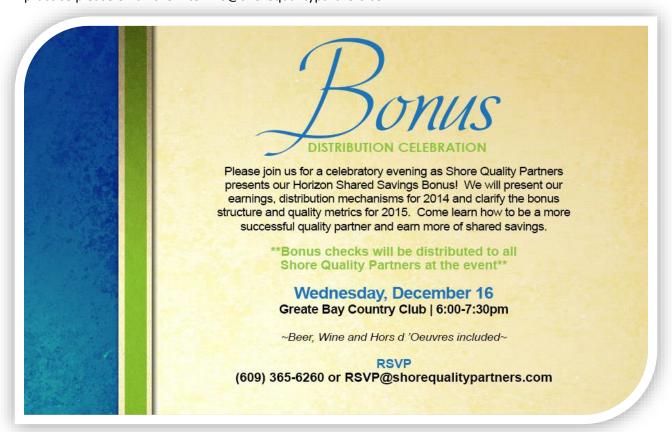




To All Shore Quality Partners Members,

If you would like to feature content in the newsletter regarding services or announcements in your practice please email them to info@shorequalitypartners.com.



2015 Horizon Quality Metrics: As a reminder, below are 2015 quality metrics. SQP must meet 90th percentile on 3 of the 12 metrics.

- 1. Breast Cancer Screening
- 2. Cholesterol Management for Adults with Cardiovascular Disease
- 3. Diabetes: LDL-Screening
- 4. Diabetes: HbA1c Testing
- 5. Comprehensive Diabetes Care HbA1c Control (<8%)
- Comprehensive Diabetes Care LDL-C Control (LDL-C <100mg/DL)
- 7. Persistence of Beta-Blocker Treatment after a Heart Attack
- 8. Use of Imaging Studies for Low Back Pain

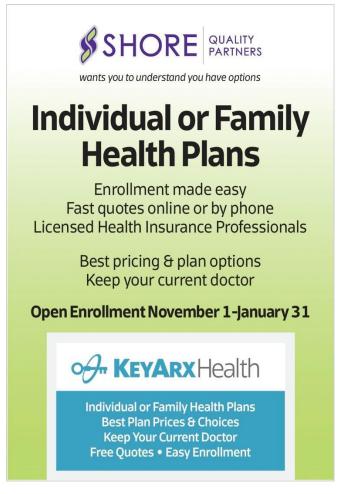
- 9. Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
- 10. Patient Satisfaction: Getting Needed Care
- 11. Patient Satisfaction: Getting Care Quickly
- 12. Patient Satisfaction: 8-10 Rating of Personal Doctor

Value Added Service, KeyArx Health Plans:

Shore Quality Partners is proud to present another value added service to you and your patients*. We have arranged for KeyArx Health Plans to provide a call center designated to assist your patients during open enrollment and to educate them regarding individual or family health plans on the Exchange.

The SQP call center is staffed with bilingual licensed agents to educate and assist your patients in enrollment for **individual or family plans on the Exchange.** They provide fast, free quotes and are able to enroll your patients in minutes. These agents are educated on Shore Quality Partners and will help your patients purchase policies to keep their current physicians and to reduce out of network issues. This process is faster and simpler than if your patients were to enroll themselves through www.HealthCare.gov. This call center is only available for patients who are buying individual or family plans, not employers, Medicare, or Medicaid.

Shore Quality Partners will be distributing display cards with all of the contact information at our Primary Care locations for physicians to hand out to patients to utilize this SQP value added product. **The number for the call center is 1-877-786-9651**. If you are a Specialist and would like cards to give out to your patients, please call (609) 365-6260 and we will provide them. If you have any questions, please call (609) 365-6260.



^{*} This program/event is a value added opportunity for Shore Quality Partners members to consider independently. Shore Quality Partners has no direct relationship with this vendor and does not support or endorse any products or services involved in this promotion. All costs of this promotion are the responsibility of the sponsoring vendor and there is no cost or obligation to Shore Quality Partners or any partners/members for this promotion.

Featured Partner Medical One on Addiction Medicine, by Michael J Dunn, MD:

"Medical One is a multidisciplinary practice founded by Dr. Michael J. Dunn and Dr. Barry D. Glasser in 1984. In addition to Internal Medicine, Family Practice, and Pain Management, Addiction Medicine is also practiced. Both doctors are diplomats of the American Board of Addiction Medicine and are Fellows of the American Society of Addiction Medicine.

Our office utilizes the principals of the American Society of Addiction Medicine to treat prospective patients who require and desire to be treated for this chronic, relapsing disease. We will assess each individual for their various addictions and offer and determine treatment option to include levels of care; such as in-patient vs. office-based treatment options. Medical based treatment, such as partial agonist treatment, to include Suboxone or full antagonist treatment to include Vivitrol, will be offered on an individual basis.

If warranted and requested, arrangements can be made for full agonist treatment with Methadone at an approved Methadone clinic. Coordination with programs across the state can and will be provided and offered to include detoxification and abstinence based programs. Coordination with counseling services and encouraging patients to participate in self help groups such as NA and AA will be discussed. Church and spiritual based options will also be encouraged and discussed.

Co-morbid disorders will involve recommendation to engage with behavioral health services with coordinated care. Consideration of chronic intractable pain being a trigger for addiction and acknowledging and offering alternative treatments to address both conditions will be discussed and provided. Monitoring with up to date forensic testing with urine drug screens and oral swabs will be done on a regular and random basis. These services and requirements will be explained to the patients in a respectful and non-stigmatizing manner.

Being recognized as a chronic disease, no patients will be expected to finish treatment by a prearranged anticipatory date. Treatment modalities will take into account many factors to include genetic predisposition, degree of addiction, state of health, social support, and willingness of the patient to commit and comply with treatment guidelines. Family and friends who can have a positive influence will be encouraged to participate in a supportive manner while providing education and instructions to all involved. If the patient has enough support and if the family is able and willing to assist in the recovery process and assume the risks, some of the detoxification can be attempted on an out-patient basis.

Our office is open seven days a week and we will make our services available to our patients who require urgent addictive services. By being uniquely available seven days a week, we are able to prevent relapses due to lack of availability, especially on weekends when relapses often occur. Our office presents a professional environment and we are sure to receive everyone with respect and evaluate in a non-judgmental manner. Our office offers full bilingual services, lab and x-ray with full forensic testing.

Frequency of visits depends on the stability of the patient. Generally, the patient is seen weekly until consistency of urine drug screens is achieved. At that time they can progress to every two weeks. With positive feedback from the family, and/or if they are in an intensive out-patient program, they can be ultimately seen as infrequently as every month. We recognize that each patient and each condition is different and will make every reasonable attempt to fit the proper treatment to the particular patient to maximize a better quality of life with increased function, reduction of adverse effects, and ultimately elimination of aberrant behavior. We recognize that recovery is a fluid process and we are there to employ the principles, tools, and modern practices to enhance the process so that the individual can reach and advance towards their desired goal.

In summary, in this age of pervasive drug use and misuse, patients commonly get into unexpected and undesirable situations because of the very nature of their medications. Medical One is happy to assist in the management of these difficult patients."

Care Coordination Team, Nephrology Update by Jon Pomeroy, DO:

"Chronic kidney disease (CKD) is a public health issue affecting more than 20 million American people. Nearly half of patients with CKD have diabetes. Diabetic nephropathy is associated with increased macrovascular risk and is the leading cause of kidney failure in the United States.

Diabetic nephropathy can occur years into type 1 diabetes, but may be present at the time of diagnosis of type 2 diabetes. Test performed for the assessment of diabetic nephropathy include urinalysis, quantification of albuminuria, serum creatinine, and the estimated glomerular filtration rate. Screening for microalbuminuria should be initiated five years after diagnosis of type 1 diabetes and at diagnosis of type 2 diabetes. Screening for microalbuminuria with a spot urine albumin/creatinine ratio identifies the early stages of nephropathy. Positive results on two of three tests (30 to 300 mg of albumin per gram of creatinine) in a six-month period meet the diagnostic criteria for diabetic nephropathy.

Preventive measures include using an angiotensin-converting enzyme inhibitors or angiotensin II receptor blockers. Optimizing glycemic control may inhibit the progression of diabetic nephropathy. There is some data to suggest that low-protein diets may decrease adverse renal outcomes in persons with diabetic nephropathy. Attached is a list of nephrologists available in Shore Quality Partners for consults if needed. Consider referral to our dietitian for dietary counseling for all diabetics and those at risk for diabetes. Attached is our Care Coordination Referral Form"

With Best Regards,

Steven P. Nachtigall, M.D.

Mar Marken

Chairperson on behalf of the Board of Directors of SQP