

**IME Medical Services
Clinical Advisory Committee
Activity Summary**

SFY 2008

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Submitted by IME Medical Services:

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Background

Objectives

The establishment and requirements of the Iowa Medicaid Enterprise (IME) Clinical Advisory Committee (CAC) are contained in House File 841. The purpose of the CAC is to increase the efficiency, quality and effectiveness of the Medicaid healthcare system. The CAC provides a process for physician/provider intervention to promote quality care, member safety, cost effectiveness and positive physician/provider relations through discussion about Medicaid benefits and healthcare services.

The IME Medical Services unit assembled the CAC. The CAC is charged with recommending clinically appropriate healthcare utilization management and coverage decisions for the medial assistance program and IowaCares population to the Department. An annual report summarizing the recommendations made by the CAC and those adopted by rule is prepared and submitted to the Department.

The CAC performs:

- Member specific utilization review (over and under utilization)
- Problem focused utilization review (peer to peer review)
- Technology and therapeutics review (advanced therapy and new technology)
- Administrative support (review and recommendations regarding policy issues)
- Prior authorization criteria review and recommendations
- Member and provider education/information communication (brochures, letters, website)

The CAC meetings are subject to the open committee rules in Chapter 21 of the Iowa Code. The meetings are publicly announced in the Des Moines Register and on the IME website at a minimum of seven days prior to the scheduled time. All meeting agendas, minutes, summary of the CAC responsibilities, CAC questions and answers are posted on the website.

The CAC was formed in 2006. The initial CAC consisted of nine providers with term lengths of two, three, or four years. Thereafter, all appointments will be for three years and each member may be reappointed for one additional three-year term. Dr. Cranston resigned at the end of the fiscal year. Currently Medical Services is recruiting a physician replacement. The three providers whose second year was completed were invited to be reappointed and accepted the reappointments.

The SFY 2008 CAC is listed below. The participants' bios are in attachment #2:

Provider	Specialty	Geographic Location	Term
Fredrick Aldrich, MD	Pediatrics	Des Moines	2 years
David Cranston, MD	Family Practice	Grinnell	3 years
Linda Gehrke, ARNP	Primary Care	Hubbard	4 years
Jean Lunde, PA-C	Primary Care	Oasage	4 years
Kirk Peterson, MD	Family Practice	Boone	4 years
Janet Schlechte, MD	Endocrinology Diabetes & Metabolism	Iowa City	3 years
Larry Serveridt, MD	Primary Care	Des Moines	3 years
Roger Skierka, MD	Family Practice	Shell Rock	2 years
James Whalen, MD	General Practice	Council Bluffs	2 years

Vision

The IME Medical Services is responsible for the administration of the CAC. The IME Medical Director, Thomas Kline, DO, chairs the CAC. The CAC evaluates the clinical aspects of Department coverage policy and medical management strategies to maximize both quality healthcare and cost effectiveness. The CAC recommendations in the early stages of policy development and change, through interactions with the policy unit, strengthen the buy-in of the Medicaid network providers.

Another function of the CAC is to provide the Medicaid agency with a timely scheduled review of the criteria utilized for prior authorization. While reviewing criteria the CAC takes into consideration the standards of practice, the effect of treatment on quality of life, functional status and other relevant aspects of the health of our Medicaid members.

During review of new technology and/or prior authorization criteria, information (i.e., randomized controlled clinical trials, clinical practice guidelines, disease prevention and health promotion guidelines) is provided by the IME Medical Services staff to the committee members. Evidence-based literature is gathered to assist in ensuring the evaluation process is as consistent and understandable as possible. The gathered information is prepared in a report and presented to the committee by Medical Services professional staff or the Medical Director. Making the reasoning behind the committee's recommendations more explicit, it allows the Department's decision to be more transparent to the Medicaid providers and members. The committee's recommendations are provided to the Department in writing to ensure the integrity of the procedures and judgments.

The Medical Director and the CAC determine the need to assemble ad hoc committees to address activities relates to specialty care. Assembling medical specialists allows for knowledgeable, up-to-date clinical input regarding specific specialty care questions. During SFY 2008, the CAC assembled an ad hoc committee to review the computerized coronary angiography tomography (CCAT). The committee was asked to define a coverage policy for CCAT. The ad hoc committee was composed of three cardiologists representing the University of Iowa and two prominent statewide healthcare systems. Specific questions outlined by the CAC were asked of the ad hoc members and additional relevant information was also provided. The cardiologists opinions were provided to the CAC and based on consensus opinion of the ad hoc committee and the CAC, policy coverage recommendations would be developed from the American Heart Association and the American College of Cardiology guidelines.

The CAC quarterly meetings were held on July 13, 2007, January 11, 2008, and April 11, 2008. Each meeting was approximately three hours in length. The October 2, 2007 meeting was cancelled due to multiple scheduling conflicts.

The CAC SFY 08 Activity Summary table is attached.

**CAC SFY 08
Activity Summary Table**

Activity	Recommendations	Responsible Party	Outcome
Review of Prior Authorization (PA) Criteria			
Synagis	The first dose of Synagis is not to occur prior to October and the last dose no later than the end of March.	DHS Policy	Approved and implemented.
Bariatric Surgery	Changes to PA criteria regarding documentation required as it relates to previous weight-loss attempts and to restrict each member to two bariatric procedures per lifetime.	DHS Policy	Approved and implemented.
Cosmetic, Reconstructive and Plastic Surgery	Remove “cosmetic” since procedures to improve appearance which would be considered acceptable for age, ethnic, or racial background are not covered benefits. Change language regarding “large pendulous breasts” to more appropriate verbiage.	DHS Policy	Pending.
Enuresis Alarm Systems	Changes to PA criteria regarding age and incidents/occurrences.	DHS Policy	Pending.
Enclosed beds	Add criteria to include treatment plan for home visits to monitor use of device.	DHS Policy	Pending.
Wound Vac	Met with manufacturers and gathered information. Criteria was reviewed and revised	Medical Services	Approved and implemented.
Plagiocephaly	Criteria reviewed and revised.	Medical Services	Approved and implemented.
Prophylactic Mastectomy	Criteria reviewed. Oncologist input obtained and reported to committee. Criteria revised.	Medical Services	Approved and implemented.

**CAC SFY 08
Activity Summary Table**

Activity	Recommendations	Responsible Party	Outcome
Claims Coding Profiles	<p>Assisted in drafting educational letter to providers with above average rate of billing 99214 and 99215.</p> <p>Medical Services tracking and trending responses.</p> <p>21 letters mailed to ARNPs; 93 letters mailed to MDs and DOs</p>	Medical Services.	Profile feedbacks will be conducted annually.
Coronary Computed Tomography Angiography	<p>Three providers located throughout Iowa agreed to participate in an ad hoc committee to review CAC questions and criteria for CCTA.</p> <p>All three providers responded resulting in a consensus opinion.</p> <p>Based on the consensus opinion of the ad hoc committee the CAC agreed that CCTA claims should follow PA process for pre-surgical, routine testing and non-emergent situations.</p> <p>Medical Services will develop policy coverage based on the American Heart Association and American College of Cardiology guidelines and submit to DHS.</p>	Medical Services	Pending.

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Activity Summary Table**

Activity	Recommendations	Responsible Party	Outcome
MRI and CT Scan PA Required	Review of data. CAC requested additional data related to number of repeat exams, and number completed in Emergency Department. Medical Services gathering data and will present to CAC at October 2008 meeting.	Medical Services	Pending.
Smoking Cessation <ul style="list-style-type: none"> ▪ Reviewed number of claims for Chantix ▪ Reviewed PA stats ▪ Reviewed Nicotine Replacement PA which has decreased as a result of Chantix increase 	Recommend use of Chantix with smoking cessation counseling for at least 12 weeks for a successful outcome. Member and provider educational letters.	Medical Services	Education letters completed and distributed.
Managed Health Care Advisory Committee <ul style="list-style-type: none"> ▪ DHS requested CAC assume MHCAC responsibilities 	Committee agreed to integrate the responsibilities of both committees.	CAC and Dennis Janssen	Closed.
Care Management member selection criteria	Selection criteria, level of intervention intensity criteria and graduation criteria reviewed.	Medical Services	Approved and implemented.

Committee Member Bios

Fredrick C. Aldrich, MD

Dr. Aldrich completed his undergraduate degree at Drake University graduating in 1968 with a BA degree. Dr. Aldrich attended medical school at the University of Michigan, graduating in 1973. Dr. Aldrich completed his pediatric internship and residency at the Raymond Blank Memorial Hospital for Children in Des Moines. During Dr. Aldrich's final year in 1973, he was appointed chief resident in pediatrics. Dr. Aldrich is a pediatrician and has practiced in the Des Moines area for over 29 years. Dr. Aldrich has extensive experience in peer review, technology review and investigative review. Dr. Aldrich has been appointed to the CAC for a two-year term. Dr. Aldrich accepted reappointment for an additional three-year term.

David C. Cranston, MD

Dr. Cranston attended undergraduate school at Iowa State University, graduating in 1968 with a Bachelor of Science degree in zoology. Dr. Cranston attended graduate school at both Iowa State University and the University of Iowa. After completing his medical training in 1977, Dr. Cranston entered the family practice residency program at the University of Iowa Hospitals and Clinics. Following his family practice residency he completed training in medical acupuncture at UCLA School of Medicine. Presently, Dr. Cranston divides his time between duties as the vice president for medical affairs at the Grinnell Regional Medical Center and practicing family medicine at a number of the hospital-affiliated clinics. Dr. Cranston has been appointed to the CAC for a three-year term. Dr. Cranston resigned at the end of the fiscal year.

Linda K. Gehrke, RN, ARNP

Ms. Gehrke completed her RN training at Evangelical Hospital of Nursing in Marshalltown, Iowa. Ms. Gehrke then attended the University of North Dakota School of Medicine - Family Nurse Practitioner Program graduating in 1991 with her family nurse practitioner certification. Presently, Ms. Gehrke is a primary care practitioner at the Ellsworth Family Municipal Hospital in Ellsworth, Iowa. Ms. Gehrke has been appointed to the CAC for a four-year term.

Jean Lunde, PA-C

Ms. Lunde attended the Methodist-Kahler School of Nursing in Rochester, Minnesota graduating with an RN degree in 1967. Ms. Lunde was a staff nurse working for the Osage Medical Group until 1992. Ms. Lunde then attended the Physician's Assistant Program at the University of North Dakota completing her training in 1993. Currently, Ms. Lunde is practicing primary care at the Mitchell County Regional Health Center in Osage, Iowa. Ms. Lunde is active in many community and professional organizations. Ms. Lunde has been appointed to the CAC for a four-year term.

Committee Member Bios

Kirk Peterson, MD

Dr. Peterson completed his undergraduate degree at Iowa State University graduating with a Bachelor of Science degree in 1988. Dr. Peterson attended medical school at the University of Iowa College of Medicine in Iowa City. After medical school, Dr. Peterson completed a family practice training program in 1977 at the Iowa Lutheran Hospital in Des Moines. Dr. Peterson is very active in many community and professional groups while practicing family medicine with the Huxley Family Physicians in Huxley, Iowa. Dr. Peterson has been appointed to the CAC for a four-year term.

Janet A. Schlechte, MD

Dr. Schlechte attended undergraduate school at the University of Nebraska where she attained a Bachelor of Science degree in zoology. Dr. Schlechte then pursued graduate training at the University of California in Santa Barbara, graduating with an MA in biology. Dr. Schlechte's medical training was completed at the University of Nebraska in Omaha in 1975. Dr. Schlechte completed an internship and residency in internal medicine at the University of Iowa Hospitals and Clinics. Dr. Schlechte's then completed a three-year fellowship in endocrinology also at the University of Iowa Hospitals and Clinics. After Dr. Schlechte's fellowship she held many academic positions at the College of Medicine. Presently Dr. Schlechte is the medical director of Continuum of Care Management, a clinical program of the University of Iowa Hospitals and Clinics. Dr. Schlechte has been appointed to the CAC for a three-year term.

Larry Severidt, MD

Dr. Severidt received a Bachelor of Science degree from Iowa State University in 1972. Dr. Severidt then completed medical school at the University of Iowa graduating in 1977. Dr. Severidt then completed a three-year family practice residency at Mercy St. Luke's Hospital in Davenport, Iowa. Since entering family practice, Dr. Severidt has practiced in a number of clinical settings, including the towns of Manchester and Pella. At this time, Dr. Severidt is Section Chief of Urgent Care/Walk-in Clinics at Broadlawns Medical Center in Des Moines, Iowa. Dr. Severidt is very active in many community, professional, and educational programs. Dr. Severidt has been appointed to the CAC for a three-year term.

Roger L. Skierka, MD

Dr. Skierka received his Bachelor of Arts degree in psychology from the State University of New York at Purchase, New York in 1992. Dr. Skierka then attended Creighton University School of Medicine in Omaha, Nebraska. In 1996 he completed a family practice residency program at Waterloo, Iowa. Dr. Skierka is currently attending the Institute of Theology at the Open Bible Church in Waverly, Iowa. Dr. Skierka practices family medicine at the Shell Rock Family Health Clinic. Dr. Skierka is very active in his church and other community and professional programs. Dr. Skierka has been appointed to the CAC for a two-year term. Dr. Skierka accepted the three-year reappointment.

Committee Member Bios

James L. Whalen, MD

Dr. Whalen received a Bachelors of medical science from the Memorial University of Newfoundland, May 1976. Dr. Whalen also completed his medical training at the same institution and graduated in 1976. Dr. Whalen completed his internship at Dalhousie Affiliated Hospitals in Halifax, Nova Scotia, Canada. Dr. Whalen currently practices family medicine and is the medical director of the Alegent Health Clinic in Council Bluffs, Iowa. Dr. Whalen is active in several professional organizations. Dr. Whalen has been appointed to the CAC for a two-year term. Dr. Whalen accepted the three-year reappointment.