Provider Documentation Support Tools and Guidance for ACO Quality Measures in Cerner PowerChart Ambulatory

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Developed by: LifeBridge Ambulatory Quality and LifeBridge Information Services based on review/input of LBPN Quality Primary Care Provider Workgroup
**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.*

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<th>CATEGORY</th>
<th>MEASURE</th>
<th>FREQUENCY TO BE PERFORMED</th>
<th>DOCUMENTATION/RESULTS TO MEET THE QUALITY MEASURE</th>
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<td>Diabetes</td>
<td>HgbA1c Poor Control</td>
<td>At least Yearly</td>
<td>Patients 18-75 years of age with diabetes whose most recent A1c value during the year was &gt; 9.0%.</td>
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|                           | 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.  
* Note: Bilateral Blindness is not an exclusion |
| Tobacco Use Status        | Documentation of tobacco screening for patients 18 years and older. If patient is a tobacco user, documentation of cessation counseling and/or pharmacotherapy. |
| 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 | 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   | Fecal Occult Blood test: Yearly                | 27 months                 | Women 50-74 years of age. Evidence of Mammmogram result or documentation of mammmogram result, and date. |
|                           | Flexible Sigmoidoscopy: Every 4 yrs            |                           |                                                  |
|                           | Colonoscopy: Every 10 yrs                      |                           |                                                  |
|                           | Cologuard: Every 3 years                       |                           |                                                  |
|                           | CT Colonography: Every 5 years                 |                           |                                                  |
| Colorectal Cancer Screening | Fecal Occult Blood test: Yearly                | Every 6 months            | 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. |
|                           | Flexible Sigmoidoscopy: Every 4 yrs            |                           |                                                  |
|                           | Colonoscopy: Every 10 yrs                      |                           |                                                  |
|                           | Cologuard: Every 3 years                       |                           |                                                  |
|                           | CT Colonography: Every 5 years                 |                           |                                                  |
| Body Mass Index Screening and Follow Up | Every 6 months Normal Parameters: Age ≥ 65 BMI ≥ 23 kg and < 30 kg |                           | Patients 18 years of age and older. Height and Weight MUST 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.  
Follow up includes:  
• 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) AND the follow up action if the screening is positive.  
Follow up includes:  
• 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 | Patients 18 years of age and older. Height and Weight MUST 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.  
Follow up includes:  
• Weight Management counseling  
• Exercise Counseling  
• Nutrition Counseling  
• Pharmacological intervention  
• Dietary Supplements  
• Referrals to dietician, Nutritionist, OT, PT, Surgeon etc. |
|                           | 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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<th>Falls: Screening for Future Fall Risk</th>
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<td>Medication Reconciliation Post-Discharge</td>
<td>Every Visit</td>
<td>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.</td>
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<td>Cardiovascular</td>
<td>Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic</td>
<td>Yearly</td>
<td>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. *Note- CMS approved Antithrombotic includes one of the following: • Aspirin • Plavix • Prasugrel • Ticagrelor • Ticlopidine • Combination of aspirin and extended release dipyridamole .</td>
</tr>
<tr>
<td></td>
<td>Controlling High Blood Pressure</td>
<td>Every Visit</td>
<td>Patients 18-85 years of age with a diagnosis of hypertension. Document blood pressure. Goal: &lt; 140/90 mmHg. *Note - When multiple BP are obtained on the same day, the lowest SBP and lowest DBP can be used to report to CMS.</td>
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<td>Mental Health</td>
<td>Depression Remission at 12 Months</td>
<td>Yearly</td>
<td>Patients 18 years and older with diagnosis of depression or dysthymia AND initial PHQ-9 score &gt;9. Repeat PHQ-9 in 12 months from initial assessment or screening. If PHQ-9 score &lt; 5, the patient demonstrates depression remission.</td>
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*Please see the following Guide for information on options to document in PCA to meet these measures.*
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1. Diabetes: Hemoglobin A1c Testing – in support of Diabetes: Hemoglobin A1c Poor Control measure (ACO #27, NQF #59)

Hemoglobin A1c Poor Control Measure Description: Percentage of patients 18-75 years of age with diabetes whose most recent hemoglobin A1c test during the measurement year was >9.0%, or who did not have an A1c test documented during the year. (Note: Hemoglobin A1c Poor Control and Diabetes Eye Exam are examined together as a composite measure for ACO. A better quality score will be achieved only if both A1c is documented and ≤9.0%, and diabetic eye exam are completed within the measurement period).

Exclusions: None

To Achieve Better Quality Score: HbA1c result for diabetic patients should be documented within ≤365 days of patient’s most recent visit date.

Scenario 1

- If results are received via lab interface, the “QM: Diabetes Maintenance Expectation – HgbA1c Testing” in Health Maintenance will be satisfied automatically.

Scenario 2.

- To document results when labs are done elsewhere select Health Maintenance >> QM: Diabetes Maintenance- HgbA1c Testing and launch the form to enter result. (Typically performed by staff but may be performed by provider. Based on practice protocol and workflow).
Scenario 3

- To document, HgbA1c POC result- Document from Health Maintenance OR AdHoc >> Ambulatory Documentation >> Point of Care Testing Office form OR Launch the form from “Physician Office Intake From”

* Red asterisk indicates the patient has one or more overdue expectations to satisfy
2. Diabetes: Eye Exam (PQRS #117; NQF #55; ACO #41)

Measure Description: Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal eye exam (no evidence of retinopathy) in the 12 months prior to the measurement period.

Exclusions: None

To Achieve Better Quality Score: Retinal eye exam result (positive or negative) documented within measurement period or documentation that the exam was negative for retinopathy in the year prior to the measurement period.

If pt went to Krieger Eye, the ophthalmology result can be viewed from “ophthalmology note” under Result Review >> Dictation tab

I. To document “Negative Retinopathy Result”
Select Health Maintenance >> QM: Diabetes Mgmt- Retinal or Dilated Eye Exam by Ophthalmologist/Optometrist within past 365 days

* Red asterisk indicates the patient has one or more overdue expectations to satisfy
II. **To document “Positive Retinopathy Result”**

Select Health Maintenance >> QM: Diabetes Mgmt- Retinal or Dilated Eye Exam by Ophthalmologist/Optometrist within past 365 days

- **Document the date of exam performed per ophthalmology report**
- **Reason:** Ophthalmology Report: NO Retinopathy
- **Document the ophthalmologist/optometrist name**

Patient-reported result is not accepted by CMS.
Document the *date of exam performed* per *ophthalmology report*.
3. Diabetes: Foot Exam (PQRS #163; NQF #56)

Measure Description: Percentage of patients aged 18-75 years of age with diabetes who had a foot exam during the measurement period.
Exclusions: None

To Achieve Better Quality Score: Must document all 3 components of foot exam: visual exam, pedal pulses, sensory with monofilament.

To document Foot Exam
Select Health Maintenance >> QM: Diabetes Management- Foot Exam

* Red asterisk indicates the patient has one or more overdue expectations to satisfy
Documentation of all 3 results is mandatory. If patient has leg amputation, assess the stump.

Change date if documenting results performed elsewhere.
4. Medical Attention for Nephropathy: (PQRS #119; NQF #62)

Measure Description: The percentage of patients aged 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period.

To Achieve Better Quality Score: Screening for Urine micro-albumin OR Positive result for Protein OR Evidence of ACE/ARB for patients who do not have a Diagnosis of End Stage Renal Disease, Kidney Disease, Pt on Dialysis, proteinuria, microalbuminuria.

Scenario 1

- If results are received via lab interface, the “QM: Diabetes Maintenance Expectation – HgbA1c Testing” in Health Maintenance will be satisfied automatically.

Scenario 2

To document results when labs are done elsewhere, or when performing POC testing transcribe the results in Health Maintenance >> QM: Diabetes Management- Medical Attention for Nephropathy (Typically performed by staff but may be performed by provider. Based on practice protocol and workflow).

*Red asterisk indicates the patient has one or more overdue expectations to satisfy*
5. Tobacco Screening: (PQRS #226; NQF #28; ACO #17)

**Measure Description:** Percentage of patients 18 years and older who were screened for tobacco use one or more times within 12 months AND who received cessation counseling intervention if identified as a tobacco user.

**Exclusions:** None

**To Achieve Better Quality Score:** Non-Tobacco User; If Tobacco User, documentation of counseling or treatment

**Scenario 1**

To document **tobacco screening** and **cessation counseling** from Functional Measures Overview, select “Smoking Status.” This will open the Social History tab directly.

Select “Smoking Status” to launch the History tab to document tobacco use.
If patient is a tobacco user, indicate if cessation counseling was provided.
**Scenario 2**

To document Tobacco **screening** and **cessation counseling** from Histories Tab

Select “Histories”

1. **Social**
2. **Tobacco**
3. **Use:**
4. **Tobacco cessation counseling:**

If patient is a tobacco user, indicate if cessation counseling was provided.
6. Influenza Immunization (PQRS 110; NQF 41; ACO3 14)

**Measure Description:** Percentage of patients ages 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.

**To Achieve Better Quality Score:** Documentation of patient receipt of influenza immunization OR patient refusal.

*Note – If patient already received the flu vaccine elsewhere, refuses, or is allergic, document in Health Maintenance/Immunization schedule.

**Scenario 1: If patient refusal**

*Red asterisk indicates the patient has one or more overdue expectations to satisfy*

Can also be documented by Non-Provider staff
Scenario 2: If patient received flu vaccine/immunization Elsewhere (CVS/ Walmart/Walgreen etc)

Can also be documented by Non-Provider staff
Optional: Click Right on the vaccine and select “Add to Favorites” this will eliminate the step of searching through the long list of immunizations.

Cerner defaults to “My Favorite” select “All vaccines” to add frequently used vaccines to “My Favorite” list.
Choose appropriate options from the list.

Choose the Year, Month, and Date. If patient does not remember the date, document the 1st of the month.
7. Breast Cancer Screening (PQRS # 112; ACO # 20)

**Measure Description:** Percentage of women through 74 years of age who had a mammogram to screen for breast cancer within 27 months.

*Red asterisk indicates the patient has one or more overdue expectations to satisfy*

Scan the mammogram result under the Mammography folder OR if patient has mammogram completed at LifeBridge the results will automatically satisfy the expectation.

Enter Date of the completed Breast Cancer Screening and document the results under "comments" if known.
8. Colorectal Cancer Screening (PQRS # 113; NQF #34; ACO #19)

**Measure Description:** Percentage of patients 50-75 years of age who had appropriate screening for colorectal cancer.

**To Achieve Better Quality Score:**
- Fecal Occult Blood test: *Yearly*
- Flexible Sigmoidoscopy: *Every 4 yrs*
- Colonoscopy: *Every 10 yrs*
- Cologuard: *Every 3 years*
- CT Colonography: *Every 5 years*

*Red asterisk indicates the patient has one or more overdue expectations to satisfy*

Enter Date of the completed Colon Cancer Screening and document the results under “comments” if known.

Scanning the colonoscopy under the colonoscopy folder OR if patient has colonoscopy completed at Sinai the results will automatically satisfy the expectation.
9. Body Mass Index (BMI) Screening and Follow-up Plan (PQRS # 128; NQF #42; ACO#16)

**Measure Description**: Percentage of patients 18 years and older with a BMI documented during the current encounter or during the previous six months AND if the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter.

**Normal Parameters**: Age 65 years and older BMI ≥ 23 kg and < 30 kg  
Age 18-65 BMI ≥ 18.5kg and < 25kg

**To Achieve Better Quality Score**: Document Measured Height and Weight and a follow-up plan if BMI is out of range.

*Note*: Height and Weight are usually documented by staff under "Physician Office Intake Form.” The Health Maintenance expectation will trigger for patients only if BMI is out of range and requires follow-up. Document follow-up in Health Maintenance.

*Red asterisk indicates the patient has one or more overdue expectations to satisfy*
10. Screening for Clinical Depression and Follow-Up Plan (PQRS # 134; NQF #418; ACO#18)

**Measure Description:** Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.

**Note:** The Screening for Clinical Depression measure in Health Maintenance will trigger for all patients 12 years and older every 12 months.

**Scenario 1:** To screen the patient for PHQ-2/PHQ-9 AND, if positive, to document the follow up using the EMR.
If PHQ-9 result is ≥ 10, a Follow-Up Plan is required. Select from the list.
**Scenario 2**: When a patient completes the PHQ-2/PHQ-9 form on paper and the screening tool is scanned into the EMR; transcribe the PHQ-2/PHQ-9 results using the “**PHQ-2/PHQ-9 Scores Only**” form.

*Red asterisk indicates the patient has one or more overdue expectations to satisfy*
Document PHQ-2 or PHQ-9 score. If PHQ-2 is positive (>3) the full PHQ-9 is required. If PHQ-9 result is > 10, a documented Follow-Up Plan is required. Select this from the list.
11. Falls: Screening for Future Fall Risk (PQRS #318; NQF #101; ACO#13)

**Measure Description:** Percentage of patients 65 years of age and older who were screening for future fall risk during the measurement period.

If patient is non-ambulatory or wheelchair bound, select “None,” then right-click and document under comments.
12. Medication Reconciliation Post-Discharge

**Measure Description:** 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.
<table>
<thead>
<tr>
<th>Order Name/Details</th>
<th>Status</th>
<th>Orders After Reconciliation</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ciprofloxacin (Cipro 500 mg oral tablet)</td>
<td>Prescribed</td>
<td>Acknowledged...</td>
<td></td>
</tr>
<tr>
<td>Metformin (metformin 500 mg oral tablet)</td>
<td>Documented</td>
<td>Acknowledged...</td>
<td></td>
</tr>
<tr>
<td>Augmentin ES (600 mg/5 mL PO, BID, 100 mL O Refills()</td>
<td>Prescribed</td>
<td>Acknowledged...</td>
<td></td>
</tr>
</tbody>
</table>

4. **Acknowledge Remaining Home Meds**

5. **Reconcile and Sign**
13. Depression Remission at Twelve Months (PQRS #370; NQF #710; ACO#40)

**Measure Description:** Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.

**Scenario 1:** To document or screen the patient for PHQ-9 AND, if positive, to document the follow up using the EMR.
Use PHQ-9 Tool Only

**PHQ2**

How often have you been bothered by the below symptoms the last two weeks?

<table>
<thead>
<tr>
<th>Feeling Down, Depressed, Hopeless</th>
<th>Little Interest - Pleasure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>Not at all</td>
</tr>
<tr>
<td>Several days</td>
<td>Several days</td>
</tr>
<tr>
<td>More than half the days</td>
<td>More than half the days</td>
</tr>
<tr>
<td>Nearly every day</td>
<td>Nearly every day</td>
</tr>
</tbody>
</table>

**PHQ9**

How often have you been bothered by the below symptoms the last two weeks?

1. Little Interest or pleasure in doing things
   - Not at all
   - Several days
   - More than half the days
   - Nearly every day

2. Feeling down, depressed, or hopeless
   - Not at all
   - Several days
   - More than half the days
   - Nearly every day

3. Trouble falling or staying asleep, or sleeping too much
   - Not at all
   - Several days
   - More than half the days
   - Nearly every day

4. Feeling tired or having little energy
   - Not at all
   - Several days
   - More than half the days
   - Nearly every day

5. Poor appetite or having little energy
   - Not at all
   - Several days
   - More than half the days
   - Nearly every day

6. Feeling bad about yourself, or that you are a failure, or have let yourself or family down
   - Not at all
   - Several days
   - More than half the days
   - Nearly every day

7. Trouble concentrating on things, such as reading the newspaper or watching television
   - Not at all
   - Several days
   - More than half the days
   - Nearly every day

8. Moving or speaking so slowly that other people could have not noticed? Or the opposite being- so fidgety or restless that have been moving around a lot more than usual
   - Not at all
   - Several days
   - More than half the days
   - Nearly every day

9. Thoughts that you would be better off dead or of hurting yourself in some way
   - Not at all
   - Several days
   - More than half the days
   - Nearly every day

**Total Score**

<table>
<thead>
<tr>
<th></th>
<th>Provider Notified</th>
</tr>
</thead>
</table>

**If result > 9 follow up is required**

- 0-4 None
- 5-9 Mild
- 10-14 Moderate
- 15-19 Moderate Severe
- 20-27 Severe

**Follow up Plan**

- Additional Evaluation for Depression
- Suicide Risk Assessment
- Refer to practitioner qualified to diagnose and treat depression
- Pharmacological Interventions
- Other
Scenario 2: When a patient completes the PHQ-9 on paper and the screening tool is scanned in the EMR, transcribe the PHQ-9 results using the “PHQ2/PHQ9 Scores Only” Form.

*Red asterisk indicates the patient has one or more overdue expectations to satisfy