Preventive Care Guidelines

Intermountain Healthcare® and SelectHealth use preventive care recommendations to help providers improve preventive care services. This is accomplished through standardizing national recommendations, connecting provider resources, and developing clinical tools for managing preventive processes.

The recommendations are a combination of national preventive care guidelines that have been reviewed and approved by the Intermountain Medical Group® leadership and the SelectHealth Quality Improvement committee.

Review the Preventive Care Guidelines in the SelectHealth Provider Reference Manual at selecthealthphysician.org.

Care Process Models

Care Process Models (CPMs) are created by committees of the Primary Care Clinical Program at Intermountain Healthcare. They summarize current medical literature and, where clear evidence is lacking, offer expert advice on diagnosing and treating chronic conditions. CPMs provide clinicians with treatment goals and interventions that are known or believed to favorably affect health outcomes for adult and pediatric patients.

To view CPMs, visit intermountainphysician.org and select “Clinical Programs.” You may also request a hard copy of a CPM by calling Intermountain Patient and Provider Publications at 801-442-2963.
Recent updates to CPMs are outlined below:

ADHD
- Updated information on screening for pre-existing heart disease before stimulant therapy.
- Updated information on resources, including an expanded ADHD Team Management Plan and a new patient education fact sheet on ADHD in adults.
- Updated medication information with adult dosing now listed separately.

DEPRESSION
- Updates on successes and improvements in depression treatment at Intermountain Healthcare.
- A new assessment step—screening for Bipolar Disorder (BPD) for patients with a positive PHQ-9. Most patients with BPD present with depressive symptoms. Patients with certain predictive factors should be screened for BPD.
- Updates to medication information, including cost profiles, based on new evidence and on cost information from SelectHealth.
- Updated information for providers and patients. This includes resources on diagnosing and managing chronic pain, a common comorbidity with depression.

ASTHMA
- Intermountain’s model remains closely aligned with the 2007 EPR-3 guidelines. The 2012 update included new information on testing (exhaled nitric oxide and pulmonary function testing) and medication (formulations, dosages, prices). It also highlighted patient and provider tools recently developed at Intermountain to support this standard of care.

ADULT DIABETES MELLITUS
- Modified screening recommendations, with the anticipation of adding the HbA1c test as a diagnostic tool.
- Information on identifying latent autoimmune diabetes in adults.
- Discussion of metabolic risks associated with second-generation antipsychotic medications.
- Updated information on aspirin therapy and bariatric surgery.
- New lipid goals and new advice for reaching these goals.
- Advice on clinical inertia with respect to the treatment of hypertension using home monitoring to obtain more accurate blood pressure readings.
- New advice on screening, diagnosing, and treating androgen deficiencies in men with diabetes.
- Additional guidance on method for the diabetic foot exam.
New technologies are developed to diagnose and treat medical conditions. Many of these improve current options to treat a specific condition. However, some technologies may not be as effective and may expose patients to needless risks. It is important to remember that approval by the U.S. Food and Drug Administration (FDA) does not guarantee the technology is beneficial. In addition, many surgical procedures do not require FDA approval.

To ensure that our members have the most appropriate treatment options, we review and assess new medical technologies. The M-Tech Committee—which is composed of doctors, nurses, and other healthcare professionals—reviews devices, drugs, and procedures every year. An M-Tech review includes studying all valid published studies. The Committee gets feedback from local doctors and analyzes the cost and effectiveness of the new technology. This helps the Committee determine whether a new technology should be covered.

New technologies must meet these requirements:

> They must be medically necessary to preserve, restore, or improve the health of the individual.
> They must provide a proven benefit.
> They need to be of equal or better cost-effectiveness when compared to the technology they replace.
The Utah Department of Health (UDOH) recently released the *Performance Report For Utah Commercial HMOs and Medicaid & CHIP Health Plans, Performance Measures (HEDIS®)*, * and Consumer Satisfaction Survey Results (CAHPS®)*.

SelectHealth was the top-rated health plan for customer satisfaction among Utah HMO insurance companies. We surpassed state and national averages for clinical performance and customer satisfaction more times than any other Utah health plan.


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### Making the Grade

**UTAH DEPARTMENT OF HEALTH MEASURES HEALTH PLANS’ QUALITY OF CARE AND SERVICES**

We’re working for our members’ health

HEDIS includes more than 70 standardized measures that look at how well health plans perform on key healthcare issues. HEDIS measures cover the following topics:

- Breast, cervical, and colon cancer screenings
- Prenatal care and care after delivery of a child
- Immunizations and well-child visits for children and adolescents
- Appropriate use of antibiotics

We developed programs to help us improve our level of service, such as reminder phone calls, condition-specific newsletters, and reports for doctors to keep track of their patients’ progress.

Our programs focus on excellence in clinical areas included in the UDOH’s Performance Report. Results show that our efforts are working.

This year, significant improvements were seen in the following areas:

- Diabetes management
- Obesity monitoring
- Childhood vaccines
- High blood pressure control
- Use of medications after a heart attack

Our personalized telephone calls allow us to share information to improve personal health. New programs address diabetes, high blood pressure, women’s health, and well-child visits. These programs
offer care management referrals, assistance with appointments, condition-specific educational mailings, and other tools to help members and their families better manage their health. We consistently receive positive feedback for outreach efforts and have used comments to further improve services.

**We value your feedback**

Every year, we use survey responses to determine member satisfaction. Quality improvement strategies are created to address certain areas. This year’s member satisfaction survey revealed that our “Overall Rating of the Health Plan” scores improved significantly, and we were rated the number one HMO plan in Utah.

**We’re improving care for hospitalized patients**

Intermountain Healthcare is also working to improve care provided to patients who are hospitalized for serious medical conditions. We work with Intermountain to ensure that patients receive proper medications, treatments, and tests. We also want to be certain that patients are discharged from the hospital with the appropriate medications and education to help them manage their illness.

The Centers for Medicare & Medicaid Services (CMS) has collected clinical performance data for most hospitals. It evaluates care provided to patients who have been admitted to a hospital for a heart attack, pneumonia, or heart failure. Visit [hospitalcompare.hhs.gov](http://hospitalcompare.hhs.gov) to learn more.

We would love to hear from you! If you have comments, please contact us. For more information about our Quality Improvement programs, contact David L. Larsen, Quality Improvement director, at 801-442-7429 or david.l.larsen@selecthealth.org.

*HEDIS is a registered trademark of the National Committee for Quality Assurance.

**If you would like a copy of the 2012 Performance Report for Utah Commercial HMOs and Medicaid & CHIP Health Plans, Performance Measures (HEDIS), and Consumer Satisfaction Survey Results (CAHPS), call the Office of Health Care Statistics at 801-538-7048.

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**Cholesterol Management HEDIS Measurement**

A HEDIS article that discusses the Cholesterol Management measure can be read in its entirety at [selecthealthphysician.org](http://selecthealthphysician.org) in the “SelectHealth News & Information” section.
False Claims Act

SelectHealth recently provided clarification on the interpretation of the False Claims Act. Please take a moment to review this information and share it with others in your practice.

Under Sections 3729 through 3733 of Title 31 of the United States Code, the False Claims Act prohibits any presentation of a false claim or record in support of a false claim from being submitted for payment or approval. Generally, a person is in violation of the Act if he or she has knowingly presented or caused to be presented to an officer or employee of the U.S. Government or any of its contractors, has made, used or caused to be used a fraudulent claim or statement of record to get a claim paid or approved.

Penalties under the False Claims Act include civil penalties ranging from $5,500 to $11,000 per claim (as adjusted under the Federal Civil Penalties Inflation Adjustment Act of 1999) and fines of up to three times the damages to the Government, as well as criminal penalties including imprisonment for individuals found guilty under the False Claims Act.

The False Claims Act also includes provisions that protect “whistle blowers” (also known as Qui Tam provisions) from retaliation by their employer for reporting a false claim. Under these provisions, any person who reports, in good faith, any false claim violation or suspected violation is protected from any retaliatory action by an employer or provider. If ignored, these provisions allow for the individual who was retaliated against to sue the employer for damages to include: job reinstatement (along with seniority status), two times the amount of back pay including interest, and compensation for any damages (litigation costs and attorney fees) to the individual as a result of the retaliatory action taken by the employer.

Utah’s False Claims Act (Utah Code 26-20-1 et seq.) is comparable to federal laws referenced above. However, Utah’s False Claims Act also states that a person may be liable for filing a claim for items or services to any employee, officer, agent, or contractor with the state, which they or the provider know are not medically necessary; or a claim is filed for benefits already covered by a private source which results in a false claim submission.

Visit cms.gov for additional information on the federal False Claims Act. For details about Utah’s legislation, visit dhs.utah.gov/false_claims.htm.
In 2013, we began a new process for collecting patient satisfaction data from members for recent provider visits. The purpose of the Patient Satisfaction Survey is to help physicians, caregivers, and support staff to consistently provide the best possible care and service to patients by measuring and reporting patient perceptions of their visit.

To support providers, we will be introducing a provider report in the fourth quarter that will allow them to sort data by date range, clinic, and physician level, as well as by Medicare and Medicaid product lines. Providers will also be able to view system-level comparison data and de-identified comments.

The SelectHealth Patient Satisfaction Survey is based on the Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS), published by the Agency for Healthcare Research and Quality (AHRQ). The survey is administered weekly using interactive voice response technology and is available in English and Spanish.

Questions are categorized as follows:

> Patient’s rating of the provider
> A willingness to recommend a provider to friends and family
> Getting timely appointments, care, and information
> How well providers communicate with patients
> Follow up on tests
> Open comments regarding thoughts about the provider and ways the provider could improve care

Other quality reports are available online for providers/clinics with enough volume to support the reports. Online reports can be accessed at selecthealthphysician.org. Login under “Secure Content Login” and then click on “Clinical Reports.” If you have questions or would like to grant proxy access to a trusted staff member, contact Provider Relations at 800-538-5054.

At the clinic level, quality and patient satisfaction scores are available on selecthealth.org. Measures are only reported when 30 or more qualifying members have responded. To view them, search for a clinic or an individual provider under “Doctors and Facilities,” and then choose “Satisfaction and Performance Ratings.”

New Policy Regarding the Use of Provider Performance Data

We use provider performance data for quality improvement activities, award and performance incentive programs, provider performance reviews, and for public reporting to consumers. This data is collected through claims, lab data, patient satisfaction surveys, and available medical record documentation. Providers can access this policy at selecthealthphysician.org. Select “Provider Reference Manual” and then “Policy and Procedure.”
Whether it’s a new diagnosis or a major injury, specially trained care managers can help members navigate the healthcare system. Care managers act as a liaison between the member and providers to make sure immediate and ongoing needs are met and that the best possible care is received.

To help members take control of their chronic condition, our disease management team provides educational materials, access to online resources, newsletters, follow-up phone calls, and the expert support of a care manager.

To learn more about our care management services, visit selecthealthphysician.org and click on “Provider Reference Manual” and “Utilization Management.” To refer a member for care management, call 800-442-5305.