# IT-12.19: Osteoporosis: Screening or Therapy for Women Aged 65 Years and Older

| **Measure Title** | **Osteoporosis: Screening or Therapy for Women Aged 65 Years and Older** | | |
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| **Description** | Percentage of female patients aged 65 years and older who had a central dual-energy X-ray absorptiometry (DXA) measurement ordered or performed at least once since age 60 or pharmacologic therapy prescribed within 12 months. | | |
| **NQF Number** | 0046 | | |
| **Measure Steward** | National Committee on Quality Assurance | | |
| **Link to measure citation** | <http://www.qualityforum.org/QPS/0046>  <http://www.qualitymeasures.ahrq.gov/popups/printView.aspx?id=28134> | | |
| **Measure type** | Non Stand-Alone (NSA) | | |
| **Measure status** | P4P | | |
| **DSRIP-specific modifications to Measure Steward’s specification** | None | | |
| **Denominator Description** | All female patients aged 65 years and older. | | |
| **Denominator Inclusions** | The Measure Steward does not identify specific denominator inclusions beyond what is described in the denominator description. | | |
| **Denominator Exclusions** | Exclude patients for whom central DXA measurement was not ordered or performed and pharmacologic therapy was not prescribed by reason of appropriate denominator exception, including:   * Documentation of medical reason(s) for not ordering or performing a central DXA measurement or not prescribing pharmacologic therapy * Documentation of patient reason(s) for not ordering or performing a central DXA measurement or not prescribing pharmacologic therapy * Documentation of system reason(s) for not ordering or performing a central DXA measurement or not prescribing pharmacologic therapy | | |
| **Denominator Size** | Providers must report a minimum of 30 cases per measure during a 12-month measurement period (15 cases for a 6-month measurement period)   * For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 75, providers must report on all cases. No sampling is allowed. * For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 380 but greater than 75, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of not less than 76 cases. * For a measurement period (either 6 or 12-months) where the denominator size is greater than 380, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of cases that is not less than 20% of all cases; however, providers may cap the total sample size at 300 cases. | | |
| **Numerator Description** | Patients who had a central dual-energy X-ray absorptiometry (DXA) measurement ordered or performed at least once since age 60 or pharmacologic therapy\* prescribed\*\* within 12 months  \*Pharmacologic Therapy: U.S. Food and Drug Administration approved pharmacologic options for osteoporosis prevention and/or treatment of postmenopausal osteoporosis include, in alphabetical order: bisphosphonates (alendronate, ibandronate, and risedronate), calcitonin, estrogens (estrogens and/or hormone therapy), parathyroid hormone [PTH (1-34), teriparatide], and selective estrogen receptor modules or SERMs (raloxifene).  \*\*Prescribed: Includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter | | |
| **Numerator Inclusions** | The Measure Steward does not identify specific numerator inclusions beyond what is described in the numerator description. | | |
| **Numerator Exclusions** | The Measure Steward does not identify specific numerator exclusions beyond what is described in the numerator description. | | |
| **Setting** | Ambulatory | | |
| **Data Source** | * Administrative claims * Clinical data * Electronic Health Records | | |
| **Denominator Sub-set Definition (Optional)** | Providers have the option to further narrow the denominator population for this measure across one or more of the following domains. If providers wish to use this option, they must indicate their preference to HHSC through the measure selection process.  **Payer:** Providers may define the denominator population such that it is limited to one of the following options:   1. Medicaid 2. Uninsured/Indigent 3. Both: Medicaid and Uninsured/Indigent   **Gender:** Providers may define the denominator population such that it is limited to one of the following options:   1. Male 2. Female   **Ethnicity:** Providers may define the denominator population such that it is limited to one of the following options:   1. White/Caucasian 2. Black/African American 3. Latino/Hispanic 4. Asian 5. American Indian/Alaskan Native 6. Native Hawaiian/Other Pacific Islander   **Age:** Providers may define the denominator population such that it is limited to an age range:  Lower Bound: \_\_\_\_ (Provider defined)  Upper Bound: \_\_\_\_ (Provider defined)  **Comorbid Condition:** Providers may define the denominator population such that it is limited to individuals with one or more comorbid conditions:  Comorbid condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Provider defined)  **Setting/Location:** Providers may define the denominator population such that it is limited to individuals receiving services in a specific setting or service delivery location(s).  Service Setting/Delivery Location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Provider defined) | | |
| **Demonstration Years** | **DY3**  **10/01/13 – 09/30/14** | **DY4**  **10/01/14 – 09/30/15** | **DY5**  **10/01/15 – 09/30/16** |
| **Measurement Periods**  *(Note: For P4P measures, DY3 Measurement Period is equivalent to the Baseline Period for purposes of measuring improvement.)* | **Providers must report data for one of the following DY, SFY, or CY time periods:**  12 Month Period:   1. 10/01/13 – 09/30/14, or 2. 09/01/13 – 08/31/14, or 3. 01/01/13 – 12/31/13, or 4. 10/01/12 – 09/30/13, or 5. 09/01/12 – 08/31/13   6 Month Period:   1. 04/01/14 – 09/30/14, or 2. 03/01/13 – 08/31/14, or 3. 01/01/13 – 06/30/13, or 4. 07/01/13 – 12/31/13   Other: Providers specify/propose an alternative 6 or 12 month time period to be reviewed and approved by HHSC. | **Providers must report data across a 12-month time period that meets the following parameters:**  1. Start date: The start date for the reporting period must occur after the provider’s DY3 Measurement Period.  2. End date: The end date for the reporting period must occur on or before 09/30/15. | **Providers must report data across a 12-month time period that meets the following parameters:**  1. Start date: The start date for the reporting period must occur after the provider’s DY4 Measurement Period.  2. End date: The end date for the reporting period must occur on or before 09/30/16. |
| **Reporting Opportunities to HHSC** | 10/31/2014 | 4/30/2015  10/31/2015 | 4/30/2016  10/31/2016 |
| **Pay for Performance Target Methodology**  *(Note: See DSRIP Category 3 Companion Document for detailed P4P target methodology descriptions pertaining to (1) QISMC methodology, and (2) Improvement Over Self methodology.)* | Not Applicable | QISMC | QISMC |
| **Pay for Performance QISMC Benchmark Definition** | Not Applicable | National Program | National Program |
| **Pay for Performance QISMC Benchmark Source** | Not Applicable | CMS Physician Quality Reporting Initiative | CMS Physician Quality Reporting Initiative |
| **Pay for Performance QISMC High Performance Level Definition** | Not Applicable | 90th percentile | 90th percentile |
| **Pay for Performance QISMC High Performance Level Value** | Not Applicable | 72.55% | 72.55% |
| **Pay for Performance QISMC Minimum Performance Level Definition** | Not Applicable | 25th percentile | 25th percentile |
| **Pay for Performance QISMC Minimum Performance Level Value** | Not Applicable | 7.81% | 7.81% |