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- A message from Drs. Staton and Caldwell, BlueCare Tennessee® Medical Directors
- Memphis Health Center Improves Results by Adopting a Culture of Quality

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Helping Patients Understand the Importance of Preventive Care Like you, we understand the importance of preventive care for children, teenagers and adults. And we're here to support you and your patients, to not only manage disease, but also to help prevent it.

BlueCross promotes awareness and utilization of preventive services with a monitoring system and outreach to both providers and members. Outreach to members includes scorecards that show them the status of each screening or test they need; targeted communications that promote awareness and emphasize the importance of recommended preventive care; and community outreach events.

The standards and guidelines we follow are established by the U.S. Preventive Services Task Force (USPSTF). In fact, our policy and procedures mandate that we use nationally recognized guidelines, when available. And we have adopted clinical practice guidelines as a best practice reference for physical and behavioral preventive service based on age appropriate, evidence-based care.

Preventive care can range from immunizations to hearing exams and even guidance for wearing seat belts. Children and adolescents could receive a total of 15 different immunizations before adulthood – including the human papillomavirus (HPV) that can have a great impact long into adulthood. Adults can benefit from immunizations or even behavioral counseling to help them cope with lifestyle changes – preventive help they may not realize they need. It can be difficult to get patients to come in specifically for preventive care and health screenings, but we've learned that many of our providers have had success with the following:

- Taking time during a routine or sick visit to include immunizations, talk about safety or developmental concerns.
- Scheduling an annual exam before a patient leaves the office.
- Encouraging patients to come in during their birth month for preventive counseling.
- Combining a "well" visit with a "sick" visit (TennCare Kids guidelines allow reimbursement for both on the same day.)

If your practice is not already following these suggestions, consider making them part of your best practices.



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Memphis Health Center, Inc., a Patient-Centered Medical Home (PCMH) practice, took their quality ratings for Adult BMI and Child and Adolescent Immunization Composite measures from two stars to four in a single year. They've also been successful at reaching adolescents, which is typically one of the hardest groups to target.

Their 2017 end-of-year PCMH scorecard shows four quality stars for:

- Adult BMI screening rate
- Immunization composite: childhood immunization status (combo 3) and immunizations for adolescents
- Well-child visits ages 3-6 years
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) composite for older kids: well-child visits 7-11 years and adolescent well-care visits 12-21 years.

Onsite Services Offer Easy Access to Preventive Care

Memphis Health Center provides a WIC office, imaging services including mammography, a lab, behavioral health services, and an on-site pharmacy so patients can take care of multiple health care needs in one location. Late and weekend hours are available for some services, and patients can get same-day appointments.

The health center also participates in outreach events for certain targeted exams. In August, the practice partnered with BlueCare Tennessee® for an EPSDT event to help increase compliance with preventive screenings and immunizations for children and adolescents. According to Quality Director Dr. Barbara Williams, their success is based on adopting a culture of quality that's ingrained into their day-to-day activities. Every area and every employee is involved in the quality process.

G Everybody should have a voice." – Dr. Williams

The health center added a quality team and director to help them move towards a continuous look at compliance rates and has adopted special programs and activities to get patients in the center for preventive services.

Memphis Health Center also employs a licensed clinical social worker to help address specific social determinants of health, or other barriers that affect patients' health. They understand that assisting patients with access to supportive services can positively impact the cultural, social and economic status of their patient population.



Using Data to Stay on Top of Needed Preventive Care

The health center has a quality data coordinator who's dedicated to providing reports on quality measures and identifying patients' open gaps in care. These patients receive letters and phone calls encouraging them to make an appointment for these important preventive services. When an appointment is scheduled, they also receive automated reminder messages.

Advance Preparation for Daily Patient Visits

The day before a patient's scheduled visit, a staff member reviews the medical record for open gaps. Each morning the center starts with a huddle of each CMA or nurse and provider to discuss patients scheduled for that day. They look for overdue immunizations or well-care visits and consider who may need more time with the provider due to multiple health issues, recent hospitalizations or ER visits, or the need for procedures. Those with important lab work, consultations, referrals and diagnostic reports are flagged. Whenever possible, the same CMA or nurse works with the same provider each day to assist with continuity of care.

Ongoing Monthly Activities Focus on Quality Improvement Strategy

While the group has put numerous efforts in place to address opportunities for providing

needed preventive care, they're also dedicated to finding solutions for long-term quality improvement.

Each month, deviation reports that show commonly missed items are shared with the staff, along with the monthly balanced scorecards. Both help to highlight opportunities for improvement and areas where data could be captured more accurately.

But Memphis Health Center's larger quality goals and strategies come out of discussions and planning that take place during the monthly continuous quality improvement committee meetings. That's where providers and organization staff review monthly performance reports to determine areas needing improvement and work together to develop a strategy to reach their goals.

The group uses a Plan-Do-Study-Act approach for rapid cycle improvements. This allows them to test new strategies on a small scale before adopting them on a large scale. Approved changes start with the providers who then share the new strategies with their key staff members at team meetings. These key leaders then train the entire staff, making sure everyone is engaged and prepared for the change.

Quality is the Driving Force

According to Dr. Williams, this organization succeeds because leadership makes quality a priority and continues to follow up to make sure their implemented strategies are working.

She said, "It's one thing to see a lot of patients, but if you sacrifice quality to see those patients, you don't move the needle for positive health outcomes."



Coordination of Care Insights From the CAHPS Survey

In recent years, people across the country have reported stable or improved satisfaction with their health plans. Despite these positive results and your efforts to deliver quality care, many health plans, including BlueCross, have seen a significant drop in members' responses to the following Consumer Assessment of Health Plan Satisfaction (CAHPS) annual survey question:

In the last 12 months, how often did your personal doctor seem informed and up to date about the care you got from these [other] doctors or health providers?

Respondents had the option of selecting "Never," "Sometimes," "Usually" or "Always." The BlueCross BlueShield Association followed up on this question in a recent survey by asking members how they answered this CAHPS question and why. Among those who selected "Never" or "Sometimes," these common themes emerged:

- Some people perceive their providers as not having enough time or not caring enough to get information.
 - Many respondents fully believe or expect that their doctor will receive or have ready access to all relevant information electronically or through an online portal/network.
- Many who expressed discontent don't like having to restate their medical history and the lack of electronic medical records.
- Patients don't always inform their primary care provider of other health care visits or take personal responsibility for their health care.



Those who rate coordination of care the lowest are typically patients who:

- Have fewer long-term health issues or need fewer prescriptions
- Have shorter-term relationships with their personal provider
- Are not highly satisfied with their personal provider
- Have multiple providers that aren't within the same medical group
- Don't have access to or don't know how to access online medical records

What Can You Do to Improve Patient Satisfaction?

Consider these best practices to support your office's care coordination efforts:

- Routinely ask your patients if they've received any health care services since their last visit
- Encourage your patients to print out online medical records from all providers (when

available) and/or billing records to review with you during their appointment

 Have release of information forms readily available when making referrals and encourage your patients to ask other provider offices to send you copies of their medical records

 Make sure you receive results from all providers to whom you make patient referrals

Your Partner in the Fight Against Antibiotic Resistance

During the fall and winter months, coughs, congestion, fever and other uncomfortable symptoms prompt many patients to see their primary care providers. Oftentimes, these patients request an antibiotic. In situations where patients have viral infections that don't respond to antibiotic treatment, satisfying your patients while adhering to guidelines for appropriate antibiotic use can be difficult. That's why we're here to help.

Later this year, we'll kick off our fourth annual Antibiotic Awareness campaign. As in years past, our teams of pharmacists, nurses and other clinical staff will visit providers across the state who care for our Commercial, BlueCare Tennessee and CoverKids members. During these visits, you'll receive kits with educational materials to help teach patients about the types of bacterial infections that require antibiotics and the viral infections that need only rest and symptom management. Our team will also provide cold and flu kits, and talk with you about best practices for proper antibiotic use.

Tennessee ranks among states with the highest rates of antibiotic resistance. Our state also has one of the highest rates of antibiotic prescribing, according to a recent Health of America Report by BlueCross BlueShield Association. By working together to curb antibiotic misuse, we can lower these rates and the dangers antibiotic-resistant infections pose to Tennesseans.

Be on the lookout for more information about our Antibiotic Awareness campaign in the coming weeks.

Gear up for Flu Season

The arrival of fall signals the beginning of flu season in Tennessee and across the country. Consider offering these reminders to prepare your team – and your patients:

- Schedule patients' flu vaccinations in advance, and send appointment reminders prior to these visits. The Centers for Disease Control and Prevention recommends patients age 6 months and older get their flu shots by the end of October.
- Talk with your patients about why vaccination is important. Discuss the serious complications flu can cause, especially in young children, older adults and other at-risk patients.
- If you have young patients who will turn 6 months old toward the end of flu season, don't forget to order extra doses of the vaccine. Flu shots are often in short supply in February, March and April, which can make it difficult to close gaps for the Childhood Immunization Status (CIS) measure. In fact, our data shows that a good number of children who aren't compliant with the CIS measure are noncompliant because they didn't receive two doses of the flu vaccine by age 24 months.

Spread the Word

We're hosting drive-through clinics to make it easier for our members in Chattanooga and Memphis to get their annual flu vaccine. The events will take place at the following dates and locations:

Chattanooga	Memphis
Sept. 29	Oct. 6
10 a.m. to 2 p.m.	10 a.m. to 2 p.m.
Mt. Canaan Baptist	Christ United Methodist
Church - 4801 Hwy. 58	Church - 4488 Poplar Ave.
For more information,	For more information,
please contact Quetta	please contact Adrian
Pipkin at	Winfrey at
(423) 535-7224.	(901) 544-2009.



Spicy Snacks Linked to Abdominal Pain in Children

Emergency room physicians and pediatricians are seeing an increase in abdominal pain in children due to eating spicy snacks, such as spicy Takis brand Fuego and Nitro tortilla chips, Flamin' Hot Cheetos and Doritos Fire.

Capsaicin, the irritating chemical in chili peppers, is used as flavoring in many of

these food products. While it doesn't cause discomfort in all children, it can be very painful for children with sensitive stomachs and those who may have undiagnosed conditions such as Irritable Bowel Syndrome (IBS).

In some cultures, spicy foods are a dietary staple, even for young children. But if a child is having frequent abdominal pain, asking about the amount of spicy foods they're eating is a good place to start – before running invasive tests.

Improve Appointment Compliance

Getting patients to keep their scheduled appointments is an issue many providers struggle with. And it's particularly troublesome when the appointment is a follow-up after inpatient discharge, an appointment for ongoing treatment or a follow-up when a new medication has been started.

Several BlueCross behavioral health providers have had success following the guidelines below. While these providers were addressing specific quality measures, you should find most of these suggested guidelines helpful in general.

Follow-up Visits Within Seven Days of Discharge

To create a cultural commitment to successful discharge appointments following inpatient treatment:

• Help every employee understand that discharge planning begins the minute the patient is admitted.

- Implement regular discussions with patients so they understand the importance of outpatient provider visits.
- Assign a dedicated, licensed social worker who ensures seven-day appointment guidelines.
- Involve the family or significant other in the member's discharge planning, and ask them to go with the patient to their first appointment.
- Provide a check-list to the patient and their significant other with "next steps" after discharge.
- Create a committee or workgroup that reviews cases when patients don't keep their appointment.

For mental health follow-ups, grow your community relationships, particularly between the facility and community resources to facilitate access. You can also offer telehealth options for patients in rural areas or those with transportation issues.



Follow-up Visits for Children Within 30 days of Receiving New ADHD Medication

Children should also have an appointment at least two more times in the next six months.

- All staff, from medical director to the front office, should be educated and committed to the scheduling protocol. Meeting the standard could be included as a priority on annual review.
- Require a follow-up appointment for additional prescriptions, and write the prescription for only the number of days until the next recommended appointment.
- Put systems in place to schedule a follow-up appointment before the patient leaves the office.
- Make scheduled appointments convenient for the patient. For example, schedule a medication follow-up with a therapy visit.
- If you're understaffed, consider making night and weekend clinic hours available.



New Measures Developed for Patients Diagnosed With a Mental Health or Substance Use Disorder in an ER

Children and adults who were evaluated, but not admitted, in an emergency room and received one or both of these diagnoses should be assessed after the visit as described below:

- Patients 6 years and older who receive a mental health or intentional self-harm diagnosis in the ER, but are not admitted to an acute or non-acute inpatient care setting within 30 days can be assessed with a follow-up appointment with a behavioral health provider, including those using telehealth, as long as the principal diagnosis is a mental health disorder or intentional self-harm. Both seven and 30 day follow-ups are measured.
- Patients 13 years and older who visit the ER and receive a principal diagnosis of alcohol or other drug dependence, but are not admitted to an acute or nonacute inpatient care setting within 30 days, can be assessed by a behavioral health provider or a non-behavioral health provider, including those using telehealth, as long as the principal diagnosis is alcohol or other drug dependence. Both seven and 30-day follow-ups are measured.

Studies show that patients who engage and stay in medically necessary treatment have improved health outcomes. If you can't treat the patient, we encourage you to refer them to a behavioral health professional. For assistance referring a patient, please call us at **1-800-367-3403**.

For more information on quality measures, see the behavioral health toolkit.



Flu Vaccine Clinics

We're hosting drive-through clinics to make it easier for our members in Chattanooga and Memphis to get their annual flu vaccines. The events will take place at the following dates and locations:

Chattanooga

Sept. 29-10 a.m. to 2 p.m. Mt. Canaan Baptist Church 4801 Hwy. 58

For more information, please contact Quetta Pipkin at **(423) 535-7224**.

Memphis

Oct. 6-10 a.m. to 2 p.m. Christ United Methodist Church 4488 Poplar Ave.

For more information, please contact Adrian Winfrey at **(901) 544-2009**.

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