

# QUALITY CARE QUARTERLY

Spring 2019 – Volume 8

Your Guide  
to Programs  
and Rewards



## Featuring

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- Cookeville Pediatric Associates Sees Quality Improvement



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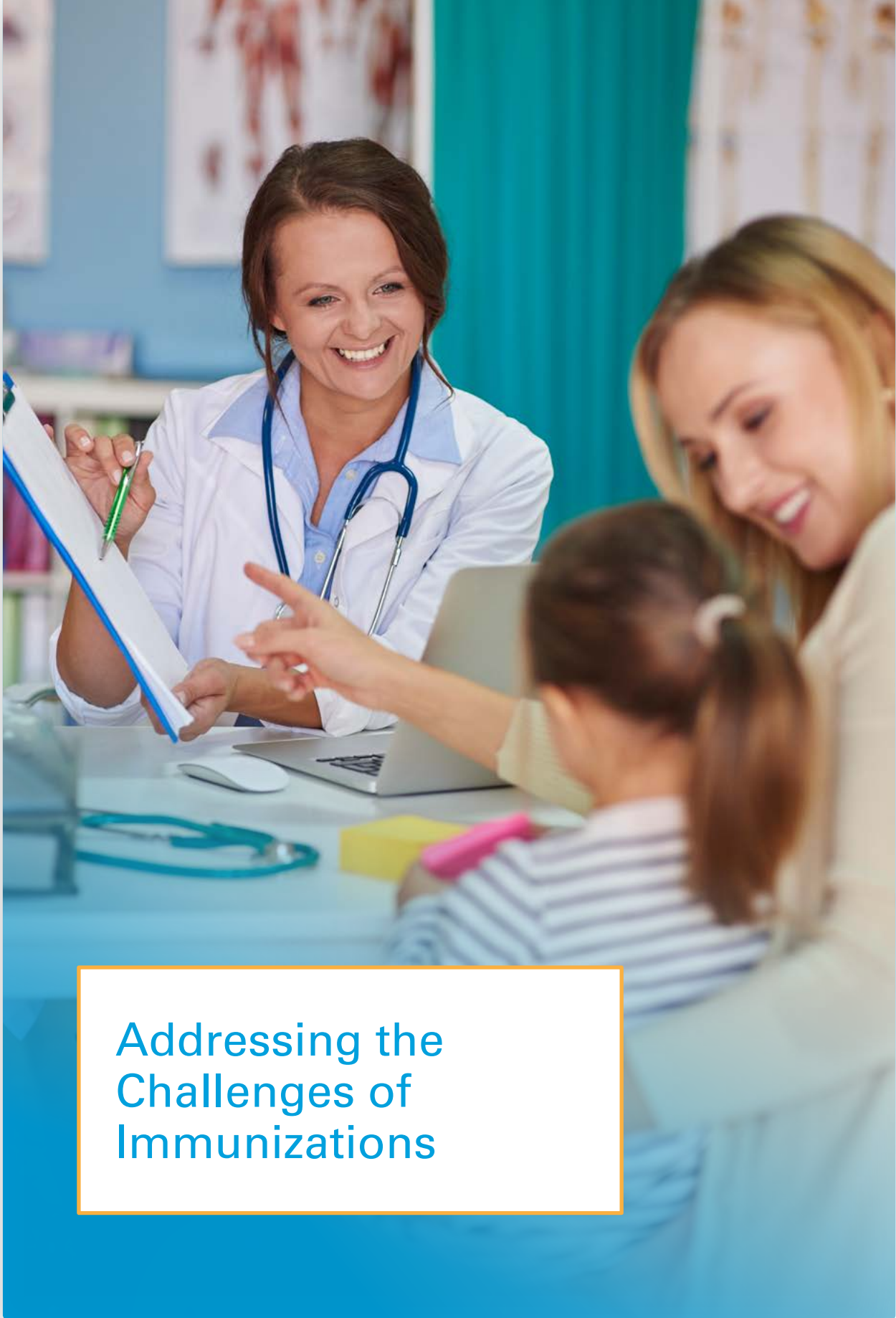
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## Addressing the Challenges of Immunizations

In this edition of the Quality Care Quarterly, our feature article focuses on pediatric well visits – an important topic. While many of us assume that it's routine and standard for children to get immunizations that are due at a well visit, that doesn't happen for everyone.

We know that there are many myths and misconceptions about immunizations, but it's important to remember that as physicians, we have a responsibility to stay informed and up-to-date on new immunization recommendations and follow the recommended vaccine schedule (found on the CDC website) for all age groups. Physicians must also be prepared to address challenges associated with vaccine administration, including parental concerns about the number or frequency, with clear explanations of scientific research that supports the vaccine schedule. Even after clear evidence that vaccines don't cause autism, parents often have concerns based on popular media. The CDC website has resources to help physicians discuss these topics and resources to share with parents.

You can also remind parents that the effectiveness of vaccines can cause us to forget the benefit that vaccines have played in overall health. For example, it's because of vaccines that classic paralytic polio and infant hepatitis B are no longer a major health threat. Additionally, vaccines have played a role in childhood development. The pneumococcal vaccine has led to a reduction in the number of cases of meningitis and ear infections, thereby decreasing the number impacted by potential sequela from these illnesses such as deafness or speech delay.

The fact is, from 1964 to 2018, the number of vaccine preventable diseases increased from six to 16. It is vital that we keep patients, and the parents of our pediatric patients, informed. Immunizations are truly a success story of modern medicine.



**Sharon Moore-Caldwell,  
MD/MDiv**  
Medical Director  
BlueCare Tennessee



## Cookeville Pediatric Associates Sees Quality Improvements

### Care Coordination, Proactive Chronic Disease Management Bring Results

In January 2018, Cookeville Pediatric Associates began the Patient-Centered Medical Home (PCMH) transformation process. By the end of the year, the practice had improved closure rates for multiple quality measures.

Some of the reasons for the practice's success include:

- Care coordination
- Developing care plans for conditions, such as asthma
- A renewed focus on patient education and keeping an open dialogue between patients, their families and care team

## **A New Approach to Scheduling Well-Child Visits**

Cookeville Pediatric Associates currently has the second-highest compliance rate in the state among providers in BlueCare Tennessee's Tennessee Health Care Innovation Initiative program for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) exams. According to Trina Stevens, Cookeville Pediatric Associates practice administrator, converting sick visits into well visits has had the greatest impact on improving rates for well-child checkups.

Every quarter, Cookeville Pediatric Associates receives a patient panel from BlueCare Tennessee that lists needed care for each patient. This list is reviewed weekly, and the team creates notes within the electronic medical record (EMR) if a child is due for a well-child exam.

Having this flag in the EMR lets the scheduling team quickly see if a child needs a wellness check when a parent calls to schedule a sick visit or other appointment. When the child arrives for their appointment, a note is also included in the patient's chart for providers. With these changes, the Cookeville Pediatric Associates team makes sure kids and teens receive needed well care any time they visit the office.

Because wellness exams include multiple components, capturing these checkups has also helped the practice hit targets for other performance measures, including those related to body mass index (BMI) and immunizations.

## **Standardizing Care for Chronic Conditions**

As part of the PCMH transformation process, the Cookeville Pediatric Associates team created several care plans: asthma

management, attention deficit hyperactivity disorder (ADHD) behavior and BMI. To create these plans, the team consulted with the State of Tennessee and reviewed best practices from the National Committee for Quality Assurance. Cookeville Pediatric Associates physicians then took that information and adapted it into a shortened format that's appropriate for working with children.

The BMI plan is given to patients who have a BMI within a certain range and teaches patients about topics such as increasing physical activity and limiting sugary drinks. Since the team began using the plans, they've noticed a difference in how children think about their lifestyles.

"We've had a situation where a little girl wrote out a plan for herself that talked about her plans for increased activity and exercise and cutting out candy from her diet," Stevens said. "She was probably around 7 years old, and she wrote out her own plan just because we'd opened up that dialogue with her."

The asthma management plan helps patients and their families understand how to use their medications and fill their prescriptions, which Stevens said has cut down on the number of asthma-related ER visits.

In all three cases, the goal of the care plans is to address health needs early on and emphasize two-way communication between patients and providers.

**"What's happening here is we're being more proactive at the beginning of care [rather] than treating a problem after it's developed," Stevens said.**

"Really fixing the problem before it starts has, in my opinion, helped us improve patient care."

### **A Team-Centered Approach to Quality Care**

One of the main contributors to Cookeville Pediatric Associates' success is the team's commitment to quality. When the PCMH transformation process began, Cookeville Pediatric Associates worked within the existing staff structure to create new systems for addressing gaps in care. The practice put together a care team that includes a nurse, physician, Stevens and an operational leader, and created a care coordinator position filled by a reception staff member. The care coordinator reviews patient panels from BlueCare Tennessee and other managed care organizations and continually contacts patients who are hard to reach and need certain services.

"This was a complete team effort on the part of my entire staff," Stevens said. "From our receptionist [to our] insurance department, care coordinator, nurses and providers, everyone had a part in making sure our transformation was a success."

“ I believe our efforts in reaching out to patients first about their care needs has created an environment where our patients are better informed and more comfortable with us as their medical home. Additionally, we found that the changes we made did not create any stress or undue burden on our staff. We have not seen any additional expenses from overtime or anything else. As a matter of fact, everything is running more smoothly than before. I believe this is due to our complete team approach.”

– Trina Stevens  
Cookeville Pediatric  
Associates





## A Clinical Focus

# Addressing Health Risks of Patients with Serious Mental Illness

Both adult and pediatric patients with bipolar disorder or schizophrenia diagnoses have a high risk for cardiovascular disease and diabetes. If you prescribe antipsychotic medications, it's very important to monitor your patient's health and be responsive to changes – which could mean adjusting medications. Working with your patient's primary care provider is also essential.

Abdominal obesity, insulin resistance, dyslipidemia and hypertension can all lead to metabolic syndrome, causing premature cardiac illness, type 2 diabetes or even early death.

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

- **Reduced activity levels.** Patients diagnosed with schizophrenia spend an average of 40 percent more time sitting each day.
- **Increased likelihood of smoking or using alcohol.** Estimates suggest 75 percent of adult patients with schizophrenia smoke daily. Tobacco users with major psychotic or affective disorders are more likely to consume alcohol.
- **Poor diet.** Patients with major psychotic disorders are also more likely to use caffeine daily, and are less likely to avoid salt and saturated fats.
- **Use of antipsychotic medications.** These medications have been found to cause weight gain and other metabolic abnormalities for children and adults. 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

- Help your patients find a personal reason to improve their health or to lose weight, and encourage physical activity.
- Suggest diet changes when indicated.
- Offer tobacco cessation help.

### Important Medical Monitoring

If you prescribe antipsychotic medications, you should monitor and document health conditions by:

- Establishing the baseline BMI and waist circumference when a patient begins taking a medication (particularly an antipsychotic), or if the patient is new to you.
- Scheduling lab work to be completed prior to the next appointment.
- Ordering a fasting glucose or HbA1c and lipid profile annually.
- Starting a process for metabolic monitoring. For example, you might designate a month, twice a year, for monitoring all at-risk patients.
- Monitoring blood pressure, BMI, cholesterol and glucose levels for patients diagnosed with schizophrenia or bipolar disorder who also have cardiovascular disease.

### Collaboration with Others

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. You might develop a system to share lab results and concerns about changes. Keep in mind, the prescribing clinician is responsible for making sure monitoring is complete and reviewing the results.

# Medication Adherence is Vital for Vulnerable BlueCare Plus<sup>SM</sup> Patients

Your BlueCare Plus patients typically have three to five chronic conditions. And medication adherence is key to managing chronic conditions in these vulnerable patients.

The Centers for Medicare and Medicaid Services specifically focuses on adherence to medications for:

- Non-insulin diabetes
- Cholesterol (statins)
- Hypertension (RAS antagonists)

If you're a BlueCare Plus provider, we'll track your medication adherence ratings on your quality scorecard. You can receive STAR rating points for high medication adherence scores.



# Four Steps to Help Improve Your CAHPS Score

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey is sent to your patients each year. The survey asks about your patients' perceptions of the care you provide and how informed they believe you are about the care they receive from other providers.

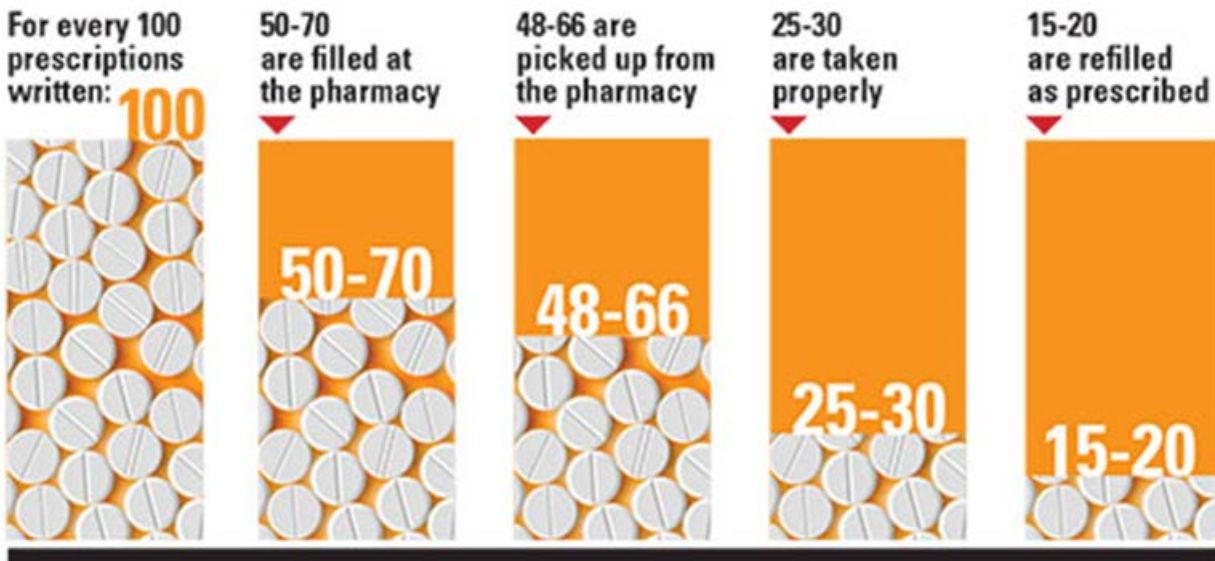
Score results for care coordination are often among the lowest, so we're offering some suggestions on activities your staff can do to improve your score:

- When completing a patient's health history, ask if he or she visited other providers or facilities since the last PCP visit (e.g., specialists, urgent care, emergency department, inpatient stay, home health visits, etc.).
- Encourage patients to keep you informed of all their medical care, and let them know how important this is.
- If a patient needs to see a specialist, help with the transition of care and facilitate the referral.
- Share patients' results/records/data with their other providers. If you're a specialist, share the detailed health history with your patient's PCP.
- Connect members to community resources.



# Antidepressant Management: Tips for Promoting Medication Compliance

As a provider, you're aware of the effects major depression can have on patients' daily lives and the important role antidepressants play in managing it, particularly when depressive episodes are chronic, moderate or severe. Despite the effectiveness of antidepressants, getting patients to fill their medication and take it properly remains challenging.



Source: National Association of Chain Drug Stores, *Pharmacies: Improving Health, Reducing Costs*, July 2010. Based on IMS health data.

## Exploring Reasons for Non-Compliance

Some patients are more likely than others to not take their medicine as prescribed. Non-adherence is more likely if a patient:

- Has a limited English language proficiency or low literacy
- Has a history of mental health issues, like depression, anxiety or substance use disorder
- Doesn't believe in the benefits of treatment
- Believes medications are unnecessary or harmful
- Is concerned about medication side effects or cost
- Says they're tired of taking medicine<sup>1</sup>

Once symptoms improve, patients may also not realize or believe they need to continue their antidepressant for at least six months to one year. An *Innovations in Clinical Neuroscience* article cited that 50 percent of patients stop taking their antidepressants prematurely.<sup>2</sup>

## Help Your Patients Stay on Track

Effective two-way communication doubles the likelihood of patients taking their medications properly.<sup>1</sup> We know you work hard to educate your patients about their medications and encourage them to take their antidepressants as recommended. We want to help by offering best practices that may prevent confusion about medication, concerns about cost and complaints about side effects.

### 1. To address confusion:

- Consider using the “teach back” and “show back” techniques to make sure your patient understands the education you give them about their depression and treatment. Set aside time during appointments for them to ask follow-up questions or clarify what you said.
- Discuss the importance of treating depression and the specific symptoms medication will target.
- Let your patient know how long it will take for the antidepressant to work and explain how long they’ll need to take the medication (i.e., six months to one year after they no longer feel depressed).
- Select an antidepressant with the simplest dosing regimen possible (e.g., a medication that can be taken once a day vs. four times a day).
- Explain the antidepressant medication dosage and refill schedule to your patient’s support system so they can help the patient take and refill medications on time.

### 2. To address cost:

- Be up front about medication cost and look into options, such as generic medications, that may work better for your patient’s budget.
- TennCare pharmacy benefits are managed by Magellan Health Services. If a BlueCare Tennessee member can’t afford a copay, please contact Magellan Health Services at 1-866-434-5520 to see if accommodations are available.
- Let your patients covered by BlueCare Tennessee know that SSRI medications are no longer included in the monthly five-prescription limit. Also let them know that we can arrange transportation if they don’t have a way to get to their medical appointments or pharmacy.

### 3. To address side effects:

- Encourage your patient to call your office if they experience side effects so you can re-evaluate the dosage or recommend an alternate medication.
- Schedule a follow-up appointment within 30 days to talk about any symptoms or side effects and adjust the dosage as needed.

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## Data Analysis Finds Link between Albuminuria and COPD

A data analysis published in the American Journal of Respiratory and Critical Care Medicine shows that albuminuria – the albumin-to-creatinine ratio in a patient’s urine – may be associated with chronic obstructive pulmonary disease (COPD) development and progression. Albuminuria is one of the first indicators of early kidney problems and is used as a biomarker for kidney-disease-related microvascular disease.

Previous research has suggested a similarity between lung and kidney microvascular disease, which led the research team to investigate the potential link between COPD and albuminuria.

In an article for MedPage Today, Elizabeth C. Oelsner, M.D., first author of the analysis and a physician at Columbia University College of

Physicians and Surgeons, explained the team’s interest. “We hypothesized that albuminuria might be associated with COPD because we have increasing evidence that the same type of microvasculature disease that we see in the kidney can affect microvasculature in the lungs. This may actually be a cause of COPD and emphysema,” Dr. Oelsner said.

To conduct the data analysis, researchers reviewed results from six National Heart, Lung and Blood Institute-funded studies. They found that as albuminuria levels rise so do incidents of moderate-to-severe spirometry-defined COPD, COPD-related hospitalizations and deaths, and lung function decline.

The clinical implications, if any, this finding may have on COPD treatment remain to be seen. Results suggest that COPD and well-known causes of albuminuria, such as chronic kidney disease and diabetes, may share an underlying microvascular mechanism – a finding that may open up potentially promising avenues for further study.

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