

Bassett Community Health Navigation Network News

What's Happening?

Trainings:

40 training hours are required annually for all care managers. Please be sure to send in all training certificates to Bridget to receive credit for the annual training requirement

There will be a Refresh training on September 22nd from 9am to 12pm. Registration is required;

<https://events.teams.microsoft.com/event/80e576ab-706d-43c9-bcb6-d1dd1b7156b5@71533e4c-2518-4d48-b4f0-9507733edf1b?source=copyLinkLegacyShareLinkDialog>

Aids institute continues to offer a variety of training. You must have an account on www.hivtrainingny.org to register for the modules. When sending training certificates be sure to indicate the number of hours for each course.

Announcements:

NetSmart Updates-

Continuity of Care auto task was recently rolled out. Please contact the health home if there are any issues with this new task.

Quality Measures Spotlight

The following measures were quality outcomes from the recent designation:

Eye Exam for Patients with Diabetes

According to NCQA” The percentage of persons 18–75 years of age with diabetes (type 1 or type 2) who had a retinal eye exam.

Left unmanaged, diabetes can lead to serious health conditions, including vision loss and blindness ⁽¹⁾. Regular eye exams are the best way to reduce the risk of blindness and maintain a healthy and productive life.

Diabetic retinopathy is progressive damage to the small blood vessels in the retina that may result in loss of vision. It is the leading cause of blindness in adults between 20 and 74 years of age. Approximately 4.1 million adults are affected by diabetic retinopathy. Early diagnosis and treatment of diabetic retinopathy helps reduce the risk of vision loss ⁽³⁾. Adults with type 1 diabetes should have an initial dilated and comprehensive eye examination by an ophthalmologist or optometrist within 5 years after the onset of diabetes ⁽⁴⁾. Adults with type 2 diabetes should have an initial dilated and comprehensive eye examination by an ophthalmologist or optometrist at the time of the diabetes diagnosis. If there is no evidence of retinopathy for one or more annual eye exams and glycemic indicators are within the goal range, then screening every 1–2 years may be considered. If any level of diabetic retinopathy is present, subsequent dilated retinal examinations should be repeated at least annually by an ophthalmologist or optometrist. If retinopathy is progressing or sight-threatening, then examinations will be required more frequently.”

Follow up after Emergency Department Visit for Alcohol and Other Drug Dependence- 7 days

Follow up after Emergency Department Visit for Alcohol and Other Drug Dependence- 30 days

According to NCQA “The percentage of emergency department (ED) visits among persons age 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up. Two rates are reported:

1. The percentage of ED visits for which the person received follow-up within 30 days of the ED visit (31 total days).
2. The percentage of ED visits for which the person received follow-up within 7 days of the ED visit (8 total days).

SUDs are a prevalent and serious public health issue and, if left untreated, can lead to damaging effects on an individual’s health, finances and overall well-being. In 2019, 20.4 million individuals in the U.S. 12 or older (i.e., approximately 7.4% of the population) reported having an SUD within the past year ⁽¹⁾.

The use of ED services among the SUD or drug misuse population is common, where 1 in 8 ED visits in the U.S. were found to be related to SUDs and mental health disorders

in 2007 ⁽²⁾. Utilization of ED services for substance use is growing among certain subpopulations, particularly individuals aged 18 to 34, as the Centers for Disease Control and Prevention (CDC) reports that the rate of ED visits for a primary diagnosis or primary complaint of SUD increased from 45.4 to 77.0 visits per 10,000 individuals between 2008 and 2016 ⁽³⁾. In addition to visits for an SUD diagnosis, ED visits attributed to drug overdose are also prevalent. National surveillance data reveals that approximately 75% (435,983) of all ED visits for drug-related poisonings in the U.S., excluding alcohol, were due to nonfatal drug overdoses of unintentional or undetermined intent in 2016 (age-adjusted rate of 137.2 visits per 100,000 population) ⁽⁴⁾.

The ED is uniquely positioned to improve care for patients with SUD and prevent overdose death because this care setting is the primary provider of acute illness stabilization, timely diagnosis and links to appropriate follow-up care ⁽⁵⁾. Individuals who are seen in the ED due to substance misuse are at high-risk of subsequent adverse events, especially within the year following their ED visit ^(6,7,8). This measure focuses on ensuring care coordination for members who are discharged from the ED following high-risk substance use events, since those individuals may be particularly vulnerable to losing contact with the health care system.

* Adapted from an NCQA measure with financial support from the Office of the Assistant Secretary for Planning and Evaluation (ASPE) under Prime Contract No. HHSP23320100019WI/HHSP23337001T, in which NCQA was a subcontractor to Mathematica. Additional financial support was provided by the Substance Abuse and Mental Health Services Administration (SAMHSA)."

Follow up after Hospitalization for Mental Illness-7 days

Follow up after Hospitalization for Mental Illness-30 days

According to NCQA "The percentage of discharges for persons 6 years of age and older who were hospitalized for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service. Two rates are reported:

1. The percentage of discharges for which the person received follow-up within 30 days after discharge.
2. The percentage of discharges for which the person received follow-up within 7 days after discharge.

Mental health disorders are common in the U.S; an estimated 1 in 5 adults live with a mental illness, which translates to about 57.8 million people. Recent research estimates that 1 in 6 children experience a mental health disorder each year ^(1,2).

Ensuring coordination of care for individuals leaving the inpatient setting is critical. Individuals discharged from these settings may face health risks, including potential medication non-compliance, social isolation, substance use, suicidal ideation or self-harm, as well as financial or practical challenges, such as stable housing ^(3,4,5). Follow-up services can act as a critical link between the inpatient setting and transition into the community, ensuring coordination of care and ongoing support. During follow-up, providers have the opportunity to evaluate progress, address emerging symptoms and concerns, and adjust the treatment plan as needed. Early interventions and proactive management of potential challenges can reduce risk of readmission and promote sustained well-being. Additionally, studies have shown that timely follow-up after psychiatric hospitalization can increase the likelihood of adherence to medication and outpatient treatment, and reduce risk of suicide ^(4,5,6) .”

Adherence to Antipsychotic Medication for Individuals with Schizophrenia

According to NCQA “The percentage of persons 18 years of age and older during the measurement period, with schizophrenia or schizoaffective disorder, who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Nonadherence to treatment with antipsychotics is common among people with schizophrenia or schizoaffective disorder and medication nonadherence is a significant cause of relapse ^(1,3).

Patients with schizophrenia require the long-term use of medication to manage symptoms and to improve psychosocial functioning ⁽²⁾. Medication adherence is necessary to improve symptoms and relapse. Non-adherence increases risk of re-hospitalization, emergency psychiatric treatment, functional decline and death. Medication non-adherence rates for schizophrenic patients ranges between 56%-60%.

Measuring antipsychotic medication adherence may encourage efforts aimed at reducing medication nonadherence and, in turn, lead to lower relapse rates and fewer hospitalizations. This may help close the gap in care between people with schizophrenia or schizoaffective disorder and the general population.”

Statin Therapy for Patients with Cardiovascular Disease: Received Statin Therapy

According to NCQA “This measure assesses the percentage of males 21–75 years of age and females 40–75 years of age who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. The following rates are reported:

1. Received Statin Therapy. Members who were dispensed at least one high- or moderate-intensity statin medication.
2. Statin Adherence 80%. Members who remained on a high- or moderate-intensity statin medication for at least 80% of the treatment period.

Cardiovascular disease is the leading cause of death in the United States. More than 121 million American adults have one or more types of cardiovascular disease and it is estimated that, by 2035, more than 45% of Americans will have a form of cardiovascular disease.¹ In 2014–2015, the total cost of cardiovascular disease in the United States was estimated to be \$351B. This total includes direct costs, such as the cost of physicians and other health professionals, hospital services, prescribed medications and home health care, as well as indirect costs due to loss of productivity from premature mortality.²

The number of interventions to address cardiovascular disease is increasing: From 2000–2010, inpatient cardiovascular operations and procedures increased by 28%, from 5,939,000 to 7,588,000.³ By 2035, total medical costs for cardiovascular disease are projected to increase to \$1 trillion.

Statins are a class of drugs that lower blood cholesterol. Statins work in the liver by preventing the formation of cholesterol, thus lowering the amount of cholesterol in the blood.⁴ Statins are most effective in lowering low-density lipoprotein cholesterol (LDL-C). The degree of cholesterol-lowering effect is based on statin intensity, which is classified as either high, moderate or low.

Statins are among the most commonly prescribed medications in the United States. A study of noninstitutionalized adults over 40 years of age estimated that there were 818 million prescriptions for statins, amounting to \$10B in costs and \$3.1B in out-of-pocket expenditures in 2019.⁵ According to recent blood cholesterol treatment guidelines from the American College of Cardiology and American Heart Association (ACC/AHA),

statins of moderate or high intensity are recommended for adults with established clinical ASCVD. Many studies support the use of statins to reduce ASCVD events in primary and secondary prevention.

One meta-analysis of data from 170,000 patients in 26 randomized controlled trials found that intensive statin therapy reduces major vascular events by 15%.⁶ The study also found a 13% reduction in coronary death or nonfatal myocardial infarction, a 19% reduction in coronary revascularization and a 16% reduction in ischemic stroke.⁶ Similarly, a more recent meta-analysis found that statin therapy or a more intensive statin regimen was associated with a 21% proportional reduction in major vascular events per 1.0 unit (mmol/L) reduction in LDL-C.⁷

Another systematic review and meta-analysis estimates that long term statin therapy reduces the risk for ASCVD events by 25%–45%.⁸

Statin Therapy for Patients with Diabetes: Received Statin Therapy

According to NCQA “This measure assesses the percentage of members 40–75 years of age with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported:

1. *Received Statin Therapy*. Members who were dispensed at least one statin medication of any intensity.
2. *Statin Adherence 80%*. Members who remained on a statin medication of any intensity for at least 80% of the treatment period.

Diabetes is a complex group of diseases marked by high blood sugar due to the body's inability to make or use insulin. Diabetes can lead to serious complications.¹ Thirty-eight million (11.6%) Americans had diabetes in 2021, and 1.2 million adults were newly diagnosed with diabetes.² Patients with diabetes have elevated cardiovascular risk due in part to elevations in unhealthy cholesterol levels. Having unhealthy cholesterol levels places patients at a significant risk for developing ASCVD.³

Primary prevention for cardiovascular disease is an important aspect of diabetes management. The risk of an adult with diabetes developing cardiovascular disease is two times higher than that of an adult without diabetes.⁴ In addition to being at a higher risk for developing cardiovascular disease, patients with diabetes tend to have worse survival after the onset of cardiovascular disease.⁵ The CDC estimates that adults with

diabetes are 1.7 times more likely to die from cardiovascular disease than adults without diabetes.¹

Numerous studies have demonstrated the efficacy of statins in reducing cardiovascular risk. The use of statins for primary prevention of cardiovascular disease in patients with diabetes, based on their age and other risk factors, is recommended by guidelines from the American Diabetes Association (ADA) and the American College of Cardiology/American Heart Association (ACC/AHA). Cholesterol lowering medications, such as statins, are among the most commonly prescribed drugs in America, accumulating \$17B in sales in 2012. In the United States, 22% of adults (45 and older) take statins.¹ Evidence shows statin use decreases cardiovascular mortality in patients with established cardiovascular disease, and total mortality rates. Primary and secondary prevention trial data strongly support starting lipid-lowering therapy with a statin in most patients with type 2 diabetes.⁶

Viral Load Suppression for HIV+ members

More information on this measure can be found on the NYS DOH website-
“https://www.health.ny.gov/health_care/medicaid/redesign/vbp/quality_measures/2025/hiv-aids_qms.htm”

Be sure to note all completed screenings in the GAPS in Care section of NetSmart.

Resources

Fidelis has shared the following resources with the health home;

Cervical Cancer: Your Questions Answered | Fidelis Care

Cervical cancer occurs when unusual cells in the cervix — the lower part of the uterus, or the womb — grow out of control. Most cases are linked to infection caused by the human papillomavirus (HPV).

Colorectal Cancer

Colorectal cancer occurs when a polyp (growth) in the inner lining of the colon (large intestine) or rectum becomes abnormal and develops into cancer. Early detection and removal of colorectal polyps can decrease the risk of developing cancer. Remember,

regular preventive screenings can help detect cancer at its earliest stages, giving patients the best chance for successful treatment.

Find A Doctor

<https://www.fideliscare.org/find-a-doctor/#/search>

Use our 'Find-A-Doctor' Tool to find a local physician in New York who fits your personal plan! For members and prospective members interested in NY Health Insurance plans.

Questions or concerns regarding members with Fidelis insurance can be answered at the following; SMHealthHomeInquiry@fideliscare.org

Telehealth Mental Health Services:

[Brave Health - Brave Health](#)

[Behavioral Health IOP for Kids, Teens & Adults | Charlie Health](#)

Other Updates