Overall Performance for Screening for Osteoporosis Measure 2018 to 2019

CyncHealth

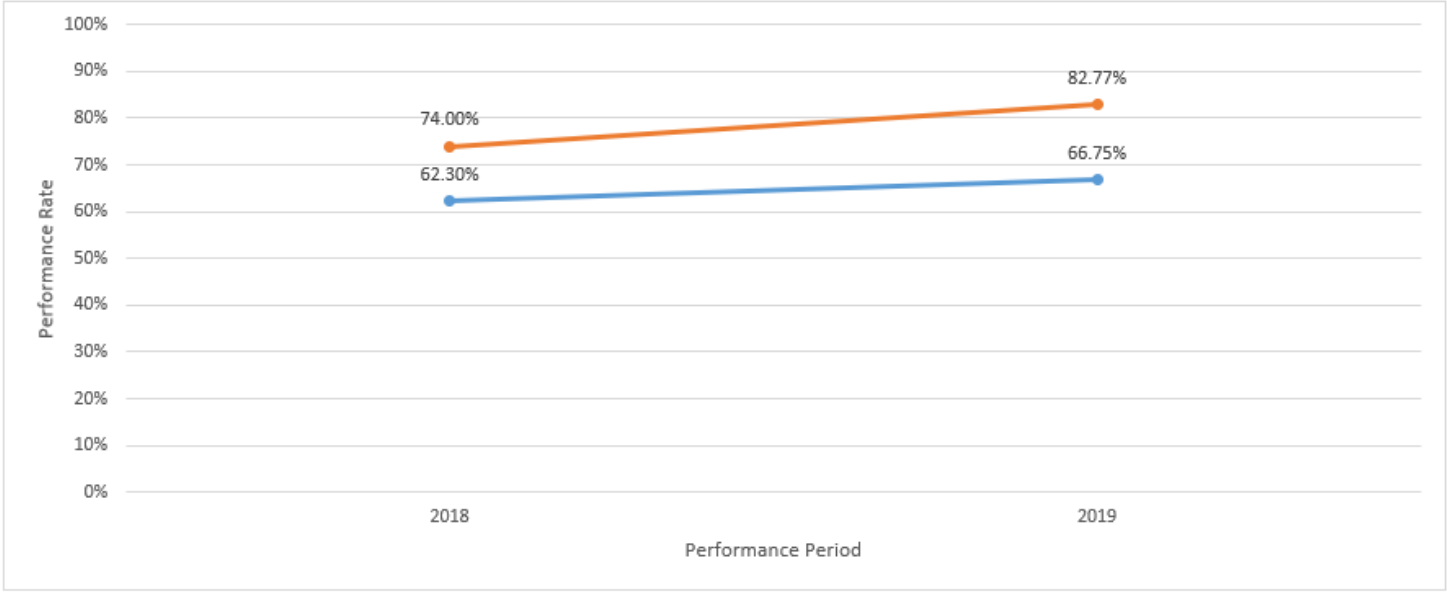
Data Source: (All)

Performance Period: 2018 — 2019

Clinical Data only

Claims & Clinical Data

Graph illustrates comparison between 2018 and 2019 overall Performance rates based on Clinical Data only and Claims and Clinical Data (62.3% to 74% in 2018) and (66.75% to 82.77% in 2019)



		Clinical Data Only			Claims & Clinical Data		
Measure	Performance Period	Denominator	Numerator	Performance Rate	Denominator	Numerator	Performance Rate
Screening for Osteoporosis	1/1/2018	923	575	62.30%	923	683	74.00%
	1/1/2019	824	550	66.75%	824	682	82.77%

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Data Source

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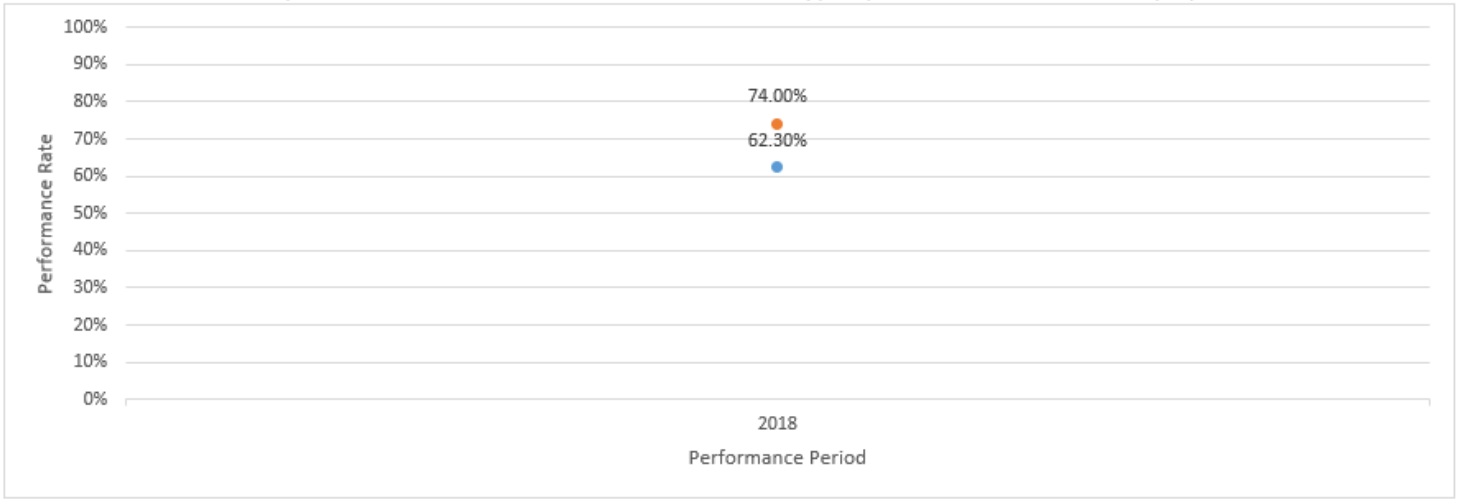
Graph illustrates 2018 overall Performance rates based on Clinical Data only (62.3%) and based on Claims and Clinical data (74%)



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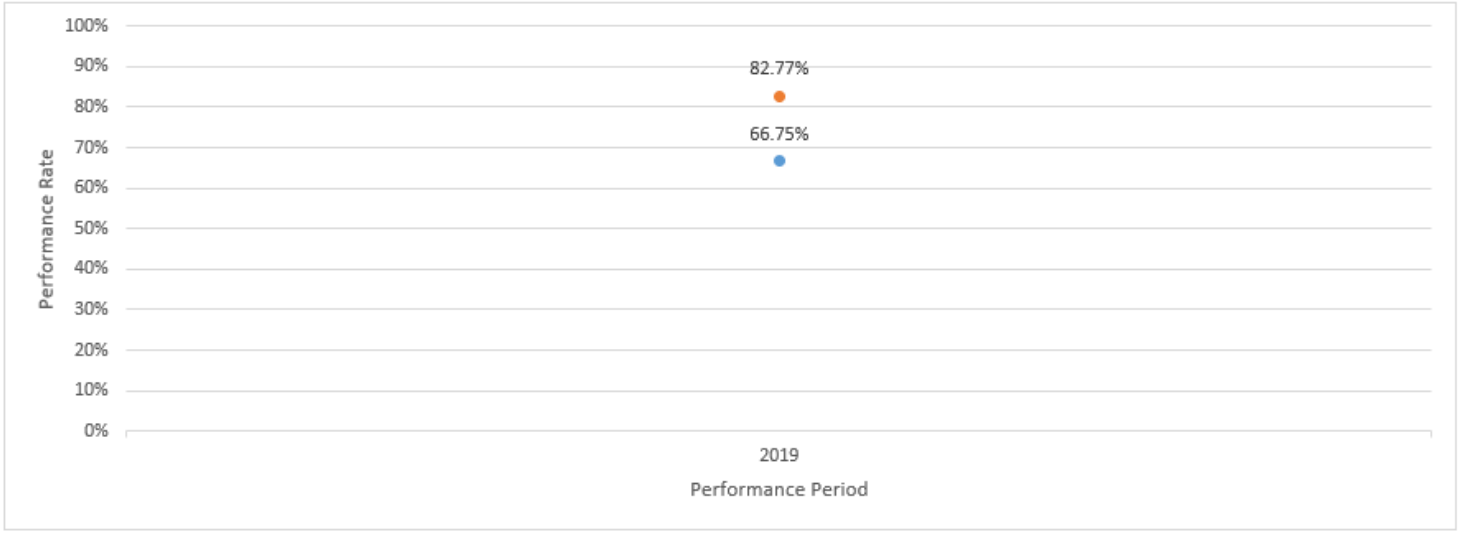

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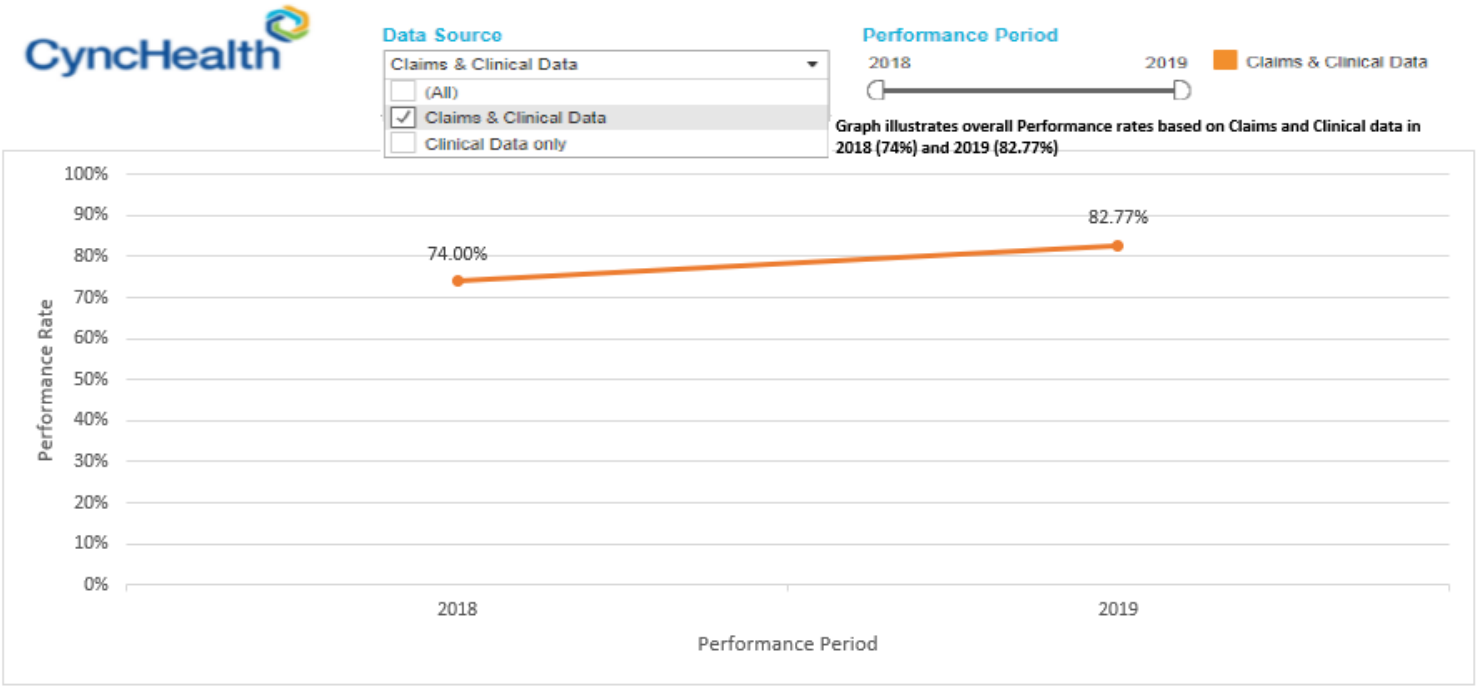

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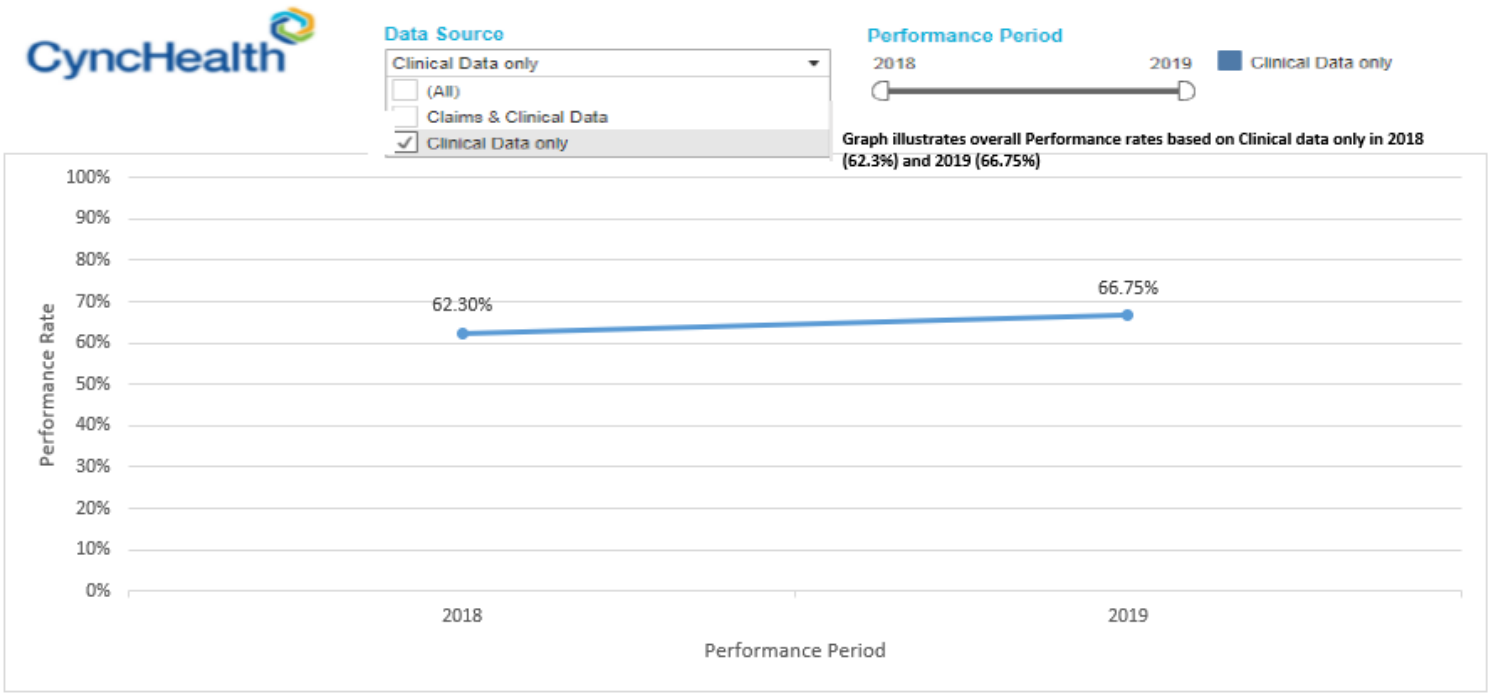

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About CyncHealth

CyncHealth is a 501(c)3 non-profit organization with a public/private governance model that includes health care providers, payers, and the states of Nebraska and Iowa. CyncHealth is a Health Information Exchange and a Qualified Clinical Data Registry (QCDR) designed to share clinical and administrative data among participating providers and measure their performance. CyncHealth's purpose is to achieve health care transformation through community betterment collaboration while protecting the security and privacy of medical information.

Our mission is to bring trust and value to health information technology by creating solutions for moving health data forward.

The Qualified Entity Program

To further our purpose and mission CyncHealth became a "quasi-qualified entity" in the Medicare Data Sharing for Performance Measure Program (QE Program). Being selected by the Centers for Medicare & Medicaid Services (CMS) as a Quasi-QE allows CyncHealth to receive standardized extracts of Medicare Claims data under parts A, B and D. As a Quasi-QE CyncHealth can combine that claims data with clinical data to generate reports that give insights to how providers and health systems participating in CyncHealth's QCDR are performing.

Measure Collection Rationale

What is Measured

Measurement was completed following the specifications of National Quality Forum (NQF) Measure 0046 and Quality ID #39 (Appendix A) for MIPS reporting-Screening for Osteoporosis for Women Aged 65-85 Years of Age. The measure determines the number of eligible women who ever received a dual-energy x-ray absorptiometry (DXA) test to check for osteoporosis.

Why it's Important

According to the National Osteoporosis Foundation, about 54 million Americans have osteoporosis or low bone density which puts them at risk for the disease. Osteoporotic fractures, particularly hip fractures, are associated with limitation of ambulation, chronic pain and disability, loss of independence, and decreased quality of life. Prevalence and prevention burdens are likely to impact the aging population and 21% to 30% of patients who experience a hip fracture die within one year (1).

The U.S. Preventative Services Task Force (USPSTF) found convincing evidence that bone measurement tests are accurate for predicting osteoporotic fractures.

What Data Was Utilized

The geographic coverage area of CyncHealth's data includes providers from both Nebraska and Iowa. This public report utilized the clinical information from 12 providers of a general medical and surgical facility participating in CyncHealth's QCDR. The clinical information was combined with Medicare medical claims data to determine the percentage of women screened for osteoporosis.

How the Measure Calculated

The calculations were done following the Quality ID #039 specifications. The denominator was determined from all women eligible in the medical practice to be of age to need a screening with the removal of those that met the exclusion criteria of having a diagnosis of osteoporosis or being in hospice services. The numerator was then found from all the eligible women who did have documented results of a DXA test (met) and those that did not without a reason given (unmet). The percentage rate successful (met) was then calculated.

Results

What the Data Revealed

Data was collected and reported for 2018 and 2019, and showed both performance for clinical data, as well as clinical and claims data for comparison. In 2018, the numerator was 575 for the clinical data, and 683 for the claims and clinical data. The denominator was 923 for both sets of data. Performance rates in 2018 were reported at 62.30% for the clinical only data, and 74% for the claims and clinical data.

In 2019 the numerator was 550 for the clinical data, and 682 for the claims and clinical data. The denominator was 824 for both sets of data. Performance rates in 2019 were reported at 66.75% for the clinical only data, and 82.77% for the claims and clinical data.

Performance increased when clinical data were combined with claims data. This is caused since claims data augments the clinical data by capturing services that may have been performed outside of the participating facility, thereby providing a more complete picture of what actually happened (e.g., service is referred to another healthcare system due to a lack of capacity to perform the service locally).

Performance Benchmarks

In order to measure performance that is comparable across the spectrum of performance, CMS establishes benchmarks using historical data. During the reporting period, CMS established a quality benchmark of 88.24% or greater to determine high performance in the screening for osteoporosis for women aged 65-85 years of age (2).

(1) Brauer CA, Coca-Perraillon M, Cutler DM, Rosen AB. Incidence and mortality of hip fractures in the United States. JAMA. 2009;302(14):1573-9.

URL: https://pubmed.ncbi.nlm.nih.gov/19826027/

(2) eCQI Resource Center. 2019 EP - 2019 Quality Benchmarks.

URL: https://ecqi.healthit.gov/2019-ep-2019-quality-benchmarks

Explanation of CyncHealth Qualified Entity (QE) Public Reporting Format

NEHII, Inc. (d.b.a. CyncHealth) chose to report ongoing performance to providers and designees of the participating group in an interactive dashboard format. This format was not amenable to public posting due to website constraints. Because of this, CyncHealth has obtained CMS consent to publicly present performance in a PDF format.