

Web replaces fax to report calls from the Nurse Advice Line

The IEHP Nurse Advice Line encounters are now posted daily on our Provider secure website, ending the use of facsimile machines to report encounters to you after your IEHP patients call the nurse.

When a new encounter is posted, your offices will now receive an automated call, prompting you to access the encounter, save it, or print for the patient's chart.

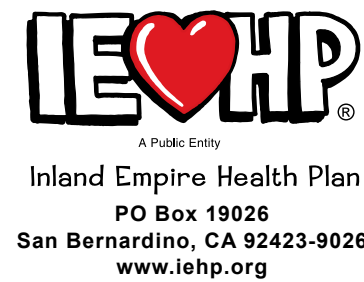
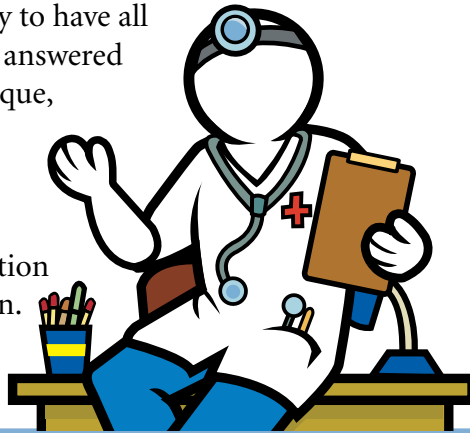
The new "Go Green" process saves paper and helps practices that use an electronic medical record (EMR), as these electronic versions can be downloaded and moved to the EMR without scanning a paper copy.

If you have any questions on the new process, call the IEHP Provider Relations Team at (909) 890-2054.

Coming in May - Learn more about the Clinical Literature Review

In May, you are invited to attend the IEHP Continuing Medical Education (CME) conference, featuring two renowned keynote speakers: Dr. Mike Stuart and Sheri Strite. You will have the opportunity to have all your questions answered during this unique, informative conference.

Look for your personal invitation in the mail soon.



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Physician Newsletter

Provider website how-tos

Refer Members to the IEHP Wellness Programs

1. Log in your Provider ID; password.
2. Select *Health Education*
3. Click on Referrals
4. Fill in form with Member ID #, referral type, Provider ID # and other highlighted fields.
5. Click *Submit*.

View Your IEHP Patient's Health Record

- Use our Member Eligibility verification screen.*
1. Log in your Provider ID; password.
 2. Click *Submit*; then click *Eligibility*.
 3. Select by SSN/CIN, IEHP ID or last name.
 4. Enter chosen data from previous step; then click *Submit*.
- Besides seeing if a Member is eligible or ineligible, you see their medical history.*

Billing and claims

Changes in the Medical Supply Billing and Supplemental Claim Attachments.

- Bill medical supplies with HCPCS Level II codes – instead the local "99" or HCPCS Level 1 codes).
- The Universal Product Number (UPN) is required on claims for contracted medical supplies only.
- UPN submission replaces supplemental invoice attachments or catalog pages.

For details, go to:
<http://files.medi-cal.ca.gov/pubsdoco/medsupply/medsupply.asp>

Claims must meet the National Drug Code (NDC) Reporting Requirements.

Claims must include both a valid NDC and a HCPCS code. Failure to enter codes correctly results in a line item request for a correct claim.
[Http://files.medi-cal.ca.gov/pubsdoco/ndc/articles/ndc_9630.asp](http://files.medi-cal.ca.gov/pubsdoco/ndc/articles/ndc_9630.asp)

Suggestions?

Tell us. Questions? Ask us.
Provider Relations: **(909) 890-2054**
Fax: **(909) 890-5652**
ProviderServices@iehp.org

When your office is closed, your IEHP patients can call the IEHP 24-Hour Nurse Advice Line.

Your IEHP patients have someone to turn to when they need help after-hours. They can call the **IEHP Nurse Advice Line**.

The licensed nurses at the Nurse Advice Line will use approved protocols to provide medical triage for your IEHP patients. For each call, the nurse will assess the condition of your IEHP patient – then give medical advice or point the patient to the right level of care.

24-Hour Nurse Advice Line
1-888-244-4347 or
1-888-880-0833 for TTY users
Seven days a week, including holidays.



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The Heartbeat

Physician Newsletter, Issue #12

Spring 2010

The trend of over-prescribing atypical antipsychotic drugs

Atypical antipsychotic drugs intended for more severe psychiatric conditions are now commonly prescribed to patients with even mild depression, raising questions about overuse.

Since the 1970s, clinicians have prescribed these drugs predominantly to treat conditions such as schizophrenia and bipolar mania. In recent years, however, the use of atypical antipsychotics, such as Abilify (aripiprazole) and Seroquel (quetiapine), has become ubiquitous among patients with all levels of depression. Factors driving this trend include approvals of these drugs by the Food and Drug Administration (FDA) and a slew of studies that suggest atypical antipsychotics over antidepressants for depression. But aside from the efficacy, should you always prescribe these drugs? Consider this: Atypical antipsychotic drugs barely outperform placebo. In studies, they leave a trail of adverse events, from mild blurred vision to triggering the onset of diabetes.

Here is an example of adverse events from a study of patients on Abilify compared to placebo:

	Abilify	Placebo
Akathisia	25%	4%
Blurred vision	6%	1%
Fatigue	8%	4%
Restlessness	12%	4%



Despite the growing list of adverse events, many drug manufacturers downplay them¹ and push clinical studies with positive results², encouraging clinicians to prescribe antipsychotics.

We feel these positive studies are marred by flaws and questionable data, which should prompt clinicians to look at these studies with an air of skepticism.

One study by Nelson, et al focused on 16 randomized controlled trials, spotlighting patients who failed to respond adequately to an antidepressant. After receiving the drug, these patients were given either an atypical antipsychotic or a placebo. In our opinion, the setup taints the results by exaggerating the effectiveness of the target drug and helping it outshine the antidepressant placebo group,

(See antipsychotics, Page 2)

Get a clear view of clinical trials
Page 2

IEHP launches new in-house Behavioral Health Program
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IEHP promotes appropriate use of antibiotics
Page 4

(Antipsychotics, from Page 1)

which already had failed to respond well to the treatment regimen. Results showed that after 4-12 weeks, the response rate for atypical antipsychotics was 44% (artificially high in our opinion) compared to 30% for placebo. Remission rates: 31% for atypicals; 17% for placebo.

Antidepressants equal to placebos?

Even antidepressants could be overrated as treatments for depression. According to an article in the January issue of the Journal of American Medical Association (JAMA)³, a report confirmed the effects of antidepressants might actually be less.

Reviewing 6 studies which compared antidepressant to placebo in patients with variable degrees

to placebo in patients with variable degrees of depression. Here's what the researchers found:

- **Mild to moderate depression: Effect size of $d = .11$.**
- **Severe depression: Effect size of $d = .17$.**
- **Very severe depression: Effect size of $d = .47$.**

The author asserts most people on antidepressants would have done as well on placebo without side effects. Yet we stop short of labeling antidepressants as ineffective because of the placebo-controlled trials versus reality.

After evaluating and assessing these drugs based on the studies, we contend that antidepressants might work better than placebo only for patients with severe depression (Hamilton scale $\rightarrow 24$).

1. Ronald Marcus et al (2008) The Efficacy and Safety of Aripiprazole as Adjunctive Therapy in Major Depressive Disorder Journal of Clinical Psychopharmacology, 28 (2), 156-165. 2. Nelson J., & Papakostas, G. (2009). Atypical Antipsychotic augmentation in Major Depressive Disorder: A Meta-Analysis of Placebo-Controlled. (3) Jay C. Fournier, et al. Antidepressant Drug Effects and Depression Severity: A Patient-Level Meta-analysis JAMA, January 6, 2010; 303: 47-53.

Avoid blind spots in clinical trials



Dr. William Henning
Chief Medical Officer

You expect twisted facts in the political arena – but not in the medical field. However, more drug manufacturers now seem to burnish their clinical trial results to give them a positive spin, a trend that has laid bare unrealistic estimates of drug effectiveness.

It concerns us that some drug manufacturers are intent on securing a specific result and publishing it. Without adequate examination, clinicians could be influenced by these spurious results, which can be a precursor to improper prescribing decisions.

In this issue, we look at clinical trials on atypical antipsychotics and antidepressants. Our focus here is not to question the validity of the studies but to encourage caution and scrutiny before prescribing these drugs for depression, a practice that is eclipsing other treatment options such as social therapy.

Meanwhile, there is the problem of failing to disclose all clinical results. I believe this selective reporting will not ebb until legislators pass new standards and procedures for the available data on drugs' risks and benefits – and for physician prescribing.

Proposals include medication guides for patients and restricting which physicians can prescribe a drug. But there lacks a consensus on how to proceed. Until then, more studies will go unpublished.

Needless to say, selective reporting deprives patients access to this information and undermines the ability of clinicians to make appropriate prescribing decisions. Because of the latter, we ask that you to place your confidence in the IEHP Formulary.

The IEHP Formulary serves as a catalyst for you to build clear opinions on drugs.

We research and review evaluations on drugs through the IEHP Pharmacy and Therapeutic Subcommittee, which reviews the efficacy and safety of drugs using an evidence-and-value based clinical approach.

With this formidable resource, the IEHP Formulary serves as a catalyst for you to build clear, sound opinions on drugs.

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IEHP launches the in-house IEHP Behavioral Health Program

By Peter Currie, Ph.D., Clinical Director of Behavioral Health

For more than a decade, the Inland Empire has seen psychiatrists, psychologists, licensed clinical social workers and MFTs become isolated from the health care system. In particular, the private practice Behavioral Health Specialist has been “carved out” to a national network, creating a gap in coordination of care.

Furthermore, the consensus among our physicians was that sending patients to Behavioral Health Specialists rarely yielded the feedback that they had come to expect from other specialists. It was as if we were sending patients into a “Black Hole.”

In light of these observations and attitudes, we at IEHP launched our own in-house Behavioral Health Program in February 2010, culminating a year of planning and network development.

We believe the Behavioral Health Specialist can play a key role in helping improve the health of our Members.

Building our in-house program

Until February 1, 2010, the IEHP behavioral health network had been supported by United Behavioral Health (UBH), which had contracted with Behavioral Health Specialists to supply behavioral health benefits to our Members.

Since that date – we ceased using UBH to provide behavioral health benefits for Members of Healthy Families, Healthy Kids and Medicare DualChoice HMO. However, UBH is responsible to pay for all dates of service before February 1, 2010.

Because we oversee our in-house Behavioral Health Program, Behavioral Health Specialists now work directly with us for authorizations, claims, payments, and customer service.

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In addition, since we no longer pay a national behavioral health plan, we redirect those funds to our own Behavioral Health Specialists. We also manage Behavioral Health services (except Medi-Cal, which is managed by the County Mental Health Departments) for Members of Healthy Families, Medicare DualChoice and San Bernardino Healthy Kids programs.

Goals for our new program

We want to integrate the Behavioral Health Specialist into the IEHP health care team. In this respect, we seek to improve the coordination of care by facilitating communication between our Behavioral Health Specialists and Primary Care Physicians. To achieve this, we developed a web-based interface.

The system compiles the Behavioral Health Specialist's initial treatment report – including subsequent treatment updates – which will be sent to the Member's PCP. After the Member signs a release-of-information form in the office of their Behavioral Health Provider, we send the clinical report to the Member's PCP.

Members can self-refer by phone

Another feature allows a Member to call IEHP directly for a referral to our mental health and chemical dependency services. Consequently, PCPs might receive a clinical report for a Member who accesses these services through IEHP, as long as the Member signed the release-of-information form.

Behavioral Health referrals – online

The PCP can now refer a Member to Behavioral Health services with our new online system, featuring a pre-populated demographic data and a quick-input field for the *referral reason*. It also prompts the PCP office, guiding the referral to the correct locale: the County for Medi-Cal or IEHP for Healthy Families, Healthy Kids or IEHP Medicare DualChoice.

In bringing our Behavioral Health Program in-house – and joining Primary Care Physicians and Behavioral Health Specialists as a team – we hope to cultivate better coordination of care for our Members.

HOW TO... Refer a Member for Behavioral Health Services online

One of the hallmarks of our in-house Behavioral Health Program will be efficiency. Our IEHP Provider secure website will reflect that trait by allowing you to expeditiously refer Members to these services.

Here's how:

After you log in, input the secure ID and password of the PCP who will issue the referral.

1. Click on *Behavioral Health*.
2. Click on *Behavioral Health Forms*.
3. Select *Request for Initial Authorization – PCP form*.
4. Enter Member ID # or SS#.
5. Enter submission date.
6. Select name of referring PCP from drop down menu.
7. Click *Continue*.
8. Fill in quick Behavioral Health problem rating and service requested on the form.
9. Click *Submit*. You are done.



IEHP Enrollment

As of March 2010

Medi-Cal.....	372,922
Healthy Families.....	57,977
Healthy Kids.....	6,990
Medicare DualChoice.....	3,312
Total.....	441,201

IEHP joins the AWARE movement to reduce improper antibiotic use

We are collaborating with the Alliance Working for Antibiotic Resistance Education (AWARE) as part of a statewide effort to reduce unnecessary use of antibiotics and the prevalence of antibiotic resistant bacteria.

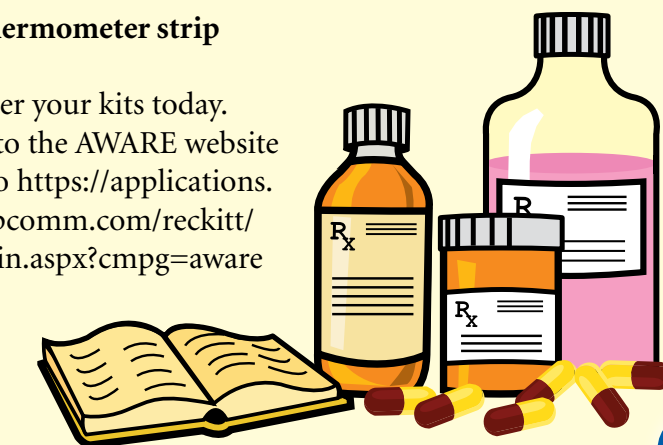
Under the auspices of the California Medical Association (CMA) Foundation, which launched the alliance ten years ago, AWARE hopes to raise awareness and garner support in the community. Across the state, dozens of projects headed by numerous partners, including physician organizations, health care providers, health plans, public health agencies, federal, state and local government representatives, have sprouted.

For example, to inform the community, the AWARE Speakers Bureau joins health care professionals and pharmacy students for presentations at schools, childcare centers, businesses and non-profit organizations.

To encourage appropriate antibiotic prescribing, AWARE has put together a Cough and Cold Kit for health care professionals to pass on to their patients. Inside, the kit doubles as an educational tool and a medicine cabinet for patients, as it contains an array of materials to help treat colds and flu, including:

- **Booklet: *Stay Healthy, This is Cold and Flu Season***
- **Cough and cold brochure, in English and Spanish**
- **Flu fact sheet by Lysol® in conjunction with CDC**
- **Sample pack of Mucinex DM®**
- **Sample bottle of Delsym®**
- **Thermometer strip**

Order your kits today. Go to the AWARE website or to <https://applications.corpcomm.com/reckitt/Login.aspx?cmpg=aware>



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