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PCMH Quality Metrics Report Deadline: March 31, 2015 Guidance Packet

Introduction

PCMHs are required by [Patient-Centered Medical Home Act \(Act\)](#), to report annually on compliance with the adopted uniform set of health care quality and performance measures. According to New Rule I, Mar. Notice 6-210, the first report on quality measures from PCMHs is due to the Montana Office of the Commissioner of Securities and Insurance (CSI) on March 31, 2015. The PCMH administrative rules are posted on our website at <http://www.csi.mt.gov/medicalhomes/index.asp>.

Quality Metrics

PCMHs must submit data from calendar year 2014 on at least three of four quality metrics: hypertension, tobacco use and intervention, A1C control, and childhood immunizations. PCMH practices that are pediatric only and do not treat adults may report on immunizations only. These measures were carefully selected by primary care providers, insurers, and patient advocates. These measures were selected because they create a narrow focus for the first year of the program in areas that produce data with potential for actionable change that is achievable for all PCMHs. The data reporting instructions are aligned with the federal Physician Quality Reporting System (PQRS), except for childhood immunizations which is aligned with the National Immunization Survey used by the CDC. If possible, you are requested to submit patient level data, according to the instructions in the guidance. If that is not possible, you may submit aggregate data by attestation until the 2016 reporting year.

It is the goal of the Montana PCMH program to glean meaningful data, but not be an administrative burden. That is why we chose standards that are related to high-cost, chronic diseases, and already reported to other entities. The four measures will track how PCMHs improve the quality of care and health of their patients as well as broadly improve public health in areas where Montana currently ranks poorly against other states.

Privacy/Data Usage

Administrative Rules of Montana state that the commissioner may report to the public only aggregate information about quality measures. Practice names will not be publically tied to their data. The quality metric data will contribute to a required annual report. The annual reports will be used to create a report to the legislature in September 2016 and also to serve as an overall measure of the success of the program in supporting primary care healthcare providers and improving patient care.

Instructions

Please complete the (1) Data Reporting Form and report the data in the format prescribed by the (2) Quality Metric Reporting Guidance, in an excel spreadsheet. You may report the data for your entire patient population or a sample of patients. If reporting on a sample, you must use the (4) Sampling Strategy included in this packet. The data must be submitted through the State of Montana File Transfer Service to _____ by March 31, 2015.

ATTACHMENTS: (1) Draft Reporting Form; (2) Quality Metric Reporting Guidance; (3) Data Dictionary; (4) Sampling Strategy; and (5) State of Montana File Transfer Service Instructions.

Draft (revised 01-06-2015) Reporting form for Quality Measures for PCMH in Montana, 2015

Organization name: _____

(PCMH)

PCMH Official providing report: _____ , _____

(Name)

(Title)

(Phone)

(E-mail)

If CSI has questions pertaining to the data provided in this report, the data contact person for our organization is _____ , _____ , _____

(name)

(title)

(phone)

Date report submitted to CSI: __ / __ / ____

(Mo Da Year)

Two options exist for reporting in 2015; report due March 31, 2015. Which of these options are you using:

I have submitted an electronic file with required data elements for each patient included in assessment of this quality measure

Or

I attest that the data recorded for this measure were confirmed by staff of this organization

Measure A: Blood Pressure Control

1. _____ (#) : number of adults (aged 18 to 85 years) in the PCMH patient population
2. _____ (#) : denominator for this measure, number of adults (aged 18 to 85 years) with Dx hypertension in the PCMH patient population
3. _____ (#) : denominator for this measure if a sample of these adults was used to determine the quality measure to report in 2015, the number in the sample
4. _____ (#) : numerator for this measure, number of adults in the denominator population for whom documented blood pressure at most recent outpatient visit during reporting period was <140 systolic and <90 diastolic

Measure B: Tobacco Use and Intervention

1. _____ (#) : denominator for tobacco use measure, number of adults (aged 18 and older) in the PCMH population
2. _____ (#) : numerator for tobacco use measure and denominator for intervention measure, number of adults (aged 18 and older) who were current tobacco users during the measurement period
3. _____ (#) : denominator for this measure if a sample of these adults who were current tobacco users was used to determine quality measure in 2015, the number in the sample

4. _____ (#) : numerator for this measure, number of adult tobacco users for whom tobacco use intervention was documented

Measure C: A1C control

1. _____ (#) : number of adults (aged 18 to 75 years) in the PCMH population
2. _____ (#) : denominator for this measure, number of adults (aged 18 to 75 years) with diagnosis of diabetes in the PCMH population
3. _____ (#) : denominator for this measure if a sample of these adults was used to determine the quality measure to report in 2015, the number in the sample
4. _____ (#) : numerator for this measure, number of adults in the denominator population for whom A1C was documented to be >9.0%

Measure D: Age-appropriate immunization for children

1. _____ (#) : denominator for this measure, number of children in PCMH population whose 3rd birthday occurred from January 1 to December 31, 2014
2. _____ (#) : denominator for this measure, if a sample of these children was used to determine the quality measure in 2015, the number in the sample
3. _____ (#) : numerators for the measure, for 4DTAP
_____ (#) for 3 polio
_____ (#) for 3 MMR
_____ (#) for 3 Hib
_____ (#) for 3 HepB
_____ (#) for 1 Var
_____ (#) for 4 PCV

1. Method for measuring and reporting of blood pressure control in adult population with diagnosed hypertension

Measurement and reporting requirement

a. Denominator (D#): all adults aged 18 to 85 years in the PCMH patient population who (a) have the diagnosis of hypertension, and (b) had one or more outpatient visit during the reporting period: calendar year 2014.

b. Numerator (N#): number of these adults for whom documented blood pressure at time of most recent outpatient visit during the reporting period was systolic <140 mmHg and diastolic <90 mmHg

c. REPORT by attestation by responsible PCMH official: (D#) and (N#); specify if the denominator was the entire patient population of adults (18-85 yrs.) with hypertension or a sample of that population, and the date of assessment. If patient specific data is reported electronically, the electronic data file must include the variables specified in Table 1.

Note: If blood pressure was not documented during the most recent outpatient visit, then blood pressure is not controlled for this measure.

Hypertension diagnosis: ICD-9 code groups: 362.11; 401.00-401.99; 402.00-402.99; 403.00-403.99; 404.00-404.99.

2. Method for measuring and reporting of identification of tobacco use and intervention for cessation in adults

Measurement for identification of tobacco use:

a. Denominator (D#): all adults aged 18 years and older in the PCMH patient population who had two or more outpatient visits for any reason, or who had one preventive care visit during the reporting period: calendar year 2014

b. Numerator (N#): number of these adults documented to be tobacco users

Measurement for tobacco cessation intervention:

a. Denominator: Number of adult tobacco users from above (N#).

b. Numerator: number of tobacco users who received a tobacco cessation intervention during the measurement period.

c. REPORT by attestation by responsible PCMH official: (D#) and (N# of tobacco users) and (N# of tobacco users who received a tobacco cessation intervention; specify if the denominator was the entire patient population or a random sample, and date of assessment. If patient specific data is reported electronically, the electronic file must include the variables specified in Table 1.

3. Method for measuring and reporting HbA1C results for adults with diagnosed diabetes mellitus.

Measurement and reporting requirement

a. Denominator (D#): all adults aged 18 to 75 years in the PCMH patient population who (a) have the diagnosis of diabetes mellitus* (type 1 or type 2), and (b) had one or more outpatient visits during the reporting period: calendar year 2014

b. Numerator: number of these adults for whom the most recent documented A1C during the reporting period was > 9.0%

c. REPORT by attestation by responsible PCMH official: (D#) and (N#); specify if the denominator was the entire patient population of adults (18-75 yrs.) with diabetes or a sample of that population, and the date of assessment. In addition, if patient specific data is reported electronically, the electronic file must include the variables specified in Table 1.

Note: If A1C is not documented during the measurement period, then A1C is not controlled for this measure.

*Diabetes diagnosis: ICD-9 code groups: 249.00-249.99; 250.00-250.99.

4. Method for measuring and reporting of age-appropriate immunization for children who were aged 3 during the reporting period

Measurement and reporting requirement

- a. Denominator (D#): all children in the PCMH population whose 3rd birthday occurred from January 1 to December 31, 2014 and who had one or more outpatient visits during calendar year 2014
- b. Numerator (N#): number of these children who had received all age-appropriate immunizations at the time of the most recent outpatient visit (see list of immunizations below)
- c. REPORT by attestation by responsible PCMH official: (D#) and (N#); specify if the denominator was the entire patient population of 3-year-old children or a sample of that population, and the date of assessment. If patient specific data is reported electronically, the electronic file must include the variables specified in Table 1.

Note: If there is documentation that a child has a medical contraindication (MC) for an immunization, or that the immunization was offered but refused (R), you may report the number with MC or R. However, the MC and R numbers will be considered as part of the not immunized number in the denominator for calculating the percent of children with age-appropriate immunizations for this reporting year. If an EMR/EHR does not have the capability to report the (MC) or (R) numbers, they should be reported in the (No) category.

Immunizations for children aged 3 years:

- 4 DTAP
- 3 Polio
- 1 MMR
- 3 Hib
- 3 Hep B
- 1 Var
- 4 PCV

Table 1 (12/09/2014 draft): Variables for electronic file required state-specific measures for PCMHs,

MEASURE	VARIABLE	DESCRIPTION
Blood pressure control: adult with hypertension	Sex	M (for male) or F (for female)
	DOB	__ / __ / ____ (Mo, numeric, 2 digits) (Mo Da Year) (Da, numeric, 2 digits) (Year, numeric, 4 digits)
	Date BP Measured	__ / __ / ____ (Mo Da Year)
	Systolic BP	____ recorded at most recent outpatient visit
	Diastolic BP	____ recorded at most recent outpatient visit (BP= numeric, 3 digits)
Tobacco use cessation: adults aged 18 and older	Sex	M (for male) or F (for female)
	DOB	__ / __ / ____ (Mo, numeric, 2 digits) (Mo Da Year) (Da, numeric, 2 digits) (Year, numeric, 4 digits)
	Tobacco Use Status: current tobacco user	Y (for Yes, if current tobacco user) N(for No, if not current tobacco user)
	If tobacco user, Cessation intervention	Y (for Yes, if intervention provided) N (for No, if intervention not provided)
	Date of cessation intervention	__ / __ / ____ (Mo, numeric, 2 digits) (Mo Da Year) (Da, numeric, 2 digits) (Year, numeric, 4 digits)
A1C control: adults with diabetes	Sex	M (for male) or F (for female)
	DOB	__ / __ / ____ (Mo, numeric, 2 digits) (Mo Da Year) (Da, numeric, 2 digits) (Year, numeric, 4 digits)
	Date A1C measured	__ / __ / ____ (Mo, numeric, 2 digits) (Mo Da Year) (Da, numeric, 2 digits) (Year, numeric, 4 digits)
	A1C	____ . __ (numeric, 2 digits followed by decimal followed by/digit)

MEASURE	VARIABLE	DESCRIPTION
Age appropriate immunization: children aged 3 years	4 DTAP	Y (Y for yes, if immunization has been provided) N (N for no, if immunization has not been provided) MC (MC for medically contra indicated) R (R for refusal to be vaccinated)
	3 Polio	Y N MC R
	1 MMR	Y N MC R
	3 Hib	Y N MC R
	3 Hep B	Y N MC R
	1 Var	Y N MC R
	4 PCV	Y N MC R

Data Dictionary

Variable definitions for required data elements for electronic reporting of Quality Measures for PCMH in Montana, 2014

Variable name	Reporting definition
Sex	M (for male) or F (for female)
Date of Birth	(month, numeric, 2 digits)
	(day, numeric, 2 digits)
	(year, numeric, 4 digits)
Date quality measure was measured (<i>bp measured; cessation counseling provided; A1C measured</i>)	(month, numeric, 2 digits)
	(day, numeric, 2 digits)
	(year, numeric, 4 digits)
BP (systolic and diastolic)	(numeric, 3 digits for systolic and 3 digits for diastolic)
A1C	(numeric, 2 digits followed by decimal followed by 1 digit)
Smoking status	Y (for Yes if current tobacco user)
	N (for No if not current tobacco user)
Cessation intervention	Y (for Yes if intervention provided)
	N (for No if intervention not provided)
Each childhood immunization measure	Y (for Yes if immunization has been provided)
	N (for No if immunization has not been provided)
	MC (for Medical contraindication)
	R (for refusal to be vaccinated)

Sampling Strategy

CSI required sampling strategy for PCMH Quality Metric Reporting (Draft—Dec 15, 2014)

Brief statement of required method: For a PCMH that opts to use a sample of patients rather than the entire patient population eligible for a quality measurement, the CSI requires the use of a random sample of patients with the number of patients in the final sample at least 400. [NOTE: If the population to be measured by a PCMH, e.g., the population of adults aged 18 to 85 years with Dx= hypertension, is less than 400 then the PCMH should include all the patients in the measurement population and not use a sample of the patients.] A PCMH opting to use a random sample should (?must?) contact the CSI prior to reporting to confirm that the intended random sampling method meets the CSI requirement. One practical strategy to select a random sample (random start, systematic sample) is described below.

Background: A systematic sample of patients can be identified by preparing a list of all eligible patients (e.g., all adults aged 18 to 85 with the diagnosis of hypertension), and then selecting every Xth patient (i.e., systematically). To avoid one possible bias in method the first patient selected from the list is identified at random. This method is simple to execute and assures the eligible patient population will be evenly sampled.

Step-by-step: A PCMH that opts to use a sample of patients could use the following steps to identify that sample for review.

1. Prepare a list of patients eligible for the measurement e.g., for the adult blood pressure control measure prepare list of all adult patients aged 18 to 85 years who have a diagnosis of hypertension.
2. Determine the systematic selection interval needed to derive a final sample size of at least 400. This can be done by counting the number of patients on the eligible list and dividing that number by 400. E.g., if the number of adult patients with diagnosis of hypertension were 1200, divide 1200 by 400 and the systematic selection interval would be every 3rd patient on the list.
3. Begin the systematic sample selection with a randomly selected patient. A quick, practical way to determine a random start for sample selection is to draw-a-number-from-the-hat where the numbers-in-the-hat are determined by the selection interval. E.g., if the systematic selection interval were 3 (i.e., select every 3rd patient) then use 3 small pieces of paper. Write 1 on one piece of paper, 2 on another piece of paper and 3 on another. Place these papers in a hat (or other container) and have someone draw one piece of paper from the hat. If the number on the paper drawn-from-the-hat were 2 then the sample selection would start with the 2nd patient on the patient list and proceed to every 3rd patient from that start point. If the systematic selection interval were 5 then 5 pieces of paper would go-into-the-hat; if the selection interval were 9 then 9 pieces of paper...

There are alternate strategies to determine a random start including use of software applications. As long as the systematic sampling process begins with a random start, the CSI requirement will be met. Consultation regarding methods to select a random sample is available from ...

4. Select the 400 (at least 400) patients whose medical records will be reviewed to establish the clinical performance measure.

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