2016 PQRS

Diabetic Retinopathy

Measures Group

New Jersey Innovation Institute
An NJIT Corporation

Measures

#1 Diabetes: Hemoglobin A1c Poor Control
#18 Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
#19 Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
#117 Diabetes: Eye Exam
#130 Documentation of Current Medications in the Medical Record
#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 18 through 75 years and older on date of encounter
- Encounter during January 1 - December 31, 2016 with the following:

  One of the following diagnosis codes indicating Diabetic retinopathy:
  E10.311, E10.319, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351,E10.359, E11.311, E11.319, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359,E13.311, E13.319, E13.321, E13.329, E13.331, E13.339, E13.341, E13.349, E13.351, E13.359
  <u>and</u>
  One of the following patient encounter codes:
  99202, 99203, 99204, 99205, 99212, 99213, 99214,99215

(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.

Need more information? Connect with NJII PQRS Registry
973-642-4055 • pqrs@njii.com • www.njii.com/pqrs

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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

* Recommended clinical performance satisfied
^ Patient is excluded from measure's performance

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

#1: Diabetes: Hemoglobin A1c Poor Control

Patients whose most recent HbA1c level (performed during the measurement period) is > 9.0%.

Note: As an inverse measure CMS assesses the percentage of patients with HbA1c poor control. To satisfy the performance criteria of this measure at least 1 patient must have a most recent hemoglobin A1c level ≤ 9.0%

- ◯ Most recent hemoglobin A1c level > 9.0%
- ◯ Most recent hemoglobin A1c level ≤ 9.0% *
- ◯ Hemoglobin A1c not performed

#18: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

Patients who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy AND the presence or absence of macular edema during one or more office visits within 12 months.

- ◯ Performed and documented *
- ◯ Not Performed (Reason documented)^
- ◯ Not performed (Reason not documented)

Select Measures Performance

#19: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

Patients with documentation, at least once within 12 months, of the findings of the dilated macular or fundus exam via communication to the physician who manages the patient's diabetic care.

- ◯ Exam preformed, documented, and finding were communicated with physicians *
- ◯ Exam preformed, documented, and finding were NOT communicated with physicians (Reason documented)^
- ◯ Exam NOT performed^
- ◯ Exam preformed, documented, and finding were NOT communicated with physicians (Reason NOT documented)

#117: Diabetes: Eye Exam

Patients with an eye screening for diabetic retinal disease. This includes diabetics who had one of the following: A retinal or dilated eye exam by an eye care professional in the measurement period or a negative retinal or dilated exam (no evidence of retinopathy) by an eye care professional in the year prior to the measurement period.

- ◯ Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed *
- ◯ Dilated eye exam was not performed, reason not otherwise specified

#130: Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurological Evaluation

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)

Select Measures Performance

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

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)

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

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)