

Blood Pressure Control

- A blood pressure reading for members with diagnosis of hypertension
- Members age 60–85 who do not have diagnosis of diabetes or kidney disease <150/90.
- Blood pressure should be monitored at each visit.
- If BP is >150/90 repeat after 5 minutes of rest and record second reading (JNC VIII).

Body Mass Index

- Members age 20–74 should have a BMI value and weight documented at least every other year.

Cancer Screenings

- Female members age 50–74 should have a mammogram every two years (USPSTF).
- All members age 50–75 should receive appropriate screening for colorectal cancer (USPSTF).

Cardiovascular Care (men 21–75 years of age and women 40–75 years of age)

- Per ACC/AHA recommendation, patients with known cardiovascular disease should be on moderate to high-intensity statin therapy unless intolerance develops.

Communication

- Talk with members about physical and mental health, bladder control, fall risk and exercise.
- Remind members about the importance of taking their medication as prescribed.

Diabetes Care and Treatment (members age 18–75)

- Retinal eye exam—annual or every other year if no retinopathy.
- Kidney function test—annual urine microalbumin or medical attention for nephropathy.
- HbA1c <9%—one or more times per year.
- Blood pressure <140/90.
- Per ACC/AHA and ADA recommendation, patients 40 years or older with diabetes should be on moderate to high-intensity statin therapy unless contraindicated.

High-Risk Medications

- There are many high-risk medications that should be avoided in the Medicare Advantage population.
- Higher volumes are seen with certain antihistamines, muscle relaxants and sleeping pills and antianxiety medications.
- Top high-risk medications are: cyclobenzaprine, nitrofurantoin, hydroxyzine, methocarbamol, promethazine, zolpidem and amitriptyline. Use of these medications should be carefully considered to avoid increasing risk of falls or other complications, especially in patients with dementia.

Improving Patient Experience

- Have results of labs, X-rays, and specialist visits available for appointment to review with the patient.
- Acknowledge patient concerns and questions.

Monitor Patients after Hospital Discharge

- Schedule a follow-up visit with patients after hospital discharge and perform a medication reconciliation at that visit.
- Codes 99495, 99496 and 1111F can be included in office billing.

Osteoporosis Management (women age 67–85)

- Perform a bone mineral density test or prescribe treatment for osteoporosis within six months of fracture if screening was not done within the 24 months prior to fracture.

Rheumatoid Arthritis Management

- Members with a diagnosis of rheumatoid arthritis should be prescribed a disease-modifying anti-rheumatic drug.