

# UMPQUA HEALTH CONNECTION

January 2025

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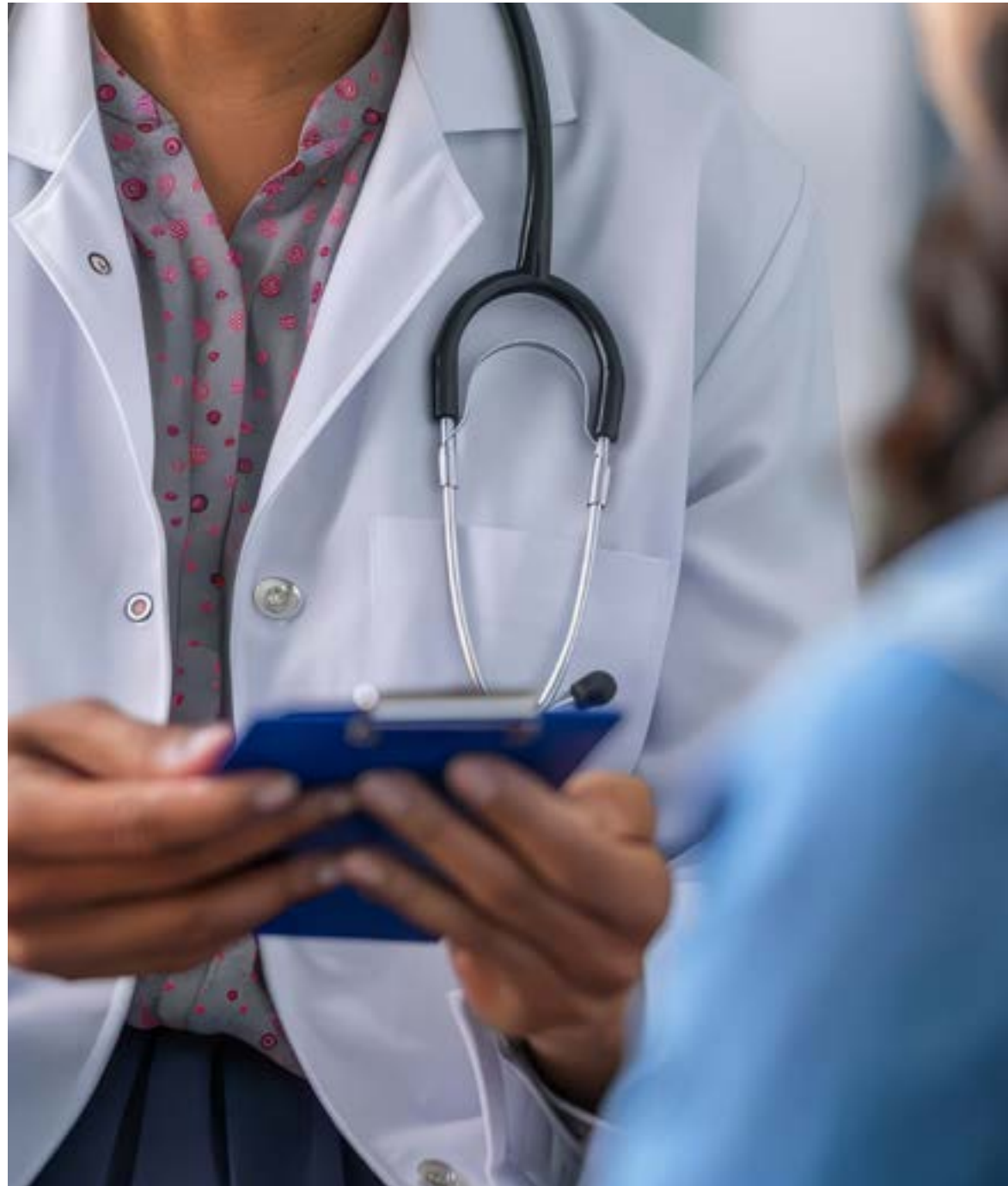
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## Updates

### Podiatry Code Group

Effective Jan. 1, 2025, CPT codes 11055, 11056, and 11057 are part of a code group. When submitting requests for these codes, only one code from the group needs to be requested.

The submitter must select “Podiatry: Parng/cutg” under Procedure Code Groups. Any code from the group can then be used at each approved visit. This change is designed to save time during the submission and review process.

### Updated Prioritized List

The Oregon Health Plan updates the Prioritized List of Health Services, including the guidelines criteria, every January.

While there are expansions of coverage, there are no major developments for primary care. The most current version of the Prioritized List is available on the OHA website.



[OHA Prioritized List](#)

## Health-Related Social Needs Nutrition

**Nutrition Information:** Nutrition requests must include a prescription from a registered dietitian or a referral from the patient’s primary care provider (PCP).

Requests submitted without this documentation will not be processed. HRSN Nutrition funds cannot be used to pay for foods or food benefits acquired through USDA programs, other state, county, or local funding, or donated sources.

**Nutrition Service-Specific Eligibility:** To qualify, individuals must belong to an HRSN-covered population and experience low food security. Low food security occurs when individuals lack the resources to purchase the quantity or quality of food needed to live a healthy life.

Screening can identify those affected by affordability and accessibility issues that limit food intake and quality. Additionally, individuals must screen positive for low food security and be eligible for the HRSN Medically Tailored Meals service.





### **Procedures** **Durable Medical Equipment (DME)** **Vendors**

Please request an amendment to end a previous authorization before submitting a new request with overlapping dates. Submitting a request with overlapping dates delays processing and may result in a denial of the new request. When submitting an amendment to end a request early, include the quantities of supplies that have already been dispensed. This information is required to complete your amendment request.

### **Procedures** **Risk Stratification**

To align with updated Oregon Administrative Rules (OARs), Umpqua Health is rolling out a new system in 2025 to identify and categorize members into distinct risk levels based on their health status, social determinants of health (SDoH), and utilization patterns.

The new “risk stratification” scoring system will enable care coordination teams to prioritize resources and interventions for individuals with the greatest needs, improving outcomes and ensuring efficient use of services.

Umpqua Health will utilize the Johns Hopkins ACG Concurrent Risk Score, an automated baseline risk stratification tool for the entire population it serves. This score, along with OAR-required subjective assessments completed by the care coordination team, will contribute to each member’s overall risk score.

Risk scores will be shared with members’ primary care providers in a centralized location to support the development of integrated care plans and track members’ progress in addressing overall health needs.

The Umpqua Health Care Coordination team looks forward to collaborating with our provider network to deliver the highest-quality health care services for our shared members. Stay tuned for more updates on this exciting development.

### OREGON HEALTH AUTHORITY Requires THW Reporting in Douglas County

The Oregon Health Authority (OHA) requires Umpqua Health Alliance (UHA) to track and report annually on the integration and utilization of Traditional Health workers (THWs) throughout Douglas County.

Currently, there are just over 50 THWs employed in Douglas County. UHA has been developing a mechanism for tracking the data required by OHA and has created a THW Utilization Survey, which will be distributed quarterly to the provider network for completion and submission.

This survey is designed to provide a comprehensive overview of THWs in the community. It includes data such as their employers, certifications, primary work locations, and more. Another key element is the collection of THW REALD (Race, Ethnicity, Language, and Disability) data. Collecting REALD data is invaluable to members seeking services from providers who best represent them culturally and/or linguistically.

UHA recognizes that providers may hesitate to share certain information but appreciates any details they are willing to provide. The survey will be sent to all service providers in the community, regardless of whether they currently employ THWs. Some sections of the survey address service providers who have not yet incorporated THWs but may be considering it or are seeking additional information.

UHA aims to make the survey rollout as stream-lined and efficient as possible. The survey template is expected to be distributed before the end of February, with the first submission due April 30th, 2025.

### Join the Douglas County THW Workforce Advisory Group

UHA is planning to facilitate a regional monthly THW Workforce Advisory Group. This workgroup will focus on guiding the integration and utilization of THWs across Douglas County.

*Please email Andrea Brown to join the workgroup email list.*

**Andrea Brown**  
Umpqua Health  
Traditional Health Workers Liaison  
Phone: (541) 464-6255  
Email: [abrown@umpquahealth.com](mailto:abrown@umpquahealth.com)

View UHA's 2023 service area THW integration and utilization data, visit: OHA THW Integration and Utilization Reports.

### Value-based Imaging for Uncomplicated Headache

The differential diagnosis of headache is among the longest in medicine, with more than 300 different types and causes.

Headache is also one of the most common reasons for seeking medical care, both in emergency departments and primary care offices.

In this podcast, two radiologists and a referring physician discuss how to approach patients presenting with headaches, guidelines for determining the headache disorder, how to distinguish between uncomplicated and complicated headaches, and when neuroimaging is indicated.



#### Listen

The full discussion:  
[Value-Based Imaging for Uncomplicated Headache](#)



### UMPQUA HEALTH ALLIANCE

## Clinical Advisory Panel Update

Clinical Practice Guidelines are systemically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances (*Edmunds M. Clinical practice guidelines: Opportunities and implications. Ann Behav Med. 1996 Jun;18(2):126-32. doi: 10.1007/BF02909584. PMID: 24203694*)

On an annual basis, and when new Clinical Practice Guidelines (CPGs) are submitted for review for recommendation to adopt, the Behavioral Health Subcommittee makes recommendations for the continuation of supporting the currently adopted CPGs and adopting new CPGs. Upon voting, if approved for recommendation, the CPGs are sent to the Clinical Advisory Panel to vote for adoption and support from Umpqua Health.

*NOTE: This process is the same for Pharmacy & Therapeutics and Advantage Dental Workgroup Subcommittees (of the Quality Improvement Committee).*

For 2024, the Behavioral Health Subcommittee did an annual review of 11 CPGs and agreed to continue their recommendation for adoption and support. There was one CPG that did have an updated version available and thus that version is the current version adopted. The Clinical Advisory Panel approved the 11 annual CPGs and 1 new CPG on December 5, 2024.

## Get Involved!

If you would like to recommend a Clinical Practice Guideline for UH to review in one of the next Subcommittees, and potentially vote to move to the Clinical Advisory Panel, please complete the form to submit your recommendation.

*CPGs are listed on our website for easy access at the Clinical Practice Guidelines Section.*



#### For More Information:

[CPG Recommendation Form](#)

[Clinical Practice Guidelines \(CPG\)](#)

Behavioral Health  
[behavioralhealthoperations](#)  
[@umpquahealth.com](#)



## Here is a list of Clinical Practice Guidelines (CPGs) that were reviewed for 2024:

*Bright Futures/American Academy Pediatrics*  
**Recommendations** [for Preventative Pediatric Health Care](#)

*American Academy of Child and Adolescent Psychiatry (AACAP)*  
**Practice Parameter** [for the Assessment and Treatment of Children and Adolescents with Posttraumatic Stress Disorder](#)

**Clinical Update**  
[Telepsychiatry with Children and Adolescents](#)

**Clinical Practice Guideline** [for the Assessment and Treatment of Children and Adolescents with Anxiety Disorders](#)

**Practice Parameter** [for the Assessment and Treatment of Children and Adolescents with Depressive Disorders](#)

**Practice Parameter** [for the Assessment and Treatment of Children and Adolescents with Autism Spectrum Disorder](#)

*Veteran's Association (VA)/  
Department of Defense (DoD)*  
**Clinical Practice Guideline** [on the Management of Posttraumatic Stress Disorder and Acute Stress Disorder](#)

**Clinical Practice Guidelines** [Management of Major Depressive Disorder \(MDD\)](#)

*American Society of Addiction Medicine (ASAM)*  
**Clinical Practice Guideline** [Management of Stimulant Use Disorder](#)

**ASAM National Practice Guideline** [for the Treatment of Opioid Use Disorder- 2020 Focused Updated](#)

*Substance Abuse and Mental Health Services Administration (SAMHSA)*  
**Medication for the Treatment** [of Alcohol Use Disorder: A Brief Guide](#)

### Newly adopted CPD for 2024:

*Mental Health Clinical Advisory Group (MHCAG)* **Recommendations & Resources**  
**Clinical Practice Recommendations** [by Disorder, Cross-Diagnostic Resources, & Resources](#)

## Pharmacy & Therapeutics Update

### + Added

#### Clotrimazole/ betamethasone cream

Added 45-gram tube to the formulary.

#### Eszopiclone tablets

Added eszopiclone to the formulary.

#### Hemorrhoid cream

Added Procto-Med HC 2.5% cream/perianal application, 30 grams, to the formulary.

#### Nasal sprays

Added azelastine 137 mcg (1.1%) spray, 30 grams, to the formulary.

#### B-adrenergic and glucocorticoid combination inhalers

Added fluticasone-vilanterol 100-25 mcg and 200-25 mcg to the formulary with step therapy requirements similar to Dulera.

### - Removed

#### Testosterone products

Removed Methitest (methyltestosterone) tablets from the formulary; added testosterone 1% topical gel to the formulary.

### \* Changed

#### Diclofenac 1% gel

Quantity limit changed to 200 grams (two tubes) per 30-day supply to improve access for members.

### + New Drugs

#### **Ohtuvayre** (*ensifentrine*):

A small-molecule inhibitor of phosphodiesterase (PDE) enzymes PDE3 and PDE4, indicated for the treatment of moderate to severe COPD in adults. Recommended adding to the formulary with prior authorization (PA) restriction.

#### **Kisunla** (*donanemab-azbt*):

Indicated for the treatment of Alzheimer's disease in patients with mild cognitive impairment or mild dementia stages of the disease. Recommended adding to the formulary with PA restriction.

#### **Tryvio** (*aprocitentan*):

Indicated, in combination with other antihypertensive drugs, for the treatment of hypertension to lower blood pressure in adult patients not adequately controlled on other medications. Recommended adding to the formulary with PA restriction.



# COMMUNITY ANNOUNCEMENTS

## UMPQUA HEALTH ALLIANCE Health Care Interpreter Registry

Schedule interpreter services directly with an Oregon-qualified or certified interpreter listed in the [registry](#).



Health Care Interpreter Registry

### Welcome

Welcome to the state of Oregon's legislatively mandated Registry of qualified and certified Health Care Interpreter (HCIs)!

Oregon Revised Statute(ORS) 413.550 requires working with certified and qualified HCIs. By law, qualified and certified HCIs have completed 60 hours of required training, demonstrated language proficiencies, applied for and received certification or qualification letters and identification numbers from the Oregon Health Authority. Interpreters who do not meet the above requirements are not approved by the Oregon Health Authority and therefore not listed on the mandated state Registry.

[Learn more about the HCI program](#)

### Apply

To apply to become an HCI, please submit your application and supporting documents via email to [hci.program@odhsoha.oregon.gov](mailto:hci.program@odhsoha.oregon.gov).

### Find A Health Care Interpreter

Use the online search to find and connect with a HCI that meets your needs.

[Search the Registry](#)

### Notice

#### Notice: Sign Language Health Care Interpreters

Beginning January 1, 2024, most individuals providing signed language interpretation services are required to be licensed by the Health Licensing Office within the Oregon Health Authority. Licensure is a new requirement under House Bill 2696, passed by the Legislature in 2023. In addition, a person may not employ or contract with an individual who is not a licensed signed language interpreter, on and after January 1, 2024, except under some circumstances. The individuals who are credentialed by the Oregon Health Authority's Health Care Interpreter (HCI) Program and who are on the HCI Registry as a signed language interpreter, may not be licensed. Licensure is different from being on the HCI Registry. If you are searching the HCI registry in order to find a signed language health care interpreter, you should inquire about whether the individual is also licensed. For more information about signed language interpretation licensure please visit the Health Licensing Office's [website](#).

# Keep Your Child Healthy



Umpqua Health Newton Creek Clinic is hosting a **Vaccine Clinic** to help children stay up-to-date on their required immunizations before Oregon's Vaccine Exclusion Day.

## EVENT DETAILS

February 15, 2025

9:00 AM - 3:00 PM

3031 NE Stephens St.  
Roseburg, OR 97470

## WHO CAN ATTEND?

**ALL CHILDREN ARE WELCOME!** You do not need to be a current patient of Umpqua Health Newton Creek Clinic to attend.

## WHY ATTEND?

- 1 Vaccines are required by Oregon state law for children to attend school or daycare. Let us help ensure your child is ready and protected.
- 2 Our friendly healthcare team will ensure a quick, stress-free experience for you and your child.

## MAKE IT A PRIORITY!

Oregon's Vaccine Exclusion Day is approaching fast—don't miss this opportunity to get your child caught up.

## FOR MORE INFORMATION:

Umpqua Health Newton  
Creek Clinic  
**541-229-7038**

## NETWORK NEWS



### *UMPQUA HEALTH ALLIANCE* **Meet our Provider Relations Dept.**

**JOY KIMBROUGH**  
Provider Relations Specialist

Joy Kimbrough recently joined Umpqua Health as a provider relations specialist within the Provider Relations team. Joy brings five years of healthcare experience, including roles in medical reception and medical billing. She is committed to supporting providers in delivering quality care and is excited to be part of Umpqua Health's collaborative and positive team culture.



**Joy Kimbrough**  
Umpqua Health  
*Provider Relations Specialist*  
Phone: 541-229-4842 Ext. 1253  
Email: [jkimbrough@umpquahealth.com](mailto:jkimbrough@umpquahealth.com)  
General Claims: [UHAclaims@umpquahealth.com](mailto:UHAclaims@umpquahealth.com)

## Network Changes: Additions

- Kerry James Calhoun, PA-C  
Ascent Healthcare | Dec. 2, 2024
- Christen Coady, QMHA  
Evergreen Family Medicine  
(Edenbower) | Dec. 3, 2024
- Lacey Dewhurst, CHW  
Evergreen Family Medicine  
(Edenbower) | Dec. 3, 2024
- Tayah Elizabeth Burton, CHW  
Aviva Health Center Roseburg  
| Oct. 7, 2024
- John Roth, PA-C  
Aviva Health Center Roseburg  
| Sept. 3, 2024
- Camryn L. Cox, BA, CADC-I  
Affect Therapeutics Inc. | Oct. 7, 2024
- Domonique Tierra Louis, PMHNP-BC  
Affect Therapeutics Inc. | Oct. 7, 2024
- Allison Helton Carter, MSN, PMHNP-BC, NSPM-C  
Affect Therapeutics Inc. | Oct. 7, 2024
- Jody Renee Crabtree, PA  
Ascent Healthcare | Sept. 3, 2024
- Alisa Cherie Gifford, PA-C, CRM  
Ascent Healthcare | Sept. 3, 2024
- Nicole Faith Best, MSN, FNP  
Ascent Healthcare | Sept. 3, 2024
- Stephanie Patricia Romo, MSN, FNP  
Ascent Healthcare | Sept. 3, 2024
- Corneliu Volosen, MSN, AGPCNP  
Ascent Healthcare | Sept. 3, 2024
- Gail M. Hardman-Woung, LCSW  
Portland Neurofeedback, LLC  
| Sept. 3, 2024
- Leandra Josephine Gambee, MSN, GNP  
Ascent Healthcare | Sept. 3, 2024
- Kouros Mehrazar, MD  
Aviva Health Center Roseburg  
| Nov. 4, 2024
- Bryan Michael Lankford, MSN,  
AGACNP-BC  
Affect Therapeutics Inc. | Dec. 2, 2024
- Sierra Bennett, CADC-I  
Affect Therapeutics Inc. | Dec. 2, 2024
- Misha Marie Peel, DO  
Aviva Health Center Roseburg  
| Dec. 2, 2024
- Kenyua Nikia Johnson, MSN, PMHNP-BC – Affect Therapeutics Inc. | Dec. 2, 2024
- Danielle Marie Stephens, PCA  
Juniper Tree Counseling LLC  
| Dec. 2, 2024
- Clarissa Mamaris Lundin, PCA  
Juniper Tree Counseling LLC | Dec. 2, 2024
- Kathryn Lynn McNeil, MSN, PMHNP-BC – Affect Therapeutics Inc. | Dec. 2, 2024
- Devan Fors, FNP  
Evergreen Family Medicine  
(Edenbower) | Dec. 16, 2024
- Brandi Myers, LPC  
Evergreen Family Medicine  
(Edenbower) | Dec. 17, 2024
- NeighborWorks Umpqua | Nov. 1, 2024

# NETWORK NEWS

## Network Changes: Termed

The following providers have been removed from the Umpqua Health Alliance network as of the dates listed:

- Vaness Vega, LPC  
Cow Creek Health and Wellness Center  
| Dec. 23, 2024
- Bronwen A. Flores, APRN  
Bridges Community Health  
| Dec. 19, 2024
- Teresa Cox, PMHNP  
Bridges Community Health  
| Dec. 19, 2024
- Richard Laurence Allard, CADC I  
Adapt Integrated Health Care  
| Nov. 26, 2024
- Cory John Caldwell, CRM  
Adapt Integrated Health Care  
| Dec. 3, 2024
- Teresa L. Emery, LPC, Program  
Director, Adult Behavioral Health  
Services – Adapt Integrated Health  
Care | Nov. 18, 2024
- Chad James Ledbetter, QMHA-R  
Adapt Integrated Health Care  
| Nov. 21, 2024
- Rena L. Alexander, QMHA-R  
Adapt Integrated Health Care  
| Dec. 30, 2024



# ON THE LOOKOUT

Photo Credit: The Microbiologist.com, Under the Microscope Rabies, Article 4173

## DISEASE SPOTLIGHT

### Rabies

The rabies virus is spread by infected saliva entering broken tissue or onto mucous membranes: almost exclusively via animal bites. Once symptoms appear, rabies has a mortality rate of nearly 100%. There is no treatment except supportive care.

Person-to-person transmission has never been confirmed other than via organ transplants. While any terrestrial mammal has the potential to be infected, in Oregon bats are the only reservoir species. In other parts of the United States, other bat predators are sometimes infected as “spillover” from rabid bat populations.

**To prevent rabies, Oregon law mandates the reporting of any bite of a human being by any other mammal to public health.**

Local public health departments are available to give advice over the phone. Depending on the bite circumstances, they may direct the patient on where to seek rabies post exposure prophylaxis, prophylaxis for tetanus and bacterial infection, and wound care.

Depending on the species of animal, evidence of ownership, behavior and bite circumstances, they will advise if quarantine or euthanasia and testing the animal is needed.

Quarantining an animal involves keeping it in a safe place away from other animals or people for 10 days to monitor for symptoms. If the animal does not develop neurological problems or die during that time, it was not rabid at the time of biting the person.

Rabies testing is only available after euthanasia as it is performed on brain tissue. Testing of animal remains is available at the Oregon State Veterinary Diagnostic Laboratory.

Rabies post exposure prophylaxis for people (preventative treatment) usually involves a series of five shots: one dose of rabies immunoglobulin and four shots of the rabies vaccine given over two weeks. It is extremely effective but expensive in the United States, costing on average a few thousand dollars.



**For More Information:**

[Douglas Public Health Network](#)



## Options for Replacing a Missing Tooth

With the current advances in dental care, there's no need to tolerate the discomfort of a missing tooth. Implants, bridges, and dentures are the top dental treatments for replacing a missing tooth.

There are three methods that dentists use to replace a missing tooth:



### Dental Implants

An implant is a dental device that is surgically placed in an upper or lower jaw.

The lower portion of the implant (post and abutment) serves as an anchor, holding the crown in place.

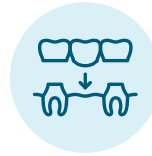
Implants are usually made of titanium, ceramic, and other biocompatible materials.

Placing an implant is a 3-step process:

1. During oral surgery, an implant and screw are inserted into the jawbone
2. The dentist attaches a post to the implant
3. In the final step, the dentist creates a custom dental crown and attaches it to the post

The entire process usually takes four to six months to complete.

An important advantage of dental implants is they look and feel like natural teeth.



### Bridges

A bridge is a dental device designed to fill the space between one or more missing teeth.

Bridges come in two types – fixed or removable. The type of bridge recommended by your dentist will depend upon your unique dental needs.



### Dentures

Dentures are a combination of replacement teeth and a plastic base. The base color is made to match the color of your gum line.

If you have lost most of your teeth, dentures are the preferred option and if you still have natural teeth, the dentist will remove them before denture placement. After the gum tissue has healed, the dentures are fitted and placed. The dentist may adjust or relines your dentures over time to ensure a comfortable fit.

### What Happens if... I Do Not Replace a Missing Tooth?

- The space between your teeth can make it more difficult to chew or speak clearly
- The remaining teeth may move or shift out of place
- Bone loss may occur below the gum line
- An open space that shows when you talk or smile can affect your appearance
- The biting force on the remaining teeth can diminish; this condition can cause jaw problems
- If your teeth shift, it can make it difficult to clean your teeth

## Can Braces or Invisalign Fix a Missing Tooth?



If the missing tooth has been removed in preparation for orthodontic treatment, then braces or Invisalign may work.

If you have a missing tooth due to periodontal disease, tooth decay or trauma, your dentist will recommend one of these options: Implant, Bridge or Dentures.

## Replacing a Missing Tooth Will Help You:



- Smile with confidence
- Comfortably eat and chew
- Clean your teeth
- Keep your gums healthy
- Maintain your facial structure

Replacing a missing tooth is great for your smile and also improves your overall health.

Talk with your dentist about which tooth replacement option is best for you.

**Read the full article:**

[advantagedental.com/blog/  
options-for-replacing-a-missing-tooth](https://www.advantagedental.com/blog/options-for-replacing-a-missing-tooth)



**Advantage Dental+**



**For More Information:**

[advantagedental.com](https://www.advantagedental.com)

(866) 268-9631





# THANK YOU

Thank you for reading our Monthly Provider Newsletter. Utilize this as a resource — your success is vital to the health and well-being of our members.



Questions and suggestions regarding a specific topic:  
Contact, **Dr. Douglas Carr** at [dcarr@umpquahealth.com](mailto:dcarr@umpquahealth.com)

More information about the newsletter:  
Contact, **Alexis Cole** at [acole@umpquahealth.com](mailto:acole@umpquahealth.com)