Pros and Cons of an ADHD Drug Holiday

Children don’t have to perform academically during holiday breaks or summer vacation, so some parents choose to take their child off his or her Attention Deficit/Hyperactive Disorder (ADHD) medication. Other parents feel the interruption may cause a rebound in the child’s behavioral problems and/or social functioning. Occasionally, a provider will recommend a treatment interruption to evaluate medication efficacy or continued necessity.

It is a common misconception that ADHD affects only school performance. However, Dr. Alan Ravitz, a child and adolescent psychiatrist, recommends against drug holidays unless absolutely necessary, as data demonstrates children with ADHD who continue treatment without interruption have much better overall results than children who don’t.

“Kids being treated for ADHD do better in more than just the classroom,” Dr. Ravitz said, “Medication has to do with managing behavior in a variety of different circumstances.”

A child’s social and emotional behavior continues to develop during the summer months and requires the ability to function in group settings (e.g., summer programs, sports camps) as well as successfully interact with family members and friends.

Some children look forward to drug holidays because of the medication’s side effects, which may include weight loss and feeling jittery, irritable or drowsy. “Sometimes kids don’t like the way the meds make them feel,” said Dr. Ravitz. “If that happens, and when they go off the meds, they feel better, then I don’t take a strong position about staying on meds.”

There is also some parental concern about the effect the medication may have on physical development. Implementing a drug holiday may help minimize or reduce these potential effects from ADHD medication.

Please consider the pros and cons of a drug holiday when developing your treatment plan for ADHD patients.

Laboratory testing for detection of a heart transplant (cardiac allograft) rejection involves the use of noninvasive tests (e.g., peripheral blood, exhaled air) to aid in the diagnosis of allograft rejection or to determine rejection risk in a recipient. Gene expression profiles (e.g., AlloMap®) and breath tests (e.g., Heartsbreath) were developed and investigated for detection and diagnosis of heart transplant rejection.

AlloMap molecular expression testing (XDx, San Francisco, CA) is a 20-gene, real-time quantitative polymerase chain reaction assay. The test applies an algorithm that combines the gene expression values of 11 genes associated with cardiac allograft rejection (nine genes are added for quality control). A single score is given to indicate the immune system’s response to the transplanted heart and can reflect the risk for cardiac allograft rejection.

Heartsbreath (Menssana Research, Inc., Fort Lee, NJ) is believed to provide an independent marker of allograft rejection by measuring volatile organic compounds present in exhaled air. In heart transplant recipients, oxidative stress degrades polyunsaturated fatty acids within cellular membranes and releases alkanes and methylalkanes, which are excreted as exhaled volatile organic compounds. Heartsbreath is proposed as an adjunct to an endomyocardial biopsy for detection of heart transplant rejection.

Effective October 21, 2011, we consider gene expression profiling for detection of heart transplant rejection (e.g., AlloMap) (CPT Codes 84999 and 86849) medically necessary and eligible for reimbursement providing the following medical criteria are met:

- The heart transplant recipient is between one and five years post-transplant.
- An endomyocardial biopsy is not planned.

We limit the frequency of gene expression profiling to four within a 365-day period. Tests exceeding the frequency limitation are considered not medically necessary and not eligible for reimbursement.

Based on our findings, we determined breath testing for detection of heart transplantation rejection has not demonstrated equivalence or superiority to currently accepted standard diagnostic techniques. We consider breath testing for detection of heart transplantation rejection (e.g., Heartsbreath) (CPT Category III Code 0085T) investigational and not eligible for reimbursement.
Medication Noncompliance

Did you know a third of prescriptions written in the United States remain unfilled? Even when the prescription is filled, statistics indicate:

- 75 percent of patients sometimes fail to take their medication(s) as directed.
- Patients with chronic conditions do not take their medications 50 to 60 percent of the time.
- Noncompliance contributes to:
  - 125,000 patient deaths annually.
  - 33 to 69 percent of medication-related hospitalizations.
  - $290 billion spent on healthcare annually.

Identifying medication noncompliance can be problematic, as patients may incompletely discuss their concerns about topics such as side effects, cost and insurance coverage. You have a decisive impact on patient compliance, so please consider the following steps to encourage medication compliance:

- Involve the patient in treatment decisions.
- Monitor compliance with prescribed medications at every patient visit.
- Follow-up outside of scheduled visits as appropriate.
- Have an alternate contact person if you may be unavailable for calls between visits.
- Document compliance using a monitoring form that can be incorporated into the patient’s record (e.g., the online Morisky medication adherence questionnaire).
- Coordinate patients’ medication regimens with other healthcare professionals providing care.


Continuity of Care Patient Referral Tool

Our recently updated Continuity of Care Guidelines are available on our website, Provider.MedMutual.com, to help you provide high-quality medical care and improve the health of our members. Our guidelines are easy to use because they were created with the guidance of our actively practicing physician consultants.

To access the Continuity of Care Guidelines, visit our website and select Tools & Resources, Care Management, Clinical Quality and Guidelines.

In addition, we have a Patient Summary Provider Communication Form to help primary care providers refer patients to a specialist. The form is available on our website by selecting Tools & Resources, Forms and Clinical Supply Form.
Streamlining Chlamydia Testing

Although treatment for a urinary tract infection (UTI) is common in primary care, the most common sexually transmitted bacterial infection, C. trachomatis (i.e., Chlamydia, CHL) has few symptoms and often goes untreated, increasing the potential for infertility, pelvic inflammatory disease and ectopic pregnancy.

Once detected, treatment for CHL is simple. Collection methods include a vaginal swab or a first-void urine (CHL in the urethra is more likely to be captured in the first urine). A midstream, clean catch specimen is preferred for urine culture, as this method should capture the intravesical pathogens of cystitis.

A recent study reported the potential for streamlining specimen collection in the clinical setting by using nucleic acid amplification techniques (NAAT) to detect both urinary tract infections and CHL in a single midstream urine specimen.

The study population included women whose vaginal swab was positive for CHL by NAAT and who provided a first-void and a midstream urine specimen. Of the 100 eligible participants, 96 percent tested positive on the midstream specimen. These results suggest when using the NAAT technique, timing of the specimen collection is not as critical in testing for CHL as previously thought.

You can also avoid additional specimens or a patient refusal of the more invasive vaginal swab if you use a midstream sample. This sample provides a practical way to comply with the United States Preventive Services Task Force recommendation for annual CHL screening for all sexually active women age 24 and younger, and for older women at high risk, which includes having new or multiple partners.


Contacting Care Management

The Care Management department is available to address inquiries about utilization management functions, such as inpatient admissions, denials, appeals and referrals (including Behavioral Health services), Monday through Friday, excluding holidays, from 8:15 a.m. to 4:15 p.m. EST. Please refer to the phone numbers on the member’s ID card.

Case Management services are available to help coordinate care, provide information on community resources and provide patient education. Registered nurse case managers can help you manage patients who have complex care needs, and are high-risk maternity and/or undergoing transplant care. For more information or to refer a patient, please call 800.258.3175, Monday through Friday, excluding holidays, from 7:45 a.m. to 4 p.m. EST.
SuperWell® Disease and Maternity Management Program

To assist members who are pregnant or those diagnosed with certain chronic diseases, we offer the SuperWell Disease and Maternity Management Program. In addition to maternity management, this program is available for eligible members diagnosed with one or more of the following conditions:

- Asthma
- Diabetes
- Chronic obstructive pulmonary disease
- Heart failure
- Coronary artery disease
- Chronic pain conditions
- Depression

Many of the above conditions co-exist in the same individual; therefore, this program can provide the intensive support necessary to make patient management more effective. Enrollment in the program provides structured education and support by specially trained health coaches. Patients benefit from routine monitoring, education on complication management and the importance of following the prescribed treatment plan.

To enroll a patient in the SuperWell Disease and Maternity Management Program, call us at 800.861.4826.

Medical Policy Update

The following Corporate Medical Policies were developed or revised between October 1, 2011, and December 31, 2011:*  

<table>
<thead>
<tr>
<th>Policy</th>
<th>Service</th>
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<tbody>
<tr>
<td>95020</td>
<td>Continuous Passive Motion Exercise Device</td>
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<tr>
<td>98006</td>
<td>Botulinum Toxin Types A and B</td>
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<tr>
<td>98031</td>
<td>Palivizumab (Synagis)</td>
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<tr>
<td>200208</td>
<td>Kidney Transplantation</td>
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<tr>
<td>200214</td>
<td>Wireless Capsule Endoscopy</td>
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<td>200237</td>
<td>Chelation Therapy</td>
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<td>200512</td>
<td>Carotid Artery Angioplasty with Intravascular Stenting</td>
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<td>200516</td>
<td>Mobile Cardiac Outpatient Telemetry</td>
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<tr>
<td>2005-A</td>
<td>Percutaneous Disc Decompression</td>
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<tr>
<td>200616</td>
<td>Sacral Nerve Stimulation</td>
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<tr>
<td>201109</td>
<td>Surrogate Markers for Detection of Heart Transplant Rejection</td>
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<td>201110</td>
<td>Keratoprosthesis</td>
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<tr>
<td>2011-H</td>
<td>Percutaneous Tibial Nerve Stimulation</td>
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</tbody>
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*Corporate Medical Policies are regularly reviewed, updated, added or withdrawn and are therefore subject to change.

Please visit Provider.MedMutual.com for a complete list of Corporate Medical Policies. For a list of services requiring prior approval or considered investigational, select Tools & Resources, Care Management and Prior Approval & Investigational Services.
According to a recent study published in the January/February 2012 issue of the *Annals of Family Medicine*, brief interventions integrating the treatments of type 2 diabetes and depression were successful in improving outcomes for both conditions.

The study tested the effectiveness of integrated management of type 2 diabetes and depression compared with usual care services in the primary care setting focusing on treatment adherence. Studies show diabetic patients with depression are more likely to be noncompliant with medication regimens and have poor adherence to treatment, which is a major impediment to improving outcomes.

**Diabetes and Depression**

The study involved integrated care managers collaborating with physicians to offer education and guideline-based treatment recommendations, while monitoring adherence and clinical status with:

- The Medication Event Monitoring System (MEMS) to measure adherence
- Glycated hemoglobin (HbA1c) assays to measure glycemic control
- The nine-item Patient Health Questionnaire (PHQ-9) to assess depression

The integrated care manager used three 30-minute, in-person sessions (at baseline, six weeks and 12 weeks) and two 15-minute phone calls over a three-month period to:

- Provide education about depression and type 2 diabetes.
- Emphasize the importance of controlling depression to manage diabetes.
- Help identify target symptoms.
- Provide explanations of the rationale for antidepressant and oral hypoglycemic agent use.
- Assess side effects and assist in their management.
- Assess progress in reducing depressive symptoms and improvement of finger-stick results.
- Assist with referrals and monitoring.
- Respond to life-threatening symptoms such as chest pain and suicidal thoughts and actions.

At 12 weeks, patients who received the integrated care intervention, compared with patients in the usual care group at 12 weeks were more likely to achieve HbA1c levels of less than 7 percent and remission of depression, plus they had significantly improved mean change in both HbA1c levels and PHQ-9 scores from the baselines.

The principal finding indicated at the final study visit, patients receiving integrated care showed higher rates of adherence to oral hypoglycemics and antidepressants, greater glucose control and fewer depressive symptoms. Overall, the study demonstrated that simple, brief and integrated care management is useful. It offers a sustainable solution in the primary care or other settings for patients who are managing multiple medical conditions and complex medication regimens. Additionally, ancillary health personnel who are already working in primary care practices can be trained to carry out the intervention.

Support for Your Pregnant Patients

The SuperWell Maternity Management component of the SuperWell Disease and Maternity Management Program is a phone education and support program, administered by Alere Women & Children's Health, to encourage your patients to:

- Comply with their prenatal care visits and your plan of care.
- Make positive lifestyle choices to support their health and their pregnancies.
- Prepare for labor, delivery and a new baby.

The program includes:

- A minimum of two phone conversations with an experienced maternity care nurse to answer questions and offer tips and strategies for everything from morning sickness to breastfeeding.
- A 24/7 toll-free Baby Line for advice on pregnancy-related topics up to six months after delivery.
- Additional support for high-risk conditions.
- A $25 gift card after completion of the program.

Additional support for high-risk conditions may include the following home-based therapies:

- SQ Zofran, Heparin or Reglan
- IV hydration
- Gestational diabetes or gestational hypertension
- 17P Administration
- Preterm labor management

To enroll in the program, please refer your Medical Mutual patients through our website, Provider.MedMutual.com. Click Tools & Resources, Form, Clinical Supply Forms, Disease and Maternity Management Program and download the Maternity Management Program Enrollment Fax Form. The completed form should be faxed to 216.687.2602. Your patients may call 800.861.4826 for additional information.

We Would Like to Hear from You

Do you have a comment or suggestion you would like to share with us? We are always interested in hearing from providers about our efforts to partner with you to provide the highest quality of care to our members. Contact the Clinical Quality Improvement (CQI) department at 800.586.4523 or write to us.

Medical Mutual
MZ: 01-5B-7501
2060 East 9th Street
Cleveland, OH 44115
Do You Offer an Asthma Action Plan?

The Centers for Disease Control and Prevention (CDC) now estimates one in 12 people have asthma. Avoiding triggers and properly using long-term control medication can reduce asthma symptoms and save lives.

You should work with asthma patients to develop an individualized asthma action plan, including written instructions on how to manage asthma, both routinely and during an attack.

The CDC website contains a downloadable, user-friendly action plan that includes a list of possible asthma triggers and ways to avoid them, along with helpful hints on identifying factors that can exacerbate asthma.

Visit the CDC website at cdc.gov/asthma/actionplan.html.

Source: Centers for Disease Control and Prevention. Asthma Control Brochure.

Defensive Medicine

Defensive medicine can be defined as the use of diagnostic or therapeutic medical practices primarily to protect physicians from liability but may not provide significant benefit to patients.

In a 2010 study by Jackson Healthcare and Gallup, 73 percent of 462 randomly selected physicians reported they had practiced some form of defensive medicine in the previous 12 months. These physicians estimated the cost of defensive medicine to be 26 percent of the annual healthcare costs in the U.S.

More recently, a study presented at the 2012 American Association of Orthopedic Surgeons Annual Meeting investigated the scope of defensive medicine by orthopedic surgeons in the U.S. Ninety-six percent of respondents reported practicing defensive medicine by ordering imaging, laboratory tests, specialist referrals or hospital admissions mainly to avoid possible malpractice liability. These providers estimated 26 percent of CT scans, 31 percent of MRI scans, 44 percent of ultrasounds and 19 percent of X-rays were ordered for defensive reasons. The study estimated the national cost of defensive medicine for the orthopedic surgery specialty is $2 billion annually. The study concluded that defensive medicine is a significant factor in healthcare costs and of marginal benefit to patients, suggesting that policies aimed at managing liability risk may be useful in containing such practices.

In the meantime, adherence to evidence-based clinical practice guidelines could be an effective strategy for individual providers. To access Clinical Practice Guidelines for a variety of conditions, visit Provider.MedMutual.com, select Tools & Resources, Care Management, Clinical Quality and Guidelines.
Accurate Lab Data Is Key

An important part of our SuperWell Disease and Maternity Management Program is to review and discuss recent laboratory results with members. To successfully manage their condition(s) and avoid complications, our SuperWell nurse health coach uses test results to help the member develop goals for lifestyle changes or reinforce the results of positive lifestyle changes the member has already made.

To allow us access to this laboratory information, it is important you comply with requests to share laboratory data with Alere, our partner in administering the SuperWell Disease and Maternity Management Program.

We contract with network laboratory providers who agree to routinely share laboratory results with us, thereby eliminating the need for physician offices to forward the results.

If you would like information about these providers, please contact your regional provider contracting office. Office locations and phone numbers are available on our website, Provider.MedMutual.com. Select Tools & Resources and Contact Us.

By working with our members to follow their physician’s plan of care, make positive lifestyle changes and reinforce the importance of follow-up screenings and laboratory tests, we help members improve their health status and maintain a maximum quality of life. We appreciate your assistance.

Guideline Distribution Update

The following Clinical Practice Guidelines have been updated and are available on our website:

- Diabetes
- Continuity and Coordination of Medical Care
- Low Back Pain

All available guidelines can be easily accessed by selecting Tools & Resources and Guidelines:

- Alcohol Screening
- Asthma
- Attention Deficit/Hyperactivity Disorder
- Cholesterol
- Chronic, Non-Malignant Pain
- Continuity of Care Behavioral Health Provider
- COPD
- Coronary Artery Disease
- Depression Major: Behavioral Health Provider
- Depression Major: Primary Care Physicians
- Heart Failure
- Hypertension
- Preventive Care
- Tobacco Dependence

If you have any questions or concerns about our guidelines, contact the Clinical Quality Improvement (CQI) department at 800.586.4523 or write to us at Medical Mutual, MZ: 01-5B-7501, 2060 East 9th Street, Cleveland, Ohio 44115. Please indicate which guidelines you are referring to in your inquiry.
Pertussis (whooping cough) is making a comeback. In 2010, California reported 9,100 cases of pertussis, pushing the number of infections to a 60-year high, resulting in many hospitalizations and the deaths of 10 infants. This instance, and others across the U.S., prompted the Advisory Committee on Immunization Practices (ACIP) to work on closing gaps in pertussis vaccination. Because adults don’t often have the two hallmark symptoms seen in children—the whoop and emesis after coughing, pertussis may go unrecognized in adults. Adults with pertussis can have coughing fits that linger for months, but more than half of infants younger than 12 months who get whooping cough are hospitalized. One way to stem the spread of unrecognized pertussis to vulnerable infants is to provide a “cocooning” effect by surrounding the infant with vaccinated adults.

The Centers for Disease Control and Prevention (CDC) estimates that 59 percent of adults ages 19 and older have received a tetanus-containing vaccine within the past 10 years, but only about half of those received a tetanus-containing vaccine with pertussis (Tdap).

**The 2012 ACIP recommendation for adults are as follows:**
- A one-time dose of Tetanus/diphtheria/acellular pertussis (Tdap) to adults younger than age 65 who have not received Tdap previously or for whom vaccine status is unknown to replace one of the 10-year Td boosters.
- Tdap is specifically recommended for the following persons:
  - Pregnant women more than 20 weeks in gestation
  - Adults, regardless of age, who are close contact with infants younger than 12 months (e.g., parents, grandparents, child care providers)
  - Healthcare personnel

Tdap vaccine can be administered regardless of the interval since the most recent tetanus or diphtheria-containing vaccine. Adults 65 and older may receive Tdap.

The 2012 ACIP Recommended immunization schedule for persons ages 7 through 18 requires one dose of Tdap between ages 11 and 12 as part of the standard child/adolescent vaccine schedule.

For more information, visit cdc.gov/vaccines/vpd-vac/pertussis/default.htm.
For Your Information

We remain committed to supplying providers with the programs, information and support needed to ensure the health and well-being of our members and the communities we serve. Access our website, Provider.MedMutual.com, for the following:

Select Tools & Resources for:
- Forms
- Provider eServices
- Provider Manual
- Provider Publications
  - Eye on Quality
  - Mutual News
  - Mutual News Bulletin
  - Quality Connection
  - Archived Provider Publications

Select Tools & Resources, Care Management, Clinical Quality for:
- Accessibility Standards
- Guidelines
- Mission
  - Quality Improvement Program Description
  - Quality Improvement Program Evaluation
  - Technology Assessment Program Description
  - Affirmation Statement
- Documentation Standards and Related Forms

Select Tools & Resources, Care Management, Corporate Medical Policies for:
- Prior Approval
- Prior Approval Form
- Investigational Services

Select Tools & Resources, Care Management, Discharge Planning for:
- Discharge Planning Guidelines
- Discharge Planning Instruction Sheet

Select Tools & Resources, Care Management, Medical Necessity Criteria for:
- Acute Inpatient Stays
- Behavioral Health Services
- Chiropractic
- Home Healthcare
- Imaging
- Long-Term Acute Care (LTAC)
- Occupational Therapy
- Physical Therapy
- Private Duty Nursing
- Rehab—Inpatient
- Skilled Nursing (SNF)
- Speech Therapy

Select Tools & Resources, Care Management, Patient Safety for:
- Patient Safety Statement

Select Tools & Resources, Care Management, Prior Approval and Investigational Services for:
- List of Services/Procedures Requiring Prior Approval and Investigational Services

Select Tools & Resources, Care Management, Rx Management for:
- Prescription Formulary
- Prior Approval
- Clinical Services
- Pharmaceutical Education
- Home-Delivery Pharmacy
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