

PQRS Educational Resource Guide 2016



OVERVIEW

gEHRiMed™ is pleased to announce that we are continuing to support four PQRS Measures Groups in 2016. We have removed the Diabetes Measures Group from gEHRiMed for 2016, and have added the Parkinson's Measures Group. Feedback we had received from clients in 2015 indicated that the Diabetes group was difficult for providers to achieve secondary to the significant challenges of treating LTPAC patients. Our goal and ultimate aim has always been to promote and deliver a product that is seamless for providers, and for this reason, we have removed the Diabetes Measures Group.

We removed two individual measures (one that no longer applies to LTPAC and one that duplicated an eCQM) and added two new individual measures for providers in 2016. With the addition of these individual measures, gEHRiMed will offer 14 individual measures which cover all six NQF Domains.

There have been some significant changes in the Dementia Measures Group which we would like to point out for providers. The most significant change is that for the 2016 reporting year, only one encounter is required for reporting, unlike the previous requirements of two encounters. However, CMS has added the addition of a depression screening in the Dementia Measures Group which providers may find to be troublesome. This screening MUST be done on the date of the encounter. gEHRiMed has incorporated a link to a PHQ-9 for providers to meet the newest specifications of the depression screening component of the measure. More information regarding both individual measures and measures groups changes will be provided in this documentation.

Below is a guide to the measures in gEHRiMed available for 2016 reporting of PQRS. Should you have any questions or concerns, please contact our Support Team or your Account Manager. Activation of the new measures will begin starting on February 1st, 2016. Please visit the following link to select the PQRS individual and/or measures groups to be activated for your group/provider(s). <http://www.gehrimed.com/2016-pqrs-measures/>

In 2016, gEHRiMed will only support Registry-based PQRS submission. gEHRiMed will no longer support claims-based submission of PQRS.

INDIVIDUAL MEASURES SUPPORTED BY gEHRiMed™ IN 2016

1. #001 Diabetes: Hemoglobin A1c Poor Control
2. #006 Coronary Artery Disease (CAD): Antiplatelet Therapy
3. #047 Care Plan
4. #048 Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older***
5. #050 Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older***
6. #110 Preventive Care and Screening: Influenza Immunization
7. #121 Adult Kidney Disease: Laboratory Testing (Lipid Profile)
8. #154 Falls: Risk Assessment **
9. #155 Falls: Plan of Care**
10. #181 Elder Maltreatment Screen and Follow-Up Plan
11. #326 Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy
12. #332 Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)
13. #342 Pain Brought Under Control Within 48 Hours
14. #386 Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences

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****NOTES:**

Measures #48 & 50 (Urinary Incontinence) are separate measures intended to be answered in conjunction with one another. The intention of these measures is that any female patient screened for Urinary Incontinence (#48) will also have a Plan of Care (#50) measure scored.

PQRS Measure(s) #154 & 155 (Falls) are programmed as one measure in gEHRiMed.

Deleted Individual Measures- gEHRiMed is not offering PQRS Measure #111 Pneumonia Vaccination Status for Older Adults and PQRS Measure #119 Diabetes: Medical Attention for Nephropathy. These measures no longer apply to our client's patient populations in Place of Service 31 & 32.

New Individual Measures offered by gEHRiMed™

1. # 342 Pain Brought Under Control Within 48 Hours
 - a. **Measure Description:** Patients aged 18 and older who report being uncomfortable because of pain at the initial assessment (after admission to palliative care services) who report pain was brought to a comfortable level within 48 hours.

Considerations: This measure is only applicable to patients in place of service 13 and only is applicable to patients after admission to palliative care services. The measure does not require a pain scale to be used, only the documentation that the pain present on admission to Palliative Care was brought to a comfortable level within 48 hours of initial assessment by "yes" or "no" answer from the patient. This measure does not apply to patients who are unable to communicate and understand the language of the person asking OR who are unable to self-report discomfort due to pain at the initial Palliative Care Service assessment.

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Example of Measure #342 in gEHRiMed

PQRS #342 0 out of 0 completed (0%)

Patients aged 18 and older who report being uncomfortable because of pain at the initial assessment (after admission to palliative care services) that report pain was brought to a comfortable level **within 48 hours**.

This measure applies to patients admitted to Palliative Care who are able to communicate and self-report that they are uncomfortable due to pain at the initial assessment (by responding "yes" when asked if they are uncomfortable because of pain).

For the purpose of reporting this measure, achievement of comfort should be assessed as defined by the patient's response (of "yes" or "no" when asked if their pain was brought to a comfortable level) within 48 hours after the initial assessment.

The look-back window for the pain management measure question is 48 hours. The follow up measure question should be asked between 48 to 72 hours from the initial evaluation. The follow up question should not be asked prior to 48 hours.

This measure does not apply to patients who are unable to communicate and understand the language of the person asking OR who are unable to self-report discomfort due to pain at the initial Palliative Care Service assessment. [N/A] Previous: 0

Documentation of patient pain brought to a comfortable level within 48 hours from initial assessment. [G9250] Previous: 0

Documentation of patient with pain not brought to a comfortable level within 48 hours from initial assessment. [G9251] Previous: 0

2. #386 Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences

- a. **Measure Description:** Percentage of patients diagnosed with Amyotrophic Lateral Sclerosis (ALS) who were offered assistance in planning for end of life issues (e.g. advance directives, invasive ventilation, hospice) at least once annually

Considerations: This measure applies to patients in place of service: 13, 31, and 32. There should be documentation in the medical record(s) that advance care planning was discussed or documented. Assistance with end of life issues should include: assessment of patient concerns, desires and needs relating to end of life issues. Bases on patient's disease progression this may include discussions regarding invasive ventilation, advance directives and hospice.

Example of Measure #386 in gEHRiMed™

PQRS #386 0 out of 0 completed (0%)

Percentage of patients diagnosed with Amyotrophic Lateral Sclerosis (ALS) who were offered assistance in planning for end of life issues (e.g., advance directives, invasive ventilation, hospice) at least once annually.

NOTE: A qualifying CPT code must be added for these responses to be valid.

Patient offered assistance with end of life issues during the measurement period. [G9380] Previous: 0

Documentation of medical reason(s) for not offering assistance with end of life issues. [G9381]
[e.g., patient in hospice and in terminal phase] during the measurement period. Previous: 0

Patient not offered assistance with end of life issues during the measurement period. [G9382] Previous: 0

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MEASURES GROUPS SUPPORTED BY gEHRiMed™ IN 2016

Updated groups- CAD and HF both had minor updates from the 2015 version. These changes did not impact the logic or change the calculation methods in reporting, so providers scoring these groups will see very little changes in gEHRiMed in 2016. Below are the measures included in the CAD & HF group respectively.

Measures	CAD	Dementia	Heart Failure	Parkinsons
PQRS #5 Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD) Completed: 0			Eligible	
PQRS #8 Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) Completed: 0			Eligible	
PQRS #47 Care Plan Completed: 0			Eligible	
PQRS #110 Preventive Care and Screening: Influenza Immunization Completed: 0			Eligible	
PQRS #130 Documentation of Current Medications in the Medical Record Completed: 0			Eligible	
PQRS #226 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention Completed: 0			Eligible	
Measures	CAD	Dementia	Heart Failure	Parkinsons
PQRS #6 Antiplatelet Therapy Completed: 0			Eligible	
PQRS #7 Beta-Blocker Therapy--Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%) Completed: 0			Eligible	
PQRS #128 Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan Completed: 0			Eligible	
PQRS #130 Documentation of Current Medications in the Medical Record Completed: 0			Eligible	
PQRS #226 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention Completed: 0			Eligible	
PQRS #242 Symptom Management Completed: 0			Eligible	

Heart Failure -the HF group measure still requires two encounters for eligibility. Qualitative assessments of LVSD are acceptable, such as: mild, moderate, or severe dysfunction which may be current or historical diagnoses.

CAD- the CAD measures group only requires one encounter. This group did undergo some changes that providers will need to be aware of. Measure #128 Preventative Care and Screening: Body mass Index (BMI) Screening and Follow-Up Plan has been reconfigured to that it allows for a “not applicable” answer rather than an exclusion. This measure does not need to be answered if it is not applicable. Ex: patient refuses BMI calculation.

Dementia- the Dementia group measure did undergo significant changes from the 2105 version. Most notably, CMS has changed the reporting requirements to only one encounter. Many providers will remember that this measures group previously required two encounters for eligibility. The other significant update to this group was the addition of a new measure for screening of depression which must be completed on the day of the encounter. gEHRiMed provides a link to a PHQ-9 directly from the measure. A provider can click the hyperlink, and be directed to an online tool to score the PHQ-9.

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Measures	CAD	Dementia	Heart Failure	Parkinsons
PQRS #47 Care Plan Completed: 0				Eligible
PQRS #134 Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan Completed: 0				Eligible
PQRS #280 Staging of Dementia Completed: 0				Eligible
PQRS #281 Cognitive Assessment Completed: 0				Eligible
PQRS #282 Functional Status Assessment Completed: 0				Eligible
PQRS #283 Neuropsychiatric Symptom Assessment Completed: 0				Eligible
PQRS #284 Management of Neuropsychiatric Symptoms Completed: 0				Eligible
PQRS #286 Counseling Regarding Safety Concerns Completed: 0				Eligible
PQRS #287 Counseling Regarding Risks of Driving Completed: 0				Eligible
PQRS #288 Caregiver Education and Support Completed: 0				Eligible

PQRS #134 / NQF #0418 **Completed: 0**

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.

The name of the age appropriate standardized depression screening tool utilized must be documented in the medical record.

The link below may be used to score the PHQ-9 depression screen. Please document depression screen results and any follow-up plan in gEHRiMed on the same date as the screen.

[PHQ-9 Questionnaire and Calculator](#)

NOTE: A qualifying CPT code must be added for these responses to be valid.

- This measure does not apply to patients 12 years and older who have an active diagnosis of Depression or a diagnosed Bipolar Disorder. [N/A] Previous: 0
- Screening is NOT documented AND there is documentation stating the patient is not eligible. [G8433] Previous: 0


A patient is not eligible if one or more of the following conditions are documented: Patient refuses to participate; 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; situations where the patient's 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); patient has an active diagnosis of Depression; patient has a diagnosed Bipolar Disorder.
- Screening for clinical depression is documented. Previous: 0
- Screening is NOT documented, reason is not given. [G8432] Previous: 0

Clear Answers
Reporting Requirements

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After scoring the PHQ-9, the provider will need to record the results in the *Assessments* tab located in the *Patient's Detail Screen* or note the results in the encounter on the date of the assessment (addendum on the date of the screen is OK). Note a plan of care for a positive screen must be documented **on the date of the screen** to meet the requirements for this measure. This measure does not apply to patients who have an active diagnosis of Depression or who have a diagnosed Bipolar Disorder (choose the first answer).



Click the  to create a patient assessment.

Create Patient Assessment

Date of Service: 01/17/2016

Category: PHQ-9 Tool

Assessment: PHQ-9 quick depression assessment panel-Reported.PHQ (44249-1)

Result: Absent response to treatment (situation) (266721009)

Comment: [Empty text area]

End Date: mm/dd/yyyy

Buttons: Cancel, Save

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New Group Measure-Parkinson's- gEHRiMed has added the Parkinson's disease measures group for reporting in 2016. We did some simple testing on the gEHRiMed database and believe a majority of clinicians will have 20 patients eligible for this measure. This measure applies to patients age 18 years and older with a specific diagnosis of Parkinson's disease. Only one encounter is necessary for reporting. This measure applies to patients in place of service 13, 31, and 32. This group measure seemed very straight-forward and relatively aligned with our provider's workflow.

Measure Title	PQRS #	Measure Description
Care Plan	47	Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.
Parkinson's Disease: Annual Parkinson's Disease Diagnosis Review	289	All patients with a diagnosis of Parkinson's disease who had an annual assessment including a review of current medications (e.g., medications that can produce Parkinson-like signs or symptoms) and a review for the presence of atypical features (e.g., falls at presentation and early in the disease course, poor response to levodopa, symmetry at onset, rapid progression [to Hoehn and Yahr stage 3 in 3 years], lack of tremor or dysautonomia) at least annually
Parkinson's Disease: Psychiatric Disorders or Disturbances Assessment	290	All patients with a diagnosis of Parkinson's disease who were assessed for psychiatric disorders or disturbances (e.g., psychosis, depression, anxiety disorder, apathy, or impulse control disorder) at least annually
Parkinson's Disease: Cognitive Impairment or Dysfunction Assessment	291	All patients with a diagnosis of Parkinson's disease who were assessed for cognitive impairment or dysfunction at least annually
Parkinson's Disease: Querying about Sleep Disturbances	292	All patients with a diagnosis of Parkinson's disease (or caregivers, as appropriate) who were queried about sleep disturbances at least annually
Parkinson's Disease: Rehabilitative Therapy Options	293	All patients with a diagnosis of Parkinson's disease (or caregiver(s), as appropriate) who had rehabilitative therapy options (e.g., physical, occupational, or speech therapy) discussed at least annually

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Parkinson's Disease: Parkinson's Disease Medical and Surgical Treatment Options Reviewed	294	All patients with a diagnosis of Parkinson's disease (or caregiver(s), as appropriate) who had the Parkinson's disease treatment options (e.g., non-pharmacological treatment, pharmacological treatment, or surgical treatment) reviewed at least once annually
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Deleted Group-Diabetes- There were no gEHRiMed subscribers using this measures group for PQRS in 2015.