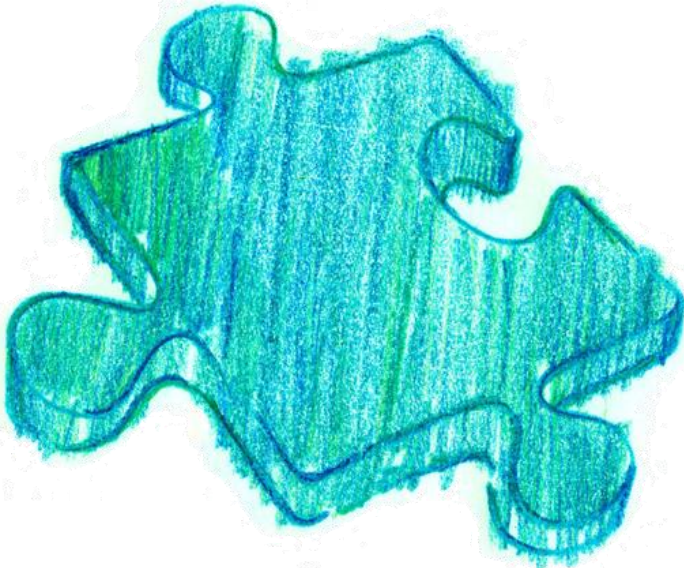


# The Patient Experience



2016  
*Presented By*  
Provider Relations

# What's inside

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- Initial Health Assessment Overview
- Individual Health Education Behavioral Assessment (IHEBA) -Staying Healthy Assessment (SHA)
- Screening Brief Intervention and Referral Treatment (SBIRT)
- Programs/Resources

# Initial Health Assessment

# Initial Health Assessment

## Initial Health Assessment

The Department of Health Care Services requires that primary care physicians complete an IHA to all newly enrolled Medi-Cal members

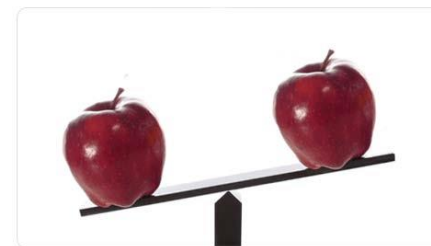
All members must receive an IHA including an age appropriate physical exam and individual health education behavioral assessment

- within 120 of their enrollment date

# Initial Health Assessment

## Guidelines

- Initial Health Assessment must be conducted in a culturally & linguistically appropriate manner
  - Member maybe seen initially during a visit for episodic care
  - Regardless of reason for initial visit, PCP should conduct IHA at first health care contact and document the assessment in the medical record
- Assessment must include an individual health education behavioral assessment (IHEBA)
  - HN recommends providers use the DHCS approved IHEBA form Staying Healthy Assessment (SHA)



# Initial Health Assessment

## Staying Healthy Assessment Form

DHCS requires providers to administer an Individual Health Education Behavioral Assessment (IHEBA)

Staying Health Assessment Form (SHA) is the DHCS approved IHEBA

SHA is the established assessment tool that enables PCPs to assess members current acute, chronic and preventative health, counseling and health education needs

- ✓ SHA covers 9 age groups
- ✓ SHA forms available in several languages
- ✓ Forms can be downloaded from [healthnet.com](http://healthnet.com)



# Initial Health Assessment

## IHA for 21 years and older

IHA must follow DHCS guidelines & Health Net preventative care services guidelines.

A members risk factors may affect the quantity of preventative services needed and may require additional services

IHA should include:

Complete history including

- ✓ Immunizations
- ✓ Dental health
- ✓ Sexual behavior
- ✓ Alcohol, tobacco, drug use
- ✓ Diet & exercise

# Initial Health Assessment

IHA for 21 years and older *cont.*

Physical examination

✓ Height, weight, blood pressure

Cholesterol Screening

✓ age 45 for women

✓ Age 35 for men

Tuberculosis screening





# Initial Health Assessment

## IHA for 21 years and older for women

- ✓ Clinical breast exam for women over 40 years old
- ✓ Mammogram
- ✓ Cervical cancer screening such as Pap smear at least every three years for women from the onset of sexual activity or age 21 to age 65 (over 65 at the PCP discretion)
- ✓ Chlamydia screening for all sexually active females age 21 or older
- ✓ Bone density screening routinely for women ages 65 and older

# Initial Health Assessment

## IHA for under 21 years

- ✓ Health & developmental history
- ✓ Physical examination including assessment of physical growth
- ✓ Assessment of nutritional status
- ✓ Inspection of ears, nose, mouth, throat, teeth & gums
- ✓ Vision, hearing
- ✓ Tuberculosis testing & laboratory test appropriate to age & sex including tests for anemia diabetes & urinary tract infections

# Initial Health Assessment

## IHA for under 21 years

- ✓ STD screening as appropriate
- ✓ Testing for sickle cell trait & lead poisoning where appropriate
- ✓ Administration of immunizations appropriate to age and health history
- ✓ Identify members whose health needs require coordination with appropriate community resources and other agencies



# Initial health Assessment

## *IHA Requirements-REMINDER*

PCP must document all exceptions from IHA requirements in member medical records

Including

- ✓ all member contact & outreach attempts
- ✓ appointment scheduling
- ✓ member refusal to schedule an appointment



# Resources

## Health Net Outreach & Resources

- Monthly 120-day IHA report to PCPs identifying members due or past due for an IHA
- New Member Welcome Packets: instructing members to schedule PCP appointment within 30days of receiving the letter
- New Member Telephone Call: member relations conducts call to new members within 30days of enrollment and provides information on IHA and access to benefits/services
- Reminder Postcard: sent to new members if IHA is not complete within 45days of enrollment
- Online Provider Portal
- Cultural and Linguistic Services
- Health Education (for member educational materials)
- Provider Toolkit
- Patient Experience Toolkit
- Provider Relations

# Staying Healthy Assessment

# **Staying Healthy Assessment**

DHCS requires providers to administer an IHEBA to all Medi-Cal Managed Care patients as part of their Initial Health Assessment (IHA) and well care visits.

**The Staying Healthy Assessment tool is strongly recommended**

- ✓ **Approved by DHCS**
- ✓ **Translated to several languages**
- ✓ **Available for download on DHCS website and health plan websites**

Alternatives are permitted but require pre-approval by DHCS. Submit request for approval to use alternative assessment tool through your health plan

# Staying Healthy Assessment

## *Individual Health Education Behavioral Goals*

- ✓ Identify and track patient high-risk behaviors
- ✓ Prioritize patient health education needs related to lifestyle, behavior, environment, and cultural and linguistic needs
- ✓ Initiate discussion and counseling regarding high-risk behaviors
- ✓ Provide tailored health education counseling, interventions, referral, and follow-up



# Staying Healthy Assessment

## *Benefits to providers and Patients*

- Builds trust between provider and patient
- Improves patient-provider relationship and patient satisfaction
- Allows for more personalized care plans
- Streamlines HEDIS documentation for providers, ensures members get preventive health services
- Allows provider to document patient counseling

# Staying Healthy Assessment

Questionnaire	Administer	Administer/Re-administer		Review
Age Groups	Within 120 Days of Enrollment	1 <sup>st</sup> Scheduled Exam <i>(after entering new age group)</i>	Every 3-5 years	Annually <i>(Interval Years)</i>
0-6 mo.	✓			
7-12 mo.	✓	✓		
1-2 yrs.	✓	✓		✓
3-4 yrs.	✓	✓		✓
5-8 yrs.	✓	✓		✓
9-11 yrs.	✓	✓		✓
12-17 yrs.	✓	✓		✓
Adult	✓		✓	✓
Senior	✓		✓	✓

# Staying Healthy Assessment

## *SHA Recommendations*

### **12-17 years old age group:**

- Encourage patients to complete the SHA without a parent/guardian
- Annual re-administration is recommended

### **Adults and Seniors age group:**

- After 55 years of age, use Adult or Senior SHA that is best suited for patient
- Annual re-administration is recommended for seniors

# Staying Healthy Assessment

## *SHA Completion*

### **Assisting the patient in SHA completion:**

- Explain the SHA's purpose and how it will be used
- Assure that SHA responses are confidential and will be kept in patient's medical record
- Encourage the patient to self-complete the SHA

### **Optional:**

- SHA questions may be asked verbally and responses recorded directly in patient's electronic medical record

# Staying Healthy Assessment

## *SHA Refusal*

- Patients have the right to refuse, decline or skip any or all parts of the SHA
- Encourage patient to complete an age appropriate SHA every subsequent year during a scheduled exam

# Staying Healthy Assessment

## *SHA Provider Review*

### Reviewing the completed SHA with the patient:

- Determine extent of risk factors on patient's health
- Prioritize risk factors to discuss
- Provide tailored health education counseling, intervention, referral, follow up, and risk reduction plan

# Staying Healthy Assessment

## *SHA Provider Review*

### Alcohol use question:

The alcohol screening question

- #19 on the Adult SHA
- #23 on the Senior SHA

✓ Will discuss in SBIRT Section

# Staying Healthy Assessment

## *SHA Documentation*

The provider must:

- Sign, print his/her name, and date
- Document specific behavioral-risk topics and patient counseling, referral, anticipatory guidance, and follow-up provided
- Keep signed SHA in patient's medical record
- Document SHA reviews and SHA refusals



# Staying Healthy Assessment

## Staying Healthy Assessment

(Staying Healthy Assessment)

**12 – 17 Years** (12 – 17 Years)

<b>1</b>	Name (first & last)	Date of Birth	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	Today's Date	Grade in School:
	Jane Doe	04-01-99		9-10-13	9
	Person Completing Form	<input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Guardian <input type="checkbox"/> Other (Specify)			School Attendance Regular? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Self				

Please answer all the questions on this form as best you can. Circle "Skip" if you do not know an answer or do not wish to answer. Be sure to talk to the doctor if you have questions about anything on this form. Your answers will be protected as part of your medical record.

Need Interpreter?

☐ Yes ☐ No

**Clinic Use Only:**

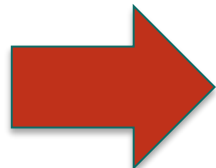
Nutrition

1	Do you drink or eat 3 servings of calcium-rich foods daily, such as milk, cheese, yogurt, soy milk, or tofu? (Drinks/eats 3 servings of calcium-rich foods daily)	(Yes)	No	Skip	Nutrition
2	Do you eat fruits and vegetables at least 2 times per day? (Eats fruits and vegetables at least 2 times per day?)	Yes	(No)	Skip	
3	Do you eat high fat foods, such as fried foods, chips, ice cream, or pizza more than once per week? (Eats high fat foods more than once per week?)	No	(Yes)	Skip	
4	Do you drink more than 12 oz. (1 soda can) per day of juice drink, sports drink, energy drink, or sweetened coffee drink? (Drinks more than 12 oz. per day of juice/sports/energy drink, or sweetened coffee drink?)	No	(Yes)	Skip	
5	Do you exercise or play sports most days of the week? (Exercises or plays sports most days of the week?)	(Yes)	No	Skip	Physical Activity

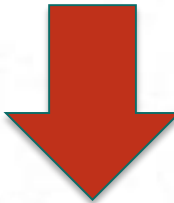
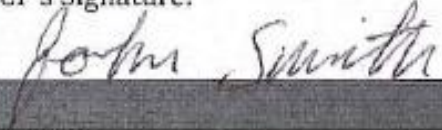
# Staying Healthy Assessment

30	Have you or your partner(s) had sex with other people in the past year?	No	Yes	Skip
31	Have you or your partner(s) had sex without using birth control in the past year?	No	Yes	Skip
32	The last time you had sex, did you use birth control?	Yes	No	Skip
33	Have you or your partner(s) had sex without a condom in the past year?	No	Yes	Skip
34	Did you or your partner use a condom the last time you had sex?	Yes	No	Skip
35	Do you have concerns about liking someone of the same sex?	No	Yes	Skip
36	Do you have any other questions or concerns about your health?	No	Yes	Skip

*If yes, please describe:*



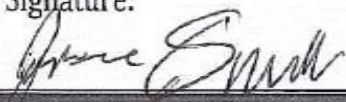
# Staying Healthy Assessment

<i>Clinic Use Only</i>	Counseled	Referred	Anticipatory Guidance	Follow-up Ordered	Comments:
<input checked="" type="checkbox"/> Nutrition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Dental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Alcohol, Tobacco, Drug Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Sexual Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
					<input type="checkbox"/> Patient Declined the SHA
PCP's Signature: 		Print Name: Dr. John Smith		Date: 9-10-13	
<b>SHA ANNUAL REVIEW</b>					
PCP's Signature:		Print Name:		Date:	
PCP's Signature:		Print Name:		Date:	
PCP's Signature:		Print Name:		Date:	
PCP's Signature:		Print Name:		Date:	

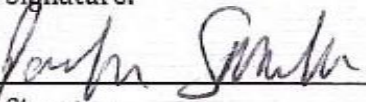


# Staying Healthy Assessment

<i>Clinic Use Only</i>	Counseled	Referred	Anticipatory Guidance	Follow-up Ordered	Comments:
<input checked="" type="checkbox"/> Nutrition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Patient Declined the SHA
<input checked="" type="checkbox"/> Physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Dental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Alcohol, Tobacco, Drug Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Sexual Issues	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

PCP's Signature: 	Print Name: Dr. John Smith	Date: 9-10-13
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## SHA ANNUAL REVIEW

PCP's Signature: 	Print Name: John Smith	Date: 9-21-14
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PCP's Signature:	Print Name:	Date:
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PCP's Signature:	Print Name:	Date:
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PCP's Signature:	Print Name:	Date:
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# Staying Healthy Assessment

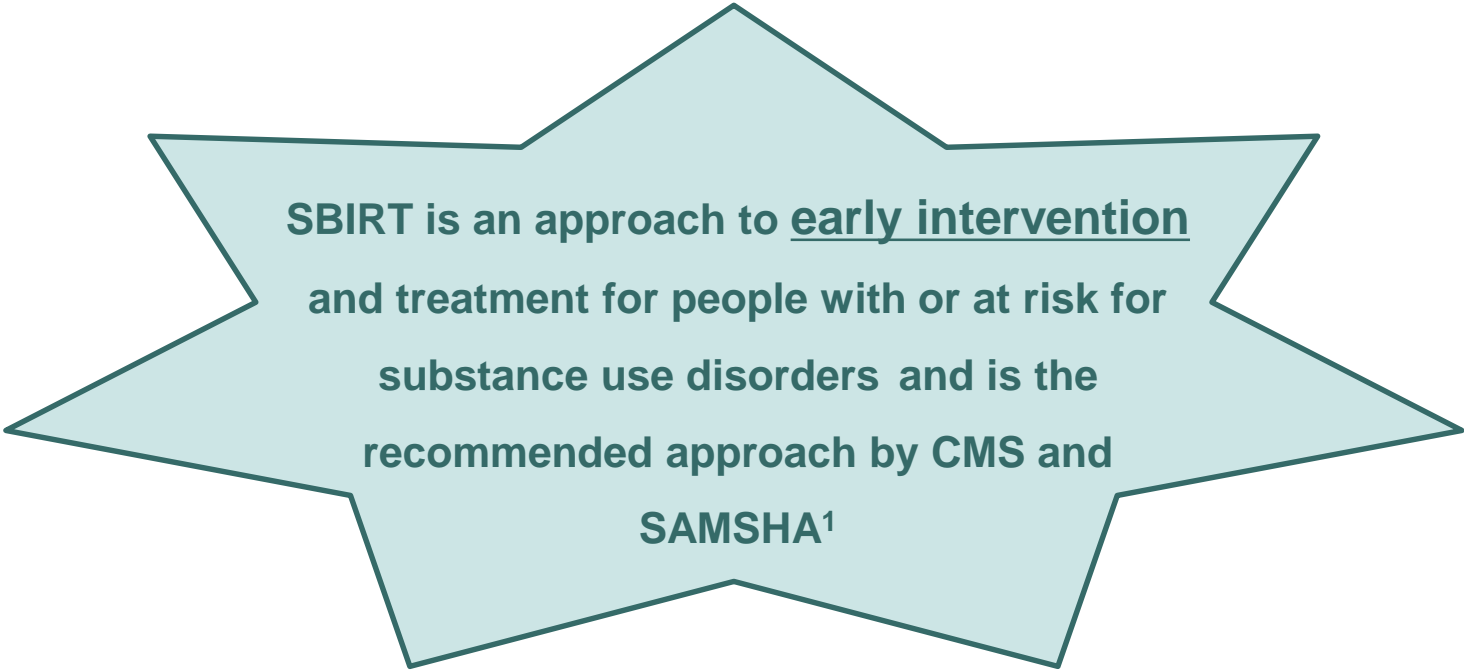
All SHA forms are available for download and printing on the DHCS website and [healthnet.com](http://healthnet.com)

Available languages:

Arabic*	Khmer*
Armenian	Korean
Chinese	Russian
English	Spanish
Farsi*	Tagalog
Hmong	Vietnamese

# Screening Brief Intervention and Referral Treatment

# SBIRT Brief Intervention Services



SBIRT is an approach to early intervention  
and treatment for people with or at risk for  
substance use disorders and is the  
recommended approach by CMS and  
SAMSHA<sup>1</sup>

**SBIRT:**      Screening for alcohol and drug misuse  
                  Brief Intervention  
                  Referral for Treatment

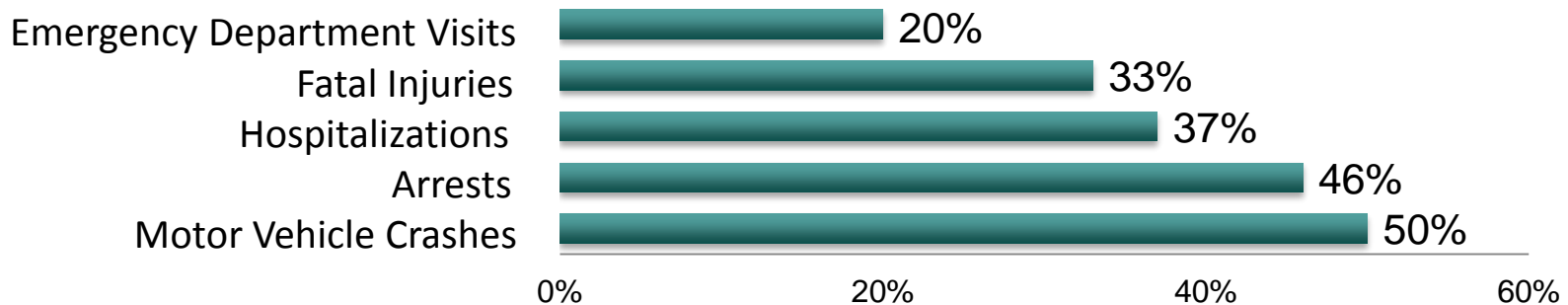
# SBIRT Works in the PCP Setting

Patients form  
trusting  
bonds with  
their PCP

**Why SBIRT in the PCP setting?<sup>6</sup>**

Patients  
prefer  
follow-up  
with their  
PCP

**SBIRT has been shown to reduce:<sup>7</sup>**





# Myths of Using SBIRT in the PCP Setting:<sup>8</sup>

**Takes too long**

- SBIRT services can be 15 to 30 minutes and is billable
- Follow-up visits consist of a conversation about how well the patient is progressing and setting new goals

**Treatment should be in a behavioral health setting**

- PCPs are the most trusted health care providers and have the greatest impact patients' wellness
- Office staff can become qualified to administer all aspects of SBIRT working under supervision of PCP or licensed clinical staff
- The four hour online training is available through several websites

**Patients will take offense**

- Evidence shows brief discussions have a positive effect on creating awareness and changing behavior
- Patients will be more likely to return to their PCP than to a treatment program
- If patients indicate, through the screening, they have an alcohol or drug use issue, they are likely to be relieved or even appreciative to have a discussion with someone they trust with this issue

# Screening for Alcohol and Drug Misuse

## Screening:<sup>9</sup>

- Can take as little as a minute to complete or ten minutes for a more in-depth look
- Should be performed on an annual basis
- Can be administered face-to-face, through a paper questionnaire, or online in the office

# Additional Screening Tools<sup>10</sup>

## Commonly used evidence-based screening tools

Screening Tool	Screening Purpose	# of Questions	Target Patients	Minutes to Administer	Other Info:
AUDIT	Alcohol	10	Adults	2-4	Detects at-risk, heavy and binge drinking. Free from cultural bias
AUDIT - C	Alcohol	3	Adults	1	Brief alcohol screen for hazardous or harmful drinking
CAGE-AID	Alcohol and drugs	4	Adults and adolescents	1	Does not ask about tobacco or assess for severity of SUD
CRAFFT	Alcohol, drugs, Opioids (similar to CAGE for adults)	6	35	5	Does not assess severity of problem or ask about tobacco
DAST 10	Drugs	10	Adults and adolescents	3	Includes screen for RX use
HSA	Alcohol	1	Adults	Part of larger screen	For Medi-Cal members
NIDA Quick screen	All substances	5	Adults	2-3	If yes to any questions, screen further with appropriate tool*
NM ASSIST	Drugs	15	Adults	15	Screens for all substances and frequency of use
Opioid Risk Tool (ORT)	Opioids	5	Adults	1	Risk for aberrant behavior when prescribed opioids for chronic pain

# Brief Intervention – 7 Steps

## Step 1: Confirm your concern about responses to the screen<sup>11</sup>

- Ask your patient to explain their positive responses

## Step 2: Ask for patient's view of the situation and identify risks<sup>12</sup>

- Review medical risks, injury or death and relationships
- Discuss benefits of cutting back
- Increase patient insight and awareness, including obstacles to cutting back or abstaining

Try not to label their substance use as a “problem” before patients recognizes their behavior as a problem.

# Brief Intervention

Brief  
Inter-  
vention

## Step 3: Discuss personal responsibility and provide time for questions<sup>13</sup>

Responsibility for  
daily activities –work,  
driving  
and preventing  
accidents

Responsibility for  
healthy relationships  
with family and friends

Responsibility for  
maintaining good  
physical and  
behavioral health

## Step 4: Targeted communication<sup>13</sup>

- Discuss advantages of changing behavior
- Offer specific advice about changing behavior

## Non-judgmental advice<sup>14</sup>

- Empathize with your patient
- Convey a non-judgmental attitude
- Use open-ended questions

# Brief Intervention

## Brief Intervention

### Step 5: Treatment options<sup>15</sup>

- Graduated reduction in substance use
  - *Ask the patient what steps need to be taken to cut back*
- Trial period of reduction
  - *Set limit on number of drinks per week*
  - *Reinforce /limit number of days to drink*
- If appropriate, trial period of abstinence
- Use of medication if necessary

# Brief Intervention

## Brief Intervention

### Step 6: Provide patient support and encouragement<sup>16</sup>

- Encourage your patient to change habits
- Then, motivate your patient to commit to those changes, even when there are failures
- Provide information about community resources and support groups

**Identify support sources:** Family; friends; work associates; religious groups; social groups; 12-step programs; learn to meditate; learn to dance

### Step 7: Patient education<sup>17</sup>

- Provide printed and online educational materials

**Schedule a follow-up appointment within 14 days.**

# Follow-Up Visit Within 14 Days<sup>22</sup>

## 1. Review Patient Risks

- Medical risks
- Increased probability of traumatic injury or death
- Relationships with family, friends and work

## 2. Review Goals

- Steps needed to cut back on drinking
- Drink limit per week
- Encourage abstinence, if appropriate
- Number of days per week to drink

## 3. Review Barriers to Goals

- What stands in the way to cut usage?
- What are the 3 most common triggers for drinking or drug using
- Are there social situations to avoid
- Address triggering events

## 4. Review Sources of Support

- Family - friends - work associates - church
- 12-step programs - Learn to meditate - Learn to dance

**\*Schedule 2 more appointments in the next 30 days or refer to behavioral health**



# Brief Intervention – PCP Pocket Guide

**1. Screen for alcohol/drug use.**

**2. If results are positive:**

- A. Increase patient insight and awareness**
- B. Set and agree on goals and motivate/assist toward change**
- C. Discuss barriers to goals – how to overcome**
- D. Identify sources of support and engage in activities**
- E. Schedule a follow-up appointment within 14 days**

**3. Schedule 14-day  
appointment**

- A. Review patient progress in changing behaviors**
- B. Review reasons to cut back or abstain**
- C. Review sources of support/programs for recovery**

**Proceed with one of the following:**

- D. Schedule 2 more appointments within the next 30 days**
- E. Refer to behavioral health services if appropriate**

# Health Plan Resources

# Health Plan Resources

## Toolkits

### Improving Patient Experience

- ✓ Access to care
- ✓ Care coordination
- ✓ Physician-patient communication

### Tips and Resources for Preventative Care

- ✓ HEDIS
- ✓ Child/Adolescent
- ✓ Well Women
- ✓ Chronic Conditions

# Health Plan Resources

## Member Incentive Programs

### Fit Families for Life-Be in Charge

- ✓ 5 week home-based program guides participants on better food choices and physical activity
- ✓ Includes workbook, cookbook, DVD, exercise band
- ✓ Ages 6-20 can earn \$10 per coaching call and \$20 for follow-up with PCP

### Kids & Teen Challenge

- ✓ Children 0-20 years can win \$50 gift card for a well-care visit or dental check-up

# Health Plan Resources

## Member Incentive Programs

### Prenatal Incentive Program

- ✓ \$25 for completed prenatal visit
- ✓ First 3 months of being pregnant
- ✓ 40 days within joining Health Net

### Postpartum Incentive Program

- ✓ \$25 for completed postpartum visit
- ✓ 3-6 weeks after having baby

CalViva –Postpartum Incentive only

# Thank You

