iii Health Plan Meeting



TennCare Health Plan Meeting Highlights Report

June 20, 2022





Meeting Objectives

As Tennessee's designated External Quality Review Organization (EQRO), Qsource facilitates health plan meetings to benefit TennCare and its managed care contractors (MCCs). These triannual meetings provide opportunities for learning from guest subject matter experts who can share success stories and best practices, for earning nursing and the Certified Professional in Healthcare Quality (CPHQ) continuing education units (CEUs), and for networking to stay abreast of pertinent topics to Medicaid and managed care. Objectives for June attendees were the following:

- Learn about lung screening initiatives for women
- Learn about treating the oral health care needs of people on the autism spectrum
- Learn about how patients and the healthcare system benefit from the Living Well Workshop

While our shared goal has always been to improve the quality of care and services provided to TennCare members, this program was informed by your feedback and suggestions, and carefully designed by Qsource and TennCare to cover topics relevant to the requirements, needs and concerns of your health plan. It is our hope that you will find the presentations both helpful and informative when preparing procedures and crafting policies. This document contains highlights for a quick refresher on the day's speakers and topics. Contact Qsource with suggestions or questions at 615.244.2007.

Women Screened for Breast Cancer are Dying from Lung Cancer

Kim L. Sandler, MD Cardiothoracic Radiologist and Co-Director, Vanderbilt Lung Screening Program

- Lung cancer kills more women than breast and ovarian cancer combined. Awareness remains low given that only 8% of adults know that lung cancer is the number one cancer killer among women.
- Tennesseans and Lung Cancer Facts: More than 4,000 Tennesseans die of lung cancer every year. Earlier detection can help change this statistic. Forty-seven percent of lung cancer cases in Tennessee are not caught until a late stage when the survival rate is less than 4.5%. Sixty percent of the cancers diagnosed with lung screening are caught at a Stage 1. Lung cancers that are caught with lung screening are 80-90% more likely to be cured.
- The United States Preventative Services Task Force's (USPSTF) 2013 lung cancer screening criteria were listed as 55-80 years old, 30 pack-year smoking history and a history of smoking within the last 15 years. Its draft recommendations of July 2020 sought to expand the eligibility criteria by reducing the age from 55 to 50 and reducing the pack-year history from 30 pack years to 20 and indicated that there is a real benefit in starting to screen at a younger age and a lighter smoking history. The USPSTF screening guidelines were updated in 2021.
- The Tennessee Pink and Pearl Campaign was designed to bring awareness to both breast (pink) and lung (pearl) cancer and to identify women eligible for both breast screening with mammography and lung screening with low dose CT. The second aim focused on measuring the efficacy of synchronous interventions to improve enrollment rates of women eligible for lung screening among women currently engaged in breast screening with mammography. Toolkits were developed for cancer screening stakeholders and community partners to implement evidence-based practices when communicating about breast and lung screening. Community engagement was promoted by Tennessee's Breast and Cervical Screening Program, Comprehensive Cancer Control Program, Cancer Registry and Tobacco Use Prevention and Control Program. Specific steps in the study included cohort identification, outreach, and enrollment and follow-up.

Managing the Spectrum of Autism Care and Dentistry

Jamie Collins, RDH-EA, BS Clinical Hygienist, Professional Education Manager, MouthWatch

- Many dental workers have limited experience with any form of special needs. Individuals with Autism Spectrum Disorder (ASD) and other special needs have a 30% higher incidence of caries and a 60% higher rate of gingivitis and periodontitis. Many young adults with autism do not receive any healthcare for years after they stop seeing a pediatrician.
- Sixty-one million Americans live with a disability that may affect cognition, hearing, vision, mobility, independent living, and self-care. One in six children, 3-17 years of age, is diagnosed with a developmental disability such as ASD, Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD), blindness, Cerebral Palsy (CP), and other disabilities. In 2022, one in 44 children were affected by ASD compared to one in 68 children in 2014. The prevalence of ASD has increased 10-17% annually. While no one genetic cause for ASD has been identified, environmental influences such as parental age, maternal illness during pregnancy, oxygen deprivation to the baby, and maternal exposure to pesticides and other chemicals may be contributing factors. A third of ASD individuals are non-verbal, 44% have above average Intelligence Quotient (IQ), 25% are in borderline range, and 31% have an intellectual disability. Commonly observed autism signs and symptoms may range from limited eye contact, lack of social understanding, language, social and communication issues, unusual behaviors and interests, and sensory processing disorders, either hyposensitivity or hypersensitivity, to highly functioning individuals. Disorders associated with ASD include feeding concerns, sleep disturbances, ADD, ADHD, anxiety, depression, and obsessive-compulsive disorder. Gastrointestinal disorders are eight times more common in this population. Therapies and supports often include behavioral therapy, speech and occupational therapy, counseling, interaction through social groups, and other conventional and nonconventional treatments, such as animal, art, and music therapy. Teens with autism receive healthcare transition services half as often as those with other special healthcare needs. Young people whose autism is coupled with associated medical problems are even less likely to receive transition support.
- Approved medications for treatment of ASD are Risperidone and Aripiprazole, which are both used for agitation and irritability associated with ASD. Other common medications include Selective Serotine Reuptake Inhibitors (SSRIs) such as Zoloft and Prozac, and stimulants such as Concerta, Vyvanse, Ritalin, and Adderall. Most of these medications

- are used off-label to treat symptoms. Dry mouth, which is an associated side effect of medications, can increase the risk of cavities.
- Special needs care should include a complex team approach that involves the whole dental team and the family in appointment planning, recognizing that each patient is unique. Particular dental consideration focused on higher rates of decay, damaging oral habits, potential for poor home care, and difficulty swallowing, among others. Various tips included the following: perform an intake interview, learn the social history, encourage parents or caregivers to discuss areas of concern, discuss the child's strengths and triggers, consider teledentistry when possible, schedule appointments during quieter office times, exercise flexibility in routines, limit stimulus as much as possible, and recognize signs of overload. Important home care considerations specified the recognition of physical or cognitive limitations that may exist and adjusting care when possible, clearly written instructions, and specialty products that could be beneficial.

How the Living Well Workshop Helps Patients, Self-Management Education Programs

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- Formed in 2010 as a collaboration between the Tennessee Department of Health and the University of Tennessee Extension Institute of Agriculture, the Self-Management Education Program currently serves 61 Tennessee counties. Licensed by the Self-Management Resource Center (SMRC), the program has educated 248 trained leaders and includes two Master trainers. Through use of this evidence-based education program, co-led community workshops focus on improving health by training community members and teaching chronic disease self-management.
- Greater than 50 SMRC (formerly Stanford Patient Education Center) studies have shown that patients who participate in self-management training had fewer symptoms, better quality of life, and utilized health care less.
- Self-management education programs offered include Chronic Disease Self-Management (Living Well with Chronic Conditions), Diabetes Self-Management (Take Charge of Your Diabetes) and Workplace Chronic Disease Self-Management (Live Healthy Work

- Healthy). Community workshops are led by two certified leaders, conducted virtually or in person, and occur over a six-week period.
- Topics covered during the workshops generally include communication and working with the health team; decision-making, problem-solving, and stress management; meal planning, reading food labels, and making healthy food choices; and glucose monitoring and sick day management for diabetics.
- Other information provided included the requirements for becoming a leader and how to maintain leader certification.