Flu Vaccine for 2006-2007 Season

The U.S. Food and Drug Administration (FDA) licensed four manufacturers to produce flu vaccine for the 2006-2007 flu season. The manufacturers estimate between 100 million and 120 million doses will be available for the flu season.

The Centers for Disease Control and Prevention’s (CDC) Advisory Committee on Immunization Practices (ACIP) recommends people who are at high risk for complications from the flu should be vaccinated. They include the following categories:

- Adults ages 50 and older
- Individuals who are in contact with persons considered high risk
- Children ages 6 to 59 months and their household contacts (Please note the age range has expanded from last year.)
- Individuals with chronic medical conditions such as diabetes, asthma, heart or kidney diseases

To view FDA flu season updates online, go to the FDA website, www.fda.gov, and click on FLU INFORMATION under the HOT TOPICS section. To review the ACIP Morbidity and Mortality Weekly Report: Prevention and Control of Influenza, go to the ACIP website that lists ACIP statements, www.immunize.org/acip, and click on the pdf version.

Stop the Flu!

Everyone should get the flu shot

HMSA wants all members to get their flu shot. Our 2006-2007 flu season campaign provides several opportunities for members to protect themselves. Members should schedule a visit with their physicians. If that is not possible, members can attend one of the following HMSA-sponsored flu clinics.
# HMSA-Sponsored Flu Clinics

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Hours</th>
<th>Date</th>
<th>Location</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Oahu</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mon., Oct. 2</td>
<td>Longs – Pali</td>
<td>9 a.m. – 3 p.m.</td>
<td>Sat., Oct. 21</td>
<td>Leeward Community College</td>
<td>9 a.m. – 3 p.m.</td>
</tr>
<tr>
<td>Tues., Oct. 3</td>
<td>Pearridge West 16 Theatre Complex</td>
<td>8:30 a.m. – Noon</td>
<td>Tues., Oct. 24</td>
<td>Kapolei 16 Complex Theatre</td>
<td>8:30 a.m. – Noon</td>
</tr>
<tr>
<td></td>
<td>Longs – Manoa</td>
<td>9 a.m. – 3 p.m.</td>
<td>Sat., Oct. 28</td>
<td>Windward Community College</td>
<td>9 a.m. – 3 p.m.</td>
</tr>
<tr>
<td>Thurs., Oct. 5</td>
<td>Longs – Ewa Beach</td>
<td>9 a.m. – 3 p.m.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fri., Oct. 6</td>
<td>Longs – Kamehameha Shopping Center</td>
<td>9 a.m. – 3 p.m.</td>
<td>Wed., Oct. 4</td>
<td>Longs – Hilo Prince Kuhio</td>
<td>9 a.m. – 3 p.m.</td>
</tr>
<tr>
<td>Sat., Oct. 7</td>
<td>Kahala Mall</td>
<td>9 a.m. – 3 p.m.</td>
<td>Thurs., Oct. 5</td>
<td>Longs – Kailua-Kona</td>
<td>9 a.m. – 3 p.m.</td>
</tr>
<tr>
<td>Tues., Oct. 10</td>
<td>The Ward Warehouse</td>
<td>9 a.m. – 3 p.m.</td>
<td>Tues., Oct. 17</td>
<td>Foodland – Kamuela</td>
<td>9 a.m. – 3 p.m.</td>
</tr>
<tr>
<td></td>
<td>Don Quijote – Kailua (formerly Daiei)</td>
<td>9 a.m. – 3 p.m.</td>
<td>Wed., Oct. 18</td>
<td>Kealakekua Ranch Center</td>
<td>9 a.m. – 3 p.m.</td>
</tr>
<tr>
<td>Wed., Oct. 11</td>
<td>Longs – Mililani Town Center</td>
<td>9 a.m. – 3 p.m.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Don Quijote – Kaheka (formerly Daiei)</td>
<td>9 a.m. – 3 p.m.</td>
<td>Thurs., Oct. 12</td>
<td>Kukui Grove Center</td>
<td>9 a.m. – 3 p.m.</td>
</tr>
<tr>
<td>Thurs., Oct. 12</td>
<td>Don Quijote – Pearl City (formerly Daiei)</td>
<td>9 a.m. – 3 p.m.</td>
<td>Fri., Oct. 13</td>
<td>Foodland – Princeville</td>
<td>9 a.m. – 3 p.m.</td>
</tr>
<tr>
<td>Sat., Oct. 14</td>
<td>HMSA Center</td>
<td>9 a.m. – 3 p.m.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thurs., Oct. 19</td>
<td>Koko Marina 8 Theatre Complex</td>
<td>8:30 a.m. – Noon</td>
<td>Mon., Oct. 9</td>
<td>Longs – Kahului</td>
<td>9 a.m. – 3 p.m.</td>
</tr>
</tbody>
</table>

Members attending one of the clinics listed above must be age 18 or older and must bring their health plan membership card and a photo ID. Flu shots are covered under HMSA’s private plans at 100 percent of eligible charge.

**Cover your cough or sneeze**

Flu season is at hand! And some of the best habits to develop during the flu season are to cover a cough or sneeze and to wash hands frequently.

HMSA has provided materials to assist providers in reminding patients. The enclosed poster can be hung in physician waiting rooms, and the brochure can be copied for distribution to patients.

Thank you for helping HMSA with this educational effort.
Simvastatin coupon program

HMSA is sponsoring a coupon program for generic simvastatin, effective from October 15, 2006 through April 15, 2007. The coupon allows eligible HMSA members who are newly starting simvastatin to receive their first prescription, up to a 30-day supply, at no cost. Simvastatin is a gold-standard representative agent in its therapeutic class, with demonstrated reductions in mortality and morbidity associated with coronary artery disease (CHD) and cardiovascular events.

Physicians will receive the coupons (see enclosed sample), which they can give to their HMSA patients who are newly prescribed generic simvastatin. Patients currently on brand-name Zocor converting to simvastatin are also eligible to receive simvastatin through the coupon program.

Patients should present this coupon, along with their new prescription for simvastatin, at their local retail pharmacy to receive their first 30-day supply at no charge. This coupon does not apply to mail order prescriptions.

The table below may be used as a reference for product selection and dose optimization when newly starting an HMSA patient on statin therapy or converting an HMSA patient to generic simvastatin therapy. Medications in bold are generic or preferred brands on HMSA formularies.

<table>
<thead>
<tr>
<th>Mean LDL-C Reduction from Baseline (%)</th>
<th>Statin Drug Name and Strength</th>
<th>Copayment Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 30%</td>
<td>Lovastatin 10 mg, 20 mg</td>
<td>Generic</td>
</tr>
<tr>
<td></td>
<td>Pravastatin 10 mg, 20 mg</td>
<td>Generic</td>
</tr>
<tr>
<td></td>
<td>Simvastatin 5 mg</td>
<td>Generic</td>
</tr>
<tr>
<td>30 to 39%</td>
<td>Lovastatin 40 mg</td>
<td>Generic</td>
</tr>
<tr>
<td></td>
<td>Pravastatin 40 mg, 80 mg</td>
<td>Generic</td>
</tr>
<tr>
<td></td>
<td>Simvastatin 10 mg, 20 mg</td>
<td>Generic</td>
</tr>
<tr>
<td></td>
<td>Lescol XL 80 mg</td>
<td>Other Brand</td>
</tr>
<tr>
<td></td>
<td>Lipitor 10 mg</td>
<td>Other Brand</td>
</tr>
<tr>
<td>40 to 52%</td>
<td>Simvastatin 40 mg, 80 mg</td>
<td>Generic</td>
</tr>
<tr>
<td></td>
<td>Crestor 5 mg, 10 mg</td>
<td>Other Brand</td>
</tr>
<tr>
<td></td>
<td>Lipitor 20 mg, 40 mg</td>
<td>Other Brand</td>
</tr>
<tr>
<td></td>
<td>Vyltor 10/10, 10/20</td>
<td>Other Brand</td>
</tr>
<tr>
<td>Greater than 52%</td>
<td>Lipitor 80 mg</td>
<td>Preferred Brand</td>
</tr>
<tr>
<td></td>
<td>Crestor 20 mg, 40 mg</td>
<td>Other Brand</td>
</tr>
<tr>
<td></td>
<td>Vyltor 10/40, 10/80</td>
<td>Other Brand</td>
</tr>
</tbody>
</table>

The offer applies to members of HMSA’s private business plans, except for the following: Limited Rx (coverage codes 190, 256, 267, 278 and 279), The HMSA Children’s Plan (coverage code 310), 65C Plus, HMSA’s 65C Plus Prescription Drug Coverage, 50 Plus (coverage code 203) and QUEST. An HMSA member who meets the above criteria may only receive the copay waiver once. Generic copayments will apply to refills.
Track radiology precertification status online with RadMD.com

Beginning October 16, precertification of Magnetic Resonance Imaging (MRI) and Magnetic Resonance Angiography (MRA) studies and Positron Emission Tomography (PET) scans will be handled by National Imaging Associates (NIA). There will be no change in HMSA’s precertification requirements – the only change in a provider’s workflow will be to call NIA to submit the precertification request.

Once the request is submitted and an authorization number is pending, where can providers go to check the status? The answer: online through RadMD.com.

The RadMD main page has a search window that allows you to input the tracking number and do a search for the authorization status (whether the precertification request is approved, disapproved or pending).

Take the time to look up RadMD.com and familiarize yourself with the available features and information. This kind of preparation will allow for a smooth transition on October 16.

Reminder! Although RadMD has Diagnostic Imaging Guidelines available, do not use them! Please use HMSA’s Diagnostic Imaging Guidelines located in the Provider E-Library.

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Changes to Federal Plan 87

Effective January 1, 2007, the following changes will be made to Federal Plan 87.

- All lab tests will be covered at the same benefit level.
- Prescription drugs for sexual dysfunction will be available through HMSA’s mail order prescription drug program. Members who choose to fill their prescriptions through mail order will be dispensed a 90-day supply, or 12 tablets, and copayment amounts are for a 90-day supply. Currently, prescription drugs for sexual dysfunction are only available at retail pharmacies.
- Benefit for standard immunizations will increase to 100 percent coverage.

Coverage for immunizations

Effective January 1, 2007, HMSA’s benefit for standard immunizations will increase to 100 percent of eligible charge. No copayment will be applied. Benefit level will remain unchanged for high risk and travel immunizations covered under outpatient injections.

This benefit change applies to HMSA’s PPO and HMO plans. Some plans have a deduction that must be met before the benefit is applied. In such cases, once the deductible is met, standard immunizations will be covered at 100 percent of the remaining eligible charge.

FDA-approved HPV vaccine Gardasil

Effective June 29, 2006, HMSA’s private business plans cover the HPV vaccination, Gardasil, which is the only FDA-approved HPV vaccine at this time.
Medical practitioners should follow ACIP provisional recommendations which can be accessed from the ACIP website, www.cdc.gov/nip/acip, or from the index of ACIP statements, www.immunize.org/acip where you can click on Provisional ACIP Recommendations: Use of Quadrivalent HPV Vaccine. The publication of recommendations in the CDC Morbidity and Mortality Weekly Report is expected in November.

HMSA will only cover Gardasil for HPV vaccinations. Use CPT code 90649 when billing for Gardasil. The maximum allowable charge (MAC) for this vaccine is $135.

**NPI: Get it! Share it! Use it!**

Under the guidelines established by the Health Information Portability and Accountability Act (HIPAA) of 1996, the Department of Health and Human Services (HHS) in January 2004 published a final rule adopting the National Provider Identifier (NPI) to be used within the healthcare industry. Healthcare providers must obtain an NPI and use it for certain standard electronic transactions by May 23, 2007.

**Get it!**

HMSA encourages all providers to apply for their NPI now if they have not already done so. For more information about how to apply for an NPI, providers should visit the Centers for Medicare & Medicaid Services website at www.cms.hhs.gov.

**Share it!**

HMSA has begun an NPI acquisition campaign, contacting various providers to share their NPIs with our Provider Information Unit. All providers will be contacted – through an NPI communication or by an HMSA representative – by November 1, 2006, requesting they provide their NPI to HMSA as soon as possible.

Multiple systems must be updated and tested before the NPI implementation deadline to ensure HMSA is able to accurately process EDI transactions at that time. Therefore, it is critical providers be prepared to share their NPI with HMSA in the very near future to ensure compliance with NPI implementation guidelines.

**Use it!**

Providers should begin using NPIs in EDI transactions (e.g., claims) only after they have been notified by HMSA that it is acceptable to do so.

For more information about NPI, providers can refer to the CMS website at www.cms.hhs.gov or the FAQs section from the main page of the HMSA Provider Resource Center.

**HMSA not ready to accept new CMS 1500**

The new CMS 1500 (08-05) claim form includes new fields for reporting NPI. Although some carriers, including Medicare, are accepting the CMS 1500 (08-05) beginning October 1, HMSA is not ready to accept the new form at this time.

HMSA will inform providers when we are able to accept claims submitted on the new CMS 1500. We are working on a transition timeline and will update CMS 1500 Claims Filing Instructions in the Provider E-Library prior to implementation.

**Law protecting others from secondhand smoke**

The Hawaii law prohibiting smoking in workplaces, enclosed and partially enclosed areas such as airports, bars, restaurants, nightclubs and shopping malls, will be in effect November 16. This law protects employees and the public from exposure to secondhand smoke and goes into effect on the same day as this year’s Great American Smokeout.
**Great American Smokeout**

*Use our Ready, Set, Quit! program*

Take the first step by giving up smoking for a day. That is the message behind the 30th annual Great American Smokeout, November 16, 2006. Physicians can support this first step by getting members to use HMSA’s Ready, Set, Quit! (RSQ!) program.

Once an HMSA member makes the commitment to quit, encouragement and support are only a phone call away. HMSA’s RSQ! program can prepare the member for his or her quit date, whether it’s November 16 or another target date.

Services for RSQ! include:

- Telephone counseling for 18 months
- Advice on how to deal with cravings, managing triggers and other issues associated with quitting
- Education on nicotine replacement therapy and stop-smoking aids
- Stop smoking classes
- Smoking cessation medication coverage for most HMSA health plans

**Eligibility**

The RSQ! program is available to all active HMSA members, except members covered by 65C Plus, The HMSA Children’s Plan and QUEST-Net.

**Physician referral**

Providers often discuss quitting smoking with their patients. When an HMSA member is ready to kick the smoking habit, a provider can complete a Physician Referral Form and fax it to the Behavioral Care Connection fax number located on the form to start the enrollment process. A copy of the referral form is available in the Provider E-Library.

Members can enroll by calling the RSQ! program at (808) 952-4400 on Oahu or 1 (888) 225-4122 from the Neighbor Islands.

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**Reminders**

**Eye X-ray prior to MRI or MRA**

Eye X-rays performed prior to an MRI or MRA to screen for metal foreign body should be billed with an SC modifier.

Show the high-risk indication (e.g., patient is a welder) in block 19 of the CMS 1500 claim form or in the COMMENTS section of the EMC submission.

**Bill for office visits involving mental health or substance abuse diagnoses**

Medical practitioners often evaluate patients for symptoms that result in mental health or substance abuse diagnosis(es).

When billing for these services, please include the correct mental health or substance abuse diagnosis for proper reimbursement.

**Billing and Coding**

**✓ Immunization fee changes**

The MAC for the following CPT codes changed, effective September 1, 2006:

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>New MAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>90655</td>
<td>Influenza virus vaccine, split virus, preservation free, for children 6-35 months of age, for intramuscular use</td>
<td>$6.22</td>
</tr>
<tr>
<td>90655</td>
<td>Influenza virus vaccine, split virus, preservation free, for children 6-35 months of age, for intramuscular use (Federal plan only)</td>
<td>$15.15</td>
</tr>
<tr>
<td>90656</td>
<td>Influenza virus vaccine, split virus, preservative free, for use in individuals 3 years and above, for intramuscular use</td>
<td>$12.43</td>
</tr>
<tr>
<td>CPT Code</td>
<td>Description</td>
<td>New MAC</td>
</tr>
<tr>
<td>----------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>90656</td>
<td>Influenza virus vaccine split virus, preservative free, for use in individuals 3 years and above, for intramuscular use (Federal plan only)</td>
<td>$16.33</td>
</tr>
<tr>
<td>90657</td>
<td>Influenza virus vaccine, split virus, for children 6-35 months of age, for intramuscular use</td>
<td>$ 6.22</td>
</tr>
<tr>
<td>90658</td>
<td>Influenza virus vaccine, split virus, for use in individuals 3 years of age and above, for intramuscular use</td>
<td>$12.43</td>
</tr>
</tbody>
</table>

**Policy Changes**

- **Home intravenous therapy**
  HMSA’s policies on the following home intravenous therapies have been reviewed and updated.
  - Home anti-infective therapy
  - Home enteral nutrition therapy
  - Home inotropic infusion therapy
  - Home IV hydration therapy for hyperemesis gravidarum
  - Home intravenous immune globulin therapy (changes effective December 1, 2006)
  - Home pain management therapy
  - Home prolonged IV hydration therapy for adults and adolescents

  Please review these policies online in the Provider E-Library.

- **Annual review of policies**
  The following policies have undergone annual review and been updated:
  - Cetuximab (Erbitux)
  - Cox-2 inhibitors
  - Durable medical equipment (DME)
  - Esomeprazole (Nexium)
  - Exenatide (Byetta)
  - Genetic testing
  - Growth hormone
  - Home apnea monitor
  - Ibritumomab tiuxetan (Zevalin)
  - Kyphoplasty
  - Omalizumab (Xolair)
  - Oscillatory device for bronchial drainage (the Vest)
  - Palivizumab (Synagis)
  - Quantity limits for abortive migraine agents
  - Transcutaneous electrical nerve stimulation (TENS)

  Please refer to the Provider E-Library and click on the individual policies to view the changes.

- **Gefitinib (Iressa)**
  Effective September 12, 2006, this policy is no longer in effect.

**65C Plus Update**

**Drugs furnished “incident to” physician service**

HMSA’s 65C Plus plan drug benefit covers injectable drugs administered by physicians as part of or “incident to” an office visit. Injectable drugs are incident to the physician services if the drug is:

- In a form that is not usually self-administered,
- Furnished by the physician, and
- Administered by the physician or someone on the physician’s staff who is under the physician’s personal supervision

Physicians may provide patients with injectable drugs to take home for subsequent
administration. Because such drugs are not administered during the office visit, they are not incident to the office visit and are considered self-administered drugs which are not covered and should not be billed to HMSA’s 65C Plus plans. This also applies to drugs that are not on the CMS list of Usually Self-Administered Drugs.

Physicians should document in patient medical records that the injectable drug was administered during the office visit. The record should show the amount of the drug given, the route in which it was administered and who administered it. Documentation should also include the reasons for treating the patient with the drug and how it relates to the chief complaint.

If the drug administered by injection is usually given through another route, for instance orally, or is usually self-administered during the normal course of treatment, it may not meet medical necessity criteria and the service may be denied.

For more information on drugs incident to an office visit, refer to the CMS website, www.cms.gov and look up the Medicare Benefit Policy Manual, Chapter 15, §50.2 Determining Self-Administration of Drug or Biological and §50.3 Incident-to Requirements.

For a recent list of drugs usually self-administered and not covered by HMSA’s 65C Plus, go to the Noridian Medicare website for Medicare Part B, www.noridianmedicare.com/p-medb/index.html, and click on the WHAT’S NEW/LATEST UPDATES under the NEWS AND PUBLICATIONS heading, then click on Drugs – Determination of Which Drugs are Usually Self-Administered by the Patient.

BlueCard Corner

HHIN holds the answers

HMSA encourages providers to access HHIN to verify BlueCard member eligibility and benefits coverage. Using this electronic resource enables providers to get the information they need quickly – there’s no waiting to speak with a teleservice representative and responses often are returned in less than 60 seconds.

HHIN is available for BlueCard inquiries Monday through Friday from 1:30 a.m. until 2 p.m. Hawaii time when the Mainland is on daylight-saving time, or from 2:30 a.m. until 3 p.m. when the Mainland is on standard time.

If you would like to learn more about HHIN or if you have questions about the resource, please contact the HHIN Help Desk at 948-6446 on Oahu or 1 (800) 760-4672 from the Neighbor Islands.

Please keep in mind that HHIN is not a comprehensive resource and that it requires periodic updates. If you are unable to verify the necessary BlueCard member information through HHIN, please contact the BlueCard Membership and Coverage information line at 1 (800) 676-BLUE (2583) for verification. The BlueCard 800# Network is available Monday through Friday from 1:30 a.m. until 2 p.m. Hawaii time when the Mainland is on daylight-saving time, or 2:30 a.m. until 3 p.m. Hawaii time when the Mainland is on standard time.

Antipsychotic medications

Atypical antipsychotics (AAPs) are effective medications frequently indicated and prescribed for treatment of psychosis.

Indications

The recent popularity of AAP drugs is due to improvement in positive and negative symptoms of psychosis, and improved cognition. Also, AAPs are related to lower extrapyramidal and tardive dyskinesia symptoms and have a lack of effect on prolactin levels. The FDA has approved the use of AAPs for disorders such as schizophrenia, bipolar disorder and psychotic depression.

In light of the recent FDA warnings on AAP use by the elderly, as well as recent label changes regarding the development and worsening of diabetes in patients on AAPs, HMSA recently conducted a study on patient use.

The study showed:

- Less than half of patients on AAP medication had diagnoses that corresponded to FDA-approved usages
- One third of patients were age 70 or older
- One patient in eight had diabetes
Risk in elderly with dementia

Increasingly, AAPs are prescribed for elderly patients with symptoms of aggressive or agitated behavior. The FDA has determined that the treatment with AAPs of behavioral disorders in elderly patients with dementia is associated with increased mortality, with death due either to heart-related (e.g., heart failure or sudden death) events or infections (mainly pneumonia).

Nonpharmacologic treatments for behavioral disturbances should be tried as a first intervention. When, in the practitioner’s clinical judgment, the benefits of using AAPs outweigh the potential risks for a particular patient, these medications are often utilized to provide adequate treatment for these patients. Under these circumstances, the appropriate AAP should be started at low dosages that are increased incrementally. Drug interactions, especially those involving the cytochrome P450 system, should be considered. The risks involved in their use should be discussed with the patient and/or family members and the consent for use documented.

Risk for metabolic abnormalities

The use of AAPs has also been associated with reports of dramatic weight gain, diabetes and an atherogenic lipid profile. As a result of the close relationship between obesity, diabetes, dyslipidemia and cardiovascular disease, and the inherent serious health risks to be considered, a consensus paper was developed by the American Diabetes Association, American Psychiatric Association, American Association of Clinical Endocrinologists, and North American Association for the Study of Obesity. Obesity Research Volume 12, Number 2, February 2004. Diabetes Care. 2004; 27(2):596-601.

Follow-up monitoring of weight should occur at four, eight and 12 weeks after initiating or changing AAP therapy and quarterly thereafter as indicated in the following table.

### Monitoring protocol for patients on second-generation antipsychotics (SGAs)

<table>
<thead>
<tr>
<th>Screening measures</th>
<th>Baseline</th>
<th>Weeks</th>
<th>Per Qtr</th>
<th>Per yr</th>
<th>Per 5 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal/family history</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Weight (BMI)</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Waist circumference</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood pressure</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fasting plasma glucose</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fasting lipid profile</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>


Health professionals, patients, family members and caregivers should be aware of the signs and symptoms of diabetes, especially those associated with the acute decompensation of diabetes. They also need to know that treatment with some AAPs may be associated with significant weight gain and a heightened risk of developing diabetes and dyslipidemia.

Coordination of treatment with medical practitioners

The President's New Freedom Commission on Mental Health and Healthy People 2010 goals emphasize the need for coordination of treatment between mental health and medical healthcare practitioners. HMSA encourages both mental health and medical practitioners to talk to their patients...
about the benefits of coordinating their healthcare. To the extent that the patient allows, HMSA also encourages practitioners to share relevant clinical information with other providers who are also treating the patient.

Medical healthcare practitioners (such as those serving in a primary care capacity) are better able to treat patients seen by mental health professionals if they receive regular, brief updates that review diagnoses, medications (if utilized), treatment approaches, treatment goals and the patient’s current status.

Mental health practitioners often hear about patients’ physical illnesses. Communication received from the medical health professional related to the treatment of those illnesses, or that possible medical factors influencing the mental illness have been assessed and addressed, are important to healthcare integration.

When psychoactive medications are prescribed, knowledge of patients’ medication regime is mutually helpful for both treatment and compliance issues.

Please make all efforts to collaborate, coordinate and share pertinent information among all providers who treat the same patient.

More information on coordination of care can be found in HMSA’s Provider E-Library in the MEDICAL section under the title *Continuity of Care – Behavioral Health.*

**HMSA (PPO and HPH) CAHPS 3.0H member satisfaction survey results**

The results of the 2006 CAHPS member satisfaction survey show HMSA’s PPO and HPH plan members continue to be highly satisfied with their medical care.

The HPH percentile ranking is up from 2005 in all survey categories. While this is a testament to the quality of care HMSA members are receiving from participating providers, one category still lags in comparison to the rest – “Getting Care Quickly” ranks in the 50th percentile.

<table>
<thead>
<tr>
<th>HMSA’s HPH plans CAHPS®Survey Categories (national percentile ranking)</th>
<th>2006 Results</th>
<th>2005 Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting needed care</td>
<td>90th</td>
<td>75th</td>
</tr>
<tr>
<td>Getting care quickly</td>
<td>50th</td>
<td>25th</td>
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<tr>
<td>Courteous &amp; helpful office staff</td>
<td>90th</td>
<td>50th</td>
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<tr>
<td>How well doctors communicate</td>
<td>90th</td>
<td>75th</td>
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<tr>
<td>Claims processing</td>
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<td>Customer service</td>
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The Getting Care Quickly category measures several areas that affect access to healthcare:

- Help received during regular office hours
- Appointment times as soon as the patient wanted for healthcare services
- Care received when needed right away
- Access to an exam room within 15 minutes of appointment time

Survey scores for the question asking whether the patient was taken to the exam room within 15 minutes of appointment time improved from last year, but still scored the lowest in the Getting Care Quickly category.

**Telephone survey of HPH members**

HPH members who rated the Getting Care Quickly category low on their survey were contacted and interviewed over the telephone.
Getting timely appointments

Members were asked how many days from the day of the call were they scheduled for an appointment. While most members expected to get a regular appointment within three days, some members interviewed got appointments as far ahead as two weeks to one month from the time they called.

In urgent care situations, members interviewed experienced times when they were unable to reach their physicians after office hours even after following the physicians’ instructions for after hours calls.

Oral communication between physician and patient

Some patients interviewed expressed dissatisfaction with what was orally communicated to them by physicians during their office visits. Some patients believed physicians’ answers to their questions were too brief. Other patients indicated that they did not understand the answers. Some patients noted that the medication instructions given orally weren’t thorough, while other patients reported that their visit was short and the physician appeared rushed.

Communication the key

While the majority of patients are happy with the care received from their physicians, problems with communication can negatively affect patients’ perception of the quality of care they receive.

Cultivating good communication skills:

- Builds trust between physician and patient
- Increases the chance patient will comply with prescribed treatment regimens
- Increases patient participation in their healthcare decisions
- Reassures patients and increases their ability to cope with the healing process

Consider using the following suggestions when communicating information to patients.

Listen for the concerns. Patients see their physicians for physical symptoms that may indicate a medical problem. But patients have concerns beyond the chief medical complaint. Listening carefully and assessing body language during the history-taking phase of an office visit contribute to a better understanding of underlying concerns.

Assess what the patient already knows. Patients may know something about their medical condition before they consult their physicians. For example, they may have consulted another physician for this problem or searched for information on the Internet. Listening to and asking patients pertinent questions can reveal how much they understand – or misunderstand.

Determine how much the patient wants to know. How much detail patients should know is influenced by how much detail patients want to know and are able to understand. Physicians can start with basic information and increase the level of detail while watching for patients’ reaction. Does the patient ask questions? Does he or she appear uncomfortable or confused?

Tips for effective oral communication

Here are some tips that will help convey the information more effectively when physicians talk with their patients:

- Keep it simple; avoid long monologues.
- Tailor the information to the level the patient can understand; avoid highly technical language.
- Give the information slowly and deliberately with time in-between for patients to ask questions.
- Keep to language that tells the truth. Use caution when adding language to “soften the blow” since this could cause confusion.

If you have questions about information in this Provider Update, please call a Provider Teleservice Representative at 948-6330 on Oahu or 1 (800) 790-4672 from the Neighbor Islands.