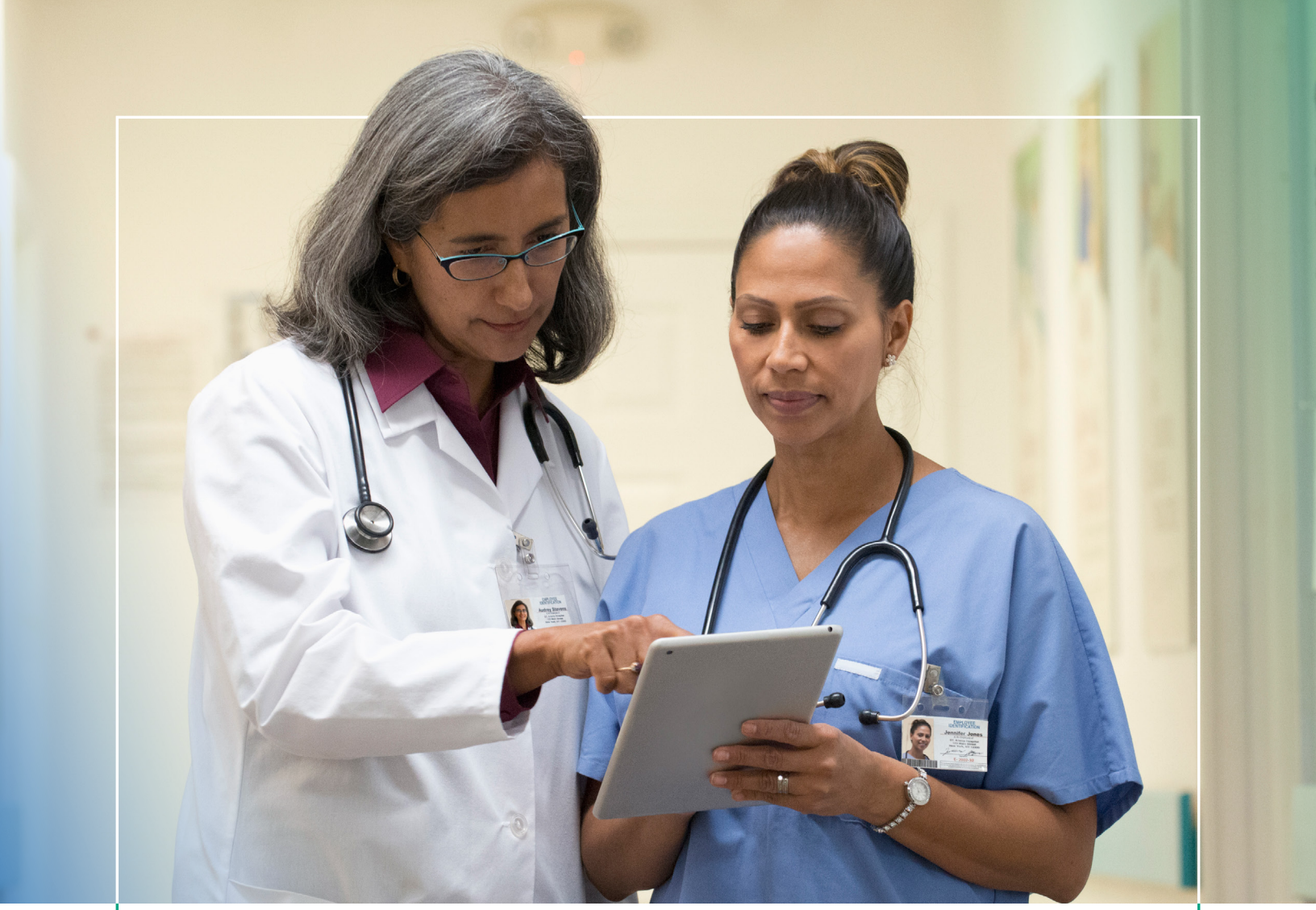

YOUR GUIDE TO PROGRAMS AND REWARDS

Quality Care Quarterly

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Inside this Issue

A Clinical Focus

Palliative Care Helps Enhance Quality of Life

For patients with a serious chronic disease, such as congestive heart failure, cancer or chronic obstructive pulmonary disease, palliative care can be a beneficial resource. The goal of palliative care is to improve quality of life for patients and families, and palliative services are designed to relieve symptoms and alleviate the disease burden associated with chronic disease.

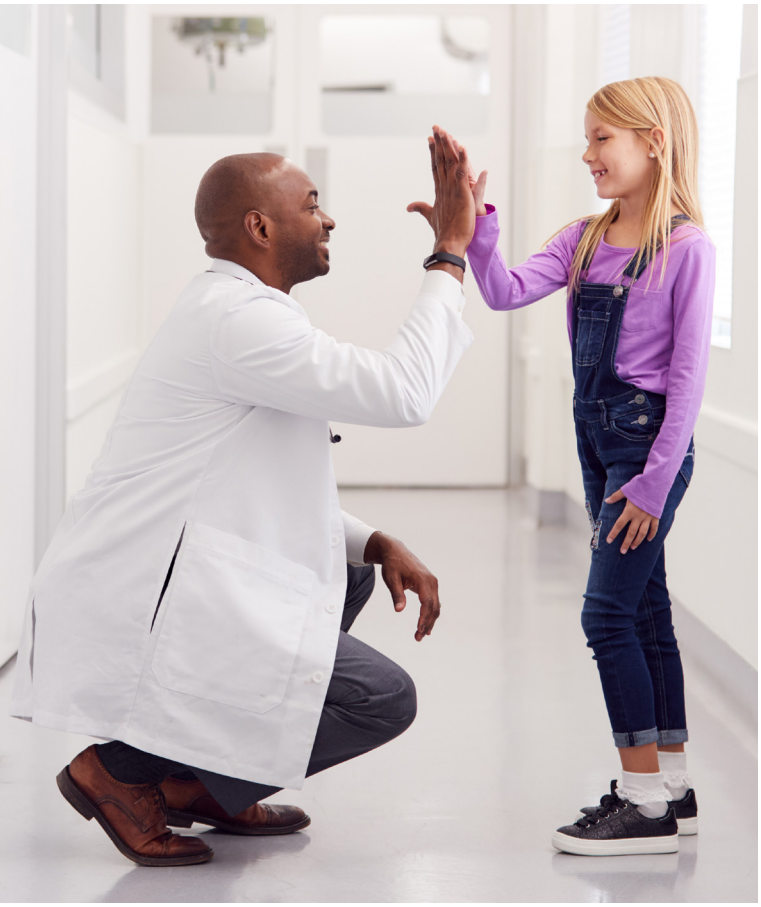
Palliative care is a truly holistic approach to care and focuses on a person's physical, mental, social and spiritual well-being. It brings together a multidisciplinary team of providers to focus on each individual's symptoms and goals. For example, patients with congestive heart failure may get a scale to monitor and report their weight. If they're gaining weight and retaining fluid, someone can visit the patient at home to adjust their oxygenation and help them breathe more easily. Similarly, if religion is important to a person, there are opportunities to arrange for someone to come to the home and offer services outside the scope of a traditional doctor's office.

Many people think palliative care is synonymous with hospice, but that isn't the case. While palliative care can be part of hospice care, patients receiving hospice services are usually in the final months of life and no longer receiving treatment for their illness. Palliative care is something people with a serious disease may benefit from at all stages of their disease, including while they're still receiving treatment.

For us, as providers, it's important to remember there's an alternative for patients with serious or life-threatening disease and to educate patients about the potential benefits of palliative care. While a cure for their disease may not be possible, palliative care helps patients reach their goals and get the quality they want out of their life.

Angeline Brunetto, MD, MBA, CPE

Vice President and Chief Medical Officer, Senior Products Medical Management



Primary Care Pediatrics Increases HPV Vaccination Rates

Quality Improvement Project Generates Success

According to the Centers for Disease Control and Prevention, the human papillomavirus (HPV) vaccine has the potential to prevent more than 90% of cancers related to HPV. Despite the efficacy of the vaccine, rates of HPV vaccination remain lower than other recommended vaccinations.

By age 13, teens should have one vaccine for meningitis, one tetanus, diphtheria and pertussis (Tdap) vaccine, and the two- or three-dose HPV vaccine series. In Tennessee, **2021 data** shows 75% of adolescents have gotten at least one HPV vaccine and 56% are up to date with the vaccine series. These rates are lower than the national average for HPV vaccination – and lower than the statewide rates for the Tdap (92%) and meningitis (87-88%) vaccines.

To help increase HPV vaccination rates, Ashley Brooks, CCMA, Lead Nurse at Primary Care Pediatrics in Millington, Tennessee, launched a quality improvement project. The goal of the project was to improve HPV awareness and encourage parents to get their children vaccinated.

A focus on education

Brooks coordinated with the Vaccines for Children program and St. Jude Children's Hospital and got materials about HPV vaccination to share with parents during visits. She also set up an educational display for families in the office.

Additionally, she championed the quality improvement effort during staff meetings. Primary Care Pediatrics nurses were encouraged to monitor the rates of successful HPV vaccination, and the nurse whose efforts resulted in the most HPV vaccines given in a specified time frame won the HPV vaccine challenge for that time period and earned a small reward.

More recently, Brooks and William David Algea, MD, Primary Care Pediatrics Pediatrician, attended an HPV roundtable that discussed motivational interviewing. They then shared this training with staff members during monthly staff meetings. By educating the entire practice staff on motivational interviewing techniques, the team hopes to further overcome vaccine hesitancy.

"This model shows that a nurse-led initiative, when the entire practice gets on board behind it, can often be very successful," said Dr. Algea. "This effort also shows that education and staff motivation can result in higher vaccination rates among a difficult-to-convince patient population."

A Clinical Focus

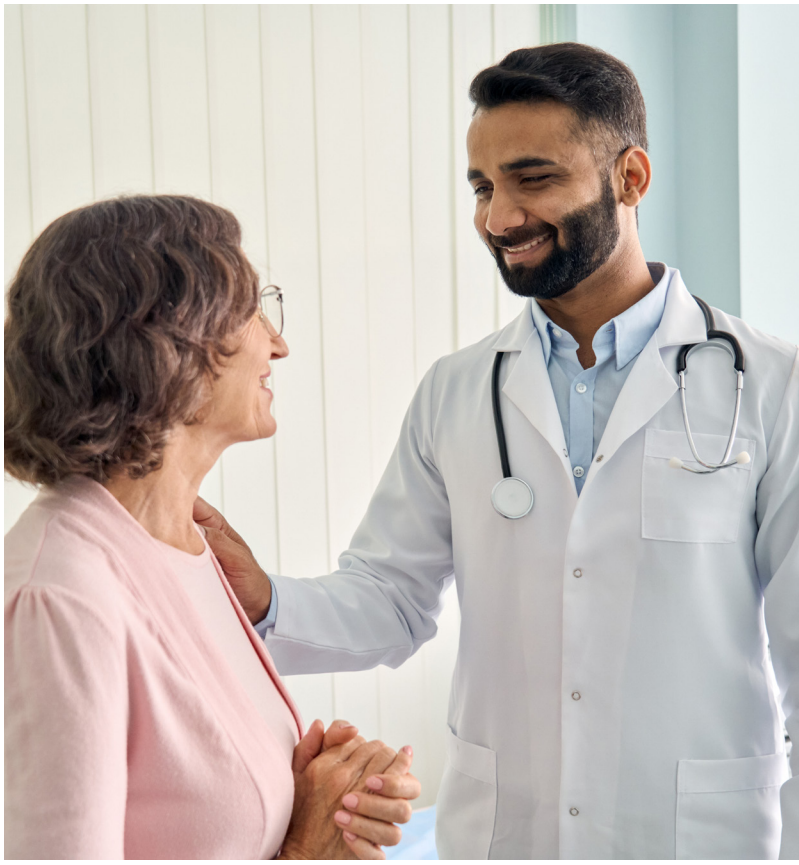
Combatting Antibiotic Resistance in Our Communities

Cold and flu season will be here soon. 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 United States. The CDC recommends providers optimize how they use and prescribe antibiotics. This focus on antibiotic stewardship can help protect patients from harm and combat antibiotic resistance.

Help reduce health disparities by improving antibiotic use

Health disparities are closely linked with social, economic and environmental disadvantages or other characteristics historically linked to discrimination or exclusion. Not having access to antibiotic stewardship activities that focus on improving antibiotic prescribing and use can create or worsen health disparities. It can also increase risks associated with inappropriate antibiotic use, which include allergic reactions, side effects, overmedication, medication errors, ***Clostridioides difficile*** **infections** and **greater burden of antimicrobial resistance**.

We're dedicated to working with our network providers to strengthen antibiotic stewardship activities. We can help you achieve quality of care and equity in health care settings and communities by making CDC resources readily available for use in your practice and providing our **Antibiotic Stewardship Toolkit**.



To help promote appropriate antibiotic use, we've also listed the HEDIS® measures that align with antibiotic stewardship below:

Measure	Goal
Avoidance of antibiotic treatment for acute bronchitis/bronchiolitis (AAB) For patients 3 months of age and older	Patients with acute bronchitis/bronchiolitis shouldn't be prescribed an antibiotic unless a competing diagnosis or an exclusion applies, or the patient continues to worsen. Report and document if the patient has 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) For patients 3 months of age and older	Patients with only a URI shouldn't be prescribed 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) For patients 3 years of age and older	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.

For more information about these measures and helpful provider resources, see our **Antibiotic Stewardship Toolkit**.

Sources:

- Center for Disease Control (CDC)
- NCQA HEDIS Measure: Technical Specifications for Health Plans (HEDIS)

This article applies to all lines of business.

Mark Your Calendars

U.S. Antibiotic Awareness Week is Nov. 18-24, 2023, and it's a great time to review helpful tips for appropriate antibiotic use. Consider these recommendations from the CDC:

- **Explain the difference between viral and bacterial infections and let your patients know that antibiotics are only effective against bacterial infection.** Discuss ways they can ease their symptoms and when to seek follow-up care if they don't feel better or their symptoms worsen.
- **Use the shortest effective duration of therapy possible when prescribing an antibiotic.** This ensures patients get the right treatment, while minimizing the risk of side effects and future antibiotic resistance.
- **Talk with patients about the risks associated with inappropriate antibiotic use.**

Behavioral Health Follow-Up Care Is Key to Recovery

Making sure patients have follow-up care after a discharge from the hospital is one of the best ways to help patients on their journey to wellness. Discharge and follow-up planning begins at admission, but patients may need to hear those plans multiple times throughout the stay, as their thoughts about discharge evolve during their stay. Talking with patients about their barriers to follow-up care throughout the stay is important, so you can begin addressing those barriers before discharge.

We measure follow-up care after hospitalization for mental illness (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). You can read more about the related HEDIS measures below.

Mental Health HEDIS Measures

Follow-Up After Emergency Department (ED) Visit for Mental Illness (FUM)

This measure evaluates the percentage of ER visits for patients 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.

Note: Follow up doesn't include detoxification. Please exclude all detoxification events when identifying follow-up care for compliance.

Follow-Up After Hospitalization for Mental Illness (FUH)

This measure assesses the percentage of discharges for members 6 years of age and older who were hospitalized for the treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner.

Follow-Up After Emergency Department Visit for Substance Use (FUA)

This measure looks at the percentage of ER visits for members 13 years of age and older with a principal diagnosis of substance use disorder (SUD), or any diagnoses of drug overdose, for which there was a follow up.

Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)

This measures the percentage of acute inpatient hospitalizations, residential treatment or withdrawal management visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder.

Mental Health and Substance Use by the Numbers

- Mental health-related ER visits have more than doubled over the last 10 years.
- Approximately 30-50% of members hospitalized to a psychiatric unit fail to attend a follow-up appointment within 30 days of discharge.
- Out of 5.1 million drug-related ER visits, nearly half were due to drug misuse or abuse.
- One-third of children with a mental health hospitalization don't get care that aligns with national quality measures for follow-up care.

Help Your Patients Get Needed Care

Accessibility is important in making it easy for patients to follow up with community-based treatment. Follow-up care may be easier for your patients if:

- The inpatient provider has consulted with the outpatient provider before discharge to promote care continuity
- Outpatient appointments are scheduled prior to ER discharge
- They're close to the provider in terms of distance
- Telehealth appointments are available

These tips may also help increase the chances of success:

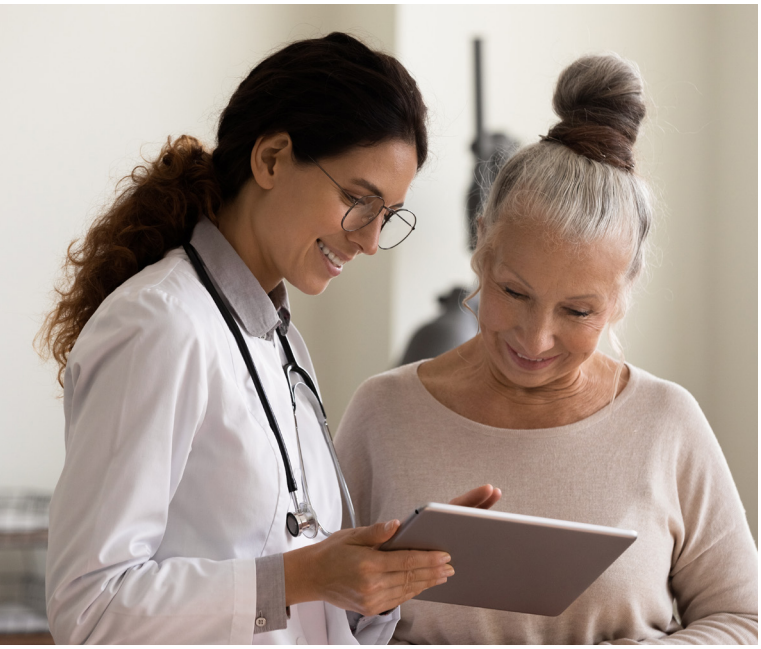
- Schedule appointments with the appropriate provider within seven days
- Explain the importance of follow-up visits with your patients
- Help your patients incorporate follow up into their own goals
- Use a champion staff member who advocates for interventions that increase follow-up care
- Involve pharmacists to help assess the risk for and prevent medication non-adherence
- For outpatient providers, contact patients who miss their initial appointments and reschedule the visit as soon as possible
- Accommodate visits within seven days if you're contacted by another health care professional about patient follow up
- Connect patients with an addiction specialist
- Involve primary care providers who can encourage treatment engagement and prescribe medications for opioid and alcohol use disorders over extended periods
- Complete regular assessments to ensure treatments are patient-centered and make adjustments as needed

For more information about providing follow-up care, see the **Quality Care Measures** guide for your patient's plan in the **Quality Initiatives** section of **provider.bcbst.com**.

Sources:

- **Continuity of Care and Discharge Planning for Hospital Psychiatric Admissions (nih.gov)**
- **Follow-Up After Emergency Department Visit for Mental Illness - NCQA**
- **Children's Mental Health Emergency Department Visits: 2007–2016**
- **ED Visits and Readmissions After Follow-up for Mental Health Hospitalization**
- **Interventions to improve discharge from acute adult mental health inpatient care to the community: systematic review and narrative synthesis | BMC Health Services Research | Full Text (biomedcentral.com)**

This article applies to all lines of business.



Promote Breast Cancer Awareness

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

Patients of female sex, age 50-74, 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

To meet HEDIS measure requirements, please note these tips when documenting care:

- Documentation in the chart should include **both the date and result** of the mammogram.
- Watch for these documentation errors, which 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 2023, your records must show the mammogram was completed in Oct. 2021 or later.
  - Documentation of only "mastectomy"
    - This 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 are excluded from this measure if they:

- Are in hospice or getting palliative care
- Have a documented history of 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 for your female patients to have other recommended screenings as well. Most plans cover these at no cost to the patient.

Chlamydia screenings are needed every year for patients of female sex, between ages 16-24, who are identified by claims, pharmacy data or a diagnosis of sexually active. This screening can be done through a simple urine test or cervical cell sample.

Cervical cancer screenings are needed 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

This article applies to all lines of business.

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

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

To review codes and a list of exclusions for these measures, see the **Quality Care Measures** guide for your patient's plan in the **Quality Initiatives** section of **provider.bcbst.com**.

Enhancing Cultural Competency in Health Care

Culture shapes how people experience their world. It's a vital component of how health care services are delivered and received.

Culturally competent health care goes beyond speaking another language or recognizing people's cultural symbols. It's rooted in mutual respect and means being open to learning more about patients and their cultures and acknowledging potential biases we may have. By delivering culturally competent health care, providers promote health equity and reduce health disparities.

Cultural competency's role in quality care

People's perceptions of health care can influence clinical encounters and their willingness to take medication or have surgery. Those who've had a bad experience with the health system in the past may also feel mistrustful or hesitant. Acknowledging your patients' beliefs, perceptions about illness and self-care practices is an important part of delivering quality, culturally competent care.

Culturally competent health care can help improve positive patient outcomes and in-office efficiency. For you, our quality providers, this means a greater potential for high quality scores and financial rewards associated with our quality incentive programs.

Earn a Cultural Competency designation and continuing education units

Because we realize that the best care outcomes occur when providers and patients have developed trust, mutual respect and effective communication skills, we're excited to offer our network providers free cultural competency training. Our innovative, online Quality Interactions, Cultural Competency training program can help you work more effectively with patients or peers with different cultural backgrounds. This training uses a case-based format, and it's supported by evidence-based medicine and peer-reviewed literature. It also features pre- and post-test evaluations so you can clearly assess the effectiveness of the program. **Because this program is accredited, you're eligible for 1 hour of CME, CEU or CCM credits upon completion. Additionally, we'll award you a Cultural Competency designation in our online provider directory.**

Our Commercial, BlueCare℠ and TennCare*Select* network providers have access to this training. If you're a Commercial network provider interested in earning this designation and CEU through this course, please contact the Commercial Quality Improvement Team at **Shannon_Dunn@bcbst.com** or **Leigh_Sanders@bcbst.com** to get started. Providers caring for our BlueCare Tennessee members can learn more about accessing this course **here**.

Defining Culture and Cultural Competency

Culture is the "… sum total of values, beliefs, standards, languages, thinking patterns, behavioral norms, communication styles, etc. of a group of people, institutions or organizations that guides decisions and actions and is transmitted from one generation to another."[1]

Cultural awareness and sensitivity involves developing an understanding of another group and knowing that cultural differences exist without assigning values (i.e., better or worse, right or wrong) to those differences.[1]

Cultural competency in health care "…describes the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including the tailoring of health care delivery to meet patients' social and linguistic needs."[2]

Sources:

1. State of Tennessee Department of Finance and Administration Manual
2. Becoming a Culturally Competent Health Care Organization, American Hospital Association/ Health Research and Educational Trust

This article applies to Commercial, BlueCare Tennessee and CoverKids.

Vaccine Recommendations for Patients of All Ages

Vaccines are an important part of care for people of all ages – from babies to older adults. Well-visits are a covered benefit for our members and a great time to give immunizations.

Here's what's recommended by age to meet the HEDIS vaccine measures:

Childhood Immunization Status (CIS)

The following must be completed in full by a child's 2nd birthday:

- 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)

Immunizations for Adolescent (IMA)

The following must be completed in full by an adolescent's 13th birthday:

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

Prenatal Immunization Status (PRS)

Patients who've delivered a live birth during the measurement year (Jan. 1-Dec. 31) should have the following vaccines:

- One Tdap vaccine during each pregnancy
- One flu vaccine sometime between July 1 of the year prior and the delivery date of live birth

Adult Immunization Status (AIS)

The following must be completed, with ages listed at each vaccine:

- One flu vaccine every year for ages 19 and older
- One Tdap/Td vaccine every 10 years for ages 19 and older
- Herpes Zoster vaccine/series – Age 50 or older
- Pneumococcal vaccine – Age 66 or older

For more information about administering vaccines, please review these resources from the Centers for Disease Control and Prevention and American Academy of Pediatrics:

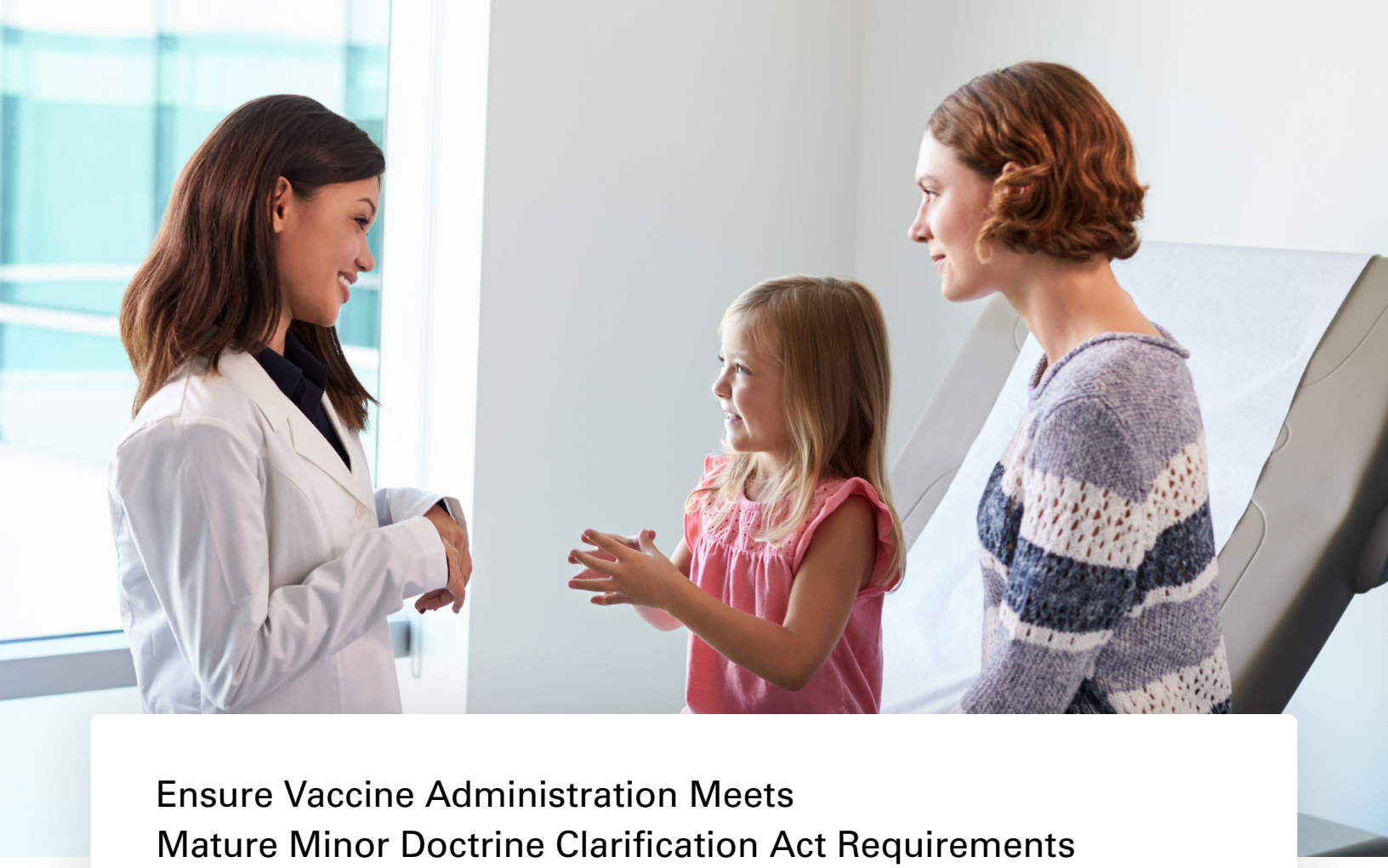
- **Click here** to review a comprehensive list of all codes commonly administered for pediatric vaccines.
- Review the **immunization schedules** for people of all ages.

This article applies to all lines of business.

Verify Coverage and Care Needs in Availity®

Within Availity, you can verify a patient's coverage, and we encourage you to check Availity first. If you can't find the information you need, you'll get a Fast Path phone number that will move you to the top of the queue to speak with a Provider Service representative.

You can also find out if your patients are past due for needed services, such as immunizations or a well-visit, in the **Quality Care Rewards** section of the Availity portal.



Ensure Vaccine Administration Meets Mature Minor Doctrine Clarification Act Requirements

Earlier this year, the Tennessee legislature passed the Mature Minor Doctrine Clarification Act. This law requires providers to get informed consent from a parent or legal guardian before administering a vaccine to minors under age 18. It applies to all vaccines, including the COVID-19 immunization. Additionally, such consent must be in written form for the administration of the COVID-19 immunization. Proof of consent for each vaccine must then be included in the minors' medical record documentation.

As you know, vaccinations are an essential part of providing preventive care, and we cover vaccines for children and teens in line with the **Centers for Disease Control and Prevention's Immunization Schedule**. During appointments, consider talking with parents about the vaccines their child may need during the visit and the benefits of vaccination. Then, get the appropriate consent for each vaccine before administering the shots.

Specific Requirements for Children in State Custody

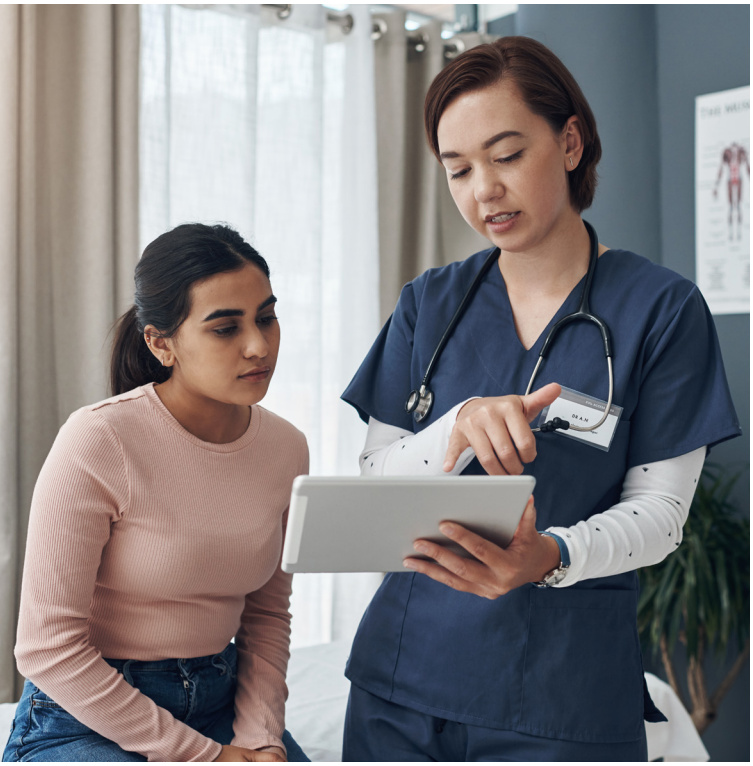
The law includes specific guidance for providers who care for children in state custody. If you're a provider in our Best Practice Network who cares for our *Select*Kids members, please work closely with the Department of Children's Services to ensure the appropriate consent or court order is in place before giving a vaccine.

For more information, please review the law **here**.

Addressing Vaccine Hesitancy

Sometimes, concerns about vaccine safety, efficacy and necessity keep patients and families from getting needed immunizations. You can help promote recommended vaccines and decrease vaccine hesitancy by:

- Building trust with patients and the parents of patients. They should feel like they're talking to a "trusted friend."
- Messaging patients in the patient portal or via secured text and letting them know that their vaccines are due at their upcoming appointment. This helps patients know what to expect before the visit.
- Sending reminders through automated messaging for needed vaccines.
- Offering vaccine training to your entire staff – from the front office to the billing staff. Everyone should be able to talk positively about vaccines.
- Implementing consistent office protocols that every provider and medical staff member follows.
- Using "presumptive statements," such as, "You, or your child, are due for these vaccines today."
- Encouraging patients/parents to be proactive by scheduling follow-up well-visits before they leave the office.
- Educating patients/parents about the common, minor side effects of vaccines. Make sure they know when to call you about potential reactions.
- Motivating positive vaccine decisions by displaying posters and having educational materials available in your office.



If a patient or parent has concerns about vaccines or shows signs of vaccine hesitancy, consider these tips to address their hesitation:

- Acknowledge the patient's/parents' concerns.
- Be respectful and keep the interaction conversational so that patients/parents feel at ease during the discussion.
- Share personal accounts of why you take vaccines or why you give them to your kids. This helps personalize the medical advice you're giving.
- Educate them about the diseases vaccines prevent and the risks of not getting vaccinated.
- Provide reputable resources, such as those from the CDC and **immunize.org**. We also have member brochures you may find useful. Education is key to successful vaccination rates.

This article applies to all lines of business.

Referral Considerations for Palliative Care

A holistic, interdisciplinary approach to care for patients with serious chronic disease, palliative care addresses quality-of-life concerns, such as pain and oxygenation management. Benefits of palliative care include an improved sense of comfort and well-being, and the patient care team may involve these medical specialties:

- Skilled nursing
- Home health
- Traditional medicine
- Pain management
- Medical social services

Some services covered through palliative care include:

- Symptom management
- Support/advice
- Spiritual guidance
- Advanced care planning, such as developing a living will, advance directive and health care power of attorney

The decision to start palliative care is personal for patients and providers. If you feel your patient would benefit from palliative care – or if a patient's family or case management has requested palliative care – we work with multiple partners throughout the state. To find a palliative care provider in your patient's BlueAdvantage (PPO)SM or BlueCare Plus (HMO SNP)SM network, click **here**.

This article applies to the Medicare Advantage and BlueCare Plus networks.

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