

The Centers for Medicare & Medicaid Services (CMS) seeks stakeholder comments on the following electronic clinical quality measure under development:

**Title:** Annual Wellness Assessment: Preventive Care

**Description:** This measure assesses the percentage of patients 65 years of age and older with an Annual Wellness Visit (AWV) who received age- and sex-appropriate preventive services. This measure is a composite of eight component measures that are based on recommendations for preventive care by the U.S. Preventive Services Task Force (USPSTF) and the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

We seek comments from the public about the **composite calculation method** and **whether any component measures should be removed from the overall composite**.

This document provides information about the measure rationale, intent, and history, as well as a summary of the measure specifications and a summary of the composite scoring methods.

## **Measure Rationale**

With rising rates of certain chronic conditions—such as hypertension and diabetes—in the Medicare population, wellness and preventive care have become increasingly important to improve outcomes and costs. The AWV is an opportunity for clinicians and patients to identify and manage a patient's health risks for many preventable conditions. Included in the AWV is the creation and maintenance of a personalized prevention plan. By delivering AWVs, clinicians accept responsibility for ensuring that their patients receive wellness and preventive services and compiling information about those services in one health record that all of the patient's clinicians can access.

## **Measure Intent**

This measure evaluates whether clinicians ensure that patients who have had an AWV receive certain preventive services. The services contained in the measure are recommended by USPSTF and the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP).

## **Measure History**

This measure has been informed by feedback from a panel of clinical experts and a multi-stakeholder technical expert panel. The composite measure and eight component measures have been tested with clinical practices to assess the component measures' data element validity, the reliability of the component measures and the composite, and the variability in performance across clinicians. The project team has also solicited feedback on the usability and feasibility of the component and composite measures from clinicians through semistructured interviews, assessments of clinical workflow, and assessments of structured fields within the electronic health record. The component measures were previously posted for public comment. The individual component measures are based on or closely aligned with existing clinician-level measures already in CMS programs. The composite measure presents a summary view of whether patients who receive an AWV also receive preventive services recommended by the USPSTF and the ACIP.

## Summary of Measure Specifications

Measure Component	Numerator	Denominator	Exclusions and Exceptions	Related Electronic Clinical Quality Measures
Assessment of Blood Pressure	Patients who have a blood pressure taken and recorded during the AWV (results must be recorded)	Patients 65 and older with an AWV during the measurement period	None	N/A
Screening for Falls Risk	Patients who were screened for falls risk in the 12 months before or during the AWV	Patients 65 and older with an AWV during the measurement period	Documentation of medical reason(s) for not screening for fall risk (for example, patient is not ambulatory) in the 12 months before or during the AWV	CMS 139—Falls: Screening for Future Fall Risk
Screening for Depression	Patients who were screened for depression in the 12 months before or during the AWV using an age-appropriate standardized tool	Patients 65 and older with an AWV during the measurement period	Patients with an active diagnosis of depression or bipolar disorder during the AWV Documentation of patient or medical reasons for not screening	CMS 2—Preventive Care and Screening: Screening for Depression and Follow-Up Plan
Influenza Vaccination	Patients who received an influenza immunization OR who reported previous receipt of an influenza immunization	Patients 65 and older with an AWV during the measurement period who also had an encounter from October 1 of the year before the measurement period to March 31 of the measurement period	Documentation of medical reasons, patient reasons, and system reasons for not receiving influenza immunization in the 153 days before the start of the measurement period to the end of the most recent flu season Documentation of an active allergy any time before the end of the most recent flu season	CMS 147—Preventive Care and Screening: Influenza Immunization
Pneumococcal Vaccination	Patients who have ever received a pneumococcal vaccination	Patients 65 and older with an AWV during the measurement period	None	CMS 127—Pneumococcal Vaccination Status for Older Adults
Screening for Breast Cancer	Women who had one or more mammograms during the measurement period or in the 15 months before the measurement period	Female patients ages 65 to 74 with an AWV during the measurement period	Women with a bilateral mastectomy or two unilateral mastectomies performed before the end of the measurement period	CMS 125—Breast Cancer Screening

Measure Component	Numerator	Denominator	Exclusions and Exceptions	Related Electronic Clinical Quality Measures
Screening for Colorectal Cancer	<p>Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following:</p> <ul style="list-style-type: none"> <li>• colonoscopy during or the nine years before the measurement period</li> <li>• fecal occult blood test during the measurement period</li> <li>• flexible sigmoidoscopy during or the four years before the measurement period</li> <li>• FIT-DNA during or the two years before the measurement period</li> <li>• CT colonography during or the four years before the measurement period</li> </ul>	Patients ages 65 to 75 with an AWV during the measurement period	Patients with a diagnosis or past history of total colectomy or colorectal cancer	CMS 130—Colorectal Cancer Screening
Screening for Osteoporosis	Female patients who have ever received a central (that is, hip or spine) DXA scan (results must be recorded)	Female patients ages 65 to 85 with an AWV during the measurement period	Diagnosis of osteoporosis before the end of the measurement period	N/A

## Next Steps for Measure Development

A review of the public comments will take place with the clinical experts to finalize the measure specification.

### Overview of composite scoring options for the Annual Wellness Assessment: Preventive Care measure

The Annual Wellness Assessment (AWA): Preventive Care measure is a composite of individual measures focused on preventive services (that is, screenings and immunizations). We will define eligible clinician (EC)-level performance by summarizing information across individual measure components into a single composite score. In the following, we describe the proposed methodologies for calculating the composite score methods. We selected these options based on previous work on this measure, including discussion with experts.

Four composite methods are under consideration: all-or-none, linear combination (patient level and component level), and opportunity scoring.

- **All-or-none scoring** gives an EC numerator credit for a patient only if the patient satisfies all components (that is, receives all preventive services for which the patient is eligible). This method is the highest threshold for quality. However, performance on the composite would be correlated with the lowest-performing component (that is, clinician performance might tend toward a low score because patients will not be counted in the numerator unless they receive all eligible preventive services).
- **Linear combination scoring** gives an EC numerator credit for the proportion of patients who received appropriate preventive services (**patient level**) or the proportion of appropriate preventive services that were completed in the population (**component level**). Patient-level aggregation might align better with ECs' perceptions about providing care, whereas component-level aggregation might better highlight missing preventive services. This composite score is relatively easy to interpret and therefore might be most practical for ECs. However, this composite method assumes that individual components are independent.
- **Opportunity scoring** gives an EC numerator credit for the proportion of opportunities to provide a preventive service that the EC completed. Some screening or management activities will be more common for particular ECs based on their patient populations. Under opportunity scoring, activities that are more common have a greater impact on EC score; the linear combination approach might be more comparable across ECs.

Example patients and calculations for the EC-level composite by each method are listed in Figures 1–4.

**Figure 1. All-or-none**

**Interpretation:** For each EC, percentage of patients who receive all preventive services for which they are eligible within the specified time interval. Gives EC numerator credit only if a patient meets the criteria for all of the components of the measure for which the patient is eligible.

**Example:** X% of an EC's patients received all preventive services for which they were eligible.

Individual measure*	Patient					
	A	B	C	D	E	
Screening for breast cancer	✓	N/A				$\frac{(1 \text{ patient})}{(5 \text{ total patients})}$ $= 20\%$
Screening for colorectal cancer	✓	✓	✓		✓	
Pneumococcal vaccination	✓		✓	✓		

**Figure 2. Linear combination – patient level**

**Interpretation:** For each EC, percentage of completed preventive services, which gives EC partial numerator credit for meeting the criteria for some, but not all, components of the measure.

**Example:** On average, each patient was provided X% of services for which the patient was eligible.

Individual measure *	Patient					
	A	B	C	D	E	
Screening for breast cancer	✓	N/A				$\left(\frac{3_A}{3}\right) + \left(\frac{1_B}{2}\right) + \left(\frac{2_C}{3}\right) + \left(\frac{1_D}{3}\right) + \left(\frac{1_E}{3}\right)$ $5 \text{ total patients}$ $= 57\%$
Screening for colorectal cancer	✓	✓	✓		✓	
Pneumococcal vaccination	✓		✓	✓		

### Figure 3. Linear combination – component level

**Interpretation:** For each EC, percentage of patients who received preventive services, which gives EC partial numerator credit for meeting the criteria for some, but not all, components of the measure.

**Example:** On average, each preventive service was provided to X% of patients.

Individual measure *	Patient					$\left(\frac{1_{\text{BreastCA}}}{4}\right) + \left(\frac{4_{\text{ColonCA}}}{5}\right) + \left(\frac{3_{\text{Pneumo}}}{5}\right)$ 3 total preventive services = 55%
	A	B	C	D	E	
Screening for breast cancer	✓	N/A				
Screening for colorectal cancer	✓	✓	✓		✓	
Pneumococcal vaccination	✓		✓	✓		

### Figure 4. Opportunity scoring

**Interpretation:** For each EC, percentage of opportunities to provide preventive services that were completed.

**Example:** X% of preventive service opportunities for the EC were completed.

Individual measure *	Patient					$\frac{(8 \text{ preventive services provided})}{(14 \text{ possible preventive services})}$ = 57%
	A	B	C	D	E	
Screening for breast cancer	✓	N/A				
Screening for colorectal cancer	✓	✓	✓		✓	
Pneumococcal vaccination	✓		✓	✓		

\*Note that this example does not include all individual measures from the overall composite measure.