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THE WEBINAR REPLAY A PDF OF THE SLIDEDeck, AND A LIST OF ALL Q&AS WILL BE AVAILABLE ON THE eCQI RESOURCE CENTER WEBSITE AND AN EMAIL WILL BE SENT TO ALL THAT REGISTERED WITH THE LOCATION WHEN THEY ARE POSTED.

Eligible Clinician eCQM Preventive Care and Screening Measures

January 15, 2019
1:00 – 2:00 p.m. ET



Agenda

Topic	Speaker
Introduction and Meeting Objectives	Susan Arday CMS
CMS22: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Katie Magoulick, Gary Rezek Quality Insights
CMS147: Preventive Care and Screening: Influenza Immunization	Beth Bostrom PCPI
CMS138: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Jamie Lehner PCPI
Questions and Answers	

Objectives for Today's Call

1. Understand the new Clinical Quality Language (CQL) expression for Preventive Care and Screening electronic clinical quality measures (eCQMs)
2. Address the most frequently asked questions and answers for each of these eCQMs, and how to follow ongoing information about these measures through ONC Project Tracking System (JIRA)
3. Learn about changes to these eCQMs for 2019 Merit-based Incentive Payment System (MIPS) reporting, including new CQL updates

Disclosure Statement

These staff and speakers have disclosed that neither they nor their spouses/partners have any financial arrangements or affiliations with corporate organizations that either provide educational grants to this program or may be referenced in this activity:

- » Katie Magoulick, Quality Insights
- » Gary Rezek, Quality Insights
- » Beth Bostrom, PCPI
- » Jamie Lehner, PCPI

Quality ID 317 / CMS22 Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

Katie Magoulick
Gary Rezek
Quality Insights

Quality ID 317 / CMS22: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up

- » Measure Description: Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated
- » Denominator: All patients aged 18 years and older at the beginning of the measurement period with at least one eligible encounter during the measurement period
- » Denominator Exclusions: Patient has an active diagnosis of hypertension

Quality ID 317 / CMS22: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up

- » Numerator: Patients who were screened for high blood pressure AND have a recommended follow-up plan documented, as indicated if the blood pressure is pre-hypertensive or hypertensive

- » Denominator Exceptions:
 - Patient Reason(s):
 - Patient refuses to participate (either BP measurement or follow-up)
 - OR
 - Medical Reason(s):
 - Patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status. This may include but is not limited to severely elevated BP when immediate medical treatment is indicated

Quality ID 317 / CMS22: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up

» Denominator Exceptions vs. Denominator Exclusions

- Denominator exclusion criteria are evaluated before checking if a patient meets the numerator criteria
- A patient who qualifies for the denominator exclusion would be removed from the denominator
- Denominator exception criteria are only evaluated if the patient does not meet the numerator criteria
- Patients who do not meet numerator criteria and also meet denominator exception criteria (e.g. medical reason for not performing a screening) would be removed from the denominator

Quality ID 317 / CMS22: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up: Most Frequently Asked Questions

Denominator Exceptions

- » Q: Can the denominator exception criteria be documented outside an eligible encounter?

- » A: Any denominator exception criteria must be documented during the eligible encounter within the measurement period.

Quality ID 317 / CMS22: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up: Most Frequently Asked Questions

Numerator – timing of blood pressure screening

- » Q: Do we need verification that the blood pressure screening occurred during a qualifying encounter?

- » A: The blood pressure screening must occur at the time of a qualifying encounter.
 - The measure uses the most recent BP reading from the last eligible encounter during the measurement period

Quality ID 317 / CMS22: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up: Most Frequently Asked Questions

Numerator- timing of the recommended follow-up

- » Q: Can the recommended follow-up for a pre-hypertensive or hypertensive reading occur before the BP screening encounter?
- » A: The follow up must begin concurrently with, or start after, the eligible BP screening encounter
 - Cannot occur prior to the eligible encounter
 - The follow up must be ordered within 24 hours after the start of the encounter

Quality ID 317 / CMS22: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up: Most Frequently Asked Questions

Review of Eligible Follow-Interventions

- » A follow-up plan, based on the current blood pressure (BP) reading, must be documented to meet measure intent
 - Prehypertensive, First Hypertensive and Second Hypertensive Readings require follow- up intervention orders within specified time frames

- » Eligible Follow-up Intervention orders include any of the following:
 - Lifestyle Recommendation
 - Weight Reduction Recommended
 - Dietary Recommendations
 - Physical Activity Recommendation
 - Moderation of ETOH Consumption Recommendation
 - Referral to Alternate Provider

Quality ID 317 / CMS22: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up: Changes for 2019 MIPS reporting

- » Coding updates needed for successful reporting
 - Replaced LOINC single code value sets with **direct referenced codes**. A direct referenced code is a single concept code that is used to describe a clinical element directly within the logic. The use of direct referenced codes replaces the need for single code value sets..
 - Diastolic and Systolic Blood pressure now referred to by LOINC codes (no longer OIDs)

Quality ID 317 / CMS22: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up: Changes for 2019 MIPS reporting

- » Coding updates needed for successful reporting
 - Systolic and Diastolic for 2018 reporting

Data Criteria (QDM Data Elements)

- "Physical Exam, Performed: Diastolic Blood Pressure" using "Diastolic Blood Pressure Grouping Value Set (2.16.840.1.113883.3.526.3.1033)"
- "Physical Exam, Performed: Systolic Blood Pressure" using "Systolic Blood Pressure Grouping Value Set (2.16.840.1.113883.3.526.3.1032)"

Quality ID 317 / CMS22: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up: Changes for 2019 MIPS reporting

- » Coding updates needed for successful reporting
 - Systolic and Diastolic as direct referenced codes for 2019 reporting

Data Criteria (QDM Data Elements)

- "Physical Exam, Performed: Diastolic blood pressure" using "Diastolic blood pressure (LOINC version 2.63 Code 8462-4)"
- "Physical Exam, Performed: Systolic blood pressure" using "Systolic blood pressure (LOINC version 2.63 Code 8480-6)"

Quality ID 317 / CMS22: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up: Changes for 2019 MIPS reporting

- » Coding updates needed for successful reporting
 - Use of direct reference codes in CQL

▲ Most Recent Systolic Reading During Most Recent Blood Pressure Screening Encounter

```
Last(["Physical Exam, Performed": "Systolic blood pressure"] SystolicBP
  with "Most Recent Blood Pressure Screening Encounter" LastBPEncounter
  such that SystolicBP.relevantPeriod during LastBPEncounter.relevantPeriod
  and SystolicBP.result is not null
  sort by start of relevantPeriod
)
```

Quality ID 317 / CMS22: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up: Changes for 2019 MIPS reporting

- » Coding updates needed for successful reporting
 - Value set BP Screening Encounter Codes (2.16.840.1.113883.3.600.1920): Added 5 CPT codes (99236, 99315, 99316, 99339, 99340). **Added codes for nursing home and other assisted living type encounters.**
 - Value set Anti-Hypertensive Pharmacologic Therapy (2.16.840.1.113883.3.600.1476): Deleted 8 RXNORM codes (1009220, 1009247, 1009315, 1009320, 197497, 247516, 310139, 901446). **Deleted specific formulations that have been discontinued.**

Questions?



Quality ID 110 / CMS147: Preventive Care and Screening: Influenza Immunization

Beth Bostrom
PCPI

Quality ID 110 / CMS147: Preventive Care and Screening: Influenza Immunization

- » Measure Description: Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization
- » Initial Population: All patients aged 6 months and older seen for a visit during the measurement period
- » Denominator: Equals Initial Population and seen for a visit between October 1 and March 31
- » Denominator Exclusions: None

Quality ID 110 / CMS147: Preventive Care and Screening: Influenza Immunization

- » Numerator: Patients who received an influenza immunization OR who reported previous receipt of an influenza immunization
- » Denominator Exceptions:
 - Documentation of medical reason(s) for not receiving influenza immunization (e.g., patient allergy, other medical reasons)
 - Documentation of patient reason(s) for not receiving influenza immunization (e.g., patient declined, other patient reasons)
 - Documentation of system reason(s) for not receiving influenza immunization (e.g., vaccine not available, other system reasons)

Quality ID 110 / CMS147: Preventive Care and Screening: Influenza Immunization: Most Frequently Asked Questions

- » Q: How many encounters are needed to meet the measure requirements?
- » A: You may only need one encounter to satisfy the initial population and denominator criteria; however, you could need two separate encounters, depending on the timing of the encounter(s).

Quality ID 110 / CMS147: Preventive Care and Screening: Influenza Immunization: Most Frequently Asked Questions

» Cont'd - Assume 2018 is our Measurement Period

▲ Initial Population

```
exists ( ["Patient Characteristic Birthdate"] BirthDate
  where Global."CalendarAgeInMonthsAt"(BirthDate.birthDatetime, start of "Measurement Period")>= 6
)
and ( exists "Initial Qualifying Encounter During Measurement Period"
  or exists "Hemodialysis During Measurement Period"
  or exists "Peritoneal Dialysis During Measurement Period"
)

```

Encounter between
Jan 1 – Dec 31, 2018

▲ Denominator

```
"Initial Population"
and ( exists "Encounter During Influenza Season"
  or exists "Hemodialysis During Influenza Season"
  or exists "Peritoneal Dialysis During Influenza Season"
)

```

Encounter between
Oct 1, 2017 – Mar 31, 2018

Quality ID 110 / CMS147: Preventive Care and Screening: Influenza Immunization: Most Frequently Asked Questions

» Cont'd - Assume 2018 is our Measurement Period

Scenario 1:

1/5/2018 – Office Visit
This single visit meets both the IP and the D, since it falls both within the measurement period AND the flu season

Scenario 2:

10/2/2017 – Office Visit
6/1/2018 – Office Visit
The first visit satisfies the D requirement, as this falls within the flu season, but the patient isn't pulled into the IP until June 1st, which satisfies the IP requirement

Scenario 3:

6/1/2018 – Office Visit
10/3/2018 – Office Visit
Though the patient has a visit that meets the IP, there isn't a visit during the current flu season. This situation may be counted towards the following reporting year.

Quality ID 110 / CMS147: Preventive Care and Screening: Influenza Immunization: Most Frequently Asked Questions

- » Q: What is the timeframe in which the influenza vaccination must be administered to meet the measure?
- » A: The influenza vaccination must be administered between August 1 – March 31 of the current flu season. For the purposes of this measure, the flu season begins on October 1 of the year prior to the measurement period, and ends on March 31 during the measurement period.

Quality ID 110 / CMS147: Preventive Care and Screening: Influenza Immunization: Most Frequently Asked Questions

- » Q: If a patient says they have already received a flu shot, how is this documented?
- » A: If a patient has already received a flu shot during the current influenza season, the patient will still meet the numerator using the Quality Data Model (QDM) datatype: “Communication: From Patient to Provider” and captured using the “Previous Receipt of Influenza Vaccine” value set.

Quality ID 110 / CMS147: Preventive Care and Screening: Influenza Immunization: Most Frequently Asked Questions

- » Q: Why are there two QDM datatypes to administer the influenza vaccine? Both “Procedure, Performed”: “Influenza Vaccination” and “Immunization, Administered”: “Influenza Vaccine” are included in the measure.
- » *Note: Answer included on next slide.*

Quality ID 110 / CMS147: Preventive Care and Screening: Influenza Immunization: Most Frequently Asked Questions

- » A: PCPI adheres to the terminology standards put forth in the CMS Measures Management System Blueprint and specified the measure using the “Immunization, Administered” QDM datatype and the “Influenza Vaccine” value set, which includes CVX codes.
- » However, we heard feedback from providers and implementers that CPT is commonly used to document the administration of a flu shot. To allow for greater flexibility, we included the “Procedure, Performed” QDM datatype and the “Influenza Vaccination” value set, which includes CPT codes.

Quality ID 110 / CMS147: Preventive Care and Screening: Influenza Immunization: Most Frequently Asked Questions

- » Q: If the measurement period is 2018 and a patient has an allergy to eggs that starts on July 1, 2018, and ends on February 1, 2019, does the patient qualify as a valid exception?
- » A: This patient does not qualify as a valid exception. In order for a patient to qualify as an exception, their allergy must be active for the entire current flu season. The allergy noted above starts on July 1, 2018 and ends on February 1, 2019. This is after the end of the flu season (October 1, 2017 – March 31, 2018) being reported on during the 2018 measurement period. Because of this, the allergy would not be an applicable exception for that reporting year.

Quality ID 110 / CMS147: Preventive Care and Screening: Influenza Immunization

Changes you need to know for 2019

» Coding updates needed for successful reporting:

- **Value set Patient Reason (2.16.840.1.113883.3.526.3.1008):**
Deleted 1 SNOMEDCT code (385648002). **Deleted code due to terminology updates as a part of annual maintenance.**
- **Value set Influenza Vaccine (2.16.840.1.113883.3.526.3.1254):**
Added 1 CVX code (186) and deleted 1 CVX code (153). **Deleted and added codes due to terminology updates as a part of annual maintenance.**
- **Value set Influenza Vaccination (2.16.840.1.113883.3.526.3.402):** Added 1 CPT code (90756). **Added code due to terminology updates as a part of annual maintenance.**

Quality ID 110 / CMS147: Preventive Care and Screening: Influenza Immunization

Changes you need to know for 2019

- » **Created extensional value sets for encounters to replace Face to Face Interaction value set.**
 - **Value set Face-to-Face Interaction** (2.16.840.1.113883.3.464.1003.101.12.1048):
Removed value set.
 - **Value set Care Services in Long-Term Residential Facility** (2.16.840.1.113883.3.464.1003.101.12.1014): Added SNOMEDCT extensional value set.
 - **Value set Home Healthcare Services** (2.16.840.1.113883.3.464.1003.101.12.1016):
Added SNOMEDCT extensional value set.
 - **Value set Nursing Facility Visit** (2.16.840.1.113883.3.464.1003.101.12.1012):
Added SNOMEDCT extensional value set.
 - **Value set Office Visit** (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set.
 - **Value set Outpatient Consultation** (2.16.840.1.113883.3.464.1003.101.12.1008):
Added SNOMEDCT extensional value set.

Quality ID 110 / CMS147: Preventive Care and Screening: Influenza Immunization Changes you need to know for 2019

» Value set Encounter-Influenza

(2.16.840.1.113883.3.526.3.1252):

- Removed SNOMED extensional Face-to-Face Interaction value set.
- Added SNOMED extensional value sets for:
 - Office Visit, Outpatient Consultation, Nursing Facility Visit, Care Services in Long-Term Residential Facility, and Home Healthcare Services

Questions?



Quality ID 226 / CMS138: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Jamie Lehner
PCPI

Quality ID 226 / CMS138: Preventive Care and Screening: Tobacco Use Screening and Cessation Intervention

» Measure Description:

Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user

Three rates are reported:

- a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months
- b. Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention
- c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user

Quality ID 226 / CMS138: Preventive Care and Screening: Tobacco Use Screening and Cessation Intervention: Population 1

» Initial Population/Denominator:

- All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period

» Numerator:

- Patients who were screened for tobacco use at least once within 24 months

» Denominator Exceptions:

- Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason)

Quality ID 226 / CMS138: Preventive Care and Screening: Tobacco Use Screening and Cessation Intervention: Population 2

» Initial Population/Denominator:

- All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period who were screened for tobacco use and identified as a tobacco user

» Numerator:

- Patients who received tobacco cessation intervention

» Denominator Exceptions:

- Documentation of medical reason(s) for not providing tobacco cessation intervention (e.g., limited life expectancy, other medical reason)

Quality ID 226 / CMS138: Preventive Care and Screening: Tobacco Use Screening and Cessation Intervention: Population 3

» Initial Population/Denominator:

- All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period

» Numerator:

- Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation intervention if identified as a tobacco user

» Denominator Exceptions:

- Documentation of medical reason(s) for not screening for tobacco use OR for not providing tobacco cessation intervention for patients identified as tobacco users (e.g., limited life expectancy, other medical reason)

Quality ID 226 / CMS138: Preventive Care and Screening: Tobacco Use Screening and Cessation Intervention: Most Frequently Asked Questions

- » Q: Why was the measure split into 3 populations?
- » A: In order to see where improvement was needed, the measure was split into different populations based on the screening and cessation intervention components. Clinicians, beginning in 2018, can utilize the third rate to compare performance scores across program years, as the third rate is modeled to reflect both clinical actions, as the measure has been implemented in the federal programs historically.

Quality ID 226 / CMS138: Preventive Care and Screening: Tobacco Use Screening and Cessation Intervention: Most Frequently Asked Questions

- » Q: What is the difference between the populations and can you just add the score of populations 1 and 2 in order to get the performance score for population 3?
- » A: No, you cannot simply add populations 1 and 2 together in order to get the score for the third, overall, rate, as population 2's denominator is a subset of the denominator used in populations 1 and 3.
- » Let's take a closer look!

Quality ID 226 / CMS138: Preventive Care and Screening: Tobacco Use Screening and Cessation Intervention: Most Frequently Asked Questions

Population 1

- » Patients 18 y/o with 1 preventive visit = 100
- » Patients screened for tobacco use = 80
- » Medical reason for not screening = 10

Performance Score :

$$\frac{80}{(100 - 10)} = 88.9\%$$

Population 2

- » Patients 18 y/o with 1 preventive visit = 100
- » Patients screened for tobacco use - users = 50
- » Users who received cessation intervention = 20
- » Medical reason for not providing cessation = 10

Performance Score :

$$\frac{20}{(50 - 10)} = 50.0\%$$

Population 3

- » Patients 18 y/o with 1 preventive visit = 100
- » Patients screened for tobacco use – nonusers = 30
- » Patients screened for tobacco use – users = 50
- » Users who received cessation intervention = 20
- » Medical reason for not screening or providing cessation = 20

Performance Score :

$$\frac{(30 + 20)}{(100 - 20)} = 62.5\%$$

Quality ID 226 / CMS138: Preventive Care and Screening: Tobacco Use Screening and Cessation Intervention: Most Frequently Asked Questions

- » Q: Do I need to screen my patient at every visit to meet this measure?
- » A: No. The measure requires the patient have an encounter(s) during the measurement period to satisfy one of the initial population/denominator requirements. However, the screening must happen at least once within a 24-month period – this may be during the measurement period or the year prior. The numerator of the measure looks at the *most recent* screening during that time period. If the patient was screened multiple times, the measure will look at the *last* one, or the one closest to the end of the measurement period.

Quality ID 226 / CMS138: Preventive Care and Screening: Tobacco Use Screening and Cessation Intervention: Most Frequently Asked Questions

» (Cont.) for example:

- 03/01/2017: Patient screened, identified as tobacco non-user
- 12/20/2017: Patient screened, identified as tobacco user
 - Received tobacco cessation intervention on 12/20/2017
- 05/01/2018: Patient screened, identified as tobacco non-user
- 12/02/2018: Patient screened, identified as tobacco user
 - No tobacco cessation intervention given, and no valid medical reason.

» Population 1 = pass

» Population 2 = fail

» Population 3 = fail

Quality ID 226 / CMS138: Preventive Care and Screening: Tobacco Use Screening and Cessation Intervention: Most Frequently Asked Questions

- » Q: Which population is being used for reporting purposes?
- » A: According to CMS' Quality Payment Program (QPP) documentation, for 2018, the second population's performance score is being used. However, we recommend reviewing the QPP documentation each implementation year to be certain.

Quality ID 226 / CMS138: Preventive Care and Screening: Tobacco Use Screening and Cessation Intervention: Changes for 2019

- » Coding updates needed for successful reporting
 - **Created extensional value sets for encounters to replace Face to Face Interaction value set.**
 - **Value set Face-to-Face Interaction** (2.16.840.1.113883.3.464.1003.101.12.1048): Removed value set.
 - **Value set Home Healthcare Services** (2.16.840.1.113883.3.464.1003.101.12.1016): Added SNOMEDCT extensional value set.
 - **Value set Office Visit** (2.16.840.1.113883.3.464.1003.101.12.1001): Added SNOMEDCT extensional value set.
 - **Value set Limited Life Expectancy** (2.16.840.1.113883.3.526.3.1259): Added 1 SNOMEDCT code (111947009). **Added code based on external request which met the intent of the value set.**

Questions?



Slides and all Q&As will be posted to:

- » eCQI Resource Center - <https://ecqi.healthit.gov>
- » Additional Questions may be submitted to:
Electronic Clinical Quality Measure (eCQM) Issue
Tracker in JIRA:
<https://oncprojecttracking.healthit.gov/support/projects/CQM/summary>

How to use ONC JIRA

Here's how to use ONC JIRA:



- **Create an Account (Optional).** You will need an account to create a new issue or to track (watch) an existing issue, but you don't need one to search for a public issue.
- **Search for an Issue.** Have a question? Search by keyword or project, see if others have submitted the same question, and review the responses.
- **Track an Issue.** Find an issue that you're interested in? Keep track of changes or comments on a ticket by clicking '*Start watching this issue*' on the right-hand side of the issue. You will need to be logged into your JIRA account.



- **Create an Issue.** Can't find your issue? Make sure you're logged in – create an issue by clicking the orange "Create Issue" button at the top of the screen. **Be sure to select the correct project and issue type from the dropdown menu in the form. Reminder: Do not include any Protected Health Information (PHI).**
- **Review your Issue.** Once you create an issue, you will be listed as a reporter of that issue. You can make comments, edits, change, add attachments, and communicate with assigned subject matter experts via the comments feature. Additionally, you will receive an email notification of any status changes to your issue.

Electronic Clinical Quality Measure (eCQM) Issue Tracker in JIRA:
<https://oncprojecttracking.healthit.gov/support/projects/CQM/summary>

Thank you!

The next EC Webinar, *Eligible Clinician eCQM Diabetes Measures*, will be held January 30, 2019 from 12:00 – 1:00PM ET.