Louisiana Medicaid

Provider Update

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New Medicaid Medical Director Announced

On November 19, 2007, Dr. Stephen Walker became the new Medical Director for the Louisiana Medicaid Program.

Dr. Walker attended Louisiana Tech University where he received a Bachelor of Arts (B.A.) degree in Chemistry. He received a Medical Doctorate (M.D.) and a Master of Business Administration (M.B.A.) at Louisiana State University; a Master of Public Health (M.P.H.) in Occupational Medicine at the Medical College of Wisconsin; and a Master of Science (M.S.) in Biotechnology at Johns Hopkins University. Dr. Walker also attended Emory University where he completed his residency in Occupational Medicine, and Yale where he studied Medical Genetics. Dr. Walker holds numerous certifications and honors.

Dr. Walker will focus on Medicaid clinical issues and work closely with Disease Management, Medical Case Management, Pharmacy, and CommunityCARE issues. Dr. Walker will direct the work of the Medical Practice Committee and provide direction on topics where medical necessity is an issue. He will also provide direction to the Department of Health and Hospitals' Bureau of Legal Services for court cases involving Medicaid clinical cases.

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Implementation Deadline for the National Provider Identifier

When the National Provider Identifier (NPI) is implemented, Medicaid claims will not be processed if the NPI(s) is **not registered** with Louisiana Medicaid, and **you will not receive your Medicaid payment.** The NPI implementation deadline is **May 23, 2008** and it is quickly approaching.

It is necessary to register your NPI with Louisiana Medicaid as **this information is not transmitted automatically from the enumerator.** If you have not registered your NPI(s), you may register online at www.lamedicaid.com in the secured provider area or by calling 225-216-6400 for assistance. For additional instructions regarding applying for and registering your NPI, please review the November/December Provider Update for this information.

This implementation may require system changes to your billing software. Therefore, we are requesting that you immediately contact your billing vendor or billing agent to ensure your system reflects the necessary changes to add the NPI. These changes should be tested to prevent a delay in your Medicaid payment.

You should continue to visit the LA Medicaid website as well as review your RA messages and the Provider Update to stay informed regarding the NPI implementation.

Lawmakers Call on Health and Human Services to Garnish Portion of Medicare Payments for Health Care Providers Who Owe Back Taxes

The following article appeared in the March 20, 2007, Kaiser network.org newsletter.

More than 21,000 physicians and other health care providers who participate in Medicare owe the federal government $1.3 billion in income and payroll taxes, according to a report released by the Government Accountability Office (GAO), the New York Times reports. GAO plans to release the report at a Senate Homeland Security and Governmental Affairs Permanent Subcommittee on Investigation hearing on the issue. The report found about five percent of physicians, physician-owned businesses, laboratories and ambulance operators owed more than $100 in taxes with an average of $62,000 of taxes owed (New York Times). Thousands of health care providers who billed Medicare for outpatient services during the first nine months of 2005 owed $523 million in income taxes, $430 million in payroll taxes and $93 million in other taxes, such as corporate income and employment taxes, according to the report (Wall Street Journal).

The report said that the taxes were not collected from the health care providers because HHS has not connected department computers to the Internal Revenue Service and other Treasury Department divisions, a move recommended by GAO in 2001 that would allow the agencies to identify those who owe taxes (Washington Post). A provision in a 1997 law authorizes IRS to "levy certain payments made to delinquent taxpayers," but the Centers for Medicare and Medicaid Services (CMS) officials have not participated in the program or a task force established to improve the program, according to the report. Under the program, for the first nine months of 2005, the federal government could have collected $50 million to $140 million in taxes owed by the health care providers, the report found. In written testimony prepared for the hearing, GAO said, "Our investigation found abusive and potentially criminal activity," adding, "Many of these individuals accumulated substantial wealth and assets, including million-dollar houses and luxury vehicles, while failing to pay their federal taxes" (AP/Houston Chronicle,). GAO in the future will examine hospitals, nursing homes and medical equipment suppliers that participate in Medicare to determine which have "abused the federal tax system while doing business with the federal government.

Sen. Norm Coleman said, "What you see are cases of folks who are really living the good life. These are not folks who are scraping by, and somehow, just by timing, they can't meet their obligations" (AP/Houston Chronicle, Coleman added, "These are folks that are doing extremely well, (owe) the government significant money and are still getting contracts" (CongressDaily). Subcommittee Chair Carl Levin said, "While stuffing taxpayer dollars in their pockets," a number of health care providers "are stiffing Uncle Sam by not paying their taxes" (New York Times). Levin said that CMS should "join the government-wide tax levy effort" (CongressDaily). Leslie Norwalk, acting administrator of CMS, said, "We are very concerned about this issue and are working hard with the Department of Treasury and the IRS to ensure that we do not overpay providers or other entities who owe the IRS money." Norwalk also said that HHS has no authority to "deny physicians the right to participate in Medicare if they have tax debt" (Washington Post).

More Than 30,000 Medicaid Providers in Seven States Owe More Than $1B in Federal Taxes, Government Accounting Office Report Finds

The following is from the November 14, 2007, Kaisernetwork.org newsletter.

More than 30,000 Medicaid providers or about five percent in seven states owe the federal government more than $1 billion in unpaid federal taxes for fiscal year 2006, according to an audit released Wednesday by the Government Accountability Office (GAO), USA Today reports. The report was to be discussed at a Senate Homeland Security and Governmental Affairs Permanent Subcommittee on Investigation. It follows a similar report in March that showed 21,000 federal health Medicare contractors and physicians failed to pay $1.3 billion in federal taxes in FY 2005 (Wall Street Journal). The Medicaid audit focused on providers in California, Colorado, Florida, Maryland, New York, Pennsylvania and Texas (AP/St. Paul Pioneer Press).

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According to GAO, most of the unpaid taxes involved payroll taxes that were withheld from employees' wages but never paid to the federal government. The report states that thousands of Medicaid providers "abused the federal tax system, with little or no consequence." GAO noted that if a system were in place to withhold some Medicaid payments to providers who owe unpaid taxes, the federal government would have recouped $70 million to $160 million in FY 2006. (Washington Post). However, the report noted that federal law does not prohibit medical providers who have failed to pay taxes from participating in Medicaid, adding that the Centers for Medicare and Medicaid Services (CMS) officials believe such a restriction would affect states' abilities to provide health care access for low-income residents (AP/St. Paul Pioneer Press.

Subcommittee ranking member Norm Coleman (R-Minn.), who along with Subcommittee Chair Carl Levin (D-Mich.) requested the GAO study, said, "These doctors are supposed to be serving the most needy. Instead, they are cheating taxpayers in order to line their pockets." Levin said, "The federal tax levy program is designed to make sure that folks who get paid with taxpayer dollars get a portion of those dollars withheld if they have outstanding tax debt," adding, "We need to figure out how to stop those Medicaid medical providers from putting taxpayer dollars into one pocket while stiffing Uncle Sam by dodging their taxes" (USA Today).

CMS spokesperson Jeff Nelligan in an e-mail statement said the objectives of the GAO report "were based on big misconceptions about the authority and responsibilities of the Medicaid program." Nelligan did not specify what those misconceptions were, and he did not respond to e-mail and telephone messages seeking clarification, according to the AP/Pioneer Press. CMS Acting Administrator Kerry Weems, commenting on a draft of the report, said the "implication is that there is some direct correlation between owing taxes and being a Medicaid provider." GAO said, "Our report clearly states that the vast majority of Medicaid providers are paying their taxes" (AP/St. Paul Pioneer Press).

Louisiana Gets High Score in Emergency Preparedness

The following is a press release issued by the Louisiana Department of Health and Hospitals on December 19, 2007.

A national health organization says Louisiana is better prepared for a health emergency than ever before. In its fifth annual report, "Trust for America's Health" gives Louisiana an eight out of 10 overall for emergency preparedness. This is a significant improvement from last year's score when the state only achieved six out of 10 standards for emergency readiness.

Former Department of Health and Hospitals Secretary Dr. Roxane Townsend said the state has worked hard to be ready for any emergency. "We've made great strides since hurricanes Katrina and Rita which severely impacted not only our health care system, but our ability to effectively respond to an emergency."

The "Ready or Not?" report contains state-by-state health preparedness scores based on 10 key indicators to measure health emergency preparedness capabilities. All 50 U.S. states and the District of Columbia were evaluated. Only 22 states scored higher than Louisiana. Illinois, Kentucky, Nebraska, New Jersey, Pennsylvania, Tennessee and Virginia scored the highest with 10 out of 10. Arkansas, Iowa, Mississippi, Nevada, Wisconsin and Wyoming scored the lowest with six out of 10.

PREPAREDNESS INDICATORS

1. *Mass Distribution* - Strategic National Stockpile: Does the state have an adequate plan to distribute emergency vaccines, antidotes, and medical supplies from the Strategic National Stockpile?

2. *Mass Distribution* - Antiviral Stockpiling: Did the state purchase a portion of its share of federally subsidized or unsubsidized antiviral drugs to stockpile for use during an influenza pandemic?

3. *Public Health Laboratories* - Bio-Threat Testing: Does the state lab director have sufficient laboratory capabilities to test for biological threats?

4. *Public Health Laboratories* - Workforce Surge Preparedness: If needed in an emergency, does the state public health laboratory have the capability to provide 24/7 coverage to analyze samples?

5. *Bio-surveillance*: Does the state use a disease surveillance system that is compatible with federal Centers for Disease Control and Prevention's system; including integrating electronic data from multiple sources?

6. *Health Care Volunteer Liability Protection*: Does the state have laws that reduce or limit the liability exposure for health care volunteers who serve in a public health emergency?

7. *Emergency Preparedness Drills*: Does the state health department engage the state National Guard in public health emergency preparedness drills or training exercises?

8. *Community Resiliency*: Does the state meet a minimum threshold of Medical Reserve Corps volunteers per 100,000 persons?

9. *Public Health Progress - Seasonal Flu Vaccination for Seniors*: Did the state increase its rates for immunizing adults aged 65 and older for the seasonal flu?

10. *Funding Commitment*: Did the state maintain or increase funding for public health programs during 2006 and 2007?

The report recognized Louisiana's efforts in eight of the 10 indicators. The only standards Louisiana has yet to achieve are sufficient public health laboratory capacity (the lab was destroyed during Hurricane Katrina) and an adequate number of medical volunteers.

The report did not factor in the state's new effort to sign-up volunteers. This initiative includes a medical recruitment Web site that will be a key component of the State's effort to recruit, manage and deploy volunteers for health emergencies.

"We feel Louisiana is well-positioned to move up higher in these rankings next year due to our on-going effort to identify, recruit and train a seasoned pool of medical volunteers," said Dr. Townsend.

Medicaid Access for Children is Accelerated

Effective January 1, 2008, an Emergency Rule was adopted to allow presumptive eligibility determinations for children for Medicaid and LaCHIP. The adoption of this rule will allow for immediate access to health coverage.

Expediting eligibility decisions through this method was mandated by Act 407 of the 2007 Regular Session of the Louisiana Legislature. The Act removes barriers for children in need of immediate medical attention. Through presumptive eligibility, a child can be determined eligible based on an oral statement of income with no written documentation.

Presumptive eligibility also includes the assurance of payment to Medicaid providers for covered services performed during the presumptive eligibility period. The period of presumptive eligibility extends from the date the determination is made until the last day of the month after the month eligibility is determined. DHH will begin using this method this spring.

For more information about Medicaid, visit www.medicaid.dhh.louisiana.gov or call 1-888-342-6207.

Professional Services

Average Cholesterol Level for United States Adults Reaches Recommended Range for First Time in Almost 50 Years

The following is from the December 13, 2007 Kaiser Daily Health Report.

The average cholesterol level for United States (U.S.) adults last year decreased to 199 and reached the recommended range for the first time in almost 50 years, according to a report released by Centers for Disease Control and Prevention (CDC), the AP/Long Island Newsday reports.

The report uses data collected by CDC every two years. For the latest report, CDC examined data on cholesterol levels for a nationally representative sample of about 4,500 U.S. residents ages 20 and older from 2005 to 2006. According to the report, the percentage of adults with high cholesterol -- levels of 240 or higher -- decreased to 16% last year, compared with about 20% in the early 1990s.

The report said that the most significant decreases in cholesterol levels last year occurred in men ages 40 and older and women ages 60 and older. Experts in large part attributed the decreases in cholesterol levels among adults to increased use of anti-cholesterol medications (AP/Long Island Newsday).

Professional Services and Hospitals

State Gets Funding for High-Speed Data Sharing

The following is a press release issued by the Department of Health and Hospitals on December 10, 2007.

With a click of a mouse and several quick keystrokes, doctors in Louisiana's rural hospitals will soon have instant access to a patient's medical information if it is stored electronically.

Through a $15.9 million grant that the Federal Communications Commission (FCC) awarded to the Louisiana Department of Health and Hospitals (DHH), 109 not-for-profit hospitals in the state will gain high-speed digital connections to transport medical information.

This technology couples geostationary satellite communication technologies with access to the Louisiana Optical Network Initiative (LONI.) LONI is a high-speed, fiber optic network that connects supercomputing resources throughout the state, allowing computation speeds greater than 1,000 times the rate previously possible and enabling greater connectivity and faster collaboration.

The grant provides funding for the participating hospitals to upgrade their network connections so they can connect to LONI, which will provide them with an unprecedented ability to share information. The FCC grant will provide DHH with $5.3 million per year for three years to assist hospitals with purchasing the hardware and software necessary for these digital connections.

This will be especially important in the event of another disaster like Hurricane Katrina because doctors in one part of the state can instantly transmit patient information to another part of the state. If patients evacuate without taking along their medical information, as many did during Katrina, the network connections will allow doctors to continue current courses of treatment and access patients' previous medical histories.

"Although we have recognized the importance of electronic health information for the past four years, Hurricane Katrina clearly demonstrated that paper records are not sufficient, and that there is tremendous value in ensuring that a patient's record is easily accessible by anyone providing care," said Dr. Roxane Townsend, DHH secretary.

Today, a doctor or hospital treating a new patient (someone from another community, for example) with a chronic health condition, such as diabetes, faces obstacles in getting the necessary health information for the patient.

"Medical records typically remain in a folder in an office somewhere," explained Dr. Townsend. "When a patient moves or travels and needs care, someone has to make telephone calls to seek information about medical histories and medications. This is time consuming and not always successful."

The electronic network this grant creates will allow doctors to transmit patient information digitally in microseconds instead of hours or days.

Former Gov. Kathleen Blanco said she believes Louisiana's progress over the past two years in implementing electronic medical records was a key factor in the FCC selecting Louisiana for the grant.

"The grant request built upon the work that had already been underway," Blanco said. "I feel strongly that because Louisiana has been recognized as a national leader in digital health information, the FCC was confident that we had the necessary building blocks in place to complete this electronic information-sharing network."

Blanco also said this grant was possible because of the state's commitment to LONI and the resulting advancements in digital technology and high-speed networking that make Louisiana one of the most well-connected places in the world. During her administration, Gov. Blanco pledged $40 million throughout a 10-year period for the development and support of LONI.

"We have the technology infrastructure in place to allow for the high-speed transmission of data. This grant is evidence that our federal partners have recognized the progress Louisiana has made in being a leader in the use of digital technology," Blanco said.

LONI Executive Director Charlie McMahon said this grant represents collaboration among different Louisiana agencies to improve services for the state's citizens.

"This grant will drastically improve health care delivery in our state, particularly for rural and medically underserved areas, and this endeavor would not be possible without the state and the governor's commitment to building LONI," McMahon said. "This grant will demonstrate that Louisiana is not only leading the way for a change, but that we are on the cutting edge of the latest technology. It is definitely a win for all of us."

EDA, ADHC, and LT-PCS Providers

OOAS Request for Medical Data Form

When an individual applies for a Medicaid funded home and community based service, the Office of Aging and Adult Services (OAAS) must determine if that individual is medically eligible for the service. These services include the Elderly and Disabled Adult (EDA) Waiver, the Adult Day Health Care (ADHC) Wavier, and Long-Term Personal Care Services (LT-PCS). All of these programs offer services in the individual's home.

There are instances when additional medical information may be needed in order to determine medical eligibility for the chosen program. In these instances, the physician will be asked to complete the Request to Physician for Medical Data form (OAAS RF-07-009). This form must be completed and signed by a Louisiana-licensed physician.

The physician must document specific medical reasons to support his/her opinion if the individual is likely to:

- Require admission to a nursing facility within the next 120 days if home and community based services are NOT provided;

OR

- Face a substantial possibility of deterioration in mental or physical condition or functioning if home and community based services are NOT provided in the next 120 days.

If the physician has identified the potential for deterioration, the specific medical reasons for the deterioration must be included in the documentation to support the opinion. Additional medical documentation may also be submitted to assist in supporting the physician's medical opinion.

Home Health and EPSDT Personal Care Services Providers

New Procedure Implemented for Home Health and EPSDT Personal Care Services

In an effort to assist recipients in locating a provider to submit a prior authorization request for medically necessary home health and personal care services, the Bureau of Health Services Financing is implementing a new procedure whereby the recipient may contact us directly for assistance at 1-888-758-2220.

In addition, the Bureau will begin conducting weekly surveys with all recipients who have been authorized to receive extended home health services and EPSDT personal care services. The purpose of these surveys is to ensure that these prior authorized services are being received. If services are not being provided, the Bureau will contact the appropriate provider to determine what additional assistance may be required to ensure access to the authorized services.

Professional Services, KidMed, FQHC, and RHC Providers and Billing Vendors

Required Use of National Drug Codes

Effective January 2008, the federal statute requiring the use of the national drug codes (NDC) on claims for physician administered drugs will be implemented in the Medicaid claims processing system and will result in denial of non-compliant claims in the near future. The NDC number and the HCPCS code for drug products will be required on the 837P, the CMS-1500 and UB04 claims form for reimbursable medications. The effective date of the NDC requirement on system edits has not yet been determined. Providers and billing vendors are requested to immediately begin updating their billing systems, complete the necessary changes to information systems, and update internal policies and procedures to ensure that these requirements are met. Billing instructions can be found in the 2007 training manuals for Professional Services, KidMed, and RHC/FQHC Services in the section pertaining to the CMS-1500 form.

Billing instructions for the UB04 and 837I will be forthcoming. Providers will be given sufficient time to make the necessary changes to their billing system prior to implementation.

Providers and billing vendors must monitor the Louisiana Medicaid website at www.lamedicaid.com and remittance advice messages for important information regarding the date of implementation and further instructions.

Medical Errors Are Highlighted

The following appeared in the November 26, 2007 Kaiser Daily Health Policy Report.

Two newspapers, the *Los Angeles Times* and the *AP/St. Louis Post-Dispatch* recently reported on medical errors. The following is a summary of those articles.

Drug Errors

Instances in which patients are injured after receiving the wrong medication or dosage from a hospital have doubled in the last 10 years, and at least 1.5 million United States residents are involved in such incidents each year, the *Los Angeles Times* reports. Reports to Federal Drug Administration (FDA) on serious injuries resulting from hospital drug errors have increased from about 35,000 in 1998 to about 90,000 in 2005, according to a report in the *Archives of Internal Medicine*. Deaths from medication errors tripled during that time period, with 5,000 in 1998 and 15,000 in 2005. The errors can occur when pharmacists stock drugs improperly, nurses neglect to double-check treatments or physicians write the medication order illegibly. One solution is to use a system in which the drugs are labeled with a bar code that is swiped and run through a computer system that checks the dosage and medication. FDA requires drug manufacturers to place bar codes on the packaging of medications, and most do so, according to Allen Vaida, executive vice president of the Institute for Safe Medication Practices. Hospital administrators and other health care officials have been discussing the issue of drug errors and solutions to the problem for the last few years. Albert Wu, a professor of health policy and management at Johns Hopkins University, said, "Errors are disturbingly common," adding, "The health care system has to take a step back and invest more in research and improving patient safety. Until it does, these kinds of incidents will keep happening"

Medical Chart Errors

Physicians using the networking Web site Sermo this summer discussed accuracy of medical charts, the *AP/St. Louis Post-Dispatch* reports. Postings from doctors revealed not only that these errors were common but also that some doctors noted errors in their own medical charts as patients. Errors can appear on charts through several ways, including time-crunched doctors taking shortcuts or not listening carefully to patients, physicians relying on memory to update charts, charts being filled out illegibly or coding problems causing errors. These errors can lead to inaccurate diagnosis or drug errors that could be serious, according to the *AP/Post-Dispatch*. Gerald Kominski, associate director of the University of California-Los Angeles' Center for Health Policy Research, said, "There is an implicit trust," adding, "Most of us want to believe our doctors are hearing what we're saying and are accurately reporting that in our medical history."

CMS Lists Poorest-Quality Nursing Homes on Web Site in Effort to Encourage Improvements

The following appeared in the November 29, 2007, Kaisernetwork.org newsletter.

The Centers for Medicare and Medicaid Services (CMS) has released a list naming 54 nursing homes in the U.S. that continually fail to meet safety and quality-of-care standards in their states, the AP/Minneapolis *Star Tribun*e reports. The facilities are located in 33 states and the District of Columbia.

All nursing homes included on the list were designated as a "special focus facility," a designation used by CMS to identify nursing homes that require additional oversight. There are 120 designated special focus facilities nationwide, and states conduct inspections at such facilities every six months, rather than annually. The nursing homes on the list, which is posted on the agency's Web site, received special focus designation but also were found to lack improvement in a later survey.

Nursing homes that receive federal funding are inspected about once per year by regulators who assess whether a facility meets safety and quality-of-care standards. Taxpayers spend about $72.5 billion annually to subsidize nursing home care costs, the *AP/Star Tribune reports*. Some of the criteria that inspectors look for include administering proper medications to residents, helping residents with daily living activities such as bathing, helping residents with their health care needs and diets, and ensuring that accidents and infections are avoided.

CMS Acting Administrator Kerry Weems said states select the facilities that receive the special focus label from a list submitted by the agency. He also noted that because of regional differences, nursing homes that make the list in one state might provide better care than a home that is not listed in another state. Weems said, "I'm careful in saying they're not the worst performers, but they are chronic underperformers," adding, "We're hopeful making this disclosure will put the right kind of pressure, helpful pressure, on the facilities to move to the path of improvement rather than the path to termination."

Sen. Herb Kohl, chair of the Senate Special Committee on Aging, said, "Very, very poor-quality nursing homes do not deserve to be left untouched or unnoticed," adding that the list "is not to be punitive. That's not our goal." Kohl added, "Our goal is to see to it that the people in these nursing homes get better quality care or that they get the opportunity to move somewhere else." Sen. Chuck Grassley said, "The federal agency responsible for nursing homes is doing the right thing by letting the public know which homes yo-yo in and out of compliance with the minimum requirements of care."

Nursing Facilities (continued)

Bruce Yarwood, president and CEO of the American Health Care Association, said nursing home administrators support greater disclosure, adding, "Every time you go under a microscope like that, especially in our profession, you want to get out from under that microscope. There will be a heck of a lot of effort not to stay there."

However, administrators are concerned that because of the time it takes for inspection results to be disclosed, nursing homes that have made marked improvements still would be listed on CMS' Web site.

Louisiana Drug Utilization Review (LADUR) Education

Web-based Drug Information
Gregory W. Smith, Pharm D
Clinical Coordinator, Drug Information Service
Bill Ross, RPh
College of Pharmacy
Drug Information Center
University of Louisiana at Monroe

Drug Information Services

The Louisiana Drug Information Center (DIC), which became operational in 1995, is located on the first floor of the College of Pharmacy (COP) Bienville Building of the University of Louisiana at Monroe (ULM). The operation objectives of the DIC are centered around the three core components of the University mission of service, teaching and scholarship, with a primary focus on service. These objectives are as follows:

- To provide current, comprehensive, objective and need-specific information to the healthcare professional community of the State of Louisiana for clinical decision making and for the delivery of quality patient care.
- To serve as an information resource center for faculty, students, and healthcare professionals.
- To teach pharmacy students, pharmacists, and other healthcare providers the skills of efficient literature retrieval, critical evaluation of the information, and accurate communication of a response.
- To conduct research for the advancement of drug information and pharmacy practice.

Service

The service component makes up the largest portion of the DIC operation and includes providing assistance with areas such as literature retrieval, evidence-based advice and off-label use of medications. We respond to drug information requests from healthcare professionals regarding the following areas:

Adverse Drug Events
Availability of Products
Complimentary and Alternative Medicine
Clinical Kinetics
Drug Dosage and Scheduling
Drug Identification
Drug Interactions
Drug Regulations/Laws
Drug Use Evaluation Support
Institutional Review Board Support
Investigational/Foreign Drugs
IV Compatibility Laboratory Related Inquiries
Pharmacoeconomics
Pharmacy and Therapeutics Committee Support
Pregnancy and Lactation
Product Compounding
Therapeutic Drug Monitoring
Therapeutic Uses/Drugs of Choice
Toxicology Questions
Travel/Health Information

Teaching

The Clinical Coordinator for Drug Information Services is responsible for teaching and coordinating the Drug Information Retrieval and Evaluation course which is required in the 1st year of the ULM pharmacy curriculum. During their 4th year, Pharm. D. candidates have the opportunity to gain experience in serving as drug information specialists during the experiential rotation offered at the DIC. Continuing education opportunities presented by the DIC clinical coordinator are offered in programs such as the ULM COP Preceptor Training Conference which is held in various areas of the State. Additionally, the DIC contributes authorship for drug utilization review education articles in the Louisiana Medicaid Provider Update and assists with the creation of disease management brochures for Medicaid recipients and providers.

Currently, the DIC has a new phone number and a healthcare provider-focused service for the State of Louisiana. As of September 2007, the DIC provides information services exclusively to healthcare professionals. Additionally, this service is available to Medicaid providers through support from the Louisiana Medicaid Pharmacy Benefits Management Program.

The new phone number for Healthcare Professionals Drug Information Service is 318-342-5501.

History and Impact of the Internet

In 1962 J.C.R. Licklider of MIT proposed a global network of computers that would apply visionary thinking of the time to identify the potential value in allowing computers to share information on research and development in scientific and military fields. Over the following two decades, the progressive developments and advances in the core structure of the Internet followed by the application of graphical type browsers created by Netscape and Internet Explorer by Microsoft led to the advent of widespread commercial applications of the Internet by the early 1990's. Upon initial funding by the U.S. Government there was only limited use by computer experts, engineers, scientists, and librarians. The Internet has since progressed into a global network that serves as a ubiquitous and useful information management tool that is particularly valuable to healthcare professionals.

During the last 15 years the Internet has expanded from a relatively small network that allowed exchange of information among academic, government and military officials to a global infrastructure that has radically altered the way in which people exchange information. It allows quick access to health information in unprecedented volume, as currently over 100,000 health system websites are available. Healthcare information management has been changed dramatically by the Internet's ability to rapidly disseminate vast amounts of information and instantaneously facilitate the exchange of ideas relative to health management.

Internet Searching

As vast as the Internet has become, locating relevant information efficiently is often like trying to find a needle in a haystack. Just a simple "Google®" search for the word 'hypertension' may yield almost 20 million results. Each of the many search engines that are available utilizes different methods of indexing and means of conducting searches. It is important to know the unique indexing methods each search engine uses in order to effectively conduct a search. Here are some general searching tips to help narrow the results yielded using internet search engines:

- Enter as many precise search terms or phrases (if allowed) as possible in order to limit the search.
- Enter singular terms.
- Enter multiple spellings when appropriate.
- Use appropriate Boolean Terms:
    - ‘And’ -gives you sites with both search words
    - ‘Or’ -gives you sites that have either one of the search words or both
    - ‘Not’ -gives you sites that have one search word, but not the other.
- Use quotation marks around phrases to form search "strings", which will find all words in the "string" in the order typed.
- Type your key search terms in lower case letters.
- Use synonyms to broaden your search.
- Truncated words followed by an asterisk '*' often will broaden your search to include the truncated word (such as child*) as well as other words with the same root, but with different endings.
- To quickly locate material within a given webpage, use the keyboard shortcut Ctrl + F, and type in the search term.

Finding Journal Articles

Though conducting a search may yield a large number of results as with the example above, it is important to remember that these search engines are not all inclusive. One study found that there was no one single search engine that indexed more than a third of the all internet pages. Furthermore, searching a very broad topic using general internet search engines may yield an overwhelming number of returns in spite of using tips to narrow the search. Using a search engine or database that has indexed professional medical or pharmaceutical literature can be a more efficient way to find relevant information.

Pubmed® at http://www.ncbi.nlm.nih.gov/sites/entrez/ is a free online version of MEDLINE® from the National Library of Medicine (NLM) that indexes journal articles using Medical Subject Heading (MeSH) terms. Generally, using a text word such as 'hypertension' to search on the Internet will bring up every page indexed by the search engine regardless of whether the page is relevant to the subject 'hypertension'. However, by using the MeSH term database in Pubmed® the researcher can quickly find articles that are relevant to the searched topic rather than having to sift through a vast number of results that may only mention a text word. Using Pubmed® can provide an efficient means to locate relevant information within published primary literature.

Google Scholar® at http://scholar.google.com can also be useful to narrow a search. Though it is not specific to healthcare literature, it appears to include all of the material indexed in Pubmed® without the option to search via MeSH terms.

Once relevant journal articles are located, often only the abstract is available for viewing if the researcher does not have a subscription. Access to a full-text version of the article may be found at http://www.freemedicaljournals.com/.

Do You Believe Everything You Read?

Finding information on the Internet is only part of the challenge of research. The researcher must ensure that the information located is useful and reliable. Almost anyone can put any content on the Internet, regardless of how incomplete, misleading or inaccurate the information may be. Many sites are recognized to provide high-quality information, but concerns should arise when the researcher does not know the source of the information or the website. Here a few safeguards and methods which are available to help evaluate the overall quality of an internet resource:

- **Health on the Net (HON) Foundation** http://www.hon.ch/
  HON is a non-governmental Swiss organization whose mission is to guide medical users and medical practitioners, via the HONcode, to useful and reliable online medical and health information. The HONcode consists of eight principles that support the quality of the information for a particular site, if they are met. Sites that have obtained approval by HON will display the HONcode logo as evidence of quality.
- **American Medical Association Guidelines for Medical and Health Information On the Internet** at http://www.ama-assn.org/ama/pub/category/1905.html
- **World Health Organization (WHO)/Health Information Quality Initiatives: A review of the WHO Health supported Health Information Quality Initiatives** can be found at the Journal for Medical Internet Research at http://www.jmir.org/2001/4/e28.
- **Alexa®** is software that provides information on how other individuals evaluate a web resource; it can be found at http://www.alexa.com/site/download/.

Guidelines to Internet Site Evaluation

Evaluation of the quality and applicability of internet site content follows many of the general principles for the evaluation of healthcare literature. The essential applicable process still assesses the inherent quality of the information provided, the interpretation of that information in light of professional standards, and ultimately its applicability to specific patient needs.

Questions to Ask for Evaluating Site Quality:

Who is the author or institution?

- If the author is an individual, does the resource give biographical information? Look for educational and other credentials, institutional affiliations, job position, street address and other contact information.
- If the author is an institution, is there information provided about it? Go to the home page for the site that hosts the information and learn about the institution by extracting the first part of the URL-the part starting with http:// up to the first slash (/).
- Have you seen the author's or institution's name cited in other sources/bibliographies?
- The three-letter extension at the end of the URL for a site can provide a basis to evaluate the authority and objectivity of a source.

Extension	Description
.com	Commercial (often used for product promotion and sales); generally, regardless of their quality, they exist primarily to advertise and sell products and/or services.
.edu	Generally educational sources that range from respected research institutions to casual student sites.
.gov	Government (generally objective and dependable)
.net	Network (may provide services to commercial or individual customers)
.org	Organization (non-profit institutions, but may have biased agendas)

How current is the information?

- Is there a date on the webpage that indicates when the page was published?
- Is it clear when the page was last updated?
- Is some of the information provided obviously out-of-date?
- Does the page creator mention how frequently the information is updated?

Who owns the site?

- Site ownership including affiliations, significant investors, and significant alliances should be either clearly provided on the home page or readily and clearly accessible via a link.
- Copyright ownership of specific content should be clearly indicated on the home page.

What about viewer access, fees and privacy?

- Is there information readily available about restrictions on content access, required registration, and password protection (if applicable)?
- Is information regarding privacy readily accessible and complete?
- Information defining any payment requirements, if applicable, should be clearly stated.

Is there advertising on the site?

- Is advertising included in the site and, if so, has it had a detectable impact on the site content?

Who is the intended audience?

- Is the webpage intended for the general public, healthcare practitioners, scholars, or special interest groups? Is the intent clearly stated?
- Does the webpage meet the specific needs of its intended audience?

What is the purpose of the information provided?

- Is it to inform, explain, persuade, market a product or service, or advocate a cause?
- Is that purpose clearly defined and stated?
- Does the resource adequately fulfill the stated or implied purpose?

Is the source and content credible?

- Is the source of specific content clearly stated?
- Are the affiliations and relevant financial disclosures for authors and content producers clearly noted?
- Is reference material used to build content cited appropriately for the intended audience? Is there a description of the editorial process, and is a method of content review defined? Is there a list of staff and others (e.g. editorial board) responsible for content quality posted on the site?

Is contact information available?

- Information that provides ready contact with site principles should be readily accessible on the site's home page. Multiple contact specifics, including telephone, e-mail address, and physical address, should be identified.

Is the site content accurate and objective?

- Are there cultural, ideological, institutional, or religious biases evident in the content?
- Is the content intended to be a brief overview of the topic or an in-depth analysis?
- If the information is in the form of an opinion, is that clearly stated?
- If there is information copied from other sources, is this properly acknowledged and documented?

Does the site offer viewing guides?

- The home page should provide information, in a readily accessible location, about the platform(s) and browser(s) that permit optimal viewing.

What is the quality of navigation within the site?

- A site should not prevent a viewer from returning directly to a previous site.
- A site should not redirect the viewer to a site the viewer did not intend to visit.
- Does the site provide navigation aids such as site map or other organizational guides, a help function or frequently-asked-questions page?

Online Resources

The following online resources are among a large collection that can be found at the University of Louisiana at Monroe, College of Pharmacy resources webpage at http://rxweb.ulm.edu/pharmacy/internet.html.

Consumer Health Resources

- MedlinePlus at http://medlineplus.gov/ from the NLM and the National Institutes of Health (NIH) helps provide answers to health questions.
- The U.S. Food and Drug Administration at http://www.fda.gov provides access to latest news in drug approvals, recalls and product alerts with Medwatch and the Orange Book.
- http://www.healthfinder.gov/ is a consumer-oriented site for general health news by the Department of Health and Human Services.
- http://www.4women.gov/ is the Federal Government Source for Women's Health Information.
- The Center for Disease Control and Prevention at http://www.cdc.gov/ provides the latest information on traveler's health, emergency preparedness and vaccines.
- The NLM Directory of Health Organizations at http://dirline.nlm.nih.gov/ is a complete list of health organization resources and specialized information services.
- NIH's National Center for Complementary and Alternative Medicine at http://nccam.nih.gov/ has a mission to explore and disseminate authoritative information to the public and professionals.
- NLM's Gateway to Knowledge Resources at http://gateway.nlm.nih.gov/gw/Cmd includes a concise guide for bibliographic and consumer health resources supported by the NLM.

Healthcare Professional Resources

- MerckMedicus at http://www.merckmedicus.com/pp/us/hcp/hcp_home.jsp provides free resources to healthcare professionals such as full-text online version of textbooks including:
  - Cecil's Textbook of Medicine
  - Harrison's Practice - Answers on Demand
  - The Merck Manuals
  - The Physician's Desk Reference
- Johns Hopkins Antibiotic Guide at http://www.hopkins-abxguide.org/ offers point-of-care information technology to support clinical decisions.
- Toxnet is the NLM's Toxicology Data Network at http://toxnet.nlm.nih.gov/.
- Formerly know as DrugInfoZone, the National Electronic Library of Medicine (NeLM) at http://www.nelm.nhs.uk/home/default.aspx offers medical news and several free online references.

Evidence-Based Medicine Resources

- The Cochrane Collaboration at www.cochrane.org is a subscription-based resource that includes access to a library of systematic reviews of clinical trials for evidence-based therapy decisions.
- ACP Journal Club at www.acpjc.org summarizes and abstracts recently published studies and reviews as a solution to keep pace with important advances in medicine.
- Turning Research Into Practice (TRIP) database at http://www.tripdatabase.com offers a means to search many evidence-based resources simultaneously to find quick answers to clinical questions.
- Search for upcoming clinical trials by geographical location and specific conditions at http://clinicaltrials.gov.
- The National Guidelines Clearinghouse at www.guidelines.gov is a public resource for clinical prac tice guidelines.

DI News Resources

- Pharmacy OneSource at http://www.pharmacyonesource.com/ is a source for daily and weekly pharmacy and FDA reviews.
- Medical News Today at http://www.medicalnewstoday.com/ offers up-to-the minute health news that is organized in sections based on disease state or condition.

Drug Identification

Internet resources for pill identification can be found by searching the terms "drug identifier", such as commercial sites including Drugs.com and Rxlist.com. Other useful drug identification databases include:

- http://www.muschealth.com/DI/DrugIdentifier/
- http://www.ecstasydata.org/

Drugs Abuse and Addiction

Locating specialized information for psychoactive agents is often challenging when using standard tertiary resources. These resources offer information on drugs of abuse from unique perspectives.

- NIH's National Institute on Drug Abuse at http://www.nida.nih.gov/
- The Vaults of Erowid at http://www.erowid.org/

Staying Informed

Email Notifications

Many online resources provide automatic email notifications to keep up to date with the latest medical news, product recalls and publications.

- National Electronic Library of Medicine (NeLM)
  http://www.nelm.nhs.uk/home/default.aspx
- FDA Medwatch
  http://www.fda.gov/medwatch/index.html
- Pharmacy OneSource
  http://www.pharmacyonesource.com/community/
- Journal Watch
  www.jwatch.org

RSS Feeds

Several websites now offer the option of subscribing to their Really Simple Syndication (RSS) Feeds to keep current with their web content. RSS feeds are updated automatically and provide an efficient way to review the most current information without having to read the entire contents of regularly accessed webpages. Here are a few sites that offer RSS subscriptions.

- FDA http://www.fda.gov/oc/rss/
- CDC http://www2a.cdc.gov/podcasts/rss.asp
- NeLM http://www.nelm.nhs.uk/help/rsshelp.htm
- Medical News Today http://www.medicalnewstoday.com/index.php?page=newsfeed

PDA Resources -free resources available

- Epocrates
  http://www.epocrates.com/products/
- Johns Hopkins POC-IT Antibiotic Guide
  http://hopkins-abxguide.org/download_center/download_center.cfm
- Shots 2007
  http://www.immunizationed.org/
- Mobile MerckMedicus
  http://www.merckmedicus.com/pp/us/hcp/hcp_mobile_medicus.jsp
- National Guideline Clearinghouse
  http://www.guideline.gov/resources/pda.aspx
- National Heart, Lung and Blood Institute
  http://www.nhlbi.nih.gov/health/prof/other/index.htm#pda
- STAT Hypertension JNC 7
  http://www.statcoder.com/hypertension.htm
- Medical Spanish
  http://www.healthypalmpilot.com/cgi-bin/review.cgi?ID=432
- MEDLINE Database (MD) on Tap (wireless)
  http://mdot.nlm.nih.gov/proj/mdot/mdot.php
- PubMed for Handhelds (wireless)
  http://pubmedhh.nlm.nih.gov/nlm/
- TOXNET - Toxicology Data Network (wireless)
  http://toxnet.nlm.nih.gov/pda/
- ACP Bioterrorism Resource
  http://www.acponline.org/pda/bioterrorism.htm

To view a complete list of useful online resources access the ULM College of Pharmacy resources webpage at http://rxweb.ulm.edu/pharmacy/internet.html.

Please remember to take advantage of the Healthcare Professional Drug Information Service at the ULM College of Pharmacy DIC by calling 318-342-5501.

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Provider Enrollment	**(225) 216-6370**
Prior Authorization	
Home Health/EPSDT - PCS	**1-800-807-1320**
Dental	**1-504-619-8589**
DME & All Other	**1-800-488-6334**
	(225) 928-5263
Hospital Pre-Certification	**1-800-877-0666**
Provider Relations	**1-800-473-2783**
	(225) 924-5040
REVS Line	**1-800-776-6323**
	(225) 216-REVS (7387)
Point of Sale Help Desk	**1-800-648-0790**
	(225) 216-6381

General Medicaid Eligibility Hotline	**1-888-342-6207**
LaCHIP Enrollee/Applicant Hotline	**1-877-252-2447**
MMIS/Claims Processing/ Resolution Unit	**(225) 342-3855**
MMIS/Recipient Retroactive Reimbursement	**(225) 342-1739** **1-866-640-3905**
Medicare Savings Program Medicaid Purchase Hotline	**1-888-544-7996**
KIDMED & CommunityCARE ACS	**1-800-259-4444**
For Hearing Impaired	**1-877-544-9544**
Pharmacy Hotline	**1-800-437-9101**