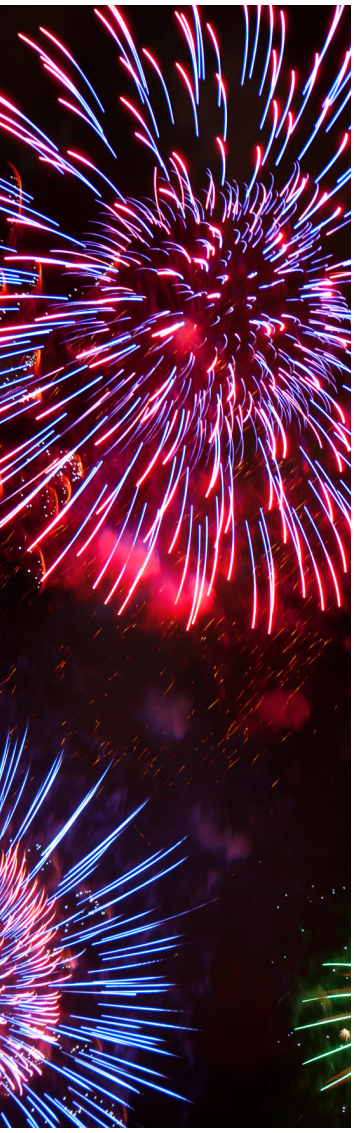
UHA Connection

Monthly Provider Newsletter: JULY 2022



WELCOME

Thank you for reading our Monthly Provider Newsletter, the UHA Connection. We hope this new format will allow you to easily access 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:

- Practice Tactics
- Clinical Corner
- Better Health For All
- On the Lookout
- CME for Thee
- Network News

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).

FOLLOW US!

Follow us on Facebook
@umpquahealthalliance

PRACTICE TACTICS

Healthier Oregon
Better Care for More People

Free health coverage offered by the state of Oregon

As of July 1, 2022, more adults are now eligible for full Oregon Health Plan (OHP) benefits and other services and supports, regardless of their immigration status.

House Bill (HB) 3352 put into law a program called "Cover All People." The program is now known as "Healthier Oregon."

Who is eligible? People who live in Oregon who:
- Meet income and other criteria,
- Don't qualify for full OHP benefits because of their immigration status, and
- Are 19-25 years old or 55 years and older.

For example:
- ***Before,*** a 22-year-old without a qualifying immigration status could only get CWM benefits (also known as emergency Medicaid).
- ***As of July 1, 2022,*** this person is eligible for full OHP benefits.

Umpqua Health Transitional Care Services

What does transitional care for UHA members look like?
Transitional care services are provided by the care coordination team to assist members in a safe transition back to their home environment after a hospital, skilled nursing, or long-term rehabilitation facility. The main goal of the program is to decrease hospital readmission and promote follow up care. Members hospitalized at CHI Mercy are followed by UHA discharge planners who see members at the hospital, complete an assessment to identify needs and potential barriers the member may encounter after hospital discharge. This team works with the hospital care managers and social workers to develop a safe discharge plan. Once the member is discharged home the transitional care nurses reach out to the member by phone within 1 business day to schedule a home, clinic, or phone visit. A home visit is preferred but when the member declines or there are other barriers to visiting the home, a clinic or phone visit is scheduled as an alternative. In the case that a member declines a visit altogether, a notification is sent to the PCP office letting them know member declined and needs follow up.

What is covered during a home visit?
- Assessment to identify social and health needs
- Medication reconciliation with education and a plan for identified compliance barriers

foodsmart

New Incentives Available!

Umpqua Health Alliance (UHA) members can now receive the following incentives when they sign for Foodsmart. Incentives will be emailed to the member after the task is completed.
- $25 Gift Card when a member signs up for Foodsmart and takes the Nutriquiz
- $25 Gift Card when a member sets up a Telehealth appointment with a Foodsmart Registered Dietitian

Refer your patients to Foodsmart to get them started on a better path to healthy eating!
- Visit: **https://www.foodsmart.com/umpqua**
- Download the Foodsmart app on the App Store
- Call Foodsmart Customer Care at: 888-837-5325

- Education and self-management of chronic conditions and/or new diagnosis
- Assistance scheduling follow up appointments and arranging transportation
- Resource referrals for needs identified during assessment
- Plan for continued follow up care and case management

Completed transitional care assessments can be found as an attachment in the Patient Overview Page in Collective Medical for those clinics that have access to the platform.

How to reach UHA's Transitional Care Team:

- The transitional care team can be reached via phone or email M-F 8am-5pm.
- Phone: 541-673-8982
- Email: UHTransitionalCareTeam@umpquahealth.com

CLINICAL CORNER

New Formulary Changes for Diabetes Treatment

Our Clinical Advisory Panel adopted the 2022 American Diabetes Association (ADA) Standards of Medical Care in Diabetes. On June 22nd the UHA Pharmacy & Therapeutics Committee (P&T) met to review the UHA formulary and clinical criteria for type II diabetic therapy with consideration of patient access, safety, efficacy, cost and the ADA guidelines.

Below is a summary of the changes effective 08/01/2022. For additional details please refer to https://www.umpquahealth.com/pharmacy-services/.

DIPEPTIDYL PEPTIDASE-4 INHIBITORS (DPP-4I)

- Alogliptin, alogliptin/metformin, alogliptin/pioglitazone : Formulary restrictions removed
- Tradjenta (linagliptin), Onglyza (saxagliptin), Kombiglyze XR (saxagliptin/metformin), Januvia (sitagliptin), Janumet (sitagliptin/metformin): Updated pharmacy utilization management guideline to require a trial and failure or contraindication based on current AIC.

AIC <10% (and above goal)	AIC >10%
• Metformin • Sulfonylurea (e.g. glipizide) OR TZD (e.g. pioglitazone)	• Metformin • Sulfonylurea (glipizide) OR TZD (pioglitazone) • Insulin

SODIUM GLUCOSE TRANSPORT 2 INHIBITORS (SGLT2I)

- Steglatro (ertugliflozin): Formulary restrictions removed
- Farxiga (dapagliflozin propanediol), Invokana (canagliflozin), Jardiance (empagliflozin): Updated pharmacy utilization management guideline to require a trial and failure or contraindication based on current ASCVD and AIC.

ASCVD or high risk OR HF LVEF <45% OR CKD with eGFR below 60	No ASCVD/risk, HF, or CKD AND AIC <10% (and above goal)	No ASCVD/risk, HF, or CKD AND AIC >10%
• Metformin	• Metformin • Sulfonylurea (glipizide) OR TZD (pioglitazone) • DPP4 (alogliptin) • Steglatro (ertugliflozin)	• Metformin • Sulfonylurea (glipizide) OR TZD (pioglitazone) • Insulin • DPP4 (alogliptin) • Steglatro (ertugliflozin)

Note: Table is applicable for type II diabetes diagnosis only.

GLUCAGON-LIKE PEPTIDE-1 RECEPTOR AGONISTS (GLP-1 RA)

- Adlyxin (lixisenatide), Byetta (exenatide), Bydureon (exenatide microsphere), Rybelsus (semaglutide): Updated pharmacy utilization management guideline to require a trial and failure or contraindication based on current ASCVD and AIC.

ASCVD or high risk OR HF LVEF <45% OR CKD with eGFR below 60	No ASCVD/risk, HF, or CKD AND AIC <10% (and above goal)	No ASCVD/risk, HF, or CKD AND AIC >10%
• Metformin • SGLT2I	• Metformin • Sulfonylurea (glipizide) OR TZD (pioglitazone) • DPP4 (alogliptin) • Steglatro (ertugliflozin)	• Metformin • Sulfonylurea (glipizide) OR TZD (pioglitazone) • Insulin • DPP4 (alogliptin) • Steglatro (ertugliflozin)

- Ozempic (semaglutide), Trulicity (dulaglutide), Victoza (liraglutide): Updated pharmacy utilization management guideline to require a trial and failure or contraindication based on current ASCVD and AIC.

ASCVD or high risk OR HF LVEF <45% OR CKD with eGFR below 60	No ASCVD/risk, HF, or CKD AND AIC <10% (and above goal)	No ASCVD/risk, HF, or CKD AND AIC >10%
• Metformin • SGLT2I	• Metformin • Sulfonylurea (glipizide) OR TZD (pioglitazone) • DPP4 (alogliptin) • Steglatro (ertugliflozin) • Preferred	• Metformin • Sulfonylurea (glipizide) OR TZD (pioglitazone) • Insulin • DPP4 (alogliptin) • Steglatro (ertugliflozin) • Preferred GLP-1 RA

- Ion management guideline to require a trial and failure or contraindication based on current ASCVD and AIC

ASCVD or high risk OR HF LVEF <45% OR CKD with eGFR below 60	No ASCVD/risk, HF, or CKD AND AIC <10% (and above goal)	No ASCVD/risk, HF, or CKD AND AIC >10%
• Metformin • SGLT2I (Steglatro)	• Metformin • Sulfonylurea (glipizide) OR TZD (pioglitazone) • DPP4 (alogliptin) • Steglatro (ertugliflozin) • Preferred	• Metformin • Sulfonylurea (glipizide) OR TZD (pioglitazone) • Insulin • DPP4 (alogliptin) • Steglatro (ertugliflozin) • Preferred GLP-1 RA

NETWORK NEWS

UHA Q2 Provider Network Meeting!

When: JULY 20, 2022 12:00 pm—1pm PST

Please register in advance for this meeting: CLICK HERE TO REGISTER

After registering, you will receive a confirmation email containing information about joining the meeting.

Please join umpqua health alliance to learn about important updates.

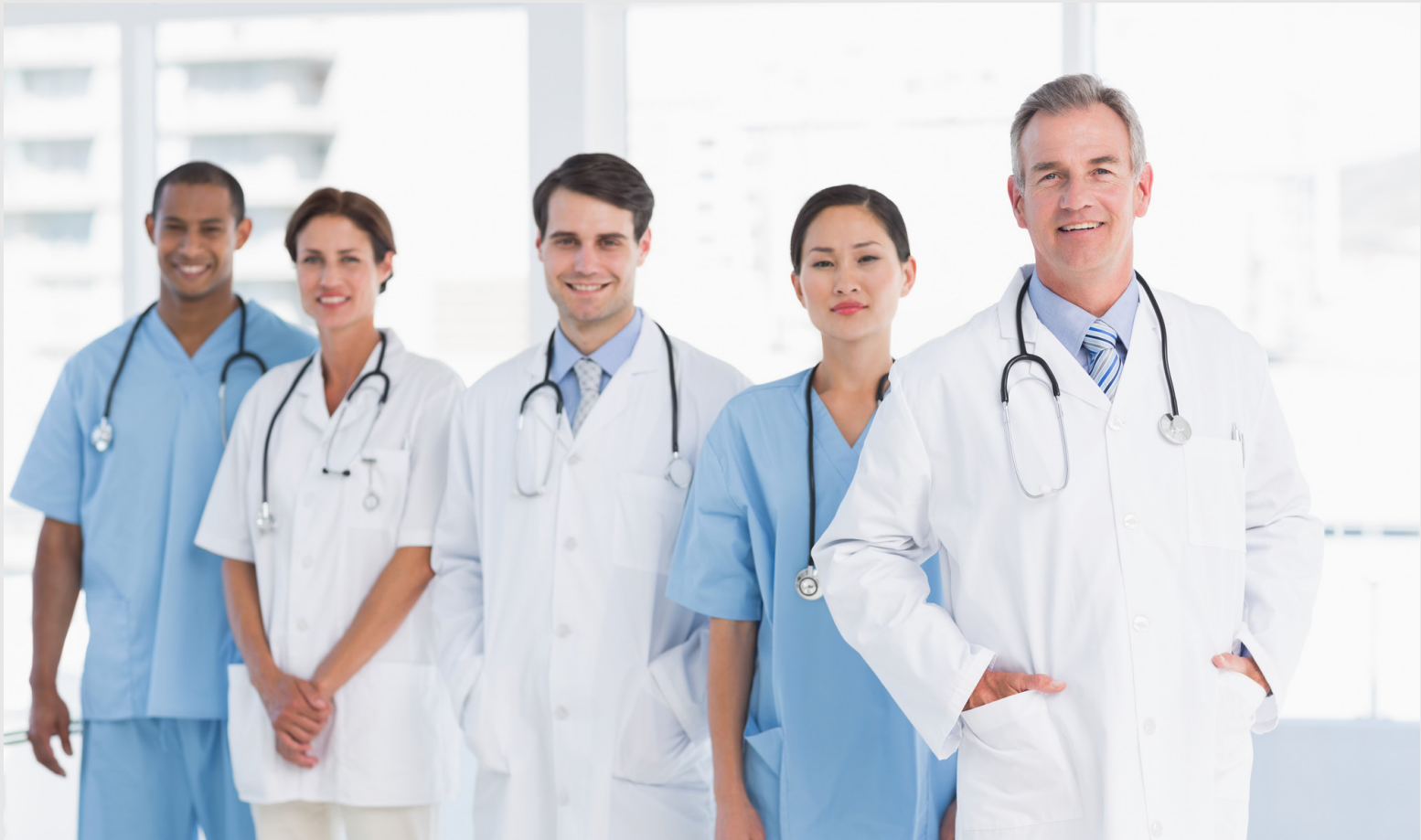
- Redetermination process – Healthier Oregon
- Translating/interpreting requirements
- Credentialing process updates
- Health information technologies
- Connect Oregon launch in Douglas county
- Other important and helpful updates from UHN

The CR13 Locum Tenens policy has been updated to help clarify important requirements when using locum tenens and to help the provider network understand the required steps for notifying UHN of locum tenens coverage. UHN is developing an application form that will soon be available for providers to notify UHN of locum tenens.

Please notify uhnproviderservices@umpquahealth.com as soon as possible when using LOCUM TENENS.

Provider Network Updates

- Effective 06/06/2022, new mental health provider, Susan Kelly Crane, LCSW at New Group, Sage House Counseling Services.



ON THE LOOKOUT

As part of our ongoing efforts to address the rising rates of syphilis, Douglas Public Health Network is pleased to announce we are available to provide benzathine penicillin G (Bicillin) free of charge to medical partners in Douglas County. We hope this distribution option improves access to timely, appropriate syphilis treatment in our rural community, where the cost of the medication has previously been a barrier. If your clinic is interested, please email: laura@douglaspublichealthnetwork.org. Please see below for the 2021 CDC Treatment Guidelines for Syphilis. Thank you!

Syphilis Treatment

	RECOMMENDED	ALTERNATIVES
Primary, secondary, and early latent: adults and adolescents	Benzathine penicillin G 2.4 million units IM in a single dose **Recommendation includes pregnant people and people with HIV**	**For true penicillin allergy:** doxycycline 100 mg orally 2x/day for 14 days* **Do not use in pregnancy:** see the CDC 2021 STI Treatment Guidelines
Late latent (> 1 year or of unknown duration): adults and adolescents	Benzathine penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1 week intervals **Recommendation includes pregnant people and people with HIV**	**For true penicillin allergy:** doxycycline 100 mg orally 2x/day for 28 days* **Do not use in pregnancy:** see the CDC 2021 STI Treatment Guidelines
Neurosyphilis, ocular syphilis, and otosyphilis: adults and adolescents	Aqueous crystalline penicillin G 18-24 million units per day administered as 3-4 million units IV every 4 hours or continuous infusion for 10-14 days **Consider infectious disease consultation**	Procaine penicillin G 2.4 million units IM once daily, **PLUS** probenecid 500 mg orally 4x/day both for 10-14 days **For true penicillin allergy:** see the CDC 2021 STI Treatment Guidelines
For children or congenital syphilis	See the CDC 2021 STI Treatment Guidelines Scan code or visit: cdc.gov/std/treatment-guidelines/syphilis.htm	

**See the CDC 2021 STI Treatment Guidelines for details on treating syphilis in penicillin allergic patients. The guidelines also include recommendations for treating syphilis in people living with HIV and pregnant people.*

- Tests for syphilis may not be reliably reactive if a person has been exposed in the past 3 weeks. For this reason, ALL sex partners who have been exposed to syphilis during a patient's contagious period should be presumptively treated with Bicillin. For primary syphilis that would include all sex partners exposed in the 90 days prior to the onset of the patient's primary lesion up to their treatment date.
- Treponemal tests usually remain positive for life, even after treatment. Nontreponemal tests usually become nonreactive after treatment, but a low titer may persist for life. A four-fold increase in titer would indicate reinfection. Please call DPHN if you need to verify prior titers or treatment dates.
- For early syphilis in pregnant patients, the Oregon Health Authority recommends 2 doses of penicillin administered 1 week apart, based on data that two doses may be more effective than a single dose at preventing congenital syphilis and other adverse fetal outcomes. There is no recommended alternative to penicillin for the treatment of syphilis during pregnancy: they should be desensitized and treated with penicillin as soon as possible.
- All patients diagnosed with syphilis should be offered testing for HIV, hepatitis C, gonorrhea, and chlamydia, as well as pre-exposure prophylaxis (PrEP) for the prevention of HIV infection

BETTER HEALTH FOR ALL

From Annals of Internal Medicine

Diabetes Screening: Different Thresholds for Different Racial/Ethnic Groups

In the United States, diabetes prevalence varies indifferent racial/ethnic groups. Black, Hispanic, and Asian Americans have higher age- and sex-adjusted diabetes rates than non-Hispanic White Americans. Further, NHANES (National Health and Nutrition Examination Survey) found that the prevalence of undiagnosed diabetes also varies, with 3.9% of non-Hispanic White Americans, 5.2% of non-Hispanic Black Americans,7.5% of Hispanic Americans, and 7.5% of non-Hispanic Asian Americans having undiagnosed diabetes. Racial/ethnic disparities also occur in diabetes complications, including higher rates of retinopathy, chronic kidney disease, lower-extremity amputation, and cardiovascular and cerebral vascular disease among Black, Hispanic, and Asian persons than among White persons.

The U.S. Preventive Services Task Force (USPSTF) currently recommends starting diabetes screening at age35 years for those who have overweight or obesity (defined as body mass index [BMI]≥25 kg/m2). Clinicians should then offer or refer patients with prediabetes to effective preventive interventions.

In their article, (https://www.acpjournals.org/doi/10.7326/M20-8079), Aggarwal and colleagues report a study that found that persons in underrepresented racial/ethnic groups have higher prevalence rates of diabetes at lower BMIs and younger ages than White persons. Their results suggest that using race/ethnicity–specific screening thresholds has the potential to reduce disparities in diabetes diagnosis. Using NHANES data from 2011 to 2018, they found that among adults aged 35 years or older, screening for diabetes in Black and Hispanic Americans with a BMI of 18.5 kg/m2or greater and Asian Americans with a BMI of 20 kg/m2or greater would be equivalent to screening White Americans with a BMI of 25 kg/m2or greater. Their results also indicate that Black, Hispanic, and Asian Americans with overweight or obesity could benefit from screening at a younger age (21, 25, and 23 years, respectively) to diagnose diabetes at prevalence rates similar to those in White Americans. Aggarwal and colleagues showed that using the USPSTF's current BMI and age thresholds for Black, Hispanic, and Asian Americans resulted in large numbers of undiagnosed diabetes cases in these groups.

In a recent commentary on health inequities, the USPSTF acknowledged the persistent inequalities across the screening-to-treatment continuum that result in racial/ethnic health disparities in the United States. The USPSTF emphasized the need to improve systems of care to ensure equitable and consistent delivery of high-quality preventive and treatment services, with special attention to racial/ethnic groups who may experience worse health outcomes. To be consistent with its own stated aspirational goals and its current methodology, the USPSTF should change its diabetes screening recommendations to account for the differential risk for diabetes among different racial/ethnic groups. The USPSTF already recommends risk-based screening for other conditions, such as cancer. For example, it recommends that individuals who have a personal or family history of breast, ovarian, tubal, or peritoneal cancer or have an ancestry associated with mutations in the breast cancer susceptibility 1 and 2 genes (BRCA1/2) be screened with an appropriate risk assessment tool. Women with a positive result should receive genetic counseling and testing. The USPSTF also acknowledged that Black men are at greater risk than White men for lung cancer at lower pack-years of smoking, and that lowering the thresholds for age and pack-years may reduce racial disparities in lung cancer. In its commentary, the USPSTF acknowledged that race is primarily a social construct and not a biologic alone. The Task Force recognized a need to "more fully consider effects of the social, economic, and structural contexts in which disease and related sequelae occur".

Structural racism against racial/ethnic minorities and stress related to macro- and microaggressions may result in chronic physiologic changes and increased allostatic load (the cumulative burden of chronic stress and life events). Stress stimulates the hypothalamic–pituitary–adrenal axis, inducing cortisol release. Acute and chronic stressors have been linked to flatter cortisol slopes throughout the day and raised evening cortisol levels. Recent research supports the hypothesis that increased evening cortisol levels and a flattening of the diurnal cortisol patterns were predictive of future incident diabetes. Whether the increased diabetes prevalence in persons in underrepresented racial/ethnic groups at lower BMIs and younger ages compared with White persons is a result of biological, social, economic, or structural factors (or a

combination of factors) warrants further research. Screening is only the first step in the prevention and treatment continuum.

Screening for prediabetes and diabetes in those at risk is the first step toward referral to appropriate, high-quality care. Previous research found that racial/ethnic disparities in quality of diabetes care exist across all groups. Black, Hispanic, and Asian Americans with diabetes were all less likely than White Americans to receive hemoglobin A1ctesting and eye examinations. The USPSTF al-ready recommends risk-based preventive services for other conditions, including cancer, cardiovascular disease, and infectious disease. To address the current inequity in diabetes screening, the USPSTF should apply the same consideration to its diabetes screening recommendation.

Quyen Ngo-Metzger, MD, MPH Department of Health Systems Science, Kaiser Permanente Bernard J. Tyson School of Medicine, Pasadena, California This article was published at Annals.org on 10 May 2022.895Annals of Internal Medicine

https://doi.org/10.7326/M22-1235

CME FOR THEE

Pediatric COVID-19 Vaccine Learning Series: 6-month through 5-year old populations

Next session July 7, focus group July 14

Contacts: Jill Johnson (Jill.M.Johnson2@dhsoha.state.or.us) or Irma Murauskas (Irma.Murauskas@dhsoha.state.or.us).

Request: Please share with your CCOs (audience is vaccine providers and public health professionals)

OHA is hosting a learning series in support of the COVID-19 vaccine rollout for the 6-month to 5-year old populations. Please see below for upcoming session dates and registration details:

Vaccine status update: Information and guidance on the 6-month through 5 year-old vaccine rollout

- Watch recording (6/16): https://www.youtube.com/watch?v=r8M2-s4TcaY

Immunizing young children: Vaccine administration techniques and considerations for the 6-months through 5 year-old age group

- Watch the recording (6/23): https://www.youtube.com/watch?v=lkvbSt7nIRw

Navigating pediatric Covid-19 vaccines: Products and management

- **July 7, Noon–1 p.m.** Register here: https://www.zoomgov.com/meeting/register/vJItcuyuqDguHz19r_8Ih0xM9bCVsqo3nc0

Webinar-based focus group (discussion, chat, polling and sharing)

- **July 14, Noon–1 p.m.** Register here: https://www.zoomgov.com/meeting/register/vJItcuivqjsrE2-UtgR58WwJ_5JAT_qLGWM
- As we transition from pandemic to endemic, the CRRU Vaccine Operations Healthcare + Supply Chain Team is gathering feedback and documenting lessons learned on this wild journey. We can't do this without asking for feedback from those we partnered with – the Oregon community of primary care providers that are key to keeping our communities safe. That's you!

- Prefer providing feedback via a short survey? https://app.smartsheet.com/b/form/df636102c50f46a5bd23638b31095d41

Data and Strategies for Pediatric Vaccine Catch-up

- **July 21, 9–10 a.m.** Register here: https://www.zoomgov.com/meeting/register/vJItf-GrqTwjEhuwwWqC4koCPVCkxtZcKP0

If you require an accommodation to fully participate in these learning sessions, please contact Tom Cogswell (thomas.cogswell@dhsoha.state.or.us, 971-304-9642).