

Transforming Care to Better Serve Our Patients

When Thomasina Rosati awoke at 3 am, she thought she had indigestion. But when she went to her bathroom, she passed out. She awoke to flashing lights and an ambulance ride to the hospital, where she learned that she had suffered a major heart attack.

"I had no history of heart trouble and suddenly I have to take all kinds of medicine and change the way I live," Rosati said. "I was well cared for at the hospital, but when I returned home my husband and I were on our own, and I was scared." Then the phone rang. It was Caroline Jackson, a nurse from Hudson Headwaters' Transitions Care Program.

"Ms. Jackson helped me understand my medications, she guided me so I would know what to ask in my appointments with physicians, and she is helping me to start a wellness program. Whenever I have a question, I call her and get the answer. She has had a huge impact on my healing."

Transitions Care, which offers phone guidance for people right after a hospital stay, is one of several new programs begun by Hudson Headwaters Health Network. The new measures are part of the Adirondack Medical Home Pilot, an innovative approach to health care that provides enhanced primary care in exchange for increased payments from health insurers. Hudson Headwaters has invested the additional funds and its own resources in new staff and improved care coordination.

"Like all true pilots, we're experimenting," said John Rugge, M.D. and CEO of Hudson Headwaters. "We're trying several things and some might not work. In health care, there are few cookie-cutter solutions, so we're testing what we think will improve quality and contain costs. This is what it means to be on the cutting edge."

INCREASED OUTREACH AND PREVENTION

In addition to Jackson, Hudson Headwaters employs seven "care management" staff, primarily nurses, to make outreach calls. They include two "patient navigators" who contact patients who can benefit from screening tests for breast, colon and cervical cancer. Other outreach calls are being made as part of stepped-up efforts to ensure that blood



Caroline Jackson, RN, health coach

work and other tests are up to date prior to an office appointment. The care management programs share a common thread: prevention.

"People often think that prevention is simply keeping people from getting sick," said Dr. Rugge. "And certainly there are plenty of things that we encourage that have that as a goal, such as getting people to stop smoking, eat better and exercise more. Yet prevention also means keeping people who already have a disease from getting sicker than they need to be."

"As part of the Medical Home Pilot, we're focusing on three conditions that are common in our patients: diabetes, hypertension and coronary artery disease. These diseases can be debilitating and costly if managed poorly, but there is plenty we and the patient can do together to maintain and even improve their health."

To that end, Hudson Headwaters is taking extra steps with such patients. When an appointment is scheduled, the patient chart is reviewed in advance to make sure ordered lab tests have been performed and that the patient's health goals are clearly spelled out. If a test is needed, a reminder

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call is made. “We’re trying to make the patient visit more efficient, to cut down on having to make a lot of calls back and forth,” said Deborah Bardin, Hudson Headwaters’ Vice President for Health Center Operations.

Bardin said that Hudson Headwaters also sends information packets to patients in advance of their appointments. “More than 3,000 packets have been sent this year to our patients with identified chronic diseases, and we’ve made more than 5,000 phone calls.”



The care management team is also making calls to patients following emergency room visits. “In the past, we often didn’t find out about an emergency room visit. Now, we’re able to view Hudson Headwaters’ patient information in hospital records. We then call our patients to find out how they’re feeling and to schedule follow up visits if needed.”

Bardin noted that health insurance companies have tried some of these outreach strategies with limited success. She expects Hudson Headwaters to do better. “Studies have shown that patients are more likely to participate in programs run by or at least recommended by their own physicians,” she said. “Insurance companies also don’t have access to the patient record, so their outreach calls aren’t coordinated with other aspects of care. Our approach complements and reinforces the treatment plan that the physician and patient have put together. It keeps the patient in charge.”

Bardin says that patients with other conditions can benefit from this approach, including people who suffer from congestive heart failure, chronic obstructive pulmonary disease and pneumonia. “We hope to do more in the future.”

Even with an electronic medical record system to keep track of the many health factors, it may be hard to measure all of the benefits of Hudson Headwaters’ enhanced primary care. “It could be that we’re saving someone from having a leg amputated five years from now, but it’s impossible to measure that outcome,” Bardin said. “How can you measure how

many heart attacks you prevent? You probably can’t. But the overall numbers are already improving and patients are giving us valuable feedback.”

“It could be that we’re saving someone from having a leg amputated five years from now...”

CREATING CARE TEAMS

In addition to the increased outreach, Hudson Headwaters is revamping the way care is delivered within each health center, especially how to make the best use of the powerful capabilities of the electronic medical record system. In the next few months, physicians, physician assistants (and/or nurse practitioners), nurses and front-office staff will be organized into “care teams.”


“We’ve always had teamwork,” said Donna Gorton, RN, Director of Nursing Services, “but what’s being discussed is more formal, with better defined roles and goals for each step of patient care.”

Gorton said that nurses are already playing a larger role. “Nurses are reviewing patients’ health histories with a focus on smoking cessation, exercise and diet; creating orders for providers’ review (i.e. colonoscopies, pap smears, mammograms and immunizations); and taking extended histories and assisting patients to learn more about self management of their conditions. They have a lot to accomplish during each patient visit, especially when there’s only a 15-minute window for both the nurse and the provider.”

MORE TIME IN THE EXAM ROOM

To create more time for these expanded patient care services, HHHN will soon test new patient scheduling at Moreau and Queensbury. “Patients will get more time with the HHHN care team without interfering with the provider’s scheduled 15 minutes,” Gorton said.

Gorton thinks that the extra work accomplished by the nursing staff translates into better care for our patients. “It also enables providers to focus on the things they do best.”

Rugge agrees. “If you look at the research on the tasks that a physician spends time on each day, you’ll see that way too much of it goes to administration and other things that don’t directly benefit the patient. Our goal, and the goal of the Adirondack Medical Home Pilot, is to shift time back to the patient. It’s why we went into health care.” 



This newsletter is published by Hudson Headwaters Health Network, a not-for-profit, community-based system of health centers serving the Lake George/Adirondack and Glens Falls Region for 30 years.

Please direct questions or comments to us at 9 Carey Road, Queensbury, NY 12804, or email us at hnelson@hhhn.org or from our website at hhhn.org.



Keep Up With Your Immunizations

Staying current with recommended immunizations is one of the easiest things we can do to prevent some common illnesses. Each year, the Centers for Disease Control (CDC) issue recommendations for adults. The chart from CDC is reprinted below, along with a brief description of the recommended vaccinations:

1. Influenza (flu) vaccination

Annual vaccination against influenza is recommended for all people aged six months and older. Additional information about influenza vaccination is available at <http://www.cdc.gov/vaccines/vpd-vac/flu/default.htm>.

2. Tetanus, diphtheria, and acellular pertussis (Tdap) vaccination

A one-time dose of Tdap is recommended for adults aged less than 65 years who have not received Tdap previously. The Tdap vaccination also replaces the 10-year Tetanus/diphtheria (TD) boosters. Adults aged 65 years and older who have not previously received Tdap and who have close contact with an infant aged less than 12 months also should be vaccinated.

3. Varicella (chicken pox) vaccination

All adults without evidence of immunity to chicken pox should receive two doses of varicella vaccine if not previously vaccinated or a second dose if they have received only one dose.

The CDC also recommends testing all pregnant women for evidence of immunity. Pregnant women who do not have evidence of immunity should receive the first dose of varicella vaccine upon completion or termination of pregnancy.

4. Human papillomavirus (HPV) vaccination

HPV vaccination is recommended for females at age 11 or 12 years and catch-up vaccination for females aged 13 through 26 years. Ideally, vaccine should be administered before potential exposure to HPV through sexual activity; however, females who are sexually active should still be vaccinated consistent with age-based recommendations. HPV vaccine may be administered to males aged nine through 26 years to reduce their likelihood of genital warts. Again, the vaccine is most effective when administered before exposure to HPV through sexual contact.


5. Herpes zoster (shingles) vaccination

A single dose of zoster vaccine is recommended for adults aged 50 years and older regardless of whether they report a previous episode of herpes zoster.

6. Measles, mumps, rubella (MMR) vaccination

Adults born before 1957 generally are considered immune to measles and mumps. All adults born in 1957 or later should have documentation of one or more doses of MMR vaccine unless they have a medical contraindication to the vaccine, laboratory evidence of immunity to each of the three diseases, or documentation of provider-diagnosed measles or mumps disease.


7. Pneumococcal polysaccharide (PPSV) vaccination


The PPSV is recommended only for people with specific conditions. You can check with your Hudson Headwaters' provider to find out if you should receive this. 


RECOMMENDED ADULT IMMUNIZATION SCHEDULE, BY VACCINE AND AGE GROUP—UNITED STATES, 2011

VACCINE ▼	Age Group ►	19-26 Years	27-49 Years	50-59 Years	60-64 Years	≥ 65 Years
Influenza ^{1,*}		1 Dose Annually				
Tetanus, Diphtheria, Pertussis (Td/Tdap) ^{2,*}		Substitute 1-Time Dose of Tdap for Td Booster; then Boost with Td every 10 Years				
Varicella ^{3,*}		2 Doses				
Human Papillomavirus (HPV) ^{4,*}		3 Doses (Females)				
Zoster ⁵				1 Dose		
Measles, Mumps, Rubella (MMR) ^{6,*}		1 or 2 Doses		1 Dose		
Pneumococcal (polysaccharide) ^{7,8}		1 or 2 Doses				1 Dose
Meningococcal ^{9,*}		1 or More Doses				
Hepatitis A ^{10,*}		2 Doses				
Hepatitis B ^{11,*}		3 Doses				

*Covered by the Vaccine Injury Compensation Program

 For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of previous infection)

 Recommended if some other risk factor is present (e.g., based on medical, occupational, lifestyle, or other indications)

 No recommendation



West Mountain Primary Care Under Construction

Construction of Hudson Headwaters' 14th health center, West Mountain Primary Care, is well underway at the corner of Carey Road and Corinth Road. The new facility, which is scheduled to open in January, will have 20 exam rooms, including two for behavioral health counseling. It is expected to create 20-25 new positions, and will include a pharmacy.

NYSDOH Gives Positive Review

In August, four of Hudson Headwaters Health Network sites (Warrensburg Health Center, Warrensburg Dental Office, Health Center on Broad Street and Moreau Family Health) and the Carey Road Administrative Office were paid a surprise visit by NYS Department of Health. The purpose of the visit was to conduct a review of our health centers and administrative office to ensure that we are compliant with NYS DOH rules and regulations.

The survey team found our staff to be helpful and professional. They were pleased with our staff's quickness and competency in responding to the bevy of questions and requests made to them. What could have been a multiple day review lasted only hours. The survey

team was also impressed with our electronic medical record, our ability to access our policies and procedures on-line and the quality of our credentialing files.



Care for Kids 5K Sets Record

Another year, another record for attendance, with 477 people, mostly under the age of 16, enjoying a sunny day on the 3.1 mile course.

Bill Sanders Retires



One of the Network's most highly skilled physician assistants, Bill Sanders, has retired. For the past 20 years, Bill has provided care to our acutely ill patients at Glens Falls hospital, provided primary care at Schroon Lake Health Center, and has worked in our Warrensburg urgent care center. Bill will be remembered for his willingness to work extra and to give whatever was needed for patient care.

New Podiatrist

Jackie Avery, DPM, a board certified podiatric physician, has joined the Network. Dr. Avery, who has spent the last nine years in private practice in South Carolina, will focus on podiatry in the southern portion of Hudson Headwaters' service areas. "We are delighted to have her," said Dan Larson, M.D. who helped recruited Dr. Avery. "Right now, we have a huge backlog of patients waiting for podiatry services and only one podiatrist, Dr. Tim Culliton, who visits most of our health centers. Dr. Avery will help ease the backlog, and she also brings surgical skills that will help our patients."

Flu Shot Clinics Coming

Hudson Headwaters patients can now receive flu shots during regularly scheduled appointments. Special flu shot clinics will be scheduled for October and November. The dates for these clinics will be posted on our website in the next few weeks.



New 'Dr. Dan' Joins North Creek Staff

Dr. Danushan "Dan" Sooriabalan has joined the staff at the North Creek Health Center, as Dr. Dan Way, leaves to spend more time with HHHN patients in Glens Falls Hospital. Dr. Sooriabalan, 32, has just finished his residency in internal medicine at Albany Medical Center. "I can't wait to start learning from the old pros," Sooriabalan said.



Annual Dinner Honors Golub and Huggard

Nearly 300 people were on hand for the 2011 Community Champions Dinner, held at Point O'Pines on Brant Lake. The event, which honored Neil Golub, CEO of Price Chopper and Kit Huggard, former head of the Girls Scouts of the Adirondack Council, netted more than \$90,000.

Quilt Raffle Winner

Robert and Barbara Ferraino of East Berne New York are the lucky winners of the quilt raffle to benefit Hudson Headwaters. The quilt, stitched with love by Gail Frenz of Brant Lake, was assessed at \$1,800. The raffle raised more than \$3,000 for Hudson Headwaters.

Health Insurance Companies: Part of the Problem or Part of the Solution?

John Rugge, M.D.



For the first time in our 30+ years of providing health care, Hudson Headwaters Health Network told a private insurance company to take a hike.

We had negotiated for months with Aetna, Inc. because we can't afford to provide care for what they were paying us. We asked them to match what other private insurance companies, as well as Medicare

and Medicaid, pay for the care we provide at our 13 local health centers.

Aetna, one of the nation's largest and most profitable health insurers, said no, telling the Post Star that it was "holding

Both public and private payers realize that out-of-control health care costs are damaging and unsustainable. Through their participation in the medical home pilot (a "medical home" is a model of care, not a building), these payers are investing in enhanced primary care. They believe that health care savings can come from preventing disease, coordinating services, and keeping patients well enough to avoid high-cost care in hospitals and emergency rooms.

To that point, the American College of Physicians estimates that there were five million admissions to U.S. hospitals in 2000 that were potentially preventable through primary and preventive care treatment. The resulting additional costs were more than \$26.5 billion.

Excellus BlueCross Blue Shield estimates that nearly 45% of visits to emergency rooms (ERs) in upstate New York are avoidable, and could be better treated in a physician's office. They also estimate that it is \$450 to \$900 more expensive to go to an ER instead of a physician's office, per

...there were five million admissions to U.S. hospitals in 2000 that were potentially preventable through primary and preventive care treatment.

the line" on costs. At just about the same time, Aetna announced that its second quarter net income for health care insurance was up 9% to \$512.9 million, an increase of \$45 million from the second quarter of 2010. *The Wall Street Journal* reported last February that Aetna's profits rose 30% in the fourth quarter of 2010, and the company "significantly" raised its dividends. That was great news for shareholders. But as it turns out, not such good news for patients, including the 600 Hudson Headwaters patients who will feel the effects of Aetna's "holding the line."

Profits aside, what Aetna appears not to understand is the value of primary care in preventing disease, keeping patients healthier, and holding down costs. Other private insurers, however, have gotten the message and are taking the lead in seeking ways to improve health care efficiency and cost containment.


Seven private insurance companies, (CDPHP, Empire Blue Cross, Excellus, Fidelis, MVP, Health Now, and United via the NYS Empire Plan), are participating in the Adirondack Medical Home Pilot, an innovative approach to providing care that places greater value on primary care. And by value, I mean payment.

visit. Per visit! That's a lot of unnecessary cost for patients who don't need the full, life-saving environment and equipment of an ER.

Excellus makes several recommendations for reducing unnecessary ER visits. At the top is establishing "medical homes" where primary care physicians coordinate patients' care.

Clearly, private health insurers can play an important role in making our health care more effective. Health insurers that are working to improve health care through programs such as patient-centered medical homes deserve to be part of our health care system. Insurers that use their power to force primary care providers to accept lower payments and skinny down their service are not holding down costs, nor are they improving care. They're simply lining their pockets.

Last week, one of my patients told me that he felt like his world is coming apart because he is an Aetna subscriber and we are dropping him. It turns out that he is paying \$1,000 per month for coverage. We are now helping him find another option.

Money talks. And people walk. 

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www.hhnn.org

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SHOWING THE ROPES TO NEW PHYSICIAN ASSISTANTS

What is the correct sequencing of additional blood pressure meds in newly diagnosed hypertension cases? What comprises a thorough exam for patients with diabetes?



Physician Assistant Jennifer Phoenix
and Dr. Tucker Slingerland

The answers to these questions and others are part of a stepped-up training regimen for “mid-level” providers at Hudson Headwaters. Five new physician assistants (PAs) are shadowing physicians for the next several months to learn the ins and outs of primary care, Hudson Headwaters style.

“In the past, new PAs largely got their first experience of Hudson Headwaters in urgent care,” said Dr. John Sawyer, who is part of the four-member team coordinating the training. “The problem is that there are a lot of things we see in primary care – high-cholesterol, hypertension, chronic disease or preventive care – that you don’t see in urgent care.”

Because PAs and nurse practitioners (NPs) aren’t required to do residencies, a lot of training occurs “on the job” for new graduates like Hudson Headwaters’ recent hires. “We’ve been mentoring in a more formal way for the past year or

so,” Sawyer said. “We want our new hires to learn primary care as we practice it here, and it’s important that they get broad experience.”

“I think that the training I’m receiving as a new PA has been extremely valuable,” said Jennifer Phoenix, who is teaming with Dr. Tucker Slingerland at the Moreau Family Health Center. “It can be daunting starting your first job straight out of PA school. It’s great that Hudson Headwaters realizes this and has started this new training program to make the transition as easy as possible. Knowing that I would be provided with this much training was a big factor in why I chose to work here.”

Phoenix’ mentor, Dr. Slingerland, says that getting to know his patients can be just as important as following the correct protocols. “Jen has now seen many of my patients and they’ve grown comfortable with her,” Slingerland said. “Patient trust is a big part of medicine; so is understanding the personalities of individual patients.”

In addition to the five new PAs, three mid-level providers have been paired with primary care physicians in Warrensburg as part of a team approach to caring for patients. Sawyer said that the training and the team approach to primary care will help Hudson Headwaters keep up with demand.

Phoenix said that she feels well prepared. “The primary care training that I’m receiving will benefit me in whatever future role I have here at HHHN.” 