

Clinical Integration: The Best Tool for The Best Practices

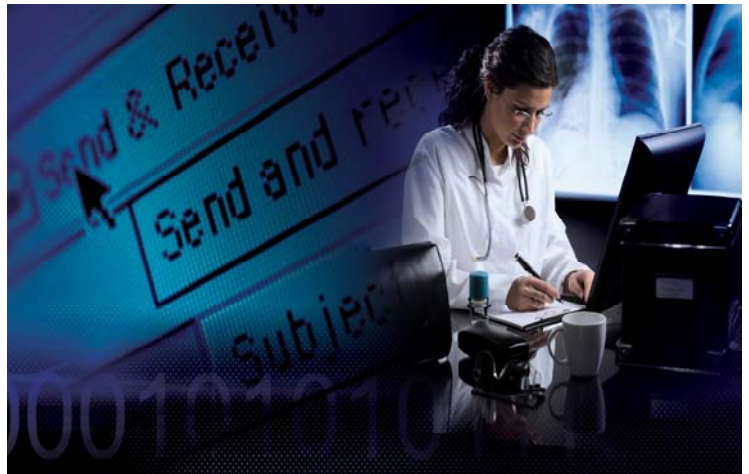
Health Network Providers is pleased to announce a partnership with eClinicalWorks to provide a seamless Electronic Medical Record (EMR) and Practice Management (PM) solution for HNP physicians. eClinicalWorks has been awarded multiple top industry honors for its Ambulatory EMR over the past three years. The EMR will provide real-time access to patient information, super-bill generation, and reminder/ referral letters. Seven HNP physician practices are currently piloting the EMR/PM solutions to ensure ease-of-use before making it available to the entire membership.

“Health Network Providers is committed to offering our members access to the best tools to help them care for their patients,” said Scott Fenn, HNP CEO.

“We realize the challenge our physicians might face when implementing an EMR, both financially and administratively and we’re addressing those issues up front to ensure we’re meeting our members’ needs.” HNP also will be one of the first

organizations to utilize eClinicalWorks Electronic Health eXchange (eHX) to create a community health record to engage physicians and their patients in more effective medical management. eHX provides a secure means for physicians to share facets of patient care, including electronic referrals, patient record summaries, lab results and registry reporting. In order to establish a two-way electronic connection with pharmacies, HNP will use e-prescribing, which will provide a direct link between the practice and computer at the pharmacy (not just the fax machine). **For more about these exciting tools, see page**

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“As payers increase their pay-for-performance criteria and tighten restrictions, it is vital to have increased automation and documentation between locations. The advanced reporting capabilities in eClinical-Works and the ease at which it automates any type of clinical location are critical to our wide network of healthcare providers who are collaborating in a clinically integrated practice environment.”

◆ Scott Fenn,
MHHNP CEO

Frequently Asked Questions about CI



Q: What is “clinical integration”?

A: *Clinical integration* is a structured collaboration among HNP physicians and the Memorial Hermann hospitals around active and ongoing “clinical initiatives” that improve the quality of health care services and create efficiencies for patients, payers and employers. Participation in an effective clinical integration program will give the independent physicians of HNP the ability to contract collectively with PPOs and other fee-for-service health plans without violating antitrust laws.

Q: Will clinical integration change the way HNP relates to its physician members?

A: Yes. While HNP has not yet finalized the elements of the HNP Clinical Integration Program, it is likely that HNP physicians will be asked to do the following:

First, HNP physicians will need to choose whether they will participate in *either* all HNP’s direct TPA arrangements *or* all HNP’s direct TPA arrangements plus all HNP clinically-integrated fee-for-service contracts.

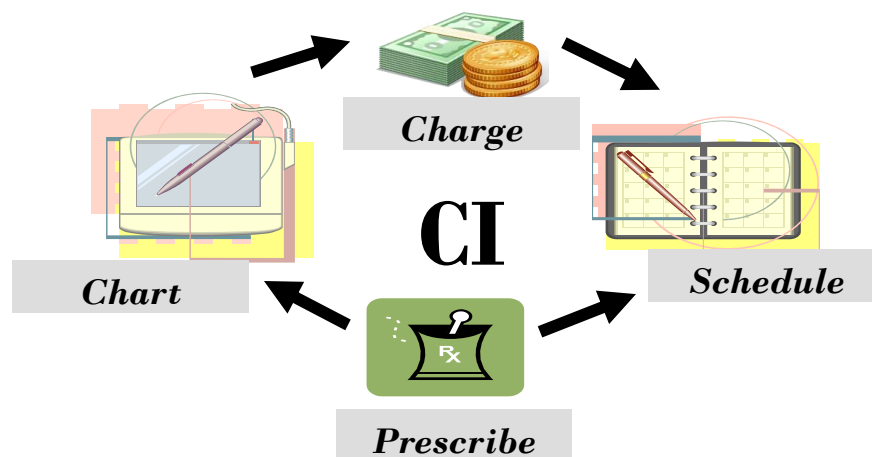
Second, if they choose to participate in the HNP Clinical Integration Program, HNP physicians will need to sign a Clinical Integration Amendment to their current HNP Participating Physician Agreement.

Finally, HNP physicians will be required to collaborate with their physician colleagues and the Memorial Hermann hospitals in the development and adoption of HNP’s Clinical Integration Program – a collection of clinical initiatives that will enhance the quality, service, and cost-effectiveness of patient care.

Frequently Asked Questions about CI (continued)

Q: Will participation in the HNP Clinical Integration Program allow my practice to implement an EMR at a much more affordable cost?

A: Yes. HNP physicians will be eligible to obtain **financial savings** when electing to install eClinicalWorks EMR and Practice Management software in their offices. HNP performed a full review of the top twenty nationally ranked EMRs. After review, the HNP Board approved eClinicalWorks as the EMR solution best able to meet the needs of a multi-specialty physician organization the size of HNP. For further information about eClinicalWorks, please call the HNP Provider Relations Department or review the eClinicalWorks information that is available on PhysicianLINK.



Q: What does eClinicalWorks do for my practice?

A: The eClinicalWorks Unified Solution is used by solo, small and large multi-specialty, multi-site customers. The system provides all the features required to manage your Front Office, Mid-Office and Back Office systems.

Q: How can I receive more information regarding the details of the HNP Clinical Integration Program?

A: In the coming months, HNP will hold meetings at your hospital campus for you to obtain detailed information regarding your participation in these clinical quality initiatives and the incentive opportunities attached to each.

To find out more about clinical integration and how you can take advantage of eClinicalworks, please contact our Physician EMR Solutions support line at 713-448-6428 or email us at:

Physiciansemrsolutions
@
memorialhermann.org

HNP Announces Important Change

Community Health Choice HMO

Please be advised, effective May 25, 2007, the Medicaid Managed Care Agreement between Community Health Choice, Inc. (CHC), and Health Network Providers will be terminated. After careful consideration, termination proceedings were initiated with CHC following termination of the plan by the Memorial Hermann Hospital System. Without Memorial Hermann hospitals in the CHC network, a large percentage of our member physicians will no longer have privileges at a participating CHC network hospital.

HNP is working with CHC to preserve physician/patient relationships. In the coming weeks, CHC will be contacting HNP's members currently participating in their network to offer the opportunity to contract directly with CHC. These individual contracts with CHC will be effective on May 26, 2007, the day following HNP's termination with CHC. Alternately, if you are interested in contracting directly with CHC to continue participation in their network, you may contact Rochelle Mannigal, Director of Contracting, at 713-314-5627.

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Jose B. Tang, M.D., FASC
2007 MHHNP Distinguished Service
Award Recipient



In recognition of the many contributions Dr. Tang has provided to Health Network Providers, the HNP Board of Directors has awarded Dr. Tang the HNP Distinguished Service Award. As one of the founding members of HNP, Dr. Tang's involvement over the years has been instrumental in advancing the organization to unprecedented levels.

His unwavering efforts and dedication to providing excellence in care for his patients as well as creating standards for physicians are well-known and highly regarded throughout the Memorial Hermann Healthcare System. Dr. Tang served on the HNP Board of Directors for nearly 20 years. He held the position of vice chairman for 15 years. He also chaired the HNP appeals and bylaws committees for more than 10 years. He currently serves as the chairman of the HNP CPC surgery committee.

Dr. Tang began his surgical practice in 1972. He joined Memorial Hermann Northwest Hospital where he became chief of staff in 1980. In 1991, Dr. Tang was named Physician of the Year.

It is because of the leadership and commitment of outstanding physicians such as Dr. Tang that the HNP has consistently delivered innovative solutions for improving healthcare among physicians, employers and patients.

Memorial Hermann CEO Dan Wolterman Speaks Out



Recently, Phillip Lozano of DOCTalk magazine, a leading publication dedicated to educating and to advocating for doctors and hospitals, met with Memorial Hermann CEO Daniel J. Wolterman in Austin to discuss pressing issues facing today's healthcare industry. As CEO of Houston's Memorial Hermann Healthcare system, the largest non-profit system in Texas and one of the largest in the country, and chairman of the Board of Trustees of Texas Hospital Association, Wolterman is in a unique position to observe and understand the current problems as well to assist in the development of viable solutions. The following is

an excerpt from the DOCTalk interview that took place prior to the new legislative and congressional sessions.

Is it realistic to expect THA and TMA to work in lock step during this session?

As the current chairman of the Texas Hospital Association, it's very important to me, and our board, that we have a strong working relationship for the upcoming legislative session. We have been divided on many issues over the years, and I think that has hurt the cause of both our organizations.

Most of the divisiveness is usually around a singular issue or two. To me, those are minor issues and we need to put those aside. This has to be a big picture legislative session. This is about how we address the uninsured problem in this state and the expansion of CHIP and Medicaid programs. That's what we ought to be talking about. It would be a distraction if we put a lot of attention on any of those issues that have divided us in the past.

I think we have common ground on these two macro issues: on these issues we stand shoulder-to-shoulder. We recently hired – as our new CEO of the Texas Hospital Association – Dr. Dan Stultz. Dan is a physician, a great guy, and he concurs with everything I said. He and the THA staff have now established meetings with the TMA leadership that occur every other week. They are making good progress.

That means that when a specific small issue comes, we've got to push aside what divides us. We've got to stay focused on getting the macro agenda achieved. We both have the same common objective: the access of all citizens to good, quality healthcare.

Interview with Dan Wolterman, continued

How would you describe the current general relationship between the physician community and the hospital community?

I think it has slightly improved over the last year or two. It's nowhere near where we need to be – we ought to be joined at the hip on everything, because we have a similar objective: taking care of the people in our community.

Unfortunately, the current environment is always going to divide us to some extent. The economics of how we collectively get paid is very different. Other issues constantly divide us, and in some cases I think that's intentional on the part of outside third parties that have their own agenda, and we have allowed that to occur. I think we have to put that aside and say, 'No, to achieve our mission, we have to do this together.'

Hospitals are nothing without strong, high-quality physician partners. Hospitals do not admit a patient. And physicians need very strong, well-operated, well-capitalized, high-quality facilities to take care of their patients. It's a partnership, we are meant to work together and not be divided.

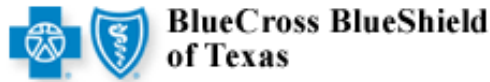
What's your overall take on the issue of physician ownership?

My personal belief is that this is not really about physician ownership. Where Memorial Hermann stands is that it's more an issue of limited service facilities, regardless of who the owner is – physicians, or venture capitalists, it really makes no difference.

If you are not going to run a fully-staffed, around-the-clock emergency room, and you are only going to accept procedural-based paying patients and not do the other things required for good community healthcare – like medical education, charity care and such, and tell the rest of the community that they are on their own – that's not appropriate for a strong community healthcare system.

Memorial Hermann understands that the environment physicians are operating in today is a very challenging and difficult one, and we understand economically why a doctor would be looking at these options; we see no fault in that. What we are saying is where can we, as a health system, step up and work with our doctors to become more economically aligned, where our system success is their success and vice-versa.

Blue Cross Blue Choice Performance Bonus Program a Success!



More than a year ago (Oct. 1, 2005), Health Network Providers (HNP) and Blue Cross/Blue Shield (BC/BS) signed a contract amendment allowing additional payments to be made to physicians for achieving quality and financial performance improvement measures related to the Blue Choice PPO plan. Exclusive to the HNP membership and the first-of-its-kind offered by BC/BS to any IPA in Texas, this innovative pay-for-performance program has proven in its first year to be a success. As more HNP physicians participate and exceed BC/BS performance measures, we look forward to achieving even greater results in the future.

The performance measures for 2006 and the first year results are described below:

	2006 Performance Target	1st Quarter Performance	2nd Quarter Performance	3rd Quarter Performance	4th Quarter Performance
Use of free standing surgery centers	> 50.0%	53%	56.3%	50.3%	49.8%
Generic Drug Prescriptions for Blue Choice Members	> 41.5%	43.5%	44.7%	45.3%	45.1%
Use of AIM for scheduling and reporting	> 90.0%	77.8%	76.7%	78.0%	78.0%
HgA1c Screenings for diabetic patients	>80.0%	76.0%	76.0%	79.0%	81.0%
LDL-C Screenings for diabetic patients	>88.0%	76.0%	76.0%	75.0%	79.0%

Bonus dollars totaling \$402,500 for exceeding the required FSSC usage, Generic Drug usage and the percent of diabetic patients receiving HgA1c screenings (Q4only). In August 2006, HNP distributed \$315,000 in bonus payments for the first three quarters of the program to over 900 physicians. Payments were based upon a weighted average of how each HNP physician’s performance contributed to the bonus received in each category. The remaining \$87,500 will be distributed in May. A summary of the distribution payments for the first three performance periods to HNP physicians is described in the following two tables:

FSSC Usage: Average 57 %

Minimum Payout in this Category to a HNP Physician	\$12.36
Average Payout	\$458.00
Max Payout in this category to a HNP Physician	\$7,797.53
Total Payout	\$131, 250

Generic Drug Usage: Average 44%

Minimum Payout in this Category to a HNP Physician	\$2.32
Average Payout	\$128.00
Max Payout in this category to a HNP Physician	\$2,057.15
Total Payout	\$183,750

The second year of the BC/BS Performance Bonus Program started in October 2006 and the first quarter results are shown below.

Performance Goals established for the 2007 program year.

	1st Quarter Performance Target	1st Quarter Results	2nd Quarter Performance Target	3rd Quarter Performance Target	4th Quarter Performance Target
Use of Free Standing Surgery Centers	52.0%	47.8%	53.0%	55.0%	55.0%
Generic Drug Prescriptions for Blue Choice Members	50.0%	47.7%	50.0%	51.0%	51.0%
Use of BCBS contracted labs	93.0%	90.6%	93.0%	93.0%	93.0%
Use of Qualifying Sites for Low tech radiology procedures	69.0%	68.0%	69.0%	69.0%	69.0%
Use of Qualifying Sites for High tech radiology procedures	72.0%	65.3%	72.0%	72.0%	72.0%
HgA1c Screenings for diabetes	77.0%	82.0%	79.0%	80.0%	80.0%
LDL-C Screenings for diabetic patients	77.0%	80.2%	79.0%	80.0%	80.0%



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Postmaster: Send Address changes
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May 22, 2007

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Take Our Quick Quiz

**Which of the following can be found
by visiting www.physicianlink.org?**

- A) Formulary Info**
- B) Up-to-Date**
- C) Clinical Guidelines**
- D) All of the Above**

**The answer is D - All of the Above
and much more great info for
physicians & staff. Visit us today!**