



CCHN NewsBriefs

Community Clinic
Health Network

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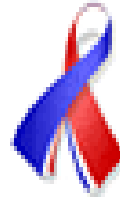
Executive Director Medical Director Finance Director Operations Director Billing Front Desk

Medical Administrative Alerts

As you know, the first medical administrative alert was sent out on October 22, 2001. Alerts regarding bioterrorism will continue to be sent to you as pertinent information becomes available. It is the Council of Community Clinics' goal to organize the litany of information that is being

published at this time into one centralized, informative publication. Your feedback regarding the medical administrative alert is important and is appreciated. Please contact John McDonald via phone (619.265.2100 x 310), fax (619.287.1908) or email (jmcDonald@ccc-

sd.org) with any comments or suggestions you may have.



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The Quality Corner

A very informative session on coding and documentation was presented by a representative from Brown Consulting Associates at the California Primary Care Association's Annual Conference held on October 5. From a quality perspective we all recognize the importance of accurate coding that demonstrates the amount and complexity of the medical decision making processes involved in the patient visit. We expect our clinicians to accurately code without providing them with easy tools to work with. At this coding session, an example of a clinic encounter form was suggested that included the coding rules in the simple format below:

New Patient's and Consults

| MDM | History & | Exam | Code/Time | | Consults | |
|----------|---------------------------|------------|-----------|----|----------|----|
| Straight | CC& Brief HPI | 1 sys | 99201 | 10 | 99241 | 15 |
| Straight | CC Brief HPI ROS x1 sys | 2-4 sys | 99202 | 20 | 99242 | 30 |
| Low | CC HPI x ROS x 2 sys, 1Hx | 5-7 sys | 99203 | 30 | 99243 | 40 |
| Moderate | CC HPI x4ROS x10, PMFS | 8 or > sys | 99204 | 45 | 99244 | 45 |
| High | CC HPI x4 ROS x10, PMFS | 8 or > sys | 99205 | 60 | 99245 | 80 |


Did you know?

Did you know that the Department of Health and Human Services has a web site where you can go to search for educational materials and other useful items in different languages? It is called the "Department of Health & Human Services Foreign Language Web Sites." This site offers the capacity to search on subjects or languages for a multitude of titles. You can access this great resource at <http://www.hhs.gov/gateway/language/>

Continued on page 2

Quality Corner (Continued)

New Patient's and Consults

| MDM | History or  | Exam | Code/Time | Consults |
|-----------|----------------------------------------------------------------------------------------------|------------|-----------|-------------------|
| Straight | CC & Brief HPI | 1sys | 99212 10 | 25 Well & Illness |
| Low | CC Brief HPI ROS x1 sys | 2-4 sys | 99213 15 | 25 E/M & Surg |
| Moderate | CC HPI x4 ROS x2 sys, 1Hx | 5-7 sys | 99214 25 | 24 During PO |
| High | CC HPI x4 ROS x10, PMFS | 8 or > sys | 99215 40 | 52 Reduced |
| FOHC QL | Brief PCP Evaluation | 0-Minimal | 99211 | 59 Don't Bundle |
| Nurse | Doc. Nursing, MD is in | | 99211 5+ | |
| No Charge | Because: | | 99XXX | |

- For further information, access www.codinghelp.com

Healthy Smiles For San Diego's Children!

Training for the Dental Health Educators (DHE) began on October 29, 2001 with lectures, exercises, and discussion. A flipchart, handouts and brochures were distributed as part of the toolkit for the Dental Health Educators and resources were identified as possible sources for materials for the toolkit.

November 3 is Patterfest 2001 a customer appreciation high-tech open house for Patterson Dental Supply, Inc. It is located at the Del Mar Fairgrounds in the paddock area. The parking is free and you must enter the parking lot at the Solana gate, which is located on Via de la Valle. The event is from 10 AM - 3PM and is "family oriented". There will be games for children and food offered. Patterson

gives away many prizes to visitors. The big prize can only be won by a dentist, who is present at the drawing. Everyone is invited.

EDUCATIONAL OPPORTUNITES:

Who: Primary Care Providers, Dental Directors, Executive Directors, Administrative Managers, Pediatricians, Pediatric Dentists, Dentists, Obstetricians, Residents, OB-GYN's, Health Educators, Outreach Workers, Prenatal Staff, Child Health Staff, Asthma Treatment Coordinators, and Community Health Workers

What: "Early Childhood Caries Prevention Programs" By Dr. Francisco Ramos-Gomez

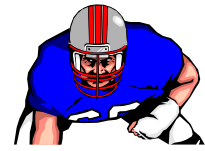
When: November 16, Friday 6-9pm or November 17,

Saturday 9am-12pm. The trainings will be the same on Saturday & Sunday.

Where: *Friday:* Double Tree Hotel, 6-9pm, 7450 Hazard Center Drive, Mission Valley, San Diego, CA 92108

Saturday: Quails Inn Hotel, 9am-12pm, 1025 La Bonita Drive, Lake San Marcos, CA 92069.

Food and beverage will be provided. Continuing Education Credits are pending. Funding provided by the San Diego Foundation in cooperation with the Society for Public Health Education (SOPHE), Scripps Dental Education. Please RSVP by Friday November 9 to Betty at (619) 265-2100 ext. 315 or bpate@ccc-sd.org. If you have any questions, please contact Betty.



Chunky and the NFL(TM) a winning combo!

This Season, Chunky Soup has introduced three new varieties with its Home Style Classics. Plus, Chunky and the NFL are teaming up once again in Tackling Hunger (TM) across America -- and they are looking for your help in the campaign!

Right now, you can visit http://www.chunky.com/click_for_cans.asp?fid=mne8sv79PaqIrgv5DNqj5w%3D%3D and donate cans of any Campbell's® soup on behalf of your favorite football team to food banks around the nation. Come back often and help your NFL team donate the most cans in the league as we all strive toward a total goal of 6 million donated cans.

By Tackling Hunger, Chunky, the NFL and you are all champions!





The Art of Medicine: Understanding the Muslim Patient

An invitation has been extended to the physicians of the CCHN by Tomita Mitsuo, the Director of Medical Education for Kaiser Permanente in San Diego. She would like to extend an invitation to our physicians to attend various selected continuing medical education programs they have planned. They are free and the first will be at the Porter Troupe Art Gallery, 301 Spruce Street—corner of 3rd Ave. in Hillcrest. 6:00 pm registration and gallery viewing, 6:30 pm panel.

Here are the particulars of the first session, entitled “Understanding the Muslim Patient.”

Nov. 7, 2001 Wednesday, a panel discussion.

- Bashir Rawi, M.D. family practice Bostonia
- Said Rida, Ph.D. math instructor USD (husband of Terry Kunin-Rida, M.D.)
- Mohammed T. Bailony, M.D. Pediatric Oncology in private practice in National City

Objectives: At the conclusion of this activity, attendees will be able to describe principles, values and beliefs that can influence Muslim patient's and their family's behaviors regarding health and illness, death and dying.

These activities are provided by Kaiser Foundation Hospital, San Diego, a California Medical Association accredited provider. Physicians attend-

ing these sessions may report up to one hour of Category 1 Continuing Medical Education credit towards the CMA's Certificate of Continuing Medical Education and the AMA's Physician Recognition Award.

For those planning to attend, please contact Mitsuo's assistant, Debbie Brugman, since space may be limited. Her information is as follows:

Debbie Brugman
Academic Affairs
4647 Zion Ave
San Diego, Calif 92120
619-528-5281
tie line 8-280-5281

Short Snip-its of Great Importance!

NIDCR FUNDS CENTERS FOR RESEARCH TO REDUCE ORAL HEALTH DISPARITIES

UCSF, in partnership with San Ysidro Health Center and other collaborators, has just received one of these grants. Please direct any questions that you might have regarding plans for these funds to Terry Whittaker or Ed Martinez at San Ysidro Health Center 619-662-4104 (Martinez) or 619-428-1330 Ext 42 (Whittaker).



Medical Assistants Bill Signed Governor Signs SB 111(Alpert) Medical Assistants

The Governor signed SB 111 (Alpert), the Medical Assistants Supervision bill allowing nurse practitioners, nurse midwives and physician's assistants to supervise medical assistants. This is a tremendous victory for clinics!

This bill finally recognizes as law the current practice of clinics with respect to their supervision of medical assistants. It is one more legal barrier removed for clinics to continue to provide the quality care they provide with the staffing patterns unique to clinics.

Thanks for all of your support letters sent to the Governor. As always, your letters do make a difference!

Only a Few Seats Left For The December PPMC Meeting in Las Vegas, NV

Don't miss this opportunity for FREE CMEs, CE's and networking with your peers. There are only a few seats left. Contact Amie Brown at 619-265-2100, x305 to reserve your spot today!

The CDC has several resources available on their web site related to emergency response and public health preparedness:

www.bt.cdc.gov

For your convenience, we have included this on the CCC web site, under Links and Emergency Response.



HIV/AIDS REPORT: Harmless Hepatitis-Type Virus Seems to Extend Lives of HIV-Positive Individuals, Studies Show

Two independent studies appearing in the New England Journal of Medicine show that people with HIV who are co-infected with GB virus C (GBV-C) -- a virus related to hepatitis C but not known to have any clinical manifestations -- have significantly lower mortality rates than those infected with HIV alone. In the first study, researchers at the Iowa City Veterans Affairs Medical Center and the University of Iowa College of Medicine tested 362 HIV patients for GBV-C viremia between 1998 and 2000, with 144 patients (39.8%) testing positive. There were no significant differences with regard to clinical or demographic characteristics at the base-line testing, although there was a "trend toward a higher base-line CD4+ cell count" among those with GBV-C viremia. Patients were followed for an average of 4.1 years, during which 41 (28.5%) of those with GBV-C viremia died, compared to 123 (56.4%) who were not infected with the virus. The adjusted relative risk of death for the GBV-C-negative group was 3.7 compared to those with GBV-C viremia, regardless of base-line CD4+ cell count, mode of HIV transmission, age, race, sex, or prescribed treatments. The researchers also sought to determine whether GBV-C altered HIV replication. They took cultures of peripheral-blood mononuclear cells and infected them with HIV alone, GBV-C alone or both viruses simultaneously and found that when they tested them for p24 antigen, a marker for HIV growth, three days after infection, HIV replication in coinfecting cells was inhibited by 23%. Six days after infection, replication was inhibited by 49.4% in coinfecting cells. They then injected GBV-C into cells that had already been infected with HIV for 24 hours to determine whether the introduction of GBV-C after HIV infection could impede viral replication and found that HIV replication was inhibited by 31.6% after three days and 58.1% six days after the introduction of GBV-C. Next, they infected cells that had been infected with GBV-C for 24 hours with HIV and found that replication was "almost completely halted by three and six days after infection" (by 87.4% and 99.0%, respectively).

When the researchers added uninfected peripheral-blood mononuclear cells to the cultures after six days they found that HIV had begun to replicate itself in the uninfected cells by the fourth day, "illustrating that GBV-C did not prevent the entry of HIV" into uninfected cells (Xiang et al., NEJM, 9/6).

Second Study

In the second study, researchers from the Department of Clinical Immunology at the Medizinische Hochschule in Hannover, Germany, tested 197 HIV-positive patients for GBV-C in 1993 and 1994 and found that 33 (16.8%) tested positive for GBV-C RNA and 112 (56.9%) had detectable antibodies for GBV-C. The remaining 52 (26.4%) had not been exposed to the virus. In 1996, 98 of the initial 197 patients were alive, and by March 2000, 74 of the patients were still alive. Those infected with GBV-C had a "significantly longer" duration of survival from both the date of his or her first positive HIV test and from the date of GBV-C testing than those who tested positive for antibodies to GBV-C and those who had not been exposed to the virus at all, although those who just tested positive for antibodies also survived "significantly longer" than those in the unexposed group. The difference in survival was largely due to an increase in the amount of time it took those with GBV-C or viral antibodies to progress to AIDS. Even with the introduction of highly active antiretroviral therapy, those coinfecting with GBV-C maintained a "significantly better" survival rate. Of those who died between 1998 and March 2000, only one was among those who tested positive for GBV-C RNA compared to 17 who tested positive only for antibodies to the virus. The researchers theorized that if GBV-C helped extend survival with HIV, its presence should "correlate with either higher CD4+ cell counts, because of a mechanism such as the normalization of the half-life of CD4+ cells, or a lower HIV load, because of an inhibition of HIV replication." The researchers found no correlation between GBV-C levels and CD4+

cell levels, but did find an inverse correlation between GBV-C viral load and HIV viral load, supporting the findings in the Xiang et al. study. The authors conclude, "[I]t is possible that GBV-C infection is a marker for the presence of other factors that result in the slower progression of HIV infection, but we think this effect probably results from an inhibition of HIV replication by GBV-C. The identification of mechanisms by which GBV-C inhibits HIV replication might lead to the development of new therapeutic approaches for HIV infection" (Tillman et al., NEJM, 9/5).

A Risky Therapy

GBV-C was first identified in 1995 by two teams of researchers, one from Abbott Laboratories and one from Genelabs Technologies (Maugh, Los Angeles Times, 9/6). Although the virus is similar to hepatitis C and was originally thought to cause hepatitis, GBV-C appears to be harmless and "almost never cause[s] hepatitis." The virus is transmitted through blood and sexual intercourse, "much like HIV," and although its overall prevalence is not known, it is found in roughly 2% of healthy blood donors and in 15% to 40% of those with HIV (Brown, Washington Post, 9/6). Dr. Isa Mushahwar, "one of the first" people to isolate the virus at Abbott, said that the study results were "very exciting," adding that the "ethical question becomes, should we infect the HIV-positive [with GBV-C]?" Such an experiment would require more studies and FDA approval, he said, "But if it helps and prolongs life ... the question becomes, why not?" (Los Angeles Times, 9/6). In an accompanying editorial, Drs. Valentina Stosor and Steven Wolinsky of Northwestern University Medical School write that the study by Xiang et al. did not clarify whether the two viruses "infect the same cell at the same time, nor did they determine the effect of GBV-C on the life cycle of HIV. ... Thus, the mechanisms by which GBV-C might influence the replication of HIV and delay the development of AIDS are not immediately apparent," they write. "Until an underlying mechanism by which GBV-C can interfere with HIV rep-

lication is identified, a causal relation between coinfection and prolonged survival of persons with HIV infection can be neither inferred nor assumed," they conclude, adding that "any suggestion that the intentional infection of persons with GBV-C be explored as a therapeutic approach for HIV infection is premature" (Stosor/Wolinsky, NEJM, 9/5). Daniel Diekema, a member of the Iowa team, also called for caution, saying he "fervently hopes" that people with HIV will not seek to infect themselves with the virus as a means of HIV therapy. "We can never say for sure that the virus is harmless," he said. Jeffrey Drazen, editor of NEJM, said he almost did not publish the studies out of fear that they may "prompt" some people with HIV to infect themselves with GBV-C, but found the results "too tantalizing" to ignore." He added that the virus warrants more study because the mechanism by which it appears to inhibit HIV replication "probably isn't as simple as it seems."

Drug Development

Diekema added that although the virus itself may not be recommended as a therapy, it may prove beneficial by aiding drug development. "If this is going to lead to a new treatment -- and that's a big 'if' -- it will be by way of understanding the basic mechanism by which the virus inhibits HIV replication. Once that mechanism is determined, it could be exploited to develop new treatments," he said (Johannes, Wall Street Journal, 9/6). Dr. Hans Tillman, one of the German researchers, acknowledged that the scientists "don't have any clues how [the mechanism] works at the moment," but added that he is "quite confident" that they will have a better understanding of it within the next year (AP/Newsday, 9/6). Tillman also recommended that doctors test for GBV-C before prescribing interferon to treat hepatitis C in patients with HIV because interferon may "lead to clearance" of the "beneficial" GBV-C (McKinney, Reuters Health, 9/5).