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A MESSAGE FROM

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The Importance of Screening for Depression

Depression in various forms is one of the most prevalent medical conditions in the United States and in Tennessee, affecting more than 8% of American adults each year. Depression significantly impacts quality of life and is a leading cause of morbidity, disability, rising economic cost and mortality. It can also negatively impact co-occurring conditions such as cancer and heart disease.

Given the prevalence of depression, it's essential to screen for the condition. Providers who frequently see patients have an opportunity to detect depression and provide resources.



In 2021, an estimated 21 million adults in the United States had at least one major depressive episode.

Helpful Tips for Provider Offices

Time efficiency and cost-effectiveness are critical in building a successful, sustainable process for depression screening. The United States Preventive Services Task Force (USPSTF) recommends implementing screening with adequate systems in place to ensure accurate diagnosis, effective treatment and appropriate follow-up.

Note: USPSTF doesn't recommend screening for major depressive disorder in children ages 11 years and younger due to insufficient evidence of net benefit.

Health screenings for depression are billable, especially during postpartum care:

- › Providers caring for patients with BlueCare, TennCare*Select* and CoverKids coverage may earn an additional payment on top of their regular reimbursement for postpartum care.
 - The postpartum visit must be performed within seven to 84 days of the delivery date, and the delivery date should be included on the claim to get the extra payment.
- › CPT® code 96160 (administration of health risk assessment instrument) should be billed with a TH modifier.

To learn more, you may find the following resources helpful:

- › [Behavioral Health Clinical Practice Guidelines](#)
- › [Provider Administration Manual](#)
- › [Behavioral Health Web Page](#)

References:

1. [National, State-Level, and County-Level Prevalence Estimates of Adults Aged ≥18 Years Self-Reporting a Lifetime Diagnosis of Depression – United States, 2020 | MMWR \(cdc.gov\)](#)
2. [These are the top 10 health conditions affecting Americans \(usatoday.com\)](#)
3. [Most Common Health Problems | U.S. News \(usnews.com\)](#)
4. [Recommendation: Depression and Suicide Risk in Adults: Screening | United States Preventive Services Taskforce \(uspreventiveservicestaskforce.org\)](#)
5. [Depression: Screening and Diagnosis | AAFP](#)
6. <https://www.apa.org/depression-guideline>
7. [Clinical Practice Guideline for the Assessment and Treatment of Children and Adolescents With Major and Persistent Depressive Disorders - Journal of the American Academy of Child & Adolescent Psychiatry \(jaacap.org\)](#)
8. [Screening and Diagnosis of Mental Health Conditions During Pregnancy and Postpartum | ACOG](#)
9. [Depression Assessment Instruments \(apa.org\)](#)
10. [Patient Screening | ACOG](#)
11. <https://tnaap.org/resources/developmental-behavioral-health-screening-tools/>
12. [EPSDT & Coding Overview | TNAAP](#)
13. [BeHiP Overview | TNAAP](#)
14. <https://www.nimh.nih.gov/health/statistics/major-depression>
15. <https://www.mhanational.org/conditions/depression#:~:text=Basic%20Facts%20About%20Depression,are%20affected%20by%20major%20depression.>

Putnam County Pediatrics: Building a Community of Quality Care

Putnam County Pediatrics understands the impact that building strong relationships has on meeting well-care visit goals. The physicians in the practice have been serving their community for almost 20 years, building trust and rapport with generations of families.

“We’ve found that parents are reassured when we’re familiar with their detailed medical history and can provide coordinated care,” said Johanna Trevino, Patient-Centered Medical Home (PCMH) Coordinator. “They feel like their care is personalized and efficient when we have up-to-date information and can refer to it during conversations. We also have on-site Spanish translators who can help us communicate with more of our families.”

The practice uses their long-standing relationships to encourage patients to attend regular well-care visits. Future appointments are scheduled when the patients check out, and staff members are assigned to reach out directly if patients miss an appointment or are overdue for a visit.

Trevino said that while these practices helped increase their well-care visit performance, special incentives also encourage patient populations that are harder to keep scheduled, like those older than 18 years. Past incentives include drawings for gift cards and AirPods®.

These solutions have been a success for Putnam County Pediatrics. In 2023, they increased well-care visits for patients ages 18-21 by 5% and well-child visits in the first 30 months by 12%.



Building a Strong Team

Communication is key when it comes to staff impacting the quality of patient care. The practice has regular morning team huddles and staff calls to review changes in their electronic health records system, discuss how to address gaps in care, share what solutions are working and re-evaluate workflows to see how they can make additional improvements.

They also encourage friendly competition among the team and offer prizes and incentives when the team works together to meet metrics and goals.

Patient-Focused Comprehensive Care

In addition to well-care visits, Putnam County Pediatrics offers a full scope of primary pediatric care, specialty services and educational tools that allow them to efficiently coordinate care and meet the needs of their patients and their families including:

- › Extended office hours to address sick visits
- › Same-day urgent care for minor injuries
- › 24/7 on-call coverage by a pediatrician to assist with refill requests, symptom management at home and determine if emergency care is needed
- › Lactation support
- › Comprehensive ADHD screenings and treatment
- › A robust website with patient resources and forms



A Clinical Focus

Promoting Health Equity

In February, we released the second edition of our Health Equity Report. As part of our commitment to understanding and addressing health disparities, we added a section on social drivers of health featuring our proprietary Social Risk Index and highlighted efforts to improve health outcomes in this year's report.

Using data from several publicly available sources, we published the report for the first time in 2023 with a focus on how social factors impact physical and mental well-being. This year's edition highlights the impact of 20 social risk factors and provides updated data on key health categories including:

- › **Behavioral health**
- › **Cancer**
- › **Child & adolescent well-care**
- › **Chronic condition management (high blood pressure, diabetes, asthma)**
- › **Maternal health**

Social Risk Factors Affecting Outcomes

We know that social drivers of health shape our members lives and well-being, sometimes leading to health disparities, or unfair and avoidable differences in health status. To identify the social barriers our members face and target their specific needs, our data science team used decades of data to create our **proprietary social risk index (SRI)**.

- › To **understand the member experience**, we analyzed more than 200 different surveys and assessments, connected more than 300,000 members to acknowledged social risk factors, and received more than 600,000 responses identifying these risks.
- › **Using location-based assessment** allowed us to identify and measure our members' access to care based on drive times to in-network and primary care and behavioral health providers.
- › **Quantifying the relationship between a member's social drivers of health and their health outcomes** so our care managers can address the most critical member-level barriers to care.



Dr. Andrea Willis

BlueCross Chief Medical Officer

"What really stands out to me in this second report is that this data is needed now more than ever," said Dr. Andrea Willis, BlueCross Chief Medical Officer. "We've prioritized support for health literacy, immunization, well-child screenings and mental health services because we know that's where we can have the greatest impact. We're really encouraged by what we learned in the production of the initial report and how we were able to use that data to better serve our members and communities across Tennessee."

How We're Supporting Health Equity

Our SRI not only allows us to identify the social risks our members face, but also gives us a window into their ability to improve their health and how we can invest in their communities to support them.

Our foundation is investing millions each year to build **BlueCross Healthy Places**. Each one gives our neighbors opportunities for healthy activity and helps strengthen the bonds that form the backbone of our communities.

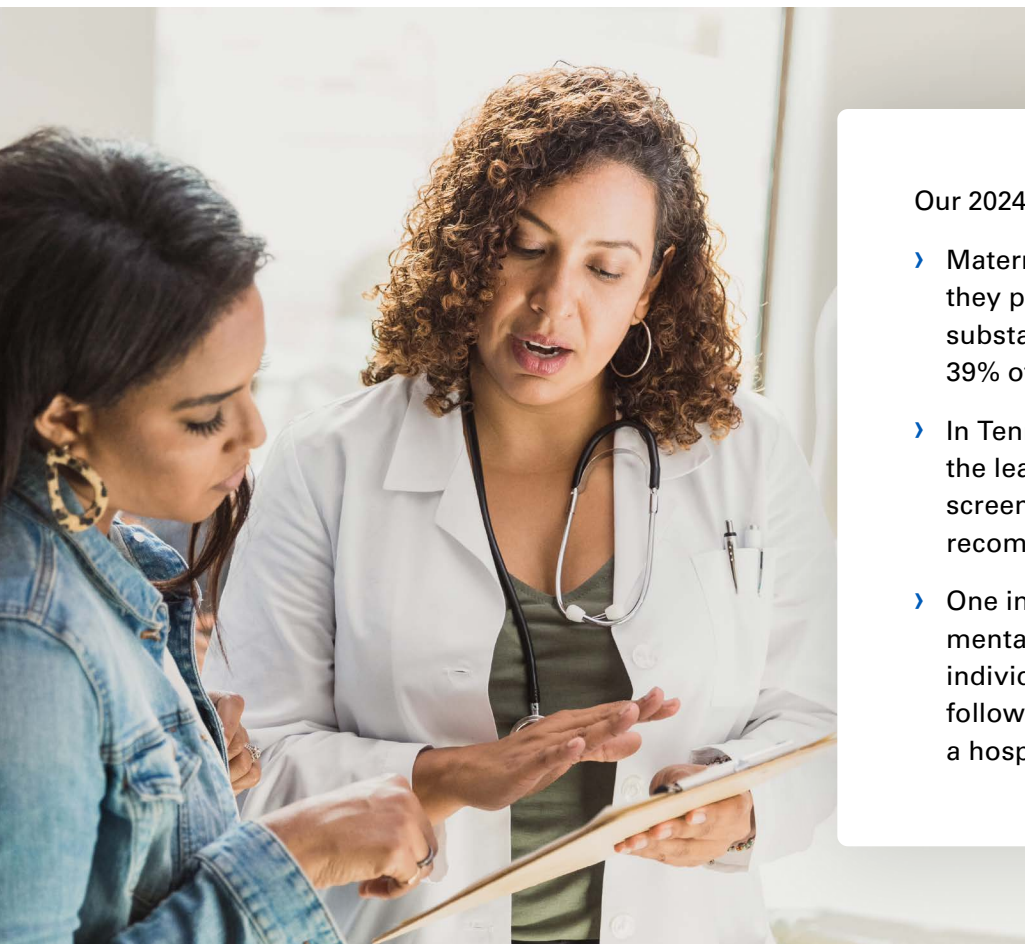
To help those facing food insecurity, we're working with non-profit organizations and groups to help provide fresh, healthy food sources directly in their communities. We support community refrigerators,

community gardens, food pantries and food banks in different regions across the state, as well as host courses explaining how to eat healthy on a budget to pair together food and diabetic nutrition education.

We also provide free, non-emergency transportation services to doctors or pharmacies up to 90 miles away for BlueCare Tennessee members.

Providers play a key part in helping address health disparities, so we're sharing this data so you can identify needs and resources for your patients.

To review the Health Equity Report and more of its key findings, please visit <https://www.bcbst.com/healthequity>.



Our 2024 report reveals:

- › Maternal health disparities persist, and they play a role in maternal mortality – substance use disorders contributed to 39% of all pregnancy-related deaths.
- › In Tennessee, Hispanic individuals are the least likely of all racial groups to be screened for colorectal cancer at the recommended age.
- › One in four Tennesseans had a mental illness in 2021, and Black individuals were less likely to receive follow-up care within seven days of a hospitalization.

New Cultural Competency Training Available for Providers in Our Commercial Networks

Our Commercial network providers now have access to three cultural competency education courses through **Quality Interactions** at no cost to them. These courses are interactive, engaging and fully mobile-friendly so you can learn on the go. Because they're accredited, you'll be eligible for one hour of Continuing Medical Education (CME), Continuing Education Unit (CEU) or Commission for Case Manager (CCM) credits upon completion. We'll also award you a Cultural Competency designation in our online provider directory.

Course Descriptions

- › **ResCUE Model for Cross-Cultural Clinical Care:** This course applies the action-based ResCUE Model™ to address common cross-cultural issues and facilitate effective negotiation of care management plans. You'll learn how to communicate effectively and build rapport without making assumptions, communicate in cross-cultural interactions, and ask questions and develop management strategies that help you understand and engage patient perspectives.
- › **Improving Adherence in Diverse Populations:** This course provides a research-based overview of adherence behaviors and cross-cultural barriers. It shares actionable strategies that include an adherence screening and counseling tool, the ESFT Model™, which you'll apply to interactive case scenarios.
- › **Recognizing and Responding to Implicit Bias in Maternal Health:** This course gives an overview of the research surrounding implicit bias, how it impacts maternal health outcomes, and how providers can offer stigma-free care. You'll acquire and practice applying a person-centered approach for addressing implicit bias and building trust in your patient interactions.

You can access the training at learn.qualityinteractions.com/bcbstn/bcbstnproviders. To submit your completion for a Cultural Competency designation, email Leigh_Sanders@bcbst.com.

Why These Courses Matter in Tennessee

Numbers from our [2024 Health Equity Report](#) show these types of courses are crucial to increasing health equity across Tennessee.

- › Black children in Tennessee were 34% less likely than White children to be vaccinated against the flu in 2022.
- › Black pregnant patients in Tennessee were 2.3 times more likely to die than White patients.
- › Half of all Asian and Hispanic members experience a language barrier when seeking care.

An Overview of Pregnancy-Related Quality Measures

The importance of prenatal and postpartum care can't be overstated. Several Healthcare Effectiveness Data and Information Set (HEDIS®) measures assess if patients get recommended care during and after pregnancy.

Prenatal Visits and Depression Screenings

Prenatal visits in the first trimester are crucial for establishing the foundation for a healthy pregnancy. To close the prenatal care gap, patients should have a prenatal visit during the first trimester or within 42 days of enrolling in their health plan.

A critical component of these office visits is a prenatal depression screening. Using standardized tools, such as the Patient Health Questionnaire-9 (PHQ-9), enables health care providers to identify depression symptoms early. Following a positive depression screening, provide timely follow-up care within 30 days to address patient needs. This proactive approach not only bridges the care gap, but also supports the overall health and safety of the pregnant patient during the prenatal period.

Prenatal Immunizations

Vaccination during pregnancy helps protect both the pregnant patient and unborn child from certain illnesses. Pregnant patients should have a flu vaccine between July 1 of the year prior to the measurement year and the delivery date to protect against seasonal influenza.

For protection against tetanus, diphtheria and pertussis (Tdap), pregnant patients should have a Tdap vaccine – ideally between weeks 27 to 36. A previous Tdap vaccination before pregnancy doesn't give the same protection as the dose during pregnancy because it's necessary for protecting the newborn against pertussis, commonly known as whooping cough.

Postpartum Care

Postpartum care is a critical aspect of maternal health that should occur within seven to 84 days after delivery in an outpatient setting. Please document this care, including the date of the visit and the specific postpartum services provided. Screening for depression with an age-appropriate standardized tool, like the Patient Health Questionnaire-9 (PHQ-9), is one component of these visits. Positive screenings should prompt timely follow-up care within 30 days to support new parents' mental health and well-being.



Specific HEDIS Measures for Prenatal and Postpartum Care

Measure	Service Needed
Prenatal Depression Screening and Follow-Up (PND-E)*	Clinical depression screening during pregnancy, with follow-up care within 30 days of a positive screening
Postpartum Depression Screening and Follow-Up (PDS-E)*	Clinical depression screening on or between seven to 84 days after delivery, with follow-up care within 30 days of a positive screening
Prenatal Care (PPC)	Prenatal care visit during the first trimester or within 42 days of enrolling in a health plan
Postpartum Care (PPC)	Postpartum care visit on or between seven to 84 days after delivery
Prenatal Immunization Status (PRS-E)	<ul style="list-style-type: none"> › Flu shot on or between July 1 of the year prior to the measurement year and the delivery date › Tdap vaccine during each pregnancy

* These measures are only included in our Commercial quality programs for 2024.

Quick Tips for Quality Improvement

To close maternal gaps in care:

- › **First prenatal appointment:** Should occur during the first trimester to confirm and diagnose pregnancy
- › **Prenatal depression screening:** Can be conducted at any point during the prenatal period
- › **Follow-up care for a positive prenatal depression screening:** Must be completed within 30 days of the initial screening
- › **Flu vaccine:** Recommended between July 1 of the year before pregnancy and delivery
- › **Tdap vaccine:** Can be administered any time during pregnancy, optimally between 27 to 36 weeks for baby's protection
- › **Postpartum outpatient visits:** Should take place between seven to 84 days after delivery and include a depression screening
- › **Follow-up care for a positive postpartum depression screening:** Should occur within 30 days of the screening

BlueCare Tennessee Access to Care Guidelines

We're committed to ensuring our members have timely access to routine and urgent prenatal and postpartum care. By serving in our BlueCareSM, TennCare*Select* and CoverKids networks, providers agree to make regular and urgent prenatal appointments within these timelines:

Members in their first trimester of pregnancy

- › **Regular appointments:** Within three weeks of the member's request
- › **Urgent appointments:** Less than 48 hours from the date of the member's request

Members in their second and third trimesters of pregnancy

- › The first prenatal appointment should occur within 15 days of Medicaid eligibility.

Within 30 days of the first prenatal visit confirming pregnancy, providers caring for our BlueCare Tennessee and CoverKids members should also submit a Maternity Care Notification form to let us know about the pregnancy.



Protecting Infants Against RSV

In addition to flu and Tdap vaccinations, patients should have a respiratory syncytial virus (RSV) vaccine between weeks 32 and 36 of pregnancy.* While this doesn't impact your quality performance, it helps safeguard infants from RSV – an illness to which they're particularly vulnerable.

Sources

- › Pregnancy | ACOG - <https://www.acog.org/womens-health/pregnancy>
- › Vaccines During Pregnancy FAQs | Vaccine Safety | CDC - <https://www.cdc.gov/vaccinesafety/concerns/vaccines-during-pregnancy.html>

* AbrysvoTM is the only RSV vaccine currently approved for use during pregnancy.

Facilitating the Transition from Pediatric to Adult Care

Young adulthood is a time of change, including finding a new health care provider. Our members are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) exams until their 21st birthday, but each provider office may have different age limits for when they stop seeing young adults.

This transition can be difficult for patients. Pediatric providers play an integral role in transitioning patients to an adult primary care provider.

Consider these tips when working with young adults who are getting ready to age out of pediatric care:

- › Each EPSDT exam should include anticipatory guidance/health education. This is a great time to have conversations about transitioning to a new provider and the importance of continuing regular checkups and preventive care, including dental and eye exams, into adulthood.
- › Begin discussing the transition of care early. For example, if your office transitions patients to adult care at age 18, start the discussion no later than the patient's 17th birthday. This will give them at least one year to find a new provider.
- › Share a printed or electronic health summary with young adult patients including medications, results from the most recent health visit (including labs and vitals), any diagnoses and vaccines.
- › Make sure you get the name and contact information of the patient's new provider so you can share their medical records. If your patients have complex medical or behavioral health needs, consider a collaborative visit with your patient, their family members and their new care team.
- › Encourage patients to begin taking ownership of their health in early adolescence. This includes scheduling appointments for immunizations and checkups, and managing their medical history, allergies and medications. Practicing these tasks will make it easier for young adults to manage their care independently when the time comes.



Encouraging Well-Child Visits

Sometimes, patients go several years between well-child visits. This is especially true for teens and young adults. The beginning of a new school year is a great time to check in with patients and make sure they're up to date on the preventive care and immunizations they may need for school.

As the new school year approaches, review our **Quality Care Rewards** application in Availity to see which patients are past due for care. Then, consider using the patient reminder tools, such as letters, text messages and reports, in your electronic medical record to make scheduling easier.

Other tips you may find helpful include:

- › Scheduling the next well-child exam before patients leave your office so a plan of care is in place.
- › Offering extended or alternate office hours (such as evening or weekend hours). If you're interested in expanding your office hours, consider asking families what times are most convenient for them to visit your office.
- › Converting sports physicals to well-child visits as appropriate. Sports physicals aren't covered services, but you can convert these physicals to EPSDT exams if a patient is due for a visit. EPSDT exams meet all components of the sports physical.

For more best practices and tips, including sample outreach messages, see our [TennCare Kids Tool Kit](#).



Behavioral Health Screening: An Essential Part of Well-Child Care

EPSDT visits consist of seven components, including:

- › Comprehensive physical and developmental health history
- › Complete physical exam
- › Lab tests (as needed)
- › Immunizations (as needed)
- › Vision and hearing screening
- › Developmental/behavioral screening
- › Health education/anticipatory guidance

You can learn more about the components of these visits and best practices for completing them in our [EPSDT Provider Booklet](#).

Evaluating young patients' development and behavioral health allows you to identify concerns and start intervention services early. Your patients enrolled in BlueCare and TennCare*Select* are eligible for preventive services according to the [Bright Futures/American Academy of Pediatrics Periodicity Schedule](#).

Screening recommendations related to healthy development and behavior include:

- › **Developmental screening** at ages 9, 18 and 30 months
- › **Autism spectrum disorder screening** at ages 18 and 24 months
- › **Behavioral/social and emotional screening** at each wellness exam, from the newborn visit to age 21
- › **Tobacco, Alcohol or Drug Use Assessment**, from age 11 through 21
- › **Depression and Suicide Risk Screening**, starting at age 12 through 21

When scheduling EPSDT visits, let parents and guardians know if their child will be getting a developmental screening at their upcoming visit and discuss the importance of these services.



Mark Your Calendars!

We'll host the second **EPSDT Virtual Coding Workshop** of 2024 on Aug. 22 from 11:30 a.m.-1 p.m. CT (12:30-2 p.m. ET). Please see BlueAlert for more information, including registration details.

Free Shared Decision-Making Tools in Availity

Shared decision-making (SDM) is a model of two-way communication that involves providers and patients discussing health care options with evidence-based information, the provider's knowledge and the patient's preferences. Please take a moment to access your free and updated SDM tools, or printable handouts, in Availity.

These aids have been updated to offer more options, including decision points related to medical tests, medications, surgery and other treatments/issues. We've shared some examples below.

Medical tests:

- › Abdominal Aortic Aneurysm: Should I Get a Screening Test?
- › Breast Cancer Risk: Should I Have a BRCA Gene Test?
- › Breast Cancer Screening: When Should I Start Having Mammograms?
- › Colon Cancer: Which Screening Test Should I Have?
- › Heart Disease: Should I Have an Angiogram?
- › Low Back Pain: Should I Have an MRI?
- › Lung Cancer: Should I Have Screening?

Medications:

- › Aspirin: Should I Take Daily Aspirin to Prevent a Heart Attack or Stroke?
- › Basal Cell Skin Cancer: Should I Have Surgery or Use Medicated Cream?
- › Diabetes, Type 2: Should I Take Insulin?
- › Flu Vaccines: Should I Get a Flu Vaccine?
- › High Blood Pressure: Should I Take Medicine?
- › HPV: Should I Get the Vaccine?
- › HPV: Should My Child Get the Vaccine?
- › Menopause: Should I Use Hormone Therapy (HT)?
- › Obesity: Should I Take Weight-Loss Medicine?
- › Osteoporosis: Should I Take Bisphosphonate Medicines?
- › Prediabetes: Which Treatment Should I Use?

Surgeries:

- › ACL Injury: Should I Have Knee Surgery?
- › Arthritis: Should I Have Hip Replacement Surgery?
- › Arthritis: Should I Have Knee Replacement Surgery?
- › Arthritis: Should I Have Shoulder Replacement Surgery?
- › Basal Cell Skin Cancer: Should I Have Surgery or Use Medicated Cream?
- › Breast Cancer: Should I Have Breast-Conserving Surgery or a Mastectomy for Early-Stage Cancer?
- › Breast Cancer: Should I Have Breast Reconstruction After a Mastectomy?

Treatments and Other Issues:

- › Breast Cancer: What Should I Do If I'm at High Risk?
- › Breastfeeding: Should I Breastfeed My Baby?
- › Healthy Aging: Is It Time to Stop Driving?
- › Heart Rhythm Problems: Should I Get an ICD?
- › Heart Rate Problems: Should I Get a Pacemaker?
- › Kidney Failure: What Type of Dialysis Should I Have?
- › Kidney Failure: When Should I Start Dialysis?
- › Low Back Pain: Should I Try Epidural Steroid Shots?
- › Obesity: Should I Use a Diet Plan to Lose Weight?
- › Prediabetes: Which Treatment Should I Use?
- › Pregnancy: Should I Try Vaginal Childbirth After a Past C-Section (VBAC)?

To use these resources, simply log in to Availity and go to BlueCross **Payer Spaces**. From there, choose the **Resources** tab and click the link to show all resources. Select the **SDM tool** you want to view, and it will open in a new browser tab for you to review with your patient or print. If you have questions about using the Availity platform, please contact your eBusiness Regional Marketing Consultant.

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