

touchpoints

Connecting you to the Heritage Provider Network

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»» LATEST NEWS

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

Heritage can connect members and providers to resources that can help them understand their benefit options. *Continued...P7*

»» WHAT'S ALSO INSIDE

GROUP SPOTLIGHT: Value-added Coordinated Care Programs ...P4

LATEST NEWS: Making the Shift with Social Media P6

EXCLUSIVE: Understanding the Importance of Beneficiary Engagement P7



Managed care has been part of healthcare history for more than 100 years. Although structures and methodologies may have evolved, one thing has remained constant: Managed care exists to better serve the patient, making quality, affordable care accessible to all.

Coordinated care programs, like HPN's Priority Care, provide a critical component of present day managed care, creating a better experience for patients and physicians alike, representing not only the culmination of years of care-delivery innovation, but also laying the groundwork for a sustainable healthcare future.

In the 21st century, we can no longer practice 20th century medicine. We must continually embrace new technologies if we are to continue to innovate and improve the delivery of healthcare.

In that spirit of innovation, I'm pleased to announce the creation of the Richard Merkin Visiting Fellowship in Focused Ultrasound in collaboration with the Focused Ultrasound Foundation. The Fellowship will bring scientists from around the world to work with the technical and scientific team at the Foundation on specific research projects.

The Fellowship is open immediately and has a potential opportunity for an academic appointment. For information on the application process, contact Matt Eames, PhD, Director of Extramural Research via e-mail at meames@fusfoundation.org.

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



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Managed Care: Looking to the past for a sustainable healthcare future

Many think of the Health Maintenance Organization (HMO) as a fairly recent creation, recalling a dramatic rise of HMO plans in the 1990's or maybe referencing the mid 40's when Permanente Health Plans opened its doors to the public.

In fact, examples of healthcare delivery systems resembling today's managed care date as far back as the 19th century, when many communities in the US adopted pre-paid care arrangements to serve industry workers and their families. Enrollees in these early plans would pay a set monthly fee directly to physicians who would provide pre-arranged healthcare services when called upon.

Many of these pre-paid group practice plans were essentially cooperatives established by the practices' physicians themselves. These innovators laid the foundation for organizations that would formally be named Health Maintenance Organizations in 1970. In 1973, President Richard Nixon signed the HMO Act into law, establishing policies and earmarking federal funds for the promotion of HMOs across the US.

Then, as today, the HMO served a critical need to bring quality, cost-effective care to specific populations. During their long history, successful managed care organizations have demonstrated the ability to treat more patients cost-effectively over the long term while alleviating significant sources of personal and financial stress – the lack of medical care and/or the debt incurred to obtain it.

Although the HMO has grown out of necessity, and has proven to be a successful, replicable and effective model for delivery of trust-worthy, affordable care, many physicians and patients remain reticent to participate. Such reservations usually happen because people view the HMO as taking something away from them, rather than considering what a reliable HMO will bring to their healthcare experience.



Why Managed Care? The Patient Perspective

Most patients are overwhelmed with choices when setting up insurance coverage. Often, they pick the first plan with a manageable premium that also features their preferred primary or specialty doctor. Having heard generally negative things about HMOs, they may choose the most affordable PPO option with the assumption that the power to choose providers and treatment will give them the best, smoothest healthcare experience.

If the patient is relatively healthy, with infrequent need to seek care, their choice may work out for them. But what of those patients who have a more regular need for care, or those who need to manage complex conditions? In a PPO world providers are not compensated to focus on collaboration when caring for a patient or to focus on overall quality of life for the patient. Most of them are reimbursed on a fee-for-service basis, making the focus each individual procedure or interaction, rather than the bigger picture.

For these patients and their families, managing conditions requiring a bigger picture focus working to coordinate care can add up to a full-time job. It's also a job requiring a level of experience and knowledge the average patient or caregiver doesn't possess.

This is where a quality HMO comes in. Managed care is built upon providers collaborating to improve outcomes. With built-in expertise, care protocols and communication tools an HMO (or affiliated IPA) assumes the burden of care coordination from the patient or caregiver, freeing them to focus on recovery.

For patients and caregivers managing multiple chronic conditions, particularly those in at-risk populations like Dual Eligibles, managed care can be a figurative as well as a literal life-saver. Managed care also emphasizes prevention, improved outcomes and, whenever possible, at-home management of health – all which lead to a better quality of life for patients and those close to them.

The Physician Perspective

In today's healthcare landscape, primary care physicians face continually mounting obstacles and pressures as they strive to do their absolute best for their patients' health. It's no wonder that many physicians view managed care with skepticism, fearing additional restrictions on their ability to direct patient care and carve out a living. What they may not realize is that, when structured correctly, good managed care helps physicians practice good medicine that prioritizes their patients' health

while providing additional tools, services and expertise to help the physician maximize productivity and revenue.

Consider at-risk populations mentioned earlier. In the general population it's been estimated that physicians must spend, on average, 3.5 hours/day to properly treat the top 10 chronic conditions when controlled. If uncontrolled, the same 10 conditions eat 10.6 hours/day.* That's un-sustainable, and over the next year, the medical community expects an inundation of even more at-risk cases as healthcare reform makes medical care accessible to greater numbers of the currently uninsured and underserved.

Physicians receiving this population under a fee-for-service agreement cannot hope to manage such a heavy influx. However, physicians belonging to a care management organization, such as the Heritage Provider Network, have access to special programs and teams of expert caregivers to assist with at-risk patient care, enabling physicians to achieve best possible outcomes for these patients while freeing up valuable time to focus on other patients within the practice.

When servicing their at-risk patients through a managed care capitation payment model physicians can also expect to earn, and keep, more revenue than they would when treating those same members through a traditional fee-for-service model.

* www.annfammed.org/content/3/3/209.full.pdf

The Industry Perspective

During the latter half of the last century, thanks to low cost of care, a surging post WWII economy, and (eventually) traditional Medicare coverage, healthcare was like a big party. Beneficiaries got the care they wanted where they wanted it and it felt like someone else was picking up the tab.

Now the fun and games are past. This is partially why managed care is viewed negatively. Anything that comes after the halcyon days of the late 20th century is going to feel like a drag in comparison. Nevertheless, the party is over, and it's time to clean up.

As healthcare costs continue to devour more and more of our gross domestic product cost containment in healthcare is no longer just a goal, it's an imperative. Regardless of public opinion, some version of managed care will have to play a critical role in re-making a better, fiscally sustainable system; one that responsibly supplies patients and providers with the care and support they need, when they need it.

Value-added Coordinated Care Programs

Arizona Priority Care Plus (A²PCP)

We've all heard it said that *"time is money"* and probably have all used this phrase a time or two. It is never more true than in today's healthcare environment. But this is the one thing that patients want from us more than anything else. Unfortunately, our time is ultimately controlled by the needs of our complex patient population. In every population, healthcare costs are driven by a small percentage of that population (individuals who have unique needs because of advanced chronic conditions and acute medical situations). It is in this arena that A²PCP excels with our strategies for disease and care management, particularly for complex case management. We define our approach for meeting complex healthcare needs by identifying the patients with the greatest need for management and time.

A²PCP has established two Care Centers in Maricopa County that offer both immediate care and complex care case management. The Centers are available for walk-in treatment to provide an option other than an emergency room for patients with an urgent need. But more importantly, the Centers also staff complex case management teams. The role of these teams is to either obtain and implement a detailed treatment plan from the primary care physician or analyze the patient's needs, whether they are medical, behavioral or social and engage the primary care physician in a clinical discussion of the patient's condition to develop a treatment plan.

Additionally, the A²PCP staff will become the patient's advocate by addressing the hidden obstacles that stand in the way of individuals receiving appropriate care. A²PCP personnel work diligently with local community resources to find solutions to financial, transportation, cognitive, and psychosocial barriers. We partner with essential community providers, engaging them in the design and oversight of our programs as well as adding resources that extend and strengthen the quality of care delivered.

Collaboration is the key – between the patient, primary care physician, specialists, family and community resources. Heritage Provider Network and A²PCP understand that these alliances are essential in providing for our members.

Bakersfield Family Medical Center (BFMC) and Coastal Communities Physician Network

Bakersfield Family Medical Center/Heritage Physician Network and Coastal Communities Physician Network are proud to offer the following programs benefitting both our members and providers.

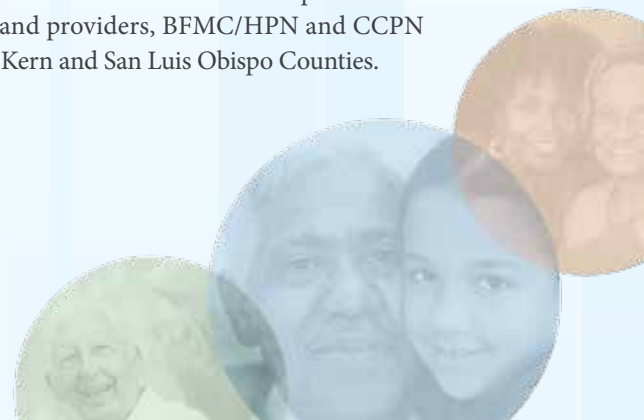
Priority Care supplements the services of the primary care physician and helps them meet the care management requirements of patients during periods of acute illness or post hospital discharge. The program includes intensive care management by a nurse, ensuring frequent communication between the patient and medical team.

Our team of hospitalists and case managers provides physicians with patients' records and updates during hospitalization, discharge instructions, and discharge medication list. Our team values the importance of involving the providers, patients and families in members' medical care, and communicates with patients after their discharge to assist them with scheduling follow-up appointments.

We want to help our patients avoid long waits in the emergency room by asking them to call us first for all non-life threatening emergencies. Calling the Nurse Triage assistance line may provide patients with answers or direct them to an urgent care when appropriate. In Kern County call **661.327.4411**; in San Luis Obispo County call **855.333.2276**.

We also have a Medicare expert on staff to help our members who need information on contracted Medicare Advantage plans through BFMC/CCPN. Our expert can be reached in Kern County at **661.846.4662** and in San Luis Obispo County at **805.540.6204**.

We take pride in the care and services we provide to both our members and providers, BFMC/HPN and CCPN your choice in Kern and San Luis Obispo Counties.



Desert Oasis Healthcare (DOHC)

Desert Oasis Healthcare offers physicians and members a plethora of additional services not offered by any other healthcare organization in our area. From the coordination of healthcare appointments to our special services, we strive to improve and maintain a healthy lifestyle for our members.

Our new Health Care Advocates program offers members a personalized advocate available to help guide members through the complexities of healthcare – making healthcare simple again! We provide hospitalists and care managers on-call 24 hours per day to provide care for our hospitalized members.

Post discharge from the acute hospital or SNF, DOHC provides Priority Care and Wellness programs to help address immediate concerns in coordination with our primary care physicians. Our Intense Care case managers are available to assist our most fragile members while our pharmacist programs provide members with diabetic and medication management education and assistance.

DOHC immediate care centers throughout the area help provide our physicians and members with access to care seven days a week when their primary care physician is unable to see them. The availability of home health through our own agency insures prompt, competent care for our members.

Desert Oasis Healthcare offers quality, coordinated, affordable healthcare and we make it simple – a clear choice for the best, comprehensive, and affordable healthcare!

High Desert Medical Group (HDMG)

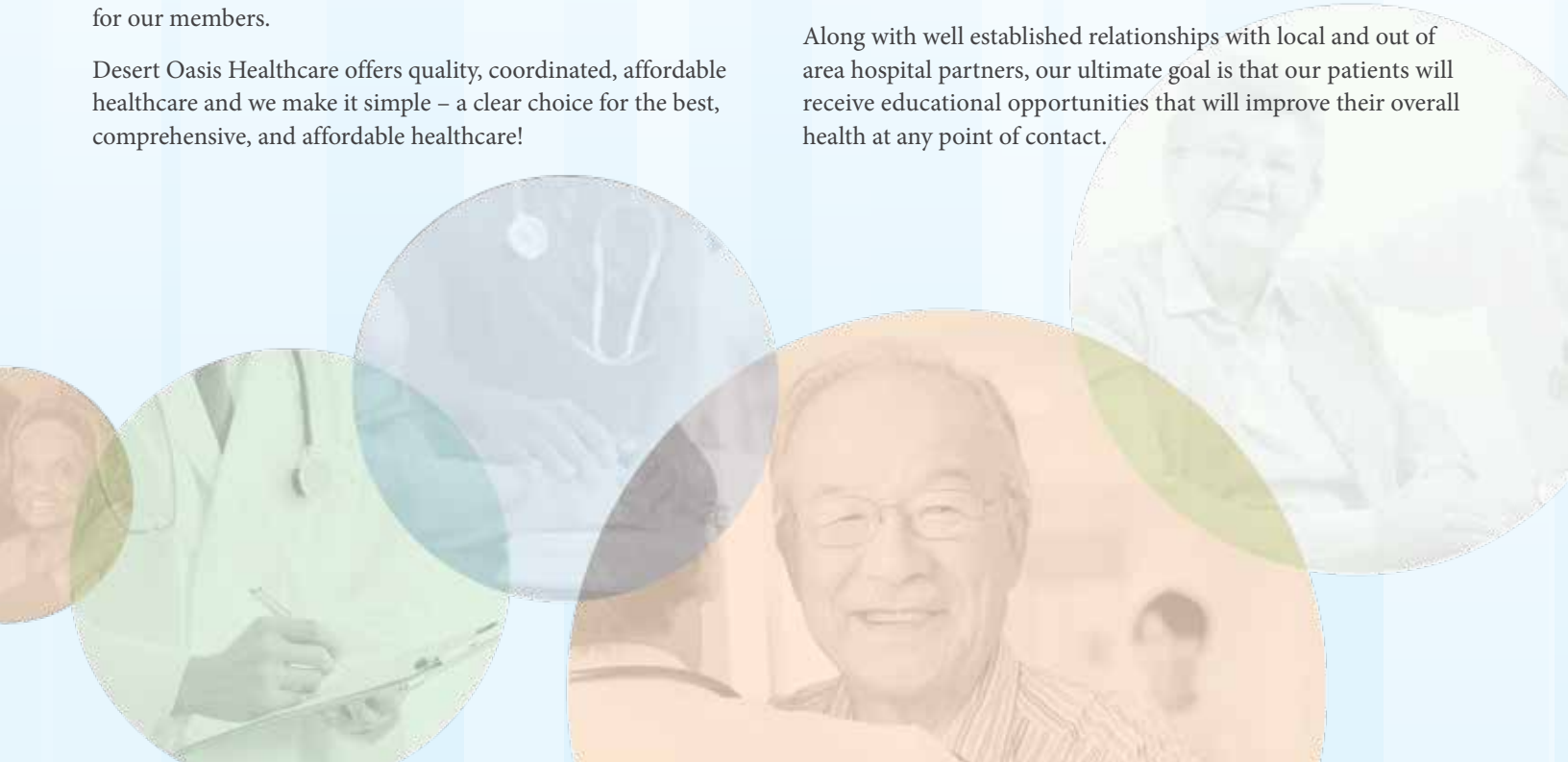
As the Antelope Valley healthcare community prepares for the transition of the Medicare/Medicaid population and with the anticipated California Exchange program around the corner, HDMG and our physician network are committed to improving the health of every patient who accesses our health system.

With the largest physician network in the Antelope Valley, along with our expanded community outreach programs, our objective is to identify residents who are in need of coordinated care and begin the process of establishing treatment plans that focus on prevention and self-management.

“Although High Desert Medical Group has well established health education and wellness programs, many of our Antelope Valley residents have challenges with transportation and/or lack of caregivers that prevent patients from taking advantage of our programs” – Rafael Gonzalez, M.S., Administrator.

Therefore, our newest initiative incorporates primary care teams into medical homes to insure that any time our patients access care with their primary care provider, their visit is transformed into a comprehensive visit; incorporating health and wellness information and chronic disease management. Our approach to comprehensive visits has been incorporated in both our 24 hour urgent care and geriatric urgent care centers.

Along with well established relationships with local and out of area hospital partners, our ultimate goal is that our patients will receive educational opportunities that will improve their overall health at any point of contact.



Making the Shift with Social Media

It's hard for many of us to imagine a time when one couldn't message a friend thousands of miles away via Facebook or search for restaurant reviews online before selecting a new eatery. There are those, however, for whom an Internet-free world is still a fresh memory. Whether the recent social media frenzy has inspired you to jump on board, has invoked a longing for the dot com-free past, or has escaped you entirely, it is inarguably a phenomenon that can no longer be ignored.

In the past two decades the Internet, once a novelty reserved for the tech savvy, has transformed into a global necessity with more than two billion users worldwide. Newspapers, books and advertisements are being replaced by online publications, and people have become what we see on their Facebook pages. While it isn't all positive, however discouraging or overwhelming the cyber world may seem, it has proven a constructive force able to transform a once insurmountable, fragmented world into an effortlessly accessible portal of information.


So what does this mean for you? Social media sites are not just restricted to the angst-filled teen (though there are many), but extend to many different types of platforms that provide ways for companies to grow, consumer bases to expand, and customers to spread the word about your business. "Social media" is a sort of umbrella term, encompassing a vast range of outlets where shared interaction between groups of people is possible on a very instant and accessible level. It can be a great way to create positive buzz and broaden a customer base, but it can also potentially hurt a company's reputation.


Certain things that used to be considered very private matters, like choosing a doctor, have become quite public, with entire sites (e.g. vitals.com, healthgrades.com) devoted to selecting providers based on peer reviews and ratings. With 72 percent of consumers reporting to trust online reviews just as much as personal recommendations and 52 percent more likely to use a business if it has positive reviews, the importance of providing quality service is tremendously crucial. Perform a search on your name or facility and see if you have any reviews; it could potentially be constructive in helping you improve upon customer satisfaction.


Most negative critique surrounding patient visits is focused on bedside manner and poor customer service, encompassing 78.4 percent of poor reviews, while lack of physician skills makes up only 21.5 percent of the gripes. What this means is that reviewers do not just review providers, but a majority of patients decide how they feel about a medical visit based on the politeness and attentiveness


of the office staff as well. In order to maintain the standard of service that HPN stands for, you need to be aware of the grand and ever growing impact social media has on the success of a business.


Below are samples of real reviews for Regal Medical Group and Lakeside Community Healthcare providers from a variety of popular review sites. The reviews reflect opposite ends of the spectrum, and include not just provider feedback, but the office staff, as well.

 "Dr. *** listens to what I have to say and explains what I should do to help myself. He has a very sympathetic mannerism that I really appreciate. He projects a genuine concern for my welfare. He is very dedicated. He has seen me on short notice on a few times I've been in real pain. He is a blessing to me."

 "Dr. *** is extremely cold and has no empathy. Walks in the room after waiting for her to come without a knock or anything. Just burst through the door every single time. Really needs to take classes on how to treat your patients as a human beings. Patients are there for obvious reasons, need to use a little empathy."

 "Dr *** and his staff are amazing! The office is clean and bright and educational... The staff are polite compassionate and Dr. *** is knowledgeable caring gentle and soooo at ease."

 "The Office staff is probably the worst I have ever dealt with. The only reason I go is because I like my doctor but the office staff is rude and needs a major course in charm school. If you go up to the front desk and ask questions they look at you like you are "bothering them" and they are just flat out rude/lazy. They all should be fired."

 "These people are life savers and I cannot say enough good things about them. Now if only all my medical encounters were as pleasant as this. I was treated SO kindly. All the staff were so sweet and friendly, and addressed any question I asked. The staff can make or break a place in my opinion, and they were amazing at this facility! Dr. *** is personable, concerned, thorough. She showed genuine concern for me and listened to EVERY word I did (and did not) say. I would recommend this place 110% to anyone!!"

Understanding the Importance of Beneficiary Engagement

Just like the general aging population, Heritage California ACO beneficiaries are an extremely heterogeneous group with a wide array of healthcare issues and knowledge about their Medicare benefits and the healthcare system. Some understand Medicare and healthcare financing options and make informed decisions.

Many ACO beneficiaries are anti managed care as they want the freedom to see the healthcare providers of their choice, and when they want, without a gatekeeper and sometimes cumbersome authorization process. On the other hand, there are many who are vaguely or somewhat aware of their Medicare benefits, are not active participants in the management of their own health, use the system inappropriately by going to the doctor or ER unnecessarily and are quite frustrated with the entire system. For all of these groups, and those who fall in between, the ACO beneficiary engagement activities provide a mechanism to: promote appropriate use of the healthcare system, “case find” those who may be in need of care coordination and/or disease management programs and provide preventive measures and ways to manage chronic conditions in a fun interactive way outside of a clinical setting that will help them better manage their own healthcare and lead to better patient outcomes.

While many of the beneficiaries who participate in events are active and leading well balanced lives, we have seen many who have engaged with us (sometimes with gentle prodding from families and friends) to help them deal with loss, grief and social isolation. It is not uncommon to hear stories of recent passing of spouses and friends, abandonment by their families, retirement and other causes of depression and a dire need for a *something* to

get them back into the swing of things or just a *reason to get out of bed*. **The ACO events have proved to be just the right dose of medicine for this group offering a safe environment to re-engage, and opportunities for socialization and new friendships.** The socialization factor cannot be underestimated as it is really the most impactful and meaningful change to their lives.

“Every once in a while, (people) appear in your life who truly care about your health and wellbeing. We are fortunate to have met them at Heritage California ACO. We have gone on outings with some of them. Everyone we have met, does everything in their power to help you feel good about yourself and be healthier. We have a life again! The program is a miracle and we are very grateful!”

– Cynthia York and Abraham Zwick

The bottom line is that beneficiary engagement tactics are key to the successful execution of the ACO healthcare delivery model.

We frequently hear from our beneficiaries how much they have benefited from the ACO program. Those with chronic conditions have signed up for case management. Everyone has had their medications reconciled by a pharmacist. Many of them are no longer depressed and/or have reduced the number of their medications. They also tell us they feel like they got their life back, they have something to look forward to and new friends to be with. Rather than just going to the doctor they come to be with us and each other, they understand what the program offers to them and they know whom to call for help. They have build a whole new support system. The ACO has changed their lives and greatly improved the patient experience!

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 is **October 15** through **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.

- 888.268.1912 Affiliated Doctors of Orange County
- 661.846.4662 Bakersfield Family Medical Center and Coastal Communities Physician Network
- 800.500.5215 Desert Oasis Healthcare
- 760.261.1496 Heritage Victor Valley Medical Group
- 661.951.3046 High Desert Medical Group
- 888.787.1712 Regal Medical Group & Lakeside Community Healthcare Patient & Provider Assistance Line (PAL)
- 661.273.7346 Sierra Medical Group