



# 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
- CMS2 and CMS69 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.



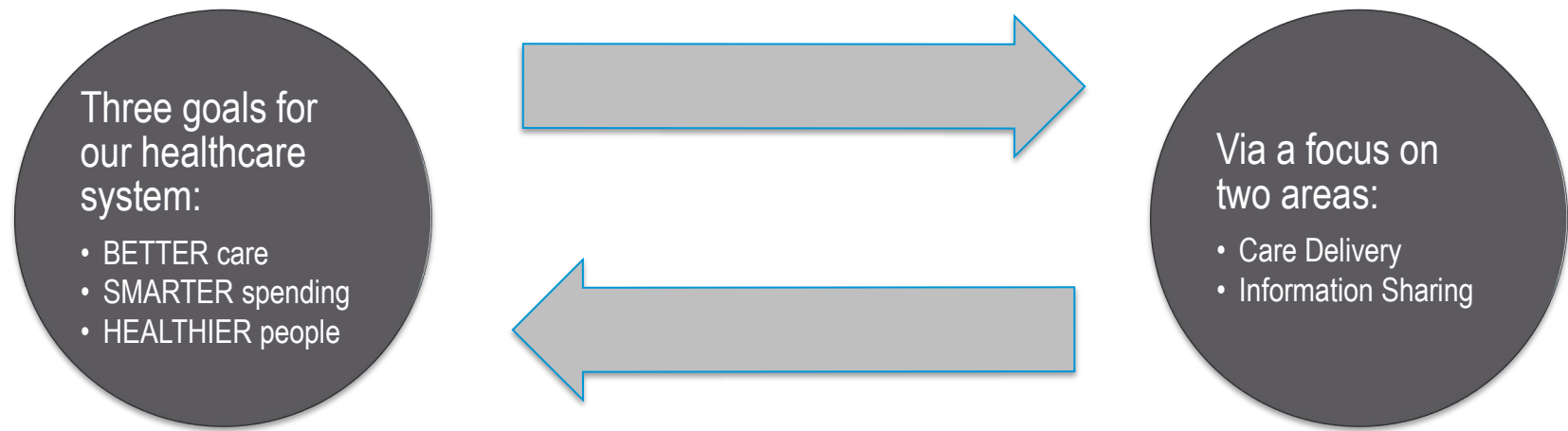
# Georgia Clinical Quality Measures System

## POLLING QUESTION



# 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.



# Georgia Clinical Quality Measures System

## POLLING QUESTION







# 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.





# GA CQMS Overview (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.



# Georgia Clinical Quality Measures System

## POLLING QUESTION



# 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)



# Coming Soon – Expanding the Measures

The future measures planned for the project include:

- CMS90 - Functional Status Assessments for Congestive Heart Failure
- 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
- CMS128 - Anti-Depressant Medication Treatment
- CMS177 - Child and Adolescent Major Depressive Disorder (MDD) Suicide Risk Assessment



# Georgia Clinical Quality Measures System

## POLLING QUESTION



# GA CQMS Demonstration





# GA CQMS Demonstration (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:

Submit

Reset

Register


[Forgot Password?](#)



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# GA CQMS Demonstration (cont.)

Welcome Bull



## Georgia Department of Community Health

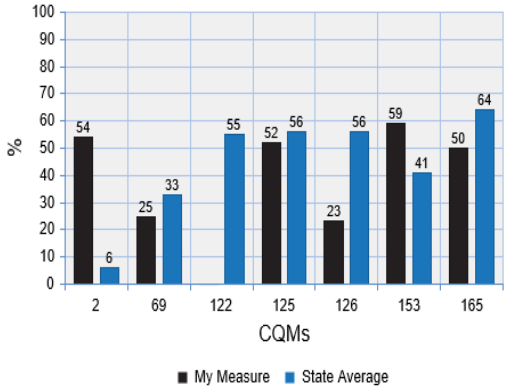
Georgia Clinical Quality Measure System

- Dashboard
- Add/View CQMs
- My Profile
- GA CQMS Provider Manual
- Contact Us
- Logout

### CQM Measure Statistics

Year: 2018 Quarter: Q1(Jan-Mar) Filter

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



CQM ID	My Measure (%)	State Average (%)
2	54	6
69	25	33
122	55	55
125	52	56
126	23	56
153	59	41
165	50	64

■ My Measure ■ State Average

CMS ID 2: Preventive Care and Screening Depression  
CMS ID 69: Preventive Care and Screening BMI  
CMS ID 122: Diabetes: Hemoglobin A1c Poor Control  
CMS ID 125: Breast Cancer Screening  
CMS ID 126: Use of Appropriate Medications for Asthma  
CMS ID 153: Chlamydia Screening for Women  
CMS ID 165: Controlling High Blood Pressure

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.



# GA CQMS Demonstration (cont.)

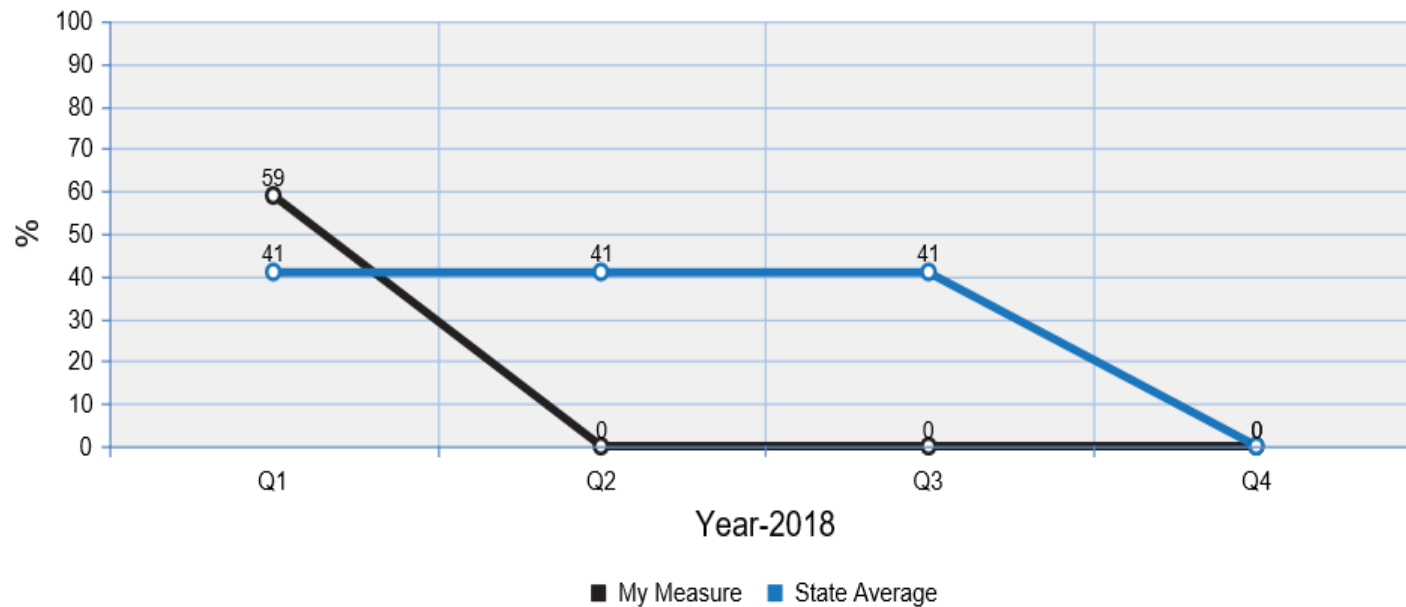
## CQM Quarter Statistics by Trend Graph

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

[Printable Version](#)

[View All CQM Quarter Statistics](#)

[Export to Excel](#)



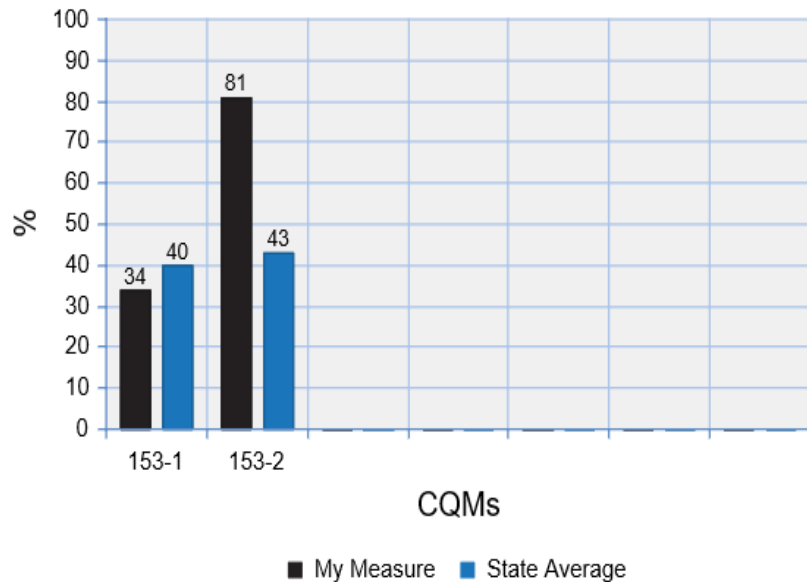
# GA CQMS Demonstration (cont.)

## CQM Measure Stratum Statistics

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

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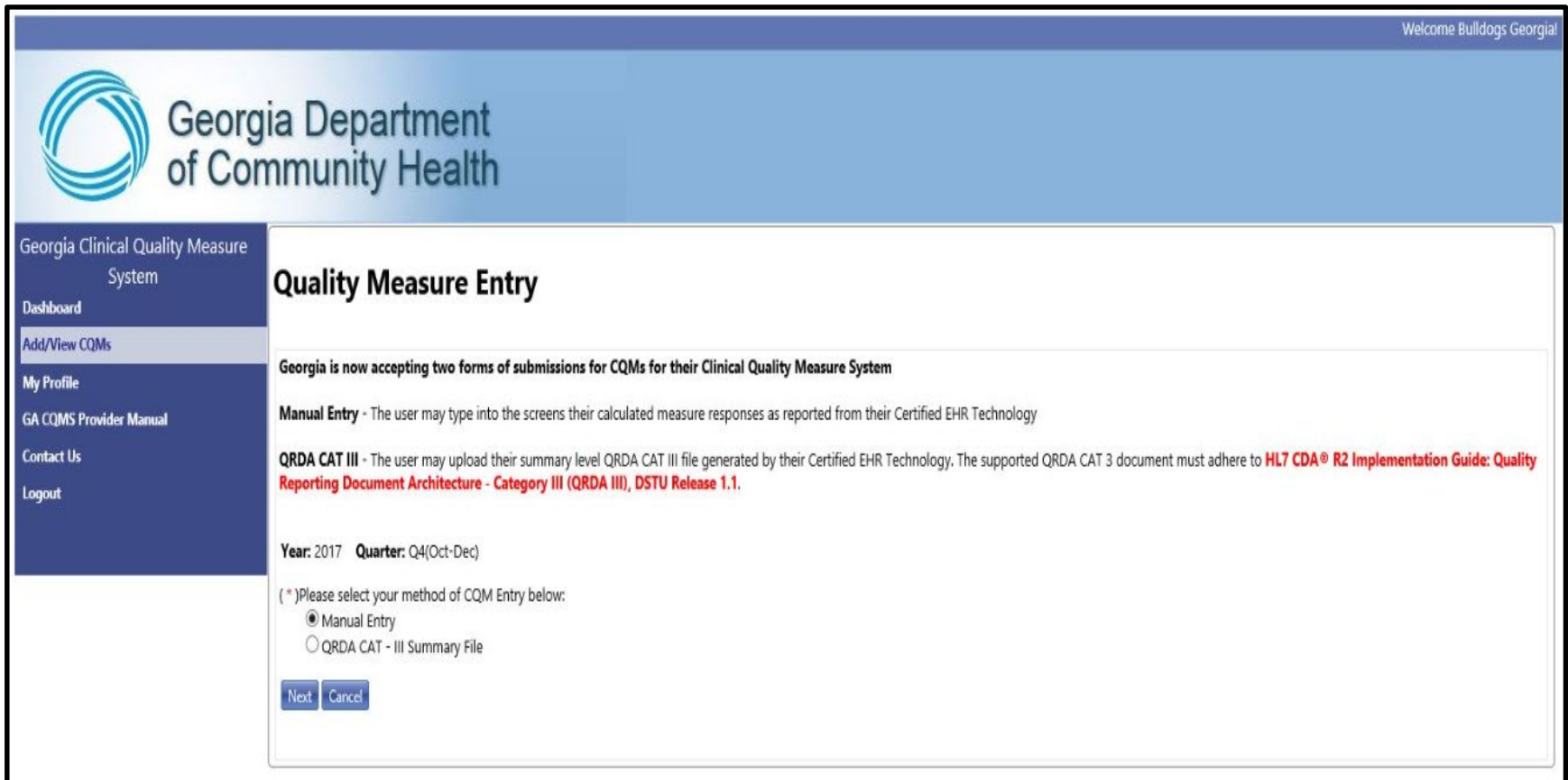


CMS ID 153-1: Patient age 16-20


CMS ID 153-2: Patient age 21-24



# GA CQMS Demonstration (cont.)



Welcome Bulldogs Georgia!

 Georgia Department of Community Health

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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: 2017 Quarter: Q4(Oct-Dec)

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


Manual Entry

QRDA CAT - III Summary File



# GA CQMS Demonstration (cont.)

Welcome Bulldogs Georgia



Georgia Department of Community Health

Georgia Clinical Quality Measure System

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### 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:  \* Denominator:  \* Exclusion:  \* Exception:

Previous Next Save Cancel



# GA CQMS Demonstration (cont.)

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## View CQM Details

[Printable Version](#) [Expand All](#) [Back](#)

**Individual NPI:** 5555557777 **Year:** 2018 **Quarter:** Q1(Jan-Mar) **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: 12	Denominator: 25	Exclusion: 2	Exception: 1
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▶ Preventive Care and Screening BMI (CMS ID 69) (Expand...)

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

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

▶ Use of Appropriate Medications for Asthma (CMS ID 126) (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 Population	Numerator 1: 550	Denominator 1: 950	Exclusion 1: 20
Stratum 1: Patients age 16-20	Numerator 2: 150	Denominator 2: 450	Exclusion 2: 10
Stratum 2: Patients age 21-24	Numerator 3: 400	Denominator 3: 500	Exclusion 3: 10

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



# eCQM Deep Dive: CMS2 and CMS69







# CMS2 – Depression Screening

## CMS2 – Preventive Care and Screening: Screening for Depression and Follow-up Plan

- **Measure 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.
- **Denominator:** All patients aged 12 years and older at the beginning of the measurement period with at least one eligible encounter during the measurement period.
- **Numerator:** Patients screened for 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.

<https://ecqi.healthit.gov/ecqm/measures/cms2v8>



# CMS2 – Depression Screening

## CMS2 – Preventive Care and Screening: Screening for Depression and Follow-up Plan

### ➤ Denominator Exclusions:

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

### ➤ Denominator Exceptions:

- Patients reason(s).
  - ✓ Patient refuses to participate, Or
- Medical Reason(s).
  - ✓ Patient is in an urgent or emergent situation where time is of the essence and to
    - delay treatment would jeopardize the patient's health status, Or
  - ✓ Situations where the patient's functional capacity or motivation to improve may
    - impact the accuracy of results of standardized depression assessment tools.

*Medical reasons may include certain court appointed cases or cases of delirium.*

<https://ecqi.healthit.gov/cqi-clinical-quality-language/cqi-educational-resources>



# CMS2 – Depression Screening

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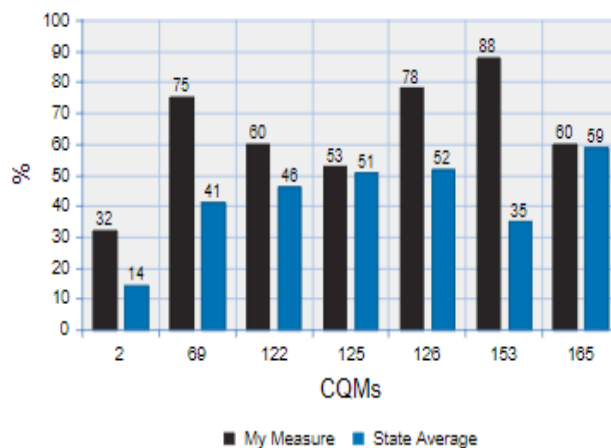
### CQM Measure Statistics

Year: 2019 Quarter: Q1(Jan-Mar) Filter

Printable Version

View All CQM Measure Statistics

Export to Excel



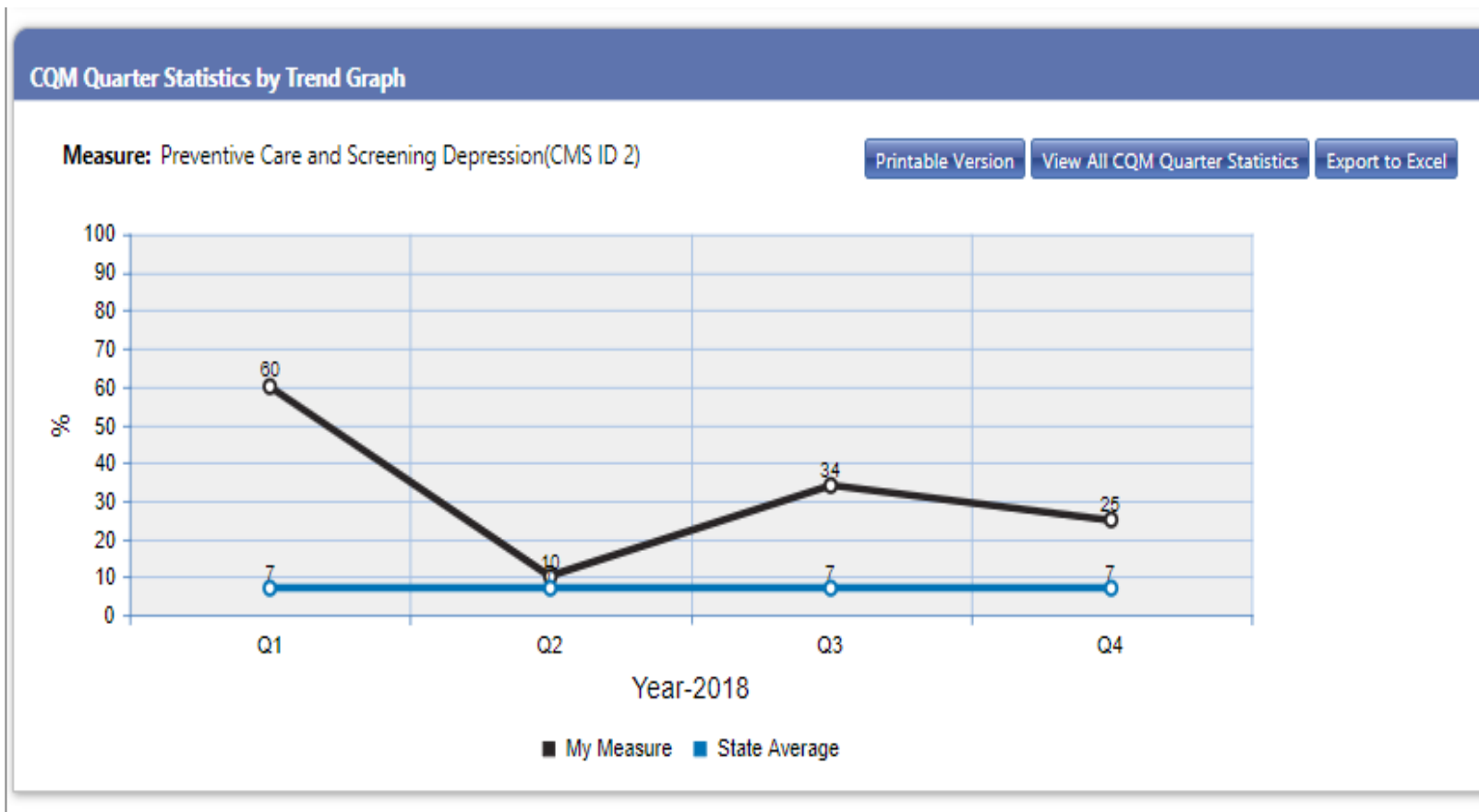
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CMS ID 165: Controlling High Blood Pressure

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.



# CMS2 – Depression Screening



# CMS69 – Body Mass Index Screening

## CMS69 – Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up Plan

- **Measure Description:** Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous twelve months and with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter.
- **Normal Parameters:** Aged 18 years and older BMI  $\geq 18.5$  and  $< 25 \text{ kg/m}^2$
- **Denominator:** All patients 18 and older on the date of the encounter with at least one eligible encounter during the measurement period.
- **Numerator:** Patients with a documented BMI during the encounter or during the previous twelve months, and when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter.

<https://ecqj.healthit.gov/ecqm/measures/cms69v7>



# CMS69 – Body Mass Index Screening

## CMS69 – Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up Plan

### ➤ Denominator Exclusions:

- Patients who are pregnant
- Patients receiving palliative care
- Patients who refuse measurement of height and/or weight or refuse follow-up

### ➤ Denominator Exceptions:

- Patients with a documented Medical Reason
- Patients in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status

*Medical reason may include patients who are in a wheelchair or may have an illness or disability where obtaining height and weight may not be possible in the current setting.*

<https://ecqi.healthit.gov/cql-clinical-quality-language/cql-educational-resources>



# CMS69 – Body Mass Index Screening

Georgia Clinical Quality Measure System

Dashboard

Add/View CQMs

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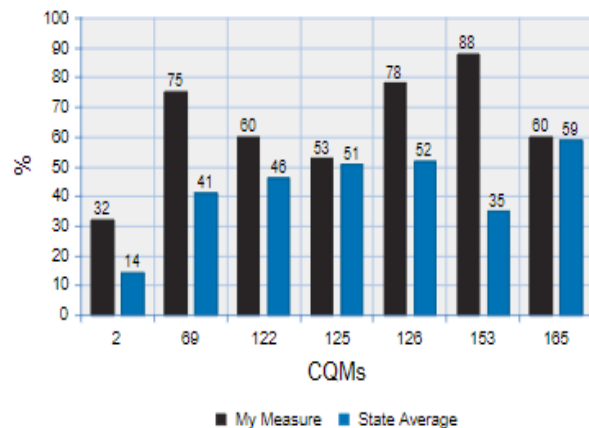
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Year: 2019 Quarter: Q1(Jan-Mar) Filter

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# CMS69 – Body Mass Index Screening

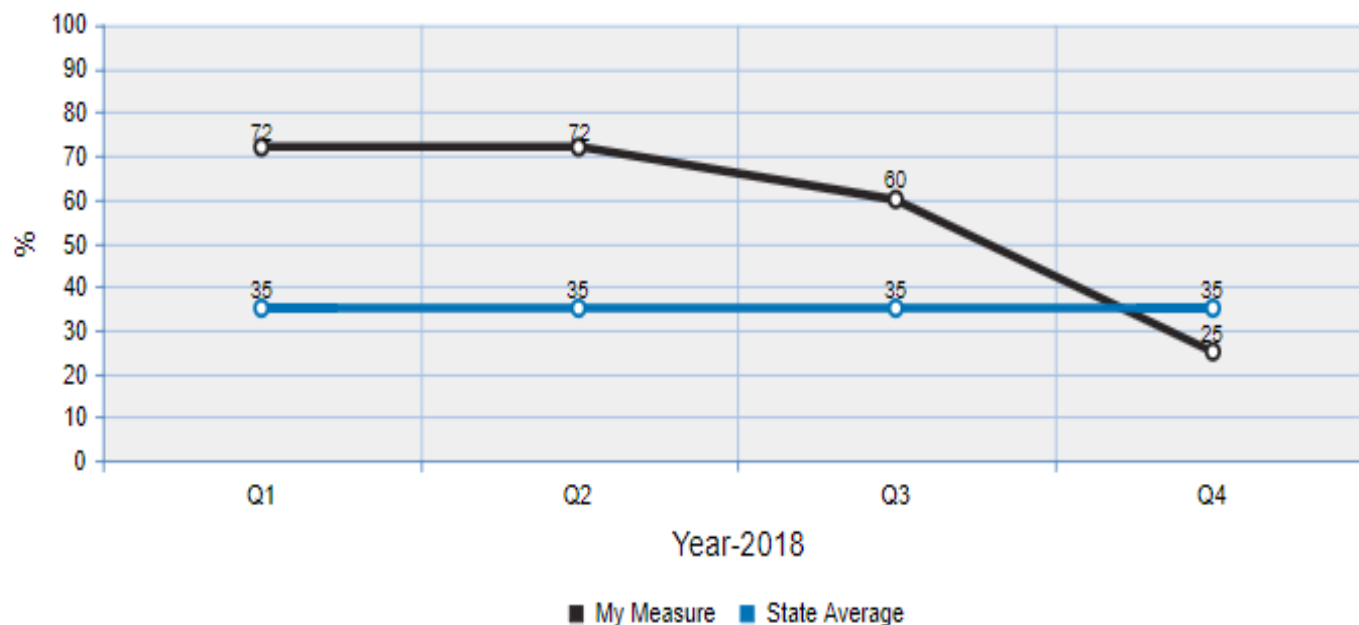
## CQM Quarter Statistics by Trend Graph

Measure: Preventive Care and Screening BMI(CMS ID 69)

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[View All CQM Quarter Statistics](#)

[Export to Excel](#)





# Clinical Perspective

Dr. Dan Roach, MD



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# Clinical Perspective

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



# Questions and Answers



# Next Steps

- If your organization is willing to participate in this initiative, contact:
  - [gacqms@dxc.com](mailto:gacqms@dxc.com)
  - 1.866.211.0949



# Next Webinar

- Upcoming Events:
  - Take Five! How eCQMs Improve Patient Care Outcomes Webinar
    - May 21, 2019
    - June 25, 2019

