Quality ID#141 (NQF 0563): Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care
– National Quality Strategy Domain: Communication and Care Coordination
– Meaningful Measure Area: Management of Chronic Conditions

2020 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Outcome – High Priority

DESCRIPTION:
Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) whose glaucoma treatment has not failed (the most recent IOP was reduced by at least 15% from the pre-intervention level) OR if the most recent IOP was not reduced by at least 15% from the pre-intervention level, a plan of care was documented within the 12 month performance period

INSTRUCTIONS:
This measure is to be submitted a minimum of **once per performance period** for glaucoma patients seen during the performance period. It is anticipated that Merit-based Incentive Payment System (MIPS) eligible clinicians who provide the primary management of patients with POAG will submit this measure.

Measure Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third-party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third-party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:
All patients aged 18 years and older with a diagnosis of primary open-angle glaucoma

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
Diagnosis for primary open-angle glaucoma (ICD-10-CM): H40.1111, H40.1112, H40.1113, H40.1114, H40.1121, H40.1122, H40.1123, H40.1124, H40.1131, H40.1132, H40.1133, H40.1134, H40.1211, H40.1212, H40.1213, H40.1214, H40.1221, H40.1222, H40.1223, H40.1224, H40.1231, H40.1232, H40.1233, H40.1234, H40.151, H40.152, H40.153
AND
Patient encounter during the performance period (CPT): 92002, 92004, 92012, 92014, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337
WITHOUT
Telehealth Modifier: GQ, GT, 95, POS 02

NUMERATOR:
Patients whose glaucoma treatment has not failed (the most recent IOP was reduced by at least 15% from the pre- intervention level) OR if the most recent IOP was not reduced by at least 15% from the pre-intervention level, a plan of care was documented within the 12 month performance period.

Definitions:
Plan of Care – May include: recheck of IOP at specified time, change in therapy, perform additional diagnostic evaluations, monitoring per patient decisions or health system reasons, and/or referral to a specialist.
Plan to Recheck – In the event certain factors do not allow for the IOP to be measured (e.g., patient has an eye infection) but the physician has a plan to measure the IOP at the next visit; the plan of care code should be submitted.
Glaucoma Treatment Not Failed – The most recent IOP was reduced by at least 15% in the affected eye or if both eyes were affected, the reduction of at least 15% occurred in both eyes.

Numerator Instructions:
Pre-Intervention Level – The patient's IOP in the affected eye prior to the initiation of therapy. For patients who have just begun management of their POAG, i.e. a newly diagnosed patient or a patient recently transferred to the care of the physician, a provider can meet the measure's performance requirements by documenting a plan of care and submitting CPT II **0517F**. Patients whose POAG is well managed are assumed to have met the requirement to reduce their IOP by greater than or equal to 15% and should submit CPT II **3284F**.

Numerator Quality-Data Coding Options:

Performance Met:	Intraocular pressure (IOP) reduced by a value of greater than or equal to 15% from the pre-intervention level **(3284F)**
OR	
Performance Met:	Glaucoma plan of care documented **(0517F)**
AND	
	Intraocular pressure (IOP) reduced by a value less than 15% from the pre-intervention level **(3285F)**
OR	
Performance Not Met:	Glaucoma plan of care not documented, reason not otherwise specified **(0517F with 8P)**
AND	
	Intraocular pressure (IOP) reduced by a value less than 15% from the pre-intervention level **(3285F)**
OR	

Performance Not Met: IOP measurement not documented, reason not otherwise specified **(3284F with 8P)**

RATIONALE:

1. Scientific basis for intraocular pressure (IOP) control as outcomes measure (intermediate)
   Analyses of results of several randomized clinical trials all demonstrate that reduction of IOP of at least 18% (EMGT, CIGTS, AGIS, CNTGS) reduces the rate of worsening of visual fields by at least 40%. The various studies, however, achieved different levels of mean IOP lowering in realizing their benefit in patient outcomes, ranging from 18% in the "normal pressure" subpopulation of EMGT to 42% in the CIGTS study.

   (Level I studies) As such, an appropriate "failure" indicator is to NOT achieve at least a 15% IOP reduction. The rationales for a failure indicator are that 1) the results of different studies can lead experienced clinicians to believe that different levels of IOP reduction are appropriate; 2) to minimize the impact of adverse selection for those patients whose IOPs are more difficult to control; and 3) because each patient's clinical course may require IOP reduction that may vary from 18 to 40+%.

   In addition, "…several population-based studies have demonstrated that the prevalence of POAG as well as the incidence of POAG, increases as the level of IOP increases. These studies provide strong evidence that IOP plays an important role in the neuropathy of POAG. Furthermore, studies have demonstrated that reduction in the level of IOP lessens the risk of visual field progression in open-angle glaucoma. In addition, treated eyes that have a greater IOP fluctuation are at increased risk of progression.

   Intraocular pressure is the intermediate outcome of therapy used by the FDA for approval of new drugs and devices and, as noted above, has been shown to be directly related to ultimate patient outcomes of vision loss. As such, failure to achieve minimal pressure lowering, absent an appropriate plan of care to address the situation, would constitute performance whose improvement would directly benefit patients with POAG.

2. Evidence for gap in care

   Based on studies in the literature reviewing documentation of IOP achieved under care, the gap could be as great as 50% or more in the community of ophthalmologists and optometrists treating patients with primary open-angle glaucoma. Based on loose criteria for control, IOP was controlled in 66% of follow-up visits for patients with mild glaucoma and 52% of visits for patients with moderate to severe glaucoma.

   Another study of a single comprehensive insurance plan suggested that a large proportion of individuals felt to require treatment for glaucoma or suspect glaucoma are falling out of care and are being monitored at rates lower than expected from recommendations of published guidelines.

CLINICAL RECOMMENDATION STATEMENTS:

The goal of treatment is to maintain the IOP in a range at which visual field loss is unlikely to significantly reduce a patient's health-related quality of life over his or her lifetime. (II+, moderate quality, discretionary recommendation)

The estimated upper limit of this range is considered the "target pressure." The initial target pressure is an estimate and a means toward the ultimate goal of protecting the patient's vision. The target pressure should be individualized and may need adjustment further down or even up during the course of the disease. (III, insufficient quality, discretionary recommendation)

When initiating therapy, the ophthalmologist assumes that the measured pretreatment pressure range contributed to optic nerve damage and is likely to cause additional damage in the future. Factors to consider when choosing a target pressure include the stage of overall glaucoma damage as determined by the degree of structural optic nerve injury and/or functional visual field loss, baseline IOP at which damage occurred, age of patient, and additional risk factors (e.g., central corneal thickness (CCT), life expectancy, prior rate of progression). Lowering

the pretreatment IOP by 25% or more has been shown to slow progression of POAG.

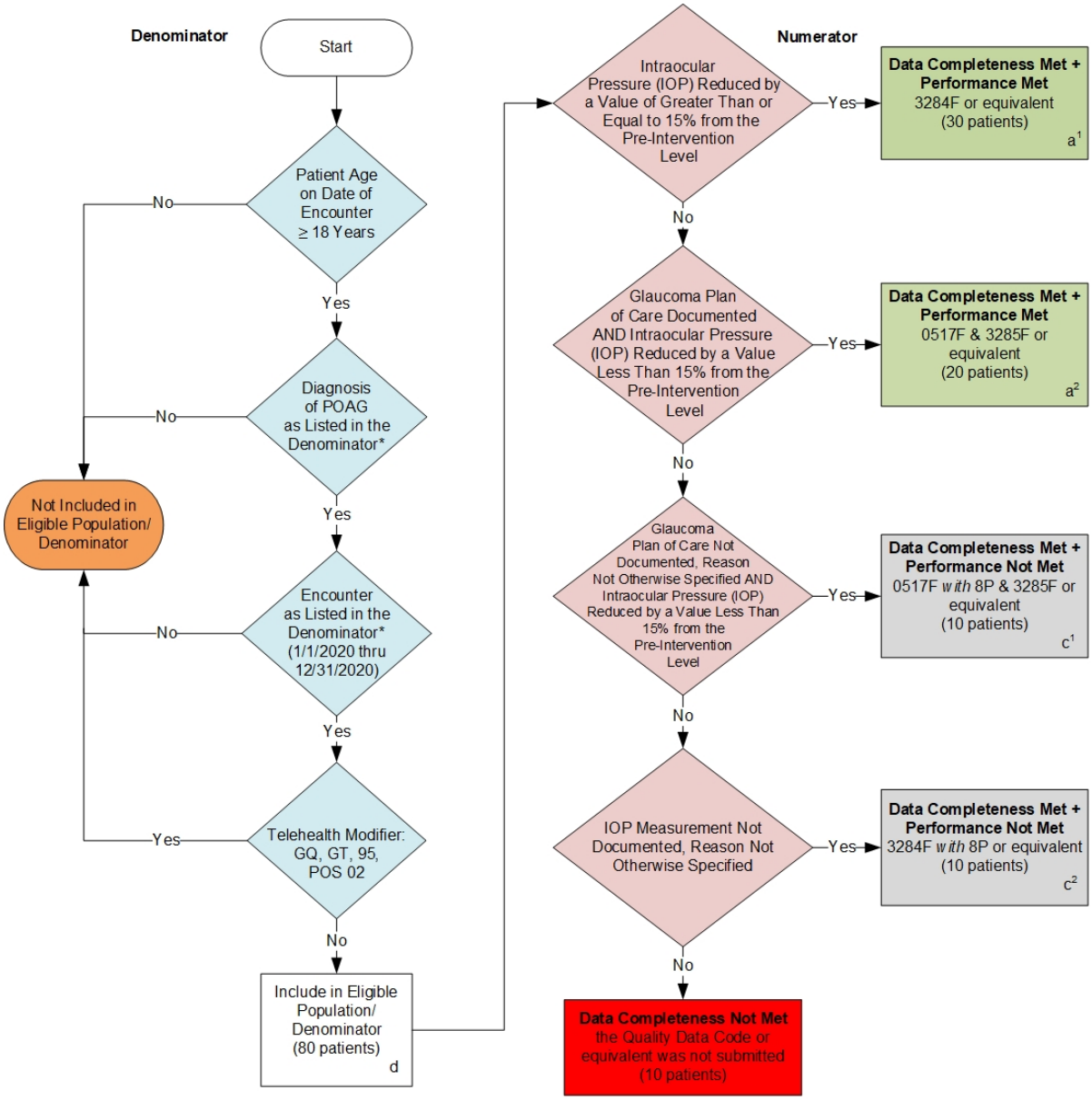
Choosing a lower target IOP can be justified if there is more severe optic nerve damage, if the damage is progressing rapidly, or if other risk factors such as family history, age, or disc hemorrhages are present.

Prum BE Jr, Rosenberg LF, Gedde SJ, et al. Primary Open-Angle Glaucoma Preferred Practice Pattern® Guidelines. Ophthalmology 2016;123:P41-P111.

The intent of this measure is to have this indicator apply to both optometrists and ophthalmologists (and any other physician who provides glaucoma care); the use of "ophthalmologists" only in the preceding verbatim section reflects the wording in the American Academy of Ophthalmology Preferred Practice pattern.

2020 Clinical Quality Measure Flow for Quality ID #141 NQF# 0563: Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care

Disclaimer: *Refer to the measure specification for specific coding and instruction to submit this measure.*



SAMPLE CALCULATIONS:

Data Completeness=

Performance Met (a^1+a^2=50 patients) + Performance Not Met (c^1+c^2=20 patients) / Eligible Population / Denominator (d=80 patients) = 70 patients / 80 patients = **87.50%**

Performance Rate=

Performance Met (a^1+a^2=50 patients) / Data Completeness Numerator (70 patients) = 50 patients / 70 patients = **71.43%**

*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

v4

2020 Clinical Quality Measure Flow Narrative for Quality ID #141 NQF #0563: Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care

Disclaimer: *Refer to the measure specification for specific coding and instructions to submit this measure.*

1. Start with Denominator
2. Check Patient Age:
    a. If Patient Age on Date of Encounter is greater than or equal to 18 Years equals No, do not include in Eligible Population. Stop Processing.
    b. If Patient Age on Date of Encounter is greater than or equal to 18 Years equals Yes, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
    a. If Diagnosis of POAG as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
    b. If Diagnosis of POAG 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 Population. Stop Processing.
    b. If Encounter as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier
5. Check Telehealth Modifier
    a. If Telehealth Modifier equals Yes, do not include in Eligible Population. Stop Processing.
    b. If Telehealth Modifier equals No, include in 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 80 patients in the Sample Calculation.
7. Start Numerator
8. Check Intraocular Pressure (IOP) Reduced by a Value of Greater Than or Equal to 15 percent from the Pre- Intervention Level:
    a. If Intraocular Pressure (IOP) Reduced by a Value of Greater Than or Equal to 15 percent from the Pre- Intervention Level 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^1 equals 30 patients in the Sample Calculation.
    c. If Intraocular Pressure (IOP) Reduced by a Value of Greater Than or Equal to 15 percent from the

Pre- Intervention Level equals No, proceed to check Glaucoma Plan of Care Documented AND Intraocular Pressure (IOP) Reduced by a Value Less Than 15 percent from the Pre-Intervention Level.

9. Check Glaucoma Plan of Care Documented AND Intraocular Pressure (IOP) Reduced by a Value Less Than 15% from the Pre-Intervention Level:

    a. If Glaucoma Plan of Care Documented AND Intraocular Pressure (IOP) Reduced by a Value Less Than 15% from the Pre-Intervention Level 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^2 equals 20 patients in the Sample Calculation.

    c. If Glaucoma Plan of Care Documented AND Intraocular Pressure (IOP) Reduced by a Value Less Than 15% from the Pre-Intervention Level equals No, proceed to check Glaucoma Plan of Care Not Documented, Reason Not Otherwise Specified AND Intraocular Pressure (IOP) Reduced by a Value Less Than 15 percent from the Pre-Intervention Level.

10. Check Glaucoma Plan of Care Not Documented, Reason Not Otherwise Specified AND Intraocular Pressure (IOP) Reduced by a Value Less Than 15 percent from the Pre-Intervention Level:

    a. If Glaucoma Plan of Care Not Documented, Reason Not Otherwise Specified AND Intraocular Pressure (IOP) Reduced by a Value Less Than 15 percent from the Pre-Intervention Level 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 in the Sample Calculation listed at the end of this document. Letter c^1 equals 10 patients in the Sample Calculation.

    c. If Glaucoma Plan of Care Not Documented, Reason Not Otherwise Specified AND Intraocular Pressure (IOP) Reduced by a Value Less Than 15 percent from the Pre-Intervention Level equals No, proceed to check IOP Measurement Not Documented, Reason Not Otherwise Specified.

11. Check IOP Measurement Not Documented, Reason Not Otherwise Specified:

    a. If IOP Measurement Not Documented, Reason Not Otherwise Specified equals Yes, include in the Data Completeness Met and Performance Not Met.

    b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c^2 equals 10 patients in the Sample Calculation.

    c. If IOP Measurement Not Documented, Reason Not Otherwise Specified equals No, proceed to check Data Completeness Not Met.

12. Check Data Completeness Not Met:

    a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

Performance Met (a^1+a^2=50 patients) + Performance Not Met (c^1+c^2=20 patients) / Eligible Population / Denominator (d=80 patients) = 70 patients / 80 patients = **87.50%**

Performance Rate=

Performance Met (a^1+a^2=50 patients) / Data Completeness Numerator (70 patients) = 50 patients / 70 patients = **71.43%**