

SUMMER 2006

PROVIDER NEWS

Got a Question? Our New, Streamlined Call Center Can Help

As part of our ongoing efforts to build upon the services we deliver to our providers, NHPRI is pleased to announce the opening of its new Customer Service Call Center, with representatives specially trained to respond to your needs more quickly and effectively. This will make working with us easier than ever.

By dialing our new phone number, you can get the answers to all of your questions. When you call **1-401-459-6020** between the hours of 8:30 a.m. and 5 p.m., you'll speak to one of our cross-trained representatives who will know how to help you—or where to go to get the information you need. And you can be sure they'll either answer your question at the time of the call or follow through by calling you back to make sure your issues are resolved.

"Everyone at NHPRI is very excited about the streamlined system we've put in place to provide better service to our providers," said Mary Evans, manager of Primary Care Services. "We value their feedback and believe the changes we've made will meet or exceed their expectations."

Use our one-stop Customer Service Call Center to get help with these and other operational issues:

- Learning the status of a claim
- Verifying eligibility or PCP assignments
- Requesting member education materials
- Asking pharmacy questions
- Updating a provider profile

"As it is with any business or enterprise, first impressions are hugely important," noted Kathy Riquinha, manager of Customer Service, Call Center Operations, at NHPRI. "Our Customer Service Call Center representatives set the tone for our company—they say who we are. At the end of the day, we want our providers to feel satisfied and taken care of." ●



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L. McTyeire Johnston, MD,
Chief Medical Officer

Doing Better: Delivering Routine Preventive Care Goals

This is the second of a series of articles on how we, both NHPRI and providers, can work for improved outcomes for our members and your patients. In this article, we will highlight routine screening and immunization recommendations for adults and children and discuss improvement opportunities in the office setting.

NHPRI maintains a set of Routine Preventive Care (RPC) Guidelines, as do many health care organizations. They are based on recommendations from the U.S. Preventive Services Task Force, the Centers for Disease Control and Prevention and many other national and local resources. We distribute these guidelines with the intent of assisting clinicians in the evaluation and treatment of patients. Evidence- and reference-based guidelines such as these offer the opportunity of more comprehensive service to patients and carry the challenge for providers to scrutinize their systems and ensure that they support this goal.

RPC ELEMENTS: SCREENINGS, RISK ASSESSMENT AND COUNSELING

Screenings include measuring height and weight, a physical exam, a developmental and behavioral assessment and testing blood lead levels for young children. Beginning at age 11, we suggest screening for sexual activity and consider pap smears and pelvic exams as needed. Adolescence adds more components, such as STD and depression screenings. As patients grow older, cholesterol tests, mammography and diabetes and colorectal cancer screenings make their way onto the list.

Risk assessment and counseling are components that should be incorporated

into every preventive visit. General topic areas include nutrition, physical activity, injury prevention, dental health, depression in children and adolescents, tobacco exposure, substance use/abuse, domestic violence, family planning and preconception counseling and safe sex practices, among others. The depth and breadth of this content is based on individual patient need and personal preference of the clinician. These recommendations can also be effectively implemented at non-preventive visits.

SYSTEMS TO SUPPORT RPC

Immunizations are an element of RPC that often benefits from a quality improvement tool known as the Plan, Do, Study, Act (PDSA) cycle. As applied to successful delivery of immunizations, the provider's office system:

- designs (Plan), then implements (Do) the supports they think are helpful, such as an immunization tracking sheet
- reviews (Study) the office's performance after a time period. For instance, after 4 months, review all patients seen in a day or week. Are the immunizations up-to-date?
- improves (Act) upon its system, such as adding a callback system.

This approach encourages providers to identify a need, make a "best guess" attempt to address the need, measure the results of the improvement, and finally adjust improved systems en route to even

better outcomes. Such cycles are meant to be done in a short period of time—three to six months, if not shorter—and involve a small sample of patients—as few as 30. Process improvement need not involve sweeping systemic change in the first pass. Rather, small cycles to test a change are put into motion, and then measurement prompts improvements.

SUCCESSFUL OUTCOMES: EFFECTIVE SYSTEMS DELIVERING QUALITY GUIDELINES

The goal for all of us, as a plan and as providers, is to achieve successful outcomes for our members and your patients. Plans have it easy; researching and distributing evidence- and reference-based guidelines is the simple part of the task. Providers face larger tasks: managing an office setting to successfully deliver those guidelines. NHPRI will continue to offer guidelines as a resource, and to suggest and support strategies for improvement.

Planning for needed change may seem hard in concept: What are the implications? Will change really pay off? Am I sure this is the best change? Effecting needed change in reality doesn't have to be that hard: Make an informed decision, implement a small change, measure the impact and use those insights to improve further. It's as simple as PDSA. ●

L. McTyeire Johnston MD

SOURCES: Guidelines are available at www.nhpri.org. Click on "For Providers," then "Clinical Programs." Paper copies of all guidelines are available upon request. Contact Lisa Franchetti at 1-401-459-6092. Information on structures supporting change can be found at the Institute for Healthcare Improvement website, www.ihl.org. The best specific link detailing rapid cycle change processes is www.ihl.org/IHI/Topics/Improvement/ImprovementMethods/HowToImprove.

Challenges of an Adolescent Well-Care Visit: Performing an Atraumatic “Parentectomy”

How to provide adolescent-sensitive services when a parent or caregiver is present

Adolescents tend to underutilize health care resources. The issue of confidentiality has been identified by both providers and young people as a significant access barrier to health care. Attempting to provide confidential services can cause great discomfort for youth, parents and providers if it is not handled in a sensitive manner. The following are recommendations that can facilitate a smooth transition from the parent-accompanied visit to the confidential adolescent visit.

ROADMAP

- Lay out the course of the visit.
- Explain your office policy regarding adolescent visits.
 - Verbally review your policy early in your interaction with the youth and parent.
 - Acknowledge that the youth is a minor and has specific legal rights related to consent and confidentiality.
 - Introduce the concept of fostering adolescent self-responsibility and self-reliance.
 - Reinforce that this policy applies to all teens in your practice, that this is not specific to this child.
- Validate the parent’s role in her child’s health and well-being.
- Elicit any specific questions or concerns from the parent.
- Direct questions and discussion to the youth while attending to and validating parental input.

REMOVE

- Invite the parent to have a seat in the waiting area, assuring her that you will call her back in prior to closing the visit.

REVISIT

- Once the parent is out of the room, revisit issues of consent and confidentiality with the youth, including situations when confidentiality has to be breached, such as suicide or abuse.
- Revisit areas of parental concern with the youth and obtain the youth’s perspective.
- Conduct the psycho-social interview and physical exam.
- Clarify what information from the psycho-social interview and physical exam the youth is comfortable sharing with parent.

REUNITE

- Invite the parent back in to close the visit with both parent and youth present. Additional ways to explain your policy regarding confidentiality may include a letter to all new adolescent patients and their parents, or posters in the waiting area explaining adolescent consent and confidentiality. Resources are available to download from the Adolescent Health Working Group’s Adolescent Provider Toolkit, updated in 2003, www.ahwg.net/resources/toolkit.htm.
Creating a safe environment for adolescents to discuss issues concerning their health will facilitate the best possible care and counseling to respond to their needs. ●



**MEET
OUR NEW
ASSOCIATE
MEDICAL
DIRECTOR,
DR. DAVIS**

In January 2006, NHPRI was very pleased to welcome Stephen W. Davis, MD, as its new Associate Medical Director.

Dr. Davis’ responsibilities include: utilization review, quality review (medical complaints), new technology evaluations, credentialing and patient education, such as adolescent well visits and ER usage.

Dr. Davis’ prior work history has included serving on the faculty of Brown University’s Department of Family Medicine based at Memorial Hospital of Rhode Island, and for 16 years he also worked at the James Silvia Health Center in Tiverton, a branch of the East Bay CAP health centers. He continues to work with Brown University medical students through the new “doctoring” part of the curriculum.

Dr. Davis received his BA from Dartmouth College, his MD from Brown University and his MPH from the University of Massachusetts at Worcester.

“Underserved populations are lacking in many areas. I am proud to be part of an organization that recognizes some people need a gentler and more supportive approach.”

—Stephen Davis
Associate Medical Director

This article complements a corresponding article, “What to Expect from Your Teen’s Doctor Visit,” from the summer issue of the member newsletter, *Close Friends*.

PROVIDER NEWS

REMINDER: FIND CURRENT FORMS ONLINE!

Go to www.nhpri.org or call Customer Service at **1-401-459-6020** to find the appropriate forms for the following:

- Interpreter service requests
- Transportation service requests
- Member education requests



CLINICAL GUIDELINES ONLINE

Access to NHPRI's guidelines on clinical practice, prenatal care and preventive health are available through our website, www.nhpri.org. Several guidelines are being reviewed in summer 2006 and include diabetes, ADHD Management and smoking cessation in pregnancy and in primary care, as well as the Routine Preventive Care Guidelines. Be sure to check the website for updates.

To access these guidelines, click on "For Providers," then "Clinical Programs." Paper copies of all guidelines are available upon request. Contact Lisa Franchetti at **1-401-459-6092**.

Rite Smiles—Dental Care for Kids



Rhode Island is starting a new dental program September 1, 2006, for Medicaid-eligible children enrolled in Rite Care, Rite Share or Medical Assistance called Rite Smiles. To be eligible, children must be born on or after May 1, 2000. Rite Smiles is designed to increase access to dental care for children on Medical Assistance.

Approximately 30,000 children in Rhode Island are currently eligible for Rite Smiles. Children will remain in the program as they age, so each year the age of the children in the program will increase.

In addition to informing you and your staff about Rite Smiles, the Department of Human Services (DHS) wants you to know that the state is contracting with a newly formed dental plan: UnitedHealthcare Dental—Let's Smile.

DHS, in collaboration with the Rhode

Island Department of Health, is promoting preventive dental care at an early age to avoid more serious dental problems later on. We need your help! Families are far more likely to visit a physician than a dentist when their child is young. We want physicians and other health care professionals to be aware of this new program and to refer families on Medicaid to the program if they have young children.

Physicians can help by promoting good oral health at an early age and by referring children to dentists often and early. The American Academy of Pediatric Dentistry recommends children see a dentist by their first birthday. ●

FOR MORE INFORMATION ON RITE SMILES, PLEASE CALL THE DHS INFO LINE AT **1-401-462-5300**.

To view up-to-date pharmacy changes approved by NHPRI's Pharmacy and Therapeutics Committee, please visit our website at www.nhpri.org, then follow the links "For Providers" and "Pharmacy Info."

Helping Patients in Primary Care with Alcohol Problems

by Paul Acford, LICSW, Beacon Health Strategies

According to the 2003 National Survey on Drug Use and Health, heavy drinking was reported by 6.8 percent of the population age 12 or older (16.1 million people). This same report indicated that 22.6 percent of people age 12 or older participated in binge drinking at least once in the 30 days prior to the survey. It is estimated that more than 100,000 people die from alcohol-related diseases and injuries each year.¹ About 3 in 10 adults engage in some kind of risky drinking behavior, ranging from occasional to daily, heavy drinking.²

According to the National Survey of Primary Care Physicians and Patients on Substance Abuse, only one-third of primary care physicians routinely conduct thorough screenings for alcohol problems.³ At the same time, the American Society of Addiction Medicine estimates that over two-thirds of those with alcohol or substance abuse problems see a primary care or urgent care physician every six months. This means you are in a **crucial** position to make a difference by screening for alcohol problems and providing brief interventions or a treatment referral when needed.

A growing body of research demonstrates that **primary care practitioners can significantly reduce both problem drinking and its medical consequences**—especially for patients who are not alcohol dependent—by conducting brief interventions.⁴ If you are not already doing so, we encourage you to incorporate



alcohol screening and interventions into your practice.

The process of screening and providing brief interventions is described in a publication by the National Institute on Alcohol Abuse and Alcoholism, a component of the National Institutes of Health. The guide is entitled, “Helping Patients with Alcohol Problems: A Health Practitioner’s Guide” and is available at www.niaaa.nih.gov/publications/Practitioner/HelpingPatients.htm. ●

MORE RESOURCES ARE AVAILABLE, AND QUESTIONS CAN BE ANSWERED, BY CONTACTING BEACON HEALTH STRATEGIES AT 1-800-215-0058.

¹ Stinson FS, Nephew TM, Dufour MC, Grant BF. State Trends in Alcohol-Related Mortality, 1979-92. U.S. Alcohol Epidemiologic Data Reference Manual, Volume 5, First Edition. Bethesda, MD: NIAAA; 1996.

² National Institute on Alcohol Abuse and Alcoholism. Unpublished data from the 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), a nationwide survey of 43,093 U.S. adults aged 18 or older.

³ Missed opportunity: National survey of primary care physicians and patients on substance abuse. Columbia University, Center on Addiction and Substance Abuse (CASA); 2000.

⁴ Screening and brief intervention for alcohol problems. Tenth Special Report to the U.S. Congress on Alcohol and Health. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism; 2000: 429-443. NIH Publication No. 00-1583.

A1C POINT-OF-CARE TESTING

The NHPRI Diabetes Program has developed diabetes clinical practice guidelines based on the annual guidelines from the American Diabetes Association (ADA). These guidelines recognize that glycemic control is fundamental to the management of diabetes.

The A1c goal for diabetes patients in general is less than 7 percent. The goal for the individual patient is an A1c as close to normal as possible, less than 6 percent, without significant hypoglycemia. A1c should be tested every 6 months in patients who are meeting treatment goals and every 3 months in patients whose therapy has changed or who are not meeting glycemic goals. The 2006 guidelines emphasize that the use of point-of-care (at the time of a patient visit) testing for A1c allows for timely decisions on therapy changes, when needed, and can stimulate discussion during the visit of patient self-management goals.

The NHPRI Diabetes Program has a case management component to assist practitioners with the management of adult NHPRI members (those 18 or older) who are not meeting A1c goals. Deborah Durning, RN, is eager to work with members in your practice whose A1c is greater than 9 percent and can be contacted at **1-401-459-6178**.

REMINDER: BIRTH CERTIFICATES AND MEDICAID

More than 50 million Medicaid recipients will soon have to produce birth certificates, passports or other documents to prove that they are United States citizens, and everyone who applies for coverage after June 30 will have to show similar documents under a new federal law.

This change will impact everyone who participates in the Rte Care program. If your patients have lost their birth certificates, they will need to order a replacement certificate with an embossed seal of the issuing agency on it.

People born in Rhode Island who need a replacement copy can call the Rhode Island Vital Records Department at **1-401-222-2812** between 8:30 a.m. and 4:30 p.m., Monday through Friday.



After-Hours Access Continues to Improve



NHPRI is pleased to report that the after-hours telephone service provided by our primary care practitioners continues to improve.

NHPRI staff annually survey the after-hours telephone coverage available at primary care practices serving 150 or more of our members. The 2005 survey included a total of 83 sites, representing 91 percent of NHPRI's enrollment at the time of the survey. The results demonstrated improved methods of access when compared to 2004 data. For example, 86 percent of the practices surveyed offered both an answering machine and answering service, compared to 69 percent in 2004.

Also, 70 percent of the practices offered after-hours coverage in English, Spanish

and/or other languages, up from 67 percent in 2004. Among sites serving 500 or more members that were identified in 2003 as offering after-hours coverage in English only, 33 percent offered coverage in an alternative language when surveyed in 2005. This is an especially important issue, as more than a quarter of NHPRI's members speak a language other than English, most often Spanish.

Addressing the need to provide effective after-hours telephone coverage, and in the languages needed by our members, can play an important role in caring for patients outside of the Emergency Department. NHPRI applauds the hard work of our primary care practitioners on this important aspect of patient care. ●

IMPORTANT REMINDER

Effective June 15, 2006, all claims submitted without the provider and vendor identification number will be returned to providers for correction and resubmission. This information is required on all paper-submitted claims.

Rhode Island Newborn Screening to Cover 29 Conditions

Newborn screening in Rhode Island is undergoing a significant change. As of July 1, 2006, infants will be screened for 17 additional conditions. This change is consistent with a national trend toward expanded newborn screening, which is made possible by advances in screening technology.

The number of conditions that newborns are screened for is determined by each state and varies greatly among states. To address these differences, the American Academy of Pediatrics called for federal recommendations for newborn screening. In 2004, the Health Resources and Services Administration (HRSA) commissioned the American College of Medical Genetics

(ACMG) to study and report on potential conditions for newborn screening. The 2005 ACMG report recommended that states consider newborn screening for a core panel of 29 conditions.

The Rhode Island Newborn Screening Task Force, chaired by James Padbury, MD, Chief of Pediatrics at Women and Infants' Hospital, reviewed the 17 new conditions in the ACMG recommended panel. The task force determined that these additional conditions meet criteria for newborn screening in Rhode Island and recommended them for approval. The recommendation was accepted and a regulatory change was subsequently passed.

The 29 conditions fall into five categories:

- Amino acid disorders
- Organic acid disorders
- Fatty acid oxidation disorders
- Hemoglobinopathies
- A group of six other conditions, including hearing loss and cystic fibrosis

Newborn screening will still use dried blood spots obtained via the newborn "heel stick," which is done in the first 24 to 48 hours of life. Sample collection techniques and the amount of blood required will remain the same. Keeping with current program practices, normal results will be mailed to pediatricians and available in KIDSNET. Abnormal results will be reported to pediatricians and specialty care providers via telephone and a follow-up fax. ●



For more information about these changes, contact the Rhode Island Newborn Screening Program at **1-401-222-5982**. General information about expanded newborn screening is available from the following websites:

- genes-r-us.uthscsa.edu
- www.medicalhomeinfo.org/screening/newborn.html
- www.marchofdimes.com/professionals/580.asp

FOR MORE INFORMATION

If you have questions about our case management programs or your medical review authorization status, please call our Medical Management Department at **1-800-963-1001**.

HELP YOUR PATIENTS STAY ELIGIBLE FOR RITE CARE HEALTH INSURANCE

Did you know that NHPRI members need to renew their health insurance at least once a year? Please help us remind members of this fact and direct them to the Department of Human Services (DHS), **1-401-462-5300**, with any questions. Also, if you learn that an NHPRI member has moved or changed mailing address, please remind her/him to contact both NHPRI and DHS with this information. These reminders may seem like small gestures, but they can have a big impact in helping children and families stay well.



PROVIDER NEWS

Medical Management Department Recruiting Physician Reviewers and Consultants

NHPRI's Medical Management Department provides comprehensive, accessible, quality health care services in a way that optimizes efficient use of the health system's resources. The effectiveness of NHPRI's utilization review process relies on the expertise of our Chief Medical Officer (CMO) and Associate Medical Director (AMD), as well as on their collaboration with other network physicians. These physicians have the clinical expertise and willingness to ensure NHPRI's medical review decisions are consistent with professional standards and norms.

NHPRI reimburses physicians for their expert consultation to our Medical Management staff for identified cases. We are actively recruiting practitioners of all specialties, and hope that you will consider working with us.

QUALIFICATIONS

- Physician, unrestricted license in Rhode Island or elsewhere
- Board-certified in a primary care or other relevant specialty
- Previous clinical practice and/or health plan experience
- Ongoing part-time or full-time

clinical practice preferable

- Excellent analytical and communication skills
- Available on an ad hoc basis

RESPONSIBILITIES

Physician Reviewers

- Assess available clinical information and data on any case not meeting NHPRI's established criteria to make medical necessity decisions.
- Gather additional information from physicians caring for members and, as necessary, discuss alternative levels of care.
- Provide specialty or subspecialty expertise, including consideration of local community standards of care.
- Review NHPRI's Clinical Medical Policies upon request.

Physician Consultants

- Discuss and make recommendations to NHPRI's Medical Review staff, AMD or CMO when contacted for medical necessity decisions.
- Provide specialty or subspecialty expertise, including consideration of local community standards of care.
- Review NHPRI's Clinical Medical Policies upon request. ●

If you are interested in becoming a Physician Reviewer or Physician Consultant or for more information, please complete the form below and fax or mail to:

**Neighborhood Health Plan of Rhode Island
Medical Management Department, Attn: Kathleen Calandra
299 Promenade Street
Providence, RI 02908
Phone: 1-401-459-6000 / Fax: 1-401-459-6023**

Name: _____ Specialty: _____

Phone number: _____ Best time to be reached: _____

Position you are interested in: _____

**REMINDER:
BILLING PRACTICES**

In their contract with Neighborhood Health Plan of Rhode Island (NHPRI), practitioners accept the NHPRI fee schedule, and therefore cannot bill or balance bill members. Other than allowable copayments or deductibles, in no event can the practitioner bill, charge or have any recourse against NHPRI members for services provided by the practitioner under their agreement with NHPRI.

Our practitioners, their staff and billing subcontractors may contact NHPRI's Customer Service Department at **1-401-459-6020** with billing issues. Our Customer Service Department is also available to assist with member education and outreach to ensure that our members' and providers' needs are being met.



**Neighborhood
News**

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KIDSNET Reports: A Great Resource for Your Practice

Developed and maintained by the Rhode Island Department of Health, KIDSNET, www.health.ri.gov/family/kidsnet, facilitates the collection and appropriate sharing of immunization and lead screening data with health care providers, parents, MCH programs and other child service providers in order to facilitate timely and appropriate preventive health services.

NHPRI wants providers to be aware of this reporting tool and congratulates those practices that have used the lead screening and immunization reports as a tool to follow-up on services that their patients need.

In March 2006, 26 pediatric practices generated reports of children in their practice who have never been screened for

lead poisoning. Any practice with access to the KIDSNET web application can run reports on children who are in need of lead screening. Reports can be run by age or date of birth, or a report can be run on all unscreened children in the practice.

In addition, three participating practices produced the immunization report and sent HEALTH immunization histories so that this information can be updated in KIDSNET.

Thank you for your help in ensuring all children in Rhode Island are appropriately screened for lead and are fully immunized. If your office would like to run a lead screening or immunization report and you need a training review, contact your KIDSNET representative or call the KIDSNET Help Desk at **1-401-222-4220**. ●

