



2060 East Ninth Street  
Cleveland, OH 44115-1355

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# Mutual News Bulletin

December 2018

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# Mutual News

## Bulletin

December 2018

### Coordination and Continuity of Care

#### Introduction

Medical Mutual members often receive care from multiple providers. Because of this, coordination and continuity of care is important. Primary, behavioral health and other specialty physicians need to be aware of each other's contact with shared patients. Some areas where continuity and coordination of care are very important are discussed in this bulletin.

#### Contact Us

Visit [Provider.MedMutual.com](https://Provider.MedMutual.com) to log in to the Provider Portal.

If you have questions, please contact your provider contracting representative:

**Central/SE Ohio  
(Columbus Office)**

1-800-235-4026

**NE Ohio/Pennsylvania  
(Cleveland Office)**

1-800-625-2583

**NW Ohio/NE Indiana  
(Toledo Office)**

1-888-258-3482

**SW Ohio/SE Indiana/Kentucky  
(Cincinnati/Dayton Office)**

1-800-589-2583

## Asthma

Please remind your Medical Mutual members with asthma of the need for a follow-up office visit within 7 to 14 days after an asthma-related emergency department visit.

Important information to communicate to Medical Mutual members:

- Identify triggers
- Maintain a written action plan for anyone to access at anytime
- Education on peak flow meters

Since response to asthma therapy can vary, periodic monitoring of asthma control through clinical visits is essential to determine step-up therapy (increase the dose, number of medications, and frequency) as necessary, or step-down therapy (decrease the dose, number of medications, and frequency) when possible to the minimum medication necessary to maintain control.<sup>1</sup>

Please ask your Medical Mutual members if they see an asthma specialist. If you are the specialist, please make sure the primary care provider (PCP) is aware of the care you are providing and any adjustments to medications or treatment. For further information on asthma, please review the asthma guidelines located on Medical Mutual's provider portal following this path: Provider.MedMutual.com > Tools & Resources > Care Management > Clinical Quality > [Clinical Practice Guidelines](#) then selecting Asthma from the drop-down list in the chart.

## Attention Deficit Hyperactivity Disorder (ADHD)

A behavioral health specialist should refer Medical Mutual members with ADHD to their PCP to ensure coordination of medical and behavioral health care. Such members should have at least three follow-up care appointments within a 10-month period, one of which is within 30 days of when the first ADHD medication was prescribed. For further information on ADHD, please review the ADHD guidelines which are located on Medical Mutual's provider portal following this path: Provider.MedMutual.com > Tools & Resources > Care Management > Clinical Quality > [Clinical Practice Guidelines](#) then selecting Attention Deficit/Hyperactivity Disorder (ADHD) from the drop-down list in the chart.

<sup>1</sup> <https://www.nhlbi.nih.gov/health-pro/resources/lung/naci/discover/follow-up-visits.htm>







## Patient Consent Forms

### Medical

Continuity and coordination of medical care is critical to the health outcomes of all patients, especially when patients move between healthcare practitioners. Both referring providers and specialists are responsible for communicating important information to each other. Medical Mutual maintains a communication form for your convenience that can be found at [provider.medmutual.com](http://provider.medmutual.com) following this path: Tools & Resources > Care Management > Clinical Quality > Continuity and Coordination of Care and selecting [Continuity of Care Guidelines \(Medical/Surgical\)](#).

Information critical to coordinating care includes, but is not limited to:

- Patient allergies or drug reactions
- Past medical history
- Prescribed medications
- Depression screening and/or alcohol abuse/dependence screening using standardized tools
- Height and weight including body mass index (BMI) calculation

### Behavioral Health

Continuity and coordination of behavioral healthcare is critical to the health outcomes of all patients, including when patients move between healthcare practitioners. Information to coordinate between providers includes therapy rendered by the behavioral health provider and ongoing recommendations (e.g., psychotropic medications, psychotherapy and/or referral to community resources).

Behavioral health specialists are responsible for obtaining a signed consent form from patients allowing the communication of important clinical information. If a patient consents to communication, the behavioral health consultant is responsible for exchanging information regarding the patient's evaluation and care plan to the referring physician. The communication should be completed within 30 days of the initial evaluation. A Behavioral Health Patient Summary Form for your use is at [provider.medmutual.com](http://provider.medmutual.com) following this path: Tools & Resources > Care Management > Clinical Quality > Continuity and Coordination of Care and selecting [Continuity of Care Guidelines \(Behavioral Health\)](#).

## Transition to Adult Care

According to the American Academy of Pediatrics, children should transition to adult-oriented health care between the ages of 18 and 21<sup>2</sup>. Please have a conversation with your Medical Mutual members in this age range about the importance of establishing a relationship with an adult PCP. Members may call Medical Mutual's Customer Care for help in finding a new PCP or refer to the online provider directory found at [provider.medmutual.com](http://provider.medmutual.com). Several helpful tools to aid in the transition process may be found online at [GotTransition.org](http://GotTransition.org).

## Alcohol Screening

Screening for alcohol use disorder is a clinical preventive service. It doesn't take long to perform, is inexpensive and may change the life of your patient. In addition to the obvious effects of alcohol consumption on the brain, heart, liver and pancreas, clear patterns have emerged between alcohol consumption and development of certain cancers (head and neck, esophageal, liver, breast and colorectal). CAGE<sup>3</sup> is a quick screening tool used in primary care offices.

### CAGE

**C** Have you ever felt you should **cut down** on your drinking?

**A** Have people **annoyed** you by criticizing your drinking?

**G** Have you ever felt bad or **guilty** about your drinking?

**E Eye opener:** Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?

The CAGE can identify alcohol problems over the lifetime. Two positive responses are considered a positive test and indicate further assessment is warranted.

For more information on alcohol use and substance use disorders visit Medical Mutual's provider website for clinical practice guidelines at [Provider.MedMutual.com](http://Provider.MedMutual.com) following this path: Tools & Resources > Care Management > Clinical Quality > Clinical Practice Guidelines and selecting [Alcohol Screening](#) from the drop-down list on the chart.

## After Emergency Department or Hospitalization Care

### After Emergency Department Visits

The risk of death or hospitalization is greatly reduced in patients with chronic disease (diabetes, heart failure, COPD) who follow up with their PCP or specialist. It is recommended that this follow up occur within 7-14 days of an emergency department (ED) discharge. Often patients need additional testing and ongoing management of chronic illnesses to avoid re-admission or re-occurrence of illness. It is recommended that patients follow up with their own doctors following an ER visit, to ensure adherence with prescribed medications and follow up diagnostic testing.

### After Hospitalization

Following up with your patient within 30 days after discharge from a hospitalization may prevent a readmission. In addition to medication reconciliation, you can evaluate any psychosocial issues like mental health difficulties, gaps in caregiver support or other things that might cause a readmission. Once patients are home from the hospital, they may have some questions or issues that can be addressed before they become a problem.

<sup>2</sup> <https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/Helping-Adolescents-Transition-to-Adult-Health-Care.aspx>

<sup>3</sup> Source: National Institute on Alcohol Abuse and Alcoholism

## Evidence-based Decision-making Materials

Medical Mutual members have access to information about the conditions listed below through Medical Mutual's Wellness portal. The portal can be accessed through their MyHealthPlan account. We ask that you encourage members to use these educational aids in their decision making about management and treatment. If you have any questions about the content you may contact the Clinical Quality Improvement department via email at [ClinicalQuality@MedMutual.com](mailto:ClinicalQuality@MedMutual.com).

Alcoholism	Coronary Artery Disease	Kidney Disease
Allergies	Crohn's Disease	Kidney Stones
Alzheimer's Disease	Cystic Fibrosis	Lung Cancer
Anemia	Dental and Oral Health	Lupus
Angina	Depression	Lyme Disease
Angioplasty	Diabetes	Migraine Headaches
Anorexia Nervosa	Diabetes, Type 1	Multiple Sclerosis
Anxiety	Diabetes, Type 2	Obesity
Asthma	Diverticulitis	Osteoarthritis
Atrial Fibrillation	Drug Addiction	Osteopenia
Autism	Emphysema	Osteoporosis
Back and Neck Pain	Epilepsy	Pain Management
Benign Prostatic Hypertrophy	Fibromyalgia	Parkinson's Disease
Bipolar Disorder	Fertility	Postpartum Depression
Breast Cancer	GERD, Gastroesophageal	Peripheral Arterial Disease
Bronchitis	Reflux Disease	Pneumonia
Bulimia Nervosa	Gestational Diabetes	Repetitive Motion Disorders
Cancer	Glaucoma	Respiratory Disease
Carpal Tunnel Syndrome	Headaches	Respiratory Syncytial Virus
Cataracts	Heart Attack	Rheumatoid Arthritis
Celiac Disease	Heart Failure	Schizophrenia
Cholesterol	Heartburn	Sickle Cell Disease
Chronic Obstructive Pulmonary Disease	Hemophilia	Sleep Apnea
Chronic Pain	Hepatitis A	Stroke
Chronic Sciatica Pain	High Blood Pressure	Substance Abuse
Colds	HIV/AIDS	Tension Headaches
Colorectal Cancer	Influenza	Ulcer
Constipation	Insomnia	Ulcerative Colitis
	Irritable Bowel Syndrome	Urinary System
		Urinary Tract Infection

Disclaimer: The recommendations in this Bulletin are informational only. They are not intended to require a specific course of treatment or take the place of professional medical advice, diagnosis or treatment. Members should make decisions about care with their healthcare providers. Recommended treatment or services may not be covered. Eligibility and coverage depend on the member's specific benefit plan.



