

MSPPS Clinical Focus Areas

Chronic Disease Management

Diabetes, Cardiovascular, and Behavioral Health Disease Management

- Comprehensive Diabetes Care: 3 Tests- HbA1c, Eye exam, Nephropathy*
- Comprehensive Diabetes Care: HbA1c Poor Control*
- Control High Blood Pressure*
- Diabetes Monitoring for People with Diabetes and Schizophrenia*
- Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia*
- Diabetes Screening for People w/ Schizophrenia Using Antipsychotic Medicine*
- Screening for Clinical Depression and Follow Up Plan
- Antidepressant Medication Management: Acute Phase
- Antidepressant Medication Management: Continuous Phase
- Initiation of Alcohol and Other Drug Dependence Treatment
- Engagement of Alcohol and Other Drug Dependence Treatment
- Follow Up After Mental Health Inpatient: 30 Days

Access, Prevention, Health Promotion

Access

- Adult Access Preventive Ages 20-44
- Adult Access Preventive Ages 45-64
- Adult Access Preventive Ages 65+

Prevention and Health Promotion

- Breast Cancer Screening
- Colorectal Screening
- HIV Screening (general population)
- Flu Shots for Adults Ages 18 – 64
- Smoking Cessation: Discussed Medications*
- Smoking Cessation: Discussed Strategies*

Care Transition, Coordination and Management

- Potentially Preventable ED Visits
- Potentially Preventable ED Visits for Persons with BH Diagnosis
- Potentially Avoidable Readmissions
- PQI# 1: DM Short Term Complication Admissions
- PQI# 7: Hypertension Admissions
- PQI# 90: Overall Admissions Composite
- Follow Up After Mental Health Inpatient: 7 Days

Clinical Strategy 1

Establish/improve existing processes for identification, monitoring, and management for patients with diabetes/cardiovascular disease, hypertension, diabetes/cardiovascular disease with schizophrenia

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| Chronic Disease Management DSRIP Performance Measures | <ul style="list-style-type: none">• Comprehensive Diabetes Care: 3 Tests- HbA1c, Eye exam, Nephropathy• Comprehensive Diabetes Care: HbA1c Poor Control• Controlling High Blood Pressure• Diabetes Monitoring for People w/ Diabetes & Schizophrenia• Cardiovascular Monitoring for People w/ Cardiovascular Disease & Schizophrenia• Diabetes Screening for People w/ Schizophrenia Using Antipsychotic Meds |
| Related MACRA MIPS Measures | <ul style="list-style-type: none">• PQRS 317: Screening for High Blood Pressure and Follow-Up Documented• PQRS 236: Controlling High Blood Pressure• PQRS 117: Diabetes - Eye Exam• PQRS 001: Diabetes - Hemoglobin A1c Poor Control (>9%)• PQRS 119: Diabetes - Medical Attention for Nephropathy |

Clinical Strategy 2

Establish/improve the implementation of a treatment plan and referral/follow-up process for patients who screen positive for acute depression episodes

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| Chronic Disease Management DSRIP Performance Measures | <ul style="list-style-type: none">• Screening for Clinical Depression and Follow-Up Plan• Anti-depressant Medication Management: Acute Phase |
| Access, Prevention, Health Promotion DSRIP Performance Measure | <ul style="list-style-type: none">• Potentially Preventable ED Visits for Persons with Behavioral Health Diagnoses |
| Related MACRA MIPS Measures | <ul style="list-style-type: none">• PQRS 009: Anti-Depressant Medication Management• PQRS 371: Depression Utilization of the PHQ-9 Tool• PQRS 134: Screening for Clinical Depression and Follow-Up Plan |

Clinical Strategy 3

Establish/improve the implementation of a medication management plan for patients who require ongoing depression treatment

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| Chronic Disease Management DSRIP Performance Measure | <ul style="list-style-type: none">• Anti-depressant Medication Management: Continuous Phase |
| Care Transition, Coordination and Management DSRIP Performance Measure | <ul style="list-style-type: none">• Potentially Preventable ED Visits for Persons with Behavioral Health Diagnoses |
| Related MACRA MIPS Measures | <ul style="list-style-type: none">• PQRS 009: Anti-Depressant Medication Management• PQRS 371: Depression Utilization of the PHQ-9 Tool• PQRS 411: Depression Remission at Six Months• PQRS 370: Depression Remission at Twelve Months |

Clinical Strategy 4

Establish/improve a program that increases adult access to care

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| Access, Prevention, Health Promotion DSRIP Performance Measures | <ul style="list-style-type: none">• Adult Access to Preventive or Ambulatory Care: ages 20-44• Adult Access to Preventive or Ambulatory Care: ages 45-64• Adult Access to Preventive or Ambulatory Care: ages 65+ |
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Clinical Strategy 5

Establish/improve tobacco cessation programs for patients/clients who smoke

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| Access, Prevention, Health Promotion DSRIP Performance Measures | <ul style="list-style-type: none">• Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Strategies• Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Medication |
| Related MACRA MIPS | <ul style="list-style-type: none">• Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention• Tobacco Use and Help with Quitting Among Adolescents• Anesthesiology Smoking Abstinence |