



Every Body + Mind Matters Newsletter

Spring 2024

By building a world of health around each and every consumer, Aetna Better Health of Louisiana (ABHLA) will continue to commit to deliver exceptional support to our members and providers. 2024 will be a time for us to drive seamless member transition and support, as well as focus on improving operations through even more areas in Louisiana.

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 quality monitoring team

Name	Title	Email
Melder Burton	Senior Manager, Quality and Compliance Operations	BurtonM1@aetna.com
Renee Booker, LCSW	Clinical Advisor	BookerR1@aetna.com
Brian Guess, LPC	Clinical Advisor	GuessB@aetna.com
Shawn Allen, LPC	Clinical Advisor	AllenS21@aetna.com
Kelsey King, LCSW	Clinical Advisor	KingK6@aetna.com
James Bogнар	Senior Manager, Quality Management	bognarj1@aetna.com
Julie Lomaglio	Health Care Quality Monitoring Project Manager	lomaglioj@aetna.com
Tenisha Morgan, LMSW	Manager, Health Care Quality Project Management	MorganT3@aetna.com
Brian Burkett	Senior Analyst	BurkettB@aetna.com

BEHAVIORAL HEALTH



Eating disorders are the most lethal mental health conditions – reconnecting with internal body sensations can help reduce self-harm

By April Smith

Did you know that anorexia is the most lethal mental health condition? One person dies from an eating disorder every hour in the U.S. Many of these deaths are not from health consequences related to starvation, but from suicide.

Up to 1 in 5 women and 1 in 7 men in the U.S. will develop an eating disorder by age 40, and 1 in 2 people with an eating disorder will think about ending their life. About 1 in 4 people with anorexia nervosa or bulimia nervosa will attempt to kill themselves, and those with anorexia have a risk of death by suicide 31 times higher than peers without the disorder.

In fact, nonsuicidal self-injury, suicidal ideation, suicide attempts and suicide deaths are all more prevalent among those with any type of eating disorder compared to those without an eating disorder.

When you think negatively about and try to avoid your body, you end up disconnecting from it and losing the ability to understand what's going on inside your body. You start to see it not as your body but as an object. That ability to recognize, interpret and respond to internal signals in your

body actually has a name: interoception, also known as the sixth sense. It refers to your ability to recognize, interpret and respond to a variety of bodily sensations, such as emotions, hunger and fullness, temperature and pain.

Research suggests that interoception is integrally related to mental and physical health, and impaired interoception is considered a risk factor for various mental disorders. For example, if you are unable to sense when you're hungry or full, that could lead to restrictive or binge eating. Conversely, if you are hyperaware of your internal sensations, such as your heart rate and breathing, that could lead to panic disorder symptoms.

Impairment in interoception is more strongly associated with suicidal ideation and suicide attempts than other risk factors like hopelessness, gender and post-traumatic stress.

You can read this article in its entirety at <https://theconversation.com/eating-disorders-are-the-most-lethal-mental-health-conditions-reconnecting-with-internal-body-sensations-can-help-reduce-self-harm-218079>



BMI alone will no longer be treated as the go-to measure for weight management – an obesity medicine physician explains the seismic shift taking place

By Scott Hagan

On June 14, 2023, the American Medical Association adopted a new policy, calling on doctors to deemphasize the role of body mass index, or BMI, in clinical practice.

The statement by the AMA, the nation's largest association representing physicians, signals a significant shift in how clinicians regard BMI as a measure of general health. With over 40% of Americans having obesity as defined by BMI, a movement away from BMI could have broad implications for patient care.

While BMI may have strong correlations with the amount of body weight composed of body fat in studies of averages of large groups of people, it does not directly measure body fat for an individual. Therefore, people with the same BMI may have substantially different body fat percentage based on a variety of factors such as age, muscle mass, sex and race. In an example from one large study, adults with a BMI of 25 had a body fat percentage ranging from 14% to 35% for men, and 26% to 42% for women.

Ultimately, BMI cannot provide doctors with precise information about the portion of body weight composed of body fat, nor can it tell us how that fat is distributed in the body. But this distribution is important because research has shown that fat stored around the internal organs has significantly higher health risks than that distributed in the extremities.

Further, just as a variety of health factors may affect the accuracy of BMI to predict how much body fat someone has, health outcomes such as developing diabetes at a specific BMI can vary substantially based on factors such as a person's race, sex, age and physical fitness level.

Finally, a significant number of adults may have metabolically healthy obesity, defined as having a BMI above 30 without having high blood pressure, blood sugar or cholesterol. Adults with metabolically healthy obesity have significantly lower health risks associated with a high BMI and therefore may not benefit from weight loss.

You can read this article in its entirety at <https://theconversation.com/bmi-alone-will-no-longer-be-treated-as-the-go-to-measure-for-weight-management-an-obesity-medicine-physician-explains-the-seismic-shift-taking-place-208174>





ADHD care and treatment

First-line treatment

- For children younger than 6, evidence-based behavioral therapies are the first-line treatment for ADHD. For other methods and best practices for ADHD care for all children, see [CDC guidelines](#).

Clinical practice guidelines

- CPGs from the American Academy of Pediatrics can be found [here](#).

Toolkit

- [The Academy of Pediatrics Louisiana Chapter ADHD Toolkit](#) is also available on our provider website, under [Behavioral Health Material and Info](#) in the materials section.

Locate a provider

- To find a provider by zip code, provider/facility name, or specialty, click [here](#).



Free continuing education through TPN.health

Free continuing education can be earned for counselors, addiction counselors, licensed marriage and family therapists, social workers, psychologists, physicians and nurses.

Join our [provider education network](#) and never miss a free training! You can also connect with other clinicals, use the CE tracker and engage in the community feed.

Featured training series: Three-part integrated physical and behavioral health care

- On demand: [Introduction to Integrated Physical and Behavioral Health Care](#)
- On demand: [Assessment of Integrated Physical and Behavioral Healthcare Utilizing the Comprehensive Healthcare Integration \(CHO\) Framework](#)
- On demand: [Implementation Success for Integrated Care: Apply Measurement and Understanding Culture Change](#)

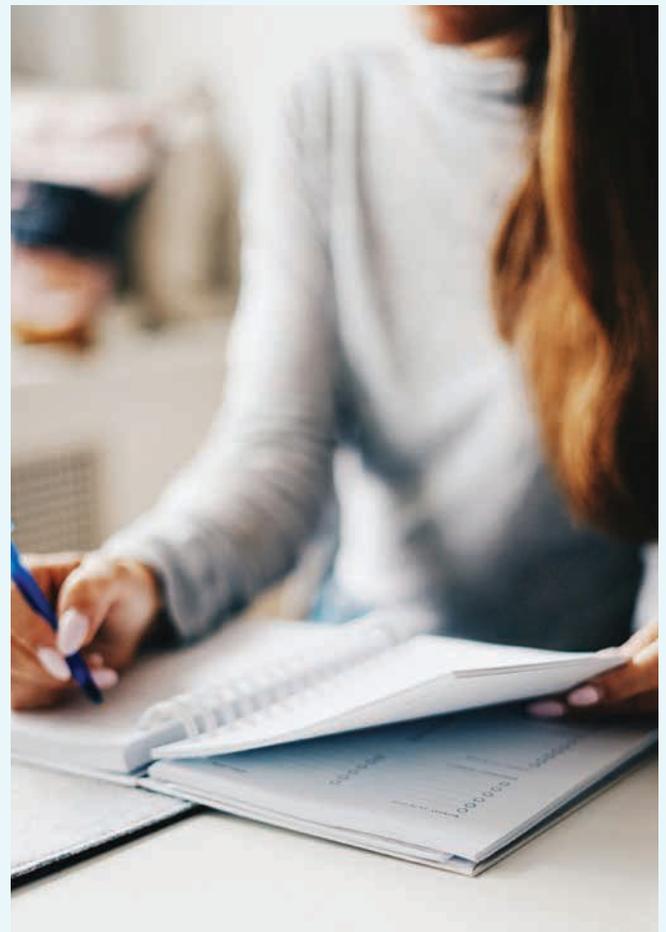
ADHD provider education sponsored by ABHLA

- [Rethinking Adult ADHD: Helping Clients Turn Intentions Into Actions](#)
- TEAM CBT: [An Effective Focused Therapy](#)

CM referral form

- To refer to care management, use the [provider CM referral form](#).
- For additional help with your ABHLA members, please call Member Services at 1-855-242-0802, TTY: 711.

Use this QR code to access ABHLA-sponsored TPN.health live and on-demand events.





Changes in CDC guidelines around STI prevention and treatment:

The CDC has a campaign called *Talk: Test: Treat* to help stamp out many of the STIs that are treatable and often curable. Aetna Better Health of Louisiana is committed to the overall health of our members and is doing regular campaigns to improve the screening and treatment of many STIs that are on the rise in Louisiana. In some cases our rates are 3 to 5 times those of the national average so learning more about your patients will help keep them healthy.

Talk: It all begins with talking to patients about sexual health. Taking a sexual history should be part of routine care. Talking about sexual health can be challenging, but studies show that patients want to be asked about sex. The following tips can help to ensure the most productive conversations with your patients:

- Help foster trust with your patient before their visit even starts by creating a welcoming and inclusive clinic or office environment. Follow these **tips** to make your office teen-friendly.
- Make sure your patients are comfortable and in a private space, especially before asking sensitive questions; this includes assuring patients their confidentiality is being protected by everyone in your office.
- Help normalize sexual health questions and STI/HIV testing recommendations by letting your

patients know you ask these questions and offer these services to all patients, as sexual health is a normal part of a person’s overall health and well-being.

- Avoid making assumptions about your patients; asking is the only way to know for sure. Standardize sexual orientation/gender identity (SOGI) questions and use open-ended questions when taking a sexual history.
- If your patient is hesitant to answer a question, try rephrasing it or briefly explain why you are asking.
- To avoid confusion, ensure that you and your patient share an understanding of the terms being used.

Understanding changes in CDC guidelines will also help open the conversation with patients, especially minors. In 2022 the CDC lowered the HIV screening age from 15 to 13 based on data collected. The 13-24 age group has the highest rate of confirmed HIV in Louisiana.

Changes in testing and/or treatment is also a good reference point for opening the conversation. There are many self-test options, so if the patient isn’t ready to test today, they can access their Medicaid plan’s webpage and find resources or access the **Louisiana Health Hub** to explore options for themselves.

If you want to learn more, the provider portal on the **CDC site** is a great resource.

