



UHA Connection

Monthly Provider Newsletter: SEPTEMBER 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

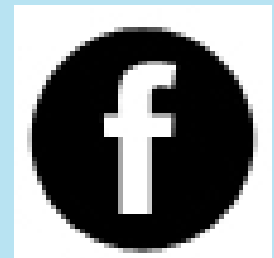
If you're seeking information regarding your patient's benefits, Umpqua Health Alliance is here to help you get the answers you need. Call us today, we're happy to assist you.

- 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](https://www.facebook.com/umpquahealthalliance)





PRACTICE TACTICS

Questions? How to get answers:

Looking for another way to get in touch with us with your claims, authorization, eligibility, and coverage question? UHA offers answer through email. We will reply with a secure email.

For claims and authorization question email us at uhaclaims@umpquahealth.com
For eligibility and coverage questions email us at uhcustomer care@umpquahealth.com

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

Quality Metrics Program

UHA (Umpqua Health Alliance) would like to express our gratitude to those who attended and participated in the Quality Metrics (QM) Workgroup meeting this month. The QM Workgroup is a comprehensive partnership between UHA and the clinical and

administrative teams from our contracted primary care clinics to conduct a deeper dive into membership trends, quality metrics and many other CCO (Coordinated Care Organization) programs and updates. Our efforts are to improve care, make quality care accessible, end health disparities, and control costs effectively and adequately for the populations we serve.

Recently the QM Workgroup was reorganized to shift to a higher-level discussion around Quality Metrics. The intent behind this change is to engage clinic-level staff who actively work on quality metrics. Additionally, these meetings will include Umpqua Health Business Intelligence (UHBI) staff for specific questions concerning data flow from EHRs (electronic health records) and other UHA supporting staff from the Pharmacy, Provider Relations and Behavioral Health departments.

The ongoing focus of this meeting will consist of:

- A review of single metrics
- Prioritization methodology
- Evaluating quality gap closures at the metric level and clinical level
- UHBI enhancements and metric updates
- Monthly look at current metric scorecards
- Other discussion opportunities, the sharing of workflows and best practices

Please contact UHNProviderServices@UmpquaHealth.com with any questions you may have or if you need assistance accessing the UHBI portal or would like to join the QM Workgroup. Visit <https://www.umpquahealth.com/health-equity/> for more information.

2022 Quality Metrics Reporting

• Current Network Status

- 21,574 Total Quality Gaps
- 14,703 members with Quality Metrics Gaps
 - 1,091 members with 3 or more Quality Metrics Gaps
- 8,297 members with Oral Health Quality Metrics Gaps
 - Diabetes Oral Evaluations: 1,616 gaps
 - Preventative Dental ages 1-5: 2,600 gaps
 - Preventative Dental ages 6-14: 4,021 gaps

Flex Spending Updates

Please visit our website for the newest Flexible Spending information!

Updated Forms - These have been tailored to our more request requests to better help us understand the member's needs.

Updated Contact Information - You will also see that we have changed our contact information – fax: 541-677-5881 and email: flexspending@umpquahealth.com.

New Requirements

- All requests must have a completed Health Risk Screening – these can be found on our website.
- All resources must be exhausted prior to the approval of a flexible spending request. This must be supported in the submission of the request.
- All requests will be processed in 5-10 business days. For urgent requests (for example, hospital discharge housing) will require the engagement of UHA Care Coordination.
- If the services are being provided by an provider/independent supplier, they must include a W9 to make the payment.
- All requests must be completed by a provider/community partner/care coordinator (with exception of ongoing requests for continuation of services, and AC/Heating Units).
- Items or services requested must not be an item or service that is covered under the Oregon Health Plan benefit.

Item/Service Details

Gym Membership

- Please use the specific Gym Request Form found on our website
- If the request is for a facility other than the YMCA, please provide rationale explaining the need for the alternative facility
- Initial request must be sent in by the provider/community partner
- Initial requests must have medical notes to support the request
- Initial requests will only be approved in 3 month increments to ensure member is utilizing services
- For members to be approved for ongoing membership, they must utilize services at least 8 times/month

AC/Heating Units

- Please use the specific AC/Heating unit found on our website
- These requests are primarily for members who are:
 - 55 or older, or age 4 or younger, AND
 - Living alone or socially isolated and has a condition that increases risk of a heat related illness (age 65 or older, morbid obesity, heart disease, diabetes, alcohol use disorder, Parkinson's, disease, multiple sclerosis, history of certain brain injuries/tumors or spinal cord injuries, hyperthyroidism, asthma or COPD, use of a medication that cause temperature regulation interruption), OR
 - Has a history of heat-related illness requiring treatment or hospitalization that home cooling/heating could have prevented

Short Term, Temporary Rental/Housing Assistance

- Must be submitted on the Temporary Housing Request Form
- Submission must include a signed Temporary Housing Member Agreement by the member
- Rental assistance submissions must also include W9 from the landlord.
- The member must be engaged with Care Coordination services with UHA before a request will be considered
- Initial requests must be submitted by a provider/community partner/care coordinator
- Stays will be approved for the shortest time necessary and will not exceed 3 months.
- These services are prioritized for member who:
 - Have past due rent.
 - Are medically fragile (e.g. newborn, ongoing chemotherapy or dialysis, oxygen dependent, etc.) and at risk of homelessness
 - Experiencing homelessness or a disruption in their housing
 - Short-term housing needed for recovery after hospital discharge or a medical procedure
 - Enrolled in the New Day or New Beginning programs
 - Receiving a Direct Acting Antiviral (DAA) medication for the treatment of Hepatitis C.
 - The member must have already received their medication
 - Has a valid ID (hotel requirement)
 - Not previously broken rules outlined in the temporary housing agreement

New Provider Directory

We are happy to announce that a new searchable Provider Directory is available on the Umpqua Health website. The directory can be accessed by scrolling down to “Find a Provider” on the landing page, or under the OHP Members tab, under “Find a Provider”. This new directory has been designed with many filtering options to help members as well as provider offices find the information they need quickly.

Our members depend on an accurate directory to help identify physicians and practices that are a good fit for their specific needs. Our new directory includes a map of each location, contact information including website, specialty, days and hours of operation, languages spoken, and whether they are accepting new patients.

Keeping the Provider Directory current is a team effort, so we ask that you check your listing regularly, and notify us if updates are needed. The Provider Update, Provider Termination and Clinic/Facility Update forms are included in Attachments for your convenience, and we ask that these forms be used when significant changes occur. For any other changes, please feel free to reach out to our team at UHNProviderServices@UmpquaHealth.com.

One other valuable tool used to keep the Provider Directory up to date is the quarterly Access to Care Survey. Each quarter hundreds of changes are identified in these surveys, from office contact information to provider staffing. Members are dependent on an accurate Provider Directory to access care; it is a fundamental component of the practice-health plan contract.

CLINICAL CORNER

Health Literacy Spotlight

Which of the following is the best way to write instructions for medication use?

- A. TAKE 2 PILLS DAILY (MORNING AND EVENING)
- B. TAKE 1 PILL TWICE PER DAY
- C. TAKE 1 PILL TWO TIMES PER DAY
- D. TAKE 1 PILL EVERY 12 HOURS
- E. TAKE 1 PILL IN THE MORNING AND 1 PILL AT BEDTIME

Example

A patient contacted UHA to request help with their ongoing uncontrolled pain. They were asking for assistance contacting the provider to increase their medication to three times per day. The current instructions were “take 1 tablet by mouth every eight hours.” The pharmacist spoke with the patient who confirmed that he did not understand and resorted to only using once in the morning and once before bed.

AHRQ Recommendation

This example above is just one reason the Agency for Healthcare Research and Quality (AHRQ) recommends using the Universal Medication Schedule (UMS) to simplify complex medicine regimens. The tested set of explicit, standardized instruction for taking pills improve a patient’s understanding which in turn may reduce errors and improve adherence. The recommended standard time periods for administration are morning, noon, evening, and bedtime. The best practice would be to write a twice daily medication as: **TAKE 1 PILL IN THE MORNING AND 1 PILL AT BEDTIME**

Health Literacy Resources

<https://www.ahrq.gov/>

<https://www.cdc.gov/healthliteracy/>

<https://www.healthliteracymonth.org/about-health-literacy>

<http://www.teachbacktraining.org/home>

NETWORK NEWS

Provider Network Updates

- OSLC Developments Inc is a non-profit, collaborative, multi-disciplinary research center dedicated to increasing the scientific understanding of social and psychological processes related to healthy development and family functioning. OSLC has a new location in Sutherlin, at 352 Calapooia St Suite B, phone (541) 485-2711
- Psych NW PC provides psychological testing services tailored to children and adults, and has opened a new location at 522 SE Washington Ave in Roseburg, 503-877-0711
- Cascade Orthopedic Specialists, LLC will be opening September 1, 2022, in the Harvard Medical Park at 1813 W Harvard Ave Ste 110 in Roseburg, phone 541-391-8155
- A new ENT surgeon, Colleen Lennard, MD, has co-located her practice with Dr. Yun and is available for all pediatric and adult patient referrals.

UniteUs & Connect Oregon Update

Umpqua Health Alliance and Unite Us have been working closely together to expand Connect Oregon, a coordinated care network of health and social care providers. Partners in the network are connected through a shared technology platform, Unite Us, which enables them to send and receive electronic referrals, address people's social care needs, and improve health across communities. For more information on Unite Us or to register go to: <https://www.umpquahealth.com/connect-oregon/>

United Community Action Network (UCAN) and Aviva are the stars by far and have a solid referral pathway between each other. Slide 12 captures the list of all of the providers and organizations that are Onboarded (submitted a Partner Registration Form to join the network) or Active (sent or received a referral in the past 90 days). Here are the referral numbers for the top 10 sending and receiving orgs in the first 90 days:

Sending Orgs:

Aviva Health: (30)
Valley Ridge Medicine (12)
Umpqua Health Alliance (10)
Options Counseling and Family Services (3)
Trillium Community Health Plans (3)
Adapt Integrated Healthcare - Primary Care & Mental Health
CHI Mercy Health (2)
Firebrand Resiliency Collective (2)
Community Cancer Center (1)
Umpqua Health Newton Creek (1)

Receiving Orgs:

United Community Action Network (40)
Family Development Center (7)
Advantage Dental Services (5)
Oregon Family Support Network (3)
ACCESS (2)
Onward (2)
Stronger Oregon (2)
Adapt Integrated Healthcare - Primary Care & Mental Health (1)
Alternative Youth Activities (1)
Banyan Treatment Centers (1)

Service Type Mix (Organization Count)

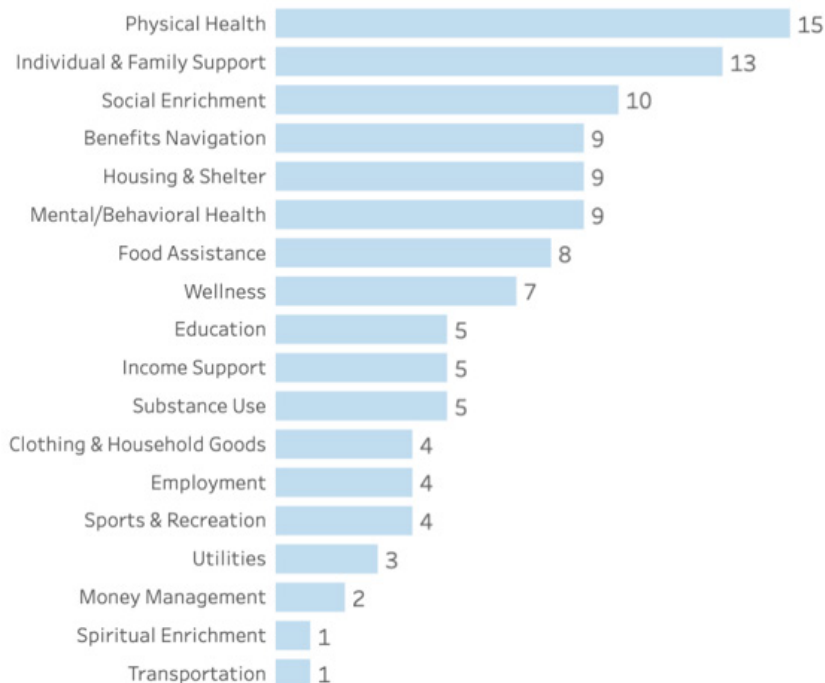
Service Type Mix (Organization Count)

Click + above service type headers to view by subtype

Show:

Program

Organization



ON THE LOOK OUT

Provider Network Updates

Douglas Public Health Network and Aviva have been allocated a limited amount of the Jynneos vaccine. While monkeypox (hMPXV) can spread to anyone through close, skin-to-skin contact regardless of gender or sexual orientation, thus far most persons to test positive in this outbreak have been gay or bisexual men. If you have a high-risk patient that would like to be vaccinated, please call Paul Leonard: 541-677-5825. For more information visit: <https://www.oregon.gov/oha/ph/monkeypox/Pages/index.aspx>.

[Click here for a handout with more information.](#)

BETTER HEALTH FOR ALL

Vascular Risk Factors Among Black Vs. White Young Adults with Ischemic Stroke

From NEJM Journal Watch-Neurology June 22, 2022

Anthony S. Kim, MD, reviewing Mehndiratta P et al. Neurology 2022 May 25

Risk factors are substantially more common in young Black stroke patients, but the exponential relationship between number of vascular risk factors and ischemic stroke risk is similar in both groups.

The incidence of ischemic stroke in young adults is increasing, a change attributable at least in part to the increasing prevalence of vascular risk factors in younger age groups. The extent to which the excess risk for stroke observed in Black people, particularly Black young adults, is also driven by differences in the prevalence of multiple concurrent vascular risk factors between Black and white young adults is unclear. To shed light on this question, investigators identified 1034 incident ischemic stroke cases aged 15 to 49 years in one urban area and 1091 non-stroke controls matched by age, sex, and region of residence, and for most cases by race as well, enrolled as part of the Stroke Prevention in Young Adults Study from 1992 through 2007.

Each individual vascular risk factor examined — current smoking, diabetes mellitus, hypertension, and obesity — as well as low education status (<12 years) was more prevalent among Black than white patients. Black people were about 6 times more likely than white people to have all 4 risk factors, and higher numbers of risk factors were seen in men versus women. Stroke incidence increased exponentially as the number of vascular risk factors increased for both Black and white people (one risk factor odds ratio, 2.1; two risk factors OR, 2.6; three risk factors OR, 7.6; four risk factors OR, 16.5).

COMMENT

These data suggest that disparities in ischemic stroke risk in young adults who are Black versus white are at least partially explained by an increased prevalence and co-occurrence of vascular risk factors. Therefore, interventions to reduce disparities in vascular risk factors for young Black adults, whether addressing health sector targets or structural and social determinants of health factors, would be expected to yield improvements in health equity for ischemic stroke.

CITATIONS

Mehndiratta P et al. Differences in multiple risk factors between Black and white individuals with young-onset ischemic stroke. Neurology 2022 May 25; 10.1212/WNL.0000000000200706; [e-pub]. (<https://doi.org/10.1212/WNL.0000000000200706>)

CME FOR THEE

Foundational Competencies in Older Adult Mental Health Certificate

Available at no cost

The E4 Center at Rush University (sponsored by SAMHSA) has now opened up the Foundational Competencies in Older Adult Mental Health Certificate online course to all who are interested. This 14-hour certificate program can serve as a first step in developing competency in older adult mental health.

The ideal learner for this program is a licensed mental health clinician, though this content may benefit a very wide variety of health disciplines and learning levels. These modules will be available to all learners without cost as long as grant funding allows. The cost for continuing education for the full 14 hour certificate program is \$175; individual course CE credits are \$15 (non-CE is free).

See more details here: <https://e4center.org/training-and-technical-assistance/foundational-competencies-in-older-adult-mental-health-certificate-program/>

Pediatric COVID-19 vaccine learning series: 6-month through 5-year old populations

Recordings available

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

Audience: Providers, public health professionals.

OHA recently concluded a learning series in support of the COVID-19 vaccine rollout for the 6-month to 5-year old populations. Recordings are available.

- Vaccine status update: Information and guidance on the 6-month through 5 year-old vaccine rollout (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 (6/23): <https://www.youtube.com/watch?v=lkvbSt7nIRw>
- Navigating pediatric COVID-19 vaccines: Products & management. (7/7): https://www.youtube.com/watch?v=03Y5mMVLt_M
- Data and strategies for pediatric vaccine catch-up (7/21): <https://www.youtube.com/watch?v=rLLM3kvscD4>