CHI Texas Division

ConnectCIN

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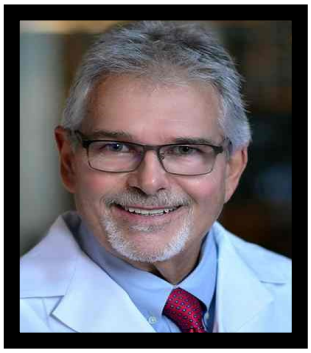
From the CMO

Jeff Steinbauer, MD



As we review data on our quality and cost which impact the VALUE of the care our CIN offers, we have found SIX areas that we ask all our members to focus upon:

1. **Depression Screening**
    a. This should be done annually and can be done quickly using short form depression instruments (PH2); Our network performance in this area is below 20% (side bar of PH2 questions).
2. **Fall Risk Screening**
    a. Should be done annually and again is a short series of questions. Our performance in this area is likewise about 20% (side bar of fall risk questions).
3. **Hypertension Treatment**
    a. The goal is a documented blood pressure < 140/90 for patients with hypertension. The AHA recommends a lower level, but the target in all our contracts is 140/90, regardless of age of the patient.
4. **Diabetes Care: Three Measures**
    a. Annual nephropathy screening. This can be done with spot microalbumin; microalbumin/creatinine ratio; or routine UA. The key thing if you are doing point of care testing is to be certain a code for the test is included in the claim form.
    b. Annual eye exam. We have room for improvement here too. Some of our clinics have installed retinal cameras which allow the patient to have a photograph of the retina that is then sent to an ophthalmologist for reading. It greatly increases the convenience for our patients to get this test in the PCP or endocrinologist's office. But for the rest of us, it is important to be sure every diabetes patient has had retinal screening during every calendar year.
    c. Reduce the number of patients who have "poor control"; an A1C of > 9.0. Note that any of your diabetes patients who have not been tested for A1C will be considered to be in "poor control". Sometimes it's just the test that is lacking.
5. We are also watching the rates at which our members refer cases to CHI facilities. It is important that we support our sponsor, CHI, by sending patients to CHI facilities for inpatient or outpatient services whenever possible. This is not just to "close ranks". CHI facilities have lower costs than most of the other hospital systems in Houston. Thus, using CHI not only helps our bottom line, it reduces our cost of care.

We track many other metrics as well, but we ask that you specifically think about these in the years ahead. Let me know if you have questions.

Special points of interest:

Provider Spotlight—Anna George, MD

We'd like to welcome Anna George, MD, and The Woodlands Allergy, Asthma & Immunology Center to the Texas Health Network CIN.

The Woodlands Allergy Center is one of the few clinics in the nation to offer oral immunotherapy (OIT) to foods. OIT is a treatment of food allergies that involves a regular administration of very small amounts of allergen by mouth and works by inducing rapid desensitization, which is the ability to tolerate an allergen while on OIT. The program provides a long-term solution for food allergic patients and takes about 6-12 months to complete, working to reach a daily dosing schedule that allows patients to safely consume foods that once threatened their health. The goal is to treat and substantially improve the quality of life of food allergic children and adults. Food OIT is more than 85% successful. A 15% dropout rate is primarily due to inability to adhere to the schedule or abdominal symptoms. Severe reactions to OIT are rare and occur in less than 10% of patients. Foods treated with OIT include: milk, eggs, soy, wheat, peanuts, tree nuts, sesame, and chickpeas.

The Woodlands Allergy Center also offers a program to reduce the risk of food allergies in infants under the age of 12 months called the Food Allergy Risk Reduction Program (FARR). This program is for high risk infants with a history of eczema and/or egg allergy. Those infants are skin tested to food in the office. If the testing comes back negative or mildly positive, the infants undergo an oral food challenge and if passed, the parents are instructed to administer the food at least 3 times a week to prevent the development of allergies. The Learning Early about Peanut Allergy (LEAP) study published in 2015 showed that giving peanut products early to infants who are at a higher risk of peanut allergy dramatically reduced the rate of peanut allergy by school age compared to avoiding peanuts. Allergists have extrapolated the results of this study to other foods such as milk and eggs to help prevent food allergies in children.

To learn more about these and other services provided by Dr. George, call (281) 713-9011.

If you'd like to be featured in a future edition of ConnectCIN, please contact Lisa Cochran at lcochran@stlukeshealth.org or (832) 355-8386. We'd love to hear about the exciting things going on in your office!

CHI Texas Division

Hypertension Care Pathway

Tracy Maddox, JD, MSN, RN

Incidence

About 1 of 3 U.S. adults—or about 75 million people—have high blood pressure.[1] Only about half (54%) of these people have their high blood pressure under control. The "2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines" (2017 Hypertension Clinical Practice Guidelines) was released on Monday, November 13, 2017. This guideline updates the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC 7). The CDC will be examining the updated recommendations closely to determine their effect on national cardiovascular disease prevention activities.

CHI's Population Costs

CHI Texas Division's medical and pharmaceutical costs for diagnosis and treatment of Hypertension for the year 2017 in the CHI employed population was over $1 million

CHI ACO 2017 Performance on Controlling High Blood Pressure

The CHI St. Luke's Texas Health Network ACO performance for documentation of controlling high blood pressure is estimated to be nine percentage points lower than the average ACO performance. CHISLH Network ACO providers documented in 62.63% of the patients 18 - 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 140/90 mmHg).

Documentation

The documentation requirements to meet the ACO measure for Controlling High Blood Pressure (ACO-28 / HTN-2 (NQF 0018)) include the diagnosis of hypertension as well as the date and result of blood pressure reading. Only blood pressure readings performed by a clinician in the provider office are acceptable. Readings from patient's home (including readings directly from monitoring devices) are not acceptable. If no blood pressure is recorded during the measurement period, the patient's blood pressure is assumed "not controlled".

CHI Goals

The Division goals are to improve the control of hypertension in the CHI employee, Cigna CAC, and the ACO populations. As such, guidelines for treating hypertension were approved by the Committee for Performance Improvement and are described on the following pages for reference.

Hypertension Care Pathway — Continued

Screening and Diagnosis

Screening

All patients have blood pressure checked at each visit. Record side effects and medication compliance, and ask about lifestyle changes.

Diagnosis

Hypertension diagnosis can be confirmed through two office visits total, with two blood pressure checks in a visit.

Assess for identifiable causes of high blood pressure:

- Primary Aldosteronism
- Apnea
- Drug Induced/Related
- Chronic Kidney Disease
- Renovascular Disease
- Obstructive Sleep
- Cushing's Syndrome or Steroid Therapy
- Pheochromocytoma
- Coarctation of Aorta
- Thyroid/Parathyroid Disease

Treatment

Patient with BP in Control	Patient with BP Out of Control
Definition: Blood Pressure < 140/90 mmHg or < 150/90 mmHg if ≥ 60 years of age	**Definition:** Blood Pressure ≥ 140/90 mmHg or ≥ 150/90 mmHg if ≥ 60 years of age
Exams: - Annual chronic disease management visit - Adjust medications based on results and/or side effects	**Exams:** - Blood pressure check and medication review every two weeks with follow-up appointment to be determined by physician. - Annual chronic disease management visit
Labs and Imaging: - Fasting lipids annually - CMP annually and PRN - BP annually - Urinalysis to check for protein	**Labs and Imaging:** - Fasting lipids annually - BMP every 3 months or as directed by physician if patient has chronic kidney disease
Evaluations to Consider: N/A	**Evaluations to Consider:** - Microalbumin/Creatinine Ration or Urine Albumin/Creatinine Ration - Renal panel, Lipid panel, Uric Acid, Renin and Aldosterone levels - Ultrasound kidneys and renal artery doppler - 24 hour ambulatory blood pressure monitoring - EKG and 2-D echocardiogram
Patient Engagement: - Offer hypertension education annually - Offer lifestyle changes - weight loss advice or referral if BMI > 30, smoking cessation, exercise plan, alcohol reduction - Offer reconciled medication list and after visit summary at the conclusion of each visit - Consider medication therapy management if > 3 meds	**Patient Engagement:** - Consider medication therapy management with pharmacist consultation for patients who have resistant HTN (> 3 meds) or complex regimen

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Hypertension Care Pathway — Continued

Specialist Consult

When to Refer:

- Resistant HTN (> 3 meds, including diuretic)
- HTN with electrolyte issues (Hypokalemia, Alkalosis, Hyperkalemia) any Proteinuria with GFR < 45
- Severe HTN (SBP > 180)
- HTN in young patients (< 20-25 years old)
- HTN with any amount of proteinuria
- Sudden worsening of HTN in otherwise healthy patient
- Strong family history of HTN in young patient (< 40 years old)
- Uncontrolled HTN with target organ damage (renal disease, heart disease, encephalopathy)

CHI Texas Division

Ask the CIN

Questions? Comments? Concerns?

Please refer to the staff directory below and send us your feedback. We look forward to hearing from you and assisting in any way we can. General questions can be sent through the website at www.chitxcin.org or via email to texasdivisionclinical@stlukeshealth.org.

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