CIPA newsletter

FEBRUARY 2019 CONSORTIUM OF INDEPENDENT PHYSICIAN ASSOCIATIONS

February is National Heart Month

Chances are, we all know someone affected by heart disease and stroke. Approximately 2,200 Americans die of cardiovascular disease each day. That's an average of one death every 40 seconds. It is the leading cause of death for both men and women. What can you do to decrease those statistics?

While you can't change things like age and family history, the good news is that even modest changes to your diet and lifestyle can improve your heart health and lower your risk by as much as 80 percent. The biggest part of living healthy comes down to simply making healthy choices. Help your patients reduce their risk of heart disease by recommending appropriate preventive services, including cardiovascular disease screening tests and behavioral therapy, if needed.

Controlling and preventing risk factors is also important for people who already have heart disease. To lower risk:

- **Monitor your weight** – losing 10% of your body weight will decrease your cholesterol, blood pressure, and allow insulin to work more efficiently.
- **Quit smoking** and stay away from secondhand smoke – there are many free resources available to set a plan to quit.
- **Control your cholesterol and blood pressure** – know your numbers!
- If you drink alcohol, **drink only in moderation**.
- **Get active** – break down the recommended 150 minutes of aerobic activity per week into smaller goals, such as a 10 minute walk twice a day. It adds up and gives the same benefits as 20-30 minutes at one time.
- **Make healthy food choices** – try a new fruit or vegetable, such as riced cauliflower, instead of potatoes.

Check out the following websites for more information:

www.heart.org
www.goredforwomen.org
https://millionhearts.hhs.gov/tools-protocols/index.html

Coding Corner

Controlling Blood Pressure Measure

Undiagnosed hypertension is a leading cause of stroke and heart disease. Make hypertension control a priority for your practice.

The HEDIS® Controlling Blood Pressure (CBP) measure assesses the percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.

Patients are added to the denominator if they have had at least two visits on different dates of service with a diagnosis of HTN during the measurement year or the year prior to the measurement year. Visits include an outpatient visit, a telephone visit or an online assessment.

Reporting **CPT Category II** codes along with the diagnosis of HTN during an encounter, will close the hypertension gaps in care more efficiently than entering data into Health e-Blue or other health plan programs.

Most Recent Systolic Blood Pressure	
3074 F- SBP < 130	HEDIS 2019
3075 F- SBP 130 - 139	
3077 F- SBP 140	

Most Recent Diastolic Blood Pressure	
3078 F- DBP < 80	HEDIS 2019
3079F - DBP 80 - 89	
3080 F- DBP 90	

Health plans are currently measured on the HEDIS® data above. Note that the American College of Cardiology (ACC) and American Heart Association (AHA) guidelines for the treatment of high blood pressure now target a BP < 130/80 for low-risk patients with HTN.

The Centers for Disease Control and Prevention (CDC) has numerous resources for managing patients with hypertension and identifying patients with potentially undiagnosed hypertension.

www.cdc.gov/features/undiagnosed-hypertension/index.html

Pharmacy – Controlled Substances Rule Set

A complete copy of the new Pharmacy–Controlled Substances Rule Set is available on the Michigan Department of Licensing and Regulatory Affairs website at www.michigan.gov/bpl.

Licensees applying for or holding a controlled substance license, as well as delegates who prescribe, administer, or dispense on behalf of a licensee, will be required to complete a one-time opioid and other controlled substances awareness training. This requirement ***does not*** take effect until September 1, 2019, for initial licenses and the first renewal cycle ***after*** the promulgation of this rule for controlled substance license renewals. More details will be forthcoming from the MSMS Education Department as the compliance deadline nears. R 338.3161a - Prescribers must be in a "bona fide prescriber-patient relationship" before prescribing a controlled substance listed in schedules 2 to 5. Exceptions are outlined in the rule.

Telehealth Survey We Need Your Input!

CIPA is participating in the BCBSM Physician Group Incentive Program (PGIP) Telehealth Initiative. The goal of the PGIP Telehealth Initiative is to enable practices to deliver telemedicine services to their patients.

CIPA will be sending a telehealth survey via Survey Monkey in February. Your answers to the survey will be used to determine what telehealth services CIPA practices are currently offering to their patients and if they plan to offer telehealth services to their patients in the future. It will only take five minutes to complete. **THANK YOU in advance for your participation!**

Dates to Remember

February 19, 2019
Medical Advantage Group offices will be closed on Monday, February 19 in honor of President's Day.

Billing and Coding Webinars
Coming Soon! Back by popular demand is CIPA's annual Billing and Coding webinar on the 2019 quality measures for BCBSM's PGIP Clinical Quality Initiative. Watch your email for the flier and registration info.

- **Thursday, February 21st**
  11:30am - 1:00pm
- **Wednesday, February 27th**
  12pm - 1:30pm
- **Thursday, March 7th**
  8:00am - 9:30am

New PCMH Interpretive Guidelines
The 2018-2019 BCBSM PCMH and PCMH-Neighbor Interpretive Guidelines are available. Contact your practice coach if you have not received them. Log in to Carespective's Learning Center and review the PowerPoint explaining all the changes.

CIPA
Consortium of Independent Physician Associations

DOMAIN 10:
Linkage to Community Services

When physician practices create effective relationships with local community resources this can improve patients access to preventive and chronic care services. Many patients can struggle with obtaining services that may be unaffordable and are necessary for their well-being. By proactively researching and having local resources available at the practice level can not only improve quality and cost of care for your patient population but also improve patient satisfaction and adherence to their treatment plan.

The goal is to expand the PCMH-Neighborhood to include community resources, incorporate use of community resources into patients' care plans and assist patients in accessing community services.

To meet the capabilities in the initiative, here are some questions to assist your practice in creating a process to incorporate community resources into your daily workflow:

- What resources and tools from local community agencies are available to assist our patients?
- How do we identify and encourage our patients to engage in a discussion about the need for community resources?
- Once the need is identified how do we assist our patients in accessing those resources and who is responsible within the practice to do so?
- How do we monitor and encourage the patients to follow through when the need could be detrimental to their health or safety?

For more help expanding your PCMH to include community services, go to the PCMH Toolkit in Carespective™ and review the processes and tools under Domain 10.