



## Efficient Prescribing—The Savings May Well Be Your Own

*By Tom Culhane, M.D., Medical Director*

### Inside this issue:

PAGE

**Efficient Prescribing—The Savings May Well Be Your Own** 1-2

**Three Vaccines Added to Washington's Universal Childhood Vaccine Program** 1-2

**Use CUP's Sports Physical Form for Adolescent Well-Child Exams** 3

**CHILD Profile gives Providers Electronic Tools to help with Vaccine Management** 4

**Advance Directives** 4

**Chronic Disease Self-Management Program** 5

**CUP Rolls Out EPSDT / Immunization Online Report** 5-6

A recent physician pharmacy profile sent to me by a local health plan had some bad news for primary care physicians. Spending on pharmaceutical products has increased to 15% of the company's total medical expense while spending on primary care services has dropped to a mere 3%. At CUP we have seen a 15% increase in pharmaceutical expense for the first 5 months of 2007 compared to 2006. The increase is driven by a number of factors including more prescriptions per member, increase in doses per prescription, more expensive mix of medications prescribed and, of course, an unrelenting increase in the wholesale cost of medications. This cost trend is unsustainable if we wish to maintain our physician reimbursement at the current level. The premium increases provided CUP by the State of Washington are not increasing at a rate anywhere close to 15%



Basic economic principles demand that the explicit decision to pay for one item is the implicit decision to not pay for something else. For those of us in primary care, this economic reality has become painfully evident. Primary care salaries have largely stagnated over the last five years. As is the case with the US health care system in general, physicians, particularly primary care physicians, are being financially squeezed out at the expense of rapidly increasing pharmaceutical expenditures. The ultimate irony of this worsening situation: physicians directly control virtually all the prescription drug expense in this country. A recent article in the journal *Health Affairs* confirms this trend nationally. Physician reimbursement is clearly being reduced while the

*(Continued on page 2)*

## Three Vaccines Added to Washington's Universal Childhood Vaccine Program

*By David Killaby, MHA: QI Project Coordinator*

### NEWS FLASH!

Take a look at the new revised online **CUP PROVIDER MANUAL** with the August web updates at [www.cuphealth.com](http://www.cuphealth.com).



Beginning May 1, 2007, a combination of federal and state funds added three new vaccines to the Washington State Universal Vaccine for Children Program (VFC): Rotavirus, HPV, and a second dose of Varicella. This program provides recommended vaccines to all children under age 19, regardless of their ability to pay. For more information on each vaccine, visit <http://www.cdc.gov/vaccines/vpd-vac/default.htm>.

VFC covers the HPV vaccine, Gardasil®, for Healthy Options, SCHIP, and Basic Health Plus females 9-18 years of age, but does not cover Gardasil® for women 19-21 years

*(Continued on page 2)*

(Continued from page 1) **Efficient Prescribing—The Savings May Well Be Your Own**

pharmaceutical industry gross revenue accelerates. Drug spending is increasing nationally faster than any other component of health care expense. Hospitals and ancillary service providers are holding their own while physician reimbursement is losing ground as a percentage of total US healthcare expenditures. Also disturbing to those concerned with current cost trends: the US pharmaceutical industry already enjoys a profit margin four times greater than all the rest of the Fortune 500 companies – a robust 20% versus 5% for all the rest of the largest companies in the US. For those providers still accepting free lunches from pharmaceutical representatives, you might want to ask them to reveal where the money for lunch is coming from. Chances are great that the cost of your lunch is being passed right on through to the payers (and indirectly the physicians) rather than the shareholders.

CUP by statute cannot charge Healthy Options members anything for pharmacy products. Washington is one of a small handful of states that do not allow co-payments for pharmacy services. Therefore careful formulary management becomes an important strategy in an attempt to contain runaway costs. In order to save more money for direct provider reimbursement without sacrificing quality, we will institute these changes to the formulary soon:

- Eliminate coverage of Singulair® for allergic rhinitis. Singulair® will still be covered for asthma prevention
- Eliminate coverage for most brand name oral contraceptive medications
- Tighter restrictions on Topamax® and Lamictal® coverage for migraine headache prevention
- Institute quantity limits on most narcotic pain prescriptions
- Eliminate coverage of Duragesic® patches except for diagnosed cancer pain
- Eliminate coverage of Lipitor® in favor of generic simvastatin

➤ For a full listing of all formulary changes that will go into effect on October 1, 2007, please visit our website at: <https://www.cuphealth.com/docs/FormularyChanges.pdf> (As always CUP makes exceptions as necessary on a case-by-case basis through our prior-authorization process.)

The CUP Pharmacy & Therapeutics Committee will likely be considering other changes to our formulary. Many years ago Pogo famously proclaimed “We have met the enemy and he is us!” Remember Pogo next time you are considering writing for the latest expensive wonder drug.

(Continued from page 1) **Three Vaccines Added to Washington's Universal Childhood Vaccine Program**

and providers should bill HRSA. Neither CUP nor VFC covers Gardasil® for Basic Health Subsidized members as the State did not fund this new vaccine for 2007.

Don't forget to give Tdap! As of July 1, 2007, the Tdap vaccine is a school requirement for children 11 years of age who are attending Grade 6 and have not received a tetanus-containing vaccine in the last 5 years. Each year, the Tdap requirement will expand to include an additional grade until all students attending Grades 6-12 have proof of Tdap vaccination. For additional information about the Tdap requirement, visit: [www.doh.wa.gov/cfh/immunize/schools.htm](http://www.doh.wa.gov/cfh/immunize/schools.htm) or call (360) 236-3595.

Questions? Contact CUP Member Services Dept. at (360) 891-1520.



### Use CUP's Sports Physical Form For Adolescent Well-Child Exams

By David Killaby, MHA: QI Project Coordinator

CUP revised the *Washington State Athletic Sports Health Assessment* form in 2006 to include the missing domains of care for a qualifying Adolescent Well-Care Exam (AWC): mental health and health education (anticipatory guidance). The revised form is printed in NCR format. The top copy (white) is kept by the provider for charting and the bottom copy (canary) is given to the athlete. **If all elements on the form are complete, providers may bill CUP for an adolescent well-care exam.**



CUP will soon be distributing the revised sports physical form in monthly targeted educational mailings to adolescents 12-21 years to encourage them to schedule an AWC should they require a sports physical exam. If CUP's sports physical form is used, then parents/athletes will not need to pay for the exam out-of-pocket. This intervention is designed to increase CUP and individual clinic AWC HEDIS® quality ratings.

#### How to Get the Form/Questions

If you would like copies of CUP's Sports Physical form for your practice, please call David Killaby at 449-8936 or [dkillaby@cuphealth.com](mailto:dkillaby@cuphealth.com). Several clinics currently have the form in stock, including The Vancouver Clinic.

#### Benefits to Providers

- **Reimbursement** - Washington Medicaid reimburses for one AWC exam every two years. CUP will reimburse for one AWC exam every year.
- **Quality Improvement** - Sports physicals are often the only time adolescents present in the clinical setting and thus represent a unique opportunity to increase AWC exam rates and provide more effective adolescent preventive health screening.
- **Less Chart Review** – Administratively billing CUP for AWC exams reduces the amount of medical chart review CUP completes at your office in the spring.

#### Benefits to Adolescents

- **Improved Adolescent Care** - As most adolescents use sports physical exams as their only planned contact with a provider each year, this visit affords the opportunity to address non-sports causes of morbidity and mortality in adolescents. Even minimally effective interventions aimed at smoking cessation, for instance, would result in much larger improvements in overall adolescent health given the relative prevalence of smoking versus sports-related morbidity and mortality.
- **Health Education** - AWC exams build rapport with an adolescent, which frequently leads to discussion about other issues. The exam represents an opportunity for providers to address the major issues in adolescent health education, such as alcohol and drug (including steroid) use, suicide, sexually transmitted diseases, pregnancy prevention, and nutrition and weight control.
- **Cost** – The cost of a sports physical exam (\$15-35) can be prohibitive to Medicaid families and may preclude the participation of these adolescents in school sports.

#### Coding and Reimbursement

CUP notified clinic office managers to ensure the form is billed using one of the following CPT codes:

- CPT CODE - 99384 Preventive visit, new, age 12-17
- CPT CODE - 99385 Preventive visit, new, age 18-39
- CPT CODE - 99394 Preventive visit, established, age 12-17
- CPT CODE - 99395 Preventive visit, established, age 18-39



### CHILD Profile gives Providers Electronic Tools to help with Vaccine Management

By David Killaby, MHA: QI Project Coordinator

CHILD Profile, Washington's Health Promotion and web-based Immunization Registry system, provides tools to assist you in effectively managing these and other vaccinations for children in your practice. CHILD Profile can assist you by providing:

- **Parent Mailings.** Educate parents about immunizations, health, and safety through age-specific mailings sent to parents of all children under age 6 in Washington.
- **Forecast tools.** Determine the vaccines a child needs at a given visit automatically, based on the specific immunization history of the child. This is especially helpful with vaccines such as Rotateq that have complicated rules for administration.
- **Reminder-recall.** Produce mailing and phone lists of children who need immunizations. Need to remind parents of kids 4-6 years old that need a second dose of varicella to be up-to-date? The CHILD Profile Immunization Registry offers an easy, automated way to do this, while excluding children who have a documented history of chickenpox disease.

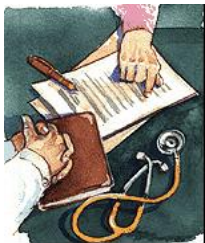


**Vaccine ordering - Coming soon!** Order state-supplied vaccine through the CHILD Profile Immunization Registry.

For more information about CHILD Profile, visit their website at [www.childprofile.org](http://www.childprofile.org) or contact the CHILD Profile Help Desk at (800) 325-5599 or [cphelpdesk@metrokc.gov](mailto:cphelpdesk@metrokc.gov).

### Advance Directives

By Liz Addis, Health Programs Project Coordinator



Washington state law requires that all patients over the age of 18 be offered an opportunity to complete Advance Directives before entering a facility for treatment. Even if not needed currently, it is a good idea for all patients to have these decisions made ahead of the time, before they are necessary.

The term "Advance Directives" refers to patients' written instructions about future medical care in the event they are unable to express their medical wishes. There are two types of Advance Directives: a Health Care Directive (or Living Will) and a Durable Power of Attorney for Health Care.

The Health Care Directive (Living Will) is a legal document that specifies a patient's wishes regarding the care they receive at the end of life should they be unable to communicate those wishes themselves. This document can also be referred to as a directive to a physician, declaration, or medical directive.

The Durable Power of Attorney for Health Care is a legal document in which the patient has named a person as their health care agent – someone who is authorized to direct their care once the physician determines the patient cannot make decisions for themselves.

You are encouraged to discuss Advance Directives with your patients. The Washington State Medical Association has several resources for patients regarding Advance Directives, including the forms and information about how to complete the forms at [http://www.wsma.org/patients/adv\\_dir\\_q&a.htm](http://www.wsma.org/patients/adv_dir_q&a.htm).

### Chronic Disease Self-Management Program

By Sharon Brooks, RN, CPHQ

#### For Your Patients with Chronic Disease:

CUP is working to improve the health status and outcomes of our members with chronic conditions by offering Stanford University's evidence-based Chronic Disease Self-Management Program (CDSMP). This program has gained worldwide recognition as a proven methodology that teaches people with chronic conditions how to effectively manage their illnesses. Participants who complete the program feel better, are less limited by their illness, and have better health outcomes and less healthcare utilization. CUP Quality Department staff is trained to conduct this six week workshop and to date, three workshops have been conducted. Please call Susan at (360) 449-8925 for more information or to refer your CUP patient for this program. The workshop is **FREE to CUP members** and includes a copy of the book *Living a Healthy Life with Chronic Conditions*.



#### For Your Interested Clinic Staff:

CUP Quality Department staff will conduct Leader Training for clinic staff interested in offering the Chronic Disease Self-Management classes to their patients. Participants are required to attend all four days of full-day classes. Stanford University requires a licensing fee for organizations that offer the program and the licensure must be in place before the leader training.

Please contact David Killaby by email [dkillaby@cuphealth.com](mailto:dkillaby@cuphealth.com) or by phone at (360) 449-8936 to request further information about the upcoming training and details on licensing.

### CUP Rolls out EPSDT / Immunization Online Report

By Rose Johnson, Sr. Systems Analyst and David Killaby, MHA: QI Project Coordinator

On July 1<sup>st</sup>, CUP published an updated version of our current EPSDT (well-child)/Immunizations online report. The information displayed on the updated report is based on HRSA Fee for Service, Child Profile and CUP claims data, enabling us to more accurately identify members who are behind on age-specific well-child visits or immunizations. The report also includes additional data elements to assist clinics in recall/reminder efforts and effective EPSDT visit scheduling

#### Purpose of the Report

The purpose of this report is twofold:

1. Recall/reminder – you may use the report to contact members needing these services by mail or by phone. The report can be “exported” to an Excel file to facilitate sending reminder post-cards or letters to remind parents to schedule appointments or by calling the member directly.
2. Appointment Scheduling – front office staff can use the report to proactively schedule well-child appointments. For instance, if the parent calls to schedule an acute care visit and the child is due for a well-child visit, the appointment could potentially be scheduled as a well-child exam. The report can also be used to ensure children receive needed immunizations at an acute care visit unless contraindicated. Feedback to CUP from providers indicates that sick visits cannot be effectively “converted” to a well-child visit at the time of service; therefore, they must be scheduled ahead of time. The data on this report is also used to display a message that the child may be behind on well-child visits or immunizations when a clinic staff member checks enrollment through CUP's online services.

#### Age Groups

The online report identifies CUP members by the following three age groups:

- Infants – 0-15 months for well-child visits and childhood immunizations
- Toddlers – 3-6 years for well-child visits
- Adolescents – 12-20 years for well-child visits



(Continued on page 6)



(Continued from page 5) **CUP Rolls out EPSDT / Immunization Online Report**

## HEDIS Rates – The Opportunity for Improvement

Preliminary HEDIS® (Health-Employer-Data-Information-Set) data for 2006 show vast opportunity for improvement in well-child rates and childhood immunizations. CUP's HEDIS® rates as delineated below are among the lowest in the state:

- Well-Child Visits for Infants 0-15 months (6 Visits) = 36.74%
- Well-Child Visits for Toddlers 3-6 years (annual) = 52.80%
- Well-Care Visits for Adolescents 12-21 years (annual) = 27.49%
- Childhood Immunizations/Combination 3 (4 DTaP, 3 IPV, 1 MMR, 3 HiB, 3 Hep B, 1 VZV, 4 PCV by the child's second birthday) = 54.26%

### Accessing the Report

As with the previous version of this report, all Primary Care Clinics who have signed up for CUP's online services will automatically have access to this report. To navigate to the report, sign into CUP's online services. A link to the report is displayed in the 'Provider Tools' menu under the 'Reports' heading (see image on the left). When you click on the EPSDT Report link, a page with information about how to import this data for use within your clinic will be displayed with 3 links – one for each age group (see image on the right).



The purpose of this report is to provide you with a list of members that are due for well child/immunization visits. The following report is setup as a CSV file. This will give you a myriad of options for any internal processes you have. Below, is a list of ways in which the data file can be used:

Program	Process	
Microsoft Word	Mail Merges	<a href="#">Help</a>
Microsoft Access	Import data into a table	<a href="#">Help</a>
Microsoft Excel	Sorting	<a href="#">Help</a>
Microsoft Excel	Filtering	<a href="#">Help</a>

Please [contact us](#) if you have any questions, or suggestions for additional formats.

- [View Infant Report](#)
- [View Toddler Report](#)
- [View Teenager Report](#)

When you click on the report link, you will

be prompted to either open or save the file. If the report contains no information, the clinic does not have any currently enrolled members in the selected age group who are behind on well-child visits or immunizations. CUP's online report can help to ensure that children of all ages receive age-appropriate well child exams and immunizations and that **every** visit to the office is an opportunity to provide these preventive services.

### Questions?

If you would like more information about CUP's online EPSDT/Immunizations report or wish to discuss implementation strategies at your clinic, please contact David Killaby at (360) 449-8936 or via e-mail at [dkillaby@cuphealth.com](mailto:dkillaby@cuphealth.com).

## CUP Administration Directory

<u>Position</u>	<u>Name</u>	<u>Phone</u>	<u>E-Mail Address</u>
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President and CEO	Ann Wheelock	(360) 449-8938	<a href="mailto:awheelock@cuphealth.com">awheelock@cuphealth.com</a>
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Credentialing Lead	Michele Luffman	(360) 449-8934	<a href="mailto:mluffman@cuphealth.com">mluffman@cuphealth.com</a>
Administration Main Number		(360) 449-8861	
Claims Main Number		(360) 891-1520	
Medical Management Main Number		(360) 449-8915	
Mental Health Services		(360) 449-8944	