the checkup

by Texas Children's Health Plan Medical Directors

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Texas Children's® Health Plan

Grand Rounds CME Series

Disparities in Care

Save the date

Wednesday, September 12, 2018

Event will be broadcasted.
Additional event information to come.
Stay up-to-date by checking www.TexasChildrensHealthPlan.org/CME

Provided by Texas Children's Hospital and presented by Texas Children's Health Plan.
Free registration for Texas Children's Health Plan Contracted Providers.

In this ISSUE

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Intimate partner **violence screening**

Intimate partner violence (IPV) is a pattern of behavior used to establish power and control over someone through fear and intimidation. It can include physical, sexual, emotional, or financial abuse. Nearly one out of three women experience IPV in their lifetime. Despite widespread recommendations for providers to screen women for IPV, screening rates remain low in healthcare settings.

There are many consequences of IPV. Among them, children that are exposed to IPV are at increased risk for abuse and neglect, mood and anxiety disorders, post-traumatic stress disorder, substance abuse, and school-related problems. Additionally, exposure to IPV during pregnancy is associated with late entry to prenatal care, lower infant birth weight, and is a leading cause of death during pregnancy. There is some evidence that screening in obstetrics clinics results in higher rates of identification when compared to emergency departments.

The Section of Public Health Pediatrics at Texas Children's Hospital established a workgroup to assess IPV screening, identification, and referrals in the greater Houston community. Based on this assessment, the work group developed the following recommendations on how to improve IPV screening:

- **Screen alone.** Many of the participants said their abuser was with them when they were screened for IPV so they were unable to answer truthfully.
- **Before you screen, tell patients what you will do if they respond "yes."** Some of the participants expressed fear of not knowing what would happen if they responded truthfully to the screen and suggested that they would be more likely to disclose if they knew what would happen next. In addition, many participants shared that they did not understand the legal system and were fearful of losing custody of their children if they disclosed.
- **Providers should improve rapport.** Many of the participants reported that they would be more likely to disclose if the providers had better rapport such as listening, making eye contact, and caring for the patient.
- **More specific questions.** Many of the participants were not aware they were in abusive relationships so they recommended asking specific and direct questions that included questions on non-physical abuse.
- **Referral / follow-up.** The referrals and follow-up from a positive disclosure must be tailored to the individual patient's circumstance to decrease the risk of violence for the patient.

For more information on this comprehensive assessment and links to resources, visit our blog at TheCheckup.org.

Low-dose aspirin use for the prevention of morbidity and mortality from **preeclampsia**

RISK ASSESSMENT

Pregnant women are at high risk for preeclampsia if they have 1 or more of the following risk factors:

- History of preeclampsia, especially when accompanied by an adverse outcome
- Multifetal gestation
- Chronic hypertension
- Type 1 or 2 diabetes
- Renal disease
- Autoimmune disease (i.e. systemic lupus erythematous, the antiphospholipid syndrome)

OTHER RELEVANT USPSTF RECOMMENDATIONS

The USPSTF recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid. This recommendation is available at www.uspreventiveservicestaskforce.org/

PREVENTIVE MEDICATION

Low-dose aspirin (60 to 150 mg/daily) initiated between 12 and 28 weeks of gestation reduces the occurrence of preeclampsia, preterm birth, and intrauterine growth restriction in women at increased risk for preeclampsia. The aspirin can be continued until the delivery.

BALANCE OF BENEFITS AND HARMS

There is a substantial net benefit of daily low-dose aspirin use to reduce the risk for preeclampsia, preterm birth, and intrauterine growth restriction in women at high risk for preeclampsia. The harms of low-dose aspirin in pregnancy are considered to be no greater than small.

Be a **HEDIS HERO** for your pregnant patients

The National Committee for Quality Assurance (NCQA) is a non-profit organization that measures the quality of healthcare across large populations. NCQA does this through its Health Effectiveness and Data Set, also known as HEDIS. HEDIS 'Measures' are a set of evidence based standards that Texas Children's Health Plan is committed to improving upon in order to provide the best care for our members.

Making changes across your patient population is easier than you think! In fact, you can become a **HEDIS HERO** by simply providing prenatal care and postpartum care in a timely manner.

The HEDIS Prenatal and Postpartum Care Timeliness metrics measure the percentage of women who had a live birth and received a prenatal care visit during their first trimester of pregnancy or within 42 days of enrollment with TCHP.

Tips for being a prenatal HEDIS hero:

- Include all the required documentation in the medical record for PRENATAL care visit:
  - A basic physical obstetrical examination that includes auscultation for fetal heart tones, pelvic exam with obstetric observations, or measurement of fundal height (a standardized prenatal flow sheet may be used)
  - Prenatal Care Procedure such as screening tests/obstetric panel, TORCH antibody panel alone, rubella antibody test/titer with a Rh incompatibility (ABO/Rh) blood typing, or Ultrasound/ Echography of a pregnant uterus
  - Documentation of LMP or EDD with either prenatal risk assessment & counseling/education, or complete obstetrical history
- Schedule prenatal care visits starting in the first trimester or within 42 days of enrollment.
- Ask your front office staff to prioritize new pregnant patients and ensure prompt appointments for any patient calling for a pregnancy visit. High-risk pregnancies or new members in their third trimester should have appointments offered within 5 days of request. Routine pregnancies should be offered an appointment within 14 days of request. Any patient with an emergency should be offered an appointment immediately.

For more information on the HEDIS Prenatal and Postpartum Care metrics, check out our blog at TheCheckup.org.

Substance use screening reimbursement

SBIRT stands for Screening, Brief Intervention and Referral to Treatment. Texas Children's Health Plan reimburses for SBIRT services for all patients 10 and older. Screening can be completed by physicians, registered nurses (RNs), advanced practice nurses (APRN), physician assistants (PA), psychologists, licensed clinical social workers (LCSW), licensed professional counselors (LPC), certified nurse midwives (CNM), outpatient hospitals, federally qualified health centers (FQHC), and rural health clinics.

A recent survey of pediatricians found that only a minority of them used validated screening tools for substance abuse screening, and most relied on clinical impressions. Studies have found that only one-third of adolescents excessively using alcohol were detected when pediatricians relied on clinical impressions. A revised policy statement and a new clinical report from the American Academy of Pediatrics (see additional resources below) contain updated guidance, including screening tools and intervention procedures in support of universal SBIRT practices for adolescent substance abuse in routine health care.

Additional information/resources:

- *TX Health Steps SBIRT resources: http://www.txhealthsteps.com/cms/?q=node/209*
- *SBIRT app for iPhone: https://itunes.apple.com/us/app/sbirt/id877624835?mt=8*
- *CeSAR: The Center for Adolescent Substance Abuse Research: http://www.ceasar-boston.org/CRAFFT/screenCRAFFT.php provides CRAFFT Screens in 13 languages including a CRAFFT Screen that can be self-administered*
- *Free 4 Hour CME Training Resources: http://psattcelearn.org/courses/4hr_sbirt/*

Description
Alcohol and/or drug screening

Reimbursement Procedure Code
H0049

Limitation
2 per year

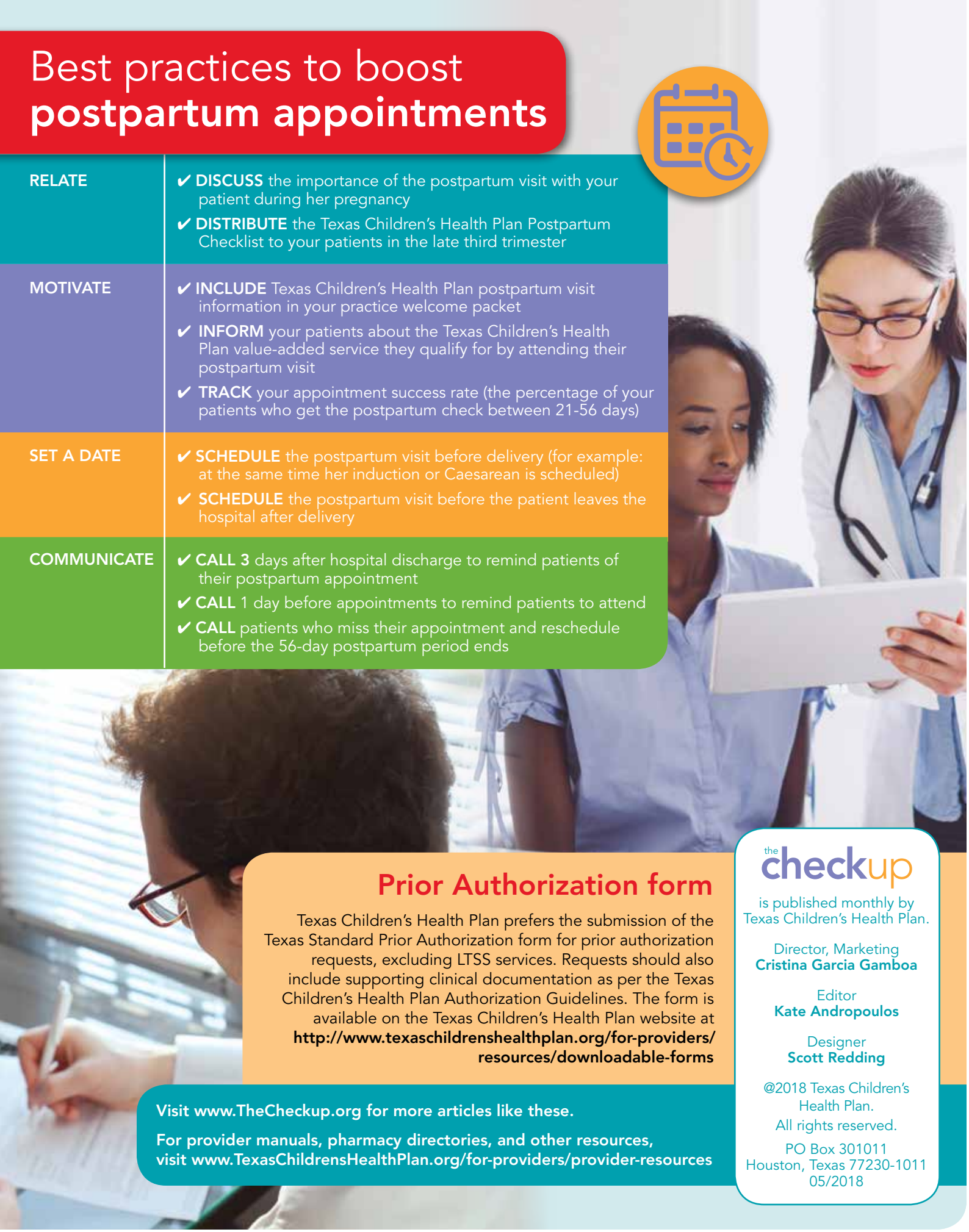
Description
Alcohol and/or substance abuse structured screening and brief intervention services

Reimbursement Procedure Code
H0049

Limitation
4 per year

Best practices to boost **postpartum appointments**

RELATE	✔ **DISCUSS** the importance of the postpartum visit with your patient during her pregnancy ✔ **DISTRIBUTE** the Texas Children's Health Plan Postpartum Checklist to your patients in the late third trimester
MOTIVATE	✔ **INCLUDE** Texas Children's Health Plan postpartum visit information in your practice welcome packet ✔ **INFORM** your patients about the Texas Children's Health Plan value-added service they qualify for by attending their postpartum visit ✔ **TRACK** your appointment success rate (the percentage of your patients who get the postpartum check between 21-56 days)
SET A DATE	✔ **SCHEDULE** the postpartum visit before delivery (for example: at the same time her induction or Caesarean is scheduled) ✔ **SCHEDULE** the postpartum visit before the patient leaves the hospital after delivery
COMMUNICATE	✔ **CALL 3** days after hospital discharge to remind patients of their postpartum appointment ✔ **CALL** 1 day before appointments to remind patients to attend ✔ **CALL** patients who miss their appointment and reschedule before the 56-day postpartum period ends



Prior Authorization form

Texas Children's Health Plan prefers the submission of the Texas Standard Prior Authorization form for prior authorization requests, excluding LTSS services. Requests should also include supporting clinical documentation as per the Texas Children's Health Plan Authorization Guidelines. The form is available on the Texas Children's Health Plan website at **http://www.texaschildrenshealthplan.org/for-providers/resources/downloadable-forms**

Visit www.TheCheckup.org for more articles like these.

For provider manuals, pharmacy directories, and other resources, visit www.TexasChildrensHealthPlan.org/for-providers/provider-resources

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