

NOVEMBER
2006



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PHYSICIAN NEWSLETTER

Where Do You Read Your Clinical Times?

According to the reactions from Dr. Paul Dubner and Dr. James Scibilia of Tri-State Pediatrics (pictured here, left to right), Gateway has provided some surprising information in Clinical Times.

Reading the newsletter cover to cover might afford you some new insight as well—and sending us a picture showing where you read your Clinical Times might also provide your staff with lunch!

The second winner of the “Where Do You Read Your Clinical Times?” luncheon is the Tri-State Pediatrics office in Beaver, which is part of the Heritage Valley Health System. This practice, which has been serving patients for close to 30 years, actually has four offices staffed by 12 physicians, three PAs, a nurse practitioner, and numerous support staff.

A special thanks from Gateway goes to their office manager, Lisa McCormick, RN, for playing photographer and sending in the picture.



Our contest continues, so get out your cameras and show Gateway where you are reading your Clinical Times!

US Steel Tower, Floor 41
600 Grant St.
Pittsburgh, PA 15219

Office staff: Please forward to **physicians**

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CCP Tarentum, BMA Chicora Earn 100% Club Distinction

Medical Management

Children's Community Pediatrics (CCP) Tarentum and Butler Medical Associates (BMA) Chicora were recently inducted into Gateway Health Plan's 100% Club. These practices surpassed peer averages in all preventive health and utilization measures in the Spring 2006 Gateway Health Plan Practice Portfolio. Furthermore, they distinguish themselves by their commitment to their patients and communities.



The staff from Butler Medical Associates-Chicora includes (standing, left to right): Don Halpin PA-C; David Evanko MD; Tracy Deal; Debbie McCune; Ruthann Spohn; Kim Whitling; Terri Miller; Genny Rowles. With them (standing, far right) are Peter Keim MD, Gateway Health Plan VP of Medical Affairs and Chief Medical Director; Caesar DeLeo MD, Gateway Medical Director. Seated (left to right) are BMA-Chicora staff members Vickie Maley, Vern Dowdy, and Arica Davis.

Children's Community Pediatrics (CCP) relocated to Tarentum in May 2004 from New Kensington where Drs. Keith Pirl and Benja Assanasen delivered general pediatric care for many years. Following Dr. Assanasen's retirement in August 2004, Dr.

Pirl has been assisted by Drs. Carol Brand, Margaret Lagnese, and Rebecca Slaunwhite.

"CCP Tarentum focuses on general pediatric care with each physician keenly interested in preventive care, growth and development, and parent education," says Dr. Pirl. "We stress the importance of routine well child visits and adherence to the AAP-recommended vaccine schedules."

What is striking to both visitor and patient alike is the family-focused culture at CCP Tarentum. Physicians and staff strive to accommodate their families' hectic schedules and maintain close relationships to their patients and families. The practice provides after-hours evening and weekend appointments and routinely squeezes patients into the daily schedule.

Close relationships pay off in terms of more efficient and effective communication in the office and on after-hours emergency calls.

Butler Medical Associates (BMA) in Chicora, staffed by David Evanko, MD and Don Halpin, PA-C, has served the



Pictured with Dr. Caesar DeLeo, Gateway Medical Director, (far left) and Dr. Peter Keim, Gateway's VP of Medical Affairs and Chief Medical Director (far right) is the staff at CCP Tarentum (from left): Dr. Margaret Lagnese, Dr. Keith Pirl, Dr. Carol Brand, and Rebecca Slaunwhite.

medical needs of the northeastern Butler County for the past 20 years. The practice specializes in family medicine, providing additional services to nursing homes and residential facilities for juvenile offenders and offering a drug addiction management program.

"Comprehensive health care" is Dr. Evanko's aim as Medical Director of the Butler Medical Associates group and the full-time physician in the Chicora location. He points out that "New services have been added by the Butler Health System for on-site laboratory, x-ray, physical therapy, retail pharmacy, and outreach from Butler Hospital specialists." The practice also offers extended evening hours and recently instituted a "quick care" system to see patients the same day for urgent medical matters.

Longevity, relationships, comprehensive service, and a holistic philosophy are common themes among successful practices and these two award recipients in particular. Gateway Health Plan salutes these practices for their commitment and outstanding service.



Recipes for EPSDT Success

Laurie Kovar, practice manager for CCP Tarentum, offers these suggestions for encouraging

- Annually send postcard reminders for all families to schedule their child's well visit, indicating
- Get parents to schedule well visits for their children when they are in for sick visits, medication
- Establish relationships with families. "Knowing our families makes asking them to come in
- Having physicians who diligently work to educate families on the importance of vaccination
- "If you achieve the recommended 6 well visits prior to the 15 month mark, then timely lead

Encouraging Mammograms to Prevent Breast Cancer

by *Khlood Salman, Dr. PH*

Preventive Health

A recent statistical report revealed that approximately 212,920 new cases of invasive breast cancer are expected to occur among US women in 2006 (Smigal et al., 2006). Although incidence rates are substantially higher for women age 50 and older compared with women younger than 50 years (375 vs. 42.5 per 100,000), approximately 23% of breast cancer is diagnosed in women younger than 50 years since those women represent 73% of the female population.

Mammography is the most effective method for detecting early malignancies. Between 1990 and 2002, breast cancer mortality rates declined at an average rate of 2.3% per year, a trend that reflects progress in both early detection and treatment. Clinical trials also have demonstrated that the rates for late-stage breast cancer diagnoses are lower in screened compared to non-screened women ages 40 and older (Norman et al., 2006).

There are numerous challenges to increasing the participation of medically underserved communities in preventive health screening. A successful intervention strategy to increase mammography is influenced by factors such as race/ethnicity, cultural background and beliefs, non-English as a primary language, literacy level, income status, and the age of women targeted for screening.

Studies show that minority populations are not only at a higher risk to

A physician's recommendation is the most powerful predictor of whether a woman will or will not have mammography screening.
- American Family Physician

die of breast cancer, but also less likely to undergo screening. According to a nationwide telephone survey of 522 women, African-American and Hispanic women are less aware than Caucasian women about the risk of breast cancer mortality and mammography's role in risk reduction. The interviews found that 29% of minority women believe that mammograms treat breast cancer, and 43% think they prevent breast cancer. The survey further demonstrated the need to better educate minority women and to target them at an earlier age.

Physicians' involvement is crucial to a successful intervention. According to the September 15, 1999 American Family Physician article entitled "Impact of Family Physicians on Mammography Screening," a physician's recommendation is the most powerful predictor of whether a woman will or will not have mammography screening. Moreover, other studies have shown that women who receive a physician's encouragement are 4-12 times more likely to have mammograms than those who do not receive encouragement. Women who had primary care physicians were twice as likely to receive preventive care as those women who did not have a regular doctor (Common Wealth Fund Minority Health Survey [CMHS], 1994).



Encouraging patients ages 40 years and older to have recommended mammography and clinical breast exam is the single most important step that clinicians can take to reduce suffering and death from breast cancer. Clinicians should also ensure that patients at high risk for breast cancer are identified and offered appropriate referrals and treatment. Continued progress in the control of breast cancer will require sustained and increased efforts to provide high-quality screening, diagnosis, and treatment to all segments of the population. Screening every 1-2 years, followed by appropriate treatment for women who test positive, can decrease breast cancer mortality by up to 30% (Fletcher et al., 1993; Harris R and Leininger L, 1995).

References:

- Fletcher, SW, Black W, Harris R, et al. (1993). "Special Article: Report of the International Workshop on Screening for Breast Cancer." *Journal of National Cancer Institute*, 85(20):1644-1644.
- Harris R and Leininger. (1995). "Clinical Strategies for Breast Cancer Screening: Weighing and Using Evidence." *Annals of International Medicine*, 122:539-547.
- Norman SA et al., (2006). "Benefit of Screening Mammography in Reducing the Rate of Late-Stage Breast Cancer Diagnoses (United States)." *Cancer Causes Control*, 17 (7): 921-9.
- Smigal C et al., (2006). "Trends in Breast Cancer by Race and Ethnicity: Update 2006." *A Cancer Journal for Clinicians*, 56 (3):168-83.

EPSDT well visits:
ing when it is due.
ion refills, and form completions.
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Adhering to Cervical Cancer Screening Guidelines

by *Khlood Salman, Dr. PH*

Preventive Health

Gateway Health Plan is committed to ensuring that all women receive preventive health services based on recommended guidelines. Studies have consistently shown cervical cancer screening is underused by women of some racial and ethnic minority groups and by women who have less than a high school education, are older, or live below the poverty level (Kaluzny et al., 1994).

Our preventive health guidelines recommend cervical cancer screening every 1-3 years for women ages 18 and older and earlier if sexually active. Women past childbearing age may not realize that Pap tests are still necessary, and some women and physicians believe that women who are not sexually active do not need Pap tests. The ACS and the USPSTF recommend discontinuing cervical cancer screening at age 65 or 70 if the woman has a history of normal results, or earlier if the woman had a complete hysterectomy with removal of the cervix.

Healthy People 2010 proposed a goal that 95% of all females receive a Pap smear regularly. To achieve this goal, every provider needs to play a

significant role. Medical literature for best practices suggests that the most successful practices use every visit as an opportunity to do preventive health care. Another suggestion is to use an intake nurse to update a preventive service flow sheet in every chart. All PCPs should document in their charts whether a patient gets GYN care with their offices or if the member goes to an OB/GYN.

We encourage you to discuss with other physicians and staff in your practice how teamwork and new processes can improve your practice's performance.

References:

- Holland-Barks P, Forjuoh SN, Couchman GR, Capen C, Rasco TG, Reis MD. (2006). "Primary Care Physicians' Awareness and Adherence to Cervical Cancer Screening Guidelines in Texas." *Preventive Medicine*, 42 (2): 140-5.
- Kaluzny, A.D., Rimer, B., and Harris, R. (1994). "The National Cancer Institute and Guideline Development: Lessons from the Breast Cancer Screening Controversy." *Journal of the National Cancer Institute*, 86: 12, 901-3.
- Sirovich BE, Welch HG. (2004). "Cervical Cancer Screening Among Women without a Cervix." *JAMA*, 291:2990-2993.

Statewide System to Help Track Immunizations

by *Khlood Salman, Dr. PH*

Preventive Health

Gateway Health Plan encourages its providers to be part of the Pennsylvania Statewide Immunization Information System (PA-SIIS). The system was developed to achieve complete and timely immunization for all people, particularly in the age group most at risk—birth through two years of age. It also helps to serve the public health goal of preventing the spread of vaccine-preventable diseases. A major barrier to reaching this goal is the continuing difficulty of keeping immunization records accurate and up to date.

The PA-SIIS addresses this problem by capturing immunization information from health care providers and storing this information in one central location. If a patient receives immunizations from more than one health care provider, the PA-SIIS consolidates the immunization information from all providers to create a complete and current record. This assists health care providers to age-appropriately immunize all patients in their care. It also helps in achieving the Healthy People 2010 goal.

For more information, please contact **Pennsylvania Department of Health/Division of Statistical Registries** at 717-783-2548 or 1-800-323-9613.

A Change in Childhood Immunization

Since DTP immunizations are no longer being manufactured, please switch to a new immunization record that lists DTaP/DT and doesn't include DTP. If you need a copy of a new form please call the QI department (see back page) to request one.



An Action Plan for Diabetic Kidney Disease

by *Caesar DeLeo, MD, Medical Director*

Diabetes is a leading cause of kidney failure in the United States. Aggressive intervention is essential, beginning with routine screening for microalbumin. Once persistent microalbuminuria or macroalbuminuria has been detected, the estimated Glomerular Filtration Rate (GFR) should be followed regularly. Based on the estimated GFR, individuals with diabetic kidney disease can be placed into one of five stages (see chart).

Chronic Kidney Disease Stage	GFR (ml/min/1.73m ²)	Action (including Action from previous stages)
Stage 1: Kidney damage (microalbuminuria) with normal or increased GFR	≥90	Diagnosis, treatment, treatment of co-morbid conditions, slowing progression, cardiovascular disease risk reduction.
Stage 2: Kidney damage with mildly decreased GFR	60-89	Estimate rate of progression.
Stage 3: Moderately decreased GFR	30-59	Evaluating and treating complications. Consider referral to nephrologist.
Stage 4: Severely decreased GFR	15-29	Referral to nephrologist. Prepare for kidney replacement therapy.
Stage 5: Kidney failure	<15 (or dialysis)	Dialysis and kidney replacement therapy.

130/80 mmHg. If blood pressure is not below target, a second drug (diuretics, beta blockers, calcium channel blockers, etc.) is indicated.

To monitor patients with diabetic kidney disease for disease progression and response to therapy, physicians should check them every

Angiotensin-Converting Enzyme (ACE) inhibitors or Angiotensin Receptor Blockers (ARBs) are effective treatments for microalbuminuria and macroalbuminuria because they slow progression of diabetic kidney disease independent of their blood pressure lowering effects. Adverse effects from the use of ACE inhibitors and ARBs include early decrease in GFR, hypotension, and hyperkalemia, and they are more common in individuals with

chronic kidney disease. These effects can usually be managed without discontinuation of the agent. ACE inhibitor/ARB therapy should not be prescribed to pregnant women or women of childbearing age who are not using a reliable form of contraception.

In addition to ACE inhibitor/ARB therapy, aggressive blood pressure control is a priority. Target blood pressure for individuals with diabetes is under

every three months for blood pressure, medication changes, GFR, and either the albumin/creatinine ratio for microalbumin (30-300 mg/g) or the protein/creatinine ratio for macroalbumin (>300mg/g).

References:

American Diabetes Association Clinical Practice Guidelines: www.diabetes.org
 National Kidney Foundation KDOQI Clinical Practice Guidelines: www.kidney.org

Depression & Diabetes

by *Manuel Reich, DO*

Recent studies have demonstrated that about 25% of patients with type 1 and type 2 diabetes have symptoms of depression. Rates of depression were similar across ethnic groups, but there were differences in the use of depression treatment.

Researchers looked at rates of depressive symptoms, depressive treatment, and satisfaction with treatment in a multicultural sample of 221 patients with type 1 or type 2 diabetes. The participants completed a 20-item questionnaire on depressive symptoms and treatment modalities.

Using a conservative analysis of the data, they found that 25.3% of subjects had clinically significant depression. There were no significant differences in the rates of depression by ethnic group or diabetes type.

Seventy-six percent of patients reported experience with one or more types of antidepressant treatment. Prescription medication was the type of treatment reported by 52%, while 15% used herbal remedies. Differences were noted between ethnic groups in the use of medication versus herbal remedies. Counseling with mental health providers was utilized by 52%, with 19% receiving treatment from alternative healers. Compared with Caucasians,

African Americans were less likely to have received any type of treatment. There were no differences between Caucasian and Hispanics.

Of the 56% of the patients with high depression scores, 63% were satisfied with treatments. Only 59% of patients treated by a mental health provider were satisfied with treatment as compared to 80% of those treated by an alternative healer. Of those who took herbal remedies, 38% reported satisfactory treatment.

This study provides strong evidence for the need to screen early and treat depression vigorously across all ethnic groups.

A Look at Asthma and...

by Chris Ann Uhler, RN, BSN

...Obesity

The prevalence of asthma has doubled during the past two decades along with obesity. Obesity is a known risk factor for other conditions such as heart disease and diabetes, but new evidence points to a link with asthma. Recent reports have shown that nearly 75% of ER visits for asthma have been among obese individuals. The risk for developing asthma increases with the increase in obesity. (*Journal of Allergy and Clinical Immunology*, 2005)

Asthmatics and obese individuals share a proinflammatory hormone: leptin. Blood levels of leptin are found to be higher in both asthmatics and obese individuals. Inflammation can affect the smooth muscle in the airways, causing the airways to narrow excessively. Further studies in obese asthmatic individuals are needed to understand this connection.

...Pregnancy

Maternal asthma is associated with increased risk of infant death, preeclampsia, premature birth, and low birth weight. Guidelines established by the National Asthma Education and Prevention Program (NAEPP) are reassuring and suggest that it is safer to take medications than to have exacerbations. (*NIH News*, 2005).

Here are some recommendations from the guideline:

- Albuterol can be used as a quick relief medication to treat asthma symptoms. Pregnant women should have access to this medication at all times.
- Persistent asthma, defined as symptoms at least two days a week or greater than two nights a month, requires daily long-term control medications to prevent exacerbations.

The new guidelines for the NAEPP Working Group Report on Managing Asthma During Pregnancy: Recommendations for Pharmacologic Treatment-2004 are available at <http://www.nhlbi.nih.gov/health/prof/lung/asthma/astpreg.htm>.

...Smoking

Airways in asthmatics are already sensitive to many triggers, and smoke is one of them. Whether the smoke is inhaled or from second-hand smoke, this irritant can set off an asthma attack. (AAAI, 2004).

Convincing a patient to quit smoking can be a very difficult process. Below you will find useful smoking cessation information that you can reference to help treat Gateway Health Plan members:

- Gateway authorizes numerous counseling sessions in a 12-month period for each member. NRT requires prior authorization. The prior authorization form can be accessed from our website (www.gatewayhealthplan.com). Click on Provider, then Forms and References. The forms can be faxed to **Gateway's Pharmacy Department** at 412-255-4544.

References

- *Journal of Allergy and Clinical Immunology*, Researchers Consider Possible Mechanistic Links Between Obesity and Asthma, May 10, 2005.
- National Institute of Health: New Treatment Guidelines For Pregnant Women With Asthma—Monitoring and Managing Asthma Important for Healthy Mother and Baby, News Release, January 2005.
- American Academy of Allergy, Asthma and Immunology, No Butts About It: Smoking Makes Asthma Worse, News Release, February 2, 2004.



Smoking is harmful to anyone but especially people with lung problems (like asthma or COPD), heart problems, or diabetes. Resources to assist you in helping your patients quit smoking include:

- The Pennsylvania Quitline (1-877-724-1090) includes a specially designed program for pregnant women who smoke.
- To find smoking cessation programs by county, go to <http://webserver.health.state.pa.us/health/custom/tobacco-cessationmap.asp>, then click on the county.
- Clean Air for Healthy Children provides professional training in smoking cessation counseling techniques to health care professionals and office staff. For more information call 1-800-375-5217 or visit www.paaap.org.

Smoking and Adolescent Metabolic Syndrome

by *Andrea Jackson R.N., B.A., B.S.N.*

Disease Management

Metabolic syndrome often presents itself in childhood and may be a predictor of heart disease and type 2 diabetes. A recent study¹ evaluated the relationship between environmental tobacco smoke (ETS) exposure, active smoking, and metabolic syndrome to determine how tobacco smoke contributes to insulin resistance.

Over 2,000 individuals, ages 12-19, were included in the study. Metabolic syndrome criteria were met in 8.7% of smokers, 5.4% of those exposed to

ETS, and 1.2% in those with no tobacco exposure.

According to the authors of the study, the finding of a “relationship between tobacco smoke and metabolic syndrome among adolescents may have profound implications for the future health of the public.” Both tobacco and obesity are leading causes of preventable death in the United States. Parents may be more likely to quit if they understand the impact of their smoking on their children.

Three thousand children and adoles-

cents begin to smoke each day. Gateway recommends that all adolescents, age 14 and over, be screened for tobacco usage. This screening is monitored at the time of medical record review.

Members can be referred to the **PA Quitline** at 1-877-724-1090. Information can also be obtained on the Quitline website, by going to www.state.pa.us, and typing “Quitline” in the PA Keyword field.

¹ Circulation 2005; 112:862-869

Putting a Stop to Bullying

by *Manuel Reich, DO*

Youth violence is increasing in the United States. Violent acts affect all racial and social-economic groups. Experts in the field consider bullying a more subtle and covert form of youth violence that is directed towards other youths. One study found almost 30% of responders in grades 6-10 involved in some form of bullying—either as recipient, perpetrator, or both.

Bullying carries mental health problems for the victims and legal/behavior problems for the perpetrators. Up to 40% of students who are bullied will miss at least one day of school due to fear of being bullied. Bullies are at risk for other violent and anti-social behaviors, such as vandalism and stealing. The situation is complicated by the continuum that exists between bullying and teasing, which is integral to normal child development.

In general, female bullies tend to be verbal and manifest the behavior with spreading rumors, name-calling, threats, and shunning the victim. Male bullies tend to be more verbally hostile and physically aggressive.

Often, bullies have been bullied themselves. Characteristically, they are

insecure and have low self-esteem. They pick on children who can be exploited for a trait they believe to be a physical or behavioral defect. Two victim profiles have been identified: submissive, insecure, and fearful; and provocative, acting out, and socially inappropriate. Children with Attention Deficit Hyperactive Disorder (ADHD) fit the latter profile.

Most bullying goes undetected by parents, teachers, and other adults. Research suggests that these caregivers should develop increased scrutiny to

detect the often-subtle signs of bullying. In the victim, this can manifest as:

- school avoidance
- somatic complaints
- missing money or belongings
- changes in sleep, appetite or daily routine
- poor concentration
- lower academic grades
- changes in mood.

Increased awareness of this social problem will have a tremendous impact on reducing bullying, thereby decreasing subsequent mental health problems.



Prospective Care Management (PCM) in Action: Helping You to Help Your Patients

by Beth Nicholson, LSW

Special Needs Unit

"I don't know what more we can do to make her understand," says Dr. Jones, a family practice physician from Dauphin County, as he calls Gateway Health Plan (GHP) to ask how to discharge a patient from his practice. The patient, Mary, is a 32-year-old mother of two small children. She has missed three appointments in a row, has frequent emergency room visits, and is not taking her medications for her diabetes, depression, and asthma.

A Gateway staff member takes the call and educates Dr. Jones on Gateway's business model: Prospective Care Management (PCM). After learning about PCM, Dr. Jones agrees to allow the staff at GHP to assess Mary and attempt an intervention prior to his discharging her from the practice.

Mary is assigned a case manager who reaches out to her and discovers that besides her medical issues, she is struggling with a lack of transportation, financial needs, getting groceries, and picking up medications from the pharmacy. She feels isolated in her community. Mary also struggles with being a single parent. She identifies her financial state as the highest priority. The case manager evaluates what resources are available in Mary's area and helps make referrals. (Note: Community resources vary from county to county.)

GHP's staff is able to assist her with contacting Legal Aid to help her file for child support for her two children. The staff also puts her in touch with the state Rent Rebate program, as well as the LIHEAP program that helps pay for utilities. With the potential for child support as well as more manageable utility bills on the horizon, Mary is able to feel hopeful about the future.

Medical compliance is another important issue to Mary. Gateway is able to find a pharmacy that will deliver medications to Mary and her children. Dr. Jones is willing to give her another appointment, and she is able to make the visit using the MATP (transportation) program. Within a few weeks her asthma and diabetes are both under control. Her depression is now manageable, and she reports being more able to handle stress and has more energy to complete household work. Mary reports a better quality of life with her chronic diseases under control, and she is no longer utilizing the emergency room.

One child is young enough to continue receiving WIC services in addition to the food stamps she receives. With better nutrition and access to healthcare, the older child has better school performance and fewer disciplinary issues.

Mary reveals that she has a car, but it is in need of repairs. A local human services agency provides no-interest loans to low-income residents who are in need of car repairs. After taking advantage of this program, Mary is able to

complete her errands as well as volunteer at a local library. A staff member is able to help her find a local church that has a food bank and clothing available. Mary and her children attend services and make new friends in the church.

Once her identified needs are met, the medical non-compliance is no longer an issue—and Mary can start living a healthier, more productive life.

Mary's story is an example of Gateway's PCM program in action. PCM is a proactive approach to health care that meets the member where they are in their medical and social issues, and then designs a plan that will help the member become healthier—mentally, physically and spiritually—through targeted interventions.



Formulary Updates

The Gateway Health Plan Formulary is updated on a regular basis. The listed medication changes reflect the decisions made by Gateway's Pharmacy and Therapeutics Committee. Please review the changes and update your Gateway formulary book as necessary. Please note that the Gateway Formulary can now be accessed online at www.gateway-healthplan.com. You can print additional copies directly from our website, or request them through Provider Services by calling 1-800-392-1145 for Medicaid members or 1-800-685-5201 for Medicare Assured members.

MEDICAID Formulary Additions		
Brand Name	Generic Name	Effective Date
Arixtra	Fondaparinux	7/1/06
Asmanex	Mometasone	7/1/06
Avandaryl	Rosiglitazone/glimepiride	7/1/06
Enablex	Darifenacin	7/1/06
NuvaRing	Etonogestrel/ethinyl estradiol	7/1/06
Pravastatin	Pravastatin	7/1/06
Renagel	Sevelamer	7/1/06
Simvastatin	Simvastatin	7/1/06
Vesicare	Solifenacin	7/1/06
Finasteride	Finasteride	8/1/06
Meloxicam	Meloxicam	8/7/06
Prezista	Darunavir	8/15/06
Atripla	Efavirenz/Emtricitabine/Tenofovir	8/15/06
Advair HFA	Fluticasone/Salmeterol	9/5/06
MEDICAID Formulary Deletions		
Brand Name	Generic Name	Effective Date
Aciphex	Rabeprazole	7/23/06
Ditropan XL	Oxybutynin	7/23/06
Ortho Evra	Ethinyl estradiol/norelgesterone	7/23/06
Pulmicort Turbuhaler	Budesonide	7/23/06
Paxil CR	Paroxetine	8/10/06
MEDICARE Formulary Additions		
Brand Name	Generic Name	Effective Date
Pravastatin	Pravastatin	7/1/06
Simvastatin	Simvastatin	7/1/06
Finasteride	Finasteride	8/1/06
Meloxicam	Meloxicam	8/7/06
Prezista	Darunavir	8/15/06
Atripla	Efavirenz/Emtricitabine/Tenofovir	8/15/06
Advair HFA	Fluticasone/Salmeterol	9/5/06
Accuzyme	Papain/Urea	10/1/06
Panafil	Papain/Urea/Chlorophyllin	10/1/06
Xenaderm	Trypsin/Balsam peru/Castor oil	10/1/06

For questions about Gateway's formulary and other pharmacy benefit concerns, please contact our **Pharmacy Department** at 1-800-528-6738 for Medicaid members or 1-800-685-5215 for Medicare Assured members. Questions may be faxed to 412-255-4544 or 888-245-2049, Attn: Pharmacy Department.

Dx: Low Health Literacy

Two decades of research have demonstrated that individuals with low health literacy present at later stages of disease, suffer adverse health outcomes, are less likely to seek disease prevention interventions, and are more prone to use the emergency room as a source for non-emergency care.

Whereas a physician's clinical logic is based on scientific soundness and experience, a patient's logic and experience may be quite different. For patients with limited health literacy, detailed information is often not relevant or useable.

Considering the association of low health literacy with adverse health outcomes, low health knowledge, increased incidence of chronic disease, poorer intermediate disease markers, and less than optimal usage of preventive health screenings, it is important to realize what these patients are most responsive to.² Both verbal and written communication should prioritize action, motivation, and self-empowerment, and they should convey the message in an easy-to-understand format.^{1,2}

References:

¹ Literacy and Health Outcomes, Evidence Report/Technology Assessment: No. 87, 2003

² Health Literacy: A Prescription to End Confusion, L. Nielsen-Bohman, A. M. Panzer, D. A. Kindig, Eds, Committee on Health Literacy, 2004



Peer Review Information

Gateway Health Plan offers providers the opportunity for peer review whenever a decision is made to deny or reduce a service. The Utilization Management Staff will:

- phone the ordering or attending physician's office to provide information regarding the Gateway member, the details of the request, and the review decision
- provide the name of the physician to contact at Gateway to discuss the reason why the service is medically necessary.

When returning a call to a physician at Gateway, please have the name of the physician you were directed to speak with and the member information including the Gateway identification number and/or authorization number. This will facilitate a timely discussion with the appropriate physician.



An Important Note About Lipitor

Beginning January 1, 2007, Gateway Health Plan will be removing atorvastatin (Lipitor) from the plan's formulary in favor of lovastatin, simvastatin, and pravastatin. Physicians are encouraged to switch those patients who are currently receiving Lipitor to a comparable dose of a formulary statin. For example, Lipitor 20 mg would be converted to simvastatin 40 mg, and the patient's lipid profile should again be monitored at 6-week intervals to assure therapeutic continuity.

For more information on cholesterol guidelines and treatment, please refer to the National Cholesterol Education Program (www.nhlbi.nih.gov/about/ncep) or American Heart Association (www.americanheart.org).

Investigating Fraud & Abuse

Gateway Health Plan's Special Investigations Unit currently investigates all referrals of fraud and abuse. If you suspect fraud and abuse—either by an individual or a healthcare provider—please contact **Gateway's Fraud and Abuse Hotline** at 1-800-685-5235. Callers can remain anonymous, and all calls are investigated.

Putting a Stop to Health Information “Phishing”

by Mary D. Craig, BSBA, MLLS

Compliance

Some people like to “fish” for information they’re not entitled to receive. In fact, the buzzword “phishing” has been coined to represent this activity. Verifying the identity of the person requesting information and their right to receive the information reduces the risk of falling victim to “phishing” expeditions. How does Gateway safeguard our member and provider information?

Gateway takes its responsibility to safeguard protected health information (PHI) very seriously. We even require our employees to sign a Code of Conduct form to remind them about laws and regulations that safeguard health information. We control access to our business floors through key cards and require our employees to display their identification badges at all times. We have also implemented these practices to protect member and provider information:

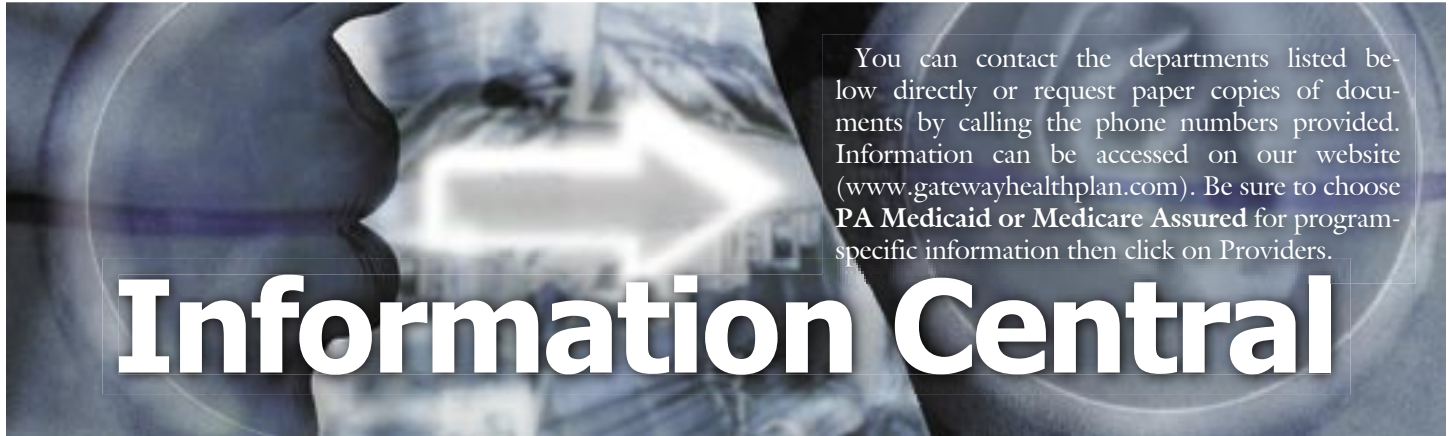
- We train all of our employees on HIPAA, PHI, and data security.
- We have a hotline to report suspected violations, make suggestions, or ask questions.
- We monitor calls for quality purposes and to verify the caller’s identity and right to receive the information requested.
- We have a Compliance Officer and Compliance Committee to oversee the entire compliance program.
- We have implemented guidelines and policies to protect PHI and sensitive data.

What are some of those guidelines and policies? Gateway has always had guidelines around confidentiality of information, and we always look for new protections and raise our employees’ awareness. For example, we:

- Created a tool to annually rate employees’ understanding of their compliance duties and remind employees how to access key compliance tools.

- Shared real-life stories in the news from across the country to better educate our employees about risks and trends to be aware of.
- Celebrated National Compliance and Ethics Week and gave all employees a flyer with helpful hints for identifying and reporting concerns.
- Implemented an internal online Compliance Corner so we can display short educational messages and provide employees easier access to compliance policies.
- Relocated or reconfigured employees’ workstations to provide more privacy when discussing benefits or care plans with members and providers.

Gateway is proud to work with our providers and our members to provide a high-quality health care program. We want you to know we manage our members’ health care needs and protected health information with utmost care.



You can contact the departments listed below directly or request paper copies of documents by calling the phone numbers provided. Information can be accessed on our website (www.gatewayhealthplan.com). Be sure to choose **PA Medicaid or Medicare Assured** for program-specific information then click on Providers.

Information Central

Heading	Department	Medicaid Phone #	Medicare Phone #
Health Resources: (Disease Management Programs, Special Needs, Child Health, Patient Education)	Case Management & Disease Management (DM)	800-642-3550	800-685-5212
Provider Manual (includes Environmental Assessment Standards, Confidentiality Policy, Patient Safety, New Technology, Member Rights & Responsibilities) Forms & Reference Materials (includes Living Will) Provider Satisfaction Survey Grievance and Appeals Privacy Policy Pharmacy Information, including Formulary	Provider Services	800-392-1145	800-685-5201
Medical Record Review & Medical Record Keeping Standards Clinical Guidelines Patient Safety Newsletters	Quality Improvement (QI)	412-255-1144	412-255-1144
Utilization Management	UM	800-392-1146	800-685-5205
Patient Education	DM	800-642-3550	800-685-5212



Clinical Times

PHYSICIAN NEWSLETTER

CLINICAL TIMES is published as a service for the clinicians and providers of GATEWAY HEALTH PLAN, US Steel Tower, Floor 41, 600 Grant Street, Pittsburgh, PA 15219. Telephone 412-255-4541, www.gatewayhealthplan.com.

Information in CLINICAL TIMES comes from a wide range of medical experts and other medical resources. If you have any concerns or questions about specific content, please contact GATEWAY HEALTH PLAN.

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