What's Hot: Important Updates

MaineHealth Access to Care Programs Enroll Over 450 Maine People in Health Insurance

Open Enrollment for the Health Insurance Marketplace started on November 1st and continues through January 31, 2017. In 2016, Maine was tied for 2nd in the nation for Affordable Care Act (ACA) enrollments, enrolling 75,240 (58%) of the ACA-eligible uninsured population. The uninsured rate in Maine, currently estimated at 7%, has declined significantly since 2013 when it was at 13%.

Most people receive financial assistance to lower the cost of the monthly premium, deductible and copays when they enroll in a MarketPlace plan. Still, the Center for Medicare & Medicaid Services estimates that nearly half of the uninsured are unaware of the financial assistance. Open Enrollment provides the opportunity to educate patients about this benefit and encourage them to enroll.

At MaineHealth Access to Care Programs, Certified Application Counselors (CACs) on the CarePartners and MedAccess teams provide free in-person help educating and enrolling people in the plans. Between October 2013 and June 2016, team members discussed the Marketplace offerings over 3,400 times and enrolled 461 people. Patients who currently have a 2016 health insurance plan through the Marketplace needed to review their plan and re-enroll by December 15th to avoid any break in coverage.

Some people are eligible to enroll in a Marketplace plan outside of Open Enrollment if they have a life event such as having a baby, getting married, losing health insurance, or moving to a new area. Find out more at www.healthcare.gov and at www.enroll207.com.

Contact Kathy Pipkin, MaineHealth Access to Care Programs ACA Outreach Coordinator at kpipkin@mainehealth.org for more information about MarketPlace assistance and patient resources.

Diabetes Foot Exam—UPDATE

In addition to the physical inspection, assessment of pulses and monofilament, the ADA Standards of Care and CMS now require an additional neurological assessment. The additional neurological assessment must consist of *any one* of the following: pin prick, vibratory sensation or reflexes.

Please confer with your EHR specialist to identify if any modifications have been or will be made in your electronic health record (EHR) system that reflect this change. For providers using paper charts, please note that all four components must be mentioned in the encounter note to meet the criteria for a diabetes foot exam.

Click here for more information, see page 83 of the ADA Standards of Care or contact Diabetes Clinical Specialist, Elizabeth Nalli at enalli@mainehealth.org.

Final Statin Recommendations for Cardiovascular Disease Prevention

The US Preventive Services Task Force (USPSTF) released the final recommendations and evidence summary for the use of statins for the primary prevention of cardiovascular disease (CVD) in adults, which were largely consistent with 2015 draft recommendations. These recommendations updated the 2008 recommendations, which had not previously recommended widespread statin use for CVD prevention. The new recommendations do not apply to patients at very high risk, such as individuals with CVD, diabetes, familial hypercholesterolemia or those with low-density lipoprotein (LDL) levels over 190 mg/dL.

The main points of the recommendations are as follows:

- Adults aged 40-75 years without a history of CVD but have one or more CVD risk factors (dyslipidemia, diabetes, hypertension, or smoking) and a 10% or greater risk of having a CVD event (myocardial infarction or stroke) over the next 10 years should use a low- to moderate-dose statin for the prevention of CVD events and mortality. This received a B recommendation.
- Clinicians should selectively offer low- to moderate-dose statins to adults aged 40 to 75 years who do not have a history of CVD but who have one or more CVD risk factors and a 7.5% to 10% risk for a CVD event in the next 10 years. This received a C recommendation.
- Evidence is insufficient for the benefits and harms of starting statins in adults 76 years and older. This received an I statement (insufficient).

Clinicians are advised to determine a 10-year CVD risk using the pooled cohort equations developed by the American College of Cardiology/American Heart Association (ACC/AHA).

Although experts still debate about statins for CVD prevention and have identified several gaps in the evidence base, they all emphasized the need for shared decision making and deferring to clinical judgment for difficult treatment decisions regarding strategies for CVD prevention.

Click here for more information on the USPSTF guidelines regarding the statin use for the primary prevention of cardiovascular disease in adults.