

To: NHC Providers and Practice Leaders
From: James DomDera, MD, Population Health Medical Director

All,

Quick update today:

NHC CARE MANAGEMENT

As COVID numbers begin to stabilize and vaccines are available to many, NHC Care Managers will be returning to in-office visits as indicated. Care Managers will continue to wear masks and practice physical distancing according to CDC and Summa Health guidelines. In the event a patient should have symptoms suggestive of COVID, additional protective PPE such as eye wear may be donned as well. Our Care Managers are looking forward to returning to in-office visits to meet the needs of our patients and our offices. If you have any questions, feel free to reach out to Ryan Turpin turpint@summahealth.org.

QUALITY DASHBOARDS

The Q4 2020 Quality Dashboard will be distributed soon to your practice's clinical or administrative leadership. The dashboard is a labor-intensive endeavor, relying on multiple data sources that must be culled and compiled. We've noticed some data integrity issues with the dashboard -- for example, different EHRs have different version of HEDIS metrics loaded, which results in disparate numerators and denominators between practices. I'm mentioning this now because we will be working on changing the format of the dashboard to help us achieve our goal of improving practice performance while at the same time maintaining transparency.

SUPD

Statin Use in Persons with Diabetes. SUPD.

It's probably our most hated metric -- not because of its importance. But because of the lack of exceptions. And as those of us taking care of patients on a daily basis know, there are plenty of reasons why a diabetic patient might not be on a statin. Let's back up and level set here; SUPD is defined as persons with diabetes with ≥ 1 prescription claims for a statin medication during the measurement year, divided by persons ages 40 to 75 years with ≥ 2 prescription claims on different dates of service for any diabetes medication during the measurement year.

Previous exceptions were limited to patients in hospice or those with ESRD. The Pharmacy Quality Alliance, this measure's steward, has updated the exclusions to include: Rhabdomyolysis or myopathy; Pregnancy, lactation, or fertility; Liver disease; Pre-diabetes; Polycystic ovary syndrome (PCOS).

(Source: <https://www.pqaalliance.org/measures-overview#supd>)

Stay tuned throughout this year for more specifics about this metric, as this is actively changing and payers often slowly adapt to metric changes. But practically, if you have a diabetic patient not on a statin for one of these exclusions, be sure to both document it and code it. While we try to get clinical data to our payers, often our metric performance is based solely on claims data -- which is why having the ICD for these exclusions can be useful. If you have questions, feel free to reach out to our Population Health Pharmacist, Jess Keller kellerjj@summahealth.org.

AND FINALLY

We're over a year into this pandemic, and I'm hopeful there is light at the end of the tunnel. As I sit back and reflect on how much has changed in the past year, I would encourage all of you to recognize each other and the dangerous fight we are waging. We are literally putting our lives on the line: in this first year of COVID, almost 4,000 healthcare providers have lost their lives battling this virus. (Source: <https://khn.org/news/article/us-health-workers-deaths-covid-lost-on-the-frontline/>) Thank you for your efforts. Thank you for caring for our community. Thank you for your dedication and sacrifice.

Be safe, and we'll get through this together.

...james

