



CTG Adult Health Lifestyle/ Risk Reduction Measure Set Oct 2013 Measure and Field Specification for Public Comment

Description	<p>A patient level all-or-none composite measure reflecting an optimal reduction of modifiable risk factors surrounding blood pressure, BMI and tobacco use to promote healthy behaviors for adults.</p> <p>Additionally, because there is value in understanding the individual components of the composite, rates will be calculated and displayed for the components as well.</p> <p>Measure development activities were commissioned by the Minnesota Department of Health to support a CDC funded Community Transformation Grant affecting 22 counties and one tribal community in MN. ¹</p>
Methodology	<p>Population identification is accomplished via a query of a practice management system or Electronic Medical Record (EMR) to identify the population of eligible patients (denominator). Data elements are either extracted from an EMR system or abstracted through medical record review.</p> <p>Submission of full population data or larger sample sizes is always encouraged to provide more precise rates and allow for risk adjustment. For this population based measure, a measure that is not focused on any one particular disease or condition, submission of full population data for a large denominator may be less feasible for clinics with limited EMR extraction capabilities.</p> <p>The measure development work group recommends that sampling always be an option for clinics with limited extraction capabilities, regardless of the length of time the clinic has had an EMR in place. As groups mature in the use and abstraction of information from their electronic health records, full population submission becomes more feasible, even with a large denominator.</p>
Rationale	<p>Many chronic diseases, such as heart disease, cancer and stroke, may be prevented or their impact minimized by the reduction of risk factors and adoption of healthier behaviors.</p> <p>A clear, strong, personal message from the primary care clinician appears to be a very helpful intervention for establishing long-term behavior change, particularly when combined with personalized educational materials, follow-up and referral when appropriate. Patients whose primary care clinicians addressed these behaviors reported a higher likelihood to consider the information important and relevant, a greater likelihood that they would discuss the advice with others, and a greater likelihood that they would attempt the behavior change.²</p> <p>Adopting a healthy lifestyle, one that includes not smoking, eating right, daily physical activity, and a healthy weight, is associated with a low incidence of calcium in the coronary arteries, as well as a slower progression of coronary artery calcium as measured over a three-year period.</p>

¹ <http://www.health.state.mn.us/divs/oshii/ctg.html>

² Institute for Clinical Systems Improvement (ICSI) Healthy Lifestyle Guidelines 5th edition May 2013



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	<p>Most important, scoring higher on the lifestyle score was associated with a lower risk of all-cause mortality.³ Screening for tobacco use and brief intervention and screening for hypertension are recommended Level 1 (must assess) and obesity screening is Level 2 (should assess).⁴</p> <p>In a recent analysis of the National Health and Nutrition Examination Survey (NHANES) data, researchers found that despite progress in treating concomitant hypertension and hypercholestermia, opportunities for improving control persist for prescribing anti-hypertensive and anti-hyperlipidemic drugs to achieve treatment goals particularly for older, minority, diabetic and cardiovascular disease patients.⁵ Additionally, the majority of patients with uncontrolled blood pressure and cholesterol are untreated. Many of these untreated individuals are unaware of their risk factors and they are infrequently seen by a primary-care physician.⁶</p> <p>Tobacco use is the single most preventable cause of death and disease in our society. There is good evidence that clinical-based interventions are effective. There is good evidence that tobacco cessation interventions are best carried out when the entire clinical staff is organized to provide these services.⁷ According to the Centers for Disease Control, cigarette smoking⁸:</p> <ul style="list-style-type: none"> ▪ 2 to 4 times more likely to develop coronary artery disease than non smokers ▪ Doubles the risk for stroke ▪ Increases risk for developing peripheral vascular disease
<p>Measurement Period</p>	<p>Measurement period will be a fixed twelve month period: mm/dd/yyyy to mm/dd/yyyy.</p> <p>Pilot dates of service are to be determined.</p>
<p>Denominator</p>	<p>Established patient who meets each of the following criteria is included in the population:</p> <ul style="list-style-type: none"> • Patient was age 18 at the start of the measurement period to age 75 at the end of the measurement period (date of birth was on or between mm/dd/yyyy to mm/dd/yyyy). • Patient was seen by an eligible provider in an eligible specialty face-to-face at least two times during the last two years (mm/dd/yyyy to mm/dd/yyyy). • Patient was seen by an eligible provider in an eligible specialty face-to-face at least one time during the last twelve months (mm/dd/yyyy to mm/dd/yyyy). • Pilot → Patient was seen by an eligible provider in an eligible specialty at least one time during the pilot dates of service which are to be determined. Could be a three month dates of service like 4/1/2014 to 6/30/2014. <p><u>Eligible specialties:</u> Family Medicine (includes General Practice), Internal Medicine, Geriatric Medicine, and Obstetrics/Gynecology</p> <p><u>Eligible providers:</u> Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA),</p>

³ Ahmed, HM Four health lifestyle behaviors lower risk of death, slow CAC progression. Results from MESA. June 2013 American Journal of Epidemiology
⁴ Institute for Clinical Systems Improvement (ICSI) Preventive Services for Adults 18th edition Sept 2012
⁵ O’Riordan, Micheal Just 1 in 3 US patients has control of BP and cholesterol HeartWire editorial/ interview Brent Egan, MD
⁶ Egan BM, Li J, Qanungo S, Wolfman TE. Blood pressure and cholesterol control in hypertensive hypercholesterolemic patients. *Circulation* 2013
⁷ Institute for Clinical Systems Improvement (ICSI) Preventive Services for Adults 18th edition Sept 2012, U.S. Preventive Services Task Force, 2009
⁸ www.cdc.gov/tobacco/basic_information/health_effects/heart_disease/



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	Nurse Practitioner (NP).
Allowable exclusions	None
Measure # 1 Optimal Risk Reduction [outcome] [Reporting for grant purposes]	<p>The number of adult patients who met ALL of the following targets:</p> <ol style="list-style-type: none"> 1. BP < 140/90 [Exception for pre-eclampsia/ eclampsia] 2. Tobacco-free 3. BMI < 25.0 [Exception for pregnancy] <ul style="list-style-type: none"> • The most recent blood pressure in the measurement period has a systolic value of < 140 and a diastolic value of < 90 (both values must be less than) • There is documentation in the chart that the patient is currently a non-tobacco user. Date of status is within the last 2-year measurement period. • Most recent body mass index is less than 25.0 <p style="text-align: center;"><u>BP < 140/90 AND Tobacco-free AND BMI < 25.0</u> Established adult patients</p> <p>Note: Each component of the all-or-none composite will be calculated and displayed separately as well.</p> <p>Numerator BMI exception for pregnancy defined as:</p> <ul style="list-style-type: none"> • ICD-9 code range from 630 to 679.1 (complete code range) OR • V22. x, V23.xx or V28.x normal pregnancy, high risk pregnancy or encounter antenatal screening <p>Patients who are pregnant during the measurement period will receive a “pass” (numerator credit) for the BMI < 25.0 component and will be calculated as BMI < 25.0 regardless of actual BMI submitted. Pregnant patients are <u>not</u> removed from the overall denominator.</p> <p>Numerator BP Exception for pre-eclampsia/ eclampsia defined as:</p> <ul style="list-style-type: none"> • ICD-9 codes 642.4x, 642.5x, 642.6x and 642.7x <p>Patients who have the diagnosis of pre-eclampsia or eclampsia during the measurement period will receive a “pass” (numerator credit) for the Blood Pressure < 140/90 component and will be calculated as BP < 140/90 regardless of actual BP submitted. Pregnant patients with pre-eclampsia or eclampsia are <u>not</u> removed from the overall denominator.</p>



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<p>Measure # 2</p> <p>Blood Pressure Elevation without Diagnosis of Hypertension</p> <p>[outcome]</p> <p>[Internal/QI]</p>	<p>For patients whose most recent BP is elevated and are not yet diagnosed with HTN:</p> <ul style="list-style-type: none"> ▪ Percentage with most recent BP \geq 140/90 and NO active diagnosis of hypertension <p style="text-align: center;"><u>Most recent BP \geq 140/90</u></p> <p style="text-align: center;">Established adult patients without diagnosis of HTN</p> <p><i>Purpose of this measure is for clinics to have a better understanding about the percentage of the adult population that may potentially have undiagnosed hypertension. Will be used for quality improvement purposes, analysis and potential follow-up with patients.</i></p>
<p>Measure # 3</p> <p>Cessation Counseling Intervention/ All Tobacco Users</p> <p>[process]</p> <p>[Reporting for grant purposes]</p>	<p>Cessation counseling intervention (counseling and/or pharmacotherapy*) is offered to all current tobacco users.</p> <p style="text-align: center;"><u>Cessation counseling intervention* present in the medical record</u></p> <p style="text-align: center;">Established patients identified as current tobacco users</p> <p>Cessation counseling intervention is defined as brief counseling (3 minutes or less), and/or pharmacotherapy (AMA measure steward/ NQF# 0028/Meaningful Use). This is a definition of minimum requirements; basically any discussion about quitting tobacco use or order for pharmacotherapy would qualify, including more extensive counseling.</p>
<p>Potential Risk Adjustment Variables</p>	<ul style="list-style-type: none"> • BMI • Tobacco Use • Diagnosis of Hypertension • Insurance product (commercial, medicare, medicaid/ self/uninsured) • Age bands (18-25, 26-50, 51-65, 66-75)
<p>Additional Considerations</p>	<p>If this measure were to be adopted into other programs that currently require full population submission, the measure development work group requests that consideration be given to allow sampling despite EMR implementation. Some clinics have less mature EMR extraction capabilities and rely on manual abstraction to supplement data extraction, impacting the feasibility of submitting data for a very large, non-disease based denominator.</p>
<p>Additional Guidance Tobacco Cessation Counseling</p>	<p>Suggest following 5 A's for flow of conversation:</p> <ul style="list-style-type: none"> • Ask about tobacco use and identify and document tobacco use status for every patient at every visit. • Advise to quit. In a clear, strong and personalized manner urge every tobacco user to quit • Assess the willingness to make an attempt to quit and determine if the tobacco user is willing to quit at this time. • Assist in cessation attempt. For patients willing to attempt to quit, provide counseling and/or pharmacotherapy to help him/her quit.



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	<ul style="list-style-type: none"> • Arrange follow-up. Schedule a follow-up contact (in-person or by telephone), preferable within the first week after the initial quit date. <p>Suggestion for counseling</p> <ul style="list-style-type: none"> • Counseling could include referral to a cessation program (i.e. Quit Line) <p>Suggestion for pharmacotherapy:</p> <ul style="list-style-type: none"> • FDA approved Nicotine Replacement Therapy (NRT) only. • Over-the-Counter NRT includes: patch, gum lozenge • Prescription NRT includes: inhaler, bupropion, varenicline
<p>Additional Guidance:</p> <p>Counseling for BMI</p>	<p>Suggested content for BMI counseling follows 5A's:</p> <ul style="list-style-type: none"> • Assessing: Ask about or assess and document behavioral health risk(s) (i.e., behaviors related to nutrition and physical activity) and factors affecting choice of behavior change goals or methods. • Advising: Give clear, specific and personalized behavior change advice, including information about personal health harms and benefits and document. • Agree: Collaboratively select appropriate treatment goals and methods based on the patient's interest in and willingness to change the behavior. • Assist: Using behavior change techniques (self-help and/or counseling), help the patient to achieve agreed-upon goals by acquiring the skills, confidence and social/environmental supports for behavior change and supplemented with adjunctive medical treatments when appropriate. • Arrange: Schedule follow-up contacts (in-person or by telephone) to provide ongoing assistance and support and to adjust the treatment plan as needed, including referral to more intensive or specialized treatment. <p>Nutrition documentation includes any of the following:</p> <ul style="list-style-type: none"> • Discussion of current nutrition behaviors (e.g. eating habits, dieting behaviors) • Checklist indicating nutrition addressed • Counseling for nutrition • Provided educational materials on nutrition • Referral for any of the following: nutritional education, weight management classes, medical nutritional therapy, nutritional counseling with dietician, obesity counseling <p>Physical Activity documentation included any of the following:</p> <ul style="list-style-type: none"> • Discussion of current physical activity behaviors (e.g., exercise routine, participation in exercise classes) • Checklist indicating physical activity addressed • Counseling for physical activity • Provided educational materials on physical activity • Referral for any of the following: exercise classes, exercise counseling, obesity counseling



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Table 1: Diagnosis Codes that Indicate Hypertension

ICD 9 Codes	ICD 9 Code Descriptions
401.0	Essential hypertension; malignant
401.1	Essential hypertension; benign
401.9	Essential hypertension; unspecified

Table 2: Suggested Maternal ICD-9 Diagnosis Codes that Indicate Delivery

ICD 9 Codes	ICD 9 Codes Descriptions
630-633.xx	Ectopic and molar pregnancy
634 -639.xx	Other pregnancy with abortive outcome
640 -649.xx	Complications mainly related to pregnancy
650 -659.xx	Normal delivery, and other indications for care in pregnancy, labor and delivery
660-669.xx	Complications occurring mainly in the course of labor and delivery
670-677.xx	Complications of the puerperium
679-679.xx	Other maternal and fetal complications
V22.0	Supervision of normal first pregnancy
V22.1	Supervision of other normal pregnancy
V22.2	Pregnant state, incidental
V23.0	Pregnancy with history of infertility
V23.1	Pregnancy with history of trophoblastic disease
V23.2	Pregnancy with history of abortion
V23.3	Grand multiparity
V23.41	Pregnancy with history of pre-term labor
V23.42	Pregnancy with history of ectopic pregnancy
V23.49	Pregnancy with other poor obstetrical history
V23.5	Pregnancy with other poor reproductive history
V23.7	Insufficient prenatal care
V23.81	Elderly primigravida
V23.82	Elderly multigravida
V23.83	Young primigravida
V23.84	Young multigravida
V23.85	Pregnancy resulting from assisted reproductive technology
V23.86	Pregnancy with history of in utero procedure during previous pregnancy
V23.87	Pregnancy with inconclusive fetal viability
V23.89	Other high risk pregnancy

Table 3: Suggested Maternal ICD-9 Diagnosis Codes that Indicate Pre-eclampsia/ Eclampsia

ICD 9 Codes	ICD 9 Codes Descriptions
642.4x	Mild or unspecified pre-eclampsia
642.5x	Severe pre-eclampsia
642.6x	Eclampsia
642.7x	Pre-eclampsia or eclampsia superimposed on pre-existing hypertension



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Please note that fields A through S are standard MNMCM fields for all DDS measures.

Data Elements and Field Specifications Table

Column	Field Name	Notes	Excel Format	Example
A	Clinic ID	<p>Enter the MNCM Clinic ID of the clinic where the visit occurred for every patient submitted. MNMCM assigns the clinic ID at the time of registration. Clinic IDs are also listed in the MNMCM Data Portal.</p> <p>Do not use the Medical Group ID.</p> <p>Blank values will create an ERROR upon submission.</p> <p>Quality Check: Verify all IDs match the MNMCM ID in the portal.</p>	Text	9999
B	Patient ID	<p>Enter a unique patient ID that will identify each patient.</p> <ul style="list-style-type: none"> Keep a “crosswalk” between the patient ID and the patient name and DOB to help clinic staff locate the record for the validation audit Enter clinic-assigned ID (e.g., MRN, account number). Do NOT enter social security numbers. <p>Blank values will create an ERROR upon submission.</p> <p>Quality Check: Verify patients were not duplicated. If patient is duplicated, determine which clinic you will attribute patient to. If submitting a sample population, you will need to replace the deleted record with the next sampled patient.</p>	Text	1
C	Patient Date of Birth	<p>Include patients aged 18 at the start of the measurement period (mm/dd/yyyy).</p> <ul style="list-style-type: none"> The date of birth range for this age group is mm/dd/yyyy to mm/dd/yyyy. <p>Blank values or dates outside the accepted range will create an ERROR upon submission.</p> <p>Quality Check: Verify each date of birth is within the accepted range.</p>	Date (mm/dd/yyyy)	05/08/1950
D	Patient Gender	<p>Enter the patient’s gender: Female = F; Male = M; Unknown = U</p> <p>Blank values will create an ERROR upon submission.</p> <p>Quality Check: Verify each cell has one of the accepted codes.</p>	Text	F



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Column	Field Name	Notes	Excel Format	Example
E	Zip Code, Primary Residence	<p>Enter the patient’s five-digit zip code of primary residence at the most recent encounter on or prior to 06/30/2013.</p> <ul style="list-style-type: none"> If EMR query extracts a nine-digit number, submit the nine-digit number (the portal will remove the last four digits automatically). <p>Blank values will create an ERROR upon submission.</p> <p>Quality Check: Verify the zip code is five digits long and that each cell has data.</p>	Text	55111
F	Race/Ethnicity 1	<p>Please refer to a separate document entitled <i>REL Data Field Specifications and Codes 2013</i> for these field specifications.</p> <p>This document can be found under the RESOURCES tab in the data portal under the “Race/Ethnicity/Language Data (REL)” section.</p> <p>For more information about collecting this data from patients in your clinic practice, please refer to the <i>Handbook on the Collection of Race Ethnicity and Language Data</i> available at www.mncm.org.</p> <p>Quality Checks: Verify accepted codes are used. Blank cells (if there is no data is available) are acceptable</p>	Number	1
G	Race/Ethnicity2			
H	Race/Ethnicity3			
I	Race/Ethnicity4			
J	Race/Ethnicity5			
K	Country of Origin Code	Number	2	
L	Country of Origin “Other” Description	Text	CountryA	
M	Preferred Language Code	Number	1	
N	Preferred Language “Other” Description	Text	LanguageB	
O	Provider NPI	<p>Enter the ten-digit NPI number of the provider who manages the patient’s care.</p> <p>Blank values will create an ERROR upon submission.</p> <p>Quality Check: Verify that each cell has a ten-digit number.</p>	Text	1234567891



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Column	Field Name	Notes	Excel Format	Example
P	Provider Specialty Code	<p>Enter the board certified specialty of the provider (if multiple specialties, choose primary specialty):</p> <ul style="list-style-type: none"> 1 = Family Medicine 2 = Internal Medicine 5 = Geriatric Medicine 9 = Obstetrics/Gynecology <p>If a provider from a specialty other than those listed above has patients they wish to submit data for, please contact support@mncm.org.</p> <p>Blank values will create an ERROR upon submission.</p> <p>Quality check: Verify that each cell has an accepted code.</p>	Number	5
Q	Insurance Coverage Code	<p>Please refer to a separate document entitled <i>Insurance Coverage Data Field Specifications and Codes 2013</i> for these field specifications.</p>	Number	1
R	Insurance Coverage Other Description	<p>This document can be found under the RESOURCES tab in the data portal under the “Insurance Coverage Info” section.</p> <p><i>(continued on following page)</i></p>	Text	CIGNA
S	Insurance Plan Member ID	<p>PLEASE NOTE: This should be the patient’s most recent insurance on or prior to mm/dd/yyyy.</p> <p>Pay special attention to the formatting of the insurance member IDs. This field must be formatted as “Text” for IDs that contain numbers and letters or leading zeros.</p> <p>Quality Checks: Verify accepted codes are used and that all 99 codes have a name entered in Column R. Verify SSN are NOT submitted.</p>	Text	FBZXV12345 6



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Column	Field Name	Notes	Excel Format	Example
T	Patient Has Hypertension?	<p>Enter a code to indicate if the patient has a diagnosis of depression that can be confirmed upon validation audit (e.g., ICD-9 codes = 401.0, 401.1 or 401.9). See list of ICD-9 diagnosis codes in Table 1 on page X for a list of Hypertension ICD-9 diagnosis codes.</p> <p>1 = Yes 0 = No</p> <p>Leave BLANK if Unknown/Not submitting data</p> <p>Any of the following sources may be used to identify the diagnosis of hypertension:</p> <ul style="list-style-type: none"> • Patient’s problem list; active dates during the measurement period • ICD-9 codes for encounters (EMR or practice management system) • Documentation in patient’s record (progress notes, etc.) 	Number	0
U	Patient is Pregnant?	<p>Enter a code to indicate if the female patient was pregnant during the measurement period.</p> <p>The following codes can be used to determine pregnancy. ICD-9 code range from 630 to 679.1 (complete code range) OR V22. x, V23.xx or V28.x normal pregnancy, high risk pregnancy or encounter antenatal screening. See list of ICD-9 diagnosis codes in Table 2 on page X for a list of pregnancy ICD-9 diagnosis codes.</p> <p>1 = Yes; pregnant during the measurement period 0 = No; not pregnant during the measurement period</p> <p>Leave BLANK if Male, Unknown/Not submitting data</p> <p>Any of the following sources may be used to identify the diagnosis of pregnancy:</p> <ul style="list-style-type: none"> • Patient’s problem list; active dates during the measurement period • ICD-9 codes for encounters (EMR or practice management system) • Documentation in patient’s record (progress notes, etc.) 	Number	0



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Column	Field Name	Notes	Excel Format	Example
V	Patient Has Pre-Eclampsia or Eclampsia?	<p>If the female patient was identified as being pregnant during the measurement period (Field Column U = 1) Enter a code to indicate if the pregnant patient had a diagnosis of pre-eclampsia or eclampsia during the measurement period.</p> <p>The following codes can be used to pre-eclampsia or eclampsia. ICD-9 codes 642.4x, 642.5x, 642.6x and 642.7x. See list of ICD-9 diagnosis codes in Table 3 on page X for a list of pre-eclampsia and eclampsia ICD-9 diagnosis codes.</p> <p>1 = Yes; pregnant patient had pre-eclampsia/ eclampsia 0 = No; pregnant patient did not have pre-eclampsia/ eclampsia Leave BLANK if Male, Unknown/Not submitting data</p> <p>Any of the following sources may be used to identify the diagnosis of pre-eclampsia/ eclampsia:</p> <ul style="list-style-type: none"> • Patient's problem list; active dates during the measurement period • ICD-9 codes for encounters (EMR or practice management system) • Documentation in patient's record (progress notes, etc.) 		
W	<p>BP Date</p> <p>Target = At least one blood pressure in the measurement period (mm/dd/yyyy to mm/dd/yyyy)</p>	<p>Enter the date of the most recent Blood Pressure (BP) test on or prior to mm/dd/yyyy. Other considerations:</p> <ul style="list-style-type: none"> • Leave BLANK if a BP was never performed. • For multiple BPs on the same date, it is acceptable (not required) to use the lowest systolic value and lowest diastolic value from any of the readings on that date. The systolic and diastolic results do not need to be from the same reading. • Do NOT enter BP date that occurred in YYYY. Dates in YYYY will create an ERROR upon submission. • BP from any outside referring provider or specialist is acceptable (not required) but only if documented in the primary clinic's record and is more recent than the primary clinic's reading. • Nurse-only BP checks in the clinic may be used. 	Date (mm/dd/yyyy)	07/22/2014



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Column	Field Name	Notes	Excel Format	Example
		<ul style="list-style-type: none"> For medical groups in an integrated delivery system with a common medical record it is acceptable to NOT include a BP that is taken in the following settings: Inpatient, Emergency Department, Urgent Care or other settings designated for surgical or diagnostic procedures. If groups are able to determine that the most recent BP was for a visit associated with acute pain, groups <u>may</u> elect to exclude this BP reading and select the next most recent BP. Do NOT enter BP reported by or taken by the patient. 		
X	BP Systolic Target = Less than 140	<p>Enter the “systolic” value according to the rules above for selecting the correct BP date. The systolic BP is the <u>upper</u> number. For example, the systolic value for a BP 124/72 is “124.”</p> <p>Leave BLANK if a blood pressure test was never performed.</p>	Number	124
Y	BP Diastolic Target = Less than 90	<p>Enter the “diastolic” value according to the rules above for selecting the correct BP date. The diastolic BP is the <u>lower</u> number. For example, the diastolic value for a BP 124/72 is “72.”</p> <p>Leave BLANK if a blood pressure test was never performed.</p> <p>NOTE: If there is no diastolic value, the patient is considered not controlled and therefore misses the diastolic target.</p>	Number	72



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Column	Field Name	Notes	Excel Format	Example
Z	Tobacco Status Documentation Date	<p>Enter the most recent date the patient’s tobacco status was documented. The MNMCM auditor must be able to validate the date and status, and validate that the date and status are the most recent.</p> <ul style="list-style-type: none"> • Leave BLANK and enter 2 (No Documentation) for the Tobacco Status (Column Y) if the patient was not asked or there is no associated date with the patient’s tobacco status • Do NOT enter any YYYY tobacco status date. Dates in YYYY will create an ERROR upon submission. • In order to receive numerator credit for tobacco-free, tobacco status date must be within the measurement period or the year prior. If the most recent date that the patient was asked about tobacco use was older than YYYY, it will not be included. 	Date (mm/dd/yyyy)	07/22/2014
AA	Tobacco Status Target = Tobacco Free Status	<p>Enter the tobacco status. Tobacco includes any amount of cigarettes, cigars, pipes, or “chew.”</p> <p>1 = Tobacco Free (patient does not use tobacco) 2 = No Documentation 3 = Current Tobacco User</p> <p>Please note: Decisions about e-cigarette use, safety and regulation are pending on the federal level (Food and Drug Administration, Centers for Disease Control and the American Medical Association) and until those decisions are finalized e-cigarette use will not be considered a tobacco product. Currently, for measurement purposes, the AMA has stated that “e-cigarettes are not considered a form of tobacco use since there is no tobacco in the product.”(7/31/2013).</p> <p>MNMC will continue to monitor this issue and modify our specifications accordingly, should the AMA change its position in the future. Currently, for all measure with a tobacco use component, patients who report using e-cigarettes should not be counted as a tobacco user.</p>	Number	1



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Column	Field Name	Notes	Excel Format	Example
AB	BMI Date	<p>Enter the date of the most recent body mass index (BMI) on or prior to mm/dd/yyyy.</p> <p>Other considerations:</p> <ul style="list-style-type: none"> • Leave BLANK if a BMI was never performed. • Do NOT enter BMI date that occurred in YYYY. Dates in YYYY will create an ERROR upon submission. • Do NOT enter BMI reported by the patient. 	Date (mm/dd/yyyy)	07/22/2014
AC	BMI Value Target = < 25.0	<p>Enter the patient's BMI calculated result using one decimal point.</p> <p>Leave BLANK if the patient's BMI was not assessed/ calculated.</p> <p>Quality Check: Verify that the value is expressed in the correct format.</p>	Number; one decimal	17.5
AD	Cessation Counseling Provided	<p>For patients identified as tobacco users (Field Column AA = 3), cessation counseling provided to the patient.</p> <p>1 = Yes, cessation counseling provided 0 = No, cessation counseling was not provided</p> <p>Counseling is defined as <u>any</u> discussion with the patient about cessation and may be brief (less than three minutes).</p> <p>Guidance: Though not required, groups who utilize CPT-II coding <u>may</u> use the following CPT-II codes to answer this question indicating that counseling has occurred:</p> <ul style="list-style-type: none"> ▪ 4000F Tobacco use cessation intervention, counseling ▪ 4004F Patient screened for tobacco use and received tobacco cessation intervention [counseling, pharmacotherapy or both] if identified as a tobacco user. Note: Even though this CPT code mixes modalities, if used may answer positively for counseling. <p>Likewise, the following CPT evaluation & management Codes for counseling risk factor reduction and behavior change <u>may</u> be used to identify <u>some</u> patients who receive counseling but note that these codes indicate time intervals greater than what is defined as brief counseling.</p> <ul style="list-style-type: none"> ▪ 99406 Smoking and tobacco use cessation counseling visit, intermediate, greater 	Number	1



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		<p>than 3 minutes up to 10 minutes</p> <ul style="list-style-type: none"> ▪ 99407 Smoking and tobacco use cessation counseling visit, intensive greater than 10 minutes 		
AE	Cessation Counseling Date	<p>For patients identified as tobacco users (Field Column AA = 3), and received counseling (Field Column AD = 1), enter the most recent date that the patient was provided with cessation counseling intervention on or prior to mm/dd/yyyy.</p> <p>If no counseling was provided (Field Column AD = 0), leave this field BLANK</p> <p>Only cessation counseling interventions during the current or prior measurement period (24 months) will count towards the numerator. (MU2/ NQF# 0028)</p>	Date (mm/dd/yyyy)	07/22/2014
AF	Pharmacotherapy	<p>For patients identified as tobacco users (Field Column AA = 3), pharmacotherapy was provided to or ordered for the patient.</p> <p>1 = Yes, pharmacotherapy order present 0 = No pharmacotherapy order</p> <p>Pharmacotherapy includes any of the following: bupropion SR, nicotine gum, prescription nicotine inhaler, nicotine nasal spray, nicotine patch, clonidine, or varenicline. (AHRQ)⁹</p> <p>Please note: Current definitions/guidelines do not include e-cigarettes as recommended modality for cessation. Decisions about e-cigarette use, safety and regulation are pending on the federal level (Food and Drug Administration, Centers for Disease Control and the American Medical Association) and until those decisions are finalized e-cigarette use will not be considered as pharmacotherapy.</p> <p>Guidance: Though not required, groups who utilize CPT-II coding <u>may</u> use the following CPT-II codes to answer this question indicating that pharmacotherapy has</p>	Number	1

⁹ Agency for Healthcare Research and Quality Treating Tobacco Use and Dependence

http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/update/treating_tobacco_use08.pdf



CTG Adult Health Lifestyle/ Risk Reduction Measure Set Oct 2013 Measure and Field Specification for Public Comment

Column	Field Name	Notes	Excel Format	Example
		occurred: <ul style="list-style-type: none"> ▪ 4001F Tobacco use cessation intervention, pharmacologic therapy ▪ 4004F Patient screened for tobacco use and received tobacco cessation intervention [counseling, pharmacotherapy or both] if identified as a tobacco user. Note: Even though this CPT code mixes modalities, if used may answer positively for counseling 		
AG	Pharmacotherapy Order Date	For patients identified as tobacco users (Field Column AA = 3), and received pharmacotherapy (Field Column AF = 1), enter the most recent date that the patient was provided with a pharmacotherapy order on or prior to mm/dd/yyyy . If no pharmacotherapy was provided (Field Column AF = 0), leave this field BLANK Only cessation counseling interventions during the current or prior measurement period (24 months) will count towards the numerator. (MU2/ NQF# 0028)	Date (mm/dd/yyyy)	07/22/2014
AH	Cessation Refusal [optional field]	For patients identified as tobacco users (Field Column AA = 3), who did not have cessation counseling or pharmacotherapy (Field Column AD = 0 <u>and</u> Field Column AF = 0), 1 = documented in medical record that patient refusing all cessation interventions 0 = no documentation of patient refusal	Number	1
AI	Cessation Refusal Date [optional field]	For patients identified as tobacco users (Field Column AA = 3), who did not have cessation counseling or pharmacotherapy (Field Column AD = 0 <u>and</u> Field Column AF = 0), and indicated that refusal of all cessation interventions occurred (Field Column AI = 1) enter the most recent date that the patient refused cessation intervention on or prior to mm/dd/yyyy .	Date (mm/dd/yyyy)	07/22/2014