

WELCOME!

Thank you for your patience

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

Zoom Participation and Etiquette



2022 MSSP ACO QUALITY MEASURE OVERVIEW

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	Documented in EHR; reported by the ACO via Web Interface OR Electronic Clinical Quality Measure (eCQM)	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

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

Sel Info Hub

Test, Erin
DOB:3/12/1940 Age:78Y Sex:F
Tel:000-000-0000
Acct No:12122, WebEnabled:
Yes
Elgb Status:
 Don't publish to Web
 Portal

Status:

Provider: Willis, Sam High Priority
Facility: Nursing Home Test InHouse
 Future Order
Assigned To: Willis, Sam Cancelled

Lab Information

Lab	Order Date	Collection Date	Time
HEMOGLOBIN A1c Q	Sel 8/4/2016	8/13/2018	:

Reason: Actual Fasting
 Ordered Fasting

Specimen

Source	Description	Collection Volume	Units
	A1c < 9.0		

Results

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

A1c < 9.0

HTN: Controlling High Blood Pressure

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

Problem List

	All	!	...
<input type="checkbox"/> ↗ I25.5	Ischemic cardiomyopathy		
<input type="checkbox"/> ↗ I48.91	Atrial fibrillation		
<input type="checkbox"/> ↗ D64.9	Anemia, unspecified		
<input type="checkbox"/> ↗ I10	Essential (primary) hypertension		
<input type="checkbox"/> ↗ E11.9	Type 2 diabetes mellitus without complications		
<input type="checkbox"/> ↗ R07.9	Chest pain		

Objective:
Vitals:
BP 119/75 mm Hg

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

Population	Patients aged 20 – 75 years who are at high risk for cardiovascular events
Action	Prescribe a statin for patients who are at high risk for cardiovascular events
Documentation	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 Advanced directives, counseling/discussion	Taking
Z71.89		<ul style="list-style-type: none">Aspir-81 81 MG Tablet Delayed Release 1 tablet Orally TWICE A DAY
Z13.6	Encounter for screening for cardiovascular disorder	<ul style="list-style-type: none">Magnesium Oxide 400 MG Tablet 1 tablet as needed Orally Once a day
Z13.89	Depression screening	<ul style="list-style-type: none">Multivitamin Adult - Tablet Orally
Z79.02	Encounter for long-term use of antiplatelets/antithrombotics	<ul style="list-style-type: none">Colcrys 0.6 MG Tablet TAKE 1 TABLET BY MOUTH EVERY DAY , Notes: PRN ONLY
Z23	Need for influenza vaccination	<ul style="list-style-type: none">Ibuprofen 600 MG Tablet 1 tablet with food or milk as needed Orally Three times a day
E11.59	Type 2 diabetes mellitus with other circulatory complications <i>current use of insulin</i>	<ul style="list-style-type: none">Lisinopril 40 MG Tablet TAKE 1 TABLET EVERY DAY
I24.8	Coronary artery insufficiency	<ul style="list-style-type: none">Atorvastatin Calcium 80 mg Tablet 1 tablet Orally Once a day
I42.9	Cardiomyopathy, dilated, nonischemic	
I10	Hypertension	<ul style="list-style-type: none">Metoprolol Succinate ER 50 MG Tablet Extended Release 24 Hour TAKE 1 TABLET EVERY
I44.7	LBBB (left bundle branch block)	
E70.5	Dyslipidemia	

Colorectal Cancer Screening

Population	Patients aged 50 – 75 years
Action	PERFORM 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
Documentation	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 

Provider: Willis, Sam  Facility: Apex Medical  Assigned To: Bach, Scott 

Don't publish to web Portal

Diagnostic Imaging Information

Imaging: colonoscopy	Order Date: 8/13/2018	Performed Date: 8/17/2018
Reason:	Body Site:  	

Results

<input checked="" type="checkbox"/> Received Date: 8/17/2018	Result: Normal
Order Date: 08/13/2018	Performed Date: 08/17/2018

Breast Cancer Screening

Population	Women aged 50 - 74 years
Action	PERFORM a mammogram within the past 27 months (10/1/20 - 12/31/2022)
Documentation	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

Status: Open Reviewed

Provider: High Priority

Facility: InHouse

Assigned To: Future Order

Cancelled

Don't publish to www

Portal

Diagnostic Imaging Information

Imaging Order Date Performed Date

MAMMOGRAM, SCREENING Reason

Results

Received Date Result

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

Influenza Immunization

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

Immunization Details (Test, Erin)

Influenza

Vaccination Given in Past N Y

Visit date

Dose

Dose Number

Lot Number VFC

Route

Location

Exp. Date

Status

Reason

Given By Me

Given Date/Time

Manufacturer

VFC

Screening for Future Fall Risk

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

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

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

Assessment of Falls

Gate or Balance Assessment

Depression Remission at Twelve Months (P4R)

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

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Name: Date:

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
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"/>

Total Score: **4**

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

Depression Screening & Follow-Up Plan

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

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

Total Score 4

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
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, sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tobacco Use: Screening and Cessation Intervention (P4R)

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

BP (Initial): 92 / 62 BP (Rechecked, Actionable): 92 / 62 mmHg

HR: 82

Trav: No travel in past 28 days:: 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

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 AWV
- 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 Readmission Rate for MIPS Eligible Clinician Groups	Goal: Decrease readmissions to a hospital within 30 days of discharge
Risk Standardized, All – Cause Unplanned Admissions for Multiple Chronic Conditions (MCC) for ACOs	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: <ul style="list-style-type: none">• Acute myocardial infarction• Alzheimer's disease and related disorders or senile dementia• Atrial fibrillation• Chronic kidney disease• Chronic obstructive pulmonary disease or asthma• Depression• Diabetes• Heart failure• Stroke or transient ischemic attack

Questions about workflows and EMR documentation?

LEGACY LOWELL PHO	LEGACY NEQCA
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	Candace Perry <u>cperry@neqca.org</u>

ANY
QUESTIONS
?

Appendix

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*
Management of Chronic Conditions			
Diabetes: A1c Control \leq 9%	Ages 18 to 75 with diabetes: Most recent A1c in good control \leq 9 taken during 2022	<ul style="list-style-type: none"> Documentation of the date the test was performed and the result (HbA1c) 	MA checks for outstanding labs Clinician orders HbA1c if needed
Controlling High Blood Pressure	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"> Document most recent blood pressure Good control = $<140/90$ 	MA take vitals and logs into EMR; takes repeat BP if out of range Clinician takes repeat BP if out of range if needed
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Reporting only for 2022)	Patients considered at high risk of cardiovascular events who were prescribed or were on statin therapy during 2022: <ul style="list-style-type: none"> Adult's age ≥ 21 who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), or Adult's age ≥ 21 who ever had a fasting or direct LDL-C ≥ 190 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 	<ul style="list-style-type: none"> Document the statin therapy in the medical record- including name, dose, frequency, and route of administration of medication Only statin therapy counts (no other cholesterol lowering meds) Exclusions: Pregnancy, breastfeeding, Dx of rhabdomyolysis Exceptions: Adverse effect, allergy, intolerance; active liver or hepatic disease; End stage renal disease; Diabetes and most recent LDL <70 	Clinician discusses during visit and documents in the EMR
Preventive Care			
Colorectal Cancer Screening	Ages 50 through 75 who received the appropriate colorectal cancer screening	<ul style="list-style-type: none"> Document date of the screening and result of findings (<i>normal or abnormal is sufficient</i>) Patient reported colorectal screening where the date and result is recorded in the medical record is accepted <p>Types of Accepted Screenings:</p> <ul style="list-style-type: none"> FOBT in 2022 Flexible Sigmoidoscopy in 2022 or the four years prior OR Colonoscopy in 2022 or the nine years prior OR CT Colonography during 2022 or the four years prior FIT-DNA (Cologuard) during 2022 or two-years prior 	Clinician discusses Health Maintenance and Preventative Care, documents in the EMR; including patient refusals and submits orders when necessary
Breast Cancer Screening	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"> Document date of the screening and result of findings (<i>normal or abnormal is sufficient</i>) Patient reported mammogram where the date and result is recorded in the medical record is accepted MRI, Ultrasound and Biopsies are not considered breast cancer screenings for this measure 	Clinician 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 12/1/2022

2022 MEDICARE SHARED SAVINGS (MSSP) QUALITY MEASURE SUMMARY SHEET

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

Influenza Immunization	Ages 6 months and older, who received immunization between <u>August 1, 2021 – March 31, 2022</u>	<ul style="list-style-type: none"> Document immunization, where the immunization was obtained (pharmacy, in office), or reason not received (allergy, other medical reason or patient refused) 	MA asks about flu vaccine and documents date of most recent flu vaccine including location of where vaccine was obtained as well as any refusals
Preventable Healthcare Harm			
Screening for Future Fall Risk	Ages 65 and older who were screened for future fall risk at least once in 2022	<ul style="list-style-type: none"> Ask if the patient has had any falls in the past 12 months and discuss falls or problems with balance or walking Document in the chart 	MA completes Fall Risk screening when rooming patient and documents findings in EMR Clinician reviews and provides intervention if necessary
Treatment of Mental Health			
Depression Remission at 12 months (Reporting only for 2022)	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"> Perform a follow-up PHQ-9 to evaluate remission within 10-14 months of the elevated score Documentation of a diagnosis of either Major Depression or Dysthymia Document PHQ-9 with score and date in the chart 	MA completes the PHQ-9 when rooming patient and documents findings in EMR Clinician reviews and provides intervention if necessary
Depression Screening and Follow Up Plan	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"> Follow up for a positive screen (≥ 10 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 Document reason if not screened or patient refusal If PHQ2 done and positive, must do a PHQ9 and must document negative or positive for depression If positive follow-up must be documented 	MA completes the PHQ-2 when rooming patient and follow up PHQ-9 if needed and documents findings in EMR Clinician reviews and provides intervention if necessary
Prevention/Treatment, Opioid and Substance Use Disorders			
Tobacco Use: Screening and Cessation Intervention (Reporting only for 2022)	Ages 18 years and older who were screened for tobacco use in 2022 (any type of tobacco) AND if a user, received cessation counseling intervention (includes counseling and/or pharmacotherapy- education handout alone is not sufficient)	<ul style="list-style-type: none"> Annual screening, document the date and result of the screening Screening must say tobacco use not just smoker/nonsmoker If screening positive, document intervention of either counseling and/or pharmacotherapy 	MA completes Tobacco Screening when rooming patient and documents findings in EMR Clinician reviews and provides intervention if necessary