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STARs Program and SETMA's Solution Part II By James L. Holly, MD Your Life Your Health *The Examiner* May 3, 2012

(Continued from April 26, 2012, Examiner)

Each of the STARs measures' content can be reviewed by clicking on the "view button" next to the measure. You will then be able to review who to fulfill the measure. Remember, if the measure is in black or grey, you do not have to review it; it has either been done or does not apply. If it is in red, you need to review it and to complete its performance on this particular patient.

HEDIS ABA		×
	Adult Body Mass Index	
	Measurement of Body Mass Index (BMI).	
	Patient Height 60.00 inches Patient Weight 150.00 pounds	
	Patient BMI 29.39 Overweight	
	OK Cancel	-4

Where there are multiple ways of satisfying a measure such as in colorectal cancer screening, all options will be display. The date of the metric being last met will be shown under "Date of Last Test." Remember, compliance is by calendar year, not "in last twelve months." This means that if a patient is seen on December 12, 2012 and they had a fecal occult blood on December 18, 2011, they have had a test in the past twelve months but not the last calendar year and are thus not in compliance for the year 2012.

Colorectal Cancer Scre	ening
Contractal cancer screening for patients 50 to 8	D years of age.
tients should have at feast one of the following.	Date of Last Test
Focus occult issued tand within the test year	11
Finable signodoscopy within the test four years.	11
Double contrast barkan evenus within the last four years	11
Coloracopy within the last nine years.	\$3/27/2009

The standard for Medicare Advantage is that women have a mammogram every year.

Breast Cancer Scr	eening
Breast cancer screening for women 40 to	1442 - 1442
Patients should have mammogram yearly.	Date of Last Test
OK Cance	a

Different measures, measure different functions. Every patient with diabetes should have a dilated eye examination annually. This metric specifically addresses patients by age. All patients over the age of 65 should have an annually dilated eye examination. The value of electronics is that you do not have to remember all of the nuances; the system remembers them for you.



High Risk Medications

Most of the high risk medications are taken from the HEDIS metrics in which there are five categories of "p0\potentially" high risk medications, which include several hundred medications. SETMA has tracked these for the past five years. In the **HEDIS** measures, there are two categories: the first are patients who are on one potentially high risk medication and the second are patients on two or more. In the **STARS** program, the measure is only on those who are on at least one "high risk medication," **as the HEDIS list has been modified from** "**potentially" high risk to high risk.** The threshold for meeting this element of the STARS program is that there must be fewer than 9.3% of your patients on any one these medications.

NOTE: The STARs metric not only alerts you to the presence of a high risk medication in the patient's medication list, but recommends a substitute medication.

Continuity Medical Education

As part of SETMA's CME program, our Chief Medical Officer, Dr. Syed Anwar, is writing short descriptions of each medication. These can be deployed by clicking on the name of the medication which appears at the bottom of the template.

Atrovent

The study behind the news analyzed data collected between 1991 and 1993 as part of a large study into the decline of mental functioning in people aged over 65. The new research reanalyzed the participants' records to look at how their mental decline was linked to their use of drugs with "anticholinergic" side effects (such as dry mouth, reduced mucous secretion and constipation). Anticholinergic drugs block the chemical acetylcholine, which is involved in the transmission of electrical impulses between nerve cells. The drugs in question have a range of applications, from blocking hayfever to improving breathing in some chronic lung conditions. Researchers found that the 4% of people who used drugs with definite anticholinergic effects had a small but significantly greater decline in mental ability compared to people not using these drugs. *People using drugs with definite or possible anticholinergic effects had an increased risk of death within the two-year period.*

STARS Highriskmeds							
STARS Program High Risk Medications & Alternatives Listed below are the active medications for this patient which are considered high risk and should be reconsidered. Also, to the right of each medication is a recommended alternative to the high risk medication.							
Brand Name	Generic Name	Recommended Alternative					
DICYCLOMINE HCL	DICYCLOMINE HCL	Polyethylene Glycol, Loperamide					
	CYCLOBENZAPRINE HCL	Baclofen, Tizanidine					
	-						
Information							
Atrovent Flexeri Cancel							

The next metrics is **care for older adults**. Your Life Your Health for April 19th, reviewed SETMA's questionnaires for Functional Status, Pain, Fall Risk, Stress and wellness.

Each of these assessments can also be reviewed at <u>www.jameslhollymd.com</u> under *Electronic Patient Management Tools, Specialized Tools, Patient-Centered Medical Home Annual Questionnaires*, or by clicking on this link: <u>http://jameslhollymd.com/epm-tools/patient-centered-medical-home-annual-questionnaires</u>

	Care	for OI	der Adults		
	Routine care measur	es for patie	nts 65 years of age	and older.	
Patients shou	Id have advanced care planning in (place.			
	Advanced Directives D	iscussed?	🔿 Yes 🔿 No		
	Advanced Directives C	ompleted?	🔿 Yes 💿 No		
	Date Complete	d/Updated	11		
	Comm	ents/Detail	[
				Date of Last Test	t
Patients should	I have a medication assessment an	nd reconcilia	tion at least yearly.	11	
Patients should	d have a functional assessment eve	aluation at le	ast yearly.	03/27/2012	Click to Complete
Patients should	d have a pain screening evaluation	at least yea	rly.	03/27/2012	Click to Complete

The next three measures are sets of metrics which related to hypertension, cholesterol and diabetes. Later, there are three measures which related to the prescribing of medications for hypertension, cholesterol and diabetes.

	Controlling Hig	In Bloc	od Pres	sure	
	Patients 18 to 85 years of ag	e with a dia	ignosis of hy	pertension.	
Does the pat	ient have a chronic or recent (diagnosis of	hypertension	12	Yes
1000 1000 200	nt's blood pressure well conti	mannes in	1.10 U.S.		Yes
nas trie patie	ant's blood pressure weil conti	oneu tot la:	st un ce monu	15 (< 140/50) :	100
	Blood Pressure History		(most recent	t first)	
	Blood Pressure History Date/Time	Systolic	(most recent	t first)	
		Systolic 140	A CONTRACTOR OF A CONTRACTOR O	t first)	
	Date/Time		Diastolic	t first)	
	Date/Time 09/13/2011 01:28 PM	140	Diastolic 95	t first)	
	Date/Time 09/13/2011 01:28 PM 01/31/2011 12:12 PM	140 130	Diastolic 95 70	t first)	

HEDIS CMC	×
Cholesterol Management for Patie with Cardiovascular Condition	
Does the patient have a history of acute myocardial infarction? coronary artery bypass graft (CABG)? percutaneous transluminal coronary angioplasty (PTCA)? ischemic vascular disease (IVD)?	No No No
Most Recent LDL (Calculated) / / Most Recent LDL (Direct) / /	
Was the patient's most recent LDL screening with the last year? Was the patient's most recent LDL screening controlled?	No
OK Cancel	

HEDIS CDC
Comprehensive Adult Diabetes Care
Patient with a diagnosis of Diabetes Mellitus ages 18 to 75 years of age.
Does the patient have a diagnosis of diabetes? Yes
Most Recent HgbA1c 12.2 10/29/2011
Has the patient had HgbA1c screening with the last year? Yes
Was the patient's last HgbA1c controlled? No
Has the patient's blood pressure been controlled (< 130/80) within the last year? No
Last Dilated Eye Exam 02/03/2011 Has the patient had a dilated eye exam within the last year? No
Most Recent LDL 113 09/21/2011
Has the patient had an LDL screening within the last year? Yes Was the patient's last LDL controlled? No
Last Foot Exam 08/24/2011 Hast the patient had a foot exam within the last year? Yes
Most Recent Micral Strip 0 08/18/2010 Has the patient had a nephropathy screening within the last year? No
OK Cancel

The next two measures have to do with osteoporosis in women who have had a fracture and with the treatment of patients who have rheumatoid arthritis.

HEDIS OMW	X
Osteoporosis Management in Women Women 67 years of age and older who have history of a fracture.	
Does the patient have a history of fracture? Yes	
Has the patient BMD density test within the last year? No Date of Last Test 02/10/2010 OR	
Is the patient currently on prescription to treat or prevent osteoporosis? Yes BONIVA OK Cancel	
HEDIS ART Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	×
Does the patient have a diagnosis of rheumatoid arthritis? Yes Has the patient been dispensed at least one disease-modifying No anti-rheumatic drug (DMARD)?	
OK Cancel	
NQFAIMM	×
Adult Immunization Status	
Has the patient recieved a flu shot within the last year? Yes Last Flu Shot 10/19/2011	
Has the patient had a pneumonia vaccination? Yes Last PneumoVax 01/26/2012	
OK Cancel	

These last three measures have to do with prescribing of medications for three conditions: diabetes, hypertension and cholesterol.

STAR	S Diabetesmes
	Prescriptions for Diabetes Medications
	Has the patient been given at least two prescriptions for either an oral glucose medication and/or insulin within the past year?
	OK Cancel

This metric calls for all patients to be on an ACE or an ARB. Sometimes that is not appropriate but we live with the metric until we are able to influence its being changed.

Prescript	ions for Hypertension Medications
Has the patient bee or an ARB within th	en given at least two prescriptions for either an ACE Yes Yes
	OK Cancel

STARS C	holesterolmeds	
	Prescriptions for Cholesterol Med	dications
	Has the patient been given at least two prescriptions for a statin within the last year?	No
	OK Cancel	

The metric for Fall Risk Assessment for STARs is annually, but it is such an important issue SETMA modified it to the less precise "regular," to encourage more frequent assessment of this issue.

NQF FALL	
	Fall Risk Assessment
	Regular fall risk assessment for patients 65 years of age and older.
	Was a fall risk assessment completed on today's visit? No Last Fall Risk Assessment 03/30/2012
	OK Cancel

Quality care metrics are increasingly giving patients and providers the opportunity to determine the standard of care which is being followed in care delivery and the quality of care being received. The Medicare Advantage STARs program is one of the positive advances in healthcare.