2022 IHANY GPRO Education Series

IHANY Quality Team

Brian Pinga CPHQ, CPht

Director of Quality Improvement & Practice Operations

Laura Graham MS, CPHQ

Quality Improvement Specialist

Medicare Shared Savings Program

GPRO Reporting

INNOVATIVE Health Alliance of New York

In order to be eligible to share in any savings generated, an ACO must meet the established quality performance standard that corresponds to its performance year.

- Quality reporting for the Shared Savings program is done by a manual abstraction process called ***Group Practice Reporting Option (GPRO)***.

- For 2021 reporting, IHANY was assigned just under 2600 patient files consisting of over 6,200 quality measures to be manually abstracted and reported.

- Reporting for 2022 will occur during ***January-March 2023***.

As of performance year 2022 and by joining the THIC ACO, we no longer need to report Promoting Interoperability (PI) data.

2021 Preliminary Performance

Measure	Pay for Reporting or Performance	IHANY 2019 Final Performance	IHANY 2020 Final Performance	IHANY 2021 Preliminary Performance	20-21 % Change
CARE 2: Falls: Screening for Future Fall Risk	Performance	90.37%	97.13%	97.06%	-0.07% maintained quartile 2020-2021 therefore same scoring.
DM2: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	Performance	17.62%	16.34%	11.75%	+4.6%
HTN2: Controlling High Blood Pressure	Performance	78.96%	80.03%	81.31%	+1.28%
MH1: Depression Remission at Twelve Months	Reporting	8.33%	7.53%	4.84%	-2.69%
Prev 5: Breast Cancer Screening	Performance	65.63%	73.00%	82.62%	+9.62%
Prev 6: Colorectal Cancer Screening	Performance	64.17%	81.19%	81.27%	+.08%
Prev 7: Preventive Care and Screening: Influenza Immunization	Performance	68.33%	74.71%	85.20%	+10.49%
Prev 10: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Performance	87.18%	94.52%	90.24%	-4.28%, maintained quartile 2020-2021 therefore same scoring.
Prev 12: Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Reporting	70.33%	77.26%	78.83%	+1.57%
Prev 13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Reporting	87.05%	85.45%	85.88%	+0.43%
CAHPS			100% (Covid)	Finalized Summer 2022	% Change

DM-2: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)

2021 GPRO Takeaways, Best Practices

INNOVATIVE Health Alliance of New York

Timeframe: Hemoglobin A1c (HbA1c) must be taken at least once within each calendar year.

- PCP notes that A1c had been taken in previous year with no notes or orders for current year.
- Need consult summary and labs located in TogetherCare accurately.
  - Had several instances where PCP was looking for A1c and did not find it.
  - A1c is often noted in endocrine consult note within lab results that are located at the end of the consult summary but not noted in the patient's labs (common occurrence with AMC Endocrinology patients).

Diagnosis of Diabetes: Need it noted in current problem list or medical summary in the current year.

- Several Cases: The patient was diagnosed or had a denominator eligible diagnosis billed but it was not noted in problem list or in encounter. ***Without documentation the measure fails***.

(Example: A patient is noted as pre-diabetic by a PCP but a cardiology consult notes a patient as a Type 2 diabetic supported with billing codes-this is what is flagged for the measure reporting.)

DM-2: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)

The Why

INNOVATIVE Health Alliance of New York

Over 1 in 10 Americans have Diabetes: *34.2 million people*

88 million American adults or *1 in 3* have a *prediabetes* condition

The percentage of adults with prediabetes who were aware of their condition doubled from 2005 - 2016. Most are still unaware of their condition

Adults diagnosed with diabetes:

15% were smokers

89% were overweight

38% were physically inactive

37% had chronic kidney disease CKD (less than 25% knew they had moderate to severe CKD)

The American Diabetes Association (ADA) released new research on March 22, 2018, estimating the total costs of diagnosed diabetes have risen to $327 billion in 2017 from $245 billion in 2012, when the cost was last examined: a 26% increase over a five-year period.

Sources: Centers for Disease Control and Prevention Factsheet: Diabetes and Prediabetes
American Diabetes Association: Statistics: Examine the Facts

DM-2: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)

2022 Measure Details

INNOVATIVE Health Alliance of New York

Description:

- Percentage of patients 18 - 75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.

Improvement Notation:

Inverse Measure: The more patients that have an A1c greater than 9, the worse our scores are.

Lower scores indicates better quality

Less patients with poor control score increases quality

Initial Population/Denominator:

- Patients 18 - 75 years of age with diabetes with a visit during the measurement period.

Numerator:

- Patients whose most recent HbA1c level (performed in the measurement period) is >9.0%

2022 Clinical Quality Measure Specifications and Coding Documents

HTN-2: Controlling High Blood Pressure

2021 GPRO Takeaways, Best Practices.

INNOVATIVE Health Alliance of New York

Timeframe: Most recent Blood Pressure

- The ***last*** blood pressure reading that occurred for the patient in the calendar year is required for reporting.
- This includes the latest PCP ***or*** Specialist visit: all consults need to be available.
- Patient's BP at the beginning and the end of the appointment.

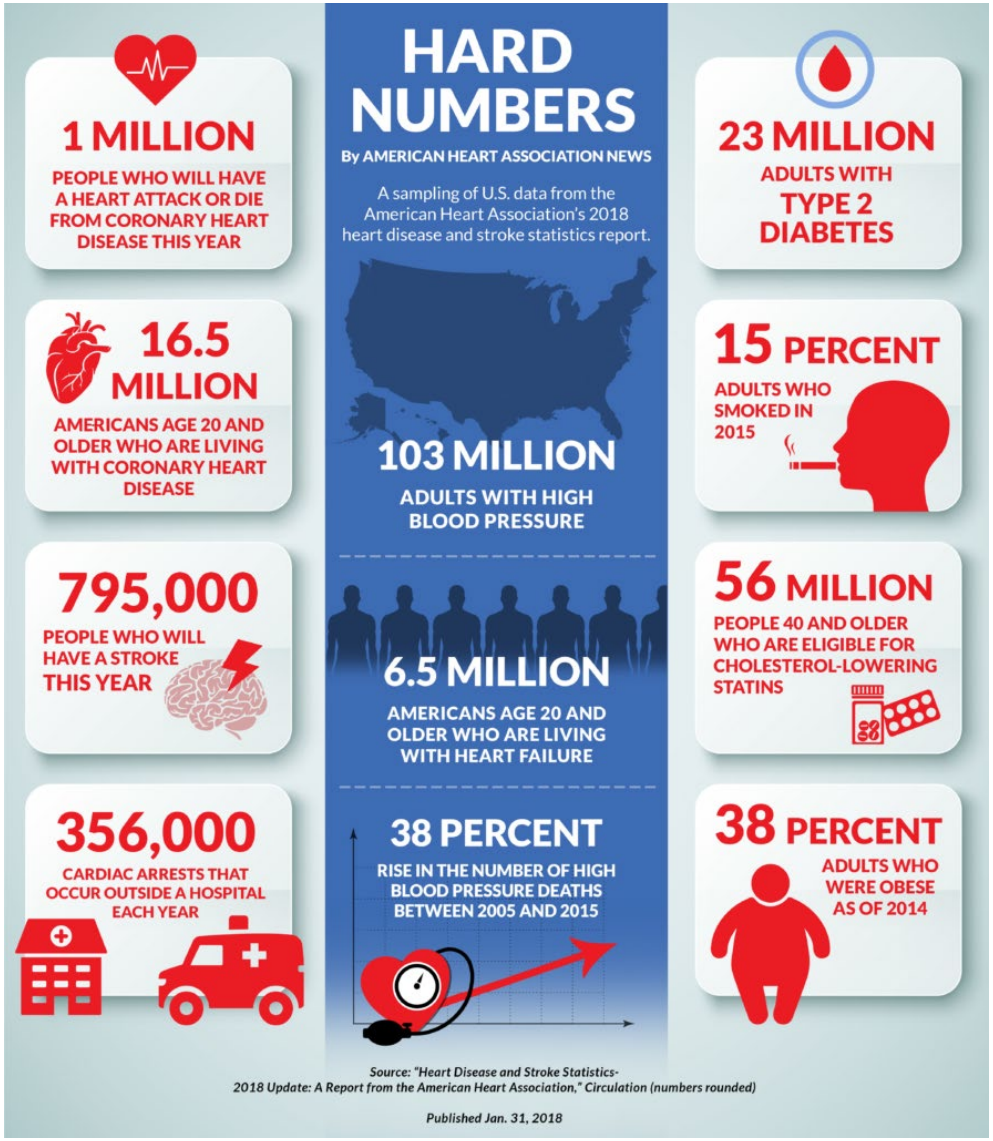
Telehealth & Self-Reported Blood Pressure Reading

- It is acceptable for a blood pressure reading to be taken by either a clinician ***OR*** a remote monitoring device and conveyed by the patient to their clinician via a telehealth encounter.

HTN-2: Controlling High Blood Pressure

The Why

INNOVATIVE Health Alliance of New York



HTN2: Controlling High Blood Pressure

2022 Measure Details

INNOVATIVE Health Alliance of New York

Description:

- Percentage of patients 18 - 85 years of age who had a diagnosis of **essential** hypertension **starting before and continuing into or starting during the first six months of** the measurement period and whose ***most recent*** blood pressure was adequately controlled (< 140/90 mmHg) during the measurement period.

Initial Population/Denominator:

- Patients 18 - 85 years of age who had a visit and a diagnosis of essential hypertension overlapping the measurement period.

Numerator:

- Patients whose ***most recent*** blood pressure is adequately controlled (systolic blood pressure is <140 mmHg and diastolic blood pressure <90 mmHg) during the measurement period.

2022 Clinical Quality Measure Specifications and Coding Documents

PREV-12: Preventive Care and Screening: Screening for Depression and Follow-Up Plan:

2021 GPRO Takeaways, Best Practices

INNOVATIVE Health Alliance of New York

Timeframe: PHQ-2 Screening Tool annually

- Most common assessment used.
- Need the tool completed ***once per calendar year at MINIMUM.***
- This measure is for patients ***without*** an active major depression/bipolar diagnosis.
- MH-1 is a measure for those ***with*** an active major diagnosis of depression or dysthymia. (We will address MH1 later in the series---a PHQ-9 should be used.)

Incomplete Assessments

We ran into several instances where there was an annual wellness visit (AWV) billed ***but no screening completed,*** or the screening was done ***but not filled out completely***.

Documentation must include:

- Notation of a ***completed*** PHQ-2.
- The screening tool and its score.
- Clear notation of a patient refusal.

PREV-12: Preventive Care and Screening: Screening for Depression and Follow-Up Plan

The Why

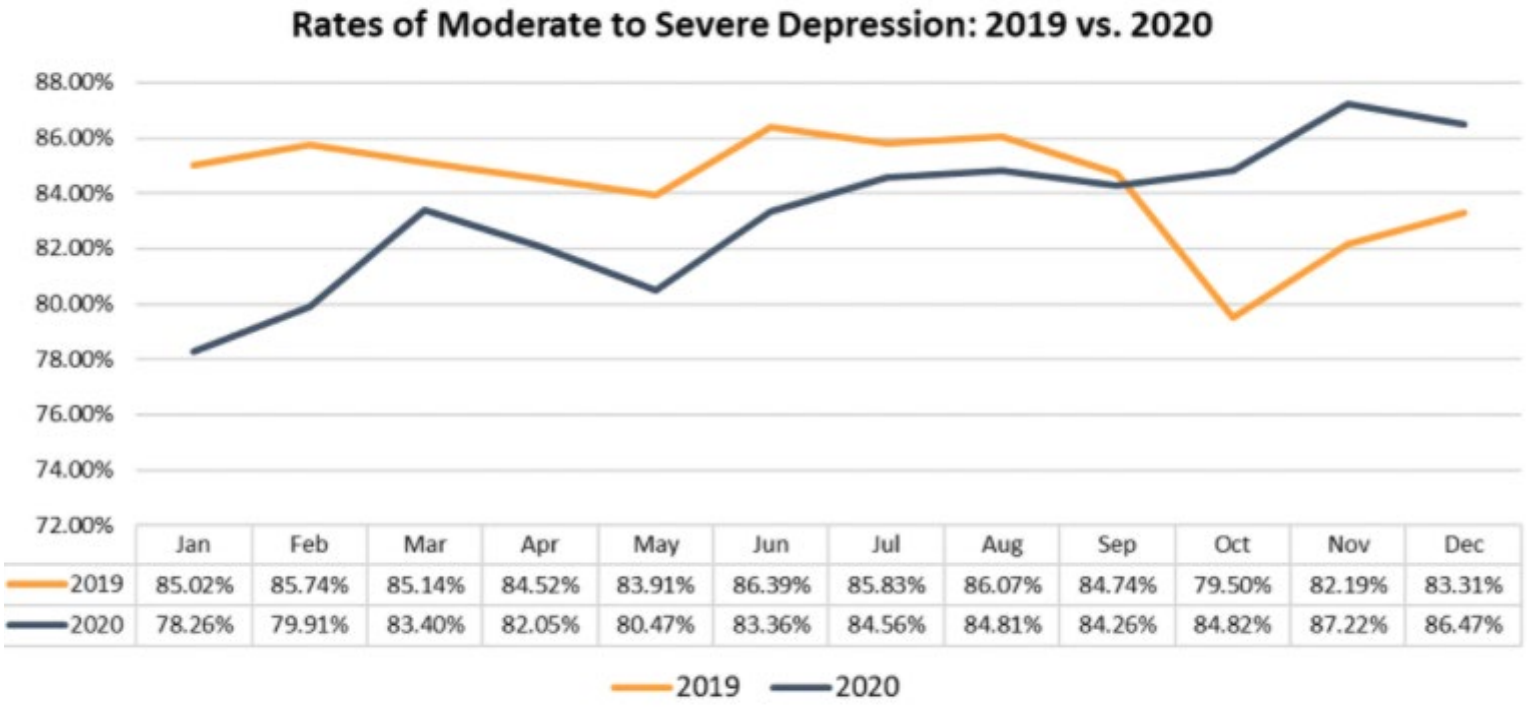
INNOVATIVE Health Alliance of New York

- Nearly 1 in 5 American adults will have a diagnosable mental health condition in any given year.

Source: 2017 National Survey on Drug Use and Health: Detailed Tables (samhsa.gov)

- Major depression is one of the most common mental illnesses.

Source: The State of Mental Health in America | Mental Health America (mhanational.org)



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	85.02%	85.74%	85.14%	84.52%	83.91%	86.39%	85.83%	86.07%	84.74%	79.50%	82.19%	83.31%
2020	78.26%	79.91%	83.40%	82.05%	80.47%	83.36%	84.56%	84.81%	84.26%	84.82%	87.22%	86.47%

Source: https://mhanational.org/mental-health-and-covid-19-what-mha-screening-data-tells-us-about-impact-pandemic#AnxietyandDepressionontheRise

PREV-12: Preventive Care and Screening: Screening for Depression and Follow-Up Plan

2022 Measure Details

INNOVATIVE Health Alliance of New York

Description:

- Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the eligible encounter.

Initial Population:

- All patients aged 12 years and older before the beginning of the measurement period with at least one eligible encounter during the measurement period.

Denominator:

- Equals Initial Population

Exclusions:

- Patients with an active diagnosis for **depression or a diagnosis of bipolar disorder.**

Numerator:

Patients screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized tool AND if positive, a follow-up plan that is documented on the date of the encounter.

2022 Clinical Quality Measure Specifications and Coding Documents

MH-1: Depression Remission at 12 months

2021 GPRO Takeaways, Best Practices

INNOVATIVE Health Alliance of New York

Active Diagnosis & Screening Tool: PHQ-9

- The measure ***requires*** a PHQ-9 to be performed if there is an ***active diagnosis*** of major depression or dysthymia.
- We had several instances where several PHQ-2 were done within the timeframe but no PHQ-9. In this case the measure fails for every patient that has an active depression/dysthymia diagnosis.

Timeframes: PHQ-9 Repeated Annually

- Many PHQ-9's were done just out of the timeframe and therefore not qualifying for the measure for the 2021 performance year.
- If a patient had a PHQ-9 score greater than 9, schedule a follow up appointment within 10-14 months post the date of the screening that was greater than 9.

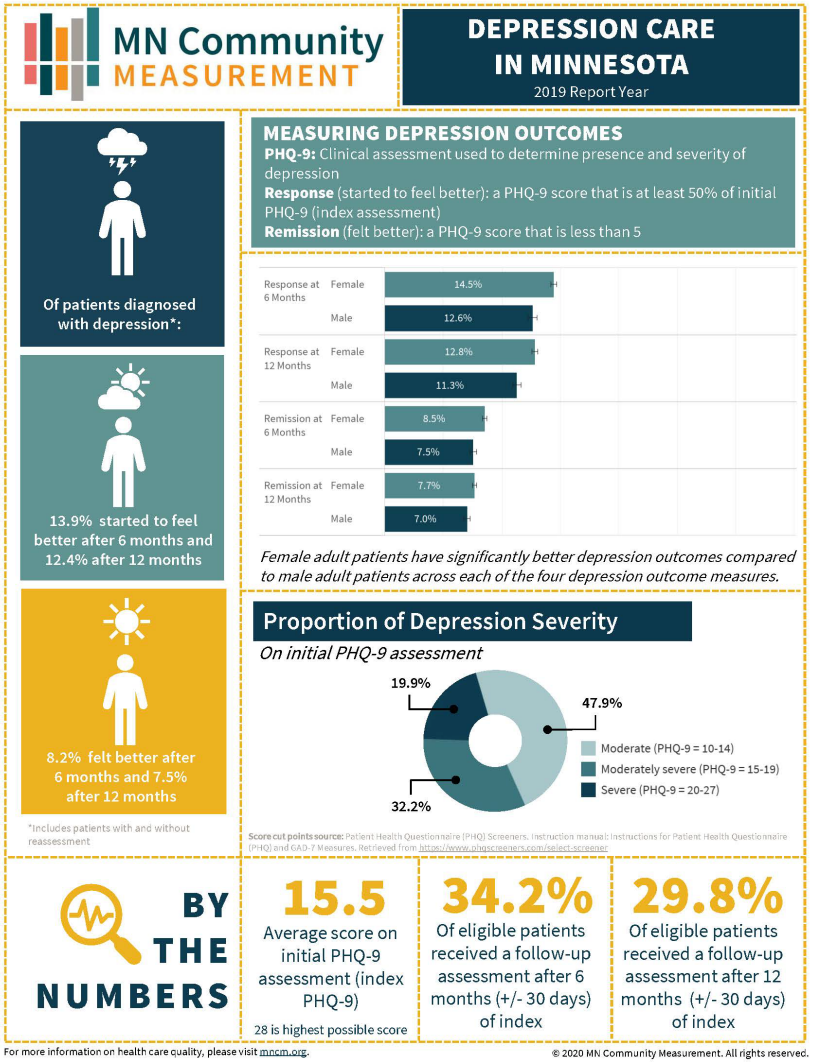
MH-1: Depression Remission at 12 months

The Why

INNOVATIVE Health Alliance of New York

A Guide for Treating Depression in the Primary care Setting

- Many patients who suffer from depression do not often complain of a depressed mood but complain instead of multiple unexplained physical ailments such as fatigue, pain, sleep disturbances or eating disturbances.
- The risk of depression is higher in individuals with serious medical conditions, such as diabetes, cancer, and survivors of heart attacks and strokes.



Source: Tufts Health Plan: **A Guide for Treating Depression in the Primary Care Setting**

Source: MN Community Measurement 2019 By the Numbers Fact Sheet

MH-1: Depression Remission at 12 months

2022 Measure Details

INNOVATIVE Health Alliance of New York

Description:

- The percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event.

Initial Population/Denominator:

- Adolescent patients 12 to 17 years of age and adult patients 18 years of age and older with a diagnosis of major depression or dysthymia and an initial Patient Health Questionnaire-9 item version (PHQ-9) or Patient Health Questionnaire-9 Modified for Teens and Adolescents (PHQ-9M) score greater than nine during the index event. Patients may be assessed using PHQ-9 or PHQ-9M on the same date or up to 7 days prior to the encounter (index event).

Denominator Exclusions:

- Patients with a diagnosis of bipolar disorder.
- Patients with a diagnosis of select personality disorders.
- Patients with a diagnosis of schizophrenia or psychotic disorder.
- Patients with a diagnosis of pervasive developmental disorder.
- Patients who were permanent nursing home residents.
- Patients with a diagnosis of personally disorder emotionally labile.

Numerator:

Adolescent patients 12 to 17 years of age and adult patients 18 years of age and older who achieved remission at twelve months as demonstrated by a twelve month (+/- 60 days PHQ-9 or PHQ-9M score of less than five.

2022 Clinical Quality Measure Specifications and Coding Documents

PREV-7: Influenza Vaccination

2021 GPRO Takeaways, Best Practices

INNOVATIVE Health Alliance of New York

Documentation: Details need to be documented annually

- We had several instances where the patient stated they had the vaccine already but no documentation of where and when.

Patient Refusal Documentation

- If a patient refuses vaccination it needs to be documented ***annually***.
- We cannot take a notation of refusal for another performance year to exclude the patient from the metric for the current year.

PREV-7 Influenza Vaccination

The Why

INNOVATIVE Health Alliance of New York

- During 2019-2020, flu vaccination prevented an estimated:
- **7.5 million influenza illnesses**
- **3.7 million influenza-associated medical visits,** and
- **6,300 influenza-associated deaths.**

Flu vaccine prevents *millions of illnesses*

and flu-related doctor's visits each year.

- During 2019-2020, flu vaccination prevented an estimated:
- **105, 000 influenza-associated hospitalizations**
- **A 26% associated lower risk** of ICU admission and
- **A 31% lower risk of death** from flu compared to those unvaccinated**.**

Flu vaccine prevents

tens of thousands of hospitalizations

each year

Flu vaccination:

- Has been associated with lower rates of some cardiac events among people with heart disease.
- Among people with diabetes and chronic lung disease has been shown to be associated with reduced hospitalizations from a worsening of their chronic condition (separate studies).

Flu vaccine is a *preventative tool* for people with certain chronic health conditions.

Source: Center for Disease Control Reference Guide: *Why Get a Flu Vaccine* handout/
Centers for Disease Control and Prevention Website: What are the benefits of flu vaccination?

PREV-7: Influenza Vaccination

2022 Measure Details

INNOVATIVE Health Alliance of New York

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 Exceptions:

- Documentation of **medical reason**(s) for not receiving influenza immunization: patient allergy or other medical reasons.
- Documentation of **patient reason**(s) for not receiving influenza immunization: patient declined or other patient reasons.
- Documentation of **system reason**(s) for not receiving influenza immunization: vaccine not available or other system reasons.

Numerator:

- Patients who received an influenza immunization **OR** who reported previous receipt of an influenza immunization.

2022 Clinical Quality Measure Specifications and Coding Documents

PREV-13: Statin Therapy

2021 GPRO Takeaways, Best Practices

INNOVATIVE Health Alliance of New York

Medical record documentation:

Pure or familial hypercholesteremia must match the coding.

- Hypercholesteremia is not the same as hyperlipidemia-coding is different.
- Hyperlipidemia was noted as a diagnosis in a lot of cases, and we were unable to pass the measure because even though pure hypercholesteremia was the diagnosis *billed* ***it was not noted in the medical record as a diagnosis.***
- ***Many times, specialist consults were the source of validation of diagnosis and statin use for this measure. It is important to have specialist summaries available in the EMR.***

Diagnosis Documentation:

The measure assesses patients with a high risk for cardiovascular event given certain conditions and also taking a statin as follows:

- A diagnosis of ASCVD (see coding document in measure details slide) **OR**
- An elevated LDL >190 ***or*** diagnosis of pure or familial hypercholesteremia **OR**
- Patient is 40-75 years and has a diagnosis of Diabetes. *(We had a similar problem with this measure as we did with DM-2 in that a patient was billed for a Type 2 diagnosis, but the diagnosis was not noted in the medical record.)*
- ***Clarity on diagnosis and coding match will help this measure score well.***

PREV-13: Statin Therapy

The Why

INNOVATIVE Health Alliance of New York

The Facts:

- About 38% of American adults have high cholesterol (total blood cholesterol ≥ 200 mg/dl).
- If a person has high blood pressure, or diabetes they are at an elevated higher risk of a developing cardiovascular disease.

The American College of Cardiology and American Heart Association note the following in the *Guideline on the Primary Prevention of Cardiovascular Disease:*

- *Statins lower rates of cardiovascular events in patients both* ***with*** **and without** evident cardiovascular disease (CVD).

CLINICAL QUESTION:

Do statins reduce rates of cardiovascular events when used for primary prevention?

BOTTOM LINE:

When used for primary prevention, statins are associated with lower rates of all-cause mortality, major vascular events, and revascularizations compared with placebo. Statin therapy is not associated with increased rates of life-threatening adverse effects such as cancer.

Sources: 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease
2013 JAMA Clinical Evidence Synopsis: Stating Therapy for the Primary Prevention of Cardiovascular Disease.
Centers for disease Control and Prevention Website: Prevent Heart Disease.
Centers for Disease Control and Prevention Website: Cholesterol.

PREV-13 Statin Therapy

2022 Measure Details ***REVISED***

INNOVATIVE Health Alliance of New York

Description:

Percentage of the following patients - all considered at high risk of cardiovascular events - who were prescribed or were on statin therapy during the measurement period:

- **All patients** who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), **including an ASCVD procedure**; **OR**
- Patients aged **>= 20** years who have ever had a low-density lipoprotein cholesterol (LDL-C) level **>=** 190 mg/dL or were previously diagnosed with **or** currently have an active diagnosis of familial hypercholesterolemia; **OR**
- Patients aged 40-75 years with a diagnosis of **diabetes*.**

Initial Population:

- **Population 1:** All patients who were previously diagnosed with or currently have an active diagnosis of clinical ASCVD, **including an ASCVD procedure**.
- **Population 2:** Patients aged **>=20** years at the beginning of the measurement period who have ever had a laboratory result of LDL-C >=190 mg/dl or were previously diagnosed with or currently have an active diagnosis of familial hypercholesteremia.
- **Population 3:** Patients aged 40-75 years at the beginning of the measurement period with **Type 1 or Type 2 diabetes*.**

- *** Removed LDL requirement**

2022 Clinical Quality Measure Specifications and Coding Documents

PREV-13 Statin Therapy

2022 Measure Details (cont'd) ***REVISED***

INNOVATIVE Health Alliance of New York

Denominator:

- All patients who ***meet one or more*** of the following criteria (considered at "high risk" for cardiovascular events, under ACC/AHA guidelines):
- **Population 1:** All patients who were previously diagnosed with or currently have an active diagnosis of clinical ASCVD, **including an ASCVD procedure**.
- **Population 2:** Patients aged **>=20** years at the beginning of the measurement period who have ever had a laboratory result of LDL-C >=190 mg/dl or were previously diagnosed with or currently have an active diagnosis of familial hypercholesteremia.
- **Population 3:** Patients aged 40-75 years at the beginning of the measurement period with **Type 1 or Type 2 diabetes*.**

Denominator Exclusions:

- Patients who have a diagnosis of pregnancy at any time during the measurement period.
- Patients who are breastfeeding at any time during the measurement period.
- Patients who have a diagnosis of rhabdomyolysis at any time during the measurement period.

Denominator Exceptions:

- Patients with statin-associated muscle symptoms or an allergy to statin medication.
- Patients with active liver disease or hepatic disease or insufficiency
- Patients with end-stage renal disease (ESRD).

*** Removed LDL requirement**

2022 Clinical Quality Measure Specifications and Coding Documents

PREV-13 Statin Therapy

2022 Measure Details (cont'd) ***REVISED***

INNOVATIVE Health Alliance of New York

Numerator:

Patients who are actively using or who receive an order (prescription) for statin therapy at any point during the measurement period.

NUMERATOR NOTE: *In order to meet the measure,* ***current statin therapy use must be documented in the patient's current medication list or ordered during the measurement period.***

- ***ONLY*** *statin therapy meets the measure Numerator criteria (****NOT*** *other cholesterol lowering medications).*
- *Prescription or order does* ***NOT*** *need to be linked to an encounter or visit; it may be called to the pharmacy.*
- *Statin medication "samples" provided to patients can be documented as "current statin therapy" if documented in the medication list in health/medical record.*
- *Patients who meet the denominator criteria for inclusion, but are not prescribed or using statin therapy, will* ***NOT*** *meet performance for this measure unless they have an allowable denominator exception.*
- *Adherence to statin therapy is not calculated in this measure.*
- *Denominator Exceptions should be active during the measurement period.*

2022 Clinical Quality Measure Specifications and Coding Documents

PREV-5: Breast Cancer Screening

2021 GPRO Takeaways, Best Practices

INNOVATIVE Health Alliance of New York

Documentation: Getting reports back into medical record

- We found several instances where there was notation that a screening was ordered and after further investigation, we found it was completed but the documentation had not made its way back to the patient's chart.
  Ensuring that when noting a screening that the image report is also in the EMR.

Time frames: Every two years or annually

- The CMS measure looks for a screening done in the 27 months prior to the end of the performance period.

PREV-5: Breast Cancer Screening

The Why

INNOVATIVE Health Alliance of New York

American Cancer Society Recommendations for the Early Detection of Breast Cancer

- Finding breast cancer early and getting state-of-the-art cancer treatment are the most important strategies to prevent deaths from breast cancer. Breast cancer that's found early, when it's small and has not spread, is easier to treat successfully.

- Getting regular screening tests is the most reliable way to find breast cancer early. The American Cancer Society has screening guidelines for women at average risk of breast cancer, and for those at high risk for breast cancer.

Source: https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html

PREV-5: Breast Cancer Screening

2022 Measure Details

INNOVATIVE Health Alliance of New York

Description:

- Percentage of women 50 - 74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period.

Initial Population/Denominator:

- Women 51 - 74 years of age with a visit during the measurement period.

Denominator Note:

- *The intent of the measure is that starting at age 50 women should have one or more mammograms every 24 months with a 3-month grace period.*

2022 Clinical Quality Measure Specifications and Coding Documents

PREV-5: Breast Cancer Screening

2022 Measure Details

INNOVATIVE Health Alliance of New York

Denominator Exclusions:

- Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy. **OR**
- Patients, age 66 and older in Institutional Special Needs Plans (SNP) or residing in long-term care with a POS code 32, 33, 34, 54 or 56 for more than 90 **consecutive** days during the measurement period. **OR**
- Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period ***AND*** a dispensed medication for dementia during the measurement period **or the year prior** to the measurement period. **OR**
- Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period ***AND*** either one acute inpatient encounter with a diagnosis of advanced illness *or* two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period **or the year prior to the measurement period**.

Numerator:

- Women with one or more mammograms during the 27 months prior to the end of the measurement period.

2022 Clinical Quality Measure Specifications and Coding Documents

PREV-6 Colorectal Cancer Screening

GPRO Takeaways, Best Practices

INNOVATIVE Health Alliance of New York

Documentation:

- This measure has a 9-year lookback period.
- Identifying patients who are denominator eligible for this measure and updating their documents in their current EMR is important.
  Ensuring that when noting a screening that the procedure or lab report is also in the EMR.
- If patient **refuses** it is important to document the refusal ***annually***.

Alternatives to Colonoscopy

- We found several instances where a colonoscopy was refused but a FIT test was completed or Cologuard. Not very easily found.

PREV-6 Colorectal Cancer Screening

The Why

INNOVATIVE Health Alliance of New York

Of cancers that affect both men and women, colorectal cancer is the second leading cancer killer in the United States, but it doesn't have to be. Colorectal cancer screening saves lives.

Screening can find precancerous polyps—abnormal growths in the colon or rectum—that can be removed before they turn into cancer.

Screening also helps find colorectal cancer at an early stage, when treatment works best.

About nine out of every 10 people whose colorectal cancers are found early and treated appropriately are still alive five years later.

Source: CDC Website: Basic Information About Colorectal Cancer: https://www.cdc.gov/cancer/colorectal/basic_info/

PREV-6: Colorectal Cancer Screening

2022 Measure Details

INNOVATIVE Health Alliance of New York

Description:

- Percentage of adults 50 - 75 years of age who had appropriate screening for colorectal cancer.

Initial Population/Denominator :

- Patients 50 - 75 years of age with a visit during the measurement period.

Denominator Exclusions:

- Patients with a diagnosis or past history of total colectomy or colorectal cancer. **OR**
- Patients, age 66 and older in Institutional Special Needs Plans (SNP) or residing in long-term care with a POS code 32, 33, 34, 54 or 56 for more than 90 **consecutive** days during the measurement period. **OR**
- Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period **AND** a dispensed medication for dementia during the measurement period **or the year prior to the measurement period. OR**
- Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period **or the year prior to the measurement period.**

PREV-6: Colorectal Cancer Screening

2022 Measure Details

INNOVATIVE Health Alliance of New York

Numerator:

- Patients with one or more screenings for colorectal cancer.

- Appropriate screenings are defined by any one of the following criteria:
  - Fecal occult blood test (FOBT) during the measurement period.
  - Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period.
  - Colonoscopy during the measurement period or the nine years prior to the measurement period.
  - Fecal immunochemical DNA test (FIT-DNA) during the measurement period or the two years prior to the measurement period.
  - Computed tomography (CT) Colonography during the measurement period or the four years prior to the measurement period.

Guidance:

- Do not count Dre, FOBT tests performed in an office setting or performed on a sample collected via DRE

2022 Clinical Quality Measure Specifications and Coding Documents

PREV-10: Preventive Care and Screening Tobacco Use: Screening and Cessation Intervention

2021 GPRO Takeaways, Best Practices

INNOVATIVE Health Alliance of New York

Documentation: Cessation Counseling

- **Observation:** Screening was very often completed for a patient identified as a current smoker however, cessation counseling was ***not*** noted for the ***current*** measurement period.
- With tobacco screening, current smokers who have been identified, must have ***specific documentation of cessation counseling*** that occurred and then noted ***annually*** in the medical record.
- The 2022 tobacco screening measure allows for a tobacco cessation intervention to occur ***on the date of the encounter or within the previous 12 months*** for current smokers.

PREV-10: Preventive Care and Screening Tobacco Use: Screening and Cessation Intervention

The Why

INNOVATIVE Health Alliance of New York

The Facts:

- Tobacco use is the leading cause of preventable disease, disability, and death in the United States.
- Over 16 million people live with at least one disease caused by smoking and 58 million nonsmoking Americans are exposed to secondhand smoke.
- In 2015, 68% of adult smokers (22.7 million said that they wanted to quit smoking.
- In 2018, 55.1 % of adult smokers (over half of all smokers) said that they had made a quit attempt in the last year.
- **Four of every nine** adult cigarette smokers who saw a health professional during the past year did **not** receive advice to quit.

Cost of Smoking-Related Illness

- Smoking-related illness in the United States costs more than $300 billion each year, including:[11,12]
  - More than $225 billion for direct medical care for adults
  - More than $156 billion in lost productivity, including $5.6 billion in lost productivity due to secondhand smoke exposure

Source: Centers for Disease Control and Prevention Website: Quit Smoking
Centers for Disease Control and Prevention: Office on Smoking and Health (OSH)

PREV 10: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

2022 Measure Details ***REVISED***

INNOVATIVE Health Alliance of New York

Description:

- Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within **the measurement period *AND*** who received tobacco cessation intervention **on the date of the encounter or within the previous 12 months** if identified as a tobacco user.
- **Three** rates are reported:
  - Percentage of patients aged 18 years and older who were screened for tobacco use one or more times **within the measurement period**.
  - Percentage of patients aged 18 years and older who were identified as a tobacco user who received tobacco cessation intervention **on the date of the encounter or within the previous 12 months**.
  - Percentage of patients aged 18 years and older who were screened for tobacco use one or more times **within the measurement period** AND who received tobacco cessation intervention if identified as a tobacco user **on the date of the encounter or within the previous 12 months**.

Initial Population:

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

Denominator:

- **Population 1:** Equals Initial Population.
- **Population 2:** Equals Initial Population who were screened for tobacco use and identified as a tobacco user.
- **Population 3:** Equals Initial Population.

PREV 10: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

2022 Measure Details (cont'd) ***REVISED***

INNOVATIVE Health Alliance of New York

Denominator Exceptions:

- **Population 1:** Documentation of medical reason(s) for not screening for **tobacco use** (e.g., limited life expectancy, other medical reason).
- **Population 2:** Documentation of medical reason(s) for not providing **tobacco cessation intervention** (e.g., limited life expectancy, other medical reason).
- **Population 3:** 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).

Numerator:

- **Population 1:** Patients who were screened for tobacco use at least once **within the measurement period**.
- **Population 2:** Patients who received tobacco cessation intervention **on the date of the encounter or within the previous 12 months**.
- **Population 3:** Patients who were screened for tobacco use at least once **within the measurement period** AND who received tobacco cessation intervention if identified as a tobacco user **on the date of the encounter or within the previous 12 months.**

2022 Clinical Quality Measure Specifications and Coding Documents

CARE-2: Falls: Screening for Future Fall Risk

2021 GPRO Takeaways, Best Practices

INNOVATIVE Health Alliance of New York

Documentation: Many ways to notate fall risk

- Observation:
  - STEADI (Stopping Elderly Accidents, Deaths & Injuries) tool used often ***OR***
  - Documentation was found within medical summary of an assessment regarding:
    - a fall
    - normal movement (ie., walking running)
    - gait and station.
- Assessment of whether an individual has experienced a fall or problems with gait or balance is allowed. A specific screening tool is not required for this measure, however potential screening tools include the Morse Fall Scale and the timed Get-Up-And-Go test.

Time frame: Must be assessed annually (at a minimum)

- The few that we did fail we found that there was inconsistent documentation. Patient was seen several times in the year, but no assessment was done.

CARE-2: Falls: Screening for Future Fall Risk

The Why

INNOVATIVE Health Alliance of New York

Assessment and Management of Fall risk in Primary Care Settings

Falls: Definition and Magnitude of the Problem:

- Falls occur more often with advancing age. Each year, approximately 30% to 40% of people aged 65 years and older who live in the community fall.[1] Roughly half of all falls result in an injury,[2] of which 10% are serious,[3] and injury rates increase with age.[4] The direct medical costs for falls total nearly **$30 billion annually**.[5]

- Falls in the outpatient setting are usually defined as "coming to rest unintentionally on the ground or lower level, not due to an acute overwhelming event"[6] (eg, stroke, seizure, loss of consciousness) or external event to which any person would be susceptible.

- Falls are a major threat to older adults' quality of life, often causing a decline in self-care ability and participation in physical and social activities. Fear of falling, which develops in 20% to 39% of people who fall, can lead to further limiting activity, independent of injury.[7]

Source: HHS National Center for Biotechnology Information/National Library of Medicine/National Institute of Health. 2014:

Assessment and Management of Fall Risk in Primary Care Settings

CARE-2: Falls: Screening for Future Fall Risk

2022 Measure Details

INNOVATIVE Health Alliance of New York

Description:

- Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.

Initial Population/Denominator:

- Patients aged 65 years and older with a visit during the measurement period.

Numerator:

- Patients who were screened for future fall risk at least once within the measurement period.

Definition:

- **Screening for Future Fall Risk:** Assessment of whether an individual has experienced a fall or problems with gait or balance. A specific screening tool is not required for this measure, however potential screening tools include the Morse Fall Scale and the timed Get-Up-And-Go test.
- **Fall:** A sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of sudden onset of paralysis, epileptic seizure or overwhelming external force.

2022 Clinical Quality Measure Specifications and Coding Documents

IHANY Quality Team Contact Information

Brian M. Pinga CPHQ, CPhT
Director, ACO/CIN Quality Improvement & Practice Operations
Innovative Health Alliance of New York (IHANY)
https://www.ihany.org/
Office: 518-701-2271
Cell: 716-213-7225
Brian.pinga@sphp.com

Laura Graham, MS, CPHQ
ACO/CIN Quality Improvement Specialist
Innovative Health Alliance of New York (IHANY)
https://www.ihany.org/
Cell: 518-441-7992
Laura.Graham@sphp.com

2022 Quality Measure Best Practices

INNOVATIVE Health Alliance of New York

1. **Annual Wellness Exam:** Complete Annual Wellness Exams on all eligible patients.
   Most of the quality measures in this slide set will be covered by a completed annual wellness exam.
2. **Specialist Consultation Reports:** Request medical summaries of outside providers and report results of any lab results, colorectal cancer screenings and mammograms if any are pending.
   Epic Togethercare shows evidence of the claim. We need to be able to see the medical summary of that claim.
3. **Full Review of Consultation:** Ensure that the all consults are fully reviewed for additional results (mostly lab results) and notations.
4. **EMR Information Location:** File all consults and lab results in proper location in the EMR.
5. **Patient Refusal:** For patients that refuse any medical service for which they are eligible, document refusal in the ***current calendar year/annually***.
   Ensure that all applicable diagnoses are listed in the EMR current problems ***at all*** visits.
6. **Medication Reconciliation:** Ensure that ***all*** current medications are accurately listed in the EMR.
7. **Snowbirds**: If a patient is out of town for long periods and has other clinicians, request medical summaries from throughout the calendar year **before** the year end.
8. **Primary Care Provider:** Encourage the patient population that does not on appearance have a primary care physician (PCP) to initiate a relationship with a PCP.

2022 Measure Specifications

DM-2: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (<9%)
2022 Measure Specification

HTN-2: Controlling High Blood Pressure
2022 Measure Specification

PREV-12: Preventative Care and Screening: Screening for Depression and Follow-Up Plan
2022 Measure Specification

MH-1: Depression Remission at Twelve Months
2022 Measure Specification

PREV-7: Preventative Care and Screening: Influenza Immunization
2022 Measure Specification

PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
2022 Measure Specification

PREV-5: Breast Cancer Screening
2022 Measure Specification

PREV-6: Colorectal Cancer Screening
2022 Measure Specification

PREV-10: Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention
2022 Measure Specification

CARE-2: Falls: Screening for Future Fall Risk
2022 Measure Specification

All Coding documents can be found here.