

# WELCOME!

*Thank you for your patience*

*We will begin the webinar shortly for the 2022 MSSP ACO Quality Measures*

# Zoom Participation and Etiquette



The image is a screenshot of the Zoom desktop application interface, specifically the bottom toolbar and a portion of the chat window. Several elements are highlighted with red boxes and red arrows pointing to them from text annotations:


- Mute button:** A red box highlights the 'Unmute' button in the toolbar. An annotation above it says 'Mute yourself to avoid distractions.' with an arrow pointing to the button.
- Reaction icon:** A red box highlights the smiley face icon in the toolbar. An annotation above it says 'Use Reaction Icons to Raise your Hand or share Reactions' with an arrow pointing to the icon.
- Reaction menu:** A red box highlights the 'Raise hand' menu that appears when the reaction icon is clicked. It shows various emoji reactions and a 'Recognize hand gestures' toggle.
- Chat button:** A red box highlights the 'Chat' button in the toolbar. An annotation to the right says 'Ask a question with the Chat button. We can answer your question during Q&A time. Press enter to send the message.' with an arrow pointing to the button.

A large black question mark is positioned to the right of the chat button annotation. The chat window itself is partially visible, showing a 'To:' dropdown set to 'Everyone' and a text input field labeled 'Enter chat message here'.

# 2022 MSSP ACO QUALITY MEASURE OVERVIEW

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February 2022

- 
- 2022 MSSP ACO Quality Measures Overview
    - Web Interface Measures
    - Patient Experience Measures
    - Efficiency Measures

# 13 MSSP ACO Quality Measures



**1 CAHPS Survey**  
Assessment of  
patient and  
caregiver  
experience



**2 Inpatient Utilization  
Measures**

Assessment of how well we  
manage our patients after  
hospitalization and whether  
we could have prevented  
unnecessary  
hospitalizations for chronic  
conditions that could have  
been managed outpatient



**10 Primary Care  
Measures**

Assessment of  
preventive care and  
management of  
chronic conditions

MEASURE NAME	How Measure is Reported	CMS Measure Area
CAHPS for MIPS (Consumer Assessment of Healthcare Providers and Systems)	CAHPS survey, administered by vendor	Patient Experience
Hospital-Wide, 30-day, All-Cause Unplanned Readmission Rate for MIPS Eligible Clinician Groups (This measure affects total ACO expenditures as well as ACO quality score)	Claims	Admissions and Readmissions
Risk Standardized, All- Cause Unplanned Admissions for Multiple Chronic Conditions (MCC) for ACOs (This measure affects total ACO expenditures as well as the ACO quality score)	Claims	Admissions and Readmissions

MEASURE NAME	How Measure is Reported	CMS Measure Area
Diabetes: Hemoglobin A1c (HbA1c) Poor Control	<p>Documented in EHR; reported by the ACO via Web Interface <b>OR</b> Electronic Clinical Quality Measure (eCQM)</p>	Mgmt. of Chronic Conditions
Controlling High Blood Pressure		Mgmt. of Chronic Conditions
Statin Therapy for Prevention/Treatment of Cardiovascular Disease ( <i>P4R only; not counted for PY22</i> )		Mgmt. of Chronic Conditions
Colorectal Cancer Screening		Preventive Care
Breast Cancer Screening		Preventive Care
Influenza Immunization (flu shots from <u>Aug 1, 2021</u> – March 31, 2022 count for PY2022 measure)		Preventive Care
Screening for Future Fall Risk		Preventable Healthcare Harm
Screening for Depression and Follow up Plan		Treatment of Mental Health
Depression Remission at Twelve Months ( <i>P4R only; not counted for PY22</i> )		Treatment of Mental Health
Tobacco Use: Screening and Cessation Intervention ( <i>P4R only; not counted for PY22</i> )		Prevention/Treatment, Opioid and Substance Use Disorders

# Quality is Tied to Payment



**First, the ACO must meet the quality performance standard:**

For the 2022 and 2023 performance years:

- ACO must achieve a quality score **equivalent to or higher than the 30th percentile across all MIPS** quality scores, excluding facility-based providers' scores

For the 2024 performance year and subsequent performance years:

- ACO must achieve a quality score **equivalent to or higher than the 40th percentile across all MIPS** quality scores, excluding facility-based providers' scores



**Then, if we meet the performance standard, we will be eligible to earn our full 75% of shared savings.**

(If we don't meet the performance standard, we are not eligible to share in savings at all, or if we experience losses, would need to pay the maximum share.)



# WEB INTERFACE MEASURES

*(REPORTED VIA MEDICAL RECORD DATA or eCQM)*

Diabetes: HbA1c Control >9%

HTN: Controlling High Blood Pressure

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Colorectal Cancer Screening

Breast Cancer Screening

Influenza Immunization

Screening for Future Fall Risk

Depression Remission at Twelve Months

Screening for Clinical Depression and Follow-Up Plan

Tobacco Use: Screening and Cessation Intervention

# Diabetes: HbA1c Control

<b>Population</b>	Patients aged <b>18 – 75 years</b> of age with a <b>diagnosis</b> of <b>Diabetes</b>
<b>Action</b>	<b>REDUCE</b> the number of patients with an HbA1c of >9%
<b>Documentation</b>	The <u>date</u> the test was performed AND the <u>result</u> (HbA1c value) in the performance year

The screenshot shows a patient information form for 'Test, Erin'. The patient's DOB is 3/12/1940, Age is 78Y, and Sex is F. The provider is 'Willis, Sam' and the facility is 'Nursing Home Test'. The lab information section shows the test 'HEMOGLOBIN A1c Q' with an order date of 8/4/2016 and a collection date of 8/13/2018. The specimen source is 'A1c ≤ 9.0'. The results table shows a result of 7.2 for the test '\*HEMOGLC' on 8/13/2018.

Order Date	Coll. Date	*HEMOGLC
08/04/2016	08/13/2018	7.2

# HTN: Controlling High Blood Pressure

<b>Population</b>	Patients aged <b>18 – 85 years</b> of age with a <b>diagnosis</b> of <b>Hypertension</b>
<b>Action</b>	<b>ACHIEVE</b> blood pressure <140/90 mmHg
<b>Documentation</b>	The <u>date</u> of the BP reading and the <u>BP value</u> in the performance year

Problem List

All

I25.5

Ischemic cardiomyopathy

I48.91

Atrial fibrillation

D64.9

Anemia, unspecified

I10

Essential (primary) hypertension

E11.9

Type 2 diabetes mellitus without complications

R07.9

Chest pain

**Objective:**

**Vitals:**

BP 119/75 mm Hg

# Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (P4R)

<b>Population</b>	Patients aged <b>20 – 75 years</b> who are at <b>high risk</b> for <b>cardiovascular events</b>
<b>Action</b>	<b>Prescribe</b> a statin for patients who are at high risk for cardiovascular events
<b>Documentation</b>	Documentation of statin therapy in the medical record- including name, dose, frequency and route of administration of medication

Active Problem List		Current Medications
Z00.01	Encounter for general adult medical examination w	<p>Taking</p> <ul style="list-style-type: none"> <li>• Aspirin-81 81 MG Tablet Delayed Release 1 tablet Orally TWICE A DAY</li> <li>• Magnesium Oxide 400 MG Tablet 1 tablet as needed Orally Once a day</li> <li>• Multivitamin Adult - Tablet Orally</li> <li>• Colcrys 0.6 MG Tablet TAKE 1 TABLET BY MOUTH EVERY DAY , Notes: PRN ONLY</li> <li>• Ibuprofen 600 MG Tablet 1 tablet with food or milk as needed Orally Three times a day</li> <li>• Lisinopril 40 MG Tablet TAKE 1 TABLET EVERY DAY</li> <li>• <b>Atorvastatin Calcium 80 mg Tablet 1 tablet Orally Once a day</b></li> <li>• Metoprolol Succinate ER 50 MG Tablet Extended Release 24 Hour TAKE 1 TABLET EVERY</li> </ul>
Z71.89	Advanced directives, counseling/discussion	
Z13.6	Encounter for screening for cardiovascular disorder	
Z13.89	Depression screening	
Z79.02	Encounter for long-term use of antiplatelets/antithr	
Z23	Need for influenza vaccination	
E11.59	Type 2 diabetes mellitus with other circulatory com	
	current use of insulin	
I24.8	Coronary artery insufficiency	
I42.9	Cardiomyopathy, dilated, nonischemic	
I10	Hypertension	
I44.7	LBBB (left bundle branch block)	
E70.5	Dyslipidemia	

# Colorectal Cancer Screening

<b>Population</b>	Patients aged <b>50 – 75 years</b>
<b>Action</b>	<b>PERFORM</b> a colonoscopy in the past 10 years, or flexible sigmoidoscopy, CT colonography in the past 5 years, FIT-DNA (Cologuard) in the past 3 years, or FOBT annually
<b>Documentation</b>	The <u>date</u> the screening was performed AND the <u>result</u> or <u>findings</u> ( <i>normal or abnormal is sufficient</i> ).

**Patient** Sel Info Hub

Test, ACO  
 DOB:1/1/1940 Age:78Y Sex:F  
 Tel:123-456-7890  
 Acct No:12230, WebEnabled:  
 Yes  
 Elgb Status:

☐ Don't publish to web Portal

**Diagnostic Imaging Information**

Imaging  
 colonoscopy Sel Order Date 8 /13/2018 Performed Date 8 /17/2018

Reason Body Site

**Results**

☒ Received Date 8 /17/2018 Result Normal

Order Date	Performed Date						
08/13/2018	08/17/2018						

**Status:** ☒ Open ☐ Reviewed

**Provider:** Willis, Sam ... ☐ High Priority

**Facility:** Apex Medical ... ☐ InHouse

**Assigned To:** Bach, Scott ... ☐ Future Order

☐ Cancelled

# Breast Cancer Screening

<b>Population</b>	<b>Women aged 50 – 74 years</b>
<b>Action</b>	<b>PERFORM</b> a mammogram within the past 27 months (10/1/20 – 12/31/2022)
<b>Documentation</b>	The <u>date</u> the screening was performed AND the <u>result</u> or <u>findings</u> ( <i>normal or abnormal is sufficient</i> )

**Patient** Sel Info Hub **Status:** ☒ Open ☐ Reviewed 🟢 🟢

Test, ACO  
 DOB:1/1/1940 Age:78Y Sex:F  
 Tel:123-456-7890  
 Acct No:12230, WebEnabled:  
 Yes  
 Elgb Status:

**Provider:** Willis, Sam ... ☐ High Priority  
**Facility:** Apex Medical ... ☐ InHouse  
**Assigned To:** Bach, Scott ... ☐ Future Order  
☐ Cancelled

☐ Don't publish to web Portal

**Diagnostic Imaging Information**

Imaging Sel **MAMMOGRAM, SCREENING** ... ☐ **Order Date** 8 / 13 / 2018 ... ☒ **Performed Date** 8 / 17 / 2018 ...

**Reason** ... **Body Site** ... Clr

**Results**

☒ Received **Date** 8 / 17 / 2018 ... **Result** Normal ...

Order Date	Performed Date						
08/13/2018	08/17/2018						

# Influenza Immunization

<b>Population</b>	Patients aged <b>6 months or older</b> seen for a <b>visit</b> between <b>10/1 – 3/31</b>
<b>Action</b>	<p><b>ASK</b> all patients seen between <i>10/1 – 3/31</i> if they received an influenza vaccine for the current flu season</p> <p>If <b>Yes</b>:</p> <ul style="list-style-type: none"> <li><b>DOCUMENT</b> the date the vaccine was administered and where it was administered (e.g. pharmacy, PCP office)</li> </ul> <p>If <b>No</b>:</p> <ul style="list-style-type: none"> <li><b>ADMINISTER</b> an influenza vaccine, <i>OR</i></li> <li><b>DOCUMENT</b> the reason why the vaccine was not administered (e.g. patient refusal, allergy)</li> </ul>
<b>Documentation</b>	Evidence of the immunization administered between 8/1/2021 and 3/31/2022 <u>OR</u> any applicable exclusions

Immunization Details (Test, Erin)

**Influenza**

Vaccination Given in Past ☒ N ☐ Y

Visit date ~ 2017-08-21 AWV

Dose \* 0.5

Dose Number \* 1

Lot Number \* 12315 ☐ VFC

Route \* Intramuscular

Location

Exp. Date \* 12/28/2017

Status Administered

Reason

Given By \* Willis, Sam Me

Given Date/Time \* 08/21/2017 02:52 PM

Manufacturer Merck & Co.

VFC \* Not VFC Eligible

# Screening for Future Fall Risk

<b>Population</b>	Patients aged <b>65 years and older</b>
<b>Action</b>	<b>ASK</b> if the patient has had any falls in the past 12 months <b>DISCUSS</b> falls or problems with balance or walking
<b>Documentation</b>	Documentation of any history of fall screening, or documentation of no fall, or a gait/balance assessment

Telephone access - Yes  
Actual/threats of physical/sexual abuse - No  
Actual/threats of sexual abuse - No  
Feel safe at home - Yes  
Home Safety Assessment Needed : No

Assessment of  
Falls

## Falls Information:

Past 2 months - No

Past 6 months - No

## Balance:

Difficulties with balance - Yes

Experienced lightheadedness/dizziness w/ position changes - No

Episodes of dizziness - No

Experienced blackouts - No

Gate or Balance  
Assessment



# Depression Remission at Twelve Months (P4R)

<b>Population</b>	Patients aged <b>12 and older</b> with a diagnosis of <b>Major Depression</b> or <b>Dysthymia</b> , AND a <b>PHQ-9</b> greater than 9
<b>Action</b>	<b>PERFORM</b> a follow-up PHQ-9 to evaluate remission within <u>10-14 months</u> of the elevated score and <b>ACHIEVE</b> Remission <ul style="list-style-type: none"> <li>Remission = <b>PHQ-9</b> score of <b>less than 5</b></li> </ul>
<b>Documentation</b>	Diagnosis of Major Depression or Dysthymia AND completed PHQ-9 screenings (with the PHQ-9 score and date)

**PATIENT HEALTH QUESTIONNAIRE (PHQ-9)**

Name: Erin Test Date: 01/05/2018

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(Use "x" to indicate your answer)

	Not at all 0	Several days 1	More than half the days 2	Nearly every day 3
1) Little interest or pleasure in doing things	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Trouble falling or staying asleep, or sleeping too much	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Feeling tired or having little energy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Poor appetite or overeating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Feeling bad about yourself-or that you are a failure or have let yourself or your family down	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Moving or speaking so slowly that other people could have noticed. Or the opposite-being so fidgety or restless that you have been moving around a lot more than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Thoughts that you would be better off dead, or of hurting yourself in some way?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total Score:</b>	<b>4</b>			

PHQ-9 must be less than 5 to meet the measure

# Depression Screening & Follow-Up Plan

<b>Population</b>	Patients aged <b>12 years and older</b> ( <i>without a diagnosis of Major Depression or Bipolar Disorder</i> )
<b>Action</b>	<b>PERFORM</b> a Depression Screening (PHQ-2), and, if screened <u>positive</u> , <b>PERFORM</b> the PHQ-9 Depression Evaluation (PHQ-9), and <b>RECOMMEND</b> a follow up plan for depression
<b>Documentation</b>	<b>Screening:</b> The <u>date</u> and <u>result</u> of depression screening <b>Intervention:</b> Documentation of either counseling and/or pharmacotherapy

**Depression Screening PHQ2 (2015 Edition)**

Name: Erin Test Date: 08/14/2018

**Little interest or pleasure in doing things?**

☐ Not at all  
☐ Several days  
☒ More than half the days  
☐ Nearly every day  
☐ Declined to specify

**Feeling down, depressed, or hopeless?**

☐ Not at all  
☐ Several days  
☒ More than half the days  
☐ Nearly every day  
☐ Declined to specify

**Total Score: 4**

*If the patient scores 3 or higher on the PHQ-2, the PHQ-9 Smart Form will automatically open*

**PATIENT HEALTH QUESTIONNAIRE (PHQ-9)**

Name: COSS Test Date: 01/05/2018

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
 (Use "x" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
	0	1	2	3
1) Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Tobacco Use: Screening and Cessation Intervention (P4R)

<b>Population</b>	Patients aged <b>18 years and older</b>
<b>Action</b>	<b>ASK</b> if the patient uses tobacco in any form, and if <u>yes</u> , <b>COUNSEL</b> patient to assist with smoking cessation and/or <b>PRESCRIBE</b> an RX
<b>Documentation</b>	<b>Screening:</b> The <u>date</u> and <u>result</u> of tobacco use screening <b>Intervention:</b> Documentation of either counseling and/or pharmacotherapy

**Initial Screening**  
\* MA: Draganitchki (Zahary)  
Ht: 61.25 in. Wt: 125.6 lbs. BMI: 23.62 with shoes  
Temp: 98.4 deg F  
BP (mmHg): 92 / 62 BP (Rechecked, Actionable): 92 / 62 mmHg  
HR: 68 bpm  
Trav: No  
Chronic Pain Assessment: Does not experience chronic pain? NO  
**Smoking Assessment: Tobacco use? current every day smoker**  
**Smoking Counseling? YES** Quitworks form was provided today  
Self Management materials provided? Printed handout: Keeping You Healthy

Screening

Cessation Intervention

# Best Practices for Medicare ACO Success

- Know who your Medicare ACO patients are (Q1 of 2022)
- See your Medicare patients at least once a year – do the AWW
- Accurately and completely code and document all conditions and past medical events include all codes on claim every year – this also optimizes Benchmark Risk Adjustment
- Ensure all preventive screenings are scheduled/done
- Coordinate care and manage your high-risk patients
- Review performance data to identify improvement opportunities
- Establish workflows to ensure staff are working to the top of their license (e.g., MA's administering flu vaccine, taking vitals etc.)

# PATIENT EXPERIENCE MEASURES

## (REPORTED VIA PATIENT SURVEY)

What is the CAHPS for MIPS Survey? The CAHPS for MIPS Survey measures patients' experience and care within a group. The survey contains 10 summary survey measures to assess the following:

1. Getting Timely Care, Appointments, and Information
2. How Well Providers Communicate
3. Patient's Rating of Provider
4. Access to Specialists
5. Health Promotion and Education
6. Shared Decision Making
7. Health Status and Functional Status
8. Courteous and Helpful Office Staff
9. Care Coordination
10. Stewardship of Patient Resources

7. In the last 6 months, did you make any appointments for a **check-up or routine care** with this provider?
- ☐ Yes  
☐ No → **If No, go to #9**
8. In the last 6 months, when you made an appointment for a **check-up or routine care** with this provider, how often did you get an appointment as soon as you needed?
- ☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always
9. In the last 6 months, did you contact this provider's office with a medical question during regular office hours?
- ☐ Yes  
☐ No → **If No, go to #11**
10. In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?
- ☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always
11. In the last 6 months, how often did this provider explain things in a way that was easy to understand?
- ☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always

12. In the last 6 months, how often did this provider listen carefully to you?
- ☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always
13. In the last 6 months, how often did this provider seem to know the important information about your medical history?
- ☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always
14. In the last 6 months, how often did this provider show respect for what you had to say?
- ☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always
15. In the last 6 months, how often did this provider spend enough time with you?
- ☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always
16. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?
- ☐ Yes  
☐ No → **If No, go to #18**

# EFFICIENCY MEASURES

## (REPORTED VIA CLAIMS DATA)

MEASURE	SHORT DESCRIPTION
Hospital-Wide, 30-day, All-Cause Unplanned <b>Readmission Rate</b> for MIPS Eligible Clinician Groups	Goal: Decrease readmissions to a hospital within 30 days of discharge
Risk Standardized, All – Cause <b>Unplanned Admissions for Multiple Chronic Conditions (MCC)</b> for ACOs	<p>Goal: Reduce rate of acute, unplanned hospital admissions for high-risk patients 65 and older with two or more of the following NINE chronic conditions:</p> <ul style="list-style-type: none"> <li>• Acute myocardial infarction</li> <li>• Alzheimer's disease and related disorders or senile dementia</li> <li>• Atrial fibrillation</li> <li>• Chronic kidney disease</li> <li>• Chronic obstructive pulmonary disease or asthma</li> <li>• Depression</li> <li>• Diabetes</li> <li>• Heart failure</li> <li>• Stroke or transient ischemic attack</li> </ul>

# Questions about workflows and EMR documentation?

LEGACY LOWELL PHO	LEGACY NEQCA
Annemarie Starrett <a href="mailto:annmarie.starrett@lowellgeneral.org">annmarie.starrett@lowellgeneral.org</a>	Danielle White <a href="mailto:dwhite1@neqca.org">dwhite1@neqca.org</a>
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ANY  
QUESTIONS  
?

# Appendix

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## 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</b> <i>(Reporting only for 2022)</i>	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</math> 21 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</math> 21 who ever had a fasting or direct LDL-C <math>\geq</math> 190 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> <b>Types of Accepted Screenings:</b> <ul style="list-style-type: none"> <li>FOBT in 2022</li> <li>Flexible Sigmoidoscopy is 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 2/6/2022

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

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

<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</b> <i>(Reporting only for 2022)</i>	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</b> <i>(Reporting only for 2022)</i>	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