MetroPulse provider newsletter

SUMMER 2021

COMMISSIONER: "PLEASE SPEAK WITH YOUR PATIENTS"

In an open letter to providers, **NYC Health Commissioner Dr. Dave A. Chokshi** focused on the vital role of patient-provider communications in encouraging New Yorkers to get the COVID-19 vaccine:

Please speak with your patients, your loved ones and your community about the safe and effective COVID-19 vaccines. Answer their questions, starting with empathy, followed by the facts. Your strong recommendation is a critical factor in whether your patients will be vaccinated against COVID-19.

Commissioner's Letter to Providers: Talking to Patients (PDF, April 27)

Watch:
Message to Clinicians from Commissioner Dave A. Chokshi, MD, MSc

CREATING A CULTURE OF IMMUNIZATION

We are committed to protecting children through full coverage and on-time immunizations. Healthcare professionals are parents' most trusted sources of information about vaccines. Parents may have questions about vaccinations — and that's normal. Even parents who plan to vaccinate their children will still have questions. The CDC has created a list of the most common questions asked by parents. Click here for more information, and answers to questions in terms that are easy for parents to understand.

At every appointment, access the child's vaccination status to see if they are up to date on vaccines. Eligible vaccines should be given in the same visit, including during sick visits, if medically appropriate. There are no known benefits to spacing out vaccines — it just leaves children vulnerable to diseases during the time they are not protected by vaccines. By assessing vaccination status at every visit, we can reduce missed opportunities to vaccinate children and reinforce the message for parents that vaccinations are important.

Note: Telemedicine and virtual care have quickly become important tools in caring for your patients. Providers now have the option of delivering care to their patients by simply using a phone, smartphone, or laptop with a shared link to enable video. Remember to use the appropriate billing code when billing for these visit types.

Everyone has a part to play. Doctors, nurses, and medical assistants give vaccines, but they are not the only people at an office who interact with parents. A culture of immunization starts at the front desk, and extends into the waiting room, exam room, and check out. Parents' confidence in vaccines is increased when they receive the same information from different people. Inconsistent messages from staff may confuse patients and create mistrust. To help stay up to date on the latest vaccine recommendations and best practices, the CDC has free immunization education programs. Visit their website here for more information, and see the "best practices" information on the following page. You can also visit the CDC's COVID page for ongoing COVID guidance. ■

MetroPlusHealth

DISCUSSING COVID-19 VACCINATION WITH YOUR PATIENTS

Vaccination is the single most important intervention we have against this virus right now. Your patients trust you and want to hear from you. Your strong recommendation is a critical factor in whether your patients will be vaccinated against COVID-19. Together we can save lives. Everyone 12 years of age and older can get the COVID-19 vaccine. **Here are some answers to questions your patients might have:**

Question	Answer
Why should I get vaccinated?	COVID-19 can cause serious illness or death. You can spread it to your loved ones. Vaccines protect you against COVID-19, and vaccination helps us stop the epidemic and get back to normal.
Are COVID-19 vaccines safe and effective at preventing disease?	All COVID-19 vaccines available in the United State (US) are safe and effective in preventing disease. Over 100 million people in the U.S. are vaccinated.
Will the shot make me sick or give me side effects?	You may have side effects like tiredness, headache, chills after vaccination, but these are normal signs that your body is building protection. These effects usually only last a day or two at most.

Below are some conversation tips to use with your patients:

	Useful Conversation Tips	Principle
1.	Start with Open-Ended Questions that Do Not Assume Vaccine Acceptance.	A soft start into a controversial topic enables engagement
2.	Acknowledge patient concerns without judging.	Empathy reduces the perception that you approve or disapprove of someone.
3.	Avoid criticizing the patient's information sources; cite your experience and/or point them to high quality sources.	Instead of trying to argue against misinformation, provide high quality information from a positive frame.
4.	Share your experience of having received the vaccine and that of your colleagues, family, and other patients.	Personal anecdote, when accompanied by a show of genuine concern from an authentic and credible source, can be motivating to patients.
5.	Link vaccine acceptance to the patient's hopes and goals.	Showing how the vaccine is a stepping-stone towards

There are many places where your patients can get vaccinated. You or your patient can use the New York City's Vaccine finder (https://www1.nyc.gov/site/coronavirus/vaccines/covid-19-vaccines.page#walk-up-sites) to find **the nearest walk-up vaccination site** or **call 877.VAX.4NYC** (877.829.4692).

If patients wish to schedule an appointment, they can find same day appointments at https://vaccinefinder.nyc.gov/ or providers can call **877-VAX-4-NYC** and **press 2** (providers only) to be directed to an operator who will help book an appointment for patients on the spot.

- Request free transportation to and from a vaccination appointment for city residents 65 and older, as well as for those with disabilities who have no other way to get to a vaccination site.
- Request in-home vaccination for NYC residents who cannot leave their home. Your patient can sign up online for an in-home vaccination.

1

METROPLUSHEALTH RANKS #1 IN 2020 MEDICAID QUALITY INCENTIVE PROGRAM

In a year that saw unprecedented challenges within the entire health care community, **MetroPlus**Health, New York City's 5-star rated health plan, was ranked number one among all 15 New York State Medicaid plans in overall quality, according to the New York State Department of Health's 2020 Quality Incentive results.

"While we have consistently scored high in quality, having achieved the #1 spot during a global pandemic speaks volumes about the dedicated people at our company who rose to the occasion," said Dr. Talya Schwartz, President & CEO of **MetroPlus**Health.

Read more here. ■

TAKE CARE NEW YORK 2020: NEIGHBORHOOD HEALTH INITIATIVE

As part of **Take Care New York (TCNY) 2020**, the Health Department launched the Neighborhood Health Initiative, partnering with eight local non-profit groups in under-resourced communities throughout the city. This pilot program aims to confront the root causes of health inequity at the local level. The initiative focuses on bringing in community members to help identify how best to improve health disparities.

To learn more about this initiative please click **here**. ■

METROPLUSHEALTH NOW PROVIDES HEALTH INSURANCE COVERAGE AND COMPREHENSIVE CARE MANAGEMENT TO OVER 1,000 NEW YORK CITY YOUTH IN FOSTER CARE

As of July 1, children and youth placed in foster care under Voluntary Foster Care Agencies (VFCAs) with 29-I licenses now receive access to quality health care through **MetroPlus**Health and other Medicaid Managed Care Plans. VFCAs are licensed to provide critical support to youth in foster care, including — but not limited to — nursing support, medication management, skill-building, and discharge planning, consultation and supervision, as well as home and community-based services. **MetroPlus**Health will now cover those services.

Read more here. For more information about VFCA services and supports, click here. ■

OFFICE WAITING TIME STANDARDS

It's important to remember that excessive office waiting time significantly affects members' overall satisfaction, with both the provider and the health plan. Please follow these standards, which are listed in our MetroPlusHealth *Provider Manual* under "Office Waiting Time Standards":

- Waiting-room times must not exceed one (1) hour for scheduled appointments. Best practice is to see patients within 10 minutes of arrival. If there is an unavoidable delay in seeing the patient they should be told and updated every 10 minutes. Let the patient know they can expect to wait an hour if that is the case. Everybody is busy and waiting an hour with no communication will lead to dissatisfied patients! Consider calling patients before they arrive to let them know you are running behind and reschedule if needed.
- Members who walk in with urgent needs are expected to be seen within one (1) hour.
- Members who walk in with non-urgent "sick" needs are expected to be seen within two hours or must be scheduled for an appointment to be seen within 48 to 72 hours, as clinically indicated.

PREVENTIVE HEALTH GUIDELINES

MetroPlusHealth wants our members to stay healthy. To aid in this, we cover a variety of preventive services at low or no cost to our members. When you are encouraging members to receive services, mentioning that these services are covered can aid in getting members to receive needed care.

Preventive services can include immunizations, physical exams, lab tests, and specific prescriptions. These services are covered as preventive when they are to prevent health problems. When they are provided because of symptoms or a known health issue, they are considered diagnostic. Deductibles, copayments, and coinsurance may apply to diagnostic services.

For example, a diabetes screening **would** be covered as preventive if it is a blood glucose test used to detect problems with blood sugar in someone without symptoms. It would **not** be considered preventive if a member has diabetes and a provider checks their A1c. Some services, such as urinalysis, are never preventive, since the only reason to perform this service is when a patient has symptoms.

Whenever possible, make it clear to members if a service they are receiving is preventive or diagnostic. In many cases, this will affect how much they pay out of pocket for services, and it is important that they know this information.

For more information, or to direct members to resources, click here. ■

HELPING YOUR PATIENTS PREVENT DIABETES

Diabetes is a very common condition. According to the CDC, one-third of your adult patients are likely to have prediabetes and are at risk for developing type 2 diabetes. This also increases their risk of heart disease. Fortunately, patients can take action and make lifestyle changes to help reduce the risk of both diabetes and heart disease.

The CDC has developed lifestyle change programs that can help your patients cut their risk of type 2 diabetes in half, as well as lowering their risk of heart attack and stroke. The programs encourage patients to lose weight and make other healthy lifestyle changes in a sustainable way — as shown by a 10-year follow-up study which determined that patients were still less likely to develop diabetes a decade after participating in the program.

Referring patients to these programs helps to reinforce the advice you are already giving during your appointments. These programs provide evidence and research-based information to participants, so you can be sure that the information patients receive is accurate and up to date. The program also helps to provide patients with a solid foundation of knowledge, making it easier and quicker to discuss their health in future appointments.

Click here for more information about the programs, including resources for your practice. ■

FOR PATIENTS WITH DIABETES	
CONDUCT TESTS AND DOCUMENT RESULTS:	• HbA1c • Both Kidney Health Screenings: » estimated glomerular filtration rate (eGFR) » urine albumin-creatinine ratio (uACR)
REFER AND DOCUMENT RESULTS:	• Retinal Eye Exam
ENSURE CONTROL:	• HbA1c (<8%) • BP (< 140/90 mm Hg)
COUNSEL REGARDING:	• Medication adherence • Diet and nutrition • Exercise

PRE-EXPOSURE PROPHYLAXIS FOR HIV – UNDERSTANDING AND EMBRACING YOUR ROLE

October 25-31, 2021 marks the third annual PrEP Aware Week in New York State. The week represents an important time for community organizations, clinics, schools and people from all walks of life to come together to raise awareness about HIV pre-exposure prophylaxis (PrEP), the innovative new tool that allows everyone, regardless of HIV status, to enjoy good health – including good sexual health!

As you are aware, PrEP is the use of antiretroviral medication **to prevent HIV and promote sexual health** among those who test HIV-negative but have ongoing exposure to HIV through sex or drug use. PrEP is appropriate for many adolescents and adults, especially gay, bisexual and other men who have sex with men; Black and Latina heterosexual women; and transgender women who have sex with men. With high levels of adherence, **PrEP is 99% effective at preventing HIV** and considered safe, even in pregnancy. There are two FDA-approved medications at present: tenofovir disoproxil fumarate-emtricitabine [Truvada] and tenofovir alafenamide-emtricitabine [Descovy]. Detailed clinical practice guidelines exist from both NYS and the US Public Health Service/CDC. In 2019, PrEP received a grade A rating from the US Preventive Services TaskForce (USPSTF).

WONDERING WHETHER THERE IS A ROLE FOR YOU AND YOUR PRACTICE DURING PREP AWARE WEEK? THERE IS! READ ON.

1. **Get up to date.** PrEP is a relatively new clinical intervention. So you don't need years and years of experience to become a relative expert! Further, with lots of free and concise CME from important providers like NYS Clinical Education Initiative (CEI) on tap for release October 25-31, 2021, find a webinar and either watch it live or check out the recording thereafter while earning valuable continuing medical education (CME). It's always a good time to learn more about PrEP initiation and management among your diverse patients!
2. **Play your part.** Whether you care for patients living with HIV or those who are negative and possibly at risk, primary care providers can play a major role in raising the subject of PrEP, especially if they systematically take a non-judgmental sexual history often during patient care. For your patients who are already positive, you can explore PrEP for their positive partners. For those negative/at-risk, you can ensure that anyone who might benefit is aware. A full action kit for PrEP implementation in your practice is available from the NYC Health Department.
3. **Spread the word.** Apart from sharing information about PrEP with patients, can your clinic take on a broader role in both normalizing and encouraging PrEP use? Can your clinic help support patients and other members of the community to learn that PrEP is something readily available should they want/need it? Check out this long checklist of possible activities, from social media posts to improved clinic signage and other waiting area resources. There are also PrEP Aware promotional items that can help amplify the message even beyond PrEP week, like buttons, brochures and decals.
4. **Get listed.** New York State maintains a voluntary directory of providers who are PrEP prescribers; providers can register online (or refer their patient to those already listed in the online directory if they are unable to be listed). Ensuring that patients have a dense network of prescribers is critical to maximizing access equitably.

TAKING — AND TREATING — SYPHILIS SERIOUSLY

Syphilis is a systemic, sexually transmitted infection (STI) caused by the *Treponema pallidum* bacterium. The infection can also be transmitted vertically (from an infected mother to her unborn baby via the bloodstream), resulting in congenital infections.

Altogether, there were approximately 146,000 new infections with syphilis in the US in 2018, leading to $174M in direct medical costs. Despite this burden, syphilis can be treated and cured easily when diagnosed early, making screening a critical aspect of both the clinical and public health approach to syphilis, since treatment also stops transmission. Long-term, undiagnosed syphilis can cause inflammatory lesions, especially in the cardiovascular and nervous systems, ultimately causing premature death.

A recent alert from the NYS DOH indicated that syphilis diagnosis in pregnancy has increased 51% between 2016 and 2020 and that there have already been 5 cases of Congenital syphilis so far in 2021. Congenital syphilis can also have devastating outcomes. Almost half of all congenital syphilis cases were exposed through syphilis that was acquired during the pregnancy with a quarter acquired during the late stages of pregnancy, which emphasizes the need for screening at the beginning and during the 3rd trimester of pregnancy.

SUMMARY SYPHILIS GUIDANCE FOR NYC HEALTH CARE PROVIDERS

1. **Screen all persons at risk for syphilis.** According to the latest evidence-based recommendations, from both the US Preventive Services Task Force, providers should routinely test for syphilis in persons who:
   - Are pregnant (at the first prenatal visit, and at the beginning of the third trimester and delivery if at risk*);
   - Are sexually active men who have sex with men (at least annually and more frequently if at risk*);
   - Are living with HIV (annually);
   - Are otherwise considered to be at increased risk for syphilis*

   *Risk includes any person with signs or symptoms suggestive of syphilis; risk also includes anyone with an oral, anal, or vaginal sex partner who has been recently diagnosed with syphilis.
2. **Diagnose syphilis infection.**
   - **Physical exam.** Look for the transient clinical manifestations of early syphilis, which include ulcers, especially genital, anal and oral ulcers. Syphilitic ulcers are often painless, indurated, on a nonpurulent base. Syphilis can also appear as a rash of ANY type, anywhere on the skin.
   - **Testing.** Order serologic tests for syphilis. Review syphilis serologic results in the context of the patient's prior syphilis testing and treatment. Check the NYC Syphilis Registry for syphilis testing and treatment history. Consult an infectious disease specialist for assistance interpreting results and treatment, as needed.
3. **Treat people exposed to or diagnosed with syphilis promptly.**
   - The regimen must be appropriate for the stage of infection. See CDC STD Treatment Guidelines.
   - Intramuscular benzathine penicillin G is the only acceptable treatment for pregnant people with syphilis.
4. **Report syphilis promptly to DOHMH**
   - Notify DOHMH of syphilis (any stage) at the time of diagnosis, including pregnancy status. Submit the case report electronically via Reporting Central, mail, or fax.
   - Expect to hear from DOHMH, which routinely investigates reports of possible cases of syphilis. People known (or suspected) to be pregnant are given the highest priority.

DISCUSSING SYPHILIS SCREENING WITH PATIENTS

Identifying patients who require and/or desire STI screening involves taking a sexual history. Try the GOALS framework, designed to streamline sexual history conversations and elicit information most useful for identifying an appropriate clinical course of action.

Embedded in a larger interaction that incorporates mention of other sexual health interventions such as pre-exposure prophylaxis (PrEP) for HIV prevention, GOALS proposes open-ended, non-judgmental language to introduce all sexual health-related screening: "First, I like to test all my patients for HIV and other sexually transmitted infections. Do you have any concerns about that?" Learn more about the approach here. ■

RESOURCES

US Preventive Services Task Force: Screening for syphilis infection in nonpregnant adults and adolescents

US Preventive Services Task Force: Screening for syphilis infection in pregnant women

NYS AIDS Institute guidelines: Syphilis screening/treatment guidelines for people with HIV

NEW PROVIDER TRAINING AVAILABLE

FLUORIDE VARNISH TRAINING MATERIALS AND ORAL HEALTH INFORMATION FOR CHILD HEALTH CARE PROVIDERS

Effective August 1, 2020 for fee-for-service (FFS) and October 1, 2020 for Medicaid Managed Care (MMC), fluoride varnish can be applied by multiple primary provider types including Registered Nurses and Physician Assistants, based on scope of practice, to optimize treatment. This policy applies to mainstream MMC plans and HIV Special Needs Plans (HIV SNPs).

Fluoride varnish is currently reimbursable using CPT code 99188. A maximum of four (4) annual fluoride varnish applications will be covered for children from birth until 7 years of age. The primary care setting is the ideal location to address Early Childhood Caries, the most preventable chronic childhood disease, since young children tend to see their primary care providers far more often than dentists.

Providers should be trained and competent in fluoride varnish application. Training resources can be accessed through the New York State Department of Health's website. Please ensure that you access this training. ■

https://www.health.ny.gov/prevention/dental/child_oral_health_fluoride_varnish_for_hcp.htm

APPROPRIATE TESTING FOR PHARYNGITIS

Pharyngitis can occur in people of all ages, but is most common in children between 3 and 15 years old. Since it is generally spread through contact with an infected person, parents and other adults (caregivers, teachers) who are in contact with children are also at higher risk. Symptoms typically include sore throat, fever, and pain when swallowing. Additional symptoms, including nausea, vomiting, and headache, are more common in children. Most patients with pharyngitis do not have coughs and related symptoms.

When a patient presents with potential pharyngitis, it is important to test and confirm the presence of the disease. Throat cultures are the best option for determining pharyngitis, but a rapid antigen detection test (RADT) can also be used in some cases. These results should determine the treatment. It is crucial to only dispense antibiotics when bacterial infections are confirmed. Though patients often request antibiotics for treatment of viral issues, it is not appropriate treatment.

When prescribing antibiotics to patients, always make sure they understand that they (or their child) need to use the full amount of prescribed medication. Click here for a useful explanation of recommended treatment lengths.

Provider offices are routinely monitored for the appropriate testing for pharyngitis. Unfortunately, quality monitoring of our providers still reveals the unnecessary prescribing of antibiotics. Good care calls for performing a rapid strep test or throat culture before prescribing an antibiotic. There are ways to improve your office's use of testing for pharyngitis:

- Offer your staff training on the best ways to communicate with patients regarding expectations about antibiotic use.
- Utilize patient handouts to explain bronchitis symptoms and treatments.
- Implement EMR systems that have decision-support tools that help facilities track and monitor inappropriate prescribing.

For more information, click here. ■

PRENATAL AND POSTPARTUM VISITS:
GUIDELINES AND RECOMMENDATIONS

Approximately 9,000 MetroPlusHealth members will become pregnant every year. We want all our members to receive the important care that they need during this time.

Members should have prenatal appointments once each month for weeks 4 through 28. As the pregnancy progresses, the schedule should be biweekly for weeks 28 through 36, and weekly from week 36 through delivery. Pregnant members with specific health needs may need appointments on a more frequent schedule. For the purpose of HEDIS reporting, services provided by telephonic visits, e-visits, and virtual check-ins can now be considered as a prenatal visits as long as a pregnancy-related diagnosis code is included.

After pregnancy, patients should have a postpartum visit scheduled between 7 and 84 days after the birth. This appointment should cover and denote postpartum care, pelvic exam, or an evaluation combination of weight, BP, breasts (breastfeeding), and abdomen.

In addition to the overall prenatal and postpartum care, providers are encouraged to offer these services to members:

- reducing recurrent preterm birth
- appropriate vaccinations such as flu and Tdap
- tobacco screening and cessation
- depression screening and follow-up for positive screenings during both the prenatal and postpartum period
- providing information about postpartum contraception (Long-Acting Reversible Contraception) to promote birth spacing.

The HEDIS approved codes are:

Prenatal Visits	**CPT:** 99201 – 99205, 99211 – 99215, 99241 – 99245, 99483
Postpartum Visit	**CPT:** 57170, 58300, 59430, 99501
Telephone Visit	**CPT:** 98966, 98967, 98968, 99441, 99442, 99443
Online Assessment	**CPT:** 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457
Postpartum Depression	**ICD-10 CM:** F53.0

Please use these codes when appropriate. ■

We encourage our members to take care of themselves during, and after, their pregnancies. If your patient is having a high-risk pregnancy, encourage them to contact our Care Management program at **212.908.8446** for further assistance.

Tell your patients to check out our Maternity web page (www.metroplus.org/maternity) with helpful info for expecting and new mothers such as a ***Community Resources Guide*** that highlights free programs such as breastfeeding workshops and parenting classes.

MetroPlusHealth members can earn Reward Points for completing a postpartum visit. For registering their due date on the ***MetroPlusHealth Rewards*** website, members can receive a new mother and baby gift. Direct members to sign up here: www.metroplusrewards.org. ■

DOMESTIC VIOLENCE AND GENDER-BASED VIOLENCE (GBV)

WHAT IS GENDER-BASED VIOLENCE?

Gender-based violence is a general term used to capture any type of violence that is rooted in exploiting unequal power relationships between genders. This can include gender norms and role expectations specific to a society as well as situational power imbalances and inequities. Gender-based violence can impact anyone and can include intimate partner and family violence, elder abuse, sexual violence, stalking and human trafficking.

- **ELDER ABUSE** is any action that causes harm or distress to an older person. Elder abuse occurs within the context of trusting familial or care-taking relationships and can include neglect as well as threats or the actual use of physical, sexual, emotional, verbal, psychological, or financial abuse. "Elder" or "older adult" typically refers to individuals aged 60+.
- **SEXUAL VIOLENCE** is any action that results in the loss or removal of sexual autonomy for a person. Sexual violence includes sexual harassment, sexual assault, sex trafficking, non-consensual distribution of intimate images, and any other non-consensual, forced, or drug-facilitated sexual action.
- **STALKING** is a pattern of harassing behavior or course of conduct directed at a specific person that would place that person in reasonable fear. Stalking behaviors include, but are not limited to, monitoring someone's activities, following someone, leaving unwanted gifts and notes, and making repeated phone calls to someone and/or their family, friends, or workplace.
- **HUMAN TRAFFICKING** is the use of power and control to force, defraud or coerce someone into engaging in labor or services, including commercial sex. Traffickers use tactics including violence, emotional manipulation, and psychological threats, exploiting social and economic inequity for their benefit. For more information: **Brooklyn Human Trafficking Task Force COVID-19 Effects on Human Trafficking Responses**

WHAT IS DOMESTIC VIOLENCE?

Domestic violence is an umbrella term that encompasses both Intimate Partner Violence and Family Violence.

- **INTIMATE PARTNER VIOLENCE** is a pattern of coercive and abusive behaviors used by one partner to maintain **power and control** over another partner in an intimate relationship. This includes people with any current or former romantic involvement, for example, dating, previously dating, on-again/off-again, married, divorced, living together or apart. Intimate partner violence can occur between people of any gender identity or sexual orientation, and can include manipulation, threats, or the actual use of physical, sexual, emotional, verbal, psychological, or financial abuse. (See also: **Equality Wheel**)
- **FAMILY VIOLENCE** is any abusive behavior that occurs between members of a family or household who are not involved in a romantic relationship. This includes chosen family as well as people related by blood, marriage, foster care, adoption or any other familial relationships. Family violence can include threats or the actual use of physical, sexual, emotional, verbal, psychological, or financial abuse.

HOW PREVALENT ARE DOMESTIC AND GENDER-BASED VIOLENCE?

In the United States, 1 in 4 women experience abuse during their lifetimes. Globally, the United Nations reports that up to 70% of women experience some form of gender-based violence in their lifetime (according to country data available). Learn more about New York City's domestic violence statistics.

WHAT HELP IS AVAILABLE FOR SURVIVORS?

In the United States, it is against the law to intentionally injure someone, force them to participate in a sexual act, or put someone in fear of physical injury.

New York City has Family Justice Centers in every borough, where victims and survivors of domestic and gender-based violence can get connected to free and confidential assistance. All are welcome regardless of age, income, gender identity, sexual orientation, immigration status, or language spoken. Interpretation services are available on-site, and locations are wheelchair accessible. Visitors can call ahead to request other accommodations.

Learn more about the New York City Family Justice Centers. ■

FOLLOW-UP CARE AFTER MENTAL HEALTH AND SUBSTANCE ABUSE HOSPITALIZATIONS

Patients with chronic medical conditions and those treated for mental health or substance abuse are at higher risk of hospital readmission. Timely follow-up care after hospital discharge has been associated with reduction in readmission. It is important to assess patient's self-management skills, access to care and support systems as these factors might potentially delay care for those with complex needs. ■

MetroPlusHealth has contracted with **American Well** (**AmWell**) to provide our members telehealth services. AmWell provides virtual therapy and psychiatry services to MetroPlusHealth members at no cost to our members. Members can visit our website and register for a virtual follow-up visit from the comfort of their homes.

ANTIDEPRESSANT MEDICATION MANAGEMENT

Depression is an illness that affects people of all ages around the world and the severity of symptoms might vary depending on age. Research has found that depression is currently the number one cause of disability and is predicted to be the number one global burden of disease by 2030. Depression might affect all areas of functioning and, at its worst, can lead to suicide.

The first step to managing depression is to complete a comprehensive biopsychosocial assessment. Pharmacotherapy, in conjunction with psychotherapy or behavioral therapy, is the primary modality to manage depression.

Some patients need support to adhere to their antidepressant medication plans as they might be reluctant to take medication or acknowledge that they need treatment for their depression.

There are many reasons a patient may not be adherent to their medication plan. It may be helpful to give members written instructions to reinforce teaching about the proper use of medication and what to do when they experience side effects. It is important to continuously assess if your patient isn't taking their medication correctly.

If your patients stopped taking their medication because they don't think it's working, help them understand that most antidepressants take 4 to 6 weeks to work. The severity of the episode and the number of recurrences will determine the duration of treatment. Let them know that medications and dosages can be changed, and that it sometimes takes time to find the perfect fit. Discuss with them other factors that may improve symptoms, such as exercise and counseling or therapy

Discuss with patients that most people experience side effects. These may include but are not limited to nausea, weight gain, lower sex drive and tiredness for example. If a patient reports serious side effects that impact their daily life, suggest changing the timing of their medication, or taking it with or without food.

Patients may not know how important it is to take their medicine on a consistent basis. Explain to patients that even if they are feeling better because of their medication, it doesn't mean they can stop taking it right away. When appropriate, discuss a plan to taper or discontinue medication with patients.

Some patients stop taking medication because they forget to get refills, or because they find the process overwhelming. Encourage those members to use **MetroPlus**Health's **Medication Management Program**, which allows Medicaid members to refill a 90-day prescription at no cost for this specific type of medication. In the maintenance phase, offer members 90-day refill prescriptions. Members who take multiple medications can sign up for our PillPack program, which packages multiple medications together for home delivery or in-store pickup. ■

OPIOID PRESCRIPTION GUIDELINES

The Centers for Disease and Control and Prevention (CDC) reports that over 70% of drug overdose death in 2019 involved an opioid. Opioids continue to be a health problem in the USA and around the world. These drugs can be highly addictive, and overdose and death are common.

Often happening when opioids are used for non-medical reasons, overdose occurs at a high rate. Overdose often slows down or stops breathing which decreases the amount of oxygen that reaches the brain, which can result in coma, brain damage or death.

There are several treatments available to manage misused opioids. Among the most common treatments are pharmacotherapy and behavioral therapies. Two medicines, buprenorphine and methadone, work by binding to the same opioid receptors in the brain as the opioid medicines, reducing cravings and withdrawal symptoms. Another medicine, naltrexone, blocks opioid receptors and prevents opioid drugs from having an effect.

The CDC website provides guidelines that aim to improve communication between providers and patients about using opioid therapy for chronic pain. These new guidelines emphasize assessing risks and harms to individual patients (not just "high risk" patients). It is important to monitor patients' use of opioids and exercise caution when prescribing the dosages.

A summary of the guidelines is available on the CDC website at www.cdc.gov/drugoverdose/prescribing/guideline.html

A complete version of the CDC guidelines are also available at the ***MetroPlusHealth Provider Portal***.

MetroPlusHealth encourages our providers to follow the CDC Guideline for Prescribing Opioids for Chronic Pain. The CDC has developed these guidelines to provide recommendations for PCPs who prescribe opioids for chronic pain (outside of treatment for cancer and palliative and end-of-life care). ■

CLINICAL REMINDERS:

- Opioids are not first-line or routine therapy for chronic pain
- Establish and measure goals for pain and function
- Discuss benefits and risks and availability of non-opioid therapies with patients
- Use immediate-release opioids when starting
- Start with the lowest effective dosage and increase the dosage slowly
- When opioids are needed for acute pain, prescribe the lowest effective dose and no more than 3 days
- Follow up and reevaluate the risk of harm, and reduce the dose or taper and discontinue if needed
- Check New York State's prescription drug monitoring program
- Conduct urine drug testing during your therapy
- If you suspect opioid abuse please contact our **Provider Consultation Line** at **1.855.371.9228**

FAMILY HEALTH HISTORY OF COLORECTAL CANCER

When treating patients, it is important to find out if they have a family history of colorectal cancer. Patients with multiple relatives who have been diagnosed with colorectal cancer or relatives who have been diagnosed at a young age (before age 50), should be considered at higher risk of developing CRC. This may necessitate changing the patient's medical management to prevent colorectal cancer or catch it as early as possible.

Based on current recommendations, most people start colorectal cancer screening at age 50, but if a patient has a family history the recommendations suggest:

- Colonoscopy starting at age 40, or 10 years before the age that the immediate family member was diagnosed with cancer,
- More frequent screening,
- Colonoscopy only instead of other tests, and
- In some cases, genetic counseling

When collecting a family health history, it's important to be specific. Patients may not fully understand what information can help.

- Ask about a patient's parents, sisters, brothers, children, grandparents, aunts, uncles, nieces, and nephews
- Make sure they include their mother's side of the family and your father's side of the family
- Document which relatives have had cancer, the type(s) of cancer they have had, and the ages at which they were diagnosed
- Report any history of polyps that each relative has had
- List the age and cause of death for relatives who have died
- Offer patients the opportunity to update their family health history regularly about diagnoses

It's also important to tell patients who are diagnosed with CRC to let their families know. Patients may not know how important family histories are. For additional information, you can direct patients to the Surgeon General's Family Health History tool.

FAMILY HEALTH HISTORY AND LYNCH SYNDROME

Lynch syndrome is an inherited genetic condition that makes people more likely to get colorectal and other types of cancer. If a patient reports a family health history of Lynch syndrome, they are more likely to have it themselves. If someone in your patient's family has been diagnosed with Lynch syndrome, you may want to refer them for genetic counseling or genetic testing.

If your patient does have Lynch syndrome, encourage them to tell their families about the diagnosis. It's also important to reassure patients that not everyone with Lynch syndrome will get CRC. ■

CLINICAL PRACTICE GUIDELINES

Clinical practice guidelines are statements that include recommendations intended to optimize patient care. They are informed by a systematic review of evidence, and an assessment of the benefits and harms of alternative care options. CPGs should follow a sound, transparent methodology to translate the best evidence into clinical practice for improved patient outcomes. Additionally, evidence-based CPGs are a key aspect of patient-centered care. Click here for the CPG list.

TRANSITION OF CARE

Did you know that a **Care Manager** is available to patients after they are discharged from the hospital? MetroPlusHealth understands that the first 30 days after a patient is discharged is a critical time to prevent readmission. We want to ensure that your patient is safe at home and receiving the services they need. MetroPlusHealth assigns a Registered Nurse or Social Worker Care Manager to conduct outreach to discharged patients in order to meet their needs and keep them safe and healthy at home. The Care Manager's activities are focused on improving quality of care, preventing readmissions and emergency room visits as well as fostering provider/patient engagement.

The Care Manager supports the member with the following:

- Follow up appointments with PCP/Specialists
- Medication reconciliation and adherence
- Home Care Services
- Durable Medical Equipment
- Transportation
- Education and self-management
- Address Social Determinants of Health

You should also make every effort to see your patient within 7 days of discharge and review their discharge plan and medications as part of the visit. The Care Manager may reach out to you, the provider, in order to share patient goals and interventions or clarify the plan of care.

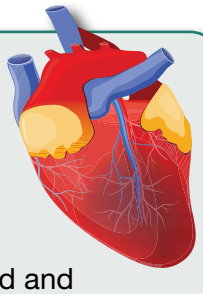
Patients can be in Transitions of Care for up to 90 days. Individuals who continue to require support after the transitional period receive comprehensive care management which is longer-term support based on their needs. Although a patient has the right to opt out of Care Management services, the Care Manager makes every effort to encourage participation.

Should you have any questions, please call MetroPlusHealth. ■

Telemedicine and virtual care have quickly become important tools in caring for your patients. Providers now have the option of delivering care to their patients by simply using a phone, smartphone, or laptop with a shared link to enable video. Remember to use the appropriate billing code when billing for these visit types. ■

STATIN THERAPY FOR PATIENTS
WITH CARDIOVASCULAR DISEASE AND DIABETES (SPC/SPD)

Statin Therapy for Patients with Cardiovascular Disease (SPC): Assesses males 21 – 75 years of age and females 40 – 75 years of age who have clinical atherosclerotic cardiovascular disease (ASCVD) and who received and adhered to moderate or high statin therapy.



Statin Therapy for Patients with Diabetes (SPD): Assesses adults 40 – 75 years of age who have diabetes and who do not have clinical ASCVD, who received and adhered to any intensity of statin therapy.

Statins are a class of drugs that lower blood cholesterol. The American College of Cardiology and American Heart Association (ACC/AHA) guidelines state that statins of **moderate or high intensity are recommended for adults with established clinical atherosclerotic cardiovascular disease ASCVD. For patients with diabetes, dispense at least one statin medication of any intensity.** The American Diabetes Association and ACC/AHA guidelines also recommend statins for primary prevention of cardiovascular disease in patients with diabetes, based on age and other risk factors. Guidelines also state that adherence to statins will aid in ASCVD risk reduction in both populations. Statin therapy should be initiated in individuals with diabetes and other cardiovascular risk factors with a target LDL cholesterol of <100 mg/dl.

Categories for prescribing a moderate or high-intensity statin.

Moderate Intensity	High Intensity
If the patient is diagnosed with clinical atherosclerotic cardiovascular disease, 75 years old or younger, and **not** a candidate for a high-intensity statin	If the patient is diagnosed with clinical atherosclerotic cardiovascular disease, 75 years old or younger, and a candidate for a high-intensity statin
If the patient is diagnosed with Type 1 or 2 Diabetes, age 40 – 75, and has an estimated 10-year atherosclerotic CVD risk of **less than 7.5%**	If the patient is diagnosed with Type 1 or 2 Diabetes, age 40 – 75, and has an estimated 10-year atherosclerotic CVD risk of **7.5% or higher**
If the patient is age 40 – 75 and has an estimated 10-year atherosclerotic CVD risk **higher than 7.5%**	If the patient is age 40 – 75 and has an estimated 10-year atherosclerotic CVD risk **higher than 7.5%**
If the patient is age 40 – 75 and has an estimated 10-year atherosclerotic CVD risk between 5 – 7.5%, and LDL > 160 mg/dl, family history, hs CRP > 2, CAC>300 or 75%, ABI < .9, or high lifetime risk	If the patient has LDL-C ≥ 190 mg/dl

Click here for more information.

HIGH, MODERATE AND LOW-INTENSITY STATIN MEDICATIONS

(This is a general list and should not replace the advice or care you provide your patients regarding what is optimal to meet their healthcare needs.)

HIGH-INTENSITY STATINS

Atorvastatin 40 – 80 mg
Rosuvastatin 20 – 40 mg
Amlodipine-atorvastatin 40 – 80 mg
Simvastatin 80 mg
Ezetimibe-simvastatin 80 mg

MODERATE-INTENSITY STATINS

Atorvastatin 10 – 20 mg
Rosuvastatin 5 – 10 mg
Simvastatin 20 – 40 mg
Pravastatin 40 – 80 mg
Lovastatin 40 mg
Fluvastatin XL 80 mg
Fluvastatin 40 mg bid
Pitivastatin 2 – 4 mg

LOW INTENSITY SATINS

Simvastatin 10 mg
Ezetimibesimvastatin 10 mg
Sitagliptinsimvastatin 10 mg
Pravastatin 10 – 20 mg
Lovastatin 20 mg •
Niacinlovastatin 20 mg •
Fluvastatin 20 – 40 mg •
Pitavastatin 1 mg

STATIN THERAPY
TIPS FOR IMPROVING MEDICATION ADHERENCE

- Always document contraindications on why a patient with ASCVD cannot be placed on a high- or moderate-intensity statin
- Prescribe 90-day refill for every patient to support adherence to medication
- Encourage patient to sign on to mail order medication program, and/or PillPack (home delivery) to support adherence
- Set reminders when new refills/prescriptions are due for patients
- Advise patients to set up reminders and alarms for when medications are due
- Continue educating patients about the importance of adhering to their medication therapy and follow-up visits
- Develop a medication routine with each patient if they are on multiple medications that require them to be taken at different times
- Utilize pill boxes or organizers for patients
- Schedule appropriate follow-up with patients to assess if medication is taken as prescribed
- If the patient misses a scheduled appointment, contact the patient to assess why the appointment was missed and to reschedule
- Discuss potential side effects and ways to treat the side effects of medications

THE IMPORTANCE OF DEVELOPMENTAL SCREENINGS

For children, developmental screenings can help identify issues that may require intervention and support. For Medicaid and CHP members, the **Early and Periodic Screenings, Diagnostic and Treatment** (EPSDT) and **Child/Teen Health Program** (CTHP) encourage required screenings for young patients. Click here for more information.

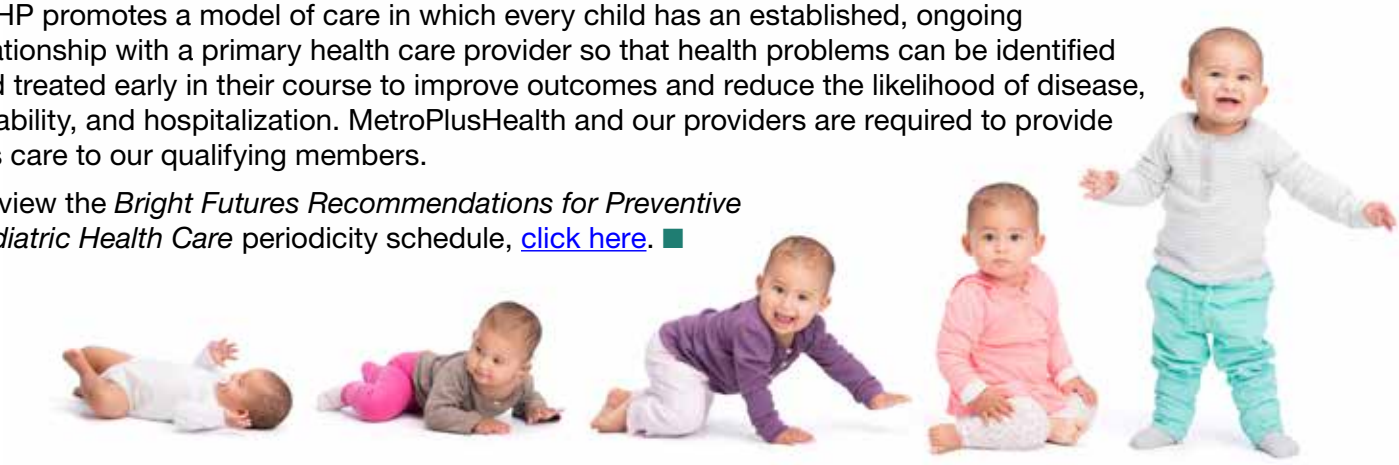
EPDST Developmental screenings using formal, validated tools should be conducted at well-child visits at 9, 18 and 24 (or 30) months to ensure timely identification of children at risk for developmental, behavioral, and social delays. Developmental surveillance should be performed at all other well-child visits. The American Academy of Pediatrics (AAP) also recommends screening all children for autism spectrum disorders at 18 and 24 months. The AAP has screening tools available on its website.

Depending on the results of the screening tests, further evaluation may be needed. Screening tools cannot provide conclusive evidence of developmental delays or final diagnoses. If a screening has positive results, a thorough assessment from a trained provider should follow. Providers should make a referral to Early Intervention services when they suspect that a child has a developmental disorder. To avoid unnecessary delays, do not wait for a diagnostic developmental evaluation to be performed. To refer a patient for early intervention, click here.

Detailed information about EPDST can be found here.

CTHP promotes a model of care in which every child has an established, ongoing relationship with a primary health care provider so that health problems can be identified and treated early in their course to improve outcomes and reduce the likelihood of disease, disability, and hospitalization. MetroPlusHealth and our providers are required to provide this care to our qualifying members.

To view the *Bright Futures Recommendations for Preventive Pediatric Health Care* periodicity schedule, click here. ■



CHOOSING WISELY: LABORATORY TESTS

MetroPlusHealth is committed to helping our providers deliver the best level of service and care to our members. Below are recommendations from the American Society for Clinical Pathology's ***Choosing Wisely*** campaign that identified non-evidence-based and over-utilized laboratory tests in the general population. We highly recommend that you review and use this information. For more information, please visit: https://www.choosingwisely.org.

MetroPlusHealth will no longer pay for tests without an appropriate diagnosis.

Amylase:

Do not test for amylase in cases of suspected acute pancreatitis. Instead, test for lipase.

Current guidelines and recommendations indicate that lipase should be preferred over total and pancreatic amylase for the initial diagnosis of acute pancreatitis and that the assessment should not be repeated over time to monitor disease prognosis. Repeat testing should be considered only when the patient has signs and symptoms of persisting pancreatic or peripancreatic inflammation, blockage of the pancreatic duct or development of a pseudocyst. Testing both amylase and lipase is ***unnecessary*** because it increases costs while only marginally improving diagnostic efficiency.

Bottom Line: If you suspect, pancreatitis, order a serum lipase.

Folic acid, red blood cell or serum:

Do not order red blood cell or serum folate levels at all.

In adults, consider folate supplementation instead of serum folate testing in patients with macrocytic anemia. With the mandatory fortification of foods (with processed grains) with folic acid incidence of folate deficiency has declined dramatically. In rare cases of folate deficiency, simply treating with folic acid is a more cost-effective approach than blood testing.

Helicobacter pylori antibody:

Do not request serology for H. pylori. Use the stool antigen or breath tests instead.

Serologic evaluation of patients to determine the presence/absence of Helicobacter pylori (H. pylori) infection is no longer considered clinically useful. Alternative noninvasive testing methods (e.g., the urea breath test and stool antigen test) exist for detecting the presence of the bacteria and have demonstrated higher clinical utility, sensitivity, and specificity. Finally, most laboratories have dropped the serological test from their menus, and many insurance providers — including MetroPlusHealth — are no longer reimbursing patients for serologic testing.

Erythrocyte Sedimentation Rate (ESR) in patients with undiagnosed conditions:

Don't order an erythrocyte sedimentation rate (ESR) to look for inflammation in patients with undiagnosed conditions.

Thyroxine, total; Thyroxine, free; Triiodothyronine T3 (TT-3) in the initial evaluation of a patient with suspected, non-neoplastic thyroid disease, and routine screening Thyroid Stimulating Hormone testing:

Do not order a total or free T3 level when assessing levothyroxine (T4) dose in hypothyroid patients or when you are trying to determine if someone is hypothyroid or hyperthyroid. Do not order TSH for routine screening.

T4 is converted into T3 at the cellular level in virtually all organs. Intracellular T3 levels regulate pituitary secretion and blood levels of TSH, as well as the effects of thyroid hormone in multiple organs. However, T3 levels in blood are not reliable indicators of intracellular T3 concentration. Compared to patients with intact thyroid glands, patients taking T4 may have higher blood T4 and lower blood T3 levels. Therefore, in most patients all you need is a TSH to determine the correct dosing of levothyroxine.

Bottom Line: Order a TSH to monitor and adjust levothyroxine dosing. Don't order TSH for routine screening; only for someone in whom you clinically suspect hypothyroidism or hyperthyroidism.

Vitamin D, including fractions:

Do not routinely measure 1,25-dihydroxyvitamin D unless the patient has hypercalcemia or decreased kidney function.

Many practitioners become confused when ordering a vitamin D test. Because 1,25-dihydroxyvitamin D is the active form of vitamin D, many practitioners think that measuring 1,25-dihydroxyvitamin D is an accurate means to estimate vitamin D stores and test for vitamin D deficiency, which is incorrect.

Prealbumin:

Do not use prealbumin test to screen for or diagnose malnutrition.

Studies have shown that as a nutritional marker, prealbumin is not specific enough to show changes in nutritional status; additionally, it is not sensitive to detection of malnutrition at an early stage. Furthermore, improvement in nutritional intake have not resulted in notable change in prealbumin. Instead, consider a multidisciplinary approach that includes consulting with dieticians to better understand the patient's medical history and to ensure the selected metrics are used appropriately for diagnosis and documentation.

Ammonia:

Do not use an ammonia test, in patients with chronic liver disease, to measure blood ammonia level because normal levels do not rule out hepatic encephalopathy.

ACCESS AND AVAILABILITY STANDARDS

MetroPlusHealth members must secure appointments within the following time guidelines:

Emergency Care	Immediately upon presentation
Urgent Medical or Behavioral Problem	Within 24 hours of request
Non-Urgent "Sick" Visit	Within 48 to 72 hours of request, or as clinically indicated
Routine Non-Urgent, Preventive or Well Child Care	Within 4 weeks of request
Adult Baseline or Routine Physical	Within 12 weeks of enrollment
Initial PCP Office Visit (Newborns)	Within 2 weeks of hospital discharge
Adult Baseline or Routine Physical for HIV SNP Members	Within 4 weeks of enrollment
Initial Newborn Visit for HIV SNP Members	Within 48 hours of hospital discharge
Initial Family Planning Visit	Within 2 weeks of request
Initial Prenatal Visit 1st Trimester	Within 3 weeks of request
Initial Prenatal Visit 2nd Trimester	Within 2 weeks of request
Initial Prenatal Visit 3rd Trimester	Within 1 week of request
In-Plan Behavioral Health or Substance Abuse Follow-up Visit (Pursuant to Emergency or Hospital Discharge)	Within 5 days of request, or as clinically indicated
In-Plan Non-Urgent Behavioral Health Visit	Within 2 weeks of request
Specialist Referrals (Non-Urgent)	Within 4 to 6 weeks of request
Health Assessments of Ability to Work	Within 10 calendar days of request

Medicaid Managed Care PCPs are required to schedule appointments in accordance with the aforementioned appointment and availability standards. Providers ***must not*** require a new patient to complete prerequisites to schedule an appointment, such as a copy of their medical record, a health screening questionnaire, and/or an immunization record. The provider may request additional information from a new member if the appointment is scheduled at the time of the telephonic request. ■

MetroPlusHealth

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CHANGES TO YOUR DEMOGRAPHIC INFORMATION

Notify **MetroPlus**Health of any changes to your demographic information (address, phone number, etc.) by directly contacting your Provider Service Representative. You should also notify us if you leave your practice or join a new one. Alternatively, changes can be faxed in writing on office letterhead directly to **MetroPlus**Health at **212.908.8885**, or by calling **1.800.303.9626**. ■

METROPLUSHEALTH COMPLIANCE HOTLINE

MetroPlusHealth has its own Compliance Hotline, **1.888.245.7247**. Call this line to report suspected fraud or abuse, possibly illegal or unethical activities, or any questionable activity. You may choose to give your name, or you may report anonymously. ■

Editor: Elizabeth Colombo