

Are your patients up to date on their health screenings?

Now is a great time to make sure your patients are up to date on their screenings for diseases like breast cancer and diabetes.



Breast Cancer Screenings Every Two Years (Women Ages 50–74 Years)

October is Breast Cancer Awareness Month. Remind patients when to get this important screening. As you know, early detection can lead to a greater range of treatment options and lower health care costs.

Note: A U.S. Preventive Services Task Force (USPSTF) 2016 final recommendation reaffirmed the value of screening for breast cancer starting at age 50 with an upper age limit of 74. Members often indicate that their provider advised against completing the screening (typically for patients above the age of 60). We trust your clinical judgment but want to ensure you review and potentially align with the current guidelines for breast cancer screenings set forth by the Centers for Disease Control and Prevention (CDC), the National Committee for Quality Assurance (NCQA) and the USPSTF.

New for 2018: Breast cancer screening is now a measure in the Health Partners Medicare Quality Care Plus incentive program.



Comprehensive Diabetes Care

November is American Diabetes Month. Help patients manage their diabetes by following the guidelines below:

- Patients with diabetes, ages 18–75, (type 1 and type 2) should complete at least one HbA1c screening each year. Based on the results, determine if any changes are needed to reach a lower number of poorly controlled HbA1c values (lower than 8 is the target for most patients).
- Complete or refer patients for a retinal eye exam. This test must be completed by an optometrist or ophthalmologist.
- Complete a nephropathy screening or monitoring test, or document evidence of nephropathy. If the results are abnormal, please refer patients to a nephrologist.
- Monitor blood pressure compliance. The member is compliant if the result is under 140/90 mm Hg. The member **is not** compliant if the BP is 140/90 mm Hg or higher, if there is no BP reading during the year, or if the reading is incomplete (e.g., the systolic or diastolic level is missing).



Guidelines based on:

- “Breast Cancer Screening,” Clinical Summary, U.S. Preventive Services Task Force, last modified January 2016, <https://www.uspreventiveservicestaskforce.org/Page/Document/ClinicalSummaryFinal/breast-cancer-screening1>.
- “Breast Cancer Screening,” NCQA, <http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2016-table-of-contents/breast-cancer>.
- “Comprehensive Diabetes Care,” NCQA, <http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2016-table-of-contents/diabetes-care>.
- “What Is Breast Cancer Screening?,” Breast Cancer, Centers for Disease Control and Prevention, last modified September 27, 2017, https://www.cdc.gov/cancer/breast/basic_info/screening.htm.

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