Care Coordination Monthly Webinar

February 26, 2020

Agenda

1. Introductions (2:00-2:05)
2. Special Needs Children (2:05-2:30)
3. Hypertension(2:30-2:50)
4. HEDIS (2:50-2:55)
5. Questions (2:55-3:00)

CountyCare HEALTH PLAN

Special Needs Children

David F Soglin, MD | Chief Medical Officer
Lucy Mayhugh | Executive Director, Outpatient Services
La Rabida Children's Hospital

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Topics for today

1. La Rabida Children's Hospital
   a. Who we are
   b. What we do
   c. Services we offer
2. Who is included in the Special Needs Children (SNC) Population?
3. Early Intervention
4. IEPs and 504s
5. Care Coordination Considerations for SNC

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About La Rabida

- A "specialty" children's hospital/outpatient clinic
  - Over 125 years of caring for kids
- The "Ultimate" safety net
  - Most Medicaid-dependent hospital in Illinois
  - 91% Medicaid Fee For Service/ Managed Care
  - Care regardless of ability to pay
- A broad array of services
- A hybrid model – "one size does not fit all"

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Outpatient Services

- Patient Centered Medical Home –
  - Comprehensive clinical care team approach to the management and monitoring of patients' well-child care, including screenings, vaccines
  - Treatment and management both acute and chronic healthcare needs
  - Coordination of care, both within and outside of La Rabida, via the clinical team
- Our Medical Home
  - >3,000 children with special healthcare needs
  - Offering 1-stop shopping
  - NCQA – Level 3
  - Rationale
    - Complexity
    - Access to supportive services
    - Care coordination
    - Multidisciplinary

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Outpatient Clinical Programs

- Specialty Care
  - Including programs for children with sickle cell disease, diabetes, cerebral palsy, Down syndrome, asthma
- Support/wrap-around services
  - Nurse specialists/educators
  - Social workers
  - Nutritionists
  - Respiratory care professionals
  - Developmental and rehab therapists
  - Behavioral health specialists
  - Case managers/care coordinators
- Specialized PCMH programs for young children (Premier Kids), Technology Dependent Children, children with sickle cell disease

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Outpatient Services

- Access to ongoing support
  - Behavioral Health
    - Including trauma services
  - PT, OT, Speech and Developmental services
    - Feeding clinic, equipment clinics and access to equipment, serial casting
  - Other, unique services
    - Specialized car seats, after-school tutoring, school/IEP assistance, work with utilities, access to food, day care, Lyft/transportation, retail pharmacy, safe locations, special equipment fund, transition to adult care (Ascend & Launch)

Other Services/Activities

- Other efforts
  - Directing children who appear to us urgently back to their own PCPs
  - Early Intervention (CFC 10)
  - Trauma services
  - Behavioral health screenings for DCFS
  - Trauma training in the community

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SNC Transition

- Who is included in the SNC population?

Category	Effective 2/1/20
HealthChoice IL	
1. eligible for Supplemental Security Income (SSI) under Title XVI	HealthChoice Illinois managed care health plan, choice or auto--assignment
2. otherwise qualify as disabled	
3. receive Title V care coordination services through the University of Illinois at Chicago's Division of Specialized Care for Children* (DSCC) also known as the CORE Program	

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SSI Program Criteria

- In order to qualify/obtain Social Security Income (SSI):
  - A child may be eligible for SSI disability benefits beginning as early as the date of birth; there is no minimum age requirement.
- Children under age 18 may be considered “disabled” if they have a medically determinable physical or mental impairment, (including an emotional or learning problem) that:
  - Results marked and severe functional limitations; and
  - Can be expected to result in death; or
  - Has lasted or can be expected to last for a continuous period of not less than 12 months.
- Income determination less than $780/month, annually assessed
- Re-evaluation of disability may occur every 3-5 years

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Identification of Other Disabled Children in Medicaid

- Medicaid has identified other disabled children by using the following criteria:
  - Families apply for benefits through the Illinois Department of Human Services
  - Case may be flagged as receiving SSI
  - With or without SSI, if disability determined by Social Security Administration (SSA), Category of Assistance (COA) codes 02, 03, 92,93 are used

Examples of Special Needs Children

- Cerebral palsy and other neuromuscular disorders
- Genetic disorders
- Sickle Cell
- Developmental disabilities including
  - Down Syndrome
  - Mental Retardation
- Autism
- Anxiety, Depression, other BH diagnoses
  - children with frequent hospitalizations or involved with SASS frequently
- Low Birthweight/NICU Grads/Drug Exposed

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Early Intervention (EI)-What is it?

- Early intervention is authorized by law and is available in every state and territory of the United States. Part C of IDEA, the Individuals with Disabilities Act, requires it.
- Early intervention is a system of services that helps babies and toddlers with developmental delays or disabilities. Early intervention focuses on helping eligible babies and toddlers learn the basic and brand-new skills that typically develop during the first three years of life, such as:
  - physical (reaching, rolling, crawling, and walking)
  - cognitive (thinking, learning, solving problems)
  - communication (talking, listening, understanding)
  - social/emotional (playing, feeling secure and happy)
  - self-help (eating, dressing)

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EI Eligibility

- Eligibility is determined by evaluating the child (with parents' consent) to see if the child does, in fact, have a delay in development or a disability. Eligible children can receive early intervention services from birth through the third birthday.
- A referral for evaluation can be obtained from the child's pediatrician if a developmental delay is suspected or the parent can contact a local community early intervention program and request an evaluation.

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EI Evaluation Process

- Evaluation is conducted by a group of qualified people who know about children's speech and language skills, physical abilities, hearing and vision, and other important areas of development. Group members may evaluate the child together or individually.
- The team will observe the child, ask him/her to do things, talk to the parent and the child, and use other methods to gather information. These procedures will help the team find out how the child functions in the five areas of development.

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When to Refer a Child

- Following a Developmental Screen that notes concern
- Physician notes concern about development
- Parent/Guardian is concerned that the child is not talking, listening, walking, interacting, etc.
- Child has a medical diagnosis that impacts development (e.g. prematurity, Down syndrome, hearing impairment, etc.)

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EI Services

- Assistive Technology
- Audiology
- Developmental Therapy
- Family Training and Counseling
- Medical Diagnostic services
- Occupational Therapy
- Physical Therapy
- Psychological services
- Nutrition
- Speech and Language Therapy
- Service coordination
- Social Work
- Transportation
- Vision services

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504 and IEP Plans

- Often times, children present with chronic biopsychosocial issues that require special planning and implementation in the classroom to meet their individual needs
- Plans developed to meet these special needs in the classroom environment are a 504 Plan and/or a IEP Plan.
  - 504 Plans are covered under Section 504 of the Rehabilitation Act and is a civil right. 504 Plans are <u>not</u> part of special education, that is an IEP Plan.
  - IEPs (Individuals with Disabilities Act) are plans covered by federal funds to guarantee special education and related services for children with disabilities that would impede learning, ages 3-21.
- End goal of both programs is to help students thrive and succeed in school.

Examples

504

- A student must meet one of the following criteria: Have a mental or physical limitation or handicap that significantly impacts one or more essential life activities, like learning, concentration, walking, social interactions, breathing and diet.
- Types of Disabilities that qualify a child for a 504
  - Blindness
  - Chronic illness such as diabetes, epilepsy or an allergy
  - Poor hearing
  - Heart disease

IEP

- A child who has difficulty learning and functioning and has been identified as a special needs student is the perfect candidate for an IEP. Kids struggling in school may qualify for support services, allowing them to be taught in a special way, for reasons such as:
  - Learning disabilities
  - ADHD
  - Emotional disabilities
  - Autism
  - Speech/Language impairment
  - Physical impairment
  - Developmental delays

Social Work Support w/504 & IEP

- Social work and care coordination support is provided in both 504 and IEP Plans
  - Assessment of student through observation, interview, evaluation and parental input
  - Advocacy for students and parents
  - Crisis management
  - Individual, group and school-wide interventions
  - Individualized case management
  - Provision of emotional and behavioral support
  - Information and referral
  - Identification of barriers to academic success
  - Collaboration/consultation with schools, community agencies and other professionals

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Care Coordination Tips for SNC

- The child is dependent on the family both for care and to get to appointments, so you are not care coordinating a child – you are care **coordinating the family**.
- **Primary care physicians** are critical to coordinating and managing complex and diverse specialist recommendations.
- This population may not be familiar with the PCP concept as their specialist may have been acting as a PCP. **Patience and education** with the family is needed.
- Multiple **specialty appointments** are common and difficult for families to navigate.
- The PCP and Care Managers/Care Coordinators are really the core for **synchronizing the care** of the SNC child and helping the families navigate the healthcare system and their medical benefits.

Care Coordination Tips for SNC

- Care coordination for the SNC population can also include:
  - Conducting follow up on behalf of family regarding any **home care services** the child may receive
  - Assisting with obtaining various **medical equipment** (braces, wheelchairs, communication devices, etc.)
  - Referrals to **Community Resources** for aid with housing, food, transportation, etc.
  - Advocating for the child at **school meetings**
  - **Educating** the family

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Questions? Or Comments!

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Managing Hypertension

Luenetta D. Jackson, Pharm.D., MBA
Director of Pharmacy Services
County Care Health Plan

Goals of Hypertension Management

- Reduce blood pressure
- Reduce overall cardiovascular risk
- Prevent end-organ damage
- Reduce incidence of fatal stroke,
- myocardial infarction (MI), heart failure

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Introduction

- Hypertension higher than normal blood pressure
- Blood pressure quantification of the force of blood resulting from the beating heart, relative to the resistance offered by the vascular system
- Systolic blood pressure (SBP) peak pressure associated with the heart's contractions
- Diastolic blood pressure (DBP) resting pressure measured between heartbeats

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Types of Hypertension

- **Primary Hypertension:** a.k.a. essential hypertension, no obvious cause
- **Secondary Hypertension:** conditions that impact kidney health, arteries, heart or the endocrine system, pregnancy
- **Hypertensive Emergency:** (DBP> 120mmhg) plus signs of end organ damage (brain, kidneys, and cardiovascular system.
  - Typically treated in ICU, BP should be gradually reduced.
  - Medications: Nipride, labetalol
- **Gestational Hypertension:** primary objective is prevention of placental abruption or fetal growth restriction
  - Medications: methyldopa, nifedipine, hydralazine, labetalol

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Prevalence of Hypertension

- Affects one in 3 adults or 75 million Americans
- More men affected under age 45.
- More women affected over age 65
- Race and ethnicity appear to be predictors of hypertension
- 1 in 5 with HTN not properly diagnosed, 7 out of 10 used meds to treat HTN

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Stages of Systolic/Diastolic Pressure

2017 ACC and AHA

Stage	Systolic pressure (mmHg)	Diastolic pressure (mmHg)
Elevated	120-129	<80
Stage 1	130-139	80-89
Stage 2	≥140	≥90
Hypertensive Crisis	>180	> 120

Non-Pharmacologic Treatment of Hypertension

- Lifestyle changes: weight reduction, regular exercise, reduce psychological stress, smoking cessation

- DASH Diet (Dietary Approaches to Stop Hypertension)
  - Increase intake of potassium, calcium, magnesium
  - Sodium restriction, alcohol moderation, stress reduction, smoking cessation
  - Sodium less than 1.5 gm/day if hypertensive, or less than 2.3 gm/day health adults

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Pharmacologic Treatment Options

- **Angiotensin-Converting Enzyme Inhibitors (ACE1)**- prevent formation of angiotensin II relax blood vessels, prevent narrowing blood vessels & releasing hormones that raise blood pressure
- **Angiotensin Receptor Blockers (ARBS)**- block the binding of angiotensin II to muscles on blood vessels, blood vessels enlarge (dilate) and BP reduce
- **Diuretics**-initially lower BP by depleting sodium & reducing blood volume and cardiac output
- **Beta Blockers-**block epinephrine, which results in reduction of cardiac contractility (both rate and force)
- **Calcium Channel Blockers**-reduce peripheral vascular resistance, inhibit calcium influx into arterial smooth muscle
- **Alpha blockers** –lower blood pressure by keeping the hormone norepinephrine from tightening the muscles in the walls of smaller arteries and veins as a result vessels remain open and relaxed. Blood flow improved
- **Alpha agonists-** cause vasodilation through the stimulation of the central brainstem, resulting in the reduction of blood pressure
- **Renin** Block the activity of renin and cause vasodilation. Renin is an enzyme that converts angiotensinogen to angiotensin I which is then converted to angiotensin II by angiotensin converting enzyme.

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ACE Inhibitors (angiotensin-converting enzyme inhibitors)

- Blood Pressure = Cardiac Output x Peripheral Vascular Resistance
- Benazepril Lotensin
- Captopril Capoten
- enalapril Vasotec
- lisinopril Zesrtril
- quinapril Accupril
- ramipril Altace
- trandolapril Mavik
- Forsinopril Monopril
- Side effects: dry cough, hyperkalemia, fatigue, angioedema
- Warning: not to be used in pregnancy or planning to become pregnant

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Angiotensin II Receptor Blockers (ARBs)

- More precise mechanism than ACEI- preventing angiotensin II from having its effect causing blood vessel constriction and facilitating blood vessel dilation and decreasing blood pressure.
- Candesartan; Atacand
- Irbesartan: Avapo
- Losartan: Cozaar
- Telmisartan: Micardis
- Valsartan: Diovan
- Side effects: orthostatic hypotension, angioedema, fatigue headache, dizziness,hyperkalemia
- Drug interactions, may increase lithium toxicity, fluctuating in digoxin levels

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Diuretics increase urine flow

- **Mechanism of Action:** increase urine flow
- **Thiazides**: Hydrochlorothiazide- block sodium/chloride transport in renal distal convoluted tubule- hypertension, mild heart failure
  - Side effects
- **Loop diuretics**: Furosemide- block sodium/potassium/chloride in renal loop of Henle-severe hypertension, heart failure
- **Spironolactone**: Block aldosterone receptor in renal collecting tubule, heart failure, hypertension
- **Side effects**: thiazides, hypokalemia, magnesium depletion, impaired glucose tolerance, increased serum lipids
- **Spironolactone, gynecomastia**

Beta Blockers

- Beta blockers lower the heart rate, the amount of blood the heart pumps out and decreases the force of the heartbeat
- Tenormin (atenolol)
- Lopressor, Toprol (metoprolol)
- Coreg (carvedilol)
- Corgard (nadolol)
- Inderal (propranolol)
- Side Effects: trouble breathing, dizziness, wheezing, cold hands and feet, insomnia

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Calcium Channel Blockers (CCBs)

- Reduce peripheral vascular resistance and BP by inhibiting calcium influx into arterial smooth muscle cells.
- Norvasc (amlodipine)
- Cardizem, Dilacor, Tiazac (diltiazem)
- Procardia (nifedipine)
- Calan, (verapamil)
- Diltiazem & verapamil slow the heart rate and affect the pumping action of the heart.
- Reduce mortality after heart failure
- Side Effects: slow heart rate, ankle welling, constipation, diarrhea, dizziness, flushing.

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Alpha blockers

Reduce the effect of the hormone norepinephrine,

First dose effect: orthostatic hypotension and pronounced low blood pressure and dizziness at the outset

Relax smooth muscles of small blood vessels, allowing them to remain relaxed and

Less restrictive to blood flow.

Generally used as second-line agents in cases of difficult to control hypertension.

doxazosin Cardura®

prazosin Minipress

terazosin Hytrin

Side effects: headache, pounding heart, dizziness, weakness and weight gain

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Alpha agonists

Vasodilation through stimulation of central brain stem

Clonidine Catapres®

Side effects: potentiates the CNS depressive impact of alcohol or other sedating drugs, additive cardiac effects

Including AV block and bradycardia

Methyldopa Aldomet®

Side effects: sedation, fatigue, dizziness impotence, constipation bradycardia, dry mouth, fever and headache

Methyldopa longest safety record in pregnant women, agent of choice, compatible with breastfeeding

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RENIN Inhibitors

- Novel approach to treating hypertension through direct inhibition of renin's catalytic activity
- More complete blockade of this system than any other modality
- Lowers blood pressure in people with mild to moderate high blood pressure
- Aliskerin Tekturna®
- Side effects: cough dizziness, headache, diarrhea, trouble breathing, Call 911 if trouble breathing, hives
- swelling of face, lips, tongue or throat

Combination Hypertension Treatments

- **Preferred Combination**
  - ACEI + thiazide
  - ACEI + dihydropyridine CCB (verapamil, amlodipine)
  - ARB + thiazide
  - ARB + dihydropyridine CCB
- **Acceptable Combination**
  - CCB + thiazide
  - Thiazide +K+sparing (spironolactone)
  - Beta Blocker + diuretic or verapamil, amlodipine

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Medication Adherence

- Medications do not work if they are not taken and used correctly
- Review medication refill records
- Medication Possession Ration (MPR)

- MPR = $\frac{\text{Sum of days supply for all fills in period}}{\text{Number of days in period}}$ x 100%

MPR of 80% or greater considered Adherent

Role of Care Coordination in Managing Hypertension

- Educate members on stages of blood pressure
- Discuss treatment options (medication and lifestyle)
- Medication management
- Coordination with PCP and Specialist
- Referrals to community resources (smoking cessation, exercise, nutrition services)

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- American Academy of Family Physicians.JNC8 Guidelines for Management of Hypertension in Adults. 2014/1001 p.503
- American College of Cardiology. New ACC/AHA High Blood Pressure Guidelines Lower Definition Hypertension. 2017.
- Centers for Disease Control and Prevention.2016. High Blood Pressure Facts
- Carretero, O.A. & Oparil, S. 2000. Essential Hypertension Part 1: Definition and Etiology.Circulation. 101:329-335.
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Questions?

Thank You

HEDIS Spotlight
Antidepressant Medication Management (AMM)

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Spotlight HEDIS Measure: AMM

Antidepressant Medication Management

- The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported:
  - **Effective Acute Phase Treatment:** The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
  - **Effective Continuation Phase Treatment:** The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

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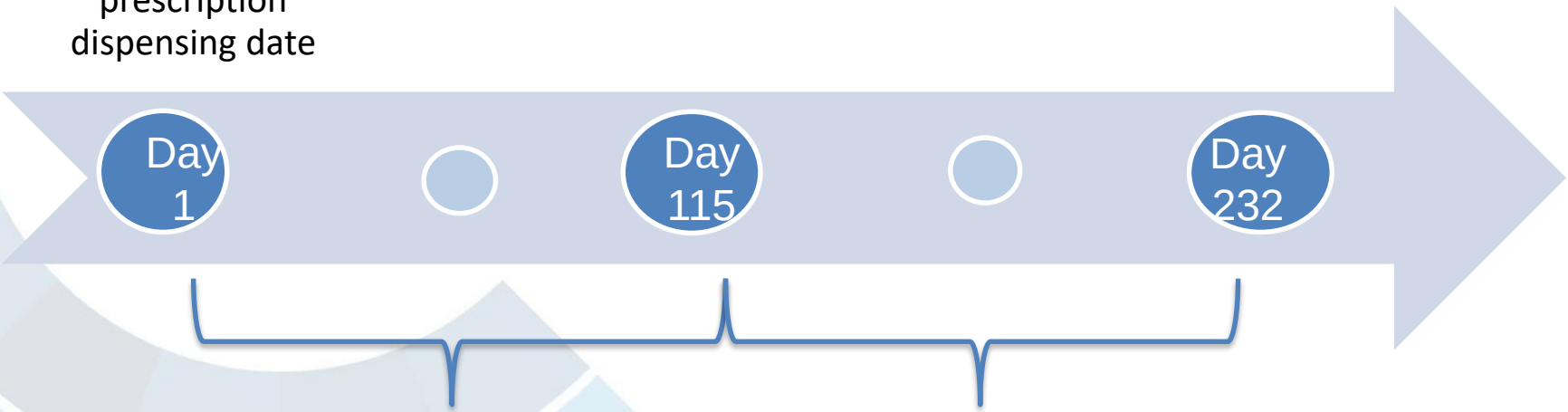
AMM Timeline

Antidepressant Medication Management

Index Prescription Start Date

Earliest prescription dispensing date



Acute Phase Treatment

At least 84 days of treatment

Allows gaps in treatment up to a total of 31 days

Continuation Phase Treatment

At least 180 days of treatment

Allows gaps in treatment up to a total of 52 days

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CountyCare AMM HEDIS Performance

Antidepressant Medication Management

AMM	HY2020/CY2019 Rate*	Percentile			
		50th	60th	75th	80th
Acute	52.5%	51.7%	53.9%	57.8%	59.6%
Continuation	33.7%	36.4%	38.1%	42.3%	43.5%

*Claims and eligibility data through 09/30/2019

- **MY2020 GOAL:** 80th percentile

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How can care coordinators help?
Antidepressant Medication Management

- Inform member that most antidepressants take 1-6 weeks to work before they will start to feel better
- Encourage member to talk about possible side effects with their provider and have a plan of what to do if they have a crisis or thoughts of self-harm
- Remind member about the importance of continuing medication and scheduling follow-up visits, even if they feel better
  - Most people treated for depression need to be on medication for at least 6-12 months after adequate response to symptoms
  - Discontinuing early is associated with a higher rate of recurrence of depression
- Coordinate care between member's behavioral health providers and medical providers
- Link members to community support resources

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Care Coordinator Spotlight

Keturah Pryor at Friend Family Health Center

I've been in this department for almost three years and there has NEVER been a day where Keturah wouldn't greet her coworkers and patients with a **warm and welcoming smile**. Her **work ethic, consistency and accuracy** stands in a league of its own. Keturah's **can-do attitude and optimistic spirit** is such a delight to have around the office space. Daily, she goes **above and beyond** what is asked of her. Keturah's **knowledge of Care Coordination and skillset** has truly helped me along the way. It is such a pleasure having her around!

Please email maeve.dixon@cookcountyhhs.org to nominate a care coordinator!

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QUESTIONS

THANK YOU!

The next webinar will be held on **Wednesday, March 25th**, 2020 from 2:00-3:00pm

Topics: Oral Health, Better Birth Outcomes and Family Case Management

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