

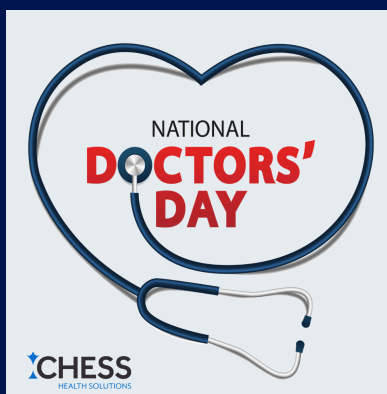


Value-based Care Chronicle: Guide to Improving Performance

February 2025

March 30th marks an important occasion in healthcare -- National Doctors' Day.

At CHESS, we'd like to take a moment to thank all the doctors we support for their invaluable contributions and recognize the sacrifices they've made to ensure the health and well-being of others.



Annual Wellness Visits

AWVs play a crucial role in value-based care 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.

Annual Wellness Visit Components

Initial AWV

1. Perform a Health Risk Assessment (HRA) - can be completed virtually via EMR portal
2. Establish Patient's Medical & Family History
3. Establish Current Providers & Suppliers list
4. Measure Height, Weight, BMI, and Blood Pressure
5. Detect any Cognitive Impairments

Subsequent AWV

1. Review and Update HRA
2. Update Patient's Medical & Family History
3. Update Current Providers & Suppliers List
4. Measure Weight and Blood Pressure
5. Detect any Cognitive Impairments
6. Update Patient's List of Risk Factors & Conditions

6. Review Patient's Potential Depression Risk Factors
 7. Review Patient's Functional Ability & Level of Safety
 8. Establish Appropriate Patient Written Screening Schedule
 9. Establish Patient's List of Risk Factors & Conditions
 10. Provide Personalized Patient Health Advice & Appropriate Referrals
 11. Provide ACP Services at Patient's Discretion
 12. Review Current Opioid Prescriptions
 13. Screen for Potential Substance Use Disorders
 14. SDOH Risk Assessment, with Patient's Consent
7. Update Patient PPPS (as necessary)
 8. Provide ACP Services at Patient's Discretion
 9. Review Current Opioid Prescriptions
 10. Screen for Potential Substance Use Disorders
 11. SDOH Risk Assessment, with Patient's Consent

Billing Code: G0439

Billing Code: G0438

New in 2025: Medicare will pay for office/outpatient (O/O) evaluation and management of visit (E/M) complexity add on code G2211 when the O/O E/M base code is reported by the same provider on the same day as an AWW, vaccine administration, or any Part B Preventive Service including the IPPE, provided in the office or outpatient setting.

Patient AWW
Flyer

Coding
Corner: AWW

2025 AWW
Changes

CMS AWW
Guide

Colorectal Cancer Screening

Colorectal Cancer Awareness Month is right around the corner!

Colorectal cancer is the second leading cause of cancer deaths in the U.S., yet with early detection, it is also one of the most preventable cancers. With several tests available, tailoring the conversation to your patient's unique needs, preferences, and risk factors is key to improving adherence.

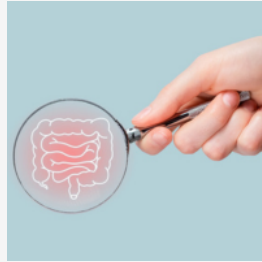
Colorectal Cancer Screening Measure: The percentage of patients 45-75 years of age who had appropriate screening for colorectal cancer.

- Colonoscopy (10 Years)
- Sigmoidoscopy (5 Years)
- CT Colonography (5 Years)
- FIT-DNA (Cologuard)

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

1. Start discussions earlier with patients to discuss 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 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.

[Read More](#)

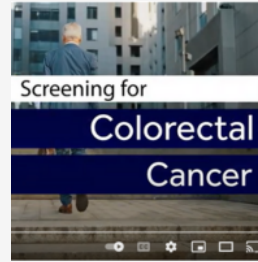
HELPING PATIENTS CHOOSE THE RIGHT COLORECTAL CANCER SCREENING TEST



Tailoring colorectal cancer screening discussions to a patient's needs, preferences, and risks is key to boosting adherence.

[Read More](#)

INFOVID - SCREENING FOR COLORECTAL CANCER



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

[View Video](#)

COLORECTAL CANCER SCREENING QUALITY FLYER



Follow these best practices to address gaps in care related to Colorectal Cancer Screenings.

[View Flyer](#)

Medication Adherence & Statin Measures

Statin adherence ranges from just 30-64% -- and it tends to decline over time. Why? Many patients stop taking their medications due to concerns about side effects, medication intolerances, or preconceived beliefs about treatment. Others face challenges like complex regimens, cost barriers, mental health concerns, or simply a lack of follow-up.

The good news? Education makes a difference. Studies show that when patients understand the benefits of statins, adherence rates, and cholesterol treatment outcomes improve. Annual Wellness Visits and chronic care management appointments are key opportunities to reinforce these messages.

At CHES, our pharmacists and pharmacy technicians can help improve adherence by monitoring claims data, educating patients with evidence-based information, and addressing barriers to statin nonadherence.

STICKING WITH STATINS

CRACKING THE STATIN INTOLERANCE CODE



Adherence to statin therapy for patients with diabetes or cardiovascular disease is a significant challenge for both patients and providers.

[Read More](#)



Discover strategies to identify and manage statin intolerance and appropriate exclusion codes when statin therapy is not possible.

[Read More](#)

SUPD & SPC Exclusions

SUPD & SPC Codes

PATIENT EDUCATION POINTER OF THE MONTH

Trust: The Cornerstone of the Doctor Patient Relationship

Value-based care and patient-centric care go hand in hand, and the doctor-patient relationship is at the core of this philosophy. An effective doctor-patient relationship is built on the foundation of trust. Patients who trust their doctor have a perception of better care, a greater acceptance and adherence to treatment plans, and access health care services more often.

Building trust takes time. It's an ongoing process that requires effort, sincerity, and a patient-centric approach. Learn more about building a strong and meaningful relationship with patients here:

<https://www.chesshealthsolutions.com/2023/10/10/trust-the-cornerstone-of-the-doctor-patient-relationship/>.

Additional Resources

- [Understanding the Benefits of ACO REACH: Waivers, Quality Withhold Incentives, and Favorable Benchmarks](#)
- [The Power of Collaboration in Value Based Care: Unlocking Better Patient Outcomes](#)

[Learn More!](#)

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