UHA Connection

Monthly Provider Newsletter

WELCOME

Thank you for reading our NEW Monthly Provider Newsletter, the UHA Connection. We hope this new format will allow you to easily access the content and print it out if you would rather read it that way. In this PDF, you can still click on the links provided throughout the newsletter.

Flip through to learn more on topical information related to:
- Practic Tactics
- Clinical Corner
- Better Health For All
- On the Lookout
- CME for Thee

Your success is critical to our member's health, behavioral and physical. Use this newsletter as a tool to succeed as a provider of Umpqua Health Alliance and resource for important updates.

If you have questions or would like to see information on a specific topic in the newsletter please reach out to:
- Dr. Douglas Carr at dcarr@umpquahealth.com
- Nicole Chandler at nchandler@umpquahealth.com

Thank you for all that you do to keep our members and patients safe and healthy!

GET CONNECTED

If you're seeking information regarding your patient's benefits, Umpqua Health Alliance is here to help you get the answers you need. Call us today, we're happy to assist you.
- Phone: (541) 229-4842
- TTY: (541) 440-6304 | Toll Free: (866) 672-1551
- Email: UHAMemberServices@umpquahealth.com

Umpqua Health Alliance has adopted the definition of cultural competence that appears on the Oregon Administrative Rules for Cultural Competence Continuing Education for Health Care Professionals (OAR 943-090-0010).

ON THE LOOKOUT

COVID-19 Update

For the latest information on COVID activity in Douglas County, visit Douglas Public Health Network: http://douglaspublichealthnetwork.org/

PRACTICE TACTICS

National Drug Code Requirements for Billing Physician-Adminstered Drugs

NDC are based upon the numeric quantity administered to the patient and the unit of measurement. The unit of measurement (UOM) codes can be found on OHA's page https://www.oregon.gov/oha/HSD/OHP/Pages/NDC.aspx.

The National Drug Code reporting webinar is also a helpful tool found here: https://www.oregon.gov/oha/HSD/OHP/Tools/Billing%20requirements%20for%20physician-administered%20drugs.pdf If you have further questions please give our provider support line a call at 541-229-4842 or email us at uhaclaims@umquahealth.com

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Funding Available for Community Health Improvement Projects

Umpqua Health Alliance's Community Advisory Council (CAC) is now accepting applications for 2022 community projects. The CAC looks to help fund projects that improve the overall Heath of Douglas County residents and aim to address one of the key focus areas addressed in the most recent Community Health Improvement Plan: behavioral health and addictions, social determinants of health, families and children and healthy lifestyles, while also considering health equity. Recent projects include expanding capacity for trauma informed care trainings, supporting initiatives that address food insecurity and helping to build a new playground. Since 2016, UHA's CAC has allocated more than $1.6 million.

The application can be found on our website, and will be accepted through December 15, 2021. For more information, contact Kat Cooper at kcooper@umpquahealth.com or (541) 229-7058.

New Provider for Non- Emergent Transportation in 2022

Umpqua Health Alliance (UHA) is pleased to announce that starting January 1, 2022 we will change to a new Non-Emergent Medical Transportation provider (NEMT). The new provider is **Medical Transportation Management (MTM)** who is one of the nation's most experienced and qualified NEMT brokers. MTM was founded in 1995 and remains a family-owned and operated, privately held "S" corporation.

MTM has Community Outreach staff who are dedicated to ensure medical providers receive the attention and guidance needed to schedule rides for both routine and life-sustaining appointments for patients. More details to come in the next edition.

CLINICAL CORNER

Edema as a Side Effect of Gabapentinoid Drugs

Allan S. Brett, MD, reviewing Read SH et al. J Am Geriatr Soc 2021 Oct in NEJM Journal Watch

An observational study suggests a "prescribing cascade," in which older patients who receive gabapentinoids are more likely to receive diuretics subsequently.

Edema is a well-described side effect of gabapentinoid drugs (i.e., gabapentin and pregabalin). In this study from Ontario, Canada, researchers used provincial databases to examine whether gabapentinoid use was followed by diuretic prescriptions — a so-called "prescribing cascade" in which a drug is prescribed to treat an adverse effect of another drug. The study population was 260,000 older adults (age, >65) with newly diagnosed back pain or sciatica; gabapentinoids had been prescribed for ≈8000 of these patients. The researchers limited the analysis to patients with these diagnoses to create a reasonably homogeneous study population.

During the 90 days after diagnoses of back pain, patients who received gabapentinoids were significantly more likely to receive diuretic prescriptions than those who did not receive gabapentinoids (2.0% vs. 1.3%). With adjustment for various potentially confounding variables, the difference remained significant (hazard ratio, 1.44). Risk for being prescribed a diuretic was higher among patients who received high-dose gabapentinoids (HR, 2.34 at 180 days).

COMMENT

This study indirectly supports previous observations that gabapentinoids can cause edema. Although the absolute excess of diuretic prescribing was small, the findings are particularly noteworthy given the adverse effects of diuretics in older patients. An equally noteworthy aspect of this study is the nontrivial frequency of off-label gabapentinoid prescribing for low back pain and sciatica: Gabapentinoids are largely ineffective for these conditions and frequently cause other adverse effects in older patients (NEJM JW Gen Med May 1 2019 and JAMA Intern Med 2019; 179:695).

CITATION(S):

Read SH et al. Evidence of a gabapentinoid and diuretic prescribing cascade among older adults with lower back pain. J Am Geriatr Soc 2021 Oct; 69:2842. (https://doi.org/10.1111/jgs.17312)

BETTER HEALTH FOR ALL

Population Health Perspectives

To enhance overall population-health in Douglas County we need to focus on an important sub-population "Children" that pose distinct opportunities and challenges. Children undergo developmental and physical changes between birth and adulthood; if we overlay emotional and social factors impacting children then this sub-population becomes complex to manage. Recently, OHA has released county-level data on social and emotional health of children, the Child-Complexity report – UHA has partnered with Oregon Pediatric Improvement Partnership (OPIP) to analyze the data for the Medicaid population [see graphs below] – Our goal is to share this information with our provider network at different forums starting with the Quality Metrics workgroup meetings. UHA, plans to collaborate with partners at a multisector level, specifically, focusing on expanding and improving opportunities for early childhood education. It is also imperative to assess the effectiveness of preventive services, for this purpose OHA in 2022 will have CCOs' continue to monitor several preventive metrics for children; UHA will continue to provide data and tips for improvement-strategies to make strides in child related measures.

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November 2021 Data for Child Preventive Measures:

Quality Metrics and Value-Based Incentives				
Measure	**Num.**	**Denom.**	**Current**	**Target**
Health Assess Within 60 Days for DHS Child	36	42	85.7%	>90.0%
Immunization: Adolescent (13YO) Combo 2	154	557	27.6%	>26.8%
Immunization: Childhood (2YO) Combo 2	368	573	64.2%	>68.9%
Preventive Dental or Oral Health (1-5)	966	3,125	30.9%	>33.7%
Preventive Dental or Oral Health (6-14)	2,515	5,677	44.3%	>43.1%
Well-Care Visits: (03-06) Childhood	1,235	2,300	53.6%	>54.6%
Depression Screening and Follow-up Plan	1,344	4,293	31.3%	>64.4%

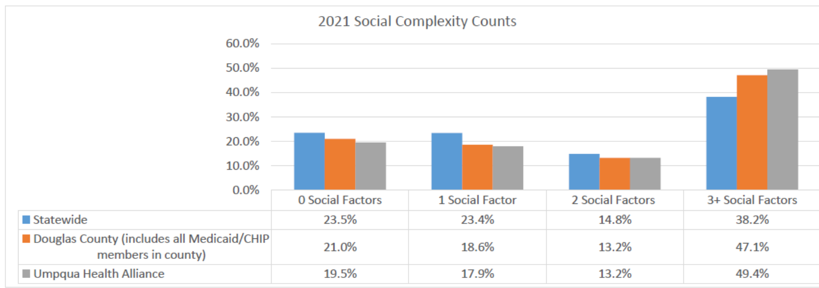
Child Health Complexity Data:

Health complexity is a concept that takes into account both the child's medical and social complexity – For measuring medical complexity the report uses Pediatric Medical Complexity Algorithm (PMCA), the data set has a look back at claims data from the All Payer All Claims (APAC) database for these children from January 1, 2018 through December 31, 2020. For measuring social complexity, twelve (12) indicators are used, the look back period for these indicators is the lifetime of the child plus one year prior to birth when available:

- Medical Factors - The PMCA algorithm includes utilization of services, diagnoses and number of body-systems impacted, and assigns children three categories:
  1. Children with Complex Chronic Disease
  2. Children with Non-Complex Chronic Disease
  3. Children without Complex Chronic Disease/ Healthy
- Social Factors – "Social complexity is defined by Seattle Children Hospital's Center of Excellence on Quality of Care Measures for Children with Complex Needs (COE4CCN). Social complexity is defined by COE4CCN as a set of co-occurring individual, family or community characteristics that have a direct impact on health outcomes or an indirect impact by affecting a child's access to care and/or a family's ability to engage in recommended medical and mental health treatments. COE4CCN identified 18 factors that either in past literature or through their own studies were correlated with worse health outcomes or higher health care costs. **Anchored to those factors, OPIP and OHA then examined specific indicators that existed or could be collected in Oregon's Medicaid or Integrated Client Services (ICS) data. Twelve different social indicators, described in the following table, were identified as feasible to be collected for each child.** These indicators were based on services the child received or claims attributed to the child, services that one or both parents of the child received, or information obtained from OHA Medicaid Enrollment or OHA Vital Statistics; when available, the look back period for these indicators is the lifetime of the child plus one year prior to birth (to account for the prenatal period). A summary count of the number of social complexity indicators was then created. Secondly, a three-part social complexity categorical variable (3 or more, 1-2, or 0 risk factors) was then created."

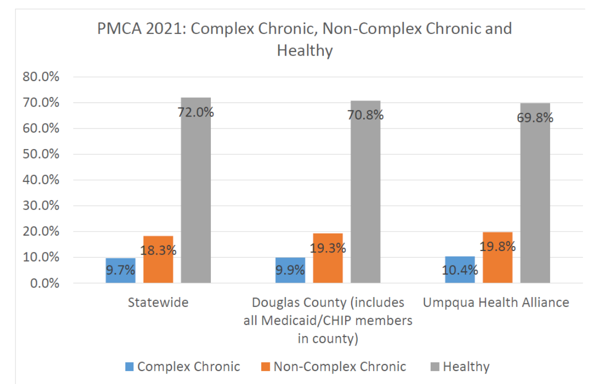
INDICATOR: Descriptive Information* (Source)	**CHILD FACTOR**	**FAMILY FACTOR**	**TOTAL**
POVERTY – CHILD: Access of Temporary Assistance for Needy Families (TANF), below 37% federal poverty level (ICS, data available 2000-2021)	x		x
POVERTY- PARENT: Access of TANF (ICS, data available 2000-2021)		x	x
FOSTER CARE: Child received child welfare services (ICS, data available 2000-2021)	x		x
PARENTAL DEATH: Death of parent in OR (ICS-Death Certificate in Oregon, data available 1989-2021)		x	x
PARENTAL INCARCERATION: Parent incarcerated or supervised by the Dept. of Corrections in Oregon (ICS-Department of Corrections for state felony, not including county/municipal charges, data available 2000-2021)		x	x
MENTAL HEALTH – CHILD: Child received mental health services through DHS/OHA (ICS-NMH Caseloads, data available 2000-2021)	x		x
MENTAL HEALTH – PARENT: Parent received mental health services through DHS/OHA (ICS-NMH Caseloads, data available 2000-2021)		x	x
SUBSTANCE ABUSE – CHILD: Child received substance abuse treatment through DHS/OHA (ICS-AD Caseloads, data available 2000-2021)	x		x
SUBSTANCE ABUSE – PARENT: Parent received substance abuse treatment through DHS/OHA (ICS-AD Caseloads, data available 2000-2021)		x	x
CHILD ABUSE AND NEGLECT: ICD-9, ICD-10 dx codes used by providers (OHA Medicaid claims data, data available 2002-2021)	x		x
POTENTIAL LANGUAGE BARRIER: Language other than English listed in the primary language field (OHA Medicaid Enrollment, most current data for family)		x	x
PARENTAL DISABILITY: Parent is eligible for Medicaid due to a recognized disability (OHA Medicaid Enrollment, data available 2002-2021)		x	x
TOTAL NUMBER OF INDIVIDUAL FLAGS	**5**	**7**	**12**

* Look back period includes prenatal period through the lifetime of child, unless an exception is noted due to availability of data.



2021 Social Complexity Counts

	0 Social Factors	1 Social Factor	2 Social Factors	3+ Social Factors
Statewide	23.5%	23.4%	14.8%	38.2%
Douglas County (includes all Medicaid/CHIP members in county)	21.0%	18.6%	13.2%	47.1%
Umpqua Health Alliance	19.5%	17.9%	13.2%	49.4%



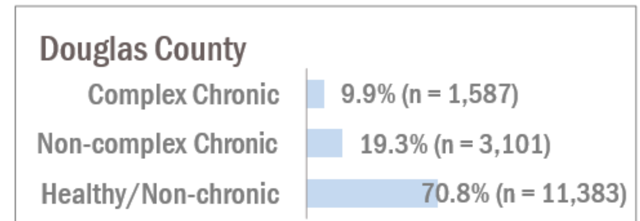
Medical Complexity: Summary of Data and Key Findings

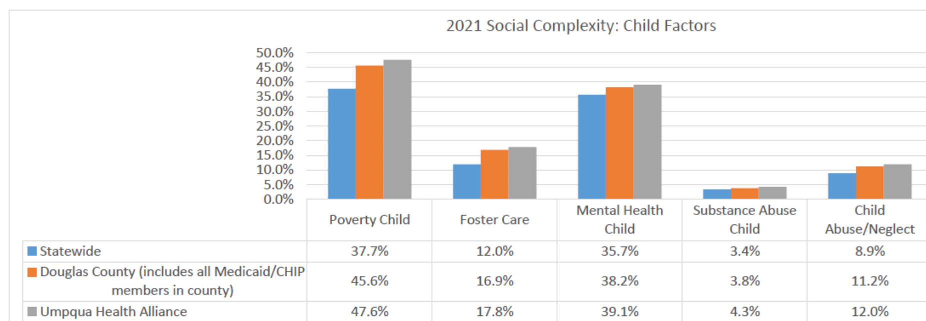
This dataset includes 16,071 children residing in Douglas County as of August 2021.

- 9.9% of children were placed into the PMCA 1 complex chronic disease category.
- 19.9% of children were placed into the PMCA 2 non-complex chronic disease category.
- 70.8% of children were placed into the PMCA 3 healthy/non-chronic category.
- 29.2% of children had some level of medical complexity (PMCA categories 1 or 2).

Among the 36 counties in Oregon, there was a wide range in the percent of children placed into each medical complexity category:

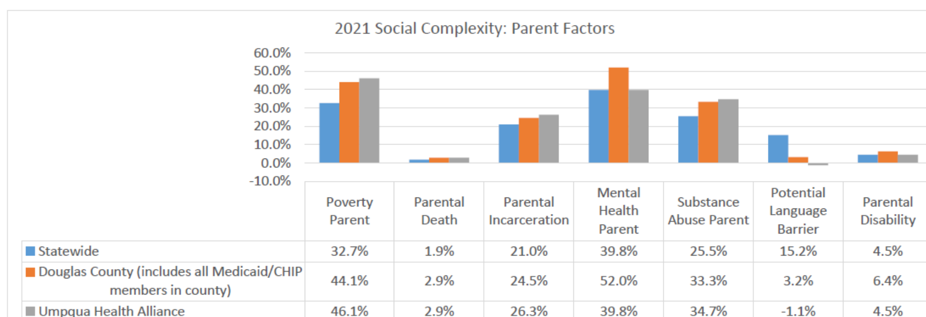
- The percentage of complex chronic children ranged from 4.7% 9lowest) to 11.4% (highest) with a statewide of 9.%.
- The percentage of non-complex chronic children ranged from 10.9% (lowest) to 22.0% (highest) with a statewide value of 18.3%.
- The percentage of healthy/non-chronic children ranged from 67.5% (lowest) to 84.4% (highest) with a statewide value of 72.0%





2021 Social Complexity: Child Factors

	Poverty Child	Foster Care	Mental Health Child	Substance Abuse Child	Child Abuse/Neglect
Statewide	37.7%	12.0%	35.7%	3.4%	8.9%
Douglas County (includes all Medicaid/CHIP members in county)	45.6%	16.9%	38.2%	3.8%	11.2%
Umpqua Health Alliance	47.6%	17.8%	39.1%	4.3%	12.0%



2021 Social Complexity: Parent Factors

	Poverty Parent	Parental Death	Parental Incarceration	Mental Health Parent	Substance Abuse Parent	Potential Language Barrier	Parental Disability
Statewide	32.7%	1.9%	21.0%	39.8%	25.5%	15.2%	4.5%
Douglas County (includes all Medicaid/CHIP members in county)	44.1%	2.9%	24.5%	52.0%	33.3%	3.2%	6.4%
Umpqua Health Alliance	46.1%	2.9%	26.3%	39.8%	34.7%	-1.1%	4.5%

CME FOR THEE

PCPCH Learning Collaborative: Standard 3.D - Comprehensive Health Assessment & Intervention

First Session November 19

Contact: Bernadette Lauer (Bernadette.Lauer@dhsoha.state.or.us)

Request: Please share with CCO staff working with PCPCHs.

The Oregon Health Authority (OHA) Patient-Centered Primary Care Home (PCPCH) Program is hosting a learning collaborative to help you learn from other peer practices how to meet PCPCH Standard 3.D – Comprehensive Health Assessment & Intervention. The intent of this standard is for PCPCHs to assess and intervene in patients' health-related social needs (HRSN) as part of routine wellness care. Health-related social needs such as housing instability, food insecurity, and exposure to interpersonal violence directly impact health outcomes.

In this learning collaborative we will hear from PCPCHs about their strategies for routine HRSN assessment, tracking HRSN referrals, as well addressing specific patient population needs with HRSN interventions. Time will be reserved for your questions about this standard. Each session will focus on one of the three measures in Standard 3.D. We hope you will join us!

- **November 19 (Noon-1 p.m.): PCPCH Measure 3.D.1**
  - This session will focus on the differences and similarities between HRSN and Social Determinants of Health (SDOH). We will also discuss the different HRSN assessment tools and strategies used by PCPCHs. Register here: https://www.zoomgov.com/j/1607751485?pwd=ZWJQYXhaOG9kQkwydkZOczBnOFlkUT09
- **December 3 (Noon-1 p.m.): PCPCH Measure 3.D.2**
  - This session will focus on the difference between PCPCH measures 3.D.2 (HRSN referrals & coordination) and 5.E.3 (community service provider referrals & coordination). We will also discuss how PCPCHs assess and track HRSN. Register here: https://www.zoomgov.com/j/1612070372?pwd=dVlzKy9lenpuM0Q3WnR5UWFsdkZmZz09
- **December 17 (Noon-1 p.m.): PCPCH Measure 3.D.3**
  - This session will focus on strategies for how PCPCHs can analyze HRSN data and identify interventions based on patient need. Register here: https://www.zoomgov.com/j/1605168659?pwd=K2dlRnV4ejk0cGZNeldwS1I5VDRGdz09

Virtual learning sessions: Pediatric COVID vaccines for clinics

Contact: Alissa Robbins (Alissa.Robbins@dhsoha.state.or.us)

Audience: Vaccinators, including FQHC staff, clinical pediatric staff, family medicine staff, pharmacists

The Oregon Health Authority (OHA) Transformation Center, in partnership with the OHA Vaccine Planning Unit, is hosting a learning session focused on pediatric COVID immunizations. As a participant, you will hear from subject matter experts and from peers on key topics such as pediatric COVID vaccine updates, how to build vaccine confidence in parents, and using equity in all planning and delivery of vaccine. Time will be reserved to answer questions from clinical staff.

This is an ongoing learning series with new topics covered each session. Space will be limited to the first 500 participants for each session. Please register for each date below and join us via Zoom:

- **11/18/21 (Noon–1 p.m.)** Register here: https://www.zoomgov.com/meeting/register/vJIscemppjIoHwuB-Xih9539IiFX4GRNshY
- **12/9/21 (Noon–1 p.m.)** Register here: https://www.zoomgov.com/meeting/register/vJIsfuyhrTsvGma2LeibZAdW6YYUKqIwCTw
- **12/16/21 (Noon–1 p.m.)** Register here: https://www.zoomgov.com/meeting/register/vJItcuqvpzgiGrZbxCab-zgQVD3XpCt-tJ0