



Resource Stewardship Initiative

In a health care environment that is experiencing rapid changes in its transition from a fee-for-service approach to a fee-for-value approach, there is increased pressure to control health care costs, optimize the efficiency of resource utilization and improve population health management.

As a key initiative within the Blue Cross Blue Shield of Michigan (BCBSM) Physician Group Incentive Program (PGIP), the Resource Stewardship Initiative (RSI) is designed to enhance Physician Organizations (PO) and physician involvement in the stewardship of health care resources by targeting the inappropriate utilization of medical services, procedures or tests that may be overused or of questionable value.

Specifically, POs are encouraged to select two to four measures (from a total of 16 available measures) that they can target for performance improvement. The 16 RSI measures of focus were evaluated and chosen by the Health Care Resource Stewardship Council (HRSC) Core group, representatives from the Center for Healthcare Research and Transformation (CHRT), the University of Michigan and BCBSM staff from Value Partnership and Clinical Epidemiology and Biostatistics.

Furthermore, the RSI measures are based on the Choosing Wisely® Initiative and/or the literature of medical services overuse.

The four RSI measures selected by CIPA for the 2019 performance measurement year are outlined as follows. Brief measures specifications and recommendations are also provided.

- 1. Imaging for Uncomplicated Headache** Choosing Wisely® recommends against imaging for uncomplicated headaches. Imaging headache patients absent specific risk factors for structural disease is not likely to change management or improve outcome.
- 2. Nuclear Medicine/Myocardial Perfusion Imaging (MPI) and Stress Echo** When testing for coronary artery disease and risk stratification, consider performing a stress echocardiogram prior to considering an MPI. MPIs are more time consuming, labor intensive, costly, and subject the patient to harmful radiation.
- 3. Annual Testing – EKG Testing** Choosing Wisely® and clinical experts recommend against unnecessary annual testing. False-positive tests may lead to harm through unnecessary invasive procedures, over-treatment and misdiagnosis. Potential harms of this routine annual screening exceed the potential benefit.

- 4. Antibiotics for Adults with Acute Bronchitis** Antibiotics are not indicated in clinical guidelines for treating adults with acute bronchitis who do not have a comorbidity or other infection for which antibiotics may be appropriate. Unnecessary medication use for viral respiratory illnesses can lead to antibiotic resistance and contribute to higher health care costs and the risk of adverse events.

The RSI is intended to reward POs and physicians for being prudent stewards of their health care resources by encouraging them to actively consider which health care resources produce a benefit to the patient and avoid the utilization of resources that are of low value, potentially harmful or cost significantly more than other services of similar value. In order to experience an improvement in their selected RSI measures, POs and physicians can leverage Choosing Wisely® resources to promote conversations within their patient population about appropriate and necessary care. POs and physicians that promote the use of evidence-based health care services can experience the benefits of decreased downstream costs of care associated with performing overused/unnecessary services, enhanced dialogue between patient and provider regarding appropriateness of care and most importantly, improved patient experience of care.

To continue to improve performance in the RSI program, each practitioner should continue to enhance their commitment to controlling health care expenditures and improving the process and outcomes of care by making prudent, evidence-based driven decisions and acting as astute stewards of health care resources.

In 2019 and ongoing, your CIPA practice coach may be sharing your individual outcomes for the 4 RSI measures and will work with you to implement changes in your practice, if needed.

For more information on Choosing Wisely®, including a downloadable app and patient-friendly information, go to www.choosingwisely.org.



Dates to Remember

WEBINARS:

April 4, 2019

Supplemental Data Exchange

Whether new or been one of our integrated partners for a couple years, there is something for everyone.

April 18, 2019

Organized Systems of Care (OSC)

What it means for your practice to participate. Watch your emails for the registration fliers.

DEADLINES:

June 27, 2019

SAD tool reporting on PCMH capabilities

April 1 & June 24, 2019

Let your practice coach know ASAP for physician drops, adds or changes.

April 27-June 27, 2019

Specialist Value Based Reimbursement Nomination Period
Specialists must be on the PGIP PA tool for one year to be eligible for VBR in 2020. See your practice coach for other requirements.

Office Closed – May 27, 2019

All MAG offices will be closed for Memorial Day.



April Disease Awareness

Sexually Transmitted Diseases (STDs) and Sexual Health

The term sexually transmitted disease (STD) is used to refer to a condition passed from one person to another through sexual contact. You can contract an STD by having unprotected vaginal, anal, or oral sex with someone who has the STD.

An STD may also be called a sexually transmitted infection (STI) or venereal disease (VD). That doesn't mean sex is the only way STDs are transmitted. Depending on the specific STD, infections may also be transmitted through sharing needles and breastfeeding.

For both genders, it's possible to contract an STD without developing symptoms. But some STDs cause obvious symptoms.

In men, common symptoms may include:

- pain or discomfort during sex or urination
- sores, bumps, or rashes on or around the penis, testicles, anus, buttocks, thighs, or mouth
- unusual discharge or bleeding from the penis
- painful or swollen testicles

For women, symptoms may include:

- pain or discomfort during sex or urination
- sores, bumps, or rashes on or around the vagina, anus, buttocks, thighs, or mouth
- unusual discharge or bleeding from the vagina
- itchiness in or around the vagina

Many different types of infections can be transmitted sexually. The most common are chlamydia, HPV, syphilis, HIV, gonorrhea, public lice, trichomoniasis, and herpes. Less common STDs include chancroid, lymphogranuloma venereum, granuloma inguinale, molluscum contagiosum, and scabies.

Sexual health is an essential part of every individual's overall health and well-being. Primary health care professionals and OB-GYNs should incorporate a patient's sexual history as part of a comprehensive health history. However, it is not uncommon for providers to skip the sexual history unless a patient shows signs or symptoms of STDs.

Why is asking patients about their sexual health important? According to the CDC surveillance reports in 2015, the number of three nationally reported STIs (chlamydia, gonorrhea and syphilis) that are known to increase a person's risk for acquiring and transmitting HIV infection increased for the second year in a row. Rates of syphilis increased substantially, at a rate of 19 percent when compared to 2014. STDs put patients at risk for other health conditions, some that are irreversible, and can also be associated with a heightened risk of contracting HIV infection.

References: A guest editorial by Dr. Donna Sweet on how to incorporate sexual health history and prevention can be found on the AAFP website at www.aafp.org/news/opinion/20170301guestedprep.html.

The Centers for Disease Control website has excellent resources for practice teams and patients, with tools available in Spanish. See www.cdc.gov/std/sam/index.htm.



Consortium of Independent Physician Associations

DOMAIN 4: Individual Care Management – Part 1

The main objective in this domain is that patients receive organized, planned care that empowers them to take greater responsibility for their health. Working together will strengthen the provider-patient relationship, resulting in the patient successfully achieving their health goals, while also cutting down on unnecessary healthcare costs. *Domain 4 will be presented in 2 parts. Part 1 will cover capabilities 4.1 – 4.15; In the June newsletter, Part 2 will cover capabilities 4.16 – 4.28.*



Domain 4 is a broad-based initiative that covers everything related to providing planned care at an individual level as well as population-based level. Training for PCMH /PCMH-N programs occurs annually and is incorporated in the new hire orientation to ensure all staff and providers are apprised of any changes in the Interpretive Guidelines. The training and education activity are documented in personnel or training records, and content material used for training is available for review.

In advanced practices, an integrated team of multi-disciplinary providers are offered as a systematic approach to deliver coordinated care management services. The care management services address the full range of health care needs for the patient population. The integrated teams must consist of at least three non-physician members such as a RN, nutritionist or certified diabetes educator. The multi-disciplinary team collaborate and communicate in a timely manner to ensure the patients' needs related to their condition are met.

By following the established evidence-based care guidelines at the point of care, patient gaps that are needed assists in appointment booking. Guidelines are actively used to monitor, track and conduct outreach to patients to schedule care as needed.

Patient satisfaction surveys are implemented annually to monitor the efficiency of the office (e.g., patient waiting time or the percentage of no-show appointments).

Survey results must be quantified, aggregated, and tracked over time as well as an improvement plan in place using the Plan Do Study Act (PDSA) model, if applicable.

Appointment tracking and reminders play an essential role in keeping the patient on the right path for better health. A systematic approach is in place to ensure that appointments are kept as well as follow-up services that are required.

Capability 4.6 is one of the six core/required components for PCPs.

Medication review is an essential part of this domain. Each visit, a clinical decision-maker reviews and updates the list of medications currently taken by the patient, addressing any concerns of medicine interactions or side effects. Any medication changes after a specialist appointment or inpatient admission are reconciled as needed.

Planned Visits consist of a documented, proactive, comprehensive, organized approach to ensure that patients receive needed care in an efficient and effective manner. This is implemented by having staff assigned specific responsibilities resulting in a more efficient and productive office visit for the doctor and patient. Daily team huddles should be incorporated in this initiative.

April 11 is National Alcohol Screening Day!

National Alcohol Screening Day (NASD) is an outreach, education, and screening initiative that raises awareness about harmful and dependent drinking behaviors and connects individuals who are at risk with treatment options. NASD is held annually on Thursday of the first full week of April. Thousands of colleges, community-based organizations, and military installations provide the program to the public each year. Take an anonymous screening at howdoyouscore.org/

Check out Carespective's Learning Center for useful patient screening tools such as the CAGE or AUDIT tool.



Coding Corner Chlamydia Screening (CHL)

Description: Chlamydia is the most commonly reported bacterial sexually transmitted disease in the United States. It is caused by infection with *Chlamydia trachomatis*. Any sexually active person can be infected with chlamydia. It is estimated that 1 in 20 sexually active young women aged 14-24 years has chlamydia. A large number of cases are not reported because most people with chlamydia are asymptomatic and do not seek testing. The United States Preventive Services Task Force recommends screening for chlamydia in sexually active women age 24 years and younger and in older women who are at increased risk for infection.

Risk Assessment: Age is a risk factor for chlamydial and gonococcal infections, with the highest infection rates occurring in women aged 20 to 24 years. Other risk factors include new or multiple sex partners, a sex partner with concurrent partners, or a sex partner with a sexually transmitted infection (STI); inconsistent condom use among persons who are not in mutually monogamous relationships; previous or concurrent STI; and exchanging sex for money or drugs.

Chlamydia Screening: Sexually active women ages 16-24 at least one test for Chlamydia each year. The HEDIS indicator measures the proportion of sexually active females between the ages of 16 and 24 who were screened for chlamydial infection annually. Sexually active is defined by pharmacy data that shows a prescription for contraceptive, claim history indicating pregnancy or removal of a contraceptive device.

Codes to Identify Chlamydia Screening: CPT: 87110, 87270, 87320, 87490-87492, 87810

THANK YOU

TO ALL THE PRACTICES THAT ATTENDED
CIPA'S 2019 BILLING & CODING WEBINARS!

Over 80% of practices participated and completed the surveys. In 2019, CIPA's clinical quality initiative goal is to be in the 90th NCQA percentile on all BCBSM measures. *Let's make this happen!* All billing resources are located in the Careresponsive™ Learning Center.



National Prescription Drug Take-Back Day Saturday, April 27th

National Prescription Drug Take-Back Day will be Saturday, April 27, 2019 from 10:00 a.m. - 2:00 p.m. National Take-Back Day is a safe, convenient, and responsible way to dispose of unused or expired prescription drugs.

In 2018, hundreds of families safely removed a total of more than 2,000 pounds of medication, including approximately 54,000 opioid medications from their homes, while also increasing awareness in the community about safe medication disposal.

After April 1, the following website will provide a listing of disposal locations in your area:

www.deadiversion.usdoj.gov/drug_disposal/takeback/index.html



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