SUMMER 2021

ACQA ADVISOR

ACQA Advisor is a quarterly newsletter dedicated to sharing news, updates and best practices with our ACQA partners

Excellus

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Clinical CORNER

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Hello!

I just wanted to take a moment to remind everyone about this important information about telehealth that we communicated to providers recently.

In case you didn't see it, here are the essentials:

- While we are beginning to see light at the end of the tunnel, we realize that our members may still need the peace of mind of knowing they can receive care in the comfort and safety of their homes through the use of telehealth technology.
- We understand the financial stress our participating providers have been under since the pandemic began. As part of our commitment to you, Excellus BlueCross BlueShield will continue to reimburse for all covered telehealth services at the same rate as the corresponding face-to-face rates through at least March 31, 2022.
- We hope that this payment parity assurance will assist your practice as patients gain the confidence to return for in-person visits.
- It's important to note that we will follow the coverage guidelines set forth by the New York State Department of Health and the Centers for Medicare & Medicaid Services related to temporary coverage of telehealth services/codes, which were added as a contingency during the pandemic.

We will be sure to share any updates as they occur. If you have any questions, please contact your Provider Relations representative.

Thank you for your continued commitment to providing quality care to our valued members.

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Positive Patient Experience

Increasingly in Focus

We all know that patient experience is an inherently important piece of the care delivery system. Evidence shows that when a patient has a positive experience with their provider, they are more likely to be compliant with follow-up and medication adherence and will have better overall clinical outcomes.

As the focus on improving the patient and member experience as measured in part through CAHPS® continues to grow in prioritization, the need to identify strategies for improvement has also continued. Identified strategies include seeking opportunities for integration within the value-based payment model given its alignment with the triple aim (improved quality, cost, and patient experience).

Patient experience improvement is included in the current ACQA quality program as a collaborative measure menu option. 2022 will mark the launch of the new multi-year ACQA quality program design with patient experience improvement becoming a required focus category. ACQA groups will engage in a three-year project to improve performance in one of three CAHPS areas: care access, experience with the provider, and health care quality rating.

We will work collaboratively with our ACQAs to design, implement, and measure various initiatives aimed at improving patient experience.

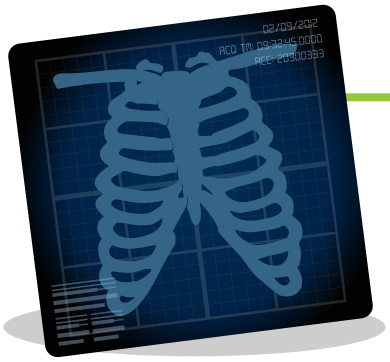
This year, we are starting pilots with two ACQA groups, Cayuga Health Partners and Catholic Medical Partners. Each group has focused on areas of opportunity where improvement within their networks is desirable. The goal is to link initiatives to one or more CAHPS® survey questions and to demonstrate incremental improvement in the associated patient experience measures.

As we move closer to 2022, we're asking practices and providers to start thinking of ways to improve the experience for their patients. We will work closely with ACQA groups to determine baseline data, understand areas of opportunity, and create small tests of change to find a suitable improvement initiative.

We look forward to continued collaboration through the three-year timeframe for these initiatives. Please reach out to Melissa Claybaugh at melissa.claybaugh@excellus.com for more information.

Optimizing Inhaler Selection

for Improved COPD Value-Based Outcomes



Chronic Obstructive Pulmonary Disease (COPD) is a progressive respiratory disease with no cure. COPD disease expenditures have overburdened payers and health systems with disease-associated costs estimated to have topped $49 billion in the U.S. alone last year.[1] Optimizing patient-specific COPD management strategies can be crucial to controlling costs and improving value-based outcomes.

The Global Initiative for Chronic Obstructive Lung Disease (GOLD) guidelines outline comprehensive strategies for managing COPD, including recommendations for specific drug classes based on disease severity. For patients who are considered severe or very severe with continued exacerbations, benefit may be seen from using three different inhaled medication drug classes in combination.[2,3] This triple therapy regimen can include fixed doses of inhaled long-acting beta agonist (LABA) drugs, inhaled long-acting muscarinic antagonist (LAMA) drugs, and inhaled corticosteroid (ICS) drugs.

For patients whose disease has progressed to needing these prescribed fixed doses of inhaled LABA+LAMA+ICS drug therapies all in combination, the recent introduction of single inhalers that contain this triple therapy drug regimen has simplified patient administration. Trelegy Ellipta® (Vilanterol/Umeclidinium/Fluticasone furoate) and Breztri Aerosphere® (Formoterol/Glycopyrrolate/Budesonide) are two COPD inhaler options that combine the benefits of LABA +LAMA +ICS drug classes into one single inhaler. Of these two, Trelegy Ellipta is the preferred Excellus BlueCross BlueShield option with coverage on most commercial and Medicare formularies.[4]

Despite the availability of single inhalers containing triple therapy, many patients may still be using multiple inhalers to fulfill a prescribed fixed LABA+LAMA+ICS drug therapy regimen. Unconverted patients could potentially be paying unnecessary copays and incurring higher out-of-pocket costs to manage their COPD. As a result of paying for multiple inhalers, these higher out-of-pocket expenses could potentially open the door to poor inhaler adherence and lower inhaler fill rates.

In addition to the potential adherence benefits and member out-of-pocket savings, optimizing triple therapy drug regimens via a single inhaler can provide savings to both payers and health systems. In many common use scenarios observed across our value-based partnerships, the average cost of a single Trelegy Ellipta inhaler can trend about 19% lower compared to the total cost of multiple inhaler combinations used to achieve a similar therapeutic LABA+LAMA+ICS drug regimen. These savings can translate into thousands of dollars annually across partnerships, helping to offset pharmacy expenditures within this costly disease state.

Consider evaluating commercial and Medicare members who are currently prescribed multiple inhalers to achieve a fixed LABA+LAMA+ICS inhaled therapy regimen for managing COPD. When appropriate, converting patients to a single inhaler containing a triple therapy drug regimen can lead to greater member and partnership savings.

	Commercial Open Formulary	Commercial Closed Formulary	Medicare Formulary
TRELEGY ELLIPTA	**Preferred Brand Tier**	**Preferred Brand Tier**	**Preferred Brand Tier**
BREZTRI AEROSPHERE	Non-Preferred Brand Tier	Non-Formulary	Non-Formulary

1 Chronic Obstructive Pulmonary Disease (COPD) Costs, Centers for Disease Control and Prevention (CDC), https://www.cdc.gov/copd/infographics/copd-costs.html

2 Global Initiative for Chronic Obstructive Lung Disease (GOLD). Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease (2020 report). https://goldcopd.org/wp-content/uploads/2019/11/GOLD-2020-REPORT-ver1.0wms.pdf. (Accessed June 2, 2021).

3 Clinical Resource, Inhaled Medications for COPD. Pharmacist's Letter/Prescriber's Letter. April 2019.

4 https://provider.excellusbcbs.com/policies/prescriptions/formularies

Updated Workshop Spotlights 'Big 5' for Better Spine Health Outcomes

Studies consistently estimate that clinical care contributes only 10-20% to health outcomes while health-related behaviors, and social and physical environment remain the largest health influencers. Although what occurs outside of the clinic has an outsized impact on health outcomes, providers can maximize their positive influence on how patients engage in their health in everyday life.

These points are emphasized in the recently updated 90-minute, 1.5-CME PCP Spine Pathway Workshop. The workshop provides clear identification of the five key clinical components that trigger optimal outcomes and outline a way for providers, patients, employers, insurers and all key health care stakeholders to work together to emphasize patients' active engagement in their care.

The Big 5:

1 Always Active Care, Sometimes Passive Care

A patient's first experience sets the stage and can influence whether a patient with acute lower back pain becomes a patient with lifelong chronic back pain. Studies show that outcomes are better, and the cost of care is lower, when providers help patients actively engage in pain management with tools that improve self-care and coping behaviors. Passive care, such as pain medication, plays a role but should always be prescribed with an active exercise or self-care activity.

2 Language and Motivation

Often, the most impactful component of the clinical encounter is the language used, education given, and motivation instilled.

3 Imaging

Early imaging without appropriate indications often leads to poorer outcomes, more disability, and higher medical costs. Even commonly used language on imaging reports, such as labeling normal age-related changes as "degenerative," can encourage fear, misperceptions, passivity, and catastrophizing behavior.

4 Opioids

Use of opioids to manage chronic low-back pain is ineffective, increases opioid tolerance, addiction risk and encourages patients and clinicians to focus more on pain instead of function and quality of life. The passive mindset of "take pill and pain goes away" encourages physical inactivity and decreases patient engagement with other supportive tools.

5 Specialists/Surgeons

Early surgical/specialist referral without clear red-flag indicators can trigger increased case complexity and disability. Providers should set a first-touch expectation that emphasizes active patient engagement in care and frames surgery as one potentially helpful approach for a very small subset of patients.

Also –

Back Pain as a Teachable Moment:

What is good for the care and prevention of back pain is good for the body and for the supportive care of many common chronic diseases. Using the pain as a motivating factor to promote self-care can literally change a person's life.

To learn more, check out the new version of the 90-minute, 1.5-CME Best Practices Care Pathway workshop, which encompasses The Power of the Big 5 +1 framework:

network.primaryspineprovider.com

or use the following QR code.

The 90-minute session will have an area to enter your ACQA affiliation with option of choosing NONE.

For more information about the Excellus BlueCross BlueShield Spine Health Program, contact Brian Justice, DC at

brian.justice@excellus.com.

Clinical Alert: Statin Therapy

For Patients with Cardiovascular Disease (SPC) and/or Diabetes (SUPD)

By working together, we can improve health outcomes for your patients, our members. The Healthcare Effectiveness Data and Information Set (HEDIS®) & Centers for Medicare & Medicaid Services (CMS) Star ratings help us measure many aspects of performance. This tip sheet provides key details of the measures for statin therapy for patients with cardiovascular disease and/or diabetes.

The American Diabetes Association and American College of Cardiology/American Heart Association (ACC/AHA) guidelines recommend moderate-to-high intensity statins to be used as primary and secondary atherosclerotic cardiovascular disease (ASCVD) prevention on type 1 and type 2 diabetes mellitus patients.

What are the measures?

For patients with cardiovascular disease (SPC):
This measure evaluates the percentage of members: males, age 21-75, and females, age 40-75, during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease and who were dispensed at least one high- or moderate-intensity statin medication and remained on the medication for at least 80 percent of the treatment period.

For patients with diabetes (SUPD):
This measure evaluates the percentage of members ages 40-75 who filled at least two prescriptions for a diabetes medication AND filled at least one statin prescription during the measurement year.

What you can do for your patients

For patients with diabetes, ages 40-75 without ASCVD, please consider the use of any intensity statin. A moderate- to high-intensity statin should be considered on an individual basis in the context of additional ASCVD risk factors.[1,2]

- For patients of all ages with diabetes and ASCVD, please consider the use of moderate-to high-intensity statin therapy.
- Medication adherence and response to LDL-C lowering medications should be assessed four to 12 weeks after statin initiation or dose adjustment and repeated every three to 12 months as needed.[4]

Statin Intensity and LDL Lowering [1,3,4]

High-Intensity Statin Therapy	Moderate-Intensity Statin Therapy	Low-Intensity Statin Therapy
Lowers LDL by > 50%	**Lowers LDL by 30% to 50%**	**Lowers LDL < 30%**
Atorvastatin 40-80mg Rosuvastatin 20-40mg	Atorvastatin 10-20mg Rosuvastatin 5-10mg Simvastatin 20-40mg Pravastatin 40-80mg Lovastatin 40-80mg Fluvastatin XL 80mg Pitavastatin 1-4mg Fluvastatin 40mg BID	Pravastatin 10-20mg Simvastatin 10mg Lovastatin 20mg Fluvastatin 20-40mg

*Statins in blue are hydrophilic; statins in black are lipophilic.

Best Practices

- Encourage members to use their Excellus BlueCross BlueShield member card at the pharmacy to generate pharmacy claims and capture member compliance.
- Discuss with each member why they are on a specific medication; explain the role and importance of statin therapy.
- Together, identify and resolve member-specific adherence barriers or concerns, such as the prescription's health benefits, side effects, cost, and timely refills.
- Recommend mail order and 90-day prescription of maintenance drugs.
- Statin use should always be accompanied by lifestyle modifications focused on diet and weight loss to improve a patient's lipid panel.
- More than 70% of "statin-intolerant" patients can take one with patience and persistence. Suggestions to improve tolerance include avoiding drug interactions, switching from lipophilic to hydrophilic statins, and/or changing to thrice weekly dosing.

Exclusions**

Any time during the measurement year, or year prior to the measurement year:

- Pregnancy; in vitro fertilization
- Dispensed at least one prescription for clomiphene
- End-stage renal disease or cirrhosis

Any time during the measurement year:

- Myalgia, myositis, myopathy or rhabdomyolysis
- Members in palliative or hospice care
- Members ages 66 and older who are either enrolled in an institutional special needs plan (I-SNP) or living long-term in an institution
- Members ages 66 and older with frailty and advanced illness

**Please contact your Provider Relations representative for any ICD-10 codes.

1 American Diabetes Association. Diabetes Care 2020 Jan; 43 (Supplement 1): S111-S134.

2 Look for Opportunities to Get Appropriate Diabetes Patients on a Statin, Pharmacist's Letter, December 2016.

3 Grundy SM, Stone NJ, Bailey AL, et al. 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the management of blood cholesterol: executive summary: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. J Am Coll Cardiol 2019;73:3168-3209.

4 Stone NJ, Robinson J, Lichtenstein AH, et al. 2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice guidelines. J Am Coll Cardiol. 2014;63(25 Pt B):2889-2934.