## H1N1 and Seasonal *(Continued from page 3)*

The trivalent vaccine has been updated for the 2009/2010 season to include:

- an A/Brisbane/59/2007 (H1N1)-like virus
- an A/Brisbane/10/2007 (H3N2)-like virus
- a B/Brisbane/60/2008-like virus

**Take credit for administering this vaccination—submit a claim to Medicaid.** Billing details can be found at **www.hfs.illinois.gov/feeschedule**.

**Prevention:**
School children are being taught the importance of hand-washing, coughing or sneezing into a bent arm over the mouth, staying away from others who are sick, and staying at home if becoming ill. Your advice carries a lot of weight. Please reinforce these common sense preventive practices to all of your patients and their caregivers.

**Resources:**
This year's seasonal flu materials are **free** to download—no printed versions are available. Go to **www.cdc.gov/flu/freeresources/index.htm** to view and print the materials.

Seasonal flu **podcasts** are also available at **www.cdc.gov/flu/freeresources/media.htm**, including: 1) Children w/asthma, 2) Seniors, 3) Baby Boomers, 4) Children, and 5) High Risk Groups. There are also Seasonal Flu Videos that include personal stories from families affected by influenza.

### Antiviral Treatments for Influenza

On September 8, 2009, the CDC updated its recommendations for the use of influenza antiviral medicines. The most current information about antiviral treatment can be found at **www.cdc.gov/h1n1flu/antiviral.htm** ■

**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 • www.illinoishealthconnect.com**


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# Provider Newsletter

ILLINOIS HEALTH CONNECT™ Your Home For Healthcare

Your Healthcare Plus™ *Extra help for better health*

## H1N1 and Seasonal Influenza Vaccinations and Antiviral Treatments

The 2009/2010 flu season may prove to be complicated with patients at risk for both the H1N1 virus and the seasonal flu. To help you prepare for this challenging season, following are highlights of the current CDC clinical recommendations, as well as links to key resources.

### HIN1 Virus

**Current ACIP H1N1 Vaccine Recommendations:**
Five general population groups should be targeted as an initial focus of H1N1 vaccination efforts:

- Pregnant women,
- Household contacts or caregivers for infants younger than 6 months (such as parents, siblings, and daycare providers),
- Healthcare and emergency medical services personnel *(this includes you and your staff!),*
- Children and young adults 6 months to 24 years of age,
- Persons aged 25 to 64 years who are at greater risk for influenza-related complications because of underlying medical conditions. These include chronic pulmonary conditions, including asthma; cardiovascular conditions, except for hypertension; renal, hepatic, cognitive, neurologic/neuromuscular, hematologic, or metabolic disorders, including diabetes mellitus; and immunosuppression caused by medications or by human immunodeficiency virus.

If initial vaccine availability is insufficient to meet demand, a subset of persons within the initial target groups will be prioritized.

As vaccine availability increases, other adult population groups should receive the H1N1 vaccine in accordance with the guideline recommendations.

Please refer to the HFS Provider Notice for billing and reimbursement details.


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## Illinois Health Connect Referral System Implementation

The Illinois Department of Healthcare and Family Services along with Automated Health Systems are pleased to announce that Phase I of the Illinois Health Connect Referral System is being implemented. The referral system will be implemented by Region, on the dates provided below:

- **Northwest Counties—October 1, 2009**
- **Collar Counties—December 1, 2009**
- **Cook County—February 1, 2010**
- **Central Counties—April 1, 2010**
- **Southern Counties—April 1, 2010**

Phase I of the Illinois Health Connect (IHC) Referral System affects IHC Primary Care Providers. During this phase, Illinois Health Connect requires patients to see their assigned Primary Care Provider (PCP) or an affiliated provider for all outpatient primary care. **PCPs seeing patients enrolled in IHC but not enrolled on their panel, or on an affiliated PCP's panel on the date of service, must obtain a referral from the patient's PCP in order to be reimbursed for care provided.**

Specialists will not require a referral in Phase I.

Phase I of the IHC Referral System is designed to support the ongoing efforts to connect IHC patients with their medical homes. This process is designed to improve the quality of care for patients by ensuring patients receive the necessary preventive and primary care, including immunizations and screening and better overall coordination and management of services by the PCP.

PCPs should continue to encourage patients seeking services in their office, but not enrolled on their panel or on an affiliated PCP's panel on the date of service, to see their PCP first. Reinforcement by PCPs of the medical home concept will encourage IHC enrollees to access services available with their PCP and build upon the foundation of the medical home, resulting in better coordination and continuity of care for these patients.


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## IHC Referral System *(Continued from page 1)*

Referrals in Phase I must be registered with IHC. The preferred method is through the IHC Provider Portal via the secure HFS MEDI system. MEDI also allows a provider to confirm HFS patient eligibility and see who the assigned PCP is on the date of service.

Providers who are not currently using MEDI (**www.myhfs.illinois.gov**) are encouraged to contact their Provider Services Representative (PSR) to arrange for in-office training. Providers who do not know who their PSR is should call the IHC Provider Help Desk at 877-912-1999. Providers without Internet access will be able to register referrals with IHC via fax and phone.

### What PCPs need to do to get ready

- Review IHC enrollment information and update IHC with any changes: contact information, location of provider service, panel restrictions and affiliates.
- Confirm that IHC patients they see are on their IHC panel roster.
- Inform all non-critically ill patients that they need to see their assigned PCP or contact IHC to request a PCP switch.

### What IHC is doing to help PCPs

- Offering a series of Webinars demonstrating the referral entry and tracking process. Webinar dates and information are posted on the Provider Education tab of the IHC website (**www.illinoishealthconnect.com**).
- Offering regional presentations where providers can participate. The schedule is posted on the Events Calendar of the IHC website.
- Offering ongoing personal assistance from the IHC Provider Help Desk, IHC PSRs and IHC Quality Assurance Nurses.
- Assisting PCPs with practice planning by mailing personalized letters to each PCP containing an approximation of claims for patients seen in 2008 who were not enrolled on the PCPs, or affiliated PCPs panel roster on the date of service. The letters also provide the estimated dollar amount that would have rejected due to a lack of a referral and that the PCP would not have received payment for had Phase I of the IHC Referral System been active in 2008.
- Providing access through the IHC Provider Portal to an Excel file that lists the 2008 claims detail referenced above by patient, that would have been rejected due to a lack of a referral. If a PCP has more than one IHC location of service they will receive a list of patients in aggregate for all locations. Providers are encouraged to utilize this data to outreach to these patients.
- Providing patient communication letters available for download on the IHC website under the Client Materials tab. Providers are encouraged to use these forms in order to outreach to these clients to inform them that they can no longer be seen without a referral from their own PCP at their medical home.

### What IHC is doing to educate patients

- Informing and reminding patients of their assigned medical home and the importance of going to their assigned medical home first for care. Informational notices will be included in the same envelope as the patients' HFS medical card over the next few months.
- Adding the PCP name to the Healthy Kids Reminder Notices and the Annual Adult Check-Up Reminder Notices that IHC mails to clients.
- Mailed a flyer to IHC households notifying them of the upcoming changes. IHC has additional flyers available for distribution by providers and community organizations.
- Offering a "Who is My PCP?" link, which enables patients to log on and check who their current PCP is on the IHC website.
- Providing ongoing education to patients who call the IHC helpline at 877-912-1999. In addition to these efforts, IHC is offering client trainings to community-based organizations. ■

## H1N1 and Seasonal *(Continued from page 1)*

**Resources:**
The H1N1 virus has been in the news for weeks. If you have missed important information about H1N1, we recommend the following websites as a source of current data:

- **www.cdc.gov/h1n1flu**—Official CDC information source for the most current information
- **www.cdc.gov/h1n1flu/general_info.htm**—Excellent information source for lay persons
- **www.fda.gov/downloads/ForHealthProfessionals/UCM185724.pdf**—FDA Update on the H1N1 Flu Vaccine and Antiviral Medications
- **www.flu.gov**—The "one-stop access to U.S. Government H1N1, avian and pandemic flu information." A good source for both professionals and lay persons, with multiple links and videos
- **www.idph.state.il.us/h1n1_flu/index.htm**—Illinois Department of Public Health website for updated state specific information

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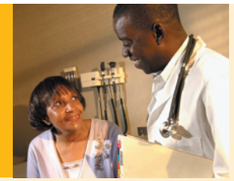
## Supporting Your Patients and Your Practice



### What do the 2009 diabetes guidelines say about lipid management?

While micro-vascular complications of diabetes are well known and costly, cardiovascular disease (CVD) is the major cause of morbidity and mortality. According to the American Diabetes Association Standards of Medical Care, 2009[1], CVD is also the largest contributor to the direct and indirect costs of diabetes.

Two major CVD disease contributors, hypertension and dyslipidemia, are common co-occurring conditions in type 2 diabetes. *Just having diabetes is an independent risk factor for CVD*. Treatment for 'assumed' CVD is the standard of care, including a BP goal of <130/80, and treatment for dyslipidemia.

**Screening for most adults:** measure fasting lipid panel at least annually.

**Treatment goals:** Always includes lifestyle modification counseling on reduced saturated fat, trans-fat and cholesterol intake; weight loss, if needed; and increased activity levels.

**ADA[1] specifics on lipid management:**

- Statin therapy should be added to lifestyle therapy REGARDLESS of baseline lipid levels for diabetes patients with:
  - Overt CVD.
  - Without CVD who are over age 40 and have one or more CVD risk factors.
- For lower-risk persons (not the above), statin therapy should be considered in addition to lifestyle therapy if LDL cholesterol remains above 100 mg/dl or in those with multiple CVD risk factors.
- In persons without overt CVD, the primary goal is LDL cholesterol <100 mg/dl.
- In persons with overt CVD, a lower LDL goal of <70 mg/dl using a high dose of statin is an option.
- If drug-treated patients do not reach the above targets, a reduction in LDL cholesterol of approximately 30-40% from baseline is an alternative therapeutic goal.
- Triglycerides levels <150 mg/dl, and HDL >40 mg/dl in men and >50 mg/dl in women are desirable; however, LDL cholesterol-targeted statin therapy remains the preferred strategy.
- If targets are not reached on maximally tolerated doses of statins, combination therapy using statins and other lipid lowering agents may be considered to achieve lipid targets, but have not been evaluated in outcomes studies for either CVD outcomes or safety.

NOTE: statin therapy is contraindicated in pregnancy.

Managing persons with diabetes can be most challenging and time consuming. To learn if your patient is eligible for outpatient support of your diabetes treatment goals, you may call Your Healthcare Plus at 1-800-973-6792, or use the MEDI system to check for the DM flag. You may have seen the YHP diabetes action plan for patient use between appointments; one component that patients are encouraged to ask about is their lipid levels and especially their LDL. The YHP nurses are happy to take the time to explain what this is.

If you would like to learn more about updated ADA standards of care, you may wish to access the free diabetes CME module available at www.yourhealthcareplusdr.com or via the link on MEDI. ■

[1] Standards of Medical Care, Diabetes Care, volume 32, supplement 1, January 2009.

## H1N1 and Seasonal *(Continued from page 2)*

If you want to follow the spread of the flu in the USA, sign up for automated weekly updates on the status of both H1N1 and seasonal flu at **www.cdc.gov/flu/weekly**. Note: Illinois is in Region 5.

### Seasonal Influenza Vaccinations

With the amount of press coverage for the H1N1 virus, the importance of vaccination for the "regular" seasonal flu seems to have been overshadowed.

**It is important to make sure appropriate patient populations receive seasonal flu vaccines this year.**

According to the CDC, between five and 20 percent of the U.S. population develops influenza each year. More than 200,000 are hospitalized from its complications and about 36,000 people die. Older people, young children, and people with chronic medical conditions are at higher risk for influenza-related complications. Seasonal influenza vaccination of these groups is critical.

*(Continued on page 4)*