AAAAI Committee Report

Quality Measures and Their Importance to Allergy/Immunology

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With the implementation of the Affordable Care Act, it is important for allergy/immunology providers to understand how quality measures and their reporting will affect the practice of medicine. In association with reforms of the health care system, and the transition to value-based reimbursement, there is a greater need for the introduction of clinical quality measures for a number of conditions within the spectrum of allergic and immunologic disorders.

A measure is defined as: "the extent, dimensions, quantity, etc., of something, ascertained especially by comparison with a standard."[1] A key feature of quality measures is defining the "standard," as well as confirming suitability, reliability, validity, and impact. Increasingly, quality measures are being selected for public reporting initiatives in the context of evidence or guidelines recommendations that demonstrate that adoption of these quality measures will translate into improved patient care outcomes.

Quality measures have been an important reporting tool for primary care physicians and various specialties for several years. There are approximately 254 quality measures available for use in the 2015 Physician Quality Reporting System (PQRS) and 1666 measures were finalized across federal quality reporting programs in 2014 by the Centers for Medicare & Medicaid Services (CMS).[2,3] These can be as simple as process measures (eg, did one measure a patient's blood pressure during a clinical encounter), to more involved and complicated quality measures, which assess whether implementation of certain change(s) improves the outcome of a patient group (eg, did performing serial foot examinations on diabetics reduce hospitalizations for complications of diabetes). Process measures have become standard measures for CMS reporting programs such as PQRS, and there is a strong emphasis being placed on the development and implementation of outcomes measures moving forward. Quality measures are typically developed by specialty societies, hospital systems (eg, Mayo Clinic or Cleveland Clinic), and measure developing entities such as the American Medical Association-convened Physician Consortium for Performance Improvement (AMA-PCPI) or the National Committee for Quality Assurance (NCQA). Quality measures are developed from guidelines or other data-driven documents that represent standards of care. Such quality measures undergo a rigorous developmental process that includes demonstration of an opportunity for improvement: evidence that shows that there is a gap between optimal care and normative care. Measure testing is also performed to ensure reliability (precision of the measurement) and validity (correctness of the measurement). These are criteria that agencies such as CMS, the National Quality Forum (NQF), and the NCQA have in place to evaluate quality measures and ensure that they are methodologically sound. During the measure development process, quality measures are submitted for a period of public review by a variety of stakeholders and relevant specialties before final approval occurs. This process may span several years from the initial development of a measure to its implementation in clinical practice.

To demonstrate an example of how a measure is structured, below is a CMS approved asthma quality measure developed by the AMA-PCPI that is relevant for allergy/immunology practice.

Asthma: Pharmacologic Therapy for Persistent Asthma - Ambulatory Care Setting (PQRS #53):

Description = Percentage of patients aged 5 years and older with a diagnosis of persistent asthma who were prescribed long-term control medication.

Numerator = Patients who were prescribed long-term control medication.

Denominator = All patients aged 5 years and older with a diagnosis of persistent asthma.

Why should implementation of quality measures matter to allergy/immunology providers? Federal law has mandated downward payment adjustments for clinicians not reporting in programs such as PQRS and Meaningful Use that will be applied to Medicare Part B Fee-for-Service reimbursements. Performance in the context of these measures will affect physician income.

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TABLE I. Asthma measures

Measure title	Measure description
Asthma: Pharmacologic Therapy for Persistent Asthma - Ambulatory Care Setting*	Percentage of patients aged 5 y and older with a diagnosis of persistent asthma who were prescribed long-term control medication. This measure will be calculated with 3 performance rates: 1. Patients prescribed inhaled corticosteroids (ICS) as their long-term control medication. 2. Patients prescribed alternative long-term control medications (non-ICS). 3. Total patients prescribed long-term control medication. [Note: This measure is currently approved by CMS for PQRS reporting, PQRS #53.]
Optimal Asthma Control†	Patients ages 5-50 (pediatrics ages 5-17) whose asthma is well-controlled as demonstrated by 1 of 3 age-appropriate patient reported outcome tools. [Note: This measure is approved by CMS for 2015 PQRS reporting, PQRS #398. Removal of the upper age limit has been recommended.]
Assessment of Asthma Control*	Percentage of patients aged 5 y and older with a diagnosis of asthma who were evaluated for asthma control (comprising asthma impairment and asthma risk) at least once during the measurement period.
Tobacco Smoke Exposure: Screening*	Percentage of patients aged 5 y and older with a diagnosis of asthma (or their primary caregiver) who were queried about tobacco smoke exposure at least once during the measurement period.
Tobacco Smoke Exposure: Intervention*	Percentage of patients aged 5 y and older with a diagnosis of asthma who are exposed to tobacco smoke (or their primary caregiver) who received tobacco use cessation intervention at least once during the measurement period.
Assessment of Asthma Risk*	Percentage of patients aged 5 y and older with an emergency department visit or an inpatient admission for an asthma exacerbation who were evaluated for asthma risk.
Asthma Discharge Plan*	Percentage of patients aged 5 y and older with an emergency department visit or an inpatient admission for an asthma exacerbation who are discharged from the emergency department OR inpatient setting with an asthma discharge plan.
Asthma Action Plan*	Percentage of patients aged 5 y and older with a diagnosis of asthma who received a written asthma action plan at one or more visits during the measurement period. [Note: This measure was developed and added to the set based on extensive comments received when the measure set initially went out for public comment in 2010. The draft included an upper age limit, but the measure was approved without that limitation.]
Asthma Medication Ratio‡	The percentage of patients 5-64 y of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. [Note: Removal of the upper age limit has been recommended, NQF #1800.]

CMS, Centers for Medicare & Medicaid Services; *PQRS*, Physician Quality Reporting System; *NQF*, National Quality Forum.
*Measure steward: AMA-PCPI.[4]
†Measure steward: Minnesota Community Measurement.[2]
‡Measure steward: NCQA.[5]

TABLE II. Centers for Medicare & Medicaid Services (CMS) approved general measures

Measure title	Measure description
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention*	Percentage of patients aged 18 y and older who were screened for tobacco use one or more times within 24 months and who received cessation counseling intervention if identified as a tobacco user. [Note: PQRS #226]
Documentation of Current Medications in the Medical Record§	Percentage of visits for patients aged 18 y and older for which the eligible professional attests to documenting a 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 [Note: PQRS #130]
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up Plan§	Percentage of patients aged 18 y and older with a BMI documented during the current encounter or during the previous 6 months AND with a BMI outside of normal parameters; a follow-up plan is documented during the encounter or during the previous 6 months of the encounter Normal parameters: Age 65 y and older, BMI $\geq$ 23 and $<$ 30 kg/m^2 Age 18-64 y, BMI $\geq$ 18.5 and $<$ 25 kg/m^2 [Note: PQRS #128]

PQRS, Physician Quality Reporting System.
*Measure steward: AMA-PCPI.[2]
§Measure steward: CMS and Quality Insights of Pennsylvania (QIP).[2]

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