

QUICK GUIDE

ACO Quality Measures - 2017

Note: Yellow-highlighted measures below will be assessed on performance in 2017. All other measures will be assessed on reporting only.

CATEGORY	MEASURE	FREQUENCY TO BE PERFORMED	DOCUMENTATION/RESULTS TO MEET THE QUALITY MEASURE
Diabetes	HgbA1c Poor Control	At least Yearly	Patients 18-75 years of age with diabetes whose most recent A1c value during the year was > 9.0%.
	Eye Exam	Yearly	Patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the year, or a negative retinal exam by an eye care professional within 24 months. <b>* Note- Bilateral Blindness is not an exclusion</b>
Wellness/Health Maintenance	Tobacco Use Status	Yearly	Documentation of tobacco screening for patients 18 years and older. If patient is a tobacco user, documentation of cessation counseling and/or pharmacotherapy.
	Influenza Immunization	Flu Season (October 1 to March 31)	Patients aged 6 months and older seen during flu season. Evidence of influenza vaccine administration or documentation of reported receipt of influenza vaccine OR pt refusal OR any contraindication to receive the vaccine.
	Pneumonia Vaccination Status for Older Adults	Once in their lifetime	Patients 65 years of age and older who ever received a pneumococcal vaccine. Evidence of vaccine administration or documentation of reported receipt of vaccine (PCV13 and/or PPSV23).
	Breast Cancer Screening	27 months	Women 50-74 years of age. Evidence of Mammogram result or documentation of mammogram result, and date.
	Colorectal Cancer Screening	Fecal Occult Blood test: Yearly Flexible Sigmoidoscopy: Every 4 yrs Colonoscopy: Every 10 yrs Cologuard: Every 3 years CT Colonography: Every 5 years	Patients 50-75 years of age. Documentation/Evidence of the FOBT or Flexible Sigmoidoscopy or Colonoscopy or Cologuard or Computed tomography (CT) colonography performed, as well as result and date.
	Body Mass Index Screening and Follow Up	Every 6 months Normal Parameters: Age ≥ 65 BMI ≥ 23 kg and < 30 kg Age 18-65 BMI ≥ 18.5kg and < 25kg	Patients 18 years of age and older. Height and Weight <b>MUST</b> be measured to calculate the BMI. If BMI is out of range, follow up is documented during the visit or within the preceding 6 months. <b>Follow up includes:</b> • Weight Management counseling • Exercise Counseling • Nutrition Counseling • Pharmacological intervention • Dietary Supplements • Referrals to dietician, Nutritionist, OT, PT, Surgeon etc.
	Screening for Clinical Depression and Follow up Plan	Yearly	Patients 12 years of age and older. Documentation of depression screening (including name of screening tool) <b>AND</b> the follow up action if the screening is positive. <b>Follow up includes :</b> • Additional evaluation for depression • Suicide risk assessment • Referral to a practitioner who is qualified to diagnose and treat depression • Pharmacological interventions • Other Follow up
	Statin Therapy For the Prevention and Treatment of Cardiovascular Disease	Yearly	Prescribe statin therapy for: • Adults aged ≥ 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); OR • Adults aged ≥21 years with a fasting or direct low-density lipoprotein cholesterol (LDL-C) level ≥ 190 mg/dL; OR • Adults aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg.

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CATEGORY		MEASURE		FREQUENCY TO BE PERFORMED		DOCUMENTATION/RESULTS TO MEET THE QUALITY MEASURE
Care Coordination	⇒	Falls: Screening for Future Fall Risk	⇒	At Least Yearly	⇒	Patients 65 years of age or older who were screened for future fall risk (i.e., asked about past history of falls) during the year.
		Medication Reconciliation Post-Discharge		Every Visit	⇒	For patients 18 years of age and older, the percentage of discharges from any inpatient facility seen within 30 days in the on-going care provider's office for whom the discharge medication list was reconciled with the current medication list in the outpatient medical record.
Cardiovascular		Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	⇒	Yearly	⇒	Patients 18 years of age and older. If pt has Dx of IVD, AMI, CABG, PCI within 12 months- documentation/evidence of Antithrombotic is required. <b>*Note-</b> CMS approved Antithrombotic includes one of the following: <ul style="list-style-type: none"> <li>• Aspirin</li> <li>• Plavix</li> <li>• Prasugrel</li> <li>• Ticagrelor</li> <li>• Ticlopidine</li> <li>• Combination of aspirin and extended release dipyridamole .</li> </ul>
		Controlling High Blood Pressure	⇒	Every Visit	⇒	Patients 18-85 years of age with a diagnosis of hypertension. Document blood pressure. Goal: < 140/90 mmHg. <b>*Note -</b> When multiple BP are obtained on the same day, the lowest SBP and lowest DBP can be used to report to CMS.
Mental Health	⇒	Depression Remission at 12 Months	⇒	Yearly	⇒	Patients 18 years and older with diagnosis of depression or dysthymia AND initial PHQ-9 score >9. Repeat PHQ-9 in 12 months from initial assessment or screening. If PHQ-9 score < 5, the patient demonstrates depression remission.