

# QUALITY CARE QUARTERLY

Winter 2019 – Volume 11

## Your Guide to Programs and Rewards



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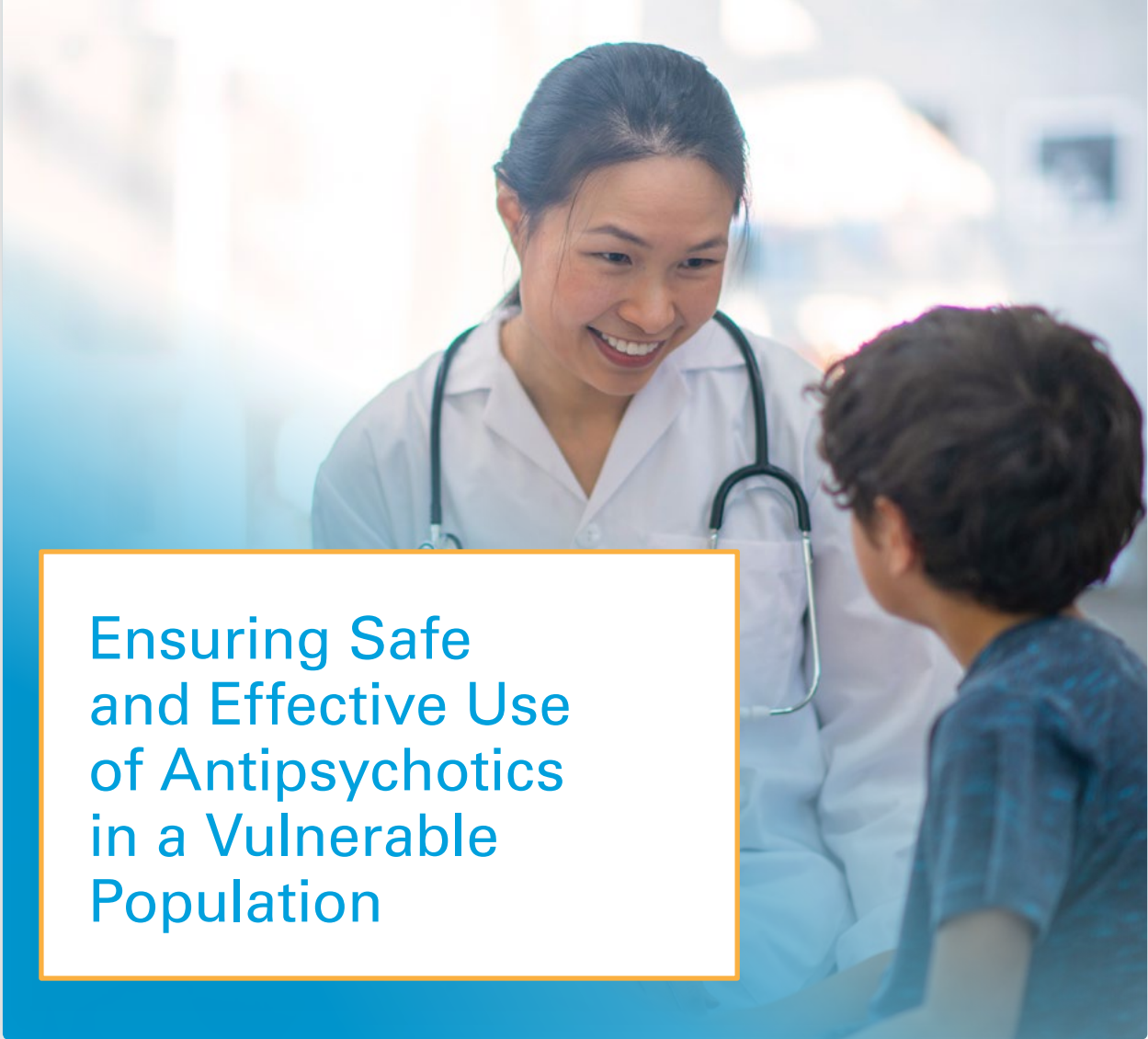
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## Ensuring Safe and Effective Use of Antipsychotics in a Vulnerable Population

Our feature article for this edition focuses on well-visits for children and adolescents. For young patients who you think may need, or have been prescribed, antipsychotic medications, these visits are a good opportunity to discuss concerns with patients and parents.

Antipsychotic medication use in youth (children and adolescents) is substantially higher in the United States than in other developed countries. As these rates have increased, so have safety and quality concerns in pediatric prescribing. There is increased evidence of substantial weight gain and cardio-metabolic side effects – including three times the risk of developing Type 2 diabetes. Tardive dyskinesia and extrapyramidal side effects need to have routine monitoring as well to ensure optimal treatment outcomes.

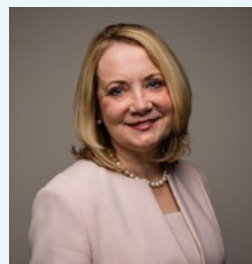
A recent publication from the Substance Abuse and Mental Health Services Administration provides important insights and shows there are disproportionate prescribing patterns in specific vulnerable pediatric populations and geographic locations. The research shows that families are uneasy about giving these medications to their children. They're concerned about side effects, the long-term effects on health, and the stigma attached to taking the medication. They also believe there's a lack of available information that's easy to understand, particularly about alternative treatment methods.

**Here are some recommendations from the study:**

- If you aren't the prescribing provider, consult with him or her for shared decision-making, optimization of medication compliance and coordination of care.
- Provide youth and families with easy-to-understand information on risks and benefits.
- Plan for early identification of potential side effects, including those that can put patients at increased risk of being bullied – such as extrapyramidal side effects and tardive dyskinesia.
- Patients need a baseline weight, at least one test for blood glucose or HbA1c, and at least one test for LDL-C or cholesterol with evaluations annually, or more often, while being treated with this class of medications.

As a first step, it's always best to consider alternative interventions such as evidence-based child and parent skills training before prescribing – particularly for treatment of aggression, irritability and impulsivity. For off-label uses of antipsychotics, it is important to document that psychosocial care has been tried or is a part of the current treatment plan.

**For more information, you can find the complete [SAMSHA study here](#).**



**Judith Overton, M.D.**  
Medical Director, Commercial  
Behavioral Health  
BlueCross BlueShield of  
Tennessee





## Academy Children's Clinic Shares Top Tips for Providing Well-Child Care

Delivering preventive care, including checkups and immunizations, on schedule can be a challenge for pediatric providers — especially when caring for teens.

Academy Children's Clinic in Nashville meets national benchmarks for adolescent well visits and exceeds benchmarks for childhood and adolescent immunizations. Office Manager Ron Urquhart credits the team's success to patient outreach and an ability to plan ahead for potential barriers to care. "You definitely have to be proactive," he said. "You can't wait for the parents to call in [for appointments]."

## Staying One Step Ahead of Patient Needs

Certain times of year are busier than others, and anticipating families' needs during each season has helped Academy Children's Clinic plan appropriately to make sure appointments are available.

Children often need a checkup or vaccines before school, so the practice team begins contacting families in late spring to make summer appointments.

"[Many parents] wait until school's about to start to get their child's physical or vaccine, and our schedule is booked out," Ron said. "What I like to do around April or May is send out either a mailer or postcard, or call the patients. Our first trigger point for outreach will be kindergarteners and seventh graders. They can't get in to school without their vaccines, so we start there."

Fewer kids visit the office because of an illness during the summer months, so some appointment slots typically reserved for sick visits are made available for well visits to accommodate the larger number of patients needing preventive care.

Additionally, the practice extended its office hours in May 2019. Academy Children's Clinic is now open from 8 a.m. to 8 p.m. on Mondays, Tuesdays and Wednesdays to make it easier for families to visit the office for a sick or well visit.

"Our practice has grown rapidly, and to just be able to meet the

needs of our patients, it was almost a must that we extend our hours to accommodate the children in our community," Ron said. "We've also continued to add new providers. We've been open six years in October. In July, we hired our tenth provider."

## Quarterly Outreach Prompts Families to Schedule Well-Child Care

In addition to the targeted spring and summer outreach, Academy Children's Clinic sends age-specific quarterly mailers to parents to let them know if their child is due for a checkup or vaccine. One mailer is designed for families with children younger than 11, and one mailer is designed for families with teens and preteens.

These mailers discuss specific preventive services needed during each age range.

Throughout the year, the practice staff also calls families as needed. The Academy Children's Clinic team includes staff members whose primary responsibilities are making patient calls. Others also participate in outreach calls as schedules allow.


"Making those phone calls is very important," Ron said. "A lot of times, I know that people feel like there isn't enough time or maybe they feel that they're too busy. But I would say that if you have one person or even a part-time person to make those calls for you, it pays in the end. If they're able to schedule patients, it's going to be worth it to the office and to the children."

## Promoting Well Care by Maximizing Appointments

Sometimes, kids only visit their providers when they're sick or have other health care needs. This is especially true for teens and young adults. To address this challenge, the Academy Children's Clinic team reviews their Electronic Medical Record (EMR) system daily to see if children coming in for appointments are overdue for preventive care.

If a child is overdue for a vaccine or exam, a red flag will appear in their record along with an indicator that lets the team know what service is needed — from a well-child exam to an annual flu shot. The goal for the Academy Children's Clinic team is to take care of all health needs during one visit when possible. If there isn't time in the schedule to perform a well visit or if a child isn't able to receive a vaccine due to illness, a follow-up appointment is scheduled before the family leaves the office.





## Achieving Practice Transformation: Providers Find Success in TennCare PCMH Program

A component of the Tennessee Health Care Innovation Initiative, the TennCare Patient-Centered Medical Home (PCMH) program focuses on primary care transformation in pediatric and family medicine practices. The goal of the program is to improve care quality through elements such as care coordination, access to same-day appointments and population health management.

As part of the PCMH program, practices earn quality stars based on their performance on certain quality metrics, efficiency improvement year over year, and reductions in Total Cost of Care (TCOC). Pediatric practices that earn at least two out of five stars and family medicine practices that earn at least four out of 10 stars and achieve efficiency stars or efficiency improvement are eligible to receive an outcome payment at the end of the performance year.

In this issue, we're featuring some of our high-volume practices — those that care for at least 5,000 attributed members — who've earned an outcome payment for their performance in 2018. We'll highlight some of our low-volume practices that care for fewer than 5,000 members in future issues.



**Each of the provider groups listed below improved their quality performance, achieved a positive TCOC savings, and earned an efficiency star or had a positive efficiency improvement percentage over their baseline by identifying and addressing specific barriers to care. They've shared some of the recommendations that fueled their success. We hope you find the information useful.**

### **Summit Medical Group**

As you know, preventing unnecessary emergency room visits is an essential part of delivering cost-effective, quality care. Knoxville-based Summit Medical Group has reduced unnecessary ER visits by reviewing the state's Care Coordination Tool (CCT) daily to identify patients who've recently visited the ER. The practice then sends those patients a letter that:

- Encourages them to schedule a follow-up visit
- Highlights when to use the ER by giving examples of life-threatening versus non-life-threatening symptoms
- Outlines the benefits of visiting a primary care office or Express Clinic, such as lower out-of-pocket costs
- Lists office hours, addresses and phone numbers for each Summit Medical Group location

Since Summit began using this approach, the practice has reduced ER use by roughly 75%.

### **Galen Medical Group – Pediatrics**

Galen Medical Group also uses the CCT tool daily to find out if patients have recently visited the ER or been admitted to the hospital. The Galen team follows up on these visits by calling patients to schedule appointments. During these calls, they also educate patients about the importance of seeing a primary care provider who's familiar with their medical history, and let them know about their extended evening and weekend office hours. If they're unable to reach a patient by phone, the team follows up with a letter that encourages follow-up appointments and includes office locations, regular and after-hour availability, and a BlueCare Tennessee educational brochure about when to visit the ER.

### **Comprehensive Medical Care, P.C.**

A targeted outreach campaign helped Comprehensive Medical Care, P.C., improve their annual screening rates and immunization composite rates. The team uses gap reports to determine which patients need preventive services and calls patients as needed to schedule well-child exams and immunizations. When appropriate, the team also converts sick visits to well-child exams.

Additionally, Comprehensive Medical Care, P.C., has focused on reducing ER visits. The team calls patients who've recently visited the ER. They also developed a flyer to send to patients that lists examples of services they should receive at their primary care office, urgent care and the ER. Through this combination of outbound calls and patient education, the team improved rates for ER usage.



### **Medical Care, PLLC**

Medical Care, PLLC has been successful in several total-cost-of-care categories, including inpatient care. When patients are discharged from the hospital, care coordinators call to make sure they understand their discharge instructions, including how to use their medications. During these calls, care coordinators also make appointments for patients to see their primary care providers.

In an effort to keep patients out of the hospital, when possible, Medical Care has set up an in-office observation room with a hospital bed. This allows adult and pediatric patients to receive additional care, like infusions or IV fluids, in an office setting rather than the hospital.

Since implementing these changes, Medical Care has achieved an 85% success rate in preventing hospital admissions.

### **Methodist Medical Group**

The Pediatric Division of the Methodist Primary Care Group, Le Bonheur Pediatrics, noticed opportunities to improve its performance on the Weight Assessment and Nutritional Counseling for Children and Adolescents quality measure. When the practice began participating in the PCMH program, its scores were 8.9% for BMI Percentile and 0.9% for Counseling for Nutrition.

The quality team met with the group's medical director to begin making changes to protocols and workflows. The medical director's solution was to build templates in the electronic medical record to simplify coding for providers and capture diagnoses appropriately. Using these templates, the group was able to meet and exceed the quality threshold for this measure over the course of a year. During the 2018 measurement year, the group increased its scores more than 30% and ended the year with a quality star in the measure.

If you'd like to learn more about the TennCare PCMH program and how we work with practices to support their success, please visit our [Tennessee Health Care Innovation Initiative Project page](#).



# Quality Care Rewards Tool Tips

## Your Patients' Clinical Information in QCR

Did you know you can get a complete view of what's going on with your patients – outside of your practice – in the Quality Care Rewards (QCR) application? This information is populated within the QCR based on current-year claims data received.

The clinical information displays on the member page in the section beneath the Provider Office Reporting page where all measures display.

Just click on any of these headings for details:

- Pharmacy – shows the date drugs were filled, the supply received and pharmacy name
- ER – lists dates of visits to the emergency room and the diagnosis
- IP Services – gives dates of inpatient visits, facility name and diagnoses
- OP Services – shows details of outpatient visits
- Provider (displays PCP and Specialist) – pulls in specialist and PCP visits with claim details
- Lab – lists lab information with dates
- Miscellaneous – can include information such as emergency visits, home health care and even durable medical equipment

Contract

Provider

Member

Search...

MAIN NAVIGATION

Home

Contract

Provider

Member

RESOURCES

Resource Documents

Contact

REPORTS

Prior Year Reports

Faith Daniel

Provider

Log out

Hall, Chris

Member

Member Profile

Gender

Male

Date of Birth

2/19/1959

Address

1 Cameron Hill Circle  
Chattanooga TN 37402

Phone Number

Current Programs

COM OCPI

Contact?

No

Practice Notes

+ Add Note

No notes have been added for this member.

Provider Office Reporting

Clinical

Pharmacy

ER

IP Services

OP Services

Provider

Lab

Miscellaneous

Show

10

entries

Search:

Date Filled	Drug Name	Member Number	Provider	Days Supply	Pharmacy
03/19/2019	Rx Name	123456	*	90	Walgreens
03/19/2019	Rx Name	123456	*	90	Walgreens
06/18/2019	Rx Name	123456	*	90	Walgreens
06/20/2019	Rx Name	123456	*	90	Walgreens

Showing 1 to 4 of 4 entries

Previous

1

Next

Take some time to explore this section of the QCR for a more complete look at your patients and the care they're receiving outside of your office. You can use this information to prompt conversations with your patients and let them know you're staying abreast of all their health care needs and coordination of care.





# QCR Updates

We've made some changes to the QCR application that we hope you'll find helpful. Please see below for a summary of notable upcoming updates, which went live at the end of November.





## 1. Single Measure Event Dates

You can view the Single Measure Event Dates for the following measures:

- Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis
- Antidepressant Medication Management (AMM) – Effective Acute Phase Treatment & Effective Continuation Phase
- Appropriate Testing for Children with Pharyngitis
- Appropriate Treatment for Children with Upper Respiratory Infection
- Chlamydia Screening in Women
- Osteoporosis Management in Women Who Had a Fracture (OMW) and OMW 2020

To view the event date and your options for attesting to the measure, click the expand arrow located next to each measure.

Compliance	Measure	Date of Service	Attestation Status	Response	Medical Record	Actions
>	✓	Measure Name Example	None		✓	

Compliance	Measure	Date of Service	Attestation Status	Response	Medical Record	Actions
▼	✓	Measure Name Example	None		✓	
✓	Event 1: 00/00/000	00/00/0000	Submitted	Lorem ipsum dolor sit amet, consectetur	✓	   

## 2. Reopen Flag

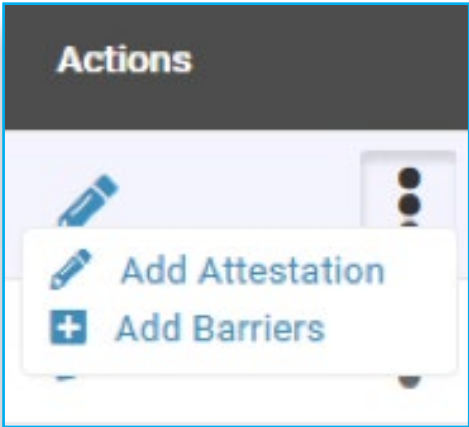
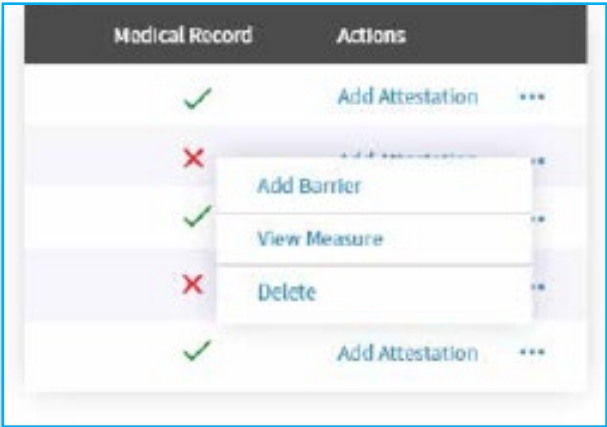
You'll see a flag when an attestation doesn't close a measure or if the measure is no longer compliant after a QCR refresh.

Measure Compliant	Reopened	Measure	DoS	Attestation Status	Response	Medical Record	Actions
✗		Adolescent Asthma (AWC)		None		✗	 

Flag will display here

**3. Icon Updates**

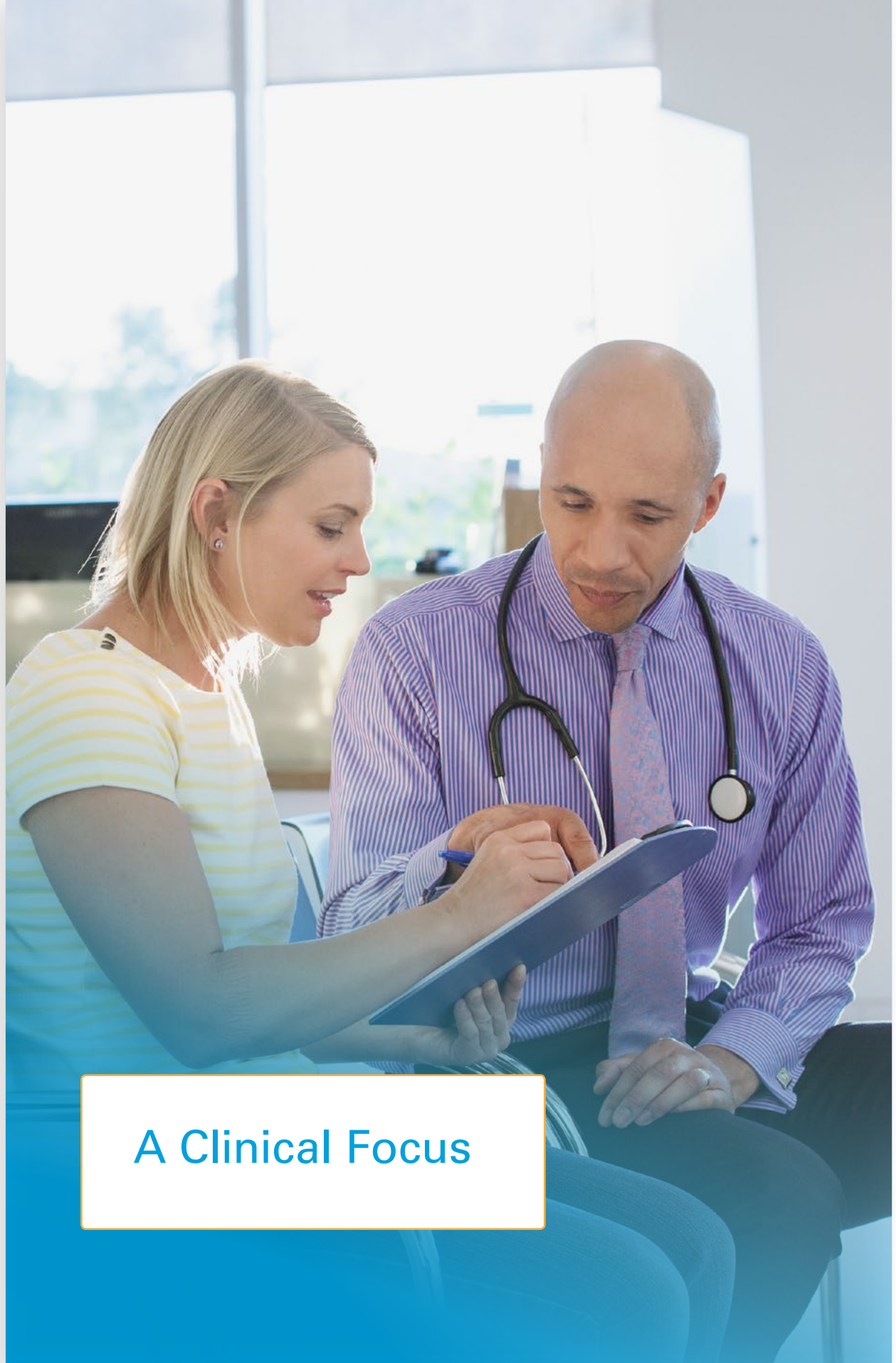
The Measure Action Icons on the Member page have been updated as shown below. The pencil will be removed and replaced with Add Attestation.

Before	After
	

**4. Delete Practice Notes**

You can now delete your practice notes. If you're unable to delete the notes, please call (423) 535-5717, option 2, and submit a request to have them removed.

If you have questions about these new features, please contact your eBusiness Regional Consultant.



## A Clinical Focus



## Reminders for Tackling Flu Season

Flu season is upon us in Tennessee and across the country. Here are some reminders to help prepare your team, and your patients:

- Schedule patients' flu vaccinations in advance, and send appointment reminders.
- Talk with your patients about why vaccination is important. Discuss the serious complications flu can cause, especially in young children, older adults and other at-risk patients.
- If you have patients who will turn 6 months old toward the end of flu season, don't forget to order extra doses of the vaccine. Flu shots are often in short supply in February, March and April, which can make it difficult to close gaps for the Childhood Immunization Status (CIS) measure. In fact, our data shows that a good number of children who aren't compliant with the CIS measure are non-compliant because they didn't receive two doses of the flu vaccine by age 24 months.

## BlueCross Launches New Plan for Diabetes Patients

### BlueEssential (HMO SNP)<sup>SM</sup>

Nearly 15% of Tennessee's adult population has diabetes, the sixth highest rate in the nation, according to the American Diabetes Association. Diabetic patients often have a wide range of needs, which can be costly and difficult to coordinate. That's why we're launching a Medicare Advantage Chronic Condition Special Needs Plan (C-SNP), BlueEssential, effective Jan. 1, 2020.

BlueEssential will offer tailored benefits to Medicare Advantage members with diabetes and other co-morbidities. We'll implement a Model of Care to ensure the unique needs of each member are identified and addressed.

You have the opportunity to identify patients currently in traditional Medicare or other Medicare plans, who might be appropriate for this plan design. You must confirm the member has diabetes, which is a CMS condition of enrollment. Members may have other conditions in addition to diabetes except ESRD on dialysis.

### About the Plan

This plan will be offered at the same time of the year and with the same restrictions as other Medicare Advantage plans. There's a limited, narrow network built around key hospitals, and PCP and specialist groups in 30 counties covering the major metro areas of Tennessee. There's no out-of-network coverage except for urgent and emergent services.

The same rules apply for authorization of services as with our MA PPO plan, and no referrals are required. Members must sign up specifically for this plan. And because it's an HMO product, they must also select a Primary Care Provider (PCP).



## Benefits

Our intent is to address many of the socio-economic barriers of non-adherent diabetics with benefits that include:

- Lower member cost for certain medicines and equipment
  - Endocrinologist copay reduced to match PCP
  - Limited over-the-counter drug coverage
- Improved coverage for diabetic care services
  - Increased coverage for podiatry visits above traditional Medicare coverage for routine foot care
  - Added \$0 cost-share tier for select drugs commonly used to treat diabetes and associated chronic conditions
  - Lower copays for select insulins through our preferred pharmacy network as compared to a standard network
- Enhanced supplemental benefits
  - Limited transportation benefit for medical appointments
  - Regional, field-based telephonic nurse case managers to help encourage compliance with plan of care
  - Diabetic or other meals on the dietary plan of care for five days after discharge from a hospital or skilled nursing facility
  - Medication review by a pharmacist, for eligible members, to help optimize outcomes, minimize risks, and maximize cost-effectiveness

**If you have questions about the new C-SNP plan, please contact a member of our Medicare Advantage Provider Outreach team.**

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## BlueCare Plus (HMO SNP)<sup>SM</sup> Offers Incentives for Providers and Members

### Annual Wellness Exam Incentives

Your patients who complete a wellness exam at the beginning of the year are more likely to continue with important tests and screenings throughout the year. They may also be eligible to earn a reward for completing the exam. You can help your BlueCare Plus<sup>SM</sup> patients earn rewards for focusing on their health by scheduling their wellness exam and file using: 99387, 99397, 99385, 99395, 99386, 99396, 96160, GO402, GO438, or GO439, plus appropriate E/M codes.

**Note:** The Annual Wellness Exam is a calendar year benefit, which means each member is entitled to one wellness exam annually, regardless of the number of days between each exam. It's not necessary to wait 365 days between exams.

## Patient Assessment and Care Planning Form (PACF) Reimbursement

Providers are eligible to receive payments for completing and submitting a Patient Assessment and Care Planning Form (PACF) for attributed BlueCare Plus patients.

Please use CPT® code 96160 to file a PACF. BlueCare Plus will continue to reimburse the service as E/M Code 96160, with a maximum allowable charge of \$155.00.

CMS requires all Dual Special Needs Plans (DSNP) to provide an interdisciplinary care team (ICT) to coordinate services and benefits delivery for this vulnerable population. The ICT is comprised of the:

- Member's PCP and/or specialist provider
- Care Coordination Team (BlueCare Plus)
- Member and/or member's family or representative
- Others requested by the member

By completing the PACF or providing your equivalent medical record any time you complete the Annual Wellness Exam, or we request it, you can bill for the ICT code and receive a \$54 reimbursement. Providers who return post-discharge records for medication reconciliation are also able to bill the ICT and receive reimbursement.

To receive reimbursement for completing the PACF, you must submit the completed form through Availity® or fax a completed written form to (423) 591-9504. The form should also be included in your patient's chart as part of their permanent record. For additional information about the PACF, please call BlueCare Plus at 1-877-715-9503.

# Medication Adherence and Your Patients with Schizophrenia

The number of your patients with schizophrenia who aren't taking their medication as prescribed may be higher than you think. According to the National Center for Biotechnology Information (NCBI), the percentage may be as high as one-third.

Non-adherence can put your patients at an increased risk of relapse and self-harm, and can be intentional, non-intentional, or both. The causes of non-adherence can include:

- Dissatisfaction with treatment
- Unfavorable attitude toward medicine
- Cost
- Past non-adherence
- Poor insight
- Delusional thinking

Those at greatest risk tend to be younger, non-white, have a history of co-morbid substance use, and a history of psychiatric hospitalization.

## Customizing a Plan for the Patient

Effective interventions should be customized to meet the needs of each patient, and shared decision-making in arriving at a plan is often the best option. Simplifying the regimen, ensuring side effects are managed, and that treatment is effective are recommended steps for success.

The NCBI recommends considering the following options:

- Psychosocial counseling
- Long-acting medications
- Electronic reminders
- Service-based interventions

Medication adherence results in reduced rates of re-hospitalization, depression, social isolation, substance misuse, stigma, and long-term chronic illness. Overall, when your patients diagnosed with schizophrenia take their medications as prescribed, their quality of life improves.

Resource: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3805432/>

Reference article: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4085309/>





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