Talking To Members About Advance Care Planning

It is important to know members’ wants and wishes when it comes to end of life and life-sustaining treatment. As a provider, you want to address advance care planning proactively, rather than wait until the member is in crisis, or declines in clinical status to introduce this topic. It is beneficial to the member and family to have the conversation as part of routine care.

Sometimes, members are unable to inform their doctors about treatment for themselves because of an illness or injury. As a provider, you want to approach the conversation in advance to ensure that members’ wishes about treatment are followed, if they become incapacitated. The ultimate goal is to avoid any confusion and discord regarding the members’ care.

The following is generally recommended:

1. Introduce advance care planning as part of your initial assessment with members.

2. Provide education to members regarding the significance of advance directives; include family members or social supports.

(continued on next page)
Talking To Members About Advance Care Planning continued

3. Review the various forms of the advance directives, i.e., health care proxy (HCP), living will, DNR and DNI. In some instances, members may have the MOLST or Five Wishes as their form of advance directives.

4. Spend time explaining the various treatments within the HCP and what they mean.

5. Review what CPR is in connection to DNR- draw the member a picture.

6. Revisit advance directives annually, as the member’s wishes may change.

7. Normalize the approach to advance care planning by making it part of your dialogue with members. Your level of comfort with the subject matter will be a reflection on how the member responds and follows through.

Below is a quick review of some forms of advance directives:

a. Health Care Proxy: A document delegating to another adult, known as a health care agent, the authority to make health care decisions on behalf of the individual in the future, if he/she becomes incapable of making his or her own health care decisions.

b. Living Will: A document which contains specific instructions concerning an individual’s wishes about the type of health care choices and treatments that he or she does or does not want to receive, but which does not designate an agent to make health care decisions.

c. DNR: Consent to or request for the issuance of an order not to resuscitate (a “DNR order”); a living will that consents to or requests a doctor’s order not to resuscitate.

Under such an order, health care providers are not to attempt cardiopulmonary resuscitation (CPR) in the event the patient suffers cardiac or respiratory arrest. A request for such an order can be expressed in a health care proxy or living will.

By having the conversation about advance care planning, you can help members and families understand its importance and avoid any confusion and distress in the future.

Suspect Something, Say Something
VNSNY CHOICE Compliance Hotline 1-888-634-1588

VNSNY CHOICE is committed to preventing and detecting any fraud, waste, or abuse in the organization related to Federal and State health care programs.
Choosing Wisely®

“Doctor, I’ve had headaches for years. I think I really need an MRI, don’t you?”

Physicians are often asked questions like this one by their patients. So how can physicians and patients have the important conversations necessary to ensure the right care is delivered at the right time? Choosing Wisely® aims to answer that question. An initiative of the American Board of Internal Medicine (ABIM) Foundation, Choosing Wisely® helps physicians, patients and other healthcare stakeholders to think and talk about medical tests and procedures that may be unnecessary, and in some instances can cause harm.

To spark these conversations, nine specialty societies have partnered with the ABIM Foundation to create lists of evidence-based recommendations that should be discussed to help physicians and patients make wise decisions about the most appropriate care based on a patient’s individual situation.

Each list provides information on when tests and procedures may be appropriate, as well as the methodology used in its creation. Choosing Wisely® aims to promote conversations between physicians and patients by helping patients choose care that is:

- Supported by evidence
- Not duplicative of other tests or procedures already received
- Free from harm
- Truly necessary

More information about Choosing Wisely is available at: www.choosingwisely.org

Arik Olson, MD, MBA
Internal Medicine, Hospice & Palliative Medicine
Medical Director, VNSNY CHOICE

How Doctors Can Reduce Hospital Readmissions

Timely follow-up after hospitalization is essential to reduce readmissions and ensure that patients remain clinically stabilized. As a primary physician, you play a critical role to make sure that there is an effective transition from hospital to home.

Readmission rates within a month of discharge have not decreased significantly. Section 3025 of the Patient Protection and Affordable Care Act established the Hospital Readmissions Reduction Program, which requires CMS to reduce Medicare payments to hospitals with excess readmissions for select conditions. To affect outcomes, communities and care systems need to adopt a population-based measurement system that brings accountability to the triple aim of improving patient experience, enhancing population health and reducing costs. Accountable Care models may help support the attainment of these goals.

The Visiting Nurse Service of New York’s CHOICE Medicare Health Plan has reported reductions in readmissions and hospital use for dually eligible (Medicare and Medicaid) beneficiaries by using effective care management, including transitional care after a hospitalization and palliative care. CHOICE’s interdisciplinary team reviews the most complex members to help them live safely at home and reduce their preventable admissions.

Providing post-acute care to your patients within a week of discharge can greatly reduce the occurrence of hospital readmissions. Our staff will inform you about hospital discharges and help arrange an office visit as soon as possible. We greatly appreciate your help in this joint effort to reduce readmissions.
Access and Availability Standards for VNSNY CHOICE SelectHealth Providers

VNSNY CHOICE would like to remind our SelectHealth network Providers of the appointment and availability standards mandated by New York State. When a Member calls, you or your designee are responsible for scheduling an appointment within the time frames described below.

<table>
<thead>
<tr>
<th>Visit Type - SelectHealth</th>
<th>Appointment Availability Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent Medical problem</td>
<td>Within 24 hours of request</td>
</tr>
<tr>
<td>Non-urgent “sick” visit</td>
<td>Within 48-72 hours of request, as clinically indicated</td>
</tr>
<tr>
<td>Routine, non-urgent</td>
<td>Within 4 weeks of request</td>
</tr>
<tr>
<td>New Member</td>
<td>Within 4 weeks of enrollment</td>
</tr>
</tbody>
</table>

Members with emergent needs should be referred to the emergency room. All after-hour calls should be answered by a live voice.

Access and Availability Standards for VNSNY CHOICE Medicare Providers

<table>
<thead>
<tr>
<th>Visit Type - Medicare</th>
<th>Appointment Availability Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergent</td>
<td>Member should be directed to 911 or the emergency room for treatment</td>
</tr>
<tr>
<td>Urgent</td>
<td>Within 24 hours of request</td>
</tr>
<tr>
<td>Routine/symptomatic</td>
<td>Within 7 days of request</td>
</tr>
<tr>
<td>Wellness/Non-symptomatic</td>
<td>Within 30 days of request</td>
</tr>
</tbody>
</table>

Telephone Coverage After Hours: All Physicians must have either an answering service or a telephone recording that directs a Member to call a special telephone number in an urgent or emergent situation. (Be sure that if the special number is a beeper number, Members understand how to punch in their telephone number.)

Covering Physicians: All Physicians on extended leave (vacation, illness, etc.) must arrange with a fellow VNSNY CHOICE Physician, or a non-VNSNY CHOICE Physician who agrees to accept your negotiated rates, to provide 24-hour coverage for your patients. The covering Physician must also have 24-hour telephone coverage.

Office Waiting Time: Office waiting time for visits should not exceed 30 minutes.
**Blood Pressure Measurement Techniques**

<table>
<thead>
<tr>
<th>Method</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-office</td>
<td>Two readings, 5 minutes apart, sitting in chair. Confirm elevated reading in contralateral arm.</td>
</tr>
<tr>
<td>Ambulatory BP monitoring</td>
<td>Indicated for evaluation of &quot;white coat hypertension.&quot; Absence of 10-20 percent BP decrease during sleep may indicate increased CVD risk.</td>
</tr>
<tr>
<td>Patient self-check</td>
<td>Provides information on response to therapy. May help improve adherence to therapy and is useful for evaluating &quot;white coat hypertension.&quot;</td>
</tr>
</tbody>
</table>

**Causes of Resistant Hypertension**

- Improper BP measurement
- Excess sodium intake
- Inadequate diuretic therapy
- Medication
  - Inadequate doses
  - Drug actions and interactions (e.g., nonsteroidal anti-inflammatory drugs, NSAIDs), illicit drugs, sympathomimetics, oral contraceptives
  - Over-the-counter (OTC) drugs and herbal supplements
- Excess alcohol intake
- Identifiable causes of hypertension (see reverse side)

**Compelling Indications for Individual Drug Classes**

<table>
<thead>
<tr>
<th>Compelling Indication</th>
<th>Initial Therapy Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart failure</td>
<td>THIAZ, BB, ACEI, ARB, ALDO ANTI</td>
</tr>
<tr>
<td>Fast myocardial infarction</td>
<td>BB, ACEI, ALDO ANTI</td>
</tr>
<tr>
<td>High CVD risk</td>
<td>THIAZ, BB, ACEI, CCB</td>
</tr>
<tr>
<td>Diabetes</td>
<td>THIAZ, BB, ACEI, ARB, CCB</td>
</tr>
<tr>
<td>Chronic kidney disease</td>
<td>ACEI, ARB</td>
</tr>
<tr>
<td>Recurrent stroke prevention</td>
<td>THIAZ, ACEI</td>
</tr>
</tbody>
</table>

**Strategies for Improving Adherence to Therapy**

- Clinician empathy increases patient trust, motivation, and adherence to therapy.
- Physicians should consider their patients’ cultural beliefs and individual attitudes in formulating therapy.

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**Principles of Lifestyle Modification**

- Encourage healthy lifestyles for all individuals.
- Prescribe lifestyle modifications for all patients with prehypertension and hypertension.
- Components of lifestyle modifications include weight reduction, DASH eating plan, dietary sodium reduction, aerobic physical activity, and moderation of alcohol consumption.

**Lifestyle Modification Recommendations**

<table>
<thead>
<tr>
<th>Modification</th>
<th>Recommendation</th>
<th>Avg. SBP Reduction Range*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight reduction</td>
<td>Maintain normal body weight (body mass index 18.5-24.9 kg/m²).</td>
<td>5-20 mmHg/10 kg</td>
</tr>
<tr>
<td>DASH eating plan</td>
<td>Adopt a diet rich in fruits, vegetables, and lowfat dairy products with reduced content of saturated and total fat.</td>
<td>8-14 mmHg</td>
</tr>
<tr>
<td>Dietary sodium reduction</td>
<td>Reduce dietary sodium intake to ≤100 mmol per day (2.4 g sodium or 6 g sodium chloride).</td>
<td>2-8 mmHg</td>
</tr>
<tr>
<td>Aerobic physical activity</td>
<td>Regular aerobic physical activity (e.g., brisk walking) at least 30 minutes per day, most days of the week.</td>
<td>4-9 mmHg</td>
</tr>
<tr>
<td>Moderation of alcohol consumption</td>
<td>Men: Limit to ≤2 drinks* per day. Women and lighter weight persons: limit to ≤1 drink* per day.</td>
<td>2-4 mmHg</td>
</tr>
</tbody>
</table>

*drinks = 1/2 oz or 15 ml alcohol (e.g., 1 oz or 30 ml wine, 1.5 oz or 50 ml whiskey, or 12 oz or 355 ml of beer). Effects are dose and time dependent.

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U.S. Department of Health and Human Services
National Heart, Lung, and Blood Institute
National High Blood Pressure Education Program

NIH Publication No. 03-5231
May 2003
The Hypertension Challenge

Hypertension is the most common primary diagnosis in America (35 million office visits). Current control rates (SBP <140 mmHg and DBP <90 mmHg) are well below the Healthy People 2010 goal of 50 percent.

VNSNY CHOICE is engaged in an effort to increase the percent of plan members with well-controlled hypertension (that is, those with both <140 systolic and <90 diastolic). We ask for your help to support a nationwide initiative called Million Hearts™ which has a goal of preventing 1 million heart attacks and strokes by 2017. Million Hearts brings together communities, health systems, nonprofit organizations, federal agencies and private-sector partners from across the country to fight heart disease and stroke. The program will foster the ABCDs for evidence-based hypertension management:

A: Appropriate aspirin therapy
B: Blood pressure control
C: Cholesterol management
D: Smoking cessation

Attached to this newsletter are the latest guidelines from the Joint National Committee on prevention, detection, evaluation and treatment of high blood pressure (JNC 7). Please take a look at this enclosure to note any items that may not already be a routine part of your practice. For example, how often are NSAIDs being used for pain among your hypertensive patients? Are elevated BP readings being confirmed in the opposite arm? Also, note the tips on improving adherence.

Since diabetes and hyperlipidemia are major risk factors for those with hypertension, we will be providing you with information during the year about your patients with diabetes and hypertension that are not on evidence-based therapy with direct renin inhibitors, angiotensin converting enzyme inhibitors or angiotensin II receptor blockers. We will also mail alerts about your patients who are not obtaining timely refills of their hypertension, hyperlipidemias and diabetes medications.

More information will follow, but we want to draw your attention to this important initiative and thank you in advance for your assistance with this major public health issue.

If you have further questions, feel free to contact me at 212-609-5669.

Richard H Bernstein, MD, FACP

Important Links for VNSNY CHOICE SelectHealth Providers

NYSDOH HIV Testing Policies and Procedures
http://www.health.ny.gov/diseases/aids/testing/

Frequently Asked Questions regarding the changes to NYS HIV Testing Law
http://www.health.ny.gov/diseases/aids/testing/law/faqs.htm

NYSDOH Updates and Changes to HIV Treatment Guidelines
http://www.hivguidelines.org
Formulary Coverage Status is Free and Easy with Epocrates

There are two VNSNY CHOICE formularies available for access on Epocrates:

- VNSNY CHOICE SelectHealth (listed under State: New York / Category: Health Plans)
- VNSNY CHOICE – Medicare MA (listed under State: New York / Category: Medicare Part D – MA)

• Save time and reduce pharmacy call backs for yourself and your staff
• Improve patient care and safety

MOBILE DEVICES
How to quickly add Epocrates formularies to your mobile device:
1) Go to www.epocrates.com
2) Log into your account or register
3) Select Epocrates Rx Free
4) Add VNSNY CHOICE during initial product download
5) Click done and synchronize device

INTERNET ACCESS
How to add Epocrates formularies to computers with internet access:
1) Go to www.epocrates.com
2) Log into your account or register
3) Select Epocrates Online Free
4) Add VNSNY CHOICE from ‘Edit Formulary List’
5) Select formulary in drop down menu

If you have any questions about the installation or usage of Epocrates, please contact Customer Support at goldsupport@epocrates.com or at (800)230-2150.