

commonwealth medicine

News of the UMass Medical School Commonwealth Medicine Division

Message from the Deputy Chancellor and Vice Chancellor

In carrying out the public service mandate of UMass Medical School, Commonwealth Medicine responds to our public sector clients with integrity, excellence and collaboration to develop innovative solutions for them. These values are complemented by our mission to apply knowledge to improve health outcomes for those served by public health and human service programs and a vision to distinguish UMass Medical School as the national leader in health sciences education, research, policy and services critical to the public sector.

Commonwealth Medicine's scope continues to expand and our reputation is growing; our division is gaining recognition as a model for the development of effective health care policy and financing strategies, clinical training and research and evaluation programs for an array of entities. Our innovative approach to public service—teaming with UMMS experts to create new programs in research, training and clinical services tailored to underserved populations—illustrates that partnerships between public universities and local, state and federal agencies provide an opportunity to leverage the assets of both for promotion of quality health care. For example, Commonwealth Medicine's Office of Program Development and Enterprise Project Management Office was asked to lead all five of the collaborative initiatives of Massachusetts Executive Office of Health and Human Services Secretary JudyAnn Bigby's *HealthyMass* effort, including ensuring access to care; containing health care costs; advancing health care quality; promoting

individual wellness; and developing healthy communities.

As we advance our academic research initiatives, Commonwealth Medicine is becoming a health policy leader, and we are looked to by other states to provide the same solid partnerships, cost savings and improved health care outcomes that are realized throughout Massachusetts. Commonwealth Medicine has new initiatives in Pennsylvania, Ohio, New Hampshire and Rhode Island. Our New England Newborn Screening Program continues to operate in five of the six New England states, while expanding to Central America and awaiting word on a proposal submitted to China. In addition, Commonwealth Medicine has contracted with the State University of New York (SUNY) to provide services to the New York Department of Health to improve clinical quality and utilization of Medicaid pharmacy services. Although in its early stages, this partnership is already having an impact. Based on our work with the New York Department of Health, SUNY leaders have



Tom Manning, Deputy Chancellor, and Joyce Murphy, Vice Chancellor and Chief Operating Officer

expressed interest in replicating the Commonwealth Medicine model within their own institution; SUNY Stony Brook has also asked Commonwealth Medicine to help identify administrative claiming opportunities. Elements of this exciting partnership with SUNY, and other new business development strategies, are detailed in this issue of *Focus on Commonwealth Medicine*.

The national and global interest in Commonwealth Medicine and UMMS illustrates the value of the public university model and the positive impact it can have on health policy through applied technical and clinical knowledge and best practices for health care effectiveness and efficiency. ■

New center focuses on health law and economics

Federal and state laws and regulations have enormous impact on health care, especially public sector programs such as Medicare and Medicaid. To leverage its expertise in the legal interpretation, compliance with and economic effects of changes in health laws, Commonwealth Medicine (CWM) has established the Center for Health Law and Economics (CHLE). CHLE comprises two areas of operation: the Office of Compliance and Review (OCR) and the Health Law and Economics Group.

"OCR helps CWM build its interdisciplinary expertise in health care analysis, policy, reform and program operation," said Associate Vice Chancellor Jean Sullivan, JD, director of CHLE. Originally created to handle the requirements of the Health Insurance Portability & Accountability Act (HIPAA) of 1996, OCR now performs additional work on behalf of CWM and UMass Medical School, such as consulting with faculty members about data security and privacy issues, assisting Human Resources in employee training, and drafting and reviewing CWM contracts and related documents. OCR also monitors and assesses programs' compliance and recommends corrective action; ensures that CWM's research activities are performed in accordance with federal and state regulations; and provides related workplace training. OCR's activities are

also key for effective risk management in CWM operations. "We can anticipate and troubleshoot potential problems with the huge number of transactions we do," said Sullivan.

The center's Health Law and Economics Group complements CWM's academic endeavors in health policy analysis and evaluation with an in-depth understanding of health law and the economic impact of public policy. For example, the group designs Medicare and Medicaid waivers that are granted by the federal oversight agency and allow states to develop new program models, such as CommonHealth, Commonwealth Care and Senior Care Options, that were not originally envisioned under Medicaid rules. "We help Massachusetts agencies and those in other states use waivers by figuring out the legal and financing architecture needed,

drafting laws and related documents and negotiating federal approval to support policy goals while ensuring that legal and funding requirements are met," Sullivan explained.

CHLE's health economics expertise analyzes financial incentives and organizational components of health care systems to predict or measure effects on consumers and the market, and examines spending and utilization patterns that result from changes in health programming, such as the state's new health care reform law, to predict and understand their economic and social effects.

Much of CHLE's expertise in health policy analysis and evaluation comes from its two newest team members. Senior Associate Robert W. Seifert, MPA, brings extensive health care policy and economics

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Serving vulnerable populations through university partnerships

As an organization developed and operated by UMass Medical School (UMMS), Commonwealth Medicine (CWM) helps carry out the institution's mission to serve the people of the commonwealth by creating programs aimed at enhancing health care delivery and services for the state's underserved and vulnerable populations. These populations receive many services from public agencies, and CWM has helped build partnerships between state agencies and public universities in other parts of the country as well.

"Today, Commonwealth Medicine is encouraging collaboration between state agencies and public universities, specifically public medical schools, because such partnerships are beneficial to both parties. Agencies gain access to health care expertise and clinical resources, while public universities have an avenue to translate their clinical and research endeavors to help bring solutions to agencies and their clients," said Marc A. Thibodeau, MS, JD, director of the Center for Health Care Financing. "States gain the opportunity to better use the professional assets created through their public university systems to the benefit of their most vulnerable citizens."

CWM has created a partnership between the Executive Office of Health and Human Services (EOHHS) and UMMS that serves as the vehicle for the range of

resources provided to a number of state agencies within EOHHS, including MassHealth, the state's Medicaid program. EOHHS agencies have been able to provide enhanced health care and services to their populations by accessing UMMS resources and expertise in clinical areas, health care finance, health care systems and policy, and health care operations and administration.

CWM has also contracted with the State University of New York (SUNY) and Ohio State University Medical Center (OSUMC) to develop partnerships with their respective state agencies. In New York, SUNY and CWM are focused on collaborating with the New York Department of Health to improve the clinical quality and utilization of Medicaid pharmacy services, which includes a retrospective drug utilization review program,



"Commonwealth Medicine is encouraging collaboration between state agencies and public universities, specifically public medical schools, because such partnerships are beneficial to both parties," according to Marc Thibodeau (left), Director of the Center for Health Care Financing, a department that helps make such partnerships possible.

medication therapy management program and health care providers education, with the goal of changing prescribing habits. OSUMC has established the Academic Resources Center, which brings together Ohio's six public medical schools as a consortium to provide that state's human services agencies with an array of clinical and research resources. Illinois, California and Virginia, as well as several New England states, have benefitted from CWM guidance as they consider partnerships within their own states. CWM will consult with additional

states in the near future.

"CWM activity in this area is consistent with the role of a research-based academic institution—to develop and share knowledge and information. Partnerships between public medical schools and state agencies can have a powerful impact on public health care, as we've demonstrated in Massachusetts," said Thibodeau. "By sharing our expertise, we play a part in helping serve vulnerable populations throughout the country and provide an avenue to better control the cost of public health care programs." ■

Linking best practices to best evidence

CWM's second annual Academic and Health Policy Conference on Correctional Health

Last spring, more than 200 clinicians, educators and researchers gathered for the second annual Academic and Health Policy Conference on Correctional Health, sponsored by Commonwealth Medicine on behalf of UMMS, which provides health care to the populations of the state's prisons through the Division of Correctional Health. As more and more states are using models similar to the commonwealth's for health care delivery to prison populations, a growing body of knowledge and inquiry has developed; the conference provides an opportunity for correctional health professionals from across the country to share what they've learned and to learn from their colleagues.

All of the major medical schools engaged in correctional health contracts were represented. The event featured presentations and breakout sessions covering diverse topics such as mental illness; prevention, treatment policies and management of HIV in correctional settings; long-term care needs of aging prison populations; juvenile justice health care; and more.

Keynote speaker B. Jaye Anno, PhD, co-founder and former chair of the National Commission on Correctional Health Care, whose mission is to improve the quality of health care in jails, prisons and juvenile confinement facilities, opened the conference with a discussion of challenges in acquiring detailed and appropriate research

data on correctional patients, citing that while small studies of individual facilities do occur, they do not provide a national scope.

Massachusetts Department of Correction Commissioner Harold W. Clarke remarked on the importance of conferences like this one to development of re-entry (inmates returning to their communities after being released) strategies, which have a direct affect on public safety. Plenary speakers Robert Trestman, MD, PhD, and Lambert King, MD, PhD, provided insight on correctional-specific translational research regarding reduction of impulsive aggression, and professional identity and correctional medicine, respectively. ■



Massachusetts Department of Correction Commissioner Harold Clarke (left) led the second day of the conference. He highlighted the impact this type of conference can have on developing re-entry strategies. Twenty-five academic institutions were represented at the conference.

Health Law and Economics

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experience gained from his 25-year career addressing health care affordability and coverage for underserved populations, most recently as the Executive Director of the Massachusetts Medicaid Policy Institute. Senior Administrator Stephanie Anthony, JD, MPH, joined CHLE from MassHealth where she directed all federal-state relations and managed health care expansion, reform and community-

first projects under Title XIX and the S-CHIP program in her dual role as Deputy Medicaid Director and Executive Administrator.

With constituencies that include federal and state health and human service agencies, advocacy organizations and foundations, policy institutes and legislative committees, CHLE engages in the national debate and supports the health reform efforts of Massachusetts and other states. ■

Collaborating to improve psychiatric care for elders

Depression and other mental illnesses are common among the elderly, but with few geriatric psychiatrists in practice, it most often falls to primary care providers without specialized training to treat older patients for psychiatric disorders. At the request of the Massachusetts Office of Elder Affairs, Commonwealth Medicine's (CWM) Center for Health Policy and Research (CHPR) and the UMass Medical School Department of Psychiatry have spearheaded a new geriatric psychiatry consultation program to help address this challenge.

The three-year demonstration project provides consultation and education to Worcester-area primary care clinicians on a real-time, as-needed basis. The first step and key component of the program is an on-call service from which providers can get a call back from a geriatric psychiatrist within 15 minutes during regular office hours. "Clinicians should get the information when they need it most, often when the patient is sitting right there with them," explained William O'Brien, MSW, executive director of UMass Memorial Behavioral Health System. "The consultation brings the specialist's knowledge to the generalist." Consultations can be about specific patients or general issues of diagnosis and treatment, with clinicians encouraged to call back for further assistance as needed. The program will also help primary care physicians refer their patients to one of the project's evaluation clinics to more clearly

address diagnostic issues and treatment recommendations, and to collaborate with families and care providers.

In addition to its leadership role in developing and implementing the program, CHPR will collect and evaluate data with which to refine program services. Still under development, the complete program will include creation of a clinical database to assist project clinicians, and to support related research, evaluation and utilization efforts. And with psychiatric medication management requiring specific expertise, the project will have access to CWM's Clinical Pharmacy Services and the UMMS Division of Geriatric Medicine.

An undertaking by CHPR in partnership with the UMMS Department of Psychiatry, UMass Memorial Medical Center and the Massachusetts Office of Elder Affairs, the program exemplifies CWM collaborations whose whole is greater than the sum of its parts. "The Office of Elder Affairs



Brenda King, PsyD, (left), director of the Geriatric Psychiatry Consultation Program, discusses the program's launch with project design committee chair Dee O'Connor, PhD, director of Long Term Care Policy for CHPR and associate professor of family medicine & community health.

asked us to present the success of the Targeted Child Psychiatric Services program, a service access program for child psychiatry developed at UMass. As a result, we were subsequently asked to develop a comparable model for geriatric psychiatry. Our established connection to the Medical School and the Massachusetts Office of Health and Human Services enabled us to get the right people together in one room," explained Ronald Steingard, MD, associate vice chancellor and chief medical officer of Commonwealth Medicine

and director of CHPR who, along with O'Brien, co-leads the initiative.

A plan will be developed to keep the program going after the initial demonstration period. "The program's ongoing value will be the quality of the resources that will be readily available to primary care physicians. Our goal is to develop a model that can be duplicated nationwide, particularly in rural areas with limited resources," said newly appointed program director Brenda King, PsyD. ■

Translational Research: Bedside, Community and the Impact on Health Policy

Commonwealth Medicine's Second Annual Academic Conference

Commonwealth Medicine's (CWM) second Academic Conference, *Translational Research: Bedside, Community, and the Impact on Health Policy*, held last fall and sponsored by the UMass Medical School (UMMS) Office of Continuing Medical Education and CWM, showcased research conducted by UMMS and CWM faculty and staff and fostered discussion of the translation of that research into effective health policy and community-based practice serving vulnerable populations.

Workshops covered a range of topics on research and policy, including quality management, measurement and improvement; children's health; correctional health; community-based long term supports; behavioral health; and pharmacy.

Keynote speaker J. Lloyd Michener, MD, professor and chair of the department of community and family medicine and director of Duke Center for Community Research at Duke University Medical Center, addressed the topic, "Improving the Health of Communities and the Role of Primary Care," by giving an overview of the medical center's strategy for community engagement. "We ask the community what works for them and what doesn't

and then analyze resources and costs," said Dr. Michener. "We also have an advisory board made up of health care professionals and community leaders and employees. Engaging the community in this way is a key part of improving health outcomes of the underserved."

A poster session showcased 35 projects conducted by UMMS/CWM employees, ranging from "Measuring Perceptions of Recovery Orientation in Mental Health Programs," presented by the Center for Health Policy and Research, to "Weaving the Threads of Multiculturalism Throughout Medical Education," presented by the Office of Medical Education, Division of Research and Education. ■



Keynote speaker J. Lloyd Michener, MD, of Duke University Medical Center, gave an overview of the medical center's strategy for community engagement.

The second annual conference was attended by more than 200 people and showcased translational research conducted by UMMS and CWM faculty and staff as it relates to publicly funded health care.

Commonwealth Medicine's third annual New Leaders Reception

The reception, held in May, welcomed 30 new leaders who are either new to the organization or who have been recently promoted.

Front row, left to right:

Stephanie Anthony-Sarnie, Principal Associate, Center for Health Law and Economics; **Karen Lee**, Associate Director of Professional Development, Clinical Pharmacy Services; **Susan Stone**, Director of MedMetrics; **Joyce Murphy**, Vice Chancellor and Chief Operating Officer, CWM; **Paul Jeffrey**, Senior Director, Office of Clinical Affairs, Center for Health Policy and Research; **Joan Senatore**, Senior Associate, TPL Consulting, Center for Health Care Financing; **Robert Seifert**, Senior Associate, Center for Health Law and Economics; **Debra Hurwitz**, Senior Program Developer, Office of Program Development and Enterprise Project Management Office; **Abbie Averbach**, Director, Office of Mass. Client Relations; **Nelson LaMothe**, Associate Director of Business Administration, Center for Health Policy and Research; **Martha Henry**, Project Director, Center for Adoption Research, Center for Health Policy and Research

Second row, left to right:

Jennifer Davis Carey, Senior Director of Training, Education and Dissemination, Center for Health Policy and Research; **Erik Hamel**, Associate Clinical Director, Clinical Pharmacy Services; **Katherine Flaherty**, Senior Associate, Center for Health Law and Economics; **Kerri Hassett**, Associate Director of Administration Services, Clinical Pharmacy Services; **Denise DeBellis**, Associate Clinical Director, Clinical Pharmacy Services;



Tom Manning, Deputy Chancellor, CWM; **Kathy Lucier**, Manager of Prospect Analytics, Marketing Analytics; **Patrick Lester**, Senior Program Developer, Office of Program Development and the Enterprise Project Management Office; **Beth Tortolani**, Senior Director of Operations; **Robin Clark**, Senior Director of Research, Center for Health Policy and Research; **Pamela Leite**, Director of Patient Services, Health and Criminal Justice Program/UMass Correctional Health

Back row, left to right:

James Gagnon, Associate Director, Clinical Pharmacy Services; **Byron Deane**, Director, Public Sector Partners; **Christopher Kinback**, Strategic Account Executive, Public

Sector Partners; **Vince Palumbo**, Associate Program Director, Clinical Pharmacy Services; **Marc Thibodeau**, Director, Center for Health Care Financing; **Todd Chapman**, Senior Program Developer, Office of Program Development and the Enterprise Project Management Office

Not pictured:

Claudio Faria, Associate Director of Clinical Research, Clinical Pharmacy Services; **Martin Kane**, Vice President of Sales, Public Sector Partners; **Ann Lawthers**, Senior Director, Evaluation and Measures, Center for Health Policy and Research.

Recent new contracts

| Out-of-state clients/national grants | Start |
|--|----------------------|
| Kaiser Foundation Hospitals , Northern and Southern CA <i>Three new revenue recovery projects</i> | 7/08 |
| National Governors Association Center for Best Practices <i>Examine models for electronic health information exchange</i> | 3/08 |
| New Hampshire Department of Health and Human Services <i>Disability evaluation consulting and case backlog support</i> | 4/08 |
| State University of New York on behalf of The New York Department of Health <i>Clinical pharmacy support: DUR cases doubled;</i> <i>medication therapy management for asthma;</i> <i>provider education on best practices</i> | 4/08 7/08 7/08 |
| TennCare (Tennessee Medicaid) <i>MedMetrics pharmacy benefit management and clinical pharmacy services support (5-year contract)</i> | 5/08 |
| Pennsylvania Department of Public Welfare <i>Enhanced Medicare identification</i> | 7/08 |
| Robert Wood Johnson Foundation <i>Study on the five-year impact of buprenorphine (the first medication for opioid addiction that can be dispensed in physicians' offices) on treatment access, expenditures and service utilization for MassHealth beneficiaries</i> | 8/08 |
| New England States Consortium Systems Organization on behalf of Rhode Island Health and Human Services <i>Consulting support for development of Global Waiver application</i> | 7/08 |
| Ohio Department of Education <i>Random moment time studies</i> | 9/08 |
| Massachusetts (non-EOHHS) clients | |
| Massachusetts Medicaid Policy Institute <i>Center for Health Law and Economics policy consulting</i> | 4/08 |
| Health New England <i>MedMetrics pharmacy benefit management (includes clinical pharmacy services support and PSP Medicare Part D billing)</i> | 6/08 |
| Baystate Health System <i>MedMetrics pharmacy benefit management and clinical pharmacy services support</i> | 6/08 |

Developing new business to support public service

As Commonwealth Medicine helps fulfill UMass Medical School's public service mission, it has built a diverse client base in public sector health care that contributes to its continued success in providing quality services for the underserved. Commonwealth Medicine's strategy for new business development includes public health care agencies in Massachusetts and other states and private, non-profit managed care organizations serving Medicare and Medicaid recipients.

Commonwealth Medicine and Public Sector Partners, a CWM business affiliate

that complements other Commonwealth Medicine programs in the delivery of services to new and established clients, have collectively been bringing the UMMS public service mission to health and human service agencies in other states for nearly a decade.

This approach to new business innovation is built on a solid foundation of accomplishments and holds promise for continued growth and success for the entire organization, ultimately benefiting underserved populations. ■

save the date

October '08

23 *Disability Evaluation Conference*
From Disability through Work Ability: Building Bridges
Hoagland-Pincus Conference Center, Shrewsbury

February '09

5-6 *Third Annual Academic and Health Policy Conference on Correctional Health*
Fort Lauderdale, Fla.