



October Informed Newsletter

October 15, 2024

Falling into Gratitude

Autumn is a wonderful time of year. With the leaves changing colors and a freshness in the air, there's a sense of renewal, beauty and hope. And for us, there's also a deep sense of gratitude. We're thankful for all that YOU do to keep our members healthy and well. This time of year especially, as the days begin getting shorter and the last months of 2024 begin speeding into 2025, we're ever reminded of just how much you've done for our members from January through spring and summer and beyond. All year, every day, we're so grateful that you're at their side.

Announcing Provider Portal Training

In November, we'll be hosting virtual training sessions for providers to get a deeper understanding of our provider portal. We plan to cover several topics, including how to find a member's benefits, how to submit a prior authorization and the recent enhancements that've been added to the portal.

Invites to these sessions will go out in late October to anyone who has a current portal login. You may attend as many sessions as you like.

We'll have time for questions and answers, so please come prepared with anything you might wish to ask. We'll have a variety of days and times available to accommodate schedules. Each session will last an hour.

We look forward to seeing you.

Important Request from Our Pharmacy Team

Help us reduce adverse medication events from concurrent use of opioids and benzodiazepines, and from the use of multiple anticholinergic drugs in older adults.

In 2025, Medicare is introducing two new Star measures related to opioids, benzodiazepines and anticholinergic drugs. Here's what you need to know – and do – to help give the safest, highest-quality care to your patients.

What are the new Star measures?

- A measure looking at how often patients are prescribed, concurrently, opioids and benzodiazepines.
- A measure evaluating how often older adults are prescribed multiple anticholinergic medications (concurrently). Examples of anticholinergic medications include antihistamines, antiparkinsonian agents, skeletal muscle relaxants, antidepressants, antipsychotics, antimuscarinics, antispasmodics and antiemetics.

Why are these measures important?

The concurrent use of opioids and benzodiazepines can be incredibly harmful, increasing the risk of respiratory depression and fatal overdose. According to the CDC, nearly 14% of overdose deaths in 2021 involving opioids also involved benzodiazepines.

The concurrent use of multiple anticholinergic medications increases the risk of avoidable cognitive decline in older adults. Plus, side effects can lead to falls, arrhythmias and seizures.

Steps to Take

1. Review your patients' medication regimens to identify any instances of concurrent opioid and benzodiazepine use, or use of multiple anticholinergic medications. Be aware that some patients may have multiple prescribers and/or records on multiple EMRs, so check all the prescribers and EMRs you can to make sure you're seeing every medication they're taking.
2. Evaluate whether the concurrent use is clinically necessary. **Consider alternative treatments or tapering strategies.**
3. Educate patients about the risks associated with the concurrent use of these medications and discuss potential alternatives.
4. Ensure thorough documentation of the rationale for concurrent use if deemed clinically necessary, including any risk-mitigation strategies implemented.
5. Refer the patient to our free [care coordination services](#) (if they're a member of one of our plans).

While there may be specific clinical situations where concurrent use is appropriate, **it poses significant safety risks.** We strongly encourage **alternative treatments or tapering strategies.** If your patient continues forward with concurrent use, **closely monitor them.**

Thank you for your valuable partnership in helping us lower the risk of adverse events.

Help us move the needle.

Together we can help people live their healthiest lives. Find reminders, tips and more in this section, to guide improvements in patient outcomes. Help us move the needle.

Breast Cancer Awareness Month

October is Breast Cancer Awareness Month. Help us make an impact this month (and beyond) by discussing mammograms with your patients. Here are a few things to remember or consider:

- Females, advanced in age, are at the biggest risk of breast cancer.
- The recommended age to start mammograms is 50. If you have a patient with a higher risk, starting earlier may be appropriate.
- Teaching your patients how to properly complete a breast self-exam helps those who are in between years of a mammogram.

The National Cancer Institute has many great provider-specific resources for breast cancer – [find them here](#).

Annual Great American Smokeout

Help your patients quit smoking. On **November 21**, thousands across the country will take part in the yearly [Great American Smokeout®](#), challenging themselves to go a full 24 hours without cigarettes. The hope is that they find strength and motivation in being able to go an entire day without smoking, and perhaps decide to quit for good. The day is an initiative of the American Cancer Society® (ACS) and has brought health, hope and inspiration for decades. Between now and November 21, encourage your patients to take part, and point them to cancer.org/smokeout for more information about the day, along with tools and resources.

Also, for your patients who are members of our health plans, remind them that many of our plans offer access to Quit For Life® at no additional cost. It's a built-in part of their plan – just waiting for them to use – where they can get personalized help to quit smoking. They should visit hally.com/care for more information, and call the number on the back of their ID card to see if their plan includes Quit For Life.

[Help your patients control their blood pressure.](#)

As their trusted provider, you can help your patients improve their blood pressure control. Here are tips from the CDC and *The Surgeon General's Call to Action to Control Hypertension*.

- **Patient follow-up.** Support your patients after, and in between, their visits. You and your team can:
 - Create and facilitate patient self-management plans.
 - Regularly communicate with your patients using technology, helping improve their adherence to their self-management plans.
- **Medication management.** To successfully achieve blood pressure control, you'll often need to adjust the doses of medications to find the right fit for each patient.
- **Medication adherence support.** Identify barriers your patients may have in taking their drugs as prescribed. Then address these barriers with education, coaching, advice, support and resources.
- **Self-management support.** Provide encouragement and support to help empower your patients to take an active role in managing their own blood pressure. Educate and motivate regarding lifestyle changes, like nutrition, exercise, weight management, stress reduction, quitting smoking and more. Refer your patients to health behavior counseling and health coaching as appropriate.
- **Self-measured blood pressure (SMBP).** Educate and train your patients to regularly use personal blood pressure monitoring devices at home. Have them record their numbers to discuss with you and your team.

Healthy Mamas and Healthy Babies

According to CDC data, July through October is the busiest time of year for births. Here are some things we hope you can help us achieve.

Prenatal Care

Action: Help us improve our HEDIS®* performance for Prenatal Visits.

Background:

- HEDIS requires a prenatal visit to be in the **first trimester**.
- **Early education before pregnancy** may help increase your patients' awareness of the importance of a first-trimester visit.
- Our HEDIS rates for Postpartum Care are doing well. Most patients are seeing their providers within the required seven to 84 days after delivery.

Well-Baby Visits

Action: Help us improve our HEDIS performance for well-baby visits within the first 30 months of life.

Background:

- Our HEDIS performance is broken down into two subgroups: the **first 15 months of life** and **months 15 to 30**.
- The American Academy of Pediatrics recommends **11 total visits** by the time babies turn 2.5 years old (30 months).
- Patients are “compliant” if they get **six or more visits in the first 15 months and two or more visits in months 15 to 30**.

Thank you for your dedication to the health of your youngest patients. We value and appreciate your partnership.

**The [Healthcare Effectiveness Data and Information Set \(HEDIS®\)](#) is a set of quality standards that helps us together measure and assess the care and treatments patients receive. HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).*

Are you addressing your patients' social needs?

Help us identify social-determinants-of-health (SDoH) needs for your patients.

- We track whether or not you discuss food, housing and transportation needs with your patients.
- Food needs to discuss: food insecurity.
- Housing needs to discuss: housing stability, homelessness or inadequate housing.
- Transportation needs to discuss: inadequate transportation.
- Yearly wellness visits are an opportunity to touch on these areas with your patients.
- Be sure to capture and document these SDoH needs in your patients' EMRs.

Thank you for the hard work you and your staff do to help our members stay holistically healthy and well.

Antidepressant Medication Management – Tips and Best Practices

Here's important information to ensure you're following HEDIS* recommendations for antidepressant medication management.

For Background:

- During the “Effective Acute Phase” of treatment, HEDIS looks at how many patients successfully remained on their medications for at least 12 weeks (84 days).
- During the “Effective Continuation Phase” of treatment, HEDIS looks at how many patients successfully remained on their medications for at least six months (180 days).

Tips and Best Practices

When diagnosing your patients with depression and prescribing antidepressant medications, here are things to keep in mind – that can help them stay on their medications:

- Encourage them to seek psychotherapy in addition to the drugs.

- Educate them that it can take several months for antidepressant medications to be effective, so they should remain patient.
- Remind them to stay on their meds for at least six months.
- Consider referring patients with complex cases to psychiatrists.

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Source Used for this Article: [AMM - Antidepressant Medication Management, Johns Hopkins Medicine](#)

COPD Care for Your Patients

Here's some helpful information for taking care of your patients with chronic obstructive pulmonary disease (COPD), from the experts at ASHP (the American Society of Health-System Pharmacists).

Patient Education

Educate and counsel your patients – and their family members – about COPD basics, their disease state and symptom-management strategies. This will help prevent exacerbations and hospital admissions.

- Ask patients open-ended questions (like ones that start with “what,” “how” and “why”) to begin the conversation. This will help you determine what they already know, and it'll help you identify their concerns. During your conversation, address their specific concerns and fill in the gaps of their education.
- Since every respiratory device requires training to ensure the patient is using it correctly and in an optimal fashion, physically show them how to use it; use the teach-back method, correcting their technique, as appropriate, as they practice how to use it in front of you; and

provide them written instructions also. Give them a chance to ask you any questions they may have.

Action Plan

There are many different COPD action plans. Most use the traffic-light model. These action plans help your patients self-assess their symptoms and identify early warning signs.

- **“Green” Days:** Normal days. Patients should continue normal activities and medications.
- **“Yellow” Days:** Bad days. Patients should get in touch with their primary care provider for possible steroids and/or antibiotics if needed. Providers should ask how many puffs of rescue medication the patient uses per day.
- **“Red” Days:** Urgent medical attention is needed – patients should call 911.

Have your patients bring their COPD action plan to their appointments, so you can review them and discuss specific recommendations.

Encourage your patients to get the shingles vaccine.

The CDC wants your help in spreading the word about the importance of the shingles vaccine (Shingrix). Here’s the top-level information they want you to share with your patients.

- The vaccine is the only way to protect against shingles and PHN (postherpetic neuralgia, the most common shingles complication).
- The CDC recommends that adults 50 and older get two doses of the shingles vaccine called Shingrix (recombinant zoster vaccine).
- Adults 19 and older who have weakened immune systems because of disease or therapy should also get two doses of Shingrix, since they’re at higher risk.
- In adults 50 and older with healthy immune systems, Shingrix is over 90% effective at preventing shingles and PHN. And immunity stays strong for at least seven years after vaccination.

- In adults with weakened immune systems, Shingrix is 68% to 91% effective in preventing shingles.

Your patients should get Shingrix even if, in the past, they've:

- Had shingles.
- Received Zostavax (an older shingles vaccine called zoster vaccine live/Zostavax that's no longer available in the U.S.).
- Received a varicella (chickenpox) vaccine.

There's no maximum age for getting Shingrix.

Contact Us

(800) 851-3379, Option 3

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