



RHIP Clinical Cardiovascular Disease Workgroup
PacificSource—Mosaic Conference Room (2nd Floor)
2965 NE Conners Avenue, Bend

Agenda: November 22, 2016 from 4:00pm-5:00pm

Call-In Number: 866-740-1260
7-Digit Access Code: 3063523

1. **4:00-4:05** Introductions—All

2. **4:05-4:20** Provider/Patient Cessation Materials Update—Penny Pritchard & Rebeckah Berry

3. **4:20-4:45** Controlling High Blood Pressure QIM—All
 - How can we develop strategies to meaningfully impact this measure?

4. **4:45-4:55** Blood Pressure Control Proposal Update—Mark Backus & Shiela Stewart

5. **4:55-5:00** Action Items—All
 - Next steps

Next Meeting: January 17, 2017 from 4-5pm
(Mosaic Conference Room (2nd Floor) 2965 NE Conners Ave, Bend)



Cardiovascular Disease - Clinical (11)

Mark Backus
Mary Deeter
David Huntly
Alison Little
Summer Phinney
Penny Pritchard
Robert Ross
Emily Salmon
Divya Sharma
Sheila Stewart
Kris Williams

Organization

Cascade Internal Medicine Specialists
La Pine Community Health Center
Epidemiologist - Community Member
PacificSource
Bend Memorial Clinic
Deschutes County Health Services
St. Charles Health System/St. Charles Medical Group
St. Charles Medical Group
Central Oregon IPA & Mosaic Medical
Central Oregon IPA
Crook County Health Department



Coding for Tobacco Screening and Cessation

In 2014, the Patient Protection and Affordable Care Act (ACA) began requiring insurance plans to cover many clinical preventive services (<https://www.healthcare.gov/what-are-my-preventive-care-benefits/>). Two of the covered preventive services include:

- Tobacco use screening for all adults and adolescents
- Tobacco cessation counseling for adults and adolescents who use tobacco, and expanded counseling for pregnant women

Government Payors

Medicare

Medicare Part B covers two levels of tobacco cessation counseling for symptomatic and asymptomatic patients: intermediate and intensive.

Two cessation attempts are covered per 12-month period. Each attempt may include a maximum of four intermediate or intensive counseling sessions. Therefore, the total annual benefit covers up to eight smoking cessation counseling sessions in a 12-month period.

The patient may receive another eight counseling sessions during a second or subsequent year once 11 full months have passed since the first Medicare-covered cessation counseling session took place.

For counseling to qualify for Medicare payment, the following criteria must be met at the time of service:

- Patients must be competent and alert at the time of the counseling is provided.
- Counseling must be provided by a physician or other Medicare-recognized health care professional.

Symptomatic Patients

Symptomatic patients are those who use tobacco and:

- Have been diagnosed with a disease or an adverse health effect that has been found by the U.S. Surgeon General to be linked to tobacco use.
- Take a therapeutic agent for which the metabolism or dosing is affected by tobacco use, based on information approved by the U.S. Food and Drug Administration (FDA).

Both coinsurance and deductible apply.

Use the following codes for symptomatic patients.

HPCPS/CPT CODE	TYPE OF COUNSELING	DESCRIPTION
99406	Intermediate	Smoking and tobacco use cessation counseling visit is greater than three minutes, but not more than 10 minutes
99407	Intensive	Smoking and tobacco use cessation counseling visit is greater than 10 minutes

ICD-9 CM DIAGNOSIS CODE	DESCRIPTION
305.1	Tobacco use disorder
649.0x	Tobacco use disorder complicating pregnancy, childbirth, or puerperium
989.84	Toxic effect of tobacco

ICD-10 CM DIAGNOSIS CODE	DESCRIPTION
F17.200	Nicotine dependence, unspecified, uncomplicated
F17.201	Nicotine dependence, unspecified, in remission
F17.210	Nicotine dependence, cigarettes, uncomplicated
F17.211	Nicotine dependence, cigarettes, in remission
F17.220	Nicotine dependence, chewing tobacco, uncomplicated
F17.221	Nicotine dependence, chewing tobacco, in remission
F17.290	Nicotine dependence, other tobacco product, uncomplicated
F17.291	Nicotine dependence, other tobacco product, in remission

Asymptomatic Patients

Asymptomatic patients are those who use tobacco but do not have symptoms of tobacco-related disease.

Both coinsurance and deductible are waived.

Use the following CPT codes for asymptomatic patients.

HPCPS/CPT CODE	TYPE OF COUNSELING	DESCRIPTION
G0436	Intermediate	Smoking and tobacco use cessation counseling visit greater than three minutes, but not more than 10 minutes.

G0437 Intensive Smoking and tobacco use cessation counseling visit is greater than 10 minutes.

ICD-9 CM DIAGNOSIS CODE	DESCRIPTION
305.1	Tobacco use disorder
V15.82	Personal history of tobacco use
ICD-10 CM DIAGNOSIS CODE	DESCRIPTION
F17.200	Nicotine dependence, unspecified, uncomplicated
F17.201	Nicotine dependence, unspecified, in remission
F17.210	Nicotine dependence, cigarettes, uncomplicated
F17.211	Nicotine dependence, cigarettes, in remission
F17.220	Nicotine dependence, chewing tobacco, uncomplicated
F17.221	Nicotine dependence, chewing tobacco, in remission
F17.290	Nicotine dependence, other tobacco product, uncomplicated
F17.291	Nicotine dependence, other tobacco product, in remission
Z87.891	Personal history of nicotine dependence

Medicaid

Many states offer some payment for individual tobacco cessation and treatment counseling for Medicaid patients. For example, the ACA requires states to expand Medicaid coverage of cessation services for pregnant women. You are encouraged to contact your state Medicaid office for coverage information in your specific state.

The Centers for Medicare and Medicaid Services encourage state partners to support smoking cessation by ensuring coverage of all FDA-approved smoking cessation medication (prescription and over-the-counter [OTC]) without a copayment requirement or other financial barrier.

Private/Commercial Insurance Carriers

Private insurers are required to provide evidence-based tobacco cessation counseling and interventions to all adults and pregnant women. Private payer benefits are subject to specific plan policies. **Check with individual insurance plans to determine what specific interventions are included and the extent to which these interventions are covered.**

HPCPS/CPT CODE	TYPE OF COUNSELING	DESCRIPTION
99406	Intermediate	Smoking and tobacco use cessation counseling visit is greater than three minutes, but not more than 10 minutes
99407	Intensive	Smoking and tobacco use cessation counseling visit is greater than 10 minutes
S9075	Smoking cessation treatment	
S9453	Smoking cessation classes	Non-physician provider, per session
99381-99397	Preventive medicine services	Comprehensive, preventive evaluation based on age and gender to include appropriate history, examination, counseling/anticipatory guidance, risk factor reduction interventions, and related plan of care.
99078	Physician educational services	Group setting (e.g., prenatal, obesity, diabetes)
SUGGESTED TOBACCO-RELATED ICD-9 CM DIAGNOSIS CODES		DESCRIPTION
305.1		Tobacco use disorder
649.0x		Tobacco use disorder complicating pregnancy, childbirth, or puerperium
989.84		Toxic effect of tobacco

Self-Pay Patients and Uninsured Patients

Resources for patients who do not have insurance coverage or who have limited coverage by their insurance carrier include the following:

- Quitline: 1-800-QUIT-NOW (1-800-784-8669)
- Flexible spending accounts, if smoking cessation is an allowable expense
- Employee assistance programs (EAP), in some cases
- Community resources and support groups
- Out-of-pocket spending

- Online resources
 - Centers for Disease Control and Prevention
 - [How to Quit](http://www.cdc.gov/tobacco/quit_smoking/how_to_quit/) (http://www.cdc.gov/tobacco/quit_smoking/how_to_quit/)
 - [Tips From Former Smokers](http://www.cdc.gov/tobacco/campaign/tips/) (<http://www.cdc.gov/tobacco/campaign/tips/>)
 - [Quit Smoking](http://www.cdc.gov/tobacco/quit_smoking/) (http://www.cdc.gov/tobacco/quit_smoking/)
 - U.S. Department of Health and Human Services
 - [Smokefree.gov](http://smokefree.gov/) (<http://smokefree.gov/>)
 - SmokefreeTXT (smokefree.gov)

Coding for Tobacco Screening and Cessation -- Tobacco and Nicotine
<http://www.aafp.org/patient-care/public-health/tobacco-nicotine/coding-reference.html>

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Controlling High Blood Pressure (NQF 0018/CMS 165v4)

Measure Basic Information

Name and date of specifications used: Meaningful Use 2016 electronic Clinical Quality Measure (eCQM) Specifications for Eligible Professionals, June 2015 Update.

URL of Specifications:

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html
(click on “2016 eCQM Specifications for Eligible Professionals Update June 2015” for the specification files, including quality data model (QDM) data elements).

Note: eCQM specifications have the potential to update every six months. Once certified, electronic health records (EHRs) are not required to be recertified with the updated specifications. OHA will accept year ~~three~~ **four** data submissions from previous releases of the eCQM specifications, but CCOs will need to document the date of the specifications they are using.

Measure Type:

HEDIS PQI Survey Other Specify: Meaningful Use

Measure Utility:

CCO Incentive Core Performance CMS Adult Set CHIPRA Set State Performance
Other Specify:

Data Source: Electronic Health Records

Measurement Period: Calendar Year 2016

OHA will publish the Year Four guidance document ~~by the end of Q1~~ **in August** 2016.

2013 Benchmark: n/a

2014 Benchmark: n/a

2015 Benchmark: 64%, from the 2014 national Medicaid 75th percentile.

2016 Benchmark: 69.0%, from the 2015 national Medicaid 90th percentile.

Changes in Specifications from 2015 to 2016: Changes are documented in the 2015 Annual Update of 2014 Eligible Hospitals and Eligible Professionals eCQMs Technical Release Notes available online at <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EHandEPTRN.pdf>

Changes to this measure include:

Value Set Name	Value Set OID	Status

Other Services Related to Dialysis	2.16.840.1.113883.3.464.1003.109.12.1015	Added 2 SNOMED Codes (251000124108, 311000124103)
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Denied claims: n/a

Measure Details

Data elements required denominator: Patients 18-85 years of age who had a diagnosis of essential hypertension¹ within the first six months of the measurement period or any time prior to the measurement period and who received a qualifying outpatient service during the measurement period:

Qualifying Outpatient Service	Grouping Value Set ²
Office Visit	Office Visit Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1001)
Face-to-Face Interaction	Face-to-Face Interaction Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1048)
Preventive Care Services – Established Office Visit, 18 and Up	Preventive Care Services - Established Office Visit, 18 and Up Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1025)
Preventive Care Services – Initial Office Visit, 18 and Up	Preventive Care Services-Initial Office Visit, 18 and Up Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1023)
Home Healthcare Services	Home Healthcare Services Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1016)
Annual Wellness Visit	Annual Wellness Visit Grouping Value Set (2.16.840.1.113883.3.526.3.1240)

Required exclusions for denominator: Patients with:

¹ Essential hypertension is identified using the Essential Hypertension Grouping Value Set (2.16.840.1.113883.3.464.1003.104.12.1011).

² Grouping Value Sets are lists of specific values (terms and their codes) derived from single or multiple standard vocabularies used to define clinical concepts (e.g. patients with diabetes, clinical visit, reportable diseases) used in clinical quality measures and to support effective health information exchange. Value Sets can be accessed through the Value Set Authority Center (VSAC) at the National Library of Medicine. <https://vsac.nlm.nih.gov/>

Exclusions	Grouping Value Set
Evidence of end stage renal disease (ESRD)	End Stage Renal Disease Grouping Value Set (2.16.840.1.113883.3.526.3.353) ESRD Monthly Outpatient Services Grouping Value Set (2.16.840.1.113883.3.464.1003.109.12.1014)
Chronic Kidney Disease, Stage 5	Chronic Kidney Disease, Stage 5 Grouping Value Set (2.16.840.1.113883.3.526.3.1002)
Dialysis or renal transplant before or during the measurement period	Vascular Access for Dialysis Grouping Value Set (2.16.840.1.113883.3.464.1003.109.12.1011) Kidney Transplant Grouping Value Set (2.16.840.1.113883.3.464.1003.109.12.1012) Dialysis Services Grouping Value Set (2.16.840.1.113883.3.464.1003.109.12.1013) Other Services Related to Dialysis Grouping Value Set (2.16.840.1.113883.3.464.1003.109.12.1015) Dialysis Education Grouping Value Set (2.16.840.1.113883.3.464.1003.109.12.1016)
A diagnosis of pregnancy during the measurement period.	Pregnancy Grouping Value Set (2.16.840.1.113883.3.526.3.378)

Deviations from cited specifications for denominator: None.

Data elements required numerator: Patients whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure <140 mmHg and diastolic blood pressure <90 mmHg) during the measurement period.

Note only blood pressure readings performed by a clinician in the provider office are acceptable for numerator compliance with this measure. Blood pressure readings from the 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.”

Required exclusions for numerator: None.

Deviations from cited specifications for numerator: None.

What are the continuous enrollment criteria:

There are no continuous enrollment criteria required for this measure. Where possible, CCOs should apply the eligibility rule of ‘eligible as of the last date of the reporting period’ to identify beneficiaries. OHA’s preference is to receive data for Medicaid beneficiaries only, but data for the entire population may be submitted if the data is in aggregate.

What are allowable gaps in enrollment: n/a

Define Anchor Date (if applicable): n/a

For more information:

- Value Sets can be accessed through the Value Set Authority Center (VSAC) at the National Library of Medicine . <https://vsac.nlm.nih.gov/>
- How to read eCQMs: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Guide_Reading_EP_Hospital_eCQMs.pdf
- CMS’s eCQMs: <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html>
- Year Four guidance will be available online at: <http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx>

Version Control

12/24/2015 – 2016 Benchmark source was corrected to 2015 national Medicaid 90th percentile (previously stated 75th percentile due to a scrivener’s error)

1/28/2016 – Instructions under “URL of specifications” were updated with correct date (previously said 2014 instead of 2016, due to a scrivener’s error)

7/12/2016 – Updated dates under “URL of specifications” (previously said year three instead of year four, due to a scrivener’s error) and “Measurement Period” (to reflect correct timing for Year 4 Guidance).

RHIP Workgroup Updates: October

Behavioral Health: Identification & Awareness (Support: Rebeckah Berry & Steve Strang)

- This group meets the fourth Tuesday of every month from 8:15-9:15am and currently has 20 members.
- In October, the group discussed the RHIP health indicator of how they would begin to develop a baseline of successful referral and engagement in specialty care from primary care. The group will begin by working with the four primary care clinic settings throughout the region that have agreed to pilot this effort. In November, the group will be reviewing more RHIP proposals as well as continuing their involvement in the MindYourMind regional campaign.

Behavioral Health: Substance Use and Chronic Pain (Support: Rebeckah Berry & Rick Treleaven)

- This group meets the third Wednesday of every month from 4-5pm and currently has 23 members.
- In October the group edited and finalized a clear and standardized pathways algorithm for patients who display substance use risk within primary care settings. The group discussed additional accompanying documents that will be shared and developed along with this algorithm. A sub-group of organizations that agreed to pilot expedited referrals to treatment met for the first time this month and worked out basic action steps to begin their efforts.

Cardiovascular Disease—Clinical (Support: Rebeckah Berry)

- This group meets the fourth Tuesday of every month from 4-5pm and currently has 11 members.
- In October this group finalized patient education documents around proper blood pressure procedures and things that raise blood pressure. These documents are being shared broadly with clinics, and the group is working to translate them into Spanish. The group also discussed the e-referral pilot for the Tobacco Quit Line, (target date of 6/30/17) and provided further input on a blood pressure control education RHIP proposal.

Diabetes—Clinical (Support: Rebeckah Berry & Megan Bielemeier)

- This group meets the second Thursday of every month from 9-10am and currently has 11 members.
- In October the group finalized a pathway/algorithm for assertively addressing Pre-Diabetes within a primary care setting. Final edits have been made to this algorithm and steps to share this and additional supporting resources are being outlined for our region. The group is waiting to hear about the Grand Rounds presentation on Pre-Diabetes for Spring 2017. The group plans to roll out their educational information in alignment with Grand Rounds.

Cardiovascular Disease & Diabetes—Prevention (Support: MaCayla Arsenault & Channa Lindsay)

- This group meets the fourth Tuesday of every month from 3:30-5pm and currently has 25 members.
- In October, the workgroup went through a consensus workshop to agree on broad strategies addressing unhealthy diet and nutrition. They revisited the strategies they developed around increasing physical activity and determined they want to initially focus on promoting school based physical activity (P.A.) and education/awareness around active modes of transportation and existing programs. They also created a subcommittee to explore best ways to support increasing P.A. in schools. In the coming months the workgroup will be selecting and implementing specific strategies.

RHIP Workgroup Updates: October

Oral Health (Support: Donna Mills & Suzanne Browning)

- This group meets the third Tuesday of every month from 11-12pm and currently has 23 members.
- The workgroup reviewed the living workplan as a matter of course. This will be a recurring exercise to affirm direction and accurate reporting up to the Ops Council. A 'fishbone diagram' exercise was executed around the Clinical Goal of Improving Oral Health for Pre-Post Natal Women. This exercise will enable the workgroup to prioritize next action steps. The prioritization will happen over email in the month of November, as there will not be a meeting in November. Suzanne Browning is moving away due to her husband's health; she has stepped down as the workgroup lead. MaryAnn Wren has stepped up to lead the group with the group's endorsement.

Reproductive Health/Maternal Child Health (Support: Donna Mills & Muriel DeLaVergne-Brown)

- This group meets the second Tuesday of every month from 4-5pm and currently has 22 members.
- This group did not meet in October.

Social Determinants of Health

- This group meets the third Friday of every month from 10-11:30am and currently has 28 members in Kindergarten Readiness and 32 members in Housing.

Education & Health (Support: Donna Mills & Desiree Margo)

- In October the workgroup reviewed the living workplan as a matter of course. This will be a recurring exercise to affirm direction and accurate reporting up to the Ops Council. Courtney Snead with Let's Talk Diversity presented to the group as a matter of education. Ken Wilhelm from United Way presented on the TRACE's steering committee's progress. Kat Mastrangelo shared a draft version of a timeline for using data to instruct our next steps regarding which school catchment areas in which to focus first. The group will meet again in December.

Housing (Support: Bruce Abernathy & MaCayla Arsenault)

- In October, the workgroup discussed ways to coordinate their efforts with six other housing workgroups in Central Oregon. Representatives from four of the workgroups met to discuss ways to collaborate, share resources, and avoid duplication. The workgroup would also like to work with others to develop and capture stories to shape public opinion and share with the legislature. They want to broaden their research scope to identify demographics in each community by occupation to identify specific housing needs.