

# QUALITY CARE QUARTERLY

Summer 2019 – Volume 9

Your Guide  
to Programs  
and Rewards



## Featuring

- A Message from Dr. Gatlin, Behavioral Health Medical Director, BlueCare Tennessee®
- Murfreesboro Medical Clinic's Tips for Depression Screening, Medication Adherence



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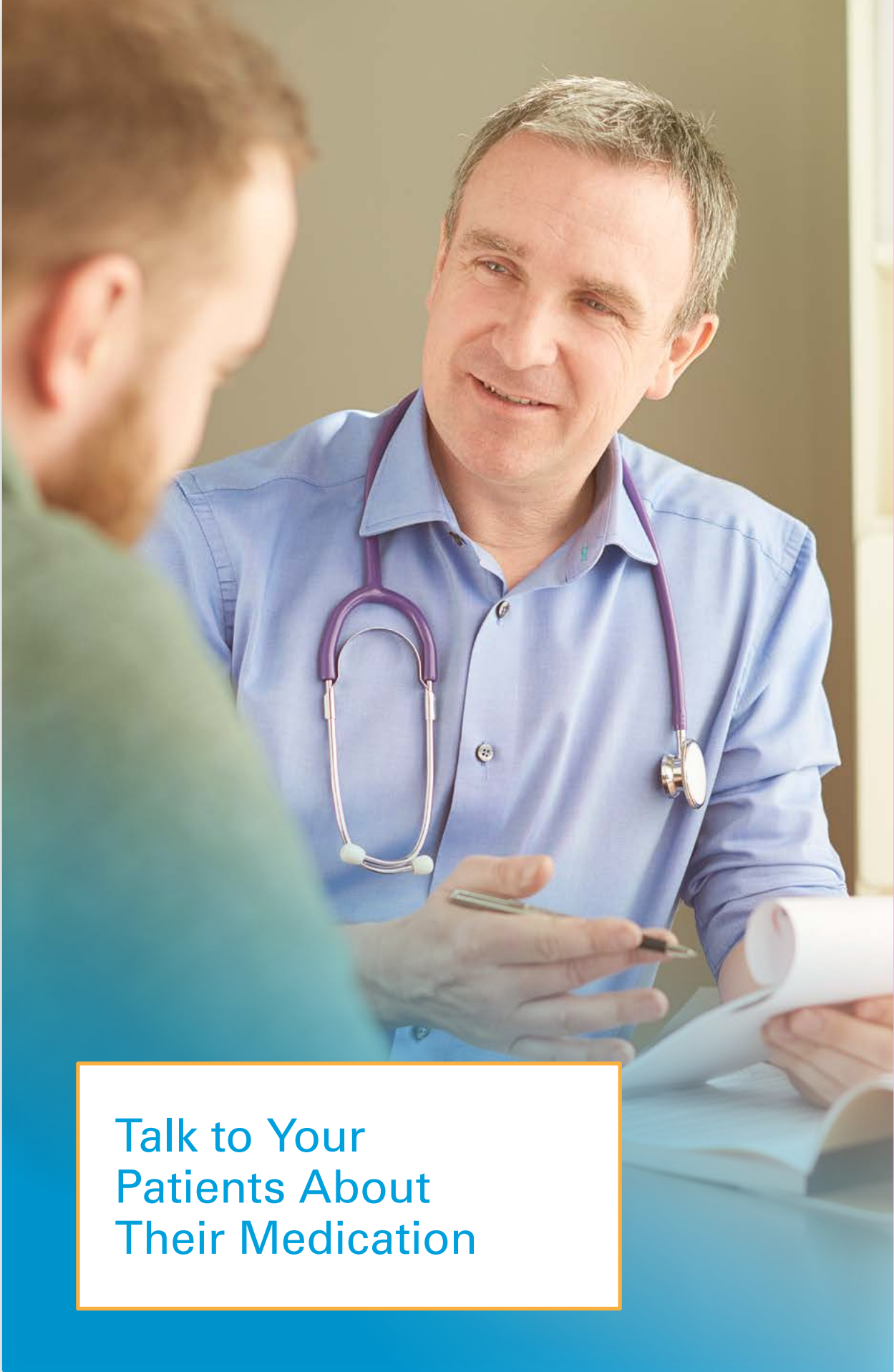
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**Talk to Your  
Patients About  
Their Medication**

## Major depression can lead to serious impairment in your patients' daily functioning and productivity. It can also lead to suicide, which is the tenth leading cause of death in the United States each year.<sup>1</sup>

The effective clinical treatment of depression regularly involves use of antidepressants – which are more effective against chronic, moderate and severe depression than mild depression. But antidepressants won't work if your patients don't take them.

Studies show that about 50% of your patients will discontinue their antidepressant medications prematurely. And it doesn't matter if your practice is primary care or psychiatric.<sup>1</sup>

### **So, what can you do to help ensure your patients take their medication?**

Effective two-way communication is critical, and will increase the odds that your patient will take their antidepressants. Talk to your patients to identify and manage side effects. Discuss their feelings about the benefits of treatment, and whether or not they believe medications are unnecessary or harmful. Determine if there is an issue with cost, and look into options that work for their budget. These insights can help you empower your patients to take their medications as prescribed.

<sup>1</sup> Sansone, Randy A. and Lori A. Sansone, "Antidepressant adherence: are patients taking their medications?" *Innovations in clinical neuroscience* vol. 9, 5-6 (2012): 41-6.



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## Murfreesboro Medical Clinic's Best Practices for Depression Screening and Medication Adherence

Murfreesboro Medical Clinic has had successful results with depression screening and medication adherence for several years. Dr. Nicholas Coté, Chief Medical Information Officer and Medical Director of Patient-Centered Medical Home (PCMH) for the clinic, said depression screening should be commonplace in any family practice or internal medicine group – particularly when it's a covered benefit. The Murfreesboro clinic conducts these screenings at every annual wellness visit.

The challenge isn't conducting the screening, but assuring effective management of patients diagnosed with depression. Dr. Coté emphasized the importance of engaging with these patients on a regular basis. Murfreesboro Medical Clinic has developed a process to help assure patients get the right treatment and take prescribed medications.

Dr. Coté explained, "You must first consider the patient's score on the screening. You don't prescribe medication right out of the gate. Some patients don't need it. They just need counseling. But if the score is high enough, medication should be prescribed." Physicians at the clinic prescribe only a 30-day supply and schedule a one-month follow-up appointment. This allows the prescribing physician to assess the patient for significant side-effects and also determine if the prescription is still needed.

**"Following these procedures is just good medicine. It's good for the patient, and you close a quality program measure. Why wouldn't you do it?"**

**— Nicholas Coté, DO**



### Keeping Open Communications with Patients

Patient engagement is of prime importance with a depression diagnosis, and the clinic makes every effort to make sure they stay in touch with patients. Nurses receive a list of all patients who miss their appointments, so they can contact them to reschedule.

The patient portal is also a central component in their efforts to reach patients. Providers who participate in the BlueCross commercial PCMH program use Electronic Medical Records (EMRs). Through the patient portal, these electronic charts can be viewed, to some degree, by the patients. Murfreesboro Medical Clinic posts notes from patient visits here. The portal also provides a method for patients to send a secure message to their provider, and vice-versa. These messages become part of the patient's chart.

### Taking the Extra Step

With medication adherence, the major issue is not necessarily getting the patient to take the medication, but rather getting the prescription in the hands of the patient. Dr. Coté said it's particularly an issue with depressed individuals. They're not motivated to take action – which includes picking up a prescription. Suggesting they use a delivery service, and providing information on how to find one can help.

Understanding the level of a patient's motivation and depression is critical during the first two months after a medication is prescribed. "This is the time to reassess their level of depression and motivation," said Dr. Coté. "You have to watch out for patients who are still depressed, but now have a higher level of motivation. This elevates the risk of suicide."

### You must be diligent about following the three steps.

1. Provide short 'scripts, a 30-day supply.
2. Schedule a follow-up four weeks out.
3. And stay engaged with the patient.





A Clinical Focus



# Emphasizing Preventive Care:

## Combine Well-Child Checkups with Other Types of Visits

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) checkups are essential to the overall health and wellness of Tennessee's kids. We're asking for your help to make sure all children and teens enrolled in BlueCare Tennessee get their EPSDT exams as recommended.

TennCare Kids' screening guidelines allow you to receive reimbursement for EPSDT checkups performed at the same time as other visits. Episodic, acute care and sports-required visits are all opportunities to increase preventive care, administer vaccines and give health education.

When billing sick and well visits on the same day, please consider these recommendations from the Tennessee Chapter of the American Academy of Pediatrics (TNAAP):

- You may report an additional E/M service if you find a problem on the same day as a wellness check that requires you to perform the key component of that service. If the problem doesn't require work-up beyond a normal preventive visit, please don't report another E/M code.
- The visit's documentation must reflect the extra work done during the appointment. There doesn't need to be a separate note, but the documentation should reflect a separate problem.
- BlueCare Tennessee doesn't limit the number of well-child visits to one per year/365 days. We allow and provide coverage for inter-periodic screenings, according to Centers for Medicare and Medicaid Services (CMS) guidelines.

EPSDT exams are free for your patients – there's no copay, deductible or coinsurance to collect. For more information about EPSDT exams, please visit our TennCare Kids Tool Kit in the Tools and Resources section of [bluecare.bcbst.com/providers](http://bluecare.bcbst.com/providers). Free TNAAP EPSDT and coding resources are also available online at [tnaap.org](http://tnaap.org).



### **BlueCross Health Planners Mailed to Members**

Your BlueCross patients may mention they received a personalized Health Planner from us recently. These planners were recently mailed to BlueCross members who may still need preventive screenings for this year.

We've encouraged members to take them to their next office visit so you can discuss these screenings with them.



## U.S. Preventive Services Task Force: Most Older Adults Don't Need Vitamin D Testing

According to the USPSTF, there's insufficient medical evidence to weigh the benefits of screening for vitamin D deficiency in asymptomatic adults. A study published in the *New England Journal of Medicine* of more than 25,000 people age 50 or older showed that taking 2,000 IU of vitamin D daily for five years didn't decrease the incidence of cancer or cardiovascular disease.

# Best Practices for Rheumatoid Arthritis Treatment

Disease-modifying Anti-rheumatic Drug (DMARD) Therapy for Rheumatoid Arthritis is a Medicare measure that is part of the Stars quality rating. And although rheumatologists are typically involved in the treatment of rheumatoid arthritis, primary care providers have an active role in improving this measure.

## How the Measure is Defined

The percentage of patients, 18 and older, who were diagnosed with rheumatoid arthritis and were dispensed at least one DMARD during the measurement year

## How to Improve Results for This Measure

- Confirm the patient has rheumatoid arthritis instead of another rheumatologic disease, osteoarthritis or joint pain.
- Refer patients to a rheumatologist for confirmation of the diagnosis and management, or co-management, of pain.
- Evaluate the risks, benefits, and alternatives of DMARD for all patients with rheumatoid arthritis and prescribe when appropriate.



# The PACF and PAF: Learn How to Tell the Difference

The BlueCare Plus (HMO SNP)<sup>SM</sup> Patient Assessment and Care Planning Form (PACF) and the BlueAdvantage (PPO)<sup>SM</sup> Provider Assessment Form (PAF) look similar, but there's a key difference between the two. Here's what you need to know.

The Centers for Medicare and Medicaid Services requires Dual-Eligible Special Needs Plans, like BlueCare Plus<sup>SM</sup>, to do an annual assessment for each member and then develop a plan of care that's shared with members and their providers. We base this assessment on several things:

- The completed PACF or the provider's medical records
- Conversations between our care coordination team and members
- Claims and pharmacy information

On the last page of the PACF, you'll find fields related to the plan of care that aren't on the PAF. These fields allow us to share the plan of care with you and give you a chance to provide any feedback.

## Steps for Completing and Billing the PACF

We recommend you complete and return the PACF or supply equivalent medical records after patients have their annual wellness visit. Please fax these items to BlueCare Plus at (423) 591-9504.

Once you provide the completed PACF or an equivalent medical record, you may receive an additional reimbursement by billing CPT<sup>®</sup> code 96160 for PACF administration and the appropriate Interdisciplinary Care Team (ICT) CPT<sup>®</sup> code (99366-99368).

## Use the Quality Care Rewards Tool to Return the BlueAdvantage<sup>SM</sup> PAF

We recently updated the BlueAdvantage Provider Assessment Form to make it easier and more efficient to complete using the Quality Care Rewards (QCR) tool within Availity<sup>®</sup>. When submitting the form electronically, keep the following tips in mind:

- You don't have to fax a paper copy to us when you complete the PAF in the QCR tool. However, we do ask that you print the form and keep a paper copy in the member's medical record.
- You must have a practitioner-level role in Availity to submit the PAF.
- Please submit PAFs within 90 days. Beginning in June, we'll delete any PAF that remains "in progress" for more than three months.
- To receive reimbursement for PAF completion in the QCR tool, please include CPT<sup>®</sup> code 99160 on the claim.



## Help Us Improve Human Papillomavirus Vaccination Rates

We all know that the human papillomavirus (HPV) vaccine plays a critical role in lifelong health by helping to prevent cancers associated with certain strains of the HPV virus. Clinical quality guidelines recommend that preteens get two doses of the HPV vaccine, spaced six months apart, before their 13th birthday. At this age, they also need a meningococcal vaccine and a tetanus, diphtheria and pertussis (Tdap) booster.

Our records show that while the HPV, meningococcal and Tdap vaccines are due at the same time, immunization rates for the HPV vaccine are much lower than for the other two vaccines. We need your help to make sure children throughout our state receive this vital protection.

### What Can You Do?

Educating families about HPV and the benefits of vaccination is an important first step towards improving vaccination rates. Consider these best practices for productive conversations:

- **Discuss the HPV vaccine from the standpoint of cancer prevention.** More than 90 percent of HPV cancers are preventable with HPV vaccination, according to the Centers for Disease Control and Prevention (CDC). Let parents know that the vaccine protects against strains of HPV associated with cervical, vaginal, vulvar, anal, penile, and oral and throat cancers.
- **Start educating families about the HPV vaccine early** – some parents will need extra time to decide to move forward with the vaccination.
- **Try to give the vaccine as soon as your patients are eligible to receive it.** The HPV vaccine is most effective when given between ages 9 and 12, according to the American Academy of Pediatrics (AAP). Adolescents are busy and sometimes miss their annual wellness exam. If you delay the vaccine until the next well-child check, you might miss the chance to vaccinate during the ideal time frame.
- **Reassure families that side effects are usually mild** and kids can't get HPV or cancer from the vaccine.
- Recommend HPV vaccination in the **same way** and on the **same day** you recommend other vaccines for adolescents. For example, consider saying, "Now that your child is 11, they're due for vaccinations to help protect them from meningitis, HPV cancers and whooping cough. Do you have any questions?"

For more HPV vaccine-related resources from the AAP and CDC, follow these links:

[cdc.gov/hpv/hcp/clinician-factsheet.html](https://cdc.gov/hpv/hcp/clinician-factsheet.html)

[aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/Pages/HPV.aspx](https://aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/Pages/HPV.aspx)



## Join Us in Our Focus on Diabetes

A top priority for BlueCross BlueShield of Tennessee, in 2019, is to improve members' health, enhance quality of care and lower costs related to diabetes – the most prevalent chronic condition in the state. Because we believe a team approach to diabetes care can help diabetic patients achieve a better quality of health and ultimately lower health care costs, we're asking you to join us in this focus on diabetes.

### **What are the Diabetes Measures?**

The HEDIS® Comprehensive Diabetes Care (CDC) measures include:

- A controlled A1C <8
- Diabetic retinopathy eye exam
- A controlled blood pressure of < 140/90
- Nephropathy screening

### Important things to note:

- Members can only enter the HEDIS denominator once each year.
- The gaps for A1c and blood pressure can reopen during the year based on results. The last result will stand as the representative annual level for that member.
- You can use the lowest systolic and the lowest diastolic readings for a patient's blood pressure level if they are taken on the same date/same visit. For example, if the first reading is 130/95 and the second reading is 156/80, the measure can be closed with the reading of 130/80.
- The CPT II code (3045F) that represents an HbA1c level of 7.0 – 9.0 won't close the measure because the system can't determine if the patient's level is below 8.0 based on that code. Providers currently in any BlueCross quality program can attest to the HbA1c result within the Quality Care Rewards tool.
- Providers performing retinal imaging in office and sending results to eye care professionals to review and interpret can use CPTII codes such as 2022F, 2024F, or 2026F.
- Any retinal eye exam from an eye care provider is acceptable in the measurement year, but an exam from the previous year must be a negative result for retinopathy to be compliant.
- For patients 40-75 years of age, the American Diabetes Association and the American Heart Association recommend that all people with diabetes should receive a statin.

The HEDIS measure pertaining to Statin Therapy for Patients with Diabetes (SPD) who don't have clinical atherosclerotic cardiovascular disease includes:

- Received Statin Therapy – members who were dispensed at least one statin medication of any intensity
- Statin Adherence 80% - members who remained on a statin medication of any intensity for at least 80% of the treatment period

Patients with diabetes need access to services and support to help them make lifestyle changes. Additional support from a diabetes educator, along with this team approach, can help your patients stay motivated.

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

# Exploring Medication-Assisted Therapy (MAT) Options for Opioid Use Disorder

Opioid use disorder has reached epidemic proportions in states across the country, and Tennessee is no exception. Every day in our state, at least three people die from an opioid-related overdose – more than the number of daily traffic fatalities.<sup>1</sup>

We're making progress, but Tennessee remains among the top 15 of all states in drug overdose deaths.<sup>2</sup> Increased access to potent synthetic opioids in our communities has compounded the rapid rise in individuals with opioid addiction.

## The Role of Medication-Assisted Therapy

As you know, opioid use disorder is a chronic, relapsing condition, and abstinence-based treatment programs often fail to provide lasting sobriety. Medication-assisted therapy (MAT) that includes an opioid antagonist or agonist and psychosocial treatment is now considered the first-line treatment for individuals with chronic, relapsing opioid dependence.<sup>3</sup> Naltrexone, buprenorphine and methadone are all useful drugs for MAT in carefully selected patients.

## Naltrexone

Naltrexone helps reduce cravings and block the positive effects of getting high during a relapse. An opioid receptor antagonist, naltrexone is usually administered after a 7- to 10-day abstinence from opioids. It comes in an oral tablet or long-acting injectable that's given monthly. The extended-release injectable has better treatment adherence outcomes.

Unlike buprenorphine and methadone, naltrexone isn't a controlled substance. All providers licensed to dispense medications can prescribe it, according to the Substance Abuse and Mental Health Services Administration.

## Take Advantage of MAT Training Opportunities

Increasing access to MAT is an important part of combatting opioid use disorder. Despite numerous studies showing better outcomes, recovery communities have been slow to embrace it. Nearly 25% of substance use disorder treatment centers don't provide opioid use disorder medications, and only 6% offer all FDA-approved medications for this condition.<sup>4</sup>

BlueCross providers who want additional training in MAT can participate in Project ECHO (Extension for Community Healthcare Outcomes). A hub-and-spoke knowledge-sharing network, Project ECHO is led by expert teams who use multipoint videoconferencing to conduct virtual clinics with community providers.

Through Project ECHO, you'll learn more about office-based MAT, including prescribing buprenorphine-containing products. The tele-education is offered in partnership with the East Tennessee State University Department of Family Medicine, and continuing education credits are available. If you're interested in participating, please contact your BlueCross provider network manager.



## Buprenorphine and Methadone

Buprenorphine is a Schedule III partial agonist at the mu opioid receptor. Patients receive buprenorphine under medical supervision in an inpatient or outpatient setting, and treatment typically begins when they're in mild opioid withdrawal. Methadone is a Schedule II opioid agonist that's used to treat patients who continue to have an increased risk of relapse while taking buprenorphine.

Both buprenorphine and methadone are controlled substances, so providers and facilities treating patients with these drugs must comply with licensing requirements and DEA regulations. However, any physician can prescribe a three-day supply of methadone to manage acute opioid withdrawal as long as the drug is used under medical supervision.<sup>3</sup>

To learn more about these drugs and find providers who are licensed to dispense them, please see the online resources available through the [Substance Abuse and Mental Health Services Administration](#) and [Tennessee Department of Mental Health and Substance Abuse Services](#).

<sup>1</sup><https://www.tn.gov/content/dam/tn/opioids/documents/OpioidOnePager.pdf>

<sup>2</sup> <https://tn.gov/content/dam/tn/opioid/documents/TNtogetherFAQs.pdf>

<sup>3</sup> <https://www.uptodate.com/contents/opioid-use-disorder-epidemiology-pharmacology-clinical-manifestations-course-screening-assessment-and-diagnosis>

<sup>4</sup> Thomas, CP. Addressing Workforce Needs for Medication Treatment of Opioid Use Disorder. *J Addict Med* 2019;13:3-4.

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