

News & Highlights

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What's up Doc?

From Dr. Imad Mansoor, OPNS CMO

National Committee for Quality Assurance (NCQA): Metrics for Appropriate Testing and Antibiotic Treatment

In November, the Centers for Disease Control and Prevention promoted U.S. Antibiotic Awareness Week (USAAW), an annual observance that raises awareness of the threat of antibiotic resistance and the importance of appropriate antibiotic use.

As physicians and healthcare providers, we may fully understand the risks of antibiotic overuse and the importance of patient education. However, are we equally knowledgeable about the NCQA HEDIS metric specifications that define Appropriate Testing and Antibiotic Treatment? OPNS is scored on these quality metrics that impact our Physician Organization ranking and rewards in Health Plan programs.

Blue Cross Blue Shield of MI (BCBSM) provided the following metric summary.

Factor	CWP	URI	AAB
Age	3 years and older	3 months and older	
Time Period	July 1-June 30		
Denominator	Episode-based denominator		
Event of interest	If Group A streptococcus test completed in the seven-day period from three days prior to the Episode Date	If antibiotic dispensed on or 3 days after the Episode Date	

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NCQA made proposed changes to the following antibiotic measures in 2020: Expanding age range, changing denominator from member-based to episode-based calculations and allowing telehealth visits to identify eligible episodes for URI and CWP.

- Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)
- Appropriate Treatment for Upper Respiratory Infection (URI)
- Appropriate Testing for Pharyngitis (CWP)

Reporting Reminders:

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB):

Report co-existing bacterial infection and/or co-morbid condition that compromises the lungs or immune system.

Appropriate Treatment for Upper Respiratory Infection (URI):

Report competing diagnosis on or three days after another episode date.

Appropriate Testing for Pharyngitis (CWP):

Report all diagnoses on same date of service:

- Any diagnosis other than pharyngitis on the same day of service
- Strep test given (CPT®: 87070, 87071, 87081, 87430, 87650-87652, 87880)



From the desk of Rodger Prong

Office Efficiency and Quality Care

Practices should ensure patients are receiving the best care possible. Running the office smoothly and efficiently requires constant improvements as circumstances change. Here's some ideas borrowed from Paubox email security solutions:

Studies say that about 37 hours per week of direct patient care is required to achieve the bottom line. That's feasible in group practices, but a stretch for solo practitioners. Conducting new patient orientations establishes a more solid patient base that assures patients are on the same page as the practice. As you train patients to self-manage and "fit in", you reduce the practice workload. You spent years earning your medical license and you are more reliable to diagnose than Google. Your patients need your medical care, but if you're the only doctor offering primary care, you should be able to refer to the administrative side for non-clinical processes.

Hiring the right practice administrator can be integral in opening new avenues to improve your practice. Ensuring control over your practice also means understanding how your practice runs. Streamline patient flow with a strong, secure and efficient scheduling system to maintain patient gap closures and to measure traffic. Utilize online computerized scheduling; With everyone online now, tech-savvy consumers will thank you. Delegate scheduling and communications to the administrator. Good scheduling can increase patient flow by two or more a day, which is net income.

“Organize the office for efficiency: From parking to check-in and check-out, each office process needs to move seamlessly and encourage patients to return.”

Send service questionnaires, get your practice on Yelp and encourage established patients to recommend you. Community engagement through online reviews can be the determining factor to recruiting new patients. Appreciate the good reviews but let bad news help you implement corrections that would have been otherwise overlooked. Keeping a dialogue open between your practice and your patients will also help maintain a stable patient flow while opening the door for new patients. Also, highlight strengths on social media; examples can include low wait times, accepting a variety of insurance companies and great pay or low-cost pricing options. Showing that you value your community by engaging in community service projects or local health events can also have an impact on patient recruitment and reduce attrition.

Put away the prescription pads in favor of an iPad or tablet for electronic prescribing to expedite the process. On this note, prescribe in doses according to your patient's next visit; if the next visit is in 6 months, give a 6-month prescription. This will increase productivity by preventing answering phone calls or sending faxes and promote patient satisfaction.

Organize the office for efficiency: From parking to check-in and check-out, each office process needs to move seamlessly and encourage patients to return. Organize the office like a highway: patients should only move forward, never backward retracing their steps.

These ideas are offered with this goal in mind: to help operate a successful practice.

There is still time to impact 2019 quality metric scores for PCMH and Health Plan rewards!

Identify Gaps in Care

1. OPNS CQ Scorecards:
 - Posted on PD Focus
 - Show # of services needed to meet goal required to earn rewards.
2. Identify members:
 - OPNS Unmet Measures Reports (all payer)
 - BCBSM/BCN Health eBlue
 - Priority Health Patient Profile

Close Gaps in Care

1. **Review** all gaps in care at end of year office visits for services due by **12/31/2019**
2. **Report** completed services to Health Plans:
 - **Claims:** Accurate and complete coding (including non-reimbursable Category II codes) of ***all diagnoses and procedures*** impact quality scores.
 - **Supplemental Data:**
BCBSM Health eBlue: **01/25/2020 deadline**
Priority Health Patient Profile: **01/31/2020 deadline**
3. **Remember** - services provided in prior years can be reported for:
 - Cancer Screening Metrics (can be patient self-reported)
 - Retinal Eye Exams w/negative result

FCC to Designate 988 as National Suicide Prevention Hotline

In a recent vote for the proposal, a unanimous decision by Federal Communications Commission (FCC) commissioners now requires that all telecom companies have 988 accessible to reach the National Suicide Prevention Lifeline within 18 months (Birnbaum, 2019).

"Today's proposal addresses a pressing need for expanded access to suicide prevention and mental health crisis services—for children, teens, and the millions of other Americans impacted by suicide"

Between 1999 and 2017, the suicide rate within the United States has risen over 33 percent, with more than 47,000 Americans who died by suicide in 2017 (Birnbaum, 2019). As the demand for crisis services has increased, so had the need for necessary stakeholders to address accessibility issues for the Lifeline. The expectation also includes an increase in calls received as the number transitions from the 1-800-2073-TALK code to the simpler 988 code; in 2018, the Lifeline received over 2 million calls alone and has been receiving more calls every year (Birnbaum, 2019).

"Today's proposal addresses a pressing need for expanded access to suicide prevention and mental health crisis services for children, teens, and the millions of other Americans impacted by suicide," said Democratic FCC Commissioner Geoffrey Starks. "Establishing a simple three-digit number for the National Suicide Prevention Lifeline will better connect those in need with life-saving services" (Birnbaum, 2019).

SJMO Departmental Services

Save the Dates 2020

January 15 ~ Pediatric and Adult Influenza Lunch and Learn

February 19 ~ HEDIS Metric Updates Lunch and Learn

March 18 ~ Advance Care Planning Workshop

April 15 ~ Billing & Coding Updates Lunch and Learn

May 6 ~ Insurance Symposium

June 17 ~ Vaccines Across the Lifetime Lunch and Learn

July 15 ~ UHC Updates Lunch and Learn

August 19 ~ Golf Outing

September 16 ~ Lunch & Learn

October 21 ~ Lunch & Learn

October ~ Annual Meeting

November 18 ~ Lunch & Learn

December 16 ~ Lunch & Learn

Cindy Porter, OPNS RN Care Manager embedded in the SJMO Emergency Department (ED), has identified the following opportunities for coordinating patient care in the most appropriate setting.

Advanced Imaging: There have been several encounters where OPNS attributed members have been directed to the SJMO ED solely for advanced imaging purposes. These ED visits only for the purpose of obtaining advanced imaging are considered inappropriate ED utilization, and contribute to increased cost of care.

Feedback from OPNS Physician practices have included challenges to obtaining prior authorization from the Plans. Physician practices that require additional training on Health Plan prior authorization are encouraged to login to the OPNS intranet site and review the resources available by Plan.

If your office needs direction for OPNS attributed members requiring advanced imaging sooner, or if a practice runs into scheduling delays, please contact Cindy at (248) 885-5059, Mon-Fri 8am - 4pm for assistance. All other routine and/or non-urgent advanced imaging services should be coordinated by the physician's practice.

Urgent Laboratory Orders: There have also been several encounters where OPNS attributed members have been directed to the SJMO ED solely for urgent same day lab work. The SJMO Outpatient Laboratory is available to draw same day lab work with the results communicated back to the ordering physician.

The SJMO Outpatient Laboratory is located in the basement level of the Medical Professional Building, Ste. 040 (248- 858-3258). Patients should arrive with a physician order and their insurance information.

Hours of operation: Monday – Friday 7:00 am – 5:00 pm
 Saturday 7:30 am – 11:30 am

OPNS appreciates your assistance in coordinating patient care in the most appropriate setting.



PCMH-New Time Frame for 2020

BCBSM has announced that the 2020 PCMH/PCMH-N nominations will begin 3 months earlier. 2020 PCMH will be ending September 30th, 2020 instead of December 30th, 2020.

This means that all added 1-2 capabilities, 4-5 Work Groups attended, policy updates and any end of year adjustments must be completed by September 30th, 2020.



PCMH SITE VISITS 2020

PCMH site visits will be here sooner than you think. Usually by end of **February** we should know which offices have been chosen for a site visit.

Now is the time to make sure that your PCMH/PCMH-N Domain policies are up to date (with Physician Champion signature and date) and in the appropriate format (available on OPNS.org under PCMH tab).

In addition, they will be looking at trended PCMH/PCMH-N training records, on all Staff members as well as the yearly sign off sheet.

PCMH PCP Core Capabilities

Per BCBSM, the PCMH core capabilities are changing. Previously, there were 6 PCMH core capabilities that a Primary Care Provider (PCP) must have in place in order to be eligible for nomination to be designated.

There are now **15 core** capabilities that will take effect in 2021. Most of these are already in place for most previously PCMH Designated offices. According to the BCBSM 2019-2020 PCMH Interpretive Guidelines, they are as follows:

- 1.1 Patient Provider Partnership process
- 4.1 All Staff is trained in PCMH/PCMH-N, Chronic Care Model, and practice transformation.
- 4.3 Evidence-Based care guidelines are in use at the Point of Care
- 4.10 Medication Review at every visit
- 4.12 Appointment Tracking/Reminders/No Shows
- 4.13 Follow up for needed services
- 5.1 24-Hour access to a Clinical Decision Maker
- 6.2 Timeframes for needed Tests and Results
- 6.5 Inform patients of Abnormal Test Results
- 6.6 Timeframes for recommended follow up care for Abnormal results
- 9.1 Primary Prevention and Education of personal health behaviors to reduce risk of disease or injury.
- 9.2 Primary Preventative Services (Age Appropriate)
- 10.2 Community Resource Database (OPNS.org)
- 10.4 Training on Community Resources and how to identify and refer patients.
- 13.1 Notification of patient Admit, Discharge or other encounter where the physician has admitting privileges or other ongoing relationships.

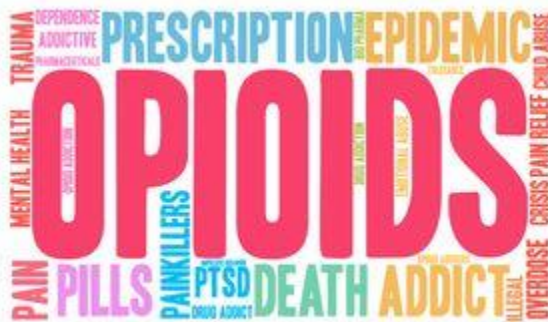
Opportunity for Providing Medication Assisted Treatment (MAT) in the Office

The Michigan Opioid Collaborative (MOC) is providing the training free of charge and Blue Cross Blue Shield of Michigan (BCBSM) is providing incentives to providers who start prescribing.

BCBSM Incentive to Prescribe

- **Practice Transformation Incentive (PGIP Payment - new practices providing MAT)**
 - PCMH Designated practices
 - Have not provided MAT previously
 - Will be self-reported through PO
 - PU (practice) receive \$10k for first and 10th patient
 - PO (physician organization) receive \$2,500 for each affiliated PO who receives first and 10th PO (total of \$5k per PU available within the PO, could be paid multiple times for multiple PUs)
 - Timeframe for receiving funds is based on when the PU chooses to enter the program
- **Sustainability payments through Value-Based Reimbursement**
 - Based on same self-reported data as practice transformation payment above
 - 5% available to PCPs and 5% to specialists
 - Available for POs who treat 3 patients in first timeframe (because it's shortened from one year), 10 patients in the timeframe for the second period
- **Care Management Support Program (MAT Champion)**
 - Developed by the Michigan Institute for Care Management and Transformation

If you are interested in providing MAT in your office or have any questions regarding this program, please contact Sandy Foster at sfoster@opns.org or 248.682.0088 ext. 114



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PCMH/PCMH-N Patient Satisfaction Surveys

Survey Monkey will be the new process for the OPNS PCMH Patient satisfaction Surveys. 2019 was very successful in implementing this process with over 2900 completed patient surveys.

OPNS can provide a secured survey link specific to your office with a real time report within 24 hours of completing the minimum requirement of **50 surveys with in a 2-week period**. In the Spring of 2020, we hope that we will get an even bigger response.

PCMH capability implementation requires 2 completed surveys in order to put 4.4, 11.4 and/or 14.9 fully in place, an office **would need to complete 2 years of surveys**. This process will also help to address and correct any deficiencies within the practice unit.

In the News: Marijuana and Vaping

With the recent legalization of marijuana in Michigan as well as the rising use of vaping products, it is important to consider what this may mean for patients who may be using either or both products. This may include recreational use as well as recommended for medical purposes.

One anecdote as published through NPR, a patient who was using THC, a psychoactive ingredient found in marijuana (Cannabis), for its anesthetic properties for chronic pain ended up with some more serious issues. In this case, it was considered safer to allow the patient to use THC vapes to treat his back and neck pains, however, he ended up hospitalized for lung injury (Harris-Taylor, 2019).

According to recent information published through the Centers for Disease Control and Prevention (CDC), research has suggested that added ingredients included in THC vapes is causing lung disease (Harris-Taylor, 2019). In this case, the patient ended up hospitalized with a cough and fever; after a series of broad-spectrum antibiotics and suffering from flu-like symptoms, he began to improve and was discharged. After a few months the patient was again admitted to the hospital with the same symptoms, ultimately recognized as lung injury related to the THC Vape. At the same time, research has also found that marijuana and THC containing products is not proven to be broadly or reliably effect (Harris-Taylor, 2019).

Harris-Taylor. (2019). *He Started Vaping THC to Cope with Chronic Pain. Then He Got Sick*. NPR. Retrieved from <https://www.npr.org/sections/health-shots/2019/12/11/776356212/he-started-vaping-thc-to-cope-with-chronic-pain-then-he-got-sick>

In the News: Vaping

A recent appeals court found that vaping and e-cigarettes can now be regulated as with conventional cigarettes by the Food and Drug Administration (FDA) (Marimow, 2019). The products were found to be “indisputably highly addictive and pose health risks, especially to youth, that are not well understood” (Marimow, 2019). The new regulation of vaping products as “tobacco products” has been considered a win for Public Health due to the identified health concerns and popularity among teenagers. Michigan has recently become the first state to prohibit the sale of flavored e-cigarettes in regard to this issue (Marimow, 2019).

Simultaneously, the judges also dismissed the vaping industry stance that the ban of distribution of free samples by vapor companies as a violation of the First Amendment, referring to the ban as an economic regulation not a restriction of speech (Marimow, 2019). The judges remarked that the rules “are intended to ensure that claims by manufacturers are accurate, backed by reliable science, and informative enough to permit adult consumers to make their own reasoned decisions” (Marimow, 2019).

A judge stated that as FDA maintains authority to regulate the components of tobacco products, finding that empty e-cigarettes and nicotine-free e-liquids are components of a tobacco product because they make up the “delivery system.” Under this rule, “manufacturers of e-cigarettes are now required to tell the 30 million people who use the devices what is actually in the liquid being vaporized and inhaled” (Marimow, 2019).

Marimow, A. (2019). FDA can regulate e-cigarettes just like conventional cigarettes, appeals court says. The Washington Post. Retrieved from https://www.washingtonpost.com/local/legal-issues/fda-can-regulate-e-cigarettes-just-like-conventional-cigarettes-appeals-court-says/2019/12/10/e4c28836-cffc-11e9-b29b-a528dc82154a_story.html

Frequently Reverted PCMH Capabilities: Per BCBSM 2019 Site Visit Season

Capability	FIP	NIP	# Reviewed	% Reverted	Description
10.5	33	14	47	30%	Assessing and educating all patients about availability of community resources
14.9	20	8	28	29%	PU regularly evaluates patient satisfaction with most commonly used specialists
4.18	8	3	11	27%	Assessing palliative care needs and ensuring patients receive needed palliative care services
2.2	14	5	19	26%	Registry incorporates substantial majority of health care services received at other sites for all established patients
2.9	10	3	13	23%	Registry is fully electronic, integrated with analytic capabilities
11.8	19	5	24	21%	Staff is trained in self-management support concepts, and regularly works with appropriate staff to actively use self-management support concepts
11.1	23	5	28	18%	Clinician is educated and familiar with self-management to ensure active use of self-management support concepts
4.2	16	3	19	16%	Integrated team of multi-disciplinary providers to deliver coordinated care management services
8.8	35	6	41	15%	eRx for controlled substances
13.11	12	2	14	14%	Actively participating in Michigan ADT Initiative
9.6	26	4	30	13%	Written standing order protocols in place
3.4	20	3	23	13%	Data in performance reports has been fully validated
5.10	14	2	16	13%	Patient Education materials available in languages common to established patients

Diabetes During Pregnancy Can Lead to Higher Risk of Heart Disease in Children

A recent observational study observed the children of a large population of mothers, including those with Type I, Type II Diabetes, Gestational Diabetes and those without Diabetes. This was performed over a span of 40 years of clinical health information to determine whether these children would develop any Cardiovascular Diseases (CVD) (Yu, 2019).

The study concluded that children of mothers with diabetes or with a history of CVD or diabetic complications, “have increased rates of early onset CVD from childhood to early adulthood” (Yu, 2019).

If there is a causal association between increased rates of CVD in children from these mothers, this information then stresses the importance of reducing the risk of CVD for children through the prevention, screening, and treatment of diabetes in women of childbearing age.

Yu, Y., Arah, O., Liew, Z., Cnattingius, S., Olsen, J., Sorenson, H., Qin, G., Li, J. (2019). Maternal diabetes during pregnancy and early onset of cardiovascular disease in offspring: population-based cohort study with 40 years of follow-up. *The BMJ*, Volume 367 (16398). Doi: <https://www.bmj.com/content/367/bmj.l6398>

New Year, New You

The holidays are a happy time of the year, a jolly time where loved ones gather and celebrate different occasions, and delicious food. They are a great opportunity to take care of ourselves as well as others, and many projects kept on the back burner have the chance to come forth.

Below is a list of easy-to-follow steps to help you get the most out of your holiday season:

- The holidays are a good opportunity to catch up those missed sleeping hours your mind and body need
- Passionate about something? Take a class; music, singing, yoga, painting, martial arts...
- Learn something new, a language or other skills
- Start/resume that book you want to write
- Do charity work. Volunteering your time and other resources is a way to let your kindness shine. It is also very gratifying to see your small contribution make a difference in someone's life. Also, take advantage of the sales season to buy bulk essentials like socks and underwear for donation
- Experiment in the kitchen with new and old recipes. Let the kids join
- Enjoy non-culinary activities, decorating, bowling, snowman building, landscaping, knitting...
- Dating is also possible during the holidays, and people are less stressed, more joyful and open to relationships and new beginnings
- Plan your next year's calendar. Nothing too detailed, but it helps to have a rough outline of the future, desires, spending, savings, travel, career growth, vacation time, family time...
- If you are religious or spiritual, use this opportunity to get closer to God and work on your soul
- Enjoy seasonal festivities with family and friends. Make memories
- Forgive
- Make a small investment, buy shares in some startup company and forget about them for a few years. Many applications make this possible with as low as five dollars

Moreover, try to maintain healthy habits during the holiday season, because it is easy to let go especially that beginning with Halloween and ending with Easter, we factually begin with candy and end with chocolate. We should be wise about our choices but not deny ourselves these pleasures, because who wants to snack on steamed broccoli when you can have eggnog?

The holidays are not the time for boring choices and semi filling meals. Instead, consider the following:

- Enjoy your comfort food but start with a small salad. If on the move, have a salad mix available in your fridge, and grab a hand full to eat with your sandwich. This way, no matter what you eat, you still get a serving of veggies
- Stay hydrated, because we often mistake thirst for hunger
- Buy new clothes. This will motivate you to stay in shape
- Stay active, if you already workout, do not stop
- Avoid feeling guilty over food you enjoyed, guilt does not burn calories

Finally, Healthy habits require a healthy attitude. It is crucial to set small goals instead of big leaps, otherwise, it may feel like a duty to relieve ourselves from while we celebrate. In fact, a habit is something we are uncomfortable letting go of and takes effort to break. A small step could be something like no carbs between breakfast and lunch, or drinking a liter of water between lunch and dinner...



Welcome New Affiliates

Last Name	First Name	Degree	Specialty
Clemence	Megan	NP	Family Nurse Practitioner
Foster	Chelsea	PA	Physician Assistant
Kaplan	Tarrah	NP	Family Nurse Practitioner
Mastrofini	Amanda	NP	Adult-Gerontology NP
Abbas	Asma	MD	Family Medicine
Al-Smoudi	Sariea	DO	Family Medicine
Ansari	Shahid	MD	Internal Medicine
Azzam	Hussein	MD	Allergy & Immunology
Azzo	Sally	MD	Internal Medicine
Boji	Braden	MD	Physical Medicine & Rehab
Chowdhury	Somnath	MD	Internal Medicine
Gumma	Rhonda	DO	Family Medicine
Hoffman	Stephen	DO	Gastroenterology
Ismail	Iman	PA	Physician Assistant
Kandt	Jeffrey	MD	Physical Medicine & Rehab
Matina	Antonino	PA	Adult PA
Njita	Honorine	NP	Family NP
Qureshi	Shahzad	DPM	Podiatry
Rasansky	Ronald	DO	Gastroenterology
Suliman	Nabil	MD	Internal Medicine
Touma	Mireille	NP	Adult NP
Wierzbicki	Sara	PA	Surgical PA
Yadlapalli	Sri	MD	Hematology & Oncology



HEDIS® Advanced Illness and Frailty Exclusions

Complete and Accurate coding of all diagnoses and conditions as well as quality metric exclusions significantly impacts Health Plan quality programs.

In 2019, Blue Cross Blue Shield of MI (BCBSM) produced a guide for reporting **Advanced Illness and Frailty** codes that exclude patients from identified quality metrics. This guide is based on National Committee of Quality Assurance (NCQA) exclusions added in 2018 to Healthcare Effectiveness Data and Information Set (HEDIS) star measures for patients with **advanced illness and frailty**.

The BCBSM guide including reporting codes and applicable metrics is posted on the OPNS website under Practice Resources, BCBSM/BCN. Additional BCBSM Tip Sheets by Condition and Measure are also available and include important information to guide the reporting of exclusionary conditions for quality metrics.