

Sanford Health Plan Provider Perspective

October 2016

Smoothing the transition of care road

All health care providers want their patients to have a smooth transition to their next care setting or home. To make this happen, providers, patients and their families must engage in the transition of care process. Some factors contributing to less than smooth transitions include:

- Patient education breakdowns occur when patients, family members or caregivers receive conflicting recommendations or are excluded from the planning process. This can lead to a lack of buy-in from the affected parties, who don't understand the importance of the care plan
- Practitioners may not provide the information that patients need to make the best decisions about their care and treatment.
- Patients receive the information from their providers, but are too overwhelmed or lack confidence to make the best decisions.
- Patients with low levels of health literacy, who find it difficult to follow instructions on how to care for themselves or to adhere to treatment regimens, such as taking their medicines
- Cultural differences, limited English proficiency, gender, age, education, and economic status, among other factors, may affect a patient's level of engagement
- Providers affected by time constraints, insufficient training, lack of incentives, and information system shortcomings
- Patients' knowledge, attitudes and beliefs
- Patients' experiences with the health care system

Safety Actions to Consider

A number of activities that healthcare facilities can try have been identified as having positive effects on care transitions:

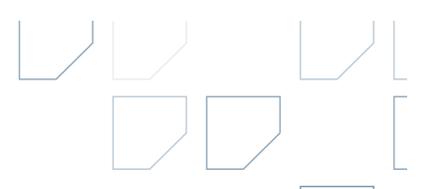
- Promoting shared decision-making with patients and their families. Shared decision-making involves patients and health care providers working together to go over the patient's condition, treatment options, pros and cons of the options, personal preferences, and a shared determination of how to execute the treatment plan.
- Developing and implementing organizational policies and practices that support patient and family engagement.
- Supporting two-way patient and family education, including teaching the patient and family about their roles and responsibilities in managing a health condition.

For more information on this topic, visit:

- www.jointcommission.org/topics/patient_safety.aspx
- www.ihl.org/Topics/PatientSafety/Pages/Overview.aspx
- www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/index.html

Medical record documentation audit results

Accurate and complete clinical documentation is important for high quality care. The absence of complete documentation within a patient's record can negatively impact clinical preparedness, continuity of care, and



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financial planning for a patient's treatment.

Why is complete medical record documentation important?

The medical record documents the history of a patient's health and is an important factor for high quality of care. A complete medical record supports:

- physicians and other health care professionals in the evaluation and planning of a patient's immediate treatment, and the monitoring of a patient over time
- the communication and continuation of care among physicians and other health care professional's involved with the patient's care
- accurate and timely claims review and payment
- appropriate utilization review and quality of care evaluations
- the collection of data that could be useful for education and research

Medical record audit results

Each year, Sanford Health Plan completes a medical record documentation compliance audit. Records from both Sanford and non-Sanford clinics are included in this review. There are a total of 17 standards that clinics must be in compliance with. Below are the three standards that had the lowest compliance rates.

- Personal biographical data include the address, home and work telephone numbers.
- Medication allergies and adverse reactions are prominently noted in the record. If the patient has no known allergies or history of adverse reactions, this is appropriately noted in the record.
- An immunization record for children is up to date, or an appropriate history has been made in the medical record for adults.
- Are these items easily identified and up to date in your patient records? This is the question to ask yourself and your organization when reviewing your own patient records.

Tobacco cessation policy and quit resources

We all know it's difficult to quit tobacco, but it's easier with someone to help you. There are many resources to help kick the tobacco habit for good. The state quit lines and the U.S. Department of Health and Human Services offer guides and opportunities for counseling and medication therapy.

- Treating Tobacco Use and Dependence
- South Dakota QuitLine
- ND Quits
- Iowa Quitline
- QUITPLAN (Minnesota)
- www.smokefree.gov; (877) 44U-QUIT

Sanford Health Plan also has a smoking wellness benefit.

Treatment for tobacco abuse is covered as part of our Preventive Health Program and includes

- Tobacco cessation treatment including telephone, group or individual counseling is covered up to eight sessions per calendar year (two tobacco cessation attempts per year with four sessions

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- allowed per attempt) at no cost to the member without prior authorization.
- A 90 day supply of any tobacco cessation medication approved by the FDA including prescription and over the counter medications when ordered by a health care provider are covered at no cost to the member and do not require authorization. This applies for each of the two attempts.
- Tobacco education is a covered benefit and would apply to deductible and coinsurance.

(Any other tobacco cessation services not listed would not be a covered benefit including hypnotism and acupuncture.)

Advising tobacco users to quit

Sanford Health Plan has received results from our 2016 CAHPS® 5.0H survey. The CAHPS® survey is sent to a sample member population to determine their perception of the care they receive from their practitioners and the care they receive from their Health Plan. Sanford Health Plan has implemented various interventions with our members in an effort to assist with smoking cessation. Among these are making the quit line and Health Plan cessation benefit information available and including cessation information in our disease management program education. We also created a dedicated web page to smoking cessation education and resources.

The following are the rates related to smoking/tobacco cessation advice. These are reported as two year rolling average rates.

CAHPS® 2014 CAHPS® 2015 CAHPS® 2016

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|--|--------|--------|--------|
| Advising Smokers/Tobacco Users to Quit | 74.80% | 75.59% | 77.69% |
| Discussing Smoking Cessation Medications | 53.97% | 52.38% | 43.80% |
| Discussing Smoking Cessation Strategies | 55.56% | 52.00% | 42.37% |