



## December Informed Newsletter

December 17, 2024

### A Season of Gratitude

The end of the year is upon us, with the beauty of the holidays shining all around us. During this season of cheer and gratitude, we want to express our deepest thanks to *you*. All year long you work hard to keep our members healthy, and it's *your* expertise and dedication that keep their bodies, minds and spirits well. We're grateful for your partnership, and we wish you, your staff and your loved ones a blessed holidays and wonderful start to 2025.

### Important Change: Annual Wellness Visits

*Note: This article/information does not apply to Health Alliance Northwest™ plans.*

**Health Alliance™ has decided to change how the Medicare Annual Wellness Visit (AWV) will be treated in the 2025 plan year and beyond.**

- How it works now (2024): Patients must wait 365 days between their previous AWW and their new AWW.
- How it will work in 2025 and beyond: Patients can get their AWW at *any time* during the plan year (which usually runs January 1 through December 31). So, for example, a patient could get their 2025 AWW in April 2025, but still be able to get their 2026 AWW in January 2026 if they desired. They won't have to wait a full 365 days.

We're excited about how this change will help alleviate confusion between providers and patients – and how it will help patients get the easiest, most understandable access to the care they need. We always encourage our Medicare members to have an AWW and any follow-up that's needed from that visit.

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## 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.*

### Antibiotics – they're not always the right solution for children.

Antibiotics are not appropriate for every situation. In fact, overprescribing of these medicines can cause real harm. According to recent evidence, children inappropriately given antibiotics were at higher risk of *Clostridioides difficile* infections and allergic reactions.

In one study of nearly 3 million U.S. children, providers inappropriately prescribed antibiotics – for example, giving antibiotics for viral infections or prescribing non-first-line antibiotic therapy for bacterial infections – in up to 70% of viral upper respiratory infection cases and one-third of bacterial infection cases. And real harm resulted:

- Inappropriate prescribing for bacterial infections was linked with a sixfold greater risk for *Clostridioides difficile* infections, a fourfold

higher risk for severe allergic reactions and an excess risk for gastrointestinal symptoms including diarrhea.

- Improper prescribing for viral infections was linked with excess risk for skin rash.

Often, providers might be asked, or even pressured, by parents to give their children antibiotics (simply because the parents don't know what's best in these situations). Perhaps the best approach? Have a friendly, open discussion with the parents about risks vs. benefits. Rather than saying something like, "the guidelines recommend...", instead perhaps take this approach: "The antibiotics probably won't help the ear pain get better any quicker – and I'm worried they might cause your child to have diarrhea." Usually, parents aren't even aware of the possible side effects, and they'll appreciate your knowledge, openness and care looking out for their child.

### References Used for This Article

James A. Feinstein, MD, MPH, "What Are the Consequences of Inappropriate Antibiotic Prescribing for Pediatric Outpatients?," *Informing Practice*, 23 June 2022.

## Osteoporosis: Prevention and Management

As a health plan, working with you as a trusted partner, we have two main goals when it comes to osteoporosis:

1. For our members at risk, **prevent** osteoporosis from developing.
2. For those already with osteoporosis, help them **manage** the disease.

### Prevention

As a provider, you already know the major risk factors for osteoporosis. Our biggest ask for you is to help us further educate your patients about the disease, their risks and the best ways to detect warning signs.

Our hope is to catch people who are at higher risk and get them in for a DEXA screening before a fracture happens.

## Management

If your patient is 65 years or older and experiences a fracture, encourage them to complete a DEXA screening within six months of the fracture. The initiation of bone-building medication is also proven to be beneficial. Educate these patients – as well as your patients who are at risk for a fracture – about how they can take practical steps to prevent future breaks and adhere to their bone-building regimen.

## Sexual Health: HEDIS Measures

By meeting HEDIS®\* quality measures, we together improve care for your patients. Here's how you can help with a couple important sexual health measurements.

### Chlamydia Screenings

Action: Help us improve our HEDIS performance for making sure our members get their chlamydia screenings.

Background:

- Our HEDIS performance for chlamydia screenings has been below the national average for at least the last three years.
- One of our partner providers has changed the language they use when talking to patients about chlamydia screenings – and they've seen great success.
- Using “opt-out” instead of “opt-in” language helps increase the patient's comfort level with the discussion and testing. When talking with them, present the screenings as the “default” and appropriate thing to do, rather than something that takes effort to “opt into.”

### Immunizations for Adolescents

Action: Help us improve our vaccination rate for the HPV vaccine among eligible adolescents.

## Background:

- Our HEDIS performance for the HPV vaccine has not reached our 90<sup>th</sup>-percentile goal for the last three years.
- One concern when discussing the HPV vaccine with patients is the fact that it's tied to HPV being a type of STD.
- We're trying to switch the conversation and approach it as a measure to prevent cancer later in life.

We appreciate your dedication to the health of your patients. We're grateful for your willingness to further their healthy journey by helping us address these HEDIS measures.

*\*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).*

## **Statins for Your Patients with Cardiovascular Disease or Diabetes**

If your patients have cardiovascular disease or diabetes, consider statin medications. Here's what you need to know, from the National Committee for Quality Assurance (NCQA).

- Cardiovascular disease is the leading cause of death for Americans. Over 92 million adults in the U.S. are thought to have a type of cardiovascular disease.
- Statin medications help lower blood cholesterol – and they can reduce the risk of heart attack, stroke and more.
- People with diabetes have higher cardiovascular risk – and they're often at significant risk of developing cardiovascular disease.
- The American College of Cardiology and American Heart Association (ACC/AHA) guidelines recommend statins of moderate or high intensity for adults with established clinical ASCVD (atherosclerotic cardiovascular disease).

- The American Diabetes Association and ACC/AHA guidelines recommend statins for primary prevention of cardiovascular disease for patients who have diabetes (based on age and other risk factors).
- Adherence is key – whenever you prescribe statins, make sure to regularly follow up to make sure your patients are taking them as regularly as they should.

## What to Know About Chronic Kidney Disease

Here's an alarming stat: 30 million U.S. adults have chronic kidney disease (CKD), but less than 20% are aware they have it. Let's work together to raise much needed awareness. Here's key information from the National Kidney Foundation.

- CKD raises the risk for cardiovascular problems.
- As CKD progresses, it can lead to kidney failure and death.
- About 90% of adults with type 2 diabetes and CKD are undiagnosed.
- Approximately 50% of people with advanced CKD (Stage G4) are undiagnosed.
- When people don't know that they have CKD, there's a significant impact on both health outcomes and healthcare utilization.
- **Early diagnosis and management of CKD is vital.**
- There are two tests that assess for CKD: estimated glomerular filtration rate (eGFR) and urine albumin-creatinine ratio (ACR). The current guidelines for CKD testing recommend that adults with diabetes and/or hypertension be evaluated at least annually for albuminuria.
- Studies have shown that people with both low eGFR and high ACR have a higher risk of cardiovascular problems and death.

The main takeaway: Regular testing/assessment, early diagnosis and early intervention are crucial to slow CKD progression and prevent worse outcomes.

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