Your Monthly Guide to Elevate VBC Performance

CHESS HEALTH SOLUTIONS

Value-based Care Chronicle: Guide to Improving Performance

February 2024

Welcome to Your Monthly Guide to Elevating Performance in VBC Contracts!

In the dynamic landscape of healthcare, the pursuit of quality care is crucial. This newsletter is designed to be your trusted companion on this journey, offering valuable insights, strategies, and updates to empower you in enhancing quality measure performance within the realm of value-based contracts.

Whether you're a healthcare professional, administrator, or industry stakeholder, our goal is to provide you with actionable information that propels your organization towards improved quality outcomes.

Stay tuned for our next edition as we continue to explore key value-based initiatives, including Advance Care Planning and Palliative Care discussions!

Annual Wellness Visits

AWVs play a crucial role in VBC by identifying health risks early, improving patient outcomes, and reducing overall healthcare costs. Despite their importance, getting patients to participate in these visits can be challenging. To increase attendance:

1. **Education & Awareness -** make patients aware of the importance of AWVs through posters, brochures, and discussions.
2. **Convenience & Access -** offer flexible scheduling options and transportation services.
3. **Digital Tools -** utilize digital tools to remind patients of upcoming AWVs and allow them to schedule appointments conveniently.

THE VALUE OF THE ANNUAL WELLNESS VISIT

THE ANNUAL WELLNESS VISIT IS CRUCIAL IN VBC

The goal of the AWV is to assess a patient's risk factors, develop a personalized plan, and discuss advance care planning.

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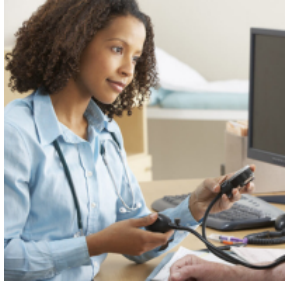

Since the inception of value-based care, the AWV has been heralded as the vehicle that drives value-based initiatives and outcomes within an ACO.

Read More

Patient AWV Flyer | Coding Corner: AWV | CMS AWV Coverage | AWV vs. Physical

HCC Recapture

HCCs are a coding system used to estimate the condition burden and expected future cost of healthcare for patients. By capturing HCCs appropriately, providers can ensure adequate reimbursement for care.

HCCs must be recaptured **annually** to be considered active. In CMS' eyes, an amputee regrows their appendage on the first of the year until recoded.

Chronic conditions need to be assessed and addressed early in the year to give a better snapshot of the patient's active conditions.

During these assessments, it is important to select the most specific diagnosis code. If a patient has CKD, ensure the appropriate stage is noted. If the patient also has type 2 diabetes, choose the combination code to indicate the relationship between the conditions.

Email any questions about HCC recapture to cdi@chesshealthsolutions.com.

SCREENING MEASURES

Colorectal Cancer Screening

Colorectal Cancer Awareness Month is right around the corner!

Colorectal cancer is the 3rd most common cancer in the U.S. and ranks 2nd for cancer-related deaths. The key to reducing the burden of colorectal cancer lies in early detection.

As a clinical quality measure across many quality programs, March is the perfect opportunity to work towards closing any screening gaps. To address this care gap:

1. Start discussions earlier with patients to discuss cancer risk and screening options
2. Convey the importance of screening for health and wellness
3. Discuss a patient's fear around colonoscopies
4. Offer support and education as patients make their decision
5. If offered a mail-in kit, provide guidance on the process and recheck timeframe
6. Record the date of previously completed screening in the EMR

CLOSING THE QUALITY GAP: COLORECTAL CANCER SCREENING

Colorectal Cancer Screening is a clinical quality measure that helps fight against a highly preventable and treatable form of cancer.

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INFOVID - SCREENING FOR COLORECTAL CANCER

In North Carolina, an estimated 4,740 residents will be diagnosed with Colorectal Cancer. Follow these steps to address this gap in care.

View Video

Colorectal Cancer One Pager

SCREENING MEASURES

Breast Cancer Screening

Screening mammography is the only method proven to reduce breast cancer deaths by detecting the cancer early before signs or symptoms. Early detection can lead to early treatment, more treatment options, and a better chance of survival.

The USPSTF recommends that women who are 50 to 74 years old and are at average risk for breast cancer get a mammogram every 2 years.

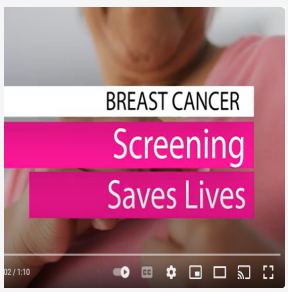
To address this care gap:

1. Order a mammogram every 2 years for patients ages 50 to 74 -- or sooner when risk factors exist
2. Educate patients on the importance of early detection and encourage testing
3. Discuss patient fears about mammograms
4. Provide patients with a list of facilities that provide mammograms and schedule for them if possible
5. Document date of service and result of most recent mammogram
6. Document mastectomy and date of service

CLOSING THE QUALITY GAP: BREAST CANCER SCREENING

Mammography is proven to reduce breast cancer deaths by detecting the

INFOVID - SCREENING FOR BREAST CANCER



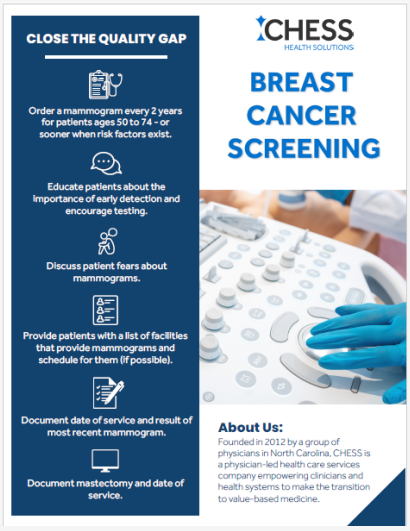
Due to its prevalence and increased risk as individuals age,

cancer before signs or symptoms appear.

Read More

CMS has included "Breast Cancer Screening" as a quality measure. Follow these steps to address this gap in care.

View Video



Download Breast Cancer Screening Quality Flyer

Additional Resources

- Quality in Value-based Care Video
- Understanding the Impact of Medicaid Expansion in North Carolina
- Trust: The Cornerstone of the Doctor-Patient Relationship

Learn More!

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