

August 2021



Who we are...

The Innovative Health Alliance of New York, LLC. (IHANY) is a collaboration among doctors, health systems and health care providers in New York's Capital Region aimed at improving the health of the communities we serve by working together in new, more coordinated ways. In today's evolving health care landscape, clinical integration is essential to achieving better health for the community, better care for individuals and lower costs of health care.

This Month's Priorities

1. **CMS Reporting, Promoting Interoperability (PI):** CMS released their **2021 Promoting Interoperability Guide**, please review and let us know if you have any questions. In this month's education section you can register for a webinar detailing what is required for PI reporting. We strongly recommend that each practice designate an attendee. **Remember, each TIN in IHANY will need to report at least a 90 consecutive day period of data for PI directly to CMS (If your TIN doesn't meet or apply for an exception from reporting PI).** October 3, 2021 will start the last 90 day period of the performance year. Please run your EMR PI performance report this month so we can review and make corrections before **October 3rd**. Please contact **Brian** or **James** with any questions.
2. **Schedule your patients for their Annual Wellness Visits (AWV):** For 2021 CMS has determined that you can utilize telehealth to do an AWV. **REMINDER:** You can also do **advance care planning (ACP)** via telehealth and/or during an AWV. See the Population Health News section later in this notice for 2021 Medicare telehealth code updates

Specialty Spotlight

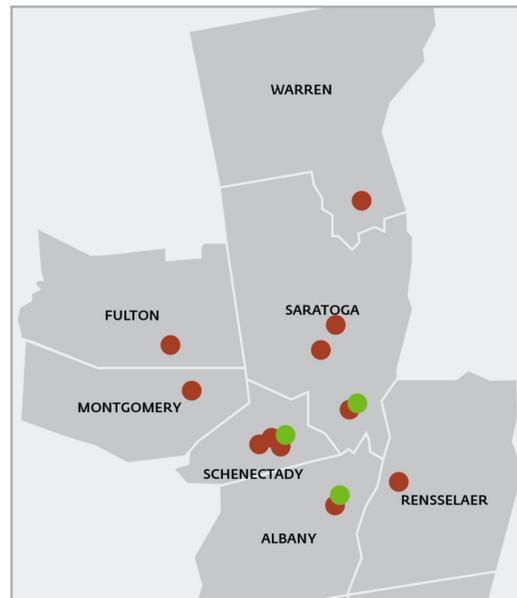
**IHANY Network
Specialty Practices:
Cardiology**

As a Clinically Integrated Network, continuing to promote in-network referrals will allow for IHANY to provide better health to the populations we serve.

With that in mind, we will have feature spotlights on IHANY partners and affiliates within this newsletter to ensure we keep you informed of our diverse resources.

This month we would like to highlight the Cardiology practices in IHANY that not only serve the Greater Capital District but also north into Saratoga, Warren, Fulton and Montgomery Counties.

All of these practices are members of the St. Peter's Health Partner's Medical Associates (SPHPMA) group.



- St. Peter's Health Partners Medical Associates Cardiology (11)
- Walk-In Clinics (3)

When it comes to matters of the heart, St. Peter's Health Partners is a leader in the Capital Region. Our comprehensive cardiac and vascular services include diagnosis and treatment of heart disease, including coronary artery disease, heart attack, congestive heart failure and congenital heart disease.

We offer a wide variety of non-invasive, cardiovascular diagnostic services including:

- Same-Day Heart Care
- Minimally invasive structural heart procedures
- Echocardiogram laboratory
- Electrocardiogram (EKG or ECG)
- 3-D echocardiogram
- Event recorder
- Exercise stress test
- Holter monitoring
- Nuclear stress test
- Signal-averaged EKG
- Stress echocardiogram
- Tilt table testing
- Transesophageal echocardiogram (TEE)

Minimally invasive structural heart procedures

In this [video](#), get to know Nish Patel, M.D., FACC, of Albany Associates in Cardiology, a practice of St. Peter's Health Partners Medical Associates.

Dr. Patel is the only fellowship trained surgeon doing minimally invasive structural heart procedures locally.

Echocardiogram Laboratory

An echocardiogram generates images of the heart through the use of sound waves (ultrasound). With these images, a doctor can determine how well the heart is moving, chamber dimension, wall thickness and valve function. Our echocardiography laboratory offers all aspects of cardiac ultrasound including:

- Adult and pediatric echocardiograms

- Transesophageal (TEE) echo
- Stress echo
- Dobutamine stress echo
- Echo with contrast agent to enhance wall imaging

We perform more than 5,000 echocardiography studies per year. Our lab is accredited by the Intersocietal Commission for the Accreditation of Echocardiography Laboratories, a nonprofit organization that evaluates facilities for quality patient care. Our staff is registered with the American Registry of Diagnostic Medical Sonography, and continuing medical education is a requirement for all of our sonographers. We are also affiliated with the echocardiography program at Hudson Valley Community College, through which St. Peter's Hospital provides students with practical experience.

Electrocardiogram

An electrocardiogram (EKG or ECG) is a noninvasive recording of the heart's electrical activity viewed as a graph or series of wavy lines on a moving strip of paper. This test may show the heart's rate and rhythm. It can also detect decreased blood flow, blockage of the coronary artery, enlargement (hypertrophy) of the heart, or the presence of either current or past heart attacks. EKG's are quick, safe, painless and inexpensive tests.

3-D Echocardiogram

Images captured by a 3D echocardiogram can help diagnose various causes of chest pain, breathing difficulties and dysrhythmias. During a 3-D echocardiogram, patients feel no discomfort at all. In fact, many people find it fascinating to watch the video monitors showing real-time pictures of their own heart at work. A 3-D echocardiogram is a painless, safe and highly effective way to produce images of a beating heart using the same sound wave technology obstetricians use when they view an unborn baby in the womb. This imaging procedure allows the physician to see clear, color images in real-time. (Other procedures use two-dimensional, black-and-white images, which can make diagnosis more difficult and less precise.)

Event Recorder

An event recorder is an ambulatory monitoring device used to record the electrical activity (ECG) of a patient's heart for a prolonged period of time on an outpatient basis. Its purpose is to look for evidence of transient cardiac problems (problems that come and go), which were not apparent when a standard ECG was performed. Event recorders use a circular tape that stores approximately 30 seconds of a patient's heart rhythm. When the patient experiences the "symptom of interest", he/she presses a button that freezes the recording, which is transmitted by telephone to our interpreting center.

Exercise Stress Test

An exercise stress test is used to measure the heart's tolerance for exercise and detect various forms of heart disease. An echocardiogram is performed before and after mild exercise on a treadmill to measure the heart's activity.

Holter Monitoring

A Holter monitor is a portable electrocardiogram (ECG) that monitors the electrical activity of a patient's heart for 24-48 hours while he/she moves around freely. With the Holter monitor, electrode leads are applied to the skin and attached to a tape recorder. The patient is sent home to resume normal activities while the monitor records a continuous ECG tracing for physician analysis. Its purpose is to look for evidence of transient cardiac problems (problems that come and go), which were not apparent when a standard ECG was performed.

Nuclear Stress Test

A nuclear stress test is a type of electrocardiogram (ECG) that compares the heart's electrical activity when at rest and when it's under exertion. A nuclear stress test also produces images that indicate contrasting light and dark spots of the heart.

These contrasts reveal any scarring or reductions in blood flow that occurred before, during or after exertion.

Signal-averaged EKG

A signal-averaged electrocardiogram (ECG) captures all the electrical signals from the heart and averages them to provide the physician more detail regarding how the heart's electrical system is working. Electrodes (small, plastic patches) are placed at certain locations on the chest, arms and legs. When these electrodes are connected to the ECG machine by lead wires, the electrical activity of the heart is measured, interpreted and printed out for further interpretation. During this procedure, multiple ECG tracings are obtained during approximately 20 minutes in order to capture abnormal heartbeats (arrhythmias), which may only occur intermittently.

Stress Echocardiogram

An echocardiogram is a common test that utilizes sound waves to produce images of the heart in motion. Your doctor can use these images to identify various abnormalities in the heart muscle and valves. Some heart problems occur only during exercise. In a stress echocardiogram, ultrasound images of the heart are taken before, and immediately after the patient walks on a treadmill or rides a stationary bike. If the patient is unable to exercise, a chemical can be injected into the bloodstream to make the heart beat more rapidly, as if the patient were exercising.

Tilt Table Testing

Tilt table testing is a diagnostic test performed on a pivoting table that helps a physician determine why a patient's blood pressure sudden drops, which often lead to fainting. The patient begins the test in a horizontal position before being tilted head up and feet down to replicate the factors leading to blood pressure related fainting. A medication may be used during testing to stimulate the patient's abnormal reflex. The patient's response to tilt table testing (including symptoms of fainting, EKG strips and blood pressure response) determines further therapy.

Transesophageal Echocardiogram (TEE)

In some patients, closely positioned ribs, obesity and emphysema may create technical difficulties that limit the transmission of the standard echocardiogram ultrasound beams to and from the heart. If this happens, your physician may request a transesophageal echocardiogram (TEE). With the TEE, the echo transducer is placed in the esophagus (or food pipe) that connects the mouth to the stomach. Since the esophagus sits behind the heart, the echo beam can avoid many of the obstacles in the front of the chest, capturing a much clearer image of the heart.

Walk in Clinics: Making It Easy to Get Heart Care

If you are having non-life threatening cardiac symptoms – including chest discomfort, palpitations, shortness of breath or rapid heart rate – or not feeling well, accessible same-day care is available to you.

You will have direct access to our medical expertise and state-of-the-art diagnostic testing, including echocardiogram, EKG, and stress testing. We will then work with referring physicians to develop a plan for treatment that is suited to meet your individual needs.

2546 Balltown Road
Suite 300, Schenectady
Monday - Friday, 8 am to 4 pm
518-377-8184

2 Palisades Drive, Albany
Monday - Friday, 8 am to 4 pm

518-458-2000

1735 Route 9, Clifton Park
Monday - Friday, 8 am to 4 pm
518-458-2000

SPHPMA Cardiology Practices by County

Albany County

Albany Associates in Cardiology
2 Palisades Drive
Albany, NY 12205
518-458-2000

Fulton County

Cardiology Associates of Schenectady
99 East State Street
Suite G05 - Medical Arts Building
Gloversville, NY 12078
518-773-2303

Montgomery County

Cardiology Associates of Schenectady
425 Guy Park Avenue, Suite 202
Amsterdam, NY 12010
518-842-7088

Rensselaer County

Albany Associates in Cardiology
2 New Hampshire Avenue
Troy, NY 12180
518-458-2000

Saratoga County

Albany Associates in Cardiology
1735 Route 9
Clifton Park, NY 12065
518-458-2000

Cardiology Associates of Schenectady
103 Sitterly Road, Suite 2100
Clifton Park, NY 12065
518-383-9373

Saratoga Cardiology Associates
6 Care Lane
Saratoga Springs, NY 12866
518-587-7625

Schenectady County

Cardiology Associates of Schenectady
115 Saratoga Road, Suite 230
Glenville, NY 12302
518-348-5300

757 Carman Road, Suite 103
Schenectady, NY 12303
518-881-0810

2546 Balltown Road, Suite 300
Schenectady, NY 12309

518-377-8184

Warren County
Albany Associates in Cardiology
156 Quaker Road
Queensbury, NY 12804
518-458-2000

If you are an IHANY Network Specialty practice and would like your location featured in a future IHANY Monthly, please email [Brian Pinga](mailto:brian.pinga@warrencounty.org).

Education

GPRO 2021 Quality Measure Education Series



2021 IHANY GPRO Education Series

Brian Pinga CPHQ, CPht
Director of Quality Improvement &
Practice Operations

Did you miss the webinars? Here are links to the recordings:

[Volume 1](#)

[Volume 2](#)

[Volume 3](#)

The slides of all 3 volumes have been consolidated into one slide deck for your convenience. Click the image to the right of the header of this section to access a PDF copy. **Please note: CMS has updated their proposal for eCQM reporting for 2022 (more details in the CMS Updates section below). If you have any questions please reach out to [Brian Pinga](mailto:brian.pinga@warrencounty.org).**

IHANY/IPRO Collaborative Webinar QPP Performance Year 2021: Promoting Interoperability (PI) Performance Category

Tuesday, August 31st | 12:00 PM – 1:00 PM EDT

[Register here](#)

Click [here](#) to access the slides for the presentation.

The Promoting Interoperability performance category promotes patient engagement and electronic exchange of information using certified electronic health record technology (CEHRT). This webinar will help your practice/organization understand what is required for the Promoting Interoperability performance categories and how to submit data for the 2021 QPP Performance Year as part of a MIPS APM (ACO). **As a member of IHANY all participant TINs must report 90 consecutive days of 2021 Promoting Interoperability data (unless your TIN is excluded according to CMS rules) directly to CMS during the submission period (January 2022-March 2022).**

Updates from CMS

CMS Publishes Policy Changes for Quality Payment Program in 2022 in Physician Fee Schedule Proposed Rule

The Centers for Medicare & Medicaid Services (CMS) has issued its **proposed policies** for the 2022 performance year of the Quality Payment Program (QPP) via the **Medicare Physician Fee Schedule (PFS) Notice of Proposed Rule Making (NPRM)**.

2022 Policy Highlights

The following are some of the key QPP policies that have been proposed in the NPRM:

- MIPS Value Pathways (MVPs) begin in 2023 with 7 options for the first year
- **The CMS Web Interface extends as a collection type and submission type for quality measure reporting into the 2022 and 2023 performance years for Shared Savings Program Accountable Care Organizations (ACOs) (for other ACOs and registered groups and virtual groups the CMS Web Interface continues for the 2022 performance period only)**
IMPORTANT NOTE: This means we will be using GPRO (same method we have used in the past) to report our Quality measures in SSP for 2021, 2022 and for 2023 we will need to be prepared to report eCQM data. We will continue to work to prepare for the transition to eCQM reporting (all payer data directly out of your EHR).
- Updates to cost measures and improvement activities inventory
- Revisions to Promoting Interoperability performance category reporting requirements

Submit Comments

CMS is seeking comment on a variety of potential changes in the NPRM, including:

- Traditional MIPS sunsets after the end of the 2027 performance and data submission periods;
- The development of new cost measures by stakeholders;
- The appropriate number of procedures done or conditions treated at the facility types for which CMS is proposing to add affiliation; and
- The types of utilization data that could be added to Care Compare to inform patients' healthcare decisions.

You must officially submit your comments in one of the following ways:

- Electronically, through [regulations.gov](https://www.regulations.gov)
- Regular mail
- Express or overnight mail
- Hand or courier

For More Information

Learn more about the 2022 PFS NPRM and the Quality Payment Program proposals by reviewing the following resources:

- **Press release** – Provides additional details about the proposed policies for QPP and other CMS initiatives
- **2022 QPP Proposed Rule Resources:**
 - Overview Fact Sheet – Offers an overview of QPP's proposed policies for 2022

- Comparison Table – Compares 2022 NPRM proposals to the current policies in 2021
- MVPs Proposals Table – Provides an overview of the proposed policies in the 2022 NPRM related to MVPs

Questions

Please reach out to [Brian Pinga](#) with any questions you may have around CMS's proposal for 2022.

Cognitive Assessment: What's in the Written Care Plan?

Do you have a patient with a cognitive impairment? Medicare covers a separate visit for a cognitive assessment so you can more thoroughly evaluate cognitive function and help with care planning. Any clinician eligible to report evaluation and management services can offer this service, including physicians (MD and DO), nurse practitioners, clinical nurse specialists, and physician assistants. The Cognitive Assessment & Care Plan Services (CPT code 99483) typically start with a 50-minute face-to-face visit that includes a detailed history and patient exam. Use information you gather from the exam to create a written care plan.

The resulting written care plan includes initial plans to address:

- Neuropsychiatric symptoms
- Neurocognitive symptoms
- Functional limitations
- Patient or caregiver referrals to community resources, as needed, with initial education and support

Effective January 1, 2021, Medicare increased payment for these services to \$282 (may be geographically adjusted) when provided in an office setting, added these services to the definition of primary care services in the Medicare Shared Savings Program, and permanently covers these services via telehealth. Get details on Medicare coverage requirements and proper billing at cms.gov/cognitive.

Taken from CMS listserv send 6/22

Population Health News

AHRQ: CDC Chronic Pain Guidance Reduced Continued Use of Opioids

The proportion of chronic pain patients who maintained an existing opioid prescription dropped by more than 11 percentage points after the Centers for Disease Control and Prevention released prescribing guidance in 2016, according to a study by AHRQ researchers. Data from AHRQ's [Medical Expenditure Panel Survey](#) indicated that the use of nonopioid analgesics for chronic pain treatment increased by nearly 12 percentage points after the guidance was released. While just under 35 percent of existing opioid users received tapered prescriptions prior to the CDC guidance, nearly 54 percent were given tapered prescriptions afterward. However, CDC guidance had no impact on the initiation of opioid prescriptions for

new chronic pain patients. Access the [abstract](#) to the study published in the International Journal of Health Economics and Management.

Reminder: Medicare and Telehealth 2021

Telehealth has become a very useful tool to keep connected with our patients during the pandemic. To find what services are covered under telehealth for 2021 click [here](#) for the link from CMS.

Some important services to note that can be done via Telehealth:

- Advance Care Planning
- The Medicare AWV codes (HCPCS codes G0438 and G0439) are on the list of approved Medicare telemedicine services. **CMS states that self-reported vitals** may be used when a beneficiary is at home and has access to the types of equipment they would need to self-report vitals. The visit must also meet all other requirements.

We are here to help you.

Your IHANY Practice Support Team

Ashley Zapp, Manager, Care Coordination

Brian M. Pinga, Director, Quality Improvement & Practice Operations

Eileen M. Jones, Director, Clinical Condition Documentation

James Renner, Manager, Population Health Analytics

Lisa Kelly-Armstrong, Director, Network Mgmt. & Operations.

You can find all of our past newsletters on our website, click [here](#).

Learn more about IHANY

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