St. Tammany Quality Network

Quarter 2 STQN Newsletter

Unveiling the Path to Wellness:

Shining a spotlight on STHS's CHF program, unveiling the language and coding of the statin metric, and investigating the one-year smoking quit rate quality measure.

Dates to Remember:

2Q STQN Finance and Operations Committee Meeting
June 11 | 5:30 p.m. | Ponchatoula Conference Room

A Silver-Haired Clinician's Guide to Triaging Afflictions of the Foot and Ankle (1 CME)
Jay Groves, DPM
June 27 | 5:30 p.m. | Zoom

3Q STQN Performance Management Committee Meeting
July 9 | 7 a.m. | Ponchatoula Conference Room

Diabetes Management (1CME)
Pavan Chava, DO
July 27 | 5:30 p.m.| Zoom

Colon Cancer Screening (1CME)
L. Phillips Jenkins, MD
August | 5:30 p.m. |TBD

3Q STQN Board Meeting
Aug. 13 | 5:30 p.m.

2024 1st Quarter Medical Director's Award

Medical Director's Quality Award
Is awarded to:
Dr. Joseph Bobrowski and Dr. Ralph Millet
"for attaining a perfect score on the St. Tammany Health System ambulatory dashboard for 2023."

A Message from our Chairman:

STQN Physicians,

One of our goals at STQN is to improve the health of our community. As many of you have probably read recently, colorectal cancer (CRC) is now the leading cause of cancer related death in men less than age 50 and is the second leading cause of cancer related death in men and women combined.

Most alarming, colon cancer is increasing in younger generations. Patients born between 1981 - 1996 have twice the risk of getting colorectal cancer compared to people born in 1950. The best way for us to combat this is to ensure that all patients aged 45 to 75 are enrolled in a screening and if needed, a surveillance program for colorectal cancer.

The American College of Gastroenterology breaks down screening tests into first tier and second tier testing. First tier: colonoscopy and FIT testing. Second tier: all other stool-based and imaging modalities which are reserved for patients "unable or unwilling to undergo colonoscopy or FIT."

Of the tests listed, only colonoscopy has the ability to accurately detect and remove polyps, which are the precursors of CRC. Thus, colonoscopy has the ability to PREVENT colorectal cancer.

Stool-based tests are approved for CRC screening in average risk patients but are not approved for the detection of polyps. Once a patient been found to have polyps, he or she is no longer eligible for stool-based testing and will need to be surveyed with a colonoscopy at regular intervals.

Given the increasing risk for our younger patients, we cannot overemphasize the importance of discussing CRC screening in patients starting at age 45.

If a patient would like to further discuss the differences in screening tests, a gastroenterologist would be happy to do so. By working together to boost awareness as well as screening rates for CRC, we hope to reverse this recent trend in increased incidence of this disease.

Sincerely,

L. Phillips Jenkins

St. Tammany Quality Network

Empowering Hearts, Saving Lives:

Spotlighting STHS's Congestive Heart Failure Program:

- A life-altering diagnosis such as Congestive Heart Failure (CHF) can be overwhelming, but a recent program implemented by STHS Home Care team is providing much-needed support to alleviate the difficulties faced by patients.
- STHS's Home Care team launched a CHF pilot program on April 28, 2023, with the aim to provide home support for patients being discharged from STHS with a primary diagnosis of CHF, to increase health outcomes and decrease readmissions.
- The team utilizes a collaborative approach with Post-Acute Navigation, Transitional Care, Home Health Care, Remote Patient Monitoring, Cardiac Rehab, Palliative Medicine and Hospice Care (if necessary).

- Standardized home interventions and the CHF program protocol are used in conjunction with the patient's cardiology care provider.
- If you have a patient that qualifies for STHS's CHF program, you may place an ambulatory referral/consult to "Heart Failure Transitional Care Clinic."
- A Transitional Care RN will visit your patient prior to their hospital discharge to facilitate follow-up appointments.
- Your patient will have a follow-up in-home RN visit within two business days and a nurse practitioner in-home or virtual visit within seven days.
- Patients are navigated for 90 days to ensure ongoing assessments specific to CHF symptoms.

*The success of this program relies on the exceptional work of the team, some of which include Paula Toups, Michelle Belanger, Jason Green, Olivia Cannizaro, Anna Thomas, Daley Harrington and Missy Moore.

An Insider's View of the Statin Metric:

To prevent being flagged for not prescribing statins when the metric suggests you should, please refrain from using any codes or terms that can be associated with ICD code E78.00. This code should only be used for Pure Hypercholesterolemia.

Please refrain from using the following terms, as these code to E78.00.	Instead, please use terms such as:
High Cholesterol Elevated Cholesterol High Blood Cholesterol Elevated LDL Level Elevated Serum Cholesterol Cholesterol Elevated Mild Hypercholesterolemia Isolated Hypercholesterolemia Borderline Hypercholesterolemia	Dyslipidemia Mixed Hyperlipidemia Isolated Hypertriglyceridemia Hyperlipidemia *(These terms do not trigger* Serum *metric for patients unless specified otherwise)*

St. Tammany Quality Network

Cracking the Code on Tobacco Screening:

Tobacco smoking is the **leading** cause of preventable disease and death in the United States. Approximately **seven out of 10** smokers **want to quit**, but only **half** receive advice from a health professional and make a quit attempt annually. Furthermore, only **one out of 10** people **successfully quit**. The inclusion of quality measures for tobacco cessation is vital in healthcare as it motivates providers to inquire about tobacco use and offer appropriate treatment.

(American Lung Association)

The Healthcare Delivery Effectiveness Data and Information Set (HEDIS) Quality Measures for Tobacco Use and Tobacco Cessation:

Advising Tobacco Users to Quit:

The percentage of people 18 years of age and older who were current tobacco users, were seen by a health plan practitioner during the measurement year and received advice to quit smoking or using tobacco.

Discussing Cessation Strategies:

The percentage of people 18 years and older who were current tobacco users, were seen by a health plan practitioner during the measurement year and discussed or recommended cessation methods or strategies.

Discussing Cessation Medications:

The percentage of people 18 years and older who were current tobacco users, were seen by a practitioner during the measurement year and discussed or were recommended cessation medications.

Codes Associated with Tobacco Assessments:

99406 - Individual counseling three to 10 minutes
99407 - Individual counseling greater than/equal 11 minutes
G9902 - Patient screened for tobacco use and identified as a tobacco **user**
G9903 - Patient screened for tobacco use and identified as a tobacco **non-user**
G9905 - Patient **not** screened for tobacco use
G9906 - Patient identified as a tobacco user, received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling and/or pharmacotherapy)
G9908 - Patient identified as a tobacco user, **did not** received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling and /or pharmacotherapy)