

eCQM Title	Closing the Referral Loop: Receipt of Specialist Report		
eCQM Identifier (Measure Authoring Tool)	50	eCQM Version Number	13.2.000
CBE Number	Not Applicable	GUID	f58fc0d6-edf5-416a-8d29-79afbfd24dea
Measurement Period	January 1, 20XX through December 31, 20XX		
Measure Steward	Centers for Medicare & Medicaid Services (CMS)		
Measure Developer	Mathematica		
Endorsed By	None		
Description	Percentage of patients with referrals, regardless of age, for which the referring clinician receives a report from the clinician to whom the patient was referred		
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Measure Scoring	Proportion		
Measure Type	Process		
Stratification	None		
Risk Adjustment	None		
Rate Aggregation	None		
Rationale	<p>Problems in the outpatient referral and consultation process have been documented, including inadequate care pathways between specialty and primary care. Studies suggest that both specialists and primary care providers (PCPs) are not satisfied with current processes (Institute for Healthcare Improvement / National Patient Safety Foundation, 2017; Greenwood-Lee et al, 2018). Breakdowns in referral communication leads to worse health outcomes, increased cost, and appointment delays (Patel et al, 2018; Odisho et al, 2020). A 2018 analysis of primary care referrals to specialists found that of the 103,737 referral scheduling attempts analyzed, only 36,072 (34.8%) resulted in documented complete appointments, defined by the specialty clinician providing report to the PCP after the referral visit (Patel et al, 2018).</p> <p>Technological and process-based updates can improve the referral loop process and increase rates of closing the referral loop. Ramelson et al (2018) enhanced an EHR's Referral Manager module to meet the Controlled Risk Insurance Company's best practice steps and the requirements of both the CMS EHR Incentive Program and the National Committee for Quality Assurance Patient-Centered Medical Home program. Following the updates, 76.8% of referrals were completed and all defined referral process steps were easier to accomplish. Odisho et al (2020) developed a referrals automation software to simplify the fax to referral process. Feedback from key stakeholder interviews noted that the software enhanced the referrals process by further streamlining and organizing the patient referral process. The Institute for Healthcare Improvement and the National Patient Safety Foundation (2017) reviewed the referrals process in the ambulatory care setting and found that organizational leaders, EHR vendors, regulatory agencies, clinicians, and patients all play a role in creating a referrals system that is effective, safe, convenient, and patient-centered.</p>		
Clinical Recommendation Statement	None		
Improvement Notation	A higher score indicates better quality		
Reference	Reference Type: CITATION Reference Text: 'Greenwood-Lee, J., Jewett, L., Woodhouse, L., & Marshall, D. A. (2018). A categorisation of problems and solutions to improve patient referrals from primary to specialty care. BMC health services research, 18(1), 986. https://doi.org/10.1186/s12913-018-3745-y'		
Reference	Reference Type: CITATION Reference Text: 'Institute for Healthcare Improvement / National Patient Safety Foundation. (2017). Closing the Loop: A Guide to Safer Ambulatory Referrals in the EHR Era. https://www.ihl.org/resources/Pages/Publications/Closing-the-Loop-A-Guide-to-Safer-Ambulatory-Referrals.aspx'		
Reference	Reference Type: CITATION Reference Text: 'Odisho, A. Y., Lui, H., Yerramsetty, R., Bautista, F., Gleason, N., Martin, E., Young, J. J., Blum, M., & Neinstein, A. B. (2020). Design and development of referrals automation, a SMART on FHIR solution to improve patient access to specialty care. JAMIA open, 3(3), 405–412. https://doi.org/10.1093/jamiaopen/ooaa036'		
Reference	Reference Type: CITATION Reference Text: 'Patel, M. P., Schettini, P., O'Leary, C. P., Bosworth, H. B., Anderson, J. B., & Shah, K. P. (2018). Closing the Referral Loop: an Analysis of Primary Care Referrals to Specialists in a Large Health System. Journal of general internal medicine, 33(5), 715–721. https://doi.org/10.1007/s11606-018-4392-z'		
Reference	Reference Type: CITATION Reference Text: 'Ramelson, H., Nederlof, A., Karmiy, S., Neri, P., Kiernan, D., Krishnamurthy, R., Allen, A., & Bates, D. W. (2018). Closing the loop with enhanced referral management system. Journal of the American Medical Informatics Association: JAMIA, 25(6), 715–721. https://doi.org/10.1093/jamia/ocy004'		
Definition	<p>Referral: A request from one clinician to another clinician for evaluation, treatment, or co-management of a patient's condition. This term encompasses referral and consultation as defined by Centers for Medicare & Medicaid Services.</p> <p>Report: A written document prepared by the eligible clinician (and staff) to whom the patient was referred and that accounts for his or her findings, provides summary of care information about findings, diagnostics, assessments and/or plans of care, and is provided to the referring eligible clinician.</p>		
Guidance	<p>The clinician who refers the patient to another clinician is the clinician who should be held accountable for the performance of this measure.</p> <p>Only the first referral made between January 1 – October 31 of the measurement period will be considered for this measure to allow adequate time for the referring clinician to collect the consult report by the end of the measurement period.</p> <p>If there are multiple referrals for a patient during the measurement period, use the first referral.</p> <p>The clinician to whom the patient was referred is responsible for sending the consultant report that will fulfill the communication. Note: this is not the same clinician who would report on the measure.</p> <p>The consultant report that will successfully close the referral loop should be related to the first referral for a patient during the measurement period. If there are multiple consultant reports received by the referring clinician which pertain to a particular referral, use the first consultant report to satisfy the measure. Eligible clinicians reporting on this measure should note that all data for the measurement period is to be submitted by the deadline established by CMS. Therefore, eligible clinicians who refer patients towards the end of the measurement period (i.e., October), should request that clinicians to whom they referred their patients share their consult reports as soon as possible in order for those patients to be counted in the measure numerator during the measurement period. When clinicians to whom patients are referred communicate the consult report as soon as possible with the referring clinician, it ensures that the communication loop is closed in a timely manner and that the data are included in the submission to CMS.</p> <p>This eCQM is a patient-based measure.</p> <p>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.</p>		
Transmission Format	TBD		
Initial Population	Number of patients, regardless of age, who had an encounter during the measurement period and were referred by one clinician to another clinician on or before October 31		
Denominator	Equals Initial Population		
Denominator Exclusions	None		
Numerator	Number of patients with a referral on or before October 31, for which the referring clinician received a report from the clinician to whom the patient was referred		
Numerator Exclusions	Not Applicable		
Denominator Exceptions	None		
Supplemental Data Elements	For every patient evaluated by this measure also identify payer, race, ethnicity and sex		

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Population Criteria

Initial Population

(("Has Encounter during Measurement Period"
or "Has Intervention during Measurement Period"
)
and "First Referral during First 10 Months of Measurement Period" is not null

Denominator

"Initial Population"

Denominator Exclusions

None

Numerator

"Referring Clinician Receives Consultant Report to Close Referral Loop"

Numerator Exclusions

None

Denominator Exceptions

None

Stratification

None

Definitions

Denominator

"Initial Population"

First Referral during First 10 Months of Measurement Period

```

First(((Intervention, Performed): "Referral") ReferralPerform
where Global."NormalizeInterval"(ReferralPerform.relevantDatetime, ReferralPerform.relevantPeriod) ends during day of Interval[start of "Measurement Period", Date(year from start of "Measurement Period", 10, 31)]
return {
  identification: ReferralPerform.id,
  dateIntervention:
end of Global."NormalizeInterval"(ReferralPerform.relevantDatetime, ReferralPerform.relevantPeriod)
})
(Intervention, Performed): "Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)"
})
union((Intervention, Order): "Referral") ReferralOrder
where ReferralOrder.authorDatetime during day of Interval[start of "Measurement Period", Date(year from start of "Measurement Period", 10, 31)]
return {
  identification: ReferralOrder.id,
  dateIntervention: ReferralOrder.authorDatetime
}) ReferralInterventions
sort by dateIntervention ascending

```

Has Encounter during Measurement Period

```

exists ( ( ("Encounter, Performed": "Office Visit")
union ["Encounter, Performed": "Ophthalmological Services"]
union ["Encounter, Performed": "Preventive Care Services Established Office Visit, 18 and Up"]
union ["Encounter, Performed": "Preventive Care Services, Initial Office Visit, 0 to 17"]
union ["Encounter, Performed": "Preventive Care Services, Initial Office Visit, 18 and Up"]
union ["Encounter, Performed": "Preventive Care, Established Office Visit, 0 to 17"] ) Encounter
where Encounter.relevantPeriod during day of "Measurement Period"
)

```

Has Intervention during Measurement Period

```

exists ( ( ("Intervention, Performed": "Behavioral/Neuropsych Assessment")
union ["Intervention, Performed": "Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)"]
union ["Intervention, Performed": "Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes"]
union ["Intervention, Performed": "Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes"]
union ["Intervention, Performed": "Psychotherapy for crisis, first 60 minutes"]
union ["Intervention, Performed": "Psych Visit Diagnostic Evaluation"]
union ["Intervention, Performed": "Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour"] ) Intervention
where Global."NormalizeInterval"( Intervention.relevantDatetime, Intervention.relevantPeriod ) during day of "Measurement Period"
)

```

Initial Population

(("Has Encounter during Measurement Period"
or "Has Intervention during Measurement Period"
)
and "First Referral during First 10 Months of Measurement Period" is not null

Numerator

"Referring Clinician Receives Consultant Report to Close Referral Loop"

Referring Clinician Receives Consultant Report to Close Referral Loop

```

exists ( ("Communication, Performed": "Consultant Report") ConsultantReportCommunicated
with "First Referral during First 10 Months of Measurement Period" FirstReferral
such that FirstReferral.identification in ConsultantReportCommunicated.relatedTo
and ConsultantReportCommunicated.receivedDatetime after FirstReferral.dateIntervention
and ConsultantReportCommunicated.receivedDatetime during day of "Measurement Period"
)

```

SDE Ethnicity

["Patient Characteristic Ethnicity": "Ethnicity"]

SDE Payer

["Patient Characteristic Payer": "Payer Type"]

SDE Race

["Patient Characteristic Race": "Race"]

SDE Sex

["Patient Characteristic Sex": "ONC Administrative Sex"]

Functions

Global.NormalizeInterval(pointInTime DateTime, period Interval<DateTime>)

```

If pointInTime is not null then Interval[pointInTime, pointInTime]
else if period is not null then period
else null as Interval<DateTime>

```

Terminology

- code "Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour" (CPT Code 96112)
- code "Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)" (CPT Code 96156)
- code "Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes" (CPT Code 96136)
- code "Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes" (CPT Code 96138)
- code "Psychotherapy for crisis; first 60 minutes" (CPT Code 90839)
- valueSet "Behavioral/Neuropsych Assessment" (2.16.840.1.113883.3.526.3.1023)
- valueSet "Consultant Report" (2.16.840.1.113883.3.464.1003.121.12.1006)
- valueSet "Ethnicity" (2.16.840.1.114222.4.11.837)
- valueSet "Office Visit" (2.16.840.1.113883.3.464.1003.101.12.1001)
- valueSet "ONC Administrative Sex" (2.16.840.1.113762.1.4.1)
- valueSet "Ophthalmological Services" (2.16.840.1.113883.3.526.3.1285)
- valueSet "Payer Type" (2.16.840.1.114222.4.11.3591)
- valueSet "Preventive Care Services Established Office Visit, 18 and Up" (2.16.840.1.113883.3.464.1003.101.12.1025)
- valueSet "Preventive Care Services, Initial Office Visit, 18 and Up" (2.16.840.1.113883.3.464.1003.101.12.1023)
- valueSet "Preventive Care Services, Initial Office Visit, 0 to 17" (2.16.840.1.113883.3.464.1003.101.12.1029)
- valueSet "Preventive Care, Established Office Visit, 0 to 17" (2.16.840.1.113883.3.464.1003.101.12.1024)
- valueSet "Psych Visit Diagnostic Evaluation" (2.16.840.1.113883.3.526.3.1492)
- valueSet "Race" (2.16.840.1.114222.4.11.836)
- valueSet "Referral" (2.16.840.1.113883.3.464.1003.101.12.1046)

Data Criteria (QDM Data Elements)

- "Communication, Performed: Consultant Report" using "Consultant Report (2.16.840.1.113883.3.464.1003.121.12.1006)"
- "Encounter, Performed: Office Visit" using "Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001)"
- "Encounter, Performed: Ophthalmological Services" using "Ophthalmological Services (2.16.840.1.113883.3.526.3.1285)"
- "Encounter, Performed: Preventive Care Services Established Office Visit, 18 and Up" using "Preventive Care Services Established Office Visit, 18 and Up (2.16.840.1.113883.3.464.1003.101.12.1025)"
- "Encounter, Performed: Preventive Care Services, Initial Office Visit, 18 and Up" using "Preventive Care Services Initial Office Visit, 18 and Up (2.16.840.1.113883.3.464.1003.101.12.1029)"
- "Encounter, Performed: Preventive Care Services, Initial Office Visit, 0 to 17" using "Preventive Care Services, Initial Office Visit, 0 to 17 (2.16.840.1.113883.3.464.1003.101.12.1024)"
- "Encounter, Performed: Preventive Care, Established Office Visit, 0 to 17" using "Preventive Care, Established Office Visit, 0 to 17 (2.16.840.1.113883.3.464.1003.101.12.1022)"
- "Intervention, Order: Referral" using "Referral (2.16.840.1.113883.3.464.1003.101.12.1046)"
- "Intervention, Performed: Behavioral/Neuropsych Assessment" using "Behavioral/Neuropsych Assessment (2.16.840.1.113883.3.526.3.1023)"
- "Intervention, Performed: Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour" using "Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour (2.16.840.1.113883.3.526.3.1492)"
- "Intervention, Performed: Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)" using "Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)" (CPT Code 96156)
- "Intervention, Performed: Psych Visit Diagnostic Evaluation" using "Psych Visit Diagnostic Evaluation (2.16.840.1.113883.3.526.3.1492)"
- "Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes" using "Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes" (CPT Code 96136)
- "Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes" using "Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes" (CPT Code 96138)
- "Intervention, Performed: Psychotherapy for crisis; first 60 minutes" using "Psychotherapy for crisis; first 60 minutes" (CPT Code 90839)
- "Intervention, Performed: Referral" using "Referral (2.16.840.1.113883.3.464.1003.101.12.1046)"
- "Patient Characteristic Ethnicity: Ethnicity" using "Ethnicity (2.16.840.1.114222.4.11.837)"
- "Patient Characteristic Payer: Payer Type" using "Payer Type (2.16.840.1.114222.4.11.3591)"
- "Patient Characteristic Race: Race" using "Race (2.16.840.1.114222.4.11.836)"
- "Patient Characteristic Sex: ONC Administrative Sex" using "ONC Administrative Sex (2.16.840.1.113762.1.4.1)"

Supplemental Data Elements

SDE Ethnicity

["Patient Characteristic Ethnicity": "Ethnicity"]

SDE Payer

["Patient Characteristic Payer": "Payer Type"]

SDE Race

["Patient Characteristic Race": "Race"]

SDE Sex

["Patient Characteristic Sex": "ONC Administrative Sex"]

Risk Adjustment Variables

None

Measure Set	Not Applicable
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