Modified Stage 2 Meaningful Use: Clinical Quality Measures (CQMs)
Massachusetts Medicaid EHR Incentive Payment Program

July 21, 2016

Today’s presenter:

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Reminder

The attestation deadline for Program Year 2015 is August 14, 2016
Agenda

- What are Clinical Quality Measures (CQMs) all about?
- The Expanding CQM Landscape
- Reporting on CQMs
- Common Issues
- Questions and Answers
What are CQMs all about?
What are CQMs all about?

CMS Measure Selection Process

- Conditions that contribute to the morbidity and mortality of the most Medicare and Medicaid beneficiaries
- Conditions that represent national public health priorities
- Conditions that are common to health disparities
- Conditions that disproportionately drive healthcare costs and could improve with better quality management
- Measures that would enable CMS, States, and the provider community to measure quality of care in new dimensions, with a stronger focus on parsimonious measurement
- Measures that include patient and/or caregiver engagement
What are CQMs all about?

National Quality Strategy (NQS) domains:

- Patient and Family Engagement
- Patient Safety
- Care Coordination
- Population and Public Health
- Efficient Use of Healthcare Resources
- Clinical Processes/Effectiveness
What are CQMs all about?

| Clinical Process and Effectiveness | Hemoglobin A1c Test for Pediatric Patients | Major Depressive Disorder (MDD): Suicide Risk Assessment | Cataracts: 20/40 or Better Visual Acuity within 90 days Following Cataract Surgery |
|-----------------------------------|------------------------------------------|--------------------------------------------------------|==================================================================================|
| Initiation and Engagement of Alcohol & Other Drug Dependence Treatment | Diabetes: Urine Protein Screening | Anti-depressant Medication Management | Pregnant women that had HBsAg testing |
| Controlling High Blood Pressure (A) | Diabetes: Low Density Lipoprotein (LDL) Management | ADHD: Follow-Up Care for Children Prescribed ADHD Medication (P) | Depression Remission at Twelve Months |
| Breast Cancer Screening | Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic | Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use | Depression Utilization of the PHQ-9 Tool |
| Cervical Cancer Screening | Coronary Artery Disease (CAD): Beta Blocker Therapy – Prior MI or LVEF <40% | Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients | Children who have dental decay or cavities (P) |
| Colorectal Cancer Screening | Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control | Breast Cancer: Hormonal Therapy for Stage IC-IIIC ER/PR Positive Breast Cancer | Primary Care Prevention Intervention as Offered by Primary Care Providers, including Dentists |
| Use of Appropriate Medications for Asthma (P) | Heart Failure (HF): ACE Inhibitor or ARB Therapy for LVSD | HIV/AIDS: Medical Visit | Preventive Care and Screening: Cholesterol – Fasting LDL-C Test Performed |
| Pneumonia Vaccination Status for Older Adults | Heart Failure (HF): Beta Blocker Therapy for LVSD | HIV/AIDS: Pneumocystis pneumonia (PCP) Prophylaxis | Preventive Care and Screening: Risk-Stratified Cholesterol – Fasting LDL-C Test Performed |
| Diabetes: Foot Exam | Diabetic Retinopathy: Documentation of Presence /Absence of Macular Edema and Level of Severity of Retinopathy | Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care | Hypertension: Improvement in blood pressure |
| Diabetes: Hemoglobin A1c Poor Control | Diabetic Retinopathy: Documentation of Presence /Absence of Macular Edema and Level of Severity of Retinopathy | Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care | Hypertension: Improvement in blood pressure |
## What are CQMs all about?

### Efficient Use of Healthcare Resources
- Appropriate Testing for Children with Pharyngitis (P)
- Use of Imaging Studies for Low Back Pain (A)
- Appropriate Treatment for Children with Upper Respiratory Infection (URI) (P)
- Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients

### Patient Safety
- Use of High-Risk Medication in the Elderly (A)
- Falls: Screening for Future Fall Risk
- Documentation of Current Medications in the Medical Record (A)
- Cataracts: Complications within 30 days Following Cataract Surgery Requiring Additional Surgical Procedures
- Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment
- ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range

### Patient & Family Engagement
- Functional status and assessment for knee replacement
- Functional status assessment for hip replacement
- Function status assessment for complex chronic conditions (A)
- Oncology: Medical and Radiation – Pain Intensity Quantified

### Care Coordination
- Closing the referral loop: receipt of specialist report (A)

### Population and Public Health
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (P)
- Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (A)
- Chlamydia Screening for Women (P)
- Childhood Immunization Status (P)
- Preventive Care and Screening: Influenza Immunization
- Maternal depression screening
- Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
- Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan (A) (P)
- Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up (A)
What are CQMs all about?

Adult Recommended List

- Effective Use Of Healthcare Resources
  - Use of Imaging Studies for Low Back Pain
- Clinical Process/Effectiveness
  - Controlling High Blood Pressure
- Patient Safety
  - Use of High-Risk Medication in the Elderly
  - Documentation of Current Medications in the Medical Record
- Population/Public Health
  - Preventive Care and Screening: Tobacco Use: Screening & Cessation Intervention
  - Preventive Care and Screening: BMI Screening and Follow-Up
  - Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
- Patient And Family Engagement
  - Functional status assessment for complex chronic conditions
- Care Coordination
  - Closing the referral loop: receipt of specialist report
## What are CQMs all about?

### Pediatric Recommended List

<table>
<thead>
<tr>
<th>Category</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Effective Use Of Healthcare Resources</strong></td>
<td>• Appropriate Testing for Children with Pharyngitis</td>
</tr>
<tr>
<td></td>
<td>• Appropriate Treatment for Children with Upper Respiratory Infection (URI)</td>
</tr>
<tr>
<td><strong>Clinical Process/Effectiveness</strong></td>
<td>• Use of Appropriate Medications for Asthma</td>
</tr>
<tr>
<td></td>
<td>• ADHD: Follow-Up Care for Children Prescribed ADHD Medication</td>
</tr>
<tr>
<td></td>
<td>• Children who have dental decay or cavities</td>
</tr>
<tr>
<td><strong>Population/Public Health</strong></td>
<td>• Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents</td>
</tr>
<tr>
<td></td>
<td>• Chlamydia Screening for Women</td>
</tr>
<tr>
<td></td>
<td>• Childhood Immunization Status</td>
</tr>
<tr>
<td></td>
<td>• Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan</td>
</tr>
</tbody>
</table>

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### Example: CQM Details

<table>
<thead>
<tr>
<th>CMS eMeasure ID</th>
<th>NQF #</th>
<th>Measure Title and NQS Domain</th>
<th>Measure Description</th>
<th>Numerator Statement</th>
<th>Denominator Statement</th>
<th>Measure Steward</th>
<th>PQRS#</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS125v5</td>
<td>2372</td>
<td>Breast Cancer Screening</td>
<td>Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer</td>
<td>Women with one or more mammograms during the measurement period or the 15 months prior to the measurement period</td>
<td>Women 51-74 years of age with a visit during the measurement period</td>
<td>National Committee for Quality Assurance</td>
<td>112</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Domain: Clinical Process/ Effectiveness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>GPRO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PREV-5</td>
</tr>
</tbody>
</table>
The Expanding CQM Landscape
The Expanding CQM Landscape

For the Medicaid EHR Incentive Payment Program, EPs must report on 9 out of 64 CQMs across 3 NQS domains.

However, that’s just the tip of the iceberg…
Connections with MU Objectives

- Objective #2: Clinical Decision Support
- Objective #10: Public Health Reporting

How does reporting CQMs through attestation relate to pay for performance or other CQM reporting programs?

How does performance on CQMs impact reimbursements under alternative payment models?

What role do CQMs play in quality improvement?

How do I choose the right CQMs for me?
Reporting on CQMs
Reporting on CQMs

- Ensure CEHRT can report the data correctly (EHR dashboard)
- Test EHR reports (or check EHR dashboard) to ensure accuracy
Reporting on CQMs

MAPIR - CQM set selection screen

Please select one of the following three Clinical Quality Measure set options.

Only one Clinical Quality Measure (CQM) set can be completed. If you would like to switch to a different CQM set after one is started, use the "Clear All" button on the previously selected CQM set to enable the "Begin" button on a different CQM set. Please note that the previously entered information will be cleared once the "Clear All" button is selected.

<table>
<thead>
<tr>
<th>Clinical Quality Measure - General</th>
<th>Begin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Quality Measure - Adult Set</td>
<td>Begin</td>
</tr>
<tr>
<td>Clinical Quality Measure - Pediatric Set</td>
<td>Begin</td>
</tr>
<tr>
<td>Cancel and Choose Electronic</td>
<td>Cancel</td>
</tr>
</tbody>
</table>
Reporting on CQMs

MAPIR - CQM measure selection screen

Meaningful Use Clinical Quality Measure Worklist Table

You have chosen the general Clinical Quality Measure (CQM) set. Select a minimum of nine (9) CQMs from at least three (3) different domains. There are six (6) domains and sixty-four (64) CQMs from which to choose. The domain of each CQM is shown in the title bar of each individual CQM. If you wish to select the adult recommended CQMs or the pediatric recommended CQMs select the "Return to Main" button and then choose the recommended CQM option you wish to answer. Please note, as a minimum you must select nine (9) CQMs from three (3) different domains before proceeding to the next screen.

If you do not want to complete these nine measures then select the "Return to Main" button below and use the "Clear All" button on the previously selected Clinical Quality Measure General set line to enable the "Begin" button on a different CQM set. The previously entered information will be cleared once the "Clear All" button is selected. When all CQMs have been edited and you are satisfied with the entries, select the "Return to Main" button to access the main attestation topic list.

Please Note: Clinical quality measures are sorted by Domain category and then by Measure Number.

Clinical Quality Measure list Table

<table>
<thead>
<tr>
<th>Measure#</th>
<th>Title</th>
<th>Domain</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS50 v4.0.000</td>
<td>Closing the Referral Loop: Receipt of Specialist Report</td>
<td>Care Coordination</td>
<td>☐</td>
</tr>
<tr>
<td>CMS52 v4.1.000</td>
<td>HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis</td>
<td>Clinical Process/Effectiveness</td>
<td>☐</td>
</tr>
<tr>
<td>CMS61 v5.1.000</td>
<td>Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed</td>
<td>Clinical Process/Effectiveness</td>
<td>☐</td>
</tr>
<tr>
<td>CMS62 v4.0.000</td>
<td>HIV/AIDS: Medical Visit</td>
<td>Clinical Process/Effectiveness</td>
<td>☐</td>
</tr>
<tr>
<td>CMS64 v5.1.000</td>
<td>Preventive Care and Screening: Risk-Stratified Cholesterol - Fasting Low Density Lipoprotein (LDL-C)</td>
<td>Clinical Process/Effectiveness</td>
<td>☐</td>
</tr>
<tr>
<td>CMS65 v5.1.000</td>
<td>Hypertension: Improvement in Blood Pressure</td>
<td>Clinical Process/Effectiveness</td>
<td>☐</td>
</tr>
</tbody>
</table>
Reporting on CQMs

MAPIR - CQM selected measures list

### Meaningful Use Clinical Quality Measures

To edit information, select the "EDIT" button next to the measure that you would like to edit. All progress on entry of measures will be retained if your session is terminated.

When all measures have been edited and you are satisfied with the entries, select the "Return" button to access the main attestation topic list.

#### Meaningful Use Clinical Quality Measure List Table

<table>
<thead>
<tr>
<th>Measure#</th>
<th>Title</th>
<th>Domain</th>
<th>Entered</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS50 v4.0.000</td>
<td>Closing the Referral Loop: Receipt of Specialist Report</td>
<td>Care Coordination</td>
<td></td>
<td>EDIT</td>
</tr>
<tr>
<td>CMS52 v4.1.000</td>
<td>HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis</td>
<td>Clinical Process/Effectiveness</td>
<td></td>
<td>EDIT</td>
</tr>
<tr>
<td>CMS61 v5.1.000</td>
<td>Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed</td>
<td>Clinical Process/Effectiveness</td>
<td></td>
<td>EDIT</td>
</tr>
<tr>
<td>CMS62 v4.0.000</td>
<td>HIV/AIDS: Medical Visit</td>
<td>Clinical Process/Effectiveness</td>
<td></td>
<td>EDIT</td>
</tr>
<tr>
<td>CMS129 v5.0.000</td>
<td>Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients</td>
<td>Efficient Use of Healthcare Resources</td>
<td></td>
<td>EDIT</td>
</tr>
<tr>
<td>CMS146 v4.0.000</td>
<td>Appropriate Testing for Children with Pharyngitis</td>
<td>Efficient Use of Healthcare Resources</td>
<td></td>
<td>EDIT</td>
</tr>
<tr>
<td>CMS154</td>
<td>Appropriate Treatment for Children</td>
<td>Efficient Use of Healthcare Resources</td>
<td></td>
<td>EDIT</td>
</tr>
</tbody>
</table>
Example Data Entry Screen #1

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Domain: Efficient Use of Healthcare Resources
Measure Number: CMS146 v3
Measure Title: Appropriate Testing for Children with Pharyngitis
Measure Description: 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.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition.
Performance Rate (%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator:  
* Denominator:  
* Performance Rate (%):  
* Exclusion:  

When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.
Reporting on CQMs

Example Data Entry Screen #2

<table>
<thead>
<tr>
<th>Clinical Quality Measure 24</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image-url" alt="Image of Example Data Entry Screen" /></td>
</tr>
</tbody>
</table>

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

**Domain:** Clinical Process/Effectiveness

**Measure Number:** CMS145 v3

**Measure Title:** Coronary Artery Disease (CAD): Beta-Blocker Therapy - Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF<40%)

**Measure Description:** Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have a prior MI or a current or prior LVEF<40% who were prescribed beta-blocker therapy.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

**Performance Rate (%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

**Exception:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

**Population Criteria 1:** Patients with left ventricular systolic dysfunction (LVEF<40%)

<table>
<thead>
<tr>
<th>Numerator 1:</th>
<th>Denominator 1:</th>
<th>Performance Rate 1(%):</th>
<th>Exception 1:</th>
</tr>
</thead>
</table>

**Population Criteria 2:** Patients with a prior (resolved) myocardial infarction

<table>
<thead>
<tr>
<th>Numerator 2:</th>
<th>Denominator 2:</th>
<th>Performance Rate 2(%):</th>
<th>Exception 2:</th>
</tr>
</thead>
</table>

[Images and buttons for Previous, Reset, Save & Continue]
Reporting on CQMs

**Meaningful Use Clinical Quality Measures**

To edit information, select the "EDIT" button next to the measure that you would like to edit. All progress on entry of measures will be retained if your session is terminated.

When all measures have been edited and you are satisfied with the entries, select the "Return" button to access the main attestation topic list.

### Meaningful Use Clinical Quality Measure List Table

<table>
<thead>
<tr>
<th>Measure#</th>
<th>Title</th>
<th>Domain</th>
<th>Entered</th>
<th>Select</th>
</tr>
</thead>
</table>
| CMS50 v3 | Closing the referral loop: receipt of specialist report              | Care Coordination                    | Numerator = 25  
Denominator = 100  
Performance Rate (%) = 10.0 | EDIT   |
| CMS52 v3 | HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis           | Clinical Process/Effectiveness       |                                                                        | EDIT   |
| CMS61 v4 | Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed | Clinical Process/Effectiveness       |                                                                        | EDIT   |
| CMS125 v3| Breast Cancer Screening                                              | Clinical Process/Effectiveness       |                                                                        | EDIT   |
| CMS126 v3| Use of Appropriate Medications for Asthma                             | Clinical Process/Effectiveness       |                                                                        | EDIT   |
| CMS127 v3| Pneumonia Vaccination Status for Older Adults                         | Clinical Process/Effectiveness       |                                                                        | EDIT   |
| CMS129 v4| Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients | Efficient Use of Healthcare Resources |                                                                        | EDIT   |
| CMS146 v3| Appropriate Testing for Children with Pharyngitis                    | Efficient Use of Healthcare Resources |                                                                        | EDIT   |
| CMS179 v3| ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range     | Patient Safety                       |                                                                        | EDIT   |
Reporting on CQMs

Manual Clinical Quality Measures

Please select one of the following three Clinical Quality Measure set options.

Only one Clinical Quality Measure (CQM) set can be completed. If you would like to switch to a different CQM set after one is started, use the "Clear All" button on the previously selected CQM set to enable the "Begin" button on a different CQM set. Please note that the previously entered information will be cleared once the "Clear All" button is selected.

Clinical Quality Measure - General

Clinical Quality Measure - Adult Set

Clinical Quality Measure - Pediatric Set

Cancel and Choose Electronic

Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.
Common Issues: CQMs
Common Issues: CQMs

• EHR vendor does not provide CQMs that are relevant to the EP’s scope of practice

• Confusion over which quality measures apply to which program(s)
Questions?
Helpful Links

- CMS 2015 Program Requirements page
- MeHI Medicaid EHR Incentive Program page
- MeHI 2015 Supporting Documentation Requirements Guide
- CMS Clinical Quality Measures Tipsheet
- CMS Recommended Pediatric CQMs
- CMS Recommended Adult CQMs
- CMS 2016 CQM Measures Table
Contact Us

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