

health **MD** matters

Health Plan of San Mateo Provider Newsletter

Fall 2009



From the Desk of the Medical Director

Evidence-Based Medicine: The Aim for Practice Whenever Possible

The term “evidence-based medicine” has become part of our medical terminology since the 1990s. However, physicians have been using scientific observation to judge treatment methods since the time of the ancient Chinese and Greeks.

In medical school we learned about the randomized controlled trial as the gold standard for measuring the efficacy of a drug. But because most trials generally compare new drugs with placebos, as opposed to currently used drugs, we often don't have the “evidence” we need for all the clinical decisions we make every day. Moreover, who has all the time to synthesize journal articles on every decision?

I anticipate that most physicians would agree that using evidence-based medicine is a good thing. They might

also add that, in the cases where evidence is available, if they had the tools at hand to make evidence-based decisions routinely, they could actually implement an evidence-based practice.

Use evidence-based guidelines

In following the health care reform discussion, a key piece that surfaces is that we have to improve the quality we get for the money we spend. The federal government already insists on this in its Medicare contracts with organizations like Health Plan of San Mateo (HPSM). For example, we have to ensure that our providers can refer to guidelines on evidence-based medicine and best practices in treating CareAdvantage and Medi-Cal patients. Referring to these guidelines enables

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 **HealthPlan**
OF SAN MATEO

Evidence-Based Medicine

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you to provide care that is based on the latest clinical evidence available.

So we want to help you, our physicians, use the tools available on HPSM's website, www.hpsm.org.

In the "Provider Resources" section, the "Clinical Guidelines" page contains the latest evidence-based guidelines on how to care for patients with the most common chronic conditions.

We update these regularly.

We provide a link to the National Guidelines Clearinghouse, www.guidelines.gov, which contains guidelines for managing all types of illnesses, and rates how solid the evidence is for each of the guidelines.

Using your specialty society's recommended management guidelines is another great way to practice evidence-based medicine. If you want to share those with your colleagues, we will be glad to link those guidelines to our website.

As high-quality care and patient safety become more of a focus in this

era of health reform, we all need to strive to make the quality of care we provide even better. We want to support our dedicated providers in this continual quality improvement effort. Let us know if there is some specific tool or service that would help. Contact me at mgiammona@hpsm.org or Provider Services at **650-616-2106**.



Mary Giammona, M.D.

Provider Dispute Resolution Made Easier

On July 1, Health Plan of San Mateo (HPSM) replaced the CIF and Appeals process with the new Provider Dispute Resolution Process (PDR).

This new process allows you to:

- Submit different types of disputes directly to our Provider Disputes staff

- Use one form for multiple claims
- Submit form(s) via fax or mail
- Receive follow-up from a Provider Dispute staff member

Types of provider disputes:

- A claim that has been inappropriately denied, adjusted or contested
- A request for reimbursement for overpayment of a claim
- A contract dispute

Use one form to submit similar disputes

If you have several disputes that have similar issues, list them on the supplemental form and submit them together. You do not need to complete

a separate form for each claim. Use additional forms as needed to submit all claims.

A provider resolution request form and the supplemental form is now included in explanation of payment (EOP) packets. You can also download these forms on HPSM's website. Go to www.hpsm.org/providers. Click on "Forms" under "Quick Links."

Use these forms for any of our programs: CareAdvantage, Medical, Healthy Families, Healthy Kids, HealthWorx or ACE.

For questions about the PDR process, e-mail our Claims department at claimsinquiries@hpsm.org or call **650-616-2056**.



Staying Up-to-Date

Adult Immunizations

Most of us are well aware of the need for children to receive routine immunizations and know that there are new immunizations now recommended for teens. But we may not be as aware of the most up-to-date schedule of immunizations adult patients need.

The Centers for Disease Control and Prevention and its Advisory Committee on Immunization Practices (ACIP) routinely update the schedules for immunizations that are recommended for all ages. This committee meets regularly to review the latest evidence on indications and efficacy. Physician societies like the American Academy of Pediatrics and the American Academy of Family Physicians use the ACIP immunization schedules to develop their own recommendations, which are used by payers to determine what immunizations will be covered.

Health Plan of San Mateo's website has links on immunization guidelines that are updated annually to reflect current recommended immunization schedules from the ACIP. Look for

these links on the Clinical Guidelines page in the Provider Resources section.

Adult immunizations to highlight

Tdap—one dose for all adults up to age 65 given recent pertussis outbreaks. This provides a booster of acellular pertussis along with tetanus and diphtheria vaccines. It is unclear if more than one booster will be recommended in the future.

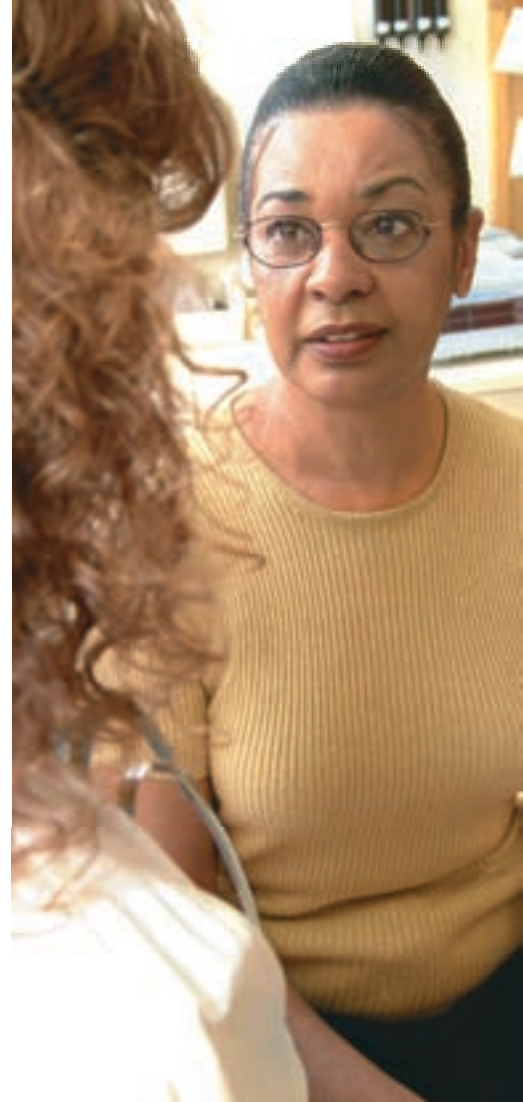
PPSV (pneumococcal polysaccharide)—one dose for anyone 65 years and older; recommended for younger age groups with co-morbidities. This prevents pneumococcal infection and pneumonia.

Zoster—one dose recommended for anyone 60 years and older to prevent herpes zoster and its painful sequelae.

HPV—three doses for adult women ages 19 to 26 to prevent the most common cause of cervical cancer, the human papilloma virus.

Use office visits to catch up with adult immunizations

When your adult patients are in for



a routine visit, or for a complaint or follow-up that wouldn't interfere with an immunization, use those opportunities to check if they are up-to-date with their shots. And if they aren't, take care of it right then so they are.

HPSM Nurse Case Manager Receives Nurse of the Year Award

Doreen Canton, R.N., Nurse Case Manager Health Plan of San Mateo (HPSM) Health Services

Doreen Canton, R.N., was honored as Nurse of the Year by the American Academy of Developmental Medicine and Dentistry at the annual meeting of the Developmental Disabilities Nurses Association and the American Academy of Developmental Medicine and Dentistry in May. "She stands out among her peers for her vision and resourcefulness in creating meaningful lives for people with developmental disabilities," says Clarissa Kripke, M.D., a colleague who nominated Canton.

Q How did you receive the news that you were the recipient of this award? What were your initial thoughts?

A I was at the annual meeting in Orlando, and I was stunned when I heard my name in the announcement of the Nurse of the Year award. I felt it was a moment I was sharing with my fabulous peers with whom I've worked over the years.

Q How did your interest in working with patients with complex disabilities begin?

A I would say that two experiences in my career have influenced my interest in this area. In nursing school and throughout my nursing career, I've had opportunities to work with patients with intellectual challenges and developmental disabilities (I/DD). These experiences sustained my awareness of this population. Then in 1996, after working in home care, I decided to pursue an opportunity at the Golden Gate Regional Center (GGRC). This marked my transition into the area of supportive services for people with developmental disabilities. And it was while working at the GGRC that my interest in the needs of this population became deeper and broader.

Q What is your approach to providing quality service for people with I/DD?

A We need to go beyond addressing their cognitive and physical impairment and respect their broader needs as individuals. Quality of life for people with I/DD includes living in a



About Doreen Canton

Doreen Canton, R.N., joined the staff of the Health Plan of San Mateo in 2008 to assume the newly created role of nurse case manager for members with I/DD. She has been instrumental in fulfilling the health plan's mandate to coordinate health care services for members who have been transitioned out of a state facility and into small residential communities.

nurturing environment and being able to reach their individual potential. Often times their behavior is driven by their need to communicate their needs and anxieties. When we provide service to these people, we should be mindful of treating each patient with a level of respect that involves cultivating rapport and trust and recognize that they may require extra time and patience.

Q What are the challenging aspects of providing services to this population?

A There are behavioral challenges, medical complexities and

“She stands out among her peers for her vision and resourcefulness in creating meaningful lives for people with developmental disabilities.”

—Clarissa Kripke, M.D., University of California San Francisco, Nominator

gaps in the service system. Caregivers need to become experts in nonverbal, alternate types of communication. It is one skill, among a range of many, that is important to their ability to identify changes early that might indicate a person is suffering from an acute medical, dental or mental health illness. At the systems level, the California Department of Developmental Services contracts with Regional Centers to coordinate access to local support and social services for people with I/DD. Case Managers at the regional centers serve as local advocates and obtain funding through the system for housing, respite, day programs, transportation and other covered areas. However, access to medical care, including preventive services, can be very difficult to obtain. Factors that affect access to medical, dental and psychiatric services include health insurance, provider reimbursement rates, and lack of provider education on the unique needs of this population. In my experience, managing these challenges successfully requires advocates to be the “squeaky wheel” for the individuals they serve.

Q Can you describe one experience in providing care to a developmentally disabled patient that was fully gratifying?

A In general, it's the smaller rewards of working with this population that are gratifying. It's the recognition behind a smile when you have established a relationship. It's those moments when you know that your advocacy has paid off.

One case that I recall is advocating for a young adult with kidney failure whose deteriorating health condition forced him to be moved to another type of licensed facility.

Failure of his dialysis treatments meant he could no longer live in this new facility and would have to move once again.

I felt strongly that he deserved to receive care in his home environment. With the cooperation of his care team and the former home administrator, we advocated on his behalf and worked closely with licensing authorities to arrange for him to receive hospice care in his home, allowing him to spend his last days with the people he knew and loved.

Q How does HPSM meet the needs of its developmentally disabled members?

A HPSM's staff works together across departments to identify and meet the needs of any member who has unique needs. It's a collaborative process in which staff from Member Services, Provider Services and Claims resolve issues to provide services within the benefit structure. HPSM's medical directors also use their relationships with network physicians to educate them on the medical needs of this population. I've recognized the staff's sensitivity to the additional challenges a developmentally disabled person has to cope with in accessing care.

Q How has your experience at HPSM contributed to your professional growth?

A It has expanded my knowledge of the medical system, which is not easy to understand or access. Working and learning how the health plan manages benefits has allowed me to assist members and their caretakers in receiving timely care.

A Patient's Experience Starts at the Front Desk

A patient's first experience with a provider's office often starts when he or she calls to make an appointment or checks in for the visit. Interactions with front desk staff can set the tone for the entire visit and affect future use of services. The following scenarios show how staff attitudes, behaviors and skills affect patients' perceptions of their quality of care experience.

Attitudes towards socioeconomic status

Ms. T is white and middle class. Her child is on Medi-Cal because of a state waiver program. She arrives at a new pediatric office and is asked for her insurance card. When Ms. T shows her Health Plan of San Mateo (HPSM) card, she notices a change in staff attitude and rudeness. Ms. T believes that staff associate the HPSM Medi-Cal card with lower socioeconomic status and may have precon-

ceptions about people on Medi-Cal.

Language barriers

Ms. G speaks very little English. She finds it very difficult to make appointments and get prescriptions because only one doctor in the office speaks Spanish, her primary language. Although there is another staff person in the office who speaks Spanish, she is often interpreting for patients who are seeing other doctors in the practice. Consequently, Ms. G feels hesitant about calling the doctor's office and usually waits for a friend or one of her adult children to call for her.

Staff training and office procedures

The National Center for Cultural Competence (NCCC) at Georgetown University suggests that staff need organizational support to develop the attitudes, skills and knowledge that are necessary to serve families in culturally competent ways. Front office staff should help plan and participate in training activities. Following training, front desk interactions should be monitored to assess staff consistency

in showing cultural competency.

The NCCC recommends that providers develop office procedures that address the following areas of culturally responsive care:

- How to serve patients who speak limited or no English, are hearing impaired or have low literacy skills
- How to access interpreter services (HPSM offers free access to telephone interpreter services to use with our members)
- How to recruit and retain front desk staff who reflect the cultural and linguistic diversity of patients
- How to effectively interact with people from diverse cultures
- How to confront bias, discrimination and stereotypes in the office

How can HPSM help?

HPSM can provide you and your office staff with tools to help you serve your diverse patients. Contact Liliana Ramirez at **650-616-2170** for more information.

Adapted from: Bonheim S, "It All Starts at the Front Desk", Washington DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.



Staff attitudes, behaviors and skills affect patients' perceptions of their quality of care experience.



Bill HPSM for Fluoride Varnish Application and Prevent Tooth Decay

Health Plan of San Mateo (HPSM) now reimburses physicians \$54 per member per year for the application of fluoride varnish in children up to age 6, covered under Medi-Cal, Healthy Families and Healthy Kids.

Fluoride varnish application in a physician office is safe, effective and easy. The treatment requires minimal training and no special equipment. It comes in a prepackaged single dose tube with a disposable brush. It is applied to teeth in

about three minutes and sets in less than one minute upon contact with saliva.

Physicians can start the treatment soon after infants' teeth surface and continue every six months until a child is 6 years of age. Fluoride varnish is an effective treatment in preventing and reducing tooth decay in children.

In San Mateo County, a third of children under 6 years old have never had a dental visit.

Five times more common than asthma, dental decay often causes children to have trouble concentrating, have slowed growth rates, suffer from secondary infections and miss school more often than healthy children. Primary care providers are in an ideal position to help prevent problems associated with tooth decay with the use of fluoride varnish treatments.

How do I bill for fluoride varnish application?

Use billing code D1203 in your claim: It is payable for \$18, up to three times in a 12-month period per member. It is excluded from Medi-Cal capitation.

Contact HPSM to begin fluoride varnish treatments. Join HPSM in fighting childhood tooth decay!

If you're interested in beginning fluoride varnish applications in your office, contact Daisy Liu, HPSM Health Educator, at **650-616-2156** for helpful tools and more information.

For more information on oral health and the application of fluoride varnish, visit www.first5oralhealth.org.

Sources: Weintraub J. A., Ramos-Gomez F., Jue B., et al. Fluoride Varnish Efficacy in Preventing Early Childhood Caries. *J Dent Res.* 2006; 85:172-176; Lucile Packard Foundation for Children's Health. The Facts That Matter: Children's Dental Health. www.lpfch.org/informed/dentalbrief/index.html; Dental Health Foundation. "Mommy, It Hurts To Chew": The California Smile Survey; An Oral Health Assessment of California's Kindergarten and 3rd Grade Children. www.dentalhealthfoundation.org.

Receive additional reimbursement for fluoride varnish application in children. See page 7. ▶

Shapedown in Spanish

A Weight Management Program for Latino Families

Health Plan of San Mateo (HPSM) is pleased to announce that Shapedown, a family-centered weight management program for HPSM members ages 6 to 18 years, is now available in Spanish. The program is a series of six to eight weekly classes taught by a nutritionist and held throughout San Mateo County. Children who are overweight or at risk for overweight attend the weekly classes with a parent or guardian.

Many of our providers and members let us know of the necessity to make Shapedown available in Spanish. With the help of generous grants from the Silicon Valley Community Foundation, Peninsula Health Care District, Sequoia Healthcare District and support from viaLanguage translation services, we have successfully completed the translation of the program's six workbooks.

Contact HPSM for Shapedown Referrals

Referrals to Shapedown are now processed through HPSM. To request a referral form or phone in a referral for a patient, contact Gladys Rodriguez at 650-616-2162. Referrals are no

longer processed through San Mateo County Family Health Services (SMCFHS).

You may continue to refer English-speaking HPSM members to Shapedown services. We will continue to offer classes in both languages for our families.

If you have any questions about Shapedown, please contact Liliana Ramirez at 650-616-2170.

