

Quality Matters

July 2017

Topic: Care for the Elderly Medicare Annual Wellness Exam

KY ranking drops to 49th among other states

A newly released 2017 Senior Report from Americas' Health Ranking puts **Kentucky at 49 out of 50 among other states in Overall Senior Health**. Kentucky dropped from a ranking of 45 to 49 over the last year. Of note, **Kentucky's rate of obesity among seniors has increased 24%, smoking increased 18%, and food insecurity increased 16%**. Challenges also include high prevalence of physical inactivity and high hip fracture hospitalization rate. To read the full report and get details information about Kentucky's ranking, visit:

http://www.americashealthrankings.org/explore/2017-senior-report/measure/overall_sr/state/KY

Important Screenings/Assessments:

- HEDIS Measure – Care of the Older Adult > 66 yrs. old (looked at by many insurance carriers):
 - Advanced care planning (end of life decisions), one care planning during the measurement year
 - Medication Review once per year
 - Functional status assessment once per year
 - Pain assessment once per year
- Falls Risk Assessment – NGACO & MIPS measure: once during the measurement year
- Depression Screening & Follow-up (Use of PHQ-2 & 9) – NGACO & MIPS measure: once during the year if not diagnosed with Depression
- BMI and Follow-up – NGACO & MIPS measure: once during the year within the CMS established BMI parameters:
 - **Normal Parameters for BMI:**
Age 65 years and older BMI ≥ 23 and < 30



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- Pneumococcal Vaccination – NGACO & MIPS measure: for age 65 & older
- Influenza Immunization – NGACO & MIPS measure: for all ages, very important for the elderly

****Most of these screenings can be document during a scheduled Medicare Annual Wellness Exam.***

Quality Improvement Project

Schedule your patients for a Medicare Annual Wellness Exam.

1. When patients are in your office for other ailments, schedule their Medicare Annual Wellness visit.
2. During the Medicare Annual Wellness visit have your MA discuss preventive measures with the patient, reviewing the full list of measures and recording dates/locations where preventive measures were addressed. It is important that this information be entered into the patient record.
3. Make sure your patients take the annual influenza injection and discuss pneumococcal injection with those age 65 & over. If these injections are not listed in the patient record, ask the patient if they have received these vaccinations elsewhere and if so record dates and locations.

Covered Medicare Preventative Services

Depression Screening, Diabetes Screening, Diabetes Self- Management Training (DSMT), Glaucoma Screening, Hepatitis C Virus Screening, Influenza, Pneumococcal, Hepatitis B Vaccinations and their Administration, IPPE (Welcome to Medicare visit), Intensive Behavioral Therapy (IBT) for Cardiovascular Disease (CVD IBT for Obesity Medical Nutrition Therapy (MNT), Ultrasound Screening for Abdominal Aortic Aneurysm (AAA), Screening Mammography, Screening Pap Tests, Screening Pelvic Examination (includes a clinical breast examination), Screening for Sexually Transmitted Infections (STIs), Screening and High Intensity Behavioral Counseling (HIBC) to Prevent STIs HIV Screening.

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For more information, please contact:

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Quality Metrics & Documentation

Advanced Care Planning: A large discrepancy exists between the wishes of dying patients and their actual end-of-life care. Advance directives are widely recommended as a strategy to improve compliance with patient wishes at the end of life and thereby ensure appropriate use of healthcare resources. There is expert consensus on the need for advance directives, as well as a regulatory mandate, but only 15 to 25 percent of adults complete them, usually after a serious illness or hospitalization. Most adults would prefer to discuss advance directives while they are well, preferably with a doctor who has known them over time. Most say they look to their doctors to initiate the discussion.

Medication Review: Poor medication management can lead to adverse drug events, overdoses, and underutilization of drugs, all of which can result in increased hospitalizations. The HEDIS measure is consistent with the NGACO/MIPS measures, calling for “MEDICATION RECONCILIATION” with every office visit.

Functional Status Assessment: Functional ability/mobility, falls, home situation, hearing, etc.

Pain Assessment: Should be performed at least once per year.

* Ref: AHRQ

Falls Risk Assessment: A national CHI Committee *Allscripts Quality Steering Group* has just approved a three question falls assessment. This will appear in Allscripts in the future. Until then, the “Falls” section of the Medicare Annual Wellness Exam will verify that you are assessing Falls.

Depression Screening & Follow-up: It is evident with the addition of other Depression measures that we must start using the PHQ-9 annually. A PHQ-2 will work for Depression Screening, but if the patient indicates they are depressed, a PHQ-9 should follow. The PHQ-9 is required for the Depression Remission Measure.

BMI and Follow-up: Most physicians document BMI but fail to provide/document follow-up. Documentation of follow-up can be as simple as making a selection from the instructional order list, such as nutritional counseling or reducing salt intake.

Pneumococcal Vaccination for age 65+: If given at age 65, documentation can easily be overlooked, especially if the patient is 75 or 85. Be sure that documentation exists and can be easily found in a paper chart or in the AEHR.

Influenza Immunization: While given annually between August and March, NGACO requires an office visit between October 1 and March 31. Documentation of the “flu shot” raises two important issues: 1) if given in the office, getting documentation where it should be in the AEHR or on paper; 2) if the “shot” was given elsewhere, documentation is still required. If the patient received the immunization elsewhere and cannot provide paper certification, you can still document in the chart.

KentuckyOne Health Partners, CIN Network

KentuckyOne Health Partners’ payers offer quality incentives for managing their patients’ health according to national standards set by CMS, CDC and Healthcare Effectiveness Data and Information Set (HEDIS) which is a tool used by more than 90 percent of America’s health plans to measure performance on important dimensions of care and service. There are many screenings and preventative measures that are incentivized by different payers such as those noted above. Please contact KentuckyOne Health Partners clinical team at 1.877.543.5768 for more information.

Resources:

www.medicare.gov
www.americashealthrankings.org
www.AHRQ



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