

Quality Measures for 2019

This document summarizes the quality measures for 2019 for Prima CARE, with links to other documents and videos when more detail is needed.

CMS Quality Measures

CMS 122	DM: HbA1c poor control (>9%)	Lab, but must be ordered and drawn
CMS 123	DM: Foot exam (18-75)	Preventive Medicine-Quality Measure
CMS 124	Cervical cancer screening (21-64)	Pap = Lab. If elsewhere, place order & scan
CMS 125	Breast cancer screening (50-74)	Mammo = DI. If elsewhere, place order & scan
CMS 127	Pneumococcal vaccine (≥65)	Had the vaccine
CMS 130	Colorectal screening (50-75)	Colonoscopy, Cologuard, FIT
CMS 131	DM: Eye exam (18-75)	Q2y if normal. Do here or scan from outside.
CMS 138	Preventive: Tob screen/cessation	Screened AND counseling documented
CMS 147	Preventive: Flu immunization	> 6 mo old, seen 10/1 – 3/31 with vaccine
CMS 164	Ischemic vasc disease	CAD needs ASA
CMS 165	Controlling HBP (18-85)	<140 over <90
CMS 2	Preventive: Depression screen/plan	Screen with appropriate test and make a plan
CMS 50	Close referral loop: Specialist report	Receive report from specialist. Scan in. P2P.
CMS 68	Document current meds (≥18)	All meds
CMS 69	Preventive: BMI (≥18)	Document BMI and management if high or low
CMS 166	Imaging for low back pain (18-50)	No trauma or cancer....no imaging for 28 days
CMS 22	Preventive: HBP (≥18)	Record BP and document management plan

Diabetes Measures

- Two A1c's documented in the eCW lab folder
- The last A1c in 2019 ≤ 9%
- A full diabetic foot exam documented in the Quality Measures subfolder of the Preventive Medicine folder at least once during 2019
- An eye exam by an optometrist or ophthalmologist in 2019 documented in the Quality Measures subfolder of the Preventive Medicine folder, PLUS a scan of the exam in Patient Documents (if the exam is done by a Prima CARE optometrist or ophthalmologist, the progress note from that visit is in eCW). If the patient had no retinopathy on a properly documented/scanned eye visit in 2018, no eye visit is needed in 2019.

Link to a pdf document explaining these measures in more detail:

http://www.drkney.com/Videos_BDK/11_DMQuality.pdf

Link to a screen capture video explaining these measures in more detail:

http://www.drkney.com/Videos_BDK/11_dmQuality.mp4

Cancer Screening

- Cervical cancer screening in women aged 21 to 64 (Pap every 3 years, or Pap/HPV every 5 years)
- Breast cancer screening by mammogram every 2 years in women aged 50 to 74
- Colon cancer screening in men and women aged 50 to 75 by one of the following:
 - colonoscopy every 10 years
 - CT colonography every 5 years
 - FIT annually
 - FIT-DNA every 3 years
 - flexible sigmoidoscopy every 5 years

Link to a pdf document explaining these measures in more detail:

http://www.drkney.com/Videos_BDK/11_quality_cancer.pdf

Link to a screen capture video explaining these measures in more detail:

http://www.drkney.com/Videos_BDK/11_QualityCancer.mp4

BMI Quality Measure

Documentation in the Quality Measures subfolder of the Preventive Medicine folder of a treatment plan for:

- Adults age 18 to 64 with a BMI < 18.5 or ≥ 25
- Adults age 65 and older with a BMI of < 23 or ≥ 30

This documentation must occur at the current visit or in the 6 months prior to the current visit. If this documentation occurred at a March, 2019, visit, but the patient is seen again in October, 2019, the documentation must be repeated.

Link to a pdf document explaining these measures in more detail:

http://www.drkney.com/Videos_BDK/11_QualityBMI.pdf

Link to a screen capture video explaining these measures in more detail:

http://www.drkney.com/Videos_BDK/11_QualityBMI.mp4

Immunizations

- Pneumovax 23 documented in the immunization area of eCW in all patients aged 65 and older
- Influenza vaccine documented in the immunization area of eCW for everyone over aged 6 months seen at Prima CARE between 10/1/19 and 3/31/20 (patients NOT seen during this time period are excluded from the measure)

All vaccines given outside of Prima CARE (like a flu shot given at a pharmacy) must be entered as past immunizations in the immunization area in order to meet this quality measure.

Link to a pdf document explaining these measures in more detail:

http://www.drkney.com/Videos_BDK/11_VaccineQuality.pdf

Link to a screen capture video explaining these measures in more detail:

http://www.drkney.com/Videos_BDK/11_QualityVaccines.mp4

Tobacco Use Status and Counseling

- Documentation of tobacco use status at least once in 2019 using the smart form in eCW
- For those using tobacco in any form, documentation of counseling must occur at least once in 2019 in the Quality Measures subfolder of the Preventive Medicine folder

Link to a pdf document explaining these measures in more detail:

http://www.drkney.com/Videos_BDK/11_QualTobacco.pdf

Link to a screen capture video explaining these measures in more detail:

http://www.drkney.com/Videos_BDK/11_QualitySmoking.mp4

Antiplatelet Drug Use in Coronary Artery Disease

- All patients with a diagnosis of coronary artery disease must have an antiplatelet agent (like aspirin or clopidogrel) on their medication list

If the use of an antiplatelet agent is contraindicated, documentation of the reason in the Quality Measure Exclusion subfolder of the Preventive Medicine folder is necessary.

Controlling High Blood Pressure

- All patients with hypertension must have a systolic blood pressure < 140 mmHg and a diastolic blood pressure of < 90 mmHg at the end of 2019. The last blood pressure documented in the vital sign BP area by the managing provider's office is counted for this measure.

I recommend checking the “Pop Up” box and entering a BP after the patient has sat quietly for a few minutes if the initial BP is high. The LAST BP counts for the quality measure.

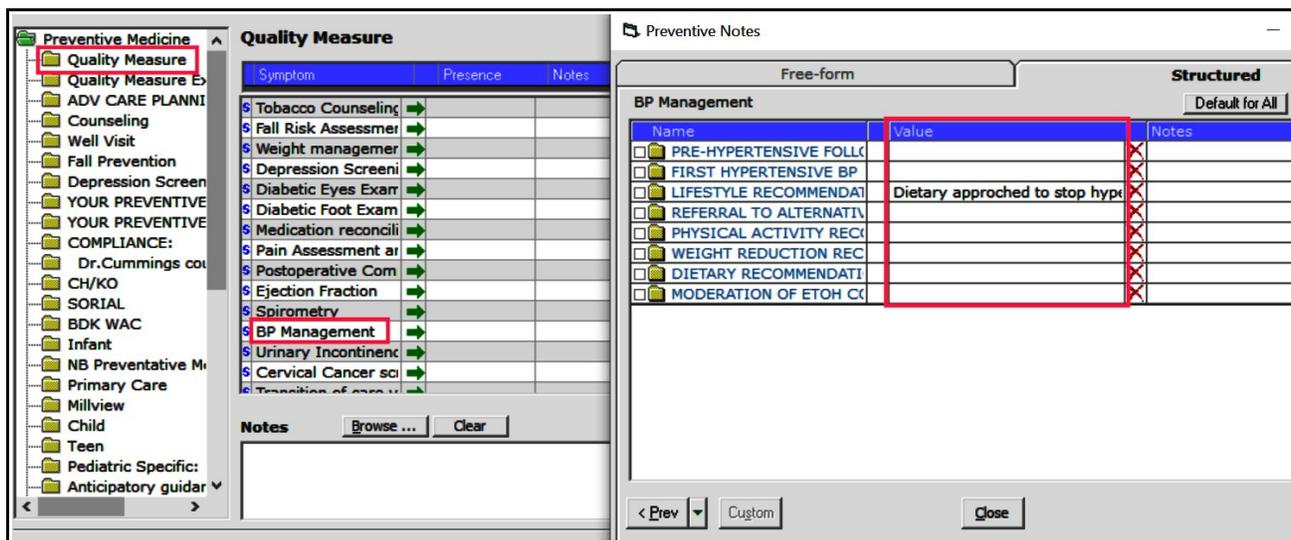
The screenshot shows a software interface for entering patient data. At the top right, there is a checkbox labeled "Pop Up" which is checked. Below it is a table with columns: Date, Ht(in), Wt(lbs), Wt Change(lb), BMI(Index), BP(mm Hg), HR(/min), RR(/min), and Ter. The row for Date "10/07/2019" is highlighted in yellow, and the "BP(mm Hg)" column is highlighted in red. A "Vitals" dialog box is open in the center, showing a "BP(mm Hg) Qualifier" field, a "Delete" button, and a "Default" button. Below these are three rows of blood pressure readings: "165/95", "155/89", and "138/87". The "138/87" reading is highlighted in red. At the bottom of the dialog box are buttons for "< Prev", "Next >", "Apply", and "Cancel".

There is a box in the vital sign area called “BP Repeat”, but readings entered there are not seen by the eCW CDSS monitoring system – so I recommend using the BP box shown on the previous page to enter all BP readings. Note that if there are more than about 6 entries in this box, eCW erases all the BP readings. To avoid this glitch, don't add more than about 5 BP readings to this area.

Documenting a Treatment Plan for an Elevated Blood Pressure

- At any visit where the blood pressure is not < 140/90, a treatment plan should be documented in the Quality Measures subfolder of the Preventive Medicine folder

If the BP is controlled (CMS definition of control: < 140/90), no further documentation is needed. However, if the BP is elevated, our quality measure requires the provider to add structured data in the Quality Measures folder. Choose at least one option from the structured data list – and add further detail in the Notes section if you wish. I find this redundant, as I document my plan in the Treatment section of a note – but eCW can't track that kind of entry. This takes 5 clicks and about 12-15 seconds once you are familiar with the workflow.



Close the Referral Loop

- PCP offices should consult letters into the Consult Notes folder in Patient Documents to close the referral loop

If the PCP receives a snail-mail consult letter, scan it into eCW. If it comes as a fax to the fax server, move the consult letter to the Consult Notes folder in eCW. If the document arrives as a P2P communication, link it to the correct patient in eCW and import it into the Consult Notes folder.

Link to a video explaining how to set up and send P2P documents:

http://www.drkney.com/Videos_BDK/11_P2P.mp4

Link to a pdf document explaining how to import a P2P document in to eCW and save it in Patient Documents:

http://www.drkney.com/Videos_BDK/11_P2P_import.pdf

Document Current Medications

- Medication reconciliation should occur at every office visit

Make sure to move from the chief complaint section of the note to the medication list at every visit – and click “Verified” after reconciling medications. This workflow FROM the chief complaint TO the medication list, and then checking the verified box is the only way eCW tracks compliance with this measure – sad, but true. Any deviation from this workflow risks not getting credit for medication reconciliation.

Link to a video explaining how to reconcile medications in eCW 11:

http://www.drkney.com/Videos_BDK/11_MedReconciliation.mp4

Link to a pdf document explaining how to reconcile medications in eCW 11:

http://www.drkney.com/Videos_BDK/11_meds.pdf

Screening for Depression

Screening all patients aged 12 years and older with a PHQ-2 at least once in 2019

If the PHQ-2 is positive (score > 0) and the PHQ-9 score is 9 or higher, documentation of a treatment plan in the Quality Measures subfolder of the Preventive Medicine folder

Link to a pdf document explaining the documentation necessary in the Quality Measures folder for patients with a PHQ-9 score of 9 or higher:

http://www.drkney.com/Videos_BDK/11_quality_depression.pdf

Link to a video explaining this documentation as well:

http://www.drkney.com/Videos_BDK/11_QualityDepression.mp4

Imaging for Low Back Pain

- Do not order imaging for routine low back pain lasting \leq 28 days

Patients with significant risk factors for more serious disease (like severe trauma, a history of cancer, concerning neurologic signs/symptoms) are excluded from this measure. If the provider feels imaging is necessary, associate the order with an ICD10 code other than unspecified low back pain.

Brad Kney, MD
October 8, 2019