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National Home-Based Primary Care & Palliative Care Registry in Collaboration with the American Academy of Home Care Medicine

This registry has been approved by CMS as a Qualified Clinical Data Registry (QCDR) for Eligible Clinicians and group practices for the 2017 Quality Payment Program (QPP) Performance Period.

QCDR MEASURES	MEASURE ID
<p>Alcohol Problem Use Assessment for Home-Based Primary Care and Palliative Care Patients</p> <p>Percentage of newly enrolled and active home-based primary care and palliative care patients who were assessed for a problem with alcohol use at enrollment.</p> <p>National Quality Strategy Domain: Community Population Health Type: Process Data Submission Method(s): Electronic Measure, Registry Measure</p>	NHBPC2
<p>Depression Symptom Assessment for Home-Based Primary Care and Palliative Care Patients</p> <p>Percentage of actively enrolled home-based primary care and palliative care patients who were screened for the presence of depression symptoms at enrollment and annually.</p> <p>National Quality Strategy Domain: Community Population Health Type: Process Data Submission Method(s): Electronic Measure, Registry Measure</p>	NHBPC3
<p>Pain Screen for Home-Based Primary Care and Palliative Care Patients</p> <p>Percentage of home-based primary care and palliative care visits at which a patient was screened for the presence of pain.</p> <p>National Quality Strategy Domain: Community Population Health Type: Process Data Submission Method(s): Electronic Measure, Registry Measure</p>	NHBPC4
<p>Depression Treatment Plan for Home-Based Primary Care and Palliative Care Patients Who Screen Positive for Depression</p> <p>Percentage of actively enrolled home-based primary care and palliative care patients who screen positive for depression symptoms and have a treatment plan** for depression.</p> <p>** A treatment plan for depression must include at least one of the following: additional evaluation, suicide risk assessment, referral to a practitioner who is qualified to diagnose and treat depression, pharmacological intervention, or other interventions or follow-up for the diagnosis or treatment of depression.</p> <p>National Quality Strategy Domain: Effective Clinical Care Type: Process Data Submission Method(s): Electronic Measure, Registry Measure</p>	NHBPC5
<p>Screen for Risk of Future Fall for Home-Based Primary Care and Palliative Care Patients</p> <p>Percentage of actively enrolled home-based primary care and palliative care patients who were screened for risk of future fall at enrollment and annually.</p> <p>National Quality Strategy Domain: Patient Safety Type: Process High-Priority: Yes Data Submission Method(s): Electronic Measure, Registry Measure</p>	NHBPC6

QCDR MEASURES

MEASURE ID

Delirium Assessment in Home-Based Primary Care and Palliative Care Patients: Medication List Reviewed & Offending Medications Discontinued

NHBPC7

Percentage of actively enrolled home-based primary care and palliative care patients with new or unexpected cognitive decline whose medication lists were reviewed for possible offending medications and medications discontinued or use justified. This measure will be calculated with two rates:

- 1) Percentage of patients whose medications lists were reviewed for possible offending medications.
- 2) Percentage of patients with offending medications whose use of offending medications was discontinued or justified.

National Quality Strategy Domain: Effective Clinical Care
Type: Process
Data Submission Method(s): Electronic Measure, Registry Measure

Referral to Hospice for Appropriate Home-Based Primary Care and Palliative Care Patients

NHBPC9

Percentage of actively enrolled home-based primary care and palliative care patients with a prognosis of 6 months or less who were offered referral to hospice.

National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes
Type: Process
High-Priority: Yes
Data Submission Method(s): Electronic Measure, Registry Measure

Telephone Contact, Virtual, or In-person Visit Within 48 Hours of Hospital Discharge of Home-Based Primary Care and Palliative Care Patients

NHBPC10

Percentage of actively enrolled home-based primary care and palliative care patients who had a telephone contact, virtual, or in-person visit within 48 hours of hospital discharge.

National Quality Strategy Domain: Communication and Care Coordination
Type: Process
High-Priority: Yes
Data Submission Method(s): Electronic Measure, Registry Measure

Medication Reconciliation Within 2 Weeks of Hospital Discharge of Home-Based Primary Care and Palliative Care Patients

NHBPC11

Percentage of hospitalizations in which actively enrolled home-based primary care and palliative care patients are discharged home and medications were reconciled in the practice medical record within 2 weeks of hospital discharge.

National Quality Strategy Domain: Efficiency and Cost Reduction
Type: Process
High-Priority: Yes
Data Submission Method(s): Electronic Measure, Registry Measure

Interdisciplinary Team Assessment for Home-based Primary Care and Palliative Care Patients

NHBPC13

Percentage of newly enrolled and active home-based primary care and palliative care patients who were discussed by an interdisciplinary team** at enrollment.

**Interdisciplinary team must include, at minimum, the following disciplines: MD or NP or PA, nursing, and social work.

National Quality Strategy Domain: Communication and Care Coordination
Type: Process
High-Priority: Yes
Data Submission Method(s): Electronic Measure, Registry Measure

Cognitive Assessment for Home-Based Primary Care and Palliative Care Patients

NHBPC14

Percentage of actively enrolled home-based primary care and palliative care patients who received an assessment of their cognitive ability.

National Quality Strategy Domain: Effective Clinical Care
Type: Process
Data Submission Method(s): Electronic Measure, Registry Measure

QCDR MEASURES

MEASURE ID

Functional Assessment (Basic Activities of Daily Living [BADL] and Instrumental Activities of Daily Living [IADL] for Home-Based Primary Care and Palliative Care Patients

NHBPC15

Percentage of actively enrolled home-based primary care and palliative care patients who received basic ADL assessments and IADL assessments at enrollment and annually. This measure will be calculated with three rates:

- 1) Percentage of patients who received a basic ADL assessment
- 2) Percentage of patients who received an IADL assessment
- 3) Percentage of patients who received both a basic ADL and IADL assessment (overall rate)

National Quality Strategy Domain: Effective Clinical Care
Type: Process
Data Submission Method(s): Electronic Measure, Registry Measure

Patient Reported Outcome for Home-Based Primary Care and Palliative Care Practices: After Hours Contact Process and Provider Trust

NHBPC16

Percentage of actively enrolled home-based primary and palliative care patients who report that their provider is caring and inspires trust.

National Quality Strategy Domain: Communication and Care Coordination
Type: Patient Reported Outcome
High-Priority: Yes
Data Submission Method(s): Registry Measure

MIPS QUALITY & ECQM MEASURES* **QUALITY #** **eMEASURE ID** **NQF #**

Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)

005 **CMS135v5** **0081**

Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge.

National Quality Strategy Domain: Effective Clinical Care
Type: Process
High-Priority: No
Appropriate Use: No
Data Submission Method(s): Electronic Measure, Registry Measure

Care Plan

047 **---** **0326**

Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.

National Quality Strategy Domain: Communication and Care Coordination
Type: Process
High-Priority: Yes
Appropriate Use: No
Data Submission Method(s): Registry Measure

Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older

048 **---** **---**

Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months.

National Quality Strategy Domain: Effective Clinical Care
Type: Process
High-Priority: No
Appropriate Use: No
Data Submission Method(s): Registry Measure

*See Quality Measure Specifications at <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2017-Resources.html>

MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	NQF #
<p>Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older</p> <p>Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence with a documented plan of care for urinary incontinence at least once within 12 months.</p> <p>National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes Type: Process High-Priority: Yes Appropriate Use: No Data Submission Method(s): Registry Measure</p>	050	---	---
<p>Preventive Care and Screening: Influenza Immunization</p> <p>Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.</p> <p>National Quality Strategy Domain: Community/Population Health Type: Process High-Priority: No Appropriate Use: No Data Submission Method(s): Electronic Measure, Registry Measure</p>	110	CMS147v6	0041
<p>Coronary Artery Disease (CAD): ACE Inhibitor or ARB Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)</p> <p>Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have diabetes OR a current or prior Left Ventricular Ejection Fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy.</p> <p>National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Appropriate Use: No Data Submission Method(s): Registry Measure</p>	118	---	0066
<p>Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy - Neurological Evaluation</p> <p>Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who had a neurological examination of their lower extremities within 12 months.</p> <p>National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Appropriate Use: No Data Submission Method(s): Registry Measure</p>	126	---	0417
<p>Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention - Evaluation of Footwear</p> <p>Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who were evaluated for proper footwear and sizing.</p> <p>National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Appropriate Use: No Data Submission Method(s): Registry Measure</p>	127	---	0416

*See Quality Measure Specifications at <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2017-Resources.html>

MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	NQF #
Documentation of Current Medications in the Medical Record Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration. National Quality Strategy Domain: Patient Safety Type: Process High-Priority: Yes Appropriate Use: No Data Submission Method(s): Electronic Measure, Registry Measure	130	CMS68v6	0419
Falls: Plan of Care Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence with a documented plan of care for urinary incontinence at least once within 12 months. National Quality Strategy Domain: Communication and Care Coordination Type: Process High-Priority: Yes Appropriate Use: No Data Submission Method(s): Registry Measure	155	---	0101
Elder Maltreatment Screen and Follow-Up Plan Percentage of patients aged 65 years and older with a documented elder maltreatment screen using an Elder Maltreatment Screening tool on the date of encounter AND a documented follow-up plan on the date of the positive screen. National Quality Strategy Domain: Patient Safety Type: Process High-Priority: Yes Appropriate Use: No Data Submission Method(s): Registry Measure	181	---	---
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention 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. National Quality Strategy Domain: Community/Population Health Type: Process High-Priority: No Appropriate Use: No Data Submission Method(s): Electronic Measure, Registry Measure	226	CMS138v5	0028
Use of High-Risk Medications in the Elderly Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported. a. Percentage of patients who were ordered at least one high-risk medication. b. Percentage of patients who were ordered at least two different high-risk medications. National Quality Strategy Domain: Patient Safety Type: Process High-Priority: Yes Appropriate Use: No Data Submission Method(s): Electronic Measure, Registry Measure	238	CMS156v5	0022
Dementia: Functional Status Assessment Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of functional status is performed and the results reviewed at least once within a 12 month period. National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Appropriate Use: No Data Submission Method(s): Registry Measure	282	---	---

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MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	NQF #
Dementia: Neuropsychiatric Symptom Assessment Percentage of patients, regardless of age, with a diagnosis of dementia and for whom an assessment of neuropsychiatric symptoms is performed and results reviewed at least once in a 12 month period. National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Appropriate Use: No Data Submission Method(s): Registry Measure	283	---	---
Dementia: Management of Neuropsychiatric Symptoms Percentage of patients, regardless of age, with a diagnosis of dementia who have one or more neuropsychiatric symptoms who received or were recommended to receive an intervention for neuropsychiatric symptoms within a 12 month period. National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Appropriate Use: No Data Submission Method(s): Registry Measure	284	---	---
Dementia: Counseling Regarding Safety Concerns Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) who were counseled or referred for counseling regarding safety concerns within a 12 month period. National Quality Strategy Domain: Patient Safety Type: Process High-Priority: Yes Appropriate Use: No Data Submission Method(s): Registry Measure	286	---	---
Dementia: Caregiver Education and Support Percentage of patients, regardless of age, with a diagnosis of dementia whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND referred to additional resources for support within a 12 month period. National Quality Strategy Domain: Communication and Care Coordination Type: Process High-Priority: Yes Appropriate Use: No Data Submission Method(s): Registry Measure	288	---	---
Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated. National Quality Strategy Domain: Community/Population Health Type: Process High-Priority: No Appropriate Use: No Data Submission Method(s): Electronic Measure, Registry Measure	317	CMS22v5	---
Pain Brought Under Control Within 48 Hours Patients aged 18 and older who report being uncomfortable because of pain at the initial assessment (after admission to palliative care services) that report pain was brought to a comfortable level within 48 hours. National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes Type: Outcome High-Priority: Yes Appropriate Use: No Data Submission Method(s): Registry Measure	342	---	---

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MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	NQF #
Opioid Therapy Follow-up Evaluation All patients 18 and older prescribed opiates for longer than six weeks duration who had a follow-up evaluation conducted at least every three months during Opioid Therapy documented in the medical record. National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Appropriate Use: No Data Submission Method(s): Registry Measure	408	---	---
Evaluation or Interview for Risk of Opioid Misuse All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g. Opioid Risk Tool, SOAPP-R) or patient interview documented at least once during Opioid Therapy in the medical record. National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Appropriate Use: No Data Submission Method(s): Registry Measure	414	---	---

*See Quality Measure Specifications at <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2017-Resources.html>