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ACQA ADVISOR

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



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New HIV-1 Pre-Exposure Prophylaxis Option Available

Pre-exposure prophylaxis (PrEP) is medicine taken to prevent HIV. When taken as prescribed, PrEP decreases the risk of getting HIV from sex by 99% and from injection drug use by at least 74%.

According to the Centers for Disease Control and Prevention's (CDC) Pre-exposure Prophylaxis for the Prevention of HIV Infection in the United States 2021 Update, all sexually active adults and adolescents should receive information about PrEP. PrEP should be offered to patients who have a high ongoing risk of getting HIV from sex or injection drug use based on sexual behaviors and injection practices.¹

Until December 2021, the only options for PrEP were daily oral medications Truvada (emtricitabine/tenofovir disoproxil fumarate; available brand and generic) and Descovy® (emtricitabine/tenofovir alafenamide; brand name only). While these agents are very effective, they rely on adherence to a daily medication regimen. Many patients at risk for acquiring HIV may struggle with adherence for various reasons including coexisting substance use disorders, depression, poverty, and efforts to conceal medication use.²

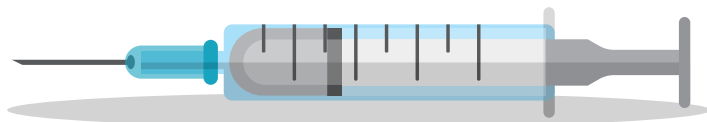
A new long-acting injectable, Apretude (cabotegravir) has been approved for PrEP to help patients increase adherence and reduce the risk of sexually acquired HIV infection. Approval was based on the results from two Phase 3 clinical trials, which were stopped early due to greater efficacy of Apretude compared to Truvada

continued

New HIV-1 Pre-Exposure Prophylaxis (cont.)

in preventing HIV infection.² To be a candidate for Apretude, patients must weigh at least 35 kg and have an increased risk of acquiring HIV based on sexual behaviors and risk factors. The intramuscular injection must be administered by a health-care professional every two months after the initial doses that are spaced four weeks apart. One important counseling point to share with patients is the risk of developing resistant HIV when Apretude doses are missed, or patients are non-adherent to injections required every 2 months.³

The CDC's PrEP 2021 update recommends the use of Apretude for adults and adolescents, regardless of gender and sexual preference, who report sexual behaviors that place them at substantial ongoing risk of HIV exposure and acquisition. Although the guideline does not recommend one form of PrEP over others, patients who may be better candidates for Apretude compared to the oral antiviral agents include those who had problems taking oral PrEP as prescribed, patients



who prefer getting a shot every two months instead of taking a daily oral tablet, and those with serious kidney disease (CrCl less than 30 mL/min), which is a contraindication for both oral PrEP options.¹

There are additional considerations prescribers and patients should discuss when deciding on a PrEP medication including monitoring and costs. Patients receiving Apretude should be tested for HIV every two months, with each injection, and for sexually transmitted infections every four months, with every other injection. Patients may prefer Apretude because it does not require regular kidney, triglyceride, or cholesterol monitoring, unlike Truvada or Descovy. The chart below provides pricing on the various PrEP agents (Table 1).

Table 1. Comparison of PrEP medications

DRUG NAME	MANUFACTURER	ANNUAL WAC
Truvada* (FTC/TDF)	Gilead	Brand: \$22,400 Generic: \$317
Descovy (FTC/TAF)	Gilead	\$23,500
Apretude (cabotegravir)	ViiV Healthcare	\$22,200

* Generic available

1 Centers for Disease Control and Prevention: US Public Health Service: Pre-exposure prophylaxis for the prevention of HIV infection in the United States – 2021 Update: a clinical practice guideline. www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf. Published December 2021.

2 FDA Approves First Injectable Treatment for HIV Pre-Exposure Prevention [Internet]. U.S. Food and Drug Administration. FDA; 2021 [cited 2022Feb7]. Available from: www.fda.gov/news-events/press-announcements/fda-approves-first-injectable-treatment-hiv-pre-exposure-prevention

3 Apretude [package insert]. Research Triangle Park, NC: GlaxoSmithKline; 2021.



Transitions of Care

Aims to Reduce Hospital Readmissions, Medication Errors



Transition from the inpatient (hospital) setting back to home often results in poor care coordination, including communication lapses between inpatient and outpatient (a setting other than a hospital) providers; intentional and unintentional medication changes; incomplete diagnostic workups; and inadequate patient, caregiver and provider understanding of diagnoses, medication and follow-up needs.¹

The HEDIS® measure, **Transitions of Care (TRC)**, aims to reduce hospital readmissions and medication errors after inpatient discharge to promote patient safety through improved coordination of care between health care providers and facilities.

continued

Transitions of Care (cont.)

TRC assesses the percentage of inpatient discharges from acute and/or non-acute facilities for Medicare members who are 18 years of age or older, and who had each of the following indicators reported:

- **NOTIFICATION OF INPATIENT ADMISSION**
Documentation of receipt of notification of inpatient admission on the day of admission through two days after the admission (three total days).
- **RECEIPT OF DISCHARGE INFORMATION**
Documentation of receipt of discharge information on the day of discharge through two days after the discharge (three total days).
- **PATIENT ENGAGEMENT AFTER INPATIENT DISCHARGE**
Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge.
- **MEDICATION RECONCILIATION POST-DISCHARGE**
Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).

TRC has emerged as an important point of vulnerability in the health care system where medical errors and clinical deterioration can occur. It is important to have processes in place to receive electronic notifications from the admitting facility. Documentation for all four sub-measures needs to be present and collected from one record, which is the record of the primary care provider or ongoing care provider.

Further information on this measure can be found by visiting Provider.ExcellusBCBS.com/Resources/Clinical or discussing with the designated ACQA clinical consultant.



Coding for TRC:

OUTPATIENT VISITS

CPT:

99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483

HCPCS:

G0402, G0438, G0439, G0463, T1015

TELEPHONE VISITS

CPT:

98966, 98967, 98968, 99441, 99442, 99443

ONLINE ASSESSMENTS

CPT:

98969, 98970, 97971, 98972, 99421, 99422, 99423, 99444, 99458

HCPCS:

G2010, G2012, G2061, G2062, G2063

MEDICATION RECONCILIATION

CPT:

99483, 99496 Transition of care management services (TCM) within 7 days, 99495 TCM within 14 days

CPTII:

1111F

1 Renneke, S., O.K. Nguyen, M.H. Shoeb, Y. Magan, R.M. Wachter and S.R. Ranji. 2013. "Hospital-Initiated Transitional Care as a Patient Safety Strategy: A Systematic Review." *Annals of Internal Medicine* 158(5, Pt. 2), 433-40.

Deconstructing Common Back Pain: Cause and Care Formulas



Too often patients believe, and are often taught their back pain is purely the result of an anatomical change,¹ such as a tear, pull, bruise, rupture, slipped disc, arthritis, or bone out of place. But, in reality, these terms are either unproven to impact back pain or, even if seen on an MRI, are so commonly seen in pain-free individuals that we can't attribute the imaging findings as a pain generator or contributing factor to their pain presentation.^{2,3,4}

There are multiple components that have been identified in the literature that create the milieu where back pain most often evolves.^{5,6} And, in turn, treatment of non-traumatic spine pain is most effective when key contributing and perpetuating factors are addressed.^{7,8} In hopes of clarifying and simplifying these concepts, we've created both cause and care formulas that identify four key components that incite and perpetuate back pain, and four separate components to be addressed in back pain management.



Formative Process: The Genesis of Back Pain

$$\text{BACK EPISODE} = \text{VF} + \text{TE} + \text{FC} + \text{AA}$$

VF Vulnerability Factors:

What aspects of the external and internal environment are predisposing an individual to an episode of back pain.⁶

- Examples of vulnerability factors: Deconditioning, posture, repetitive movements, stress, comorbidities, lifestyle (lack of quality sleep, nutrition, smoking)

TE Triggering Event:

An episode is often minor, sometimes totally insidious, and can start simply as awareness of growing discomfort.

- Examples of triggering events include unguarded movement, minor trauma, emergent stress, or lack of awareness (insidious)

FC Fear Continuum:

How concerned is the individual about this pain and its potential to negatively impact their life?⁹

- Examples of fear continuum often fall on a spectrum from concern to fear, catastrophizing, anxiety, confusion

AA Altered Activity:

Often, it hurts to move, so one sits or lays still, stays home from work, or simply stops engaging in most life activities. These beliefs and resultant inaction can heighten and perpetuate the pain episode. Movement is key for both back pain prevention and recovery.

- Examples of altered activity include fear avoidance with movement/activities (negative beliefs of motion)

continued

Deconstructing Back Pain (cont.)

An optimal recovery process must address the various aspects of holistic, or whole-body approach to management, including mental and physical care. As a society, we are overly focused on pain relief, driving the treatment approach that focuses on pain control and diverts attention from movement and lifestyle maintenance. Keep the following four things in mind when treating an episode of back pain:

Healing Process: The Genesis of Recovery

BACK RECOVERY = HE + CR + SE + FM

HE Healing Environment:

Identify components of a patient's internal and external environment that delay recovery or speed recovery.¹⁰

- Examples of environmental factors that may delay or speed recovery include sleep, diet, ergonomics/posture, smoking, stress management, social disengagement

Note: Using the 'teachable moment' that low back pain presents can be used as a springboard toward long-term lifestyle/environmental changes that impact many common comorbidities positively, such as diabetes, cardiovascular disease, and depression and enhance overall health and well-being.

CR Catalyzing Relief:

While focus on pain control alone can delay recovery, pain management can be an important component toward enhanced self-care (more motion, less lifestyle disruption)

- Examples of catalyzing relief: Prescriptions/OTC medication, positions or movements of relief, topicals (ice/heat/capsaicin), mindfulness/meditation

SE Self Efficacy:

Knowledge is power! Knowing what one should and should not do, understanding pain and the ability of your body to cope and heal is very important in expediting recoveries.¹¹

- Examples of self-efficacy include education, improving self-awareness, having right-size expectations

FM Functional Movement:

Finding the 'sweet spot' amount of movement, exercise and activity may be the single most important factor in recovery. Keep a functional focus and adjust the activity to the patient's capacity. Remember, the best exercise for a patient with back pain is the one that they will do.

- Examples of movement include modified work, exercise, walking, and 'active rest' if in inflammatory stage



continued

Deconstructing Back Pain (cont.)

More detail on these four factors of back pain and what four factors should be addressed to expedite recovery are covered in the free, nationally recognized, online 90-minute workshop (high provider satisfaction with proven efficiencies, improved quality and downstream savings) offered by Excellus BlueCross BlueShield through this link:

Network.PrimarySpineProvider.com/Excellus-PCP-Registration

or use the following QR code.



**If you have questions about the
Excellus BCBS Back Health Program,
please contact
brian.justice@excellus.com**

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