

Network Connection

Information for Presbyterian
Healthcare Professionals,
Providers, and Staff

JULY 2016



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

Back to School Immunizations – Making Sure Your Patients Are Protected

Regular vaccinations can prevent serious diseases. It's important for patients to know which immunizations they need and when they need them. With students heading back to school next month, now is a great time to remind your patients about which vaccines are available to them.

New Mexico is making it a little easier for providers to ensure their patients are current on their immunizations by using an internet database application to track patient immunizations. The New Mexico Statewide Immunization Information System (NMSIIS) records and tracks immunization dates for children and adults in New Mexico. This system provides assistance for keeping everyone on track for recommended immunizations.

Immunization registries are an integral tool for ensuring that children and adults receive their immunizations according to recommended schedules. NMSIIS helps

to prevent over-immunizing, which may occur when healthcare providers are unaware of immunizations administered by other providers.

NMSIIS is provided at no cost by the state, requiring only a computer and internet connection for providers to participate. If providers have an existing database or electronic medical record (EMR) system, there is an option to electronically link with NMSIIS. Providers are encouraged to use NMSIIS and join the effort to prevent over-immunizing patients and ensure they are up to date on their immunizations.

If you have questions, contact the New Mexico Department of Health Help Desk at (505) 476-8526, or toll-free at 1-800-280-1618. For additional information on the system, please visit the New Mexico Department of Health's Statewide Immunization Information System website at <https://nmsiis.health.state.nm.us/>.

Annual Summary of Presbyterian's Quality Improvement Program

Presbyterian's Quality Improvement (QI) Program is committed to continual improvement in care and services. The program's improvement activities are designed to achieve improved health outcomes for our members and improved satisfaction for both members and providers.

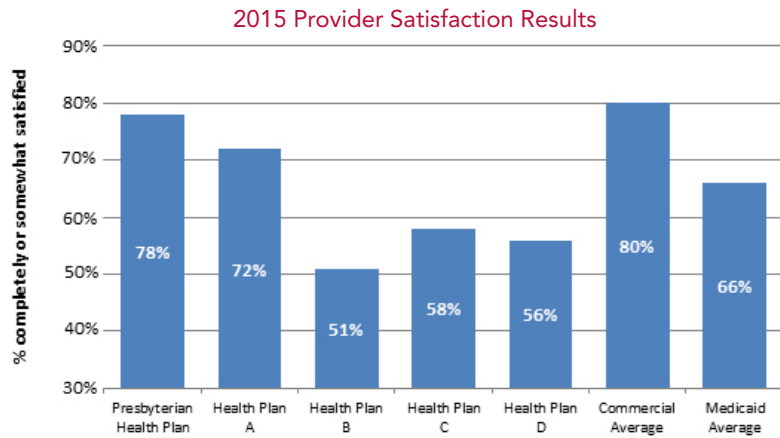
At the end of each year, we evaluate the QI Program to measure our performance. Through the evaluation, we identify opportunities for improvement and make recommendations for changes to next year's program. The QI Program's 2015 summary includes information about the program's processes, activities, goals, and outcomes related to member care and services. The following are some of the 2015 activities and results.

Provider/Practitioner Satisfaction

The annual survey conducted by Symphony Performance Health Analytics (SPH) showed that when comparing Presbyterian amongst other local health plans, providers rated Presbyterian the highest, with a score of 78 percent in overall satisfaction. The results of this survey are measured against our goal of creating an exceptional provider experience. We use the results to focus on improvements that will ensure more time for patient care by reducing administrative obstacles.

Member Experience/Satisfaction

Although Presbyterian has increased its focus on member experience through a number of initiatives, overall satisfaction measures are below target. Our quarterly member surveys indicate that several areas continue to trend below established goals for member experience, including education, information, communication, and practitioner/provider access and availability. A separate, in-depth quantitative and qualitative analysis has



identified themes and opportunities for improvement. Presbyterian is incorporating this feedback into action plans to improve the member experience.

Accessibility of Services

One of the ways Presbyterian measures access is through the annual Consumer Assessment of Healthcare Providers and Systems (CAHPS®)¹ member survey that evaluates accessibility of services. Accessibility is an area where we continue to have the greatest challenge and opportunity for improvement. Appointment goals for routine primary care and specialty care were not met; however, performance results for 2015 improved from 2014. The evaluation acknowledges that accessibility remains a challenge for specialty care due to lack of specialists in certain specialty care categories and geographic areas.

Provider Quality Incentive Program Pilot

In 2015, Presbyterian introduced a pilot Provider Quality Incentive Program designed to improve recommended preventive screening compliance rates. The pilot results indicate that compliance rates for members cared for by providers participating in the program were up to 27 percent higher than those whose providers did not participate.

NCQA Accreditation

In August 2015, Presbyterian was recertified by the National Committee for Quality Assurance (NCQA) for all lines of business. We also received initial accreditation for Marketplace HMO and PPO, as well as a "Commendable" status for Medicare HMO and an "Accredited" status for all other lines of business.

Opportunities

A list of improvement opportunities for 2016 includes but is not limited to:

- Improving access to care for members.
- Improving member experience, engagement, and CAHPS results.
- Monitoring and improving performance of Presbyterian's contracted provider network.
- Implementing Medicare Advantage Dual-eligible Special Needs Plan (DSNP), with a projected go-live date of January 2017.
- Implementing a Quality Improvement Strategy for the Marketplace line of business, which is expected to go live in the first quarter of 2017.

For more information

If you would like more information about the QI Program, please contact the Performance Improvement Department at (505) 923-5516.

¹ CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Talking to Parents about HPV

The Human Papillomavirus (HPV) is the most common sexually transmitted infection, and the Centers for Disease Control and Prevention (CDC) say that almost everyone will be infected at some point in their lives. HPV exposure can occur with any type of intimate sexual contact, and although most HPV infections are asymptomatic, some persistent infections can lead to cancer in both men and women. In the United States, HPV infections cause more than 17,000 cancers in women and more than 9,000 cancers in men each year.

Though HPV has no known cure, it can be prevented with a series of HPV

vaccines administered over six months. Recommended for males and females age 13 through 26 years old, the HPV vaccines target the HPV types that most commonly cause cancer and genital warts.

When it comes to immunizing teenagers, parents trust your opinion more than anyone else's. Recommend HPV vaccines in the same way and on the same day that you recommend any other adolescent vaccines. Help parents overcome any hesitancy toward HPV vaccines by answering questions and teaching them to think about HPV vaccination as a cancer prevention tool.



For more information regarding HPV vaccines and frequently asked questions, please visit <http://www.cdc.gov/hpv/parents/vaccine.html>.

TALK TO US

Send your questions or comments to our *Network Connection* editor at:

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Provider Network Management

Clinical Practice and Preventive Healthcare Guidelines

Clinical Practice Guidelines

Clinical practice guidelines are systematically developed statements designed to assist providers in decision-making about certain healthcare services needed for a specific clinical circumstance. All of the guidelines are evidence-based and adopted whole or in part from nationally recognized organizations utilizing scientific literature, such as the Centers for Disease Control and Prevention. Presbyterian's clinical practice guidelines for physical health are available on the provider webpage at <https://www.phs.org/providers/resources/reference-guides/Pages/clinical-practice-guidelines.aspx>

Presbyterian's clinical practice guidelines for behavioral health are available on the provider webpage at <https://www.phs.org/providers/resources/reference-guides/Pages/medical-pharmacy-behavioral.aspx>

Preventive Healthcare Guidelines

The U.S. Preventive Services Task Force (USPSTF) is an independent, volunteer panel of national experts in prevention and evidence-based medicine, who make recommendations to help primary care clinicians and patients decide together whether a preventive service is right for the patient's needs. Presbyterian's Preventive Healthcare Guidelines are based on the USPSTF recommendations and are available online at <http://docs.phs.org/idc/groups/public/@phs/@php/documents/phscontent/wcmdev1001475.pdf>

Immunizations also play a vital role in preventive healthcare. Presbyterian's child and adolescent immunization schedule is available at <http://docs.phs.org/idc/groups/public/@phs/@php/documents/phscontent/wcmdev1001290.pdf>

2016 Dietary Guidelines Update The Power of a Plant-based Diet



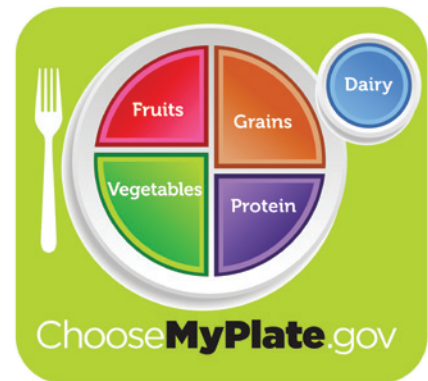
Jennie McCary, MS, RDN, LD, is a Wellness Program Specialist with Presbyterian Healthcare Services Health & Wellness Department and The Solutions Group

The 2015 to 2020 Dietary Guidelines for Americans (DGA) were released in January 2016 and generated a flurry of opinions from health professionals and others. Every five years, the U.S. Department of Agriculture (USDA) and Health and Human Services (HHS) issue a new set of dietary recommendations for ages two years old and older, based on a thorough review of the latest scientific research. While public discussion continues on the conservative nature of these guidelines, the reality is that they offer a solid foundation to both help shape federal and local policy, and guide patients toward more health-promoting foods.

It goes without saying that the current American diet falls short, and its consequences include a number of costly nutrition-related health problems. The new DGA addresses these issues by emphasizing an overall healthy eating pattern and actionable steps to get there. The overall body of evidence supports an eating pattern that is high in vegetables, fruits, whole grains, legumes, nuts, low-fat dairy, and seafood. It also supports a diet that is lower in processed meats, refined grains, and added sugars. In other words, the power of a plant-based diet to promote health and prevent chronic disease trumps other eating patterns.

Here's a quick summary of what you need to know from the 2015 to 2020 DGA:

- While gap nutrients remain the same, calcium, vitamin D, potassium, and fiber are nutrients of public health concern, and iron is a concern specifically for children and premenopausal women. Emphasize three daily servings of low-fat dairy and fill half of each plate with fruits and vegetables to help fill the gap.
- Daily sodium limit remains the same at 2,300mg (about one teaspoon). It's recommended that individuals with hypertension and prehypertension keep sodium intake below 1,500mg per day. Following an eating pattern that mirrors the DGA and is high in calcium, potassium and magnesium, is shown to help lower blood pressure.
- The types of fat we eat matter more than total fat intake:
 - Limit saturated fat to no more than 10 percent of total calories. That's less than 20 grams a day for someone who needs 1,800 calories. Suggest swaps, such as snacking on nuts instead of cheese.
 - Know where to find trans-fat to avoid it, which is often hidden in the ingredient list as "partially hydrogenated fats." Encourage patients to search for trans-fat in packaged desserts, frozen meals, and creamers.
 - Acknowledging that blood cholesterol levels aren't strongly influenced by dietary cholesterol, the longstanding 300mg cap on dietary cholesterol is lifted. Still, reducing saturated fat intake (mainly found in animal products) will also lower dietary cholesterol.
- For the first time, there is a limit on added sugar intake to below



10 percent of total calories. That's 45 grams, or 11 teaspoons, of added sugars for those who need 1,800 calories a day. A 12-ounce can of soda has 10 teaspoons of sugar. It's tricky to distinguish grams of added sugars from naturally occurring sugars on the Nutrition Facts panel. To get a better picture, patients can scan the ingredient list for hidden sources of added sugars.

When talking with patients about the DGA, you can suggest they limit the "three S's" and focus on the "three F's." The "three S's" are saturated and trans-fat, sodium, and added sugars. The "three F's" are fiber-rich carbohydrates, fruits and vegetables, and fatty fish. Suggest simple swaps they can make to achieve these recommendations within an overall healthy eating pattern.

The DGA are aimed at improving the health of the general public. It's up to health professionals to individualize relevant strategies for patients, clients, and the communities with which they work. For providers who work with infants, toddlers, and pregnant women, expect the 2020 guidelines to include specific recommendations for these populations.

Want more information? Visit <http://health.gov/dietaryguidelines/2015/guidelines/> and www.choosemyplate.gov.

Presbyterian Care Connection: Access to Highly Specialized Care in New Mexico Is Only One Call Away

Presbyterian offers our network providers a one-call solution for members and patients in need of an in-state transfer for specialized care. Presbyterian Care Connection (PCC) helps simplify the transfer of Presbyterian members to an in-network Presbyterian facility to ensure continuity of care in critical situations. This service expedites access and helps to keep members in-network.

Brenda Holley, director of Presbyterian Care Connection, believes that a state such as New Mexico needs to have a centralized transfer center.

“We service patients in New Mexico and bordering areas, and it is critical to have a transfer center to ensure patients have timely access to appropriate care,” said Holley. “Ensuring we can facilitate

transfers to our hospitals is essential to supporting our commitment to providing excellent care.”

PCC can be utilized by a contracted physical health provider or hospital when a member is in your care and you identify the need for a transfer to a contracted or Presbyterian hospital. Once a need for a transfer is identified, PCC can help arrange the acceptance of members into a facility, which includes a bed assignment and assistance with ground or air transportation.

When you call PCC, your call will be answered by an experienced critical care nurse and he or she will:

- Obtain the provider’s name and transferring hospital.

- Obtain the member’s demographic information.
- Obtain clinical information to triage the member.
- Connect you to the right physician to expedite acceptance of the member.
- Provide a bed assignment, once the member is accepted.
- Assist with arranging air or ground transportation, if needed.
- Provide the referring nursing staff with a phone number to call for a nurse-to-nurse report.

You can contact PCC 24 hours a day, 365 days a year, at (505) 841-1941 or 1-855-222-7737.



Screening for Osteoporosis Prevention

Osteoporosis is one of the most common bone diseases that will affect Americans. According to the National Institute of Arthritis and Musculoskeletal and Skin Disorders (NIAMS), in the United States, 10 million people are estimated to have osteoporosis and another 34 million are estimated to have low bone mass, placing them at risk for osteoporosis and related fractures.

Since the prevalence of osteoporosis is high among older women, the U.S. Preventative Services Task Force (USPSTF) recommends screening for osteoporosis in women aged 65 years old and older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman

who has no additional risk factors. Published economic assessments also suggest that it would be more cost-effective to diagnose and treat women with the lowest bone measurement results.

Bone density testing is a quick and easy screening that can monitor a patient's response to treatment and can aid in the detection of osteoporosis before a fracture occurs. There are several tests you may administer, including:

- **Central tests**, which are used for screening and diagnosis. They measure density in the hip and spine. The main central test is the dual energy X-ray absorptiometry

(DXA). The DXA is the standard bone density test.

- **Peripheral tests**, which are used for screening and measuring density in the finger, wrist, knee, shin, or heel. A common peripheral test is the quantitative ultrasound (QUS); however, it is not as accurate or widely accepted as DXA screening.

Research has increased what we know about osteoporosis, its causes, prevention, diagnosis, and treatment. With ongoing research, experts hope to one day cure osteoporosis and eliminate the pain and suffering caused by the disease. Until then, prevention is key.

Benefits of Conducting a Medical Record Self-audit

Periodically conducting internal self-audits of your medical records is an easy way to ensure your records are compliant. Internal audits not only help reduce the risk of fraud, but they also help you find any errors or inconsistencies that could create negative outcomes in external audits.

A self-audit can benefit your practice by:

- Reducing and preventing improper payments.
- Ensuring that claims submitted are true and accurate.
- Enhancing patient care.
- Optimizing proper claim payment.
- Minimizing billing mistakes.
- Reducing the chances of an external audit.
- Avoiding conflicts with self-referral and anti-kickback statutes.
- Showing a good faith and diligent commitment to a robust compliance effort.

The Center for Medicare & Medicaid Services (CMS) offers information, factsheets, and other resources that can assist you in conducting a self-audit. You can find these resources using the following link: <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/audit-toolkit.html>. For future reference, save the link above as CMS continually updates these toolkits with information for different specialties and services.

Mental Health First Aid Training

Presbyterian Centennial Care is hosting Mental Health First Aid (MHFA) trainings. MHFA training is an eight-hour training course designed to teach key skills to help someone who is developing a mental health problem or experiencing a mental health crisis. Just as CPR training helps a layperson without medical training assist an individual following a heart attack, MHFA training helps a layperson assist someone experiencing a mental health crisis.

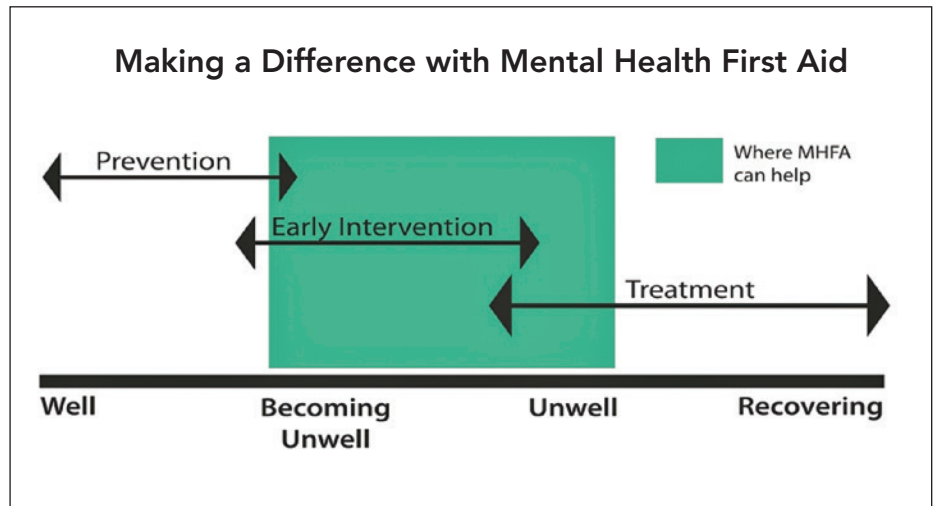
MHFA training helps people feel more comfortable managing a crisis situation and more knowledgeable about mental health disorders – helping the public identify, understand, and respond to signs of mental illness.

All trainings will be held at the Presbyterian Rev. Hugh Cooper Administrative Center from 8:30 am to 12:30 pm on the following dates:

- July 28 to 29
- August 18 to 19
- September 13 to 14
- October 26 to 27
- November 29 to 30
- December 29 to 30



If you have additional questions about the trainings or would like to register, please contact Nelson Simpson at nsimpson@magellanhealth.com.



Provider Education Convention and Conference Series

Our Annual Provider Education Convention and Conference Series begins in August. The convention and conference series will cover any recent changes in the health plan, current policies and procedures, the Centennial Care program, and many requirements from the New Mexico Human Services Department, Center for Medicare & Medicaid Services, and the National Committee for Quality Assurance.

The day-long convention on Aug. 23 in Albuquerque will include lunch, guest speakers, and breakout sessions. If you are unable to attend the convention, there will be additional conferences in four locations throughout New Mexico, as well as a webinar offered in December.

Statewide conference locations and dates:

- Portales – Tuesday, September 13
- Roswell – Thursday, September 22
- Las Cruces – Thursday, October 6
- Webinar – December 2016

2016  **PRESBYTERIAN**
 Provider Education Convention & Conference Series

To view more details and to register, please visit phs.swoogo.com/PHP16. If you have any questions about upcoming training and education conferences, please contact your Provider Network Management relationship executive.

REMINDER

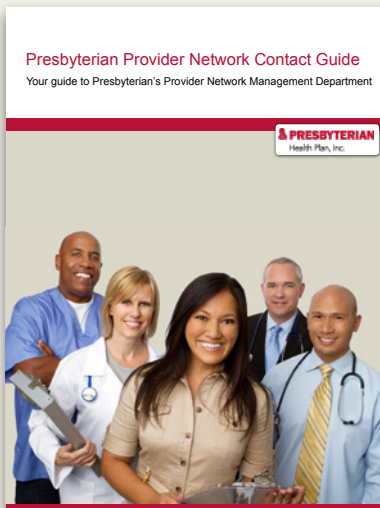
Provider Network Management Is a Resource for You!

As a health plan, we understand that the strength and success of our partnership with our providers can have a positive impact on our members. The Presbyterian Provider Network Management (PNM) team is here to support you. Through structured relationship executive and relations service associate teams, our staff is here to provide their expertise and service through relationship management, training, and education.

Your assigned relationship executive and relations service associate serve as your primary contacts with Presbyterian. You may already have an existing relationship with a member of the PNM team; however, the department recently revised its territory and provider

assignments. Please view the online Provider Network Management Contact Guide to determine your current

relationship team. You can find the contact guide online at www.phs.org/ContactGuide.



The guide is organized and divided in the following ways for your convenience:

- Behavioral health for all lines of business.
- Statewide hospitals.
- Large multi-specialty groups.
- Four-county area of Bernalillo, Sandoval, Torrance, and Valencia by specialty.
- Counties outside Bernalillo, Sandoval, Torrance, and Valencia, including individuals, groups, and facilities.
- Long-term care.

Help us measure our readership by filling out a quick survey about our newsletters. All respondents will be entered to win a gift card! Drawing will be held in December 2016.
<https://www.surveymonkey.com/r/PHPnewsletter>