

### Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care

*This measure is to be reported for all patients aged 18 years and older with primary open-angle glaucoma (POAG) — a minimum of **once** per reporting period.*

#### Measure description

Percentage of patients aged 18 years and older with a diagnosis of POAG whose glaucoma treatment has not failed<sup>1</sup> (the most recent IOP was reduced by at least 15% from the pre-intervention level) OR if the most recent IOP was not reduced by at least 15% from the pre-intervention level, a plan of care<sup>2</sup> was documented within 12 months

#### What will you need to report for each patient with POAG for this measure?

If you select this measure for reporting, you will report:

- How the patient's intraocular pressure (IOP) compares to the pre-intervention level. Patients will fall into one of two categories described below:
  - IOP reduced by a value greater than or equal to 15% from the pre-intervention level
  - IOP reduced by a value less than 15% from the pre-intervention level

If the patient's IOP reduced by a value less than 15% from the pre-intervention level, you will then need to report:

- Whether or not you documented a plan of care<sup>2</sup> for glaucoma

#### What if this process or outcome of care is not appropriate for your patient?

Some measures provide an opportunity for the physician or eligible health professional to document when a process or outcome of care is not appropriate for a given patient (also called performance exclusions). Because this measure is applicable to most if not all patients, there are no allowable performance exclusions.

<sup>1</sup>Glaucoma Treatment Not Failed — The most recent IOP was reduced by at least 15% in the affected eye or if both eyes were affected, the reduction of at least 15% occurred in both eyes.

<sup>2</sup>Plan of Care — May include: recheck of IOP <sup>2</sup> at specified time, change in therapy, perform additional diagnostic evaluations, monitoring per patient decisions or health system reasons, and/or referral to a specialist

<sup>3</sup>Plan to Recheck — In the event certain factors do not allow for the IOP to be measured (eg, patient has an eye infection) but the physician has a plan to measure the IOP at the next visit, the plan of care code should be reported.