

touchpoints

Connecting you to the Heritage Provider Network

Issue 3 | Nov/Dec 2011



Implementing Healthcare **Solutions**

Inspiring Leadership and Innovation

»» LATEST NEWS

The Medicare Annual Election Period is October 15 through December 7 this year.

Heritage can connect members and providers to resources that can help them understand the benefit options. *Continued...*P6

»» WHAT'S INSIDE

FEATURED STORY: Implementing Healthcare Solutions...P2

EXCLUSIVE: Stepping up for the Special Needs Population...P4

SPOTLIGHT: Innovations in Diabetic Medication Management...P5

LATEST NEWS: Do You Have Questions about Medicare?...P6



As we get ready to ring in the New Year, I'd like to take a moment to reflect on our annual Leadership and Innovation Conference held this fall and its implications for our success

in the upcoming year. The purpose of the retreat was to encourage our leadership to expand their thinking regarding the future of healthcare and develop a road map that will allow Heritage Provider Network (HPN) to continue to lead the innovation in care delivery.

Facilitated by exceptional guest speakers, the tone was set for a weekend of constructive and innovative thinking. Our leadership took a participatory role, sharing innovations from within each medical group, collaborating on identifying problems and finding solutions. The retreat also provided the perfect vehicle to foster team building and camaraderie among our leadership.

The culmination of this collaboration and innovative thinking was the development of six key initiatives for 2012. In addition the best practices for the upcoming year were identified, and we discussed the blueprint for continued success.

These six key initiatives represent our New Years resolution to you; our providers, members and everyone affiliated with HPN. We endeavor to develop and implement effective, innovative solutions in our continued commitment to excellence in healthcare, in 2012 and beyond.

Wishing you all the best this holiday season,

Richard Merkin, M.D.
President and CEO of HPN



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Implementing Healthcare Inspiring Leadership and Innovation

Every year key leaders from Heritage Provider Network and its affiliates meet to share wisdom and camaraderie, and to chart a course for consistent growth and success. This year's symposium, held in Palos Verdes, California, spanned three days and featured such notable speakers as Mark B. McClellan, M.D., Director of the Engelberg Center for Health Care Reform, Senior Fellow in Economic Studies and Leonard D. Schaeffer Director's Chair in Health Policy Studies at the Brookings Institute in Washington, DC; and Liz Wiseman, President of The Wiseman Group and Author of *Multipliers: How the Best Leaders Make Everyone Smarter*.

Structured to encourage collaboration and creative thinking, the annual conference provides an ideal forum for HPN's affiliated group leaders to come together and brainstorm. The 2011 Leadership and Innovation Conference focused on defining, standardizing and implementing several key initiatives critical to company advancement throughout 2012 and beyond.

During the first half of the conference, participants engaged in exercises engineered to create a culture of leadership and to inspire collective problem solving. Leaders from different HPN divisions and affiliates then broke into smaller, focused work groups to discuss challenges and success stories, both common and contrasting, drawn from their own individual experiences. These discussions led to the creation of best practice examples to be shared and incorporated across all groups. For the last half of the conference the entire team re-convened, communicating group findings and using the resultant best practices to define six key initiatives that will drive whole-organization expansion and improvement.

"The annual Heritage executive retreat exemplifies the spirit of leadership at HPN. The lecture series demonstrates the innovative thinking and talent of the HPN groups and the break-out sessions give us the forum to share ideas and to incorporate best practices amongst all companies. This motivated me to re-examine Regal, Lakeside and Affiliates' strategies in order to achieve best practices."

— **Syed Hasan M.D.**
Senior Regional Medical Director

Solutions

Six Key Initiatives for 2012

› Customer Service

Develop unique programs and assure quality to inspire growth and retention.

› Prior Authorization

Develop a universal platform to streamline and improve referral management.

› Operational Initiatives

Identify and leverage standardized functional improvement opportunities across all organizations.

› Inpatient Management

Standardize care management for hospitalized patients for optimized outcome and service.

› Serving our Special Needs Population (SNP)

Develop programs customized to meet the needs of this rapidly growing patient subset.

› Data Management

Standardize metrics and data use to create universal systems and platforms for overall performance improvement.

At the close of the 2011 Leadership and Innovation Conference, representatives from each HPN affiliate were selected to serve on an **“Implementation Super Committee”** throughout the following year. The creation of this task force ensures that groups will continue to share experiences and overcome challenges from a unified perspective; strengthening company foundations and positioning HPN for continued excellence.



Stepping up for the Special Needs Population

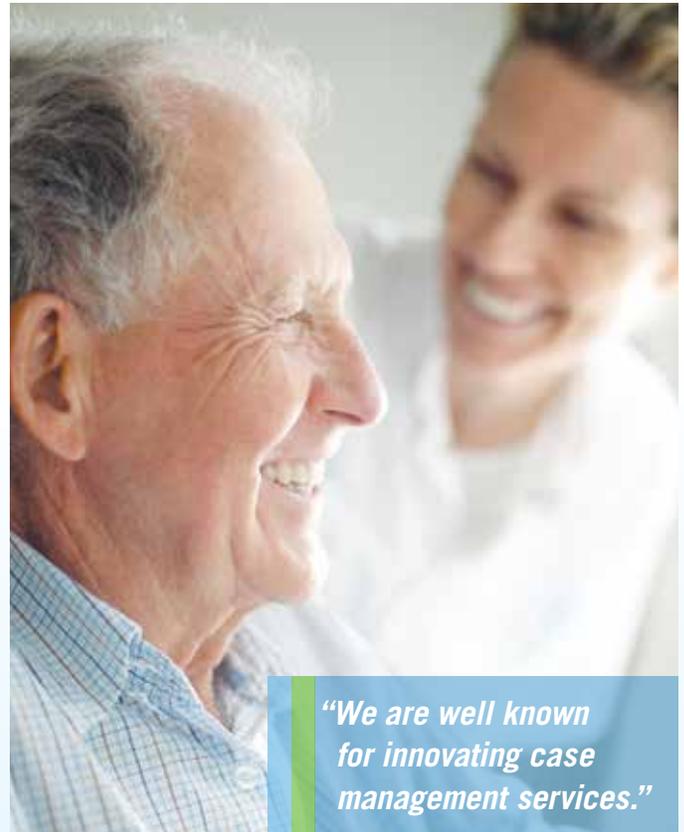
A Heritage Call to Action

Perhaps the most important initiative resulting from the recent Heritage Provider Network (HPN) Leadership and Innovation Conference concerns addressing the burgeoning Special Needs Population (SNP). Patients within the SNP, as defined by health plans and by the Centers for Medicare and Medicaid Services, are usually:

- Dual eligible – covered by both Medicare and Medi-Cal
- Experiencing chronic disease issues
- Currently institutionalized for a long period of time in a nursing home or hospital, or
- At risk for hospitalization, if not currently institutionalized.

These patients represent the sickest of the sick, and in order to be authorized to care for them, a medical group or physician association must demonstrate that they have established the infrastructure, resources and programs necessary to successfully monitor, manage and treat patients within the SNP.

At HPN we are well known for innovating case management services. As a result, major health plans have already entrusted us to care for their SNP's. We are able to successfully manage this population due, in no small part, to our Limited Knox Keene licensure which enables us to direct members' care and treatment throughout the complete treatment cycle, up to and including hospitalization. As we have provided successful SNP management for the past several years, it is expected that health plans will expand our responsibilities in this arena, asking us to manage up to triple our current number of SNP members by 2012.



“We are well known for innovating case management services.”

In order to meet the demands of this growing population, HPN has designated a special task force to address this opportunity. This SNP task force is comprised of representatives from each of HPN's affiliated groups and has been charged with developing an action plan with clearly defined tactical steps and milestones by the end of this year. Motivated, willing and able to take on the initiative challenges, the SNP task force is poised to provide standardized, scalable solutions and treatment platforms which will equip all HPN affiliates to meet the growing demands of this market, while maintaining the highest level of care and customer satisfaction.

The Diabetes Management Program at Desert Oasis Health Care

Diabetic patients disproportionately contribute to overall healthcare costs, especially if diabetes remains uncontrolled. Increased costs of care are the reason that effective management of type 2 diabetes is an important quality indicator by HEDIS, CMS (as reflected in STAR measures) and our contracted health plans.

Desert Oasis Health Care (DOHC) uses a multifaceted approach to ensure patients have the best possible opportunity to achieve control of their diabetes. Working in partnership with our PCPs, we have a screening program that affords patients a “one stop shopping” opportunity to get their labs, feet and eyes checked. Patients can participate in group diabetic education classes. They can meet individually with certified diabetic educators. Yet despite these programs, many diabetic patients remain poorly controlled. At the end of 2010, 22% of senior members and 34% of commercial members with diabetes were poorly controlled. This needs to be reduced not only so that we perform better on quality benchmarks and reduce healthcare utilization, but most importantly because better control of diabetes is better for patients, they subjectively feel better and have a higher quality of life.

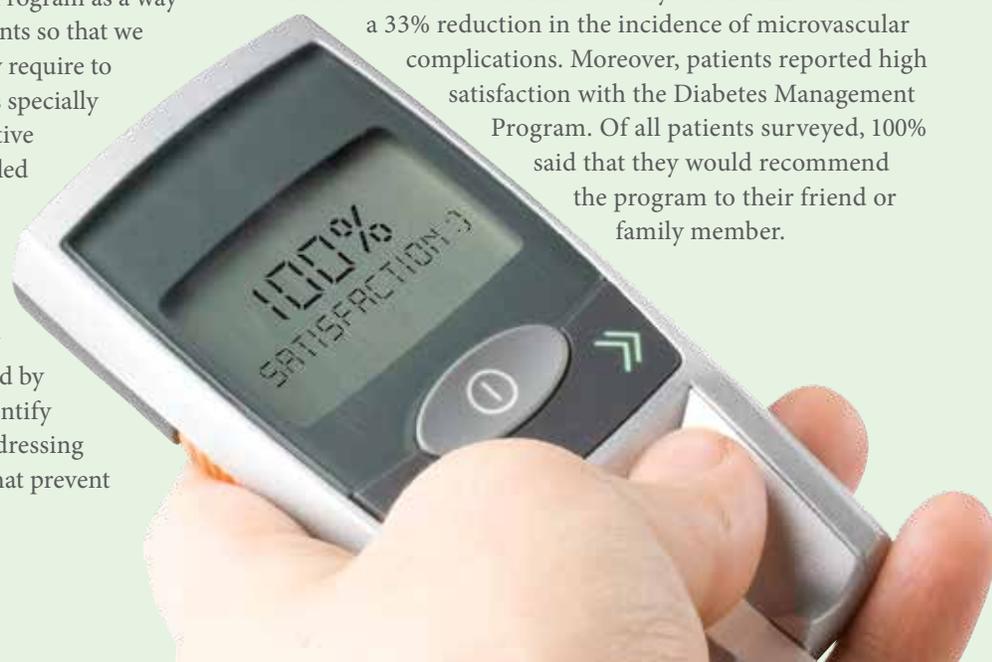
DOHC developed the Diabetes Management Program as a way to target these poorly controlled diabetic patients so that we can provide them with the extra care they may require to achieve diabetic control. This program utilizes specially trained pharmacists who work in a collaborative practice protocol with our PCPs. Poorly controlled diabetic patients are referred by their primary care physician to the pharmacist who works independently to provide intense services to the patient. This includes face to face visits with the pharmacist and frequent telephonic follow up. A complete medication review is completed by the pharmacist, with a specific strategy to identify barriers to diabetes control. This includes addressing medication costs, side effects or other issues that prevent

the patient from taking the medications as directed. The pharmacist may initiate, discontinue or titrate medications. Each patient is followed until diabetes control is achieved.

Recently, an analysis of the outcomes for patients who have participated in this program was performed. Data from 127 patients was evaluated. The average HgbA1c for these patients was 10.2 upon initial referral. In 90 days, this average had dropped to 8.8. At 180 days, the average HgbA1c had dropped further to 8.0. Average LDL at baseline was above treatment goals at 108, by 90 days this was reduced to an average of 84. The reductions in both HgbA1c and LDL were statistically significant for both commercial and senior members.

“Almost 75% of patients showed some improvement within 90 days of meeting with the pharmacist.”

This data is important because there are both clinical and humanistic benefits to helping our patients achieve diabetic control. Studies have shown that for every 1% drop in HgbA1c, there is a 14% reduction in acute myocardial infarction and a 33% reduction in the incidence of microvascular complications. Moreover, patients reported high satisfaction with the Diabetes Management Program. Of all patients surveyed, 100% said that they would recommend the program to their friend or family member.



Do you have questions about Medicare or Health Plan coverage ?

We can refer members and providers to resources that can help them understand the benefit options.



The Medicare Advantage Annual Election Period ends **December 7 this year.**

This is the period of time when members may be allowed to make certain changes and/or additions to their Medicare health plan coverage.

For questions about Medicare or Health Plan coverage, or to make a change, contact the affiliated group in your area to be referred to a qualified benefit specialist.

- › Regal, Lakeside and Affiliates Patient and Provider Assistance Line (PAL)
888.787.1712
- › Affiliated Doctors of Orange County
888.268.1912
- › Bakersfield Family Medical Center (BFMC) and Coastal Communities Physician Network (CCPN)
661.846.4662
- › High Desert Medical Group (HDMG)
661.951.3046
- › Sierra Medical Group
661.273.7346
- › Heritage Victor Valley Medical Group
760.261.1496
- › Desert Oasis Health Care
800.500.5215

High Desert Medical Group presents Medicare 101 Educational Expo

Learn about the types of health plan options available to eligible members including Medicare, Medicare Advantage Plans, Medicare Supplement Plan and Prescription Drug Plans.

Plus, listen to guest speakers talk about various senior services and participate in a question and answer session.

Light refreshments will be served. This event is only for educational purposes and no plan-specific benefits or details will be shared.

› **Wednesday, November 30 at 9am**
University of Antelope Valley Ballroom
44055 Sierra Highway, Lancaster, CA 93534

Seating is limited. Registration is required.
Call 661.951.3046

Regal, Lakeside and Affiliates presents Medicare Educational Seminars

Find out everything you need to know about Medicare, Medicare Advantage Plus, Medicare Supplement Plan and Prescription Drug Plans.

› **Glendale**
Friday, December 2 at 10am
777A Flower Street, Glendale, CA 91201

› **Northridge**
Friday, December 16 at 10am
8510 Balboa Boulevard, Suite 150
Northridge, CA 91325

To RSVP, please call 818.654.3400 ext. 5209

Light refreshments will be served. This event is only for educational purposes and no plan-specific benefits or details will be shared.

The Heritage Provider Network family would like to wish all our members, providers and partners a very safe, healthy and happy holiday.

We are grateful that you have chosen to be a part of our healthcare family. Your vitality and health is the measure of our success.

As we go forth into the New Year, our purpose will remain the same; We will continually innovate and improve the business of managing healthcare in order to deliver quality, compassion and vitality to every life that we touch. The resulting prosperity and satisfaction in the communities we serve is our reward and our compass.

Here's to the end of a fantastic year and to the beginning of the best year of our lives! We look forward to continued success and collaboration with you in 2012.

Cheers!



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IN THIS ISSUE: Learn about the highlights from Heritage Provider Network's Inspiring Leadership and Innovation Conference, which brought together the leaders from the affiliate groups to share wisdom and camaraderie, and to chart the course for consistent growth and success.

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