## Measure Applications PartnershipClinician Workgroup Discussion Guide

*Notes for Measure Deliberations*

*In-person meeting dates:* December 15-16, 2014

### Agenda

|  |  |
| --- | --- |
| **Day 1**   |  |
|  |  |
| 8:45 am   | Welcome, Review Meeting Objectives, and Pre-Rulemaking Approach |
|  | Mark McClellan, MD, PhD, Workgroup ChairReva Winkler, MD, MPH, Senior Director, NQF |
| 9:00 am   | Follow-up from October web meeting |
|  | Dr. McClellan |
| 9:30 am   | Discussion of eMeasures and cost measures |
|  | CMS |
| 9:50 am   | Overview of Pre-Rulemaking Approach |
|  | Dr. Winkler |
| 10:00 am   | Consent Calendar 1: Care Coordination |
|  | Four process measures are under consideration for PQRS based programs; three are also under consideration for the EHR incentive program (“Meaningful Use”). All measures are still in development. For 2015 PQRS has finalized only two process measures and one outcome measure in the priority area of care coordination. |
|  | Lead Discussant(s): Rachel Grob, Robert Krughoff |
|  | 1. **Closing the Referral Loop - Critical Information Communicated with Request for Referral** (MUC ID: X3283)*Description:* Percentage of referrals sent by a referring provider to another provider for which the referring provider sent a CDA-based Referral Note that included the type of activity requested, reason for referral, preferred timing, problem list, medication list, allergy list, and medical history *Programs Under Consideration:* MUEP *Notes:*
2. **Closing the Referral Loop - Critical Information Communicated with Request for Referral** (MUC ID: X3283)*Description:* Percentage of referrals sent by a referring provider to another provider for which the referring provider sent a CDA-based Referral Note that included the type of activity requested, reason for referral, preferred timing, problem list, medication list, allergy list, and medical history *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
3. **Coordinating Care - Emergency Department Referrals** (MUC ID: X3466)*Description:* Percentage of patients (1) of any age with asthma or (2) ages 18 and over with chest pain who had a visit to the emergency department (not resulting in an inpatient admission), whose emergency department provider attempted to communicate with the patient's primary care provider or their specialist about the patient's visit to the emergency department. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
4. **Coordinating Care - Emergency Department Referrals** (MUC ID: X3466)*Description:* Percentage of patients (1) of any age with asthma or (2) ages 18 and over with chest pain who had a visit to the emergency department (not resulting in an inpatient admission), whose emergency department provider attempted to communicate with the patient's primary care provider or their specialist about the patient's visit to the emergency department. *Programs Under Consideration:* MUEP *Notes:*
5. **Coordinating Care - Follow-Up with Eligible Provider** (MUC ID: X3465)*Description:* Percentage of patients (1) of any age with asthma or (2) ages 18 and over with chest pain who had a visit to the emergency department (not resulting in an inpatient admission) and had a follow-up visit or contact with their primary care provider or relevant specialist or the provider’s designee within 72 hours of the visit to the emergency department. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
6. **Coordinating Care - Follow-Up with Eligible Provider** (MUC ID: X3465)*Description:* Percentage of patients (1) of any age with asthma or (2) ages 18 and over with chest pain who had a visit to the emergency department (not resulting in an inpatient admission) and had a follow-up visit or contact with their primary care provider or relevant specialist or the provider’s designee within 72 hours of the visit to the emergency department. *Programs Under Consideration:* MUEP *Notes:*
7. **Communication and shared decision-making with patients and families for interventional oncology procedures** (MUC ID: X3735)*Description:* Percentage of patients who have undergone an interventional oncology ablation or catheter-directed therapy with documentation that the intent of the procedure (e.g., cure, downstaging to curative resection/transplantation, prolongation of survival, palliation) was discussed with the patient and/or family member *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
 |
|  | *Notes on Session:* |
| 10:15 am   | Consent Calendar 2: Medication Management |
|  | Seven process measures are under consideration for PQRS based programs for medication management including four process measures in the new topic area of chronic opioid therpy (COT). Three process measures are under consideration for PQRS based programs (one is also for EHR Incentive) for monitoring warfarin use. For PQRS 2015 there are four process measures for medication management including an intermediate outcome measure for warfarin use. |
|  | Lead Discussant(s): Amy Mullins, Janis Orlowski |
|  | 1. **INR Monitoring for Individuals on Warfarin (e-specified version of NQF #0555)** (MUC ID: E0555)*Description:* Percentage of individuals at least 18 years of age as of the beginning of the measurement period with at least 56 days of warfarin therapy who receive an International Normalized Ratio (INR) test during each 56-day interval with warfarin. *Programs Under Consideration:* MUEP *Notes:*
2. **Evaluation or Interview for Risk of Opioid Misuse** (MUC ID: X3774)*Description:* All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g. Opioid Risk Tool, SOAAP-R) or patient interview documented at least once during COT in the medical record. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
3. **Documentation of Signed Opioid Treatment Agreement** (MUC ID: X3777)*Description:* All patients 18 and older prescribed opiates for longer than six weeks duration who signed an opioid treatment agreement at least once during COT documented in the medical record. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
4. **Consideration of Non-Pharmacologic Interventions** (MUC ID: X3776)*Description:* All patients 18 and older prescribed opiates for longer than six weeks duration with whom the clinician discussed non-pharmacologic interventions (e.g. graded exercise, cognitive/behavioral therapy, activity coaching at least once during COT documented in the medical record. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
5. **Chronic Opioid Therapy Follow-up Evaluation** (MUC ID: X3775)*Description:* All patients 18 and older prescribed opiates for longer than six weeks duration who had a follow-up evaluation conducted at least every three months during COT documented in the medical record. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
6. **INR Monitoring for Individuals on Warfarin (e-specified version of NQF #0555)** (MUC ID: E0555)*Description:* Percentage of individuals at least 18 years of age as of the beginning of the measurement period with at least 56 days of warfarin therapy who receive an International Normalized Ratio (INR) test during each 56-day interval with warfarin. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
7. **Adverse Drug Events - Minimum INR Monitoring for Patients with Atrial Fibrillation on Warfarin** (MUC ID: X3485)*Description:* Percentage of patients aged 18 and older with atrial fibrillation/flutter who are on chronic warfarin therapy and received minimum appropriate International Normalized Ratio (INR) monitoring *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
8. **Adverse Drug Events - Minimum INR Monitoring for Patients with Atrial Fibrillation on Warfarin** (MUC ID: X3485)*Description:* Percentage of patients aged 18 and older with atrial fibrillation/flutter who are on chronic warfarin therapy and received minimum appropriate International Normalized Ratio (INR) monitoring *Programs Under Consideration:* MUEP *Notes:*
 |
|  | *Notes on Session:* |
| 10:45 am   | Consent calendar 3: Emergency care |
|  | Three new process measures are under consideration for PQRS programs; two are also for the EHR Incentive program. All measures are still in development. There are only two process measures for emergency care finalized for PQRS 2015. Three of the new measures address appropriate use of imaging and lab tests in the ED. |
|  | Lead Discussant(s): Beth Averbeck, Mark Metersky |
|  | 1. **Alcohol Screening and Brief Intervention (ASBI) in the ER** (MUC ID: X3445)*Description:* Percentage of patients aged 15 to 34 seen in the ER for injury who were screened for hazardous alcohol use AND provided a brief intervention within 7 days of the ER visit if screened positive. *Programs Under Consideration:* MUEP *Notes:*
2. **Alcohol Screening and Brief Intervention (ASBI) in the ER** (MUC ID: X3445)*Description:* Percentage of patients aged 15 to 34 seen in the ER for injury who were screened for hazardous alcohol use AND provided a brief intervention within 7 days of the ER visit if screened positive. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
3. **Coagulation studies in adult patients presenting with chest pain with no coagulopathy or bleeding** (MUC ID: X3780)*Description:* Percentage of emergency department patients aged 18 years and older without coagulopathy or bleeding who received coagulation studies *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
4. **Imaging in adult ED patients with minor head injury** (MUC ID: X3764)*Description:* Percent of adult patients who presented within 24 hours of a non-penetrating head injury with a Glasgow coma score (GCS) <=15 and underwent head CT for trauma in the ED who have a documented indication consistent with guidelines prior to imaging *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
5. **Imaging in pediatric ED patients aged 2 through 17 years with minor head injury** (MUC ID: X3778)*Description:* Percent of pediatric patients who presented within 24 hours of a non-penetrating head injury with a Glasgow coma score (GCS) of 14 or 15 and underwent head CT for trauma in the ED who have a documented indication consistent with guidelines (PECARN) prior to imaging *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
 |
|  | *Notes on Session:* |
| 11:00 am   | Consent calendar 4: Imaging |
|  | Six new measures are under consideration for PQRS based programs; all are still in development. Four measures address appropriate use of imaging and one is an adverse outcome measure. For 2015 PQRS has twelve finalized measures for imaging but none in the areas addressed by the new measures. |
|  | Lead Discussant(s): David Hopkins, Jay Schuur |
|  | 1. **Appropriate follow-up imaging for incidental abdominal lesions** (MUC ID: X3759)*Description:* Percentage of final reports for abdominal imaging studies for asymptomatic patients aged 18 years and older with one or more of the following noted incidentally with follow-up imaging recommended: - liver lesion < 1.5 cm - kidney lesion < 1.0 cm - adrenal lesion < 4.0 cm Lower performance rate is goal *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
2. **Appropriate follow-up imaging for incidental thyroid nodules in patients** (MUC ID: X3763)*Description:* Percentage of final reports for computed tomography (CT) or magnetic resonance imaging (MRI) studies of the chest or neck or ultrasound of the neck for patients aged 18 years and older with no known thyroid disease with a thyroid nodule < 1.0 cm noted incidentally with follow-up imaging recommended Lower performance rate is goal. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
3. **Appropriate follow-up imaging for non-traumatic knee pain** (MUC ID: X3802)*Description:* Percentage of imaging studies for patients aged 18 years and older with non-traumatic knee pain who undergo knee magnetic resonance imaging (MRI) or magnetic resonance arthrography (MRA) who are known to have had knee radiographs performed within the preceding 3 months based on information from the radiology information system (RIS), patient-provided radiological history, or other health-care source *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
4. **Appropriate use of imaging for non-traumatic shoulder pain** (MUC ID: X3803)*Description:* Percentage of imaging studies for patients aged 18 years and older with non-traumatic shoulder pain who undergo shoulder magnetic resonance imaging (MRI), magnetic resonance arthrography (MRA), or a shoulder ultrasound who are known to have had shoulder radiographs performed within the preceding 3 months based on information from the radiology information system (RIS), patient-provided radiological history, or other health-care source *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
5. **Extravasation of contrast following contrast-enhanced computed tomography (CT)** (MUC ID: X3523)*Description:* Percentage of final reports for patients aged 18 years and older who received intravenous iodinated contrast for a computed tomography (CT) examination who had an extravasation of contrast Lower performance rate is the goal. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
6. **Use of premedication before contrast-enhanced imaging studies in patients with documented contrast allergy** (MUC ID: X3781)*Description:* Percentage of final reports for patients aged 18 years and older who had a previously documented contrast reaction who undergo any imaging examination using intravenous iodinated contrast that include documentation that the patients were pre-medicated with corticosteroids with or without H1 antihistamines *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
 |
|  | *Notes on Session:* |
| 11:15 am   | Consent calendar 5: Population Health 1 |
|  |  |
|  | Lead Discussant(s): Diane Padden, Peter Briss |
|  | 1. **Cervical Cancer Screening** (MUC ID: E0032)*Description:* Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: 1. Women age 21-64 who had cervical cytology performed every 3 years. 2. Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
2. **Blood Pressure Screening by age 18** (MUC ID: E1553)*Description:* The percentage of adolescents who turn 18 years of age in the measurement year who had a blood pressure screening with results. *Programs Under Consideration:* MUEP *Notes:*
3. **Breast Cancer Screening** (MUC ID: X3797)*Description:* Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the past 27 months. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
4. **Unnecessary Screening Colonoscopy in Older Adults** (MUC ID: X3769)*Description:* Percentage of patients age 86 or older who received an unnecessary screening colonoscopy. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
5. **Appropriate age for colorectal cancer screening** (MUC ID: X3758)*Description:* Percentage of average-risk patients age 86 or older who underwent screening colonoscopy *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
6. **Blood Pressure Screening by age 18** (MUC ID: E1553)*Description:* The percentage of adolescents who turn 18 years of age in the measurement year who had a blood pressure screening with results. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
 |
|  | *Notes on Session:* |
| 11:30 am   | Consent calendar 6: Population Health (children and adolescents) |
|  | There is one measure under consideration for the PQRS based programs and three for the EHR Incentive program. For PQRS 2015 there are six population screening measures for children and adolescents but these are new areas. |
|  | Lead Discussant(s): Terry Adirim, Cynthia Pellegrini |
|  | 1. **Amblyopia Screening in Children** (MUC ID: X3817)*Description:* The percentage of children who were screened for the presence of amblyopia at least once by their 6th birthday; and if necessary, were referred appropriately. *Programs Under Consideration:* MUEP *Notes:*
2. **Amblyopia Screening in Children** (MUC ID: X3817)*Description:* The percentage of children who were screened for the presence of amblyopia at least once by their 6th birthday; and if necessary, were referred appropriately. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
3. **Risky Behavior Assessment or Counseling by Age 13 Years** (MUC ID: E1406)*Description:* The percentage of adolescents with documentation of assessment or counseling for risky behavior by the age of 13 years. Four rates are reported: Risk Assessment or Counseling for Alcohol Use, Risk Assessment or Counseling for Tobacco Use, Risk Assessment or Counseling for Other Substance Use, Risk Assessment or Counseling for Sexual Activity. *Programs Under Consideration:* MUEP *Notes:*
4. **Risky Behavior Assessment or Counseling by Age 18 Years** (MUC ID: E1507)*Description:* The percentage of children with documentation of a risk assessment or counseling for risky behaviors by 18 years of age. Four rates are reported: Risk Assessment or Counseling for Alcohol Use, Risk Assessment or Counseling for Tobacco Use, Risk Assessment or Counseling for Other Substance Use, Risk Assessment or Counseling for Sexual Activity. *Programs Under Consideration:* MUEP *Notes:*
 |
|  | *Notes on Session:* |
| 11:45 am   | Consent calendar 7: Population Health 3 |
|  | There are five new process eMeasures under consideration for the PQRS based programs; four are also under consideration for the EHR Incentive program. All eMeasures are in development. There is only one measure for Hepatitis C screening finalized for PQRS in 2015. |
|  | Lead Discussant(s): James Pacala, Marci Nielsen |
|  | 1. **Hepatitis C: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk** (MUC ID: X3512)*Description:* Percentage of patients aged 18 years and older with one or more of the following: a history of injection drug use, receipt of a blood transfusion prior to 1992, receiving maintenance hemodialysis, OR birthdate in the years 1945–1965 who received a one-time screening for HCV infection *Programs Under Consideration:* MUEP *Notes:*
2. **Hepatitis C: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk** (MUC ID: X3512)*Description:* Percentage of patients aged 18 years and older with one or more of the following: a history of injection drug use, receipt of a blood transfusion prior to 1992, receiving maintenance hemodialysis, OR birthdate in the years 1945–1965 who received a one-time screening for HCV infection *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
3. **Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users** (MUC ID: X3513)*Description:* Percentage of patients regardless of age who are active injection drug users who received screening for HCV infection within the 12 month reporting period *Programs Under Consideration:* MUEP *Notes:*
4. **Hepatitis C: Appropriate Screening Follow-Up for Patients Identified with Hepatitis C Virus (HCV) Infection** (MUC ID: X3816)*Description:* Percentage of patients aged 18 years and older with a positive HCV antibody test and either a positive HCV RNA test result or an absent HCV RNA test result who are prescribed treatment or are referred to treatment services for HCV infection *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
5. **Hepatitis C: Appropriate Screening Follow-Up for Patients Identified with Hepatitis C Virus (HCV) Infection** (MUC ID: X3816)*Description:* Percentage of patients aged 18 years and older with a positive HCV antibody test and either a positive HCV RNA test result or an absent HCV RNA test result who are prescribed treatment or are referred to treatment services for HCV infection *Programs Under Consideration:* MUEP *Notes:*
6. **HIV: Ever screened for HIV** (MUC ID: X3299)*Description:* Percentage of persons 15-65 ever screened for HIV *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
7. **HIV: Ever screened for HIV** (MUC ID: X3299)*Description:* Percentage of persons 15-65 ever screened for HIV *Programs Under Consideration:* MUEP *Notes:*
8. **HIV Screening of STI patients** (MUC ID: X3300)*Description:* Percentage of patients diagnosed with an acute STI who were tested for HIV *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
9. **HIV Screening of STI patients** (MUC ID: X3300)*Description:* Percentage of patients diagnosed with an acute STI who were tested for HIV *Programs Under Consideration:* MUEP *Notes:*
 |
|  | *Notes on Session:* |
| 12:00 pm   | Consent calendar 8: Population Health 4 |
|  | Three eMeasures are under consideration for both the PQRS based programs and the EHR Incentive program including one composite measure; all are in development. There is one measure for alcohol use screening finalized for PQRS 2015. |
|  | Lead Discussant(s): Amy Mullins, Luther Clark |
|  | 1. **Intimate Partner (Domestic) Violence Screening** (MUC ID: X3446)*Description:* Percentage of female patients aged 15-40 years old who were screened for intimate partner (domestic) violence at any time during the reporting period. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
2. **Intimate Partner (Domestic) Violence Screening** (MUC ID: X3446)*Description:* Percentage of female patients aged 15-40 years old who were screened for intimate partner (domestic) violence at any time during the reporting period. *Programs Under Consideration:* MUEP *Notes:*
3. **Substance Use Screening and Intervention Composite** (MUC ID: X3475)*Description:* Percentage of patients aged 18 years and older who were screened at least once within the last 24 months for tobacco use, unhealthy alcohol use, nonmedical prescription drug use, and illicit drug use AND who received an intervention for all positive screening results *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
4. **Substance Use Screening and Intervention Composite** (MUC ID: X3475)*Description:* Percentage of patients aged 18 years and older who were screened at least once within the last 24 months for tobacco use, unhealthy alcohol use, nonmedical prescription drug use, and illicit drug use AND who received an intervention for all positive screening results *Programs Under Consideration:* MUEP *Notes:*
5. **Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling** (MUC ID: E2152)*Description:* Percentage of patients aged 18 years and older who were screened at least once within the last 24 months for unhealthy alcohol use using a systematic screening method AND who received brief counseling if identified as an unhealthy alcohol user *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
6. **Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling** (MUC ID: E2152)*Description:* Percentage of patients aged 18 years and older who were screened at least once within the last 24 months for unhealthy alcohol use using a systematic screening method AND who received brief counseling if identified as an unhealthy alcohol user *Programs Under Consideration:* MUEP *Notes:*
 |
|  | *Notes on Session:* |
| 1:00 pm   | Consent calendar 9: Mental Health and Substance Use |
|  | Three eMeasures are under consideration for both the PQRS based programs and the EHR Incentive program; all are in development. The new measures include an outcome measure and a medication safety measure. There are no measures in these areas finalized for PQRS in 2015. |
|  | Lead Discussant(s): Amy Moyer, Amy Compton-Phillips |
|  | 1. **ADHD: Symptom Reduction in Follow-up Period** (MUC ID: X3280)*Description:* Percentage of children aged 4 through 18 years, with a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD), who demonstrated a 25% reduction in symptoms 6-12 months from baseline as measured using the Vanderbilt ADHD Diagnostic Rating Scale, regardless of treatment prescribed. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
2. **ADHD: Symptom Reduction in Follow-up Period** (MUC ID: X3280)*Description:* Percentage of children aged 4 through 18 years, with a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD), who demonstrated a 25% reduction in symptoms 6-12 months from baseline as measured using the Vanderbilt ADHD Diagnostic Rating Scale, regardless of treatment prescribed. *Programs Under Consideration:* MUEP *Notes:*
3. **Use of Multiple Concurrent Antipsychotics in Children and Adolescents** (MUC ID: X3472)*Description:* The percentage of children and adolescents 1–17 years of age who were on two or more concurrent antipsychotic medications. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
4. **Use of Multiple Concurrent Antipsychotics in Children and Adolescents** (MUC ID: X3472)*Description:* The percentage of children and adolescents 1–17 years of age who were on two or more concurrent antipsychotic medications. *Programs Under Consideration:* MUEP *Notes:*
5. **Substance use disorders: percentage of patients aged 18 years and older with a diagnosis of current alcohol dependence who were counseled regarding psychosocial AND pharmacologic treatment options for alcohol dependence within the 12 month reporting** (MUC ID: X4007)*Description:* This measure is used to assess the percentage of patients aged 18 years and older with a diagnosis of current alcohol dependence who were counseled regarding psychosocial AND pharmacologic treatment options for alcohol dependence within the 12 month reporting period. *Programs Under Consideration:* MUEP *Notes:*
6. **Substance use disorders: percentage of patients aged 18 years and older with a diagnosis of current opioid addiction who were counseled regarding psychosocial AND pharmacologic treatment options for opioid addiction within the 12 month reporting period** (MUC ID: X4208)*Description:* This measure is used to assess the percentage of patients aged 18 years and older with a diagnosis of current opioid addiction who were counseled regarding psychosocial and pharmacologic treatment options for opioid addiction within the 12 month reporting period. *Programs Under Consideration:* MUEP *Notes:*
 |
|  | *Notes on Session:* |
| 1:15 pm   | Consent calendar 10: Cardiovascular conditions |
|  | There are five measures under consideration for the PQRS based programs, one is also for the EHR Incentive program. One composite measure is an updated measure previously finalized for PQRS with new specifications reflecting the latest guidelines. In 2015 PQRS has finalized fifteen measures for cardiovascular care addressing coronary artery disease, heart failure, hypertension and stroke. |
|  | Lead Discussant(s): James Pacala, Diane Padden |
|  | 1. **Optimal Vascular Care** (MUC ID: E0076)*Description:* Percent of patients aged 18 to 75 with ischemic vascular disease (IVD) who have optimally managed modifiable risk factors demonstrated by meeting all of the numerator targets of this patient level all-or-none composite measure: LDL less than 100, blood pressure less than 140/90, tobacco-free status, and daily aspirin use[For reference, description of endorsed measure from QPS: Percentage of adult patients ages 18 to 75 who have ischemic vascular disease with optimally managed modifiable risk factors (blood pressure, tobacco-free status, daily aspirin use).] *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
2. **Statin Therapy for the Prevention and Treatment of Cardiovascular Disease** (MUC ID: X3729)*Description:* Percentage of high-risk adult patients aged >= 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); OR adult patients aged >=21 years with any fasting or direct Low-Density Lipoprotein Cholesterol (LDL-C) level >=190 mg/dL; OR patients aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL; who were prescribed or are already on statin medication therapy during the measurement year. *Programs Under Consideration:* MUEP *Notes:*
3. **Statin Therapy for the Prevention and Treatment of Cardiovascular Disease** (MUC ID: X3729)*Description:* Percentage of high-risk adult patients aged >= 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); OR adult patients aged >=21 years with any fasting or direct Low-Density Lipoprotein Cholesterol (LDL-C) level >=190 mg/dL; OR patients aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL; who were prescribed or are already on statin medication therapy during the measurement year. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
4. **Controlling High Blood Pressure** (MUC ID: X3792)*Description:* Percentage of patients 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 140/90 mmHg) during the measurement period based on the following criteria: • Patients 18–59 years of age whose BP was *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
5. **Clinical Outcome post Endovascular Stroke Treatment** (MUC ID: X3756)*Description:* Patients with 90 day mRs score of 0 to 2 post endovascular stroke intervention *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
6. **Door to puncture time for endovascular stroke treatment** (MUC ID: X3747)*Description:* Door to puncture time less than 2 hours for patients undergoing endovascular stroke treatment *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
 |
|  | *Notes on Session:* |
| 1:30 pm   | Consent calendar 11: Asthma |
|  | The only asthma measure under consideration is a new composite measure containing two outcome components. The finalized PQRS measures include two process measures and one outcome measure that is included in the new composite. |
|  | Lead Discussant(s): Marci Nielsen, Janis Orlowski |
|  | 1. **Optimal Asthma Care 2014** (MUC ID: X3773)*Description:* Composite (“optimal” care) measure of the percentage of pediatric and adult patients who have asthma and meet specified targets to control their asthma. *Programs Under Consideration:* MUEP *Notes:*
2. **Optimal Asthma Care 2014** (MUC ID: X3773)*Description:* Composite (“optimal” care) measure of the percentage of pediatric and adult patients who have asthma and meet specified targets to control their asthma. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
 |
|  | *Notes on Session:* |
| 1:40 pm   | Consent calendar 12: Diabetes and Renal |
|  | The measures under consideration include one new eMeasure for diabetes for PQRS based programs and the EHR Incentive program. Two measures for renal disease are under consideration for PQRS based programs. Diabetes and renal disease are conditions with numerous measures already finalized for PQRS 2015. |
|  | Lead Discussant(s): Marci Nielsen, Janis ORlowski |
|  | 1. **Diabetes: Hemoglobin A1c Overtreatment in the Elderly** (MUC ID: X3476)*Description:* Percentage of patients 65 years of age and older with diabetes who had hemoglobin A1c < 7.0% during the measurement period. *Programs Under Consideration:* MUEP *Notes:*
2. **Diabetes: Hemoglobin A1c Overtreatment in the Elderly** (MUC ID: X3476)*Description:* Percentage of patients 65 years of age and older with diabetes who had hemoglobin A1c < 7.0% during the measurement period. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
3. **Adult Kidney Disease: Referral to Hospice** (MUC ID: X3732)*Description:* Percentage of patients aged 18 years and older with a diagnosis of ESRD who withdraw from hemodialysis or peritoneal dialysis who are referred to hospice care *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
4. **Pediatric Kidney Disease: Discussion of Care Planning** (MUC ID: X3733)*Description:* Percentage of patients aged 17 years and younger with a diagnosis of ESRD on hemodialysis or peritoneal dialysis for whom there is documentation of a discussion regarding care planning *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
 |
|  | *Notes on Session:* |
| 1:50 pm   | Consent calendar 13: Cognitive impairment/Dementia |
|  | Two new eMeasures are under consideration for both the PQRS based programs and the EHR Incentive program. There are nine measures for dementia finalized for PQRS 2015. |
|  | Lead Discussant(s): Constance Dahlin, Rachel Grob |
|  | 1. **Documentation of a Health Care Proxy for Patients with Cognitive Impairment** (MUC ID: X3468)*Description:* The percentage of patients with a diagnosis of dementia or a positive result on a standardized tool for assessment of cognitive impairment, with documentation of a designated health care proxy during the measurement period. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
2. **Documentation of a Health Care Proxy for Patients with Cognitive Impairment** (MUC ID: X3468)*Description:* The percentage of patients with a diagnosis of dementia or a positive result on a standardized tool for assessment of cognitive impairment, with documentation of a designated health care proxy during the measurement period. *Programs Under Consideration:* MUEP *Notes:*
3. **Cognitive Impairment Assessment Among At-Risk Older Adults** (MUC ID: X3469)*Description:* Percentage of patients age 80 years or older at the start of the measurement period with documentation in the electronic health record at least once during the measurement period of (1) results from a standardized cognitive impairment assessment tool or (2) a patient or informant interview. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
4. **Cognitive Impairment Assessment Among At-Risk Older Adults** (MUC ID: X3469)*Description:* Percentage of patients age 80 years or older at the start of the measurement period with documentation in the electronic health record at least once during the measurement period of (1) results from a standardized cognitive impairment assessment tool or (2) a patient or informant interview. *Programs Under Consideration:* MUEP *Notes:*
 |
|  | *Notes on Session:* |
| 2:00 pm   | Consent calendar 14: Gastrointestinal conditions |
|  | There are two measures under consideration for the PQRS based programs and an episode based cost measure for the Value Based Payment Modifer (VBPM). There are six measures finalized for PQRS 2015 addressing aspects of colonoscopy performance and inflammatory bowel disease.  |
|  | Lead Discussant(s): Amy Mullins, Luther Clark |
|  | 1. **Frequency of inadequate bowel preparation** (MUC ID: X3760)*Description:* The percentage of outpatient examinations with “inadequate” bowel preparation that require repeat colonoscopy in one year or less *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
2. **Photodocumentation of cecal intubation** (MUC ID: X3761)*Description:* The rate of screening and surveillance colonoscopies for which photodocumentation of landmarks of cecal intubation is performed to establish a complete examination *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
3. **Gastrointestinal Hemorrhage Clinical Episode-Based Payment Measure** (MUC ID: X0355)*Description:* The Gastrointestinal Hemorrhage Clinical Episode-Based Payment Measure constructs a clinically coherent group of medical services that can be used to inform providers about their resource use and effectiveness and establish a standard for value-based incentive payments. Gastrointestinal Hemorrhage episodes are defined as the set of services provided to treat, manage, diagnose, and follow up on (including post-acute care) a patient with a gastrointestinal hemorrhage hospital admission. The Gastrointestinal Hemorrhage Clinical Episode-Based Payment Measure, like the NQF-endorsed Medicare Spending Per Beneficiary (MSPB) measure, assesses the cost of services initiated during an episode that spans the period immediately prior to, during, and following a patient’s hospital stay. In contrast to the MSPB measure, the Gastrointestinal Hemorrhage Clinical Episode-Based Payment Measure includes Medicare payments only for services that are clinically related to the gastrointestinal hemorrhage treated during the index hospital stay. The measure sums the Medicare payment amounts for clinically related Part A and Part B services provided during this timeframe and attributes them to the hospital at which the index hospital stay occurred or to the physician group primarily responsible for the beneficiary’s care during the index hospital stay. Medicare payments included in this episode-based measure are standardized and risk-adjusted. *Programs Under Consideration:* Physician Feedback; VBPM *Notes:*
 |
|  | *Notes on Session:* |
| 2:15 pm   | Consent calendar 15: Perinatal |
|  | There are two similar outcome measures under consideration for the PQRS based programs. For 2015 there are four process measures and one outcome measures in this topic area finalized for PQRS. |
|  | Lead Discussant(s): Cynthia Pellegrini, Terry Adirim |
|  | 1. **Primary C-Section Rate 2014** (MUC ID: X3768)*Description:* A measure of the percentage of cesarean deliveries for nulliparous births. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
2. **PC-02 Cesarean Section (Provider Level)** (MUC ID: X3788)*Description:* This measure assesses the number of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section. This measure is part of a set of five nationally implemented measures that address perinatal care (PC-01: Elective Delivery, PC-03: Antenatal Steroids, PC-04: Health Care-Associated Bloodstream Infections in Newborns, PC-05: Exclusive Breast Milk Feeding). *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
 |
|  | *Notes on Session:* |
| 2:25 pm   | Consent calendar 16: Musculoskeletal conditions |
|  | There are three eMeasures under consideration for both PQRS based programs and the EHR Incentive program. Two measures in the new topic area of gout were recently evaluated by NQF for approval as “eMeasures for Trial Use”. In the musculoskeletal topic area, there are 22 measure finalized for PQRS in 2015 in the areas of functional status, rheumatoid arthritis, osteoporosis and osteoarthritis. |
|  | Lead Discussant(s): David Seidenwurm, Mark Metersky |
|  | 1. **Functional Status Assessments and Goal Setting for Chronic Pain Due to Osteoarthritis** (MUC ID: X3053)*Description:* Percentage of patients 18 years of age and older with a diagnosis of hip or knee osteoarthritis for whom a score from one of a select list of validated pain interference assessment tools was recorded at least twice during the measurement period and for whom a care goal was documented and linked to the initial assessment. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
2. **Functional Status Assessments and Goal Setting for Chronic Pain Due to Osteoarthritis** (MUC ID: X3053)*Description:* Percentage of patients 18 years of age and older with a diagnosis of hip or knee osteoarthritis for whom a score from one of a select list of validated pain interference assessment tools was recorded at least twice during the measurement period and for whom a care goal was documented and linked to the initial assessment. *Programs Under Consideration:* MUEP *Notes:*
3. **Gout: Urate Lowering Therapy** (MUC ID: S2550)*Description:* Percentage of patients aged 18 and older with a diagnosis of gout and either tophus/tophi or at least two gout flares (attacks) in the past year who have a serum urate level > 6.0 mg/dL, who are prescribed urate lowering therapy (ULT) *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
4. **Gout: Urate Lowering Therapy** (MUC ID: S2550)*Description:* Percentage of patients aged 18 and older with a diagnosis of gout and either tophus/tophi or at least two gout flares (attacks) in the past year who have a serum urate level > 6.0 mg/dL, who are prescribed urate lowering therapy (ULT) *Programs Under Consideration:* MUEP *Notes:*
5. **Gout: Serum Urate Monitoring** (MUC ID: S2521)*Description:* Percentage of patients aged 18 and older with a diagnosis of gout who were either started on urate lowering therapy (ULT) or whose dose of ULT was changed in the year prior to the measurement period, and who had their serum urate level measured within 6 months *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
6. **Gout: Serum Urate Monitoring** (MUC ID: S2521)*Description:* Percentage of patients aged 18 and older with a diagnosis of gout who were either started on urate lowering therapy (ULT) or whose dose of ULT was changed in the year prior to the measurement period, and who had their serum urate level measured within 6 months *Programs Under Consideration:* MUEP *Notes:*
 |
|  | *Notes on Session:* |
| 3:00 pm   | Consent calendar 17: Neurology - headaches |
|  | Eleven measures are under consideration for the PQRS based programs for headaches including primary headache disorders, cluster headaches and migraines. This is a new topic area for PQRS. |
|  | Lead Discussant(s): Jay Schuur, David Seidenwurm |
|  | 1. **Overuse Of Neuroimaging For Patients With Primary Headache And A Normal Neurological Examination** (MUC ID: X3785)*Description:* Percentage of patients with a diagnosis of primary headache disorder with a normal neurological examination\* for whom advanced brain imaging (CTA, CT, MRA or MRI) was NOT ordered. [NQF edit] *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
2. **Quality Of Life Assessment For Patients With Primary Headache Disorders** (MUC ID: X3786)*Description:* Percentage of patients with a diagnosis of primary headache disorder whose health related quality of life (HRQoL) was assessed with a tool(s) during at least two visits during the 12 month measurement period AND whose health related quality of life score stayed the same or improved. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
3. **Migraine Or Cervicogenic Headache Related Disability Functional Status** (MUC ID: X3796)*Description:* Percentage of patients age 6 years old and older who have a diagnosis of migraine headache or cervicogenic headache and for whom the number of headache-related disability days during the past 3 months is documented in the medical record. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
4. **Overuse of Barbiturate Containing Medications for Primary Headache Disorders** (MUC ID: X3765)*Description:* Percentage of patients age 18 years old and older with a diagnosis of primary headache who were NOT prescribed barbiturate containing medications related to the primary headache disorder diagnosis during the 12-month measurement period. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
5. **MEDICATION PRESCRIBED FOR ACUTE MIGRAINE ATTACK** (MUC ID: X3771)*Description:* Percentage of patients age 12 years and older with a diagnosis of migraine who were prescribed a guideline recommended medication for acute migraine attacks within the 12 month measurement period. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
6. **Preventive Migraine Medication Prescribed** (MUC ID: X3772)*Description:* Percentage of patients age 18 years old and older diagnosed with migraine headache whose migraine frequency is >= 4 migraine attacks per month or migraine frequency was >= 8 days per month who were prescribed a guideline recommended prophylactic migraine treatment within the 12 month reporting period. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
7. **ACUTE MEDICATION PRESCRIBED FOR CLUSTER HEADACHE** (MUC ID: X3766)*Description:* Percentage of patients age 18 years old and older with a diagnosis of cluster headache (CH) who were prescribed a guideline recommended acute medication for cluster headache within the 12-month measurement period. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
8. **Assessment Of Medication Overuse In The Treatment Of Primary Headache Disorders** (MUC ID: X3783)*Description:* Percentage of patients diagnosed with a primary headache disorder, who are actively taking an acute headache medication and experiencing headaches >= 15 days per month for 3 months, who were assessed for medication overuse headache (MOH). *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
9. **Plan Of Care Or Referral For Possible Medication Overuse Headache** (MUC ID: X3784)*Description:* Percentage of patients diagnosed with medication overuse headache (MOH) within the past 3 months or who screened positive for possible MOH (measure 6a) who had a medication overuse plan of care created or who were referred for this purpose. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
10. **Plan Of Care For Migraine Or Cervicogenic Headache Developed Or Reviewed** (MUC ID: X3794)*Description:* All patients diagnosed with migraine headache or cervicogenic headache who had a headache management plan of care developed or reviewed at least once during the 12 month measurement period. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
11. **Overuse Of Opioid Containing Medications For Primary Headache Disorders** (MUC ID: X3770)*Description:* Percentage of patients aged 12 years and older diagnosed with primary headache disorder and taking opioid containing medication who were assessed for opioid containing medication overuse within the 12-month measurement period and treated or referred for treatment if identified as overusing opioid containing medication. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
 |
|  | *Notes on Session:* |
| 3:30 pm   | Consent calendar 18: Neurology - muscular dystrophy |
|  | Six new measures are under consideration for PQRS based programs in the new topic area of muscular dystrophy. |
|  | Lead Discussant(s): Amy Mullins, Robert Krughoff |
|  | 1. **Patients with DMD Prescribed Appropriate Disease Modifying Pharmaceutical Therapy** (MUC ID: X3787)*Description:* All patients diagnosed with Duchenne muscular dystrophy (DMD) prescribed appropriate DMD disease modifying pharmaceutical therapy. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
2. **Patient Queried about Pain and Pain Interference with Function** (MUC ID: X3800)*Description:* All visits for patients diagnosed with a muscular dystrophy (MD) where the patient was queried about pain and pain interference with function using a validated and reliable instrument. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
3. **Patient Counseled About Health Care Decision-Making** (MUC ID: X3789)*Description:* All patients with a diagnosis of a muscular dystrophy (MD), or their caregivers who were counseled about advanced health care decision making, palliative care, or end-of-life issues at least once annually. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
4. **Scoliosis Evaluation Ordered** (MUC ID: X3798)*Description:* All visits for patients with a diagnosis of a muscular dystrophy (MD) where the patient had a scoliosis evaluation ordered. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
5. **Nutritional Status or Growth Trajectories Monitored** (MUC ID: X3801)*Description:* All visits for patients diagnosed with muscular dystrophy (MD) where the patient’s nutritional status or growth trajectories were monitored. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
6. **MD Multidisciplinary Care Plan Developed or Updated** (MUC ID: X3791)*Description:* All patients diagnosed with a muscular dystrophy (MD) for whom a MD multi-disciplinary care plan was developed, if not done previously, or the plan was updated at least once annually. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
 |
|  | *Notes on Session:* |
| 3:45 pm   | Consent calendar 19: Skin conditions |
|  | Two measures for PQRS in the new topic area of psoriasis including one outcome measure. There is also an episode based cost measure for cellulitis in development for the VBPM. |
|  | Lead Discussant(s): Marci Nielsen, Amy Moyer |
|  | 1. **Clinical Response to Oral Systemic or Biologic Medications** (MUC ID: X3726)*Description:* This measure evaluates the proportion of psoriasis patients receiving systemic or biologic therapy who meet minimal physician- or patient-reported disease activity levels. It is implied that establishment and maintenance of an established minimum level of disease control as measured by physician- and/or patient-reported outcomes will increase patient satisfaction with and adherence to treatment. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
2. **Assessment for Psoriatic Arthritis** (MUC ID: X3274)*Description:* This measure evaluates the number of all psoriasis patients who are screened for psoriatic arthritis. Doing this helps to prevent structural damage, and maximizes quality of life (QOL). *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
3. **Cellulitis Clinical Episode-Based Payment Measure** (MUC ID: X0354)*Description:* The Cellulitis Clinical Episode-Based Payment Measure constructs a clinically coherent group of medical services that can be used to inform providers about their resource use and effectiveness and establish a standard for value-based incentive payments. Cellulitis episodes are defined as the set of services provided to treat, manage, diagnose, and follow up on (including post-acute care) a patient with a cellulitis hospital admission. The Cellulitis Clinical Episode-Based Payment Measure, like the NQF-endorsed Medicare Spending Per Beneficiary (MSPB) measure, assesses the cost of services initiated during an episode that spans the period immediately prior to, during, and following a patient’s hospital stay. In contrast to the MSPB measure, the Cellulitis Clinical Episode-Based Payment Measure includes Medicare payments only for services that are clinically related to the cellulitis treated during the index hospital stay. The measure sums the Medicare payment amounts for clinically related Part A and Part B services provided during this timeframe and attributes them to the hospital at which the index hospital stay occurred or to the physician group primarily responsible for the beneficiary’s care during the index hospital stay. Medicare payments included in this episode-based measure are standardized and risk-adjusted. *Programs Under Consideration:* Physician Feedback; VBPM *Notes:*
 |
|  | *Notes on Session:* |
| 3:55 pm   | Consent calendar 20: Surgery - peri-operative and anesthesia |
|  | Six measures are under consideration for PQRS based programs. All are in development. There are very few measures finalized for PQRS 2015 in this topic area. |
|  | Lead Discussant(s): Peter Briss, Bruce Sherman |
|  | 1. **Preoperative Use of Aspirin for Patients with Drug-Eluting Coronary Stents** (MUC ID: X3808)*Description:* Percentage of patients, aged 18 years and older with a pre-existing drug-eluting coronary stent, who undergo a surgical or therapeutic procedure under anesthesia, who receive aspirin 24 hours prior to surgical start time *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
2. **Anesthesiology Smoking Abstinence** (MUC ID: X3811)*Description:* The percentage of current smokers who abstain from cigarettes prior to anesthesia on the day of elective surgery or procedure. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
3. **Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination** (MUC ID: X3806)*Description:* Percentage of patients, aged 18 years and older, who undergo a procedure under an inhalational general anesthetic, AND who have three or more risk factors for post-operative nausea and vomiting (PONV), who receive combination therapy consisting of at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively or intraoperatively *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
4. **Perioperative Temperature Management** (MUC ID: X3809)*Description:* Percentage of patients, regardless of age, who undergo surgical or therapeutic procedures under general or neuraxial anesthesia of 60 minutes duration or longer for whom at least one body temperature greater than or equal to 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) was recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
5. **Post-Anesthetic Transfer of Care: Use of Checklist or Protocol for Direct Transfer of Care from Procedure Room to Intensive Care Unit (ICU)** (MUC ID: X3807)*Description:* Percentage of patients, regardless of age, who undergo a procedure under anesthesia and are admitted to an Intensive Care Unit (ICU) directly from the anesthetizing location, who have a documented use of a checklist or protocol for the transfer of care from the responsible anesthesia practitioner to the responsible ICU team or team member *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
6. **Post-Anesthetic Transfer of Care Measure: Procedure Room to a Post Anesthesia Care Unit (PACU)** (MUC ID: X3810)*Description:* Percentage of patients who are under the care of an anesthesia practitioner and are admitted to a PACU in which a post-anesthetic formal transfer of care protocol or checklist which includes the key transfer of care elements is utilized. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
 |
|  | *Notes on Session:* |
| 4:05 pm   | Consent calendar 21: Surgery - orthopedics |
|  | Two patient-reported outcome eMeasures are under consideration for both the PQRS based programs and the EHR Incentive program. Additionally three episode based payment measures are under consideration for the VBPM. |
|  | Lead Discussant(s): Eric Whitaker, Rachel Grob |
|  | 1. **Functional Status Outcomes for Patients Receiving Primary Total Knee Replacements** (MUC ID: X3482)*Description:* Average change in functional status assessment score for 19 years and older with primary total knee arthroplasty (TKA) in the 180-270 days after surgery compared to their initial score within 90 days prior to surgery. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
2. **Functional Status Outcomes for Patients Receiving Primary Total Knee Replacements** (MUC ID: X3482)*Description:* Average change in functional status assessment score for 19 years and older with primary total knee arthroplasty (TKA) in the 180-270 days after surgery compared to their initial score within 90 days prior to surgery. *Programs Under Consideration:* MUEP *Notes:*
3. **Functional Status Outcomes for Patients Receiving Primary Total Hip Replacements** (MUC ID: X3483)*Description:* Average change in functional status assessment score for 19 years and older with primary total hip arthroplasty (THA) in the 180-270 days after surgery compared to their initial score within 90 days prior to surgery. *Programs Under Consideration:* MUEP *Notes:*
4. **Functional Status Outcomes for Patients Receiving Primary Total Hip Replacements** (MUC ID: X3483)*Description:* Average change in functional status assessment score for 19 years and older with primary total hip arthroplasty (THA) in the 180-270 days after surgery compared to their initial score within 90 days prior to surgery. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
5. **Knee Replacement/ Revision Clinical Episode-Based Payment Measure** (MUC ID: X0352)*Description:* The Knee Replacement/Revision Clinical Episode-Based Payment Measure constructs a clinically coherent group of medical services that can be used to inform providers about their resource use and effectiveness and establish a standard for value-based incentive payments. Knee Replacement/Revision episodes are defined as the set of services provided to treat, manage, diagnose, and follow up on (including post-acute care) a patient who receives a knee replacement/revision. The Knee Replacement/Revision Clinical Episode-Based Payment Measure, like the NQF-endorsed Medicare Spending Per Beneficiary (MSPB) measure, assesses the cost of services initiated during an episode that spans the period immediately prior to, during, and following a patient’s hospital stay. In contrast to the MSPB measure, the Knee Replacement/Revision Clinical Episode-Based Payment Measure includes Medicare payments only for services that are clinically related to the knee replacement/revision performed during the index hospital stay. The measure sums the Medicare payment amounts for clinically related Part A and Part B services provided during this timeframe and attributes them to the hospital at which the index hospital stay occurred or to the physician group primarily responsible for the beneficiary’s care during the index hospital stay. Medicare payments included in this episode-based measure are standardized and risk-adjusted. *Programs Under Consideration:* Physician Feedback; VBPM *Notes:*
6. **Hip Replacement/ Revision Clinical Episode-Based Payment Measure** (MUC ID: X0356)*Description:* The Hip Replacement/Revision Clinical Episode-Based Payment Measure constructs a clinically coherent group of medical services that can be used to inform providers about their resource use and effectiveness and establish a standard for value-based incentive payments. Hip Replacement/Revision episodes are defined as the set of services provided to treat, manage, diagnose, and follow up on (including post-acute care) a patient who receives a hip replacement/revision. The Hip Replacement/Revision Clinical Episode-Based Payment Measure, like the NQF-endorsed Medicare Spending Per Beneficiary (MSPB) measure, assesses the cost of services initiated during an episode that spans the period immediately prior to, during, and following a patient’s hospital stay. In contrast to the MSPB measure, the Hip Replacement/Revision Clinical Episode-Based Payment Measure includes Medicare payments only for services that are clinically related to the hip replacement/revision performed during the index hospital stay. The measure sums the Medicare payment amounts for clinically related Part A and Part B services provided during this timeframe and attributes them to the hospital at which the index hospital stay occurred or to the physician group primarily responsible for the beneficiary’s care during the index hospital stay. Medicare payments included in this episode-based measure are standardized and risk-adjusted. *Programs Under Consideration:* Physician Feedback; VBPM *Notes:*
7. **Spine Fusion/ Refusion Clinical Episode-Based Payment Measure** (MUC ID: X0353)*Description:* The Spine Fusion/Refusion Clinical Episode-Based Payment Measure constructs a clinically coherent group of medical services that can be used to inform providers about their resource use and effectiveness and establish a standard for value-based incentive payments. Spine Fusion/Refusion episodes are defined as the set of services provided to treat, manage, diagnose, and follow up on (including post-acute care) a patient who receives a spine fusion/refusion. The Spine Fusion/Refusion Clinical Episode-Based Payment Measure, like the NQF-endorsed Medicare Spending Per Beneficiary (MSPB) measure, assesses the cost of services initiated during an episode that spans the period immediately prior to, during, and following a patient’s hospital stay. In contrast to the MSPB measure, the Spine Fusion/Refusion Clinical Episode-Based Payment Measure includes Medicare payments only for services that are clinically related to the spine fusion/refusion performed during the index hospital stay. The measure sums the Medicare payment amounts for clinically related Part A and Part B services provided during this timeframe and attributes them to the hospital at which the index hospital stay occurred or to the physician group primarily responsible for the beneficiary’s care during the index hospital stay. Medicare payments included in this episode-based measure are standardized and risk-adjusted. *Programs Under Consideration:* Physician Feedback; VBPM *Notes:*
 |
|  | *Notes on Session:* |
| 4:20 pm   | Consent calendar 22: Surgery - vascular |
|  | Two measures are under consideration for the PQRS based programs including a mortality outcome measure. |
|  | Lead Discussant(s): David Hopkins, Mark Metersky |
|  | 1. **In-hospital mortality following elective open repair of AAAs** (MUC ID: E1523)*Description:* Percentage of asymptomatic patients undergoing open repair of abdominal aortic aneurysms (AAA) who die while in hospital. This measure is proposed for both hospitals and individual providers. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
2. **Perioperative Anti-platelet Therapy for Patients undergoing Carotid Endarterectomy** (MUC ID: E0465)*Description:* Percentage of patients undergoing carotid endarterectomy (CEA) who are taking an anti-platelet agent (aspirin or clopidogrel or equivalent such as aggrenox/tiglacor etc) within 48 hours prior to surgery and are prescribed this medication at hospital discharge following surgery. [Note: Description is for update to NQF endorsed measure and differs from specifications provided in QPS] *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
 |
|  | *Notes on Session:* |
| 4:30 pm   | Consent calendar 23: Interventional radiology |
|  | Three measures for interventional radiology are under consideration for PQRS based programs including two outcome measures. All are in development. |
|  | Lead Discussant(s): David Seidenwurm, Bruce Sherman |
|  | 1. **Percentage of patients treated for varicose veins who are treated with saphenous ablation and receive an outcomes survey before and after treatment** (MUC ID: X3739)*Description:* Percentage of patients treated for varicose veins (CEAP C2) who are treated with saphenous ablation (with or without adjunctive tributary treatment) that receive a disease specific patient reported outcome survey before and after treatment. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
2. **Percentage of patients with a retrievable inferior vena cava filter who are appropriately assessed for continued filtration or device removal** (MUC ID: X3755)*Description:* Proportion of patients in whom a retrievable IVC filter is placed who, within 3 months post- placement, have a documented assessment for the appropriateness of continued filtration, device removal or the inability to contact the patient with at least two attempts. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
3. **Rate of surgical conversion from lower extremity endovascular revascularization procedure** (MUC ID: X3754)*Description:* In patients assigned to endovascular treatment for obstructive arterial disease, the percent of patients who undergo unplanned major amputation or surgical bypass within 48 hours of the index procedure *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
 |
|  | *Notes on Session:* |
| 4:40 pm   | Consent calendar 24: Genitourinary conditions |
|  | Eleven measures are under consideration for the PQRS based programs in the new topic area of pelvic prolapse surgery. Of these, three are adverse outcome measures. There is only one GU measure finalized for PQRS in 2015. An episode based payment measure for the VBPM is also under consideration. |
|  | Lead Discussant(s): Beth Averbeck, Eric Whitaker |
|  | 1. **Performing cystoscopy at the time of hysterectomy for pelvic organ prolapse to detect lower urinary tract injury** (MUC ID: X3752)*Description:* Percentage of patients who undergo cystoscopy to evaluate for lower urinary tract injury at the time of hysterectomy for pelvic organ prolapse. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
2. **Proportion of patients sustaining a bladder injury at the time of any pelvic organ prolapse repair** (MUC ID: X3743)*Description:* Percentage of patients undergoing any surgery to repair pelvic organ prolapse who sustains an injury to the bladder recognized either during or within 1 month after surgery *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
3. **Proportion of patients sustaining a ureter injury at the time of any pelvic organ prolapse repair** (MUC ID: X3813)*Description:* Percentage of patients undergoing a pelvic organ prolapse repair who sustain an injury to the ureter recognized either during or within 1 month after surgery *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
4. **Proportion of patients sustaining a major viscus injury at the time of any pelvic organ prolapse repair** (MUC ID: X3744)*Description:* Percentage of patients undergoing surgical repair of pelvic organ prolapse that is complicated by perforation of a major viscous at the time of index surgery that is recognized intraoperative or within 1 month after surgery *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
5. **Performing an intraoperative rectal examination at the time of prolapse repair** (MUC ID: X3740)*Description:* Percentage of patients having a documented rectal examination at the time of surgery for repair of apical and posterior prolapse. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
6. **Preoperative assessment of sexual function prior to any pelvic organ prolapse repair** (MUC ID: X3742)*Description:* Percentage of patients having a documented assessment of sexual function prior to surgery for pelvic organ prolapse *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
7. **Preoperative assessment of occult stress urinary incontinence prior to any pelvic organ prolapse repair** (MUC ID: X3746)*Description:* Percentage of patients undergoing appropriate preoperative evaluation for the indication of stress urinary incontinence per ACOG/AUGS/AUA guidelines *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
8. **Preoperative exclusion of uterine malignancy prior to any pelvic organ prolapse repair** (MUC ID: X3741)*Description:* Percentage of patients having documented assessment of abnormal uterine or postmenopausal bleeding prior to surgery for pelvic organ prolapse. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
9. **Complete assessment and evaluation of patient’s pelvic organ prolapse prior to surgical repair** (MUC ID: X3751)*Description:* Percentage of patients undergoing surgical repair of pelvic organ prolapse who have a documented, complete characterization of the degree of prolapse in each vaginal compartment, using one of the accepted, objective measurement systems (POP-Q or Baden/Walker) *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
10. **Preoperative pessary for pelvic organ prolapse offered** (MUC ID: X3750)*Description:* The percentage of patients who have been offered a pessary for the treatment of pelvic organ prolapse prior to surgical intervention. *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
11. **Preoperative pessary for pelvic organ prolapse attempted** (MUC ID: X3745)*Description:* The percentage of patients who have attempted pessary placement for the treatment of pelvic organ prolapse prior to surgical intervention *Programs Under Consideration:* PQRS; Physician Compare; Physician Feedback; VBPM *Notes:*
12. **Kidney/Urinary Tract Infection Clinical Episode-Based Payment Measure** (MUC ID: X0351)*Description:* The Kidney/Urinary Tract Infection Clinical Episode-Based Payment Measure constructs a clinically coherent group of medical services that can be used to inform providers about their resource use and effectiveness and establish a standard for value-based incentive payments. Kidney/Urinary Tract Infection episodes are defined as the set of services provided to treat, manage, diagnose, and follow up on (including post-acute care) a patient with a kidney/urinary tract infection hospital admission. The Kidney/Urinary Tract Infection Clinical Episode-Based Payment Measure, like the NQF-endorsed Medicare Spending Per Beneficiary (MSPB) measure, assesses the cost of services initiated during an episode that spans the period immediately prior to, during, and following a patient’s hospital stay. In contrast to the MSPB measure, the Kidney/Urinary Tract Infection Clinical Episode-Based Payment Measure includes Medicare payments only for services that are clinically related to the kidney/urinary tract infection treated during the index hospital stay. The measure sums the Medicare payment amounts for clinically related Part A and Part B services provided during this timeframe and attributes them to the hospital at which the index hospital stay occurred or to the physician group primarily responsible for the beneficiary’s care during the index hospital stay. Medicare payments included in this episode-based measure are standardized and risk-adjusted. *Programs Under Consideration:* Physician Feedback; VBPM *Notes:*
 |
|  | *Notes on Session:* |
| 5:00 pm    | Adjourn |
|  |  |
| **Day 2**   |  |
|  |  |
| 8:30 am   | MAP Feedback on 2015 Physician Fee Schedule Final Rule |
|  | Kate Goodrich, MD, CMS |
| 9:15 am   | Consent calendar 25: MSSP - Support |
|  | One NQF-endorsed measure under consideration for MSSP. |
|  | Lead Discussant(s): Amy Moyer, Amy Mullins |
|  | 1. **Breast Cancer Screening** (MUC ID: X3797)*Description:* Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the past 27 months. *Programs Under Consideration:* MSSP *Notes:*
2. **Perioperative Anti-platelet Therapy for Patients undergoing Carotid Endarterectomy [*Measure referred from hospital workgroup*]** (MUC ID: E0465)*Description:* Percentage of patients undergoing carotid endarterectomy (CEA) who are taking an anti-platelet agent (aspirin or clopidogrel or equivalent such as aggrenox/tiglacor etc) within 48 hours prior to surgery and are prescribed this medication at hospital discharge following surgery. [Note: Description is for update to NQF endorsed measure and differs from specifications provided in QPS] *Programs Under Consideration:* MSSP *Notes:*
3. **In-hospital mortality following elective open repair of AAAs [*Measure referred from hospital workgroup*]** (MUC ID: E1523)*Description:* Percentage of asymptomatic patients undergoing open repair of abdominal aortic aneurysms (AAA) who die while in hospital. This measure is proposed for both hospitals and individual providers. *Programs Under Consideration:* MSSP *Notes:*
 |
|  | *Notes on Session:* |
|    | Consent calendar 26: MSSP - Conditional Support |
|  | Fourteen measures under consideration are conditionally supported for the MSSP. These measures should be submitted to NQF for review and endorsement. |
|  | Lead Discussant(s): Janis Orlowski, Rachel Grob |
|  | 1. **Prevention Quality Indicators #90 (PQI #90)** (MUC ID: X3715)*Description:* Prevention Quality Indicators (PQI) overall composite per 100,000 population, ages 18 years and older. Includes admissions for one of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, angina without a cardiac procedure, dehydration, bacterial pneumonia, or urinary tract infection. *Programs Under Consideration:* MSSP *Notes:*
2. **Optimal Asthma Care 2014** (MUC ID: X3773)*Description:* Composite (“optimal” care) measure of the percentage of pediatric and adult patients who have asthma and meet specified targets to control their asthma. *Programs Under Consideration:* MSSP *Notes:*
3. **Optimal Vascular Care** (MUC ID: E0076)*Description:* Percent of patients aged 18 to 75 with ischemic vascular disease (IVD) who have optimally managed modifiable risk factors demonstrated by meeting all of the numerator targets of this patient level all-or-none composite measure: LDL less than 100, blood pressure less than 140/90, tobacco-free status, and daily aspirin use[For reference, description of endorsed measure from QPS: Percentage of adult patients ages 18 to 75 who have ischemic vascular disease with optimally managed modifiable risk factors (blood pressure, tobacco-free status, daily aspirin use).] *Programs Under Consideration:* MSSP *Notes:*
4. **Coronary Artery Disease (CAD): Symptom Management:** (MUC ID: X1033)*Description:* Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period with an evaluation of level of activity and an assessment of whether anginal symptoms are present or absent with appropriate management of anginal symptoms within a 12 month period *Programs Under Consideration:* MSSP *Notes:*
5. **Depression Utilization of the PHQ-9 Tool** (MUC ID: E0712)*Description:* Adult patients age 18 and older with the diagnosis of major depression or dysthymia (ICD-9 296.2x, 296.3x or 300.4) who have a PHQ-9 tool administered at least once during the four month measurement period. *Programs Under Consideration:* MSSP *Notes:*
6. **Depression Remission at Six Months** (MUC ID: E0711)*Description:* Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine who achieve remission at six months as demonstrated by a six month (± 30 days) PHQ-9 score of less than five. This measure applies to both patients with newly diagnosed and existing depression identified during the defined measurement period whose current PHQ-9 score indicates a need for treatment. *Programs Under Consideration:* MSSP *Notes:*
7. **Controlling High Blood Pressure** (MUC ID: X3792)*Description:* Percentage of patients 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 140/90 mmHg) during the measurement period based on the following criteria: • Patients 18–59 years of age whose BP was *Programs Under Consideration:* MSSP *Notes:*
8. **Overuse Of Neuroimaging For Patients With Primary Headache And A Normal Neurological Examination** (MUC ID: X3785)*Description:* Percentage of patients with a diagnosis of primary headache disorder with a normal neurological examination\* for whom advanced brain imaging (CTA, CT, MRA or MRI) was NOT ordered. [NQF edit] *Programs Under Consideration:* MSSP *Notes:*
9. **Quality Of Life Assessment For Patients With Primary Headache Disorders** (MUC ID: X3786)*Description:* Percentage of patients with a diagnosis of primary headache disorder whose health related quality of life (HRQoL) was assessed with a tool(s) during at least two visits during the 12 month measurement period AND whose health related quality of life score stayed the same or improved. *Programs Under Consideration:* MSSP *Notes:*
10. **Evaluation or Interview for Risk of Opioid Misuse** (MUC ID: X3774)*Description:* All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g. Opioid Risk Tool, SOAAP-R) or patient interview documented at least once during COT in the medical record. *Programs Under Consideration:* MSSP *Notes:*
11. **Documentation of Signed Opioid Treatment Agreement** (MUC ID: X3777)*Description:* All patients 18 and older prescribed opiates for longer than six weeks duration who signed an opioid treatment agreement at least once during COT documented in the medical record. *Programs Under Consideration:* MSSP *Notes:*
12. **Consideration of Non-Pharmacologic Interventions** (MUC ID: X3776)*Description:* All patients 18 and older prescribed opiates for longer than six weeks duration with whom the clinician discussed non-pharmacologic interventions (e.g. graded exercise, cognitive/behavioral therapy, activity coaching at least once during COT documented in the medical record. *Programs Under Consideration:* MSSP *Notes:*
13. **Chronic Opioid Therapy Follow-up Evaluation** (MUC ID: X3775)*Description:* All patients 18 and older prescribed opiates for longer than six weeks duration who had a follow-up evaluation conducted at least every three months during COT documented in the medical record. *Programs Under Consideration:* MSSP *Notes:*
14. **TOTAL PER CAPITA COST MEASURE FOR MEDICARE FEE-FOR-SERVICE BENEFICIARIES** (MUC ID: X2147)*Description:* The ratio of all actual Medicare FFS Parts A and B payments to a medical group practice for beneficiaries attributed to it over a calendar year to all expected payments to the medical group practice, multiplied by the payment for the average beneficiary in the sample. *Programs Under Consideration:* MSSP *Notes:*
15. **Proportion of patients sustaining a bladder injury at the time of any pelvic organ prolapse repair [*Measure referred from hospital workgroup*]** (MUC ID: X3743)*Description:* Percentage of patients undergoing any surgery to repair pelvic organ prolapse who sustains an injury to the bladder recognized either during or within 1 month after surgery *Programs Under Consideration:* MSSP *Notes:*
16. **Proportion of patients sustaining a major viscus injury at the time of any pelvic organ prolapse repair [*Measure referred from hospital workgroup*]** (MUC ID: X3744)*Description:* Percentage of patients undergoing surgical repair of pelvic organ prolapse that is complicated by perforation of a major viscous at the time of index surgery that is recognized intraoperative or within 1 month after surgery *Programs Under Consideration:* MSSP *Notes:*
17. **Proportion of patients sustaining a ureter injury at the time of any pelvic organ prolapse repair [*Measure referred from hospital workgroup*]** (MUC ID: X3813)*Description:* Percentage of patients undergoing a pelvic organ prolapse repair who sustain an injury to the ureter recognized either during or within 1 month after surgery *Programs Under Consideration:* MSSP *Notes:*
18. **Performing cystoscopy at the time of hysterectomy for pelvic organ prolapse to detect lower urinary tract injury [*Measure referred from hospital workgroup*]** (MUC ID: X3752)*Description:* Percentage of patients who undergo cystoscopy to evaluate for lower urinary tract injury at the time of hysterectomy for pelvic organ prolapse. *Programs Under Consideration:* MSSP *Notes:*
 |
|  | *Notes on Session:* |
|    | Consent calendar 27: MSSP - Encourage further development |
|  | Of 49 measure under consideration that are still in development, 34 are recommended for continued development for potential use in MSSP. |
|  | Lead Discussant(s): Mark Metersky, David Hopkins |
|  | 1. **Functional Status Assessment and Goal Achievement for Patients with Congestive Heart Failure** (MUC ID: X3481)*Description:* Percentage of patients aged 65 years and older with congestive heart failure who had a target improvement goal defined after completing an initial patient-reported functional status assessment and met the goal after completing a follow-up functional status assessment *Programs Under Consideration:* MSSP *Notes:*
2. **Functional Status Outcomes for Patients Receiving Primary Total Hip Replacements** (MUC ID: X3483)*Description:* Average change in functional status assessment score for 19 years and older with primary total hip arthroplasty (THA) in the 180-270 days after surgery compared to their initial score within 90 days prior to surgery. *Programs Under Consideration:* MSSP *Notes:*
3. **Functional Status Outcomes for Patients Receiving Primary Total Knee Replacements** (MUC ID: X3482)*Description:* Average change in functional status assessment score for 19 years and older with primary total knee arthroplasty (TKA) in the 180-270 days after surgery compared to their initial score within 90 days prior to surgery. *Programs Under Consideration:* MSSP *Notes:*
4. **Clinical Outcome post Endovascular Stroke Treatment** (MUC ID: X3756)*Description:* Patients with 90 day mRs score of 0 to 2 post endovascular stroke intervention *Programs Under Consideration:* MSSP *Notes:*
5. **Extravasation of contrast following contrast-enhanced computed tomography (CT)** (MUC ID: X3523)*Description:* Percentage of final reports for patients aged 18 years and older who received intravenous iodinated contrast for a computed tomography (CT) examination who had an extravasation of contrast Lower performance rate is the goal. *Programs Under Consideration:* MSSP *Notes:*
6. **Appropriate age for colorectal cancer screening** (MUC ID: X3758)*Description:* Percentage of average-risk patients age 86 or older who underwent screening colonoscopy *Programs Under Consideration:* MSSP *Notes:*
7. **Unnecessary Screening Colonoscopy in Older Adults** (MUC ID: X3769)*Description:* Percentage of patients age 86 or older who received an unnecessary screening colonoscopy. *Programs Under Consideration:* MSSP *Notes:*
8. **Appropriate follow-up imaging for non-traumatic knee pain** (MUC ID: X3802)*Description:* Percentage of imaging studies for patients aged 18 years and older with non-traumatic knee pain who undergo knee magnetic resonance imaging (MRI) or magnetic resonance arthrography (MRA) who are known to have had knee radiographs performed within the preceding 3 months based on information from the radiology information system (RIS), patient-provided radiological history, or other health-care source *Programs Under Consideration:* MSSP *Notes:*
9. **Appropriate use of imaging for non-traumatic shoulder pain** (MUC ID: X3803)*Description:* Percentage of imaging studies for patients aged 18 years and older with non-traumatic shoulder pain who undergo shoulder magnetic resonance imaging (MRI), magnetic resonance arthrography (MRA), or a shoulder ultrasound who are known to have had shoulder radiographs performed within the preceding 3 months based on information from the radiology information system (RIS), patient-provided radiological history, or other health-care source *Programs Under Consideration:* MSSP *Notes:*
10. **Communication and shared decision-making with patients and families for interventional oncology procedures** (MUC ID: X3735)*Description:* Percentage of patients who have undergone an interventional oncology ablation or catheter-directed therapy with documentation that the intent of the procedure (e.g., cure, downstaging to curative resection/transplantation, prolongation of survival, palliation) was discussed with the patient and/or family member *Programs Under Consideration:* MSSP *Notes:*
11. **Coagulation studies in adult patients presenting with chest pain with no coagulopathy or bleeding** (MUC ID: X3780)*Description:* Percentage of emergency department patients aged 18 years and older without coagulopathy or bleeding who received coagulation studies *Programs Under Consideration:* MSSP *Notes:*
12. **Frequency of inadequate bowel preparation** (MUC ID: X3760)*Description:* The percentage of outpatient examinations with “inadequate” bowel preparation that require repeat colonoscopy in one year or less *Programs Under Consideration:* MSSP *Notes:*
13. **Closing the Referral Loop - Critical Information Communicated with Request for Referral** (MUC ID: X3283)*Description:* Percentage of referrals sent by a referring provider to another provider for which the referring provider sent a CDA-based Referral Note that included the type of activity requested, reason for referral, preferred timing, problem list, medication list, allergy list, and medical history *Programs Under Consideration:* MSSP *Notes:*
14. **Closing the Referral Loop - Specialist Report Sent to Primary Care Physician** (MUC ID: X3302)*Description:* Percentage of referrals received for which the receiving provider sent a consultant report back to the referring provider. *Programs Under Consideration:* MSSP *Notes:*
15. **Coordinating Care - Emergency Department Referrals** (MUC ID: X3466)*Description:* Percentage of patients (1) of any age with asthma or (2) ages 18 and over with chest pain who had a visit to the emergency department (not resulting in an inpatient admission), whose emergency department provider attempted to communicate with the patient's primary care provider or their specialist about the patient's visit to the emergency department. *Programs Under Consideration:* MSSP *Notes:*
16. **Coordinating Care - Follow-Up with Eligible Provider** (MUC ID: X3465)*Description:* Percentage of patients (1) of any age with asthma or (2) ages 18 and over with chest pain who had a visit to the emergency department (not resulting in an inpatient admission) and had a follow-up visit or contact with their primary care provider or relevant specialist or the provider’s designee within 72 hours of the visit to the emergency department. *Programs Under Consideration:* MSSP *Notes:*
17. **Statin Therapy for the Prevention and Treatment of Cardiovascular Disease** (MUC ID: X3729)*Description:* Percentage of high-risk adult patients aged >= 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); OR adult patients aged >=21 years with any fasting or direct Low-Density Lipoprotein Cholesterol (LDL-C) level >=190 mg/dL; OR patients aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL; who were prescribed or are already on statin medication therapy during the measurement year. *Programs Under Consideration:* MSSP *Notes:*
18. **Cognitive Impairment Assessment Among At-Risk Older Adults** (MUC ID: X3469)*Description:* Percentage of patients age 80 years or older at the start of the measurement period with documentation in the electronic health record at least once during the measurement period of (1) results from a standardized cognitive impairment assessment tool or (2) a patient or informant interview. *Programs Under Consideration:* MSSP *Notes:*
19. **Documentation of a Health Care Proxy for Patients with Cognitive Impairment** (MUC ID: X3468)*Description:* The percentage of patients with a diagnosis of dementia or a positive result on a standardized tool for assessment of cognitive impairment, with documentation of a designated health care proxy during the measurement period. *Programs Under Consideration:* MSSP *Notes:*
20. **Comprehensive Diabetes Care: Eye Exam** (MUC ID: E0055)*Description:* The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who received a retinal or dilated eye exam during the measurement year or a negative retinal or dilated eye exam in the year prior to the measurement year. *Programs Under Consideration:* MSSP *Notes:*
21. **Diabetes: Hemoglobin A1c Overtreatment in the Elderly** (MUC ID: X3476)*Description:* Percentage of patients 65 years of age and older with diabetes who had hemoglobin A1c < 7.0% during the measurement period. *Programs Under Consideration:* MSSP *Notes:*
22. **Alcohol Screening and Brief Intervention (ASBI) in the ER** (MUC ID: X3445)*Description:* Percentage of patients aged 15 to 34 seen in the ER for injury who were screened for hazardous alcohol use AND provided a brief intervention within 7 days of the ER visit if screened positive. *Programs Under Consideration:* MSSP *Notes:*
23. **Imaging in adult ED patients with minor head injury** (MUC ID: X3764)*Description:* Percent of adult patients who presented within 24 hours of a non-penetrating head injury with a Glasgow coma score (GCS) <=15 and underwent head CT for trauma in the ED who have a documented indication consistent with guidelines prior to imaging *Programs Under Consideration:* MSSP *Notes:*
24. **Photodocumentation of cecal intubation** (MUC ID: X3761)*Description:* The rate of screening and surveillance colonoscopies for which photodocumentation of landmarks of cecal intubation is performed to establish a complete examination *Programs Under Consideration:* MSSP *Notes:*
25. **Appropriate follow-up imaging for incidental abdominal lesions** (MUC ID: X3759)*Description:* Percentage of final reports for abdominal imaging studies for asymptomatic patients aged 18 years and older with one or more of the following noted incidentally with follow-up imaging recommended: - liver lesion < 1.5 cm - kidney lesion < 1.0 cm - adrenal lesion < 4.0 cm Lower performance rate is goal *Programs Under Consideration:* MSSP *Notes:*
26. **Appropriate follow-up imaging for incidental thyroid nodules in patients** (MUC ID: X3763)*Description:* Percentage of final reports for computed tomography (CT) or magnetic resonance imaging (MRI) studies of the chest or neck or ultrasound of the neck for patients aged 18 years and older with no known thyroid disease with a thyroid nodule < 1.0 cm noted incidentally with follow-up imaging recommended Lower performance rate is goal. *Programs Under Consideration:* MSSP *Notes:*
27. **Adverse Drug Events - Minimum INR Monitoring for Patients with Atrial Fibrillation on Warfarin** (MUC ID: X3485)*Description:* Percentage of patients aged 18 and older with atrial fibrillation/flutter who are on chronic warfarin therapy and received minimum appropriate International Normalized Ratio (INR) monitoring *Programs Under Consideration:* MSSP *Notes:*
28. **INR Monitoring for Individuals on Warfarin (e-specified version of NQF #0555)** (MUC ID: E0555)*Description:* Percentage of individuals at least 18 years of age as of the beginning of the measurement period with at least 56 days of warfarin therapy who receive an International Normalized Ratio (INR) test during each 56-day interval with warfarin. *Programs Under Consideration:* MSSP *Notes:*
29. **Functional Status Assessments and Goal Setting for Chronic Pain Due to Osteoarthritis** (MUC ID: X3053)*Description:* Percentage of patients 18 years of age and older with a diagnosis of hip or knee osteoarthritis for whom a score from one of a select list of validated pain interference assessment tools was recorded at least twice during the measurement period and for whom a care goal was documented and linked to the initial assessment. *Programs Under Consideration:* MSSP *Notes:*
30. **Gout: Urate Lowering Therapy** (MUC ID: S2550)*Description:* Percentage of patients aged 18 and older with a diagnosis of gout and either tophus/tophi or at least two gout flares (attacks) in the past year who have a serum urate level > 6.0 mg/dL, who are prescribed urate lowering therapy (ULT) *Programs Under Consideration:* MSSP *Notes:*
31. **Intimate Partner (Domestic) Violence Screening** (MUC ID: X3446)*Description:* Percentage of female patients aged 15-40 years old who were screened for intimate partner (domestic) violence at any time during the reporting period. *Programs Under Consideration:* MSSP *Notes:*
32. **Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling** (MUC ID: E2152)*Description:* Percentage of patients aged 18 years and older who were screened at least once within the last 24 months for unhealthy alcohol use using a systematic screening method AND who received brief counseling if identified as an unhealthy alcohol user *Programs Under Consideration:* MSSP *Notes:*
33. **Substance Use Screening and Intervention Composite** (MUC ID: X3475)*Description:* Percentage of patients aged 18 years and older who were screened at least once within the last 24 months for tobacco use, unhealthy alcohol use, nonmedical prescription drug use, and illicit drug use AND who received an intervention for all positive screening results *Programs Under Consideration:* MSSP *Notes:*
34. **Adult Kidney Disease: Referral to Hospice** (MUC ID: X3732)*Description:* Percentage of patients aged 18 years and older with a diagnosis of ESRD who withdraw from hemodialysis or peritoneal dialysis who are referred to hospice care *Programs Under Consideration:* MSSP *Notes:*
35. **Door to puncture time for endovascular stroke treatment [*Measure referred from hospital workgroup*]** (MUC ID: X3747)*Description:* Door to puncture time less than 2 hours for patients undergoing endovascular stroke treatment *Programs Under Consideration:* MSSP *Notes:*
36. **Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination [*Measure referred from hospital workgroup*]** (MUC ID: X3806)*Description:* Percentage of patients, aged 18 years and older, who undergo a procedure under an inhalational general anesthetic, AND who have three or more risk factors for post-operative nausea and vomiting (PONV), who receive combination therapy consisting of at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively or intraoperatively *Programs Under Consideration:* MSSP *Notes:*
37. **Post-Anesthetic Transfer of Care: Use of Checklist or Protocol for Direct Transfer of Care from Procedure Room to Intensive Care Unit (ICU) [*Measure referred from hospital workgroup*]** (MUC ID: X3807)*Description:* Percentage of patients, regardless of age, who undergo a procedure under anesthesia and are admitted to an Intensive Care Unit (ICU) directly from the anesthetizing location, who have a documented use of a checklist or protocol for the transfer of care from the responsible anesthesia practitioner to the responsible ICU team or team member *Programs Under Consideration:* MSSP *Notes:*
38. **Post-Anesthetic Transfer of Care Measure: Procedure Room to a Post Anesthesia Care Unit (PACU) [*Measure referred from hospital workgroup*]** (MUC ID: X3810)*Description:* Percentage of patients who are under the care of an anesthesia practitioner and are admitted to a PACU in which a post-anesthetic formal transfer of care protocol or checklist which includes the key transfer of care elements is utilized. *Programs Under Consideration:* MSSP *Notes:*
 |
|  | *Notes on Session:* |
|    | Consent calendar 28: MSSP -Do not support |
|  | Twenty nine fuuly developed measures are not supported for MSSP. Some do not apply to the Medicare population and others address very narrow conditions or patient populations. |
|  | Lead Discussant(s): Davis Seidenwurm, Robert Krughoff |
|  | 1. **Coronary Artery Disease (CAD): Antiplatelet Therapy** (MUC ID: E0067)*Description:* Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who were prescribed aspirin or clopidogrel *Programs Under Consideration:* MSSP *Notes:*
2. **Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)** (MUC ID: E0070)*Description:* Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have prior MI OR a current or LVEF < 40% who were prescribed beta-blocker therapy There are two reporting criteria for this measure: (1) Patients who are 18 years and older with a diagnosis of CAD or history of cardiac surgery who have a current or prior LVEF < 40% OR (2) Patients who are 18 years and older with a diagnosis of CAD or history of cardiac surgery who have prior myocardial infarction"[For reference, descriptin of endorsed measure from QPS: Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have a prior MI or a current or prior LVEF *Programs Under Consideration:* MSSP *Notes:*
3. **Overuse of Barbiturate Containing Medications for Primary Headache Disorders** (MUC ID: X3765)*Description:* Percentage of patients age 18 years old and older with a diagnosis of primary headache who were NOT prescribed barbiturate containing medications related to the primary headache disorder diagnosis during the 12-month measurement period. *Programs Under Consideration:* MSSP *Notes:*
4. **ACUTE MEDICATION PRESCRIBED FOR CLUSTER HEADACHE** (MUC ID: X3766)*Description:* Percentage of patients age 18 years old and older with a diagnosis of cluster headache (CH) who were prescribed a guideline recommended acute medication for cluster headache within the 12-month measurement period. *Programs Under Consideration:* MSSP *Notes:*
5. **Overuse Of Opioid Containing Medications For Primary Headache Disorders** (MUC ID: X3770)*Description:* Percentage of patients aged 12 years and older diagnosed with primary headache disorder and taking opioid containing medication who were assessed for opioid containing medication overuse within the 12-month measurement period and treated or referred for treatment if identified as overusing opioid containing medication. *Programs Under Consideration:* MSSP *Notes:*
6. **MEDICATION PRESCRIBED FOR ACUTE MIGRAINE ATTACK** (MUC ID: X3771)*Description:* Percentage of patients age 12 years and older with a diagnosis of migraine who were prescribed a guideline recommended medication for acute migraine attacks within the 12 month measurement period. *Programs Under Consideration:* MSSP *Notes:*
7. **Preventive Migraine Medication Prescribed** (MUC ID: X3772)*Description:* Percentage of patients age 18 years old and older diagnosed with migraine headache whose migraine frequency is >= 4 migraine attacks per month or migraine frequency was >= 8 days per month who were prescribed a guideline recommended prophylactic migraine treatment within the 12 month reporting period. *Programs Under Consideration:* MSSP *Notes:*
8. **Assessment Of Medication Overuse In The Treatment Of Primary Headache Disorders** (MUC ID: X3783)*Description:* Percentage of patients diagnosed with a primary headache disorder, who are actively taking an acute headache medication and experiencing headaches >= 15 days per month for 3 months, who were assessed for medication overuse headache (MOH). *Programs Under Consideration:* MSSP *Notes:*
9. **Plan Of Care Or Referral For Possible Medication Overuse Headache** (MUC ID: X3784)*Description:* Percentage of patients diagnosed with medication overuse headache (MOH) within the past 3 months or who screened positive for possible MOH (measure 6a) who had a medication overuse plan of care created or who were referred for this purpose. *Programs Under Consideration:* MSSP *Notes:*
10. **Plan Of Care For Migraine Or Cervicogenic Headache Developed Or Reviewed** (MUC ID: X3794)*Description:* All patients diagnosed with migraine headache or cervicogenic headache who had a headache management plan of care developed or reviewed at least once during the 12 month measurement period. *Programs Under Consideration:* MSSP *Notes:*
11. **Migraine Or Cervicogenic Headache Related Disability Functional Status** (MUC ID: X3796)*Description:* Percentage of patients age 6 years old and older who have a diagnosis of migraine headache or cervicogenic headache and for whom the number of headache-related disability days during the past 3 months is documented in the medical record. *Programs Under Consideration:* MSSP *Notes:*
12. **Preoperative exclusion of uterine malignancy prior to any pelvic organ prolapse repair** (MUC ID: X3741)*Description:* Percentage of patients having documented assessment of abnormal uterine or postmenopausal bleeding prior to surgery for pelvic organ prolapse. *Programs Under Consideration:* MSSP *Notes:*
13. **Preoperative assessment of sexual function prior to any pelvic organ prolapse repair** (MUC ID: X3742)*Description:* Percentage of patients having a documented assessment of sexual function prior to surgery for pelvic organ prolapse *Programs Under Consideration:* MSSP *Notes:*
14. **Preoperative pessary for pelvic organ prolapse attempted** (MUC ID: X3745)*Description:* The percentage of patients who have attempted pessary placement for the treatment of pelvic organ prolapse prior to surgical intervention *Programs Under Consideration:* MSSP *Notes:*
15. **Preoperative assessment of occult stress urinary incontinence prior to any pelvic organ prolapse repair** (MUC ID: X3746)*Description:* Percentage of patients undergoing appropriate preoperative evaluation for the indication of stress urinary incontinence per ACOG/AUGS/AUA guidelines *Programs Under Consideration:* MSSP *Notes:*
16. **Preoperative pessary for pelvic organ prolapse offered** (MUC ID: X3750)*Description:* The percentage of patients who have been offered a pessary for the treatment of pelvic organ prolapse prior to surgical intervention. *Programs Under Consideration:* MSSP *Notes:*
17. **Complete assessment and evaluation of patient’s pelvic organ prolapse prior to surgical repair** (MUC ID: X3751)*Description:* Percentage of patients undergoing surgical repair of pelvic organ prolapse who have a documented, complete characterization of the degree of prolapse in each vaginal compartment, using one of the accepted, objective measurement systems (POP-Q or Baden/Walker) *Programs Under Consideration:* MSSP *Notes:*
18. **Patients with DMD Prescribed Appropriate Disease Modifying Pharmaceutical Therapy** (MUC ID: X3787)*Description:* All patients diagnosed with Duchenne muscular dystrophy (DMD) prescribed appropriate DMD disease modifying pharmaceutical therapy. *Programs Under Consideration:* MSSP *Notes:*
19. **Patient Counseled About Health Care Decision-Making** (MUC ID: X3789)*Description:* All patients with a diagnosis of a muscular dystrophy (MD), or their caregivers who were counseled about advanced health care decision making, palliative care, or end-of-life issues at least once annually. *Programs Under Consideration:* MSSP *Notes:*
20. **MD Multidisciplinary Care Plan Developed or Updated** (MUC ID: X3791)*Description:* All patients diagnosed with a muscular dystrophy (MD) for whom a MD multi-disciplinary care plan was developed, if not done previously, or the plan was updated at least once annually. *Programs Under Consideration:* MSSP *Notes:*
21. **Scoliosis Evaluation Ordered** (MUC ID: X3798)*Description:* All visits for patients with a diagnosis of a muscular dystrophy (MD) where the patient had a scoliosis evaluation ordered. *Programs Under Consideration:* MSSP *Notes:*
22. **Patient Queried about Pain and Pain Interference with Function** (MUC ID: X3800)*Description:* All visits for patients diagnosed with a muscular dystrophy (MD) where the patient was queried about pain and pain interference with function using a validated and reliable instrument. *Programs Under Consideration:* MSSP *Notes:*
23. **Nutritional Status or Growth Trajectories Monitored** (MUC ID: X3801)*Description:* All visits for patients diagnosed with muscular dystrophy (MD) where the patient’s nutritional status or growth trajectories were monitored. *Programs Under Consideration:* MSSP *Notes:*
24. **Primary C-Section Rate 2014** (MUC ID: X3768)*Description:* A measure of the percentage of cesarean deliveries for nulliparous births. *Programs Under Consideration:* MSSP *Notes:*
25. **PC-02 Cesarean Section (Provider Level)** (MUC ID: X3788)*Description:* This measure assesses the number of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section. This measure is part of a set of five nationally implemented measures that address perinatal care (PC-01: Elective Delivery, PC-03: Antenatal Steroids, PC-04: Health Care-Associated Bloodstream Infections in Newborns, PC-05: Exclusive Breast Milk Feeding). *Programs Under Consideration:* MSSP *Notes:*
26. **Cervical Cancer Screening** (MUC ID: E0032)*Description:* Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: 1. Women age 21-64 who had cervical cytology performed every 3 years. 2. Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years. *Programs Under Consideration:* MSSP *Notes:*
27. **Assessment for Psoriatic Arthritis** (MUC ID: X3274)*Description:* This measure evaluates the number of all psoriasis patients who are screened for psoriatic arthritis. Doing this helps to prevent structural damage, and maximizes quality of life (QOL). *Programs Under Consideration:* MSSP *Notes:*
28. **Clinical Response to Oral Systemic or Biologic Medications** (MUC ID: X3726)*Description:* This measure evaluates the proportion of psoriasis patients receiving systemic or biologic therapy who meet minimal physician- or patient-reported disease activity levels. It is implied that establishment and maintenance of an established minimum level of disease control as measured by physician- and/or patient-reported outcomes will increase patient satisfaction with and adherence to treatment. *Programs Under Consideration:* MSSP *Notes:*
29. **ALS Multidisciplinary Care Plan Developed or Updated** (MUC ID: X2809)*Description:* Percentage of patients diagnosed with ALS for whom a multi-disciplinary care plan was developed, if not done previously, and the plan was updated at least once annually. *Programs Under Consideration:* MSSP *Notes:*
30. **Performing an intraoperative rectal examination at the time of prolapse repair [*Measure referred from hospital workgroup*]** (MUC ID: X3740)*Description:* Percentage of patients having a documented rectal examination at the time of surgery for repair of apical and posterior prolapse. *Programs Under Consideration:* MSSP *Notes:*
 |
|  | *Notes on Session:* |
|    | Consent calendar 29: MSSP -Do not encourage further consideration |
|  | Fifteen measures in development are not recommended for further consideration for the MSSP. |
|  | Lead Discussant(s): Jay Schuur, James Pacala |
|  | 1. **Diabetes: Foot exam** (MUC ID: E0056)*Description:* The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a foot exam (visual inspection with either a sensory exam or a pulse exam) during the measurement year. *Programs Under Consideration:* MSSP *Notes:*
2. **Hepatitis C: Appropriate Screening Follow-Up for Patients Identified with Hepatitis C Virus (HCV) Infection** (MUC ID: X3816)*Description:* Percentage of patients aged 18 years and older with a positive HCV antibody test and either a positive HCV RNA test result or an absent HCV RNA test result who are prescribed treatment or are referred to treatment services for HCV infection *Programs Under Consideration:* MSSP *Notes:*
3. **HIV medical visit frequency** (MUC ID: E2079)*Description:* Percentage of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits *Programs Under Consideration:* MSSP *Notes:*
4. **HIV Viral Load Suppression** (MUC ID: E2082)*Description:* Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year *Programs Under Consideration:* MSSP *Notes:*
5. **Prescription of HIV Antiretroviral Therapy** (MUC ID: E2083)*Description:* Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year *Programs Under Consideration:* MSSP *Notes:*
6. **Use of premedication before contrast-enhanced imaging studies in patients with documented contrast allergy** (MUC ID: X3781)*Description:* Percentage of final reports for patients aged 18 years and older who had a previously documented contrast reaction who undergo any imaging examination using intravenous iodinated contrast that include documentation that the patients were pre-medicated with corticosteroids with or without H1 antihistamines *Programs Under Consideration:* MSSP *Notes:*
7. **Percentage of patients treated for varicose veins who are treated with saphenous ablation and receive an outcomes survey before and after treatment** (MUC ID: X3739)*Description:* Percentage of patients treated for varicose veins (CEAP C2) who are treated with saphenous ablation (with or without adjunctive tributary treatment) that receive a disease specific patient reported outcome survey before and after treatment. *Programs Under Consideration:* MSSP *Notes:*
8. **Percentage of patients with a retrievable inferior vena cava filter who are appropriately assessed for continued filtration or device removal** (MUC ID: X3755)*Description:* Proportion of patients in whom a retrievable IVC filter is placed who, within 3 months post- placement, have a documented assessment for the appropriateness of continued filtration, device removal or the inability to contact the patient with at least two attempts. *Programs Under Consideration:* MSSP *Notes:*
9. **Gout: Serum Urate Monitoring** (MUC ID: S2521)*Description:* Percentage of patients aged 18 and older with a diagnosis of gout who were either started on urate lowering therapy (ULT) or whose dose of ULT was changed in the year prior to the measurement period, and who had their serum urate level measured within 6 months *Programs Under Consideration:* MSSP *Notes:*
10. **Use of Imaging Studies for Low Back Pain** (MUC ID: E0052)*Description:* The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of the diagnosis. The measure is reported as an inverted rate [1 – (numerator/eligible population)]. A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur). *Programs Under Consideration:* MSSP *Notes:*
11. **HIV Screening of STI patients** (MUC ID: X3300)*Description:* Percentage of patients diagnosed with an acute STI who were tested for HIV *Programs Under Consideration:* MSSP *Notes:*
12. **HIV: Ever screened for HIV** (MUC ID: X3299)*Description:* Percentage of persons 15-65 ever screened for HIV *Programs Under Consideration:* MSSP *Notes:*
13. **Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users** (MUC ID: X3513)*Description:* Percentage of patients regardless of age who are active injection drug users who received screening for HCV infection within the 12 month reporting period *Programs Under Consideration:* MSSP *Notes:*
14. **Hepatitis C: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk** (MUC ID: X3512)*Description:* Percentage of patients aged 18 years and older with one or more of the following: a history of injection drug use, receipt of a blood transfusion prior to 1992, receiving maintenance hemodialysis, OR birthdate in the years 1945–1965 who received a one-time screening for HCV infection *Programs Under Consideration:* MSSP *Notes:*
15. **Rate of surgical conversion from lower extremity endovascular revascularization procedure** (MUC ID: X3754)*Description:* In patients assigned to endovascular treatment for obstructive arterial disease, the percent of patients who undergo unplanned major amputation or surgical bypass within 48 hours of the index procedure *Programs Under Consideration:* MSSP *Notes:*
16. **Preoperative Use of Aspirin for Patients with Drug-Eluting Coronary Stents [*Measure referred from hospital workgroup*]** (MUC ID: X3808)*Description:* Percentage of patients, aged 18 years and older with a pre-existing drug-eluting coronary stent, who undergo a surgical or therapeutic procedure under anesthesia, who receive aspirin 24 hours prior to surgical start time *Programs Under Consideration:* MSSP *Notes:*
17. **Perioperative Temperature Management [*Measure referred from hospital workgroup*]** (MUC ID: X3809)*Description:* Percentage of patients, regardless of age, who undergo surgical or therapeutic procedures under general or neuraxial anesthesia of 60 minutes duration or longer for whom at least one body temperature greater than or equal to 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) was recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time *Programs Under Consideration:* MSSP *Notes:*
18. **Anesthesiology Smoking Abstinence [*Measure referred from hospital workgroup*]** (MUC ID: X3811)*Description:* The percentage of current smokers who abstain from cigarettes prior to anesthesia on the day of elective surgery or procedure. *Programs Under Consideration:* MSSP *Notes:*
 |
|  | *Notes on Session:* |
| 11:45 am   | Discussion of gaps in the Clinician Quality Programs |
|  |  |
| 12:45 pm   | Discussion of Programmatic Deliverable |
|  |  |
| 2:00 pm   | Adjourn |
|  |  |