Charting for Clinical Quality Measures (CQMs) in PCC EHR

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UC Denver 2018

PCC Pediatric EHR Solutions

Agenda

- Uses for CQM Reporting
- A review of each CQM report
  - How they are calculated
  - Required configuration

Takeaways

- Understanding of PCC's CQM reports:
  - How they are calculated
  - Workflow and configuration changes you'll need to make before using CQM reports

CQM Reporting and MU

- Reporting on 9 Pediatric CQMs is required with Meaningful Use attestation
- Report on 90 day period. No threshold to meet.
- As with MU measures, CQMs are reported via your state application

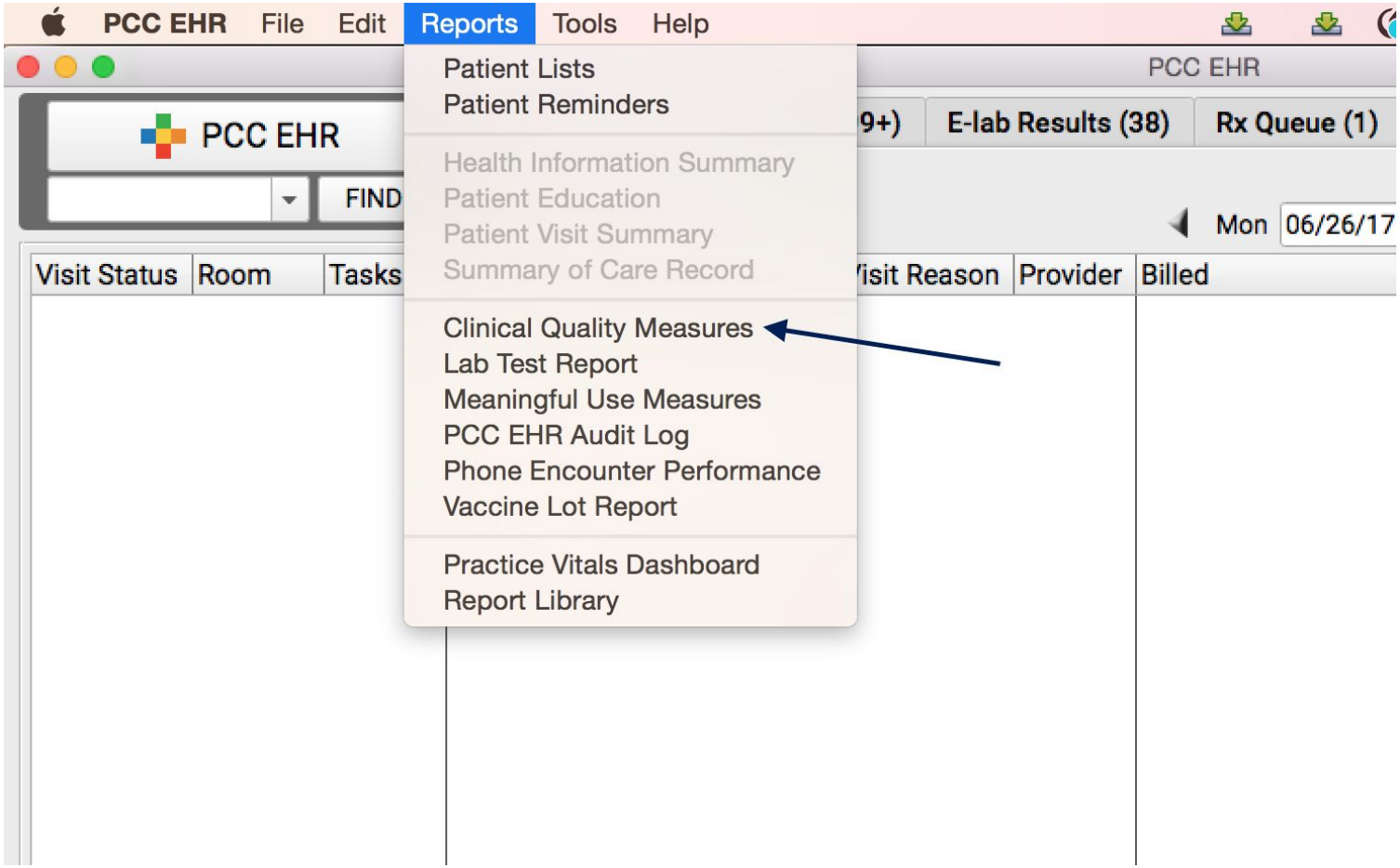
Other Uses For CQM Reporting

- PCMH Reporting
  - Many CQMs qualify as chronic, acute, or preventive measures for PCMH QI efforts
- HEDIS Reporting
- Pay-for-Performance and other payor QI initiatives
- Some CQM reports can be used for recall purposes

CQM Reporting

- Like most MU reports, based on provider of encounter
- Documentation on learn.pcc.com on how to chart to meet each CQM
  - Stay tuned for updates to this documentation

CQM Reporting



CQM Reporting

Screening for Clinical Depression and Follow-Up Plan

The percentage of patients aged 12 years and older screened for clinical depression on 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 positive screen.

Screening for Clinical Depression and Follow-Up Plan

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

Numerator: Patients in the denominator screened for clinical depression on the date of the encounter using an age appropriate standardized tool AND, if positive, a follow-up plan is documented on the date of the positive screen

Screening for Clinical Depression and Follow-Up Plan

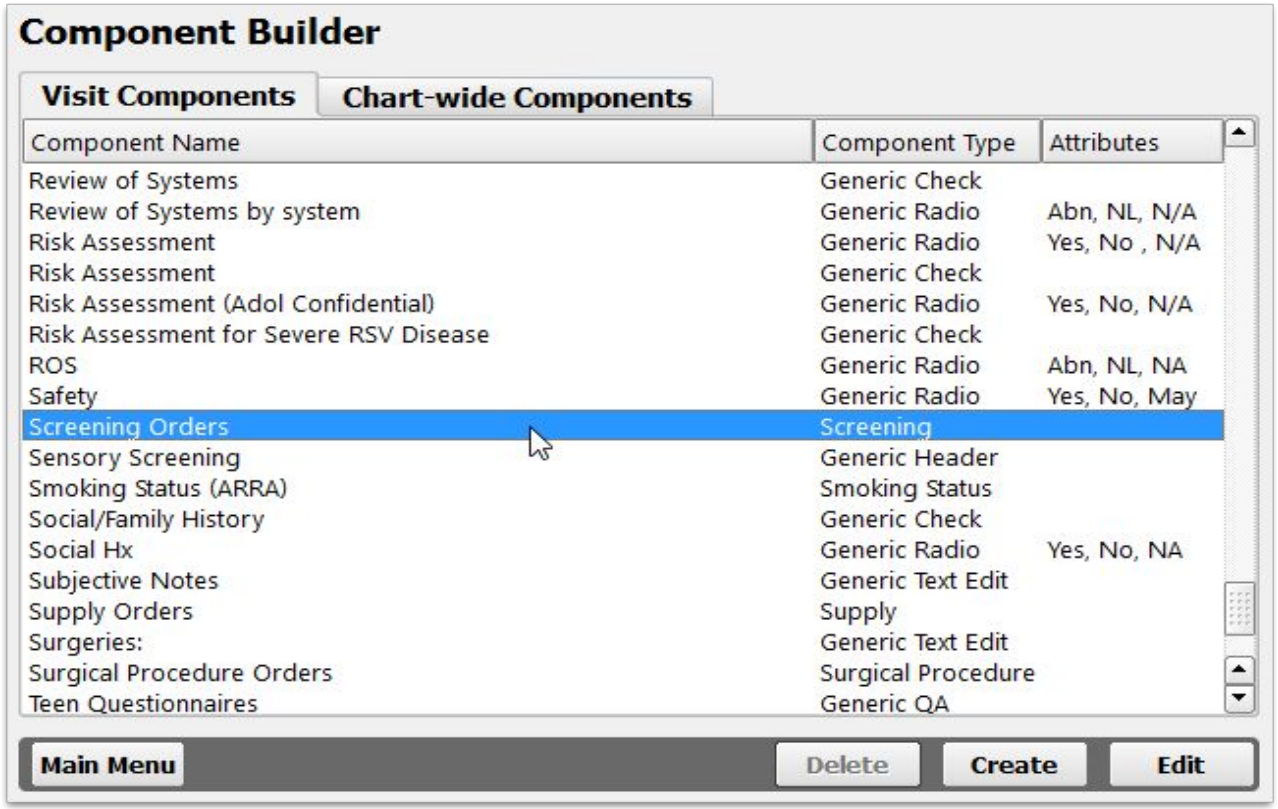
Which codes trigger eligible encounters for this measure?

- Billed CPT Codes: 99201-99205, 99212-99215
- SNOMEDCT Procedures linked to orders:
  - Depression Screening - 171207006
  - History and physical examination, annual for health maintenance - 78318003
  - And many others....

Screening for Clinical Depression and Follow-Up Plan

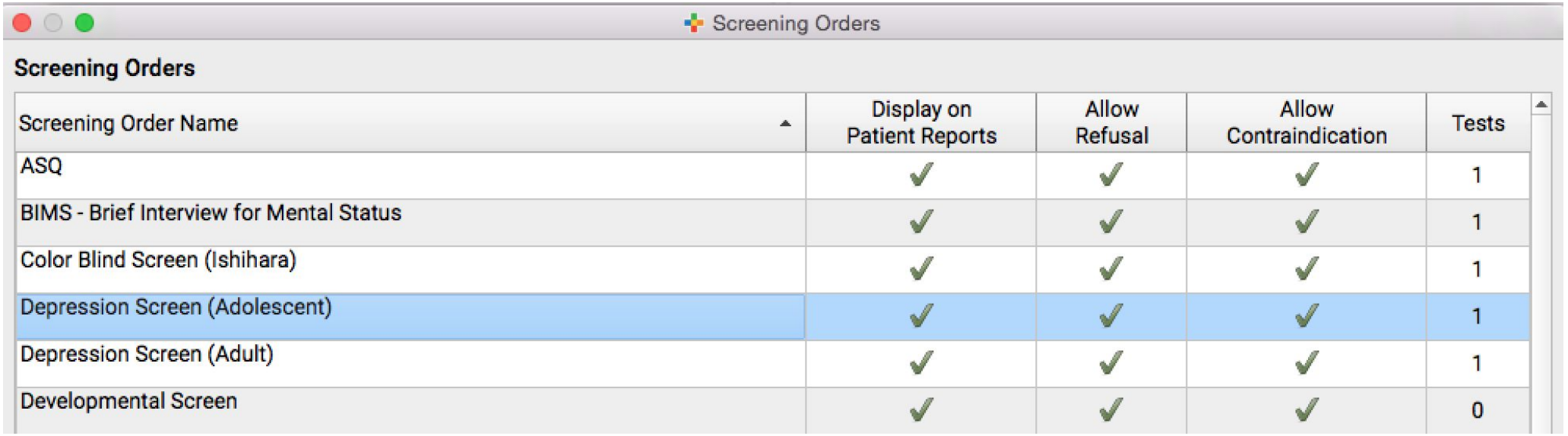
Make sure your depression screening order is linked to an appropriate LOINC test and SNOMED procedure

Tools -> Protocol Configuration -> Component Builder

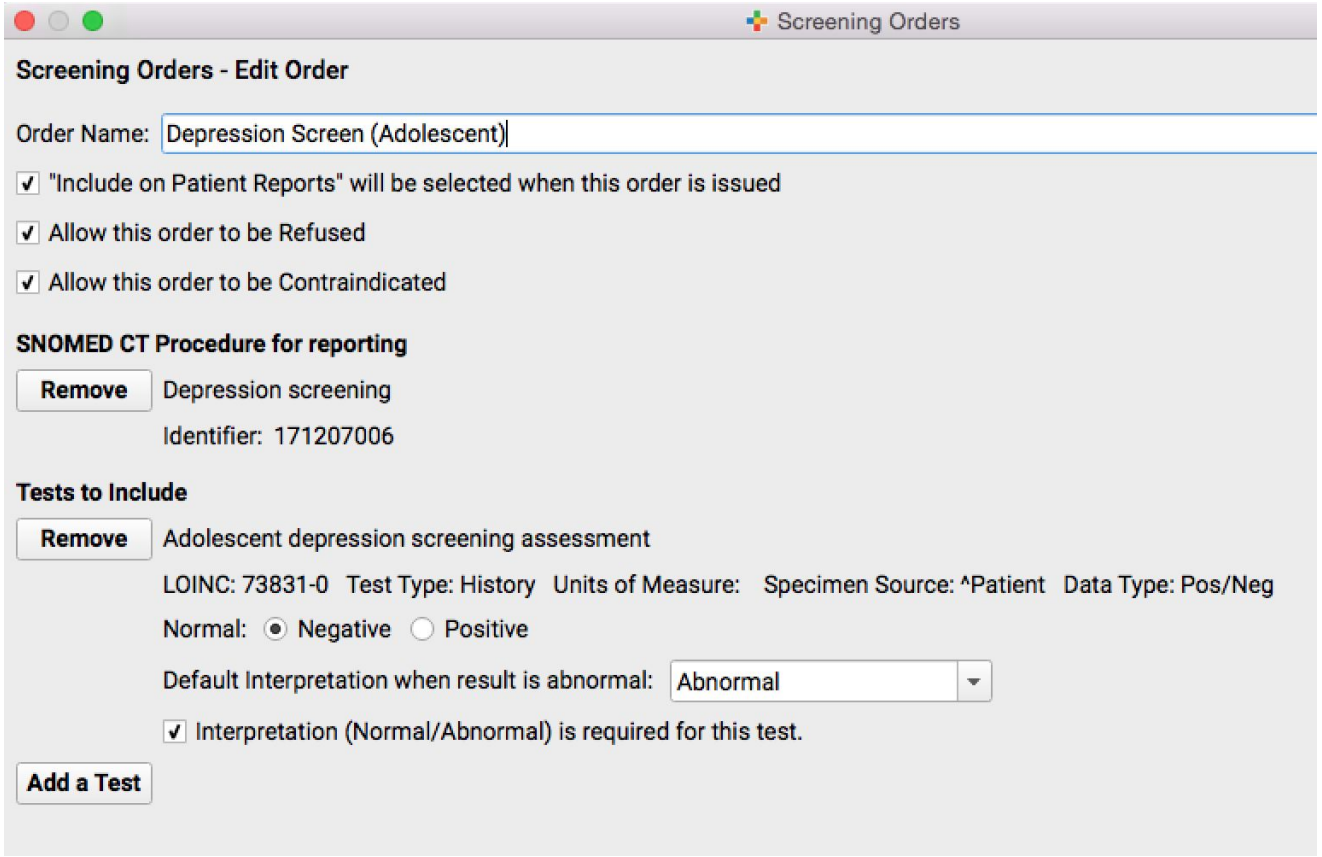


Screening for Clinical Depression and Follow-Up Plan

Make sure your depression screening order is linked to an appropriate LOINC test



Screening for Clinical Depression and Follow-Up Plan



Important!

Use "Adolescent depression screening assessment" test with LOINC 73831-0

Also use "Depression Screening" SNOMED procedure with code 171207006

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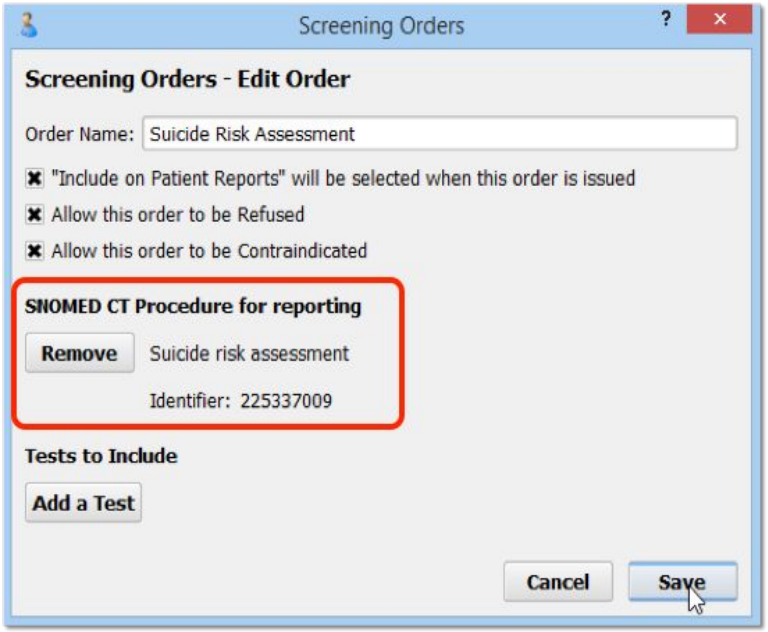
Screening for Clinical Depression and Follow-Up Plan

- Must use "Adolescent depression screening assessment" test with LOINC 73831-0
- You can add more specific screening tests as well (PHQ-2, PHQ-9, etc)
- Also add generic "Depression Screening" SNOMED procedure to this order to have these encounters counted in denominator

Screening for Clinical Depression and Follow-Up Plan

If screening is positive, a follow-up screening or referral order mapped to a SNOMED-CT procedure is required to meet the measure



Examples:

- Suicide risk assessment
- Follow-up for depression – (27 possible descriptions)
- Additional evaluation for depression (9 possible descriptions)
- Referral mapped to SNOMED-CT

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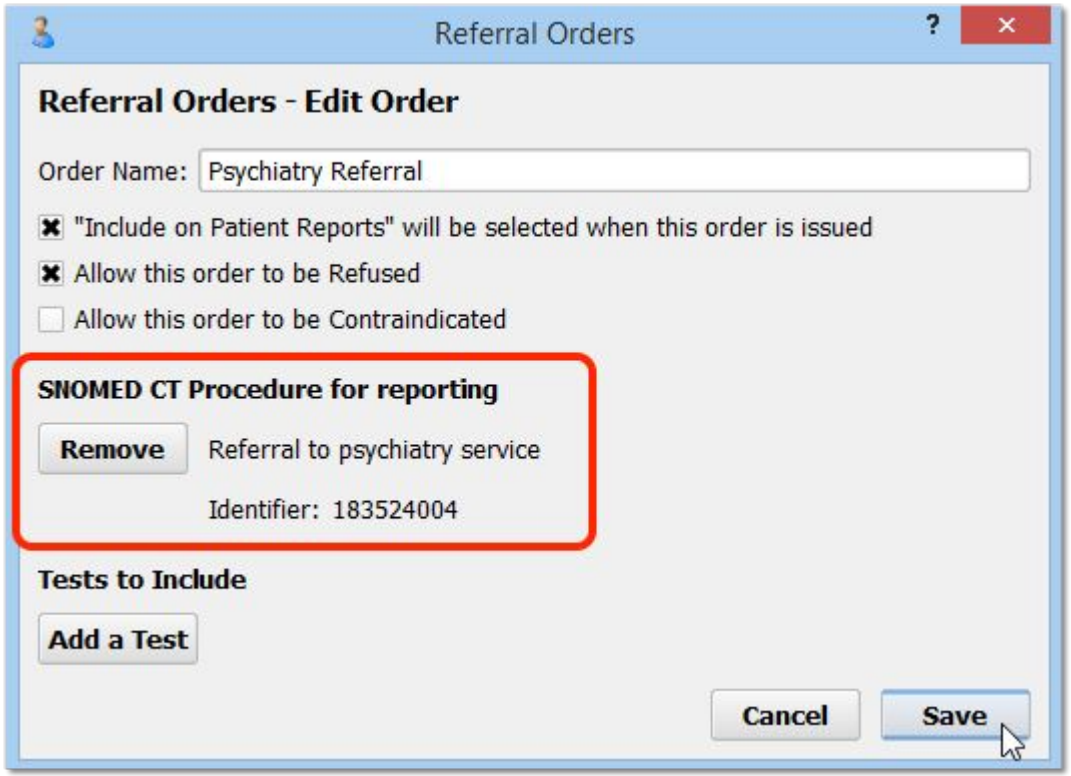
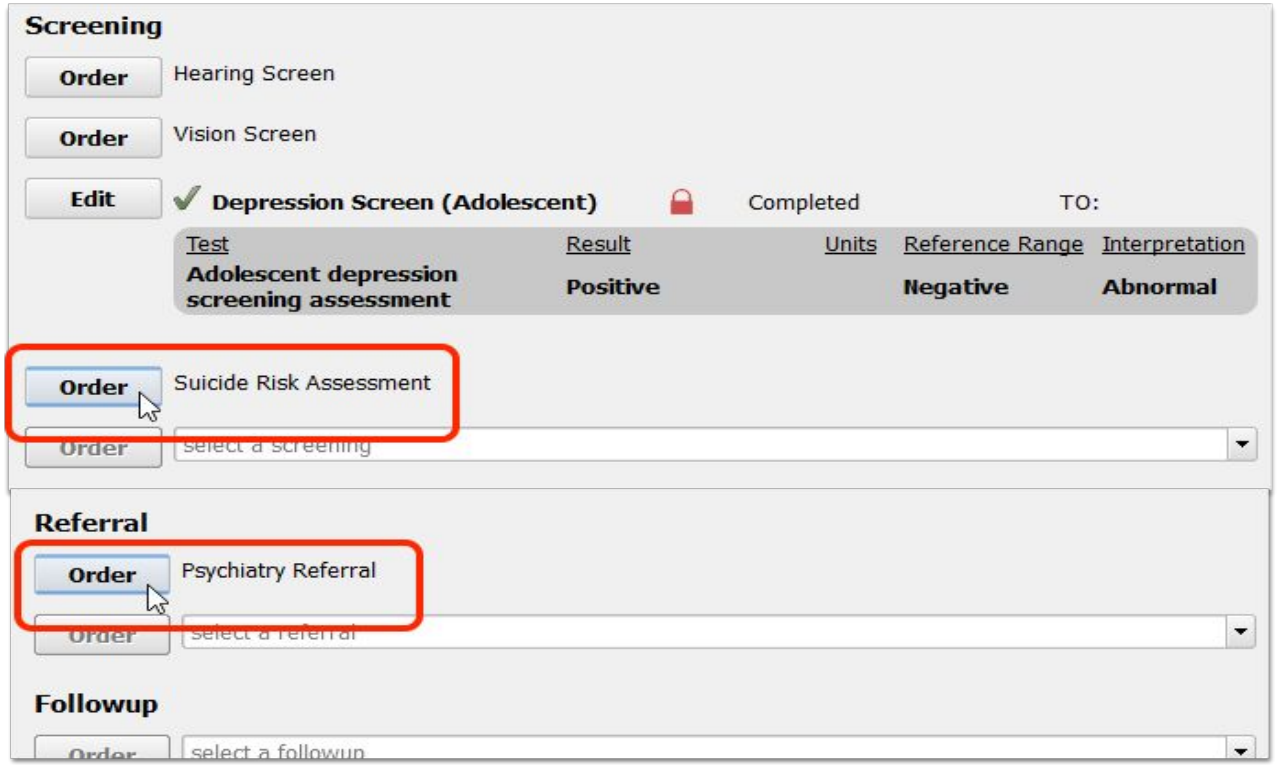
Screening for Clinical Depression and Follow-Up Plan

Make sure that referral orders are mapped to an appropriate SNOMED-CT



Screening for Clinical Depression and Follow-Up Plan

Make sure that depression screenings, followup, and/or referral orders are stored within protocols for adolescents



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Children With Dental Decay/Cavities

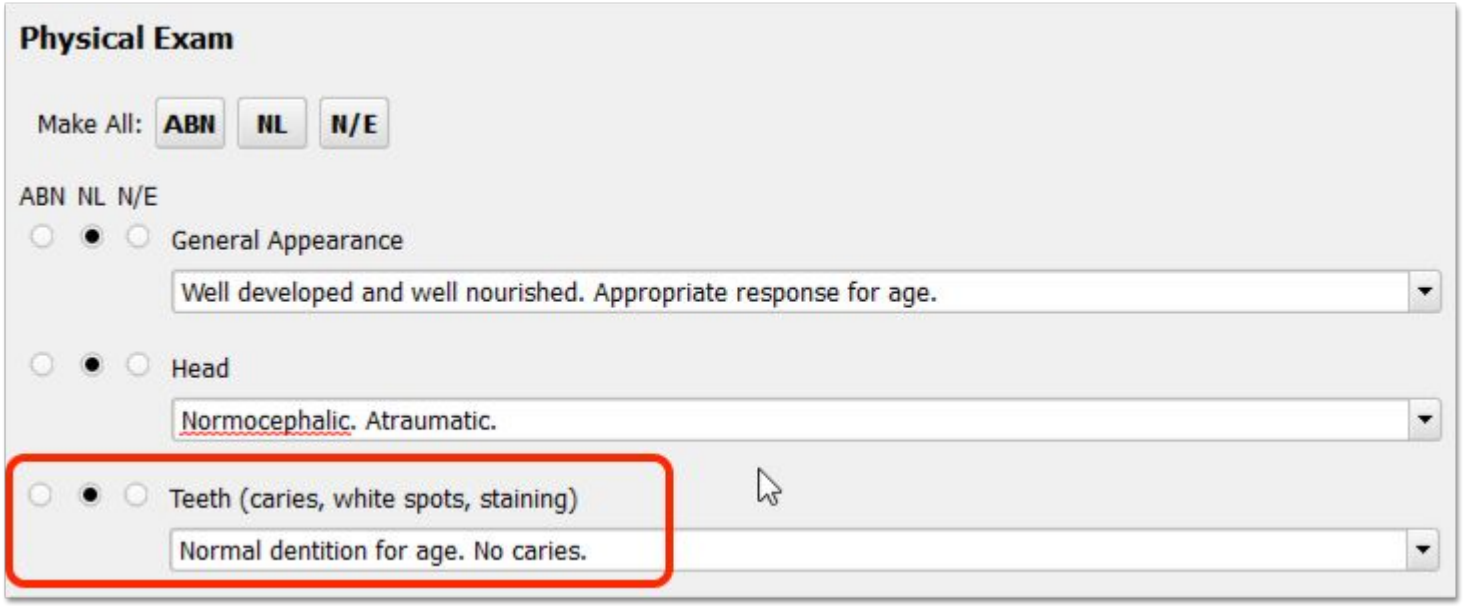
Percentage of children, age 0-20 years, who have had tooth decay or cavities during the measurement period.

Denominator: # patients ages 0-20 years with at least one eligible encounter with the EP during the measurement period

Numerator: # patients in the denominator who had an active diagnosis of dental decay or cavities during the measurement period

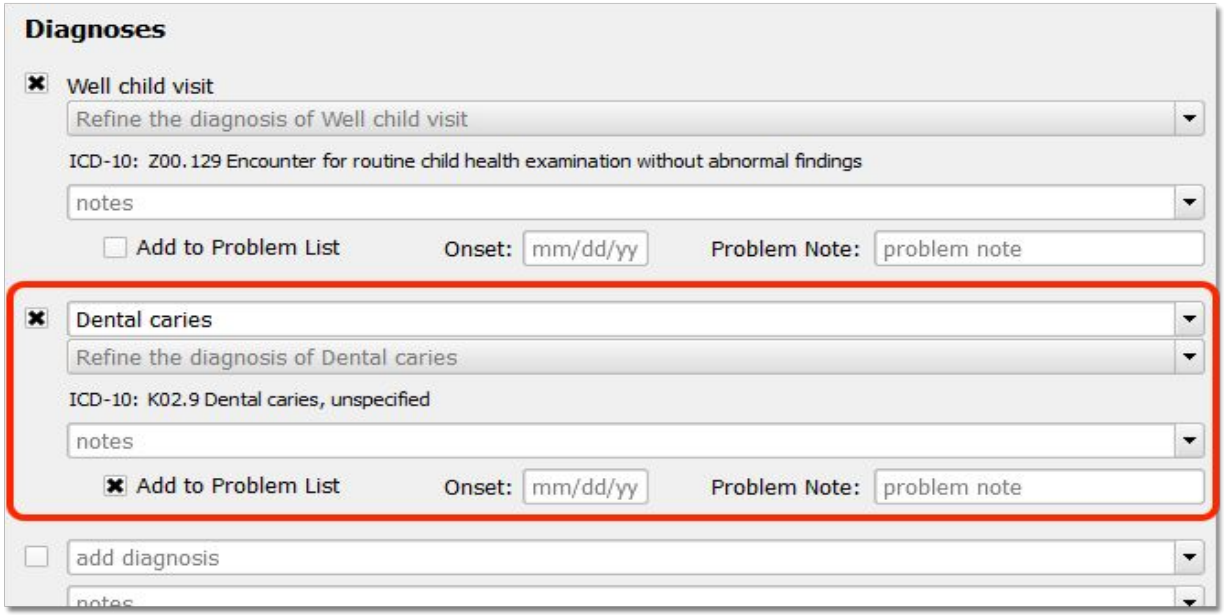
Children With Dental Decay/Cavities

Update protocols to make it easier to record dental health and/or follow-up dental care



Children With Dental Decay/Cavities

If a patient has dental caries, enter an appropriate diagnosis code. Diagnosis can be entered in diagnosis component or as an active problem on problem list.



Childhood Immunization Status

The percentage of patients turning 2 years old during the reporting period who have a visit during the reporting period and have four DTaP; three IPV, one MMR; three HiB; three Hep B; one Varicella; four pneumococcal; one Hep A; two or three rotavirus; and two influenza vaccines by their second birthday, or had a documented history of the illness, seropositive result for the antigen, or a contraindication for a specific immunization

Childhood Immunization Status

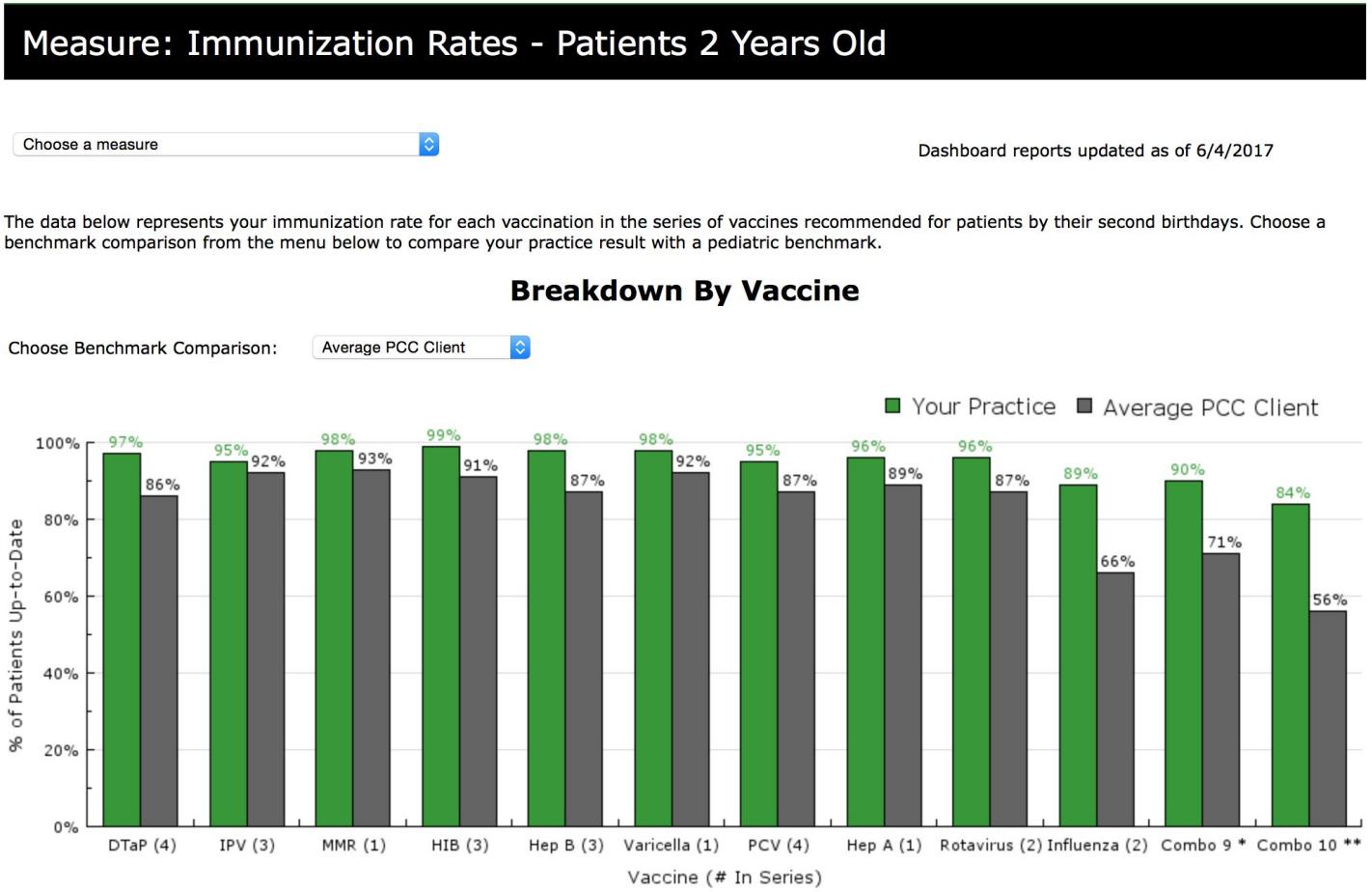
Denominator: # children turning two years old during the measurement period with at least one eligible encounter with the EP during the measurement period

Numerator: # children in the denominator who have evidence showing they received recommended vaccines, had documented history of the illness, had a seropositive test result, or had an allergic reaction to the vaccine by their second birthday

Childhood Immunization Status

- Verify CVX codes are stored properly for each immunization in Partner immunization and disease table
- When charting, review immunization history and forecasting results to make sure immunizations are up-to-date
- **The 2014 specs we used for this measure do not include quadrivalent flu vaccines as a valid immunization.**
- This CQM is likely inaccurate for your practice

Childhood Immunization Status



Refer to new "Immunization Rates - Patients 2 Years Old" measure in Dashboard

"Breakdown by Vaccine"

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Use of Appropriate Meds For Asthma

The percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period

A separate stratification is reported for each of the following ages:

- Patients 5-11
- Patients 12-18
- Patients 19-50
- Patients 51-64

Use of Appropriate Meds For Asthma

Denominator: # patients 5-64 years of age who have an active, persistent asthma diagnosis during the measurement period and who have a visit with the Eligible Professional during the measurement period

Numerator: # patients in the denominator who were prescribed or had an active prescription for an appropriate medication during the measurement period

Exclusion: Patients will be excluded from the denominator if they have a diagnosis of emphysema, COPD, cystic fibrosis or acute respiratory failure during or prior to the measurement period.

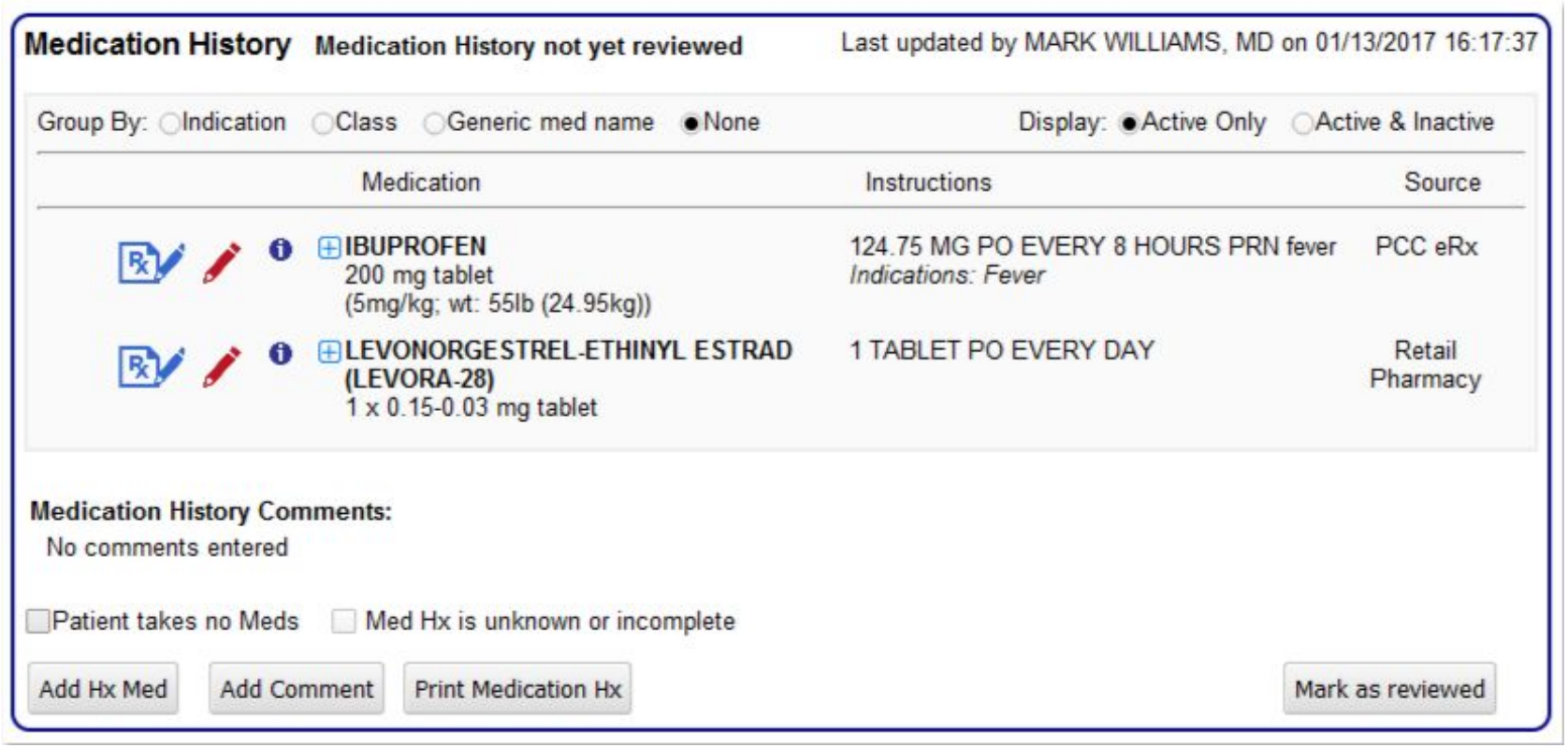
Use of Appropriate Meds For Asthma

Diagnoses considered “persistent asthma”:

- Persistent asthma
- Mild persistent asthma
- Moderate persistent asthma
- Severe persistent asthma

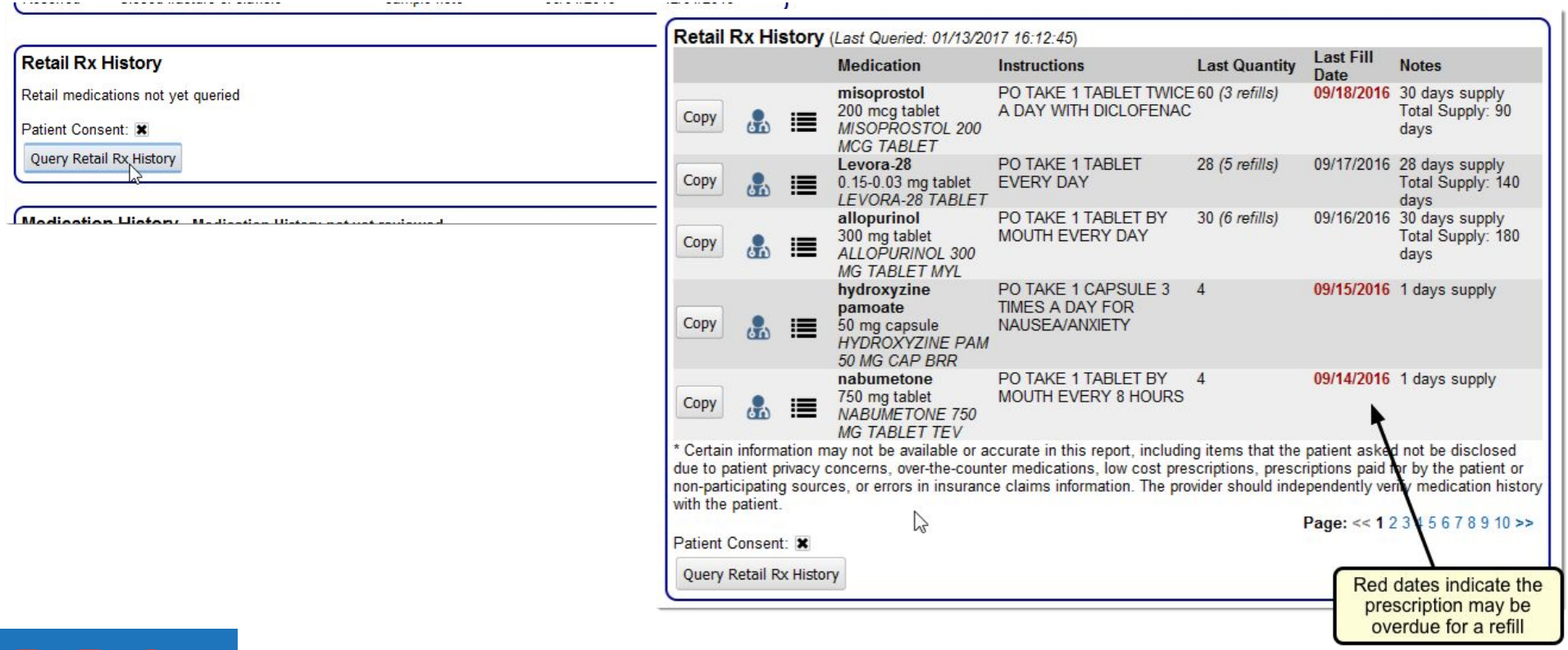
Use of Appropriate Meds For Asthma

Review medications with patients at every visit



Use of Appropriate Meds For Asthma

Update medication history when patient is prescribed asthma med elsewhere



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ADHD Follow-up Care

The percentage of children 6-12 years of age, newly dispensed a medication for ADHD, who had appropriate follow-up care. Two rates are reported:

- Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase.
- Percentage of children who remained on ADHD medication for at least 210 days, and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

ADHD Follow-up Care – Initiation Phase

Measure 1 Denominator: # children 6-12 years of age who had a visit with the EP during the reporting period and also who were dispensed an ADHD medication 90 days before the start of the reporting period through 60 days after the start date of the reporting period.

Measure 1 Numerator: # children in the denominator who had at least one face-to-face visit with the EP within 30 days after the ADHD Medication date

ADHD Follow-up Care

Exclusions:

- **Patients who were actively on an ADHD medication in the 120 days prior to the newly dispensed ADHD prescription**
- Patients diagnosed with narcolepsy at any point in their history or during the measurement period.
- Patients who had an acute inpatient stay with a principal diagnosis of mental health or substance abuse during the 30 days after the ADHD medication date

ADHD Follow-up Care – Initiation Phase

- Measure is focused on **new** ADHD medications. Patients already on ADHD meds 120 days prior to new ADHD med are separated as exclusions and not reported in measure result
- Medication Initiation Phase: 90 days before start of reporting period to 60 days after start of reporting period
- To be counted in numerator, patient needs to have a visit **with any EP** within 30 days of ADHD medication date

ADHD Follow-up Care – Continuation Phase

Measure 2 Denominator: Same as measure 1 but only including patients who remained on the ADHD medication for at least 210 days out of the 300 days following initial medication date

Measure 2 Numerator: # children in the denominator who, in addition to the first visit during the Initiation Phase, had at least two additional follow-up visits with a clinician within 270 days (9 months)

ADHD Follow-up Care – Continuation Phase

- Use the measure 1 details report as a recall tool to identify kids with newly prescribed ADHD meds that need follow-up

Measure#	NQF	Measure	Numerator	Denominator	Performance Rate	Exclusions	Exceptions	Details
CMS136v4	0108	ADHD: Follow-up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication	N/A	N/A	N/A	N/A	N/A	N/A
		Initiation Phase	6	50	67%	41	N/A	Details
		Continuation and Maintenance Phase	0	7	N/A	7	N/A	Details

- Follow-up visits during continuation phase do not need to be with the same provider
- Review medications with patients at every visit. Update medication history when patient is prescribed ADHD med elsewhere

Appropriate Testing For Children With Pharyngitis

Percentage of children 2-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode.

Denominator: # of episodes (visits) for patients 2-18 years of age who had an outpatient or ED visit with the EP with an active diagnosis of pharyngitis during the reporting period and an antibiotic ordered on or three days after the visit

Numerator: # episodes (visits) for patients in the denominator who had a group A streptococcus test in the 7-day period from 3 days prior through 3 days after the diagnosis of pharyngitis

Appropriate Testing For Children With Pharyngitis

- Measure counts “episodes” (visits), not patients
- “Pharyngitis” includes various ICD-10 or SNOMED diagnoses including: Acute Pharyngitis, Acute Tonsillitis, Streptococcal Sore Throat, Viral Pharyngitis entered as active in diagnosis component or problem list
- To be included in the measure, antibiotic needs to be ordered on or three days after visit
- Strep test must be ordered from 3 days prior to 3 days after pharyngitis diagnosis

Chlamydia Screening for Women

Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period

A separate stratification is reported for each of the following ages:

- Patients 16-20
- Patients 21-24

Chlamydia Screening for Women

Denominator: # of women 16 to 24 years of age who are sexually active and who had a qualifying visit with the EP in the measurement period.

Numerator: # women in the denominator with at least one chlamydia test during the measurement period

Chlamydia Screening for Women

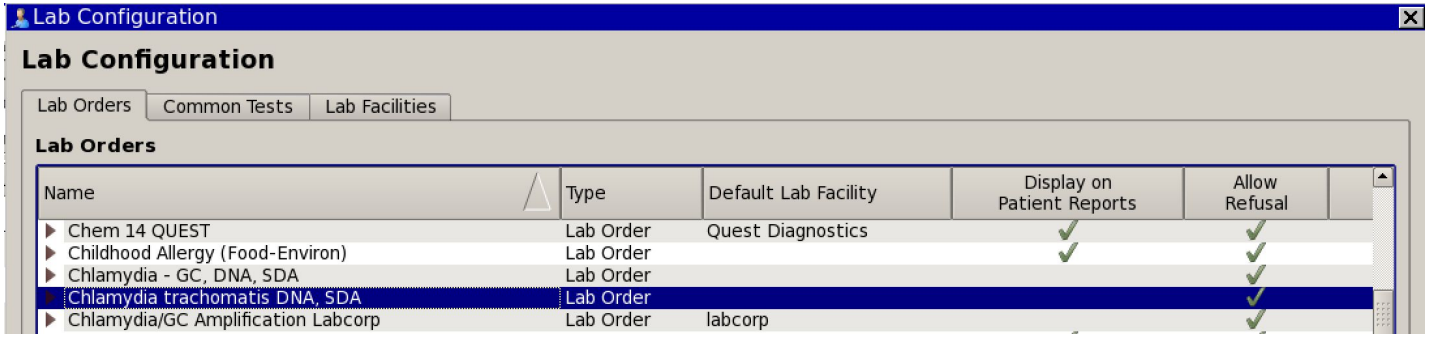
There are several methods to indicate sexually active women including:

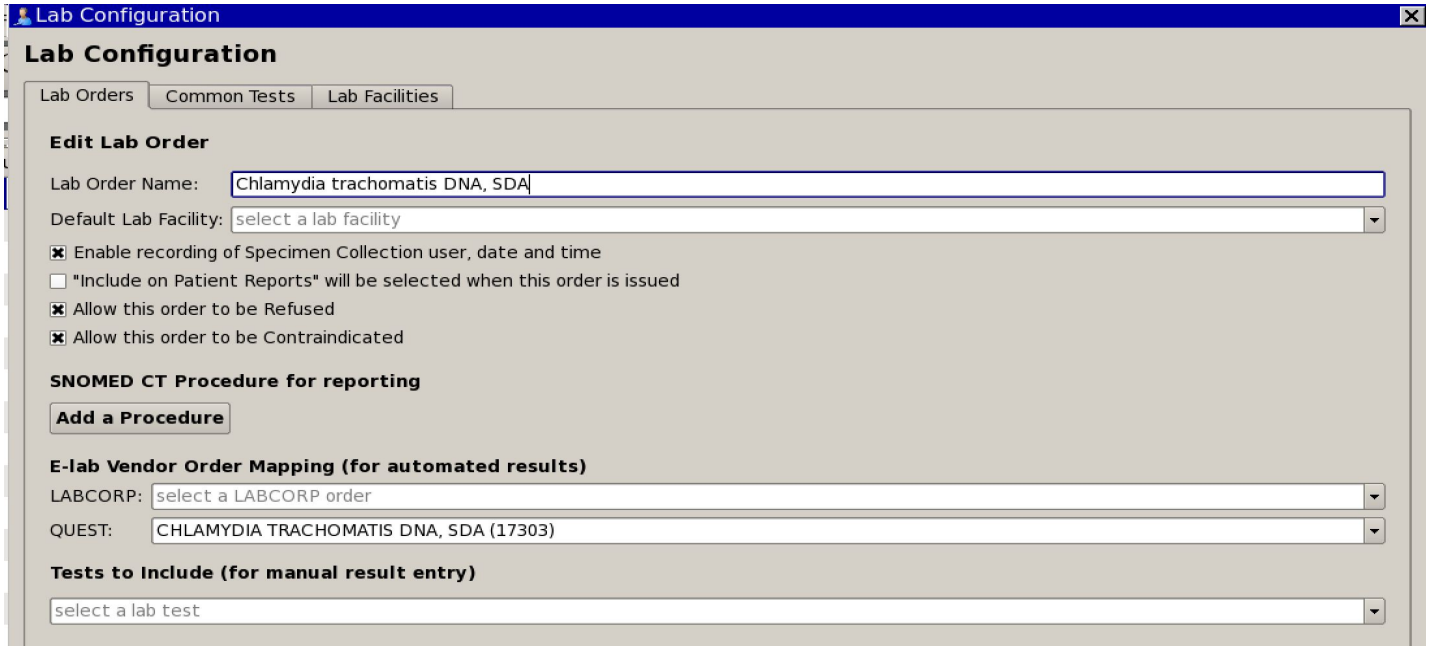
- Sexually transmitted infections entered as a charted diagnosis, active problem on the problem list, or billed diagnoses
- Lab tests with results, such as pregnancy tests
- Medications, such as a contraceptive or infertility treatments

Chlamydia Screening for Women

- Measure exclusion: Women who received a pregnancy test solely as a safety precaution before ordering an x-ray or specified medications
- Chlamydia, pregnancy test, and radiology orders need to be mapped to LOINC test appropriately
- Update your practice's chart note protocols to make it easier to record sexual activity (by adding default diagnoses to age-appropriate chart notes, for example) and order and administer Chlamydia tests.

Chlamydia Screening for Women





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Appropriate Testing For Children With URI

Percentage of children 3 months-18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode.

Denominator: # episodes (visits) for children age 3 months to 18 years who had an outpatient visit with the Provider of Encounter (EP) with a diagnosis of upper respiratory infection (URI) during the measurement period

Numerator: # episodes (visits) in the denominator without a prescription for antibiotic medication on or 3 days after the outpatient or ED visit

Appropriate Testing For Children With URI

- This measure counts episodes (visits) for patients seen by the EP with active diagnosis of URI indicated on problem list or diagnosis component.
- Review medications with patients at every visit. Update medication history when patient was given antibiotic for URI elsewhere
- Prescribe antibiotics for URI only when appropriate
- Includes Rx made on or within 3 days after visit

Appropriate Testing For Children With URI

Exclusions:

- Patients with an antibiotic Rx in the 30 days prior to the date of the encounter when the URI diagnosis was established

Weight Assessment and Counseling for Nutrition and Physical Activity

Percentage of patients 3-17 years of age who had an outpatient visit with the Provider of Encounter (EP) and who had evidence of the following during the measurement period (three rates are reported):

- Measure 1: Percentage of patients with height, weight, and body mass index (BMI) percentile documentation
- Measure 2: Percentage of patients with counseling for nutrition
- Measure 3: Percentage of patients with counseling for physical activity

Weight Assessment and Counseling for Nutrition and Physical Activity

- Two age stratifications for each measure:
  - Age 3-11
  - Age 12-17
- Denominator for each measure: # patients ages 3-17 who had at least one outpatient visit with the Provider of Encounter (EP) during the measurement period
- Denominator exclusion: Patients who have an active diagnosis of pregnancy during the measurement period (based on visit diagnosis, problem list, E-Rx problem, and EEF diagnosis)

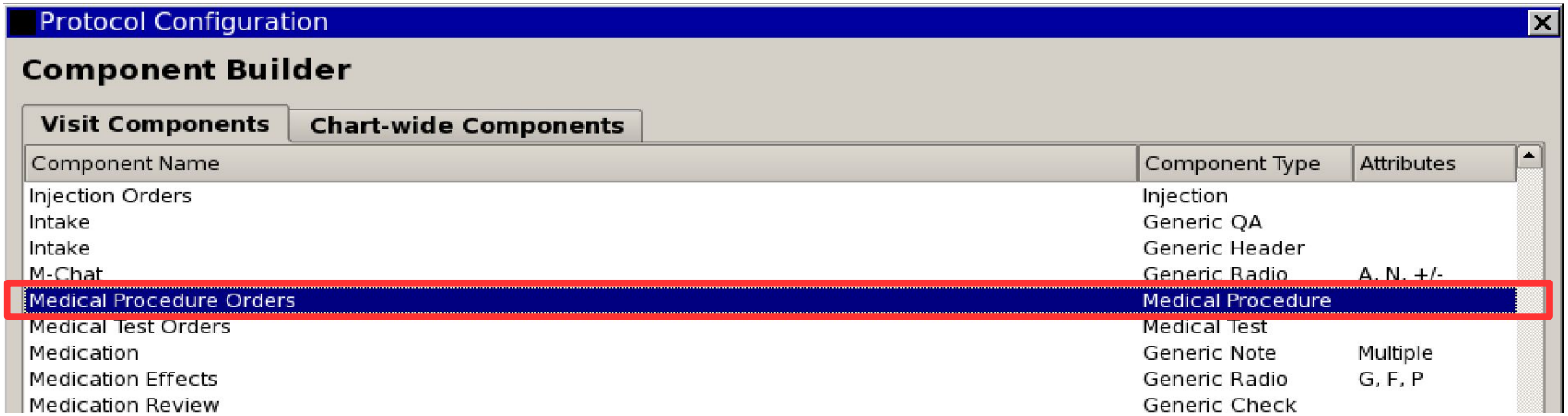
Weight Assessment and Counseling for Nutrition and Physical Activity

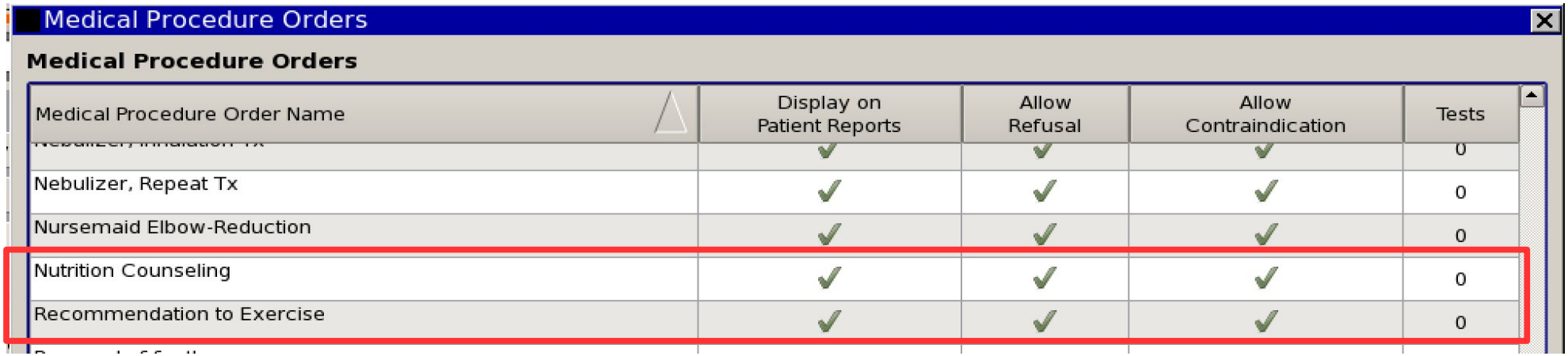
- Numerator 1: # patients in the denominator who had a height, weight and body mass index (BMI) percentile recorded during the measurement period
- Sick, well, and counseling visits are included. Vaccine-only visits are not included
- The height, weight, and BMI can be recorded by any provider. It just has to be recorded during the measurement period

Weight Assessment and Counseling for Nutrition and Physical Activity

- Numerator 2: # patients in the denominator who had counseling for nutrition performed during a visit that occurs during the measurement period
- Numerator 3: # patients in the denominator who had counseling for physical activity performed during a visit that occurs during the measurement period
- Add medical procedure orders for nutrition and physical activity counseling and link to appropriate SNOMED procedures.

Weight Assessment and Counseling for Nutrition and Physical Activity





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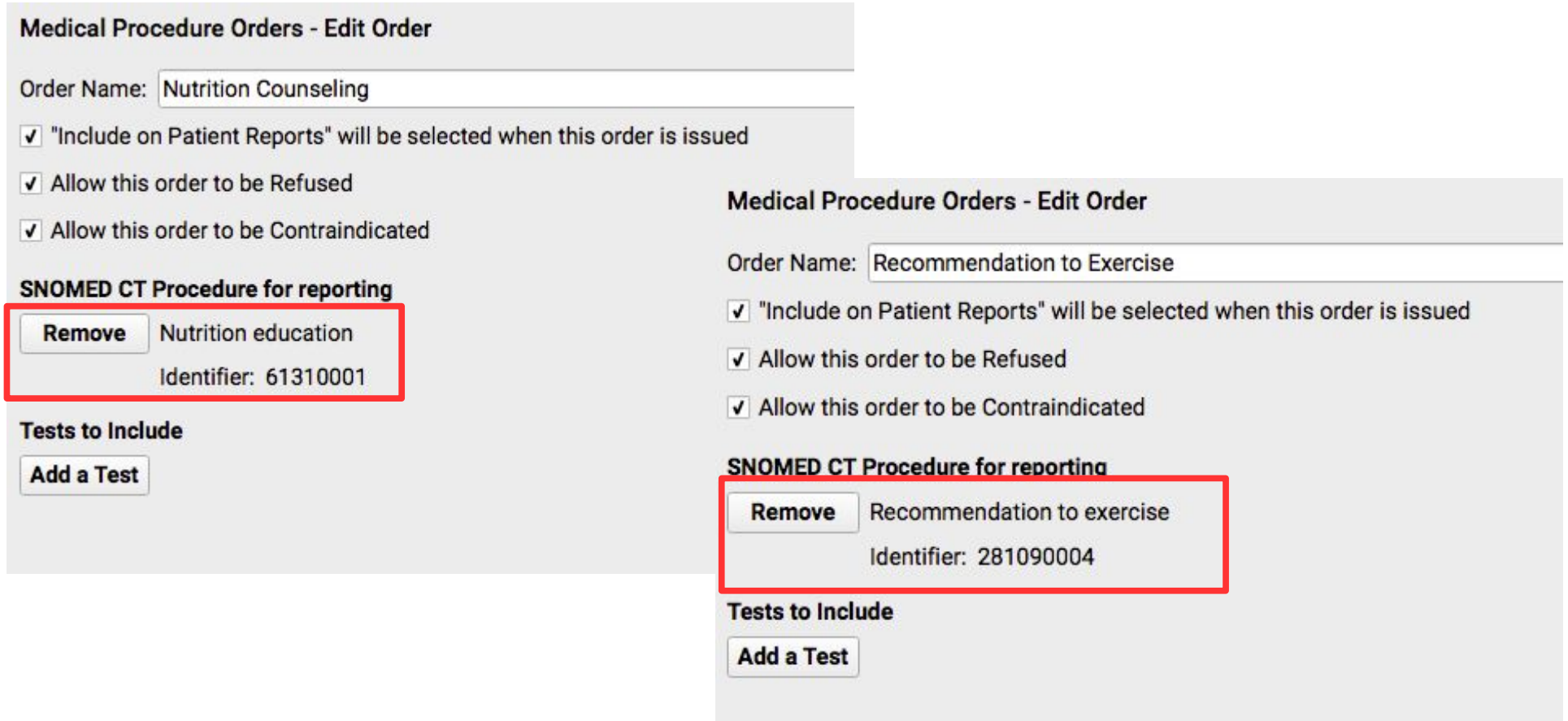
Weight Assessment and Counseling for Nutrition and Physical Activity



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Weight Assessment and Counseling for Nutrition and Physical Activity

Use these SNOMED Procedures:

Nutrition Counseling

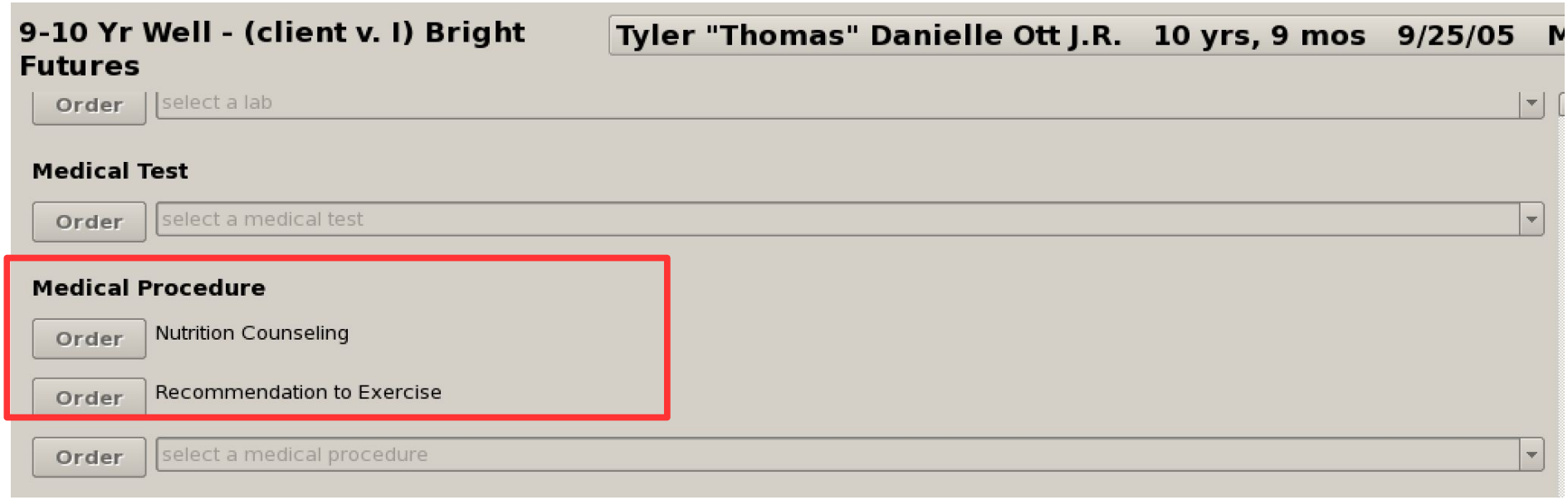
- Nutrition education: 61310001

Exercise Counseling

- Recommendation to Exercise: 281090004

Weight Assessment and Counseling for Nutrition and Physical Activity

- Add these “Nutrition Counseling” and “Recommendation to Exercise” medical procedures to chart protocols and order when appropriate



CQM Documentation

How to Chart for Each Clinical Quality Measure in PCC EHR

http://learn.pcc.com/help/meet-clinical-quality-measures-with-pcc-ehr