



Value-based Care Chronicle: Guide to Improving Performance

September 2024

For Providers

As we approach the end of the year, **ensure A1C values are collected and documented for all patients with uncontrolled diabetes.** Monitoring and managing these levels is critical to improving patient outcomes and meeting our value-based contract goals.

Another care gap that needs to be addressed is Kidney Health Evaluation for Patients with Diabetes (KED). This diabetes quality measure requires **TWO TESTS** (eGFR and uACR).

Kidney Health Evaluation for Patients with Diabetes (KED)	
Patients 18-85 years old with diabetes (Type 1 or Type 2) who had a kidney health evaluation during the calendar year.	
BLOOD TEST	URINE TEST
Estimated glomerular filtration rate (eGFR)	Urine albumin-creatinine ratio (uACR) by one of the following: <ul style="list-style-type: none">- Quantitative urine albumin test + urine creatinine test ≤ 4 days apart- uACR
EXCLUSIONS	
ESRD, Hospice/Palliative Care, Dialysis, Advanced Illness/Frailty	

Engaging High Utilizers

Healthcare organizations can reduce unnecessary utilization in value-based care while maintaining quality by focusing on prevention, care coordination, and data analytics. These efforts ultimately lead to better health outcomes for patients and cost savings for providers and payers. Here are 5 strategies to help decrease utilization in value-based care:

- 1. Enhancing Care Coordination:** Strengthening coordination between care teams reduces inefficiencies and enhances patient outcomes. Using technology, care teams can collaborate across disciplines to track patient progress and coordinate timely interventions.
- 2. Focusing on Preventive Care:** Prioritizing preventive care and chronic disease management helps keep patients healthier and reduces hospital admissions, emergency department visits, and the use of expensive procedures.
- 3. Using Data Analytics for Targeted Interventions:** Data-driven insights identify patients at high risk for complications or avoidable hospitalizations. Predictive analytics can pinpoint patterns of overutilization, allowing care teams to intervene proactively and address patients' needs before they escalate. CHESS can provide offices with a tuck-in list weekly for prioritizing high utilizer outreach before the weekend.
- 4. Patient Education and Engagement:** Providing education on managing chronic conditions, understanding care options, and using services like telehealth can empower patients to seek appropriate care.

5. Encouraging Use of Primary Care: Shifting care from specialists and emergency departments to PCPs reduces unnecessary referrals and testing. Frequent visits and support for high utilizers enables earlier interventions, avoiding expensive care settings.

Balancing patient outcomes with cost-effectiveness is no easy task, but as healthcare providers, doctors and care teams are uniquely positioned to ensure patients receive the right care at the right time in the right place.

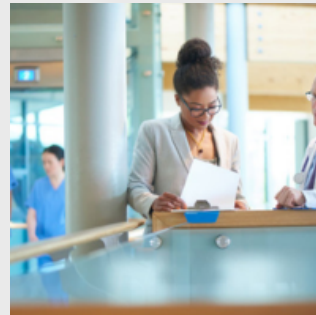
EDUCATING PATIENTS TO REDUCE AVOIDABLE EMERGENCY DEPARTMENT VISITS



The average cost of a visit to the hospital emergency department is 12 times higher than a physician office and 10 times higher than an urgent care center.

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COORDINATING CARE THROUGH HIGH UTILIZER INTERDISCIPLINARY CONFERENCES



As part of its continuous improvement efforts, CHES piloted monthly interdisciplinary conferences to help ensure more coordinated, holistic patient care.

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ZONE TOOLS

High Blood Pressure Self-Care Plan	
GREEN Green = In Control <ul style="list-style-type: none">High blood pressure usually does NOT have any symptomsNo headaches, nose bleedsBlood pressure is within goal of: _____/_____ systolic (top number) _____/_____ diastolic (bottom number)	Green Means: <ul style="list-style-type: none">Take medications as orderedCheck blood pressure, if ableKeep all doctor appointmentsKeep weight under controlExerciseFollow healthy eating habitsKeep exercising
YELLOW Yellow = Caution <ul style="list-style-type: none">Repeated blood pressures outside of your normal rangeRingling in the ears	Yellow Means: <ul style="list-style-type: none">Stop vigorous exerciseCall your doctor or home health nurse Physician Contact: Doctor: _____ Phone: _____ _____ Red = Medical Alert! <ul style="list-style-type: none">Severe headache or confusionLightheadedness or heart racingSevere anxietySevere trouble breathingSudden numbness or weakness of the face, arm, or legSudden confusion, trouble speaking, or understanding
	Red Means: <ul style="list-style-type: none">Take action!Go to the Emergency Room or call 9-1-1 immediately!

Encourage patients to hang Zone Tools in a prominent place where they are frequently during the day to teach symptom awareness and self-management.

[Download Tool](#)

TRANSITIONAL CARE MANAGEMENT: SUPPORTING PATIENTS DURING VULNERABLE TRANSITIONS



Transitional Care Management plays an integral role in reducing utilization, helping organizations meet value-based goals.

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Where to go and When?

When you aren't feeling well, knowing the right place to go could end up saving you a lot of time, money and frustration. When it comes to receiving care, the three main options are primary care visits, Urgent Care Centers, and Emergency Departments.



Primary Care		
<ul style="list-style-type: none">• Skin rash• Cough• Minor injuries• Minor infections• Earache• Fever	<ul style="list-style-type: none">• Wellness Screenings• Vaccinations• Chronic condition management• Urinary tract infection• Muscle strain• Sprain	Most often open 5 days/week Standard business hours By appointment, usually same day In and out time: 60 minutes Cost: \$
Urgent Care		
<ul style="list-style-type: none">• Acute and severe neck/back pain• Respiratory - pneumonia, asthma, bronchitis• Stomach - severe pain, vomiting, diarrhea• Infections - skin, eye, ear/nose/throat• Minor injuries - burns, stitches, sprains, small fractures		Most open 7 days/week Extended hours No appointments necessary In and out time: 90 minutes Cost: \$\$
Emergency Care		
<ul style="list-style-type: none">• Chest pain• Shortness of breath• Signs/symptoms of stroke• Major burns• Severe injuries• Kidney stones• Heavy bleeding		Open 7 days a week 24 hours No appointments necessary In and out time: 240 minutes Cost: \$\$\$

Important

Do not ignore a health emergency. If a situation seems life threatening, call 911 right away. It's generally appropriate for situations like uncontrolled bleeding, chest pain, difficulty breathing and possible stroke.

Call your physician's office for an appointment. Many clinics and providers may be able to see you virtually, so be sure to ask about options.

Download When & Where To Go Flyer

Patient Education Pointer of the Month

Motivational Interviewing (MI) puts behavior change in the hands of the patient, reducing risky behaviors and promoting healthy behaviors. It is a collaborative, goal-oriented style of communication that emphasizes partnership and compassion.

Guiding principles of MI include:

- Resist the "righting reflex" or urge to correct
- Use active listening to engage with the patient
- Understand the patient's motivations for change
- Ask powerful open-ended questions
- Honor the patient's values
- Respect the patient's freedom to choose
- Partnership-like collaboration
- Clinician should not assume the role of the expert

Structuring conversations using OARS will put behavior change goals in the hands of the patient, leading to successful MI. To learn more about this effective style of communication, tune into the [Move to Value Podcast](#) or visit <https://www.chesshealthsolutions.com/2023/05/23/motivational-interviewing-partnering-with-patients/>.

OARS

Core Skills in Motivational Interviewing

Open Questions

O open-ended questions to encourage patients to confront their behaviors.

Affirmations

A statements about who the individual is as opposed to praising behavior.

Reflections

R Praise, recognition, and understanding to help move the client forward in discussing a problem.

Summarizing

S reflect back to the patient to highlight change talk, clarify motivation, and focus session.



Additional Resources

- [2024 SUPD & SPC Quality Measures](#)
- [2024 SUPD & SPC Exclusions](#)

[Learn More!](#)

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