



quality courier

Flu facts

Every year in the US, on average:

- Five to twenty percent of the population gets the flu
- More than 200,000 people are hospitalized from flu-related complications
- About 36,000 people die from flu-related causes¹

Flu season is upon us and this has a lot of people worried. Delaware has already experienced several H1N1 flu related deaths. There are still many gaps in peoples' understanding about what the flu is and how to best protect themselves. This lack of understanding has grown even bigger with the re-emergence of the H1N1 flu virus. As one of the critical links to preventive care, you and your staff can help educate patients about the flu and its symptoms and instruct patients on how best to protect themselves and their loved ones.

The most important step: Get vaccinated

According to the Centers for Disease Control and Prevention (CDC), the most important step in protecting against the flu is to get a vaccination. This year, there will be the regular flu vaccine, which offers protection from the most common seasonal influenza viruses, and another vaccine developed specifically to fight the H1N1 virus.

People who have the highest risk for infection or serious complications are considered high- risk populations. Both the regular flu and H1N1 vaccinations will first be available to those at high risk. Children less than six months of age are not eligible to receive an influenza vaccine, so parents and other caregivers are encouraged to get vaccinated to decrease the possibility of infecting these infants.

High-risk populations	
Seasonal flu	H1N1 flu
<ul style="list-style-type: none"> ● Young children ● Pregnant women ● People with chronic health conditions like asthma, diabetes, or heart and lung disease 	<ul style="list-style-type: none"> ● Children ● Adults age 19 - 24 ● Pregnant women ● Adults with chronic conditions age 25 - 64 ● Parents and childcare workers who work with children less than six months of age and emergency medical services personnel

¹Excerpted from the CDC website <http://www.cdc.gov/flu/keyfacts.htm>

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Take preventive actions

Encourage your patients to take standard precautions every day by doing the following:

- Always cover the nose and mouth with a tissue when coughing or sneezing, and don't forget to toss the tissue in the trash!
- Perform regular and frequent hand washing with soap and water. Remind your patients that, if they are traveling or taking public transit where soap and water may not be readily available, they should carry alcohol-based hand gel to help sanitize hands.
- Avoid touching the eyes, nose and mouth, as this is how the germs are spread.
- Avoid contact with sick people, and if you are sick – stay home! You don't want to be exposed to the virus, so don't expose others to it!

Take your prescription

Studies have shown that, if the illness is diagnosed early (within two days of symptoms), taking antiviral medications can lessen the severity of the illness and make people feel better faster.

According to the Centers for Disease Control and Prevention (CDC), the most important step in protecting against the flu is to get a vaccination.

The Delaware Division of Public Health (DPH), in collaboration with many partners throughout the State, continue to work to ensure that free information and education about the flu is available. The following Web sites provide free downloads to help you spread the word about the flu:

- Delaware DPH: www.flu.delaware.gov
- CDC: www.cdc.gov
- Federal Emergency Management Agency: www.ready.gov
- US Department of Health & Human Services: www.flu.gov or www.pandemicflu.gov ■



Healthcare overspending

In a report by CNNMoney.com on August 10, 2009¹, approximately \$1.2 trillion spent on healthcare in the US each year is a waste of money. This is based on a study by the PricewaterhouseCoopers' Health Research Institute. The study interviewed doctors, nurses, hospital groups and patient advocacy groups and identified many different areas in which healthcare dollars are squandered.

These six largest areas totaled nearly \$500 billion in wasted healthcare dollars and are listed below:

- **Overtesting.** Tests and procedures ordered by doctors are more commonly being done based on concern over liability or increasing income versus the need. This is costing the healthcare system at least \$210 billion a year.
- **Processing claims.** Inefficient claims processing is the second-largest area of wasteful expenditures, totaling as much as \$210 billion a year. It was found that many insurers have individualized claims forms and practices can spend as much as 40% of their revenue filling out paperwork.
- **Unnecessary emergency room (ER) visits.** More people are

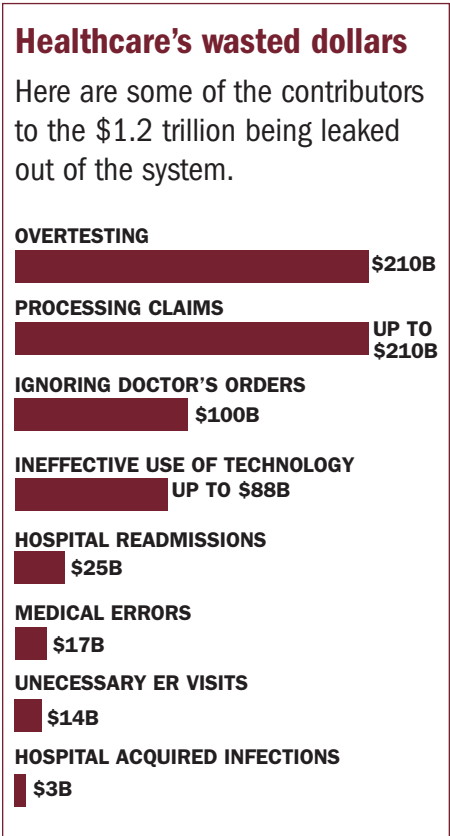
Overtesting costs the healthcare system at least \$210 billion per year.

getting care in an ER setting for issues that could be easily resolved in a primary care setting. It was estimated that this wastes approximately \$14 billion a year in healthcare spending. This estimate also includes people who do not get primary care for their diabetes or blood pressure on a timely basis, causing them to wind up in the ER as well.

- **Medical errors.** Errors are shown to cost the industry \$17 billion annually in wasted dollars. Suggestions such as computerized order entry for drugs and use of electronic health records could help ensure that patients get the correct dosage of medications in hospitals, potentially reducing this expenditure.
- **Hospital readmissions.** Patients sometimes end up back in the hospital due to being discharged too soon because of insurance restrictions, bed availability, or ageism, and this is often coupled with patients not following proper discharge planning. These types of readmissions are estimated to cost the US \$25

billion annually.

- **Hospital-acquired infections.** Approximately \$3 billion is spent annually on infections received by patients while in the hospital. Hand washing can often help reduce this problem. The stimulus bill signed by President Barack Obama includes \$50 million for reducing healthcare-associated infections.



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¹Health care's big money wasters. (2009, August 10). Retrieved August 19, 2009, from http://money.cnn.com/2009/08/10/news/economy/healthcare_money_wasters/?postversion=2009081009

Healthcare overspending *continued from page 3*

Delaware is already taking steps to curb the spending on some of these top money-wasting areas. For Medicaid, Delaware is currently conducting a Performance Improvement Project to reduce ER use. Diamond State Partners is sending out member educational materials as well as interventions for members who are high utilizers of the ER. Delaware Physicians Care, Inc. and Unison Health Plan of Delaware are both taking steps to reduce ER use by creating plan-specific member interventions.

Delaware is also starting to focus on using healthcare technology with electronic billing and ePrescribing. From 2006 – 2008, electronic claims submissions have increased 86%, and all new providers are required to submit claims electronically. ePrescribing allows providers to check eligibility, medication alerts, prior authorization requirements and conflicts using a handheld device in real time, making the member and provider more efficient and accurate. ■



Breast cancer awareness

October was Breast Cancer Awareness Month. Breast cancer is the most common non-skin cancer in women in the US.

The American Medical Association, the American College of Radiology and the American Cancer Society recommend an annual mammography and a clinical breast examination for women beginning at age 40. The American College of Obstetricians and Gynecologists recommends a mammography every one to two years for women age 40 – 49, and annually for women age 50 and older.

While noting the limitations of a breast self-examination, women should be encouraged to become familiar with the look and feel of their breasts, conduct a monthly breast self-examination and report any changes in their breasts to their healthcare provider. Finding breast cancer as early as possible allows for more treatment options and greatly improves the likelihood that treatment will be successful. Many studies have shown that early detection tests for breast cancer save many thousands of lives each year.

Quality Improvement Initiatives task force update



The Quality Improvement Initiatives (QII) task force convened on June 25, July 23, August 27 and September 24, 2009.

June 25 meeting highlights

During the June meeting, Medical Director updates were provided by Delaware Physicians Care Inc. (DPCI) and Unison Health Plan of Delaware (Unison), where the new Unison Medical Director was expected to be named soon and a new Director of Quality would be starting July 5, 2009. The Childhood Overweight Study workgroups were discussed and it was determined that a combination of the workgroups will bring about more productive efforts.

The Department of Public Health discussed a program related to the Childhood Overweight study which is called Delaware Partners for Healthy

Eating and Active Living (DE-HEAL). This program works with schools, work sites, families and communities, as well as in healthcare settings, to educate people on nutrition and activity.

Quality presentations for June:

- **Crisis Assessment Psychiatric Emergency Services (CAPES)** – The Division of Substance Abuse and Mental Health discussed the implementation of the CAPES program at Wilmington Hospital. Delaware has the highest involuntary commitment rate of any state, and it is believed that 40 – 50% of these commitments should be drug admissions. The CAPES program is based on Philadelphia’s program, in which CAPES provides the emergency room (ER) the ability to take an

individual and have the time needed to evaluate that individual to decide if there is a need to admit to a psychiatric hospital. Through the use of this program, involuntary commitments have dropped 25% at Wilmington Hospital. Downstate Delaware’s involuntary commitments are going up, which shows the need to get the program started in Kent and Sussex counties.

- **Training tool used for Division of Services for Aging and Adults with Physical Disabilities (DSAAPD)** – A training tool is now used for all three of DSAAPD’s waivers: Elderly & Disabled, Assisted Living and the Acquired Brain Injury (ABI). The training tool contains background information, the Centers for Medicare & Medicaid Services (CMS) requirements, waiver assurances, strategy overview, DSAAPD’s quality improvement system participants, data collection, reporting, data analysis, data sources, remediation, systems improvements and next steps.

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Quality Improvement Initiatives task force update *continued from page 5*

July 23 meeting highlights

The July meeting included updates from DPCI and Unison Medical Directors. An overview of the roles and responsibilities of the members of the task force was given due to the addition of new members.

Presentations for July:

- **DSAAPD reviewed the ABI waiver** – An overview was given regarding the quality improvement strategy and DSAAPD showed how they have taken the quality improvement process and proceeded to demonstrate quality improvement. Currently, DSAAPD has presented the findings from the client questionnaire and will present the findings to the task force once feedback is received.
- **1115 waiver** – Division of Medicaid and Medical Assistance (DMMA) gave a high-level presentation on the 1115 waiver. The application for renewal was sent in on July 1, 2009 to CMS. DMMA is in discussions with CMS over the renewal. As the renewal is under section (e), there is a mandate that no changes can be made to the current waiver. With the change in Presidential Administration, there may be a broader understanding of the complications caused by budget neutrality, forcing the State to hold to the President's budget, which has been significantly lower than actual medical costs.

August 27 meeting highlights

The August meeting included a Medical Director update regarding the Pharmacy and Therapeutic Committee (P&T), which held its semi-annual meeting on August 6, 2009.

Thirty-eight therapeutic classes of drugs were reviewed and the P&T Committee made recommendations. The recommendations from the P&T Committee and Provider Synergy will be reviewed and a final decision will be made by the Secretary of the Department of Health and Social Services (DHSS) as to which drugs will be added to or removed from the Preferred Drug List. Unison's new Medical Director, Dr. Leon De Masi, provided information on his medical background and reported that Unison is currently aligning their community advocates with community initiatives and are looking at how to best use them. DPCI noted that they recently held their KID's art contest in Dover, where the DHSS Deputy Secretary presented the awards.

Presentations for August:

- Division of Child Mental Health Services (DCMHS) presented on their current projects and initiatives. Due to the State being ranked number four in the nation for number of children expelled from daycare, DCMHS has received a grant from the Substance Abuse Mental Health Services Administration to develop mental health services for children under six years of age.

Doctoral students from the University of Delaware worked with DCMHS to provide Parent-Child Interaction Therapy at the University's Psychological Services Training Center. Three events were announced for September:

- **September 10:** A workshop concerning public child mental health services available
 - **September 11:** Delaware Conference on Young Child Mental Health and Child Traumatic Stress
 - **September 12:** A workshop on Helping Young Children with Disruptive Behaviors
- EDS Pharmacy reported on the large increase in Suboxone® usage. EDS saw a three-fold increase in usage from 2007 to 2008. Currently, there are only 16 providers in the State that can prescribe the drug, as there is specific training required to prescribe, and 253 recipients of Suboxone. With the increase in use, EDS decided to evaluate the process for approval. EDS has established a prior-authorization process which will be for a two-month authorization for the first three times a prescription is filled and then a six-month authorization will be done. Currently there is a 200-unit narcotic limit per month.

Quality Improvement Initiatives task force update *continued from page 6*

September 24 meeting highlights

The September meeting included an update from the DMMA Medical Director that EDS Pharmacy is in the process of reviewing client's cases having over 13 prescriptions per month. DMMA shared highlights from the final Childhood Overweight workgroups. Recommendations from the workgroups included: Combining resources on Childhood Overweight and Obesity in one place, researching codes for reimbursement including Overweight and Obesity, recommending that DMMA adopt Healthcare Effectiveness Data and Information Set measures for Overweight/Obesity and assigning to each health plan, and transitioning all workgroups into a collaborative partnership with DE-HEAL.

Presentations for September:

- Diamond State Partners (DSP) presented on their quality activity to reduce the number of non-emergent ER visits by members and reduce overall plan costs. It was reported that approximately five percent of all DSP members account for over 66% of all non-emergency visits, with dental care being one of the highest uses for ER services. All DSP members were sent a newsletter containing information on correct usage of the ER. There were also tiered interventions for members who were using the ER based on the frequency of their use. Additional follow up to the project will be to continue education of members, work with providers to notify them of their members' ER usage, resolve payment issues with urgent care centers so there is an alternative available to the members, and possibly find a disincentive for members going to the ER.

- EDS presented on the Provider Satisfaction survey. Each year, EDS partners with the State to target a population. In 2009, the targeted questions were regarding ePrescribing. Every year there are similar topics, such as quality of services and electronic billing, so as to track year-over-year statistics.

The next QII meeting was scheduled for October 22, 2009. ■

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Questions or Comments

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