

QUALITY CARE QUARTERLY

Spring 2018 - Volume 4

Your Guide
to Programs
and Rewards



Featuring

- McKenzie Medical Center Uses ACEs Analysis to Help High-Risk Adults
- DarSalud Delivers Cost-Effective Care by Focusing on Prevention

Inside This Issue

How McKenzie Medical Center Focuses on Childhood Experiences to Help High-Risk Adults

Tennessee's Medical Community Works to Prevent Neonatal Abstinence Syndrome

DarSalud Delivers Cost-Effective Care by Focusing on Prevention

Changes to the BlueCare Tennessee 2018 Patient-Centered Medical Home Program

Quality Care Rewards Tool

How to Document Exceptions

Recent Updates

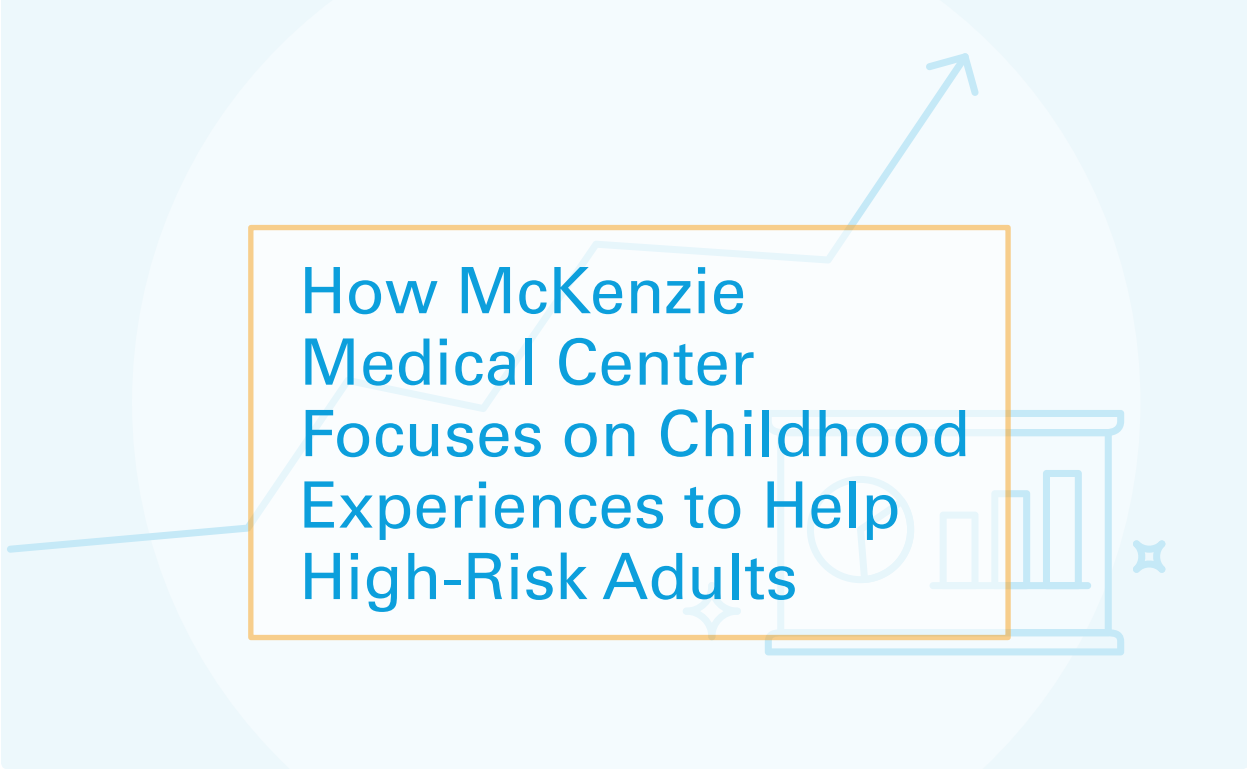
A Clinical Focus

Partnering with You to Improve the Health of Kids in Tennessee

Caring For Your Young Patient with Mental Illness

You Can Help Improve Outcomes After an AOD Diagnosis

Managing Depression Leads to Better Outcomes



How McKenzie Medical Center Focuses on Childhood Experiences to Help High-Risk Adults

Last year, McKenzie Medical Center set a goal to reduce medical costs and ER visits in their high-risk, non-compliant adult patients. And when Dr. Volker Winkler, physician champion and managing partner, enlisted the help of staff, Lauren Fields, LCSW, suggested a somewhat non-traditional path that involves social workers and a review of the patients' Adverse Childhood Experiences (ACEs).

The group wanted to improve outcomes for patients with chronic conditions who were non-compliant – for example, patients with diabetes who struggled with compulsive eating or smoking and couldn't keep their blood sugar under control. Lauren knew from her background in social work that it was important to empower the patient by taking a compassionate view and building a trusting relationship. She could see the benefits of bringing in social workers to work with these patients.

Her next step was to research potential root causes of the issues these patients were having. This led her to an ACEs study initiated in 1995 by the Centers for Disease Control (CDC) and Kaiser Permanente with more than 17,000 participants. This ongoing research collaboration assesses the link between negative childhood experiences and adverse outcomes in adulthood. The population was mostly middle class, educated white adults with access to good health care.



The ACEs Effect

ACEs are stressful or traumatic events that occur during childhood. They can have negative, lasting effects on health and behavior. Examples of these events might include growing up with:

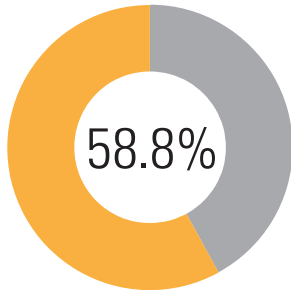
- Physical, emotional or sexual abuse
- Domestic violence
- Mental illness
- Alcohol or substance abuse
- Poverty
- Homelessness
- Bullying
- Death of a parent

Individuals with even one ACE are likely to have had disrupted neurodevelopment as a child that causes social, emotional and cognitive impairment and leads to health-risk behaviors. They're more likely to develop heart disease, diabetes, and cancer and have other health or social problems throughout their adult life. And the more ACEs they endure, the higher the risk of developing these diseases, unless protective interventions are in place at an early age. Adults who experienced four or more ACE events are four times more likely to have depression, seven times more likely to be an alcoholic, and half as likely to have health care access. A score of six or more can decrease a person's life span by 20 years.

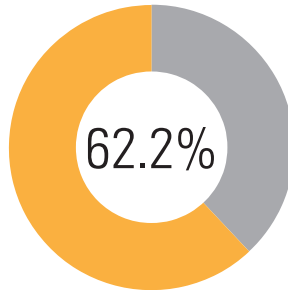
Overview of Findings - Based on 170 of McKenzie's High-Risk Patients

This data, collected by McKenzie Medical Center social workers, represents McKenzie's older, high-risk patients based on diagnoses, ER usage and hospitalizations.

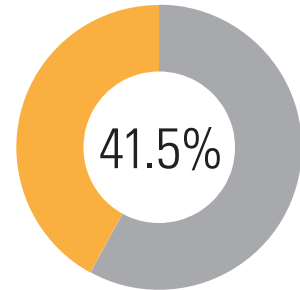
Demographics



were female

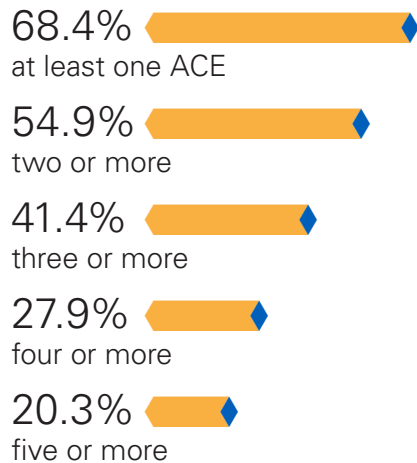


were disabled

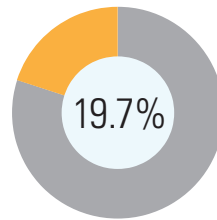


did not complete high school

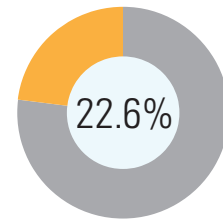
ACEs Reported:



Family Concerns



are somewhat satisfied, or not at all satisfied, with their relationships with family



are somewhat satisfied, or not at all satisfied, with family support

High Rate of Health Concerns

- 75.6% reported poor or fair health
- None reported excellent health

Limited Resources and Living Expenses

Difficulty accessing:
 Food -9
 Clothing -7
 Personal items - 5
 Housing -2

Difficulty paying:
 Electric bill – 22
 Rent – 10
 Water bill – 9
 Phone bill – 3
 Other financial difficulties – 13

Integrating an ACEs Program into Primary Care

The program, which began seven months ago, is still in the beginning stages. When a practitioner identifies a patient who is non-compliant, one of the practice's social workers meets with the patient to conduct a biopsychosocial assessment that includes an ACEs questionnaire. These questions deal with personal, sensitive subjects. "This is carried out in a non-threatening way," Lauren said. "We make it clear that these issues are not their fault. It's not them. It's what has happened to them. You have to be very careful to not re-traumatize a patient when you open up that dialogue. So it's important to have the appropriate resources in place to help them and their families right away."

While the program is too new to show measurable results at this time, the staff is confident that the results will come because it's backed by sound research.

Making a Difference Early in the Lives of Children

During the next phase of the program, McKenzie plans to include the pediatric and obstetric population. Lauren explained that in children who have experienced trauma and violent behavior it's possible to change the brain structure and build resilience to create positive health outcomes later in life. She added, "Research shows when we provide high-quality early interventions, we see a substantial return on these investments."

OB patients will have access to information on:

- ACEs, toxic stress and their impact on early childhood development
- Second-generation strategies and interventions that target the infant and parent
- High-quality parenting classes

McKenzie Medical Center is gearing up for this stage by sending staff therapists for post-graduate trauma certification at the University of Tennessee on post-traumatic stress disorder (PTSD) and its symptoms. Lauren is also participating in the "Building Strong Brains" training going on around the state. She hopes to get a better understanding so she can train staff to be more informed on trauma.

Starting the Dialogue in the Community

The group knows that it will take community involvement to break the chain and help the next generation. They are building awareness by arranging a local screening of the KPJR film, *Resilience, The Biology of Stress and the Science of Hope*. This film delves into ACEs, and chronicles the movement of pediatricians, therapists, educators and communities who use cutting-edge science to prevent the stress that alters brain development in children. McKenzie staff invited individuals involved in local education, the court systems, juvenile justice workers, pastors, youth directors and child-care workers.

The ultimate goal of the work with children and their support systems is to stop the cycles of adversity and disease.

Tennessee's Medical Community Works to Prevent Neonatal Abstinence Syndrome

News about our nation's opioid addiction crisis has gone far beyond the publications and resources you're familiar with as a provider. It's a mainstream issue now that hits very close to home. In 2016, more than three people died every day from drug overdoses in Tennessee.

Neonatal Abstinence Syndrome (NAS)

The effects of opioid addiction are not limited to deaths. Sadly, they're affecting births too. The most common cause of neonatal abstinence syndrome is a woman taking opioids during pregnancy. Since 2013, there has been a significant increase in NAS cases where mothers were exposed only to prescription medications. The percentage of infants with NAS from prescription medication in Tennessee reached 52.5 percent in 2015.

Your Efforts Are Making a Difference

Tennessee passed the Prescription Safety Act of 2012, which requires all physicians who dispense pain medications to register with the state, and all controlled substance prescriptions to be recorded in a state-maintained database. Before writing prescriptions, doctors must check the database to see if their patient has other opioid prescriptions.

In the two years following implementation, prescriptions for pain medicines fell 7 percent, or 1.1 million and consumption went down

by 14.6 percent. There are also reassuring numbers regarding NAS. Even though the rate is still high, it has not increased significantly in the four years since reporting started.

BlueCross is Helping with the Fight

BlueCross BlueShield of Tennessee's Health Foundation has contributed more than \$3 million to fight NAS in Tennessee for programs like the Count it! Lock it! Drop it! prescription drug drop-off, Mothers and Infants Sober Together and Susannah's House. The foundation has also provided funding for the NAS Unit at East Tennessee Children's Hospital.

Provider Resources

BornDrugFreeTN.com helps connect pregnant women with drug addictions to resources that can help them locate substance use treatment providers and start prenatal care as early in pregnancy as possible. They're also available by phone at 1-800-889-9789.

CountitLockitDropit.org is focused on helping families protect against pain pill misuse. The coalition provides free lock boxes to families looking to keep prescriptions away from relatives or friends who may be searching for a quick fix. It also partners with local law enforcement offices to offer the community drop-off locations where people can properly dispose of unused pills.

DarSalud Delivers Cost-Effective Care by Focusing on Prevention

DarSalud is a multi-specialty health organization in West Tennessee that was elected by TennCare to participate in the Patient-Centered Medical Home (PCMH) program. But their operations director, Pedro Valasquez, said that their family-centered medical home concept is not a “program.” It’s simply the standard of care for DarSalud.

Their model is built around convenience, quality, and savings by integrating and coordinating patients’ care among different specialties. And their approach is family-friendly, meaning they engage the entire family and support system for patients whose diet and nutrition or behavioral health issues are hindering their compliance with medication or treatments. Often the barriers to compliance include cultural influences or home-life situations. Having the family present at appointments bolsters the patient’s support system and provides better results. DarSalud has a behavioral health counselor on site one day each week to work with patients and their families on these topics.

Prevention Leads to Savings

Even though many think it is impossible to deliver cost-effective care to the Medicaid population without compromising quality, Valasquez said they’re succeeding. The numbers prove that. But more importantly, they’re making a difference in health outcomes by using a risk management approach to prevent the development of chronic conditions – or if they’re already present – to prevent complications. “If you were to open a practice today and implement our model, you would see the impact on the

hospitalization and prescription costs almost immediately. However, the real savings would be even more apparent in the long term. We’ve been in practice for almost 13 years using this model,” Valasquez said. He added, “By following the model you can prevent kids from developing chronic conditions and adults from having further complications from their chronic conditions.”

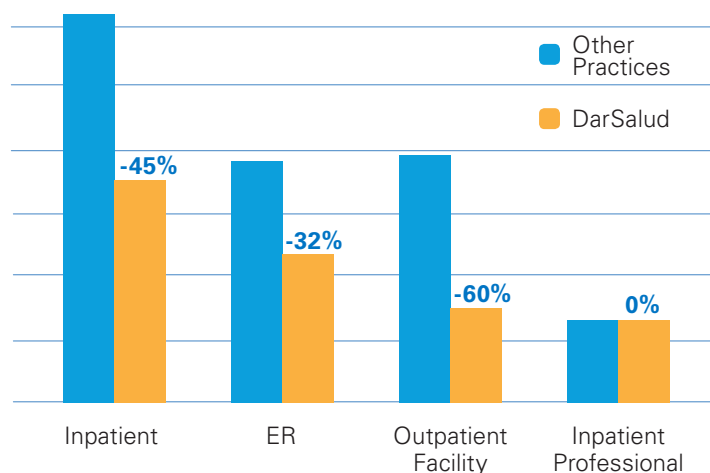
This group believes obesity is a condition that warrants paramount attention. While some don’t consider this a chronic condition, the DarSalud staff knows it leads to hypertension, heart disease, diabetes, and many other chronic conditions which drive up cost of care. So they treat these patients for obesity with nutrition and weight-loss counseling, and include them in their programs to prevent high blood pressure and diabetes.

Cost analysis of patients assigned by Multiple Payers to DarSalud Care (sample size = 5,596 patients)

In 2017, DarSalud collaborated with several insurance companies to monitor the financial performance of patients assigned to them. Through patient engagement and care coordination, they have maintained a healthier population and minimized avoidable use of services.

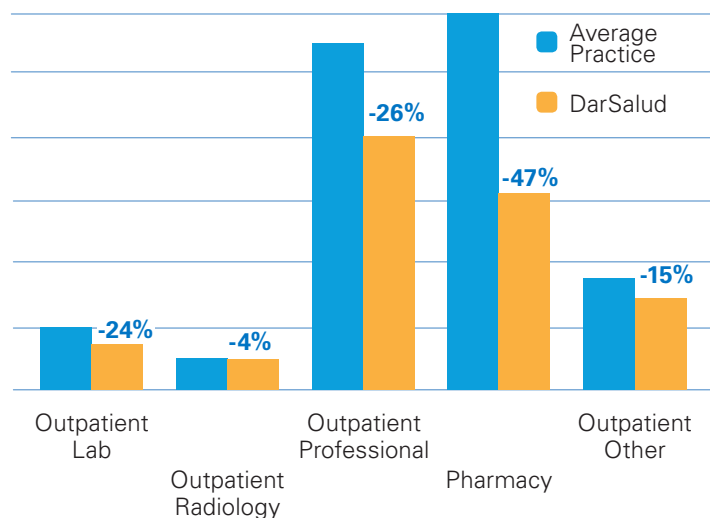
Hospital related cost to Insurance Companies - Jan '17 - May '17

(Memphis-Area Practices vs. DarSalud Care)



Outpatient Medical Cost to Insurance Companies - Jan '17 - May '17

(Memphis-Area Practices vs. DarSalud Care)



Convenience for the Patients

Patients are sometimes hard to reach and often do not show up at their scheduled appointments. So when they do come to the office, the staff makes sure to take care of as many needs as possible. They regularly have specialists on site, allowing them to schedule patients accordingly. A patient could come in to see their PCP, their cardiac specialist, the nutritionist, and the optometrist all on the same day.

“Our PCPs are consistently connecting with the patients’ specialists,” Valasquez said. “But this integration is also supported by our care-coordination team who proactively reaches out to patients. For instance, if a PCP refers a patient with diabetes to a specialist, we don’t wait for the specialist to refer them to the optometrist. We proactively coordinate each patient visit to take care of that in our office at a visit with the regular provider.”

Proven Success

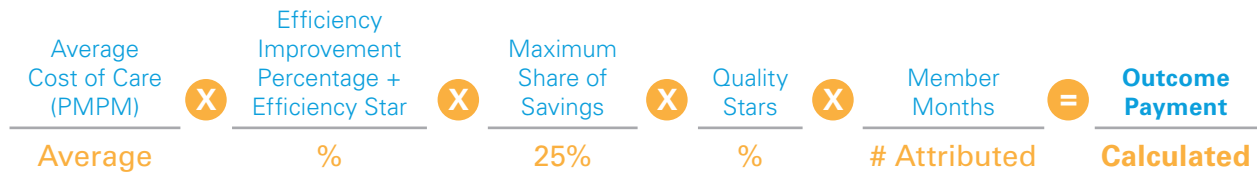
DarSalud has seen real results from its holistic, multi-disciplinary approach, focus on improving patients’ risk profiles, and management of chronic disease. Their clinical strategy is highly efficient for their patients, and the staff at DarSalud is continually working to refine their standard of care.

Changes to the BlueCare Tennessee 2018 THCI Patient-Centered Medical Home Program

BlueCare’s PCMH program is growing with 38 new wave 2 practices added for 2018. If your practice is new to the program, you can find your THCI PCMH Program Guide at bluecare.bcbst.com/providers/quality-care/thcii.html.

Changes for 2018

For practices with fewer than 5,000 attributed members, there’s a new efficiency metric improvement formula. Efficiency improvement is no longer a stand-alone part of the equation. Here’s an explanation of the calculation:



Efficiency measures have also dropped from five to two:

- Ambulatory care – ER visits per 1,000 member months
- Inpatient discharges – Total inpatient per 1,000 member months

Family/Adult practices will have separate thresholds for pediatric care to account for population differences. The new measures are:

- Emergency room visits per 1,000 member months
- Inpatient admissions per 1,000 member months

Other changes include:

- Quality reweighting – practices will be allowed to remove two out of five, or four out of 10 measures (depending on the type of practice) when they do not meet the minimum panel size of 30 members in the denominator
- Adolescent immunization now includes the HPV component, Combo 2

Provider incentive and engagement consultants will meet with practices within 90 days following the distribution of the preview/performance reports.

The 2018 Reporting and Quarterly Visits Schedule

Report availability	Quarterly visits
Feb. 18	March 1 – May 31
May 18	June 1 – Aug. 31
Aug. 18	Sept. 1 – Nov. 30
Nov. 18	Dec. 1 – Feb. 28



Quality Care Rewards Tool

Quick Tips

How to Document Exceptions

The Quality Care Rewards (QCR) tool provides your practice with valuable information to make sure your patients receive the best possible care.

From the QCR tool, you can export a list of your patients who have gaps in recommended, evidence-based care such as preventive care, health screenings and testing to manage certain acute or chronic conditions. However, some screenings may not be appropriate for all the people on your lists. Documenting exceptions in the QCR will remove these members from your list and prevent unneeded tests. It will also save your staff time and avoid a negative impact to your practice’s quality score.

Here’s how to find measure-specific exceptions and easily identify them in QCR:

1. Log in to the Quality Care Rewards tool through Availity.®
2. Enter the Quality Care Rewards portal.
3. Select your group from the portal and the program you are participating in.
4. Under the scorecard for your program, select the measure for which you would like to insert an exception and click the pencil icon.

Just like submitting an attestation that a screening has been completed, you can also attest that your patient satisfies appropriate exclusion criteria. If you know which patient you want to exclude, enter their name in the member search box to the right of the screen and attest to the exclusion criterion.

The following chart includes samples of exception documentation that will ensure patients are not incorrectly identified as having care gaps:

HEDIS® Measure	Description	Exclusions
Use of Imaging in Low Back Pain	diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.	<ul style="list-style-type: none"> • Hospice • Cancer • Trauma (prior 90 days) • IVDU • Neurologic impairment • HIV • Spinal infection • Major organ transplant • Prolonged corticosteroid use
Breast Cancer Screening (BCS)	The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.	Bilateral mastectomy any time during the member’s history through Dec. 31 of the measurement year.
Cervical Cancer Screening	<p>The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:</p> <ul style="list-style-type: none"> • Women 21–64 years of age who had cervical cytology performed every three years. • Women 30–64 years of age who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years. 	<ul style="list-style-type: none"> • Hysterectomy with: <ul style="list-style-type: none"> – no residual cervix, – cervical agenesis, or – acquired absence of cervix.
Comprehensive Diabetes Care (CDC) – HbA1c Control (<8.0%)	The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had HbA1c control (<8.0%).	Members who do not have a diagnosis of diabetes and who had a diagnosis of gestational diabetes or steroid-induced diabetes during the measurement year or the year prior to the measurement year.

For QCR training assistance, please contact:

West Tennessee

Debbie Angner
(901) 544-2285

Debbie_Angner@bcbst.com

East Tennessee

Faith Daniel
(423) 535-6796

Faith_Daniel@bcbst.com

Middle Tennessee

Faye Mangold
(423) 535-2750

Faye_Mangold@bcbst.com

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

If you need help using the Availity provider portal, please contact Availity client services at 1-800-AVAILITY (282-4548).

BlueCare Programs Added to QCR

On Feb. 28, the BlueCare Tennessee QCPI scorecard and THCII was added to the QCR tool. The following two THCII measures are targeted to be in QCR at the end of March:

- Well Child, 7 – 11 years
- Well Child, 18, 24 and 30 months – closed only through a claim

THCII PCMH practices can now enter attestations for all other THCII measures, and see their rate of compliance.



A Clinical Focus

Partnering with You to Improve the Health of Kids in Tennessee

Statewide, about three of every 10 kids enrolled in BlueCare Tennessee do not get the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) they need. We're working to reverse that trend and asking for your help.

Our staff visits providers every day promoting the TennCare Kids/EPSDT program. During these visits, providers share with us some of the things they're doing to increase their EPSDT visits. Delivering preventive care also offers the greatest opportunity to maximize your reimbursements, so the following ideas may work for your office too.

Combine a Well-Care Visit with Other Types of Visits

Any time a child is in your office is a chance to make sure your patient's checkups are up to date. Although your patient's visit might be for an illness, shots or a prescription refill, statistics

show it could be years before you get another chance to conduct a checkup – especially if your patient is a teenager. TennCare Kids Screening Guidelines allow reimbursement for both a "sick" and "well" visit on the same day, so you don't have to schedule another appointment for a checkup.

Remember, stand-alone sports physicals and their corresponding codes aren't covered services. However, by converting that appointment into a complete well-care visit, you can meet all requirements of the sports physical and receive reimbursement for a covered service.

Caring for Your Young Patient with Mental Illness

While pharmacotherapy may be appropriate as the primary treatment for many psychiatric diagnoses, adding psychotherapy is almost always essential. This intervention can provide support not only to the patient, but also to the family members. It can help address disruption of developmental milestones and other health problems including:

- Weight change
- Sleep problems
- Substance disorders
- Behavior issues
- Medication compliance
- Relapse prevention

As the prescribing provider, communication between you and the behavioral health provider will improve your patient's outcome. If you need assistance referring a patient covered by a BlueCross BlueShield of Tennessee plan for behavioral health services, we can help. Please call us at 1-800-367-3403.

You Can Help Improve Outcomes After an AOD Diagnosis

According to the National Institutes of Health, there are more deaths, illnesses and disabilities caused by substance use disorders than any other preventable health condition. There are steps you can take to help this situation. Studies show that individuals who engage and stay in medically necessary treatment have improved health outcomes.

The goal is to not only identify patients with an Alcohol and Other Drug Dependence (AOD) diagnosis but to take appropriate steps to ensure initial treatment is followed by continued treatment.

If you give a patient a new AOD diagnosis, you should:

- Educate your patient about the new diagnosis.
 - Schedule the initial treatment within 14 days of the diagnosis.
 - Discuss the importance of follow-up care and attending all appointments. Arrange two additional visits within 30 days after the initial treatment visit.
 - If you can't treat the patient, please refer them to a behavioral health professional. If you need assistance referring a patient, please call us at 1-800-367-3403.
-

Managing Depression Leads to Better Outcomes

If you have patients who've been recently diagnosed with major depression and are being treated with antidepressants, it's important to encourage them to keep taking the medicine. According to the American Psychiatric Association, you can diagnose major depression if a patient has experienced at least five of the following symptoms every day for two weeks or more:

- Depression or irritability in children and adolescents
- Significantly reduced level of interest or pleasure in most or all activities
- Considerable weight gain or loss when not dieting, and/or an increased or decreased appetite
- Difficulty falling or staying asleep or sleeping more than usual
- Agitated or slowed behavior that others can observe
- Fatigue or diminished energy
- Thoughts of worthlessness or extreme guilt
- Reduced ability to think, concentrate or make decisions
- Frequent thoughts of death or suicide, or attempted suicide

Medication non-adherence remains one of the biggest challenges of successfully treating major depression. Best outcomes are produced through management as a chronic condition and self-management support. When you offer patients extra support, such as counseling, brochures or other written educational materials, they're typically more compliant and have better outcomes.

Contacts for Quality+ Partnership Programs

Commercial

Patty Howard

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

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

BlueCare Tennessee

Sharonda Featherstone

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

Sam Hatch

Provider Quality Consultant
East Grand Region
Sam_Hatch@bcbst.com
(423) 535-4204

Tiffany Gray-Jackson

Provider Quality Consultant
Tiffany_Gray@bcbst.com
(423) 544-2595



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

BlueCross BlueShield of Tennessee, Inc. and BlueCare Tennessee,
Independent Licensees of the BlueCross BlueShield Association

18PED274288 (02/18)
Quality Care Quarterly Newsletter
Spring 2018 – Volume 4

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). See www.ncqa.org.