

## 2022 MEDICARE SHARED SAVINGS (MSSP) QUALITY MEASURE SUMMARY SHEET

(Refer to CMS Narrative Measure Specifications document for additional details)

Measure Title	Quality Measure Summary	Documentation Requirements	Suggested Responsible Party*
<b>Management of Chronic Conditions</b>			
<b>Diabetes: A1c Control <math>\leq</math> 9%</b>	Ages 18 to 75 with diabetes: Most recent A1c in good control $\leq$ 9 taken during 2022	<ul style="list-style-type: none"> <li>Documentation of the date the test was performed and the result (HbA1c)</li> </ul>	<b>MA</b> checks for outstanding labs <b>Clinician</b> orders HbA1c if needed
<b>Controlling High Blood Pressure</b>	Ages 18 to 85 who had diagnosis of hypertension whose blood pressure was adequately controlled ( $<140/90$ ) in 2022	<ul style="list-style-type: none"> <li>Document most recent blood pressure</li> <li>Good control = <math>&lt;140/90</math></li> </ul>	<b>MA</b> take vitals and logs into EMR; takes repeat BP if out of range  <b>Clinician</b> takes repeat BP if out of range if needed
<b>Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Reporting only for 2022)</b>	Patients considered at high risk of cardiovascular events who were prescribed or were on statin therapy during 2022: <ul style="list-style-type: none"> <li>Adult's age <math>\geq 21</math> who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), or</li> <li>Adult's age <math>\geq 21</math> who ever had a fasting or direct LDL-C <math>\geq 190</math> or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia or</li> <li>Adults aged 40-75 years with a diagnosis of diabetes</li> </ul>	<ul style="list-style-type: none"> <li>Document the statin therapy in the medical record- including name, dose, frequency, and route of administration of medication</li> <li>Only statin therapy counts (no other cholesterol lowering meds)</li> <li>Exclusions: Pregnancy, breastfeeding, Dx of rhabdomyolysis</li> <li>Exceptions: Adverse effect, allergy, intolerance; active liver or hepatic disease; End stage renal disease; Diabetes and most recent LDL <math>&lt;70</math></li> </ul>	<b>Clinician</b> discusses during visit and documents in the EMR
<b>Preventive Care</b>			
<b>Colorectal Cancer Screening</b>	Ages 50 through 75 who received the appropriate colorectal cancer screening	<ul style="list-style-type: none"> <li>Document date of the screening and result of findings (<i>normal or abnormal is sufficient</i>)</li> <li>Patient reported colorectal screening where the date and result is recorded in the medical record is accepted</li> </ul> <p><b>Types of Accepted Screenings:</b></p> <ul style="list-style-type: none"> <li>FOBT in 2022</li> <li>Flexible Sigmoidoscopy in 2022 or the four years prior OR</li> <li>Colonoscopy in 2022 or the nine years prior OR</li> <li>CT Colonography during 2022 or the four years prior</li> <li>FIT-DNA (Cologuard) during 2022 or two-years prior</li> </ul>	<b>Clinician</b> discusses Health Maintenance and Preventative Care, documents in the EMR; including patient refusals and submits orders when necessary
<b>Breast Cancer Screening</b>	Woman ages 50 through 74 years who had a mammogram within 27 months prior to Dec 31, 2022 <u>(October 1, 2020 – December 31, 2022)</u>	<ul style="list-style-type: none"> <li>Document date of the screening and result of findings (<i>normal or abnormal is sufficient</i>)</li> <li>Patient reported mammogram where the date and result is recorded in the medical record is accepted</li> <li>MRI, Ultrasound and Biopsies are not considered breast cancer screenings for this measure</li> </ul>	<b>Clinician</b> discusses Health Maintenance and Preventative Care, documents in the EMR; including patient refusals and submits orders when necessary

\*Suggested Responsible Party column outlines optional office workflows. Each office determines the best workflow for their practice.

Revised 2/14/2022

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		<ul style="list-style-type: none"> <li>Exclusions: Women who had a bilateral mastectomy or a right and a left unilateral mastectomy</li> </ul>	
<b>Influenza Immunization</b>	Ages 6 months and older, who received immunization between <u>August 1, 2021 – March 31, 2022</u>	<ul style="list-style-type: none"> <li>Document immunization, where the immunization was obtained (pharmacy, in office), or reason not received (allergy, other medical reason or <b>patient refused</b>)</li> </ul>	<b>MA</b> asks about flu vaccine and documents date of most recent flu vaccine including location of where vaccine was obtained as well as any refusals
<b>Preventable Healthcare Harm</b>			
<b>Screening for Future Fall Risk</b>	Ages 65 and older who were screened for future fall risk at least once in 2022	<ul style="list-style-type: none"> <li>Ask if the patient has had any falls in the past 12 months and discuss falls or problems with balance or walking</li> <li>Document in the chart</li> </ul>	<b>MA</b> completes Fall Risk screening when rooming patient and documents findings in EMR  <b>Clinician</b> reviews and provides intervention if necessary
<b>Treatment of Mental Health</b>			
<b>Depression Remission at 12 months (Reporting only for 2022)</b>	Patients aged 12 and older with major depression or dysthymia and initial PHQ-9 score >9 who demonstrate remission at 12 months defined as PHQ-9 score <5	<ul style="list-style-type: none"> <li>Perform a follow-up PHQ-9 to evaluate remission within 10-14 months of the elevated score</li> <li>Documentation of a diagnosis of either Major Depression or Dysthymia</li> <li>Document PHQ-9 with score and date in the chart</li> </ul>	<b>MA</b> completes the PHQ-9 when rooming patient and documents findings in EMR  <b>Clinician</b> reviews and provides intervention if necessary
<b>Depression Screening and Follow Up Plan</b>	Patients ages 12 and older screened for clinical depression in 2022 using an age-appropriate standardized tool (PHQ2 & PHQ9) follow up plan documented on the date of the positive screen  Name of depression screening tool used must appear in the documentation  Progress note must state findings as positive or negative for depression	<ul style="list-style-type: none"> <li>Follow up for a positive screen (<math>\geq 10</math> PHQ-9) must include one or more of the following: Additional evaluation for depression, suicide risk assessment, referral to practitioner qualified to dx and treat depression, pharmacological interventions, or other interventions or follow up for the dx and treatment of depression</li> <li>Document reason if not screened or patient refusal</li> <li>If PHQ2 done and positive, must do a PHQ9 and must document negative or positive for depression</li> <li>If positive follow-up must be documented</li> </ul>	<b>MA</b> completes the PHQ-2 when rooming patient and follow up PHQ-9 if needed and documents findings in EMR  <b>Clinician</b> reviews and provides intervention if necessary
<b>Prevention/Treatment, Opioid and Substance Use Disorders</b>			
<b>Tobacco Use: Screening and Cessation Intervention (Reporting only for 2022)</b>	Ages 18 years and older who were <b>screened for tobacco use</b> in 2022 (any type of tobacco) <b>AND</b> if a user, received cessation counseling intervention (includes counseling and/or pharmacotherapy- education handout alone is not sufficient)	<ul style="list-style-type: none"> <li>Annual screening, document the date and result of the screening</li> <li>Screening must say tobacco use not just smoker/nonsmoker</li> <li>If screening positive, document intervention of either counseling and/or pharmacotherapy</li> </ul>	<b>MA</b> completes Tobacco Screening when rooming patient and documents findings in EMR  <b>Clinician</b> reviews and provides intervention if necessary

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