



YOUR GUIDE TO PROGRAMS AND REWARDS

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Approaching Vaccine Hesitancy with Kindness and Compassion

Though many of us are clamoring to begin one of the vaccination series to help protect us from the most serious COVID-19-related disease, there are those who are fearful and hesitant. This may be in part due to the active role we must play when receiving a vaccine. Many people are more comfortable with a passive approach, where they decide to “be careful” and hope for the best. This type of dichotomy is seen in many areas of life and may be influenced by personality, family and community beliefs, cultural influences and past experience. When decisions are informed by emotion, the use of facts and statistics may do little to encourage those we care for to change their minds.

Connecting on a level that emphasizes vaccinations as an opportunity to let go of some of the worry and regain some

of the former freedoms may help. It will be a relief for many to not constantly worry about causing a beloved person to become ill, to be able to resume some activities that allow for much needed companionship and to worry less about becoming ill themselves. It’s the first step toward the new normal.

With one decision, one action, we can regain some of the control we lost and expand our world again. Identifying that loss, the thing of great value that our members and patients want back, will help us connect with them in a conversation about vaccination as the means to see those grandchildren, play bridge again, go to a Bible study, book club or exercise class and regain quality of life. People are afraid, so stressing hope and safety may be the best approach.



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State of Franklin Healthcare Associates Finds Data Helps Maximize Performance

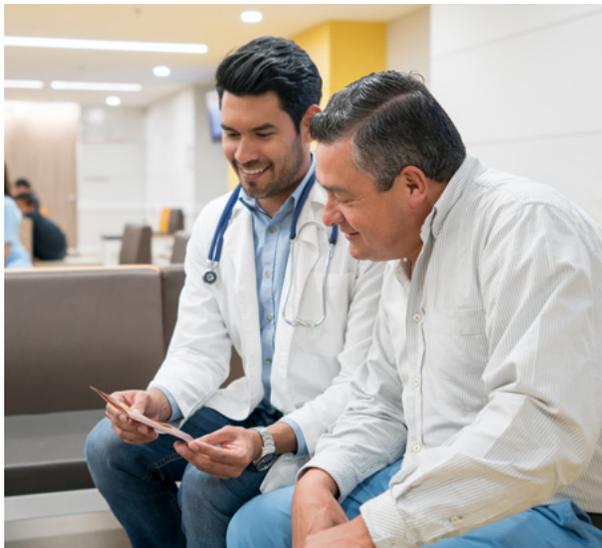
Partnership with Mountain Region Family Medicine Leads to Opportunities

In 2013, State of Franklin Healthcare Associates (SoFHA) developed a working relationship with Mountain Region Family Medicine (MRFM). Rich Panek, CEO of SoFHA, explains the groups worked together in a CMS Medicare Shared Savings Plan, as a Track 1 Accountable Care Organization, on the 48 measures that were included in the program at that time.

The groups are culturally similar and both practice high-quality care, so they were an obvious match, according to Panek. Later, they formed a joint subsidiary, Primary Care Partners, and began work on the Medicare Advantage platform with BlueCross. On Jan. 1, 2021, they officially came together under the SoFHA umbrella.

Dr. David Moulton, Director of Quality at SoFHA, and Dr. Bruce Vincent, Clinical Director for MRFM, now work together to standardize clinical processes across all offices. Dr. Moulton and Dr. Vincent began meeting to compare the performance of each group using data from BlueCross. From there, they could identify best practices, discover the process and implement it with the group that was lagging behind. By understanding the resources each group has, they're able to implement processes to improve performances across both groups.

Amanda Clear, Chief of Payer Relations and Value Contracting, said, “As an example, they collaborated on medication adherence under the BlueCross agreement. They’re able to use the BlueCross BlueShield of Tennessee quality scorecard to compare the levels of each group’s performance.”



Improving Adherence for Statin Therapy in Patients with Cardiovascular Disease or Diabetes

The two physicians began to look at the Statin Therapy measures – Statin Therapy for Patients with Cardiovascular Disease (SPC) and for Persons with Diabetes (SUPD). “We’ve looked at those together to understand exclusions and make sense of how to instruct providers on how to improve their performance,” said Dr. Moulton. One area of concern with cardiovascular disease are exclusions for myalgia. They found that quite a few providers would code this as intolerance to the medication, which is not an

exclusion for the measure. They were able to go back to these providers and direct them to a specific code for myalgia.

Dr. Moulton and Dr. Vincent also found that many patients were on lower intensity statin medications due to self-reported side effects, when they should be on a moderate intensity drug. This was an area in which SoFHA was performing better. SoFHA had success in using clinical pharmacists to educate patients about side effects and how to manage them, so that they could tolerate the more potent medications that were needed for their conditions. While SoFHA had experience with clinical pharmacists, MRFM was new to the concept. Dr. Moulton was able to help Dr. Vincent have that discussion with MRFM groups, and MRFM hired a pharmacist to work with their patients.

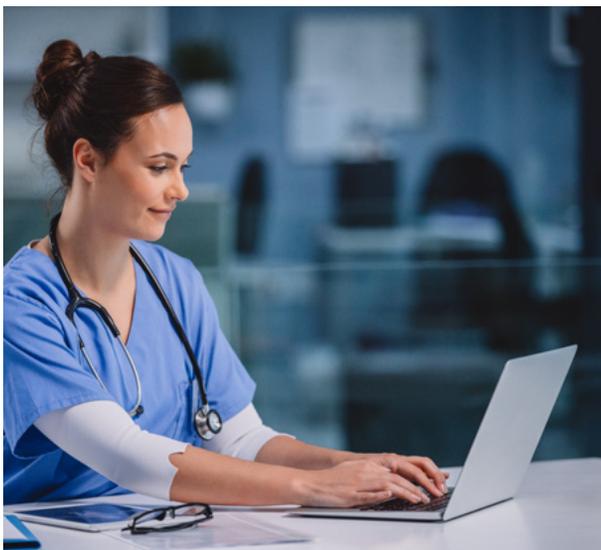
Dr. Moulton said, “When we focus on improving this measure, we ultimately improve outcomes downstream to prevent more coronary events or deaths.”

SoFHA Picks Up Tip for Improving Medication Reconciliation Post-Discharge (MRP)

MRP was an area in which MRFM was out-performing SoFHA. Clear worked with case managers at MRFM who pointed her to the BlueCross daily census report that SoFHA wasn’t checking. Clear said, “While we were using information from our local hospitals, we didn’t know about patients who were in facilities outside our area. Medicare Advantage patients are covered outside their area, or state,

so when they were traveling out of state and visiting a facility, we didn't know about medications they were prescribed, or care they received."

Panek said, "This is a perfect example of how our collaboration has benefitted our group and our patients. SoFHA has invested more resources related to this measure, yet they (MRFM) had identified this report from BlueCross and we hadn't."



Pilot Project with BlueCross Identifies HCC Codes Documented by Other Providers

Dr. Moulton discussed another area in which collaboration with BlueCross helped them identify patients with ongoing conditions they didn't know about. "Amanda and I visited Eric Livingood in Chattanooga, who pointed out opportunities we were missing," he said.

Eric, Director of Medicare Advantage Risk Adjustment at BlueCross, and his team, developed a report to look at year-to-year HCC (Hierarchical Condition Categories) codes on claims for SoFHA patients submitted by other providers.

With this pilot project, the Risk Adjustment team developed a dropped code report that showed HCC codes for conditions that weren't on SoFHA primary care providers' charts. The report, now called the HCC Recapture Diagnosis Form, helps providers learn about codes not on their charts, giving them a more complete picture of their patient's health.

To illustrate the importance of this report, Dr. Moulton described a situation with one of his patients. "This patient was diagnosed with cirrhosis at the hospital from a liver biopsy taken during a cholecystectomy. I had no idea about the diagnosis – but it affects every medicine I prescribe for this patient. It's important to have this documented on the patient's chart. BlueCross helped me to know about the diagnosis and condition of my patient."

According to Dr. Moulton, the collaboration between SoFHA and MRFM – and using the data available to them – is an example of everyone working together for the benefit of the patient.



A Clinical Focus

Best Practices on Improving Care Coordination and Patient Communication

Each year, randomly selected BlueCross members are asked to complete the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. This survey, conducted by an outside entity, measures the patient's perception of the consumer care, coordination of care, and communication they receive from their providers and BlueCross. Your interaction with patients can have an impact on their responses to the survey.

Patients can sometimes feel overwhelmed by the information they receive about their health, and this can affect whether their treatment is successful. These easy tips can help you make sure your patients get the information they need.

- › Explain things in ways that are easy to understand. When talking with patients about a medical condition or treatment plan, try to avoid medical jargon and technical language. Consider using shared decision-making tools to help patients learn more about their conditions and options for treatment.
- › Make eye contact with your patients, and spend time listening carefully to them. Ask them or their caregivers if they have concerns, as well as questions. The National Institutes of Health (NIH) recommends asking open-ended questions that require patients to reveal more than a simple yes or no.
- › Be as respectful as possible about patients' thoughts and beliefs, and try to continue conversations at the next visit if they refuse care. For example, if parents don't want their child to receive a needed vaccination, work with them to find one action that you can agree upon, like scheduling a follow-up appointment.
- › Use the teach-back method, which involves asking patients to explain what they need to do in their own words. According to the NIH, this technique lets you see if patients need additional information or if they understand the information you presented.



Care for Older Adults: Medication Review

Care for Older Adults (COA) is a measure included in the 2021 Quality+ Partnerships Program, reported only for Special Needs Plans (SNP) and Medicare-Medicaid Plans (MMP). The intent of the COA measure is to ensure that older adults enrolled in these plans receive appropriate screenings and services. Medication Review is one of the three components of the COA measure that providers with SNP members should complete each year for each of these members.

Your patients may see more than one provider to manage their health — especially if they have a complex or chronic condition. In these cases, it's important to work closely with their other providers to make sure you're up to date on their treatment plan. Here are some suggestions that may help improve care coordination with other practices:

- › When completing a patient's health history, ask if they've visited other providers or facilities since their last visit. Examples may include appointments with specialists, home health services, an inpatient hospital stay, or visits to an emergency department or urgent care facility. If your patient has recently seen another provider, talk with them about the care they received to make sure they understand all of the information they've been given about their treatment plan.
- › If a patient needs to see a specialist, help with the transition of care and facilitate the referral.
- › Share patients' results, records and data with their other providers. If you're a specialist, make sure to share each patient's detailed health history with their primary care provider.
- › Connect your patients to community resources as needed.

Care for Older Adults (COA) Medication Review

- › For members age 66 years and older
- › Includes all medications they take (prescription and non-prescription drugs, vitamins, remedies, other supplements)
- › Must be completed at least once a year

What Service is Needed?

Medication Review includes any of the following:

- › Medication list in the record AND notation in the medical record of medication review in 2021 by the prescribing practitioner or clinical pharmacist AND the date the medication review was performed
- › Medication list signed and dated in 2021 by practitioner or pharmacist in the medical record

- › Notation in the medical record in 2021 that the member is not taking any medication AND the date it was noted

Please note: Services provided in an acute inpatient setting aren't counted.

Sample Codes

- › Medication Review: CPT® 90863, 99605, 99606, 99483
- › CPT® II 1159F, 1160F
- › Transitional Care Management 99495, 99496
- › HCPCS G8427

Exclusions: Members in hospice

Special Needs Populations (SNP) health plans serve these vulnerable members and work with their doctor or clinical pharmacist to ensure a review of all medications they take (prescription and non-prescription drugs, vitamins, remedies, other supplements) is completed at least once a year.

Best Practices and Tips to Help Close

This Care Opportunity: A review of side effects for a single medication at the time of prescription alone isn't sufficient to meet Medication Review criteria. Please ensure the prescribing provider does an annual review of the patient's medications and signs the note. Medications must be listed. Notating the medications reviewed alone isn't sufficient.

Remember: If you have any questions, contact your Quality Incentive Consultant. Quality outcomes take all of us working together.



One-on-One Support for Your BlueCare Tennessee Patients

Sometimes, patients with chronic or complex conditions need extra support. If your patients are dealing with chronic or complex health concerns, we're here to support you as you serve our members.

Our integrated CareSmartSM Population Health Management team includes professionals from multiple health care disciplines that can help your patients stay on track with treatment plans for chronic conditions, develop healthier lifestyle habits, and manage their medications and doctor's appointments. The team includes a:

- › Nurse care manager who assists with medical needs.

- › Behavioral health care manager focused on mental health needs, including substance use disorder and medication-assisted treatment.
- › Peer support specialist to support members with substance use disorder.
- › Social worker to help address social determinants of health.
- › Long-Term Services and Supports (LTSS) coordinator to connect members with LTSS services, as applicable.
- › Pharmacy specialist who can answer questions or address concerns about medications.
- › Medical director who can provide additional assistance or referrals.
- › Health educator to help members learn about their medical conditions.
- › Health navigator/member resource coordinator who can help members schedule appointments and arrange non-emergency transportation to your office and the pharmacy.

These services are included in patients' BlueCare Tennessee benefits and may be especially useful for those with depression, substance use disorder, a high-risk pregnancy, asthma, diabetes, heart disease, cancer or chronic obstructive pulmonary disorder. Patients who are looking to quit smoking, lose weight or develop healthier lifestyle habits may also benefit.

To learn more about these resources or to refer your patient, please call the number on the back of your patient's member ID card.



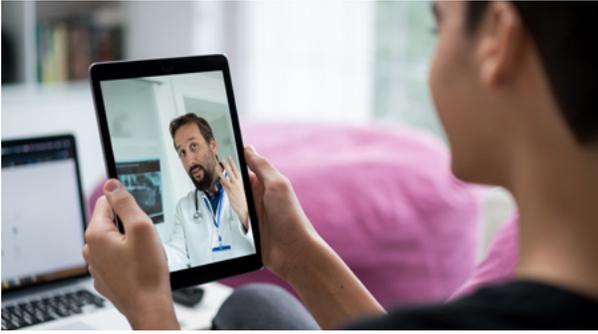
Stressing the Importance of Colorectal Cancer Screenings

Of cancers that affect both men and women, colorectal cancer is the second leading cause of cancer deaths in the United States, but it doesn't have to be. [Colorectal cancer screening](#) saves lives.

March is Colorectal Cancer Awareness Month and a good time to reinforce the importance of screenings. Remind your patients that screening can find precancerous polyps—abnormal growths in the colon or rectum—that can be removed before they turn into cancer. Screening can also find colorectal cancer at an early stage, when treatment works best – and can often lead to a cure.

Regular screening should begin at age 50. The vast majority of new cases of colorectal cancer (about 90%) occur in people who are 50 or older.

The length of time that the colorectal cancer screening (COL) gap closes is based on the type of screening performed. Talk to your patients about which colorectal screening test is best for them.



Physician Visits Key to Asthma Care

The National Asthma Education and Prevention Program’s expert panel recommends visits to a clinician about every six months for patients whose asthma is under control and more often for patients whose asthma is uncontrolled or who have severe, persistent asthma.

During these visits, it’s essential to stress the importance of taking medications as prescribed to help keep asthma under

control. Also, let your patients know they should call your office if they’re having breathing issues and using a quick-relief inhaler (e.g. albuterol) more than two or more times a week.

If patients are reluctant to come into your office, a telehealth visit may be helpful to determine how well they’re managing their asthma. This visit could provide an opportunity to review their current medication regime, discuss any symptoms, and assist with refills. Keep in mind, prescribing 90-day medication fills often saves patients time and money and helps them stay on their medications, all from the comfort and safety of their home.

Encouraging patients to remain on their controller medications to lessen and/or prevent asthma complications and flare-ups will also help keep them from refilling and using their rescue inhalers more than their controller medications.



Should People with Asthma Wear Face Coverings or Masks?

The Centers for Disease Control and Prevention and the World Health Organization (WHO) both recommend that people with asthma wear masks or fabric face coverings in public when they can’t keep a proper distance from other people. The WHO recommends wearing a fabric mask that allows you to **breathe while talking and walking quickly**.

Learn more about asthma patients and face masks:

<https://community.aafa.org/blog/what-people-with-asthma-need-to-know-about-face-masks-and-coverings-during-the-covid-19-pandemic>



Back to the Office: Best Practices for Delivering Well-Child Care

Fewer children received well-child services in 2020 due to the ongoing COVID-19 emergency. As you continue to welcome patients back to the office and work to engage children and teens who are past due for preventive care, consider these best practices.

Administer Well-Child Care During In-Person Visits When Appropriate

When patients visit your office for acute or other types of care, check

their medical records to see if they're up to date on preventive care before their appointment. TennCare Kids' screening guidelines allow you to receive reimbursement for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) checkups performed at the same time as in-person visits for acute or other types of care.

According to the Tennessee Chapter of the American Academy of Pediatrics, you can bill for a sick and well visit on the same day if the following criteria are met:

- › You may report an additional evaluation/management (E/M) service if you find a significant problem on the same days as a wellness check that requires you to provide care beyond the workup of a normal preventive visit. Please attach a Modifier -25 to the code for the additional E/M service when submitting the claim.
- › Your documentation for the visit should reflect the extra work done during the appointment for the problem. There doesn't need to be a separate note, but documentation should clearly reflect a separate problem.

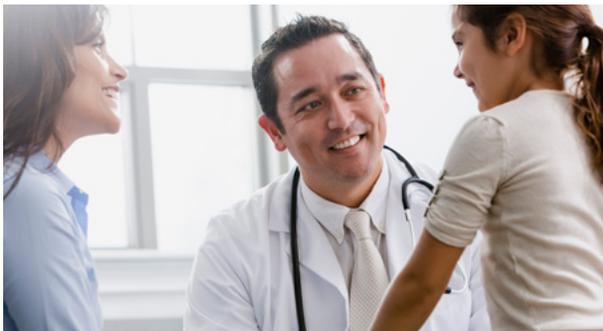
Consider Alternate and Extended Office Hours

Many times, parents and guardians caring for children covered by BlueCare Tennessee have jobs that don't allow them to bring their kids in for visits during normal office hours. Some practices have found that offering appointments later in the evenings or on weekends helps more kids get preventive care.

If you're interested in expanding your office hours, consider testing windows of time on evenings or weekends to see what works best for your practice. Some options you may want to try include:

- › Adding a special evening clinic one or two nights a week
- › Opening your office one or two Saturdays or Sundays a month. Hosting weekend clinic hours dedicated for well-child care not only helps working families, but can also help limit kids' exposure to those who may be ill with viruses, such as the flu or COVID-19.
- › Hosting a community outreach event for preventive care once the COVID-19 pandemic ends

For more best practices and other tips related to well-child care, please review the resources on our [TennCare Kids page](#).



Addressing Childhood Vaccine Hesitancy in Your Practice

Vaccines are a critical part of good health, but as you know, many children aren't getting their vaccines as recommended. The COVID-19 emergency

has made this problem worse. According to the Tennessee Chapter of the American Academy of Pediatrics, vaccination rates were 39% lower in April 2020 than in April 2019.

Encouraging families to get routine well-child care and discussing any concerns parents may have about vaccination are key to protecting kids across our state from vaccine-preventable illnesses.

What Is Vaccine Hesitancy?

The Strategic Advisory Group of Experts on Immunization defines vaccine hesitancy as a delay in acceptance or refusal of vaccines, despite available vaccination services. Many factors, including fear that the vaccine isn't safe or effective, can influence a parent's decision to delay or skip certain immunizations.

Your Role in Improving Vaccine Rates

Consider these tips when talking with parents about vaccination.

1. Give Strong Recommendations.

Research published in *Pediatrics* found that parents are more likely to vaccinate when providers offer presumptive recommendations that let parents know what vaccines their child needs and will get during the appointment. Examples of presumptive recommendations include:

- › "Your child is due for three vaccines. We'll give the Tdap, HPV and Meningococcal vaccines today."

- › “It’s time for your child’s yearly flu shot.”

2. Use the CASE Model.

The CASE Model, developed by Alison Singer at the Autism Science Foundation, is recommended by the American Academy of Pediatrics for starting conversations and addressing parental concerns about vaccine safety. To learn more about the components of the CASE model and review additional tips for discussing vaccine safety and reported links between vaccines and autism, please visit autismsciencefoundation.org.

3. Keep Communications Simple and Respectful

It’s always better to assume parents will vaccinate and save explanations until you hear questions or concerns. If you’re concerned a parent won’t follow through with vaccination, consider reminding parents that vaccinations are safe and protect their children and other children from illnesses now and later in life.

During conversations, it’s also important to show respect for parents’ concerns and values, since you all want what’s best for the child.

4. Discuss the Risks of Delaying Vaccines

Parents may request to spread out their child’s vaccination schedule. If a parent requests to extend their child’s vaccine schedule:

- › Let them know that delaying vaccines increases their child’s risk of vaccine-preventable diseases and can impact the vaccines’ safety and efficacy.

- › Explain that young children experience the same amount of stress if they get one vaccine or multiple vaccines, so spreading shots out over several visits may be more stressful than getting them all at once.

Continue Conversations if a Parent Refuses Treatment

Sometimes, parents need time to think about a vaccination or have strong opinions against one. If that’s the case, it’s important to continue the conversation at the next visit. Consider:

- › Educating parents about the clinical presentations of vaccine-preventable diseases, including early symptoms.
- › Providing resources that explain the vaccine’s purpose and speak to concerns.
- › Working with parents to agree on at least one action, like
 - Scheduling a follow-up appointment.
 - Agreeing to read additional information you provide.

We have a shared responsibility to address vaccine hesitancy and look forward to working with you to make sure children and teens get the vaccines they need.



Addressing Childhood Vaccine Hesitancy References:

World Health Organization

<https://www.who.int/groups/strategic-advisory-group-of-experts-on-immunization/>

American Academy of Pediatrics

https://www.aap.org/en-us/Documents/immunization%20_hesitancy.pdf

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/Pages/Immunizations-home.aspx>

Centers for Disease Control and Prevention

<https://www.cdc.gov/vaccines/hcp/conversations/talking-with-parents.html>

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6919e2.htm>

Tennessee Chapter of the American Academy of Pediatrics

<https://www.tnaap.org/resources/blog/may-2020/back-to-the-office-campaign>

Helping Your Patients With a Substance Use Diagnosis

You can make a difference in your patients' success when you schedule follow-up treatment for every patient newly diagnosed with alcohol and substance use disorders.

BlueCross has made this step easier by contracting with Health Connect America to assess members in any of our health plans within two hours after a visit to the emergency room, urgent care or a primary care provider setting.

This assessment will help you determine the most effective and appropriate level of care, and will ensure that patients receive behavioral health services that support their overall care goals. You can reach Health Connect America at **1-800-374-5618** 24 hours a day, seven days a week.



Tips for Educating and Encouraging Patients Taking Antidepressants

The National Institute of Mental Health reported that 17.3 million adults, 7.1% of all adults in the U.S., experienced at least one major depressive episode in 2017. This number appears to be rising in response to the pandemic as Americans deal not only with COVID-19, but also with quarantine restrictions and social isolation.

The Journal of the American Medical Association released new data on Sept. 2, 2020, that found the prevalence of depression symptoms in the U.S. increased more than three-fold during the current pandemic – jumping from 8.5% prior to COVID-19 to 27.8%. These numbers are in line with prior research on the effects of large-scale traumatic events on mental health.

As a provider, you play an important role in identifying and treating new and/or recurring symptoms of depression in your patients. Two of the primary treatments for depression are medication management and psychotherapy (either individually or together). If the patient's treatment plan includes medication, it's important to ensure adherence during both the acute and continuation phase of treatment to promote the best outcomes.

Healthcare Effectiveness Data and Information Set (HEDIS®) measures the following for members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment:

1. Effective Acute Phase Treatment – percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
2. Effective Continuation Phase Treatment – percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

There are many different reasons a patient may not take their medication as prescribed, including side effects, financial cost, perceived lack of effectiveness (especially during acute phase) and/or stigma. The American Psychiatric Association (APA) published practice guidelines for the treatment of depression that includes guidance aimed at encouraging medication adherence.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Providers are encouraged to:

- › Educate the patient (and their support system, if applicable) about depression in a way they can understand. This is a good time to combat stigma and misperceptions about depression and its treatment!
- › Explain the importance of staying the course, including risks of abruptly discontinuing medication and signs of relapse.
- › Evaluate all potential barriers to treatment adherence in both acute and continuation phases of treatment and work with the patient and their support system to address them.
- › Be open to discussing concerns about side effects. It may be necessary to use different medication options based on a patient's preference.
- › Clearly discuss prescribing instructions with patients and set realistic expectations regarding when they may start feeling relief. Antidepressant medication may take up to four weeks before a patient notices positive effects.
- › Encourage them to take their medications as prescribed even when they start feeling better and not to stop them until talking to you about it.
- › Be available to follow up with them if they do experience any problematic side effects or have any other concerns with their treatment plan.

BlueCross supports providers who are treating members dealing with depression. To schedule a consult with one of our doctors regarding medication management for the treatment of depression, call 1-800-367-3403.

<https://www.nimh.nih.gov/health/statistics/major-depression.shtml>

[JAMA Netw Open. 2020;3\(9\):e2019686. doi:10.1001/jamanetworkopen.2020.19686](https://doi.org/10.1001/jamanetworkopen.2020.19686)

https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/mdd-guide.pdf

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