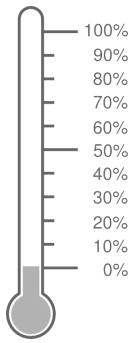
Quality Measures 2024 Questionnaire

Please answer the following questionnaire accordingly.

Score:
Not Yet
Available



The quality score becomes available when all measures have been completed.

Date of Entry:	02/27/2024
Patient Name:	Ruth TestPatient1AB24
HICN:	913405141X
Patient DOB:	01/10/1953
Gender:	F
CCM:	enrolled
Primary Practice:	Non-assigned practice
MRN:	
Patient Medical Record Status?	(●) Medical Record Found ( ) Medical Record Not Found ( ) Not Qualified for Sample

Progress:

0 of 11 Measures Completed

ACO 27 **DM-2** **At Risk Population** ☐

DM with HbA1c > 9 percent (poor control)

- ( ) **N/A (Patient does not have a diagnosis of Diabetes Mellitus.)**
- ( ) **N/A (Patient >= 66 years of age and enrolled in institutional special needs plan or residing in a long term care facility for more than 90 consecutive days during the measurement year.)**
- ( ) **N/A (Patient >= 66 years of age with at least one encounter for frailty during the measurement year, who also satisfies any one of the following three conditions during the measurement year or the year prior: a) dispensed medication for dementia, or b) one acute inpatient encounter with a diagnosis of advanced illness, or c) two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis.)**

Patients ages 18 -75 with a diagnosis of Diabetes Mellitus (DM) who had a Hemoglobin A1c (HbA1c) > 9.0 percent in the measurement period.

Guidance: at a minimum the medical record must include a note indicating the date on which the HbA1c test was performed and the result documented. Use the following priority ranking:

1. Lab report draw date
2. Lab report date
3. Flow sheet documentation
4. Practitioner notes
5. Other documentation.

If test was performed but result not documented, record 0 (zero).

NOTE: Patient is numerator compliant if most recent HbA1c level is > 9%, the most recent HbA1c result is missing, or if there are no HbA1c tests performed and results documented during the measurement period. If the HbA1c test result is in the medical record, the test can be used to determine numerator compliance.

This measure is scored inversely, because a normal HbA1c value is considered a non-performance answer. The goal of this measure is to have the lowest score possible as opposed to the other measures where performance is measured by higher scores.

On the display, the non-performance answer (Most recent HbA1c less than or equal to 9.0 percent) is shown as a performance response to indicate that it is best to have as many patients screened with an HbA1c in range (9.0% or lower).

Did the patient have a diagnosis of DM and the most recent HbA1c > 9 percent (poor control)?

- ( ) Most recent HbA1c less than or equal to 9.0 percent

Cancel Save

- ( ) Most recent HbA1c >9 percent (poor control)
- ( ) HbA1c NOT done during measurement year, no medical reason documented

Date Performed (2024):

Most recent HbA1c value: (0-25%):

Comments:

History +

ACO 28 **HTN-2** **At Risk Population** ☐

Controlling High BP

- ( ) **N/A (Patient does not have a diagnosis of essential hypertension.)**
- ( ) **N/A (HTN diagnosis but excluded due to medical reasons (ESRD, dialysis, renal transplant or pregnancy))**
- ( ) **N/A (Patient >= 66 years of age and enrolled in institutional special needs plan or residing in a long term care facility for more than 90 consecutive days during the measurement year.)**
- ( ) **N/A (Patient 66-80 years of age with at least one encounter for frailty during the measurement year, who also satisfies any one of the following three conditions during the measurement year or the year prior: a) dispensed medication for dementia, or b) one acute inpatient encounter with a diagnosis of advanced illness, or c) two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis.)**
- ( ) **N/A (Patient 81 years of age and older with at least one claim/encounter for frailty during the measurement period.)**

Percentage of patients 18-85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure was adequately controlled (<140/90 mmHg) during the measurement period.

Did the patient have a diagnosis of essential hypertension and have a controlled blood pressure during the measurement year?

- ( ) Most recent BP controlled (< 140/90mmHg)
- ( ) Most recent BP NOT controlled (≥140mmHg systolic and/or ≥90mmHg diastolic)
- ( ) Patient did NOT have BP measurement performed, no medical reason given

Date Performed (2024):

Systolic Value: (0-350mmHg):

Diastolic Value: (0-200mmHg):

Comments:

History +

ACO 40 MH-1 At Risk Population

Depression Remission

- **N/A (Patient has NO diagnosis of major depression or dysthymia.)**
- **N/A (Medical Exception (patient has an active diagnosis of bipolar disorder, personality disorder (select types; cyclothymic, borderline, histrionic and factitious), schizophrenia, psychotic disorder or pervasive developmental disorder, or personality disorder emotionally labile any time prior to the end of the measure assessment period.)**
- **N/A (Patient did not receive initial screening)**

Adolescent patients 12 to 17 years of age and adult patients age 18 years and older with major depression or dysthymia and an initial PHQ-9 or PHQ-9M score > 9 who demonstrate remission at twelve months defined as a PHQ-9 or PHQ-9M score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 or PHQ-9M score indicates a need for treatment.

Twelve months is defined as the point in time from the date in the measurement period that a patient meets the inclusion criteria (diagnosis and PHQ-9 or PHQ-9M > 9) extending out 12 months and then allowing a grace period of sixty days prior to and sixty days after this date. The most recent PHQ-9 or PHQ-9M score less than 5 obtained during this four month grace period is deemed as remission at twelve months, values obtained prior to and after this period are not counted as numerator compliant (remission).

Numerator Statement: Adolescent patients 12 to 17 years of age and adult patients who achieved remission at twelve months as demonstrated by a twelve month (+/- 60 days grace period) PHQ-9 or PHQ-9M score less than 5.

Denominator Statement: Adolescent patients 12 to 17 years of age and adult patients age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 or PHQ-9M score greater than nine during the index visit.

Exclusions: Patients who die, are receiving hospice or palliative care services, have a diagnosis of bipolar disorder, personality disorder, schizophrenia or psychotic disorder, pervasive developmental disorder, or personality disorder emotionally labile are excluded.

Does patient have a diagnosis of major depression or dysthymia determined by an initial PHQ-9 or PHQ-9M score >9 and demonstrate remission at 12 months determined by a PHQ-9 or PHQ-9M score < 5?

- N/A (Patients initial screening result was less than or equal to 9)
- Patient diagnosed with depression and at 12 months of diagnosis in remission with a PHQ-9 or PHQ-9M score of < 5
- Patient did receive initial screening but no follow-up test was done
- Patient diagnosed with depression and at 12 months of diagnosis NOT in remission with a PHQ-9 or PHQ-9M score of equal to or > 5

Initial Screening/Index Date (11/1/2022 - 10/31/2023):

Initial PHQ-9 or PHQ-9M Result:

Remission Screening Date (Index Date + 10-14 Months):

Remission Result:

Comments:

History +

ACO 20 PREV-5 Preventative Health

Breast Cancer Screening

- ◯ **N/A (Patient is male.)**
- ◯ **N/A (Patient >= 66 years of age and enrolled in institutional special needs plan or residing in a long term care facility for more than 90 consecutive days during the measurement year.)**
- ◯ **N/A (Patient >= 66 years of age with at least one encounter for frailty during the measurement year, who also satisfies any one of the following three conditions during the measurement year or the year prior: a) dispensed medication for dementia, or b) one acute inpatient encounter with a diagnosis of advanced illness, or c) two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis.)**
- ◯ **N/A (Mammogram not performed due to medical reason (e.g. bilateral mastectomy))**

Mammography Screening for breast cancer of women ages 40 through 74 years during the measurement period or the 15 months prior.

Documentation in the medical record **must include** both of the following:

A note indicating the date the breast cancer screening was performed AND the result of the findings.

Denominator Note: The intent of the measure is that starting at age 40 women should have one or more mammograms every 24 months with a 3 month grace period.

Did the patient have a mammography screening performed during the measurement period or the 15 months prior to the measurement period?

- ◯ Mammogram performed during the measurement period or the 15 months prior to the measurement period
- ◯ Mammogram **NOT** performed during the measurement period or the 15 months prior to the measurement period, no medical reason documented

Service Date:

Comments:

History +

ACO 19 **PREV-6** **Preventative Health**

Colorectal Cancer Screening

- ◯ **N/A (Patient not screened due to medical reason(s) (e.g. total colectomy or colorectal cancer))**
- ◯ **N/A (Patient >= 66 years of age and enrolled in institutional special needs plan or residing in a long term care facility for more than 90 consecutive days during the measurement year.)**
- ◯ **N/A (Patient >= 66 years of age with at least one encounter for frailty during the measurement year, who also satisfies any of the following three conditions during the measurement year or the year prior: a) dispensed medication for dementia, or b) one acute inpatient encounter with a diagnosis of advanced illness, or c) two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis.)**

Colorectal Cancer Screening of all patients age 45 - 75 years.

Documentation in the medical record must include the date the colorectal cancer screening was performed and the result or findings.

Did the patient receive colorectal cancer screening? Please check most recent appropriate screening with documentation in medical record.

- ◯ Stool DNA (sDNA) with FIT test during the measurement period or the two years prior
- ◯ Fecal occult blood test (FOBT) during the measurement period
- ◯ Flexible sigmoidoscopy or computed tomography (CT) colonography during the measurement period or the four years prior

- ◯ Colonoscopy during the measurement period or the nine years prior
- ◯ Patient **NOT** screened and no medical reason documented

Service Date:

Comments:

History +

ACO 14 **PREV-7P1** **Preventative Health**

Influenza Immunization (Flu Season 2023-2024)

- ◯ **N/A (Anaphylaxis due to the vaccine during or before the measurement period.)**

Patients age 6 months and older who received an Influenza Immunization during the measurement period OR who reported previous receipt of an influenza immunization. Documentation of reason patient NOT vaccinated should be in medical record.

Previous Receipt – receipt of the current season's influenza immunization from another provider OR from same provider prior to the visit to which the measure is applied.

DENOMINATOR NOTE: For the purposes of the program, in order to submit on the flu season 2023-2024, the patient must have a qualifying encounter between January 1 and March 31, 2024. In order to submit on the flu season 2024-2025, the patient must have a qualifying encounter between October 1 and December 31, 2024.

Did the patient receive an influenza immunization for Flu Season 2023 – 2024 (Influenza immunization should be administered to the patient during the months of August, September, October, November, or December of 2023 or January, February, or March of 2024 for the flu season ending March 31, 2024)?

- ◯ Patient received influenza immunization during the current flu season
- ◯ Patient/Parent reasons for declining immunization
- ◯ Patient not vaccinated due to medical reason, documentation in record (e.g. allergy)
- ◯ Patient not vaccinated due to system reasons
- ◯ Vaccination **NOT** received (no medical or other reason)

Service Date:

Comments:

History +

ACO 14 **PREV-7P2** **Preventative Health**

Influenza Immunization (Flu Season 2024-2025)

○ **N/A (Anaphylaxis due to the vaccine during or before the measurement period.)**

Patients age 6 months and older who received an Influenza Immunization during the measurement period OR who reported previous receipt of an influenza immunization. Documentation of reason patient NOT vaccinated should be in medical record.

Previous Receipt – receipt of the current season's influenza immunization from another provider OR from same provider prior to the visit to which the measure is applied.

DENOMINATOR NOTE: For the purposes of the program, in order to submit on the flu season 2023-2024, the patient must have a qualifying encounter between January 1 and March 31, 2024. In order to submit on the flu season 2024-2025, the patient must have a qualifying encounter between October 1 and December 31, 2024.

Did the patient receive an influenza immunization for Flu Season 2024 – 2025 (Influenza immunization should be administered to the patient during the months of August, September, October, November, or December of 2024 for the flu season ending March 31, 2025)?

○ Patient received influenza immunization during the current flu season

○ Patient/Parent reasons for declining immunization

○ Patient not vaccinated due to medical reason, documentation in record (e.g. allergy)

○ Patient not vaccinated due to system reasons

○ Vaccination **NOT** received (no medical or other reason)

Service Date:

Comments:

History +

ACO 17 **PREV-10** **Preventative Health** ☐

Tobacco Use: Screening and Cessation Intervention

Patients age 12 and older who were screened for Tobacco Use one or more times within the measurement period and who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period if identified as a tobacco user. Tobacco use includes any product made or derived from tobacco intended for human consumption (except products that meet the definition of drugs), including, but not limited to, cigarettes, cigars (including cigarillos and little cigars), dissolvables, hookah tobacco, nicotine gels, pipe tobacco, roll-your-own tobacco, smokeless tobacco products (including dip, snuff, snus, and chewing tobacco), vapes, electronic cigarettes (e-cigarettes), hookah pens, and other electronic nicotine delivery systems.

Cessation Counseling Intervention – Includes brief counseling (3 minutes or less), and/or pharmacotherapy.

Note: If tobacco use status of a patient is "unknown" then the patient cannot be counted in the numerator and should be considered a measure failure.

Was patient screened for tobacco use during the measurement period AND received cessation counseling/treatment during the measurement period or in the six months prior to the measurement period if identified as a tobacco user?

○ Patient screened for tobacco use at least once within the measurement period AND identified as a tobacco non-user

○ Patient identified as a tobacco user AND received counseling and/or treatment from eligible clinician

○ Patient identified as a tobacco user and **NO** counseling and/or treatment plan provided by eligible clinician or not documented in medical record

◯ Patient **NOT** screened or listed as "unknown" (not acceptable per CMS guidelines)

Service Date:

Comments:

History +

ACO 18 **PREV-12** **Preventative Health**

Screening for Depression and Follow-up Plan

◯ **N/A (Patient excluded from measure due to an diagnosis of bipolar disorder)**

All patients 12 years and older screened for depression on the date of an encounter or up to 14 days prior to the date of the encounter using an age appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the eligible encounter or up to two days after the date of the qualifying encounter.

Follow up plan must include one or more of the following: referral to a provider for additional evaluation and assessment to formulate a follow-up plan for a positive depression screen, pharmacological interventions, or other interventions or follow-up for the diagnosis or treatment of depression.

Age appropriate tools:

Adolescent Screening Tools: age 12 to <18 (Not limited to)
Patient Health Questionnaire for Adolescents (PHQ-A), Beck Depression Inventory-Primary Care Version (BDI-PC), Mood Feeling Questionnaire, CES-D, and PRIME MD-PHQ 2.

Adult Screening Tools: 18 years and older (Not limited to)
Patient Health Questionnaire (PHQ-9), Beck Depression Inventory (BDI or BDI-II), Center for Epidemiologic Studies Depression Scale (CES-D), Depression Scale (DEPS), etc.

Did the patient receive the depression screening on the date of an encounter or up to 14 days prior to the date of the encounter AND if positive, was a follow-up plan documented on the date of the eligible encounter or up to two days after the date of the qualifying encounter?

NOTE: Use most recent screening for depression.

◯ Negative clinical depression screening, follow-up plan not required

◯ Positive clinical depression screening and follow-up plan documented in medical record

◯ Patient/Parent refused to participate and reason(s) documented in medical record

◯ Medical reason screening not completed (e.g. cognitive, functional, or motivational limitations that may impact accuracy of results, urgent or emergent situation)

◯ Positive clinical depression screening but **NO** follow-up plan documented

◯ Patient **NOT** screened, no medical/patient reason documented in record

Service Date:

Comments:

History +

ACO 42 **PREV-13** **Preventative Health**

Statin Therapy

- ○ **N/A (Patient is in no risk category)**
- ○ **N/A (Medical Reason (breastfeeding, diagnosis of rhabdomyolysis)**

Clinical Atherosclerotic Cardiovascular Disease (ASCVD) is defined as: Acute Coronary Syndromes, History of Myocardial Infarction, Stable or Unstable Angina, Coronary or other Arterial Revascularization, Stroke or Trans Ischemic Attack (TIA), Peripheral Artery Disease (PAD) of atherosclerotic origin

Medical Exclusions: Patients who are breastfeeding or who are diagnosed with rhabdomyolysis.

Medical Exceptions: Patients with documented statin-associated muscle symptoms or an allergy to Statin medication, active liver or hepatic disease or insufficiency, end-stage renal disease (ESRD) or documentation of a medical reason for not being prescribed statin therapy

Does the patient belong to a specified Risk Category and have they received a prescription for statin during the measurement period?

- ☐ **Patient is in Risk Category 1** – Patient was previously diagnosed with or currently have a diagnosis of clinical ASCVD, including an ASCVD procedure, before the end of the measurement period.
- ☐ **Patient is in Risk Category 2** – Patient aged 20 to 75 years at the beginning of the measurement period who have ever had a laboratory result of LDL-C >= 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia.
- ☐ **Patient is in Risk Category 3** - Patient aged 40 to 75 years at the beginning of the measurement period with an active diagnosis of Type 1 or Type 2 diabetes at any time during the measurement period.
- ☐ **Patient is in Risk Category 4** - Patient aged 40 to 75 years at the beginning of the measurement period with a 10-year ASCVD risk score of >= 20 percent during the measurement period.

- ○ Patient is taking Statin or was prescribed Statin
- ○ Patient is **NOT** taking Statin and was **NOT** prescribed Statin for medical reasons (statin-associated muscle symptoms or an allergy to Statin medication, active liver disease or hepatic disease or insufficiency or end-stage renal disease (ESRD) or documentation of a medical reason for not being prescribed statin therapy).
- ○ Patient is **NOT** taking Statin and was **NOT** prescribed Statin - **NO REASON**

Service Date:

Comments:

History +

ACO 13 **Care-2** **Care Coordination/Patient Safety**

Falls: Screening for Future Fall Risk

Screening for Future Fall Risk: Assessment of whether an individual has experienced a fall or problems with gait or balance. A specific screening tool is not required for this measure, however potential screening tools include the Morse Fall Scale and the timed Get-Up-And-Go test.

Fall: A sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of sudden onset of paralysis, epilectic seizure, or overwhelming external force.

Did the patient receive a Falls Screening during the measurement period with documentation in the medical record?

- ◯ Falls Screening completed and documented in chart between January 1, 2024 to December 31, 2024
- ◯ Falls Screening **NOT** documented in medical record.

Service Date:

Comments:

History +

Blank or White Box = Incomplete module

C = Complete module - non-performance answer

C = Complete module - performance answer

C = Complete module - medical or other exception (not scored)

S = Skipped (N/A). Only Module is Skipped, not the entire patient

health ENDEAVORS

Hospital Demo Account (AXXXX)