



## Center for Health Transformation E-Newsletters

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### Georgia Project e-Newsletter Volume 1, Number 2, June 2007

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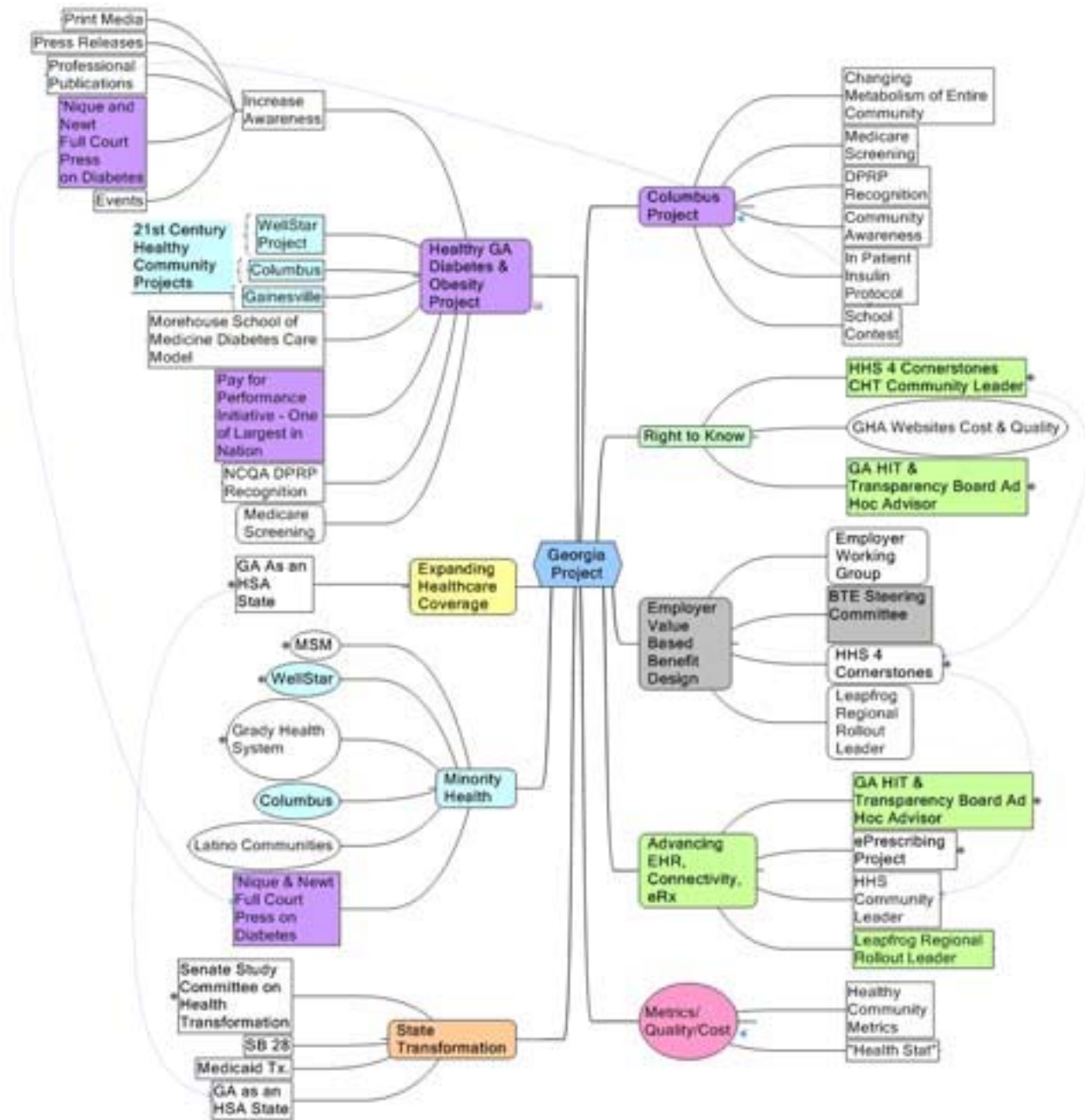
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#### Welcome!

Welcome to the second issue of the Georgia Project Quarterly e-Newsletter. We offer this e-Newsletter as a way to keep you informed of our activities and progress in Georgia. In addition, since transformational leadership training is one of CHT's key activities, we will include in each issue a key principle, idea or passage from our book *The Art of Transformation*, co-authored by CHT founder Newt Gingrich and CHT CEO Nancy Desmond.

The basic strategy of the Georgia Project is to work collaboratively with transformational leaders to accelerate the creation and adoption of solutions, technologies and policies that drive system-wide transformation into a 21st Century Health System that saves lives and saves money for all Americans. Although we work actively in 39 states, Georgia serves as an implementation project where we identify and build models to replicate in other states. Our members and allies play key roles in the identification and development of the models that are transforming health and healthcare.

#### Georgia Project Mind Map:



The Georgia-based CHT team consists of [Laura Linn](#), Director of the Georgia Project; [Wayne Oliver](#), Project Director; Jennifer Cunningham, Executive Assistant to the CEO; and CHT Senior Fellows [Ron Bachman](#) and [Terry Womack](#) under the direction of [Nancy Desmond](#), CEO of the Center for Health Transformation.

We welcome your feedback, ideas, questions and comments, as our goal is not just to inform and educate but also to learn from you. We hope you enjoy this edition of our Georgia newsletter.

## The Healthy Georgia Diabetes and Obesity Project

The Healthy Georgia Diabetes & Obesity Project continues to have a positive impact on the health of Georgians and to serve as a model for other states. Launched at the Governor's Mansion in 2005, the project now has communities, employers, providers, insurers and others working throughout Georgia to improve the health of our citizens.

### 'Nique & Newt's Full-Court Press on Diabetes'

NBA hall of famer Dominique Wilkins is the latest addition to our collaboration of leaders in Georgia dedicated to the creation of a 21st century intelligent health system. Dominique is working with CHT on a project described as "'Nique and Newt's Full-Court Press on Diabetes."

The initiative is designed to increase awareness, detection and prevention of diabetes and its complications, with a special focus on preventing children from developing the disease and its complications. The CDC has predicted that, if current trends continue, one of every three children born in 2000 will develop diabetes – with the ratio among African-American and Latino children predicted to be even higher. Diabetes is the sixth-leading cause of death in the U.S. and the leading cause of adult blindness, disease-related amputations, end stage kidney disease, and dialysis.

Dominique, who was diagnosed with diabetes seven years ago, first discussed working together to defeat diabetes when he attended a speech in Columbus, Georgia where Newt spoke about CHT's Healthy Georgia Diabetes and Obesity Project. Plans are underway for a contest for middle school children related to improving the health of Georgia's children. More details will be available next month. Check the CHT website at [www.healthtransformation.net](http://www.healthtransformation.net) later this summer for information on the contest! If any CHT members are interested in sponsoring this project please contact Laura Linn at [llinn@gingrichgroup.com](mailto:llinn@gingrichgroup.com).

### Update on NCQA Diabetes Recognition in Georgia

The number of Georgia physicians recognized by NCQA for delivering high quality diabetes care is currently at 112 [from a baseline of 5] with over 20 additional physicians meeting the criteria and in the final steps of the recognition process. DPRP recognition activities are underway in Metro Atlanta, Columbus, Savannah, Gainesville, and Rome.

Why are we committed to increasing the number of DPRP recognized physicians in Georgia? Criteria for recognition in diabetes care includes control of HbA1C, cholesterol and blood pressure; eye exams; foot exams; and evaluation of kidney function. Diabetes intervention works! Detecting and treating diabetic eye disease can reduce the development of severe vision loss by 50% to 60%. Comprehensive foot care programs can reduce amputation rates by 45% to 85%. Detecting and treating early diabetic kidney disease by lowering blood pressure can reduce the decline in kidney function by 30% to 70%.

The 100th Physician in Georgia attained DPRP recognition in April. The picture of Newt presenting the NCQA DPRP certificate of recognition to Dr. Elizabeth Martin of Columbus GA was featured on the digital news board in Times Square! The text read "CHT's Georgia Project Leads to Increase in Physicians Recognized for Providing Best Standards of Care for Diabetes."

### Times Square



## 21st Century Healthy Communities – Update on Columbus Georgia

CHT's Columbus Georgia Project continues to make great progress. Newt and the CHT team were in Columbus GA on April 25th.

At the Columbus Rotary Club meeting Newt spoke to a crowd of over 450 about the opportunity for Columbus to lead the nation by developing a community model of health. Dr. Elizabeth Martin was presented with the NCQA Diabetes Certificate of Recognition by Newt and honored as the 100th physician in Georgia to attain DPRP recognition. The Columbus Project goals and programs were discussed in greater detail at a follow-up meeting with Columbus community leaders. The group heard from Newt; Dr. Steven Leichter, Director of the Columbus Research Foundation; Julia Portale, Senior Director of Pfizer Health Solutions; and Mike Mawby, Chief Government Affairs Officer for Novo Nordisk.



Newt Gingrich Speech at the Columbus Rotary Club  
"The Opportunity Before Us"

### Medicare Diabetes Screening Initiative

A new component has been added to the CHT Columbus Project – the Medicare Diabetes Screening Initiative. Novo Nordisk and The Medicare Diabetes Screening Project are working with the Center for Health Transformation and the Columbus Research Foundation to screen 100% of eligible seniors in Columbus for diabetes.

Research shows that losing relatively small amounts of weight and being physically active for at least 30 minutes a day, most days of the week, reduced the development of diabetes by 58% among all people with pre-diabetes. **People age 60 and older with pre-diabetes lowered their risk of developing diabetes by 71%!**

Medicare covers the following diabetes screening:

- Once per year for beneficiaries 65 years of age or older with any of the following risk factors – high blood pressure, high cholesterol, obesity or overweight, family history of diabetes or history of gestational diabetes.
- Two screening tests per year for those diagnosed with pre-diabetes

No co-payment and no deductible are required. The test can be ordered by physicians, physician's assistants, nurse practitioners or clinical nurse specialists.

The Initiative will launch on July 19th when the CMS Prevention Bus visits Columbus. The bus tour's purpose is to increase awareness about the prevention benefits of Medicare and the importance of a healthy, active lifestyle for people of all ages.

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## CHT Summer Employer Series on Healthcare Consumerism

The Center for Health Transformation is pleased to announce a summer series of “working lunches” with employer-focused presentations and interactive dialogue on Healthcare Consumerism.

- **July 10** - Creating a 21st Century Intelligent Benefit Plan – Tools and Concepts
- **July 24** - Implementing a 21st Century Intelligent Health Benefit Plan – Practical Approaches
- **August 21** - Federal and State Health Policy Initiatives – Legislation and Regulation under consideration

[Ron Bachman FSA, MAAA](#) and [Terry Womack](#), both Sr. Fellows at CHT, will present and lead the discussions. Terry, retired HR VP from BellSouth, is a well known national HR and benefits expert. Ron was the primary author or significant contributor to several recently released publications that will be used at the July 10th event:

1. **Making Consumerism Work** (published by SHPS)
2. **Healthcare Consumerism – An Employers Guide to Understanding Consumer-Directed Healthcare** (published by the National Business Group on Health)
3. **Consumer-Driven Healthcare for Children** (published by the National Business Group on Health)
4. **An Employers’ Guide to Healthcare Consumerism** (published by the Wye River Group on Health)

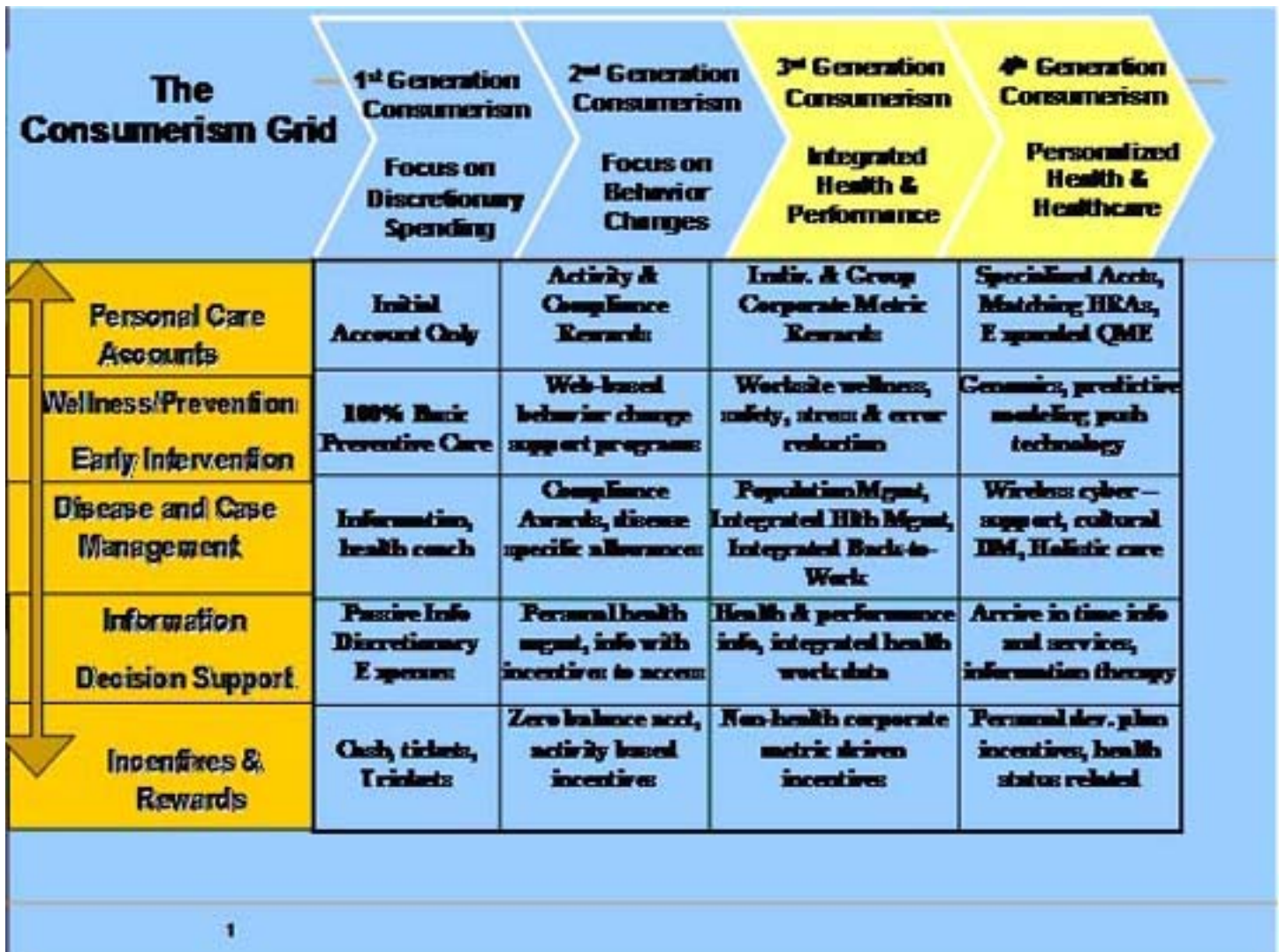
The CHT summer series is open to both current members of CHT and other interested employers. The target audience includes Benefits Managers, HR executives, and financial officers.

**Dates:** July 10th; July 24th; and August 21st

**Time:** 11:30am – 1:30pm

**Place:** Center for Health Transformation  
Suite 950  
5555 Glenridge Connector  
Atlanta, Georgia 30342

Space is limited so please RSVP for the July 10th date ASAP to Jennifer Cunningham at (404) 201-7909 or email [jcunningham@gingrichgroup.com](mailto:jcunningham@gingrichgroup.com).



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## Georgia e-Prescribing Project

CHT's Georgia e-Prescribing Working Group has met during the past quarter and is working to accelerate the adoption of e-prescribing in Georgia. Members of the working group include: Bob Addleton (Medical Association of Georgia); Kate Berry (SureScripts); Dr. Jack Chapman (Medical Association of Georgia); Fay Fulton Brown (Georgia Academy of Family Practice); John DiNapoli (GlaxoSmithKline); Dr. Andrew Dott (Georgia OB-GYN Society); Jerry Dubberly (Department of Community Health); Judy Gardner (Georgia State Board of Pharmacy); Caroline Holley (Blue Cross Blue Shield of Georgia); Jeff Lurey (Georgia Pharmacy Association); Phil Mask (Georgia Power Company); Dr. Bill McClatchey (Piedmont Healthcare); Kirk McGhee (Health Plans of Georgia); Amy Odom (WellPoint); Dr. Elizabeth Ofili (Morehouse School of Medicine); Margaret Quattrocchi (Pfizer); Rep. Ron Stephens (Georgia House of Representatives); Martha Thorne (Allscripts); and Sam Wilson (Walgreen's).

This working group was created as a follow-up to CHT's successful Georgia e-Prescribing Summit which was held on January 30, 2007. The working group meets to address the challenges and opportunities

for the widespread adoption of e-prescribing. Below is a discussion of the major issues identified by the e-prescribing working group:

- **The Importance of Provider Education:** Physicians, other prescribers and pharmacists need continuing professional education to help accelerate the adoption of e-prescribing. The overwhelming majority of community pharmacies are ready to begin accepting e-prescriptions; however, it appears that independent pharmacies may be lagging a bit behind the chain drug industry. Unfortunately, widespread adoption of HIT generally and e-prescribing specifically by physicians and other prescribers has not yet materialized. The Medical Association of Georgia and its Institute for Excellence in Medicine are conducting physician educational programs at local and regional medical meetings on e-prescribing, its benefits and value to patient care. The working group is assisting in the development of continuing education and other programs to highlight the need for a transition to e-prescribing. The working group will continue to work with MAG, other medical societies, pharmacy groups, and health insurance carriers to develop educational programs aimed at increasing awareness and adoption of e-prescribing technologies.
- **Development of Incentives:** There are many benefits to e-prescribing including reduced medication errors, increased compliance with prescription drug therapy, increased use of preferred drug products (formulary compliance), reduced liability exposure, increased efficiencies for physicians and pharmacists and reduced staff expense. While the benefits of e-prescribing are numerous, there are costs associated with implementing this technology. There are currently few incentives to reward pharmacists and physicians for adoption of this advanced technology. The working group is examining the development of incentives from health plans and employers to healthcare professionals in recognition of the added expense which is inherent with implementing technology solutions.
- **The Issues of Connectivity for Providers:** Many rural areas in Georgia may not have access to high-speed internet connectivity. This lack of coverage is a significant impairment to widespread adoption of e-prescribing in many areas of the state. The working group has invited the ISP/technology vendors to present to the group to discuss expansion plans for areas of the state with access issues.
- **The Cost of e-Prescribing:** Technology is not inexpensive. Practice management software with an e-prescribing component for private physician offices can cost \$50,000 to \$250,000. For many practices, such up-front costs make e-prescribing unlikely without the adoption of some sort of incentive package or increased third-party reimbursement rates for office visits. Pharmacies, on the other hand, are charged on a per transaction or per electronic prescription basis. These costs generally are between \$0.20 and \$0.50 per prescription transmitted. As indicated earlier, the working group is looking at incentives, including tax breaks, increased reimbursement methodologies, or other rewards/incentives to drive provider acceptance of e-prescribing.
- **Lessons Learned in Other States:** We are not interested in reinventing the e-prescribing wheel. Therefore, learning what strategies have been successful in other states is valuable. According to the experts, educating stakeholders is one of the most important issues when it comes to e-prescribing. Having CHT serve as the catalyst for all stakeholders in Georgia illustrates a strong commitment to e-prescribing and a clear indicator that Georgia is serious about accelerating e-prescribing. Another important ingredient to implementing widespread adoption of e-prescribing is the importance of having "strong leadership" directing and organizing all of the stakeholders. To make e-prescribing successful, it needs to be bi-directional (e.g.: communications go both ways from the physician to the pharmacy and from the pharmacy to the physician). A blueprint for success in other states has included the development of a multi-disciplinary group which focuses on a specific goal or target. Our approach in Georgia appropriately includes physicians, pharmacists, employers, health plans, and other stakeholders. Several e-prescribing experts have warned the working group about setting appropriate expectations. More specifically, there needs to be a general recognition that there are going to be "bumps in the road" as technology becomes more widespread. However, it is important to note that physicians who implement HIT solutions are usually always happy 3-6 months after implementation, but those first few months are often painful for physicians and their staffs. Finally, different strategies and diverse approaches to adoption have worked well in other states. For example, in Massachusetts and Florida the health plans have helped significantly with advancing e-prescribing. In Michigan, the big 3 automakers were driving the change. In Las Vegas, one large inter-disciplinary practice changed e-prescribing in

the state's largest city. In Rhode Island, the Medicare quality agency was the primary agent for change. In terms of having an immediate impact on e-prescribing, 20% to 25% of the physicians write 80% of the prescriptions, so the working group can target these practices as a means to rapidly bring about wide adoption.

- **Leveraging Other Players:** Continuing to apply CHT's collaboration of leaders model will accelerate the e-prescribing efforts in Georgia. For example, DCH has applied for a CMS grant which will focus on the top 100 Medicaid prescribers and would provide them with technology solutions and training as well as survey tools to enable the department to have a significant impact in a short period of time. A WellPoint/Blue Cross-Blue Shield initiative which was implemented at the request of GM in the State of New Hampshire focused on "transparency" but also included an e-prescribing solution. The program allowed physicians to link to a secure web site which provided drug specific information including drug-drug interactions. BC/BS provided financial incentives for the utilization of the site and allowed patients to access a personal health record which was populated with claims data. Leveraging the good works of other groups will help the e-prescribing working group increase the utilization of e-prescribing technologies.
- **Identify Potential Pilot Project Sites:** One of the valuable lessons learned in other states is the importance of pilot projects for e-prescribing. By targeting specific geographic areas, employer groups or pockets of employees, a pilot project could demonstrate the value of e-prescribing to patients, physicians, pharmacists, health plans, community leaders and employers. The results of the pilot project could then be used to further advance the adoption of e-prescribing as a strategy to improve the quality of healthcare. The working group continues to assist in identifying possible e-prescribing sponsors as well as identifying possible locations for a pilot.

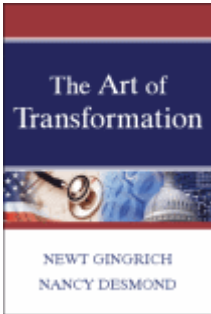
The working group also received a "live" demonstration of e-prescribing and EMR solutions at the Cumming, Georgia office of Dr. Jim Morrow with North Fulton Family Medicine. Dr. Morrow is recognized as a technology leader in the physician community. He is the recipient of the 2006 Physician IT Leader of the Year by HIMSS and the 2004 HIMSS Davies Award of Excellence. Dr. Morrow provided a comprehensive demonstration of the Allscript's EMR with e-prescribing capabilities.

A friendly challenge has been issued regarding e-prescribing. CHT's Jim Frogue and Michael Ciamarra, who is vice president of the Birmingham-based Alabama Policy Institute wrote an editorial entitled "e-Prescribing Can Stop Errors," which was published in several newspapers in Alabama. This editorial indicates that "medication errors kill 7,000 Americans annually, injure 1.5 million people and cost billions of dollars in emergency room visits and other complications. That is the equivalent of 100 Alabamians killed, 22,000 injured and tens of millions of dollars wasted each year. Virtually all of this pain and cost is unnecessary." The editorial offers the following challenge: "It is in everyone's interest from a health and cost perspective that we move aggressively to electronic prescribing and away from illegible handwriting that invites medication errors. To hasten that process, we propose a contest to see which state, Alabama or Georgia, can be the first to arrive at 100 percent e-prescribing." To read the entire editorial, [click here](#).

CHT Project Director Wayne Oliver and Georgia State Representative Ron Stephens co-authored a response entitled "e-Prescribing: The Race is On." The editorial accepts the Alabama challenge stating, "Georgia should encourage the creation of incentives – both public and private – for Georgia physicians and pharmacies to embrace e-prescribing. The Institute of Medicine has called on all physicians across America to adopt e-prescribing by 2010 as a key solution to improving health outcomes and lowering cost. As consumers, we should ask our physicians and our pharmacists why they are not using solutions which clearly save lives and improve healthcare. We should encourage our employers, health insurers, and health plans to develop incentives to rapidly accelerate e-prescribing. We should also urge state leaders to consider offering tax breaks or other incentives to healthcare professionals and facilities that utilize e-prescribing." To view the entire editorial, [click here](#).

The working group is committed to creating an environment where physicians and pharmacist want to embrace technology as an enhancement to patient care. Clearly the studies indicate that e-prescribing is safer and more efficient than traditional prescriptions. For more information on the Georgia e-Prescribing Project, contact Wayne Oliver at [woliver@gingrichgroup.com](mailto:woliver@gingrichgroup.com)

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## The Power of Saying "yes, if..." instead of "no, because..."

### "Yes, if..." not "No, because ..."

- Approach new ideas by saying "yes, if" rather than "no, because."
- Rather than rejecting a solution, think about the conditions under which it would work or be acceptable.
- When dealing with large-scale change, one of the most important principles is to learn to say "yes, if," rather than "no, because." The psychological difference between the two is amazing.

"Yes, if" completely changes the conversation and our receptiveness. It helps open us to possibilities that we would otherwise dismiss and helps us think more broadly about the conditions under which we could agree to a new idea. "No, because" encourages us to cling to the status quo.

If we can create an environment where everyone starts by saying "yes, if," we can change the dialogue from one of automatically rejecting new ideas to one of thinking through how we can adopt transformational ideas and solutions.

**Say "Yes, if..." not  
"No, because..."**

At the Center for Health Transformation we post large signs of "Say 'Yes, if...'" not "No, because..." in our conference rooms. It is amazing the impact this has on the dialogue that occurs in those rooms.

To order *The Art of Transformation*, visit our website at [www.healthtransformation.net](http://www.healthtransformation.net).