



## Clinical Practice Guidelines (CPG) UPDATE



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The Molina Healthcare of California Clinical Quality Management Committee (CQMC) 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. Molina analyzes inpatient/outpatient diagnoses, HEDIS® data, ethnicity prevalence, and other indicators to confirm that the clinical practice guidelines that are adopted are relevant to our populations.

### NEW Clinical Practice Guidelines for 2009

#### **CVD: Secondary Prevention for Patients with Coronary and other Vascular Disease:**

In December 2008 the Molina CQMC adopted the 2006 American Heart Association (AHA)/American College of Cardiology (ACC) consensus statement on secondary prevention of CVD.

#### **Upper Respiratory Infection:**

In November 2008, AWARE CMA (California Medical Association) Foundation released the new 2009 Adult and Pediatric Acute Upper Respiratory Tract Infection Guideline Summaries. These guidelines include the URI, Pharyngitis, and Otitis Media CPGs.

#### **Clinical Practice Guidelines Readopted for 2009:**

- Hypertension
- Chlamydia
- Diabetes
- Asthma

The Clinical Practice Guidelines and recommendations are posted on the Molina website at [http://www.molinahealthcare.com/medicaid/providers/ca/resource/guide\\_clinical.html](http://www.molinahealthcare.com/medicaid/providers/ca/resource/guide_clinical.html) or contact Molina's Provider Services Department at 1-888- 665-4621 for a copy.

## 2008-2009 Flu Update

As recommended by the Centers for Disease Control and Prevention, the Flu initiative aimed to:

- Reduce emergency room visits and hospital utilization in the Medicare population during the 2008-2009 flu season
- Increase the number of members receiving the flu shot

**Incentive Provider Mailing** – A targeted group of providers were sent a list of their at risk members and encouraged to contact members for an appointment for a flu shot. Providers/office staffs were offered \$10 gift cards per member if certain criteria were met.

### Results:

2008-2009 Flu Incentive Initiative: Percentage of Medicare and Health Family members who are categorized as high risk members that received the flu vaccination.					
# of members who received flu shots	10%				9.2% (72/787)
	8%				
	6%		5.5% (32/584)		
	4%				
	2%				
	0%				
			2007-2008		2008-2009

There was a statistically significant increase in the number of at-risk members receiving flu shots in 2008-2009 as compared to 2007-2008. Although the office participation rate increased from 2008, there remains room for improvement. We encourage all offices to participate in the incentive initiative during the 2009-2010 flu season.

## The Facility Site Review Department – *Significant Improvements and Changes*

### New Data System:

- We implemented an Internet based system that allows real time data entry of audits at your office. The result is a faster turn-around time for authorizing offices to be opened to Member assignment after the audit is completed and closed.

### New Laptops and Portable Printers:

- The portable printers allow us to print in your office at the time of the audit any Corrective Action Plans (CAP), the DHCS Certificates and Thank You Letters when appropriate and any facility site review reference materials you may need.

### Facility Site and Medical Record Review Documents to prepare for the Audit:

- We loaded the document on our website: [www.molinahealthcare.com](http://www.molinahealthcare.com). This allows all offices to review and print sample Facility Site Review Tools, frequently used forms and information for the Facility Review and Medical Record audits.
- If you need a paper copy of the documents please call the FSR Information Line at 800-526-8196 ext. 120118 and leave a message with your name and phone number. We will mail you a copy.
- A *Just the Fax* will be coming to your office shortly with more information.

## Avoidable Emergency Room (ER) Visits – Fact Sheet

The State of California, Medi-Cal Managed Care Division and twenty two (22) contracted health plans convened a collaborative to reduce the number of Medi-Cal Managed Care members who use the Emergency Room (ER) for avoidable visits. Avoidable emergency room visits are defined as “a visit, which could have more appropriately been managed and/or referred to a primary care provider in an office or clinic setting.” A statewide health education campaign was identified as one strategy to reduce avoidable emergency room visits.

### THE FACTS

- The Institute of Medicine (IOM) reported in 2006 that emergency rooms throughout the nation are overburdened and overcrowded.
- In 2006, the California Healthcare Foundation reported that 46% of 1,402 persons who participated in a telephone survey stated their problem could have been treated by their primary care physician.
- Seventy - four percent (74%) of avoidable visits in Medi-Cal managed care age 1-19 members were due to upper respiratory infections, pharyngitis or ear aches.
- Of 4,063 Medi-Cal managed care members with access to a 24/7 health plan advice line, only 25% percent called the advice line before going to the ER.

- Only 41% percent of 3,464 Medi-Cal managed care members tried to schedule an appointment with their PCP before going to the ER.

### WE NEED YOUR HELP

- What Providers Can Do to Educate Patients “Not sure it’s An Emergency?”
- Share the brochure entitled “ Not sure it’s An Emergency” with all patients who visit your office
- Discuss with patients when a visit to the emergency room is based on the patients medical history
- Encourage members to call your office or the advice line when they are not sure it’s an emergency
- Encourage members to schedule regular check ups
- Discuss with parents the importance of keeping the child’s immunizations up to date and counsel parents how to minimize the spread of infections in their children

*Please contact your Community Outreach Representative to obtain brochures. The California Health Care Foundation (CHCF) is a non-profit organization. More information about CHCF can be found at [www.CHCF.org](http://www.CHCF.org). Medi-Cal Managed Care Health Plans contract with the State of California to provide health care services to approximately 3.5 million Medicaid recipients.*

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## Have 10 Minutes? You Can Help the CMA Foundation Promote Proper Antibiotic Use

The CMA Foundation’s Alliance Working for Antibiotic Resistance Education (AWARE) project supports physician efforts to promote appropriate antibiotic use California’s health care professionals and stakeholders to develop the AWARE provider toolkit and other educational materials for physicians and patients.

The CMA Foundation is asking physicians to respond to a brief physician survey to help AWARE continue to be a useful source of information for California’s health care professionals. The survey should take no longer than 10 minutes to complete, and participants will be entered into a drawing for a \$100 Visa gift card. Copy

and paste this URL into your web browser: <http://www.zoomerang.com/Survey/?p=WEB22992VZSPC2> . To get more information about the AWARE project and provider toolkit, visit the AWARE website at <http://www.aware.md/> or contact: Sandra Navarro, 916/779-6637 or [snavarro@thecmafoundation.org](mailto:snavarro@thecmafoundation.org).



## Asthma Management Clinical Study and HEDIS 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.

<b>Inhaled Steroids Used By Members With High Usage Of Short-Acting Beta Agonist Medications</b> Percent of members who filled prescriptions for an <i>inhaled steroid</i> and four (4) or more Short Acting Beta Agonist medications/ quarter. <b>All Counties Aggregate</b>			
Year	CY 2007	CY 2008	5% Improvement Goal for 2008
Result	72.50%	80.62↑	76.1%
Stat. Sig. at p= 0.05 ↑ increase, ↔ no change, ↓ decrease			

The 2008 rate exceeded the 5% improvement goal. Pacific Coast Pharmacy initiated robust interventions in 2008.

<b>HEDIS Rate for Appropriate Medication for People with Asthma</b>			
Asthma Medication Management	2007 Riverside/ San Bernardino and Sacramento Counties	2008 Riverside/ San Bernardino, San Diego and Sacramento Counties	NCQA Medicaid 75 <sup>th</sup> Percentile
5-9 years	80.55%	80.38%	94.60%
10-17 years	80.31%	82.40%	91.40%
18-56 years	83.07%	77.26%	88.20%
Combined	81.57%	79.81%	90.30%
* San Diego rate not reported for 2007		Stat. Sig. at p= 0.05 ↑ increase, ↔ no change, ↓ decrease	

All 2008 rates failed to meet the NCQA 75th percentile benchmark and there were no statistically significant changes. New interventions for providers and members were added in 2008 to improve the 2009 rates.

### Breathe with Ease Asthma Disease Management Program

Molina's Breathe with Ease program is designed for member ages 2-56 years to improve the preventive asthma care and reducing unnecessary urgent care needs. Our Disease Management Programs can be reached by calling Member Services Department at 1-800-526-8196. Any member with asthma can enroll.

The NHLBI Asthma Clinical Practice Guidelines is located at: [http://www.molinahealthcare.com/medicaid/providers/ca/resource/guide\\_clinical.html](http://www.molinahealthcare.com/medicaid/providers/ca/resource/guide_clinical.html). For a copy of these guidelines, please contact Molina's Provider Services Department at 1-888-665-4621.

## 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 and avoidable ER rates indicate that the pattern for over-prescribing antibiotics for the common cold persists. The rates of antimicrobial drug use are highest in children ages 3 months to 19 years.

<b>HEDIS Appropriate Treatment for Children with Upper Respiratory Infection (URI)</b>				
<b>County</b>	<b>2007 HEDIS Rate</b>	<b>2008 HEDIS Rate</b>	<b>2008 MMCD Minimum Performance Level (MPL)</b>	<b>NCQA Medicaid 75<sup>th</sup> Percentile</b>
Riverside/San Bernardino	70.90%	78.23% ↑	78.36%	89.6%
Sacramento	88.20%	89.99% ↔	78.36%	89.6%
San Diego	87.86%	90.49% ↑	78.36%	89.6%
Stat. Sig. at p= 0.05 ↑ increase, ↔ no change, ↓ decrease				

**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.

### Upper Respiratory Infection Clinical Practice Guideline Study:

<b>All Counties - Percentage of PCPs* Prescribing an Antibiotic for a URI to a Member who is under Age 19</b>		
<b>2007</b>	<b>2008</b>	<b>2008 5% Improvement (Decrease) Goal</b>
6.8%	4.4%	6.4%
<b>All Counties -Members Prescribed Antibiotics at an ER for a Diagnosis of URI</b>		
<b>2007</b>	<b>2008</b>	<b>2008 5% Improvement (Decrease) Goal</b>
6.9%	1.6%	6.5%

\*Contracted PCPs serving the highest volume of children under age 19 prescribing an antibiotic for a URI to a member who is under 19 years of age. The HEDIS definition for the URI such as ICD-9 460 or 465 is used for quarterly measurement (All Counties). Study interventions include notifying PCPs via letter of assigned children prescribed an antibiotic for a URI. The letter explains the URI guidelines and resources available from the CDC. There were no statistically significant changes in the 2008 rates when compared with the 2007 rates. The 2008 rates exceeded the 5% improvement rates (decrease=improvement).

### 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 of:
  - 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 2009 Upper Respiratory Infection CPG and recommendations are posted on the Molina website at [http://www.molinahealthcare.com/medicaid/providers/ca/resource/guide\\_clinical.html](http://www.molinahealthcare.com/medicaid/providers/ca/resource/guide_clinical.html) or contact Molina's Provider Services Department at (888) 665-4621 for a copy.



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## Molina Healthcare Continuing Medical Education Courses

Molina Healthcare offers several Continuing Medical Education (CME) courses to providers. These CME courses and materials are free to providers by accessing Molina Healthcare's website at: [http://molinahealthcare.com/medicaid/providers/ca/resource/cme\\_materials.html](http://molinahealthcare.com/medicaid/providers/ca/resource/cme_materials.html)

- **First Smiles Oral Health Education and Training – 1 Prescribed credit**

The purpose is to improve the oral health and overall pediatric health of children, birth to 5 years old, including those with disabilities and other special needs. The CME instructs PCPs on how to screen, assess, refer children, and provide anticipatory guidance on oral health for young children and their families.

- **Vietnamese Culture - Influences and Implications for Healthcare – .75 Prescribed credit**

The purpose of this CME is to help facilitate an understanding of Vietnamese culture, beliefs, and practices with an emphasis on views toward healthcare.

- **Asian Indian Culture - Influences and Implications for Healthcare – .75 Prescribed credit**

The purpose of this CME is to help facilitate an understanding of Asian Indian Culture, beliefs, and practices with an emphasis on views towards healthcare.

- **Office of Minority Health – Up to 9 Free CME credits**

(Physicians and PAs), 9 contact hours (NP), or 0.9 CEUs (Pharmacists). “A Physician’s Practical Guide to Culturally Competent Care” is a free online CME program from the Office of Minority Health. This innovative training is a case-study based curriculum with video vignettes and interactive exercises on how to work with patients from diverse backgrounds and develop cultural competency training for staff.

For questions about Molina’s CME programs, please contact the CME coordinator at (888) 562-5442 extension 114347. For Cultural and Linguistic Consultation contact the Health Education Department at (800) 526-8196 extension 127421.