



Clinical Practice Guidelines for Seniors and Persons with Disabilities

As Molina's membership grows, we are seeing increased numbers of seniors and persons with disabilities (SPD) voluntarily select Molina as their health plan. To ensure that we are effectively meeting their needs, we are carefully reviewing all areas of our operations.

This booklet contains five clinical practice guidelines (CPG): asthma, acute respiratory tract infection, diabetes, high blood pressure and depression. Also included are Molina's adult preventive health guidelines which are updated annually. While these CPGs are not specific to the seniors and persons with disabilities, we have selected these clinical areas for inclusion in this booklet because they represent chronic conditions that are prevalent within the adult and senior populations. Practitioners should consider adapting these guidelines when and if necessary based upon the unique needs of their patients with disabilities and activity limitations. Primary and preventive care is fundamental in the overall management of health for people with chronic conditions and disabilities and can mitigate or prevent secondary or related problems. We hope that these CPGs will be a useful resource in providing care for your Molina members.

We would also like to make you aware of some additional resources that are available to you, and your Molina members, that are particularly relevant for seniors and persons with disabilities. These include:

- Molina's Nurse Advice Line that is available to members 24 hours a day, 7 days a week
- Non-emergency transportation to medical appointments
- Free interpreter services including American Sign Language
- Alternative format materials (large font, Braille, audio)

Molina also utilizes internal data (i.e. ED and IP claims, pharmacy, and encounter data) to identify members who would benefit from more intense supervision and management. These members are evaluated for possible inclusion into our Case Management or Complex Case Management Programs. Those members identified with certain disease states are also enrolled in our disease management programs. Currently these programs include asthma, diabetes, COPD and CVD. Providers can always directly refer their Molina members into any of these programs.

Molina Healthcare looks forward to partnering with our providers to ensure that our seniors and persons with disabilities members have full access to high quality medical care. By working together we can eliminate real and potential disparities of care that are the result of the many barriers that these members routinely experience. Information on tax incentives to improve accessibility in your office or clinic can be found by visiting the web site of Center for Disability Issues and the Health Professions:

<http://www.cdihp.org/briefs/brief6-tax-incentives.html>

In This Issue

Introduction to SPD and ABD CPGs	pg 1
Clinical Practice Guidelines (CPG) UPDATE	pg 2
ER Collaborative	pg 2
Asthma Update	pg 3
Hypertension Clinical Study Update	pg 4
Care for Seniors and ABD	pg 5
Diabetes Quality Improvement Project (QIP)	pg 6
Upper Respiratory Infection (URI) UPDATE	pg 7

Clinical Practice Guidelines (CPG) Update

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 ensure that the clinical practice guidelines that are adopted are relevant to our populations.

NEW Clinical Practice Guidelines for 2010

Major Depression in Adults in Primary Care:

In November 2009 the Molina CQMC adopted the 2009 Institute for Clinical Systems Improvement (ICSI) Major Depression in Adults in Primary Care Health Care Guideline. Access this CPG via Internet at:

http://www.icsi.org/depression_5/depression_major_in_adults_in_primary_care_3.html

Routine Prenatal Care:

In March 2010 the Molina CQMC adopted the 2009 Institute for Clinical Systems Improvement (ICSI) Routine Prenatal Care Guideline. The full Institute for Clinical Systems Improvement (ICSI) Routine Prenatal Care Health Care Guideline is available at:

http://www.icsi.org/guidelines_and_more/gl_os_prot/womens_health/prenatal_care_4/prenatal_care_routine_3.html

Clinical Practice Guidelines Readopted for 2010

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| <ul style="list-style-type: none"> • Asthma • Chlamydia • COPD • CVD: Secondary Prevention for Patients with Coronary and other Vascular Disease | <ul style="list-style-type: none"> • Diabetes: <i>The use of hemoglobin A1C for the diagnosis of diabetes is a new recommendation for 2010.</i> • Gestational Diabetes • Hypertension • Upper Respiratory Infection (Includes Acute Bronchitis/ Pharyngitis) |
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A New Provider Booklet - *Clinical Practice Guidelines and Protocols for Seniors and Persons with Disabilities/ Chronic Conditions* – was approved by the Molina CQMC in November 2009. This booklet contains the following CPGs: Acute Respiratory Tract Infection- Adult, Asthma, COPD, Diabetes, Hypertension, Major Depression in Adults in Primary Care, and Preventive Care Guidelines – Adults and Seniors.

This booklet and the Clinical Practice Guidelines and recommendations are posted on the Molina website at 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.

ER Collaborative

The Department of Health Care Services in collaboration with 22 Medi-Cal managed care health plans initiated a health education campaign to reduce avoidable ER Visits among Medi-Cal Managed Care members. The Statewide ER Collaborative is focusing on educating parents with children because 74% of the avoidable ER visits in members age 1-19 years were for earaches, sore throats, coughs, colds, and flu.

The campaign started in May 1, 2009 and is ongoing with distribution of a poster and brochure entitled “**Not Sure It's An Emergency**” to provider offices. The brochure was designed to assist providers in educating parents about appropriate ER use, self management strategies and where to receive urgent care during and after working hours. Providers can use the information in the brochure, as well as the member's unique medical history to provide advice about URI prevention and symptoms/ conditions that require emergency care. Please contact your Community Outreach Staff Representative if you need more posters or brochures (English and Spanish) for your office.

ASTHMA Update

Asthma Management Clinical Study Results

Molina identifies members who may be at risk for over- utilization of short acting beta-agonist medications per quarter, and determines if the member is concurrently filling prescriptions for inhaled corticosteroids. Through 2008 the use of 4 or more dispensing events of the Short-Acting Beta Agonist (SABA) medications in a quarter showed statistically significant improvement yet HEDIS rates were still below the NCQA 25% percentiles. Therefore, beginning with Q1 2009, the study was modified to include use of **3 or more** dispensing events of the Short-Acting Beta Agonist medications in a quarter.

Inhaled Steroids Used By Members With High Usage Of Short-Acting Beta Agonist Medications

	Healthy Families	Riverside/San Bernardino	Sacramento	San Diego
CY 2009 Results	73.8%	81.7%	79.5%	82.5%
5% Improvement Goal 2010	77.5%	85.8%	83.4%	86.6%

2009 was the baseline measurement period for this new study methodology. Further analysis will be conducted once additional data is available.

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 75 th Medicaid Percentile
	2008	2009	2008	2009	2008	2009		
Combined Ages 5-56	81.67%	83.78%	75.00%	86.67%	79.08%	83.02%	86.10%	90.60%

For RY 2009, the rate failed to meet the NCQA 75th percentile benchmark. The Riverside/San Bernardino and San Diego rates failed to meet the Medi-Cal Managed Care Division Minimum Performance Level (MPL). Interventions for providers and members continued in 2009 to improve these rates in 2010.

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. If you have a Molina Healthcare patient you think will benefit from receiving educational materials or talking with a Care Manager, please refer them to our Disease Management Programs by calling Member Services Department at 1-800-526-8196.

View the NHLBI Asthma Clinical Practice Guidelines on our website at: 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.

Hypertension Clinical Study Update

The primary goal of the Hypertension Quality Improvement Project (QIP) is to increase the percentages of controlled blood pressures (Systolic Blood Pressure of less than 140 mm Hg **and** Diastolic Blood Pressure of less than 90 mm Hg) among hypertensive members. Outcome measures are based on Controlling High Blood Pressure rate of the HEDIS measures. One of the key interventions is to assist the practitioners and providers in improving hypertension control through appropriate and effective pharmacological treatment by providing a list of their hypertensive patient's antihypertensive medication status. Below tables summarize the clinical outcome and its process improvement evaluation.

HEDIS rate: Controlling High Blood Pressure (SBP of < 140 mm Hg and DBP of < 90 mm Hg)

	2009	2008	NCQA Medicaid Bench Mark (75th Percentile)
Riverside/San Bernardino	55.69%	55.68%	61.6%
Sacramento	54.99%	52.07%	61.6%
San Diego	64.50%	62.33%	61.6%

Trends in semi-annual percentages of hypertensive members who did *not* fill any type of antihypertensive class medication:

Analysis Period	Riverside/San Bernardino		Sacramento		San Diego		Medicare Options/ Plus	
	Percentage	Z	Percentage	Z	Percentage	Z	Percentage	Z
2008 Q1-Q2	34.43%	<i>Baseline</i>	14.54%	<i>Baseline</i>	46.80%	<i>Baseline</i>	4.23%	<i>Baseline</i>
2008 Q3-Q4	31.66%	Z = -1.53	17.75%	Z = 2.22	45.43%	Z = -0.71	5.16%	Z = 1.12
2009 Q1-Q2	26.62%	Z = -3.08	22.86%	Z = 3.60	43.46%	Z = -1.11	7.06%	Z = 2.26
2009 Q3-Q4	37.90%	Z = 6.49	18.00%	Z = -3.29	35.45%	Z = -4.46	8.64%	Z = 1.58

Molina's Hypertension Clinical Practice Guideline is based on JNC 7. JNC7 provides an evidence-based approach to hypertension prevention and management. Its key messages are:

- Help patients achieve a blood pressure (BP) of **less than 140/90mm Hg**. For most patients, two or more antihypertensive medications will be required to achieve this blood pressure.
- For uncomplicated hypertension, thiazide-type diuretics should be used as a part of a pharmacological regimen, either alone or combined with drugs from other classes (in patients with no contraindication due to co-morbidity, potential drug interactions or allergy/intolerance to thiazide-type diuretics).
- 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, initiate therapy using two agents, one of which usually should be a thiazide-type diuretic.

Category	SBP mm Hg		DBP mm Hg
Normal	less than 120	<u>And</u>	less than 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 Attack Trial (ALLHAT) Collaborative Research Group			

Care for the Seniors and Persons with Disabilities/Aged Blind and Disabled Members

Seniors and Persons with Disabilities (SPD) also referred to as Aged Blind and Disabled (ABD) is a growing population in California. We are at a unique time in California as the SPD/ABD population is encouraged to join managed Medi-Cal plans such as Molina for all their care. Access to care for this population can be challenging and Molina Healthcare of California has been monitoring all PCP offices since 2007 to determine if they meet specific American Disabilities Act (ADA) guidelines. These monitoring criteria include, in part:

- Disabled Parking
- Wheelchair Access including building access and office wheelchair accommodation
- Ramps
- Stairs
- Elevators
- Restroom Facilities

Molina will continue to evaluate each PCP office in the counties where we offer Medi-Cal services. This is a onetime evaluation for each office unless major alterations are made to the building or office or the office moves to a new office site. Molina welcomes our SPD members and thanks the physicians and office staff who care for them.



Molina Healthcare of California (MHC) Diabetes Quality Improvement Project (QIP)

- Every quarter the Quality Improvement Department identifies diabetic members 18 years and older who have not received HbA1Cs, LDL-C or DRE testing or whose test results are out of normal range
- The Molina Health Care Inc. outreach unit is notified of the members to contact and assist these members in scheduling appointments with their PCPs.
- The PCPs of these members are identified and notified regarding their patient's health care deficit and advised to set up appointments with their patients. The member's name, Date of Birth and current results are listed in the letter.
- Each identified member receives specific educational materials ranging from postcards to newsletters to assist them in self managing their condition.

2009 Analysis

HbA1C

There was a significant increase in HbA1C screening among all counties. The goal of a 3% increase in HbA1C rates was met for all counties. There was no significant change in the increase for good control HbA1C <8, but there was an increase in good control in San Bernardino and San Diego counties. The goals for a 3% increase in good control (HbA1C <8) and a 3% decrease in poor control (HbA1C ≥8) was not met in 2009.

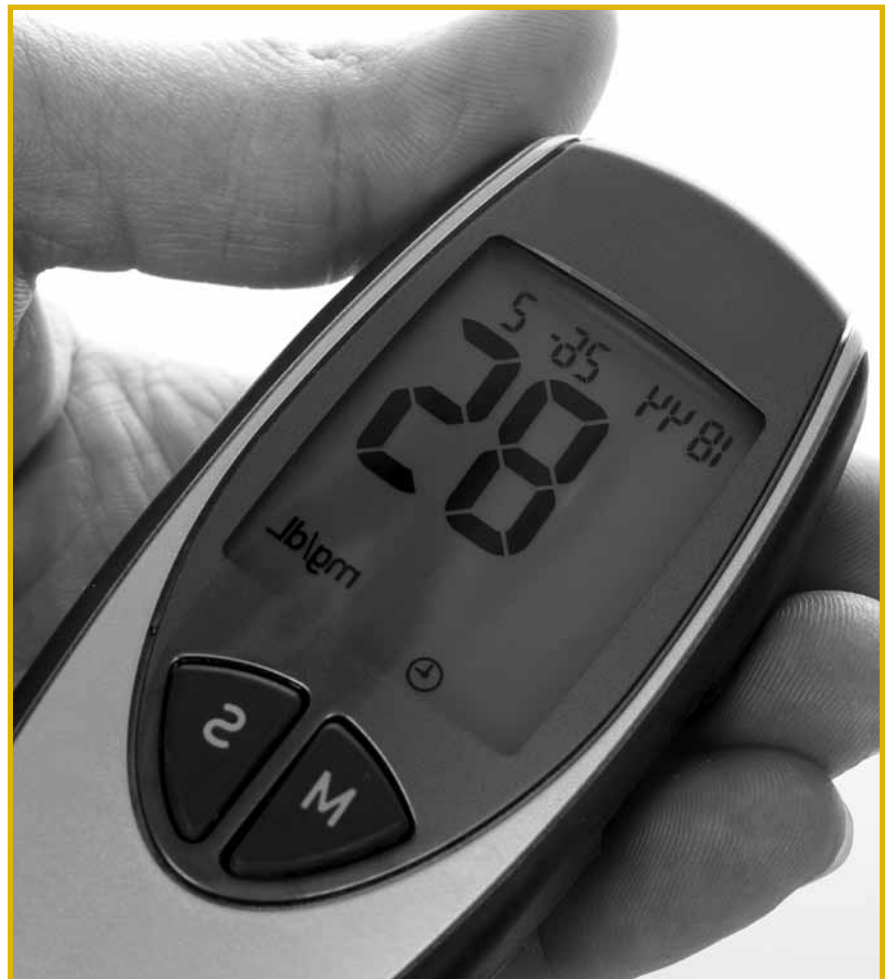
DREs

There was a significant improvement in the number of eye exams performed for diabetic Medi-Cal members. The performance goal of 3% improvement was met for all counties with the exception of San Bernardino County.

LDL-C

There was no statistically significant decrease in the LDL-C measure for all counties. The 3% performance goal was not met for 2009. The intervention for the measure was started Quarter 3, 2009 and therefore adequate time has not yet passed to assess and analyze the success of the intervention.

The project is ongoing.



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

County	RY 2008	RY 2009	2009 NCQA 75 th Percentile
Riverside/San Bernardino	78.23%	89.49%	90.50%
Sacramento	89.99%	95.80%	
San Diego	90.49%	96.10%	

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 Results

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.

Percentage of PCPs Prescribing an Antibiotic for a URI to a Member who is under 19 Years of Age

	CY 2008	CY 2009	5% Improvement (decrease) Goal CY 2009
Riverside/San Bernardino	4.9%	8.8%	4.6% - NOT MET
Sacramento	2.5%	6.0%	2.4% - NOT MET
San Diego	4.6%	8.4%	4.3% - NOT MET

There was a statistically significant increase (improvement = decrease) in the CY 2009 rates for all counties except Sacramento when compared with the 2008 rates. The CY 2009 rates for all counties failed to meet the 5% improvement goal (decrease = improvement). The emergence of the H1N1 flu in Q2 2009 with associated rise in antibiotic prescribing had a significant impact on these rates.

Members Prescribed Antibiotics at an ER for a Diagnosis of URI

	CY 2008	CY 2009	5% Improvement (decrease) Goal CY 2009
All Counties Combined	1.6%	5.6%	1.5% - NOT MET

There was no statistically significant change in the CY 2009 rate when compared with the 2008 rate ($z = +1.3749$ at $p = 0.05$). The CY 2009 rate failed to meet the 5% improvement goal (decrease = improvement). The emergence of the H1N1 flu in Q2 2009 with associated rise in ER visits had a significant impact on these rates.

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 or contact Molina's Provider Services Department at (888) 665-4621 for a copy.



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