



## Fall Prevention Awareness Week

Every year, one in four older adults-age 65 and older- will experience a fall. For many, a fall can be an indication of a need for medical attention. For others the fall is the cause of serious health issues. Fall Prevention Awareness Week is being celebrated this year from September 21-25 to address this public health concern.

Your senior patients may not feel comfortable discussing falls they have experienced with family members but may be more open to reviewing this concern with their provider. Starting the conversation around a senior's fall history can begin a plan of care that improves your patient's confidence in daily activity, independence and improving their overall health.

Some lifestyle factors to consider discussing:

- **Health issues associated with aging** such as vision changes, slower reflexes and declines in balance.
- **Improving diet and increasing activity levels** to improve health and strength.
- **Medication review and adherence** for side effects that may increase the risk of falls or barriers to taking medications as prescribed
- **Management of chronic health conditions** that affect balance or require medications with side effects that can increase a risk for fall.
- **Assess current use of durable medical equipment (DME)**. Is the senior using the DME correctly, is it in bad repair or would a therapy evaluation be beneficial?

- **Referrals to local community services** that offer falls prevention classes on education, exercise or ways technology can assist seniors.

As a health care provider, your recommendations may make all the difference in providing the necessary tools to prevent a senior from a fall.

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## **Antibiotic Resistance**

Antibiotics are a game changer in the fight against infection. But this medical miracle has a down side, overuse now threatens the ability of antibiotics to cure diseases they were designed for. Antibiotic resistance is a growing concern that we all can take part in preventing. The United States celebrates Antibiotic Awareness Week November 18-24 to bring attention to this threat. The Centers for Disease Control and Prevention (CDC) has a year-long program called Be Antibiotics Aware.

Patients look to your advice on how to feel better and your education efforts can be a turning point in the preventing overuse of antibiotics. Some areas of education to consider:

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- Antibiotics are not always the answer. Patients do not always understand the difference between virus and bacteria response to treatment.
- Methods for symptom relief that can be done at home. Education on over-the-counter medications, steam from a shower for congestion, saline sprays or flushes for sinus issues or a cool air humidifier.
- Testing to determine if an antibiotic is needed for their symptoms.
- If prescribed an antibiotic what are the risks and benefits.
- What to do if the patient does not feel better from their symptoms.
- What your patients can do to stay healthy during the cold and flu season.

Antibiotics fight infection and save lives but we need to use them responsibly. Overuse of antibiotics leads to antibiotic resistance threatening the ability to fight infections in the future. Working with your patients on symptom management will allow them to get better in a healthier way.

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# Behavioral Health Committee

Network Health Insurance facilitates a Behavioral Health Committee. This Committee focuses on access, quality, and care coordination. It advocates for services which promote prevention, treatment, recovery, and self-determination for members experiencing behavioral health and substance use disorders. The Committee reviews and provides input into policy development, quality indicators and service evaluation. It also serves as resource for the educational needs of providers and Network Health employees.

It is the responsibility of the Behavioral Health Committee to provide a platform for behavioral health providers and advocates to address recommendations, questions, and concerns directly with Network Health Insurance.

- Identify significant behavioral health integration challenges and recommend timely solutions.
- Identify areas of opportunity regarding member experience, care continuity, and access and availability to behavioral health services through committee conversation, annual survey results and member/provider feedback, and make recommendations, if applicable
- Identify and advise on best practices for behavioral health care.
- Reports up to Network Health Insurance's Quality Management Committee

The Behavioral Health committee consists of participating providers, community advocates - resources and Network Health Insurance clinical and operational leadership and staff. The committee works together to identify opportunities and barriers, assists in developing interventions to improve the quality of care members/patients receive and the continuity and coordination of care between members' behavioral health specialists and medical practitioners.

The committee which meets three times a year or more frequently as needed, uses **National Committee for Quality Assurance (NCQA) standards and NCQA Healthcare Effectiveness Data and Information Set (HEDIS) measures** to help guide this process.

If you are interested in becoming a Behavioral Health Committee member or would like more information on the Behavioral Health Committee, please feel free to reach out to the Quality Health Integration department at [mzamos@networkhealth.com](mailto:mzamos@networkhealth.com)

# Screening Needs for Patients

## Prescribed Antipsychotic Medications

Patients with schizophrenia and affective disorders have 1.5 to two times higher rates of diabetes and obesity when compared with the general population. Obesity, ethnic background, family history and certain medications increase these individual's risk of developing type 2 diabetes<sup>1</sup>.

Second generation or "atypical" antipsychotics (SGAs) pose varying risks of metabolic effects, requiring the need to monitor weight, glucose and lipids. clozapine and olanzapine carry a high risk; risperidone and quetiapine carry a moderate risk; and aripiprazole and ziprasidone are associated with lower risk, although their side effects are not yet as well documented as older medications.

Baseline monitoring measures should be obtained before or, as soon as clinically possible, after the initiation of any antipsychotic medication:

- Personal and family history of obesity, diabetes, dyslipidemia, hypertension, or cardiovascular disease
- Height, weight and BMI calculation
- Fasting plasma glucose
- Fasting lipid profile

Coordination with appropriate health care professionals may include:

- Nutrition and physical activity counseling for overweight or obese patients
- If appropriate, a weight management program addressing psychosocial needs
- Patient, family/caregiver education regarding treatment with SGAs and potential risks

Monitoring recommendations for individuals taking SGAs<sup>2</sup>.

|                | <b>Weight</b> | <b>Glucose</b> | <b>Lipids</b> |
|----------------|---------------|----------------|---------------|
| Baseline       | X             | X              | X             |
| At four weeks  | X             |                |               |
| At eight weeks | X             |                |               |

|                        |   |   |   |
|------------------------|---|---|---|
| At 12 weeks            | X | X | X |
| At four months         |   | X |   |
| Quarterly              | X |   |   |
| Annually               |   | X |   |
| Every two - five years |   |   | X |

\*More frequent assessment may be warranted based on clinical status.

The HEDIS measure *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)* focuses on individuals 18-64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had an annual diabetes screening test (glucose or HbA1c meet requirement).

Please see the [HEDIS 101 Guide](#) for further information on this and other HEDIS measures.

<sup>1</sup> Hinds, Coutler, Hudson & Seaton. (2015). *Screening for diabetes in patients receiving second-generation atypical antipsychotics*. American Journal of Health-System Pharmacy. 2015; 72: S70-3.

<sup>2</sup> PL Detail-Document, Comparison of Atypical Antipsychotics. Pharmacist's Letter/Prescriber's Letter. October 2012.

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