

# taconic talk

FROM THE TACONIC IPA.  
EXCLUSIVE PHYSICIAN NETWORK FOR MVP.

VOLUME 11 | NUMBER 1  
JAN./FEB. 2011

## Taconic IPA Board of Directors

Imtiaz Mallick, MD, *Chairman*

Toni Saychek, MD, *Vice-Chairman*

Mark Fish, *Treasurer*

Gregg Ross Rockower, MD, *Secretary*

Fabio Danisi, MD

David Ennis, MD

Lewis Kohl, DO

David Olikier

Gregory A. Spencer, MD

## Taconic IPA Committees & Committee Chairmen

### Credentialing Committee

Imtiaz Mallick, MD

### Finance Committee

Mark Fish

### Medical Council Committee

Paul J. Kaye, MD

### Quality Assurance Committee

Michael D. Freedman, MD

## TIPA surveys now due; have you returned yours?

TIPA recently mailed a brief survey to a representative sample of our members to determine level of EHR adoption and gauge interest in pursuing Meaningful Use payments and NCQA medical home recognition. We plan to use the findings to guide our service offerings in the coming year. If you've completed the survey and returned it, thank you! If not, please do so today. It will take less than five minutes of your time. If you need a clean copy—or if you have any questions—please contact Noelle Foster Ph.D., at [research@taconicipa.com](mailto:research@taconicipa.com).



## Through innovation and physician leadership, TIPA helps define the national agenda on advanced primary care

By A. John Blair III, MD, FACS, *president of TIPA*



A. John Blair III, MD,  
FACS, *President of TIPA*

If you've been paying attention to the news from the Centers for Medicare & Medicaid Services lately, you know that innovation is high on Administrator Donald Berwick's agenda.

In November, CMS launched the Center for Medicare and Medicaid Innovation. It will explore new ways of delivering health care and paying providers that can save money while improving the quality of care.

That should sound familiar. So should Berwick's comments: "For too long, health care in the United States has been fragmented — failing to meet patients' basic needs, and leaving both patients and providers frustrated. Payment systems often fail to reward providers for coordinating care and keeping their patients healthy, reinforcing this fragmentation."

They're playing our song. The Administration recognizes that innovations have been taking place in local communities, and it appears poised to build on those successes.

CMS' embrace of innovation, as well as its commitment to care coordination as a value-driving element of advanced primary care, aligns with what we have been doing here in the Hudson Valley. TIPA and THINC have long been involved in similar efforts and we will continue to innovate, evaluate and improve.

As I wrote in the last issue, care coordination is the next logical step as we move toward models of advanced primary care. And TIPA has been at the forefront of such innovations.

The Innovation Center will focus on new models of care, such as the patient-centered medical home and accountable care organizations, to test their impact on both quality and the success of new payment models. That, too, is what we've been doing for years.

And as you look deeper, you'll recognize other efforts.

- Eight states will participate in a demonstration project to evaluate the effectiveness of physicians and other health professionals across the care continuum, working in a more integrated fashion and receiving more coordinated payments.
- The Federally Qualified Health Center Advanced Primary Care Practice Demonstration will test the effectiveness of doctors and other health professionals working at community health centers.
- A new state plan option, under which patients enrolled in Medicaid with at least two chronic conditions can designate a provider as a "health home," would help coordinate treatments for the patient. States that implement this option will receive enhanced financial resources from the federal government to support "health homes."

CMS should be commended on such efforts, but it's important to note that TIPA and THINC have long been involved in similar endeavors.

*Continued*

We are setting the bar, and our efforts are helping inform the national discussion. Our success continues to be a blueprint for other communities pursuing advanced primary care.

### **CMS visits**

What we are doing in the Hudson Valley is transformative and replicable. Our physician-led collaboration model can be effectively duplicated across the country — and it is generating attention.

We've had three visits from CMS over the last few months—two site visits and attendance at a THINC strategic planning meeting.

During the August site visit, representatives from CMS and NCQA toured several of the practices that achieved NCQA Level 3 medical home certification: Westchester Medical Group, Bridge Street Medical in Saugerties and Hudson River HealthCare in Beacon. Among the physician leaders they met were Eugene P. Heslin, MD, Simeon Schwartz, MD, and Barney Newman, MD.

In the most recent site visit — in November — Tony Rodgers, deputy administrator for strategic planning at the Centers for Medicare & Medicaid Services, visited the Hudson Valley with several other CMS representatives.

They toured Hudson River HealthCare in Beacon, where they heard from Anne Nolan, M.P.H., president and CEO, and Paul Kaye, MD, who is chair of TIPA's Medical Council Committee. I had the opportunity to meet with Rodgers and his team to discuss the advances we are making in care coordination, health IT and improved access. Holly Miller, MD, M.B.A., chief medical officer of MedAllies, and Susan Stuard, M.B.A., executive director, THINC, joined the discussion.

### **Physician leadership**

They also visited Hudson Valley Primary Care and spoke with Mark Foster, MD, the former chairman of the TIPA board. (He now serves as THINC's chair.) Mark represents the sort of physician leadership that sets TIPA and the Hudson Valley apart. He's a busy primary care physician committed to delivering quality care to his patients. His practice, Hudson Valley Primary Care, was one of the 11 pioneering Hudson Valley practices that successfully achieved NCQA Level 3 medical home recognition in 2010.

He's one of many physicians working on transformation within his practice and in the larger community. Our advanced primary care efforts aren't shaped in ivory towers, but by physicians who see patients, who use health IT and who run their own practices.

TIPA offers unique provider-led perspective: From the patient-centered medical home project to care coordination to health IT, physicians are leading the charge. I firmly believe that effective physician leadership is an essential element of our success. It is, in many respects, the catalyst for change.

## **News to know**

### **Hudson Valley helps establish national benchmarks**

Hudson Valley is among a handful of communities selected to be part of developing the first national patient satisfaction benchmarks for ambulatory care providers, reports Lisa M. Kern, MD, M.P.H., of Weill Cornell Medical College. Data collected during late 2009 and early 2010 has been submitted to the Agency for Healthcare Research and Quality. AHRQ will publicly post the aggregated results as national benchmarks. Those contributing data will be able to mine the information for detailed comparisons across various subgroups (e.g., age, diagnosis, etc.). This project will also allow us to better measure medical home efforts: Researchers will be able to look at Hudson Valley-specific satisfaction data and compare that data before and after medical home implementation. Support for the research comes from a Commonwealth Fund grant, and TIPA hopes to expand the research beyond 2011 through other funding sources.

### **Blair addresses THINC Quality Committee retreat**

In November, THINC's Quality Committee held a full-day retreat largely devoted to discussing the particulars of the dedicated care manager program. A. John Blair, III, MD, president of Taconic IPA, presented a detailed overview of the program design. Other speakers included Martín Sepúlveda, MD, IBM Fellow & vice president, integrated health services; Tricia Barrett, vice president, product development at the National Committee for Quality Assurance; and Susan Stuard, executive director of THINC. The Centers for Medicare and Medicaid had two representatives in attendance: Jody Blatt, senior research analyst, and Suzanne M. Goodwin, Ph.D., social science research analyst.

### **Keep up with the Hudson Valley Initiative**

Taconic IPA is part of the Hudson Valley Initiative (HVI), an effort to improve the quality, safety and efficiency of health care in the community. In addition to Taconic IPA, the Hudson Valley Initiative includes two other organizations: THINC and MedAllies. To learn more, visit [www.hudsonvalleyinitiative.com](http://www.hudsonvalleyinitiative.com). There, you can read more about HVI and subscribe to HVI's free monthly e-newsletter, the *Connector*.

### **Be prepared: Sign up for THINC's ACO Insights**

THINC has launched ACO Insights, an initiative to provide education and technical assistance about accountable care organizations in the Hudson Valley. The first ACO Insights webinar will be held in February. To learn more about these free webinars and other programs, sign up at <http://thinc.org/contact-us.html>.