



YOUR GUIDE TO PROGRAMS AND REWARDS

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The Importance of Maternal Mental Health

Maternal mental health refers to a mother's emotional well-being during pregnancy and the postpartum period. It encompasses a range of emotional experiences, from joy and excitement to stress, anxiety and depression. The significance of maternal mental health can't be overstated. It directly impacts both the mother's and child's well-being, as well as the overall family dynamic.

Maternal well-being

The mental health of a mother is closely linked to their physical health and ability to care for themselves and their child. Pregnancy and childbirth cause significant hormonal fluctuations that can impact mood and emotional status. Managing stress and emotional well-being during this time is crucial for overall health. Untreated mental health issues can

lead to prolonged distress, difficulty bonding with the child, and an increased risk of developing more serious conditions, such as postpartum depression or anxiety disorders.

Parent-child bonding

A strong emotional connection between a mother and their child is fundamental for the child's healthy development. Positive maternal mental health contributes to a nurturing environment that fosters bonding and attachment. Mental health challenges can adversely affect a mother's ability to engage with their child, respond to their needs and provide a secure emotional foundation. This can have long-term implications for the child's emotional and social development.



Child development

The effects of the mother's mental health begin during pregnancy and extend to early childhood, significantly influencing a child's cognitive, emotional and social development. Research suggests that children of mothers who experience chronic stress, depression or anxiety during pregnancy and early postpartum may be at higher risk for developmental delays, behavioral problems and emotional difficulties.

Family dynamics

Maternal distress can impact the entire family unit, affecting a mother's relationship with their partner, other children and family members. Strained family dynamics and reduced parental engagement can create an atmosphere of stress and instability within the household, with potentially devastating consequences.

Intergenerational impact

Children who grow up witnessing their mother's mental health challenges may be more susceptible to developing mental health issues themselves. By addressing mental health and providing appropriate support, we can potentially break the cycle and promote healthier emotional well-being for future generations.

Maternal mental health, while personal, has profound implications for the mother, child, family and society. Recognizing the significance of supporting maternal mental well-being is the first step in ensuring healthy outcomes for both mothers and their children.



Edwin Thorpe, MD

Medical Director
BlueCare Tennessee

Encouraging Compliance in Statin Therapy for Patients with Diabetes

According to the American Diabetes Association, atherosclerotic cardiovascular disease (ASCVD) is the leading cause of morbidity and mortality for individuals with diabetes. The American College of Cardiology/American Heart Association guidelines recommend moderate- to high-intensity statin therapy for primary prevention in patients with diabetes ages 40-75.

Many patients struggle with statin intolerance, making it difficult for providers to maintain medication adherence. If a patient shows intolerance, but not contraindication to a statin medication, providers may consider:

- › Assessing the patient for drug interactions
- › Checking for contributing factors such as hypothyroidism or vitamin D deficiency
- › Switching the patient to a more hydrophilic statin (rosuvastatin or pravastatin)
- › Suggesting alternate day-dosing with a long-acting statin (atorvastatin or rosuvastatin) and writing the prescription accordingly



Improving patient adherence

Medication adherence is key to preventing ASCVD. Clarifying statin benefits, putting statin risks in perspective and avoiding relying on supplements are some of the many ways providers can work with their patients to help improve adherence.

Fayetteville Medical Associates with Lincoln Health Systems is doing just that. Currently, they maintain the highest compliance rate for the Statin Therapy for Persons with Diabetes quality measure in our Medicare Advantage networks. So how do they do it? We spoke with members of Fayetteville's team, including family practice physician William Jones, MD, to find out.

Dr. Jones, as well as other providers, work with Fayetteville's Quality Coordinator to discuss open gaps a patient may have before each visit occurs. They make a plan to close the gap and get to work. Dr. Jones says he approaches statin adherence with perseverance. "When a patient can't tolerate the first statin I put them on because of an adverse reaction, I'll try to put them on other statin drugs for a trial. If they stop working, people want to give up," Dr. Jones says. "Recommending patients take their statins before bed also seems to help with the side effects."

Building trust with each patient is the foundation to Fayetteville's success. "Our providers work hard to build relationships and trust with our patients," says Jessica Fugate, Fayetteville's Quality Coordinator. "I think that's largely the contributing factor to our success."

"Our providers take statin use seriously and take ample time to discuss why using a statin is important – it's not just about closing a gap in care."

– Jessica Fugate, Quality Coordinator,
Fayetteville Medical Associates

Dr. Jones makes sure to follow up with patients who are newly prescribed a statin drug within two weeks. He gives them a call, asks about how they're doing and makes recommendations accordingly. He also schedules follow-up blood work so patients can compare their cholesterol levels before and after taking the statin. This goes a long way with his patients.

"One of the things I do is try my best to emphasize the importance of a statin drug," Dr. Jones says. "There are many younger patients who aren't interested in doing it, and it's hard to sell this idea. But the numbers are out there, and there's a significant benefit to taking a statin if they're diabetic."



Other Resources

We've developed quick reference guides to make it easier for providers to close gaps in statin measures:

- › **Statin Therapy for Patients with Cardiovascular Disease Measure**
- › **Statin Use in Persons with Diabetes Measure**

For additional information about our quality initiatives, visit our **Quality Care Initiatives provider page**.

A Clinical Focus

Patient Retention in Medication Assisted Treatment for Opioid Use Disorder

Medications, including buprenorphine, methadone and extended-release naltrexone, are effective for the treatment of opioid use disorder (OUD). These medications, when used with behavioral therapies, are commonly referred to as Medication Assisted Treatment (MAT). MAT helps decrease opioid use, overdose deaths and infectious disease transmission and improve social functioning and quality of life. Outcomes improve with longer periods of retention in MAT programs. Recognizing the benefit of retention in MAT, the National Committee for Quality Assurance (NCQA) established a HEDIS® measure to evaluate MAT retention. The Pharmacotherapy for Opioid Use Disorder (POD) measure evaluates the percentage of members 16 and older who remain on medication to treat OUD for at least 180 days.

Helping your patients remain in MAT

Research has shown these factors drive patient retention in MAT programs:

- › **Engagement in behavioral interventions:** Patients who engage in behavioral health therapy
- › **Continuity of care:** Patients who consistently see the same providers in their MAT program
- › **Community and family support:** Patients who face less stigma about using medication for treatment
- › **Addressing individual barriers:** Patients who have access to insurance coverage, transportation and the resources needed to get to their appointments



These tips may help with MAT program patient retention and increasing positive outcomes:

- › Engage patients in counseling early in their treatment.
- › Try to ensure your patients are able to see the same providers most of the time, giving them the opportunity to build trust and rapport.
- › Help connect patients to other resources they need such as transportation, job placement services and social supports.
- › Combat the stigma for medication to treat OUD by educating patients, their families and the community about evidence-based practices.
- › Help your patients establish a plan to address their individual barriers to getting to their appointments and getting prescriptions filled.
- › Provide individualized care with the flexibility your patients need by using tools like telehealth and long-acting injectable medication when appropriate.



For more information, including MAT-related program descriptions and educational resources, please see the **Tools and Resources** section of bluecare.bcbst.com/providers. You can also find information on the **Behavioral Health** page of provider.bcbst.com.

This article applies to all lines of business.

Sources

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Justesen, K., A Hooker, S., Sherman, M. D., Lonergan-Cullum, M., Nissly, T., & Levy, R. (2020). Predictors of Family Medicine Patient Retention in Opioid Medication-Assisted Treatment. *Journal of the American Board of Family Medicine: JABFM*, 33(6), 848–857. <https://doi.org/10.3122/jabfm.2020.06.200086>

National Institute on Drug Abuse (2016). Effective Treatments for Opioid Addiction. <https://nida.nih.gov/publications/effective-treatments-opioid-addiction>

NCQA HEDIS Measure: Technical Specifications for Health Plans (HEDIS)

Benefits of Statin Therapy for Type 2 Diabetes

Numerous clinical trials and studies have demonstrated the benefits of statin therapy for type 2 diabetes. The landmark **Heart Protection Study** and the **Collaborative Atorvastatin Diabetes Study** showed significant reductions in cardiovascular events among diabetic patients taking statins. These studies have solidified the role of statin therapy in diabetes management guidelines.

A 2019 study by the American Heart Association found that more than half of patients eligible for statin therapy reported never being offered one by their providers. Concern about side effects was the leading reason for statin refusal or discontinuation.

The American Heart Association study found many patients were willing to reconsider statin therapy if offered.

When patients complain of side effects, consider offering CoQ10 supplements as an alternative to stopping treatment. For those patients, a 2007 randomized control study published in **The American Journal of Cardiology** suggests using CoQ10 supplements, which seem to decrease the muscle breakdown, pain and discomfort associated with statin use.

Before doing this, it's important for you to discuss your patient's symptoms and overall health. If muscle pain is severe or persistent, alternative statin medications or dosages might be considered before stopping medication completely.

This article applies to all lines of business.



If you have patients who are intolerable to statin therapy and need to change to a lower dose or alternative therapy, be sure to indicate it in their medical records with the following billable codes:

- › G72.0 – Drug-induced myopathy
- › Z91.130 – Patient's intentional underdosing of medication regimen due to adverse effects; can be billed when documented accurately.

Learn more from the NCOA about the Statin Therapy for Patients with Diabetes (SPD) HEDIS measure [here](#).

Best Practices for Antidepressant Medication Management

Depression is one of the most common behavioral health conditions in the United States.

Factors that increase the risk of depression in otherwise healthy people also raise the risk in people with other medical illnesses, particularly if those illnesses are chronic. Research has shown that treating depression and chronic illnesses together can help people better manage both their depression and their chronic disease.

When a patient's physical and mental health are both affected, it can have compounded effects on their health outcomes. Integrating the right antidepressant medication, compliance regimen and appropriate behavioral therapy can help lead to positive benefits and outcomes for your patients.

The **NCQA HEDIS measure for Antidepressant Medication Management (AMM)** recommends that patients 18 years and older who were treated with antidepressant medication and had a diagnosis of major depression remain on their antidepressant medication treatment.



Tips for promoting medication adherence

Best practice recommendations include:

- › Educating patients on the possible side effects and length of time required for the medication to have the desired effect.
- › Contacting patients within 30 days from when the prescription is first filled to discuss any side effects and response to treatment. Remind them with time and treatment their depression symptoms can lessen.
- › Engaging family members and others in the patient's support system to be involved in their treatment plan.
- › Advising them about the importance of treatment and attending appointments.
- › Encouraging patients to continue any prescribed medication, even if they feel better.
- › Informing them of the danger of discontinuing these types of medications suddenly. Studies show, if they take the medication for less than six months, they're at higher risk of recurring symptoms.
- › Contacting patients who cancel appointments and assisting them with rescheduling as soon as possible.
- › Treating patients with a combination of medication and therapy — this is particularly important in cases of severe depression.
- › Coordinating care between behavioral health and primary care physicians.

Resources

- › [National Institute of Mental Health \(NIH\). 2022. "Major Depression" nimh.nih.gov/health/statistics/major-depression.html](https://www.nimh.nih.gov/health/statistics/major-depression.html)
- › [NIMH » Chronic Illness and Mental Health: Recognizing and Treating Depression \(nih.gov\)](https://www.nimh.nih.gov/health/topics/chronic-illness-and-mental-health/index.shtml)

AMM Measure Specifications

Population: Members 18 years and older who were treated with an antidepressant medication, had a diagnosis of major depression treatment, were dispensed an antidepressant medication between May 1 of the prior year through April 30 of the measurement year and remained on an antidepressant medication

- › Effective Acute Treatment Phase: 84 days (12 weeks)

AND

- › Effective Continuation Treatment Phase: 180 days (six months)

This article applies to all lines of business.

Recognizing Health Disparities: What We're Doing to Improve Health Equity

Every day we're working together to improve the lives of the people we serve. We believe everyone deserves a fair opportunity to attain their highest level of health. That's why we're working to increase health equity across Tennessee.

At BlueCross, we recognized that we first had to understand the scope of the challenge. Our first [health equity report](#) shares what we know about how race, ethnicity and societal factors affect health. Persistent gaps in health outcomes have economic consequences for everyone. Fewer social risk factors mean a lower cost of health care and a positive overall health impact. When people are healthier and experience less stress from financial burden, they can enjoy a better quality of life – which is good for everyone.

This year and beyond, we want to ensure health equity is part of value-based care conversations. We recently talked with Dr. Angeline Brunetto, Vice President and Chief Medical Officer, Senior Products Medical Management, at BlueCross, to highlight how this effort falls into daily operations. “We work with our providers to close gaps in care and make sure our patients get the best quality of service delivery,” Dr. Brunetto says. “One of the things we’ve done is build on our care management or case management team, as well as population health. In doing so, we’ve organized a group of individuals that help focus on these issues and meet the member where they’re at.”

These programs are designed to work directly with individuals to make sure they're getting what they need. Things like care coordination when discharging from the hospital, closing a gap in care and contacting patients when they're not filling their medications all help improve health outcomes.

Medicare Advantage's role in addressing disparities

“What's really great in Medicare Advantage is we've come to work more closely together,” Dr. Brunetto says. “We work with Unite Us – an enterprise program – which enables us to research what's available in a member's community. If they have their medications but they don't have a house over their head, it defeats the purpose and you're really not taking care of the individual as a whole.”

Making sure an individual has the best health care available takes a village. “Everyone has their skills of where they can focus and help each member grow,” Dr. Brunetto says. “I want providers to know they're not in this alone. There are multiple touch points, and we want to be an extension and help in the overall health of the individuals they're trying to manage. There are so many opportunities for us to work together to help minimize disparities and focus on a holistic, well-rounded approach.”

“We want to be an extension of what [providers] are already doing.”

– Dr. Angeline Brunetto, BlueCross Vice President and Chief Medical Officer,
Senior Products Medical Management

This article applies to Medicare Advantage.

Make Behavioral Health Screening Part of Well-Child Visits

Early detection and treatment of behavioral health conditions help improve outcomes for children and teens. Performing behavioral health screenings as appropriate during Early and Periodic Screening, Diagnostic and Treatment (EPSDT) visits can ensure young patients get the behavioral health care they need.

Your patients ages 0-21 years covered by BlueCare and TennCareSelect are eligible for EPSDT visits and screenings according to the [Bright Futures and the American Academy of Pediatrics Periodicity Schedule](#). Consider making age-appropriate behavioral health screening a standard part of visits:

- › Behavioral/social/emotional screening is recommended at all ages, starting at the newborn visit through age 21.
- › Depression and suicide risk screening is recommended starting at age 12 through age 21.
- › A tobacco, alcohol and drug use assessment is recommended from age 11 through age 21.

If you're concerned about substance use or your patient's behavioral health, call us at **1-888-423-0131** to initiate a behavioral health referral.

This article applies to BlueCare Tennessee.



Promote Access to Timely Perinatal Care

Prenatal and postpartum care are essential parts of improving the health of moms and babies in our state. By serving in our BlueCare, TennCare*Select* and CoverKids networks, providers agree to make regular and urgent prenatal appointments within these timelines:



Members in their first trimester of pregnancy

- › **Regular appointments:** Within three weeks of the member's request
- › **Urgent appointments:** Less than 48 hours from the date of the member's request

Members in their second and third trimesters of pregnancy

- › The first prenatal appointment should occur within 15 days of Medicaid eligibility.
- › Seeing patients within these timeframes can also help improve performance on HEDIS quality measures.

HEDIS measures related to prenatal and postpartum care

The quality measure related to timely care during and after pregnancy has two components:

- › The **Timeliness of Prenatal Care** component assesses the percentage of deliveries that received a prenatal care visit within the first trimester, on or before the enrollment start date, or within 42 days of enrollment in the organization.
- › The **Postpartum Care** component assesses the percentage of deliveries that had a postpartum visit on or between seven and 84 days after delivery.

Maternity care payments for prenatal and postpartum care

Through the BlueCare Tennessee and CoverKids Maternity Care Program, OB providers can earn payments on top of their regular reimbursement for prenatal and postpartum care and mental health screening. We've included more information about each payment on the next page.

Prenatal care

Patients with BlueCare, TennCare*Select* and CoverKids coverage should have a prenatal visit during the first trimester of pregnancy or within 42 days of enrolling in their health plan. Providers can earn a payment of \$25 per patient by completing this visit and submitting the Maternity Care Management Form in Availity® within 30 days of the prenatal visit.

Postpartum care

The postpartum visit should occur between seven and 84 days after delivery. Providers can earn \$75 per patient, per claim for up to two visits during the 84-day postpartum period.

Mental health screening

Providers can earn a \$28.35 payment for using a standardized tool to screen for depression and anxiety at least once during the perinatal period. There's no limit on the number of times providers can complete and bill for a mental health screening as long as the screening is supported by documentation.



Resources for More Information

Visit our website to learn more about how we support our members and in-network OB providers.

- › **BlueCare Tennessee and CoverKids Maternity Care Program webpage** – This page includes step-by-step coding guidance for maternity care payments, details about our Maternity Care program and information on covered lactation counseling benefits.
- › **Quality Care Measures** – Our Quality Care Measures Guide includes details about HEDIS measures, including the measure related to timely prenatal and postpartum care.

This article applies to BlueCare Tennessee.

Celebrating Success in THCI Patient-Centered Medical Home and Tennessee Health Link Programs

Providers in our Patient-Centered Medical Home (PCMH) and Tennessee Health Link (THL) programs continue to see success, achieving some outstanding results for the Tennessee Health Care Innovation Initiative (THCI) 2022 performance year.

The THCI programs are designed to highlight and encourage the promotion of quality, cost-effective health care. Forty PCMH and 13 THL providers received a combined annual outcome payment of more than \$10.8 million. This is reflective of the collaborative effort our provider and BlueCare Tennessee teams put forth to help people in our state achieve better health outcomes.

For more information about our THCI quality programs, visit bluecare.bcbst.com/providers, choose **Quality Care** and select **Tennessee Health Care Innovation Initiative**.

This article applies to BlueCare Tennessee quality programs.

Quality Care Rewards

Admission-Discharge-Transfer Feed Update Schedule

Understanding when patients have been admitted to the hospital, transferred to another facility, or discharged home is essential for patient follow up and preventing hospital readmissions. We want to make sure providers participating in THCI PCMH and THL programs have up-to-date information about admission, discharge and transfer (ADT), so we regularly update our ADT feed in the Quality Care Rewards application.

We refresh the ADT feed three times each day – at 5 a.m., 1 p.m. and 11 p.m. – Monday through Thursday. On Friday, we refresh the feed at 5 a.m. and 1 p.m. Between 6 p.m. on Fridays and 2 p.m. on Sundays, the ADT feed isn't updated.

If you have questions about using the ADT feed or the information shared within the application, please contact your Provider Incentives and Engagement Consultant or eBusiness Regional Marketing Consultant.

This article applies to BlueCare Tennessee quality programs.

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