



2017 CMS Web Interface

CARE-2 (NQF 0101): Falls: Screening for Future Fall Risk

Measure Steward: NCQA

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INTRODUCTION

There are a total of 15 individual measures (including one composite consisting of two measures) included in the 2017 CMS Web Interface targeting high-cost chronic conditions, preventive care, and patient safety. The measures documents are represented individually and contain measure specific information. The corresponding coding documents are posted separately in an Excel format.

The Measure Documents are being provided to allow group practices and Accountable Care Organizations (ACOs) an opportunity to better understand each of the 15 individual measures included in the 2017 CMS Web Interface data submission method. Each Measure Document contains information necessary to submit data through the CMS Web Interface.

Narrative specifications, supporting submission documentation, and calculation flows are provided within each document. Please review all of the measure documentation in its entirety to ensure complete understanding of these measures.

WEB INTERFACE SAMPLING INFORMATION**BENEFICIARY SAMPLING**

For more information on the sampling process and methodology please refer to the *2017 Web Interface Sampling Document*, available at CMS.gov.

NARRATIVE MEASURE SPECIFICATION**DESCRIPTION:**

Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period

IMPROVEMENT NOTATION:

Higher score indicates better quality

INITIAL POPULATION:

Patients aged 65 years and older with a visit during the measurement period

DENOMINATOR:

Equals Initial Population

DENOMINATOR EXCLUSIONS:

None

DENOMINATOR EXCEPTIONS:

Documentation of medical reason(s) for not screening for fall risk (eg, patient is not ambulatory)

NUMERATOR:

Patients who were screened for future fall risk at least once within the measurement period

NUMERATOR EXCLUSIONS:

Not Applicable

DEFINITIONS:

Screening for Future Fall Risk: Assessment of whether an individual has experienced a fall or problems with gait or balance. A specific screening tool is not required for this measure, however potential screening tools include the Morse Fall Scale and the timed Get-Up-And-Go test.

Fall: A sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of sudden onset of paralysis, epileptic seizure, or overwhelming external force.

GUIDANCE:

None

SUBMISSION GUIDANCE

DENOMINATOR CONFIRMATION

- Determine if the patient is qualified for the measure.
 - If you are able to confirm the patient is qualified for the measure select "Yes"
- OR
- If there is an "other" CMS approved reason for patient disqualification from the measure select "No - Other CMS Approved Reason"

Guidance Denominator

CMS Approved Reason may only be selected when approved by CMS. To request a CMS Approved Reason, you would need to provide the patient rank, measure, and reason for request in a Quality Payment Program Service Desk inquiry. A CMS decision will be provided in the resolution of the inquiry. Patients for whom a CMS Approved Reason is selected will be "skipped" and another patient must be reported in their place, if available.

By selecting "No - Other CMS Approved Reason", the patient is only removed from the measure for which the reason was requested, not all Web Interface measures.

SUBMISSION GUIDANCE

NUMERATOR REPORTING

- Determine if patient was screened for future fall risk at least once during the measurement period

- If patient was not screened for future fall risk select "No"

OR

- If the patient was not screened for future fall risk for a medical reason select "[No - Denominator Exception – Medical Reasons](#)"

OR

- If patient was screened for future fall risk select "Yes"

Numerator and Denominator Exception codes can be found in the 2017 Web Interface CARE Coding Document. The Downloadable Resource Mapping Table can be located in Appendix II of this document.

Guidance Numerator

NOTE:

- *A clinician with appropriate skills and experience may perform the screening*
 - *Setting of screening is not restricted to an office setting*
 - *Documentation of no falls is sufficient*
 - *Medical record must include documentation of screening performed*
 - *Any history of falls screening during the measurement period is acceptable as meeting the intent of the measure*
 - *A gait or balance assessment meets the intent of the measure*
 - *Screening for future fall risk may be completed during a telehealth encounter*
 - *Denominator Exception, count as non-ambulatory only if non-ambulatory at the most recent encounter during the measurement period*
-

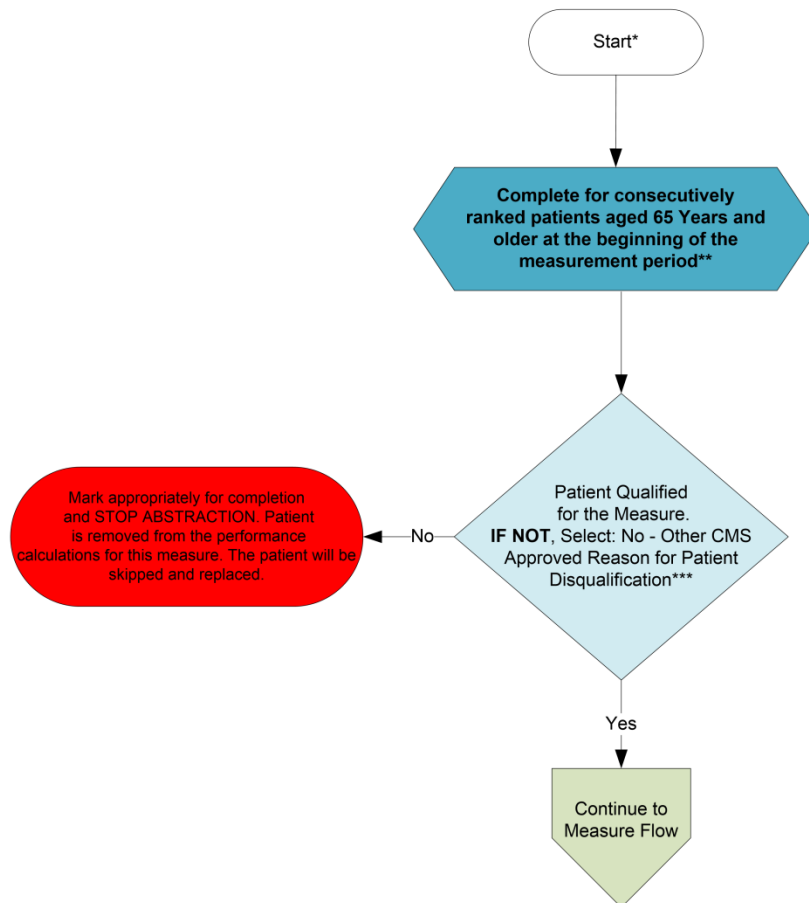
DOCUMENTATION REQUIREMENTS

When submitting data through the CMS Web Interface, the expectation is that medical record documentation is available that supports the action reported in the Web Interface i.e., medical record documentation is necessary to support the information that has been submitted.

Appendix I: Performance Calculation Flow

Measure Confirmation Flow for Care-2

For 2017, measure specific reasons a patient is "Not Confirmed" or excluded for "Denominator Exclusion" or "Other CMS Approved Reason" will need to be done for each measure where the patient appears.



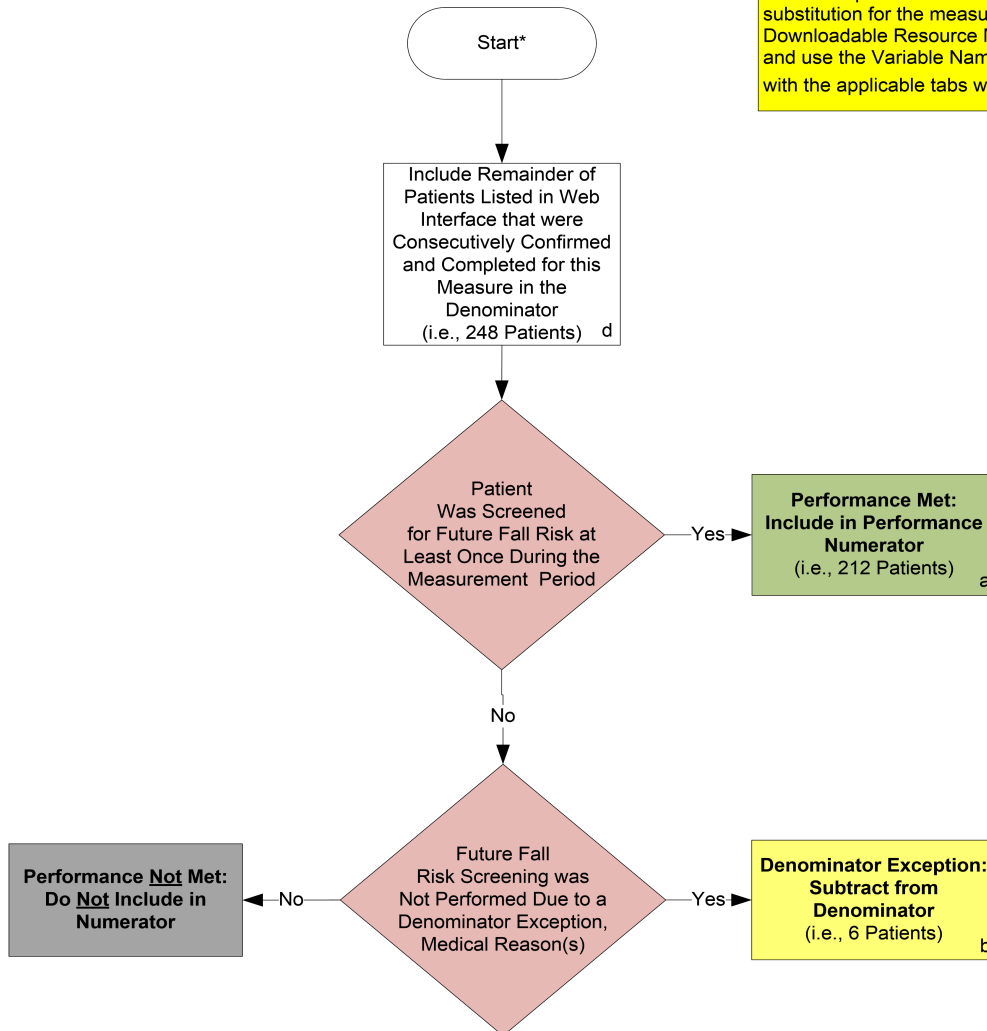
*See the Measure Reporting Document for further instructions to report this measure

**Further information regarding patient selection for specific disease and patient care measures can be found in the Web Interface Sampling Methodology Document. For patients who have the incorrect date of birth listed, a change of the patient date of birth by the abstractor may result in the patient no longer qualifying for the CARE-2 measure. If this is the case, the system will automatically remove the patient from the measure requirements.

****"Other CMS Approved Reason" may only be selected if you have received an approval from CMS in the resolution of a requested Quality Payment Program Service Desk Inquiry at qpp.com.hhs.gov

Measure Flow for CARE-2

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used as a substitution for the measure specification. For Downloadable Resource Mapping Table, go to Appendix II and use the Variable Names located in the appendix along with the applicable tabs within the CARE Coding Document.



SAMPLE CALCULATION:

Performance Rate=

$$\frac{\text{Performance Met (a=212 Patients)}}{\text{Denominator (d=248 Patients) - Denominator Exception (b=6 Patients)}} = \frac{212 \text{ Patients}}{248 \text{ Patients}} = 87.60\%$$

CALCULATION MAY CHANGE PENDING PERFORMANCE MET ABOVE

*See the Measure Reporting Document for further instructions to report this measure

Patient Confirmation Flow

For 2017, confirmation of the "Medical Record Found", or indicating the patient is "Not Qualified for Sample" with a reason of "In Hospice", "Moved out of Country", "Deceased", or "HMO Enrollment", will only need to be done **once** per patient. Refer to the Measure Reporting Document for further instructions.

1. Start Patient Confirmation Flow.
2. Check to determine if Medical Record can be found.
 - a. If no, Medical Record not found, mark appropriately for completion and stop abstraction. This removes the patient from the beneficiary sample for all measures. The patient will be skipped and replaced. Stop processing.
 - b. If yes, Medical Record found, continue processing.
3. Check to determine if Patient Qualified for the sample.
 - a. If no, the patient does not qualify for the sample, select the reason why and enter the date (if date is unknown, enter 12/31/2017) the patient became ineligible for sample. For example; In Hospice, Moved out of Country, Deceased, HMO Enrollment. Mark appropriately for completion and stop abstraction. This removes the patient from the beneficiary sample for all measures. The patient will be skipped and replaced. Stop processing.
 - b. If yes, the patient does qualify for the sample; continue to the Measure Confirmation Flow for CARE-2.

Measure Confirmation Flow for CARE-2

For 2017, measure specific reasons a patient is “Not Confirmed” or excluded for “Denominator Exclusion” or “Other CMS Approved Reason” will need to be done for each measure where the patient appears. Refer to the Measure Reporting Document for further instructions.

1. Start Measure Confirmation Flow for CARE-2. Complete for consecutively ranked patients aged 65 years and older at the beginning of the measurement period. Further information regarding patient selection for specific disease and patient care measures can be found in the Web Interface Sampling Methodology Document. For patients who have the incorrect date of birth listed, a change of the patient date of birth by the abstractor may result in the patient no longer qualifying for the CARE-2 measure. If this is the case, the system will automatically remove the patient from the measure requirements.
2. Check to determine if the patient qualifies for the measure (Other CMS Approved Reason).
 - a. If no, the patient does not qualify for the measure select: No – Other CMS Approved Reason for patient disqualification. Mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this measure. The patient will be skipped and replaced. “Other CMS Approved Reason” may only be selected by if you have received an approval from CMS in the resolution of a requested Quality Payment Program Service Desk Inquiry at [QPP Service Desk Email](#). Stop processing.
 - b. If yes, the patient does qualify for the measure, continue to the CARE-2 measure flow.

Measure Flow for CARE-2

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used as a substitution for the measure specifications. For Downloadable Resource Mapping Table, go to Appendix II and use the Variable Names located in the appendix along with the applicable tabs within the CARE Coding Document.

1. Start processing 2017 CARE-2 (NQF 0101) Flow for the patients that qualified for sample in the Patient Confirmation Flow and the Measure Confirmation Flow for Care-2. Note: Include remainder of patients listed in the Web Interface that were consecutively confirmed and completed for this measure in the denominator. For the sample calculation in the flow these patients would fall into the 'd' category (eligible denominator, i.e. 248 patients).
2. Check to determine if the patient was screened for future fall risk at least once during the measurement period.
 - a. If no, the patient was not screened for future fall risk at least once during the measurement period, continue processing.
 - b. If yes, the patient was screened for future fall risk at least once during the measurement period, performance is met and the patient will be included in the numerator. For the sample calculation in the flow these patients would fall into the 'a' category (numerator, i.e. 212 patients). Stop processing.
3. Check to determine if the patient was not screened for future fall risk at least once during the measurement period for a denominator exception, medical reason (s).
 - a. If no, the patient was not screened for future fall risk at least once during the measurement period for a denominator exception, medical reason(s), performance is not met and should not be included in the numerator. Stop processing.
 - b. If yes, the patient was not screened for future fall risk at least once during the measurement period for a denominator exception, medical reason(s), this is a denominator exception and the case should be subtracted from the denominator. For the sample calculation in the flow these patients would fall into the 'b' category (denominator exception, i.e. 6 patients). Stop processing.

Sample Calculation

Performance Rate Equals

Performance Met is category 'a' in the measure flow (212 patients)

Denominator Exception is category 'b' in measure flow (6 patients)

Denominator is category 'd' in measure flow (248 patients)

212 (Performance Met) divided by 242 (Denominator minus Denominator Exception) equals a performance rate of 87.60 percent

Calculation May Change Pending Performance Met

Appendix II: Downloadable Resource Mapping Table

Each data element within this measure's denominator or numerator is defined as a pre-determined set of clinical codes. These codes can be found in the 2017 Web Interface CARE Coding Document.

*CARE-2: Falls: Screening for Future Fall Risk			
Measure Component/Excel Tab	Data Element	Variable Name	Coding System(s)
Numerator/Numerator Codes	Falls Screening	FALLS_SCREEN_CODE	LN SNM
Denominator Exception/ Denominator Exception Codes	Exception	NOT_AMBULATORY_CODE	SNM
		MEDICAL_REASON	SNM

**For EHR mapping, the coding within CARE-2 is considered to be all inclusive*

Appendix III: Measure Rationale and Clinical Recommendation Statements

RATIONALE:

As the leading cause of both fatal and nonfatal injuries for older adults, falls are one of the most common and significant health issues facing people aged 65 years or older (Schneider, Shubert and Harmon 2010).

Moreover, the rate of falls increases with age (Dykes et al. 2010). Older adults are five times more likely to be hospitalized for fall-related injuries than any other cause-related injury. It is estimated that one in every three adults over 65 will fall each year (Centers for Disease Control and Prevention 2015). In those over age 80, the rate of falls increases to fifty percent (Doherty et al. 2009). Falls are also associated with substantial cost and resource use, approaching \$30,000 per fall hospitalization (Woolcott et al. 2011). Identifying at-risk patients is the most important part of management, as applying preventive measures in this vulnerable population can have a profound effect on public health (al-Aama 2011). Family physicians have a pivotal role in screening older patients for risk of falls, and applying preventive strategies for patients at risk (al-Aama 2011).

CLINICAL RECOMMENDATION STATEMENTS:

All other persons who are under the care of a health professional (or their caregivers) should be asked at least once a year about falls. (AGS/BGS/AAOS)

Older persons who present for medical attention because of a fall, report recurrent falls in the past year, or demonstrate abnormalities of gait and/or balance should have a fall evaluation performed. This evaluation should be performed by a clinician with appropriate skills and experience, which may necessitate referral to a specialist (eg, geriatrician). (AGS/DGS/AAOS)

Older people in contact with health care professionals should be asked routinely whether they have fallen in the past year and asked about the frequency, context, and characteristics of the falls. (NICE) (Grade C)

Older people reporting a fall or considered at risk of falling should be observed for balance and gait deficits and considered for their ability to benefit from interventions to improve strength and balance. (NICE) (Grade C)

Appendix IV: Use Notices, Copyrights, and Disclaimers

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