CMS 2019 QUALITY MEASURES for MSSP ACO's

2019 BREAKDOWN

23 TOTAL MEASURES

- 10 Web Interface

- 3 Claims Data

- 10 CAHPS Survey

Silver State ACO
Accountable Care Organization

2019 QUALITY MEASURES

CMS Web Interface [formerly GPRO]

[10 measures]

MEASURE NAME:
Fall Risk Screening

MEASURE DESCRIPTION

Measure applies to patients age 65 or older

- Patients are required to be screened for future fall risk during calendar year 2019

- Screening assessments <u>must</u> include:
  - Whether a patient has experienced a fall and/or problems with gait or balance

May be completed during a telehealth encounter

4

MEASURE NAME:
Fall Risk Screening

INCORRECT	CORRECT
• Discussed Fall Prevention • No/Low/High Fall Risk	• Document with patient response 'Have you fallen in the past 12 months?' • Use a Gait or Balance Assessment Tool

5

Silver State ACO
Accountable Care Organization

MEASURE NAME:
Influenza Immunization

Measure applies to patients age 6 months or older

- Flu Season is August 1, 2018 to March 31, 2019

- Self report <u>must</u> include:
  - Month and year completed

- Documentation of declines/allergies need to be notated within outlined time frame

May be documented during a telehealth encounter

MEASURE NAME:
Tobacco Use: Screening & Cessation Intervention

MEASURE DESCRIPTION

Measure applies to patients age 18 or older

- CMS requires patients to be screened for tobacco use [both smoke and smokeless] at least once every 24 months

- Cessation intervention must be completed on the day of the positive tobacco screening

May be completed during a telehealth encounter

![Silver State ACO - Accountable Care Organization]

MEASURE NAME:
Tobacco Use: Screening & Cessation Intervention

INCORRECT	CORRECT
• Non Smoker • Former Smoker • Smoker	• Non Tobacco User • Tobacco User • Former Tobacco User

A tobacco policy may be put into place in order to meet the verbiage requirements outlined by CMS

MEASURE NAME:
Screening for Clinical Depression & Follow Up Plan

MEASURE DESCRIPTION

Measure applies to patients age 12 or older

- CMS requires patients to be screened for clinical depression at least once every year using a standardized tool [Phq-9, Phq-2, Beck Depression etc..]

- Provider must review and interpret results
  - **Any** score over "0" is considered positive unless the provider notates the patient has no depression and documents findings in the chart

- Follow up plan must be documented on the day of positive screening

  May be completed during a telehealth encounter

9

Silver State ACO
Accountable Care Organization

MEASURE NAME:
Depression Remission at Twelve Months

MEASURE DESCRIPTION

Measure applies to patients age 18 or older

- Pay for reporting

- Complete yearly Depression Screenings

10

![Silver State ACO - Accountable Care Organization]

MEASURE NAME:
Colorectal Cancer Screenings

MEASURE DESCRIPTION

Measure applies to patients 50-75 years of age

Appropriate Screening Tools

- Fecal Occult Blood Test [FOBT] during 2019
- Flexible Sigmoidoscopy during 2019 or 4 years prior
- Colonoscopy during 2019 or 9 years prior
- CT Colonography during 2019 or 4 years prior
- FIT DNA during 2019 or 2 years prior [Includes Cologuard]

- Self report <u>must</u> include:
  Type of test, year completed and result [Abnormal or normal will suffice]

Documentation may be completed during a telehealth encounter

11

MEASURE NAME:
Breast Cancer Screenings

MEASURE DESCRIPTION

Measure applies to female patients 50-74 years of age

Mammograms should be completed once every 2 years

Appropriate Screening Tools

- Screening Mammogram
- Diagnostic Mammogram
- 3-D Mammogram

- Self report <u>must</u> include:
  Type of test, year and month completed and result [Abnormal or normal will suffice]

Documentation may be completed during a telehealth encounter

12

MEASURE NAME:
Diabetes: Hemoglobin A1c **POOR** control

MEASURE DESCRIPTION

Measure applies to diabetic patients 18-75 years of age

Patients with a diagnosis of Diabetes need to have a Hemoglobin A1c performed at least one time during the calendar year

CMS defines poor control as >9.0%

We will always report the last A1c of the year

- Self report <u>must</u> include:
  Month and year along with result

Documentation may be completed during a telehealth encounter

MEASURE NAME:
HTN: Controlling High Blood Pressure

MEASURE DESCRIPTION

Measure applies to hypertensive patients 18-85 years of age

Patients with an active diagnosis of Hypertension during the first 6 months of the performance year or anytime prior

- CMS defines adequately **_controlled_** blood pressure as ≤ 139/89
- We will always report the last blood pressure reading of the year
- Multiple blood pressure checks can be completed on the same visit - we will always report the lowest systolic and diastolic reading

14

MEASURE NAME:
Statin therapy for the prevention & treatment of Cardiovascular disease

MEASURE DESCRIPTION

Measure applies to patients that are considered at high risk of cardiovascular events

3 Risk Groups:
If a patient qualifies for *any* risk group (see following page for risk group definitions) - a prescription of a Statin should be prescribed within the performance year

Document in patient chart any allergies or adverse reactions to a Statin

15

MEASURE NAME:
Statin therapy for the prevention & treatment of Cardiovascular disease

RISK CATEGORIES

Risk Category #1: ASCVD
- Patients age 21 or older who were previously diagnosed with or have an active diagnosis of ASCVD

Risk Category #2: LDL-C
- Age 21 or older with an active diagnosis of **PURE/FAMILIAL** Hypercholesterolemia
- Or have **EVER** in their lifetime had an LDL-C of 190 mg/dL or more

Risk Category #3: DIABETIC
- Age 40-75 with an active diagnosis of Diabetes and had an LDL-C level of 70-189 mg/dL in the performance year or two years prior

16

2019 QUALITY MEASURES

CAHPS Survey

[10 measures]

CAHPS SURVEY

Patient satisfaction survey

Completed by a CMS approved third party vendor

Results ***NOT*** available by Practice

18

CAHPS SURVEY CATEGORIES

Timely care, appointments, and information

Provider Communication

Provider Rating

CAHPS SURVEY CATEGORIES

Access to Specialist

Courteous and Helpful Office Staff

Care Coordination

Stewardship of Patient Resources

21

2019 QUALITY MEASURES

Claims

[3 measures]

CLAIM MEASURES

Data from claims measures will be gathered directly by CMS from claims data.
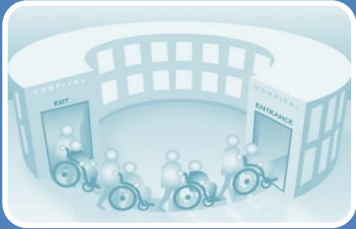
There are 3 categories within this measure - CMS will be looking for:

- Low admit rate

- Low unplanned admission rate

- Less inpatient stays for UTI, dehydration and bacterial pneumonia

(see following page for claim measure definitions)

23

CLAIM MEASURE CATEGORIES

ALL CONDITIONS READMISSIONS

- Age 65 years or older, who were hospitalized and readmitted within 30 days of discharge

UNPLANNED ADMISSIONS

- Age 65 years or older with multiple chronic conditions, who experienced an acute unplanned hospital admission

AMBULATORY SENSITIVE CONDITION ACUTE COMPOSITE

- Age 18 or older discharged from a hospital with a principal diagnosis of dehydration, bacterial pneumonia, or UTI

Resources

- CMS Quality Payment Program site (MIPS/MACRA): https://qpp.cms.gov/

- CMS Supporting documents for Quality Measures reported via GPRO can be found at the following website under "Full Resource Library" then "2019 CMS Web Interface Measure Specifications and Supporting Documents": https://qpp.cms.gov/about/resource-library

- Access the final rule through the Federal Register: https://www.federalregister.gov (81 FR 37950)

- Shared Savings Program website: https://www.cms.gov/sharedsavingsprogram

www.silverstateaco.com
702-800-7084 or 775-391-6494

- **Larry Preston, Chief Executive Officer**

- **Rhonda Hamilton, Chief Operating Officer**

- **Bruce Wiggins, Co-Founder & Vice-Chair**

- **Rena Kantor, Director of Operations & Physician Relations**

- **Tommy Ahsan, Director of Analytics**

- **Jessica Shepard, Quality Supervisor**

- **Jamie Campbell, Quality Coordinator & Northern Nevada Market Liaison**