2021 MSSP EHR-based Quality Measures Quick Reference Guide

Measure Descriptions – Populations – Numerators/Denominators – Exclusions/Exceptions – Documentation

Vanderbilt Health Affiliated Network

(Care-2) Falls: Screening for Future Fall Risk

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

Initial Population: Patients aged 65 years and older with a visit during the measurement period

DENOMINATOR: Equals Initial Population

DENOMINATOR EXCLUSIONS: Exclude patients who were assessed to be non-ambulatory during the measurement period (consider patient non-ambulatory only if non-ambulatory at the most recent encounter during measurement period)

DENOMINATOR EXCEPTIONS: None

NUMERATOR: Patients who were screened for future fall risk at least once within the measurement period

NUMERATOR EXCLUSIONS: Not Applicable

Medical Record Documentation:
- Date of Fall Screening (during measurement period)
- Documentation of Fall Screening performed
- Staff Name and Credentials that performed screening

DEFINITION:
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.

Note:
- *A clinician with appropriate skills and experience may perform the screening*
- *Setting of screening is not restricted to an office setting*
- *Documentation of no falls is sufficient*
- *Medical record must include documentation of screening performed*
- *Any history of falls screening during the measurement period is acceptable as meeting the intent of the measure*
- *A gait or balance assessment meets the intent of the measure*
- *Screening for future fall risk may be completed during a telehealth encounter*

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(DM-2) Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)

Measure Description: Percentage of patients 18 - 75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period

Initial Population: Patients 18 - 75 years of age with diabetes with a visit during the measurement period

DENOMINATOR: Equals Initial Population

DENOMINATOR EXCLUSIONS:

- Patients aged 66 and older in Institutional Special Needs Plans (SNP) or residing in long-term care with a POS code 32, 33, 34, 54 or 56 for more than 90 days during the measurement period

OR

- Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period

OR

- Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period
- *Dementia Exclusion Medications: Cholinesterase inhibitors (Donepezil, Galantamine, Rivastigmine); Miscellaneous central nervous system agents (Memantine)*

NUMERATOR: Patients whose most recent HbA1c level (performed during the measurement period) is > 9.0%

NUMERATOR EXCLUSIONS: Not Applicable

GUIDANCE:

- 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.
- Only patients with a diagnosis of Type 1 or Type 2 diabetes should be included in the denominator of this measure; patients with a diagnosis of secondary diabetes due to another condition should not be included.
- Active Diagnosis is defined as a diagnosis that is either on the patient's problem list, a diagnosis code description listed on the encounter, or is documented in a progress note indicating that the patient is being treated or managed for the disease or condition during the measurement period
- Synonyms for HbA1c testing may include Glycohemoglobin A1c, HbA1c, Hemoglobin A1c, HgbA1c, A1c
- Use the following priority ranking:
  - Lab report draw date Lab report date
  - Flow sheet documentation Practitioner notes
  - Other documentation
- Patient Reported Requirement: Date and most recent value (distinct value required)
- Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance
- At a minimum, documentation in the medical record must include a note indicating the date on which the HbA1c test was performed and the result. If the day is unknown enter 01 i.e. 05/01/2021
- Documentation of most recent HbA1c result may be completed during a telehealth encounter
- HbA1c finger stick tests administered by a healthcare provider at the point of care are allowed

Medical Record Documentation:

- Confirmation of diagnosis of Diabetes Mellitus
- 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
- Date of HbA1c (during measurement period)
- Results of HbA1c (value); if patient reported: date and most recent value (distinct value required)

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(HTN-2) Controlling High Blood Pressure

Measure Description: Percentage of patients 18 - 85 years of age who had a diagnosis of hypertension overlapping the measurement period and whose most recent blood pressure was adequately controlled (< 140/90 mmHg) during the measurement period

Initial Population: Patients 18 - 85 years of age who had a visit and a diagnosis of essential hypertension overlapping the measurement period.

DENOMINATOR: Equals Initial Population

DENOMINATOR EXCLUSIONS:
• Patients with evidence of end stage renal disease (ESRD), dialysis or renal transplant before or during the measurement period. Also exclude patients with a diagnosis of pregnancy during the measurement period
OR
• Patients aged 66 and older in Institutional Special Needs Plans (SNP) or Residing in Long Term Care with a POS code 32, 33, 34, 54 or 56 for more than 90 days during the measurement period
OR
• Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period
OR
• Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period

Dementia Exclusion Medications: Cholinesterase inhibitors (Donepezil, Galantamine, Rivastigmine); Miscellaneous central nervous system agents (Memantine)

Essential hypertension is high blood pressure that doesn't have a known secondary cause. It is also referred to as primary hypertension

The following denominator exclusions cannot end before the start of the measurement period: Pregnancy, CKD stage 5

The following denominator exclusions can start before or during the measurement period: Patients with evidence of ESRD, undergoing dialysis or history of renal transplant

DENOMINATOR EXCEPTIONS: None

NUMERATOR: Patients whose most recent blood pressure is adequately controlled (systolic blood pressure < 140mmHg and diastolic blood pressure < 90 mmHg) during the measurement period

NUMERATOR EXCLUSIONS: Not Applicable

NUMERATOR GUIDANCE:
- In reference to the numerator element, only blood pressure readings performed by a clinician, or a remote monitoring device are acceptable for numerator compliance with this measure.
- Do not include BP readings:
  - Taken during an acute inpatient stay or an ED visit
  - Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.
  - Reported by or taken by the member
- If no blood pressure is recorded during the measurement period, the patient's blood pressure is assumed "not controlled."
- If there are multiple blood pressure readings on the same day, use the lowest systolic and the lowest diastolic reading as the most recent blood pressure reading.

Medical Record Documentation:
- Confirmation of Hypertension diagnosis within the first 6 months of measurement period (documented diagnosis of essential HTN within the first 6 months of the measurement period OR any time prior to the measurement period but does not end before the start of the measurement period
- Date and value of most recent systolic and diastolic blood pressure readings (during measurement period)
- If medical exclusion applicable – indication of medical condition

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Measure Descriptions – Populations – Numerators/Denominators – Exclusions/Exceptions – Documentation

Vanderbilt Health Affiliated Network

(MH-1) Depression Remission at Twelve Months

Measure Description: The percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event

Initial Population: Adolescent patients 12 to 17 years of age and adult patients 18 years of age and older with a diagnosis of major depression or dysthymia and an initial Patient Health Questionnaire-9 item version (PHQ-9) or Patient Health Questionnaire-9 Modified for Teens and Adolescents (PHQ-9M) score greater than nine during the index event.

DENOMINATOR: Equals Initial Population

DENOMINATOR EXCLUSIONS:
Patients:
- With a diagnosis of bipolar disorder
- With a diagnosis of select personality disorders
- With a diagnosis of schizophrenia or psychotic disorder
- With a diagnosis of pervasive developmental disorder
- Who were permanent nursing home residents

DENOMINATOR EXCEPTIONS: None

DENOMINATOR GUIDANCE:
- Index event date is the date in which the first instance of elevated PHQ-9 or PHQ-9M greater than 9 AND diagnosis of depression or dysthymia occurs during the denominator identification period (11/1/2019 to 10/31/2020). Patients may be screened using PHQ-9 or PHQ-9M up to seven days prior to the encounter (including the day of the encounter).
- Measure Assessment Period- the index event date marks the start of the measurement assessment period for each patient which is 14 months (12 months +/- 60 days). This 14-month measure assessment period allows for measurement of the patient's remission status at both six and 12 months (Quality ID #411: Depression Remission at Six Months). This assessment period is fixed and does not start over with a higher PHQ- 9 or PHQ-9M that may occur after the index date
- Enter the first instance of PHQ-9 or PHQ-9M greater than 9 that is also associated with a diagnosis of major depression or dysthymia during the time period of 11/1/2019 and 10/31/2020. This is the Index Event Date for this patient and marks the start of the 1-month assessment period (12 months +/- 60 days)
- All nine questions must be answered to have a valid summary score. If a patient chooses more than one response for a single question, select the "worse" response (higher number) to calculate the summary score

NUMERATOR: Adolescent patients 12 to 17 years of age and adult patients 18 years of age and older who achieved remission at twelve months as demonstrated by a twelve-month (+/ 60 days) PHQ 9 or PHQ 9M score of less than five.

NUMERATOR EXCLUSIONS: Not Applicable

NUMERATOR GUIDANCE:
- The only tools appropriate for indicating remission is a completed PHQ-9 or PHQ-9M
- If more than one PHQ-9 or PHQ-9M score was obtained between the 10 and 14-month window, select the most recent PHQ-9 or PHQ-9M date and score within that window
- Scores obtained prior to or after this period are not counted as numerator compliant (remission)
- Patient remission, a follow-up PHQ-9 or PHQ-9M result less than 5, may be determined during a telehealth encounter

Medical Record Documentation:
- Patient has a diagnosis of major depression or dysthymia during the denominator identification period (11/01/2019 to 10/31/2020)
- Patient has an initial PHQ-9 score greater than 9 between 11/01/2019 and 10/31/2020
- Patient demonstrated remission at 12 months follow-up, PHQ-9 score less than 5 at 12 months (+/- 60 days) after the initial PHQ-9 score greater than 9
- If exclusion applicable, documentation of exclusion criteria

DEFINITIONS:
- **Denominator Identification Period** - The period in which eligible patients can have an index event. The denominator identification period occurs prior to the measurement period and is defined as 14 months to two months prior to the start of the measurement period. The denominator identification period is from 11/1/2019 to 10/31/2020. For patients with an index event, there needs to be enough time following index for the patients to have the opportunity to reach remission twelve months +/- 60 days after the index event date.
- **Index Event Date** - The date in which the first instance of elevated PHQ-9 or PHQ-9M greater than nine AND diagnosis of depression or dysthymia occurs during the denominator identification period (11/1/2019 to 10/31/2020). Patients may be screened using PHQ-9 or PHQ-9M up to seven days prior to the encounter (including the day of the encounter).
- **Measure Assessment Period** - The index event date marks the start of the measurement assessment period for each patient which is 14 months (12 months +/- 60 days). This 14-month measure assessment period allows for measurement of the patient's remission status at both six and 12 months (Quality ID #411: Depression Remission at Six Months). This assessment period is fixed and does not "start over" with a higher PHQ-9 or PHQ-9M that may occur after the index event date.
- **Remission** - Is defined as a PHQ-9 or PHQ-9M score of less than five.
- **Twelve Months** - Is defined as the point in time from the index event date extending out twelve 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 five obtained during this four-month period is deemed as remission at twelve months, values obtained prior to or after this period are not counted as numerator compliant (remission).

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(MH-1) Depression Remission at Twelve Months

Note:

- PHQ-9 or PHQ-9M administration does not require a face-to-face visit; multiple modes of administration are acceptable (telephone, mail, e-visit, email, patient portal, iPad/tablet, or patient kiosk)
- Active Diagnosis of Major Depression or Dysthymia is defined as a diagnosis that is either on the patient's problem list, a diagnosis code description listed on the encounter, or is documented in a progress note indicating that the patient is being treated or managed for the disease or condition during the denominator identification period
- Patient must be age 12 years or older at the time of the index event (confirming diagnosis and PHQ-9 or PHQ-9M greater than 9)
- Index Event Date is defined as the date on which the first instance of elevated PHQ-9 or PHQ-9M greater than 9 AND diagnosis of major depression or dysthymia occurs during the denominator identification period (11/1/2019 to 10/31/2020). Patients may be screened using PHQ-9 or PHQ-9M up to seven days prior to the encounter (including the day of the encounter).
- Denominator Exclusions - active diagnosis of bipolar disorder, personality disorder (select types; cyclothymic, borderline, histrionic and factitious), schizophrenia, psychotic disorder or pervasive developmental disorder any time prior to the end of the measure assessment period. Patients who were a permanent nursing home resident any time during the denominator identification period or the measure assessment period.
- Permanent Nursing Home Resident is defined as a patient who is residing in a long-term residential facility any time during the denominator identification period or before the end of the measurement assessment period. It does not include patients who are receiving short-term rehabilitative services following a hospital stay, nor does it include patients residing in assisted living or group home settings
- Two rates will be reported – Adolescent patients aged 12 to 17 and Adult patients aged 18 years and older.

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Vanderbilt Health Affiliated Network

(PREV-5) Breast Cancer Screening

Measure Description: Percentage of women 50 - 74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period

Initial Population: Women 51 - 74 years of age with a visit during the measurement period

DENOMINATOR: Equals Initial Population

DENOMINATOR NOTE: The intent of the measure is that starting at age 50 women should have one or more mammograms every 24 months with a 3-month grace period.

DENOMINATOR EXCLUSIONS:

- Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy

OR

- Patients aged 66 and older in Institutional Special Needs Plans (SNP) or residing in long-term care with a POS code 32, 33, 34, 54 or 56 for more than 90 days during the measurement period

OR

- Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period

OR

- Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period
- *Dementia Exclusion Medications: Cholinesterase inhibitors (Donepezil, Galantamine, Rivastigmine); Miscellaneous central nervous system agents (Memantine)*

DENOMINATOR EXCEPTIONS: None

NUMERATOR: Women with one or more mammograms during the 27 months prior to the end of the measurement period.

NUMERATOR EXCLUSIONS: Not Applicable

DEFINITION:

- Mammography screening is defined by a bilateral screening (both breasts) of breast tissue. If only one breast is present, unilateral screening (one side) must be performed on the remaining breast.

GUIDANCE:

- This measure evaluates primary screening. Do not count biopsies, breast ultrasounds, or MRIs because they are not appropriate methods for primary breast cancer screening.
- Total lookback period for a mammogram includes the measurement year, the year prior to the measurement year, and a 3-month grace period for a total of 27 months
- 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 or findings
- Documentation of 'normal' or 'abnormal' is acceptable
- Patient Reported Requirement: Date and type of test AND result/finding
- Screening includes: screening, diagnostic, film, digital or digital breast tomosynthesis (3D) mammography
- MRI, Ultrasound and Biopsies are not considered breast cancer screening for this measure
- Documentation of screening for breast cancer may be completed during a telehealth encounter

Medical Record Documentation:

- Documentation of the date the breast cancer screening was performed (during measurement period or the 15 months prior to the beginning of measurement period) AND the result or findings of the breast cancer screening ('normal'/'abnormal' is acceptable)
- Note: if patient reported - date, type of test, AND result/findings
- If medical exclusion applicable – indication of medical condition

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Measure Descriptions – Populations – Numerators/Denominators – Exclusions/Exceptions – Documentation

Vanderbilt Health Affiliated Network

(PREV-6) Colorectal Cancer Screening

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

Initial Population: Patients 50 - 75 years of age with a visit during the measurement period

DENOMINATOR: Equals Initial Population

DENOMINATOR EXCLUSIONS:
- Patients with a diagnosis or past history of total colectomy or colorectal cancer
- OR
- Patients age 66 and older in Institutional Special Needs Plans (SNP) or residing in long-term care with a POS code 32, 33, 34, 54 or 56 for more than 90 days during the measurement period
- OR
- Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period
- OR
- Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period
- *Dementia Exclusion Medications: Cholinesterase inhibitors (Donepezil, Galantamine, Rivastigmine); Miscellaneous central nervous system agents (Memantine)*

DENOMINATOR EXCEPTIONS: None

NUMERATOR: Patients with one or more screenings for colorectal cancer.
Appropriate screenings are defined by any one of the following criteria:
- Fecal occult blood test (FOBT) during the measurement period
- Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period
- Colonoscopy during the measurement period or the nine years prior to the measurement period
- Fecal immunochemical DNA test (FIT-DNA) during the measurement period or the two years prior to the measurement period
- Computed tomography (CT) colonography during the measurement period or the four years prior to the measurement period

NUMERATOR EXCLUSIONS: Not Applicable

NUMERATOR GUIDANCE:
- Do not count DRE, FOBT tests performed in an office setting or performed on a sample collected via DRE.
- FOBT: It is up to the organization to determine whether the specific test or brand meets the definition
- Do not count digital rectal exams (++DRE), FOBT tests performed in an office setting or performed on a sample collected via DRE
- Documentation of colorectal cancer screening may be completed during a telehealth encounter

Medical Record Documentation:
- Documentation in the medical record must include both of the following: A note indicating the date the colorectal cancer screening was performed AND the result or findings
- Documentation of 'normal' or 'abnormal' is acceptable
- Patient Reported Requirement: Date (year) and type of test AND result/finding
- If medical exclusion applicable – indication of medical condition

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(PREV-7) Influenza Immunization

Measure Description: Percentage of patients aged 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

Initial Population: All patients aged 6 months and older seen for a visit during the measurement period

DENOMINATOR: Equals Initial Population and seen for a visit between October 1 and March 31

DENOMINATOR EXCLUSIONS: None

DENOMINATOR EXCEPTIONS:
- Documentation of medical reason(s) for not receiving influenza immunization (e.g., patient allergy, other medical reasons)
- Documentation of patient reason(s) for not receiving influenza immunization (e.g., patient declined, other patient reasons)
- Documentation of system reason(s) for not receiving influenza immunization (e.g., vaccine not available, other system reasons)

NUMERATOR: Patients who received an influenza immunization OR who reported previous receipt of an influenza immunization

NUMERATOR EXCLUSIONS: Not Applicable

NUMERATOR GUIDANCE:
- If the CMS Web Interface has been prefilled with “Yes” based on claims data, no further action is required
- Documentation of patient reported previous receipt of influenza immunization is acceptable during the flu season
- Influenza immunization during the flu season or report of previous receipt may or may not be completed during a telehealth encounter

DEFINITION:
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 (typically, prior vaccination would include influenza vaccine given since August 1st).

GUIDANCE:
To enable reporting of this measure at the close of the reporting period, this measure will only assess the influenza season that ends in March of the reporting period. The subsequent influenza season (ending March of the following year) will be measured and reported in the following year.

Medical Record Documentation:
- Indication the patient received an influenza immunization between August 1, 2020 and March 31, 2021
- Facility Name/Location where vaccination was given (May be self-reported by the patient)
- If applicable, documentation of reason(s) for not receiving influenza immunization

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Vanderbilt Health Affiliated Network

(PREV-10) Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Measure Description: Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user
Three rates are reported:
a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months
b. Percentage of patients aged 18 years and older who were identified as a tobacco user who received tobacco cessation intervention
c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user

Initial Population: All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period

DENOMINATOR:
Population 1: Equals Initial Population
Population 2: Equals Initial Population who were screened for tobacco use and identified as a tobacco user
Population 3: Equals Initial Population

DENOMINATOR EXCLUSIONS: None

DENOMINATOR EXCEPTIONS:
Population 1: Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason)
Population 2: Documentation of medical reason(s) for not providing tobacco cessation intervention (e.g., limited life expectancy, other medical reason)
Population 3: Documentation of medical reason(s) for not screening for tobacco use OR for not providing tobacco cessation intervention for patients identified as tobacco users (e.g., limited life expectancy, other medical reason)

NUMERATOR:
Population 1: Patients who were screened for tobacco use at least once within 24 months
Population 2: Patients who received tobacco cessation intervention
Population 3: Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation intervention if identified as a tobacco user

NUMERATOR EXCLUSIONS: Not Applicable

NUMERATOR GUIDANCE:
-If there is more than 1 patient query regarding tobacco use, use the most recent query during the 24-month period to determine tobacco status.
-"Within 24 months" is defined as the 24-month look-back from the measurement period end date (1/1/2020 - 12/31/2021).
-Screening for tobacco use and cessation intervention do not have to occur on the same encounter, but both must occur during the 24-month look-back period.
-Tobacco cessation intervention can be performed by another healthcare provider; therefore, the tobacco use screening and tobacco cessation intervention do not need to be performed by the same provider or clinician.
-Screening for tobacco use and cessation intervention may be completed during a telehealth encounter.

DEFINITIONS:
Tobacco Use – Includes any type of tobacco
Tobacco Cessation Intervention – Includes brief counseling (3 minutes or less), and/or pharmacotherapy –

Note: Concepts aligned with brief counseling (e.g., minimal and intensive advice/counseling interventions conducted both in person and over the phone) are included in the 2021 CMS Web Interface PREV-10 Coding Document for the numerator. Other concepts such as written self-help materials (e.g., brochures, pamphlets) and complementary/alternative therapies are not included in the 2021 CMS Web Interface PREV-10 Coding Document and do not qualify for the numerator. Brief counseling also may be of longer duration or be performed more frequently, as evidence shows there is a dose-response relationship between the intensity of counseling provided (either length or frequency) and tobacco cessation rates (U.S. Preventive Services Task Force, 2015).

Medical Record Documentation:

- Tobacco screening in the last 24 months. If there is more than 1 patient query regarding tobacco use, use the most recent query during the 24-month period to determine tobacco status. "Within 24 months" is defined as the 24-month look-back from the measurement period end date of 1/1/2020 - 12/31/2021.
- Staff name and credentials that performed the screening. Tobacco cessation intervention can be performed by another healthcare provider; therefore, the tobacco use screening and tobacco cessation intervention do not need to be performed by the same provider or clinician.
- Cessation counseling intervention (brief counseling of 3 minutes or less and/or pharmacotherapy)
- If medical exclusion applicable – indication of medical condition

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(PREV-12) Preventive Care and Screening: Screening for Depression and Follow-Up Plan

Measure Description: Percentage of patients aged 12 years and older screened for depression on the date of the encounter or 14 days prior to 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 eligible encounter

Initial Population: All patients aged 12 years and older at the beginning of the measurement period with at least one eligible encounter during the measurement period

DENOMINATOR: Equals Initial Population

DENOMINATOR EXCLUSIONS: Patients with an active diagnosis for depression or a diagnosis of bipolar disorder

DENOMINATOR EXCEPTIONS:
- Patient Reason(s): Patient refuses to participate

OR
- Medical Reason(s): Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status

OR
- Situations where the patient's cognitive capacity, functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. For example: certain court appointed cases or cases of delirium

NUMERATOR: Patients screened for depression on the date of the 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

NUMERATOR EXCLUSIONS: Not Applicable

NUMERATOR GUIDANCE:
Use most recent screening for depression
-Although the patient may have access to the depression screening tool in advance of the appointment the depression screening results must be documented on the date of the encounter (date of appointment).The results must be reviewed/verified and documented by the eligible professional in the medical record on the date of the encounter to meet the screening portion of this measure
-Screening for depression may be completed during a telehealth encounter
-Denominator Exception timing is during the encounter during the measurement period
-Screening for Depression Documented as Negative, follow-up plan not required
-Documentation of recommended follow-up plan for a positive depression screen may be completed during a telehealth encounter
-If recommended follow-up is additional evaluation or assessment, the additional evaluation or assessment must occur at the eligible encounter
-Positive or Negative-Whether or not a standardized screening tool score is considered positive or negative would be determined by the eligible professional administering and reviewing the standardized tool. If the result is positive, documentation of a recommended follow-up is required.
-This measure does not require documentation of a specific score, just whether results of the normalized and validated depression screening tool used are considered positive or negative. Each standardized screening tool provides guidance on whether a particular score is considered positive for depression.

GUIDANCE:
A depression screen is completed on the date of the encounter or up to 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool AND if positive, either additional evaluation for depression, suicide risk assessment, referral to a practitioner who is qualified to diagnose and treat depression, pharmacological interventions, or other interventions or follow-up for the diagnosis or treatment of depression is documented on the date of the eligible encounter
Depression screening is required once per measurement period, not at all encounters; this is patient based and not an encounter-based measure.
Screening Tools:
• The name of the age-appropriate standardized depression screening tool utilized must be documented in the medical record
• The depression screening must be reviewed and addressed in the office of the provider filing the code, on the date of the encounter. Positive pre-screening results indicating a patient is at high risk for self-harm should receive more urgent intervention as determined by the provider practice
• The screening should occur during a qualified encounter or up to 14 days prior to the date of the qualifying encounter
• Standardized depression screening tools should be normalized and validated for the age-appropriate patient population in which they are used

CONTINUED

(PREV-12) Preventive Care and Screening: Screening for Depression and Follow-Up Plan

GUIDANE CONTINUED:

Follow-Up Plan:

The follow-up plan must be related to a positive depression screening, example: "Patient referred for psychiatric evaluation due to positive depression screening."

Examples of a follow-up plan include but are not limited to:

- Additional evaluation or assessment for depression such as psychiatric interview, psychiatric evaluation, or assessment for bipolar disorder
- Completion of any Suicide Risk Assessment such as Beck Depression Inventory or Beck Hopelessness Scale
- Referral to a practitioner or program for further evaluation for depression, for example, referral to a psychiatrist, psychologist, social worker, mental health counselor, or other mental health service such as family or group therapy, support group, depression management program, or other service for treatment of depression
- Other interventions designed to treat depression such as psychotherapy, pharmacological interventions, or additional treatment options
- Pharmacologic treatment for depression is often indicated during pregnancy and/or lactation. Review and discussion of the risks of untreated versus treated depression is advised. Consideration of each patient's prior disease and treatment history, along with the risk profiles for individual pharmacologic agents, is important when selecting pharmacologic therapy with the greatest likelihood of treatment effect.

DEFINITIONS:

Screening: Completion of a clinical or diagnostic tool used to identify people at risk of developing or having a certain disease or condition, even in the absence of symptoms.

Standardized Depression Screening Tool: A normalized, and validated depression screening tool developed for the patient population in which it is being utilized.

Follow-Up Plan: Documented follow-up for a positive depression screening must include one or more of the following:

- Additional evaluation or assessment for depression
- Suicide Risk Assessment
- Referral to a practitioner who is qualified to diagnose and treat depression
- Pharmacological interventions
- Other interventions or follow-up for the diagnosis or treatment of depression

Medical Record Documentation:

- Documentation of a depression screen is completed on the date of the encounter or up to 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool AND if positive, either additional evaluation for depression, suicide risk assessment, referral to a practitioner who is qualified to diagnose and treat depression, pharmacological interventions, or other interventions or follow-up for the diagnosis or treatment of depression is documented on the date of the eligible encounter
  - The name of the age-appropriate standardized depression screening tool utilized must be documented in the medical record
  - The depression screening results must be documented on the date of the encounter (date of appointment)
    - This measure does not require documentation of a specific score, just whether results of the normalized and validated depression screening tool used are considered positive or negative.
  - The results must be reviewed/verified and documented by the eligible professional in the medical record on the date of the encounter to meet the screening portion of this measure
  - The depression screening must be reviewed and addressed in the office of the provider filing the code, on the date of the encounter. Positive pre-screening results indicating a patient is at high risk for self-harm should receive more urgent intervention as determined by the provider practice
  - If screening results are positive, documentation of discussion of a follow-up plan on the date of the positive screen. The follow-up plan must be specified as an intervention that pertains to depression.
- If medical exclusion applicable - indication of medical condition
- Patient exclusion, if applicable

2021 MSSP EHR-based Quality Measures Quick Reference Guide

Measure Descriptions – Populations – Numerators/Denominators – Exclusions/Exceptions – Documentation

Vanderbilt Health Affiliated Network

(PREV-13) Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Measure Description: Percentage of the following patients - all considered at high risk of cardiovascular events - who were prescribed or were on statin therapy during the measurement period:
• 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 who have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level ≥ 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia; OR
• Adults aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL

Initial Population: All patients aged 21 years and older at the beginning of the measurement period with a patient encounter during the measurement period.

DENOMINATOR: All patients who meet one or more of the following criteria (considered at "high risk" for cardiovascular events, under ACC/AHA guidelines):
1) Patients aged ≥ 21 years at the beginning of the measurement period with clinical ASCVD diagnosis
2) Patients aged ≥ 21 years at the beginning of the measurement period who have ever had a fasting or direct laboratory result of LDL-C ≥ 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia
3) Patients aged 40 to 75 years at the beginning of the measurement period with Type 1 or Type 2 diabetes and with an LDL-C result of 70-189 mg/dL recorded as the highest fasting or direct laboratory test result in the measurement year or during the two years prior to the beginning of the measurement period

DENOMINATOR EXCLUSIONS:
- Patients who have a diagnosis of pregnancy
- Patients who are breastfeeding
- Patients who have a diagnosis of rhabdomyolysis

DENOMINATOR EXCEPTIONS:
- Patients with adverse effect, allergy, or intolerance to statin medication
- Patients with active liver disease or hepatic disease or insufficiency
- Patients with end-stage renal disease (ESRD)
- Patients with diabetes who have the most recent fasting or direct LDL-C laboratory test result < 70 mg/dL and are not taking statin therapy (only applies to denominator 3)

Note: Denominator Exclusions/Exceptions should be active during the measurement period.

NUMERATOR: Patients who are actively using or who receive an order (prescription) for statin therapy at any point during the measurement period

NUMERATOR NOTE: In order to meet the measure, current statin therapy use must be documented in the patient's current medication list or ordered during the measurement period. ONLY statin therapy meets the measure Numerator criteria (NOT other cholesterol lowering medications). Prescription or order does NOT need to be linked to an encounter or visit; it may be called to the pharmacy. Statin medication "samples" provided to patients can be documented as "current statin therapy" if documented in the medication list in health/medical record. Patients who meet the denominator criteria for inclusion, but are not prescribed or using statin therapy, will NOT meet performance for this measure. Adherence to statin therapy is not calculated in this measure.

NUMERATOR EXCLUSIONS: None

NUMERATOR GUIDANCE:
- For mapping from the EHR when an accepted drug allergy is found, look for drug classification with a "Yc" (Yes-conditional) in the Drug EX column of the Denominator Exception Drug Codes tab. These drugs may be used as a Denominator Exception if present in the patient's record accompanied by an appropriate conditional reason why the patient isn't taking the drug (e.g. adverse effect, allergy, or intolerance to statin medication)
- Documentation of not prescribed a statin for Denominator Exception - Medical Reason(s) relevant to Population 3 ONLY: Patients with diabetes who have the most recent fasting or direct LDL-C laboratory test result < 70 mg/dL and not taking statin therapy. Other Denominator Exception – Medical Reason(s) are relevant to all Risk Categories
- Documentation of statin therapy prescribed or being taken during the measurement period cannot be completed during a telehealth encounter

DEFINITIONS:
Active Diagnosis is defined as a diagnosis that is either on the patient's problem list, a diagnosis code description listed on the encounter, or is documented in a progress note indicating that the patient is being treated or managed for the disease or condition during the measurement period
If laboratory unable to calculate LDL-C value due to high triglycerides, select "No". If the test result is labeled "unreliable" and a result is provided, also select "No"
-Previous or active Diagnosis of Familial or Pure Hypercholesterolemia - For the purposes of the measure, a previous or current diagnosis of familial or pure hypercholesterolemia would be acceptable to satisfy the criteria in Denominator Population 2. However, in the absence of an official diagnosis, if the patient has an elevated cholesterol (i.e., LDL-C level >= 190 mg/dl) – either historical or current – this would also satisfy the intent of the denominator eligibility criteria for Denominator Population 2.
Clinical atherosclerotic cardiovascular disease (ASCVD) includes:
• Acute coronary syndromes
• History of myocardial infarction
• Stable or unstable angina
• Coronary or other arterial revascularization
• Stroke or transient ischemic attack (TIA)
• Peripheral arterial disease of atherosclerotic origin

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2021 MSSP EHR-based Quality Measures Quick Reference Guide

Measure Descriptions – Populations – Numerators/Denominators – Exclusions/Exceptions – Documentation

Vanderbilt Health Affiliated Network

(PREV-13) Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Lipoprotein Density Cholesterol (LDL-C) result - A fasting or direct LDL-C laboratory test performed and test result documented in the medical record.
Statin therapy - Administration of one or more of a group of medications that are used to lower plasma lipoprotein levels in the treatment of hyperlipoproteinemia.
Statin Medication Therapy List (NOTE: List does NOT include dosage) is included in the clinical recommendations.
Some patients may not be appropriate to prescribe or use statin therapy (see exceptions and exclusions for a complete list).
"Statin intolerance is the inability to tolerate a dose of statin required to reduce a person's CV risk sufficiently from their baseline risk and could result from different statin related side effects including: muscle symptoms, headache, sleep disorders, dyspepsia, nausea, rash, alopecia, erectile dysfunction, gynecomastia, and/or arthritis" (Banach, et al., 2015, p. 2).
Patients that experience symptoms such as these may prefer not to take or continue statin therapy and therefore may be exempt from the denominator.

GUIDANCE:
Denominator Guidance: The denominator covers three distinct populations. There is only one performance rate calculated for this measure. Use the following process to prevent counting patients more than once.
Denominator Population 1: Patients aged ≥ 21 years at the beginning of the measurement period with clinical ASCVD
- If YES, patient meets Denominator Population 1 risk category
- If NO, screen for next risk category

Denominator Population 2: Patients aged ≥ 21 years at the beginning of the measurement period who have ever had a fasting or direct laboratory test result of LDL-C ≥ 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia
- If YES, patient meets Denominator Population 2 risk category
- If NO, screen for next risk category

Denominator Population 3: Patients aged 40 through 75 years at the beginning of the measurement period with Type 1 or Type 2 diabetes and with an LDL-C result of 70–189 mg/dL recorded as the highest fasting or direct laboratory test result in the measurement year or during the two years prior to the beginning of the measurement period
- If YES, patient meets Denominator Population 3 risk category
- If NO, patient does NOT meet denominator criteria and is NOT eligible for measure inclusion

Denominator Guidance for Encounter:
In order for the patient to be included in the denominator, the patient must have ONE denominator-eligible visit, defined as follows:
• Outpatient encounter visit type
• Encounter performed: initial or established office visit, face-to-face interaction, preventive care services, or annual wellness visit

LDL-C Laboratory test result options:
The measure can be reported for all patients with a documented fasting or direct LDL-C level recorded as follows:
To meet Denominator Population 1: There is no LDL-C result required.
To meet Denominator Population 2: If a patient has ANY previous fasting or direct laboratory result of LDL-C ≥ 190 mg/dL, report the highest value ≥ 190 mg/dL.
To meet Denominator Population 3: If a patient has more than one LDL-C result during the measurement period or during the two years before the start of the measurement period, report the highest level recorded during either time. The Denominator Exception, “Patients with diabetes who have the most recent fasting or direct LDL-C laboratory test result < 70 mg/dl and are not taking statin therapy” applies only to Denominator Population 3.

Intensity of statin therapy in primary and secondary prevention:
The expert panel of the 2013 ACC/AHA Guidelines (Stone et al. 2014) defines recommended intensity of statin therapy on the basis of the average expected LDL-C response to specific statin and dose. Although intensity of statin therapy is important in managing cholesterol, this measure assesses prescription of ANY statin therapy, irrespective of intensity. Assessment of appropriate intensity and dosage documentation added too much complexity to allow inclusion of statin therapy intensity in the measure at this time.

Lifestyle modification coaching:
A healthy lifestyle is important for the prevention of cardiovascular disease. However, lifestyle modification monitoring and documentation added too much complexity to allow its inclusion in the measure at this time.

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Measure Descriptions – Populations – Numerators/Denominators – Exclusions/Exceptions – Documentation

Vanderbilt Health Affiliated Network

(PREV-13) Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Medical Record Documentation:

Population 1: Patients aged ≥ 21 years at the beginning of the measurement period with clinical atherosclerotic cardiovascular disease (ASCVD)
1. Patient has a diagnosis of ASCVD (active or history of) at any time up through the last day of the measurement period
2. Patient was taking or prescribed statin therapy during the measurement period

Note: There is no LDL-C result required.

Population 2: Patients aged ≥ 21 years at the beginning of the measurement period who have ever had a fasting or direct laboratory test result of LDL-C ≥ 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia
1. Patient has ever had a fasting or direct laboratory test result of LDL-C ≥ 190 mg/dL OR were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia
2. Patient was taking or prescribed statin therapy during the measurement period

Note: If a patient has ANY previous fasting or direct laboratory result of LDL-C ≥ 190 mg/dL, report the highest value ≥ 190 mg/dL.

Population 3: Patients aged 40 through 75 years at the beginning of the measurement period with Type 1 or Type 2 diabetes and with an LDL-C result of 70–189 mg/dL recorded as the highest fasting or direct laboratory test result in the measurement year or during the two years prior to the beginning of the measurement period
1. Patient has a diagnosis of Type 1 or Type 2 Diabetes
2. Patient was taking or prescribed statin therapy during the measurement period

Note: If a patient has more than one LDL-C result during the measurement period or during the two years before the start of the measurement period, report the highest level recorded during either time.

Note:
-For all denominator populations, if medical exclusion is applicable – indication of medical condition
-In order to meet the measure, current statin therapy use must be documented in the patient's current medication list or ordered during the measurement period. ONLY statin therapy meets the measure Numerator criteria (NOT other cholesterol lowering medications). Prescription or order does NOT need to be linked to an encounter or visit; it may be called to the pharmacy. Statin medication "samples" provided to patients can be documented as "current statin therapy" if documented in the medication list in health/medical record. Patients who meet the denominator criteria for inclusion, but are not prescribed or using statin therapy, will NOT meet performance for this measure. Adherence to statin therapy is not calculated in this measure. Denominator Exceptions should be active during the measurement period.