Quality ID #431 (NQF 2152): Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
– National Quality Strategy Domain: Community/Population Health
– Meaningful Measure Area: Prevention and Treatment of Opioid and Substance Use Disorders

2020 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months AND who received brief counseling if identified as an unhealthy alcohol user

INSTRUCTIONS:
This measure is to be submitted once per performance period for patients seen during the performance period. This measure is intended to reflect the quality of services provided for preventive screening for unhealthy alcohol use. There is no diagnosis associated with this measure. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding. For the purposes of the measure, the most recent denominator eligible encounter should be used to determine if the numerator action for the submission criteria was performed within the 24-month look back period.

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 seen for at least two visits or at least one preventive visit during the measurement period

*DENOMINATOR NOTE: *Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.*

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years
AND
At least two patient encounters during the performance period (CPT or HCPCS): 90791, 90792, 90832, 90834, 90837, 90845, 96156, 96158, 97165, 97166, 97167, 97168, 97802, 97803, 97804, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, G0270, G0271
WITHOUT
Telehealth Modifier: GQ, GT, 95, POS 02
OR

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At Least One Preventive Visit during the performance period (CPT or HCPCS): 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*, 99412*, 99429*, G0438, G0439
WITHOUT
Telehealth Modifier: GQ, GT, 95, POS 02

NUMERATOR:
Patients who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months AND who received brief counseling if identified as an unhealthy alcohol user

Definitions:
Brief counseling – Brief counseling for unhealthy alcohol use refers to one or more counseling sessions, a minimum of 5-15 minutes, which may include: feedback on alcohol use and harms; identification of high risk situations for drinking and coping strategies; increased motivation and the development of a personal plan to reduce drinking.
Systematic screening method – For purposes of this measure, one of the following systematic methods to assess unhealthy alcohol use must be utilized. Systematic screening methods and thresholds for defining unhealthy alcohol use include:

- AUDIT Screening Instrument (score ≥ 8)
- AUDIT-C Screening Instrument (score ≥ 4 for men; score ≥ 3 for women)
- Single Question Screening - How many times in the past year have you had 5 (for men) or 4 (for women and all adults older than 65 years) or more drinks in a day? (response ≥ 2)

NUMERATOR NOTE: In the event that a patient is screened for unhealthy alcohol use and identified as a user but did not receive brief alcohol cessation counseling submit G9624. Denominator Exception(s) are determined on the date of the most recent denominator eligible encounter.

Numerator Options:

Performance Met:	Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling (G9621)
OR	
Performance Met:	Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method (G9622)
OR	
Denominator Exception:	Documentation of medical reason(s) for not screening for unhealthy alcohol use (e.g., limited life expectancy, other medical reasons) (G9623)
OR	
Performance Not Met:	Patient not screened for unhealthy alcohol use using a systematic screening method OR patient did not receive brief counseling if identified as an unhealthy alcohol user, reason not given (G9624)

RATIONALE:
This measure is intended to promote unhealthy alcohol use screening and brief counseling which have been shown to be effective in reducing alcohol consumption. About 30% of the U.S. population misuse alcohol, with most engaging in what is considered risky drinking. (SAMHSA, 2012) A recent analysis of data from the National Alcohol Survey shows that approximately one-third of at-risk drinkers (32.4%) and persons with a current alcohol use

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disorder (31.5%) in the United States had at least 1 primary care visit during the prior year, demonstrating the potential reach of screening and brief counseling for unhealthy alcohol use in the primary care setting. (Mulia et al., 2011) A number of studies, including patient and provider surveys, have documented low rates of alcohol misuse screening and counseling in primary care settings. In the national Healthcare for Communities Survey, only 8.7% of problem drinkers reported having been asked and counseled about their alcohol use in the last 12 months. (D'Amico et al., 2005) A nationally representative sample of 648 primary care physicians were surveyed to determine how such physicians identify--or fail to identify--substance abuse in their patients, what efforts they make to help these patients and what are the barriers to effective diagnosis and treatment. Of physicians who conducted annual health histories, less than half ask about the quantity and frequency of alcohol use (45.3 percent). Only 31.8 percent say they ever administer standard alcohol or drug use screening instruments to patients. (CASA, 2000)

CLINICAL RECOMMENDATION STATEMENTS:

The USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use. (Grade B recommendation) (USPSTF, 2018)

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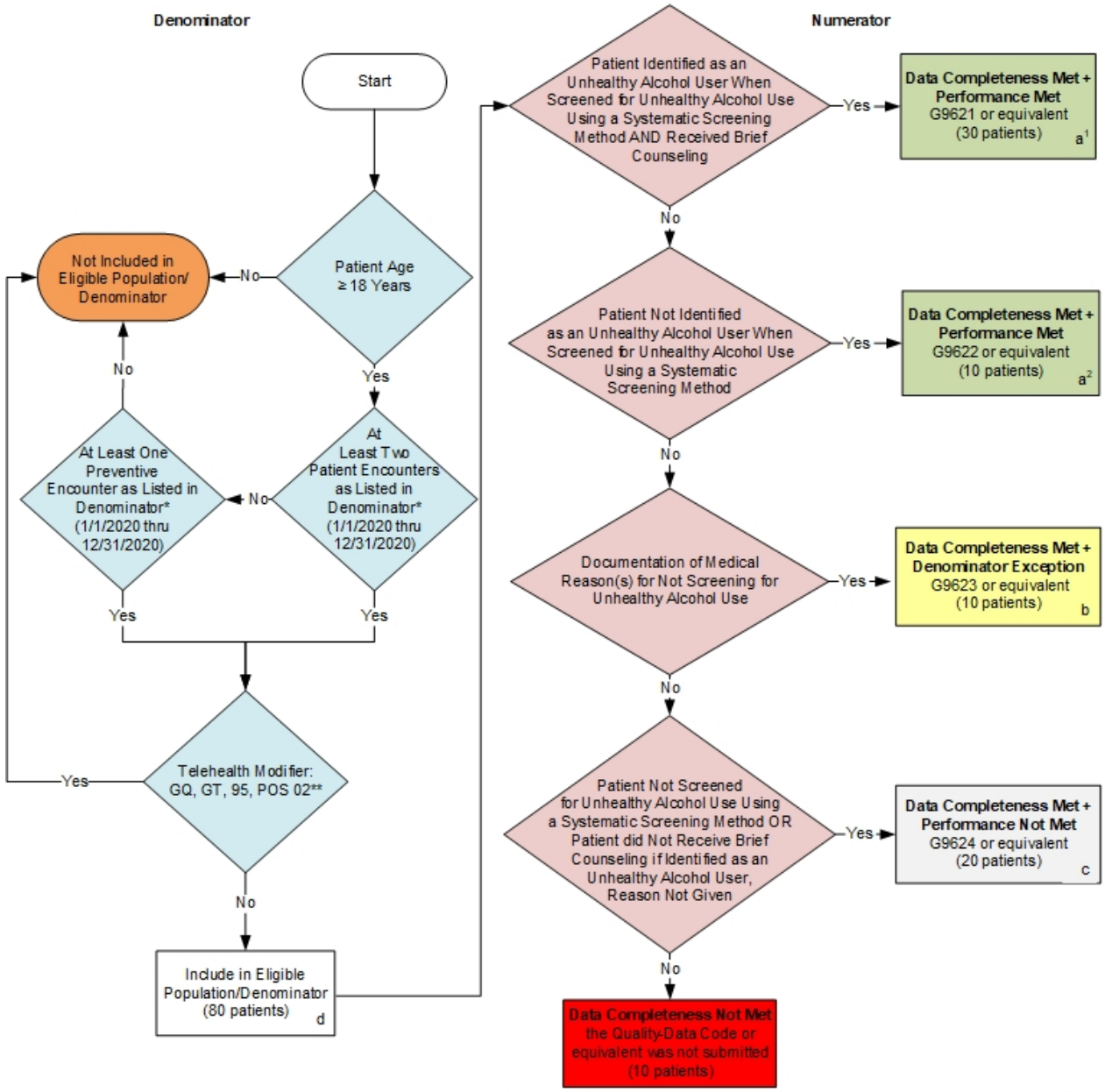
2020 Clinical Quality Measure Flow for Quality ID #431 NQF #2152: Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling

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



SAMPLE CALCULATIONS:

Data Completeness=

Performance Met (a^1+a^2 =40 patients) + Denominator Exception (b=10 patients) + Performance Not Met (c=20 patients) / Eligible Population / Denominator (d=80 patients) = 70 patients / 80 patients = **87.50%**

Performance Rate=

Performance Met (a^1+a^2=40 patients) / Data Completeness Numerator (70 patients) – Denominator Exception (b=10 patients) = 40 patients / 60 patients = **66.67%**

*See the posted measure specification for specific coding and instructions to submit this measure.
**All encounters should be without the telehealth modifier in order to be denominator eligible.
Note: Submission Frequency: Patient-Process

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2020 Clinical Quality Measure Flow Narrative for Quality ID #431 NQF #2152: Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling

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 is greater than or equal to 18 Years equals No during the performance period, do not include in Eligible Population. Stop Processing.
    b. If Patient Age is greater than or equal to 18 Years equals Yes during the performance period, proceed to check At Least Two Patient Encounters.
3. Check At Least Two Patient Encounters:
    a. If At Least Two Patient Encounters as Listed in the Denominator equals No, proceed to check At Least One Preventive Encounter.
    b. If At Least Two Patient Encounters as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.
4. Check Telehealth Modifier:
    a. If Telehealth Modifier equals Yes, proceed to check At Least One Preventive Encounter.
    b. If Telehealth Modifier equals No, include in Eligible Population.
5. Check At Least One Preventive Encounter:
    a. If At Least One Preventive Encounter as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
    b. If At Least One Preventive Encounter as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.
6. 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.
7. 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.
8. Start Numerator
9. Check Patient Identified as an Unhealthy Alcohol User When Screened for Unhealthy Alcohol Use Using a Systematic Screening Method AND Received Brief Counseling:

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a. If Patient Identified as an Unhealthy Alcohol User When Screened for Unhealthy Alcohol Use Using a Systematic Screening Method AND Received Brief Counseling 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 Patient Identified as an Unhealthy Alcohol User When Screened for Unhealthy Alcohol Use Using a Systematic Screening Method AND Received Brief Counseling equals No, proceed to check Patient Not Identified as an Unhealthy Alcohol User When Screened for Unhealthy Alcohol Use Using a Systematic Screening Method.

10. Check Patient Not Identified as an Unhealthy Alcohol User When Screened for Unhealthy Alcohol Use Using a Systematic Screening Method:

    a. If Patient Not Identified as an Unhealthy Alcohol User When Screened for Unhealthy Alcohol Use Using a Systematic Screening Method 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 10 patients in the Sample Calculation.

    c. If Patient Not Identified as an Unhealthy Alcohol User When Screened for Unhealthy Alcohol Use Using a Systematic Screening Method equals No, proceed to check Documentation of Medical Reason(s) for Not Screening for Unhealthy Alcohol Use.

11. Check Documentation of Medical Reason(s) for Not Screening for Unhealthy Alcohol Use:

    a. If Documentation of Medical Reason(s) for Not Screening for Unhealthy Alcohol Use equals Yes, include in Data Completeness Met and Denominator Exception.

    b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 patients in the Sample Calculation.

    c. If Documentation of Medical Reason(s) for Not Screening for Unhealthy Alcohol Use equals No, proceed to check Patient Not Screened for Unhealthy Alcohol Use Using a Systematic Screening Method OR Patient did Not Receive Brief Counseling if Identified as an Unhealthy Alcohol User, Reason Not Given.

12. Check Patient Not Screened for Unhealthy Alcohol Use Using a Systematic Screening Method OR Patient did Not Receive Brief Counseling if Identified as an Unhealthy Alcohol User, Reason Not Given:

    a. If Patient Not Screened for Unhealthy Alcohol Use Using a Systematic Screening Method OR Patient did Not Receive Brief Counseling if Identified as an Unhealthy Alcohol User, Reason Not Given 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 equals 20 patients in the Sample Calculation.

    c. If Patient Not Screened for Unhealthy Alcohol Use Using a Systematic Screening Method OR Patient did Not Receive Brief Counseling if Identified as an Unhealthy Alcohol User, Reason Not Given equals No, proceed to check Data Completeness Not Met.

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13. 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=

$$\frac{\text{Performance Met } (a^1+a^2 = 40 \text{ patients}) + \text{Denominator Exception } (b=10 \text{ patients}) + \text{Performance Not Met } (c=20 \text{ patients})}{\text{Eligible Population / Denominator } (d=80 \text{ patients})} = \frac{70 \text{ patients}}{80 \text{ patients}} = \mathbf{87.50\%}$$

Performance Rate=

$$\frac{\text{Performance Met } (a^1+a^2=40 \text{ patients})}{\text{Data Completeness Numerator } (70 \text{ patients}) - \text{Denominator Exception } (b=10 \text{ patients})} = \frac{40 \text{ patients}}{60 \text{ patients}} = \mathbf{66.67\%}$$

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