



# HEDIS<sup>®</sup> Lunch and Learn

**November 2020**  
**Cardiac Conditions**



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November 2020

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# **What are HEDIS® Lunch and Learns?**

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# HEDIS<sup>®</sup>

## News You can Use

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Lunch and Learns will reinforce and elaborate on HEDIS News You Can Use information

# Monthly Webinars: 30 minutes, 1 HEDIS topic



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# **Cardiac Conditions (CBP, SPC, CRE)**

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A man wearing a blue t-shirt, a dark cap, and a backpack is crouching in a sunlit forest, petting a black dog. The dog is standing and looking towards the man. The background is filled with tall trees and dappled sunlight.

Hybrid  
Methodology

Chart review  
allowed

# Controlling High Blood Pressure (CBP) - **Criteria**

## Who is in the measure (denominator)?

- **Members age 18 – 85 as 12/31 of the measurement year**
- **Diagnosis of Hypertension**
  - At least two visits on different dates of service with a diagnosis of HTN on or between January 1 of the year prior to the measurement year and June 30 of the measurement year
  - The two visits with a diagnosis of HTN must be **outpatient** visits
  - NEW 2020 – Can include telehealth
- **Continuous enrollment**
  - The measurement year

# Controlling High Blood Pressure (CBP) – Criteria

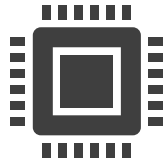
## What makes the member compliant (numerator)?

- **Adequately Controlled Blood Pressure <140/<90**
  - MUST be the last blood pressure of the measurement year
  - BOTH systolic and diastolic MUST be lower than these thresholds (not equal to!)
  - For example, a BP of 138/92 or 145/88 are NOT compliant, because BOTH systolic and diastolic have to be below threshold.

**NEW 2020:** Member reported blood pressures now can be used to meet compliance.



# Controlling High Blood Pressure - Coding



**Even though CBP is  
hybrid methodology,  
there are CPT II codes  
to capture compliance  
administratively!**

(Change was made by NCQA 2 years ago,  
but remains largely unutilized)

## CBP CPT II Codes

### Systolic Blood Pressure

- **3074F**- Most recent Systolic BP less than 130 mm Hg
- **3075F**-Most recent Systolic BP 130-139 mm Hg
- **3077F**- Most recent Systolic BP greater than or equal to 140 mm Hg (will be non-compliant, BP out-of-range)

### Diastolic Blood Pressure

- **3078F**-Most recent Diastolic BP less than 80 mm Hg
- **3079F**-Most recent Diastolic BP 80-89 mm Hg
- **3080F**-Most recent Diastolic BP greater than or equal to 90 mm Hg (will be non-compliant, BP out-of-range)

# Challenges

## Why Gaps in Care?



- **BP CPT II codes are seldom utilized**
  - Thus, chart review is then necessary to collect the information
  - Only **6%** admin rate last year before chart review
- **Elevated BPs not retaken**
- **Must use LAST BP in measurement year**
  - End of year and holidays can be stressful



- **General non-compliance**
  - Lack of follow-up visits
  - Lack of lifestyle changes such as diet, exercise & stress reduction to control BP
- **Medication non-compliance**
  - Stopping medication without consulting physician first
  - Medication inconsistency (feels fine, not correct time of day)
  - Lack of understanding medication regimen

### Special Note

**What CBP challenges do you encounter in practice?**



- **Incorrect blood pressure cuff or size**
- **Blood pressure is usually taken immediately after being taken to exam room**
  - BP can be elevated from being weighed, walking to exam room, anxiety about visit, or irritability/pain due to waiting

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**Take Action!**

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# Take-Away Actions- CBP

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## Use CPT II Coding

**Compliance +  
decreases  
chart review!**

**Retake BP during  
visit if elevated**

**Control = systolic  
below 140 AND  
diastolic below 90**

**Check BP in both  
arms if needed -  
HEDIS allows the  
lowest reading**

**Consider having  
the patient lie  
down and retake**

**Allow the patient  
to settle in while in  
the exam room**

**before taking their  
blood pressure**

**Maintain in  
medical record**

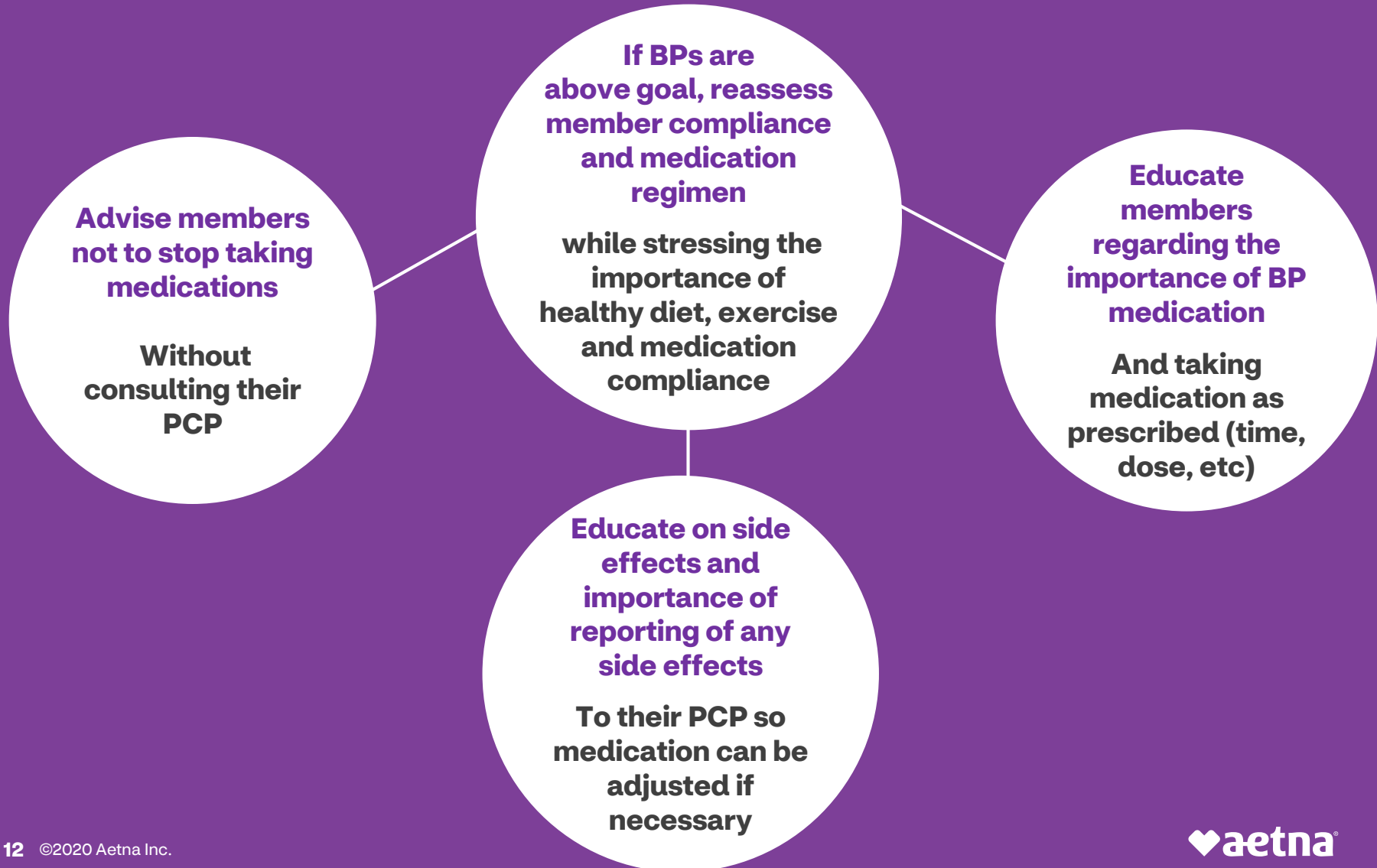
**Any member  
reported BPs**

**Ensure the blood  
pressure cuff is  
the**

**correct size  
for the patient's  
arm**

# Take-Away Actions- CBP

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# **Statin Therapy for Patients with Cardiovascular Disease (SPC)**

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Admin  
Methodology

NO chart  
review

# Statin Therapy for Patients with Cardiovascular Disease - Criteria

## Who is in the measure (denominator)?

- Males age 21-75 as of 12/31
- Females age 40-75 as of 12/31
- Identified as having clinical atherosclerotic cardiovascular disease (ASCVD)
  - Event or diagnosis based using at least one of the following:
    - MI, CABG, PCI or other revascularization in the prior year.
    - Diagnosed with Ischemic Vascular Disease during at least one outpatient/inpatient visit in MY AND also one outpatient/inpatient visit in PY (*outpatient can be telehealth*)
- **Continuous Enrollment** – MY + year prior to MY

# Statin Therapy for Patients with Cardiovascular Disease - Criteria

## What makes the member compliant (numerator)?

1. **Received Statin Therapy** - Dispensed at least one high-intensity or moderate intensity statin medication during the MY
2. **Statin Adherence 80%** - Remained on a high-intensity or moderate-intensity statin medication for at least 80% of treatment period
  - Treatment period = first day med is prescribed through 12/31



**Received  
Statin  
Therapy**



**Remained on  
Statin at least  
80%**



**Compliance**

# Statin Therapy for Patient with Cardiovascular Disease - **EXCLUSIONS**

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- **Palliative Care**
- **Any of the following in the measurement year or year prior to the measurement year:**
  - Pregnancy
  - In Vitro Fertilization
  - Rx for estrogen agonists
  - Diagnosis of ESRD
  - Diagnosis of Cirrhosis
- **Diagnosis of any of the following in the measurement year:**
  - Myalgia, Myositis, Myopathy, or Rhabdomyolysis

# Challenges

## Why Gaps in Care?



- **Statin therapy not ordered**
- **Inconsistent medication review and assessment of adherence**
- **Exclusion information not in member's claim history**
- **No chart review allowed!**



- **Member non-compliance**
  - **Side effects**
  - **Misunderstanding medication regimen instructions**
  - **Non-compliance – not taking as prescribed (time, dose, frequency, feels fine)**
  - **Stop medication without consulting physician**



- **Transportation issues to get to doctor appointments or to pick up medications**

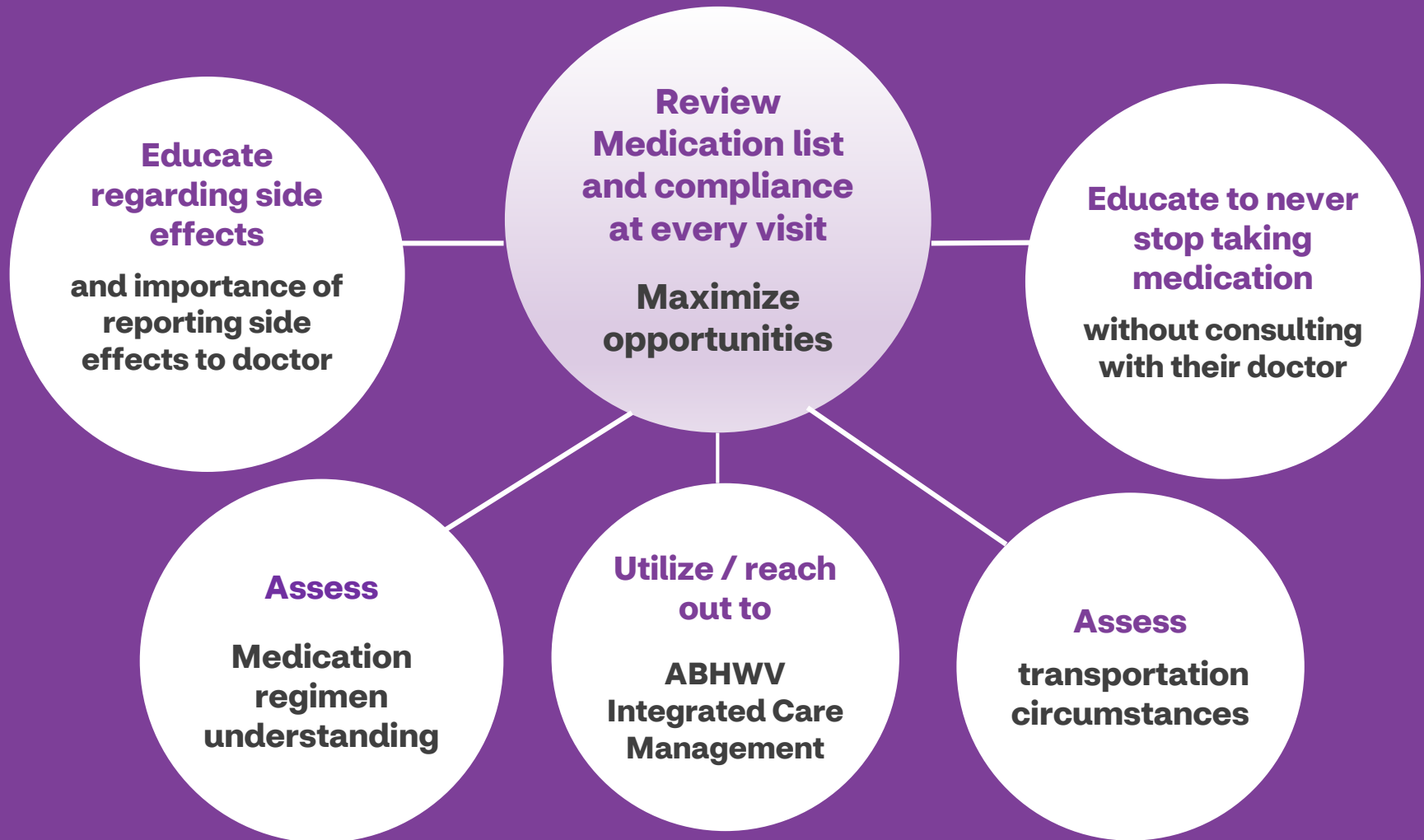
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**Take Action!**

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# Take-Away Actions- SPC

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# **Cardiac Rehabilitation (CRE)**

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Admin  
Methodology

NO chart  
review

# Cardiac Rehabilitation - Criteria

**\*NEW 2020 Measure\***

## Who is in the measure (denominator)?

**Event based: Qualifying Cardiac Event** – any of the following between July 1 of the year prior to the measurement year and June 30 of the measurement year:

- Myocardial infarction
  - Percutaneous coronary intervention,
  - Coronary artery bypass grafting
  - Heart and heart/lung transplantation
  - Heart valve repair/replacement
- Ages 18 and older as of the Episode Date
  - Continuous enrollment = Episode Date through the following 180 days

# Cardiac Rehabilitation

## - Criteria

### What makes the member compliant (numerator)?

1. **Initiation.** The percentage of members who attended **2 or more sessions** of cardiac rehabilitation within 30 days after a qualifying event.
2. **Engagement 1.** The percentage of members who attended **12 or more sessions** of cardiac rehabilitation within 90 days after a qualifying event.
3. **Engagement 2.** The percentage of members who attended **24 or more sessions** of cardiac rehabilitation within 180 days after a qualifying event.
4. **Achievement.** The percentage of members who attended **36 or more sessions** of cardiac rehabilitation within 180 days after a qualifying event.



# Potential CRE Challenges



- **Potential lack of referral for cardiac rehab before hospital discharge**
- **Potential delay in referrals from hospital or provider for cardiac rehab**
- **No chart review allowed!**



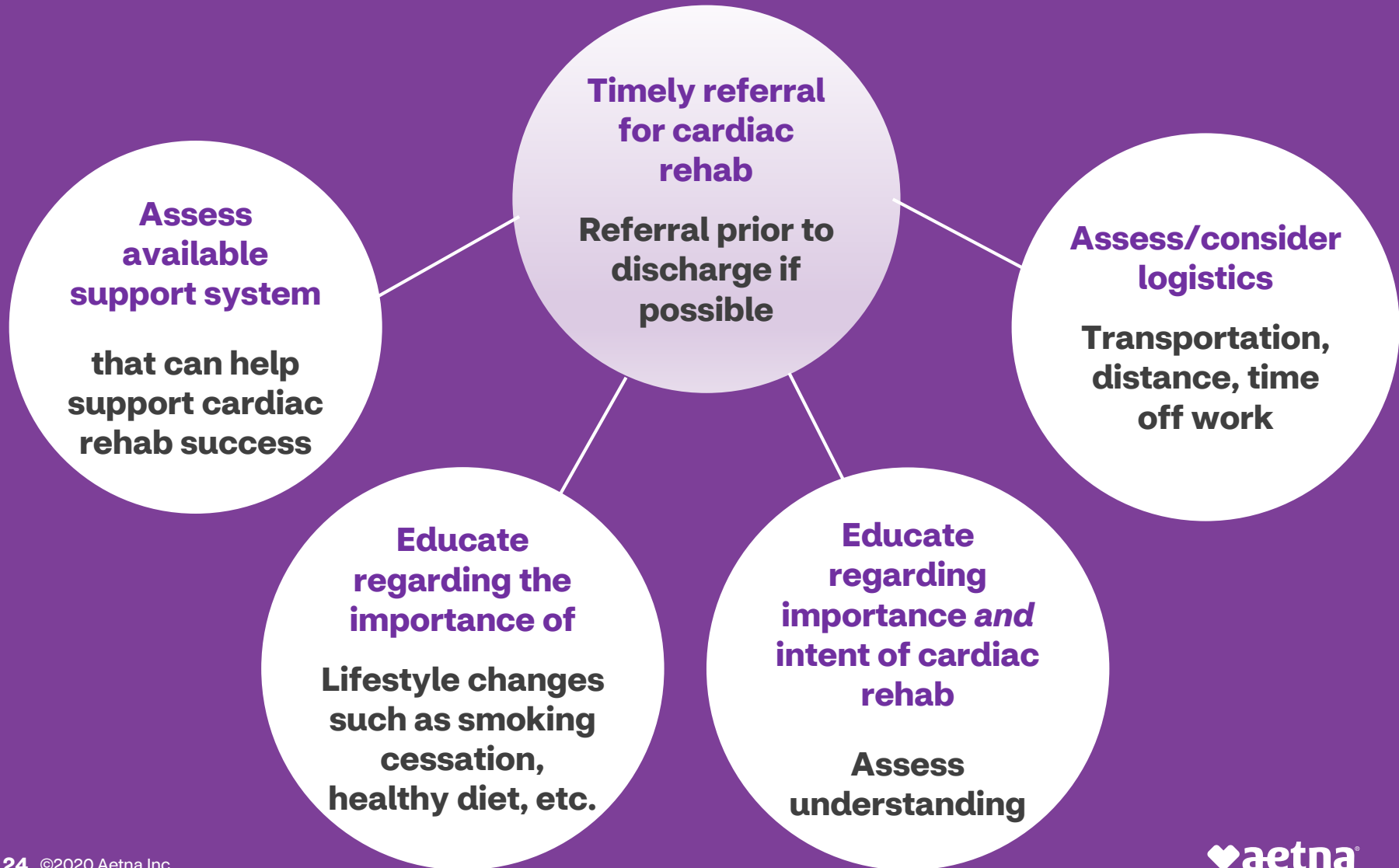
- **Required frequency and duration of cardiac rehabilitation programs**
- **Lack of understanding of the importance and intent of cardiac rehab**
- **No change in lifestyle such as smoking, diet, etc.**



- **Logistic barriers such as transportation, distance and time off work**
- **Potential co-morbidities, including behavioral health**
- **Lack of family support**

# Take-Away Actions- CRE

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# **Closing Thoughts and Resources**

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# ABHWV website

## NEW Provider HEDIS Section

There is now a HEDIS tab within the Provider Tab on the ABHWV website. The following are now available:

1. **What is HEDIS?** – a short description of HEDIS
2. **HEDIS News You Can Use** –emailed to providers each month and will be available on the website, including current and prior months
3. **HEDIS Toolkit For Provider Offices** – comprehensive document of all HEDIS measures, including a coding/billing section. This is updated annually or sooner as needed.
4. **HEDIS Lunch and Learn Webinars For Providers** – monthly webinars such as the one today. Links for past webinars and invite information for the next upcoming Lunch and Learn will be here.

<https://www.aetnabetterhealth.com/westvirginia/providers/hedis>

# Additional Thoughts & Resources

## Members Trust You!

Parents consider you their most trusted source of information when it comes their cardiovascular health.

**Allow time for questions.**

Hearing your answers and being engaged in conversation can help parents feel comfortable speaking up and addressing concerns.

## ABHWV QM Individual Resources

**Shelly Rouse, ABHWV Quality HEDIS Manager**  
[ABHWWHEDIS@aetna.com](mailto:ABHWWHEDIS@aetna.com)

**304-348-2923**

- If interested in EMR data file transfer options.
- If interested in establishing remote EMR access during HEDIS project

**ABHWV Integrated Care Management Referral**

- Fax 844-330-1001
- Call 1-888-348-2922

## Other Resources

**American College of Cardiology**

[https://www.jacc.org/guideline\\_s](https://www.jacc.org/guideline_s)

<https://www.jacc.org/doi/full/10.1016/j.jacc.2017.11.006>

<https://www.jacc.org/doi/full/10.1016/j.jacc.2019.03.010>

**CDC**

[https://www.cdc.gov/dhdspl/data\\_statistics/fact\\_sheets/fs\\_state\\_cardiacrehab.htm](https://www.cdc.gov/dhdspl/data_statistics/fact_sheets/fs_state_cardiacrehab.htm)

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**Questions?**  
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**Thank You**



**for making a difference!**

