

QUALITY CARE QUARTERLY

Summer 2018 - Volume 5

Your Guide
to Programs
and Rewards



Featuring

- A message from Dr. Deborah Gatlin, Behavioral Health Medical Director
- Saint Thomas Medical Partners Sees Benefits of Care Coordination, Building Relationships

Inside This Issue

Replicating the Strengths of the Family Doctor in a Complex World

Saint Thomas Medical Partners Sees the Benefits of Care
Coordination and Building Relationships

Coordinating Patient Care is Key

Quality Care Rewards Tool

Updates and Tips

A Clinical Focus

Timely Mental Health Follow-up Post-Hospitalization is Critical

Beyond Screenings: Educating Kids and Parents About Healthy Lifestyles

Opportunities in Pain Management Treatment

Training Opportunities

BlueCare Tennessee® Provides Access to Cultural Competency Training

Replicating the Strengths of the Family Doctor in a Complex World

You may remember the days of, or heard stories about, the country physicians who traveled from one family to the next or the doctors entrusted with caring for entire families for two generations or more. These physicians cared for all medical issues, sent their patients to specialists — providers with whom they had personal relationships — if needed, and counseled and supported patients and families through difficult times. In today's increasingly complex medical world, their method of care seems like a faint memory.

How do we replicate the strengths of country and family doctors in our increasingly populated, mobile society? The answer lies within care coordination.

Care coordination, as defined by the National Center for Biotechnology Information, is "... the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services." A central tenet of successful care coordination is communication. When close communication takes place during the handoff of care

between clinicians, physicians or behavioral health practitioners, each member of the medical team has access to essential information. Just as important, when we provide clear, easy-to-understand instructions, patients are better able to care for themselves at home and navigate the care process.

Care coordination may seem like nothing more than another example of health care jargon, but it can help improve patient satisfaction, the safety and efficacy of care, and health outcomes, while also lowering costs. It's important to ask patients about care they receive from other providers and alert them when we get their health care information from our colleagues. These are great ways to get started and let patients know their physicians are working together to provide the best possible care.



Deborah Gatlin, MD
Medical Director
BlueCross Behavioral Health



Saint Thomas Medical Partners Sees Benefits of Care Coordination and Building Relationships

Saint Thomas Medical Partners' (STMP) midtown Nashville office has had a lot of success with care coordination. Chief Operating Officer Elizabeth (Beth) Van Gilder attributes that success to the addition of Kelly Hutchison, RN, an embedded BlueCross PCMH care coordinator. Van Gilder said, "Kelly brings knowledge and resources that help provide a bridge to care. She interacts with our staff, and takes care of things that our nurses were doing, so our staff can focus on hands-on care for our patients."

The office is one of STMP's larger practices, covering pediatric to geriatric patients. The practice also includes some specialists. In her role as an onsite BlueCross resource, Hutchison has built relationships with the staff, and with patients who are BlueCross members. She's able to help patients find the right specialist. And once they've been seen, she contacts the specialist to make sure all relevant information is included on the Primary Care Physician's (PCP) charts.

But Hutchison's job is much broader than this. She finds her role very rewarding, and explained a particular situation when she was able to assist. "We have a member who had been in and out of the emergency room and the hospital. We learned that he was living out of his truck. He was missing appointments in the office and generally wasn't compliant with medication or getting needed tests," Hutchison said. With this knowledge, the care team was able to address his specific needs. She further explained, "We set him up with a PCP, who then referred him to specialists. Working with STMP staff, we were able to coordinate visits. I reminded him of his appointments for PCP and specialist visits and for testing — so that he only had to remember one day and not multiple dates and times. His compliancy has greatly improved with fewer ER visits and hospitalizations. That's a win for everyone, but especially the patient. He has also built a trusting relationship with his PCP. And I do believe that helps the situation."

Providing the Bridge to Care

Because they have access to BlueCross patient records, Hutchison and other embedded care coordinators can check on members soon after they leave the emergency room. They call to see how they're feeling and make sure they have a follow-up appointment with their provider. If not, the care coordinators have direct access to STMP's systems and can schedule the appointment, so the member doesn't have to be transferred or call back to the office. They're also there to help with medication issues or other situations that can complicate care, such as lack of food or housing. Hutchison explains, "We look at the whole person."

The role of a BlueCross care coordinator can also include:

- Ensuring medications prescribed at hospital discharge have been filled and the patient is taking them properly.
- Managing symptoms and preventive care.
- Reviewing specific quality measures and alignment of processes within PCMH practices for optimal quality care.
- Contacting patients who haven't had a PCP visit within a year, and scheduling an appointment.
- Acting as a liaison between patients, their health care team and BlueCross, connecting them to the services and help they need.
- Assessing patients for referrals for palliative care, home health, and complex case management within BlueCross.



Hutchison makes sure her office door is open for the staff and for patients when they come in. She wants to make sure they know that everyone there cares about them – not just their provider. She said, "This is the whole medical system working together as a team."

It's the team-like, collaborative atmosphere that Van Gilder finds important. "I appreciate the openness and willingness of the care coordinators to meet each month and talk about processes. It's definitely a team," she said.

"How do you successfully integrate care coordination in your practice? It's all about working together to remove an obstacle for the patient. That's the key."

– **Beth Van Gilder**
Saint Thomas Medical Partners



Coordinating Patient Care is Key

Each year, the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey is sent to your patients, and includes questions about the care you provide. Coordinating patient care is a key component, so here are a few specific activities medical assistants and nursing staff can do to improve your score:

- Compile a detailed health history that includes determining whether the member visited other providers or facilities since the last PCP visit (e.g., specialists, urgent care, emergency department, inpatient stay, home health visits, etc.).
- Coordinate medication management
- Assist with transitions of care (PCP to specialist)
- Share member results/records/data between providers
- Monitor member outcomes
- Facilitate referrals
- Connect members to community resources
- Share information from detailed health history with PCP

To further help this initiative, our BlueCare Tennessee team developed the following member message to help them know when and where they could get care:

There are different kinds of care. Choose what's right for you and your health.

No matter what you choose, your primary care provider is there to make sure all of your health needs are being met. If you visit an emergency room or urgent care, follow up with your PCP. Also tell your PCP about all visits to other providers – like a specialist to treat asthma or a heart condition. And ask the other providers to send a report to your PCP.

A graphic for the Quality Care Rewards Tool. It features a central laptop displaying a website interface with a yellow speech bubble. Surrounding the laptop are various icons: a target, a cube, an envelope, a thumbs up, a gear, and a cube. A white box with a blue border contains the text "Quality Care Rewards Tool".

Quality Care Rewards Tool

Updates

See What's New to QCR

- The Patient-Centered Medical Home program was added to the Quality Care Rewards Tool on May 31.
- The Provider Assessment Form (PAF) for Medicare Advantage and the Patient Assessment and Care Planning Form (PACF) for BlueCare are both being redesigned. New versions of these forms will be available in QCR in the fall.

Quick Tips

Want to view or add information on multiple members from any list at the same time? You can right-click on the Member Name and select [Open in New Window](#).

A photograph of a female doctor in a white lab coat with a stethoscope, smiling and talking to a patient whose back is to the camera. The scene is set in a bright, modern clinical office.

A Clinical Focus

Timely Mental Health Follow-up Post-Hospitalization is Critical

If you have patients who are discharged from an acute inpatient stay related to mental health disorders, be sure to have a follow-up appointment within seven days of discharge. This helps prevent medication interruption, offers much-needed support during a vulnerable time and decreases the likelihood of readmission by almost 50 percent.

For patients with these diagnoses, it's very important to schedule follow-up appointments within seven days of discharge:

- Dementia
- Schizophrenia
- Bipolar Disorder
- Major Depressive Disorder
- Post-traumatic stress disorder (PTSD) or other anxiety disorders
- Attention deficit hyperactivity disorder (ADHD)

Here are some additional tips to help facilitate patient follow-up visits after discharge:

- Let the hospital staff know about your patient's discharge needs and any barriers so they can help if needed.
- Talk with your patient's family or support system, so they understand the discharge plan and importance of keeping aftercare appointments.
- Tell office staff/schedulers it's extremely important that the patient has an appointment within seven days of discharge.
- Follow up with your patient to make sure appointments were kept. If not, try to reschedule as soon as possible.

If you need help scheduling post-hospitalization mental health follow-ups, please call:

BlueCare Tennessee 1-888-423-0131

Commercial 1-800-565-9140



Beyond Screenings: Educating Kids and Parents About Healthy Lifestyles

Life for pediatric providers is unpredictable and sometimes chaotic. Most of the time you're in diagnose-and-treat mode. You might spend all day having patients cough in your face, wrangling kids to sit for shots and finger pricks or explaining that antibiotics won't help with a virus. There are few opportunities to educate kids and their parents about healthy habits and things they can do to prevent future issues.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) TennCare Kids exams require the completion and documentation of all seven components, including education and guidance. While they're often last on the EPSDT check-up list, it's often education and guidance that parents most value. It's the time when you can get important points across to patients and parents because they're looking for your direction.

Anticipatory Guidance

The American Academy of Pediatrics recommends addressing these topics at each visit when age-appropriate:

- Injury prevention

- Emotional well-being
- Media use
- Healthy weight and obesity risk
- Tobacco and drug use

There's a wide variety of health related issues under these topics that providers can cover during a well-check. Many providers ask parents if they have any worries or concerns about their child's growth, behavior or development to start a conversation with parents. It allows you to address those issues and prioritize preventive discussion while educating parents about what's important to them like: car seat safety, securing furniture to prevent tipping, and safely storing household cleaners and chemicals.

More information and helpful tips from the American Academy of Pediatrics are available at brightfutures.aap.org.

Collaborative Opportunities in Pain Management

With the ongoing opioid crisis, medical personnel are encouraged to limit prescribing practices. But there's little discussion about collaboration between medical personnel and other allied healthcare professionals in the treatment of pain management.

Providers are concerned about risk of opioid overuse and overdose for their patients. Prior to initiating medical treatment, risk is typically assessed based on personal and family history for alcohol or drug use and personal history of psychiatric disorders. If there's a concern about substance use and/or psychiatric comorbidity, consider referring your patients to a mental health professional for further assessment or therapy.

A trained mental health professional can assess the risk of overuse or overdose. Clinical interviews and psychological testing are more extensive than screenings performed in a medical provider's office, and can often determine if the patient is at risk or may have a substance use disorder, overdose, a mental health condition (such as depression or anxiety), or a history of inpatient psychiatric care. The assessment allows you to determine how to treat the patient. While low-risk patients can be managed by PCPs, opioid therapy may need to be avoided or carefully managed in collaboration with an addiction specialist for those at high risk for overuse or overdose.

Study Shows Benefits of Collaborative Care

As for ongoing treatment, a study published in the March 25, 2018 Journal of the American Medical Association compared the responses

of veterans who had a collaborative treatment plan to those who received standard care. The collaborative intervention included clinician and patient education which emphasized patients' learning techniques for managing pain and overcoming the tendency to avoid activities that they fear will exacerbate their pain. By avoiding activities, muscles can become deconditioned, leading to physical difficulties and a lower quality of life.

The collaborative intervention included a psychologist who periodically contacted the patient to assess their improvement. Formal assessments were also used to determine their degree of pain, disability and depression. One year later, results suggested a modest degree of reported decrease in pain, compared to those in the standard care group (22 percent in the intervention group reported a 30 percent decrease in pain, compared to 14 percent in the control group). Mental health therapists can teach skills to address fears and avoidance behavior through cognitive behavioral therapy.

You may want to consider working with a mental health provider with training in pain management throughout the course of treatment for those patients that present with greater complexity. Additionally, an initial assessment can help you develop a stronger treatment plan. Collaboration between providers throughout the treatment can also influence the patient's degree of pain and quality of life in the long term.



Training Opportunities

BlueCare Tennessee Provides Access to Cultural Competency Training

The Quality Interactions® Cultural Competency training program provided through BlueCare can help your entire clinical and non-clinical staff develop the cross-cultural communication skills they need to work effectively with patients or peers with different backgrounds.

Quality Interactions is the leading provider of blended and e-learning solutions for health plans and hospitals. The e-learning programs are designed to help participants improve their ability to:

- Respect and value cultural diversity
- Communicate clearly in cross-cultural interactions
- Understand and explore cultural differences
- Effectively engage an individual in a cross-cultural interaction

The Benefits to Your Practice

This training can help improve patient outcomes and potentially reduce health care disparities by:

- Reducing misunderstandings between patients and providers
- Increasing treatment adherence and improving health outcomes through effective communications. Patients will have a better understanding of their illnesses in relation to their treatment plans.

- Minimizing emergency care and the tendency to avoid seeking medical attention for disease symptoms due to negative, culturally unresponsive interactions with the health care system.

Class Topics and Credits

Classes cover cross-cultural care in these areas:

- A Person-Centered Approach for Health Plans
- Mental Health and Depression
- A Person-Centered Approach for Pediatricians

Each class provides accreditation for up to 2.5 hours of CME, CEU or CCM credits. Learners can access the personal learning material on a desktop or mobile device via a secure, online platform. They can pause, resume, and revisit the content any time.

[Start Here](#)

Contacts for Quality+ Partnership Programs

Commercial

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

BlueCare Tennessee

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

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



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

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

18PED296322 (06/18)
Quality Care Quarterly Newsletter
Summer 2018 – Volume 5