

# Provider Newsletter



Your **Healthcare Plus**™  
Extra help for better health

## Asthma Success Strategies

by Carrie Nelson, MD, MS, FAAFP

I recently had the opportunity to talk with an allergist who hasn't had any of his asthma patients admitted to the hospital for asthma exacerbations in more than 10 years! When I first learned of this, I just knew I needed to hear his secrets. Dr. Ahmed Mohiuddin, who practices in the Chicago area, did his allergy fellowship at National Jewish Hospital in Denver, Colorado, the premier asthma center in the country and a national referral center for severe asthmatics. Dr. Mohiuddin sees Medicaid patients in several offices, and here is what I learned from talking with him.

### Q: How is it that none of your asthma patients have needed hospitalization in such a long time?

**A:** I definitely practice the 2007 asthma guidelines. In fact, I'm a believer in the rule of twos and teach my patients about this. I find it's something they can grasp pretty easily. I am also struck by how significantly both doctors and patients overestimate the level of asthma control. In fact, there's a study that shows if you ask people with severe asthma whether their asthma is under control, 30% of them will say yes. For those with moderate asthma, 50% will say it's well controlled. These are people who are using a quick-relief inhaler several times weekly, and for those in the severe category, daily! Another core practice is that I rely upon inhaled corticosteroids as my preferred controller medication over the other options.

### Rule of Twos

Asthma is inadequately controlled if any of these are true:

- Quick relief inhaler use > 2 times weekly
- Night time symptoms > 2 times monthly
- Quick relief refills > 2 times yearly

### Q: How do you make sure your patients are coming in to have their asthma managed?

**A:** I never give more than three quick-relief medication refills at a time and expect patients to come in for further refills. If I find they're going through the medicine quickly, I know the control is inadequate. I recommend a well asthma

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## Illinois Health Connect and Immunization Data

I-CARE, or Illinois Comprehensive Automated Immunization Registry Exchange, is an immunization record-sharing computer program developed by the Illinois Department of Public Health (IDPH). The program allows public and private healthcare providers to share the immunization records of Illinois residents. Currently, the program contains more than 37 million immunization records. For additional information about I-CARE, please check the IDPH web site at [www.idph.state.il.us/health/vaccine/icarefs.html](http://www.idph.state.il.us/health/vaccine/icarefs.html).

Recently, IDPH began sharing I-CARE and Cornerstone immunization record data directly with the Illinois Department of Healthcare and Family Services (HFS). In turn, these data are provided by HFS to Illinois Health Connect (IHC). The Cornerstone data includes public health department immunization data and GLOBAL (Chicago Department of Public Health) data.

Immunization records that have been recorded in I-CARE and Cornerstone for services provided in 2009 will qualify for the 2009 IHC Bonus Payment program for high performance. One of the five measures eligible for bonus payments is for children to have received complete immunizations by age two, as recommended by ACIP. HFS uses claims data to determine whether a service was rendered and the bonus benchmark was achieved. Bonus payments will be a minimum of \$20 per qualifying patient for care provided in 2009.

Reporting immunization records through I-CARE and Cornerstone will allow HFS, and consequently IHC, to recognize immunizations where a claim might not have been received by HFS. Examples include immunizations received through a free clinic, obtained through private insurance before the child became enrolled in HFS, or that were improperly billed. In order to qualify for the 2009 bonus payments, providers must have entered records by March 31, 2010.

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# Asthma Success Strategies *(Continued from page 1)*

visit at least every six months. For those with severe asthma, I see them every three months. These visits take place at a time when they feel their asthma is stable, not during an exacerbation. That's when I can truly assess whether, in fact, it is controlled. And because I know that, as a doctor, I can listen to their lungs, hear that they're clear, and risk overestimating control, I use spirometry at least annually as an objective measure. My staff makes sure their next well asthma visit is scheduled before they leave the office.

## Q: How do you handle patient education?

**A:** I place a strong emphasis on patient education. These patients need to know what medicines they're on and the role of each. Every time I see patients, I ask them what medications they're taking, the dose, and the frequency. Eventually they learn that I expect them to know these things. I use asthma action plans, and some of my patients have a prescription for prednisone on hand with specific instructions on when to use it and when to call me. I also talk to them a lot about environmental control and allergies.

## Q: Tell me more about the role of allergies.

**A:** Because persistent asthma is largely an atopic disease, about 80% of asthmatic children and 60–70% of asthmatic adults will be found to have allergies. It makes sense to test many of these patients. While skin testing is the gold standard, blood testing for allergies has improved in recent years and is worth considering in many patients. When allergies are identified, I have had great success with allergy immunotherapy.

## Q: Any final advice to share?

**A:** I treat my patients that are having an acute exacerbation in my office instead of sending them to the emergency department. That way I know what the real pattern of their illness is. I then give them a prescription for a nebulizer. Also, another value in spirometry is to help differentiate between true asthma and vocal cord dysfunction (VCD). We're learning there's a lot more VCD than was appreciated in the past. If we don't identify which patients truly have VCD, they keep going to the emergency department and coming to your office complaining of shortness of breath but will never get better through an asthmatic treatment approach. I highly advise the use of spirometry.

For the full set of NHLBI 2007 Asthma Care Guidelines, visit [www.nhlbi.nih.gov/guidelines/asthma/asthsumm.pdf](http://www.nhlbi.nih.gov/guidelines/asthma/asthsumm.pdf). You can also access the free asthma CME modules at [www.YHPlus.com](http://www.YHPlus.com).

To help streamline the care of asthma patients in your practice, the January/February 2010 issue of Family Practice Management has an asthma flow sheet, which can be accessed at [www.nxtbook.com/nxtbooks/aafp/fpm\\_20100102/#/18](http://www.nxtbook.com/nxtbooks/aafp/fpm_20100102/#/18). In addition, YHP, Illinois Health Connect (IHC), and the Illinois Department of Healthcare and Family Services (HFS) have collaborated to create an asthma cheat sheet that answers your coverage questions related to asthma care and supplies. You can find that information at [www.yourhealthcareplusdr.com](http://www.yourhealthcareplusdr.com). ■

## Advisory Subcommittees

In order to ensure that Your Healthcare Plus and Illinois Health Connect receive ongoing input from the provider community, the Illinois Department of Healthcare and Family Services has created five advisory subcommittees to solicit policy advice and feedback from frontline clinicians, administrative staff and other stakeholders. The five subcommittees are: Long-term Care, Respiratory Health, Provider Network, Quality Management and Behavioral Health. The subcommittees generally meet semi-annually to quarterly via teleconference and every effort is made to schedule the teleconferences at times that do not conflict with providing patient care. Participation in the subcommittees is voluntary and open to any willing participant.

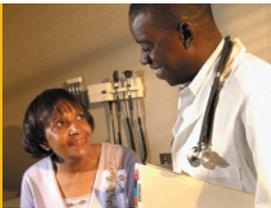
Additional information, such as a description of the charter of each subcommittee and the previous minutes, can be found at [www.illinoishealthconnect.com/advisorysubcommittees.aspx](http://www.illinoishealthconnect.com/advisorysubcommittees.aspx).

Even if you are unable to attend all of the scheduled teleconferences, we welcome your participation in the subcommittees. Your input is vital to creating programs that are workable for providers and truly improve patient care. If you are interested in participating, please contact Dr. Margaret Kirkegaard, IHC Medical Director, through the Provider Services Helpdesk at 1-877-912-1999. ■

## PCP Survey

Illinois Health Connect will be conducting its annual Provider Survey for 2010 throughout the months of April and May. The survey will be faxed to all PCPs or you can complete the survey online via a link posted on the Illinois Health Connect website at [www.illinoishealthconnect.com](http://www.illinoishealthconnect.com) under Provider Information in the Important Notices section. ■

## Supporting Your Patients and Your Practice



### Prescribing Medications: It's Getting More Complex Every Day! Your Healthcare Plus Can Help

Are you the sole prescriber for your patients? Even when you can verify that you are the sole prescriber, are you certain there are not possible drug-drug interactions or drug-condition contraindications or any of a number of other prescribing challenges? Do you know if your patients are actually filling their scripts?

For your patients who are eligible for the YHP disease management program, you may wish to consider requesting a pharmacist consultation. The YHP pharmacist will do a comprehensive medication regime review based on the information you provide and claims that have been submitted. Claims provide information about diagnoses, recent tests, the number of prescribers, and script fill patterns. The pharmacist may note when a condition is present and when key evidence-based medications are not found in the claims, or when certain agents are contraindicated in the presence of a condition.

There is *no charge to you* for this service. Simply call **Your Healthcare Plus** at **1-800-973-6792** and ask to be routed to the provider line; tell the customer service representative that you would like to verify eligibility for Your Healthcare Plus and make a request for a YHP pharmacist consultation.

### Current Information

With just a couple of clicks, you can easily remain current on updates from Healthcare and Family Services. Visit [www.myhfs.illinois.gov/index.html](http://www.myhfs.illinois.gov/index.html).

To register to automatically receive an e-mail notification when a new preferred drug list has been posted to the web

site, simply complete the **Preferred Drug List E-Mail Notification Request**.

You can also register to receive e-mail notifications when new provider information has been posted to the web site. Just complete the **Provider Releases and Bulletins E-mail Notification Request**.

And to easily access current information about drugs requiring HFS preauthorization, just bookmark this link: <http://ilpriorauth.com>.

From here you can enter either the brand or generic name of a drug and receive instant information indicating whether or not the drug requires prior approval. If the drug requires prior approval for certain age groups, the response will indicate that as well. For additional information on preauthorizations, you may call **1-800-252-8942**.

### Resource for Monitoring Substance Use

Have you ever wondered or worried about whether or not your patients were using their prescriptions for controlled substances appropriately?

Did you know that, as a prescriber of controlled substances in Illinois, you have a tool which can be used to document “good faith” efforts in preventing Medicaid benefits from being used to obtain medication for non-medical purposes? That tool is called the Prescription Monitoring Program’s **PIL (Prescription Information Library)**.

The library is maintained on a secure website at [www.ilpmp.org](http://www.ilpmp.org). Prescribers and dispensers who have registered and been assigned a username may access the library and look up their patient to see a current 6 month controlled substance history. **This history includes all prescribers and dispensers who have provided controlled substances to the individual.**

Resources available on this site include a “Frequently Asked Questions” and “Submit a Question” as well as a phone number: **217-685-0426**. ■

## Illinois Health Connect and Immunization Data *(Continued from page 1)*

Regular data entry into the I-CARE database will ensure that HFS and IHC obtain all immunization data for any future bonus payments. For additional information about the IHC Bonus Payment program, please check the IHC web site at [www.illinoishealthconnect.com](http://www.illinoishealthconnect.com) under Quality Tools.

You may also contact your IHC Quality Assurance Nurse for assistance regarding the Bonus Payment program or other Quality Tools. The IHC QA Nurses can provide your office with education on clinical guidelines, Provider Profile data, and additional resources for immunization and other patient care services. Please contact the IHC Provider Helpdesk at **1-877-912-1999** to schedule a visit to your office from the IHC QA Nurse. ■



## Did you know?

### Tobacco Use as a Vital Sign

Have you started using smoking status as a vital sign yet? Studies have shown that including this information in the vital sign gathering process creates a great launch point for the four A's of tobacco cessation counseling: Ask, Advise, Assist, and Arrange follow-up.

You can also refer patients to the Illinois Tobacco Quitline at 1-866-784-8937.

### Zofran

Ondansetron (the generic form of Zofran) in the tablet, solution, and orally disintegrating tablet forms is a covered medication through HFS and does not require prior approval. Although FDA approval for ondansetron is limited to chemotherapy and anesthesia-associated nausea and vomiting, the FDA has labeled the drug a pregnancy category Class B and has approved the drug for use in children as young as six months.

### DocAssist: Lost and Found

**Lost:** Your confidence in diagnosing and treating children with ADHD or any other mental health issue.

**Found:** Illinois DocAssist, a free phone consultation service with a child and adolescent psychiatrist who can answer all of your pediatric mental health questions. Call our "warmline" service Monday through Friday from 9 a.m. to 5 p.m., or leave a message and a child and adolescent psychiatrist will return your call within one business day. Please call **1-866-986-ASST (2778)** or visit **www.psych.uic.edu/docassist** to get your free consultation today!

IHC will be hosting a webinar on April 28, 2010 at 12 noon that will provide an overview of the ILDocAssist services. Contact the IHC Provider Relations Helpdesk at **1-877-912-1999** to register for the webinar. ■

Visit the Your Healthcare Plus and the Illinois Health Connect web sites for information on upcoming events.

This newsletter is available on the Your Healthcare Plus and Illinois Health Connect websites:  
[www.yourhealthcareplusdr.com](http://www.yourhealthcareplusdr.com) • [www.illinoishealthconnect.com](http://www.illinoishealthconnect.com)

ILPRNL\_0310 6000

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