



2015 Clinical Quality Measures Guide/PQRS for ONCOCHART – Stage 1 and 2

The Medicare EHR Incentive Program will provide incentive payments to eligible professionals that demonstrate Meaningful Use of certified EHR technology. [What are Clinical Quality Measures?](#)

ONCOCHART has a tool to help you track your progress.

Instructions on how to use the ONCOCHART CQM Calculator can be found [here](#).

If you're only interested in meeting Meaningful Use, your date range should match the 90 day range you selected for Meaningful Use in 2015. As you answer the CQMs in ONCOCHART, this calculator will display your results.

It is highly recommended you answer all CQMs so that CMS can gather the information. It is **required** that you submit CQM data, or you won't be considered a Meaningful user. It is very important you answer the questions and provide the quality service for which CMS is looking. For example, if the patient is a smoker, but the EP does not provide counseling, it may count against the EP in terms of numerator/denominator calculations.

ONCOCHART has made recording CQM data simple by aggregating the necessary questions onto tabs located in various E&M narratives. Answer the questions, and the CQM calculator will calculate the percentages.

CQM Reporting Options

In 2015, EPs have the option to report CQMs via the [EHR Registration and Attestation System](#) or via the [Physician Quality Reporting \(PQRS\) Portal](#). The easiest method is via the Registration and Attestation system; as it only requires you to hand enter the values from the calculator into the CMS website.

Notes

The names and locations of all the CQMs, contained in ONCOCHART, are on pages 2 and 3.

Information regarding PQRS is on page 5.

Reviewed and modified on 1/28/2016. This document is the property of BMSi, Inc, and it for the sole use of the intended recipient(s) and may contain classified, proprietary, confidential, trade secret or privileged information. Any unauthorized review, use, disclosure or distribution is prohibited and may be a violation of law.

Breast Cancer Screening (NQF 0031): Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer. The question(s)/answer(s) associated with this measure can be found under Initial Evaluation and Follow-Up: *INI > Sys Review > PQRS 112 > Brst CA Screen and FUE > Sys Review > Measure 112 > Brst CA Screen.*

Childhood Immunization Status (NQF 0038): The question(s)/answer(s) associated with this measure can be found under Initial Evaluation and Follow-Up > *Clinical Quality Measure > Immunizations > Immunization Status.*

Colorectal Cancer Screening (NQF 0034): Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer. The question(s)/answer(s) associated with this measure can be found under Initial Evaluation and Follow-Up > *System Review > PQRS 113.*

Controlling High Blood Pressure (NQF 0018): Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement period. The question(s)/answer(s) associated with this measure can be found under Initial Evaluation and Follow-Up > *Clinical Quality Measures > Control High BP.*

Documentation of Current Medications in the Medical Record (NQF 0419): Percentage of specified visits for patients ages 18 years and older for which the eligible professional attests to documenting a list of current medications to the best of his/her knowledge and ability. The question(s)/answer(s) associated with this measure can be found under Initial Evaluation and Follow-Up > *Allergy/Rx/Chemo > PQRS 130 Meds.*

Falls: Screening for Future Fall Risk (NQF 0101): Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period. The question(s)/answer(s) associated with this measure can be found under Initial Evaluation and Follow-Up > *Performance Indicators > Measure 154.*

Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen

Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer (NQF 0387): Percentage of female patients ages 18 years and older with Stage IC through IIC, ER or RP positive breast cancer who were prescribed tamoxifen or aromatase inhibitor and have at least two office visits during the 12 month reporting period. The question(s)/answer(s) associated with this measure can be found under Initial Evaluation and Follow-Up > *Breast PQRS > PQRS #71.*

Oncology: Medical and Radiation - Pain Intensity Quantified (NQF 0384): Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently *receiving chemotherapy or radiation therapy* in which pain intensity is quantified. The question(s)/answer(s) associated with this measure can be found under Initial Evaluation and Follow-Up > *Pain > Measure #143.*

Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up (Age 18-64)

(NQF 0421): Percentage of patients aged 18-64 years with an encounter during the reporting period with a documented calculated BMI during the encounter or during the previous 6 months, *AND* when the BMI is outside of normal parameters, follow-up is documented during the encounter

Reviewed and modified on 1/28/2016. This document is the property of BMSi, Inc, and it for the sole use of the intended recipient(s) and may contain classified, proprietary, confidential, trade secret or privileged information. Any unauthorized review, use, disclosure or distribution is prohibited and may be a violation of law.

or during the previous six months of the encounter with the BMI outside of normal parameters.

Normal parameters: Age 18-64 years; BMI ≥ 18.5 and <25 . The question(s)/answer(s) associated with this measure can be found under Initial Evaluation and Follow-Up > *Clinical Quality Measures* > *Weight Screen #128*.

Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up (Age 65+)

(NQF 0421): Percentage of patients aged 65 years and older with an encounter during the reporting period with a documented calculated BMI during the encounter or during the previous 6 months, **AND** when the BMI is outside of normal parameters, follow-up is documented during the encounter or during the previous six months of the encounter with the BMI outside of normal parameters. **Normal parameters: Age 65 years and older; BMI ≥ 23 .** The question(s)/answer(s) associated with this measure can be found under Initial Evaluation and Follow-Up > *Clinical Quality Measures* > *Weight Screen #128*.

Preventive Care and Screening: Influenza Immunization for Patients 6 months or older (NQF

0041): Percentage of patients aged 6 months and older who received an influenza immunization during the flu season. The question(s)/answer(s) associated with this measure can be found under INI and FUE > *Clinical Quality Measures* > *Flu Screen #110*.

Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (NQF

0028): Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months **AND** who received cessation counseling intervention if identified as a tobacco user. The question(s)/answer(s) associated with this measure can be found under INI and FUE > *Clinical Quality Measures* > *Preventive Screening*.

Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer

Patients (NQF 0389): Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, or external beam radiotherapy to the prostate, or radical prostatectomy, or cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer. The question(s)/answer(s) associated with this measure can be found under INI and FUE > *Prostate PQRS* > *PQRS #102*.

Use of Imaging Studies for Low Back Pain (NQF 0052):

Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis. The question(s)/answer(s) associated with this measure can be found under INI and FUE > *Clinical Quality Measures* > *Back Pain*.

Starting in 2014, all providers, regardless of whether they are in Stage 1 or Stage 2 of Meaningful Use, will be required to report on the 2014 CQMs finalized in the Stage 2 rule. This means eligible professionals will need to report 9 measures.

Reviewed and modified on 1/28/2016. This document is the property of BMSi, Inc, and it for the sole use of the intended recipient(s) and may contain classified, proprietary, confidential, trade secret or privileged information. Any unauthorized review, use, disclosure or distribution is prohibited and may be a violation of law.

There is also a new requirement in 2014 that the quality measures selected must cover at least 3 of the 6 available National Quality Strategy (NQS) domains, which represent the Department of Health and

Human Services' NQS priorities for health care quality improvement.

To give yourself flexibility, we suggest you answer all of the CQMs in ONCOCHART. This will give you more options come attestation time.

The 6 NQS domains are:

Patient and Family Engagement, Patient Safety, Care Coordination, Population/Public Health, Efficient Use of Healthcare Resources and Clinical Process/Effectiveness. Each ONCOCHART CQM and domain is listed below.

Breast Cancer Screening (NQF 0031): Clinical Process/Effectiveness

Childhood Immunization Status (NQF 0038): Population/Public Health

Colorectal Cancer Screening (NQF 0034): Clinical Process/Effectiveness

Controlling High Blood Pressure (NQF 0018): Clinical Process/Effectiveness

Documentation of Current Medications in the Medical Record (NQF 0419): Patient Safety

Falls: Screening for Future Fall Risk (NQF 0101): Patient Safety

Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer (NQF 0387): Clinical Process/Effectiveness

Oncology: Medical and Radiation - Pain Intensity Quantified (NQF 0384): Patient and Family Engagement

Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up(NQF 0421): Population/Public Health

Preventive Care and Screening: Influenza Immunization for Patients 6 months or older (NQF 0041): Population/Public Health

Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (NQF 0028): Population/Public Health

Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients (NQF 0389): Efficient Use of Healthcare Resources

Use of Imaging Studies for Low Back Pain (NQF 0052): Efficient Use of Healthcare Resources

PQRS

CQMs and PQRS are completely separate programs. If an EP chooses to not submit PQRS data, he/she may incur payment adjustments in future years.

PQRS Reporting Options

For the 2015 reporting period, EPs have the option to report PQRS via [Medicare Part B Claims](#) or via the [Physician Quality Reporting \(PQRS\) Portal also known as Direct EHR](#).

Medicare Part B Claims - If you would like to submit PQRS via Medicare Part B Claims, we suggest speaking with your billing company/personnel. You must report for at least 50 percent of the Medicare Part B FFS patients if you choose to report PQRS via Part B claims. The reporting period for PQRS is the entire calendar year.

PQRS Portal - If you would like to submit PQRS data via the PQRS Portal, please contact the QualityNet Help Desk at 1-866-288-8912 or qnet-support@hcqis.org in order to get help with creating the necessary CMS accounts and obtaining the appropriate account roles. Contact [ONCOCHART Support](#) for help in generating your PQRS data file after the appropriate CMS accounts/roles are in place.

The reporting period for PQRS is the entire calendar year. The 50 percent reporting requirement does not apply if you choose to report PQRS via Direct EHR.

When contacting the QualityNet Help Desk, tell them ***“I would like to submit a PQRS xml data file, from my certified EHR, to the PQRS Portal. I need help/information on setting up the appropriate CMS accounts and obtaining the appropriate roles.”***

You’re required to [report 9 measures covering at least 3 NQS domains](#) regardless of the submission method.

The same PQRS questions used to attest to CQMs are the same you can use to submit PQRS data, so it is very important you answer the questions and provide the quality service for which CMS is looking. For example, if the patient is a smoker, but the EP does not indicate counseling was provided, it may count against the EP in terms of numerator/denominator calculations.