

Taconic **TALK**

**From the Taconic IPA.
Exclusive physician network for MVP.**

Taconic IPA Board of Directors

Mark Foster, M.D.
Chairman

James V. Dilorenzo, M.D.
Vice Chairman

Mark Fish
Treasurer

Gregg Ross Rockower, M.D.
Secretary

Fabio O. Danisi, M.D.

David Ennis, MD

Imtiaz Mallick, M.D.

David W. Oliker

Hal Teitelbaum, M.D.

Taconic IPA Committees & Committee Chairmen

Credentialing Committee

Imtiaz Mallick, M.D.
meets on the first Tuesday
of the month at **7:30 AM**

Finance Committee

Mark Fish
meets quarterly on the first
Thursday of the month
at **6:00 PM**

Medical Council Committee

Paul J. Kaye, M.D.
meets on the fourth Thursday
of the month at **6:30 PM**

Peer Review Committee

Michael D. Freedman, M.D.
meets on an as-needed basis

A. JOHN BLAIR, III, M.D. MESSAGE FROM THE PRESIDENT & CEO



As we begin the New Year, I want to take the opportunity to discuss a new IPA program, but before reviewing the new program, I need to clarify the Taconic IPA/MVP relationship and explain the IPA's responsibilities under the Taconic IPA/MVP Service Agreement.

The Taconic IPA holds an exclusive contract with MVP Health Care to administer a physician network in the Hudson Valley. In conjunction with MVP, the IPA handles credentialing, peer review and compliance with policies and procedures. The IPA is paid an administrative fee by MVP to perform these functions. Under the service agreement, the IPA must contract with a physician for that physician to see MVP patients. The IPA is not a membership organization and physicians pay no fees to the IPA. Therefore, the IPA does not negotiate for physicians and the IPA has no jurisdiction over physician reimbursement. There has been some confusion about the IPA negotiating fees for physician and I hope this clarifies that misconception.

The Taconic IPA's mission is "To provide the premier health care delivery network in the greater Hudson Valley, optimizing the quality and value of medical services while maximizing physician satisfaction." Over the past several years, the IPA acting alone and in conjunction with MVP has overseen several programs to improve quality. Examples include one of the nation's largest NCQA physician recognition programs and New York's first physician reporting/transparency initiative. Over a two year period, the IPA assisted physician practices with practice process improvements and submission of documentation to NCQA resulting in the achievement of NCQA recognition for over 400 physicians in the Hudson Valley. Also, the IPA worked with MVP to create the first quality reporting/physician transparency program in New York. The program has been praised as pioneering by several provider and payer organizations. Recently, the IPA was asked to serve on the Executive Committee of the Patient Centered Primary Care Collaborative (PCPCC), the nation's leading organization for the advancement of the Medical Home movement.

Last fall, the IPA board gave a directive to begin a Medical Home (see table on next page) initiative in line with the IPA's mission. Since that time planning has been underway and the program began in 2009. Funding for the program will come from a grant from NYS DOH. The program will be under the direction of Dr. Paul Kaye, the new Medical Director for the Community Transformation Project. In addition to running the

Continued

TACONIC OFFICE INFO

300 Westage Business Center Dr.
Suite 320
Fishkill, NY 12524

ph 800.532.3530

fx 845.897.1035

www.taconicipa.com

program, Dr. Kaye will be chairing the Medical Council under a new charter. The Medical Council will be populated with representatives from primary care practices trying to achieve NCQA advanced Medical Home recognition. The committee will be helping to determine best practices for office process redesign. Denise Levis, the project lead for the Community Care of North Carolina Project will be working with Dr. Kaye to determine chronic disease areas for targeted focus. MassPro, the Massachusetts QIO will be working with

select practices from the project to assist in achievement of NCQA advanced Medical Home recognition. Transformed, the leading Medical Home transformation organization in the country will be engaged in the project for the next two years.

We will have more information about the IPA and the Medical Home Program over the next several months. I encourage suggestions and questions and I can be reached by e-mail at jblair@taconicipa.com.

TODAY'S CARE

My patients are those who make appointments to see me

Patients' chief complaints or reasons for visit determine care

Care is determined by today's problem and time available today

Care varies by scheduled time and memory or skill of the doctor

Patients are responsible for coordinating their own care

I know I deliver high quality care because I'm well-trained

Acute care is delivered in the next available appointment and walk-ins

It's up to the patient to tell us what happened to them

Clinic operations center on meeting the doctor's needs

MEDICAL HOME CARE

Our patients are those who are registered in our medical home

We systematically assess all our patients' health needs to plan care

Care is determined by a proactive plan to meet patient needs without visits

Care is standardized according to evidence-based guidelines

A prepared team of professionals coordinates all patients' care

We measure our quality and make rapid changes to improve it

Acute care is delivered by open access and non-visit contacts

We track tests and consultations and follow up after ED and hospital

A multidisciplinary team works at the top of our licenses to serve patients



300 Westage Business Center Dr.
Suite 320
Fishkill, NY 12524