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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 2018 Quality Payment Program (QPP) Performance Period.

QCDR MEASURES	MEASURE ID
<p><b>Alcohol Problem Use Assessment for Home-Based Primary Care and Palliative Care Patients</b></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><b>National Quality Strategy Domain:</b> Community/Population Health  <b>Type:</b> Process  <b>Data Submission Method(s):</b> Electronic Measure, Registry Measure</p>	<b>NHBPC2</b>
<p><b>Screen for Risk of Future Fall for Home-Based Primary Care and Palliative Care Patients</b></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><b>National Quality Strategy Domain:</b> Patient Safety  <b>Type:</b> Process  <b>High-Priority:</b> Yes  <b>Data Submission Method(s):</b> Electronic Measure, Registry Measure</p>	<b>NHBPC6</b>
<p><b>Delirium Assessment in Home-Based Primary Care and Palliative Care Patients: Medication List Reviewed &amp; Offending Medications Discontinued (Multiperformance-Rate Measure)</b></p> <p>Percentage of actively enrolled home-based primary care and palliative care patients with new diagnosis of altered mental status, delirium, or new or unexpected cognitive decline whose medication lists were reviewed for possible offending medications and whose use of medications was discontinued or justified. This measure will be calculated with two rates:</p> <ol style="list-style-type: none"> <li>1) Percentage of patients whose medication regimens were reviewed for possible offending medications for altered mental status, delirium, or cognitive decline</li> <li>2) Percentage of patients whose offending medications were discontinued or continued use justified</li> </ol> <p><b>National Quality Strategy Domain:</b> Patient Safety  <b>Type:</b> Process  <b>High-Priority:</b> Yes  <b>Data Submission Method(s):</b> Electronic Measure, Registry Measure</p>	<b>NHBPC7</b>
<p><b>Referral to Hospice for Appropriate Home-Based Primary Care and Palliative Care Patients</b></p> <p>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.</p> <p><b>National Quality Strategy Domain:</b> Person and Caregiver-Centered Experience and Outcomes  <b>Type:</b> Process  <b>High-Priority:</b> Yes  <b>Data Submission Method(s):</b> Electronic Measure, Registry Measure</p>	<b>NHBPC9</b>
<p><b>Telephone Contact, Virtual, or In-person Visit Within 48 Hours of Hospital Discharge of Home-Based Primary Care and Palliative Care Patients</b></p> <p>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.</p> <p><b>National Quality Strategy Domain:</b> Communication and Care Coordination  <b>Type:</b> Process  <b>High-Priority:</b> Yes  <b>Data Submission Method(s):</b> Electronic Measure, Registry Measure</p>	<b>NHBPC10</b>

**QCDR MEASURES**

**MEASURE ID**

**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.

This measure is available for data collection, calculation, and real-time feedback although *not eligible for 2018 MIPS submission*.

**National Quality Strategy Domain:** Patient Safety

**Type:** Process

**Data Submission Method(s):** Electronic Measure, Registry Measure

**Functional Assessment (Basic and Instrumental Activities of Daily Living [ADL]) for Home-Based Primary Care and Palliative Care Patients (Multiperformance-Rate Measure)**

**NHBPC15**

Percentage of actively enrolled home-based primary care and palliative care patients who received a basic ADL and/or IADL assessments at enrollment and annually. Three rates are reported.

- 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: Provider Trust**

**NHBPC16**

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

**National Quality Strategy Domain:** Person and Caregiver-Centered Experience Outcomes

**Type:** Outcome

**High-Priority:** Yes

**Data Submission Method(s):** Electronic Measure, Registry Measure

**Screening for Depression and Follow-up Plan in Home-Based Primary Care and Palliative Care Patients**

**NHBPC17**

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 AND if positive, have a treatment plan for depression documented on the date of the positive screen.

**National Quality Strategy Domain:** Community/Population Health

**Type:** Process

**Data Submission Method(s):** Electronic Measure, Registry Measure

**NHBPC CUSTOM MEASURES**

**MEASURE ID**

*Available for calculation, performance tracking, and improvement activities. Not available for 2018 MIPS Submission.*

**Pain Screen for Home-Based Primary Care and Palliative Care Patients**

**NHBPC4**

Percentage of home-based primary care and palliative care visits at which a patient was screened for the presence of pain.

This measure is available for data collection, calculation, and real-time feedback although *not eligible for 2018 MIPS submission*.

**National Quality Strategy Domain:** Community/Population Health

**Type:** Process

**Data Submission Method(s):** Electronic Measure, Registry Measure

**NHBPC CUSTOM MEASURES**

**MEASURE ID**

Available for calculation, performance tracking, and improvement activities. Not available for 2018 MIPS Submission.

**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.

This measure is available for data collection, calculation, and real-time feedback although *not eligible for 2018 MIPS submission*.

**National Quality Strategy Domain:** Communication and Care Coordination

**Type:** Process

**Data Submission Method(s):** Electronic Measure, 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** **CMS135v6** **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

**Data Submission Method(s):** Electronic Measure, Registry Measure

**Medication Reconciliation Post-Discharge** **046** **---** **0097**

The percentage of discharges from any inpatient facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) for patients 18 years and older of age seen within 30 days following discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist providing on-going care for whom the discharge medication list was reconciled with the current medication list in the outpatient medical record.

This measure is reported as three rates stratified by age group:

- Submission Criteria 1: 18-64 years of age
- Submission Criteria 2: 65 years and older
- Total Rate: All patients 18 years of age and older

**National Quality Strategy Domain:** Communication and Care Coordination

**Type:** Process

**High-Priority:** Yes

**Data Submission Method(s):** 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 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

**Data Submission Method(s):** Electronic Measure, 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

**Data Submission Method(s):** Registry Measure

\*See Quality Measure Specifications at <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Resources.html>

MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	NQF #
<p><b>Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older</b></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><b>National Quality Strategy Domain:</b> Person and Caregiver-Centered Experience and Outcomes  <b>Type:</b> Process  <b>High-Priority:</b> Yes  <b>Data Submission Method(s):</b> Registry Measure</p>	050	---	---
<p><b>Preventive Care and Screening: Influenza Immunization</b></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><b>National Quality Strategy Domain:</b> Community/Population Health  <b>Type:</b> Process  <b>High-Priority:</b> No  <b>Data Submission Method(s):</b> Electronic Measure, Registry Measure</p>	110	CMS147v7	0041
<p><b>Pneumococcal Vaccination Status for Older Adults</b></p> <p>Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.</p> <p><b>National Quality Strategy Domain:</b> Community/Population Health  <b>Type:</b> Process  <b>High-Priority:</b> No  <b>Data Submission Method(s):</b> Electronic Measure, Registry Measure</p>	111	CMS127v6	0043
<p><b>Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF &lt;40%)</b></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) &lt; 40% who were prescribed ACE inhibitor or ARB therapy.</p> <p><b>National Quality Strategy Domain:</b> Effective Clinical Care  <b>Type:</b> Process  <b>High-Priority:</b> No  <b>Data Submission Method(s):</b> Registry Measure</p>	118	---	0066
<p><b>Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy - Neurological Evaluation</b></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><b>National Quality Strategy Domain:</b> Effective Clinical Care  <b>Type:</b> Process  <b>High-Priority:</b> No  <b>Data Submission Method(s):</b> Registry Measure</p>	126	---	0417
<p><b>Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention - Evaluation of Footwear</b></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><b>National Quality Strategy Domain:</b> Effective Clinical Care  <b>Type:</b> Process  <b>High-Priority:</b> No  <b>Data Submission Method(s):</b> Registry Measure</p>	127	---	0416

\*See Quality Measure Specifications at <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Resources.html>

MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	NQF #
<b>Documentation of Current Medications in the Medical Record</b> Percentage of visits for patients aged 18 years and older for which the eligible professional or eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list <b>must</b> include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND <b>must</b> contain the medications' name, dosage, frequency and route of administration. <b>National Quality Strategy Domain:</b> Patient Safety <b>Type:</b> Process <b>High-Priority:</b> Yes <b>Data Submission Method(s):</b> Electronic Measure, Registry Measure	130	CMS68v7	0419
<b>Pain Assessment and Follow-Up</b> Percentage of visits for patients aged 18 years and older with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present. <b>National Quality Strategy Domain:</b> Communication and Care Coordination <b>Type:</b> Process <b>High-Priority:</b> Yes <b>Data Submission Method(s):</b> Registry Measure	131	---	0402
<b>Falls: Plan of Care</b> Percentage of patients aged 65 years and older with a history of falls that had a plan of care for falls documented within 12 months. <b>National Quality Strategy Domain:</b> Communication and Care Coordination <b>Type:</b> Process <b>High-Priority:</b> Yes <b>Data Submission Method(s):</b> Registry Measure	155	---	0101
<b>Elder Maltreatment Screen and Follow-Up Plan</b> 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. <b>National Quality Strategy Domain:</b> Patient Safety <b>Type:</b> Process <b>High-Priority:</b> Yes <b>Data Submission Method(s):</b> Registry Measure	181	---	---
<b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</b> Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months <b>AND</b> who received tobacco cessation intervention if identified as a tobacco user. <b>National Quality Strategy Domain:</b> Community/Population Health <b>Type:</b> Process <b>High-Priority:</b> No <b>Data Submission Method(s):</b> Electronic Measure, Registry Measure	226	CMS138v6	0028
<b>Use of High-Risk Medications in the Elderly</b> Percentage of patients 65 years of age and older who were ordered high-risk medications. Two rates are submitted. 1) Percentage of patients who were ordered at least one high-risk medication. 2) Percentage of patients who were ordered at least two of the same high-risk medication. <b>National Quality Strategy Domain:</b> Patient Safety <b>Type:</b> Process <b>High-Priority:</b> Yes <b>Data Submission Method(s):</b> Electronic Measure, Registry Measure	238	CMS156v6	0022

\*See Quality Measure Specifications at <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Resources.html>

MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	NQF #
<b>Dementia: Functional Status Assessment</b> Percentage of patients with dementia for whom an assessment of functional status* was performed at least once in the last 12 months. <b>National Quality Strategy Domain:</b> Effective Clinical Care <b>Type:</b> Process <b>High-Priority:</b> No <b>Data Submission Method(s):</b> Registry Measure	282	---	---
<b>Dementia: Safety Concerns Screening and Mitigation Recommendations or Referral for Patients with Dementia</b> Percentage of patients with dementia or their caregiver(s) for whom there was a documented safety concerns screening* in two domains of risk: 1) dangerousness to self or others and 2) environmental risks; and if safety concerns screening was positive in the last 12 months, there was documentation of mitigation recommendations, including but not limited to referral to other resources or orders for home safety evaluation. <b>National Quality Strategy Domain:</b> Patient Safety <b>Type:</b> Process <b>High-Priority:</b> Yes <b>Data Submission Method(s):</b> Registry Measure	286	---	---
<b>Dementia: Caregiver Education and Support</b> Percentage of patients with dementia whose caregiver(s)* were provided with education** on dementia disease management and health behavior changes AND were referred to additional resources*** for support in the last 12 months. <b>National Quality Strategy Domain:</b> Communication and Care Coordination <b>Type:</b> Process <b>High-Priority:</b> Yes <b>Data Submission Method(s):</b> Registry Measure	288	---	---
<b>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented</b> Percentage of patients aged 18 years and older seen during the submitting 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. <b>National Quality Strategy Domain:</b> Community/Population Health <b>Type:</b> Process <b>High-Priority:</b> No <b>Data Submission Method(s):</b> Electronic Measure, Registry Measure	317	CMS22v6	---
<b>Pain Brought Under Control Within 48 Hours</b> Patients aged 18 and older who report being uncomfortable because of pain at the initial assessment (after admission to palliative care services) who report pain was brought to a comfortable level within 48 hours. <b>National Quality Strategy Domain:</b> Person and Caregiver-Centered Experience and Outcomes <b>Type:</b> Outcome <b>High-Priority:</b> Yes <b>Data Submission Method(s):</b> Registry Measure	342	---	---
<b>Opioid Therapy Follow-up Evaluation</b> 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. <b>National Quality Strategy Domain:</b> Effective Clinical Care <b>Type:</b> Process <b>High-Priority:</b> No <b>Data Submission Method(s):</b> Registry Measure	408	---	---

\*See Quality Measure Specifications at <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Resources.html>

**MIPS QUALITY & ECQM MEASURES\*****QUALITY #****eMEASURE ID****NQF #****Evaluation or Interview for Risk of Opioid Misuse****414**

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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

**Data Submission Method(s):** Registry Measure

\*See Quality Measure Specifications at <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Resources.html>