

## RIGHT TO REVIEW

### During the credentialing and re-credentialing process,

Bridgeway obtains information from various outside sources (e.g., state licensing agencies, National Practitioner Data Bank). Practitioners have the right to review any primary source information that was collected during this process. Information obtained from any outside primary source will be released to a practitioner only after a written and signed request has been submitted to the credentialing department.

Additionally, should any information gathered as part of the primary source verification process differ from that submitted by the practitioner on the application, Bridgeway will notify the practitioner in writing requesting clarification. A written explanation detailing the error or the difference in information must be submitted to Bridgeway within fourteen (14) days of receipt of the letter in order to be included as part of the credentialing and re-credentialing process.

## Health IT Training Centers

### Adopting an EHR? Technical support is on the way.

**A**re you willing to adopt electronic health records, but need some assistance to make the transition? HITRC is another way to spell help for qualifying providers in their efforts to achieve meaningful use of electronic health records.

#### A Legislative Recap

HITRC stands for Health Information Technology Research Center and was created under the Health Information Technology for Economic and Clinical Health (HITECH) Act as part of the 2009 federal economic stimulus law.

To stimulate a transformation of the nation's health system, HITECH makes funds available for the development of a nationwide electronic health information system that, ultimately, will enhance the quality and value of healthcare. HITECH offers Medicare and Medicaid incentive payments that health providers can start claiming once they demonstrate their adoption and meaningful use of EHRs. (The formal definition of "meaningful use" will be issued in early 2010.)

#### Services and Support Available

If you're like most primary care providers, you're somewhat willing to adopt and use EHRs but reluctant to take the leap on your own. You'd like expert assistance every step of the way so that you make the right choice of vendor and implement the system with the least disruption to your practice. What you need are the services of one of the 70 HITRC-established regional extension centers. You'll receive health IT education, training and on-site technical assistance, including unbiased guidance and troubleshooting for a wide range of EHR vendor products.

The extension centers are targeting clinicians furnishing primary care services and small group practices (fewer than 10 clinicians with prescribing privileges). Each extension center will help approximately 1,500 PCPs, for a nationwide goal of 100,000.

Groups seeking to be a not-for-profit extension center must apply for a HITRC grant. Possible applicants are health information exchanges, Medicare quality improvement organizations, universities with health profession programs, hospitals and health centers, medical or professional societies, and provider organizations or associations. Grants are capped at around \$10 million per center. The first centers are expected to be operating in early 2010.

code

PAC

1-866-516-7224

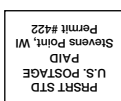
Tempe, AZ 85282

Suite 201

1501 W. Fountainhead Corporate Park

BRIDGEWAY HEALTH SOLUTIONS

→ The extension program is a work in progress. Frequently updated information is available online at the Department of Health and Human Services' Health IT website. Visit [healthit.hhs.gov](http://healthit.hhs.gov). Click HITECH Funding Opportunities, then HIT Extension Program.



## GO GREEN: GO ONLINE

Our website provides an array of tools to help you manage your business needs and access information of high importance to you.

Online claims submission is one of those tools that will allow your office to start going green. By logging on and submitting through our website or by using one of our clearinghouses, you can significantly reduce the use of paper in your office.

Visit [www.bridgewayhs.com](http://www.bridgewayhs.com) to register and create a username and password to begin utilizing the available services. Doing so will give our providers access to items such as:

- Improved claims review with detailed information regarding claims status.
- Updated online prior authorization.
- Updated online claims submission.

Bridgeway also offers a number of clearinghouse choices for you to submit your claims electronically.

→ **For more information about our site or for questions about enrolling, please call our Provider Services Department at 1-866-475-3129.**

## At Your Fingertips

Check out our website, [www.bridgewayhs.com](http://www.bridgewayhs.com), for a list of adopted clinical practice guidelines, our most current HEDIS rates and patient education/communication resources. Bridgeway evaluates compliance with the adopted clinical practice guidelines by monitoring our HEDIS rates compared to the NCQA National Medicaid Benchmarks. Our goal is to reach the 75th percentile for all applicable measures.



## Make Compliance a Priority

**Help patients take antidepressants as directed.**

**W**hen you've newly diagnosed depression in a patient and are ready to prescribe an antidepressant, keep in mind that 30 to 60 percent of patients don't take depression medication as prescribed.

Make compliance a focus of patient education and your collaboration with the patient on a treatment plan. By engaging the patient, you gain insight into attitudes and beliefs that may signal future noncompliance. Concerns about cost, side effects, convenience and drug necessity are common reasons for noncompliance. Deal with these concerns as an ongoing challenge.

Most older classes of antidepressants are available in lower-cost generic versions. They're effective, but they produce more adverse effects than the newer classes. Before prescribing an antidepressant, discuss potential side effects and the patient's willingness and ability to tolerate them. This step may help avoid the disruption and cost of prescription changes.

Patients may quit antidepressants prematurely because they think the medication isn't working, or because it is working and they decide they don't need to continue it. Emphasize that several weeks of consistent use of an antidepressant are needed to achieve the drug's main effects. Explain to patients that they shouldn't get frustrated if medication doesn't seem to be working immediately. Dosage changes are frequently required to attain desired effects, and this process could take up to six months. Stopping too soon can lead to a relapse, which may be more severe and less responsive to treatment. The 2010 HEDIS measure for antidepressant medication looks at the percentage of members 18 years and older newly diagnosed with depression and being treated with antidepressants who remained on the medication during the acute phase treatment of 12 weeks and the continuation phase treatment of at least 180 days.

Strongly encourage the patient to keep appointments and contact you with questions or concerns, especially if he or she is thinking about stopping the medication.

→ **Make it easy for patients to remember instructions by putting them in writing. Also, provide educational handouts for take-home reading.**

# Information Building Blocks

## Do your diabetic patients know how to manage their disease?

For healthcare providers, the results of yearly screenings completed for the HEDIS comprehensive diabetes care measures reveal a health snapshot of adult patients with diabetes. For most patients, however, the picture isn't very clear. Studies reveal that patients with diabetes have a considerable lack of understanding about their disease.

Discussion of test results offers a useful opportunity for patient education. Why not talk to patients not only about what the individual screening numbers mean, but also how they fit together? In particular, adults with diabetes need to know why their heart-related numbers—cholesterol and blood pressure—are as important as their glucose numbers.

The challenge of helping patients achieve and maintain good control is complicated by the fact that most Americans underexercise and overeat, two unhealthy lifestyle practices. In a

recent study of Americans with diabetes, published in the *Journal of the American Dietetic Association*, most consumed fat, saturated fats and sodium in excess of recommended amounts and didn't eat enough fruits, vegetables, dairy and grains. Consider findings like those a clarion call for more effective, lifelong patient education and guidance on diabetes self-management.

As you review results of blood pressure and LDL cholesterol screenings with patients, explain the link between diabetes and cardiovascular disease. CVD is the leading cause of premature death among people with diabetes. In one study published in the *Journal of the American College of Cardiology*, only 17 percent of patients with diabetes were aware that

CVD is a serious complication of diabetes.

Fortunately, healthy lifestyle modifications that contribute to glycemic control—diet, exercise and stress reduction—also help in the management of CVD, so your patient education efforts are doubly important.

**Listen and learn.** Ask your patients to walk you through a typical day of managing their diabetes. This helps them to “own” their role as manager of their condition. You get to listen for clues to what's working and what's a problem. When they're done, offer encouragement and reinforce their strengths. Address their frustrations and concerns. If you pick up on lack of family support or cultural obstacles, be sensitive in talking about them with the patient.

**7%** Hemoglobin A1c levels lower than 7 percent indicate good glycemic control.

BY THE NUMBERS

## The Skinny on BMI

Begin a direct conversation about weight.

As part of the outpatient visit, practitioners should enter the body mass index of all patients ages 18 to 74 into the medical record. It's for the Adult Body Mass Index Assessment, a HEDIS measure introduced in 2009 that assesses the percentage of health plan members ages 18 to 74 who had an outpatient visit and had their BMI documented during the current measurement year or the year prior to the measurement year.

An indirect measure of body fat, BMI is a weight-to-height index. The measurement is a convenient opener to a straight-talk discussion of the patient's weight, the health risks of excess weight and weight-management strategies. Tailor your message to the patient's weight and readiness for behavior change.

Surprising numbers of Americans are unaware of—or in denial about—their condition: In a 2006 Thomson Medstat study, 80 percent of overweight people and 64 percent of morbidly obese people described their eating habits as very or somewhat healthy; 40 percent of obese people reported that they exercise vigorously for 20 minutes a day, three times a week.

→ If you don't use an electronic health record that calculates BMI (kg/m<sup>2</sup>), you can run the numbers using a BMI calculator at [nhlbisupport.com/bmi](http://nhlbisupport.com/bmi) (standard or metric; text in English or Spanish) or print out the BMI table for manual estimates.



Classification	BMI (kg/m <sup>2</sup> )
Underweight	Below 18.5
Healthy weight	18.5–24.9
Overweight	25.0–29.9
Obese	30.0 and above
Morbid/ Extreme obesity	40.0 or higher

Source: CDC, 2009



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Cut down on the amount of paper in your office and get access to valuable patient education and communication resources online.



## Heart to Heart

### Monitor the effectiveness of care of cardiac patients.

**T**he 2010 HEDIS measure for acute myocardial infarction (AMI) assesses the percentage of members age 18 and older with a diagnosis of AMI who were hospitalized and discharged during the period from July 1, 2009, to June 30, 2010, and who were taking a beta blocker for at least 180 days after discharge.

Use of beta blockers after AMI has been shown to reduce the risk of rehospitalization and death from subsequent attacks within the first two years. But despite these potentially lifesaving benefits, compliance is a problem. In a study of Medicaid patients, only 32 percent of AMI patients continually filled their beta blocker prescriptions for six months after discharge. Within 30 days of hospital discharge, just over half of patients had filled their initial ambulatory prescription.

#### Steps You Can Take

Impart a strong message to your AMI patients about the value of long-term, persistent use of beta blockers. Do this at every appointment. Ask about side effects. If possible, coordinate with pharmacies to remind patients to fill or refill prescriptions.

#### Keep an Eye on LDL Levels

The higher the level of low-density lipoprotein cholesterol (LDL-C), the greater the risk of plaque buildup on artery walls, where hemorrhaging or clot formation can block arteries and cause heart attack and stroke. For patients with cardiovascular disease, an LDL level of less than 100 mg/dL is a desirable target. 2010 HEDIS cholesterol management measures assess the percentage of patients ages 18 to 75 years old with cardiovascular conditions who had an LDL-C screening performed during the year and the percentage of those patients with an LDL level less than 100 mg/dL.

People at risk of a major coronary event are most likely to benefit from statin therapy to lower LDL levels, as are those with elevated LDL levels and any cardiac risk factors (smoking, high blood pressure, obesity or family history of heart disease). But supplement it with lifestyle counseling. Changes in diet and exercise can have dramatic effects in a relatively short time and may be the most important recourse for patients with cardiovascular disease who are unable to tolerate the side effects, like muscle pain or liver damage, produced by statins.

➔ **Where there's heart trouble, depression also may occur. Depression, in turn, can increase cardiac risks, so screen promptly and periodically.**

## Advance Directives

Lack of provider initiation is a primary reason why many Americans have not executed advance directives. Which is why Bridgeway is committed to ensuring that its members receive information on advance directives and are informed of their right to execute advance directives. Bridgeway is equally committed to ensuring that its providers and staff are aware of, and comply with, their responsibilities under federal and state law regarding advance directives.

Discussing advance directives while patients are healthy can make the topic more comfortable for everyone involved. It also helps providers fulfill their requirement to document provision of information, and whether or not the patient has executed an advance directive, in the patient's permanent medical record. Bridgeway will randomly monitor compliance with this provision during our annual medical record compliance audits.



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