

PUBLISHED FOR INTER VALLEY HEALTH PLAN PHYSICIANS

# Info-Link

Spring/Summer 2010

**URGENT CARE  
CAN SAVE YOUR  
PATIENTS TIME  
AND MONEY**

PRESCRIPTION FORM

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**Inter Valley Health Plan**  
For health. Not for profit.

## URGENT CARE CAN SAVE YOUR PATIENTS TIME AND MONEY

Urgent Care centers can be an effective alternative to the Emergency Room (ER). If a patient has a medical problem that is not life threatening, it can often be treated at an Urgent Care center instead of the ER.

*Getting treatment at an Urgent Care center provides two major advantages over emergency room treatment:*

**URGENT CARE SAVES TIME** – Patients with less severe conditions usually don't have to wait as long for treatment as they would in the ER.

**URGENT CARE SAVES MONEY** – The co-pay is less than it would be for an ER visit.

Patients with acute, life threatening or otherwise serious health conditions should still call 911 and make sure they get paramedic or emergency room treatment promptly.

Be sure to help your patients understand the advantages of their Urgent Care options.



## FOCUS SNP FIGHTS THE COSTS OF CHRONIC ILLNESS

### CHRONIC ILLNESS IN AMERICA:

- Chronic diseases account for 70% of all deaths in America.
- More than 133 million Americans live with chronic illness.
- According to a 2009 study on diabetes care, more than 32% of people age 65 and older have diabetes.
- Heart failure causes nearly 285,000 deaths yearly, and the heart failure rate has more than doubled over the past two decades.

### COSTS OF CHRONIC ILLNESS:

- Medical care costs of people with chronic diseases account for more than 75% of the nation's \$2 trillion in medical care costs.
- The estimated cost of diabetes in 2007 was \$174.8 billion of which \$116 billion was medical costs and \$58 billion was lost productivity.
- Heart failure in America, direct and indirect, costs \$34.8 billion.



Inter Valley Health Plan now offers a specialized Medicare Advantage Plan for beneficiaries who have been diagnosed with diabetes and/or chronic heart failure. The **FOCUS SNP** (HMO), is designed to provide care for those with special needs, with an emphasis on the coordination and continuity of that care. The goal of FOCUS SNP is to help beneficiaries reduce the risk of complications by monitoring their health and improving chronic conditions.

**At the heart of the FOCUS SNP's Model of Care, is *care management*.** By assisting your patients with the coordination of their care and providing them with health education, wellness programs and social services, they can take a more active role in managing their health.

FOCUS SNP provides customized support and added benefits to improve the quality of care provided to patients with chronic conditions. These added benefits include:

- Special needs drug Tier 3
- Home assessment visit
- Transportation
- Dental (optional)



To help tailor the program to meet each member's specific needs, members undergo a health risk assessment (HRA) process and a care management assessment with risk stratification. Our interdisciplinary team can then work with your patients to:

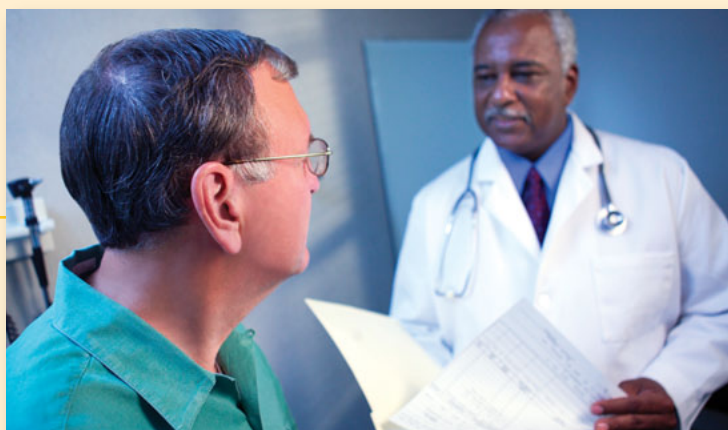
- Assist with adherence to medication and treatment guidelines
- Help prevent unnecessary hospital stays and ER visits,
- Educate about when to seek medical care, and
- Encourage routine preventive and follow-up medical care.

For more information about **FOCUS SNP** visit the "Medicare Plans" section of our website at [www.ivhp.com](http://www.ivhp.com), click on Focus SNP or call Rey Whitt, RN, Special Needs Plan, program manager at **909-623-6333, ext. 485.**

## ONCOLOGY DISEASE MANAGEMENT PROGRAM

The American Cancer Society states that cancer is diagnosed in one of three Americans, is the second leading cause of death nationwide, and is responsible for one of every four deaths. This year, over 500,000 Americans are expected to die of cancer, more than 1,500 people a day.

The multitude of cancer types, treatment options, and adverse effects are significant barriers to caring for patients. Other obstacles include the costs, the lack of congruence between provider and patient expectations of treatment and the lack of adherence to healthy lifestyles. Recognizing all of these obstacles, Inter Valley Health Plan has designed a new Disease Management Program for Oncology that will promote optimal cancer care and act to:



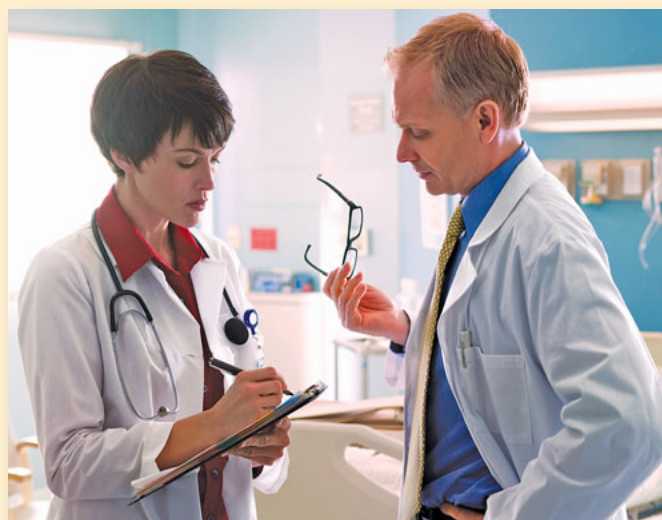
- Assist and support members suffering physical effects of treatment,
- Promote communication between members and their providers as well as among providers,
- Recognize depression and other psychological distress,
- Facilitate informed decision making and end-of-life transitions, and
- Provide access to palliative care services.

The success of the Oncology Disease Management Program relies on the effectiveness of the following:

- Disease identification through the McKesson Disease Monitor System,
- Practice guidelines based on the National Comprehensive Cancer Network: The Clinical Practice Guidelines in Oncology,
- Collaboration among healthcare providers,
- Patient self-management support,
- Process and outcomes measurement, evaluation and management, and
- Routine reporting and feedback.

Inter Valley Health Plan focuses its Disease Management programs on high prevalence, high cost diseases such as diabetes and chronic heart failure. Inter Valley's disease management model for treatment of chronic conditions has been effective in reducing unnecessary use of emergency and hospital services, promoting compliance with prescribed therapies, coordinating the continuum of care, and providing members with resources to restore health and maintain wellness.

If you have a patient who could benefit from our new Oncology Disease Management Program, please call one of our care managers at 909-623-6333 ext 249.



## OPENING THE DISCUSSION ON END-OF-LIFE TREATMENT

A POLST (Physician Orders for Life-Sustaining Treatment) is a physician order that gives your patients more control over their end-of-life care by specifying the types of medical treatment that a patient wishes to receive. However, a POLST does not replace an Advance Directive. It is recommended that a seriously ill patient have both a signed POLST form and an Advance Directive.

It is crucial to the quality of care you provide that you have a thorough discussion with your patient about end-of-life issues. A POLST provides a framework for guiding that conversation, makes it easier to have the discussion, and ultimately makes it more likely that a patient will be able to understand and express his or her wishes. The POLST form opens communication between you and your patients to:

- Encourage better informed decisions
- Help close the gap between which end-of-life treatments patients *want* and those they *actually receive*.

Completing a POLST involves a meaningful discussion between you and your patient,

their family or a designated decision maker. This discussion may also involve other members of the patient's care team such as nurses, social workers, or chaplains who can help to further address the physical, psychosocial and spiritual issues that often arise. As a physician you ultimately retain the overall responsibility for the proper completion and content of the form, which establishes medical orders that you and your patient must sign in order for the form to be valid. A POLST can be modified or revoked based on any new information or changes in your patient's condition or preferences.

To obtain a POLST form, please contact Judy Kobeissi, Social Worker/Case Manager, at 909-623-6333, ext 298, e-mail [jkobeissi@ivhp.com](mailto:jkobeissi@ivhp.com) or by faxing to 909-623-0753. You can also go to the California POLST website at [www.caPOLST.org](http://www.caPOLST.org).



## PRACTITIONERS CRUCIAL TO PATIENT SATISFACTION

*Monica Crow, Inter Valley Health Plan Liaison, educates doctors and their staff on Older Adult Sensitivity Training.*



Every year the Centers for Medicare and Medicaid Services (CMS) release a consumer publication called the “Medicare and You Handbook.” It contains information that compares Medicare Advantage Part D plans in the region. The latest version of the handbook lists Inter Valley Health Plan as a highly rated plan in the areas of Pharmacy Benefits, Pharmacy Services, Member Services and overall satisfaction with the plan. We are proud of these ratings. By putting our members’ interests first, the Plan has succeeded in confirming its message that our enrollees are our top priority.

Amidst all the good reviews, Inter Valley Health Plan also has opportunities to improve in composite measures related to member perception of the healthcare they receive, the length of time it takes for them to get that care and their perception of the way their doctors communicate with them. Closely considering the standards being measured shows that the Plan’s relationship with the practitioner community is its most crucial asset. It is through Inter Valley Health Plan’s partnering with providers that a change in overall member perception of healthcare and access will be achieved most efficiently and most effectively. To that end, the Plan continues to offer provider practice-

focused education programs that seek to build upon and strengthen the skills and experience of our partner providers and their office staffs. The Plan has a team of Provider Liaisons that can perform skill building programs on Older Adult Sensitivity and back-office effectiveness. All partner providers are encouraged to take advantage of these programs. Candice Fagan, Provider Liaison, is available to help with any questions or concerns at 909-623-6333 ext 303.

A flyer for "Older Adult Sensitivity Training" by Inter Valley Health Plan. The flyer features a photograph of a woman and an older man smiling. The text on the flyer includes: "Older Adult Sensitivity Training", "Inter Valley Health Plan now offers in-office training for your office staff.", "Would you and your staff like to: Understand the diverse needs of older adults and their challenges? Communicate more effectively with older adults? Promote office-wide commitment to older adults?", "The training program includes unique simulated exercises, education and real-life examples. Inter Valley Health Plan trainers will bring this program to you.", "Riverside Physician Network", "Inter Valley Health Plan For health. Not for profit. www.ihp.com", "Wednesday May 19, 2010", "Registration: 12 noon", "Lunch &amp; Class: 12:15 to 1:15 pm", "Parkview Community Hospital Founders Center-Dalley Room", and "Call the number below to make your reservation. 800-251-8191 ext. 240".

## PHARMACY UPDATE



Inter Valley Health Plan's Pharmacy and Therapeutics Committee will review all drugs for formulary inclusion or exclusion. And, as some drugs that are included in the formulary may require prior authorization, Inter Valley believes that our physicians should be kept up to date on the Committee's decisions. Physicians can stay informed through this publication, *Info-Link*.

<b>Effective Date</b>	<b>Tier</b>	<b>Requirements/ Drug Name</b>	<b>Limits</b>
4/1/10	Preferred Generic	Polyeth Glycol Powder	
4/1/10	Preferred Brand	Venlafaxine ER Tablets	
4/1/10	Non-Preferred Brand	Fanapt Tablets	
4/1/10	Non-Preferred Brand	Invega 1.5mg Tablets	QL (60 / 30)
4/1/10	Non-Preferred Brand	Invega Inj	
4/1/10	Preferred Generic	Timolol Gel Sol 0.25% Ophthalmic	
4/1/10	Preferred Generic	Timolol Gel Sol 0.5% Ophthalmic	
4/1/10	Other Special Needs Drugs (For Focus SNP only)	Diovan Tablets	QL (30/30)

For more information about the drugs covered by Inter Valley Health Plan, visit our website at [www.ivhp.com/ivhp/partd.asp](http://www.ivhp.com/ivhp/partd.asp) or call Pharmacy Services, 7:30 am to 8 pm, 7 days a week, at 909/623-6333. TTY/TDD users should call 800/505-7150.

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### EDITOR'S NOTE:

We value your opinion. If you have any comments on this issue or have a topic suggestion for future issues, please contact Cyndie O'Brien at 909-623-6333 or [cobrien@ivhp.com](mailto:cobrien@ivhp.com).



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