ACO: Be in the Know

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Western Maryland PHYSICIAN NETWORK, LLC

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Welcome to the eighth edition of the **Western Maryland Physician Network** provider newsletter, **"ACO: Be in the Know"** - a monthly publication that will provide important updates, reminders and key information to keep our practices up to date.

GPRO Reporting:

- **GPRO Abstractor Training session** on 12/20/16 and 12/27/16 from 6 to 8 p.m. at WMHS.
- **Reminder: ACO CAHPS** reporting has already started through our vendor **HealthStream.** The period for this reporting is November through February for each performance year**.**
- **The GPRO beneficiary attribution/ranking file** will be available for download from CMS on 1/3/2017. After manipulation of the file, data extraction is scheduled to start by the 2nd week of January.
- **Data extraction** must be completed and all information submitted to CMS by 3/17/2017.
- If **WMPN is chosen for audit by CMS**, audit will take place during **March and April of 2017.**

Choosing Wisely:

Choosing Wisely®
An initiative of the ABIM Foundation

Don't use dual-energy absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70 with no risk factors.

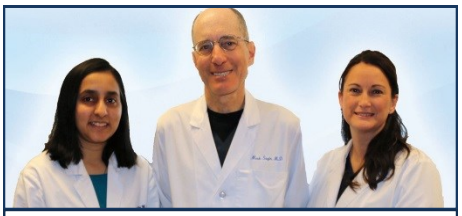
- American Academy of Family Physicians

Dr. Steve Smith
Medical Director

ACO Practice Spotlight:

WMHS Sleep Clinic

We featured an article on the new Sleep Clinic in the October 2016 issue. The **Sleep Disorders Clinic** provides comprehensive evaluation and management for your patients with suspected or documented obstructive sleep apnea as well as other sleep related medical issues. An initial comprehensive sleep evaluation will be performed with the goal of expediting polysomnography and providing the best possible treatment recommendations and follow-up. We offer both laboratory polysomnography and home portable polysomnography with a state-of-the-art system for suitable patients. Treatment options will be reviewed and continuous positive airway pressure prescriber for appropriate patients.



Ailia Ali, M.D. **Mark Sagin, M.D.** **Shannon Sprenkle, CRNP**

The clinic staff includes two physicians with sleep disorders training who can assess patients for obstructive sleep apnea as well as the full range of sleep disorders. The clinic is also staffed with a nurse practitioner and two polysomnography technologists who have years of experience fitting patients for CPAP and troubleshooting problems. They will be able to work collaboratively and coordinate care with the suppliers in our area. The success of CPAP as a treatment modality is dependent on the patient's initial experience adapting to the device, and the clinic staff will provide frequent follow-up by phone as well as in the office to promptly deal with any issues which arise.

The clinic will be under the supervision of **Mark Sagin, MD and Ailia Ali, MD.** Dr. Sagin is certified by the American Board of Internal Medicine in Sleep Medicine, and has more than 20 years of experience evaluating and treating patients with sleep disorders. Dr. Ali is a pulmonologist who recently completed a fellowship in Sleep Medicine at the University of Pittsburgh. **Shannon Sprenkle, CRNP,** is our nurse practitioner who is also a certified respiratory therapist experienced in troubleshooting problems with continuous positive airway pressure and facilitating compliance.

Clinic appointments will be made through the WMHS Pulmonology office located in the Medical Arts building on the Western Maryland Health System campus. Please call 240-964-8750 for more.

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ACO Practice Spotlight: WMHS Cardiology

Starting in early November 2016, **echocardiograms** will be performed at the **WMHS Cardiology Practice in MAC Suite 420.** If an echocardiogram is needed, patients being treated by WMHS Cardiologists can receive their echocardiogram on the same day they are scheduled to be seen by the cardiologists. Appointments are recommended as authorizations for commercial insurances will need to be obtained for an echocardiogram. To refer a patient to WMHS Cardiology, please call 240-964-8740.

WMHS Provider News: Quality Performance/Clinical Measures

Each month we will focus on a few of the clinical measures and items for quality performance for the ACO. These measures and guidelines are what every ACO must document for assessment of compliance with the ACO directives. This month's focus will be on 2 Clinical Measures: **ACO-31: HF-6: Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) and ACO-21: PREV -11: Preventive Care and Screening for High Blood Pressure and Follow-up.**

ACO-31:HF-6: Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD): This is a clinical measure for reporting purposes only for PY2016. This measure is based on the percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge. A higher score denotes better quality. There are no exclusions. Denominator exceptions include documentation of medical reasons for not prescribing beta-blocker therapy (e.g., low blood pressure, fluid overload, asthma, patients recently treated with an intravenous positive inotropic agent, allergy, intolerance, other medical reasons) OR documentation of patient reasons for not prescribing beta-blocker therapy (e.g., patient declined, other patient reasons) OR documentation of system reasons for not prescribing beta-blocker therapy (e.g., other reasons attributable to the healthcare system). The numerator consists of patients who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge. The definition of the prescribed outpatient setting is a prescription given to the patient for beta-blocker therapy at one or more visits in the measurement period OR patient already taking beta-blocker therapy as documented in current medication list. The definition of Prescribed Inpatient setting is a prescription given to the patient for beta-blocker therapy at discharge OR beta-blocker therapy to be continued after discharge as documented in the discharge medication list. LVEF < 40% corresponds to qualitative documentation of moderate dysfunction or severe dysfunction. For patients with prior LVEF < 40%, beta-blocker therapy should include bisoprolol, carvedilol, or sustained release metoprolol succinate.

ACO-21: PREV-11; Preventive Care and Screening for high Blood Pressure and Follow-up: This is another clinical measure for reporting purposes only for PY2016. This measure is based on the percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated. A higher score indicates better quality. Denominator Exclusion if the patient has an active diagnosis of hypertension. Denominator Exceptions are based on if the patient refuses to participate in either the BP measurement or follow-up OR if the patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status. This may include but is not limited to severely elevated BP when immediate medical treatment is indicated. The Numerator includes patients where the blood pressure is pre-hypertensive or hypertensive. Blood Pressure classification is defined by 4 BP reading classifications; Normal, Pre-Hypertensive, First Hypertensive, and Second Hypertensive readings. The recommended BP follow-up consists of screening intervals, lifestyle modifications and interventions based on the current BP reading. Recommended lifestyle modifications must include one or more of the following as indicated: weight reduction, Dietary Approach to Stop Hypertension (DASH) Eating Plan, dietary sodium restriction, increased physical activity, and moderation in alcohol (ETOH) consumption. Second hypertensive reading requires a BP reading of Systolic BP ≥ 140 mmHg OR Diastolic BP ≥ 90 mmHg during the current encounter AND a most recent BP reading within the last 12 months Systolic BP ≥ 140 mmHg OR Diastolic BP ≥ 90 mmHg. Second Hypertensive BP Reading interventions consist of BP follow-up interventions for a second hypertensive BP reading and must include one or more of the following as indicated: Anti-Hypertensive Pharmacologic Therapy, laboratory tests, electrocardiogram (ECG).

Recommended Blood Pressure Follow-Up Interventions consist of:

- **Normal BP:** no follow-up required for Systolic BP < 120 mmHg AND Diastolic BP < 80 mmHg
- **Pre-Hypertensive BP:** Follow-up with rescreen every year with Systolic BP of 120-139 mmHg OR Diastolic BP of 80-89 mmHg AND recommend lifestyle modifications OR referral to Alternative/Primary Care Provider.
- **First Hypertensive BP Reading:** Patients with one elevated reading of Systolic BP ≥ 140 mmHg OR Diastolic BP ≥ 90 mmHg. Follow-up with rescreen > 1 day and < 4 weeks AND recommend lifestyle modifications OR referral to Alternative/Primary Care Provider.
- **Second Hypertensive BP Reading:** Patients with second elevated BP reading of Systolic BP ≥ 140 mmHg OR Diastolic BP ≥ 90 mmHg. Follow-up with recommended lifestyle modifications AND one or more of the Second Hypertensive Reading interventions OR referral to Alternative/Primary Care Provider.

Use the most recent blood pressure on the most recent date of service as the representative blood pressure.