

QUALITY CARE QUARTERLY

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Your Guide
to Programs
and Rewards



of Tennessee

Featuring

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Laying the Foundation for Healthier Communities

All children deserve to have the best start in life. And it begins with the foundation of a medical home. As a pediatrician, I know the importance of timely, comprehensive preventive care by a provider who has an ongoing relationship with a child and his or her family. This is where a child receives screenings, exams, appropriate testing, nutritional counseling and preventive services, including vaccines and guidance for parents and caregivers.

These visits also provide an opportunity for health education that sets a course for a healthy lifestyle – not only for the child, but also for the family. When I was in practice, I often found that parents were motivated to make improvements in their own health for the benefit of their children. They stopped smoking, began eating healthier, or started exercising. Even though there is an overwhelming amount of information available to people today, providers are often the most trusted resource for parents.

Prevention is often overlooked when we discuss the successes of modern medicine, but there are important advances for us to highlight. Vaccines prevent significant morbidity and mortality. Vision and hearing screens through well-child visits can result in early detection and treatment of deficits – which leads to greater success in school. We all play a critical role by emphasizing the importance of preventive services to our patients, families and communities.



– **Jeanne James, MD**
Vice President and
Chief Medical Officer
BlueCare Tennessee



Newport Pediatrics Creates Programs to Improve Health of Community Children

Creative Thinking and Volunteers Are Key to Patient Engagement Success

Last year, Alicia Dalton, office manager at Newport Pediatrics in Newport, Tennessee, began thinking about ways to help fill some needs for the children that visit the practice. She and her administrative assistant, Shannon Barnes, soon found that it was easy to come up with ideas. “The hardest decision we make is how to limit the programs so that they’re doable,” says Alicia. Although the staff puts in extra time after hours, they believe it’s worth it. “It’s all for our children,” Alicia says.

Once Alicia and Shannon had plans for the first year, they presented it to the practice’s Quality Improvement team. The practice has featured monthly classes and activities, including newborn and infant care, well-child, sports safety, literacy and others. The first class, Baby Basics, included a CPR class that drew in not only parents, but also adolescent patients who babysit.

Most programs are open to the entire community and giveaways are included. For example, during infant care month, they gave away breastfeeding pillows and coupons for free vitamins. During literacy month, prominent community members, and staff members dressed as storybook characters, read books to the young children who attended. The staff works hard to make the programs fun for children and their families, so they will want to attend. And so far, they’ve had a great response.

“You were born with
the ability to change
someone’s life, don’t
ever waste it.”

– Newport Pediatrics’
Mission Statement

Connecting Patients With Help They Need

Newport is a small community with a lot of need. But the staff has learned that there are also many good resources available that residents aren't aware of. For instance, Shannon grew up in the community and just learned the Sheriff's department offers free car seats. Since Newport is the only pediatrics practice in town, they're able to spread the word to help kids and families find resources for the services and goods they need. She recalls a mother who brought her infant in a car seat intended for a much larger child. They were able to connect that mom with a seat that was a safer fit.

Pediatric-Oriented Programs

The group partners with other community organizations to bring a range of comprehensive programs to the community. In October, a healthy eating program was held at the office, led by the UT extension office, and funded through a federal grant. Families of children with BMIs in the obese range, or that have been diagnosed with diabetes, or referred for nutrition therapy were able to attend six free classes. Participants learned how to budget for food and make a grocery list. They also participated in preparing and cooking a light, healthy meal, while the children enjoyed food-related crafts and activities.

The health department and the group's nurse practitioner provided educational resources on fat and sugar content during the healthy eating series. An area optometrist and dentist talked to the families about the role that nutrition plays in the healthy development of children's eyes and teeth. After the last class, all attendees received a gift bag that included a variety of cooking utensils, recipes and special fun items for the children.

Volunteers Make it Happen

Newport Pediatrics has a staff of 16, including five practitioners – all in one location. Everyone in the practice has the opportunity to add a class topic. Participation in the classes and activities is voluntary, and many of the employees have volunteered their time based on their interests and schedules. Alicia and Shannon attend all of them. They also have assistance from community volunteers and school groups who earn volunteer hours for their participation.

Best Practices for Quality Care

Newport Pediatrics takes the extra step to ensure their patients get the care they need – from outreach programs to wellness visits. Their best practices include:

- Maintaining a bulletin board at check-out where they post information on free or low-cost programs in the area for children.
- Scheduling the next annual well-child appointment and asthma or ADD medication follow-up appointments at check-out.
- Monitoring for appointment scheduling. (If the follow-up appointments haven't been scheduled – and it's noticed during claim check or billing – the front office is notified to call the patient and schedule.)
- Placing Imagination Library forms in all newborn packets for a free book each month from birth to age 5.

The Results

Between January and August of 2017, Newport Pediatrics was able to close 5,394 total health care gaps, including:

- Follow-up visits for children who were prescribed ADHD medication: continuation and maintenance, 79%; initiation phase, 72%
- Weight assessment and counseling for nutrition and physical activity: BMI percentile, 55%
- Asthma medication ratio, 77%



BlueCare Tennessee Offers Help with Community Outreach Events

If you'd like help with BlueCare Tennessee patient engagement programs, our staff is available to cohost a Provider Community Outreach Event with you. These events help build stronger communities, and also offer an enjoyable way for your patients to get the preventive care and screenings they need.

What We Can Do For You

- We review our records to see which patients are due for certain screenings or checkups. We mail invitations, call to schedule appointments and send reminder phone messages.
- We offer door prizes for larger events and incentives for smaller events.
- We provide educational flyers about specific health conditions.

Ready to schedule, or need more information?

Our Community Care Partners will work with you to plan a one-day or multi-day event. Call us at 1-800-771-0217 if you're interested in an event or would like to learn more.

How State of Franklin Healthcare Associates Created a Culture Focused on Quality

Group Recognized at BlueCross PCMH Annual Conference

During the recent BlueCross 2017 Patient-Centered Medical Home Annual Conference, State of Franklin Healthcare Associates (SoFHA) was recognized for Best in Overall Quality for their participation and achievements in 2016. "This group has done a tremendous job in implementing quality improvement projects and has been very successful in reducing cost and utilization," said Sabrina Logan, Manager of Clinical Operations for the BlueCross PCMH program.

Dr. David Moulton, Director of Clinical Integration for State of Franklin, attributes their success to the creation of a culture of quality where practitioners and staff are all involved. "They can be part of the process to develop best practices. So no one is excluded."

Dr. Moulton and Sebrina Dycus, Lead Care Coordinator for the PCMH program, shared some of SoFHA's best practices that led to their success in patient-centered medicine.

The Beginnings and Evolution of the Program

SoFHA started work on their PCMH program in 2011. By 2012, all of their practices were accredited by NCQA. And it all began with dedicated physician leaders and careful planning.

The group started their program by forming a clinical council made up of well-respected, experienced physician leaders known for practicing evidence-based medicine. The council met once a month to choose a set of disease states – such as diabetes or asthma – and focused on recommended protocols for those. After that, they called meetings with all of their physicians for feedback and approval so they could all be part of the process.

Each month, the clinical council, also known as the clinical transformation committee, discusses and approves clinical initiatives. These initiatives are forwarded to an operations council that includes the CEO, COO, Office Managers, lead RN Case Managers and Dr. Moulton. The next step in quality improvement includes piloting a project in one clinic to evaluate the effectiveness and efficiency.

Ongoing Provider Education Sessions

Each quarter, Dr. Moulton leads sessions for all 120 of SoFHA's physicians and advanced practitioners. There are two sessions, a week apart on different days, so everyone has an opportunity to attend. Each health care provider receives a stipend and lunch for their attendance. The group covers three items, allowing 15 minutes for each. Topics may include:

- Quality Metrics: disease states protocols – tracking program for out-of-control hypertension, diabetes mellitus and lipids
- Accurate Coding: prevalence reports of practice compared to payer data
- Preventive Screening: coding for vaccine refusal, discussion on colon cancer screening techniques
- Beneficiary Experience: check-out process with anonymous survey
- Spend Reports: admits, readmits, transition of care process, development of increased access to care

At each session, they introduce new members of the team, so they feel welcome. So far this year, they have introduced a pharmacist involved in shared medical appointments, new case managers, a social worker, a behavioral health specialist, home visit nurse practitioners and new providers in the practices. The first 10 to 15 minutes of each session are devoted to fellowship, which reinforces the feeling of community.

The Importance of Listening and Providing Feedback

The early stages weren't always easy, according to Dr. Moulton. "A provider might be frustrated with a change. And at first, some practitioners felt we were going to tell them how to practice medicine. It's all part of the growing process." But he says the leaders were respectful and made sure to follow up on any comments or issues. "We listened to them. That was the key."

While Dr. Moulton, who is board-certified in internal medicine, serves as the Director of Clinical Integration, he still sees patients. "I spend 60 percent of my time as a clinician and 40 percent as a clinical director. So I'm in

this with them. That makes the job of providing or receiving feedback much easier."

SoFHA provides a feedback report to all individual providers to help them keep up with their progress. These reports are made public – meaning their fellow providers can see how they're rated. But it hasn't been an issue, according to Dr. Moulton. "As physicians, we have a competitive nature. We want to be the best. It's helpful for us to see where we stand as far as following protocols or achieving high ratings in quality. This also allows each practitioner to see which of their peers may be doing a better job on a particular measure and seek their advice on how to improve."

The Support for Success

Both Sebrina and Dr. Moulton credit the success of their PCMH program to the broad base of support from management. Their advice to others? You must have the support of your CEO, COO and office managers. They need to understand that it's best for the patients.

About State of Franklin Healthcare Associates

Founded in 1998, State of Franklin Healthcare Associates (SoFHA) serves the Tri-Cities region of Tennessee and Virginia. The group follows the patient-centered model of healthcare services, and is physician-owned and operated.

SoFHA has approximately 120 healthcare providers in 12 healthcare practices that include internal medicine, OB/GYN, family practice, pediatrics, hospitalists, sleep medicine and a walk-in-clinic.

Medicare Advantage Quality Care Partnerships Make a Difference

When Medicare Advantage launched its quality partnership program last year, Galen Medical Group had a 3.5 Star rating. But when our Quality Outreach Consultants worked with the practice to help them improve 10 key quality measures, they saw dramatic results.

Galen recently became the first practice in the Quality Care Partnerships Program to achieve 4.5 Stars.

“Their performance improved a full star in less than a year,” said Dr. J. B. Sobel, Vice President and Chief Medical Officer for Senior Products. “That just shows how effective these quality care partnerships can be.”

Two others followed quickly behind. State of Franklin Healthcare Associates in Johnson City and Holston Medical Group in Kingsport also boosted their rating to 4.5 Stars, which emphasizes the benefits of a gain share partnership.

Dr. Sobel said a Quality Consultant is assigned to specific practices. That consultant goes over every aspect of the quality and value based financial partnership with the provider to make sure everyone understands the components of each program, and how they will be measured.

Providers are graded on 10 key medical care and pharmacy related measures identified by the Centers for Medicare and Medicaid Services (CMS). Some of the measures include:

- Breast Cancer Screenings
- Colorectal Cancer
- Eye Exams
- Diabetes Care
- Osteoporosis
- Medication Adherence

Ann Rakes, Director of MA Quality Improvement and STARS Programs said, “A provider’s primary purpose is to take care of patients and improve their health. Our quality consultants work with them to help them provide better care for their patients without causing them extra work.”

CHI Memorial Earns Blue Distinction+® Designation

CHI Memorial, in Chattanooga, has been awarded the Blue Distinction Center+® designation for their bariatric surgery program. Blue Distinction Specialty Care is a national designation program recognizing health care providers that demonstrate expertise in delivering quality specialty care – safely, effectively and cost-efficiently. Only facilities that first meet Blue Distinction Centers’ objective, nationally consistent quality criteria are considered for designation as a Blue Distinction Center+.



Quality Care Rewards Tool

Quick Tips

The Quality Care Rewards tool keeps you connected to your progress in BlueCross quality programs. Our teams are constantly working to make it as easy as possible for you to learn about the specific care your patients may still need and the opportunities you have to address these gaps in care.

Here are some updates that were effective on Sept. 29:

Breast Cancer Screenings

It's now simpler to remove a patient from this measure. You'll now see three questions listed instead of four. You can select a date for a bilateral mastectomy, a right unilateral, or a left unilateral.

Entering Patient's Date of Service

You may notice some changes to the way you enter a patient's date of service. In order to help prevent mistakes that can delay your progress, users won't be able to enter a date of service that's prior to the patient's date of birth.

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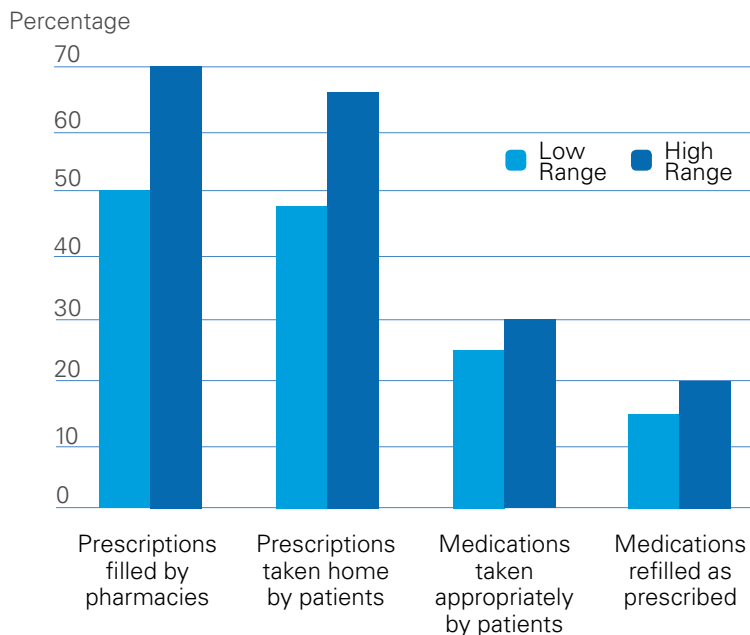
For technical issues or general questions about the Quality Care Rewards tool, please call the service center at (423) 535-5717 (select option 2), or email eBusiness_service@bcbst.com.

A Clinical Focus

Helping Patients Who Struggle With Medication Adherence

Former Surgeon General C. Everett Koop said, “**Drugs don’t work if patients don’t take them.**” You know the consequences can be serious when patients don’t take their medications as prescribed, particularly for a chronic medical or behavioral condition. But how do you improve the chances that your patients will take their medications appropriately?

The Range of Adherence For Every 100 Prescriptions Written in the U.S.



– Data from US Department of Health and Human Services, www.millionhearts.hhs.gov

The U.S. Department of Health and Human Services provides some guidance on predictors of non-adherence based on research. Watch for these indicators when discussing medications with your patients, and consider the suggestions to encourage adherence.

- **Seems concerned about the cost of medications** – Discuss the cost upfront and look into options such as generics.
- **Demonstrates limited English language proficiency, has limited communication skills or low literacy** – After providing a simple explanation of the patient’s conditions, tests and treatments, ask him or her to repeat what you’ve said. Allow ample time for questions.
- **Doesn’t believe the medication is right for them or isn’t sure if it will effectively treat their condition** – Encourage your patient to call your office if he or she is experiencing side effects or if the treatment doesn’t seem to be working, so you can re-evaluate the dosage or recommend an alternate medication.
- **Doesn’t think there’s a need to treat the condition** – Take time to reinforce the importance of treating the condition even if they don’t feel any discomfort.
- **Shows concern about side effects** – Schedule a follow-up appointment in 30 days or less to talk about any symptoms or side effects and adjust dosage as needed.
- **Has a history of behavioral health issues, such as depression or addiction** – If the patient has a support system, encourage them to help the patient stay on track and make sure they understand the medication dosage and refill schedule.

Best Practices for ADHD Treatment in Children

Behavioral Intervention and Medication Recommendations

According to The American Academy of Pediatrics (AAP), primary care clinicians should evaluate children 4 through 18 who have shown signs of academic or behavioral problems and symptoms of hyperactivity, inattention or impulsivity. But treatment recommendations, including referrals for behavioral health services, vary depending on the patient's age.

Here are the AAP's recommended guidelines by age:

- Preschoolers (4 to 5) – The first line of treatment should be behavioral therapy
- Children and Adolescents (6 to 11) – Providers should prescribe approved medications and behavioral therapy
- Adolescents (12 to 18) – Providers should prescribe approved medication and may prescribe behavioral therapy

Guidelines for follow-up visits

If you do prescribe medication:

- For children newly prescribed, or who are restarting medication after a summer break, schedule one follow-up visit within 30 days of the initial visit.
- For children continuing on ADHD medication, schedule at least two follow-up visits within nine months, following the first 30-day visit.

Coordination between medical and behavioral health practitioners can improve outcomes for your pediatric ADHD patients. If you need assistance referring a patient covered by a BlueCross BlueShield of Tennessee plan for behavioral health services, we can help. Please call us at **1-800-367-3403**.

Antipsychotic Meds Pose Health Risks for Children

The use of antipsychotic medications has risen significantly in recent years. But caution should be used when prescribing these medications for younger patients, due to the unknown effects on the developing brain and other health risks.

The October 2013 edition of JAMA Psychiatry included a study showing that patients between 6 and 24 who take antipsychotics are three times more likely than their peers to develop type 2 diabetes. The results didn't vary according to the type of antipsychotic medication. And, the risk for type 2 diabetes remained for one year after the patients stop taking the medication.

There are many medications used to treat younger patients with mental illness that are safe and effective. The use of antipsychotic medications should only be considered after an appropriate initial evaluation, consideration of the patient's general health, assessment of family health history, and consideration of or attempts to use alternative medications and therapeutic interventions.

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