

Measure #51 (NQF 0091): Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation – National Quality Strategy Domain: Effective Clinical Care

2017 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of patients aged 18 years and older with a diagnosis of COPD who had spirometry results documented

INSTRUCTIONS:
This measure is to be reported a minimum of **once per performance period** using the most recent spirometry results in the patient record for all COPD patients seen during the **performance period**. Do not limit the search for spirometry results to the **performance period**. 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.

Measure Reporting:
The listed denominator criteria is 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. The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:
All patients aged 18 and older with a diagnosis of COPD
Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
Diagnosis for COPD (ICD-10-CM): J41.0, J41.1, J41.8, J42, J43.0, J43.1, J43.2, J43.8, J43.9, J44.0, J44.1, J44.9
AND
Patient encounter during the **performance period** (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215
WITHOUT
Telehealth Modifier: GQ, GT

NUMERATOR:
Patients with documented spirometry results in the medical record (FEV1 and FEV1/FVC)

Numerator Instructions: Look for most recent documentation of spirometry results in the medical record; do not limit the search to the **performance period**.

Numerator Options:
Performance Met:

Spirometry results documented and reviewed (3023F)

OR

Denominator Exception:

Documentation of medical reason(s) for not documenting and reviewing spirometry results (3023F *with 1P*)

OR
Denominator Exception:

Documentation of patient reason(s) for not

documenting and reviewing spirometry results (3023F with 2P)

OR
Denominator Exception:

Documentation of system reason(s) for not documenting and reviewing spirometry results (3023F with 3P)

OR
Performance Not Met:

Spirometry results not documented and reviewed, reason not otherwise specified (3023F with 8P)

RATIONALE:

Evaluation of lung function for a patient with COPD is vital to determine what treatments are needed and whether those treatments are effective. COPD is often underdiagnosed and misdiagnosed in the primary care setting. (Tinkelman, 2006) Marked underutilization of spirometry testing has been well documented and is thought to be a contributing factor. (Foster et al, 2007; Yawn et al., 2008; Lee et al., 2006; Damarla et al., 2006) A recent study found that only 32% of patients with a new diagnosis of COPD had undergone spirometry within the previous 2 years to 6 months following diagnosis. (Han et al., 2007) This measure is for patients already diagnosed with COPD, in order to confirm diagnosis.

CLINICAL RECOMMENDATION STATEMENTS:

A clinical diagnosis of COPD should be considered in any patient who has dyspnea, chronic cough or sputum production, and a history of exposure to risk factors for the disease. Spirometry is required to make the diagnosis in this clinical context; the presence of a post-bronchodilator FEV1/FVC < 0.70 confirms the presence of persistent airflow limitation and thus of COPD...Whereas spirometry was previously used to support a diagnosis of COPD, spirometry is now required to make a confident diagnosis of COPD. Spirometry is the most reproducible and objective measurement of airflow limitation available. (GOLD 2015)

ACP, ACCP, ATS, and ERS [COPD Guidelines] recommend that spirometry should be obtained to diagnose airflow obstruction in patients with respiratory symptoms (Grade: strong recommendation, moderate-quality evidence)...Spirometry is a pulmonary function test that is useful to identify airflow obstruction in symptomatic patients who may benefit from pharmacotherapy, long-term oxygen, or pulmonary rehabilitation (or all of these strategies). Symptomatic patients with FEV1 less than 60% predicted will benefit from inhaled treatments (anticholinergics, long-acting ~~agonists~~ agonists, or corticosteroids). (ACP 2011)

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2017 Registry Individual Measure Flow
#51 NQF #0091: Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation



SAMPLE CALCULATIONS:

Data Completeness=

Performance Met (a=4 patients) + Denominator Exception (b¹+b²+b³=1 patient) + Performance Not Met (c=2 patients) = 7 patients = 100.00%
 Eligible Population / Denominator (d=7 patients) = 7 patients

Performance Rate=

Performance Met (a=4 patients) = 4 patients = 66.67%
 Data Completeness Numerator (7 patients) – Denominator Exception (b¹+b²+b³=1 patient) = 6 patients

*See the posted Measure Specification for specific coding and instructions to report this measure.

NOTE: Reporting Frequency: Patient-intermediate

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 The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

v1

2017 Registry Individual Measure Flow

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Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator
2. Check Patient Age:
 - a. If the Age is greater than or equal to 18 years of age on Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
 - b. If the Age is greater than or equal to 18 years of age on Date of Service and equals Yes during the measurement period, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
 - a. If Diagnosis of COPD as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Diagnosis of COPD as Listed in the Denominator equals Yes, proceed to check Encounter Performed.
4. Check Encounter Performed:
 - a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Encounter as Listed in the Denominator equals Yes, include in the Eligible population.
5. Check Telehealth Modifier:
 - a. If Telehealth Modifier equals Yes, do not include in Eligible Patient Population. Stop Processing.
 - b. If Encounter as Listed in the Denominator equals No, include in the Eligible population.
6. Denominator Population:
 - a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 patients in the sample calculation.
7. Start Numerator
8. Check Spirometry Results Documented and Reviewed:
 - a. If Spirometry Results Documented and Reviewed equals Yes, include in Data Completeness Met and Performance Met.
 - b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 4 patients in Sample Calculation.
 - c. If Spirometry Results Documented and Reviewed equals No, proceed to Documentation of Medical Reason(s) for Not Documenting and Reviewing Spirometry Results.

9. Check Documentation of Medical Reason(s) for Not Documenting and Reviewing Spirometry Results:
 - a. If Documentation of Medical Reason(s) for Not Documenting and Reviewing Spirometry Results equals Yes, include in Data Completeness Met and Denominator Exception.
 - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b1 equals 1 patient in the Sample Calculation.
 - c. If Documentation of Medical Reason(s) for Not Documenting and Reviewing Spirometry Results equals No, proceed to Documentation of Patient Reason(s) for Not Documenting and Reviewing Spirometry Results.
10. Check Documentation of Patient Reason(s) for Not Documenting and Reviewing Spirometry Results:
 - a. If Documentation of Patient Reason(s) for Not Documenting and Reviewing Spirometry Results equals Yes, include in Data Completeness Met and Denominator Exception.
 - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b2 equals 0 patients in the Sample Calculation.
 - c. If Documentation of Patient Reason(s) for Not Documenting and Reviewing Spirometry Results equals No, proceed to Documentation of System Reason(s) for Not Documenting and Reviewing Spirometry Results.
11. Check Documentation of System Reason(s) for Not Documenting and Reviewing Spirometry Results:
 - a. If Documentation of System Reason(s) for Not Documenting and Reviewing Spirometry Results equals Yes, include in Data Completeness Met and Denominator Exception.
 - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b3 equals 0 patients in the Sample Calculation.
 - c. If Documentation of System Reason(s) for Not Documenting and Reviewing Spirometry Results equals No, proceed to Spirometry Results Not Documented and Reviewed, Reason Not Specified.
12. Check Spirometry Results Not Documented and Reviewed, Reason Not Specified:
 - a. If Spirometry Results Not Documented and Reviewed, Reason Not Specified equals Yes, include in Data Completeness Met and Performance Not Met.
 - b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness Met in the Sample Calculation listed at the end of document. Letter c equals 2 patients in the Sample Calculation.
 - c. If Spirometry Results Not Documented and Reviewed, Reason Not Specified equals No, include in Data Completeness Not Met.
13. Check Data Completeness Not Met
 - a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not reported. 0 patients have been subtracted from the Data Completeness numerator in sample calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=4 patients)} + \text{Denominator Exception (b}^1\text{+b}^2\text{+b}^3\text{=1 patient)} + \text{Performance Not Met (c=2 patients)}}{\text{Eligible Population / Denominator (d=7 patients)}} = \frac{7 \text{ patients}}{7 \text{ patients}} = 100.00\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=4 patients)}}{\text{Data Completeness Numerator (7 patients) – Denominator Exception (b}^1\text{+b}^2\text{+b}^3\text{=1 patient)}} = \frac{4 \text{ patients}}{6 \text{ patients}} = 66.67\%$$