

Focus on Heart Health!

February is National Heart Month. Did you know high blood pressure is a leading cause of heart disease. Almost half of adults in the U.S. are diagnosed with high blood pressure, and only 1 in 4 of these adults have their high blood pressure under control (CDC.gov).¹



Participation in the ECM QIP blood pressure measure is optional. If you currently do not participate, we encourage you to consider adding this measure for several reasons:

- Provider staff do not need to be clinical staff to screen members.
- We can provide training and guidelines for provider staff.
- Blood pressure kits with different size kits are available to you with no charge.
- Under the ECM QIP requirements, you may not need to screen members every quarter.
- You could earn up to 25% of your earned incentive pool by meeting this measure.
- Most importantly, you can help save members' lives while educating them about the importance of regular blood pressure screening.

Please read on to hear from Partnership Senior Manager of Justice Involved Systems & ECM Justice Liaison Ron Klinger, RN MSN CCM, whose former role as Partnership's clinical team manager played an important part in educating ECM provider staff about depression and blood pressure screening. Both screenings are crucial for members enrolled in the ECM benefit.

Saving Lives: Depression & Blood Pressure Screening

The new Enhanced Care Management (ECM) benefit under the CalAIM initiative has already changed the lives of many Californians served by Partnership HealthPlan. This program supports access to not only healthcare, but community programs, housing, employment, and other services offered by a myriad of community partners.

While ECM is not a clinical service there are some questions, evaluations, and data points that are required by the state as part of a complete wraparound approach. In this article, we will discuss two of these: the Patient Health Questionnaires, commonly known as the PHQ-2 and the PHQ-9, and the required Blood Pressure (BP) screenings for the ECM care plan.

PHQ-9 and PHQ-2

The Patient Health Questionnaire-9 (PHQ-9) originated from the idea of a pharmaceutical marketing executive and was developed by a team of psychiatrists and researchers. It is an evidence-based tool

for determining a level of clinical depression a person may be experiencing. It is not considered diagnostic itself, hence it may be administered by anyone. The PHQ-2 consists of two questions about the person's mood state. The PHQ-9 contains 9 questions for a bit more detail. The tools include a scoring rubric, similar to a rating scale, which generates a numerical score.

There are a few important considerations to note regarding these tools. First, any score of three (3) or greater on the PHQ-2 indicates a follow up with the PHQ-9. Therefore, we often recommend just using the PHQ-9 whenever possible. Another important consideration is the last question of the PHQ-9. This question, according to one of the tool's original developers, stands as a single assessment of suicide risk, and any positive response to this question should prompt safety considerations by the evaluator.

There are also many other versions of the PHQ tools available. These include several modified versions useful for youth and children, a version modified for observational use, (PHQ-OV) which allows the evaluator to complete the tool based on observation of the person instead of asking questions verbally.

Blood Pressure Screening

Blood pressure is an important clinical vital sign that can be the first indication of several very serious diseases and other problems of the vascular system. Blood pressure is something that is impossible to evaluate without using a specially designed device, known as a sphygmomanometer, or more commonly known as a BP cuff or BP monitor.

Controlling blood pressure reduces the risk of heart attacks, strokes, and vascular disease. Blood pressure that is either too high or too low can have devastating effects on someone's health, and when these abnormal values are severe, can even indicate a life-threatening condition. This is why it is very important to evaluate this as often as clinically indicated.

If ECM providers cannot measure blood pressure, they may utilize results from the member's primary care provider (PCP). If you find yourself in this situation, please contact the member's PCP for a recent blood pressure screening result.

Partnership can also supply you with automatic blood pressure monitors and cuffs in the event you do not have access to them. If you are interested in obtaining one of these at no cost to your organization, please submit the following information to us at request@partnershiphp.org, or contact our ECM QIP Team at ECMQIP@PartnershipHP.org and we can order for you:

Provider name	Number of locations
Provider NPI number	Number of kits (each kit includes a medium cuff)
Shipping contact name	Number of small cuffs
Shipping address	Number of large cuffs

There have been a few ECM providers who were initially uncomfortable with the BP requirement for ECM, and we were happy to meet with them to discuss it, provide some training, and give them free BP monitors to use. Later, these same providers happily reported back to us that they received high praise and gratitude from members' doctors, who said that had they waited any longer, these members may have been headed for a life-threatening event!

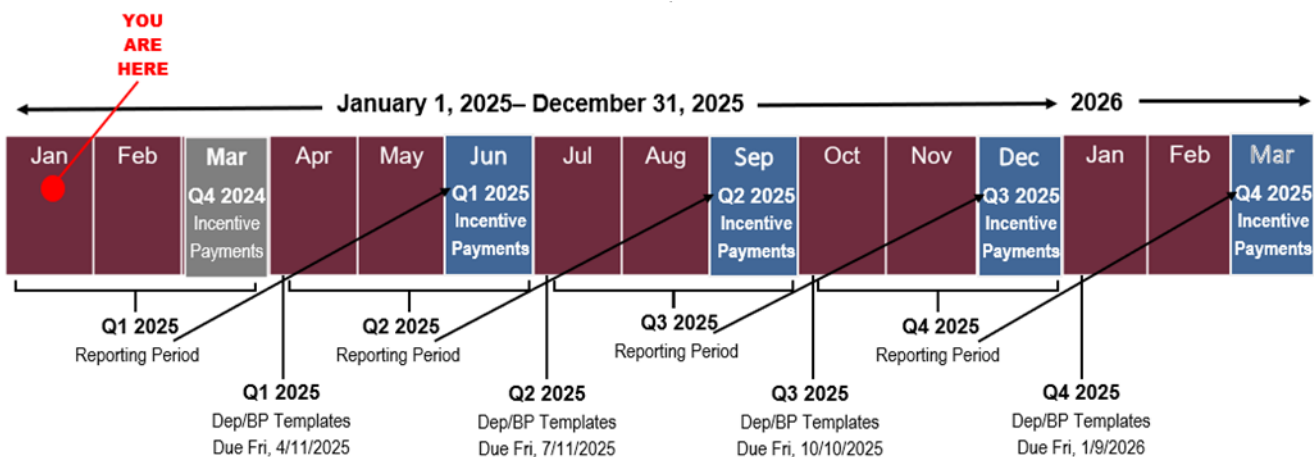
With both evaluations, as well as information gained in the development of the ECM Individualized Care Plan (ICP), it is important that we not only gather this data, but act on it appropriately as well. There is a good reason for every aspect of the ICP to be addressed, and any concern, abnormal finding, or other reported concerns are best addressed in the goals of the care plan.

As mentioned above, if certain values for either of these two evaluative tools are seen, there may be a need for an immediate response, such as a referral to the member's primary physician in the case of a severe low or high BP reading, or a referral to a clinical behaviorist, such as a psychologist or psychiatrist, in the case of a high PHQ-9 score.

You can find guidelines on Partnership's [ECM webpage](#) of how to perform these evaluations and what to do based on the score or value. The clinical team here at Partnership is also here to help if you have further questions about the screening process, or any aspect of the ECM care planning process.

Make no mistake about it, you as the ECM provider have the tools, resources, and relationships with your members to save lives. We at Partnership Health are grateful for your important work.

2025 ECM QIP Timeline



Tips to Success

At Partnership, we want you to be successful. Your success works well for you, your patients, and our members. Here are some tips to help you succeed in this year's measures.

Before you Begin!

- Know your measures!
- Know your deadlines!
- Know your data!
- Plan ahead!
 - Create a checklist and/or action plan to conquer each measure.
 - Appoint a team member in your organization to lead each measure. Change it up each quarter.
 - Schedule monthly meetings to stay on goal, and schedule weekly meetings when closer to the finish line.



Gateway Measure: Timely Reporting

- Know your reporting due dates! Partnership's CaAIM/ECM Team does a great job sending report due date reminders. If you have any questions or concerns, please contact the CaAIM ECM Team at ECM@PartnershipHP.org.
- Submit quality reports.

Measure 1: Care Plan and ROI Upload into PointClickCare within 60 days

- Upload complete and quality Care Plans.
- Within 60 days of what?
 - New TARs: within 60 days of the TAR authorized request date
 - TAR renewals: within 60 days of the TAR authorized renewal request date
- You do not need to upload a ROI every TAR renewal if:
 - You are using a Partnership or DHCS ROI; and
 - The member has checked the 5-year expiration date on the ROI.
- When uploading the Care Plan and ROI in PointClickCare please choose the appropriate document types:
 - Shared Care Plan
 - Other (ROI)

Measure 2: PHQ-9 Depression Screening

- Depression screening scores from previous quarters can be used in the 2025 measurement year if the score was captured within 12 months **and** the previous score was normal. If the previous score was 15 or higher, providers must complete the screening every quarter until the result is normal.

- Providers can use the Patient Health Questionnaire-2 (PHQ-2) to complete a screening; however, if the PHQ-2 score is 3 points or higher, the provider must complete the screening again using the PHQ-9.
- Please review other depression screening tool options located on our [ECM QIP webpage](#) and in the Program Specifications, also on the webpage.

Measure 2: Blood Pressure Screening

- Blood pressure screening results from previous quarters can be used in the 2024 measurement year if captured within 12 months **and** the previous result was normal. Normal blood pressure is either SBP < (less than) 140 or DBP < (less than) 90. If the previous result was either SBP \geq (equal to or greater than) 140 or DBP \geq (equal to or greater than) 90, providers must complete the screening every quarter until the result is normal.

PHQ-9 Depression Screening & Blood Pressure Screening Submission Template

- Know your deadlines! The submission template deadline is always due two Fridays after the end of the quarterly reporting period. Refer to the timeline in this newsletter or in the Program Specifications.
 - Example: The end of the quarterly reporting period is March 31, 2025. The deadline to submit the screening template is Friday, April 11, 2025.
- Use the 2025 submission template located on the [ECM QIP webpage](#). Do not change the columns or rows of the template.
- The submission template must be submitted in the Excel format. PDF or scanned handwritten templates will be rejected.
- The submission template must be submitted through the sFTP folder. Outlook email submission will be rejected.
- Include all information on the template. Missing information will not receive credit.
- Confirm no screening dates are entered after the quarterly reporting period. Screening dates after the end of the quarter will not receive credit.
 - Example: The 2nd quarter reporting period ends March 31, 2024. Some screening dates were entered in April 2024.
- Confirm all screening dates entered on the template from previous quarters are within the 12-month minimum requirement.
 - Example: A screening date of June 15, 2024 used in a submission template for the 2025 1st quarter reporting period (June-August 2024) is acceptable because it is within the 12-month requirement.
- Include all enrolled members on your screening template, including members to be removed from the denominator due to age exclusions.

- Do not include screening dates and scores after the end of the quarterly reporting period. Members with dates after the end of the quarter will not receive credit.
- Doublecheck the CIN. PHQ-2 tool was used, add “PHQ-2” in the “Score” column of template.

Resources

- ☑ Please reach out to us at ECMQIP@PartnershipHP.org. We are always here to help, and we welcome your questions.
- ☑ The 2025 ECM QIP Program Specifications are a valuable resource and available to you by visiting our [ECM QIP webpage](#).

Your ECM QIP Team

Amy McCune, QIP Manager

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Our team wishes to thank you! You have and continue to play a vital role in providing quality care to our members, and we truly appreciate all you do. Please contact us at ECMQIP@PartnershipHP.org with any questions or feedback regarding the ECM QIP.

References

¹*American Heart Month Communications Toolkit*. (2024, December 30). Heart Disease.
<https://www.cdc.gov/heart-disease/php/heart-month/index.html>