



**FHCP will be
closed on**

**Monday, May 31st
for Memorial Day**



**and
Monday, July 5th
to celebrate
Independence Day!**

***Have a Safe and
Happy Holiday!***



Welcome to all New Providers!



Anita I. Chait, MD, DeLand Medical Associates, Obstetrics/Gynecology-Deltona
Carlos L. Dominguez, MD, Internal Medicine-Deltona
Carly Holmes, ARNP, Gastroenterology/AGI-Port Orange
Gary Frick, MD, Psychiatry/Behavioral Health, Counseling Center of NSB
Joann Melnick, ARNP, Volusia OB/Gyn-Daytona Beach
Loray Blair-Britt, MD, Century Clinical Family Medicine, LLC-Daytona Beach
Sherene Roach, ARNP, Century Clinical Family Medicine, LLC-Daytona Beach
Sidney Possick, MD, Dermatology-Daytona Beach
Sunita Tikku, MD, Psychiatry/Behavioral Health, SW Volusia Medical Assoc.-OC
Tina Gaskin, ARNP, Century Clinical Family Medicine, LLC-Daytona Beach
Tymesia Hudson, MD, DeLand Medical Associates, Obstetrics & Gynecology-Deltona

Did you know that FHCP has a Community Resource Service available to our members?



At Florida Health Care Plans, the Community Resource Service is provided under the coordination of Ms. Gloria J. Preston. Having lived and worked in the local community for over 35 years, Ms. Preston brings to FHCP a wealth of knowledge and experience gained through her contact with local community agencies. She is a strong advocate and active partner with a large network of professionals who work to ensure accessibility of community resources for both our commercial and Medicare Advantage members.

Through the efforts of Ms. Preston, many of our members have discovered they are eligible for "Medicare Savings" or other types of savings/assistance programs. These programs can reduce a member's out of pocket medical expense, resulting in *improved compliance with their plan of care, including follow-up with specialists and medication compliance.*

Whether a Commercial or Medicare Advantage member. Ms. Preston can review their individualized needs and provide both the member and you with detailed information about resources in the community that may be of benefit, as well as assist in accessing these resources.

Community Resource services are free and available to all FHCP members. *Recently Ms. Preston visited several FHCP's satellite facilities and found she was better able to assist members and staff by being available on site; therefore she has started offering to visit FHCP's facilities on a regularly scheduled basis and would be more than happy to discuss the possibility of extending this service to your FHCP facility as well.*

If you have not already met Ms. Preston or had the opportunity to speak with her about visiting your facility or if you are interested in obtaining more information Please don't hesitate to give her a call at (386) 676-7100; ext. 7214.

ICD-10 Quarterly Update



DOCS SEVEN TIMES LESS LIKELY TO MAKE ERRORS WITH ERX

A study led by physician-scientists from Weill Cornell Medical College found that healthcare providers using an electronic system to write prescriptions were seven times less likely to make errors than those writing their prescriptions by hand. The study appeared in the online edition of the *Journal of General Internal Medicine*. According to the study's authors demonstrating improvements in safety with electronic prescribing is important to encourage its use, especially among community providers in solo and small group practices who write prescription by hand.

This was an article in the *HealthCare IT News*, April 2010

Why should I worry? As a provider one might say: “why me, I don’t know or care about coding, I’m here to take care of my patients.” Diagnosis codes tell the story of the patient’s visit, are linked to the procedures you do, affect payment (as they are linked to procedure codes), and provide vital statistical information. It is important that you are aware of coding changes, have a plan in place to correctly utilize these new codes, make sure your EHR is capable of utilizing them, your super bill has them, your billing department is aware and knows how to utilize them, and you are familiar with them as well since you ultimately make the diagnoses for your patient.

What else? As you may know the official implementation date for use of ICD-10 is October 1, 2013. However here at FHCP, we are not waiting until then to be ready. The FHCP Program Management & Practice Management teams will be learning about the new code set at the National American Health Information Management Conference this September/October in Orlando. Key players within these departments will become the “Trainers” of ICD-10 for FHCP. The knowledge learned at this convention will be shared with not only FHCP employees, but participating providers as well.

Why so soon? As you know there is never enough time in a day to accomplish all that is asked of us. With that said, it will be vital for FHCP as a Health Plan, Claims Payer, Pharmacy, and provider of health services to learn all it can, as soon as it can and disseminate all of that information to all aspects of its business in a timely and efficient manner. This will be an enormous undertaking and is the main reason for getting a foothold on this new code set so early in the process.

Now what do we do? Relax; there is still plenty of time for you to get anxious. FHCP has taken the lead and will keep you informed of any important steps that you will have to take to keep in compliance. As we stated before, documentation will be the key to your practice’s proper reimbursement, since ICD-10 will be more specific, more detailed, and more demanding of proper and precise documentation of your office visits, procedures, and yearly physicals.

Remember, if you have any questions regarding this or any other coding issues please feel free to contact me.

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FHCP Behavioral Health Department

Counseling services are now being offered twice a week in our Orange City Facility. Every Tuesday and Thursday, beginning June 1st.

Steroid-Induced Glaucoma

by **Jerry Shuster, M.D., FHCP Ophthalmology**



Flag Day
June 14



Father's Day
June 20



June 21
First Day of Summer

Most physicians know that the use of corticosteroids can cause an elevation of the intraocular pressure (IOP), or so called steroid-induced glaucoma. Perhaps less well known is that while steroids administered by eye drop or injection into or around the eye can be causative, even intravenous, oral, and inhaled steroids can cause an increase in the intraocular pressure. And since the IOP elevation is often asymptomatic, we should consider having patients going on long-term steroid therapy screened by an ophthalmologist.

The mechanism of the steroid response involves a blockage of aqueous outflow from the eye. Individuals who are genetically predisposed to steroid-responsive glaucoma have an accumulation of mucopolysaccharides, proteins, or other components of the extracellular matrix resulting in a mechanical blockage of aqueous through the trabecular meshwork. This generally takes 2 to 6 weeks to develop and therefore, the pressure elevation is not immediate.

The risk of developing an intraocular pressure response to steroids relates to: 1) the presence, or absence, of one or more of several risk factors; 2) to the route of administration; and 3) the potency and dose of the steroid used. Patients with glaucoma or a family history of glaucoma and patients with diabetes are particularly prone to manifest steroid responsiveness. Roughly 8% of the general population has the genetic makeup which predisposes them to respond to steroids. Patients with normal eyes but a family history of glaucoma have a 30% risk and individuals treated for open angle glaucoma have a whopping 90% risk.

As far as route of administration is concerned, other than ocular or peri-ocular doses, intravenous and then oral steroids are the most likely to cause an elevation in IOP. One study showed a threshold pattern of intraocular pressure response with no elevation with very low doses of prednisone and an increased frequency and magnitude of response for doses greater than the equivalent of 7.5 mg of prednisone per day.

Inhaled steroids can also cause an elevated IOP when prescribed in high doses. (see Table below) Nasal steroids are a lesser problem as they are used at a lower total daily dose and rarely for extended periods of time.

Medication	Definition of High Daily Dose	No. of Daily Puffs in High Daily Dose
Budesonide Pulmicort Turbuhaler® 200 mcg	1600 mcg	8
Flunisolide AeroBid® 250 mcg	1500 mcg	6
Fluticasone Flovent® 220 mcg	1500 mcg	7

While the use of steroids can favorably influence the course of numerous diseases, we cannot lose sight of their potential for adverse reactions, and elevated IOP is particularly problematic as it is usually asymptomatic. Steroids can cause sufficient elevation of the intraocular pressure to result in permanent damage to the optic nerves of susceptible patients. Good practice would include regular ophthalmic screening for all patients whose treatment plan calls for more than 7.5 mg of prednisone per day or a high dose of inhaled steroid for at least 4 weeks.



Save Energy,
Save Money
Recycle, Reduce,
and Reuse
Green tips for
work and at
home:

Put your monitor
to sleep!



Whether it shows off your vacation photos or a cool 3D animation, a computer screen saver is not at all designed for energy efficiency. It's intended to save your screen from "burn in," not to save energy. Because monitors are responsible for more than one-third of a computer's energy consumption -- even with screen savers -- the best way to conserve energy is to set the monitor to sleep or power off when you're away for an extended period. If you're gone for 5-10 minutes, use a screen saver. Any longer than that, put the monitor to sleep.

A Matter of Balance: Managing Concerns About Falls

A Matter of Balance is an award-winning program designed to manage falls and increase activity levels and balance.

Who should attend?

- anyone concerned about falls
- anyone interested in improving balance, flexibility & strength
- anyone who has fallen in the past
- anyone who has restricted activities because of falling concerns

What will you learn?

- how to view falls as controllable
- how to set goals for increasing activity
- how to make changes to reduce fall risks at home
- how to exercise to increase strength and balance

This 8 week class is open to both men and women of any age and is currently being offered in the Port Orange area. Class size is restricted. Reservations can be made by calling 386-760-6063. A nominal fee will be charged for individuals who are not members of our Preferred Fitness Program.



Good Health!

Food of the month

OKRA



Okra is commonly used in Southern, Creole, and Cajun cooking since it was initially introduced to the U.S. in the south and grows well in warm climates with little frost. Okra is a powerhouse of valuable nutrients. Nearly half of which is soluble fiber in the form of gums and pectins. Soluble fiber helps to lower serum cholesterol, reducing the risk of heart disease. The other half is insoluble fiber which helps to keep the intestinal tract healthy decreasing the risk of some forms of cancer, especially colorectal cancer. Nearly 10% of the recommended levels of vitamin B6 and folic acid are also present in a half cup of cooked okra. A good source of vitamin C and is fat-free.

When preparing okra, remember that the more it is cut, the slimier it will become. Its various uses allow for okra to be added to many different recipes. Okra is commonly used as a thickening agent in soups and stews because of its sticky core. However, okra may also be fried, steamed, boiled, pickled, sautéed, or stir-fried whole. Okra is a sensitive vegetable and should not be cooked in pans made of iron, copper or brass since the chemical properties turns okra black.



Nutrition Facts (1/2 cup sliced, cooked okra)-Calories 25

Dietary Fiber **2 grams**
Calcium **50.4 mg**
Carbohydrates **5.76 grams**
Vitamin A **460 IU**
Vitamin C **13.04 mg**

Folic acid **36.5 micrograms**
Iron **0.4 mg**
Potassium **256.6 m**
Magnesium **46 mg**
Protein **1.52 grams**

FYI!

The Provider Directory is now located on our Website. Check us out at fhcp.com



Please notify ebruner@fhcp.com of your new email address, to insure your uninterrupted service of the Provider Newsletter.

?????

Asking a question is only embarrassing just for that moment. Not asking is embarrassing and will haunt you for the rest of your life
Japanese Proverb

Hypertension and Diabetes

People that have high blood pressure and diabetes are at a greater risk of developing some major complications. High blood pressure is linked to multiple risk factors: Coronary artery disease (Heart Disease), strokes, peripheral vascular disease (hardening of the arteries) as well as heart failure. Having diabetes along with high blood pressure only increases your risks compared to someone without diabetes.

Blood pressure readings vary, but when you have diabetes as a basic guideline your blood pressure should be less than 130/80 or whatever your doctor recommends it to be. To the person without diabetes this is classified as pre- hypertension. Any time your blood pressure is above the recommendation, over an extended period of time, your risks for other diabetes complications are two to three fold higher. It is extremely important to do everything your doctor requests in order to keep your complications to a minimum.

There are virtually no noticeable symptoms to high blood pressure. It is important to have your pressure checked at every doctor's visit and occasionally you can check it at home if your doctor recommends it. Usually when you are diagnosed with diabetes the doctor may order a medication called an Ace Inhibitor. It is a pill to decrease your high pressure to protect your body organs. When your blood pressure is up your pressure in your eyes and kidneys also have a higher pressure in them. Ace Inhibitors have been shown to prevent or even delay the progression of kidney disease in people with diabetes. It is important to take your medications as they are ordered.

Other than medications there are other things that you can do to help with control of blood pressure. Exercise is a good way to help decrease high blood pressure. It doesn't have to be extensive, any exercise helps no matter how much. If you have limited use of knees, hips and find that walking is not good for you then you can always do chair exercises. Do leg lifts or march in place with your feet while sitting and watching TV this way you are not adding weight to your joints. Do them during the commercials. You can even get a couple cans of vegetables and lift them up and down while watching commercials; this would give you some upper body exercise. A recent article I read on the WiiFit and how it was surveyed and found to be a great way to get people moving and having fun in the process. As with any exercise it's always more enjoyable if you are doing it with someone else. Talking to someone and exercising always passes time quicker. You may find yourself doing more than you thought you could do.

Smoking is another issue that can add to high blood pressure. Stopping smoking can only add an improvement to your overall health. Many community based stop smoking programs are available to the public. Florida Health Care Plans even has a program of its members.

Consult your doctor about a DASH (Dietary Approaches to Stop Hypertension) diet. The doctor can set you up with a Dietitian to get you started on the right foot. She can give you all the information you need to eat healthy.

Stress also increases blood pressure. We need to be able to manage our stress in our lives. Figure out what makes you relax so that things don't eat at you. Is it walking, singing, sewing, fishing, or reading? Everyone has something that can help take the edge off of the stress when it hits. We are surrounded by stress and have to make adjustments sometimes in order to keep our bodies healthy.

As we go through our daily lives we need to realize that many things affect blood pressure. With diabetes we also need to think of things we can do to stay healthy. Take the time to do what you need for your body. A few minutes a day can mean a lifetime of health.