

Collaborating to Reduce Unnecessary Emergency Room Use

From Paul Mendis, MD, Chief Medical Officer of Neighborhood Health Plan



Paul Mendis, M.D.

Despite a series of multidimensional initiatives, emergency room utilization for minor acute illnesses remains excessive. Much of this utilization (30-40%) occurs during standard operating hours for our primary care practices. This is especially problematic for our Medicaid and Commonwealth Care (health reform) populations where significant ER co-payments cannot be applied. Extrapolating our excess costs to statewide populations and all insurers this may easily constitute \$100 million of excess cost borne by our health care system without adding commensurate value.

Over the last several years NHP has instituted numerous provider and member directed activities

to combat this trend. A series of urgent care grants have enabled numerous health center practices to extend hours of operations, expand urgent care capacity, and employ triage nurses. Extra payment has been available for after hours and weekend urgent care visits. Various reports have been developed which enable practices to outreach to high ER utilizers, especially those without much connection to primary care.

Member focused activities have included various self-care books and the online Healthwise Knowledgebase, case management outreach to high ER utilizers, a special program for those utilizing the ER to obtain frequent pain medications, and mailings to other members emphasizing the importance and advantages of primary care. This

edition of Clinician Quarterly announces another approach: adding a free 24/7 nurse phone advice line. This will be marketed to all of our members with emphasis on those using the ER for minor ailments. We have also launched an enhanced web-based "symptom checker" for those members more inclined to obtain interactive medical advice online.

Much is currently being written about how the rising cost of care is threatening the viability of health care reform in Massachusetts. Similar concerns have been expressed during the current debate at the national level. Controlling unnecessary ER use for minor acute illness is an important step on the pathway to sustainable expanded coverage models. ■

FEATURED TOPICS

- ▶ **Beacon Announces New ADHD Initiative** | Jay A. Koslof, Psy.D. and Adam Garber, M. Ed., Beacon Health Strategies
- ▶ **NHP Radiology Management Program Changes** | Ramona Bourguignon, NHP Provider Relations
- ▶ **Neighborhood Health Plan's Medical Record Documentation Results**

Changes to the Neighborhood Health Plan Radiology Management Program

In our continuous efforts to improve services to members, while effectively managing medical costs, NHP's current Radiology Management program will change from a notification process to a medical necessity review program. MedSolutions, Inc., a radiology services organization specializing in the management of quality, cost-effective diagnostic services, will continue to partner with NHP in the managing of eligible high-tech imaging studies.

The program changes apply to *elective* high-tech outpatient studies

approving prior authorization requests after completion of peer-to-peer educational consultations when medical necessity is not established. This means that claims submitted for services that have not been approved by MedSolutions will be subject to denial.

There are no changes to the types of service requests requiring prior authorization or the methods for processing these requests. Imaging studies performed in conjunction with an inpatient stay or emergency room visit are **not** subject to prior authorization by MedSolutions.

MedSolutions will continue to work with ordering clinicians at the time of a prior authorization request to ensure that these high-tech imaging studies are rendered by NHP network facilities recognized for providing high-quality and cost-effective imaging services and convenience for our members.

To assist providers with these program changes NHP and MedSolutions staff will make available several convenient administrative training sessions and webinars prior to implementation. These sessions will provide information about the program and ways to streamline authorization processes.

Additional information on these program changes, including training dates and other important resources, is available via our website at www.nhp.org. Providers with additional questions can contact NHP's Customer Care Center at 1-800-462-5449 or their dedicated Provider Relations Representative directly. ■

Medical Records Documentation Survey Results

NHP's annual Medical Records Documentation Review seeks to assure that network providers maintain medical records for NHP members that meet all standards for documentation to promote comprehensive, efficient and effective healthcare. Medical records were examined for evidence of compliance with the eight essential medical record elements listed in the grid below.

For 2009 a total of twenty-seven (27) practice sites were surveyed, each varying in size and location. Aside from those sites randomly selected, targeted sites included those sites which received a partial pass or fail score in 2008. Additional sites may also have been included based on activity of NHP members, density of NHP population in certain geographic areas and time since the last on-site review. All reviews were conducted in person. Complete paper medical records were made available or reviewers were given direct access to an Electronic Medical Record (EMR) system. Compliance was documented on the Documentation Standards Review tool. Three charts were selected randomly for initial review. If every element passed for all three records, the site was determined to be in 100% compliance. If any record failed at least one standard, an additional three records were reviewed. Compliance for each element required that the element be present and easily found. Therefore, even when an element was present, the record may fail if the reviewer needed more than 5-10 seconds to locate that element. Some elements required only that documentation be present and correctly filed. The following elements require regular updates which were verified by checking recent office visit notes:

- Allergies and adverse reactions documented
- Problem list is present and updated
- Medications list is present and updated
- Preventive services and risk screenings are recorded

If allergies, medical conditions, medications, or screenings were present in a recent office visit note but not documented on the corresponding forms, the record failed compliance. The final score was based on the total number of elements passed for all of the records reviewed.

For the 2009 review, two additional measures were added to the elements for review as "Optional Standards"; Advance Direc-

THERE ARE NO CHANGES to the types of service requests requiring prior authorization or the methods for processing these requests.

Imaging studies performed in conjunction with an inpatient stay or emergency room visit are **not** subject to prior authorization by MedSolutions.

(MRI, CT, and PET scans), and are effective for requests submitted on or after September 1, 2009.

After September 1, 2009, NHP will conduct clinical reviews, render determinations, and process approval or denial decisions in accordance with currently-established medical necessity review criteria. NHP will discontinue the practice of

NHP's Social Care Management Team Celebrates Their 10th Anniversary

The NHP Social Care Management (SCM) program, ten years old this year, was developed because of a realization that often the primary barrier to effective medical care may not be medical in nature. Member's who are vulnerable, or who are unable to attend to the environmental forces that have created or contributed to their problems, may not be able to focus on their healthcare needs, resulting in poor health outcomes.

Some of the most pressing concerns for many members are income, housing, food, utilities, clothing, transportation, MassHealth eligibility, social security/disability, and child care. When these

fundamental problems are addressed, a member may more easily attend to and place a greater priority on their health care needs, such as making and keeping necessary office visits and engaging in a health care plan.

Social care managers begin by conducting a comprehensive Health Needs Assessment (HNA), which considers the member's condition, involvement in their medical health care plan, and psychosocial needs. Through this assessment process, the SCM is able to determine the member's specific challenges, design a culturally-sensitive plan of intervention based on motivation behavioral change, and

effectively manage resources. The goal is to enhance the capacity of our members to address their own needs.

NHP's social care managers work in close collaboration with various NHP care management programs to help minimize barriers so that members can meet their medical, behavioral, and psychosocial goals.

One of the ways NHP social care managers help members identify resources within their community that may be of help is use of NHP's homegrown resource tool, *Smart Neighbor*. This tool was developed by the Manager of SCM Nicole Devanna, and is maintained by the NHP Social

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Medical Records Documentation Survey Results

tives and Behavioral Health Screening at Well Child Visit. These measures were not included in the scoring for 2009, but will be scored elements in 2010.

On completion, practices are notified of having achieved one of the following scores:

- Pass: all eight elements are present
- Partial: >80% of the 8 elements are present
- Fail: <80% of the 8 elements are present

The results of our 2009 survey indicate that 52% (14) of practice sites met the goal for all eight elements of the standards. 37% (10) of the sites partially met the goal for all measured elements and 11% (3) of the sites failed to meet some or all of the measured elements.

Of the sites not meeting the goal, the elements with the lowest average scores in 2009 were the same as the low scoring elements in 2008: Preventive Services and Risk Screenings recorded, Problem list present and updated, Medication list present and

updated, Allergies and Adverse Reactions documented.

While average scores and the percentage of passing scores decreased since the 2008 survey, there has been substantial improvement as observed in the comparative scores above. Some of this can be ascribed to more global implementation of electronic medical records.

NHP is committed to continuing our efforts in working with provider practices to improve medical records documentation. While the provider community continues to move toward electronic medical record management systems that will improve documentation, we offer the following suggestions for improving your practice's medical record documentation in 2010:

- On a concurrent basis, review medical records for compliance with the 10 elements identified in this article. Monitor and report compliance to determine what process improvements might be

made to capture those elements that are non-compliant.

- Allow medical staff to take responsibility for record completion timeliness.
- Ensure incomplete records remain available to practitioners for completion.
- Establish policies for medical record documentation that include standards for documentation of the identified elements.
- Educate practitioners and other office staff on the importance of complete and accurate documentation practices.
- Utilize positive incentive programs for timely record completion, e.g., gifts, drawings/raffles, certificates of recognition, record completion events, etc.
- Consider disciplinary actions for staff out of compliance with expected medical records documentation standards.
- Reduce reliance on paper-based sources of information to reduce/eliminate routine delivery and maintenance of paper records.
- When possible, limit documentation requirements to those required by federal or state regulatory agencies, accreditation agencies or by contractual agreement.
- Consider redesigning current forms to ensure that they are "user-friendly".

Early in 2010, NHP staff will be visiting practice sites conducting our 2010 medical record documentation audit. We hope that the adoption of some of these guidelines will assist you in achieving optimal medical record documentation standards. ■

Element	Goal
Name, DOB, MR#, PCP identified on record	100% present
History and physicals recorded on record	100% present
Allergies and adverse reactions documented	100% present
Problem list is present and updated	100% present
Medications list is present and updated	100% present
Visit noted contain clinical findings and evaluation	100% present
Preventive services and risk screenings are recorded	100% present
Lab, radiology and hospital reports are filed	100% present

Beacon Announces New ADHD Treatment Algorithm and Program Initiative

Jay A. Koslof, Psy.D. and Adam Garber, M. Ed., Beacon Health Strategies
Neighborhood Health Plan's Behavioral Health Partner

In July of 2009, Beacon's Quality Improvement Council, approved a new treatment algorithm for the identification and treatment of children with ADHD. The treatment algorithm is based on our clinical practice guideline for the treatment of ADHD which was adopted from the American Academy of Child and Adolescent Psychiatry (AACAP). The algorithm serves as a guide to practitioners who are treating children with ADHD and links our guideline measures of outpatient treatment, medication management, and family therapy visits to the Clinical Practice Guideline. To view this new treatment tool and our Clinical Practice Guideline, visit our website at www.beaconhealthstrategies.com.

Beacon's ADHD initiative aims at improving the quality of care given to members by our providers. To be consistent with the recommendations endorsed by the AACAP guidelines, we have focused our attention on addressing two key issues that can make a significant difference in improving the care and outcome of interventions designed to treat ADHD in children.

First, we are encouraging clinicians to refer children and their families for a medication consultation once ADHD is diagnosed. It is expected that members identified with ADHD be referred for psychopharmacological consultation and intervention, and that they be seen initially within 30 days of diagnosis. On-going follow-up visits are recommended, the frequency of which needs to be determined by the prescribing clinician.

Second, the clinical guidelines support the necessity of including parental (or guardian) involvement in the assessment and the continued treatment of ADHD. This is especially true when children are between the age of 6 and 12. While no single approach with families can be endorsed for all cases, the essential element is that parents be actively involved in the treatment of their child. This may be manifest in traditional family therapy which may include siblings,

parent guidance, behavioral management with or without the child in the room, or psycho-education about ADHD. The determination of what kind of involvement is made by clinicians based upon their orientation and preferences, as well as what would be most beneficial to the child and family.

On a related note, it is evident that many clinicians who work with children include parents and other family members in their treatment. Yet a good number of therapists neglect documenting the collateral work. Procedure codes that document parental involvement include: 90847 and 90887. Utilization of these procedure codes provides accurate documentation of the treatment you provide, and also helps Beacon's program to monitor the promotion of best clinical practices amongst our providers. Ultimately, our members are the beneficiary of this initiative.

Take a look at our website to see more information on the assessment and treatment of ADHD. If you have questions or comments feel free to contact the ADHD team at Beacon at 1-800-414-2820. ■

24-Hour Nurse Line

NHP has a new service that provides members access to a Registered Nurse 24 hours a day, 7 days a week. The Nurse Advice Line is free for all NHP members and provides:

- Nursing advice on any subject.
- No limit on calls or emails.
- Access to bilingual nurses. We will translate for any non-English speaking members at no cost.
- Prerecorded health information topics available over the phone in English and Spanish.

The NHP Nurse Advice Line can be reached by phone at 1-800-462-5449 and questions are answered immediately. Members can also email questions, in English or Spanish, online at www.nhp.org, and a nurse will respond by phone within 24 hours. ■

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NHP's Social Care Management Team

Care Management team. *Smart Neighbor* is a searchable database, which allows anyone to look up resources based on location, need, population, or key word. *Smart Neighbor* can be accessed through our web page, www.nhp.org.

The SCM Team

The NHP Social Care Management team today consists of the manager of SCM, 13 social care managers, 2 parent advisors and 1 tobacco treatment specialist.

Our parent advisors are non-clinicians who have extensive personal experience and knowledge of the special education system and associated resources. They consult with members/parents who have children with special health care needs. These are children who have challenges that are not being fully met by the school system, the health care system, or the community. Our parent advisors mentor and empower parents to advocate for their children's needs. Parent advisors assist parents with their child's Individual Education Plans (IEPs), finding specialized community resources, and coordinating covered medical services with the school's services. Parent advisors coordinate care between pediatric care managers and social care managers to help identify community-based supports and programs.

NHP's smoking cessation services are lead by a certified tobacco treatment specialist (TS). Members are provided with information about quit smoking methods, and assistance deciding on the method that is most appropriate for them. Services offered by our TS include a readiness to quit assessment, personalized counseling focusing on behavioral change, and education about prescription and OTC cessation medications.

If you have questions about Social Care Management or how a member can access these services, NHP Social Care Managers can be reached by calling 1-800-432-9449 Monday through Friday from 8:00 a.m. to 6:00 p.m. ■

Pharmacy and Therapeutics Update

The NHP pharmacy benefit strives to provide a high quality benefit while controlling the ever rising cost of a pharmacy benefit. As part of this effort, NHP uses several different programs including medication tiering, mandatory generic substitution, prior authorization, step therapy and quantity limits. All pharmacy programs are reviewed by the NHP P&T committee on an annual basis to assure the programs are clinically-sound and relevant. The NHP P&T committee reviews new to market medications after they have been available for six months. Prior to P&T review, new-to-market medications are blocked and reviewed as a prior authorization.¹

Preferred Drug List (PDL) Update

The Pharmacy and Therapeutics Committee has reviewed the following medications.

Tier 1 (Generics)

Adderall XR (amphetamine-dextroamphetamine SR)
Cellcept (mycophenolate mofetil)
Tegretol XR (carbamazepine SR)
Topamax (topiramate)

Tier 2

Xenazine (tetrabenazine)
Promacta (eltrombopag)
Tier 3
Durezol (difluprednate 0.05%)

Quantity Limitations²

The Pharmacy and Therapeutics Committee has voted to implement a quantity limit² on the following:

Banzel (rufinamide)
200mg of 120 tablets/ 30 days
400mg of 240 tablets/30 days

Promacta (eltrombopag)
30 tablets/30 days

Step Therapy Program³

The Pharmacy and Therapeutics Committee has voted to implement a step therapy³ program for for Durezol (difluprednate 0.05%):

1st Line Medications

Generic Ophthalmic Steroid Medication

2nd Line Medications

Durezol (difluprednate 0.05%)

3rd Line Medications

The Pharmacy and Therapeutics Committee has voted to change the step therapy³ program for Topical Anti-fungal Medications and Topical Steroid Medications to require a trial of 4 generic agents before a brand name product.

The Pharmacy and Therapeutics Committee has voted to change the step therapy³ program for Angiotensin Receptor Blockers (ARB):

1st Line Medications

ACE inhibitor

2nd Line Medications

Avapro Avalide
Cozaar Hyzaar
Diovan Diovan HCT

3rd Line Medications

Atacand Atacand HCT
Benicar Benicar HCT
Micardis Micardis HCT
Teveten Teveten HCT

The Pharmacy and Therapeutics Committee has voted not to cover⁴: Trilipix (fenofibric acid).

The Pharmacy and Therapeutics Committee has voted to change the Prior Authorization¹ program for Synagis during the 2009–2010 season to follow the recently revised Red Book guidelines. Providers who have prescribed Synagis will be receiving more details prior to the beginning of the RSV season in November.

The Pharmacy and Therapeutics Committee has voted to implement a Prior Authorization¹ program on: Lidoderm Patch, Xenazine (tetrabenazine).

For the most up-to-date information regarding the NHP pharmacy programs and the current medical necessity criteria, check the drug look-up and pharmacy section on www.nhp.org by clicking on “Drug Lookup” under “Quick Links.”

¹ Prior Authorization is an individual case review compared to P&T-established guidelines, or NHP New-to-Market policy, before a prescription for the specific medication will be covered.

² Quantity Limits promote cost-effective prescribing by limiting the number of units of medication that can be dispensed over a given time. These are established based on strengths available and the recommended doses.

³ Step Therapy is an automated case review, based on P&T-established guidelines and the individual member’s NHP pharmacy profile. This process occurs with a pharmacy claim submission and does not require provider intervention if prior NHP pharmacy claims indicate use of the first line and/or second line medications.

⁴ Requests for a not covered medication are reviewed on a case by case basis.



Neighborhood Health Plan™

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NHP to Cover Abbott Glucometers and Diabetes Test Strips

In an effort to provide your diabetic patients with the most up-to-date products, and after an extensive vendor review process focused on quality, usability, and cost, NHP is pleased to announce their partnership with Abbott Laboratories, an industry leader in diabetes care.

Effective October 1, 2009, Neighborhood Health Plan will limit coverage of glucometers and diabetes test strips to the following Abbott Diabetes Care choices: FreeStyle® Lite, FreeStyle® Freedom Lite, and Precision Xtra®. All other products will be subject to prior authorization. Additionally, test strips will be covered only when billed by network pharmacies, not by other durable medical equipment (DME) suppliers.

With collaboration from Abbott Laboratories staff, NHP has launched an aggressive member and provider education campaign to ensure a smooth transition for everyone. This includes: easy directions and options for members changing to a new glucometer; instructional DVDs;

and on-site provider training. Providers are encouraged to issue new prescriptions for these products, and to replace current selections. Patients newly diagnosed with diabetes, who will be testing, should be prescribed an Abbott meter.

NHP made the change in order to be able continue to provide high quality diabetes care for members while reducing the ever increasing expenditures associated with blood glucose testing, via volume discount and preferred product offerings.

We appreciate the opportunity to partner with you in this program as we continue our efforts to manage health care costs while improving the lives of our members, your patients. For assistance in determining the meter that best meets individual patient needs, and for additional product information, contact Abbott Diabetes Care Customer Care at 1-888-522-5226, or visit their website at www.AbbottDiabetesCare.com. For other questions, call the NHP Customer Care Center at 1-800-462-5449. ■

Advance Directives

Neighborhood Health Plan supports Advance Directives for adult members. All members are notified in writing of their right to execute Advance Directives at the time of enrollment and ongoing through the Member Newsletter.

NHP requires that all providers speak to their adult patients about Advance Directives and document those conversations in the patient's medical record. NHP reviews this documentation at the random annual medical record reviews of provider records.

Providers can get information on Advance Directives by going to the Massachusetts Medical Society's site, www.massmed.org and going to End of Life Care. Providers can obtain forms for their office and patients.

Neighborhood Health Plan offers annual training on Advance Directives to NHP staff who come in contact with members and providers to assist them in understanding the purpose of Advance Directives and to enable them to answer questions of members or providers. ■