



## Clinical Practice Guidelines (CPG) UPDATE



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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.

### NEW Clinical Practice Guidelines for 2010

#### Major Depression in Adults in Primary Care:

In May, 2009, the National Institute for Clinical Systems Improvement (ICSI) released the 2009 healthcare guideline: Major Depression in Adults in Primary Care. This evidence-based guideline was developed to assist primary care providers with assessment, diagnosis, and ongoing management of major depression.

#### Upper Respiratory Infection:

In November, 2009, AWARE CMA (California Medical Association) Foundation released the new 2010 Adult and Pediatric Acute Upper Respiratory Tract Infection Summaries. The 2010 Adult Summary includes additional recommendations for treatment of Acute Bronchitis.

#### Clinical Practice Guidelines Readopted:

Asthma, CVD: Secondary Prevention for Patients with Coronary and other Vascular Disease, Hypertension, Chlamydia, Diabetes

### NEW Clinical Practice Guidelines and Protocols for Seniors and Persons with Disabilities/Chronic Conditions

The Molina Healthcare Clinical Quality Management Committee has approved a booklet containing clinical practice guidelines and protocols to assist providers in caring for seniors and persons with disabilities and/or chronic conditions. Contained in this booklet are guidelines for the treatment of: Major Depression in Adults in Primary Care, Adult Acute Respiratory Tract Infection, Asthma, Diabetes, Hypertension, and Preventive Care Guidelines – Adults and Seniors.

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

## Asthma Update

### HEDIS Appropriate Medication for People with Asthma Rates

Reporting Year	Riverside/ San Bernardino		Sacramento		San Diego		2009 Medi-Cal Minimum Performance Level (MPL)	2009 NCQA 75th Medicaid Percentile
	2008	2009	2008	2009	2008	2009		
Combined 5-56	81.67%*	83.78%*	75.00%*	86.67%	79.08%*	83.02%*	86.10%	90.60%

\* Rate did not meet the Medi-Cal Managed Care Division Minimum Performance Level (MPL)

## Asthma Clinical Study

### Inhaled Steroid Use by Members with High Usage\* of Short-Acting Beta Agonist Medications

GOAL: Increase use of long-acting inhaled corticosteroids by members with persistent asthma.

All Counties Aggregate				
Year	CY 2007	CY 2008	Q1-Q2 2009*	5% Improvement Goal for Q3-Q4 09
Result	72.50%	80.62%	83.12%	87.30%

\*High Usage of Short-Acting Beta Agonist Medications reduced from 4 refills to 3 refills per quarter in 2009

View the NHLBI Asthma Clinical Practice Guidelines on our website: [http://www.molinahealthcare.com/medicaid/providers/ca/resource/Pages/guide\\_clinical.aspx](http://www.molinahealthcare.com/medicaid/providers/ca/resource/Pages/guide_clinical.aspx)

For a copy of these guidelines, please contact Molina's Provider Services Department at (888) 665-4621.

Molina's **Breathe with Ease Disease Management Program** is designed for members (ages 3 to 56 years old) who have a diagnosis of asthma. Contact Health Education at (800) 526-8196 ext. 127532 to refer a member.

## URI Update

### HEDIS Appropriate Treatment for Children Ages 3 months to 19 years with URI

County	RY 2007	RY 2008	RY 2009	2009 NCQA 75 <sup>th</sup> Percentile
Riv/San Bern	70.90%	78.23%*	89.49%	90.50%
Sacramento	88.20%	89.99%	95.80%	
San Diego	87.86%	90.49%	96.10%	

\* Rate did not meet the 2008 Medi-Cal Managed Care Division Minimum Performance Level (MPL) of 78.36%

## URI Clinical Studies

Percentage of PCPs Prescribing an Antibiotic for a URI to a member < age 19 (Aggregate)				
CY 2007	CY 2008	Q1-Q2 2009	5% Improvement Goal for Q3-Q4 09	
6.8%	4.5%	6.5%	6.2%	
Members Prescribed Antibiotics at an ER Visit for a Diagnosis of URI (Aggregate)				
CY 2007	CY 2008	CY 2009	5% Improvement Goal for 2009	
6.8%	1.6%	TBD	1.5%	

CPG Study Results: The CY 2008 rates exceeded the 5% improvement goals (decrease = improvement).

The complete summary of the Upper Respiratory Infection CPG and recommendations are posted on the Molina website at [http://www.molinahealthcare.com/medicaid/providers/ca/resource/Pages/guide\\_clinical.aspx](http://www.molinahealthcare.com/medicaid/providers/ca/resource/Pages/guide_clinical.aspx)

# Inappropriate Antibiotic Treatment of Acute Bronchitis

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

## HEDIS Results for Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis

**HEDIS measure description:** The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not 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 receive an antibiotic for treatment of Acute Bronchitis.

County	RY 2008 HEDIS Rate	RY 2009 HEDIS Rate	2009 Medi-Cal Minimum Performance Level	NCQA 2009 Medicaid 75 <sup>th</sup> Percentile
Riv/San Bern	25.82%	18.44%*	20.6%	29.0%
Sacramento	27.27%	30.30%		
San Diego	29.29%	20.57%		
Stat. Sig. at p= 0.05   ↑ increase, ↔ no change, ↓ decrease				

\* Rate did not meet the Medi-Cal Managed Care Division Minimum Performance Level (MPL)

## Principles of appropriate antibiotic use for adults with acute bronchitis<sup>1</sup>

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.** In healthy, nonelderly adults, pneumonia is uncommon in the absence of vital sign abnormalities or asymmetrical lung sounds, and chest radiography is usually not indicated. In patients with cough lasting 3 weeks or longer, chest radiography may be warranted in the absence of other known causes.
2. **Routine antibiotic treatment of uncomplicated acute bronchitis is not recommended, regardless of duration of cough.** If pertussis infection is suspected (an unusual circumstance), a diagnostic test should be performed and antimicrobial therapy initiated.
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 [http://www.molinahealthcare.com/medicaid/providers/ca/resource/Pages/guide\\_clinical.aspx](http://www.molinahealthcare.com/medicaid/providers/ca/resource/Pages/guide_clinical.aspx) or contact Molina’s Provider Services Department at (888) 665-4621 for a copy.

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

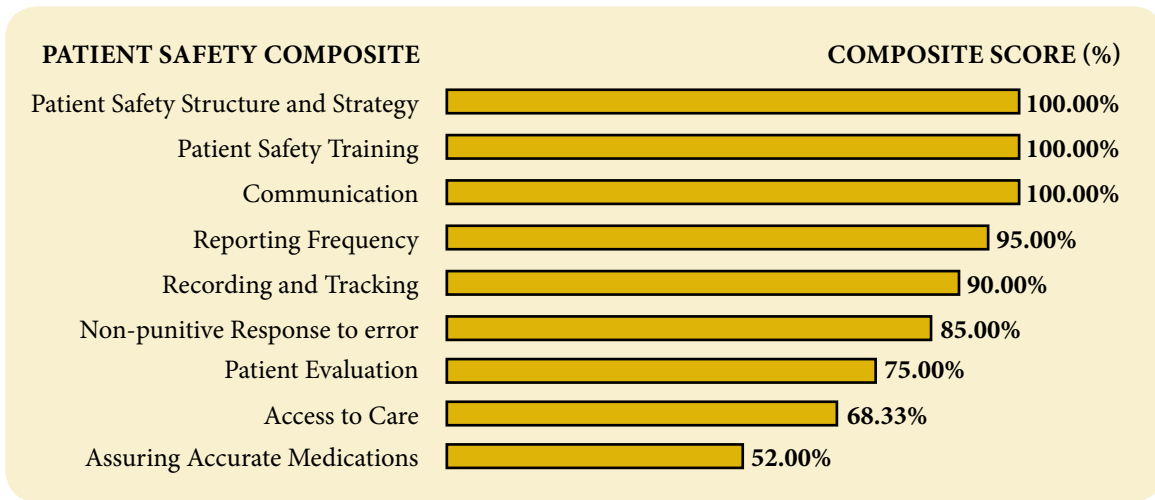


# Patient Safety Program and Patient Safety Survey Results

## 2009 Patient Safety Survey Results

As part of Molina's QI Patient Safety Program, we involve our contracted hospitals, Skilled Nursing Facilities (SNF) and Ambulatory Surgery Centers (ASC) in Riverside/San Bernardino, Sacramento and San Diego Counties in our Patient Safety Program by incorporating their participation and feedback in our annual Patient Safety Survey. The following provides a summary of the 2009 Patient Safety Survey results.

**Graph 1. Composite Percent Positive Response (Overall Rates of ASC, Hospital and SNF)**



Graph 1 composite scores show the average percent positive response for each of the 9 patient safety survey composites across all hospitals, ASC and SNF. The graph shows the composites in order from the highest average percent positive response to the lowest. Overall rates of the facilities showed the highest (100%) or 90<sup>th</sup> percentile of the average percent positive response to the following composites, demonstrating as the areas of strength:

1. Patient Safety Structure and Strategy (100%)
2. Patient Safety Training (100%)
3. Communication (100%)
4. Reporting Frequency (95%)
5. Recording and Tracking (90%)

The aggregate results of the survey showed the lowest score on the Assuring Accurate Medications composite, resulting an average of 52.0%.

**Table 1. Composite Percent Positive Response: by Facility Type**

Patient Safety Composite	Composite Score by Facility Type(%)		
	Hospital	ASC	SNF*
Patient Safety Structure and Strategy	100%	100%	100%
Patient Safety Training	100%	100%	100%
Non-punitive Response to Error	84.62%	83.33%	100%
Assuring Accurate Medications	63.08%	26.67%	60.00%
Access to Care	92.31%	16.67%	66.67%
Reporting Frequency	92.31%	100%	100%
Communication	100%	100%	100%
Recording and Tracking	92.31%	83.33%	100%
Patient Evaluation	100%	33.33%	0%

\* Integrity of the composite score result is questionable due to low numerator.

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Table 1 shows the composite scores by the facility type (hospital, ASC and SNF). Hospital sites showed higher scores in all composites, except Reporting Frequency Composite. ASC showed the lowest score on Access to Care Composite. Low numerator (low response rate) of the SNF is confounding to the validity and the integrity of the SNF Composite scores.

### Conclusion:

- Overall 2009 Patient Safety Survey results indicated needed improvement for Assuring Accurate Medications Composite, which assesses the medication error prevention system. Sub-analysis of this composite indicated low scores for Computer Physician Order Entry (CPOE) system (question 18) and providing 72-hour prescriptions for or a supply of drugs (question 19). This may reflect the high costs associated with establishing technical systems and supplying medications among hospitals, ASC and SNF.
- Access to Care, evaluating appropriate and timely care, showed low Composite score. Sub-analysis of this composite also showed low score on question 21, availability of the hospitalists, further demonstrating the costs associated with hospitalists; however, hospitalist model may reduce long term costs and length of stay without adversely affecting mortality or readmission.



### Additional Healthcare Facility Patient Safety Quality Ratings

We encourage contracted providers, hospitals, Skilled Nursing Facilities and Ambulatory Surgery Centers to participate and promote patient safety education at the local level by participating in the following organizations.

- Leap Frog Quality Index Ratings ([www.leapfroggroup.org](http://www.leapfroggroup.org))
- California Healthcare Foundation ([www.calhospitalcompare.org](http://www.calhospitalcompare.org))
- JCAHO National Patient Safety Goal Ratings ([www.qualitycheck.org](http://www.qualitycheck.org))

### NCQA/ADA Diabetes Physician Recognition Program

Molina is proud to report that the Diabetes Physician Recognition Program (DPRP), developed by the National Committee for Quality Assurance (NCQA) and the American Diabetes Association (ADA) has awarded recognition to some of our contracted practitioners/providers. The following practitioners/providers have demonstrated that they provide high quality care to patients with diabetes. Information regarding this recognition program is available on the NCQA website: [www.ncqa.org](http://www.ncqa.org)

- Takahiro Otsuka, M.D.
- Jeereddi A. Prasad, M.D.
- Santosh K. Sinha, M.D.
- Daryoosh Valamanesh, M.D.
- Lynda K. Fisher, M.D.
- Francine R. Kaufman, M.D.
- Loma Linda University Medical Center

Molina continues to promote and monitor patient safety in multiple avenues, such as pharmaceutical management practices, facility site reviews, clinical safety and potential quality of care issues, clinical practice guidelines, disease management programs and communicating information and resources via mailings, faxes and internet sources to practitioners/providers and to the members. For additional information, please visit Molina website: [www.molinahealthcare.com](http://www.molinahealthcare.com)

## 2009 Access Standards and Survey Results

Molina Healthcare of California Partner Plan completed its annual 2009 Access Survey, which measures appointments and after-hour availability provided by the practitioners and providers. The Annual Access Survey is conducted on a statistically valid random sample of the practitioners/providers to evaluate compliance and performance against the access standards and the goals.

The following provides a statewide summary of the 2009 Access Survey results and identifies opportunities to improve performance and compliance with the standards and goals...

### Appointment Access Survey Results

Molina established performance goal of 90 percent compliance for timely physician office telephone answer, timely urgent care, routine care and adult preventive care appointments. Performance goal for timely well-child preventive care is 85 percent.

As shown on Table 1A and Graph 1, statewide Primary Care Physicians (PCPs) exceeded the performance goals and demonstrated improvements in three of the five appointment standards. However, they failed to meet the performance goals for timely routine care and well-child preventive care appointments (shown on Table 1B and Graph 1).

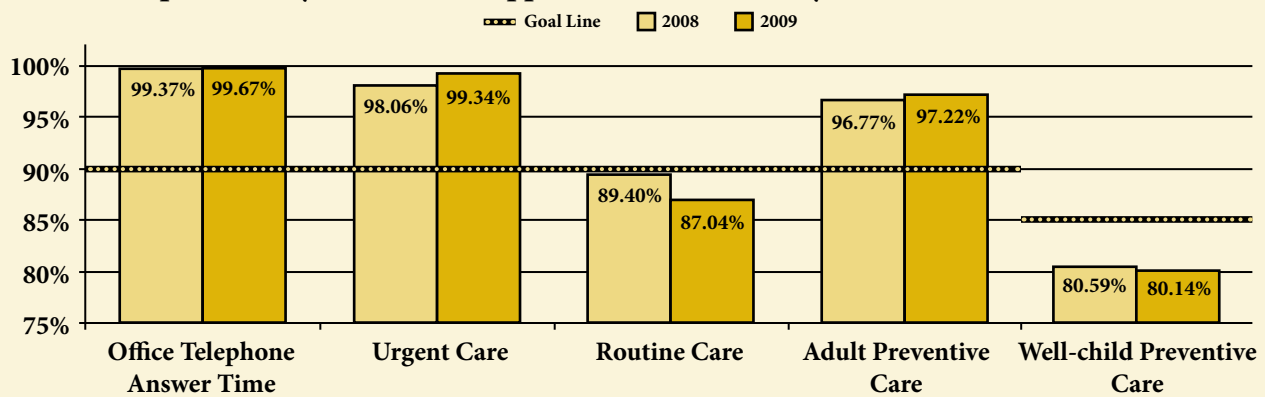
**TABLE 1A: Appointment Standards Exceeding Performance Goals**

Measure	Standard	Performance & Compliance Rate	
		2009	2008
Office Telephone Answer	Within 45 seconds	99.67%	99.37%
Urgent Care Appointment	Within 24 hours	99.34%	98.06%
Adult Preventive Care Appointment	Within 20 working days	97.22%	96.77%

**TABLE 1B: Appointment Standards Demonstrating Opportunities for Improvements**

Measure	Standard	Performance & Compliance Rate	
		2009	2008
Routine Care Appointment	Within 4 working days	87.04%	89.40%
Well-child Preventive Care Appointment	Within 7 working days	80.14%	80.59%

**Graph 1: Two-year Trend of Appointment Availability Performance Rates and Goals**



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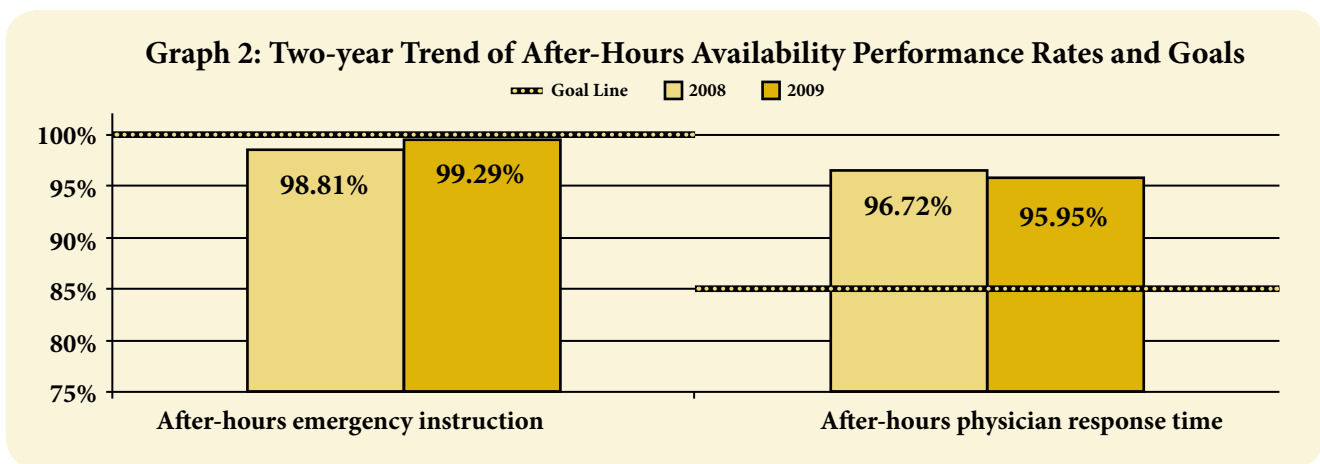
# After-Hours Access Survey Results

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After-Hours segment of the Access Survey measured the following components:

- **After-hour Emergency Instruction:** practitioners/provider offices need to provide a clear instruction or message for life-threatening emergency. After-hour emergency instruction should state, “If this is a life-threatening emergency, hang up and dial 911.”
- **After-hours Physician Response Time:** practitioners/provider offices need to provide a clear instruction or message on how to reach their PCP or his/her designee (on-call physician or triage nurse) during after-hours for urgent issues. PCP or his/her designee response to after-hours calls and/or pages is within 30 minutes. If the PCP or an on-call physician cannot be reached, Molina members may be instructed to call the Molina 24-hour Nurse Advice Line.

As shown on Graph 2, although after-hour emergency instruction standard showed a high 90<sup>th</sup> percentile performance rate (99.29%), it failed to meet its goal of 100%. Statewide PCP exceeded and showed an outstanding performance for timely physician response to after-hours calls and/or pages.



## Key Messages to Implement Improvements

Access to appointments and after-hours care is an essential element and an opportunity to provide quality health care services to the patients. The results of the 2009 Access Survey emphasized the needs to improve the following:

- **Routine Care Appointments** should be available within 4 working days of the request
- **Well-child Preventive Care Appointments** should be available within 7 working days of the request.
- **After-hours Access**

During evenings, weekends, holidays and anytime the office is closed, an answering service or answering machine should be used to ensure availability of service.

After-hours answering services or messages should:

- Inform the members to hang up and dial 911 or go to the nearest emergency room if the member is experiencing a life-threatening emergency.
- Provide instruction on how to reach the PCP or his/her designee (on-call physician or triage nurse) during after-hours for urgent issues.
- Inform the members when they should receive a return call from the PCP/on-call physician (within 30 minutes).
- If the PCP or an on-call physician cannot be reached, instruct the members to an Urgent Care Centers (UCC) and/or instruct Molina members to call the Molina 24-hour Nurse Advice Line.

**After-hours Recorded Phone Messages** should be periodically reviewed to confirm accuracy and that it is meeting the current Molina Access Standards.

**After-hours Answering Services** should be fully awareness of the proper after-hours procedures and Molina Access Standards.

We appreciate your cooperation and support that are fundamental components of our continued success in providing quality health care and services to our members. For additional questions, please contact MHC Quality Improvement Department at 800-526-8196, extension 126137.







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## Enhanced Growth Charts for New HEDIS Measures

In order to address the need for clinical guidelines and resources for the prevention and treatment of obesity among children and adolescents, an expert panel of physicians and other health care providers developed a toolkit that addresses pediatric obesity. One of the recommendations by the Expert Committee on the assessment of overweight in children and adolescents is the accurate measurement, calculation and plotting of BMI percentile on the Body Mass Index-for-age percentile growth chart.

This toolkit is timely given the new Healthcare Effectiveness Data and Information Set (HEDIS) performance outcomes measures focusing on obesity in children and adolescents. The new measure will assess how consistently physicians perform BMI assessments among children and adolescents. The measure will also track counseling for nutrition and physical activity.

To simplify and assist in the identification and documentation of BMI and nutrition and physical activity counseling, some enhancements were made to the CDC's Body Mass Index -for-age percentile growth charts. The classifications of BMI percentiles were highlighted for ease in identification. Two columns were also added for quick documentation of nutrition and physical activity counseling by the provider. Molina hopes this tool will be useful in the accurate and timely documentation of BMI and nutrition and physical activity counseling in children and adolescents.

A sample of the growth charts is attached. Please go to <http://www.molinahealthcare.com/medicaid/providers/ca/forms/Pages/fuf.aspx> to print copies from our website.