

PrimePartners

for Case Managers

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Go to: Important Dates | Contact Information

MnCHOICES Launch Postponed

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A February 12, 2016, memo from the Minnesota Department of Human Services (DHS) announced that the launch of MnCHOICES for managed care organizations (MCOs) will be postponed until further notice. DHS is working to address technical issues and stabilize the application before adding users. At this time, a new launch date has not been announced. You can read the memo at www.dhs.state.mn.us/main/groups/county_access/documents/pub/dhs-285625.pdf.

If you have questions, please visit the DHS MnCHOICES web page at www.dhs.state.mn.us/main/idcplg?IdService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_180264. 

Medication and Needle Disposal Options

Ann Ehlert, PharmD, Pharmacy Manager

Members may come to you wondering where they can dispose of their unwanted or expired medications and used needles. Often, because they don't know what else to do, people will store these items in their homes or improperly dispose of them. Storing unwanted and expired medications in the home can be a health risk because the medications could be ingested (either accidentally or intentionally) by someone living in or visiting the home (FDA 2015).

Improper disposal is also a problem. In the past, the standard recommendation for disposal was either to flush medications down the toilet or mix them with something inedible and toss them in the trash. However, disposing of medications this way can pollute water and soil, so the goal now is to steer people away from that (FDA 2015).

Now that you know what to tell members *not* to do, what *should* they do?

Disposing of medications

Let members know that some pharmacies and hospitals have collection boxes where they can drop off medications that are expired or no longer needed. There may also be collection boxes set up within the community. To find out if there are boxes in a certain area, members can check with local pharmacies, hospitals, and law enforcement offices (FDA 2015). Another good resource is the online drug disposal locator tool, which is part of the AWAReX Prescription Drug Safety Program sponsored by the National Association of Boards of Pharmacy (NABP) Foundation. To use this tool to find a drop-off site, go to www.awarerx.pharmacy/dispose-safely/disposal-sites and enter a location and range.

You can also let members know about the Drug Enforcement Administration's (DEA) National Prescription Drug Take-Back Day, which takes place on April 30, 2016. A list of collection sites will be published on www.deadiversion.usdoj.gov/drug_disposal/takeback/index.html on April 1, 2016.

Disposing of used needles

When members need to dispose of used needles, remind them to activate the safety mechanism on the syringe, if there is one, and to always dispose of them in a designated sharps container rather than the trash. A sharps container can be purchased at most pharmacies. If a designated sharps container is not available, used needles can also be stored in an empty laundry detergent bottle. Members should clearly label the container with its contents and make sure the cap is tightly fitted to protect anyone who may come into contact with it. To dispose of full sharps containers, members can check with pharmacies, hospitals, or county hazardous waste sites to see if they will accept them (Safe Needle Disposal 2016).

There are also some mail-back programs that members can use to send used needles to a disposal facility. However, there is often a fee associated with this service, so finding a local facility that will accept sharps containers is usually preferable. Members should check with their health care provider or pharmacist for information on these programs.

General reminders

Whether members want to dispose of medications or needles, remind them to contact the facility they plan on using as a drop-off site first to make sure the facility does, in fact, collect those items. Staff members will also be able to give specific instructions about preparing items for drop off.

Encourage members to dispose of medications and needles properly. Doing so benefits members, their families, the community, and future generations.

Sources: “National Take-Back Initiative,” DEA, accessed March 1, 2016, www.deadiversion.usdoj.gov/drug_disposal/takeback/index.html.

“How to Dispose of Unused Medications,” Food and Drug Administration (FDA), last updated June 4, 2015, www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm.

“Sharps Disposal Containers,” Safe Needle Disposal, 2016, www.safeneedledisposal.org/general-information/sharps-disposal-containers. 

Encourage Members to Get Screened for Colorectal Cancer

March is a busy month—not only is it National Save Your Vision Month (see the next article), it is also National Colorectal Cancer Awareness Month. PrimeWest Health encourages county case managers to take advantage of this opportunity to talk with members about colorectal cancer (cancer of the colon or rectum) screening.

Why encourage members to get screened?

- Colorectal cancer is the second leading cause of cancer deaths in the United States (CDC 2016).
- Colorectal cancer screening can detect and prevent cancer (CDC 2016).
- If everyone age 50 or over had regular screenings, an estimated 50 percent of colorectal cancer deaths could be prevented (CDC 2014).

Colorectal cancer usually starts as a growth in the colon or rectum called a polyp. Colorectal screenings can find polyps before they turn into cancer, which is why screenings can help prevent this type of cancer. Screenings can also find colorectal cancer in its early stages when the chance of effective treatment is higher. Precancerous polyps and colorectal cancer don’t always cause symptoms, so let members know they can’t rely on a change in the way they feel to judge when they should get screened (CDC 2014, 2016).

How does screening work?

Members might be apprehensive about getting screened. You can help ease their fears by letting them know how the screening process works. There are three basic types of screenings for colorectal cancer that can be used alone or together. One test, a high-sensitivity FOBT (stool test), checks for blood in a stool sample. The other two are exams done in a health care provider's office. One of these tests is called a colonoscopy, which is the test most people are familiar with. The other is called flexible sigmoidoscopy (CDC 2014).

Members will want to talk with their health care provider about what is best for them. Based on the screening method(s) chosen and the level of risk, the time between screenings can range from one to 10 years (CDC 2014).

Who should get screened and when?

Encourage members to talk with their health care provider about when they should get screened. A general recommendation is that most people—men and women—should start getting screened at age 50. African Americans, American Indians, and Alaska Natives should start getting screenings at age 45. This is a general recommendation and not something set in stone. Other factors, such as family history and weight, affect when screening should start and how often it should take place (ICSI 2014).

Talk to your members and encourage them to talk to their health care providers today about screening recommendations. Colorectal cancer screening may not be the most pleasant thing to talk about. But when a screening can potentially catch polyps before they become cancerous or catch cancer in its earliest stages, it's definitely worth having a conversation about.

Sources: "Colorectal Cancer Awareness," Centers for Disease Control and Prevention (CDC), last updated February 25, 2016, www.cdc.gov/cancer/dcpc/resources/features/colorectalawareness.

"Colorectal Cancer Screening Saves Lives," CDC, March 2014, www.cdc.gov/cancer/colorectal/pdf/no_pocket_brochure.pdf.

"Preventive Services for Adults" Institute for Clinical Systems Improvement (ICSI), October 2014, www.icsi.org/guidelines__more/catalog_guidelines_and_more/catalog_guidelines/catalog_prevention__screening_guidelines/preventive_services_for_adults. 

Vision Health

Christi Matt, RN, Complex Care Coordinator

March is National Save Your Vision Month. (It's also National Colorectal Cancer Awareness Month—take a look at the previous article if you haven't already.) That makes it the perfect time to educate members about the importance of regular comprehensive vision exams and eye care. It is a good idea to stress that routine eye exams are essential and that members should not wait to think about eye care until something goes wrong.

Recommended eye exam schedule for adults

The following are the American Optometric Association's (AOA) general eye exam frequency guidelines:

- Adults ages 18 – 60 should have an exam every two years
- Adults age 61 and over should have an exam every year

These are general guidelines only, and some members have eye exams more frequently. These include members with certain medical conditions such as diabetes, high blood pressure, or a family history of ocular disease and members who take prescription medication that may have ocular-related side effects. Encourage members to talk with their provider about how often they should have their eyes checked.

Tips for vision health

In addition to encouraging members to get regular eye exams, you can share the following tips from the Centers for Disease Control and Prevention (CDC) with members to let them know there are other things they can do to take good care of their eyes.

- **Eat right and maintain a healthy weight.** Being overweight may increase the risk of developing conditions like diabetes that can affect vision and can even cause vision loss if not controlled. Let members know they can keep their weight in check by eating healthy foods that are also good for vision. These foods include dark leafy greens, such as spinach and kale, and fish high in omega-3 fatty acids like salmon or tuna.
- **Know your family's eye history.** Many eye diseases are hereditary, which is why it's important to know if any family members have been diagnosed with an eye disease or condition. Eye care providers can use this information to help determine the risk of developing an eye condition or disease.
- **Wear ultraviolet (UV)-blocking sunglasses.** The best ones are those that block both UV-A and UV-B radiation. Too much exposure to UV light from the sun can cause lasting vision loss and increase the risk for cataracts.
- **Take breaks.** Remind members who spend a lot of time looking at any one thing, such as a computer screen, or performing visually demanding tasks to practice what the CDC calls the 20-20-20 rule: "Every 20 minutes, look away about 20 feet in front of you for 20 seconds. This short exercise can help reduce eye strain."
- **Don't smoke.** One of the lesser-known effects of smoking is the harm it can cause to your eyes. Smoking has been linked to an increased risk of developing age-related macular degeneration, cataracts, and optic nerve damage.

Encourage members to get regular eye exams and take care of their eyes now. It can help prevent problems in the future and protect the only set of eyes they'll ever have!

Sources: "Recommended Eye Examination Frequency for Pediatric Patients and Adults," AOA, 2015, www.aoa.org/patients-and-public/caring-for-your-vision/comprehensive-eye-and-vision-examination/recommended-examination-frequency-for-pediatric-patients-and-adults?sso=y.

"Eye Health Tips," CDC, last updated October 30, 2012, www.cdc.gov/visionhealth/basic_information/eye_health_tips.htm. 

Eyeglasses: What's Covered?

Rachel Mead, SNP, Senior Care/UM Coordinator

In addition to coming to you for advice about taking care of their vision (see the previous article), members may have questions about eyeglasses and vision care benefits. They might wonder about how often they can get glasses, what kinds of frames they can pick, and what types of lenses are covered. Here is a brief overview of PrimeWest Health's policies related to eyeglasses and vision care.

How often are eyeglasses covered?

Eyeglasses and vision care services are covered for members who require vision correction. Members are eligible to receive a new pair of glasses every two years (24 months) or more frequently if they meet the criteria described below.

PrimeWest Health members can get a second pair of eyeglasses within the two-year dispensing period without a Service Authorization if the second pair is medically necessary. A second pair is medically necessary if one or more of the following criteria is met:

- There is a change in correction of 0.5 diopters or greater in either sphere or cylinder power in either eye
- There is a shift in axis of greater than 10 degrees in either eye
- A comprehensive or intermediate vision examination shows that a change in eyeglasses is medically necessary
- There is a change in the member's head size that warrants a new pair of eyeglasses
- The member has had an allergic reaction to the previous pair of eyeglasses

- The original pair is lost, broken, or irreparably damaged. If the original pair is lost, broken, or damaged beyond repair, the eyeglasses will be replaced with an identical pair of eyeglasses, unless the identical frame is not available. The original pair must also be the first pair of eyeglasses provided in a dispensing period.
- The member is a child (up to 21 years of age)

If a member requests **more than two pairs** of eyeglasses within a two-year dispensing period, the member's provider will need to fill out and submit a Service Authorization request to PrimeWest Health. Once the request is received, PrimeWest Health has 10 business days (14 calendar days) to process the request. PrimeWest Health can deny coverage if, upon review of the medical record, there is no documentation that the Service Authorization criteria were met. If the request is denied, the member or provider can Appeal.

How are frames covered?

PrimeWest Health members may select any approved standard frame. Any member under age 21 and adult members with cognitive disabilities or seizure disorders may select approved deluxe frames. When a deluxe frame is ordered for a member age 21 or over, the provider must include an appropriate diagnosis code on the claim.

Sometimes a member will choose to purchase upgraded frames (such as a more fashionable frame). In this case, the member is responsible for the entire cost of the frames. The member cannot just pay the difference between the cost of the standard frames and the upgraded frames, and the provider can only bill PrimeWest Health for the covered lenses. PrimeWest Health will not pay for the dispensing fee, repairs, or adjustments made to upgraded products or non-covered items.

How are lenses covered?

Some members have medical conditions that may be affected or aggravated by bright or changing light conditions and may require tinted, UV, polarized, or photochromatic (transition) lenses. When these lenses are ordered, the provider must include an appropriate diagnosis on the claim. Service Authorization is not required for tinted, UV, or transition lenses; however, a Service Authorization is required for polarized lenses.

Invisible bifocals and progressive bifocals are not covered.

Service Authorizations

If you are working with a member's provider to start a Service Authorization request, remind the provider to submit all pertinent medical information and the reason why the request is being made. The *Medical Service Authorization Request Form* is on our website at www.primewest.org/serviceauthorization.

Questions

- If you have questions, please contact the member's assigned care coordinator or send an email to seniorcare@primewest.org or snbc.phc@primewest.org, as appropriate.
- If a provider you are working with has questions, please direct her to call the Provider Contact Center at **1-866-431-0802** (toll free).
- If a member has questions, please direct him to call Member Services at **1-866-461-0801** (toll free). 

Cultural Assessments: Why and How

Elizabeth Warfield, RN, BSN, Senior Care Coordinator

Assessing the cultural needs and considerations of members as they relate to health care is an important part of every county case manager's work. Doing so enhances care and shows respect for the individuality of each member. This cultural assessment should be an ongoing process. As members progress through periods of health and illness, their needs may change. Through the use of thoughtful questions and observation, you can respectfully assess cultural beliefs and practices that may affect a member's health care.

While there are many books and articles that describe various cultures and their health practices, it is important to realize that members with the same cultural background may **not** have identical beliefs and practices. Reviewing generalized information can give you an idea of the considerations that may be relevant to certain cultures, but relying solely on lists of culture-related health practices for specific cultural groups could lead to inadvertent stereotyping.

Approaching the subject of cultural beliefs and practices with a member can lead to anxiety. In an effort to avoid offending a member, you might choose not to ask questions related to culture. However, the answers to such questions could provide important insights into the member's wishes and concerns. So, what do you do? The key to effective communication with members of any culture is creating an environment of trust and respect. The most obvious application of this is acting and speaking in a respectful manner, but it goes beyond that. Health care professionals must respect the fact that each member is the expert when it comes to his cultural beliefs and practices. Recognizing that the member is the expert means you need to ask him questions to help you understand his cultural background and how it influences his thoughts and feelings about health care.

Asking straightforward questions like, "Do you have any cultural beliefs and practices that could affect your health care?" may not always elicit helpful answers. Members may not understand what you are asking for because their culture is simply part of who they are. It may be difficult for them to identify what beliefs and practices you would consider "culture-related."

It may be more beneficial to take a conversational approach to the situation. For example, you might start the conversation by saying something like, "Your values and beliefs are important to me. Would it be all right if I ask you some questions to help me better understand them? I want you to be comfortable, so please let me know if any of my actions or questions are offensive in any way." While it takes longer to say this, it conveys respect for the member while also communicating a willingness to learn about the member and his wishes. From here, you could continue by asking the member about his family. Specific questions could include, "Who cares for you when you are ill?" and "Are there certain members of your family that should be included in conversations and decisions about your health care?" You may tailor questions depending on the member's health conditions and the progression of the conversation.

Another thing to keep in mind is that using open-ended questions can bring about more comprehensive and culturally specific answers. For example, the questions, "Can you explain how this condition affects your life?" and "What do you feel may have caused this condition?" will likely yield more helpful information than the question "Do you understand what hypertension is?"

Observing members in their homes or with family members can provide clues about the family dynamic with regard to health and illness. Observation may also prompt other lines of questioning. Consider the following: you are assessing a member when you are interrupted by the member's mother bringing food. She indicates the member eats this due to a specific health condition. This should prompt you to ask more questions—some members may have cultural beliefs regarding health and the consumption or avoidance of certain foods.

One of the biggest barriers to a cultural assessment is language. When the assessor and the member speak different languages, it is important to enlist the assistance of an interpreter. It is best to avoid having a family member serve as an interpreter. Family members may have strong feelings or limited understanding of the health care concepts you are trying to discuss with the member and those feelings and limitations may interfere when they ask questions and translate the member's responses. This can be avoided by using an interpreter service. If you need help locating an interpreter service, you can call either Member Services at **1-866-431-0801** (toll free) or the Provider Contact Center at **1-866-431-0802** (toll free).

Cultural beliefs and practices significantly affect the health and wellness of our members. As a county case manager, you can assess the member for needs related to culture by expressing a genuine interest in learning about the member and his values, making careful observations, asking open-ended questions, and using an interpreter as appropriate. A respectfully done cultural assessment not only identifies related needs, but shows recognition of each member as a unique individual and creates trust.

Source: Killian, Priscilla, MSN, RN, PNP and Roberta Waite, EdD, MSN, RN, CS, "Cultural Diversity: Best Practices," Advance Healthcare Network, accessed March 1, 2016, www.nursing.advanceweb.com/Article/Cultural-Diversity-Best-Practices-3.aspx. 

Tools for Person-Centered Thinking: Part 1 of 7

Ann Tesch, RN, BSN, PHN, CCP, Complex Care Coordinator

Person-centered thinking is an important concept in case management that emphasizes empowerment, personal rights, choice, and inclusivity when working with members. Sounds great, right? But, knowing that the concept is out there and knowing how to implement it are two very different things. Fortunately, help is available. The next six issues of *PrimePartners* will include articles about tools that have been developed to support you on your journey toward person-centered thinking.

The tools we will be discussing are used not only to help members develop a person-centered plan of care, but also to help professionals develop a skill set that focuses on ensuring the member has a voice in her treatment and care and is able to express her needs.

The next article will focus on a tool that helps determine what is "important to" and what is "important for" a member.

If you have any questions, please contact **Ann Tesch**. 

Important Dates

✓ County supervisor meeting

Meetings are held on the third Thursday of the month, 10 a.m. – 3 p.m., at PrimeWest Health in Alexandria, unless otherwise noted.

April 21	September 15
May 19	October 20
June 16	November 17
July 21	December 15
August 18	

✓ County case management educational training

Trainings are held on the fourth Wednesday of the month via webinar from 10 a.m. – noon, unless otherwise noted.

March 23	August 24
April 27	September 28
May 25	October 26
June 22	November 23
July 27	December 28

Contact Information

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