

Baskets of Care:

Appendices to Minnesota Administrative Rules, Chapter 4765

Minnesota Department of Health

December 2009



Division of Health Policy
Health Economics Program
PO Box 64882
St. Paul, MN 55164-0882
(651) 201-3550
www.health.state.mn.us

Baskets of Care:

*Appendices to Minnesota Administrative Rules,
Chapter 4765*

December 2009

**For more information, contact:
Division of Health Policy
Health Economics Program
Minnesota Department of Health
PO Box 64882
St. Paul, MN 55164-0882
www.health.state.mn.us
Phone: (651) 201-3550
Fax: (651) 201-5179
TDD: (651) 201-5797**

Upon request, this material will be made available in an alternative format such as large print, Braille or cassette tape.
Printed on recycled paper.

TABLE OF CONTENTS

APPENDIX A – ASTHMA CARE FOR CHILDREN.....	5
AMBULATORY CARE OF ASTHMA IN CHILDREN AGES 5 TO 18 BASKET OF CARE	5
QUALITY MEASURES.....	6
APPENDIX B – DIABETES	9
MEDICALLY UNCOMPLICATED TYPE II DIABETES BASKET OF CARE.....	9
QUALITY MEASURES.....	13
APPENDIX C – PREDIABETES.....	15
PREDIABETES BASKET OF CARE	15
QUALITY MEASURES.....	15
APPENDIX D – LOW BACK PAIN.....	17
ACUTE EPISODE OF LOW BACK PAIN BASKET OF CARE.....	17
QUALITY MEASURES.....	18
APPENDIX E – OBSTETRIC CARE	19
PRENATAL BASKET OF CARE	19
QUALITY MEASURES.....	20
APPENDIX F – PREVENTIVE CARE FOR ADULTS.....	23
PREVENTIVE CARE ASSESSMENT, RECOMMENDATIONS AND REFERRALS IN ADULTS BASKET OF CARE.....	23
QUALITY MEASURES.....	24
APPENDIX G – PREVENTIVE CARE FOR CHILDREN	25
PREVENTIVE CARE FOR CHILDREN AGES 0 TO 2 BASKET OF CARE.....	25
QUALITY MEASURES.....	27
APPENDIX H – TOTAL KNEE REPLACEMENT	29
TOTAL KNEE REPLACEMENT BASKET OF CARE	29
QUALITY MEASURES.....	31

APPENDIX A

ASTHMA CARE FOR CHILDREN:

AMBULATORY CARE OF ASTHMA IN CHILDREN AGES 5 TO 18 BASKET OF CARE

SCOPE STATEMENT

Comprehensive asthma care for children ages 5 to 18 years, diagnosed with asthma. This care is provided in one year and includes assessment and monitoring, education, control of environmental factors, medications and devices, and the use of an urgent care center.

Emergency department and hospital in-patient care is excluded. Also excluded from this basket of care are children with severe cardiovascular and/or chronic respiratory diseases. Licensed and or certified medical professionals will provide these services.

BASKET OF CARE FEATURES

Assessment and Monitoring	Frequency in One Year
Classify severity—as described in evidence-based guidelines	Initial assessment
Assess control, impairment and risk	Minimum 2 times per year
Referral to specialists (e.g., pulmonologist, allergist)	When needed for patients with consistently poorly controlled asthma
Spirometry	Minimum 1 time per year
Peak-flow monitoring (consider when spirometry not available)	Minimum 1 time per year
Medical assessment (includes): <ul style="list-style-type: none">• Height / growth curve• Physical exam• Emotional and psychological assessments• Environmental trigger exposure	2 times per year
Consider in-home assessment (for consistently poorly controlled asthmatics); includes identifying triggers and allergens	If needed
Education (culturally and developmentally appropriate) Provided by a Certified Asthma Educator	Frequency
Basic facts about asthma (includes): <ul style="list-style-type: none">• Normal airways vs airways during an asthma episode• Role of inflammation, muscle constriction, mucus production• Asthma symptoms (coughing, wheezing, shortness of breath, chest tightness)• Goals of asthma control	Initial visit and additional if needed

Trigger/environmental control (includes): <ul style="list-style-type: none"> Identifying and avoiding triggers such as allergens, smoke, infections Pre-treatment for exercise 	Initial visit and when change in environment
Patient skills (includes): <ul style="list-style-type: none"> Inhaler technique and care of equipment (provide holding chamber X2 for home and school) How to know and calculate when the MOI canister needs replacing How and when to take medications Symptom recognition and monitoring Peak flow monitoring (if applicable) When to seek care Importance of asthma check-up every 6 months 	Update if needed
Role of medications (includes): <ul style="list-style-type: none"> Controller medications Reliever medications Discuss adherence and how to work medications into daily routine Care of metered dose inhalers Nebulizer technique and care of equipment 	At each visit [may be taught by a certified asthma educator or pharmacist)
Written asthma action plan—standardized form when possible (copies to family for daycare, pre-school and school, camp, etc.)	Minimum once; update with changes of care
Asthma care coordinator (coordinate communication, education, care)	For patients with consistently poorly controlled asthma
Co-morbid conditions	Frequency
Flu shots, pneumococcal vaccine	Influenza yearly Pneumococcal once in childhood
Identify co-morbid conditions	As needed
Medications (The cost of medications and delivery devices are included in the basket of care)	Prescribed per guidelines
Long-term medications (long acting Beta ₂ Agonists, Corticosteroids)	
Quick-relief medications (short acting Beta ₂ Agonists)	
Long-term meds (leukotriene receptor antagonists)	
Durable medical equipment (holding chambers, nebulizers, etc.)	

QUALITY MEASURES

- Percent of patients who have had assessment and documentation of their asthma control
- Percent of patients who were not hospitalized due to asthma during the 12 month basket of care

-
- Percent of patients who did *not* have an emergency department visit due to asthma during the 12 month basket of care
 - Percent of patients who received a written asthma management plan with the following elements documented:
 - Information on medication doses and purposes
 - Information on how to recognize and what to do during an exacerbation
 - Information on triggers
 - Written plan given to patient
 - Percent of patients who have had assessment and documentation of their tobacco use or exposure.

APPENDIX B

DIABETES:

MEDICALLY UNCOMPLICATED TYPE II DIABETES BASKET OF CARE

SCOPE STATEMENT

Assessment, monitoring, and outpatient management of adults ages 18 to 65 years with medically uncomplicated Type II diabetes excluding pregnant women and those individuals with advanced or end stage diabetes-related complications, or other severe conditions identified below.

Complication Levels by Body System

The Medically Uncomplicated Type II Diabetes Basket of Care is intended for patients with the clinical attributes described in Levels 1 and 2. Patients with any of the clinical attributes described in either Levels 3 or 4 are excluded from this basket of care because most patients with any of these attributes will require greater levels of service than those described in this basket of care.

	Levels 1 and 2 Included in Basket of Care		Levels 3 and 4 *Excluded from Basket of Care	
Body System	Level 1	Level 2	Level 3	Level 4
	Normal	Early Complications	*Advanced Complications	*End Stage Complications
Eye	<ul style="list-style-type: none"> • Normal 	<ul style="list-style-type: none"> • Retinopathy 	<ul style="list-style-type: none"> • Laser treatment or vitrectomy 	<ul style="list-style-type: none"> • Blind or partial visual loss due to diabetes
Kidney	Stage 1-2 (Normal) <ul style="list-style-type: none"> • **eGFR > 60 (Serum Cr normal) • No micro-albuminuria 	Stage 3 <ul style="list-style-type: none"> • eGFR 30-60 (Serum Cr <2) and/or • positive micro-albuminuria (30-300) 	Stage 4 <ul style="list-style-type: none"> • eGFR 15-29 (Serum Cr >2) and/or • macroalbuminuria (>300) 	Stage 5 (End stage) <ul style="list-style-type: none"> • eGFR <15 • kidney transplant or dialysis

	Levels 1 and 2 Included in Basket of Care		Levels 3 and 4 *Excluded from Basket of Care	
Body System	Level 1	Level 2	Level 3	Level 4
Nerves	<ul style="list-style-type: none"> • Normal 	<ul style="list-style-type: none"> • Mild peripheral neuropathy (abn. 128 Hz tuning fork but normal 10g monofilament) • No neuropathy medications • No hypoglycemia unawareness • Mild to moderate hypoglycemia, but not severe hypoglycemia requiring assistance of another person 	<ul style="list-style-type: none"> • Peripheral neuropathy requiring medications (often abn. 10 gram monofilament test), or • Documented autonomic neuropathy, or • Severe hypoglycemia or hypoglycemia unawareness 	<ul style="list-style-type: none"> • Severe peripheral neuropathy or advanced (autonomic neuropathy (orthostatic, bladder, gastrointestinal)

	Levels 1 and 2 Included in Basket of Care		Levels 3 and 4 *Excluded from Basket of Care	
Body System	Level 1	Level 2	Level 3	Level 4
Heart	<ul style="list-style-type: none"> • Normal 	<ul style="list-style-type: none"> • No history of myocardial infarction or congestive heart failure (if available LVEF > 50%) • Angina – intermittent and responding to medications • Stent – no angina post procedure 	<ul style="list-style-type: none"> • Myocardial infarction, or • Coronary artery bypass graft surgery, or • Acute coronary syndrome, or • Frequent angina but some response to medications, or • Mild / Moderate congestive heart failure 	<ul style="list-style-type: none"> • Heart transplant, or • End stage heart failure, or • Unstable angina
Vascular	<ul style="list-style-type: none"> • No history of stroke or transient ischemic attack • Normal peripheral blood flow; either normal ankle brachial index (> 0.9 if available) or no claudication with ambulation 	<ul style="list-style-type: none"> • Narrow carotid artery <70% by carotid ultrasound (if available) • Reduced ankle brachial index (ABI > 0.5 but < 0.9 if available) may have intermittent claudication but able to ambulate with minimal difficulty • May have blisters and minor pressure ulcer (not requiring surgical debridement) but not recurrent ulcers 	<ul style="list-style-type: none"> • Preventive carotid artery surgery, or • Transient ischemic attack, or • Stroke with no residual deficits, or • Recurrent ulcers feet / extremities (requiring surgical debridement), or • Consistent claudication reducing ability to ambulate or ABI, or • Peripheral artery graft, stent or angioplasty 	<ul style="list-style-type: none"> • Stroke with residual deficits • Amputation

	Levels 1 and 2 Included in Basket of Care		Levels 3 and 4 *Excluded from Basket of Care	
Body System	Level 1	Level 2	Level 3	Level 4
Depression	<ul style="list-style-type: none"> Depression controlled not requiring medical intervention 	<ul style="list-style-type: none"> Depression controlled but requiring medical intervention: <ul style="list-style-type: none"> CBT, Behavioral Rx, medication 	<ul style="list-style-type: none"> Persistent Depression despite medical management 	<ul style="list-style-type: none"> Depression requiring hospitalization or ECT within last 1-2 yrs.

** eGFR = Estimated Glomerular Filtration Rate

Other Exclusionary Conditions

- Cancer
- Human Immunodeficiency Virus Infection
- Significant mental health disorders that interfere with assessment and management of diabetes
- Significant cognitive barriers, including dementia, that interfere with assessment and management of diabetes

BASKET OF CARE FEATURES

Description	Timeframe
Assessment	
<ul style="list-style-type: none"> Primary Provider Evaluation, including: <ul style="list-style-type: none"> Diabetes-related history and physical Vital signs Counseling Test coordination Comprehensive cardiovascular and cerebrovascular risk assessment (including tobacco assessment) Foot examination and risk assessment Assessment of self-management skills Psychosocial assessment Hypoglycemia assessment Review of medications Allergy and immunization review Nutrition assessment Physical activity assessment 	<ul style="list-style-type: none"> Minimum of 2 encounters per year
<ul style="list-style-type: none"> Eye examination (retinal photography screening or comprehensive evaluation by ophthalmologist or optometrist) 	<ul style="list-style-type: none"> Minimum of 1 yearly, unless prior eye examination within 2 years was normal; and then every 2 years

	thereafter
Lab Monitoring	
• Nephropathy assessment (micro albumin and/or 24 hour urine protein)	• Minimum yearly
• Creatinine (serum) and/or estimated glomerular filtration rate	• Minimum yearly
• A1c	• Minimum of 1 per 6 month period; 2 – 4 per year
• Lipid profile	• Minimum yearly
• Liver function tests (AST or ALT)	• Minimum yearly
Management	
• Education / coaching / counseling / support for nutrition therapy, physical activity, glucose monitoring, weight management, medication management and all other aspects of self-management	• Minimum of yearly assessment with an individual plan developed, implemented, and monitored until patient achieves goals
• Flu shot	• Yearly

QUALITY MEASURES

- Optimal diabetes care (ODC) composite: Percent of patients who met all of the following five criteria during the 12 month basket of care. This measure is an all or none measure using the most recent patient test values.
 - HbA1c less than 8 percent
 - Low-density lipoprotein (LDL) cholesterol less than 100 mg/dL
 - Blood pressure control less than 130/80 (systolic value less than 130 and diastolic value less than 80; both values must be less than)
 - Daily aspirin use if age 41 years or older, or documented contraindication
 - Documented tobacco free
- Dilated eye exam: Percent of patients who had a dilated eye exam within the appropriate time frame. For patients with known retinopathy, the exam must have taken place within the last 12 months; for patients with no known retinopathy, the exam must have taken place within the last 24 months.
- Comprehensive foot exam: Percent of patients who received all of the following during the 12 month basket of care. This measure is an all or none measure.
 - Visual inspection
 - Sensory exam with monofilament or tuning fork
 - Pulse exam
- Nephropathy assessment: Percent of patients with a previous microalbumin less than or equal to 300 who had at least one test for microalbumin during the 12 month basket of care.
* *A microalbumin test is not necessary for patients exhibiting macroalbuminuria.*

APPENDIX C
DIABETES:
PREDIABETES BASKET OF CARE

SCOPE STATEMENT

Management of adults ages 18 to 70 years with prediabetes, currently defined as:

Impaired Fasting Glucose (IFG)

IFG=FPG 100 mg/dl (5.6 mmol/l) to 125 mg/dl (6.9 mmol/l)

or

Impaired Glucose Tolerance (IGT)

IGT= 2-h plasma glucose 140 mg/dl (7.8 mmol/l) to 199 mg/dl (11.0 mmol/l)

BASKET OF CARE FEATURES

Description	Timeframe
Lab Monitoring	Frequency
<ul style="list-style-type: none"> Monitoring for the development of type II diabetes in those with prediabetes 	Yearly
Management	Frequency
<ul style="list-style-type: none"> Patients will be referred to a program that includes goals and curriculum similar to the Diabetes Prevention Program (DPP)¹ for weight loss of 5-10% of body weight and for increasing physical activity to at least 150 minutes of moderate activity per week. 	16-week initial program
<ul style="list-style-type: none"> Follow-up counseling on program content (weight, exercise, and cardiovascular risk reduction) based on individual patient need and circumstance. 	Minimum 3 per year

QUALITY MEASURES

- Prediabetes composite: Percent of patients who met all of the following five criteria during the 12 month basket of care. This measure is an all or none measure using the most recent patient test values.
 - Fasting plasma glucose less than 126 at one year

¹ The Diabetes Prevention Program (DPP), Description of lifestyle intervention, *Diabetes Care* 25(12), December 2002.

-
- Documented tobacco free
 - Moderate physical activity level of at least 150 minutes per week
 - Documented plan for moderate weight loss of at least 7 percent if patient's body mass index (BMI) is 25 or higher
 - Documented completion of at least 75 percent of a 16-week program similar to the Diabetes Prevention Program (DPP).

APPENDIX D
LOW BACK PAIN:
ACUTE EPISODE OF LOW BACK PAIN BASKET OF CARE

SCOPE STATEMENT

Comprehensive history and evaluation, followed by conservative treatment for adults ages 18 years and older with symptoms of low back pain that are either acute (0-6 weeks) or chronic with acute exacerbation of a previous episode, with or without radiculopathy. Continual assessment of outcome and treatment will occur during a six week period from the time of the comprehensive history and evaluation.

Patients excluded from this basket of care include pregnant women and individuals with Cauda Equina Syndrome, cancer of the spine, infection of the spine, spine or pelvic fracture, major trauma, major progressive neurological deficit, spine surgery within the preceding six months, and other medical conditions for immediate evaluation and/or treatment. The cost of any imaging, needle injections, or medications is excluded from this basket of care.

BASKET OF CARE FEATURES

Screening and Assessment	Frequency
Screening to determine urgent or emergent	At least once in the 6 week period
General assessment to determine possible exceptions to the basket of care such as severe or major progressive neurological symptoms; evaluation of start of symptoms; thorough history; functional assessment; consideration of psychosocial risk; basic neurological exam, and pain rating scale.	At least once in the 6 week period
Depression screening using PHQ-2 tool	At least once in the 6 week period
Assessment of biomechanical risk related to daily activities and work.	At least once in the 6 week period
Treatment and Management	Frequency
Plan of care established with patient	Following screening and assessment
Education to include prevention, lifestyle, fear-avoidance, advice to maintain maximum tolerable physical activity, prognosis and natural history of disease, and treatment expectations.	At beginning of diagnosis and ongoing at each patient encounter
Lifestyle changes and behavioral modifications to encourage healthy lifestyle, fitness and weight loss as needed.	Ongoing at each patient encounter
Manipulation including assessment by qualified provider	Per individual patient's clinical indications and response

Other non-invasive modalities supported by the scientific literature, including: exercise, massage, acupuncture, yoga, cognitive behavioral therapy, and superficial heat	Per clinical indications
Reassessment and reinforcement of activity recommendations.	At each patient encounter
Lumbar stabilization	Per clinical indications
Medication management: Non-opioid analgesics	As needed for pain management
Medication management: Judicious use of opioid medication for no longer than 2 weeks.	Only as appropriate for patients not responding to non-opioid analgesics
Outcome Assessment with a validated tool	Frequency
Plan of care follow up for maintenance or referral	At conclusion of treatment period

QUALITY MEASURES

- Percent of patients who had a cross sectional imaging study (i.e., MRI, CT scan) during the six weeks after pain onset. This is an overuse measure; lower performance is better.
- Percent of patients with a previous visual analog scale (VAS) pain scale rating of 4 or higher **and** an Oswestry score of 20 or higher that had a reduction of the Oswestry score by at least 30 percent at six weeks. This measure should be calculated as *initial Oswestry Score x 70% = expected score* (e.g., a patient whose initial score is 49 and 6-week score is 30; exceeds 30 percent reduction)

APPENDIX E
OBSTETRIC CARE:
PRENATAL CARE BASKET OF CARE

SCOPE STATEMENT

This basket of care is for prenatal services provided to women with a confirmed, singleton intrauterine pregnancy. The timeframe is from the confirmation of pregnancy until the onset of obstetrical labor. Services are provided by licensed health care professionals. Excluded are those patients with high-risk pregnancies due to HIV, insulin dependent diabetes, and multiple gestations.

BASKET OF CARE FEATURES

Prenatal Assessments	Frequency
Preterm labor risk assessment	Every visit
Herpes Assessment	Initial and as needed
Varicella Assessment	Initial
Lead risk assessment	Initial
Tuberculosis risk assessment	Initial
Screening Maneuvers	Frequency
Height, weight, body mass index (BMI)	Height and BMI at initial visit Weight at every visit
Blood pressure	Every visit
GC / chlamydia	Initial; repeat as appropriate (Age and risk specific)
History / physical exam	Initial
Rubella antibody test	Initial
Syphilis test	Initial
HIV	Initial and as appropriate
CBC / Hgb	Initial and as indicated
ABO / Rh / Ab	Initial Ab screen if Rh negative
Urinalysis / culture	Initial and as indicated
Hepatitis B serum antigen	Initial
Lead screening	If appropriate
Herpes and varicella testing	If appropriate
Pap test	If indicated
TB test (Mantoux or chest x-ray)	If indicated
Ultrasound (limited)	Only if indicated

Cervical Assessment	As needed
Fetal heart tones	Each visit after 10 weeks
Gestational Diabetes Screening (1 and 3 hour test) Glucose Tolerance 3 hour	One As indicated
Fundal Height	Every visit after 20 weeks
Confirm Fetal Position	Every visit after 36 weeks
Group B Strep culture	Once; repeat as needed
Counseling and Education Topics and Interventions	Frequency
Review warning signs	Each trimester
Substance use (tobacco, alcohol, drugs)	Initial and each trimester
Nutrition and weight, exercise	Initial and as needed
Nausea and vomiting	Initial and as needed
Review medications, vitamins, herbal supplements	Update each trimester
Folic acid supplement (discuss need)	Initial
Domestic violence	Initial and each trimester
Depression	Initial and each trimester
Other prenatal education (physiology of pregnancy, fetal growth, breast feeding, working, sexuality, etc.)	On-going
Discuss first and second trimester fetal aneuploidy screening testing	Initial, second trimester
Awareness of fetal movement	On-going
Labor and delivery concerns of the patient (e.g., episiotomy, when to call the provider, management of late pregnancy)	As needed
Post-partum concerns (e.g., depression, contraception, pediatric care)	As needed
Vaginal Birth after Caesarean section (VBAC)	If indicated
Immunizations and Chemoprophylaxis (Provided)	Frequency
Tetanus booster	If needed
Hepatitis B vaccine	If at risk
Influenza	If indicated
RhoGAM	If indicated
Number of Prenatal Visits	Typical range 10-14 visits

QUALITY MEASURES

- Percent of patients who have had assessment and documentation of tobacco use and referral for counseling if indicated
- Percent of patients who have had assessment and documentation of drug and alcohol use and referral for counseling if indicated
- Labs composite: Percent of patients who have documented completion of the following labs. This is an all or none measure.
 - GC / chlamydia

-
- Rubella antibody test
 - Syphilis test
 - HIV test
 - CBC / Hgb
 - ABO / Rh / Ab and follow-up with RhoGAM shot if indicated
 - Urinalysis / culture
 - Hepatitis B serum antigen
 - Gestational diabetes screening or glucose tolerance test
 - Group B strep culture
- Percent of patients who have had assessment and documentation of body mass index (BMI) and referral for counseling if indicated
 - Percent of patients who have had assessment and documentation of depression and referral for counseling if indicated

APPENDIX F

PREVENTIVE CARE FOR ADULTS: PREVENTIVE CARE ASSESSMENT, RECOMMENDATIONS AND REFERRALS IN ADULTS BASKET OF CARE

SCOPE STATEMENT

To provide comprehensive health assessments, preventive counseling and appropriate referrals for adults age 18-75. Additionally, to provide a report that summarizes the assessments and contains the recommendations for screening maneuvers and immunizations based on health risk, age and gender.

BASKET OF CARE FEATURES

Health Screening / Risk Assessment For:	Once per year
• Personal health history, including family health history	
• Lifestyle risk factors (e.g. exercise, nutrition, sexually transmitted infections, sexual behaviors, sleep habits, etc.)	
• Tobacco use	
• Hazardous or harmful alcohol use	
• Substance abuse and misuse	
• Depression and anxiety	
• Height and weight measurement (calculate body mass index (BMI))	
• Breast cancer screening	
• Colorectal cancer screening	
• Cervical cancer screening	
• Hypertension (blood pressure)	
• Hyperlipidemia (lipid tests)	
• Vision	
• Hearing	
• Osteoporosis	
• Chlamydia	
• Abdominal aortic aneurysm (males)	
• Diabetes screening	
• Prostate cancer screening	
• Comprehensive immunization review	
Summary Report / Preventive Care Plan Based on Health Assessment	Once per year
• Risk reduction recommendations based on health assessment: physical activity, nutrition, healthy weight / obesity / BMI, reinforce healthy lifestyle, safety awareness, calcium supplement, depression and anxiety, folic acid consumption for women of reproductive age, etc	
• Tobacco cessation advice, assistance, and referral as appropriate	

<ul style="list-style-type: none">• Hazardous or harmful alcohol use advice, assistance, and referral as appropriate
<ul style="list-style-type: none">• Recommendations for screening maneuvers / tests and immunizations as indicated

QUALITY MEASURES

- Percent of patients who have had assessment and documentation of tobacco use and referral for counseling if indicated
- Percent of patients who have had assessment and documentation of drug and alcohol use and referral for counseling if indicated
- Percent of patients who have had assessment and documentation of BMI and referral for counseling if indicated
- Percent of patients who have had assessment and documentation of depression and referral for counseling if indicated
- Percent of patients who received a summary report or preventive care plan with the following four mandatory elements documented:
 - Risk reduction recommendations
 - Tobacco cessation advice, assistance and referral
 - Hazardous or harmful alcohol use advice, assistance and referral
 - Recommendations for screening maneuvers / tests and immunizations

APPENDIX G

PREVENTIVE CARE FOR CHILDREN:

PREVENTIVE CARE FOR CHILDREN AGES 0 TO 2 BASKET OF CARE

SCOPE STATEMENT

Clinical preventive services and health care maintenance for children from birth following hospital discharge up to but not including the second birthday.

This basket of care is intended for children seeking preventive health care and is not intended for the diagnosis and treatment of acute or chronic conditions. If an issue is identified, other guidelines and recommendations should be used to manage the condition. The costs of immunizations and lab tests and the active management of any illness and diagnosis or treatment of any disease or condition are excluded from this basket of care.

Any organization that offers this basket of care must be able to maintain a complete and up-to-date patient medical record. Refusal of any basket of care features should be documented. Services must be delivered within provider scope of practice.

BASKET OF CARE FEATURES

Description	Frequency
Immunizations: Assure up-to-date status up to the patient's second birthday or document refusal	Frequency based on ACIP recommendations
Breastfeeding promotion: advice, referral to resources for lactation services as appropriate	Minimum three times
Documentation and confirmation of completion of newborn blood spot screen and documentation of follow-up of abnormal screening findings.	Before one month of age
Vision assessment to include ocular history, parental observations and/or concerns and eye evaluation.	At each preventive care encounter
Documentation and confirmation of completion of hearing screening, ensure appropriate follow-up of abnormal findings consistent with MDH guidelines. Documentation of follow-up of abnormal screening findings.	Before one month of age
Infant sleep positioning and SIDS counseling	At initial visit and each preventive care encounter through six months of age as appropriate.
Subjective hearing surveillance: ask about parental or caregiver concerns. Refer and document referral for abnormal hearing screen.	At each preventive care encounter
Maintenance and updating of problem list, past medical history, and family and social history	At each preventive care encounter

Age-specific anticipatory guidance, including injury prevention counseling, and education on expected developmental milestones	At each preventive care encounter
Complete physical examination	At least eight face-to-face visits with at least four complete physical exams during basket of care period
Measuring, recording, reviewing and interpreting growth via weight, length and head circumference plotted on a growth curve. Documentation of follow-up of abnormal screening findings.	At each preventive care encounter
Developmental surveillance and screening using validated tools. Documentation of follow-up of abnormal screening findings.	Surveillance at each preventive care encounter. Screen twice within basket of care period: <ul style="list-style-type: none"> • Between 6 and 12 months • Between 15 months and 2 years
Car seat safety counseling <ul style="list-style-type: none"> • Rear facing until height / weight achieved as recommended by car seat manufacturer and according to state law • Provide resources on using car seats appropriately, such as advise the patient to have a demonstration and/or check of proper car seat installation 	At least three times during the basket of care period
Healthy lifestyle counseling and reinforcement including obesity prevention	At each preventive care encounter
Feeding and nutritional assessment <ul style="list-style-type: none"> • Assessment for adequate iron intake • Assess diet to see if consistent with known healthy intake patterns (e.g., calcium, vitamin D, fruits and vegetables) 	At each preventive care encounter
Assess avoidance of secondhand smoke and offer referral for tobacco cessation counseling for parent / caregiver as appropriate	At each preventive care encounter
Autism screening with a validated tool and documentation of follow-up of abnormal screening findings.	Conducted once at 15 months or later
Assessment of lead risk and documentation of follow-up of abnormal screening findings.	Frequency as appropriate to geographic risk
Assessment of tuberculosis (TB) risk and documentation of follow-up of abnormal screening findings.	Once in first year, once in second year.
Assess and counsel regarding fluoride intake for dental care prevention	At least once during the basket of care period and ongoing as needed based on patient history.

QUALITY MEASURES

- Percent of patients with documented up-to-date immunizations or refusal
- Percent of patients with documented breast feeding promotion
- Percent of patients with documented vision assessment at each encounter
- Percent of patients with documented hearing screening and follow up
- Percent of patients with documented infant sleeping position and SIDS counseling at each encounter

APPENDIX H

TOTAL KNEE REPLACEMENT BASKET OF CARE

SCOPE STATEMENT

The total knee replacement (TKR) basket of care is for adults between the ages of 18 and 64, body mass index of less than 35 with mild or no systemic disease, who are electing unilateral primary (first time) total knee replacement as recommended by orthopedic consultation. The basket of care ends 90 days after the procedure.

A preoperative history and physical is required prior to the surgical procedure, and encouraged to be performed by the patient's primary care provider, but is not included in the basket of care.

BASKET OF CARE FEATURES

Description	Timeframe / Frequency
Preoperative Phase	
<ul style="list-style-type: none">• Pre-surgery education including:<ul style="list-style-type: none">• Procedure education• Physical therapy education & exercises• Deep vein thrombosis prophylaxis (mechanical & chemical)• Nutrition discussion (referral if indicated)• Smoking identification (referral if indicated)	Prior to procedure
<ul style="list-style-type: none">• Case management for planning post hospital discharge	Prior to procedure
Operative / Acute Care Phase	
<ul style="list-style-type: none">• Anesthesia / Operating room services	As required for surgical procedure
<ul style="list-style-type: none">• Professional fees	As required for care within the basket of care
<ul style="list-style-type: none">• Knee prosthesis	Per clinical indications
<ul style="list-style-type: none">• Imaging	Minimum of 1 set postoperative films and other imaging as clinically indicated
<ul style="list-style-type: none">• Laboratory<ul style="list-style-type: none">• Postoperative hemoglobin and other laboratory studies as indicated	Per clinical indications
<ul style="list-style-type: none">• Deep vein thrombosis prophylaxis<ul style="list-style-type: none">• Mechanical compression devices• Chemical (anticoagulation medications)• Laboratory tests as indicated;	Per clinical indications

Description	Timeframe / Frequency
International normalized ratio (INR) if on Coumadin	
<ul style="list-style-type: none"> • Post procedure, hospital, transitional care unit, home health, or alternative site services 	Per patient requirements
<ul style="list-style-type: none"> • Medications <ul style="list-style-type: none"> • Prophylactic antibiotics or up to 24 hours post-surgery) • Continuation of home medications during the inpatient stay 	Per clinical indications
<ul style="list-style-type: none"> • Pain management 	Per patient requirement
<ul style="list-style-type: none"> • Physical therapy 	Per patient requirements
<ul style="list-style-type: none"> • Durable medical equipment 	Per patient requirements
<ul style="list-style-type: none"> • Occupational therapy if indicated for discharge to home 	Per patient requirements
<ul style="list-style-type: none"> • Medicine consultation and follow up as needed for medications / conditions not related to the TKR surgery 	Per clinical indications
<ul style="list-style-type: none"> • Inpatient case management 	Per patient requirements
Post Hospital Phase (Through 90 Days After Total Knee Replacement)	
<ul style="list-style-type: none"> • Postoperative follow-up surgical visits 	Per clinical indications
<ul style="list-style-type: none"> • Physical therapy 	Per patient requirements
<ul style="list-style-type: none"> • Durable medical equipment 	Per patient requirements
<ul style="list-style-type: none"> • Occupational therapy if indicated for discharge 	Per patients requirements
<ul style="list-style-type: none"> • Deep vein prophylaxis <ul style="list-style-type: none"> • Mechanical compression devices • Chemical (anticoagulation medications) • Laboratory tests as indicated; INR if on Coumadin 	Per clinical indications
<ul style="list-style-type: none"> • Pain management 	Per patient requirements
<ul style="list-style-type: none"> • Imaging 	1 plain film of knee post-operatively
<ul style="list-style-type: none"> • Home health 	Per patient requirements
<ul style="list-style-type: none"> • Transitional care unit 	Per patient requirements
<ul style="list-style-type: none"> • Inpatient care for readmission within 90 days after procedure resulting from complications related to the surgical site, for care delivered by the same provider group 	Per clinical indications

QUALITY MEASURES

- Average change in individual patient functional status, as measured by the Oxford Knee Score at both pre-op and 90 days post procedure.
- Avoidance of complications: Percent of patients who were *not* readmitted to a hospital *and* who did *not* receive any inpatient or outpatient procedures for a complication related to the surgical site within 90 days of the total knee replacement



Division of Health Policy
Health Economics Program
PO Box 64882
St. Paul, MN 55164-0882
(651) 201-3550
www.health.state.mn.us

12/09