

## Recognizing Quality Care Top Performing Practices HEDIS 2008

*(2007 Dates of Service)*

### **Westchester County**

***Top Performing Practices  
(500+ Members)***

Najia Zaidi, MD

Valentine Lane Family Practice  
Westchester Medical Group, PC

***Top Performing Practice  
(50-499 Members)***

Westchester Pediatrics

### **Rockland County**

***Top Performing Practice  
(500+ Members)***

Haverstraw Pediatrics, LLP

***Top Performing Practice  
(50-499 Members)***

Ramapo Valley Pediatrics  
Preferred Pediatrics of Rockland

### **Upper Counties**

***Top Performing Practice  
(500+ Members)***

Hudson River HealthCare, Inc  
*(Orange & Sullivan)*

***Top Performing Practice  
(50-499 Members)***

Ching Rong Tsai, MD

## Office-Based Surgery Deadline

The deadline for accreditation to perform office-based surgery is upon us.

A New York State law passed in 2007 defines office-based surgery as a surgical or invasive procedure requiring general anesthesia, moderate or deep sedation, and certain liposuction procedures performed in a location other than a hospital.

If you haven't been accredited, you must stop doing these surgeries on July 14. For more information, go to: [www.health.state.ny.us/professionals/office-based\\_surgery/](http://www.health.state.ny.us/professionals/office-based_surgery/)



## Hudson Appreciation Dinner for Primary Care Professionals to Become Biennial Affair

Since 2001, Hudson has held annual dinners to honor the Primary Care Professionals who provide care to our members. Over the years we have greatly enjoyed the opportunity these dinners have given us to show our appreciation for the work you do, to share information with you about Hudson's programs assessing and rewarding quality care for our members, and to listen and discuss with you the insights and experience of speakers from around the country addressing many of the challenges we all face as we strive to deliver quality care to the members and patients we serve.

This summer there will be no such dinners. We continue to appreciate the work of the dedicated health professionals who care for our members, but constrained by the economic downturn, we have decided to make the affairs a biennial affair. This summer, all Primary Care practices who scored above the 50<sup>th</sup> percentile in the New York State Quality Assurance Reporting Requirements for 2007 dates of service will be receiving a check for \$250 in honor of their accomplishment, and in addition, the top scoring practices for 2007, named above, will receive display plaques. In 2010, we will hold a dinner to honor those practices with outstanding performance for 2007 and those practices with outstanding performance for 2008 dates of service.

We hope you will understand our desire to conserve the public resources entrusted to us. We have made it a priority to be able to continue to pay the quality incentive programs for QARR, Diabetes, Immunizations, Well Woman Care, and even to expand the scope of our program for preventive care visits. We look forward to continuing to work with you for many years to provide excellent health services to our members and to promote excellent health services for all.

# Smoke Free New York: A Guide for Patients and Doctors

## Help your patients kick the habit.

### Contacts for quitting:

#### New York State Smokers' Quitline

1.866.NY.QUITS (1.866.697.8487)

www.nysmokefree.com

Refer your patients as often as needed using the Fax to Quit referral form.

- Quitline Specialists will call patients for stop-smoking or stop-smokeless-tobacco counseling
- Patients will receive a packet in the mail with information tailored to their specific situation and a listing of local stop-smoking programs
- Providers receive progress reports

### Local resources:

#### Tricounty Cessation of the Hudson Valley

741 Grant Avenue, Lake Katrine, NY 12449

Telephone: 845.334.2700

Fax: 845.943.6077

E-mail: tamiller@kingstonhospital.org

Counties Served: Ulster, Dutchess, Sullivan

#### POW'R To Be Tobacco

##### Free Cessation Center

3 West Main St., Suite 208

Elmsford, NY 10523

Telephone: 914.347.2094

Fax: 914.347.2189

E-mail: jconklin@alanys.org

Counties Served: Putnam, Orange, Westchester, Rockland

### Services offered

#### (depending on organization):

- FREE starter kit of nicotine patches, gum or lozenges
- Trained Quitline Specialists
- Information about local programs
- Informational taped messages
- On-site staff training (individual or group) on how to talk to patients, motivational counseling techniques, improving office practices, pharmacotherapy treatments for tobacco dependence
- Patient education materials

## Hudson to Pay \$25 to PCPs for Each Member with Annual Preventive Care Visit

The Hudson Health Plan Supporting Excellence in Preventive Care program is being expanded to cover annual visits for all Hudson members age 2 and older. One payment of \$25 will be made to the PCP who provides the first comprehensive well visit of the year to a Hudson member. Payments will be made mid to late summer for members who had visits early in the year. For members whose first preventive visit of the year occurs later, payment will be made in the spring following the close of the calendar year.

This program was initiated in 2008 for enrollees age 2-21. With the final payment delivered recently, a total of \$718,700.00 was paid out for 28,748 well child visits billed to Hudson using comprehensive preventive care codes for children seen in 2008. Hudson is pleased to be able to expand this program in 2009 to cover preventive care for all members age 2 and older.

Studies suggest a letter or phone call from a physician is more effective than a letter from a health plan in motivating patients to make and keep an appointment. We can help you reach out to your Hudson patients who have not yet had a well visit this year. We can 1) provide you with a list of patients to contact, or 2) mail letters to patients on your behalf.

Contact your Hudson representative to arrange for us to send reminder letters to your patients.

## Pregnancy: Every Week Counts

Call it an old wives' tale, or maybe old mothers' tale. The conventional wisdom is that inducing labor or having a Caesarean section a bit early posed little risk — after 34 weeks gestation, all the baby had to do was grow. But new research shows that those final weeks of pregnancy play a critical role in brain, lung, and liver development, and there may be lasting consequences for babies born “late preterm” at 34 to 36 weeks.

A study in the *American Journal of Obstetrics and Gynecology* (October 2008) calculates that each week in the womb between 32 and 39 weeks, decreases respiratory distress, jaundice, seizures, temperature instability, brain hemorrhages, and other complications by 23%.

Some early elective deliveries are done for medical reasons such as fetal distress or pre-eclampsia. However, increasingly some doctors agree to or even encourage early delivery for convenience, without a medical reason.

Preterm births (before 37 weeks) have risen 31% in the U.S. since 1981 — to one in every eight. The most serious problems are seen in the tiniest babies. Nearly 75% of preterm babies are born between 34 and 36 weeks. C-sections now comprise a third of all U.S. births. An additional one-fifth of all births are via induced labor, up 125% since 1989.

A study of nearly 15,000 children in the *Journal of Pediatrics* in July 2008 found that those born between 32 and 36 weeks had lower reading and math scores in first grade than full-term babies. Late preterm infants are also held to be at higher risk for mild cognitive and behavioral problems and may have lower IQs. The American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, and the March of Dimes are now urging obstetricians not to deliver babies before 39 weeks unless there's a compelling medical need.

## Hudson Health Plan to Expand to Putnam County

Over the past year Hudson Health Plan met with the Commissioner for Social Service for Putnam County, the Putnam County Health Access Task Force, and legislators, providers, and residents of Putnam County to assess the need for our services. The result has been an enthusiastic yes! Based on this feedback, the need within the community for our services, and the encouragement and support of our Board of Directors, Hudson began to develop a network in Putnam County over the past year. The health care professionals in the county have welcomed us, and we have many contracts in place at this time. Once the network is in place, Hudson will apply to the state to add Putnam County to our service area. We hope to be signing up members before the end of the year.

This was more than a decision based on geography. Over the past few years, the number of uninsured individuals residing in Putnam County has grown dramatically. The county is working with Open Door Family Medical Centers to establish a health center to help care for their residents, and the expansion of Hudson into Putnam is an important part of the county's future service delivery system.

### Dr. Jay Zaslow: A Putnam PCP with an "Open Access" Model

When Hudson Health Plan arrives in Putnam County, among the first physicians on the rolls will be family physician Dr. Jay Zaslow. Educated at Brown University both as an undergraduate and in medicine, Dr. Zaslow did his residency at Sutter Medical Center of Santa Rosa in California, and practiced there between 1996 and 2002. He also holds a Master of Public Health degree from Harvard University. He developed a particular interest in international health during a pair of three-month stints working on public health projects in Guatemala.

When Dr. Zaslow relocated to the Village of Brewster in January 2003 to be closer to his family, he opened a practice with the goal of addressing the health problems of Spanish-speaking immigrants, an interest especially well suited to his Main Street location because day laborers congregate nearby. "I no longer had to travel to satisfy my interest in international health.

"There's tremendous unmet need," he says. "And the population is extremely grateful." Since opening the office, Dr. Zaslow has seen over 5,700 individual patients.

Dr. Zaslow modeled his practice on the idea of the ultra-low overhead micro-practice. Scheduling follows the "open access" model, meaning that on a typical day, his schedule starts half-full with the remainder filled in by patients who call or drop by. This saves him from many unpaid phone consultations for ill patients who couldn't be fit in. Because patients are confident of seeing him on short notice, they generally don't call in the evenings.

Each room has a price list of all tests and services. Because 80% of the adult patients are uninsured, having the prices in front of them is a spur to real collaboration between doctor and patient, particularly when it comes to preventive care. "This is often the most advanced health care many immigrants have had," he says. "I try to craft a workup and treatment plan that is evidence-based and medically sensible. You're not doing a cash paying patient any favors if you bankrupt them with discretionary tests."

### Hudson's Medical Director



As medical director for Hudson Health Plan, Dr. Carolyn Leihbacher has seen the consequences of the nation's health care crisis from a perspective that few others do — somewhere between the low earth orbit of policymakers, and the eyes on the ground of family and hospital practice. Since 2002, when she joined Hudson, the plan's rolls have grown from around 36,000 members to more than 80,000, with many of the new members coming with the addition of Family Health Plus. "They are in their forties and fifties, and they show what happens when chronic diseases are treated sporadically for long periods of time. They are older and sicker."

A graduate of New York Medical College in Valhalla who completed a family practice residency at St. Joseph's Hospital in Yonkers, Dr. Leihbacher spends her days trying to make sure that providers get the resources they need to serve a population that presents substantial day-to-day challenges. "We have to somehow turn red tape into high-quality medical care that makes a real difference in people's lives."

Dr. Leihbacher has one message for Hudson Health Plan providers. "Thank you. I know our physicians are overwhelmed by high patient loads, lack of time, and patients with multiple chronic diagnoses. Yet, when I talk to our doctors, they are responsive, easygoing, and nice, despite the frustrations. They manage to maintain a community-service ethic. It is a continual reminder to me that this is why people are supposed to go into medicine."

# Hudson Health Plan Receives Chronic Illness Demonstration Project (CIDP) Grant

Hudson Health Plan, in partnership with Beacon Health Strategies, has been awarded a 3 million dollar, three-year New York State Department of Health grant for a comprehensive care coordination program for the target population of high-risk/high-need individuals currently enrolled in Medicaid Fee-For-Service in the Westchester County CIDP Region. This “Westchester Cares Action Program” (WCAP) will create an integrated health care network specifically designed to serve a minimum of 250 patients identified in Westchester County as having risk scores greater than 50. Through Memoranda of Agreement executed with the providers that comprise their existing community provider networks, Hudson and Beacon will provide coordinated access to medical care, mental health and substance abuse treatment, and related support services.

Hudson and Beacon will jointly supervise an integrated care coordination team led by nationally recognized experts on care coordination and case management, and comprised of nurses (RNs), a social worker (LCSW), care coordinators, and peer specialists. The team will have access to the full supervisory, management, medical and behavioral health expertise, and QA/QI capacity of Hudson and Beacon.

WCAP will offer comprehensive assessment and care coordination based on Beacon’s FlexCare Behavioral Health Management System, utilizing the INTERMED-Complexity Assessment Grid, an internationally recognized integrated case management model. FlexCare will facilitate the team’s use of evidence-based and best practices to improve health outcomes, decrease inappropriate use of health care services, and lower costs.

## Pediatric Obesity Initiative

Hudson Health Plan is launching a new initiative to combat pediatric obesity, and we would like to enlist your help in reaching out to members and their families. As you know, pediatric obesity is a worsening problem, especially in the population served by Hudson. The New York State Department of Health (NYSDOH), in a recent study of adolescents receiving public health insurance through Medicaid managed care, found that 40% were overweight or obese.

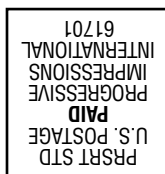
Physicians and nurses routinely measure height and weight of their patients. How often, though, do you share your concerns about a patient’s weight with that patient and his or her parent? How often do you send a patient for nutritional and physical exercise counseling?

To encourage such interactions with the patient and his or her parents, the NYSDOH requires that BMI percentile also be calculated and noted in the chart. Recognizing the problem and increasing awareness of it is an important first step. We ask you to stress to patients and families the urgent need to confront the problem of obesity. To help you do so, Hudson will distribute NYSDOH approved toolkits and other materials to providers to help you educate families about how to control weight. Hudson is also encouraging you to send obese patients for nutritional and physical exercise counseling. In coming months, Hudson’s provider representatives will be speaking with you about this new program. Hudson is also reaching out to members through community fitness fairs and member mailings, urging members to eat right and keep fit. Please let us know if you have any thoughts about how we can enhance this important initiative.

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