



Value-based Care Chronicle: Guide to Improving Performance

May 2025

💡 CHESS Predictive Insights Score 💡

What is it? A combination of data points (claims, clinical, etc.) used to identify rising-risk patients early, enabling timely interventions.

Where can I find it? In the CHESS AWW Report.

What should I do with it?

1. Review high- and elevated- risk patients to determine if they are enrolled in CCM. If not, consider adding to a feeder list.
2. Use scores to determine frequency of TCM support.
3. Have RNs conduct outreach for high-risk, while PCAs provide support for other ED outreach.
4. Additional interventions can be found [here](#).

Please reach out to your PI manager with any questions!

Breast Cancer Screenings

Breast cancer remains a significant health concern, with 1 in 8 women diagnosed during their lifetime. Early detection through regular mammograms is the only method proven to reduce breast cancer deaths by identifying cancer before symptoms appear.

Breast Cancer Screening Measure: The percentage of members 50-74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer every 2 years.

To close this care gap:

- Order a mammogram every 2 years for patients 50-74 years old, or sooner when risk factors exist
- Educate patients on importance of early detection, encourage testing, and discuss patient fears
- Provide patients with a list of facilities that provide mammograms and schedule for them if possible
- Document date of service and result of most recent mammogram
- Document mastectomy and date of service

It's a small effort with a big impact -- for your patients and quality scores!

Closing the Quality
Gap: Breast Cancer
Screening

Breast Cancer
Screening Quality
Flyer

Video: Breast
Cancer Screening
Saves Lives

Frailty & Falls

Early detection is key when it comes to osteoporosis. A simple Bone Mineral Density (BMD) test can help catch the condition before a fracture happens.

To improve quality scores, prioritize the HEDIS **Osteoporosis Management in Women (OMW)** measure. This targets women ages 67-85 who have had a fracture and ensures they receive either a BMD test or osteoporosis medication within 6 months of the event.

Best Practices & Approaches:

- Women at risk should receive a BMD test every 2 years.
- A BMD test must take place within 6 months of a fracture. If the fracture resulted in an inpatient stay, a BMD test administered then will count.
- Documentation that medications aren't tolerated is not an exclusion for this measure.
- Osteoporosis medications must be filled using Part D plan.
- Discuss fall prevention ([Patient Falls Flyer](#)).

CLOSING THE QUALITY GAP: OSTEOPOROSIS MANAGEMENT IN WOMEN WHO HAD A FRACTURE (OMW)

CLOSE THE QUALITY GAP



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Documentation that medications are not tolerated is not an exclusion.



Osteoporosis medication must be filled using Part D plan.



OSTEOPOROSIS MANAGEMENT IN WOMEN WHO HAD A FRACTURE (OMW)

The percentage of women 67-85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or a prescription for a drug to treat osteoporosis in the 180 days (6 months) after the fracture.



About Us:

Founded in 2012 by a group of physicians in North Carolina, CHESS is a physician-led health care services company empowering clinicians and health systems to make the transition to value-based medicine.

Updated January 2025

Well-Child Visits

Well-care visits help keep kids healthy and thriving. These regular checkups give providers a chance to administer routine vaccines, promote healthy habits, and

catch any issues that could affect a child's physical, social, or emotional development.

For Commercial contracts, the following rates are reported:

- **Well-Child Visits in the First 15 Months.** Children who turned 15 months old during the measurement year: Six or more well-child visits.
- **Well-Child Visits for Age 15-30 Months.** Children who turned 30 months old in the measurement year: Two or more well-child visits.

Explore the resources below for proven strategies and tips to improve this care gap.

Well-Child Visits: Closing the Quality Gap

2025 Well-Child Visit Quality Flyer

CODING CORNER: TRANSITIONING FROM V24 TO V28

Are you prepared for the CMS-HCC Risk Adjustment transition from V24 to V28??

This update brings significant changes:

- ✓ An increase in HCC disease groups, reflecting more detailed condition categories
- ✓ More detailed and focused condition grouping
- ✓ Recalibrated RAF scores

For more detailed information on this transition, check out our latest article and tip sheet:

[Transitioning from V24 to V28 Tip Sheet](#)

[The Future of Risk Adjustment: Transitioning to CMS HCC V28](#)

PATIENT EDUCATION POINTER OF THE MONTH

Empowering Patients Through Education

Patient education is a powerful and valuable tool for healthcare professionals. By prioritizing patient education, we can deliver more effective and patient-centered care. Here's why it is so valuable:

1. **Empowerment:** Educated patients are empowered to take an active role in managing their health.
2. **Improved Communication:** When patients understand their condition and treatment plan, they can ask questions and provide valuable feedback, leading to better care.
3. **Better Health Outcomes:** Studies show that well-informed patients are more likely to adhere to treatment plans, experience fewer complications, and have shorter hospital stays.
4. **Patient Satisfaction:** Educated patients tend to be more satisfied with their care.
5. **Reduced Healthcare Costs:** When patients understand how to manage their condition effectively, they are less likely to require expensive interventions or hospitalizations.

Want to learn more about the power of patient education? Check out this [Move to Value Podcast](#) with Shannon Parrish.

Additional Resources

- [Annual Wellness Visit Benefits & Tips](#)
- [May is Older Americans Month: How VBC is Improving Senior Health](#)

Past VBC Chronicle Editions

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