



2016 Clinical Quality Measures Guide for ONCOCHART – Stages 1 and 2

This is the latest information we have obtained in regards to CQMs for CY 2016. This document will be periodically updated as more information becomes available.

Clinical Quality Measures

ONCOCHART has made recording Clinical Quality Measures (CQM) data simple by aggregating the necessary questions onto tabs located in some E&M narratives. Answer the questions, and the CQM calculator will calculate the outcomes.

For a definition of Clinical Quality Measures, please click the link. [What are Clinical Quality Measures?](#)

ONCOCHART has a [tool](#) to help you track your progress in regards to CQMs.

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 healthcare quality information for which CMS is looking. For example, if the patient is a smoker, but the Eligible Professional (EP) does not indicate that he/she did or did not provide counseling, it may count against the EP in terms of numerator/denominator calculations. Another example is if the patient hasn't received a flu shot, and you did not indicate the patient hasn't received a flu shot, it may count against the EP in terms of numerator/denominator calculations.

CQM reporting options are on page 5



CQM Requirements

EPs will need to report 9 measures, and those measures must cover at least 3 of the 6 available National Quality Strategy (NQS) domains.

To give yourself flexibility, we suggest you answer all of the below 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 0031/2372): 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

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Names and locations of all CQMs contained in ONCOCHART

Breast Cancer Screening (NQF 0031/2372): Percentage of women age 41 - 69 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.* **CC**

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.* **CC**

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.* **CC**

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.* **CC**

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.*

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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 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*. **CC**

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*. **CC**

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

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

Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (NQF 0028)

(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*. **CC**

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

(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*. **E**

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

(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*.



CQM Reporting Options

For the 2016 reporting period, EPs have the option to report PQRS via [EHR Registration and Attestation System](#) or via the [Physician Quality Reporting \(PQRS\) Portal also known as Direct EHR](#).

EHR Registration and Attestation System – Data is submitted in conjunction with Meaningful Use data.

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

The reporting period for CQM is the entire calendar year. The percentage reporting requirement is different if you choose to report CQMs via the PQRS Portal.

When contacting the QualityNet Help Desk, tell them ***“I would like to submit a QRDA III 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 of the 6 NQS domains](#) regardless of the submission method.



2016 Cross-Cutting Measures Requirement

In order for EPs to satisfactorily report CQM, EPs or group practices are required to report one (1) [cross-cutting measure](#) if they have at least one (1) Medicare patient with a face-to-face encounter. A cross-cutting measure is defined as a measure that is broadly applicable across multiple providers and specialties.

CC - indicates a cross-cutting CQM measure

If you have any questions about any of this, you can contact [ONCOCHART Technical Support](#).