Senior Whole Health
BY MOLINA HEALTHCARE

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Provider eNEWS

NEWS FOR THE NETWORK

Quality Insider Newsletter– opening remarks

Senior Whole Health of Massachusetts appreciates the strong partnership we have with our network providers who offer exceptional care to our members. This Quality Insider newsletter offers providers information and tools to support our quality programs focused on continuous quality improvement and health equity for Senior Whole Health of Massachusetts members. Thank you for your support and collaboration in helping improve outcomes for our members!

Christopher A. Post, MD, Chief Medical Officer

Senior Whole Health quality corner

The Senior Whole Health (SWH) quality team has been hard at work implementing various projects and interventions to improve the quality of care for our members.

STARS® ratings program

SWH participates in the STARS® Ratings program overseen by the Centers for Medicare and Medicaid Services (CMS). CMS rates health plans on a 1 – 5-star rating system, based on performance on various measures – with five stars being the highest quality rating. Data sources comprising the STARS® Ratings include the following:

- Healthcare Effectiveness Data and Information Set (HEDIS®) ratings
- Consumer Assessment of Healthcare Providers and Services (CAHPS®) scores
- Health Outcomes Survey (HOS) scores
- CMS administrative data
- Prescription drug program (PDP) data

Understanding the measures contributing to STARS® ratings becomes increasingly important as CMS continues to focus on quality improvement, patient experience and costs.

The 2023 SWH STARS® ratings are based on data from the measurement year 2021 (MY2021), with final results submitted June of 2022. Health plan report cards with STARS® Ratings are updated each September on the National Committee for Quality Assurance (NCQA) website. SWH saw an overall decrease in the 2023 Star Ratings. Factors contributing to this decrease include:

- Increase in the weight of the annual CAHPS member survey from 2x to 4x, with CAHPS scores the primary factor leading to the decrease in Star Rating
- Implementation of new, complicated systems and processes
- COVID relief adjustments by the Centers for Medicare and Medicaid Services (CMS) contributing to Stars 2022 that were not applied for Stars 2023

SWH appreciates the partnership with our network providers to improve the quality of care and overall patient experience. You can view more details on the current 2023 SWH STARS® Ratings on the NCQA website: **reportcards.ncqa.org/health-plan/Hp_3_1_001G000001uwsbRIAQ_596**.

CAHPS® results

Member satisfaction and feedback obtained through the 2022 CAHPS® survey had an increased impact on the 2023 STARS® Ratings, with **member experience** having the highest overall weight toward the 2023 STARS® ratings. The annual CAHPS® survey provides an opportunity for members to share their feedback about their experiences and perception of the care they received. The Annual Flu Vaccine survey question received the highest rating on the survey.

Survey results identified opportunities for improvement that include provider care, customer service and care coordination. See the table below for tips on addressing these with your patients:

Opportunity	Talking points
For patients having trouble getting a timely appointment	• Encourage staff to empathize and explain scheduling limitations with the patients to reduce member abrasion • Offer choices in appointment times • Offer cancellation lists when feasible • Consider outreaching to specific specialists to help facilitate timely appointments when needed
Getting care quickly	• Identify scheduling practice limitations and workable solutions • Brainstorm ideas with staff to ensure timely appointments leading to higher patient satisfaction • Communicate improvement efforts to patients • Assist patients with scheduling appointments when needed
Communicating well	• Provide thorough explanations and assess patient understanding of information • Use written educational materials when appropriate, preferably in the patient's native language when possible • Ask clarifying questions in an empathetic manner to put patients at ease • Tailor language to the patient's level, and avoid using technical language • Utilize motivational interviewing with patients when possible • During appointments, ask your patient if they have seen a specialist recently • Communicate important health information to specialists and other members of the health care team
Health care quality	• Adhere to current clinical practice and preventive health guidelines to ensure evidence-based practice and best practice principles • Monitor guidelines on the SWH website for routine updates • Consider documenting specific guidelines being followed for health conditions to enhance documentation and demonstrate best practices based on evidence-based care • Identify areas of need for education and training among staff in your practice

Learn more about the CAHPS Survey by visiting CMS.gov:
cms.gov/research-statistics-data-and-systems/research/cahps

HEDIS®

HEDIS® measure data contributes significantly to the SWH STARS® rating each year. Based on performance for the most recent STARS® rating from MY2021, SWH has identified multiple areas of opportunity to improve quality and impact ratings. Please see the table below for information on how you can help support SWH's priority focus measures:

Measure:	How you can help?	Additional information:
Eye exam for patients with diabetes (EED)	• Review testing, screening and other services your patient may be due for at each office visit, and provide patient education on the importance of annual diabetic eye exams. • Ensure eye exam results are read by an optometrist or ophthalmologist (remote imaging, fundus photography, digital eye exams). • Review the medication list and prescribe statin therapy for all diabetic patients ages 40 to 75 years. • Refer patients to SWH Disease Management program by contacting the member's SWH care manager or Member Services.	Use CPT II: 3072F for eye exam with an eye care professional if prior year's eye exam was negative or showed low risk for retinopathy
Hemoglobin A1c control for patients with diabetes (HBD)	• Review testing, screening, and other services that your patient may be due for at each office visit, and provide patient education on the importance of controlling blood glucose levels. • Remember to bill for any testing done during an office visit and document the date and results in the patient record. • Review the medication list and prescribe statin therapy for all diabetic patients ages 40 to 75 years. • Refer patients to SWH Disease Management program by contacting the member's SWH care manager or Member Services.	HbA1c Test Result HbA1c <7.0% = CPT II: 3044F HbA1c Test Result HbA1c >9% = CPT II: 3046F HbA1c Test Result HbA1c ≥7.0% to <8.0% = CPT II: 3051F HbA1c Test Result HbA1c >8.0% to ≤9.0% = CPT II: 3052F
Controlled Blood Pressure (CBP)	• Retake blood pressure if it's elevated during the office visit. • Use automated blood pressure cuff/machine to reduce errors with human readings. • Conduct medication review and assess adherence to ensure appropriate treatment is in place. • Adjust medication therapy, diet, and exercise plans to improve blood pressure readings. • Document blood pressure readings and the associated CPT/HCPCS codes during visits. • Schedule follow-up visits to recheck blood pressure readings when uncontrolled. • Refer patients to SWH Disease Management program by contacting the member's SWH care manager or Member Services.	CPT codes for BP readings: **Systolic:** Less than 130mmHg = CPT II: 3074F Between 130-139mmHg = CPT II: 3075F Greater than/equal to 140mmHg = CPT II: 3077F **Diastolic:** Less than 80mmHg = CPT II: 3078F Between 80-89mmHg = CPT II: 3079F Greater than/equal to 90mmHg = CPT II: 3080F

HEDIS® (Continued)

Measure:	How you can help?	Additional information:
Kidney Health Evaluation for Patients with Diabetes (KED)	• Review diabetes services needed at each office visit. • Order labs before the patient's appointment. • with diabetes. Note: two appointments are needed with a diabetes diagnosis on different dates of service for patients to be part of the measure. • Bill for point-of-care testing if completed in the office. • Adjust medication therapy, diet and exercise plans to improve lab values. • Refer patients to SWH Disease Management program by contacting the member's SWH care manager or Member Services.	**Need both:** 1. Estimated glomerular filtration rate (eGFR) 2. Urine albumin-creatine ratio (uACR)
Breast Cancer Screening (BCS)	• Identify female patients needing mammograms. • Educate female patients about the importance of screening for early detection and available testing methods. • Schedule a mammogram for female patients using the member's preferred location.	Document a bilateral mastectomy in the medical record.
Osteoporosis Management in women who had a fracture (OMW)	• Identify female patients who have had a fracture and order bone mineral density test **or** prescribe medication to prevent osteoporosis **within six months** of the fracture. • Educate female patients about safe mobility and fall prevention. • Refer patients for physical therapy/a home safety evaluation if indicated (frequent falls at home).	Bone mineral density testing/ screening for osteoporosis is recommended in women 65 years and older by the United States Preventive Services Task Force
Transitions of Care (TRC): Patient engagement after inpatient discharge	• When the patient is discharged from an inpatient setting, ensure a follow-up visit occurs within seven days of discharge, per SWH guidelines (in-person, e-visit, virtual, or telephone visit). • Review patient discharge summaries. • Educate patients on the importance of a follow-up visit to ensure medication reconciliation is completed and all needed services are in place.	Documentation of a follow-up visit within 30 days post-discharge
Colorectal Cancer Screening (COL)	Ensure patients are screened for colorectal cancer using: • gFOBT or iFOBT (or FIT) during the measurement year. • A flexible sigmoidoscopy during the measurement year or in the four years before the measurement year; a colonoscopy during the measurement year or in the nine years prior. • A CT colonography during the measurement year or in the four years before the measurement year or in the two years before the measurement year. • FIT-DNA test during the measurement year or in the two years before the measurement year.	Documentation in the medical record must include a note indicating the date the colorectal cancer screening was performed

HEDIS® (Continued)

Measure:	How you can help?	Additional information:
Annual Wellness Visits (AWV)	• Educate patients on the importance of the AWV to promote wellness and develop a personalized plan for disease prevention. • Schedule an initial preventive physical exam – also known as the **Welcome to Medicare** visit – to conduct a comprehensive assessment and develop a written prevention plan. • Schedule return visits annually to review and update their plan. • Complete health risk assessment and develop a written health screening schedule to share with your patient.	This visit is separate from an annual complete physical exam and is paid for by Medicare. The services provided during this visit are expanded to focus on wellness and prevention and to include a focus on emotional, psychological and physical well-being.
Care of Older Adults (COA): - Medication review - Functional Status Assessment (e.g., ADLs or IADLs) - Pain Assessment	Evidence of each of the following in the patient records and claims during the measurement year: • Medication review completed by the prescribing practitioner or clinical pharmacist with a medication list that includes the review date. • Functional Status Assessment- documentation of a comprehensive assessment (not limited to an acute or single condition) of the patient's functional status and ability to perform ADLs or IADLs. • Pain assessment- document an assessment of patient pain level (e.g., pain inventory, numeric rating scales, faces pain scale). Documentation of screening for chest pain alone does not count; pain assessments performed in an acute inpatient setting do not count. • Be sure to refer to HEDIS® tip sheets in the Availity provider portal for the appropriate CPT II codes for each of the above.	Codes to use for medication reviews: CPT: 90863, 99483, 99605, 99606 CPT II: 1160F

To learn more about HEDIS® measures, please see the detailed HEDIS® tip sheets in the Availity provider portal in the Payer Spaces/Resources section. You can log into or register for your Availity account online at **provider.MolinaHealthcare.com/provider/login**. You can also contact your SWH provider services account manager for help or if you have any questions.

HEDIS® highlight – *medication reconciliations during TOC

Providers should prioritize medication reconciliation and safety – especially when a patient taking multiple medications is discharged from an inpatient setting and returns home or during other transitions of care. Medication errors often occur during this time when there have been changes to medications that could be confusing or forgotten about by the patient. The time commitment required for gathering the medication history, identifying and reviewing the most updated medication list from various sites of care and a lack of standardization in completing the reconciliation process can impact the quality of the review. Recommendations from the Institute on Healthcare Improvement (IHI) include the following:

- Reconcile medications at each visit
- Collect a medication list that includes all medications (prescriptions, over-the-counter, herbals, supplements, etc.) that includes the dose, frequency, route and reason for taking
- Verify that the patient is taking everything on the list
- Verify if any changes need to be made to the current list based on your visit with the patient
- Verify any new medications prescribed during the visit
- Provide clear instructions to the patient or their representative, including dose changes to existing medications, discontinuation of medications and/or holding medications for a procedure or other reason
- Provide clear instructions on the need for any follow-up visits with specialists or other prescribers
- Verify the medication list with the patient or their representative at every visit

Other suggestions to improve medication safety include:

- Implement standardized processes in your practice setting, with clear expectations of staff roles and responsibilities for reconciling medications within a specific timeframe
- Communicate with other providers if there are any questions or if the patient is unable to give an accurate account of their current medication list
- Obtain and review all discharge summaries for patients discharged from inpatient settings
- Use a standardized medication list form for all patients
- Implement staff education for anyone in your practice reconciling medications to increase safety and awareness

Educate members on the importance of medication safety and request that all medications are brought to their appointments.

MassHealth Performance Improvement Projects – transitions of care

Transitions of Care PIP

The SWH transitions of care (TOC) Performance Improvement Projects (PIP) aim to improve patient engagement after an inpatient discharge. There should be a special focus on identifying and mitigating cultural, linguistic, and health equity barriers that affect patient engagement for follow-up after discharge from an inpatient facility. Interventions designed and implemented are evaluated for effectiveness to measure improvement over the three-year project cycle. The current interventions are designed to accomplish the following:

- Create comprehensive care plans and enhance communication with members to improve compliance with follow-up visits within 30 days post-discharge.
- Mitigate language barriers and enhance provider communication with members among primary provider groups identified as low engagers to improve compliance with follow-up visits within 30 days post-discharge.

2023 is the second year of this project. SWH has already implemented a variety of successful interventions, including:

- Transition of Care call template used by SWH nurse care managers was enhanced to incorporate members' questions, focusing on identified barriers such as transportation, language, and member understanding of the importance of follow up
- A deliberate prompt aimed at pairing care managers with the same language preferences and capabilities and from the same culture as members to the extent possible
- Care plan enhancements that include a standardized problem list for members being discharged, focused on identified barriers such as transportation, language, difficulty reaching members and member understanding of the importance of follow-up care
- Conducting annual trainings on motivational interviewing with care managers and ensuring those trainings are available to network providers
- Developed a fax-to-mail communication process to consistently notify providers of members discharged to a home setting from an inpatient facility
- Sharing information with providers on SWH interpreter services available through multiple avenues such as newsletters, website provider resource posts, fax blasts, mail or emails to targeted non-engaging groups of focus

We will update this project and explore new opportunities for interventions as we move forward.

Flu Vaccination PIP

The SWH Flu PIP aims to improve flu vaccination rates among members, with a particular focus on reducing racial disparities in flu vaccination access. Interventions were implemented over this three-year project – slated to be completed later this year. The interventions implemented include:

- Flu clinics conducted by SWH in communities and housing authorities where members live, with a focus on areas with low vaccination rates and racial disparities
- Member education on the importance of flu vaccination promoted through flu postcards, member newsletters, social media Facebook posts and multi-language flu flyers on the SWH member website
- Flu gap list activity with providers who had significant gaps in flu vaccination among SWH members
- Provider education and outreach to increase awareness of flu vaccination for SWH members

SWH will close out the Flu PIP project in 2023 as the three-year cycle ends. However, we will continue to promote flu vaccination among members and providers. SWH is working on a project to expand the SWH flu and COVID-19 vaccination clinics for the upcoming 2023-2024 flu season in more communities. Please keep an eye out for information on these community events and encourage your patients to participate as the season gets closer.

Island Peer Review Organization

MassHealth has contracted with Island Peer Review Organization (IPRO) – a new external quality review organization (EQRO). IPRO has replaced our previous EQRO – KEPRO – and oversees the EQRO process for SWH as of January 1, 2023. IPRO has experience ensuring quality program goals outlined by CMS are carried out. Goals include evaluating and working with health plans to improve performance on quality, timeliness and access to care for members. They will work with SWH to provide compliance reviews, technical assistance and oversight for the SWH PIP projects.

Be on the lookout for more news on our partnership with IPRO.

Culturally and Linguistically Appropriate Services (CLAS) – SWH resources for providers

SWH provides care for and services to a culturally diverse population, with most members speaking non-English languages. SWH members also have disparities in social determinants of health and require a clear understanding of their needs from all members of their health care team. SWH offers an array of resources for our network providers on the SWH provider website, including information on trainings, tools, interpreter services and links to other helpful resources.

Please click the link below to see what is available and complete the training modules:
MolinaHealthcare.com/providers/ma/swh/health/cme.aspx

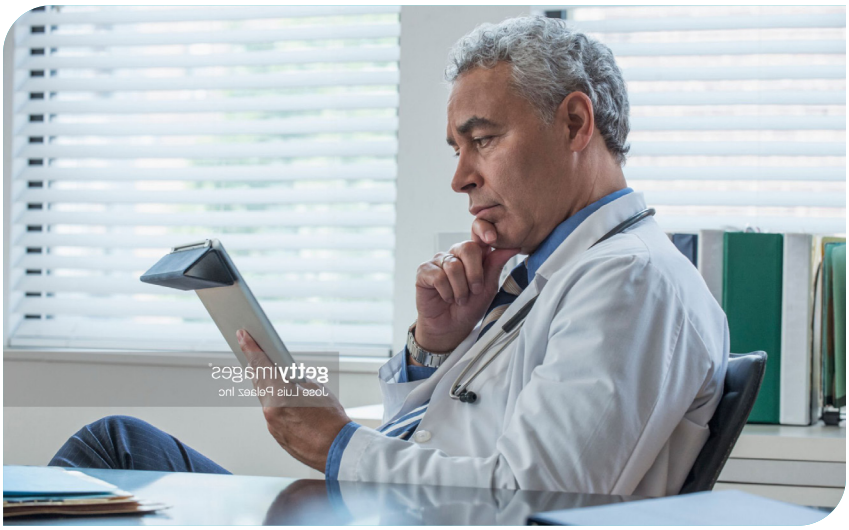
Clinical practice and preventive health guidelines – guiding your practice

With medical innovations, research and constantly evolving new technologies, SWH wants to remind our providers about the importance of routine review and the adoption of new and updated clinical practice and preventive health guidelines. These guidelines are available on our website.

SWH reviews clinical practice and preventive health guidelines quarterly and as new or existing guideline updates are published. Once internally approved, the guidelines are uploaded to the SWH provider website as a resource to assist your practice. Information is also shared with our provider network through fax notifications and the provider newsletter to facilitate awareness and implementation with members.

The benefits of implementing updated practice guidelines include:

- Guides up-to-date evidence-based practice standards
- Improves the quality of patient care by improving clinical outcomes
- Assists in preventing complications
- Increases the likelihood of approvals related to the medical necessity of services
- Provides a solid foundation for medical decision-making across all settings
- Reduces the use of ineffective or outdated interventions as new medical research emerges



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Clinical practice and preventive health guidelines – guiding your practice (Continued)

Tips for implementing the most current guidelines include:

- Bookmark the list of SWH clinical practice and preventive health guidelines
- Set a reminder to check the SWH website for any new guidelines or updates to existing guidelines at least quarterly
- Create a short list of best practices and/or evidence-based care for the most common health conditions you treat based on the most current guideline recommendations
- Implement a review process within your practice to determine if your practice aligns with the updated practice guidelines
- Involve your patients in shared decision-making to increase focus on evidence-based treatments
- Document in the patient's record the evidence-based practice guidelines followed

The most recent Molina Healthcare and SWH-specific clinical practice and preventive health guidelines are online at **MolinaHealthcare.com/providers/ma/swh/home.aspx** under the **Health Resources** tab. Please check the site periodically for updates!

Addressing advanced directives in reluctant and diverse populations

For SWH members, addressing advanced directives cannot be understated. Initiating a conversation focusing on end-of-life care wishes can be a challenge. Cultural considerations can influence a patient's response to sensitive topics. Providers should ensure that patients' values and beliefs are respected. Many patients in specific cultural groups might prefer not to discuss their diagnosis and want their provider to discuss their options with only their family. Others prefer that family members make the final decisions surrounding their treatment. Some cultures view the discussion of end-of-life care as disrespectful or harmful to a patient's well-being – eliminating hope or causing unnecessary anxiety. When discussing with patients who speak different languages, a trained health care interpreter should always be used to avoid miscommunication and misunderstanding.

Maintaining cultural awareness and investing time to review current literature can help providers approach the subject of advanced directives and end-of-life decisions with culturally diverse patients in a more deliberate, effective, sensitive and, most importantly – appropriate – way.

Below are some helpful tips for you to consider when helping your patients with the completion of their advanced directives with members.

Health care proxy

- Facilitate the completion of this form during routine visits if one is not in the patient record, taking the patient's cultural preferences into consideration
- Provide education to patients and/or their families on the importance of having this form on file

Living will

- During a patient visit, have a conversation with patients and/or their families to understand their perspective and ensure their preferences are considered
- Work within the cultural parameters to understand the patient's wishes – asking questions and including their family when indicated

Addressing advanced directives in reluctant and diverse populations (Continued)

Medical Orders for Life-Sustaining Treatment form:

- Medical Orders for Life-Sustaining Treatment (MOLST) are not part of an advance directive. It's used when your patient can still make their own decisions. Both the provider and patient sign the form, and it's a medical order about life-sustaining treatments for a person with an advancing or severe illness. It helps guide treatment based on your patient's wishes.
- Providers should educate patients on the purpose of the MOLST form and facilitate completion.
- Providers should save a copy of a patient's Living Will and MOLST in their medical record.
- You can find more information on available Massachusetts health care proxy, living will and MOLST forms online at **mass.gov/info-details/massachusetts-legal-forms-for-subjects-e-h#health-care-proxy-/-living-will-**

Motivational interviewing training now available on the provider portal

SWH is pleased to announce a new motivational interviewing training. SWH care managers receive annual training on motivational interviewing to support their work with our members. Motivational interviewing can help caregivers better understand ways to approach and work with their patients to gain improved compliance with treatment and services. For example, belief systems in some cultures can lead to hesitancy and avoidance of recommended health care services, such as flu or COVID-19 vaccinations.

You can find the training in the Availity portal under the **Payer Spaces > Resources** tab. Please review the information in the presentation and incorporate these concepts into your practice.

We want your feedback!

SWH appreciates our network providers and the care provided to our members. Your input is critical to continue our mission of continuous quality improvement. SWH will periodically send surveys requesting your feedback. We value and review all of your feedback to help us better understand any barriers you're facing and to guide areas of focus. Please try to respond to future surveys you receive from SWH. Your input and feedback are vital to what we do!

Thank you for your partnership and the exceptional care you give our members – your patients!