

# Qsource Quality Payment Program Podcast September 2019

## **Improvement Activity: IA\_PSPA\_6 Consultation of the Prescription Drug Monitoring Program**

### **Welcome and Introduction**

Hello and welcome to the Qsource Quality Payment Program podcast. Our topic for today is Improvement Activity IA\_PSPA\_6 Consultation of the Prescription Drug Monitoring Program. At the end of this podcast you will know

- the requirements of the improvement activity and
- what is recommended for documenting for auditing purposes, and
- the instructions to run the reports recommended you retain in either the Tennessee or Alabama prescription drug monitoring programs.

Please note there are links within the transcript for this podcast which you can find on the same website as this podcast.

IA\_PSPA\_6 Consultation of the Prescription Drug Monitoring Program is one improvement activity in which many providers are already participating. It can give providers credit for a process they may already have in place and merely need to review and update.

With this activity you would attest to reviewing the patients' history of controlled substance prescription using state prescription drug monitoring program (PDMP) data prior to the issuance of a Controlled Substance Schedule II (CSII) opioid prescription lasting longer than 3 days.

For the transition year, clinicians attest to 60 percent review of applicable patient's history. For the Quality Payment Program Year 2 and future years, clinicians would attest to 75 percent review of applicable patient's history performance. This would be the consultation of the Tennessee CSMD located at <https://www.tncsmmd.com> in Tennessee. And the consultation of the Alabama PDMP located at <https://alabama.pmpaware.net>. The improvement activity is 15% of your final MIPS score (20% for APM). The required performance period for the Improvement Activities performance category is at least a continuous 90-day period during the reporting period. This improvement activity is a high weighted measure—which means, if you have any of these special status designations: small practice, non-patient facing, rural, or Health Professional Shortage Area (HPSA), the measure is 40 points and meets the total point value needed to obtain 15% in this category for 2019.

Suggested Documentation for the selected continuous 90-day period would be:

- 1) Number of Issuances of CSII Prescription—Total number of issuances of a CSII prescription that lasts longer than three days over the same time period as those consulted; and

- 2) Documentation of Consulting the PDMP (CSMD)—Total number of patients for which there is evidence of consulting the PDMP prior to issuing a CSII prescription (e.g., copies of patient reports created, with the PHI masked).

When participating in the Tennessee CSDM registry this report can be accessed by going to your individual login on the CSMD with your credentials and go to the “Request a Practitioner Self-Lookup” menu item to get the report. Enter the dates you are reporting and save/print a copy for your records to be kept for auditing purposes.

In Alabama the instructions are located in the user manual provided by your state:

<http://www.alabamapublichealth.gov/PDMP/assets/RequestorUserSupportManual.pdf>

Thank you for listening. Qsource is a resource and partner in your participation in the CMS Quality Payment Program. We are committed to providing technical assistance to support your quality improvement and reporting efforts, so you can spend more of your time on patient care.

If you have additional questions or need assistance in completing this process, please contact Qsource at (844) 205-5540 Monday to Friday 8:30am to 5pm (Central Time) or through email at [techassist@qsource.org](mailto:techassist@qsource.org)