
From: Credible Behavioral Health, Inc. <jaclyn.o'donnell@credibleinc.com>
Sent: Friday, November 16, 2018 7:31 AM
To: Credible Documentation
Subject: Credible Behavioral Health Clinical News and Information - November 2018

CREDIBLE

Behavioral Health Software



Clinical News & Information - November 2018

DEAR CREDIBLE,

In our November newsletter, you'll find news and information of interest to behavioral health clinicians. You can find a copy of this newsletter – along with our payer and billing newsletters, health care industry news, and product release notes – in Credible Help under General Information > Release Notes and Communications.

November Awareness

November is...

- American Diabetes Month
- National Alzheimer's Disease Awareness Month
- National Family Caregivers Month
- National Home Health Care Month
- National Hospice and Palliative Care Month
- National Long-term Care Awareness Month

- National Native American Heritage Month

November is also...

- November 13 – World Kindness Day
- November 14 – World Diabetes Day
- November 15 – Great American Smoke-Out
- November 17 – International Survivors of Suicide Loss Day
- November 22 – National Family Health History Day
- November 23 – National Native American Heritage Day
- November 25 – International Day for the Elimination of Violence Against Women

Federal Policies Impacting Behavioral Health

healthcare informatics

CMS Publishes 2019 Physician Fee Schedule/QPP

Final Rule

On Nov. 1, the federal Centers for Medicare & Medicaid Services (CMS) published a final rule providing updates to the Physician Fee Schedule and 2019 Quality Payment Program (QPP), which encapsulates the Medicare Incentive-based Payment Program (MIPS) and Advanced Payment Models.

In the proposed [rule](#), released July 12, CMS recommended sweeping changes to MIPS measures, Evaluation and Management (E&M) coding, and telemedicine reimbursement. On the [proposed rule's release](#), CMS said the changes will "fundamentally improve the nation's healthcare system and help restore the doctor-patient relationship by empowering clinicians to use their electronic health records (EHRs) to document clinically meaningful information."

In similar remarks about the finalized 2, 378-page [rule](#), CMS officials said these changes will shift clinicians' time from completing unnecessary paperwork to provide innovative, high-quality patient care. The proposals in the final rule "address provider burnout and provide clinicians immediate relief from excess paperwork tied to outdated billing practices."

A fact sheet on the final rule published Nov. 1 can be accessed [here](#).

- [Healthcare Informatics article](#)
- [Final Policy, Payment, and Quality Provisions Changes to the Medicare Physician Fee Schedule for Calendar Year 2019](#)

**MEDPAGE
TODAY®**

[Quality Payment Program Year 3](#)

CMS Delays E/M Coding Changes in New Physician

Payment Rule

Also expands telemedicine coverage, cuts Part B drug reimbursements

Physicians hoping the Centers for Medicare & Medicaid Services (CMS) would modify some proposed changes to evaluation and management (E/M) codes got their wish Thursday when the agency issued its [final Physician Fee Schedule](#) rule for 2019.

When CMS first [proposed an overhaul of the E/M coding structure](#) in July, the agency argued that it was reducing clinicians' administrative burden by collapsing payment levels 2-5, and offering "blended payment rates" along with certain add-on codes. But the provider groups were not impressed.

More than 160 medical organizations, including the American Medical Association, the American Academy of Family Physicians, and the American College of Cardiology, [sent a letter to CMS Administrator](#), Seema Verma, saying the change would hurt physicians in specialties that see the sickest patients and "jeopardiz[e] patients' access to care."

On Thursday, Verma said the agency had tempered its initial approach.



[day](#)

Trump Administration announces State Relief and Empowerment Waivers

Today, the Centers for Medicare & Medicaid Services (CMS) and the U.S. Department of the Treasury issued new guidance so states can move their insurance markets away from the one-size-fits-all rules and regulations imposed by the Affordable Care Act (ACA) and increase choice and competition within their insurance markets. The new guidance grants states more flexibility to design alternatives to the ACA and to give Americans more options to get health coverage that better meets their needs.

- [Fact sheets on today's guidance](#)
- [Guidance on State Relief and Empowerment Waivers](#)
- [State Relief and Empowerment Waiver Rules](#) (10/24/18)
- ["CMS News: Trump Administration announces State Relief and Empowerment Waivers."](#)

PATIENT ENGAGEMENT HIT

xelligent HEALTHCARE MEDIA

Using Patient Education Technology to Combat

Opioid Misuse

Healthcare professionals are working to tackle the opioid crisis. Clinicians understand that prescribing opioids can contribute to addiction; however, clinicians want patients to be able to access the pain management drugs they need.

Eighty percent of heroin users began this drug misuse with a prescribed opioid, according to [research](#) from SAMHSA, yet clinicians have an obligation to deliver quality care to patients, ensuring they do not feel unnecessary pain.

Most experts agree that as long as they are being prescribed and taken judiciously, opioids can do a lot of good and should not be wiped from pharmacists' shelves. How do providers make sure that happens?

At the heart of this is prescribing opioids alongside strong [patient education](#). While providers must enable patients in need with medications that will help them, they must also ensure patients understand the risks associated with these drugs.



[Engagement HIT](#)

Reducing Errors from Look-Alike, Sound-Alike Medication

Names: The Role of Indications

FDB Clinical Pharmacist Christine Cheng, PharmD, describes the research she has conducted on medication names that look or sounds similar. These medication names are often problematic because they can be easily confused with each other. One out of every 1,000 prescriptions in the United States is associated with a wrong-medication error, and name confusion is thought to be



[Errors from Look-Alike, Sound-Alike Medication.](#)"

Several Symptoms May Point to Suboptimal Medication

Adherence in Patients with Depression

Despite the proven efficacy of antidepressants, a significant number of patients with depression fail to take these medications as prescribed, which can increase the risk of depression relapse, hospitalization, and more. A [study](#) in *Depression & Anxiety* now suggests that patients with major depression who have more severe symptoms, suicidal thoughts, and/or report physical pain may be most likely to report not taking their medications as prescribed.

Clients who filled out the Medication Adherence Rating Scale (MARS) questionnaire were included in the study. The MARS questionnaire asks patients to answer yes or no to 10 questions/statements on medication adherence behavior, beliefs/attitudes about taking medication, and side effects of medication. "These results suggest a vicious circle in which more vulnerable patients are less adherent to medication, which could worsen the clinical picture maintaining, in turn, low adherence," the researchers concluded.

To read more about the use of the MAR in predicting medication adherence, see the *Psychiatric News* article "[Several Symptoms May Point to Suboptimal Medication Adherence in Patients with Depression.](#)"

As Related to Credible

Medical Profile

Credible's **Medical Profile**, located on the Client navbar, allows one to record the following information about a client:

- Medical information: height and weight, temperature, pulse, respiration, blood pressure, cholesterol levels, blood sugar level, and more
- Patient check-in notes
- Any impairments to vision, hearing, and mobility
- Medical conditions

Tall Man Lettering

Tall Man Lettering is the practice of writing part of a drug's name in upper case letters to help distinguish sound-alike, look-alike drugs from one another to avoid medication errors. For example, in tall man lettering, "prednisone" and "prednisolone" should be written "predni**SONE**" and "predni**SO**LONE", respectively.

This Credible feature gives Partners the ability to display these medications that look and sound similar in tall man lettering, improving medication safety for clients. Agencies can choose to display medication names in tall man lettering in features and functionality used by employees, for the client-facing screens, or for both.

2018 DSM-5 Diagnoses

On October 1, 2018, the American Psychiatric Association added ten new diagnoses to the DSM-5. These diagnoses have been added to Credible Domains for which Partners have purchased the DSM-5. Please note: The ICD-10 equivalent to the DSM-5 diagnoses are updated automatically by First Databank and are also available for selection.

DSM-5 Code	ICD-10 Code	DSM-5 Description
300.16	F68.A	Factitious disorder imposed on another
292.0	F12.288	Cannabis withdrawal, with moderate or severe use disorder
292.0	F12.93	Cannabis withdrawal, without moderate or severe use disorder
292.0	F11.93	Opioid withdrawal, without moderate or severe use disorder
292.0	F13.939	Sedative, hypnotic, or anxiolytic withdrawal, without perceptual disturbances, without moderate or severe use disorder
292.0	F13.931	Sedative, hypnotic, or anxiolytic withdrawal delirium, without moderate or severe use disorder
292.0	F15.93	Amphetamine or other stimulant withdrawal, without moderate or severe use disorder
292.0	F19.939	Other (or unknown) withdrawal, without moderate or severe use disorder
V71.89	Z03.89	No diagnosis or condition

Thank you for your continued Partnership,

Jaclyn O'Donnell

Executive Vice President

o. 301-652-9500 | f. 240-744-3086

e. jaclyn.o'donnell@credibleinc.com | w. www.credibleinc.com

Mission: Improve the quality of care and lives in Behavioral Health
for clients, families, providers and management.

301.652.9500 | info@credibleinc.com | www.credibleinc.com

This communication is proprietary and confidential to Credible and its Partners. No part of this document may be disclosed to a third party or published externally without prior consent of Credible Behavioral Health, Inc.