Neighborhood Health Plan of Rhode Island

Neighborhood News

A Newsletter for Neighborhood Health Plan of Rhode Island's Practitioner and Provider Community

SPRING 2005

PROVIDER NEWS

Chlamydia Screening: Improving Young Women's Health

The sexually transmitted disease chlamydia is a growing health problem in the state of Rhode Island. "The number of cases of chlamydia reported to the Department of Health has grown substantially since 1995," said Lisa Franchetti, Quality Management Project Coordinator at Neighborhood Health Plan of Rhode Island.

Untreated chlamydia infection can cause pelvic inflammatory disease, which can lead to more serious problems, including infertility. Despite that, Franchetti cites data that shows less than half of sexually active women ages 15 to 25 are screened annually for chlamydia. "Because most women with chlamydia don't have symptoms, they often don't know they have the disease," said Franchetti.

One effective tool is a simple urine test for chlamydia. Such tests are easy to do, noninvasive and more sensitive than earlier tests. "Urine tests are as accurate and reliable—if not more so—than many of the basic cervical swab tests," Franchetti said, adding, "And more young women are likely to sign up for a screening if they only need to give a urine sample."

Neighborhood Health Plan of Rhode Island, in collaboration with UnitedHealthcare of New England and Blue Cross & Blue Shield of Rhode Island, recently sent out 2,100 chlamydia screening toolkits to primary care physicians and OB/GYN doctors throughout the state. The toolkits include U.S. Preventive Services Task Force screening recommendations, a listing of local labs that provide urine screening kits and patient education materials in English and Spanish.

This important public health initiative also has the valuable support of:

- Rhode Island Department of Health
- Quality Partners of Rhode Island, an independent organization committed to improving health care quality
- Jeffrey F. Peipert, MD, MPH, professor in obstetrics/gynecology at Brown University.

With your help, more young women—a population traditionally hard to reach—can be screened for chlamydia and get needed treatment. To find out how you can help this initiative, or if you did not receive a toolkit, please call Lisa Franchetti at (401) 459-6092. ●

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FIND US ONLINE AT: WWW.NHPRI.ORG

OUR NETWORK GROWS

Neighborhood Health Plan of Rhode Island (NHPRI) is pleased to welcome two new specialty practices to our network: The Neurology Foundation, Inc. and University Orthopedics, Inc.

The Neurology Foundation, Inc. has offices in Providence, East Providence and Newport. This practice offers adult neurology services at all locations and pediatric neurology at the Providence office. Please call **(401) 444-3032** for more information.

University Orthopedics, Inc. has three offices in Providence and offices in Newport, East Providence, East Greenwich and Johnston. This practice offers orthopedics and orthopedic surgery, including pediatric orthopedic surgery. Physical and hand therapy facilities are also available at some sites. For appointment availability, please call the University Orthopedics Appointment Coordinator at **(401) 457-2118**. For general information, please call **(401) 457-1500**.

WE'RE CELEBRATING OUR 10TH ANNIVERSARY

Neighborhood Health Plan of Rhode Island was founded in 1995. As we celebrate the 10th year of serving our members and the community, we thank you for pairing with us to better serve the community. We are honored to have you as part of our service family.

New Tools for Patient Education

L. McTyeire Johnston, MD, Interim Medical Director

"To write prescriptions is easy, but to come to an understanding with people is hard."

—*Franz Kafka,* The Country Doctor

Our experience with the judicious use of antibiotics for upper respiratory infections has taught us how right Kafka was. We have long known that most upper respiratory infections are viral in nature. But delivering that lesson to patients has required more. Success in teaching our patients about unnecessary treatments required a large public health campaign, with lessons broadcast in the media, teaching tools for providers to offer patients and, as Kafka implies, plain old hard work by providers to teach patients the best course of treatment.

Treating URIs is but one example of the innumerable teaching situations providers face daily. As our knowledge base gets deeper, and as we discover more milestones to be reached in delivering comprehensive care, the information our patients need to know deepens. Just as we increasingly need technology to track data and reports, we must use more tools to provide thorough patient education.

Some of the tools are new, some are old. Established methods include patient handouts, teaching models, chalkboard diagrams and monitoring devices. New tools include multidisciplinary teams, group visits and intensive case management. Providers and insurers, like NHPRI, struggle to define and incorporate new approaches.

In the coming months there will be increasing conversation about the "chronic care model."[1] This approach to delivering improved patient care encourages:

- patient self-management education and support
- redesigned delivery systems to increase team care and teaching
- technology to provide practices with a registry of their specific populations (e.g., all diabetics)
- timely reminders for chronic milestone maintenance
- guideline reference points to support clinical decision making.

The chronic care model is one new approach that holds the promise of improved care.

As health care providers continue to "come to an understanding" with their patients, there is a richer promise of increasing quality care. Patients will benefit from new tools and new approaches. Change may come slowly to insurers and providers, but for our patients' benefits, we must make sure that change comes.

L McTyeire Johnston MD

1. Casalino, Lawrence P., MD, PhD, "Disease Management and the Organization of Physician Practice," *Journal of the American Medical Association*, v. 293 no. 4, pp. 485-488.

Open Access Scheduling Benefits Patients and Physicians

Meeting patient demand for appointments and improving patient satisfaction are two top issues in primary care. To address these concerns, many offices are moving toward an open access model. In open access scheduling, patients calling to see their physician are offered appointments that same day.

EASING YOUR OFFICE'S WORKLOAD

Traditionally, many physician offices have been skeptical about open access. "Under open access, doctors think they will have to work even more than they already do," said Mary Evans, Senior Project Manager with Neighborhood Health Plan of Rhode Island. "In fact, studies have found that open access often makes better use of physicians' time by matching supply and demand on a daily basis," she said.

Open access may also help fix scheduling problems such as long office wait times and inadequate visit lengths. "Although the research is still limited, some case studies have found that open access can improve clinical outcomes and patient satisfaction. There is also evidence that open access may simplify office processes and improve revenue," Evans said.

With open access, patients are not only waiting less, they're getting more care. One study found that 27 percent of people with health problems had difficulty getting a doctor's appointment. These patients often then go to the emergency room, even though they don't have a medical emergency. "By giving patients timely access to primary care, ER utilization can also be reduced," Evans said.

MAKING THE TRANSITION

Interested in moving to an open access model? Evans offers these suggestions on how to start slowly:

- Collect baseline data on demand, capacity, panel size and continuity rates in your practice.
- Limit the types of appointments you offer to just one "short" or "long" appointment model.
- Rethink how your office handles routine office visits.
- Develop a contingency plan for vacations, back-to-school season, flu season and other special circumstances.
- Begin to work down backlog appointments before moving to open access. And be patient. Implementing this type of model usually takes six to nine months, according to the medical literature.

NHPRI is participating in a collaborative study to expand open access scheduling in the state. You can be a pilot practice and experience first-hand the benefits of open access. If you are interested, please contact Alison Croke, Senior Project Manager at NHPRI, at (401) 459-6171. ●

NHPRI Physicians Improving After-Hours Access

Neighborhood Health Plan of Rhode Island (NHPRI) is delighted with the after-hours coverage provided by our primary care practitioners.

NHPRI staff annually survey the after-hours telephone coverage available at primary care practices serving 150 or more members. The 2004 survey demonstrated improved methods of after-hours access when compared to data from 2003. More than two-thirds of the practices surveyed (69 percent) offered both an answering machine and answering service, a significant increase from the 16 percent of practices that offered this combined after-hours coverage in 2003.

Also, 55 percent of these practices offered after-hours coverage in English, Spanish and Portuguese in 2004, up from 16 percent in 2003. Among sites serving 500 members or more that were identified in 2003 as offering after-hours telephone coverage only in English, 65 percent offered after-hours telephone coverage in an alternative language when surveyed in 2004.

While primary care practitioners are clearly working to eliminate language barriers and improve after-hours telephone coverage, there are opportunities for improvement. More than a quarter of NHPRI's RIte Care population speaks a language other than English, most often Spanish.

Congratulations are due for the great work that has been done on this important patient care issue. Effective after-hours access can play an important part in caring for patients outside of the Emergency Department. We look forward in the year ahead to working with our primary care practitioners on continued improvements in after-hours telephone coverage. ●

Spring 2005 Pharmacy Changes* Approved by NHPRI's Pharmacy and Therapeutics Committee—As Of February 23, 2005

**Pharmacy changes within the last 12 months.*

MEDICATIONS MODIFIED OR ADDED	COMMENTS
Accupril	There will be no restrictions on this product.
Adderall XR	Previous AGE EDIT removed.
Concerta	Previous AGE EDIT removed. QUANTITY LIMIT of 60 tablets per 30 days will be allowable for the 36mg strength.
Crestor	Patient must fail Lipitor 40mg or higher. Prior authorization required. Please call **(401) 459-6688**.
Epzicom	There will be no restrictions on this product.
Glucophage XR	There will be no restrictions on this product.
Glucovance	There will be no restrictions on this product.
Lofibra	There will be no restrictions on this product.
Metadate CD	Previous AGE EDIT removed.
Miralax	Previous STEP THERAPY EDIT removed.
Omnicef 250mg/5mL Suspension	There will be no restrictions on this product.
Paxil CR	Not covered for ages <18. New STEP THERAPY EDIT. Prior trial of citalopram, fluoxetine, or paroxetine IR (Not covered for ages <18) in the past 90 days required.
Ritalin LA	Previous AGE EDIT removed.
Singulair	Covered for asthma only. Previous STEP THERAPY EDIT increased to look back 6 months for asthma medications. Oral corticosteroids will not be qualifiers.
Spiriva	There will be no restrictions on this product.
Strattera	Previous STEP THERAPY EDIT and AGE EDIT removed.
Tricor	There will be no restrictions on this product.
Truvada	There will be no restrictions on this product.
Viagra	Quantity limit of four tablets per month.
Vytorin	There will be no restrictions on this product.
Xolair	Prior authorization required. Please call **(401) 459-6688**.
Zoloft	New STEP THERAPY EDIT. Prior trial of citalopram, fluoxetine, or paroxetine IR (Not covered for ages <18) in the past 90 days required.

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NHPRI IN THE "TOP 10"

According to NCQA, "The NCQA's top ten lists are reserved for the best of the best." To be named one of the top plans in the nation on clinical quality is a credit to Neighborhood Health Plan of Rhode Island, to its staff and to the culture it has created. It is also a sign to members that they are in good hands. This honor reflects NHPRI's commitment to providing the best care and service available.

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Spring 2005 Pharmacy Changes* Approved by NHPRI's Pharmacy and Therapeutics Committee—As Of February 23, 2005

**Pharmacy changes within the last 12 months.*

MEDICATIONS REMOVED	PREFERRED MEDICATIONS
Bactroban 2% Cream and 2% Nasal Ointment	Mupirocin 2% Ointment
Bextra	Generic NSAIDs
Celebrex	Generic NSAIDs
Lexapro	Formulary SSRIs: citalopram, fluoxetine, or paroxetine IR (Not covered for ages <18)
Lifescan (One Touch) diabetic supplies	Roche's (Accu-Chek) diabetic supplies
Lunelle	Formulary hormonal contraceptives including Depo-Provera and Ortho Evra
Prenatal Vitamins: Materna, Natafort, Natalvit, Obstetrix-100, Prenatal Combopak, Prenate 90, Prenate Ultra, Stuart Natal plus 3, Precare Prenatal Caplet, Strongstart, Stuart Natal Plus	Cal-Nate, Nutrinate, Natatab, Ultra Natalcare, Natalcare Plus, Prenatal RX, Advanced Natal Care, Vinate GT, Prememsis RX
Preven	Plan B
Vioxx	Generic NSAIDs

MISCELLANEOUS
Generics are mandatory.
Infertility medications are not covered for RIte Care.
Medications used cosmetically are not covered.
Formulary OTCs covered for RIte Care.
Does your patient need an extra asthma inhaler for school or day care? If so, please call the Pharmacy Help Desk at **(401) 459-6688** for a pharmacy authorization.
Prescriptions written for amphetamine sulfate, dextro amphetamine sulfate, methamphetamine hydrochloride, methylphenidate and amphetamine mixtures, may be written for up to a sixty- (60-) day supply with a maximum of two hundred fifty (250) dosage units, as determined by the prescriber's directions for use of the medication.

For our complete e-Formulary, please visit **www.nhpri.org**.

Prenatal Depression Just as Common as Postpartum

When pregnant women and new mothers talk to their doctors about their emotional health, physicians can encounter one of the most common—yet treatable—maternal morbidities: depression.

"Promptly identifying and starting treatment in women who are depressed during pregnancy or postpartum protects the mother and her baby," said Loren Sidman, Behavioral Health Supervisor at NHPRI. Guidelines on maternal depression indicate early identification and treatment can help ensure proper attachment between mother and infant. Timely diagnosis and therapy may also help improve clinical outcomes for newborns. Research has linked prenatal depression with low birth weight and a higher use of neonatal intensive care services. Further, it can put children at risk for emotional, behavioral and cognitive problems.

DEPRESSION OFTEN STARTS DURING PREGNANCY

Experts say that maternal depression during pregnancy is more common than previously thought. One study says that almost 14 percent of women in their third trimester suffered from depression—a number close to the 10 to 15 percent of women who develop postpartum depression. Also, experts say that half of depressed pregnant women go on to develop postpartum depression.

NHPRI network physicians should also be aware that low socioeconomic status is a key risk factor for prenatal depression. In one study, 47 percent of pregnant women in lower socioeconomic brackets scored high on the Beck Depression Inventory, compared to 20 percent of pregnant women in higher brackets.

CHARACTERISTICS OF POSTPARTUM DEPRESSION

Depression during and after pregnancy presents similar symptoms to clinical depression. But postpartum depression does have some unique characteristics. Mothers may show very little interest in their baby. Conversely, they may be overly worried about the newborn. Women may also voice concern about harming themselves, the baby or their partner.

BEACON AND BRIGHT START READY FOR REFERRALS

Physicians can turn to two NHPRI resources whenever they suspect a patient is depressed: Beacon Health Strategies provides a care management and referral program for pregnant women. Contact Beacon toll-free at **1-800-215-0058**. NHPRI's Bright Start prenatal program works very closely with Beacon to coordinate care for pregnant women and new mothers. To make a referral through Bright Start, call a Case Manager at **(401) 459-6675** or **(401) 459-6147**.

Also, NHPRI and Beacon Health Strategies recently sent a toolkit to practitioners for use in identifying and treating or referring women who may be affected by postpartum depression. If you did not receive a toolkit, please contact Loren Sidman at **(401) 459-6114**.●

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 directly with billing issues (call Delivery System Development at **(401) 459-6030** or contact your assigned Provider Relations Representative). Our Member Services Department is also available to assist with member education and outreach to ensure that our members' and providers' needs are being met. Contact Member Services at **1-800-459-6019** or **1-800-963-1001**.

ECP: AN IMPORTANT RESOURCE FOR YOUR PATIENTS

Emergency contraception is pregnancy prevention after unprotected sex, suspected contraceptive failure or rape. It should be discussed during routine visits with all women who may be at risk for unintended pregnancy in the event that their usual contraceptive method fails. Hormonal emergency contraception pills can significantly reduce the risk of pregnancy (75 to 89 percent effective). This is a safe and effective method of contraception; women who have used it report high levels of satisfaction.

The ECP (emergency contraceptive pill) covered by NHPRI is Plan B, a medication approved by the FDA. The sooner emergency contraception is taken, the more effective it is, so routine education of women on this subject is most important. There are no medical contraindications to ECP use. Known pregnancy is a contraindication, but this reflects the lack of benefit rather than any risk to the pregnancy, since use of hormonal contraception during early pregnancy carries no risk of damage to an embryo.

Advance prescriptions for ECPs are appropriate and should be offered to all women who may be at risk for contraceptive failure, unprotected sex or rape. Advance provision of a prescription for ECPs will increase a patient's awareness and her ability to access the medication as soon as possible.

Helping Everyone Be Safe at Home

Many women and children are not safe at home. Women get more injuries from their husbands or male partners than from any other cause. And each year, 1.4 million children are abused at home.

If you suspect a patient is facing domestic abuse, there are many resources available that can offer help. Here is a list of some of the crisis hot lines, rape crisis centers, women's shelters and mental health clinics in your community:

Women's Center of Rhode Island, Providence
Business: (401) 861-2760
Hot line/crisis: (401) 861-2760

Sojourner House, Inc., Providence and Northern Rhode Island
Business: (401) 861-6191
Hot line/crisis: (401) 765-3232
Toll free: (401) 658-4334

Domestic Violence Resource Center of South County
Business: (401) 782-3995
Hot line/crisis: (401) 782-3990

Women's Resource Center, Newport and Bristol Counties
Business: (401) 846-5263
Hot line/crisis: (401) 847-2533

Blackstone Valley Advocacy Center
Business: (401) 723-3057
Hot line/crisis: (401) 723-3057

Elizabeth Buffum Chase House, Inc., Warwick
Business: (401) 738-1700
Hot line/crisis: (401) 738-1700

Domestic Violence/Sexual Assault Unit, Attorney General's Office
(401) 274-4400

Restraining Order Office*
(401) 458-3372

Rhode Island Coalition Against Domestic Violence
Provides information and education programs.
(401) 467-9940

**To get a restraining order after 4 p.m. or on weekends, call your local police department. The police have access to a judge.*

Claims Corner: Did You Know?

- When a member is seen outside of standard practice hours, the time of the physician/member encounter should be documented precisely on the member's medical progress note.
- Auto Audit Edit 41 flags procedures billed with incompatible diagnosis codes. Inaccurate coding and the use of nonspecific or unlisted codes hinder timely reimbursements. Please verify your coding and resubmit a corrected claim in the case of retractions.

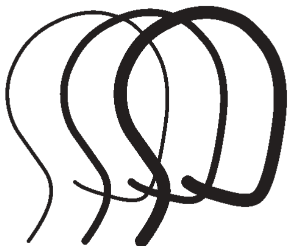
- Auto Audit Edit 37 assesses the level and frequency of E&M coding. NHPRI adheres to the 1995 Medicare Guidelines. Claims denied for this edit should be reviewed and resubmitted with the appropriate CPT Code that supports the visit.
- Comprehensive and legible documentation is crucial to expedite the medical review process.
- Your four- or five-digit Provider Number must be put in addition to your four- or five-digit Vendor Number on the HCFA-1500 form. These numbers should appear in Box 33 PIN and GRP number. This is an NHPRI requirement, and claims may be denied if these numbers are omitted.
- The current Place of Service codes are two-digit numeric codes. Two-digit letter codes, for example "OV," are no longer valid. If you would like a current listing of active Place of Service codes, please contact your Provider Relations Representative. ●

GUIDELINE UPDATE

Access to NHPRI's guidelines on clinical practice, prenatal care and preventive health is available through our website, **www.nhpri.org**. Please note the "Prenatal Care" clinical practice guideline was updated in January 2005 and a new "Screening for Depression" clinical practice guideline was approved in November 2004.

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

Brain Injuries: Be Aware of the Signs



Do a patient's symptoms include:

- headaches or seizures?
- changes in physical health?
- changes in mood, personality or behavior?
- problems communicating, paying attention or thinking?
- any other mental problems or changes that concern you?

These signs may indicate a brain injury. NHPRI works in partnership with the Brain Injury Association of Rhode Island to provide comprehensive and timely care for such injuries.

For a free fact sheet about brain injuries, call the Brain Injury Association of Rhode Island at (401) 461-6599 or toll free 1-888-824-8911. ●

KEEP IN TOUCH

Your practice may experience changes in management, practitioners, location, telephone and fax numbers or hours of operation. When changes occur, please remember to contact Provider Relations within Neighborhood Health Plan of Rhode Island's Delivery System Development (DSD) Department so we can update your practice information on record. You may call your Provider Relations Representative directly, or call **(401) 459-6030** with updated information.

NHPRI Provider Manual, which is available on our website, **www.nhpri.org**, contains forms for New Practitioner Notification, On-Call Provider Group Notification and Practitioner Termination Notification. Completed forms may be faxed to NHPRI at **(401) 459-6066**. Thank you.

Neighborhood
News

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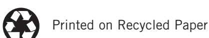

The Link Between Mood and Exercise

When a patient complains of stress or bad moods, don't forget to consider the often overlooked link between mood and activity as a possible solution. Studies show that regular exercise may improve mood, control stress, increase energy, relieve tension, boost self-esteem and alleviate PMS. Even severe depression and anxiety disorders respond positively to physical activity.

There's more good news: Women may attain mental health gains as soon as they start exercising. After one 30-minute workout, women in one study had fewer anxiety-related thoughts than they did before exercise.

WHICH EXERCISE IS BEST?

The mood-boosting effects of aerobic exercise, such as jogging or walking, are well established. However, non-aerobic exercises, such as weight training or gardening, may be just as effective. In one study, women with depression were randomly assigned to either weight lifting or running. After eight weeks, both groups experienced similar decreases in depression.

Exercises designed to encourage relaxation also are effective mood boosters. Examples include yoga or tai chi—both of which incorporate deep breathing and slow, choreographed movements.

TIPS FOR MENTAL FITNESS

Here are some pointers to share with patients so they can maximize the mental health benefits of their workout:

- Pick an exercise that you enjoy. Engaging in activities that you like will naturally boost your mood.
- Start at a moderate pace. Studies show that moderate- and high-intensity activities bring similar psychological benefits. Also, less-active people may be more likely to drop out of strenuous exercise programs.
- Schedule longer sessions. Evidence suggests that 20- to 40-minute sessions are better for your mental health than shorter bouts.
- Exercise with a friend or take a class. Studies show that people who exercise in groups may experience more positive mental health effects than those who exercise alone.
- Get outside in the daylight. Exposure to light can be therapeutic for people who suffer from seasonal depression.
- Consider potential stressors. For instance, exercising in a crowded gym may negatively affect your mood if you've been fighting traffic. This might be the day to go for a walk or try those yoga moves you learned. ●

FOR MORE INFORMATION ABOUT BEHAVIORAL HEALTH SOLUTIONS, CALL BEACON HEALTH STRATEGIES AT **1-800-215-0058**.

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