



PROGRESS NOTES

December 20, 2013

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The Louisiana Chapter wants to wish you and yours a very Happy Holiday season!

REMINDER: The Louisiana Chapter office will be closed December 24, 2013 through January 1, 2014. Emails and phone calls will be periodically monitored and responded to.

URGENT Recall of one lot of Merck's Gardasil Vaccine

Source: DHH OPH Immunization Program

This is to inform you know that the Center for Disease Control and Prevention (CDC) has notified us of a voluntary recall that is currently being conducted by Merck for one lot of Gardasil vaccine (NDC 00006- 4045 -41; Lot # J007354). Merck is communicating with customers today, Friday, December 20, 2013. This voluntary recall is being conducted due to the potential for a limited number of vials in this lot that contain glass particles.

The vaccine was distributed in both the public and private sectors, and the purpose of this message is to provide you with information about how the recall process will work for vaccines distributed through the Vaccines For Children Program (VFC).

Distribution of this lot by CDC's centralized distributor occurred during the first two weeks of October 2013. Merck will be providing credit/replacement differently depending on whether the vaccine was privately purchased versus distributed through VFC/CDC's ordering and distribution mechanism.

For vaccines orders placed through the Louisiana Immunization Program - Vaccines For Children Program (VFC), we ask the VFC providers to ship the recall vaccine Lot # J007354) to us. Please fill out the attached form prior to mailing the vaccines to us.

Since providers will not be receiving replacement doses directly from Merck, VFC impacted providers will have to place a replacement order using LINKS-VOMS to make up for any doses lost due to the recall. Questions about this recall should be directed to Merck National Service Center: 800-672-6372, Select Prompt #2, then Prompt #3 (Monday to Friday 8:00 AM to 7:00 PM EST).

Bayou Health/ Medicaid

External Quality Review Report now available

Bayou Health Plans Earn High Marks from External Review: An External Quality Review Organization says Bayou Health Plans are 98 percent in compliance with state and federal regulations

Baton Rouge, La. - The Department of Health and Hospitals released today final External Quality Review Organization (EQRO) reports that show that the Bayou Health Plans collectively earned high marks for compliance with more than 4,000 state and federal requirements. Compliance with requirements from the U.S. Centers for Medicare and Medicaid Services is key to demonstrating that they Bayou Health Plans are effectively managing the health care of the more than 900,000 individuals enrolled in the State's Medicaid managed care program. This is the first EQRO report to be issued for Bayou Health, which was implemented in by the Department of Health and Hospitals in 2012.

"This external review of Bayou Health is further evidence that the transformation of Louisiana's Medicaid program is effective both for those individuals it serves and also for the health care providers across the state," DHH Secretary Kathy Kliebert said. "Bayou Health has dramatically increased access to new resources that better promote coordination of care and management of chronic diseases. This external review is an important indicator that what we're doing works and it is an important tool for us to use as we work to continually improve service to our members."

The External Quality Review (EQR) is conducted by an independent third-party to analyze and evaluate the collected information on quality, timeliness and access to health care services of a managed care organization to its Medicaid recipients. An EQRO must be conducted by an organization with staff that has a demonstrated knowledge and experience with Medicaid recipients, policies, data systems and processes,

and with managed care delivery systems, organizations and financing, as well as quality assessment and improvement methods. The EQR staff must also have demonstrated skill with research design and methodology, and with statistical analysis. IPRO was the EQRO that conducted the review of the Bayou Health Plans. The review covered February 2012 through June 30, 2013.

"We actively manage and monitor the health plans through regular meetings with leadership from each of the plans and through quarterly business reviews of their management of Medicaid services," said DHH Undersecretary Jerry Phillips. "This external report helps to confirm that our method of managing and tracking the progress of our Medicaid contractors, for Bayou Health and other programs, is working. We will continue to set high expectations for our health plan partners to improve care, but I am very pleased with what the external review shows us."

Each of the five Bayou Health Plans was reviewed separately by the EQRO. Their individual requirements and scores are as follows:

- Amerigroup - 899 requirements with a 98 percent full and substantial compliance
- LaCare - 899 requirements with a 98 percent full and substantial compliance
- Louisiana Healthcare Connections - 899 requirements with a 98 percent full and substantial compliance
- Community Health Solutions of Louisiana - 740 requirements with a 96 percent full and substantial compliance
- UnitedHealthcare Community Plan of Louisiana - 740 requirements with a 99 percent full and substantial compliance.

The reports are posted online at MakingMedicaidBetter.com. DHH also tracks and publishes reports on numerous other administrative measures that are available on its Bayou Health "reporting and accountability" portal at MakingMedicaidBetter.com.

Bayou Health empowers Medicaid recipients to choose a Health Plan to fit their needs from a group of five different plans. In addition to the evidence of contractual and regulatory compliance demonstrated by the EQR report, DHH has observed tremendous improvements in the quality of care delivered under Bayou Health. Over the course of the first year of implementation of the Bayou Health program, there were numerous noteworthy accomplishments, including:

- Claims data indicates a significant reduction in statewide neonatal intensive care unit (NICU) days paid by Medicaid, meaning more babies were carried full-term.
- The overall collective physician oversight for enrollees increased five-fold and tremendous new care management resources were offered to recipients.
- More than 25,000 individuals received case management to help them better manage their chronic or high-risk health conditions.
- Health Plans provided support for more than 63,000 members in their efforts to quit smoking, lose weight, gain access to dental and vision services and to purchase medical essentials such as prescription medications, child care supplies and more.
- Health plans are assisting at least 111 practices with ongoing Patient Centered Medical Home (PCMH) certification, with six having obtained initial or higher level recognition.

Informational Bulletins

All bulletins: <http://new.dhh.louisiana.gov/index.cfm/page/1198/n/311>

Provider Calls

The beginning of each call will begin with announcements from the Department and then will allow for time to address systemic issues with Bayou Health.

The weekly provider call hosted by DHH takes place every Wednesday at noon. Any provider is welcome to call in, and pre-registration is not required.

The call in number is 1-888-278-0296 Access code is 6556479#

Dr. Karen DeSalvo Named New ONC Leader

The Department of Health and Human Services announced Thursday morning that Karen DeSalvo, MD, City of New Orleans Health Commissioner, will take over the helm of the Office of the National Coordinator for Health Information Technology on Jan. 13th.

DeSalvo, also a senior health policy advisor to New Orleans Mayor Mitch Landrieu, will replace Jacob Reider, MD, who has been serving as the Acting National Coordinator for Health Information Technology since Oct. 4. In a Dec. 19 internal letter, HHS Secretary Kathleen Sebelius praised DeSalvo's qualifications, describing her as a key leader of efforts to modernize the New Orleans healthcare system following Hurricane Katrina.

DeSalvo has led projects to increase access to care by augmenting the city's neighborhood-based medical homes for low income, uninsured and other vulnerable populations in the New Orleans area.

In addition, DeSalvo has served as president of the Louisiana Health Care Quality Forum, the Louisiana lead for their health information exchange and regional extension center grants. She has also served as a member of the Steering Committee for the Crescent City Beacon Community grant.

PAR Releases New Report on State Hospital Reforms

The Public Affairs Research Council of Louisiana is releasing today an in-depth report on the state's reinvention of the Charity hospital system.

[*A New Safety Net: The Risk and Reward of Louisiana's Charity Hospital Privatizations*](#) examines this controversial and complex health care reform. The report explains this historic transformation and evaluates the advantages and disadvantages for the state, the communities and the healthcare system.

A special section provides a deal-by-deal breakdown of the new agreements affecting most regions of the state.

"PAR's report provides a much-needed resource to educate and public and to grade the performance of this important change in Louisiana health care policy," PAR President Robert Travis Scott said.

The authors of the report are former Louisiana Medicaid Director Don Gregory and PAR Research Director Alison Neustrom, PhD.

In the past year, Louisiana's hospital safety net has been reinvented but not discarded. After a sudden reduction in federal health care financing, Louisiana embarked on a new path by privatizing the operations of its state hospitals while continuing to provide medical education managed by its public universities.

"The privatization of the LSU hospitals holds promise for improved care for the uninsured and the indigent," Gregory said. "The process has not been without controversy and there are certainly reasons to be concerned about the long term viability of the partnerships. With the reinvention of the old LSU hospital safety net, the state now has an opportunity to improve a system that was plagued with many issues and to provide a new model for improved service for those that have no other viable option for their health care."

PAR's report highlights a number of important points:

- The success of the state's initiative will have to be measured by the financial, educational and health care outcomes in each community as well as statewide. Also, partner hospitals and non-partner hospitals will be affected differently by the recent reforms, causing other local impacts.
- The new safety net should accomplish worthwhile objectives previously set forth by PAR. The Louisiana State University System now can focus more clearly on its mission of medical education and be less preoccupied with the business of operating hospitals across the state. The new managers, using their

private sector hospital management expertise, are expected to perform more efficiently and to modernize the facilities and equipment.

- Quality specialty and hospital care appear to be a potential result of the partnerships. The New Orleans and Baton Rouge partners have highlighted early successes, such as reduced wait times in emergency rooms and an increased number of surgeries.
- For those adults without health insurance who rely on free care at Charity hospitals, the new Charity system still does not make primary and preventive care a high priority. Whatever the advantages of the reinvented safety net, it is still basically a safety net. Urgent care will continue to be a principal avenue of health care service for uninsured adults both at the partnership and non-partner hospitals.
- The financial structure of the new safety net carries potential rewards as well as risks and uncertainties. The new partnerships have relieved the state of some expenses for renovations and new buildings. Direct government payroll and long-term retirement system obligations have been reduced, though with some mixed fiscal side effects.
- Care for prisoners, on both the local and state level, has now entered a new era. Local governments could be picking up more of the costs. See the prisoner care analysis on page 23.
- The new safety net faces considerable financial uncertainties. The long-term impact of decreased federal funding for uncompensated care costs could have a major impact on the system's revenue model. A recently created "upper payment limit" mechanism of federal financing, which has supported a number of hospitals in Louisiana, is not an assured revenue source over time. The state's real obligation to cover the partner hospitals' expenses will not be known until some point in the future when the final bills, or cost reports, are completed.

The report says the reformed system might not be financially feasible in later years. Looking ahead and considering the potential risks of the current federal funding streams, the state must evaluate the comparative costs of moving to an insurance model for those adults without coverage rather than a safety-net reimbursement model based heavily on urgent care.

The state will almost surely have to readapt some of these arrangements as the financial and regulatory environments evolve. The state must remain flexible in the long run and keep under consideration changes that would accommodate a more robust participation of the local communities.

If viewed as a step toward a better health care system for the poor, rather than as a grand solution to the problem of Louisiana's large population of uninsured, the state's recent reinvention of the safety net can be seen positively.

To access the report, simply click [here](#)

The Public Affairs Research Council (PAR) is a private, nonprofit, non-partisan public policy research organization focused on pointing the way toward a more efficient, effective, transparent and accountable Louisiana government. PAR was founded in 1950 and is a 501(c)(3) tax-exempt organization supported by foundation and corporate grants and individual donations.

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SUIDA Recipe –

SUIDA Recipe – Cinnamon-Almond Hot Chocolate

Homemade hot chocolate during the Holidays is the ultimate in comfort. Cinnamon and almond blend perfectly with chocolate in this soothing beverage. Coarsely chop the chocolate and whisk in hot nutrient rich milk until the chocolate is melted and the mixture is frothy. What could be nicer than a warm cup of sweetness on a cold winter day?

Ingredients

- ½ teaspoon almond extract
 - 1 teaspoon vanilla
 - 4 cups LACTAID® Fat Free Milk
 - 1 cinnamon stick (6 inches)
- 3 ounces semisweet chocolate, chopped

Directions:

In a medium saucepan combine the chocolate, stick cinnamon, and LACTAID® Fat Free Milk. Cook and whisk over medium heat until chocolate melts and mixture is heated through.

Remove saucepan from heat. Remove and discard cinnamon stick. Stir vanilla and almond extract into milk mixture. If desired, vigorously whisk mixture or blend with an immersion blender until frothy.

Recipe Source: Makers of LACTAID brand products



For more information and recipes visit www.southeastdairy.org

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Is there new research you want to share?

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