

**STATEMENT OF CENTRAL MASSACHUSETTS INDEPENDENT PHYSICIAN ASSOCIATION, LLC (CMIPA) SUBMITTED FOR THE RECORD IN THE FEDERAL TRADE COMMISSION WORKSHOP HELD ON MAY 29, 2008, “CLINICAL INTEGRATION IN HEALTH CARE: A CHECK-UP”**

Central Massachusetts Independent Physician Association, LLC (CMIPA) submits these comments to be included in the record of the May 29, 2008 Federal Trade Commission Workshop entitled “Clinical Integration in Health Care: A Check-Up.” Because CMIPA was referenced by name, CMIPA wishes to correct the record of Kenneth T. Bowden II’s “presentation” at that workshop.

**I. CMIPA**

CMIPA is a network of independent physicians in central Massachusetts dedicated to providing high quality care to their patients and supporting each other in independent practice. Formed in 1998, CMIPA’s mission is to grow and maintain the independent practice of medicine in central Massachusetts. CMIPA believes that more choices for physicians and patients lead to better care. CMIPA is composed of 203 physicians, 91 of whom are primary care physicians and 112 of whom are specialty care physicians. CMIPA is not connected to any hospital partner; the two primary hospitals located in the area are Saint Vincent Hospital and UMass Memorial Health Care.

In the current marketplace, a physician organization is not normally completely independent and is usually aligned with a particular hospital partner or health care system. CMIPA has chosen to remain hospital neutral so that it can provide the greatest choice for its patients and refer its patients to the highest quality, most cost effective, and efficient hospital in its region. Payors in the marketplace have found CMIPA to be a valuable partner because of its hospital neutrality and its ability to refer to the highest quality, most cost effective facility.

There are 114 practice groups within CMIPA. Sixty-nine percent of our physician members are solo practitioners; 15% of member practices have only two physicians; the remaining 16% practice in groups of three or more. Many of these physicians have been practicing in the community for over 30 years.

In the current and evolving healthcare marketplace, CMIPA recognized that the maintenance of the independent practices still requires more cooperation and interdependence, and so it developed clinical integration programs in order to maintain competitive quality and viability. CMIPA has developed a robust and successful clinical integration program with significant capital and infrastructure investments to achieve that competitive quality.

## **II. CMIPA's Clinical Integration Program**

CMIPA's clinical integration program enables patients to choose among quality, efficient, and lower cost independent physician practices. CMIPA physician members are able to provide consumers access to lower cost healthcare because of the information provided to them through pay for performance contracts negotiated by CMIPA and because they are able to easily refer patients to one another as opposed to being required to send referrals to physicians that belong to large academic centers when it is not warranted, or to send them to a specific hospital partner, ancillary, or lab facility. CMIPA has provided its physicians the opportunity to practice high quality, low cost healthcare in its community. CMIPA has negotiated eight such pay for performance contracts on behalf of its members, and provides resources to help its physician members succeed under those contracts. CMIPA also continues to maintain traditional risk sharing

arrangements with certain payors in the marketplace where its physician members are subject to financial risk.

CMIPA, as discussed below, has made, and continues to make, substantial and significant investments that permit its independent physicians to improve quality and have access to information and protocols not usually available to independent physicians. Each year the Clinical Integration Committee puts aside at least 10% of the previous year's physician earned surplus to fund patient quality initiatives. This Committee and the CMIPA membership strongly believe that these funds should be used for CMIPA patient quality improvement programs and services to their patients. Over the past three years, CMIPA has invested over \$800,000, some of which was supported and funded by payor grants towards these efforts. Through CMIPA's leadership and continuous education and mentoring, individual CMIPA physicians have also made considerable expenditures of their own.

A. CMIPA's Organization And Membership

CMIPA has invested significant human and financial capital in the organization. A 10 member Executive Committee (EC) comprised of five primary care physicians and five specialty care physicians manage the organization. All EC Members are compensated for attending monthly meetings. In addition, there is a staff comprised of an Executive Vice President, Medical Director, Director of Clinical Integration and Quality, Provider Relations Manager, Manager of Quality Program Development, Nurse Care Coordinator, and Administrative Assistant. The IPA also works with many outside consultants for additional expertise in IT, Human Resource Management, Finance, and Marketing. The membership is also involved in the development of quality initiatives

and the monitoring of adherence to these initiatives, serving on committees such as the Clinical Integration Committee, the Credentialing Committee, and the Information Technology Committee.

CMIPA has also created Professional and Organizational Development (POD) groups at the primary care level to develop guidelines and best practices, as well as review performance on HEDIS and other quality measures, set under the pay for performance contracts negotiated by CMIPA. In the last year, CMIPA has held meetings for specialty care providers to obtain their input into CMIPA's quality initiatives, to familiarize them with IT initiatives, and to share with them their performance as reported by the Group Insurance Commission and other organizations such as Massachusetts Health Quality Partners (MHQP), which translates into lower costs for patients with those offices that are 'tiered' at a lower level. All physicians on these committees are compensated for their time spent developing the organization's clinical integration programs, and all committees are open to the full membership, should they wish to provide additional input.

Additionally, CMIPA provides its physician members with benefits such as health insurance options for their practices, retirement insurance, LTC insurance, HR Services, banking, interpreter's services, medical waste disposal, medical and office supplies, flu vaccination guides, and patient medication reminder cards. It also offers training to its members and their staff on topics including health plans orientations, OSHA compliance, HIPAA compliance, improving patient care and satisfaction, and optimizing use of the CMIPA technology through programs such as data warehouse training and Mammogram scheduler training.

Because providing high quality care to patients is CMIPA's primary goal, its membership process and quality assurance measures are crucial to its clinical integration program. All prospective CMIPA members must submit an application request questionnaire which is reviewed by the CMIPA Credentialing Committee and designed to ensure that applicants are willing to participate in clinical integration. All physicians join CMIPA as provisional members until they are voted into the organization as full members. Only full members are eligible to vote in the organization and to receive surplus distribution. The Credentialing Committee has established detailed membership criteria and evaluates provisional members based upon these criteria. The evaluation criteria reflect the provisional member's commitment to the organization, willingness to use Information Technology, performance (as compared to physician performance across peer groups), and overall readiness under the pay for performance clinical integration climate. If, after their first review, provisional members do not comply with the benchmarks, they are provided guidance as to how improve their performance. If their performance does not reach the benchmark standards by the subsequent year (that is two years from their initially becoming a provisional member), they do not become full members of CMIPA and are terminated from the IPA.

Full CMIPA physician members must also meet substantive performance and utilization requirements. CMIPA provides its members with online report cards that measure performance and compare physician performance across peer groups. Surplus distribution is based on these performance and utilization requirements. In addition, CMIPA reports to its members the top physician performers based on quality measures.

CMIPA also notifies bottom performers of poor quality results, and has, as a current first step, a volunteer mentor program for these individuals.

B. Medical Management

At the heart of CMIPA's clinical integration efforts are its medical management initiatives. CMIPA has developed clinical practice guidelines utilizing national standards in several areas, including mammography, high tech radiology, depression/ADHD, asthma, cholesterol, obesity, and diabetes. In other areas, where national benchmarks exist, CMIPA utilizes these measures to assess performance and quality. These measures are introduced and discussed at the POD meetings -- past topics have included Pap smears, Upper Respiratory Infections, acute pharyngitis, STD testing, well child care, and ADHD follow-up care. The POD committees meet to develop guidelines and hone expertise in clinical areas such as obesity, asthma, diabetes, depression, cardiovascular disease, high technology radiation utilization, and low back pain. An example of a CMIPA clinical practice guideline is included as Attachment A. These efforts continue, and the list of guidelines continues to expand to address additional areas that have been identified by the general membership and CMIPA staff.

CMIPA staff provides support to educate the physician practices on clinical integration and specific clinical requirements necessary to meet HEDIS national standards, including distributing electronic and print medical management newsletters on a monthly basis to the CMIPA physicians and their staff. See Attachment B. For the past two years, CMIPA has devoted its bi-annual meetings to educating its membership on antitrust laws and clinical integration. Invited guests at these meetings, including a national speaker, Lawrence Casalino, MD, PhD, Associate Professor at the University of

Chicago, have addressed clinical integration and how to create interdependency among CMIPA's several practices. CMIPA has also held educational seminars for the physician members' office staff on topics including patient compliance, tracking abnormal results, and utilization of the data warehouse and mammogram scheduler.

As referenced above, CMIPA has developed a web-based mammogram scheduling program used for area facilities which allocate blocks of time for CMIPA members. This mammogram scheduling program gives patients better access to timely appointments and allows physicians to track whether their patients have, in fact, received their routine appointments. The system allows physicians and their staff to follow up with their patients more expeditiously. Closing the feedback loop has been the biggest hurdle in managing care, given that once the patient leaves the physician's office it is almost impossible for individual physicians to track whether their patient received the prescribed treatment. A copy of the user manual for this program is included as Attachment C.

A common thread here is that CMIPA provides clinical support normally unavailable to individual practitioners. For example, CMIPA has provided its physicians with evidence to support the use of Chlamydia testing with urine samples, requirements for acceptable methods of colorectal screening, upper age limits national guidelines for adolescent well exam requirements, a diabetes flow sheet, and frequency of Pap smear testing. CMIPA's physicians have, at no cost, access to an online educational resource that provides all medical journal and other quick reference from their office or their home.

CMIPA strives to improve patient compliance through education and resources that it makes available through the CMIPA practices. For example, for the last two years, CMIPA has held a Step Up for Weight Loss Walk and Health Fair Event. As part of that event, it has encouraged its physician members, their staff and their patients, and the community at large to participate in the National President's Fitness Challenge, and awarded Certificates of Completion to several physicians and their staff who met the challenge. It has distributed Patient Medication Cards to CMIPA patients, worked with Pfizer in a partnership to enroll patients who are at risk in a Healthy Heart program, hired a Nurse Care Coordinator to expand its clinical reach to patients who are not compliant, and is developing a patient reminder system to ensure greater patient compliance. CMIPA is also launching a Registered Dietician program so that CMIPA physician patients can receive education on nutrition and exercise. Last year, the membership endowed a non-profit organization, CMIPA Foundation, Inc., to administer health promotion activities in Worcester.

C. CMIPA's Electronic Medical Record Program

CMIPA has continuously invested and supported its physicians with grants for IT connectivity, E-prescribing devices, electronic medical record (EMR) systems and continued training on those EMR systems. Recognizing that individual practitioners often do not have time or resources to investigate this issue, CMIPA's IT Committee developed EMR guidelines, interviewed several EMR vendors, and recommended certain vendors that satisfied stringent criteria developed by the IT Committee. Once the federal government developed its CCHIT standards, CMIPA modified its program to reimburse its practices for CCHIT-certified vendors. CMIPA limits physician grants to only those

physicians who have selected vendors who will build interfaces with the CMIPA data warehouse in order to create the interdependence required for more robust clinical integration programs. CMIPA is currently working with Eclinicalworks to build an interface between those CMIPA practices currently utilizing Eclinicalworks as its EMR and importing the EMR real time data into CMIPA data warehouse.

D. CMIPA's Data Warehouse

The CMIPA data warehouse is another crucial part of the CMIPA clinical integration program and was mischaracterized by Mr. Bowden. It is different from an EMR. An EMR will only capture information concerning the treatment prescribed at the physician's office. It is based on real time data; the data warehouse imports claims data from payors who are willing to provide this information. The data warehouse works similarly to a clinical data repository and captures the entire episode of treatment for a patient, regardless of where the patient sought care. So, for example, if a primary care physician prescribed a certain medication for a patient and the patient then went to a specialist, who changed the medication, this information would be fed through the data warehouse so that the primary care physician could see how other specialists changed the treatment plan. This leads to communication and coordination between physicians about treatment in a more effective way than if the physicians did not have access to this information.

The data warehouse is a web-based analytical tool that can be accessed over the Internet from any PC with a standard web browser. In the data warehouse, physician members can view both summary and detailed analysis on their patients derived from various payor claims data. The data warehouse aggregates monthly claims data from

several payors and processes the data into a consistent format allowing for consistent data analysis across all of the payors. Members use the data to improve the cost-efficiency in CMIPA patient management through improved quality of care and decreased medical resource consumption.

The data warehouse system includes many features that allow physician members access to patient information and help them identify needed patient services in a way that each physician could not do independently. For example:

1. Disease registries allow physicians to identify all patients with certain chronic conditions such as asthma, diabetes, and cardiovascular disease. Each registry provides patient information pertinent to certain aspects of care for that particular condition. For example, the diabetes registry provides a flow chart with each diabetic patient's pertinent information to manage their disease (HbA1c test date and lab value, LDL test date and lab value, Microalbumin/creatinine test date and lab value, and eye exam date).
2. Patient communication templates allow physicians to send mailings to patients and to determine whether patients have obtained the needed services. Each registry offers sample letters customized for the individual patient who is missing some type of lab test, screening measure, or examination. The letters include information regarding the importance of accomplishing these measures.
3. Modules identify patients who are eligible for mammograms, well child visits, Chlamydia tests, URI, and pharyngitis. Many of our practices do

not have an EMR at the office level. The data warehouse fulfills the need for monitoring population health care as opposed to individual patients. CMIPA plans to expand its list of chronic diseases covered by its data warehouse to include additional diagnoses, such as coronary artery disease and chronic obstructive pulmonary disease.

4. Member physicians have access to real time data on labs and imaging tests for all patients. This function allows physicians to see the lab values/test dates and image results/dates for all lab tests and image studies ordered for their patients regardless of who ordered the tests, as long as it is a CMIPA member physician. This ability increases continuity of care and offers potential financial savings.

A more detailed description of the data warehouse is included in the data warehouse user manual, submitted as Attachment D.

CMIPA tracks use of the data warehouse and physician usage is a metric for surplus funds distribution and provisional membership review.

### **III. Payors And Third Parties Have Acknowledged The Effectiveness Of CMIPA's Clinical Integration Programs**

CMIPA's clinical integration initiatives have yielded positive results. In 2004, MHQP first developed a reporting mechanism to compare physician practices across Massachusetts. The first report was published in 2005. In 2005, 2006, and 2007, MHQP recognized CMIPA member physicians for exceeding the central Massachusetts rates for performance in the areas of depression, asthma management in children, well child visits, comprehensive diabetes care, and breast cancer screening. Most recently in 2007, MHQP recognized CMIPA physician members for exceeding the central Massachusetts rates in

the additional areas of adult bronchitis, cardiovascular disease, and the management of children with attention deficit hyperactivity disorder.

Payors have also recognized the benefits of CMIPA's efforts and programs. In 2005, CMIPA won the Tufts Health Plan Blue Ribbon designation. Tufts ranked CMIPA among the top tier of eligible primary care and specialist practice groups in the Tufts Massachusetts network. This Blue Ribbon designation, used by consumers to choose physicians, focuses on value and is based on high performance for selected quality and cost-efficiency measures. In 2004, 2005, and 2007, Harvard Pilgrim Health Care (HPHC) recognized CMIPA on its Honor Roll as a top performer in its network. Roberta Herman, MD, HPHC's Senior Vice President and Chief Medical Officer, stated that "[t]he Honor Roll is a key component of Harvard Pilgrim's strategy for providing consumers with the information necessary to make critical health care choices." While Blue Cross Blue Shield of Massachusetts (BCBS) does not have a formal program for recognizing provider groups, several CMIPA physicians have been recognized by BCBS as top performers in their network.

CMIPA has also received several grants from payors to support its work. A good example is HPHC, who awards grants to provider groups on a competitive basis. In 2004, CMIPA received a grant from HPHC for the study of antibiotic usage in children diagnosed with Otitis Media. In 2005, HPHC awarded CMIPA a grant to develop a tracking system for mammogram appointments. In 2007, CMIPA obtained the HPHC Quality Grant for Antidepressant Medication Management. In 2008, HPHC awarded CMIPA a grant for a Patient Centered Medical Home Pilot Project in the management of depression, diabetes, and high cholesterol (and based upon CMIPA's previous outcomes,

HPHC awarded more grant money than CMIPA requested). According to HPHC, “the Quality Grants Program is a key component of how Harvard Pilgrim recognizes and rewards providers for doing the right thing.” *See* Press Release, Harvard Pilgrim Health Care, Harvard Pilgrim Health Care Awards \$1.2 Million to 16 Physician Groups (Apr. 28, 2008), *available at* <http://cmipa.com/upload/Quality%20Awards%202008.pdf>.

Other payors have supported CMIPA initiatives. In 2006 and 2007, Fallon Community Health Plan supported CMIPA in offering its member physicians grants of up to \$5,000 each to incorporate an EMR system in their practices. In 2007, Tufts also gave CMIPA a grant to help CMIPA in its collection, bi-directional distribution, and usage of information contained in CMIPA’s data warehouse and EMRs. Network Health, a Medicaid payor, awarded CMIPA grant money to build disease registries for its patients. CMIPA was the first Massachusetts provider organization to work with Network Health to use its claims data to build such a registry.

CMIPA also receives other financial contributions to its initiatives. CMIPA has secured infrastructure payments directly from payors which reimburse the organization for its infrastructure. For example, BCBS, Fallon Community Health Plan, HPHC, and Tufts Health Plan all make significant infrastructure contributions to CMIPA. Such payments are used for physician and office staff education centered around specific payor programs, quality initiatives and patient communication that includes compliance, follow up visits, and appointments (through the data warehouse and mammogram scheduling system), expansion of physician offices utilizing EMRs, and e-prescribing devices.

#### **IV. The CMIPA—CIGNA Relationship**

Unlike CIGNA, CMIPA does not believe that a public policy forum like the Clinical Integration Workshop should be misused by a private party to advance its agenda in a private commercial negotiation. In addition to correcting the record about who CMIPA is and what its clinical integration and pay for performance activities are, some of Mr. Bowden's other assertions and mischaracterizations need to be corrected:

--Mr. Bowden claims that CIGNA utilizes a clinical integration survey that providers fill out and that CIGNA then utilizes to judge providers' programs. He attempted to convey the implication that his description and criticism of CMIPA's clinical integration activities were derived from the results of such a survey. In fact, CMIPA was never asked to fill out a survey by CIGNA. Nor did Mr. Bowden speak with any CMIPA employee or representative about CMIPA's clinical integration program.

CMIPA representatives did meet with CIGNA business representatives in March, 2008. The meeting focused primarily on discussing the quality programs offered by CMIPA to its members, CIGNA's wellness and outreach initiatives, and a proposal by CMIPA to explore a Pilot Program in Massachusetts concerning a Patient Centered Medical Home.

--Mr. Bowden's presentation slides assert that all CMIPA was doing was some type of EMRs and sharing lab results. He took issue with the characterization of CMIPA's clinical integration program as "robust." We think the CMIPA record summarized in these comments provides the accurate description of a robust program.

--Mr. Bowden asserted that CMIPA appears to have a "very big chunk of market share in central Massachusetts." In fact, in terms of physicians, CMIPA has, in the

aggregate, 8.5% of the physicians in central Massachusetts, 7.04% for primary care physicians, and 10.35% for specialists.

--Contrary to Mr. Bowden's assertions, neither CMIPA nor its members was engaging in, or intended to engage in, price fixing among competitors. Neither CMIPA nor its members was engaging in, or intended to engage in, a joint refusal to deal. CMIPA was attempting to negotiate with CIGNA, similar to contracts it has with others, a pay for performance, quality enhancing clinical integration agreement.

--Mr. Bowden also offered the following attack:

"They wanted a six figure annual infrastructure fee. I think that's interesting because one of the things you look at for clinical integration is a significant investment of either time or money in the process but this seems to be a bit odd because it looks like they're asking the payors to fund their infrastructure and if they're looking for a six figure number from a bit player in the market, who knows what they're getting from the big players?"

In fact, as CIGNA's business people well knew, in April 2008, CMIPA did make a proposal for grant money for \$120,000 for Calendar Year 2008 and \$100,000 for Calendar Year 2009 to assist in the following initiatives: 1) to help fund a Care Coordinator who would track CIGNA patients in the pilot proposed Patient-Centered Medical Home and 2) to assist for IT and other expenses in building disease registries for CMIPA to track CIGNA patients who had depression, diabetes, or hypercholesterolemia.

This request is similar to what other payors have provided to CMIPA to assist in managing their patients. As noted above, these contributions are added to those significant financial investments in infrastructure that CMIPA has made itself. These other payors who have provided grants have funded initiatives that would benefit all patients, and not strictly their members only, a clear benefit to CIGNA and its patients as well.

Mr. Bowden's "presentation," his responses in the Question and Answer session, and his M&M props all reveal his lack of interest in, and bias toward, clinical integration. Fortunately, not all payors have Mr. Bowden's strident and chilly stance. The Commission correctly does not want to "pick winners and losers." But patients would be the losers if providers, particularly independent practitioners and small groups, are intimidated from undertaking the quality enhancements and efforts of a clinical integration program because of mischaracterizations and threats.

We would like to end by making a more general point. A question raised throughout the day of the workshop was whether more guidance was needed from the Commission on clinical integration. The provider panel at the workshop involved programs that had the backing and financial participation of hospitals. The American Hospital Association white paper was understandably focused upon PHO-type programs. The Commission should continue to make clear that not all clinical integration efforts need to be "gold plated," and that independent practitioners can successfully invest in a more modest, but sufficient program. Independent practitioners are both valuable alternatives for consumers and important contributors to the competitive dynamic. The Commission's guidance should reaffirm that multiple models are acceptable and that clinical integration by independent practitioners is obtainable.

Thank you for your consideration!

**CENTRAL MASSACHUSETTS INDEPENDENT PHYSICIAN ASSOCIATION  
CLINICAL PRACTICE GUIDELINES  
DIABETES MELLITUS TYPE 2**

	<b>Diabetes</b>
<b>BACKGROUND</b>	Diabetes mellitus is a clinical syndrome characterized by a relative lack of insulin (insulinopenia) or inadequate action by insulin on the tissues, leading to an elevated blood sugar (hyperglycemia). Type 2 diabetes accounts for about 90% to 95% of all diagnosed cases of diabetes. It usually begins as insulin resistance, a disorder in which the cells do not use insulin properly. As the need for insulin rises, the pancreas gradually loses its ability to produce it. Contributing factors include excessive body weight, medication, a family history, etc. Inadequate recognition and treatment of the condition can lead to numerous systemic complications, including cardiovascular and cerebrovascular events. Adults with diabetes have heart disease death rates about 2 to 4 times higher than adults without diabetes and the risk for stroke is 2 to 4 times higher among people with diabetes.
<b>REFERENCE</b>	Standards of Medical Care in Diabetes—2008 American Diabetes Association Diabetes Care 2008 31: S12-S54. Massachusetts Guidelines for Adult Diabetes Care 2007 – Diabetes Prevention and Control Program Bureau of Family and Community Health Massachusetts Department of Public Health, Boston MA. AACE Diabetes Guidelines, ENDOCRINE PRACTICE Vol. 8 (Suppl. 1). Criteria for IGT and DM from: Expert Committee on Diagnosis and Classification of Diabetes Mellitus, <i>Diabetes Care</i> , 26 [suppl. 1], Jan 2003. CDC: <a href="http://www.cdc.gov/diabetes/faqs.htm">http://www.cdc.gov/diabetes/faqs.htm</a> . Centers for Disease Control and Prevention. National diabetes fact sheet: general information and national estimates on diabetes in the United States, 2005. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2005. National Diabetes Information Clearinghouse (NIDDK) - NIH <a href="http://www.diabetes.niddk.nih.gov/">www.diabetes.niddk.nih.gov/</a>
<b>PATIENT POPULATION</b>	Patients age 20 and older
<b>FREQUENCY</b>	In the US the prevalence of diabetes among people aged 20 years or older, as reported in 2005, is 20.6 million or 9.6% of all people in this age group have diabetes. In 2005, data suggest that at least 54 million American adults had prediabetes in 2002. Progression to diabetes among those with prediabetes is not inevitable; however the

	prevalence of diabetes in the US has been consistently rising.
<b>Cost</b>	The total (direct and indirect) healthcare costs of diabetes in the US is \$132 billion
<b>APPLICABLE PROVIDERS</b>	Internists, Endocrinologists, Cardiologists, Neurologists
<b>PROTOCOL</b>	<ul style="list-style-type: none"> <li>• Testing to detect pre-diabetes and type 2 diabetes in asymptomatic people should be considered in adults who are overweight or obese (BMI &gt; 25kg/m<sup>2</sup>) and who have one or more additional risk factors for diabetes. In those without these risk factors, testing should begin at age 45.</li> <li>• If tests are normal, repeat testing should be carried out at least at 3-year intervals.</li> <li>• Criteria for diagnosis of diabetes: 1. Fasting blood sugar on 2 occasions (more than 126 mg/dL). 2. Symptoms of hyperglycemia (polyuria, polydipsia and unexplained weight loss) and a casual (any time of day without regard to time since last meal) plasma glucose <math>\geq</math>200mg/dl. or 3. 2-h plasma glucose <math>\geq</math>200mg/dl during an OGTT.</li> <li>• Patient workup should include exclusion of other reversible and metabolic causes of hyperglycemia and cardiovascular risk assessment.</li> <li>• All patients who have pre-diabetes or diabetes should receive individualized medical nutrition therapy (MNT) as needed to achieve treatment goals, preferably provided by a registered dietician familiar with the components of diabetes MNT.</li> <li>• Patients with diabetes should be advised to perform at least 150 min/wk of moderate-intensity aerobic physical activity (50-70% of maximum heart rate). In the absence of contraindications, people with type 2 diabetes should be encouraged to perform resistance training three times per week.</li> <li>• Monitor compliance with diet, exercise and weight loss/nutrition programs, as well as the use of appropriate medications. Obtain at least annual BMI.</li> <li>• The HbA1c goal for non-pregnant adults in general is &lt;7%. Monitor HbA1c test at least two times a year in patients who are meeting treatment goals and more frequently as indicated.</li> <li>• Patients self-monitoring of blood glucose may be useful in achieving glycemic goals.</li> <li>• Monitor lipid profile, basic metabolic profile, urine microalbumin/creatinine ratio on an annual basis or more frequently if not controlled.</li> <li>• Statin therapy should be added to lifestyle therapy, regardless of baseline lipid levels, for diabetic patients: 1. with overt cardiovascular disease (CVD), 2. without CVD who are over the age of 40 and have one or more other CVD risk factors, 3. for those with LDL cholesterol which remains &gt; 100mg/dl or in those with multiple CVD risk factors.</li> </ul>

- In individuals without overt CVD, the primary goal is an LDL cholesterol <100mg/dl. In individuals with overt CVD, the lower LDL cholesterol goal of <70mg/dl, using a high dose of a statin, is an option.
- In the treatment of micro-or macroalbuminuria, either ACE inhibitors or ARBs should be used.
- Obtain an initial dilated and comprehensive eye examination by an ophthalmologist or optometrist shortly after diagnosis and subsequent annual exams.
- Screen for psychosocial problems such as depression, anxiety, eating disorders, and cognitive impairment when adherence to the medical regimen is poor.
- Screen all patients for distal symmetric polyneuropathy (PDN) at diagnosis and at least annually thereafter using monofilament testing of the hands and feet.
- Provide general foot self-care education to all patients and perform an annual comprehensive foot examination to identify risk factors predictive of ulcers and amputations. Refer to a foot care specialist as indicated.
- Blood pressure should be measured at every routine diabetes visit. Patients with diabetes should be treated to a systolic blood pressure of <130mmHg and to a diastolic blood pressure <80mmHg. Patients with SBP  $\geq$  140mmHg or DBP  $\geq$  90mmHg should receive prescriptions for both antihypertensive medication as well as lifestyle changes.
- All patients with diabetes and hypertension should be treated with ACE inhibitors, or angiotensin II receptor blockers (ARBs), if ACE inhibitors are not tolerated, add a thiazide diuretic if needed to reach target blood pressure.
- Annually provide an influenza vaccine to all adult diabetic patients and provide at least one lifetime pneumococcal vaccine.
- Advise all patients not to smoke. Include smoking cessation counseling and other forms of treatment as a routine component of diabetes care.
- Encourage all patients to receive dental care two times per year, and more often if necessary.
- Consult a sub-specialist, in refractory or difficult to treat situations.
- Patients may be initiated on a biguanide (e.g. metformin) or a secretagogue (e.g. glimepride or glipizide), either as monotherapy or in combination. Patients suboptimally controlled may either have a thiazolidinedione (e.g. pioglitazone) added on or changed to insulin (either basal insulin such as glargine or combination of intermediate and short-acting insulin).
- Prescribe aspirin therapy if at high risk (over 40 or with other CVD risk factors).

	<p>Aspirin therapy is not recommended in people under 30 years of age.</p> <ul style="list-style-type: none"> <li>• Provide education and monitoring while on treatment, either through a nutritionist, diabetes educator or endocrinologist</li> <li>• Educate patients to take charge of their care through accessing appropriate educational websites</li> </ul>
<b>CODES USED IN PROTOCOL EVALUATION</b>	<ul style="list-style-type: none"> <li>• ICD-9 code of 250.00, 250.01, 250.02, 250.40, 250.50, 250.60, 250.70 or 250.80</li> </ul>

# Diabetes Mellitus – Assessment & Initial Management of New Patient

## Phase 1 Assessment

(several visits over 3 -4 weeks)

- Confirm Diagnosis of DM <sup>γ</sup>
- Obtain Medical History
  - \* Symptoms
  - \* Family History
  - \* Gestational DM History in ♀
  - \* Exercise and Diet History
  - \* Rx and OTC meds (including steroid use)
- Perform Detailed Medical Exam
  - \* VS (including orthostatic BP)
  - \* Height & weight
  - \* Ophthalmoscopy
  - \* Thyroid palpation
  - \* Cardiovascular exam (including peripheral pulses)
  - \* Feet (sensory, skin, & vascular)
  - \* Skin
  - \* Neurologic system
- Obtain Laboratory Tests & Studies
  - \* Fasting plasma glucose
  - \* Glycosylated hemoglobin (HbA1c)
  - \* Fasting lipid profile
  - \* Serum electrolytes, BUN, Creatinine
  - \* Urinalysis
  - \* Microalbuminuria
  - \* Creatinine clearance
  - \* Consider Thyrotropin
  - \* Electrocardiography (ETT if symptomatic)
- Rule out secondary causes
- Assess disease knowledge
  - \* Educate patient about DM
  - \* Blood glucose monitoring
  - \* Referral to diabetes educator or case manager
- Begin Therapeutic Lifestyle Changes (TLC)
  - \* Consider HAWC referral for diet or exercise counseling
- Begin medication if applicable
- Assess family/social support
  - \* Consider Social Work consult
- Assess psychological state
  - \* Consider psychiatry/psychology referral
  - \* Consider DM support group
- Arrange follow up appointment
  - \* Care plan
  - \* Consider ordering follow up labs

## Phase 2 Assessment

(3 – 6 months, depending on severity and comorbid diseases)

- Obtain Interim History
  - \* New symptoms
  - \* Hypoglycemia
  - \* Medication dosage and side effects
  - \* Blood glucose monitoring
  - \* Lifestyle modifications
  - \* Change in risk factors
- Perform Detailed Medical Exam
  - \* See Phase 1 exam
- Obtain Laboratory Tests
  - \* Random glucose
  - \* Glycosylated hemoglobin (HbA1c)
  - \* Repeat lipid profile, if necessary
- Reassess knowledge and self management
  - \* Reeducate and refer as necessary
- Assess Therapeutic Lifestyle Changes (TLC)
  - \* Consider referral to registered dietician
- Begin or adjust medication as appropriate
- Prescribe aspirin therapy if at high risk (over 40 or with other CVD risk factors)
- Reassess social supports & psychiatric state
  - \* Referral as necessary
- Administer pneumonia vaccine & annual influenza
- Arrange follow up, order labs

## Phase 3 Assessment of Complications

(9 months after initial assessment)

- Ophthalmologic (may be referred to specialist)
  - \* Review of symptoms
  - \* Education
  - \* Retinal (funduscopy) exam, dilated
  - \* Visual acuity
  - \* Intraocular pressure
- Coronary Heart Disease (DM is CHD equivalent)
  - \* Review of symptoms
  - \* Education
  - \* Assess for other CHD risk factors
  - \* Calculate 10-year risk
  - \* Cardiovascular exam
  - \* Serum lipids
  - \* ECG
- Nephropathy
  - \* Review of symptoms
  - \* Education
  - \* 24-hour microalbuminuria
  - \* Creatinine clearance
  - \* Serum chemistry
  - \* HbA1c
  - \* Dietician referral, if dietary protein intake must be modified
- Neuropathy
  - \* Review of symptoms
  - \* Education
  - \* Foot Exam - Monofilament
  - \* Neurology Referral, if needed
- Arrange necessary follow up

**Normal:** FPG < 100

**Impaired Glucose Tolerance or “Pre-diabetes”:**

FPG < 126 mg/dL, but 2-hr PG after 75 gm OGTT is 140-199 mg/dL (glucola)

- Counsel about DM prevention
- Institute intensive therapeutic lifestyle changes (regular aerobic exercise and calorie restriction – Patients w/ BMI > 25 should be encouraged to achieve and sustain wt loss of ≥ 5% )

<sup>γ</sup> **Diagnosis of DM:**

- 1) Two FPG ≥ 126 mg/dL **OR**
- 2) Random PG ≥ 200 mg/dL plus symptoms **OR**
- 3) 2 hr PG ≥ 200 during OGTT

FPG = Fasting Plasma Glucose  
 OGTT = Oral Glucose Tolerance Test  
 126 mg/dL = 7.0 mmol

# CMIPA

## Symptoms of **Hyperglycemia**

- Frequent urination
  - Excessive thirst
  - Unexplained weight loss
  - Extreme hunger
  - Sudden vision changes
  - Tingling or numbness in hands or feet
  - Feeling very tired much of the time
  - Very dry skin
  - Sores that are slow to heal
  - More infections than usual
- CDC: <http://www.cdc.gov/diabetes/faqs.htm>

## Symptoms of **Hypoglycemia**

- Tremulousness
  - Dizziness
  - Sweating
  - Excess hunger
  - Skin pallor
  - Sudden mood/behavior changes
  - Clumsy or jerky movements
  - Confusion or poor attention
  - Tingling sensations around mouth
  - Seizure
- ADA: <http://www.diabetes.org/type1/medical/hypoglycemia/hypoglycemia.jsp>

## Therapeutic Lifestyle Changes for DM

1. If sedentary, consider ETT before starting exercise program
2. Regular aerobic exercise
3. Calorie-restricted diet to promote and maintain weight loss
  - a) Carbohydrates: 55-60% of total calories
  - b) Fats: ≤ 30% (≤ 15% if overweight & dyslipidemic)
  - c) Protein: 10-20 % (10-15% after onset microalbuminuria)
4. Limit or avoid alcohol consumption

**ABCs of diabetes care: A1c level, Blood Pressure, and Cholesterol level control**  
 (from National Diabetes Education Program – referenced in *Amer Family Phys*, 68(8), p 1569, 15 Oct 03)

## Treatment Recommendation and Goals

Target Levels of Risk Factors in Patients with Diabetes	
A1C	<7%
Blood Pressure	<130/80 mmHg
LDL Cholesterol	<100 mg/dl
Triglycerides	<150 mg/dl
HDL Cholesterol	>40 mg/dl (male); >50 mg/dl (female)

## CMIPA Ambulatory Care Adult Diabetes Care Flow Sheet

Massachusetts Guidelines for Adult Diabetes Care (June 2001)  
American Diabetes Association Standards of Medical Care in Diabetes (Jan 2007)

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_ MR# \_\_\_\_\_  
 Provider: \_\_\_\_\_ Height: \_\_\_\_\_

*Visit Frequency: 2 times a year if meeting treatment goals, 4 times a year if not meeting treatment goals*

		Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	
<b>E V E R Y</b>	<b>Date of Visit</b>											
	Diabetes Medications & Doses (Insulin and/or Oral Agent)											
	<input type="checkbox"/> Antiplatelet Therapy											
	<input type="checkbox"/> Ace Inh bitor											
		<b>Result:</b>	<b>Result:</b>	<b>Result:</b>	<b>Result:</b>	<b>Result:</b>	<b>Result:</b>	<b>Result:</b>	<b>Result:</b>	<b>Result:</b>	<b>Result:</b>	
	<b>T I M E</b>	<b>Weight/BMI: Goal &lt;25</b>										
		<b>Blood Pressure: Goal &lt; 130/80</b>										
		<b>HgbA1c q 3-6 mos: Goal &lt; 7%</b>										
		<b>Review Blood Glucose Records</b>										
		<b>Foot Exam</b>										
<b>Diet &amp; Exercise Counseling</b>												
		<b>2007</b>	<b>2008</b>		<b>2009</b>		<b>2010</b>		<b>2011</b>			
<b>Y E A R L Y</b>	<b>Dental Exam Bi-Annually</b> Date:											
	<b>Dilated Eye Exam</b> Date:											
	<b>Microalb/creat ratio</b> Date/Value:											
	<b>LDL Goal: low risk &lt;100, high risk &lt;70</b>											
	<b>HDL, Goal: &gt; 40 Male, &gt; 50 Female</b>											
	<b>Triglycerides Goal: &lt; 150</b>											
	<b>Total Cholesterol Goal: &lt; 200</b>											
	<b>Serum Creatinine</b> Date/Value:											
	<b>Comprehensive Lower Extremity Exam**</b>											
	<b>Diabetes Education Referral</b> Date:											
<b>Flu Vaccine</b> Date:												
<b>1X</b> <b>Pneumonia Vaccine***</b> Date:												
<b>1X</b> <b>EKG if more than 40 yrs and/or DM &gt;or = to 10yrs</b>												

\* Every 2 years if values fall in lower risk levels

\*\* Every 6 months if patient has high risk foot conditions

Updated May 2007

\*\*\*Revaccination 1x if > or = to 65 years and 1<sup>st</sup> vaccine is 5 years ago and patient age < 65 years at the time of 1<sup>st</sup> vaccine



## CMIPA Medical Management Update

### REMINDERS:

#### CMIPA Insurance Census

CMIPA sent your office a health insurance census that needs to be returned as soon as possible. We need each office to complete this census.

The more information we receive, the better our bargaining power which translates into better health insurance rates for all. If you have questions, please contact Judith Leong, CMIPA Executive Administrator.

#### BCBS PCPIP Cultural Competency Training

In order to be eligible for up to \$1.50 per member per month BCBS quality measure, it is important that all CMIPA PCPs complete their BCBS Cultural Competency training. Please call BCBS Provider Relations Manager at 1-800-316-Blue. If you have additional questions about the program.

#### Save the date!

The 2nd Annual Step Up for Weight Loss **Walk and Health Fair** will be held on Saturday, **September 29, 2007** from 8:00 AM to noon. We will be sending you brochures to share with your patients. Please support this important CMIPA initiative.

### Massachusetts Health Quality Partners (MHQP)

#### Releases Quality Report to Public

On June 25, 2007, MHQP released their web-based 2006 Clinical Quality Report to the public. As a group CMIPA's rates for diabetes management declined from last year's report of meeting or exceeding the Massachusetts state rate and the Central Massachusetts rates in 3 out of 4 areas to only meeting the Central Massachusetts rate in one of the four areas.

MHQP <u>2005</u> Results				MHQP <u>2006</u> Results		
Commercial Product				Commercial Product Pop.		
Test	CMIPA	Central Mass	Mass State	CMIPA	Central Mass	Mass State
Hgb A1c Testing	91%	91%	92%	88%	92%	94%
DM Eye Exam	71%	68%	71%	70%	70%	74%
DM LDL Testing	93%	92%	93%	92%	95%	96%
DM Microalbumin	69%	60%	66%	62%	64%	69%

Indicates CMIPA met or exceeded rate 

CMIPA would like to take this opportunity to high light some key elements to success.

#### Key Elements to Diabetes Management Success: **Identify Your Diabetic Patients**

- EMR with Alerts or paper record with paper alert method
- Use of a Diabetic Care Flow Sheet (See sample Flow Sheet)
- Work as a team; educate all staff members of the Diabetic Patient's routin needs
- Treat every encounter with a Diabetic Patient as an opportunity to review routine diabetic care needs
- Use CMIPA data warehouse to view your diabetic patients and their lab values

In order to assist those practices who do not have an EMR, CMIPA has created a *Diabetes Care Flow Sheet*. This flow sheet will help your office monitor your diabetic patient's compliance with national guidelines for Diabetes Management. This flow sheet, along with Diabetes National Guidelines can be found by logging onto our website: [www.cmipa.com](http://www.cmipa.com) and selecting the *Medical Management* tab and then selecting *Diabetes*.

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**CMIPA**

**Mammogram Scheduling  
Program**

**Information  
&  
User Guide**

**CMIPA  
446 Main Street 12<sup>th</sup> Floor  
Worcester MA 01608  
508-438-1100**

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*CMIPA Scheduling Program*

# **CMIPA Telephone Directory**

**CMIPA Address:**

446 Main Street, 12<sup>th</sup> Floor  
Worcester, MA 01608  
www.cmipa.com

**Mammogram Facilities:**

Chadwick Medical Center	508-791-2508 x4906
Precision Medical Imaging @ Fallon Clinic	508-755-9100
Saint Vincent Hospital @ Worcester Medical Center	508-363-9729
UMass Memorial Health Care @ University Campus	508-334-5984
Women's Health of Central MA	508-755-4861

 here to assist you. If you have any questions, require training or would like additional user guides please contact her at 508-438-1100.

# **CMIPA**

## **Mammogram Scheduling Program**

### **Orientation**

1. Types of Appointments
  
2. Steps for Scheduling Your Mammogram Appointment
  - Step 1 – Locate a Patient/Add a New Patient*
  - Step 2 – Add a New Patient*
  - Step 2 – Verify Patient Details*
  - Step 3 – Create Appointment*
  - Step 4 – Patient Confirmation*
  
3. Changing Your Patient's Scheduled Appointment
  - Step 1 – Deleting/Canceling an Appointment*
  - Step 2 – Rescheduling an Appointment*

## **Types of Appointments**

**Base-line mammograms & routine mammograms** can be scheduled fast and easy through the scheduling program. Under the *Type* field, select either base-line or routine.

**Problem/diagnostic appointment should not be scheduled through the program** - If your patient needs to be seen immediately, we ask you to contact the facility of your choice directly so that the facility will have the optimal ability to meet your request. If you do try to schedule this type of appointment on-line the following messages will appear and you will not be able to continue: *“Please contact the facility immediately for an Urgent/Stat time slot for your patient. Thank you.”*

**Patients with implants, pregnant or have special needs should not be scheduled through the program.** The program will prompt you to schedule the patient directly with the facility so that each facility will be able to accommodate your patient’s needs.

### **Tips to Remember:**

- Only routine and baseline mammograms can be scheduled on-line
- Always contact the facility directly when scheduling a problem/diagnostic mammogram appointment
- Always contact the facility directly when scheduling patient’s with implants, pregnant or special needs

# Mammogram Scheduling Program

The Mammogram Scheduling Program is accessed through the CMIPA website: [www.cmipa.com](http://www.cmipa.com) Please log-in by using your user name and password. Once you are logged in select Mammogram Scheduler to begin.

- All information submitted in the online appointment form will be treated by CMIPA as a confidential.
- The information you submit on this form is made available to mammogram facilities for the purpose of scheduling your patient's appointment and pre-registering your patient.

The screenshot shows the website for the Central Massachusetts Independent Physician Association, LLC (CMIPA). The browser window title is "Central Massachusetts Independent Physician Association, LLC - Windows Internet Explorer". The address bar shows "http://www.cmipa.com/". The website features a navigation menu with links: HOME, WELCOME, ABOUT US, NEWS, FACTS, JOIN US, JOBS, CONTACTS, FOR PATIENTS. The main content area is divided into three columns. The left column is titled "ABOUT CMIPA" and contains text about the association's mission and a link to "Read more about contracts with payers." The middle column is titled "COMBINING COMPASSIONATE PATIENT CARE WITH ADVANCED TECHNOLOGY" and features a section titled "CMIPA Launches A New Web-Based Medical Reporting System" with a link to learn more. The right column is titled "FIND A PHYSICIAN" and contains a search form with dropdown menus for "Select by last name", "Select by city or town", and "Select by specialty", along with a "Search" button. A "PHYSICIAN LOGIN" form is circled in red, containing fields for "USER NAME" and "PASSWORD", a "Login" button, and a link for "Forgot your password?".

# Step 1

## Locate a Patient

On-line Appointment Scheduler - Search for a Patient - Windows Internet Explorer

File Edit View Favorites Tools Help

mywebsearch Search My Signature Smiley Central Screensavers Cursor Mania Fun Cards

On-line Appointment Scheduler - Search for a Patient

CMIPA  
Central Massachusetts Independent  
Physician Association, LLC

On-line Appointments Scheduler

Appointments Administration

Step 1 - Locate a Patient Step 2 - Select or Add a Patient Step 3 - Verify Patient Details Step 4 - Create Appointment Step 5 - Appointment Confirmation

Search for Patient by Last Name:  🔍

OR

Search for Patient by Date of birth:    🔍

Add a New Patient

[Click here for help](#)

The first step when scheduling your patient's mammogram is to check to see if your patient is already entered into the system. Simply type in the **Last Name** of the patient you are scheduling or as many letters of the last name you have available and press **Enter** on your keyboard. You may also enter the patient's **Date of Birth** to search for then and press **Enter** on your keyboard.

A list of patients will appear:

### Tips to Remember:

- ❑ Scheduling program is accessed through the CMIPA website
- ❑ Look up your patient by last name or by date of birth

## Step 2 Select or Add a Patient

The screenshot shows the 'On-line Appointments Scheduler' web application. The page title is 'On-line Appointments Scheduler' and the logo is 'CMIPA Central Massachusetts Independent Physician Association, LLC'. The navigation menu includes 'Appointments' and 'Administration'. The current step is 'Step 2 - Select or Add a Patient'. The search results are for a patient named 'Test\_Test' with address '123 Summer St, Worcester, MA 01608'. The table has columns for Name, Address, City, State, Zip, Rescheduled, Noshow, Cancelled, Last Completed Appt, Last Appt Facility, Next Appt, Next Appt Facility, and View/Edit Next Appt. Below the table is a button labeled 'Add a New Patient'.

Name	Address	City	State	Zip	Rescheduled	Noshow	Cancelled	Last Completed Appt	Last Appt Facility	Next Appt	Next Appt Facility	View/Edit Next Appt
<a href="#">Test_Test</a>	123 Summer St	Worcester	MA	01608	0	0	0					

If your patient appears in the list, **Click** on the name of your patient to select them. If your patient's name does not appear, **Click** the button: **Add a New Patient**

### Tips to Remember:

- ❑ Before selecting a patient double check to see if the name and address of the patient are correct
- ❑ To go back to the previous step – use your back key on your internet browser, or Click the button- Step 1

## Step 3

## Verify Patient Details

Verifying your patient's information is extremely important and therefore it must be reviewed and updated before you can make an appointment for your patient. This patient information will be sent to the facility where your patient's appointment is scheduled and is the only information that the facility will have regarding your patient. If your patient information is not accurate, it may cause patient delays or billing issues.

If your patient information is complete and accurate, **Click the button Create Appointment.**

The screenshot shows a web browser window titled "On-line Appointment Scheduler - Verify Patient Details - Windows Internet Explorer". The browser's address bar is redacted. The page header includes the CMIPA logo (Central Massachusetts Independent Physician Association, LLC) and the title "On-line Appointments Scheduler". Navigation tabs for "Appointments" and "Administration" are visible. A progress bar at the top indicates five steps: "Step 1 - Locate a Patient", "Step 2 - Select or Add a Patient", "Step 3 - Verify Patient Details" (which is highlighted), "Step 4 - Create Appointment", and "Step 5 - Appointment Confirmation".

The main content area displays the following information for the selected patient "Test Test":

- Name / DOB Information**
  - \*Name: Test (First), T (Middle), Test (Last)
  - \*Date of Birth: [REDACTED]
- Address Information**
  - \*Address: 123 Summer St (Street Address)
  - Worcester (City), Massachusetts (State), 01608 (Zip Code)
- Phone / Email Information**
  - \*Phone: [REDACTED] (Home), (Work)
  - \*Phone: (Cell) (if none, please enter 000-000-0000)
  - Email: (ex. joe@aol.com)
- Insurance Information**
  - Has Insurance?  Has Insurance,  Self Pay
  - \*Primary Insurance: Policy No., Subscriber:
  - Secondary Insurance: Policy No., Subscriber:

The screenshot shows a web form with a yellow background. At the top, there is a section titled "Other Considerations" with a horizontal line below it. Under this section, there are four checkboxes: "Pregnant", "Implants", "Bra Size Larger than 44D", "Male", and "Interpreter Needed". Below these is a label "Special Needs:". Underneath that is another section titled "Previous Appointment" with a horizontal line below it. This section contains two labels: "Previous Appt Date" and "Previous Appt Facility (if listed):". At the bottom of the form, there are three buttons: "Edit Patient", "Create Appointment", and "Delete Patient".

## EDITING PATIENT INFORMATION

If your patient information is already filled in, take the time to check to see if it is correct. If a field is not correct or not completed **Click** the **Edit Button** to update your patient's information.

All fields that have a \*Red Asterisk and are orange must be filled in or the program will not allow you to create an appointment. *The only exception, to this rule is if the **Self Pay Field** is checked, you would not have to fill in the patient's primary insurance.*

Once all the fields have been entered, **Click** the **Save Patient Button** to update and save the changes made to the patient's information. You are now able to **Click** the **Button Create Appointment**.

***Remember:** If your patient has implants, pregnant or if your patient has a special need, the program will prompt you to schedule the patient directly with the facility to accommodate your patient's needs.*

### Tips to Remember:

- ❑ It is extremely important to verify your patients information
- ❑ All fields with a \*Red Asterisk and orange must be completed
- ❑ Patient with special needs, pregnant or implants must be scheduled directly with the facility
- ❑ Click Save Patient before creating an appointment or your updates will not be saved
- ❑ To go back to the previous step – use your Back Key on your internet browser, or Click the Back Button

## Step 4 Create Appointment

On-line Mammogram Scheduler - Create Appointment - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address: [Redacted]

Step 1 - Locate a Patient Step 2 - Select or Add a Patient Step 3 - Verify Patient Details **Step 4 - Create Appointment** Step 5 - Appointment Confirmation

### Create Appointment for Test Test

\*Required Information

**Type & Location**

\*Mammogram Type: [Dropdown]

Facility/Location: \*\*\*ANY\*\*\* [Dropdown]

**Date & Time**

Available Appointments

January 2007						
Su	Mo	Tu	We	Th	Fr	Sa
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3
4	5	6	7	8	9	10

\*Date Selected: 1/17/2007

You are now ready to create an appointment for your patient. Select the following fields by using the **Drop Down Boxes** for each of the following:

**Type** – The type of mammogram appointment you are scheduling – *Baseline or Routine Only*

**Facility** – Facilities will appear that accept the patient’s insurance that you selected. Facilities include the following: Chadwick Medical Center, Precision Medical Imaging @ Fallon Clinic, Saint Vincent Hospital, UMass Memorial Health Care and Women’s Health of Central MA or you may select **Any** to allow the system to search for the first available appointment

**Date** – Select the day the patient would like an appointment. You can also use the calendar and **Click** on the day to select the appropriate date. A date that is **Green** indicates that there is an appointment available on that date.

**Time** – Select from the following times: Morning or Afternoon or you may select **NONE** to allow the system to search for the first available appointment

**Last Mammogram** – The **Date** of your patient’s last mammogram and the **Location** should be entered into the system if you can provide it, *If the date of the last routine mammogram is not scheduled a year and a day out from the last mammogram, the system will not allow you to create an appointment to prevent you from scheduling a patient for a routine mammogram twice in a one year period.*

**Referring /Ordering Physician, PCP (if different) and OBGYN (if different)** - The Referring/Ordering Physician needs to be completed by the office creating the appointment or the system will not allow you to make an appointment.

Please also remember that if your office is not the patient’s PCP, it is extremely important that you also fill in the **PCP Field** so that the results can be sent to their office.

**Authorization** – If an authorization number is required please enter it as well as any **Comments** in the space provided

Once all of the fields have been filled in, **Select an Available Time Slot**

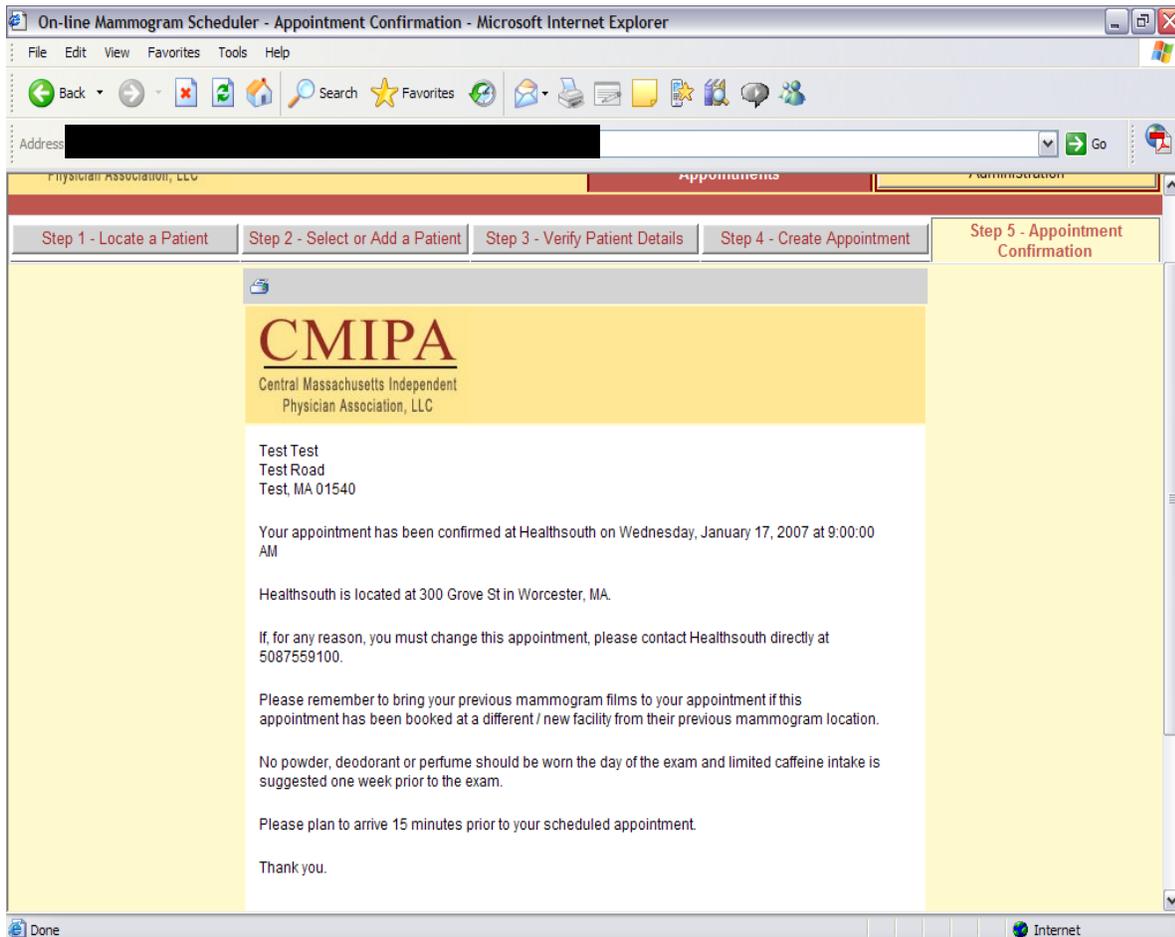
It is extremely important that you confirm the date, time and the facility with your patient before you **Click the Create Appointment Button.**

**Once the appointment is created, the appointment can only be canceled/deleted or edited/rescheduled through the system up to 4PM on the same day. If the appointment needs to be canceled or rescheduled after that time you or your patient must contact the facility directly.**

### **Tips to Remember:**

- ❑ By selecting Any under Facility and Any Time allows the system to find the 1<sup>st</sup> available appointment for facilities that accept the insurance
- ❑ All fields with a **\*Red Asterisk** and shaded orange must be completed
- ❑ **Green** indicates an appointment time is available
- ❑ Routine mammograms should be scheduled at least one year and a day apart
- ❑ If the office making the appointment is not the patient’s PCP, please provide the PCPs name
- ❑ Once the appointment is scheduled, it must be canceled or rescheduled through the system until 4pm on the same day, after that time you or the patient must contact the facility directly.

## Step 5 Patient Confirmation



Once the appointment is created, you receive a **Confirmation Page**. This page provides the date, time and the facility where your patient's mammogram appointment is scheduled. Please give your patient a copy of this confirmation page and a copy should also be placed in your patient's chart so that it can be easily accessed. Your patient's information has been sent to the facility and the appointment has been made.

**This appointment can not be deleted/canceled or edited/rescheduled after 4PM through this system. If your patient's appointment needs to be canceled or rescheduled, please have the patient contact the facility directly.**

### Tips to Remember:

- If the appointment has been created you will receive a confirmation page
- The confirmation page should be given to the patient and a copy placed in the patient's chart
- The appointment has made at the time, date and facility on the confirmation sheet
- Once the appointment is confirmed, it must be canceled or rescheduled by contacting the facility directly after 4pm.

# Rescheduling & Canceling Appointments

It is extremely important, therefore worth repeating, that once a patient has been scheduled through the CMIPA Scheduling Program it **can not be deleted/canceled or edited/rescheduled after 4pm** by using this program. You or your patient must contact the facility directly to reschedule or change the appointment.

## Step 1

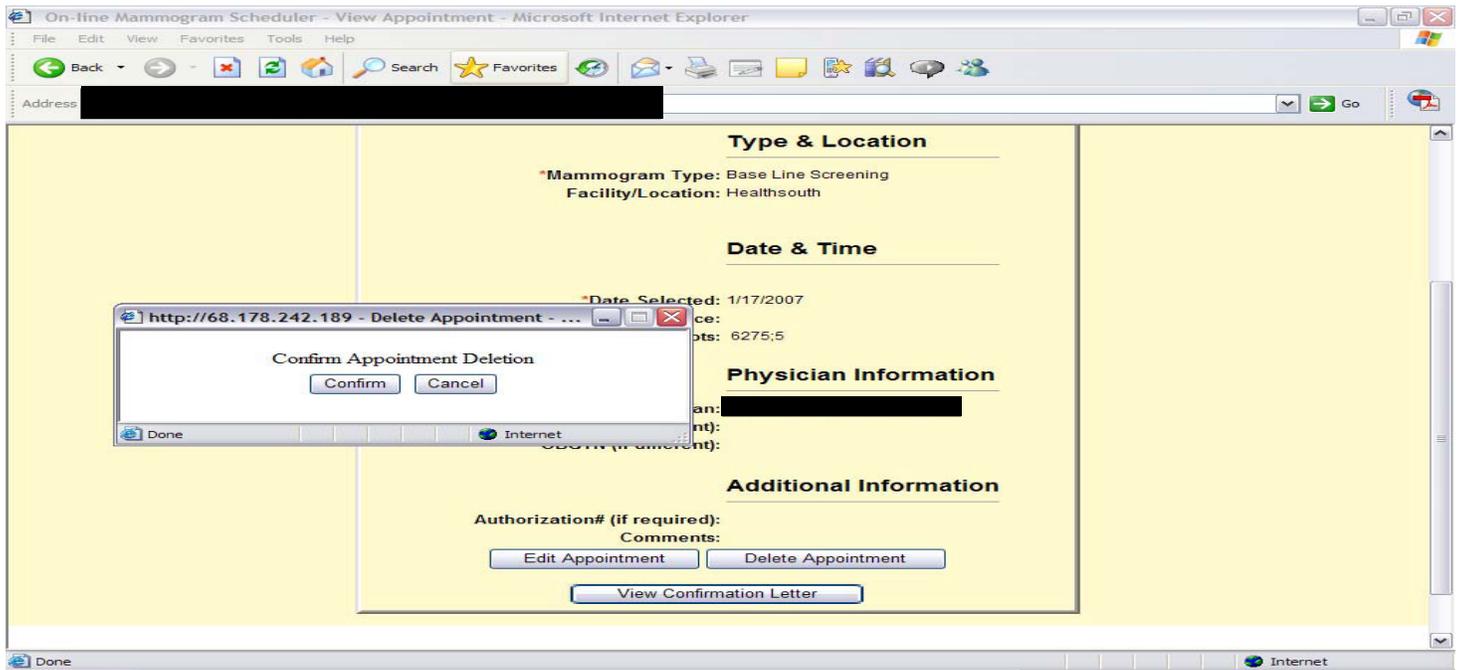
### Deleting/Canceling a Patient Appointment

If you must delete a patient appointment you must first locate your patient. Simple type in the **Last Name** of the patient or as many letters of the last name you have available and press **Enter** on your keyboard.

Name	Address	City	State	Zip	# (Rescheduled / Noshow)	Previous Appt	Previous Appt Facility	Next Appt	Next Appt Facility	View/Edit Next Appt
Test, Test	Test Road	Test	MA	01540	<a href="#">0</a> / <a href="#">0</a>			1/17/2007 9:00:00 AM	Healthsouth	<a href="#">View/Edit Appt</a>

Once your patient is located, select the hyperlink – **View/Edit Appointment**, the system will ask you if you would like to **Edit** the appointment or **Delete the Appointment**.

Confirm that you would like to **Delete the Appointment**. A confirmation page will appear. The page should be printed off and put in the patient's chart.



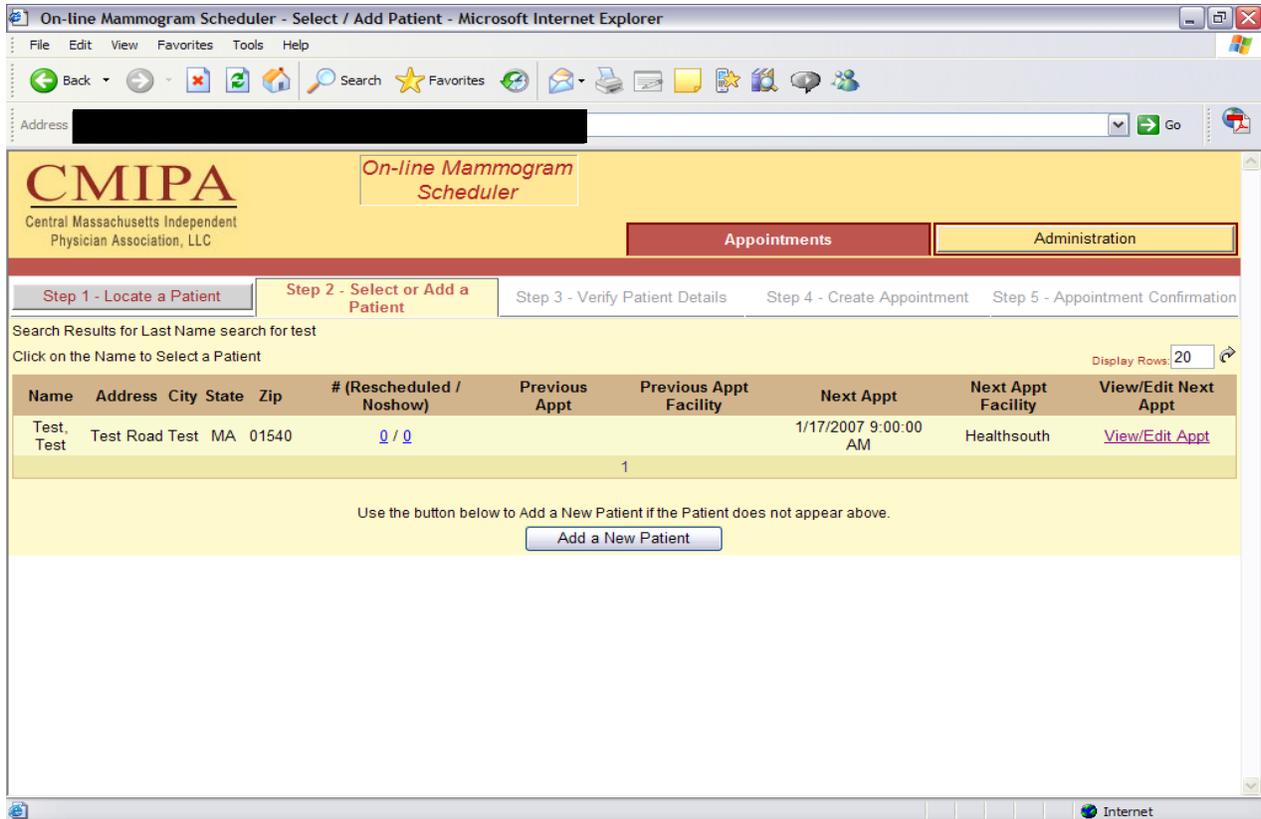
### Tips to Remember:

- ❑ Once the appointment is confirmed, it can only be deleted/canceled/or edited/rescheduled until 4pm through the system. After 4pm, the patient must contact the facility directly
- ❑ Locate your patient and select View/Edit Appt.
- ❑ The deleted/canceled confirmation page should be placed in the patient's chart

## Step 2

### Editing/Rescheduling a Patient Appointment

If you must edit/reschedule a patient appointment you must first locate your patient. Simply type in the **Last Name** of the patient or as many letters of the last name you have available and press **Enter** on your keyboard.

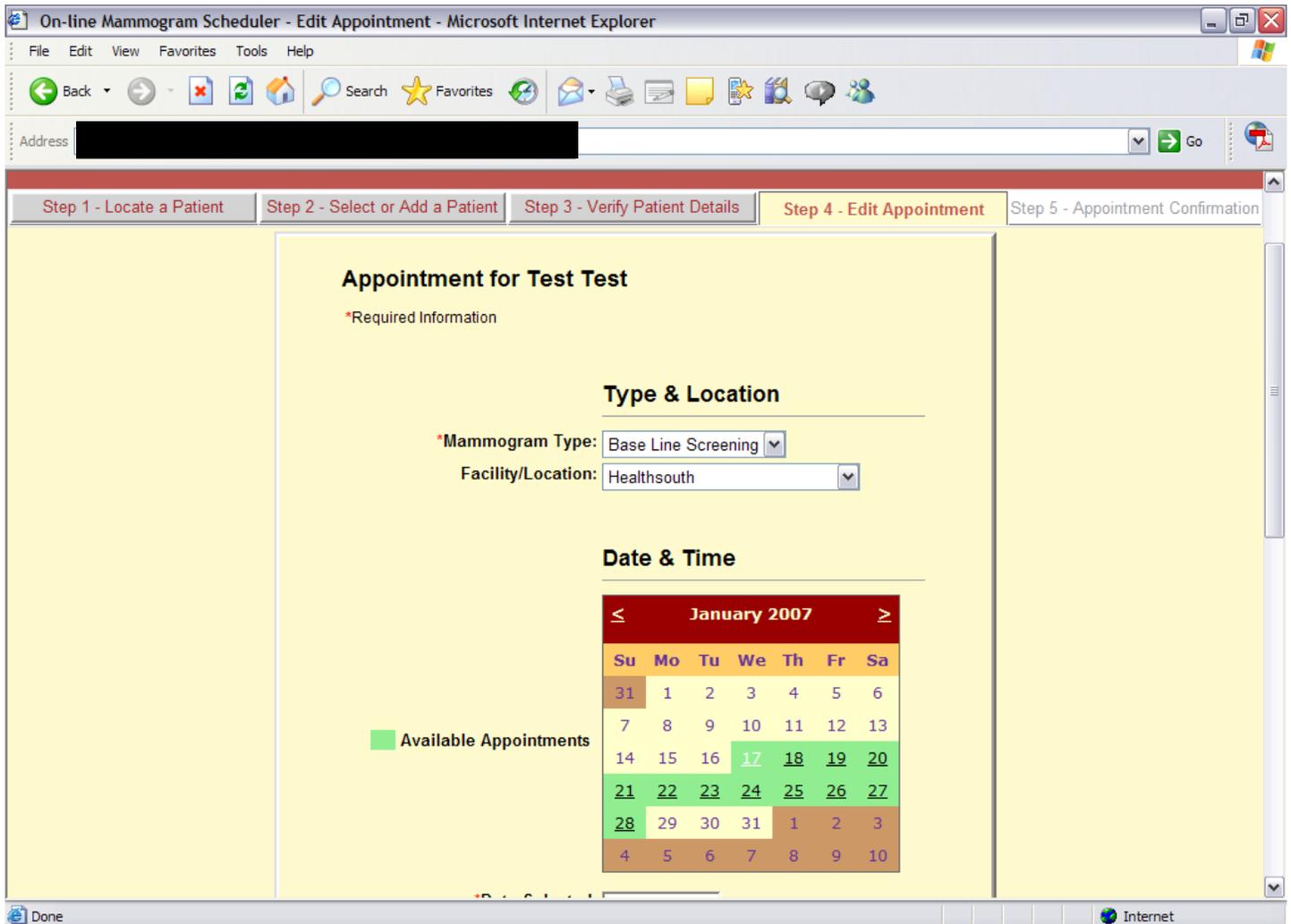


Once your patient is located, select the hyperlink – **View/Edit Appointment**, the system will ask you if you would like to Edit the appointment or Delete the Appointment

Confirm that you would like to **Edit the Appointment**.

The system will bring you back to **Step 4- Edit Appointment Screen**.

*CMIPA Scheduling Program*



You are now ready to **Edit** an appointment for your patient. Re- select the following fields by using the **Drop Down Boxes** for each of the following:

**Type** – The type of mammogram appointment you are scheduling – *Baseline or Routine Only*

**Facility** – Facilities will appear that accept the patient’s insurance that you selected. Facilities include the following: Chadwick Medical Center, Precision Medical Imaging @ Fallon Clinic, Saint Vincent Hospital, UMass Memorial Health Care and Women’s Health of Central MA or you may select **Any** to allow the system to search for the first available appointment

**Date** – Select the day the patient would like an appointment. You can also use the calendar and **Click** on the day to select the appropriate date. A date that is **Green** indicates that there is an appointment available on that date.

**Time** – Select from the following times: Morning or Afternoon or you may select **NONE** to allow the system to search for the first available appointment

**Last Mammogram** – The **Date** of your patient’s last mammogram and the **Location** should be entered into the system if you can provide it, *If the date of the last routine mammogram is not scheduled a year*  
*CMIPA Scheduling Program*

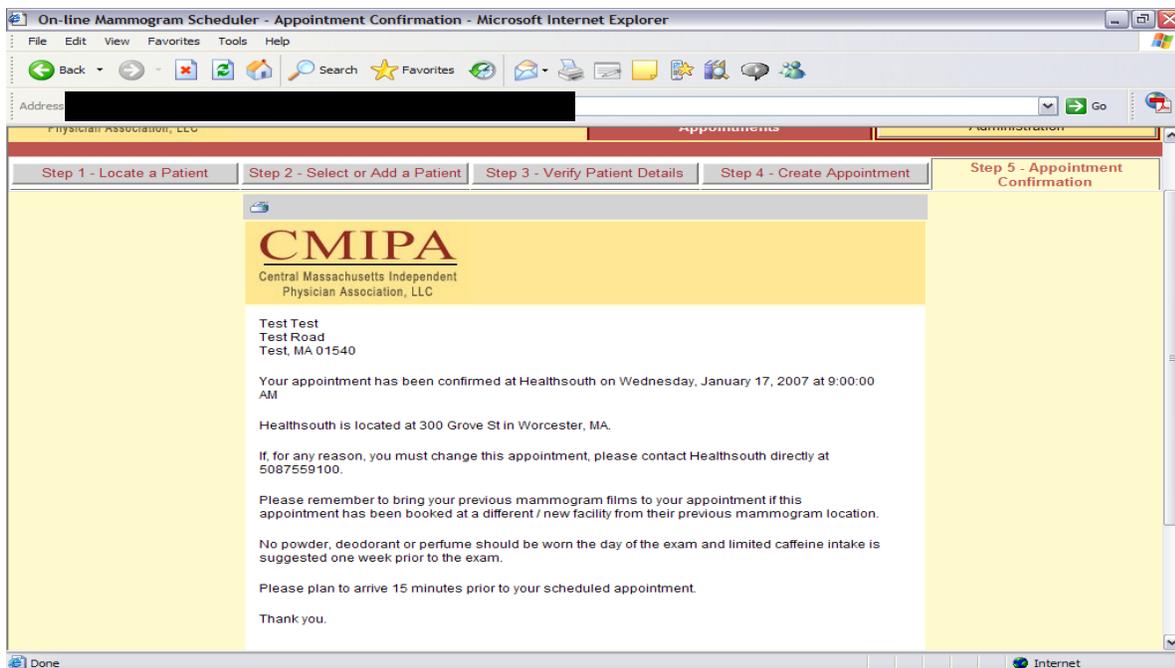
and a day out from the last mammogram, the system will not allow you to create an appointment to prevent you from scheduling a patient for a routine mammogram twice in a one year period.

**Referring /Ordering Physician, PCP (if different) and OBGYN (if different)** - The Referring/Ordering Physician needs to be completed by the office creating the appointment or the system will not allow you to make an appointment.

Please also remember that if your office is not the patient's PCP, it is extremely important that you also fill in the **PCP Field** so that the results can be sent to their office.

**Authorization** – If an authorization number is required please enter it as well as any **Comments** in the space provided

Once all of the fields have been filled in, **Select an Available Time Slot and Save the Appointment Changes. A new Confirmation Page will be generated.**



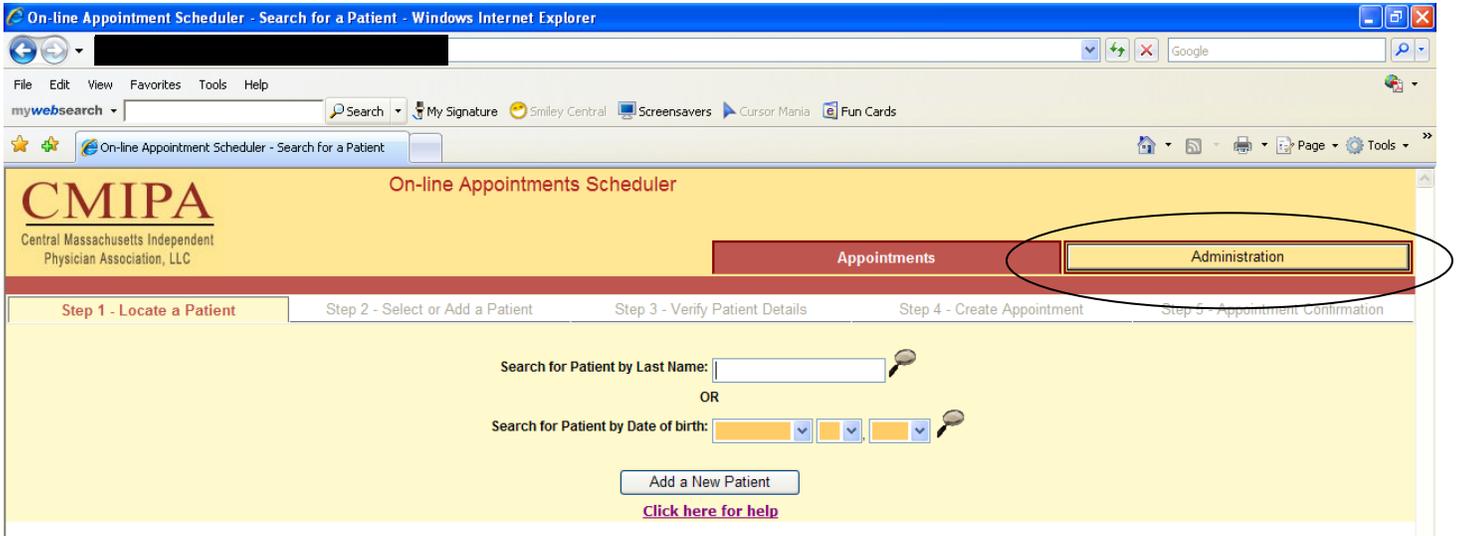
### Tips to Remember:

- Once the appointment is confirmed, it can only be edited/rescheduled until 4pm. After 4pm, the patient must contact the facility directly
- Locate your patient and select View/Edit Appt.
- Edit your patients appointment
- The new edited/rescheduled confirmation page should be placed in the patient's chart

# Reports

Practices now have the ability to run reports from the mammogram system

Once you are logged into the mammogram site, click on the “Administration” button on the top right.



Once the "Administration" button is clicked a new window will open:  
A report can be run with any of the search criteria listed below.

The screenshot shows a web browser window titled "On-line Appointment Scheduler - Appointment Information - Windows Internet Explorer". The address bar is redacted. The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The toolbar contains "mywebsearch", a search box, and several icons. The browser's address bar shows "On-line Appointment Scheduler - Appointment Inform...".

The main content area has a yellow header with the CMIPA logo (Central Massachusetts Independent Physician Association, LLC) and the text "On-line Appointment Scheduler: Administration". A red "Administration" button is visible in the top right corner.

The "Search for Appointments" section contains the following fields:

- Patient Name:** Two text input fields labeled "(first)" and "(last)".
- Appointment Information:** Four dropdown menus:
  - Redacted dropdown
  - Redacted dropdown
  - \*\*\* ANY APPT STATUS \*\*\*: Pending, No Show, Completed
  - \*\*\* ANY APPT LOCATION \*\*\*: Chadwick Medical Associates, Precision Medical Imaging @ Fallon Clinic, Saint Vincent Hospital
  - Redacted dropdown
- Special Case:** Four checkboxes: Implants, Male, Bra44D, Interpreter, Pregnant.
- Appointment Date Range:** Two date pickers labeled "(begin)" and "(end)".
- Booked Date Range:** Two date pickers labeled "(begin)" and "(end)".

Below the date range fields are two buttons: "Search Appointments" and "Reset".

# Sample Report of "No Show" Patients.

On-line Appointment Scheduler - Appointment Information - Windows Internet Explorer

On-line Appointment Scheduler - Appointment Information

**CMIPA**  
Central Massachusetts Independent Physician Association, LLC

**On-line Appointment Scheduler: Administration**

Appointments Administration

Appointment Information Physician Information Facilities Time Blocks Practice/Insurance

### Search for Appointments

Print Selected Letters Print All Letters Download To Excel Email List:  Send

Patient Name:  (first)  (last)

Appointment Information:

\*\*\* ANY APPT STATUS \*\*\*  
 Pending  
 No Show  
 Completed

\*\*\* ANY APPT LOCATION \*\*\*  
 Chadwick Medical Associates  
 Precision Medical Imaging @ Fallon Clinic  
 Saint Vincent Hospital

\*\*\* ANY HEALTH INSURANCE \*\*\*

For Multiple Selection hold ctrl and click on the selection

Special Case  
 Implants  Male  Bra44D  
 Interpreter  Pregnant

Appointment Date Range  
 (begin)  (end)

Booked Date Range  
 (begin)  (end)

Letter Attempts	Patient Last Name	Patient First Name	Appointment Date	Facility
<input type="checkbox"/> No Show Letter 0 Attempts Edit	[REDACTED]	[REDACTED]	5/21/2007 11:00:00 AM	Precision Medical Imaging @ Fallon Clin
<input type="checkbox"/> No Show Letter 0 Attempts Edit	[REDACTED]	[REDACTED]	5/18/2007 1:00:00 PM	Saint Vincent Hospital
<input type="checkbox"/> No Show Letter 0 Attempts Edit	[REDACTED]	[REDACTED]	6/11/2007 1:00:00 PM	Saint Vincent Hospital
<input type="checkbox"/> No Show Letter 0 Attempts Edit	[REDACTED]	[REDACTED]	6/12/2007 2:00:00 PM	Precision Medical Imaging @ Fallon Clin
<input type="checkbox"/> No Show Letter 0 Attempts Edit	[REDACTED]	[REDACTED]	8/1/2007 2:00:00 PM	Precision Medical Imaging @ Fallon Clin
<input type="checkbox"/> No Show Letter 0 Attempts Edit	[REDACTED]	[REDACTED]	8/30/2007 2:30:00 PM	Saint Vincent Hospital
<input type="checkbox"/> No Show Letter 0 Attempts Edit	[REDACTED]	[REDACTED]	10/29/2007 1:00:00 PM	Saint Vincent Hospital
<input type="checkbox"/> No Show Letter 0 Attempts Edit	[REDACTED]	[REDACTED]	12/19/2007 11:30:00 AM	Saint Vincent Hospital

Printing a “No Show” Letter:

1. You can select one or all of the patients that you want to print the letter for.
2. A window (as shown below) will pop up on your screen to remind you to file a copy of the letter, that you are mailing to the patient, in their medical record.

On-line Appointment Scheduler - Appointment Information - Windows Internet Explorer

File Edit View Favorites Tools Help

On-line Appointment Scheduler - Appointment Inform...

CMIPA  
Central Massachusetts Independent  
Physician Association, LLC

On-line Appointment Scheduler:  
Administration

Appointments Administration

Appointment Information Physician Information Facilities Time Blocks Practice/Insurance

Search for Appointments

Patient Name  
(first) (last)

Appointment Information

\*\*\* ANY APPT STATUS \*\*\*  
Pending  
No Show  
Completed

\*\*\* ANY APPT LOCATION \*\*\*  
Chadwick Medical Associates  
Precision Medical Imaging @ Fallon Clinic  
Saint Vincent Hospital

\*\*\* ANY HEALTH INSURANCE \*\*\*  
SELPAY

Print Selected Letters Print All Letters Download To Excel Email List: Send

Letter Attempts	Patient Last Name	Patient First Name	Appointment Date	Facility
<input type="checkbox"/> No Show			5/21/2007 11:00:00 AM	Precision Medical Imaging @ Fallon Clin
<input type="checkbox"/> No Show			5/18/2007 1:00:00 PM	Saint Vincent Hospital
<input type="checkbox"/> No Show			5/11/2007 1:00:00 PM	Saint Vincent Hospital
<input type="checkbox"/> No Show			5/12/2007 2:00:00 PM	Precision Medical Imaging @ Fallon Clin
<input type="checkbox"/> No Show Letter 0 Attempts			8/1/2007 2:00:00 PM	Precision Medical Imaging @ Fallon Clin
<input type="checkbox"/> No Show Letter 0 Attempts			8/30/2007 2:30:00 PM	Saint Vincent Hospital
<input type="checkbox"/> No Show Letter 0 Attempts			10/29/2007 1:00:00 PM	Saint Vincent Hospital
<input type="checkbox"/> No Show Letter 0 Attempts			12/19/2007 11:30:00 AM	Saint Vincent Hospital

Windows Internet Explorer

Please make sure you file the No Show letter in the patient medical record.

OK Cancel

Below is a sample of the “No Show” Letter:

*Date*

*Jane Smith  
1 Test Hill Road  
Worcester, MA 00000*

*Re: # of attempts*

*Dear Ms. Smith:*

*You missed your mammogram appointment scheduled on “Date and Time” at “Facility.” A little of your time can make a lifetime of difference when it comes to obtaining preventive health tests.*

*Breast cancer is the second leading cause of cancer deaths in American women. There is no proven way to prevent breast cancer. However, mammography offers the best chance to detect breast cancer at an early stage and lowers your risk of dying from breast cancer.*

*Below are some important facts about why mammography is so important:*

- 80% of all breast cancer occurs in women with no family history.*
- Age is the most important factor in the risk for developing breast cancer.*
- Once is not enough. You should have an annual mammogram.*

*Please call my office to discuss re-scheduling your breast cancer screening. If you have already had a mammogram this year, please call and let the office know so that your records can be updated. Also, please request that a copy of your report be sent to our office for your records.*

*Remember: Early detection greatly increases the chances for successful treatment.*

*Respectfully yours,*

*“Physician Name, MD”*

If you click on the link that indicates the number of attempts a letter has been sent, a new window, as shown below, will pop up and tell you the type of letter that was printed, the date and time the letter was printed and which user printed the letter for tracking purposes.

The screenshot displays the CMIPA On-line Appointment Scheduler Administration interface. The main window shows a table of appointments with columns for Patient Name, Appointment Date, and Facility. A 'Letter Attempts' column is visible, with a link '1 Attempts' circled in red. A secondary window titled 'Button Hit Detail' is open, showing a table with columns for Letter Type, Letter Printed Date, and UserID. The 'Letter Type' is 'No Show', the 'Letter Printed Date' is '4/9/2008 3:46:01 PM', and the 'UserID' is redacted.

Letter Type	Letter Printed Date	UserID
No Show	4/9/2008 3:46:01 PM	[Redacted]

### Tips to Remember:

- ❑ All reports can be downloaded into an excel document
- ❑ If you run a report for all cancelled appointments, you can print a similar letter to the “no show” letter for the patients and those letters will be tracked in the system as well.

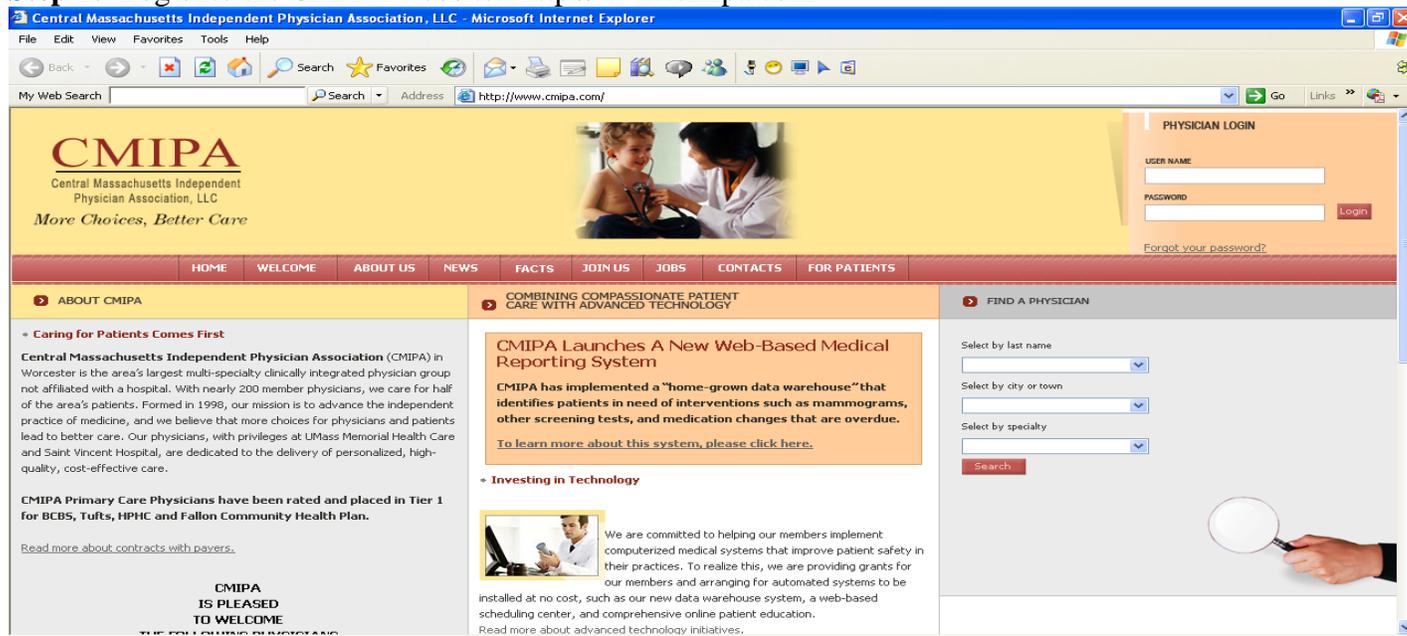
# Data Warehouse User Guide

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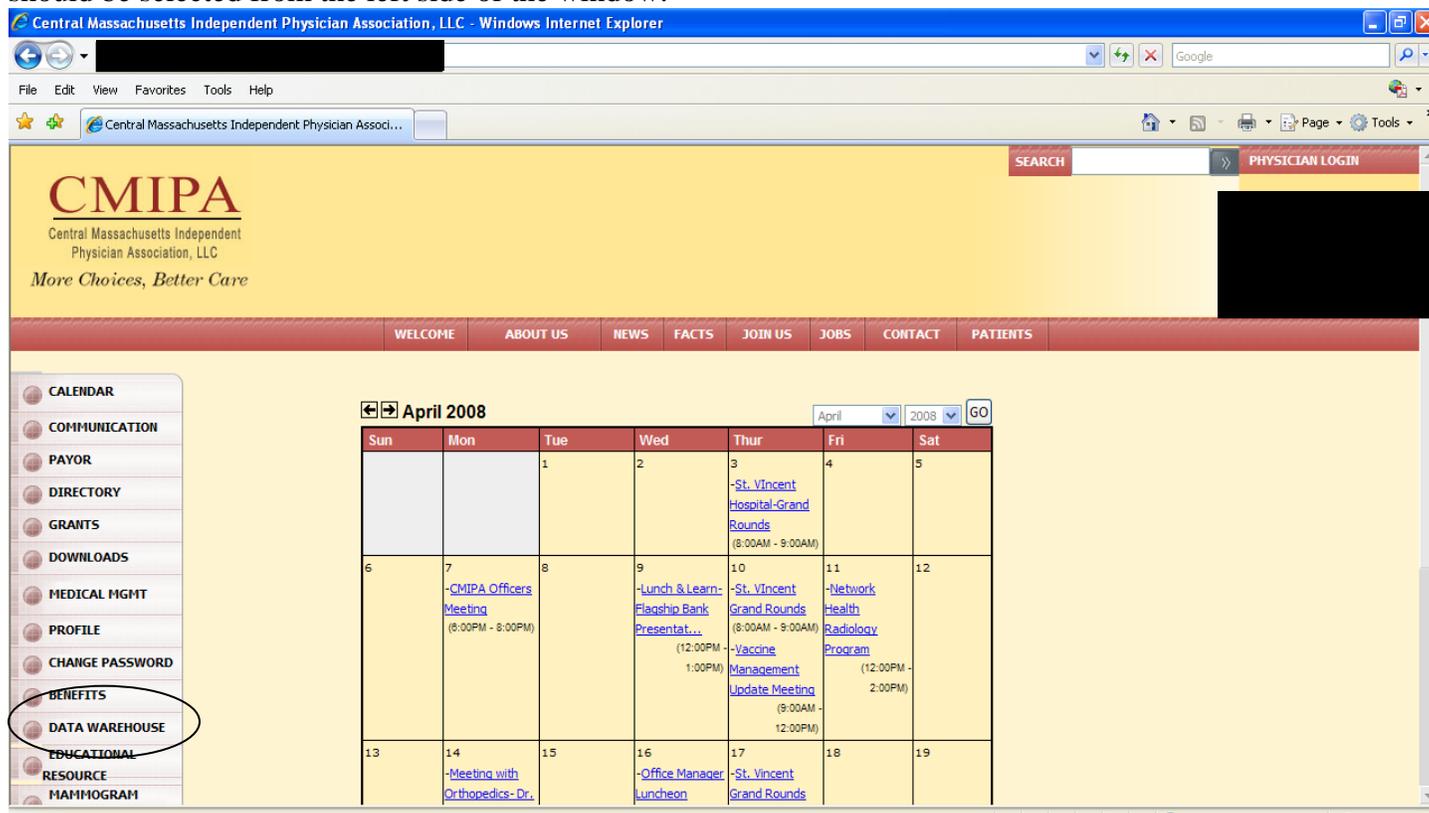
REPRODUCTION OF THIS DOCUMENT, IN WHOLE OR IN PART, BY ANY MEANS OF ANY NATURE,  
WITHOUT THE EXPRESS WRITTEN PERMISSION OF CMIPA IS PROHIBITED.  
For permission, please contact Gail Sillman, Executive Vice President, CMIPA.

# Data Warehouse User Guide

**Step 1:** Log onto the CMIPA website: <http://www.cmipa.com>



**Step 2:** Once you have logged into the website, the screen below will appear and the “Data Warehouse” icon should be selected from the left side of the window.



**Step 3:** Once you click on the Data Warehouse icon, the following screen will appear.

- To the left of the screen are the different options that you can search.
- At the bottom of the screen it shows the most recent date the claims were uploaded by insurance company.
- The screen below shows the patient history screen where you can search by any of the fields listed there.

The screenshot shows a web browser window titled "Patient History - Windows Internet Explorer". The browser's address bar is redacted. The page header includes the CMIPA logo with the tagline "Transforming data into practice" and navigation links for "REPORTS", "EMAIL/FAX", "PROFILE", "HELP", and "LOGOUT". A secondary header lists "Utilization Management", "Financial Management", and "Disease Management".

On the left side, there is a "Browse" menu with a list of search categories: Patient History, Diabetes, Asthma, Mammogram, Pap Smear, Chlamydia Test, Cardiovascular, WellCare, Children with URI, Children with Pharyngitis, PCP Report, Fee Schedule, Pharmacy, Utilization, and Contact Us. Below this is a "Lab and Imaging" section with links to LabCorp eResults, Shields, Metrowest MRI, Metrowest Meditech, UMass Labs WebPCR, Diagnostic Laboratory Medicine, and Radiology Worcester Med Center. At the bottom of the menu is an "e-Prescribing" section with links to DrFirst, ZixCorp, and Allscripts (free).

The main content area is titled "REPORTS >> PATIENT HISTORY" and contains a search form with the following fields:

- Patient Last Name (or initial)
- Patient First Name (or initial)
- Date of Birth
- Payer Name
- Service Starting Date
- Service Ending Date
- PCP Last Name
- PCP First Name
- Provider Name
- ICD
- ICD Description
- CPT
- CPT Description
- Hospitals (dropdown menu)
- Rx Starting Date
- Rx Ending Date
- Prescriber Last Name
- Prescriber First Name
- Drug Name

Below the form is a button labeled "Get Patient Information" and a note: "You don't need to fill all the fields in order to do a search. You can do a search just by writing in ONE field."

At the bottom of the page, there is a "FONT SIZE /" section and a "Most recent claims" section listing:

- FCHP Procedures - 1/30/2008; FCHP Rx - 2/15/2008 BCBS Procedures - 1/31/2008; BCBS Rx - 1/22/2008
- HPHC Procedures - 2/14/2008; HPHC Rx - 2/15/2008 TUFTS Procedures - 12/31/2007; TUFTS Rx - 1/18/2008

The page footer includes "Page build time: It took 1.74 seconds to load this page." and a status bar at the bottom showing "Done" and "Internet" with a 100% zoom level.

#### Step 4: Patient History

- By clicking on the last name of the patient it will open their patient history as shown in the next screen shot
- By clicking the icon that states “show 500 records” it will allow you to view all your patients at once.
- By clicking the print button, the patient history will be formatted in a print excel chart format.
- By clicking on any column heading (last name, first name, etc.) you can sort the list accordingly.

The screenshot shows a web browser window titled "Patient History - Windows Internet Explorer". The page header includes "Transforming data into practice" and navigation tabs for "REPORTS", "EMAIL/FAX", "PROFILE", "HELP", and "LOGOUT". The main content area is titled "REPORTS >> PATIENT HISTORY" and features a "Show 500 Records" button circled in red. Below this is a table with columns for "Last Name" and "First Name", also circled in red. The table contains several rows of patient data, with the first row being partially visible. The footer of the page includes "FONT SIZE /" and "Most recent claims:" followed by a list of claims with dates and provider names. The page build time is noted as "It took 5.56 seconds to load this page."

## Step 5: Detailed Patient History Screen

- The bottom of the screen shows prescriptions prescribed along with the refill frequency

**CMIPA**  
Transforming data into practice

Utilization Management  
Financial Management  
Disease Management

REPORTS EMAIL/FAX PROFILE HELP LOGOUT

**Browse**

- Patient History
- Diabetes
- Asthma
- Mammogram
- Pap Smear
- Chlamydia Test
- Cardiovascular
- WellCare
- Children with URI
- Children with Pharyngitis
- PCP Report
- Fee Schedule
- Pharmacy
- Utilization
- Contact Us

**Lab and Imaging**

- LabCorp eResults
- Shields
- Metrowest MRI
- Metrowest Meditech
- UMass Labs WebPCR
- Diagnostic Laboratory
- Medicine
- Radiology Worcester Med Center

**e-Prescribing**

- DrFirst
- ZixCorp
- Allscripts (free)

Patient Name: [REDACTED]  
Date of Birth: [REDACTED]  
Current Subscriber: [REDACTED]  
Current Payor: [REDACTED]

Show All Pages

Insurance	PCP Name	Provider Name	ICD	ICD Description	CPT Code	CPT Description	Service Date
FCHP	[REDACTED]	[REDACTED]	461.9	ACUTE SINUSITIS, UNSPEC	99213	OFFICE/OP VISIT, EST PT, 2 KEY COMPONENTS: EXPAND PROB HX; EXPAND PROB EXAM;MED DECISION LOW COMPLEX	03/07/2006
FCHP	[REDACTED]	[REDACTED]	525.9	UNSPEC DISORDER OF THE TEETH AND SUPPORTING STRUCTURES	99213	OFFICE/OP VISIT, EST PT, 2 KEY COMPONENTS: EXPAND PROB HX; EXPAND PROB EXAM;MED DECISION LOW COMPLEX	10/22/2005

Showing page 1 of 1 pages

Download Procedures

RED - Non Generic / GREEN - Generic

Fill Date	Drug Name	Qty	Refills	Days Supply	Copay Amt.	Net Pay Amt.	Prescriber
01/13/2007	SMZ/TMP DS TAB 800-160	20	0	10	\$0.00	\$0.00	BS2392405
01/04/2007	CLINDAMYCIN CAP 150MG	40	0	10	\$0.00	\$0.00	BS2392405
03/07/2006	AZITHROMYCIN TAB 250MG	6	0	5	\$0.00	\$0.00	BC0678586
03/07/2006	GUAIFENESIN LIQ AC	240	0	4	\$0.00	\$0.00	BC0678586
10/22/2005	HYDROCO/APAP TAB 5-500MG	20	0	2	\$0.00	\$0.00	BC6986826

Showing page 1 of 1 pages

Download Medications

Drug Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	C.Ind
<b>2007</b>													
CLINDAMYCIN CAP 150MG		█	█										100
SMZ/TMP DS TAB 800-160		█	█										100
<b>2006</b>													
AZITHROMYCIN TAB 250MG			█										100
GUAIFENESIN LIQ AC			█										100
<b>2005</b>													
HYDROCO/APAP TAB 5-500MG											█		100

FONT SIZE /

## Step 6: Diabetes Module:

- You can search by any of the fields listed below
- A sample of the HEDIS PCP Report and the HEDIS Diabetes patient list are shown below.

## Step 7: Sample HEDIS PCP Report for Diabetes

- This report provides a PCP with their compliance rate for that HEDIS Measure.

Number of Patients eligible	Hba1c Actual	Hba1c Target	Hba1c Outstanding #	Good Hba1c Actual	Good Hba1c Target	Good Hba1c Outstanding #	LDL Actual	LDL Target	LDL Outstanding #	Good LDL Actual	Good LDL Target	Good LDL Outstanding #	Micro Actual	Micro Target	Micro Outstanding #	Eye Actual	Eye Target	Eye Outstanding #
66	95.5% (63)	93.5%	0	37.9% (25)	48%	7	80.3% (53)	95%	10	33.3% (22)	52%	13	78.8% (52)	85%	5	57.6% (38)	69%	8
66	95.45% (63)	93.5%	-1	37.88% (25)	48%	7	80.30% (53)	95%	10	33.33% (22)	52%	13	78.79% (52)	85%	5	57.58% (38)	69%	8

## Step 8: Sample HEDIS Diabetes Patient List

- This list is comprised of your diabetes patient list per the HEDIS definition of a diabetic patient
- If you click the HEDIS title it will provide you with the definition of the measure
- You can print patient reminder letters for all non-compliant patients as shown below

**CMIPA**  
Transforming data into practice

Utilization Management  
Financial Management  
Disease Management

REPORTS EMAIL/FAX PROFILE HELP LOGOUT

**Browse**

Diabetes [Download Report](#)

**Your Good control HgA1c (<7%):** 100.00% CMIPA  
Goal: 48% CMIPA Average: 15.84%

**Your HbA1c HEDIS Compliance Index :** 100.00% CMIPA  
Goal: 93.50% CMIPA Average: 69.73%

**Your LDL HEDIS Compliance Index :** 66.67% CMIPA  
Goal: 95% CMIPA Average: 61.50%

**Your Good control LDL (<100mg/dL):** 33.33% CMIPA  
Goal: 52% CMIPA Average: 15.50%

**Your Microalbuminuria HEDIS Compliance Index :** 33.33% CMIPA Goal: 85% CMIPA Average: 40.59%

**Your Eye Exam HEDIS Compliance Index :** 33.33% CMIPA Goal: 69% CMIPA Average: 30.67%

Patient Name	Payer	PCP Name	Age	Gender	Eye Exam	LDL-C	LDL Value	HbA1C	HbA1C Value	Micro Albuminuria	Micro Value	Is In Registry	Edit/Remove	Notes
				F		11/27/2007	152	11/27/2007	5.8	06/18/2007		<input type="checkbox"/>	<a href="#">Edit/Remove</a>	<a href="#">Print</a>
				F	06/13/2007	12/05/2007	77	12/05/2007	6.6	04/25/2007		<input type="checkbox"/>	<a href="#">Edit/Remove</a>	<a href="#">Print</a>
				F				09/17/2007	5.9			<input type="checkbox"/>	<a href="#">Edit/Remove</a>	<a href="#">Print</a>

3 Patients Found)

DrFirst  
ZixCorp  
Allscripts (free)

FONT SIZE /

Most recent claims :  
FCHP Procedures - 1/30/2008; FCHP Rx - 2/15/2008 BCBS Procedures - 1/31/2008; BCBS Rx - 1/22/2008  
HPHC Procedures - 2/14/2008; HPHC Rx - 2/15/2008 TUFTS Procedures - 12/31/2007; TUFTS Rx - 1/18/2008

Page build time:It took 0.17 seconds to load this page.

**Sample Letter for Diabetes:**

*Thursday, May 01, 2008*

*Joe Smith  
1 Joe Drive  
Joe City, MA 00000*

*Dear Joe,*

*Diabetes is one of the leading causes of medical complications and is often associated with strokes and heart attacks. Our office is working to track leading tests for good diabetic control and to help maintain an optimal level of health for our patients.*

*In order to maintain good control on your diabetes, we recommend the following testing – an HbA1-C every three months, a yearly diabetic eye exam, a yearly cholesterol screening and a yearly kidney screen (microalbuminuria). Based on the most recent dates we have on record for your leading tests:*

- Congratulations for doing your HbA1-C test.*
- Congratulations for doing your cholesterol test.*
- Your last microalbuminuria test was done more than one year ago.*
- Congratulations for doing your eye exam.*

*Please contact our office, as soon as possible, so we can schedule the tests above that were not completed, or update our records if you have completed them recently.*

*Respectfully yours,*

*Perfect Physician, MD*

## Step 9: Definition of a HEDIS Measure:

- Click on the measure name in Blue for the definition of the HEDIS measure

The screenshot shows the CMIPA website interface. At the top, there are navigation tabs for REPORTS, EMAIL/FAX, PROFILE, HELP, and LOGOUT. The main content area displays several HEDIS compliance metrics:

- Your Good control HgA1c (<7%):** 100.00% CMIPA (Goal: 48% CMIPA Average: 15.84%)
- Your Good control LDL (<100mg/dL):** 33.33% CMIPA (Goal: 52% CMIPA Average: 15.50%)
- Your HbA1c HEDIS Compliance Index:** 100.00% CMIPA (Goal: 93.50% CMIPA Average: 69.73%)
- Your LDL HEDIS Compliance Index:** 66.67% CMIPA (Goal: 95% CMIPA Average: 61.50%)
- Your Microalbuminuria HEDIS Compliance Index:** 33.33% CMIPA (Goal: 85% CMIPA Average: 40.59%)
- Your Eye Exam HEDIS Compliance Index:** 33.33% CMIPA (Goal: 69% CMIPA Average: 30.67%)

Below the metrics is a table with 13 columns: Patient Name, Pavor, PCP Name, Age, Gender, Eye Exam, LDL-C, LDL Value, HbA1C, HbA1C Value, Micro Albuminuria, Micro Value, Is In Registry, Edit/Remove, and Notes. The table contains three rows of patient data, with some cells redacted by black boxes.

A callout box titled "HbA1c Test" provides the following definition: "This measure looks at a medical groups patients, who have Type 1 or Type 2 diabetes. It shows the percent of those patients who had at least one Hemoglobin A1c (HbA1c) test during the past year.\*" It also notes: "\*Blue Cross requires TWO HbA1c tests each year".

At the bottom of the page, there are buttons for "Show All Pages", "Print Selected", "Print All", and "Patient Reminder Letters".

## Step 10: Edit/Remove Button

- This button allows you to remove a patient who is not diabetic or edit patient's information such as tests dates, values, etc. Screen shot is shown below.

The screenshot shows the CMIPA Diabetes website interface. At the top, there's a navigation bar with 'REPORTS', 'EMAIL/FAX', 'PROFILE', 'HELP', and 'LOGOUT'. Below this, there are several performance metrics for diabetes control, such as 'Your Good control HgA1c (<7%)' and 'Your LDL HEDIS Compliance Index'. The main content area features a table with patient data. The table has columns for Patient Name, Payor, PCP Name, Age, Gender, Eye Exam, LDL-C, LDL Value, HbA1C, HbA1C Value, Micro Albuminuria, Micro Value, Is In Registry, and Edit/Remove. The 'Edit/Remove' column contains checkboxes and links for each patient. A red circle highlights the 'Edit/Remove' button for the first patient in the list. The table shows three patients, all female, with various test dates and values. The first patient has an Eye Exam on 11/27/2007, LDL-C of 152, and HbA1C of 5.8. The second patient has an Eye Exam on 06/13/2007, LDL-C of 77, and HbA1C of 6.6. The third patient has an Eye Exam on 09/17/2007 and HbA1C of 5.9. The page indicates 'Showing page 1 of 1 pages (3 Patients Found)'.

Patient Name	Payor	PCP Name	Age	Gender	Eye Exam	LDL-C	LDL Value	HbA1C	HbA1C Value	Micro Albuminuria	Micro Value	Is In Registry	Edit/Remove	Notes
[Redacted]	[Redacted]	[Redacted]	[Redacted]	F		11/27/2007	152	11/27/2007	5.8	06/18/2007			<input type="checkbox"/> Edit/Remove Print	
[Redacted]	[Redacted]	[Redacted]	[Redacted]	F	06/13/2007	12/05/2007	77	12/05/2007	6.6	04/25/2007			<input type="checkbox"/> Edit/Remove Print	
[Redacted]	[Redacted]	[Redacted]	[Redacted]	F				09/17/2007	5.9				<input type="checkbox"/> Edit/Remove Print	

## Edit / Remove Screen:

- You can add values and dates for the tests
- You can also check off the box to “Patient Removed from Registry: to remove a patient that is not actually diabetic. If you choose this option, you must supply notes in the box to indicate why the patient is no longer on the registry.
- Once have completed the update, just click the save icon.

The screenshot shows a web browser window titled "Patient Diabetes Detail - Windows Internet Explorer". The browser's address bar is redacted with a black box. The page content is a form for patient diabetes details. The form is organized into two columns. The left column contains date fields for "Micro Albuminuria" (06/18/2007), "LDL-C Date" (11/27/2007), "HbA1C Date" (11/27/2007), and "Eye Exam". The right column contains value fields for "Micro Value", "LDL-C Value" (152), and "HbA1C Value" (5.8). Below these is a "Payor" dropdown menu set to "FCHP". A checkbox labeled "Patient Removed from Registry" is circled in red. Below this checkbox is a large text area for notes. At the bottom of the form, there are fields for "Record Created on", "Last update on", and "Last user update:", followed by a "Save" button.

**Step 11: Download a report into excel**

- Click on the icon that states “Download Report” to view the report in an excel format

The screenshot shows the CMIPA website interface. The top navigation bar includes 'REPORTS', 'EMAIL/FAX', 'PROFILE', 'HELP', and 'LOGOUT'. The left sidebar has a 'Browse' section with a 'Download Report' button circled in red. The main content area displays compliance metrics for HgA1c, LDL, HbA1c, Microalbuminuria, and Eye Exam. Below these metrics is a table with 13 columns: Patient Name, Payer, PCP Name, Age, Gender, Eye Exam, LDL-C, LDL Value, HbA1C, HbA1C Value, Micro Albuminuria, Micro Value, Is In Registry, Edit/Remove, and Notes. Three rows of patient data are visible, with some cells redacted by a black box. At the bottom, there are buttons for 'Show All Pages', 'Print Selected', 'Print All', and 'Patient Reminder Letters'.

**Compliance Metrics:**

- Your Good control HgA1c (<7%):** 100.00% CMIPA  
Goal: 48% CMIPA Average: 15.84%
- Your Good control LDL (<100mg/dL):** 33.33% CMIPA  
Goal: 52% CMIPA Average: 15.50%
- Your HbA1c HEDIS Compliance Index :** 100.00% CMIPA  
Goal: 93.50% CMIPA Average: 69.73%
- Your Microalbuminuria HEDIS Compliance Index :** 33.33% CMIPA Goal: 85% CMIPA Average: 40.59%
- Your LDL HEDIS Compliance Index :** 66.67% CMIPA  
Goal: 95% CMIPA Average: 61.50%
- Your Eye Exam HEDIS Compliance Index :** 33.33% CMIPA Goal: 69% CMIPA Average: 30.67%

Patient Name	Payer	PCP Name	Age	Gender	Eye Exam	LDL-C	LDL Value	HbA1C	HbA1C Value	Micro Albuminuria	Micro Value	Is In Registry	Edit/Remove	Notes
[Redacted]	[Redacted]	[Redacted]	[Redacted]	F		11/27/2007	152	11/27/2007	5.8	06/18/2007			<input type="checkbox"/> Edit/Remove Print	
[Redacted]	[Redacted]	[Redacted]	[Redacted]	F	06/13/2007	12/05/2007	77	12/05/2007	6.6	04/25/2007			<input type="checkbox"/> Edit/Remove Print	
[Redacted]	[Redacted]	[Redacted]	[Redacted]	F				09/17/2007	5.9				<input type="checkbox"/> Edit/Remove Print	

3 Patients Found) [Navigation icons]

Buttons: Show All Pages, Print Selected, Print All, Patient Reminder Letters

Most recent claims :  
 FCHP Procedures - 1/30/2008; FCHP Rx - 2/15/2008 BCBS Procedures - 1/31/2008; BCBS Rx - 1/22/2008  
 HPHC Procedures - 2/14/2008; HPHC Rx - 2/15/2008 TUFTS Procedures - 12/31/2007; TUFTS Rx - 1/18/2008  
 Page build time:It took 0.17 seconds to load this page.

# Asthma Module:

Patient Name	Payer	PCP Name	Age	Gender	Inpatient Visit	ED Visit	Outpatient Visit	Medication	Last Prescription	Is In Registry	<input type="checkbox"/>	Edit/Remove	Notes
[REDACTED]				F	No	No	01/11/2005	ALBUTEROL AER 90MCG	02/08/2008		<input type="checkbox"/>	Edit/Remove	Print
[REDACTED]				M	No	No	01/29/2007	FLOVENT HFA AER 220MCG	11/28/2007		<input type="checkbox"/>	Edit/Remove	Print
[REDACTED]				F	No	No	12/26/2006	AZMACORT AER 75MCG	01/03/2008		<input type="checkbox"/>	Edit/Remove	Print
[REDACTED]				M	No	No	06/09/2005	ALBUTEROL AER 90MCG	02/14/2008		<input type="checkbox"/>	Edit/Remove	Print
[REDACTED]				M	No	No	10/20/2006	COMBIVENT AER	08/25/2007		<input type="checkbox"/>	Edit/Remove	Print
[REDACTED]				M	No	No	05/29/2007	ALBUTEROL 90 MCG INH	02/25/2008		<input type="checkbox"/>	Edit/Remove	Print
[REDACTED]				M	No	No	04/28/2006	ADVAIR DISKU MIS 250/50	02/08/2008		<input type="checkbox"/>	Edit/Remove	Print

## Breast Cancer Screening / Mammogram Module:

Mammogram List - Windows Internet Explorer

Utilization Management  
Financial Management  
Disease Management

REPORTS EMAIL/FAX PROFILE HELP LOGOUT

**Browse**

Patient History  
Diabetes  
Asthma  
Mammogram  
Pap Smear  
Chlamydia Test  
Cardiovascular  
WellCare  
Children with URI  
Children with Pharyngitis  
PCP Report  
Fee Schedule  
Pharmacy  
Utilization  
Contact Us

**Lab and Imaging**

LabCorp eResults  
Shields  
Metrowest MRI  
Metrowest Meditech  
UMass Labs WebPCR  
Diagnostic Laboratory  
Medicine  
Radiology Worcester Med Center

**e-Prescribing**

DrFirst  
ZixCorp  
Allscripts (free)

CMIPA  
Transforming data into practice

Patient Last Name (or initial) \_\_\_\_\_ Patient First Name (or initial) \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Payer Name All  
 PCP Last Name \_\_\_\_\_ PCP First Name \_\_\_\_\_

Include Patients Removed from Registry

Year CurrentYear

You don't need to fill all the fields in order to do a search. You can do a search just by writing in ONE field.

Get HEDIS PCP Report Get Hedis Mammogram Patient List

Mammogram List - Windows Internet Explorer

REPORTS >> MAMMOGRAM LIST

Download Report

**Your Mammogram HEDIS Compliance Index: 85.71% CMIPA Goal: 85% CMIPA Average: 56.99%**

Patient Name	Payor	PCP Name	Date-Of-Birth	Last Mammogram	Is In Registry	Edit/Remove	Print	Notes
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	05/02/2007	Yes	<a href="#">Edit/Remove</a>	<a href="#">Print</a>	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	01/04/2007	Yes	<a href="#">Edit/Remove</a>	<a href="#">Print</a>	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		Yes	<a href="#">Edit/Remove</a>	<a href="#">Print</a>	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	01/09/2008	Yes	<a href="#">Edit/Remove</a>	<a href="#">Print</a>	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	11/29/2006	Yes	<a href="#">Edit/Remove</a>	<a href="#">Print</a>	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	12/06/2007	Yes	<a href="#">Edit/Remove</a>	<a href="#">Print</a>	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	12/06/2007	Yes	<a href="#">Edit/Remove</a>	<a href="#">Print</a>	

Showing page 1 of 1 pages (7 Patients Found)

Show All Pages Print Selected Print All

## Cervical Cancer Screening / Pap Smear Module:

Pap Smear List - Windows Internet Explorer

Utilization Management  
Financial Management  
Disease Management

REPORTS EMAIL/FAX PROFILE HELP LOGOUT

Transforming data into practice

REPORTS >> PAP SMEAR LIST

Patient Last Name (or initial)  
 Patient First Name (or initial)  
 Date of Birth  
 Payer Name  
 PCP Last Name  
 PCP First Name  
 Include Patients Removed from Registry  
Year:

You don't need to fill all the fields in order to do a search. You can do a search just by writing in ONE field.

REPORTS >> PAP SMEAR LIST

[Download Report](#)

**Your Pap Smear HEDIS Compliance Index : 93.75% CMIPA Goal: 90% CMIPA Average: 66.81%**

Patient Name	Payer	PCP Name	Date-Of-Birth	Last Pap Smear	Is In Registry	<input type="checkbox"/>	Edit/Remove	Print	Notes
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	12/29/2006	Yes	<input type="checkbox"/>	<a href="#">Edit/Remove</a>	<a href="#">Print</a>	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	02/14/2007	Yes	<input type="checkbox"/>	<a href="#">Edit/Remove</a>	<a href="#">Print</a>	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		Yes	<input type="checkbox"/>	<a href="#">Edit/Remove</a>	<a href="#">Print</a>	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	09/28/2007	Yes	<input type="checkbox"/>	<a href="#">Edit/Remove</a>	<a href="#">Print</a>	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	09/19/2007	Yes	<input type="checkbox"/>	<a href="#">Edit/Remove</a>	<a href="#">Print</a>	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	08/21/2006	Yes	<input type="checkbox"/>	<a href="#">Edit/Remove</a>	<a href="#">Print</a>	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	08/21/2006	Yes	<input type="checkbox"/>	<a href="#">Edit/Remove</a>	<a href="#">Print</a>	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	08/21/2006	Yes	<input type="checkbox"/>	<a href="#">Edit/Remove</a>	<a href="#">Print</a>	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	03/27/2007	Yes	<input type="checkbox"/>	<a href="#">Edit/Remove</a>	<a href="#">Print</a>	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	01/14/2008	Yes	<input type="checkbox"/>	<a href="#">Edit/Remove</a>	<a href="#">Print</a>	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	10/09/2007	Yes	<input type="checkbox"/>	<a href="#">Edit/Remove</a>	<a href="#">Print</a>	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	01/14/2008	Yes	<input type="checkbox"/>	<a href="#">Edit/Remove</a>	<a href="#">Print</a>	

Showing page 1 of 1 pages (16 Patients Found)

# Chlamydia Test Module:

Chlamydia Screening - Windows Internet Explorer

Chlamydia Screening

Utilization Management  
Financial Management  
Disease Management

REPORTS EMAIL/FAX PROFILE HELP LOGOUT

REPORTS >> CHLAMYDIA LIST

Patient Last Name (or initial)     Patient First Name (or initial)  
 Date of Birth     Payer Name  
 PCP Last Name     PCP First Name

Include Patients Removed from Registry

Year:

You don't need to fill all the fields in order to do a search. You can do a search just by writing in ONE field.

Chlamydia Screening - Windows Internet Explorer

Chlamydia Screening

REPORTS >> CHLAMYDIA LIST

Download Report

**Your Chlamydia HEDIS Compliance Index : 63.64% CMIPA Goal: 56.50% CMIPA Average: 20.92%**

Patient Name	Payor	PCP Name	Date-Of-Birth	Last Chlamydia Test	Is In Registry	<input type="checkbox"/>	Edit/Remove	Print	Notes
				08/25/2007	Yes	<input type="checkbox"/>	Edit/Remove	Print	
				04/07/2003	Yes	<input type="checkbox"/>	Edit/Remove	Print	
				12/11/2006	Yes	<input type="checkbox"/>	Edit/Remove	Print	
				06/20/2007	Yes	<input type="checkbox"/>	Edit/Remove	Print	
				06/20/2007	Yes	<input type="checkbox"/>	Edit/Remove	Print	
				06/20/2007	Yes	<input type="checkbox"/>	Edit/Remove	Print	
				06/20/2007	Yes	<input type="checkbox"/>	Edit/Remove	Print	
				06/20/2007	Yes	<input type="checkbox"/>	Edit/Remove	Print	
					Yes	<input type="checkbox"/>	Edit/Remove	Print	
				09/24/2007	Yes	<input type="checkbox"/>	Edit/Remove	Print	
					Yes	<input type="checkbox"/>	Edit/Remove	Print	

Showing page 1 of 1 pages (11 Patients Found)

# Cardiovascular Module:

Patient Name	Pavor	Gender	Date of Birth	PCP First Name	PCP Last Name	LDL Test Date	LDL Value	Is In Registry	Edit/Remove	Print	Notes
[Redacted]	[Redacted]	F	[Redacted]	[Redacted]	[Redacted]	08/14/2007		<input type="checkbox"/>	<a href="#">Edit/Remove</a>	<a href="#">Print</a>	
[Redacted]	[Redacted]	M	[Redacted]	[Redacted]	[Redacted]	09/21/2006		<input type="checkbox"/>	<a href="#">Edit/Remove</a>	<a href="#">Print</a>	
[Redacted]	[Redacted]	M	[Redacted]	[Redacted]	[Redacted]	02/16/2006		<input type="checkbox"/>	<a href="#">Edit/Remove</a>	<a href="#">Print</a>	

## Well Care Module:

- You can search for well care child visits by the 3 age categories shown below

WellCare List - Windows Internet Explorer

WellCare List

CMIPA  
Transforming data into practice

Utilization Management  
Financial Management  
Disease Management

REPORTS EMAIL/FAX PROFILE HELP LOGOUT

Browse

Patient History  
Diabetes  
Asthma  
Mammogram  
Pap Smear  
Chlamydia Test  
Cardiovascular  
WellCare  
Children with URI  
Children with Pharyngitis  
PCP Report  
Fee Schedule  
Pharmacy  
Utilization  
Contact Us

Lab and Imaging  
LabCorp eResults  
Shields  
Metrowest MRI  
Metrowest Meditech  
UMass Labs WebPCR  
Diagnostic Laboratory  
Medicine  
Radiology Worcester Med Center

e-Prescribing

REPORTS >> WELLCARE LIST

Patient Last Name(or initial) \_\_\_\_\_ Patient First Name (or initial) \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Payer Name All  
 PCP Last Name \_\_\_\_\_ PCP First Name \_\_\_\_\_

Include Patients Removed from Registry

Year CurrentYear Age Group 15 month  
 15 month  
 3 to 6 yrs  
 12 to 21 yrs

You don't need to fill all the fields in order to do a search just by writing in ONE field. You can do

Get HEDIS PCP Report Get HEDIS Patient List

WellCare List - Windows Internet Explorer

WellCare List

CMIPA  
Transforming data into practice

Financial Management  
Disease Management

REPORTS EMAIL/FAX PROFILE HELP LOGOUT

Browse

Patient History  
Diabetes  
Asthma  
Mammogram  
Pap Smear  
Chlamydia Test  
Cardiovascular  
WellCare  
Children with URI  
Children with Pharyngitis  
PCP Report  
Fee Schedule  
Pharmacy  
Utilization  
Contact Us

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Metrowest Meditech  
UMass Labs WebPCR  
Diagnostic Laboratory  
Medicine  
Radiology Worcester Med Center

e-Prescribing

REPORTS >> WELLCARE LIST

Download Report

Your Well Care Compliance Index : 37.50% CMIPA Goal: 90% CMIPA Average: 29.64%

Patient Name	Payor	PCP Name	Date-Of-Birth	Last Wellcare	Is In Registry	Edit/Remove	Print	Notes
				7/25/2006	Yes	Edit/Remove	Print	
				3/29/2007	Yes	Edit/Remove	Print	
					Yes	Edit/Remove	Print	
				1/22/2008	Yes	Edit/Remove	Print	
				8/06/2004	Yes	Edit/Remove	Print	
				8/07/2007	Yes	Edit/Remove	Print	
				9/07/2007	Yes	Edit/Remove	Print	
					Yes	Edit/Remove	Print	

Showing page 1 of 1 pages (8 Patients Found)

Show All Pages Print Selected Print All

# Children with URI Module:

CMIPA  
Transforming data into practice

Utilization Management  
Financial Management  
Disease Management

REPORTS EMAIL/FAX PROFILE HELP LOGOUT

Browse  
Patient History  
Diabetes  
Asthma  
Mammogram  
Pap Smear  
Chlamydia Test  
Cardiovascular  
WellCare  
Children with URI  
Children with Pharyngitis  
PCP Report  
Fee Schedule  
Pharmacy  
Utilization  
Contact Us

Lab and Imaging  
LabCorp eResults  
Shields  
Metrowest MRI  
Metrowest Meditech  
UMass Labs WebPCR  
Diagnostic Laboratory  
Medicine  
Radiology Worcester Med Center  
e-Prescribing

REPORTS >> CHILDREN WITH URI

Patient Last Name (or initial) \_\_\_\_\_  
Patient First Name (or initial) \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Payer Name All  
PCP Last Name \_\_\_\_\_  
PCP First Name \_\_\_\_\_

Include Patients Removed from Registry

Year CurrentYear

You don't need to fill all the fields in order to do a search. You can do a search just by writing in ONE field.

Get HEDIS PCP Report Get HEDIS Patient List

CMIPA  
Transforming data into practice

Utilization Management  
Financial Management  
Disease Management

REPORTS EMAIL/FAX PROFILE HELP LOGOUT

Browse  
Patient History  
Diabetes  
Asthma  
Mammogram  
Pap Smear  
Chlamydia Test  
Cardiovascular  
WellCare  
Children with URI  
Children with Pharyngitis  
PCP Report  
Fee Schedule  
Pharmacy  
Utilization  
Contact Us

Lab and Imaging  
LabCorp eResults  
Shields  
Metrowest MRI  
Metrowest Meditech  
UMass Labs WebPCR  
Diagnostic Laboratory  
Medicine  
Radiology Worcester Med Center  
e-Prescribing

REPORTS >> CHILDREN WITH URI

[Download Report](#)

**Your URI HEDIS Compliance Index :** 100.00% **CMIPA Goal:** 91% **CMIPA Average:** 92.79%

Patient Name	Payor	PCP Name	Patient Date of Birth	Abx Prescription Date	Abx	URI Date	Is In Registry	<input type="checkbox"/>	Edit/Remove	Notes
						08/29/2007	Yes	<input type="checkbox"/>	<a href="#">Edit/Remove</a>	
						11/27/2007	Yes	<input type="checkbox"/>	<a href="#">Edit/Remove</a>	
						11/07/2007	Yes	<input type="checkbox"/>	<a href="#">Edit/Remove</a>	

Showing page 1 of 1 pages (3 Patients Found)

Show All Pages

# Children with Pharyngitis Module:

CMIPA  
Transforming data into practice

Utilization Management  
Financial Management  
Disease Management

REPORTS EMAIL/FAX PROFILE HELP LOGOUT

REPORTS >> CHILDREN WITH PHARYNGITIS

Search Form:

- Patient Last Name (or initial): [Text Box]
- Patient First Name (or initial): [Text Box]
- Date of Birth: [Date Picker]
- Payer Name: [Dropdown Menu: All]
- PCP Last Name: [Text Box]
- PCP First Name: [Text Box]
- Include Patients Removed from Registry
- Year: [Dropdown Menu: CurrentYear]

Buttons: Get HEDIS PCP Report, Get HEDIS Patient List

Text: You don't need to fill all the fields in order to do a search. You can do a search just by writing in ONE field.

Download Report

**Your CWP HEDIS Compliance Index : 100.00% CMIPA Goal: 91% CMIPA Average: 85.19%**

Patient Name	Payor	PCP Name	Patient Date of Birth	Pharyngitis	Strept Group A Test	Abx	Abx Prescription Date	Is In Registry	<input type="checkbox"/>	Edit/Remove	Notes
[Redacted]	[Redacted]	[Redacted]	1/07/2008	01/08/2008	AZITHROMYCIN SUS 200/5ML	01/09/2008	Yes	<input type="checkbox"/>	<a href="#">Edit/Remove</a>		
[Redacted]	[Redacted]	[Redacted]	7/11/2007	07/11/2007	SMZ-TMP SUS 200-40/5	07/13/2007	Yes	<input type="checkbox"/>	<a href="#">Edit/Remove</a>		
[Redacted]	[Redacted]	[Redacted]	9/07/2007	09/05/2007	AMOXICILLIN CAP 500MG	09/07/2007	Yes	<input type="checkbox"/>	<a href="#">Edit/Remove</a>		
[Redacted]	[Redacted]	[Redacted]	1/16/2008	01/16/2008	AMOXICILLIN SUS 400/5ML	01/16/2008	Yes	<input type="checkbox"/>	<a href="#">Edit/Remove</a>		
[Redacted]	[Redacted]	[Redacted]	10/22/2007	10/22/2007	AMOX/K CLAV SUS 600/5ML	10/23/2007	Yes	<input type="checkbox"/>	<a href="#">Edit/Remove</a>		
[Redacted]	[Redacted]	[Redacted]	8/17/2007	08/17/2007	AMOXICILLIN SUS 250/5ML	08/20/2007	Yes	<input type="checkbox"/>	<a href="#">Edit/Remove</a>		
[Redacted]	[Redacted]	[Redacted]	11/16/2007	11/16/2007	AMOXICILLIN	11/18/2007	Yes	<input type="checkbox"/>	<a href="#">Edit/Remove</a>		
[Redacted]	[Redacted]	[Redacted]	12/04/2007	12/04/2007	AMOXICILLIN CAP 500MG	12/05/2007	Yes	<input type="checkbox"/>	<a href="#">Edit/Remove</a>		
[Redacted]	[Redacted]	[Redacted]	12/04/2007	12/04/2007	AMOXICILLIN SUS 400/5ML	12/06/2007	Yes	<input type="checkbox"/>	<a href="#">Edit/Remove</a>		

Showing page 1 of 1 pages (8 Patients Found)

Buttons: Show All Pages, Patients on Map

## Fee Schedule Module:

The screenshot shows a web browser window titled "Fee Schedule - Windows Internet Explorer". The browser's address bar is redacted with a black box. The page header features the CMIPA logo and the tagline "Transforming data into practice". On the right side of the header, there are navigation links for "REPORTS", "EMAIL/FAX", "PROFILE", "HELP", and "LOGOUT". Below the header, a "Browse" menu is visible on the left, with a black box redacting the current page title. The main content area contains a form with the following fields: "CPT" (text input), "CPT Description" (text input), and "Groups" (a dropdown menu with options: "All", "Anesthesia Codes", "Category Three Codes", and "Category Two Codes"). A "Get Fee Schedules" button is located at the bottom of the form. The left sidebar contains a list of links under "Lab and Imaging" and "e-Prescribing".

## Pharmacy Module:

The screenshot shows a web browser window titled "Pharmacy Report - Windows Internet Explorer". The browser's address bar is redacted with a black box. The page header features the CMIPA logo and the tagline "Transforming data into practice". On the right side of the header, there are navigation links for "REPORTS", "EMAIL/FAX", "PROFILE", "HELP", and "LOGOUT". Below the header, a "Browse" menu is visible on the left, with a black box redacting the current page title. The main content area contains a form with the following fields: "Prescriber's Last Name" (text input), "Prescriber's First Name" (text input), "Fill Date" (with "From" and "To" date pickers), "Insurance" (dropdown menu with "All" selected), and "Medication" (text input). Below the form are four buttons: "Generate Pharmacy Report", "Top Ten Prescribed Medications", "Top Ten Prescribed Generics", and "Top Ten Prescribed Brands". The left sidebar contains a list of links under "Lab and Imaging" and "e-Prescribing".

# Secure Fax / Email:

My Preferences - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address [Redacted] Go

**MIPA**  
Transforming data into practice

Utilization Management  
Financial Management  
Disease Management

REPORTS EMAIL/FAX PROFILE HELP LOGOUT

**Browse**

Compose Message  
Inbox Messages  
Sent Messages  
Mailbox Management  
Contact Us

**Lab and Imaging**

LabCorp eResults  
Shields  
Metrowest MRI  
Metrowest Meditech  
UMass Labs WebPCR  
Care360™  
Diagnostic Laboratory  
Medicine  
Radiology Worcester Med Center

**e-Prescribing**

DrFirst  
ZixCorp  
Allscripts (free)

FONT SIZE /

**Inbox Messages** EMAILS PER PAGE 20

**Inbox**

New Delete

Select	At	Subject	Message Date
<input type="checkbox"/>	[Redacted]	<a href="#">Re : Testing</a>	10/16/2007

Showing Page 1 of 1 pages

Select All

**Folders**

- Inbox
- Sent Box
- Trash Can

Most recent claims :

FCHP Procedures - 3/31/2008; FCHP Rx - 4/15/2008 BCBS Procedures - 3/31/2008; BCBS Rx - 3/22/2008  
HPHC Procedures - 3/7/2008; HPHC Rx - 4/15/2008 TUFTS Procedures - 2/29/2008; TUFTS Rx - 4/25/2008

Page build time:It took 0.16 seconds to load this page.

My Preferences - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address [Redacted] Go

**MIPA**  
Transforming data into practice

Utilization Management  
Financial Management  
Disease Management

REPORTS EMAIL/FAX PROFILE HELP LOGOUT

**Browse**

Compose Message  
Inbox Messages  
Sent Messages  
Mailbox Management  
Contact Us

**Lab and Imaging**

LabCorp eResults  
Shields  
Metrowest MRI  
Metrowest Meditech  
UMass Labs WebPCR  
Care360™  
Diagnostic Laboratory  
Medicine  
Radiology Worcester Med Center

**e-Prescribing**

DrFirst  
ZixCorp  
Allscripts (free)

**Compose Messages**

Send Attach

To: \_\_\_\_\_

cc: \_\_\_\_\_

Subject: \_\_\_\_\_

Message

Email List

Fax List



# CMIPA

Central Massachusetts Independent  
Physician Association, LLC

## CMIPA 2008 Quality Report Card Adult PCP Report Card

**John Doe, MD**

### Clinical Quality Outcome Measures:

#### **Effectiveness of Preventive Care:**

Quality Outcome Measure	# of Pts	Physician Compliance Rate	CMIPA's Average Rate	Central MA MHQP Rate	MA MHQP Rate	National 90%ile Rate	CMIPA's Goal
Breast Cancer Screening							85%
Cervical Cancer Screening							90%
Chlamydia Testing 16-25							43%

#### **Effectiveness of Chronic Care:**

Quality Outcome Measure	# of Pts	Physician Compliance Rate	CMIPA's Average Rate	Central MA MHQP Rate	MA MHQP Rate	National 90%ile Rate	CMIPA's Goal
Asthma 18-56 yrs							90%
Diabetes HgbA1c Test							93%
Diabetes LDL Test							95%
Diabetes Eye Exam							71%
Diabetes Microalbumin Test							87%

Quality Outcome Measure	# of Pts	Physician Compliance Rate	CMIPA's Average Rate	CMIPA Goal
Diabetes HgbA1c Value < 7.0				42%
Diabetes LDL Value <100				52%

### Technology Integration Measure:

CMIPA Data Warehouse Use	Met Goal (Yes or No)	% of CMIPA PCPs Who Met Goal
Log in data warehouse quarterly (4x/yr total)		

### Efficiency Measures:

	Yes or No	% of CMIPA PCPs Who Met Goal	CMIPA's Goal
Have e-Rx Prescribing Device			100%
Have Electronic Medical Record			25%

### Utilization Measures

Cost of Care Measure	Physician Rate	PCP Average Rate	CMIPA's Average Rate	CMIPA's Goal
Generic Prescribing				67%
Admit Rate/Procedures at Lower Cost Facility				20%

#### **Key:**

- All data is from CMIPA's Data Warehouse located at [www.cmipa.com](http://www.cmipa.com) except for Admit rates/procedures from BCBS reports
- Pts. column refers to the number of patients eligible to be reviewed for that measure.
- The physician will be given 1 month to appeal by providing documented evidence.
- Evidence consists of: documentation from the medical record of a patient's procedure such as an eye exam, laboratory tests or imaging results.
- Documentation that the patient does not have the condition will be accepted as long as it is consistent with exclusions presently accepted by health plans or HEDIS guidelines.

# CMIPA

Central Massachusetts Independent  
Physician Association, LLC

## CMIPA 2008 Quality Report Card Pediatric PCP Report Card

**Jane Doe, MD**

### Clinical Quality Outcome Measures:

#### Effectiveness of Preventive Care:

Quality Outcome Measure	# of Pts	Physician Compliance Rate	CMIPA Average Rate	Central MA MHQP Rate	MA State MHQP Rate	National 90%ile Rate	CMIPA Goal
Well Child Visit – Adolescent							74%

#### Effectiveness of Chronic Care:

Quality Outcome Measure	# of Pts	Physician Compliance Rate	CMIPA Average Rate	Central MA MHQP Rate	MA State MHQP Rate	National 90%ile Rate	CMIPA Goal
Asthma 5-17 yrs							97%

#### Effectiveness of Acute Care:

Quality Outcome Measure	# of Pts	Physician Compliance Rate	CMIPA Average Rate	Central MA MHQP Rate	MA State MHQP Rate	National 90%ile Rate	CMIPA Goal
Appropriate Testing for Children w/ Pharyngitis							70%

### Technology Integration Measure:

CMIPA Data Warehouse Use	Met Goal (Yes or No)	% of CMIPA PCPs Who Met Goal
Log in data warehouse quarterly (4x/yr total)		

### Efficiency Measures:

	Yes or No	% of CMIPA PCPs Who Met Goal	CMIPA's Goal
Have e-Rx Prescribing Device			100%
Have Electronic Medical Record			25%

### Utilization Measures

Cost of Care Measure	Physician Rate	PCP Average Rate	CMIPA's Average Rate	CMIPA's Goal
Generic Prescribing				67%
Appropriate Treatment for Children with URI				91%

#### Key:

- All data is from CMIPA's Data Warehouse located at [www.cmipa.com](http://www.cmipa.com)
- Pts. column refers to the number of patients that were eligible to be reviewed for that measure.
- The physician will be given 1 month to appeal by providing documented evidence.
- Evidence consists of: documentation from the medical record of a patient's office visit, prescriptions filled, laboratory tests or imaging results.
- Documentation that the patient does not have the condition will be accepted as long as it is consistent with exclusions presently accepted by HEDIS and/or health plans.

## CMIPA 2008 Quality Report Card

### Specialist Physician Report Card



#### Clinical Quality Measures:

##### PCP Satisfaction Survey:

PCP Satisfaction Survey Question	# of PCP's who completed the survey	% Strongly Agree	% Agree	Strongly Agree + Agree = Total %	CMIPA SCP Avg. of Strongly Agree + Agree = Total %	CMIPA Goal
Provides Consultation Notes						80%
Information is Received in a Timely Manner						80%
Information Provided Meets PCP's Needs						80%
Appointment Available in a Timely Manner						80%

#### Technology Integration Measure:

CMIPA Data Warehouse Use	Met Goal (Yes or No)	% of CMIPA SCPs Who Met Goal
Access Lab or Imaging Data from Data Warehouse quarterly (4x/yr total)		

#### Efficiency Measures:

	Yes or No	% of CMIPA SCPs Who Met Goal	CMIPA's Goal
Have e-Rx Prescribing Device			100%
Have Electronic Medical Record			25%

#### Utilization Measures:

Cost of Care Measure	Physician Rate	SPC Average Rate	CMIPA's Average Rate	CMIPA's Goal
Generic Prescribing				67%
Admit Rate/Procedures at Lower Cost Facility				20%

#### **Key:**

- Generic Prescribing & lab/imaging data is from CMIPA's Data Warehouse located at [www.cmipa.com](http://www.cmipa.com)
- PCP Satisfaction Survey data from CMIPA PCP's who completed the survey. Admit rates are from BCBS reports
- Admit rates/procedures done at a lower cost facility for inpatient or same day surgery are captured from BCBS reports