



Value-based Care Chronicle: Guide to Improving Performance

November 2024

We hope you're finding the Value-based Care Chronicle newsletter insightful and helpful! As we aim to keep you updated on the latest trends and best practices in value-based care, we're always looking to improve. Please take a few moments to complete this quick survey and let us know what's working well, and where we can improve.

[Take Survey](#)

Last Minute Diabetes Quality Gap Closures

Tis' the season to close coverage gaps. This period offers a strategic opportunity to maximize impact by improving outcomes in key diabetes quality measures. For a comprehensive approach, consider:

KIDNEY HEALTH EVALUATION FOR PATIENTS WITH DIABETES

- Requires both a blood (eGFR) and urine (uACR) test
- Order and complete labs prior to patient appointments

- Utilize care coordination and pharmacy teams for patient outreach and to support medication management

GLYCEMIC STATUS FOR PATIENTS WITH DIABETES (GSD)

- Ensure proper documentation for GSD screenings -- must be in discrete field within EMR
- For quality reporting, the last A1c of the year is evaluated. If the value is missing or was not done during the measurement year, it is considered non-compliant

DIABETES: EYE EXAM

- When documenting history of a dilated eye exam, list the date of service, test, result, and eye care professional's name and credentials
- The medical record must indicate that a dilated or retinal exam was performed

STATIN USE IN PERSONS WITH DIABETES

- Respond to pharmacy staff when contacted and implement suggestions, if appropriate
- If statin therapy is not appropriate, but applicable exclusions are documented using ICD-10 codes, patient will be excluded from measure

By focusing on these key measures, providers can make meaningful strides toward quality objectives, positioning us to achieve value-based care goals as the year closes out.

[Diabetes Quality Flyer](#)

[GSD Quality Flyer](#)

[KED Quality Flyer](#)

[Closing the Quality Gap: KED](#)

[Move to Value Podcast: Addressing Diabetes and CKD](#)

Patient Education Pointer of the Month

Did you know patients immediately forgot 40-80% of the information they receive during an office visit? And half of the information they do retain is incorrect.

The **teach-back method** is a nationally endorsed, health literacy intervention that verifies patient understanding. It mitigates the human desire to be defensive, asking patients to state in their own words what you told them.

To use the teach-back method, ask patients to explain what you have told them using their own words. Start with "We have covered a lot today and I want to make sure that I explained things clearly. Can you tell me in your own words what we talked about?" If the patient does not explain correctly, try explaining things using a different approach.

To effectively use the teach-back method:

1. Use plain language
2. Use non-shaming, open-ended questions
3. Emphasize the responsibility to explain clearly is on the provider, not the patient
4. Use reader-friendly print materials to support learning
5. Start with the most important message, limiting to 2-4 key points per visit

To discover more about this important health literacy intervention from CHES Director of Care Coordination, Shannon Parish, visit

[https://www.chesshealthsolutions.com/2022/08/17/patient-education-tools-teach-back/.](https://www.chesshealthsolutions.com/2022/08/17/patient-education-tools-teach-back/)

Additional Resources

- [2025 PCP Chronic Conditions Desk Reference](#)
- [Key Differences Between Medicare and Medicaid](#)

[Learn More!](#)

CHES Education

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