



NMHC Provider Connection

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- Shared decision-making tools for total joint replacement to use with your patients
- Providers are required to share patient information with referring providers
- The three phases of treatment for depression

Please forward this newsletter to all office staff

We at NMHC work to make this newsletter useful to providers and their front- and back-office staff. Please take a moment to forward this email to anyone in your office who would benefit from reading it.

Find the newsletter on our website

After we email every newsletter, we post it on the [Provider Forms & Other Resources page](#) (scroll down to the *Provider Newsletter* section). You can find current and back issues there.

Shared decision-making tools for total joint replacement to use with your patients: A message from F. Kiko Torres, MD, Chief Medical Officer

Total joint replacement (TJR) is among the most performed elective surgical procedures in the United States. The number of primary and revision TJR procedures has risen continuously in recent decades, with the latest National Inpatient Sample in 2014 documenting 370,770 total hip replacements and 680,150 total knee replacements. A recent study presented at the 2018 Annual Meeting of the American Academy of Orthopaedic Surgeons (AAOS) highlighted that by 2030, primary total hip replacement (THR) is projected to **increase by 171 percent** and primary total knee replacement (TKR) is projected to **increase by up to 189 percent**. By 2060, primary THR is projected to increase by 330 percent increase and primary TKR is expected to increase by 382 percent.

Clearly, THR and TKR are clinically and cost-effective procedures for patients with end-stage osteoarthritis who have persistent pain, restricted function, and a diminished quality of life. But what about the *younger* patient with moderate arthritis and intermittent issues with pain, function, and quality of life? How do you guide such a patient about the right time to pursue surgery? The study presented at the AAOS meeting noted that the mean age for primary THR and TKR has significantly declined, so this scenario will likely be more and more common in future years.

New Mexico Health Connections recognizes that better health decisions lead to better health. Well-informed patients will make better health decisions, but helping a patient become better informed is a time-intensive process. As it is, clinicians don't have enough time to spend with patients for immediate clinical needs, much less an extra 15 to 30 minutes to thoroughly review the pros and cons of a total joint replacement.

To help inform your patients, New Mexico Health Connections offers our providers and members a certified Shared Decision-Making (SDM) tool from [Healthwise](#), an independent company whose mission is to help patients make better health decisions since 1975. Healthwise is NCQA-accredited, and the following SDM tools are certified by the Washington State Healthcare Authority:

- [Knee Osteoarthritis: Is it time to think about surgery?](#)
- [Hip Osteoarthritis: Is it time to think about surgery?](#)

These SDM tools guide patients and prompt them to answer questions about their unique circumstances, which then helps patients and clinicians talk together about care options. The tool outlines the pros and cons of the procedure based on personal values and preferences. Research shows that SDM aids lead to increased knowledge and a more accurate understanding of risk. You can download the tool from the [Provider Forms and Other Resources page of our website](#) by clicking on the hyperlinks above.

Talk to your patients about vaping

The dangers of vaping have been making [headlines](#) lately. Your patients may ask you how to discourage their children from vaping. The American Lung Association has produced a guide for parents to have that conversation with their kids. You may find this guide a useful resource for parents or even for your own use when talking to adolescent patients. You can [download the guide](#) from the ALA website.

Best practices: Taking depression treatment to the next level

According to the American Psychiatric Association (APA) *Guidelines for the Treatment of Patients with Major Depressive Disorder*, treatment of depression is divided into phases. Each phase has unique goals and monitoring needs.

- **Acute phase: first 12 weeks.** The **goal** of the acute phase is to induce remission and achieve full return to the baseline level of functioning. An incomplete response to treatment during this period is associated with poor outcomes. If using antidepressant medications, it is critical that the patient is **monitored** for response, adherence, need for dose titration, and side effects.
- **Continuation phase: next 4-9 months.** The **goal** of the continuation phase is to prevent a relapse. Here the patient should be **monitored** for symptoms, adherence, side effects, and functional status.
- **Discontinuation:** Medications should be **tapered** over several weeks. Before discontinuation of active treatment, patients should be **counseled** about the potential for relapse and have a plan in place in case symptoms recur.

Our medical management team uses an integrated physical and behavioral health model as a more comprehensive and holistic approach to member care. This approach has led us to an Acute Phase Treatment Adherence (84 days) of 79.25%, compared to a national average of 67%. The Continuation Phase Adherence (> 180 days) is 67.92%, compared to a national average of 52%.

Do not let non-adherence due to the underlying depression prevent your patients from recovering.

Providers are required to share patient information with referring providers

Providers, please remember that, per your contract with NMHC, you must provide typed consultation or referral reports, operative reports, and discharge summaries to your patients' referring providers within 10 working days of the patient encounter.

In urgent or emergent situations, you must share a preliminary report of a consultation with the patient's initiating provider within 24 hours (unless best medical practices dictate less time is required for a preliminary report) by telephone, fax, or other means.

If you have any questions about this requirement, please contact your NMHC Provider Services Representative.

Urge your patients to get their seasonal flu vaccine

Flu season is here! Everyone six months and older should receive a flu shot. Please take the time to talk to your patients about the [benefits of getting their seasonal flu vaccine](#) and how to prevent getting and spreading this potentially serious virus.

Also, remember that flu shots are a covered benefit for your NMHC patients, so it won't cost them anything. If your office doesn't offer flu shots, your patients can visit any pharmacy within our network. Patients can find an in-network pharmacy on the [Pharmacy page of our website](#) (scroll

Care Connect line offers expert guidance for non-emergent issues

NMHC offers a 24/7/365 nurse advice line – Care Connect Line – exclusively to its members. The Care Connect Line is staffed by experienced registered nurses who assess the caller’s symptoms and help them decide what next steps to take.

The Care Connect Line also offers a Virtual Clinic. If a caller’s symptoms warrant, the nurse can arrange for the patient to receive a telephone consultation with an MDLIVE® doctor. These physicians are board-certified in New Mexico, have an average of 15 years of experience, and are in our provider network.

Our nurse advice line also offers services for members whose first language is not English. The toll-free Care Connect Line number is **1-844-308-2552**.

Information you need is on our website

We would like to remind you about our website, **mynmhc.org**. We include information about many topics of interest there, and you can view and/or download information about the following topics:

- The process to refer members to case management.
- The process to refer members to disease management.
- Information about disease management programs, including how to use the services and how NMHC works with a practitioner’s patients in the program.
- Information about NMHC’s medical necessity criteria, including how to obtain or view a copy.
- Information about the availability of staff to answer questions about utilization management (UM) issues.
- The toll-free number to contact staff regarding UM issues.
- NMHC’s policy prohibiting financial incentives for utilization management decision-makers.
- Information about NMHC’s pharmaceutical management procedures including our drug list along with restrictions and preferences; how to use pharmaceutical management procedures; an explanation of limits and quotas; how practitioners can provide information to support an exception request; and NMHC’s processes for generic substitution, therapeutic interchange, and step-therapy.
- A description of the process to review information submitted to support a practitioner’s credentialing application, correct erroneous information and, upon request, to be informed of the status of the credentialing or re-credentialing application.
- NMHC’s member rights and responsibilities statement.

If you have any questions about accessing **mynmhc.org** or if you would like more information, please call your Provider Relations Representative. The most recent information about NMHC and our services is always available on our website.

Find our most recent fax blasts, back issues of our provider newsletter, and useful writable PDF forms on our [Provider Forms & Other Resources page](#).

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