

Measure Descriptions

Definitions, what counts for HEDIS®, and
Best & Promising Practices

Controlling High Blood Pressure (CBP)

- ▶ Percentage of adults, 18-85 years of age, who had a **diagnosis of hypertension** and whose blood pressure was **adequately controlled (<140/90 mm Hg)** during the measurement year.
- ▶ Inclusion in measure:
 - ▶ Members who had **at least two (2) outpatient visits** on different dates of service with a diagnosis of hypertension on or between January 1 of the prior measurement year and June 30 of the current measurement year.

What counts for HEDIS?

- ▶ Members are compliant if their **most recent** BP reading is **less than 140/90**.
- ▶ The BP reading must occur on or after the date of a **second** outpatient or telehealth visit with a diagnosis of hypertension in the measurement year.
- ▶ If there are multiple BP measurements on the **same date of service**, the **lowest systolic and lowest diastolic values** are used.
 - ▶ Ex: 1st reading is 142/**85**, 2nd reading is **138/87**
 - Reported value would be **138/85**

Best Practices

- ▶ Ensure patients have access to validated electronic devices to take their blood pressure at home. Provide a log or facilitate remote monitoring to track daily rates.
- ▶ Educate patients on the correct way to take their own blood pressure, including waiting after consuming caffeine or being physically active.
- ▶ Train all staff in proper blood pressure measurement technique:
 - ▶ Proper patient positioning and cuff placement.
 - ▶ Allow the patient to rest before taking the reading.
 - ▶ Take a second reading after 5 minutes or at the end of the appointment if blood pressure is elevated.
- ▶ Act rapidly to start or intensify treatment with medication.
- ▶ Provide education and resources for lifestyle management: exercise, diet, medications, etc.

Glycemic Status Assessment for Patients with Diabetes

Glycemic Status Assessment for Patients with Diabetes (GSD)

- ▶ Name change for Hemoglobin A1c Control for Patients With Diabetes (HBD)
- ▶ The percentage of members 18–75 years of age with diabetes (types 1 and 2) **whose most recent HbA1c or GMI** during the measurement year is **less than 8% or greater than 9%**

Rate calculations

- ▶ Two rates are reported for this measure:
 - below 8% (control) or greater than 9% (poor control)
 - ▶ The poor control rate (>9%) is a **reverse** measure: a **lower rate is better**
 - This rate is on the DHCS MCAS
 - ▶ **The most recently reported HbA1c or GMI determines which rate the member falls into**

Measure Sort	Measure Description	EP	Num	Rate
GSD1	Glycemic Status <8.0%	3,902	779	19.96%
GSD2	Glycemic Status >9.0%	3,902	2,926	74.99%

Best Practices

- ▶ Ensure all members with a diabetes diagnosis have a current year HbA1c or GMI recorded.
- ▶ Schedule diabetes-only visits.
- ▶ Refer to support groups to manage lifestyle changes (see resources section).
- ▶ Review practice-wide medication prescribing patterns to assess for therapeutic inertia (see citations slide).
- ▶ Workflows: Stratify diabetic population based on HbA1c value or medication changes

Asthma Medication Ratio

Asthma Medication Ratio (AMR)

- ▶ The percentage of members 5–64 years of age with **persistent** asthma and had a **ratio of controller medications to total asthma medications of 0.50 or greater** during the measurement year
 - ▶ I.e., members should fill controller medications at a **higher rate than reliever medications**

$$\frac{\text{Units of Controller Medications}}{\text{Units of Total Asthma Medications}} = \text{Asthma Medication Ratio}$$

Inclusion in the Measure

- ▶ Members are included in the measure if they meet at least one of the following criteria in the **current and previous** measurement years
 - ▶ At least **one ED** visit with a principal diagnosis of asthma.
 - ▶ At least **one acute inpatient** discharge with a principal diagnosis of asthma.
 - ▶ At least **four outpatient visits** with any diagnosis of asthma and at least **two asthma medication dispensing** events.
 - ▶ At least **four asthma medication dispensing** events for any controller or reliever medication.
- ▶ Members are excluded from the measure if they had no asthma medications dispensed during the measurement year.



What counts for HEDIS?

Units of Medication

- ▶ One medication unit is equal to:
 - ▶ One inhaler
 - ▶ One injection
 - ▶ One 30-day supply of oral medication
 - For prescriptions longer than 30 days, divide the total by 30
 - A 90-day supply would be counted as 3 units (90/30=3)
- ▶ Multiple prescriptions for different medications dispensed on the same day count as separate dispensing events

Medication Ratio Examples

$$\frac{\text{Units of Controller Medications}}{\text{Units of Total Asthma Medications}} = \text{Asthma Medication Ratio} \quad \text{Goal} = 0.50 \text{ or greater}$$

Patient 1

Qvar inhaler (controller)

Filled on 1/8, 3/12, and 5/24 : **3 units**

Albuterol inhaler (reliever)

Filled on 1/8, 2/7, 3/12, 5/24, and 6/23 : **5 units**

3 controller + 5 reliever = 8 total

Ratio: 3/8 = 0.375

Patient 2

Qvar inhaler (controller)

Filled on 2/17, 4/12, 5/20, 7/22, 8/24, 9/24, 10/25, 11/26, and 12/27 : **9 units**

Albuterol inhaler (reliever)

Filled on 2/17, 5/20, 9/24, and 11/26 : **6 units**

9 controller + 6 reliever = 15 total

Ratio: 9/15 = 0.60

AMR best practices

- ▶ Conduct academic detailing to understand prescribing patterns; educate providers on prescribing best practices.
- ▶ Educate patients on the difference between a reliever and a controller medication.
- ▶ Work with patients to create an asthma action plan.
- ▶ Review medication adherence and step up or step down treatment as needed.

Resources

Resources from the Alliance

CBP and GSD Additional Details: CPT Category II Reporting

▷ Codes to report BP rates:

CPT Cat II Code Description	Numerator Compliance	CPT Cat II Code
Systolic Less Than 130	Systolic compliant	3074F
Systolic Between 130-139	Systolic compliant	3075F
Systolic Greater Than or Equal to 140	Systolic not compliant	3077F
Diastolic Less Than 80	Diastolic compliant	3078F
Diastolic Between 80-89	Diastolic compliant	3079F
Diastolic Greater Than or Equal to 90	Diastolic not compliant	3080F

▷ Codes to report glycemic status (HbA1c or GMI):

CPT Cat II Code Description	CPT Cat II Code
Most recent hemoglobin A1c (HbA1c) level less than 7.0%	3044F
Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0%	3051F
Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0%	3052F
Most recent hemoglobin A1c (HbA1c) level greater than 9.0%	3046F

Note: CPT Cat II codes are not reimbursable. They are informational only.