For 2017 the measures chosen continue to be focused more on outcomes, and help prepare us for MACRA in the future. These measures also are intended to cover a broader range of patients in the practice and include both pediatric and adult patient populations.

The clinical quality measures as selected by the Clinical Management subcommittee for 2017 for the adult population are:

> Adult Body Mass Index
>
> Asthma Medication Compliance
>
> Breast Cancer Screening
>
> Cervical Cancer Screening
>
> Diabetic Care – Hemoglobin A1c Monitoring and Nephropathy Screening
>
> Low Back Pain and Appropriate Use of Imaging Services

More information about the measures and their significance are included in this handout and is taken from the National Quality Measures Clearinghouse information. Please refer any questions or comments to me at joby.kolsun@leememorial.org.

Adult and Body Mass Index

> **Why** - Obesity is the second leading cause of preventable death in the United States (U.S.). It is a complex, multifaceted, chronic disease that is affected by environmental, genetic, physiological, metabolic, behavioral and psychological components. BMI is considered the most efficient and effective method for assessing excess body fat; it is a starting point for assessing the relationship between weight and height, and it is the most conducive method of assessment in the primary care setting.

> **What** - The percentage of patients 18 to 74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.

> **How**
>> **Numerator** – For patients 20 years of age or older on the date of service, documentation of a BMI code (BMI Value Set see below) during the measurement year or the year prior to the measurement year.

>> **Denominator** -18 years as of January 1 of the year prior to the measurement year to 74 years as of December 31 of the measurement year.

>> **Exclusions** - Patients who have a diagnosis of pregnancy during the measurement year or the year prior to the measurement year.

Adult BMI Value Set – ICDM-10Codes

Z68.1 Body mass index (BMI) 19 or less, adult
Z68.20 Body mass index (BMI) 20.0-20.9, adult
Z68.21 Body mass index (BMI) 21.0-21.9, adult
Z68.22 Body mass index (BMI) 22.0-22.9, adult
Z68.23 Body mass index (BMI) 23.0-23.9, adult
Z68.24 Body mass index (BMI) 24.0-24.9, adult
Z68.25 Body mass index (BMI) 25.0-25.9, adult
Z68.26 Body mass index (BMI) 26.0-26.9, adult
Z68.27 Body mass index (BMI) 27.0-27.9, adult
Z68.28 Body mass index (BMI) 28.0-28.9, adult
Z68.29 Body mass index (BMI) 29.0-29.9, adult
Z68.30 Body mass index (BMI) 30.0-30.9, adult
Z68.31 Body mass index (BMI) 31.0-31.9, adult
Z68.32 Body mass index (BMI) 32.0-32.9, adult
Z68.33 Body mass index (BMI) 33.0-33.9, adult
Z68.34 Body mass index (BMI) 34.0-34.9, adult
Z68.35 Body mass index (BMI) 35.0-35.9, adult
Z68.36 Body mass index (BMI) 36.0-36.9, adult
Z68.37 Body mass index (BMI) 37.0-37.9, adult
Z68.38 Body mass index (BMI) 38.0-38.9, adult
Z68.39 Body mass index (BMI) 39.0-39.9, adult
Z68.4 Body mass index (BMI) 40 or greater, adult
Z68.41 Body mass index (BMI) 40.0-44.9, adult
Z68.42 Body mass index (BMI) 45.0-49.9, adult
Z68.43 Body mass index (BMI) 50-59.9, adult
Z68.44 Body mass index (BMI) 60.0-69.9, adult
Z68.45 Body mass index (BMI) 70 or greater, adult

Asthma Medication Compliance > 75%

Why - Pharmacologic therapy is used to prevent and control asthma symptoms, improve quality of life, reduce the frequency and severity of asthma exacerbations, and reverse airflow obstruction.

What - This measure is used to assess the percentage of patients 19 to 65 years of age during the measurement year who were identified as having persistent asthma and who were dispensed appropriate medications that they remained on for at least 75% of their treatment period.

How
Numerator – Patients 19-65 years of age

Denominator –

Step 1 - Identify patients as having persistent asthma who met at least one of the following criteria during both the measurement year and the year prior to the measurement year. Criteria need not be the same across both years.

- At least one ED visit, with asthma as the principal diagnosis
- At least one acute inpatient claim/encounter, with asthma as the principal diagnosis.
- At least four outpatient asthma visits or observation visits on different dates of service, with asthma as one of the listed diagnoses and at least two asthma medication dispensing events (Table MMA-A). Visit type need not be the same for the four visits.
- At least four asthma medication dispensing events (Table MMA-A).

Step 2 - A patient identified as having persistent asthma because of at least four asthma medication dispensing events, where leukotriene modifiers or antibody inhibitors were the sole asthma medication dispensed in that year, must also have at least one diagnosis of asthma, in any setting, in the same year as the leukotriene modifier or antibody inhibitor (i.e., the measurement year or the year prior to the measurement year).

Exclusions – Exclude patients who met any of the following criteria:
- Patients who had any diagnosis from any of the following value sets, any time during the patient's history through December 31 of the measurement year:
  - Emphysema Value Set.
  - Other Emphysema Value Set.
  - COPD Value Set.
  - Obstructive Chronic Bronchitis Value Set.
  - Chronic Respiratory Conditions Due to Fumes/Vapors Value Set.
  - Cystic Fibrosis Value Set.
  - Acute Respiratory Failure Value Set.
- Patients who have no asthma controller medications (Table MMA-B) dispensed during the measurement year

Table MMA-A: Asthma Medications

Description	Prescriptions		
Antiasthmatic combinations	• Dyphylline-guaifenesin	• Guaifenesin-theophylline	
Antibody inhibitor	• Omalizumab		
Inhaled steroid combinations	• Budesonide-formoterol	• Fluticasone-salmeterol	• Mometasone-formoterol
Inhaled corticosteroids	• Beclomethasone • Budesonide	• Ciclesonide • Flunisolide	• Fluticasone CFC free • Mometasone
Leukotriene modifiers	• Montelukast	• Zafirlukast	• Zileuton
Mast cell stabilizers	• Cromolyn		

Methylxanthines	• Aminophylline	• Dyphylline	• Theophylline
Short-acting, inhaled beta-2 agonists	• Albuterol	• Levalbuterol	• Pirbuterol

Table MMA-B: Asthma Controller Medications

Description	Prescriptions		
Antiasthmatic combinations	• Dyphylline-guaifenesin	• Guaifenesin-theophylline	
Antibody inhibitor	• Omalizumab		
Inhaled steroid combinations	• Budesonide-formoterol	• Fluticasone-salmeterol	• Mometasone-formoterol
Inhaled corticosteroids	• Beclomethasone • Budesonide	• Ciclesonide • Flunisolide	• Fluticasone CFC free • Mometasone
Leukotriene modifiers	• Montelukast	• Zafirlukast	• Zileuton
Mast cell stabilizers	• Cromolyn		
Methylxanthines	• Aminophylline	• Dyphylline	• Theophylline

Breast Cancer Screening

Why - Breast cancer is the second most common type of cancer among American women, with approximately 178,000 new cases reported each year. It is most common in women over 50. Women whose breast cancer is detected early have more treatment choices and better chances for survival.

What - This measure is used to assess the percentage of women 50 to 74 years of age who had a mammogram to screen for breast cancer.

How
Numerator - One or more mammograms any time on or between October 1 two years prior to the measurement year through December 31 of the measurement year.

Denominator – women age 50-74 years of age

Exclusions - Patients who had a bilateral mastectomy and for whom electronic data do not indicate that a mammogram was performed. Look for evidence of a bilateral mastectomy as far back as possible in the patient's history, using electronic data or medical record review.

Cervical Cancer Screening

Why – Cervical cancer can be detected in its early stages by regular screening using a Pap (cervical cytology) test. A number of organizations, including the American College of Obstetricians and Gynecologists (ACOG), the American Medical Association (AMA) and the American Cancer Society (ACS), recommend Pap testing every one to three years for all women who have been sexually active or who are over 21.

What – This measure is used to assess the percentage of women 21 to 64 years of age who were screened for cervical cancer using either of the following criteria:

Women age 21 to 64 who had cervical cytology performed every 3 years

Women age 30 to 64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years

How

Numerator - The number of women who were screened for cervical cancer, as identified in steps 1 and 2 below.

Step 1 - Identify women 24–64 years of age as of December 31 of the measurement year who had cervical cytology during the measurement year or the two years prior to the measurement year.

Step 2 - From the women who did not meet step 1 criteria, identify women 30–64 years of age as of December 31 of the measurement year who had cervical cytology and a human papillomavirus (HPV) test, with service dates four or less days apart during the measurement year or the four years prior to the measurement year and who were 30 years or older on the date of both tests. For example, if the service date for cervical cytology was December 1 of the measurement year, then the HPV test must include a service date on or between November 27 and December 5 of the measurement year.

Sum the events from steps 1 and 2 to obtain the rate.

Denominator - Women 24–64 years as of December 31 of the measurement year.

Exclusions - Patients who had a hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix and for whom the electronic data do not indicate that a Pap test was performed. The hysterectomy must have occurred by December 31 of the measurement year. Refer to the Absence of Cervix Value Set for codes to identify a hysterectomy. Look for evidence of a hysterectomy as far back as possible in the patient's history, using electronic data or medical record review.

Diabetic Care- Two Measures

Why - Diabetes is one of the most costly and highly prevalent chronic diseases in the United States (U.S.). Many complications, such as amputation, blindness, and kidney failure, can be prevented if detected and addressed in the early stages.

What –

   Hemoglobin A1c Testing - The percentage of members 18 to 75 years of age with type 1 or type 2 diabetes who had a hemoglobin A1c (HbA1c) test performed during the measurement year.

   Nephropathy Screening - The percentage of patients 18 to 75 years of age with type 1 or type 2 diabetes who received medical attention for nephropathy.

How

   Numerator

   Hemoglobin A1c testing - An HbA1c test performed during the measurement year as identified by claim/ encounter or electronic laboratory data.

   Nephropathy Attention - A nephropathy screening or monitoring test or evidence of nephropathy, as documented through electronic data. This includes diabetics who had one of the following during the measurement year:

   - A nephropathy screening or monitoring test (Urine Protein Tests Value Set).
   - Evidence of treatment for nephropathy or ACE/ARB therapy (Nephropathy Treatment Value Set).
   - Evidence of stage 4 chronic kidney disease (CKD Stage 4 Value Set).
   - Evidence of ESRD (ESRD Value Set).
   - Evidence of kidney transplant (Kidney Transplant Value Set).
   - A visit with a nephrologist, as identified by the organization's specialty provider codes (no restriction on the diagnosis or procedure code submitted).
   - At least one ACE inhibitor or ARB dispensing event (Table CDC-L).

   Denominator – The percentage of members 18 to 75 years of age with type 1 or type 2 diabetes

   Exclusions – Identify patients who do not have a diagnosis of diabetes, in any setting, during the measurement year or year prior to the measurement year and who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.

Low Back Pain and Imaging

   Why – Back pain is among the most common musculoskeletal conditions, afflicting approximately 31 million Americans, and is the number one cause of activity limitation in young adults. For most individuals, back pain quickly improves. Nevertheless, approximately 15 percent of the U.S. population reports having frequent low back pain that lasted for at least two weeks during the previous year.

What - Assess the percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, magnetic resonance imaging [MRI], computed tomography [C T] scan) within 28 days of the diagnosis.

How –

Numerator – An imaging study with a diagnosis of low back pain on the initial episode start date (IESD) or in the 28 days following the IESD,

Denominator - All patients age 18-50 who had and outpatient or ED visit with a primary diagnosis of low back pain.

Exclusions - Exclude any patient who had a diagnosis for which imaging is clinically appropriate. Any of the following meet criteria:

- Cancer. Cancer any time during the patient's history through 28 days after the IESD. Any of the following meet criteria:

  - Malignant Neoplasms Value Set.
  - Other Neoplasms Value Set.
  - History of Malignant Neoplasm Value Set.

- Recent trauma. Trauma any time during the 12 months (1 year) prior to the IESD through 28 days after the IESD.
- Intravenous drug abuse. IV drug abuse any time during the 12 months (1 year) prior to the IESD through 28 days after the IESD.

- Neurologic impairment. Neurologic impairment any time during the 12 months (1 year) prior to the IESD through 28 days after the IESD.