



YOUR GUIDE TO PROGRAMS AND REWARDS

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› A Message From Dr. Huffman

› Recognizing Our State's Health
Care Stars



Inside this Issue

A Message from Dr. Huffman

An Enduring Focus on Person- and Team-Centered Care

Recognizing Our State's Health Care Stars

Awards Highlight Innovation, Collaboration and Quality Care

A Clinical Focus

A Focus on Antibiotic Resistance

Help Your Patients Get the Follow-Up Care They Need

Identifying Early Intervention and Treatment Options for Substance Use Disorder

Child and Adolescent Immunizations

Breast Cancer Awareness and Other Screenings

Best Practices and Tips for Closing Gaps in Care

Managing the Effects of Drug Costs for Medicare Advantage Patients

An Enduring Focus on Person- and Team-Centered Care

During the last quarterly conference for providers participating in a Tennessee Health Care Innovation Initiative value-based program, four practices were recognized as Walk of Fame Award winners:

- › East Tennessee State University (ETSU) Health Pediatrics
- › Cumberland Pediatric Associates
- › McNabb Center
- › Allied Behavioral Health Solutions

You'll read more about the Walk of Fame awards and how these practices are caring for their communities later in this issue.

While the awards recognized distinct aspects of performance, all practices demonstrated a commitment to better care and support for patients and their families. Common themes to the great work being done by these practices include a relentless focus on all aspects of their patients' well-being, team-based care and community partnership. These are all essential elements for success for all practices working to improve the health of the patients they serve.

We recognize that there are many other practices doing great work in serving our BlueCare Tennessee and BlueCross members. We sincerely appreciate you and look forward to continuing our learning together.



Cy Huffman, M.D.

VP and Chief Population
Health Officer

BlueCare Tennessee

Recognizing Our State's Health Care Stars

Awards Highlight Innovation, Collaboration and Quality Care

We appreciate the care you give to our members across the state, especially during the ongoing COVID-19 pandemic. Recently, the TennCare managed care organizations hosted the Tennessee Walk of Fame Awards to recognize how providers across Tennessee are working to transform care delivery. The awards were open to all providers who participate in a Tennessee Health Care Innovation Initiative (THCII) quality program.

We asked providers to nominate their practices or a member of their team for excellence in one of four categories:

- › Quality in Care Delivery
- › Outstanding Partnership and Collaboration
- › Community Achievement in Innovation and Engagement
- › Inspiration

More than 30 practices and providers were nominated for the awards, and each nomination offered an inspiring snapshot of the great work being done in communities across the state.

The winners of each award were announced during the BlueCare Tennessee delivery system transformation conference on July 27. In this issue of Quality Care Quarterly, you'll learn more about the winners and the things they're doing to provide accessible, quality care. We hope some of the information shared will be useful for your practice, too.

Quality in Care Delivery: ETSU Health Pediatrics

In 2020, East Tennessee State University (ETSU) Health Pediatrics started the Baby Steps Clinic, a multidisciplinary perinatal care coordination and follow-up clinic for families affected by antenatal drug use/exposure. The clinic follows patients with drug use disorder prenatally and provides targeted services to children exposed to drugs in utero for the first five years of life. Services available to families through the clinic include audiology, physical, occupational and speech therapy, help with breastfeeding, mental health and drug use counseling, nutritional counseling with a registered dietitian, and ongoing care coordination.

"We know in Tennessee that we have a huge problem with children being born exposed to substances and a huge substance abuse epidemic in our region," said Dianna Puhr, M.D., FAAP, Baby Steps Medical Director. "If we can rally support around the entire family unit, we have the best chance of good outcomes for all involved."

Feedback from families participating in the follow-up clinic has been overwhelmingly positive, with 93.5% reporting they were "Extremely Satisfied" with their visits. In a 2021 survey with providers and partners, 90% of respondents reported that the Baby Steps Clinic was effective in improving care coordination and access to community resources, and 70% reported that it was effective in the parent/caregiver's engagement in care and in improving the health of the mother.

"At ETSU Health Pediatrics, we strive to provide whole-patient, whole-family care," said Karen Schetzina, M.D., MPH, FAAP, Professor and Vice Chair of Academic Pediatrics. "This opportunity, as well as the support from our leadership, enables our health care providers to be innovative in their care delivery and provide the best care for patients in our region."



Outstanding Partnership and Collaboration: McNabb Center

The McNabb Center has partnered with East Tennessee Children's Hospital to make mental health care more accessible to children and families. In 2019, McNabb launched an embedded psychiatry program with East Tennessee Children's Hospital, and in 2020, expanded this partnership to include 14 Children's Hospital primary care provider (PCP) offices. Through the embedded psychiatry program, the McNabb Center's psychiatric medical provider and a mental health clinician help ER doctors and nurses with identifying appropriate medications and safety and discharge planning. In the PCP setting, the McNabb Center provides education and training, has developed treatment protocols for physicians prescribing psychotropic medications, and has established a process to virtually assess and refer clients for mental health needs.

While these efforts were successful, there remained a need for more intensive services for children experiencing a behavioral health crisis. To address this, the McNabb Center opened the state's first Children's Crisis Stabilization Unit, located on the fourth floor of Children's Hospital, in June 2022. In its first two weeks of operation, the unit served more than a dozen children.

"We know this level of care and service has been needed for a long time," said Lindsay Stone, M.A., Senior Director of C&Y Mental Health Programming at the McNabb Center. "Children and families now not only have the services they need, but also the right level of care and support to transition their kids back into their homes after short-term stabilization and maintain those home environments after they leave our care."

"We opened our doors in June, and just in that small amount of time in the population we serve, we've seen an 87% diversion rate, meaning that our clients have been able to sustain in their natural environments with their families and not have to access a higher level of care," added Mary Katsikas, MAFP, Clinical Vice President at the McNabb Center. "That's what our intention was, and we're very proud to already have that high of a success rate."

Community Achievement in Innovation and Engagement: Allied Behavioral Health Solutions

In 2019, Allied Behavioral Health Solutions (ABHS) started a School-Based Behavioral Health Liaison (SBBHL) program in Jefferson County. The program was designed to help address students' behavioral health needs and reduce rates of in-school and out-of-school suspension and alternative placement. At the time, the school system had gone two years without behavioral health support.

Through the partnership between ABHS and Jefferson County Schools, 10 SBBHLs now serve children in each one of the district's 13 schools. These liaisons work closely with school staff to promote awareness of mental health needs and provide on-site training. In 2021, the liaisons provided 5,800 hours of service to children.

"I definitely feel like this program has improved attendance and student participation in classroom settings across the board," said Carrie Trent, Supervisor of Student Services with the Jefferson County School District. "It has improved behavior in a lot of students and gives them an outlet and someone to speak with in their time of need."

Many students served in Jefferson County also receive services outside of the school setting. So, ABHS has developed relationships with other community organizations, including the local Department of Children's Services and Boys and Girls Club, juvenile justice, and local communities of faith.

"We're creating webs of communication and connection, so children and families get the services they need in their communities in settings that are accessible to them," said Alison Peak, LCSW, IMH-E, ABHS Executive Director.

Inspiration: Cumberland Pediatric Associates

Cumberland Pediatric Associates prioritizes the medical home model and uses innovative solutions to engage patients in care, boost well-visit and immunization rates, and prevent unnecessary ER visits. Three office leaders coordinate the quality program and have developed a team approach where the entire staff is instrumental in helping the practice meet its quality goals.

"What I've tried to do is give my employees the freedom to help us meet our goals," said Charles Andrew Jordan, M.D., FAAP, Pediatrician and Owner of Cumberland Pediatric Associates. "They've been instrumental in giving us unique ideas about how to capture patients and keep them here and out of the ER."

The Cumberland Pediatric Associates team hosts on-site events, partners with the Nashville Diaper Connection to provide 50 diapers every time a young patient comes in for a well-visit or receives a vaccination, and most recently, held a drawing for a 2-year-old birthday party. All children who had received the necessary immunizations before age 2 were eligible to participate in the drawing. Additionally, the practice offers extended office hours to make it easier for families to keep appointments.

"We see patients up to 6 p.m., and if the season demands it, up to 7 p.m. Monday through Friday," Dr. Jordan said. "We're open from 8 a.m. to 12 p.m. on Saturday and Sunday, and when it gets really busy, we'll stay open until 2 p.m. So much of pediatrics is education, and we can't do that if patients aren't here in the office."

Clinical Focus

A Focus on Antibiotic Resistance

National Antibiotic Awareness Week is Nov. 18-24, 2022

Cold and flu season will soon be here. It's a time when patients often ask for antibiotics to ease their symptoms. However, antibiotic resistance is one of the most serious public health problems in the U.S. The Centers for Disease Control and Prevention (CDC) advises optimizing how you use and prescribe antibiotics to protect patients from harm and combat antibiotic resistance.

The HEDIS® measures that align with best practices for antibiotic stewardship are listed below, along with tips on how to maximize your performance.

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB) 3 months of age and older

Goal of the Measure

Patients with acute bronchitis/bronchiolitis shouldn't be prescribed/dispensed an antibiotic unless a competing diagnosis or an exclusion applies, or the patient continues to worsen. Report and document if the patient meets the requirements for an exclusion or a competing diagnosis of infection, such as otitis media, sinusitis, pneumonia or pharyngitis.

Note: Every episode counts, and patient compliance will be counted for every visit where acute bronchitis/bronchiolitis is diagnosed.

Appropriate Treatment for Upper Respiratory Infection (URI) 3 months of age and older

Goal of the Measure

Patients with only an upper respiratory infection shouldn't be prescribed/dispensed an antibiotic unless a competing diagnosis or an exclusion applies, or the patient continues to worsen.

Antibiotics may be appropriate for the following diagnoses:

- › Sinusitis (acute/chronic)
- › Pneumonia
- › Tonsillitis
- › Otitis media
- › Bacterial infection (unspecified)

Appropriate Testing for Pharyngitis (CWP) 3 years of age and older

Goal of the Measure

Patients should have a strep test if they're diagnosed with pharyngitis or a related pharyngitis diagnosis (acute pharyngitis, acute tonsillitis, streptococcal, etc.) before they receive an antibiotic prescription.

You can find additional information and helpful provider resources online in our [Antibiotic Stewardship Toolkit](#).

Help Your Patients Get the Follow-Up Care They Need

Making sure patients follow up after discharge from the hospital into the community setting is one of the best ways to help patients in their journey to wellness. Discharge planning begins at admission, and so does follow-up planning. But those follow-up plans are something patients may need to hear multiple times because their thoughts about them can evolve over time. They might think about barriers that will make it difficult for them to get follow-up care. Hearing about these barriers before discharge counseling makes it easier to help patients overcome them.

We measure follow-up care after hospitalization (FUH), after ER visits for mental illness (FUM), after ER visits for alcohol and other substance use disorder (FUA), and after high-intensity care for substance use disorder (FUI).

Accessibility is important in making it easy for patients to follow up with community-based treatment. If patients have difficulty traveling, or if the provider offers specialized services, they may be more likely to follow up if:

- › They're familiar with a provider from prior experience
- › They receive continuity of care
- › They're close to the provider in terms of distance
- › Telehealth appointments are available

We've found the following tips help increase the chances of success:

- › Schedule the appointments with the appropriate provider within seven days
- › Explain the importance of follow-up visits with your patients
- › Help your patients incorporate the follow up into their own goals
- › For outpatient providers, contact patients who miss their initial appointments and reschedule the visit as soon as possible
- › If you're contacted by another health care professional about a patient follow up, try to accommodate visits within seven days



A telehealth visit with a principal mental health diagnosis of alcohol or other substance use disorder will meet criteria for a follow-up visit.

With all of us working together, we can help patients achieve their goals.

Identifying Early Intervention and Treatment Options for Substance Use Disorder

Similar to many conditions, alcohol and drug use problems are more easily managed with early identification and preventive treatment. Patients with early signs of problematic substance use can be identified before the criteria is met to diagnose a patient with a substance use disorder (SUD), which leads to early treatment interventions.

Rates of SUD, and specifically opioid use disorder (OUD), have increased since the start of the pandemic. The statistics from 2021 haven't been released yet, but the trend seems to indicate a need for increased assessment:

- › According to the Tennessee Department of Health, overdose deaths in Tennesseans increased by 50% in 2020. Approximately 80% of these deaths were linked to synthetic or prescription opioids.
- › A National Institute of Health study showed that alcohol-related deaths increased by 25% in 2020.
- › The National Library of Medicine published a study since the start of the pandemic finding that 47% of participants had begun drinking more due to stress.
- › A study by the Washington University School of Medicine found that 80% of participants met the criteria for alcohol use disorder, but a mere 6% got additional professional help.

Direct care providers can offer patients the chance to get needed treatment by using a Screening, Brief Intervention, and Referral to Treatment (SBIRT) tool. It can identify early intervention and treatment options for patients at risk for developing an SUD, or who already have an SUD, and can be used effectively at any level of care.



The use of an SBIRT can help you:

- 1 Assess the patient's SUD severity
- 2 Identify the appropriate level of treatment
- 3 Increase the patient's insight and awareness to a potential needed behavior change in substance use
- 4 Refer the patient to providers who specialize in treatment of SUD

While the use of SBIRT originated for alcohol abuse and misuse, there's growing evidence of the benefits of the use of an SBIRT tool for prevention of risky drug use. Some factors to consider for the efficacy of using an SBIRT tool are the patient population, provider setting, and characteristics of the provider. SBIRT has been associated with significant reduction in substance use and associated harms, such as driving under the influence.¹

For payment code information for the use of an SBIRT, please contact your provider network manager.

¹ Technical Assistance Publication Series (Tap 33) (samhsa.gov)

Child and Adolescent Immunizations

Tips for Success in Meeting Quality Measure Requirements

We know you want to be sure the adolescents and children in your care receive the vaccinations they need for the best protection against diseases. We're sharing reminders and tips below to help your team succeed in meeting the NCQA HEDIS® quality standards for the Childhood Immunization Status (CIS) measure and the Immunizations for Adolescents (IMA) measure:

- › To meet the requirements of these measures, all doses of all vaccines must be given:
 - Before the child turns 2 years old for the CIS measure
- and**
- Before the adolescent turns 13 for the IMA measure
- › If just one dose of one vaccine is missing or unaccounted for after the specific birthday, there will be a gap in care that can't be closed

What's needed?

For CIS, the following must be completed in full by age 2:

- › 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 record review compliance, it's very important to include in the record whether the rotavirus vaccine is the two- or three-dose vaccine.

- › Two influenza (flu)

For IMA, the following must be completed in full by age 13:

- › One Meningococcal vaccine
- › One Tdap (tetanus, diphtheria and pertussis) vaccine
- › Two or three human papillomavirus (HPV) vaccines

Top Tips for Immunization Success

- › Encourage parents/guardians to be proactive by scheduling well-visits in advance. Well-visits are a covered benefit, and a great time to give immunizations. If you have specific questions on coverage for well-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 call list.
- › You can help parents/guardians keep track of their child's immunizations by directing them to cdc.gov/vaccines for an immunization schedule and 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 make sure they know when to call you about potential 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 prevent.

Breast Cancer Awareness and Other Screenings

October is Breast Cancer Awareness Month and a perfect time to make sure your patients are up to date. Here's what you need to know about the Breast Cancer Screening HEDIS measure and closing gaps in care.

Patients of female sex, age 50 and older, should have a mammogram at least every two years. The date of the screening and the results should be documented in the patient's chart. Biopsies, ultrasounds and magnetic resonance imaging (MRI) won't close the gap in care because they're considered diagnostic tools instead of preventive screening tools.

Documentation

- › Documentation in the chart should include both the date and result of the mammogram.
- › Documentation errors that won't close the gap in care:
 - Using date ranges such as "mammogram 1-2 years ago"
 - Indicating only the year the mammogram was completed (for example, 2019)
 - For 2022, it must show the completion was in October 2020, or later.
 - Documentation of only "mastectomy"
 - It won't meet the intent of the exclusion unless it's documented as bilateral, or both left and right unilateral on different dates of service.

Exclusions:

- › Patients in hospice or palliative care
- › Patients with a documented history of having a bilateral mastectomy. The left and right sides can be completed on different dates, but both must be documented.

Along with breast cancer screenings, it's important that your patients have other valuable recommended screenings as well. Most plans cover these at no cost to the patients.

Chlamydia screenings every year for patients of female sex ages 16-24 who are sexually active

This can be done through a simple urine test or cervical cell sample.



Cervical cancer screenings as listed below:

- › Age 21-29 – Pap screening every three years
- › Age 30-64 – There are three choices for testing:
 - Pap screening every three years
 - High-risk human papillomavirus (hrHPV) test every five years
 - Co-testing with both the Pap test and the hrHPV test every five years

Pregnant patients need the following in addition to all other visits/screenings:

- › A documented visit during the first trimester
- › A documented follow-up visit between seven and 84 days after delivery

See the Commercial Quality Measures Guide for codes and a list of exclusions for these measures.

Best Practices and Tips for Closing Gaps in Care

Accurate coding is key to ensuring you get credit for the quality work you do. Make sure you confirm that all diagnosis codes, procedure codes and applicable modifiers have been listed on the claim form and submit it as soon as possible. You can find a list of the most common sample codes in our 2022 Commercial HEDIS® Measures Guide.



Tip: It may be necessary to include additional codes on your filings to cover both the claims payment and to address closing the gap in care.

Submitting attestations within our Quality Care Rewards application is another great option to lose gaps in care. But, make sure you follow these guidelines:

- › Never attest to a screening, wellness visit or gap closure that hasn't yet occurred.
- › Include documented proof within the chart that what you're attesting to has already taken place.

Review the "Frequently Asked Questions" below for additional help.

Can I submit an attestation to close a gap in care if there's a doctor's order on file for the test?

No, you must have a documented date and result from when the test was completed to submit an attestation.

What should I do if I submit an attestation in error?

Notify us as soon as possible.

Does a patient's refusal to get a screening or test exclude them from the HEDIS measure?

No, refusal doesn't exclude a patient and the gap will remain open.

How do I find out what exclusions are acceptable for certain measures?

Exclusions are very specific and are listed in the Commercial Measures Guide and in the QCR application for applicable measures. If you have questions, please contact a member of our Commercial Quality Improvement team to discuss.

Are charts sometimes audited by BlueCross to look for validation of attestations made?

Yes, especially during our annual primary source verification audit.



Managing the Effects of Drug Costs for Medicare Advantage Patients

This is the third of a four-part series on understanding medication cost and ways to help your patients manage it.

Part Three: Optimize the Use of Generics by Educating Patients on Safety and Efficacy

By now, most people are familiar with the fact that generic medications are less expensive than brand-name medications. In fact, according to IQVIA 2019 data, the U.S. health care system saved almost \$2 trillion from 2009 to 2019 due to generic usage, with increased savings every year.¹ But even with the significant cost differences, some patients continue to use brand-name medications because of misconceptions or past experiences.

Discussing the use of generic versus brand-name medications with patients is an important step providers can take to help improve patient satisfaction, adherence and quality of life. The information provided below could help you with those discussions.



What is the difference between an active and inactive ingredient? How does this affect my patient?

To gain FDA approval, generic medications must have the same active ingredient as the brand-name medication, but the inactive ingredients may be different. The active ingredient is the component of the drug that produces the pharmacologic effect on the body. An inactive ingredient doesn't affect the therapeutic action of the medication. Inactive ingredients help with binding, flavoring, coloring, preservation or drug transportation. Examples include alcohol, gelatin, galactose, lactose and saccharin.

If a patient reports an allergy to a newly prescribed medication, be sure to consider if the allergy could be due to an inactive ingredient. Inactive ingredients are tested for safety at the population level, but they have the potential for causing adverse reactions in patients with allergies or intolerances. For example, some formulations of a medication may have lactose, a food dye or peanut oil – all of which are known to cause adverse reactions in sensitive patients. The good news is there are typically different formulations of the drug that don't contain the problematic agent. A pharmacist can help you select the most appropriate version for a patient with unusual sensitivities.

What is a generic drug?

The Food and Drug Administration (FDA) defines a generic drug as “a medication created to be the same as an already marketed brand-name drug in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use.”² Generic medications are equivalent to brand-name products in terms of their efficacy, quality and safety. However, generics range from 80-85% lower in cost when compared with their brand-name product.

¹ Discussing Brand Versus Generic Medications. US Pharm. 2020;45(6):30-32. [uspharmacist.com/article/discussing-brand-versus-generic-medications](https://www.uspharmacist.com/article/discussing-brand-versus-generic-medications). Accessed July 7, 2022.

² FDA. Generic Drugs. [fda.gov/drugs/questions-answers/generic-drugs-questions-answers](https://www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers). Accessed July 7, 2022.

What is the difference between a generic product and an authorized generic?

A generic drug is made by a company other than the company that makes the brand-name drug. It contains the same active ingredient(s), but the inactive ingredients can differ. An authorized generic is marketed by the brand-name drug company, or another company with the brand company's permission, and is the exact same drug product as the branded product, except it doesn't have the brand name on its label.³ Both generics and authorized generics are typically lower in cost when compared with the brand-name medication.

Barriers to generic usage:

- › **Patient perception** – Patients may associate the lower price of generics with lower levels of effectiveness. Generic medications look different than the brand-name products. Differences in physical appearance can influence the patient perception of efficacy or safety and have been associated with high rates of nonadherence.
- › **Patient requests** – Providers often write prescriptions for brand-name medications when a generic is available because the patient requests it.

Both of these barriers can be overcome with targeted patient education about generic medication standards and bioequivalence, and with behavioral strategies such as motivational interviewing and shared decision-making. Overcoming barriers to generic use is key in helping reduce drug cost, which has been shown to increase medication adherence.

Product Recalls

Recent generic product recalls have many patients apprehensive to switch to generics due to fear of them being unsafe. Proper education on the details of recalls is effective to encourage generic product acceptance and adherence. You can find recall information from the FDA at [fda.gov/safety/recalls-market-withdrawals-safety-alerts](https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts) or by calling a local pharmacy.

³ FDA. FDA List of Authorized Generic Drugs. [fda.gov/drugs/abbreviated-new-drug-application-anda/fda-list-authorized-generic-drugs](https://www.fda.gov/drugs/abbreviated-new-drug-application-anda/fda-list-authorized-generic-drugs). Accessed July 7, 2022.



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