



Every Body + Mind Matters Newsletter

Fall 2024

Aetna Better Health (ABHLA) is proud to be part of the CVS Health family. We take a whole-person approach to Medicaid, bringing together what matters most to health. Through expert care and easier access to services and support, we help our members live their healthiest lives. This newsletter is specifically dedicated for our providers with updates, resources and articles. This newsletter, as well as previous newsletters, can be found [here on our website](#). If you are interested in contributing to the newsletter, have ideas or suggestions, or you and your organization are interested in partnering with primary care organizations to integrate behavioral and physical health to treat the person as a whole, please contact Brian Guess at GuessB@aetna.com.

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PROVIDER BULLETIN



Just like you, ABHLA is committed to improving members' health, and we know our providers play a big role. Each quarter, we will be highlighting incentives for either providers and/or our members. Keep checking back to this section to find the highlighted care item.

Our first highlight is that **both providers and members** are eligible for an incentive when members are screened annually for STIs. The STI screening must include the following for providers to receive their incentive: HIV, HCV, syphilis, gonorrhea and chlamydia.

Questions? Contact your Aetna representative or access our [provider site](#).

PROVIDER MONITORING



CDC guidelines around STI prevention and treatment

The first two messages around this initiative were in previous provider newsletters and focused on 'Talk: Test' to patients about STIs and that regular screening is part of being healthy. Those articles can be viewed [here](#).

The third part of the CDC campaign called 'Talk: Test: Treat' to help stamp out many of the STIs is 'Treat'.

Many STIs are treatable and often curable. This information is valuable given the recent news of Louisiana being ranked second in the US for STI rates, with Louisiana ranking first for chlamydia infections. Overall, the national rate of STI cases increased by 9% while our state increased at 24%.

As of March 31, 2024, **LDH's quarterly report** for new HIV cases in Louisiana were the highest in men (75.1) vs women (22.2%), with the highest age groups being those between ages 13 and 34 who comprised 58.5% of new HIV cases. Regions 1 (NOLA), 2 (EBR) and 7 (Shreveport) reported the most new cases. In the same time period, syphilis was also highest in men (73.1%) vs women (24.9%) with those 34 years of age and under being almost equal with those over 34 for reported new cases.

Treat your patients for STIs as recommended. The **2021 STI treatment guidelines** are the most current recommendations for treating patients who have or who are at risk for infection.

Here are options for patients outside of traditional appointments to access critical STI care:

- Express visits allow walk-in STI testing and treatment appointments without a full clinical exam
- Partnerships with pharmacies and retail health clinics can provide new access points for STI services, such as on-site testing and treatment
- Telehealth/telemedicine can close gaps in STI testing and treatment, ensure access to healthcare providers and support self-testing. This is especially critical in rural areas
- At-home specimen collection allows patients to collect their own sample and take or mail it to a lab for testing. There is also an FDA-approved HIV self-test. These options could be useful when in-person services are not available or feasible

Screening recommendations are sources of clinical guidance, not prescriptive standards. Always consider a patient's sexual history and the burden of disease in their community. Reinfection is common for some STIs. Encourage your patients to return for follow-up testing in three months. There are many 'self' test options, so even if the patient isn't ready to test today they can access their Medicaid Plan's page and find resources or access the [Louisiana Health Hub](#) to explore options for themselves.

To learn more, the [provider portal on the CDC site](#) is a great resource.



Advanced psychiatric directives



Did you know in accordance with the Louisiana Department of Health's Behavioral Health Services Manual Chapter 2 section 2.6, you are required to maintain psychiatric advanced directives for all Medicaid members who are seen at your practice?

What is a psychiatric advanced directive?

A psychiatric advanced directive is a document that allows individuals to specify their preferences for mental health treatment in advance in case they are unable to make or communicate decisions regarding their care in the future. This directive outlines the individual's preferences for psychiatric care, including medications, therapies and other interventions, and helps ensure that their mental health treatment aligns with their personal values and preferences. Additionally, psychiatric advanced directives allow individuals to appoint a representative to make treatment decisions for them if they become incapable.

Why are they important?

Psychiatric advanced directives are beneficial to both the provider and the member. Psychiatric advanced directives can:

- Support open dialogue between the healthcare provider, patient and their families
- Promotes member autonomy and empowerment
- Give the provider clear guidance on the member's treatment preferences and decisions

- Help the member access care that aligns with their values and preferences in a timely fashion
- Protect the member from unwanted treatment
- Improve continuity of care
- Help prevent crisis situations and reduce the use of involuntary treatment
- Provide a mechanism for families and other important individuals to be involved in the members treatment

What if the member chooses not to participate?

All members must be given information about creating psychiatric advanced directives. If the member chooses not to create psychiatric advanced directives there must be documentation in the record that the member was given the information but refused.

Additional resources

You can find additional information about the laws regarding psychiatric advanced directives in Louisiana on the state legislature website. Go to legis.la.gov and reference RS 28:221-237 (Act 755 of 2001).



Students with mental health struggles linked to absenteeism and lower grades, showing clear need for more in-school support

By Amie Rapaport and Morgan Polikoff

Parents are reporting worse mental health for their children than they did a decade ago, but different groups of children are struggling with mental health in markedly different ways.

Preteen boys (the subgroup with the worst scores) struggle more in areas that include externalizing behaviors like hyperactivity, inattentiveness and conduct problems. For teen girls (the subgroup with the second-worst scores), struggles were especially pronounced in more internal problems like anxiety and depression.

These results confirm an upward trend in student mental health concerns that began before the pandemic but was likely exacerbated by school shutdowns, social isolation and other child and family stressors brought on by COVID-19.

Additionally, those who had lower grades and lower attendance were much more likely to have difficulty scores in the highest, most concerning range.

Among students with good attendance halfway through the school year, only about one in 14 had a high difficulty score. But among students who were chronically absent at the halfway point, nearly one in four had a high difficulty score. Similarly, students who earn some Cs in schools are three to four times more likely to have a high difficulty score compared with students earning all As and Bs – 19% vs. 6%, respectively.

There are opportunities for schools to address these trends by providing school-based mental health services. These services include one-on-one counseling or therapy, case managers who can coordinate various services for students in need and referrals to outside resources. And in fact, our research shows almost three-quarters of parents whose students use school-provided services are satisfied and find them helpful.



But many schools are not offering these supports – or at least, parents are unaware of them. Our study found that 59% of high-income respondents reported that mental health resources were available in their children's schools, compared with 37% of low-income respondents. Yet low-income students are more likely to take advantage of those supports when they are available. Over half of the respondents from the lowest income group reported that their child made use of mental health services when available, compared with 11% of respondents from the highest income group.

There is considerable unmet student need for mental health supports, as 20% of parents whose children are in schools without such supports say they would use them if offered. These results suggest there is an opportunity for schools to invest in not only supplying mental health services, but ensuring they reach the students most in need.

You can read this article in its entirety [here](#)



Colorectal cancer is rising in children, teens and young adults, study finds

By Corrie Pelc

The majority of colorectal cancer cases occur in adults over the age of 50, but new research shows this form of cancer is on the rise in young adults and teenagers. Now, a new study reports from 1999 to 2020, rates of colorectal cancers grew 500% among children ages 10 to 14, 333% among teens ages 15 to 19 and 185% among young adults ages 20 to 24.

When examining the data, researchers found changes in colorectal rates, including:

- **Children aged 10 to 14** – from 0.1 per 100,000 in 1999, increased to 0.6 per 100,000 in 2020
- **Teens aged 15 to 19** – from 0.3 per 100,000 in 1999, increased to 1.3 per 100,000 in 2020
- **Young adults aged 20 to 24** – from 0.7 per 100,000 in 1999, increased to 2 per 100,000 in 2020

Scientists also observed a 71% increase in colorectal cancer cases in adults ages 30 to 34 and a 58% increase in adults ages 35 to 39 from 1999 to 2020.

While a family history of colorectal cancer is an unmodifiable risk factor, past studies show there are several modifiable risk factors, including:

- Diet
- Physical activity
- Obesity
- Poor sleep
- Alcohol use
- Tobacco use

You can read this article in its entirety [here](#).

