Positive Practice

NEWS AND EDUCATION FOR POSITIVE HEALTHCARE PROVIDERS Issue 21 Summer 2021

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QUANTAFLO™
Peripheral Arterial Disease Test

Patients with the following diagnoses should receive a Quantaflo test including but not limited to: diabetes, hypertension, coronary artery disease, congestive heart failure, and chronic kidney disease.

It is currently being used at AHF Health Care Centers (HCC) in Florida: Jacksonville, Kinder, North Point, Oakland Park and Ft. Lauderdale and in California at Westside.

The test is fast and simple using the following process:

- The patient is asked to recline on exam table (this test can be performed by your MA or Nurse)
- The QuantaFlo sensor is placed first on the left toe, then right toe, then the left finger, then the right finger, each time for 15 seconds
- There is no pain or discomfort during the test
- During the test, the QuantaFlo software analyzes the blood flow in each of your legs and arms
- You can review the QuantaFlo test results with your patient and let your patient know if there is anything further required

Patients with the following diagnosis should receive a Quantaflo test include but are not limited to: diabetic, hypertensive, coronary artery disease, congestive heard failure, and chronic kidney disease. Use CPT Code **93922** to bill. If your HCC does not have a Quantaflo test unit, please make an appointment for your patient at one of the listed AHF HCC's to receive the test.

In California:

i. AHF Westside 99 N. La Cienega Blvd. Ste. 200 Beverly Hills, CA 90211 Phone: 310-657-9353

In Florida:

i. AHF Fort Lauderdale 700 SE 3rd Ave. Ste. 301 Fort Lauderdale, FL 33316 Phone: 954-767-0887
ii. AHF Jacksonville 2 Shircliff Way DePaul Bldg. Ste. 900 Jacksonville, FL 32204 Phone: 904-381-9651
iii. AHF Kinder 3661 S. Miami Ave. Ste. 806 Miami, FL 33133 Phone: 786-497-4000
iv. AHF Northpoint 6405 N. Federal Hwy. Ste. 205 Fort Lauderdale, FL 33308 Phone: 954-772-2411
v. AHF Oakland Park 1164 E. Oakland Park Blvd. Oakland Park, FL 33334 Phone: 954-561-6900

PHP™ HMO SNP
PHC™ CALIFORNIA

California PHP: www.php-ca.org
P.O. Box 46160, Los Angeles, CA 90046

Florida PHP: PHP FL: www.php-fl.org
700 SE 3rd Ave, 4th flr, Ft. Lauderdale, FL 33316

Georgia PHP: www.php-ga.org
P.O. Box 46160, Los Angeles, CA 90046

PHC California: www.phc-ca.org
P.O. Box 46160, Los Angeles, CA 90046

AHF Participates in Primary Care First Model 5 Year Pilot

In January 2021, the Centers for Medicare & Medicaid Services (CMS) Center for Medicare and Medicaid Innovation (CMS Innovation Center) launched the Primary Care First (PCF) Model to test whether financial risk and performance-based payments that reward primary care practitioners for easily understood, actionable outcomes will reduce total Medicare expenditures, preserve or enhance quality of care, and improve patient health outcomes. The new payment model options include:

1. Primary Care First (PCF) – General

This PCF payment model option tests whether delivery of advanced primary care can reduce total cost of care and focuses on advanced primary care practices ready to assume financial risk in exchange for reduced administrative burden and performance based payments. The PCF model option also introduces new, higher payments for practices that care for complex, chronically ill patients.

2. Primary Care First – High Need Populations

This payment model option encourages advanced primary care practices, including practices whose clinicians are enrolled in Medicare and typically provide hospice or palliative care services, to take responsibility for high need, seriously ill beneficiaries who currently lack a primary care practitioner and/or effective care coordination. These population groups are referred to under this payment model option as the Seriously Ill Population or SIP.

AHF Participants and Locations

AHF Healthcare Centers that were selected to participate in PCF Option 1 – General - are both in Florida: AHF Kinder and AHF NorthPoint. AHF is still awaiting CMS selections for PCF Option 2 – SIP. Members of the Task Force, responded to PCF Model requirements and deliverables, started in 4th quarter 2020 with the official start date of 1/2/2021. Membership includes: Dept of Medicine Leadership, Managed Care Leadership, Finance, Quality Improvement, HCC Staff, Medical Directors, and IT.

Primary Care First provides the tools and incentives for practices to provide comprehensive and continuous care, with a goal of reducing patients' complications and overutilization of higher cost settings, leading to higher quality of care and reduced spending. In response to the project requirements, AHF Department of Medicine and AHF Managed Care have written 21 Policies and Procedures to assist the HCC's with readily available reference material. A Primary Care First RN Care Manager (PCFRNCM) will be embedded at each HCC and provide both episodic and longitudinal case management. The Kinder HCC PCF RNCM was recently hired and currently in orientation with the Northpoint PCFRNCM in final hiring process. The PCF Cohort 1 began participation in the model in January 2021. PCF Cohort 1 will have a five year performance period.

Resources and Support

Visit: https://innovation.cms.gov/initiatives/primary-care-first-model-options/

CMS Primary Cares Initiative: https://innovation.cms.gov/Files/x/primary-cares-initiative-onepager.pdf

2021 Sexually Transmitted Infections (STI) Treatment Guideline Updates by Dr. Bryan Gaudio

Syphilis

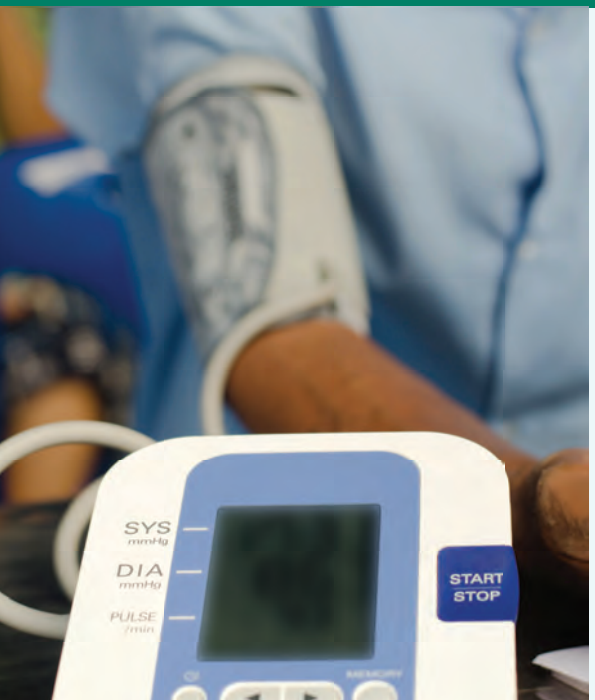
- Early Syphilis: Failure of nontreponemal test titers to decline fourfold within 12 MONTHS after therapy for syphilis might be indicative of treatment failure (Consider CSF examination)
  - Previously 6-12 months but serological response can be inadequate and may take longer
- Late syphilis: CSF examination should be performed if:
  - Sustained fourfold increase in titer is observed
  - Signs or symptoms attributed to syphilis develop
  - An initial titer >1:32 fails to decline at least fourfold within 24 months of treatment
    - Previously 12-24 months

Chlamydia

- NAATs are now FDA approved for extragenital testing
- Doxycycline 100mg twice daily – now recommended therapy
  - *EXCEPTION: Pregnancy and unable to comply
  - Previously Azithromycin 1g orally in a single dose
  - If Azithromycin is used, then a test of cure is recommended especially in those with rectal infections
- Erythromycin no longer alternative treatment due to GI side effects

Gonorrhea

- 500 mg Ceftriaxone IM in a single dose (for those weighing <300lbs)
  - 1g Ceftriaxone IM in a single dose if over 300lbs
  - Previously ceftriaxone 250mg IM PLUS Azithromycin
  - Test for cure 7-14 days after treatment if pharyngeal only
- Alternative therapy
  - Gentamycin 240mg IM in a single dose PLUS Azithromycin 2 grams PO
  - Cefixime 800mg orally as a single dose
  - No currently available alternative tx for gonorrhea of pharynx
    - Possible beta lactam allergies should be reviewed thoroughly
- If Chlamydia has not been excluded, doxycycline 100mg BID for 7 days should be prescribed (azithromycin 1g in pregnancy)



Does this Blood Pressure Meet the Measure?

As you probably know, the measuring for controlling blood pressure requires blood pressures readings below 140/90. Please see the documentation to the right from a patients chart. **Would the provider get credit for this measure?** The answer follows the graphic.

BMI:	**34.54**
O2 Sat:	**99%**
Temp:	**99.1 degrees F oral**
Pulse rate:	**72 / per minute**
Resp:	**18 per minute**
BP sitting	**140 / 75**
Cuff size:	**regular**

Answer: ***Although the diastolic is in range the systolic must be less THAN 140 – the controlling blood pressure measure FAILS.***

What can you do? Retake the blood pressure! The lowest systolic and lowest diastolic can be used for same date of visit!

AHF HEDIS Result for Controlling Blood Pressure Measure by Plan - 2020 Data

The HEDIS submission of 2020 data and medical record review for the measure Controlling Blood Pressure (CBP) have been audited, approved and submitted. Please see table to the right with indicated AHF Managed Care Plans results. Please note California PHC is the California MediCal Product line which is the Medicaid Program. PHP is the AHF Medicare Advantage Product line.

Plan	Controlling Blood Pressure (CBP) Measure Compliance Rate	AHF Goal
California PHC	70%	70%
California PHP	77%	80%
Florida PHP	68%	80%
Georgia PHP	80%	80%

Tips to Improve:

When your patient reaches blood pressure control, use the appropriate CPT2 code on your claim to reduce the burden of pulling medical records, abstracting and reviewing. (See Table to the right) Pulling electronic data may be more accurate than expensive and labor-intensive medical record review and abstraction for everyone involved. This also means the provider will get the credit deserved!

Blood Pressure Range	Code
Diastolic 80-89	3079F
Diastolic Less Than 80	3078F
Systolic Less Than 140	3074F
Systolic Less Than 140	3075F

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PHP Beneficiaries Get CABENUVA Approval

CABENUVA (cabotegravir/rilpivirine extended-release injectable suspension) has been approved for PHP beneficiaries under the Part D benefit with no prior authorization required.

CABENUVA is indicated as a complete regimen for the treatment of HIV-1 infection in adults to replace the current antiretroviral regimen in those who are virologically suppressed (HIV-1 RNA less than 50 copies per mL) on a stable antiretroviral regimen with no history of treatment failure and with no known or suspected resistance to either cabotegravir or rilpivirine.

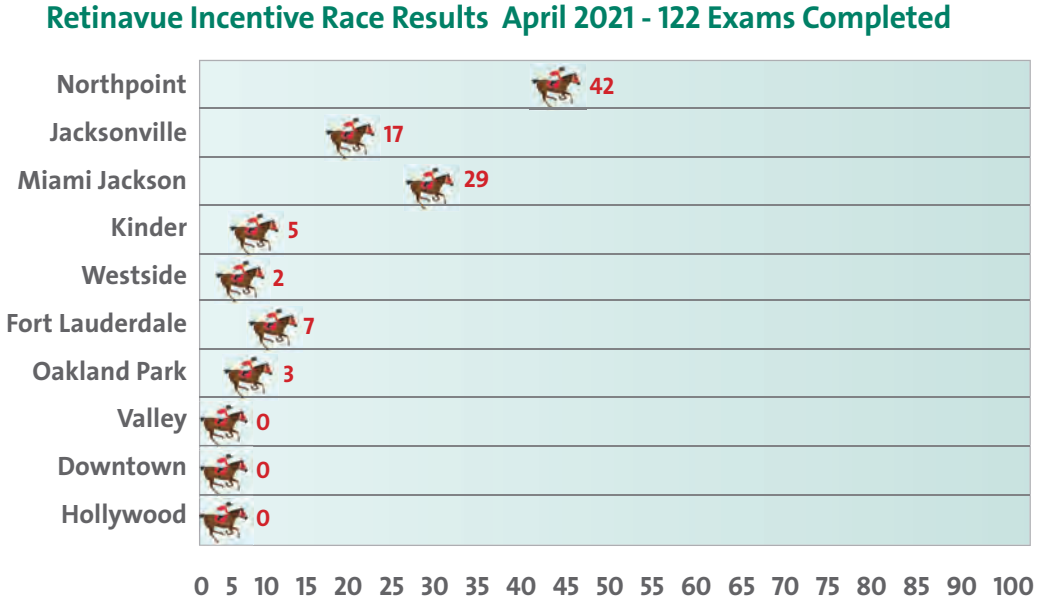
Clinical Considerations

- Patients will need to be virally suppressed on an oral regimen prior to start.
- A 30-day oral lead-in dose of cabotegravir plus Edurant (rilpivirine) will be required (two tablets once daily).
- Co-packaged oral cabotegravir plus rilpivirine is expected to be available via a limited distribution from ViiV.
- The Cabenuva loading dose requires two 3 mL IM injections (600 mg cabotegravir plus 900 mg rilpivirine).
- Maintenance dosing, involving two 2 mL IM injections (400 mg cabotegravir plus 600 mg rilpivirine), will be required every four weeks (+/– 1 week).
- Cabenuva requires cold-chain storage or a temperature-controlled supply chain and will need to be brought to room temperature before administration.
- The recommended injection procedure is intramuscular administration using the Z-track method in the gluteus medius, and generally will require administration in a clinic or possibly a pharmacy in a private space.

For instructions on obtaining the oral lead-in regimen, please visit www.cabenuva.com or work with your local pharmacy.

RetinaVue Diabetic Retinal Eye Exam Campaign

Congratulations to the AHF front runners completing Diabetic Retinal Eye Exams using their RetinaVue cameras. 1st place goes to Northpoint HCC, 2nd to Miami Jackson HCC and 3rd to Jacksonville HCC. Thanks for taking such good care of our patients.



Recognizing Health Literacy Challenges & How to Handle

Telltale signs of a patient's limited reading and writing skills may include any of the following:

- Incomplete medical history or everything checked 'no'
- Frequent late or missed appointments
- Excessive time taken to complete forms

Or, a patient might say:

- "I forgot my glasses"
- "I'll read this when I get home"

It is important to create a shame free environment in all client interactions.

A study in HIV clinics found:

- Providers misidentified clients with low health literacy 53% of the time.
- Health literacy cannot be determined from speaking or writing ability.

Apply "Universal Precautions" to Health Literacy

The "Universal Precautions" approach promotes equal access to clear and concise information. The approach includes:

- Assume every person will benefit from clear and simple messages
- Remove literacy barriers for all clients, not just those who need special assistance
- Providing clear instructions to everyone is not a type of "dumbing down"
- People at all literacy levels show a preference for simple messages

Use the Teach-back Method

Teach-back is one of the most powerful tools to confirm understanding. The following is a simply process on how to use it.

- Ask the client to tell you what you've explained in their own words
- Verify that they have the correct information or instructions
- If not, try explaining in a different way and check again
- You can say:
  - o "Let me make sure I've done a good job explaining this," or
  - o "Tell me what you're going to do when you get home."

Using Plain Language

The following are a few examples of the medical term and the translation into plain language:

- ❑ Rather than say Analgesic use the words "Pain Killer'
- ❑ Rather than say Anti-Inflammatory use the words "Lessens swelling and inflammation"
- ❑ Rather than say Cellulitis use the words "Skin Infection"
- ❑ Rather than ask "Do you understand?" Say: " Let me make sure I've explained this well. Talk to me about what you can do to make your blood pressure go down?
- ❑ Rather than ask "Are you taking this medication as prescribed?" ask instead "These pills need to be taken twice a day, once in the morning before breakfast and once in the evening before dinner. How will you take these pills?

Source: Ohl M, Harris A, Nurudinova D, Cai X, Drohobyczar D, Overton ET. Do Brief Screening Questions or Provider Perception Accurately Identify Persons with Low Health Literacy in an HIV Primary Care Setting? AIDS Patient Care and STDs. 2010; 24(10): 623-629.

Source: DeWalt DA, Callahan LF, Hawk VH, Broucksou KA, Hink A, Rudd R, Brach C. Health Literacy Universal Precautions Toolkit. AHRQ Publication No. 10-0046-EF) Rockville, MD. Agency for Healthcare Research and Quality. April 2010.

Stop Hate Now

In partnership with Los Angeles County's Human Relations Commission and Department of Mental Health, 211 LA hosts a hotline for individuals who have been victims or witnesses to acts of bullying or incidents motivated by hate or discrimination to connect with services. Please see website at:https://211la.org/la-vs-hate for more information and free resources.

Los Angeles, CA Only

2021 AHF PCP ICD-10 Coding Summary

Prepared by AHF Risk Adjustment Team

USE THE EMR/CPS DROP DOWN LIST FOR GREATEST SPECIFICITY

Additional ICD-10 resources can be found at:
CMS.gov (ICD-10 list https://www.cms.gov/medicare/icd-10/2021-icd-10-cm

CMS-HCC Model:
https://www.cms.gov/medicare/health-plans/medicareadvtgspecratestats/risk-adjustors.html

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CONDITION/ CONDITION CATEGORY	ADDITIONAL DESCRIPTION	ICD-10 CODES & SECTION RANGE (ADDT'L SPECIFIC CODE DESCRIPTORS ** REQUIRED)	UNSPECIFIED/LESS SPECIFIC CODES
IMMUNE AND HEMATOLOGIC DISORDERS			
AIDS, HIV disease		B20 Human Immunodeficiency Virus Disease	
Asymptomatic HIV with no history of AIDS dx	No Hx of AIDS Indicator Conditions or CD4 < 200	Z21 Asymptomatic HIV infection status	
Coagulation Defects, Hematologic D/O	Coagulation Deficiency Hemolytic Anemia	D68.4 Acquired coagulation factor deficiency D68.2 Hereditary deficiency of clotting factors D59.8 Other acquired hemolytic anemias D59.2 Drug-induced hemolytic anemia	D68.9 Coagulation defect D59.9 Acquired hemolytic anemia, unspecified
Neutropenia Thrombocytopenia Pancytopenia		D70.9 Neutropenia, unspecified D69.6 Thrombocytopenia D61.811 Drug-induced pancytopenia	D70.3 Neutropenia due to infection D61.818 Othr Pancytopenia
CARDIOVASCULAR AND RENAL DISORDERS			
Angina Pectoris	Typical CP, cardiac RF	I20.1 Angina Pectoris with documented spasm	I20.9 Angina, unspecified
Heart Failure **Heart Disease w/HF Cardiomyopathy**	CHF	I50.20 Unspecified systolic (congestive) heart failure I50.30 Unspecified diastolic (congestive) HF I11.0 Hypertensive heart disease w/ heart failure I42.0 Dilated cardiomyopathy	I50.9 Heart failure, unspecified I42.9 Cardiomyopathy, uns
Atherosclerosis **Peripheral vascular disease**	 Claudication	I70.0 Atherosclerosis of aortic artery I70.2_ _ Atherosclerosis of the extremities (Choose most specific DX) I73.9 Peripheral vascular disease (PVD)	
Chronic DVT	Chronic embolism and thrombosis of deep veins of lower extremity	I82.5_ _ (Choose Proximal/Distal and Right/Left Extremity)	I82.509 Chronic embolism and thrombosis of unspecified deep veins of lower extremity
Acute Renal Failure	Acute kidney injury (AKI)	N17._ Acute kidney failure (Choose most specific)	N17.9 Acute kidney fail, un
CKD stage 3a or stage 3b	GFR 30-59 ml/min	N18.31 CKD stage 3a, N18.32 CKD stage 3b	N18.30 CKD stage 3, unsp
CKD stage 4	GFR 15-29 ml/min	N18.4 CKD stage 4	
CKD stage 5	GFR < 15 ml/min	N18.5 CKD stage 5	
End Stage Renal Disease	CKD requiring chronic dialysis Dependence on renal dialysis	N18.6 End Stage Renal Disease (ESRD)	
METABOLIC AND NUTRITIONAL DISORDERS			
Diabetes Mellitus **DM, Renal Complications** **DM, Ophthalmic Comp** **DM, Neurological Comp** **DM, Circulatory Comp** **DM, Skin complications**	Diabetes Mellitus poorly controlled Diabetes Mellitus w/ Renal Manifestations Diabetes w/ Ophthalmic Manifestations Diabetes w/ Neurological Manifestations Diabetes w/ Peripheral Circulatory Manifestations Diabetes w/associated Skin Manifestations	E11.9 Type 2, E10.9 Type 1, E08.9 d/t underlying dx E11.65 DM type 2 w/ hyperglycemia Z79.4 Long-term use of insulin E11.2_ DM type 2 w/ kidney complications E11.21 DM type 2 w/ nephropathy E11.22 DM type 2 w/ chronic kidney disease E11.3_ DM type 2 w/ ophthalmic complications E11.319 DM type 2 w/ retinopathy E11.36 DM type 2 w/ cataract E11.4_ DM type 2 w/ neurological complications E11.42 DM type 2 w/ polyneuropathy E11.5_ DM type 2 w/ circulatory complications E11.51 DM type 2 w/ peripheral angiopathy E11.62_ DM type 2 w/ skin complications E11.621 DM type 2 w/ foot ulcer (L97.4* E11.622 DM type 2 w/ other skin ulcer	E11.9 Unspecified Diabetes Use additional code to identify CKD stage (N18._) Use additional code to identify site & severity of ulcer (L97.1-L97.9, L98.41-L98.49)
Protein-Calorie Malnutrition	Malnutrition Cachexia/Wasting syndrome	E44.1 Mild, E44.0 Moderate, E43 Severe R64 Cachexia	E46 Malnutrition, unspec
Morbid Obesity	BMI > 40 or BMI ffl 35 with comorbid condition (e.g. DM, CAD, sleep apnea, etc.)	E66.01 Morbid (severe) obesity Z68.41 (BMI) 40.0-44.9,adult Z68.42 (BMI) 45.0-49.9,adult Z68.43 (BMI) 50.0-59.9,adult Z68.44 (BMI) 60.0-69.9, adult	

CONDITION/ CONDITION CATEGORY	ADDITIONAL DESCRIPTION	ICD-10 CODES & SECTION RANGE (ADDT'L SPECIFIC CODE DESCRIPTORS ** REQUIRED)	UNSPECIFIED/LESS SPECIFIC CODES
NERVOUS SYSTEM DISORDERS			
Inflammatory & Toxic Neuropathies	Polyneuropathy in other diseases classified elsewhere Alcoholic polyneuropathy Neuropathy due to drugs (including ARVs)	G63 Polyneuropathy in diseases classified elsewhere* G62.1 Alcoholic polyneuropathy G62.0 Drug-induced polyneuropathy G61.9 Inflammatory polyneuropathy	*Please specify disease (e.g. HIV, cancer, etc.)
LIVER AND DIGESTIVE SYSTEM DISORDERS			
Cirrhosis **Alcoholic, cirrhosis**	Cirrhosis of liver without alcohol	K74.60 Cirrhosis of liver K70.30 Alcoholic cirrhosis of liver w/o ascites K70.31 Alcoholic cirrhosis of liver w/ ascites K70.9 Alcoholic liver disease	K74.60 Cirrhosis, unspec (code also Alcohol Dependence F10.20 or Hx of Alcohol Depend F10.21)
Hepatitis	Chronic Hepatitis C Chronic Hepatitis B	B18.2 Chronic viral Hepatitis C (includes Hepatitis C Carrier) B18.1 Chronic viral Hepatitis B without delta-agent (includes Hepatitis B Carrier) B18.0 Chronic viral Hepatitis B with delta-agent	
Esophageal Varices **Portal Hypertension**	Primary Esophageal Varices Esophageal Varices due to cirrhosis, alcoholic liver dz, portal htn, etc.	I85.00 Esophageal varices w/o bleeding I85.01 Esophageal varices w/ bleeding I85.10 Secondary esophageal varices w/o bleeding I8511 Secondary esophageal varices w/ bleeding K76.6 Portal hypertension	
MENTAL HEALTH AND SUBSTANCE DEPENDENCE & ABUSE DISORDERS			
Substance Use Disorder, **Moderate/Severe, or Substance Use with Complications**	Alcohol Dependence Amphetamine and Other Stimulant Dependence Cocaine Dependence Opioid Dependence Cannabis Dependence Other or Unspecified Drug Dependence	F10.20 Alcohol dependence, uncomplicated F10.21 Alcohol dependence, in remission (or Hx of) F15.20 Stimulant dependence, uncomplicated F15.21 Stimulant dependence, in remission (or Hx) F14.20 Cocaine dependence, uncomplicated F14.21 Cocaine dependence, in remission (or Hx of) F11.20 Opioid dependence, uncomplicated F11.21 Opioid dependence, in remission (or Hx of) F12.20 Cannabis dependence, uncomplicated F12.21 Cannabis dependence, in remission (or Hx) F19.20 Other psychoactive substance dependence F19.21 Other psychoactive substance dependence, in remission (or Hx of)	
Substance Use Disorder, Mild, Except Alcohol and Cannabis	Amphetamine and Other Stimulant Abuse Cocaine Abuse Opioid Abuse Other or Unspecified Drug Abuse	F15.10 Stimulant abuse, uncomplicated F15.11 Stimulant abuse, in remission F14.10 Cocaine abuse, uncomplicated F14.11 Cocaine abuse, in remission F11.10 Opioid abuse, uncomplicated F11.11 Opioid abuse, in remission F19.10 Other psychoactive substance abuse F19.11 Other substance abuse, in remission	
Schizophrenia **Reactive and Unspecified Psychosis**		F20.0 Paranoid, F20.1 Disorganized F25.9 Schizoaffective disorder F23 Brief psychotic disorder F28 Other psychotic disorder, not due to substance	F20.9 Schizophrenia, unsp F29 Unspecified psychosis, not due to substance
	Major Depressive Disorder Bipolar Disorder	F33._ MDD, recurrent *specify severity current ep F33.40 MDD, recurrent, in remission F32._ MDD, single episode, *specify severity of ep F32.5 MDD, single episode, in remission F31._ Bipolar D/O – specify type & severity	F33.9 MDD, recurrent, uns *mild 0, mod 1, severe 2, etc F31.9 Bipolar D/O, unspec
Personality Disorders	Personality Disorders Dissociative Disorders	F60._ Personality D/O *specify type (e.g. paranoid) F44._ Dissociative D/O *specify type	F60.9 Personality D/O, uns
PULMONARY D/O			
Obstructive/Chronic Pulmonary Disorders	COPD COPD, w/Acute exacerbation Emphysema Chronic Bronchitis	J44.9 Chronic obstructive pulmonary disease J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation J44.0 Obstr chr bronchitis w/acute bronchitis and/or acute lower respiratory infection J43.9 Emphysema (includes emphysema w/ COPD) J41.0 Simple chronic bronchitis J44.9 Asthmatic or Emphysematous chronic bronch	J44.9 COPD AND Chronic Obstructive Asthma, Unspecified J43.9 Emphysema, unspec J42 Unspecified chronic bronchitis