



### **Connect to Mission**

### **One Health Operations**

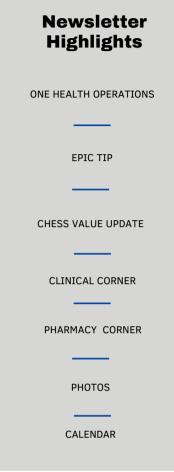
Our second One Health Pillar is Operations. Having smooth business services is critical to our success as a healthcare organization. Sometimes Operations feel bigger than each of us. But, we all play a pivotal role for our patients and One Health. From phone answering, patient registration, triage, health maintenance and care gap closure, refills, direct patient care, immunizations or referral management, these are vital services for our patients and must be effective and high quality.

As we continue in our Value Based Care journey, we need to have efficient and cost-effective services. In addition, we need to provide the highest quality services. If you feel that a process could be improved, please reach out to your leadership team. The One Health Leadership team continues work on your behalf to coordinate with our strategic partners, like Atrium Health and CHESS. Whether it is improving the EMR, increasing wrap around services at the clinic level, or improving benefits and payrolls services, One Health will continue to strive for top decile Operations.

Thank you to everyone for all that each of you do each and everyday to care for our patients.











If you have any Connect to Mission stories, articles, or photos that you would like to include in the One Health newsletter, please reach out to Dr. Jim Schaffer. Thank you!

### AH EPIC Tips and Tricks -Referrals to Nutrition & Diabetes Education

The process or referrals to AH Diabetes Education and Nutrition can be confusing. We would like to simplify this for you. Here are the steps needed for referring patients to outpatient diabetes education and nutrition consultations, regardless of whether the patient is a diabetic:

#### AH Diabetes Education and Medical Nutrition Therapy referrals:



- o Choose the appropriate type of training:
- o Like INITIAL DSME training or MNT: yes, max 3 hours
- o It patient is a diabetic, please mark both the DSME and the MNT boxes.
- o If you are an APP placing the order you must include an authorizing supervising physician under "authorized provider" see below.

o Use "Comment" field for any individual needs of patient such as calorie counting, weight loss, or a specific education for disease process. You can also specify Jen Gartland here too.

# For Diabetes and MNT Referrals – Ambulatory referral to Diabetes Education with use of the DSME form

Ambulatory referral	to Diabetes Education			
Class: Int	amai Rat P	For APP's: Choosing a supervising physician		
	Ovenide			
	dept p	O <u>D</u> x Association		
To	dept speci Diabetes Services D	1 Outpatient		
	provider: D Q	Ambulatory referral to Diabetic Education		
Pric	only Routine P Routine Urgent Elective	o ■ Internal Referral, Routine, Diabetes Services		
Type of training	Initial DSME Training DSME Follow-Up Insulin Pump Assessment Insulin Pump Training			
services requeited?	Personal Continuous Glucose Monioring (COM) Training	Click Options in right upper corner.Choose provider		
	Professional Continuous Glucose Monitoring (CGM) insertion/temoval New injectable Medication Training			
	Gestational Giabetes 🖌 MNT - Medical Nutrition Therapy	Providers		
Please indicate any	barriers to group learning that necessitate individual follow up for DSME (select all that apply)	Ordering Information		
	Impaired vision Impaired hearing Impaired mobility Cognitive impairment/learning disability	Order mode		
	Language barrier Additional insulin training No group session within 2 months of order Other	Standard		
All 9 DSME content be covered	10 NB 10	Ordering provider		
Please select spec	offic DSME contant to be covered	SHAW, CATHERINE MCCALLEY		
	Olabetes as a disease process Violation management OPhysical activity Medication use Monitoring	SHAW, CATHERINE MCCALLEY		
	Preventing, detecting, and treating acute complications Preventing, detecting, and treating chronic complications	Authorizing Providers		
	Psychosocial issues and concerns Goal setting and problem solving	For procedures		
Does patient need MNT2	No No	SCHAFFER, JAMES W		
MNT Service	Max of 3 hours initial year or patient's insurance and/or patient's needs	For medications		
Requested	Max of 2 hours after initial year or per patient's insurance and/or patient's needs	SCHAFFER, JAMES W		
Status N	iomal Standing Future	Cosigners		
		For procedures		
D	pected Date Today Tomorrow 1 Week 2 Weeks 1 Months 6 Months Approx.	SCHAFFER, JAMES		
D	pies: 4/04/2023 🗇 1 Month 2 Months 3 Months 4 Months 6 Months 1 Year 18 Months	For medications		
Show Additional Orde	AND COMPENT			
O gent Required	✓ docept × Serve	Encounter Supervision		
		Type of supervision		
	Depine: 4/04/2023 [2] 1 Months 2 Months 3 Months 4 Months 6 Months 1 Year 18 Months	Supervision Required		
Comments.	2 2 1 C 3 2 + Institution 5 4 4 4	Encounter supervisor		
	Please insert one of the following or use other to tell us specifically what you want Personal Meal Ptan	SCHAFFER, JAMES W		
	Advanced Carbohydrate Counting Other- Please specify what you would like for us to education patient on.			
	And a second shares have been upone we up as a period store bench or .			
Sched Insta	P C D D + Inset Seatled	Put supervising provider's name in Authorizing and		
		Cosigners, and encounter supervision fields.		



#### November 1, 2022

# **OH VALUE CORNER**

# **OneHealth** CHESS

# **Coding Corner**

# CHESS

ICD-10-CM FY 2023 Updates

### OCTOBER 2022



### ICD-10-CM Updates

Every year, the World Health Organization (WHO) revises and publishes updates to the ICD-10-CM diagnosis codes. These updates are effective October 1 - September 30.

In addition to the ICD-10-CM updates, the Centers for Medicare and Medicaid Services (CMS) and the National Center of Health Statistics (NCHS) provide updates to the Official Guidelines for Coding and Reporting. The guidelines are also approved by the American Hospital Association (AHA) and the American Health Information Management Association (AHIMA). Adherence to these guidelines when assigning ICD-10-CM diagnosis codes is required under the Health Insurance Portability and Accountability Act (HIPAA).

The updates to the ICD-10-CM codes for FY 2023 include 1.176 new healthcare codes. In addition to the new codes added, the WHO has also deleted 287 diagnosis codes and revised 28. Several of these updates will likely impact Risk Adjustment and HCC diagnosis codes.

ICD-11 is the future and was endorsed by the WHO in 2019 and came into effect in January 2022. However, the U.S. has not currently implemented this code set.

The transition from a fee-forservice to a value-based healthcare model has driven many of these updates. The new reimbursement model is contingent upon the quality of care provided. To accurately reflect and capture the acuity of the patient and care provided, the enfaces is on more complete documentation with greater focus on code specificity.

#### Thorough, detailed

documentation leads to accurate coding, and accurate coding leads to appropriate and timely claims payments. Most importantly, accurate documentation can lead to better, more effective patient care. It can provide more detailed information to other health care providers.



RESOURCES: https://www.cdc.gov/nchs/icd/C omprehensive-Listing-of-ICD-10-CM-Files.htm; https://icd.who.int/en

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ICD-10-CM Summary

Below are several examples of the 1,176 new diagnosis codes for FY 2023.

- (D68) Von Willebrand disease now includes type
- (D75) Thrombocytopenia now includes type
- (E87) Metabolic acidosis defined as acute. chronic, or other
- (F01-F03) Dementia now includes severity and type of behavioral disturbance
- (F10-F19) Alcohol and Drug use includes remission status
- (G90.A) New code for Postural orthostatic tachycardia syndrome [POTS]
- (120.2 & 125.-) New codes for Refractory angina
- (I71) Dissection and Aneurysm now includes location
- (N80) Endometriosis now includes depth. laterality, and location
- (P28) Newborn sleep apnea now includes types
- (Q21) Septal defect new types added
- (T43.6-) New Poisoning, adverse effect etc., by Methamphetamines
- (Z59) New SDoH for transportation, financial insecurity, or material hardship
- (Z79.6-) Long term use of several new substances and agents

"A dash (-) Indicates an Incomplete code"

# **Clinical Corner - Chris Zagar, MD**



SMART Therapy for ASTHMA



In 2020 the U.S. National Asthma Education and Prevention Program (NAEPP) published new guidelines for asthma management in children, adolescents, and adults. This was their first update since 2007 and while the full set of recommendations are too lengthy to cover here, there was a paradigm change in their recommendation for treating moderate and severe persistent asthma.

**Background:** Formoterol is a long-acting beta-agonist (LABA) with a rapid onset of action comparable with albuterol. Use of formoterol in combination with inhaled corticosteroid (ICS) treats both bronchoconstriction and underlying airway inflammation; patients requiring more rescue inhaler use will achieve a greater dose of GCs delivered to the airways to suppress the inflammation. The use of a single ICS-formoterol (Symbicort or Dulera) inhaler as both controller and reliever therapy is known as SMART.

Single Maintenance And Reliever Therapy (SMART): Shown in several studies to reduce the risk of asthma exacerbations by approximately 35% as compared to ICS-LABA plus a separate SABA as a rescue inhaler. SMART therapy is more effective because we are adding additional treatment for inflammation early, as they start to have worsening symptoms, thereby preventing them from having a full-blown exacerbation.

How to prescribe: SMART therapy is indicated for ages 4 and above. Write for Symbicort or Dulera, 1-2 puffs BID for maintenance, and 2 puffs every 4 hours as needed for rescue therapy. Use the lower dose ICS for moderate, and the higher dose for severe persistent asthma. The maximum daily dose is 8 puffs for ages 4-11 and 12 puffs for ages  $\geq 12 \text{ y/o}$ . I have received some questions from the pharmacy about this 'max dosing' so don't be surprised if they call your office to confirm.

**Caveat:** Combination low-dose GC-formoterol as single maintenance and reliever is considered preferred step 3 and step 4 therapy by international guidelines. Interestingly, this approach is not yet approved by the FDA, and insurance coverage varies, which may limit access to this form of therapy.

First alternate options: If SMART is not an option or if a patient's asthma is well controlled on their current regimen of either low-dose GCs plus an LABA or medium-dose GCs with SABA for rescue, it is reasonable to use one of these regimens. References: JAMA, NHLBI and UpToDate

# **Pharmacy Corner - Kira Harris, Pharm D**



#### Finding Affordable Medications

Medications can be expensive for many patients at any time of year. However, October through March can be especially challenging due to the Medicare coverage gap at the year's end and new formularies and high deductibles in the new year. Here are some considerations and resources to help

#### 1. Check Formulary Coverage for patients with insurance

- a. Medicaid: All covered medications are between \$1-3. The up-to-date list can be found at https://medicaid.ncdhhs.gov/preferred-drug-list.
- b. Commercial/Private Insurance and Medicare Provide patient with a list of alternatives therapies and have them call the insurance for coverage.

#### 2. If medication is covered but is still too expensive, consider the following

- Insurance deductible (most common in January) Patients should check the deductible amount with insurance and determine if it is affordable
- b. Use a **copay card or voucher for commercially insured**. They sometimes pay down deductibles. Be sure patient activated the card AND took to the pharmacy.
- c. For Medicare, patient may be in the donut hole or coverage gap. Generally, occurs later in the year. Consider this if the medication has been affordable and is suddenly expensive. Patient assistance programs are available in this situation.

#### For Medicare:

- a. Consider switching Medicare plans to optimize coverage. Open enrollment is open through Dec
   7. Counselors at SHIIP can help advise patients on plans for free.
- If patient is struggling with medications costs, apply for Low Income Subsidy which will lower all medication costs and can remove deductibles

Resource Services Provided/Patient Population		Contact Information	
Needy Meds –	Any medication	www.needymeds.org	
one of the best	One-stop shop for	Helpline: 800-503-6897 (M-F 9-5)	
resources for any	<ul> <li>Patient Assistance Programs</li> </ul>		
patient	<ul> <li>Copay Cards</li> </ul>		
	<ul> <li>Other discount med programs</li> </ul>		
	<ul> <li>Links to program websites, summaries</li> </ul>		
	of patient eligibility criteria		
	<ul> <li>Links to \$4 lists at nearby pharmacies</li> </ul>		
Seniors Health   Medicare Counseling – works with		http://www.ncdoi.com/SHIIP/Default.aspx	
Insurance	patients to optimize Medicare benefits	Call Hotline: 855-408-1212 (M-F 8-5)	
Information	<ul> <li>Can help seniors select the most</li> </ul>		
Program (SHIIP)	appropriate Medicare plan based on	For in-person appointments (ask for SHIIP Hel	
	MD, pharmacy, current medications	MECKLENBURG	FORSYTH COUNTY
		COUNTY	The Shepherd's
		Tyvola Senior Center	Center
		2225 Tyvola Road	1700 Ebert St
		Charlotte NC 28210	Winston Salem NC
		980-314-1320	27103
			336-748-0217

## **Pharmacy Corner - Kira Harris, Pharm D**



MedAssist	<ul> <li>Free Pharmacy Program – provides free medications to those meeting eligibility criteria         <ul> <li>NC residents</li> <li>≤ 300% poverty level</li> <li>No insurance</li> </ul> </li> <li>List of available meds</li> </ul>	The Shepherd's Center of Charlotte 300 Hawthorne Lane Charlotte NC 28204 704-365-1995 <u>www.medassist.org</u> 866-331-1348 (main line) 704-943-9639 (pharmacy) 704-536-9865 (fax) Click <u>here</u> for info on onlin		
Low Income	For Medicare patients meeting income	1-800-772-1213		
Subsidy	Subsidy criteria		https://secure.ssa.gov/i1020/start	
	Lowers copays and deductibles for ALL meds	Apply Here		
Copay Cards	Reduces copays for commercially ensured	Check the manufacturer's website (usually the drug name.com, ie Ozempic.com)		

#### **Blue Premier Patients**

#### End of Year Quality Measures

As the year comes to an end, we have several campaigns to ensure our quality measures are met for our value-based contracts. Overall, we are doing a great job caring for our patients and are continuing to provide outreach to patients who have care gaps. Over the next several weeks, we have patient advocates and clinical staff reaching out to patients, specifically in the Blue Premiere plan who are not at goal for five quality measures. The measures and the outreach <u>is</u> described below.

- Blood Pressure < 140/90: Patients are being scheduled as appropriate for blood pressure management. This will be documented in the appointment notes. If blood pressure is elevated on first check, please repeat BP and enter in the vitals section of the chart.
- A1c up-to-date and at goal of <8%: Patients are being scheduled office visits to repeat A1c as needed. This will be documented in the appointment notes.
- Colon Cancer screening: Patient care advocate is reaching out to patients to schedule colonoscopies, Cologuard or other appropriate screening.
- Breast Cancer screening: Patient care advocate is reaching out to schedule patients for mammogram.
- Well-Child Visits: Patient care advocate is reaching out to schedule patients for well-child checks so you may notice these on your schedule. Sports physicals do count toward this measure.

Thanks to your hard work, we are very close to meeting our goals.

Information available in Word document format (links active). Please let Kira Harris know if you would like to this

# One Health in Photos



**OH Matthews Halloween** Jennifer Englar, Hannah DeBerry, Ashley Rorie, Jaime Pimental, Shulisa Williams. In front: Kristin Endres holding a cocoon of Brittany Andrews



OH OB Mallard Creek L-->R Brenda France, Latrice Turner, Lakisha Willams and Raven Nelson









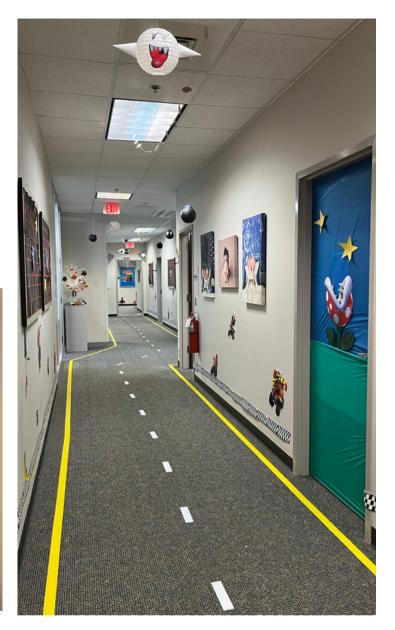


OH OB Mallard Creek Phissandra Sabb-Brown









OH OB Reese celebrates Halloween!!





One Health in Photos



Birkdale and Lake Norman





### Clemmons/Brookview Hills Peds/Mocksville/King Peds





### **One Health in Photos**



Front Row: Promise Hill, Cara Pinto, Jenny Perez, Adi Melendez, Liz Harlan, Savannah Webb Back Row: Jim Schaffer, Brittnie Sanchez, Lauren Jeck, Ramiya Davis, Olga Flores, Sophia, and David Hampton





### **Toys for Tots collection site**

One Health Primary Care Mocksville is a drop off site for Toys for Tots. Please consider donating! Your donation will help bring joy and hope to less fortunate children in the community.

### **Save the Date: One Health Holiday Party**

You and a guest are cordially invited to attend the One Health First Annual Holiday Celebration Saturday, November 19, 2022 7:00pm – 11:00pm

> Embassy Suites 5400 John Q. Hammons Dr NW Concord, NC 28027

A block of rooms have been reserved under the group rate code: OneHealth

Your 2022 Holiday Celebration Planning Committee Members are: Rena Mckenzie, Brittnie Sanchez, Shannon Thomas, Amy Leeson, Jennifer Wilkie, Brittany Andrews, Adianez Melendez, Sarah Boles and Tricia Varela

If you have any interest in participating in the planning committee, questions or suggestions, Please reach out to Rena McKenzie.



Stay tuned for more details to follow!

### **OH Spirit Calendar - Diknesha Person**



# **Important Dates**

- Nov 2: Integrative Governing Board (IGB/ G12) Meeting (2 pm)
- Nov 9: Onboarding Session #2 (2 pm)
- Nov 9: Management Committee Virtual (6:30 pm)
- Nov 19: OH Holiday Party