

# Info-Link

WINTER 2004

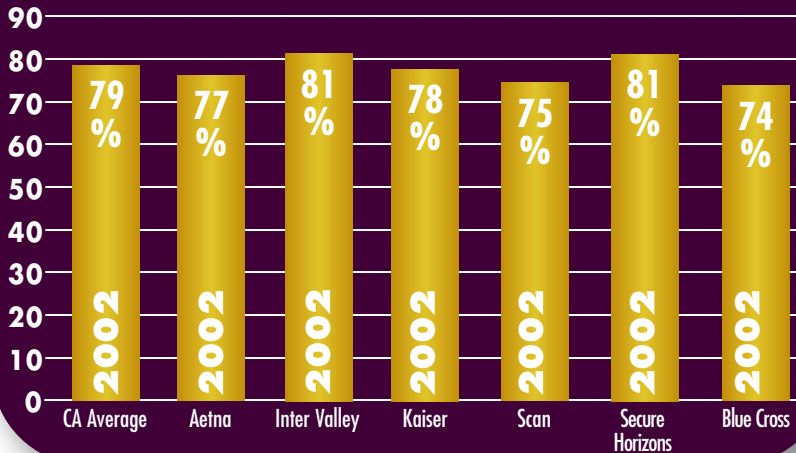
Volume IV Issue 3

**IN THIS ISSUE:**

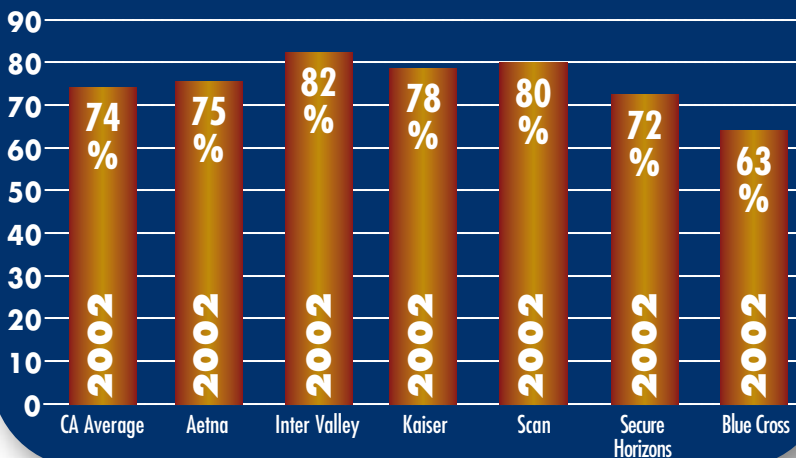
- Inter Valley Highest Rated
- Hypertension
- Osteoporosis
- Case Management
- Accessing Member Eligibility

**INTER VALLEY HIGHEST RATED IN MEDICARE SURVEY**

**How would you rate your personal doctor or nurse now? Use any number from 0 to 10 where 0 is the worst personal nurse or doctor possible and 10 is the best personal nurse or doctor possible (percent responding 8, 9 or 10)**



**How would you rate all your experience with your Medicare health plan? Use any number from 0 to 10 where 0 is the worst health plan possible and 10 is the best health plan possible (percent responding 8, 9 or 10)**



Outscoring all other health plans, including much larger, for-profit HMOs, we're proud to announce that Inter Valley Health Plan recently received the highest marks overall and in virtually every category among all California health plans in the annual member satisfaction survey funded by the federal government.

The results were recently announced for the sixth annual "Consumer Assessment of Health Plans Survey," (CAHPS) a comprehensive poll of health plan member satisfaction. The survey was designed by the Centers for Medicare & Medicaid Services (CMS) to determine how Medicare beneficiaries assess their HMO services in a number of categories. As with the past years' versions of the survey, members of Inter Valley rated their HMO with impressive marks.

In this year's survey, Inter Valley is rated at or near the top in every category, including an impressive first place ranking in the "Overall Rating of Health Plan" score, for which a remarkable 82% of respondents rated Inter Valley an 8, 9 or 10 on a scale from 1-10, a score significantly higher than all other Southern California Health Plans. In fact, Inter Valley received the highest percentage of "10 out of 10" evaluations for the "Overall" category in the entire state.

Inter Valley also led all Southern California HMOs in a number of other categories, including "Rating of Personal Doctors," "Rating of Specialists," "Overall Rating for Health Care," "Getting Needed

**Continued on back**

## HYPERTENSION: NEW GUIDELINES, NEW APPROACHES

According to the American Heart Association (AHA), hypertension is the most common primary diagnosis in America (35 million office visits as the primary diagnosis). Current control rates for hypertension (SBP <140mm Hg and DBP <90 mm HG), though improved, are still far below the Health People goal of 50%.

Approximately 30% of adults are still unaware of their hypertension, more than 40% of individuals with hypertension are not on treatment and two-thirds of hypertensive patients are not being controlled to the above stated levels.

In May 2003 the Seventh Joint National Committee (JNC 7) issued new guidelines for classification, control, awareness and treatment for high blood pressure. The new classification for high blood pressure is in the table at right.

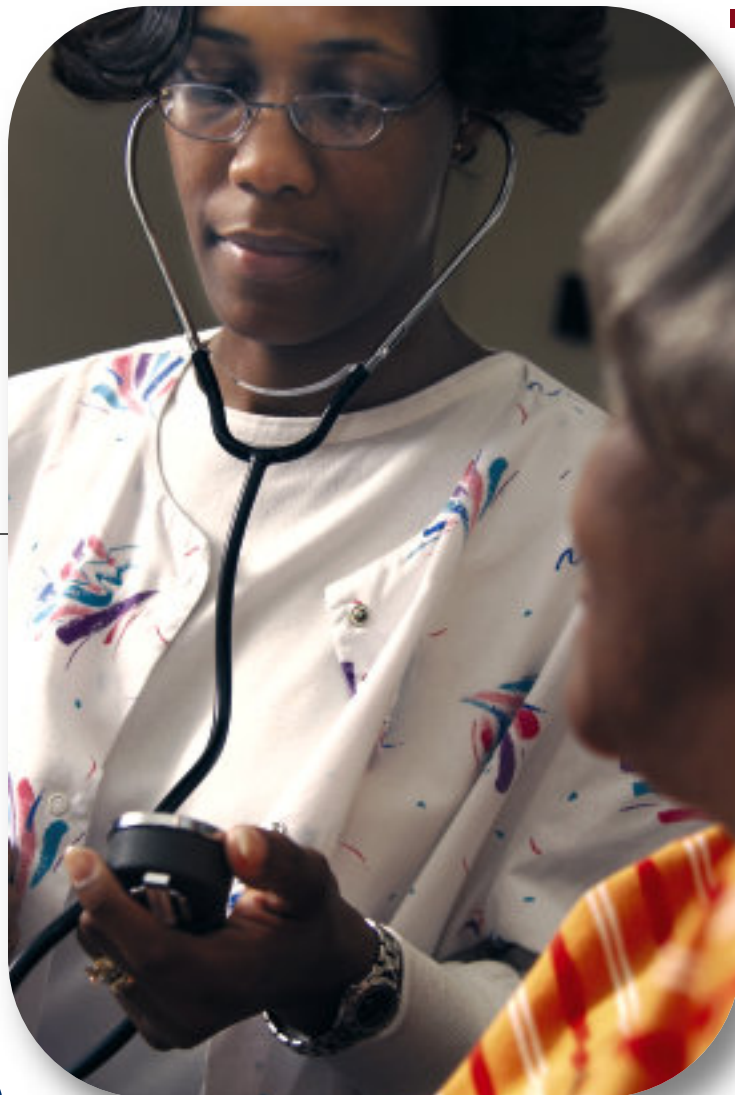
Prehypertension is not a disease category; rather it is a designation chosen to identify individuals at high risk of developing hypertension.

The JNC 7 emphasizes the following key messages:

- Among individuals aged >50 years, SBP > 140 mm Hg is a more important cardiovascular disease risk factor than DBP.
- Beginning at 115/75 mm Hg, the risk of cardiovascular disease doubles for each increment of 20/10 mm Hg.

### NEW BLOOD PRESSURE RANGES

LEVEL	SYSTOLIC	DIASTOLIC
Normal adult (age 18+)	119 or below	79 or below
Pre-hypertension	120-139	80-89
Hypertension—Stage 1	140-159	90-99
Hypertension—Stage 2	160+	100+



- People who are normotensive at 55 years of age will have a 90% lifetime risk of developing hypertension.
  - Prehypertensive individuals (SBP 120-139 mm Hg or DBP 80-89 mm Hg) require health-promoting lifestyle modifications to prevent the progressive rise in blood pressure and cardiovascular disease.
  - For uncomplicated hypertension, a thiazide diuretic should be used in most cases, either alone or combine with drugs from other classes.
  - Specific high-risk conditions are compelling indications for the use of other antihypertensive drug classes (ACE inhibitors, angiotensin-receptor blockers, calcium channel blockers).
  - Two or more antihypertensive medications will be required to achieve goal blood pressure (<140/90 mm Hg or <130/80 mm Hg) for patients with diabetes and chronic kidney disease.
  - For patients whose blood pressure is >20 mm Hg above the SBP goal or >10 mm HG above the DBP goal, initiation of therapy using 2 agents, 1 of which will be a thiazide diuretic, should be considered.
  - Positive experiences, trust in clinician, and empathy improve patient motivation and satisfaction.
- JNC 7 stresses that it serves only as a guide and that the responsible physician's judgement remains paramount.

# OSTEOPOROSIS

One of the new HEDIS measures for 2004 is "Osteoporosis Management in Women Who Had a Fracture".

This measure looks at women 67 years of age and older who suffered a fracture, and who had either a bone mineral density (BMD) test or a prescription for a drug to treat or prevent osteoporosis in the 6 months after the date of the fracture. Because women who suffer a fracture are at an increased risk of additional fractures and are more likely to have osteoporosis, this measure assesses the management of women who are at high risk for a second fracture.

Although there is no cure for osteoporosis, the following medications are approved by the FDA for postmenopausal women to prevent and/or treat osteoporosis:

## ■ FOSAMAX ■ ACTONEL ■ EVISTA ■ ESTROGENS

All of the above medications are covered by Inter Valley Health Plan but the co-pays of each of these medications differ.

BMD is a fast, painless, non-invasive test and available on an outpatient basis. Medicare permits individuals, aged 65 and older, to repeat BMD testing every two years for women who meet the following conditions:

- Estrogen deficient women at clinical risk for osteoporosis
- Individuals with vertebral abnormalities
- Individuals receiving, or planning to receive, long-term glucocorticoid therapy
- Individuals with primary hyperparathyroidism
- Individuals being monitored to assess the response or efficacy of an approved osteoporosis drug therapy.

With the information obtained from a BMD test you can decide what prevention or treatment steps should be taken for your patients.



## CASE MANAGEMENT

Inter Valley Health Plan's Complex Case Management Program continues to be a successful intervention for members with chronic/acute conditions and those members who have frequent admissions to the hospital.

The PCP is contacted regarding any member identified to qualify for our Case Management program. This assures coordination of care between the member, the physician and the case manager.

If you have any patients that you feel would benefit from our Complex Case Management program, call the Plan at (909) 623-6333 ext. 298.

## ACCESSING MEMBER ELIGIBILITY

We recently improved our Member Eligibility page on our website by including a detailed benefit

description for the physician offices reference.

For a complete listing of benefits by plan type, just visit us at [IVHP.com](http://IVHP.com) and input the members name and ID number.



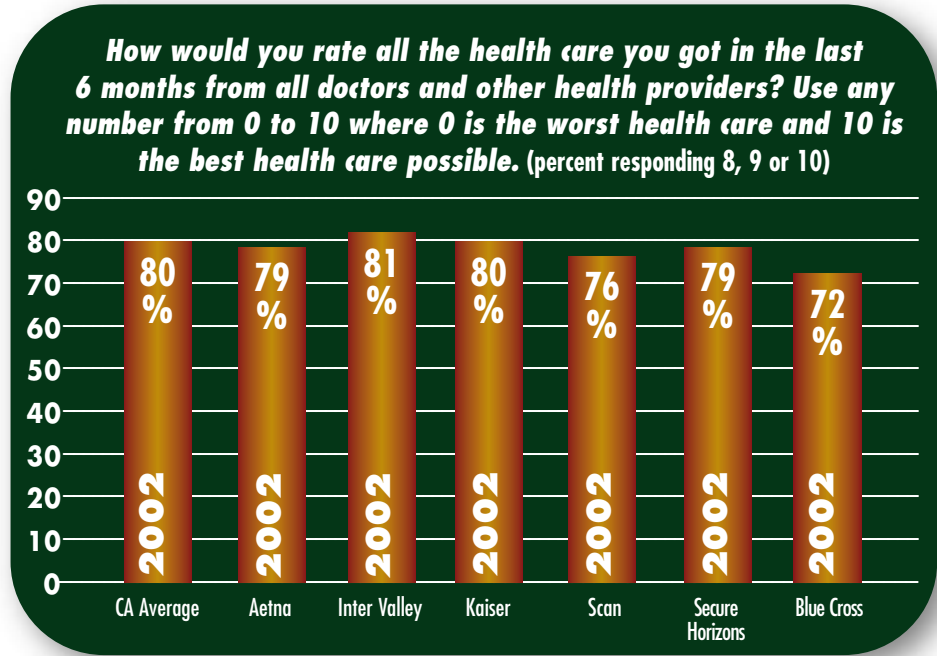
**INTER VALLEY HIGHEST RATED IN MEDICARE SURVEY...CONTINUED**

Care,” “Customer Service,” and “Courteous and Helpful Office Staff.”

Also, more than 87% of respondents reported they had no problems getting prescription medicine through Inter Valley – another score that exceeds those of all other California plans.

Member satisfaction and working with the best possible health care providers is a primary goal at Inter Valley. A constant focus for the Plan is to provide every Inter Valley member with the highest possible quality health care and service.

With state-topping marks in both the “Rating of Personal Doctors” and “Rating of Specialists” categories, we’re grateful to you – our health care partners — for helping to make us our state’s top member-rated plan!



**Inter Valley Health Plan**  
HEALTH SERVICES

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

**Info-Link**  
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