

Network Connection

Information for Presbyterian
Healthcare Professionals,
Providers and Staff



NOVEMBER 2019

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Last Provider Education Conference Training of the Year

There are two remaining opportunities in 2019 for providers to receive their annual provider training. As part of our Provider Education Conference & Webinar Series, we will host two live training webinars in December to accommodate provider and office staff schedules. Please see the information below to identify the training date that best fits your schedule:

Live Webinars

Wednesday, Dec. 11, 9 – 11 a.m.

Thursday, Dec. 12, 1 – 3 p.m.

Register online:

<https://phs.swoogo.com/2019PEC>

These are the last training opportunities before the new year for contracted physical health, behavioral health and long-term care providers and staff to complete training.

Participants will receive program updates including the following:

Recent changes in the health plan.

Centennial Care 2.0 updates.

Requirements from the New Mexico Human Services Department and the Centers for Medicare & Medicaid Services.

If you have any questions about the scheduled events, please contact your Provider Network Operations relationship executive. Providers can find his or her contact information at www.phs.org/ContactGuide.

2019  **PRESBYTERIAN**
Provider Education Conference
& Webinar Series

*Presbyterian exists to improve the health of the patients,
members and communities we serve.*

Substance Use Disorder Training Is Available

In 2017, Presbyterian launched the Substance Use Disorder and Community Collaborative Initiative (SUDCCI) to improve the physical and mental health of people with substance use disorders (SUDs). We created a system of care that provides high quality treatment, interventions and seamless transitions between all care settings.

As part of the SUDCCI, Presbyterian offers a variety of resources and training to providers. These trainings are no cost to participants and provide continuing education (CE) credits. Below are Presbyterian's upcoming SUD training opportunities.

DATA 2000 Waiver: Buprenorphine Certification

Providers who want to receive the waiver to prescribe buprenorphine for medication-assisted treatment of opioid addictions can attend one of the upcoming buprenorphine certification trainings listed in the following table.

Date and Time	Location
Wednesday, Nov. 20, 9 a.m. – 6 p.m.	Presbyterian Española Hospital
Tuesday, Dec. 17, 9 a.m. – 6 p.m.	Presbyterian Rust Medical Center

Providers can register online at the following link: https://www.eeds.com/portal_live_events.aspx?Portal_SIN=230143

Both trainings offer 8.0 American Medical Association (AMA) Physician's Recognition Award (PRA) Category 1 Credits to participants upon completion. AMA PRA Category 1 Credits meet the pain management continuing medical education (CME)

requirements for license renewal by the New Mexico Medical Board.

Motivational Interviewing

Providers are invited to attend Motivational Interviewing (MI) training on Tuesday, Nov. 5 and Tuesday, Nov. 19 at the Presbyterian Rev. Hugh Cooper Administrative Center. At this training, providers will learn how to apply MI techniques for a variety of medical conditions. Providers can register online at the following link: https://www.eeds.com/portal_live_events.aspx?ConferenceID=817565.

Participants who complete training can earn the following credits:

- Up to 12.0 AMA PRA Category 1 credits.
- Up to 12.0 American Nursing Credentialing Center (ANCC) accredited approver units for continuing nurse education (CNE).
- Up to 12.0 New Mexico Counseling and Therapy Practice Board units.

On-demand Trainings

Presbyterian offers the following on-demand trainings to any provider/organization in New Mexico:

- Relapse Prevention
- Motivational Interviewing: Overview – Basics – Vignettes
- Safer Opioid Prescribing and Non-opioid Alternatives
- Addictions 101
- Medical Cannabis in NM: Implications for Medical Practice
- Medicated-assisted Therapy Treatment and Detox Protocol (modules 1, 2 and 3)

Providers can register for these trainings online at the following link: https://www.eeds.com/portal_enduring_materials.aspx?Portal_SIN=230143.

Presbyterian also offers these trainings at the provider's office upon request. To receive receiving training at your office, contact our education coordinator at info_BHIntegration@phs.org.

Presbyterian ECHO Clinic

Presbyterian recently partnered with Project ECHO to provide training clinics for SUDs. Providers use video-conference software to connect to live lectures and discussions with other healthcare professionals about SUDs. The table below indicates the ECHO training clinics that Presbyterian offers.

ECHO Training Clinic	Date and Time
Pain and Addictions ECHO	Thursdays, Noon. – 2 p.m.
Child Behavioral Health ECHO	First and third Wednesdays of the month, Noon – 1:30 p.m.

Providers can register for these ECHO training clinics online at the following link: https://www.phscampus.com/SUD/constant_contact.html.

For questions about training opportunities, please contact our education coordinator at Info_BHIntegration@phs.org.

We want to thank providers for their continued effort to improve the health of people with SUDs.

Presbyterian Dual Plus Network Expansion and Training

In 2017, Presbyterian began offering Presbyterian Dual Plus (HMO SNP) to members who are eligible for both Medicare and full Medicaid (Centennial Care) benefits. Dual Plus was initially offered to eligible members who reside in Bernalillo, Cibola, Rio Arriba, Sandoval, Santa Fe, Socorro, Torrance and Valencia counties. Beginning Jan. 1, 2020, Presbyterian will expand services to the following counties:

Colfax

Grant

Otero

Sierra

Dona Ana

Luna

San Miguel

Presbyterian will serve a total of 15 counties in 2020. We will recruit new providers and use our existing network of contracted providers to meet the needs of Presbyterian Dual Plus members.

Our Dual Plus network is designed to deliver the full range of covered benefits and services. Presbyterian also ensures that our network performance meets access standards from the Centers for Medicare & Medicaid Services (CMS).



2020 Dual Plus Training

Contracted providers who render services to Presbyterian Dual Plus members are required to complete Dual Plus training annually. The training for 2020 will be available to providers in November, 2019.

The self-guided, online training module is available on the Presbyterian website at the following link: phppn.org. The training takes about 30 minutes to complete and requires providers to attest to completing the module. Please note that office staff cannot complete the training on behalf of a provider.

For questions about the Dual Plus training or expansion, contact your Provider Network Operations relationship executive. Providers can find his or her contact information at www.phs.org/ContactGuide.

Pharmacy and Formulary Resources for Providers

Presbyterian strives to improve access to important information. One of the ways we accomplish this is by providing pertinent information on our website.

We recently added online searchable formularies to the Pharmacy Resources page on our website at <https://www.phs.org/tools-resources/member/Pages/pharmacy.aspx>. This page contains information about prescription drug plans and a list of medications available to members for the following plans:

- Commercial Large Group
- Health Insurance Exchange
- Centennial Care
- Medicare Advantage

To access the online searchable formularies from the Pharmacy Resources page, click the hyperlink for any formulary to find an alphabetical list of all covered drugs. Providers can search for a drug by name or therapeutic class. When providers find and click on the drug they need, they will receive information about that drug, including information about restrictions such as quantity limits, step therapy, prior authorization, age limits and exclusions. PDF versions of the Presbyterian formularies are also available for providers to view, download or print. Both the online and PDF versions of the formulary are updated at least quarterly to reflect changes made by the Presbyterian Pharmacy and Therapeutics Committee.

In addition, the Pharmacy Resources page has information about the following:

- Covered contraceptives
- Mail service pharmacy benefit
- Requesting exceptions
- Pharmacy locations

For any questions about the formulary coverage of medications, please call Presbyterian's Pharmacy Services Help Desk at (505) 923-5757, or toll-free at 1-888-923-5757. The Pharmacy Services Help Desk is available Monday through Friday, from 8 a.m. to 5 p.m. Providers can also send clinical questions to a Presbyterian pharmacist at ASKRX@phs.org. The email box is monitored during regular business hours, and a clinical pharmacist will respond within one business day.



Improving Transgender Patient Care

Presbyterian embraces the rich diversity of the people we serve. We believe the use of appropriate language is key to treating all members in a respectful manner and providing culturally sensitive and linguistically appropriate care.

As times change, so does the language we use to discuss gender identity (i.e., an individual's concept of self as male, female, or a blend of both or neither). When people identify as a gender that is different from their designated sex at birth, they may consider themselves a transgender person. Transgender is a broad term and is appropriate for non-transgender people to use.

According to the Transgender Resource Center of New Mexico (TGRCNM), a community-based organization that provides support to transgender people, providers who speak in gender-affirming language create a safe and welcoming environment for transgender people to seek and receive the care they need. To help foster a better understanding between providers and their patients, TGRCNM offers the following list of common terms and definitions patients may use to describe themselves:

- **Transgender man:** A transgender individual who was assigned female at birth and currently identifies as a man.
- **Transgender woman:** A transgender individual who was assigned male at birth and currently identifies as a woman.
- **Cisgender person:** An individual whose gender conforms to his or her sex designated at birth (i.e., not a transgender person).
- **Intersex person:** An individual born with a wide range of natural bodily variations/sex characteristics (e.g., hormonal makeup, genitals, gonads

and chromosome patterns) that do not fit the typical binary notions of male or female bodies.

- **Non-binary person:** A person who doesn't identify as exclusively male or female, regardless of their sex characteristics or the gender designated at birth.

The following bolded words are inappropriate to use and respectful alternatives are provided:

Biological sex or **born a boy/girl**

– Use "sex designated/assigned at birth."

- **Transgenderers** – Use "transgender" as an adjective, not a noun (i.e., a transgender person).
- **Transgendered** – Use the adjective "transgender."
- **Hermaphrodite** – Use the adjective "intersex."

The following terms are unacceptable and should **never** be used:

- He-she
- It
- She-male
- Tranny
- Transvestite

Below are a few communication strategies from the Centers for Disease Control and Prevention (CDC) that providers can use when caring for transgender patients:

- When addressing new patients, avoid pronouns (i.e., he or she) or gendered terms like "ma'am" and "sir."
- Politely and privately ask all patients what name and pronouns they prefer.
- If a patient gives a name different than what is listed in your record, ask if the chart could be listed under another name or ask what name is listed with their insurance company.
- Apologize if you use the wrong name or pronoun.

Healthcare professionals who show sensitivity to an individual's gender identity can foster a better relationship with their patient. This can also help improve patient care and lead to better health outcomes throughout the state.

For more information on how to provide culturally sensitive and linguistically appropriate care to transgender people, contact TGRCNM at (505) 200-9086 or www.tgrcnm.org.

Transgender Statistics

- According to the 2017 GLAAD survey, "Accelerating Acceptance," 20% of millennials identify as something other than straight/cisgender compared to 7% of boomers.
- According to the 2017 New Mexico Youth & Resiliency Survey, 3.4% of public school students (grades 6 - 12) who completed the survey identified as transgender, gender fluid or genderqueer.
- In a 2018 study published by the American Academy of Pediatrics, transgender adolescents have a higher suicide attempt rate than their cisgender peers:
 - 41.8% of transgender adolescent women compared to 17.6% of their cisgender peers.
 - 50.8% transgender adolescent men compared to 9.8% of their cisgender peers.
- A 2011 survey by the National Center for Transgender Equality found 41% of transgender adults reported they attempted suicide.

REGULATORY REMINDER

Advising Patients on the Risk of Opioid Overdose

Presbyterian ensures the appropriate use of prescription medications by monitoring potential abuse or inappropriate utilization of medications and implementing interventions that ensure safer prescribing practices for chronic pain management, early screening and detection of opioid misuse, and early intervention and treatment of substance use disorders.

In addition, in accordance with Senate Bill 221, Presbyterian requires providers to do the following:

- Advise patients on the risks of opioid overdose and availability of an opioid antagonist when they first prescribe, distribute or dispense an opioid analgesic and

on the first occasion each calendar year thereafter.

- Co-prescribe an opioid antagonist when the amount of opioid analgesic prescribed is at least a five-day supply.
- Include the following information in the prescription for the opioid antagonist:
 - Written information about the temporary effects of the opioid antagonist.
 - Techniques for administering the opioid antagonist.
 - A warning that instructs the person who administers the opioid antagonist to call 911 immediately after administering the opioid antagonist.

Providers can view Senate Bill 221 in its entirety at <https://legiscan.com/NM/bill/SB221/2019>.



TAKE NOTE

Presbyterian Contracts with New Health Systems for Centennial Care

Member care is our top priority, and we contract with new providers and healthcare systems to help ensure members receive the care they need when they need it. Presbyterian is pleased to announce that we have contracted with the following healthcare systems and hospitals for Centennial Care:

- University of New Mexico Hospital (UNMH)
- University of New Mexico Medical Group (UNMMG)

- Lovelace Health Systems (LS)
- Lovelace Medical Group (LMG)

Presbyterian's contracts with these healthcare systems and hospitals increases access to quality care, reduces costs and improves health outcomes for Centennial Care members. Centennial Care members can now schedule appointments with providers at UNMH, UNMMG, LS and LMG. Providers can also refer Centennial Care members to these providers.

Presbyterian will continue to expand its network to improve the health of the members, patients and communities we serve.

 **PRESBYTERIAN**
Centennial Care

ADHD Treatment Recommendations and Guidelines

Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental disorder that affects children, adolescence and adults. It is common for children to have trouble focusing and controlling impulsive behaviors, and children with ADHD do not outgrow these tendencies. According to the Centers for Disease Control (CDC), 6.1 million children between 2 and 17 years old were diagnosed with ADHD in 2016. Of the 6.1 million children with ADHD, about 77% received treatment.

Pediatricians, family practice clinicians and behavioral health providers typically perform an assessment to diagnose members. These providers are also responsible for developing a treatment plan for members with an ADHD diagnosis. Treatment plans can include medication, behavior therapy or a combination of both.

The following recommendations are intended to help providers assess and treat members with ADHD:

- Use information from the member's parents, other caregivers and teachers to confirm a diagnosis. Helpful information may include validated ADHD-specific rating scales and school-based evaluations and assessments.
- Provide a history and physical examination that includes the presence and duration of core ADHD symptoms in the assessment. This can include the following:
 - Age of onset (symptoms must be present prior to age 12).
 - Degree of functional impairment from the perspective of the patient, family and school.
 - Medical, environmental and genetic risk factors.
- Consider the age of consent before offering treatment.
- Evaluate the member for other conditions that mimic or co-exist with ADHD (e.g., anxiety disorder, autism spectrum disorder, fetal alcohol syndrome and genetic disorders such as fragile X syndrome).
- Deliver psychoeducation to all members and their parents or caregivers. Psychoeducation should include information about the following:
 - How ADHD presents in the member, the plan and rationale for treatment and available treatments. Be sure to include medication benefits, risks, side effects and psychotherapeutic interventions.
 - Possible comorbid disorders and how comorbid treatment integrates with ADHD treatment.
 - Available social and/or certified peer support.
 - The member's rights to educational needs assessments through the school system, if appropriate, under the Individuals with Disabilities in Education Act (IDEA) and Section 504 of the Civil Rights Act.
 - The increased risk for suicidal behavior. If antidepressants or atomoxetine are prescribed, include information about early warning signs.
- The medication therapy is the most effective treatment for ADHD. Also offer behavioral therapy, psychotherapy, family therapy, support groups, social skills and parenting skills training as treatment options.
- Avoiding polypharmacy in general. Children who take stimulants must be monitored closely and carefully by healthcare professionals for side effects and effectiveness.
- Using occasional medication-free trials to reassess the dosage and need for continued pharmacological treatment.

The National Center for Quality Assurance (NCQA) recommends the following for children and adolescents receiving newly prescribed ADHD medication:

- One follow-up visit with the prescribing provider during the first 30 days of prescription fill.
- At least two follow-up visits with the prescribing provider within nine months after the first month of medication treatment.

An effective treatment plan can help members successfully manage their condition. For more information on treating ADHD, please visit the following website: <https://www.cdc.gov/ncbddd/adhd/index.html>



Antipsychotic Medications and Diabetes Quality Metrics for Children and Adolescents

Presbyterian is committed to upholding the highest standards in healthcare. One of the ways we accomplish this is by using National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set (NCQA HEDIS®) measures to measure and improve healthcare quality. NCQA recently updated HEDIS measures, clinical guidelines and recommendations for the concurrent use and metabolic monitoring of children and adolescents on antipsychotic medications.

According to NCQA, antipsychotic medications are among the most costly, highest risk and quickly progressing therapeutic classes for children and adolescents with mental disorders. To ensure the safe and judicious use of antipsychotic medications in children and adolescents, NCQA tracks and trends the following quality metrics:

- Increasing laboratory monitoring for members who take second-generation antipsychotic (SGA) medications.
- Reducing the number of children and adolescents who are on concurrent antipsychotic medications.

Children on antipsychotic medications are at high risk for developing diabetes, cholesterol problems and/or other conditions associated with weight gain. NCQA recommends yearly fasting blood glucose or hemoglobin A1C (HbA1c) and LDL-C or cholesterol level testing as a key part of laboratory

monitoring for children and adolescents who take antipsychotic medication.

In addition to the NCQA's recommendations, the American Diabetes Association, American Psychiatric Association, American Association of Clinical Endocrinologists and North American Association for the Study of Obesity published the following recommendations on antipsychotic drugs, obesity and diabetes:

- Perform a baseline screening before or as soon as clinically feasible after the initiation of any antipsychotic medication. This includes recording the following information:
 - Personal and family history of obesity, diabetes, dyslipidemia, hypertension or cardiovascular disease
 - Weight, height and calculated body mass index (BMI)
 - Waist circumference at the level of the umbilicus
 - Blood pressure
 - Fasting plasma glucose
 - Fasting lipid profile
- Initiate follow-up monitoring that includes the following practices:
 - Check weight at four, eight and 12 weeks after starting or changing SGA therapy. Check weight quarterly thereafter. If a member gains 5% or more of their initial weight, then consider switching the member's medication.



- Perform a fasting plasma glucose, lipid levels and blood pressure test three months after the initial test was performed.
- Check blood pressure and perform plasma glucose tests annually, or more frequently for members with a higher baseline risk for the development of diabetes or hypertension.
- Perform lipid testing every five years, or more frequently if clinically indicated, for members with a normal lipid profile.

For questions about the new NCQA HEDIS measures and antipsychotic and diabetes quality metrics for children and adolescents, please contact the Quality Performance Improvement department at (505) 923-5017 or PerformancImp@phs.org.

HEDIS (Healthcare Effectiveness Data and Information Set) is a registered trademark of the National Committee for Quality Assurance (NCQA), <http://www.ncqa.org>.

PRESBYTERIAN WORD SEARCH

D X M G D C D I N D N M N F I M T B N H
L E D Q F K I R B L O O O R J E D O I O
J S K U B G S T A E I Q Y O D D P E C X
X R A N A Z U B O T T D E M D I P M R P
O E X T T L O G N H A Q Q D O C F Q Y F
C T Z F V R P E H N C G D I Z A T C J Q
M N A A A N V L E L I Y D G K T R R O R
D I S T D R P R U E F R S Y O I A N G M
Z O O M E O D A Y S I L E P Z O I G A V
B R N T I L L C Z V T J E D I N N H S M
Y T N O I T N E V E R P C Y N T I E W R
Q I X H L O M I S J E I N H R E N K U K
W J C L Y V A E T C C O N S N Q G A Q P
G J P J T R A N S G E N D E R F U S U X
T J Z U P I U M M D E N B U E K U R I O
F O F Q C T A C E K Z Z T T J F J T A C
J U A A F O U N J O X H E S C Q K E E G
D N Y R P H A R M A C Y V T K F O T I Y
H D M U C S A N Z F J I I H Z C L Y P W
E R A C L A I N N E T N E C H U U K W B

Adolescents
Certification
Dual Plus
Laboratory
Pharmacy

Transgender
Antipsychotic
Children
Intersex
Medication
Prevention

Centennial Care
Cisgender
Intervention
Opioid
Training

TALK TO US

Send your questions or comments to Presbyterian's
Provider Network Operations department:



EMAIL:
providercomm@phs.org



PHONE:
(505) 923-5757



MAIL:
PO Box 27489
Albuquerque, NM 87125-7489
Attn: Provider Network Operations

Let Us Know Your Thoughts

Readership Survey

We appreciate receiving your feedback. Please use the link below to let us know how you think we can improve our newsletter and what you would like to read about in future issues. Each person who fills out our short survey at the link below will be entered into a drawing to win a prize.

<https://www.surveymonkey.com/r/PHPnewsletter>