2017 APPROVED NON-MIPS MEASURE SPECIFICATIONS

The following FIVE measures are hosted and supported by SCG Health. All measures are approved by the Centers for Medicare & Medicaid Service (CMS) for reporting in the Quality Category for the Merit-Based Incentive Payment System (MIPS). Additionally, SCG Health accepts 184 MIPS measures (formerly called PQRS measures) and electronic Clinical Quality Measures (eCQMs) from certified electronic medical record systems. For a full list, check out the SCGhealth.com/QPP webpage for details.

In 2017, data for all measures must be submitted for ALL PATIENTS, regardless of payor/health plan (this includes self-pay patients). The MIPS program quality reporting is no longer Medicare-only when data is reported through a registry, Qualified Clinical Data Registry or electronic medical record vendor.

MEASURE REPORTING

The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure.

RISK ADJUSTMENT INFORMATION

SCG Health processes all data through its proprietary risk adjustment algorithms that are scientifically and clinically validated statistical models that explicitly evaluate correlated, documented case factors that may influence a course of treatment/outcome. This modeling adheres to best practices in risk adjustment.

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SCG1 Evaluation of High Risk Pain Medications for MME

Percentage of patients aged 18 years and older prescribed and actively taking one or more high risk pain medications and evaluated for clinical appropriateness of morphine milligram equivalents (MME)

2017 OPTIONS FOR INDIVIDUAL MEASURES:
SCG HEALTH QCDR ONLY

NATIONAL QUALITY STRATEGY DOMAIN: Patient Safety
MEASURE TYPE: Outcome

INSTRUCTIONS:
This measure is to be reported at **each denominator eligible visit** during the 12 month performance period for patients prescribed a high risk pain medication. An accurate and complete medication list must be on file for each of the encounter date(s) of service. This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

DENOMINATOR:

Denominator Criteria (Eligible Cases):
Patients 18 age and older on date of encounter
AND
All eligible instances when MIPS measure #130 (NQF 0419): Documentation of Current Medications is reported the same encounter
AND
Patient encounter during the performance period (CPT): 90791, 90792, 92002, 92004, 92012, 92014, 96116, 96118, 96150, 96151, 97532, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, D7140, D7210, G0101, G0402, G0438, G0439
WITHOUT
Telehealth Modifier: GQ, GT

NUMERATOR:
Percentage of patients prescribed and actively taking one or more high risk pain medications

Numerator Instructions: The eligible clinician must document in the medical record they obtained, updated, or reviewed a medication list on the date of the encounter.
Eligible clinicians reporting this measure may document medication information received from the patient, authorized representative(s), caregiver(s) or other available healthcare resources. The MME must be documented in the medical record.

Definition:
Accurate and complete medication list – 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. MIPS measure #130 (NQF #0419) must be on file for the encounter to be eligible.

High risk pain medications – Patients prescribed certain high risk pain medications including:
Opiates: buprenorphine (Butrans not Suboxone), codeine, fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone, oxymorphone, tapentadol, tramadol

Benzodiazepines: alprazolam, diazepam, clonazepam, lorazepam Anti-spastics: baclofen, carisoprodol, cyclobenzaprine, metaxolone, methocarbamol, tizanidine
NSAIDs: ibuprofen, indomethacin, ketorolac, meloxicam, naproxen

Excluded: Transdermal lidocaine

Morphine milligram equivalents (MME) – Also called morphine equivalent daily dose, the conversion factors identified below were developed by the Centers for Disease Control and Prevention in May 2014. MME can be calculated using:

$$\text{MME} = \frac{\text{Drug Strength} \times \text{Drug Quantity} \times \text{MME Conversion Factor}}{\text{Days Supply}}$$

SOURCE: Centers for Disease Control and Prevention, Atlanta, GA, May 2014.		
OPIOID (doses in mg/day except where noted)		**CONVERSION FACTOR**
Buprenorphine patch ‡		12.6
Buprenorphine tab or film		10
Butorphanol		7
Codeine		0.15
Dihydrocodeine		0.25
Fentanyl buccal or SL tablets, or lozenge/troche		0.13
Fentanyl film or oral spray§		0.18
Fentanyl nasal spray‖		0.16
Fentanyl patch¶		7.2
Fentanyl transdermal (in mcg/hr)†		2.4
Hydrocodone		1
Hydromorphone		4
Levorphanol tartrate		11
Meperidine hydrochloride		0.1
Methadone*	1-20 mg/day	4
	21-40 mg/day	8
	41-60 mg/day	10
	≥ 61-80 mg/day	12
Morphine		1
Oxycodone		1.5
Oxymorphone		3
Pentazocine		0.37
Tapentadol		0.4
Tramadol		0.1

* Methadone: the conversion factor increases at higher doses

† Fentanyl: dosed in mcg/hr instead of mg/day, and absorption is affected by heat and other factors

‡ The MME conversion factor for buprenorphine patches is based on the assumption that one milligram of parenteral buprenorphine is equivalent to 75 milligrams of oral morphine and that one patch delivers the dispensed micrograms per hour over a 24 hour day. Example: 5 ug/hr buprenorphine patch * 24 hrs = 120 ug/day buprenorphine = 0.12 mg/day buprenorphine = 9 mg/day oral morphine milligram equivalent. In other words, the conversion factor not accounting for days of use would be 9/5 or 1.8. However, since the buprenorphine patch remains in place for 7 days, we have multiplied the conversion factor by 7 (1.8 X 7 = 12.6). In this example, MME/day for four 5 µg/hr buprenorphine patches dispensed for use over 28 days would work out as follows: Example: 5 ug/hr buprenorphine patch * (4 patches/28 days)* 12.6 = 9 MME/day.

§ The MME conversion factor for fentanyl buccal tablets, sublingual tablets, and lozenges/troche is 0.13. This conversion factor should be multiplied by the number of micrograms in a given lozenge/troche.

" The MME conversion factor for fentanyl film and oral spray is 0.18. This reflects a 40% greater bioavailability for films compared to lozenges/tablets and 38% greater bioavailability for oral sprays compared to lozenges/tablets.
The MME conversion factor for fentanyl nasal spray is 0.16, which reflects a 20% greater bioavailability for sprays compared to lozenges/tablets.
The MME conversion factor for fentanyl patches is based on the assumption that one milligram of parenteral fentanyl is equivalent to 100 milligrams of oral morphine and that one patch delivers the dispensed micrograms per hour over a 24 hour day. Example: 25 ug/hr fentanyl patch * 24 hrs = 600 ug/day fentanyl = 60 mg/day oral morphine milligram equivalent. In other words, the conversion factor not accounting for days of use would be 60/25 or 2.4. However, since the fentanyl patch remains in place for 3 days, we have multiplied the conversion factor by 3 (2.4 X 3 = 7.2). In this example, MME/day for ten 25 µg/hr fentanyl patches dispensed for use over 30 days would work out as follows: Example: 25 ug/hr fentanyl patch * (10 patches/30 days)* 7.2 = 60 MME/day.

Numerator Options:

***Performance Met 1*:** Patient evaluated and current high risk pain medication, current pharmacologic treatment regimen less than 20 MME per day

OR

***Performance Met 1*:** Patient evaluated and current high risk pain medication, current pharmacologic treatment regimen greater than or equal to 20 MME and less than 50 MME per day

OR

***Performance Met 1*:** Patient evaluated and current high risk pain medication, current pharmacologic treatment regimen greater than or equal to 26 MME and less than 50 MME per day

OR

***Performance Met 1*:** Patient evaluated and current high risk pain medication, current pharmacologic treatment regimen less than or equal to 50 MME and less than 90 MME per day

OR

***Performance Met 1*:** Patient evaluated and current high risk pain medication, current pharmacologic treatment regimen greater than or equal to 90 MME per day

AND

***Performance Met 2*:** Patient not prescribed an opioid and a benzodiazepine

OR

***Performance Exclusion*:** Patient not prescribed a high risk pain medication.

OR

***Performance Not Met*:** Patient not evaluated for the MME of their current high risk pain medication pharmacologic treatment regimen, reason not given

RISK ADJUSTED: Yes, by age, chronic conditions such as diabetes, CAD, COPD/Asthma, Heart Failure, OA, hospice admission, and prescription type, strength and continuous consumption time line.

CLINICAL RECOMMENDATION STATEMENT: This measure is based upon recommendations from Centers for Disease Control and Prevention Guideline for Prescribing Opioids for Chronic Pain — United States, 2016 (Dowell, et al. 2016).

SCG2 Outcome Assessment for Patients Prescribed Ankle Orthosis for Ambulation and Functional Improvement

Percentage of patients 18 years and older who had at least two medical visits during the performance period, and for whom an ankle orthosis was prescribed to assist with ambulation AND report a significant improvement in ambulation and function with the orthosis using a standardized tool within the performance period

2017 OPTIONS FOR INDIVIDUAL MEASURES:
SCG HEALTH QCDR ONLY

NATIONAL QUALITY STRATEGY DOMAIN: Person and Caregiver-Centered Experience and Outcomes
MEASURE TYPE: Outcome

INSTRUCTIONS:
This measure is to be reported a minimum of **once per performance period** for patients prescribed an ankle orthosis during the performance period ending November 30. This measure may be associated with an amputation of part of the foot, ankle or toes. This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

DENOMINATOR:

Denominator criteria (Eligible Cases):
All patients aged 18 years and older on the date of ankle orthotic dispensing who had at least two medical visits during the performance period
AND
Patient prescribed during the performance period (HCPCS): L1900, L1902-L1990, L2106-L2116, L4350, L4360, L4361, L4386, L4387, L4396, L4397, L4631
AND
Two or more visits during the performance period

NUMERATOR:
Percentage of patients with an initial functional assessment using a standardized tool before the prescription of the orthotic and with the orthotic whose functional improvement score stayed the same or improved

Definitions:
Date of dispensing - The date of the patient encounter episode begins with the date that the ankle orthotic is dispensed to the patient

Functional Outcome Assessment – Patient completed questionnaires designed to measure a patient's physical limitations in performing the usual human tasks of living and to directly quantify functional and behavioral symptoms.

Standardized Tool – An assessment tool that has been appropriately normed and validated for the population in which it is used. Examples of tools for evaluating ambulation, gait and ankle function that may be used in combination with one another are: Activity-specific Balance Confidence Scale (ABC); American Academy of Orthopedic Surgeons Lower Limb Outcomes Assessment: Foot and Ankle Module (AAOS-FAM); Bristol Foot Score (BFS); Revised Foot

Function Index (FFI-R); Foot Health Status Questionnaire (FHSQ); Functional Gait Assessment (FGA); Manchester Foot Pain and Disability Index (MFPDI); Podiatric Health Questionnaire (PHQ); Rowan Foot Pain Assessment (ROFPAQ); the six-minute walk test (6MWT), the ten-meter walk test (10mWT), single-limb hopping test, figure-of-8 hop test, side-hop test, single-limb hurdle test, square hop test and the single hop test.

Significant Improvement – Patient response documented in two or more functional outcome assessments taken 30 days or more apart between initial and final assessment demonstrating > 30 percent reduction in ankle and/or foot pain; and/or > 30 percent improvement in ankle and/or foot function; general ankle and/or foot health and/or balance confidence and gait.

Numerator Instructions: All components should be completed once per patient and should be documented in the medical record as having been performed during the performance period.

NOTE: *The two assessments must be separated by at least 30 days. It is expected that the functional outcome assessment score or ranking will stay the same or improve in order for this measure to be successfully completed.*

Numerator Options:

Performance met:	Initial functional outcome assessment documented as positive using a standardized tool AND subsequent assessment documents significant improvement in ambulation and/or ankle function
OR	
Performance Met:	Initial functional outcome assessment documented as negative; no functional deficiencies identified
OR	
Performance Not Met:	Initial functional outcome assessment documented as positive using a standardized tool AND subsequent assessment did not document significant improvement in ambulation and/or ankle function
OR	
Performance Not Met:	Initial functional outcome assessment documented as positive using a standardized tool AND subsequent assessment did not document significant improvement in ambulation and/or ankle function
OR	
Performance Not Met:	Functional outcome assessment using a standardized tool not documented, reason not given

RISK ADJUSTED: Yes, by age, chronic conditions such as diabetes, CAD, COPD/Asthma and Heart Failure.

CLINICAL RECOMMENDATION STATEMENT:

Ankle-foot orthosis (AFOs) are the recommended treatment for ankle sprains, foot and ankle deformities, and foot and ankle dysfunction (Allen). Ankle Fractures can be treated non surgically with AFO's to stabilize and enable healing of the affected part(s) (Lin et al. 2010).

SCG3 Outcome Assessment for Patients Prescribed Foot Orthosis for Ambulation and Functional Improvement

Percentage of patients 18 years and older with a deformity of the foot or forefoot, who had at least two medical visits during the performance period, and for whom a foot orthosis was prescribed to assist with ambulation AND report a significant improvement in ambulation and function with the orthosis using a standardized tool within the reporting period

2017 OPTIONS FOR INDIVIDUAL MEASURES:
SCG HEALTH QCDR ONLY

NATIONAL QUALITY STRATEGY DOMAIN: Person and Caregiver-Centered Experience and Outcomes
MEASURE TYPE: Outcome

INSTRUCTIONS:
This measure is to be reported a minimum of **once per performance period** for patients prescribed a foot orthosis during the performance period ending November 30. This measure is sometimes associated with an amputation of part of the foot or toes. This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

DENOMINATOR:

Denominator criteria (Eligible Cases):
All patients aged 18 years and older on the date of foot orthotic dispensing with a deformity of the foot or forefoot who had at least two medical visits during the performance period
AND
Patient prescribed during the performance period (HCPCS): L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3031, L3040, L3050, L3060, L3070, L3080, L3090, L3100
AND
Two or more visits during the performance period

NUMERATOR:
Percentage of patients prescribed foot orthosis(es)for ambulation improvement in the foot with an initial functional assessment using a standardized tool before the prescription of the orthotic and with the orthotic not less than 30 days following prescription

Definitions:
Date of dispensing - The date of the patient encounter episode begins with the date that the foot orthotic is dispensed to the patient

Functional Outcome Assessment – Patient completed questionnaires designed to measure a patient's physical limitations in performing the usual human tasks of living and to directly quantify functional and behavioral symptoms.

Standardized Tool – An assessment tool that has been appropriately normed and validated for the population in which it is used. Examples of tools for evaluating ambulation, gait and foot function are: Activity-specific Balance Confidence Scale (ABC); American Academy of Orthopedic Surgeons Lower Limb Outcomes Assessment: Foot and Ankle Module (AAOS-FAM); Bristol Foot Score (BFS); Revised Foot Function Index (FFI-R); Foot Health Status Questionnaire (FHSQ); Functional Gait Assessment (FGA); Manchester Foot Pain and Disability

Index (MFPDI); Podiatric Health Questionnaire (PHQ); Rowan Foot Pain Assessment (ROFPAQ); Foot & Ankle Rapid Health Indicator (FARHI-17), the six-minute walk test (6MWT); and the ten-meter walk test (10mWT).

Significant Improvement – Patient response documented in two or more functional outcome assessments taken 30 days or more apart between initial and final assessment demonstrating > 30% reduction in foot pain; and/or > 30% improvement in foot function; general foot health and/or balance confidence and gait.

Numerator Instructions: All components should be completed once per patient and should be documented in the medical record as having been performed during the performance period.

NOTE: *The two assessments must be separated by at least 30 days. It is expected that the functional outcome assessment score or ranking will stay the same or improve in order for this measure to be successfully completed.*

Numerator Options:

Performance met:	Initial functional outcome assessment documented as positive using a standardized tool AND subsequent assessment documents significant improvement in ambulation and/or foot function
OR	
Performance Met:	Initial functional outcome assessment documented as negative; no functional deficiencies identified
OR	
Performance Not Met:	Initial functional outcome assessment documented as positive using a standardized tool AND subsequent assessment did not document significant improvement in ambulation and/or foot function
OR	
Performance Not Met:	Initial functional outcome assessment documented as positive using a standardized tool AND subsequent assessment did not document significant improvement in ambulation and/or foot function
OR	
Performance Not Met:	Functional outcome assessment using a standardized tool not documented, reason not given

RISK ADJUSTED: Yes, by age, chronic conditions such as diabetes, CAD, COPD/Asthma and Heart Failure.

CLINICAL RECOMMENDATION STATEMENTS:

The American College of Foot and Ankle Surgeons in the Clinical Practice Guideline for the Diagnosis and Treatment of Forefoot Disorders affirms that non-surgical treatment is the initial treatment choice for the symptomatic digital deformity. A non-surgical treatment option endorsed by the College specifies that orthoses and/or shoe inserts may offer relief of many pathologies, including the highly prevalent excessive metatarsal head pressure. In the case of mechanical etiology of capsulitis, treatment includes offloading and management of any contributing biomechanical abnormality with padding and/or orthotic therapy (Thomas, et al. 2009).

SCG4 Prevention of Antibiotic or Herbal Supplement Impairment of Anesthesia

Percentage of patients, regardless of age, who are prescribed antibiotics or taking natural herbal supplements and undergoing a surgical, therapeutic or diagnostic procedures under anesthesia during the performance period and who have a documented use of a pre-operative assessment for anesthesia impairment AND there was no impairment of the effectiveness of anesthesia

2017 OPTIONS FOR INDIVIDUAL MEASURES:
SCG HEALTH QCDR ONLY

NATIONAL QUALITY STRATEGY DOMAIN: Patient Safety
MEASURE TYPE: Outcome

INSTRUCTIONS:
This measure is to be reported for each patient a minimum of **once per procedure** requiring the use of anesthesia during the reporting period. The most recent quality-data code submitted will be used for performance calculation. There is no diagnosis associated with this measure. It is anticipated that clinicians who provide the listed anesthesia services as specified in the denominator coding will submit this measure.

DENOMINATOR:
All patients, regardless of age, undergoing surgical, therapeutic or diagnostic procedures under anesthesia

Denominator Criteria (Eligible Cases):
All patients, regardless of age on date of the procedure
AND
Patient encounter during the reporting period (CPT): 00100, 00102, 00103, 00104, 00120, 00124, 00126, 00140, 00142, 00144, 00145, 00147, 00148, 00160, 00162, 00164, 00170, 00172, 00174, 00176, 00190, 00192, 00210, 00211, 00212, 00214, 00215, 00216, 00218, 00220, 00222, 00300, 00320, 00322, 00326, 00350, 00352, 00400, 00402, 00404, 00406, 00410, 00450, 00454, 00470, 00472, 00474, 00500, 00520, 00522, 00524, 00528, 00529, 00530, 00532, 00534, 00537, 00539, 00540, 00541, 00542, 00546, 00548, 00550, 00560, 00600, 00604, 00620, 00625, 00626, 00630, 00632, 00635, 00640, 00670, 00700, 00702, 00730, 00740, 00750, 00752, 00754, 00756, 00770, 00790, 00792, 00794, 00796, 00797, 00800, 00802, 00810, 00820, 00830, 00832, 00834, 00836, 00840, 00842, 00844, 00846, 00848, 00851, 00860, 00862, 00864, 00865, 00866, 00868, 00870, 00872, 00873, 00880, 00882, 00902, 00904, 00906, 00908, 00910, 00912, 00914, 00916, 00918, 00920, 00921, 00922, 00924, 00926, 00928, 00930, 00932, 00934, 00936, 00938, 00940, 00942, 00944, 00948, 00950, 00952, 01112, 01120, 01130, 01140, 01150, 01160, 01170, 01173, 01180, 01190, 01200, 01202, 01210, 01212, 01214, 01215, 01220, 01230, 01232, 01234, 01250, 01260, 01270, 01272, 01274, 01320, 01340, 01360, 01380, 01382, 01390, 01392, 01400, 01402, 01404, 01420, 01430, 01432, 01440, 01442, 01444, 01462, 01464, 01470, 01472, 01474, 01480, 01482, 01484, 01486, 01490, 01500, 01502, 01520, 01522, 01610, 01620, 01622, 01630, 01634, 01636, 01638, 01650, 01652, 01654, 01656, 01670, 01680, 01682, 01710, 01712, 01714, 01716, 01730, 01732, 01740, 01742, 01744, 01756, 01758, 01760, 01770, 01772, 01780, 01782, 01810, 01820, 01829, 01830, 01832, 01840, 01842, 01844, 01850, 01852, 01860, 01924, 01925, 01926, 01930, 01931, 01932, 01933, 01935, 01936, 01951, 01952, 01961, 01962, 01963, 01965, 01966

NUMERATOR:
Percentage of patients who have a documented use of a pre-operative assessment of antibiotic drug combination or natural herbal supplement usage where the procedure did not result in an impairment of anesthesia AND the patient did not experience a decrease effectiveness of anesthesia

Definitions:
Natural Herbal Supplement – A product containing one or more vitamins, herbs, enzymes, amino acids, or other ingredients, that is taken orally to supplement one's diet, as by providing a missing nutrient.
Checklist or Protocol – The pre-operative antibiotic drug combination or natural herbal supplement usage checklist assessment should be followed by direct intervention on the identified risk. The key elements that must be included in the individualized, multifactorial antibiotic drug combination or natural herbal supplement usage assessment protocol or checklist may include, but are not limited to the assessment of:

1. Confirmation of prescribed medications with primary care and other physicians involved in the care of the patient
2. Discussing all antibiotic drug combinations or natural herbal supplement usage with the patient
3. Documentation and discussion with the patient of potential complications based upon current antibiotic drug combinations or natural herbal supplement usage when combined with anesthesia and surgical procedure
4. All surgical team members should have an active role in determining how the potential impairment of anesthesia effectiveness will be prevented and managed during the procedure

Preoperative – Documentation of record within the 30 minutes immediately before the start time of a procedure.

Numerator Instructions: All components should be completed once per procedure per patient and should be documented in the medical record as having been performed during the measurement period.

Numerator Options:

Performance Met:	Preoperative checklist of all antibiotic drug combinations or natural herbal supplement usage, documented in the medical record; procedure did not result in an impairment of anesthesia AND the patient documented not to have experienced a decrease in the effectiveness of anesthesia
OR	
Performance Not Met:	Preoperative antibiotic drug combinations or natural herbal supplement usage risk assessment not completed, reason not otherwise specified
OR	
Performance Not Met:	Preoperative checklist of all antibiotic drug combinations or natural herbal supplement usage, documented in the medical record; procedure did result in an impairment of anesthesia, patient documented not to have experienced a decrease in the effectiveness of anesthesia

OR

Performance Not Met:	Preoperative checklist of all antibiotic drug combinations or natural herbal supplement usage, documented in the medical record; procedure did not result in an impairment of anesthesia; patient documented to have experienced decrease in effectiveness of anesthesia

CLINICAL RECOMMENDATION STATEMENT:

Colistin, otherwise known as Polymyxin E, is a drug seeing a resurgence in use against multi-drug-resistant Gram negative bacteria, in particular *Acinetobacter, E-coli, Klebsiella*, and *P. aeruginosa*. a case where an individual receiving Colistin to treat a multi-drug-resistant Acinetobacter required surgery and intubation. Unaware of the implication of the antibiotic treatment, the anesthesiologist administered a small, 20-mg dose of Rocuronium to facilitate intubation. This resulted in a very deep and prolonged period of neuromuscular blockade, requiring almost 24 hours before measurable evidence of spontaneous recovery of neuromuscular function, and 48 hours of ventilatory support (Black).

Many herbal products are marketed as "natural" or "homeopathic," which may lead consumers to assume the products are safe, even when taken with prescription medicines, Dr. Rispler noted. "Herbal supplements can have a negative impact on patients both before and following surgery, and may interact with conventional medicines used to manage chronic conditions. Most surgery-related side effects can be avoided by stopping the CAM product at least one to two weeks prior to surgery and during the postoperative period while prescription medications such as blood thinners or antibiotics are being used. The problem arises when physicians do not know that a patient is using a CAM product, Dr. Rispler said.

RISK ADJUSTED: Yes, by age, chronic conditions such as COPD/Asthma and length of surgery and anesthesia administration.

SCG5 Improvement in Quality of Life from Partial Foot, Prosthetics

Percentage of patients 18 years and older with a prescription for a partial foot, prosthetic to assist with ambulation whose health related quality of life (HRQoL) was assessed during at least two visits during the performance period AND whose health related quality of life score stayed the same or improved

2017 OPTIONS FOR INDIVIDUAL MEASURES:
SCG HEALTH QCDR ONLY

NATIONAL QUALITY STRATEGY DOMAIN: Person and Caregiver-Centered Experience and Outcomes
MEASURE TYPE: Outcome

INSTRUCTIONS:
This measure is to be reported a minimum of **once per performance period** for patients prescribed a partial foot, prosthetic during the performance period ending November 30. This measure is associated with an amputation of part of the ankle or foot or toes. This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

DENOMINATOR:
Patients aged 18 years and older prescribed partial foot, prosthetics

Denominator criteria (Eligible Cases):
All patients aged 18 years of age and older on the date of dispensing with an amputated toe or forefoot who had at least two medical visits during the performance period
AND
Patient prescribed during the performance period (HCPCS): L5000, L5010, L5020
AND
Two or more visits during the performance period

NUMERATOR:
Percentage of patients whose health related quality of life was assessed with a tool(s) during at least two visits during performance period with an initial quality of life assessment using a standardized tool before the prescription of the prosthetic and with the prosthetic not less than 60 days following prescription **AND** whose health related quality of life score stayed the same or improved

Definition:
Date of dispensing - The date of the patient encounter episode begins with the date that the prosthetic is dispensed to the patient

Outcome Assessment – Patient completed questionnaires designed to measure a patient's quality of life.

Standardized Tool – An assessment tool that has been appropriately normed and validated for the population in which it is used. Examples of tools for evaluating quality of life: Centers for Disease Control and Prevention Health-Related Quality of Life (HRQoL)

Improvement – Patient response documented in two or more quality of life assessments taken 60 days or more apart between initial and final assessment demonstrating that the QoL score or ranking will stay the same or improve

Numerator Instructions: All components should be completed once per patient and should be documented in the medical record as having been performed during the performance period. It is expected that the QoL score or ranking will stay the same or improve in order for this measure to be successfully completed.

Numerator Options:

Performance met:	A partial foot, prosthetic has improved the patient's quality of life, or stayed the same, and is documented using a standardized tool
OR	
Performance not met:	A partial foot, prosthetic has not improved patient's quality of life and is documented using a standardized tool
OR	
Performance not met:	Health-related quality of life not assessed with a standardized tool

RISK ADJUSTED: Yes, by age, chronic conditions such as diabetes, CAD, COPD/Asthma and Heart Failure.

CLINICAL RECOMMENDATION STATEMENT:
This measure was developed based upon feedback from SCG Health clinical advisory councils. Partial Foot prosthetics are medically necessary in facilitating ambulation in those patients who have undergone partial foot amputations. The goal is to provide the patient a normal, active, and productive lifestyle in the event of an amputation. Missing part of the foot requires a prosthesis.