

Takeaways from the 2016 ACO MIPS SUBMISSION

Reporting was completed on 3/14/2017 @ 9:44 PM

Completed over 99% of sample, all 17 measures were reported successfully.

Reported 13,614 measures of 13,793 Total available.

CARE – 2: FALLS - Screening for Future Fall Risk

- Confirmation: check ‘Y’ if patient is 65 or older with a visit in 2016
- check ‘Y’ if provider performed a fall risk screening at least once in 2016
 - if No, patient is not eligible for the measure

Exclusions: ➤ patient is non-ambulatory (e.g. bed ridden, wheel-chair bound)

Feedback: LMG performed significantly better over previous years for this measure, but still had to report on 615 of 616 patients in order to satisfy this measure.

CARE – 3: Current Medications

- Confirmation: check ‘Y’ all visits occurred in 2016
- check the given dates of service in 2016, check ‘Y’ to patient seen on that date
- check ‘Y’ for each date that current medications are listed (*including all prescriptions, over-the-counters, herbals and vitamins/minerals/dietary*) and must contain medication’s name, dosage, frequency and administration route
 - if No, patient is not eligible for the measure

Exclusions: ➤ no exclusions

Feedback: LMG has consistently met this measure; however we had to report on 601 of 616 patients in order to satisfy this measure.

CAD – 7: Coronary Artery Disease (CAD): ACE inhibitor or ARB therapy – Diabetes or LVEF < 40%

- Confirmation: check ‘Y’ if patient has a diagnosis of CAD
 - if not, patient is not eligible for the measure
- **One of the following diagnosis codes indicating coronary artery disease:** ICD-10-CM: I20.0, I20.1, I20.8, I20.9, I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I22.0, I22.1, I22.2, I22.8, I22.9, I24.0, I24.1, I24.8, I24.9, I25.10, I25.110, I25.111, I25.118, I25.119, I25.2, I25.5, I25.6, I25.700, I25.701, I25.708, I25.709, I25.710, I25.711, I25.718, I25.719, I25.720, I25.721, I25.728, I25.729, I25.730, I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761, I25.768, I25.769, I25.790, I25.791, I25.798, I25.799, I25.810, I25.811, I25.812, I25.82, I25.83, I25.89, I25.9, Z95.1, Z95.5, Z98.61

- Check ‘Y’ if patient is also diabetic or patient’s current or prior LVEF is lower than 40%
 - if not, patient is not eligible for this sub – measure
- Check ‘Y’ if patient is diabetic or patient’s current or prior LVEF is lower than 40%, **AND** patient is taking an ACE inhibitor or ARB medications (see Rx cheat sheet)
 - if not, patient is not eligible for this sub – measure

Exclusions:

- patient is allergic to the medication
- patient declined to take the medication
- there is lack of drug availability

Feedback: LMG had a difficult time meeting this measure; we had to report on all 616 patients. The majority of the patients was skipped and did not qualify for the measure, as the patient had to have both a Coronary Artery Disease and Diabetes or a prior LVEF less than 40%. Most of our patients did not have both of these conditions.

DM – Diabetes Mellitus

- Confirmation: check ‘Y’ if patient is diabetic (*secondary diabetes not included*)
 - if not, patient is not eligible for the measure

One of the following diagnosis codes indicating diabetes: ICD-10-CM: E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E10.36, E10.39, E10.40, E10.41, E10.42, E10.43, E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00, E11.01, E11.21, E11.22, E11.29, E11.311, E11.319, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359, E11.36, E11.39, E11.40, E11.41, E11.42, E11.43, E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620, E11.621, E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.10, E13.11, E13.21, E13.22, E13.29, E13.311, E13.319, E13.321, E13.329, E13.331, E13.339, E13.341, E13.349, E13.351, E13.359, E13.36, E13.39, E13.40, E13.41, E13.42, E13.43, E13.44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620, E13.621, E13.622, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9, O24.011, O24.012, O24.013, O24.019, O24.02, O24.03, O24.111, O24.112, O24.113, O24.119, O24.12, O24.13
- DM-2: Check ‘Y’ if an HbA1c test was performed in 2016
 - if not, patient is not eligible for this sub – measure
 - Enter Date of service of when test was performed
 - Enter HbA1c Value

Exclusions:

- patient 76 years of age and older at the time of the measurement period
- diabetes is due to another condition

- DM-7: check 'Y' if a retinal or dilated eye exam was performed by an ophthalmologist or optometrist in 2016 *and* 2015
 - if not, patient is not eligible for this sub – measure

Exclusions:

- patient 76 years of age and older at the time of the measurement period
- diabetes is due to another condition

Feedback: LMG met this measure; however we had to report on 598 of 616 patients in order to satisfy it. If we managed the DM, we were fine...however when managed outside of LMG, we consistently did not keep up with patients' A1C lab values. We eventually satisfied the A1C reporting after 598 patients, but did not come close to having enough documentation to support the retinal eye exam requirement.

HF – 6: Heart Failure: Beta-Blocker therapy for LVSD

- Confirmation: check 'Y' if patient is positive for heart failure
 - if not, patient is not eligible for the measure
 - One of the following diagnosis codes indicating heart failure:** ICD-10-CM: I11.0, I13.0, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.9
- Check 'Y' if patient's current or prior LVEF is lower than 40%
 - if not, patient is not eligible for this sub – measure
- Check 'Y' if patient is taking beta-blocker medication
 - if not, patient is not eligible for this sub – measure

Exclusions:

- patient is allergic to the medication
- has low blood pressure or asthma
- patient declined to take the medication
- there is lack of drug availability

Feedback: LMG satisfied reporting but did not meet this measure. We reported on all 241 patients in the sample, however most patients were 'skipped' because they did not have both Heart Failure and a documented LVEF of less than 40%, in fact often times we had no record of any cardiac tests the patient had previously had performed. (Exceptions: Virginia Heart or inpatient hospital records).

HTN – 2: Controlling High Blood Pressure

- check if patient was diagnosed with hypertension within the first six months of 2016 or any time prior to 2016
 - if not, patient is not eligible for the measure

- if yes, check if there is a blood pressure reading performed by the clinician in 2016 (*home readings not acceptable*)
 - if not, patient is not eligible for this sub – measure

Exclusions:

- patient 86 years of age and older during the measurement period
- patient is pregnant
- patient with end stage renal disease (ESRD), had dialysis or renal transplant before or during 2016

Feedback: LMG has consistently met this measure; however we had to report on 603 of 616 patients in order to satisfy this measure. Several specialists do not take blood pressure vitals on their patients.

IVD – 2: Ischemic Vascular Disease (IVD) – Use of Aspirin or other Antithrombotic

- check if patient has an active diagnosis of IVD or discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to 2016

One of the following diagnosis codes indicating IVD: (ICD-10-CM): I20.0, I20.1, I20.8, I20.9, I24.0, I24.1, I24.8, I24.9, I25.10, I25.110, I25.111, I25.118, I25.119, I25.5, I25.6, I25.700, I25.701, I25.708, I25.709, I25.710, I25.711, I25.718, I25.719, I25.720, I25.721, I25.728, I25.729, I25.730, I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761, I25.768, I25.769, I25.790, I25.791, I25.798, I25.799, I25.810, I25.811, I25.812, I25.82, I25.84, I25.89, I25.9, I63.00, I63.011, I63.012, I63.019, I63.02, I63.031, I63.032, I63.039, I63.09, I63.10, I63.111, I63.112, I63.119, I63.12, I63.131, I63.132, I63.139, I63.19, I63.20, I63.211, I63.212, I63.219, I63.22, I63.231, I63.232, I63.239, I63.29, I63.30, I63.311, I63.312, I63.319, I63.321, I63.322, I63.329, I63.331, I63.332, I63.339, I63.341, I63.342, I63.349, I63.39, I63.40, I63.411, I63.412, I63.419, I63.421, I63.422, I63.429, I63.431, I63.432, I63.439, I63.441, I63.442, I63.449, I63.49, I63.50, I63.511, I63.512, I63.519, I63.521, I63.522, I63.529, I63.531, I63.532, I63.539, I63.541, I63.542, I63.549, I63.59, I63.6, I63.8, I63.9, I65.01, I65.02, I65.03, I65.09, I65.1, I65.21, I65.22, I65.23, I65.29, I65.8, I65.9, I66.01, I66.02, I66.03, I66.09, I66.11, I66.12, I66.13, I66.19, I66.21, I66.22, I66.23, I66.29, I66.3, I66.8, I66.9, I70.1, I70.201, I70.202, I70.203, I70.208, I70.209, I70.211, I70.212, I70.213, I70.218, I70.219, I70.221, I70.222, I70.223, I70.228, I70.229, I70.231, I70.232, I70.233, I70.234, I70.235, I70.238, I70.239, I70.241, I70.242, I70.243, I70.244, I70.245, I70.248, I70.249, I70.25, I70.261, I70.262, I70.263, I70.268, I70.269, I70.291, I70.292, I70.293, I70.298, I70.299, I70.92, I74.01, I74.09, I74.10, I74.11, I74.19, I74.2, I74.3, I74.4, I74.5, I74.8, I74.9, I75.011, I75.012, I75.013, I75.019, I75.021, I75.022, I75.023, I75.029, I75.81, I75.89

OR Diagnosis for acute myocardial infarction (ICD-10-CM): I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4

- if not, patient is not eligible for the measure
- if yes, check if patient is taking aspirin or any other antithrombotic medication

- if not, patient is not eligible for this sub – measure

Exclusions: ➤ no exclusions

Feedback: LMG has consistently met this measure; however we had to report on 597 of 616 patients in order to satisfy this measure.

MH – 1: Depression Remission at Twelve Months

- check if patient has an active diagnosis of major depression or dysthymia
 - if not, patient is not eligible for the measure
One of the following diagnosis codes indicating Depression/Dysthymia (ICD-10-CM):
F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.9, F34.1
 - if yes, check if an initial PHQ-9 screening was performed from **December of 2014 to December of 2015**
 - if not, patient is not eligible for this sub – measure
 - if yes, check if patient is in remission demonstrated by a thirteen month PHQ-9 score of less than five in 2016
 - if not, patient is not eligible for this sub – measure

Exclusions: ➤ patient received hospice services or in a permanent nursing home residents
➤ patient has an active diagnosis of bipolar disorder or personality disorder

Feedback: LMG has consistently NOT met this measure; we reported on all 616 patients to meet reporting requirement. However we only had (7) PHQ-9 forms documented that met the quality standard. Although we observed many more PHQ9's documented than in the past; the initial one had to be performed the previous year, so most patients were ultimately 'skipped'.

PREV – 5: Breast Cancer Screening

- check if patient had one or more mammograms anytime between October 1, 2014 to December 31, 2016
 - if not, patient is not eligible for the measure

Exclusions: ➤ patient 75 years of age and older during the measurement period
➤ patient had bilateral mastectomy or two unilateral mastectomies

Feedback: LMG has consistently met this measure; however we had to report on 602 of 616 patients in order to satisfy this measure.

PREV – 6: Colorectal Cancer Screening

- check if patient had appropriate screenings for colorectal cancer defined by any of the following criteria:
 - *fecal occult blood test (FOBT) in 2016*
 - *flexible sigmoidoscopy anytime from January 1, 2012 – December 31, 2016*
 - *colonoscopy anytime from January 1, 2006 – December 31, 2016*
- if not, patient is not eligible for the measure

- Exclusions:**
- patient 76 years of age and older during the measurement period
 - patient had history of total colectomy
 - patient with a diagnosis or past history of colorectal cancer

Feedback: LMG has consistently met this measure; however we had to report on 598 of 616 patients in order to satisfy this measure.

PREV – 7: Influenza Immunization

- check if patient was given influenza vaccine between October 1, 2015 – March 31, 2016 either by the LMG provider or from another provider outside LMG
 - if not, patient is not eligible for the measure

- Exclusions:**
- patient is allergic to the vaccine
 - patient or caregiver declined
 - vaccine not available

Feedback: LMG has consistently met this measure; however we had to report on all 616 patients in order to satisfy this measure.

PREV – 8: Pneumonia Vaccination

- check record if patient have ever received a pneumococcal vaccination in their **lifetime**
 - if not, patient is not eligible for the measure

- Exclusions:**
- patient is allergic to the vaccine
 - patient or caregiver declined

Feedback: LMG has consistently met this measure; however we had to report on all 616 patients in order to satisfy this measure.

PREV – 9: Body Mass Index (BMI) Screening and Follow – up

- check if provider calculated the patient’s BMI in 2016 (*you are allowed to get data from the most recent visit to six months prior to the most recent encounter*)
 - if not, patient is not eligible for the measure
- Check ‘Y’ if patient’s BMI is within normal limit as define by the following parameters:
 - 65 years and older: $BMI \geq 23$ and $< 30 \text{ kg/m}^2$
 - 18 to 64 years of age: $BMI \geq 18.5$ and $< 25 \text{ kg/m}^2$
 - if not within normal limit, check if provider documented a follow – up plan
 - if not, patient is not eligible for this sub – measure

- Exclusions:**
- patient who is pregnant
 - patient refuses BMI measurement
 - patient is in urgent medical situation where time is of the essence and delay of treatment would jeopardize the patient’s health

Feedback: LMG has consistently met this measure; however we had to report on all 616 patients in order to satisfy this measure. Several specialists do not keep BMI stats on their patients.

PREV – 10: Tobacco Use – Screening and Cessation Intervention

- check if patient uses any tobacco products (*including e-cigarette or smokeless tobacco*)
 - if not, patient is not eligible for the measure
 - if yes, check if patient received tobacco cessation counseling intervention and/or pharmacotherapy at least once in 2016 or 2015.
 - if not, patient is not eligible for this sub – measure

- Exclusions:**
- no exclusions

Feedback: LMG has consistently met this measure; however we had to report on 615 of 616 patients in order to satisfy this measure. Often times there were not any cessation counseling given.

PREV – 11: Screening for High Blood Pressure and Follow – up Plan

- Check ‘Y’ if patient was screened for high blood pressure in 2016 by performing at least two blood pressure reading
 - if not, patient is not eligible for the measure
 - if yes, check if patient is indicated as pre – hypertensive (*systolic BP of 120 – 139 mmHg OR diastolic BP of 80 – 89 mmHg*), or hypertensive (*systolic BP of ≥ 140 mmHg OR diastolic BP ≥ 90 mmHg*)

- if not, patient is not eligible for the next measure
 - if yes, check if patient was recommended a follow – up plan such as blood pressure screening intervals and lifestyle modifications
- ❖ if not, patient is not eligible for this sub – measure

Exclusions:

- patient already has an active diagnosis of hypertension
- patient refuses to participate
- patient is in urgent medical situation where time is of the essence and delay of treatment would jeopardize the patient’s health

Feedback: LMG has consistently met this measure; however we had to report on all 616 patients in order to satisfy this measure. The large majority of patients were ‘skipped’ due to having an active hypertension diagnosis.

PREV – 12: Screening for Clinical Depression and Follow – up Plan

- check if patient was screened for clinical depression using an age appropriate standardized screening tool in 2016
 - if not, patient is not eligible for the measure
 - if yes, check if patient was diagnosed for depression
 - if not, patient is not eligible for this sub – measure
 - if yes, check if patient was given follow – up plan such as referral for additional evaluation and treatment, suicide risk assessment and/or pharmacological interventions
 - if not, patient is not eligible for this sub – measure

Exclusions:

- patient already has an active diagnosis of depression or bipolar disorder
- patient is in urgent medical situation where time is of the essence and delay of treatment would jeopardize the patient’s health

Feedback: LMG has consistently met this measure; however we had to report on all 616 patients in order to satisfy this measure. Often times we did not find anything documented at all regarding any depression or mental health screenings.

PREV – 13: Statin Therapy for Prevention of CVD

- Check ‘Y’ if patient has ever been diagnosed with ASCVD
 - **ASCVD** includes: Acute coronary syndromes, History of Myocardial Infarction, Stable or unstable Angina, Coronary or other arterial revascularization, Stroke or transient ischemic attack (TIA) or Peripheral arterial disease of atherosclerotic organ
 - If Yes, then skip to last measure line if Statins were used or prescribed

- If No, go to next measure line
- Check ‘Y’ if patient has ever had an LDL-C (Lipid panel Lab) of greater than or equal to 190 mg/dL
 - If Yes, then skip to last measure line if Statins were used or prescribed
 - If No, go to next measure line
- Check ‘Y’ if patient is aged 40-75 and has Type 1 or Type 2 Diabetes
 - If Yes, then answer next measure line
 - Check if patient has DM **and** an LDL-C (Lipid panel Lab) of between 70-189 mg/dL in 2014, 2015 or 2016
 - If Yes, then skip to last measure line if Statins were used or prescribed
 - If No, patient is not eligible for measure
 - Check ‘Y’ if patient is currently using Statins or if patient has been prescribed Statins

Exclusions:

- Patients with adverse effect, allergy, or intolerance to statin medication
- Patients who have an active diagnosis of pregnancy or who are breastfeeding
- Patients who are receiving palliative care
- Patients with active liver disease or hepatic disease or insufficiency
- Patients with end-stage renal disease (ESRD)

Feedback: This is a new quality measure for 2017. LMG reported on 740 of 750 patients in the sample in order to satisfy this measure. A large majority of patients were ‘skipped’ due to not having a diagnosis of ASCVD or not having an (LDL-C) lab value of 190 mg/dL or better. Patients were also ‘skipped’ if they had Diabetes and were not between 40-75 years of age.