

# Provider Newsletter



## New initiative to identify best practices and ensure quality care

Aetna Better Health® of New Jersey is pleased to announce Provider Profiling, a new quality initiative.

Provider Profiling is a method used for comparing physicians and other providers to their peers (same specialty or same category) to examine use of health care services and provision of care. It's well-known that there are significant variations in physician behavior, some of which are indicators of quality care. The profiling process plays an important role in incentive programs to reward high-quality care.

Profiling includes data that measures the following:

- **Utilization** - such as what services members receive
- **Access** - such as whether members get recommended care or use emergency services

- **Outcomes** - such as whether members require inpatient care or develop avoidable complications

Profiles can identify variations that deviate from recognized standards or benchmarks, helping providers improve the quality of care they provide. Data used in profiles may be stratified by individual provider, group, specialty and member characteristics (such as diagnosis or member type).

The focus of Aetna's Provider Profiling program will include a variety of standard measures of care such as the following:

- Frequency of emergency room visits and/or inpatient admissions for preventable conditions (if managed in the primary care setting)

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Aetna Better Health® of New Jersey



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# New initiative to identify best practices and ensure quality care

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- The rates of certain avoidable complications among members
- Established measures of quality care, such as HEDIS measures

We believe Provider Profiling information will serve to identify best practices among providers and identify

opportunities for improvement. Both will ensure that our members receive the highest quality care.

To view member rights and responsibilities visit [aetnabetterhealth.com/nj/providers/resources/rights](http://aetnabetterhealth.com/nj/providers/resources/rights).

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## Fall prevention education can help members stay safe

Patients can experience falls in the home, workplace and acute-care setting as well as in long-term care facilities. It's important to acknowledge the impact of falls on patients.

- Patients age 85 and older are up to 15 times more likely to sustain hip fractures from falls than patients age 60-65 years.
- Falls are the leading cause of fatal injury and the most common cause of non-fatal trauma-related hospital admissions among older adults.

The elderly are more vulnerable to falls than any other age group. However, all members can benefit from education

regarding precautions to make homes, hospitals and workplaces safe and free from falls.

Patient use of certain prescription medications and polypharmacy may make patients unsteady, possibly leading to falls. Reviewing your patient's medications with them and suggesting the following precautions can help prevent falls from happening:

- Wear sturdy shoes that have non-slip soles
- Always use a handrail when climbing up or down stairs
- Keep doorways and floors free of obstacles such as throw rugs and furniture

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## Assessing cognitive impairment in older adults

Cognitive impairment in older adults can be caused by medication side effects, metabolic and/or endocrine derangements, delirium (due to intercurrent illness), depression, and dementia (Alzheimer's dementia being most common).

Some causes, like medication side effects and depression, are reversible with treatment. Others, such as Alzheimer's disease, can't be reversed, but symptoms can be treated for a period of time. Families can also be prepared for predictable changes.

The U.S. Preventive Services Task Force, in its recent review and recommendation regarding routine screening for cognitive impairment, noted that "although the overall evidence on routine screening is insufficient, clinicians should remain alert to early signs or symptoms of cognitive impairment (for example, problems with memory or language) and evaluate as appropriate."

A Dementia Screening Indicator can help guide clinician decisions about when to screen for cognitive impairment in the primary care setting. Visit [www.nia.nih.gov/alzheimers/publication/assessing-cognitive-impairment-older-patients](http://www.nia.nih.gov/alzheimers/publication/assessing-cognitive-impairment-older-patients) to view or download the Dementia Screening Indicator.

Cognitive impairment screening is recommended if:

- The person, family members, or others express concerns about changes in his or her memory or thinking
- You observe problems or changes in the patient's memory or thinking
- The patient is age 80 or older

Other risk factors that could indicate a need for dementia screening include:

- Low education
- History of Type 2 Diabetes
- Stroke
- Depression
- Trouble managing money or medications

Instruments for brief screenings are available for use in an office visit. Patients, particularly those who express a concern, likely just want to know and understand the underlying problem. Providers should refer members to a specialist if needed.

## Offering an integrated approach to behavioral health care management services

Primary care providers are often the first health care professionals our members turn to for help with behavioral health conditions. At times, behavioral health conditions might appear in the form of frequent office visits for symptoms like unexplained headaches, nausea and pain.

Providers should use a well-being screening tool for patients who exhibit behaviors that are indicative of a possible behavioral health concern. Some tools include:

- Patient Health Questionnaire (PHQ-9)
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- CAGE assessment

You can download these tools through the provider portal:

[aetnabetterhealth.com/newjersey/providers/portal](https://aetnabetterhealth.com/newjersey/providers/portal).

If you identify a patient who might benefit from behavioral health care management, we can help. Just call **1-855-232-3596** to refer the patient to our Integrated Care Management Program. Care management services can help patients with issues such as:

- Depression
- Bipolar disorder
- Schizophrenia

- Substance abuse disorders
- Other mental health conditions

Understanding behavioral health and serious mental illness takes an integrated approach. It includes all aspects of the patient's life. Our care management team works with patients, providers, families and caregivers, to manage a member's condition and improve their daily lives.

Our goals include but are not limited to:

- Developing a care plan that encompasses all aspects of abehavioral health diagnosis
- Coordinating care between multiple providers and pharmacies
- Educating the patients about their illness and care plans
- Referrals to mental health and wellness services
- Assisting implementation of community resources and support

You can also refer members to a behavioral health specialist when you feel it is appropriate.

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## Prostate cancer early detection recommendations

The State of New Jersey recommends screening for men **ages 65 to 75 at least every 2 years**. Medical records of all tests given, positive findings and actions should guide appropriate follow-up care

The American Cancer Society (ACS) recommends that men make an informed decision with their health care provider about prostate cancer screening. Before making a decision, men should receive all available information about the uncertainties, risks and potential benefits of prostate cancer screening. The discussion about screening should take place at the follow ages:

- **Age 50 for men who are at average risk** of prostate cancer and expected to live at least 10 more years
- **Age 45 for men at high risk** of developing prostate cancer. This includes African-American and men who have a first-degree relative (father, brother or son) diagnosed with prostate cancer at an early age (younger than age 65)
- **Age 40 for men at even higher risk** (those with more than one first-degree relative who had prostate cancer at an early age)

After your discussion, men who request a screening should receive the prostate-specific antigen (PSA) blood

test. The digital rectal exam (DRE) can be part of screening.

If, after your discussion, a man is unable to decide if testing is right for him, the screening decision can be made by the health care provider, who should take into account the man's general health preferences and values.

If screening detects no prostate cancer, the time between future screenings depends on the results of the PSA blood test.

Men who choose to be tested who have a PSA of less than 2.5 ng/mL may only need to be retested every 2 years.

Screening should be done yearly for men whose PSA level is 2.5 ng/mL or higher.

Prostate cancer often grows slowly. Men without symptoms of prostate cancer who do not have a 10-year life expectancy, should not be offered testing since they are not likely to benefit. Overall health status, and not age alone, is important when making decisions about screening.

For more information, visit the American Cancer Society's website: [www.cancer.org](http://www.cancer.org).

## Do your patients have care management needs?

We can help your patients with chronic obstructive pulmonary disease, congestive heart failure, coronary artery disease, hypertension, diabetes and other conditions. Our program integrates case management and condition management, so your patient has a single care manager.

Our dedicated team can help patients increase their knowledge about how to be healthier and improve their health outcomes.

We can help address the following issues: high/inappropriate emergency room utilization, medications, preventive care reminders, patients who are hard to

reach, and special needs patients who exhibit disruptive behaviors in your office. We can also help with referrals to childbirth classes and breastfeeding education.

We perform face-to-face visits with patients, many times at the provider's office. Just contact us if you would like us to connect with or visit your patient(s).

Patients can contact our Integrated Care Management Team Monday through Friday (excluding major holidays) from 8 a.m. to 5 p.m. at **1-855-232-3596**.

Aetna Better Health of New Jersey also has a 24/7 Nurse Line that you or the patient can call at **1-855-232-3596**.

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## Quality Management Program seeks input and committee participation

Aetna Better Health of New Jersey's Quality Management Program is designed to continuously improve and monitor member medical care, safety and behavioral health services. We also evaluate the delivery of services, including ongoing assessment of program standards, to determine the quality, accessibility and appropriateness of care, case management and coordination.

A key focus of our quality program is improving members' biological, psychological and social well-being with an emphasis on quality of care and the non-clinical aspects of all services.

We believe working in partnership with our providers will provide the best value for our members and an enhanced provider-member relationship. That's why we regularly seek input from providers and other leaders in our

community and use it to improve our Quality Assurance Performance Improvement (QAPI) Program.

On an annual basis, the QAPI Program description document is updated to reflect the current QAPI program operations, as well as to ensure compliance with NJ MCO standards. We invite our provider community to review the QAPI Program description and provide input. We also have a number of quality-based committees, each with a focus on specific activity within the plan.

If you are interested in obtaining a copy of the QAPI Program description and/or participating in one of these committees, contact your provider representative. Monetary reimbursement is available for contributing your time and voice to our QAPI Program.



## Flu vaccine reminder

Aetna Better Health of New Jersey providers should encourage all high-risk members to get a flu vaccine. It can help reduce hospitalization and morbidity/mortality from flu and pneumonia related complications.

High-risk members include but are not limited to the following:

- The elderly and the very young
- Pregnant women
- Anyone with an infectious disease
- Oncology, asthma, diabetes, COPD, congestive heart failure and kidney disease patients

Flu season is between December and April. The optimal time for patient vaccination is October or November. High-risk patients must take extra precautions and get their vaccination as early as possible. Patients who have high-risk or premature infants should be extra cautious with visitors due to possible flu exposure. In addition to the flu vaccine, all patients 65 years and older should receive a pneumococcal vaccine.

