



Clinical Practice Guidelines (CPG) UPDATE



The Molina Healthcare Clinical Quality Management Committee annually reviews and adopts evidence-based clinical practice guidelines from recognized sources to help practitioners and members make decisions about appropriate health care for specific clinical circumstances.

Asthma: New for 2008

In July, 2007, the National Asthma Education and Prevention Program (NAEPP) and the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health, NAEPP released the Expert Panel Report 3 (EPR-3): Guidelines for the Diagnosis and Management of Asthma. The guidelines emphasize the importance of asthma control and introduce new approaches for monitoring asthma. These include an expanded section on childhood asthma (with an additional age group), new guidance on medications, new recommendations on patient education in settings beyond the physician's office, and new advice for controlling environmental factors that can cause asthma symptoms.

Upper Respiratory Infection: New for 2008

In November, 2007, AWARE CMA (California Medical Association) Foundation revised the new 2007-2008 Pediatric Acute Upper Respiratory Tract Infection Summary to conform to the FDA recommendations about over the counter and homecare treatment for children less than 2 years of age. There were no revisions to the 2007-2008 Adult Summary.

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Clinical Practice Guidelines Readopted for 2008:

Group A Streptococcal Pharyngitis, Beta Blocker after Acute MI, Hypertension, Chlamydia COPD, Diabetes, Gestational Diabetes, Otitis Media.

These Clinical Practice Guidelines and others are posted on the Molina website at www.molinahealthcare.com/mhc/provider/resources/cpg/index.htm or contact Molina's Provider Services Department at (888) 665-4621 for a copy.

NEW Preventive Care Guidelines for 2008

The Molina Healthcare Clinical Quality Management Committee annually reviews and adopts Preventive Care Guidelines from nationally recognized organizations. Molina recommends that clinical judgments be applied and that the treatments provided to members deviate from the guidelines when individual patient considerations and specific clinical situations dictate.

These Preventive Care Guidelines are posted on the Molina website at www.molinahealthcare.com/mhc/provider/resources/cpg/preventive-health.htm or contact Molina's Provider Services Department at (888) 665-4621 for a copy.

Upper Respiratory Infection (URI) UPDATE

Antibiotics are frequently prescribed for non-specific upper respiratory tract infection (commonly known as the common cold) inappropriately. Molina Healthcare’s current HEDIS rates indicate that the pattern for over-prescribing antibiotics for the common cold persists within our network. The rates of antimicrobial drug use are highest in children ages 3 months to 19 years.

HEDIS measure description: The percentage of children 3 months–18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the Episode Date.

County	CY 2005 HEDIS Rate	CY 2006 HEDIS Rate	2007 Mid-Cal Managed Care Division Minimum Performance Level (MPL)	NCQA Medicaid 75th Percentile
Riverside/San Bernardino	74.07%	70.90%	76.56%	89.6%
Sacramento	86.35%	88.20%	76.56%	89.6%
San Diego	N/A	87.86%	76.56%	89.6%
Stat. Sig. at p= 0.05 ≠ increase, ' no change, Ø decrease				

* CY 2006 was the baseline measurement year for San Diego County

Upper Respiratory Infection Clinical Practice

Guideline Study: PCPs serving the highest volume of children under age 19 in the contracted provider network prescribing an antibiotic for a URI to a MHC member who is under 19 years of age using the HEDIS definition for the URI such as ICD-9 of 460 or 465 are measured quarterly (All Counties). Study interventions include notifying PCPs via letter of assigned children prescribed an antibiotic for a URI. The letter will explain the URI guidelines and resources available from the CDC.

- Member education materials about the overuse of antibiotic therapy.
- Provider education tools on uses/dangers of antibiotics, appropriate coding for URIs, tips for educating members about antibiotic use

The complete summary of the new 2007-2008 Upper Respiratory Infection CPG and recommendations are posted on the Molina website at www.molinahealthcare.com/mhc/provider/resources/cpg/index.htm or contact Molina’s Provider Services Department at (888) 665-4621 for a copy.

Appropriate Treatment for Children with an Upper Respiratory Infection (URI) MMCD Small-Group Collaborative Quality Improvement Project (QIP):

- **Collaborative Goal:** To decrease inappropriate use of antibiotics in children with URIs.
- **Primary Measure:** NCQA® HEDIS® Appropriate Treatment for Children with an Upper Respiratory Infection.
- **Interventions:** Include development and distribution to physicians’ offices:

12006 The State of Healthcare Quality, National Committee for Quality Assurance, www.ncqa.org/Communications/SOHC2006/SOHC_2006.htm or contact Molina’s Provider Services Department at (888) 665-4621 for a copy.

¹2006 The State of Healthcare Quality, National Committee for Quality Assurance, www.ncqa.org/Communications/SOHC2006/SOHC_2006.htm

Inappropriate Antibiotic Treatment of Acute Bronchitis



Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis

The vast majority of cases ($\geq 90\%$) of uncomplicated Acute Bronchitis are nonbacterial.¹ Literature fails to support use of antibiotics for the treatment of Bronchitis in adults without history of chronic bronchitis or other co-morbid conditions 1.

Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis is a new HEDIS measure for 2007.

HEDIS measure description: The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were dispensed an antibiotic prescription on or within three days after the Episode Date. This measure assesses if antibiotics were inappropriately prescribed for healthy adults with acute bronchitis. The rates below show the percent of adults who did not receive an antibiotic for treatment of Acute Bronchitis.

County	2007 HEDIS Rate	NCQA 2006 Medicaid 75th Percentile
Riverside/ San Bernardino	67.2%	75.9%
Sacramento	62.9%	75.9%
San Diego	61.2%	75.9%
Stat. Sig. at $p= 0.05$ ≠ increase, ' no change, Ø decrease		

Principles of appropriate antibiotic use for adults with acute bronchitis¹

1. The evaluation of adults with an acute cough illness or a presumptive diagnosis of uncomplicated acute bronchitis should focus on ruling out serious illness, particularly pneumonia.
2. Routine antibiotic treatment of uncomplicated acute bronchitis is not recommended, regardless of duration of cough.
3. Patient satisfaction with care for acute bronchitis depends most on physician–patient communication rather than on antibiotic treatment.

The complete summary of the Acute Upper Respiratory Infection (Bronchitis) CPG and recommendations are posted on the Molina website at www.molinahealthcare.com/mhc/provider/resources/cpg/index.htm or contact Molina's Provider Services Department at (888) 665-4621 for a copy.

¹Gonzales, R., et. al., Principles of Appropriate Antibiotic Use for Treatment of Uncomplicated Acute Bronchitis: Background. ANNALS OF INTERNAL MEDICINE, 2001; 134: 521-529.



Hypertension UPDATE

JNC7 provides an evidence-based approach to hypertension prevention and management. Its key messages are:

- Help patients achieve a blood pressure (BP) of < 140/90 mm Hg.
- For uncomplicated hypertension, thiazide-type diuretics should be used as a part of pharmacological regimen, either alone or combined with drugs from other classes.
- For patients whose BP is more than 20 mm Hg above the systolic blood pressure (SBP) goal or more than 10 mm Hg above the diastolic blood pressure (DBP) goal, initiation of therapy using two agents, one of which usually will be a thiazide-type diuretic, should be considered.

Category	SBP mm Hg		DBP mm Hg
Normal	< 120	And	< 80
Prehypertension	120-139	Or	80 - 89
Stage 1 Hypertension	140 - 159	Or	90 - 99
Stage 2 Hypertension	≥ 160	Or	≥ 100

*JNC7 Classification of Blood Pressure
 Source: A Joint Project of the National High Blood Pressure Education Program and Antihypertensive and Lipid-Lowering Treatment to Preventive Heart Attach Trial (ALLHAT) Collaborative Research Group

MOLINA HEALTHCARE OF CALIFORNIA (MHC) QUALITY IMPROVEMENT PROJECT (QIP)

The **Hypertension QIP** is designed to promote clinical strategies by enhancing antihypertensive drug efficacy of thiazide-type diuretics as an initial drug therapy for hypertensive patients. The study identifies

hypertensive patients who reside in Riverside/San Bernardino (R/SB), Sacramento (SAC) and San Diego (SD) counties and who are likely to improve clinically with thiazide-type diuretics. MHC provides resources and interventions for the practitioners to enhance clinical treatment. The table below demonstrates the results of Hypertension Clinical Study.

County	Q1-2, 2006	Q3-4, 2006	Q1-2, 2007	Q3-4, 2007
Riverside/San Bernardino	43.31%	41.85%	40.65%	36.83%
Sacramento	13.80%	12.40%	13.55%	11.72%
San Diego	42.89%	45.75%	45.80%	51.45%

*rate decrease demonstrates improvement

Additional Resources:

- MHC Hypertension Clinical Practice Guideline: <http://www.molinahealthcare.com/mhc/provider/resources/cpg/index.htm>
- MHC HEDIS: Controlling Blood Pressure Rates and Trends: <http://www.molinahealthcare.com/common/ca-hedis.htm>
- Accurate Blood Pressure Measurement Techniques:
- Use appropriate cuff size (the inflatable part of the cuff encircles at least 80% of the arm circumference)
- Obtain two readings, 5 minutes apart, sitting in chair.
- Confirm elevated reading in contralateral arm.

Asthma UPDATE

Asthma Management Clinical Study Results

Molina identifies members who may be at risk for over- utilization of 4 or more short acting beta-

agonist medications per quarter, and determines if the member is concurrently filling prescriptions for inhaled corticosteroids.

Inhaled Steroids Used By Members With High Usage Of Short-Acting Beta Agonist Medications					
Percent of members who filled prescriptions for an <i>inhaled steroid</i> and four (4) or more Short Acting Beta Agonist medications/ quarter.					
	Baseline Q1 - Q2 2006	Q3 - Q4 2006	Q1 - Q2 2007	Q3 - Q4 2007	Goal
Riverside/ San Bernardino	72.6%	72.5%	69.3%	76.1%	☐ Inhaled Steroid Use
Sacramento	78.6%	71.4%	81.4%	70.8%	
San Diego	62.4%	62.9%	71.3%	72.0%	

Although there were no statistically significant improvements in the rates, the Riverside/San Bernardino and San Diego rates did show improvement in Q3-Q4 2007. Sacramento rates are impacted by low

numerators and denominators. Overall rates below 85% remain a concern. New interventions for providers and members were added in Q4 2007 to improve these rates in 2008.

HEDIS Appropriate Medications for People with Asthma						
Asthma Medication Management	Riverside/San Bernardino Counties		Sacramento County		San Diego County	NCQA Medicaid 75th Percentile
Calendar Year	RY 2006	RY 2007	RY 2006	RY 2007	RY 2006	RY 2007
5-9 years	81.62%	79.84%	100.00%	N/A*	N/A**	93.4%
10-17 years	75.32%	81.55%	73.90%	N/A*	N/A**	91.1%
18-56 years	82.44%	81.86%	83.87%	87.50%	N/A**	88.0%
Combined	79.96%	81.24%	82.80%	83.33%	N/A**	89.7%
Stat. Sig. at p= 0.05 ≠ increase, ' no change, Ø decrease						

* Rate not reported. Numerators/ Denominators were too low to report.

** Rate not reported. RY 2007 was year one of a two year measure.

For RY 2007, all rates failed to meet the NCQA 75th percentile benchmark. New interventions for providers and members were added in Q4 2007 to improve these rates in 2008.

Breathe with Ease Asthma Disease Management Program Molina's Breathe with Ease disease management program is designed to improve the

quality of care for members (ages 2 to 56 years old), by promoting preventive asthma care and reducing unnecessary urgent care needs. Please contact our Health Education Department at (562) 435-3666 ext. 127532 to refer a member.

View the NHLBI Asthma Clinical Practice Guidelines on our website at: <http://www.molinahealthcare.com/mhc/provider/resources/cpg/index.htm>. For a copy of these guidelines, please contact Molina's Provider Services Department at (562) 435-3666 Ext. 126450.

2008 Access Survey

Timely access is an essential element and an opportunity to provide quality health care services to the patients. Furthermore, timely access to appointments and after-hour availability may reduce over utilization of emergency room services. Molina Healthcare of California Partner Plan, Inc (MHC) has established access standards and specific performance goals for accessibility to healthcare services provided by its Primary Care Physicians (PCPs) and high volume Specialists based on regulatory standards.

What is the Purpose of the 2008 Access Survey?

- To evaluate the level of accessibility to appointments and after-hour services provided by practitioners/provider offices in accordance to the MHC Access Standards.
- To analyze and identify areas to strengthen accessibility performance and to implement interventions to reinforce and enhance timely access to services.

How is the 2008 Access Survey Structured and Conducted?

- An independent vendor conducts Computer Assisted Telephone Interview (CATI) surveys to determine the timeliness of appointments, after-hour availability, and office telephone answer time.
- The purpose of the interview call is disclosed prior to conducting the survey.

Who is Surveyed?

- Statistically valid random sample size of contracted PCPs and Specialists.

When is the 2008 Access Survey Conducted?

- Annually during 2nd quarter of each year.

What are the Access Standards and Survey Measurements?

- Refer to your MHC Provider Manual, Section 5: Access to Care, for details on Access Standards.
- MHC Provider Manual is also available on the Molina website at: www.molinahealthcare.com

For additional questions, please contact Quality Improvement at 1-800-526-8196, extension 126137.