St. Tammany Quality Network

Annual Wellness Visits and Closing Care Gaps

Quarter 1 STQN Newsletter

Annual Wellness Visits

Requirements of an enhanced annual wellness visit:

- A personal Health Risk Assessment (HRA), which can be completed by the patient prior to the visit or with the clinician during the visit.
    - The HRA is designed to help identify chronic diseases, injury risks, modifiable risk factors, and health needs of the individual.
- Review and update the patient's medical history.
- Establish a list of current providers, including PCP and all specialists seen by the patient.
- Vital sign measurements – height, weight, BMI, and BP.
- Assessment of cognitive function or decline.
- Mental health/depression screening.
- Review the patient's functional capacity and current safety level (ADLs, fall risk, hearing assessment).
- Create a personal prevention plan with the patient including reviewing scheduling recommendations for age-appropriate screenings.
- Give patient personalized advice and referrals to minimize risks identified throughout the visit.
- Offer to discuss advanced care planning with the patient.

Annual Wellness Visits/Enhanced Annual Wellness Visits assist in determining the annual patient risk score and adjustment.

St. Tammany Quality Network

Partners in Care: Parading with a purpose

Dear Partner in Care,

Thank you for all you do to improve the health of residents in our service district. Together, your business and ours represent a continuum of care for each family that helps our parish to remain a healthy place to live and raise a family.

To that end, annual wellness checks, early detection screenings and chronic condition management are all valuable tools in improving the overall health of our population by closing gaps in care. During visits with your patients, as you hear all that they have to say about their situation, please document with an eye for capturing as much detail as you can for Healthy Planet measures. This is helpful to you in your practice, but beyond that, it is enormously valuable to all the other caregivers along the continuum who review your notes and care for your patient in the hospital and other settings along the way. Together, we make a difference. Thank you for the leadership and guidance you bring to each of your patients in their care journey.

Gratefully,

Joan

2022 Scorecards

If you are a Primary Care Physician you will be recieving your individual version of the 2021 Q4 EPO Scorecard on this send out.

The next sendout will be in April, and all providers will be receiving their individual version of the new 2022 Q1 Scorecard.

Dates to Remember:

2022 STQN Annual Meeting
4/14/2022 @ 6:00pm
Location: The Southern Hotel
Presenter: STQN

3rd Annual Healthcare Summit
06/14/2022 11:30am - 4:15pm
Location: The Southern Hotel
Presenter: Dr. Beau Raymond
Dr. Pat Torcson
Dr. Tim Riddell
Kevin Gardner

St. Tammany Quality Network

Closing Care Gaps

- Quality Measures or HEDIS measures track individual physician quality performances.
- Healthcare Effectiveness Data and Information Set (HEDIS) is a widely adopted healthcare performance improvement tool.
- HEDIS is a set of metrics reflecting screenings and guideline-based measures. Success is measured in stars.
- The Health Care Reform Act links payment to patient experience and quality of care.
- Plans with a 5-star rating can have open enrollment all year long and can take members from non-5-star plans. They also get favorable reimbursement rates.
- The HEDIS measure we address at the Enhanced Annual Wellness Visit are found in the Health Maintenance section of the chart.
- All Health Maintenance topics should be addressed/ordered at the time of the visit. This includes:
    - Diabetic foot & eye exam
    - Mammogram
    - Cholesterol screening
    - Colon cancer screening
    - Bone density screening
    - Low dose screening CTs for lung cancer when clinically appropriate
    - Other age-appropriate preventive health measures

4th Quarter Medial Director's Award

St. Tammany Quality Network presented the 2021 fourth quarter Medical Director's Award to Dr. Mark Jones for assisting in the development of the Saint Tammany Health System (STHS) trauma program. Dr. Jones is the medical director of the trauma program.

St. Tammany Quality Network

STPH Home Health

Why Use St. Tammany Home Health for Your Patients?

St Tammany Home Health offers care in the comfort of the home for residents of St Tammany, Washington and Tangipahoa parishes. Referrals and orders can be received from physicians, nurse practitioners and physicians assistants, although a physician must sign and oversee the plan of care. Patients can be referred from the hospital, physicians office, skilled nursing facility or LTACH. To qualify for Home Health, a patient must have a skilled need and be homebound, under the care of a physician or allowed practitioner. If you are unsure if a patient qualifies, call 985-898-4414 and one of our staff will be happy to assist with an evaluation.

So, Why St. Tammany Home Health?

- As a department of St. Tammany Health System, we share the values and commitment to quality care.
- Unlike other home health agencies in the community, St. Tammany Home Health has an all RN, tenured and experienced staff visiting patients in their homes. We are staffed seven days a week, including therapy, and have an on-call RN for after-hours needs. We admit patients the day after the referral is received unless otherwise ordered by the physician.
- Where other home health agencies in the community utilize contract staff, St. Tammany Home Health has its own employed team of physical therapist, occupational therapist, and speech therapist. Our therapists provide traditional therapies but also have specialties in Big and Loud for Parkinson's disease and lymphedema therapy. Our social worker is employed also and is available to assist with psychosocial or placement needs and community resources.
- St. Tammany Home Health has a telehealth program for patients with CHF and COPD. The program consists of daily monitoring of vital signs, weights, oxygen levels as well as video visits to do more intense follow up or teaching.
- While other home health agencies in the community have AIM programs, St. Tammany Home Health can provide palliative care (including "bridging" patients to hospice) and advanced illness management with the support of St. Tammany Health System's palliative medicine providers.
- Unlike other home health agencies, St. Tammany Home Health uses EPIC EMR allowing providers access to all documentation and the ability to sign orders electronically. Through EPIC, we can secure chat with you to address the needs of your patient in a timely fashion.
- Our re-certification rate at St. Tammany Home Health averages less than 60 days, which means we do not keep patients on home health longer than necessary.
- Our CMS STAR status for patient satisfaction is five out of five.

If your patient does not have a preference, you can place an order in EPIC or call (985) 898-4414 to refer to St. Tammany Home Health, a division of St Tammany Health System.