

FALL 2011

Prevention First

Buckeye Community Health Plan's preventive care and clinical practice guidelines are based on the health needs of our members and opportunities for improvement identified as part of our Quality Improvement (QI) Program. When possible, Buckeye adopts preventive and clinical practice guidelines that are published by nationally recognized organizations, government institutions and state-wide collaboratives.

We encourage providers to use these guidelines as a basis for developing personalized treatment plans for our members and to aid members in making decisions about their healthcare. They should be applied for preventive services as well as for management of chronic diseases. Buckeye measures compliance with these guidelines by monitoring related HEDIS measures and through random audits of ambulatory medical records.

Preventive and chronic disease guidelines include, but are not limited to:

- ADHD
- Adult preventive
- Asthma
- Breast cancer
- Depression
- Diabetes
- Immunizations
- Lead screening
- Perinatal care
- Sickle cell

Buckeye's preventive care and clinical practice guidelines are intended to augment, not replace, sound clinical judgment. Guidelines are reviewed and updated annually or upon significant change.

It's Flu Time 2011

By Ronald A. Charles, MD MHA FACP FACHE,
Vice President, Medical Affairs

Fall is here again, and that means back-to-school, cooler weather and autumn leaves. For physicians, it is time to prepare for the flu season. Traditionally, this meant family physicians and internists encouraging their patients over age 65 and those with certain chronic diseases to get a flu vaccine.

Recommendations about who should receive the flu vaccine and what type of vaccine they should get have been made, and they will affect all physicians.

The CDC and the Advisory Committee on Immunization Practices (ACIP) have finalized new recommendations for flu vaccine administration. These recommendations are updated every year. The recommendations for the 2011-2012 season are very simple: Everyone over the age of 6 months should be vaccinated unless there is a contraindication.

Buckeye Community Health Plan fully supports these recommendations and is willing to support the physicians in this effort. Our care management staff will be reinforcing the fact that certain high-risk patients who should receive flu immunizations do so. This includes groups that are at high risk for flu complications, such as children 6 months to 5 years, adults over 65, pregnant women and women planning on pregnancy during the flu season, and those with chronic cardiopulmonary disease and the immunocompromised.

Vaccination decreases the chances of someone getting the flu, diminishes the severity and duration of illness if someone gets it, or decreases the chances of a person getting a complication of the flu, such as a secondary pneumonia.

For the 2011-2012 season, there will be one vaccine containing three flu strains. The vaccine will contain the H3N2, influenza B and H1N1 viruses. Only one dose of the vaccine will be needed. Flu vaccinations can be given in the office or are available to patients through local health departments and pharmacies.

Buckeye will start a telephone campaign, mailings to patients and collaborating with Federally Qualified Health Centers (FQHCs) and large rural multispecialty practices. Our goal is to work with physicians to ensure that this flu season will not be a burdensome one to your practices and the healthcare system.

Information is available at CDC's influenza website (cdc.gov/flu), including any updates or supplements to these recommendations that might be required during the 2011-12 influenza season. Vaccination and health-care providers should be alert to announcements of recommendation updates and should check the CDC influenza website periodically for additional information.

PROVIDERS: You can find valuable immunization information and education at PROTECTcme.org.



BEST PRACTICE

Focused on Quality

Buckeye's culture, systems and processes are structured around its mission to improve the health of all our members.

The scope of Buckeye Community Health Plan's Quality Improvement (QI) Program is comprehensive, addressing the quality and safety of clinical care and services provided to our members, including medical, behavioral health, dental and vision care.

The QI Program is run by Buckeye's Vice President of Medical Affairs, Director of Quality Improvement and the Quality Improvement Committee. We incorporate all demographic groups, care settings and services in our QI activities, including preventive care, emergency care, primary care, specialty care, acute care, short-term care and ancillary services.

Buckeye's primary quality improvement goal is to improve members' health through a variety of meaningful improvement activities implemented across all care settings, aimed at improving quality of care and services delivered.

The QI Program includes planning, implementing and monitoring of programs. It monitors several metrics and comprises components such as, but not limited to:

- NCQA (National Committee for Quality Assurance) accreditation and EQRO (External Quality Review Organization) compliance with the state of Ohio.

- HEDIS (Health Effectiveness Data Information Sets) data compilation and reporting.
- Quality improvement studies.
- Investigation and tracking of risk management and potential quality of care complaints.
- Ongoing monitoring of key performance measures (well-child visits and immunizations, pregnant women receiving early and regular care, health tests such as chlamydia screenings, mammograms, lead screenings, etc.).
- Ensuring members with chronic conditions such as diabetes and asthma are getting recommended tests and appropriate medications for their condition.
- Conducting member satisfaction surveys regarding the healthcare and services they are receiving.
- Provider feedback via surveys, structured committees and direct feedback.
- Ensuring utilization management effectiveness.

You and your staff may learn more about our Quality Improvement Program by calling 1-866-796-0530. Additionally, the documented 2011 QI program is available upon request.



Access to You Is the Key to Care

Buckeye maintains appointment access standards.

Buckeye Community Health Plan strives to ensure members have access to timely, appropriate care for all their health needs. We will work with you to establish clear standards for scheduling appointments and the length of wait times.

For scheduling appointments, members should be able to get an appointment with their primary care doctor as follows:

- Routine visits—within 28 days.
- Urgent visits—should be scheduled within 24 hours (no later than the end of the following working day after initial contact with the PCP).

- Emergency visits—should be performed immediately upon arrival.

For office wait times, these standards should be followed:

- Walk-in patients with nonurgent needs should be seen as a work-in appointment, if possible, or scheduled for an appointment as soon as possible.
- Emergency patients should be seen immediately.

Providers should also assist patients who urgently need to see a specialist.

Has She Had Her Screenings?

As a part of the patient interview and check of vital signs, consider adding a routine question to determine how recently women have received cancer screenings. Checkups provide a good opportunity to discuss the importance of these tests and explore the correct schedule for screening.

Pap tests: The Centers for Disease Control and Prevention recommends that women have a Pap test every two years starting at age 21. Women over 30 who have had three normal results in a row may have a Pap every three years. And women over 65 may be able to stop having the tests. However, women with weakened immune systems or HIV should be tested more frequently.

Mammograms: The U.S. Preventive Services Task Force and the National Cancer Institute agree that women of average breast cancer risk should speak with their doctors about mammograms beginning at age 40, and have the test as their doctor recommends. Starting at 50, women should have mammograms every one or two years, as recommended by their doctor.

Childhood Obesity

We're determined to help slow the rate of overweight children and adolescents. Working with providers like you, we can prevent the onset of serious diseases among our younger population.

Track your younger patients' BMI in their medical records, talk with parents about smart nutrition and activity and use the appropriate diagnoses and procedure codes on the claims you submit. Be sure to code the appropriate code for the BMI percentile for all patients screened.

As a reminder, here's how to manually calculate BMI using an accurate weight and height:

STEP 1: Weight (in pounds) divided by height (in inches) = Result 1

STEP 2: Result 1 divided by height (in inches) = Result 2

STEP 3: Result 2 X 703 = BMI

'TIS THE SEASON

We're nearing the time of year when more and more patients arrive seeking treatment for sore throats and cold-like symptoms. There are numerous causes of inflammation of the pharynx, including colds, flu, sinus drainage and environmental irritants. With infectious pharyngitis, however, the mucosa of the pharynx becomes inflamed after invasion by either a virus (as with mononucleosis) or a bacterium (as with strep throat).

You can help stave off unnecessary office visits by initiating an educational effort now. In the coming months, distribute a checklist of causes, symptoms and treatments for sore throat that also explains when it's time to call for medical help. Include a reminder that antibiotics are reserved for cases such as strep throat, which is detected by testing.

Encourage patients—including concerned parents of younger patients—to call your office promptly if they observe this cluster of symptoms indicative of strep throat:

- Sore throat but no cough
- Fever
- Red tonsils streaked with white (pus)
- Swollen neck glands (lymph nodes)

Display the information in your waiting room and post it on your practice's website.

Speak Up

In order for Buckeye Community Health Plan to ensure that our providers are receiving the best service from our plan, we work with The Myers Group to conduct a confidential Provider Satisfaction Survey.

The survey asks you, the provider, to rate us on areas like how well we process claims and answer questions. It also asks about specific items such as our medical review policies and communication with you.

Your feedback is reviewed closely and it helps us develop action plans. We want to ensure that we continue to meet your service expectations and improve where needed. We want you to know that when you talk, we listen.

The 2011 survey will be distributed via mail, phone and the Internet during the third quarter of 2011. We will remind you that the survey is coming with a reminder on the provider portal.

Please watch for the survey and let us know how we are doing.



AT YOUR SERVICE

Starting Smart

Buckeye's START SMART for Your Baby® program is designed for women who are pregnant. In this program, members can earn up to \$200 on a CentAccount prepaid MasterCard card for going to prenatal, postpartum and well-baby visits for the first 15 months of life.

To be eligible, a pregnant woman must enroll before the third trimester. Call our Provider Services department for more information.

Tips for Patients With Tongue Piercings

Oral piercing has become fashionable over the last decade. While oral piercing can involve the lips, cheek or uvula, the tongue is most commonly pierced.

Tongue piercing involves placing a barbell-type stud through the tongue. There are several common risks associated with tongue piercing.

- **INFECTION:** This is possibly due to non-sterile techniques or improper care after the piercing. Treatment may include antibiotic therapy, localized cleansing (including removal of the tongue ring) and oral hygiene instructions. Serious infections involving sublingual, submandibular and submental facial spaces can require emergency medical treatment.
- **CHIPPED OR BROKEN TEETH:** Usually occurs through biting the barbell, especially in new piercings with the initial longer barbell. To minimize the risk, a shorter barbell or one made of an acrylic material should be worn.
- **ENAMEL LOSS:** Most commonly occurs at the back of the teeth through repeated rubbing against the jewelry. A shorter barbell or one made of a nonmetallic material may be worn to prevent enamel loss.
- **GINGIVAL RECESSION:** Over time, repeated contact between the tongue ring and the gingiva can lead to significant gingival recession, especially when long stem barbells are used. Smaller tongue rings can reduce the risks of gingival recession. Removal of the jewelry might also be necessary.

When examining a patient who has a pierced tongue, the following additional patient instructions might be considered:

- Remove tongue jewelry daily, clean with detergent and wipe with alcohol.
- Clean the pierced site of the tongue with a brush and use antiseptic mouth rinse.
- Exercise conscious control of the movement of tongue jewelry during chewing or speech.
- Consider replacing the metallic jewelry ball with a nonmetallic alternative.

Buckeye Cares

Buckeye case management (CM) supports the provider treatment plans for our case management members by having a high-touch, face-to-face presence.

Buckeye case management is visible in our provider offices, facilities and community agencies, accompanying our members on routine visits and providing face-to-face education, advocacy and support.

We are happy to receive referrals from our providers for any of our members who could benefit from having a case manager accompany them to the point of service, so please contact our CM department at 1-866-246-4359.

BUCKEYE COMMUNITY HEALTH PLAN 2011 HEDIS RATES

HEDIS Measure	2011 HEDIS (CY 2010)
Childhood Immunizations	
Dtap/DT	91.44%
IPV	91.44%
MMR	91.44%
HIB	89.58%
Hep B	84.26%
VZV	89.58%
Pneumococcal	78.47%
Combo 2	66.67%
Combo 3	62.04%
Childhood Measures	
Lead Screening in Children	57.56%
Appropriate Testing for Children With Pharyngitis	55.35%
Appropriate Testing for Children With an Upper Respiratory Infection (URI)	80.79%
Adolescent Well-Care	40.05%
Annual Dental Visit (2-21 Years)	51.02%
Frequency of Well-Child Visits in the First 15 Months of Life	
No Visits in the First 15 Months of Life	1.62%
One Visit in the First 15 Months of Life	2.08%
Two Visits in the First 15 Months of Life	2.78%
Three Visits in the First 15 Months of Life	3.70%
Four Visits in the First 15 Months of Life	7.41%
Five Visits in the First 15 Months of Life	10.19%
Six or More Visits	72.22%
Well-Child 3-, 4-, 5-, 6-Year-Olds	65.66%
Comprehensive Diabetes Care	
HbA1c Testing	75.17%
HbA1c Good Control < 7	NR
HbA1c Good Control < 8	32.59%
HbA1c Poor Control > 9 (the lower the better)	61.42%
Eye Examination	49.39%
Monitoring for Nephropathy	74.72%
LDL-C Screening	67.41%
Blood Pressure Control < 140/90	45.90%
Blood Pressure Control < 140/80	28.38%

Behavioral Healthcare Measures	
Antidepressant Med Management (Effective Acute Phase Treatment)	52.39%
Antidepressant Med Management (Effective Continuation Phase Tx)	36.88%
Follow-up Care in Children for ADHD Medications (Initial)	46.50%
Follow-up Care in Children for ADHD Medications (Continued)	57.62%
Follow-up After Hospitalization for Mental Illness (7 Day)	45.90%
Follow-up After Hospitalization for Mental Illness (30 Day)	74.71%
Frequency of Ongoing Prenatal Care	
< 21% of Expected Visits	7.58%
< 21-40% of Expected Visits	3.31%
< 41-60% of Expected Visits	7.95%
< 61-80% of Expected Visits	19.26%
> 81% of Expected Visits	61.90%
Cardiovascular Conditions	
LDL-C Screening for Patients With Cardiovascular Conditions	78.19%
LDL-C Level <100 mg/dL	29.23%
Controlling High Blood Pressure	38.36%
Persistence of Beta Blocker Post-MI	84.42%
Respiratory Conditions	
Appropriate Meds for Asthma	89.82%
Avoidance of Antibiotics in Adults With Bronchitis	15.60%
Use of Spirometry in the Diagnosis of COPD	34.52%
Rx Management for COPD—Corticosteroid	72.99%
Rx Management for COPD—Bronchodilator	84.15%
Musculoskeletal Conditions	
Anti-Rheumatic Drug for Rheumatoid Arthritis	78.26%
Use of Imaging Studies for Low Back Pain	72.89%

HEDIS Measure	2010 HEDIS (CY 2009)	2011 HEDIS (CY 2010)	Percent of Variance From CY 2009	NCQA Percentile
Women's Prevention and Screening				
Breast Cancer	46.66%	48.26%	↑ 1.60%	Below 50th
Cervical Cancer	62.13%	64.54%	↑ 2.41%	Below 50th
Chlamydia Total Rate	51.64%	54.61%	↑ 2.97%	Below 50th
Timeliness of Prenatal Care	87.34%	88.14%	↑ 0.80%	50th
Postpartum Care	67.99%	63.95%	↓ 4.04%	Below 50th

Diabetes 101 for Patients

Research indicates more education is needed.

Don't assume that your diabetic patients understand their disease. A study published in *Diabetes Care* found that many low-income minority patients often lack knowledge about the disease. And some of the misconceptions they have can put their health at risk. The findings underscore the need for ongoing education.

Researchers surveyed adults with type 2 diabetes, 55 percent of whom were using insulin. All were getting regular medical care. Fifty-eight percent were Latino and 34 percent were African-American. The average annual income was below \$30,000. The average number of years of living with diabetes was 13.

Among the survey findings:

- 56 percent believe that 200 mg/dL or less was normal blood glucose level.
- 23 percent believe that there's no need to take diabetes medications when blood glucose levels are normal.
- 42 percent believe that blood glucose levels of 110 mg/dL or less are too low.
- 36 percent believe that they will not always have diabetes.
- 29 percent believe that their doctor will cure them of diabetes.



→ 12 percent believe that they have diabetes only when their blood glucose levels are high.

The survey respondents more likely to have misconceptions about diabetes were those with poor blood glucose control (based on A1c levels) and those using insulin.

WHAT YOU CAN DO

Findings like these should spur you to review your diabetes patient education efforts. Is your current approach working? Do patients know what a normal blood glucose level is? Asking them basic questions during your office visit lets you take advantage of teachable moments to discuss and correct misconceptions.

Another approach is to ask patients to take a brief multiple-choice quiz consisting of basic questions about diabetes. Explain that their answers will help you find out if your diabetes education program needs improvement. A quick look at the answers before you enter the exam room will tell you if the patient is a candidate for an educational intervention. In the case of younger patients, ask their parents/guardians to take the quiz, too.

If you're working with minority populations, be sure your education program is culturally sensitive and ongoing. Evidence shows that type 2 diabetes education tailored to the cultural needs of a target population results in improved blood glucose control, generally for up to six months.

WEB RESOURCES

Two consumer summary guides on diabetes are available online from the Agency for Healthcare Research and Quality. (Clinician guides also are available.) To download English and Spanish versions of "Pills for Type 2 Diabetes: A Guide for Adults," and "Premixed Insulin for Type 2 Diabetes: A Guide for Adults," visit the AHRQ website at effectivehealthcare.ahrq.gov/.

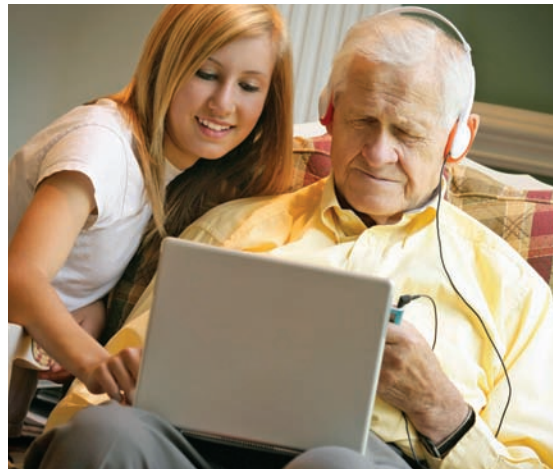
Dental Health Supports Total Health

A look inside the mouth of a patient is your opening to talk about the mouth-body connection:

- Explain the seriousness of gum disease caused by plaque that forms below the gumline. Research consistently has documented the association between oral infections—primarily from gum disease—and diabetes, heart disease, stroke, preterm births and other conditions.
- Remind patients about the importance of regular dental checkups as a preventive health measure. A dentist can remove plaque, fill cavities and correct other oral health problems before they become serious.
- Remind your patients that dental care is a covered benefit, and encourage them to seek routine (ages 2-21) dental care.

Flu News

The Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices recommends that everyone 6 months and older receives the flu vaccine. Get the latest information about the 2011–2012 influenza season at cdc.gov/flu.



How to Search Our Network

Buckeye Community Health Plan's website is a resource for members who wish to locate primary care providers, specialists, hospitals, community health centers, pharmacies and other medical facilities close to home. Members can visit bchpohio.com and select "Find a Provider." Members may also call Buckeye's member services at 1-866-246-4358 (TTY 1-800-750-0750) for help finding a provider.

If any of your contact information has changed or is not listed accurately in our Provider Directory, call 1-866-296-8731.

CONSIDER THIS

The Whole Picture

The condition of a medical office can play a role in members' perception of care.

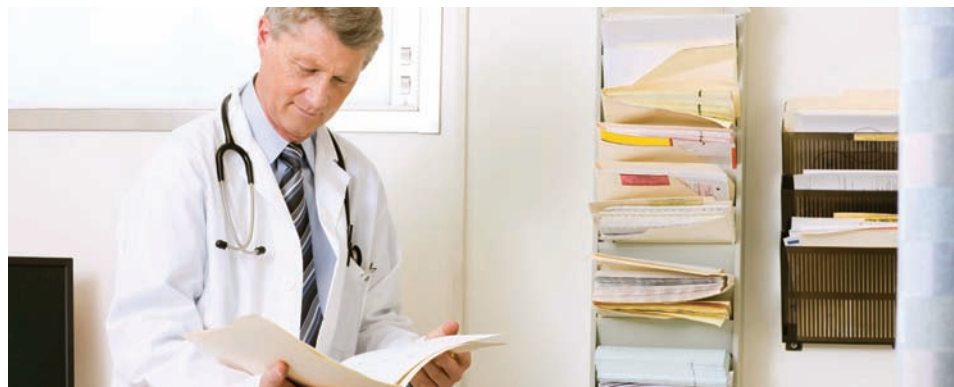
As part of our commitment to delivering quality service to our members, we ask network providers to maintain a professional practice environment. Buckeye Community Health Plan reserves the right to conduct provider site visits. Site visit audits are usually conducted as a result of member dissatisfaction or as part of a chart audit. The site visit auditor reviews the quality of the location where care is provided. The review assesses the accessibility and adequacy of the treatment and waiting areas.

Below are general expectations for a practitioner's office:

- ➔ Member records and other confidential information must be locked up out of sight during

the work day, and medication prescription pads and sample medications must be locked up and inaccessible to members.

- ➔ Office must be professional and secular.
- ➔ Signs identifying the office must be visible.
- ➔ Office must be clean and free of clutter, with unobstructed passageways.
- ➔ Office must have a separate waiting area with adequate seating.
- ➔ Clean restrooms must be available.
- ➔ Office environment must be physically safe.
- ➔ Network providers must have a professional and fully-confidential telephone line and 24-hour availability.



CHECK IN, CHECK UP: Are your patients up to date with their HealthChek/EPSTDT exams? Use every opportunity to complete a HealthChek exam for patients—including during sick visits.

MEMBER SERVICES: 1-866-246-4358

PROVIDER SERVICES: 1-866-296-8731



Buckeye 
Community Health Plan.