Georgia Clinical Quality Measures Project

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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
• CMS 146, CMS 154 and CMS155 Overview
• Clinical Perspective
• Question and Answer
• Close
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.
POLLING QUESTION

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

Three goals for our healthcare system:
- BETTER care
- SMARTER spending
- HEALTHIER people

Via a focus on two areas:
- Care Delivery
- Information Sharing
POLLING QUESTION

Would comparing provider data to state average data benefit your practice?
GA CQMS  Overview

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.
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.
POLLING QUESTION

Would you utilize trend analysis or reporting to monitor population health?
Current Project Status

Project Information:

- 7 participating provider organizations
- 84 individual providers loaded into the system
- 7 CQMs in the system *(one will be removed)*
- CQM data is loaded quarterly for analysis
Current 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. CMS122 - Diabetes: Hemoglobin A1c poor control (>9%) (ages 18-75)
4. CMS125 - Breast Cancer Screening
5. CMS 126 - Use of Appropriate Medications for Asthma (ages 5-64) *(CMS Retired)*
6. CMS165 - Controlling High Blood Pressure
7. CMS153 - Chlamydia Screening for Women (ages 16-24)
The future measures planned for the project include:

- CMS90 - Functional Status Assessments for Congestive Heart Failure
- CMS128 - Anti-Depressant Medication Treatment
- CMS136 - Follow Up Care for Children Prescribed ADHD Medication
- CMS146 - Appropriate Testing for Children with Pharyngitis
- CMS154 - Appropriate Treatment for Children with Upper Respiratory Infection (URI)
- CMS155 - Weight Assessment and Counseling for Nutrition and Physical for Children and Adolescents
- CMS177 - Child and Adolescent Major Depressive Disorder (MDD) Suicide Risk Assessment
Georgia Clinical Quality Measures System

POLLING QUESTION

Has your practice spoken to you EHR vendor about QRDA files for clinical quality measures?
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: [Input]
(The username is your individual NPI for providers)
Password: [Input]

[Submit] [Reset] [Register]

Forgot Password?
GA CQMS Demonstration (cont.)
CQM Quarter Statistics by Trend Graph

Measure: Chlamydia Screening for Women (CMS ID 153)

Year-2018

<table>
<thead>
<tr>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>58</td>
<td>41</td>
<td>41</td>
<td>0</td>
</tr>
</tbody>
</table>

- My Measure
- State Average
GA CQMS Demonstration (cont.)

**CQM Measure Stratum Statistics**

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

CMS ID 153-1: Patient age 16-20
CMS ID 153-2: Patient age 21-24
GA CQMS Demonstration (cont.)

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 HLT CDA® R2 Implementation Guide: Quality Reporting Document Architecture - Category III (QRDA III), DSTU Release 1.1.

Year: 2017  Quarter: Q4(Oct-Dec)

(*)Please select your method of CQM Entry below:
   - Manual Entry
   - QRDA CAT - III Summary File

Next  Cancel
GA CQMS Demonstration (cont.)

Georgia CQMS Clinical Measure Entry

Preventive Care and Screening: Screening for Depression and Follow-Up Plan (1 of 7)

( * ) 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 Field]
* Denominator: [Input Field]
* Exclusion: [Input Field]
* Exception: [Input Field]
### View CQM Details

**Individual NPI:** 5555557777  **Year:** 2018  **Quarter:** Q1 (Jan-Mar)  **Upload Type:** Manual Entry

#### Preventive Care and Screening Depression (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.

  - **Numerator:** 12
  - **Denominator:** 25
  - **Exclusion:** 2
  - **Exception:** 1

#### Preventive Care and Screening BMI (CMS ID 69)

- **Title:** Preventive Care and Screening BMI

#### Diabetes: Hemoglobin A1c Poor Control (CMS ID 122)

- **Title:** Diabetes: Hemoglobin A1c Poor Control

#### Breast Cancer Screening (CMS ID 125)

- **Title:** Breast Cancer Screening

#### Use of Appropriate Medications for Asthma (CMS ID 126)

- **Title:** Use of Appropriate Medications for Asthma

#### Chlamydia Screening for Women (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.

  - **Total Population**
    - **Numerator:** 550
    - **Denominator:** 950
    - **Exclusion:** 10
  - **Stratum 1: Patients age 16-20**
    - **Numerator:** 150
    - **Denominator:** 450
    - **Exclusion:** 10
  - **Stratum 2: Patients age 21-24**
    - **Numerator:** 400
    - **Denominator:** 500
    - **Exclusion:** 10

#### Controlling High Blood Pressure (CMS ID 165)

- **Title:** Controlling High Blood Pressure
eCQM Deep Dive: CMS146, CMS154 & CMS155
CMS146 – Appropriate Testing for Children with Pharyngitis

Measure Description: Percentage of children 3-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode.

Denominator: Children 3-18 years of age who had an outpatient or emergency department visit with a diagnosis of pharyngitis during the measurement period and an antibiotic ordered on or three days after the visit.

Numerator: Children with a group A streptococcus test in the 7-day period from 3 days prior through 3 days after the diagnosis of pharyngitis.

https://ecqi.healthit.gov/ecqm/measures/cms146v8
CMS146 – Appropriate Testing for Children with Pharyngitis

- **Denominator Exclusions:**
  - Children who are taking antibiotics in the 30 days prior to the diagnosis of pharyngitis
  - Exclude patients whose hospice care overlaps the measurement period

- **Denominator Exceptions:**
  - There are no exceptions for this measure

- **Improvement indicator:** Higher score indicates better quality of care

*Estimated economic costs of pediatric streptococcal pharyngitis in the US range from $224 million to $539 million per year, including indirect costs related to parental work losses. The economic cost of antibiotic resistance vary but extended as high as $20 billion in excess direct healthcare costs.*

https://ecqi.healthit.gov/cql-clinical-quality-language/cql-educational-resources
CMS146 – Appropriate Testing for Children with Pharyngitis
CMS146 – Appropriate Testing for Children with Pharyngitis

CQM Quarter Statistics by Trend Graph

Measure: Appropriate Testing for Children with Pharyngitis (CMS ID 146)

Year-2017

- My Measure
- State Average

Q1: 55%
Q2: 85%
Q3: 55%
Q4: 40%
CMS154 – Appropriate Treatment for Children with Upper Respiratory Infection (URI)

- **Measure Description**: Percentage of children 3 months to 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**: Children age 3 months to 18 years who had an outpatient visit with a diagnosis of URI during the measurement period.

- **Numerator**: Children without a prescription for antibiotic medication on or 3 days after the outpatient or emergency department visit for an URI.

https://ecqi.healthit.gov/ecqm/measures/cms154v7
CMS154 – Appropriate Treatment for Children with Upper Respiratory Infection (URI)

- **Denominator Exclusions:**
  - Exclude children who are taking antibiotics in the 30 days prior to the date of the encounter during which the diagnosis was established
  - Exclude children who had an encounter with a competing diagnosis within 3 days after the initial diagnosis of URI
  - Exclude patients whose hospice care overlaps the measurement period

- **Denominator Exceptions:**
  - There are no exceptions for this measure

- **Improvement indicator:** Higher score indicates better quality of care

https://ecqih.healthit.gov/cql-clinical-quality-language/cql-educational-resources
CMS154 – Appropriate Treatment for Children with Upper Respiratory Infection (URI)
CMS154 – Appropriate Treatment for Children with Upper Respiratory Infection (URI)
Measure Description: Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported:

- Percentage of patients with height, weight, and BMI percentile documentation
- Percentage of patients with counseling for nutrition
- Percentage of patients with counseling for physical activity

Denominator: Patients 3-17 years of age with at least one outpatient visit with a primary care physician (PCP) or an obstetrician/gynecologist (OB/GYN) during the measurement period.

Numerator: a. Patients who had a height, weight, and BMI percentile recorded during the measurement period
- Patients who had counseling for nutrition during the measurement period
- Patients who had counseling for physical activity during the measurement period

https://ecqi.healthit.gov/ecqm/measures/cms155v7
CMS155 – Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

- **Stratification**: Report a total score for each patient population and each of the following strata:
  - Stratum 1: Patients age 3-11
  - Stratum 2: Patients age 12-17

- **Denominator Exclusions**:
  - Patients who have a diagnosis of pregnancy during the measurement period
  - Exclude patients whose hospice care overlaps the measurement period

- **Denominator Exceptions**:
  - There are no exceptions for this measure

- **Improvement indicator**: Higher score indicates better quality of care

https://ecqih.healthit.gov/cql-clinical-quality-language/cql-educational-resources
CMS155 – Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
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Clinical Perspective

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

• If your organization is willing to participate in this initiative, contact:
  – gacqms@dxc.com
  – 1.866.211.0949
Next Webinar

• Upcoming Events:
  • Take Five! How eCQMs Improve Patient Care Outcomes Webinar
    – August 27, 2019