**IMA Care Gap Reports and Quality Measure Specifications**

**IMA Care Gap Report Measures**

1. ED Visits: Number of ED visits at MSH in the last 6 months (consider care coordination/IMA PACT if >= 3)

2. IP Adms: Number of inpatient admissions at MSH in the last 6 months (consider care coordination/IMA PACT if >= 2)

3. Pneum Vacc: Pneumococcal vaccination for 65+

4. Flu Vacc: Influenza vaccination (identifies patients noncompliant with vaccination during the last or current season: reports run 10/1-5/1 reflect current flu season; reports run 5/2-9/30 reflect prior flu season; denominator = patients seen 10/1-4/1, numerator = vaccinations given 8/1-5/1)

5. Depression Screen: Screening for clinical depression with PHQ2/reflex to PHQ9

6. Tobacco Screen: Documentation of smoking cessation counseling or verification of tobacco history

7. Colorectal Screen: Colonoscopy in Health Maintenance (HM) or Procedures in the last 10 yrs or FIT in the last year

8. Mammogram: Mammogram in HM or Procedures in the last 2 years

9. Cervical Screen: Cervical cancer screening in HM (within the last 3 yrs/5 yrs if cotesting) or Procedures

10. A1c Last Value: Last HbA1c value (consider referral to IMA Diabetes Educator/City Health Works if >= 8)

11. Eye Exam: Eye exam in HM in the last 12 months for patients with DM

12. Nephropathy: Proteinuria/microalbuminuria screen in the last 12 months OR ACE/ARB in med list for pts with DM

13. HTN control: Blood pressure < 140/90 among patients with HTN

**Detailed Measure Specifications and Use of Clinical Decision Support**

General note for preventive care measures: Selecting “Done,” “Done Elsewhere,” or “Not Indicated” within a Best Practice Advisory (BPA) or within HM suppresses the BPA (if one exists for the measure) AND satisfies the quality measure. Selecting “Declined,” ”Postponed,” “Previously Completed,” or “Other” suppresses the BPA but does NOT satisfy the measure—with the exception of flu vaccination (selecting “Declined” satisfies the flu vaccination measure). Note that, for any measure, selection of “Declined” suppresses the BPA for the default interval of the measure (eg, 1 year for flu, 10 years for colonoscopy).

1-2. ED and inpatient utilization: Acute care utilization, such as preventable admissions and readmissions are discrete measures in the quality incentive programs in which we participate and also influence overall financial performance related to shared savings and full-risk contracts with payors.

3. Pneumococcal vaccination for 65+ (either PPSV23 or PCV13): No BPA currently exists. It is easiest to order via smartset. If the patient declines, document in HM as you would for flu; HOWEVER, unlike flu, “declined” does NOT satisfy the measure. The relationship between Historical Admins and HM is the same as that for flu (see above).

4. Flu vaccination: Order (easiest to order via the smartset linked to the BPA) or document declined/not indication/done elsewhere in HM (via link to HM in the BPA or by navigating to HM directly). The source of truth for quality reporting is HM. Documenting flu vaccination in Historical Admins does NOT, in and of itself, satisfy the quality measure and does NOT necessarily auto-populate HM (some formulations will; others won’t). Documenting in HM that the vaccine was done elsewhere does NOT auto-populate Historical Admins.

5. Depression screening and Follow-Up: Screen using the flowsheet linked to the PHQ2 BPA. If the patient is unable to answer the questions for any reason (eg, cognitive impairment), you may opt out of each PHQ2 question by selecting “Patient unable to comply.” If the PHQ2 is negative or you opt out, the BPA will be suppressed for 12 months. You must click “File” after completing the PHQ2. If the PHQ2 is positive, it will cascade into a PHQ9 flowsheet. If the activity is closed before completion of the PHQ9, a new BPA will appear indicating that the depression screening is positive and PHQ9 administration is needed (this is the BPA the provider will see after a medical assistant completes a positive PHQ2 prior to the provider opening the encounter). This BPA links to the PHQ9 flowsheet. Within the PHQ9 flowsheet, you are given a choice to opt of the PHQ9 by selecting “PHQ9 deferred/patient currently in treatment for depression” or to proceed with the PHQ9. If the PHQ9 is >= 10 or question 9 (suicidality) is positive, you are prompted to select one of three options: 1) “Open Depression Smartset,” 2) “Depression Smartset Deferred—Currently in Treatment for Depression,” or 3) “Patient Declined Mental Health Referral at this Time.” If the second or third option is selected, depression screening is complete. You must then click “File.” If the smartset option is selected, the smartset will open. At least one element from the smartset must be selected; otherwise a BPA with the text “The patient has a PHQ9 depression screening score >= 10 or Question 9 > 0. Please use link below for suggested orders.” will be activated (although use of the smartset is not required to meet the quality measure).

6. Tobacco Use: Screening and Cessation Intervention: No BPA currently exists. The measure is satisfied by addressing tobacco use every 2 years. It can be done in ANY of the following ways:

1. Selecting “Tobacco History Verified” in the Tobacco History section of the Rooming activity

OR

1. Selecting “Mark as Reviewed” in the Tobacco Use section of the History activity

OR

1. Updating the contents of the tobacco history in the Tobacco History section of the Rooming activity or the Tobacco Use section of the History activity

OR

1. Selecting “Counseling Given” in the Tobacco History section of the Rooming activity or the Tobacco Use section of the History activity, if this was done

Ensure that smoking and smokeless tobacco use are documented. Helpful resources include the "ACO Smoking" smartset and the "ACO Smoking" letter in letters activity (the letter can be faxed to NYQUITS, and the patient will be enrolled in support services; the program sends progress reports to referring provider). Patient information for self-referral to the Mount Sinai St. Luke’s smoking cessation program is also available via the smartphrases “.SMOKINGCESSATIONSTLUKESENGLISH” and “.SMOKINGCESSATIONSTLUKESSPANISH” (these smartphrases were manually shared with faculty; faculty team leaders were asked to share them with their residents).

7. Colorectal cancer screening: The quality measure is satisfied by the presence of a colonoscopy report in the Procedure section of the chart, a fecal occult blood test result, or documentation of colon cancer screening in HM. Currently, a FIT result is not configured to directly satisfy the measure. All forms of colon cancer screening must be entered manually into HM. When entering stool-based testing into HM, you must go to “Edit Modifiers” and select the option indicating that “colonoscopy” is due in 1 year. Although the quality measure is satisfied by both procedure reports and HM, the BPA is satisfied by HM only.

8. Mammography: The BPA and HM topic are automatically satisfied by a mammogram report (if done internally). HM must be manually updated for screening done externally. The default interval for the BPA is annually starting at age 40, but several override options are available, including annually (soon to be changed to biannually) starting at age 50. The quality measure is biannual mammography for women 50-75 (ie, even though the default BPA appears prior to age 50 and beyond age 75, from a quality reporting standpoint, the patient only falls into your denominator when she is between the ages of 50 and 75).

9. Cervical cancer screening: The BPA and HM topic are automatically satisfied by a cervical pathology report in Epic. The default interval for the BPA is 3 years, but a 5-year override option is available for patient who have undergone cotesting.

10a. DM: HbA1c control (<8). A BPA is triggered if the last HbA1c is >= 8. This should alert the provider to refer the patient to IMA Diabetes Educator +/- City Health Works for self-management support or otherwise escalate therapy. The BPA appears every 6 months as long as the HbA1c is >= 8.

10b. DM: A1c poor control (>9): There is not a BPA specific to this measure.

11. DM: Eye exam: The BPA is suppressed when the HM topic is updated. Currently, HM must be manually updated if patients had a dilated eye exam by an ophthalmologist or optometrist or if the patient underwent fundus photography via the retinal camera in IMA.

12.. DM: Nephropathy: The quality measure is defined as urine microalbuminuria screening within the past 12 months OR prescription of an ACE or ARB (you get “credit” for either). However, the BPA is satisfied only by the presence of a “Urine Microalbumin/Creat” result within the last 12 months. You may override the BPA (and satisfy the quality measure) by clicking “Exclude for medical reasons,” but use this with caution, as this will permanently suppress the BPA.

HTN control: The quality measure is the proportion of patients 18-85 years old with a diagnosis of HTN whose *most recent* blood pressure reading is < 140/90. A BPA is triggered when patients with HTN are not at goal.

**Additional IMA Quality Measures**

Falls risk screening: Screen using the flowsheet linked to the BPA. You must click “File” after doing so. If the screen is negative, the BPA will be suppressed for 12 months. If the screen is positive, you have the option of selecting either “Falls follow-up deferred – mobility issues addressed” or “Falls assessment follow-up needed.“ If you select the latter, a new BPA will appear, indicating that the falls risk screen is positive and suggesting the use of the falls prevention smartset. The smartset does not need to be used in order to meet the quality measure but at least 1 smartset element must be selected in order to satisfy the BPA.

BMI Screening and Follow-Up: The measure is satisfied when the BPA is suppressed. The BPA is suppressed by selecting any element within the smartset.

DM: A1c testing: The BPA for A1c testing appears if no A1c was performed in the last 6 months. However, the quality measure is A1c testing within the last 12 months. The BPA is suppressed when the test is resulted.

DM: Foot exam: the BPA is suppressed when the HM topic is updated. The HM topic may be updated directly in HM. If the smartset linked to the BPA is used, selecting the “order” for a monofilament test will automatically update HM.The smartset also assists in proper documentation of the diabetic foot exam, but it’s use is not required to satisfy the measure (provided that HM is updated).

IVD: Use of ASA/antithrombotic: No BPA exists for this measure. An antiplatelet or anticoagulant must be included in the medication list to satisfy the measure.

Heart Failure: Beta blocker for LVSD (EF < 40): No BPA exists for this measure. A beta blocker must be included in the medication list to satisfy the measure.

CAD: ACE/ARB for CAD and DM and/or LVSD: No BPA exists for this measure. An ACE or ARB must be included in the medication list to satisfy the measure.

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