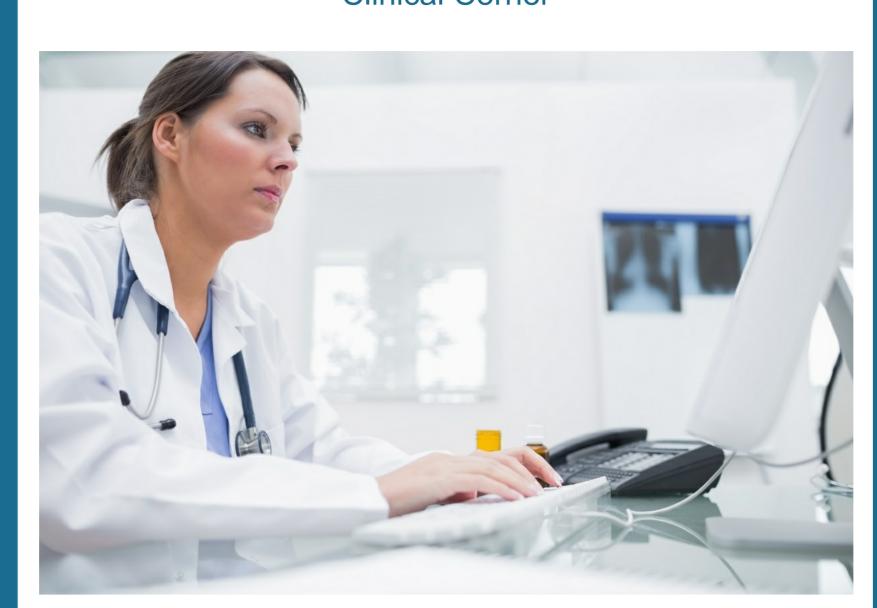




### Provider Newsletter November 2017

### **Clinical Corner**



#### **PH TECH Transition**

This month's Clinical Corner actually should be titled Clerical Corner.

After many years utilizing the Centricity EMR for submission of Prior Authorization for OHP members serviced by Umpqua Health Alliance, we are now transitioning this over to a new platform managed by PH TECH that fortunately is already familiar to most of you.

With this transition out of the EMR comes a requirement for greater accuracy in submission of diagnosis and CPT codes and supporting documentation to ensure that they "pair" and map to a funded line of the Prioritized List to allow for efficient approval. In the past, our reviewers went above and beyond their job in searching through the EMR to find justification for approval when the Dx and Tx codes didn't pair and weren't above the line. This process is less feasible on the new PA platform, so if your processes and processors are not precise, there may be a higher rate of PA denials due to incorrect submissions.

For more information, please visit the <u>provider page</u> on our website.

#### **Provider Scorecard**

As we come to the end of 2017, Umpqua Health Alliance is working to meet our benchmarks. Moving the needle on health in Douglas County is no easy feat, and it's something that couldn't be done without the medical community coming together. To see how your office has faired in meeting the benchmarks, click here.

### **National Diabetes**

#### Month

November is National Diabetes Month. Thirty million Americans have diabetes and one in three people will develop diabetes in their lifetime, according to the CDC. As the nation sheds light on diabetes, we want to bring a local focus to the month. November is a great time to work your gap lists to see which patients



still need their HbA1c test, and to schedule those patients. It's also a great time to clean up old diagnoses, where the patient may have previously been tested for diabetes, but does not actually have it. For questions about gap list patients, contact <u>Debbie Standridge</u>.



# **Transitional Care Team Launches**

Umpqua Health's Transitional Care Team has launched at Mercy Medical Center. Building upon its experience with care coordination for UHA inpatients at Mercy Hospital, the new team has adopted the Coleman Transitional Care Model (TCM) that focuses on improving care in the inpatient setting, enhancing patient and family caregiver outcomes, and reducing costs among vulnerable, chronically ill adults admitted urgently to Mercy Medical Center. Transitional care emphasizes identification of patients' health goals, design and implementation of a streamlined plan of care, and continuity of care across settings and between providers throughout episodes of acute illness (e.g., hospital to home). Under this model, care is both delivered and coordinated by the registered nurse in collaboration with patients, their family caregivers, physicians, and other health team members. The TCM supplements care provided to patients in the hospital and substitutes for care provided by professional nurses in the home setting based upon individualized member needs. Critical to the success of this model of care is the strict focus on reducing the number of

unplanned readmissions. The transitional care process involves an assessment of a patient's risk for readmission and supporting the member through the discharge planning process to provide the post discharge medication reconciliation, assessment of readmission risk (the LACE Score) and, most importantly, the scheduling of a follow-up appointment with the member's primary care provider within a 24- to 72-hour timeline. If the member cannot be scheduled for that initial post-discharge follow-up appointment, the Transitional Care Team's Family Practice NP can see the member at the Umpqua Health Transitional Care Clinic on a one-time basis to assess member progress post discharge, follow-up on medical management, review the medication list and adherence to the discharge plan. In such a setting, the member will then transition back to the care of the primary physician.



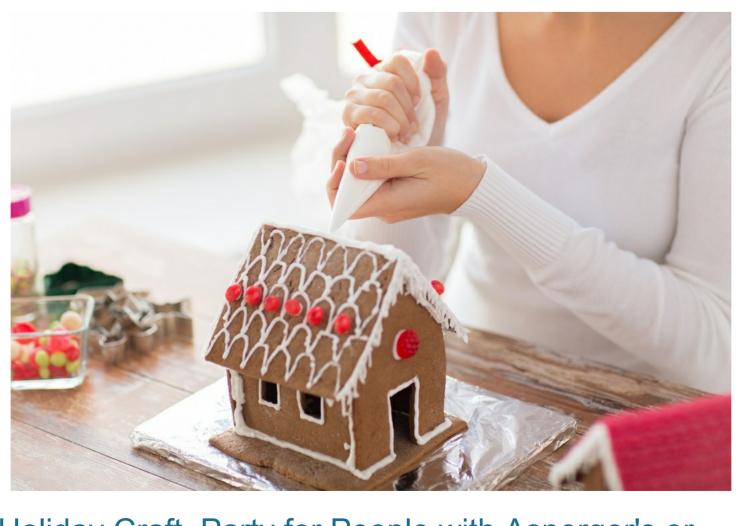
# **Funding Applications**

**UHA's Community Advisory Council** 

Council Seeking

(CAC) is now accepting applications for 2018 Community Health Improvement Plan (CHIP) projects. CHIP projects aim to address five aspects of health care: access, addictions, mental health,

has allocated more than \$775,000 to projects that aim to help our community thrive. Applications will be accepted through December 15 of this year. For more information, contact Kat Cooper.



## Holiday Craft Party for People with Asperger's or High Functioning Autism

The Socially Becoming group is hosting a holiday craft party Sunday, December 3, from 3 p.m. to 5 p.m. The group is designed for people ages 14 to 25 who struggle socially. If you have a patient with a diagnosis of Asperger's or high functioning Autism, anxiety, or simply has a hard time fitting in, this group could be a great fit. Click here to view the flyer and learn more.

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