Greg A. Diederich is the new chair of the San Joaquin Health Commission, HPSJ’s 11-member governing board, as of January 14. January 5 was his first day on the job as Director of the San Joaquin County Health Services Agency, and as an ex officio member of the San Joaquin Health Commission. With over 19 years in private and public sectors of the health care industry, he most recently spent seven years at Stanislaus County Health Services Agency where he was associate director for clinical services. While there, many at HPSJ had the pleasure of working with him as we expanded the Medi-Cal program in Stanislaus County. In addition to being well-informed about that region of the HPSJ geographic service area, Greg Diederich has a deep understanding of the current health care landscape and he adds to the already considerable provider expertise contributed by current San Joaquin Health Commission members Drs. Marvin H. Primack, Gentry Vu, Mohsen Saadat, and Michael Herrera.
Topics of Interest to Providers on www.hpsj.com

We include information about many topics of interest on our website. You can view and/or download information about the following topics at www.hpsj.com.

- Information about HPSJ’s Quality Improvement Program including goals, processes and outcomes as related to care and service.
- The process for practitioners, facility staff, including discharge planners, to refer members to case management.
- The process to refer members to disease management.
- Information about disease management programs, including how to use the services and how HPSJ works with a practitioner’s patients in the program.
- Information about how to obtain or view copies of HPSJ’s specific adopted clinical practice guidelines and preventive health guidelines, including those for:
  
  **Clinical Practice Guidelines:**
  - Attention deficit hyperactivity disorder (ADHD)
  - Asthma
  - Chronic Obstructive Lung Disease (COPD)
  - Depression
  - Diabetes
  - Heart Failure
  
  **Preventative Health Guidelines:**
  - Pediatrics (ages 0-18 years), Preventative Pediatric Health Care
  - Pediatrics (ages 0-18 years), Immunization Recommendations for ages 0-18 Perinatal
  - Adults (ages 19-64 years), Preventative Care
  - Geriatrics (ages 65+); Fall precautions for ages 65-older
  - Information about HPSJ’s medical necessity criteria, including how to obtain or view a copy
  - Information about the availability of staff to answer questions about Utilization Management (UM) issues

- The toll-free number to contact staff regarding UM issues
- The availability of TDD/TTY services for members
- Information about how members may obtain language assistance to discuss UM issues
- HPSJ’s policy prohibiting financial incentives for utilization management decision-makers
- Information about HPSJ’s pharmaceutical management procedures including: our drug list along with restrictions and preferences; how to use pharmaceutical management procedures; an explanation of limits and quotas; how practitioners can provide information to support an exception request; and HPSJ’s processes for generic substitution, therapeutic interchange, and step-therapy
- A description of the process to review information submitted to support a practitioner’s credentialing application, correct erroneous information and, upon request, to be informed of the status of the credentialing or re-credentialing application
- HPSJ’s member rights and responsibilities statement.

If you have any questions about accessing our website or need more information, please call the Provider Services Department at 209•942•6340.

Most recent information about this is always available on our website.
Opioid-Induced Hyperalgesia (OIH) is a condition where the administration of opioid analgesics actually causes the patient to become more sensitive to (and experience pain from) non-painful stimuli. OIH is difficult to diagnose as its symptoms are often mistaken for signs of opioid tolerance. It was not until recent years that OIH was recognized by health professionals as a clinically relevant occurrence.

**OIH symptoms:**
- Loss of opioid efficacy despite dose escalation without disease progression
- Increasingly diffuse pain
- Progressive pain that feels “worse than before”

**Etiology**
While the exact cause of OIH is still unknown, there is evidence that NMDA receptors are mainly responsible for OIH. Glutamate is an excitatory neurotransmitter that binds to NMDA receptors. When glutamate is bound, NMDA receptors increase spinal sensitization making the patient more sensitive to pain. Current research is investigating to see if NMDA receptor antagonist is the answer to OIH.

Differentiating OIH from Opioid Tolerance in the early stages, OIH resembles opioid tolerance. A patient may continue to complain of pain and the prescriber may increase analgesic dose. However, for a patient experiencing opioid tolerance, an increase in opioid dose will relieve pain whereas a dose increase for a patient with OIH will worsen pain. Furthermore, tolerance develops slowly (over 2 to 3 months) whereas OIH has a more immediate response to the dose increase. The pain experienced as a result of OIH is often more severe and painful than the original onset of pain.

**Managing OIH**
If OIH is suspected, slowly taper down the opioid regimen to avoid opioid withdrawal effects and educate the patient that pain relief from opioid dose reduction or discontinuation is not immediate. Opioid rotation or combination is not recommended as there is insufficient evidence to support its clinical efficacy. There is some evidence that gabapentin can increase pain threshold and reduce OIH symptoms. The addition of certain antiepileptic agents or serotonin-norepinephrine reuptake inhibitors (i.e. venlafaxine) may increase pain tolerance and be beneficial.

This article contributed by Brenda Ng, HPSJ Pharmacy Resident.

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**False Claims Act**

The False Claims Act imposes liability on any person who submits a claim to the federal government that he or she knows (or should know) is false. An example may be a physician who submits a bill to Medicare for medical services she knows she has not provided. The False Claims Act also imposes liability on an individual who may knowingly submit a false record in order to obtain payment from the government. An example of this may include a government contractor who submits records that he knows (or should know) is false and that wrongly indicate compliance with certain contractual or regulatory requirements. The third area of liability includes those instances in which someone may obtain money from the federal government to which he may not be entitled and then uses false statements or records in order to retain the money. An example of this so-called “reverse false claim” may include a hospital that obtains interim payments from Medicare throughout the year, and then knowingly files a false cost report at the end of the year in order to avoid making a refund to the Medicare program.
Measuring the patient experience - how are we doing?

Like you, and all of our providers, HPSJ believes that a high quality customer experience is essential for the health and well-being of every patient. The California Department of Health Care Services (DHCS) agrees with us. That is why every two years DHCS assesses the perceptions and experiences of HPSJ’s Medi-Cal program beneficiaries, hiring an independent contractor to survey a sample of adult and child members about their customer experiences, perceptions, satisfaction, and practice loyalty.

Results are now in for the 2013 Consumer Assessment of Healthcare Providers and Systems (CAHPS) conducted by Health Services Advisory Group. While these results paint a broad-brush picture and do not apply in all situations for all doctors, they do give us a window into the perceptions of a preponderance of surveyed patients.

During this era of extraordinary health care change – with providers on the front lines of patient access, ever-shorter appointments, and growing technology/regulatory requirements – we pass along some survey takeaways that we hope have value as you and your hardworking practice are continually endeavoring to offer the very best in the science and art of medicine.

Rating of Personal Doctor
- Their personal doctor did not always spend enough time with them.
- Others reported that their personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers.

Rating of All Health Care
- When they talked about starting or stopping a prescription medicine, a doctor or other health care provider did not ask what they thought was best for them, or they did not talk about the reason the patient might not want to take a medicine.
- Their personal doctor did not always spend enough time with them.
- Their personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers.

Getting Care Quickly
- Respondents report that when they did not need care right away, they did not obtain an appointment for health care as soon as they thought they needed.

Connect with Your Patients: TOP TIPS from Latest Research
- Think about what you want to say, then translate it into lay-person’s language.
- Avoid distractions so that patients feel they are important. Giving undivided attention in the first 60 seconds can “create the impression that a meaningful amount of time was spent with them.”
- Perception of time. Older patients take in less information than younger patients, but they desire more information from their physicians. Older patients are going to require more time.
- Face-to-face. Patient compliance with treatment recommendations is greater after encounters where physician and patient are face-to-face.
- Eye contact, it creates a more positive, comfortable atmosphere that may result in patients opening up and providing additional germane information.
- Listen. Not doing so is the most common complaint patients have about their doctors.
- Speak slowly, clearly and loudly enough so patients can take in, learn and commit to memory information and instructions.
- Make sure the patient understands – ask them to repeat what has been said. By listening to what they’ve processed, providers are able to see, immediately, what they do not understand and they can go back over what has been missed.
- Remind patients to call and cancel or reschedule if unable to make appointment.

Share your tips for connecting to patients. Contact our Provider Services Department at 209•942•6340.
Thanks for Contributing to HEDIS TIME for HPSJ

HEDIS is –
The Healthcare Effectiveness Data and Information Set (HEDIS) remains the most widely used set of performance measures in the United States health care delivery system. HEDIS was developed and is maintained by the National Committee for Quality Assurance (NCQA). The performance measures in HEDIS are related to many significant public health issues such as cancer, heart disease, smoking, and diabetes. The State of California Department of Healthcare Services (DHCS) uses the HEDIS measures to evaluate health issues and health plan performance. HEDIS measures the quality and effectiveness of care and provides a method of scoring so that HPSJ can incentivize our providers for their efforts in delivering the highest quality of preventive and effective care.

During spring of each year, HPSJ works with our contracted providers to review encounter and claims data from the prior year and conducts medical record reviews to survey “how well your practice” completes certain services. These services include:

- well child visits
- immunizations
- timely prenatal and postpartum visits
- diabetic care
- controlling high blood pressure
- cholesterol management
- cervical cancer screenings
- adult BMI
- weight assessment/counseling

Medical Record Review:
Traditionally scheduled for February through May of each year, the 2015 Medical Record Review process has now been completed. NCQA requires HPSJ to review the above components in your HPSJ patient’s medical records. We at HPSJ very much appreciate all the efforts of your practice to pull the minimum number of charts required for HEDIS review. HPSJ’s goal continues to be making this process as efficient as possible. Thank you for contributing to another successful HEDIS season! We look forward to reporting back to you with HEDIS results in an upcoming PlanScan issue. Meanwhile, please contact our Provider Services Department at 209•942•6340 with any questions.

As of September 15, 2014, Medi-Cal plans are in charge of supplying Behavioral Health Therapy (BHT) services to those under the age of 21 who have an Autism Spectrum Disorder (ASD) diagnosis. Health Plan of San Joaquin’s Behavioral Health Benefits Manager, Beacon Health Strategies manages this benefit for beneficiaries. Department of Health Care Services is now defining the continued care process for members being followed by the Regional Centers. Contact Beacon at: 855•371•3938. See page 8 for more from Beacon.
Best Practices & HPSJ Help: Handling No-Shows

Missed appointments are more than an annoyance. We’ve been hearing from HPSJ provider practices that this is a growing problem and one that can disrupt already busy appointment rosters whenever a patient – for whatever reason – does not appear at the scheduled time, or cancels at the last minute.

So that we can educate members who may have done this two or three times, please call our Customer Service Department at 1•888•936•PLAN (7526). It would be most productive to get timely information from your office including the following:

1. Member name & Member ID number
2. Date of the missed scheduled appointment
3. Was this a last minute cancellation?
4. Or, was it an unexplained missed appointment?
5. How many times (total) has this happened?
6. Did the member provide any information as to why they did not appear?
8. Are the appointment reminders in any languages other than English?

Meanwhile, there are valuable HPSJ resources for your patients who are our members. Neither language nor lack of adequate transit sever be a barrier to the health and well-being of your patients.

Interpreter Services:
- Translators are available for Limited English Proficient (LEP) patients and for those who are hearing impaired
- These services are for all points of member contact – including the member’s time in your office.
- They are FREE, and available 24 hours a day
- To find out more, call our Customer Service Department at 1•888•936•PLAN (7526)

Transit to a scheduled appointment:
- Bus system vouchers, two per appointment (transfers not covered); members must call our Customer Service Department at 1•888•936•PLAN (7526) 10 business days in advance of the appointment so that the vouchers can be processed and the member can receive them in time
- HPSJ can provide alternative medical ground transportation for scheduled appointments when it is not medically advisable for patients to use a public or private vehicle; HPSJ and the member’s PCP must approve this request before the appointment takes place; our Customer Service Department can walk the member through the process to see if this is possible.

Please encourage members to contact our Customer Service Department and schedule interpreter or transit services as soon as the member has confirmation of their next appointment.

Both types of services should be canceled 24 hours in advance if an appointment is canceled or rescheduled.

Contact Our Customer Service Department, Monday – Friday from 8:00 am – 7:00 pm
1•888•936•PLAN (7526)
Hearing Impaired call TDD/TYY: 209•942•6306

The HPSJ Formulary is available at www.hpsj.com

The HPSJ Formulary and the most recent changes from the quarterly Pharmacy & Therapeutics (P&T) Committee meetings are available at www.hpsj.com in the Provider section. A printed formulary is available upon request. Formulary management procedures and exception request instructions are available online in the Provider Manual. Changes to the formulary management procedures are also available online.

Formulary Addition Request Forms
To request that the P&T Committee consider additions to the HPSJ Formulary, you can file a one-page form, located online in the HPSJ Provider Manual (Section 2, Page 3) or call Provider Services at 209•942•6340.
**Chronic Insomnia: Prescribing the Most Effective Therapy for Sleep**

**By Brenda Ng, PharmD**

According to the National Sleep Foundation, insomnia affects 33% of American adults. “Insomnia” is defined by the Journal of Clinical Sleep Medicine as: “difficulty with sleep initiation, duration, consolidation…and that result in some form of daytime impairment.” There are many factors (social, psychological, physical health) that can lead to sleep deprivation, including medications.

**Treatment Recommendations**

As recommended by the American Academy of Sleep Medicine, the gold standard to the management of chronic insomnia is behavioral therapy, unless the individual has an underlying psychological disorder.

Behavior therapy may include single or combination of lifestyle modifications, relaxation techniques, light therapy, or sleep restriction. Pharmacological therapy or sleep aids may be used short-term (2-4 weeks) to improve sleep quality while behavioral therapy is initiated. All sleep aids cause day-time drowsiness and diminish in efficacy overtime. They should not be used chronically due to concerns with safety and drug tolerance or dependence issues.

**Formulary Sleep Aids and Treatment Algorithm 2**

**First Line Therapy:** Use sedative hypnotics or benzodiazepines

Sedative Hypnotics: Specifically target the benzodiazepine 1 (BZ1); associated with infrequent cases of amnesia and sleep walking.

- **Zaleplon** is short-acting and primarily used for sleep induction.
- **Zolpidem** is short-to intermediate-acting and can be used for either sleep induction or sleep maintenance.
- **Benzodiazepines:** Mechanism: Binds to GABA receptors to enhance its CNS inhibitory effects; increased risk of falling in elderly.
- **Clonazepam, alprazolam** are not used for insomnia due to very short duration of action.
- **Temazepam** has the longest duration of action and useful for sleep maintenance.
- **Lorazepam** has a shorter duration of action than temazepam, but is faster-acting and may be useful for sleep induction.

**Second Line Therapy:** If the first line therapy is ineffective, try a different first line therapy

**Third Line Therapy:** Try a low dose sedative antidepressant.

- **Sedative antidepressants** (i.e., trazodone, mirtazapine, amitriptyline): blocks histamine-1 receptors leading to drowsiness.
- May be useful for patients with concomitant depression and/or mood disorders with insomnia.
- Mirtazapine is also used for appetite stimulation.

**Fourth Line Therapy:** Combination of sedative hypnotics/benzodiazepines and low dose sedating antidepressants.
Beacon, our new contracted vendor for behavioral health services, covers individual and group therapy, psychiatric consultation and psychological testing for HPSJ Medi-Cal members with mild-to-moderate impairments. Members do not need a PCP referral to access behavioral health services, but must undergo a brief telephonic screening to ensure their condition is mild-to-moderate. If the member’s condition is severe, Beacon will assist in transitioning the member to the county’s mental health services for care.

Emergency and acute services, such as hospital care, crisis response, and rehabilitation programs continue to be provided by the county’s behavioral health services.

When you call Beacon, let us know that you are a PCP or that you’re calling on behalf of a PCP. Our staff will help you immediately or connect you with a clinician if necessary. If you call outside of business hours, you will be automatically transferred to our clinical service team for urgent concerns.

With one call to Beacon you can:
• Get information on covered behavioral health services
• Locate behavioral health providers
• Get help making a routine or urgent appointment
• Check a member’s benefits and eligibility
• Get decision support related to prescribing psychiatric medications from a Beacon psychiatric advisor
• Request support coordinating a member’s care
• Learn about behavioral health care and substance use treatment services offered by the County Department of Behavioral Health Care Services.