ACMG
An Accountable Care Organization

Updated for 2019

Quality Measure Questionnaire

(Note) This is **NOT** a substitute for the Annual Wellness Visit. This is strictly for ACMG's Quality Measure audit.

CONTROLLING HIGH BLOOD PRESSURE

Does the patient have High Blood Pressure? ☐ **YES** ☐ **NO**

When was the last Blood Pressure taken? **Date**: _____ **Result:** _____

☐**EXCLUSION**: If the patient has End Stage Renal Disease (ESRD), dialysis, renal transplant or pregnancy. Please code accordingly.

RISK OF FALLS

Has the patient fallen 2 or more times in the past 12 months? ☐ **YES** ☐ **NO**

If **YES**,

Has the patient been injured in a fall within the past 12 months? ☐ **YES** ☐ **NO**

DIABETES: HBA1C POOR CONTROL

Is the patient diabetic? ☐ **YES** ☐ **NO**

When was the last HbA1c taken? **Date**: _____ **Result:** _____

INFLUENZA VACCINE

Has the patient been vaccinated? ☐ **YES** ☐ **NO**

☐**EXCLUSION**: If the patient is allergic or refused.

DEPRESSION REMISSION AT TWELVE MONTHS

Does the patient have an active diagnosis of Depression? ☐**YES** ☐**NO**

Does the patient have a PHQ-9 done within 2018? ☐**YES** ☐**NO**

If so, was the result below 9? ☐**YES** ☐**NO**

Note: If the result was ABOVE 9, please complete a follow-up PHQ-9 within 30 days.

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SCREENING FOR TOBACCO USE AND CESSATION INTERVENTION

Does the patient smoke? ☐ **YES** ☐ **NO**

If **YES,** how many packs per day? **Result:** _____

Are you interested in quitting? ☐ **YES** ☐ **NO**

If you have quit, how long ago? **Result:** _____

SCREENING FOR DEPRESSION

During the past two weeks, has the patient been bothered by any of the following problems?

Feeling down, depressed, irritable or hopeless? ☐**YES** ☐**NO**

Little interest or pleasure in doing things? ☐**YES** ☐**NO**

If the patient answered **YES** to one or both of the questions, please do a PHQ-9 Assessment and document a follow-up plan.

COLORECTAL CANCER SCREENING

Has the patient had a colorectal cancer screening? ☐**YES** ☐**NO**

If **YES**, which of the following was completed and when?

Fecal Occult Blood Test (FOBT) - *Note, must be within 2019
Flexible Sigmoidoscopy - *Note, must be within 2019
Colonoscopy - *Note, can go as far as from 2010
Computed Tomography (CT) - *Note, can go as far as from 2015
Fecal Immunochemical DNA Test (FIT-DNA) - *Note, can go as far as from 2016

Date: _____

- **EXCLUSION:** Patients who have had a total colectomy or have had a diagnosis of colorectal cancer.

BREAST CANCER SCREENING

Has the patient had a mammogram within the last 27 months? ☐**YES** ☐**NO**

☐ **EXCLUSION:** Women who had bilateral mastectomy or two unilateral mastectomies.

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STATIN THERAPY

Has the patient had any of the following?

Clinical Atherosclerotic Disease (ASCVD)
Acute Coronary Syndromes
History of Myocardial Infarction
Stable or Unstable Angina
Coronary or other arterial revascularization
Stroke or Transient Ischemic Attack (TIA)
Peripheral Arterial Disease of Atherosclerotic Origin

If **YES**, was the patient prescribed a Statin therapy drug? ☐**YES** ☐**NO**

If **NO**, has the patient had a fasting or direct laboratory test result of LDL > 190 mg/dl OR were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia? ☐**YES** ☐**NO**

If **YES**, was the patient prescribed a Statin therapy drug? ☐YES ☐NO

If **NO**, is the patient within ages 40-75 with diabetes type 1 or type 2? ☐YES ☐NO

If **YES**, has the patient had an LDL-C of 70-189 mg/dl within January 1st 2017 through December 31st 2019?

If **YES**, was the patient prescribed a Statin therapy drug? ☐YES ☐NO