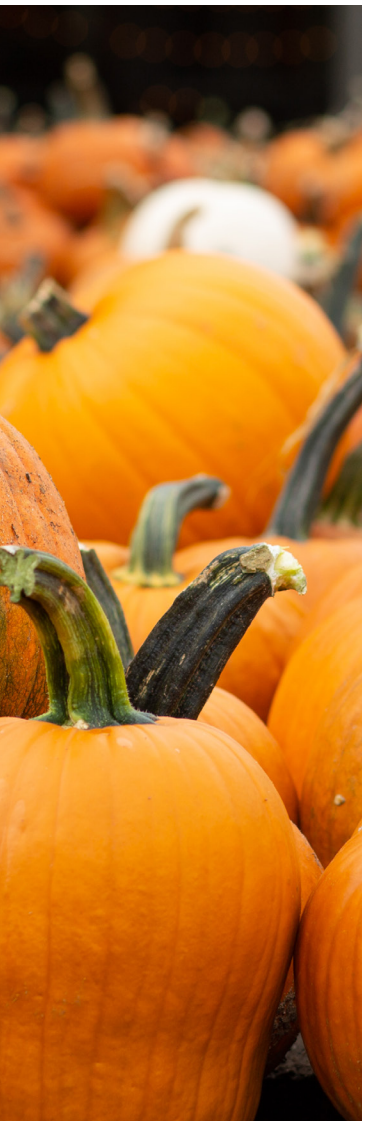
UHA Connection

Monthly Provider Newsletter: OCTOBER 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

foodsmart

New Incentives Available!

Umpqua Health Alliance (UHA) members can now receive the following incentives when they sign up 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

PRACTICE TACTICS

Updated Information about Claims

We have recently updated our claims page.
We have added more billing tips, and links related to claims questions.
You can find them at: https://www.umpquahealth.com/claims/

Flex Spending Updates

Please visit our website for the newest Flexible Spending information!
Updated Forms - These have been tailored to our more recent 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 a 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

CLINICAL CORNER

Join the Fight Against Antibiotic Resistance!

As cold and flu season arrives, so do the droves of miserable patients seeking antibiotics. During this time it is important to be good antimicrobial stewards in order to combat antibiotic resistance. The Oregon State Drug Review recently included an article in their newsletter describing the importance of antimicrobial stewardship. In 2013 there were more than 260 million antibiotic prescriptions dispensed in the outpatient setting, with 30% or more of these deemed unnecessary. Reducing the overuse of antibiotics and optimizing selection of correct antibiotics plays a large role in reducing antibiotic resistance.

Antibiotic resistance is a major health concern, leading to 35,000 deaths a year in the United States (US). Additionally, inappropriate antibiotic use has been shown to cause millions of dollars of excess healthcare expenditures. Antibiotic stewardship programs are an important component of providing valuable direction on antibiotic use. Click here (https://www.orpdl.org/durm/newsletter/osdr_articles/volume12/osdr_v12_i5.pdf) to view the full newsletter article discussing common areas of inappropriate prescribing and programs designed to facilitate best practices of antimicrobial use.

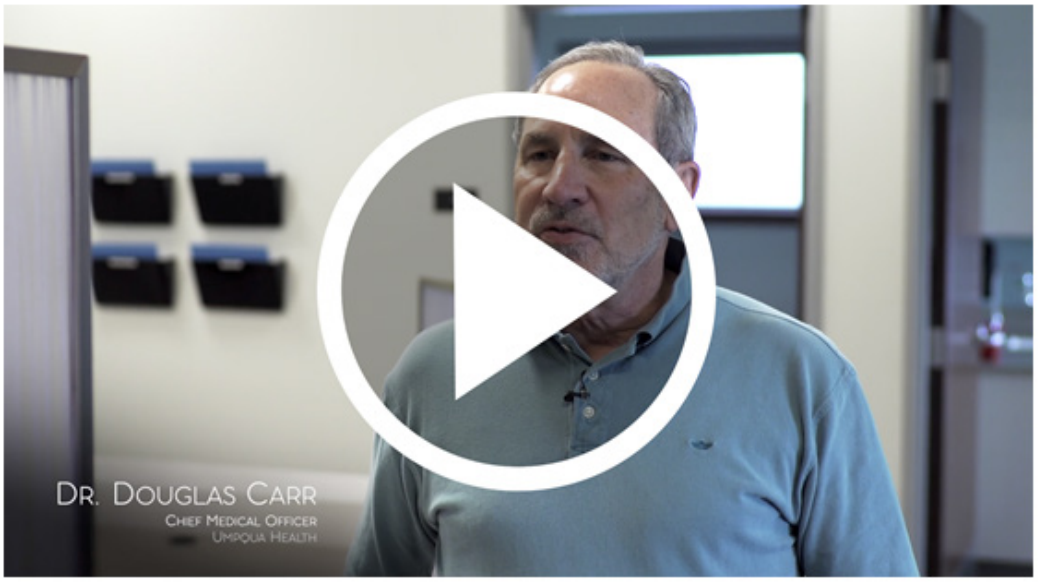
Here are some additional resources for appropriate antibiotic use:
- Oregon Health Authority AWARE: https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/ANTIBIOTICRESISTANCE/Pages/GetAwarePublications.aspx
- Antibiotic Resistance and Patient Safety Portal: https://arpsp.cdc.gov/
- Core Elements of Antibiotic Stewardship Programs: https://www.cdc.gov/antibiotic-use/core-elements/index.html
- CDC National Healthcare Safety Network (national infection tracking system): https://www.cdc.gov/nhsn/index.html
- Society of Infectious Disease Pharmacists: https://sidp.org/Clinician-Education

ON THE LOOK OUT

How Umpqua Health Alliance's Investments are Improving Douglas County: Local Programs Help Homelessness, Nutrition, Life Skills, and More

The DNA of Oregon's Coordinated Care Organizations is community, and Umpqua Health Alliance in Douglas County has been a leader in helping connect members with resources. Health care decisions are made at the local level by people who are invested in seeing their communities flourish. Local investments that address homelessness, promote nutrition, or create housing capacity all lead to higher quality of life. Healthier people make for healthier communities, and Umpqua Health has supported and amplified the work of community partners to make a positive difference.

This video includes interviews with people who have been positively impacted by the local programs in Douglas County.



- The Gary Leif Navigation Center is a shelter that provides homeless people with not just to put a roof over their head, but a connection to services that help them find their footing and get back on track.
- Foodsmart and ThriveUmpqua help members plan and eat healthy meals and avoid negative health outcomes impacted by poor nutrition.
- The Chadwick Clubhouse offers transitional housing and life skills training for people recovering from psychiatric hospitalizations and other mental health issues.

Learn more about what Oregon's CCOs are doing to create healthier communities around Oregon at www.cohoplans.org.

BETTER HEALTH FOR ALL

Why do people turn down social risk assistance offered by their doctors' offices?

Excerpted from article in STAT By Caroline Fichtenberg and Emilia De Marchis Sept. 12, 2022

After decades of research documenting the profound effects of social factors on health, such as income, education, employment, food security, and neighborhood, the health care sector has finally begun grappling with these so-called social drivers of health. The health care system's response has included efforts to identify patients and families experiencing social risk factors. But to the surprise of some, a significant number of people decline the assistance offered by their health care teams.

How these risks are identified vary greatly across practices: Patients or their caregivers can complete a questionnaire; a medical assistant or other staff member (such as a community health worker) can ask patients or caregivers a set of standard questions in person and then record those results on paper or directly into the electronic health record; or clinicians can have a conversation with their patients about social risk factors. The primary focus of these screening programs is to link patients and caregivers to resources (either on site or in the community) to assist with — and ideally resolve — identified social risk factors.

In a survey published in 2019, 67% of medical practices and 92% of hospitals were asking some of their patients about at least one of five core social risks. The American Academy of Pediatrics and the American Academy of Family Physicians both now recommend that primary care providers ask their patients about social factors and address them if needed as part of routine primary care visits. In 2021, half of all states required social risk screening in Medicaid managed care contracts.

In May 2022, the Centers for Medicare and Medicaid Services finalized a rule requiring Medicare special needs plans to include questions about social risks in their annual member health risk assessments, starting next year. And in August, CMS finalized a rule requiring that, starting in 2024, hospitals report social risk screening rates as part of the Hospital Inpatient Quality Reporting Program.

As engaging with patients about social risks has spread across the country over the past five years, our research team at the University of California, San Francisco, noticed a strange but consistent pattern: Although many patients — often dismayingly high percentages of them — were acknowledging having social risks, a much lower number were taking advantage of the assistance offered. In one study of nearly 40,000 pediatric encounters, only 14% of those with social risks requested a referral for their needs. In many other studies, the fraction interested in assistance was below 50%.

WHY MIGHT THAT BE? AND WHAT CAN BE DONE ABOUT IT?

To help answer those questions, our team, with funds from the Robert Wood Johnson Foundation, awarded grants in 2019 to six different research groups to explore these questions from different angles. What these researchers learned, recently published in a supplement of the American Journal of Preventive Medicine, highlights three key factors, as well as some solutions.

IMPROVING SCREENING TOOLS

Existing tools used to screen for social risks aren't necessarily identifying patients who want help. To be fair, the tools were designed to identify risks, not interest in assistance. And just because someone is facing issues related to food insecurity or housing doesn't mean they want help with that issue. It may not be the most important challenge facing them right then, or they may feel like they already have the help they need. (An interesting pattern that emerged across several studies was patients declining assistance because they felt that others might need it more.)

An additional challenge is that a number of commonly used questions ask about risks over the past year, lumping together individuals experiencing current issues with those who faced risks in the past but aren't currently experiencing them. This approach can identify people who might be at higher risk in general but is not zeroing in on those with current needs. The context in which these questions are asked may also contribute to inaccurate results. In all parts of the health care system, care teams were stretched thin before the pandemic, and things are only worse now. So it is likely that social risk screening questionnaires — which ask about sensitive and potentially stigmatizing issues that care team members often haven't been well trained to handle — is not happening in ideal circumstances, resulting in inaccurate results. One simple fix to some of these issues is to add a question about interest in assistance, as organizations are increasingly doing. Another fix is to change the time reference for questions to refer to the present or recent past.
Increasing confidence in the social risk assistance offered

Some people turn down assistance because they aren't confident their health care provider can help them

with nonmedical issues. In the context of a visit for a pressing health issue, where patients know they have very little time with their provider, it makes sense that patients may not respond to offers of nonmedical assistance, as that's not what they've come for — or what they think their health care provider might be qualified to do.
This may change, however, as offers of assistance with social services become more commonplace in medical settings. People are more likely to be interested in social assistance offered by their health care providers if they have been asked about social risks before, presumably because their comfort with being offered social services in a health care context grows with repeated exposure. It may also be possible to increase interest in health care- based assistance by better explaining what is being offered and why.

One study in the supplement found that patients reported higher rates of interest in assistance and higher perceived helpfulness of screening when medical assistants introduced and explained the goals of screening, compared to when screening forms were handed out during check-in without any verbal explanation.

Health care teams can also make the assistance they offer more appealing and helpful. Handing over a list of local social services may not be that useful to people who are likely already aware of existing community resources. Helping them fill out applications and navigate the complexity of obtaining appropriate social services may be more valuable, especially for those with limited English proficiency and/or low literacy.

Some studies have also shown that receiving social service navigation, even from volunteers, can make patients feel listened to and cared for, providing a less tangible but no-less-important benefit. Direct on-site provision of services, such as free legal assistance, food, or tax preparation may also be more attractive to patients than referrals that require them to follow up elsewhere.

Ultimately, health care teams should spend some time asking patients what kind of assistance would be the most helpful for them before investing in solutions that may not be what patients want or need. There is also much that health care teams can learn from social services professionals, who have been doing this work long before the health care system became interested in doing it.

DIMINISHING THE STIGMA OF NEEDING HELP

One crucial reason some people turn down offers of assistance is because of fear of disappointment, stigmatization, or other negative consequences from seeking help. Some patients, for example, may have already explored all available resources and found that existing organizations can't help them, either because the agencies are underfunded or because they don't meet the agencies' eligibility requirements. So, they turn down offers of assistance because they know the resources won't help them and don't have time to waste. Some turn down assistance because of strong prior negative experiences with social service agencies. They've been made to feel embarrassed about their situation or looked down upon for needing assistance, and they understandably don't want to experience that again. Others, particularly parents and undocumented individuals, worry that seeking out services can trigger negative consequences, such as the involvement of child protective services or immigration complications.

These issues are challenging, but there are ways to mitigate them. Health care professionals can help counteract negative narratives about poverty and social risks by ensuring that asking about social risks is done in normalizing, non-stigmatizing ways, and by framing the risks in terms of health. Screening and assistance should be offered as a standard part of health care for all patients, not based on staff judgement or patient demographics. Knowing the socioeconomic challenges patients face is not just about helping them with those issues. It is also helpful for tailoring clinical care and may contribute to strengthening patient-provider relationships. Framing social risk screening as an essential part of health care for everyone may help counteract negative stereotypes and stigma associated with economic insecurity.

CME FOR THEE

Community Level Meeting Focused on Social-Emotional Services for Young Children and Actions Needed to Improve

The 2022 CCO Incentive Metric includes a novel and unique metric that is focused on CCO covered services addressing Social Emotional Health of young children. The metric focuses on the continuum of social emotional health services that can be provided in primary care, integrated behavioral health, specialty behavioral health, and in community-based providers.

The metric requires community engagement of the various partners in the community that play a role in ensuring a child's social-emotional service needs are met. This includes the critical role that primary care plays and the insight that primary care has on where we should focus our required "Action Plan" improvement efforts aimed at improving CCO-covered social emotional services.

Umpqua Health Alliance is partnering with the Oregon Pediatric Improvement Partnership (OPIP), who is leading an in-person community-level meeting on October 26th. This meeting has been guided and informed by a broader track of work OPIP has led, in collaboration with local partners and supported by Ford Family Foundation, focused on young children in Douglas County and how to best support their social-emotional health & behavioral health needs.

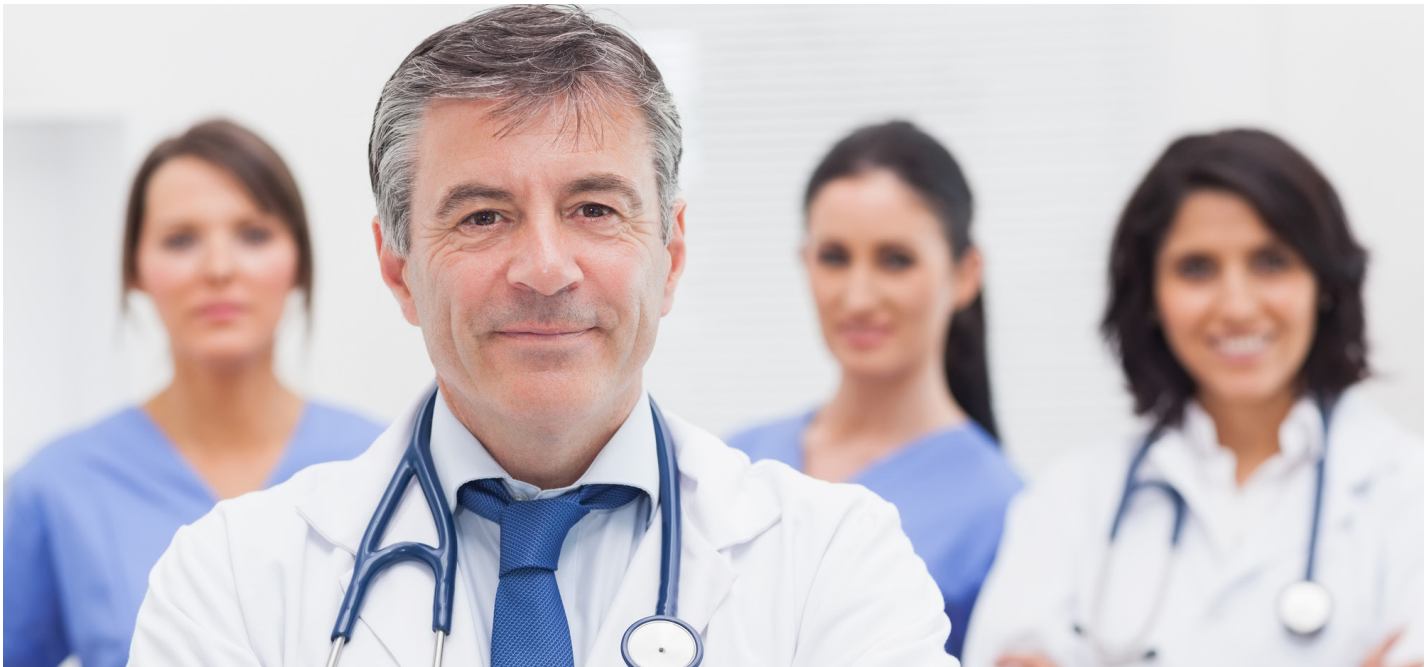
Meeting Details: Wednesday, October 26th, 2022 9am-12 PM at the Roseburg Library

Please let us know by October 12th if you (or someone from your health system) will be able to attend and will ensure you receive the calendar invitation. If you have questions, contact Carlos Gomez at cgomez@umpquahealth.com.

Prior to the October 26th meeting, we plan to host and record webinar October 14th from 12-12:30 to provide you background, and discuss the goals and objectives of the community-level meeting, and the specific opportunities for your insight.

- You can register for this webinar here: https://us06web.zoom.us/meeting/register/tZUrcmprDwqE9UZ2rP12HFQN_kLOYdHfT4b

We look forward to your insight and collaboration.



NETWORK NEWS

Connect Oregon Success Story

Together, Umpqua Health Alliance and Unite Us have been working closely to expand the Connect Oregon coordinated care network of health and social care providers as part of the Community Information Exchange (CIE). 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.

Umpqua Health Alliance is excited for this partnership and opportunity to connect every member to needed social care resources. We envision this network as the next iteration in social care delivery for our members.

We are excited to share how our work with Connect Oregon and Unite Us has positively affected our members:

"I had a member who was in desperate need of being seen by a denture doctor. The member had tried several times to get this scheduled on her own with no success. I was able to enter this member into the Unite Us platform and that same day the member was contacted by Advantage Dental and scheduled to see the denturist in the Winston office. The member was so grateful for my help and the speed in which it was taken care of." -CHERI HOSTKOETTER BSRC, RRT

As a whole, we look forward to the impacts that Connect Oregon will have on our community and the ability of our members to access services they need. Keep an eye our for more Connect Oregon success stories in the future!