

QUALITY CARE QUARTERLY

Fall 2019 – Volume 10

Your Guide
to Programs
and Rewards



Featuring

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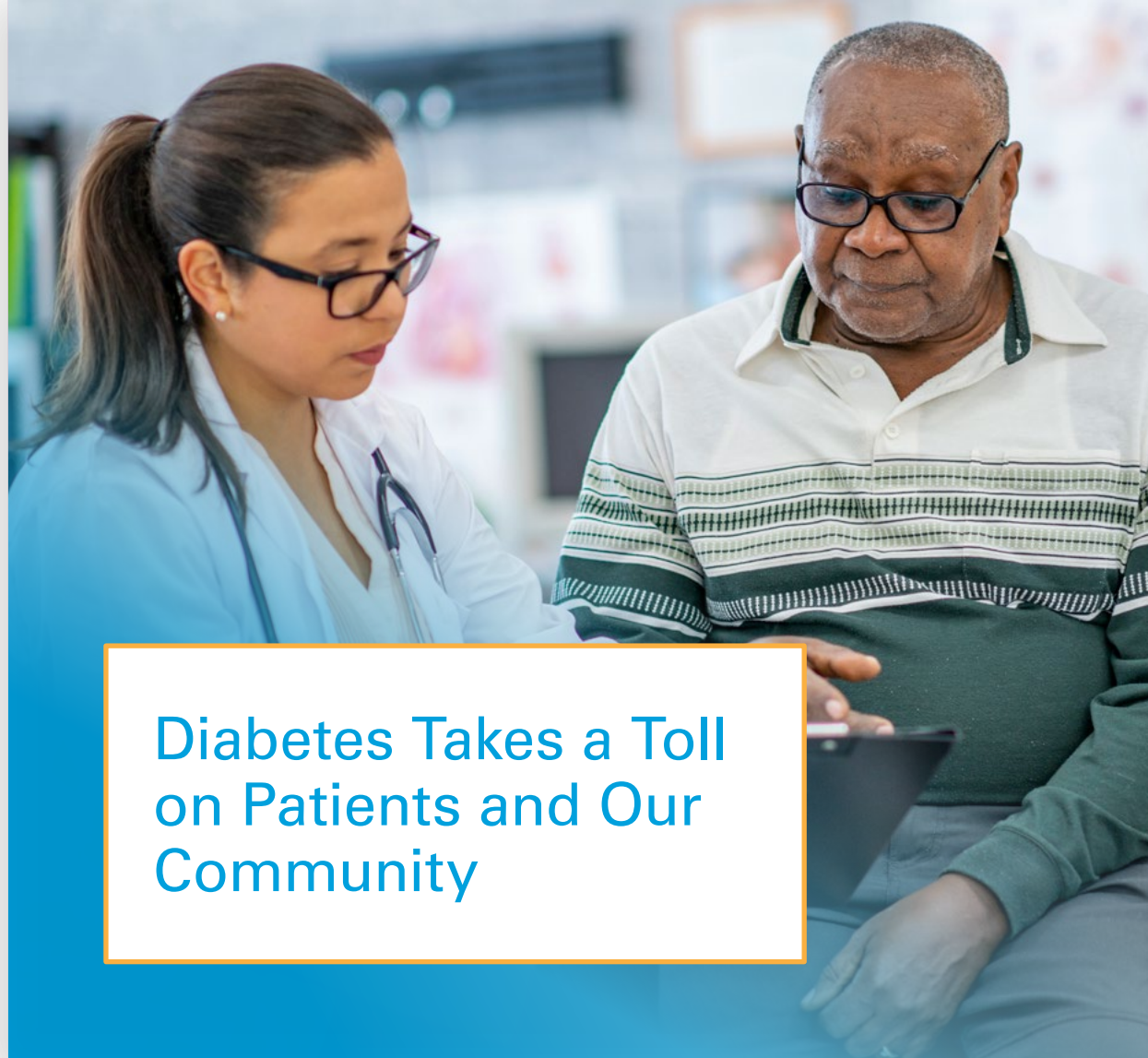
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Diabetes Takes a Toll on Patients and Our Community

In this edition of Quality Care Quarterly, we're discussing a topic of tremendous importance — diabetes mellitus. Diabetes mellitus (DM) has become increasingly common across our nation. In Tennessee, about 1.2 million people have been diagnosed with diabetes, and an estimated 2.2 million have prediabetes.

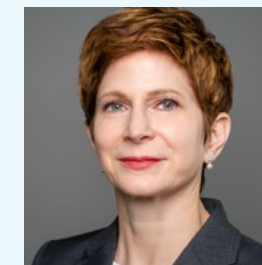
Most of us have friends and family who are trying to manage their diabetes. Some of us face that daily challenge ourselves. It's a costly disease — both on a societal and personal level — contributing to depression, impairing quality of life, and decreasing work productivity.

Of all the chronic diseases, diabetes seems to have unique features that make management difficult. For many of us, food, family and community are joys of life that go together. When what you eat, when you eat, and how much you eat becomes central to managing your health, everything gets complicated. Add to that the expense of multiple medications; managing the timing of treatment; the responsibility of frequently checking glucose; and it's easy to feel that diabetes is in control rather than you. The feeling of resentment is natural because there are no vacations from diabetes.

Concern about developing serious complications like kidney disease, visual impairment, poor wound-healing, heart attack and stroke is natural, as we know that diabetics are at an increased risk. Those concerns, added to daily maintenance responsibilities, can lead to anxiety and/or depression. Screening for and treating co-existing depression is crucial to your patients' well-being and health.

Most people don't realize that elevated glucose levels are toxic to cells, so education is important. Patients with diabetes have to actively protect their cells and their organs every day with thoughtful choices. It's important to emphasize that daily glucose measurements give day-to-day information, and the HbA1c provides the average glucose level over three months. An elevated level means that sensitive cells, like the retina, kidneys and blood vessel lining are being damaged. That damage can become permanent and lead to complications. For this reason, your patients should also be encouraged to have yearly retinal eye exams, regular blood pressure checks, and nephropathy screenings.

Accepting what can't be changed, and taking control of the rest, is key. Help your patients to develop an empowered mindset that allows them to view food as fuel, and medications as tools to control their daily glucose levels and shape their future. Good diabetes control means being an advocate for every cell, every day. Good diabetes control demonstrates intelligent, consistent, unwavering care for the amazing body that we've been given.



Suzanne Corrington, MD
Care Management —
Lead Medical Director
BlueCross BlueShield of
Tennessee



Education, Team Approach Results in Higher Diabetes Management Success Rate for ETSU Health

ETSU Health is a five-star practice in the BlueCross Commercial Quality Care Partnership Initiative (QCPI). And for 2018, the group was the top performer in the Comprehensive Diabetes Care (CDC) measures, at the 90th percentile overall. Jennifer Logan, ETSU's Director of Population Health, attributes these high scores to a series of changes, events and an overall focus on diabetes management.

Everyone from the front desk staff to the clinicians and physicians are focused on making sure every patient gets their screenings and follow-up visits — and care is taken to make sure it's all documented.

Getting an Early Start

Tina Church, Administrator for the Internal Medicine Clinic, said an important first step is to get patients with diabetes in as early in the year as possible to check their Hemoglobin A1C. This allows more opportunities during the year for a recheck. If the HbA1C level is too high, an alert is added in their Electronic Health Record (EHR). They also add a note to recheck the A1C to the "Reason for Visit" field in the patient management system, which informs the entire team.

"This effort is very much a team approach."

An Event that Became a Game Changer

About two years ago the group began to hold free monthly Healthy Lifestyle Clinics in their conference rooms for patients and their families. These events have proven to be instrumental in helping patients with diabetes better manage their condition. ETSU Health began the clinics in the Kingsport office, and then soon added Johnson City.

Each Healthy Lifestyle Clinic is run by a case manager, resident or dietician and includes education on topics such as:

- Portion control
- Exercise
- The best foods to eat
- The most important nutrition information to track
- How to check your A1C
- What to do if it's too low or too high

During the event, clinicians can check patients' blood pressure and A1C, and educational literature is available to all attendees.

According to Church, they put a lot of effort into promoting the events. She said, "The physicians are all on board with the programs. They talk the clinic up to patients who they feel can benefit from attending. We run slide shows on the monitors in our waiting rooms; put flyers in our hallways and exam rooms; and before the clinic is held, we run a report of patients with an A1C over 8 and call to invite them."

A Dramatic Change for One Patient

The impact of the Healthy Lifestyle Clinics became apparent to Logan when she began to look at the attending patients' A1C levels over time. She said, "We had a patient whose A1C was above 12. In fact, it was so high the lab couldn't calculate the exact number. When he came to the clinic, we found that he didn't know how to check it."

During his first clinic attendance, the patient learned how and when to monitor his blood sugar. He continued to attend almost every monthly clinic. Two years later, as Logan checked the A1C numbers, she noticed this patient's was about 7 — which was in range. She believes the constant reiteration and education helped.

Involving the Staff

ETSU Health is a teaching facility, which means they get new residents annually, in July. During their three years in the program, residents do two-week rotations in the clinics. Church said one of the first things they do, at the beginning of each rotation, is go over measures with the residents — with an emphasis on diabetes.

She added, "We also involve the embedded case managers. We have a retinal scanner in our office and the case managers are each trained to use it. They're tasked with alerting the physicians of any patients who are missing a diabetic retinal exam."

Logan believes it's their top-down focus that helped the five-star practice achieve the high scores on the diabetic measures. She added, "This effort is very much a team approach."



Learn More About Transportation for Your BlueCare Tennessee Patients

If you care for patients covered by BlueCare Tennessee who can't get to appointments because they don't have transportation, we can help. Our vendor, Southeastrans, can get them to and from visits for covered services, such as Early and Periodic Screening, Diagnostic and Treatment (EPSDT) well-child checkups, at no charge. Southeastrans can also take your patients to the pharmacy to pick up prescriptions as needed.

Southeastrans offers three types of transportation:

1. Shared ride – Vehicles pick patients up at an agreed-upon location. These are shared rides, so more than one person may ride together to an appointment. Our members can bring one family member or friend with them on a shared ride. Please ask your patients to make these arrangements when they schedule their trip.

2. Bus passes – Bus passes are available in some cities where bus systems operate, including:

Bristol	Johnson City	Franklin
Jackson	Nashville	Memphis
Murfreesboro	Clarksville	
Chattanooga	Knoxville	

3. Mileage reimbursement – BlueCare Tennessee patients who have access to a vehicle may drive themselves or have a friend or family member drive them to their appointment. Southeastrans will reimburse fuel costs as long as your patient or their guardian returns a mileage form signed by you verifying they attended their appointment.

Book in Advance

In most cases, patients must schedule their transportation 72 hours before their health care visit to guarantee a ride on the day of their appointment. Exceptions may be made in some instances — for example, if a patient needs non-emergency transportation to health care services that must happen on the day of the request.

If your patients need to travel less than 90 miles to your office, they can call Southeastrans at the appropriate toll-free customer service number below to schedule their trip:

- BlueCareSM West: **1-866-473-7564**
- BlueCare Middle: **1-866-570-9445**
- BlueCare East: **1-866-473-7563**
- TennCareSelect: **1-866-473-7565**

We'll help arrange transportation for your patients who need to travel more than 90 miles. Please ask them to call our customer service team:

- BlueCare: **1-800-468-9698**
- TennCareSelect: **1-800-263-5479**

For more information about your patients' transportation benefit, please visit bluecare.bcbst.com/members and select **Get a Ride** or go to southeastrans.com.



Quality Care Rewards Tool

How to Find Your Programs, Your Patients and Gap Lists

The Quality Care Rewards (QCR) application has information for multiple quality programs, including:

- Patient-Centered Medical Home (PCMH)
- Commercial Quality Care Partnership Initiative (QCPI)
- BlueCare Plus (HMO SNP)SM Value-Based Program
- Medicare Advantage
- THCI BlueCareSM PCMH

To determine the quality programs for your contract, click the drop-down arrow on the top blue title bar next to “All Programs” and programs that are specific only to your contract will be displayed.

Clinical information is available on all BlueCross members within the QCR application. Click on your patient’s name to open up their specific summary page, and then click on the “Clinical” tab to view current year claims data. This added functionality allows you to view clinical data from all providers this patient has seen, which offers improved continuity of care for your patients.

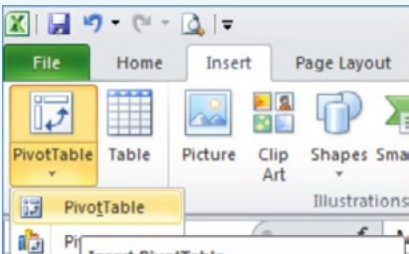
You can also export a complete Gap List from QCR. Most providers prefer downloading the Excel report and then creating a pivot table view for easier report analysis.



Quick Tips

How to Create a Pivot Table Report:

- Export the Gap List report into Excel and then either click the “Non-Compliant Gap List” or “Compliant Gap List.”
- Delete row 1 if the spreadsheet data starts on row 2.
- Select the entire worksheet by clicking in the upper left empty cell above row 1.
- Click “Insert” from top title bar. Then click “Pivot Table” and select “Pivot Table” as shown:



- Click “OK” on the next dialogue box that asks if you want to create a new worksheet.
- The Pivot Table Field List displays on the right side of the screen. Each field has a check box displayed. The hierarchy of your report will depend on how you select your pivot table fields.

NOTE: If you only want to view a couple of measures, click the arrow next to the Measure Name. This allows you to filter the measures to focus only on the desired measures.

A Clinical Focus

Addressing Diabetes Risk in Patients with Schizophrenia and Bipolar Disorder

Diabetes is the most prevalent chronic condition in our state, and as you know, it can lead to many other long-term diseases and complications. As a result, we've made improving diabetes care and outcomes a top priority for 2019.

Patients with schizophrenia and bipolar disorder have an increased risk of developing type 2 diabetes and other metabolic disorders. In fact, patients with schizophrenia may be twice as likely to develop diabetes as the general population. These patients' increased risk is due to a number of factors. Using atypical antipsychotic medications plays a role. Living a sedentary lifestyle, weight gain, the development of metabolic syndrome and cellular receptor effects also contribute.



What You Can Do to Lower Your Patients' Diabetes Risk

There are several strategies you can use to lower your patients' type 2 diabetes risk when prescribing an atypical antipsychotic:

1. Educate your patients about treatment considerations.
2. Encourage your patients to eat a healthy diet and exercise.
3. Screen all patients diagnosed with schizophrenia or bipolar disorder regularly for diabetes.
4. Consider prescribing a medication that helps to prevent type 2 diabetes. Recent studies have shown that metformin can be added to a patient's drug regimen to not only prevent metabolic changes, but also treat atypical antipsychotic-induced type 2 diabetes.



Managing Changes in Weight and Triglyceride Levels

The American Diabetes Association and American Psychiatric Association have developed monitoring guidelines for patients taking an antipsychotic medication. When starting treatment with an antipsychotic, take the following baseline measurements for your patients:

- Weight
- Blood pressure
- Body mass index (BMI)
- Fasting triglyceride levels
- Family history of type 2 diabetes

At every visit, check your patients' weight and BMI. Twelve weeks after starting an atypical antipsychotic, also recheck your patients fasting blood glucose and lipid levels. Continue to reevaluate these levels every year. Young patients have a higher risk of developing diabetes when using these medications, so consider monitoring them more closely for changes in endocrine function.

If your patients gain weight or their triglyceride levels rise, consider switching them to a medication with fewer metabolic- and weight-related side effects, and continue patient monitoring. Clozapine and olanzapine have the highest association with weight gain and metabolic effects, while aripiprazole and ziprasidone are the least likely to cause these types of side effects. If your patients have already been diagnosed with dyslipidemia, prediabetes or diabetes before beginning an atypical antipsychotic, consider avoiding clozapine and olanzapine, and watch for signs and symptoms of diabetic ketoacidosis and hyperglycemic hyperosmolar syndrome. You can access more information on metabolic monitoring [at this link](#).

Atypical antipsychotic medications are an effective tool in treating schizophrenia and bipolar disease. With careful treatment considerations and management of patients with bipolar disorder and schizophrenia, you can help reduce your patients' diabetes risk and provide quality care.

References

Boehm G, Racoosin JA, Laughren TP, Katz R. Consensus development conference on antipsychotic drugs and obesity and diabetes: response to consensus statement. *Diabetes Care*. 2004; 27(8):2088-2089; author reply 2089-2090.

Berg, Jennifer; Stajich, Gregory; Zdanowicz, Martin. Atypical Antipsychotic-Induced Type 2 Diabetes. *Pharmacy Times*. 2012.

Cohn T, Prud'homme D, Streiner D, Kameh H, Remington G. Characterizing coronary heart disease risk in chronic schizophrenia: high prevalence of the metabolic syndrome. *Can J Psychiatry*. 2004 Nov; 49(11):753-60.

Hammerman A, Dreiherr J, Klang SH, Munitz H, Cohen AD, Goldfracht M. Antipsychotics and diabetes: an age-related association [published online ahead of print July 29, 2008]. *Ann Pharmacother*. 2008; 42(9):1316-1322.

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative.

Starrenburg FC, Bogers JP. How can antipsychotics cause diabetes mellitus? insights based on receptor-binding profiles, humoral factors, and transporter proteins [published online ahead of print March 14, 2009]. *European Psychiatry*. 2009; 24(3):164-170.

Wu RR, Zhao JP, Jin H, et al. Lifestyle intervention and metformin for treatment of antipsychotic-induced weight gain: a randomized controlled trial. *JAMA*. 2008; 299(2):185-193.

Wu RR, Zhao JP, Guo XF, et al. Metformin addition attenuates olanzapine-induced weight gain in drug naïve first-episode schizophrenia patients: a double-blind, placebo controlled study [published online ahead of print February 1, 2008]. *Am J Psychiatry*. 2008; 165(3):352-258.





Emerging Trends in Initiating Treatment for Substance Use Disorders

Methods for engaging patients in substance use disorder treatment are evolving in response to the growing incidence of these disorders and the need for increased access to care.

Abstinence is the ideal outcome following substance use disorder treatment. However, positive outcomes from studies on medication-assisted therapies, such as buprenorphine, naltrexone and naloxone, have led to a greater recognition of the benefits of harm-reduction strategies. Those studies suggest that highly motivated individuals with adequate support networks can receive treatment for many types of chemical dependencies in an outpatient setting.

The Role of Motivational Interviewing

Providing immediate access to care and using techniques, such as motivational interviewing, help set patients up for success when they first start treatment for substance use disorders.

Motivational interview skills are now considered the standard of care when beginning substance use disorder treatment. This technique is nonjudgmental and involves the use of empathic, open-ended questioning, reflective listening, and affirmation. It explores readiness to change, resolves ambivalence about change, and helps individuals conceptualize possible solutions.

Immediate access to care is important because patients are less likely to follow through with treatment if it doesn't begin within two weeks. Emergency rooms and primary care settings are often the ideal settings to begin treatment. A promising practice is to begin medication-assisted treatment with buprenorphine while a referral for ongoing treatment is in process.

Helpful Resources for You and Your Patients

The following resources are available to help connect your patients with the services they need as they begin their recovery journeys.

1. The Department of Mental Health and Substance Abuse Services' Tennessee Recovery Navigator Program

Through the Tennessee Recovery Navigator Program, navigators meet with patients who've recently overdosed or are receiving Emergency Room care and connect them with substance use treatment and recovery services. These navigators are people in long-term recovery who maintain a Certified Peer Recovery Specialist certification and use their own life experiences to help others find recovery. You can learn more about this program at tn.gov.

2. Medication-Assisted Treatment Providers

Our in-network providers who specialize in medication-assisted treatment use telemedicine technology and work with peer recovery coaches, health navigators, counselors and other professional staff to ensure all patient needs are met. To find in-network medication-assisted treatment providers in your area, please contact your regional provider network manager or search our online directory. For help searching our provider directory, please see our resource guide.

3. Our Case Management Referral Lines

If you need help getting referrals for your patients, please call:

BlueCare Tennessee Case Management
1-800-468-9736

Commercial Case Management
1-800-367-3403

Medicare Advantage Case Management
1-800-611-3489



Improving the Low Back Pain HEDIS Measure

The Low Back Pain (LBP) Healthcare Effectiveness Data and Information Set (HEDIS) measure is based on the percentage of patients with a primary diagnosis of low back pain that didn't have an imaging study (regular X-ray, MRI or CT scan) within 28 days of the diagnosis. These patients should also have a negative diagnosis history for low back pain of 180 days.

Many patients believe they should have an X-ray, MRI or CT scan when they aren't indicated. We're working to get information about back pain and unnecessary imaging to our members. Here's what we're telling them:

- Imaging has risks and can be expensive. These tests usually won't help you feel better.
- Ask your doctor if there are alternatives that can help you avoid an X-ray, CT scan or MRI, and which non-prescription pain relievers might help.
- You can often improve your back pain by walking, using heat, sleeping on your side or your back and using a pillow between or under your knees.
- Try hands-on care like physical therapy, massage, yoga or acupuncture.



To improve this quality measure, remind your patients of the points listed above, and avoid ordering imaging studies in the first four to six weeks of the onset of non-radiating pain with no signs of structural damage or defects. If your patient should be excluded from this measure due to complications or health issues, be sure to include all applicable codes on your claim submissions for diagnoses such as:

- | | |
|-------------------------|--------------------------|
| • Cancer | corticosteroids |
| • Neurologic impairment | • Major organ transplant |
| • Recent trauma | • Spinal infection |
| • IV drug abuse | • HIV |
| • Prolonged use of | • Hospice |

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NCQA Updates Appropriate Antibiotic Use Measures

The National Committee for Quality Assurance recently announced changes to three HEDIS® measures related to overuse/appropriateness of care. These updates affect each measure’s denominator and line of business, so they have the potential to significantly increase the number of your patients included in the eligible population for these measures.

The chart below summarizes changes you need to be aware of for the appropriate antibiotic use measures.

New Guidelines for the Measures

Measure Name	Age Range	Eligible Episodes	Lines of Business
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)	Adults and children age 3 months and older	All episodes where patient is diagnosed with acute bronchitis/ bronchiolitis.*	Commercial, Medicaid and Medicare
Appropriate Treatment for Upper Respiratory Infection (URI)	Adults and children age 3 months and older	All episodes where patient is diagnosed with URI.*	Commercial, Medicaid and Medicare
Appropriate Testing for Pharyngitis (CWP)	Adults and children age 3 years and older	All episodes where patient is diagnosed with pharyngitis and dispensed an antibiotic.*	Commercial, Medicaid and Medicare

* Intake period is July 1 of the year prior to the measurement year through June 30 of the measurement year.

For reference, we’ve also included information about the current measures for easier comparison. See next page.



We’re here to help, so please let us know if you have questions. We look forward to working with you to put these measures into practice – and continue our shared goal of improving appropriate antibiotic use and lowering antibiotic resistance across our state.

Previous Guidelines for the Measures

Measure Name	Age Range	Eligible Episodes	Lines of Business
Antibiotic Avoidance in Treatment in Adults with Acute Bronchitis (AAB)	Adults age 18 to 64	The earliest episode date where patient is diagnosed with acute bronchitis.*	Commercial and Medicaid
Appropriate Treatment for Children with Upper Respiratory Infections (URI)	Children age 3 months to 18 years	The earliest episode date where patient is diagnosed with URI.**	Commercial and Medicaid
Appropriate Testing for Children with Pharyngitis (CWP)	Children age 3 to 18	The earliest episode date where patient is diagnosed with pharyngitis and dispensed an antibiotic.**	Commercial and Medicaid

* Intake Period is Jan. 1 through Dec. 24 of the measurement year.

** Intake Period is July 1 of the year prior to the measurement year through June 30 of the measurement year.

Contacts for Quality+ Partnership Programs

Commercial

Patty Howard

Manager,
Commercial Quality Improvement
Patty_Howard@bcbst.com
(423) 535-7865

BlueCare Tennessee

Sharonda Featherstone

Manager,
Provider Quality
Sharonda_Featherstone@bcbst.com
(423) 535-8299

Medicare Advantage

Ashley Ward

Manager,
Provider Engagement
and Outreach
Ashley_Ward@bcbst.com
(865) 588-4628

Genaro Velasquez Rios

Supervisor,
Provider Quality Outreach
Middle/West Region
Genaro_ValasquezRios@bcbst.com
(615) 565-1910

Trey Brown

Supervisor,
Provider Quality Outreach
East Region
TreyB_Brown@bcbst.com
(423) 535-4366



1 Cameron Hill Circle | Chattanooga, TN 37402 | bcbst.com

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19PED609373 (8/19)