

PrimePartners

for Case Managers

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Thank You for a Great Year!

PrimeWest Health extends our sincerest thanks for all you do—it is a privilege working with each of you! May the holiday season fill your home with joy, your heart with love, and your life with laughter. 

Encourage Members to Get a Flu Vaccine

Elizabeth Warfield, RN, BSN, PHN, Special Needs Plan Manager

It is officially flu shot season! The Centers for Disease Control and Prevention (CDC) recommends that everyone age 6 months and over (with some exceptions*) get an annual flu vaccine. An annual flu vaccine is especially important for people in any of the following high-risk groups:

- Children ages 6 months – 5 years
- Adults age 65 and over
- Residents of nursing or long-term care facilities
- People with chronic health conditions such as heart disease, diabetes, or asthma
- Pregnant women

Please encourage members you work with to talk with their health care provider about getting a flu vaccine. This encouragement can go a long way, especially if a member is hesitant about getting vaccinated. You can also provide education about the flu and the flu vaccine to address any concerns. Make sure members understand that the flu vaccine *cannot* give them the flu. What it *can* do is help protect the person getting vaccinated from getting the flu *and* protect others (including people who aren't able to get the flu vaccine), via herd immunity. Let members know how serious the flu can be—it is more than “just a nasty cold,” and it can lead to hospitalization and even death.

A flu vaccine is the best way to prevent the flu. Taking time to talk to members about the flu vaccine can help them stay healthy this flu season!

*People who should *not* get a flu vaccine include those who have any of the following:

- History of a severe allergic reaction to a flu vaccine
- Severe egg allergy
- History of Guillain-Barré syndrome
- Symptoms of illness or infection (especially fever)

Source: CDC, “Seasonal Influenza Vaccination Resources for Health Professionals”, October 16, 2018, www.cdc.gov/flu/professionals/vaccination/index.htm. 

Helping Elderly Members and Members with Disabilities Prepare for Disasters

Elizabeth Warfield, RN, BSN, PHN, Special Needs Plan Manager

By their very nature, disasters are unexpected. However, there are things you can do to help members be as prepared as possible should they find themselves in a community-wide disaster. Planning ahead is especially important for members who are elderly or have disabilities, as these populations have unique needs to consider. According to the Administration for Community Living (ACL), “Approximately half of those over age 65 have two or more chronic health problems, such as heart disease, diabetes, and Alzheimer’s disease,” that increase their vulnerability during a disaster situation. Multiple chronic health conditions are also common among people with disabilities, and varying levels of functional limitations add to the need for emergency preparedness.

As county case managers, you are called upon to help ensure members have a safety plan and to document the details in the “Safety Plan” section of the PrimeWest Health care plan. Encourage members to create, or help them create, a safety plan that includes what to do in case of an emergency or community-wide disaster, how to manage health risks, and a back-up plan for equipment and essential services.

Additional information about disaster preparedness for older adults and people with disabilities can be found on the [ACL’s website](#), including links to helpful planning resources for older adults, those with disabilities, and caregivers.

Source: ACL, “Emergency Preparedness,” November 30, 2018, www.acl.gov/programs/emergency-preparedness. 

Tips to Help Members Stay on Their Feet

While the weather this time of year may have members thinking about falls—specifically, how *not* to fall!—the truth is that falls can occur any time or place, inside or outside. Share the following tips from the National Institute on Aging (NIA) with members to let them know there are things they can do to prevent falls and feel safer walking.

- **Stay physically active.** Plan an exercise program that is right for you. Regular exercise improves muscles and makes you stronger. It also helps keep your joints, tendons, and ligaments flexible. Mild weight-bearing activities, such as walking or climbing stairs, may slow bone loss from osteoporosis. *(PrimeWest Health tip: Always talk to your primary care provider before starting an exercise program.)*
- **Have your eyes and hearing tested.** Even small changes in sight and hearing may cause you to fall. When you get new eyeglasses or contact lenses, take time to get used to them. Always wear your glasses or contacts when you need them. If you have a hearing aid, be sure it fits well and wear it.
- **Find out about the side effects of any medicine you take.** If a drug makes you sleepy or dizzy, tell your doctor or pharmacist.
- **Get enough sleep.** If you are sleepy, you are more likely to fall.
- **Limit the amount of alcohol you drink.** Even a small amount of alcohol can affect your balance and reflexes. Studies show that the rate of hip fractures in older adults increases with alcohol use.
- **Stand up slowly.** Getting up too quickly can cause your blood pressure to drop. That can make you feel wobbly. Get your blood pressure checked when lying and standing.
- **Use an assistive device if you need help feeling steady when you walk.** Appropriate use of canes and walkers can prevent falls. If your doctor tells you to use a cane or walker, make sure it is the right size for you and the wheels roll smoothly. This is important when you’re walking in areas you don’t know well or where the walkways are uneven. A physical or occupational therapist can help you decide which devices might be helpful and teach you how to use them safely.
- **Be very careful when walking on wet or icy surfaces.** They can be very slippery! Try to have sand or salt spread on icy areas by your front or back door.
- **Wear non-skid, rubber-soled, low-heeled shoes, or lace-up shoes with non-skid soles that fully support your feet.** It is important that the soles are not too thin or too thick. Don’t walk on stairs or floors in socks or in shoes and slippers with smooth soles.

- **Always tell your doctor if you have fallen since your last checkup, even if you aren't hurt when you fall.** A fall can alert your doctor to a new medical problem or problems with your medications or eyesight that can be corrected. Your doctor may suggest physical therapy, a walking aid, or other steps to help prevent future falls.

Source: NIA, "Prevent Falls and Fractures," March 15, 2017, www.nia.nih.gov/health/prevent-falls-and-fractures. 

Medication Reconciliation: Interventions and Outcomes

Jordan Klimek, MS, Quality Coordinator

PrimeWest Health recently examined data from the Medication Reconciliation Post-Discharge Quality Improvement Project (QIP) we implemented in 2013 and would like to share the results with you. The goal of this QIP was to increase the number of medication reconciliations post-hospital-discharge for Prime Health Complete (HMO SNP) and PrimeWest Senior Health Complete (HMO SNP) members, as measured through the Healthcare Effectiveness Data and Information Set (HEDIS®)¹ medication reconciliation post-discharge (MRP) measure. Given the importance of MRP, we have continued our efforts in this area, even though the QIP formally ended in 2015.

PrimeWest Health hopes that by increasing MRP, we can decrease the number of hospital readmissions. To encourage MRP, we decided to offer reimbursement to providers who submit Current Procedural Terminology (CPT) category II code 1111F along with a form documenting their credentials. To qualify for this \$110 reimbursement, the provider must be a registered nurse, clinical pharmacist, or prescribing practitioner, and must complete the medication reconciliation with the member in a face-to-face setting within four days of hospital discharge. As noted, although the QIP has ended, PrimeWest Health continues to offer the \$110 reimbursement for providers who submit the 1111F code.

Results

To determine the effect of MRP on hospital readmissions, PrimeWest Health examined data from January 1, 2015 – January 30, 2018, with MRP identified as any 1111F code submitted within 30 days of discharge and before a readmission, if applicable. Readmission rates were pulled both for members who received MRP and for those who did not.

The table below shows the hospital readmission rates for members who received MRP and those who did not. The first table is broken out by program; the second table shows the combined data.

Readmission data by program

	2015	2016	2017	2015 – 2017 Overall
PrimeWest Senior Health Complete	899	924	1,023	2,846
<i>No MRP</i>	843	732	777	2,352
Had readmission within 30 days (any cause)	80	71	70	221
Readmission rate	9%	10%	9%	9%
<i>Had MRP</i>	56	192	246	494
Had readmission within 30 days (any cause)	4	18	12	34
Readmission rate	7%	9%	5%	7%
Prime Health Complete	94	81	72	247
<i>No MRP</i>	90	61	43	194
Had readmission within 30 days (any cause)	11	9	4	24
Readmission rate	12%	15%	9%	12%
<i>Had MRP</i>	4	20	29	53
Had readmission with 30 days (any cause)	0	0	2	2
Readmission rate	0%	0%	7%	4%

Combined readmission data

	2015	2016	2017	Total
PrimeWest Senior Health Complete and Prime Health Complete	993	1,005	1,095	3,093
<i>No MRP</i>	933	793	820	2,546
Had readmission within 30 days (any cause)	91	80	74	245
Readmission rate	10%	10%	9%	10%
<i>Had MRP</i>	60	212	275	547
Had readmission within 30 days (any cause)	4	18	14	36
Readmission rate	7%	8%	5%	7%

PrimeWest Health is pleased to see that in each population and in each year, members who received face-to-face MRP had fewer hospital readmissions than members who did not. The total readmission rate for members who did not have MRP was 10 percent; those who received MRP had a readmission rate of 7 percent. The number of members in both programs who received MRP has also increased each year. This may be attributable in part to PrimeWest Health's provider incentive encouraging face-to-face MRP, but is also due to changes in the HEDIS technical specifications, which became less stringent.

While this information appears to indicate MRP is successful in reducing hospital readmissions, the number of members accepting MRP is fairly low. For example, the combined total of members who were offered MRP was 2,546 members; of these, 547 accepted. This may present an opportunity for county case managers and home health agencies to educate members about the importance of MRP and encourage them to accept this service.

Additional information

Thank you to everyone who has been involved in our medication reconciliation project! We hope to continue to increase the number of members who accept medication reconciliation and will continue offering additional reimbursement for this service.

You can find additional information on this project and the requirements for reimbursement on the [Medication Reconciliation page](#) of our website.

¹HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA) 

Important Dates

✓ County supervisor meeting

Meetings are held the third Thursday of the month, from 10 a.m. to 2 p.m., at PrimeWest Health in Alexandria, unless otherwise noted.

January 17
February 21
March 21
April 18
May 16
June 20

July 18
August 15
September 19
October 17
November 21
December 19

✓ New county case manager orientation

January 16 – watch for more information

Contact Information

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