

# QUALITY IMPROVEMENT

*A bimonthly e-newsletter provided to share announcements, performance updates, and educational reminders for our value-based programs.*



For questions, suggestions, or educational requests related to quality improvement, please contact:

**Jennifer Logan**  
**Director of Population Health**  
**Email: [loganja@etsu.edu](mailto:loganja@etsu.edu)**

If you have a team member you would like to nominate for next issue's Quality Hero Recognition, please let us know!

## INSIDE THIS ISSUE

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**QUALITY IMPACT:**  
DIABETES CARE QUALITY MEASURES

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**EHR UPGRADE:**  
IMPACT ON HCC CODING

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**RISK ADJUSTMENT:**  
SUPPORTING DOCUMENTATION FOR  
DIAGNOSIS CODING

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**RESOURCES AVAILABLE:**  
SYLVAN HEALTH NUTRITION THERAPY

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**QUALITY HERO RECOGNITION:**  
MICHAEL MEDINA, MD - IM RESIDENT

# DIABETES STAR QUALITY MEASURES

Our value-based programs include several quality measures related to diabetes care, including:

- Hemoglobin A1C Control for Patients with Diabetes (HBD)
- Eye Exam for Patients with Diabetes (EED)
- Medication Adherence for Diabetes (MAD)
- Statin Use in Person with Diabetes (SUPD)

Patients will be included in these measures if they have received a diabetes diagnosis or a diabetes medication within the current or previous two years.

- **Patients who are prescribed a diabetes medication for an off-label use will be included in the diabetes care measures. There are no current exclusions if a medication, such as Ozempic or Trulicity, is prescribed for a non-diabetic condition, such as obesity or pre-diabetes.**



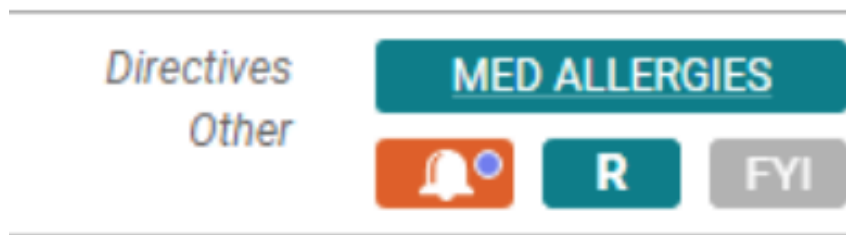
## Current Performance for Hemoglobin A1C Control for Patients with Diabetes:

Program:	Percentage of Compliant Patients:
UHC Medicare Advantage	73% - 3 Stars
Humana	77% - 4 Stars
BCBS Medicare Advantage	73% - 3 Stars

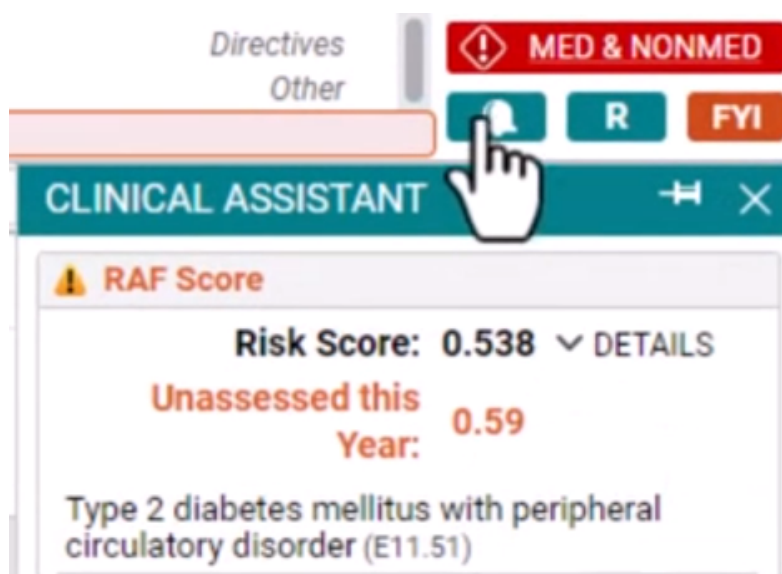
## ALLSCRIPTS UPGRADE: HCC/RAF SCORE

In addition to the EHR Team's 'Tips & Tricks Weekly' education, we would like to highlight the new Allscripts features related to Hierarchical Condition Categories (HCC) and Risk Adjustment Factor (RAF) Scoring now available with the upgrade.

- Please refer to the bell icon in the upper-left hand corner to identify when a patient has outstanding HCC codes. If the bell is orange, this indicates there are HCC codes(s) that remain unassessed for the calendar year.



- Clicking the orange bell will open the clinical assistant to show you the HCC codes that remain unassessed, as well as the RAF score attached to those HCCs. The risk score impacts financial reimbursement; therefore, it is essential for all current and active conditions to be assessed within each calendar year.



# HCC CODING: CLINICAL DOCUMENTATION SUPPORT

Clicking all HCCs on the Problem List will change the color of the bell icon from orange to blue. However, to count for risk adjustment, the HCC codes will also need to be:

- 1.) Submitted on a claim to the patient's insurance company
- 2.) Supported by clinical documentation



## RATIONALE:

- In the case of an audit, supporting documentation provides further evidence to CMS that the submitted HCCs were present and valid at the time of the visit.

## Documentation Improvement

- Supporting documentation can be concise!
- Include a brief statement that updates the status of each diagnosis that was evaluated, or impacted the medical decision making for the visit.

*Examples of sufficient supporting documentation:*

- "Major Depression, moderate. PHQ-9 score of 12. Continued feelings of hopelessness despite increase in Zoloft."
- "Morbid obesity with BMI of 45. Advised to monitor calorie intake and increase activity level."
- "Diabetic CKD Stage III, controlled. Followed by Dr. Smith. On Metformin."

## SYLVAN HEALTH NUTRITION NETWORK

As a reminder, you can refer patients to the **Sylvan Health Nutrition Network** to connect them with personalized medical nutrition therapy. Sylvan Health is currently in-network with traditional Medicare, as well as most Medicare Advantage and Commercial insurers. They are in talks with BlueCare currently. Sylvan provides:

- Consultations with registered dietician
- Meal planning
- Connection to community resources (i.e. Food Bank)
- Medically tailored meals & groceries
- Restaurant navigation (i.e. best choices at restaurants)
- SNAP enrollment assistance
- Grocery delivery via Instacart
- Kitchen tools & appliances support



### Ordering the Referral in Allscripts

- **Step 1:** From the Orders tab, search for "Nutrition" and select Medical Nutrition Therapy Referral.
- **Step 2:** Beside the Recipient field, click the magnifying glass symbol. Search for "Sylvan" and select Sylvan Health. You can also type "Sylvan" in the free text field, and your clinic's referral clerk can pull Sylvan Health into the referral recipient field.
- **For Referral Clerk/Nurse - Step 3:** Sylvan Health will also need the patient's insurance plan and number. This information can be accessed via the patient banner. Fax the printed order to: 1(833)453-1596.

## QUALITY HERO RECOGNITION



We would like to recognize Dr. Michael Medina, a resident with the Department of Internal Medicine, as this publication's Quality Hero. Identified through chart review, Dr. Medina performed a recent routine follow-up visit that demonstrated exemplary clinical documentation. All current conditions, include the patient's HCC codes, were addressed, with clear and concise supporting documentation outlined within the visit note. Additionally, all preventive care needs were reviewed and managed within the encounter.

Thank you, and fantastic work, Dr. Medina!