

# Progress Notes

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## Help Your Patients Beat the Summer Heat

As patients age, it is important that they are more aware of the potential health risks that occur due to both aging and the changing seasons. While people of all ages face specific health risks, senior patients have particular health risks that need to be understood and monitored, especially in the heat of the summer. Here are some summer health tips to consider sharing with your patients:

1. **Drink plenty of liquids.** Encourage patients to make water the drink of choice. Drinking at least eight 8-ounce glasses of healthy liquids daily will ensure that they stay hydrated.
2. **Avoid caffeinated and alcoholic beverages.** Alcohol, soda, coffee and even tea can leave us dehydrated, especially during hot weather. Plain or flavored water is a good substitute.
3. **Dress appropriately.** Wear loose-fitting clothes in natural fabrics, like cotton. Dress in light colors that will reflect the sun and heat instead of darker colors that will attract them.
4. **Sunblock.** When outdoors, skin protection is important. Avoid skin damage by wearing a hat, sunglasses and a sunscreen of SPF 30 or higher.



*Continued on page 5*

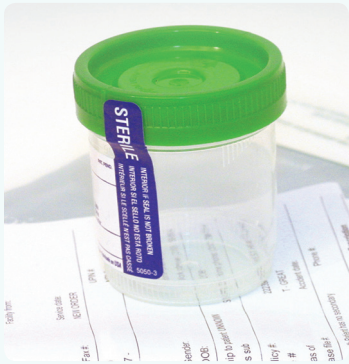
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**ELEVATING  
HEALTHCARE**  
IN LOS ANGELES COUNTY  
SINCE 1997

## Screening for Chlamydia: Simple Urine Test Required

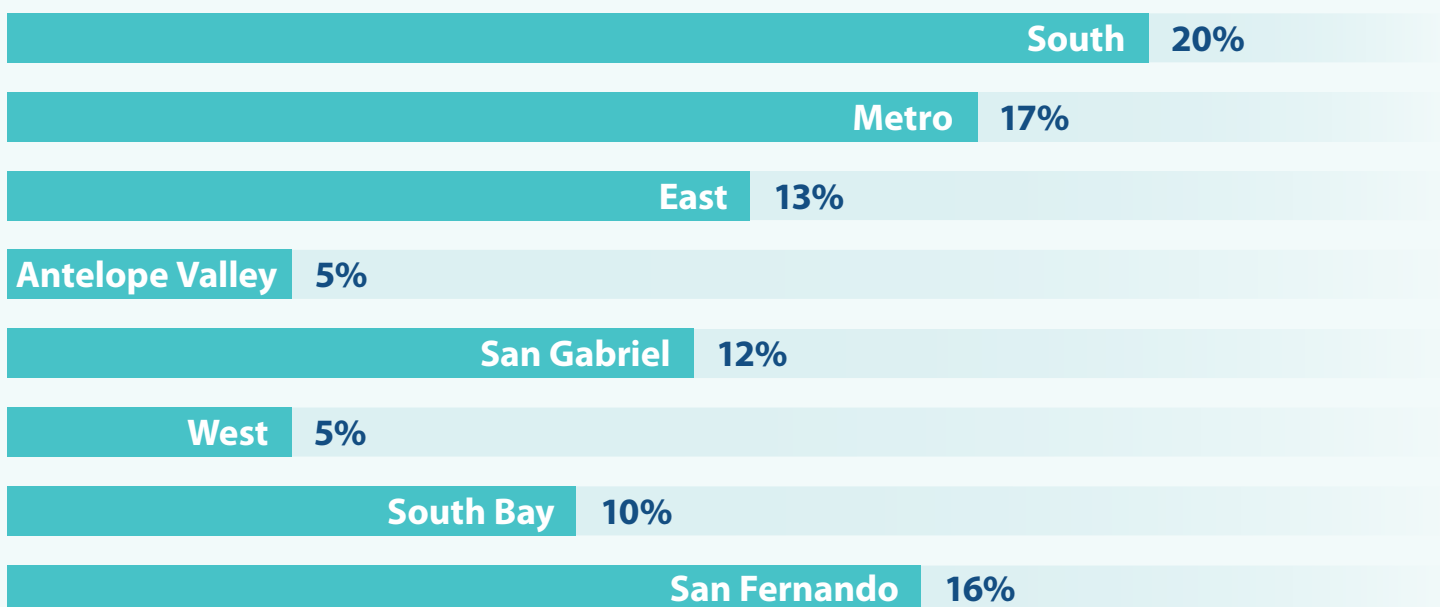


Chlamydia rates in Los Angeles County (L.A. County) increased 17% from 2010 to 2014, according to the Department of Public Health. Rates in males increased faster (27%) than females (7%). The largest number of reported cases were seen in African American males age 20-27 and African American females age 15-24. The South Service Planning Area (SPA) reports the largest proportion of chlamydia at 20% (see figure). However, chlamydia cases were relatively evenly distributed throughout L.A. County.

**Chlamydia screening has never been easier and can be done with a simple urine test.** It can be done in conjunction with other office visits or routine lab tests including annual wellness exams, sick visits, when prescribing contraceptives, during pregnancy testing, and at OB/GYN or Depo Provera injection visits. The U.S. Preventive Services Task Force recommends sexually active women ages 24 and under be screened annually for chlamydia.

The screening of sexually active young men should be considered in clinical settings with a high prevalence of chlamydia (e.g., adolescent clinics, correctional facilities, and STD clinics) or in populations with high burden of infection, i.e. men who have sex with men. Additionally, the Task Force further concluded that there is insufficient evidence to assess the balance of benefits and harms of screening for chlamydia in men.

### Proportion of Chlamydia Cases by SPA 2014



*Sources: Los Angeles County Department of Public Health 2014 Annual HIV/STD Surveillance Report  
U.S. Preventive Services Task Force Screening for Chlamydia and Gonorrhea*

## More Pregnant Women in California Are Using Marijuana *Just Because It's Legal Doesn't Mean It's Healthy...*

Increasing numbers of pregnant women in California use marijuana, despite the potential harm it may pose to developing fetuses. A December 2017 Journal of American Medical Association (JAMA) study found the number of women who reported smoking marijuana increased from 4.2% in 2009 to 7.1% in 2016. Expectant mothers under age 24 showed the highest increase: almost 25% of expectant teens under age 18 and 20% of those 18 to 24 reported using cannabis.



The study's data comes from surveys and urine tests administered to more than 300,000 pregnant women receiving care from Kaiser Permanente Northern California. The women were approximately two months pregnant at the time they were surveyed.

Marijuana use may be higher in California than other states. Medical use of marijuana became legal in California in 1996. Recreational use became legal in January 2018, making it likely that the number of pregnant women using the substance will increase going forward. The new law permits adults age 21 and over to buy one ounce of cannabis per day, or up to eight grams of cannabis concentrates used in marijuana edibles. The JAMA study also indicated that pregnant women may be turning to marijuana not just for recreational use, but also to combat morning sickness.



The American Congress of Obstetricians and Gynecologists updated its Committee Opinion in October 2017, discouraging marijuana use during pregnancy and while breastfeeding. They added warnings about lower birth weights in babies of women who use marijuana at least weekly during pregnancy. The Opinion states that, “because of concerns regarding impaired neurodevelopment, as well as maternal and fetal exposure to the adverse effects of smoking, women who are pregnant or contemplating pregnancy should be encouraged to discontinue marijuana use.” The effects of marijuana use, it warns, might be as serious as those of cigarette smoking or alcohol consumption.



# Vital Signs

## Back to Basics With the Initial Health Assessment

The **Initial Health Assessment (IHA)** is arguably one of the most basic patient evaluations, but it serves a critical role. The **IHA** is a comprehensive assessment that must be **completed within 120 calendar days** of a member’s enrollment. Let’s get back to basics with an overview of IHA requirements. Refer to DHCS Policy Letter 08-003 “Initial Comprehensive Health Assessment” for details. Please visit [lacare.org](http://lacare.org) for access to required **IHA** forms, including well-child assessments and the **Standard Health Assessment (SHA)**.



## IHA Requirements

<b>Required Components</b>	<ul style="list-style-type: none"> <li>• Comprehensive health history</li> <li>• Preventive services</li> <li>• Perinatal services</li> <li>• Physical and mental status exam</li> <li>• Diagnoses and plan of care</li> <li>• Individual Health Education Behavioral Assessment</li> </ul>
<b>Who Can Complete</b>	<ul style="list-style-type: none"> <li>• The member’s chosen or assigned PCP</li> <li>• Perinatal care providers</li> <li>• Other primary care provider</li> <li>• Non-physician mid-level practitioner</li> </ul>
<b>Settings</b>	<ul style="list-style-type: none"> <li>• Ambulatory care clinic or office</li> <li>• Nursing facilities</li> <li>• Hospitals</li> <li>• Home visits</li> </ul>
<b>120 Day Timeline Exceptions</b>	<ul style="list-style-type: none"> <li>• All IHA elements were completed within 12 months prior to the member’s effective date of enrollment</li> <li>• A new plan member chooses their current PCP as their new PCP. Historical information from the patient’s medical record can be used to fulfill IHA, provided a new physical is performed if not completed within previous 12 months</li> <li>• Member refuses IHA</li> <li>• Member misses a scheduled IHA appointment and two documented attempts to reschedule have been unsuccessful</li> </ul>

# Help Your Patients Beat the Summer Heat

5. **Stay indoors during extreme heat.** In extreme heat and high humidity, evaporation is slowed and the body must work extra hard to maintain a normal temperature.
6. **Air conditioning.** If there is no air conditioning in their home, encourage patients to visit locations that offer this comfort. A movie theater, the mall, a friend or relative's home, or a community senior center are good options. Some cities also have "cooling centers" available.
7. **Avoid extreme outdoor heat.** If patients have to go out and don't drive, they can call a taxi, a friend or a transportation service. It is **NOT** a good idea to wait for a bus.
8. **Take a cool shower or bath.** If your patient is absolutely unable to leave the house and does not have air conditioning, they can take a cool bath or shower to lower their body temperature on extremely hot days.
9. **Keep the house cool.** Temperatures inside the home should not exceed 85 degrees Fahrenheit for prolonged periods of time.
10. **Signs of heat stroke.** Discuss with your patients the signs of heat stroke (e.g. flushed face, high body temperature, headache, nausea, rapid pulse, dizziness and confusion). Encourage them to take immediate action if they have any of these symptoms.

## Who's At Risk?

According to the National Institute of Aging Health, lifestyle may raise the threat of a heat-related illness. These health factors may increase the risk for seniors who have:

- Poor circulation and changes in the skin caused by normal aging,
- Heart, lung, and kidney diseases, as well as any illness that causes weakness or fever.
- High blood pressure or other conditions as you are aware require changes in diet. For example, people on low-salt diets may face an added risk.
- The inability to perspire caused by some drugs, including diuretics, sedatives, tranquilizers, and certain heart and blood pressure medicines. Please discuss any medications your patients are taking and their side effects.
- Take several drugs at once for various conditions.
- Weight challenges – overweight or underweight.
- An high intake of alcoholic beverages.



Making your patients aware of these important tips will help keep them safe and keep cool.



# Students With Asthma Should Have a School Asthma Action Plan

Soon your school-age patients will head back to their classrooms. For those with asthma, getting a current **Asthma Action Plan (AAP)** should be at the top of their parent's back-to-school to-do lists. This school year assure parents have a current **Asthma Action Plan** for their child to provide the school and/or after school program.

You can take the lead in completing an AAP. In addition, remind parents and guardians to give it to the appropriate places where their child will be. Both the student and school personnel need to know how to manage a child's asthma.

L.A. Care provides AAP forms for your use. You can request copies online at [external.lacare.org/HealthForm/](https://external.lacare.org/HealthForm/). Enter your information and search for "**Asthma and Asthma Action Plan.**" The children's plan version is available in both English and Spanish.

According to the Centers for Disease Control and Prevention, asthma affects 7 million children under the age of 18. The American Lung Association reports that asthma accounts for more than 10 million school absences each year.



For more information on referring your patients to **L.A. Care's Asthma Disease Management Program**, please call **1.888.200.3094**.

# Educating Patients About the Importance of Medication Adherence



Patients are encouraged when providers engage them in education about medication adherence. They are more likely to follow their prescribed medication routine and thus have better outcomes.

## Surveys show that patients experience satisfaction when providers:

- **Talk** to them about their medication therapy.
- **Explain** to them why their medication is needed.

## Conversations about medications should include questions such as:

- What medications do you take including over the counter medications and herbal remedies?
- How do you take your medications?
- When do you take your medications?
- Where do you store your medications?
- When do you call the pharmacy for refills?

## Adherence Tips to Share With Your Patients:

- Patients should always take their medication as prescribed.
- If patients have side effects or questions about their medicine, they should call your office or talk to their pharmacist.
- Patients should be encouraged to fill their prescription(s) a few days before they run out.
- When patients pick up their prescription(s) from the pharmacy, they should check their bottle(s) to see if they have refills left. If they need help checking their prescription bottle(s), they can ask their pharmacist for assistance.
- If your patient runs out of refills, they should call your office. Or if they need help, they should ask their pharmacist for assistance.
- At least one week before leaving for vacation, patients should check their prescription(s) to be sure they have enough to last throughout their travels. If not, have their prescription(s) refilled before they go.





# Physicians: First Line of Defense in Identifying Skin Cancer

Primary care physicians can provide a valuable service to their patients by including quick skin scans in their routine exams, and counseling patients about sun protection.

According to the American Cancer Society, skin cancer is the most commonly diagnosed cancer in the U.S. Although invasive melanoma occurs in only about 1% of all skin cancer cases, it accounts for most skin cancer deaths. An estimated 91,270 new cases of melanoma will be diagnosed this year and cause an estimated 9,320 deaths.



While not recommending for or against whole-body skin examinations by a primary care physician, the U.S. Preventive Services Task Force suggests physicians remain “alert for skin lesions with malignant features that are noted while performing physical examinations for other purposes.”

An alphabetical formula can help physicians and patients identify lesions that require further attention:

- **A**symmetry: One half of the mole does not match the other half
- **B**order irregularity: Edges appear ragged, notched, or blurred
- **C**olor: Pigmentation is not uniform
- **D**iameter: It exceeds 6 millimeters
- **E**volution: Mole changes appearance over time

Patients should be reminded to protect their skin by seeking shade, applying sunscreen with an SPF of 30 or higher, wearing UV-blocking sunglasses, and wearing sun protective clothing and hats.



# Tips for Improving Vaccination Rates

Summer is here and that means back-to-school physicals. Take advantage of this opportunity to vaccinate your pediatric population, especially adolescents. Here are a few tips to increase your immunization rates.

1. **Record vaccine administration in the California Immunization Registry (CAIR).** CAIR enables you to see vaccinations that occur outside of your practice and can generate patient reminders. CAIR also offers bidirectional data exchange with your electronic health record (EHR). In addition, the data is provided to the health plan and can increase your Pay-for-Performance incentive. Contact your local CAIR representative ([cairweb.org/lcrs/](http://cairweb.org/lcrs/)) if you need help.
2. **Patients value your opinion and advice.** Research shows that a provider's recommendation is the top influential factor for convincing parents to vaccinate. Take the time to explain the importance of vaccinations. The Center for Disease Control (CDC) has talking points and materials on starting the conversation. Please visit [cdc.gov/vaccines/hcp/conversations/conv-materials.html](http://cdc.gov/vaccines/hcp/conversations/conv-materials.html).
3. **Ensure patients leave with an appointment for their next visit.** Scheduling should be open at least six months out.



4. **Take advantage of sick visits.** Check CAIR or the patient's chart for their vaccine record at *every* visit, even when kids are sick.



If you need more tips or materials for your office, contact the L.A. Care **Quality Improvement Department** at [quality@lacare.org](mailto:quality@lacare.org).

# Preventing Medical Fraud and Identity Theft

If your patient reports their member ID has been lost or stolen, you can help them protect their health and avoid health care fraud or abuse. Here are some ways to assist them:

1. Check medical records to make sure they match the patient's condition. Give them a copy of the records if needed.
2. Run a CURES report on the patient to check for controlled substances that you may not have prescribed. Go to [oag.ca.gov/cures](http://oag.ca.gov/cures)
3. Recommend that patients place a fraud alert with one of the three (3) credit bureaus.

**a. Equifax – Call 1.888.766.0008**

**b. Experian – Call 1.888.397.3742**

**c. TransUnion – Call 1.800.680.7289**

The fraud alert service is free and will help protect your patients from future abuse. When calling, the patient should ask for a copy of their credit report and check it closely.



4. Advise your patients to file a complaint with the Federal Trade Commission (FTC). They can do this online by completing the form at [identitytheft.gov](http://identitytheft.gov). The patient will be given an FTC Identity Theft Affidavit which they should print out and save. Patients can also call **1.877.438.4338**.



5. Advise your patients to file a report with their local police department.
6. To learn more about how to protect your patients and yourself from identity theft, and what actions victims of identity theft should take, please visit [identitytheft.gov](http://identitytheft.gov).

# Nurse Advice Line

L.A. Care offers its members a Nurse Advice Line (NAL) service 24 hours a day, 7 days a week. A team of registered nurses is available to answer any health-related questions. L.A. Care members can access this service by phone or chat live with a nurse using their L.A. Care Connect online member account.



As a complement to your service, please encourage your patients to call the NAL for free health advice. If your patient is an L.A. Care member or a Medi-Cal member with one of our Plan Partners, they can call the NAL at the numbers listed below:

**Anthem Blue Cross**  
**1.800.224.0336**  
**TTY 1.800.368.4424**

**Care1st Health Plan**  
**1.800.609.4166**  
**TTY 1.800.735.2929**

**Kaiser Permanente**  
**1.888.576.6225**

**L.A. Care Health Plan**  
**1.800.249.3619**  
**TTY 711**

The NAL phone number is also located on the back of the patient's health plan member ID card. Additionally, the NAL phone numbers can be found on the L.A. Care websites: [lacare.org](http://lacare.org), [lacarecovered.org](http://lacarecovered.org), and [calmediconnectla.org](http://calmediconnectla.org).

Progress Notes is a publication of L.A. Care Health Plan for our Medi-Cal and Cal MediConnect provider networks.

If you have any questions or comments about topics in this issue, please write to us at [editor@lacare.org](mailto:editor@lacare.org) or call us at **1.866.LA.CARE6 (1.866.522.2736)**.



## IMPORTANT CONTACT NUMBERS

**L.A. Care Compliance Helpline: 1.800.400.4889**,  
24 hours a day, 7 days a week

**Provider Solution Center: 1.866.LA.CARE6, 1.866.522.2736**  
(Eligibility & Claims questions only)

**Provider Relations: 213.694.1250 x4719**

**Medical Management:** phone **1.877.431.2273**,  
fax **213.438.5777** for authorization requests

**LTSS Department: 1.855.427.1223** for Long-Term Services and Supports

**HCC Outreach Specialist, Betty Garcia: 213.694.1250 x4935**,  
fax **213.438.4874** for Annual Wellness Exam (AWE) forms

**Health Education: 1.855.856.6943** for forms and programs

**Nurse Advice Line:** L.A. Care – **1.800.249.3619**,  
Kaiser – **1.888.576.6225**, Care1st – **1.800.609.4166**,  
Anthem Blue Cross – **1.800.224.0336**

**Beacon Health Options: 1.877.344.2858**  
(TTY **1.800.735.2929**) for behavioral health services  
24 hours a day, 7 days a week

**L.A. Care Covered™: 1.855.270.2327** (Providers: Option "2")

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1055 West 7th Street, 10th Floor  
Los Angeles, CA 90017  
[lacare.org](http://lacare.org)

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A NEWSLETTER FOR OUR PHYSICIAN PARTNERS

# Progress Notes

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## News Alert



## Importance of Medication Adherence

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