

The Source

for Providers



WINTER 2022

In this issue >

- Provider education opportunities
- Compassion fatigue solutions
- Celebrating 10 years in Montana
- *And more!*





PROVIDER EDUCATION

Provider training and educational opportunities



By Trudy Townsend, Training and Facilitation Manager

We are committed to offering relevant, engaging, ongoing training for providers and their staff. You'll find courses about current issues and trainings to earn CME credits and satisfy annual requirements. Here's an overview of some upcoming educational opportunities.

Online courses available

Building a Skillset for Motivational Interviewing

This is a six-part online, on-demand training series designed to help clinicians enhance and expand their skills for Motivational Interviewing engagement and activation. This course distinguishes the difference of a traditional patient and describes the science and evidence behind MI. It also addresses the various types of patient engagement, activation, self-efficacy, and personal agency as part of behavioral change counseling.

You can learn at your own pace and make the most of the practice activities by applying them in your day-to-day work. *12.0 AMA PRA Category 1 Credits™* are available.

[Register today](#)

Key Name: Motivationalinterviewing

Accreditation: This activity was planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of OHSU School of Medicine and PacificSource. The OHSU School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

Credit: OHSU School of Medicine designates this enduring material for a maximum of *12 AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



Health Care Interpreter Support Program

Do you practice in Oregon? Do you have bilingual staff in your clinic who might be interested in becoming Qualified or Certified Healthcare Interpreters? If so, reach out to us today to learn about upcoming opportunities for support and training.

[Email us today!](#)



Compassion fatigue solutions



By Melissa Sherry, Wellness Consultant

Most providers choose their field because they see an opportunity to improve quality of life for others. But what do providers do when that sentiment fades? Studies show that when the feeling of compassion toward patients decreases, there is a decrease in improved outcomes and patient adherence (AAMC, 2019). Alternatively, when providers maintain their compassion throughout their career, they not only see better outcomes for patients, but extending kindness is associated with reduced burnout and longevity in their practice (AAMC, 2019).

Compassion fatigue is a normal result of chronic stress resulting from caregiving for people we feel compassion for (Mental Health America). When providers experience compassion fatigue, they can experience symptoms of excessive blaming, bottled emotions, isolation, experiencing more complaints, substance abuse, poor self-care, and much more (Mental Health America).



Managing compassion fatigue

There are tools and resources providers can take advantage of to understand reactions, and show self-reflective kindness. They also help set boundaries in caregiving relationships to improve patient outcomes, and increase happiness and longevity of their careers.

Here are some helpful tips to consider:



Understand that those close to you may not be the best to help you cope*



Listen to peers who have similar daily experiences*



Be kind to yourself, and take personal time away*



Seek counseling to manage mental health concerns*

Other tips include:



Educate yourself on your reactions

Mental Health America created the following self-tests that can help you identify where your strengths and opportunities for growth are:

- [Professional Quality of Life Measure](#)
- [Life Stress Test](#)



Know who to contact in time of crisis

If you or someone you know is experiencing a mental health crisis, SAMHSA's National Helpline, **800-662-HELP (4357)** (also known as the Treatment Referral Routing Service), or TTY: **800-487-4889**, is a confidential, free, 24-hour-a-day, 365-day-a-year information service, in English and Spanish, for individuals and family members facing mental and/or substance use disorders. This service provides referrals to local treatment facilities, support groups, and community-based organizations.

Sources:

Association of American Medical Colleges:
[Can compassion help heal patients – and providers? AAMC.org](#)

*Mental Health America.

[Compassion Fatigue, Empathy Burnout for Health Care Workers: which is it? MHANational.org](#)



QUALITY CORNER

Transitions of care and medication reconciliation post-discharge



By Kevin McLean, Senior UM Clinical Strategist

A comprehensive transition process is key to preventing potential adverse outcomes or readmission for patients. The Transitions of Care (TRC) measure developed by NCQA takes a look at adults 18 and older who were hospitalized as an inpatient for any reason (scheduled surgery, observation stay, or acute care), and those who receive care in a skilled nursing facility. An important component of the Transitions of Care measure is Medication Reconciliation Post-Discharge (MRP) within 30 days.

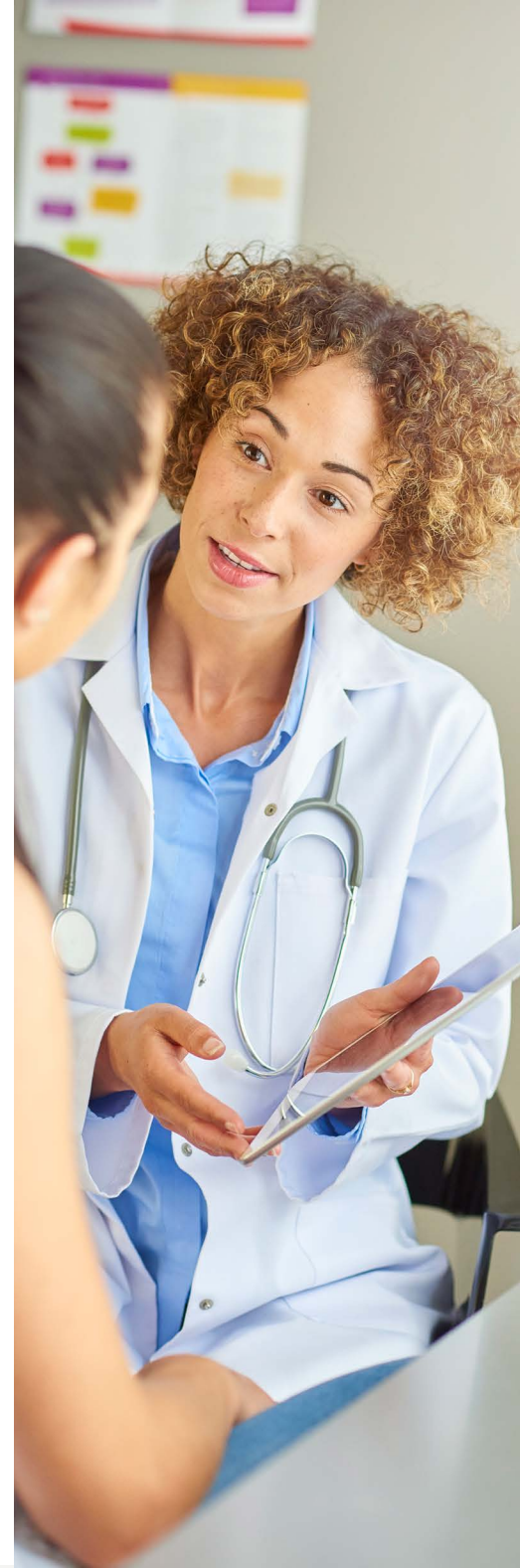
MRP is a type of review in which the discharge medications (newly prescribed, continued, discontinued, and over-the-counter) are reconciled with the most recent medication list in the outpatient medical record. This must be done within 30 days and be present in the medical record to close the gap in care. MRP can be completed by the prescribing practitioner, clinical pharmacist, or a registered nurse.

Medication reconciliation supports a smooth and successful transition of care by:

- Preventing hospital readmissions
- Ensuring safe and effective use of medications
- Avoiding potential duplication of therapy
- Improving medication adherence
- Ensuring patient understanding of medication regimen

Not sure where to start? Keep these best practice ideas in mind:

- Use resources like the Collective Medical platform to identify when patients are admitted and discharged from the hospital. Other hospital portals may also be used to identify when your patients are transitioning
- Streamline workflows by designating staff to monitor the Transitions of Care process
- Ensure correct documentation is in the outpatient record
 - Evidence of the Medication Reconciliation Post-Discharge must include the date of hospital discharge, the date of the medication reconciliation, and the name and credentials of the clinician who completed the service.



Still have questions?

PacificSource offers training for your staff on the Transitions of Care measure and can offer support for medication reconciliation post-discharge. Ask your PacificSource Population Health team member or email PopulationHealth@PacificSource.com for more information.





PacificSource Health Plans celebrates 10 years in Montana



By PacificSource Staff

We are proud to have reached our tenth anniversary of providing health plans in Montana. PacificSource was founded in Oregon in 1933, and we have expanded across the Northwest throughout the decades. In 2012, we began selling individual plans statewide in Montana. We currently serve 46,500 Montanans with individual, small and large group, ASO, and Medicare Advantage health plans, and are contracted with more than 90% of providers in the state.

Since 2012, we have provided access to healthcare to a total of **311,460** Montanans and directly supported the community with **\$2.7 million** in the form of grants, volunteer hours, and other forms of giving.

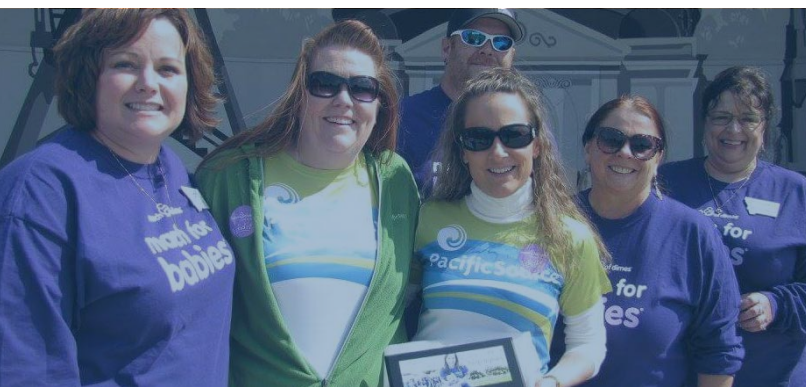


“Whether it’s through employment, benefits, new job creation, or supporting local companies, we’re proud of the social and economic impact we’ve had over the last decade on our local communities here in Montana,” said Erik Wood, PacificSource Montana Market President.

“Montana has been my home for 20 years now, and it means so much to me to have local staff in local offices here in our beautiful state, ready to help our fellow Montanans get the care they need,” Wood added.

“As PacificSource has grown over the years, it’s always been a critical part of our mission to give back to the communities we serve, and I am pleased to report that PacificSource has spent the last decade adding more than \$33 million to Montana’s local economy,” said Ken Provencher, President and CEO of PacificSource. “Most importantly, we want to thank our valued members and the provider community for supporting our first ten years in the state. We look forward to continuing to serve them in the years ahead.”

We currently have 35 Montana-based staff, with local offices in Billings and Helena.



Provider resources



By Kevin McLean, Senior UM Clinical Strategist

PacificSource annually shares our affirmative statement with our providers, members, and staff. The following statement about incentives serves as a reminder that we comply with regulations, and structure and conduct utilization management (UM) in a manner that ensures independence and impartiality of the individuals involved in utilization review.

PacificSource has recently updated our list of practice guideline recommendations to include newer categories and recommendations relevant to our membership and clinical programs. The following notice shares the intent of practice guidelines, and where our revised list can be accessed.



Affirmative Statement

PACIFICSOURCE HEALTH PLANS' AFFIRMATIVE STATEMENT ABOUT INCENTIVES

PacificSource Health Plans' decisions regarding the provision of healthcare services are made under the following provisions:

- Utilization Management (UM) decision-making is based only on appropriateness of care and service and the existence of coverage
- PacificSource does not specifically reward practitioners or other individuals for issuing denials of coverage
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization

The nurses, physicians, other professional providers, and independent medical consultants who perform utilization review services for PacificSource are not compensated or given incentives based on their coverage review decisions. There are no financial incentives for such individuals that would encourage utilization review decisions that result in underutilization.

PacificSource Health Plans' nurses, social workers, and physician reviewers are salaried employees of PacificSource. Contracted external physicians and other professional consultants are compensated on an hourly, per-case-reviewed, or population management basis, regardless of coverage determinations.



Practice Guidelines

PacificSource Community Solutions, PacificSource Medicare, and PacificSource Health Plans support the use of practice guidelines based on nationally recognized, valid, and reliable evidence-based clinical literature or a consensus of professionals in a particular field.

PacificSource adopts medical, behavioral, and oral health guidelines to assist providers and members in making decisions about appropriate healthcare choices. PacificSource practice guidelines are not meant to replace the clinical judgment of a treating provider. Guidelines are reviewed and updated as needed on an annual basis. **The list of practice guidelines was updated in September 2022.**

In all cases, benefit determinations should be based on the applicable contract coverage. Should there be any discrepancy between these guidelines and the contract language, the contract language will take precedence.

Practice guidelines, which are applicable to all lines of business, are available here:

- [PacificSource.com/Providers/Clinical-Policies-And-Practice-Guidelines](https://www.pacificsource.com/Providers/Clinical-Policies-And-Practice-Guidelines)

Taxonomy code updates



By Danielle Nelson, Fraud, Waste, and Abuse Program Manager

Reviewing and updating your taxonomy codes on the NPPES registry. This can help prevent potential billing errors and can help to ensure data accuracy.

CMS publishes code sets twice each year, so there may be a new taxonomy code that more closely describes your provider type, classification, or specialization.

The code set is located at [HealthCare Provider Taxonomy Code Set](#).

Help for Oregon Medicaid patients with behavioral health needs



PacificSource Community Solutions is pleased to introduce our Behavioral Health (BH) Navigation team. This program serves Oregon Medicaid members to help them access behavioral health services. See our [Behavioral Health Navigation Team flier](#) to connect your Oregon Medicaid patients to this service.

Helpful Links

Learn about [InTouch for Providers](#)

[Register or log in to InTouch for Providers](#)

Find your assigned [Provider Service Representative](#)

Visit our [Provider Manual](#)

Explore available [Provider Training and Workshops](#)



For the most current information or updates to any time-sensitive content in this newsletter, please visit us online using the links listed above.

Check out our [blog](#) for timely, helpful health advice.

We're here to help

Our friendly Provider Service team will be happy to assist you.

We're open 8:00 a.m. to 5:00 p.m., Monday through Friday.



Idaho and Montana:

541-246-1459 or toll-free 855-247-7579

Oregon:

541-246-1457 or toll-free 855-247-7575

TTY: 711.

We accept all relay calls.



Email:

ProviderServiceRep@PacificSource.com

Find your

[Provider Service Representative](#)