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Asthma Collaborative Promotes Best Practice

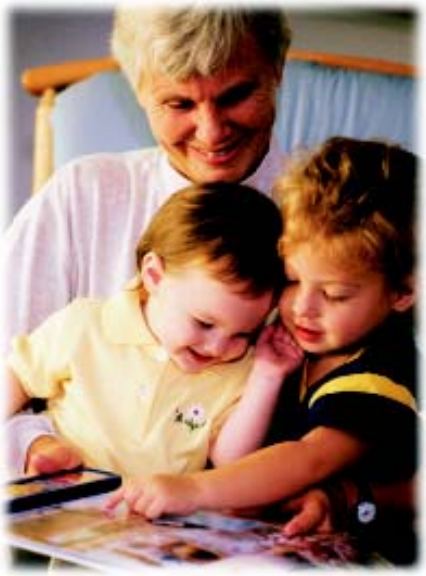
Although a national asthma quality improvement project the Oklahoma Health Care Authority (OHCA) has been working on with the Institute for Health Care Improvement is drawing to a close, the fruits of the collaboration could have an impact on asthma care statewide. Kathe Eastham, RN, a member of the ***SoonerCare*** Division Care Management Team at OHCA and physicians participating in the project created a pediatric asthma specific encounter form that may be used across the state in an American Lung Association project.

"It's been a great opportunity for us," Eastham said. "We saw this as a way we could do a disease management demonstration project so we took advantage of it."

Asthma Specific Encounter Form

To participate in the project, OHCA partnered with the ***SoonerCare*** Plus HMO, Heartland, and focused the collaborative effort at the pediatric practice model (PPM) clinic at Children's Hospital. During their collaboration, the group created an asthma specific encounter form and self-management form.

"The encounter form has a myriad of information areas on it; a combination of the self-assessment, progress notes, patient education reminders, and an action plan," Eastham said. "We also adapted a self-management plan for use. This serves to reinforce home care. We've been monitoring our site (PPM clinic) for use of the encounter form and the self-management plan as well as several other measures.



"Before the creation of the asthma encounter form, physicians were using regular process notes," Eastham said. "It was up to each medical care provider to remember all the elements to best care practices during the examination of each child. The asthma encounter form keeps all the information together and ensures that nothing is overlooked, thereby improving the quality of care for the patients.

"This is a great compliance tool," Eastham said. "If these forms were in use and there were ever any accusation of an issue related to a patient's asthma care, documentation is right there in black and white."

(continued on page 2)

Several State Agencies Join Together to Fight Tobacco Addiction

This year, approximately 6,000 Oklahomans will die from smoking-related illnesses and more than 400,000 will die nationwide. Doctors and other health care providers understand the impact smoking has on Oklahoma, from premature deaths to the staggering cost of treating smoking-related illnesses. Previously, their best course of action in the fight against tobacco included encouraging patients to quit, warning of the dangers of smoking and prescribing a cessation plan whenever a patient showed an interest.

But on October 1, medical professionals were joined by a new partner in the battle against tobacco addiction when several state agencies made the decision to band together to reduce the use of tobacco in Oklahoma. Participating agencies include the Oklahoma State Department of Health, the Oklahoma Department of Mental

(continued on page 7)

Asthma Collaborative (continued from page 1)

Bill Conkling, M.D., clinical professor at Children's Hospital, OU Medical Center, praised the new encounter form. *(The encounter form appears on page 3. The instructions for use appear on this page.)*

"The asthma encounter form has been useful in my practice because it has all the information I need to know on one sheet. It tells me what kind of asthma the patient has, what environment they are in, the treatment they have had and the current therapy," Conkling said.

Measures monitored during the Institute for Healthcare Improvement Asthma Collaborative included: use of long-acting anti-inflammatory medications; peak flow meter use for children with asthma, severity classification of moderate or severe persistent asthma; asthma action plan completion and self-management plan.

Collaborative Data Indicates Increase in Asthma Treatment

Data collected during the collaborative indicate the use of long-acting anti-inflammatory medications increased by 70 percent to 93.5 percent. Peak flow meter use went up from 12.8 percent to 93. 8 percent. Asthma action plan completion went up from 3.7 percent to 100 percent.

Although the project is drawing to a close, the staff at the PPM clinic would like to continue monitoring their progress with the encounter form. Eastham also anticipates the form will be used in collaboration with an American Lung Association (ALA) project that will launch an intervention on physician education, funded by a grant from Merck, a pharmaceutical company.

"We are wanting to dovetail what we have been doing with the ALA initiative," Eastham said. "They are in the planning stages of a statewide asthma initiative. We want to do the same things for our recipients that they're doing in other parts of the state. It will have so much more consistency to it. Oftentimes physicians are bombarded from so many angles with so many different programs."

With the ALA project, claims data on 1,200 patients will be gathered and chart audits will be done on a randomly selected sample of 120 to establish a baseline for documenting measures.

The physician-guided committee is currently exploring methods and seeking suggestions for the most effective ways of disseminating best practice information to the providers regarding asthma care. If you have a suggestion, please contact Kathe Eastham, RN at 405-522-7155 (OHCA) or Darla Akin, Oklahoma field director of the American Lung Association at 918-747-3441, ext. 205.

Asthma Encounter Form Explanation

An **Asthma Disease Management Program** consists of:

- Implementation of National Asthma Education and Prevention Program (NAEPP) guidelines from the NHLBI Expert Panel Report 2.
- An assessment and plan of action completed by the medical provider.
- An asthma self-management plan, the action plan communicated to the patient/ guardian. (This is also sometimes referred to as an asthma action plan). Copies available.
- Education and instruction regarding triggers and how to monitor one's condition.

This Asthma Encounter form is designed as a tool that enables the medical provider to see numerous components involved in the treatment and monitoring of a patient with asthma. It was created with input by the attending physicians from the Pediatric Practice Model Clinic at Children's Memorial Hospital, during an asthma care improvement collaborative guided by the Institute for Healthcare Improvement. It has been judged to be useful as a reminder of the areas that need to be addressed during each visit. Some sections require a brief explanation.

Section Heading

Parental Concerns: What prompted today's visit?
Current Therapy: Present medications used.
Treatment Hx: 'Interval' refers to events since last visit.
Self-Assessment Questions: These are important because it is the patient or guardian's perception of how well controlled the condition is and what may have triggered the episode if the visit is related to urgent care.
Current Symptoms: Important to complete because this enables one to classify current severity. Circle the correct answer.
Hx of Present Illness & P.E.: Self explanatory
Teaching: Boxes for teaching needed and places to indicate if done:
Immunizations Due Today & Medication Change: Self explanatory
Assessment / Action Plan: Aids in decision regarding current therapy using the stepwise plan and completion of the self-management instructions.

For more information contact Kathe Eastham, RN, at the Oklahoma Health Care Authority 405-522-7155.

Asthma Encounter Form

Name_____ **Phone**_____ **Date**_____

Med. Allergies: **Age**

Parental Concerns:

Current Therapy:

Quick Relief_____

Anti-inflammatory_____

Other_____

Peak Flow: Personal Best Expected Today in office Recent lowest

Trmt. Hx.:

- ☐ Previous referral to asthma specialist_____
- ☐ Interval Emergency visits #_____ ☐ NONE
- ☐ Interval Hospital admissions # of days_____ ☐ NONE
- ☐ Interval Home Health visits #_____ ☐ NONE

Self-Assessment questions: Since your child's last visit-

- YES ☐ NO ☐ Do you feel your child's asthma is well controlled?
- YES ☐ NO ☐ Have there been any changes in your child's home or school environment? (Smoking or pets)
- YES ☐ NO ☐ Regular asthma medication dosages missed?
- ☐ NONE School/ day care days missed #_____
- ☐ NONE Side effects from asthma meds_____

Current Symptoms (please circle appropriate answer in each column)

Classification	Day: coughing, wheezing, SOB or chest tightness in past two weeks?	Night: coughing, wheezing SOB, or chest tightness?	Symptoms with activity in past two weeks.	Peak Expiratory Flow (PEF)
Severe Persistent	All the time	Frequent	Interferes with any activity	PEF <60% predicted
Moderate Persistent	Daily	>5/month	Interferes with mod activity	PEF >60%<80% predicted
Mild Persistent	3-6/week	3-4/month	Only with a lot of activity	PEF > 80%% predicted
Mild Intermittent	< 2/week	< 2/month	Not at all unless an attack	PEF >80% predicted

Resp. Hx: ☐ **Premature** ☐ **Chronic Lung Disease (BPD)** ☐ **RSV (Date)** ☐ **Age first dx'd**

Hx Present Illness: ☐ Maintenance ☐ Acute ☐ Trigger

Physical Exam:

Ht. ↑____	Wt. ↑↓ (Circle)	T.	P.	RR.	BP

General:

Lungs:
- ☐ Clear
- ☐ Wheezing
- ☐ Poor air movement

I:E Ratio
- ☐ Normal ☐ Prolonged

Retractions
- ☐ None ☐ Moderate
- ☐ Mild ☐ Severe

ENT: ☐ Sinus tenderness _____

Cardiac:_____

Abdomen:_____

GU:_____

Musculoskeletal:_____

Neuro:_____

Teaching:

Needed	Done
☐ General info about asthma	☐
☐ Smoking/Environment	☐
☐ Peak Flow/Monitoring	☐
☐ Use of MDI and Spacer	☐
☐ Management Plan	☐
☐ Partnership with school/daycare	☐
☐ Safety/Developmental	☐
☐ Other	☐
☐ Handouts	☐

Teaching done by:

Immunizations due today:

☐ NONE ☐ Risks/benefits discussed

Influenza__ Lot#_____

Pneumococcal__Lot#_____

Signature:_____

Relationship:

Assessment / Action Plan

Classification of Current Severity

- ☐ *Severe Persistent* ☐ *Mild Persistent*
- ☐ *Moderate Persistent* ☐ *Mild Intermittent*

Does current severity match current therapy? ☐ Yes ☐ No

If severity rating is lower than current therapy, step down

If severity rating is higher than current therapy, step up

Medication Change

Quick Relief: _____

Anti-inflammatory:_____

Other:_____

Copy of self-mgmt. plan and encounter sent to: Home Health ☐ Asthma Ed. ☐

- ☐ **Pt./guardian completed self-assessment**
- ☐ **Self-Management Plan sent with patient**
- ☐ **Peak flow record sent with patient**
- ☐ **Asthma Action Plan completed**
- ☐ **Pt. uses peak flow meter**
- ☐ **Pt. uses spacer**

Follow-up:

NEXT VISIT:_____

REFERRAL:_____

Provider Name **Signature**

Breathing Better in Oklahoma! *November 2000, OHCA*

Medicaid Care Management Team Provides Resource to Thousands

Two Exceptional Needs Coordinators (ENCs) were added to the ***SoonerCare*** Division in February 2000, to ensure a smooth transition for the aged, blind and disabled (ABD) population's move into Medicaid managed care. The need for collaborative effort within and outside the agency was so great, however, that the two Exceptional Needs Coordinators were joined by additional staff to create the Medicaid Care Management Team six months later. This team handles more than 1,000 inquiries a month from patients, their representatives and providers.

In September alone, the team received more than 1,800 calls for assistance and managed the cases of 265 medically complex/special health care needs patients. Team members responded to questions dealing with everything from "Who is my primary care physician?" to helping a physician align a patient with an out-of-state specialist.

Core Functions of Team

Charlene Benson, RN, CPUR, Medicaid Care Management Team director, leads the team that has evolved to eight members including five nurses with experience managing the special needs population, two health care analysts and one social worker. One of the nurses is fluent in Spanish.

"We knew after working with the ABD population, that there were some components that needed some pretty intensive work," Benson said. "Our core functions are to facilitate the care management services related to the medically complex, those more unique or special cases that need additional handling or additional expertise."

With the rural health programs, members have a primary care provider (PCP) as their case manager. If a member is with a fully capitated HMO, they not only have a PCP, but also a health plan Exceptional Needs Coordinator. The Medicaid Care Management Team fills the role the Exceptional Needs Coordinators are providing in the health plans. They also work as a "trouble shooting" department in their agency and across the state. The team works with the legal department on appeals and grievances, with the health plans on readiness reviews and examines contracts such as those held with the health plans, Oklahoma State Department of Health and the University of Oklahoma.

Offering Assistance

"A team goal is to boost the infrastructure of the Oklahoma Medicaid provider network, primarily for our fee-for-service and Choice providers," Benson said. "We assist in locating a specialist and also assist members seeking services that are either out of state or are difficult to locate. We become involved with the Plus member's HMO if a member is transitioning into or out of a plan. We wouldn't ordinarily be involved unless there was a transition time or there was something problematic and they didn't have another resource."

Some patients call the Medicaid Care Management Team because they don't know they have a PCP or don't know who their physician is. In this case, the team goes through a brief medical assessment to identify the patient's needs. A team member then contacts the PCP about the patient and his or her needs.

"If the PCP refers the patient to a specialist, but doesn't have one they work with usually, they can call the Care Management Team and we will help locate one," Benson said.

Offering Help in Many Arenas

Because of their diverse expertise, the Department of Human Services, legislators and representatives from the governor's office have requested help from the Medicaid Care Management Team. The team evaluates Choice and fee for service Medicaid members who may be using medications inappropriately and can suggest a lock-in program where the member is "locked" into one provider and one pharmacy for a specified length of time.

The team answers calls from many medical arenas, not just from people involved in the Medicaid program.

"If we have someone who has a need for something, it's not our practice to give them a phone number and drop it. We try to do a more in-depth coordination so they can really know what it is they need to do and how to go about doing it," Benson said. "With those individuals who fall out of the realm of everything else and perhaps don't fit the Medicaid guidelines for eligibility, we still don't drop the hat on them. We try to assist and identify other resources."

If you need additional information about the Medicaid Care Management Team, you may call 1-800-522-0114 and press option 9 or you may press O and you will be directed to the appropriate individual.

Accidental Injury Prevention for the Holiday Season

Oklahomans enter a different phase of the year during the crisp cold of the holiday season. At such a pleasant time of year, it's hard to think of danger. But from gift giving and holiday meals to winter activities, parents and guardians as well as physicians should exercise extra care to keep children and families safe this holiday season.

Injuries account for 57% of all deaths for children ages 1-14, and 82% of all adolescent deaths (ages 15-19), according to statistics from the Oklahoma State Department of Health (OSDH), Injury Control Division (www.health.state.ok.us). The annual statewide rate for childhood injuries is 34.9 per 100,000. Reducing the statewide rate to 20 would translate into 197 fewer deaths per year, or approximately 16 children every month.

Websites Offer Safety Suggestions

There are several organizations with gift giving suggestions for physicians as well as parents or guardians. These include the National Safety Council (www.nsc.org), the National Safe Kids Coalition (www.safekids.org), the U.S. Consumer Product Safety Commission (http://cpsc.gov), and the Oklahoma Safety Council (www.oksafety.org).

The U.S. Consumer Product Safety Commission has regular updates on recalled toys, games, and other products. Gift givers can use the website to ensure an item is not on a recall list.

Another website of information for physicians, guardians, and parents is the product safety listing (http://www. consumer.gov/productsafety.htm) which includes information from agencies like the Federal Trade Commission, the National Highway Traffic Safety Administration, the Food and Drug

Administration, as well as the Consumer Product Safety Commission.

Adults should also consider dangers inherent to specific gifts like bicycles, skateboards and inline skates. Bicycle deaths in the state of Oklahoma are more common in the under 15 age group, with males ages 5 to 14 accounting for 48% of all bicycle fatalities, according to OSDH Injury Control Division's statistics. Head injuries are the cause of 75% of the deaths from bicycle injuries. The use of helmets, properly fitted, reduces the risk of traumatic brain injury and death dramatically. The OSDH Injury Control Division has fact sheets available on bicycle safety, as do several other organizations such as the National Safe Kids Coalition (http://www. safekids. org/tier2_rl.cfm?folder_id=169).

Parents and caregivers should also consider the risk of frostbite, hypothermia and frozen ponds.

With the first snowfall, sledding will resume. The National Safety Council has recommendations on safe sledding, including proper attire to reduce the risk of injury (http://www.nsc.org/library/facts/sledding.htm).

Each month the National Safety Council's website for youth safety has updated information for the season (http://www.nsc.org/mem/youth.htm). This website has information for both parents and guardians on safety issues for the events of the season.

But winter weather hazards are not just outdoors. Websites that can provide safety information concerning such winter hazards as fires and foodborne illness are listed below:

- http.//www.nsc.org/library/facts/fires.htm
- www.nsc.org/pubs/fsh/archive/fall00/fire.htm
- http://www.cdc.gov/mmwr/mmwr_rr.html
- http://www.fightbac.org
- http://www.foodsafety.gov

The medical community can play an integral part by advising and counseling individuals about the common areas of concern. Measures taken to reduce the risk of injury can pay off with the holidays continuing to be a time of joy and hope.

New Generic Drugs Hit Pharmacies

Generic versions of several popular name-brand drugs hit pharmacy shelves this year and more are expected within the upcoming months. Nancy Nesser DPH, JD, the Oklahoma Health Care Authority's director of pharmacy programs, reports the lower-priced generic alternatives will have an impact on not only the consumers, but also Medicaid and other third-party payers.

"Consumers should definitely see a difference whether they pay cash or have prescription insurance," Nesser said. "Generally, no matter how expensive the generic is, there is still a lower co-pay than when compared to the name-brand. Hopefully the new generics on the market will also help Medicaid and other third-party payers with budgeting issues."

(continued on page 6)

Customer Service: Keeping You Informed

Q There is a global message on my current remittance statement regarding HIPAA. What is this about, and does it affect me?

A The Health Insurance Portability and Accountability Act is a Federal Law passed in 1996. The legislation in its entirety is quite complicated and deals with many different areas of the health care industry. Information regarding the Act may be accessed most easily by going through the internet at *HCFA.gov* and following the links.

The portion of the HIPAA that goes into effect on October 16, 2002, is the Electronic Data Interchange standards under Administrative Simplification. The Standards will apply to **all** providers of healthcare services nationwide. Simply put, the Standards require that all electronic claims be submitted in one standard format, using standard procedure codes. This applies to electronic claims made to all insurance companies, including Medicaid, Medicare, CHAMPUS and commercial insurance.

Q Will the Oklahoma Health Care Authority be prepared to receive claims in this format?

A Absolutely! OHCA has been diligently at work for months preparing for HIPAA implementation. You have probably noticed that many of our state-specific procedure codes have been replaced with CPT codes. That was a step in our preparation. It is our expectation that implementation of these Electronic Data Interchange standards will dramatically simplify electronic claims filing for the providers of Medicaid services.

New Generic Drugs (continued from page 5)

Lower priced generic versions of prescription drugs allow Medicaid resources to be stretched to provide more prescriptions to more people. Four of the new generic drugs may be moved from a Medicaid program requiring prior-authorization.

Generic drugs normally appear on the market shortly after the patent on the brand name has expired. The patents are usually good for 17 years. Once the patent has expired, another company is free to buy the raw materials and manufacture the medication. In some instances, brand name distributors have changed the packaging on their drug and marketed a "generic" version themselves.

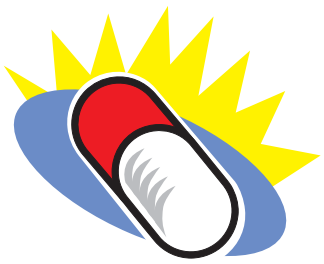
Nesser said all generic drugs must meet stringent FDA guidelines requiring that the amount of medication in the body is consistent between brand and generic versions of the same drug.

Generic drugs released this year include:

- Fluoxetine, the generic of Prozac, an antidepressant. Price differences between brand name and the generic fluoxetine average approximately $10 per month. This difference is expected to increase when more generic manufacturers have approved products available.
- Oxaprozin (Daypro), a non-steroidal anti-inflammatory. Oxaprozin is used long-term in the management of osteoarthritis and rheumatoid arthritis. The generic averages nearly $18 per month less than the brand name.
- Nabumetone (Relafen), a non-steroidal anti-inflammatory. Nabumetone is used long-term in the management of osteoarthritis and rheumatoid arthritis. The generic averages more than $9 per month less than the name brand.
- Famotidine (Pepcid), an anti-ulcer medication. Famotidine varied widely in price at the three pharmacies questioned. For a 30 count, 20mg prescription, prices ranged from $31.69 to $60.87 per month. Pepcid prices were more regular, averaging $63.59.
- Buspirone (Buspar), a non-habit-forming anti-anxiety agent. The average difference between Buspirone and Buspar is more than $13 per month.

Nesser said generic versions of Prilosec, Zestril, Prinivil, Mevacor and Claritin are expected out during the next 12 months.

Of the newly released generics and those expected, Pepcid, Prilosec, Relafen and Daypro are currently in the Product Based Prior Authorization program which was implemented on January 4, 2000, for ***SoonerCare*** CHOICE and Medicaid fee-for-service members. The Product Based Prior Authorization program currently includes anti-arthritis or Non-Steroidal Anti-Inflammatory Drugs (NSAID) and Anti-Ulcer medications or the H-2 blockers and proton pump inhibitors.



Fight Tobacco Addiction (continued from page 1)

Health and Substance Abuse Services, the Oklahoma Health Care Authority, the ABLE Commission and the Heartland Division of the American Cancer Society. The group is planning a "four cornerstone" approach to reduce tobacco use — the state's most preventable cause of death — including community-based programs, cessation services, classroom programs and counter-marketing.

Nico Gomez, public information officer with the Oklahoma Health Care Authority (OHCA) said the issue is bigger than any one state agency that has joined the fight against smoking.

Tobacco Use a Multi-Faceted Issue

"Tobacco use and tobacco addiction are greater than just a health issue. It's an economic issue. It's a behavioral issue. It really is the root of a lot of our health problems in the state," Gomez said. "We'll work closely with medical professionals, the legislature and other state agencies who have an interest to help implement the policy changes, legislative changes and the funding mechanism to make this program a success."

Cost of Tobacco Addiction

Treating tobacco-related diseases costs approximately $690 million each year — taxpayers cover half of that cost. Tobacco costs every Oklahoman approximately $300 annually whether they smoke or not. Nonmedical costs of tobacco, including absenteeism, lost productivity and fire damages total approximately $490 million each year, according to L. Millar et al., "State Estimates of Total Medical Expenditures Attributal to Cigarette Smoking, 1993." Public Health Reports 113:447-58 September/October 1998.

> **"Tobacco use and tobacco addiction are greater than just a health issue. It's an economic issue. It's a behavioral issue..."**

Excise Tax Increase Proposed

One goal of the new coalition is to push for legislation that would raise the excise tax $1 on a pack of cigarettes, thereby raising an additional $200 million in annual revenue that could be used to fund the health care costs of treating illnesses related to tobacco addiction and to fund cessation services for those who want to quit.

"Particularly through tax-funded health programs, Oklahomans pay for the treatment of tobacco-related illnesses. It's time to ensure that those who choose to smoke and those who sell tobacco related products help pay for those health costs," Gomez said. "One way we thought about doing that without burdening the state budget is the increase on the excise tax. There is the Tobacco Settlement Fund that is set up in a trust and the interest can be used to treat a lot of these issues, but the rate of the interest doesn't equal our immediate needs."

Funding Anti-Smoking Campaign

An increase in excise tax could also help the anti-smoking campaign by reducing the number of people who can afford to smoke, especially with Oklahoma's youth. A 10-percent increase in price could result in a 13 to 14 percent reduction in use among youth, Gomez said.

To help those interested in quitting obtain smoking cessation packets, OHCA is proposing to repeal the prior authorization on their tobacco cessation product available to Medicaid clients.

More Youth-Compliance Checks

The group plans to push for increased funding for youth compliance checks at retail outlets with penalties and temporary license suspensions affecting not only the clerks, but also the storeowners whose businesses repeatedly sell tobacco to minors. This would mean putting more law enforcement officers on the street, enough to handle 11,000 checks of 5,500 retail outlets each year.

New Legislation Desired

Gomez said the group also wants to affect legislation that would repeal the preemption language from the state tobacco laws so cities and smaller municipalities could enact stronger tobacco-control ordinances than state law currently allows. Other legislative goals are geared toward providing smoke-free public places to protect all Oklahomans from the dangers of second-hand smoke which claims the lives of more than 700 Oklahomans each year, according to statistics from the Oklahoma State Department of Health.

Participants in the anti-smoking coalition understand it will be a long and difficult road before they see measurable results in their battle against tobacco.

"This is something that is going to be a long-term process. It won't be changed in months. It won't be changed in years," Gomez said. "We recognize it's not an easy proposition, but it's one that there is a lot of energy behind. We don't feel like Oklahomans can wait any longer. Our health status is poor and there are actions we need to take now to make it better tomorrow."

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Please submit any questions or comments to Jo Kilgore in the Oklahoma Health Care Authority's Public Information Office at 405-522-7474.

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