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FOR HEALTH

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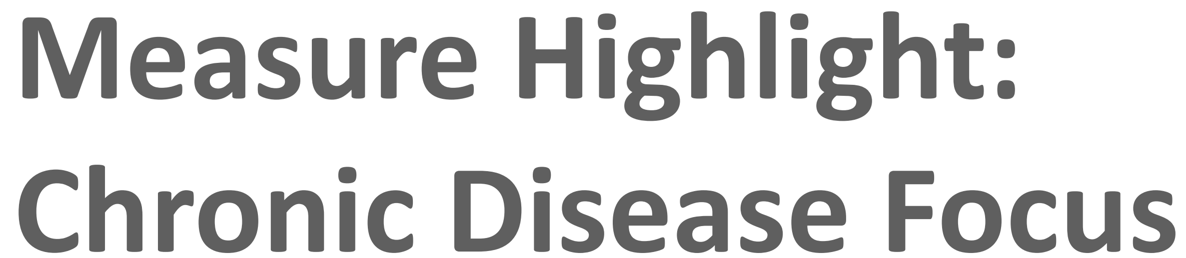

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Agenda

1) Background, Focus & Objectives
2) Measure Descriptions
    a) What counts for HEDIS®
3) Sharing Best Practices
4) Open Discussion

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Objectives

- At the end of this webinar, you will be able to:
  - Have a better understanding of the measure expectations.
  - Walk away with tactics to promote preventive measures.
  - Identify best and promising practices that can be used in your clinics.

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Mission

Improving the health and well-being of our members by collaborating with our provider and community partners to deliver high quality and accessible services.

Vision

All residents of Alameda County will achieve optimal health and well-being at every stage of life.

DHCS Bold Goals

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- Providing Early Interventions for Rising Risk
  - Critical for Medi-Cal programs to effectively manage chronic conditions.
  - Help provide access to support structures that lead to healthier lives (e.g., safe neighborhood parks, fresh fruits and vegetables, and clean air and water).
  - Focus on and address disparities to support the treatment of hypertension, diabetes and asthma.

Why Chronic Disease Care?

- Prevalence: Opportunity to address widespread health issues effectively.
- Cost-Effectiveness: Reduce long-term healthcare costs.
- Quality of Life: Help patients manage symptoms, maintain function, and improve overall well-being.
- Patient-Centered Care: Multidisciplinary approach to focus on individual needs and preferences of patients.
- Public Health: Reduce disease burden, improve population health outcomes, and promote health equity.

Measure Descriptions

Definitions, what counts for HEDIS®, and

Best & Promising Practices

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Controlling High Blood Pressure (CBP)

- Percentage of adults, 18-85 years of age, who had a **diagnosis of hypertension** and whose blood pressure was **adequately controlled (<140/90 mm Hg)** during the measurement year.
- Inclusion in measure:
  - Members who had **at least two (2) outpatient visits** on different dates of service with a diagnosis of hypertension on or between January 1 of the prior measurement year and June 30 of the current measurement year.

What counts for HEDIS?

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- Members are compliant if their **most recent** BP reading is **less than 140/90.**
- The BP reading must occur on or after the date of a **second** outpatient or telehealth visit with a diagnosis of hypertension in the measurement year.
- If there are multiple BP measurements on the **same date of service**, the **lowest systolic and lowest diastolic values are used**.
  - Ex: 1st reading is 142/**85**, 2nd reading is **138**/87

    →Reported value would be **138/85**

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BP Reading Specifications

Accepted

- Readings taken by the member using a digital device and documented in the record.
  - Include the date the reading was taken.
- Readings reported as an "average BP" with a distinct numeric result for both the systolic and diastolic BP.
  - Reading 1: 142/87
  - Reading 2: 138/83
  - Average BP: 140/85
- CPT Category II informational codes

Not Accepted

- Readings taken during an acute inpatient setting or an emergency department (ED).
- Readings taken on the same day as a test or procedure that requires a change in diet or medication on or one day before.
  - Exception: fasting blood tests.
- Readings reported as a range or threshold.
  - "Patient BP was elevated (AHA 120-129/<80)"
  - "Patient states BP is usually between 130-135/80-85"

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Best Practices

- Ensure patients have access to validated electronic devices to take their blood pressure at home. Provide a log or facilitate remote monitoring to track daily rates.
- Educate patients on the correct way to take their own blood pressure, including waiting after consuming caffeine or being physically active.
- Train all staff in proper blood pressure measurement technique:
  - Proper patient positioning and cuff placement.
  - Allow the patient to rest before taking the reading.
  - Take a second reading after 5 minutes or at the end of the appointment if blood pressure is elevated.
- Act rapidly to start or intensify treatment with medication.
- Provide education and resources for lifestyle management: exercise, diet, medications, etc.

Glycemic Status Assessment for Patients with Diabetes

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Glycemic Status Assessment for Patients with Diabetes (GSD)

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- Name change for Hemoglobin A1c Control for Patients With Diabetes (HBD)
- The percentage of members 18–75 years of age with diabetes (types 1 and 2) **whose most recent HbA1c or GMI** during the measurement year is **less than 8% or greater than 9%**

Rate calculations

- Two rates are reported for this measure: below 8% (control) or greater than 9% (poor control)
  - The poor control rate (>9%) is a **reverse** measure: **a lower rate is better**
    - → This rate is on the DHCS MCAS
  - **The most recently reported HbA1c or GMI determines which rate the member falls into**

Measure Sort	Measure Description	EP	Num	Rate
GSD1	Glycemic Status <8.0%	3,902	779	19.96%
GSD2	Glycemic Status >9.0%	3,902	2,926	74.99%

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Lab Value Specifications

Accepted

- Lab reports with a distinct numeric result.
- Member-collected samples that are sent to a lab for processing.
- Member-reported results of a previous lab test documented in a progress note.
  - "Patient reports A1c level was 6.3 on 5/28/2024."

Not Accepted

- Self-reported home tests.
- Lab values reported as a range or threshold.
  - "A1c in normal range (<5.7%)
  - "A1c above 14%"

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Best Practices

- Ensure all members with a diabetes diagnosis have a current year HbA1c or GMI recorded.
- Schedule diabetes-only visits.
- Refer to support groups to manage lifestyle changes (see resources section).
- Review practice-wide medication prescribing patterns to assess for therapeutic inertia (see citations slide).
- Workflows: Stratify diabetic population based on HbA1c value or medication changes

Asthma Medication Ratio

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Asthma Medication Ratio (AMR)

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- The percentage of members 5–64 years of age with **persistent** asthma and had a **ratio of controller medications to total asthma medications of 0.50 or greater** during the measurement year
  - **I.e., members should fill controller medications at a higher rate than reliever medications**

$$\frac{\text{Units of Controller Medications}}{\text{Units of Total Asthma Medications}} = \text{Asthma Medication Ratio}$$

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Inclusion in the Measure

- Members are included in the measure if they meet at least one of the following criteria in the **current <u>and</u> previous** measurement years
  - At least **<u>one ED</u>** visit with a principal diagnosis of asthma.
  - At least **<u>one acute inpatient</u>** discharge with a principal diagnosis of asthma.
  - At least **<u>four outpatient visits</u>** with any diagnosis of asthma and at least **<u>two asthma medication dispensing</u>** events.
  - At least **<u>four asthma medication dispensing</u>** events for any controller or reliever medication.
- Members are excluded from the measure if they had no asthma medications dispensed during the measurement year.

What counts for HEDIS?
Units of Medication

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- One medication unit is equal to:
  - One inhaler
  - One injection
  - One 30-day supply of oral medication
    - For prescriptions longer than 30 days, divide the total by 30
    - A 90-day supply would be counted as 3 units (90/30=3)
- Multiple prescriptions for different medications dispensed on the same day count as separate dispensing events

Medication Ratio Examples

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$$\frac{\text{Units of Controller Medications}}{\text{Units of Total Asthma Medications}} = \text{Asthma Medication Ratio}$$

Goal = 0.50 or greater

Patient 1	Patient 2
Qvar inhaler (controller) Filled on 1/8, 3/12, and 5/24 : **3 units**	Qvar inhaler (controller) Filled on 2/17, 4/12, 5/20, 7/22, 8/24, 9/24, 10/25, 11/26, and 12/27 : **9 units**
Albuterol inhaler (reliever) Filled on 1/8, 2/7, 3/12, 5/24, and 6/23 : **5 units**	Albuterol inhaler (reliever) Filled on 2/17, 5/20, 9/24, and 11/26 : **6 units**
3 controller + **5** reliever = **8** total **Ratio: 3/8 = 0.375**	**9** controller + **6** reliever = **15** total **Ratio: 9/15 = 0.60**

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AMR best practices

- Conduct academic detailing to understand prescribing patterns; educate providers on prescribing best practices.
- Educate patients on the difference between a reliever and a controller medication.
- Work with patients to create an asthma action plan.
- Review medication adherence and step up or step down treatment as needed.

Sharing Best Practices

Asian Health Services

Vivian Quach, Program Coordinator

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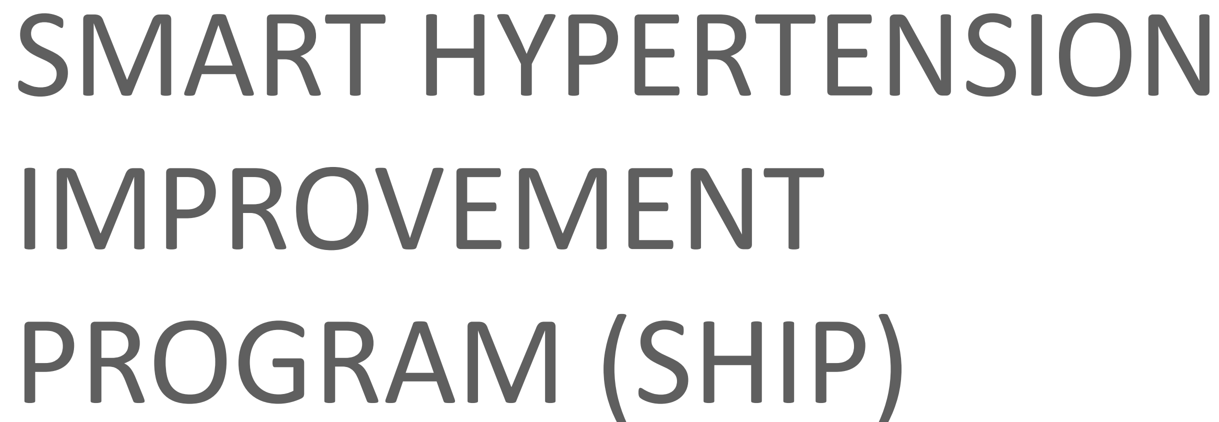

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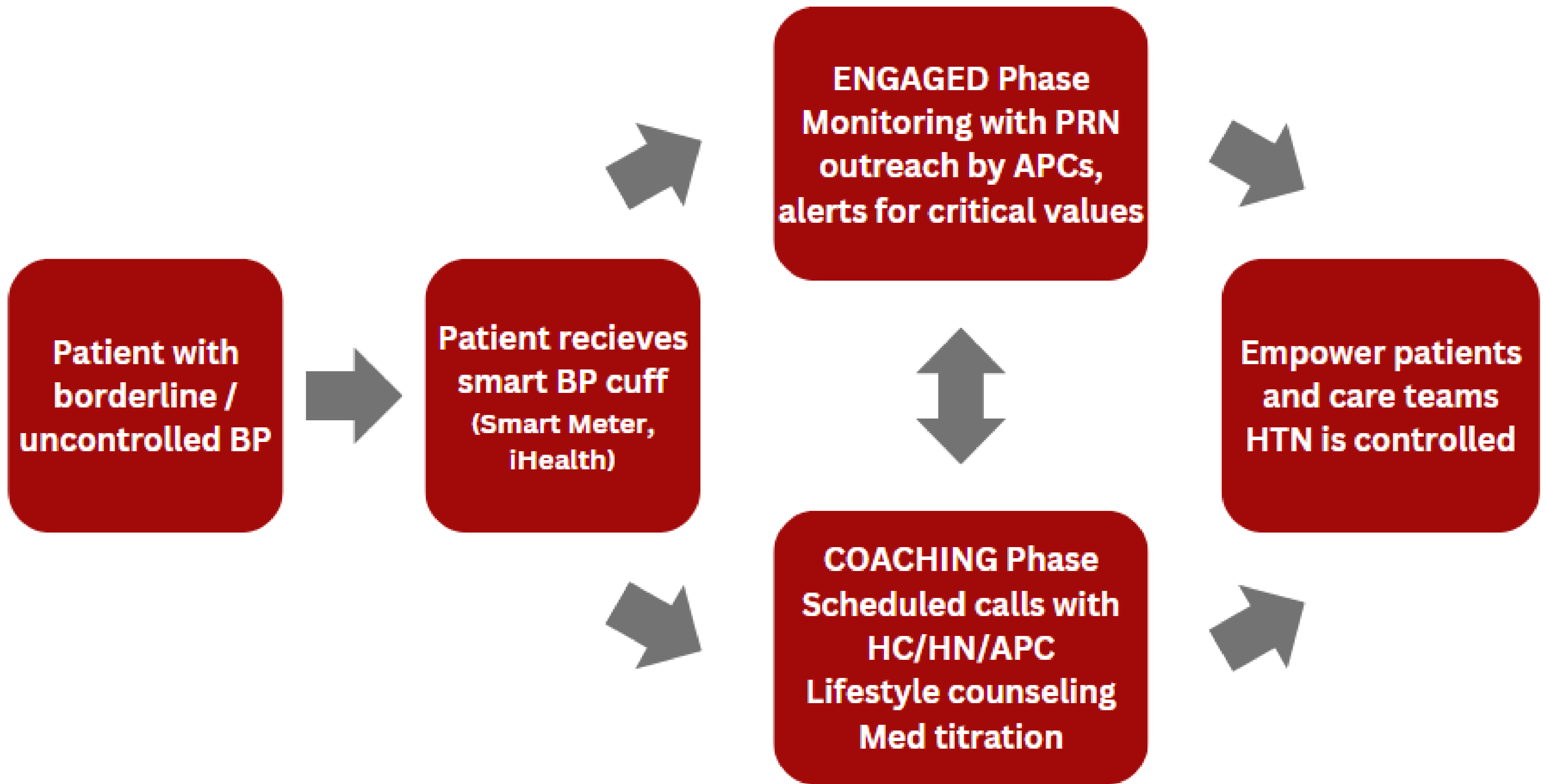

SHIP RPM & Coaching

Interventions & PDSA cycles

Obj: Grow and sustain program, health equity, integrate with clinic and become standard of care

- ✓ Key Roles
- ✓ Text Campaign
- ✓ Provider Referrals
- ✓ EHR Integration of Cellular Devices

KEY ROLES

Pilot phase and current state – Key players that grew and are currently sustaining the program

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Key Pilot Roles

Executive Leadership & Program Champions

- **Chief Innovation Officer – Dr. George Lee**
- **Site Director / Telehealth Lead – Dr. Anita Chang**
- Envisioned & planned the program, helped stake out buy-in, created excitement amongst providers

IS & HIT

- **Director of IS**
- **Clinic Technology Project Manager**
- **HIT Trainer**
- Made sure data flows to Epic, created and implemented workflows for staff

RN Staff & QI

- **6 Health Coaches (MAs)**
- **QI Director & Analyst**
- MAs connected patients with the program, provided valuable feedback
- QI created reports allowing us to monitor

Key Roles

2021 Pilot

- Ochin Epic integrated iHealth Bluetooth devices
- Small team of MAs onboarded patients, helped with tech troubleshooting, provided routine Coaching calls

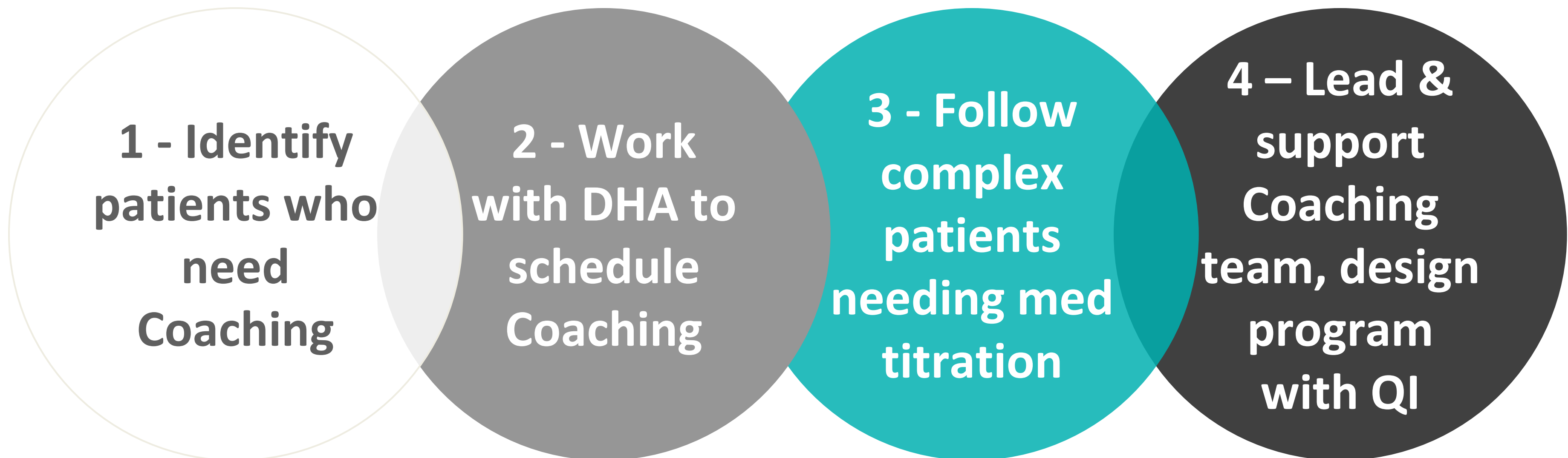
Challenges

- MAs needed support onboarding, troubleshooting, complex patients
- iHealth model limits enrollment (iOS only, apps)

2022 Staffing Changes

- **Digital Health Advocate (DHA)** – onboard & troubleshoot, front desk coordination
- **Coordinator** – manage workflows, inventory, schedules
- **Advanced Practice Clinician (APC)** team – RNs

APC Team – Optimize Coaching



1 - **BP Report** flags patients needing outreach
2 - **Slot utilization report** identifies Coach with most open panel
3 - Allows MA to follow patients only needing lifestyle modifications

Currently 3 APCs (one per clinic site)

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RPM Assessment

Measuring BP Improvement & Control

	Coaching	Engaged
BP controlled at baseline	24%	31%
BP controlled after receiving device	52%	65%
BP controlled after receiving coaching	78%	
BP not controlled but improved	11%	6%
Controlled or improved	89%	71%

Source: Asian Health Services 2023

- It works!
- Monitoring, even without coaching, results in significant improvements
- Results durable for those who continue to send in results
- CHALLENGE – The Coaches (MAs & APCs) are key to BP improvement for many patients in program; can we grow Coaching capacity?

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Patients are controlled for 4-6 weeks before graduating from Coaching. "If you continue to upload, we will continue to monitor." They are happy to hear that they are graduating, BP controlled, and care team will continue to monitor. - NP Tiffany Quan (Lead APC)

TEXT & LETTER CAMPAIGN

Goal : Re-engaging patients who are not sending readings

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"SHIP outreach/enrollment leads to patient being re-engaged with care. How can we encourage more engagement?" - Moni Xu (Digital Health Advocate)

30-60-100 days

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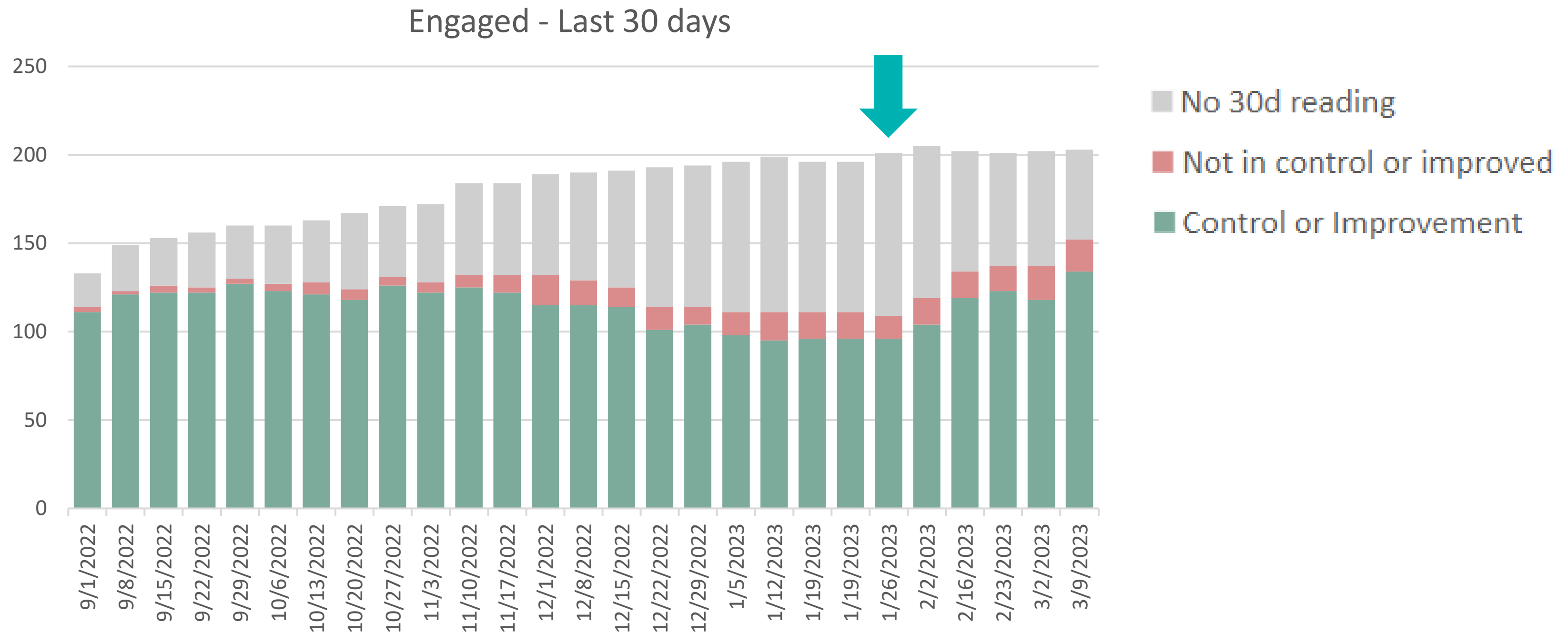
- Created an Artera text/call campaign in English, Chinese, Vietnamese, and Korean
- **30-day text**
  - "… We have not received any BP readings from you in the last 30 days. Please remember to measure your blood pressure. If you have any problems with your BP device, please give us a call..."
- **60-day text & letter**
  - "… If we do not hear from you in 1 month, AHS will no longer reach out to you for BP readings or to troubleshoot your device. A letter will be mailed to you discussing your options."
    - → Letter explains that patient should send a reading to make sure technology is up to date, so that we can monitor and provide better care
- **100 days**
  - Patient given ~1 month + 1 week to contact us or send reading. Patient dis-enrolled if no engagement

Artera No Readings Campaign

Late January 2023, 45% of Engaged patients with iHealth devices were not sending in readings



Source: Asian Health Services 2023

- Text/call was sent to 74 patients
- Engaged patients with no readings went from 32% (65 patients) to 25% (51 patients) within 5 days of sending text message
- Small wave of troubleshoot requests occurred same day text sent

CELLULAR DEVICES, EHR INTEGRATION & PROVIDER REFERRALS

Goals : Easier device for patients, data to all providers, sustained enrollment

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Smart Meter Cellular Devices

Aug 2022 Smart Meter Pilot

Wins

- More efficient onboarding with DHA, less troubleshooting than Bluetooth model
- Removes Digital & English literacy issues, mobility issues

Challenges

- Data in portal outside of Epic
- Managing inventory of loaned devices, ongoing subscription cost

Nov 2023 Epic Integration Completed

Wins

- BP data available in Epic to all AHS providers
- More provider referrals, sustaining enrollment
- Able to begin CHF program with Smart Meter weight scales & pulse oximeters

Challenges

- Integration duration and costs
- More inventory, more subscription costs

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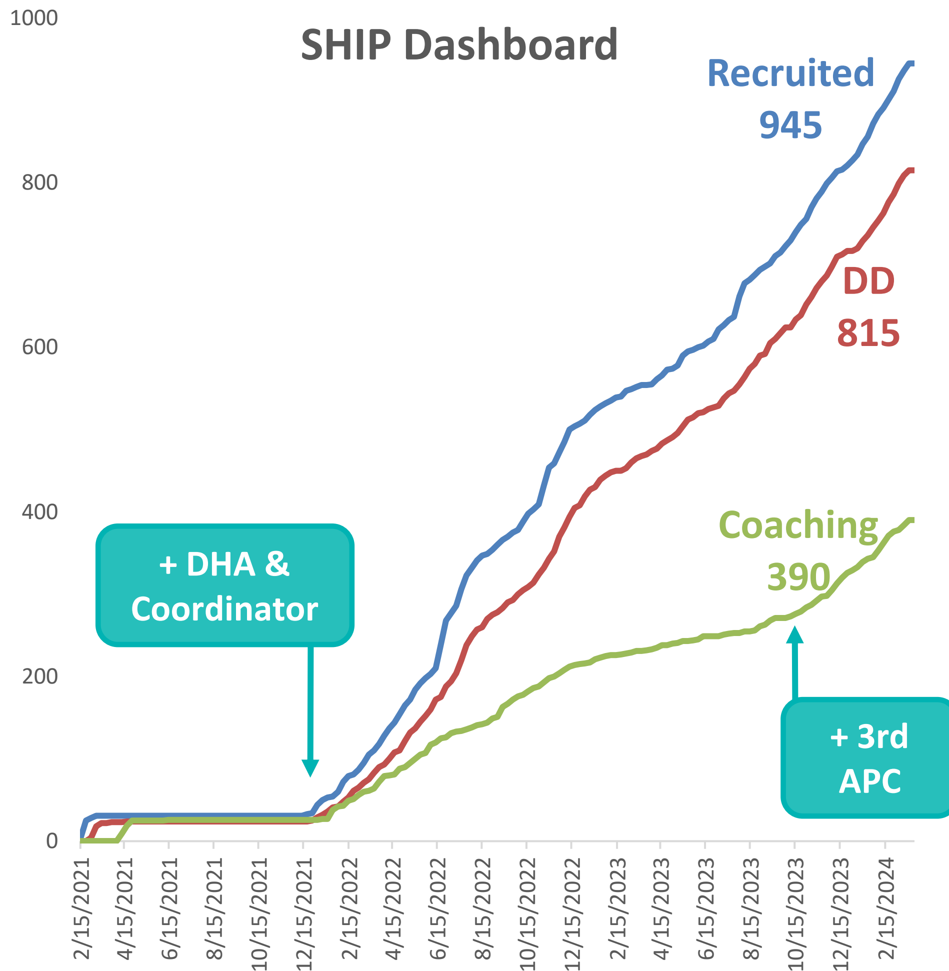
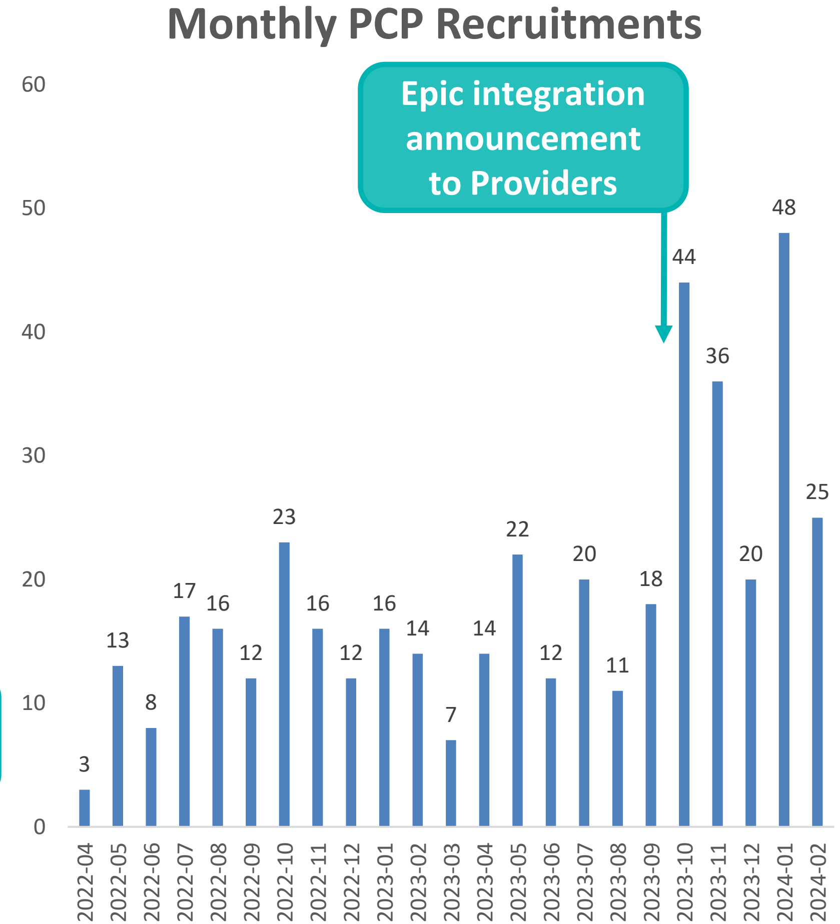
"I'm excited to refer patients into Coaching; happy to have other staff coach and help patients improve BP" - Dr. Anita Chang

ENROLLMENT & PCP RECRUITMENT





Source: Asian Health Services 2024

*DD – Device Distribution

NEXT STEPS

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APC in-person intake, review current medications with patients

Patients provided weight scale and pulse oximeter in addition to BP device

Series of 3 Telemed Coaching calls

Pilot RN staff giving out BP device in clinic during or after appointment with PCP

Thanks!

Questions?

You can contact us at:

Survey for Feedback

We would appreciate your feedback on today’s webinar:

https://www.surveymonkey.com/r/337T2K8

Discussion & Questions

- What barriers are you facing with these measures?
- How can the Alliance support your clinic's barriers?
- Are there any best and promising practices you'd like to add?

Feedback Survey QR Code:

Thanks!

You can contact us at:

DeptQITeam@alamedaalliance.org

<u>Feedback Survey QR Code</u>:

Resources

Resources from the Alliance

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CBP and GSD Additional Details: CPT Category II Reporting

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- Codes to report BP rates:

CPT Cat II Code Description	Numerator Compliance	CPT Cat II Code
Systolic Less Than 130	Systolic compliant	3074F
Systolic Between 130-139	Systolic compliant	3075F
Systolic Greater Than or Equal to 140	Systolic not compliant	3077F
Diastolic Less Than 80	Diastolic compliant	3078F
Diastolic Between 80-89	Diastolic compliant	3079F
Diastolic Greater Than or Equal to 90	Diastolic not compliant	3080F

- Codes to report glycemic status (HbA1c or GMI):

CPT Cat II Code Description	CPT Cat II Code
Most recent hemoglobin A1c (HbA1c) level less than 7.0%	3044F
Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0%	3051F
Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0%	3052F
Most recent hemoglobin A1c (HbA1c) level greater than 9.0%	3046F

Note: CPT Cat II codes are not reimbursable. They are informational only.

GSD Additional Details: What counts for HEDIS?

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- HbA1c or GMI lab values
- Lab results with a result date are given first priority.
- Documentation in the medical record must indicate the date the test was performed and the result.
  - Lab test descriptions or names must clearly indicate what the test is for: A1c, GHBA1c, Glycated A1c or Glycated Hemoglobin, POC A1c, POL A1c, etc.
    - → A1c results with a procedure code alone are not acceptable. There must be an A1c test descriptor: 83036 Glycated hemoglobin test.
- GMI values must include documentation of the Continuous Glucose Monitoring (CGM) data date range used to derive the value. The terminal date in the range should be used to assign assessment date.
- GMI values collected by the member and documented in the medical record are eligible for use in reporting (provided the GMI does not meet any exclusion criteria).

AMR Rate Calculation

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- This is the formula used to determine a member's medication ratio and the overall compliance rate.

Step 1 For each member, count the units of asthma controller medications dispensed during the measurement year. Refer to the definition of *Units of medications*.

Step 2 For each member, count the units of asthma reliever medications dispensed during the measurement year. Refer to the definition of *Units of medications*.

Step 3 For each member, sum the units calculated in step 1 and step 2 to determine units of total asthma medications.

Step 4 For each member, calculate the ratio of controller medications to total asthma medications using the following formula. Round (using the 0.5 rule) to the nearest whole number.

$$\frac{\text{Units of Controller Medications (step 1)}}{\text{Units of Total Asthma Medications (step 3)}}$$

Step 5 Sum the total number of members who have a ratio of ≥0.50 in step 4.

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Health Education

- **Patient Health & Wellness Education**:
  - Live Healthy Library; Wellness Program & Materials Request Form
- Diabetes prevention programs
  - HabitNu: Self-referral Diabetes Prevention Program (DPP) – Alameda Alliance for Health
  - Yumlish: Provider or clinic referral only
- Alliance disease management programs:
  - Living Your Best Life: Adult members with asthma, diabetes, and high blood pressure
  - Happy Lungs: Pediatric members with asthma
- Tobacco cessation
  - Members: Quit Smoking – Alameda Alliance for Health
  - Providers: Tobacco Provider Guide – Alameda Alliance for Health

For questions, contact: Monique Rubalcava mrubalcava@alamedaalliance.org
Gil Duran gduran@alamedaaliance.org

Reports

Gap in Care Lists

- HEDIS Measures
- Initial Health Appointment (IHA)
- Emergency Department Utilization

Project Support

Quality Improvement Team

- Project Management
  - Contact: DeptQITeam@alamedaalliance.org

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Measure Highlight Series

Target Audience: All Primary Care Providers.

Times: Noon – 1 p.m.

Dates & Registration Links:

- 05/01/2024: **Cancer Prevention Measures**
- 05/15/2024: **W30 Measures**

Citations

- American Lung Association: https://www.lung.org/lung-health-diseases/lung-disease-lookup/asthma/treatment/medication
- American Lung Association: https://www.lung.org/lung-health-diseases/lung-disease-lookup/asthma/managing-asthma/create-an-asthma-action-plan
- Health and Human Services National Institutes of Health: https://www.nhlbi.nih.gov/files/docs/guidelines/asthma_qrg.pdf
- American Diabetes Association: 2023 Standards of Care in Diabetes: https://professional.diabetes.org/standards-of-care/practice-guidelines-resources
- American Diabetes Association: Therapeutic Inertia Practice Improvement Resources: https://therapeuticinertia.diabetes.org/practice-improvement-resources
- Improving Asthma Care and the Asthma Medication Ratio https://www.partnershiphp.org/Providers/Quality/Documents/Performance%20Improvement%202023/AMR%20Academic%20Detailing%20Deck_3-16-23_COMMS_FINAL_032223_web.pdf
- Asthma Resources https://www.partnershiphp.org/Providers/HealthServices/Pages/Health%20Education/Asthma.aspx
- BP Average Calculator https://www.ama-assn.org/node/27271