

The Heartbeat

Fall 2004



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Chief Medical Officer

After collecting data for 20 HEDIS measures in the areas of Effectiveness of Care, Access/Availability of Care, and Use of Services, IEHP achieved results for 17 measures that put us in the 75th or 90th percentile nationally. This is excellent news, and proves that the strides we've all taken have been worth it, putting us closer to the top!

IEHP Physicians can be proud of the excellent improvement in many areas including Childhood Immunization Status and Cervical Cancer Screening in Women. Also, areas which have consistently been strong, such as Monitoring for Diabetic Nephropathy, are remaining so. But, like most anything, there is room for improvement. There were compliance decreases in Chlamydia and Breast Cancer Screenings.

IEHP has requested lab encounter data more frequently, and will continue Member reminder postcard mailings to impress upon them the importance of appointments. This newsletter contains information about Immunization Schedules, Chlamydia Guidelines, and more – look them over for helpful tips. The Pay For Performance Physician Incentive Program, P4P, is also very informative and can positively enhance your bottom line.

All in all, the results were excellent. Thank you for your diligent work and service to your Patients. We look forward to another year of continued improvement.

IEHP's Commitment to HEDIS®

The Health Plan Employer Data and Information Set, HEDIS®, is the most widely used set of performance measures in the managed care industry. Developed and maintained by the NCQA, National Committee for Quality Assurance, HEDIS® is part of an integrated system to establish accountability in managed care.

IEHP follows strict HEDIS® data collection guidelines. Only if administrative data contains evidence of the required visit, test, or prescription during the specified time frame, can the data be counted. Otherwise, IEHP staff reviews the Member's medical record.

Each year, IEHP's Quality Management Committee develops Corrective Action Plans to improve our overall quality and HEDIS® rates. Our current targets represent a 10% decrease in non-compliance.

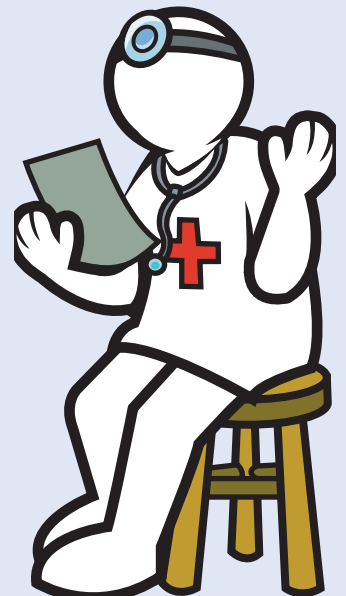
HEDIS® Results SOAR!

The proof is in the pudding; an applicable cliché to the latest HEDIS® results! After collecting data for 20 HEDIS® measures within the areas of Effectiveness of Care, Access/Availability of Care, and Use of Services, 10 are in the 90th percentile, and 7 are in the 75th percentile!

These are excellent results! You and your colleagues should be very proud, as these percentages reflect a commitment to providing excellent care.

It's good to aim for the stars, and we're almost there! Read up on the new Pay For Performance Physician Incentive Program, or P4P.

Keep up the great work!



	2002	2003	Percentile ¹	2004 Target
Effectiveness of Care				
Childhood Immunization Status				
Combination 1	64.2%	70.8%	90th	73.7%
Combination 2	62.6%	68.1%	90th	71.3%
Adolescent Immunization Status				
Combination 1	52.3%	52.1%	75th	56.9%
Combination 2	32.2%	32.6%	75th	39.3%
Breast Cancer Screening	55.1%	52.0%	50th	56.8%
Cervical Cancer Screening	65.7%	71.1%	75th	74.0%
Chlamydia Screening in Women				
Ages 16 - 20	31.8%	30.1%	25th	37.1%
Ages 21 - 26	29.5%	30.2%	25th	37.2%
Cholesterol Management After Acute Cardiovascular Events				
LDL-C Screening		62.5%	90th	66.3%
LDL-C Level <130 mg/dL		37.5%	75th	43.8%
LDL-C Level <100 mg/dL		28.1%	NA	35.3%
Controlling High Blood Pressure		64.5%	90th	68.1%
Comprehensive Diabetes Care				
HbA1c Testing	68.7%	73.5%	75th	76.2%
Poor HbA1c Control	58.5%	54.0%	50th	48.6%
Eye Exams	64.9%			
Eye Exams*		57.4%	90th	61.7%
LDL-C Screening	74.9%	84.2%	90th	85.8%
LDL-C Level <130 mg/dL	43.0%	45.7%	90th	51.1%
LDL-C Level <100 mg/dL		23.8%	NA	31.4%
Monitoring for Diabetic Nephropathy	51.6%			
Monitoring for Diabetic Nephropathy*		53.3%	90th	58.0%
Use of Appropriate Medications for People with Asthma				
Ages 5 -9	55.5%	61.4%	75th	65.3%
Ages 10 - 17	62.4%	62.9%	75th	66.6%
Ages 18 - 56	63.6%	65.9%	90th	69.3%
Combined	61.1%	63.7%	90th	67.3%
Access/Availability of Care				
Timeliness of Prenatal Care	74.1%	81.0%	75th	82.9%
Post-Partum Care	52.5%	58.4%	75th	62.6%
Use of Services				
Well-Child Visits in the First 15 Months of Life	39.4%	63.2%	90th	66.9%
Well-Child Visits in the 3rd, 4th, 5th, & 6th Years of Life	66.4%	70.6%	90th	73.5%
Adolescent Well-Care Visits	38.0%	44.0%	75th	49.6%

¹Based on NCQA Standard Scoring Adjustments

* Change in numerator criteria from previous year

Opportunity is a 'knockin'

While the HEDIS® scores are impressive, there are still opportunities for improvement. Specifically, the scores for both **Chlamydia Screening in Women** and **Breast Cancer Screening** fell from last year.

In an effort to improve our scores for the next time around, IEHP is:

- Working with our lab vendor to receive lab encounter data and test results
- Sending you and your colleagues the Chlamydia Clinical Practice Guidelines
- Sending postcards to Members reminding them of the importance of an annual mammogram
- Targeting the month of October to promote breast cancer screenings

Meanwhile, you and your peers can focus on continuing to deliver quality care and take advantage of the Pay For Performance Program, P4P. This is an enhanced version of the PIP program, offering more comprehensive incentives for:

- ☛ Immunizations
- ☛ Well Child Visits
- ☛ Pap Tests
- ☛ Chlamydia Screening Tests
- ☛ Perinatal Services
- ☛ Postpartum Services
- ☛ Diabetes



IEHP can help your patients learn healthier ways to care for themselves with IEHP's Health Education Programs.

- ♥ Family Asthma
- ♥ Diabetes Self Management
- ♥ Car Seat Program
- ♥ Stop Smoking
- ♥ Healthy Heart
- ♥ Weight Management
- ♥ Healthy Babies
- ♥ Health Management

Refer your patients to any Health Education Program by having them call IEHP MEMBER SERVICES at 1-800-440-IEHP (4347)/ TTY (909) 890-0731.

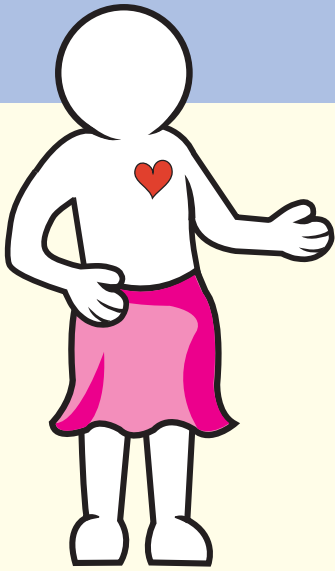
Once PIP, Now P4P



The Pay For Performance Program, or P4P, replaced PIP in July 2004 in order to simplify program requirements. P4P simplifies by:

- Increasing the submission timeframe from 30 days to two months for all components except OB services
- Implementing a \$100 bonus for:
 - ☛ A Well Child visit within the age window of 11.5 thru 12.9 months with full IPV, Hepatitis B, and Hib compliance
 - ☛ A Well Child visit within the age window of 12.1 and 15.0 months with full IPV, Hepatitis B, and Hib and DtaP compliance
 - ☛ Full immunization compliance by the age of 2
- Increase First Trimester initial prenatal visit to \$400
- Increase Second Trimester initial prenatal visit to \$300
- Increase Third Trimester initial prenatal visit to \$200
- Increase Postpartum visit to \$300

Chlamydia Screening Guidelines



Chlamydia is the most common communicable disease reported in California with an estimated 600,000 new infections each year. Early identification through annual screening and appropriate treatment can significantly reduce the short- and long-term complications in women.

Sexually active women up to age 25 should receive annual exams, and tests utilizing Nucleic Acid Amplification Technology (NAATs). These tests are extremely accurate, ensuring fewer false positives or negatives. NAATs are also well received by patients because they are not dependant upon endocervical or urethral swabs, but rather urine samples. It's advisable to test for other STDs as well, and patients testing positive for chlamydia should be screened again in three to four months.

Chlamydia is easily treated orally with either a one-time, one-gram dose of azithromycin, or 100 mg of

doxycycline twice a day for seven days. Patients should abstain from intercourse for seven days after azithromycin treatment, or until doxycycline treatment is completed. An additional seven days is recommended after all sexual partners have been treated as well. Remember too, that in California all cases of chlamydia must be reported to the health department in the jurisdiction where the patient resides.

Sexual partner evaluation and treatment is important in controlling chlamydia in a community, and reducing individual reinfection. If possible, evaluate and treat all sexual partners for the last two months; however, for partners in California who may not access care, the Patient-Delivered Partner Therapy Law allows providers to prescribe treatment without an examination.

Implementation guidelines are available at the website listed below.

For more information, visit

http://www.ucsf.edu/castd/clinical_guidelines.html

Check the Schedule!

The new July – December 2004 Childhood and Adolescent Recommended Immunization Schedule is out! You can link directly to the schedule on our new, multi-faceted Web site at www.iehp.org. The Web site was designed with Providers in mind, offering a variety of services and tips. Surf it and see!!



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