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Asthma Program Receives National Recognition


From Paul Mendis, MD, Chief Medical Officer of Neighborhood Health Plan



The Environmental Protection Agency (EPA) recently announced the 2010 recipients of its National Environmental Leadership Award in Asthma Management. I am pleased to announce that NHP's asthma disease management program was one of five honorees for 2010 and the only health plan based program to receive this recognition.

Our asthma program was created in 1999 and has been continuously improved by our Senior Medical Director, Jim Glauber, MD. The program has been designed to include various types of direct outreach to moderate and high risk asthmatics. It has also provided assistance for our affiliated practices to enhance the care they deliver to such patients. While this column cannot outline all of the components of our asthma management program some distinguishing features are:

- Development and broad dissemination of a multicultural, multilingual DVD for children and adolescents and related low-literacy print materials demonstrating the proper use of various inhalers. These materials have reinforced the message that control of asthma symptoms can be achieved through compliance.
- Creation of an enhanced asthma home visit program. Operated in collaboration with several community based partners, this program provides education, environmental assessments, and interventions such as bedding covers, HEPA filter vacuum cleaners, HEPA air purifiers, and pest management assistance when indicated.
- Provision of practice level actionable reports which identify patients under-using controller medications and potentially over-using rescue drugs; provision of service utilization reports which identify those utilizing ER and inpatient services for asthma.
- Initiating a spirometry pilot with 10 high volume practices for whom NHP has provided the equipment, training for practice-based staff, and ongoing technical assistance as needed.

While asthma remains highly prevalent and continues to be a leading cost driver for our pediatric population, these and other asthma program initiatives have contributed to a 30 percent decline in asthma-related hospitalizations and ER visits over the last decade. In addition, our 2010 HEDIS data for appropriate asthma medication use, when stratified by race and ethnicity, now demonstrates the achievement of health equity for NHP's members between the ages of 5–50. 

Creating an Effective Domestic Violence Program

By Leah Gallivan, MSW, MS, Vice President, Operations, Edward M. Kennedy Health Center, Worcester, MA

NHP's domestic violence initiative is committed to highlighting programs aimed at preventing domestic violence and providing resources for survivors. This article details one example of a community health center in NHP's network with a model structure for domestic violence screening and intervention.

Seventeen years ago, in recognition of the need for a structured program to address domestic violence (DV), the Edward M. Kennedy Community Health Center in Worcester (formerly Great Brook Valley Health Center) introduced its first domestic violence protocol and provided extensive training to staff. The program has grown over the years, but the core principles of universal screening and intervention by well-trained staff remain.

Program Components

- **An overarching policy** on the health center's philosophy and approach to domestic violence, as well as a detailed protocol on screening and intervention. In addition, a workplace

DV policy and protocol specify the health center's approach to employees in DV situations, including workplace safety planning and referral to an Employee Assistance Program.

- **Screening** of adult women for domestic violence across all clinical departments. Providers, medical assistants, and nurses are encouraged to screen at each visit, as patients have different levels of comfort regarding to whom they disclose. To assist staff at all levels, we developed a DV screening card (a small laminated card worn with the staff ID which outlines a script to precede screening), the screening questions, how to respond to a positive screen, patient education techniques for those who screen negative for DV, and emergency numbers that can be given to patients.
- **Intervention** by one of our trained social service case managers who is available immediately for patients who screen positive for DV or who are assessed during a clinical encounter

as being in a DV situation. The DV Coordinator and Mental Health Director are available for consultation to the case managers and other providers, as necessary.

- **An on-site local DV service agency counselor** (from Daybreak, the local battered women's agency) meets with patients at our facility one morning a week. Patients report that it is easier for them to receive assistance in a private and non-threatening setting, with language interpretation as needed.
- **Patient education** is available to patients at different locations in the health center. Posters and informational handouts in English, Spanish, and Portuguese are displayed in exam rooms, hallways, and restrooms. On the back of all appointment cards, emergency hotline and Safe Link (shelter openings) are listed among other benign numbers such as the No Heat Hotline. Even patients who screen negative for DV are given education about how they, or their family members, can talk to a health care provider if this should ever become an issue.
- **A DV coordinator** is a point person who manages all aspects of the program, reviews QI data, and assures that the program meets its objectives.

Staff Training

There are three levels of DV training at the health center.

- **Basic DV training**—All staff receive basic DV training aimed at raising awareness of DV, the cycle of violence, and the services available at the health center and in the community. This training is done as part of new hire orientation at the beginning of employment at the health center, and once annually thereafter for all staff.
- **Training for staff responsible for screening**—Training for staff who screen for DV emphasizes how to ask "Are you in a relationship with someone who hurts you, threatens you, or makes you feel afraid in any way?" in a way that makes patients feel comfortable and

Checklist for a Comprehensive Domestic Violence Program

- A policy outlining the health center's commitment to the issue of DV and a clear protocol defining who is screened, how, and by whom, and how a positive result will be handled.
- Development of processes that ensure immediate intervention for any patient that reports or is identified as being in a DV situation.
- Staff training at all levels of the organization—with more intensive training for staff who screen for domestic violence, and even more extensive training for those who are involved in providing case management interventions for patients in a domestic violence situation.
- A staff person who coordinates the program, who assures that the program stays on track, and that program goals are met.
- EMR or paper documentation that enables collection and analysis of data to assess whether patients are being screened regularly, and whether patients who screen positive receive appropriate intervention.
- Well-established connections with other community agencies dealing with domestic violence, particularly the identified local domestic violence agency.
- Patient education materials in appropriate languages throughout the health center, enhancing the health center's image as a place where DV can be talked about and addressed.
- A workplace DV policy stating the health center's approach to the issue of DV as it affects its employees, particularly addressing the role of the HR department, workplace safety planning and accommodation, unplanned absences, and referrals for DV assistance.

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PCPs Continue to Increase Rate of Behavioral Health Screenings

From the MassHealth Office of Acute and Ambulatory Care, Executive Office of Health and Human Services

The use of standardized behavioral health screening tools for children and youth continued to increase throughout 2009. During the first quarter of 2009, 50 percent of all children and youth under 21 received behavioral health screenings during well-care visits. By the fourth quarter of 2009, this number grew to 58 percent. For 9.6 percent of the children and youth screened in the first quarter, providers used a billing modifier

indicating that the child had a possible behavioral health need. For the fourth quarter this figure was 8 percent.

The data in Table 1 and Table 2 show considerable variation in screening rates by age. Close to 70 percent of all children ages three through twelve are receiving standardized behavioral health screening during well-care visits by the end of CY 2009.

These data indicate a low rate of screening for babies under six months of age. The low screening rate may be accounted for by the lack appropriate screening tools and clinicians' questions about the utility of screening in this age group.

A similar low rate of screening appears in the 18–20 year age group. Here, PCPs may not realize these members are covered by Early Periodic Screening, Diagnosis, and Treatment program schedules. It may also be that young adults are seeing adult

Table 1: Behavioral Health Screening by Age Group (Oct.–Dec. 2009)

Age Group	Total Well-Care Visits	Total Screens	Percent Visits w/ Screens	Percent Behavioral Health Need Identified*
<6 mos	23,116	7,967	34%	1%
6 mos–2 yrs	32,548	20,922	63%	5%
3–6 yrs	18,248	12,766	68%	10%
7–12 yrs	21,236	15,428	70%	11%
13–17 yrs	16,630	11,033	64%	11%
18–20 yrs	4,660	1,416	29%	11%

*"Behavioral health need identified" means the provider administering the screening tool, in his or her professional judgment, identified a child with a potential behavioral health services need.

Table 2: Behavioral Health Screening by Region (Oct.–Dec. 2009)

Region	Total Well-Care Visits	Total Screens	Percent Visits w/ Screens	Percent Behavioral Health Need Identified*
Boston	26,392	13,323	48%	8%
Central	8,436	4,895	56%	10%
Metro West	13,524	6,911	50%	5%
Northeast	18,830	10,524	54%	6%
Southeast	24,062	16,084	65%	6%
Western	21,814	15,750	70%	11%

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Creating an Effective Domestic Violence Program

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assures that patients understand that screening is a routine part of receiving medical care at the health center.

- **Staff who provide intervention when screening is positive**—Social service case managers are trained to triage the situation, to be proficient in the process of safety planning, to know the services provided at community agencies, and to be able to recognize when further assessment by a mental health professional is needed. A risk assessment for immediate danger is also part of the intervention.


Importance of a DV Point Person

It is hard to over-emphasize the importance of the designation of a staff member who can guide and manage the health center's DV efforts. At the

Edward M. Kennedy Community Health Center, the role of the DV Coordinator is held by a mental health therapist who is passionate about this issue, highly skilled in the provision of services to victims of domestic violence, and well-regarded throughout the health center and in the community for her knowledge in the field of family violence. The DV Coordinator is responsible for writing DV policies and procedures, providing all levels of staff training, consulting with staff who are working with difficult patient situations, and consulting with Human Resources on workplace DV issues. The DV coordinator is also responsible for quality improvement related to the DV program—she reviews data on screening and intervention, and brings this information to other staff as a means

to facilitate improvement. She oversees the choice of patient education materials and assures that posters, pamphlets, and cards are available throughout the health center.

Documentation and Quality Improvement

The health center's electronic health record (EHR) supports screening and intervention for domestic violence. The screening questions are part of the EHR template in all clinical departments. Reports from the EHR are used to measure compliance with screening protocols, and as the basis for a record review of patients with positive screening results to assure that appropriate intervention occurs. 

Pharmacy & Therapeutics Update

The NHP Pharmacy and Therapeutics Committee has reviewed the following medications.

Tier 1 (New Generics)	Tier 3
Amerge Tablets (naratriptan)	Bepreve (bepotastine 1.5%) Ophth Solution
Arimidex Tablets (anastrozole)	Exalgo (hydromorphone) Extended Release Tablets
Astelin Nasal Spray (azelastine)	Victoza (liraglutide)
Differin Gel and Cream (adapalene)	
Lovenox Injection (enoxaparin)	
Pepcid Suspension (famotidine)	
Yaz Tablets (drospirenone-ethinyl estradiol)	

The Pharmacy and Therapeutics Committee has voted to implement a quantity limitⁱ on:

Bepreve 1.5% Ophth Sol	1 bottle (5ml or 10ml)/ 30 days
Exalgo (extended release tablets)	8mg tablet 30 tablets/30 days 12mg tablet 90 tablets/30 days 16mg tablet 120 tablets/30 days
Victoza	1 box (either 2 or 3 pens)/30 days

The Pharmacy and Therapeutics Committee has voted to change the step therapyⁱⁱ program for Ophthalmic Anti-Allergy Step Therapy Program:

1st Line Medications	2nd Line Medications	3rd line Medications
Alaway OTC	Optivar (azelastine 0.05%)	Bepreve (bepotastine 1.5%)
Claritin solution	Emadine (emedastine 0.05%)	Elestat (epinastine 0.05%)
Zaditor OTC		Patanol (olopatadine 0.1%)
		Pataday (olopatadine 0.2%)

The Pharmacy and Therapeutics Committee has voted to change the step therapyⁱⁱ program for Proton Pump Inhibitors:

1st Line Medications	2nd Line Medications	3rd line Medications
Omeprazole OTC	Pantoprazole	Nexium
	Prevacid OTC*	Aciphex
	Omeprazole RX	Zegerid
		Dexilant

*Coverage for lansoprazole 30mg (Prevacid 30mg) will be phased out and Prevacid OTC (15mg) quantity limits will allow for 30mg bid.

The Pharmacy and Therapeutics Committee has voted to change the step therapyⁱⁱ program for Long-Acting Narcotics Step Therapy Program:

1st Line Medications	2nd Line Medications	3rd line Medications
morphine ER	fentanyl patch	Exalgo (hydromorphone ER)**
methadone	OxyContin (oxycodone ER)	
	Avinza (morphine sulfate ER)	
	Kadian (morphine sulfate ER)	

**A trial of morphine ER and either fentanyl or oxycodone will be require before Exalgo will be approved.

Check the webpage at www.nhp.org (Provider page) for the most up-to-date information about the NHP Pharmacy programs and the current medical necessity criteria. [CO](#)

Qualaquin Alert

Risk of serious hematological reactions

From the U. S. Food and Drug Administration (FDA)

Due to continued reports of serious side effects in patients using Qualaquin “off-label” for night-time leg cramps, FDA has approved a risk management plan to warn against the use of this drug for such unapproved uses. Qualaquin should not be used for night time leg cramps. Qualaquin use may result in serious and life-threatening hematological reactions, including serious bleeding due to thrombocytopenia, and hemolytic-uremic syndrome/thrombotic thrombocytopenic purpura, which in some cases may result in permanent kidney damage. In some patients, adverse reactions result in hospitalization and death.

Qualaquin is only FDA-approved for the treatment of uncomplicated malaria caused by the parasite Plasmodium falciparum, primarily in travelers returning from malaria-endemic areas. However, the majority of Qualaquin’s use in the United States is for the treatment or prevention of night time leg cramps. The product labeling states that the risks associated with the use of Qualaquin in the absence of evidence of its effectiveness for treatment or prevention of nocturnal leg cramps outweigh any potential benefits.

For more information, go to the FDA’s website at www.fda.gov. [CO](#)

ⁱ Quantity limits promote cost effective prescribing by limiting the number of units of medication that can be dispensed over a given time. These are established based on strengths available and the recommended doses.

ⁱⁱ Step Therapy is an automated case review based on P&T established guidelines and the individual member’s NHP pharmacy profile. This process occurs with a pharmacy claims submission and does not require provider intervention if prior NHP pharmacy claims indicate use of the first line and/or second line medications.

Health Education Tools Help Patients with Limited Health Literacy

By Lauren R. Pino, MPH, CPH, CHES, NHP Health Education and Wellness Coordinator

Poor health literacy is a stronger predictor of a person's health than age, income, employment status, education level, and race.ⁱ

Health literacy is defined in *Healthy People 2010* as the degree to which a person has the ability to obtain, process and understand health information needed to make appropriate health decisions. An individual's health literacy skills have a profound impact on his or her ability to manage a chronic illness.

Studies have found that patients with high blood pressure, diabetes, asthma, or HIV/AIDS who have limited health literacy skills have less knowledge of their illness and its management.ⁱⁱ A longitudinal cohort study of adults with asthma found that less health literacy was associated with worse quality of life, worse physical function, and more emergency department utilization for asthma over two years.ⁱⁱⁱ When compared to those with adequate health literacy skills, studies have shown that patients with limited health literacy skills enter the health care system when they are sicker.^{iv} With the move towards a more "consumer-centric" health care system as part of an overall effort to improve the quality of health care and to reduce health care costs, NHP has developed simplified, yet informative self-management education resources for providers to use with patients who demonstrate limited health literacy skills. These resources are accessible; assist with chronic disease management; and encourage healthy behaviors. They include:

"Thumbs Up" Booklets

Thumbs Up for Healthy Food Choices and *Thumbs Up for Hypertension Control* are bilingual health promotion booklets that primarily use pictures and graphics to deliver health information. A "thumbs-up" and "thumb-down" approach is used to help the reader identify healthy choices and behaviors. You can request a copy of the booklet by calling the NHP Customer Care Center at 1-800-462-5449 (TTY: 800-655-1761).

Asthma Education Materials

Asthma self-management education is essential for helping patients control their asthma and to improve patient outcomes. Awarded the National Environmental Leadership Award in Asthma Management by the U.S. Environmental Protection Agency (EPA), NHP's asthma self-management tools for clinicians and patients use pictures and demonstrations to illustrate three key components of asthma self-management: Level of asthma control, self-monitoring, and proper inhaler technique.


- "How is my Asthma?": Easily assess your patient's level of asthma control with this colorfully illustrated tool.
- *Illustrated Asthma Care Plan*: Helps your patients to have a clear understanding of when and how to use their control and quick relief medications.
- *Illustrated Instructions for Medication Delivery Devices*: Help your patients get the most out of their medications by giving them step-by-step illustrated instructions for proper delivery device technique.

Instructions are available for:

- An inhaler with a spacer
- An inhaler with a spacer and a mask
- A nebulizer
- A nebulizer with a face mask
- A diskus
- An OptiHaler spacer
- An Asmanex Twisthaler
- A Pulmicort Flexhaler

Self-management education print materials are available for download at www.nhp.org (Providers> Clinical Resources> Clinical Programs> Asthma Program> Asthma Tools).

Asthma Know-How DVD

NHP offers an easy-to-use trilingual DVD (English, Spanish, and Chinese) featuring children, teens, and young adults providing clear demonstrations of how to use each inhaler device available for delivering asthma medication. The introduction also features these individuals candidly describing how their asthma affects them and what good asthma control means—and that it can be achieved! The *Asthma Know-How DVD* can be ordered free of charge online at www.shawmutprinting.com/nhp. To create an account, simply enter NHP1 as the user name and password where indicated. You will then be prompted to create a unique user name and password. Full instructions for ordering materials are available at the website. 

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The *Thumbs Up* materials use graphics to break through language barriers.

Medical Records Documentation Survey Results

NHP’s annual Medical Records Documentation Review seeks to ensure that network providers are in compliance with NHP’s established medical record documentation standards in order to promote efficient and effective treatment of NHP members. Medical records were examined for evidence of compliance with the eight essential medical records elements listed in the grid below and are scored as follows:

- PASS = all eight elements are present
- PARTIAL = >80 percent of the eight elements are present
- FAIL = <80 percent of the eight elements are present

For 2010, a total of 29 practice sites were surveyed, each varying in size and location. Sites were included either based on a random selection or based on prior documentation standard review results. All reviews were conducted in person. Complete paper medical records were made available or reviewers were given direct access to an Electronic Medical Record (EMR) system. Compliance was documented on the Documentation Standards Review tool. Three charts were selected randomly for initial review, and no advance notice of which records were to be selected was given to the provider site. If every element passed for all three records, the site was determined to be in 100 percent compliance. If any record failed at least one standard, an additional three records were reviewed. Compliance for each element required that the element be present and easily found. Therefore, even when an element was present, the record could fail if the reviewer needed more than 5–10 seconds to locate that element. Some elements required only that documentation be present and correctly filed.

The following elements require regular updates and were verified by checking recent office visit notes:

- Allergies and adverse reactions are documented.
- Problem list is present and updated.
- Medications list is present and updated.

- Preventive services and risk screenings are recorded.

If allergies, medical conditions, medications, or screenings were present in a recent office visit note but not documented on the corresponding forms, the record failed compliance. The final score was based on the total number of elements passed for all of the records reviewed.

Two “optional” standards were reviewed, but not included in scoring this year:

1. Documentation by the provider of a discussion about Advance Directives for patients 18 years of age and older.
2. Documentation of a Behavioral Health Screening at Well Child Visits for patients under 21 years of age.

Though Advance Directives and Behavioral Health Screening were included in the 2010 survey and were to be scored, there were a number of factors which prevented scoring. Unlike the other eight elements reflected

in the survey, the two new measures do not have an industry standard documentation methodology. Although they are MassHealth requirements, the way in which a provider may meet the requirement can vary widely, and in some cases a provider may be compliant with the requirement but have no indication in the medical record. The chart reviewer collected information on how Advance Directives and Behavioral Health Screenings were documented at each provider site. In order to score the two new elements for 2011, actionable steps including training, outreaching to the provider community, and developing a standard scoring methodology are necessary.

Of the 29 practice sites reviewed, 23 practice sites or 79 percent met the 100 percent pass goal on each of the measured elements. This is an increase of 27 percentage points or a 34.2 percent change from 2009. There were

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Element	Goal
1. Name, DOB, MR#, and PCP Identified on Record	100% present
2. History and Physicals Recorded in Record	100% present
3. Allergies and Adverse Reactions Documented	100% present
4. Problem List Present and Updated	100% present
5. Medications List Present and Updated	100% present
6. Visit Notes Contain Clinical Findings and Evaluation	100% present
7. Preventive Services and Risk Screenings Recorded	100% present
8. Lab, Radiology, and Hospital Reports Filed	100% present

Utilization Management

NHP develops medical necessity guidelines and criteria to review medical appropriateness of targeted services, based on its member population and service utilization.

Guidelines and criteria are objective and based on medical evidence, using various professional and government agencies and local health care delivery plans. Utilization management (UM) criteria and procedures for their application are reviewed at least annually, and criteria are updated when appropriate. NHP elicits opinions, advice and comments from area

practitioners on the development and adoption of UM criteria. NHP applies the criteria based on individual circumstances and needs and takes into account the local delivery system when determining the medical appropriateness of health care services.

Criteria used to make UM decisions are available upon request. Please contact Catherine Jason, Director of Clinical Compliance and Education for the Clinical Operations Department, at 617-204-1427 or 1-800-433-5556, ext. 1427. 

Practice Guidelines

NHP endorses the Massachusetts Health Quality Partners Adult and Pediatric Preventive Care Guidelines and the Prenatal Care Guidelines, the National Heart, Lung, Blood Institute Guidelines for the Diagnosis and Management of Asthma, and the Massachusetts Asthma Action Plan, the Institute for Clinical Systems Improvement guideline on the treatment of Major Depression in Adults in Primary Care, the Massachusetts Guidelines for Adult Diabetes Care, the U.S. Department of Health and Human Services guidelines for HIV/AIDS Treatment Information Service Guidelines. Through Beacon Health Strategies, NHP's Behavioral Health

Partner, NHP endorses the American Academy of Child and Adolescent Psychiatry's (AACAP) Practice Parameter for the Assessment and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder.

To access these guidelines endorsed by NHP, click on Providers, Clinical Resources and then Clinical Practice Guidelines at www.nhp.org.

Paper copies of all guidelines are also available upon request. Contact Catherine Jason, Director of Clinical Compliance and Education for the Clinical Operations Department, at 617-204-1427 or 1-800-433-5556, ext. 1427. [CO](#)

Documentation Survey Results

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six practice sites or 21 percent which did not meet the goal for all of the measured elements, but received an average score that was >80 percent for a partial pass. None of the selected sites failed the survey.

Medical record documentation by practitioners within NHP's provider network continues to be an essential indicator of the quality of care for NHP's members. While the average performance has increased, there has been improvement in all of the average pass scores with the exception of Standard 3 (Allergies and Adverse Reaction documented) which went from 93 percent in 2009 to 92 percent in 2010. Though NHP has not met the goal of having 85 percent of all sites surveyed pass the medical record documentation audit, there has been an increase from the 2009 scores where 52 percent of practice sites met the 100 percent goal. This improvement in scores is an indication that NHP is moving closer to the goal of achieving an 85 percent pass rate. Average pass rates have also improved.

For 2010, a larger percentage of providers are using Electronic Medical Records (EMR) and Electronic Practice Management (EPM) systems. Fuller integration to EMR should result in improved scores in the future. The rise in pass scores could be attributable to the use of EMR. It would also appear that the

interventions that were taken in 2009 did impact the provider network in the quality of their medical record documentation

Based upon the findings related to the two Optional Standards, Advance Directives, and Behavioral Health Screening, it is clear that practice sites have different procedures for Advance Directives and that the Behavioral Health Screening standard is affected by privacy rights and systems specific to mental health. In order to prepare and assist Providers for the addition of two essential elements in the record review, Advance Directives and Behavioral Health screening at a well visit, support to providers will be provided by way of education, working with providers to identify barriers to screening, provision and documentation of care rendered. A new scoring method will also be developed to accurately record the presence of the new elements and where in the medical record Advance Directives should be placed.

NHP is committed to continuing our efforts in working with provider practices to improve medical record documentation. We will continue to communicate "Best Practice" in Medical Record Documentation with the Provider Network to increase the percentage of practitioner practice sites with more complete medical record documentation. [CO](#)

Advance Directives

NHP supports Advance Directives for adult members. All members are notified in writing of their right to execute Advance Directives at the time of enrollment and ongoing through the member newsletter.

NHP requires that all providers speak to their adult patients about Advance Directives and document those conversations in the patient's medical record. NHP reviews this documentation at the random annual medical record reviews of provider records.

Providers can find information and resources on Advance Directives by going to the Massachusetts Medical Society's site, www.massmed.org and going to "Patients," then "End of Life Care." Providers can also obtain educational information and Massachusetts Health Care Proxy forms for their office and patients.

NHP offers annual training on Advance Directives to NHP staff who come in contact with members and providers to assist them in understanding the purpose of Advance Directives and to enable them to answer questions of members or providers. [CO](#)

NHP Ad Campaign Raises Awareness of Breast Cancer

More Black and African-American women die of breast cancer because they are diagnosed late. To address this disparity, NHP has launched a new community service ad campaign, aimed at women who need to start having annual screenings for breast cancer. Look for newspaper and transit ads—as well as posters and printed pamphlets with facts and resources about breast cancer and mammography.

NHP now also has a Mammography Hotline (1-866-455-1344) to help women find Boston area health centers equipped for mammograms. Information is also available at www.nhp.org. [CO](#)



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Neighborhood Health Plan
253 Summer Street, Boston, MA 02210

Comments or Suggestions?
Clinician_Quarterly@nhp.org

PCPs Continue to Increase Rate of Behavioral Health Screenings

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providers who are not as aware of the behavioral health screening requirement.

The data also show variation in screening rates by geographic region. (See Table 2.)

MassHealth and its contracted managed care organizations (MCOs) are looking further into these findings in the data regarding screening rates by age and geography.

Improving Behavioral Health Screening

Higher rates of behavioral health screening are possible. By reminding and scheduling well-child visits for children and youth, PCPs will have the opportunity to both improve the proportion of children screened at the time of their

well-child visit and increase their well-child visits as well. If you have a story about a success or challenge experienced in improving behavioral health screening in your practice, MassHealth would like to hear from you. Please send an email to cbhi@state.ma.us.

Meeting the MassHealth Requirement

MassHealth and its contracted MCOs require PCPs to offer behavioral health screenings at every well-child visit for children and youth under 21 using MassHealth approved standardized screening tools and to use a billing modifier to indicate in the clinician's judgment whether behavioral services are needed.

If you are a MassHealth MCO PCP and have not implemented behavioral health screening in your practice, training resources are available on the Children's Behavioral Health Initiative (CBHI) website, www.mass.gov/masshealth/childbehavioralhealth, under "Training for Providers."

In the "Using Behavioral-Health Screening Tools for Children under the Age of 21 in the Primary Care Setting" section, you will find helpful information about the requirement, MassHealth approved screening tools, suggestions for implementing standardized behavioral health screening in your practice, and other useful information. [CO](#)