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## What's up Doc?

From Dr. Imad Mansoor, OPNS CMO

Health Plans are shifting primary focus from Quality Improvement to Cost of Care. The OPNS Quality Assurance/Utilization Management (QA/UM) Committee is continually reviewing Cost and Utilization concerns that address the Network and have identified hospital admissions and readmissions as significant OPNS opportunities for reducing cost.

Recent analysis of daily Admission Discharge Transfer (ADT) reports from July 2018 to July 2019 identified patients with a significant number of hospital readmissions occurring within these twelve months. OPNS has initiated ongoing notification to identified OPNS physicians to address this issue and encourages all physicians to consider the following:

### Ways to prevent

- Review ADT report daily through Physician Direct Focus
- Identify patients who are admitted and reason for admission
- Contact patients to schedule a follow-up appointment within 7 days of discharge
- Enable Care Managers to deliver Transition of Care services for patients being discharged from acute care and skilled care facilities
- Empower Care Managers to establish Goals of Care and provide Episodic and/or Longitudinal care management services

## Oakland Physician Network Services

Phone Number **248.682.0088**

Fax **248.682.6044**

Website **www.opns.org**

- Provide and promote Same Day appointments
- Educate patients on the appropriate ED utilization setting for health care or alternative care
- Consider **prospective** engagement of appropriate patient populations i.e. patients with chronic conditions

### We can help

- OPNS will provide and/or support embedded care management services in your practice unit. Contact **Sandy Foster, RN, Director of Medical Management at 248-682-0088 X114 or [sfoster@opns.org](mailto:sfoster@opns.org)** .
- OPNS provides an Emergency Room (ED) Tool Kit on OPNS.org
- OPNS provides an Urgent Care (UC) Brochure to educate patients on when it is or is not appropriate to go to ED/UC.

OPNS appreciates physician efforts to support the Network Goals of providing quality healthcare with attention to reducing overall cost of care.

## Attention Office Managers

Do you get the  
News?

If you would like to be added to the mailing list and receive your own copy of the OPNS Quartely Newsletter, please contact Sandy Harris at:

[Sharris.org](http://Sharris.org)



## From the desk of Rodger Prong

### Concerning the Rising Costs of Health Care

Health Care costs are constantly rising. Litigation and malpractice are contributing factors by diverting funds otherwise available. Factors such as the cost of pharmaceuticals, intellectual property and emphasis on acute, specialized care leave less for needy populations and prevention. In addition, there has been a divorce from community life. We concentrate on downstream healthcare issues. Systems pursue billables and procedures that lead to spiraling costs, but a general societal lack of wellness. Patients are seen in clinics and hospitals in acute situation, not homes or in preventative focus. Whatever the reason, it's clear that we spend limited funding in suboptimal ways where wellness loses. This was acutely evidenced by the consequences of absent attention to the signs in the recent tragedies in Dayton and El Paso where impending danger signals were evident but missed.

Contrast that with Florence Nightingale's theory: "She stated in her nursing notes that nursing "is an act of utilizing the environment of the patient to assist him in his recovery." Nightingale contended that we are to use the environment to return unhealthy humans to their normal state. To achieve this outcome Nightingale cited factors demonstrated to be critical to health. She was at the forefront of the realization that providing people with upstream solutions is an essential component of healthcare.

***"Social and economic determinants of health are perhaps more important than clinical care or hospital service."***

We've identified many wellness contributors to health so it's logical to proceed from Nightingale's theory to concluding that a zip code is a better targeted predictor of health than a genetic code. Social and economic determinants of health are perhaps more important than clinical care or hospital service.

It seems we must work with community organizers, and government to develop policies to combat areas where low-income residents have limited access to affordable nutrition. To recruit the public as sentinels to report hoarding and unusual behaviors. To proactively collaborate with computer scientists to diagnose, based on patterns of internet use, individuals with mental disorders or antisocial behaviors. For that matter, couldn't we work with computer professionals to eliminate accidents caused by texting while driving on the basis that it is a public health issue?

Simply put, there are two ways to solve many healthcare problems: one, by increasing and improving downstream services and two, by reducing the number of sick through effective upstream wellness practices. We must practice better wellness.

# Successful Opioid Projects

BCBSM introduced two opioid projects in early 2018 encouraging Physician Organizations to address concerning prescribing patterns. Prescribing physicians were identified for any BCBSM members who met the criteria defined below.

## Doctor Shopper:

Member must meet ALL three criteria within 60 days.

- Opioid prescriptions written from 3 or more prescribers
- Opioid prescriptions dispensed from 3 or more pharmacies
- 5 or more opioid prescriptions dispensed

## Triple Threat:

Member must have filled at least two prescriptions from each of these categories within 90 days.

- Analgesics – opiate antagonists
- Benzodiazepines
- Carisoprodol (Soma)

***Following review of monthly reports sent by BCBSM, OPNS CMO, Dr. Imad Mansoor, sent letters to physicians encouraging the use of MAPS and coordination of care using the Physician Direct eConsult referral tool.***

***OPNS appreciates physician review and management of patients identified on these reports and is pleased to share that the Physician Group Incentive Program (PGIP) member count for both the Doctor Shopper and Triple Threat projects has shown a decline of >50% as reported by BCBSM. January 2018 member counts of approximately 120 fell to between 50 and 60 as of March 2019.***

## Stimulant Abuse

The U.S. Centers for Disease Control and Prevention reports that overdose deaths due to stimulant abuse increased significantly from 2015 to 2016, representing another epidemic of concern. Nonmedical use of prescription medications for ADHD are of special concern among young adults. Prescription medications such as Adderall and Ritalin, as well as illicit substances, contribute to the psychological, behavioral and physiological effects associated with stimulants. Short term side effects of stimulant abuse include tachycardia and hypertension while long term abuse affects the central nervous system and cardiovascular system as well as all major organs.

Effective July 1, 2019, BCBSM implemented quantity limits for stimulant drugs. Physicians are encouraged to focus on continued screening, diagnosis and referral for treatment of stimulant abuse to address this growing concern.

## AHRQ Backed Six Building Blocks

OPNS is currently participating in the Agency for Healthcare Research and Quality backed research program titled the Six Building Blocks through July of 2020. The focus of this program is track, manage and determine best practice for managing patients who are prescribed long term opioid therapy. This program encompasses six core functions including leadership, policies, tracking, patient-centered, caring for complex patient and measuring success.

Through provided tips and tools developed by the AHRQ along with supplemental direction from OPNS, practices can achieve a higher level of patient centered, compassionate care for those with long term opioids.

More information is available on this program at the [Six Building Blocks](#) website!

## Combating Opioid Overdose – Use of naloxone

Co-prescribing naloxone can be a way to mitigate risk of opioid overdose when clinically appropriate. Please consider prescribing naloxone as well as taking any of the following actions, where appropriate:

- Consider offering naloxone for patients:
  - at high risk for overdose
  - with a history of overdose or substance abuse disorder
  - prescribed higher opioid dosages ( $\geq 50$  MME/day)
  - taking concurrent benzodiazepines
- For patients prescribed  $\geq 50$  MME/day, consider reassessment at regular intervals ( $\leq 3$  months).
- Avoid prescribing  $\geq 90$  MME/day. If not already receiving care from a pain management specialist, please consider a referral to support management of higher doses.
- Avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible.
- Evaluate whether opioids are meeting treatment goals for each patient and whether opioid doses can be lowered or discontinued.

Please refer to the documents “[Preventing Fatal Opioid Overdose Among Your Patients](#)” for tips on prescribing naloxone and “[Opioid Safety and How to Use naloxone](#)” which provides information to patients. Both documents are posted on the OPNS website under Practice Resources. Please contact Verly Safry, Informatics department at 248.682.0088 ext. 105, [vsafry@opns.org](mailto:vsafry@opns.org) if you require a login.

## Immunization Best Practices

Child and Adolescent Well Care are 2019 OPNS quality metric focus opportunities. The OPNS Quality Assurance/Utilization Management Committee has reviewed Health Plan data and discussed how to impact these metrics. **Dr. Farhat Osman** serves on the QA/UM Committee and offers the following suggestions for processes followed in her practice that have resulted in higher scores:

- Check MCIR ahead of scheduled visit and make a list of required shots, labs etc.
- Discuss ALL immunizations needed at time of visit
- Provide information sheet to parents who refuse immunizations

For parents who are reluctant, Dr. Osman spends time describing her personal experiences prior to HIB, Pneumococcal and Rotavirus vaccine era. She also offers to break up shots at certain intervals if parents are concerned about having all immunizations given at one time. She works with the parent's schedule and offers "SHOTS" only visits in the office. ***Most important, never give up discussing vaccine importance at every visit to reluctant parents.***



## Motivational Interviewing

An excerpt from the BCN Provider News released in the May-June 2019 outlines motivational interviewing and the stages of change for patients in achieving their personal health goals:

- Precontemplation: patients don't believe or denies that there is a problem in their health.
  - Encourage patients to consider risks or negative implications for current behaviors and the positives for making changes. This encourage self-awareness in their health
- Contemplation: patient acknowledges problem and is considering t make a change. Ambivalence can present a barrier in this stage
  - Discuss the barriers to make change and risks of continued ambivalence to health changes.
- Preparation: patient is aware of consequences for existing behaviors and acknowledges the time to change.
  - Help patient develop a written action plan with specific, achievable goals while reinforcing positive encouragement.
- Action: patient is currently engaged in steps towards behavioral changes and is engaged in treatment. There is a risk for relapse or ambivalence at this stage.
  - Encourage positive affirmation towards health goals and address barriers to changes in behavior and treatment.
- Maintenance: patient has adopted behavior changes and treatment.
  - Continue to encourage positive changes and success while reinforcing skills and support systems to change.
- Relapse: patients often revert to previous behaviors due to disappointment, failure and ineffective coping or support systems.
  - Determine factors contributing to relapse and any barriers to initiating or maintain positive behavior change. Re-assess motivation at this point as well to determine Stage of Change they are in.

Some tips to helping patient engage in change is expressing empathy and avoiding arguments when discussing behaviors and goals. This may also involve engaging patients in a discussion about how their current behaviors do or do not align with their goals, an example being a patient with sedentary lifestyle and poor dietary habits will not be able to meet weight loss goal if the behavior continues.

Overcoming resistance and providing feedback is also necessary to increase likelihood of success and reduce risk of relapse as well. This also contribute to what is known as self-efficacy, or the patients believe that they can achieve their goals. This can determine their motivation and account for barriers to positive change. Support and compassion is key to helping patients through their journey to positive health behavior changes!

## PCMH/PCMH-N Access Capability 5.7

Are you a Primary Care Physician (PCP)? Do you have Same Day appointments set aside for patients needing an appointment without the wait time of being double booked? PCMH capability 5.7 is now easier than ever to set aside 30% of your Physicians' available patient appointments:

- Same Day appointments can begin being scheduled **after 2 pm** the day prior.
- Patients that need a Follow up appointment from a **hospital, ED or UC** stay can be booked in these Same Day appointments **3-5 days** in advance.
- Any Patient that needs to schedule transportation can schedule in the Same Day appointments up to **2 days** prior to the appointment.
- Same Day appointment openings are throughout the day, not only at lunchtime, equaling 30% of a Physician's available appointments for that day (ex. If the Physician can see 20 patients in a day than 6 appointments are left open).
- Same Day appointments can be used for Routine visits, Physicals and/or Sick Visits. Same Day appointments are labeled a different font/color, if possible, from other appointments.

## SAVE THE DATE

OPNS SPONSORED  
ADVANCED CARE PLANNING  
FACILITATOR TRAINING  
Friday, November 22,  
2019  
9:00 - 4:30

OPNS Offices in  
Sylvan Lake

Further information and  
registration forms will be  
available soon.

## Meridian Value Based Program Medicaid

Effective January 1, 2019, the Organization Master Agreement between Meridian Health Plan and Oakland Providers Network Services (OPNS) was amended to include a Value Based Program for all Medicaid lines of business. This amended agreement was approved by the OPNS Board of Directors.

Meridian Value Based Program Medicaid replaces the previous Meridian Pay-for-Performance Incentive Program. Payment will be made at the Physician Organization level on two programs.

**Focused Opportunity Initiative:** Process improvement related to quality, efficiency and overall financial performance. 2019 Program Measures are:

- New member comprehensive evaluation
- Hospital admissions avoidance
- Pediatric preventative services/immunizations

Payment is determined by submission of process policy and completion of OPNS practice site visits. OPNS policies were reviewed and approved by Meridian Health Plan in May 2019. One of two rounds of site visits were successfully completed in June. Meridian noted "The practices were very welcoming, and did a good job walking through their processes. The willingness, enthusiasm and attention to detail displayed by the OPNS team is what made this a success."

**Congratulations to the following OPNS practices that completed Meridian Site Visits:**

**Commerce Pediatrics: Dr. Sudipta Dhar**

**Dr. Anna Pullukat**

**Dr. Farhat Osman**

**SJMO PCP Practices**

**Quality Bonus Program:** Incentive focused on providing quality care on thirty (30) Michigan Medicaid Core Measures as defined by NCQA and CMS. Payment is based on the number of measures that meet the NCQA 75<sup>th</sup> and/or 90<sup>th</sup> percentile score in the 2019 performance year.

## Welcome New Affiliates

<b><i>Last Name</i></b>	<b><i>First Name</i></b>	<b><i>Degree</i></b>	<b><i>Specialty</i></b>
Bhavin	Patel	MD	Allergy & Immunology
Boike	Thomas	MD	Radiation Oncology
Bolotov	Olessya	NP	NP Gerontology
Goodenough	Astasia	MD	Family NP
Korneli-Gradowski	Kathleen	PA	Internal Medicine
Manescu	Mariana	NP	Adult - Gerontology
Mann	Ramdeep	NP	Adult-Gerontology NP
Mason	Jeffrey	DO	Internal Medicine
McNaughton	David	MD	Family Med
Minter	David	DO	Internal Medicine
Nelson	Ryan	DO	Urology
Nofar	Christopher	DO	Internal Medicine
Ong	Nina	PA	Internal Medicine
Petrilli	Francesca	NP	Adult Health
Rimar	Kalen	MD	Urology
Saleh	Mohammad	MD	Internal Medicine
Seferi	Gita	NP	Adult-Gerontology NP
Shook	Sarah	DO	OB/GYN
Torok	Samantha	NP	Adult/Gerontology
Wolf	Jaclyn	NP	Family Med