

Measures

- #91: Acute Otitis Externa (AOE): Topical Therapy
- #93: Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use
- #130: Documentation of Current Medications in the Medical Record
- #131: Pain Assessment and Follow-Up
- #154: Falls: Risk Assessment
- #155: Falls: Plan of Care
- #226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- #317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

Reporting Instructions

(1) Identify patients with the following criteria:

- Aged 2 years and older on date of encounter
- Encounter during January 1 - December 31, 2016 with the following:
 - One of the following diagnosis codes indicating Acute Otitis Externa:
H60.00, H60.01, H60.02, H60.03, H60.10, H60.11, H60.12, H60.13, H60.311, H60.312, H60.313, H60.319, H60.321, H60.322, H60.323, H60.329, H60.331, H60.332, H60.333, H60.339, H60.391, H60.392, H60.393, H60.399, H60.501, H60.502, H60.503, H60.509, H60.511, H60.512, H60.513, H60.519, H60.521, H60.522, H60.523, H60.529, H60.531, H60.532, H60.533, H60.539, H60.541, H60.542, H60.543, H60.549, H60.551, H60.552, H60.553, H60.559, H60.591, H60.592, H60.593, H60.599, H61.90, H61.91, H61.92, H61.93, H62.40, H62.41, H62.42, H62.43, H62.8X1, H62.8X2, H62.8X3, H62.8X9
 - and
 - One of the following patient encounter codes:
99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99281, 99282, 99283, 99284, 99285, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

2016 PQRS

Acute Otitis Externa (AOE)

Measures Group

- (2) Report all applicable measures within the measures group for at least 20 patients.
- The majority of the patients reported must be Medicare Part B Fee-for-service (FFS) patients, including Medicare Secondary and Railroad Medicare.
 - For each measure, the measure's clinical performance must be satisfied for at least 1 patient. [Note: An asterisk (*) indicates that the measure's clinical performance is satisfied.]

For additional information or clinical rationale for measures, review the CMS Measure Specification for 2016 PQRS. All measures group Measure Specifications can be found on the NJII Member Portal > Registry > Getting Started section.

Patient Information

First Name

Middle Initial

Last Name

Date of Birth

Visit Date

Medical Record Number

Gender

Male

Female

Medicare FFS Patient

Yes

No

Select Measures Performance

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* Recommended clinical performance satisfied

^ Patient is excluded from measure's performance

Select one (1) clinical action for each measure below, where applicable:

#91: Acute Otitis Externa (AOE): Topical Therapy

Patients who were prescribed topical preparations.

Prescribed*

Not prescribed (Patient reason documented) ^

Not prescribed (No reason documented)

#93: Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use

Patients who were not prescribed systemic antimicrobial therapy.

Not Prescribed *

Prescribed (Medical Reason Documented)^

Prescribed

Select Measures Performance

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#130: Documentation of Current Medications in the Medical Record

(All patients ≥ 18 years old) Eligible professional attests to documenting, updating or reviewing a patient's current medications using all immediate resources available on the date of encounter. This list must include ALL known prescriptions, over-the counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosages, frequency and route of administration

Current medications documented*

Current medications not documented (Patient not eligible)^

Current medications not documented (Reason not given)

#131: Pain Assessment and Follow-Up

(All patients ≥ 18 years old) Patient visits with a documented pain assessment using a standardized tool(s) AND documentation of a follow-up plan when pain is present

Pain assessment documented as positive AND a follow-up plan is documented*

Pain assessment documented as negative, no follow-up plan required*

Pain assessment NOT documented as being performed (documentation that patient is not eligible)^

Pain assessment documented as positive, follow-up plan not documented, (documentation the patient is not eligible)^

No documentation of pain assessment, reason not given

Pain assessment documented as positive using a standardized tool, follow-up plan not documented, reason not given

Select Measures Performance

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#154: Falls: Risk Assessment

(All patients ≥ 65 years old) Patients who had a risk assessment for falls completed within 12 months. Patients must also be screened for future fall risk if there is documentation of two or more falls in the past year or any fall with injury in the past year.

Assessment completed AND patient screened for future fall risk*

Assessment not completed (Medical reason documented) AND patient screened for future fall risk^

Patient screened for future fall risk^

No documentation of falls status^

Falls risk assessment not completed (Reason not otherwise specified) AND patient screened for future fall risk

#155: Falls: Plan of Care

(All patients ≥ 65 years old) Patients with a plan of care for falls documented within 12 months. All components do not need to be completed during one patient visit, but should be documented.

Falls plan of care documented*

Plan of care not documented (Medical reason documented)^

Plan of care not documented (Reason not documented)

Measure not applicable

#226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

(All patients ≥ 18 years old) Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user

Identified as tobacco user and cessation intervention performed *

Screened for tobacco use and identified as non-user of tobacco*

Not screened for tobacco use (Medical reason documented)^

Identified as tobacco user and cessation intervention NOT performed

Not screened for tobacco use (No reason documented)

Select Measures Performance

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#317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

(All patients \geq 18 years old) Patients who were screened for high blood pressure AND have a recommended follow-up plan documented, as indicated, if the blood pressure is pre-hypertensive or hypertensive

Normal blood pressure reading documented, follow-up not required*

Pre-Hypertensive or Hypertensive blood pressure reading documented, AND the indicated follow-up is documented*

Blood pressure reading not documented (Patient not eligible)^

Pre-Hypertensive or Hypertensive blood pressure reading documented, indicated follow-up not documented (Patient not eligible)^

Blood pressure reading not documented (Reason not documented)

Pre-Hypertensive or Hypertensive blood pressure reading documented, indicated follow-up not documented (Reason not documented)