PHYSICIAN ALLIANCE OF THE ROCKIES

# THE PARADIGM

## Our Journey to Value-based Healthcare

### 4TH QUARTER 2017 ISSUE OF THE PARADIGM!

Physician Alliance of the Rockies (PAR) celebrates its one-year anniversary providing medical management services to the IPA network. Our goals continue to focus on improved patient care quality outcomes, improved patient experience, lower cost of care, and improved physician practice satisfaction.

### Optum HouseCalls Program

To support your practice, many providers are currently utilizing Optum's HouseCalls program to assist in the identification of gaps in care, and the coordination of closing those gaps for your patients.

For those of you unfamiliar with this program, HouseCalls provides in-home clinical visits at no additional cost for qualified UnitedHealthcare Medicare Advantage members. The 45-60 minute visits are performed by licensed HouseCalls clinicians, and may include:

- Review of health history and medication
- Wellness evaluation
- Assessment of home environment
- Education about chronic conditions
- Discussion topics/questions to bring to the member's next PCP appt
- Lab tests for:
  - Glycated hemoglobin (HgA1c) by finger stick
  - Diabetes kidney disease monitoring by urine dipstick
  - Fecal occult blood test (iFOBT) kit for the member to complete and mail to a lab. Results are sent to the member's PCP.

HouseCalls visits are not meant to replace the care a member receives from their PCP. Any direct testing and specialist referral recommendations from HouseCalls would go back to the PCP for consideration.

It is important to identify and document existing conditions and any new conditions for your patients, especially if they have not been in for their annual wellness visit yet this year. This program can assist you in that effort.

A provider post-visit report is mailed to PCP's office on file within approximately four to six weeks. The report includes:

-Findings/diagnosis
-Medications
-Referrals
-Health screening
-Lab tests (if applicable)
-Recommendations

## DID YOU KNOW?

According to delegation requirements, below are the utilization management guidelines PAR follows for medical decision making.

In compliance with NCQA and our delegating health plans, PAR is required to annually advise staff about the utilization management process.

**Affirmative Statements About Decision Making**

1) We make decisions based on eligibility and benefits and the appropriateness of care and service.

2) We do not provide incentive to or encourage its decision-makers to place barriers to care and service.

3) We do not provide incentive to or encourage its decision-makers to make decisions that result in a pattern of underutilization.

## Colon Cancer Screening Guidelines and Recommendations

It is estimated that up to one-third of colonoscopies performed in the United States are done inappropriately or too early compared to current accepted guidelines. As with most cancer screening recommendations, clinicians are subjected to opinions from multiple organizations and professional bodies, making some of these decisions more challenging. All the major gastroenterology groups in the Denver metro area have accepted our colonoscopy screening guideline that is attached to this issue. While colonoscopy referrals do not currently require the prior authorization of PAR, we expect that it will be required in the near future. More reason to start following these screening guidelines now.

It is still necessary to scrutinize the colonoscopy and pathology reports that you receive back on your patients, since the GI physicians are not always accurate at following their own guidelines. The PAR medical management department is happy to provide guidance/recommendations if any questions or disagreement arises. The most frequent "misuse" of guidelines includes:

1) 5-year follow up for 1 or 2 tubular adenomas/hyperplastic polyps
2) Patients deemed "high risk" without a first-degree relative < age 60 with colon cancer or high risk adenoma, or 2 first-degree relatives at any age
3) Screening beyond age 75—only recommended for patients with a life expectancy > 10 years AND a high risk adenoma on the most recent colonoscopy

Frequently, patients will have a 3, 5, or 7-year follow up recommendation and then have no polyps or only hyperplastic polyps on the next study. It is our practice to extend the next screening interval by one further time block in these cases (5, 7, or 10-year follow up), instead of the 3, 5, or 7-year timeframe. An example is a 57-year old with a 4mm tubular adenoma on first colonoscopy at age 50. If the colonoscopy performed at age 57 shows no polyps, the next interval can be stretched to 10 years.

Regarding non-colonoscopy based screening for colon cancer, we are strongly in favor of stool fecal immunohistochemistry (FIT) testing over other screening options. FIT testing is 79% sensitive and 94% specific, which is actually very similar to colonoscopy and DNA based testing (cologuard and others). FIT testing costs $20 as opposed to cologuard at $600, thereby making it the more cost-effective option for the patient. Yearly FIT testing is a viable option for screening of average risk patients from age 50-75.

Thank you for your time and let us know if you have any questions or comments about the information provided.

Warm regards,

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**COLONOSCOPY SURVEILLANCE GUIDELINES**

| BASELINE COLONOSCOPY: MOST ADVANCED FINDINGS | SURVEILLANCE INTERVAL |
|---|---|
| No Polyps | 10 years |
| Small (<10 mm) hyperplastic polyps in rectum or sigmoid | 10 years |
| 1 to 2 small (<10 mm) tubular adenomas | 7 years |
| 3 to 10 tubular adenomas | 3 years |
| >10 adenomas | <3 years |
| One or more tubular adenomas >10 mm | 3 years |
| One or more villous adenomas | 3 years |
| Adenoma with HGD | 3 years |
| Serrated Lesions: | |
| Sessile serrated polyps <10mm with no dysplasia | 5 years |
| Sessile serrated polyps >10 mm | 3 years |
| Sessile serrated polyp with dysplasia | 3 years |
| Traditional serrated adenoma | 3 years |
| Serrated Polyposis Syndrome | 1 year |
| Family hx of colon cancer or high risk adenomas (found in first degree relative under 60) | 5 years beginning at 10 yrs younger than the age of the index relative |