

**March 2002**

## Health New England Provider Satisfaction Survey

Market Street Research, located in Northampton, recently conducted a Provider Satisfaction Survey on our behalf. The survey covered every aspect of our relationship with you, from the credentialing and contracting process to the utilization management and claims processing facets of our business. We thank the physicians and office managers that took the time to speak with the survey vendor. We cannot stress enough the importance of your feedback in helping us meet your expectations! Responses are kept confidential. We will report the overall results of the survey to you in the next edition. If you have questions about this survey, you can contact Pat Scheer, Quality Operations Manager, at 413-787-4000 ext. 3435 or pscheer@hne.com.

## Medical Director's Letter

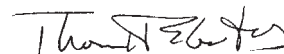
2001 was a challenging year for Health New England (HNE). However, Health Services did have several notable successes. We implemented the Injectable Drug Program which has improved member access to injectable drugs and improved service to providers. In addition, our HEDIS measurements continued to be at the very highest quartile of U.S. health plans and allowed us to maintain our excellent NCQA accreditation status. We have successfully implemented our HealthTrio Program which gives providers eligibility and claims status on-line. And finally, after five years of waiting, HNE has embraced EDI. We finished 2001 with 47 percent of our claims having been paid electronically.

We continue to see a number of challenges for 2002. The most important issue from my perspective is the increased pressure on employers to cost shift to employees. Many employer groups are seeing large increases in premium, not just from HNE, but from other health plans as well. The most likely implication of this increase in premium will be that employers will cost shift in the prescription drug area. We will continue to manage our formulary as aggressively as possible, even if it means frequent changes to help control costs in order to pass the savings along to our members.

HNE is in the middle of a strategic planning process. This will allow us to chart a course for the next three to five years that, of course, will be consistent with the strategic goals of our owner, Baystate Health System. This strategic planning process will focus on new financial incentives to providers and new products for our members.

One critical initiative that you will hear more about over the next several months is a Radiology Management Program. We have decided to go to an outside company to help us manage high-cost imaging studies such as MRI, CT and PET, the costs of which are increasing at a rate of 17 percent per year. In addition to the Radiology Management Program we will take every opportunity to look for possible improvements in our medical management and utilization management programs to try to manage our Health Services budget. We are particularly interested in the big increase in in-patient costs which occurred in 2001. We will be concentrating much more on evaluating why people are hospitalized and for how long.

As I said, 2002 will again have its challenges, but HNE expects to grow in the marketplace, and we hope to become the health plan of choice in our region.



Thomas H. Ebert, M.D.  
Vice President, Medical Director

## MANAGEMENT OF URINARY TRACT INFECTIONS IN THE OUTPATIENT SETTING

Richard H. Glew, MD

*Professor of Medicine and Molecular Biology, University of Massachusetts Medical School and Vice-Chair of Medicine, UMass Memorial Health Care*

Urinary tract infections account for millions of medical office visits annually. Fortunately, many of these infections can be managed in the outpatient setting. The most common UTI is acute uncomplicated cystitis in women, commonly caused by enteric gram negative bacilli, particularly *E. coli*, and, less often, *Staphylococcus saprophyticus*. Diagnosis usually is obvious, particularly in an otherwise healthy female with a history of recurrent UTIs, presenting with symptoms of dysuria, urgency and frequency, and with pyuria on urinalysis. Although the traditional lab criterion is urine culture with at least 10<sup>5</sup> bacteria/mL, recent studies suggest that in an acutely symptomatic woman, a better criterion is at least 10<sup>3</sup> organisms/mL of a known uropathogen. Because of increasing resistance to penicillins and older cephalosporins, optimal therapy is oral trimethoprim-sulfamethoxazole or an oral fluoroquinolone for 3 days. Some experts recommend empiric treatment in the patient with typical symptoms and pyuria, with urine culture to be obtained only if symptoms recur within weeks. Women with recurrent cystitis and without GU abnormalities warrant prophylaxis with periodic (nightly or peri-sex administration of single strength trimethoprim-sulfa or nitrofurantoin. Acute uncomplicated pyelonephritis (no known urinary tract abnormalities; stable, non-toxic patient), often can be treated in the outpatient setting as

well. The patient with pyelonephritis typically presents with fever +/- chills and flank pain. Microbiology is similar to cystitis: enteric gram negative bacilli usually are the etiology, but with enterococci involved in about 5% of cases.

Treatment options include potent oral agents such as a fluoroquinolone or parenteral, once daily ceftriaxone: treatment is for 10-14 days. If fever and flank pain persist more than 72 hours into antibiotic therapy, cultures should be repeated and imaging studies (ultrasonography or CT) should be considered to rule out abscess or obstruction.

In men, urinary tract infection is considered complicated, because of either structural or functional abnormalities (most commonly prostatic hypertrophy) or resistant organisms. Intrinsically resistant gram negative bacilli (e.g., *Pseudomonas aeruginosa*) commonly are involved. If prostatitis is suspected, optimal therapy is one of several fluoroquinolones, which penetrate prostatic tissue well. Relapse is common and prolonged therapy is required for long-term efficacy. Initial treatment in patients with first-episode, mild prostatitis can be for two weeks, but treatment for six weeks to six months should be employed in patients who fail a shorter course therapy or have a history of recurrent prostatitis.

### REFERENCES:

1. Stamm WE, Hooton TM. Management of urinary tract infections in adults. *NEJM*. 1993;329:1328-1334
2. Johnson JR, Stamm, WE. Urinary tract infections in women: diagnosis and treatment. *Annals Int Med* 1989;111:906-917
3. Lipsky BA: Urinary tract infections in men, epidemiology, pathophysiology, diagnosis and treatment. *Anal Int Med*. 1989;110:138-148

## GUIDELINE UPDATE

Health New England's Clinical Care Assessment Committee and Behavioral Health Subcommittee reviewed and approved the American Psychiatric Association's Guideline for the Management of Major Depressive Disorders in December, 2001. A mailing went out to all physicians within the HNE network in early February, 2002 announcing the approval of this guideline. In that mailing the HNE clinical guideline for Improving Patient Compliance with Antidepressants was also distributed. These guidelines are posted on the Health New England website, [www.healthnewengland.com](http://www.healthnewengland.com), click on the Provider tab.

## DIABETES PROGRAM UPDATE

The Health Programs Department is very pleased with the results of this year's Diabetes Care Measures for 2001. There were statistically significant improvements in the average PCP visits, % diabetics with 0-1 PCP visits, the average HbA1c tests and the retinal exam rate. Please see the chart below for a comparison between 2000 and 2001.



		Baseline (10/96-9/97)	MY98 (10/97-9/98)	MY99 (10/98-9/99)	MY00 (10/99-9/00)	MY01 (10/00-9/01)
Measurement Description	Goal	(10/96-9/97)	(10/97-9/98)	(10/98-9/99)	(10/99-9/00)	(10/00-9/01)
Diabetic Population		1,869	2,194	1,835	2,866	2,292
Admits/1000		197.43	186.41	158.00	150.38	178.01
Multiple Admits/1000		37.45	37.37	27.25	31.4	30.54
Diabetics w/Multiple Admits		70	82	50	90	70
Avg. PCP Visits/Diabetic Member	4/year	3.21	3.82	4.21	3.58	4.17
% Diabetics w/ 0-1 PCP Visits	<=10%	29.32%	20.83%	15.26%	27.63%	19.63%
% Diabetics w/ 0-1 MD Visits	<=10%	NA	NA	NA	25.44%	17.10%
Avg. HbA1c Test/Diabetic Member	2/year	1.10	1.33	1.50	1.36	1.61
% of Diabetics with Retinal Exam	>=65%	49.17%	47.49%	54.39%	44.14%	51.09%
% Diabetics w/MD Visit and HbA1c Test		NA	NA	NA	75.86%	76.92%

There continues to be a number of areas for improvement in the diabetes care measures and Health New England continues to work towards improving these. In November of 2001 the Health Programs Department held the first Diabetes Care Day. All members with diabetes were invited to attend. Members who attended were able to have their blood glucose, HbA1c, total cholesterol and their blood pressure measured. Other screenings included a foot check, depression screening and body fat composition analysis. There were four different educational sessions on diabetes management and all were very well attended. All members also received a free glucometer and instruction on how to use it. Overall the members' experience was very positive. Following are a few comments from members who attended:

*"I thought the screening tests, particularly the hemoglobin A1c, were very helpful. And the lectures were very enlightening. I definitely recommend Diabetes Care Day, especially for new diabetics."*

- George Wilson

*"Diabetes Care Day was enjoyable and helpful. I look forward to next year. Thank you Health New England."*

- Sharon Owsiak

*"Diabetes Care Day provided me with a significant and timely opportunity to obtain current, accurate, and useful information that enabled me to better manage my diabetes. Thank you. Thank you!"*

- Michael Weltman

*"I was recently diagnosed with diabetes and felt hopeless, depressed and overwhelmed. Attending Diabetes Care Day totally lifted my spirits and understanding about the disease. Now I feel that my life can be manageable."*

- Anonymous

Because of the success of the Diabetes Care Day the Health Programs Department will be doing another one on **November 9, 2002**. More information will follow as we get closer to this date. Please talk to your patients with diabetes and encourage them to participate in this day. Any ideas that you may have about engaging the non-compliant patient to participate would be greatly appreciated. Please contact Connie Lynch at (413) 787-4000 or (800) 842-4464, ext. 3381.

Another health improvement initiative targeting improvement in the care of HNE's members with diabetes is the Retinal Eye Exam Voucher program. Please see page 4 for more details.



## Retinal Eye Exam Voucher

A new program for 2002 is the Retinal Exam Voucher Program. This program is being targeted to those members with diabetes who have not been compliant with their annual dilated retinal eye exams over the past two years. All members received a letter, in mid-February, with a voucher for the value of their office co-pay. If the member receives a dilated retinal eye exam by November 20, 2002 HNE will pay the co-pay! It is our hope that this will encourage these members to access this service. If you have any questions about this program please contact Jennifer Graves at (413) 787-4000 or (800) 842-4464, ext. 3432.

## Celebrating Women 2002

You may remember that Health New England declared 2001 as the YEAR OF THE FAMILY and offered several seminar events throughout last year. Well in 2002, Health New England is Celebrating Women!

Throughout this year we will offer seminars, open to HNE members and the general public, that will address important issues related to women's health. Health issues to be covered include Osteoporosis, Menopause and hormone replacement therapy, Cardiovascular Health & Fitness, and alternative therapies. Seminars will be conducted by expert guest speakers, both locally and some nationally known.

Celebrating Women 2002 will culminate with a Women's Night Out! health fair in the fall to include:

- Free Health Screenings
- Expert Panelists on Women's Health Topics
- Relaxation Techniques
- Nutrition Information
- Massages • Beauty Tips
- Raffle Prizes • And much more!



Celebrating Women 2002 will kick off with an informative seminar about Osteoporosis by Dr. Mary Pat Roy and Nurse Practitioner Jessica Tropp of Baystate Medical Center.

Both have lectured widely on this topic as well as other women's health issues. From this seminar patients will learn valuable information about the causes and treatment of osteoporosis, and what they can do to prevent getting osteoporosis: from medication to nutrition and more. If you have patients who may be interested in this program, have them contact HNE at 413-787-4000 x3300.

## Management of Menopause Survey Results

A survey of women age 45 to 55 years old was conducted to determine if they had received counseling from the physician or the Plan about options for the management of menopausal hormonal changes. The survey did not advocate for a particular kind of therapy, merely that women be informed about all of their options. The survey assessed 3 dimensions of counseling:

- Exposure - whether and when counseling occurred
- Breadth - whether counseling covered risks, benefits and alternatives to HRT
- Personalization - whether counseling took account of personal and family history/ individual concerns.

We thought you'd be interested in the 2001 survey results:

CATEGORY	HNE	NATIONAL AVERAGE	NEW ENGLAND
<b>Composite Score</b>	<b>60.7%</b>	<b>58.89%</b>	<b>61.73%</b>
<b>Exposure to Counseling</b>	<b>73.9%</b>	<b>73.24%</b>	<b>75.7%</b>
<b>Personalization of Counseling</b>	<b>54.3%</b>	<b>47.3%</b>	<b>54.09%</b>
<b>Breadth of Counseling</b>	<b>54.1%</b>	<b>50.19%</b>	<b>55.96%</b>

## Health New England's Newest Program Living Well Has Begun



The Living Well Program is an empowering self-management program offered to HNE members who live with a chronic health condition. Stanford University Medical Center's Patient Education Research Department developed the program and HNE's Health Program Staff have all been

trained by Stanford to conduct the program.

The program consists of small groups, just 10-12 members, and meets once per week for 6 weeks.

*During the six weeks patients will learn to:*

- Make an action plan
- Set goals and follow through
- Problem solve
- Communicate better with their doctors
- Manage their fatigue effectively
- Make daily tasks easier
- Lessen their frustration
- Deal with negative emotions
- Improve their nutrition
- Be more physically active
- And much more!

All program participants receive a copy of the book, *Living A Healthy Life with Chronic Conditions* and an audio cassette entitled *Time for Healing*. There is a minimal charge of \$35 to cover the cost of the program materials. *This fee will be waived if a member cannot afford to pay it.*

## Why refer your patients to this program?

Based upon the studies conducted by Stanford University Medical Center's Patient Education Research Department, the following outcomes were achieved:

1. Participants improved their healthful behaviors; exercise, cognitive symptom management, coping and communications with physicians.
2. Participants improved their overall health status: self-reported health, fatigue, disability, social/role activities and health distress.
3. There was also a decrease in hospital days.

## Following is the program schedule for 2002:

**Mondays:** March 4, 11, 18, 25, April 1, 8

**Tuesdays:** April 23, 30, May 7, 14, 21, 28

**Thursdays:** September 12, 19, 26, Oct 3, 10, 17

**Mondays:** Oct 21, 28, Nov 4, 11, 18, 25

*All classes are held from 6:00-8:30pm. Daytime and additional evening programs may become available as needed. Please contact Alres Dinnall for further information about this program at (413) 787-4000 or (800) 842-4464, ext. 3553.*



# Living Well Programs

## Drug Coverage Bulletin: Newly Approved Prescription Drugs

The FDA is approving more and more new drugs in a shorter amount of time. In 2001, 66 new drugs were approved, 24 of which contained new molecular entities. Many of these new medications have been developed with the use of biotechnology and correspondingly carry a price tag to match. The pharmaceutical industry pipeline indicates that this trend in high cost medications will continue with over 300 biotechnology medications currently undergoing Phase II and III clinical trials.

Along with the increase in number and rate of approvals, there have been market withdrawals due to adverse effects. Baycol® (cerivastatin, cholesterol lowering) was withdrawn from the US market in August of 2001 following reports of fatal rhabdomyolysis, especially when used in conjunction with gemfibrozil (Lopid® and generics). Rezulin®, a diabetes medication, was withdrawn from the US market in March of 2000 following reports of liver toxicity and failure.

In keeping with what has become standard practice with our competitors, starting **May 1, 2002**, Health New England is placing a moratorium on newly approved brand name medications for a minimum of 6 months after FDA approval. Once the Health New England Pharmacy & Therapeutics Committee has reviewed the new medication, it will be covered under either our middle copayment level (Tier 2) for Formulary additions, or our highest copayment level (Tier 3) for drugs not added to the Formulary. **This period of non coverage does NOT apply to newly approved generic formulations, or to new dosage or formulations of existing drugs, only to products containing new molecular entities.**

We understand that there may be cases in which a new medication is the best choice for a member who has tried and failed on others. If this is the case for one of your patients, please call the HNE Member Services Department. You will be asked to submit a letter of medical necessity detailing other medications the member has tried and the reasons why he/she cannot take those medications. Your request will be forwarded to the HNE Pharmacy Services department for review.

### Quinolone Antibiotic Update!

We have reviewed our usage of quinolone antibiotics and find that it is no longer necessary to require prior authorization for treatment periods of greater than 14 days, effective 5/1/02. We wish to thank you for your patience and cooperation during this time. Please continue the judicious use of these drugs to discourage any possible hoarding.

## Expanded drug limitations

Effective May 1, 2002 the following limitations will take effect:

**Penlac® nail laquer** – is used to treat mild to moderate onychomycosis without involvement of the lunula. This is considered a cosmetic indication and prescriptions for this product will no longer be covered.

**Migraine medications:** Previously the triptan migraine medications carried limitations on a per copay level. These limitations will now be on a per 30 day basis. Please see the following list: (*N = Formulary NF = Non-Formulary*)

- **Amerge® tablets:** 18 tablets per 30 days (NF)
- **Axert® tablets:** 18 tabs per 30 days (NF)
- **Imitrex® injection:** 2 boxes (4 injections) per 30 days (F)
- **Imitrex® nasal spray:** 6 units per 30 days (F)
- **Imitrex® tablets:** 18 tablets per 30 days (F)
- **Maxalt®/Maxalt MLT tablets:** 18 tablets per 30 days (NF)
- **Zomig®/Zomig ZMT tablets:** 18 tablets per 30 days (F)

**Ambien® and Sonata®:** These are medications approved for the short term treatment of insomnia. The manufacturer states that these medications should only be used for 7-10 days. For this reason, Health New England has decided to limit coverage of these medications to 14 tablets per 30 day period. Both of these medications are non-formulary and the Tier 3 copayment will still apply.

**Zyvox® Prior Authorization:** Zyvox is approved for the treatment of nosocomial and community-acquired pneumonia, vancomycin resistant enterococcus and skin and skin structure infections including those due to methicillin resistant staphylococcus. It should be reserved for treatment of well-documented serious VRE infections, and for this reason, Health New England will require prior authorization for coverage of this antibiotic. The criteria for coverage will include documented vancomycin-resistant culture and an Infectious Disease consult.

# FORMULARY UPDATE

Effective January 1, 2002, the following medications were added to the HNE Formulary. These medications are now available to the member at the middle (Tier 2) copayment level.

**Accolate**<sup>®</sup> (zafirlukast) – Asthma  
**Alphagan P**<sup>®</sup> (brimonidine) – Glaucoma  
**Aricept**<sup>®</sup> (donepezil) – Alzheimer's Dementia  
**Cyclessa**<sup>®</sup> (desogestrel/ethinyl estradiol) –  
Oral Contraceptive  
**Innohep**<sup>®</sup> (tinzaparin) – Anticoagulant  
**Lantus**<sup>®</sup> (insulin glargine) – Diabetes  
**Levaquin**<sup>®</sup> (levofloxacin) – Quinolone antibiotic

**Lumigan**<sup>®</sup> (bimatoprost) – Glaucoma  
**Metadate ER**<sup>®</sup> (methylphenidate, extended release) –  
Attention Deficit Disorder  
**Optivar**<sup>®</sup> (azelastine) – Ophthalmic allergy product  
**Protopic**<sup>®</sup> (tacrolimus, topical) – Atopic dermatitis  
**Zatidor**<sup>®</sup> (ketotifen) – Ophthalmic allergy product  
**Zomig**<sup>®</sup> (zolmitriptan) – Migraine  
*(Note: there is an 18 tab per copay limitation on this medication)*

Effective February 15, 2002, the following medications were removed from the HNE Formulary. These medications will now require the member to pay the highest (Tier 3) copayment.

**Amerge**<sup>®</sup> (naratriptan)  
**Formulary Alternatives:**  
Imitrex<sup>®</sup>  
Zomig<sup>®</sup>

**Beclovent**<sup>®</sup> (beclomethasone inhalation)  
**Formulary alternatives:**  
Aerobid<sup>®</sup>  
Flovent<sup>®</sup>  
Qvar<sup>®</sup>  
Vanceril<sup>®</sup>

**Beconase**<sup>®</sup>/Beconase AQ<sup>®</sup> (beclomethasone intranasal)  
**Formulary alternatives:**  
Nasacort<sup>®</sup>/Nasacort AQ<sup>®</sup>  
Rhinocort<sup>®</sup>/Rhinocort Aqua<sup>®</sup>  
Vancenase<sup>®</sup>/Vancenase AQ<sup>®</sup>

**Mavik**<sup>®</sup> (trandolapril)  
**Formulary Alternatives:**  
Accupril<sup>®</sup>  
captopril (generic)  
enalapril (generic)  
Univasc<sup>®</sup>  
Zestril<sup>®</sup>

**Patanol**<sup>®</sup> (olopatadine ophthalmic)  
**Formulary alternatives:**  
Optivar<sup>®</sup>  
Zatidor<sup>®</sup>

**Tiazac**<sup>®</sup> (diltiazem SR)  
**Formulary alternatives:**  
Generic diltiazem products

**NEW GENERIC!** In January of 2002, the generic formulation of Mevacor<sup>®</sup> became available. The generic formulation, lovastatin, is on the HNE Formulary and available at the lowest copayment (Tier 1) to the member. The brand formulation, Mevacor<sup>®</sup>, remains nonformulary and is available at the highest copayment (Tier 3) to the member.

## Mail Order Vendor Change

On February 1, 2002, the mail order vendor for Health New England members became **Express Scripts, Inc.** Due to the short transition period between vendors, it is necessary for members to obtain new prescriptions for any medications they are receiving through mail order. Please be advised that you may be asked to provide a new prescription for affected members under your care. To facilitate this transition, Health New England identified physicians having written a mail order prescription in the latter part of 2001 and sent a mailing to affected physicians, including member information.

We appreciate everyone's cooperation and effort in facilitating a smooth transition for our members and we regret any inconvenience for you or your office staff.

Contact information for Express Scripts: 1-866-515-3480. Prescriptions may be faxed using a Physician Fax Form that is available on request. If you have any questions or concerns, or would like to request a form, please call the Health New England Pharmacy Services Department at (413) 787-4000 x3421.

## DRUG UTILIZATION EVALUATION PROGRAM

Health New England would like to announce the initiation of a drug utilization (DUE) program. This program will begin at the end of the first quarter of 2002. Our first initiatives will involve controlled substances and medications that may contribute to falls in the elderly.

The Controlled Substance DUE will identify all members that have filled 10 or more prescriptions for controlled substances over a 3 month period. A controlled substance has been defined as medications in DEA schedules II, III, IV or V and additionally Stadol NS. The PCP will receive a letter and medication profile on the member(s) identified within his/her panel. The profile will contain information on the medication utilized, the dates filled, the number of pharmacies and the number of physicians. We have also screened the list and removed any member that has a diagnosis code consistent with cancer. This is an informational mailing only.

The Falls in the Elderly DUE will identify all members greater than or equal to 65 years of age and have a claims history in the most recent 3 months of at least 3 medications that have been targeted as causing drowsiness, dizziness, and or postural hypotension. A comprehensive medication list is available upon request, but includes medications from the following categories: antidepressants, benzodiazepines, analgesics and skeletal muscle relaxants. The PCP will receive a letter and medication profile on the member(s) identified within his/her panel.

Additional DUE initiatives will be implemented throughout the year. If you have any suggestions or comments, please call the Health New England Pharmacy Services Department at (413) 787-4000 x3423.

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### It is Health New England's (HNE) policy:

- *to encourage open clinical dialogue between HNE providers and our members. HNE providers have always been, and continue to be, free to communicate with members regarding the treatment options available to them, including medication treatment options, regardless of benefit coverage limitations; and,*
- *that decisions regarding patient care are made based upon the appropriateness of care and the services rendered. This process reflects the need to avoid underutilization of necessary services. In the event that a service is denied, the decision is based upon the appropriateness of the service within the scope of covered benefits. HNE does not offer incentives to encourage denials, nor is compensation tied to denials.*

## DRUG NEWS BULLETIN BOARD

### Combination Asthma medication opportunity!

Advair Diskus® is a combination inhaler available for the treatment of asthma. Advair Diskus® contains fluticasone and salmeterol in varying strengths. If you have a patient on both fluticasone and salmeterol – please consider a switch to Advair Diskus®. Advair Diskus® is on the Health New England Formulary and is available at the middle (Tier 2) copayment level. This will save the patient one copayment per month and help to increase patient compliance by decreasing the number of medications.



## REMINDER Injectable Drugs

Please be reminded that effective November 1, 2001 OptionMed is available to provide injectable drugs to Health New England members. OptionMed is a leading national provider of injectable medications.

There are three alternatives for obtaining injectable medications:

- Physicians who administer injectable medications in their office to Health New England members can have these pharmaceuticals replaced by OptionMed within 2 business days from the time of the physicians' order.
- Physicians may also use this program as a "Just in Time" service. The physician should order the medications to be delivered prior to the patient's appointment.
- Injectable medications can be delivered to the patient's home for those members who either self-inject, or have someone at home to assist with the injections. Education regarding the proper administration of injectable medications should take place in the physician's office and be documented in the member's medical record.

If you have any questions regarding the OptionMed program please call the Network Development Department at 800-842-4464 or 413-787-4000 Ext. 5000.

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## Member Satisfaction Surveys Reflect Perceptions

On an annual basis, HNE contracts with an independent survey vendor to conduct a Member Satisfaction Survey. This year the survey will be conducted by The Myers Group. The information from these short surveys reflects patients' perceptions of the experience they had during their appointments, including questions about the amount of time the member waited to get an appointment scheduled. Responses are kept confidential. We will report the overall results of the survey to you in the future. If you have questions about this survey, you can contact Pat Scheer, Quality Operations Manager, at 413-787-4000 ext. 3435 or [pscheer@hne.com](mailto:pscheer@hne.com)

## Medical Technology Assessment Committee

Over the past few months, the Medical Technology Assessment Committee at Health New England has been busy reviewing technologies at the forefront of medicine. The list of technologies and procedures that we review is growing! Here is a sample of some of the technologies that have been reviewed recently.

### Photodynamic Therapy with Verteporfin (Visudyne) for Neovascular Age-Related Macular Degeneration

Visudyne therapy uses an emerging new platform technology, photodynamic therapy, which involves the use of a light-activated compound combined with a nonthermal laser to occlude abnormal vessels. Visudyne therapy has been investigated as a means of reducing or delaying vision loss associated with the neovascular form of age-related macular degeneration.

Health New England will cover this procedure ONLY for age-related macular degeneration.

### Transurethral Microwave Thermotherapy

The purpose of transurethral microwave thermotherapy (TUMT) is to relieve urinary symptoms and improve urinary function by reducing urinary obstruction caused by benign prostatic hypertrophy. Ablation of obstructive tissue is achieved via the transurethral application of microwave-generated heat focused on the lateral lobes of the prostate with simultaneous cooling to prevent damage to adjacent tissues.

HNE will cover this procedure under the following two guidelines:

- Low energy (standard-dose) TUMT using the Prostatron system with Prostatsoft 2.0 or the Urowave system
- High energy dose (high-dose) TUMT using the Prostatron system with Prostatsoft 2.5 or the Targis system

### Bone Growth Stimulators (Electric and Ultrasound)

Bone growth stimulators are used to hasten the repair of bone fractures or facilitate the healing process induced by

bone grafting and decompression in the treatment of osteonecrosis by inducing the body's natural bone repair process. Electrical stimulators are used to facilitate the healing of osteonecrosis and enhance the union of fractures and bone fusions that have not healed in the normal amount of time, and ultrasound stimulators are used to accelerate healing in fresh fractures.

Health New England will cover the use of electric bone growth stimulators with the following guidelines (pre-certification is required):

- Traumatic fracture of long bones. Clinical criteria:
  1. Bone x-rays over the last three months show no sign of continued healing
  2. Six months or more have passed since alternative treatments were started
  3. Fracture gap is one centimeter or less
  4. Patient can be adequately immobilized and is able to comply with non-weight-bearing.
- Infantile (congenital) pseudoarthroses
- Failed joint fusion because of failed arthrodesis of the ankle or knee
- Pseudoarthrosis of the spine: as a non-surgical salvage. At least six months must have passed since the last spinal fusion surgery.

Coverage for invasive or non-invasive electrical bone growth stimulation for:

- Spinal fusion surgery patients who have a high risk for pseudoarthrosis:
  1. One or more previous failed spine fusions
  2. Grade III or worse spondylolisthesis
  3. Fusion planned for more than one level (multi-level fusions)
  4. Current smoking, alcoholism, diabetes or renal disease

At this time, Health New England will not cover the use of ultrasound bone growth stimulators.

If you have any questions about this information, or would like to request that Health New England review a particular technology or procedure, please contact Jennifer Graves at 413-787-4000 extension 3432.

# ATTENTION: PCPs, Specialists and Behavioral Health Providers

Continuity and Coordination of Care - Health New England (HNE) measures continuity and coordination of care among medical practitioners treating the same patient, including coordination between medical and behavioral health care providers. We monitor the quality of services our members receive to ensure that members receive seamless, continuous and appropriate care, and to strengthen industry-wide continuity between medical and behavioral care.

During the 2001 Medical Record Review, gaps in communication were identified among providers treating the same patient. In several cases, pertinent information about a patient's treatment required visits to other provider locations because the information was not available at the Primary Care Physician's (PCP's) office. HNE expects the following in a PCP's medical record when such services are provided to our members:

- Communication between specialists and PCPs about a patient's condition and plan of care
- Inpatient hospital discharge summaries
- Reports on the care provided at a skilled nursing facility
- Collaboration between behavioral health and medical providers, particularly in the area of medications prescribed
- Correspondence about services a member receives at an outpatient or emergency room department
- Copies of home health treatment plan

Clinical literature includes numerous studies that document quality of care problems occurring nationwide, resulting from the fragmentation of behavioral health and medical care. Behavioral disorders can have a medical basis or implications for the individual's physical health. Conversely, a patient with a medical/surgical condition may have a behavioral health complication or co-morbidity.

We encourage specialists to keep the PCP informed of the patient's condition and plan of treatment. However, in some cases, such as behavioral health, the patient's permission is required to send plan of care communication to his or her PCP. In many cases, the PCP has made the referral to the specialist; however, some services do not require a PCP referral. In fact, none of our products require a member to receive a PCP referral before receiving behavioral health care services. Instead, the member must call a phone number on

the back of his or her ID card for the referral. Taking this additional step in patient care will improve the continuity and coordination of care among providers. We believe that appropriate dialogue between health care providers facilitates the coordination of care necessary to improve the overall quality and safety of services provided to our members and your patients, while avoiding unnecessary duplication of services.



## Online Inquiry and Transactions

Health New England would like to announce a new resource for our providers, HNE Direct.

HNE Direct is an on-line system that allows your practice to get immediate answers to some of your most frequent managed care questions 24 hours a day, 7 days a week.

Once your practice is registered with HNE Direct you can:

- Check eligibility quickly. Office staff can verify eligibility and the exact benefits available for the patient prior to the potential loss of revenue.
- Collect the correct copayment at time of service
- Check the status of claims submissions
- *Coming soon* - Submit referrals for in plan specialists and authorizations for elective, non-obstetric admissions in real time over the Internet directly to HNE.

If you are interested in registering for HNE Direct, or would like to expand the HNE Direct functions your practice is already using, please contact the Health New England Network Development Department at 413-787-4000 Ext. 5000

If you have been using HNE Direct and would like to provide us with feedback, please complete the brief online questionnaire.



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# HEALTHSCRIPT

A Publication for Health New England Providers and their Staff

## HEDIS® MEDICAL RECORD REVIEWS BEGIN THIS MONTH

This month marks the sixth year Health New England (HNE) and many physicians' offices will work together to collect 2001 data from HNE patients' medical records for the Health Plan Employer Data and Information Set (HEDIS) project. If your office holds medical records for those randomly selected, you will receive a letter that identifies the information that is needed. Please copy and forward the information requested to the attention of HNE Quality Operations. The information obtained from these records is kept confidential. Although HEDIS measurements call for the review of patient-specific information, only aggregate data representing the entire plan population is reported.

Why are HEDIS results important to you? The answer lies in one word: QUALITY. HEDIS data gives physicians and HNE a pretty clear picture of where we're meeting or exceeding nationally accepted quality measures, as well as where we need to improve. Throughout this year, we will be publishing a series of articles in HealthScript that analyze data collected for specific HEDIS measures. These articles will identify how well we are doing in addressing certain aspects of a patient's care and offer suggestions on how we can work together to improve on what's already being done.

For more information about HEDIS, including details about the types of information examined during a medical record review, contact Pat Scheer, Quality Operations Manager, at 413-787-4000 ext. 3435 or pscheer@hne.com

*HEDIS® is a registered trademark of the National Committee for Quality Assurance.*