Appropriate use of antibiotics

When members are sick, they may request antibiotics. However, prescribing antibiotics to members who do not need them can lead to antibiotic resistance. In addition, reactions to antibiotics cause 1 out of 5 medication-related visits to emergency rooms.

Several HEDIS measures assess whether plans are prescribing antibiotics appropriately:

- **Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis:** Guidelines recommend against the use of antibiotics to treat acute bronchitis in otherwise healthy adults.

- **Appropriate Treatment for Children with Upper Respiratory Infection:** Most upper respiratory infections in children are caused by viruses and do not require antibiotic treatment.

- **Appropriate Testing for Children with Pharyngitis:** Testing before prescribing an antibiotic ensures that children with a viral infection are not inappropriately treated.

Who should get a flu shot?

According to the Centers for Disease Control and Prevention (CDC), almost everyone ages 6 months and older should get a flu vaccine. However, members with severe, life-threatening allergies to ingredients in the vaccine such as certain antibiotics and gelatin and members under 6 months cannot get a flu shot. Providers should also discuss risks with members who have egg allergies, are sick, have weakened immune systems or have had Guillain-Barré syndrome.

If there is a shortage of flu shots, the CDC recommends that providers prioritize getting the vaccine to people in the following groups:

- Children ages 6 months to 4 years
- People ages 50 and older
- People with chronic pulmonary or cardiovascular disorders
- People who are immunosuppressed
- Women who will be pregnant during flu season
- Children ages 6 months to 18 years who receive long-term aspirin therapy
- American Indians and Native Alaskans
- Residents of nursing homes and chronic care facilities
- People with a BMI greater than 40
- Healthcare personnel
- Household contacts and caregivers for children younger than 5 (but especially children under 6 months), adults ages 50 and older and people who are at higher risk for influenza complications

You can learn more about flu shot guidelines at [cdc.gov/flu/protect/whoshouldvax.htm#flu-shot](https://www.cdc.gov/flu/protect/whoshouldvax.htm#flu-shot).

HEDIS: Flu vaccinations

Cancer care for women

Cancer screenings are an important part of healthcare for both men and women, but there are a few tests specific to women. MHS Health providers can help members find cancer early by reminding women to be screened regularly for breast and cervical cancer.

HEDIS supports member health

MHS Health Wisconsin strives to provide quality healthcare to our members as measured through Healthcare Effectiveness Data and Information Set (HEDIS) quality metrics. HEDIS is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) that allows direct, objective comparison of quality across health plans. NCQA develops the HEDIS measures through a committee of purchasers, consumers, health plans, healthcare providers and policymakers.

HEDIS provides a standardized method for managed care organizations to collect, calculate and report information about their performance. This allows employers, purchasers and consumers to compare plans. Health plans themselves use HEDIS results to see where to focus their improvement efforts.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>Breast Cancer Screening</td>
<td>This measure assesses women ages 50 to 74 who had at least one mammogram to screen for breast cancer in the past two years. For 2018, NCQA added digital breast tomosynthesis to the list of acceptable tests for breast cancer screening. Read more at ncqa.org/report-cards/health-plans/state-of-health-care-quality/2017-table-of-contents/breast-cancer.</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>This measure assesses women ages 21 to 64 who had either a cervical cytology (Pap test) performed every three years or women ages 30 to 64 who had cervical cytology and human papillomavirus co-testing every five years. Read more at ncqa.org/report-cards/health-plans/state-of-health-care-quality/2017-table-of-contents/cervical-cancer-screening.</td>
</tr>
</tbody>
</table>

HEDIS: Colorectal cancer screening

The HEDIS measure for colorectal cancer screening continues to assess the number of adults ages 50 to 75 who are screened. According to the HEDIS measure, screening options include:

- Annual fecal occult blood test
- Flexible sigmoidoscopy every five years
- Colonoscopy every 10 years
- Computed tomography colonography every five years
- Stool DNA test every three years


Screening for colon cancer

The American Cancer Society (ACS) recently updated its colon cancer guidelines to recommend that adults at average risk start getting screened at age 45. Previous guidelines recommended that screening begin at age 50. The ACS said the changes were made after it reviewed data on colon cancer cases.

“The numbers showed that new cases of colorectal cancer are occurring at an increasing rate among younger adults,” the ACS wrote in a news release. “Experts on the ACS Guideline Development Committee concluded that a beginning screening age of 45 for adults of average risk will result in more lives saved from colorectal cancer.”

However, the ACS changes were not adopted by other entities, such as the U.S. Preventive Services Task Force, which still recommends that screening begin at age 50.

Cancer screenings are an important part of healthcare for both men and women, but there are a few tests specific to women. MHS Health providers can help members find cancer early by reminding women to be screened regularly for breast and cervical cancer.
Supporting members with disease management

MHS Health’s disease management programs help members with chronic conditions, such as diabetes, self-manage their health. The programs do this by ensuring that referrals are made to the proper providers, providing health education, promoting coordination among providers and encouraging adherence. We educate patients and provide support and tools needed to help them understand and control their condition, all with the goal of fewer complications.

In addition to disease management programs for members with chronic illnesses, we offer case management for members with complex medical needs. If you have a member you think would benefit from these services, call us at 1-800-222-9831.

Helping teens transition to adult care

MHS Health can help find an adult provider (e.g., a primary care physician, specialist or other provider) for members reaching adulthood.

The American Academy of Pediatrics recommends a transition to an adult care provider between ages 18 and 21, considering each case individually and including discussion with the patient and his or her caregivers.

The National Alliance to Advance Adolescent Health (NAAAH) says the process can begin as early as age 12, when patients and their families can be informed of the transition policy. Transition planning can begin at age 14 and can continue with readiness assessments until the transition takes place between ages 18 and 21.

We encourage your staff to contact MHS Health for help shifting a patient to a new physician, if needed. You can also find tip sheets and clinical resources at gottransition.org, an NAAAH program.

HEDIS: Annual dental visits

This measure assesses Medicaid members ages 2 to 20 with dental benefits who have at least one dental checkup per year. Find out more at ncqa.org/report-cards/health-plans/state-of-health-care-quality/2017-table-of-contents/dental.
**Cultural competence**

*A Physician’s Practical Guide to Culturally Competent Care* is a self-directed, online training course designed for physicians, physician assistants and nurse practitioners. This e-learning program will equip healthcare providers with competencies that will enable them to better treat the increasingly diverse U.S. population. Register at [cccm.thinkculturalhealth.hhs.gov](cccm.thinkculturalhealth.hhs.gov).

**Language interpreter services**

Our members have the right to have an interpreter at all covered services and during any grievance or appeal process. Members may choose and contact their own agency or contact MHS Health member services at 1-888-713-6180 for assistance in arranging this service.

Your role

Providers play a central role in promoting the health of our members.

To help MHS Health process authorization requests accurately and efficiently, please submit sufficient medical information. Submitting insufficient medical records can cause processing delays and increase the risk for denials.

You and your staff can also help facilitate HEDIS process improvement. Be sure to provide appropriate care within designated timeframes, document all care in patient medical records, accurately code all claims and respond to our requests for medical records within five to seven days.

Questions? Contact MHS Health Provider Services at 1-800-222-9831.