Provider Perspective

Inside this issue...

Quality & NCQA
Clinical Truth
Telehealth
Provider Survey Results

NCQA Special Edition – December 2018
Being a health plan medical director, I had to start thinking of policy and process that I may have taken for granted as a clinician. Frankly, I had enough to negotiate with a busy clinic schedule, call, phone calls, and nursing home rounds. Admittedly, I always felt I was practicing with the ethics, values and follow through bestowed on our profession. It is an awesome vocational calling. I also knew that many others were on my side and that the clinic and system was full of people from areas like quality/risk, compliance, legal, operations as well as many others. I really felt protected in a way and at the same time appreciative of the work others do, in order for me to practice medicine.

As with many, it was the experience of the patient interaction and problem solving that most attracted us. I wondered if the team (and I) met the patient expectation, or if I was clear in my explanations about the proposed treatment course. What clinicians do all day, as instinct, is to assess the value of their relationship as physician to patient. This value, peppered with a personal style of delivery, is what brought the engagement alive in unique ways every time. I used to think to myself, “If only they could measure that!” What made it real was the patient as the central focus. I understood later, Press Ganey measures that! The reality is, we are measured all the time, in many ways. It started in our primary education and went through our residency and fellowship training.

Quality is not different in that sense as it starts with clinicians understanding and leading in ways they know how.

The oft – quoted value proposition (or value prop) is thrown around as a term of proclamation as though everyone knows exactly what is meant. The truth is, it isn’t completely agreed upon. What I can say with certainty is that the value prop does mean high quality, a shared value regardless of whom it comes from. This term “quality” leaves us in the same thought process. After all, it means many things. When we say “quality,” what are we speaking of? I wanted to reach out to you with information you may find insightful. Health plans care about quality. It is actually the numerator in the common equation:

\[ \text{VALUE} = \frac{\text{QUALITY}}{\text{COST}} \]

Before I lose your interest, jettison thoughts about cost. As quality is much more than a numerator in a simple equation. Most of us understand the economics of the equation—just look at your own premium payments.

Let’s talk quality, after all, we are physicians. If quality metrics are measured and improving, we get value. Look at the equation. It happens every time quality goes up. Even my wife, the mathematician, agrees to this fact. If cost is lowered, relative to quality, the equation responds with a less robust declaration of value. In fact, I would go so far as to say there are greater limitations to lowering cost to get equal value than there is raising quality. Ponder that a bit. You may come to your own conclusions. The Sanford Health Plan Quality Department works similar to the quality department in your organization. Thank your people, as I have thanked the Quality Department at Sanford Health Plan. They do a lot for us as clinicians and it needs recognition more than occasionally. Our joint future together will be around this topic a lot. Cost will fall into place as more a barometer of marketplace and free economy. Quality is all our business and we all can influence it. It has less to do with supply side economics and more to do with intentional approaches and understandings of what quality really is. At a recent retreat, the speaker gave evidence to what great communication does to the quality of a patient encounter. It is our supposition that the “lower case” care management of a patient/member, whom we both hold dear, starts with clinician interaction, followed by the influences in the team’s knowledge and ability to articulate care, and finishes with the care provided. It comes out later if it meets or exceeds the expectation of the patient. If this is met, you have a commodity they will return for. The inference is that quality is a commodity that sells, so that is the point of this article, because it does.

I will leave the economics of this to my financial colleagues, but I wanted you to think about these and also to show what we do that assists your practice in being successful in quality metrics and the inherent value based initiatives that are coming.
A quick review of the Sanford Health Plan website will present to you where we work to assist you.

Our quality team works daily recognizing the patient centered medical home, complimenting the work of your facility. We also track HEDIS® (Healthcare Effectiveness Data and Information) measures of quality, and survey our members for CAHPS (Consumer Assessment of Healthcare Providers and Systems). This data sets up plans for the quality team, care managers and utilization teams to assist in barrier reduction that assists your patients in getting good timely medical care. Yes- you are measured, just like you were your whole educational career. The society and marketplace we serve deserves this and embracing this is a good step towards value as well.

To bring this to its focal point, is to recognize that NCQA requirements are felt by many to be the gold standard of quality and we are proud of the work we do here to compliment you as a quality organization and clinician.

Finally, to sum it all up, Sanford Health Plan as a carrier is here to do many things. The importance of NCQA accreditation to you should represent that our achievement in this certification process is Commendable, but it is not possible without you and your work to embrace and report the needed information for a joint service model that yields better outcomes for our mutual stakeholder—your patient. If we do not work together in quality, we have to ask “Why?”. I ask you to be a leader in your practice in this endeavor. Continue to build access and an innovative team to approach and embrace the future. It is now and it will drive the future success of your practice.

Timothy P. Donelan, MD
Vice President, Medical Officer
Sanford Health Plan
Searching for the One Source of Absolute Clinical Truth: A Fool’s Errand?

By: Steve Nelson, MD

The practice of medicine is a stern teacher. Clinicians quickly learn that there is no one source of absolute clinical truth to identify consistently and without fail the most appropriate treatment for every patient every time.

As a result, when considering treatment options, we turn to what we hope are reliable sources: “standards of care,” “clinical guidelines,” “consultation with colleagues” – and perhaps when all else fails, our own experience. For some patients, particularly those who are beyond two standard deviations from the population mean, these sources often fall short (Groopman, 2007). Those who worship at the altar of the randomized controlled trial approach to evidence-based medicine must wrestle with the reality of its imperfections (Frieden, 2017), and the fact that statistical significance is not always clinical significance. A hard look at the commonly used evidence-grading systems (United States Preventative Services Task Force, for example) disabuses the notion that the highest graded evidence-based approaches are universally applicable. Although “precision medicine” is in its infancy, we’ve learned that one therapeutic approach doesn’t necessarily fit all.

Obviously, challenges abound. But at the end of the day, the ill patient remains before us and therapeutic decisions must be made. Those decisions must not be arbitrary or capricious.

Sanford Health Plan Utilization Management Department (SHP UM) considers these stark challenges on a daily basis. However, epistemic shortcomings notwithstanding, the conversation about the best approach to the ill patient must start somewhere. We’ve chosen MCG as a starting point for that conversation.

MCG (formerly a subsidiary of Milliman) provides expertly vetted, unbiased clinical policies that (according to the website) provides health care guidance for 70 percent of commercially insured Americans. MCG policies are reviewed throughout the year by expert, multidisciplinary clinical editors and are updated on an annual basis. In the event that a clinical area is not represented by a specific MCG policy, SHP UM has the ability to create “addenda” supplements to the MCG policy database. Clinicians have access to MCG policies through MCG Cite Transparency.

MCG policies (as well as all “home grown” MCG “addenda”) are reviewed at least annually by Sanford Health Plan’s Physician Quality Committee (PQC), a multispecialty group of twenty-four volunteer clinicians who review, discuss and ultimately determine the appropriateness of these policies for Health Plan members.

Of course, MCG is only one resource we use to guide our decision-making. We readily use other authoritative sources as well, including Up to Date®, our oncology decision-support partner Eviti®, pharmacy benefits manager Optum® (as of 1/1/19), United States Preventative Services Task Force, specialty society recommendations, and expert outside consultation (including independent review organizations). Admittedly, these tools are imperfect. Appeals to our decisions are readily welcomed; the Plan’s tiered appeal process is straightforward and transparent. Ultimately, because we recognize that the guidance our resources provide may not adequately address the needs of individual patients, the Plan’s medical officers are readily available to discuss the proposed plan of care directly with the requesting clinician in the setting of a peer-to-peer conversation.

There is no sole source of absolutely authoritative therapeutic truth. The art and science of medicine consists of managing the tension between what we think we know and what we realize we don’t know.

Please accept our sincere thanks for your patience with us - and your partnership- as we continue along our common journey to achieve high value patient care.

By: Steve Nelson, MD
Senior Director, Medical Services
Sanford Health Plan

References:
United States Preventative Services Task Force Grade Definitions.
MCG.
MCG Cite Transparency (additional information found in February 2018 Provider Fast Facts)
Continuity and Coordination of Care

Sanford Health Plan believes its members should receive seamless, continuous, and appropriate care through communication between primary care, behavioral health and other specialty providers. When patients present for behavioral health or specialty care, they should be informed about how their records will be handled and, in certain circumstances, give consent or authorization regarding what information can be shared and with whom.

Coordination of care reduces the risk of problems when patients see multiple providers in different settings and when providers lack access to the patient’s complete medical record. Important mental health or specialty care information to be shared includes patient diagnosis, medication and/or treatment plan.

In an effort to provide high quality health care, network providers are required to communicate with primary care providers. Sanford Health Plan monitors this activity through an annual provider survey sent to primary care, behavioral health and specialty providers. Providers indicate if they believe it is important to share this information as well as, if the sharing of this information occurs. In addition, Sanford Health Plan reviews medical records to determine if primary care, behavioral health and specialty providers are communicating to ensure seamless care for our members.

Sanford Health Plan appreciates help and cooperation in this matter to improve communication between providers through continuity and coordination of care. There are clinical resources available on our website to assist you.

In an effort to foster coordinated care, we ask you to remember these important aspects of coordination of care:

Communication
- Systematically send relevant clinical information in a timely manner to the practitioner the patient is being referred to or has been referred from.
  - Diabetic patients: Provide annual eye exam results to the PCP or request results from the optometrist/ophthalmologist
  - Cardiac patients: Ensure patient has lipid panel ordered annually by either the PCP or cardiologist
  - All patients: Communicate any changes in the treatment plan to all members of the patient care team
- Review clinical information in a timely manner and determine if further contact is needed to initiate additional care.
- Use your state’s Immunization Registry for an easy way to communicate with fellow practitioners regarding immunizations your patients have received. This can be used to fill in the blanks when a patient has emergent care or moves to a new provider. It can also be used when you are receiving a new patient that has no personal record of their vaccinations. Your office can obtain a login through your State Department of Health.

Discharge/Transition
- Contact patients after discharge from a facility and coordinate follow-up care with the patient and/or family.
- For patients transitioning to another level of care, develop a transition plan with the patient and/or family.

Primary Care Provider
- A primary care provider (PCP) should oversee all general medical health care for a patient.
  - Obtain documentation of testing and consults from referral providers.
  - Review the patient medication list during each office visit.
  - When consultants or specialists are involved in the care of the patient, ensure the health care team is communicating so that all important tests and other elements of care are completed.
Quality Improvement Program Year-End Report

Sanford Health Plan and its participating providers are committed to providing high quality health care to our members. Below is a list of some of the Plan’s current quality programs. For more information on all of the Health Plan’s Quality Improvement (QI) programs and program outcomes, view our HEDIS Report and QI program executive summary on our website at sanfordhealthplan.com or call (888) 315-0884 to request a copy.

Clinical Areas of Quality Improvement
- Diabetes Health Management Program
- Healthy Heart Health Management Program (Hypertension)
- Heart Disease (CAD) Health Management Program
- Adolescent Health Management Program
- Improving Cancer Screening Rates Quality Improvement Activity
- Improving Appropriate Antibiotic Utilization QIA
- Increasing Timely Follow-Up After Hospitalization for Mental Illness QIA
- Increasing Appropriate Utilization of Mental Health Medications QIA

Non-Clinical Areas of Quality Improvement
- Member Services Phone Calls Quality Improvement Activity
- Timeliness of Care Quality Improvement Activity

2018 Provider Satisfaction Survey Results

Thank you to all providers and staff who participated in Sanford Health Plan’s 2018 annual provider satisfaction survey. We value your feedback and are excited to see an increase in responses this year. This year’s survey focused on utilization management, authorization and coordination of care. As our teams continue our commitment to improving provider experience, we have an increased focus on the following areas:

- Promote authorization information resources available online and in the provider portal
- Standardize the methods by which we accept medical and pharmacy prior authorizations
- Include additional information, such as approved codes, in authorization letters
- Improve appropriate claims processing with authorized services

Sanford Health Plan continues to provide ongoing member and provider education related to the utilization management process, what prior authorization is, what services require prior authorization, and how to request prior authorization. This information is also available on our website at sanfordhealthplan.com or by calling Utilization Management at (605) 328-6807 or (800) 805-7938.

A portion of the survey was devoted to the coordination of care between practitioners – primary care, specialists or behavioral health. As you know, this is crucial to the over-all care of patients. Sanford Health Plan’s goal is to ensure that our members receive seamless, continuous and appropriate care regarding diagnosis, medication and treatment plans in both inpatient and outpatient settings. Coordination of care is essential to promote safe, proper and unduplicated health care services. For more information on coordination of care, please see page 5.

Specialty Referrals

If a Sanford Health Plan member requires a specialist, and the specialist is unavailable, please assist them by offering alternatives. A similar specialist may offer services right in your own clinic. If specialists are unavailable, and no other options exist in your clinic, please refer that patient to Sanford Health Plan Customer Service at (605) 328-6800 or (800) 752-5863 and our team can assist the patient in finding an alternate practitioner.
The future of health care will include telehealth. As many health care providers contemplate where they are on their telehealth journey, there are a few different ideas to consider.

- Will telehealth break down the walls, provide convenience or improve access? Consider those population health needs in your community.
- View telehealth as another modality of providing integrated care.
- Telehealth is another means to engage patients in care, increase adherence to medications, monitor conditions, and improve satisfaction with the facility’s services.

The good news is that both the benefits and applications of telehealth are many. Multiple sources, including the American Telemedicine Association (ATA), have listed the four fundamental benefits of telemedicine:

1. **Health care cost savings:** “Reducing or containing the cost of health care is one of the most important reasons for funding and adopting telehealth technologies,” writes the ATA. Telemedicine can help to save money in health care by increasing efficiency via reduced travel times, fewer or shorter hospital stays, and by further automating administrative roles and responsibilities, which make up 31 percent of employees in the average physician’s office.

2. **Better quality care:** Telemedicine improves quality of care by making it easier for providers to follow-up with patients, as well as to monitor patients remotely, and respond to queries when called upon. “In some specialties, particularly in mental health and ICU care, telemedicine delivers a superior product, with greater outcomes and patient satisfaction,” the ATA writes.

3. **Better access, more consistent engagement:** The eVisit website makes brilliant points about access to niche medical specialists, stating that telemedicine, “…makes it easy for primary care doctors to consult medical specialists on a patient case, and for patients to see a needed specialist on a rare form of cancer, no matter their location.” Ease of access will inevitably lead to more consistent engagement, meaning, “…more questions asked and answered, a stronger doctor-patient relationship, and patients who feel empowered to manage their care,” they write.

4. **Patient demand and satisfaction:** You can’t discount patient demand, and a world without telemedicine is becoming a world of the past. “Over the past 15 years, study after study has documented patient satisfaction and support for telemedical services. Such services offer patients the access to providers that might not be available otherwise, as well as medical services without the need to travel long distances,” writes the ATA.

Other benefits include the ability to employ school and prison-based telehealth, creating a safer environment for students, prisoners, and health care professionals alike. As such, the future of health care is telemedicine. The obstacles are large, but we’ll soon be over them. The benefits are too great, and the public expects it. As with every other field on the planet, technological disruption will leave its mark and rule the day.
Formulary Changes & Formulary Exception Process

Sanford Health Plan’s formularies are made available online or inside the provider portal. Inside the portal, a Member’s formulary is located near the bottom of the ‘Member Eligibility’ section. Our Pharmacy Management team is also available to answer questions.

View Formularies Online

To find a specific drug:

- Locate the drug in the index list located at the back of the formulary.
- Find the correlating page number.
- Find the drug listed on that page number.
- Notice the tier level indicated, along with any special instructions which will be in abbreviation form. The tier levels and abbreviations are further defined on page 1 of the formulary.

Formulary Exception Process

Sanford Health Plan reviews requests for formulary exceptions, and will consider an exception under the following circumstances:

1. The formulary drug causes an adverse reaction in the patient;
2. The formulary drug is contraindicated for the patient; or
3. The health care practitioner demonstrates to the health plan that the prescription drug must be dispensed as written to provide maximum medical benefit to the patient.

Providers can request a formulary exception two ways:

1. Submit a completed Prescription Drug Prior Authorization Request and Formulary Exception Form. This form is available online HERE.
2. Use the Provider Portal to request Pharmacy Preauthorization, found under the “Authorizations” tab.

Population Health Management

Watch for news about Population Health Management (PHM) in 2019. PHM is a model of care that addresses our members’ health needs at all points along the continuum of care, including in the community setting through participation, engagement and targeted programs and activities for defined groups of our member population. The goal of PHM is to maintain or improve the physical and psychosocial well-being of our members and address health disparities through cost-effective and tailored health solutions.
Addressing Behavioral Health Disorders among Children and Adolescents

As providers, you encounter children and adolescents for routine assessments, but also for behavioral health needs. During childhood and adolescence, life can be carefree; however, statistically 20 percent of those individuals are diagnosed with one or more behavioral health disorders.

Psychiatric medication can be an effective treatment in collaboration with other behavioral health modalities. Since we have seen an increase in new and different psychiatric medication for children and adolescents, it is beneficial for providers to do a complete assessment of the individual. The quality of life can improve for children and adolescents with a behavioral health diagnosis when the appropriate medication is prescribed.

Sanford Health Plan monitors certain measures to ensure members are receiving appropriate and quality care. Together with you, as the provider, Sanford Health Plan would like to see the following measures improve:

1. Use of multiple concurrent antipsychotics in children and adolescents [APC] [A lower rate indicates better performance]
   - Children and adolescents 1-17 years of age who are on two or more concurrent antipsychotic medications for at least 90 consecutive days during the measurement year.

2. Metabolic monitoring for children and adolescents on antipsychotics [APM]
   - Children and adolescents 1-17 years of age who received at least two prescriptions for any antipsychotic medication on different dates during the measurement year should be referred for a metabolic testing. Members must receive both of the following tests during the measurement year:
     - At least one test for blood glucose.
     - At least one test for LDL-C.

3. Use of first-line psychosocial care for children and adolescents on antipsychotics [APP]
   - Children and adolescents 1-17 years of age who had a new prescription for an antipsychotic medication during the measurement year and had documentation of behavioral health therapy provided as the first line treatment.

Below are some best practices to ensure children and adolescents who are prescribed antipsychotics receive appropriate care.

- Collaboration between primary and behavioral health provider in development and implementation of a treatment plan
- Complete assessments of the individual prior to initiating antipsychotic medications
- Referral to behavioral health provider for first line treatment for mental health diagnosis
- Monitor the effectiveness of the antipsychotic medication on a periodic basis using appropriate tools when available
- The vital need for optimal monitoring of metabolic adverse effects on-label or off-label antipsychotics
- Educate the child/adolescent, parents/guardian on the time it may take to reach a therapeutic level with the medication prescribed
- Establish a safety plan with the child/adolescent and parents/guardians if the patient should experience thoughts of self-harm
- Schedule follow up appointments with the patient at each office visit; arrange the lab appointments when the patient has a scheduled office visit
Contact Us:

CONTACT FOR: Eligibility & benefits, claim status, provider directory, complaints, appeals, report member discrepancy information

- memberservices@sanfordhealth.org
  - Customer Service
    - Monday-Friday, 7:30 a.m. to 5:00 p.m. CST  |  800) 752-5863
  - NDPERS Customer Service
    - Monday-Friday, 8:00 a.m. to 5:30 p.m. CST  |  [800) 499-3416
  - ND Medicaid Expansion
    - Monday-Friday, 7:30 a.m. to 5:00 p.m. CST  |  (855) 305-5060

CONTACT FOR: Preauthorization/precertification of prescriptions or formulary questions

- pharmacieservices@sanfordhealth.org
  - Pharmacy (855) 305-5062
  - NDPERS Pharmacy (877) 658-9194
  - ND Medicaid Expansion (855) 263-3547

CONTACT FOR: Preauthorization/precertification for medical services

- um@sanfordhealth.org
  - Utilization Management (800) 805-7938
  - NDPERS Utilization Management (888) 315-0885
  - ND Medicaid Expansion Utilization Management (855) 276-7214

CONTACT FOR: Assistance with provider portal password resets & logging in fee schedule inquiries, check adjustments & reconciling a negative balance, request explanation of payment (EOP), claim reconsideration requests, W9 form, change/updating information, provider education

- providerrelations@sanfordhealth.org
  - Provider Relations (800) 601-5086

CONTACT FOR: Requests to join the network and contracted related questions, fee schedule negotiation, provider credentialing

- sanfordhealthplanprovidercontracting@sanfordhealth.org
  - Provider Contracting (855) 263-3544

Hearing or speech impaired TTY | TDD (877) 652-1844
Translation Assistance for Non-English Speaking Members (800) 892-0675