

20 PRACTICE GUIDELINES

20.1 OVERVIEW

Suffolk Health Plan (SHP) practice guidelines are intended to serve as minimum guidelines to assist in the evaluation and treatment of members. The practice guidelines should be used to facilitate rather than replace professional medical judgment. The treatment guidelines are not intended to replace the role of clinical judgment by the physician or other providers in the management of preventive care or any disease entity. The ultimate treatment decisions are the providers'.

There will be a reevaluation of these guidelines on a yearly basis. SHP would appreciate your thoughts as to any changes or improvements you would like to see incorporated into the guidelines.

20.1.1 SUBJECT: PREVENTIVE CARE FOR CHILDREN AND ADOLESCENTS

As part of its Quality Assessment Performance Improvement program, SHP adopted as the Plan's pediatric preventive care standards the New York State Child Teen Health Program (C/THP) guidelines. These standards apply to members under twenty-one years of age. SHP providers are instructed to order the most current Medicaid Management Information Systems Manual that describes the Child Teen Health Program from the New York State Department of Social Services. Or, providers may call SHP at 1-877-747-6789.

20.1.2 SUBJECT: PREVENTIVE CARE FOR ADULTS

As part of its Quality Assessment Performance Improvement program, SHP adopted adult preventive care guidelines. These guidelines are designed as recommendations to assist our providers to tailor a plan of appropriate preventive care to meet the specific needs of their patients. Guidelines are in the Appendix.

20.1.3 SUBJECT: PRENATAL CARE

As part of its Quality Assessment Performance Improvement program, SHP adopted as the Plan's prenatal care standards the New York State Department of Health "Prenatal Care Guidelines" and the Prenatal Care Assistance Program (PCAP) guidelines. These standards apply to all pregnant members. Providers may call SHP Case Management at 1-800-250-5007 to obtain a copy of these guidelines.

20.1.4 SUBJECT: CARING FOR ADULTS AND CHILDREN WITH ASTHMA

As part of its Quality Assessment Performance Improvement program, SHP adopted guidelines to assist its providers in the management and treatment of asthma in children and adults. These treatment guidelines are the New York State guidelines and are available on the NYSDOH website; a link is provided at SHP web site, www.suffolkhealthplan.com

SHP strongly recommends that providers use the ***Asthma Action Plan***, as appropriate for their patients. This tool is designed to assist members in working with the provider to manage their asthma and is available on the NYSDOH website. A sample form is in the Appendix.

20.1.5 SUBJECT: LEAD POISONING PREVENTION GUIDELINES AND MANAGEMENT

SHP requires providers to follow New York State Department of Health (NYSDOH) guidelines for lead poisoning prevention and management:

Test every child for Lead Poisoning at age 1 and 2 years.

Annually assess every child from 6 months up to 6 years of age for risk of lead exposure using a risk assessment tool and provide the family with education on lead poisoning prevention.

Test every child found to be a risk.

Report blood lead test results ≥ 10 $\mu\text{g}/\text{dL}$ to the Local Department of Social Services (LDSS) within 24 hours. Fax (212) 676-6326 or call (212) 676-6158.

Although routine blood lead testing services is not recommended or required for children age six (6) years and older, health care providers may choose to test older children and youth for specific reasons, such as diagnostic work up, suspected occupational exposure, or refugee status. The LDSS will communicate and coordinate with health care providers to tailor follow-up services for older children with elevated blood lead levels (EBLLs)

Effective September 1, 2009, if as a provider you hold the **appropriate CLIA certification**, you will be reimbursed for conducting blood lead testing services in your office, Clinics that operate Limited Service Laboratories (LSLs) registered by Wadsworth Center for blood analysis will also be reimbursed for the provision of these services.

When blood lead level of < 10 $\mu\text{g}/\text{dL}$:

- provide risk reduction education to prevent exposure
- provide nutrition education

- if the risk assessment indicates exposure to lead is likely, consider retesting within 3 months to ensure blood lead level is not rising rapidly.

When blood lead levels are between 10 µg/dL and 14 µg/dL:

Report blood lead level to LDSS within 24 hours as required by law.

Provide risk reduction and nutrition education.

If initial blood test was a capillary sample, confirm with venous sample within 3 months.

Retest within the 3 to 9 month timeframe outlined in practice guideline found in

If the blood lead levels is between 15 µg/dL and 44 µg/dL:

Report blood lead level to LDSS within 24 hours as required by law.

Provide risk reduction and nutrition education.

If initial blood test was a capillary sample, confirm with venous sample within 3 months.

Retest within the 1 to 3 months, guideline based on blood lead level, timeframe outlined in practice guideline found in

Provide a complete medical evaluation including a detailed environmental history, developmental assessment, physical exam, and evaluation for iron deficiency anemia, which is often associated with lead poisoning. If particulate ingestion is suspected, obtain abdominal x-ray and order bowel decontamination if indicated.

Collaborate with Lead Poisoning Prevention Program (LPPP), which will provide home inspection and other services.

Provide members with environmental management services.

For children less than 18 years old with blood lead levels 45-69 µg/dL:

Confirm blood lead level with venous sample within 24 to 48 hours before initiating chelation,

Provide or refer for chelation therapy within 48 hours. Child must be in lead-safe environment during chelation.

Report blood lead level to LDSS within 24 hours as required by law.

Provide risk reduction and nutrition education.

If initial blood test was a capillary sample, confirm with venous sample within 3 months.

Retest as soon as possible

Provide a complete medical evaluation including a detailed environmental history, developmental assessment, physical exam, and evaluation for iron deficiency anemia, which is often associated with lead poisoning. If particulate ingestion is suspected, obtain abdominal x-ray and order bowel decontamination if indicated.

Perform complete neurological exam and consider free erythrocyte (FEP) or zinc protoporphyrin (ZPP) testing to assist in evaluating child's response to management.

Collaborate with Lead Poisoning Prevention Program (LPPP), which will provide home inspection and other services.

If the blood lead level for any child less than 18 years old is ³ 70- µg/dL:

Arrange for immediate hospitalization and chelation at a facility with expertise in treating lead-poisoned children. Call the LPPP Medical Director at (212) 676-6100 for referral to an appropriate facility. On evenings and weekends call 311 and ask for poison Control.

Confirm blood lead level through venous sample processed as an emergency lab test.

Report blood lead level to LDSS within 24 hours as required by law.

Provide risk reduction and nutrition education.

Provide a complete medical evaluation including a detailed environmental history, developmental assessment, physical exam, and evaluation for iron deficiency anemia, which is often associated with lead poisoning. If particulate ingestion is suspected, obtain abdominal x-ray and order bowel decontamination if indicated.

Perform complete neurological exam and consider free erythrocyte (FEP) or zinc protoporphyrin (ZPP) testing to assist in evaluating child's response to management.

Provide anticipatory guidance on lead poisoning prevention to the parents of children under age 6, to pregnant women at the first prenatal visit, and to new mothers at the post partum visit.

Provide an explanation of blood lead test results and issue certificates of lead screening test results to parents and pregnant women.

For more information please refer to the New York State Department of Health website at <http://www.health.state.ny.us/community/>

20.1.6 SUBJECT: CARING FOR ADULTS AND CHILDREN WITH TUBERCULOSIS (TB)

As part of its Quality Assessment Performance Improvement program, SHP adopted guidelines to assist its providers in the management and treatment of members with tuberculosis (TB). These treatment guidelines are found in the New York State Department of Health most current publication of Tuberculosis Treatment guidelines. Providers can obtain a copy of the reference guide on the New York State Department of Health web site at <http://www.health.state.ny.us/diseases/communicable/> or, providers can call SHP Case Management and request a copy.

When caring for members, providers are responsible for:

timely and accurate reporting of suspect and confirmed TB disease as required by the New York State Health Code;

timely and accurate reporting of follow-up for patients with active TB;

reporting on preventive therapy for contacts, children under five, and others as required;

cooperating with the New York State Department of Health if investigation or outbreak control efforts affect members;

providing access to member medical and laboratory records, reports and data;

provide care according to New York State Department of Health most current publication of Tuberculosis Treatment guidelines;

offer HIV counseling and testing to members with active TB;

assure follow-up of members who miss scheduled visits;

refer members to the LDSS within 48 hours of missed visits that cannot be promptly rescheduled;

refer members with TB disease or suspected disease to an authorized Directly Observed Therapy (DOT) Program;

upon identification of a case of active TB, warn members of the patient's household regarding precautions to be taken;

distribute TB related health education material; and

promote TB related education with special emphasis on high-risk patients.

20.1.7 SUBJECT: CARING FOR ADULTS AND CHILDREN WITH HIV/AIDS

As part of its Quality Assessment Performance Improvement program, SHP adopted guidelines to assist all its providers in the management and treatment of HIV positive members and members with AIDS. These treatment guidelines are the AIDS Institute of the New York State Department of Health's most current publications of:

Criteria For The Medical Care of Adults With HIV Infection

Criteria For The Medical Care of Children and Adolescents With HIV Infection

Protocols For The Primary Care Of Adults And Adolescents With HIV Infection

Protocols For The Primary Care Of Children And Adolescents With HIV Infection

SHP believes that these publications provide state-of-the-art clinical protocols for the treatment of HIV+ persons. SHP providers are instructed to order the most current publication of each guideline directly from the AIDS Institute, as appropriate to your specialty. Publications are free of charge. An order form is in the Appendix.

Providers should have sufficient HIV Education and Prevention materials in their office waiting rooms that address:

How HIV is spread

High risk behaviors and risk-reduction strategies

Testing options: rapid vs. conventional, anonymous vs. confidential.

What test results mean with explanation of the "window period"

The confidentiality of getting tested, test results, case reporting, and partner notification.

Providers should conduct pre-test counseling:

Answer all questions about the waiting room materials
Identify individual risk by taking a sexual history, drug history and other potential exposure history
Evaluate testing readiness including mental health and risk of test-related violence
Recommend the Rapid HIV Test rather than the conventional test
Answer all questions about the consent form
Obtain a signed consent

Should the patient choose to take the Rapid HIV Test, the provider should make a plan to deliver the results whether negative or positive. Results should be provided simply and clearly.

If patient has a negative result, the provider must discuss the “window period”; and if indicated, recommend a re-test in three months. Establish a risk reduction plan.

If patient receives a positive result, the provider should refer the patient for treatment and support; elicit partners and plan for notification; assess potential risk of domestic violence for each partner; establish a risk reduction plan to avoid transmission; and, make an appointment to return for confirmatory results.

For more information, your members can call 311.

If you would like to refer an HIV member to SHP Case Management, they may contact the Care Management Department at 1-800-250-5007 and ask about our Case Management Program.

20.1.8 SUBJECT: EXPANDED SYRINGE ACCESS PROGRAM (ESAP)

As part of its Quality Assessment Performance Improvement program, SHP adopted guidelines to assist all its providers in the management and treatment of HIV positive members and members with AIDS. Since HIV disease transmission also occurs through use of contaminated needles and syringes, under the Public Health Law of New York State patients over the age of 18 can get syringes and needles through the ESAP program. There are also disposal and exchange sites located in New York. To learn more about this program refer patients to the New York State HIV/AIDS Information Hotline-1-800-541-2437.

20.1.9 SUBJECT: MEDICAL CARE OF PATIENTS WITH DIABETES MELLITUS

As part of its Quality Assessment Performance Improvement program, SHP adopted guidelines to assist its providers in the medical care of members with diabetes. SHP

recognizes diabetes as a chronic illness that requires continuing medical care and education to prevent acute complications and to reduce the risk of long-term complications. As part of our Quality Assessment Performance Improvement program Quality Assessment Performance Improvement Committee has adopted the New York State Diabetes guidelines. A link to the Guidelines and the Diabetic Risk Test is available on the SHP web site, www.suffolk.com.

20.1.10 SUBJECT: GUIDELINES FOR HIGH BLOOD CHOLESTEROL MANAGEMENT

As part of its Quality Assessment Performance Improvement program, SHP adopted guidelines to assist its providers in the management and treatment of adults with high blood cholesterol. These treatment guidelines were taken from the National Institutes of Health (NIH) National Cholesterol Education Program's (NCEP) Second Report of the Expert panel on Detection, Evaluation and Treatment of High Blood Cholesterol in Adults (ATP II) and reflect the standards of care for the management of high blood cholesterol. Providers may call SHP Care Management at 1-800-250-5007 to obtain a copy of these guidelines.

20.1.11 SUBJECT: GUIDELINES FOR HIGH BLOOD PRESSURE PREVENTION, DETECTION AND TREATMENT IN ADULTS

SHP, as part of our Quality Assessment Performance Improvement program, adopted guidelines from the Fifth Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure, (JNC V.)

It is estimated that over 50 million Americans have an elevated blood pressure. (Classified as a systolic blood pressure (90 mm Hg) or are currently on prescription medication to control their blood pressure. Hypertension left undetected and untreated can lead to coronary artery disease, congestive heart failure, renal disease and/ or retinopathy. The overall goal of high blood pressure treatment is the prevention of disease. Hypertension normally presents itself between ages 30-50. It is most prevalent in the elderly, African Americans, individuals in lower socioeconomic levels and people with less education.

The guidelines are presented in a format that outlines the detection, evaluation and treatment. The tables and algorithm are used to illustrate the current classification system for hypertension, factors that should be considered as part of the initial evaluation and when pharmacological treatment should be considered. These guidelines are a broad summary that addresses these items in the general adult population. There are also brief segments on the goals of therapy, isolated systolic hypertension in the elderly and the treatment of hypertension in the diabetic patient. Providers may call SHP Case Management at 1- 800-250-5007 to obtain a copy of these guidelines.

20.1.12 SUBJECT: GUIDELINES FOR SMOKING CESSATION

The SHP guidelines for smoking cessation can be found in the Appendix section of this manual.

Smoking cessation treatments are available to SHP members. For Medicaid members, Medicaid fee for service covers smoking cessation products. SHP covers smoking cessation products for Family Health Plus members. FHP members should use their SHP ID card at any Caremark pharmacy. For Child Health Plus members, please call the SHP UM line at 1-800-250-5007.

SHP has a smoking cessation program for our members. SHP encourages our providers to refer members who smoke to the program. For more information, call 1-800-250-5007 and ask about our Smoking Cessation Program.

Please tell your patients to call the toll free QUIT line at 1-800-609-6292 or go to the web site www.quitnet.com for valuable tips and information.

20.1.13 SUBJECT: CASE MANAGEMENT

SHP offers case management services for our members with disabilities or complex or chronic health care needs including diabetes, HIV/AIDS and asthma. If you are caring for a member who you believe could benefit from case management services, please call SHP Utilization Management at **1-800-250-5007**. Options for members with complex chronic, life threatening, or degenerative and disabling conditions or diseases include use of a specialist as a PCP, a standing referral to a specialist, a referral to a specialty care center, and use of a non-participating provider.