Provider Perspective

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Cost and Quality Transparency: The Emerging Market Requirement

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Sanford Health Plan is in a state of constant evolution. Our journey is not unlike yours, as a valued clinician, contracted to bring your service model and expertise to the patients we all serve. The collaboration of payer-provider in the deliverables we call health care is an interesting commodity to the marketplace and it is evolving and changing to meet the market demands. The statement that the only variable is constant change rings true.

Our organization looks to transparency as an emerging priority. In the marketplace, we are entering more value-based contracts, so the creation of strategic relationships with like-minded organizations has to be embraced as a high priority.

A few simple questions on cost and quality indicates that Americans think higher prices buy better care. A poll in 2014 by the Center for Public Research asked the question, “When it comes to health care does the higher quality care usually come as a higher cost or is there no real relationship between quality and cost of health care?” In this survey, 48 percent of Americans associated higher quality comes at a higher cost, while 37 percent stated there was no real relationship, the rest unsure.

By 2016, a study out of Healthy Affairs yielded results showing resoundingly that Americans are very attentive to the association of price and quality. In 2019, we continue to see economic evaluations of the value of care received as a more common testimonial story to the marketplace. The market seems to ask these types of questions more all the time. In only three years, the cost of care is more scrutinized than ever before. We expect this trend to continue from employers and consumers reviewing their options of care.

The challenges involved in price transparency between payors and providers is not insurmountable. In fact – the approaches of most forward thinking innovators in health care look at the exchange of data verifying and attesting to your quality as imperative. The market demands to attest to the price and quality dichotomy is not going to go away. As a partner in your health care delivery system, we recognize the burden of documentation, and the intrusion of the EHR into clinical practice. We also recognize the capture of data inputs necessary for just compensation for the work and service that is conducted.

The seamless, interoperable exchange of health information is a key piece of building a health system that empowers patients and providers and delivers better care at a lower cost,” said HHS Secretary Alex Azar. “The 21st Century

We reflect on the service model of the future that would reveal more automated data in real time that is protected in a way that everyone can feel comfortable with scaled exchanges for the common customer we both share. Health plans are in earnest to create the necessary platforms that can grow and scale with the market needs and the needs of your clinical operation. This level of interoperability will bring relief to the burdens we all share in the medical documentation areas and at the same time protect health related information.

The U.S. Department of Health and Human Services (HHS) in April issued for public comment draft two of the Trusted Exchange Framework and Common Agreement (TEFCA) that will support the full, network-to-network exchange of health information nationally. HHS also released a notice of funding opportunity to engage a non-profit, industry-based organization that will advance nationwide interoperability.

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Cures Act took an important step toward this goal by promoting a national framework and common agreement for the trusted exchange of health information. We appreciate the comments and input from stakeholders so far and look forward to continued engagement.

In developing a TEFCA that meets industry’s needs, HHS’ Office of the National Coordinator for Health Information Technology (ONC) has focused on three high-level goals:

1. Provide a single “on-ramp” to nationwide connectivity
2. Ensure electronic information securely follows you when and where it is needed
3. Support nationwide scalability for network connectivity

Sanford Health Plan continues to grow and evolve just as your practice adjusts to the shifting in the health care landscape. Please know that the process improvements to create a seamless experience for your patients is high on our priority list. Our emphasis on planning for our collective futures as integrating care networking is to be present, transparent, flexible and resilient. The communities we serve deserve this level of cooperation and trust. Thanks again for your patience and understanding during these times of change. Please consider embracing the future with us.

Four powerful words: “What Matters to You?”

In their 2012 *New England Journal of Medicine* article, Dr. Michael Barry and Susan Edgman-Levitan introduced the concept of asking, “What matters to you?” in addition to “What is the matter?” in the framework of implementing shared decision making. Their desire was to increase awareness of important issues in their patients’ lives that could drive customized plans of care.

A patient’s answer to “What is the matter” might include heart failure, high blood pressure or depression, all which are very important for the patient’s health. However, the patient’s list of “What matters to you?” might include more things like loneliness, financial struggles, sleep disturbances, all equally important for the patient’s well-being.

If you see a patient in the emergency room and give them seven referrals, chances are they won’t follow up with any, but if you give them one that is important to them—and the reason why they came to the emergency room in the first place—you’re probably more likely to have them follow up. Asking patients “what matters” will help the physician better understand the patient’s perspective on how they will manage the referrals and manage their personal life, as well as health and safety. When you are keeping your patients engaged in their health care decisions, chances are you are helping them improve their chronic conditions as well.
BREAKING the tobacco habit

Sanford Health Plan members can get their out of pocket costs for quitting nicotine covered. For most plans, current members receive the following tobacco cessation benefits at no cost or copay to the member:

- Prescription medications
- Counseling sessions for nicotine cessation
- Wellness coaching/consultation

Members can learn more about their specific nicotine cessation benefits and how they will be covered by contacting Customer Service at the number on the back of their member ID card.

The next time your patients are tempted to participate in their bad habit, whether it is using nicotine, eating candy or (fill in the blank), using mindfulness can help them analyze what is going on and push the action away.

- Engage all five senses
- Notice what’s happening
- Name what’s happening
- Let go of what’s happening, all feelings and push the thought, craving or urge away
- Seek a new, healthier action instead

It takes some practice to be able to clear your mind of a habit, but eventually mindfulness can lead to more conscious decisions for health and rewire the brain to want a new reward.
SPMI Today

Severe and persistent mental illness (SPMI) is a term used to describe the complex symptoms of a mental illness that require ongoing treatment and management. Although symptoms may come and go, having a severe and persistent mental illness requires persistent and intense therapeutic support, especially when a person with SPMI experiences a stressful event in their life.

Some of the more severe cases include difficulty caring for self, restricted in daily living, and an overall disposition that is not often socially acceptable, especially when it comes to maintaining relationships or having interpersonal interactions. Those with SPMI also have difficulty concentrating, regularly fail to complete projects in a timely manner, and typically require assistance in setting a structured schedule.

Sometimes medication may control certain primary expressions of a mental disorder, but they may not affect functional limitations imposed by the mental disorder. Often times it takes a combination of medication, psychiatric therapy and support to manage a severe and persistent mental illness.

In an extremely structured and supportive setting, members may find that they can minimize their symptoms and signs of the underlying mental disorder. These types of settings include the assertive community treatment (ACT) models where they have a high staff to member ratio and assertive engagement with frequent brief contacts. The goal of this model is to reduce the use of inpatient hospitalization and other crisis-orientated services, which in turn reduces costs. Syracuse University found that using the ACT model in their study helped decrease the member’s symptoms, increased their quality of life and their stability within the community.

Common Types of Severe and Persistent Mental Illnesses:

- **Schizophrenia**, a serious mental illness that interferes with a person’s ability to think clearly, manage emotions, make decisions, and relate to others.

- **Schizoaffective disorder**, a chronic mental health condition characterized primarily by symptoms of schizophrenia, such as hallucinations or delusions, and symptoms of a mood disorder, such as mania and depression.

- **Delusional disorder**, a serious mental illness called a “psychosis,” in which a person cannot tell what is real from what is imagined. The main feature of this disorder is the presence of delusions, unshakable beliefs in something untrue or not based on reality.

- **Bipolar disorder or manic depression**, a chronic and recurring condition that involves severe mood swings that go back and forth from the highs of mania to the lows of depression.

- **Severe depression**, a mood disorder that causes a persistent feeling of sadness and loss of interest that affects how someone feels, thinks, and behaves, and can lead to a variety of emotional and physical problems.

- **Personality disorder**, a deeply ingrained pattern of behavior that typically manifests during adolescence and then carries into adulthood, that causes long-term difficulties in personal relationships or in functioning in society.

Resource: Mental Illness Policy Organization; Dual Diagnosis
Opioid Awareness

Sanford Health Plan supports clinical practice guidelines that encourage physicians to use the PDMP (prescription drug monitoring program) that tracks controlled substance prescriptions. The PDMP can help identify Members who may be misusing prescription drugs and be at risk for overdose. 249 million prescriptions for opioids were written by health care providers in 2013, enough prescriptions for every American adult to have a bottle of pills.

By using the PDMP, providers can improve the way opioids are prescribed, reduce the number of patients who misuse, abuse or overdose from them, while making sure patients have access to safe, effective pain management. Sanford Health Plan case managers can also assist members in securing a primary care provider and if appropriate, obtain appointments with pain management clinics.

Physicians can access prescription data such as medications dispensed and doses. PDMP’s improve patient safety and member coordination of care by allowing clinicians to:

- Identify members who are obtaining opioids from multiple providers
- Calculate the total amount of opioids prescribed per day
- Identify members who are being prescribed other substances that my increase risk of opioids.

Checking the PDMP is an important step in safer prescribing of these drugs. You can access your state’s PDMP HERE.

Resource: Centers for Disease Control and Prevention

DID YOU KNOW THAT SANFORD HEALTH PLAN HAS A BEHAVIORAL HEALTH TEAM?

Our behavioral health counselors are licensed in several states and provide services to individuals experiencing behavioral health needs. Behavioral health issues are on the rise across the United States, consequently this team has seen an increase in the number of cases involving substance abuse, suicidal deaths, anxiety and depression. They provide case management services to members identified as having ongoing mental health, substance abuse, or psychosocial issues. The team also uses a social determinant screening to determine other needs for the members such as grief issues, stress, food and housing, affording medications or other financial needs.

The behavioral health team helps develop a care plan that incorporates education, counseling, and coordination of services and resources to achieve the best outcome for members. The team collaborates with other health plan departments and the member’s current providers to ensure care is coordinated and appropriate based on evidence-based treatment. The behavioral health team is located in Bismarck and Fargo, ND and Sioux Falls, SD.

Providers can contact this team at (888) 315-0884 or (877) 652-1847 (NDPERS).

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.
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

pharmacyservices@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