

PENNSYLVANIA CLINICAL NETWORK PLAYBOOK

2021/2022





Dear Colleagues,

The PA Clinical Network Quality Team has again developed a 2021 Playbook for you to use as a reference during the year when caring for your patient panel.

This year's theme of 'cinema' has a different focus than the 2020 Playbook. The foundation was built last year on the HEDIS measures and criteria used by many of the payor's Value Based Contracts (VBC). Although this information is important, many payors are also including utilization and patient satisfaction as measurements for the coming year.

As we all know, the holistic approach to patient care is best when we see the whole picture of the patient. This year's focus is on making certain medical costs are kept in line and utilization of emergency rooms and urgent care occur when appropriate.

The goal of the Quality Team remains the same, to keep your processes as efficient and streamlined as possible while achieving the best quality outcomes.

Should you have any questions on any of the information in this tool, please feel free to contact us.

We look forward to our continued partnership and building upon our relationship.

Best,

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NCQA reviews and updates measures for quality on a yearly basis. For 2021, the major updates included:

UPDATED:

- Addition of Telehealth verbiage for 40 measures as a way to provide service and support health care during the COVID-19 pandemic

RESTRUCTURED:

- Revised Controlled Blood Pressure measure (CBP) to include self-reported readings using a digital device (not a manual blood pressure cuff)
- Changed W15 (Well Child visits in First 15 months of life) to include ages for children from birth to 30 months of age.
 - Renamed measure to W30
 - Requirements are for 6 visits in the first 15 months of life: then 2 visits between ages 15 months and 30 months
- Consolidated the Adolescent Well Child visit (AWC) with the Well Child Visits ages 3-6 (W34).
 - This is now known as WCV (Well Child Visits)
 - Requirements are for one well visit on an annual basis
- Weight Assessment for Well Child Checks (WCC) can now include self-reported BMI Index, height, and weight. Practices are still responsible for calculating the BMI percentile
- Removed Emergency Department visits that converted to observation stays. This pertains to the Emergency Department Utilization (EDU)

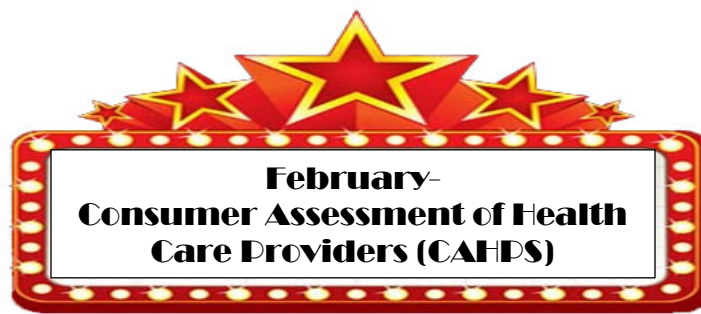
RETIRED:

- Retired ABA (Adult BMI) measurement.
 - This does not mean though that you do not have to obtain a BMI on all patients at least once during the calendar year
- Medication Management for People with Asthma (MMA)
- Medication Reconciliation Post-Discharge (MRP)
 - Medication Reconciliation is now included in the TRC (Transition of Care) measure and should still be conducted with patients upon discharge from an inpatient setting
- Osteoporosis Testing in Older Women (OTO)
- Children and Adolescent to Primary Care Practitioners (CAP)
- Disease modifying Therapies for Rheumatoid Arthritis (ART)
- CDC-Nephrology retired for Commercial and Medicaid ONLY. Still used for Medicare

NEW MEASURES:

- Kidney Health Evaluation for Patients with Diabetes (KED)
 - All product lines. Percentage of Members 18-85 with Type I and Type II Diabetes who received an estimated Glomerular filtration Rate (eGFR) and a Urine Albumin – Creatinine ratio (uACR) during the calendar year
- Osteoporosis Screening in Older Women (OSW)
 - Medicare only. Percentage of women ages 65-75 who received osteoporosis screening





CAHPS surveys are an integral part of CMS' efforts to improve healthcare in the United States.

Every health payor engages a vendor on their behalf to survey their membership's experience with their Primary Care Physician, Specialists, and other functions within the Health Plan.

A CAHPS survey asks patients to report on their experiences with a range of health care services. The survey can be presented to an adult or a child. Some Health Plans mail the survey and expect it to be returned to the vendor, others use a telephonic outreach to the members to obtain the information.

What you can do to help increase satisfaction:

- Keep you patients well-informed consumers to be able to make better health care decisions
 - Provide handouts and electronic links/websites for patients to learn about disease processes, drug interactions, healthy lifestyles
- Patient portals, through your practice website, can help patients:
 - Schedule appointments
 - Receive test results
 - Correspond with the doctor
 - Know hours of operation
- Timely response to patients to provide answers to questions
- Keeping appointments available during the day for sick visits/urgent visits
- Encouraging staff to be helpful, courteous, and respectful even on those hectic days where there is not enough staff, and everyone is asking questions

These are best practice techniques that can lead to increased patient satisfaction. Typically, Health Plans survey their membership starting in late summer, early fall and continue through to the following February/March.



Pediatric Diabetes is a common childhood disease affecting over 215,000 children and adolescents in the U.S. Each year another 15,600 children are diagnosed with Type I diabetes and there is a growing number of Type II diabetes each year.

Anticipatory guidance regarding healthy eating, physical activity, limiting screen time and age-appropriate sleep duration/quality is recommended to prevent Type 2 diabetes in children and adolescents.

Regularly targeted screening for Type 2 diabetes is recommended in children at risk.

Nutritional Therapy	Physical Activity/Exercise	Psycho-Social	Glycemic Control
Educate on the importance of monitoring carbohydrate intake	Exercise with a goal of 60 minutes of moderate to vigorous aerobic and muscle strengthening at least 3 days per week	Assessing social determinants of health is important to providing appropriate referrals to trained professionals in helping with disease process	Type I diabetes treatment should be intensive insulin regimens along with self-monitoring glucose levels multiple times a day
Consider comprehensive nutrition education by an experienced nutritionist	Patients should be educated on strategies to prevent hypoglycemia during and following exercise	Encourage developmentally appropriate family involvement in diabetic management	Continuous glucose monitoring (CGM) should be considered to improve glucose control
Cultural needs, finances, (social determinants of health) should be assessed and considered	Frequent glucose monitoring is important for Type I diabetics	Begin screening youth with Type I diabetes for eating disorders between 10 and 12 years of age	A1c goals must be individualized and reassess over time

Billing Codes:

- Urine protein test:
 - CPT:
 - 81000-81003, 81005, 82042-82044, 84156
 - CPT II:
 - 3060F, 3061F, 3062F
 - LOINC:
 - 11218-5, 12842-1, 13705-9, 13801-6, 13986-5, 13992-3, 12956-7, 12957-5, 12958-3, 14959-1, 1753-3, 1754-1, 1755-8, 1757-4, 17819-4, 18373-1, 20454-5, 20621-9, 21059-1, 21482-5, 26801-1, 27298-9, 2887-8, 2888-6, 2889-4, 2890-2, 29946-1, 30000-4, 30001-2, 30003-8, 32209-9, 32294-1, 32551-4, 34366-5, 35663-4, 40486-3, 40662-9, 40663-7, 43606-3, 43607-1, 44292-1, 47558-2, 49002-9, 49023-5, 50209-6, 50561-0, 50949-7, 51190-7, 53121-0, 53525-2, 53530-2, 53531-0, 53532-8, 56553-1, 57369-1, 57735-3, 5804-0, 58448-2, 58992-9, 60678-0, 63474-1, 6941-9, 6942-7, 76401-9, 77253-3, 77254-1, 77940-5, 9318-7
- Nephropathy treatment:
 - ICD-10:
 - E08.21, E08.22, E08.29, E09.21, E09.22, E09.29, E10.21, E10.22, E10.29, E11.21, E11.22, E11.29, E13.21, E13.22, E13.29, I12.0, I12.9, I13.0, I13.10, I13.11, I13.2, I15.0, I15.1, N00.0-N00.9, N01.0-N01.9, N02.0-N02.9, N03.0-N03.9, N04.0-N04.9, N05.0-N05.9, N06.0-N06.9, N07.0-N07.9, N08, N14.0-N14.4, N17.0-N17.2, N17.8, N17.9, N18.1-N18.6, N18.9, N19, N25.0, N25.1, N25.81, N25.89, N25.9, N26.1, N26.2, N26.9, Q60.0-Q60.6, Q61.00-Q61.02, Q61.11, Q61.19, Q61.2-Q61.5, Q61.8, Q61.9, R80.0-R80.3, R80.8, R80.9
 - CPT II:
 - 3066F, 4010F



**April –
Emergency Department
Utilization**

Emergency Department utilization is a responsibility and a challenge that all physicians face. It is important for practices to communicate to their patients what hours of operation the practice is open, what to do if a patient has an urgent need, and when it is appropriate and necessary to visit an emergency department for care.

Most payors have a 24/7 nurse line that can be found on the back of the insurance card.

Patients should be educated to go to the Urgent Care center for limited low risk conditions or circumstances such as:

- Symptoms that your physician would treat, but their office is closed (holiday/after-hours/weekend)
- Flu-like symptoms
- Cough/congestions/sore throat
- Sprains/strains
- Small cuts that may require stitches

Patients should be educated to go to the ER for conditions that a lay person would find to be life threatening or could result in lasting or significant injury. Examples include:

- Chest pain
- Difficulty breathing
- Numbness on one side
- Slurred speech
- Fainting/change in mental status
- Serious burns
- Head/eye injury
- Concussion/confusion
- Broken bones/dislocated joints
- Severe cuts/hemorrhaging



Primary Care Physicians have a responsibility to ensure all their patients are understanding of how important health care is to their overall sense of well-being. Although a PCP is not able to be with their patients 24/7/365, educating patients and understanding their healthcare literacy is vital to healthy outcomes.

Since most PCPs no longer follow their patients during a hospitalization, it is important that they know when a patient has been admitted and ultimately discharged from the hospital to make certain they are scheduling a follow up visit within the first 7 to 14 days after discharge. Statistics have shown that those patients who do follow up with their PCP after discharge have a higher incidence of remaining at home and not having a subsequent admission within the 30 days following the discharge.

During the follow up visit, the PCP should be checking the following:

- Patient understanding and knowledge of the disease
- Updating medications to include new medications after hospitalization and discontinued medications to ensure no contraindications exist (medication reconciliation)
- Ensuring patients are following up with and/or confirming additional services such as DME items, therapies, case management, etc.
- Reassessing social determinants of health that may impact the recovery of the patient

Post-discharge visits can be accomplished through telehealth, preferably with a video conferencing system or Face-time. Remember to bill the appropriate codes for credit that these services have been accomplished.



Annual wellness visits for pediatric patients remains an important focus for healthy outcomes.

The opportunities at this visit allow physicians to get to know their patients and understand their health through assessments of physical activity and nutrition as well as developmental growth.

In addition, these visits lend themselves to providing up to date immunizations that will help the patient maintain health.

The HPV vaccine should be offered to both male and female patients as the HEDIS measure does not discriminate. Since there 2 injections (140 days apart) or 3 injections, depending on the manufacturer of this vaccine, it is recommended that a follow up visit be made when the first injections is given.

Be mindful of charting BMI percentiles for patients 19 years and younger. Only a percentile will close part of the Well Child Check, not a BMI value.

Billing Codes:

Visits:

- CPT:
 - 0-12 months: 99381, 99391, 99461
 - 1-4 years old: 99382, 99392
 - 5-11 years old: 99383, 99393
 - 12-17 years old: 99384, 99394
 - ≥18 years old: 99385, 99395

- ICD-10:
 - General Exam (0-11 yrs.): • Z00.110, Z00.111, Z00.121, Z00.129, Z00.8, Z02.0, Z02.5, Z02.6, Z02.71, Z02.79, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2
 - General Exam (>12 yrs. old): • Z00.00, Z00.01, Z00.121, Z00.129, Z00.8, Z02.0, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2

Assessments and Screenings:

- Nutritional Counseling:
 - ICD-10:
 - Z71.3
- Physical Counseling:
 - ICD-10
 - Z71.82 Exercise Counseling
 - Z02.5 Sports Physical





July – Social Determinants of Health

Social determinants of health should be addressed during a pediatric visit as evidence has shown that investments in the earliest years can have a potent impact on children's development and their ability to thrive and grow to be healthier adults.

To follow is a list of the top-most common social determinants of health and how they impact patient wellness

Transportation

- Assessing whether a patient has transportation barriers will determine how likely they are to attend wellness checks, chronic disease management appointments, or follow up care.

Housing

- Knowing if there are issues with safe and affordable housing will determine if someone is able to focus on their health and wellness
- Evidence indicates that individuals who are houseless or have housing insecurities are more likely to have chronic illness

Income

- Income is a pervasive social determinant of health because it has a domino effect on educational attainment, healthcare affordability, housing status, access to nutritious food
- Patients with low incomes are more likely to experience chronic illnesses like obesity, diabetes, along with depression and the potential for substance use disorders

Food security

- Food security most prominently affects a patient's ability to manage or stave off chronic illness.
- Limited food security can affect patient access to care (choosing between food and medical treatment)

Providing literature in the clinical setting for information on food banks, transportation opportunities, as well as housing may provide patient families with information that they need but are otherwise embarrassed to inquire about.



An ounce of prevention is worth a pound of cure. This saying, attributed to Benjamin Franklin, can be applied to healthy outcomes today and the simple tasks of obtaining preventive services can help in detecting disease processes before they become overwhelming.

Pediatric patients typically see their physician more frequently in infancy and early childhood. However, it is still important to educate parents that physician visits are just as important as the child matures and ages.

The best way to protect children from the influenza virus and its potentially serious complications is to immunize against the virus each year. The HEDIS requirements for Combo 10 state that 2 flu shots must be administered between 6 months of age and the child's second birthday.



Chart chasing. By HEDIS definitions it means to find that specific chart for a patient to help satisfy a gap in care. This process has almost become obsolete due in part to the advances of the use of CPT II codes for various measure values and services.

Unfortunately, not every practice bills with the appropriate CPT II codes and that is a disadvantage for many practices in closing gaps in care. For example, having a necessary service, such as preventive care, done by a specialist or external agency may require a practice to hunt down the results just to get credit for the patient having the service performed.

This is a year long event that requires a bit of strategy around how the practice manages patient health outcomes. If your practice refers patients out for colonoscopies, mammograms, cervical cancer screening, diabetic eye exams, it is important to document when the referral was made. Retrieving the records from these external providers will require some investigative work unless they are billing the correct and appropriate CPT II codes.

Tips for obtaining external health information:

- Develop a close relationship with various specialists who understand the importance of sending testing results on your patients and refer your patients to them for care
- Educate your patients to provide information on which specialist they saw and the date of the service. This information can be documented in your EMR as a reminder to follow up within 2-4 weeks after the scheduled appointment
- If staffing permits, schedule the specialist appointments at the time of check-out. This allows for immediate information on the date/time of the specialist appointment.



Depression is not just a disease that happens in adults; depression can also affect children and adolescents and can go undetected.

At each office visit, especially during the well checks, there is a prime opportunity to screen the patient for depression. Depending on the age of the child, symptoms of depression may be exhibited prior to the patient realizing or understanding what is happening. The following are examples of possible depression:

- an irritable mood,
- diminished interest or loss of pleasure in almost all activities,
- sleep disturbance,
- weight change, appetite disturbance, or failure to achieve expected weight gain,
- decreased concentration,
- suicidal thoughts or ideas

Many tools can screen for depression such as the Behavior Assessment System for Children (BASC) or the Child Behavior Checklist (CBCL) to name a few.

Causes of depression are also many. A common behavior of bullying can leave children with bumps and bruises that are not only physical but emotional as well. With the increased use of the internet for schooling, cyberbullying can be tragic.

Screening for depression and having discussions around bullying can be beneficial in the overall mental and physical health of the patient.



Antibiotics are important medications. It would be difficult to overstate the benefits of penicillin and other antibiotics in treating bacterial infections, preventing the spread of disease and reducing serious complications of disease.

However, the overuse and misuse of antibiotics are key factor contributing to antibiotic resistance. The general public, doctors, and hospitals all play a role in ensuring proper use of the medications and minimizing the development of antibiotic resistance.

Payors have started to include the HEDIS measures of Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB), Appropriate Treatment for Upper Respiratory Infection (URI) and Appropriate Testing for Children with Pharyngitis (CWP) in their Value Based contracts. All are utilization-based measures that provide an overview on the number of sore throat screenings completed or antibiotic prescriptions written and filled for diagnoses related to URI and/or Bronchitis/Bronchiolitis.

Educating patients on when an antibiotic will work and when it won't are important steps to curb the over-prescribing of antibiotics. Sending patients home without medicine is not always popular with patients, but it is helpful in cutting down on unnecessary antibiotic use.

Communicate to your patients if symptoms persist for longer than two weeks and/or get significantly worse, then testing is recommended for diagnostic purposes.



The end of the year brings the opportunity to assess your patient panels and review gaps in care that were not completed earlier in the year.

Call patients early in the month to schedule appointments for A1c, microalbumin, blood pressures, eye exams, and any well checks that may have been canceled or missed.

If the results from earlier in the year were elevated, it may be an opportunity to re-check the patient.

Submit evidence of these important quality measures based on the payer's instructions.

Measure	Tips
Controlling High Blood Pressure	If the blood pressure is high at the beginning of the appointment, re-take at the end.
Diabetic - A1c	Only the last reading of the year counts toward gap closing.
Diabetic - Eye Exam	Contact optometrists/ophthalmologist for documented visit and results.
Diabetic - Nephropathy /KED	Schedule a urine albumin test (lab values) and/or eGFR/uARC.
Colorectal cancer screening	If a colonoscopy was not completed, an FOBT or Cologuard can be used for credit. Or call gastroenterologist for report from the study.
Medication Reconciliation	Review records to ensure patient seen within 30 days of discharge.

Exclusions	Tips
Hospice, Frailty, Medication intolerance, Anaphylactic shock, Cancers, etc.	If patients have any listed exclusions for any measures, send appropriate documentation to insurance carrier for credit on the measure.