Volume 4, Issue 2

Fall 2008/Winter 2009

VidaCare PROVIDER NEWS

Live your Life

INSIDE THIS ISSUE:

For more information, contact:

Provider Services
1-800-556-0674

Lab Update

Bendiner & Schlesinger, Inc. is a *preferred* VidaCare medical laboratory provider offering comprehensive, one-stop, diagnostic blood and urine testing services.

Laboratory results are available to providers real-time on the Web.

For more information, you can call: 877-240-0349 or 212-254-2300 or e-mail:

info@bendinerlab.com
http://www.bendinerlab.com/w1/PhysicianServices.htm

2008: A Year of Innovation and Growth

Doug Wirth, President/CEO

As we reflect on progress made in 2008, we are proud to report on Plan innovations as well as the tremendous VidaCare network expansions.

QuantiFERON-TB GOLD IT, a new, more accurate TB test is now available to VidaCare through Bendiner and Schlesinger Labs (see pg 4). ***Individual electronic blood pressure devices*** are also available to all VidaCare members (see pg 2).

Quarterly Member Utilization Reports (MURs) are available to HIV primary care providers. These reports summarize all care accessed by your patients. Call Care Coordination at 1-800-556-0674 to request a MUR for any VidaCare member/s.

2008 has also been a year of significant membership growth (see pg 4). VidaCare's ***Heath Promotion Program*** helps members to remain engaged in ongoing care and know their key HIV lab results (see insert).

VidaCare has expanded its Provider Services Department to include two new ***Provider Services Representatives*** to assist you with training, materials and other provider services. Call 646-786-1809/1811 to reach a Provider Services Representative.

It is critical during a time of growth for an organization to stay true to its mission. At VidaCare we're focused on ***providing comprehensive and coordinated care to people living with HIV/AIDS***. While we're not focused on becoming the biggest health plan or SNP, we do aim to be amongst the best. Member satisfaction ratings are excellent in most areas!

With over sixteen new provider contracts executed and another twelve in process (see pg 6), VidaCare providers remain a key and valued partner in achieving our mission. ***Thank you for the outstanding service that you give to our members.***

In 2009, we plan to continue our network expansion efforts and to develop additional innovative programs that contribute to positive patient health outcomes and are helpful to providers.

Remember, the best source of updated provider information as well as member programs is the VidaCare website: **www.vidacare.org**.

VidaCare Has Moved

Rosemarie Gates, Director of Provider Services

As Special Needs Plans (SNPs) head into a new era in the care of PLWHAs, with more and more individuals enrolling in SNPs, VidaCare needed a larger, more centrally located space to meet the needs of a Plan growing in membership and expanding its network.

Our new space can comfortably accommodate our monthly member events such as the ***Live Your Life*** program and the monthly ***New Member Luncheon***. Conveniently located in midtown Manhattan, our offices are accessible to all major subways and buses. VidaCare's new address is:

248 West 35th Street (between 7th & 8th Aves), 7th Floor, New York, NY 10001

P: 646-786-1800 / F: 646-786-1803

NOTE: Please continue to send claims to: VidaCare, PO. Box 6022, Hauppauge, NY 11788

Medical Director's Update — Dr. Jerry Ernst
What Defines an HIV Specialist?

Just what defines an HIV Specialist is currently under review by the New York State Department of Health. A recent report, *Defining the HIV Specialist* — the product of a panel chaired by Dr. Peter Gordon last spring and had wide representation from interested parties statewide — is now available (see http://www.vidacare.org/providers.html#links).

The report ably and extensively discusses what constitutes an HIV Specialist and the tension inherent in maintaining adequate numbers of providers while preserving the best attainable quality of care. It is important to remember that only SNPs require their primary care providers to be HIV Specialists conforming to New York State Department of Health AIDS Institute guidelines. Regular (non-SNP) Medicaid managed care plans do not have this requirement. Given the evidence that exists supporting the assumption that disease outcome improves the more competent the medical provider, it is difficult to understand why primary care providers in regular managed care plans that care for HIV-infected patients are not also required to be HIV Specialists.

Indeed, with the possibility that HIV infected patients will no longer be exempt from enrollment into managed care plans, it is important for all members of the HIV community to make sure that patients know their choices before signing up for any plan and that, for their health's sake, they seek out providers with special expertise in HIV, something that all primary care providers have if they are participating with VidaCare and other SNPs.

Health Services Update
Virpi Ranta, Director of Continuous Quality Improvement

Electronic Blood Pressure Device VidaCare has always made prevention and member self-care a priority. Now VidaCare covers a personal electronic blood pressure device (CPT A4670) for members with a diagnosis of hypertension. With this device, members with hypertension can take control of their own blood pressure monitoring, checking it as frequently as necessary — in the convenience of their own homes. Benefits like the electronic blood pressure device promote member empowerment, one of VidaCare's core values.

HIV Guidelines

New advances in HIV care are adopted to practice guidelines and standards by the AIDS Institute and the US Department of Health and Human Services on a regular basis as recommended by professional specialty groups. VidaCare practice standards are based on these guidelines. Therefore, it is recommended that VidaCare providers stay current with updates of the practice guidelines and other helpful educational information that is available through the AIDS Institute and the USDHHS AIDSinfo websites.

http://www.hivguidelines.org/Content.aspx http://www.aidsinfo.nih.gov/

Reporting Communicable Diseases

NYCDOHMH disease surveillance is a cornerstone of the overall health of all NYC residents. To that end, it is essential that all providers promptly report all communicable diseases and conditions as required by law on the NYCDOHMH Universal Reporting Form (URF). For any questions or to report cases immediately, call the DOH Provider Access Line at 1-866-NYC-DOH1 or, after hours, the Poison Control Center at 1-800-222-1222. You can download the URF at

http://www.nyc.gov/html/doh/downloads/pdf/hcp/urf-0803.pdf

Disease Prevention

As a provider, you have a key role in disease prevention, diagnosis and management of conditions that affect public health. The City of New York Department of Health and Mental Hygiene publishes a *Compendium of Public Health Requirements and Recommendations* that serves as a valuable tool for providers. The *Compendium* consolidates information on a wide range of public health concerns and has instructions on conditions that providers are legally required to report. We hope that you take the time to look through this valuable resource available on the web: http://www.nyc.gov/html/doh/html/hca/compendium-index.shtml. VidaCare developed its *Umoja Program*, a prevention for positives initiative, as a collaborative effort with the NYCDOHMH *Compendium* guidelines and *Take Care New York* health initiative. For more information on VidaCare's Umoja Program, contact Virpi Ranta at: vranta@vidacare.org

"Intimate Partner" Violence

Marva Dean, LPN, Domestic Violence Coordinator

Intimate partner violence (IPV) is defined as any violent or coercive behavior, including physical, sexual and/or psychological abuse perpetrated by someone who is or was involved in an intimate relationship with the victim. The NYCDOHMH *Take Care New York (TCNY)* agenda has, as one of its goals, "making your home safe and healthy" and underscores the importance of living free of IPV.

Violence within a relationship is most often a hidden occurrence until a health care encounter. It is a serious health problem that affects up to 30% of adult women and 7.5% of adult men. IPV victims often contend with health and social problems that extend beyond the immediate injury. Fear of one's intimate partner is one consequence of IPV. Victims who fear a partner contend with a wide array of physical, behavioral and mental health concerns. Reducing IPV and its associated harms requires health care providers, community-based organizations, city agencies and community residents to work together to identify victims of IPV to ensure they get the help they need, and to establish a zero-tolerance culture toward such abuse. All health care providers should routinely screen for IPV, which increases disclosure and facilitates referral/s.

For information and help 24-hours-a-day, call the NYC toll-free, confidential Domestic Violence Hotline at 1-800-621-HOPE. A comprehensive directory of IPV services citywide is available at http://www.nyc.gov/html/ocdv/downloads/pdf/Resource Directory_2008.pdf. Another resource with CME activity is the NYCDOHMH City Health Publication *Intimate Partner Violence: Encouraging Disclosure and Referral in the Primary Care Setting* available from www.nyc.gov/html/doh/downloads/pdf/chi/chi26-2.pdf or you can call Marva Dean, LPN, VidaCare's Domestic Violence Coordinator at 646-786-1826.

Buprenorphine Treatment in HIV Primary Care

Dr. Marcelo Venegas, Medical Director, Housing Works

The statistics are clear from the Buprenorphine and Primary HIV Care report presented in Washington DC in June of 2004 and sponsored by HRSA and SAMHSA. According to the Office of National Drug Control Policy, *'810,000 persons were opioid dependent in 1999, with only 225,000 receiving treatment in 2004. Injecting drug use (IDU) is the second most prevalent risk behavior associated with HIV transmission: an estimated 25% of the approximately 40,000 new infections each year are due to injection drug use.'*

In 2006, Housing Works started its Buprenorphine program. **VidaCare has asked us to share our experience and encourage other VidaCare primary care physicians and clinics to explore this effective alternative to methadone.**

Since 2000, Buprenorphine (Suboxone or Subutex) has been slowly growing in use. Buprenorphine functions like methadone as a competitive blocker (partial agonist) of opiate receptors in the brain, blocking the crave for the high. The most important advantage is that it can become part of a primary care setting, allowing a patient to get a regular supply, rather than daily or weekly visits to a methadone clinic. Another advantage of Buprenorphine is that, unlike methadone, it will not give you more than a mild high regardless of how large a dose is given. Thus, it has a much lower risk of overdose. There are also fewer side effects and milder withdrawal symptoms upon discontinuation.

At Housing Works, we decided that the need was certainly there amongst our clients who wanted to free themselves from opiate addiction or who were tired of using methadone and wanted to transfer to something different. All of our medical providers completed an 8 hour training and we developed protocols to start treating patients at our Manhattan and Brooklyn based primary care clinics. Once physicians completed the training, we then received DEA registration to be able to prescribe buprenorphine. In this preliminary process we also received expert guidance from Dr. Sharon Stancliff, Medical Director of the Harm Reduction Coalition, who gave several talks and brought in outside experts for training.

The first step for the patient is consultation with a physician to review whether Buprenorphine is a recommended medication. Candidates are anyone using illicit opiates and methadone users who are on a maintenance dose of 50 mg or less. Contraindications to Buprenorphine use are: heavy use of benzodiazepines (due to increased respiratory depression), a need for opiate-based pain management and/or pregnancy. The second step is the induction process where the patient is asked to come into the office in a withdrawal state, usually 24-36 hours of not having consumed either heroin, methadone or a prescription opiate. The patient is then usually given a test dose of buprenorphine/naloxone (Suboxone) and then titrated up to a comfort level. Induction can happen either in office or at home.

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Access and Availability Standards

Rosemarie Gates, Director of Provider Services

VidaCare providers are required to comply with the New York State Department of Health's Access and Availability standards which are listed below and in Section 17 of the VidaCare Provider Manual (to view or download a copy of the manual, go to: http://www.vidacare.org/files/Provider%20Manual.pdf). In addition to the standards listed below, providers are required to have a "live voice" answer after–hours telephone calls made by our members. A callback within 30 minutes by the provider is required. To monitor compliance, both NYCDOHMH and VidaCare conduct surveys several times a year. The best way to ensure compliance is to train front-desk staff and to stay informed of your appointment availability. VidaCare Provider Services Reps are available to provide training. If interested, please call Mario Ephriam at 646-786-1809.

Visit Type	Appointment	In-Office Wait Times
Urgent Medical or Behavioral Problems	Within 24 hrs	Less than **1-hour** from scheduled appointment
Non-Urgent "Sick" Visits	Within 3 days	Less than **1-hour** from scheduled appointment
Routine, Non-Urgent Preventive Visit	Within 4 wks	Within **2 hours** of presentation to the office
Pediatric Routine Visit	Within 4 wks	Within **2-hours** of presentation to the office
Non-Urgent Mental Health or Substance Abuse Visit	Within 4 wks	Less than **1- hour** from scheduled appointment

Talking With Your Patients About VidaCare

Maria Gonzalez, Director of Marketing and Enrollment

VidaCare's membership has steadily grown from 200 in 2005, to 450 in 2007, to over 700 by the end of 2008. In 2009, with anticipated Medicaid program changes coupled with expanded marketing efforts, the Plan will continue to grow. VidaCare encourages you to help educate your patients *now* about their health plan options. By joining now, consumers can get an experience with VidaCare - in a voluntary environment.

Alerting your patients about the coming changes and the important differences between a regular managed Medicaid plan and a SNP is critical. Engaging your patients in conversations that will encourage them to select the plan that best suits their individual needs is the first step. SNP's were specifically designed for people living with HIV/AIDS and VidaCare has special programs for members that aren't available at other health plans. When your patients become members of VidaCare, they can see multiple providers at your facility on the same day and have access to the Plan 24 hours a day, 7 days a week!

An Enrollment Specialist can come to your office to speak with your patients about VidaCare services and/or to complete enrollment applications with your patients and their affected or uninfected minor children age 19 and under. While we may not be the largest health plan, we strive to provide the highest quality care to our members through our relationship with providers like you.

Please contact me at 646-786-1830 or mgonzalez@vidacare.org to explore ways that VidaCare can assist you in talking with your patients about VidaCare membership and benefits.

Tuberculosis Screening with *QuantiFERON-TB GOLD IT*

Virpi Ranta, Director of Continuous Quality Improvement

Although confirmed cases of tuberculosis (TB) continue to decline in New York City, the rate here is still double that of the nation. 70% of the new cases are in the foreign born. TB is especially dangerous for people with HIV and the co-infection with HIV remains around 13%. All provider sites need to be vigilant in screening and treating to prevent outbreaks in this high-risk population.

VidaCare now has available, *ONLY* through **Bendiner & Schlesinger Labs, Inc.**, ***QuantiFERON-TB Gold IT,*** an FDA-approved blood test for the detection of TB under **test number 2064**. The important thing to remember is that the specimen must be processed within 16-hours of draw. *QuantiFERON-TB Gold IT* is a modern alternative to the tuberculin skin test (TST). It offers the clinician a simpler, more accurate and convenient aid in the diagnosis of active TB or the presence of LTBI. This is more accurate than TST for the foreign born who have been given BCG. It should not be used in patients currently receiving treatment for active or latent TB. It does not replace clinical judgment but it does eliminate the need for the two-step testing required when using TST screening. This should increase compliance with the TB screening indicator for HIVQUAL and assist you when a patient is placed in housing or a treatment facility that requires a TB screen before admittance. This should become a routine part of each patient's annual comprehensive exam blood draw panel. For more information about *QuantiFERON-TB GOLD IT* specimen collection, go to www.vidacare.org.

VidaCare Provider Recruitment

Keith Spates, Asst Director of Provider Services/Credentialing

VidaCare provides a comprehensive network of well-qualified providers who are accessible to our members. We are now recruiting all types of specialists, *especially HIV Specialist Primary Care Providers (PCPs)*. The single most important factor in HIVclinical management is hands-on experience that includes the direct management of antiretroviral therapy. The following criteria define HIV Specialist PCPs, each of whom is reassessed each year to ensure that they continue to meet these criteria:

- ☑ Direct clinical ambulatory care of HIV-infected persons, involving management of antiretroviral therapy, in at least twenty (20) patients during the past year;
- ☑ Ten (10) hours annually of CME including information on the use of antiretroviral therapy in the ambulatory care setting; and
- ☑ The provider practices a minimum of sixteen (16) hours per week at his/her primary care site.

If a provider meets our credentialing requirements, we can expedite the process and add the provider to the VidaCare network within a week. Please let us know who your preferred providers are and we will be happy to explore contracting with them. To obtain a complete copy of the VidaCare Standard Provider Application, please visit our website: www.vidacare.org; or contact Keith Spates at kspates@vidacare.org or 646-786-1810.

Maintaining Members in Care Is a Team Effort

Ruperto Johnson, Director of Member Services

In an effort to assist providers in their efforts to maintain members in routine care, VidaCare developed a health promotion program that values when members keep medical appointments. Each VidaCare member receives a ***Member Health Program Report Card*** and can receive a total of up to $50 a year for attending scheduled appointments with his/her HIV PCP, and for female members attending their annual GYN appointments. A copy is enclosed, but additional forms can be downloaded from our website at www.vidacare.org. Since 2007, this program has been enormously successful in increasing member retention in care. In 2009, VidaCare will explore new ways to help providers tackle the challenges of maintenance in care. Please email your ideas and/or suggestions to Ruperto Johnson, Director of Member Services at rjohnson@vidacare.org.

Buprenorphine Treatment - *Continued from Page 3*

Most patients can be stabilized on 12-24 mg of Buprenorphine (BUP). Training encourages urine testing, but it is not required by law. The naloxone part is added to decrease street value by reducing the high if injected. We have had tremendous success treating opiate addiction in our clinics, particularly with patients who are HIV positive. Among HIV patients who are heroin users, BUP maintenance is associated with 1) more consistent use of antiretrovirals and higher adherence rates; 2) fewer hospitalizations; 3) reductions in lethal heroin overdose; 4) reductions in crime and hospitalizations; and 5) reductions in sex work. We have had some problems in our clinics when clients who were prescribed BUP "shared" their supply with another client who was actively using heroin or methadone. In these cases, the BUP produced an immediate withdrawal that can only be managed supportively, since essentially the BUP takes over all the opiate receptors. Another concern has been the suggested drug interaction between BUP and atazanavir (Reyataz) and norvir. The two protease inhibitors are known to inhibit [the liver enzyme] CYP3A4 via which BUP is also metabolized. Patients have experienced either dizziness, sleepiness or decreased mental function and thus, a lower BUP dosage is recommended.

When starting a Buprenorphine program, it is critical to educate clients and staff on the use of BUP. Housing Works held many workshops and staff in-service educational sessions to prepare clients and staff for the program. The goal has been to create an integrated, multi-disciplinary program where staff at all levels understand the basics of Buprenorphine care. Offering case management and counseling services to patients on BUP is another critical element. Heroin addiction and opiate abuse continue to ravage our HIV positive clients with continued societal stigmatization. While much progress has been made with the advent of Buprenorphine in the last eight years, the integration of BUP into HIV primary care has not been as rapid or extensive as had been expected. We hope that the Housing Works experience encourages other VidaCare providers to explore a Buprenorphine program so that collectively, we can reach as many clients as possible and help decrease the gap between addiction and treatment.

To begin exploring a Buprenorphine program, start by contacting Miriam Grill-Abramowitz at Cicatelli Associates at 212-594-7741 x215 (mgrill@cicatelli.org) to learn more about their BUP training programs. CAI's one-day physician training program is scheduled for 2/28/09 and 5/9/09 and the non-physician training (open to everyone) is scheduled for 3/17/09 and 5/28/09.

VidaCare

248 West 35th Street, 7th Floor
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Maria Gonzalez, Director of Marketing & Enrollment

Live your Life

1-800-556-0674

Mailing Address Line 1
Mailing Address Line 2
Mailing Address Line 3
Mailing Address Line 4
Mailing Address Line 5

VidaCare Network Expansions!

Rosemarie Gates, Dir of Provider Services/Network Mgt

VidaCare is continuously expanding its network and highlighted below are recently executed and planned primary and specialty care contracts:

County	*Newly Executed Contracts*	*Expected in Early 2009*
Brooklyn	Brooklyn Plaza Medical Center	SUNY Downstate
	Addiction Research Treatment Centers (ARTC)	LICH Primary Care
	Brownsville MultiService Family Health Ctr	
	Dr. Kenneth Mercer	
	InterFaith Medical Center DAC	
	Breukelen IPA	
Bronx	Bronx Lebanon DAC (Comprehensive Care Center)	Montefiore Med Ctr DAC
	MedAlliance Health and Rehab Services	VIP Community Services
	Essen Medical PC	Albert Einstein Coll. of Med
Manhattan	St. Luke's-Roosevelt DAC (CAC)	Callen-Lorde
	St. Vincent's DAC (O'Toole)	Greenwich House
	Beth Israel DAC (Peter Kreuger)	Betances Health Center
	Dr. Peter Photangtham	William F. Ryan/NENA
	Dr. Kenneth Mercer	Ryan Chelsea-Clinton
	Addiction Research Treatment Centers (ARTC)	Daytop Village PC
	ICD	
	Harlem East Life Plan	
	APICHA	
SI		SI University Hospital