



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Georgia Clinical Quality Measures Project



Presented by:

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Date: January 28, 2020



Mission:

The mission of the Department of Community Health is to provide access to affordable, quality health care to Georgians through effective planning, purchasing, and oversight.



Purpose:

Shaping the future of A Healthy Georgia by improving access and ensuring quality to strengthen the communities we serve.

Agenda

- Introduction
- Project Overview
- Project Benefits
- GA CQMS – Overview
- Clinical Perspective
- Future Enhancement: Provider Geo-Mapping
- Question and Answer



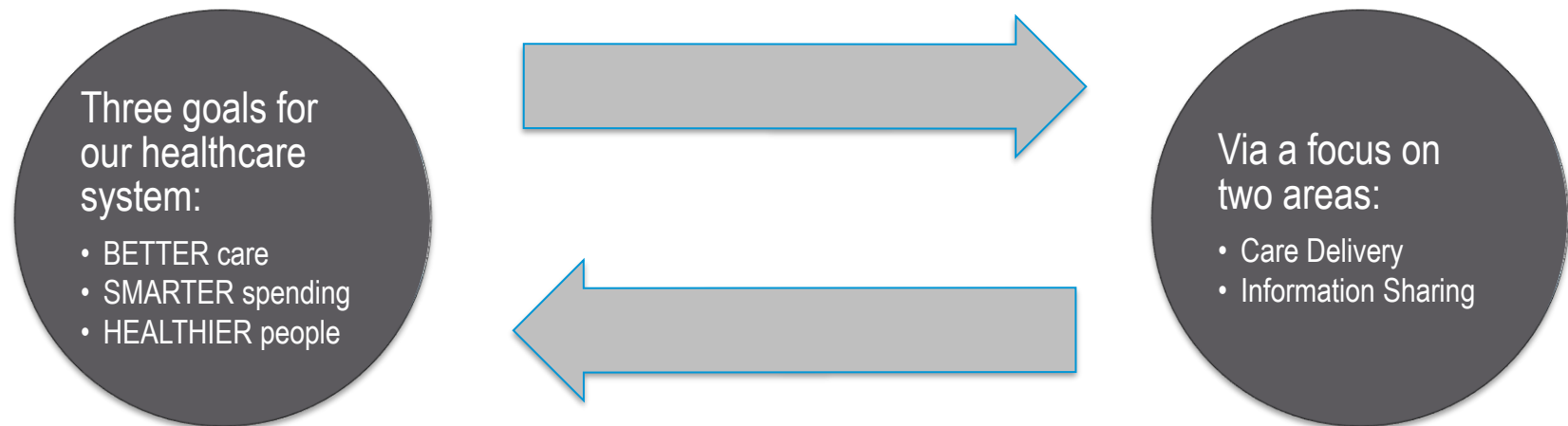
Project Overview

- Implement and operationalize an effective way to accept clinical quality measurement CQM information from providers across multiple channels to support program goals.
- Assess trends against various benchmarks (e.g. member/disease categories, specific provider geographies or subsets of provider types).
- Through a phased approach, gain insight and lessons learned for an effective roll-out to a larger community.



Project Benefits

- Improved health outcomes for Medicaid members aligning with CMS direction through the effective use and comparison of provider-generated data.
- Create a platform from which the Department can perform consistent, rules-driven evaluation of effectiveness for value-based purchasing outcomes, improving health outcomes and inform providers on performance compared to peers/state norms.



GA CQMS Project Facts

The project offers the following services to the providers:

- Training to leverage certified EHR system capabilities.
- Acceptance of QRDA CAT III or manual entry of CQMs.
- Displays provider measurement data via the GA CQMS dashboard.
- Assistance of a Data Entry Clerk with entering provider participants CQM data.



GA CQMS Project Facts (cont.)

The project also offers a Clinical Advisory Board (CAB) to assess outcomes of the program:

- Offer clinical assistance, CQM measure selections, recommendations on use of data, reports, and collaborative support with DCH and provider participants in shaping the program.



Current Project Status

Project Information:

- ✓ Thirty-nine (39) active individual providers from various group practices
- ✓ These group practices represent different specialties
- ✓ Thirteen (13) CQMs in the system
- ✓ CQM data is loaded quarterly for analysis



Clinical Quality Measures

The current measures in the system include:

1. CMS2 - Preventative Care and Screening for Depression
2. CMS69 - Preventive Care and Screening: BMI screening and follow up plan (ages 18 and older)
3. CMS90 - Functional Status Assessments for Congestive Heart Failure
4. CMS122 - Diabetes: Hemoglobin A1c poor control (>9%) (ages 18-75)
5. CMS125 - Breast Cancer Screening
6. CMS128 - Anti-Depressant Medication Treatment
7. CMS136 - Follow Up Care for Children Prescribed ADHD Medication



Clinical Quality Measures – (cont.)

Measures Continued:

8. CMS146 - Appropriate Testing for Children with Pharyngitis
9. CMS153 - Chlamydia Screening for Women (ages 16-24)
10. CMS154 - Appropriate Treatment for Children with Upper Respiratory Infection (URI)
11. CMS155 - Weight Assessment and Counseling for Nutrition and Physical for Children and Adolescents
12. CMS165 - Controlling High Blood Pressure
13. CMS177 - Child and Adolescent Major Depressive Disorder (MDD) Suicide Risk Assessment



Georgia Clinical Quality Measures System

POLLING QUESTION


Is your practice currently looking for an effective way to capture clinical quality measurements?



GA CQMS Overview



GA CQMS Overview (cont.)



Georgia Department
of Community Health

Login using your assigned Username and Password. If you are a first time user please select the Register button.

CQMS Prod v0.2.2

Login

Username:

(The username is your individual NPI for providers)

Password:

[Forgot Password?](#)



GA CQMS Overview (cont.)



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Reports

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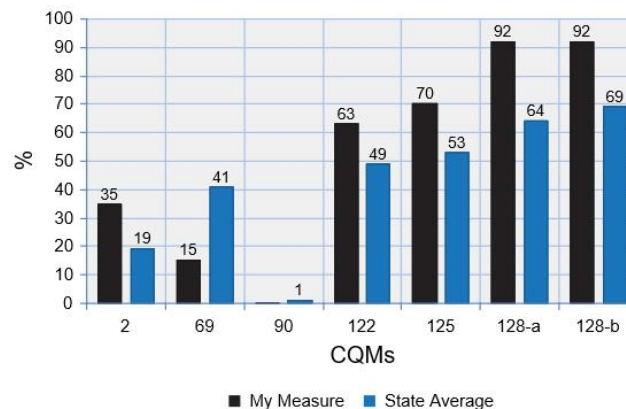
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CQM Measure Statistics

Year: 2019 Quarter: Q4(Oct-Dec) Filter

Printable Version View All CQM Measure Statistics Export to Excel



CMS ID 2 : Preventive Care and Screening Depression
CMS ID 69 : Preventive Care and Screening BMI
CMS ID 90 : Functional Status Assessments for Congestive Heart Failure
CMS ID 122 : Diabetes: Hemoglobin A1c Poor Control
CMS ID 125 : Breast Cancer Screening
CMS ID 128-a: Anti-depressant Meds Management % of pts on Meds for 12 wks
CMS ID 128-b: Anti-depressant Meds Management % of pts on Meds for 6 mos

Note: Please click on the CQM IDs to view CQM quarter statistics against the Georgia State Average.

Note: Stratum data found in export to excel document and on the CQM Measure Stratum Statistics Graph.

1 2 3 >



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GA CQMS Overview (cont.)



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System

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Reports

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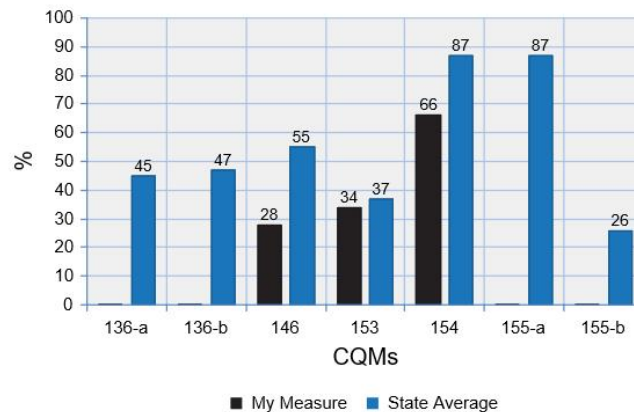
CQM Measure Statistics

Year: 2019 Quarter: Q4(Oct-Dec) Filter

Printable Version

View All CQM Measure Statistics

Export to Excel



CMS ID 136-a: Follow-up Care Children Prescribed
ADHD Med 30-day Initiation

CMS ID 136-b: Follow-up Care Children Prescribed
ADHD Med 2 follow-ups in 9 mos

CMS ID 146 : Appropriate Testing for Children
w/Pharyngitis

CMS ID 153 : Chlamydia Screening for Women

CMS ID 154 : Appropriate Treatment for Children
w/Upper Respiratory Infection

CMS ID 155-a: Weight Assessment/Counseling for Peds
% of pts w/Ht/Wt/BMI

CMS ID 155-b: Weight Assessment/Counseling for Peds
% of pts w/Nutrition Counseling

Note: Please click on the CQM IDs to view CQM quarter statistics against the Georgia State Average.

Note: Stratum data found in export to excel document and on the CQM Measure Stratum Statistics Graph.

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GA CQMS Overview (cont.)



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System

Dashboard

Add/View CQMs

My Profile

Reports

GA CQMS Provider Manual

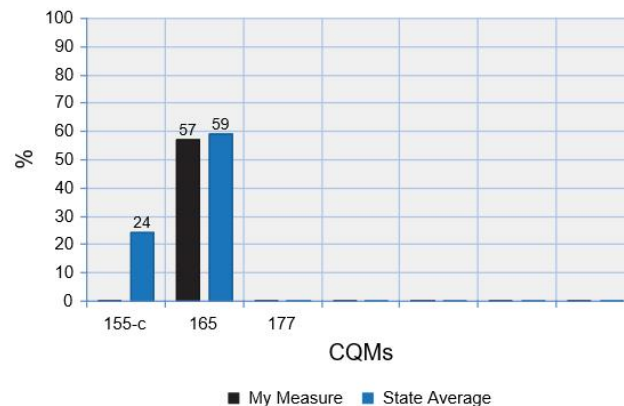
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CQM Measure Statistics

Year: 2019 Quarter: Q4(Oct-Dec) Filter

[Printable Version](#) [View All CQM Measure Statistics](#) [Export to Excel](#)



CMS ID 155-c: Weight Assessment/Counseling for Peds
% of pts w/Phys Activity Counseling
CMS ID 165 : Controlling High Blood Pressure
CMS ID 177 : Peds Major Depressive Disorder Suicide
Risk Assessment

Note: Please click on the CQM IDs to view CQM quarter statistics against the Georgia State Average.

Note: Stratum data found in export to excel document and on the CQM Measure Stratum Statistics Graph.

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GA CQMS Overview (cont.)

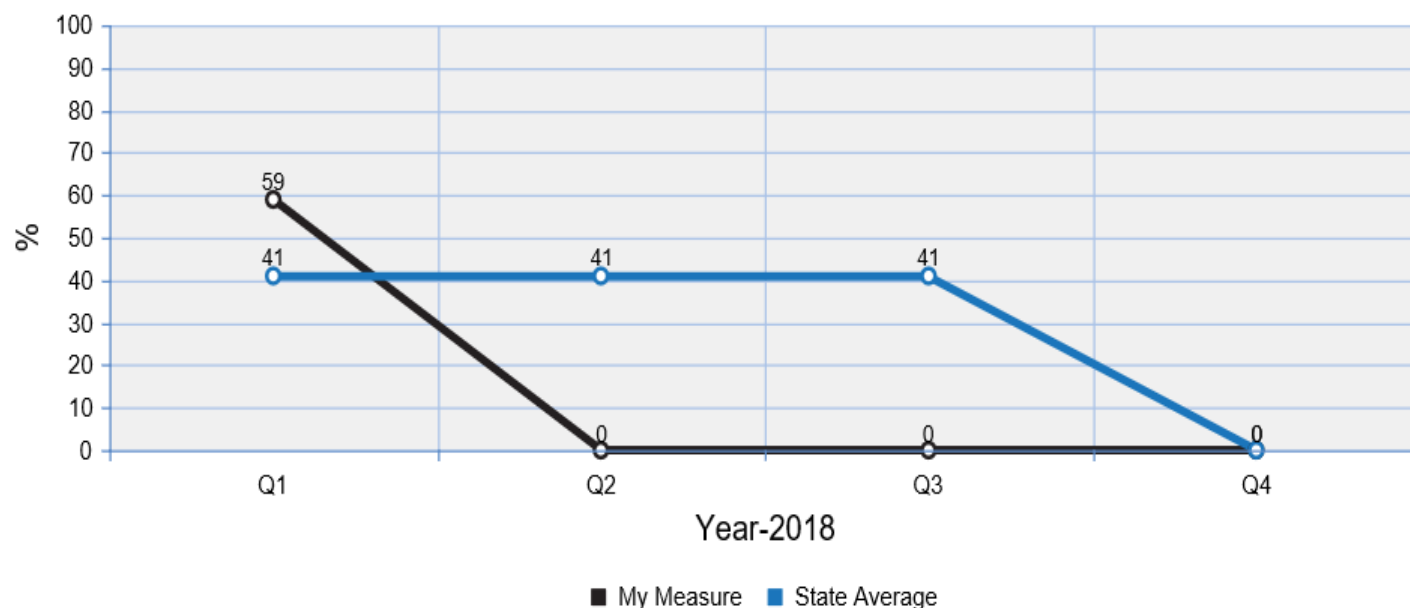
CQM Quarter Statistics by Trend Graph

Measure: Chlamydia Screening for Women(CMS ID 153)

[Printable Version](#)

[View All CQM Quarter Statistics](#)

[Export to Excel](#)



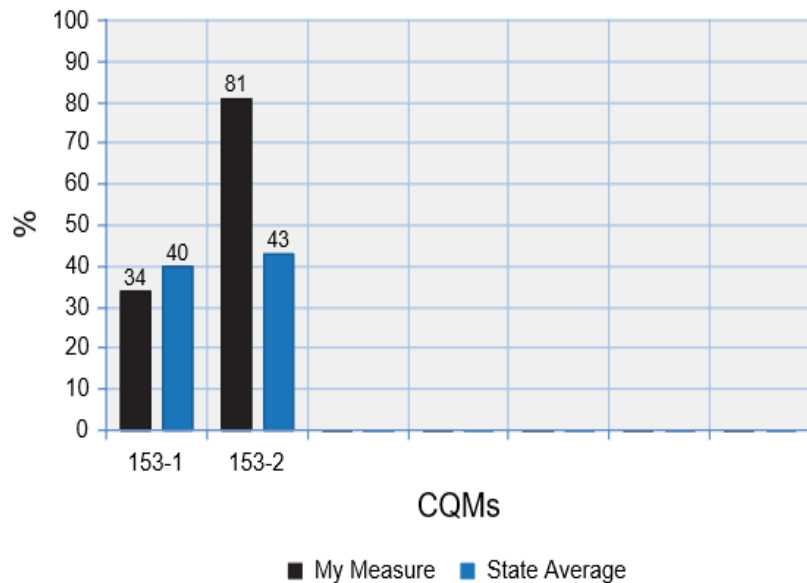
GA CQMS Overview (cont.)

CQM Measure Stratum Statistics

Measure: Chlamydia Screening for Women(CMS ID 153: 1-2)

[Printable Version](#)

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CMS ID 153-1: Patient age 16-20

CMS ID 153-2: Patient age 21-24



GA CQMS Overview (cont.)



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Reports

GA CQMS Provider Manual

Contact Us

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Quality Measure Entry

Georgia is now accepting two forms of submissions for CQMs for their Clinical Quality Measure System

Manual Entry - The user may type into the screens their calculated measure responses as reported from their Certified EHR Technology

QRDA CAT III - The user may upload their summary level QRDA CAT III file generated by their Certified EHR Technology. The supported QRDA CAT 3 document must adhere to **HL7 CDA® R2 Implementation Guide: Quality Reporting Document Architecture - Category III (QRDA III), DSTU Release 1.1.**

Year: 2019 **Quarter:** Q2(Apr-Jun)


(*)Please select your method of CQM Entry below:

☒ Manual Entry

☐ QRDA CAT - III Summary File



GA CQMS Overview (cont.)



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- Reports
- GA CQMS Provider Manual
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- Logout

Georgia CQMS Clinical Measure Entry

Preventive Care and Screening: Screening for Depression and Follow-Up Plan (1 of 13)

(*) Red asterisk indicates a required field

[CMS ID 2](#)

Title: Preventive Care and Screening: Screening for Depression and Follow-Up Plan

Description: Percentage of patients aged 12 years and older screened for 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.


Complete the following information:

| | | | | | | | | |
|--------------|----------------------------------|----------------|----------------------------------|--------------|---------------------------------|--------------|---------------------------------|---|
| * Numerator: | <input type="text" value="104"/> | * Denominator: | <input type="text" value="438"/> | * Exclusion: | <input type="text" value="10"/> | * Exception: | <input type="text" value="25"/> | x |
|--------------|----------------------------------|----------------|----------------------------------|--------------|---------------------------------|--------------|---------------------------------|---|

PreviousNextSaveCancel



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Georgia Clinical Quality Measure System

Dashboard

Add/View CQMs

My Profile

Reports

GA CQMS Provider Manual

Contact Us

Logout

Georgia CQMS Clinical Measure Entry

Anti-depressant Medication Management (6 of 13)

(*) Red asterisk indicates a required field

[CMS ID 128-a](#) [CMS ID 128-b](#)

Title: Anti-depressant Medication Management

Description: Percentage of patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported.
a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks).
b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).

Complete the following information:

| | | | | | |
|----------------|---------------------------------|------------------|---------------------------------|----------------|---------------------------------|
| * Numerator-a: | <input type="text" value="26"/> | * Denominator-a: | <input type="text" value="45"/> | * Exclusion-a: | <input type="text" value="19"/> |
| * Numerator-b: | <input type="text" value="32"/> | * Denominator-b: | <input type="text" value="45"/> | * Exclusion-b: | <input type="text" value="13"/> |

PreviousNextSaveCancel

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GA CQMS Overview (cont.)

Georgia Clinical Quality Measure System

Dashboard

Add/View CQMs

My Profile

Reports

GA CQMS Provider Manual

Contact Us

Logout

Pophealth Measure

Measure Name: Anti-depressant Medication Management

Description: Percentage of patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported
a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks).
b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).

exclusion

denominator

Patient Characteristic Birthdate: Birth Date Birth Date >= 18 years Starts Before the Start of the Measurement Period

and

FIRST

Diagnosis: Major Depression Major Depression

SBCW

FIRST

Medication, Dispensed: Antidepressant Medication Antidepressant Medication <= 270 days SBCW the Measurement Period

or

numerator

SUM >= 84 days

Medication, Active: Antidepressant Medication Antidepressant Medication Cumulative Medication Duration

Ends During or After

FIRST

Medication, Dispensed: Antidepressant Medication Antidepressant Medication <= 270 days SBCW the Measurement Period


or

Medication, Dispensed: Antidepressant Medication Antidepressant Medication <= 90 days Starts After the Start of the Measurement Period

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22

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**Georgia Department
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Measure System**
Dashboard
Add/View CQMs
My Profile
Reports
GA CQMS Provider Manual
Contact Us
Logout

Georgia CQMS Clinical Measure Entry

Chlamydia Screening for Women (9 of 13)

(*) Red asterisk indicates a required field

 The Numerator1 should be equal to the sum of Numerator2 and Numerator3

[CMS ID 153](#)

Title: Chlamydia Screening for Women

Description: 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.


Complete the following information:

| | | | |
|--------------------------------------|---------------------------------|------------------|---------------------------------|
| Population: | | | |
| * Numerator 1: | <input type="text" value="16"/> | * Denominator 1: | <input type="text" value="36"/> |
| | | * Exclusion 1: | <input type="text" value="2"/> |
| Stratum 1: Patients age 16-20 | | | |
| * Numerator 2: | <input type="text" value="6"/> | * Denominator 2: | <input type="text" value="6"/> |
| | | * Exclusion 2: | <input type="text" value="0"/> |
| Stratum 2: Patients age 21-24 | | | |
| * Numerator 3: | <input type="text" value="12"/> | * Denominator 3: | <input type="text" value="30"/> |
| | | * Exclusion 3: | <input type="text" value="2"/> |

[Previous](#) [Next](#) [Save](#) [Cancel](#)



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**Georgia Clinical Quality
Measure System**
Dashboard
Add/View CQMs
My Profile
Reports
GA CQMS Provider Manual
Contact Us
Logout

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Chlamydia Screening for Women (9 of 13)

(*) Red asterisk indicates a required field

[CMS ID 153](#)

Title: Chlamydia Screening for Women

Description: 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.


Complete the following information:

| | | | |
|--------------------------------------|--|--|---|
| Population: | * Numerator 1: <input type="text" value="16"/> | * Denominator 1: <input type="text" value="36"/> | * Exclusion 1: <input type="text" value="2"/> |
| Stratum 1: Patients age 16-20 | * Numerator 2: <input type="text" value="6"/> | * Denominator 2: <input type="text" value="6"/> | * Exclusion 2: <input type="text" value="0"/> |
| Stratum 2: Patients age 21-24 | * Numerator 3: <input type="text" value="10"/> | * Denominator 3: <input type="text" value="30"/> | * Exclusion 3: <input type="text" value="2"/> |

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Georgia Clinical Quality
Measure System

Dashboard

Add/View CQMs

My Profile

Reports

GA CQMS Provider Manual

Contact Us

Logout

Georgia CQMS Clinical Measure Entry

Questionnaire

(*) Red asterisk indicates a required field.

Providers

| | |
|------------------------|---------------------------|
| NPI: 9950770404 | Name: Taylor Terri |
| Group NPI: N/A | Group Name: N/A |

You are about to submit your Clinical Quality Measures.

This is to certify that all the foregoing information is true, accurate, complete, and that any falsification, or any concealment of a material fact may be prosecuted under Federal and State laws.

* Initials: * NPI:

Note: Once you press the Submit button below, you will not be able to change your information.

Previous Submit



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Dashboard

Add/View CQMs

My Profile

Reports

GA CQMS Provider Manual

Contact Us

Logout

View CQM Details

Printable VersionExpand AllBack

Individual NPI: 9950770404Year: 2019Quarter: Q2(Apr-Jun)Upload Type: Manual Entry

▼ Preventive Care and Screening Depression (CMS ID 2)(Collapse...)

Title: Preventive Care and Screening: Screening for Depression and Follow-Up Plan

Description: Percentage of patients aged 12 years and older screened for 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.

Numerator: 104Denominator: 438Exclusion: 10Exception: 25

▶ Preventive Care and Screening BMI (CMS ID 69)(Expand...)

▶ Functional Status Assessments for Congestive Heart Failure (CMS ID 90)(Expand...)

▶ Diabetes: Hemoglobin A1c Poor Control (CMS ID 122)(Expand...)

▶ Breast Cancer Screening (CMS ID 125)(Expand...)

▶ Anti-depressant Medication Management (CMS ID 128)(Expand...)

▶ Follow-Up Care for Children Prescribed ADHD Medication (ADD) (CMS ID 136)(Expand...)

▶ Appropriate Testing for Children with Pharyngitis (CMS ID 146)(Expand...)

▼ Chlamydia Screening for Women (CMS ID 153)(Collapse...)

Title: Chlamydia Screening for Women

Description: 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.

Total PopulationNumerator 1: 16Denominator 1: 36Exclusion 1: 2Stratum 1: Patients age 16-20Numerator 2: 6Denominator 2: 6Exclusion 2: 0Stratum 2: Patients age 21-24Numerator 3: 10Denominator 3: 30Exclusion 3: 2

▶ Appropriate Treatment for Children with Upper Respiratory Infection (URI) (CMS ID 154)(Expand...)

▶ Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (CMS ID 155)(Expand...)

▶ Controlling High Blood Pressure (CMS ID 165)(Expand...)

▶ Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (CMS ID 177)(Expand...)

The logo of the Georgia Department of Community Health, featuring a stylized blue circular design with multiple overlapping rings.

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26

GA CQMS Overview (cont.)



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System

Dashboard

Add/View CQMs

My Profile

Reports

GA CQMS Provider Manual

Contact Us

Logout

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Year: 2019 **Quarter:** Q2(Apr-Jun)

(*)Please select your method of CQM Entry below:

- ☐ Manual Entry
☒ QRDA CAT - III Summary File

Continue...



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System

Dashboard

Add/View CQMs

My Profile

Reports

GA CQMS Provider Manual

Contact Us

Logout

Quality Measure Entry

Reporting Year: 2019 Quarter: Q2(Apr-Jun)

Entry Type: QRDA CAT - III

The uploaded QRDA CAT III document must adhere to [HL7 CDA® R2 Implementation Guide: Quality Reporting Document Architecture - Category III \(QRDA III\), DSTU Release 1.1](#)

Upload New File:

No Files Uploaded



Georgia Clinical Quality Measures System

POLLING QUESTION

After viewing the presentation of the system, how likely are you to recommend this system to your office staff or other colleagues?



Clinical Perspective

George Mathew, MD



Clinical Perspective

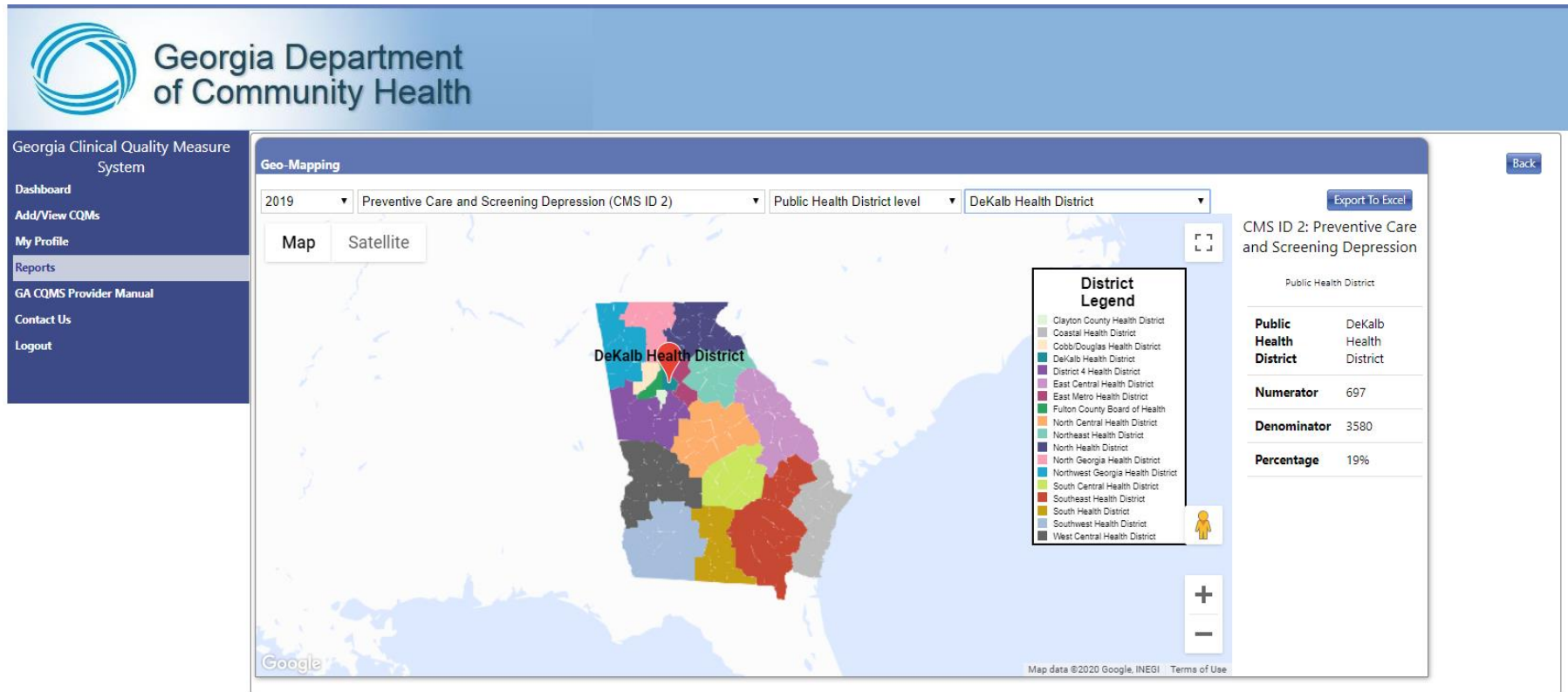
- ✓ Identify opportunities to improve patient care
- ✓ CMS Quality Strategy Goals
- ✓ Collect and analyze eCQM data



Future Enhancement: Provider Geo-Mapping



Future Enhancement: Provider Geo-Mapping



POLLING QUESTION

Do you find Geo-Mapping to be an important component of data analysis for your practice?



Next Steps

- If your organization is willing to participate in this initiative, contact:
 - gacqms@dx.com
 - 1.866.211.0949
- Upcoming Events:
 - For upcoming GA CQMS webinars, please visit our website:
www.dch.georgia.gov



Questions and Answers

