Measure #274: Inflammatory Bowel Disease (IBD): Testing for Latent Tuberculosis (TB) Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy – National Quality Strategy Domain: Effective Clinical Care

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

DESCRIPTION:
Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease (IBD) for whom a tuberculosis (TB) screening was performed and results interpreted within 6 months prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy

INSTRUCTIONS:
This measure is to be reported a minimum of once per reporting period for all patients with a diagnosis of inflammatory bowel disease seen during the reporting period. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting via Registry:
ICD-10-CM diagnosis codes, CPT codes, quality-data codes and patient demographics are used to identify patients who are included in the measure’s denominator. The listed numerator options are used to report the numerator of 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 inflammatory bowel disease

Definition:
First Course of anti-TNF therapy – the first (ever) course of anti-TNF therapy

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
AND
Patient encounter during the reporting period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99406, 99407
AND
Patients receiving a first course of anti-TNF therapy: G8868
NUMERATOR:
Patients who had TB screening performed and results interpreted, within 6 months prior to receiving a first course of anti-TNF therapy

Numerator Options:

**Performance Met:**
Documentation that tuberculosis (TB) screening test performed and results interpreted (3510F)

**OR**

**Medical Performance Exclusion:**
Documentation of medical reason(s) for not performing TB screening test within 6 months prior to receiving a first course of anti-TNF therapy (e.g., patient positive for TB and documentation of past treatment; patient recently completed course of anti-TB therapy) (3510F with 1P)

**OR**

**Patient Performance Exclusion:**
Documentation of patient reason(s) for not performing TB screening test within 6 months prior to receiving a first course of anti-TNF therapy (e.g., patient declined) (3510F with 2P)

**OR**

**Performance Not Met:**
TB screening test not performed within 6 months prior to receiving a first course of anti-TNF therapy, reason not otherwise specified (3510F with 8P)

RATIONALE:
Before initiating biologic anti-TNF therapy for a patient with IBD, it is essential to screen the patient for tuberculosis, as research has documented a higher incidence of TB after anti-TNF therapy. All patients being considered for biologic anti-TNF therapy should receive a tuberculin skin test, even if the patient has previously received the BCG vaccination. Test results, in addition to patient risk for TB and other tests, should be used to assess the patient’s risk for latent TB infection. This is a patient safety measure.

Opportunity for improvement: While there are a limited number of studies that investigate gaps in care for patients with IBD, the research that does exist identifies opportunities for improvement in care areas: 1) there is a lack of adherence to tuberculosis screening, most noticeably in the use of disease-modifying anti-TNF drugs, and 2) variations in care by practice setting, geographic region and physician specialty.

Golimumab, certolizumab pegol, infliximab and adalimumab may all trigger latent TB. Also, all patients should be monitored during therapy for active TB even if the initial latent TB testing is negative. (See FDA package labeling for these anti-TNF biological agents).

Reactivation of hepatitis B virus has been reported in patients who are carriers of this virus and are taking TNF blocker medicines. (Kaiser T, Moessner J, McHutchison JG, Tillmann HG. Life threatening liver disease during treatment with monoclonal antibodies. BMJ 2009;338:b508.)

CLINICAL RECOMMENDATION STATEMENTS:
Prior to commencing treatment with anti-TNF, all patients should be screened for TB in accordance with the British Thoracic Society (BTS) guidelines. Active TB needs to be adequately treated before anti-TNF therapy can be started.

Prior to commencing anti-TNF therapy, consideration of prophylactic anti-TB therapy (as directed by the BTS guidelines) should be given to patients with evidence of potential latent disease (past history of TB treatment or abnormal chest X-ray raising the possibility of TB) after consultation with a local TB specialist. All patients commenced on anti-TNF therapies need to be closely monitored for TB. (Level of Evidence C) (J. Ledingham and C. Deighton, on behalf of the British Society for Rheumatology Standards, Guidelines and Audit Working Group)
In an immunocompromised person (adult or child), the tuberculin skin test (TST) should be the initial test used to detect LTBI. If the TST is positive, the person should be considered to have LTBI.

However, in light of the known problem with false-negative TST results in immunocompromised populations, a clinician still concerned about the possibility of LTBI in an immunocompromised person with a negative initial TST result may perform an IGRA test. If the IGRA (interferon-gamma release assay) result is positive, the person might be considered to have LTBI. If the IGRA result is indeterminate, the test should be repeated to rule out laboratory error. If the repeat test is also indeterminate, the clinician should suspect anergy and rely on the person’s history, clinical features, and any other laboratory results to make a decision as to the likelihood of LTBI. Although both IGRA tests may be used as described above, there is evidence that the QFT-GIT assay may be more sensitive than the T-SPOT.TB assay in active TB, and this characteristic might be especially relevant in immunocompromised populations. While the approach of accepting either test result (TST or IGRA) as positive will improve the sensitivity of detecting LTBI in immunocompromised populations, there are no data supporting the efficacy of preventive therapy in TST-negative but IGRA-positive individuals. Thus the clinician must weigh the potential benefit of detecting more persons with positive test results against the lack of evidence for the benefit of preventive therapy in such persons. (Canada Communicable Disease Report, October 2008.)


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2016 Registry Individual Measure Flow
PQRS #274: Inflammatory Bowel Disease (IBD): Testing for Latent Tuberculosis (TB) Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy

Start

Denominator

Not Included in Eligible Population/Denominator

No

Patient Age at Date of Service \( \geq 18 \) Years

Yes

Diagnosis of Inflammatory Bowel Disease as Listed in Denominator*

Yes

Patient Receiving a First Course of Anti-TNF Therapy. G8868

No

Encounter as Listed in Denominator* (1/1/2016 thru 12/31/2016)

Yes

Include in Eligible Population/Denominator (6 patients)

Numerator

Documentation that Tuberculosis (TB) Screening Test Performed and Results Interpreted

Yes

Reporting Met + Performance Met 3510F or equivalent (4 patients) a

No

Documentation Of Medical Reason(s) for Not Performing TB Screening Test Within 6 Months Prior to Receiving a First Course of Anti-TNF therapy

Yes

Reporting Met + Performance Exclusion 3510 IF or equivalent (1 patient) b

No

Documentation Of Patient Reason(s) for Not Performing TB Screening Test Within 6 Months Prior to Receiving a First Course of Anti-TNF Therapy

Yes

Reporting Met + Performance Exclusion 3510 2P or equivalent (0 patient) c

No

TB Screening Test Not Performed Within 6 Months Prior to Receiving a First Course of Anti-TNF Therapy, Reason Not Otherwise Specified

Yes

Reporting Met + Performance Not Met 3510 8P or equivalent (2 patients) d

No

Reporting Not Met Quality-Data Code or equivalent not reported (1 patient)

Sample Calculations:

Performance Rate = \( \frac{\text{Performance Met (a=4 patients) + Performance Exclusion (b+\text{c}=1 patient) + Performance Not Met (c=2 patients)}}{\text{Eligible Population / Denominator (d=8 patients)}} \times 100\% = 87.50\% \)

Reporting Rate = \( \frac{\text{Reporting Numerator (7 patients) - Performance Exclusion (b+\text{c}=1 patient)}}{\text{Performance Met (a=4 patients)}} \times 100\% = 66.67\% \)

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

NOTE: Reporting Frequency: Patient-process

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2016 Registry Individual Measure Flow
PQRS #274 Inflammatory Bowel Disease (IBD): Testing for Latent Tuberculosis (TB) Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy

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 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 equals Yes during the measurement period, proceed to check Patient Diagnosis.

3. Check Patient Diagnosis:
   a. If Diagnosis of Inflammatory Bowel Disease as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Diagnosis of Inflammatory Bowel Disease as Listed in the Denominator equals Yes, proceed to check Patient Receiving a First Course of Anti-TNF therapy.

4. Check Patient Receiving a First Course of Anti-TNF Therapy:
   a. If Patient Receiving a First Course of Anti-TNF Therapy equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Patient Receiving a First Course of Anti-TNF Therapy equals Yes, proceed to check Encounter Performed.

5. 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, proceed to check 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 Documentation that Tuberculosis (TB) Screening Test Performed and Results Interpreted:
   a. If Documentation that Tuberculosis (TB) Screening Test Performed and Results Interpreted equals Yes, include in Reporting Met and Performance Met.
b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 4 patients in Sample Calculation.

c. If Documentation that Tuberculosis (TB) Screening Test Performed and Results Interpreted equals No, proceed to Check Documentation of Medical Reason(s) for Not Performing TB Screening Test Within 6 Months Prior to Receiving a First Course of Anti-TNF Therapy.

9. Check Documentation of Medical Reason(s) for Not Performing TB Screening Test Within 6 Months Prior to Receiving a First Course of Anti-TNF Therapy:

   a. If Documentation of Medical Reason(s) for Not Performing TB Screening Test Within 6 Months Prior to Receiving a First Course of Anti-TNF Therapy equals Yes, include in Reporting Met and Performance Exclusion.

   b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate 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 Performing TB Screening Test Within 6 Months Prior to Receiving a First Course of Anti-TNF Therapy equals No, proceed to Check Documentation of Patient Reason(s) for Not Performing TB Screening Test Within 6 Months Prior to Receiving a First Course of Anti-TNF Therapy.

10. Check Documentation of Patient Reason(s) for Not Performing TB Screening Test Within 6 Months Prior to Receiving a First Course of Anti-TNF Therapy:

   a. If Documentation of Patient Reason(s) for Not Performing TB Screening Test Within 6 Months Prior to Receiving a First Course of Anti-TNF Therapy equals Yes, include in Reporting Met and Performance Exclusion.

   b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate 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 Performing TB Screening Test Within 6 Months Prior to Receiving a First Course of Anti-TNF Therapy equals No, proceed to Check TB Screening Test Not Performed Within 6 Months Prior to Receiving a First Course of Anti-TNF Therapy, Reason Not Otherwise Specified.

11. Check TB Screening Test Not Performed Within 6 Months Prior to Receiving a First Course of Anti-TNF Therapy, Reason Not Otherwise Specified:

   a. If TB Screening Test Not Performed Within 6 Months Prior to Receiving a First Course of Anti-TNF Therapy, Reason Not Otherwise Specified equals Yes, include in Reporting Met and Performance Not Met.

   b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c equals 2 patients in the Sample Calculation.

   c. If TB Screening Test Not Performed Within 6 Months Prior to Receiving a First Course of Anti-TNF Therapy, Reason Not Otherwise Specified equals No, proceed to Reporting Not Met.

12. Check Reporting Not Met:
a. If Reporting Not Met, the Quality Data Code or equivalent was not reported. 1 patient has been subtracted from the reporting numerator in sample calculation.

**SAMPLE CALCULATIONS:**

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\text{Reporting Rate} = \frac{\text{Performance Met (a=4 patients)} + \text{Performance Exclusion (b^1+\text{c}^1=1 patient)} + \text{Performance Not Met (c=2 patients)}}{\text{Eligible Population / Denominator (d=9 patients)}} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\% \\
\text{Performance Rate} = \frac{\text{Performance Met (a=4 patients)}}{\text{Reporting Numerator (7 patients) – Performance Exclusion (b^1+\text{c}^1=1 patient)}} = \frac{4 \text{ patients}}{6 \text{ patients}} = 66.67\%
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