CHESS HEALTH SOLUTIONS

Value-based Care Chronicle: Guide to Improving Performance

May 2026

Closing the Quality Gap

Osteoporosis Management in Women Who Had a Fracture

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.

Here's how to close the gap:

- 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 medication must be filled using Part D plan.
- Discuss fall prevention.

Patient Falls Flyer | Closing the Quality Gap | OMW Quality Flyer | Fall Prevention

Breast Cancer

Preventive Care and Screening

Breast cancer remains a significant health concern, with 1 in 8 women diagnosed during their lifetime. Early detection through regular mammography is the only method proven to reduce breast cancer deaths by identifying cancer before symptoms appear. **Encourage patients to schedule screenings early in the year to help avoid the access and scheduling challenges that often occur later in the year.**

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

Best Practices & Approaches

- Order a mammogram every 2 years for patients 50-74 years old, or sooner when risk factors exist.
- Educate patients about the importance of early detection and encourage testing.

- Discuss patient fears about mammograms.
- Provide patients with a list of facilities that provide mammograms and schedule for them if possible. Encourage patients to use mobile mammography services when transportation or access barriers make screening difficult.
- Document date of service and result of most recent mammogram.
- Document mastectomy and date of service.

CLOSING THE QUALITY GAP: BREAST CANCER SCREENING
Due to its prevalence and increased risk as individuals age, CMS has included Breast Cancer Screening as a quality measure. Read More

BOOSTING MAMMOGRAPHY RATES WITH TEAM-BASED CARE
Team-based care can make a significant difference in screening rates for mammograms. Read More

BREAST CANCER SCREENING QUALITY FLYER Download Here

BREAST CANCER SAVES LIVES VIDEO View Video

Well Child Visits

Well-care visits 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 Months-30 Months. Children who turned 30 months old in the measurement year: Two or more well-child visits.

These visits also play an important role in improving performance on key HEDIS measures, including Childhood Immunization Status (CIS) and Immunizations for Adolescents (IMA). For quality reporting, vaccines must be administered prior to the child's 2nd (CIS) and 13th (IMA) birthdays.

Closing the Quality Gap: Well-Child Visits

Well-Child Visit Quality Flyer

CODING CORNER

Aligning Risk Capture & Quality Through Better Documentation

In many cases, the care is already being delivered. Providers are managing chronic conditions, ordering labs, and counseling patients every day. Accurate documentation is what connects that care to HCC risk scoring and CMS quality performance. CMS can only evaluate what is documented in the medical record, not the care provided behind the scenes.

A single clear, specific sentence can support an HCC code, close a quality gap, and show that a patient's condition is being actively managed.

Aligning Risk Capture and Quality Through Better Documentation

Patient Education Pointer of the Month

Empowering Patients Through Patient 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 Communications:** 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 episode with Shannon Parrish on Patient Education Strategies.

Additional Resources

- Preparing for eCQM Success in Medicare Contracts
- Caring for Rural America: What VBC Means for Rural Healthcare

Past VBC Chronicle Editions

CHESS Education
100 Kimel Forest Dr, Winston-Salem, NC 27103