

Health Matters

PROVIDER NEWSLETTER



STARS MEASURE: CONTROLLING BLOOD PRESSURE



I am Angela Lawson RN, Manager of Health Plan Quality and your HEDIS/STAR contact at CHRISTUS Health. For any questions or information, please contact me via email:

angela.lawson@christushealth.org

One of our top priorities are STARS measures and we'd like to focus on controlling blood pressure.

BLOOD PRESSURE FACTS:

- Nearly 50% of US adults have high blood pressure or hypertension (HTN). Many will need lifestyle changes and prescription medicine. need to both change their lifestyle and take prescription medicine.
- 25% of those with HTN do not have it under control (under 130/80 mm Hg).
- 56% of non-Hispanic Black adults, 48% of non-Hispanic White adults, 46% of non-Hispanic Asian adults and 39% of Hispanic adults in the United States have HTN.
- Only 18% of non-Hispanic Black adults, 22% of non-Hispanic White adults, 14% of non-Hispanic Asian adults and 14% of Hispanic adults with HTN have it under control.

- On average, annual medical costs for HTN patients are \$2,500 higher than those without HTN.
- About 650 million prescriptions for blood pressure medicine are filled each year. This accounts for about \$29 billion in total spending, of which \$3.4 billion is paid directly by patients.

CONTROLLING BLOOD PRESSURE HEDIS REQUIREMENTS:

The percentage of members 18-85 years of age who had a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

GENERAL:

- Last BP of the year is the one that counts.
- BPs from specialists count to close the gap.
- A BP that was taken during an inpatient stay or during a procedure cannot close the gap in care.
- A provider's signature is not needed for a BP in patient's chart.
- BP reading must be on or after that second I10 dx (that puts the patient in the denominator) to count.

HOW WELL DOCTOR'S COMMUNICATE

A provider's communication matters. If it is effective, it can improve patient engagement, health outcomes and overall patient satisfaction.

"Studies have shown that poor or missing communication between providers and patients can lead to patient harm or even death." When patients feel that they can't voice concerns or ask questions, they may never communicate a lack of understanding about their health issue.

As the provider begin building patient trust by ensuring that they understand. A great way to do this with some patients is to encourage them to repeat any important information that was shared. This will help identify any communication gaps or misunderstandings.

Health professionals should consider that patients have different learning capacities, literacy skills, and language preferences. To foster better health outcomes, become acclimated to the needs of the populations you serve.

Source: jointcommissioninternational.org

STARS MEASURE: CONTROLLING BLOOD PRESSURE (CONTINUED)

DENOMINATOR:

Who is in the measure?

- Patients with diagnosis of essential hypertension I10 dx from two different dates of service from January 1 of the previous year to June 30 of the current year.

NUMERATOR:

Who is compliant with the measure (gap closed)?

- The most recent bp reading must be <140/90.

BEST PRACTICES:

- Confirm the patient's last dose of BP medication.
- Wait at least 15 minutes before rechecking pressure.
- Have the patient relax in a dark room between BP readings.
- Recheck their pressure up to three times per visit.
- If the patient leaves the appointment with an elevated blood pressure, make sure that he/she is scheduled for a recheck.

CPTII CODES:

Systolic:

3074F- <130

3075F- 130-139

3077F- > or = to 140

Diastolic:

3078F- <80

3079F- 80-89

3080F- > or = to 90

EXCLUSIONS:

- ESRD
- Dialysis
- Pregnancy
- Nephrectomy
- Kidney Transplant
- Hospice
- Palliative Care
- Frailty and Advanced Illness diagnosis
- Patients that die anytime during the current year
- LTI and ISNP

LOWER BACK PAIN

75% of adults will experience back pain throughout their lives. Women 18-75 are more likely to have lower back pain (LBP) than men.

To avoid unnecessary radiation exposure, clinicians should avoid routine imaging for patients with LBP. Instead, fully assess the patient to determine if testing is required. Most LBP patients see improvement within two weeks.

Source: Center for Disease Control and Anthem.com



PHARYNGITIS

Pharyngitis, or a sore throat, can be caused by many viruses and bacteria. A more serious infection is Strep Throat caused by the Streptococcus Pyogenes bacterium. Strep causes the oropharynx to become infected and leads to sudden throat pain, fever and discomfort while swallowing.

Providers should be aware of indicators that the illness is progressing. For Strep, it could be the development of a scarlatiniform rash.

Educate your patients on transmission methods and plan treatment consisting of antibiotics and 12 hours of isolation.

Source: Center for Disease Control

FLU, COVID-19, AND RSV VACCINATIONS

During the fall and winter respiratory virus season, you can help patients and their families stay healthy and reduce the risk of severe disease by strongly recommending that they are vaccinated against Flu, COVID-19, RSV, and other communicable diseases.

SMOKING CESSATION

Healthcare professionals have a unique opportunity to help patients quit smoking. A combination of counseling and medication can double the chances of a patient quitting.

According to the CDC, more than three out of five U.S. adults who have ever smoked cigarettes have quit. Smoking cessation has many benefits:

- Reduces the risk of premature death
- Improves health and quality of life
- Reduces the risk of illnesses including heart and lung diseases as well as cancer

By properly educating and supporting patients, providers can play a vital role in smoking cessation. When offering medical advice, consider any disparities experienced by the population you are treating.

Source: Center for Disease Control

WHAT IS CARE MANAGEMENT?

Our Care Management program helps members plan and manage care for complex, chronic health issues as well as acute, episodic, or short-term needs. The goal is to provide quality care, enhance quality of life and manage health care costs.

The program focuses on, but is not limited to, members with the following diagnoses: Asthma, Chronic Obstructive Pulmonary Disease (COPD), Congestive Heart Failure (CHF), Diabetes, Coronary Artery Disease, Depression and Hypertension

Refer members for care management evaluation by calling 800-446-1730 (option 2) or fax to 210-766-8804.

Care management is provided at NO COST to the member. A 24-hour nurse line is also available for each line of business. USFHP: 800.455.9355, HIX: 844.581.3175, and MA: 844.581.3174.



5101 N. O'Connor Blvd.
Irving, TX 75039



FRAUD, WASTE OR ABUSE?

Report potential fraud, waste or abuse in the CHRISTUS Health Plan Network by submitting details to the Special Investigations Unit via email, secure fax or phone.

FWA HOTLINE: 855.771.8072

EMAIL: ChristusHealthSIU@ChristusHealth.org

SECURE FAX: 210.766.8849

If you prefer anonymity, call the Integrity Line at 888.728.8383 or visit ChristusIntegrityLink.org.

For compliance questions or concerns, you can email us at CHPCompliance@ChristusHealth.org



Get updates and connect
with us on Facebook.

CHRISTUShealthplan.org