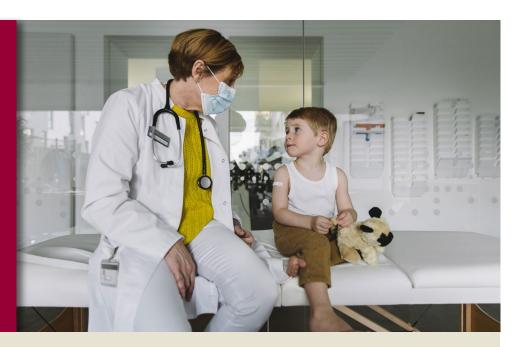
### **A PRESBYTERIAN**

# Network Connection

Information for Presbyterian Healthcare Professionals, Providers and Staff



**JULY 2020** 

#### **NEWS FOR YOU**

#### **UP FRONT**

Treatment for Opioid Use Disorder is Available
Clinical and Preventive Healthcare Guidelines
Treating Depression in a Primary Care Setting3
FEATURE
2020 Annual Provider Training Events Overview
TAKE NOTE
Tips to Reduce Stress and Anxiety
2019 Quality Improvement Program Overview6
PRESBYTERIAN

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

# Helping Providers Navigate COVID-19 Resources

Communities across the country continue to face challenges due to COVID-19. As COVID-19 continues to impact the healthcare community, it is important for providers to stay current on best practices that will help members and patients receive the care they need when they need it.

To help ensure providers have the most up-to-date information regarding COVID-19, Presbyterian has a webpage dedicated to COVID-19 resources. The Provider Resources for Coronavirus (COVID-19) webpage on Presbyterian's website contains information and resources that cover the following topics:

- Emergency telehealth guidance
- State guidance for providers
- Member and patient testing
- Provider conference calls
- Webinars



Presbyterian regularly updates the webpage to ensure the information from the New Mexico Human Services Department and the Centers for Disease Control and Prevention are current. Providers also have access to upcoming conference calls and webinars and can search for testing sites in their areas. Providers can access the webpage at https://www.phs.org/providers/Pages/coronavirus-covid-19.aspx.

For more information about COVID-19, providers can contact their Provider Network Operations relationship executive. His or her contact information can be found at www.phs.org/ContactGuide.

## Lower-cost Medication-assisted Treatment for Opioid Use Disorder is Available

Presbyterian is committed to addressing the current opioid crisis and reducing the occurrence of opioid overdoses. One of the ways we do this is by improving access to treatment and recovery services for members and patients.

Access to cost-effective medications is essential to the treatment of opioid use disorder. Our records indicate that providers prescribe brand-name or higher-cost formulations of a medication used for the treatment of opioid use disorder. To better serve our members, Presbyterian Pharmacy Services offers the following

information to assist providers in their care:

- Cost of therapy can be reduced significantly with use of buprenorphine and naloxone sublingual tablets rather than the use of sublingual film formulation.
- To facilitate broader access to Medication-assisted Treatment (MAT) for opioid use disorder and reduce drug prices, the U.S. Food and Drug Administration (FDA) has approved generic formulations of buprenorphine and naloxone sublingual film and tablets (generic for Suboxone).
- Generic formulations for all strengths of buprenorphinenaloxone sublingual film and tablets are now available.
- Generic drugs approved by the FDA must meet the same quality standards as those of the brand-name drugs and are preferred on Presbyterian formularies.

Please consider discussing the use of generic or lower-cost formulations of buprenorphine-naloxone with your patients.

### Clinical and Preventive Healthcare Guidelines

Presbyterian's evidence-based Clinical Practice Guidelines and Preventive Healthcare Guidelines were developed to assist providers in the prevention and treatment of common illnesses members of all ages experience. These guidelines are designed to help members and patients make informed decisions about their health.

#### **Clinical Practice Guidelines**

Presbyterian's physical health and behavioral health Clinical Practice Guidelines are designed to help providers make decisions about healthcare services for specific clinical circumstances. All guidelines are adopted in whole or in part from nationally recognized organizations that use scientific literature.

Providers can review Presbyterian's physical and behavioral health Clinical Practice Guidelines online at the following links:

- Physical health guidelines: www. phs.org/providers/resources/ reference-guides/Pages/clinicalpractice-guidelines.aspx
- Behavioral health guidelines: www.phs.org/providers/ resources/reference-quides/ Pages/medical-pharmacybehavioral.aspx

### **Preventive Healthcare Guidelines**

Since 1984, the U.S. Preventive Services Task Force (USPSTF), an independent panel of national experts in prevention and evidencebased medicine, has provided recommendations for clinical and preventive health services. Presbyterian's Preventive Healthcare Guidelines are based on USPSTF guidelines, which help primary care providers and members decide together whether a preventive service is appropriate based on the member's healthcare needs. Furthermore, the guidelines

include mandates from the New Mexico Health and Human Services Department's Medical Assistance Division (HSD/MAD) for managed care organizations. This information is found in the New Mexico Administrative Code (NMAC). Presbyterian's guidelines also align with the child, adolescent and adult immunization schedule published by the Centers for Disease Control and Prevention, which is available at www.cdc.gov/vaccines/schedules/ index.html.

Providers can review Presbyterian's Preventive Health Guidelines at the following link: www.phs.org/ providers/resources/referenceguides/Pages/medical-pharmacybehavioral.aspx.

Providers may request a hard copy of the clinical practice and preventive healthcare guidelines by contacting their Provider Network Operations relationship executive. His or her contact information can be found at www.phs.org/ContactGuide.

## Treating Depression in a Primary Care Setting

Major depressive disorder is a common medical illness that involves persistently and significantly depressed mood and/ or loss of interest or pleasure in normal activities. Major depressive disorder is accompanied by several symptoms, including:

- Sleep disturbances
- Loss of appetite
- · Low energy levels
- Trouble concentrating
- Feeling worthless
- Thoughts of death or suicide

The U.S. Preventative Services
Task Force (USPSTF) recommends
screening for depression in the
general adult population, including
pregnant and postpartum women.
According to the Center for Disease
Control and Prevention (CDC), 8.1%
of American adults age 20 and older
had depression in a given two-week
period, with women almost twice as
likely as men to have had depression
across all age groups.

Primary care providers (PCPs) play a significant role in identifying and treating depression. Research has shown that the majority of Americans who seek help for depression or symptoms of depression will initiate care with their PCP rather than a mental health professional. It is important that PCPs implement appropriate screening tools, familiarize themselves with depression assessments and become comfortable with

prescribing antidepressants. There are multiple depression screening instruments available for every type of member, including the following:

- Patient Health Questionnaire-2 (PHQ2) used for all adults
- Hospital Anxiety and Depression Scale in adults
- Geriatric Depression Scale in older adults
- Edinburgh Postnatal Depression Scale (EPDS) in pregnant and postpartum women

To ensure accurate diagnosis, effective treatment and appropriate follow-up care, PCPs should implement depression screenings with adequate systems in place. It is critical for PCPs to confirm the diagnosis and to evaluate the

member for medical comorbidities, which are commonly associated with major depressive disorder.

Effective collaboration of care between PCPs and behavioral health providers is vital in the successful treatment of depression. In most situations, the PCP's best decision may be to refer the patient to a psychiatrist for specialized psychopharmacologic treatment and/or psychotherapy. PCPs can also refer patients to a behavioral health practitioner or facility.

For more information on the treatment of major depressive disorder, see the Assessment and Treatment of Patients with Major Depressive Disorder available at www.magellanprovider.com under Clinical Practice Guidelines.



## 2020 Annual Provider Training Events Overview

Presbyterian offers a variety of informative and useful provider trainings to ensure members receive the most appropriate care in the most cost-effective setting. Below is an overview of the 2020 training events Presbyterian is offering providers. Please note that some trainings are required, as identified in the following overview.

### **Provider Education Conference & Webinar Series**

All contracted physical health, behavioral health and long-term care providers and staff are invited. Please note that due to the COVID-19 health crisis, all in-person conferences have been changed to webinars to ensure the safety of attendees and staff.

\*\*Providers are only required to attend one of these trainings.

Training Date	Training Times	Training Format	Registration Link				
Thursday, Sept. 3	9 – 11 a.m.	Webinar					
To be determined	To be determined	Webinar	phs.swoogo.com/2020PEC				
To be determined	To be determined	Webinar	pris.swoogo.com/2020/ EC				
Thursday, Dec. 17	12 - 2 p.m.	Webinar					

### **Presbyterian Dual Plus Training**

All contracted providers who render services to Presbyterian Dual Plus members are required to complete this training.

\*\*Office staff cannot complete the training on behalf of the provider.

Training Dates and Times	Training format and/or location	Registration Link				
Available 24 hours a day, seven days a week throughout the year.	Online, self-guided training module.	Providers can access the training at phppn.org.				

Indian Health Services and Tribal Conversations							
All contracted physical health, behavioral health and long-term care providers and staff are invited.							
Training Date	Training Times	Registration Link					
Thursday, Sept. 24	10 - 11:30 a.m.	Webinar	nha awaa ga aam/IUS2020				
Thursday, Dec. 17	1:30 – 3 p.m.	Webinar	phs.swoogo.com/IHS2020				

Critical Incident Training								
All Centennial Care 2.0 providers are required to attend one Critical Incident training per year.								
Training Date	Training Times	Registration Link						
Tuesday, Sept. 22	9 - 11 a.m.	Webinar						
Thursday, Sept. 24	2 - 4 p.m.	Webinar	phs.swoogo.com/2020criticalincidenttraining					

If providers have questions about the upcoming trainings, they are encouraged to contact their Provider Network Operations relationship executive. His or her contact information can be found at www.phs.org/ContactGuide.

# Tips to Reduce Stress and Anxiety

Due to the ongoing impact of COVID-19, people are experiencing high levels of stress and anxiety regarding their health and financial well-being. According to the American Psychiatric Association, 36% of Americans say the coronavirus has a serious impact on their mental health and 59% feel the coronavirus has a serious impact on their daily life.

The following recommendations may help members and patients manage their mental health:

Encourage physical activity:
 Providers can recommend exercises that are appropriate for the member's condition.

 Exercise is shown to reduce stress hormones and promote the release of endorphins. Regular exercise can also support restful sleep, which can lead to an improvement in motor function and a better outlook on life.

- Recommend mindfulness
   techniques: Mindfulness is the act
   of living in the present moment
   without judgment. It is a technique
   that incorporates meditation
   and relaxation to promote
   improvements in mental stress.
- Recommend a healthy diet: A
  healthy diet can help members
  control their blood sugar levels
  and improve mood.
- Prevent loneliness: For members who experience loneliness, anxiety and/or depression, providers can recommend support groups that address their needs. Providers can also encourage members to spend time with family and friends via phone or video to help reduce their stress.

With an effective strategy to manage stress and anxiety, members can improve their overall health and live their fullest and happiest lives. We appreciate all the support and guidance providers offer to help members manage their stress during these challenging times.

## Crisis Resources

If a member is in crisis, which may include thoughts of suicide or harming themselves or others, please immediately refer them to a lifeline or crisis center.

These services are available 24 hours a day, seven days a week. The following toll-free numbers will connect members with a professional:

- National Suicide Prevention Lifeline: 1-800-273-8255
- NM Crisis and Access Line: 1-855-NMCRISIS (1-855-662-7474)
- Call 911 during any health (mental or physical) emergency



# 2019 Quality Improvement Program Overview

Presbyterian is committed to the improvement of care and services through its Quality Improvement (QI) program. Our QI program is designed to improve health outcomes, support the provider relationship and improve satisfaction for members and providers. The QI program provides information about quality processes, initiatives, activities, goals and outcomes related to member care, services and safety of clinical care.

At the end of each year, Presbyterian evaluates the QI program to measure our performance. Through this evaluation, Presbyterian identifies opportunities for improvement and makes recommendations for changes to the QI program. Below are some of the outcomes of our 2019 QI program.

### Community Health Worker Team

Presbyterian launched a commercial pilot project that connected more than 11,777 Centennial Care

members throughout the state with community resources and healthcare providers. Presbyterian uses community health workers to assist members based on their Social Determinants of Health evaluation.

### Long-term Care Community Reintegration

In 2019, Presbyterian experienced an increase in Centennial Care members who were admitted into nursing facilities. With the help of providers, Presbyterian identified members who qualified for a Nursing Facility Level of Care and transitioned 70 members back into the community. Presbyterian ensured that members were transitioned safely and received care that helped them maintain their health status. After the transition, only three members required hospitalization within 120 days of reintegration. One member was readmitted to a nursing facility.

#### **Provider Programs and Incentives**

Presbyterian's suite of value-based purchasing programs serves more than 280,000 members in Medicare, Medicaid and commercial product lines. More than 1,000 providers from 145 groups and facilities participated in a provider incentive program.

#### **Provider Satisfaction**

Presbyterian partners with Symphony Performance Health Analytics (SPH Analytics) to conduct the annual provider satisfaction survey. We use this feedback to improve processes and overall provider satisfaction.

Survey results from 2019 indicated that providers recommend Presbyterian Health Plan to their patients and to other physicians more than any other New Mexico health plan. Presbyterian was also the highest performing managed care organization among other health plans in New Mexico.

#### **Performance Measure Results**

Presbyterian's 2019 accomplishments highlight key performance results for the performance measures outlined in the following table:

Performance Measure	Result				
Medicare Star Composite (HMO)	Scored 4.5, which exceeded the target of 4.4				
Commercial Healthcare Effectiveness Data and Information Set (HEDIS®)	Scored 44.43, which exceeded the target of 43				
Centennial Care HEDIS	Scored 87.5%, which met the target				
Medicaid Member Experience	Scored 95, which exceeded the target of 85				

### Opportunities in 2020

Every year, Presbyterian identifies opportunities for improvement and refines its practices to improve member care. The following improvement opportunities were identified for 2020:

- Develop more tailored provider incentive programs, such as women's health, children's health, inpatient acute and outpatient behavioral health providers.
- Extend office hours, perform lab work in office and accept walk-in appointments.

- Expand view-only access to Epic to include Albuquerque Indian Hospital, Jicarilla Service Unit, Crownpoint Health Care Facility, and others.
- Better integrate tools into existing digital infrastructure and run an internal and external promotional campaign to ease behavioral health access issues by increasing engagement in text therapy and online cognitive behavioral therapy.
- Implement a customer-centric three-tier service model for complex member and provider needs and escalations.
- Increase the number of providers moving up the glidepath to patient-centered medical homes (PCMHs), improve the transmission of member information from discharging facilities to aftercare providers, and increase provider engagement.

If you would like more information about participating in the QI program, please contact the Quality department at (505) 923-5537.

### PRESBYTERIAN WORD SEARCH

С	Υ	Ν	S	I	Ε	Z	Т	С	0	S	S	R	Н	S
М	L	Т	0	Ε	Т	L	L	Ε	Ε	F	Ε	R	R	S
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ANXIETY CLINICAL **COMMUNITY DEPRESSION** DUAL **EDUCATION ELIGIBLE GUIDELINES INCENTIVES MEASURES MINDFULNESS** 

**PERFORMANCE** PRACTICE **PREVENTIVE REINTEGRATION RESOURCES** SATISFACTION **TESTING** TRIBAL **WEBINARS** 



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### TALK TO US

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



**CONTACT GUIDE:** 

www.phs.org/ContactGuide



PHONE:

(505) 923-5757 or (505) 923-5141



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 any topics you would like to read about in future issues.

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