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Updates made to prior authorization lists

Recent updates were made to the prior authorization list. The new updated list is on the provider and member portals. Please visit the PROVIDER PORTAL for the latest update.

Requests must be made at least three (3) business days in advance. This list does not guarantee eligibility or coverage; services must be medically necessary and available under the members plan.

Nominate other providers

Do you know a primary care provider, specialist, therapist, counselor, psychiatrist, or psychologist that would benefit your patients? Nominate them to be contracted with Sanford Health plan online or by calling customer service.

Follow the instructions online at www3.viiad.com/shp/public/nominate_provider.asp to complete the nomination request.

Sanford Health Plan will contact the provider that has been nominated to see if they are interested to start the credentialing process.

Updated clinical practice guidelines available online

Sanford Health Plan is responsible for adopting and distributing clinical practice guidelines for acute, chronic and behavioral health care services that are relevant to our membership. Clinical practice guidelines are systematically developed statements that help practitioners and members make decisions about appropriate health care for specific clinical circumstances.

These guidelines can improve health care and reduce unnecessary variations in practice patterns. Practice guidelines are based on reasonable medical evidence, such as clinical literature and expert consensus.

The Plan’s multi-specialty physician committee, the Physician Quality Committee, has reviewed and approved practice guidelines for numerous conditions. Where links are provided, Sanford Health Plan has adopted the clinical practice guidelines exactly as they are written by the respective organizations.

If you have any questions or suggestions regarding these guidelines or would like to request a copy of the guidelines, please visit the mySanfordHealthPlan provider portal or call the Health Plan at (800) 601-5086 or (605) 328-6877.
RESPECTING TO THE OPIOID CRISIS—
5 KEY STRATEGIES

Physicians and healthcare leaders are not able to
successfully fight the opioid epidemic merely through
reducing overuse. Finding a systems approach to timely
and effective treatment for opioid use disorder, together
with pain assessment and management, would be far more
effective in helping our communities across the country.

So, what can healthcare leaders do to encourage a systems
approach rather than a myopic focus on opioid prescription
reduction? There are five key strategies toward a more
comprehensive approach, drawn from Effective Strategies
for Hospitals Responding to the Opioid Crisis, co-published
in 2019 by the Institute for Healthcare Improvement and
the Grayken Center for Addiction at Boston Medical Center.

1. No wrong door for treatment

Healthcare leaders can support the adoption of robust
processes for identifying and treating individuals with opioid
use disorder at key clinical touchpoints, including inpatient
settings and EDs. Yale New Haven (Conn.) Hospital and
Boston Medical Center, for instance, have implemented
interventions to provide screening, urgent care treatment
with medication for opioid use disorder and referrals to
ongoing care. Integrating addiction care into primary care
and other care settings is another treatment approach that
needs strengthening.

2. Screen in many sites

As part of expanding treatment, healthcare organizations
need to hardwire the care-delivery workflow processes to
identify and screen individuals at high risk of developing
opioid use disorder. These screening efforts should focus
on people with a history of substance use, adolescents and
young adults, and those with significant needs related to
the social determinants of their health. Health systems
can deploy proven, evidence-based approaches known as SBIRT—Screening, Brief Intervention, and Referral to
Treatment. This identifies, reduces, and prevents misuse
and dependence on alcohol and illicit drugs, along with
numerous other existing screening tools.

3. Enhance pain assessment and management

Lurking behind the opioid epidemic is a concurrent crisis
of physical pain, the management of which is crucial to
patients’ health and quality of life. Clinicians have been
trained to evaluate pain through the narrow lens of a
numeric rating using a 1-to-10 assessment scale, often
without comprehensive and ongoing assessment, as
well as updated plans for managing pain. Physicians and
medical leaders need to find a better equilibrium for opioid
prescribing practices, striving for a balance that minimizes
harm and maximizes benefit. Evidence from programs such as St. Joseph Health’s Alternatives to Opiates, or ALTO,
demonstrates that a more comprehensive and textured
approach to pain assessment and management is both
feasible and effective.

4. Educate everyone

As part of their work on prescribing practices, healthcare
leaders have an obligation to educate stakeholders—
healthcare professionals, patients and the public—both
about the risks of opioid use and about the stigma around
substance use disorders. CDC materials support patient
education about prescription opioid misuse and the risks
of addiction, while also teaching safe medication storage
and disposal. Other essential parts of this education are to
reframe substance use disorder as a chronic disease, to
be managed like other chronic conditions such as diabetes,
and to use clinical rather than judgmental language (e.g.,
say that someone has a substance use disorder, not that
they’re an addict).

5. Aim to reduce harm, not just limit opioid use

Leaders need to collaborate actively with local communities
and addiction treatment facilities to reduce all the harms of
substance use disorder.

Some health systems already have elements of these five
strategies in place. It is crucial to reframe efforts toward a
balanced focus on pain and treatment for opioid use disorder.
Existing processes, too often focused on single solutions,
are less effective than a coordinated, systems approach and
may, unintentionally, do more harm than good.

Full article available online at: www.ihi.org

Botticelli M, Gottlieb M, Laderman M. Effective Strategies for Hospitals
Responding to the Opioid Crisis. Boston: Institute for Healthcare Improvement
and The Grayken Center for Addiction at Boston Medical Center; 2019.
TELEMEDICINE KEYS OF EFFECTIVENESS FOR OLDER ADULTS

As more primary care and even some specialty care are being shifted away from office visits during the COVID-19 pandemic, the use of telemedicine is growing. Having experience and training as a geriatrician within the VA health system, Dr. Laurence M. Solberg, uses the 4Ms Framework for Age-Friendly Care to improve care for older adults.

Dr. Solberg’s article in the Institute for Healthcare Improvement recommends providers use the 4Ms Framework as a reliable and useful script to help them feel less overwhelmed by the changes. Below are the steps to follow:

- **WHAT MATTERS** — Asking patients about their goals, preferences, and priorities is a great way to build rapport at the start of a telemedicine visit and ensure that it’s person-centered. Right now, many people may prioritize avoiding COVID-19. Their provider can build a care plan around reinforcing physical distancing and making sure they have all their basic needs met. How are you getting food? Do you have help from your family? If not, what resources are in your community? Are you a member of a religious organization? Do you belong to a club? We can encourage patients to reach out to people they know who might be willing to help with things like getting groceries delivered.

- **MEDICATION** — Using a shared understanding of what matters most to the person, a provider might then ask to see the medications the patient is taking. Do you understand how and why you’re taking these medications? Does any medication you’re taking get in the way of achieving what matters most to you? We want to deprescribe medications they no longer need, but during this COVID-19 crisis, we also need to make sure they have an adequate supply of their medications. We don’t want them to take half the correct dose because they’re afraid of running out, for example.

- **MENTATION** — It’s essential to address a patient’s cognition during every televisit. It doesn’t have to be extensive, but a brief screening to assess cognitive impairment will help make sure the discussion you’re having will be remembered or understood. What day of the week is it? Can you list the months of the year backwards, starting with December?

- **MOBILITY** — The great thing about addressing mobility during a televisit is you can see how the person gets around in their own home. Ask them to get up out of their chair and walk a few steps. While people are practicing physical distancing, you can discuss plans to stay active while at home. They can do laps around a room or around a house. You can advise them to do five to 10 sit-to-stand repetitions three to four times a day.

Using the 4Ms Framework is a simple way to personalize telemedicine and make it more supportive of older patients during this time of stress and anxiety. Doing what you can to make those patients feel more safe and welcome will help everyone get through these tough times.

**References**
TIPS FOR IMPROVING STAFF WELLBEING DURING COVID-19

COVID-19 has taken its toll on health care workers in so many different ways this year. From increased patient loads, a constant threat of exposure, and the trauma of treating those critically ill with a highly contagious virus is placing staff under immense stress. According to Lisa McKenzie, MHA with the Institute for Healthcare Improvement, the multitude of stressors these frontline staff face are intensifying burnout and mental health issues.

Following a few suggestions on how to prioritize staff’s wellbeing and joy in work will help keep those mental health issues and burnout rates to a minimum. Lisa states, “Healthcare professionals dedicate their lives to helping others, so it is crucial for leaders to support the wellbeing and joy in work for the benefit of both staff and patient care.”

1. **Listen to staff and respond to concerns about wellbeing.** Many leaders have been shifting the dialogue with staff from “what is the matter” to “what matters to you” and enabling meaningful conversations to elicit concerns. Staff are more likely to engage with leaders who are accessible, actively listen, openly share their own feelings and demonstrate genuine care for the welfare of others. These leadership behaviors also promote psychological safety, encouraging staff to speak up if they are worried about their own or a colleague’s physical or mental health.

2. **Provide transparent communication.** Transparency builds confidence and trust during a crisis. Leaders are not expected to have all the answers, but providing honest accounts of what is known and what remains unclear helps staff to make sense of what is happening at the moment. It is crucial for leaders to establish real-time communication and feedback mechanisms to remain responsive to staff concerns and learn about what is working well. Team huddles, shift debriefs, daily situation reports, and wellness rounds are some of the channels being used to enhance communication and alleviate stress.

3. **Promote mental health and wellbeing.** “You can’t pour from an empty cup.” Using this phrase and identifying those staff caring for patients need system supports which encourage getting quality sleep, eating well, engaging in physical activity, and maintaining social connections. Many hospitals now have designated wellness spaces where staff can sleep or simply take a break. Some are even providing “comfort boxes” containing snacks, wellbeing resources, toiletries, and messages of appreciation to encourage staff to “refresh and refuel.” Leaders need to be open about how they take care of their own wellbeing so they can have a positive influence on their staff.

4. **Offer support where, how, and when staff need it.** Many organizations have increased their services to support mental wellbeing. These include employee assistance programs, pastoral care, peer support, clinical psychology, and psychiatric services. Some organizations have offered “psychological first aid” in strategic locations, like cafeterias and staff lounges, to provide easy access. Others have set up 24/7 hotlines or expanded teletherapy so staff can seek virtual support. While some staff will seek assistance and want to discuss the impact of COVID-19 on their wellbeing, others may prefer to shift their focus and escape the barrage of pandemic-related information. In response to staff requests, respite rooms are being established where colleagues are not allowed to talk about anything associated with the coronavirus.

**Specialty referrals**

If you have a Sanford Health Plan member requiring a specialist, and the practitioner they are requesting is unavailable, please assist them by offering alternative options. In some instances, the members may need to be seen by a specialist, but that specialist is unavailable for a variety of reasons.

Often times, a similar specialist may offer services right in your own clinic. In those instances, we ask for your assistance in offering these patients the option to see other like specialists in your clinic. If your specialist is unavailable and you do not have other options available in your clinic, please refer that patient to Sanford Health Plan Customer Service Department 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

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 fee schedule inquiries, check adjustments & reconciling a negative balance, request explanation of payment (EOP), claim reconsideration requests, W-9 form, change/updating information, provider education

providerrelations@sanfordhealth.org

Provider Relations (800) 601-5086

CONTACT FOR: Requests to join the network and contract-related questions and fee schedule negotiation

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