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Inside Population Health
Mind & Body

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Welcome to the May edition. We are highlighting women's health, physical activity and obesity within HCC coding tips, and mental health awareness. Look for our Innovative Office feature on pediatric asthma from CHKD for allergy and asthma awareness month. **For high blood pressure education month, see the "Meet the Measures" section.**

We also have our new **hypertension** and **chronic heart failure** ambulatory protocols. And finally, we are celebrating national skilled nursing care week and older American's month with more about our post-acute network services.

I have been part of the SQCN Clinical Performance Committee (CPC) since June 2019 (named CPC Vice Chair in February 2023) and was an inaugural

member of the SACO board. As a new medical director for SACO, I look forward to building upon the success of this network in 2024 and beyond. There will be challenges to face, like the new contract starting in 2025, as well as putting intense focus on preventive care like depression screening and annual wellness visits, as well as controlling high blood pressure, an important contributor to health issues like cardiovascular risk.

Our Population Health network has a great opportunity to grow and provide better care for our patients within our community. We have representation from post-acute care networks and primary care teams, which puts us in the unique position of taking care of patients during all life stages. Our network interaction between in-patient and outpatient services—including doctors, care managers, and SDOH resources like social workers—will help us merge primary care and specialty practices for the greater good of the network and most importantly, our patients.

Ultimately, we are looking to transform healthcare. And in doing so, taking care of our future selves too.

Here’s to a bright year ahead!

Meet the Measures: Controlling High Blood Pressure

Controlling hypertension will reduce the risks of cardiovascular disease mortality and improve health outcomes, including reduction of heart attacks, stroke, and kidney disease. The estimated average (direct and indirect) cost of high blood pressure from 2003 to 2014 (averaged) was approximately $131 billion.

Other ways to help your patients while improving your quality score:

- To improve the capture of blood pressures, it is **important to document discreetly in the EHR**, such as in the vital sign component of the EHR.
- **Perform a BP reading during the current measurement year** on or after the second diagnosis of hypertension

- Most recent reading in the current measurement year **must have a representative systolic BP of <140 mmHg and a representative diastolic BP of <90 mmHg to be measure compliant.**
- **BP readings can be collected in a number of ways**—this includes remote monitoring devices that transmit results to your office. Your patients can also report their results to you. **Here is a chart of the correct way to take it.**
- **Document blood pressure readings at each visit.** If the BP is high (140/90 or greater), repeat the measurement after at least a one-minute wait. HEDIS allows the lowest systolic and lowest diastolic readings in the same day. Often, the second reading is lower.

Your practice and our network have roles in this strategy and can work in concert to provide the right care, at the right time, in the right place. Please **contact us** for help with patient education, SDOH resources, or care management needs.

Sources:

Quality ID #236: Controlling High Blood Pressure (cms.gov)

Humana's HEDIS specification

Upcoming Meetings

- The **Adult PCPC meeting** is May 16 from 7-8 a.m. **Link.**
- The **Pediatric PCPC** meeting is May 21 from 6-7 p.m. **Link.**
- The **SACO Primary Care Leadership** meeting is on May 17 from 7-8 a.m.
- The **Practice Managers** meeting has moved to an

Impact Scorecards

Avoidable ED visits (rate per 1,000) remain as our utilization metric and there are several quality metrics for adult and pediatric populations. These metrics are scored for each practice and the total score is expressed as a percentage from 30-100%. That performance score will be combined with attribution to determine distributions. The report is updated monthly so that you can

every other month cadence. The next meeting is June 26 from 12:15-1 p.m. Link.

2024 SCHEDULE

track your practice's performance.

LINK TO SCORECARD

HCC Coding Tips: Managing Class II/Class III Severe Obesity with physical fitness

Class II/Class III Severe Obesity (also known as Morbid Obesity) is a chronic disease that is identified by a Body Mass Index (BMI) of >40 or a BMI of 35.0-35.9 with associated co-morbid conditions.

Obesity codes that are NOT HCC:

- E66.9 – Obesity
- E66.09 – Class I and II obesity WITHOUT co-morbidity
- Exception: Obesity with alveolar hypoventilation (Obesity-Hypoventilation Syndrome E66.2) risk adjusts down to BMI of 30

E66.01 Morbid Obesity (HCC)	
BMI 35-39.9	w/1 of the following comorbidities:
	Coronary Heart Diseases
OR	Atherosclerotic Vascular Diseases
	Diabetes Mellitus
	Sleep Apnea
BMI 35-39.9	w/3 of the following comorbidities:
	Hypertension
	Hyperlipidemia, High or Low LDL
	Impaired Fasting Glucose
OR	Tobacco use/dependence
	Fam hx early Cardiovascular Disease
	Male >45
	Female >55
BMI > or = 40	

BMI Codes (used as secondary codes after E66.01 Morbid Obesity primary code listed)	
Z68.35	BMI 35-35.9, adult
Z68.36	BMI 36-36.9, adult
Z68.37	BMI 37-37.9, adult
Z68.38	BMI 38-38.9, adult
Z68.39	BMI 39-39.9, adult
Z68.41	BMI 40-44.9, adult (HCC)
Z68.42	BMI 45-49.9, adult (HCC)
Z68.43	BMI 50-59.9, adult (HCC)
Z68.44	BMI 60-69.9, adult (HCC)
Z68.45	BMI 70+, adult (HCC)

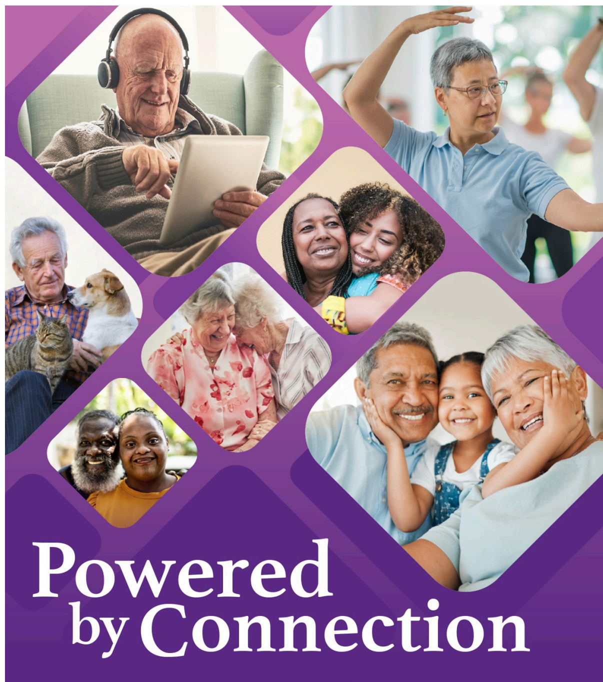
Physical activity can help manage severe obesity and co-morbid conditions by improving overall health. It is recommended that people engage in 150 minutes of moderate-intensity aerobic activity (brisk walking, water aerobics, dancing) each week and strength training at least two days each week.

Pharmacy highlights

Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means there's a temporary limit on what the drug plan will cover for drugs. Here are a **few tips** to help with prescription costs. Please reach out to your **Population Health Pharmacy Team** with questions.

It's National Skilled Nursing Care Week®

Share this **tip sheet** with patients looking at skilled nursing centers or other long-term care. Reach our **Post-Acute Care** team here.



ACL.gov/OAM
#OlderAmericansMonth

It's Older Americans Month

Each May, the Administration for Community Living hosts Older Americans Month (OAM). This month observes the importance and contribution of older Americans. **Click here to access meaningful ways** to include your older patients and help them combat loneliness and social isolation. See our Pyx Health information below for another tool that may help.

Pyx Health for mental health

One way our network is supporting our patients' mental health this month and year-round, is by providing access to the Pyx Health program. Pyx Health combines trained, caring humans and an engaging mobile app to address loneliness and offer support and resources.

Loneliness has been shown to have a close relationship with depression and anxiety. If we can identify and intervene with patients who are lonely, we have a better chance of helping them with other mental health concerns. In fact, Pyx Health found that when they reduced loneliness for Medicare and Medicaid members, over 60% saw a reduction in their depression as well.

To learn more about how the Pyx Health service can support your patients, click the button below.

LEARN MORE ABOUT PYX HEALTH

Invisible Woman Syndrome: Amplifying the voices of post-menopausal women

Studies show that nearly 7 out of 10 women experience a sense of becoming invisible as they grow older, a phenomenon called "invisible woman syndrome." For women, menopause and middle age bring on many changes physiologically, psychologically, and emotionally. But one of the least talked about, but some of the most impactful, are the changes in the interaction and perception from others.

Most harmful is if this invisible woman syndrome trope is internalized and accepted by the woman herself, resulting in the loss of confidence and recognition. This social phenomenon also shows up in diverse environments including corporate boardrooms, research, mass media, and the exam room. As we think about healthcare, the women's health framework tends to focus on women during their reproductive season rather than a lifespan issue, implying that the value of women is higher within younger women rather than aging women.

As a woman ages, screening recommendations and preventive care (especially for gynecological issues) are offered less. It is important to empower women to advocate for their own healthcare. This can start by asking key questions during clinical visits, initiating conversations that a woman may not have with peers and loved ones.

- Are you experiencing menopause symptoms?
- When was your last pelvic exam?
- Have you experienced any vaginal bleeding, discharge, or itching?
- Have you experienced any pelvic pressure, bloating or pain?
- Have you experienced any incontinence?
- Are you sexually active? Do you use condoms or any other protective measures?

To learn more, watch this **9-minute TEDxMellen Street video** on "Seasoned Women's Health Matters" by Vanessa Hill, Health Equity Project Manager at Sentara Health.

Source: [How to Turn Invisible Woman Syndrome Into Your Superpower]

Innovative Office: CHKD Allergy, Asthma and Immunology

Acute asthma is one of the leading reasons for pediatric emergencies. There are up to 750,000 visits to the ED per year, with 200,000 hospitalizations. Most of the acute asthma treatment consists of inhaled bronchodilators and systemic corticosteroids, with little improvement for over a decade.

Here are the best practices for medication dosing. Let patients, parents, and guardians know:

- That ICS-formoterol works as well as SABA reliever.
- To have 2-3 inhalers for maintenance, rescue, and at school.
- To rinse and spit out after maintenance doses. This practice is not necessary with reliever doses.
- To develop an AIR (Anti-Inflammatory Reliever)/MART (Maintenance and Reliever Therapy) action plan. This looks different depending on age, inhaler, and whether it is a maintenance or reliever dosage.

When to refer your patient to an allergist or pulmonologist? Consider the following:

- Patient has experienced a life-threatening asthma exacerbation.
- Patient has required hospitalization or two or more bursts of oral glucocorticoids in a year.
- Asthma is not controlled after three to six months of active therapy and appropriate monitoring.
- A need for additional tests like ST, PFT's bronchoscopy, Feno, and/or consideration for allergy therapy or biologics
- The diagnosis of asthma is uncertain.

VISIT CHKD ALLERGY, ASTHMA AND IMMUNOLOGY HERE

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