Oakland Physician Network Services

News & Highlights

Quarter 1
2020

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Board Members

Oakland Physician Network Services

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What's up Doc?

From Dr. Imad Mansoor, OPNS CMO

Given the current mandate to shelter in place, patients are staying home, and physician practices are closed. In order to continue to provide care and direction to their patients, physicians are implementing Telehealth services. OPNS has recently communicated a Telehealth Survey to Physicians to assess what Telehealth applications they are utilizing, and what resources are needed to support their work. In response to the returned surveys, OPNS is posting Health Plan Telehealth billing information, including coronavirus information, on the OPNS website.

In response to COVID 19, BCBSM has announced a new Patient Centered Medical Home (PCMH) capabilities:

Capability being implemented is to address preparedness for public health threats/concerns related to coronavirus or other infectious diseases which may arise in the future to help PO's and providers establish protocols which can be utilized as new concerns emerge. New Capabilities include:

• Establish procedures for testing high risk patients and regularly review and update based on current guidelines
•Maintain documentation in clinical record of testing related decision making
•Perform testing on all patients who meet established high risk criteria|
•Collect samples based on recommended guidelines
•POs and practices have established process for communicating about guidelines

PCMH Capability Incentive Primary Focus—Safety of the Provider!! (subject to change as per National/State guidelines) Intended to help the PO's/Practice Units with the financial burden (and safety concerns) associated with testing and caring for potential cases of COVID-19.

•Practices that have demonstrated all capabilities (with attestation from their PO) and have tested at least one patient will be awarded $1000 for their efforts
•Practices awarded $100/day that they complete testing on patient(s) meeting their high-risk criteria
•PO's that have engaged their practice units to implement this capability will be awarded $250 per practice (with attestation)
•Incentive effective immediately.

Stay up to date all the latest updates regarding COVID-19 at: www.OPNS.org

Recommended Testing Guidelines for COVID-19 include:

- Fever over 100.4 and new cough OR Shortness of breath (if a healthcare worker, require fever or cough or shortness of breath)
- Is the Patient at High Risk? (determined by physician)
- If yes to both then your physician may test for COVID-19
- Self-Quarantine for 14days or 72 hours after symptoms resolve without medication, whichever is longer.
- Return to work 24hours after symptoms resolve

https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html

From the desk of Rodger Prong

More Doctors & Their Patients are Turning to Telehealth to Manage CO-19

Virtual visits are climbing as a method to more safely treat patients and contain the spread of infection. By using a virtual line, patients can call to be screened for coronavirus. If they use buzzwords like cough, fever, fatigue, the doctor can determine if they need to be admitted or referred to a screening site. Due to opportunities like this, doctors are quickly expanding the use of telehealth to offer remote services. This is a turning point for virtual health while also learning how to use it in a public health crisis.

Seeing a doctor via computer or cellphone is not new, but telehealth had not yet taken off widely. Health plans did offer people the option of talking to a nurse online as an alternative to an emergency room or urgent care center, but most people didn't make use of it. Now clinics are rethinking how technology can keep worried patients well, calm and away from clinical care while steering the more at risk to proper treatment.

Telehealth recently got a boost under an $8.3 billion emergency funding from Congress and loosened restrictions on its use to treat people covered under the Medicare program. Private health insurers also agreed to pay for virtual visits to improve access to care for their consumers who may have coronavirus.

Using the phone or computer allows patients to get guidance about their need to be tested instead of showing up unannounced at an emergency room or doctor's office. Patients, at high risk for serious illness if infected, can substitute a trip to a doctor's office to avoid potential infection in crowded waiting rooms.

Healthcare systems are racing to adapt virtual services to serve as the front line for patients, but also to reduce exposure to important health care workers who might then be sidelined for 14 days. Virtual care has its limits of course, but telehealth is being rediscovered and the patients seem to be appreciative of the switch; many of which just don't want to visit a practice and be exposed.

If OPNS can help your practice with a telehealth solution give a call Provider Services Director Sandy Harris or Informatics Director Yasir Bakko.

PCMH Access to Urgent Care Availability

Previously, two PCMH capabilities in Domain 5.0, 5.3 and 5.5, were the only capabilities to address patients to have non-ED access to either onsite or off-site Urgent Care availability. With the introduction of 5.11 and 5.12, two new PCMH/PCMH-N capabilities, the practice units now have the onsite or off-site Urgent care accessibility separated from the office practice location by being given the option of both.

PCMH Capabilities 5.3 and 5.5 have been changed from their original description to now being specific to an urgent care that is not located in the practice location but is within 30 minutes in a separate location. The New PCMH Capabilities 5.11 and 5.12 are specific to an urgent care, non-ED access, being located within the providers office. Please contact the OPNS PCMH team if you would like to discuss these new capabilities.

Capturing those conversations of Social Determinants of Health (SDOH)

Social Determinants of Health questions are difficult to initiate. The way your office poses those questions to your patients and how you document those conversations is very important. The American Hospital Association has tools in using ICD-10-CM Z codes, guiding Care Teams to engage patients, providing SDOH Guides, etc.. Utilizing the ICD-10-CM Z-codes, ranging from Z55-Z65, enables the Healthcare industry to track the Population Health of SDOH and provide the community resources needed. You can find these guides in AHA.org.

Advance Care Planning

Physician Incentive

With the importance and increasing emphasis by insurance payers and the medical community on end of life planning, OPNS has added a new incentive metric for Advance Care Planning to their annual shareholder payout.

In 2020 Primary Care and Specialty Care Practices have opportunity to earn incentive rewards for meeting the following components of the Advance Care Planning metric:

- ***An established (office) process for Advance Care Planning (PCMH Capability 4.16 reported as "Fully in Place" by 9/30/2020)***
- ***Advance Directives completed and returned (separate rewards will be made for >1 and >5 completed and returned directives between 1/1/2020 and 9/30/2020)***

The OPNS PCMH/PCMH-N team (Deborah Spencer 248-682-0088 ext 112 and Lauren Maier 248-682-0088 ext 103) stand ready to assist practices in meeting these requirements. In addition, an updated ACP Toolkit with educational tools and resources can help your practice be successful. Contact Beverly Walters RN at bwalter@opns.org for further information on the incentive and OPNS provided ACPresources.

CHAMPS Enrollment Reminder

Effective January 1, 2019, MDHHS will prohibit Medicaid plans from

- making payments to all typical rendering
- referring
- ordering, operating
- billing
- supervising
- attending providers not enrolled in CHAMPS.

Effective July 1, 2019 MDHHS will prohibit Medicaid plans from making payments for prescription drug claims.

Please visit the CHAMPS section of the Michigan Department of Health and Human Services website located at Michigan.gov/mdh

Reminder of Appropriate Prescribing and Dispensing

March 24, 2020

A note from the Michigan Department of Licensing and Regulatory Affairs.
Reminder of Appropriate Prescribing and Dispensing

Dear Licensed Prescribers and Dispensers:

The Department of Licensing and Regulatory Affairs has received multiple allegations of Michigan physicians inappropriately prescribing hydroxychloroquine or chloroquine to themselves, family, friends, and/or coworkers without a legitimate medical purpose.

Prescribing hydroxychloroquine or chloroquine without further proof of efficacy for treating COVID-19 or with the intent to stockpile the drug may create a shortage for patients with lupus, rheumatoid arthritis, or other ailments for which chloroquine and hydroxychloroquine are proven treatments. Reports of this conduct will be evaluated and may be further investigated for administrative action. Prescribing any kind of prescription must also be associated with medical documentation showing proof of the medical necessity and medical condition for which the patient is being treated. Again, these are drugs that have not been proven scientifically or medically to treat COVID-19.

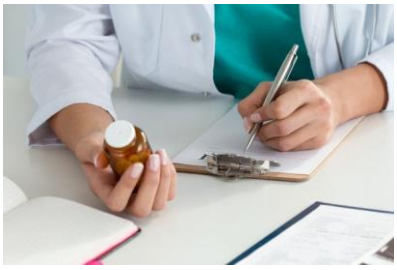
Michigan pharmacists may see an increased volume of prescriptions for hydroxychloroquine and chloroquine and should take special care to evaluate the prescriptions' legitimacy. Pursuant to Michigan Administrative Code, R 338.490(2), a pharmacist shall not fill a prescription if the pharmacist believes the prescription will be used for other than legitimate medical purposes or if the prescription could cause harm to a patient.

It is also important to be mindful that licensed health professionals are required to report inappropriate prescribing practices. LARA appreciates all licensed health professionals for their service and cooperation in assuring compliance in acting responsibly while continuing to provide the best possible care for Michigan's citizens during this unprecedented and very challenging time.

To stay up to date on the latest information regarding the COVID-19 pandemic please go to www.michigan.gov/Coronavirus and the CDC site at www.CDC.gov.

Sincerely,

Deb Gagliardi, Director Bureau of Professional Licensing
Forrest Pasanski, Director
Enforcement Division



OPNS Physician Credentialing Rights

Applicant shall be permitted access to their credentialing file at any time with reasonable notice during normal business hours.

This includes information obtained to evaluate their credentialing application as well as information obtained from outside sources. This does not include references or any other peer protected information. Applicant shall be notified of these rights in the application packet cover letter, on the OPNS website, and no less than annually in the OPNS newsletter.

Applicant must submit a written request to view his/her file to the Provider Services Manager.

COVID-19: Opportunity for Preventative Medicine

COVID-19 has currently expanded to every country in the world, defining the expanse and impact of this pandemic. In response, many offices have closed, went to telehealth and routine care has been effectively put on hold. This will not last forever, in fact most estimations still guarantee a less impacted summer, giving an opportunity to address patients needs and mitigate risk for the upcoming seasons.

As parents are quite aware of the COVID-19 crisis, this gives an opportunity to address preventative care, where immunizations can be leveraged as a mitigator of risk for their children. Promoting an adequate immune system while preventing risk to other, co-morbid infections that may put their children more at risk for COVID-19.

This also gives an opportunity to address patient needs with their chronic conditions. Ensuring optimal management of their morbidities as well as provide opportunity to identify any risk factors or morbidities early on so they can be treated. By doing so, patients can feel more at ease regarding their own health while meeting practice expectations.

The situation with COVID-19 is cumbersome and ongoing, but we cannot forget about other needed care when the crisis slows down.

CAQH

As a reminder, please make sure to inform OPNS of any changes to street address, phone number, office hours or other changes that affect availability.

Please make sure to update on your CAQH and attest every 120 days.

Health Plans perform quarterly check on office locations and information. Practitioners will be required to attest and validate key elements of their Proview application that are used for directories. It is important to make sure the CAQH address information currently contained in ProView reflects all locations that practitioner see patients at as this information is used to update the health plan directories as well as the OPNS Directories. OPNS as the Physician Organization is required to attest that this information is current and accurate. Please be aware that health plans have started to suppress practitioners that are not keeping information up to date and attesting.

Remember to verify this information quarterly!

The Use of Antibiotics

Antibiotics are used to treat infections caused by bacteria and can be helpful in treating a number of illnesses. What antibiotics can't do is treat infections caused by viruses, including the common cold, flu, most coughs, bronchitis infections, sore throat and stomach flu.

Tis the season

At this time of the year, many people suffer from coughs, colds, flu and other respiratory illnesses. At this point, many patients may be seeking care from medical offices. If a patient is presenting with a respiratory condition that you believe warrants an antibiotic, make sure to code the diagnosis properly.

As several incentive programs include the proper use of antibiotics in all ages, it is important to keep inappropriate diagnosis out of your denominators; in these cases, consider common related competing diagnoses such as:

- Acute or Chronic Sinusitis
- Pharyngitis (also requires strep test or throat culture)
- Chronic Bronchitis
- COPD Emphysema/Cystic Fibrosis/other comorbidities

Patients diagnosed with Acute Bronchitis or an Upper Respiratory Infection will be placed in the denominator and should not receive an antibiotic within at least three days of diagnosis.

What Are Antibiotics? (2020). WebMD. Retrieved from https://www.webmd.com/a-to-z-guides/what-are-antibiotics#1

Screening for Depression

Healthcare has the distinction of earning the trust of patients for their private concerns. In this capacity, screening for mental health is an important task undertaken by Primary Care Providers. Identifying and addressing depressive symptoms as early as possible can increase the chances for successful treatment and remission of symptoms. It is important to screen patients in a systematic manner, recommended at every visit, and to ensure that proper follow up care is given.

Once a patient has been identified as at risk (wither through a PhQ-9 or other standardized test), it is important to find a way in which that patient does not fall through the cracks. Creating a paper template, or tickler, making an order or note in the patient's chart and ultimately, ensuring that patient is followed up on properly. Instead of waiting until their next visit, it would be more appropriate to include a phone call follow up in a couple of weeks, set a face-to-face appointment or ensure that any referral has been made and attended.

Screening regularly presents an opportunity to detect mental health issues as early as possible to make an impact on someone's life and prevent further issues before they manifest.

Low Back Pain

The MQIC guidelines states that 90% of new onset of Acute low back pain should resolve within the first six weeks, regardless of treatment for those patients without any flags for serious pathology (Please refer to the MQIC Guidelines). Treatment should not include x-rays within the first 28 days of a new diagnosis. The sooner the patient is diagnosed, the sooner that first 28 days begins. For patients presenting with low back pain without any flags for serious pathology, recommendations would be to treat the patient with NSAIDs, Non-Invasive Physical Therapy, avoidance of bed rest, to name a few. Other suggestions would be to have the patient follow up in 4-6 weeks with the primary care physician (PCP) to be re-evaluated, educating the patient to call the PCP before seeking UC, ED or Chiropractic Medicine. If the Low Back Pain is Chronic remember to update Low Back Pain diagnoses yearly to keep the diagnoses active and prevent relabeling as a new onset.

2020 BCBSM Specialist Value-Based Reimbursement

Those Specialists who participate in the PCMH-N process can achieve nomination by OPNS and potentially receive a Value-Based Reimbursement (VBR). PCMH-N is the idea of full communication with all Physicians who care for a mutual patient. The PCMH-N process and procedures are relevant to the specialty and are most likely what your office is already doing.

The 2020 VBR's have been announced for this year but there is always time to become engaged to get nominated. If you are interested in PCMH-N and would like to participate or find out what it is all about.

Please contact Deborah Spencer at dspencer@opns.org, Kortnie Strain at kstrain@opns.org, or Lauren Maier at lmaier@opns.org.

Welfare/Wellness Checks

A welfare check is when the police stop by a person's home to make sure they are aright. These checks were once associated with the elderly but have more recently included adolescents and young adults.

Common reasons for welfare checks include concerns regarding suicide, extended periods of no-contact, suspicious behavior (calls/texts/conversations), decompensation from illness/medications or for concerns indicating risk.

This includes situations in which practices may need to utilize these services in concern for the patient's well-being. If any situation likes these presents in your office, this service is also available to you. If the situation is an emergency, you may call 911; you may also contact the police non-emergency number to get in touch with a local police department within the patient's area where the welfare check will be conducted.

You will want to be reasonably certain that the individual's behavior is out of character and have reason to believe that something is truly amiss before calling the police.

What is a Police Welfare Check? (2020). The Law Dictionary. Retrieved from https://thelawdictionary.org/article/what-is-a-police-welfare-check/

ADHD Prescriptions: Timing is Everything

ADHD prescribing and maintenance is a metric used within several quality programs. This metric includes children ages 6-12 who are diagnosed with Attention Deficit/Hyperactivity Disorder who are prescribed medication, requiring at least three follow up visits with a 10-month period. Two rates are reported:

- Initiation: patients dispensed ADHD medication have a follow up within the first 30-days of prescribing.
- Maintenance: patients dispensed ADHD medication remained on medication for at least 210 day WITH 2 additional follow up visits within a 9-month period after the initiative phase.

    - This means that patients need an ADHD supply covering at least 210 days AND
    - Need to be seen t least 2 more times in the follow up period after the initiation phase (first 30 days) has ended.

With that in mind, here are a couple of tips that can support a successful workflow:

- Make the first prescription less than 30 days so the patient must come in for a follow up
- Before the patient leaves with an ADHD prescription, set up an appointment for their initial follow up

It is critical to discuss the importance of maintaining follow up visits with a provider, to ensure proper management of symptoms, including hyperactivity, impulsiveness and inability to sustain concentration.

Note: newly prescribed ADHD medication is defined as not having filled a prescription for ADHD medication in the previous four months.

Welcome New Affiliates

Last Name	*First Name*	*Degree*	*Spcialty*
Alberty	Jamie	PA	Physician Assistant
Bokhari	Omaima	MA	Physical Medicine & Rehab
D'Amore	Gabrielle	PA	Physician Assistant
Fleezanis	Stephani	NP	Nurse Practitioner
Green	Jennifer	NP	Nurse Practitioner
Johnson	Samantha	NP	Family Nurse Practitioner
Pearson	Gina	NP	Nurse Practitioner
Radney	Thera	NP	Nurse Practitioner
Sutkowi-Tommajian	Lynette	DO	Medical Oncology
Wonch	Michele	NP	Family Nurse Practitioner