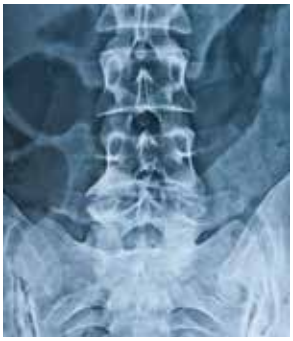
MetroPulse provider newsletter

WINTER 2018



USE OF IMAGING FOR LOW BACK PAIN

Low back pain is a common concern among patients and is one of the most common reasons for an outpatient visit.

When treating a patient for low back pain, it is important to evaluate whether imaging is necessary. There is a weak correlation between imaging findings and symptoms, and the risks of unnecessary imaging include radiation exposure and increased healthcare costs.

The American College of Physicians and American Pain Society issued the following guidelines to determine when imaging is necessary:

RECOMMENDATION 1: Clinicians should conduct a focused history and physical examination to help place patients with low back pain into 1 of 3 broad categories:

1. nonspecific low back pain,
2. back pain potentially associated with radiculopathy or spinal stenosis, or
3. back pain potentially associated with another specific spinal cause.

The history should include assessment of psychosocial risk factors, which predict risk for chronic disabling back pain ***(strong recommendation, moderate-quality evidence)***.

RECOMMENDATION 2: Clinicians should not routinely obtain imaging or other diagnostic tests in patients with nonspecific low back pain ***(strong recommendation, moderate-quality evidence)***.

RECOMMENDATION 3: Clinicians should perform diagnostic imaging and testing for patients with low back pain when severe or progressive neurologic deficits are present or when serious underlying conditions are suspected based on history and physical examination ***(strong recommendation, moderate-quality evidence)***.

RECOMMENDATION 4: Clinicians should evaluate patients with persistent low back pain and signs or symptoms of radiculopathy or spinal stenosis with magnetic resonance imaging (preferred) or computed tomography only if they are potential candidates for surgery or epidural steroid injection (for suspected radiculopathy) ***(strong recommendation, moderate-quality evidence)***.

RECOMMENDATION 5: Clinicians should provide patients with evidence-based information on low back pain with regard to their expected course, advise patients to remain active, and provide information about effective self-care options ***(strong recommendation, moderate-quality evidence)***.

RECOMMENDATION 6: For patients with low back pain, clinicians should consider the use of medications with proven benefits in conjunction with back care information and self-care. Clinicians should assess severity of baseline pain and functional deficits, potential benefits, risks, and relative lack of long-term efficacy and safety data before initiating therapy ***(strong recommendation, moderate-quality evidence)***. For most patients, first-line medication options are acetaminophen or nonsteroidal anti-inflammatory drugs.

RECOMMENDATION 7: For patients who do not improve with self-care options, clinicians should consider the addition of nonpharmacologic therapy with proven benefits — for acute low back pain, spinal manipulation; for chronic or subacute low back pain, intensive interdisciplinary rehabilitation, exercise therapy, acupuncture, massage therapy, spinal manipulation, yoga, cognitive-behavioral therapy, or progressive relaxation ***(weak recommendation, moderate-quality evidence)***.

For more information, visit:
http://annals.org/aim/fullarticle/736814/diagnosis-treatment-low-back-pain-joint-clinical-practice-guideline-from

CME CREDIT OPPORTUNITY – COLORECTAL CANCER SCREENING

MetroPlus Health Plan, The American Cancer Society, NYC Health + Hospitals / Gotham Health Centers, NYC Department of Health and the New York State Academy of Family Physicians are partnering to offer MetroPlus providers a webinar about Colorectal Cancer Screening. The webinar will be held during the first week of March 2019. Attendees to this event will receive CME credits.

As a reminder, adults ages 50-75 years old should be screened for colorectal cancer using one of the following:

- **Fecal Occult Blood** test (FOBT, gFOBT, iFOBT) every year.
- **Flex Sigmoidoscopy** during the year or 4 years prior
- **Colonoscopy** during the year or 9 years prior
- **CT Colonography** during the year or 4 years prior
- **FIT-DNA test** during the year or 2 years prior

Remember, patient reported colorectal cancer screening can be considered quality compliant if the date or year is clearly documented in the members history in the medical record.

More information about the webinar will be available in the next issue of this newsletter.

AVOIDANCE OF ANTIBIOTICS

Overprescribing antibiotics can lead to antibiotic resistance. It is crucial that providers prescribe antibiotics only when necessary for a patient's condition.

During this winter season, patients may specifically request antibiotics for things like cold, flu, or other illnesses that are not recommended to be treated by antibiotics. Providers should explain to patients that these treatments would be ineffective and exposes them to unnecessary side effects.

You can also utilize "Watchful Waiting" and "Delayed Prescribing" in situations where a patient is unlikely to need antibiotics:

WATCHFUL WAITING instructs patients to rest, drink fluids, and try other methods to recover from their illness. If they are still ill after a set period, instruct them to call your office for a prescription or a second visit.

DELAYED PRESCRIBING instructs patients to wait before filling their antibiotic prescription, in order to see if they recover on their own. Delayed Prescribing is helpful for patients who cannot make multiple appointments.

Unfortunately, quality monitoring of our providers still reveals the unnecessary prescribing of antibiotics. Provider offices are routinely monitored for the appropriate testing of children with pharyngitis. Good care calls for performing a rapid strep test or throat culture before prescribing an antibiotic. or more information, including handouts for patients explaining about antibiotics, antibiotic resistance, watchful waiting and delayed prescribing, visit https://www.cdc.gov/antibiotic-use/

OFFICE WAITING TIME STANDARDS

It's important to remember that excessive office waiting time significantly affects members' overall satisfaction with both the provider and the health plan. Please follow these standards, which are listed in our MetroPlus *Provider Manual* under "Office Waiting Time Standards":

- **Waiting room times must not exceed one (1) hour for scheduled appointments. Best practice is to let the patient know they can expect to wait an hour. Everybody is busy and waiting an hour with no communication will lead to dissatisfied patients! Consider calling patients before they arrive to let them know you are running behind and reschedule if needed.**
- **Members who walk in with urgent needs are expected to be seen within one (1) hour.**
- **Members who walk in with non-urgent "sick" needs are expected to be seen within two hours or must be scheduled for an appointment to be seen within 48 to 72 hours, as clinically indicated.**

PATIENT EXPERIENCE

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is an annual patient experience survey, which focuses on how patients perceived key aspects of their care.

For example, one section of the survey measures the patient's ability to get appointments and care quickly, with questions like:

- *When you needed care right away, how often did you get care as soon as you needed?*
- *Wait time includes time spent in the waiting room and exam room. How often did you see the person you came to see within 15 minutes of your appointment time?*

To measure care coordination, patients are asked:

- *How often did you and your personal doctor talk about all the prescription medicines you were taking?*
- *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?*

Patients are also asked about their communication with their provider and their perception of the provider-patient relationship. Questions include:

- *How often did your personal doctor explain things in a way that was easy to understand?*
- *How often did your personal doctor show respect for what you had to say?*
- *How often did your personal doctor listen carefully to you?*

Communication between physician and patient is an important tool for driving improved clinical outcomes and patient satisfaction. Patients reporting high satisfaction with their health plan and doctor often encourage their family and friends to join as members and patients. Also, performance-based patient experience scores are publicly reported and compared across the industry, leading individuals to seek coverage and care from the highest performing health plans and doctors.

Here are some tips that can help you and your office staff improve the patient experience:

Best Practices

- Open Access
  - Keep open slots for same-day appointments to reduce appointment wait times
  - Offer coverage appointments with another in-network physician in your office or a physician extender, such as a nurse practitioner or physician assistant
- Improve Customer Service
  - Always treat patients with courtesy and respect
  - Ensure that the information and help you provide to your patients resolves their questions or concerns
  - Notify patients individually and promptly of delays if their wait time will surpass the standard timeframe to see their doctor. Consider calling patients before their arrival if wait times become exceedingly long i.e. greater than ½ hour.
- Enhance Care Coordination
  - Coordinate your patients' care by assisting in scheduling specialist appointments
  - Use MetroPlus Gaps in Care reports to proactively contact patients and schedule annual well visits, needed tests, screenings, immunizations and close gaps in care

The Patient-Doctor Experience

- Patient Interaction
  - Know the patient's medical record details before entering the exam room, including diagnoses, medications, plans of treatment, and test/lab results. The CAHPS survey specifically asks patients if their doctor had their medical record and knew their medical history
  - Ask patients about other doctors and specialists they have seen
  - Involve patients in decision making
  - Communicate test results and specialist findings to your patient within 24-48 hours and review together at the next follow up appointment
- Know your Patients' Medical History
  - Use MetroPlus Gaps in Care reports to identify additional clinical services needed
  - Discuss urinary incontinence and treatment options and physical & mental health activity levels with patients over 65 years old
  - Discuss aspirin use for cardiovascular health, when appropriate
  - Discuss tobacco use. Advise smokers and tobacco users to quit, and discuss cessation medications and strategies
  - Encourage patients to get a flu vaccination for the flu season

FALL PREVENTION AND RISK ASSESSMENT

As patients age, their risk of falls, and the injuries associated with them, grows. More than one out of four people 65 and older falls each year, and over 3 million are treated in emergency departments annually for fall injuries.

The CDC's STEADI (Stopping Elderly Accidents, Deaths, & Injuries) Initiative has developed strategies and resources to help providers screen patients, assess their risk of falling, and intervene to reduce their risks.

The STEADI Initiative recommends asking all patients over age 65 three questions:

1. *Have you fallen in the past year?*
2. *Do you feel unsteady when standing or walking?*
3. *Do you worry about falling?*

If your patient answers "yes" to any of these key screening questions, they are considered at increased risk of falling. Further assessment is recommended.

Visit cdc.gov/steadi for more information, including educational material for your patients and their families.

STEADI Stopping Elderly Accidents, Deaths & Injuries

HOS: IMPROVING OR MAINTAINING PHYSICAL AND MENTAL HEALTH

Improving or maintaining physical and mental health are a key part of the Health Outcome Survey (HOS). HOS assess the ability of a Medicare Advantage Organization (MAO) to maintain or improve the physical and mental health of its members over time with help from the member's provider. It is a longitudinal survey administered each spring to a random sample of members and the same group is resurveyed after two years to see if the member is better, the same, or worse.

Providers should discuss and encourage adults (65+) to:

- Improve & maintain their physical health by starting or increasing physical activity with exercise suitable for each patient.
- Improve & maintain mental health. Discuss behavioral health treatment options with adults (65+) experiencing behavioral health symptoms.
- Discuss urinary incontinence, which can be a sensitive topic.
- Address fall risk and discuss with each patient. Manage any identified patient specific fall risk.

OSTEOPOROSIS MANAGEMENT

As many as 1 in 2 postmenopausal women, and 1 in 5 older men are at risk for an osteoporosis-related fracture—a risk that increases with age. Currently, diagnostic and treatment criteria rely on dual-energy x-ray absorptiometry of the hip and lumbar spine.

The US Preventive Services Task Force (USPTF) has set recommendations for screening patients for osteoporosis.

Women 65 years and older: The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older.

Postmenopausal women younger than 65 years at increased risk of osteoporosis: The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool.

Men: The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for osteoporosis to prevent osteoporotic fractures in men.

For information about risk assessments, and more details about the USPSTF's recommendations, visit the USPTF website.

U.S. Preventive Services TASK FORCE

FOLLOW-UP AFTER INPATIENT OR EMERGENCY ROOM DISCHARGE

Follow-up is critical for every member who is hospitalized as an inpatient or seen in the emergency room. Members who are seen for follow up care are more likely to have better health outcomes.

Whether a patient is discharged from an emergency room or an inpatient stay, the follow-up should occur within seven days. If you need help getting a referral for medical services, call **MetroPlus** at **1.800.303.9626**.

If a member needs a referral for Behavioral Health services please contact our Behavioral Health vendor, **Beacon Health Options**, at **1.888.204.5581**.

PREVENTIVE VISIT AND YEARLY WELLNESS EXAMS FOR MEDICARE MEMBERS

Medicare's annual enrollment concluded in December, and MetroPlus is happy to be welcoming new members for the 2019 plan year. Providers should encourage new and existing members to receive the medical exams for which they are eligible.

A "Welcome to Medicare" preventive visit: Members can get this introductory visit only within the first 12 months they become eligible for Part B. This visit includes a review of medical and social history related to health education and counseling about preventive services, including these:

- Developing a medical and family history, and a list of current providers and prescriptions
- Height, weight, and blood pressure measurements
- A calculation of body mass index
- A review of potential risk for depression and level of safety
- A written plan letting the patient know which screenings, shots, and other preventive services they need.

Yearly "Wellness" visits: The main purpose of this visit is to develop or update a personalized prevention help plan. This visit is covered once every 12 months (11 full months must have passed since the last visit). This plan is designed to help prevent disease and disability based on current health and risk factors. Providers should ask patients to fill out a questionnaire, called a "Health Risk Assessment," as part of this visit. Answering these questions can help patients and their providers develop a personalized prevention plan to help them stay healthy and get the most out of the visit. It can also include:

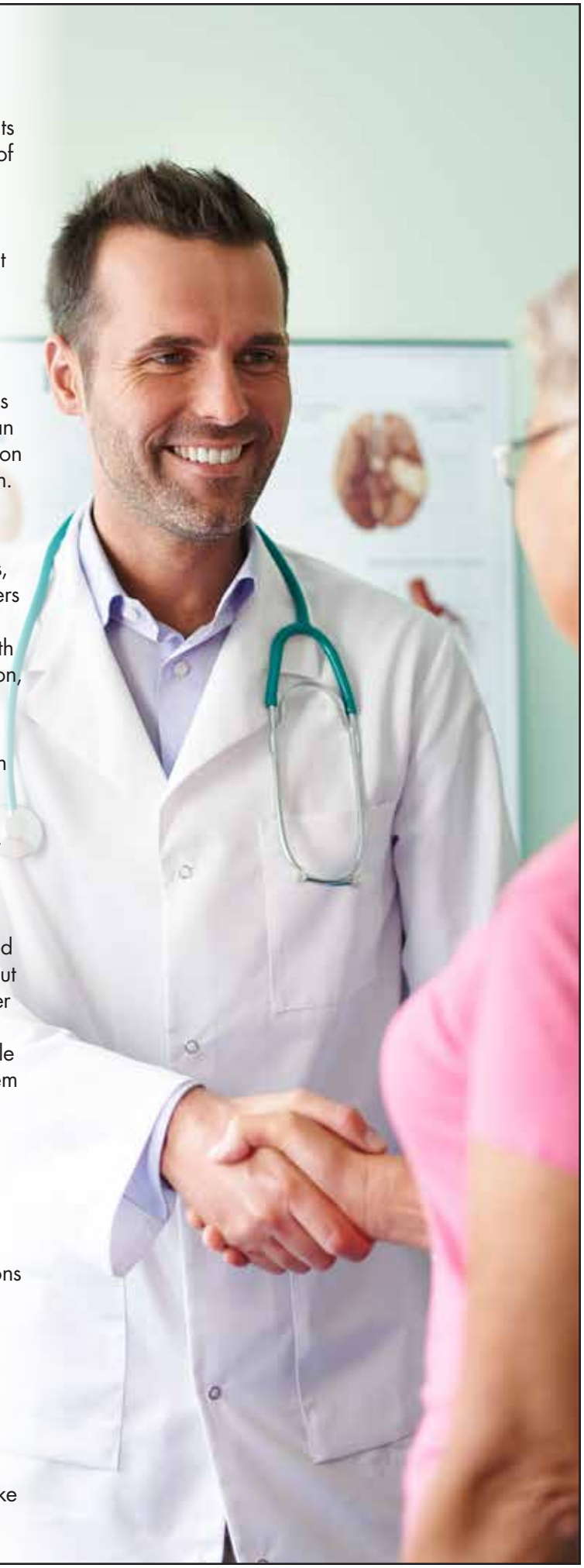
- A review of medical and family history
- Developing or updating a list of current providers and prescriptions
- Height, weight, blood pressure, and other routine measurements
- Detection of any cognitive impairment
- Personalized health advice
- A list of risk factors and treatment options for the patient
- A screening schedule (like a checklist) for appropriate preventive services.

CARE FOR OLDER ADULTS

As the elderly population ages, physical function decreases, pain increases, and cognitive ability can decrease. Older adults become increasingly depressed or have medication regimens of increased complexity. As people age, consideration should be given to their choices for end-of-life care and an advance care plan should be executed. Assessing functional status and pain, medication review, and advance care planning can ensure that older adults receive comprehensive care that prevents further health status decline and considers their wishes.

- **Functional status assessment.** Screening is effective in identifying functional decline. Physical ability is an important indicator for health and well-being in old age, as it decreases with age. Physical functional decline is often an initial symptom of illness in older people, and early detection of functional decline allows earlier treatment or intervention.
- **Pain assessment.** Pain is also a frequent symptom of illness and disease in older ambulatory and hospitalized patients. Elderly individuals are more likely to have arthritis, bone and joint disorders, cancer and other chronic disorders associated with pain. Additionally, the consequences of under-treating pain can have a negative effect on the health and quality of life in the elderly, with the onset of depression, anxiety, reduced socialization, sleep disturbances and impaired mobility.
- **Advance care planning.** As people age, consideration should be given to their treatment wishes if they lose the ability to manage their care. A large discrepancy exists between the wishes of dying patients and their actual end-of-life care. Advance directives are widely recommended as a strategy to improve compliance with patient wishes at the end of life and thereby ensure appropriate use of healthcare resources. There is expert consensus on the need for advance directives, as well as a regulatory mandate, but only 15 to 25 percent of adults complete them, usually after a serious illness or hospitalization. It has been found that most adults would prefer to discuss advance directives while they are well, preferably with a doctor who has known them over time. Most say they look to their doctors to initiate the discussion.
- **Medication review.** The vast majority of older adults take medications to address at least three or more chronic conditions. Many have multiple prescribing physicians and use more than one pharmacy, necessitating regular review of medications. A medication list should include prescriptions and over-the-counter (OTC) medications (including herbals, supplements); dose, frequency, and reason for taking the medication. Poor medication management can lead to adverse drug events, overdoses, and underutilization of drugs, all of which can result in increased hospitalizations.

MetroPlus has a *Care for Older Adults Assessment Form* in English and Spanish, located on our website at www.metroplus.org/provider-services/forms, that can help make visits with your patients more effective.



CHOOSING WISELY

In an effort to help you manage your practice, MetroPlus is highlighting the American Board of Internal Medicine's "Choosing Wisely" program. We hope this information will aid in the decision-making process around the tests and labs you select for your patients.

Choosing Wisely was developed with the goal of avoiding unnecessary medical tests, treatments, and procedures. *Choosing Wisely* aims to encourage conversations between clinicians and patients that result in choosing care that is evidence based, not duplicative or unnecessary, and is free from harm.

Choosing Wisely offers lists of evidence-based recommendations from national medical specialty societies. For our next three issues, we will be including some of these recommendations. For more recommendations, visit www.choosingwisely.org/clinician-lists.

Lab Recommendations:

Don't order routine screening urine analyses (UA) in healthy, asymptomatic pediatric patients as part of routine well child care.	American Academy of Pediatrics – Section on Nephrology and the American Society of Pediatric Nephrology
Avoid routinely measuring thyroid function and/or insulin levels in children with obesity.	American Academy of Pediatrics – Section on Endocrinology
Avoid ordering Vitamin D concentrations routinely in otherwise healthy children, including children who are overweight or obese.	American Academy of Pediatrics – Section on Endocrinology
Don't perform cervical cytology (Pap tests) or HPV screening in immunocompetent women under age 21.	ASCCP
Don't perform maternal serologic studies for cytomegalovirus and toxoplasma as part of routine prenatal laboratory studies.	Society for Maternal-Fetal Medicine
Offer PSA screening for detecting prostate cancer only after engaging in shared decision making.	American Urological Association
Don't obtain follicle-stimulating hormone (FSH) levels in women in their 40s to identify the menopausal transition as a cause of irregular or abnormal menstrual bleeding.	American Society for Reproductive Medicine
Don't order multiple tests in the initial evaluation of a patient with suspected thyroid disease. Order thyroid-stimulating hormone (TSH), and if abnormal, follow up with additional evaluation or treatment depending on the findings.	American Society for Clinical Pathology
Don't screen low risk women with CA-125 or ultrasound for ovarian cancer.	Society of Gynecologic Oncology
Don't perform low-risk HPV testing.	American Society for Clinical Pathology
Don't perform population-based screening for 25-OH-Vitamin D deficiency.	American Society for Clinical Pathology
Don't order routine screening urine analyses (UA) in healthy, asymptomatic pediatric patients as part of routine well child care.	American Academy of Pediatrics – Section on Nephrology and the American Society of Pediatric Nephrology
Don't routinely order expanded lipid panels (particle sizing, nuclear magnetic resonance) as screening tests for cardiovascular disease.	American Society for Clinical Pathology

Visit www.choosingwisely.org for more information about the program, including detailed recommendations, patient-friendly materials, and learning modules.

MANAGEMENT OF CHRONIC CONDITIONS

Chronic conditions affect patients in every age group. Unmanaged, or poorly managed, chronic conditions often lead to serious complications for patients and their families. Regardless of the condition, chronic conditions present challenges for patients, including:

- Dealing with symptoms
- Complex medication regimes
- Access to needed care and services
- Disability
- Difficult lifestyle adjustments

Tips for providers:

- Deliver care based on recognized clinical guidelines. Clinical Practice Guidelines help by providing evidence-based recommendations for the evaluation and treatment of select common conditions. The MetroPlus Clinical Practice Guidelines are updated regularly, and can be found on the provider portal at https://providers.metroplus.org/my.policy
- Consider the goals of patients/caregivers and promote realistic and specific self-management activities.
- Provide personalized culturally sensitive care (cookie cutter approaches do not work). Managing chronic conditions will require patient/caregiver buy-in.
- Develop a plan of care that includes teaching patients/caregivers early warning signs and what actions to take (i.e. when to call you, when to go to an urgent center verses the emergency room).
- Provide coordinated care, including all members of the health care team (nursing staff, care managers, specialist, pharmacist).

Access and Availability Standards

MetroPlus Members must secure appointments within the following time guidelines:

Emergency Care	Immediately upon presentation
Urgent Medical or Behavioral Problem	Within 24 hours of request
Non-Urgent "Sick" Visit	Within 48 to 72 hours of request, or as clinically indicated
Routine Non-Urgent, Preventive or Well Child Care	Within 4 weeks of request
Adult Baseline or Routine Physical	Within 12 weeks of enrollment
Initial PCP Office Visit (Newborns)	Within 2 weeks of hospital discharge
Adult Baseline or Routine Physical for HIV SNP Members	Within 4 weeks of enrollment
Initial Newborn Visit for HIV SNP Members	Within 48 hours of hospital discharge
Initial Family Planning Visit	Within 2 weeks of request
Initial Prenatal Visit 1st Trimester	Within 3 weeks of request
Initial Prenatal Visit 2nd Trimester	Within 2 weeks of request
Initial Prenatal Visit 3rd Trimester	Within 1 week of request
In-Plan Behavioral Health or Substance Abuse Follow-up Visit (Pursuant to Emergency or Hospital Discharge)	Within 5 days of request, or as clinically indicated
In-Plan Non-Urgent Behavioral Health Visit	Within 2 weeks of request
Specialist Referrals (Non-Urgent)	Within 4 to 6 weeks of request
Health Assessments of Ability to Work	Within 10 calendar days of request

MetroPlus Health Plan
plan ahead.
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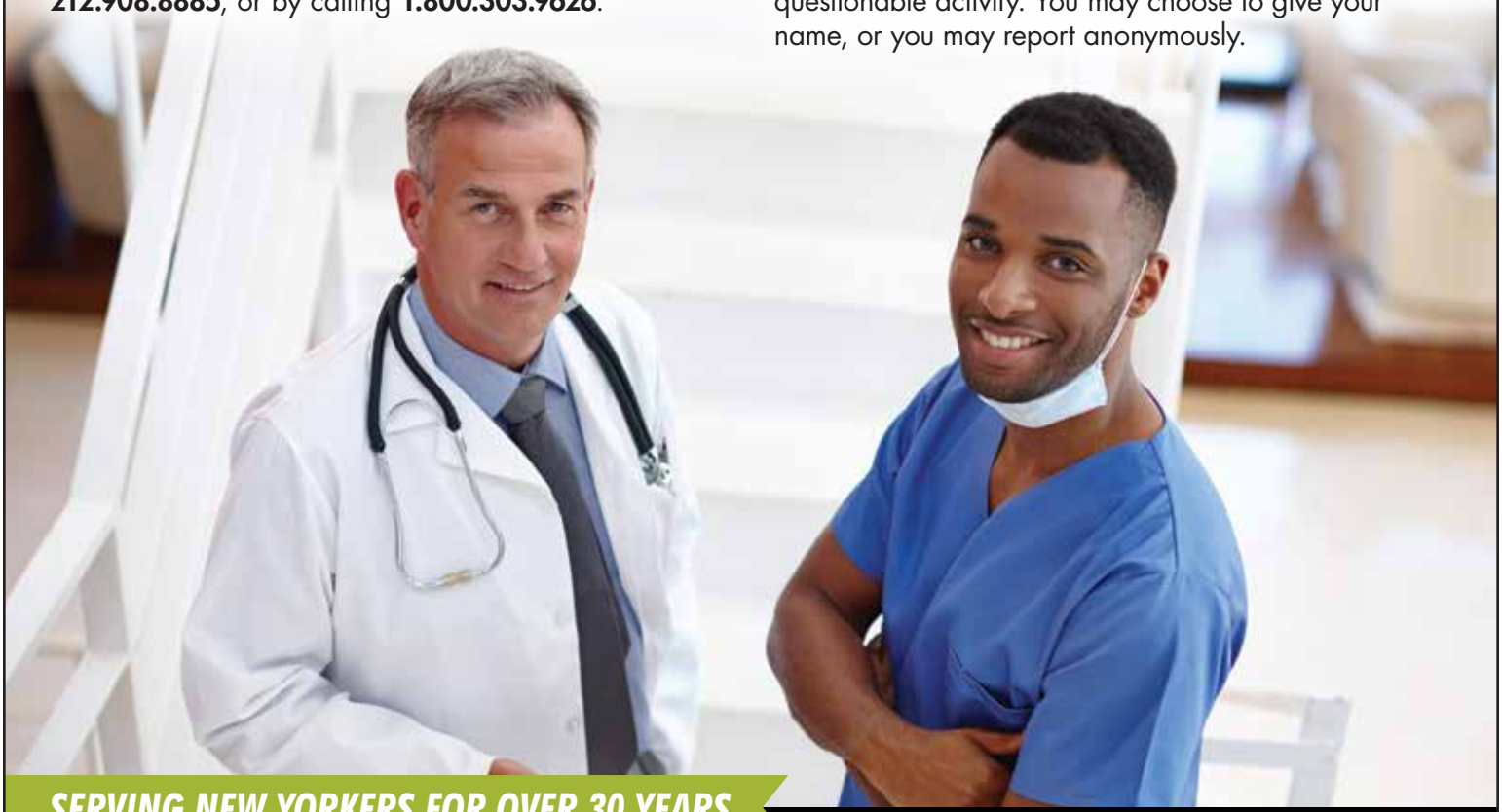
CHANGES TO YOUR DEMOGRAPHIC INFORMATION

Notify MetroPlus of any changes to your demographic information (address, phone number, etc.) by directly contacting your Provider Service Representative. You should also notify us if you leave your practice or join a new one. Alternatively, changes can be faxed in writing on office letterhead directly to MetroPlus at **212.908.8885**, or by calling **1.800.303.9626**.

METROPLUS COMPLIANCE HOTLINE

MetroPlus has its own Compliance Hotline: **1.888.245.7247**. Call this line to report suspected fraud or abuse, possibly illegal or unethical activities, or any questionable activity. You may choose to give your name, or you may report anonymously.



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Editor: Elizabeth Colombo