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HEPATITIS A IMMUNIZATION

by Dr. Thomas Huffer

Most providers are aware that the Advisory Committee on Immunization Practices (ACIP) currently recommends the hepatitis A immunization for all children between ages 1 and 2. However, many providers are unaware that the goal is to eventually have all children nationwide immunized against hepatitis A. Also, many providers are unaware of why this immunization was recommended by ACIP in 2006.

Before 2006, Hepatitis A was a common infection that caused about 25,000 cases per year to be diagnosed. However, since Hepatitis A is frequently asymptomatic, it was estimated that there were actually approximately 271,000 Hepatitis A infections per year. Between 11-22% of symptomatic cases require hospitalization. In 1997 before the vaccine was in use, it was estimated that the costs of Hepatitis A nationally were \$300,000 to \$488,000 per year.

There are several reasons why Hepatitis A has been made a routine part of the childhood immunization schedule. First, as noted, it is a common infection, easily transmitted by the fecal oral route causing significant disease and disability. Second, treatment is supportive, and once symptoms occur, there are no medications to combat the infection.

Third, it can be difficult to know when one comes in contact with Hepatitis A. 70% of children with Hepatitis A under age 6 are asymptomatic, and can transmit it to adults or other children without knowing they are infected. 30% of older children and adults are also asymptomatic. When someone contracts Hepatitis A, the virus is present and transmissible in blood or stool starting about 10-12 days after infection, and that individual will remain contagious for about 3 weeks. Even for those who develop symptoms, they will typically be contagious for about 2 weeks before symptoms start and about one week after symptoms start.

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Hepatitis A Immunizations *(cont'd)*

Because young children are usually asymptomatic, Hepatitis A can circulate at day care centers without detection. Typically this might cause an infection in an adult, or the elderly when the infected child is cared for by their parents or grandparents. In adults, on average these individuals missed 15.5 days of work, and if they are hospitalized, they missed 33.2 days of work.

When individuals do have symptoms associated with Hepatitis A infection, they usually include fever, malaise, anorexia, nausea, abdominal discomfort, dark urine, and jaundice. The symptoms usually begin 15-50 days after exposure. The risk of death is 1.8% in patients 60 or older. Although Hepatitis A is sometimes relapsing, it is not a chronic illness like Hepatitis B or C.

Hepatitis A is currently the most underutilized childhood immunization that we measure. Only 46% of 2 year olds covered by Arise Health Plan insurance have received two doses of the Hepatitis A vaccine as recommended by ACIP and the CDC. Arise Health Plan covers all routine immunizations as recommended by ACIP, and we encourage providers to follow these recommendations.

Immunization Recommendations

Immunizations are recommended for the following patients:

- All children ages 1-2.
- Travelers to countries with higher risk for Hepatitis A such as Mexico, South America, Africa, India and China.
- Men who have sex with men.
- Users of both injection and non-injection illicit drugs.
- Persons with occupational risk of exposure to Hepatitis A.
- Persons with chronic clotting disorders who might receive blood products.
- Persons with chronic liver disease.
- Individuals exposed during a community outbreak since the vaccine has some effectiveness after exposure.

For children ages 2-18, the Hepatitis A immunization "should be considered," for those children who are not otherwise in one of the higher risk groups above.

Reactions to the vaccine:

- 20-50% have a local reaction
- Less than 10% will have malaise or fatigue
- Serious reactions are rare

Evidence Based Medical Decision Making Tools

By Jeffry Young – Medical Director

It is necessary for Arise Health Plan to make daily determinations on behalf of our members, your patients. Many times these decisions are straight-forward and agree with the provider's plan of care. Occasionally however, the opposite is true. It may seem to you that these decisions are incongruent with the daily practice of medicine. The decisions made by Arise Health Plan are based upon evidence based medical research and literature. Many payers, including Arise, utilize the services of vendors who provide this information for us. Many of the resources Arise uses are free and available to anyone with an internet connection. What follows is a list and description of some, but not all, of the resources used by Arise in the evidence based decision making process.

Hayes, Inc.

Hayes, Inc. is an independent health technology research and consulting company dedicated to promoting better health outcomes. Hayes performs unbiased, evidence-based healthcare technology assessments of the safety and efficacy of new, emerging, and controversial health technologies and evaluates the impact of these technologies on healthcare quality, utilization, and cost. Hayes' worldwide clients include hospitals, healthcare

systems, government agencies, employers, and managed care organizations.

The most valuable tool offered by Hayes is the Health Technology Assessment (HTA). These reports provide critical appraisal of the published evidence regarding the safety, efficacy, and clinical impact of a particular healthcare technology, such as a medical device, pharmaceutical or therapeutic intervention, diagnostic or screening test, or preventive strategy. Where applicable, the technology is compared with conventional standards of care and other alternate or competing technologies. The goal of HTA is to facilitate evidence-based decision making, which will improve the quality and cost-effectiveness of healthcare.

Milliman Care Guidelines

Milliman Care Guidelines® are annually updated, evidence-based clinical guidelines that span the continuum of care, including chronic care and behavioral health management. Providing much more than authorization criteria, they drive high-quality care through such tools as care pathway tables, flagged quality measures, and integrated medical evidence.

Evidence Based Medical Decision Making Tools *(cont'd)*

The Milliman team of doctors, nurses, and other clinicians has reviewed more than 100,000 abstracts, articles, and other sources of evidence. They use the findings to build evidence-based authorization criteria, care pathways, and other care management tools. These decision-support resources enable payers, care providers, and facilities to efficiently and consistently make care decisions grounded in rigorous, up-to-date research.

Apollo Managed Care Guidelines

Apollo has been a publisher of review criteria and clinical guidelines since 1989. Apollo criteria are currently in use by commercial and senior health plans, hospitals, medical groups, medical schools, VA hospitals, U.S. military, and others in every U.S. State. The Utilization Review Accreditation Commission (URAC) recently has specifically approved the use of Apollo criteria. Apollo guidelines are also used in one or more countries in every continent except Antarctica.

Contributors to the development process of Apollo Managed Care Guidelines include many health plans and other entities that use Apollo criteria. All Apollo criteria and clinical guidelines are evidence-based and supported by extensive current references in the peer-reviewed literature. Criteria are reviewed and updated at least annually. The date of the most recent update or revision is listed following each topic. The peer reviewed literature is continuously scanned for new information that pertains to Apollo criteria.

National Guideline Clearinghouse

The National Guideline Clearinghouse (NGC) is an initiative of the Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services. NGC was originally created by AHRQ in partnership with the American Medical Association and the American Association of Health Plans.

The NGC mission is to provide physicians and other health professionals, health care providers, health plans, integrated delivery systems, purchasers, and others an accessible mechanism for obtaining objective, detailed information on clinical practice guidelines and to further their dissemination, implementation, and use.

National Comprehensive Cancer Network

The National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology, the recognized standard for clinical policy in oncology, are the most comprehensive and most frequently updated clinical practice guidelines available in any area of medicine. Covering 97 percent of all patients with cancer and updated on a continual basis, the NCCN

Guidelines™ are developed through an explicit review of the evidence integrated with expert medical judgment by multidisciplinary panels from NCCN member institutions. Specific treatment recommendations are implemented through performance measurement. NCCN Guidelines Panels address cancer detection, prevention and risk reduction, workup and diagnosis, treatment and supportive care. NCCN Guidelines™ have become the most widely used guidelines in oncology practice and have been requested by cancer care professionals in more than 115 countries.

BlueCross BlueShield Technology Evaluation Center

Founded in 1985 by the Blue Cross and Blue Shield Association, the Technology Evaluation Center (TEC) pioneered the development of scientific criteria for assessing medical technologies through comprehensive reviews of clinical evidence. Since its inception, TEC has been recognized for leadership in producing evidence-based technology assessments. Each TEC Assessment is a comprehensive evaluation of the clinical effectiveness and appropriateness of a given medical procedure, device or drug. TEC provides healthcare decision makers with timely, rigorous and credible information on clinical effectiveness. TEC serves a wide range of clients in both the private and public sectors, including Kaiser Permanente and the Centers for Medicare and Medicaid Services (CMS).

The Cochrane Library

The Cochrane Collaboration, established in 1993, is an international network of people helping healthcare providers, policy makers, patients, their advocates and caretakers, make well-informed decisions about human health care by preparing, updating and promoting the accessibility of Cochrane Reviews published online in The Cochrane Library.

Cochrane Reviews are unique because they are both produced by, and are relevant to, everyone interested in the effects of health care. Based on the best available evidence, practitioners can find out if an intervention is effective in a specific clinical context. Patients and other healthcare consumers can assess the potential risks and benefits of their treatment. Payers can assess long term efficacy and safety of new technology.

The above is just a sampling of the resources that are used by Arise Health Plan on almost a daily basis to aid in the decision making process. Others not addressed in detail

Evidence Based Medical Decision Making Tools *(cont'd)*

include; the California Technology Assessment Forum, Canadian Agency for Drugs and Technology in Health, New Zealand Health Technology Assessment, Family Practice Notebook, and UpToDate, Inc. just to name a few. Though it may seem that decisions are made by a spin of

the bottle, or raising a finger into the wind to check direction, nothing could be further from the evidence.

September, 2011

Member Rights and Responsibilities

Arise Health Plan is committed to treating members in a manner that respects their rights and communicates our expectations of their responsibilities. As an Arise Health Plan practitioner, you should be aware of our Statement of Member Rights and Responsibilities.

Rights As A Health Plan Member

- You have the right to receive quality health care that is friendly and timely.
- You have the right to be treated with respect and recognition of your dignity and right to privacy.
- You have the right to receive all medically necessary covered services when your health care providers feel they are needed.
- You have the right to a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- You have the right to refuse treatment.
- You have the right to participate with practitioners in making decisions about your health care.
- You have the right to all information contained in your medical records.
- You have the right to receive information about us, our services and our network of health care practitioners and providers and your rights and responsibilities.
- You have the right to make a list of instructions about your health treatments (called a living will); to name the person who can make health care decisions for you.
- You have the right to have your medical and financial records kept private.
- You have the right to voice complaints or appeals about us or the care we provide.
- You have the right to have a resource at the health plan, clinic, or governing agency that you can contact with any concerns about services and to receive a prompt and fair review of your complaint.
- You have the right to make recommendations regarding the members' rights and responsibilities policies.

Responsibilities As A Health Plan Member

- You have the responsibility to select a Primary Care Practitioner and communicate with him or her in order to develop a patient-physician relationship based on trust, respect and cooperation.
- You have the responsibility to know your health plan benefits and requirements.
- You have the responsibility to coordinate all non-life-threatening, in-network care through Your Primary Care Practitioner.
- You have the responsibility to review your insurance information upon enrollment and ask questions to verify you understand the procedures and explanations that are given.
- You have the responsibility to supply information (to the extent possible) that we and our practitioners and providers need in order to provide care.
- You have the responsibility to understand your health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.
- You have the responsibility to follow the treatment plan and instructions for care that have been agreed on with your practitioners.
- You have the responsibility to give proof of coverage each time you receive services; to update your clinic with any personal changes.
- You have the responsibility to pay co-pays when you receive services and to promptly pay deductibles, coinsurance, and charges for services not covered.

Provider Collaboration

by Dr. Thomas Huffer

Open lines of communication and collaboration between primary care providers (PCP's) and behavioral care practitioners has never been more important. Recent reports have indicated an increased incidence of mental health problems related to the uncertainty in the economy, and the economic downturn. Previous reports have shown that medical costs go up substantially when patients have mental health issues such as depression in addition to chronic disease.

Having all of our providers working together to meet all the needs of our patients including mental health and chronic illness can simultaneously improve outcomes and reduce medical costs. This is important to keep in mind since the World Health Organization has estimated that 44-70% of patients with mental disorders do not receive treatment in developed countries such as the United States.

One way to ensure that patients mental health illnesses are appropriately cared for is through appropriate communication between PCP's and behavioral health practitioners. Arise Health Plan evaluates this

communication every year. Our most recent evaluation shows that when PCP's communicate with behavioral health practitioners they usually give information that is accurate, clear and of high quality. The problem is that this communication does not happen often enough.

We would like to encourage PCP's to communicate appropriately with behavioral health practitioners with every patient. This should be simple for PCP's who work in large practices where behavioral health practitioners share an electronic medical record. However, when PCP's refer to outside practitioners who do not share a medical record, we would ask them to communicate appropriately so that the behavioral care practitioners understand the issues, and what needs to be done.

On the other hand, when such communication does not occur, we expect behavioral health practitioners to get a patient release, and to request the information that they need from the PCP. Such requests should be specific and clear. We further expect that PCP's respectfully respond to these requests so that patients can receive optimal care.

Arise Health Plan's Quality Improvement Program Measures Up

Every year NCQA measures health insurance companies based on Healthcare Effectiveness Data & Information Set (HEDIS^{®1}), Consumer Assessment of Healthcare Providers & Systems (CAHPS^{®2}), and other quality indicators. This year the results were published in Consumer Reports magazine, and Arise Health Plan (AHP) finished 48th in the nation, and 3rd in Wisconsin.

We would like to thank our network providers, since they provide the care that much of our scores are based upon.

Even though many of our scores exceed the 90th percentile nationally, we still have room for improvement. Every year, we review and evaluate our Quality Improvement (QI) Program and develop a QI Work Plan that helps us to continually improve by setting our priorities for improving our scores for next year. AHP's QI program & workplan includes both clinical and quality service initiatives. Our goal is to exceed the 90th percentile

nationally based on Quality Compass^{®3} statistics in the HEDIS measures. Detailed results of the HEDIS and CAHPS measures can be viewed at www.wecareforwisconsin.com/quality.

A printed copy of this information is available upon request.

¹ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA)

² CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ)

³ The source for data contacted in this publication is Quality Compass^{®2010} and is used with the permission of the National Committee for Quality Assurance (NCQA). Any analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA.

Arise Health Plan Quality Initiatives

by Dr. Thomas Huffer

We would like to share some of the highlights of our Quality Improvement Work Plan. The first area we need to improve is in childhood immunizations. Arise Health Plan's scores for childhood immunizations have fallen short of our goal of the 90th percentile for several years. This year, we have made improvement in this area a higher priority. We have engaged Televox to help us improve these numbers. We plan to identify children who have not received a complete set of immunizations. Televox has an automated calling system that will contact the parents of these children and encourage them to get their children fully immunized. The phone calls will recommend that parents call their child's provider to arrange for them to receive any needed immunizations.

A second area that we have identified for improvement is in the coordination between Primary Care and Behavioral Health care providers. There has been much written about the relationship between depression and chronic illness. When patients are depressed they are less likely to seek appropriate care, and are less likely to be compliant with their physician's recommendations. As a result, the costs associated with the care of patients with depression and chronic illness can be as much as 2-10 times higher than similar patients without depression.

We would like to encourage providers to be aware of the mental health need of their patients with chronic disease. If there are concerns, please refer the patients appropriately. We would also like providers to communicate their concerns to the Behavioral Health provider that the patient will be seeing. That way the Behavioral Health providers will be aware of the chronic illness, and to be able to address it appropriately. Furthermore, we know that our Behavioral Health providers do not always receive all of the important information they need to appropriately care for patients. Patients simply receive better care when referring providers communicate with consultants. Such communication can help streamline care, and it ensures that the patients core issues will be appropriately addressed.

Another area that we are continuing to work on is in caring for adults and children with obesity. Providers have generally done a good job of measuring BMI's in practice. We would encourage continued efforts in counseling regarding diet and exercise. It is important that those counseling efforts be clearly documented in the chart. In addition, the NCQA quality scores for children also require pediatricians and others caring for children to discuss "screen time" with parents. Screen time is the amount of time children spend watching television and videos, as well as the time playing video games, computer games and other activities associated with a screen. Increased screen time has been associated with higher levels of obesity because when children are involved in these sedentary activities, they are less likely to be up and around burning off calories. We hope that providers will include a brief discussion of screen time in their patient handouts and discussions.

Shared decision making is another area that we have been working on for improvement. We had included a brief summary of this in a previous Provider Newsletter. In summary, shared decision making occurs when physicians engage patients in decision making. It helps improve patient satisfaction and compliance because shared decision making ensures that patient preferences are addressed in their care plans. When patients are more active in the discussion regarding their care, they are more likely to follow through to receive the appropriate care. We encourage network providers to learn more about shared decision making, and to incorporate this in the every day care they provide to patients.

Again we would like to thank our providers for the outstanding and compassionate care they provide to our members. We hope that you will continue to embrace our efforts at continuous quality improvement and help us with these and other initiatives.