

Provider Report™



An Alarming Trend Among Teens

A note from Arturo Gonzalez, M.D., Vice President of the American Academy of Pediatricians, Arizona Chapter, states, "Intentional misuse of prescription medications is the biggest teen substance abuse challenge we face today." In Arizona, one out of four 12th-graders abuse prescription pain relievers. That's **twice** the national rate! Aggravating the issue is the perception among both teens and their parents that abusing medicine is not as dangerous as abusing other drugs, and ease of access—medicines are readily available in the medicine cabinet or from friends.

The American Academy of Pediatrics, Arizona Chapter, Arizona Partnership Implementing Public Safety and the Arizona Medical Association are joining with the Arizona Affiliate of the Partnership for a Drug-Free America to launch a new drug education program called Rx360. Rx360 is a research-based program developed to raise awareness of the problem of prescription drug abuse by middle- and high-school-age children. We are asking physicians to consider the following when talking with patients and their parents about prescription drugs.

1. Educate parents about the alarming rise of prescription drug abuse by teens.
2. Let young patients know that abusing medicine can be just as dangerous as abusing illegal drugs.
3. Ask parents to take action by safeguarding their medicine cabinets.

The Partnership also has a community education program that is available free of charge to parents. If you would like to schedule a presentation or would like more information on this project, please contact the Partnership at (602) 400-5432 or by e-mail at PartnerUp@PartnerUpAz.org.

Let's Talk Influenza

By: Beatriz G. Stamps, M.D., MBA, Vice President of Medical Affairs
In Collaboration with Robin Johnson, Director of Medical Management Acute Care Program and Duane Angulo, Director of Pharmacy

Novel influenza A H1N1 (swine flu) is a new flu virus of swine origin that was first detected in April 2009. On June 11, 2009, the World Health Organization (WHO) raised the worldwide pandemic alert level to Phase 6 in response to the ongoing global spread of the novel influenza A (H1N1) virus. A Phase 6 designation indicates that a global pandemic is under way. WHO's decision to raise the pandemic alert level to Phase 6 is a reflection of the spread of the virus, not the severity of illness caused by the virus.

It's uncertain at this time how serious or severe this novel H1N1 pandemic will be in terms of how many people infected will develop serious complications or die from novel H1N1 infection. Experience with this virus so far is limited and influenza is unpredictable.

The symptoms are similar to the symptoms of seasonal flu and include fever, cough, sore throat, body aches, headache, chills or fatigue. Some people with novel H1N1 flu have also reported diarrhea or vomiting. Severe illness, including pneumonia or respiratory failure, as well as death, can occur. Like seasonal flu, novel H1N1 flu may worsen underlying chronic medical conditions.

In children, emergency warning signs that need urgent medical attention include fast breathing or trouble breathing, bluish skin color, not drinking enough fluids, not waking up or not interacting with others, being so irritable that the child does not want to be held, fever with a rash or flu-like symptoms that improve but then return with fever or worse cough. In adults, emergency warning signs that need urgent medical attention include difficulty breathing or shortness of breath, pain or pressure in the chest or abdomen, sudden dizziness, confusion, or severe or persistent vomiting.

People with novel H1N1 flu can infect others and could be contagious as long as they are symptomatic, and possibly for up to seven days following the onset of illness. Children, especially younger children, might potentially be contagious for longer periods.

CDC recommends the use of oseltamivir, which is also called Tamiflu®, or zanamivir, which is also called Relenza®, for the treatment or

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2 The Benefits of Offering 17P to Patients

3 In Focus: Is Care Coordination Effective?

4 How to Limit the Spread of Swine Flu

Preventing Preterm Birth We cover 17P for eligible members.

The American College of Obstetricians and Gynecologists (ACOG) and the Society of Maternal Fetal Medicine both describe 17-alpha hydroxy-progesterone caproate (17P) as a part of modern obstetric practice. ACOG, in a recent Committee Opinion: “Use of Progesterone to Reduce Preterm Birth” issued in October 2008, stated, “Progesterone supplementation for the prevention of recurrent preterm birth should be offered to women with a singleton pregnancy and a prior spontaneous preterm birth due to spontaneous preterm labor or premature rupture of membranes.”

The landmark trial by the National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network published in *The New England Journal of Medicine* titled “Prevention of Recurrent Preterm Delivery by 17 Alpha-Hydroxyprogesterone Caproate” showed that those patients who received 17P therapy had a 36.3 percent chance of preterm delivery, whereas 54.9 percent of the control group had a premature delivery. The effect was still significant and more dramatic for the risk of delivery before 32 weeks.

Bridgeway Health Solutions will cover 17P for your eligible patients. We feel that 17-hydroxy-progesterone caproate (17P) is the most dependable formulation. Progesterone supplementation’s role in any pregnancy is based on discussion between the doctor and his or her patient. Proper screening and counseling of your pregnant patients is necessary.

START SMART for Your Baby™ will help streamline the process through identification, notification and education of your patients. We also help arrange for delivery of 17P to your office or the patient’s home.

If 17P is new to your practice, you will find that it is rewarding to offer your patients a real chance for better outcomes and healthier babies.

CULTURAL COMPETENCY: PUT IT INTO PRACTICE

Any efforts to improve healthcare quality must incorporate cultural competency, which is the provision of equitable, patient-centered care across diverse populations. Despite widespread efforts to close racial, ethnic and cultural gaps, disparities persist:

- Cancer death rates among African-American men in 2007 are 33 percent higher than among whites—almost identical to rates reported in 1981.
- Although obesity-related chronic conditions are more prevalent among minorities, doctors were more likely to counsel obese whites than African-Americans and Hispanics about exercise.
- Compared with their white counterparts, older Hispanic and African-American adults are much less likely to be vaccinated against influenza and pneumococcal disease.

You can help to meet the cultural competency challenge in your practice with the help of a free online training tool from the Health Resources and Services Administration. “Unified Health Communication 101: Addressing Health Literacy, Cultural Competency, and Limited English Proficiency” is a five-module course approved for CME credit. Visit hrsa.gov/healthliteracy/training.htm.

CPT Category II Codes

CPT Category II codes are supplemental codes developed to assist in the collection and reporting of information regarding performance measurement, including HEDIS. Submission of CPT Category II codes allows specific services, test results and other similar data to be captured at the time of service, thus reducing the need for retrospective medical record review.

Use of these codes is optional and is not required for correct coding and may not be used as a substitute for Category I codes. However, Bridgeway Health Solutions encourages use of these codes and as noted above, submission of these codes can minimize the administrative burden on providers by greatly decreasing the need for medical record review, particularly related to health plan HEDIS reporting.

The following are CPT Category II codes applicable for HEDIS measures:

| | |
|-------------------------------|----------------------------|
| Hemoglobin A1c Levels | 3044F, 3045F, 3046F, 3047F |
| LDL-C Levels | 3048F, 3049F, 3050F |
| Nephropathy Screening Results | 3060F, 3061F |
| Systolic B/P Levels | 3074F, 3075F, 3076F, 3077F |
| Diastolic B/P Levels | 3078F, 3079F, 3080F |
| Prenatal Care Visits | 0500F, 0501F, 0502F |
| Postpartum Care Visits | 0503F |
| Medication Reconciliation | 1111F |

Care Coordination Is No Small Feat

As primary care physicians (PCPs) know all too well, the U.S. healthcare system is struggling under the burden of chronic illnesses. In 2005, 44 percent of Americans had at least one chronic condition, and 13 percent had three or more, according to government survey data. Hospitalizations push up costs, and the fragmented nature of the healthcare system contributes to the problem.

Patients with chronic illnesses typically receive treatment from a number of healthcare providers, with the responsibility for coordinating that fragmented care falling on their PCPs. A new study published in *Annals of Internal Medicine* reports on the massive scope of the task.

A Complex Web of Interactions

Using data from the 2004–2005 Community Tracking Study Physician Survey, researchers found that the typical PCP treats an average of 264 fee-for-service (FFS) Medicare patients in a single year. Then they determined that for every 100 of those patients, the PCP potentially must interact with 99 other physicians in 53 different practices. In total, the typical PCP communicates with 229 other physicians in 117 different practices. Physician-to-physician interactions were higher for patients with multiple chronic conditions, and higher for solo or

two-person practices than for larger group practices.

Worth the Efforts?

The patient-centered medical home is gaining traction as the most effective strategy for delivering coordinated care. But even as options are being considered for how to structure payments to PCPs using that care model, a question remains: Does care coordination actually improve quality and produce cost savings?

To find out, the Centers for Medicare and Medicaid Services (CMS) chose 15 demonstration sites, including hospitals, a long-term care facility and other coordinated-care centers. CMS assessed the care outcomes of more than 18,000 fee-for-service Medicare patients with chronic conditions after seven months and compared them with outcomes of patients in a “usual care” control group.

In their reported findings in *JAMA*, none of the sites generated net savings to Medicare when their care-coordination fees were figured in. Only two of the sites decreased hospitalization rates. The features these two sites had in common revealed the potential of care coordination that’s well-executed among patients most likely to benefit: The sites had higher rates of care coordination in the form of more in-person contact with patients by nurse coordinators—one per month per patient. Less successful programs had 0.3 contacts, mostly phone-based. The more successful programs also had more frequent and more timely interactions between nurse coordinators and physicians. This suggests care coordination had the greatest effect on medium-risk patients (with monthly expenditures of \$900 to \$1,200).

A Matter of Trust As patients pay higher out-of-pocket medical costs, they have lower levels of trust in their physicians and the quality of care they receive, according to a new study published in the *Journal of General Internal Medicine*.

Researchers surveying adults with a regular source of primary care found that 27 percent had a high financial burden (defined as having high out-of-pocket costs relative to their income and/or problems paying medical bills). This group was less likely than the people surveyed who had lower financial healthcare burdens to perceive that their physicians acted in patients’ interests above all other concerns.

Trust is associated with treatment compliance, which means patients’ perceptions may lead to worse outcomes.

Quick Reference Guide for Bridgeway Health Solutions Acute Members

MEMBER SERVICES Acute: 1-866-516-7224

PRIOR AUTHORIZATION Acute: 1-866-519-6972
Fax: 1-866-896-1844

TRANSPORTATION FOR YAVAPAI COUNTY ACUTE CARE MEMBERS

TMS Management Group: 1-866-790-8829

CLAIMS ADDRESS AND PHONE:

Bridgeway Health Solutions Acute: 1-866-520-5986
P.O. Box 3040
Farmington, MO 63640-3814

ELECTRONIC CLAIMS SUBMISSIONS

Bridgeway payor code # 68054 (Emdeon)

FOR MORE INFORMATION ON ELECTRONIC FILING CONTACT

EDI setup: 1-800-225-2573, ext. 25525

Bridgeway Health Solutions, c/o Centene EDI Department
or by e-mail at EDI@centene.com

Remember to refer to the Bridgeway Health Solutions website for the following reference information (bridgewayhs.com):

Provider Manual
Preferred Drug List
Member Eligibility
Claims Status
Prior Authorization Requirements and Forms

LET'S TALK INFLUENZA

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prevention of infection with these novel H1N1 flu viruses.

More than 70 countries have reported cases of novel H1N1 infection. The Southern Hemisphere's regular influenza season has begun, and countries there are reporting that the new H1N1 virus is spreading and causing illness along with regular seasonal influenza viruses. The U.S. had a total of 40,617 cases and 263 deaths (as of July 17) and the H1N1 illness has continued into the summer. In Arizona there have been 762 confirmed cases and 11 deaths. The U.S. continues to report the largest number of novel H1N1 cases of any country worldwide; however, most people who have become ill have recovered without requiring medical treatment.

The spread may well continue and coincide with the seasonal flu

season in the U.S. The vaccine for swine flu is in the testing phase and may be available anywhere from October through December. The vaccine will be distributed to the County Health Department, which will decide how distribution will occur based on the risk stratification identified by the CDC. The vaccine is expected to include a two-dose series.

What can we do to limit the spread of swine flu? Whether you're at home, work, school or running daily errands, you can help prevent the flu by washing your hands often with soap and water. Cover your mouth and nose with a tissue when you cough or sneeze and put your used tissues in the trash.

If you're diagnosed with novel H1N1 flu, it's important to stay away from others. Stay home

from work or school to keep from spreading the virus for seven days after your symptoms begin or until you have been symptom-free for 24 hours, whichever is longer.

For up-to-date information on novel H1N1 flu, please visit cdc.gov/h1n1flu or call 1-800-CDC-INFO (1-800-232-4636).

Bridgeway hopes to have as many members as possible vaccinated against the seasonal flu. If you are not providing this service in your office, you can **direct your Bridgeway members to Safeway pharmacies** in Yavapai County. **Please write a prescription for the influenza vaccine**, as the pharmacist can only vaccinate people by prescription. There is work under way to eliminate this requirement, but as of the time of this printing, a prescription is needed.

Excerpted from the CDC website

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