

Comprehensive Primary Care (CPC) EHR Clinical Quality Measures

Patrice Holtz, RN, MBA

Quality Lead, Seamless Care Group

CMS Innovation Center



Comprehensive Primary Care (CPC) Initiative

CPC is a 4 year multi-payer initiative fostering collaboration between public and private health care payers to strengthen primary care.

- Approximately 502 participating PCP Practices
- Seven regions in the US
- 44 Payers participating in addition to Medicare

Seven CPC Regions

- Arkansas (Statewide)
- Colorado (Statewide)
- New Jersey (Statewide)
- New York (Capital District-Hudson Valley region)
- Ohio and Kentucky (Cincinnati-Dayton region)
- Oklahoma (Greater Tulsa region)
- Oregon (Statewide)

Comprehensive Primary Care (CPC) Initiative

Tests 2 Models:

1. Service Delivery Model- Comprehensive Primary Care is primarily characterized as have the following five functions:

- Risk-stratified Care Management
- Access and Continuity
- Planned Care for Chronic Conditions and Preventative Care
- Patient and Caregiver Engagement
- Coordination of Care Across the Medical Neighborhood

2. Payment Model- Includes Multi-Payer Funding Streams:

- Monthly care management fee paid on behalf of fee-for-service Medicare beneficiaries
- Compensation from other payers participating in the initiative, including private insurance companies and other health plans
- In years 2-4 of the initiative, the potential to share in any savings to the Medicare program

Clinical Quality Measures (CQM)

CPC is using a subset of the Meaningful Use HQMF Measures

CMS and participating payers are working toward an aligned set of eMeasures.

2013 CPC eMeasure Reporting

NQF ID	Clinical Quality Measure Title	Required in 2013	Required in 2014 & 2015	Domain
18	Controlling High Blood Pressure	Yes	Yes	Clinical Process/Effectiveness
24	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Yes: CO, OK and OR	Yes: CO, OK and OR	Population/PublicHealth
		No: AR, NJ, NY, and OH	No: AR, NJ, NY, and OH	
28	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Yes	Yes	Population/PublicHealth
0031 ^[1]	Breast Cancer Screening	Yes	Yes	Clinical Process/Effectiveness
34	Colorectal Cancer Screening	Yes	Yes	Clinical Process/Effectiveness
36	Use of Appropriate Medications for Asthma	Yes: CO, NJ, NY, OH, OK and OR	Yes: CO, NJ, NY, OH, OK and OR	Clinical Process/Effectiveness
		No: AR	No: AR	
41	Preventive Care and Screening: Influenza Immunization	Yes	Yes	Population/PublicHealth
59	Diabetes: Hemoglobin A1c Poor Control	Yes	Yes	Clinical Process/Effectiveness
61	Diabetes: Blood Pressure Management	Optional ^[2]	No	Clinical Process/Effectiveness
64	Diabetes: Low Density Lipoprotein (LDL) Management	Yes	Yes	Clinical Process/Effectiveness
75	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	Yes	Yes	Clinical Process/Effectiveness
83	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Yes	Yes	Clinical Process/Effectiveness
101	Falls: Screening for Future Fall Risk	No	Yes	Safety
418	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	No	Yes	Population/PublicHealth

[1] NQF 0031 is no longer NQF endorsed.

[2] NQF 0061 should be reported if the CPC practice site was able to obtain the MU Stage 1 measure in their ONC Certified EHR. NQF 0061 was not included in Stage 2 MU, therefore it is considered optional.

2013 CPC CQM Reporting

CPC CQM Population

The CPC CQM population is CPC practice site based and should include all patients (not just Medicare patients) who have had at least one or more visits at the CPC practice site location during the Measurement Year and who meet the denominator inclusion criteria for the CQM.

2013 CPC CQM Reporting

CPC Measurement Period	Reporting Timeframe	Reporting Method
1/1/2013 to 12/31/2013	January 1 – 31, 2014	Attestation via CPC Web Application Attestation Module
1/1/2014 to 12/31/2014	January 1 – 31, 2015	Electronic File Transmission
1/1/2015 to 12/31/2015	January 1 – 31, 2016	Electronic File Transmission

- Attestation of CPC Measure results will mirror Meaningful Use Attestation (e.g. provider can select which edition (2011 or 2014) ONC certified EHR Technology they are using when attesting and entering the CQM results according to the eMeasure Specifications used for that CEHRT)

2013 CPC CQM Reporting

- CQMs are HQMF Meaningful Use Specifications
- Provider must use ONC certified EHR Technology
- All data results reported must be generated from the ONC certified EHR
- Aggregate data results for **all** CQMs (Final Numerator, Denominator, Performance Rate, and if applicable Exclusion/Exceptions)

2013 CPC CQM Reporting Examples

Please see the CPC Instruction Guide for the Reporting of EHR Clinical Quality Measures.

Examples can be found on page 7

CPC EHR Tenet

Providers are the “data stewards” of their own EHR Data

Providers will use their EHR to:

- ❖ Empanel Patients
- ❖ Risk Stratify Patients
- ❖ Provide Care Management
- ❖ Coordinate Patient Care
- ❖ Communicate Health Information to their Patients and Other Providers
- ❖ Enable Access to their Patient Information 24/7
- ❖ Monitor, Continuously Improve, and Report Quality Measures

Questions?

- Please direct all questions via email to:
CPCisupport@telligen.org