

PUBLISHED FOR INTER VALLEY HEALTH PLAN PHYSICIANS

# Info-Link

Winter/Spring 2012

 Inter Valley Health Plan  
For health. Not for profit.

## CAN YOU NAME THIS CONDITION



**New tachycardia, hypotension and increased airway pressure in an elderly female on positive pressure ventilation for a COPD exacerbation.**

See page 5 for details.

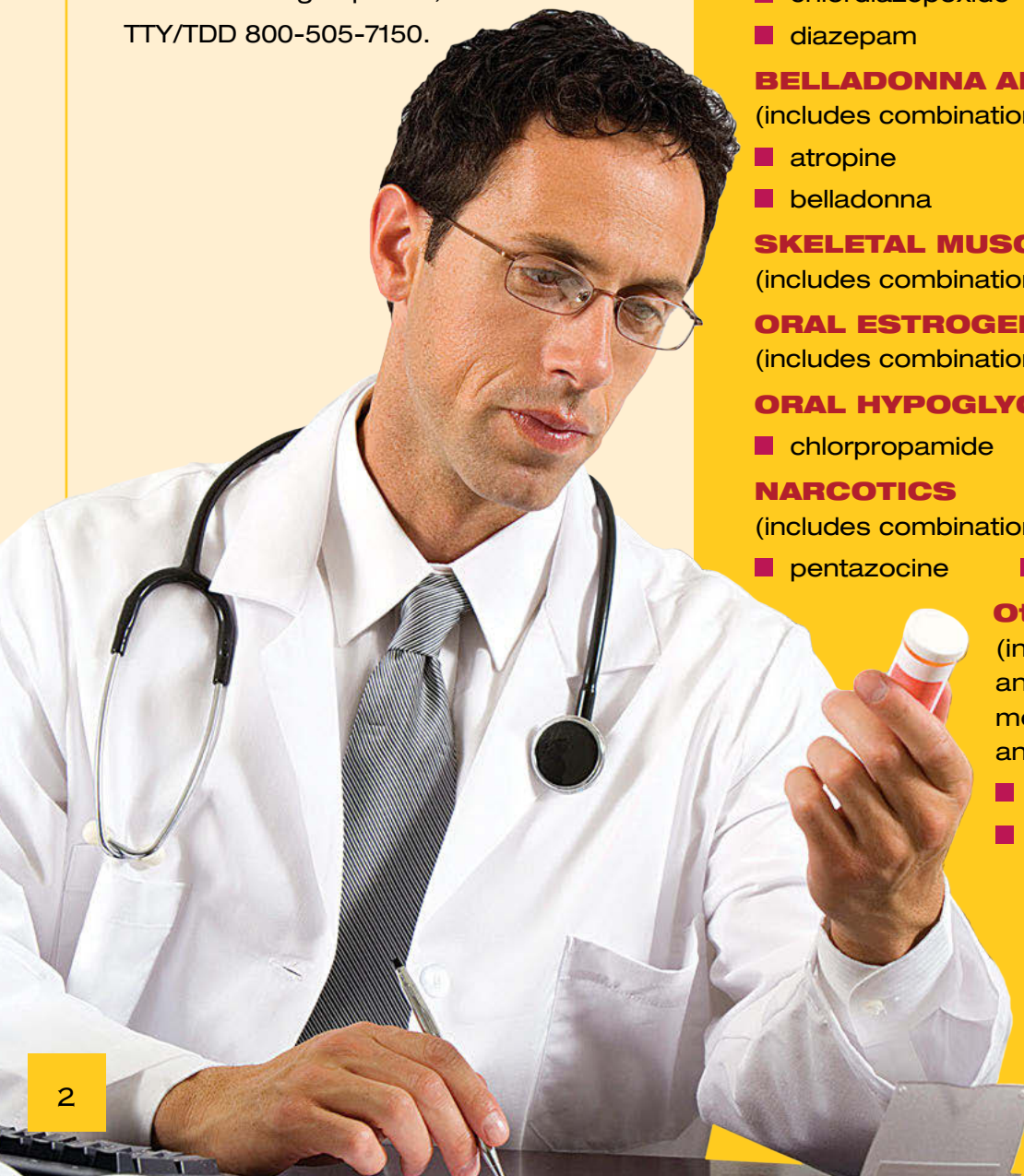
Be the first to call with the correct diagnosis and receive free movie tickets!



## ARE YOUR PATIENTS AT RISK FROM THEIR MEDICATIONS?

Every year, Medicare publishes a list of drugs that they believe put adults over the age of sixty at particular risk for adverse effects. Inter Valley Health Plan has removed most of the “High Risk Medications” from our Formulary for 2012.

If you have patients taking any of the medications listed, please talk to them about alternatives. You can also direct them to Inter Valley’s Pharmacy Department with questions, at 800-523-3142 or, for the hearing impaired, TTY/TDD 800-505-7150.



### **ANTI ANXIETY**

(includes combination medications)

- meprobamate

### **ANTIHISTAMINES**

(includes combination medications)

- diphenhydramine
- hydroxyzine
- cyproheptadine
- promethazine
- dexchlorpheniramine

### **AMPHETAMINES**

### **BARBITURATES**

### **LONG-ACTING BENZODIAZEPINES**

(includes combination medications)

- chlordiazepoxide
- lorazepam
- diazepam

### **BELLADONNA ALKALOIDS**

(includes combination medications)

- atropine
- hyoscyamine
- belladonna

### **SKELETAL MUSCLE RELAXANTS**

(includes combination medications)

### **ORAL ESTROGENS**

(includes combination medications)

### **ORAL HYPOGLYCEMICS**

- chlorpropamide

### **NARCOTICS**

(includes combination medications)

- pentazocine
- meperidine

### **Others**

(including androgens and anabolic steroids, thyroid medications, urinary anti-infectives)

- methyltestosterone
- nitrofurantoin

## ARE YOUR PATIENTS TAKING THEIR MEDICATIONS?

### ***“Drugs don’t work in patients who don’t take them.”***

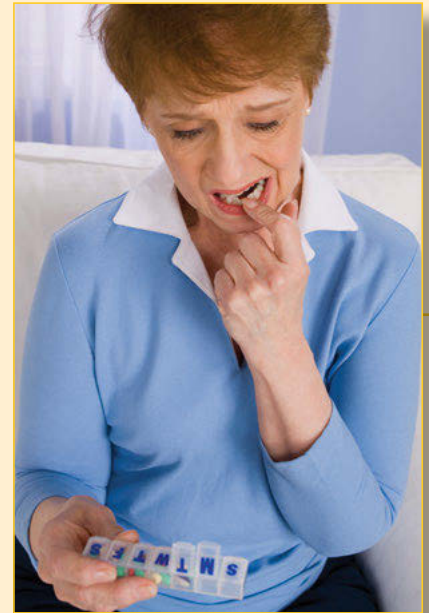
C. Everett Koop, MD, former United States Surgeon General

Some will admit it. Many will not. But too few patients adhere to the therapies you prescribe. Medicare has acknowledged the importance of this issue by putting several measures of patient adherence on their Star Rating system. The Star Rating system measures Health Plan performance so it is clear that Medicare believes achieving patient adherence is a mark of excellent care.

So what can you do? Start by making it easy for the patient. Minimize the number of daily doses. Be cognizant of patient financial issues and use medications the patient can afford. Use short treatment courses when possible.

Counsel the patient about why the treatment is important. Written material has been shown to improve adherence. Minimizing side effects is helpful though, interestingly, advising people about their side effects has been shown not to affect adherence.

Finally, give the patient a follow-up call. Discuss how the patient has done in the interim and explore any barriers to adhering with your plan of care. This will increase patient satisfaction, decrease malpractice risk and improve adherence.



## PHARMACY UPDATE:

### **IF YOU ARE PRESCRIBING AVANDIA, AVANDAMET OR AVANDARYL**

The Food and Drug Administration (FDA) believes that rosiglitazone, an ingredient in the prescription drugs Avandia, Avandamet and Avandaryl, may increase the risk of heart attacks.

In response to this possible risk, the manufacturer will provide these medications only by mail order and only to those enrolled in a special REMS program. Medications containing rosiglitazone will not be available through pharmacies so it is important that if your patient takes rosiglitazone they enroll in the REMS program.

When prescribing these medications, be aware that Inter Valley members receiving rosiglitazone through the REMS program must pay the full dollar amount rather than Inter Valley’s contracted rate. Inter Valley will pay our share of the cost and your patient will be responsible for the balance. Make sure your patients understand that the cost to them may be higher than it was before they were enrolled in the REMS program.

If your patients have questions regarding these changes, please have them contact the pharmacy department at 1-800-523-3142.

## 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 as well as 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, email her at [jkobeissi@ivhp.com](mailto:jkobeissi@ivhp.com) or fax to 909-620-8092. You can also go to the California POLST website at [www.caPOLST.org](http://www.caPOLST.org).

## CAN YOU NAME THIS CONDITION?

**New tachycardia, hypotension and increased airway pressure in an elderly female on positive pressure ventilation for a COPD exacerbation. Breath sounds are decreased on the left and the trachea deviates to the right. Improves after left side needle thoracostomy.**

**Be one of the first three to call 800-251-8191 x 269 with the correct diagnosis and you will receive free movie tickets!**

**Correct diagnosis from last issue: Paget's disease (osteitis deformans)**

**WINNERS: Dr. Julio Martinez, Indio ■ Dr. Patrick Gonzales, Menifee  
Dr. Geeta Patwa, Pomona**

## QUALITY OF CARE CONTINUES AT INTER VALLEY

Improvements in access to care and our members' perceptions of their care helped maintain a four star rating for Inter Valley Health Plan. Persistent low scores in mental health and osteoporosis screening will need to be improved for 2013 to help us achieve a five star rating. Please see the summary of scores in the adjacent box.

### What's Coming Up?

#### ANNUAL MEMBER MAILING

Most members will again receive an individualized list of medical services and screenings needed during 2012. Please review this with your patient and let us know about any inaccuracies.

**CAHPS** (Consumer Assessment of Healthcare Providers and Systems)

A survey of a sample of members done annually in February, March, and April asks about members' perception of the care and service they have received. It will also ask if the member is current on flu and pneumonia vaccines.

**HOS** (Health Outcomes Study)

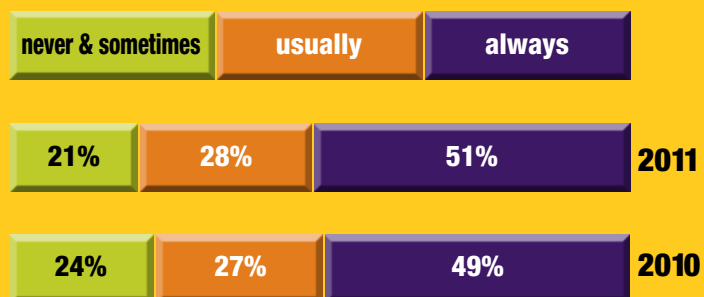
An annual survey of a sample of members done in February, March, and April asks for the member's perception of their current health status. They will be asked questions like: "Is your health getting better or worse?" "Is your physician encouraging you to stay active, control bladder leakage, and prevent falls?"

We hope this reminder will help you to assure your patients' healthcare needs are getting met.

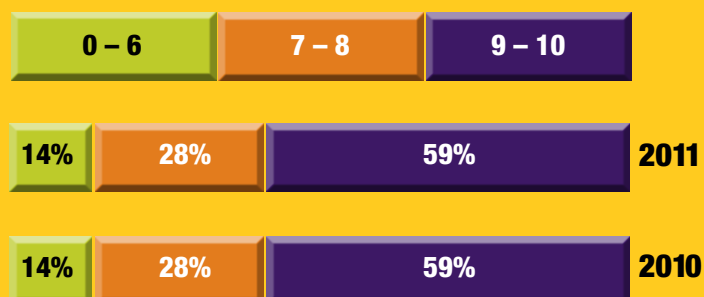
### CAHPS SURVEY

The results of the 2011 Medicare CAHPS survey show improvement in how often our members reported that they get care quickly. Our members continue to highly rate their overall care.

**Getting Care Quickly:** shows how members scored Inter Valley Health Plan on "Getting Care Quickly."



**Overall Rating of Care:** Members were asked "Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?"



## CODING: THE NEXT GENERATION

The compliance date for implementation of the International Classification of Diseases, 10th Edition Clinical Modification/ Procedure Coding System (ICD-10CM/PCS) is October 1, 2013 for all covered entities. ICD-10CM/PCS will enhance accurate payment for services rendered and facilitate evaluation of medical processes and outcomes. A number of other countries have already moved to ICD-10, including: United Kingdom (1995); France (1997); Australia (1998); Germany (2000); and Canada (2001).



### ICD-9-CM

#### MECHANICAL COMPLICATION OF OTHER VASCULAR DEVICE, IMPLANT AND GRAFT

1 code (996.1)

### ICD-9-CM

#### PRESSURE ULCER CODES

9 location codes (707.00 - 707.09)

Show broad location, but not depth (stage)

### ICD-10-CM

#### MECHANICAL COMPLICATION OF OTHER VASCULAR GRAFTS

156 codes including

- T82.310** Breakdown (mechanical) of aortic (bifurcation) graft (replacement)
- T82.311** Breakdown (mechanical) of carotid arterial graft (bypass)
- T82.312** Breakdown (mechanical) of femoral arterial graft (bypass)
- T82.318** Breakdown (mechanical) of other vascular grafts
- T82.319** Breakdown (mechanical) of unspecified vascular grafts
- T82.320** Displacement of aortic (bifurcation) graft (replacement)
- T82.321** Displacement of carotid arterial graft (bypass)
- T82.322** Displacement of femoral arterial graft (bypass)
- T82.328** Displacement of other vascular grafts

### ICD-10-CM

#### PRESSURE ULCER CODES

125 codes

Show more specific location as well as depth, including

- L89.131** Pressure ulcer of right lower back, stage I
- L89.132** Pressure ulcer of right lower back, stage II
- L89.133** Pressure ulcer of right lower back, stage III
- L89.134** Pressure ulcer of right lower back, stage IV
- L89.139** Pressure ulcer of right lower back, unspecified stage
- L89.141** Pressure ulcer of left lower back, stage I
- L89.142** Pressure ulcer of left lower back, stage II
- L89.143** Pressure ulcer of left lower back, stage III
- L89.144** Pressure ulcer of left lower back, stage IV
- L89.149** Pressure ulcer of left lower back, unspecified stage
- L89.151** Pressure ulcer of sacral region, stage I
- L89.152** Pressure ulcer of sacral region, stage II

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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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