This program is designed to be interactive.

» Ask questions through the chat box during our Q&A session

» When slides are posted, visit the URLs for additional reference and educational content

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 New eCQMs Finalized for 2019

March 11, 2019

1:00 – 2:00 p.m. ET

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Agenda

Topic	Speaker
Introduction and Meeting Objectives	**Susan Arday** **CMS**
CMS249: Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture	**Jenna Williams-Bader** **National Committee for Quality Assurance (NCQA)**
CMS349: HIV Screening	**Elizabeth DiNenno, PhD** **Centers for Disease Control and Prevention (CDC)**
Questions and Answers	

Objectives for Today's Call

1. Become familiar with the specifications for new electronic clinical quality measures (eCQMs) for the Merit-based Incentive Payment System (MIPS) 2019 performance period

2. Understand the intent of each of these new measures

3. Address the anticipated questions and answers for each eCQM and how to follow ongoing information about each measure

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:

» Jenna Williams-Bader, National Committee for Quality Assurance (NCQA)

» Elizabeth DiNenno, PhD, Centers for Disease Control and Prevention (CDC)

Quality ID 472 / CMS249 Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture

Jenna Williams-Bader
NCQA

Quality ID 472 / CMS249: Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture

» **Measure Description:** Percentage of female patients 50 to 64 years of age without select risk factors for osteoporotic fracture who received an order for a dual-energy x-ray absorptiometry (DXA) scan during the measurement period

» **Measure Type:** Process

» **Meaningful Measure Area:** Efficiency and Cost Reduction

» **High Priority Measure:** Yes (Appropriate Use)

Quality ID 472 / CMS249: Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture

» **Denominator:** Female patients ages 50 to 64 years with an encounter during the measurement period

» **Denominator Exclusions:** Exclude patients with a combination of risk factors (as determined by age) or one of the independent risk factors

  – Ages 50-54 (≥ 4 combination risk factors) or 1 independent risk factor

  – Ages 55-59 (≥ 3 combination risk factors) or 1 independent risk factor

  – Ages 60-64 (≥ 2 combination risk factors) or 1 independent risk factor

Quality ID 472 / CMS249: Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture Exclusions

» **Denominator Exclusions:** Combination risk factors

- White (race)
- BMI ≤ 20 kg/m^2 (must be first BMI of measurement period)
- Smoker (current during the measurement period)
- Alcohol consumption (> 2 units per day)
- Osteopenia any time in in the patient's history before the start of the measurement period
- Any one of the following any time in the patient's history or during the measurement period:
  - Rheumatoid arthritis
  - Hyperthyroidism
  - Malabsorption syndromes
  - Chronic liver disease
  - Chronic malnutrition
  - Documentation of history of hip fracture in parent
  - Osteoporotic fracture
  - Glucocorticoids (≥5 mg/day) for 90 or more days

Quality ID 472 / CMS249: Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture Exclusions

» **Denominator Exclusions:** Independent risk factors
- Osteoporosis any time in the patient's history before the start of the measurement period
- Any one of the following any time in the patient's history:
  - Gastric bypass
  - FRAX® ten-year probability of all major osteoporosis-related fracture ≥ 9.3 percent
  - Aromatase inhibitors
  - Type 1 diabetes
  - End-stage renal disease
  - Osteogenesis imperfecta
  - Ankylosing spondylitis
  - Psoriatic arthritis
  - Ehlers-Danlos syndrome
  - Cushing's syndrome
  - Hyperparathyroidism
  - Marfan syndrome
  - Lupus

Quality ID 472 / CMS249: Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture

» **Numerator:** Female patients who received an order for at least one DXA scan in the measurement period

» **Denominator Exceptions:** Not applicable

Quality ID 472 / CMS249: Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture Intent of the Measure

» To reduce the number of inappropriate DXA scans and the potential harms associated with those scans

» To encourage the assessment and documentation of patient risk factors for fractures

Quality ID 472 / CMS249: Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture Most Frequently Asked Questions

» **Question:** Why is this measure specified for women age 50 to 64 years?

» **Answer:** According to measure testing, a much smaller percentage of inappropriate DXAs occur in women 18 to 49 years of age.

Quality ID 472 / CMS249: Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture Most Frequently Asked Questions

» **Question:** Why is this measure specified using the FRAX® as a method for documenting fracture risk?

» **Answer:** This measure was first developed to align with the 2011 recommendation on osteoporosis screening from the U.S. Preventive Services Task Force. This recommended osteoporosis screening in women under age 65 only if their 10-year fracture risk was equal to or greater than that of a 65-year-old white woman who has no additional risk factors (as determined by a FRAX score ≥ 9.3%).

» The FRAX can be accessed online for free and is specified in LOINC.

Quality ID 472 / CMS249: Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture Most Frequently Asked Questions

» **Question:** Why is this measure specified with age-dependent combination risk factors?

» **Answer:** Not all clinicians use the FRAX to determine fracture risk. The age-dependent combination risk factors estimate which patients may be at higher risk for fracture.

Questions?

Quality ID 475 / CMS349: HIV Screening

Elizabeth DiNenno, PhD
CDC, Division of HIV/AIDS Prevention

Quality ID 475 / CMS349: HIV Screening

» **Measure Description**: Percentage of patients 15-65 years of age who have been tested for human immunodeficiency virus (HIV) within that age range

» **Measure Type**: Process

» **Meaningful Measure Area**: Community/Population Health

» **High Priority Measure**: No

Quality ID 475 / CMS349: HIV Screening

» **Denominator**: Patients who were between the ages of 15 and 65 at the start of the measurement period <u>and</u> who had at least one outpatient visit during the measurement period

» **Denominator Exclusions**: Patients diagnosed with HIV prior to the start of the measurement period

Quality ID 475 / CMS349: HIV Screening

» **Numerator**: Patients with documentation of an HIV test between age 15-65, and before the end of the measurement period

» **Denominator Exceptions**: None

Quality ID 475 / CMS349: HIV Screening Measure: Background

» HIV is a communicable infection that leads to a progressive disease with a long asymptomatic period

» Although progress is being made, there were still 38,739 new HIV diagnoses in the U.S. in 2017

» Screening for HIV is an essential first step in knowing one's status and gaining access to life-saving medical care, and preventing transmission to others

Quality ID 475 / CMS349: HIV Screening Measure: Background (cont'd)

» Without treatment, most persons develop acquired immunodeficiency syndrome (AIDS) within 10 years of HIV infection

» Antiretroviral therapy (ART) delays disease progression and increases the length of survival

» Persons living with HIV who use ART and achieve viral suppression can have a nearly normal life expectancy

Quality ID 475 CMS349: HIV Screening Measure: Background (cont'd)

1 in 2 people had been living with HIV for 3 years before diagnosis

» CDC HIV screening recommendations, 2006 United States Preventive Services Task Force (USPSTF) "Grade A", 2013

» Uptake has been uneven; racial disparities in diagnosis delays remain

MISSED Opportunities

7 in 10 people at high risk who weren't tested for HIV in the past year saw a healthcare provider during that time.

More than **75%** of them weren't offered a test.

» Barriers continue

* CDC Vital Signs, 2017

Important opportunities exist to increase HIV testing coverage at U.S. physicians' offices.

Estimated mean annual number and percentage of visits to U.S. physicians' offices where an HIV test was performed in HIV-uninfected non-pregnant people aged 15–65 years
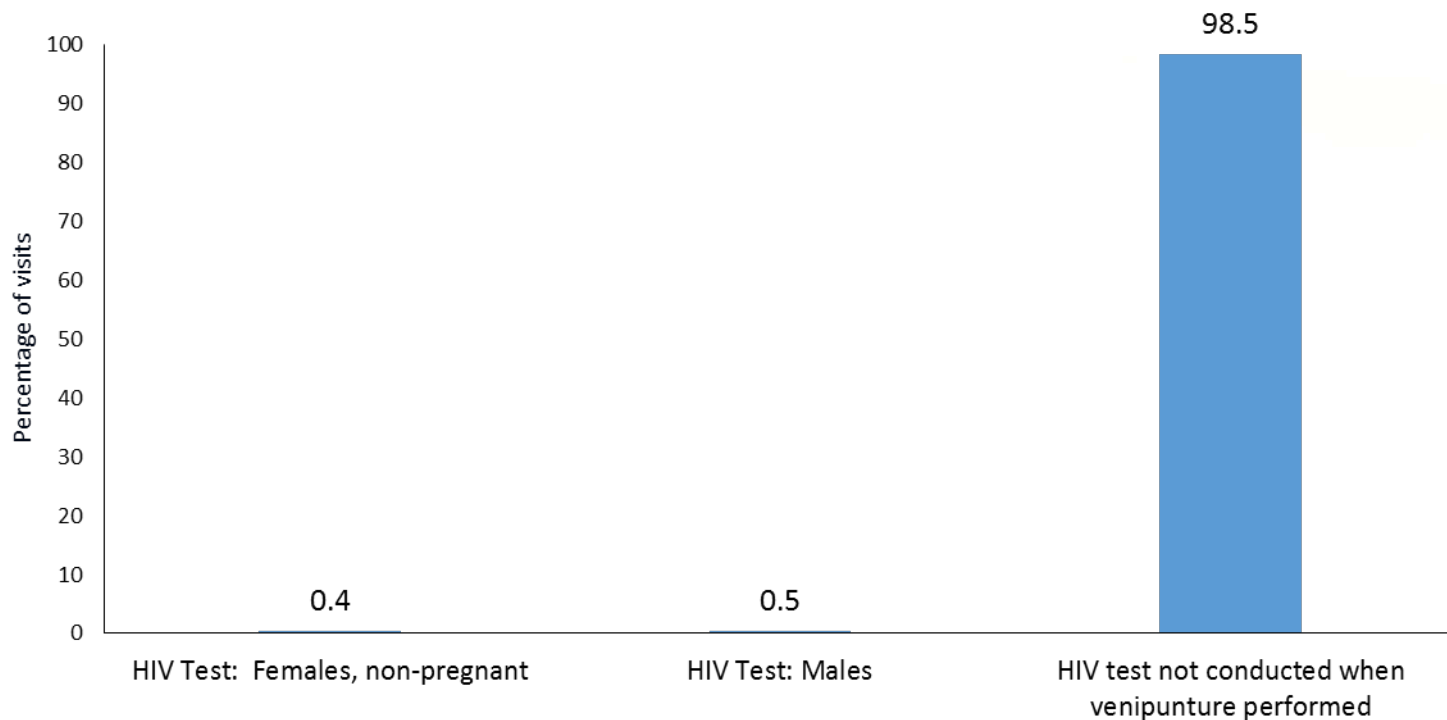
Quality ID 475 / CMS349: HIV Screening Measure: Intent

» Increase the proportion of U.S. adults who have been ever screened for HIV

– In 2016, 44.2% of persons 18-64 years of age were screened *

– In 2011-2015, 46% men, 61% women age 15-44 were screened **

» Long term: diagnose ➡ link to care ➡ suppress viral load ➡ reduce HIV transmission in the US

* Behavioral Risk Factor Surveillance System (BRFSS)
** National Survey of Family Growth

Quality ID 475 / CMS349: HIV Screening Most Frequently Asked Questions

» **Question**:

– Why doesn't the measure include an exception/exclusion for patient refusal?

» **Answer**:

– High acceptance rates with routine presentation

– Personal and public health importance of screening

Quality ID 475 / CMS349: HIV Screening Most Frequently Asked Questions

» **Question**:

– What happens if a patient reports having been previously tested elsewhere?

» **Answer**:

– Corroborating documentation required
– Document in structured field

Quality ID 475 / CMS349: HIV Screening Most Frequently Asked Questions

» **Question**:

– Could this measure lead to repeat testing for low risk individuals?

• If so, what led CDC to decide that the benefits of this measure outweighed any over-utilization risks?

» **Answer**:

– Cost benefit considerations—for patient and public health

– Improvement with time

Quality ID 475 / CMS349: HIV Screening Most Frequently Asked Questions

» **Question**:

– Are clinicians actually expected to achieve 100% on this measure?

» **Answer**:

– Measure intent: achievable improvements, progress towards national goals
  • Not unattainable perfection

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://oncprojectracking.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://oncprojectracking.healthit.gov/support/projects/CQM/summary

Thank you!

This concludes the EC eCQM webinar series. Please visit the eCQI Resource Center for more information.