E D Episode Quality Improvement Program

Quality Measures Overview





Quality Measures

All EQIP episodes are subject to three quality measures, regardless of clinical episode category or clinical specialty area. The EQIP quality measures are:

Up to date in MIPS and applicable at the individual physician level.

Measurable using claims (i.e., no submission requirements for EQIP Entities).

High-priority and outcomes-based (endorsed by MIPS or the National Quality Forum).

Agnostic to clinical episode category or specialty area.

Aligned with the Maryland Statewide Integrated Health Improvement Strategy.





What are the Quality Measures?

Advance Care Plan

NQF #326

 Percentage of patients (65 or older) who have an advance care plan (ACP) or surrogate decision maker documented in the medical record OR documentation in the medical record that an ACP was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an ACP

Documentation of Current Medications in the Medical Record

NQF #419

 Percentage of visits for patients 18 years and older for which a clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter

Body Mass Index (BMI) Screening and Follow Up Plan

MIPS #128

• Percentage of patients, 18 years and older, with a documented BMI during the encounter or during the previous 12 months **and** when the BMI is outside of normal parameters, a follow-up plan was documented during the encounter or during the 12 months preceding the encounter



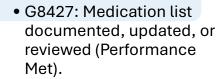


Submission Codes for QMs

Advance Care Plan

- 1123F: An advance care plan or a surrogate decision maker is documented in the medical record.
- 1124F: An advance care plan was discussed but patient did not wish or was not able to provide an advanced care plan or a surrogate decision maker.

Documentation of Current Medications in the Medical Record



- G8430: Patient not eligible (e.g., emergent situation) (Denominator Exception).
- G8428: Medication list not documented, reason not given (Performance Not Met).

Body Mass Index and Follow Up Plan

- G8420: BMI within normal range, no follow-up needed (Performance Met).
- G8417: BMI above normal, follow-up documented (Performance Met).
- G8418: BMI below normal, follow-up documented (Performance Met).
- G2181: BMI not documented due to patient refusal or medical reasons (Exceptions/Non-Compliance)
- G8419: BMI outside normal range, no follow-up documented, no reason given (Exceptions/Non-Compliance).





Quality Scoring

Measurement of Quality

- It will be assessed if the three measures were performed by any physician within 364 days before the end of an episode
 - Physicians only need to bill these quality measures once to get credit

Composite Quality Score Calculation

- Each quality metric is worth 10 points, totaling 30 points for all quality measures
- The score will then be converted to a percentile
 - 28/30 → 93% Quality Score





Want to Learn More?

Visit the full **EQIP Curriculum** to explore comprehensive learning modules and deepen your understanding of Maryland's Episode Quality Improvement Program (EQIP).

