

HEAL NY Phase 5 Health IT RGA

Section 7.1: HEAL NY Phase 5 Health IT Candidate Use Cases

Quality Use Cases: Quality Reporting for Outcomes and Quality Reporting for Prevention

Quality Use Cases

(Quality Reporting for Outcomes and Quality Reporting for Prevention)

Version 1.0

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I. NYS Department of Health’s Priorities and Requirements for Quality Measurement and Reporting

The main objective of the quality use cases is for grantees to develop the technical capacity to ultimately calculate the complete measurement sets from the National Committee for Quality Assurance (NCQA) and the Centers for Medicare and Medicaid Services (CMS). These measures are in use by providers and payers across the state and represent a comprehensive set of ambulatory and inpatient measures that could provide meaningful, real time information to physicians. NYSDOH’s expectations is that electronic health record vendors and other vendors developing quality tools should be able to provide measure specifications and update programs when specifications change or new measures are added.

For the purposes of the RGA and the two year grant period, applicants, in demonstrating the quality use cases are required to choose from the measures chosen by the Commissioner’s Pay for Performance Workgroup. These measures were vetted by an expert panel of hospitals, providers, insurers, trade organizations and union representatives. In addition to the measures developed by NCQA and CMS there are measures from the Institute for Healthcare Improvement, the National Quality Forum, the American Medical Association and the Joint Commission for the Accreditation of Health care Organizations among others. The ambulatory measures are included in Appendix IV below. Applicants should demonstrate at least fifty percent of the measures over the two year grant period.

II. Quality Reporting for Outcomes Use Case

The Quality Reporting for Outcomes use case is based on the Quality use case published by the Office of the National Coordinator. The Quality use case published by ONC is included herein. In summary, the Quality use case addresses the technical capacity and functionality needed to measure and report on hospital and clinician quality and use quality measures to support clinical decision making in an interoperable healthcare system. With respect to New York’s health information infrastructure, it incorporates all 3 of the technical building blocks as illustrated in Section 2, Figure 1. Additionally, as indicated in Section 2.3.2, applicants demonstrating the Quality use cases are required to use clinical information as the primary source of information to measure and report on physician quality. Applicants may also use claims and administrative information sources, but projects based solely on claims information will not be accepted.

III. Quality Reporting for Prevention Use Case

The Quality Reporting for Prevention use case represents an interim step for quality reporting to support clinical decision making by providing reports to clinicians based on process or prevention measures. These reports are generated directly from an electronic health record and presented to the clinician. As part of the Community-wide Interoperable EHR grant category, as explained in Section 2.3, EHR implementations in

ambulatory clinician-office practices are required to include embedded quality metrics and reporting capability.

IV. Appendix: List of Ambulatory Measures

Family	Measure/Mode of Data Collection
<u>Screenings/Preventive Services</u>	Breast Cancer Screening (NCQA) Admin
	Colorectal Cancer Screening (NCQA) Hybrid
	Cervical Cancer Screening (NCQA) Hybrid
	Advising Smokers to Quit (NCQA) Survey
	Chlamydia Screening Rates (NCQA) Admin
	Influenza Vaccination (NCQA) Survey
	Pneumococcal Vaccination (NCQA) Survey
	Childhood Immunization Rates (NCQA) Hybrid
	Lead Testing (NYSDOH) Hybrid
	BMI Documentation for Adolescents (NYSDOH) Medical Record
	Controlling High Blood Pressure (CMS/NCQA) Medical Record
<u>Heart Disease</u>	Drug Therapy for Lowering LDL Cholesterol (AMA-PCPI) Medical Record
	Persistence of Beta Blocker Therapy – Post MI (NCQA) Admin
	ACE Inhibitor/ARB Therapy for Heart Failure (AMA-PCPI) Admin
	Left Ventricular Assessment for Heart Failure (AMA-PCPI) Medical Record
<u>Diabetes</u>	HbA1C Testing (NCQA) Hybrid
	HbA1C Poorly Controlled (NCQA) Hybrid

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	Blood Pressure Control/Management in Diabetics (NCQA or AMA-PCPI) Hybrid
	Lipid Measurement in Diabetics (NCQA) Hybrid
	LDL Cholesterol Level
Family	Measure/Mode of Data Collection
	In diabetics <130 (NCQA) Hybrid
	Eye Exam in Diabetics (NCQA) Hybrid
	Urine Protein Screening (NCQA) Hybrid
	Foot Examination (NCQA/NQF) Hybrid
	Smoking Cessation (NCQA/NQF) Medical Record
<u>Asthma</u>	Asthma: Pharmacologic Therapy (AMA-PCPI) Admin
	Asthma Action Plan (NICHQ) Medical Record
	Asthma Assessment (AMA-PCPI) Medical Record
<u>Mental Health</u>	Antidepressant Medication (NCQA) Admin
	Antidepressant Medication Management/Acute (NCQA) Admin
	Antidepressant Management/Continuation (NCQA) Admin
<u>Pregnancy</u>	Anti-D Immune Globulin in Pregnant Women (AMA-PCPI) Medical Record
	Post Partum Visit Rate (NCQA) Hybrid
<u>Appropriate Antibiotic Use</u>	Appropriate Treatment for Children with Upper Respiratory Infection (URI) (NCQA) Admin
	Appropriate Testing for Children with Pharyngitis (NCQA) Admin