



Materials

Nick Ulmer, MD CPC FAAFP



Regional HealthPlus

Population Health Management (PHM): Ambulatory Focus

- Delivering on Quality – the real work in PHM
 - Clinical acumen: Practice medicine at highest level
 - Where to focus...? Triple weighted:
 - BP Control Session #4
 - DM Control Session #5
 - Medication Adherence: BP, DM, Statins (lipid)
 - Readmissions (30d) Session #3

Population Health Management (PHM): Ambulatory Focus

- Delivering on Quality – the real work in PHM
 - Clinical acumen:
 - Patient engagement:
 - Proven Clinical Strategies – CMS has provided a roadmap
 - Medicare Wellness Visits (was one→three) Session #12
 - Medicare Preventive Services Session #13
 - Behavioral Health Integration – Psychiatric Collaborative Care (Session #11)
 - Procedural: AAA screen, DEXA, CRC Screens, mammograms, etc.
 - Transitional Care Management Session #08
 - Chronic Care Mgmt, Principal Care Management Session #07
 - Home Health and Care Plan Oversight Session #10
 - Advance Care Planning Session #14
 - In 2025, more strategies to consider

5 Domains OF Social Drivers of Health (SDOH) (#18)

1. **Food Insecurity:** Limited or uncertain access to adequate quality and quantity of food at the household level.
2. **Housing Instability:** Ability to pay rent/mortgage, living in crowded conditions or with others, or lack of sheltered housing
3. **Transportation Needs:** Limitations that impede transportation for any aspect of daily living.
4. **Utility Difficulties:** Inconsistent availability of electricity, water, oil or gas services
5. **Interpersonal Safety:** Assess by screening for exposure to intimate partner violence, child abuse, and elder abuse.

To douse the flames of burnout, consider Session #28

- Quadruple Aim: You Matter
 - We are programmed that patients come first, but we must manage that seat
 - Allow partners to cover, have set times that you are “off limits” and protect personal time
 - Rarely what we do as merits as “insignificance”, so manage the little things – learn to say “no”
 - Non-emergent can wait; messages can be shared with coworkers (office visits can replace the message)
- Develop a Physician-Led Team model of care w NPP
 - Out of Office message use and similar separations to keep “work at work” and “on work time”
 - Lead the co-management of difficult patients (alternate q 2-3 months visits). Messaging, gap closure, etc.
- 2020 National Academy of Medicine report stated personal stress management strategies alone are insufficient to deal with burnout. Need a system focus

2025 Stars/ACO Quality Metrics (updated 11.2024)

Measure	Program		Star Category & Weight		Thresholds 10/23/2024	
	Stars	ACO	Part C or D?	Weight	4 Star	5 Star
Care for Older Adults - Functional Status Assessment	✓		C	1	77%	91%
Care for Older Adults - Medication Review	✓		C	1	92%	98%
Care for Older Adults - Pain Screening	✓		C	1	92%	96%
Medication Adherence for Diabetes	✓		D	3	87%	91%
Medication Adherence for Hypertension (RAS)	✓		D	3	90%	92%
Medication Adherence for Cholesterol (Statins)	✓		D	3	89%	93%
TRC: Medication Reconciliation Post-Discharge	✓		C	0.5	73%	87%
TRC: Patient Engagement After Inpatient Discharge	✓		C	0.5	63%	77%
Follow-Up After ED Visit for MCC	✓		C	1	60%	69%
Plan All-Cause Readmissions*	✓		C	3	10%	8%
Osteoporosis Management in Women w/ Fracture	✓		C	1	52%	71%
Kidney Health Evaluation for Patients with Diabetes	✓		C	1	52%	67%
Statin Use in Persons with Diabetes	✓		D	1	89%	93%
Eye Exam for Patients with Diabetes	✓		C	1	77%	83%
Glycemic Status Assessment for Patients with Diabetes (<=9%): HbA1c Control	✓	✓	C	3	84%	90%
Breast Cancer Screening	✓	✓	C	1	75%	82%
Colorectal Cancer Screening	✓	✓	C	1	75%	83%
Controlling Blood Pressure	✓	✓	C	3	80%	85%
Statin Therapy for Cardiovascular Disease	✓	✓	C	1	88%	92%
Falls: Screening for Future Fall Risk		✓				
Depression Screening		✓				
Depression Remission at Twelve Months		✓				
Influenza Immunization		✓				
Tobacco Screening and Cessation Intervention		✓				

Population Health Management: Hospital Focus

Hospital Inpatient/Observation E&M Add-on for Infectious Diseases

- For the ***visit complexity*** of care associated with a confirmed or suspected infectious disease physician for a hospitalized patient. Hospital IP and OBS and discharge-day codes inclusive (99221-99223, 99231-99236,
- +G0545 (wRVU0.89/\$43). Confirmed or suspected infection. Not time-based. ID physician, but in split-shared visit, NPPs could assist. DRG won't be increased so no added revenues to the hospital side.