

HEALTHSCRIPT

July 2007

A publication for HNE providers and their staff

MHQP 2006/7 PERINATAL CARE RECOMMENDATIONS

Massachusetts Health Quality Partners (MHQP) and representatives from twenty Massachusetts health care organizations, including HNE, have come together again to collectively endorse the 2006/2007 Perinatal Care Recommendations.

While MHQP has issued Perinatal Care Recommendations every other year since 2002, this is the first time that the Recommendations are being made available on-line in both desk reference and brochure formats. The on-line version also includes links to additional materials that you may find useful, such as screening tools and referral guides for clinicians, as well as informational handouts for patients.

The Recommendations were compiled by a group of clinicians using evidence-based guidelines from the American College of Obstetricians and Gynecologists (ACOG)* and other national organizations, including the American Academy of Family Physicians and the American Academy of Pediatrics. The additional materials were also compiled by the clinician group based on their experience, and are offered as resources for your practice.

Our goal in endorsing a single set of perinatal care recommendations is to support your efforts to provide high-quality, evidence-based care and eliminate inconsistent guidelines. It is well documented that high-quality prenatal care is the single most important factor in improving maternal and infant health.

We hope that you will find the 2006/2007 Perinatal Care Recommendations useful. To access the Recommendations go to www.mhqp.org and click on the guidelines tab, or go to the Medical Guidelines link at HNE.com under the providers tab.

*These recommendations are consistent with those published by ACOG with little substantive change.

PRACTICE KUDOS:

Congratulations to the Laboratory at Valley Medical Group!

HNE would like to congratulate the Laboratory at Valley Medical Group who was recognized as first runner-up Medical Laboratory of the Year (2007) in Medical Laboratory Observer's April 2007 edition. Medical Laboratory Observer is the national professional magazine/journal for clinical laboratory managers and providers of laboratory services. For more information about the lab at VGM's accomplishment, go to <http://www.vmgma.com/about/>.

Does your practice have an accomplishment that you would like us to publish? If so, please let us know – email jkane@hne.com.



CLINICAL PRACTICE GUIDELINES

Clinical Practice Guidelines are tools to help practitioners and patients make decisions about appropriate health care for specific clinical circumstances, and to reduce inter-practitioner variation in diagnosis and treatment. HNE adopts guidelines that are relevant to membership needs, and to promote preventive care and support management of chronic health conditions. Each year, HNE distributes information about these Guidelines to physicians.

Two guidelines used for the management of chronic health conditions are currently being revised by the developers and will be published later this year:

- Massachusetts Guidelines for Adult Diabetes Care – developed by the Diabetes Guidelines Work Group, Diabetes Prevention and Control Program, Massachusetts Department of Public Health.
- Guidelines for the Diagnosis and Treatment of Asthma – developed by the Expert Panel of the National Heart, Lung and Blood Institute (NHLBI).

In addition, HNE collaborates with the Massachusetts Health Quality Partners (MHQP) to produce and publish adult and pediatric preventive care recommendations. MHQP has recently announced that a panel of practitioners will be producing updated recommendations within the calendar year. HNE will provide you with information about the final versions of the guidelines.

Guidelines are available on the HNE web site (hne.com/HNE_providers/preventive) as well as the physician-only secure web site, HNEDirect. If you would like a paper copy of a Guideline, call the HNE Provider Relations Department at 413-787-4000 or 800-842-4464, ext. 5000.

HNE has adopted the following Guidelines:

Asthma

- Practical Guide for the Diagnosis and Management of Asthma (NHLBI, NIH)

Diabetes

- Massachusetts Guidelines for Adult Diabetes Care (Diabetes Prevention and Control Program, Massachusetts DPH)

Hyperlipidemia

- Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (ATP III) (NHLBI, NIH)

Preventive Care

- Adult Preventive Care Recommendations (MHQP)
- Pediatric Preventive Care Recommendations (MHQP)

Immunizations

- Pediatric Immunization Schedule (Mass DPH)
- Adult Immunization Schedule (CDC, Department of Health and Human Services)

Obstetric Care

- Perinatal Care Recommendations (MHQP)
- Scope of Services for Uncomplicated Obstetric Care (American College of Obstetricians and Gynecologists)

Depression

- Practical Guideline for the Treatment of Patients with Major Depressive Disorder (American Psychiatric Association)
- Improving Patient Compliance with Antidepressants: A Health New England Clinical Guideline

Attention Deficit/Hyperactivity Disorder

- Diagnosis and Evaluation of the Child with Attention-Deficit/Hyperactivity Disorder (American Academy of Pediatrics)
- Treatment of the School-Aged Child with Attention-Deficit/Hyperactivity Disorder (American Academy of Pediatrics)
- HNE ADHD Clinical Guidelines

WHY CODING CORRECTLY IS SO IMPORTANT

by Pat Scheer, Quality Operations Manager

Health Care Providers have an important role to play in assuring that their patients are correctly identified as having certain diagnoses or treatments. With the growth of direct outreach to patients for disease management activities, the increasing accountability of health plans to **HEDIS** specifications, and the wider use of electronic medical record systems in primary care, accurate ICD-9 coding is imperative. Coding is also being used in calculating **pay-for-performance** measures.

When coding any encounter for health care, be sure your billing service knows how to assign current and correct codes for:

1. the reason for an office visit
2. any presenting symptoms
3. any current numerical codes for diagnosis
4. screening or history using V codes.

Tests ordered for rule-out purposes should be coded for the symptom rather than the diagnosis to be ruled out. Health plans are dependent on medical offices as well as radiology and laboratory services to provide correct coding so that patients' records reflect accurate diagnoses. Physicians and patients may receive information from their health plans about certain conditions that are coded in their claims or medical records. Our goal is to send educational information to the right patient regarding the right condition in a timely manner. We appreciate your efforts to help us.

POLICY UPDATE

Provider Collection Policy

This Policy is also available in your Provider Manual.

HNE recommends that the provider submit the bill to HNE prior to collecting any portion of a member's deductible and/or coinsurance. If a provider wishes to collect prior to submitting a bill to HNE, we expect providers and members to coordinate mutually acceptable terms for collection of a member's deductible and/or coinsurance obligations.

In no event may a provider collect from an HNE member for an HNE covered service more than the member's current estimated remaining deductible obligation as of the date of service.

In the event that an amount in excess of member's actual obligation is inadvertently collected, the provider or facility must promptly remit such excess amount to the member upon verification from the provider's or facility's EOP or member's EOB.

HNE supports the use of standardized disclosure and authorization forms to facilitate dialogue between providers and members regarding financial responsibility and to establish expectations and facilitate collection of member deductible and/or coinsurance payments. In all cases, HNE expects providers or facilities to apply collection practices that are no more restrictive to HNE members than those applied to members of any other commercial payers.

ORDER CT, MR, AND PET SCANS ON-LINE

HNE providers can order CT, MR or PET on-line via NIA's secure web application, RadMD

Remember, National Imaging Associates, Inc. (NIA) is able to accept imaging requests for CT, MR and PET scans online via their secure web application, RadMD. This feature is available to request non-emergency, outpatient high cost imaging services. Authorization is in real time and if additional clinical information is needed you will be notified. Requesting providers still have the ability to order tests by calling NIA at (888) 642-4815.

To create an account for RadMD log on to www.RadMD.com/SignUp, once your registration has been confirmed you may log on to www.RadMD.com.

If you have any questions regarding RadMD, please contact HNE's Provider Operations Department at (800) 842.4464, extension 5000. For technical difficulties please contact (877) 807-2363, or e-mail webmaster@niainc.com.

BEHAVIORAL HEALTH NEWS

New Guidelines available at hne.com

HNE has revised the Guidelines for Psychological and Neuropsychological Testing. These guidelines describe the criteria for psychology and neuropsychological testing and the exclusions. One of the most significant changes is that many more provider specialties can now make referrals for neuropsychological testing.

HNE has developed a new prior authorization form for Neuropsychological Testing. This new form will gather relevant clinical information that will allow HNE to make informed decisions about authorizing neuropsychological testing.

HNE also has added a new guideline for children aged 6-12 who are being treated for ADHD.

Please be sure you refer to these guidelines when you are considering making a referral. If you have questions, please contact the Behavioral Health Department.

GUIDELINES FOR PSYCHOLOGICAL TESTING REFERRALS

(http://hne.com/HNE_members/preventive/HNEGuidelinesForTesting.pdf)

NEUROPSYCHOLOGICAL TESTING PRIOR AUTHORIZATION

(http://hne.com/HNE_members/preventive/NeuropsychTestingFINAL.pdf)

ADHD CLINICAL GUIDELINES

(http://hne.com/HNE_members/preventive/ADHD_Clinical_Guidelines.pdf)

BEHAVIORAL HEALTH NEWS: Depression

In the June 2007 issue of MemberMatters, HNE's Member newsletter, the HNE Behavioral Health Department began a three part series about depression. The purpose of the series is to provide basic information about depression, and to encourage members to speak to their provider about this treatable condition. The series is also available as a brochure from HNE.

For more information, please contact HNE's Behavioral Health Department at 413-787-4004 or 800-842-4464 extension 5028.

HOW'S YOUR HEALTH?™ ONLINE SURVEY

Your patients may come to your office with information from an on-line program we told them about in the May/June 2007 edition of the HNE member newsletter, Member Matters. It's called How's Your Health? A fact sheet about the program is printed below, but the portion that you are likely to see in your office is a printout of the results of the individualized online health questionnaire. Its intent is to educate patients and generate dialogue between patients and caregivers. The information provided on How's Your Health is designed to support, not replace the relationship that exists between a patient and his/her physician. We've told members that they should use How's Your Health as a guide for their health and medical care, and urged them to discuss any questions about the information with their doctor, nurse or other health care worker.

What is How's Your Health?

A family of web-based tools to improve health and health care.

The basic How Your Health tool (in English or Spanish) serves people aged 2-99 by:

- Helping them to think about their health as they complete an age and gender specific survey
- Giving them readings directed at the problems and concerns they identify during the survey
- Allowing them to have a personal health record

It also serves health care professionals by:

- Allowing them to see the action plan of their patients
- Allowing them to have practice specific-data on issues such as access, efficiency, overall quality of care
- Allowing them to compare to national performance benchmarks

Also available without charge are How's Your Health tools for neonatal intensive care, hospitalized patients, or very sick or frail patients. Tools for Problem-solving help people feel more confident about their ability to manage and control all types of problems such as a chronic disease, anxiety, pain, excessive weight, etc.

What is the Relative Advantage of How's Your Health Compared to Personal Health Assessment and Health Risk Tools?

How's Your Health tools offer more than these assessment tools.

How's Your Health tools are also public access.

How's Your Health tools provide complete health assessment and feedback and self-management support (as described above). How's Your Health tools are also behaviorally sophisticated and effective because they are based on years of peer-reviewed and published research. They do not just focus on "risk."

Are How's Your Health Tools Compatible with Other Accepted Standards?

Yes, for patient-reported health status, How's Your Health contains measures that have been adopted by the World Organization of Primary Care. Validated against the SF-36.

For HEDIS and NCQA clinical measures, the patient-reported measures coincide with many of these measures, such as blood sugar, lipid and blood pressure control. How's Your Health developers serve on the "patient-centered" measures subcommittee of the NCQA.

For risk assessment and personal health assessment standards, How's Your Health developers are working with the CDC.

For “cross-platform” electronic data transmission: The personal health record produced by How’s Your Health is based on the emerging Continuity of Care Record (CCR) national standard. How’s Your Health automatically populates the DocSite registry without requiring any additional input from a physician’s office staff.

How Complex are How’s Your Health Tools?

They are designed and tested for Ease-of-Use for different settings and populations.

Field research on the components of How’s Your Health tools began in the late 1980s and continues to this day so that the tools are understandable, easy-to-use and effective. For example, based on field studies, the large-print How’s Your Care tool for hospitalized patients is designed for use on a touch pad web-tablet. Another example, a simplified version of “problem-solving therapy” described in the psychiatric and psychology literature was tested in a large controlled trial before being made available as the How’s Your Health “Problem-Solving” tool. One last example, customized inquiry by and feedback to clinical staff can be made automatically.

Can I Try How’s Your Health?

Yes. Just go to www.How’s Your Health.org

How Can I Learn What Others Are Doing with How’s Your Health?

- Go to www.How’s Your Health.org and choose “learn more.”
- Go to www.IdealMicroPractice.org or www.IdealMissouriPractice.org to learn how How’s Your Health tools are used as part of a program for office practice improvement.

Updates

Except for the correction of errors that is done immediately, updates of the questions and information are performed annually. John Wasson MD, Professor of Community and Family Medicine at Dartmouth Medical School oversees all updates. The latest update was in January, 2007. For persons aged 13 or older, the sources for updates are:

- The Journal of the American Medical Association
- The New England Journal of Medicine
- The British Medical Journal
- The ACP Journal Club (This provides reviews of current publications).
- The Journal of the American Geriatric Society
- Clinical Evidence from the British Medical Journal (This provides comprehensive reviews for common conditions and preventive recommendations).

FROM THE PHARMACY SERVICES DEPARTMENT

Albuterol HFA Multidose Inhalers (MDI)

Albuterol multidose inhalers have been available for many years. Due to the Clean Air Act, substances that deplete the ozone layer, such as chlorofluorocarbons (CFCs) are no longer used in most products. For pharmaceutical products such as inhalers, there is an exception to the clean air act, allowing some medications with “essential use” to continue to be produced. In March 2005, the FDA issued a ruling concerning the use of chlorofluorocarbons (CFCs) which stated that the use of CFCs in albuterol inhalers only, may no longer be produced or sold after December 2008.

To ensure compliance, manufacturers of inhaled albuterol have begun to produce inhalers with a hydrofluoroalkane (HFA) propellant before the mandated December 2008 date. The “HFA” inhalers are not considered AB rated to the CFC inhalers according to the FDA.

What this means for physicians is that your patients who require albuterol inhalers currently manufactured with a CFC propellant, need to be switched to an inhaler with an HFA propellant. The pharmacy can not automatically substitute these, a prescription is required. HNE has placed ProAir HFA on tier 2 as our preferred albuterol HFA inhaler. Proventil HFA and Ventolin HFA are available as tier 3 alternatives. As you begin to transition your patients, please write prescriptions for ProAir HFA or albuterol HFA.

What this means for patients is that although the effects of the two medications should be the same, there may be differences in the feel of the drug during delivery and the taste of the medication. It is also important to note that while all CFC albuterols contain the same inactive ingredients; this is not true of the albuterol HFA products.

This rule only affects albuterol CFC MDIs. It does not affect other currently marketed asthma or COPD CFC inhalers, which will be evaluated separately as to whether and when they are no longer essential under the FDA regulation. Notably, this action does not affect Combivent MDI, a combination product that contains albuterol as well as ipratropium, since HHS/FDA has designated it as an essential-use product distinct from the single-ingredient albuterol MDIs.