

QUALITY CARE QUARTERLY

Winter 2020 – Volume 14

Your Guide
to Programs
and Rewards



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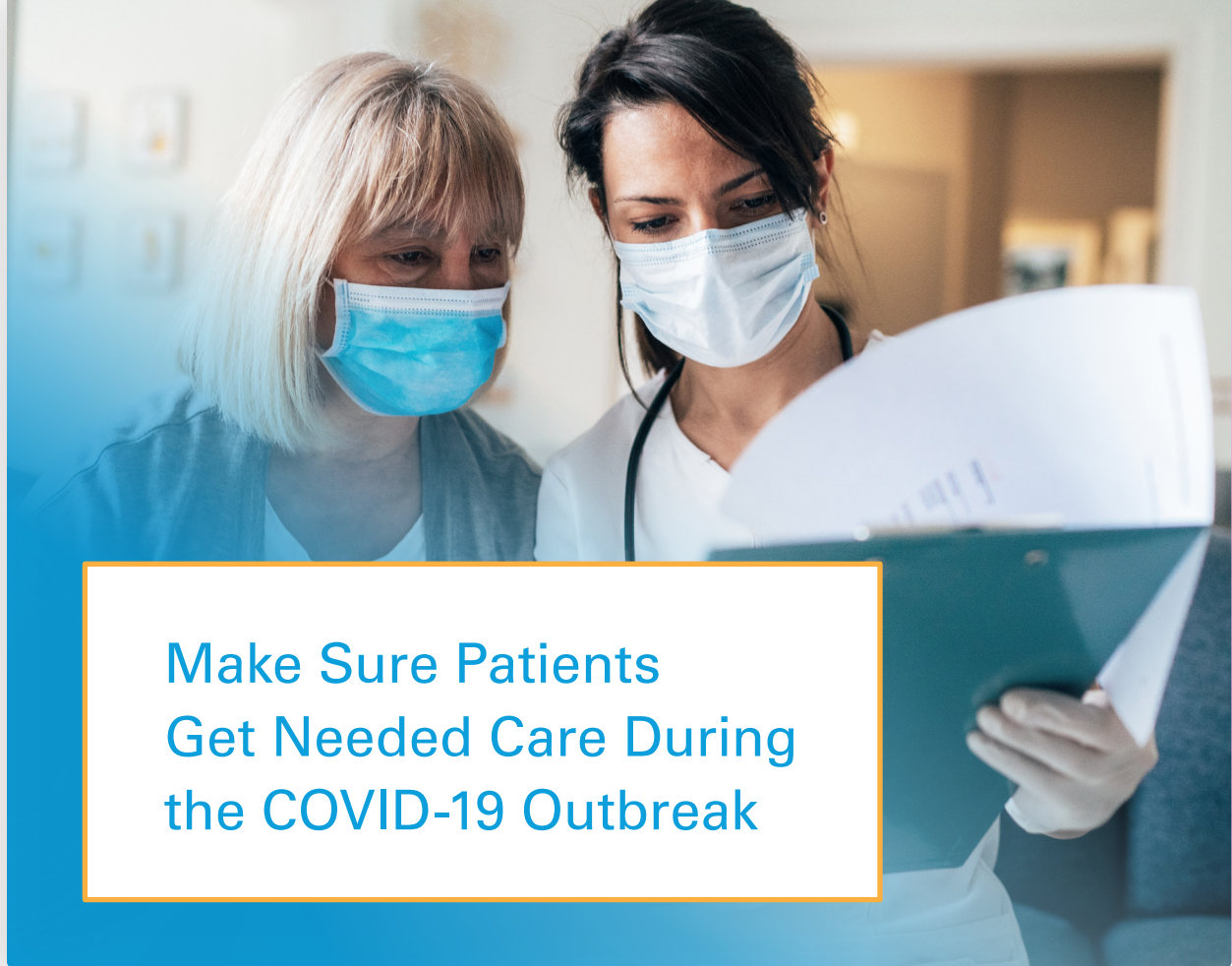
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Make Sure Patients Get Needed Care During the COVID-19 Outbreak

We all know that preventive care is essential for good health, but given the current health emergency, staying healthy, getting preventive screenings and managing chronic conditions has taken on an even greater importance. Regular well-check visits and screenings identify health concerns that need to be addressed and offer an opportunity to follow up on chronic medical conditions, like diabetes and high blood pressure. Poor COVID-19 outcomes are associated with uncontrolled medical conditions so properly managing chronic conditions may also help prevent serious complications if a person contracts the virus.

The first step to performing needed preventive care is to help people feel comfortable coming into your office, which isn't always easy. The obvious choice for many providers has been to switch to telehealth, which allows you to chat with patients and see how they look. More complex telehealth capabilities even allow you to integrate blood pressure and blood glucose readings performed at home into your electronic charts. As you know, however, telehealth visits are not always appropriate because some screenings must be done in the office.

In this issue of Quality Care Quarterly, we're focusing on how to keep people healthy during the COVID-19 outbreak – and the 2020-2021 flu season. Our feature article discusses the success one practice has had using strategies to promote in-office well-care and prevent COVID-19 exposure. We've also included some similar tips here.

5 Ways to Minimize Patients' COVID-19 Exposure

Some of our providers have shared tips on measures they're taking to keep patients as safe as possible during office visits, in addition to following Centers for Disease Control and Prevention (CDC) guidelines for facial coverings and social distancing. Some of these suggestions may work for your practice:

- Adapt check-in procedures. Allow patients to sign in for their visit and then return to their car until a room is ready for them. This may be especially helpful if your waiting room is small.
- Move sick visits outside. Some offices use outdoor tents for sick visits, where patients are triaged, evaluated, and able to see a nurse practitioner, physician assistant or their provider. This helps make sure that people who may have been exposed to the virus are separated from those coming in for well visits. Other options for separating patients include performing sick and well visits at different times of the day.
- Minimize contact. Look for opportunities to limit patient-staff interactions, when possible. For example, eliminate the checkout sheet that patients typically need to hand off to a staff member before they leave the office. Avoiding unnecessary back-and-forth helps minimize modes of viral transmission.
- Give your office schedule some room to breathe. This may not be possible for everyone, but some providers are spreading out visits to limit the number of people in the waiting room at any given time. This also helps cut down on wait times.
- Consider a drive-thru flu clinic to promote vaccination. Flu season is underway, but it's not too late to consider hosting a drive-thru option for flu vaccination. It allows those who haven't been vaccinated to stay in their cars and get their shot, limiting exposure to COVID-19 and other seasonal illnesses. If a drive-thru clinic isn't an option, consider performing a telehealth preventive exam and then having patients come in to get their flu shot only. This would reduce the amount of time they're in your office.



Additional Resources for More Information

Guidance is available to help you care for people of all ages during the COVID-19 outbreak. For more information, please click the appropriate link:

American Academy of Family Physicians – aafp.org/family-physician/patient-care/current-hot-topics/recent-outbreaks/covid-19.html

American Academy of Pediatrics – services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/

Centers for Disease Control and Prevention – cdc.gov/coronavirus/2019-nCoV/index.html

We hope you find the information in this issue helpful.



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BlueCare Tennessee
Long-Term Services and
Supports Medical Director



Murfreesboro Medical Clinic Communicates Safety and Importance of Preventive Care

During the COVID-19 health emergency, medical practices have had to adapt to meet patients' needs, and may find it difficult to complete preventive visits and screenings at this time, depending on their patients' comfort level with coming onsite. But Murfreesboro Medical Clinic (MMC) has made it their mission to make the needed adjustments and communicate the safety and importance of preventive and follow-up care for their patients.

MMC has been very successful at addressing breast cancer and colorectal screenings, diabetes-related screenings, and immunizations this year – even during the pandemic. While the medical clinic did use telehealth aggressively in March and April, they're now only using it for patients who are still reluctant to come in.



“Quality is part of who we are. It’s in our DNA.”

– *Nicholas Coté, D.O.*

They’re willing to work within the patient’s comfort zone. For instance, if they can get a patient in to get their lab work completed, they’ll do the follow-ups by telehealth. MMC has found telehealth to be particularly useful for physicals, follow-ups and completing Patient Assessment Forms (PAF).

Nicholas Coté, D.O., the president and chief medical information officer of MMC, said, “We’re not just treating it like it’s another day. We’re encouraging our patients to come in, because our offices are as safe as they can possibly be.” MMC has the ability to completely separate the sick and well areas of their facilities. Their walk-in clinic is being used for sick patients and the regular waiting area and exam rooms are dedicated for follow-up visits, preventive care and non-COVID related walk-in care.

“We’re letting our patients know that whatever you’re experiencing, we’re going to take care of you,” said Diana Gingrow, MMC’s nursing supervisor for internal and family medicine. The group is sending emails, using appointment reminder calls and messaging through their patient portal to contact patients who need to come in. They’re taking the time to reassure patients about the safety precautions they’re taking. If patients are still worried about safety, then they use telehealth.

MMC is beginning a big push for child and adolescent immunizations, too. Dr. Coté explained, “We want to make sure they’re not getting vaccine-preventable illnesses because they’re trying to avoid COVID.”



Gingrow and other staff members, including quality coordinator Collette Thomas and practice administrator Amy Wolaver, make sure quality care is top of mind for everyone on their staff. Gingrow said, "Quality is second nature to us. It's part of our training for each new employee. COVID didn't change anything for us. We've aggressively contacted those who need to come in for preventive visits and reassured them it's safe."

MMC has a dedicated marketing budget and uses various tactics to communicate with their patients and community – including television, radio, patient portal messaging, email and phone reminders. This year, much of that effort has been redirected to focus on social media. They now have thousands of followers. Dr. Côté stressed the importance of

getting high-quality, scientific-based, and non-political medical information out right now. "We're working hard to be the voice of reason and intelligence in a time when it seems to be lacking in public discourse," he said.

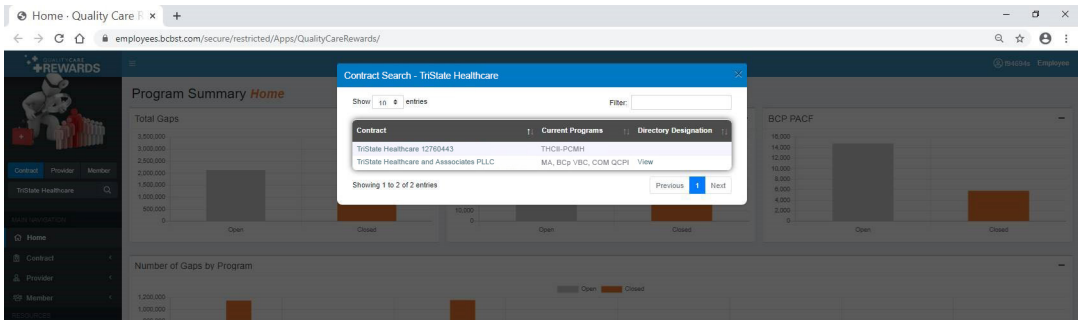
Dr. Côté attributes part of their marketing success to providers who participate in the efforts. He said practices who take on this level of marketing need providers who are very willing to contribute content and guide and direct the marketing staff. While it's the marketing staff's job to write for the general patient audience, and to make sure technical information is understandable, it's critical to have direction from providers who are willing to be involved.



QCR Home Screen Shows Link for THCII PCMH Program

The Tennessee Health Care Innovation Initiative (THCII) Patient-Centered Medical Home (PCMH) program has updated how contracts are identified, so that it's more aligned with how the data is reported to the state. Instead of using the Contract ID, the system now uses the Tax Identification Number (TIN).

This means that THCII PCMH participating practices can now have two links, with different contracts, displayed. Below is an example of what you'll see when you type your group name in the left navigation panel.



A Clinical Focus

Keeping Up With All the Care Your Patients Receive

Primary care providers, behavioral health practitioners and other clinicians all strive to take good care of their patients and understand their situations. But in today's very mobile society, it can be difficult to keep up with all of the care and treatments your patients are getting from other providers. That's why care coordination is so important.

Care coordination is the deliberate organization of patient care activities between health care providers. This close communication during the coordination of care helps ensure each member of the medical team has access to essential information, and that patients have clear instructions on self-care.

During the COVID-19 health emergency, there are additional situations to be aware of:

- Patients may experience additional stressors and engage with a behavioral health provider for the first time. It's important to make sure these patients give permission for care coordination.
- More patients are being seen through telehealth, so it's important to plan ahead for any complications in the care coordination process.

Be sure to ask patients about care they receive from other providers and alert them when you get health care information from your colleagues. It's a great way to get started and let patients know their health team is working together to provide the best possible care.



Honey: A Successful Treatment for Upper Respiratory Tract Infection

During cold and flu season, patients often ask for an antibiotic to ease their symptoms. As you know, antibiotics are only effective in treating bacterial conditions and aren't helpful if patients have a viral condition, like a cold, the flu or an upper respiratory tract infection.

This year, when offering alternative treatments to patients, consider adding another remedy to your usual advice of bed rest, fluids and over-the-counter medications. [Recent research published in BMJ Evidence-Based Medicine](#) found that honey may be a useful alternative in treating upper respiratory tract infections.

To evaluate the effectiveness of this kitchen-pantry staple, researchers

performed a systematic review and meta-analysis of 14 previously published, randomized trials. The various studies compared honey to placebos and usual-care remedies, including diphenhydramine and dextromethorphan.

The researchers found that honey outperformed other treatments in many cases and helped to improve cough severity and frequency. More study is needed, but conclusions point to honey as a cheap, widely available, and effective remedy for adults and children over age 1. Please note the American Academy of Pediatrics doesn't recommend giving honey to children younger than 1 because of the risk of infant botulism.

Improving the Patient Experience with Effective Care Coordination

Care coordination in the primary care setting involves organizing patient care activities and sharing information among everyone involved in a patient's care. The goal is to deliver high-quality, high-value health care. This means the patient's needs and preferences are known and communicated at the right time to the right people.

Coordinating care across several health care providers and systems can be complicated, but when it's done effectively, it reduces waste and improves the patient experience. The **Consumer Assessment of Healthcare Providers and Systems** (CAHPS®) annual survey is used by CMS and NCQA to evaluate care and services provided to your patients based on their perceptions. Care coordination is one specific category in which your patients are asked to respond to questions. By incorporating some of the care coordination tips we've included below, you can help provide your patients with a better experience, help them achieve better health outcomes, and improve patient retention.

CAHPS Survey Questions

- Q** In the last 6 months, when you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?
- Q** In the last 6 months, when your personal doctor ordered a blood test, X-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results?
- Q** In the last 6 months, when your personal doctor ordered a blood test, X-ray or other test for you, how often did you get those results as soon as you needed them?
- Q** In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?
- Q** In the last 6 months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?
- Q** In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?

Recommendations for Improved Patient Care Coordination Experience

- Set up a routine telephone script for follow-up calls. It should clearly communicate to the patient that care coordination is taking place. Here's a suggested conversation starter: "We care about your health and want to stay informed about any care you receive. I see you have seen/have had..."
- Establish a system to follow up on each diagnostic or lab result.
- Set appropriate timeframes for communicating results, i.e. 5 days for normal results, 24 hours for stat results. Make sure patients understand the timeframes and how results will be communicated (phone calls, mail, patient portal, follow-up visits).
- Ask patients how they would prefer to receive test results and provide as requested.
- Explain to patients why they're being referred to a specialist. Coordinate the scheduling of referrals and transfer of records for the patient.
 - Talk to patients about the wait time for a specialist visit (according to symptoms) and plan for possible appointment delays.
 - Suggest more than one specialist.
- Clearly explain to specialists the reason for referral and provide information on any completed tests.
 - Establish how and when results will be communicated.
 - Request the earliest available appointment date.
- If needed, request patients be put on an "on call" list to be contacted if an earlier appointment time opens up.
- Prepare a written visit summary and plan for the patient before they leave.
- Call patients after visits to answer questions and troubleshoot any challenges with filling prescriptions, completing lab work or attending specialist visits.
- Standardize your referral tracking process and track outstanding referrals once a week. Follow up to be sure care is moving forward. Monitor the response times of referral partners and provide feedback when response times aren't satisfactory.
- Implement reminder systems to follow up with patients to confirm they've attended specialist appointments.
- Establish follow-up processes with specialists to be sure you receive results within a specific timeframe after the patient's appointment (fax, EMR, portal, phone).
- Establish workflow processes to ensure that the PCP is informed of lab results and specialist reports.
- Prior to a patient visit, determine the reason for the visit and if follow up is needed on health issues/concerns from previous visits. Review lab results and specialist referrals.
- If you know patients received specialty care, discuss their visit and the treatment plan they received at their next clinic or telehealth visit.



Best Practices to Start Discussions About Important Health Topics

Every year, your patients with BlueCross Medicare Advantage participate in the Health Outcomes Survey (HOS), a survey which measures our ability to help our members maintain and improve their mental and physical health over time. A random sample of your patients participate in the HOS program each year, and then, the same patients participate two years later.

The HOS features several sets of questions about the conversations you have with your patients to discuss certain health concerns, as well as the care they receive. Some questions address problems associated with poor physical and mental functioning (e.g., urinary incontinence, lack of physical activity, falls risk and poor bone health). Others relate to chronic conditions, activities of daily living and sociodemographic information. Results are included in the STARS quality rating, and improving in these quality measures indicates that your BlueCross patients are leading happier, healthier lives.

You have an opportunity to positively impact the quality measures assessed during the HOS survey and improve your patients' overall health. Below, we've put together some talking points and tips to help you start important conversations about continence, mobility and other key aspects of health.

Improving Bladder Control

Nearly half of women and as many as one in three older men experience urinary incontinence, according to the National Institute of Diabetes and Digestive and Kidney Diseases. The HOS asks patients if they have a urinary leakage problem and if they discussed it with their provider.

Discussion Idea

Consider asking:

“I have some questions about bladder control. This is an important health topic, and I don’t want you to feel awkward or embarrassed to talk about it. Let’s discuss how we can manage this condition.”

Recommendations for Treatment and Screening

- Screen all patients for urinary incontinence, and when results are positive, discuss treatment options.
- Recommend treatment, no matter the frequency or severity of the patient’s bladder control problem.

Reducing Your Patients’ Fall Risk

The HOS also asks patients if they have problems with balance or have fallen, and if they discussed falls with their health care provider.

The CDC estimates that more than 25% of older adults fall every year. Yet, less than half of those who fall tell their providers, according to an American Journal of Preventive Medicine study, which also found that older women are more likely than older men to report falls to their provider. Because older adults may be hesitant to report falls, it’s important to assess your patients’ fall risk during routine appointments.



Discussion Idea

Consider starting conversations with:

“I’d like to talk with you about fall prevention. Falling isn’t something you should accept as a normal part of aging. There are ways to prevent falls from happening. Have you had any changes in your balance or walking, or have you had a fall since your last visit?”

Recommendations for Fall Prevention

- Discuss fall risk factors with all of your patients. Work to address any factors that may increase their risk by:
 - Recommending vision or hearing tests, as appropriate.
 - Checking their standing, sitting and reclining blood pressure readings.
 - Performing bone density screenings, especially for patients at risk.
 - Recommending a walker or cane, if necessary.
- Talk through a home safety checklist, and consider referring patients for a home health home safety assessment, if necessary. Here’s an example of the home safety checklist from our Health Needs assessment:

26. Please indicate if any of the following items apply to your home: (select all that apply)

Floors (consider all the rooms in your home):

- ☐ When I pass through a room, I have to walk around furniture.
- ☐ I have throw rugs.
- ☐ There are papers, books, towels or other items on the floor.
- ☐ I have to step over wires or cords.

Stairs and steps (consider outside and inside):

- ☐ There are papers, shoes or other objects on the stairs.
- ☐ Some steps are broken or uneven.
- ☐ The stairs are poorly lit.
- ☐ I don't have light switches at the top and bottom of all stairways.
- ☐ There is loose or torn carpeting on the stairs.
- ☐ The stairs have loose or broken handrails.

Kitchen:

- ☐ Things I often use are on high shelves.
- ☐ My step stool is unsteady.

Bathrooms:

- ☐ The tub or shower floor is slippery.
- ☐ I need some support to get out of the tub or off the toilet.

Bedroom:

- ☐ The light nearest my bed is hard to reach.
- ☐ The path from my bedroom to the bathroom is dark at night.

- Recommend a physical therapy or exercise program, if you feel they could benefit.
 - Remind patients that some exercises can improve balance and reduce the risk of falling and that many of these exercises can be done in the comfort of their home.



Monitoring Physical Health

During each visit, also continue asking questions about the things your patients are doing to stay healthy, such as getting regular exercise. The HOS asks several questions about physical activity, including:

- In the past 12 months, did you talk with a doctor or other health care provider about your level of exercise or physical activity?
- In the past 12 months, did a doctor or other health care provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health care provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program.

Discussion Idea

Considering asking your patients:

“Are you aware of the benefits physical activity provides you? Do you follow a physical activity routine? What do you enjoy doing to stay physically active?”

Physical Activity Recommendations

- Remind your patients about the importance of exercise and how it ties in to their overall health. This can be discussed during annual wellness visits.
- Talk about ways to be more active, such as:
 - Walking in the local mall or park
 - Maintaining a current exercise program
 - Enjoying the outdoors
- Review the benefits of staying active, like:
 - Weight management
 - Reduced health risks
 - Stronger bones and muscles.
 - A greater ability to perform daily activities and prevent falls
- Address common barriers and solutions.
 - If your patients lack motivation or energy, help them determine the time of day they feel more energetic and ask them to try to fit activity into that timeframe. Also, talk with them about joining an exercise group or class, which helps with motivation and accountability.
 - Do your patients lack resources or equipment? Recommend activities that require minimal equipment, like walking or aerobics, and connect them with convenient community resources. Our members' plans include a Silver & Fit membership.

We Want to Highlight Your Success

Your interactions with your patients have a direct impact on their HOS responses. Do you have ideas or creative ways for discussing important health topics with your patients? If so, please share by emailing dianna_leun@bcbst.com. Sharing successes with one another can help ensure all Tennesseans have access to quality care.

For more information about the HOS or HOS measures, please visit hosonline.org.



Watch for the Warning Signs of Family Violence During Well-Child Checkups

As you know, COVID-19 has impacted nearly every part of your patients' lives. Even though restrictions have loosened in many parts of the country, the virus still poses a serious threat. The school year – and the holiday season – may look different for many families this year. The resulting stress can increase the risk of family violence, including child abuse and domestic violence, according to an article recently published in *Pediatric Perspectives*.

The authors of the article encourage providers to incorporate family violence monitoring into well-child exams and to perform telehealth visits when in-person visits aren't possible, instead of rescheduling checkups. Additionally, they provided several recommendations about how to screen for possible violence and warning signs to watch for when performing exams. These recommendations include:

- Talking with parents about their stress levels and how they're managing stress. Do they have a support network? Have they noticed an increase in any substance use? Note if parents seem stressed or depressed, if one parent seems overly controlling, or if parents are unusually harsh towards their children.
- Watching for signs of fearfulness or behavioral problems in children.
- Contacting families to schedule an appointment, if you feel they have a higher risk of violence based on previous conversations or exams.

If you suspect child abuse or neglect, report it to Child Protective Services at 1-877-237-0004.

To read the entire article, visit pediatrics.aappublications.org. For more information about delivering well-child care during the COVID-19 outbreak, see page 20.

Use Our Availity® Provider Portal for BlueCross-Related Transactions

Our Availity Provider Portal allows you to use one single system to perform a variety of tasks, including:

- Reviewing remittance advices.
- Checking claims status, eligibility and benefits.
- Identifying and closing patient gaps in care.
- Streamlining communication about the Patient Assessment and Care Planning Form (PACF). Using Availity to submit the PACF can reduce the number of faxes and phone calls to your office. Completing the PACF in Availity, in combination with the patient's Annual Wellness Exam, allows the office to bill for the ICT code and receive an additional \$54 reimbursement. (You can also bill the ICT and get reimbursed if you return post-discharge records for medication reconciliation.)

Getting Started in Availity

The first step in transitioning to the Availity portal is to contact your [eBusiness Regional Marketing Consultant](#). Then, designate an Availity administrator within your organization. This person will be responsible for setting up the system, including registering your organization, creating and managing accounts, assigning user access, and other applicable registration activities.

If you have questions about Availity, please call (423) 535-5717 and select Option 2 or email ecomm_techsupport@bcbst.com. You can also find a variety of Availity-related communications and updates at provider.bcbst.com. For more information or questions about the PACF, please call BlueCare Plus at 1-877-715-9503.





Welcome Your Young Patients Back to the Office

We understand that the COVID-19 outbreak has affected you and your patients. With well-child visits down this year, your patients are missing out on the valuable care and guidance you provide, so we're sharing information you may find useful as you work to make sure your young patients receive needed care.

Every practice is different and must decide what's best for the safety of their patients and staff. We discuss several ways you can help minimize patients' COVID-19 exposure when visiting the office for care. Flip to page 3 to learn more.

When contacting patients who are past due for well-child care to schedule an appointment, help set their minds at ease by letting them know about the things you're doing to keep them safe. The Tennessee Chapter of the American

Academy of Pediatrics offers [resources](#), including sample call scripts and letters, to help start these conversations.

If families are unable or unwilling to come into the office, telehealth may be an option, especially for older children and teens. Division of TennCare telehealth guidelines are currently in effect and outline recommendations for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) well-child exams.

To review telehealth guidelines and sample billing scenarios from the Division of TennCare, please click [here](#). For more information about our COVID-19 response, please visit [BCBSTupdates.com](https://www.bcbstupdates.com).



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