for the Medicare ACO quality program.
- ▶ [Click here](#) for a reference sheet of the measures.

POPULATION HEALTH

Heart Disease in the United States

About 610,000 people die of heart disease in the United States every year.

- ▶ Heart disease is the leading cause of death for both men and women.
- ▶ More than half of the deaths due to heart disease in 2009 were in men.
- ▶ Coronary heart disease (CHD) is the most common type of heart disease, killing over 370,000 people annually.
- ▶ Every year about 735,000 Americans have a heart attack. Of these, 525,000 are a first heart attack and 210,000 happen in people who have already had a heart attack.



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- ▶ Percentages of all deaths caused by heart disease in 2008, listed by ethnicity.

Race of Ethnic Group	% of Deaths
American Indians or Alaska Natives	18.4
Asians or Pacific Islanders	22.2
Non-Hispanic Blacks	23.8
Non-Hispanic Whites	23.8
All	23.5



Early Action is Important for Heart Attack

- ▶ In a 2005 survey, most respondents—92%—recognized chest pain as a symptom of a heart attack. Only 27% were aware of all major symptoms and knew to call 9-1-1 when someone was having a heart attack.
- ▶ About 47% of sudden cardiac deaths occur outside a hospital. This suggests that many people with heart disease don't act on early warning signs.

Morbid Obesity and Heart Disease

- ▶ A study of more than 13,000 people done by Johns Hopkins researchers found that even after accounting for such risk factors as high blood pressure, high cholesterol and diabetes, morbid obesity appears to stand alone as a standout risk for heart failure, but not for other major types of heart disease.
- ▶ In a report on the research, published online in the *Journal of the American Heart Association*, the Johns Hopkins team says morbidly obese individuals were more than two times more likely to have heart failure than comparable people with a healthy body mass index.
- ▶ After accounting for high blood pressure, cholesterol and blood sugar levels, people with morbid obesity weren't any more likely to have a stroke or coronary heart disease — the disease of the heart's arteries.
- ▶ There is evidence to suggest that extra body weight exerts a higher metabolic demand on the heart and that fat cells in the abdomen may even release molecules toxic to heart cells. [You can find the report here.](#)

References:

www.hopkinsmedicine.org

<https://www.cdc.gov/heartdisease/facts.htm>

March is Colorectal Cancer Awareness Month

Statistics and Risk Factors

- ▶ Colorectal cancer is the third most commonly diagnosed cancer and the second leading cause of cancer death in men and women combined in the United States. The American Cancer Society estimates that this year 95,520 people will be diagnosed with colon cancer, 39,910 will be diagnosed with rectal cancer, and 50,260 will die from this disease.

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- ▶ On average, the lifetime risk of developing colon cancer is about one in 23 for men and women combined (4.5%); however, this varies widely according to individual risk factors. About 71% of cases arise in the colon and about 29% in the rectum.

Colorectal Cancer Survival Rates

- ▶ Since the mid-1980s, the colorectal cancer survival rate has been increasing, due in part to increased awareness and screening.
- ▶ By finding polyps and cancer in the earlier stages, it is easiest to treat. Improved treatment options have also contributed to a rise in survival rates.

Survival Rates

- ▶ The five-year survival rate for colorectal cancer found at the local stage is 90%
- ▶ The five-year survival rate for colorectal cancer found at the regional stage is 71%
- ▶ The five-year survival rate for colorectal cancer found at the distant stage is 14%
- ▶ There are currently more than one million colorectal cancer survivors alive in the US
- ▶ [Types of screening](#)

Contact [Lucia Kmiec, Health Coach](#) or [978-880-2318](tel:978-880-2318) for your FIT testing needs.

QUALITY

Guidelines for the Care of Diabetic Patients

- ▶ According to the American Diabetes Association (ADA) diabetes is a complex, chronic illness requiring continuous medical care with risk-reduction strategies beyond glycemic control.
- ▶ The ADA has developed the following set of guidelines to help Primary Care Providers care for patients with diabetes:
 - A1C testing twice per year for patients who are meeting treatment goals and have stable glycemic control.
 - A1C testing quarterly, (every 3 months) for patients who are not meeting treatment goals or for patients whose therapy has changed.
 - Patients with an A1C of **8.0 or greater** should be scheduled before **March 31st** to allow for adequate time to address any issues that may be interfering with glycemic control. Those patients should also have regularly scheduled appointments, (preferably every 3 months) with their Primary Care Provider or Endocrinologist.

Any patients who have not responded to outreach by the primary care practices or who may need additional support can be referred to Alison Gustafson, Population Health Nurse Practitioner for inclusion in the *Diabetes Intervention Program*. Alison can be contacted at [978-882-2454](tel:978-882-2454).

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REHABILITATION AND SPORTS MEDICINE SERVICES

Centralized Scheduling News

- ▶ The Center for Rehabilitation and Sports Medicine at Beverly Hospital is distinguished as a Center of Excellence.
- ▶ Turn to the Center for Rehabilitation and Sports Medicine after an injury or illness, and you will benefit from the most current technologies and techniques - delivered by a highly trained staff committed to providing exceptional one-on-one care.



Rehabilitation and Sports Medicine

NEW

Centralized Scheduling for All Locations

Addison Gilbert Hospital | Beverly Hospital | Lahey Outpatient Center, Danvers

Physical and Occupational Therapy	Speech Therapy and Audiology Services
Scheduling line: 978.816.3255	Scheduling/referrals: 978.816.2690
Referral/authorization line: 978.816.3256	Fax line: 978.921.7007
Fax line: 978.816.3259	

Beverly Hospital
A member of Lahey Health

PHARMACY UPDATES

Valsartan Recalls Continue / Valsartan Generic Price Hikes

Recalls continue since July 2018 for valsartan products. Teva and Prinston Pharmaceuticals were primarily affected. [Click here](#) for the FDA Official Statement updated in January 2019.

- ▶ Recently there have been valsartan price increases as a result of numerous product recalls. Alembic Pharmaceuticals has seized the opportunity to hike its drug prices while market competition is hindered.
- ▶ A recent Elsevier study identified that, by the end of 2018, Alembic had at least doubled the price of 4.4 percent of its generic offerings and increased prices of 17 of its valsartan offerings by 329-469 percent.
- ▶ MacLeods Pharmaceuticals, based out of Mumbai, India, has also increased its valsartan prices. In August, MacLeods' largest price increase was 305 percent for a 30-day supply of 40 mg tablets, while its lowest was a 212-percent price increase for a 90-day supply of 160 mg tablets. In some cases AWP \geq \$3 per tablet. (Drug Topics Feb 7, 2019)

Combination Fluticasone propionate/Salmeterol Dry powder Inhaler Product Update

- ▶ Advair Diskus inhalation powder 100/50mcg, 250/50mcg and 500/50mcg fluticasone propionate/salmeterol is now available as generic Wixela Inhub (Mylan) 100/50mcg, 250/50mcg and 500/50mcg OR generic fluticasone/salmeterol inhaler (Prasco Labs) 100/50mcg, 250/50mcg and 500/50mcg dry powder Diskus Inhalers.
 - Both Wixela and Prasco generic product are AB rated, use same Diskus inhaler device but currently have limited availability due to demand. *Pricing advantage not yet significant.*

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- ▶ Fluticasone/salmeterol (AirDuo OR authorized generic) inhalation powder RespiClick 55/14mcg, 113/14mcg and 232/14mcg are also currently available.
 - Both the AirDuo and authorized generic Respiclick products are not AB rated (not automatically substituted), use a RespiClick delivery system, have different fluticasone/salmeterol content but dosed similarly to LOW, MEDIUM and HIGH concentration of Advair and also have limited availability due to demand. *There is a significant price advantage to patients IF their health plan covers these formulations.*
 - Anyone, **with or without** prescription coverage, can get a GoodRx coupon and pay CASH (~\$52) at Walgreens, Walmart (\$57) or CVS (~\$60) per AirDuo or fluticasone/salmeterol RespiClick device.



Advair, Wixela Diskus Inhalers and AirDuo (generic fluticasone/salmeterol) RespiClicks

CODING TIP OF THE MONTH

[OPTUM Newsletter – February Focus National Heart Month](#)

CPT Coding and Billing Updates for 2019

Here are the most recent 2019 coding updates that physician's should be aware of to ensure accuracy in coding and billing for MRI Breast Exams and new codes of Chronic Care Management.

MRI-Based Breast Exams Contrast Updated Codes:

The 2019 change deleted codes 77058 and 77059 and resulted in an expansion associated with four codes:

- **77046:** Unilateral MRI breast exams without contrast
- **77047:** Bilateral MRI breast exams without contrast
- **77048:** Unilateral MRI breast exams, with/without contrast
- **77049:** Bilateral MRI breast exams, with/without contrast

Codes 77046 and 77047 encompass computer-aided detection (CAD), including CAD real-time lesion detection, characterization and pharmacokinetic analysis. This change has eliminated the need to separately add the HCPCS code 0159T for situations involving CAD.

New Code for Chronic Care Management:

CPT code updates for 2019 include chronic care management (CCM). This update allows providers to bill for at least a half hour of their time.

- **99491:** Chronic care management services provided personally by a physician or other qualified healthcare professional for at least 30 minutes.

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- This code is billed for CCM coordination sessions that are more than 20 minutes but less than an hour.

Department of Health and Human Services – Office of Inspector General

Physicians and practices should be aware of the federal compliance initiatives that impact healthcare reimbursement and management of patient care. The Office of Inspector General (OIG) leads these compliance initiatives and provides a detailed monthly work plan that helps provide transparency to these ongoing efforts.

- ▶ The OIG's mission is to protect the integrity of Department of Health & Human Services (HHS) programs as well as the health and welfare of program beneficiaries.
- ▶ A majority of the OIG's resources goes toward the oversight of Medicare and Medicaid programs that represent a significant part of the Federal budget and that affect this country's most vulnerable citizens.
- ▶ The OIG has developed a series of voluntary compliance program guidance documents directed at various segments of the health care industry, such as hospitals, nursing homes, third-party billers, and durable medical equipment suppliers, to encourage the development and use of internal controls to monitor adherence to applicable statutes, regulations, and program requirements.

In an effort to help physicians and practices stay in compliance at a federal and state level NEPHO will be providing up to date information monthly on the active work plan items the OIG is working on.

OIG Work Plan Goals

- ▶ Promote Positive Change within the Medicare & Medicaid Healthcare System
- ▶ Foster Increased Accountability and Integrity at a Federal and State Level
- ▶ Address Core Challenges to help Improve Healthcare Operations
- ▶ Fight Fraud, Waste and Abuse
- ▶ Provide Transparency on Federal and State Compliance Program Initiatives

OIG Work Plan Items February 2019

- ▶ [Medicare Part B Payments for Podiatry and Ancillary Services](#) (*Link*)
- ▶ [Characteristics of Part D Beneficiaries at Serious Risk of Opioid Misuse or Overdose](#) (*Link*)
- ▶ [Ensuring Dual-Eligible Beneficiaries' Access to Drugs Under Part D: Mandatory Review](#) (*Link*)

Please contact Shawn Bromley at shawn.m.bromley@lahey.org or [978-236-1704](tel:978-236-1704) if you have questions related to the OIG or active work plan items for 2019.

[Federal Website Office of Inspector General](#) (*Link*)

[Massachusetts Office of Inspector General](#) (*Link*)

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PATIENT EXPERIENCE COMMENTS

Family Medicine Associates, Manchester

- ▶ I am very satisfied with **Dr. Harlow Labarge** and FMA.
- ▶ **Dr. Jana Oettinger** is a new PCP for me. This was the first time I met her she was outstanding!

Family Medicine Associates, Hamilton

- ▶ I have always found **Dr. Larry Gordon** and the doctors and staff at FMA very caring and helpful.
- ▶ **Dr. William Medwid** is an exceptional doctor.
- ▶ As always I am most grateful for the care of **Dr. Hugh Taylor**. He provides exceptional care, he's calm, and up on the latest medical information.

Garden City Pediatric Associates

- ▶ Always good experience with **Dr. Sheryl Silva** and GCP.
- ▶ We love **Dr. Eric Sleeper!!** No complaints on the entire office.

Lahey Primary Care, Beverly – 30 Tozer Road

- ▶ I would recommend **Dr. Tina Waugh** to anyone.

Lahey Primary Care, Beverly – 100 Cummings Center, Suite 126Q

- ▶ **Dr. Pierre Ezzi** is one of the nicest doctors I have ever had. He is very respectful and kind.

Lahey Primary Care, Danvers – 5 Federal Street

- ▶ **Dr. Mauri Cohen** was most patient and informative and spent a lot of time dealing with multiple questions and health issues.
- ▶ **Dr. Margaret Legner** always sees me when I call for an appointment. She is very thorough and listens to my concerns

Lahey Primary Care, Danvers – 480 Maple Street

- ▶ **Dr. Galina Feldman** is very accommodating, love **Dr. Feldman** and her staff. The receptionist was extremely kind and upbeat. She always has something kind to say.
- ▶ **Dr. Feldman** is the best provider I have ever had and I am BLESSED to have her”.

Lahey Primary Care, Gloucester – 298 Washington Street

- ▶ **Dr. Victor Carabba** is the very best PCP I have ever had! Wonderful and for a knowledgeable DOCTOR.
- ▶ I am a new patient meeting **Dr. Karen Damico** for the first time, I chose the right doctor for me.
- ▶ We were pleased with our new doctor, **Dr. Kathryn Hollett**. She seemed very knowledgeable.

North Shore Pediatrics

- ▶ **Dr. Shannon Dufresne** is awesome - knowledgeable, caring and keeps it real. I'm a huge fan!
- ▶ **Dr. Thomas Seman** is by far the best pediatric doctor I have EVER encountered.

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PRACTICE RECOGNITION

The Northeast PHO recognizes colleagues who provide a positive experience to our patients, help keep care local, and meet our quality targets.

This month's recognitions are:



L-R: Pat Ferreira, MaryAnn Swanson, and Susan Choe, DO 2nd. Row: Alison Gustafson, NP, Michael Gordon, MD and Zhao Liu, MD

Maryann Swanson, Lifestyle Management Institute at Lahey Outpatient Center, Danvers, was recognized for her above and beyond work with individuals who have diabetes.



Brian Orr, MD, Ann Marie Giannotti and Emily Reulet

Ann Marie Giannotti, Dr. Brian Orr Pediatrics, was recognized for her patient experience comment ***“Ann Marie is very helpful! We love her!”***



Steven Keenholtz, MD, Carolyn Kernweis, Nina Lapine, and Tracey Pelletier

Carolyn Kernweis, Lahey Health Primary Care, Danvers, was recognized for her efforts to keep specialty care in the Northeast PHO network.

We appreciate their efforts in supporting the PHO goal to provide high quality, community health care. We will deliver gift cards to the winners each month, and they will be announced here in the newsletter.

Be sure to look for the new winners in next month's issue!