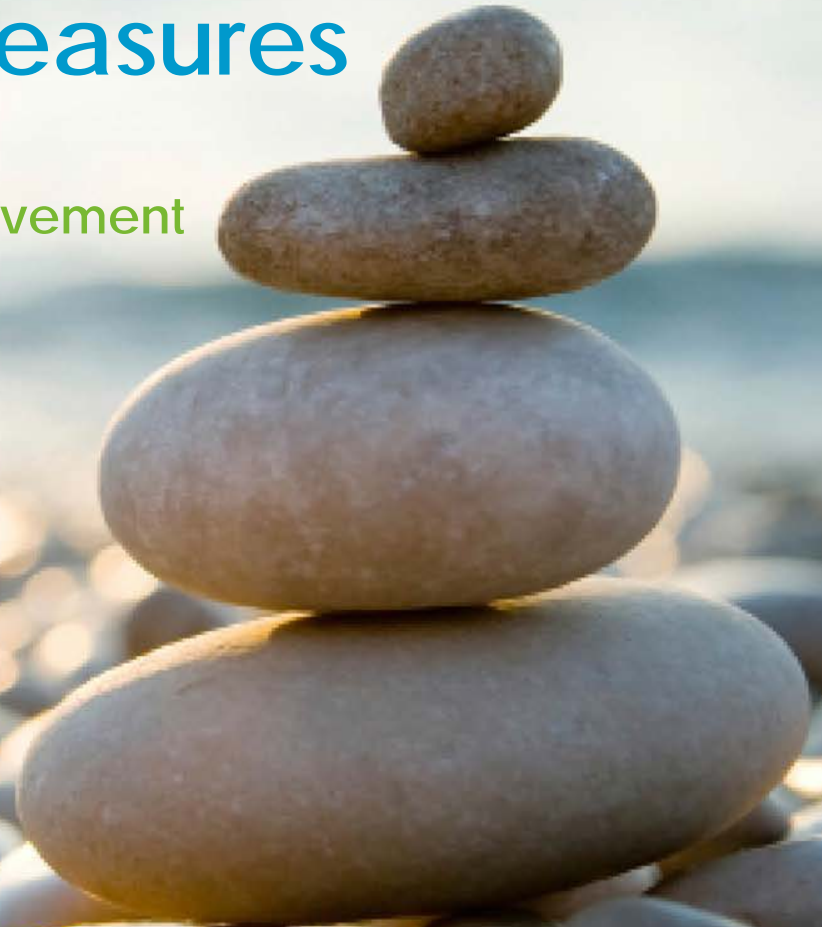
Clinical Quality Measures

Sarah Patterson,
Health Promotion & Quality Improvement Specialist



eocco

EASTERN OREGON
COORDINATED CARE
ORGANIZATION

Clinical Quality Measures (CQM)

- Define each measure
- Explain requirements for measure reporting

CQM Reporting

- EOCCO needs to report on a certain population threshold
  - The initial population is the count of CCO members who are empaneled at organizations that report data included in the CCO's data submission.

Measure	Population Threshold	Estimated Population
Depression Screening & Follow-up	**70%**	31,500 lives
Controlling Hypertension	**70%**	31,500 lives
Diabetes HbA1c Poor Control	**70%**	31,500 lives
Cigarette Prevalence	**30%**	13,500 lives

- EOCCO staff to work with clinics to obtain data
- All-Payers vs Medicaid Only
- Patient Level Data

2016 EOCCO Results

- 24 Organizations Participated
- Submission Types
  - All Payers, CCO Medicaid Only, Patient Level Data

Measure	Population Threshold	Target	Result
Depression Screening & Follow-up	66% of members	25%	52.1%
Controlling Hypertension	79% of members	62.1%	63.9%
Diabetes HbA1c Poor Control	78% of members	23.4%	26.5%
Cigarette Prevalence	43% of members	N/A	31.0%

- Met 3 out of 4 CQM Measures

Future Reporting Requirements

- CCO Medicaid Only vs. All Payer
- Patient Level Data
- Arcadia

Depression Screening and Follow-Up

Measure Specifications

- Patients age 12+ screened for clinical depression, using an age appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the positive screen.
- EHR capability to document depression screening and follow-up.
- EHR capability to report on depression screening and follow-up compliance.

Measure Requirements

- Population threshold
  - 70% = 31,500 lives
- Patients age 12+ screened for clinical depression, using an age appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the positive screen.
  - PHQ-2 to PHQ-9
  - What counts as follow-up?
- Provide EOCCO with numerator/denominator compliance for patient population.
- Exclusions
  - Patients with active diagnosis for depression and/or diagnosis of bipolar disorder.
- Exceptions
  - Patient refuses to participate
  - Urgent or emergent situation

Approved Screening Tools

- Screening Tools - Brief
  - Patient Health Questionnaire (PHQ-2)
  - SBIRT Questionnaire – 3 questions
- Screening Tools – Adult – Full
  - Global Appraisal of Individual Needs (GAIN-SS)
  - Patient Health Questionnaire (PHQ-9)*
  - Beck Depression Inventory (BDI or BDI-II)
  - Center for Epidemiologic Sudies Depression Scale (CES-D)
  - Depression Scale (DEPS)
  - Duke Anxiety-Depression Scale (DADS)
  - Geriatric Depression Scale (GDS)
  - Hopkins Symptom Checklist (HSCL)
  - The Zung Self-Rating Depression Scale (SDS)
  - Cornell Scale Screening
  - Edinburgh Postnatal Scale

Approved Screening Tools

- Screening Tools – Adolescent – Full
  - Global Appraisal of Individual Needs (GAIN-SS)
  - Patient Health Questionnaire (PHQ-9)*
  - Beck Depression Inventory (BDI or BDI-II)
  - Center for Epidemiologic Sudies Depression Scale (CES-D)
  - Wenberg Depression Scale

Approved Follow-up

- Follow-up
  - Referral for Depression Adult/Adolescent
  - Additional evaluation for depression
  - Follow-up for depression Adult/Adolescent
  - Depression Medications
  - Suicide Risk Assessment

Clinic Workflows

- Provide written PHQ-2 at check-in.
- Verbally ask PHQ-2 during MA rooming process.
- If positive, provide PHQ-9, and/or refer to Behavioral Health or Mental Health professional.
  - In house or outside facility

Controlling Hypertension

Measure Specifications

- Patients age 18-85 with a diagnosis of essential hypertension within the first six months of the year, whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure <140 mmHg and diastolic blood pressure <90 mmHg).
  - Only blood pressure readings performed by a clinician in the provider office are acceptable.
- EHR capability to report on most recent blood pressure reading for hypertensive patients.

Clinic Workflows

- Patient outreach and education
- Encourage patient adherence to medication or visits

Diabetes HbA1c Poor Control

Measure Specifications

- Patients age 18-75 with a diagnosis of diabetes, whose most recent HbA1c level (performed during the measurement period) is >9.0%.
- EHR capability to document HbA1c.
- EHR capability to report on most recent HbA1c.

Clinic Workflows

- Patient outreach and education
- Encourage patient adherence to medication or visits

Cigarette Smoking Prevalence

Measure Specifications

- Unique members age 13 years or older who had a qualifying visit, who have their smoking and/or tobacco use status recorded as structured data, who are current smokers and/or tobacco users.
- Three Rates
  - 1) Of all patients with a qualifying visit, how many have their cigarette smoking or tobacco use status recorded?
  - 2) Of all patients with their cigarette smoking or tobacco use status recorded, how many are cigarette smokers?
  - 3) Of all patients with their cigarette smoking or tobacco use status recorded, how many are smokers and/or tobacco users?

Measure Requirements

- 1) Meeting minimum cessation benefit requirements ('cessation benefit floor')
- 2) Submitting EHR-based cigarette smoking and tobacco prevalence data according to data submission requirements
- 3) Meeting EOCCO target

CQM Measure Process

- Request clinic participation November 2017
  - Identify population threshold
  - Review requirements
  - Review reporting capabilities
- Request data to be submitted in March 2017

2019 Measure Addition

- Screening Brief Intervention Referral to Treatment (SBIRT) will be a CQM measure in 2019.

Questions?

For email inquires, please contact **eoccometrics@modahealth.com**
or call Sarah Patterson at **503-265-4730**

eocco

EASTERN OREGON
COORDINATED CARE
ORGANIZATION

www.eocco.com