YOUR GUIDE TO PROGRAMS AND REWARDS

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A Clinical Focus

Treatment for Young Children with Disruptive Behavior

While pharmacotherapy may be an appropriate primary treatment for some individuals experiencing symptoms of particular psychiatric disorders, it may not benefit young children with externalizing behaviors (such as attention-deficit/hyperactivity disorder or oppositional defiant disorder). Prescribing "off-label" antipsychotic medications to treat disruptive behaviors and mood disorders has increased significantly, despite the lack of empirical support for this practice. Even when antipsychotics are avoided, medication as a first-line, primary, or only intervention should be pursued with great caution.

In 2019, the American Academy of Pediatrics recommended that initial treatment for children, particularly those 6 years of age or younger, begin with evidence-based therapeutic interventions. These interventions typically have a heavy emphasis on caregiver involvement and enhancing their relationship with the child. Parent Training in Behavior Management (PTBM) or evidence-based interventions should be the first line of treatment, with medication only being considered if these interventions are not successful.

For older children, medication has been found to have a strong and immediate effect on core symptoms, but only therapy can address the skills and management strategies that can help them long-term. While the positive effects of behavioral therapies tend to last, the effect of the medication stops when it's no longer taken. Training approaches that focus on school interventions and functional skills have consistently revealed benefits for school-age children.

Finally, a combination of medication (when necessary) and therapy has been found to be particularly effective with pre-adolescent and adolescent children. Some studies show this combination may also allow for lower dosages of medication, and thus reduce the risk for side effects. This approach also tends to result in greater satisfaction on the part of the parents.

You can find additional information from the **Centers of Excellence of Tennessee** for providers trained in evidence-based practice located in your area.

Parent resources can be found at:

- **Children and Adults with Attention-Deficit Hyperactivity Disorder** (CHADD)
- American Academy of Child & Adolescent Psychiatry, **Fact For Families Guide**
- Child Mind® Institute, **Parents Guide to ADHD** and **Managing Problem Behavior at Home**
- Centers for Disease Control and Prevention (CDC), **Key Findings: Treatment of Disruptive Behavior Problems – What Works?**

Jill I. Amos, PhD

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Grace Pediatrics' Roadmap for Well Visit Success

The staff of Grace Pediatrics understands the challenges of getting adolescents to the office for well visits. Students and parents are typically busy with school activities. Nurse Practitioner Emily Harvison said families generally come in for seventh grade shots, but aside from that, they don't think about well visits being part of routine care. When the practice became part of the BlueCare℠ Patient-Centered Medical Home (PCMH) program in 2018, they started to develop strategies to offset this mindset and relay the importance of well-care visits and immunizations. That's when they created their roadmap.

The roadmap focuses on one age-specific quality measure each month. Nicole Hamilton, quality coordinator for Grace, and Selena White, the practice manager, create the report listing all patients who need that specific immunization or office visit. A spreadsheet is sent to all locations with a list of the patients they should contact. The staff is able to stagger the measures so that they show up twice per year – which gives them an additional opportunity to address each measure.

Hamilton said, "This is a way for everyone in the practice to help out and be a part of PCMH." She said much of their success is tied to the fact that Dr. Mark Hughes has staff specifically assigned to oversee quality. Not only do she and Harvison work directly with the program, but Dr. Hughes added a year-round position dedicated only to patient outreach.

Focusing on Immunizations

A very important part of the roadmap is their focus on immunizations and targeted educational communications for specific age groups. Harvison said this strategy helps them from having to play catch-up at the end of the year. The practice takes advantage of generic materials provided from trusted sources that can be customized with the name of their practice and mailed to patients. They place posters inside the exam rooms and include information in the packets each patient receives during their well-care visit.

Immunizations, particularly for adolescents, can be a struggle for pediatricians. Harvison said they group the Tdap, human papillomavirus (HPV) and meningococcal vaccines together. When patients come in for those, they schedule the second shots. "If we present expectations that all three are needed, and educate the parents and patients this way, they don't hear a different message about a particular vaccine. They get the message that all of them are important and needed. We also start talking about vaccines they need at age 11 or 12 when the patients are 10," Harvison said.

Avoiding Unnecessary Emergency Care

Grace Pediatrics has also had success in lowering emergency room (ER) visits. Harvison said decreasing the use of the emergency room for non-emergency care is something that happens over time by continually educating parents on appropriate use. Each of the well-care packets they provide includes an educational guide about what to do about illness or injuries after hours, and when it may be necessary to use the ER.

At every visit, the staff reminds parents to call them with concerns first, even after hours. The group is open on Saturdays from 9:00 a.m. to noon, and they have providers on call after hours to talk to parents, assess the situation, and guide them on the appropriate next step. If the patient can be cared for at home until they're seen in the office, the provider will advise on at-home care overnight. They can also let them know about other after-hours options in their area if the child should be seen before the office is open – but doesn't need care from the ER.

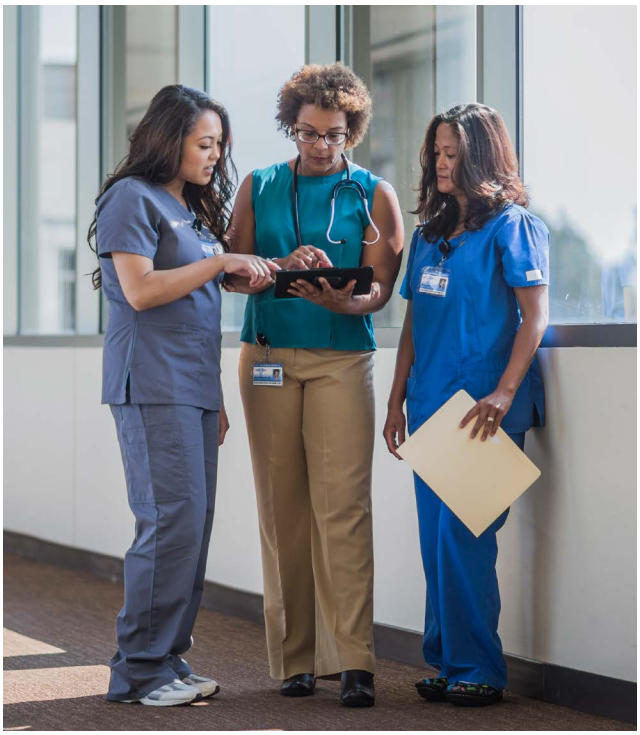
Because Grace participates in the PCMH program, they have case managers who check the TennCare Care Coordination Tool daily to see which patients have visited the ER. The case managers follow up with parents of these patients. They also monitor for frequent users who tend to visit the ER three or more times per year for situations that don't warrant emergency care. Case managers reach out to these parents to educate them on alternative care and go over goals and barriers.

A Simple Fix to Help Lower Prescription Costs

To help keep prescription drug costs in check for their patients, Grace Pediatrics has saved the generic names of frequently prescribed drugs in their electronic health records. "We want to do our part to keep costs low for patients. Most electronic health record systems will allow you to put in frequently prescribed medications. Now, when a provider enters the name of a drug they're prescribing, such as Singulair, the system will automatically pull the generic name, montelukast sodium," said Harvison.

Delivery of High-Quality Care

Harvison said Grace is focused on the health of their practice, but more importantly, the health of their patients. She said that participation in PCMH helps them accomplish this goal. "As a provider, our time with patients is limited. There are just so many hours in the day to deliver the high-quality care we want to provide and still be able to see the patients that need to be seen. We try to do our part to look for ways that help us do that, and participating in PCMH helps."



"We focused on finding a way for everyone within the practice to be involved, to help make sure we improve our care, and that we're all working together to meet the quality benchmarks."

Nicole Hamilton

QUALITY COORDINATOR

A Clinical Focus

Tips to Help Your Team Meet Quality Standards for Childhood Immunizations

We know it's important to you that children in your care receive the vaccinations they need for the best protection against diseases. To help your team succeed in meeting the NCQA HEDIS® quality standards for the Childhood Immunization Status (CIS) measure, we're sharing the following reminders and tips:

Key Points

- To meet the requirements of this measure, **all doses of all vaccines** must be given before the child turns 2.
- If just **one** dose of **one** vaccine is missing or unaccounted for after the child turns 2, there will be a gap in care that can't be closed.

What's Needed to Close This Measure

- Four DTaP (diphtheria, tetanus, and pertussis)
- Three IPV (polio)
- One MMR (measles, mumps and rubella)
- Three HiB (haemophilus influenzae type B)
- Three hepatitis B (Hep B)
- One hepatitis A (Hep A)
- One varicella (VZV-chickenpox)
- Four PCV (pneumococcal)
- Two or three RV (rotavirus)

  NOTE: *For compliance of record review, it's very important to include in the record whether the rotavirus vaccine is the two- or three-dose vaccine.*
- Two influenza (flu)

Important Things to Keep in Mind

- The **first influenza immunization** can be given at 6 months of age. This can pose a problem for babies born in the fall of the year, because the second vaccine will be due when there may not be vaccine availability. This could require an extra visit, or ordering extra vaccines to cover these situations.
- **VCV**, **MMR**, and **Hep A** must be given on or between the child's first and second birthday to be compliant with the measure.
- For **VCV**, **MMR**, **Hep A** or **Hep B**, you can also close the measure for these vaccines by documenting in the medical record (and including the date), a history of the illness prior to two years of age – or a seropositive test result.
- **DTaP**, **IPV**, **HIB**, **Pneumococcal** and **Rotavirus** should be given at least 42 days after birth for compliance.

- Typically, the first **Hep B** is given on the date of birth or the day after because most women and babies don't stay in the hospital longer than that. If the hospital has given the provider the patient records for the Hep B vaccine that was given at birth, then the provider can enter the information and attest that the infant received the Hep B vaccination in the hospital – as long as the Hep B was given between the date of birth and seven days after.
- The **Live Attenuated Influenza Vaccine** (LAIV) (nasal) is acceptable now per NCQA, but **only on the child's second birthday and no other day**.

Top Tips for Immunization Success

- Encourage parents to be proactive by scheduling well visits in advance. It's a great time to give immunizations, and well visits are a covered benefit. If you have specific questions about coverage for well-child visits, check **Availity®** first. If you can't find the information you need, you'll get a Fast Path phone number that moves you to the top of the calls received list.

- You can help parents keep track of their child's immunizations by directing them to **www.cdc.gov/vaccines** for an immunization schedule, as well as information on the different vaccines. This website also has childhood vaccine information that can be helpful for providers.

- Let parents know about the common minor side effects of vaccines, and ensure they're aware of when they should call you about potential vaccine reactions.

- Motivate positive vaccine decisions by displaying posters and having educational materials available in your office. Education is key to successful vaccination rates. Use resources from the CDC, the local health department and BlueCross to help parents understand the importance of vaccines and the diseases they help to prevent.

A Recap of the Care for Older Adults (COA) Quality Measure

The 2021 Provider+ Partnerships Program includes a Care for Older Adults (COA) quality measure to ensure that older adults enrolled in Special Needs Plans (SNP) and Medicare-Medicaid Plans (MMP) receive appropriate screenings and services. Providers should ensure these components are completed each year for each SNP member: **Medication Review**, **Pain Assessment**, and **Functional Status Assessment**.

Additional Measure Details

The COA measure includes members age **66 and older.** The assessment is required **annually**, and **excludes members in hospice**.

COA Medication Review, Services Needed

Medication Review includes any of the following:

- A medication list in the record **AND** a notation included that a medication review was completed in 2021 by the prescribing practitioner or clinical pharmacist **WITH** the date it was performed.
- A medication list included in the record signed and dated in 2021 by the practitioner or pharmacist.

- A 2021 notation in the medical record stating that the member is not taking any medication **WITH** the date it was noted.
- Sample codes CPT®II: 1159F, 1160F; CPT®: 90863, 99605, 99606, 99483; HCPCS: G8427; Transitional Care Management: 99495, 99496.

Helpful Tips

- A review of side effects for a single medication at the time of prescription alone isn't sufficient to meet criteria of the medication review.
- The medication list must include everything the patient takes (prescription and non-prescription drugs, vitamins, remedies, and other supplements).
- Ensure the prescribing provider does an annual review of the patient's medications and signs the note.
- Medications must be listed.
- Only noting medications were reviewed with the patient isn't sufficient.
- An outpatient visit isn't required to meet criteria, nor is the member required to be present.

COA Pain Assessment

Documentation:

- Evidence of a pain assessment and the date is was performed in 2021.
- Sample Codes CPT®: 1125F, 1126F.
- Documentation in the medical record that the patient was assessed for pain (could be positive or negative findings) or results of a standardized pain assessment tool.

The following items don't meet the criteria for a pain assessment:

- Notation of a pain management or treatment plan alone
- Documentation or notation of screening for chest pain alone
- Services provided in an acute impatient setting aren't counted
- Services rendered during a telephone visit, e-visit or virtual check-in meet criteria for Pain Assessment indicators

COA Functional Assessment

Helpful Tips:

- Include at least one functional assessment to determine their ability to perform activities of daily living (ADLs) and/or instrumental activities of daily living (IADLs) during 2021.
- Document evidence of a complete Functional Status Assessment performed in 2021.
- Include the date of the Functional Status Assessment.
- Use valid documentation. The following is invalid: Assessment of a single condition, event or body system.
- Review the sample codes for this measure: CPT® II: 1170F; HCPCS: G0438, G0439; CPT®: 99483.

Note:

- The components of the Functional Status Assessment may occur in separate visits for 2021.
- Services provided in an acute inpatient setting are not counted.
- Services rendered during a telephone visit, e-visit or virtual check-in meet criteria for the Functional Status Assessment.

The best quality outcomes are a product of everyone working together, and we're here to help. If you have any questions, contact your Quality Incentive Consultant.

For more information:
Consult our **2021 Quality Program Information Guidebook**, or view a recorded COA measures presentation at your convenience in Availity®. To access the presentation after logging in to Availity, choose BlueCross BlueShield of Tennessee within "Payer Spaces" and then select "Resources". Once you're on the resources page, you'll find the COA presentation listed as MA Quality Program: **Care for Older Adults Measure**.

HCPCS is the Healthcare Common Procedure Coding System.

Preventing Drug-Related Hospital Readmissions

According to the National Institutes of Health, medication errors cause 1 in 5 hospital readmissions with an increase in the numbers for older adults. Adverse reactions to medications are the root cause of drug-related readmissions. More specifically, the adverse drug events in older adults include hematological, endocrine, cardiovascular, central nervous system and anti-infective agents.

Providing assistance with medication management and pharmaceutical care will help promote a safe drug use environment for your patients. Many areas offer community liaison pharmacy programs to help make the transition between drug use in the hospital setting and a patient's home. The Institute for Safe Medication Practices (ISMP) has developed and tested more than a dozen consumer leaflets that offer important safety tips when taking medications such as warfarin, enoxaparin, fentanyl patches, oral opioids with acetaminophen, oral methotrexate and various insulins.

Additional resources to educate your patients can be found on the **ISMP website**.

Source: **Reduce Readmissions With Pharmacy Programs That Focus on Transitions From the Hospital to the Community** (nih.gov)

The Elevated Health Risks of Patients with Serious Mental Illness

What you can do to help prevent them

Both adult and pediatric patients with bipolar disorder or schizophrenia diagnoses have a high risk for cardiovascular disease and diabetes. That's why it's important to closely monitor the health of patients who take antipsychotic medications and be responsive to changes in health indicators.

Patients with serious mental illness often have the following risk factors:

- **Reduced activity levels** – spending about 40% more time sitting each day.
- **Likelihood of smoking or using alcohol** – on average, 75% of adults with schizophrenia smoke daily. Tobacco users with major psychotic or affective disorders are also more likely to use alcohol.
- **Poor diet** – more likely to use caffeine daily, and less likely to avoid salt and saturated fats.

Antipsychotic medications also have been found to cause weight gain and other metabolic abnormalities for children and adults. In fact, the prevalence of diabetes mellitus is four to five times higher in the schizophrenic population versus the general population.

Steps You Can Take to Help Prevent Health Risks or Mental Health Crises

- Help your patients find a personal reason to improve their health or to lose weight and encourage physical activity. Suggest diet changes if needed.
- Offer tobacco cessation help.
- Encourage your patients to discuss any medical side effects with you.
- Stress the importance of not skipping doses, waiting to refill, or discontinuing their medication.

Importance of Medical Monitoring

Keep in mind, the prescribing clinician is responsible for making sure monitoring is complete and for reviewing the results. Routine medical care was one of the casualties of the COVID-19 epidemic, making current assessment and monitoring more important than ever.

Monitoring Activities

- Establish a baseline or re-assess the body mass index (BMI) and waist circumference for your patients, particularly if they're beginning to take a medication (especially an antipsychotic), have been taking it for some time, or if the patient is new to you.
- Schedule lab work to be completed prior to the next appointment.
- Order a fasting glucose or HbA1c and lipid profile annually.
- Start a process for metabolic monitoring. For example, you might designate a month, twice a year, for monitoring all at-risk patients.
- Monitor blood pressure, BMI, cholesterol and glucose levels for patients diagnosed with schizophrenia or bipolar disorder who also have cardiovascular disease.

Collaboration with Other Providers

It's very important to include a patient's primary care or behavioral health provider's name in their chart and request the necessary releases. Consider setting up a system to share lab results and concerns about changes.

Using Statins to Treat More Than Cholesterol

While statins are prescribed to lower cholesterol, they have many other important purposes. According to Johns Hopkins cardiologist Michael Blaha, M.D., "…they also benefit people with lower levels of cholesterol who are at a high risk of heart disease." Examining your patients' heart-health measures such as blood pressure, blood glucose and BMI will help identify those who are at risk.

Statins Are a Low-Risk Drug

According to research, the risk of taking statins is low while the benefit is high. A review in the *British Medical Journal* confirmed that statins causing memory loss or cataracts is a myth. Most patients will find that the benefits of taking statins far outweigh the risk.

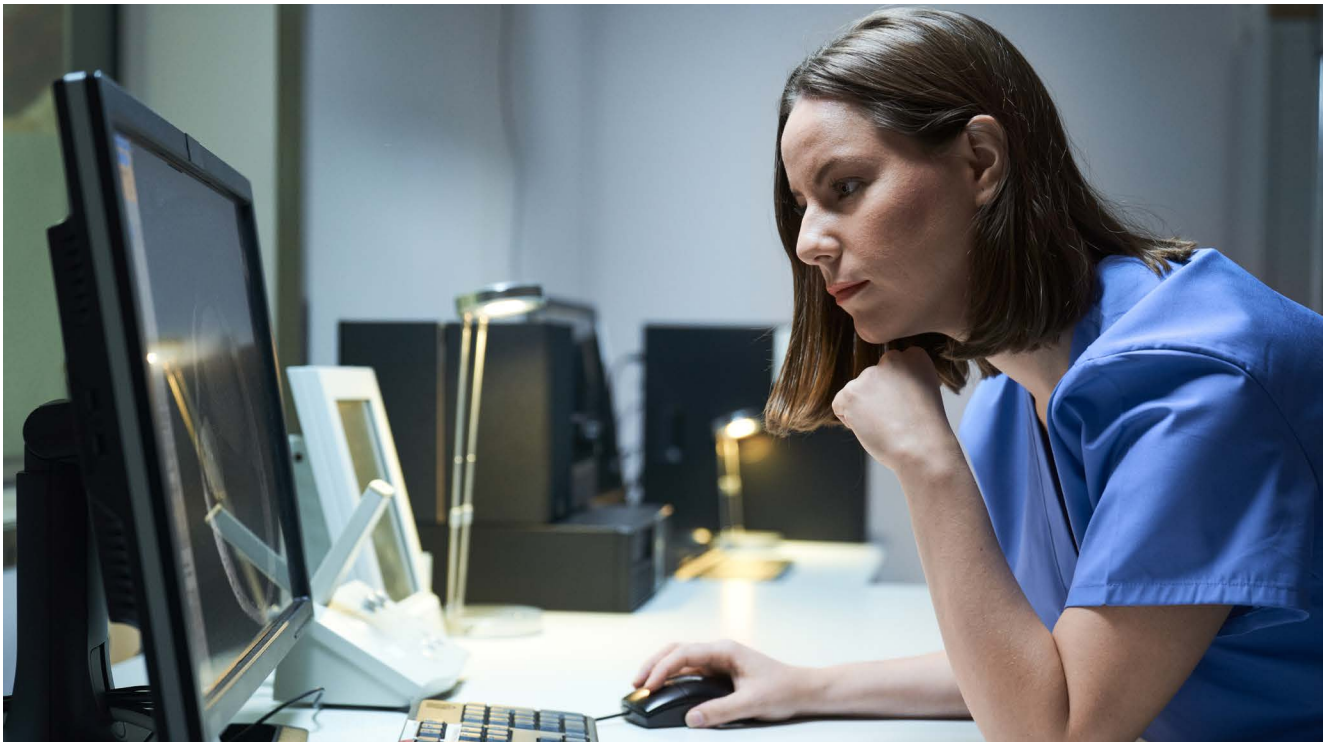
Who Should be Prescribed Statins?

Aside from patients with elevated cholesterol, statins should be prescribed to those who:

- Are at risk for heart disease – especially those between 40 and 75 years of age
- Are between the ages of 40 and 75 years of age who have type 1 or type 2 diabetes

Patients with Diabetes Need Statins

Your patients between the ages of 40 and 75 who've filled at least two prescriptions for any medication used to treat diabetes this year should also fill at least one statin medication before the end of the year, and remain on that statin medication unless they develop serious complications or have any of the listed comorbid exclusions. Statin medication intensity can be written based on risk and patient-specific factors. There's no minimum dosage requirement under the Statin Use in Persons with Diabetes (SUPD) quality measure.



Quality Measure Exclusions

Patients who have end-stage renal disease or who are receiving hospice services are excluded from the SUPD quality measure. Additionally, new exclusions were added to the measure specifications for 2021 by the Centers for Medicare and Medicaid Services (CMS).

The update adds exclusions for patients diagnosed with:

- Rhabdomyolysis or myopathy
- Pregnancy, lactation or fertility
- Liver disease
- Pre-diabetes
- Polycystic ovary syndrome (PCOS)

The diagnosis code for the applicable condition must be submitted on a claim to exclude the patient. Documentation of a statin intolerance or contraindication in the chart alone won't exclude the patient. All generic statins are included in the BlueCross Medicare Part D drug list when filled at preferred pharmacies. Copays range from $0 to $1 for a 90-day supply depending on the patient's plan type.

For questions about statin quality measures, refer to the **BlueCare Tennessee Quality Measures Booklet**.

To purchase copies of this publication, including the full measures and specifications, contact NCQA Customer Support at 888-275-7585 or visit **www.ncqa.org/publications**.

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