

# The Heartbeat

Spring 2005



**Dr. Brad Gilbert**  
Chief Medical Officer

We know that Members look to you, their Primary Care Physicians, to guide them, so IEHP is always finding new ways to enhance your practice.

IEHP launched a new Health Education Program on Blood Pressure Management. This program equips your patients with information to take control of their blood pressure in the comfort of their home. One component of the program provides the Member with a way to receive a free Blood Pressure Monitoring Cuff. This in-home study program will be instrumental in supporting your treatment efforts

This issue contains a clinical piece; What is Metabolic Syndrome?, a look at lipid and nonlipid risk factors of metabolic origin. Other articles include Administration of Psychotropic Medications to Foster Children, and Behavioral Health Assessment Program-An Additional Resource for Children with ADHD. These articles discuss some important issues and offer resources for referrals and treatment considerations.

We're excited to announce that you can now submit your PERs online with

...continued on page 6

## IEHP Doubles Payment for Chlamydia Screening Tests to \$50

Pay for Performance Program (P4P)



We are doubling the \$25 compensated to Physicians for each Chlamydia Screening Test administered to eligible female Members between the ages of 16 to 26. This is for a limited time from April 1 - December, 31, 2005.

### PROGRAM GOAL

The Centers for Disease Control and Prevention (CDC), and the U.S. Preventive Services Task Force recommend routine annual testing for Chlamydia in all young sexually active women. It's reported an estimated 2.8 million Americans are infected with Chlamydia each year.

### WHERE TO SUBMIT THE FORMS

Submit online at [www.iehp.org](http://www.iehp.org). Simply log into the Provider Secure Site and click on the P4P button. Need help? Refer to the online P4P Claims Submission Manual or call your Provider Services Representative.

### Or mail to:

IEHP Claims - P4P (Pay for Performance)  
PO Box 10129, San Bernardino, CA 92423



## IEHP Launches Blood Pressure Management Program

IEHP recently launched the **Blood Pressure Management Program** developed for Members who have a diagnosis of hypertension. We recognize the time you commit to motivate your patients to adhere to healthy lifestyle modifications. This program will help your patients reach

...continued on page 2

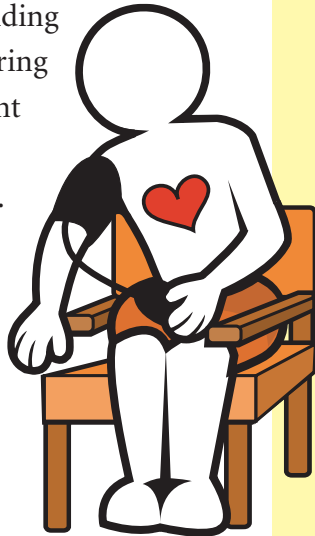
# Blood Pressure Management Program

...continued from front page

their blood pressure goal and reinforce healthy changes you prescribe.

The Blood Pressure Management Program provides your patients with a 3-part series of easy-to-follow and informative packets to take control of blood pressure in the comfort of their home. The series focuses on, "**Overview of Blood Pressure**", "**Stress Management**", and "**Nutrition & Physical Activities**".

The program tops off by providing Members with a postcard to bring to his/her medical appointment where you would record their blood pressure measurements. Based on your recommendation, the Member would receive a free Blood Pressure Monitoring Cuff from IEHP after mailing us the postcard. It's the ideal way for Members to monitor their blood pressure daily.



To refer IEHP Members to our Blood Pressure Management Program or any of our other Health Education

Programs, simply complete and fax the IEHP Health Education Referral Form to (909) 890-2903.



## IEHP Offers Additional Resources...

### for Children with ADHD

Attention Deficit Hyperactivity Disorder (ADHD) is the most common neuropsychiatric syndrome affecting children and adolescents. IEHP performs an annual quality improvement study on the appropriate diagnosis and management of ADHD. Unfortunately, we have seen a continuous decline in compliance rate for appropriate diagnosis and management of ADHD (from 50% to 31% for diagnosis, and from 67% to 53% for management from 2001 to 2003).

To enhance the quality of care for IEHP Members with ADHD and to promote treatment consistency, we offer you two new resources.

#### 1. **ADHD Clinician's Tool Kit for Diagnosis and Management**

- Detailed, evidence-based clinical practice guideline based recommendations for diagnosis and treatment
- Standardized parent and school rating scales
- Medical record evaluation and follow-up forms
- Sample letters parents can use to request multi-disciplinary school team evaluations.
- Information on free parenting classes in San Bernardino County for any patient or caregiver dealing with ADHD by CUIDAR SB (Community University Initiative for the Development of Attention and Readiness, San Bernardino)
- To receive a kit, call IEHP Pharmaceutical Services at (909) 890-2067

#### 2. **Referrals to Pediatric Behavioral Health Practitioners**

- IEHP has established a multi-disciplinary network of pediatric behavioral health practitioners. PCPs can refer their potential ADHD patients or patients already diagnosed with ADHD who are on medications for a psychiatric or psychological evaluation for confirmation of diagnosis, and consultation on management plans.

To directly refer your patients, please call PacifiCare Behavioral Health (PBH) at 800-884-5423.

Alternatively, you may contact Carmie Avila, RN, IEHP Care Manager, at (909) 890-2956.

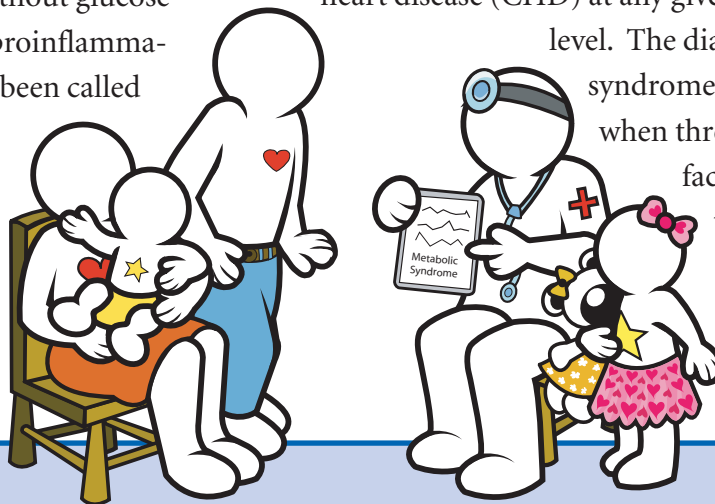
# What is Metabolic Syndrome?

By Dr. Dawn Sisneroz, Director of Pharmacy Services & Quality Studies

Metabolic syndrome represents a constellation of lipid and nonlipid risk factors of metabolic origin. Factors characteristic of metabolic syndrome are abdominal obesity, atherogenic dyslipidemia (elevated triglyceride, small LDL particles, low HDL cholesterol), raised blood pressure, insulin resistance (with or without glucose intolerance), and prothrombotic and proinflammatory states. This constellation has also been called syndrome X, the deadly quartet, the insulin resistance syndrome, and the obesity dyslipidemia syndrome. The metabolic syndrome should not be confused with syndrome X in which

angina pectoris occurs in patients with normal coronary arteries.

The risk factors of the metabolic syndrome are highly concordant; in aggregate, they enhance risk of coronary heart disease (CHD) at any given LDL cholesterol level. The diagnosis of metabolic syndrome should be made when three or more of the risk factors in the following table are present.



## Clinical Identification of the Metabolic Syndrome

Risk Factor	Defining Level
Abdominal Obesity*	Waist Circumference**
Men	>102 cm (>40 in)
Women	> 88 cm (>35 in)
Triglycerides	> 150 mg/dL
HDL cholesterol	
Men	< 40 mg/dL
Women	< 50 mg/dL
Blood pressure	≥130/≥85 mmHg
Fasting glucose	≥ 100 mg/dL

\* Overweight and obesity are associated with insulin resistance and the metabolic syndrome. However, the presence of abdominal obesity is more highly correlated with the metabolic risk factors than is an elevated body mass index (BMI). Therefore, the simple measure of waist circumference is recommended to identify body weight component of the metabolic syndrome.

\*\* Some male patients can develop multiple metabolic risk factors when the waist circumference is only marginally increased, e.g., 94-102 cm (37-39 in). Such patients may have a strong genetic contribution to insulin resistance. They should benefit from changes in life habits, similarly to men with categorical increases in waist circumference.

These determinants include a combination of categorical and borderline risk factors that can be readily measured in clinical practice.

Individuals with the metabolic syndrome have a markedly increased risk of coronary artery disease, and the condition has been associated with abnormal liver pathology in severely obese patients including steatosis, fibrosis, and cirrhosis. The mechanism by which abdominal obesity predisposes to these metabolic and hemodynamic changes is not well understood.

**Management of the Metabolic Syndrome should include the following objectives:**

- To reduce underlying causes (i.e., obesity and physical inactivity)
- To treat associated nonlipid and lipid risk factors

First-line therapies for all lipid and nonlipid risk factors associated with the metabolic syndrome are weight reduction and increased physical activity, which will effectively reduce all of these risk factors. Regular physical activity reduces very low density lipoprotein (VLDL) levels, raises HDL cholesterol, and in some patients, lowers LDL levels. It also can lower blood pressure, reduce insulin resistance, and favorably influence cardiovascular function. Physical activity should become a routine component in management of the metabolic syndrome.

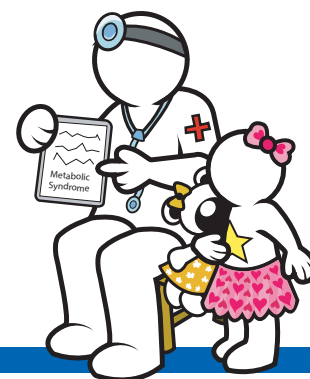
Beyond the underlying risk factors, therapies directed against the risk factors of the metabolic syndrome will reduce CHD risk. These include treatment of hypertension, use of aspirin in

patients with CHD to reduce the prothrombotic state, and the treatment of elevated triglycerides and low HDL cholesterol. Aside from weight reduction and increased physical activity, pharmacotherapy can be considered in high-risk patients. There are two approaches to pharmacotherapy. First, a LDL-lowering drug (HMG-CoA reductase inhibitors or bile acid sequestrants); or second, nicotinic acid or fibrate can be added, if used with appropriate caution, to achieve the cholesterol goal by further lowering of VLDL cholesterol.

Medications used to treat hypertension and hyperglycemia in type 2 diabetes also may help to reduce insulin resistance. For example, angiotensin converting enzyme (ACE) inhibitors improve insulin sensitivity. Among oral anti-diabetic medications, metformin and thiazolidinediones improve glucose tolerance by enhancing insulin sensitivity.

Regardless of the mechanism, insulin resistance is best reduced rather than increased in non-obese patients. Modalities that should be used are regular aerobic exercise, light-to-moderate alcohol intake, and use of appropriate pharmacotherapy to treat various components of the syndrome.

For more information on the subject or if you have any questions regarding medication management, please contact Dawn Sisneroz, PhD, at 909-890-2067.



# Dr. Brad Gilbert

....continued from front page

just a few simple clicks of your mouse. This new service is convenient and fast; it's as easy as logging on to [www.iehp.org](http://www.iehp.org). And, coming soon, you'll be able to track PM160s online for Immunizations and Well Child Visits.

Our primary goal is to help you strengthen your doctor-patient relationships by facilitating and assisting you with your recommended care. For specific questions and comments about the Health Management Programs or other resources provided in this issue, please contact Provider Services at (909) 890-2054 or contact me directly at (909) 890-2030.

## Administration of Psychotropic Medications to Foster Children

Only a juvenile court judicial officer has the authority to allow the administration of Psychotropic Medications to Foster children. Court authorization is based on a request from a physician indicating the reasons for the request, a description of the child's diagnosis and behavior, the expected results of the medication, and a description of the side effects.

At the last Roundtable and Continuing Medical Education, a question regarding administration of Psychotropic Medications to Foster Children was raised. *"What medications require court authorization?"*

### California Welfare and Institutions Code defines Psychotropic Medication

Section 369.5(d) "Psychotropic medication are those medications administered for the purpose of affecting the central nervous system to treat psychiatric disorders or illnesses. These medications include, but are not limited to, anxiolytic agents, antidepressants, mood stabilizers, antipsychotic medications, anti-Parkinson agents, hypnotics, medications for dementia, and psychostimulants."

For information, or should you have any questions or concerns regarding Foster Children and Psychotropic Medications, please feel free to contact us at (909) 890-2067.

## As A Reminder...

IEHP provides information about QI studies, HEDIS, and CAHPS results, and Member satisfaction surveys in the Provider Newsletter. Additional information about the QI Program, including a Program description and a report on progress in meeting goals is available on request by calling Member Services at 1-800-440-4347.

## IEHP Enrollment

### As of February 15, 2005

Medi-Cal	250,225
Healthy Families	32,705
Healthy Kids	8,470
Commercial Group Plan	1,596
TOTAL	292,996

# It's So Easy to Submit Your PERs Online

**NEW!**

A few simple clicks of your mouse are all it takes for Pharmaceutical Exception Requests (PERs).

It's convenient; just send your electronic submissions directly from your computer. The

"error-proofing" fields make it easy, plus it can save time from unnecessary telephone calls with mistakes or unreadable handwriting. No more faxing or filing.

You can check PER status easily from your PC, and print determinations as you need them. Most PERs are still processed in just one business day.

Just log on to [www.iehp.org](http://www.iehp.org), and Click <Providers>, or call the IEHP Pharmaceutical Services Department at (909) 890-2049 for further information.

## Just a Reminder About Submitting PM160s Online...

It's much faster and more accurate to submit PM160s online for Immunizations and Well Child visits. Log on to [www.iehp.org](http://www.iehp.org), and Click <Providers> for easy step-by-step instruction.



A Public Entity

INLAND EMPIRE HEALTH PLAN  
PO Box 19026  
San Bernardino, CA 92423-9026

PRSR STD  
U.S. POSTAGE  
PAID  
INLAND EMPIRE  
HEALTH PLAN