

MHSPHP Background

The Military Health System Population Health Portal (MHSPHP) methodology is based on 2012 Healthcare Effectiveness Data and Information Set (HEDIS®) criteria. These are a set of criteria used to benchmark treatment facilities using a common methodology and should not be confused with clinical practice guidelines.

Cholesterol Management for Patients with Cardiovascular Conditions

This methodology measures the follow-up care regarding LDL-C screenings and control for patients age 18 to 75 who were discharged alive for acute myocardial infarction (AMI), coronary bypass graft (CABG), or percutaneous transluminal coronary angioplasty (PCI) between 13 and 24 months prior to the measurement month, or who had a diagnosis of ischemic vascular disease (IVD) during the 12 months prior to the measurement month and the 12 months prior to that.

Measure Definition:

Percent of cardiac patients enrolled to MTFs who received LDL-C screening

Percent of cardiac patients enrolled to MTFs whose LDL-C is controlled (<100 mg/dL)

Benchmark:

HEDIS® 50th-75th-90th percentiles: National Committee for Quality Assurance (NCQA), State of Health Care Quality, 2011.

Benchmark	HEDIS Percentiles (50-75-90)
LDL-C screening	89.3%---91.3%---93.7%
LDL-C is controlled (<100 mg/dL)	60.7%---66.0%---72.0%

Numerator:

- Number of patients, continuously enrolled for the last two years, age 18-75, who were discharged alive for AMI, CABG, or PCI between 13 and 24 months prior to the measurement month, or who had a diagnosis of IVD during the 12 months prior to the measurement month and the 12 months prior to that, and had an LDL-C screening during the measurement year.
- Number of patients, continuously enrolled for the last two years, age 18-75, who were discharged alive for AMI, CABG, or PCI between 13 and 24 months prior to the measurement month, or who had a diagnosis of IVD during the 12 months prior to the measurement month and the 12 months prior to that, and had an LDL-C level below 100 mg/dL the last time it was checked during the measurement year.

Denominator:

Number of patients, continuously enrolled for the last two years, age 18-75, who were discharged alive for AMI, CABG, or PCI between 13 and 24 months prior to the measurement month, or who had a diagnosis of IVD during the 12 months prior to the measurement month and the 12 months prior to that.

Data Sources:

- ➔ Defense Eligibility Enrollment Registration System (DEERS)
- ➔ Standard Inpatient Data Record (SIDR) (M2)
- ➔ Standard Ambulatory Data Record (SADR) (M2)
- ➔ Comprehensive Ambulatory/Professional Encounter Record (CAPER)
- ➔ Purchased Care Claims Data (NETWORK) (M2)
- ➔ Composite Health Care System (CHCS) Laboratory ad-hoc
- ➔ Composite Occupational Health and Operational Risk Tracking (COHORT)

Methodology:

- ➔ Use DEERS to identify patients enrolled to specific MTFs.
- ➔ Use M2 (SIDR and Network) data to identify hospital patients treated for selected cardiovascular conditions/events.
- ➔ Use CAPER (M2), SADR (M2), SIDR (M2) and NETWORK (M2) data to identify ambulatory patients treated for selected cardiovascular conditions/events.
- ➔ Use COHORT / CHCS Laboratory ad hoc for LDL result.

Data Sources & Codes:Codes to Identify AMI, PCI and CABG

Description	CPT Codes	HCPCS	ICD-9-CM Diagnosis	ICD-9-CM Procedure
AMI (include only inpatient claims)			410.x1	
CABG (include only inpatient claims)	33510-33514, 33516-33519, 33521-33523, 33533-33536	S2205-S2209		36.1, 36.2
PCI	92980, 92982, 92995	G0290		00.66, 36.06, 36.07

Codes to Identify IVD

Description	ICD-9-CM Diagnosis
IVD	411, 413, 414.0, 414.2, 414.8, 414.9, 429.2, 433-434, 440.1, 440.2, 440.4, 444, 445

Codes to Identify Visit Type

Description	CPT Codes
Outpatient	99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456
Acute inpatient	99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291

Codes to Identify LDL-C Screening

CPT Codes	CPT Category
80061, 83700, 83701, 83704, 83721	3048F, 3049F, 3050F

HEDIS® Metrics and Report:

- ➔ The percentage of TRICARE Prime enrolled cardiac patients who had an LDL-C screen in the measurement period.
- ➔ The percentage of TRICARE Prime enrolled cardiac patients who have an LDL-C <100mg/dL on the most recent screen in the measurement period.

Prevalence Report

List of TRICARE Prime/Plus patients age 18-75, who were discharged alive for AMI, CABG, or PCI in the last 24 months prior to the measurement month, or who had a diagnosis of IVD during the 12 months prior to the measurement month and the 12 months prior to that.

Prevalence Report Data Elements:

- ➔ ACG RUB (only AF users: see ACG methodology)
- ➔ Patient's Name
- ➔ Sponsor's Social Security Number
- ➔ Family Member Prefix (FMP)
- ➔ Date of Birth
- ➔ Age
- ➔ Gender
- ➔ Beneficiary Category (BENCAT)

- ➔ PCM**
- ➔ Provider Group**
- ➔ PCM ID*
- ➔ PCMID Type*
- ➔ AMI (Acute Myocardial Infarction: Yes or No)
- ➔ AMI Date
- ➔ AMI System
- ➔ AMI Source
- ➔ CABG (Coronary Artery Bypass Graft: Yes or No)
- ➔ CABG Date
- ➔ CABG System
- ➔ CABG Source
- ➔ PCI (Percutaneous Coronary Interventions: Yes or No)
- ➔ PCI Date
- ➔ PCI System
- ➔ PCI Source
- ➔ IVD (Ischemic Vascular Disease: Yes or No)
- ➔ IVD Date
- ➔ IVD System
- ➔ IVD Source
- ➔ LDL Result¹
- ➔ LDL Date
- ➔ LDL System
- ➔ LDL Source
- ➔ Contact Information**
- ➔ Defense Medical Information System (DMIS)
- ➔ TRO*
- ➔ Notes Detail for either Cholesterol Management for Patients with Cardiovascular Conditions or Generic Notes entered by users

*TRO Action List only

**Direct Care Action Lists only

Recommended Action:

- ➔ Review chronic disease burden data to project provision of health care services and exams.
- ➔ Review medical records of the patients that have not had an LDL annually after the cardiovascular diagnosis/event then schedule the test with the patient if needed.
- ➔ Consider case management for patients with LDL >100.

Notes:

¹ Lab values cannot be obtained from purchased care data. Only the exam date will be displayed.

² Due to the record reporting lag time, not all of the previous months' records may be included in this reporting period.