



Georgia Clinical Quality Measures Project



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Date: May 21, 2019



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
- CMS125 and CMS153 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.



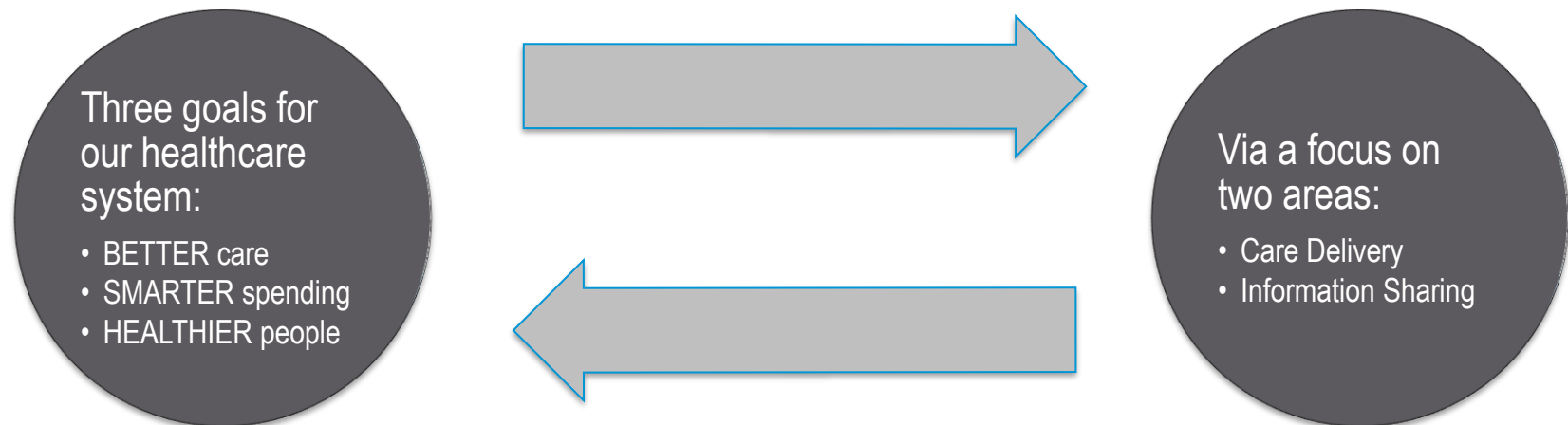
Georgia Clinical Quality Measures System

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
- 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



GA CQMS Demonstration



GA CQMS Demonstration (cont.)



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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



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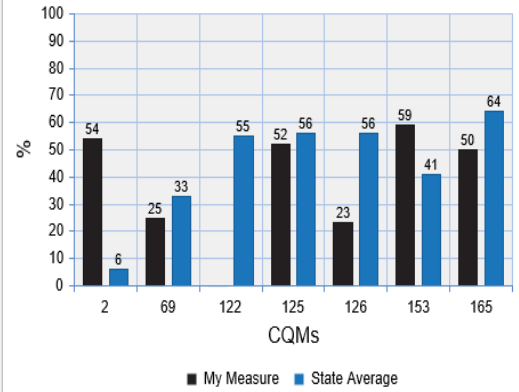
Georgia Clinical Quality Measure System

- 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	56
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.)

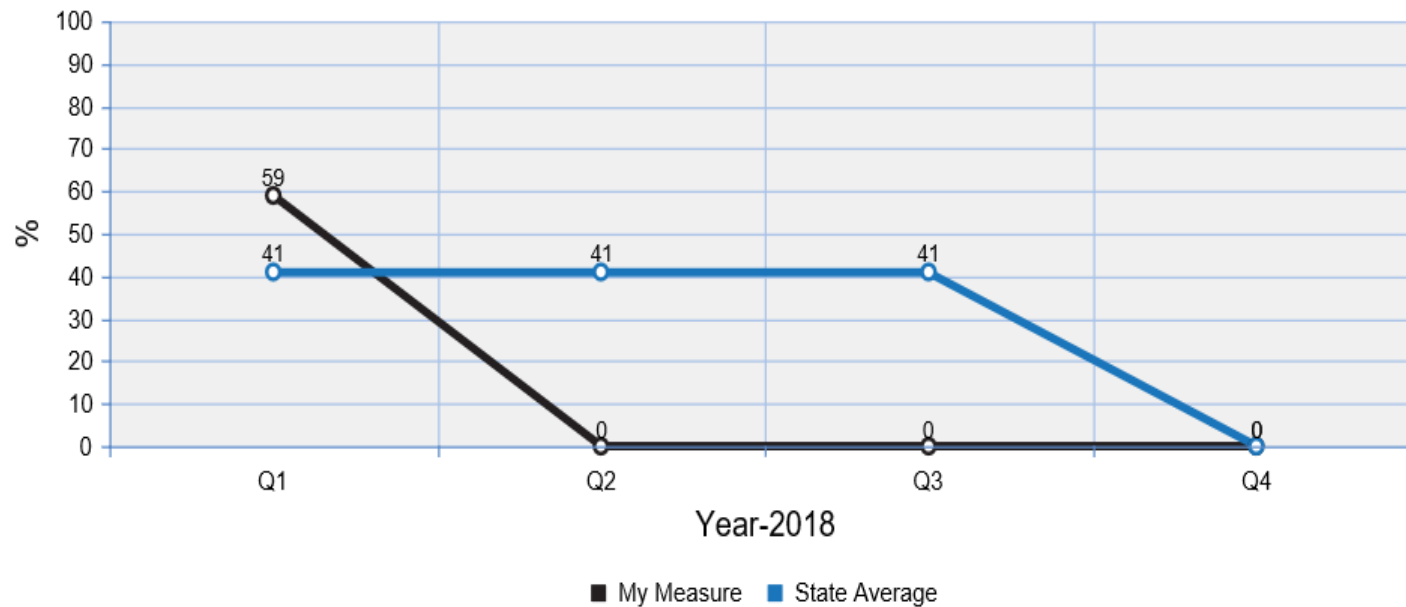
CQM Quarter Statistics by Trend Graph

Measure: Chlamydia Screening for Women(CMS ID 153)

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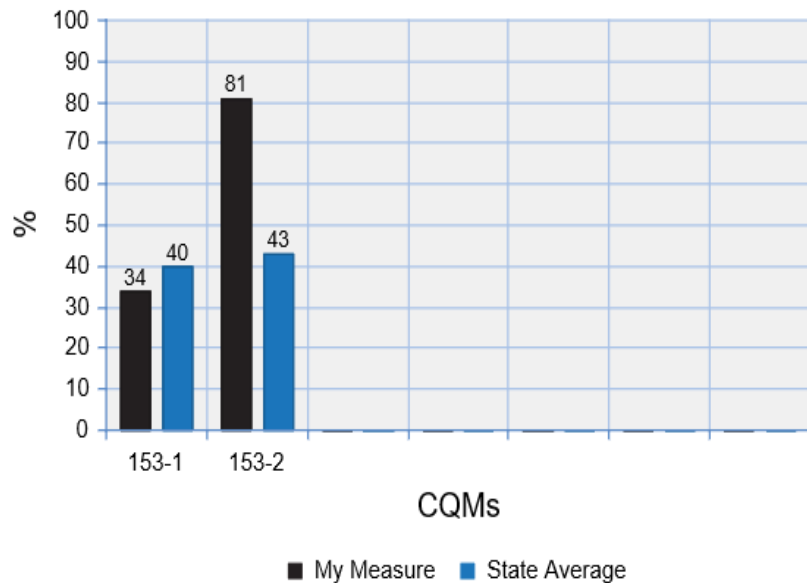
GA CQMS Demonstration (cont.)

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!

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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



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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.)

Georgia Clinical Quality Measure System

Dashboard

Add/View CQMs

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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: CMS125 and CMS153



CMS125 – Breast Cancer Screening

CMS125 – Breast Cancer Screening

- **Measure Description:** Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer
- **Denominator:** Women 50-74 years of age with a visit during the measurement period
- **Numerator:** Women with one or more mammograms during the measurement period or the 15 months prior to the measurement period.

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



CMS125 – Breast Cancer Screening

CMS125 – Breast Cancer Screening

➤ 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 or a left unilateral mastectomy
- Exclude patients whose hospice care overlaps the measurement period

➤ Denominator Exceptions:

- There are no exceptions for this measure

➤ *Breast cancer remains one of the most common types of cancers, and account for approximately 15 percent of all new cancer diagnoses in the U.S.*

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



CMS125 – Breast Cancer Screening

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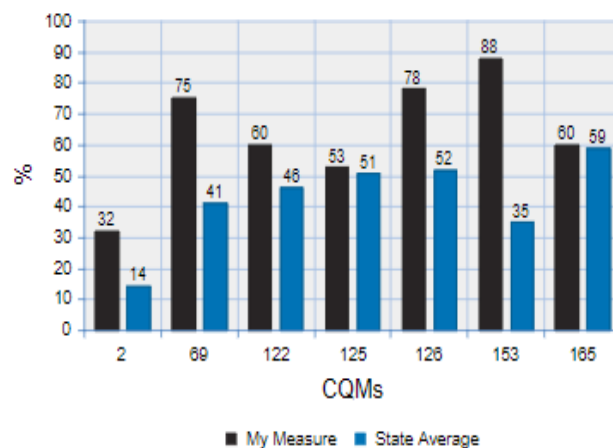
CQM Measure Statistics

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

Printable Version

View All CQM Measure Statistics

Export to Excel



CMS ID 2: Preventive Care and Screening Depression
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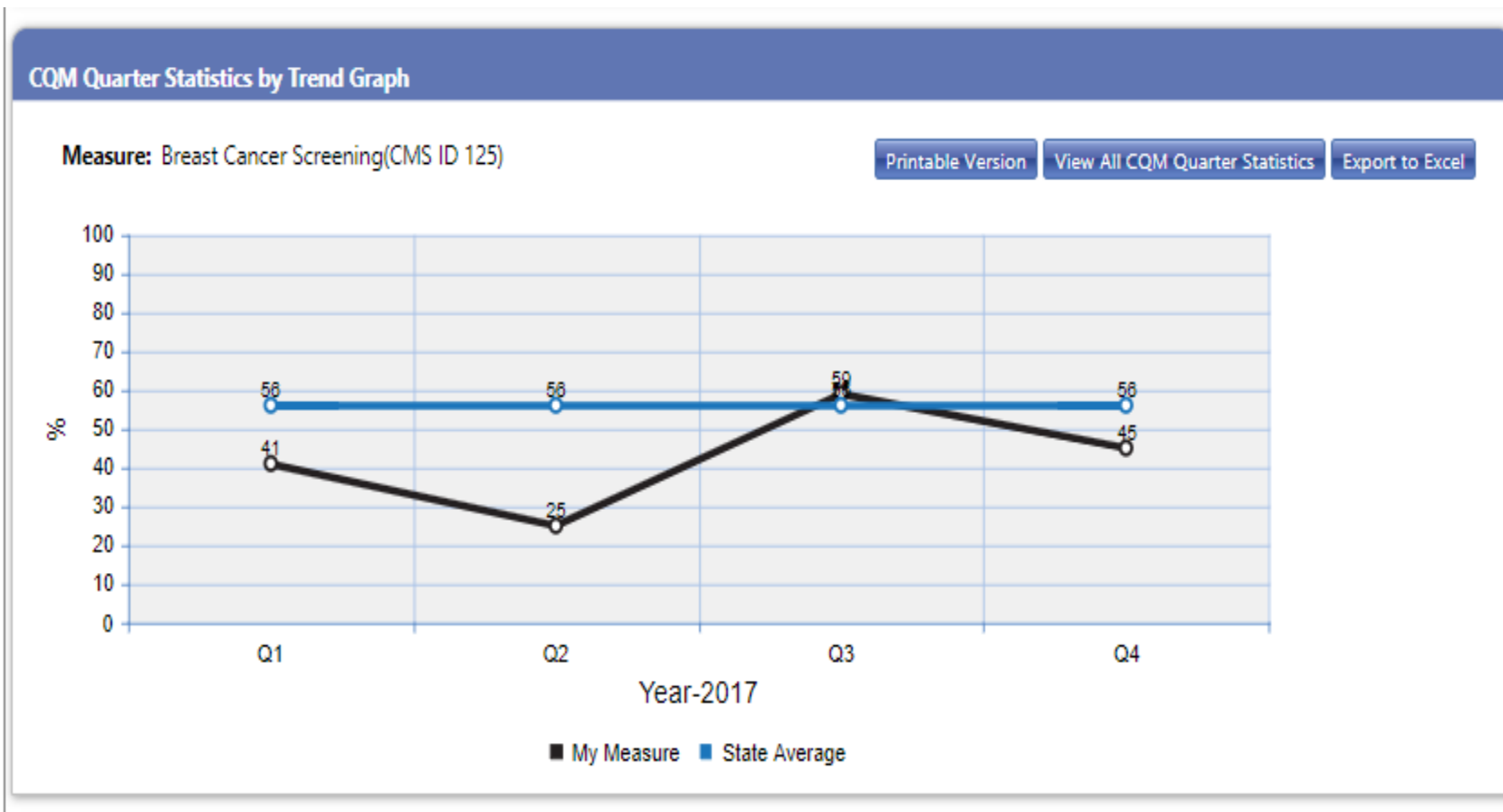
Note: Please click on the CQM IDs to view CQM quarter statistics against the Georgia State Average.

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



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CMS125 – Breast Cancer Screening



CMS153 – Chlamydia Screening for Women

CMS153 – Chlamydia Screening for Women

- **Measure 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
- **Denominator:** Women 16 to 24 years of age who are sexually active and who had a visit in the measurement period
- **Numerator:** Women with at least one chlamydia test during the measurement period
- **Stratification:** Report a total score, and each of the following strata:
 - **Stratum 1:** Patients age 16-20
 - **Stratum 2:** Patients age 21-24

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



CMS 153– Chlamydia Screening for Women

CMS153 – Chlamydia Screening for Women

➤ Denominator Exclusions:

- Women who are only eligible for the initial population due to a pregnancy test and who had an x-ray or an order for a specified medication (infertility treatments) within 7 days of the pregnancy test
- Exclude patients whose hospice care overlaps the measurement period

➤ Denominator Exceptions:

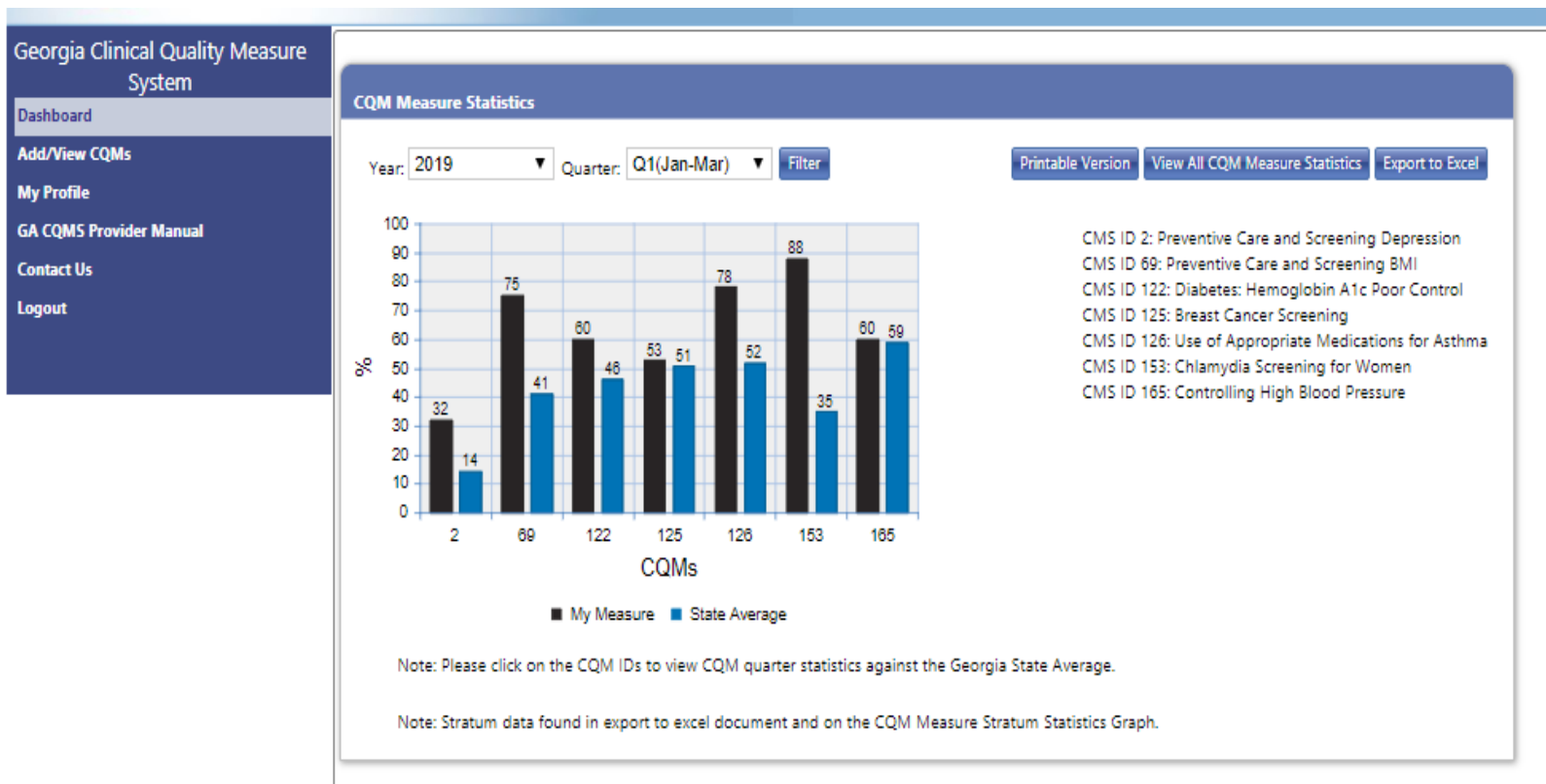
- There are no exceptions for this measure

- *Chlamydia is the most common sexually transmitted bacterial infections in the U.S. resulting in roughly 1.6 million cases each year, and if left untreated, can lead to serious and irreversible complications (CDC, 2017)*

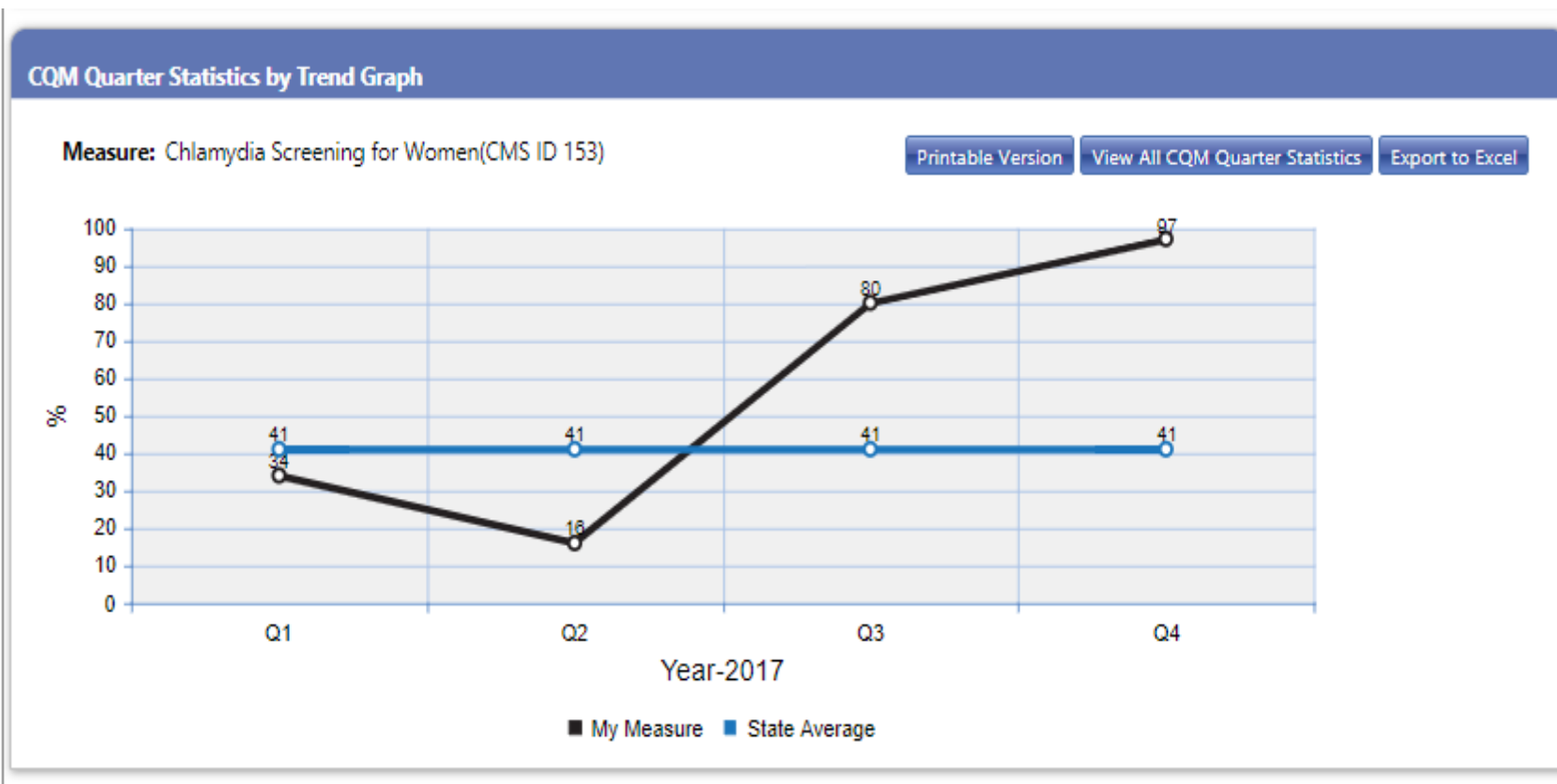
<https://ecqi.healthit.gov/cqi-clinical-quality-language/cqi-educational-resources>



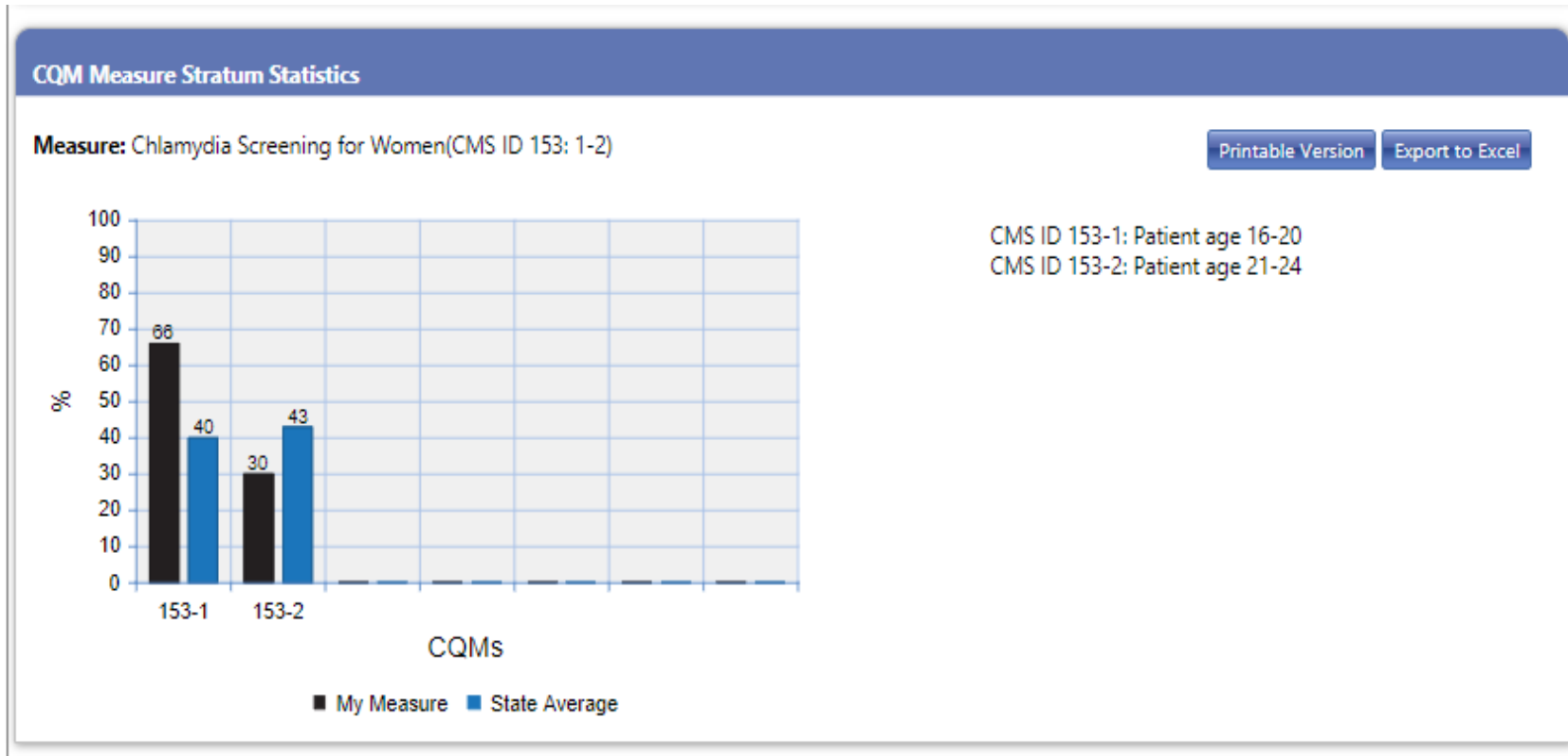
CMS153 – Chlamydia Screening for Women



CMS153 – Chlamydia Screening for Women



CMS153 – Chlamydia Screening for Women



Clinical Perspective

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
 - 1.866.211.0949



Next Webinar

- Upcoming Events:
 - Take Five! How eCQMs Improve Patient Care Outcomes Webinar
 - June 25, 2019
 - July 30, 2019

