Comprehensive CVD Measure

Chris Lamer PharmD, MHS, BCPS, CDE
Federal Lead, Clinical Reporting System

Mark Veazie, DR. P.H.
Health Metrics & Evaluation Consultant
Native American Cardiology - Phoenix
Chinle Division of Public Health - Navajo
Discuss history of the measure
Review the logic for the measure
Differentiate GPRA logic from GPRA Dev logic
Look at how we meet the measure
Discuss the logic and methods for documentation for each component of the measure
Discuss ways to improve documentation
Comprehensive CVD Measure

- GPRA Measure
- GPRA Development Measure
- GPRAMA Measure
<table>
<thead>
<tr>
<th>GPRA 2012</th>
<th>GPRAMA 2013 GPRA Dev 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>IHD patients</td>
<td>CHD patients</td>
</tr>
<tr>
<td>BP Documented</td>
<td>BP Documented</td>
</tr>
<tr>
<td>LDL in past 5 years</td>
<td>LDL in past year</td>
</tr>
<tr>
<td>Screened for tobacco</td>
<td>Screened for tobacco</td>
</tr>
<tr>
<td>BMI Calculated</td>
<td>BMI Calculated</td>
</tr>
<tr>
<td>Lifestyle Counseling</td>
<td>Lifestyle Counseling</td>
</tr>
<tr>
<td><strong>Depression Screening</strong></td>
<td><strong>Depression Screening</strong></td>
</tr>
<tr>
<td><strong>BMI Refused</strong></td>
<td></td>
</tr>
</tbody>
</table>
Denominators

**GPRA 2012**

- Active clinical patients
- Age 22 years and older
- At least 2 visits
- POV 410.0-412.*, 414.0-414.9, 428.* or 429.2

**GPRAMA 2013**

- Active clinical patients
- Age 22 years and older
- At least 2 visits
- POV 410.0-413.*, 414.0-414.9, 429.2, or v45.81
- CPT 33510-33513, 33516-33519, 33521-33523, 33533-33536, s2205-s2209, 92980, 92982, 92995, G0290
- Procedure 36.1*, 36.2*, 00.66, 36.01, 36.02, 36.05, 36.06-36.07
Targets

GPRA 2012 40.6%

GPRAMA 2013 32.3%
Numerators

- Patients with BP value documented at least twice in prior two years.
- Patients with LDL completed in past year (GPRAMA), regardless of result.
- Patients who have been screened for tobacco use during the report period.
- BMI Available: Patients for whom a BMI could be calculated.
- Lifestyle Counseling: Patients who have received any lifestyle adaptation counseling, including medical nutrition therapy, or nutrition, exercise or other lifestyle education during the current report period.
- GPRA: Patients with comprehensive CVD assessment, defined as having BP, LDL, and tobacco use assessed, BMI calculated and lifestyle counseling.
- Refusal of BMI: Patients who refused a height or weight measurement and for whom a BMI could not be calculated.
- Patients screened for depression or diagnosed with a mood disorder at any time during the report period.
Measure by Component

- **2008**
  - BP Assessed
  - BMI Assesement

- **2009**
  - LDL Assessed
  - Lifestyle Counseling

- **2010**
  - Tobacco Assessment
  - Comp CVD (overall measure)

- **2011**
  - BP Assessed
  - BMI Assesement
  - LDL Assessed
  - Lifestyle Counseling
  - Tobacco Assessment
  - Comp CVD (overall measure)
Measure by Component

- BP Assessed
- LDL Assessed
- Tobacco Assessment
- BMI Assessment
- Lifestyle Counseling
- Comp CVD (overall measure)

Colors represent:
- 2008
- 2009
- 2010
- 2011
Average rate across 12 IHS Areas, coefficient of variation, and difference between 95\textsuperscript{th} and 75\textsuperscript{th} percentiles by component of Comprehensive CVD GPRA Indicator

<table>
<thead>
<tr>
<th>Component</th>
<th>Average across 12 IHS Areas</th>
<th>CV% *</th>
<th>95-75\textsuperscript{tile}*</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP Assessed</td>
<td>92</td>
<td>3.3</td>
<td>0.15</td>
</tr>
<tr>
<td>Tobacco</td>
<td>83</td>
<td>7.0</td>
<td>1.34</td>
</tr>
<tr>
<td>BMI</td>
<td>86</td>
<td>7.0</td>
<td>4.96</td>
</tr>
<tr>
<td>Lifestyle</td>
<td>43</td>
<td>21.9</td>
<td>7.11</td>
</tr>
<tr>
<td>Comprehensive—All vs. None</td>
<td>29</td>
<td>25.7</td>
<td>4.26</td>
</tr>
<tr>
<td>Comprehensive--Average</td>
<td>80</td>
<td>4.6</td>
<td>-</td>
</tr>
<tr>
<td>Depression Screening</td>
<td>72</td>
<td>16.0</td>
<td>5.29</td>
</tr>
</tbody>
</table>

\textit{*CV\%=Coefficient of Variation=standard deviation expressed as a percent of the average rate.}

\textit{Answers: Is there enough variation for meaningful comparisons between sites?}

\textit{*Difference between the 95\textsuperscript{th}-75\textsuperscript{th} percentile.}

\textit{Answers: Is the measure topped out with respect to the highest performers?}
Blood Pressure

• Having a minimum of two BPs documented on non-ER visits in past two years.

• If CRS does not find two BPs, it will search for CPT 0001F, 2000F, 3074F–3080F or POV v81.1 documented during the past two years.

GPRA Exclusion: ER visits

GPRAMA Exclusion: Service category: Hospitalization, In Hospital, Day Surgery, Observation; Clinic code: Surgical, ER, Day surgery, Neurosurgery, Anesthesiology
LDL

• Finds the most recent test done in the last year, regardless of the results of the measurement.

• LDL Definition
  • CPT 80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F
  • LOINC taxonomy
  • Site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX
Tobacco Screening

• Any health factor for category Tobacco, TOBACCO (SMOKING), TOBACCO (SMOKELESS–CHEWING/DIP), or TOBACCO (EXPOSURE) documented during current report period

• Tobacco-related diagnoses (POV or current Active Problem List) 305.1, 305.1* (old codes), 649.00–649.04, or V15.82

• Dental code 1320

• Any patient education code containing "TO-", "-TO", "-SHS", 305.1, 305.1* (old codes), 649.00–649.04, V15.82, D1320, 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, 1036F, 1000F, G8455-G8457 (old codes), G8402 (old code) or G8453 (old code)

• CPT D1320, 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, 1036F, 1000F, G8455-G8457 (old codes), G8402 (old code) or G8453 (old code)
**ASK**

Do you smoke tobacco?
(Cigarettes, Cigars, Pipe)

- Never Smoked
- Current Smoker
  - Current EVERY day smoker
  - Current SOME day smoker
  - Current Smoker but smoking status is unknown
- Cessation Smoker
  - First 6 months after quitting
- Previous (former) Smoker
  - Quit for more than 6 months
- Smoking Status Unknown

**ASK**

Do you use smokeless tobacco?
(Chewing tobacco, Snuff, Dip)

- Never used Smokeless Tobacco
- Current Smokeless
- Cessation Smokeless
  - First 6 months after quitting
- Previous (former) Smokeless
  - Quit for more than 6 months
- Smokeless Tobacco Status Unknown

**ASK**

Are you exposed to tobacco smoke in the home or at work?

- Smoker in the Home
- Smoke Free Home
- Exposure to Environmental Tobacco Smoke
Health Factors: Smoking

- This health factor is used to document whether the patient smokes tobacco (cigarettes, pipe, or cigars) or has a history of smoking.

  - Using the Smoking Assessment Health Factor
    - Ask the patient if he or she smokes tobacco or has smoked tobacco in the past (cigarettes, pipe, or cigars).
    - Ask the patient if he or she smokes tobacco products for cultural or religious purposes.

  - Document the Smoking Assessment factor screening results using the values in the table.
# Smoking Assessment

<table>
<thead>
<tr>
<th><strong>HEALTH FACTOR</strong></th>
<th><strong>DEFINITION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Current every day smoker</td>
<td>Currently smokes tobacco (cigarettes, cigars, pipe, etc.) every day</td>
</tr>
<tr>
<td>Current some day smoker</td>
<td>Currently smokes tobacco (cigarettes, cigars, pipe, etc.) on some days (but not every day)</td>
</tr>
<tr>
<td>Current smoker, status unknown</td>
<td>Currently smokes tobacco (cigarettes, cigars, pipe, etc.) but the amount smoked is unknown</td>
</tr>
<tr>
<td>Cessation smoker</td>
<td>Is transitioning from a Current Smoker to a Previous Smoker. The time period between the stop date and the present date is less than 6 months.</td>
</tr>
<tr>
<td>Previous (former) smoker</td>
<td>Has quit smoking tobacco for 6 months or more</td>
</tr>
<tr>
<td>Ceremonial Use</td>
<td>Uses tobacco for ceremonial or religious purposes only</td>
</tr>
<tr>
<td>Never smoked</td>
<td>Does not and has never smoked tobacco products</td>
</tr>
<tr>
<td>Smoking status unknown</td>
<td>Unable to assess the patient’s smoking status (they may be unconscious or unresponsive)</td>
</tr>
</tbody>
</table>
Health Factor: Smokeless

• This health factor is used to document whether the patient uses smokeless tobacco (chewing tobacco, dip) or has a history of using smokeless tobacco.
  – Using the Smokeless Tobacco Use Health Factor
    • Ask the patient if he or she uses smokeless tobacco products (Chewing tobacco, snuff, dip, etc.).
  – Document the health factor screening results using the values in the table.
## Smokeless Tobacco Assessment

<table>
<thead>
<tr>
<th>HEALTH FACTOR</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Smokeless</td>
<td>Currently uses smokeless tobacco (chew, dip, snuff, etc.)</td>
</tr>
<tr>
<td>Cessation smokeless</td>
<td>Is transitioning from a Current Smokeless tobacco user to a Previous Smokeless tobacco user. The time period between stopping smokeless tobacco and the present date is less than 6 months.</td>
</tr>
<tr>
<td>Previous (former) smokeless</td>
<td>Has quit smokeless tobacco for 6 months or more</td>
</tr>
<tr>
<td>Never used smokeless tobacco</td>
<td>Does not and has never used smokeless tobacco products</td>
</tr>
<tr>
<td>Smokeless tobacco status unknown</td>
<td>Unable to assess the patient’s smokeless tobacco use status (they may be unconscious or unresponsive)</td>
</tr>
</tbody>
</table>
Health Factor: Environmental

• This health factor is used to document whether the patient is exposed to tobacco smoke at home or work.

  – Using the Tobacco Use and Exposure Health Factor
    • Ask the patient if he or she is exposed to tobacco smoke at work.
    • Ask the patient if anyone uses tobacco products at home.

  – Document the health factor screening results using the values in the table.
## Environmental Tobacco Smoke

<table>
<thead>
<tr>
<th>HEALTH FACTOR</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exposure to Environmental Tobacco Smoke</td>
<td>Is exposed to secondhand smoke at work or outside the home</td>
</tr>
<tr>
<td>Smoker in Home</td>
<td>Is exposed to secondhand smoke at home</td>
</tr>
<tr>
<td>SmokeFree Home</td>
<td>No exposure to tobacco smoke at home</td>
</tr>
</tbody>
</table>
Documenting in EHR

Health Factors

Add Health Factor

Visit Date: 02/02/1994

Items:
- ACTIVITY LEVEL
- ALCOHOL/DRUG
- ASTHMA TRIGGERS
- BARRIERS TO LEARNING
- CONFIDENCE IN MANAGING HEALTH PROBLEMS
- DIABETES SELF MONITORING
- LEARNING PREFERENCE
- OCCUPATION
- TB STATUS
- TOBACCO (EXPOSURE)
- TOBACCO (SMOKELESS - CHEWING/DIP)
- TOBACCO (SMOKING)

Comment:
Documenting in EHR

1. Health Factors
2. Optional
3. Add Health Factor
Documenting in EHR

Repeat for Smokeless and Exposure Health Factors
CRS calculates BMI at the time the report is run, using NHANES II.

- Age 19 through 50, height and weight must be recorded within last 5 years, not required to be on the same day.
- Age over 50, height and weight within last 2 years not required to be recorded on same day.
Lifestyle Counseling

- **Medical Nutrition Therapy**
  - CPT 97802–97804, G0270, G0271
  - Primary or secondary provider codes 07, 29, 97, 99
  - Clinic Codes 67 (dietary) or 36 (WIC)

- **Nutrition education:**
  - POV V65.3 dietary surveillance and counseling
  - Patient education codes ending “-N” (Nutrition) or “-MNT” or containing V65.3 (or old code “-DT” (Diet))

- **Exercise education:**
  - POV V65.41 exercise counseling
  - Patient education codes ending “-EX” (Exercise) or containing V65.41

- **Related exercise and nutrition education:**
  - Patient education codes ending “-LA” (lifestyle adaptation) or containing “OBS-” (obesity) or 278.00 or 278.01.
### Patient Education Codes

<table>
<thead>
<tr>
<th>Topic</th>
<th>Sub-Topic</th>
<th>Readiness to Learn</th>
<th>Level of Understanding</th>
<th>Provider</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education Code</td>
<td>- Mnemonic (TO, HTN)</td>
<td>- Receptive</td>
<td>- Good</td>
<td>N - Nutrition</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- ICD9 Code</td>
<td>- Eager</td>
<td>- Fair</td>
<td>P - Prevention</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- CPT Code</td>
<td>- Unreceptive</td>
<td>- Poor</td>
<td>PRO - Procedures</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Distraction</td>
<td>- Refused</td>
<td>S - Safety</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Intoxication</td>
<td>- Group</td>
<td>TE - Tests</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Severity of illness</td>
<td></td>
<td>TX - Treatment</td>
<td></td>
</tr>
</tbody>
</table>

- AP - Anatomy & Physiology
- C - Complications
- DP - Disease Process
- EQ - Equipment
- EX - Exercise
- FU - Follow-up

- HM - Home Management
- HY - Hygiene
- LA - Lifestyle Adaptations
- L - Literature
- M - Medications
- MNT – Med Nutrition Tx
Adding Patient Education

You can see the PEPC manual
Outcome and Standards

OUTCOME:
The patient/family will understand that tobacco cessation will improve quality of life. Use is a serious health threat, may be more mo

STANDARD:
1. Advise the patient to quit.
2. Discuss that readiness and personal motivation are key components to quitting.
3. Review the treatment, medication, and support options available to the patient/family. Make referrals as appropriate. Refer to T0-IR
4. Review the value of frequent follow up and support during the first months of cessation.
Select the code you want

Select the patient ed code
Readiness to learn will be added soon
Use pick lists to select multiple education codes at the same time.
<table>
<thead>
<tr>
<th>Action</th>
<th>Chronic</th>
<th>Outpatient Medications</th>
</tr>
</thead>
</table>
|        |         | AMOXICILLIN 250MG CAP  Qty 10 for 4 days  
 |        |         | Sig: TAKE ONE (1) CAPSULE BY MOUTH EVERY 12 HOURS |
|        | ✓       | CLONIDINE 0.2MG TAB  Qty 60 for 30 days  
 |        |         | Sig: TAKE ONE (1) TABLET BY MOUTH TWICE A DAY FOR BLOOD PRESSURE |
|        |         | TRIAMCINOLONE 75MCG/SPRAY INH Qty 60 for 30 days  
 |        |         | Sig: INHALE 2 PUFFS BY MOUTH EVERY 12 HOURS SHAKE WELL |
|        |         | ROSIGLITAZONE 4MG TAB  Qty 180 for 90 days  
 |        |         | Sig: TAKE ONE (1) TABLET BY MOUTH TWICE A DAY FOR DIABETES |
Rosiglitazone
(roe si glit' a zone)

**Why is this medication prescribed?**
- Glucose (sugar) in the blood is controlled by insulin, a natural substance produced by the body. There are several types of diabetes. Some types require the use of insulin. Rosiglitazone is used to help control blood sugar in people with type 2 diabetes who are not able to control their blood sugar with diet, exercise, and other medications.

**How should this medicine be used?**
- Follow the instructions carefully. Rosiglitazone is usually taken with a meal to help prevent stomach upset. If you miss a dose, take it as soon as you remember. However, if it is near the time of the next dose, skip the missed dose and continue with your regular dosing schedule. Do not take a double dose of this medication.

**What special precautions should I follow?**
- Follow all directions carefully. Do not use this medication for a different condition or for longer than you are told. Do not give this medication to other people, even if they have the same symptoms. This medication is for use in the United States only.

**What side effects can this medication cause?**
- See list below for a list of side effects. Note that not all possible side effects are listed.

**Notice:**
- [UPDATED 02/04/2011] FDA notified healthcare professionals and patients that information on the cardiovascular risks (including heart attack) of rosiglitazone has been added to the physician labeling and patient Medication Guide. This information was first announced by FDA on September 23, 2010 as part of new restrictions for prescribing and use of this drug.

Rosiglitazone is sold as a single-ingredient product under the brand name Avandia. Rosiglitazone is also sold as a combination product under the brand name Avandamet (contains rosiglitazone and metformin) and under the brand name Avandaryl (contains rosiglitazone and glimepiride).
BMI Refusals

• Refusals of a height and weight measurement include REF, NMI, and UAS and must be documented during the past year. For ages 19 and older, the height and the weight must be refused during the past year and are not required to be on the same visit.
Depression Screening

- Depression Screening:
  - Exam Code 36
  - POV V79.0
  - CPT 1220F
  - BHS Problem Code 14.1 (screening for depression)
  - V Measurement in PCC or BH of PHQ2 or PHQ9

- Mood Disorder DX
  - At least two visits in PCC or BHS during the report period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS.
    - These POV codes are: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 or BHS POV 14 or 15
    - Suicide ideation: POV v62.84, BHS problem code 39 during the report period
# Depression Screening

## PROBLEM FREQUENCY RATING

<table>
<thead>
<tr>
<th>PROBLEM</th>
<th>FREQUENCY</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Little interest or pleasure in doing things</td>
<td>Not at all</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Several days</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>More than half the days</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Nearly every day</td>
<td>3</td>
</tr>
<tr>
<td>b) Feeling down, depressed, or hopeless</td>
<td>Not at all</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Several days</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>More than half the days</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Nearly every day</td>
<td>3</td>
</tr>
</tbody>
</table>

Total PHQ-2 Score Range: 0-6

## SCORE RESULT

<table>
<thead>
<tr>
<th>SCORE</th>
<th>RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rating 0-2</td>
<td>Depression screening exam code result: NEGATIVE</td>
</tr>
<tr>
<td>Rating 3-6</td>
<td>Depression screening exam code result: POSITIVE</td>
</tr>
</tbody>
</table>
Discussion
Patient's active iCare Diagnostic Tag is CVD Highest Risk

No ASA prescribed: Patient is over 30 years old and not documented as currently on ASA, Warfarin medications or any other anti-platelet therapy. Consider aspirin or alternative, if not contraindicated.

High BP: At least 2 recent BP values for this patient were greater than (>)= 130/80. Consider more aggressive anti-hypertensive therapy.

Treatment Recommendation: This patient has the following documented condition(s):
- HTN
- High BP
Consider an ACE Inhibitor or an ARB, if not contraindicated.

No LDL: Patient has no documented LDL in past year. Needs lipid evaluation, either fasting LP or lipid profile with direct LDL.

Low HDL: On Mar 16, 2006, patient's HDL was 32. Consider therapeutic lifestyle changes and medical intervention if needed.

No EKG: Patient has no documented EKG ever. EKG should be ordered.

No Recent Nutrition Education: Discuss and document nutrition education with this patient.

---

Measurements:
- [ ] -- Height:
- [ ] -- Weight:
- [ ] Blood Pressure:

Orders
- [ ] Ordered EKG
  - [ ] per standing order
  - [ ] per provider order
  - [ ] per provider referral
- [ ] Ordered lipid profile
  - [ ] per standing order
  - [ ] per provider order
  - [ ] per provider referral

Education
- [ ] Health Promotion Disease Prevention-Exercise education provided.
- [ ] Health Promotion Disease Prevention-Nutrition education provided.

Tobacco use and exposure
- [ ] -- Tobacco Use Assessment --
- [ ] -- Tobacco Exposure Assessment --

* Indicates a Required Field
Numerators

- Patients with BP value documented at least twice in prior two years.
- Patients with LDL completed in past five years, regardless of result.
- Patients who have been screened for tobacco use during the report period.
- BMI Available: Patients for whom a BMI could be calculated.
- Lifestyle Counseling: Patients who have received any lifestyle adaptation counseling, including medical nutrition therapy, or nutrition, exercise or other lifestyle education during the current report period.
- GPRA: Patients with comprehensive CVD assessment, defined as having BP, LDL, and tobacco use assessed, BMI calculated and lifestyle counseling.
- Refusal of BMI: Patients who refused a height or weight measurement and for whom a BMI could not be calculated.
- Patients screened for depression or diagnosed with a mood disorder at any time during the report period.