

Provider Update

News for Kaiser Permanente Washington Contracted Providers • June 2023

Washington Permanente Medical Group welcomes new Executive Medical Director

IT IS OUR HONOR AND PRIVILEGE

to introduce Linda Tolbert, MD, JD, EdD, MPH, as Washington Permanente Medical Group's Executive Medical Director (EMD). Dr. Tolbert assumed her position on May 15, 2023.

Dr. Tolbert, an inspired health care leader, educator, innovator, and culture change champion, joined Kaiser Permanente in 1993. Over the course of her Kaiser Permanente career, she has successfully introduced and driven implementation of multiple initiatives to improve clinician and patient experience, streamline operational efficiencies, and deliver



*Linda Tolbert, MD, JD, EdD, MPH,
Washington Permanente Medical
Group's Executive Medical Director*

on the Kaiser Permanente Promise.

She was formerly the Regional Chief of Dermatology at Southern California Permanente Medical Group and an assistant professor of Clinical Science and inaugural Chair of the Faculty Advisory Council at the Bernard J. Tyson Kaiser Permanente School of Medicine.

Dr. Tolbert has more than 20 years' experience in operations, leadership, and strategy development. With a doctorate in organizational change and leadership, we welcome Dr. Tolbert to our community of practice.

Kaiser Permanente recognized as a Top 100 honoree

THE CIO 100 AWARDS CELEBRATES 100 organizations and the teams within them that are using IT in innovative ways to deliver business value, whether by creating competitive advantage, optimizing business processes, enabling growth or improving relationships with customers. It is an acknowledged mark of enterprise excellence. Because the award is given to companies rather than individuals, it's an honor that entire teams may enjoy.

This year, Kaiser Permanente was recognized as a [Top 100 honoree](#) for enhancing our digital pharmacy experience. This industry recognition reflects the innovation and ongoing commitment of our IT, business, and pharmacy partners. We applaud this award-winning effort in delivering a digital-first pharmacy experience!

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Provider Update is published quarterly for Kaiser Permanente contracted providers. Send story ideas and comments to [Provider Communications](#).

Coverage provided by Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., referred to as Kaiser Permanente in this publication.

**2023
Calendar**



EFT deposit and check mail dates

Provider reimbursement checks are scheduled to be deposited ACH or mailed on the following dates. Mailed checks should arrive within approximately three business days.

JUNE	2, 7, 15, 22, 29	SEPTEMBER	8, 14, 21, 28
JULY	7, 13, 20, 27	OCTOBER	5, 12, 19, 26
AUGUST	7, 10, 17, 24, 31	NOVEMBER	7, 9, 16, 24
		DECEMBER	1, 7, 14, 21, 29

Kaiser Permanente holidays

INDEPENDENCE DAY

Tuesday, July 4

LABOR DAY

Monday, September 4

THANKSGIVING DAY

Thursday, November 23

CHRISTMAS DAY

Monday, December 25

PROVIDER NEWS

Kaiser Permanente recognizes top quality performing clinics

KAISER PERMANENTE AND ITS PARTICIPATING NETWORK PARTNERS

have successfully completed the latest two year contract addendum with rewards for quality performance and the results have been very good. Our Network Quality Reward Program rewards larger external delivery providers offering excellent quality care in alignment with Kaiser Permanente’s mission and values.

These providers are serving 60,000+ members, including over 10,000 Medicare members and over 50,000 Commercial members. The goal of the Network Quality Reward Program is to align HEDIS® and Medicare 5-Star priorities, focusing on significant measures, as implemented within a 2-year contract.

Congratulations to the top three network partners that have reached excellence in providing quality health care services to our Kaiser Permanente Medicare and Commercial members. Kaiser Permanente

appreciates your partnership and all your efforts to improve the health and lives of patients under your care, including Kaiser Permanente members.

The new 2-year quality program cycle for 2023-2024 has begun, with programs for our Medicare and Commercial populations.

If you would like to know more about this program, please e-mail Mirian.X.Aguirre@kp.org.



**QUALITY MEDICARE PROGRAM
(MSP) TOP PERFORMERS**

- Family Care Network
- Skagit Regional Health
- PeaceHealth Medical Group

**QUALITY COMMERCIAL
PROGRAM (FORMERLY QUALITY
INCENTIVE PROGRAM)
TOP PERFORMERS**

- Family Care Network
- Palouse Medical
- Providence Medical Group Walla Walla

Changes to medical necessity review criteria

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) have issued the following notices:

Effective July 1, 2023

Changes to medical necessity review criteria for Breast Reconstruction criteria (PDF)

Changes to medical necessity review criteria for Peroral Endoscopic Myotomy (POEM) (PDF)

Effective August 1, 2023

Changes to medical necessity review criteria for Epidural Steroid Injections (ESI) (PDF)

Changes to medical necessity review criteria for Facet Neurotomy (PDF)

Changes to medical necessity review criteria for Facet Joint Injections (PDF)

Effective September 1, 2023

Changes to medical necessity review criteria for Bone Anchored Hearing System (PDF)

Changes to medical necessity review criteria for Cervical Spine MRI (PDF)

Changes to medical necessity review criteria for Lumbar Spine MRI (PDF)

Changes to medical necessity review criteria for Thoracic Spine MRI (PDF)

Changes to medical necessity review criteria for Monitored Anesthesia Care (MAC) for gastrointestinal endoscopic procedures (PDF)

Explanation of the change:

Kaiser Permanente is **removing** the prior authorization and medical necessity review requirement for Monitored Anesthesia Care.

Additional letters to providers

CLIA waived and non-waived tests in office (PDF)

Effective July 1, 2023, Kaiser Permanente will deny CLIA waived tests when billed with place of service office (11) unless billed with a QW modifier.

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will deny CLIA non-waived tests when billed with place of service office (11).

Portable x-ray equipment transportation (PDF)

Effective July 1, 2023, Kaiser Permanente will not reimburse the transportation of portable x-ray equipment (R0075) when billed for more than one person unless it is billed with one of the following required modifiers: UN, UP, UQ, UR, US.

Dry needling not a covered benefit for Medicare or Non-Medicare members

RECENTLY, THE WASHINGTON OFFICE of the Insurance Commissioner passed legislation (HB 1039) authorizing physical therapists to perform intramuscular needling (dry needling), effective July 23, 2023. As a reminder, Kaiser Permanente's [Dry Needling for Myofascial Pain](#) clinical review criteria states that this is not a covered service for Medicare or Non-Medicare members. There is insufficient evidence in the published medical literature to show that this service/therapy is as safe as standard services/therapies and/or provides better long-term outcomes than current standard services/therapies.

Have you made any recent changes to your practice?



PLEASE LET US KNOW ABOUT ANY CHANGES to your practice so we can maintain an accurate [Provider Directory](#). On our [Provider Update Forms](#) page, you will be able to:

- Add or term practitioners, including advanced registered nurse practitioners and physician assistants.
- Submit staff changes: in case we must adjust our records of clinic staff with Kaiser Permanente Electronic Medical Record (EMR) access.
- Submit demographic and business updates, including:
 - Clinic/services location updates
 - Close a clinic location
 - Group and individual NPI changes
 - Remit/billing "Pay to" address updates
 - Tax ID update / Tax ID address update / 1099 address update

Thank you for your assistance to ensure our Provider Directory accurately reflects your information.

CLINICAL NEWS

Clinical Updates



Clinical guidelines are regularly reviewed and updated. Announcements about changes are posted on our provider website.

Chronic Obstructive Pulmonary Disease Guideline update

KAISER PERMANENTE'S Chronic Obstructive Pulmonary Disease (COPD) Guideline has been reviewed and updated.

Long-acting muscarinic antagonists (LAMAs) are now preferred first-line therapy over long-acting beta-2 agonists (LABAs) unless LAMAs are not tolerated or are contraindicated. Previously, LAMAs and LABAs were considered equally effective, and LAMAs were preferred only for patients with high exacerbation risk.

Questions?

[Katie Paul, MD, MPH](#), Associate Medical Director, Clinical Knowledge & Education

[Avra Cohen, MN, RN](#), Guideline Coordinator, Clinical Improvement & Prevention

HEDIS® QUALITY MEASURE

Pharmacotherapy Management of COPD Exacerbation (PCE)

The percentage of members 40 years or older who had an acute inpatient discharge or ED visit and were dispensed appropriate medications.

- **PCE: Bronchodilator:** Dispensed a bronchodilator within 30 days of acute inpatient discharge or ED encounter.
- **PCE: Corticosteroid:** Dispensed a systemic corticosteroid within 14 days of an acute inpatient discharge or ED encounter.

ASCVD prevention guideline updates

Kaiser Permanente guidelines for the [secondary](#) and [primary](#) prevention of atherosclerotic cardiovascular disease (ASCVD) have been reviewed and updated.

Changes to secondary prevention

- **PCSK-9 inhibitors** may now be ordered directly by Primary Care providers; consultation with Cardiology or Endocrinology is no longer required.
- **SGLT-2 inhibitors** are recommended for patients with type 2 diabetes and established ASCVD (in addition to or after metformin therapy) due to their ability to reduce the risk of major cardiovascular (CV) events.
- For patients at very high risk of ASCVD, an **LDL target of well below 70 mg/dL** may be considered. Very high risk of ASCVD is defined as a history of multiple major ASCVD events or one major ASCVD event in the presence of multiple high-risk conditions. An exact LDL target has not been defined in this population.
- **In-hospital influenza vaccination after an acute MI** is recommended based on evidence that it is associated with a lower risk of CV mortality and all-cause mortality in patients with CVD. Learn more in this Clinical Pearl on page 6.
- A **Virtual Cardiac Rehab Program** designed to reduce risk of future cardiac events and improve patient quality of life is available at Kaiser Permanente. The program includes regular meetings with a program nurse to set goals, check on progress, and provide education.

The following two changes apply to **primary prevention** as well:

- Clinicians should consider reducing **rosuvastatin** dose to 10 mg daily for patients with CKD 4-5 (eGFR < 30 mL/min).
- The **blood pressure target for patients at high risk** (age ≥ 75, with CKD, with ASCVD, or with a ASCVD risk ≥ 10%) was changed from 130/80 to 130/90, to be in alignment with the Kaiser Permanente National Blood Pressure Guideline.

Changes to primary prevention

Shared decision-making is now recommended when deciding whether to prescribe statins for the primary prevention of cardiovascular events for those over 75 years. Considerations should include functional ability, comorbidities, polypharmacy, frailty, cognitive status, life expectancy, quality of life, and patient preference. See Table 3, Overview of statin therapy recommendations.



HEDIS® QUALITY MEASURES

Statin Therapy

Members diagnosed with ASCVD and had at least one prescription for a moderate- or high-intensity statin in the last 12 months.

Statin Adherence

Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.

Persistence of Beta-Blocker Treatment

Members with the diagnosis of myocardial infarction (MI) who continued to take a beta-blocker for at least 6 months following their MI.

Questions?

Clinical expert: [Rachael Wyman, MD](#), Medical Program Director, Virtual Cardiac Rehabilitation

Clinician leads: [Katie Paul, MD, MPH](#), Associate Medical Director, Clinical Knowledge Development & Education, and [Tina Shah, MD](#), Quality Medical Director, Cardiovascular

Guideline coordinator: [Avra Cohen, MN, RN](#), Clinical Improvement & Prevention

Clinical Pearl: Flu shots after acute MI reduce mortality

CLINICAL QUESTION

Does influenza vaccination after acute myocardial infarction reduce mortality or cardiovascular events?

Recommendations

During flu season, influenza vaccine should be given to **hospitalized** patients after an acute MI prior to hospital discharge.

The Influenza after Acute Myocardial Infarction (IAMI) trial (Fröbert 2021) was a multicenter double-blinded randomized controlled trial enrolling patients admitted with acute MI or stable high-risk coronary artery disease who had not had an influenza vaccination in the prior 12 months. Patients were enrolled during active flu season as declared in the northern and southern hemispheres and were randomized to influenza vaccine (n = 1290) or placebo control (n = 1281) given prior to hospital discharge. Patients were followed for cardiovascular events and death for 12 months.

Those in the influenza vaccine group had lower risk of the composite primary outcome of all-cause death, recurrent MI, or stent thrombosis at 12 months compared to the placebo group (HR 0.72; 95% CI, 0.52-0.99; p = 0.04). All-cause mortality was lower in the influenza vaccine group (HR 0.59; 95% CI, 0.39-0.89; p = 0.01), as was cardiovascular disease mortality (HR 0.59; 95% CI, 0.39-0.90; p = 0.014). There was no significant difference in risk of MI over the 12 months of follow-up between the influenza vaccine and placebo groups (HR 0.86; 95% CI, 0.50-1.46; p = 0.57).

These results support prior findings from observational studies suggesting that flu vaccine after MI was associated

with lower risk of cardiovascular events. Mechanistically, we know that cardiovascular disease is associated with inflammation, and influenza infection also causes inflammation. A patient with recent MI may be even more susceptible to influenza infection and associated inflammation.

Why did we choose this topic?

While we recommend flu shots for all patients at Kaiser Permanente, uptake is far from 100%. The IAMI study shows clear benefit in giving influenza vaccination to patients hospitalized for acute MI during flu season. This is a relatively easy intervention with potential to save lives, and we have a unique opportunity to intervene when a patient is hospitalized. Additionally, patients who do not typically get the flu shot each year may be more likely to do so if it is specifically recommended in this context.

How could this change my practice?

Hospitalists, cardiologists, and primary care providers can all work together to ensure that all patients with recent acute MI hear a strong recommendation for influenza vaccination.

Reference

Fröbert O, Götberg M, Erlinge D, et al. [Influenza Vaccination After Myocardial Infarction: A Randomized, Double-Blind, Placebo-Controlled, Multicenter Trial](#). *Circulation*. 2021;144(18):1476-1484. doi:10.1161/CIRCULATIONAHA.121.057042

Questions?

[Katie Paul, MD, MPH](#), Associate Medical Director, Knowledge & Education

[Tina Shah, MD](#), Quality Medical Director, Cardiovascular



ARTICLES OF INTEREST

Kaiser Permanente Washington Health Research Institute

- **Using long-term data to understand a vulnerable population.** Studies offer insights into the lives of older adults with dementia who lack family. [Read more](#)
- **Latino families inform training for caregivers of people with dementia.** Maggie Ramirez, PhD, and Robert Penfold, PhD, culturally adapt an online program. [Read more](#)

Kaiser Permanente 2023 drug formularies

THE KAISER PERMANENTE DRUG FORMULARIES are the cornerstone of medication therapy, quality assurance, and cost containment. The formularies are developed by the Pharmacy and Therapeutics (P&T) Committee.

You can find [formulary decision highlights](#) from the most recent P&T Committee meetings on the Kaiser Permanente provider website.

Kaiser Permanente has 7 formularies

The table below outlines some of the major differences in these formularies. A closed formulary design describes a formulary in which preferred medications are covered and non-preferred (non-formulary) medications are generally not covered. Coverage of non-preferred medications is available through an exception process. An open formulary design describes a formulary in which both preferred and non-preferred medications are covered; however, preferred medications are available at a lower cost share for patients.

How to view the Kaiser Permanente formularies

- On the [Kaiser Permanente provider website](#).
- On [ePocrates](#), register free of charge.

For questions about formulary status of a drug or prior authorization, please contact our Pharmacy Drug Benefit Help Desk toll-free at 800-729-1174 or by fax toll-free at 866-510-1765.

Medicare Part D Formulary updates

Notifications about drug removals from the Medicare Part D Formulary are now posted online on the [pharmacy page](#) of our provider website.



MEDICARE	INDIVIDUAL & FAMILY / SMALL GROUP	LARGE GROUP AND FEDERAL EMPLOYEE HEALTH BENEFIT				
		Closed Design	Closed Design	Open Design	Open Design	Open Design
Closed Design Six tiers: <ul style="list-style-type: none"> • Preferred generic • Non-preferred generic • Preferred brand • Non-preferred brand • Specialty • Injectable Part D vaccines 	Open Design Four tiers: <ul style="list-style-type: none"> • Preferred generic • Preferred brand • Specialty • Non-preferred generic & brand PLUS: <ul style="list-style-type: none"> • Self-administered oncology • Medical benefit 	Closed Design Two tiers: <ul style="list-style-type: none"> • Preferred generic • Preferred brand 	Closed Design Three tiers: <ul style="list-style-type: none"> • Preferred generic • Preferred brand • Preferred specialty 	Open Design Three tiers: <ul style="list-style-type: none"> • Preferred generic • Preferred brand • Non-preferred 	Open Design Four tiers: <ul style="list-style-type: none"> • Preferred generic • Preferred brand • Non-preferred generic & brand • Specialty 	Open Design Five tiers: <ul style="list-style-type: none"> • Preferred generic • Preferred brand • Non-preferred generic & brand • Preferred specialty • Non-preferred specialty

Save these dates



Kaiser Permanente Washington offers a variety of continuing medical education courses throughout the year, detailed on our [CME catalog page](#).

SUBOXONE BUPRENORPHINE COURSE 2023

Wednesday, July 12, 2023 (Virtual)

4-hour virtual training focusing on specifics of treating patients with opioid use disorders in office-based settings and clinical vignettes to help trainees think through “real life” experiences in opioid use disorders treatment.

MEDICATION UPDATE FOR PRIMARY CARE

Thursday, September 14, 2023 (Virtual)

SCLT-2 inhibitors and Sacubitril/Valsartan, Hyperlipidemia, SMART therapy for asthma, Gender affirming HRT, HIV update, Pharmacotherapy for weight loss, Case presentations.

2023 MYTH BUSTERS: APPLYING THE EVIDENCE-BASED MEDICINE LENS TO CONTROVERSIAL TOPICS

Wednesday, September 20, 2023

In-person live activity

Welcome guest speaker Dr. Kenneth Warner, from the University of Michigan to present on e-cigarettes for smoking cessation. This course will provide an introduction on EBM concepts and use interactive small group discussions to apply these concepts to topics areas of clinical uncertainty or debate in the medicine community, e.g., aspirin, vitamin D, fish oil and monoclonal antibodies for dementia.

PEDIATRICS FOR PRIMARY CARE

Friday, October 13, 2023 (Virtual)

Obesity, Eating Disorders, Activity/Sports Medicine, Vaccinations, Asthma, Mental Health, URI Surge, ACE's and Social Determinants of Health, Gender Affirming Care, Dermatology

RADIOLOGY FOR PRIMARY CARE

Thursday, November 9, 2023 (Virtual)

Radiography 101, Breast Lumps, Musculoskeletal, Ordering Neuroimaging Studies, Headache and Back Pain, Body CT Basics

SKILLS AND PROCEDURES WORKSHOP

Wednesday, December 13, 2023

In-person live activity

Registration for WPMG/KPWA Staff only

Office-based procedures can be an enjoyable and important service to provide our patients. Join your colleagues for a day of learning about and improving your procedural skills. This course is designed to meet the learning needs of all providers with a range of skill levels through engaging, hands-on workshops, with the opportunity to build your confidence and proficiency by practicing these skills while receiving 1:1 instruction from faculty.

Register

Check out the [CME catalog page](#) to register and get course details.

Contact

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