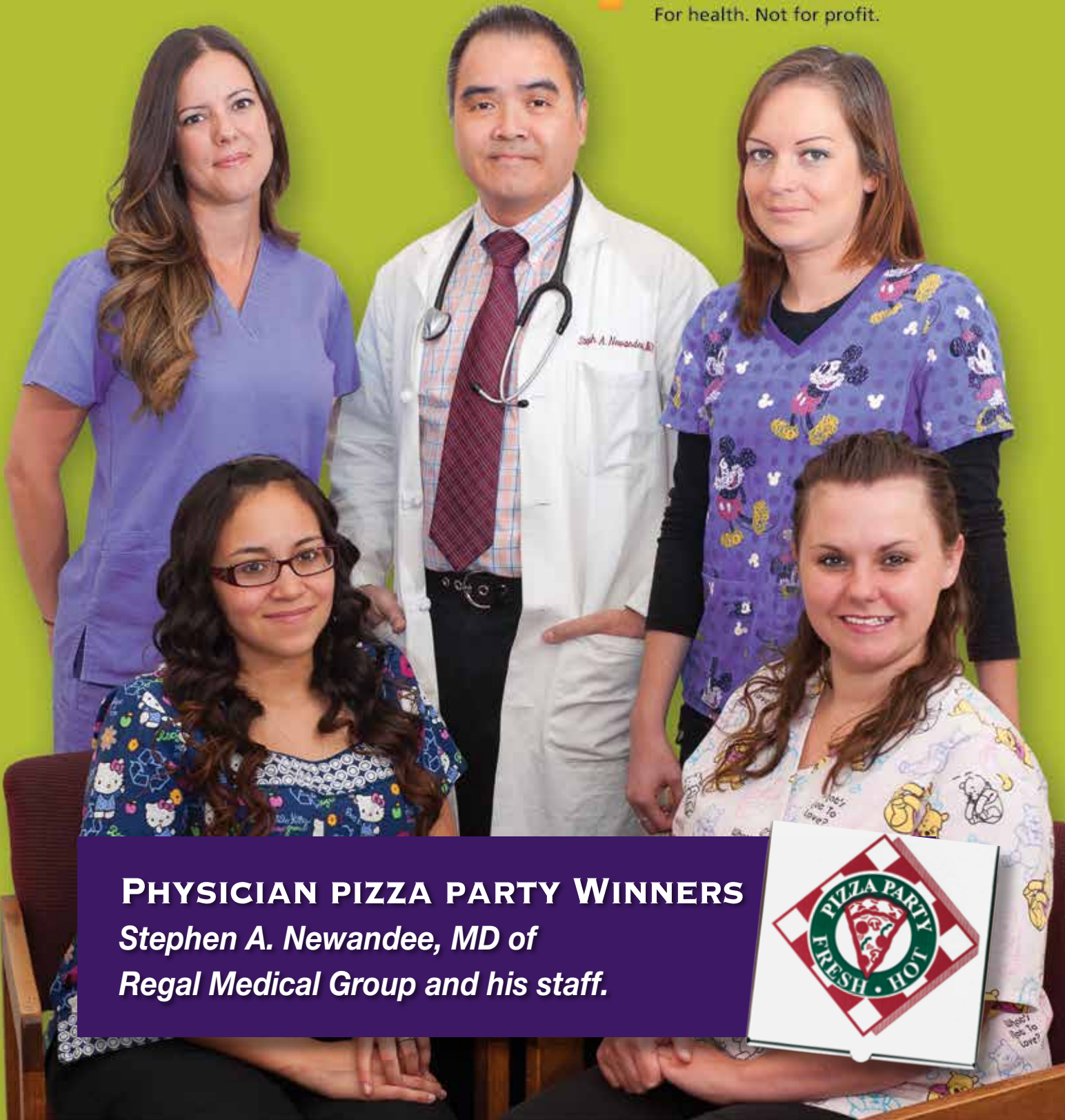


PUBLISHED FOR INTER VALLEY HEALTH PLAN PHYSICIANS

# Info-Link

Summer 2014

 Inter Valley Health Plan  
For health. Not for profit.



## PHYSICIAN PIZZA PARTY WINNERS

*Stephen A. Newandee, MD of  
Regal Medical Group and his staff.*



## REDUCING HOSPITAL READMISSIONS



When a patient is discharged from the hospital and then admitted back into the hospital within a short period of time it is referred to as a readmission. Readmissions occur when patients develop complications related to their initial diagnosis or acquire new disease conditions or complications after leaving the hospital. Although not all readmissions can be avoided, many are preventable.

Avoiding unnecessary readmissions begins in the hospital and carries over into the discharge and post-discharge periods.

**Some factors contributing to preventable readmissions are:**

- Inadequate follow-up care;
- Lack of appropriate support at home and in the community;
- Poor discharge planning; and
- Medical errors (particularly in prescription medications).

One of the main causes for readmissions is the member's lack of understanding of the patient care instructions and how care is coordinated once the patient returns home.

**Always make sure a patient's family member or caregiver is present when talking to any medical personnel.** It can be difficult for a patient to make sense of information given when they aren't feeling well — and another person can ask questions that the patient may not consider. They can also help with writing down the information, contact names and phone numbers, for future patient reference.

The primary care physician can play a major role in helping reduce hospital readmission by accommodating patients with a follow-up office visit within the first week of being discharged from the hospital. The physician can also have Advance Care Planning/ Advance Directives conversations that include End of Life discussions to promote patient engagement in this important care planning process.

Important questions to consider are those related to basic self care.

- Can the patient perform the functions of daily life, such as bathing independently, dressing, preparing meals and eating?
- Can he or she safely walk without assistance?
- Can the patient drive a car to get to doctor's appointments?
- Is memory and mental alertness sufficient to coordinate these tasks?

Prescriptions are another critical area of concern for older patients leaving the hospital. Ideally, patients should know which medications they are supposed to take and when to take them. Patients also need to be able to reconcile the medications they were taking before admission to the hospital with any new prescriptions. It is important to make sure the patient already has all their medications or has the ability to acquire them when needed. They also must have a basic understanding of what each prescription is for and the potential side effects.

Inter Valley Health Plan is committed to improving and reducing costly avoidable hospital readmissions. To further our efforts we would like to share current resources and tools regarding "Reducing Hospital Readmissions" with our Provider Groups, contracted Skilled Nursing Facilities and home health agencies.

Health Services Advisory Group of California (HSAG), the state's Medicare Quality Improvement Organization has a website dedicated to reducing hospital readmissions titled NO PLACE LIKE HOME ([www.NoPlaceLikeHomeCA.com](http://www.NoPlaceLikeHomeCA.com)). Their goal is to improve patient transitions from one setting to another by collaborating with partners and providers throughout the state. The website provides tools, resources, web links, articles and training events that include symposiums, workgroups and other best practices related to care transition and avoiding readmission.

## 5 ANSWERS TO IMPORTANT QUESTIONS ARE ON INTER VALLEY'S PHYSICIAN PORTAL

### PHYSICIAN PORTAL FEATURES:

- 1** *Who are your Inter Valley Health Plan patients that need mammograms, colorectal cancer screening, diabetes eye exams and many of the other HEDIS services?*
- 2** *Which of your Inter Valley patients have already had these services done?*
- 3** *What are your patients chronic conditions? When were they last assessed and what specialist have they seen?*
- 4** *What medications are your patients taking?*
- 5** *Which patients became new members this month?*

Answers to these and many other questions are available on the Internet through Inter Valley's physician portal. If you haven't already been contacted please call us at **800-251-8191 ext 404** for access.

You can control whomever in your office can enter the portal as well as what they can access while there. Once you have granted them rights they simply go to the Inter Valley website at **[www.ivhp.com/site/providers.aspx](http://www.ivhp.com/site/providers.aspx)** and log in. Member eligibility is updated daily and all other data is updated monthly.

Primary Care Physicians have access now. Take a look and tell us what you think!

## ICD-10 CODE UPDATE

The United States Senate passed HR 4302, the Protecting Access to Medicare Act. The bill will delay ICD-10 and shift required implementation from October 1, 2014 to October 1, 2015.

**This means all ambulatory and physician services provided on or after October 1, 2015 and all inpatient discharges occurring on or after October 1, 2015 will use ICD-10 CM diagnosis codes and ICD-10 PCS codes, as applicable to a hospital setting.**

Now is the time to ensure that you and your office coders are prepared (or preparing) for the transition. It is also time to plan for productivity dips and to make clinical documentation improvement a priority in your office.

Although the American Medical Association, on behalf of physicians, continues to lobby Congress for ICD-10 delays, it is imperative that you and your office staff jump on the preparation bandwagon — *which includes anticipating an estimated 50 percent reduction in coder productivity during the first few months of ICD-10 use.*

### **What to do first?**

**Examine your ICD-9 codes to start your ICD-10 assessments.**

The most important step to planning your ICD-10 transitions may be collecting information on how and where you currently use ICD-9 codes. Look for your use of ICD-9 codes in:

- Authorizations/pre-certification forms
- Orders
- Medical Records
- Public health reporting
- Super bills/encounter forms
- Any other areas that could benefit from ICD-10 coding after October 1, 2015.
- Practice management and billing systems and databases. Determine how the codes are entered and if the database is maintained in house or by a vendor.

This review process will assist you in creating a list of your most commonly used ICD-9 codes. This list should be your initial tool to identify the new ICD-10 codes you will need for the transition.

### **CMS recommendations:**

- Identify the most common diagnosis codes used in your office/specialty
- Use an ICD-10 code book or software to look up these diagnoses and establish the best match to the new codes.
- Understand that clinical documentation is critical to the selection of the correct ICD-10 codes. How is your communication with your biller/coder?
- Identify key words, medical notes and medical record contents so that the documentation is clearly communicated. Remember that **ICD-10 is very specific** and for the first time, **laterality factors are on a large portion of the codes.**
- Share your coding interpretation and selections with your office colleagues and staff to avoid miscommunication.

While the task appears massive, there are websites available to assist with education at no charge. The two worth mentioning are:

- The CMS ICD website offers information and links to provider resources. MLN (Medicare Learning Network) has multiple videos and articles available.
- WHO (World Health Organization):  
<http://apps.who.int/classifications/apps/icd/ICD10Training/> (This is an online training tool).

Inter Valley Health Plan will be updating and distributing HCC books and educational booklets as the deadline gets closer. In the meantime, if you have any questions or comments regarding this transition, please feel free to contact Gail Wagner at (909) 623-6333 Ext. 243.

## CHRONIC CARE IMPROVEMENT PROGRAM

CCIP is a clinically focused initiative designed to improve the health of a specific group of enrollees with chronic conditions. Beginning CY 2012, CMS required that all health plans such as Inter Valley Health Plan conduct, over a 5-year period, a Chronic Care Improvement Program (CCIP) focused on reducing and/or preventing cardiovascular disease. The program targets Inter Valley Health Plan members who are diagnosed with diabetes, hypertension, dyslipidemia or any combination of the three, using claims and encounter diagnosis data as well as prescription drug utilization data to identify presence of any of the three conditions. Medical and pharmacy data are also used to identify presence of co-morbidities or any other conditions and events such as recent hospitalizations that would allow the Plan and the Provider Group to prioritize members by risk status, disease severity and health status. This specific care program was initiated as a result of a population needs-assessment study conducted by Inter Valley, where the prevalence of diabetes in its population was found to be over 25%, with over 5,000 members diagnosed with the condition. Diabetes continues to be one of the top chronic conditions with 5600 current members with this diagnosis following right behind is hyperlipidemia (4,300 members/23%), hypertension (4,100 members/22%) and heart disease hyperlipidemia (4,300 members/23%).

Inter Valley Health Plan's Chronic Care Improvement Program (CCIP) aims to effectively promote control of A1C levels below 7%, Blood pressure level less than 140/80 mm Hg, Cholesterol – LDL level less than 100 mg/dl, promotion and treatment for smoking cessation as well as encourage safe and proper use of aspirin therapy based on current HEDIS measure specifications.

Lifestyle optimization is essential for all patients with diabetes. This is multifaceted, ongoing, and engages the entire diabetes team. However, such efforts should not delay needed pharmacotherapy, which can be initiated simultaneously and adjusted based on the response to lifestyle efforts.

Effectiveness of therapy must be evaluated frequently until stable (e.g. every 3 months) using multiple criteria including A1c, SMBG records including both fasting and post-prandial data, documented hypoglycemia, and monitoring for other potential adverse events (weight gain, fluid retention, hepatic/renal), relevant laboratory data and monitoring of co-morbidities and complications affecting patient care. Therefore, we encourage our providers to use clinical practice guidelines and algorithms such as AACE Comprehensive Diabetes Management Algorithm 2013 or the Standards of Medical Care in Diabetes—2014 American Diabetes Association. These algorithms should serve to help educate the clinicians as well as guide optimal therapy at the point of care.



### DIABETES SUPPORT PROGRAM

Inter Valley recently launched the "I'm in Control" program that meets twice a month at the Claremont

Medicare Information & Vitality

Center. This free program includes a friendly peer support group, lifestyle classes plus discussions with specialists such as cardiologists, podiatrists, ophthalmologists, endocrinologists and dieticians.

For more information call Theresa Weaver, RN, 909-623-6333 at ext 431.



## PHARMACY UPDATE: NEW DRUGS ADDED

Inter Valley Health Plan's Pharmacy and Therapeutics Committee continually reviews all drugs for formulary inclusion or exclusion. This information was accurate at the print date. For more up-to-date information about additions, limitations or exclusions on our Formulary please visit our website at [www.ivhp.com/site/PrescriptionDrugSearch.aspx](http://www.ivhp.com/site/PrescriptionDrugSearch.aspx) or call Pharmacy Services, 7:30 am to 8 pm, 7 days a week, at 800-523-3142 or TTY/TDD 800-505-7150.

### SERVICE TO SENIORS TOTAL FIT & OC PREFERRED CHOICE

#### COVERED DRUG

AFINITOR

ASTAGRAF XL

BRINTELLIX

COMBIVENT AER RESPIMAT

DELZICOL

DULOXETINE

ERWINAZE

FETZIMA

FYCOMPA

GILOTRIF

IMBRUVICA

INTELENCE

KHEDEZLA

LATUDA

LOMUSTINE

NIACIN ER

NORTRIPTYLIN

ONCASPAR

ONFI SUS

OXTELLAR

REPAGLINIDE

REVLIMID

TIVICAY

TROKENDI

VERSACLOZ

### DESERT PREFERRED CHOICE

#### COVERED DRUG

ABACA/LAMIV/TAB/ZIDOVUD

AFINITOR

ASTAGRAF

AZACITIDINE

BREO ELLIPTA INH

BRIELLYN TAB

BRINTELLIX

CYCLAFEM

DECITABINE

DELZICOL

DESVENLAFAX

DIOVAN

DROSPIR/ETHI

DULOXETINE

ERWINAZE

FETZIMA

FINASTERIDE

FYCOMPA

GILDAGIA

GILOTRIF

HYCET

IMBRUVICA

INTELENCE

INTROVALE

JANUMET

#### COVERED DRUG

JANUVIA

KHEDEZLA

LAMIVUDINE

LATUDA

LEVONOR/ETHI TAB ESTRADIOL

LOMUSTINE

LORYNA

METADATE

MORPHINE SUL

MYCOPHENOLIC

NORTRIPTYLIN

ONCASPAR

ONFI

OXTELLAR XR

REVLIMID

SIROLIMUS

TIVICAY

TOPICORT

TROKENDI

VERSACLOZ

VESTURA

VICODIN

VOSPIRE ER

XODOL

ZENZEDI

## INCREASE MEMBER SATISFACTION

The Centers for Medicare and Medicaid Services (CMS) rates the quality of health care plans offered to Medicare beneficiaries through the Medicare Advantage program. These ratings are based in part on results of patient surveys, The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey and the Health Outcomes Survey (HOS).

### **Improve Your Patient's Office Experience**

■ **Don't assume that your patient is aware of how thoroughly you know their medical history.**

Take a moment to reassure them that your decisions are informed by your knowledge of their specific issues.

■ **Encourage your patients to make their appointments as far in advance as possible.** You or one of your staff should call a patient in advance of any upcoming physical, tests, or screenings. This makes your patient feel more cared for and they can schedule the best time for their appointment, which can improve satisfaction.

■ **Try to accommodate same-day visits when reasonable and warranted.** Make sure you have a few appointment times set aside each day for urgent visits. If you yourself are unable to see the patient on short notice, offer appointments with a nurse practitioner or physician assistant within your office.

■ **Give your patient as much specific information as you can.** If tests have been performed, let your patient know when they can expect their results (eg, later today, tomorrow, or next week) and who will be contacting them.

■ **If a patient has undergone tests and the results are normal, call and let them know.** Don't assume that your patient will know.

■ **Make sure your office has an appropriate triage system to ensure that patients are being seen quickly when necessary.**

### **Stay Aware of Your Patients' Abilities & Needs**

■ **Make regular assessments of your patient's level of physical activity.**

■ **Encourage your patient to become or stay physically active, and suggest community fitness resources** (gym memberships, fitness classes at senior/community centers, or local fitness events).

■ **If your patient has limited mobility, provide referrals for physical therapy when appropriate.**

### **Talk to Your Patient about Incontinence, their Medications and Risk of Falling**

■ **Ask your patient about any incidents of incontinence that have occurred within the last several months and educate them about potential treatment.** Many older adults are embarrassed to bring up this problem with their doctor.

■ **Ask about all the medications your patient takes in order to avoid negative interactions with other treatments.**

■ **Remind your patient to get regular eye exams.** Poor vision can increase your patient's risk of falling.

## WOULD YOU LIKE TO RECEIVE INFOLINK BY EMAIL?

In an effort to be environmentally-friendly and cost effective, Inter Valley Health Plan offers our providers the option to receive InfoLink, our provider newsletter, by email rather than postal mail. If you and/or your staff wish to receive InfoLink by email, please send an email to Char Buffington, [cbuffington@ivhp.com](mailto:cbuffington@ivhp.com). We respect your privacy, your email address is never used or shared for any purpose other than to communicate with you. You can opt-out at any time, by sending us an email with "opt out" in the subject line.



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## Info-Link

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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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[www.ivhp.com](http://www.ivhp.com)



Inter Valley Health Plan is a not-for-profit HMO with a Medicare contract. Enrollment in Inter Valley Health Plan depends on contract renewal

## WIN A PIZZA PARTY ON US!

Inter Valley is proud of their providers and all the great work they do. As a token of our appreciation we are rewarding one lucky physician and their entire staff with a pizza party, delivered directly to their office. Stephen A. Newandee, MD, from Regal Medical Group and his staff are the most recent winners of our Physician Pizza Party. Their office is located in Rancho Cucamonga.



Your staff provide exceptional care to patients, and essential support to you every day. Show them how much you appreciate all they do by entering them for a chance to win. Fill in the information below and mail to Inter Valley Health Plan, Attn. Pharmacy Dept, 300 South Park Ave, PO Box 6002, Pomona CA 91769-6002, or fax to 909-620-8092. Entries must be post-marked by August 29, 2014.

1. Encourage your patients to make their \_\_\_\_\_ as far in advance as possible.
2. Give your patient as much \_\_\_\_\_ as you can.
3. If a patient has undergone \_\_\_\_\_ and the results are \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_.
4. Encourage your patient to become or stay \_\_\_\_\_, and suggest \_\_\_\_\_.
5. Ask about all the \_\_\_\_\_ your patient takes in order to avoid \_\_\_\_\_ with other \_\_\_\_\_.

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_ Zip: \_\_\_\_\_