

Robotic Pharmacy and Computerized Bedside Delivery at HHC

Errors in medication are relatively common and these errors impact the patient's health and the entire healthcare system. HHC utilizes robotic pharmacy technology to increase accuracy and reduce prescription errors. This leading edge technology can stock 500 different drugs and fill more than 200 orders every hour with amazing precision and speed. HHC providers order more than 5 million prescriptions electronically for 1.3 million patients annually.

By the end of this year, all HHC hospitals will computerize the way medications are administered to patients at bedside. This will ensure that the right drug and dose is administered to the right patient. The method utilizes bar coding to match prescriptions to patient's identification bracelets.

"Electronic medication ordering is only the tip of the fast emerging iceberg of innovative clinical information technology. But to maximize the potential to save lives and hardwire hospitals for patient safety, we need to create a true organizational culture across our country that makes patient safety every healthcare worker's responsibility – from housekeepers to trauma surgeons," stated Alan D. Aviles, President, New York Health and Hospitals Corporation.

STD Update: New Guidelines and Practices

Sanjiv Shah, MD

Sexually transmitted diseases (STD)

represent a unique challenge to health care providers. According to the CDC there are over 18 million cases of STD annually in the US which cost \$13 billion to treat. STD management includes prevention, screening, treatment and management of partners of confirmed cases. The CDC released its updated STD Treatment Guidelines in August 2006 (available at: www.cdc.gov/std/treatment/2006/toc.htm).

Currently, chlamydia is the most common STD in the US, with over 900,000 cases reported per year and increasing rates annually for the past 20 years. While some of this increase is due to improved diagnostic techniques and reporting, it is still estimated that only one-third of all chlamydia cases diagnosed are reported. In women, the sequelae of chlamydia infection include pelvic inflammatory disease (PID), ectopic pregnancy and infertility.

Gonorrhea is the second most common bacterial STD in the US. While men with gonococcal urethritis are usually symptomatic and are, therefore, identified early

in the course of infection, many women may be asymptomatic and delay seeking care. For this reason it is important to screen sexually active women routinely for gonococcal infection. Risk factors for

gonorrhea in women include: age <25 years, previous gonococcal infection, other STDs, new/multiple sexual partners, lack of consistent use of condoms, substance use and work in the sex trade. Since many persons infected with gonorrhea are also infected with chlamydia, dual treatment is recommended. Quinolone (ciprofloxacin) resistant gonorrhea is becoming increasingly common in the US, especially in California and Hawaii. Currently in New York, men who have sex with men (MSM) with gonorrhea should not be treated with quinolones. Alternatives for treatment include ceftriaxone IM and oral

cefixime.

The CDC has recommended that all partners of patients diagnosed with

Provider Services Updates:

Two New Provider Representatives

Stephen Gerowski comes to MetroPlus from Homestead Unlimited, in Pennsylvania where he was Director of Operations for the home care agency. His background includes a B.S. in Health Care Information Systems from Saint Francis College and a M.S. in Health and Human Services Administration from Mount Aloysius College.

Oldgar Depina brings to MetroPlus over 3 years of experience with Maximus/MassHealth where he was a Health Benefits Adviser and then Supervisor of a Customer Services Unit. He also completed extensive course work at the University of Massachusetts at Boston

Added Online Resources

MetroPlus has just published a new and improved online provider orientation. The orientation serves as a central location for all questions pertaining to: administrative processes, claims and billing, transportation, benefits and more. Go to: www.metroplus.org/providers.php

Click on the Provider Orientation link on the left hand side.

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A Message from the President and Chief Medical Officer

After many years of exceptional service to both MetroPlus and HHC as Executive Director of MetroPlus Barbra Radin has retired. Ms. Radin's success in bringing MetroPlus to its current membership of over 240,000 shows how effective leadership creates boundless potential. As Ms. Radin's successor, I espouse to both her commitment and drive to improving the quality of care for New York City's underserved population. I look forward to continuing to work with each of you and thank you for the care you provide to our members. -Arnold Saperstein, MD

chlamydia or gonorrhea be referred for medical evaluation within 60 days. A new recommendation in the 2006 guidelines is that in instances when a partner may not reliably return for evaluation a prescription (or medication) for treatment may be given to the patient to bring to their partner. Patients should refrain from unprotected sexual contact for 7 days following single dose treatment or until treatment is completed and both are asymptomatic. Female partners should be provided with education on the symptoms of PID and the need for medical evaluation if present. Empiric treatment of partners is not recommended for MSM due to the higher rate of multiple concomitant infections including HIV.

Lymphogranuloma venereum, caused by the L1-3 serovars of Chlamydia trachomatis, is a previously rare infection that has recently been reported presenting as proctocolitis in an outbreak among MSM in New York City and San Francisco. The presenting symptoms may include tenesmus, mucoid or bloody rectal discharge constipation and fever. The diagnosis may be delayed due to confusion with inflammatory bowel disease.

After a decline in the 1990s, syphilis

rates have been increasing since 2000, mostly in men. The increases in cases of syphilis have been in the southern US, African Americans and among urban MSM. Syphilis and other genital ulcer diseases can facilitate HIV transmission.

Prevention of STDs is a very important role of primary care clinicians. Prevention includes: education and counseling to avoid infection; screening of patients for asymptomatic infection; effective diagnosis and treatment of infected persons; identification and treatment of infected and at risk sex partners; and pre-exposure vaccination of at risk persons for certain infections (such as HPV, Hepatitis B, and Hepatitis A).

CDC has recently announced recommendations for universal screening for HIV infection in health care settings (available at: www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm) and New York State no longer requires a verbal counseling session prior to HIV testing. These recommendations should increase rates of HIV testing to identify the approximately one quarter to one third of persons who are not aware they are HIV infected.

Clinicians should be comfortable discussing sexual activity with their patients and should establish an open, non-judgmental environment to facilitate education, counseling and identification of STDs.

HPV Vaccine Recommendations and MetroPlus Benefit Coverage

The HPV vaccine is now available for females between the ages of 9 and 26 years. The Vaccines for Children (VFC) program offers HPV vaccines for CHP, SNP and Medicaid Managed Care patients under the age of 19. MetroPlus will cover the vaccination for those not eligible for the VFC program.

"This vaccine represents an important medical breakthrough," said Dr. Anne Schuchat, director of CDC's National Center for Immunization and Respiratory Diseases. "As a result, these vaccine recommendations address a major health problem for women and represent a significant advance in women's health. It has been tested in thousands of women around the world and has been found to be safe and effective in providing protection against the two types of HPV that cause most cervical cancers."

For more information on HPV please visit www.cdc.gov.

For more information on Vaccines for Children: www.cdc.gov/nip/vfc/provider/provider_home.htm

NPI Deadline Approaches

All HIPAA covered entities (physicians, groups, hospitals, etc.) must use the National Provider Identification (NPI) to identify covered healthcare providers in standard transactions by May 23, 2007. Go to CMS (below) to get complete details on NPI and how to apply for an NPI. www.cms.hhs.gov/apps/npi/01_overview.asp



HHC Hospital Spotlight: Bellevue Hospital History in the Making

Established in 1736, Bellevue Hospital Center is one of the oldest hospitals in the United States. Throughout its 270 year history Bellevue has managed to both innovate and grow to meet the demands of an ever changing city. As a Level-I Trauma center Bellevue also contains a Heart Station, a Microsurgical and Replantation Center, and a Regional Center for Head and Spinal Cord Injury.

Bellevue is the designated hospital for visiting presidents, dignitaries, uniformed services, and UN diplomats. Also, Bellevue's Comprehensive Psychiatric Emergency Program was recognized in 2004 by U.S. News and World Report as one of the "Best Hospitals for Psychiatry."

Bellevue and New York University (NYU) have a close partnership and today NYU School of Medicine assumes full responsibility for clinical services at Bellevue and it is the primary setting for clinical instruction at NYU. The partnership has resulted in innovation in both medical research and delivery of care.

In most recent news, Mayor Bloomberg and HHC President Alan D. Aviles announced that HHC will establish the WTC Environmental Health Center at Bellevue Hospital. The Center will expand comprehensive medical and mental health screening, evaluation and treatment services to a broader range of individuals with suspected World Trade Center related health problems.

For more information on Bellevue: www.ci.nyc.ny.us/html/hhc/bellevue/home.html

For more information on NYU Medical Center at Bellevue: www.med.nyu.edu/emergency/facilities/bellevue/

Quality Scores from: NYSDOH, <http://hospitals.nyhealth.gov/index.php>

	Bellevue Composite Score	State Average Composite Score
Appropriate Heart Attack Care	97.40 %	92.85 %
Appropriate Heart Failure Care	92.95 %	87.27 %
Appropriate Pneumonia Care	79.86 %	80.84 %
Appropriate Surgical Infection Prevention	75.55 %	71.15 %