Medication Follow-Up in Childhood ADHD

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• To have the first visit within 30 days
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We hope you find these recommendations on the follow-up visits for your pediatric patients with ADHD to be informative. For more details on additional recommendations by the AAP and AACAP, please see the websites below.

1. American Academy of Pediatrics
http://aappolicy.aappublications.org/cgi/content/full/pediatrics;108/4/1033

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Healthchek Includes Dental Screenings

Did you know dental screenings are part of the basic examination component of a Healthchek exam? Providers should refer children beginning at age 2 to a plan dentist, or earlier if oral inspection indicates the need for further evaluation.

Emphasize the importance of preventive dental health care available under the Medicaid program and encourage your patients to brush, floss and see a dentist every six months.

Healthchek News

Did you know you can complete Medicaid Healthchek required services during a sick visit? Are you aware you can bill for both? Make sure you fulfill and document: a comprehensive physical exam, physical and mental health development, anticipatory guidance and appropriate labs. Treat issues that arise and/or make referrals as necessary. For further billing information, please go to www.paramounthealthcare.com and click on “Providers,” then “Publications and Resources,” then “Manuals.” Click on “Paramount Advantage Manual” (middle column). See pages 2.16-2.22 for the Healthchek Guideline, billing information and codes.
Beginning late June, Paramount is implementing "Own the Bone," a quality improvement program aimed to better identify, evaluate and treat patients who suffer from an osteoporosis or low bone density-related fragility fracture (a broken bone that results from a fall from standing height or less). This is part of a ProMedica initiative. ProMedica Toledo, Flower, Bay Park and Wildwood Orthopaedic and Spine Hospitals are also designated Own the Bone participating sites and will have their programs up and running in the near future.

The program, developed by the American Orthopaedic Association, brings focus to the severe health implications of fragility fractures and the multi-faceted approach hospitals, clinics and providers can employ to ensure these patients receive the most comprehensive care.

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According to NCQA, only one in five Medicare patients receive the osteoporosis care they need after a fracture. For Paramount members, that number is even lower. Own the Bone is a national Web-based quality improvement program that identifies patients with fragility fractures and ensures patients with low bone density or osteoporosis are screened and appropriately treated for low bone density or osteoporosis.

Paramount Elite members who have had a recent fracture will be contacted by a disease management health educator for an assessment and provided education and counseling to reduce their risk for further fractures. The Quality Improvement Department at Paramount will enter de-identified data about each member into the Own the Bone national database for tracking and outcome measurement. From there the program will be able to produce internal and external benchmarking results that will show how Paramount members are being positively affected by Own the Bone.

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2012 Office Manager Satisfaction Survey Highlights

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- Provider Relations representatives are highly rated with more than 93% of office managers being satisfied with both the service they receive and the response time after leaving a message.
- The Provider Inquiry Call Center continues to be highly utilized and office managers are pleased with the service they receive. The knowledge, accessibility, skill, and access to resources necessary to resolve problems were all rated at 94.5% satisfaction for the Call Center.
- Almost 86% of office managers are aware of Paramount’s chronic disease management programs, with 94% indicating that the programs have been helpful.
- 94% are satisfied with the prior authorization fax line. Of those dissatisfied, most indicated they had to wait too long for processing.
- Almost 60% are aware of Paramount’s web-based prior authorization tool, called Clear Coverage™. 80% find it easy to use.
- Awareness of the Case Management Program increased from 55% in 2010 to 76% in 2012. Most found the support from the Case Management Program very helpful.
- While the claims process received high scores, opportunity for further improvement was identified with timeliness of payment.

Those office managers completing the survey by December 20, 2012 were placed in a drawing for a $100 Target gift card. The winner was the office of Dr. Emad Mousa in Marion, Ohio at the OB/GYN Women’s Health Center.
"It is anticipated that Ramadan in 2013 will start on Tuesday, the 9th of July and will continue for 30 days until Saturday, the 10th of August based on sightings in North America, in 2013 Ramadan will start in North America a day later - on Wednesday, the 10th of July.

The fourth requirement of Islam is fasting during Ramadan: the 9th month of Islamo-Arabic lunar calendar. Ramadan is considered a month of community because religious practices such as prayers, fasting, charity, and self-accountability are often practiced within community setting. During fasting, Muslims avoid eating, drinking and smoking from sunrise to sunset. Muslims gather as family and community in the evenings to open their fast by prayers and read the Qur'an in the evenings. Patients may receive an increasing number of visitors during this month.

Abstention from food and drink may bring problems for Muslim patients who wish to fast. They may wish to fast because, to most, Ramadan is believed to be the most blessed and spiritually beneficial month of the Islamic year. Based on the Quran, those who are sick, elderly, or on a journey, and women who are menstruating, pregnant or nursing are permitted to break the fast and make up an equal number of days later in the year. [2:185] Such persons as the elderly and chronically ill for whom fasting is unreasonably strenuous are required to feed at least one poor person every day in Ramadan for which he or she has missed fasting, and are then not expected to make up the fast later.

"The month of Ramadan is the one in which the Qur'an was revealed, as guidance for humanity, and demonstration in the way of guidance and discrimination. So whosoever among you is present that month should fast. If anyone is ill or on a journey, then the prescribed term is to perform other days. God wishes ease for you, not hardship; and that you fulfill the prescribed terms, and that you celebrated God for guiding you, and to express your appreciation."

The diurnal pattern of caloric intake is obviously reversed and diabetic schedules will have to be adjusted to accommodate this significant change. Sometime in the month prior to Ramadan, a discussion between provider and patient should take place to plan medication schedules for the month of Ramadan.

Health care settings might consider providing support for patients to maintain their religious practices. Islamic patients are more likely to keep their clinic appointment if they know a room is available to maintain their prayer times during their month long Ramadan observance.

*Note that in the Muslim calendar, a holiday begins on the sunset of the previous day, so observing Muslims will celebrate Ramadan beginning at sunset of Monday, the 8th of July.

Note that these are dates adopted by the Fiqh Council of North America for the celebration of Ramadan based on astronomical calculations to affirm each date, and not on the actual sighting of the moon with the naked eyes. Many Muslims, including many in the local community, will follow dates established by the sighting of the moon in Muslim countries such as Saudi Arabia. Beginning and ending dates may therefore vary.

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This article has been reproduced by Paramount with permission for distribution to Paramount health care providers. Any further reproduction or distribution must comply with Creative Commons License: Attribution-Noncommercial-No Derivative Works 3.0 United States or be authorized by the authors and EthnoMed.
Paramount performs audits of medical records in primary care physician (PCP) offices every three years to ensure that the plan remains in compliance with regulatory and accreditation requirements set forth by the Centers of Medicare & Medicaid Services (CMS), the National Committee for Quality Assurance (NCQA) and the Ohio Department of Job and Family Services (ODJFS) and approved by Paramount’s Medical Advisory Council (MAC). In September, the medical record coordinators will begin the 2013 medical record audits for family practice. The last family practice medical record review was completed in 2010. Internal Medicine and Pediatric services will follow with reviews in the fall of 2014 and 2015.

Required medical record documentation standards have just been updated to reflect current electronic medical record (EMR) requirements and processes. The documentation standards can be found on the web page as shown. Special attention should be paid by providers to the Continuity of Care section as this is a quality initiative that will be looked at closely with the upcoming medical record reviews. Providers should focus on review of consultations, labs, imaging/test results, annual medication reconciliation, and hospital discharge summaries within a timely manner and specify any follow-up in care as necessary.

As medical record documentation should always be consistent with all types of records, the electronic medical record (EMR) verbiage has been updated to incorporate the same attestation as with paper records:

- Provider review of documents being placed and/or scanned into the medical record should indicate review with initials and date or electronic signature with date stamp
- Patients ages 3-18 should have a yearly BMI documented as a percentage as shown with an electronic growth chart (template) or recorded as a vitals percentile

The medical record coordinators would like to thank you for your cooperation and assistance in meeting medical record documentation compliance. If you should need a copy of the Medical Record Documentation Standards or have any questions regarding the upcoming medical record audits, please feel free to contact Beth Miller, RHIT, at 419-887-2308 (Email: Beth.Miller@ProMedica.org) or Amy Veler, RHIT, at 419-887-2311 (Email: Amy.Veler@ProMedica.org).

Talk to your patients about physical activity and the SilverSneakers® Fitness Program

Many older adult patients are at risk of developing or already living with chronic conditions such as diabetes, hypertension, heart disease, or osteoporosis, which can jeopardize their longevity and independence. Regular physical activity can prevent many of the problems that seem to come with age, and yet nearly 74 % of adults age 65 – 74 and 82 % of those over age 75 - the demographic with the most to gain from consistent exercise - are the least likely to engage in regular activity pursuits.¹

An excellent way for your Paramount patients to get the activity they need is to participate in the Healthways SilverSneakers Fitness Program, an innovative well-being program that includes a fitness membership. One of the nation’s leading fitness programs designed exclusively for active older adults, SilverSneakers offers a fun way for members to improve physical, mental and social well-being. Encourage your patients who can benefit from additional physical activity to enroll in SilverSneakers at no cost beyond their health plan premium.

Here’s what your patients need to know about physical activity and SilverSneakers.

Being physically active can help:
- Increase muscular strength and improve bone integrity
- Improve balance and coordination, leading to reduced risk of falling
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The SilverSneakers Fitness Program provides:
- A basic fitness membership at a local participating location, plus access to nearly 12,000 locations nationwide (visit www.silversneakers.com for locations)
- Use of amenities such as fitness equipment, treadmills, free weights and pools (where available)
- Signature group fitness classes designed specifically for people with Medicare and taught by certified, specially trained instructors
- A Program Advisor℠ at each location for personalized, friendly assistance and encouragement
- Educational and social opportunities at the participating locations and in the community

Talk with your patients now about the importance of being active. Refer them to SilverSneakers as an easy way to get fit, have fun and make friends. For more information, visit www.silversneakers.com.


SilverSneakers® is a registered mark of Healthways, Inc.
**FOCUS ON MEDICAL RECORDS: DOCUMENT, DOCUMENT, DOCUMENT**

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Clinical Pearl: Ramadan – Reminder to Health Care Practitioners

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