

Use of High-Risk Medications in Older Adults eCQM CMS156v11

07/08/2024 7:56 pm EDT

Description

Percentage of patients 65 years of age and older who were ordered at least two high-risk medications from the same drug class. Three rates are reported.

1. Percentage of patients 65 years of age and older who were ordered at least two high-risk medications from the same drug class.
2. Percentage of patients 65 years of age and older who were ordered at least two high-risk medications from the same drug class, except for appropriate diagnoses.
3. Total rate (the sum of the two numerators divided by the denominator, deduplicating for patients in both numerators).

Guidance

The measure intends to assess if the patient has been ordered at least two high-risk medication prescriptions from the same drug class on different days.

The measure intends to assess if the reporting provider ordered the high-risk medication(s). If the patient had a high-risk medication previously prescribed by another provider, they would not be counted towards the numerator unless the reporting provider also ordered a high-risk medication from the same drug class for them.

Calculate the average daily dose for each prescription event. To calculate the average daily dose, multiply the number of pills prescribed by the dose of each pill and divide by the day's supply. For example, a prescription for a 30-day supply of digoxin containing 15 pills, 0.25 mg each pill, has an average daily dose of 0.125 mg. To calculate the average daily dose for elixirs and concentrates, multiply the volume prescribed by the daily dose and divide by the day's supply. Do not round when calculating the average daily dose.

This eCQM is a patient-based measure.

This version of the eCQM uses QDM version 5.6. Please refer to the eCQI resource center (<https://ecqi.healthit.gov/qdm>) for more information on the QDM.

Initial Population

Patients 65 years and older at the end of the measurement period who had a visit during the measurement period.

Date of birth information can be entered in DrChrono in the patient chart under the **Demographics** tab with the **Patient's Date of Birth**.

+ Add new patient

Demographics

Appointments
Clinical Dashboard
Documents
Eligibility
Tasks **1**
Problem List
Medication List
Send eRx
Allergy List

Jenny (Jen) Harris (Female | 43 years old | Feb. 11, 1980)

Phone: (443) 555-5555 Email: sample@sample.com Date Added: Oct. 13, 2021
 Address: 328 Gibraltar Dr Last Scheduled Appt: Wed Feb 15, 2023
 Sunnyvale, CA 94089 Next Scheduled Appt:
 CDS: [Adult Immunization Schedule Age: 27-49](#)

Primary Provider: Dr. James Smith

[New Referral](#) [Fax Demographics](#) [Print Demographics](#) [Apple Health App Data](#) [Vitals](#)

[Important](#) [Demographics](#) [Insurances](#) [Authorizations](#) [Smoking Status](#) [Flags](#) [Balance](#) [onpatient Payments](#)

✓ Sufficient patient demographics to bill insurance. **Fall Risk** **Gestational Diabetes** **Likes Cats**

Demographics

Patient SSN:

Patient Date of birth: e.g. 8/8/1979

AND

A patient encounter during the performance period (CPT or HCPCS): 92002, 92004, 92012, 92014, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0438, G0439

CPT and HCPCS codes can be entered into the billing section for the encounter. Below is an example from the appointment window.

Appointment **Billing** Eligibility Vitals Growthcharts Flags Log Comm. Revisions Custom Data MU Helper

Institutional Claim [Patient SuperBill](#) [Clinical Note](#) [Billing Details](#) [Other Forms](#)

Billing Status

ICD Version:

Patient Payment: \$ Copay: \$20 [+](#)

Pre Authorization Approval:

Referral #:

Payment Profile:

Billing Profile: [+](#)

Billing Pick List:

Diagnosis Pick List:

Credit Card Payment: [Process Credit Card](#)

HCFA Box 10 - Is patient's condition related to:

Employment:

Auto Accident:

Other Accident:

Onset Date Type:

Onset Date:

Other Date Type:

Other Date:

Claim Billed: \$145.00 Adjustment: \$0.00 Insurer Paid: \$0.00 Patient Paid: \$0.00

ICD-10 Codes

#	Code	Description

ICD-9 Codes to Convert

#	Code	Description

NDC Codes

NDC Code	Quantity	Units	Line Item

Custom Codes

Code	Description	Price (\$)

CPT Codes

Code	Description	Price (\$)
1 99213	OFFICE O/P EST LOW 20-29 MIN	145.00

Modifiers:

Quantity/Minutes:

Diagnosis Pointers:

HCPCS Codes

Code	Description	Price (\$)
1 G0438	Ppps initial visit	0.00

Modifiers:

Denominator 1

Equals initial population.

Denominator 1 Exclusions

Exclude patients who are in hospice care for any part of the measurement period.

Exclude patients receiving palliative care for any part of the measurement period

Denominator 1 Exceptions

None

Numerator 1

Patients with at least two orders of high-risk medications from the same drug class on different days. a. At least two orders of high-risk medications from the same drug class.

b. At least two orders of high-risk medications from the same drug class with summed days supply greater than 90 days.

c. At least two orders of high-risk medications from the same drug class each exceeding average daily dose criteria

Numerator 1 Exclusions

None

Denominator 2

Equal initial population

Denominator 2 Exclusions

Exclude patients who are in hospice care for any part of the measurement period.

Exclude patients receiving palliative care for any part of the measurement period

Denominator 2 Exceptions

None

Numerator 2

Patients with at least two orders of high-risk medications from the same drug class (i.e., antipsychotics and benzodiazepines) on different days.

Numerator 2 Exclusions

For patients with two or more antipsychotic prescriptions ordered, exclude patients who have a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder on or between January 1 of the year before the measurement period and the IPSD for antipsychotics.

For patients with two or more benzodiazepine prescriptions ordered, exclude patients who have a diagnosis of seizure disorders, rapid eye movement sleep behavior disorder, benzodiazepine withdrawal, ethanol withdrawal, or severe generalized anxiety disorder on or between January 1 of the year before the measurement period and the

IPSD for benzodiazepines

Denominator 3

Equals initial population

Denominator 3 Exclusions

Exclude patients who are in hospice care for any part of the measurement period.

Exclude patients receiving palliative care for any part of the measurement period

Denominator 3 Exceptions

None

Numerator 3

Total rate (the sum of the two previous numerators, deduplicating for patients in both numerators)

Numerator 3 Exclusions

None

[Measure Information](#)
