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SPEdTAR Update: Name changed to PEDTAR

The Office of Mental Health and Substance Abuse Services selected the topic, Successful Prevention, Early Detection, Treatment, and Recovery (SPEdTAR) for substance use disorders as a Performance Improvement Project (PIP) for all behavioral health managed care organizations in the state. The SPEdTAR recently underwent a name change to the Prevention, Early Detection, Treatment, and Recovery (PEDTAR) for substance use disorders. As a reminder, the PEDTAR PIP will extend from 2021 through 2023. Community Care and our County Oversight have developed two population health activities: member and provider toolkits to offer information about opioid use disorders (OUD) and alcohol use disorders (AUD) and an anti-stigma campaign called CCARE (Community Care's Anti-stigma Resources and Education) to reduce the impact of stigma and increase recovery-seeking behaviors for members with an SUD. Visit our website for more information on each program and encourage members to visit our member resources.

[Provider MAT toolkit](#)

[Provider CCARE Member](#)

[CCARE Member](#)

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Community Care Builds Upon Commitment to Social & Racial Justice

Community Care continues to be steadfast in our mission to improve health, wellness, and recovery throughout the communities we serve and our commitment to diversity, equity and inclusion is at the heart of what we do. As a part of Community Care's commitment to Social and Racial Justice, we are excited to announce the promotion of Lori Weems to the position of Program Manager of Social Racial Justice and Health Equities. In this newly created position, Lori will be working on social and racial justice related projects and initiatives with the goal of creating healthcare equity among the diverse members we serve.

Our Social and Racial Justice Steering committee has developed 6 sub work groups dedicated to provider professional development, internal professional development, member level advocacy, community partnerships, human resources interventions and policy review. The work groups continue to work on developing actionable steps to address social and racial justice and have been focused on:

- Developing a survey to learn more about how providers monitor social and racial disparities and how we can offer support
- Enhancing collaboration with members through assessing and understanding members' needs
- Internal Focus groups to assess staff's experiences at Community Care
- Strengthening relationships with community partners through a variety of efforts, including increased participation in events across our contract regions
- Reviewing our existing policies and procedures to ensure they encourage equity and inclusion

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We also trained all Community Care staff in SOGIE (Sexual Orientation and Gender Identity and Expression), which provided an overview of sexual orientation and gender identity basics.

Coming in 2022, we are excited to announce:

- Social Racial Justice Book club for Community Care staff
- Cultural diversity and inclusion trainings for staff and providers
- A Pilot Collaboration with African American Barbershops and Beauty Salons in the Pittsburgh area that will train stylists and barbers on how to talk to their clients about behavioral health and substance abuse issues and how to link them to services
- SOGIE II training for staff

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Community Care’s Anti-stigma Resources & Education (CCARE) Campaign

Structural Stigma and How Professionals can Change Stigma for a Person with a Substance Use Disorder (SUD)

Stigma can affect everyone—our members and their families, treatment professionals, and community activists. Stigma refers to negative opinions of an individual or group based on having certain characteristics. Stigma may result in an individual feeling shame, despair, and experience discrimination. The individual who experiences stigma about substance use may be less likely to feel comfortable seeking treatment.

A specific type of stigma is **structural stigma**, which refers to policies, protocols, and funding models that can perpetuate stigma, such as inequality in access to treatment. Black/African Americans or Hispanic, non-white Americans are less likely to be offered buprenorphine for OUD treatment, than white non-Hispanic clients (Lagisetty et al., 2019). The impact of stigma on people with a SUD has evolved over several decades, penetrates all levels of society, and is difficult to overcome (Krawczyk et al., 2018; Park et al., 2020).

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As a provider there are things you can do to help eliminate stigma such as:

- Encouraging equality between physical and behavioral health treatment
- Showing compassion for those with a substance use disorder
- Choosing empowerment over shame
- Being honest about treatment
- Letting others know when they're being stigmatizing
- Avoiding labeling people
- Promoting non-judgmental, non-shaming inducting approaches
- Offering treatment in non-traditional ways, (i.e., such as offering cultural treatment in places people of color and ethnic groups trust by partnering with churches, cultural centers, or other community organizations)

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Everyone in the behavioral health community must work to lessen stigma. One starting point for providers is considering your language. Even unknowingly, things we say may reinforce negative stereotypes and attitudes. Things like:



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Instead of saying:	Say:
Drug and alcohol	Substance use disorder (SUD)
Substance Abuser/Addict	A person with, or suffering from, addiction or substance use disorder
Clean or dirty	A negative or positive urine test result
Dope Sick	A person suffering from withdrawal
Drug	Medication
Medication misuse	Non-medical use of medication
Unmotivated	Not in an environment that inspires him or her
Frequent Flyer	Continues to search for what he/she needs
Non-Compliant	Wanting other options, independent, taking personal responsibility
Relapse/Slip	Resumed, or experienced a recurrence of symptoms

For a glossary of over 200 words to help professionals change language about substance use check out <https://www.recoveryanswers.org/addiction-ary/>.

Community Care is committed to reducing stigma for substance use disorders. This article is part of the CCARE campaign. For more CCARE resources you can visit our [provider website](#).

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References

Krawczyk N, Negron T, Nieto M, Agus D, Fingerhood MI. Overcoming medication stigma in peer recovery: A new paradigm. *Subst Abus.* 2018;39(4):404-409. doi:10.1080/08897077.2018.1439798.

Lagisetty PA, Ross R, Bohnert A, Clay M, Maust DT. Buprenorphine Treatment Divide by Race/Ethnicity and Payment. *JAMA Psychiatry.* 2019 May 8;76(9):979-81. doi: 10.1001/jamapsychiatry.2019.0876. Epub ahead of print. PMID: 31066881; PMCID: PMC6506898

Park JN, Rouhani S, Beletsky L, Vincent L, Saloner B, Sherman SG. Situating the Continuum of Overdose Risk in the Social Determinants of Health: A New Conceptual Framework. *Milbank Q.* 2020;98(3):700-746. doi:10.1111/1468-0009.12470.

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Medication Assisted Treatment for Substance Use Disorders

Medications are used to treat all health conditions. Some health conditions might be brief, like strep throat, which require prescription for a set time frame. This means that a person might only need the medication for a few days or weeks. Other health conditions might be chronic, like diabetes, which means that medication is needed to help manage the symptoms associated with that health condition. With chronic health conditions, a person needs to take the medications as long as the symptoms are present, which could be for the remainder of their life.

Substance use disorders are considered chronic health conditions. A person using substances may need medications to help manage symptoms associated with substance use. The Food and Drug Administration, or FDA, has approved medication for three types of substance use disorders:

1. Alcohol Use Disorder (examples: beer, wine, liquor)
2. Opioid Use Disorder (examples: prescription pain medications, heroin, and fentanyl)
3. Tobacco Use Disorder (examples: cigarettes, cigars, pipes)

Medical assistance, or Medicaid, covers the costs covers the cost of certain medically necessary medications for the three chronic health conditions listed above. These medications are lifesaving and have proven positive outcomes for people who consistently take the medications. The positive outcomes include reduction in cravings to use substances, reduction in substance use, and reduction in overdoses (reduction in overdoses was found for people who only use opioids, meaning no other substances are used once the opioid use stops).

A person might receive a low dose of the medication to start. The low dose helps the doctors determine if a person is allergic to the medication. The low dose also helps the body get used to the medication and may help determine the stable dose. It may take a month or two for a person to get on a stable dose of the medication. During that time, a person should discuss any side effects or cravings to use with their doctor or treatment team.

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Sometimes, people misuse their medication, meaning that they take more than prescribed. If someone is misusing medication, it might mean that the medication dose is incorrect. If someone is still feeling urges to use or experiencing withdrawal symptoms after taking their medication, they might need a higher dose of the medication. It is important to talk with doctors about any medications and symptoms to make sure that the medication dose is correct. If a person is on an appropriate dose of the medication, then they are less likely to misuse the medication.

If a person is taking medication for a substance use disorder, they might start to feel better. But they still are at risk to trying new substances or continuing use of old substances (like cocaine, methamphetamines, or marijuana). These substances might help the person feel good or “high,” but the substances could interfere with the medication working and interfere with the body and brain from healing after substance use. The substances could also lead a person to overdose.

Some people are worried about taking medication for opioid use disorder because they might have heard that methadone and buprenorphine are replacements for heroin. Opioids are strong and the body becomes physically dependent on the opioid, which makes it hard to stop without medications. Additionally, heroin that includes fentanyl is much more powerful than heroin that was used 10 to 20 years ago, and it is difficult to remain in recovery without taking medications. Methadone and buprenorphine are prescribed by doctors who have experience with these medications and how they impact a person’s overall health. Any concerns about any medications should be discussed with a doctor before starting the prescription.

If you would like a physician consultation for prescribing buprenorphine, please call our provider line at 1-888-251-2224 to schedule an appointment with one of Community Care’s doctors.

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Clozapine Utilization among Community Care adult members

Clozapine is considered the gold standard for treatment-resistant schizophrenia. It is also FDA approved to reduce suicidal behavior in patients with schizophrenia or schizoaffective disorder. Treatment guidelines recommend that clozapine be considered for all eligible patients who have not responded after two antipsychotic trials.

Despite its effectiveness, and the fact that clozapine is used to treat 20% or more of individuals with schizophrenia in many industrialized countries, it is prescribed to fewer than 5% of candidate patients in the United States and to as few as 2% of individuals who might benefit in some states.¹

A study evaluating antipsychotic treatment prior to clozapine found that clozapine initiation was delayed by a mean of 4 years, and that other antipsychotics or treatment with more than one antipsychotic were used instead, in ways not recommended by therapeutic guidelines. Prior to initiating clozapine, more than a third of patients had received antipsychotic polypharmacy and more than a third had received antipsychotic treatment above the recommended maximum dose. On average, patients received more than five different antipsychotic treatments before starting clozapine.²

Barriers to clozapine prescribing are numerous and can vary from patient disagreement, lack of prescriber knowledge or confidence, additional monitoring requirements, administrative burden including lack of familiarity with the Clozapine Risk Evaluation and Mitigation Strategy (REMS) program, as well as serious adverse effects, which could include myocarditis and cardiomyopathy, seizures, complications of constipation, and severe neutropenia.

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1 Torrey E, Knable M, et al. Clozapine for treating schizophrenia: a comparison of the states. Treatment Advocacy Center, Office of Research & Public Affairs. 2015;1-6.

2 Howes OD, Vergunst F, Gee S, McGuire P, Kapur S, Taylor D. Adherence to treatment guidelines in clinical practice: study of antipsychotic treatment prior to clozapine initiation. British Journal of Psychiatry. 2012;201(6):481-485. doi:10.1192/bjp.bp.111.105833

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Community Care began studying the utilization of clozapine among our adult members diagnosed with schizophrenia or schizoaffective disorder in 2016. Utilization among our members at that time was 3.5%. In an effort to improve utilization, Community Care implemented a care management monitoring intervention that promotes conversation between care management and the provider once a potential candidate for clozapine has been identified. In addition, Community Care psychiatrists have developed educational material to promote a better understanding of clozapine, encourage its use when appropriate and provide updates on monitoring guidelines. While we have seen a steady increase in use overall, some Community Care regions lag behind, with rates as low as 3% in some areas to as high as 6% in others. Community Care is considering other possible outreach opportunities to ensure that the necessary access and resources are available to providers and members in all our counties.

As a reminder, modifications to the Clozapine REMS go into effect November 15, 2021. Prescribers of clozapine will need to re-certify and re-enroll all patients currently taking clozapine in the Clozapine REMS program. Re-certification of prescribers and re-enrollment of patients must be done with the revised Clozapine REMS materials. The new clozapine REMS website can be accessed at www.clozapinerems.com. For more education and resources on the use of clozapine, providers can also visit the SMI Adviser Clozapine Center of Excellence website <https://smiadviser.org/about/clozapine>.

If Community Care can assist you in any way, please do not hesitate to contact us at 1.888.251.2224.

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Community Care Adopts the American Psychiatric Association (APA) Updated Practice Guideline for the Treatment of Schizophrenia

Community Care regularly reviews clinical practice guidelines (CPGs) for any updates, appropriateness to our members' needs, and usefulness for our providers. We recommend that providers adopt the *American Psychiatric Association (APA) Practice Guideline for the Treatment of Patients with Schizophrenia, Third Edition* published September 1, 2020. This guideline represents a significant update from the previous 2004 APA guideline, as there have been numerous studies on new medication and psychotherapeutic treatments for schizophrenia. Community Care recognizes the significant health, social, occupational, and economic burdens associated with schizophrenia stemming from its early onset and its severe and persistent symptoms. Optimizing treatment for members diagnosed with schizophrenia and providing early intervention for individuals with first-episode psychosis is critical to improving the well-being of members, facilitating person-oriented recovery, and reducing the significant health and psychosocial consequences.

What's New

The updated guideline reflects the definition of schizophrenia as defined by the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5; American Psychiatric Association, 2013). The development of the schizophrenia guideline utilized the process recommended by the Institute of Medicine and Council of Medical Specialty Societies that places at the forefront having a defined, transparent processes for rating the quality of the evidence and the strength of the overall evidence derived from systematic reviews of the scientific literature. Each guideline statement is rated based on the type and strength of available evidence and indicates the level of confidence that benefits outweigh harms, taking into account patient preferences.

The guideline addresses: assessment and determination of treatment plan, pharmacotherapy,

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and psychosocial interventions. As the initial psychiatric evaluation drives the development of the treatment plan, the comprehensive nature of that assessment is underscored and includes the patient's goals and preferences for treatment, reviewing psychiatric symptoms and trauma history, use of tobacco and other substances, past history of psychiatric history, physical health, psychosocial and cultural factors, mental status examination including cognitive assessment and risk of suicide and aggressive behaviors. Throughout the guideline is an emphasis on the development of a person-centered treatment plan, patient preference regarding treatment, and recognizing the importance of enhancing person-oriented recovery.

A few highlights for pharmacotherapy guidelines are: continuation of an antipsychotic if there has been improvement in symptoms, monitoring for effectiveness and side effects, the use of clozapine for treatment-resistant schizophrenia, suggestion regarding patient preference for long-acting injectable or if history of poor or uncertain adherence, and addressing parkinsonism and recommendation of treating moderate to severe or disabling tardive dyskinesia with reversible inhibitor of the vesicular monoamine transporter 2 (VMAT2).

The guidelines on psychosocial interventions specifically recommend a coordinated specialty care program for individuals with first episode psychosis, cognitive behavioral therapy for psychosis (CBTp), psychoeducation, supportive employment services, and when assertive community treatment would be recommended. The guidelines of suggested psychosocial interventions reflect the role of families (family interventions), cognitive remediation, social skills training, and supportive psychotherapy.

It is beyond the scope of this article to detail all the specific recommendations found in this updated schizophrenia treatment guideline. Community Care strongly recommends that our providers review and use the *APA Practice Guideline for the Treatment of Patients with Schizophrenia*, Third Edition.

Note: Community Care has also approved the continued use of following guidelines:

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- National Institute on Drug Abuse (NIDA) [Principles of Drug Addiction Treatment: A Research-Based Guide for Substance Use Disorders](#) (Third Edition)
- American Academy of Pediatrics (AAP) Attention Deficit Hyperactivity Disorder (ADHD): [Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder \(ADHD\) in Children and Adolescents](#), as well as its supplements:
 - [Supplemental Process of Care Algorithm \(PoCA\)](#)
 - [Supplemental Systemic Barriers to the Care of Children and Adolescents with ADHD](#)
- In addition Community Care adopted the use of:
 - American Society of Addiction Medicine (ASAM) [National Practice Guideline for the Treatment of Opioid Use Disorder \(OUD\) - 2020 Focused Update](#)
 - This guideline was adopted as a supplement to the NIDA Principles of Drug Addiction Treatment: A Research-Based Guide for Substance Use Disorders (Third Edition).

Community Care approved the retirement of the following guideline:

American Psychiatric Association (APA) [Guideline for the Treatment of Patients with Major Depressive Disorder](#) (Third Edition) as the guideline has not been updated in eleven years, and according to the APA, in accordance with national standards, the guideline can no longer be assumed to reflect current knowledge and practice. When the treatment of major depression guideline becomes updated, Community Care will review and make recommendations for adoption.

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References:

American Psychiatric Association Practice Guidelines. American Psychiatric Association (APA) [Practice Guideline for The Treatment of Patients with Schizophrenia](#) (Third Edition), 2020
Psychiatry Online Retrieved November 9, 2021, from <https://psychiatryonline.org/guidelines>.

ASAM Updated National Practice Guideline for Treating Opioid Use Disorder, 2020.
American Society of Addiction Medicine. Retrieved November 9, 2021, from https://www.asam.org/docs/default-source/quality-science/2020-asam-npg-release-final-covid.pdf?Status=Temp&sfvrsn=740952c2_4

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Most people are considered to have multiple cultural identities, for example, race, ethnicity, or heritage. Military service adds an additional layer. Military associated identities such as rank (i.e., officer and enlisted) and branch of service (i.e., Army, Navy, Air Force, Marine Corps, National Guard or Reserves) all contribute to the intricacy of a military cultural competency model.

Military culture is ingrained in those who have served and may impact their willingness to seek treatment. Military personnel have a mission-oriented approach and have sworn to sacrifice to defend our country. Even though the Veteran has left the service, the service may not have left the Veteran. Mental health stigma is still prevalent in military culture. Providers and health care professionals are key to the successful application of the military cultural model in the assessment, diagnosis, treatment, management, and prevention of physical and behavioral health issues, injuries, and diseases.

Operation Service Net was developed by Community Care to address the initiative to improve access and quality of service to members with military experience as well as their families. Information is available to assist providers in understanding military culture, improve identification of members with military experience, and link community-based providers to military resources/trainings. Resources and the Operation Service Net [provider handbook](#) can be found on Community Care's website.

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Practical Tips to Prevent Childhood Obesity

Many factors can lead to a child being overweight or obese. Obesity is typically defined when a child is more than 20 percent above the ideal weight for their age, height, and gender.

Obesity can lead to diseases and serious health problems in adulthood, but there are practical ways to prevent it. Healthier habits every day help.

Food Choices

Studies show that the food children eat when they are young can have a lasting effect. Some tips for healthier eating:

- **Healthier, accessible snacks.** Instead of a jar of cookies on the counter, try putting out a bowl of fruit. Children are more likely to reach for what they can access, and fruit can satisfy their hunger and craving for something sweet.
- **Portion sizes.** Smaller portions, or using smaller plates, can help children eat appropriate servings while still enjoying higher-calorie food. Check out www.choosemyplate.gov for more information about portions.
- **Eating breakfast.** Breakfast is still considered an important meal of the day.
- **Drink more water.** A pitcher of water in the refrigerator can be an easy replacement to reach for instead of a can of sugary soda or juice. Check out www.cdc.gov/healthyweight/healthy_eating/drinks.html from the CDC.
- **Don't eat directly from the package.** It's easy to eat a lot more from the package (like a bag of chips) than if you take out a smaller helping from the package. Snacks can still be enjoyed in a smaller amount.

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Physical Activity

Physical activity is linked to better sleep, better mood, and better grades. Some ideas for children to get exercise throughout the day:

- Walking or riding a bike to and from school
- Being active during recess and gym class
- Playing a sport
- Doing an after-school activity, like swimming or karate
- Going outdoors and playing with friends
- Taking a walk before or after dinner
- Having a family dance party

Find more physical activity tips for children at <https://health.gov/MoveYourWay/Get-Kids-Active/>.

Remember, small changes every day can make a difference.

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Quitting Tobacco

Whether you're trying to quit smoking yourself or working with members, use the STAR method to get started:

Set a quit date.

Tell others that you plan to quit.

Anticipate and plan for challenges you will face while quitting.

Remove cigarettes and other tobacco products from your home, car, and workplace.

1. **Quit Date.** When choosing a date to quit tobacco, the sooner, the better. Many smokers choose a date within two weeks. Think about your quit date and stick to it. This way you can think about your decision and have enough time to prepare.
2. **Telling Family, Friends, and Coworkers.** Tell your family and friends that you are quitting. Let them know what they can do to support you. Be clear about what you want and do not want from them. Texting or calling someone to tell them you are quitting and asking how they can help is one way to start.
3. **Anticipating Challenges.** Challenges will pop up, like triggers that make you want to smoke or routines you are used to, like:
 - Smoking first thing in the morning
 - Smoking after eating
 - Being around other smokers
 - Feeling stressed, bored, or tired

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It may be unpleasant at first, but small changes every day can make a big difference. When you know your triggers, you can find ways to deal with them.

4. **Removing Tobacco Products**

- Get rid of cigarettes, lighters, and ash trays from your home, car, or workplace.
- Go places where smoking is not allowed.
- Do your best to stay away from things and places that would make you want to smoke.

Quitting Tobacco Resources

- Consult a healthcare professional
- PA Free Quitline: <https://pa.quitlogix.org/en-US/Enroll-Now> 1-800-QUIT-NOW (7848 669)
- [Smokefree.gov](https://www.smokefree.gov/): resources to make a personalized plan, set a quit date, manage stress, and more.
- [Members.ccbh.com](https://members.ccbh.com/): tobacco articles

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Community Care values provider feedback about our processes. To find out how satisfied providers are with our organization, we conduct an annual provider satisfaction survey. We were pleased that many of you in our provider network participated in the most recent Provider Satisfaction Survey that was fielded March through April of 2021. The survey was conducted by our survey vendor, Symphony Performance Health Analytics and was based on your experience with Community Care during the calendar year of 2020.

The results showed high rates of satisfaction in areas such as:

- Authorization & Precertification
- Care Management
- Customer Service
- Claims
- Views on Substance Use Disorder Treatment
- Quality Processes
- Overall satisfaction with being a provider for Community Care

Although many of the rates were high, Community Care noticed lower rates of satisfaction in a couple of key areas. As a result, we will be focusing on improving provider satisfaction with:

- Credentialing
- Provider Relations specifically: consistency of information and comprehensive responses to provider questions

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Interventions that Community Care has developed to address these issues include:

- The Network Department implementing the use of the Council for Affordable Quality Healthcare (CAQH) standard credentialing application for practitioners.
- Network is creating a Provider Information Management System (PIMS) to track calls from providers. This system will help the Network Department to review questions/answers given by Provider Representatives as well as ensure timely and consistent responses across contracts.

It's important to hear from providers; we value your feedback and work to develop interventions that help address issues. This is a valuable tool in having your voice heard! Be on the lookout for the next survey coming early in 2022. Please take some time to complete either the hard copy that is mailed or use the link included in the mailing to complete it on-line.

Community Care continually strives to build good relationships with our providers as we work together to meet the needs of the members and communities that we all serve. If, at any time, you have questions, concerns or want to give us feedback, please call the Provider Line at 1-800-251-2224.

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Providers are responsible for clinical decisions and appropriate billing of services.