### **HEDIS Reminders**

### **Adult Screening/Preventative**

Breast Cancer Screening annually, or at a minimum, once every 2 calendar years (50-74 years of age)

• Document mastectomy history, if applicable

Cervical Cancer Screening every 3 years (21-64 years of age)

- Automatic HPV testing with pap, NOT just reflex
- If no cervix document history of hysterectomy (e.g. total abdominal hysterectomy). Using *total* or *no pap* needed due to absence of cervix or hysterectomy helps support an exclusion to this measure
- Women 30-64 years of age meet criteria if HPV testing is performed every 5 years (NOT reflex)

Chlamydia Screening annually (sexually active women 16-24 years of age)

# PSA Screening (50-69 years of age)

Do not test on 70 years and older who do not have any previous history of PSA elevation or cancer.

## Colorectal Screening (50-75 years of age)

- Colonoscopy minimum every 10 years
- FIT-DNA (Cologuard) every 3 years
- Fecal Occult Blood (iFOB) annually
- Flexible sigmoidoscopy every 5 years
- CT colonography every 5 years
- Documentation of Total Colectomy

# Fall Risk Screening (≥ 65 years of age on Health Outcomes Survey - HOS)

• Discuss risk and management (if fall or problems with balance or walking) with practitioner

### Urinary Incontinence (> 65 years of age on HOS)

• Discuss treatment and impact on ADL with health care provider

### Physical Activity (> 65 years of age on HOS)

- Discuss level of exercise or physical activity
- Advise on starting, increasing, or maintaining level of exercise or physical activity

## Osteoporosis (women 65-75 years of age)

• Screening bone density test on or after patient's 65<sup>th</sup> birthday

#### **Adult Vaccinations**

- Flu vaccine annually
- Pneumo vaccine minimum of 1 (≥ 65 years of age)

### **Pediatric Screening/Preventative**

Well Child Visits (2-17 years of age)

- BMI percentile annually
- Counseling on nutrition annually
- Counseling on physical activity annually

# Childhood Immunizations (2 years of age) – have the following vaccines by their 2<sup>nd</sup> birthday

• four diphtheria, tetanus and acellular pertussis (DTaP) (Continued on next page)

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- three polio (IPV)
- one measles, mumps and rubella (MMR)
- three haemophilus influenza type B (HiB)
- three hepatitis B (HepB)
- one chicken pox (VZV)
- four pneumococcal conjugate (PCV)
- one hepatitis A (HepA)
- two or three rotavirus (RV)
- two influenza (flu)

Adolescent Immunizations (13 years of age) – have the following vaccines by their 13<sup>th</sup> birthday

- one dose of meningococcal vaccine
- one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine
- completed the human papillomavirus (HPV) vaccine series

### **Disease Management**

Hypertension (17-85 years of age)

• < 140/90

Diabetes (17-75 years of age, type 1 or 2)

- A1C annually (goal < 8.0%)
- Micro-albumin annually (or on ACE Inhibitor/ARB medication or documentation of renal transplant, ESRD, etc.)
- Examples of ACE Inhibitor and ARB Medications:

Description		Prescription			
Angiotensin converting enzyme inhibitors	Benazepril     Captopril     Fosinop	•	<ul><li>Perindopril</li><li>Quinapril</li></ul>	<ul><li>Ramipril</li><li>Trandolapril</li></ul>	
Angiotensin II inhibitors	<ul><li>Azilsartan</li><li>Candesartan</li><li>Eprosar</li><li>Irbesart</li></ul>		<ul><li>Telmisartan</li><li>Valsartan</li></ul>	·	
Antihypertensive combinations	<ul> <li>Amlodipine-benazepril</li> <li>Amlodipine-hydrochlorothiazide-valsartan</li> <li>Amlodipine-hydrochlorothiazide-olmesartan</li> <li>Amlodipine-olmesartan</li> <li>Amlodipine-perindopril</li> <li>Amlodipine-telmisartan</li> <li>Amlodipine-valsartan</li> </ul>	<ul> <li>Azilsartan-chlorthalidone</li> <li>Benazepril-hydrochlorothiazide</li> <li>Candesartan-hydrochlorothiazide</li> <li>Captopril-hydrochlorothiazide</li> <li>Enalapril-hydrochlorothiazide</li> <li>Fosinopril-hydrochlorothiazide</li> <li>Hydrochlorothiazide-irbesartan</li> <li>Hydrochlorothiazide-lisinopril</li> </ul>		olmesartan  Hydrochlorothiazide-quinapril Hydrochlorothiazide-telmisartan Hydrochlorothiazide-valsartan	

- Diabetic eye exam annually (report available in EMR)
- BP < 140/90</li>
- Statin therapy provided and adhering to (39-75 years of age) Examples include the following Low-intensity statin therapy prescriptions as well as the High and Moderate-intensity statin therapy prescriptions found under *Cardiovascular Disease*

Description	Prescription	
Low-intensity statin therapy	Simvastatin 5-10 mg     Ezetimibe-simvastatin 10 mg     Pravastatin 10–20 mg	<ul><li>Lovastatin 20 mg</li><li>Fluvastatin 20–40 mg</li></ul>

Foot exam annually (not currently required)

## Cardiovascular Disease

- Statin therapy provided and adhering to (males 20-75 years of age, females 39-75 years of age)
- Acute MI receive persistent beta-blocker treatment for 6 months after discharge (17 years of age and older)
- Examples of Statins:

Description	Prescription	
High-intensity statin therapy	<ul> <li>Atorvastatin 40-80 mg</li> <li>Amlodipine-atorvastatin 40-80 mg</li> <li>Ezetimibe-atorvastatin 40-80 mg</li> </ul>	<ul><li>Rosuvastatin 20-40 mg</li><li>Simvastatin 80 mg</li><li>Ezetimibe-simvastatin 80 mg</li></ul>
Moderate-intensity statin therapy	<ul> <li>Atorvastatin 10-20 mg</li> <li>Amlodipine-atorvastatin 10-20 mg</li> <li>Rosuvastatin 5-10 mg</li> <li>Simvastatin 20-40 mg</li> <li>Ezetimibe-simvastatin 20-40 mg</li> </ul>	<ul> <li>Pravastatin 40-80 mg</li> <li>Lovastatin 40 mg</li> <li>Fluvastatin 40-80 mg bid</li> <li>Pitavastatin 1–4 mg</li> </ul>

• Examples of Beta Blocker Medications:

Description	Prescription			
Noncardioselective beta- blockers	<ul><li>Carvedilol</li><li>Labetalol</li><li>Nadolol</li></ul>	<ul><li>Pindolol</li><li>Propranolol</li></ul>	<ul><li>Timolol</li><li>Sotalol</li></ul>	
Cardioselective beta-blockers	Acebutolol     Atenolol	Betaxolol     Bisoprolol	<ul><li>Metoprolol</li><li>Nebivolol</li></ul>	
Antihypertensive combinations	<ul><li>Atenolol-chlorthalidone</li><li>Bendroflumethiazide-nadolol</li><li>Bisoprolol-hydrochlorothiazide</li></ul>		<ul><li>Hydrochlorothiazide-metoprolol</li><li>Hydrochlorothiazide-propranolol</li></ul>	

# Asthma (5-64 years of age with persistent asthma)

- Maintains a ratio of dispensed controller medications to total (reliever + controller) dispensed asthma medications of 0.50 or greater in a calendar year.
- Examples of Asthma Reliever Medication:

Description	Prescriptions	
Short-acting, inhaled beta-2 agonists	Albuterol     Levalbuterol	

• Examples of Asthma Controller Medication:

Description		Prescriptions	
Antiasthmatic combinations	Dyphylline-guaifenesin		
Antibody inhibitors	Omalizumab		
Anti-interleukin-4	Dupilumab		
Anti-interleukin-5	Mepolizumab	Reslizumab	Benralizumab
Inhaled steroid combinations	Budesonide-formoterol	Fluticasone-vilanterol	
	Fluticasone-salmeterol	Formoterol-mometason	е
Inhaled corticosteroids	Beclomethasone	Flunisolide	
	Budesonide	<ul> <li>Fluticasone</li> </ul>	
	Ciclesonide	<ul> <li>Mometasone</li> </ul>	
Leukotriene modifiers	Montelukast	Zafirlukast	• Zileuton
Methylxanthines	Theophylline		

# Major Depression Diagnosis (17 years of age and older)

• Treated with and remained on antidepressant

ADHD (6-12 years of age that are newly prescribed medication)

- Initial follow up with practitioner within 30 days of new medication
- At least 2 follow-up visits (in addition to initial follow-up) with practitioner within 270 days if remained on medication for at least 210 days

### Pregnancy

- Prenatal care visit in first trimester or within 42 days of enrollment at MAHP
- Postpartum visit on or between 7 and 84 days after delivery

Follow-Up After Emergency Department Visit for Members with 2 or More High-Risk Chronic Conditions

- Follow-up visit on or within 7 days of ED visit
- High-risk chronic conditions include: COPD, Alzheimer's disease and related disorders, chronic kidney disease, depression, heart failure, acute MI, afib, stroke and TIA