NATIONAL QUALITY FORUM

TO: NQF Members

FR: NQF Staff

RE: Pre-voting review for *National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data Performance Measures*

DA: July 14, 2009

In recent years, NQF has endorsed more than 150 clinician-level ambulatory care measures which rely heavily on medical record reviews or physician-directed coding (CPT-II codes) to assess performance. Performance at the clinician or group practice-level is a high priority for a variety of stakeholders. It is anticipated that performance measurement will ultimately rely on clinical data available in electronic health records, but it is unclear how long it will take for the quality enterprise to make the transition. In the interim, many measurement programs rely on electronic, administrative data.

Currently endorsed performance measures that can be derived from ambulatory administrative data alone are limited. Feedback from NQF members and a variety of stakeholders, particularly purchasers, payers and plans, stress the urgent need for more clinician and group-level measures based on readily available and feasible data sources.
The project Steering Committee has reviewed 206 measures in a wide variety of topic areas using NQF's standard evaluation criteria revised in August 2008. The draft report recommends 72 measures in 16 topic areas. The recommended measures are intended to enlarge NQF's portfolio of ambulatory care measures based on administrative data. Some of the recommended measures represent new topic areas for NQF (chronic kidney disease, migraine, upper endoscopy, etc).

The draft document, *National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data*, is posted on the NQF web site, http://www.qualityforum.org/projects/ambulatory_clinically_enriched_data/comment.aspx.

The Steering Committee evaluated the candidate measures within the context of currently endorsed measures based on administrative data, measures being considered in the concurrent Medication Management project and endorsed ambulatory measures not based on administrative data with an eye to harmonization. Due to the large volume of information, the evaluations are summarized in 27 spreadsheets also posted on the NQF web site along with the measure submission forms containing the complete measure specifications.

Pursuant to section II.A of the Consensus Development Process, v. 1.8, this draft document, along with the accompanying material, is being provided to you at this time for purposes of review and comment only—not voting. You may post your comments and view the comments of others on the NQF website. Additionally, there is an option for comments specific to the measures not recommended.

NQF Member comments must be submitted no later than 6:00 pm ET, August 12, 2009; public comments are due by 6:00 pm ET, August 5, 2009.

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NQF strongly prefers to receive comments through the online comment form. Supporting documents may be submitted by email to clinicallyenriched@qualityforum.org
with "*clinically enriched*" in the subject line and your contact information in the body of the email.

Thank you for your interest in the NQF's work. We look forward to your review and comments.

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NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR AMBULATORY CARE USING CLINICALLY ENRICHED ADMINSTRATIVE DATA

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The Steering Committee used NQF's standardized measure evaluation criteria, revised August 2008, to evaluate 206 candidate measures. This report recommends 72 performance measures in a variety of topic areas to enlarge NQF's portfolio of voluntary consensus standards using administrative data:

ASTHMA AND RESPIRATORY ILLNESS

- **EC-234-08** Asthma-Short-Acting Beta Agonist Inhaler for Rescue Therapy © Active Health
- **EC-016-08** Use of Spirometry Testing in the Assessment and Diagnosis of COPD © NCQA
- **EC-255-08** COPD with Exacerbations- Adding a Long-Acting Bronchodilator © Active Health
- **EC- 227-08** High Risk for Pneumococcal Disease - Pneumococcal Vaccination © Active Health

BONE AND JOINT CONDITIONS

- **EC-089-08** New Rheumatoid Arthritis Baseline ESR or CRP within Three Months © Resolution Health
- **EC-060-08** Rheumatoid Arthritis Annual ESR or CRP © Resolution Health
- **EC-056-08** Rheumatoid Arthritis New DMARD Baseline Serum Creatinine © Resolution Health
- **EC-057-08** Rheumatoid Arthritis New DMARD Baseline Liver Function Test © Resolution Health
- **EC-059-08** Rheumatoid Arthritis New DMARD Baseline CBC © Resolution Health
- **EC-058-08** Rheumatoid Arthritis New DMARD Baseline Chest X-Ray © Resolution Health
- **EC-049-08** Hydroxychloroquine Annual Eye Exam © Resolution Health
- **EC-079-08** Methotrexate: LFT within 12 Weeks © Resolution Health

- **EC-080-08** Methotrexate: CBC within 12 Weeks © Resolution Health
- **EC-081-08** Methotrexate: Creatinine within 12 Weeks © Resolution Health
- **EC-283-08** Osteoporosis-Use of Pharmacologic Treatment © Active Health
- **EC-213-08** Steroid Use -Osteoporosis Screening © Active Health
- **EC-281-08** Osteopenia and Chronic Steroid Use – Treatment to prevent Osteoporosis © Active Health

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- **EC-028-08** Annual Cervical Cancer Screening for High Risk Patients © Resolution Health
- **EC-240-08** Breast Cancer-Cancer Surveillance © Active Health
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- **EC-248-08** Prostate Cancer – Cancer Surveillance © Active Health

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- **EC-208-08** MI-Use of Beta Blocker Therapy © Active Health
- **EC-054-08** Stent Drug-Eluting Clopidogrel © Resolution Health
- **EC-272-08** Secondary Prevention of Cardiovascular Events- Use of Aspirin or anti-platelet therapy © Active Health
- **EC-202-08** Heart Failure - Use of ACE Inhibitor (ACEI) or Angiotensin Receptor Blocker (ARB) Therapy © Active Health
- **EC-215-08** Congestive Heart Failure-Use of a Beta Blocker © Active Health
- **EC-083-08** New Atrial Fibrillation: Thyroid Function Test © Resolution Health
- **EC-244-08** Atrial Fibrillation - Warfarin Therapy© Active Health
- **EC-256-08** Male Smokers or Family History of Abdominal Aortic Aneurysm (AAA)- Screening for AAA © Active Health
- **EC-099-08** Hypertension patients with a serum creatinine in the last 12 months © Ingenix
- **EC-037-08** Deep Vein Thrombosis Anticoagulation >= 3 Months - ©Resolution Health
- **EC-061-08** Pulmonary Embolism Anticoagulation >= 3 Months - ©Resolution Health

CHILD HEALTH

- **EC-053-08** Tympanostomy Tube Hearing Test © Resolution Health
- **EC-015-08** Lead Screening in Children ©NCQA

CHRONIC KIDNEY DISEASE

- **EC-006-08** Chronic Kidney Disease: Monitoring Parathyroid Hormone (PTH) © Health Benchmarks
- **EC-012-08** Chronic Kidney Disease: Monitoring Calcium © Health Benchmarks
- **EC-005-08** Chronic Kidney Disease: Monitoring Phosphorous © Health Benchmarks
- **EC-251-08** Chronic Kidney Disease – Lipid Profile Monitoring © Active Health
- **EC-252-08** Chronic Kidney Disease with LDL Greater than or equal to 130 – consider adding a lipid lowering agent © Active Health
- **EC-238-08** Non-Diabetic Nephropathy – consider adding and ACEI or ARB © Active Health

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- **EC-096-08** Adult(s) with diabetes that had a serum creatinine in the last 12 reported months © Ingenix
- **EC-095-08** Adults(s) taking insulin with evidence of self-monitoring blood glucose testing © Ingenix

- **EC-274-08** Primary prevention of cardiovascular events in diabetics older than 40 years – Use of aspirin or antiplatlet therapy © Active Health
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- **EC-232-08** – Diabetes with Hypertension or Proteinuria - Use of an ACE Inhibitor or ARB © Active Health
- **EC-262-08** Diabetes and elevated HbA1c – Use of diabetes medications © Active Health
- **EC-013-08** Comprehensive diabetes care: HgA1c control (<8%) © NCQA

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- **EC-285-08** 'Chronic Liver Disease - Hepatitis A Vaccination © Active Health
- **EC-046-08** Hepatitis C: Viral Load Test © Resolution Health

HIV/AIDS

- **EC-009-08** HIV Screening: Members at High Risk of HIV © Health Benchmarks
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- **EC-041-08** Dyslipidemia New Med 12-Week Lipid Test © Resolution Health
- **EC-217-08** Atherosclerotic Disease- Lipid Panel Monitoring © Active Health
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- **EC-119-08** Lithium Annual Creatinine Test in the ambulatory setting © Resolution Health
- **EC-076-08** Lithium Annual Lithium Test in ambulatory setting © Resolution Health
- **EC-077-08** Lithium Annual Thyroid Test in ambulatory setting © Resolution Health
- **EC-051-08** Warfarin PT/ INR Test © Resolution Health
- **EC-204-08** Warfarin - INR Monitoring © Active Health
- **EC-027-08** Ambulatory Initiated Amiodarone Therapy: TSH Test © Resolution Health

MENTAL HEALTH and SUBSTANCE USE DISORDERS

- **EC-014-08** Follow-Up After Hospitalization for Mental Illness ©NCQA
- **EC-032-08** Bipolar antimanic agent © Resolution Health

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- **EC-093-08** Adult(s) with Frequent Use of Acute Medications that also Received Prophylactic Medications © Ingenix

PRENATAL CARE

- **EC-039-08** Diabetes and Pregnancy: Avoidance of oral hypoglycemic agents © Resolution Health
- **EC-112-08** Pregnant women that had HBsAg testing © Ingenix
- **EC-107-08** Pregnant women that had HIV testing © Ingenix
- **EC-110-08** Pregnant women that had syphilis screening © Ingenix

THE NATIONAL QUALITY FORUM

NATIONAL VOLUNTARY CONSENSUS FOR AMBULATORY CARE USING CLINICALLY ENRICHED ADMINISTRATIVE DATA

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NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR AMBULATORY CARE USING CLINICALLY ENRICHED ADMINSTRATIVE DATA

BACKGROUND

In recent years, NQF has endorsed more than 150 clinician-level ambulatory care measures which rely heavily on medical record reviews or physician-directed coding (CPT-II codes) to assess performance. Performance at the clinician or group practice-level is a high priority for a variety of stakeholders. It is anticipated that performance measurement will ultimately rely on clinical data available in electronic health records, but it is unclear how long it will take for the quality enterprise to make the transition. In the interim, many measurement programs rely on electronic, administrative data.

Currently endorsed performance measures that can be derived from ambulatory administrative data alone are limited. Feedback from NQF members and a variety of stakeholders, particularly purchasers, payers and plans, stress the urgent need for more clinician and group-level measures based on readily available and feasible data sources. Several CMS and RWF sponsored projects are pushing forward to create comprehensive administrative data sets by aggregating Medicare and commercial data. Several projects have been limited by the number of currently endorsed measures based on electronic, administrative data including the Better Quality Information to Improve Care for Medicare Beneficiaries (BQI) Project[1] and the "Generating Medicare Physician Quality Performance Measurement Results" (GEM) project[2].

In 2007, the New York Attorney General reached agreement with several major health plans for doctor ranking programs. The agreement requires that programs "use established national standards to measure quality and cost efficiency, including measures endorsed by the National Quality Forum (NQF) and other generally accepted national standards." [3]

[1] http://www.hhs.gov/valuedriven/pilot/index.html

[2] http://www.cms.hhs.gov/GEM/05_TechnicalDocuments.asp

[3] http://www.oag.state.ny.us/media_center/2007/nov/nov13c_07.html

Additionally, the Consumer Purchaser Disclosure project's *Patient Charter for Physician Performance Measurement, Reporting and Tiering Programs* (the "*Patient Charter*") was announced in April 2008[4]. The *Patient Charter* is supported by leading consumer, labor and employer organizations and applies to physician reporting programs developed by health plans to inform consumers. The *Patient Charter* specifies that "the primary source should be measures endorsed by the National Quality Forum."

Fortunately, progress has been made towards improving electronic, administrative measures through the addition of laboratory and pharmacy data and other electronic clinical data to traditional claims data, which provide a richer source of information for the assessment of some aspects of performance.

EVALUATION OF CANDIDATE MEASURES

A 22-member Steering Committee (CE-SC) reflecting the diversity of the NQF membership, including expertise in use of administrative data, evaluated the candidate measures and made recommendations for endorsement.

A "Call for Measures" solicited "quality measures for ambulatory care based on electronic administrative data, enriched by electronic laboratory or pharmacy data or other electronic clinical data, that can provide additional tools to purchasers, health plans, insurers, consumers, clinicians and other stakeholders working to create more feasible approaches to ongoing performance measurement and quality improvement." Six measure developers submitted 206 individual measures for consideration in a variety of topic areas[5]. The measures are currently used by the various measure developers to provide feedback to clinicians and providers.

[4] http://www.cmss.org/images/DisclosurePatientCharter.pdf

[5] http://www.qualityforum.org/Projects/ab/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data.aspx

Many of NQF's endorsed measures for ambulatory care use CPT Category II codes. Since CPT-II codes are reported on the billing claim form, technically these codes could be considered administrative data. However, these are non-reimbursable codes which are not widely used by clinicians and since the use of CPT-II codes is voluntary, a group or plan would not be able to assess the performance for all its clinicians in the care of diabetics, for example, unless all clinicians choose to report data for all the same measures. Additionally, a representative from the Physician's Consortium for Performance Improvement (PCPI) advised the Committee that the use of CPT II codes is a new coding methodology that is currently being evaluated for validity and reliability. The CE-SC agreed that the PCPI measures previously endorsed by NQF were not within the scope of this project, though harmonization of similar measures is important.

Measure evaluation

The CE-SC evaluated the candidate measures against the standard NQF criteria (revised August 2008):

- importance to measure and report – a threshold criterion;
- scientific acceptability of the measure properties;
- usabilty; and
- feasibilty.

The CE-SC was also asked to consider NQF's four strategic issues during their deliberations:

- driving toward high performance;
- emphasis on composite measures;
- moving towards outcomes measures; and
- consider disparities.

Consideration of similar measures

The CE-SC embraced the NQF goal to select the "best in class" among similar measures. However, endorsing two similar measures might be acceptable as ***complementary measures***, if they use different data sources, i.e., medical record data versus administrative data, as long as the specifications are harmonized to the greatest extent possible.

Harmonization[6]

The Committee identified opportunities for harmonization during their deliberations, specifically looking at alignment with evidence-based guidelines and appropriate age inclusions to be as broad as possible and supported by evidence. The recommended measures in a topic area were also reviewed for harmonization issues. All measure developers cooperated with the harmonization questions and in many instances revised measures for better alignment within a topic area.

Concurrent Medication Management project

Another on-going NQF project, "National Voluntary Consensus Standards for Medication Management", considered 31 measures based on administrative data. The CE-SC was advised of the on-going status of the measures recommended in the Medication Management project and used this context to evaluate similar measures in the clinically enriched project.
Of the candidate measures submitted for the enriched administrative data project, 14 measures similar to the medication management measures were initially reviewed by the Medication Management Steering Committee (MM-SC) acting as advisors to the CE-SC.

GENERAL ISSUES

During their deliberations the Steering Committee identified several general issues applicable to the measures recommended:

Data Hierarchy

The CE-SC noted the paucity of measures that are truly enriched with electronic clinical data, but noted that, it was not surprising given the current availability of accessible electronic data. .

[6] *Measure harmonization refers to the standardization of specifications for similar measures on the same topic (e.g., influenza immunization of patients in different settings), or related measures for the same target population (e.g., eye exam and HbA1c for patients with diabetes), or definitions applicable to many measures (e.g., age designation for children) so that they are uniform or compatible, unless differences are dictated by the evidence. The dimensions of harmonization can include numerator, denominator, exclusions, and data source and collection instructions. The extent of harmonization depends on the relationship of the various measures and the evidence for the specific measure focus, as well as differences in data sources.*

The current reality is reflected in the larger number of measures which have less clinical enhancement than hoped. During review of the candidate measures, the Committee identified a hierarchy of measures based on administrative data that considers the source(s) of data, the complexity of the methodology and the robustness of the measure:

Level 1 -Measures constructed from a single, common administrative data source such as encounter claims or pharmacy claims. The feasibility of these measures is quite good and most organizations should be able to perform the measurement. However, the measures are limited in scope and robustness.

Level 2-Measures constructed from two or more common, administrative data sources such as encounter claims and pharmacy, laboratory or imaging claims. Combining two or more data sources is methodologically more complex and requires more sophisticated data management capabilities. Not all organizations have the capability to combine data as required by these measures. The measures are usually more robust. Some Level 2 measures provide information that is not available from patient records, e.g., whether a prescribed medication is dispensed. Pharmacy data is required to assess adherence.

Level 3 -Measures constructed from common administrative data source(s) enriched by electronic clinical data such as lab results (values), blood pressure values or other patient specific data. The clinical data may be generated from clinical databases, electronic health records (EHRs), personal health records (PHRs), registries, etc. These robust measures require sophisticated data management that is not yet widely available.

The Steering Committee also noted that:

- the ultimate goal is to promote data management capabilities to Level 3 among all organizations in the future so that the most robust performance measures are widely available;

- Level 2 and 3 measures addressing the same topic may be useful, e.g., *Hgb A1c test done* in diabetic patients (Level 2 measure) vs *Hgb A1c < 8* (level 3 measure) until there is more widespread capability for Level 3 measures; and
- a Level 1 measure may be useful for a limited period of time if no Level 2 or 3 measures are available for that topic or condition, but only if the measure passes the evaluation criteria.

Data Quality

The Steering Committee was made aware of the report of NQF's Heath Information Technical Expert Panel (HITEP) [7] that evaluated the quality of different data elements. During its deliberations, Steering Committee members identified the low reliability of diagnosis using outpatient claims as the reason why measure specifications should generally require 2 or more claims for the diagnosis in order to be captured for a measure. The HITEP scores for the non-claims data elements in the Level 3 measures were considered by the Committee during their evaluation of the measures.

Alignment with Other NQF work

In considering the candidate measures, the Steering Committee was advised of the need for recommended measures to be in alignment with other NQF work, specifically:

- Medication adherence methodology[8] -- After much deliberation and the participation of invited experts in this area, the MM-SC identified standardized specifications for adherence measurement. All measure developers for recommended measures agreed to either modify their measures immediately, or to modify them prior to the expiration of their 'time-limited' endorsement period.
- Harmonization of immunization measures[9] -- In 2008, NQF endorsed a standardized measurement approach for flu and pneumococcal immunization to reduce the redundant, duplicative and disharmonious plethora of measure in this area.

[7] http://www.qualityforum.org/Projects/h/Health_IT_Expert_Panel_I/txHITEP_finaldraft_pdf.aspx
[8] www.qualityforum.org/Projects/i-m/Medication_Management/Medication_Management_Measures.aspx
[9] http://www.qualityforum.org/Publications/2008/12/National_Voluntary_Consensus_Standards_for_Influenza_and_Pneumococcal_Immunizations.aspx

- Tobacco cessation measures[10] - In 2005-2006, NQF reviewed 21 general and disease specific measures related to tobacco use assessment and cessation counseling. The Ambulatory Care Steering Committee and reviewers noted that 21 tobacco measures are too numerous, overwhelming, confusing, and redundant. Additionally, reviewers suggested that separate measures for specific populations e.g., coronary artery disease (CAD) and chronic obstructive pulmonary disease (COPD) are unnecessary, as these patients are captured in the measures for the general population. In March 2009, the CSAC again stated that tobacco measures addressing sub-populations are not desirable. Global measures may be stratified for various uses as needed.
- The CE-SC also made recommendations about the endorsed measures for consideration during their upcoming maintenance review later this year.

Reliability of claims data

The Steering Committee's discussion frequently addressed concerns regarding the reliability of claims data:

- The acknowledged low data quality of outpatient claims diagnoses to identify the target population was repeatedly discussed. Measures frequently require multiple outpatient diagnostic codes or additional support for the diagnosis via pharmacy claims for appropriate medications.
- Current billing forms have space for a limited of number of diagnoses. For patients with multiple chronic conditions, it is likely that not all diagnoses will be captured at every encounter. The likelihood of incomplete data raised concerns about the validity of the inclusions for the target population.
- Many measures require "look back periods" for data capture. CE-SC members expressed concerns about the completeness of data capture considering variations in duration of enrollment and changing enrollment or enrollment gaps. Some measures identify a look-back "as far back as data available" which will be highly variable among the population.

[10] http://www.qualityforum.org/Ambulatory_Care_Phase_III_Cycle_I.aspx

- Several measures focused on "new onset" of a condition. The measure specifications rely on a negative look-back period of varying duration. The CE-SC noted concern with the reliability of measures that require very short negative look back periods due to the potential of a stable diagnosis not being captured in patients with multiple chronic conditions as well as lack of encounters for patients doing well on current treatment.
- Many medications are now available as "$4 generic drugs" at discount pharmacies. These prescriptions may be filled outside the pharmacy benefit plans so the data on the prescription is generally not captured when patients choose the " $4 generic" option and may appear non-compliant with the measure. The CE-SC agreed with the MM-SC which acknowledged the issue but could not assess the impact at this time and recommended on-going research to better understand the impact on reliability and validity of measure results.

Exclusions

Coding for appropriate exclusions is limited using administrative codes. The CE-SC acknowledged that when using clinically enriched administrative data without chart review, the ability to exclude patients appropriately is less, and therefore some patients who might be identified as non-compliant are really false positives. In general, the Committee recommended measures where either by direct evidence or consensus of this panel, the gap in clinical care that occurs (true positives) is substantially larger than the likely false positive rate. The Committee factored this assessment in when determining whether or not a measure was likely to provide useful information to clinicians and consumers.

Level 3 data may be used for common exclusions such as patient intolerance or patient refusal. Several measures included optional CPT II codes or patient derived data to allow capture for some exclusions. In general, the CE-SC supported incorporating alternative sources of data if available.

Responsible Use of Performance Measures

The CE-SC discussed the implications for implementation of measures with optional Level 3 specifications, particularly exclusions. In general, the CE-SC supports incorporating alternative

sources of data if available. Some members noted that the capability should be available on a population basis so that implementation of the measure is fair. CE-SC members also stressed the need to look forward and encourage more sophisticated data management capability among providers and clinicians. CE-SC members noted that some current programs do not require everyone to have equal capability in order to use that capability. These programs allow use of data if available and encourage development of those capabilities if not available. Another mechanism to address varying data capabilities is to share the data before it is used and giving the clinicians and providers the opportunity to make corrections from whatever data source they have available. An important aspect of all programs is an appeals process.

Transition to ICD-10

During their deliberations, CE-SC members frequently asked whether the change to ICD-10 codes will improve the data collection for certain measures. Coding experts acknowledged that ICD-10 will go from 13,000 to approximately 65,000 codes and will help enormously in data specificity. All measure developers indicated they have preparations and plans for transitioning to ICD-10 coding for all measures by the 2013 implementation of ICD-10.

NQF-ENDORSED VOLUNTARY CONSENSUS STANDARDS FOR AMBULATORY CARE USING CLINICALLY ENRICHED ADMINSTRATIVE DATA

This report presents 72 performance measures for ambulatory care using clinically enriched administrative data (Table 1) to enlarge NQF's portfolio of measures using administrative data. The purpose of these consensus standards is to improve the quality of healthcare—via accountability and public reporting—by standardizing quality measurement of outpatient care. The proposed consensus standards are intended for use at various levels of analysis, including individual clinicians, groups, plans, systems and populations.

TABLE 1: RECOMMENDED MEASURES for NATIONAL VOLUNTARY CONSENSUS STANDARDS for AMBULATORY CARE USING CLINICALLY ENRICHED ADMINISTRATIVE DATA

Measure Number, Title and IP Owner[11]	Measure Description	Data Level
ASTHMA AND RESPIRATORY ILLNESS		
EC-234-08[12] Asthma-Short-Acting Beta Agonist Inhaler for Rescue Therapy © Active Health	Percentage of patients with asthma who have a refill for a short acting beta agonist in the past 24 months	LEVEL 2 (encounter and pharmacy) alternative LEVEL 3 (exclusions)
EC-016-08 Use of Spirometry Testing in the Assessment and Diagnosis of COPD © NCQA	This measure assesses the percentage of members 40 years of age and older with a new diagnosis or newly active chronic obstructive pulmonary disease (COPD) who received appropriate spirometry testing to confirm the diagnosis.	LEVEL 2 (visit/diagnosis and procedure)
EC-255-08 COPD with Exacerbations- Adding a Long-Acting Bronchodilator © Active Health	Percentage of patients 35 years and older with COPD exacerbations that are receiving a long acting bronchodilator	LEVEL 2 (visit/diagnosis and procedure)
EC- 227-08 High Risk for Pneumococcal Disease - Pneumococcal Vaccination © Active Health	Percentage of patients age 5-64 with a high risk condition or age 65 years and older who received the pneumococcal vaccine	LEVEL 2 (visit and pharmacy) Alternate LEVEL 3 (patient data)
BONE AND JOINT CONDITIONS		
EC-089-08 New Rheumatoid Arthritis Baseline ESR or CRP within Three Months © Resolution Health	This measure identifies adult patients newly diagnosed with rheumatoid arthritis during the first 8 months of the measurement year who received erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) lab tests either 4 months (3 months + 1-month grace period) before or after the initial diagnosis.	LEVEL 2 - (visit/diagnosis and lab)
EC-060-08 Rheumatoid Arthritis Annual ESR or CRP © Resolution Health	This measure identifies adult patients with a history of rheumatoid arthritis who have received erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) lab tests during the measurement year.	LEVEL 2 - (visit/diagnosis and lab)
EC-056-08 Rheumatoid Arthritis New DMARD Baseline Serum Creatinine © Resolution Health	This measure identifies adult patients with a diagnosis of rheumatoid arthritis who received appropriate baseline serum creatinine testing within 90 days before to 14 days after the new start of methotrexate, leflunomide, azathioprine, D-Penicillamine, intramuscular gold, cyclosporine, or cyclophosphamide during the measurement year.	LEVEL 2 (visit/diagnosis and pharmacy and lab)

[11] Intellectual property owner and copyright holder. ALL RIGHTS RESERVED.

[12] Candidate standard numbers assigned by NQF during the consensus process.

Measure Number, Title and IP Owner[11]	Measure Description	Data Level
EC-057-08 Rheumatoid Arthritis New DMARD Baseline Liver Function Test © Resolution Health	This measure identifies adult patients with a diagnosis of rheumatoid arthritis who received appropriate baseline liver function testing (AST or ALT) within 90 days before to 14 days after the new start of sulfasalazine, methotrexate, leflunomide, azathioprine, cyclosporine or cyclophosphamide during the measurement year.	LEVEL 2 (visit/diagnosis and pharmacy and lab)
EC-059-08 Rheumatoid Arthritis New DMARD Baseline CBC © Resolution Health	This measure identifies adult patients with a diagnosis of rheumatoid arthritis who received appropriate baseline complete blood count (CBC) testing within 90 days before to 14 days after the new start of sulfasalazine, methotrexate, leflunomide, azathioprine, D-Penicillamine, intramuscular gold, oral gold, cyclosporine, or cyclophosphamide during the measurement year	LEVEL 2 (visit/diagnosis and pharmacy and lab)
EC-058-08 Rheumatoid Arthritis New DMARD Baseline Chest X-Ray © Resolution Health	This measure identifies adult patients with a diagnosis of rheumatoid arthritis who received a baseline chest x-ray (CXR or Chest CT) within one year before to 14 days after the new start of selected DMARDs (methotrexate, etanercept, kineret, infliximab, or adalimumab) during the measurement year	LEVEL 2 (visit/diagnosis and pharmacy and imaging)
EC-049-08 Hydroxychloroquine Annual Eye Exam © Resolution Health	This measure identifies the percentage of patients with Rheumatoid Disease who received hydroxychloroquine during the measurement year and had a fundoscopic examination during the measurement year or in the year prior to the measurement year	LEVEL 2 (visit/diagnosis andpharmacy)
EC-079-08 Methotrexate: LFT within 12 Weeks © Resolution Health	This measure identifies adult patients with rheumatoid arthritis who were prescribed at least a 6-month supply of methotrexate during the measurement year and received a liver function test (LFT) in the 120 days (3 months + 1 month grace period) following the earliest observed methotrexate prescription claim.	LEVEL 2 (visit/diagnosis andpharmacy and lab)
EC-080-08 Methotrexate: CBC within 12 Weeks © Resolution Health	This measure identifies adult patients with rheumatoid arthritis who were prescribed at least a 6-month supply of methotrexate during the measurement year and received a CBC test within 120 days (3 months + 1 month grace period) following the earliest observed methotrexate prescription claim.	LEVEL 2 (visit/diagnosis andpharmacy and lab)
EC-081-08 Methotrexate: Creatinine within 12 Weeks © Resolution Health	This measure identifies adult patients with rheumatoid arthritis who were prescribed at least a 6-month supply of methotrexate during the measurement year and received a serum creatinine test in the 120 days (3 months + 1 month grace period) after the earliest observed methotrexate prescription claim.	LEVEL 2 (visit/diagnosis andpharmacy and lab)

Measure Number, Title and IP Owner[11]	Measure Description	Data Level
EC-283-08 Osteoporosis-Use of Pharmacologic Treatment © Active Health	Percentage of patients who have osteoporosis and are on osteoporosis therapy.	LEVEL 2 (visit/diagnosis and pharmacy)
EC-213-08 Steroid Use - Osteoporosis Screening © Active Health	Percentage of patients age 18 and older who have been on chronic steroids for at least 180 days in the past 9 months that have had a bone density evaluation to check for osteoporosis.	LEVEL 2 (visit/diagnosis and imaging)
EC-281-08 Osteopenia and Chronic Steroid Use – Treatment to prevent Osteoporosis © Active Health	Percentage of patients, who are female and 55 years and older or male and 50 years and older, who have a diagnosis of osteopenia and are on long-term steroids (> 6 months) and who are on osteoporosis therapy.	LEVEL 3 (exclusions)
CANCER SCREENING AND SURVEILLANCE		
EC-028-08 Annual Cervical Cancer Screening for High Risk Patients © Resolution Health	This measure identifies women age 12 to 65 diagnosed with cervical dysplasia (CIN 2), cervical carcinoma-in-situ, or HIV/AIDS prior to the measurement year, and who still have a cervix, who had a cervical CA screen during the measurement year.	LEVEL 2 (visit/diagnosis and lab)
EC-240-08 Breast Cancer-Cancer Surveillance © Active Health	Percentage of female patients with breast cancer who had breast cancer surveillance in the past 12 months	LEVEL 2 (visit/diagnosis and imaging)
EC-007-08 Follow-Up after Initial Diagnosis and Treatment of Colorectal Cancer: Colonoscopy © Health Benchmarks	To ensure that all eligible members who have been newly diagnosed and resected with colorectal cancer receive a follow-up colonoscopy within 15 months of resection.	LEVEL 2 (visit/diagnosis and lab or procedure)
EC-248-08 Prostate Cancer – Cancer Surveillance © Active Health	Percentage of males with prostate cancer that have had their PSA monitored in the past 12 months	LEVEL 2 (visit/diagnosis and lab)
CARDIOVASCULAR DISEASE		
EC-071-08 Post MI: ACE Inhibitor or ARB Therapy © Resolution Health	This measure identifies patients with ST elevation MI (STEMI), or non-ST elevation MI (NSTEMI) plus a history of hypertension, heart failure and/or diabetes prior to the measurement year who are taking an ACEI or an ARB during the measurement year.	LEVEL 2 (visit/diagnosis and pharmacy)
EC-208-08 MI-Use of Beta Blocker Therapy © Active Health	Percentage of patients who had a myocardial infarction (MI) and are taking a beta blocker	LEVEL 2 (visit/diagnosis and pharmacy) Alternative Level 3 (side effects)
EC-054-08 Stent Drug-Eluting Clopidogrel © Resolution Health	This measure identifies patients undergoing percutaneous coronary intervention (PCI) with placement of a drug-eluting intracoronary stent during the first 9 months of the measurement year, who filled a prescription for clopidogrel in the 3 months following stent placement	LEVEL 2 (procedure and pharmacy)

Measure Number, Title and IP Owner[11]	Measure Description	Data Level
EC-272-08 Secondary Prevention of Cardiovascular Events- Use of Aspirin or anti-platelet therapy © Active Health	Percentage of patients with ischemic vascular disease (IVD) that are taking aspirin or an anti-platelet agent	LEVEL 3 (OTC medication)
EC-202-08 Heart Failure - Use of ACE Inhibitor (ACEI) or Angiotensin Receptor Blocker (ARB) Therapy © Active Health	Percentage of patients with CHF that are on an ACE-I or ARB	LEVEL 2 (visit/diagnosis and pharmacy)
EC-215-08 Congestive Heart Failure-Use of a Beta Blocker © Active Health	Percentage of adult patients with congestive heart failure (CHF) that are on a beta blocker	LEVEL 2 (visit/diagnosis and pharmacy)
EC-083-08 New Atrial Fibrillation: Thyroid Function Test © Resolution Health	This measure identifies patients with new-onset atrial fibrillation during the measurement year who have had a thyroid function test 6 weeks before or after the diagnosis of atrial fibrillation	LEVEL 2 (visit/diagnosis and lab)
EC-244-08 Atrial Fibrillation - Warfarin Therapy© Active Health	Percentage of adult patients with atrial fibrillation and major stroke risk factors on warfarin	LEVEL 2 (visit/diagnosis and pharmacy)
EC-256-08 Male Smokers or Family History of Abdominal Aortic Aneurysm (AAA) Screening for AAA © Active Health	Percentage of men age 65-75 years with history of tobacco use or men age 60 yrs and older with a family history of abdominal aortic aneurysm who were screened for AAA	LEVEL 3 (family history and smoking history)
EC-099-08 [hypertension] patients with a serum creatinine in the last 12 months © Ingenix	This measure identifies patients with hypertension (HTN) that had a serum creatinine in last 12 reported months	LEVEL 2 (visit/diagnosis and lab)
EC-037-08 Deep Vein Thrombosis Anticoagulation >= 3 Months - ©Resolution Health	This measure identifies patients with deep vein thrombosis (DVT) on anticoagulation for at least 3 months after the diagnosis.	LEVEL 2 (visit/diagnosis and pharmacy)
EC-061-08 Pulmonary Embolism Anticoagulation >= 3 Months - ©Resolution Health	This measure identifies patients with pulmonary embolism (PE) on anticoagulation for at least 3 months after the diagnosis.	LEVEL 2 (visit/diagnosis and pharmacy)
CHILD HEALTH		
EC-053-08 Tympanostomy Tube Hearing Test © Resolution Health	This measure identifies the percentage of patients age 2 through 12 years with OME who received tympanostomy tube(s) insertion during the measurement year and had a hearing test performed within 6 months prior to the initial tube placement.	LEVEL 2 (visit/diagnosis/ procedure and hearing test)
EC-015-08 Lead Screening in Children ©NCQA	The percentage of children 2 years of age who received one or more capillary or venous blood test(s) for lead poisoning on or before their second birthday. (Medicaid only)	LEVEL 2 (lab and enrollment)
CHRONIC KIDNEY DISEASE		
EC-006-08 Chronic Kidney Disease: Monitoring Parathyroid Hormone	To ensure that members with chronic kidney disease, who are not undergoing dialysis, are monitored for PTH levels at least once annually	LEVEL 2 (visit/diagnosis and

Measure Number, Title and IP Owner[11]	Measure Description	Data Level
(PTH) © Health Benchmarks		lab)
EC-012-08 Chronic Kidney Disease: Monitoring Calcium © Health Benchmarks	To ensure that members with chronic kidney disease, but who are not on dialysis, are monitored for blood calcium levels at least annually	LEVEL 2 (visit/diagnosis and lab)
EC-005-08 Chronic Kidney Disease: Monitoring Phosphorous © Health Benchmarks	To ensure that members with chronic kidney disease but who are not on dialysis are monitored for blood phosphorous levels at least once annually.	LEVEL 2 (visit/diagnosis and lab)
EC-251-08 Chronic Kidney Disease – Lipid Profile Monitoring © Active Health	Percentage of patients with chronic kidney disease that have been screened for dyslipidemia with a lipid profile	LEVEL 2 (visit/diagnosis and lab)
EC-252-08 Chronic Kidney Disease with LDL Greater than or equal to 130 – consider adding a lipid lowering agent © Active Health	Percentage of patients with chronic kidney disease and an LDL greater than or equal to 130mg/dl that have a current refill for a lipid lowering agent	LEVEL 3 (lab result)
EC-238-08 Non-Diabetic Nephropathy – consider adding and ACEI or ARB © Active Health	Percentage of patients with proteinuria that have a current refill for an angiotensin converting enzyme inhibitor (ACE-I) or angiotensin receptor blocker (ARB)	LEVEL 3 (lab result)
DIABETES		
EC-096-08 Adult(s) with diabetes that had a serum creatinine in the last 12 reported months © Ingenix	This measure identifies adults with diabetes mellitus that had a serum creatinine test in last 12 reported months.	LEVEL 2 (visit/diagnosis and lab)
EC-095-08 Adults(s) taking insulin with evidence of self-monitoring blood glucose testing © Ingenix	This measure identifies patients with diabetes mellitus taking insulin that had evidence of self-monitoring blood glucose testing in last 12 reported months.	LEVEL 2 (visit/diagnosis and pharmacy)
EC-274-08 Primary prevention of cardiovascular events in diabetics older than 40 years – Use of aspirin or antiplatlet therapy © Active Health	Percentage of adult patients with diabetes treated with aspirin or an antiplatelet agent.	LEVEL 3 (OTC medication, lab results)
EC-231-08 Diabetes with LDL greater than 100 – Use of a lipid lowering agent © Active Health	Percentage of adult patients with diabetes mellitus and an LDL value greater than 100 mg/dL with a current refill for a lipid lowering agent	LEVEL 3 (lab result)
EC-232-08 – Diabetes with Hypertension or Proteinuria - Use of an ACE Inhibitor or ARB © Active Health	Percentage of patients with diabetes and hypertension or proteinuria that have a current refill for an angiotensin converting enzyme inhibitor (ACE-I) or angiotensin receptor blocker (ARB)	LEVEL 3 (lab result)
EC-262-08 Diabetes and elevated HbA1c – Use of diabetes medications © Active Health	Percentage of patients 18- 75 years with diabetes and an elevated HbA1c that are receiving diabetic treatment (e.g., Metformin)	LEVEL 3 (lab result)
EC-013-08 Comprehensive	The percentage of members 18 - 75 years of age	LEVEL 3

Measure Number, Title and IP Owner[11]	Measure Description	Data Level
diabetes care: HgA1c control (<8%) © NCQA	with diabetes (type 1 and type 2) who had HbA1c control (<8.0%).	(lab result)
GASTROESOPHAGEAL: REFLUX DISEASE (GERD)		
EC-239-08 GERD - Upper Gastrointestinal Study in Adults with Alarm Symptoms © Active Health	Percentage of patients with gastroesophogeal reflux disease (GERD)with alarm symptoms and who have had an upper gastrointestinal study	LEVEL 2 (visit/diagnosis and procedure); alternative LEVEL 3 (use of patient derived data and lab results)
GYNECOLOGY		
EC-002-08 Appropriate Work Up Prior To Endometrial Ablation Procedure© Health Benchmarks	To ensure that all women have endometrial sampling performed before undergoing an endometrial ablation.	LEVEL 2 (procedure and lab)
HEPATITIS AND LIVER DISEASE		
EC-285-08 'Chronic Liver Disease - Hepatitis A Vaccination © Active Health	Percentage of patients with chronic liver disease who have received a hepatitis A vaccine	LEVEL 3 (Patient data on history of vaccination)
EC-046-08 Hepatitis C: Viral Load Test © Resolution Health	This measure identifies the percentage of patients with Hepatitis C (HCV) who began HCV antiviral therapy during the measurement year and had HCV Viral Load testing prior to initiation of antiviral therapy.	LEVEL 2 (visit/diagnosis and lab)
HIV/AIDS		
EC-009-08 HIV Screening: Members at High Risk of HIV © Health Benchmarks	To ensure that members at increased risk of HIV infection be screened for HIV.	LEVEL 2 (visit/diagnosis and lab)
EC-003-08 Appropriate Follow-up for Patients with HIV © Health Benchmarks	To ensure that all members diagnosed with HIV receive at least biannual testing for CD4 and HIV RNA levels to monitor for disease activity.	LEVEL 2 (visit/diagnosis and lab)
HYPERLIPIDEMIA and ATHERSCLEROSIS		
EC-203-08 Hyperlipidemia (Primary Prevention)- Lifestyle Changes and/or Lipid Lowering Therapy © Active Health	Percentage of patients with coronary artery disease risk factors who have an elevated LDL and who have initiated therapeutic lifestyle changes or are taking a lipid lowering agent	LEVEL 3 (lab results and patient data)
EC-004-08 Adherence to Lipid Lowering Medication © Health Benchmarks	To ensure that members who are taking medications to treat hyperlipidemia filled sufficient medication to have at least 80% coverage during the measurement year.	LEVEL 2 (visit/diagnosis and pharmacy)
EC-041-08 Dyslipidemia New Med 12-Week Lipid Test © Resolution Health	This measure identifies patients age 18 or older who started lipid-lowering medication during the measurement year and had a lipid panel checked within 3 months after starting drug therapy.	LEVEL 2 (pharmacy and lab)

Measure Number, Title and IP Owner[11]	Measure Description	Data Level
EC-217-08 Atherosclerotic Disease-Lipid Panel Monitoring © Active Health	Percentage of patients with coronary artery, cerebrovascular or peripheral vascular disease that have been screened for dyslipidemia with a lipid profile	LEVEL 2 (visit/diagnosis and pharmacy)
EC-288-08 Atherosclerotic Disease and LDL Greater than 100-Use of a Lipid Lowering Agent © Active Health	Percentage of adult patients with atherosclerotic disease and an LDL greater than 100 that are taking a lipid lowering agent	LEVEL 3 (lab result)
MEDICATION MANAGEMENT		
EC-119-08 Lithium Annual Creatinine Test in the ambulatory setting © Resolution Health	This measure identifies the percentage of patients taking lithium who have had at least one creatinine test after the earliest observed lithium prescription during the measurement year.	LEVEL 2 (pharmacy and lab)
EC-076-08 Lithium Annual Lithium Test in ambulatory setting © Resolution Health	This measure identifies the percentage of patients taking lithium who have had at least one lithium level test after the earliest observed lithium prescription during the measurement year.	LEVEL 2 (pharmacy and lab)
EC-077-08 Lithium Annual Thyroid Test in ambulatory setting © Resolution Health	This measure identifies the percentage of patients taking lithium who have had at least one thyroid function test after the earliest observed lithium prescription during the measurement year.	LEVEL 2 (pharmacy and lab)
EC-051-08 Warfarin PT/ INR Test © Resolution Health		LEVEL 2 (pharmacy and lab)
EC-204-08 Warfarin - INR Monitoring © Active Health	Percentage of patients taking warfarin with PT/INR monitoring.	LEVEL 3 (pharmacy and lab)
EC-027-08 Ambulatory Initiated Amiodarone Therapy: TSH Test © Resolution Health	This measure identifies the percentage of patients who had a TSH baseline measurement at the start of amiodarone therapy.	LEVEL 2 (pharmacy and lab)
MENTAL HEALTH and SUBSTANCE USE DISORDERS		
EC-014-08 Follow-Up After Hospitalization for Mental Illness ©NCQA	This measure assesses the percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported: Rate 1. The percentage of members who received follow-up within 30 days of discharge Rate 2. The percentage of members who received follow-up within 7 days of discharge.	LEVEL 2 (inpatient and outpatient encounters)
EC-032-08 Bipolar antimanic agent © Resolution Health	This measure identifies the percentage of patients with newly diagnosed bipolar disorder who have received at least 1 prescription for a mood-stabilizing agent during the measurement year.	LEVEL 2 (visit/diagnosis and pharmacy)
MIGRAINE		
EC-093-08 Adult(s) with Frequent	This measure identifies adults with migraines who	LEVEL 2

Measure Number, Title and IP Owner[11]	Measure Description	Data Level
Use of Acute Medications that also Received Prophylactic Medications © Ingenix	are frequently taking acute (abortive) medications and are also taking a prophylactic medication for migraine control.	(visit/diagnosis and pharmacy)
PRENATAL CARE		
EC-039-08 Diabetes and Pregnancy: Avoidance of oral hypoglycemic agents © Resolution Health	This measure identifies pregnant women with diabetes who are not taking an oral hypoglycemic agent.	LEVEL 2 (visit/diagnosis and pharmacy)
EC-112-08 Pregnant women that had HBsAg testing © Ingenix	This measure identifies pregnant women who had a HBsAg (hepatitis B) test during their pregnancy	LEVEL 2 (visit/diagnosis and lab)
EC-107-08 Pregnant women that had HIV testing © Ingenix	This measure identifies pregnant women who had an HIV test during their pregnancy.	LEVEL 2 (visit/diagnosis and lab)
EC-110-08 Pregnant women that had syphilis screening © Ingenix	This measure identifies pregnant women who had a syphilis test during their pregnancy	LEVEL 2 (visit/diagnosis and lab)

RECOMMENDED MEASURES

ASTHMA AND RESPIRATORY ILLNESS

NQF has previously endorsed the following measures based on administrative data for asthma and respiratory illness:

- 0036 Use of appropriate medications for people with asthma © NCQA [Level 2]
- 0058 Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis © NCQA [Level 2]

The Medication Management project has recently recommended the following measures based on administrative data for endorsement:

- MM-012-08 Absence of Controller Therapy (ACT) © NCQA [Level 2]
- MM-011-08 Suboptimal Asthma Control (SAC) © NCQA [Level 2]
- MM-013-08: Pharmacotherapy Management of COPD Exacerbation (PCE): Two rates are reported. ©NCQA [Level 2]

The CE-SC recommends four additional measures in this topic area:

EC-234-08 Asthma-Short-Acting Beta Agonist Inhaler for Rescue Therapy © Active Health

The Committee acknowledged that short-acting beta2-agonists are the therapy of choice for quick relief of acute symptoms and prevention for asthma exacerbation and that asthma

patients should have short-acting beta2 agonist medications available at all times[1]. The current performance is 83% in two health plan populations for asthma patients having a current refill of short-acting medications. Concern was noted with the lack of exclusions for patient intolerance, though the measure developer and several clinicians reported that in their experience intolerance was uncommon. The measure developer stated that in their use of the measure, they would include any data that verified patient intolerance, but it was not specified in the measure. At the request of the Committee, the developer was willing to include the option of accepting data on exclusions from any available data source. Age inclusion for all asthma measures has been harmonized to 5-40 years.

EC-016-08 Use of Spirometry Testing in the Assessment and Diagnosis of COPD © NCQA

The Committee agreed that the guidelines[2,3,4,5] all recommend patients with a new diagnosis of COPD should have a spirometry for confirmation, but had some reservations whether there was a clear link to outcomes. The measure developer noted that the measure is intended to confirm the diagnosis to distinguish COPD from asthma and select the appropriate treatment. Committee members questioned whether spirometry performed in the physician's office would be captured on a claim, though most felt that physicians would bill for a reimbursable service. Committee members noted variation in the age inclusions for the candidate COPD measures, but felt the age inclusion of age $\geq$ 40 years was appropriate.

EC-255-08 COPD with Exacerbations-Consider Adding a Long-Acting Bronchodilator © Active Health

The EC-SC judged this measure that focuses on treatment of patients having exacerbations superior to a similar candidate measures, EC-101-08, for a better patient selection criteria. The GOLD level A recommendation is the "regular treatment with long-acting bronchodilators is more effective and convenient than treatment with short-acting bronchodilators." EC-SC members noted that long-acting mediations are more expensive and patients may rely on cheaper short-acting medications rather than the more expensive drugs and this measure just looks at those that are having exacerbations rather than all COPD patients. The Committee discussed the notoriously poor coding for the diagnosis of COPD and the point was raised that the measure may over

capture patients with multiple canisters to keep in car, work, homes, etc., which would not be indicative of excessive use of short-acting medications.

EC- 227-08 Pneumococcal Vaccine © Active Health

The Committee recommended this measure conditional on alignment with NQF's standard specifications. The Committee noted that claims are limited for long look-backs, but the optional Level 3 data – from patients or EHR – would improve the reliability of the measure. The measure developer revised the measure to conform to the standard specifications that assesses the vaccination was administered and allows for use of patient data to capture vaccine administration for all patients over 65 years and younger patients with high-risk conditions.

BONE AND JOINT CONDITIONS

NQF has previously endorsed three measures based on administrative data for arthritis, osteoporosis and low back pain:

- 0054 Arthritis: disease modifying anti-rheumatic drug (DMARD) therapy in rheumatoid arthritis © NCQA
- 0053 Osteoporosis management in women who had a fracture © NCQA
- 0052 Low Back Pain: Use of Imaging Studies © NCQA

The CE-SC recommends an additional 10 measures for arthritis and three measures for osteoporosis:

EC-089-08 New Rheumatoid Arthritis Baseline ESR or CRP within Three Months © Resolution Health
EC-060-08 Rheumatoid Arthritis Annual ESR or CRP © Resolution Health

The Committee recommended these measures that evaluate assessment of disease activity for new patients with rheumatoid arthritis and then annually for all patients according to guidelines of the American College of Rheumatology (ACR) Preliminary Core Set of Disease Activity Measures for Rheumatoid Arthritis Clinical Trials[6]. The ACR recommends baseline evaluation for subjective and objective evidence of active disease and then at least annually. Current pooled data from 18 health plans indicate current performance is 75% for baseline testing and 15% for annual testing.

EC-056-08 Rheumatoid Arthritis New DMARD Baseline Serum Creatinine © Resolution Health
EC-057-08 Rheumatoid Arthritis New DMARD Baseline Liver Function Test © Resolution Health
EC-059-08 Rheumatoid Arthritis New DMARD Baseline CBC © Resolution Health
EC-058-08 Rheumatoid Arthritis New DMARD Baseline Chest X-Ray © Resolution Health

These four measures assess the appropriate work-up within 60 days of patients starting on new Disease-Modifying Anti-Rheumatic Drugs (DMARDs) consistent with the ACR 2008 Recommendations for the use of Nonbiologic and Biologic Disease-modifying Antirheumatic Drugs in Rheumatoid Arthritis that recommends baseline laboratory testing for certain DMARDs, given the potential for significant side effects[7]. The Committee suggested making a composite for the blood tests. Current performance in six health plans is chest X-ray 16-51%; liver function test – 75-85%; creatinine – 50-85%; and CBC – 62-87%.

EC-049-08 Hydroxychloroquine Annual Eye Exam © Resolution Health

This measure assesses compliance with the ACR recommendation that all patients on hydroxychloroquine have an annual eye examination. Current compliance in six health plans is 82-100%.

EC-079-08 Methotrexate: LFT within 12 Weeks © Resolution Health
EC-080-08 Methotrexate: CBC within 12 Weeks © Resolution Health
EC-081-08 Methotrexate: Creatinine within 12 Weeks © Resolution Health

These measures evaluate the ACR recommended monitoring for arthritis patients on methotrexate. Current compliance in six health plans is LFTS and CBC – 80-86%; and creatinine – 68-80%. The Committee strongly recommends a composite be created with all three measures.

EC-283-08 Osteoporosis-Use of Pharmacologic Treatment © Active Health

The Committee discussed the changing treatment for osteoporosis, particularly a treatment hiatus after 5 years of therapy. Claims data may not reliably capture previous use beyond the 12 months of eligibility and it is unknown how large a group would seem to be noncompliant when they are on treatment hiatus. Current performance is 80% and the measure developer reports that most feedback from clinicians is that patients are noncompliant due to medication intolerance. The Committee selected this measure from similar candidate measures because it was most closely aligned with the endorsed measure and has the option of capturing Level 3 patient data about medication intolerance or treatment hiatus.

EC-213-08 Steroid Use - Osteoporosis Screening © Active Health

This measure was originally submitted as two measures, one for females and one for males. The measure developer agreed with the Committee's recommendation to combine them into one measure. The measure is consistent with ACR Guidelines for the Prevention and Treatment of Glucocorticoid-induced Osteoporosis.[8].

EC-281-08 Osteopenia and Chronic Steroid Use –Treatment to prevent Osteoporosis © Active Health

This measure looks at whether patients with osteopenia and steroid use greater than 6 months are taking medication for osteoporosis. The Committee recommends the measure as Level 3 only to capture a variety of common exclusions including patient refusal, treatment hiatus, and OTC medications.

CANCER

NQF has endorsed three measures for cancer screening:

- 0031 Breast Cancer Screening ©NCQA
- 0031 Cervical Cancer Screening ©NCQA
- 0034 Colorectal Cancer Screening ©NCQA

The CE-SC reviewed several candidate measures for cancer screening but did not find any to be superior to the endorsed measures. The Committee recommended one additional cancer screening measure and three measures for follow-up after cancer treatment:

EC-028-08 Annual Cervical Cancer Screening for High Risk Patients © Resolution Health
This measure focuses on annual Pap smears for patients with a history of cervical dysplasia (a pre-cancerous condition) and HIV/AIDS. A similar candidate measures focused on patients with DES exposure and prior transplant. The Committee recommended that this measure be revised to include all the risk factors for which annual screening is recommended.

EC-240-08 Breast Cancer-Cancer Surveillance © Active Health
The Committee acknowledged a controversy over inclusion of other imaging modalities besides mammography, such as PET and MRI scans for surveillance after cancer treatment. The American Society of Clinical Oncology (ASCO) 2006 guidelines[9] address surveillance modalities noting that observational studies have not shown an influence on survival of any surveillance modality over physical examination, though ASCO recommends annual surveillance mammography. For this measure, patients who have a MRI or PET scan would be captured with no expectation to also have mammography.

EC-007-08 Follow-Up after Initial Diagnosis and Treatment of Colorectal Cancer: Colonoscopy © Health Benchmarks
The Committee recommended this measure of colonoscopy surveillance in the first 15 months after surgery, consistent with NCCN 2009 guidelines for colonscopy after 1 year except if not done preoperatively due to obstruction (then 3-6 months). At the Committee's recommendation, the measure developer agreed to remove total colectomy as a denominator inclusion.

EC-248-08 Prostate Cancer –Cancer Surveillance © Active Health
The Committee recommended one of two virtually identical candidate measures of PSA surveillance in patients with prostate cancer in which the current performance is 59%. This care process is consistent with NCCN guidelines for surveillance.

CARDIOVASCULAR DISEASE

NQF has endorsed several measures for cardiovascular disease using administrative data:

- 0072 CAD: Beta blocker treatment after a heart attack © NCQA
- 0071 Acute Myocardial Infarction: persistence of beta blocker treatment after a heart attack © NCQA
- 0075 IVD: complete lipid profile and lipid control © NCQA

The Medication Management project has recommended and additional three measures:

- MM-004-08: Coronary Artery Disease and Medication Possession Ratio for Statin Therapy (CMS)
- MM-016-08: Coronary Artery Disease and Lipid-Lowering Therapy (CMS)
- MM-017-08: Treatment of Coronary Artery Disease (CAD): ACE Inhibitor / Angiotensin Receptor Blocker use ©Health Benchmarks

The CE- SC has recommended 12 additional measures for heart disease, hypertension, abdominal aortic aneurysm and venous thromboembolism:

EC-071-08 Post MI: ACE Inhibitor or ARB Therapy © Resolution Health

The Committee noted that this measure reflects current ACC/AHA guidelines for the patients after a myocardial infarction. This target population is smaller than that of a similar candidate measure that captures all patients with coronary artery disease. Committee members noted that focusing on the smaller population might encounter some under-reporting but the slight decrease in sensitivity is outweighed by the improved specificity. In response to concerns with excluding patients with renal insufficiency, the Committee invoked their general recommendation to accept Level 3 data as available.

EC-054-08 Stent Drug-Eluting Clopidogrel © Resolution Health

Two similar measures for drug-eluting stents and non-drug eluting stents were submitted. The Committee noted that there are more drug-eluting stents used than bare metal and there are no low-cost medication issues. A high adverse outcome potential exists for noncompliance with this measure. Committee members advised that 3 months is a minimum and the measure should not imply that the medication should be stopped at 3 months.

EC-272-08 Secondary Prevention of Cardiovascular Events-Use of Aspirin © Active Health

The Committee recommended this Level 3 measure which evaluates an important process of care but requires information on OTC medications from an EHR or patient data. The Committee was advised that the National Commission on Prevention Priorities (NCPP) that looked through all the costs and benefits of all prevention strategies and aspirin prophylaxis provided the highest benefit[10]. Daily aspirin use in high-risk individuals is a "A" Recommendation from USPSTF and the NCPP reports that "advising all high-risk adults to consider taking aspirin would save 80,000 lives annually and result in a net medical cost savings of $70 per person advised." Clinicians on the Committee who use EHRs reported that their system easily captures aspirin use, though it is not routinely entered by clinicians. It was hoped that this measure would provide additional encouragement for the routine inclusion of this important OTC medication in electronic medication lists.

EC-208-08 MI-Consider Adding a Beta Blocker © Active Health

NQF has endorsed measures for beta blocker use at hospital discharge after an MI and for continued use for 6 months after an MI. This measure evaluates all patients with an MI anytime in the past for beta blocker use consistent with ACC/AHA guidelines. Some Committee members questioned the impact of "$4 generic drugs" obtained outside the plan or the frequency of noncompliance due to side effects and noted that using Level 3 data would improve the reliability of the measure.

EC-202-08 Congestive Heart Failure (CHF)-Use of an ACE-Inhibitor (ACE-I) or an Angiotensin Receptor Blocker (ARB) © Active Health

The Committee recommended this measure that focuses on "systolic" failure (more specific, less sensitive) for appropriate treatment with ACEI or ARBs. The Committee again noted concerns with the use of "$4 generic drugs" contributing to false negatives.

EC-215-08 Congestive Heart Failure-Consider Adding a Beta Blocker © Active Health

The Committee recommended this measure as consistent with guidelines for appropriate care of heart failure but again noted that beta blockers are frequently available as "$4 generic drugs"

and side effects may contribute significantly to noncompliance. Again, use of level 3 data is likely to produce better results.

EC-083-08 New Atrial Fibrillation: Thyroid Function Test © Resolution Health

The Committee recommended this measure because of the low compliance (6-29%) for a basic screening test. Patients with an initial diagnosis of atrial fibrillation in the hospital are excluded as the inpatient lab test cannot be captured reliably.

EC-244-08Atrial fibrillation – warfarin therapy © Active Health

On recommendation of the Committee, the measure developer combined three similar measures into one for anti-coagulation in patients with atrial fibriallation and stroke risk factors consistent with guidelines.

EC-256-08 Male smokers and Family History of Abdominal Aortic Aneurysm (AAA) Screening for Abdominal Aortic Aneurysm (AAA) © Active Health

This measure was originally submitted as two separate measures that were combined on recommendation of the Committee. The measure is a new topic area for NQF and reflects compliance with a recent USPSTF recommendations for screening for AAA . Level 3 data is required to capture the smoking history and family history of AAA. Current performance is less than 50%.

EC-099-08 Hypertension patients with a serum creatinine in the last 12 months © Ingenix

The CE-SC recommended this measure consistent with JNC-7 guidelines for screening hypertensive patients 1-2 times/year for creatinine. Exclusion of ESRD patients was recommended and agreed to by the developer.

EC-037-08 Deep Vein Thrombosis Anticoagulation >= 3 Months - ©Resolution Health PE

EC-061-08 Pulmonary Embolism Anticoagulation >= 3 Months - ©Resolution Health

These measures assess anti-coagulation after thromboembolic disease. The Committee suggested that the measures indicated that 3 months treatment is a minimum and should not imply that 3 months treatment is sufficient. Committee members also noted that medication

possession ratio for warfarin is difficult because tablet splitting is common and patients usually have sufficient tablets to adjust dose based on laboratory results. The measure developer revised the measure to accommodate many of the Committee's concerns. Current compliance for these measures in 18 health plans ranges from 14-80% for DVT and 3-46% for pulmonary embolism.

CHILD HEALTH

NQF has previously endorsed several measures based on administrative data applicable to children. For some of the measures in other topic areas children and/or adolescents are included in the measure target population. The following endorsed measures specifically address care delivered to children:

- 0069 Upper Respiratory Infection-Appropriate Treatment for Children ©NCQA
- 0002 Appropriate Testing for Children with Pharyngitis ©NCQA
- 0038 Childhood Immunization Status ©NCQA
- 0108 ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication ©NCQA

The CEAD Steering Committee recommends two additional measures for children:

EC-053-08 Tympanostomy Tube Hearing Test © Resolution Health

The Committee recommended this measure of appropriate preoperative evaluation for children undergoing placement of tubes in the eardrum, one of the most common surgical procedures performed on children. Serious ear infections may be accompanied by hearing loss which can impair language, especially when severe enough to necessitate tube insertion. The American Association of Otolaryngology-Head and Neck Surgery (AAO-HNS) recommends hearing testing for children undergoing tympanostomy[11]. Current performance is 72-89%.

EC-015-08 Lead Screening in Children ©NCQA

The Committee noted that the recommendations for lead screening from the American Academy of Pediatrics (AAP) are limited to Medicaid patients only. The US Preventive Services Task Force concluded that evidence is insufficient to recommend for or against routine

screening for elevated blood lead levels in asymptomatic children aged 1 to 5 who are at increased risk. The Committee recommended the measure for use in the Medicaid population only.

CHRONIC KIDNEY DISEASE (CKD)

NQF has not yet endorsed any measures for chronic kidney disease. The Medication Management project has recommended the following measure based on administrative data:

- MM-014-08: Chronic Kidney Disease, Diabetes Mellitus, Hypertension and ACEI/ARB Therapy CMS

The CE-SC recommends the following six measures for chronic kidney disease:

EC-006-08 Chronic Kidney Disease: Monitoring Parathyroid Hormone (PTH) © Health Benchmarks

EC-012-08 Chronic Kidney Disease: Monitoring Calcium © Health Benchmarks

EC-005-08 Chronic Kidney Disease: Monitoring Phosphorous © Health Benchmarks

The Committee noted that all three annual screening tests are basic care for patients with chronic kidney disease and strongly recommend these measures be combined into a composite in the near future. A 2007 study examining adherence within a managed care setting to the Kidney Disease Outcomes Quality Initiative (K/DOQI) guidelines found that the percentages of patients with Stage 3, Stage 4 and Stage 5 CKD who received at least annual PTH testing were 7.3% ,17.5%, and 38.2%, and at least annual phosphorus testing were 26.7% 53.3% and 67.5%, respectively.[12] Rates of phosphorus testing are low regardless of provider specialty, but especially low among those seen by primary care providers. A 2008 study conducted on a privately insured population found that overall rates of PTH testing were low, but were significantly lower among those patients seen by internists, as compared to nephrologists (0.6%, vs 7.1%, P=0.0002) and the rates of serum calcium testing were significantly higher among those seen by nephrologists, as compared to internists (97.6%, vs 82.4%, P=0.008) [13]. The measure includes children and adolescents.

EC-251-08 Chronic Kidney Disease – Lipid Profile Monitoring © Active Health

The Committee supported assessment of compliance with the KDOQI guidelines for lipid screening[14]. The measure includes adolescents (ages 12 and up).

EC-252-08 Chronic Kidney Disease with LDL Greater than or equal to 130 – use of a lipid lowering agent © Active Health

The Committee supported this Level 3 measure that bases treatment on the abnormal lab value rather than a high-risk diagnosis. Some Committee members noted that pill slitting occurs which may impact the data reliability of the 30-day supply.

EC-238-08 Non-Diabetic Nephropathy –use of an ACEI or ARB © Active Health

The Committee recommended this measure for the recommended ACEI or ARB medications for the population of patients with kidney disease but not diabetes. . This measure complements EC-232-08 which looks at ACEI-or ARB use in patients with diabetes.

DIABETES

NQF has endorsed measures for diabetes during several iterations of work. Many of the endorsed measures are based on administrative data:

- 0056 Diabetes - Foot exam © NCQA/Alliance [Level 3 only]
- 0055 Diabetes - Eye Exam © NCQA/Alliance
- 0062 Diabetes - Urine protein screening © NCQA/Alliance
- 0057 Diabetes - Hemoglobin A1c testing © NCQA/Alliance
- 0063 Diabetes - Lipid Profile Screening © NCQA/Alliance
- 0059 - Hemoglobin A1c Poor Control >9.0% © NCQA/Alliance
- 0064 Measure Pair: A Lipid management: low density lipoprotein cholesterol (LDL-C) <130, B Lipid management: LDL-C © NCQA/Alliance
- 0061 Blood Pressure Management © NCQA/Alliance

The Medication Management project has recommended three measures based on administrative data focusing on the medication management of diabetes:

- MM-006-08: Diabetes Mellitus and Medication Possession Ratio (MPR) for Chronic Medications CMS
- MM-008-08: Diabetes Suboptimal Treatment Regimen (SUB) © NCQA
- MM-010-08: Lipid-Lowering drugs for Diabetic Beneficiaries CMS

The CE-SC recommended the following seven measures based on administrative data to add to NQF's portfolio of measures for diabetes with alignment of the ages to 18-75 years since the treatment in diabetic patients over 75 years of age varies.

EC-096-08 Adult(s) with diabetes that had a serum creatinine in the last 12 reported months © Ingenix

The Committee recommended this screening measure to add to NQF's endorsed measure of assessment of renal function. Current performance is 76%.

EC-095-08 Patient(s) taking insulin with evidence of self-monitoring blood glucose testing © Ingenix

The Committee recommended this measure that assesses self-management and patient engagement in their care. Committee member noted that the current compliance of 64% may be influenced by economic issues since the cost of these supplies may be an issue for some patients. The measure, however, is met by a single claim so if patients decrease their use of supplies because of cost, compliance would not be affected.

EC-274-08 Primary prevention of cardiovascular events in diabetics (older than 40 years) – use of aspirin or anti-platelet therapy © Active Health

The Committee recommended this Level 3 measure though concerns remain on the reliability of capturing use of aspirin even in EHRs. The measure addresses an important care process for patients with diabetes for which the literature reports 54% performance.[15]

EC-231-08 Diabetes with LDL greater than 100 – use of a lipid lowering agent © Active Health

NQF has endorsed measures for lipid screening and lipid level outcomes, however, the Committee also recommended this Level 3 measure of appropriate response to an abnormal lab result. Committee members noted that for those that fail to achieve the target level performance, this measure provides information on whether the patient is receiving treatment or not.

EC-232-08 – Diabetes with hypertension or proteinuria – use of an ACEI or ARB

This Level 3 measure assesses use of ACEI or ARB medications in patients with diabetes and either hypertension or proteinura. Originally submitted as two measures, the Committee recommended combining into a single measure of appropriate use of ACEI or ARBs for these sub-populations of patients with diabetes.

EC-262-08 Diabetes and elevated HbA1c –Use of Diabetes Medications © Active Health

This Level 3 measure uses the lab result to identify patients who should be on treatment for diabetes. The Committee supported this measure that identifies patients with labs consistent with diabetes (Hgb A1c >8%) that are being treated.

EC-013-08 Comprehensive diabetes care: HgA1c control (<8%) © NCQA

This outcome measure requires Level 3 data – the lab result. NQF has previously considered measures for Hgb A1c levels but the controversy around appropriate target levels prevented endorsement of measures except for poor control. Committee members were advised of preview results of a meta-analysis performed at the Mayo Clinic[16] of recent large randomized trials in patients with type 2 diabetes suggest that "tight glycemic control burdens patients with complex treatment programs, hypoglycemia, weight gain, and costs and offers uncertain benefits in return." This new study, published in June 2009, has brought a conclusion to the long debate on HgbA1c target levels and revised target values for performance measures assessing diabetes control using Hgb A1c to a more moderate level of < 8 %.

GASTROESOPHAGEAL REFLUX DISEASE (GERD)

NQF has not previously endorsed measures for gastrointestinal conditions. The CE-SC recommended one measure in this topic area:

EC-239-08 EGD in Adults with Alarm Symptoms © Active Health

The Committee recommended this measure of appropriate upper endoscopy for patients with alarm symptoms (dysphagia, iron deficiency anemia, weight loss). The current performance is 43-89% and presents a good opportunity for improvement.

GYNECOLOGY

NQF has endorsed several measures for women's health including:

- 0033 Chlamydia Screening in Women © NCQA

The CE-SC recommended an additional measure of evaluation prior to a gynecologic procedure:

EC-002-08 Appropriate Work Up Prior To Endometrial Ablation Procedure© Health Benchmarks

Prior to performing an endometrial ablation procedure, it is standard to practice to rule out cancer, because an ablation would be an inappropriate procedure in the face of malignancy. An endometrial biopsy is recommended prior to the procedure. The measure developer reported that the collective performance of 8 geographically diverse commercial health plans if 53.8%. The Committee recommended this measure as a straightforward quality and safety measure with significant room for improvement.

HEPATITIS AND LIVER DISEASE

NQF has endorsed measures for hepatitis but none using administrative data. The CE-SC recommended two measures for hepatitis and liver disease:

EC-285-08 Chronic Liver Disease - Hepatitis A Vaccination © Active Health

Hepatitis A vaccination for patients with chronic liver disease follows the guidelines from the American Association for the Study of Liver Diseases (AASLD) and current performance is low, about 50%. The Committee noted that vaccination occurs only once and that claims data is limited for lengthy look backs. The Committee recommended this as a Level 3 measure so that patient historical data is captured for the measure.

EC-046-08 Hepatitis C: Viral Load Test © Resolution Health

This measure assesses compliance with American Gastroenterology Association (AGA) guidelines for testing of viral load prior to treatment in patients with Hepatitis C (Level of

evidence 2A, 2B)[17]. The Committee recommended alignment of timeframe with the complementary endorsed measures that is not based on administrative data.

HIV/AIDS

EC-009-08 HIV Screening: Members at High Risk of HIV © Health Benchmarks

This measure evaluates whether patients at high-risk for HIV disease (screened or treated for an STD or hepatitis) have been screened for HIV. Current performance is only 36%. The Committee acknowledged that claims data will not capture patient refusals but measure developer data suggests that low compliance results from lack of offering testing rather than refusal.

EC-003-08 Appropriate Follow-up for Patients with HIV © Health Benchmarks

This measure assesses compliance with recommended CD4 and RNA testing every 3-6 months in patients with HIV/AIDS. Performance on this measure of testing at least twice in one year ranges from 50-85%.

HYPERLIPIDEMIA and ATHERSCLEROSIS

To date, NQF has not endorsed administrative measures for either hyperlipidemia or atherosclerosis. The CE-SC recommended five measures:

EC-203-08 Hyperlipidemia (Primary Prevention) - Lifestyle Changes and/or Lipid Lowering Therapy © Active Health

The Committee recommended this Level 3 measure for patients with hyperlipidemia because it uses lab results to determine need for therapy and allows for a period of lifestyle changes in lieu of medications.

EC-004-08 Adherence to Lipid Lowering Medication © Health Benchmarks

The Committee verified that this medication adherence measure for statins conforms to the standard specifications recommended by the Medication Management Steering Committee. Committee members pointed out that some plans require tablet splitting and the exclusions are few. Measure developer reports current performance 60-80% consistent with the literature which reports significant variation in medication adherence.

EC-041-08 Dyslipidemia New Med 12-Week Lipid Test © Resolution Health

The Committee recommended this measure that assesses whether patients started on medication for elevated lipid had a follow-up lab test within 3 months to determine the effectiveness of therapy. Current performance in 17 health plans ranges from 9-45%.

EC-217-08 Atherosclerotic Disease- Lipid Panel Monitoring © Active Health

The Committee recommended this measure for lipid screening of patients over 12 years of age with atherosclerosis over 12 years of age. The Committee noted that since patients with a current prescription for a lipid lowering agent are excluded, this measure focuses on high-risk patients who have not been screened.

EC-288-08 Atherosclerotic Disease and LDL Greater than 100-Use of a Lipid Lowering Agent © Active Health

This Level 3 measure is similar to EC-231-08 for diabetes. Lipid lowering agents are not restricted to statins.

MEDICATION MANAGEMENT

The measures in this topic area focus on the proper use of certain medications rather than the specific conditions or diseases. The candidate measures submitted for consideration in this project included measures similar to those being considered in the on-going Medication Management project. NQF has endorsed several measures based on administrative data for medication management:

- 0021 Therapeutic Monitoring – Annual Monitoring for Patients on Persistent Medications © NCQA
- 0022 Drugs to be avoided in the elderly © NCQA

The Medication Management project has recommended and additional five measures:

- MM-026-08: Care for Older Adults – Medication Review (COA) ©NCQA
- MM-001-08: Proportion of Days Covered (PDC): 5 Rates by Therapeutic Category ©NCQA
- MM-003-08: Adherence to Chronic Medications (CMS)
- MM-030-08: Monthly INR Monitoring for Beneficiaries on Warfarin (CMS)

- MM-031-08: INR for Beneficiaries Taking Warfarin and Interacting Anti-Infective Medications (CMS)

After preliminary review of the candidate measures by the MM-SC, the EC-SC recommended six more measures for medication management:

EC-119-08 Lithium Annual Creatinine Test © Resolution Health

EC-076-08 Lithium Annual Lithium Test © Resolution Health

EC-077-08 Lithium Annual Thyroid test © Resolution Health

Three annual monitoring measures for patients taking lithium were rated highly by both the MM-SC and the EC-SC and important medication management. Both Committees strongly recommend these measures be incorporated into a composite measure which would asses whether patients were getting all of the annual monitoring tests recommended.

EC-051-08 Warfarin PT/ INR Test © Resolution Health

EC-204-08 Warfarin - INR Monitoring © Active Health

Multiple candidate measures addressing use of warfarin were evaluated by the MM-SC and EC-SC. The Committee discussed several challenges with assessing anticoagulation management specifically data reliability from claims in that all INR testing is not captured. The measure developers concurred that data unreliability is significant, as much as 30%. Also, home-monitoring of INR (which is reimbursed by Medicare) is growing. Measure EC-051-08 looks at an INR test within 30 days after the first prescription for warfarin and includes home-monitoring. Measure EC-204-08 addresses on-going monitoring for patients on continuous anticoagulation, but the EC-SC was concerned with exclusions for venipuncture and office visit which attempted to address the data unreliability in the original submission. The measure specifications included alternate Level 3 data elements for patients specific and EHR data. The measure developer revised the specifications to the EC-SC recommendations that the measure is for Level 3 specifications only and remove of the exclusions (except dialysis).

EC-027-08 Amiodarone Therapy: TSH Test © Resolution Health

This measure assesses compliance with guidelines[18] that recommend baseline TSH testing for patients started on amiodarone for treatment of arrhythmias. The measure developer reports

that current performance among 17 health plans is 0-43%. EC-SC members noted that patients are often started on this medication in the hospital, but are excluded from the measure.

MENTAL HEALTH AND SUBSTANCE USE DISORDERS

NQF has endorsed several measures based on administrative data for mental health:

- 0105 New Episode of Depression: Antidepressant Medication Management - ©NCQA
- 0004 Initiation of Alcohol and Other Drug Dependence Treatment ©NCQA

The current Medication Management project has recommended two additional measures for treatment of schizophrenia:

- MM-021-08: Schizophrenia: Treatment with Antipsychotics ©HealthBenchmarks
- MM-005-08: Schizophrenia: Adherence to Antipsychotics ©HealthBenchmarks

The EC-SC recommended two additional mental health measures.

EC-014-08 Follow-Up after Hospitalization for Mental Illness ©NCQA

The Committee noted this to be a well-tested HEDIS measure that has been used for years without major concerns. Committee members noted that current performance is low for this measure that addresses the priority area of care coordination.

EC-032-08 Bipolar anti-manic agent © Resolution Health

Committee members acknowledged that this measure of standard treatment for bipolar disease is very basic, but performance is low. The Committee identified concerns with the 12 month eligibility period to establish the "new onset" diagnosis and recommended extending to 2 years and look back as far as data available. Committee members noted that new guidelines are expected in December of 2009 and while the measure is consistent with current guidelines, if significant changes are made the measure should be reconsidered on an *ad hoc* basis sooner than the routine review.

MIGRAINE

NQF does not have any currently endorsed measures addressing migraine or migraine treatment.

EC-093-08 Adult(s) with Frequent Use of Acute Medications that also Received Prophylactic Medications © Ingenix

The CE-SC supported this measures as based on good science and represents compliance with guidelines that recommend "consider preventive treatment (given on an ongoing basis whether or not an attack is present) where the frequency of migraine attacks is such that the reliance on acute care medications would increase the potential for drug-induced (rebound) headache."[19] Current performance is 62%. The Committee preferred this measure over a similar candidate measures due to the more rigorous identification of the numerator and denominator. Committee members noted that the measure can be calculated through a disease registry.

PRENATAL CARE

NQF has endorsed a few measures for prenatal care but none are derived from administrative data. The CE-SC recommends four measures in this topic area.

EC-039-08 Diabetes and Pregnancy: Avoidance of oral hypoglycemic agents © Resolution Health

The CE-SC viewed this measure as a patient safety measure addressing improper use of oral hypoglycemic agents which are known to adversely affect the fetus and complies with the American Association of Clinical Endocrinologists recommendation for "diabetes and pregnancy: discontinue oral glucose-lowering drugs and start insulin if needed (grade A)." [20] Although the denominator population is small, current performance should be 100%. The measure developer's experience reported only 5 of 17 health plans demonstrates optimal performance with the remaining 12 plans ranging in performance from 82-98%.

EC-112-08 Pregnant women that had HBsAg testing © Ingenix

EC-107-08 Pregnant women that had HIV testing © Ingenix

EC-110-08 Pregnant women that had syphilis screening © Ingenix

The Committee recommended three prenatal screening test measures from the same developer for consistency of method. The guidelines recommend all three tests in early pregnancy to provide opportunity for intervention if abnormal. Since the measure specifications capture data

during the entire pregnancy, the Committee asked if the developer could focus on early pregnancy but the developer replied that the revision could not be accommodated at this time. The Committee recommended these measures be combined into a composite in the near future.

MEASURES NOT RECOMMENDED

The EC-SC did not recommend measures for a variety of reasons, most common including:

- the measure did not pass the 'important to measure and report' criteria, usually for current high performance with little, if any, opportunity for improvement;
- there was no added value compared to similar endorsed measure based on administrative data;
- the measures was not judged to be the 'best in class' among similar candidate measures; and
- concerns with reliability and validity of the administrative data required for the measure.

The measures not recommended and the rationale related to the NQF endorsement criteria and comparisons to similar measures are described in Table 2.

TABLE 2: MEASURES NOT RECOMMENDED

Measure	Reason for not recommending
ASTHMA AND RESPIRATORY ILLNESS	
EC-097-08 [asthma] patient(s) that had an office visit in the last 6 reported months ©Ingenix	Importance: No relationship to outcomes; no criteria for what happens at the office visit; too much focus on office visit – doesn't promote alternatives
EC-030-08 Asthma moderate to severe B2 agonist PQP (©RHI)	Importance: Current performance >98% [in 12 health plans per measure developer] with little variation
EC-035-08 COPD and asthma B2 overuse - ©RHI)	Importance: Current performance >97% per measure developer; little opportunity for improvement
EC-220-08 'Reactive Airway Disease - Avoid Beta Blocker Use © Active Health	Does not have sufficient scientific evidence (Level C recommendation) to support the measure and cardio-selective beta blockers may have benefit
EC-233 'Asthma - Consider Step 2 Therapy © Active Health	Similar to a current NQF endorsed measure; prefer endorsed measure (0036)
EC-100-08 Patient(s) that had an annual physician visit. © Ingenix	Importance: Office visit not a good proxy for care; too much focus on office visits
EC-101-08 Patient(s) with frequent short-	Prefer similar measure EC-255-08, which has a better

acting inhaled bronchodilator use who are also using a long-acting inhaled © Ingenix	patient selection criteria
EC-253-08 'COPD - Consider Screening for Alpha-1 Antitrypsin Deficiency © Active Health -	Usability: Would not be as useful at a practice level due to very small numbers. Might be useful at a larger population level where there is a sufficient sample size.
EC-280-08 'COPD - Consider Pulmonary Rehabilitation © Active Health	Usability: Probably does not change the overall outcome of the patient but impacts quality of life; very limited availability of pulmonary rehab services – unclear if low performance is lack of ordering or lack of availability
EC-114-08 Adult(s) with community-acquired bacterial pneumonia who have a CXR. © Ingenix	Scientific Acceptability and Usability: measure would be more robust and useful if combined with EC-115-08; concerns regarding the necessity of a chest x-ray each time of diagnosis; concerns of ability to measure antibiotic 21 days before the episode start date
EC-115-08 Patient(s) with a diagnosis of community-acquired bacterial pneumonia (CAP) who were treated with a recommended antibiotic. © Ingenix	Usability: Prefer measure is combined with EC-114-08; concerns with treating a patient who did not have an office visit; 93.6% compliance; concerns with prescribing antibiotics for community-acquired pneumonia
EC-116-08 Patient(s) with a diagnosis of community-acquired bacterial pneumonia who have oxygen saturation documented and reviewed at the initiating pneumonia encounter. © Ingenix	Failed importance criteria—current high performance; Office assessment often not coded
BONE AND JOINT CONDITIONS	
EC-029-08 Arthritis and Chronic NSAID: Ulcer Prophylaxis © Resolution Health	Scientific Acceptability: $4 drugs will not be included in claims which affects the denominator; claims data will not be able to capture over-the-counter medications
EC-011-08 Appropriate Follow-Up for Rheumatoid Arthritis © Health Benchmarks, Inc	Prefer similar measure EC-060-08 due to the specificity within the measure
EC-223-08 Rheumatoid arthritis - Consider adding a disease-modifying antirheumatic drug (DMARD) © ActiveHealth	Similar to a current NQF endorsed measure: prefer endorsed measure (0054)
EC-050-08 IBD steroids chronic BMD test © Resolution Health, Inc.	Concerns regarding sub-population; prefer similar measure EC-213-08
EC-074-08 Osteoporosis woman 66-67 BMD test PQP © Resolution Health	Importance: Does not follow USPSTF or the National Osteoporosis Foundation guidelines
EC-075-08 Osteoporosis med therapy **PQP** © Resolution Health	Prefer similar EC-283-08, which complements the current NQF endorsed measure
EC-211-08 Fracture in Females - Consider Osteoporosis Screening © ActiveHealth	Similar to a current NQF endorsed measure; prefer endorsed measure (0053)
EC-212-08 Fracture in Males - Consider	Scientific Acceptability: Concerns regarding coding

Osteoporosis Screening © ActiveHealth	issues with trauma and pathologic fractures
EC-241-08 Females 65 yrs or older - Consider Osteoporosis Screening © ActiveHealth	Scientific Acceptability: Hard to capture data accurately
EC-249-08 Hypogonadism in Males - Consider Osteoporosis Screening © ActiveHealth	Importance: Concerns regarding prevalence of condition and small size of affected population
EC-266-08 Hip or Vertebral Fracture - Consider Osteoporosis Treatment © ActiveHealth	Scientific Acceptability: Concerns regarding coding issues with trauma and pathologic fractures
EC-282-08 Osteopenia and Fracture - Consider Osteoporosis Treatment © ActiveHealth	Scientific Acceptability: Concerns regarding coding issues with trauma and pathologic fractures
CANCER SCREENING AND SURVEILLANCE	
EC-017-08 Breast Cancer Screening © Wisconsin Collaborative for Healthcare Quality	Similar to a current NQF endorsed measure; prefer endorsed measure (0031)
EC-033-08 Breast Cancer: Follow-up Annual Mammogram © Resolution Health, Inc.	Prefer similar measure EC-240-08, which includes MRI and PET in the numerator
EC-229-08 Breast Cancer Screening - Females Age 40-49 Years © ActiveHealth	Similar to a current NQF endorsed measure; prefer endorsed measure (0031)
EC-230-08 Breast Cancer Screening - Females 50 Years and Older © ActiveHealth	Similar to a current NQF endorsed measure; prefer endorsed measure (0031)
EC-018-08 Cervical Cancer Screening © Wisconsin Collaborative for Healthcare Quality	Similar to a current NQF endorsed measure; prefer endorsed measure (0032)
EC-224-08 Melanoma- Complete skin exam © ActiveHealth	Scientific Acceptability: Hard to capture data accurately on skin exam
EC-284-08 Cervical Cancer Screening - Females Age 21 and Older © ActiveHealth	Similar to a current NQF endorsed measure; prefer endorsed measure (0032)
EC-104-08 Patient(s) that had a prostate specific antigen test in last 12 reported months. © Ingenix	Prefer similar measure EC-248-08, which is more detailed
EC-105-08 Patient(s) that had an annual physician visit. © Ingenix	Usability: Office visit not a good proxy for digital rectal exam
EC-228-08 Women at Risk for Cervical Cancer - Consider Annual Pap Smear © ActiveHealth	Prefer similar measure EC-028-08, which defined "high-risk" in further detail
EC-246-08 Colorectal Cancer - Consider Cancer Surveillance © ActiveHealth	Usability: Concerns regarding measure including patients who should not be screened
EC-247-08 Colorectal Cancer - Consider Surveillance Colonoscopy © ActiveHealth	Prefer similar measure EC-007-08, which has a better time window
EC-019-08 Colorectal Cancer Screening © Wisconsin Collaborative for Healthcare Quality	Similar to a current NQF endorsed measure; prefer endorsed measure (0034)

EC-225-08 Colorectal Cancer Screening - Adults 50 Years and Older © ActiveHealth	Similar to a current NQF endorsed measure; prefer endorsed measure (0034)
CARDIOVASCULAR DISEASE	
EC-070-08 Post MI: Beta Blocker Therapy © Resolution Health	Feasibility: $4 generic drugs will not be included in claims which affects the denominator
EC-209-08 Myocardial Infarction (MI) complicated by heart failure (HF)-add an ACE-Inhibitor (ACE-I) or an Angiotensin Receptor Blocker (ARB) © ActiveHealth	Feasibility: Hard to capture diagnosis of systolic heart failure using ICD-9 codes
EC-042-08 Heart Failure: ACE inhibitor or ARB therapy © Resolution Health	Prefer similar measure EC-202-08, which can capture level 3 data
EC-043-08 Heart Failure: Beta Blocker treatment © Resolution Health	Prefer similar measure EC-215-08, which can capture level 3 data
EC-091-08 Newly Diagnosed Heart Failure: LVEF Evaluation © Resolution Health.	Usability: Hard to capture data accurately; issue with identifying newly diagnosed
EC-201-08 Congestive Heart Failure - Avoid Certain Calcium Channel Blockers © ActiveHealth	Importance: ACC/AHA guidelines to "avoid" these medications, but not contraindicated; Usability: a "negative" measure is confusing;
EC-264-08 Congestive Heart Failure consider evaluation of left ventricular function © ActiveHealth	Scientific Acceptability and Usability: Hard to capture data accurately
EC-034-08 CHD and headache syndrome, not on triptans or ergots © Resolution Health	Importance: Evidence shows there is no increased cardiovascular risk in taking these drugs
EC-036-08 Coronary Heart Disease: Statin Medication © Resolution Health	Feasibility: $4 generic drugs will not be included in claims which affects the denominator; measure did not include LDL levels; is not consistent with ACC or AHA guidelines
EC-055-08 Stent bare metal clopidogrel © Resolution Health	Prefer similar measure EC-054-08 that use drug-eluting stents
EC-207-08 Coronary Artery Disease (CAD) - Consider Adding an ACE Inhibitor or ARB © ActiveHealth	Scientific Acceptability and Usability: Does not take into account whether patients have diabetes or left ventricular systolic dysfunction
EC-085-08 New Onset Hypertension_Blood Glucose Test © Resolution Health	Scientific Acceptability: Hard to capture data accurately
EC-086-08 New Onset Hypertension_Serum Creatinine Test © Resolution Health.	Scientific Acceptability: Concerns with the identification of the population (new onset)
EC-087-08 New Onset Hypertension_Serum Lipid Test © Resolution Health.	Scientific Acceptability: Hard to capture data accurately
EC-088-08 New Onset Hypertension_Serum Potassium Test © Resolution Health	Scientific Acceptability: Hard to capture data accurately
EC-210-08 NSAIDs - May Exacerbate Hypertension © ActiveHealth	Scientific Acceptability: Difficult to identify refractory hypertension with claims data

EC-265-08 Hypertension - Consider Screening for Diabetes © ActiveHealth	Importance: high compliance rate
EC-044-08 Heart Failure: Short-acting CCB Contraindicated © Resolution Health	Importance: Current performance 94%
EC-098-08 Patients that had an annual visit [for hypertension] © Ingenix	Importance: Not good proxy for good care; too much focus on visits
EC-085-08 New Onset Hypertension – Blood Glucose Test © Resolution Health	Scientific Acceptability: methodology may capture long-standing patients as "new" and repeat tests unnecessarily
EC-086-08 New Onset Hypertension – Serum Creatinine Test © Resolution Health	Scientific Acceptability: methodology may capture long-standing patients as "new" and repeat tests unnecessarily
EC-087-08 New Onset Hypertension – Serum Lipid Test © Resolution Health	Scientific Acceptability: methodology may capture long-standing patients as "new" and repeat tests unnecessarily
EC-088-08 New Onset Hypertension – Serum Potassium Test © Resolution Health	Scientific Acceptability: methodology may capture long-standing patients as "new" and repeat tests unnecessarily:
EC-082-09 New Atrial Fibrillation on Warfarin: PT/INR Test © Resolution Health	Prefer global measure for PT/INR testing for patients on warfarin rather than condition specific measures.
CHILD HEALTH	
EC-064-08 Preventive Health Visits: First Year of Life © Resolution Health	Scientific Acceptability: Office visit is not a good proxy for appropriate care given
EC-065-08 Preventive Health Visits: Ages 3 to 18 years old © Resolution Health	Scientific Acceptability: Office visit is not a good proxy for appropriate care given
EC-066-08 Preventive Health Visits: Ages 1 to 3 years old © Resolution Health.	Scientific Acceptability: Office visit is not a good proxy for appropriate care given
EC-072-08 Pediatric rotavirus vaccination by age 8 months © Resolution Health	Failed Importance criteria: only a provisional recommendation from the CDC
EC-026-08 Acute otitis externa: No systemic antibiotics © Resolution Health	Importance: current performance >96% with no variation
EC-073-08 Otitis Media with Effusion: No Systemic Antibiotics © Resolution Health	Usability: Little room for improvement; high compliance rate
CHRONIC KIDNEY DISEASE	
EC-094-08 Patient(s) with proteinuria currently taking an ACE-inhibitor or angiotensin II receptor antagonist. © Ingenix	Prefer similar measure EC-238-08, which provides additional exclusions
EC-257-08 Chronic Kidney Disease -	Scientific Acceptability: Hard to capture data

Consider Hepatitis B Vaccination © ActiveHealth	accurately
DIABETES	
EC-020-08 Diabetes Care Performance Measures © Wisconsin Collaborative for Healthcare Quality	Scientific Acceptability: A1c level should be <8.0% not <7.0%; otherwise Committee liked composite approach
EC-038-08 Diabetes and HTN or CKD: ACE or ARB Therapy © Resolution Health	Prefer similar measures EC-232-08, which uses Level 3 data
EC-040-08 Diabetes new metformin PQP © Resolution Health	Scientific Acceptability: Requiring metformin without first suggesting lifestyle modifications; prefer similar measure EC-262-08
EC-205-08 Diabetes - Consider Eye Exam © ActiveHealth	Similar to a current NQF endorsed measure; prefer endorsed measure (0055)
EC-206-08 Diabetes - HbA1C Monitoring © ActiveHealth	Similar to a current NQF endorsed measure; prefer endorsed measure (0057)
EC-216-08 Diabetes - Microalbuminuria Screening © ActiveHealth	Similar to a current NQF endorsed measure; prefer endorsed measure (0062)
EC-226-08 Diabetes - Consider Lipid Panel Monitoring © ActiveHealth	Similar to a current NQF endorsed measure; prefer endorsed measure (0063)
EC-254-08 Diabetes with LDL greater than or equal to 130 mg/dL - Consider Lipid Lowering Agent © ActiveHealth	Scientific Acceptability: LDL level is too high; prefer similar measure EC-231-08
EC-024-08 Patients taking a biguanide (e.g., metformin), ACE-inhibitor, or angiotensin II receptior agionist that had a serum creatinine in the last 12 reported months. © Ingenix	Importance: should include all diabetics; ADA recommends annual screening; spot creatinine is an alternative to serum creatinine
EC-025-08 Patients that had an office visit for diabetes care in last 6 reported months © Ingenix	Importance: no evidence for 6 months; too much focus on office visits – doesn't promote alternatives to office visit.
EC-275-08 Diabetes – Consider Foot Exam © ActiveHealth	Similar to a current NQF endorsed measure; prefer endorsed measure (0056)
GERD	
EC-062-08 PUD H pylori treatment © Resolution Health	Scientific Acceptability: Patients do not need to be retreated-this can create an issue of overuse ; measure will produce false positives which leads to data inaccuracy
EC-063-08 PUD H pylori test © Resolution Health	Scientific Acceptability: Patients do not need to be retreated-this can create an issue of overuse ; measure will produce false positives which leads to data inaccuracy
EC-218-08 Peptic Ulcer Disease - Consider Diagnostic Work Up for H. pylori © ActiveHealth	Scientific Acceptability: Patients do not need to be retreated-this can create an issue of overuse ; measure will produce false positives which leads to data inaccuracy
EC-269-08 H. Pylori Treatment with	Scientific Acceptability: Measure will produce false

Recurrent Symptoms - Consider Retesting for Eradication © ActiveHealth	positives which leads to data inaccuracy
EC-270-08 Positive H. Pylori Test - Consider Treatment © ActiveHealth	Scientific Acceptability: Patients do not need to be retreated- this can lead to potential overuse; measure will produce false positives which leads to data inaccuracy
GERIATRICS	
EC-235-08 Avoid Certain Opioid Analgesics in the Elderly © ActiveHealth	Importance lack of sufficient scientific evidence; high compliance rate
EC-236-08 Avoid Long Acting Benzodiazepines in the Elderly © ActiveHealth	Importance lack of sufficient scientific evidence
EC-237-08 Avoid Amitryptiline and Doxepin in the Elderly © ActiveHealth	Importance lack of sufficient scientific evidence
EC-250-08 Avoid Skeletal Muscle Relaxants in the Elderly © ActiveHealth	Importance lack of sufficient scientific evidence
EC-258-08 Avoid Antihistamines with Anticholinergic Properties in the Elderly © ActiveHealth	Importance lack of sufficient scientific evidence
EC-259-08 Avoid Desiccated Thyroid in the Elderly © ActiveHealth	Importance lack of sufficient scientific evidence
EC-273-08 Falls in the Elderly - Consider a Fall Evaluation © ActiveHealth	Scientific Acceptability: Unable to identify denominator population
HEPATITIS AND LIVER DISEASE	
EC-045-08 Hepatitis C genotype test © Resolution Health	Scientific Acceptability: Hard to capture data accurately with look-back period
EC-222-08 Chronic Hepatitis C - Consider Hepatitis B Vaccination © ActiveHealth	Importance Not supported by CDC and/or NIH guidelines
EC-289-08 Chronic Hepatitis C - Consider Hepatitis A Vaccination © ActiveHealth	Importance Not supported by CDC and/or NIH guidelines in absence of liver disease
HIV/AIDS	
EC-047-08 HIV Hepatitis B screen © Resolution Health	Similar to a current NQF endorsed measure; prefer endorsed measure (0411)
EC-048-08 HIV Hepatitis C screen © Resolution Health	Similar to a current NQF endorsed measure; prefer endorsed measure (0411)
EC-117-08 HBV – post-vaccination titers © Resolution Health	Failed Importance criteria: small denominators; lack of strong evidence;
HYPERLIPIDEMIA AND ATHEROSCLEROSIS	
EC-092-08 Patient(s) with a triglyceride test in last 12 reported months.©Ingenix	Importance: Not good evidence for evaluation every 12 months
EC-102-08 Patient(s) with a LDL cholesterol test in last 12 reported months. © Ingenix	Importance: Does not have sufficient scientific evidence to support testing performed annually; in-office lab testing may not be captured through claims
EC-103-08 Patient(s) with a HDL	Importance: Does not have sufficient scientific

cholesterol test in last 12 reported months. © Ingenix	evidence to support annual testing; ; in-office lab testing may not be captured through claims
EC-286-08 'Hyperlipidemia (Primary Prevention) - Candidate for a Lipid Lowering Agent © ActiveHealth	Scientific Acceptabilty: Does not measure LDL levels which can lead to inaccuracy
EC-221-08 Serotonin Receptor Antagonist - Contraindicated in Atherosclerotic Disease © ActiveHealth	Importance: Evidence shows there is no increased cardiovascular risk in taking these drugs
EC-243-08 Heart Protection Study - Consider Adding a Statin © ActiveHealth	Importance: Based on a single study – ahead of the national guidelines
EC-268-08 Intermittent Claudication - Consider Cilostazol © ActiveHealth	Usability: Noncompliance could be caused by high cost of medication; affects a small population
MEDICATION MANAGEMENT	
EC-021-08 Adult patient(s) taking warfarin that had three or more prothrombin time tests in last 6 reported months. © Ingenix	Scientific Acceptability: Hard to capture data accurately
EC-022-08 Adult patient(s) taking a statin-containing medication, nicotinic acid, or fibric acid derivative that had an annual serum ALT or AST test. © Ingenix	Importance: Concerns regarding lack of sufficient scientific evidence
EC-023-08 Patient(s) currently taking a COX-2 inhibitor without a documented indication. © Ingenix	Importance: Lack of clinical importance
EC-052-08 Thiazolidinediones Annual Liver Function Test © Resolution Health	Importance: Lack of clinical importance
EC-078-08 Lotrisone: Inappropriate Use © Resolution Health	Importance: Lack of clinical importance
EC-082-08 New Atrial Fibrillation on Warfarin: PT/INR Test © Resolution Health	Concerns regarding sub-population; prefer similar measure EC-051-08, which is more general
EC-090-08 New start clozapine, WBC test © Resolution Health	Importance: small clinical gap
EC-219-08 Statin Use - LFT Monitoring © ActiveHealth	Importance: Concerns regarding lack of sufficient scientific evidence
MENTAL HEALTH	
EC-118-08 Dementia new PQP © Resolution Health	Scientific Acceptability: Concerns with the identification of the new onset population and encouraging unnecessary, repeated testing; also small numbers
EC-084-08 New depression, not on anxiolytics as depression monotherapy © Resolution Health	Importance: Performance >90% with little variation :
MIGRAINE	
EC-245-08 'Recurrent Migraines -	Prefer similar measure EC-093-08, which has

Consider Adding Prophylactic Medications © ActiveHealth	extensive inclusions and exclusions and provided the option of using a disease registry trip
PRENATAL CARE	
EC-010-08 Prenatal Screening: Screening for HIV in Women who Delivered an Infant © Health Benchmarks, Inc	Prefer similar measure EC-107-08, which provides a better time window
EC-067-08 Prenatal Care HIV Testing © Resolution Health	Prefer similar measure EC-107-08, which provides a better time window
EC-068-08 Prenatal care hepatitis B screen PQP © Resolution Health	Scientific Acceptability: Numerator is too broad; prefer similar measure EC-112-08
EC-108-08 Pregnant women less than 25 years of age that had chlamydia screening. © Ingenix	Similar to a current NQF endorsed measure: prefer endorsed measure (0033)
EC-109-08 Pregnant women that had ABO and Rh blood type testing. © Ingenix	Importance: Concerns with whether or not it's a true quality gap in measurement
EC-111-08 Pregnant women that had urine culture. © Ingenix	Scientific Acceptability: Claims data will not be able to capture dipstick urine stest
EC-113-08 Pregnant women that received Group B Streptococcus testing. © Ingenix	Usability: Concerns with whether or not it's a true quality gap in measurement; high compliance rate; consistent with recent NQF perinatal project
EC-267-08 Pregnancy - Consider Smoking Cessation © ActiveHealth	NQF prefers global rather than condition specific smoking measures
TOBACCO	
EC-276-08 Smokers with Diabetes - Consider Smoking Cessation © ActiveHealth	NQF prefers global rather than condition specific smoking measures
EC-277-08 Smokers with Lung Disease - Consider Smoking Cessation © ActiveHealth	NQF prefers global rather than condition specific smoking measures
EC-278-08 Smokers with Vascular Disease - Consider Smoking Cessation © ActiveHealth	NQF prefers global rather than condition specific smoking measures
EC-279-08 Smokers - Consider Smoking Cessation © ActiveHealth	Similar to a current NQF endorsed measure; prefer endorsed measure (0027)
MISCELLANEOUS	
EC-069-08 Post-op Complications Cataract Surgery PQP © Resolution Health	Prefer similar measure AED-007-08, which is in the process of NQF endorsement
EC-287-08 High Risk for Influenza - Consider Influenza Vaccine © ActiveHealth	Lack of harmonization with current NQF endorsed standard specifications
EC-106-08 Patient(s) treated with an antibiotic for acute sinusitis that received	Scientific Acceptability: Concerns with identification of first line drug vs appropriateness of antibiotic

a first line antibiotic. © Ingenix	
EC-031-08 Benign Prostatic Hypertrophy- Avoid Unnecessary Cholinergics © Resolution Health	Importance: insufficient data to understand extent of problem; link to outcomes unclear; developer reports 97% compliance

RECOMMENDATIONS TO ACCOMPANY THE MEASURES

Several Steering Committee recommendations were made to accompany the set of measures:

1. Validation of administrative data against primary data

   Measure developers should validate measures based on administrative data (secondary data) in comparison with the authoritative primary data source such as medical record, either paper or EHR. A comparison of even a small sample, such as 100 patients, would help answer some of the questions on data capture, data reliability and false positives, to better understand the strengths and limitations of the measures.

2. Responsible use of measures

   Organizations that implement these measures should understand and acknowledge the limitations of administrative data and convey these limitations as part of public reporting programs. Organizations should adopt the principles outlined in the Consumer-Purchaser Disclosure Project released the "Patient Charter for Physician Performance Measurement, Reporting and Tiering Programs[13] and NCQA's PHQ standards for physician measurement[14] which outline principles for health plans to measure and report physician performance reliably and equitably.

3. Promote greater data management capability

   Implementation programs using these measures should encourage and promote the highest level of data management and foster adoption of Level 3 capabilities.

[13] http://www.cmss.org/images/DisclosurePatientCharter.pdf
[14] http://www.pbgh.org/programs/documents/NCQAPressRelPtCharter_08-2008.pdf

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Appendix A – Specifications of the National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data

The following table presents descriptive specifications for each of the proposed National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data. Detailed specifications with coding are available through links from this document.

All information presented has been derived directly from measure sources/developers without modification or alteration (except when the measure developer agreed to such modification during the NQF Consensus Development Process) and is current as of July 2009.

All NQF-endorsed voluntary consensus standards are open source, meaning they are fully accessible and disclosed.

Appendix A – Specifications of the National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
Measure # **EC-002-08** **Title:** **Appropriate Work Up Prior to Endometrial Ablation Procedure** **IP Owner:** **Health Benchmarks, Inc.**	Women who received endometrial sampling or hysteroscopy with biopsy during the year prior to the index date. Time Window: The year prior to the index date.	Continuously enrolled women who had an endometrial ablation procedure during the measurement year. Time Window: The measurement year.	Women who had an endometrial ablation procedure during the year prior to the index date.	LEVEL 2 (procedure and lab)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Gynecology.aspx
Measure # **EC-003-08** **Title:** **Appropriate Follow Up for Patients with HIV** **IP Owner:** **Health Benchmarks, Inc.**	Members who received a CD4 count and an HIV RNA level laboratory test during the 0-6 months after the index date. Note: Index date is defined as the first instance of denominator criteria A Time Window: The 0-6 months after the	Continuously enrolled members with a diagnosis of HIV during the one year period beginning six months prior to the start of the measurement year. Time Window: The one year period beginning six months prior to the start of the measurement year.		LEVEL 2 (visit/diagnosis and lab)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/HIV.aspx

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
	index date.				
Measure # EC-004-08 **Title: Adherence to Lipid-Lowering Medication** **IP Owner: Health Benchmarks, Inc.**	The numerator consists of members in the denominator who filled sufficient days supply of lipid lowering drugs to provide for at least 80% coverage during the 0-6 months after the index date (inclusive of the index date). Note: index date is defined as the first instance of denominator criteria B. Time Window: 0-6 months after the index date	The denominator consists of continuously enrolled members ages 19 years or older by the end of the measurement year who had a diagnosis of hyperlipidemia and filled a prescription for a lipid lowering medication during the 1 year period beginning 6 months prior to the start of the measurement year. In order to qualify for the denominator, members must also fill at least a 60 day supply of lipid lowering medication during the 6 months after the initial prescription fill. Time Window: 1 year period beginning 6 months prior to the start of the measurement year	The denominator exclusions consist of members who were pregnant or diagnosed with rhabdomyolysis in the 0-6 months after the index date (inclusive of index date). Note: Index date is defined as the first instance of denominator criteria B	LEVEL 2 (visit/diagnosis and pharmacy)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Hyperlipidemia_and_Atherosclerosis.aspx
Measure # EC-005-08	Members with phosphorus level blood tests during the 0-365	Members with chronic kidney disease without dialysis during the year	Members who on dialysis or in hospice in the 0-365 days after the index date.	LEVEL 2 (visit/diagnosis and lab)	**Measure Submission Form:** www.qualityforum.org/Pro

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
Title: **Chronic Kidney Disease: Monitoring Phosphorus** **IP Owner:** **Health Benchmarks, Inc.**	days after the index date (inclusive of the index date) Note: Index date is defined as the first instance of Denominator Criteria A or B Time Window: The 0-365 days after the index date.	prior to the measurement year. Time Window: Year prior to the measurement year.	Note: Index date is defined as the first instance of Denominator Criteria A or B		jects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Chronic_Kidney.aspx
Measure # **EC-006-08** **Title:** **Chronic Kidney Disease: Monitoring Parathyroid Hormone (PTH)** **IP Owner:** **Health Benchmarks, Inc.**	Members with PTH level tests during the 0-365 days after the index date. Note: Index date is defined as the date of denominator criteria A or B. Time Window: The 0-365 days after the index date.	Members with chronic kidney disease during the year prior to the measurement year. Time Window: The year prior to the measurement year.	Patients with parathyroidectomy any time prior to the index date or patients who utilize dialysis 0-365 days after the index date, or patients who have been in hospice care 0-365 days after the index date. Note: Index date is defined as the date of denominator criteria A or B.	LEVEL 2 (visit/diagnosis and lab)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Chronic_Kidney.aspx
Measure # **EC-007-08**	Members receiving a colonoscopy, sigmoidoscopy, or	Continuously enrolled members who are status post resection of	Members who are status post resection of colon cancer any time prior to	LEVEL 2 (visit/diagnosis and lab or procedure)	**Measure Submission Form:** www.qualityforum.org/Pro

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
Title: **Follow-up after Initial Diagnosis and Treatment of Colorectal Cancer: Colonoscopy** **IP Owner:** **Health Benchmarks, Inc.**	protoscopy as appropriate during the 15 months after the index date. Note: Index date is defined as the first instance of denominator criterion A or B. Time Window: The 15 months after the index date.	colorectal cancer during the year ending 15 months prior to the measurement year. Time Window: The one year period ending 15 months prior to the measurement year.	the index date, or members who were in hospice care 0 to 15 months after the index date. Note: Index date is defined as the first instance of denominator criterion A or B.		jects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Cancer.aspx
Measure # **EC-009-08** **Title:** **HIV Screening: Members at High Risk of HIV** **IP Owner:** **Health Benchmarks, Inc.**	Members who received a HIV test or HIV rapid test in the 60 days prior through 60 days after the index date. Time Window: 60 days prior through 60 days after the index date Note: Index date is defined as the first instance of denominator crieteria A or B or C or D or E or F.	Continuously enrolled members 14-64 years of age by the end of the measurement year, who have been screened, diagnosed or treated for an STD other than HIV, members who are being screened for Hepatitis C, or sexually active women, ages 14-24 with abortion or miscarriage. Time Window: 1 year period ending 60 days prior to end of measurement year	Members diagnosed with HIV before or on the index date. Note: Index date is defined as the first instance of denominator criteria A or B or C or D or E or F.	LEVEL 2 (visit/diagnosis and lab)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/HIV.aspx

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
Measure # **EC-012-08** **Title:** **Chronic Kidney Disease: Monitoring Calcium** **IP Owner:** **Health Benchmarks, Inc.**	Members with calcium level blood tests during the 0-365 days after the index date. Note: Index date is defined as the first instance during the year prior to the measurement year of denominator criteria [A] or [B] Time Window: The 0-365 days after the index date (inclusive of the index date).	Members with chronic kidney disease without dialysis during the year prior to the measurement year. Time Window: The year prior to the measurement year.	Members who are on dialysis or in hospice in the 0-365 day period after the index date. Note: Index date is defined as the first instance during the year prior to the measurement year of denominator criteria [A] or [B]	LEVEL 2 (visit/diagnosis and lab)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Chronic_Kidney.aspx
Measure # **EC-013-08** **Title:** **Comprehensive Diabetes Care: HbA1c control (<8.0%)** **IP Owner:** **NCQA**	Use automated laboratory data to identify the most recent HbA1c test during the measurement year. The member is numerator compliant if the most recent automated HbA1c level is <8.0%. The member is not numerator compliant if the automated result for the most recent HbA1c test is = 8.0% or is missing a	Members 18 - 75 years of ages with diabetes. There are two methods to identify members with diabetes: pharmacy data and claims/encounter data. The organization must use both to identify the eligible population, but a member only needs to be identified in one to be included in the measure. Members may be	Members with a diagnosis of polycystic ovaries who did not have any face-to-face encounters with a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year. Diagnosis can occur at any time in the member's history, but must have occurred by December 31	LEVEL 3 (lab result)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Diabetes.aspx

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
	result, or if an HbA1c test was not done during the measurement year. Time Window: The measurement year.	identified as having diabetes during the measurement year or the year prior to the measurement year. Method 1: Pharmacy data. Members who were dispensed insulin or oral hypoglycemics/antihyperglycemics during the measurement year or year prior to the measurement year on an ambulatory basis Method 2: Claim/encounter data. Members who had two face-to-face encounters with a diagnosis of diabetes on different dates of service in an outpatient setting or nonacute inpatient setting, or one face-to-face encounter in an acute inpatient or ED setting during the measurement year or the year prior to the	of the measurement year. Members with gestational or steroid-induced diabetes who did not have any face-to-face encounters with a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year. Diagnosis can occur during the measurement year or the year prior to the measurement year, but must have occurred by December 31 of the measurement year.		

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
		measurement year. The organization may count services that occur over both years. Time Window: The measurement year or year prior to the measurement year.			
Measure # **EC-014-08** **Title:** **Follow-Up After Hospitalization for Mental Illness** **IP Owner:** **NCQA**	Rate 1: An outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health pracititioner within 30 days after discharge. Rate 2: An outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner within 7 days after discharge. Time Window: Date of discharge through 30 days after discharge	Members 6 years and older as of the date of discharge who were discharged alive from an acute inpatient setting (including acute care psychiatric facilities) with a principal mental health diagnosis on or between January 1 and December 1 of the measurement year. The denominator for this measure is based on discharges, not members. Include all discharges for members who have more than one discharge on or between January 1 and December 1 of the measurement year.	Exclude both the initial discharge and the readmission/direct transfer discharge if the readmission/direct transfer discharge occurs after December 1 of the measurement year. Exclude discharges followed by readmission or direct transfer to a nonacute facility for any mental health principal diagnosis within the 30-day follow-up period. These discharges are excluded from the measure because readmission or transfer may prevent an outpatient	LEVEL 2 (inpatient and outpatient encounters)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Mental_Health_and_Substance_Use_Disorders.aspx

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
		Mental health readmission or direct transfer: If the discharge is followed by readmission or direct transfer to an acute facility for any mental health principal diagnosis within the 30-day follow-up period, count only the readmission discharge or the discharge from the facility to which the member was transferred. Although rehospitalization might not be for a selected mental health disorder, it is probably for a related condition. Time Window:	follow-up visit from taking place. Refer for codes to identify nonacute care. Non-mental health readmission or direct transfer: Exclude discharges in which the patient was transferred directly or readmitted within 30 days after discharge to an acute or nonacute facility for a non-mental health principal diagnosis. These discharges are excluded from the measure because rehospitalization or transfer may prevent an outpatient follow-up visit from taking place.		
Measure # EC-015-08 **Title: Lead Screening in Children**	At least one capillary or venous blood test on or before the child's second birthday. Time Window: the measurement year	Children who turn 2 years old during the measurement year. Time Window: Children continuously enrolled 12 months prior to the child's		LEVEL 2 (lab and enrollment)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Da

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
IP Owner: **NCQA**		second birthday.			ta/Commenting/Measure_Submission_Forms/Child_Health.aspx
Measure # **EC-016-08** **Title:** **Use of Spirometry Testing in the Assessment and Diagnosis of COPD** **IP Owner:** **NCQA**	Members with at least one claim/encounter with any code for spirometry in the 730 days (2 years) before the Index Episode Date (IESD) to 180 days after the IESD.	Members 42 years or older as of December 31st of the measurement year, who had any diagnosis of COPD during the Intake Period. If the member had more than one diagnosis of COPD, include only the first one. Members must be continuously enrolled in the organization 730 days (2 years) prior to the IESD through 180 days after the IESD.	Test for Negative Diagnosis History. Exclude members who had a claim/encounter with a COPD diagnosis during the 730 days (2 years) prior to the IESD. For an inpatient (acute or nonacute) claim/encounter, use the date of admission to determine the Negative Diagnosis History.	LEVEL 2 (visit/diagnosis and procedure)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Asthma_and_Respiratory_Illness.aspx
Measure # **EC-027-08** **Title:** **Ambulatory Initiated Amiodarone Therapy: TSH Test** **IP Owner:** **Resolution Health, Inc.**	Patients in the denominator who had TSH baseline measurement within 60 days prior to or 30 days after the amiodarone start date	Adult patients who started amiodarone (see the drug list below) at any time during the first 11 months of the measurement year	No claims with procedure codes for 'Thyroidectomy, total' (see list of procedure codes below) No claims for services in hospital from amiodarone start date - 60 days to amiodarone start date - 30 days)	LEVEL 2 (pharmacy and lab)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Medication_Management.aspx
Measure #	Patients in the	Women who are 12-65	No claims for cervical	LEVEL 2 (visit/diagnosis	**Measure Submission**

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
EC-028-08 **Title:** **Annual Cervical Cancer Screening for High-Risk Patients** **IP Owner:** **Resolution Health, Inc.**	denominator who had a cervical CA screen during the measurement year	years of age who have a diagnosis of cervical dysplasia (CIN 2), cervical carcinoma-in-situ, or HIV/AIDS diagnosed prior to the measurement year, and who still have a cervix (excludes women with a hysterectomy)	cancer screening exclusions, based on NCQA/HEDIS technical specifications: Women who had a hysterectomy with no residual cervix.	and lab)	**Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Cancer.aspx
Measure # **EC-032-08** **Title:** **Bipolar Antimanic Agent** **IP Owner:** **Resolution Health, Inc.**	Patients in the denominator who have received at least 1 prescription for a mood-stabilizing agent during the measurement year	Patients newly diagnosed as having bipolar disorder earlier than 30 days before the end of the measurement year		LEVEL 2 (visit/diagnosis and pharmacy)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Mental_Health_and_Substance_Use_Disorders.aspx
Measure # **EC-037-08** **Title:** **Deep Vein Thrombosis Anticoagulation >= 3 Months**	Patients in the denominator who had at least 3 months of anticoagulation after acute deep vein thrombosis (DVT)	Patients diagnosed with acute DVT more than 3 months prior to the end of the measurement year, who do not have contraindications to warfarin therapy (contraindications include:	Does not have contraindications to warfarin, which includes evidence of eye surgery, GI bleed, aortic dissection, cerebral aneurysm, pericarditis, bacterial endocarditis,	LEVEL 2 (visit/diagnosis and pharmacy)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
IP Owner: Resolution Health, Inc.		evidence of eye surgery, GI bleed, aortic dissection, cerebral aneurysm, pericarditis, bacterial endocarditis, pregnancy, bleeding diatheses, or head trauma)	pregnancy, bleeding diatheses, or head trauma anytime during the two years prior to the end of the measurement year through 90 days following onset of DVT		Submission_Forms/DVT_PE.aspx
Measure # EC-039-08 **Title: Diabetes and Pregnancy: Avoidance of Oral Hypoglycemic Agents** **IP Owner: Resolution Health, Inc.**	Patients in the denominator who are not taking an oral hypoglycemic agent	Pregnant women with a diagnosis of non-gestational diabetes prior to pregnancy	No claims for gestational diabetes anytime after pregnancy onset date, no diagnosis of miscarriage or abortion anytime after the pregnancy onset date, no claims for polycystic ovaries when determining pre-pregnancy diabetes diagnosis	LEVEL 2 (visit/diagnosis and pharmacy)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Prenatal_Care.aspx
Measure # EC-041-08 **Title: Dyslipidemia New Med 12-week Lipid Test** **IP Owner: Resolution Health, Inc.**	Patients in the denominator who had a serum lipid panel drawn within 3 months following start of lipid-lowering therapy	Patients newly started on lipid-lowering therapy during the first 9 months of the measurement year	Hospitalizations	LEVEL 2 (pharmacy and lab)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Hyper

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
					lipidemia_and_Atherosclerosis.aspx
Measure # EC-046-08 **Title: Hepatitis C: Viral Load Test** **IP Owner: Resolution Health, Inc.**	Patients in the denominator who had an HCV Viral Load test prior to the initiation of antiviral therapy	HCV patients who started HCV antiviral therapy during the measurement year		LEVEL 2 (visit/diagnosis and lab)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Hepatitis_and_Liver_Disease.aspx
Measure # EC-049-08 **Title: Hydroxychloroquine Annual Eye Exam** **IP Owner: Resolution Health, Inc**.	Patients in the denominator who have undergone a fundoscopic retinal eye exam by an eye care professional (ophthalmologist or optometrist) during the measurement year	Patients with a diagnosis of rheumatoid disease who are at high risk for hydroxychloroquine ocular complications and were prescribed at least a 292-day supply of hydroxychloroquine during the measurement year, excluding those with a prior history of blindness	Blindness	Level 2 (visit/diagnosis and pharmacy)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Bone_and_Joint_Conditions.aspx
Measure # EC-051-08	Patients in the denominator who had a PT/INR test within 30	Patients who are taking warfarin during the measurement year	Claims from the hospital or ER from the warfarin start date to warfarin start	LEVEL 2 (pharmacy and lab)	**Measure Submission Form:** www.qualityforum.org/Pro

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
Title: **Warfarin_PT/ INR Test** **IP Owner:** **Resolution Health, Inc.**	days after the first warfarin claim during the measurement year Time Window: See below	Time Window: See below	date + 30 days		jects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Medication_Management.aspx
Measure # **EC-053-08** **Title:** **Tympanostomy Tube Hearing Test** **IP Owner:** **Resolution Health, Inc.**	Patients from the denominator who underwent hearing testing within 6 months prior to the initial tympanostomy tube(s) insertion Time Window: See below	Patients age 2 through 12 years old with OME who received tympanostomy tube(s) insertion during the measurement year Time Window: See below		LEVEL 2 (visit/diagnosis/procedure and hearing test)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Child_Health.aspx
Measure # **EC-054-08** **Title:** **Stent Drug-Eluting Clopidogrel** **IP Owner:** **Resolution Health, Inc.**	Patients in the denominator who filled prescription(s) for clopidogrel in the 3 months following placement of the drug-eluting intracoronary stent. ("Evidence suggests clopidogrel should be continued upwards of 1 year.")	Patients who underwent PCI with placement of a drug-eluting intracoronary stent, during the first 9 months of the measurement year, excluding those with contraindications to clopidogrel	Contraindications to clopidogrel	LEVEL 2 (procedure and pharmacy)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Cardiovascular_Disease.aspx

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
	Time Window: 3 months after stent placement				
Measure # EC-056-08 **Title: Rheumatoid Arthritis New DMARD Baseline Serum Creatinine** **IP Owner: Resolution Health, Inc.**	Patients in the denominator who received serum creatinine testing within 90 days before to 14 days after the new start of methotrexate, leflunomide, azathioprine, D-Penicillamine, intramuscular gold, cyclosporine, or cyclophosphamide during the measurement year.	Patients >=18 years old with a history of rheumatoid arthritis and a new start of methotrexate, leflunomide, azathioprine, D-Penicillamine, intramuscular gold, cyclosporine, or cyclophosphamide anytime from the beginning of the measurement year to 14 days prior to the end of the measurement year. (This list of DMARDs will hereafter be refered to as 'DMARD needing baseline SCr')	The measure excludes patients who have had an inpatient hospitalization during the measurement year because UB04 claims do not document individual lab tests ordered during an inpatient stay.	LEVEL 2 (visit/diagnosis and pharmacy and lab)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Bone_and_Joint_Conditions.aspx
Measure # EC-057-08 **Title: Rheumatoid Arthritis New DMARD Baseline Liver Function Test** **IP Owner:**	Patients in the denominator who received liver function testing within 90 days before to 14 days after the new start of sulfasalazine, methotrexate, leflunomide, azathioprine,	Patients >=18 years old with a history of rheumatoid arthritis and a new start of sulfasalazine, methotrexate, leflunomide, azathioprine, cyclosporine or cyclophosphamide anytime from the	The measure excludes patients who have had an inpatient hospitalization during the measurement year because UB04 claims do not document individual lab tests ordered during an inpatient stay.	LEVEL 2 (visit/diagnosis and pharmacy and lab)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Bone

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
Resolution Health, Inc.	cyclosporine or cyclophosphamide during the measurement year.	beginning of the measurement year to 14 days prior to the end of the measurement year. (This list of DMARDs will hereafter be refered to as 'DMARD needing baseline LFT')			_and_Joint_Conditions.aspx
Measure # EC-058-08 **Title: Rheumatoid Arthritis New DMARD Baseline Chest X-Ray** **IP Owner: Resolution Health, Inc.**	Patients in the denominator who received a Chest X-ray or Chest CT within one year before to 14 days after the new start of methotrexate, etanercept, kineret, infliximab, or adalimumab during the measurement year	Patients >=18 years old with a history of rheumatoid arthritis and a new start of methotrexate, etanercept, kineret, infliximab, or adalimumab anytime from the beginning of the measurement year to 14 days prior to the end of the measurement year. (This list of DMARDs will hereafter be refered to as 'DMARD needing baseline CXR')		LEVEL 2 (visit/diagnosis and pharmacy and imaging)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Bone_and_Joint_Conditions.aspx
Measure # EC-059-08 **Title: Rheumatoid Arthritis New DMARD Baseline**	Patients in the denominator who received CBC testing within 90 days before to 14 days after the new start of sulfasalazine,	Patients >=18 years old with a history of rheumatoid arthritis and a new start of sulfasalazine, methotrexate, leflunomide, azathioprine,	The measure excludes patients who have had an inpatient hospitalization during the measurement year because UB04 claims do not document	LEVEL 2 (visit/diagnosis and pharmacy and lab)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_En

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
CBC **IP Owner:** **Resolution Health, Inc.**	methotrexate, leflunomide, azathioprine, D-Penicillamine, intramuscular gold, oral gold, cyclosporine, or cyclophosphamide.	D-Penicillamine, intramuscular gold, oral gold, cyclosporine, or cyclophosphamide anytime from the beginning of the measurement year to 14 days prior to the end of the measurement year. (This list of DMARDs will hereafter be referred to as 'DMARD needing baseline CBC')	individual lab tests ordered during an inpatient stay.		riched_Administrative_Data/Commenting/Measure_Submission_Forms/Bone_and_Joint_Conditions.aspx
Measure # **EC-060-08** **Title:** **Rheumatoid Arthritis Annual ESR or CRP** **IP Owner:** **Resolution Health, Inc.**	Patients in the denominator who had an ESR or CRP lab test during the measurement year	Patients >=18 years old with a history of rheumatoid arthritis, diagnosed prior to the measurement year	The measure excludes patients who have had an inpatient hospitalization during the measurement year because UB04 claims do not document individual lab tests ordered during an inpatient stay.	Level 2 (visit/diagnosis and lab)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Bone_and_Joint_Conditions.aspx
Measure # **EC-061-08** **Title:** **Pulmonary Embolism**	Patients in the denominator who had at least 3 months of anticoagulation after acute pulmonary	Patients diagnosed with a PE during the first 9 months of the measurement year, who do not have	Does not have contraindications to warfarin, which includes evidence of eye surgery, GI bleed, aortic	LEVEL 2 (visit/diagnosis and pharmacy)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Meas

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
Anticoagulation >= 3 Months **IP Owner:** **Resolution Health, Inc**.	embolism	contraindications to warfarin therapy (contraindications include: evidence of eye surgery, GI bleed, aortic dissection, cerebral aneurysm, pericarditis, bacterial endocarditis, pregnancy, bleeding diatheses, or head trauma during or 1 year prior to the measurement year)	dissection, cerebral aneurysm, pericarditis, bacterial endocarditis, pregnancy, bleeding diatheses, or head trauma anytime during the two years prior to the end of the measurement year through 90 days following onset of PE		ures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/DVT_PE.aspx
Measure # **EC-071-08** **Title:** **Post MI: ACE inhibitor or ARB therapy** **IP Owner:** **Resolution Health, Inc.**	Patients in the denominator with at least 1 Rx claim for an ACEI or an ARB medication during the measurement year Time Window: See below	Patients with STEMI, or NSTEMI with hypertension, HF and/or diabetes, prior to the measurement year Tine Window: See below	Excludes members who meet the following criteria for the ACE/ARB contraindication - >=1 claim with a diagnosis code for 'hyperkalemia', 'renal artery stenosis', 'ESRD', 'severe chronic kidney disease', 'pregnancy', or 'angioneurotic edema' (see below for the complete list of ICD9 codes)'	LEVEL 2 (visit/diagnosis and pharmacy)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Cardiovascular_Disease.aspx
Measure # **EC-076-08**	Patients in the denominator who received a lithium level	Patients who received at least a 292-day supply of lithium during the		LEVEL 2 (pharmacy and lab)	**Measure Submission Form:** www.qualityforum.org/Pro

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
Title: Lithium Annual Lithium Test in Ambulatory Setting **IP Owner: Resolution Health, Inc.**	test after the earliest observed lithium prescription during the measurement year	measurement year			jects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Medication_Management.aspx
Measure # EC-077-08 **Title: Lithium Annual Thyroid Test in Ambulatory Setting** **IP Owner: Resolution Health, Inc.**	Patients in the denominator who received a thyroid function test after the earliest observed lithium prescription during the measurement year	Patients who received at least a 292-day supply of lithium during the measurement year	Exclude patients with prior claims for total thyroidectomy	LEVEL 2 (pharmacy and lab)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Medication_Management.aspx
Measure # EC-079-08 **Title: Methotrexate: LFT within 12 weeks** **IP Owner: Resolution Health, Inc.**	Patients in the denominator who received a liver function test within 120 days following the earliest observed methotrexate prescription claim. Time Window: See attachment	Patients >=18 years old with rheumatoid arthritis who have received at least a 6-month supply of oral methotrexate during the measurement year. Time Window: See attachment	Exclude members with an inpatient hospitalization during the 120 days after the earliest observed methotrexate prescription.	LEVEL 2 (visit/diagnosis and pharmacy and lab)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Bone_and_Joint_Conditions.aspx
Measure #	Patients in the	Patients >=18 years old	Exclude members with an	LEVEL 2 (visit/diagnosis	**Measure Submission**

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
EC-080-08 **Title:** **Methotrexate: CBC within 12 weeks** **IP Owner:** **Resolution Health, Inc.**	denominator who received a CBC test within 120 days following the earliest observed methotrexate prescription claim Time Window: See attachment	with rheumatoid arthritis who have received at least a 6-month supply of oral methotrexate during the measurement year Time Window: See attachment	inpatient hospitalization during the 120 days after the earliest observed methotrexate prescription	and pharmacy and lab)	**Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Bone_and_Joint_Conditions.aspx
Measure # **EC-081-08** **Title:** **Methotrexate: Creatinine within 12 weeks** **IP Owner:** **Resolution Health, Inc.**	Patients in the denominator who received a serum creatinine or BUN test in the 120 days following the earliest observed methotrexate prescription claim. Time Window: See attachment	Patients >=18 years old with rheumatoid arthritis who have received at least a 6-month supply of oral methotrexate during the measurement year Time Window: See attachment	1) Exclude members with an inpatient hospitalization within 120 days after the earliest observed methotrexate prescription; 2) Exclude members with claims for ESRD.	LEVEL 2 (visit/diagnosis and pharmacy and lab)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Bone_and_Joint_Conditions.aspx
Measure # **EC-083-08** **Title:** **New Atrial Fibrillation: Thyroid Function Test**	Patients in the measure denominator who had a thyroid function test 6 weeks before or after the new onset of atrial fibrillation	Adult patients with a new diagnosis of atrial fibrillation during the first 10.5 months of the measurement year Time Window: See below	Patients who were seen in an ER or hospital between 45 days before and 45 days after the onset of atrial fibrillation	LEVEL 2 (visit/diagnosis and lab)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Da

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
IP Owner: **Resolution Health, Inc.**	Time Window: See below				ta/Commenting/Measure_Submission_Forms/Cardiovascular_Disease.aspx
Measure # **EC-089-08** **Title:** **New Rheumatoid Arthritis Baseline ESR or CRP within Three Months** **IP Owner:** **Resolution Health, Inc.**	Patients in the denominator who had an ESR or CRP lab test either 4 months before or after the initial rheumatoid arthritis diagnosis date	Patients >=18 years old newly diagnosed with rheumatoid arthritis during the first 8 months of the measurement year	The measure excludes patients who have had an inpatient hospitalization 4 months before and after the initial rheumatoid arthritis diagnosis because UB04 claims do not document individual lab tests ordered during an inpatient stay.	LEVEL 2 (visit/diagnosis and lab)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Bone_and_Joint_Conditions.aspx
Measure # **EC-093-08** **Title:** **Adult(s) with Frequent Use of Acute Medications that also Received Prophylactic Medications** **IP Owner:** **Ingenix**	If YES to any of the following: 9, or 12, or 15, or 18 where: 9 states: Did the patient fill a prescription for an anticonvulsant (code set RX-12) during the following time period: last 120 days of the report period through 90 days after the end of the report period? 12 states: Did the patient fill a prescription for a	See attached "Migraine ebm Alg" document for member demographics, member enrollment, and condition confirmation criteria for denominator migraine definition. In addition, for this measure, the patient must be 18 years of age or older at the end of the report period and must meet the following criteria: Identify patients with	Patients were excluded from this measure if they were less than 18 years of age at the end of the report period since there is insufficient data in this population to recommend prophylactic therapy.	LEVEL 2 (visit/diagnosis and pharmacy)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Migraine.aspx **Coding:** www.qualityforum.org/Projects/a-

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
	Beta-Blocker-containing medication (code set RX-23) during the following time period: last 120 days of the report period through 90 days after the end of the report period? 15 states: Did the patient fill a prescription for a Calcium Channel Blocker-containing medication (code set RX-31) during the following time period: last 120 days of the report period through 90 days after the end of the report period? 18 states: Did the patient fill a prescription for a tricyclic antidepressant (code set RX-119) during the following time period: last 120 days of the report period through 90 days after the end of the report period? Time Window:120 days prior to the end of the	frequent headache, as defined in Appendix 1 Are any of the following equal to YES: 1,2,3,4,5,6,7 1: Was the sum of the Equivalent Doses (EqDose) for triptan (oral only) (code set RX-122) greater than a Threshold of 36 tablets, during the following time period: last 120 days of the report period? EqDose is a defined determination function. Note: Exclude the last claim within this time period. 2: Was the sum of the Equivalent Doses (EqDose) for triptan (subcutaneous only) (code set RX-123) greater than a Threshold of 24 dose equivalents, during the following time period: last 120 days of the report period? Note: Exclude			b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-093-08.aspx

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
	report period through 90 days after the end of the report period	the last claim within this time period. 3: Was the sum of the Equivalent Doses (EqDose) for triptan (nasal only) (code set RX-121) greater than a Threshold of 24 spray bottles, during the following time period: last 120 days of the report period? Note: Exclude the last claim within this time period. 4: Was the sum of the Equivalent Doses (EqDose) for Butorphanol Tartrate (nasal only) (code set RX-29) greater than a Threshold of 12.5 ml, during the following time period: last 120 days of the report period? Note: Exclude the last claim within this time period. 5: During the following time period: last 120 days of the report period			

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
		Was the sum of the Equivalent Doses (EqDose) for Dihydroergotamine Mesylate (nasal only) (code set RX-42) greater than a Threshold of 12 ml? OR Was the sum of the Equivalent Doses (EqDose) for dihydroergotamine mesylate (injection only) (code set RX-174) greater than a Threshold of 12 ml? Calculate EqDose for pharmacy claims. OR Were there more than 12 procedures for dihydroergotamine mesylate (injection only) (code set RX-174)? Calculate the total number of procedures in medical claims. Note: Exclude the last claim within this time			

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
		period. 6: Was the sum of the Equivalent Doses (EqDose) for butalbital containing medication (code set RX-28) greater than a Threshold of 100 tablets/capsules, during the following time period: last 120 days of the report period? Note: Exclude the last claim within this time period. 7: Was the sum of the Equivalent Doses (EqDose) for midrin type medication (code set RX-76) greater than a Threshold of 150 capsules, during the following time period: last 120 days of the report period? Note: Exclude the last claim within this time period. Time Window: 120 days prior to the end of the report period for			

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
		identification of frequent medication use (Note: migraine condition confirmation requires a time period of up to 24 months or use of a disease registry)			
Measure # EC-095-08 **Title: Adult(s) taking Insulin with Evidence of Self-Monitoring Blood Glucose Testing** **IP Owner: Ingenix**	The patient fills a prescription for any of the following during the following time period: last 12 months of the report period through 90 days after the end of the report period? -Glucometers (RX-175) -Blood Glucose Test Strips (RX-176) Time Window: 12 months prior to the end of the report period through 90 days after the end of the report period	See attached "Ingenix DM Code Sets NQF" excel document for codes with descriptions Time Window: 1. The 24 months prior to the end of the report period is used to identify patients with diabetes. 2. The last 120 days of the report period through 90 days after the end of the report period is used to identify insulin using population	1. Absence of a prescription for Insulin (code set RX-59) during the following time period: last 120 days of the report period through 90 days after the end of the report period. 2. During the 12 months prior to the end of the report period, did the patient have 1 or more of the following services or events, where the diagnosis was Polycystic Ovaries (code set DX0312), Gestational Diabetes (DX0313), or Steroid-induced Diabetes (DX0314): -Professional Encounter Code Set (code set	LEVEL 2 (visit/diagnosis and pharmacy)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Diabetes.aspx **Coding:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-095-08.aspx

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
			PR0107, RV0107) -Professional Supervision (code set PR0108) -Facility Event – Confinement/Admission -Facility Event – Emergency Room -Facility Event – Outpatient Surgery		
Measure # **EC-096-08** **Title:** **Adult(s) with Diabetes Mellitus that had a Serum Creatinine in Last 12 Reported Months** **IP Owner:** **Ingenix**	Was there a test for serum creatinine (code set PR0081, LC0033) or an ACE/ARB therapeutic monitoring test (code set PR0272) during the following time period: 12 months report period through 90 days after the end of the report period? Time Window: 12 months prior to the end of the report period through 90 days after the end of the report period	For condition confirmation, the following criteria must be met: 1. All males or females 18-75 years of age at the end of the report period 2. Patient must have been continuously enrolled: Medical benefits throughout the 12 months prior to the end of the report period AND Pharmacy benefit plan for 6 months prior to the end of the report period Note: The standard enrollment break logic allows unlimited breaks of no more than 45 days and	During the 12 months prior to the end of the report period, did the patient have 1 or more of the following services or events, where the diagnosis was Polycystic Ovaries (code set DX0312), Gestational Diabetes (DX0313), or Steroid-induced Diabetes (DX0314): -Professional Encounter Code Set (code set PR0107, RV0107) -Professional Supervision (code set PR0108) -Facility Event – Confinement/Admission -Facility Event –	LEVEL 2 (visit/diagnosis and lab)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Diabetes.aspx **Coding:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-096-08.aspx

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
		no breaks greater than 45 days. 3. Either one of the following criteria (A or B): A. The patient is listed on the Disease Registry Input File for this condition, if a Disease Registry Input File is available. OR B. During the 24 months prior to the end of the report period, did the patient meet any of the following criteria: Patient has 2 or more outpatient or nonacute inpatient encounters (HEDIS) (code set PR0199, RV0199, PR0195, RV0195), where the diagnosis is Diabetes (HEDIS) (code set DX0227) OR Patient has 1 or more	Emergency Room -Facility Event – Outpatient Surgery		

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
		acute inpatient or emergency department encounters (HEDIS) (code set PR0330, RV0330, PR0194, RV0194), where the diagnosis is Diabetes (HEDIS) (code set DX0227) OR Patient has 1 or more prescriptions for Insulin or Oral Hypoglycemics/Antihyperglycemics (HEDIS) (code set RX0221) Time Window: 24 months prior to the end of the report period			
Measure # **EC-099-08** **Title:** **Patient(s) that had a Serum Creatinine in Last 12 Reported Months**	Was there a test for serum creatinine (code set PR0081, LC0033) during the following period: 12 month report period thru 90 days after the end of the report period?	For condition confirmation, the following criteria must be met: 1. All males or females that are 18 years or older at the end of the report 2. Patient must have been continuously enrolled: -Medical benefits	End stage renal disease including dialysis - This exclusion criteria is applied if numerator compliance is not met.	LEVEL 2 (visit/diagnosis and lab)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Cardi

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
IP Owner: Ingenix	Time Window: 12 months prior to the end of the report period through 90 days after the end of the report period	throughout the 12 months prior to the end of the report period AND -Pharmacy benefit plan for 6 months prior to the end of the report period Note: The standard enrollment break logic allows unlimited breaks of no more than 45 days and no breaks greater than 45 days. 3. Either one of the following (A or B): A. The patient is listed on the Disease Registry. Input File for this condition, if a Disease Registry Input File is available. Note: Disease Registry is NOT a required Input File. OR B. During the 24 months prior to the end of the report period, patient has 1 or more of the following			ovascular_Disease.aspx **Coding:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-099-08.aspx

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
		services or events, where the diagnosis is Hypertension (code set DX0071): -Professional Encounter Code Set (code set PR0107, RV0107) -Professional Supervision (code set PR0108) -Facility Event – Confinement/Admission -Facility Event – Emergency Room -Facility Event – Outpatient Surgery Time Window: 24 months prior to the end of the report period			
Measure # **EC-107-08** **Title:** **Pregnant Women that had HIV Testing** **IP Owner:** **Ingenix**	Did the patient have HIV testing (code set PR0142, LC0021) during the following time period: 280 days prior to delivery (PRE-EPIS)? Time Window: 280 days prior to a claim for a delivery procedure (code	See attached "Pregnancy Management ebm Alg" document for member demographics, build event, and member enrollment Time Window: 365 days prior to the common report period end date	Diagnosis of HIV infection	LEVEL 2 (visit/diagnosis and lab)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Prenatal_Care.aspx

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
	set PR0140, PR0141) AND the diagnosis is Full Term Delivery (code set DX0209)				
Measure # EC-110-08 **Title: Pregnant Women that had Syphilis Screening** **IP Owner: Ingenix**	Did the patient have syphilis screening (code set PR0147, LC0014, LC0018) during the following time period: 280 days prior to delivery (PRE-EPIS)? Time Window: 280 days prior to a claim for a delivery procedure (code set PR0140, PR0141) AND the diagnosis is Full Term Delivery (code set DX0209)	See attached "Pregnancy Management ebm Alg" document for member demographics, build event, and member enrollment Time Window: 365 days prior to the common report period end date		LEVEL 2 (visit/diagnosis and lab)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Prenatal_Care.aspx
Measure # EC-112-08 **Title: Pregnant Women that had HBsAg Testing** **IP Owner: Ingenix**	Did the patient have HBsAg testing (code set PR0149, LC0014, LC0025) during the following time period: 280 days prior to delivery (PRE-EPIS)? Time Window: 280 days prior to a claim for a	See attached "Pregnancy Management ebm Alg" document for member demographics, build event, and member enrollment Time Window: 365 days prior to the common report period end date	Patients with a diagnosis of hepatitis B are excluded from this measure if there is no claims-based evidence that the HBsAg test was done.	LEVEL 2 (visit/diagnosis and lab)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Prenatal_Care.aspx

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
	delivery procedure (code set PR0140, PR0141) AND the diagnosis is Full Term Delivery (code set DX0209)				
Measure # EC-119-08 **Title: Lithium Annual Creatinine Test in Ambulatory Setting** **IP Owner: Resolution Health, Inc.**	Patients in the denominator who received a serum creatinine test after the earliest observed lithium prescription during the measurement year.	Patients who received at least a 292-day supply of lithium during the measurement year	Exclude patients with prior claims for end-stage renal disease (ESRD)	LEVEL 2 (pharmacy and lab)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Medication_Management.aspx
Measure # EC-202-08 **Title: Heart Failure - Use of ACE Inhibitor (ACEI) or Angiotensin Receptor Blocker (ARB) Therapy** **IP Owner: ActiveHealth Management**	Patients with a current refill for an ACEI or ARB Time Window: A drug day-supply that extends within 30 days of the measurement date	All patients, 18 years of age and older, with Heart Failure Time Window: 3 years	Contraindications to an ACEI or ARB, including: - Hyperpotassemia - Hypertrophic caardiomyopathy - Aortic stenosis - Hypotension - Pregnancy - Chronic kidney disease stage 3 and 4 - Chronic kidney disease stage 5 in the absence of dialysis - Hydralazine after prior	LEVEL 2 (visit/diagnosis and pharmacy)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Cardiovascular_Disease.aspx **Coding:** http://www.qualityforum.org/Projects/a-

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
			ACE-I/ARB use - 20% increase in creatinine - Aliskerin - Multiple myeloma - Patient data indicating that the member is pregnancy planning Additional denominator exclusions include: - Heart transplant - Pulmonary hypertension treatment - Valve surgery - Patient or provider feedback indicating allergy or intolerance to the drug in the past - Patient or provider feedback indicating that there is a contraindication to adding the drug General exclusions: - Evidence of metastatic disease or active treatment of malignancy (chemotherapy or		b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-202-08.aspx

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
			radiation therapy) in the last 6 months; - Patients who have been in a skilled nursing facility in the last 3 months		
Measure # **EC-203-08** **Title:** **Hyperlipidemia (Primary Prevention) - Lifestyle Changes and/or Lipid Lowering Therapy** **IP Owner:** **ActiveHealth Management**	Patients who have initiated therapeutic lifestyle changes or that are taking a lipid lowering agent Time Window: A drug day-supply that extends within 30 days of the measurement date	All patients, ages 18 and older, with coronary artery disease risk factors who have an elevated LDL Time Window: 12 months	1. Specific exclusions: •Presence of TSH Labs Result Value > 10 In the past 6 Months •Presence of NEPHROTIC SYNDROME in past 12 months •CAD Validation is confirmed •Diabetes Validation is confirmed •PAD Validation is confirmed •AAA in the past •Carotid endarterectomy in the past General exclusions: •Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the	LEVEL 3 (lab results and patient data)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Hyperlipidemia_and_Atherosclerosis.aspx **Coding:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-203-08.aspx

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
			last 6 months; •Patients who have been in a skilled nursing facility in the last 3 months For add a drug CCs only •Patient or provider feedback indicating allergy or intolerance to the drug in the past •Patient or provider feedback indicating that there is a contraindication to adding the drug		
Measure # EC-204-08 **Title: Warfarin - INR Monitoring** **IP Owner: ActiveHealth Management**	Patients who had PT/INR monitoring Time Window: 4 months	Patients with a current refill for warfarin Time Window: A current refill is defined a refill in which the day supply of a drug extends into the end of the measurement window plus a grace period of 30 days.	Specific exclusions •Dialysis General exclusions: •Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; •Patients who have been in a skilled nursing facility in the last 3 months	LEVEL 3 (pharmacy and lab)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Medication_Management.aspx **Coding:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Meas

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
					ures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-204-208.aspx
Measure # EC-208-08 **Title: MI - Use of Beta Blocker Therapy** **IP Owner: ActiveHealth Management**	Patients who were prescribed a beta blocker Time Window: A drug day-supply that extends within 30 days of the measurement date	All patients, ages 18 and older, diagnosed with MI Time Window: Anytime in the past	Contraindications to a beta blocker, including: •Asthma •COPD •Bradycardia •Hypotension •Aortic stenosis •Peripheral artery disease medications •Heart block •Heart transplant General exclusions: •Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; •Patients who have been in a skilled nursing facility in the last 3 months For add a drug CCs only •Patient or provider	LEVEL 2 (visit/diagnosis and pharmacy); alternative LEVEL 3 (side effects)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Cardiovascular_Disease.aspx **Coding:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-208-08.aspx

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
			feedback indicating allergy or intolerance to the drug in the past •Patient or provider feedback indicating that there is a contraindication to adding the drug		
Measure # EC-213-08 **Title: Steroid Use - Osteoporosis Screening** **IP Owner: ActiveHealth** Management	Patients who have had a bone density evaluation or osteoporosis treatment. Time Window: At least 2 years, but will evaluate all available historical data for the presence of bone density evaluation	Patients, 18 and older, who have been on chronic steroids for at least 180 days Time Window: 9 months	Specific exclusions: - Corticoadrenal Insufficiency - Pregnancy if female General exclusions: - Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months - Patients who have been in a skilled nursing facility in the last 3 months	LEVEL 2 (visit/diagnosis and imaging)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Bone_and_Joint_Conditions.aspx **Coding:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-213-08.aspx
Measure # EC-215-08	Patients with a current refill for beta blockers	All patients, 18 years of age and older, with heart	Contraindications to a beta blocker, including:	LEVEL 2 (visit/diagnosis and pharmacy)	**Measure Submission Form:**

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
Title: **Heart Failure - Use of Beta Blocker Therapy** **IP Owner:** **ActiveHealth Management**	Time Window: A drug day-supply that extends within 30 days of the measurement date	failure Time Window: 3 years	- Asthma - COPD - Bradycardia - Hypotension - Aortic stenosis - Peripheral artery disease medications - Heart block in the absence of a pacemaker - Cocaine abuse - Pulmonary hypertension medications Additional denominator exclusions include: - Heart transplant - Patient or provider feedback indicating allergy or intolerance to the drug in the past - Patient or provider feedback indicating that there is a contraindication to adding the drug General exclusions: •Evidence of metastatic disease or active treatment of malignancy		www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Cardiovascular_Disease.aspx **Coding:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-215-08.aspx

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
			(chemotherapy or radiation therapy) in the last 6 months; •Patients who have been in a skilled nursing facility in the last 3 months		
Measure # **EC-217-08** **Title:** **Atherosclerotic Disease - Lipid Panel Monitoring** **IP Owner:** **ActiveHealth Management**	Patients that have claims for a lipid profile Time Window: 12 months	All patients > 12 years of age diagnosed with coronary artery disease, cerebrovascular disease or peripheral vascular disease Time Window: Anytime in the past	Current refill for a lipid lowering agent, LDL lab result < 100mg/dl (suggests monitoring may be extended to every 24 months) General exclusions: •Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; •Patients who have been in a skilled nursing facility in the last 3 months	LEVEL 2 (visit/diagnosis and pharmacy)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Hyperlipidemia_and_Atherosclerosis.aspx **Coding:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-217-08.aspx
Measure # **EC-227-08**	Patients who have claims for or who stated that they have received the	Patients who are between 5-64 years with a high risk condition (e.g., diabetes,	Specific exclusions: - Pregnancy - Patient or provider	LEVEL 2 (visit and pharmacy); alternative LEVEL 3 (patient data)	**Measure Submission Form:** www.qualityforum.org/Pro

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
Title: **High Risk for Pneumococcal Disease - Pneumococcal Vaccination** **IP Owner:** **ActiveHealth Management**	pneumococcal vaccine Time Window: At least 2 years, but will evaluate all available historical data for the presence of the vaccine	heart failure, COPD, end-stage kidney disease, asplenia) or patients age 65 years and older Time Window: Year of the measurement	feedback indicating allergy or intolerance to pneumococcal vaccine in the past - Patient or provider feedback indicating that there is a contraindication to the pneumococcal vaccine General exclusions: - Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; - Patients who have been in a skilled nursing facility in the last 3 months		jects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Asthma_and_Respiratory_Illness.aspx **Coding:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-227-08.aspx
Measure # **EC-231-08** **Title:** **Diabetes with LDL greater than 100 – Use of a Lipid Lowering Agent**	Patients with a current refill for a lipid lowering agent Time Window: A drug day-supply that extends within 30 days of the measurement date	All diabetic patients, who are either 41 - 75 years of age or 18-40 years of age with additional risk factors, with an LDL level greater than 100 mg/dL. Time Window: 5 years	1. Specific exclusions: Patient-derived data indicating that the provider made a change to their lipid treatment plan in the past 6 months, or confirming breastfeeding in the past 6 months	LEVEL 3 (lab result)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Diabe

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
IP Owner: ActiveHealth Management			Pregnancy Polycyctic ovaries Gestational diabetes 2. General exclusions: •Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; •Patients who have been in a skilled nursing facility in the last 3 months For add a drug CCs only •Patient or provider feedback indicating allergy or intolerance to the drug in the past •Patient or provider feedback indicating that there is a contraindication to adding the drug		tes.aspx **Coding:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-231-08.aspx
Measure # EC-232-08 **Title:**	Patients with a current refill for an ACE-I or ARB Time Window: A drug	All patients, 18-75 years of age, with diabetes and hypertension or a urine albumin/creatinine ratio	Patients with contraindication to an ACE inhibitor or ARB, including pregnancy, prior	LEVEL 3 (lab result)	**Measure Submission Form:** www.qualityforum.org/Projects/a-

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
Diabetes with Hypertension or Proteinuria - Use of an ACE Inhibitor or ARB **IP Owner: ActiveHealth Management**	day-supply that extends within 30 days of the measurement date	>= 30 mg/g Time Window: 5 years	angioedema, hypotension, hyperkalemia, rising creatinine, chronic kidney disease stage 4 or 5 (without dialysis), aortic stenosis, hypertrophic cardiomyopathy, multiple myeloma with treatment; gestational diabetes or polycystic ovarian syndrome; pancreas transplant		b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Diabetes.aspx **Coding:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-232-08.aspx
Measure # EC-234-08 **Title: Asthma - Use of Short-Acting Beta Agonist Inhaler for Rescue Therapy** **IP Owner: ActiveHealth Management**	Patients that have claims for or who have stated that they had a short-acting beta agonist refill in the past 24 months Time Window: 24 months	All patients, 5-50 years of age and older, with asthma Time Window: 3 years	Patient or provider feedback indicating allergy or intolerance to the drug in the past Patient or provider feedback indicating that there is a contraindication to adding the drug General exclusions: •Evidence of metastatic disease or active treatment of malignancy (chemotherapy or	LEVEL 2 (encounter and pharmacy); alternative LEVEL 3 (exclusions)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Asthma_and_Respiratory_Illness.aspx **Coding:** www.qualityforum.org/Pro

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
			radiation therapy) in the last 6 months; •Patients who have been in a skilled nursing facility in the last 3 months		jects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-234-08.aspx
Measure # EC-238-08 **Title: Non-Diabetic Nephropathy - Use of ACE Inhibitor or ARB Therapy** **IP Owner: ActiveHealth Management**	Patients with a current refill for an ACE-I or ARB Time Window: A drug day-supply that extends within 30 days of the measurement date	All patients, 18-75 years of age, with a urine protein >= 200 mg/g Time Window: 6 months	Patients with contraindication to an ACE inhibitor or ARB, including pregnancy, prior angioedema, hypotension, hyperkalemia, rising creatinine, chronic kidney disease stage 3-5 (without dialysis), aortic stenosis, hypertrophic cardiomyopathy, multiple myeloma with treatment; diabetes diagnosis; renal transplant; immunosuppresive therapy	LEVEL 3 (lab result)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Chronic_Kidney.aspx **Coding:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-238-08.aspx
Measure # EC-239-08 **Title:**	Patients who have had an upper gastrointestinal study	Patients diagnosed with GERD with alarm symptoms (e.g., dysphagia, iron deficiency	P1. Patients with a documented gastrointestinal malignancy	LEVEL 2 (visit/diagnosis and procedure); alternative LEVEL 3 (use of patient derived data	**Measure Submission Form:** www.qualityforum.org/Projects/a-

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
GERD - Upper Gastrointestinal Study in Adults with Alarm Symptoms **IP Owner: ActiveHealth Management**	Time Window: 12 months	anemia, weight loss) Time Window: 12 months	2. Metastatic malignancy, chemotherapy/radiation therapy, hospice and SNF 3. Patients with other causes of the alarm symptoms, including end-stage renal disease, scleroderma, cystic fibrosis, esophageal varices, known Barrett's esophagus, or gastric restrictive procedures	and lab results)	b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Gastroesophageal_Reflux_Disease.aspx **Coding:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-239-08.aspx
Measure # EC-240-08 **Title: Breast Cancer -Cancer Surveillance** **IP Owner: ActiveHealth Management**	Female patients with a history of breast cancer who had breast cancer surveillance (e.g., mammogram, MRI) Time Window: 12 months	Female patients with a history of breast cancer Time Window: Anytime in the past	Bilateral mastectomy in the past, bilateral breast implants, biopsy/excision of breast lesion General exclusions: •Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; •Patients who have been in a skilled nursing facility	LEVEL 2 (visit/diagnosis and imaging)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Cancer.aspx **Coding:** www.qualityforum.org/Pro

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
			in the last 3 months		jects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-240-08.aspx
Measure # EC-244-08 **Title: Atrial Fibrillation - Warfarin Therapy** **IP Owner: ActiveHealth Management**	Patients with claims evidence of warfarin use Time Window: A drug day-supply that extends within 30 days of the measurement date; ICD9 claims for warfarin use in the past	All patients, 18 years of age and older, with atrial fibrillation and major stroke risk factors, including a prior stroke, mitral stenosis or replacement, or 2 of the following: age > 75, diebetes, hypertension or CHF. Time Window: Anytime in the past	Contraindications to warfarin, including: •Esophageal varices with beed •Aortic dissection •Intracerebral hemorrhage •Blood transfusion(RBC or platelets) •Severe brain injury •Dementia •Alcohol use/abuse •Falls •Fracture •Hemorrhage contraindications and procedures •Adverse effects/coumadin •Abnormail gait/incoordination •Neuro and eye surgery •Gastritis with Current refill of Proton pump	LEVEL 2 (visit/diagnosis and pharmacy)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Cardiovascular_Disease.aspx **Coding:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-244-08.aspx

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
			inhibitors •Thrombocytopenia •Hematocrit lab value <25 •Pregnancy •Patient or provider feedback indicating allergy or intolerance to the drug in the past •Patient or provider feedback indicating that there is a contraindication to adding the drug •Antiplatelet agents including aspirin •General exclusions: ••Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months;		
Measure # **EC-248-08** **Title:** **Prostate Cancer - Cancer Surveillance**	Patients that have had PSA monitoring Time Window: 12 months	All men diagnosed with prostate cancer Time Window: All available historical data for the presence of prostate cancer	1. Specific exclusions: • Evidence of a workup for prostate disease in monitoring timefram • Prostate cancer treatment in monitoring timeframe	LEVEL 2 (visit/diagnosis and lab)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Da

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
IP Owner: ActiveHealth Management			• Prostate ultrasound in monitoring timeframe 2. General exclusions: • Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; • Patients who have been in a skilled nursing facility in the last 3 months		ta/Commenting/Measure_Submission_Forms/Cancer.aspx **Coding:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-248-08.aspx
Measure # EC-251-08 **Title: Chronic Kidney Disease - Lipid Profile Monitoring** **IP Owner: ActiveHealth Management**	Patients that have claims for a lipid profile Time Window: 12 months	All patients, ages 12 and older, diagnosed with chronic kidney disease Time Window: 12 months from claims, or up to anytime in the past for patient-derived information	General exclusions: •Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; •Patients who have been in a skilled nursing facility in the last 3 months	LEVEL 2 (visit/diagnosis and lab)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Chronic_Kidney.aspx **Coding:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_En

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
					riched_Administrative_Data/Commenting/Coding/EC-251-08.aspx
Measure # EC-252-08 **Title: Chronic Kidney Disease with LDL Greater than or equal to 130 – Use of Lipid Lowering Agent** **IP Owner: ActiveHealth Management**	Patients with a current refill for a lipid lowering agent Time Window: A drug day-supply that extends within 30 days of the measurement date	All patients, ages 18 and older, diagnosed with chronic kidney disease as defined by CKD stage 5, dialysis or kidney transplant claims, and an LDL level above 130 mg/dL. Time Window: 12 months from claims, or up to anytime in the past for patient-derived information	SGOT or SGPT > 150; CPK > 500 General exclusions: •Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; •Patients who have been in a skilled nursing facility in the last 3 months •Patient or provider feedback indicating allergy or intolerance to the drug in the past •Patient or provider feedback indicating that there is a contraindication to adding the drug	LEVEL 3 (lab result)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Chronic_Kidney.aspx **Coding:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-252-08.aspx
Measure # EC-255-08 **Title: COPD with**	Patients with a refill for a long acting bronchodilator Time Window: 6 months	Patients 40 years and older with COPD exacerbations Time Window: 12 months	Patients with a lung transplant; other indications for steroid use General exclusions:	LEVEL 2 (visit/diagnosis and procedure)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Meas

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
Exacerbations – Use of Long-Acting Bronchodilator Therapy **IP Owner: ActiveHealth Management**			•Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; •Patients who have been in a skilled nursing facility in the last 3 months		ures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Asthma_and_Respiratory_Illness.aspx **Coding:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-255-08.aspx
Measure # EC-256-08 **Title: Male Smokers or Family History of Abdominal Aortic Aneurysm (AAA) - Consider Screening for AAA** **IP Owner: ActiveHealth Management**	Men with patient derived data or claims suggestive of AAA screening Time Window: Anytime in the past	Men age 65-75 years with a history of tobacco use (current or ever) or Men age 60 and older with a family history of abdominal aortic aneurysm based on patient derived data or claims data Time Window: Anytime in the past	General exclusions: •Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; •Patients who have been in a skilled nursing facility in the last 3 months	LEVEL 3 (family history and smoking history)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Cardiovascular_Disease.aspx **Coding:** www.qualityforum.org/Projects/a-

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
					b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-256-08.aspx
Measure # EC-262-08 **Title: Diabetes and Elevated HbA1C – Use of Diabetes Medications** **IP Owner: ActiveHealth Management**	Patients with a refill for diabetic medications Time Window: 12 months	Patients 18- 75 years with diabetes and an elevated HbA1c >/=8 Time Window: 5 years	Patients with type 1 diabetes, gestational diabetes; patients with a contraindication to metformin use such as chronic kidney disease, liver disease, acidosis, hypoxemia, severe heart failure General exclusions: •Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; •Patients who have been in a skilled nursing facility in the last 3 months	LEVEL 3 (lab result)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Diabetes.aspx **Coding:** http://www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-262-08.aspx
Measure # EC-272-08 **Title:**	Patients that are taking aspirin or an antiplatelet agent	All patients, ages 21 and older, diagnosed with IVD as defined by coronary artery disease, peripheral	Patients with contraindications to antithrombotic agents such as	LEVEL 3 (OTC medication)	**Measure Submission Form:** www.qualityforum.org/Projects/a-

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
Secondary Prevention of Cardiovascular Events - Use of Aspirin or Antiplatelet Therapy **IP Owner: ActiveHealth Management**	Time Window: 6 months	vascular disease or cerebrovascular disease, who are asked about aspirin use Time Window: Anytime in the past	thrombocytopenia, coagulopathy, recent procedures, or current warfarin therapy General exclusions: •Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; •Patients who have been in a skilled nursing facility in the last 3 months •Patient or provider feedback indicating allergy or intolerance to the drug in the past •Patient or provider feedback indicating that there is a contraindication to adding the drug		b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Cardiovascular_Disease.aspx **Coding:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-272-08.aspx
Measure # EC-274-08 **Title: Primary Prevention of Cardiovascular Events**	Patients with a refill for aspirin or an antiplatelet agent Time Window: 6 months	All patients, 40 years and older, with diabetes, who have been asked about aspirin use Time Window: 5 years	Contraindications to aspirin therapy, including: - Hemorrhage contraindications and procedures - Neutropenia	LEVEL 3 (OTC medication, lab results)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_En

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
in Diabetics (older than 40 years) – Use of Aspirin or Antiplatelet Therapy **IP Owner: ActiveHealth Management**			- Thrombocytopenia - Hematocrit lab value </= 25 - INR lab value > 1.6 - Platelet lab value </= 50 - WBC lab value < 2.0 - Chronic liver disease - Aspirin intolerance - Aspirin-induced asthma - Intracerebral hemorrhage - Coagulopathies (bleeding disorders) Other denominator exclusions include: - Warfarin use - Long term anticoagulation - Patient or provider feedback indicating allergy or intolerance to the drug in the past - Patient or provider feedback indicating that there is a contraindication to adding the drug General exclusions:		riched_Administrative_Data/Commenting/Measure_Submission_Forms/Diabetes.aspx **Coding:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-274-08.aspx

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
			•Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; •Patients who have been in a skilled nursing facility in the last 3 months		
Measure # **EC-281-08** **Title:** **Osteopenia and Chronic Steroid Use - Treatment to Prevent Osteoporosis** **IP Owner:** **ActiveHealth Management**	The number of patients who are on osteoporosis therapy. Time Window: 12 months	All patients, who are female and 55 years and older or male and 50 years and older, who have a diagnosis of osteopenia and are on long-term steroids. Time Window: 12 months	Specific Exclusions •Patients who have osteoporosis General exclusions: •Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; •Patients who have been in a skilled nursing facility in the last 3 months •Patient or provider feedback indicating allergy or intolerance to the drug in the past •Patient or provider feedback indicating that	LEVEL 3 (exclusions)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Bone_and_Joint_Conditions.aspx **Coding:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-281-08.aspx

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
			there is a contraindication to adding the drug		
Measure # EC-283-08 **Title: Osteoporosis - Use of Pharmacological Treatment** **IP Owner: ActiveHealth Management**	All patients who are on osteoporosis therapy. Time Window: All available historical data for the presence of osteoporosis therapy	Women aged 55 and over or men aged 50 and over with a diagnosis of osteoporosis Time Window: 24 months	Specific Exclusions •Patients who state that their bone mineral density test was normal General exclusions: •Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; •Patients who have been in a skilled nursing facility in the last 3 months	LEVEL 2 (visit/diagnosis and pharmacy)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Bone_and_Joint_Conditions.aspx **Coding:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-283-08.aspx
Measure # EC-285-08 **Title: Chronic Liver Disease - Hepatitis A Vaccination**	All patients with chronic liver disease who have received a hepatitis A vaccine Time Window: Past 12 months	All patients, ages 18 and older, diagnosed with chronic liver disease Time Window: Past 12 months	Previous history of viral hepatitis A	LEVEL 3 (patient data on history of vaccination)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Da

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
IP Owner: ActiveHealth Management					ta/Commenting/Measure_Submission_Forms/Hepatitis_and_Liver_Disease.aspx **Coding:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-285-08.aspx
Measure # EC-288-08 **Title: Atherosclerotic Disease and LDL Greater than 100 - Use of Lipid Lowering Agent** **IP Owner: ActiveHealth Management**	Patients with a current refill for a lipid lowering agent Time Window: A drug day-supply that extends within 30 days of the measurement date	All patients diagnosed with atherosclerotic disease and an LDL level above 100 mg/dL Time Window: All available historical data for the presence of atherosclerotic disease and 3 months for LDL	1. Specific exclusions: Presence of Patient Data Confirming provider made a change to their lipid treatment plan in the past 6 month General exclusions: •Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; •Patients who have been in a skilled nursing facility	LEVEL 3 (lab result)	**Measure Submission Form:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Hyperlipidemia_and_Atherosclerosis.aspx **Coding:** www.qualityforum.org/Projects/a-b/Ambulatory_Care_Meas

Measure	Numerator	Denominator	Exclusions	Data Level	Measure Submission Forms and Coding
			in the last 3 months •Patient or provider feedback indicating allergy or intolerance to the drug in the past •Patient or provider feedback indicating that there is a contraindication to adding the drug		ures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-288-08.aspx