

Network NewsBrief

A publication
for **AvMed**
Providers
and Staff

Summer 2019

**Measles: Protecting
Your Patients**

**Talking to Your Patients
About Fall Prevention**

**Preventing Opioid Misuse:
How to Make An Impact**



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For complete details on all the current news you need to know and to download forms, please visit our website at **AvMed.org**.

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OUR COMMITMENT TO YOU

Although summer has arrived and daily life may be more carefree and easy, measles outbreaks are again in the headlines. Are your patients protected? The CDC is focusing on spreading the word about vaccinations and additional recommendations by visiting <https://www.cdc.gov/measles/toolkit/healthcare-providers.html>.

In this issue, some of the topics covered include medication adherence and answers to three of the responses you may hear from your patients as to why they skip or stop taking their medicine. Discussing fall prevention with your senior patients, who are more susceptible to falls is the beginning of creating a fall prevention plan before it's too late. AvMed is working to promote access to non-opioid alternatives for chronic pain, since we can't reverse the opioid epidemic until we begin to increase the barriers to inappropriate opioid use.

When sudden illness or accidents occur do your patients always go to the ER? This is a good time to begin educating them about how to access medical advice when an unexpected accident or illness occurs. Teach them how to choose other avenues for help when your office is closed or if they need urgent assistance. For less serious injuries or illnesses choosing the Urgent Care Center, a retail clinic or telemedicine (if available) may be better alternatives.

As always we believe working together we can help our Members live healthier lives. If you have any questions, suggestions or concerns, please email Providers@AvMed.org

We'd love to hear from you,

Sincerely,



Ann O. Wehr, MD, FACP

Senior Vice President and Chief Medical Officer

Population Health and Provider Alliances

CARE OPPORTUNITY CORNER

Measles: Protecting Your Patients

Measles Outbreaks are making headlines again. Measles, once considered to be eradicated in the U.S., can be spread by unvaccinated children and adults.

About 25 percent of those who come down with the measles are hospitalized. For certain populations, like infants under 6 months old and people with compromised immune systems, it can even be deadly.

Unless vaccination coverage is adequately sustained in the population, we will continue to see small outbreaks in the U.S. due to pockets of under vaccination. Those who are vaccinated against measles should not be overly worried about catching the disease, as the vaccine is 97 percent effective.

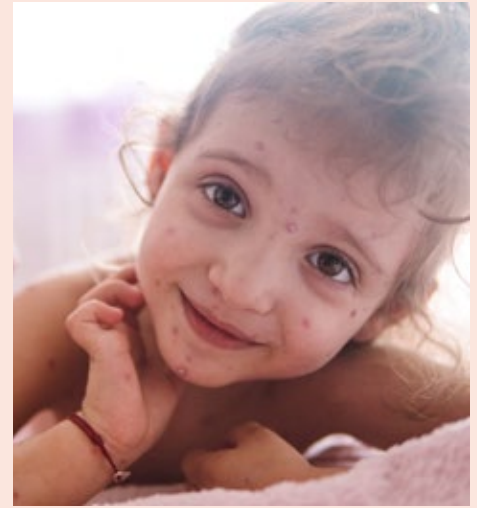
Are your patients protected? Here's a quick primer on who and who shouldn't be vaccinated, according to the Centers for Disease Control and Prevention:

The CDC Recommends all children get two doses of MMR vaccine, starting with the first dose at 12 through 15 months of age, and the second dose at 4 through 6 years of age. Children

can receive the second dose earlier as long as it is at least 28 days after the first dose.

Adults who do not have evidence of immunity should get at least one dose of MMR vaccine. Evidence of immunity is indicated by written documentation of adequate vaccination, laboratory confirmation of past infection, or if they were born before 1957.

Seniors generally do not have to be vaccinated, as they've likely already been exposed to the infection in the past.



You can find additional CDC recommendations for your patients by visiting <https://www.cdc.gov/measles/toolkit/healthcare-providers.html>



Educating Patients About Urgent Care Centers

Accidents and sudden illness happen; when they happen to your patients, where do you want them going for care? For many patients, the emergency room might seem

like the best option, so it's important for you as their trusted provider to educate them about safe, cost-effective alternatives for expensive, overcrowded emergency rooms. In addition, offering easy access to primary care will also go a long way in preventing avoidable emergency room visits.

Step one in educating your patients is letting them know what services you offer for patients with sudden medical concerns. Do you have early morning, late afternoon/evening or even

limited weekend hours? Someone the patient can call or email for basic medical advice?

Next, provide any simple home care tips and all instructions in writing wherever possible. This can serve as a reference or memory jogger of expected side effects, reasons to call the doctor or office and contact information, or when to seek more urgent assistance, so your patients don't have to guess.

Finally, educate your patients about the use of retail clinics, telemedicine (if available) and urgent care as better alternatives than the ER for less serious injuries or illnesses when you're not available to help such as:

- Fevers
- Strains
- Sprains
- Back pain
- Simple fractures
- Ear infections
- Bronchitis
- Conjunctivitis
- Other respiratory infections
- Etc.

Always make sure your patients know that for life threatening emergencies, they should call 911 or seek care at an emergency room as appropriate.




AvMed Members have access to additional resources, such as our 24 hour Nurse On Call line **1-888-866-5432** and a complete listing of conveniently located participating urgent care centers by visiting AvMed.org and clicking "Find an Urgent Care Center" on the left side of the home page.

TALKING TO YOUR PATIENTS ABOUT FALL PREVENTION



Fall prevention is a talk that all physicians should have with their senior patients. This particular population is more susceptible to falls, which in turn can lead to injury or worse. Here are some ways you can work together with your patients to create a fall prevention plan.

- 1. Review all medications.** Discuss all current medications with your patients and see whether listed side effects can impair balance or otherwise contribute to falls. If a medication's side effects could increase your patient's risk of falls, consider alternative treatments.
- 2. Learn more about their living situation.** Many falls occur inside one's home, and talking to a patient – or his or her caregiver – about home improvements can lower fall risk significantly. Improving lighting in dim areas, installing railings and securing carpets can all help keep falls to a minimum inside the home.
- 3. Be on the lookout for vision and hearing problems.** If your patient exhibits signs of vision or hearing loss, consider referring him or her to a specialist for further evaluation and correction. Impaired vision and/or hearing can increase one's risk of falls during everyday activities.


 For more tips to share with your patients, visit the **National Council on Aging's website.**

MEDICATION ADHERENCE



After a patient walks out your door, it's his or her responsibility to take medications as directed. Unfortunately, many Americans are not doing that. And for people with chronic conditions, that can mean serious – and often life-threatening – problems. For example, low statin adherence is associated with more fatal and nonfatal cardiovascular events as well as a greater need for stents or bypass surgery. Fortunately, there are some ways you can help your patients stick to their regimen. We've put together a list of common reasons that people often skip or stop taking their medicine altogether, along with responses for each one.

- **Reason No. 1:** "I can't afford the medication." If your patient raises concerns about a medication's price, consider prescribing a generic. Generics that impact Star measures have low or no cost share to the Member.
- **Reason No. 2:** "I don't understand how this medication will help me." Remember that your patients are not doctors. If they don't fully understand how a drug will benefit them, it's less likely they'll take it. In these cases, communication is a must: Explain to them why the drug is needed, how it will improve their health and how long they need to continue taking it. While doing so, avoid jargon and other language that may confuse them.
- **Reason No. 3:** "I forget to take my medications." Adherence tools like pill boxes can increase the odds of medication adherence in older patients. Younger patients may find that a mobile app or another technology makes it easier for them to maintain medication routines. There are even services like SinfoniaRx that help monitor one's therapy. Talk to your patients about these options to see which one works best for them.

 For more resources on increasing medication adherence, contact AvMed's Provider Services Center at **1-800-452-8633.**

SCREENING FOR DEPRESSION



AvMed and Magellan Health are working together to provide physicians with tools to help them better screen their patients for depression. Better screening of AvMed Members will help produce the best health outcomes possible.

Comprehensive screening during the initial patient interview and regular follow-up screenings is the first step in identifying those patients who may be suffering from depression and will help determine the appropriate treatment and level of care for those patients.

Magellan's PCP Toolkit provides access to the Patient Health Questionnaire (PHQ-9), the most common screening tool to identify depression, and is available in a variety of languages. To read more about PHQ-9, visit <http://magellanpcptoolkit.com/diagnostic-tools/screening-tools.aspx>.

Patients may also benefit from a referral to a Behavioral Health Specialist. If you do refer your patient, follow up with your patients regularly regarding their treatment, and be sure to have your patient sign a consent of release of information form so you can coordinate care with their Behavioral Health Specialist. While stigma associated with behavioral healthcare can sometimes inhibit such communication, providers can educate members on the benefits of coordinated care.

Magellan is also available to assist you and your patients with other resources. To obtain a list of Network Providers, assistance with coordinating care for behavioral health or substance abuse treatment, screening patients for depression, or Case Management services, call Magellan at 1-800-424-4810.



Additional screening tools, clinical guidelines and other resources can also be found in Magellan's PCP Tool Kit at <http://magellanpcptoolkit.com/home.aspx>

Diabetic Screenings

NCQA has made some adjustments to HEDIS screening requirements for Diabetes type 1 and 2 for adults age 18 to 75. Diabetics should have the following screenings at least once a year and health plans are required to report results to NCQA: As clinicians, you can help lower that risk by utilizing key methods such as:

- Hemoglobin A1c test (considered to have poor control if >9.0%)
- Hemoglobin A1c Control <7
- Annual Retinal/Dilated Eye Exam with an eye care specialist (ophthalmologist/optometrist)
- Medical Attention for Nephropathy – Urine albumin or protein test, ACE/ARB therapy, or document evidence of nephropathy
- BP controlled (<140/90 mm Hg) * If a patient has an abnormally high Blood Pressure reading (140/90 or higher), retake the Blood Pressure and document it before they leave. If it remains 140/90 or higher take appropriate action and schedule appropriate follow up.



Be sure to order follow up screenings if the **Member's HbA1c is not controlled.**

A Reminder About Health Risk Assessments

Improving patient health is at the core of a provider's work. A Health Risk Assessment (HRA) is one way that providers can take a proactive approach toward a patient's changing health status. An HRA helps doctors' document chronic conditions and gaps in care, which can then prompt the appropriate treatment, such as inclusion in a disease management program. Not all Medicare Members require an HRA. In fact, AvMed has already identified which of your patients would benefit from completion of an HRA and provided you with a list.

We encourage you to reach out to these patients and schedule an appointment as soon as possible for a thorough examination. A face-to-face visit is needed to complete an HRA; you cannot use notes from a previous appointment. To help your patients take charge of their health, talk to them about AvMed Healthyperks^{SM*}. This incentives program rewards AvMed Members with gift cards for actions like scheduling a wellness visit, getting vaccinated or undergoing a preventive screening. Refer them to AvMed.org/Healthyperks to learn more about the program.

*Healthyperks is available to all Medicare and adult Individual & Family plan Members.



Need help with patient outreach? Providers can email **Floor.Supervisor@AvMed.org** for assistance with scheduling HRA appointments.

Preventing Opioid Misuse: How to Make An Impact

We can't reverse the opioid epidemic until we begin to increase the barriers to inappropriate opioid use. AvMed is working to promote access to non-opioid alternatives for chronic pain and ensure that opioids are used appropriately by Members who need them. AvMed has limited short acting opioids to a seven (7) day supply for opioid naïve Members and there is now a step through requirement of a short-acting opioid before a long-acting opioid will be authorized. AvMed's goal is to reduce the number of Members receiving opioid prescriptions from multiple providers and improve access and referrals to Magellan's behavioral health services for Members who may benefit from counseling. AvMed is committed to providing information that is easy to access to assist providers in managing long-term chronic pain patients. By using these tools, providers may improve and optimize patient outcomes.

The following resources are available to assist clinicians in managing pain:

- CDC Guideline for Prescribing Opioids for Chronic Pain <https://www.cdc.gov/drugoverdose/prescribing/resources.html>
- American Pain Society <http://americanpainsociety.org/education/guidelines/overview>

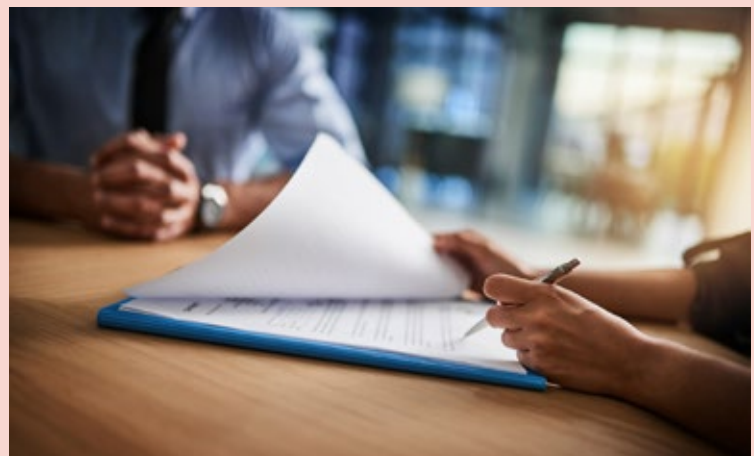
- Florida Department of Health – Take Control of Controlled Substances <http://www.flhealthsource.gov/FloridaTakeControl/>



For more information, please contact our Provider Services Center at **1-800-452-8633**. You can view a Formulary list for alternatives at <https://www.avmed.org/web/guest/preferred-medication-lists>.

Annual Enrollment Period 2020

As a Medicare Provider, you should be aware of 2020 benefits. Stay tuned for upcoming webinars and meetings, where you can meet your assigned Benefits Consultants. **If you have any questions, contact AvMed's Provider Services Center at 1-800-452-8633.**





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We welcome your feedback.

If you would like to participate more directly in our Quality Improvement Program or would like information about the program, including progress toward our goals, email us at Providers@AvMed.org or call the Provider Service Center at **1-800-452-8633**, Monday-Friday, 8:30 am-5 pm., excluding holidays.

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ONLINE PROVIDER SERVICES:

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Please note our email address:

Providers@AvMed.org

Use our centralized toll-free number to reach several key departments at AvMed.

PROVIDER SERVICES CENTER

1-800-452-8633

- AvMed Link Line, press one (1).
Use this option to verify Member eligibility and limited benefit information, or confirm and request authorizations.
- Claims Service Department, press two (2).
Use this option to verify status of claims payment, reviews and appeals.
- Provider Service Center, press three (3).
Use this option for questions about policies and procedures, to report or request a change in your panel status, address/phone, covering physicians, hospital privileges, Tax ID and licensure, or any other service issue.
- Clinical Pharmacy Management, press four (4).



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1-877-286-3889

(To refer suspect issues, anonymously if preferred)

CARE MANAGEMENT

1-800-972-8633

CLINICAL COORDINATION

1-888-372-8633

(For authorizations that originate in the ER or direct admits from the doctor's office)