NATIONAL QUALITY FORUM
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Memo

November 17, 2020

To: Consensus Standards Approval Committee (CSAC)

From: Cardiovascular Project Team

Re: Cardiovascular Fall 2019 Track 2 Measures[a]

COVID-19 Updates

Considering the recent COVID-19 global pandemic, many organizations needed to focus their attention on the public health crisis. In order to provide greater flexibility for stakeholders and continue the important work in quality measurement, the National Quality Forum (NQF) extended commenting periods and adjusted measure endorsement timelines for the fall 2019 cycle.

Commenting periods for all measures evaluated in the fall 2019 cycle were extended from 30 days to 60 days. Based on the comments received during this 60-day extended commenting period, measures entered one of two tracks:

Track 1: Measures that Remained in Fall 2019 Cycle
Measures that did not receive public comments or only received comments in support of the Standing Committees' recommendations moved forward to the CSAC for review and discussion during its meeting on July 28-29, 2020.

- **Exceptions**
  Exceptions were granted to measures if non-supportive comments received during the extended post-comment period were similar to those received during the pre-evaluation meeting period and have already been adjudicated by the respective Standing Committees during the measure evaluation fall 2019 meetings.

Track 2: Measures Deferred to Spring 2020 Cycle
Fall 2019 measures that required further action or discussion from a Standing Committee were deferred to the spring 2020 cycle. This includes measures where consensus was not reached or those that require a response to public comments received. Measures undergoing maintenance review retained endorsement during that time.

During the CSAC meeting on November 17-18, 2020 the CSAC will review fall 2019 measures assigned to Track 2. Evaluation summaries for measures in Track 2 have been described in this memo and related Cardiovascular draft report. A list of measures assigned to Track 1 can be found in the Executive Summary section of the Cardiovascular draft report for tracking purposes and can also be found in a separate report.

[a] This memo is funded by the Centers for Medicare and Medicaid Services under contract HHSM-500-2017-00060I Task Order HHSM-500-T0001.

CSAC Action Required

The CSAC will review recommendations from the Cardiovascular project at its November 17-18, 2020 meeting and vote on whether to uphold the recommendations from the Committee.

This memo includes a summary of the project, measure recommendations, themes identified, responses to the public and member comments, and the results from the NQF member expression of support. The following documents accompany this memo:

1. **Cardiovascular Fall 2019 Track 2 Draft Report**. The draft report includes measure evaluation details on all measures that followed Track 2. The complete draft report and supplemental materials are available on the project webpage. Measures that followed Track 1 were reviewed during the CSAC's meeting in July 2020.
2. **Comment Table**. This table lists two comments received during the post-meeting comment period.

Background

Cardiovascular disease (CVD) is a significant burden in the United States, leading to approximately one in four deaths per year. Considering the effect of CVD, measures that assess clinical care performance and patient outcomes are critical to reducing its negative impacts.

The measures in the Cardiovascular portfolio have been grouped into various conditions, diseases, or procedures related to cardiovascular health. These topic areas include primary prevention and screening, coronary artery disease (CAD), ischemic vascular disease (IVD), acute myocardial infarction (AMI), cardiac catheterization, percutaneous catheterization intervention (PCI), heart failure (HF), rhythm disorders, implantable cardioverter-defibrillators (ICDs), cardiac imaging, cardiac rehabilitation, and high blood pressure.

Draft Report

The Cardiovascular Fall 2019 Track 2 draft report presents the results of the evaluation of one measure considered under the Consensus Development Process (CDP). The measure is recommended for endorsement.

The measure was evaluated against the 2019 version of the measure evaluation criteria.

	Maintenance	New	Total
Measures under consideration	1	0	1
Measures recommended for endorsement	1	0	1
Measures not recommended for endorsement	0	0	0
Reasons for not recommending	Importance – 0 Scientific Acceptability – 0 Use – 0 Overall Suitability – 0 Competing Measure – 0	Importance – 0 Scientific Acceptability – 0 Overall Suitability – 0 Competing Measure – 0	

CSAC Action Required

Pursuant to the CDP, the CSAC is asked to consider endorsement of one candidate consensus measure.

Measures Recommended for Endorsement

- **NQF 0018** Controlling High Blood Pressure (National Committee for Quality Assurance)

Overall Suitability for Endorsement: Yes-16; No-0

Comments and Their Disposition

NQF received one comment from an organization pertaining to the draft report and to the measure under consideration. NQF also received a comment on one of the measures previously endorsed as part of Track 1. That comment is in the comment table as well.

A table of comments submitted during the comment period, with the NQF responses to each comment, is posted to the Cardiovascular project webpage.

Member Expression of Support

Throughout the continuous public commenting period, NQF members had the opportunity to express their support ("support" or "do not support") for each measure submitted for endorsement consideration to inform the Committee's recommendations. No NQF members provided their expression of support or non-support.

Appendix A: CSAC Checklist

The table below lists the key considerations to inform the CSAC's review of the measures submitted for endorsement consideration.

Key Consideration	Yes/No	Notes
Were there any process concerns raised during the CDP project? If so, briefly explain.	No	
Did the Standing Committee receive requests for reconsideration? If so, briefly explain.	No	
Did the Standing Committee overturn any of the Scientific Methods Panel's ratings of Scientific Acceptability? If so, state the measure and why the measure was overturned.	No	
If a recommended measure is a related and/or competing measure, was a rationale provided for the Standing Committee's recommendation? If not, briefly explain.	Yes	
Were any measurement gap areas addressed? If so, identify the areas.	No	
Are there additional concerns that require CSAC discussion? If so, briefly explain.	No	

Appendix B: Measures Not Recommended for Endorsement

The Cardiovascular Standing Committee recommends the one candidate measure for endorsement.

Appendix C: NQF Member Expression of Support Results

No NQF members provided their expression of support.

Appendix D: Details of Measure Evaluation

Rating Scale: H=High; **M**=Moderate; **L**=Low; **I**=Insufficient; **NA**=Not Applicable

Measures Recommended

0018 Controlling High Blood Pressure

Submission

Description: The percentage of adults 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.

Numerator Statement: Patients whose most recent blood pressure level was <140/90 mm Hg during the measurement year.

Denominator Statement: Patients 18-85 years of age who had at least two visits on different dates of service with a diagnosis of hypertension during the measurement year or the year prior to the measurement year.

Exclusions: This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.

Additionally, this measure excludes patients with evidence of end-stage renal disease, dialysis, nephrectomy, or kidney transplant on or prior to the December 31 of the measurement year. It also excludes female patients with a diagnosis of pregnancy during the measurement year, and patients who had a nonacute inpatient admission during the measurement year.

Adjustment/Stratification: No risk adjustment or risk stratification

Level of Analysis: Health Plan

Setting of Care: Outpatient Services

Type of Measure: Outcome: Intermediate Clinical Outcome

Data Source: Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records

Measure Steward: National Committee for Quality Assurance

STANDING COMMITTEE MEETING 02/06/2020

1. Importance to Measure and Report: The measure meets the Importance criteria

(1a. Evidence, 1b. Performance Gap)

1a. Evidence: **H-2; M-13; L-1; I-0**; 1b. Performance Gap: **H-11; M-5; L-0; I-0**

Rationale:

- The developer provided a diagram outlining the steps between the process and the intermediate outcome (adequate control of blood pressure), and how the intermediate outcome in turn influences
  the longer-term outcomes (reduction in cardiovascular events).
- The evidence base for this measure includes two graded clinical practice guidelines: one from the American College of Cardiology (ACC)/American Heart Association (AHA), and one from the American College of Physicians (ACP) and the American Academy of Family Physicians (AAFP). The guidelines differ in age of target population and recommend different blood pressure goals.
- The Committee discussed challenges with setting appropriate blood pressure goals, the nuances of blood pressure measurement, and how implementation of blood pressure management and control and clinical evidence recommendations interrelate.
- The Committee mentioned that treatment to a single set target for both diastolic and systolic blood pressure can be difficult and may not be appropriate at the individual patient level. The Committee noted that this measure is intended for use at a population level and not at the patient level.
- The Committee discussed the simplicity of having one blood pressure measure versus having multiple measures split by age, taking note of the differences in the guidelines. They noted that as age increases, the absolute risk reduction gained through treatment also increases; however, the potential for adverse events also rises with age. A Committee member noted that age does not correspond perfectly with physiological state.
- Ultimately, the Committee decided the evidence supported the use of this measure for the level of analysis specified.

0018 Controlling High Blood Pressure

- The developer provided HEDIS measure results from recent years, sharing the following results for 2018:
  - For commercial plans: mean of 55%, range of 0-85%
  - For Medicare plans: mean of 69%, range of 0-100%
  - For Medicaid plans: mean of 59%, range of 0-85%
- The developer stated they do not currently collect performance data stratified by race, ethnicity, or language, and summarized literature demonstrating variation in the prevalence of hypertension by race and that there are disparities in awareness, treatment, and control of hypertension.

2. Scientific Acceptability of Measure Properties: <u>The measure meets the Scientific Acceptability criteria</u>

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity

2a. Reliability: **Accepted Scientific Methods Panel (SMP) Rating (Moderate)**; 2b. Validity**: H-0; M-13; L-3; I-0**

<u>Rationale</u>:

- This measure was deemed complex and evaluated by the SMP.
- Reliability of the health plan measure score was tested using a beta-binomial approach (i.e., signal to noise); overall reliability ranged 0.982-0.999 across the three types of plans.
- The NQF SMP's ratings for reliability: H-4; M-1; L-0; I-2.
- The Committee had no concerns around reliability and voted unanimously to accept the SMP's rating.
- The SMP initially had concerns about the comparison measures the developers chose to demonstrate construct validity. The developer provided updated construct validity testing.
- The developer hypothesized that health plans that perform well managing one chronic condition (hypertension) should perform well managing other chronic conditions. They repeated the construct validity analysis using two a1C control measures: NQF #0575 Comprehensive Diabetes Care: HbA1c Control (< 8%) and NQF #0059 Comprehensive Diabetes Care: HbA1c Poor Control (>9%).
  - Pearson correlation with #0575 across the three types of health plans ranged from 0.51 to 0.81; Medicare had the lowest, and commercial had the highest correlation score.
  - Pearson correlation with #0059 across the three types of health plans ranged from -0.58 to -0.82; Medicare had the lowest correlation score, and commercial and Medicaid had very similar.
- The Committee discussed the lack of race and ethnicity data and the impact this might have on risk and control.
- The developer stated they would like to be able to do this analysis; however, they are not receiving any race and ethnicity data from health plans.
- The Committee decided to vote on validity rather than accept the SMP rating.

3. Feasibility: H-9; M-7; L-0; I-0

(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c. Susceptibility to inaccuracies/ unintended consequences identified; 3d. Data collection strategy can be implemented)

<u>Rationale</u>:

- The Committee had no concerns on this criterion. The measure uses readily available data elements that are generated during care delivery.

4. Use and Usability

4a. Use; 4a1. Accountability and transparency; 4a2. Feedback on the measure by those being measured and others; 4b. Usability; 4b1. Improvement; 4b2. The benefits to patients outweigh evidence of unintended negative consequences to patients)

4a. Use: **Pass-16; No Pass-0** *4b. Usability:* **H-3; M-12; L-1; I-0**

<u>Rationale</u>:

- The Committee had no concerns on these criteria. The measure is used in numerous accountability applications and is publicly reported. The developer reports that performance has been generally improving over the last several years by approximately 1 percent each year.

5. Related and Competing Measures

0018 Controlling High Blood Pressure

• This measure is related to:
  ○ 0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)
  ○ 2602 Controlling High Blood Pressure for People with Serious Mental Illness
  ○ 2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)
  ○ 0729 Optimal Diabetes Care (Minnesota Community Measurement)
  ○ 0076 Optimal Vascular Care (Minnesota Community Measurement)
• The Committee noted that 2602 has blood pressure targets that conflict with 0018. The developer stated they are working on updating 2602 to align with 0018 and that this conflict will be resolved.

6. Standing Committee Recommendation for Endorsement: **Y-16**; **N-0**
7. Public and Member Comment • An organization commented that the definition of blood pressure (BP) control in this measure does not align with the American Academy of Family Physician's (AAFP) clinical guidelines recommending a goal SBP < 150 mmHg and goal DBP < 90 mmHg in the general population aged ≥ 60 years. In addition, the commenter expressed concern that self-monitoring and reporting of blood pressure by the patient is not allowed in the proposed measure. The commenter also suggested using blood pressure readings taken over time as this may be more reliable than the point reading used for this measure. • Multiple guidelines exist for blood pressure targets and the guidelines give different targets for similar populations. The Committee determined that the blood pressure target in the measure is appropriate given the measure's broad target population and health plan level of analysis. • The developer clarified that self-monitoring and reporting of blood pressure is included in the measure. It agreed that readings over time may be more reliable but stated that capturing that data is not feasible at this time.
8. CSAC Vote: Y-X; N-X (November XX, 2020)
9. Appeals

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Cardiovascular Fall 2019 Review Cycle

CSAC Review and Endorsement

November 17, 2020

Funded by the Centers for Medicare and Medicaid Services under contract HHSM-500-2017-00060I Task Order HHSM-500-T0001.

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Standing Committee Recommendations

- One measure reviewed for Fall 2019 Track 2
  - One measure reviewed by the Scientific Methods Panel
- One measure recommended for endorsement
  - **NQF 0018** Controlling High Blood Pressure (Maintenance Measure)

Public and Member Comment and Member Expressions of Support

- Two comments received
  - One comment was supportive of the measures under review; the other comment was highlighting the issue of misalignment of blood pressure targets.
- No NQF member of expressions of support or non-support received

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Questions?

- Project team:
  - Amy Moyer, MS, PMP, Director
  - Janaki Panchal, MSPH, Manager
  - Karri Albanese, BA, Analyst
  - Mike DiVecchia, MBA, PMP, Project Manager

- Project webpage: http://www.qualityforum.org/Cardiovascular.aspx

- Project email address: cardiovascular@qualityforum.org

THANK YOU.

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Cardiovascular, Fall 2019 Cycle Track 2: CDP Report

DRAFT REPORT FOR CSAC REVIEW
NOVEMBER 17, 2020

This report is funded by the Centers for Medicare and Medicaid Services under contract HHSM-500-2017-00060I Task Order HHSM-500-T0001

http://www.qualityforum.org

Contents

Executive Summary

Cardiovascular disease (CVD) is a significant burden in the United States, leading to approximately one in four deaths per year.[1] Considering the effect of CVD, measures that assess clinical care performance and patient outcomes are critical to reducing its negative impact.

For this project, the Cardiovascular Standing Committee evaluated one newly submitted measure and six measures undergoing maintenance review against the National Quality Forum's (NQF) standard evaluation criteria.

Due to circumstances around the COVID-19 global pandemic, commenting periods for all measures evaluated in the fall 2019 cycle were extended from 30 days to 60 days. Based on the comments received during this 60-day extended commenting period, measures entered one of two tracks. If the comments received required a post-comment meeting, the measures were moved to track 2 and deferred to the spring 2020 cycle. All other measures continued on track 1 as part of the fall 2019 cycle.

Track 1: measures reviewed in fall 2019 cycle, the Standing Committee evaluated one newly submitted measure and five measures undergoing maintenance review against NQF's standard evaluation criteria. The Committee recommended three measures for endorsement, and the Committee did not recommend three measures. The Consensus Standards Approval Committee (CSAC) upheld the Committee's recommendations.

Endorsed Measures:

- **NQF 0071** Persistence of Beta-Blocker Treatment After a Heart Attack
- **NQF 0965** Discharge Medications (ACE/ARB and beta blockers) in Eligible ICD/CRT-D Implant Patients
- **NQF 3534** 30-Day All-Cause Risk Standardized Mortality Odds Ratio following Transcatheter Aortic Valve Replacement (TAVR)

Measures Not Endorsed:

- **NQF 0670** Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients
- **NQF 0671** Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing after Percutaneous Coronary Intervention (PCI)
- **NQF 0672** Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low Risk Patients

Track 2: measures deferred to spring 2020 cycle, the Standing Committee evaluated one measure undergoing maintenance review against NQF's standard evaluation criteria. The Committee recommends this measure for endorsement:

- **NQF 0018** Controlling High Blood Pressure

This report contains details of the evaluation of the measure assigned to Track 2 and moved to the spring 2020 cycle. A detailed summary of the Committee's discussion and ratings of the criteria for this measure are in Appendix A. The detailed evaluation summary of measures assigned to Track 1 and remained in the fall 2019 cycle were included in a separate report.

Introduction

The measures in the Cardiovascular portfolio have been grouped into various conditions, diseases, or procedures related to cardiovascular health. These topic areas include primary prevention and screening, coronary artery disease (CAD), ischemic vascular disease (IVD), acute myocardial infarction (AMI), cardiac catheterization, PCI, heart failure (HF), rhythm disorders, implantable cardioverter-defibrillators (ICDs), cardiac imaging, cardiac rehabilitation, and high blood pressure.

NQF Portfolio of Performance Measures for Cardiovascular Conditions

The Cardiovascular Standing Committee (Appendix C) oversees NQF's portfolio of cardiovascular measures (Appendix B) that includes measures for AMI, cardiac catheterization/PCI, CAD/IVD, cardiac imaging, heart failure, hyperlipidemia, hypertension, ICDs, rhythm disorders, and survival after cardiac arrest. This portfolio contains 41 endorsed measures: 19 process, 17 outcome and resource use measures, and five composite measures (see Table 1).

Table 1. NQF Cardiovascular Portfolio of Measures

	Process	Outcome/Resource Use	Composite
Acute myocardial infarction (AMI)	5	3	1
Cardiac catheterization/percutaneous coronary intervention (PCI)	0	8	1
Coronary artery disease (CAD)/ischemic vascular disease (IVD)	6	1	1
Heart failure	5	2	0
Hyperlipidemia	1	0	0
Hypertension	0	1	0
Implantable cardiovascular devices (ICDs)	1	0	2
Rhythm disorders	1	1	0
Survival after cardiac arrest	0	1	0
Total	19	17	5

The remaining measures have been assigned to other portfolios. These include readmission measures for AMI and HF (All-Cause Admissions/Readmissions Committee), measures for coronary artery bypass graft (CABG) (Surgery Committee), and primary prevention measures (Prevention and Population Health Committee).

Cardiovascular Measure Evaluation

On February 6, 2020, the Cardiovascular Standing Committee evaluated one new measure and six measures undergoing maintenance review against NQF's standard measure evaluation criteria. Six measures were assigned to Track 1 and continued in the fall 2019 cycle. The detailed evaluation summary of the one measure assigned to Track 2 and deferred to the spring 2020 cycle is included in this report.

Table 2. Cardiovascular Measure Evaluation Summary, Track 2

	Maintenance	New	Total
Measures under consideration	1	0	1
Measures recommended for endorsement	1	0	1
Measures not recommended for endorsement	0	0	0
Reasons for not recommending	Importance – 0 Scientific Acceptability – 0 Use – 0 Overall Suitability – 0 Competing Measure – 0	Importance – 0 Scientific Acceptability – 0 Overall Suitability – 0 Competing Measure – 0	

Comments Received Prior to Committee Evaluation

NQF solicits comments on endorsed measures on an ongoing basis through the Quality Positioning System (QPS). In addition, NQF solicits comments for a continuous 16-week period during each evaluation cycle via an online tool located on the project webpage. For this evaluation cycle, the commenting period opened on December 5, 2019 and closed on May 24, 2020. Pre-meeting commenting closed on January 28, 2020. As of that date, no comments were submitted.

Comments Received After Committee Evaluation

Considering the recent COVID-19 global pandemic, many organizations needed to focus their attention on the public health crisis. In order to provide greater flexibility for stakeholders and continue the important work in quality measurement, NQF extended commenting periods and adjusted measure endorsement timelines for the fall 2019 cycle.

Due to circumstances around the COVID-19 global pandemic, commenting periods for all measures evaluated in the fall 2019 cycle were extended from 30 days to 60 days. Based on the comments received during this 60-day extended commenting period, measures entered into one of two tracks. If the comments received required a post-comment meeting, the measures were moved to track 2 and deferred to the spring 2020 cycle. All other measures continued on track 1 as part of the fall 2019 cycle.

Track 1: Measures Remained in Fall 2019 Cycle
Measures that did not receive public comments or only received comments in support of the Standing Committees' recommendations moved forward to the CSAC for review and discussion during its meeting on July 28-29, 2020.

- **Exceptions**
  Exceptions were granted to measures if non-supportive comments received during the extended post-comment period were similar to those received during the pre-evaluation meeting period and have already been adjudicated by the respective Standing Committees during the measure evaluation fall 2019 meetings.

Track 2: Measures Deferred to Spring 2020 Cycle
Fall 2019 measures that required further action or discussion from a Standing Committee were deferred to the spring 2020 cycle. This includes measures where consensus was not reached or those that require a response to public comments received. Measures undergoing maintenance review retained endorsement during that time.

During the spring 2020 CSAC meeting on November 17-18, 2020 the CSAC will review all measures assigned to Track 2. A list of measures assigned to Track 1 can be found in the Executive Summary section of this report for tracking purposes. These measures were reviewed during the fall 2019 CSAC review period.

The extended public commenting period with NQF member support closed on May 24, 2020. Following the Committee's evaluation of the measures under consideration, NQF received one comment from one organization (a member organization) pertaining to the draft report and to the measures under consideration. All comments for each measure under consideration were discussed at the June 30, 2020 post-comment meeting and have been summarized in Appendix A.

Throughout the extended public commenting period, NQF members had the opportunity to express their support ("support" or "do not support") for each measure submitted for endorsement consideration to inform the Committee's recommendations. No NQF members provided their expression of support or non-support.

Summary of Measure Evaluation

The following brief summary of the measure evaluation highlights the major issues that the Committee considered. Details of the Committee's discussion and ratings of the criteria for this measure are included in Appendix A.

0018 Controlling High Blood Pressure (National Committee for Quality Assurance): Recommended

Description: The percentage of adults 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year; **Measure Type**: Outcome: Intermediate Clinical Outcome; **Level of Analysis**: Health Plan; **Setting of Care**: Outpatient Services; **Data Source**: Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records

The Standing Committee recommended the measure for endorsement. It voted to pass this measure on evidence and performance gap. The Committee discussed challenges with setting appropriate blood pressure goals and the nuances of blood pressure measurement. It mentioned that treatment to a single set target for both diastolic and systolic blood pressure can be difficult and may not be appropriate at the individual patient level. The Committee and the developer discussed measuring based on a point measure versus an average of readings and the data challenges related to obtaining an average reading. The Committee was pleased to see the inclusion of some forms of remote monitoring in the updated specifications, but noted only monitors that auto-transmit data are currently included. The Committee discussed the simplicity of having one blood pressure measure versus having multiple measures split by age. They noted that, as age increases, the absolute risk reduction gained through treatment also increases; however, the potential for adverse events also rises with age. A Committee member noted that age does not correspond perfectly with physiological state. Ultimately, the Committee decided this measure is appropriate for use at a population level for health plans, noting that the measure performance goal is not 100%. The Committee accepted the NQF Scientific Methods Panel's moderate rating on reliability unanimously but chose to vote on the validity criterion. The Committee did not express any concerns about the feasibility of the measure. They agreed that the benefits outweighed the harms and the measure passed on use and usability.

Measures Withdrawn from Consideration

One measure previously endorsed by NQF has not been resubmitted for maintenance of endorsement. Endorsement for this measure will be removed.

Table 3. Measures Withdrawn from Consideration

Measure	Reason for withdrawal
NQF 2396 Carotid Artery Stenting: Evaluation of Vital Status and NIH Stroke Scale at Follow Up	Developer is not seeking re-endorsement.

References

1 Heron M. Deaths: Leading Causes for 2014. *Natl Vital Stat Rep*. 2016;65(5):1-96.

Appendix A: Details of Measure Evaluation

Rating Scale: H=High; **M**=Moderate; **L**=Low; **I**=Insufficient; **NA**=Not Applicable

Track 2 - Measure Recommended

0018 Controlling High Blood Pressure

Submission | Specifications

Description: The percentage of adults 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.

Numerator Statement: Patients whose most recent blood pressure level was <140/90 mm Hg during the measurement year.

Denominator Statement: Patients 18-85 years of age who had at least two visits on different dates of service with a diagnosis of hypertension during the measurement year or the year prior to the measurement year.

Exclusions: This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.

Additionally, this measure excludes patients with evidence of end-stage renal disease, dialysis, nephrectomy, or kidney transplant on or prior to the December 31 of the measurement year. It also excludes female patients with a diagnosis of pregnancy during the measurement year, and patients who had a nonacute inpatient admission during the measurement year.

Adjustment/Stratification: No risk adjustment or risk stratification

Level of Analysis: Health Plan

Setting of Care: Outpatient Services

Type of Measure: Outcome: Intermediate Clinical Outcome

Data Source: Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records

Measure Steward: National Committee for Quality Assurance

STANDING COMMITTEE MEETING 02/06/2020

1. Importance to Measure and Report: The measure meets the Importance criteria

(1a. Evidence, 1b. Performance Gap)

1a. Evidence: **H-2; M-13; L-1; I-0**; 1b. Performance Gap: **H-11; M-5; L-0; I-0**

Rationale:

- The developer provided a diagram outlining the steps between the process and the intermediate outcome (adequate control of blood pressure), and how the intermediate outcome in turn influences the longer-term outcomes (reduction in cardiovascular events).
- The evidence base for this measure includes two graded clinical practice guidelines: one from the American College of Cardiology (ACC)/American Heart Association (AHA), and one from the American College of Physicians (ACP) and the American Academy of Family Physicians (AAFP). The guidelines differ in age of target population and recommend different blood pressure goals.
- The Committee discussed challenges with setting appropriate blood pressure goals, the nuances of blood pressure measurement, and how implementation of blood pressure management and control and clinical evidence recommendations interrelate.
- The Committee mentioned that treatment to a single set target for both diastolic and systolic blood pressure can be difficult and may not be appropriate at the individual patient level. The Committee noted that this measure is intended for use at a population level and not at the patient level.
- The Committee discussed the simplicity of having one blood pressure measure versus having multiple measures split by age, taking note of the differences in the guidelines. They noted that as age increases, the absolute risk reduction gained through treatment also increases; however, the potential

0018 Controlling High Blood Pressure

for adverse events also rises with age. A Committee member noted that age does not correspond perfectly with physiological state.
- Ultimately, the Committee decided the evidence supported the use of this measure for the level of analysis specified.
- The developer provided HEDIS measure results from recent years, sharing the following results for 2018:
  - For commercial plans: mean of 55%, range of 0-85%
  - For Medicare plans: mean of 69%, range of 0-100%
  - For Medicaid plans: mean of 59%, range of 0-85%
- The developer stated they do not currently collect performance data stratified by race, ethnicity, or language, and summarized literature demonstrating variation in the prevalence of hypertension by race and that there are disparities in awareness, treatment, and control of hypertension.

2. Scientific Acceptability of Measure Properties: <u>The measure meets the Scientific Acceptability criteria</u>

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity

2a. Reliability: **Accepted Scientific Methods Panel (SMP) Rating (Moderate)**; 2b. Validity**: H-0; M-13; L-3; I-0**

<u>Rationale</u>:

- This measure was deemed complex and evaluated by the SMP.
- Reliability of the health plan measure score was tested using a beta-binomial approach (i.e., signal to noise); overall reliability ranged 0.982-0.999 across the three types of plans.
- The NQF SMP's ratings for reliability: H-4; M-1; L-0; I-2.
- The Committee had no concerns around reliability and voted unanimously to accept the SMP's rating.
- The SMP initially had concerns about the comparison measures the developers chose to demonstrate construct validity. The developer provided updated construct validity testing.
- The developer hypothesized that health plans that perform well managing one chronic condition (hypertension) should perform well managing other chronic conditions. They repeated the construct validity analysis using two a1C control measures: NQF #0575 Comprehensive Diabetes Care: HbA1c Control (< 8%) and NQF #0059 Comprehensive Diabetes Care: HbA1c Poor Control (>9%).
  - Pearson correlation with #0575 across the three types of health plans ranged from 0.51 to 0.81; Medicare had the lowest, and commercial had the highest correlation score.
  - Pearson correlation with #0059 across the three types of health plans ranged from -0.58 to -0.82; Medicare had the lowest correlation score, and commercial and Medicaid had very similar.
- The Committee discussed the lack of race and ethnicity data and the impact this might have on risk and control.
- The developer stated they would like to be able to do this analysis; however, they are not receiving any race and ethnicity data from health plans.
- The Committee decided to vote on validity rather than accept the SMP rating.

3. Feasibility: **H-9; M-7; L-0; I-0**

(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c. Susceptibility to inaccuracies/ unintended consequences identified; 3d. Data collection strategy can be implemented)

<u>Rationale</u>:

- The Committee had no concerns on this criterion. The measure uses readily available data elements that are generated during care delivery.

4. Use and Usability

4a. Use; 4a1. Accountability and transparency; 4a2. Feedback on the measure by those being measured and others; 4b. Usability; 4b1. Improvement; 4b2. The benefits to patients outweigh evidence of unintended negative consequences to patients)

4a. Use: **Pass-16; No Pass-0** 4b. Usability*:* **H-3; M-12; L-1; I-0**

0018 Controlling High Blood Pressure
Rationale: • The Committee had no concerns on these criteria. The measure is used in numerous accountability applications and is publicly reported. The developer reports that performance has been generally improving over the last several years by approximately 1 percent each year.

5. Related and Competing Measures
• This measure is related to:
  ○ 0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)
  ○ 2602 Controlling High Blood Pressure for People with Serious Mental Illness
  ○ 2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)
  ○ 0729 Optimal Diabetes Care (Minnesota Community Measurement)
  ○ 0076 Optimal Vascular Care (Minnesota Community Measurement)
• The Committee noted that 2602 has blood pressure targets that conflict with 0018. The developer stated they are working on updating 2602 to align with 0018 and that this conflict will be resolved.

6. Standing Committee Recommendation for Endorsement: **Y-16**; **N-0**
7. Public and Member Comment • An organization commented that the definition of blood pressure (BP) control in this measure does not align with the American Academy of Family Physician's (AAFP) clinical guidelines recommending a goal SBP < 150 mmHg and goal DBP < 90 mmHg in the general population aged ≥ 60 years. In addition, the commenter expressed concern that self-monitoring and reporting of blood pressure by the patient is not allowed in the proposed measure. The commenter also suggested using blood pressure readings taken over time as this may be more reliable than the point reading used for this measure. • Multiple guidelines exist for blood pressure targets and the guidelines give different targets for similar populations. The Committee determined that the blood pressure target in the measure is appropriate given the measure's broad target population and health plan level of analysis. • The developer clarified that self-monitoring and reporting of blood pressure is included in the measure. It agreed that readings over time may be more reliable but stated that capturing that data is not feasible at this time.
8. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X
9. Appeals

Appendix B: Cardiovascular Portfolio—Use in Federal Programs[1]

NQF #	Title	Federal Programs: Finalized or Implemented as of February 20, 2020
0018	Controlling High Blood Pressure	Medicare and Medicaid Electronic Health Record Incentive Program for Eligible Professionals Medicare Shared Savings Program, Merit-Based Incentive Payment System (MIPS) Program, Medicaid Marketplace Quality Rating System (QRS), Medicaid
0028	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	Million Hearts, MIPS, Medicaid Promoting Interoperability Program for Eligible Professionals, Medicare Shared Savings Program
0066	Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy – Diabetes or Left Ventricular Systolic Dysfunction (LVEF <40%)	Physician Compare; MIPS
0067	Chronic Stable Coronary Artery Disease: Antiplatelet Therapy	MIPS
0068	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	MIPS
0070/ 0070e	Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	MIPS, Medicaid Promoting Interoperability Program for Eligible Professionals
0071	Persistence of Beta-Blocker Treatment After a Heart Attack	MIPS
0081/ 0081e	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	MIPS, Medicaid Promoting Interoperability Program for Eligible Professionals
0083/ 0083e	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	MIPS, Medicaid Promoting Interoperability Program for Eligible Professionals
0114	Risk-Adjusted Post-Operative Renal Failure	MIPS
0115	Risk-Adjusted Surgical Re-exploration	MIPS
0119	Risk-Adjusted Operative Mortality for CABG	MIPS

[1] Per CMS Measures Inventory Tool as of 03/05/2020

NQF #	Title	Federal Programs: Finalized or Implemented as of February 20, 2020
0129	Risk-Adjusted Prolonged Intubation (Ventilation)	MIPS
0130	Risk-Adjusted Deep Sternal Wound Infection Rate	Hospital Compare, Hospital Outpatient Quality Reporting (HOQR)
0131	Risk-Adjusted Stroke/Cerebrovascular Accident	MIPS
0229	Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following heart failure (HF) hospitalization for patients 18 and older	Hospital Compare, Hospital Inpatient Quality Reporting (HIQR), Hospital Value-Based Purchasing (VBP)
0230	Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following acute myocardial infarction (AMI) hospitalization for patients 18 and older	Hospital Compare, HIQR, Hospital Value-Based Purchasing (VBP)
0290	Median Time to Transfer to Another Facility for Acute Coronary Intervention	Hospital Compare, HOQR
0330	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSSR) Following Heart Failure Hospitalization	Hospital Readmission Reduction Program (HRRP)
0505	Hospital 30-Day All-Cause, Risk-Standardized Readmission Rate (RSSR) Following Acute Myocardial Infarction (AMI) Hospitalization	HRRP, Hospital Compare
0643	Cardiac Rehabilitation Patient Referral from an Outpatient Setting	HRRP, Hospital Compare
0669	Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac, Low Risk Surgery	Hospital Compare, HOQR
0670	Cardiac stress imaging not meeting appropriate use criteria: Preoperative evaluation in low risk surgery patients	MIPS
0671	Cardiac stress imaging not meeting appropriate use criteria: Routine testing after percutaneous coronary intervention (PCI)	MIPS
0672	Cardiac stress imaging not meeting appropriate use criteria: Testing in asymptomatic, low risk patients	MIPS
1525	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	MIPS
2474	Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation	MIPS

Appendix C: Cardiovascular Standing Committee and NQF Staff

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Appendix D: Measure Specifications

	0018 Controlling High Blood Pressure
Steward	National Committee for Quality Assurance
Description	The percentage of adults 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.
Type	Outcome: Intermediate Clinical Outcome
Data Source	Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from health plans via NCQA's online data submission system.
Level	Health Plan
Setting	Outpatient Services
Numerator Statement	Patients whose most recent blood pressure level was <140/90 mm Hg during the measurement year.
Numerator Details	There are two data sources and approaches used for collecting data reporting the numerator for this measure: Administrative Claims and Medical Record Review ADMINISTRATIVE CLAIMS Use codes (See code value sets located in question S.2b.) to identify the most recent BP reading taken during an outpatient visit, a nonacute inpatient encounter, or remote monitoring event during the measurement year. The blood pressure reading must occur on or after the date when the second diagnosis of hypertension (identified using the event/diagnosis criteria). The patient is numerator compliant if the blood pressure is <140/90 mm Hg. The patient is not compliant if the blood pressure is >=140/90 mm Hg, if there is no blood pressure reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing). If there are multiple blood pressure readings on the same date of service, use the lowest systolic and lowest diastolic blood pressure on that date as the presentative blood pressure. Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent codes

	during the measurement year to determine numerator compliance for both systolic and diastolic levels. VALUE SET / NUMERATOR COMPLIANCE Systolic Less Than 140 Value Set / Systolic compliant Systolic Greater Than or Equal to 140 Value Set / Systolic not compliant Diastolic Less Than 80 Value Set / Diastolic compliant Diastolic 80-89 Value Set / Diastolic compliant Diastolic Greater Than or Equal to 90 Value Set / Diastolic not compliant See attached code value sets. MEDICAL RECORD REVIEW The number of patients in the denominator whose most recent blood pressure (both systolic and diastolic) is adequately controlled during the measurement year. For a patient's blood pressure to be controlled the systolic and diastolic blood pressure must be <140/90 mm hg (adequate control). To determine if a member's blood pressure is adequately controlled, the representative blood pressure must be identified. All eligible blood pressure measurements recorded in the record must be considered. If an organization cannot find the medical record, the patient remains in the measure denominator and is considered noncompliant for the numerator. Use the following guidance to find the appropriate medical record to review. - Identify the patient's PCP. - If the patient had more than one PCP for the time-period, identify the PCP who most recently provided care to the patient. - If the patient did not visit a PCP for the time-period or does not have a PCP, identify the practitioner who most recently provided care to the patient. - If a practitioner other than the patient's PCP manages the hypertension, the organization may use the medical record of that practitioner. Identify the most recent blood pressure reading noted during the measurement year. The blood pressure reading must occur on or after the date when the second diagnosis of hypertension (identified using the event/diagnosis criteria) occurred. Do not include BP readings: - Taken during an acute inpatient stay or an ED visit. - Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests. - Reported by or taken by the patient.

	BP readings from remote monitoring devices that are digitally stored and transmitted to the provider may be included. There must be documentation in the medical record that clearly states the reading was taken by an electronic device, and results were digitally stored and transmitted to the provider and interpreted by the provider. Identify the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record. If multiple readings were recorded for a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading. The patient is not compliant if the BP reading is =140/90 mm Hg or is missing, or if there is no BP reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing).
Denominator Statement	Patients 18-85 years of age who had at least two visits on different dates of service with a diagnosis of hypertension during the measurement year or the year prior to the measurement year.
Denominator Details	Patients who had continuous enrollment in the measurement year. No more than one gap in continuous enrollment of up to 45 days during the measurement year. If the patient has Medicaid, then no more than a 1-month gap in coverage. Patients are identified for the denominator using claim/encounter data. Patients who had at least two visits on different dates of service with a diagnosis of hypertension during the measurement year or the year prior to the measurement year. Visit type need not be the same for the two visits. Any of the following combinations meet criteria: - Outpatient visit with any diagnosis of hypertension - A telephone visit with any diagnosis of hypertension - An online assessment with any diagnosis of hypertension Only one of the two visits may be a telephone visit, an online assessment or an outpatient telehealth visit. Identify outpatient telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient visit. See attached code value sets.

Exclusions	This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings. Additionally, this measure excludes patients with evidence of end-stage renal disease, dialysis, nephrectomy, or kidney transplant on or prior to the December 31 of the measurement year. It also excludes female patients with a diagnosis of pregnancy during the measurement year, and patients who had a nonacute inpatient admission during the measurement year.
Exclusion details	ADMINISTRATIVE CLAIMS Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the service began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data. Exclude adults who meet any of the following criteria: - Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: -- Enrolled in an Institutional SNP (I-SNP) any time during the measurement year. -- Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run data of the file to determine if a patient had an LTI flag during the measurement year. - Members 66-80 years of age as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Patients must meet BOTH of the following frailty and advanced illness criteria to be excluded: 1. At least one claim/encounter for frailty during the measurement year. 2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years): -- At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters or nonacute inpatient discharges (instructions below) on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge: 1. Identify all acute and nonacute inpatient stays. 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim. 3. Identify the discharge date for the stay. -- At least one acute inpatient encounter with an advanced illness diagnosis.

	-- At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge: 1. Identify all acute and nonacute inpatient stays. 2. Exclude nonacute inpatient stays. 3. Identify the discharge date for the stay. -- A dispensed dementia medication. DEMENTIA MEDICATIONS DESCRIPTION / PRESCRIPTION Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine Miscellaneous central nervous system agents / Memantine - Members 81 years of age and older as of December 31 of the measurement year (all product lines) with frailty during the measurement year. Exclude patients with evidence of end-stage renal disease, dialysis, nephrectomy, or kidney transplant on or prior to December 31 of the measurement year, female patients with a diagnosis of pregnancy during the measurement year, and patients who had a nonacute inpatient admission during the measurement year. To identify nonacute inpatient admissions: 1. Identify all acute and nonacute inpatient stays. 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim. 3. Identify the admission date for the stay. See attached code value sets. MEDICAL RECORD REVIEW Exclusionary evidence in the medical record must include a note indicating diagnosis of pregnancy or evidence of a nonacute inpatient admission during the measurement year, or evidence of ESRD, dialysis, nephrectomy or kidney transplant any time during the patient's history through December 31 of the measurement year.
Risk Adjustment	No risk adjustment or risk stratification
Stratification	N/A
Type Score	Rate/proportion better quality = higher score
Algorithm	STEP 1: Determine the eligible population. To do so, identify adults who meet all specified criteria. - AGES: 18-75 years as of December 31 of the measurement year.

	- EVENT/DIAGNOSIS: Identify patients with hypertension in two ways: by claim/encounter data and by medical record data. SEE responses in S.6 and S.7 for eligible population and denominator criteria and details. STEP 2: Exclude patients who meet the exclusion criteria. SEE responses in S.8 and S.9 for denominator exclusion criteria and details. STEP 3: Determine the number of patients in the eligible population who had a blood pressure reading during the measurement year through the search of administrative data systems or medical record data. STEP 4: Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record. STEP 5: Determine whether the result was <140/90 mm Hg. STEP 6: Calculate the rate by dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2). 116000| 123834| 135810| 140881| 117446| 141015
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Appendix E: Related and Competing Measures (Narrative)

Comparison of NQF 0018, NQF 0061, NQF 2602, NQF 2606, NQF 0729 and NQF 0076

0018: Controlling High Blood Pressure
0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)
2602: Controlling High Blood Pressure for People with Serious Mental Illness
2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)
0729: Optimal Diabetes Care
0076: Optimal Vascular Care

Steward

0018: Controlling High Blood Pressure

National Committee for Quality Assurance

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

National Committee for Quality Assurance

2602: Controlling High Blood Pressure for People with Serious Mental Illness

National Committee for Quality Assurance

2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

National Committee for Quality Assurance

0729: Optimal Diabetes Care

MN Community Measurement

0076: Optimal Vascular Care

MN Community Measurement

Description

0018: Controlling High Blood Pressure

The percentage of adults 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level taken during the measurement year is <140/90 mm Hg.

2602: Controlling High Blood Pressure for People with Serious Mental Illness

The percentage of patients 18-85 years of age with serious mental illness who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled during the measurement year.

Note: This measure is adapted from an existing health plan measure used in a variety of reporting programs for the general population (NQF #0018: Controlling High Blood Pressure). It was originally endorsed in 2009 and is owned and stewarded by NCQA. The specifications for the existing measure (Controlling High Blood Pressure NQF #0018) have

been updated based on 2013 JNC-8 guideline. NCQA will submit the revised specification for Controlling High Blood Pressure NQF #0018 in the 4th quarter 2014 during NQF's scheduled measure update period. This measure uses the new specification to be consistent with the current guideline.

2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

The percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) whose most recent blood pressure (BP) reading during the measurement year is <140/90 mm Hg.

Note: This measure is adapted from an existing health plan measure used in a variety of reporting programs for the general population (NQF #0061: Comprehensive Diabetes Care: Blood Pressure Control <140/90 mm Hg) which is endorsed by NQF and is stewarded by NCQA.

0729: Optimal Diabetes Care

The percentage of patients 18-75 years of age who had a diagnosis of type 1 or type 2 diabetes and whose diabetes was optimally managed during the measurement period as defined by achieving ALL of the following:

- HbA1c less than 8.0 mg/dL
- Blood Pressure less than 140/90 mmHg
- On a statin medication, unless allowed contraindications or exceptions are present
- Non-tobacco user
- Patient with ischemic vascular disease is on daily aspirin or anti-platelets, unless allowed contraindications or exceptions are present

Please note that while the all-or-none composite measure is considered to be the gold standard, reflecting best patient outcomes, the individual components may be measured as well. This is particularly helpful in quality improvement efforts to better understand where opportunities exist in moving the patients toward achieving all of the desired outcomes. Please refer to the additional numerator logic provided for each component.

0076: Optimal Vascular Care

The percentage of patients 18-75 years of age who had a diagnosis of ischemic vascular disease (IVD) and whose IVD was optimally managed during the measurement period as defined by achieving ALL of the following:

- Blood pressure less than 140/90 mmHg
- On a statin medication, unless allowed contraindications or exceptions are present
- Non-tobacco user
- On daily aspirin or anti-platelet medication, unless allowed contraindications or exceptions are present

Type

0018: Controlling High Blood Pressure

Outcome: Intermediate Clinical Outcome

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Outcome: Intermediate Clinical Outcome

2602: Controlling High Blood Pressure for People with Serious Mental Illness

Outcome

2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

Outcome

0729: Optimal Diabetes Care

Composite

0076: Optimal Vascular Care

Composite

Data Source

0018: Controlling High Blood Pressure

Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from health plans via NCQA's online data submission system.

No data collection instrument provided Attachment 0018_CBP_Value_Sets_Fall_2019-637002741932672877.xlsx

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from health plans via NCQA's online data submission system.

No data collection instrument provided Attachment 0061_CDC_BP_Control_Value_Sets_Fall_2019-637088223907626862.xlsx

2602: Controlling High Blood Pressure for People with Serious Mental Illness

Claims, Electronic Health Records, Paper Medical Records The denominator for this measure is based on administrative claims and medical record documentation (this is used to confirm the diagnosis of hypertension identified in claims/encounter data). The numerator for this measure is based on medical record documentation collected in the course of providing care to health plan patients.

No data collection instrument provided Attachment 2602_CBP_for_People_With_Mental_Illness_Value_Set-636583543692086216.xlsx

2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records The denominator for this measure is based on claim/encounter and pharmacy data. The

numerator for this measure is based on medical record documentation collected in the course of providing care to health plan patients.

No data collection instrument provided Attachment 2606_BP_Control_for_People_With_Mental_Illness_Value_Sets-636583537864052580.xlsx

0729: Optimal Diabetes Care

Electronic Health Records, Paper Medical Records An excel template with formatted columns for data fields is provided. Almost all medical groups in MN (99.5%) extract the information from their EMR. Paper abstraction forms are provided for those clinics who wish to use them as an interim step to create their data file. All data is uploaded in electronic format (.csv file) to a HIPAA secure, encrypted and password protected data portal. We capture information from the clinics about how their data is obtained. In 2018:

• 71% (476) clinics had an EMR and pulled all data via query

• 26% (176) clinics had an EMR and used a combination of query and manual look up for data collection

• 2.2% (15) clinics had an EMR and looked up all data manually

• 0.15% (1) clinic had a hybrid EMR and paper record system

• 0.15% (1) clinic had paper records only

Feasibility Note: 71% of practices can extract all of the information needed via query.

Please note that all fields are defined and included in the data dictionary [Tab = Data Field Dictionary] and also included in the data collection guide URL provided in S.1.

Available at measure-specific web page URL identified in S.1 Attachment MNCM_Diabetes_Measure_Data_Dictionary_and_Risk_Adj__10-19-2018.xlsx

0076: Optimal Vascular Care

Electronic Health Records, Paper Medical Records AAn excel template with formatted columns for data fields is provided. Almost all the medical groups in MN (99.9%) extract the information from their EMR. Other options have been historically available: Registries can be used as a source of information to create the data file; however groups must ensure that all of their eligible patients are included. Paper abstraction forms are provided for those clinics who wish to use them as an interim step to creating their data file.

All data is uploaded in electronic format (.csv file) to a HIPAA secure, encrypted and password protected data portal.

Available at measure-specific web page URL identified in S.1 Attachment MNCM_-0076_Optimal_Vascular_Care_Specs_Fields_12-2019.xlsx

Level

0018: Controlling High Blood Pressure

Health Plan

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Health Plan

2602: Controlling High Blood Pressure for People with Serious Mental Illness

Health Plan

2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

Health Plan

0729: Optimal Diabetes Care

Clinician : Group/Practice

0076: Optimal Vascular Care

Clinician : Group/Practice

Setting

0018: Controlling High Blood Pressure

Outpatient Services

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Outpatient Services

2602: Controlling High Blood Pressure for People with Serious Mental Illness

Outpatient Services

2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

Outpatient Services

0729: Optimal Diabetes Care

Outpatient Services

0076: Optimal Vascular Care

Outpatient Services

Numerator Statement

0018: Controlling High Blood Pressure

Patients whose most recent blood pressure level was <140/90 mm Hg during the measurement year.

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Patients whose most recent blood pressure level was <140/90 mm Hg during the measurement year.

2602: Controlling High Blood Pressure for People with Serious Mental Illness

Patients whose most recent blood pressure (BP) is adequately controlled during the measurement year (after the diagnosis of hypertension) based on the following criteria:

-Patients 18-59 years of age as of December 31 of the measurement year whose BP was <140/90 mm Hg.

-Patients 60-85 years of age as of December 31 of the measurement year and flagged with a diagnosis of diabetes whose BP was <140/90 mm Hg.

-Patients 60-85 years of age as of December 31 of the measurement year and flagged as not having a diagnosis of diabetes whose BP was <150/90 mm Hg.

2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

Patients whose most recent BP reading is less than 140/90 mm Hg during the measurement year.

This intermediate outcome is a result of blood pressure control (<140/90 mm Hg). Blood pressure control reduce the risk of cardiovascular diseases. There is no need for risk adjustment for this intermediate outcome measure.

0729: Optimal Diabetes Care

The number of patients in the denominator whose diabetes was optimally managed during the measurement period as defined by achieving ALL of the following:

• The most recent HbA1c in the measurement period has a value less than 8.0 mg/dL

• The most recent Blood Pressure in the measurement period has a systolic value of less than 140 mmHg AND a diastolic value of less than 90 mmHg

• On a statin medication, unless allowed contraindications or exceptions are present

• Patient is not a tobacco user

• Patient with ischemic vascular disease (Ischemic Vascular Disease Value Set) is on daily aspirin or anti-platelets, unless allowed contraindications or exceptions are present

0076: Optimal Vascular Care

The number of patients in the denominator whose IVD was optimally managed during the measurement period as defined by achieving ALL of the following:

• The most recent blood pressure in the measurement period has a systolic value of less than 140 mmHg AND a diastolic value of less than 90 mmHg

• On a statin medication, unless allowed contraindications or exceptions are present

• Patient is not a tobacco user

• On daily aspirin or anti-platelet medication, unless allowed contraindications or exceptions are present

Numerator Details

0018: Controlling High Blood Pressure

There are two data sources and approaches used for collecting data reporting the numerator for this measure: Administrative Claims and Medical Record Review

ADMINISTRATIVE CLAIMS

Use codes (See code value sets located in question S.2b.) to identify the most recent BP reading taken during an outpatient visit, a nonacute inpatient encounter, or remote monitoring event during the measurement year.

The blood pressure reading must occur on or after the date when the second diagnosis of hypertension (identified using the event/diagnosis criteria).

The patient is numerator compliant if the blood pressure is <140/90 mm Hg. The patient is not compliant if the blood pressure is >=140/90 mm Hg, if there is no blood pressure reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing). If there are multiple blood pressure readings on the same date of service, use the lowest systolic and lowest diastolic blood pressure on that date as the presentative blood pressure.

Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent codes during the measurement year to determine numerator compliance for both systolic and diastolic levels.

VALUE SET / NUMERATOR COMPLIANCE

Systolic Less Than 140 Value Set / Systolic compliant

Systolic Greater Than or Equal to 140 Value Set / Systolic not compliant

Diastolic Less Than 80 Value Set / Diastolic compliant

Diastolic 80-89 Value Set / Diastolic compliant

Diastolic Greater Than or Equal to 90 Value Set / Diastolic not compliant

See attached code value sets.

MEDICAL RECORD REVIEW

The number of patients in the denominator whose most recent blood pressure (both systolic and diastolic) is adequately controlled during the measurement year. For a patient's blood pressure to be controlled the systolic and diastolic blood pressure must be <140/90 mm hg (adequate control). To determine if a member's blood pressure is adequately controlled, the representative blood pressure must be identified.

All eligible blood pressure measurements recorded in the record must be considered. If an organization cannot find the medical record, the patient remains in the measure denominator and is considered noncompliant for the numerator.

Use the following guidance to find the appropriate medical record to review.

- Identify the patient's PCP.

- If the patient had more than one PCP for the time-period, identify the PCP who most recently provided care to the patient.

- If the patient did not visit a PCP for the time-period or does not have a PCP, identify the practitioner who most recently provided care to the patient.

- If a practitioner other than the patient's PCP manages the hypertension, the organization may use the medical record of that practitioner.

Identify the most recent blood pressure reading noted during the measurement year.

The blood pressure reading must occur on or after the date when the second diagnosis of hypertension (identified using the event/diagnosis criteria) occurred.

Do not include BP readings:

- Taken during an acute inpatient stay or an ED visit.

- Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.

- Reported by or taken by the patient.

BP readings from remote monitoring devices that are digitally stored and transmitted to the provider may be included. There must be documentation in the medical record that clearly states the reading was taken by an electronic device, and results were digitally stored and transmitted to the provider and interpreted by the provider.

Identify the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record. If multiple readings were recorded for a single date, use

the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading.

The patient is not compliant if the BP reading is =140/90 mm Hg or is missing, or if there is no BP reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing).

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

There are two data sources and approaches used for collecting data and reporting the numerator for this measure: Administrative Claims and Medical Record Review.

ADMINISTRATIVE CLAIMS

Use codes (See code value sets located in question S.2b.) to identify the most recent blood pressure reading taken during an outpatient visit or a nonacute inpatient encounter or remote monitoring event during the measurement year.

The patient is numerator compliant if the blood pressure is <140/90 mm Hg. The patient is not compliant if the blood pressure is =140/90 mm Hg, if there is no blood pressure reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing). If there are multiple blood pressure readings on the same date of service, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure.

Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent codes during the measurement year to determine numerator compliance for both systolic and diastolic levels.

VALUE SET / NUMERATOR COMPLIANCE

Systolic Less Than 140 Value Set / Systolic compliant

Systolic Greater Than or Equal to 140 Value Set / Systolic noncompliant

Diastolic Less Than 80 Value Set / Diastolic compliant

Diastolic 80-89 Value Set / Diastolic compliant

Diastolic Greater Than or Equal to 90 Value Set / Diastolic not compliant

See attached code value sets.

MEDICAL RECORD REVIEW

The most recent BP level (taken during the measurement year) is <140/90 mm Hg, as documented through administrative data or medical record review.

The organization should use the medical record from which it abstracts data for the other measures in the Comprehensive Diabetes Care set. If the organization does not abstract for other measures, it should use the medical record of the provider that manages the patient's diabetes. If that medical record does not contain a BP, the organization may use the medical record of another PCP or specialist from whom the patient receives care.

Identify the most recent blood pressure reading noted during the measurement year. Do not include blood pressure readings that meet the following criteria:

-Taken during an acute inpatient stay or an ED visit.

-Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.

-Reported by or taken by the patient.

Blood pressure readings from remote monitoring devices that are digitally stored and transmitted to the provider may be included. There must be documentation in the medical record that clearly states the reading was taken by an electronic device, and results were digitally stored and transmitted to the provider and interpreted by the provider.

Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record. If there are multiple blood pressure readings recorded for a single date, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure. The systolic and diastolic results do not need to be from the same reading when multiple readings are recorded for a single date.

The patient is not numerator compliant if the blood pressure does not meet the specified threshold or is missing, or if there is no blood pressure reading during the measurement year or if the reading is incomplete (i.e., the systolic or diastolic level is missing).

2602: Controlling High Blood Pressure for People with Serious Mental Illness

The number of patients whose most recent blood pressure (BP) is adequately controlled during the measurement year, but after the diagnosis of hypertension (See Essential Hypertension Value Set). For an individual's BP to be adequately controlled, both the systolic and diastolic BP must -85meet the following criteria:

- Patients 18-59 years of age as of December 31 of the measurement year whose BP was <140/90 mm Hg.

- Patients 60-85 years of age as of December 31 of the measurement year and flagged with a diagnosis of diabetes

whose BP was <140/90 mm Hg.

- Patients 60-85 years of age as of December 31 of the measurement year and flagged as not having a diagnosis of

diabetes whose BP was <150/90 mm Hg.

To determine if an individual's BP is adequately controlled, the representative BP (i.e., the most recent BP reading during the measurement year but after the diagnosis of hypertension was made) must be identified.

Note: Only the medical records of one practitioner or provider team should be used for both the confirmation of the diagnosis of hypertension and the representative BP. All eligible BP measurements recorded in the records from one practitioner or provider team (even if obtained by a different practitioner) should be considered (e.g., from a consultation note or other note relating to a BP reading from a health care practitioner or provider team). If an organization cannot find the medical record, the patient remains in the measure denominator and is considered noncompliant for the numerator.

The numerator should be calculated using the following steps:

Step 1: Identify the patient's Primary Care Provider (PCP).

-If the patient had more than one PCP for the time period, identify the PCP who most recently provided care to the patient.

-If the patient did not visit a PCP for the time period or does not have a PCP, identify the practitioner who most recently provided care to the patient.

-If a practitioner other than the patient's PCP manages the hypertension, the organization may use the medical record of that practitioner.

Step 2: Identify the representative BP level, defined as the most recent BP reading during the measurement year.

-The reading must occur after the date when the diagnosis of hypertension was made or confirmed.

-If multiple BP measurements occur on the same date, or are noted in the chart on the same date, the lowest systolic and lowest diastolic BP reading should be used. The systolic and diastolic results do not need to be from the same reading

-If no BP is recorded during the measurement year, assume that the individual is "not controlled."

-Do not include BP readings that meet the following criteria:

- Taken during an acute inpatient stay or an ED visit
- Taken during an outpatient visit which was for the sole purpose of having a diagnostic test or surgical procedure performed (e.g., sigmoidoscopy, removal of a mole)
- Obtained the same day as a major diagnostic or surgical procedure (e.g., stress test, administration of IV contrast for a radiology procedure, endoscopy)
- Reported by or taken by the patient

2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

ADMINISTRATIVE:

Use automated data to identify the most recent BP reading taken during an outpatient visit (see Outpatient Visit Value Set) or a nonacute inpatient encounter (Nonacute Inpatient Value Set) during the measurement year. The patient is numerator compliant if the BP is <140/90 mm Hg. The patient is not compliant if the BP is =140/90 mm Hg, if there is no BP reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing). If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP. Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent codes during the measurement year to determine numerator compliance for both systolic and diastolic levels.

VALUE SET / NUMERATOR COMPLIANCE

Systolic Less Than 140 Value Set / Systolic compliant

Systolic Greater Than/Equal To 140 Value Set / Systolic not compliant

Diastolic Less Than 80 Value Set / Diastolic compliant

Diastolic 80–89 Value Set / Diastolic compliant

Diastolic Greater Than/Equal To 90 Value Set / Diastolic not compliant

MEDICAL RECORD:

The organization should use the medical record from which it abstracts data for the other diabetes care indicators such as HbA1c test. If the organization does not abstract for other indicators, it should use the medical record of the provider that manages the patient's

diabetes. If that medical record does not contain a BP, the organization may use the medical record of another PCP or specialist from whom the patient receives care.

To determine if BP is adequately controlled, the organization must identify the representative BP following the steps below.

Identify the most recent BP reading noted during the measurement year. Do not include BP readings that meet the following criteria:

-Taken during an acute inpatient stay or an ED visit.

-Taken during an outpatient visit which was for the sole purpose of having a diagnostic test or surgical procedure performed (e.g., sigmoidoscopy, removal of a mole).

-Obtained the same day as a major diagnostic or surgical procedure (e.g., stress test, administration of IV contrast for a radiology procedure, endoscopy).

Reported by or taken by the patient.

Identify the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record. If there are multiple BPs recorded for a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading when multiple readings are recorded for a single date. The patient is not numerator compliant if the BP does not meet the specified threshold or is missing, or if there is no BP reading during the measurement year or if the reading is incomplete (i.e., the systolic or diastolic level is missing).

0729: Optimal Diabetes Care

Please note that while the all-or-none composite measure is considered to be the gold standard, reflecting best patient outcomes, the individual components may be measured as well. This is particularly helpful in quality improvement efforts to better understand where opportunities exist in moving the patients toward achieving all of the desired outcomes. Please refer to the additional numerator logic provided for each component and note that all of the denominator criteria apply to the numerator as well, but are not repeated in the numerator codes/ descriptions.

HbA1c Date [Date (mm/dd/yyyy)] AND

HbA1c Value [Numeric]

Numerator component calculation: numerator component compliant is HbA1c during the last 12 months (measurement year) AND most recent HbA1c value is less than 8.0.

Enter the date of the most recent HbA1c test during the measurement period.

Enter the value of the most recent HbA1c test during the measurement period.

Leave BLANK if an HbA1c was never performed.

- A test result from a provider outside of the reporting medical group is allowed if the result is documented in the reporting medical group's patient record and is the most recent test result during the measurement period.
- If the HbA1c result is too high to calculate, still enter the HbA1c test date if it is the most recent test result during the measurement period.

Blood Pressure Date [Date (mm/dd/yyyy)] AND

BP Systolic [Numeric] AND

BP Diastolic [Numeric]

Numerator component calculation: numerator component compliant is BP during the measurement year AND Systolic < 140 AND Diastolic < 90.

Enter the date of the most recent blood pressure result during the measurement period.

Leave BLANK if a blood pressure was not obtained during the measurement period.

- A test result from a provider outside of the reporting medical group is allowed if the result is documented in the reporting medical group's patient record and is the most recent test result during the measurement period.
- Do not include BP readings:

o Taken during an acute inpatient stay or an ED visit.

o Taken during an outpatient visit which was for the sole purpose of having a diagnostic test or surgical procedure performed (e.g., sigmoidoscopy, removal of a mole).

o Obtained the same day as a major diagnostic or surgical procedure (e.g., EKG/ECG, stress test, administration of IV contrast for a radiology procedure, endoscopy).

o Reported by or taken by the patient.

BP Systolic

Enter the value of the most recent systolic blood pressure result during the measurement period.

If more than one value is recorded on the most recent date, the lowest systolic value from multiple readings on the same date may be submitted.

NOTE: The systolic blood pressure is the upper number in the recorded fraction. For example, the systolic value for a blood pressure of 124/72 mmHg is 124.

BP Diastolic

Enter the value of the most recent diastolic blood pressure result during the measurement period.

If more than one value is recorded on the most recent date, the lowest diastolic value from multiple readings on the same date may be submitted.

- NOTE: The diastolic blood pressure is the lower number in the recorded fraction. For example, the diastolic value for a blood pressure of 124/72 mmHg is 72.

LDL Date [Date (mm/dd/yyyy)] AND

LDL Value [Numeric]

Numerator component calculation: Is used for the cholesterol component for statin use; patients with low untreated LDL values may not be appropriate for the initiation of statin medication.

Enter the date of the most recent LDL test on or prior to the end of the measurement period.

Leave BLANK if an LDL was never performed.

- A test result from a provider outside of the reporting medical group is allowed if the result is documented in the reporting medical group's patient record and is the most recent test result within the allowable time period.
- If the LDL result is too high to calculate, still enter the LDL test date if it is the most recent test result within the allowable time period.

LDL values within the last five years will be used to calculate potential exceptions to being on a statin medication. Leave BLANK if an LDL test was not performed between 01/01/201x and 12/31/201x (five-year increments).

Statin Medication [Numeric] AND

Statin Medication Date [Date (mm/dd/yyyy)] AND/OR

Station Medication Exception [Numeric] AND

Station Medication Exception Date [Date (mm/dd/yyyy)]

Numerator component calculation: numerator component compliant if on a statin (prescribed/ ordered) or low LDL value (see above) or documented contraindication/exception is present.

Statin Medication:

Enter the code that corresponds to whether the patient was prescribed a statin medication or if a statin medication was active on the patient's medication list during the measurement period.

Please refer to Appendix C for a list of statin medications.

1 = Yes, patient was prescribed a statin medication or a statin medication was indicated as active on the patient's medication list during the measurement period.

2 = No, patient was not prescribed a statin medication and a statin medication was not indicated as active on the patient's medication list during the measurement period.

The following exceptions to statin medication use will be identified by the Data Portal based on the submitted LDL values:

- Patients with ischemic vascular disease aged 21 to 75 years and an LDL result less than 40 mg/dL
- Patients aged 40 – 75 years with an LDL result less than 70 mg/dL
- Patients aged 21 – 39 years with an LDL less than 190 mg/dL

Statin Medication Date:

Enter the most recent date of a statin prescription, order or review of active medications list during the measurement period.

If no statin prescribed, ordered, or reviewed as an active medication during the measurement period, leave blank

Statin Medication Exception:

If the patient was NOT prescribed or did not have a statin medication active on their medication list during the measurement period, enter the value that corresponds to any of the following contraindications or exceptions:

1 = Pregnancy at any time during the measurement period

2 = Active liver disease (liver failure, cirrhosis, hepatitis)

3 = Rhabdomyolysis

4 = End stage renal disease on dialysis

5 = Heart failure

6 = Other provider documented reason: breastfeeding during the measurement period

7 = Other provider documented reason: woman of childbearing age not actively taking birth control during the measurement period

8 = Other provider documented reason: allergy to statin

9 = Drug interaction with a listed medication taken during the measurement period (valid drug-drug interactions include HIV protease inhibitors, nefazodone, cyclosporine, gemfibrozil, and danazol).

10 = Other provider documented reason: intolerance (with supporting documentation of trying a statin at least once within the last five years). Additionally, Myopathy and Myositis (CHOL-05) Value Set may be used to document intolerance to statins.

If none of the above contraindications or exceptions are documented, leave BLANK. NOTE: Items 1 – 5 above can be defined by diagnosis codes that may be used in data collection. Value Sets include: Pregnancy V/Z Codes (PREG-01), Pregnancy Diagnosis Codes (PREG-02), Liver Disease (CHOL-01), Rhabdomyolysis (CHOL-02), ESRD on Dialysis (CHOL-03), and Heart Failure (CHOL-04)

Statin Medication Exception Date:

If the patient has a documented contraindication or exception enter the date of the contraindication or exception. If only the month and year are known, enter the first day of the month.

Tobacco Status Documentation Date [Date (mm/dd/yyyy)] AND

Tobacco Status [Numeric]

Numerator component calculation: numerator component compliant if tobacco status within the last two years and status is tobacco-free.

Tobacco Status Documentation Date:

Enter the most recent date that the patient's tobacco status was documented during the measurement period or year prior.

• If the patient's tobacco status is not documented or the date of documentation cannot be determined, leave BLANK

Tobacco Status:

Enter the code that corresponds to the patient's most recent tobacco status during the measurement period or year prior.

1 = Tobacco free (patient does not use tobacco; patient was a former user and is not a current user)

2 = No documentation

3 = Current tobacco user (tobacco includes any amount of cigarettes, cigars, pipes or smokeless tobacco)

- If the date of the tobacco status documentation is not documented in the patient record, enter 2
- E-cigarettes are not considered tobacco products.

Aspirin or Anti-platelet Medication [Numeric] AND

Aspirin or Anti-platelet Date [Date (mm/dd/yyyy)] AND/OR

Aspirin or Anti-platelet Exception [Numeric] AND

Aspirin or Anti-platelet Exception Date [Date (mm/dd/yyyy)]

Numerator component calculation: Calculation applied only if patient has ischemic vascular disease (IVD); if no IVD indicated, is a numerator component "free-pass". For patients with

IVD, numerator component compliant if indicated on daily aspirin or anti-platelet medication (prescribed/ ordered) or documented contraindication/exception is present.

Aspirin or Anti-platelet Medication:

For patients with Ischemic Vascular Disease (IVD), enter the code that corresponds to whether the patient is prescribed a daily aspirin product or antiplatelet medication or if an aspirin product or anti-platelet medication was active on the patient's medication list during the measurement period.

Please see Appendix D for methods to identify appropriate aspirin products or antiplatelet medications.

1 = Yes, patient was prescribed a daily aspirin product or antiplatelet medication, or one was indicated as active on the patient's medication list during the measurement period.

2 = No, patient was not prescribed a daily aspirin product or antiplatelet medication and one was not indicated as active on the patient's medication list during the measurement period.

Aspirin/narcotic combination medications do not qualify as a daily aspirin product.

Aspirin or Anti-platelet Date:

For patients with IVD, enter the date of the most recent daily aspirin product or anti-platelet medication prescription, order or review of an active medication list that included a daily aspirin product or anti-platelet medication during the measurement period.

If a daily aspirin product or anti-platelet medication was not prescribed, ordered or reviewed as an active medication during the measurement period leave blank

Aspirin or Anti-platelet Medication Exception:

For patients with IVD who were not prescribed or taking a daily aspirin product or anti-platelet medication during the measurement period, enter the code that corresponds to any of the following contraindications or exceptions:

1 = Prescribed anti-coagulant medication during the measurement period

2 = History of gastrointestinal bleeding

3 = History of intracranial bleeding

4 = Bleeding disorder

5 = Other provider documented reason: allergy to aspirin or anti-platelets

6 = Other provider documented reason: use of non-steroidal anti-inflammatory agents

7 = Other provider documented reason: documented risk for drug interaction with a medication taken during the measurement period.

8 = Other provider documented reason: uncontrolled hypertension (systolic blood pressure greater than 180 mmHg and/or diastolic blood pressure greater than 110 mmHg)

9 = Other provider documented reason: gastroesophageal reflux disease (GERD)

If none of the above contraindications or exceptions are documented, leave BLANK.

NOTE: Items 2 and 3 above can be defined by diagnosis codes that may be used in data collection. Value Sets include: GI Bleed (ASA-01) and Intracranial Bleed (ASA-02).

Aspirin or Anti-platelet Medication Exception Date:

If the patient has a documented aspirin product or anti-platelet medication exception enter the date of the contraindication or exception.

0076: Optimal Vascular Care

In order to be numerator compliant all four components must be met

* Blood pressure less than 140/90 mmHg AND

* On a statin medication, unless allowed contraindications or exceptions are present AND

* Non-tobacco user AND

* On daily aspirin or anti-platelet medication, unless allowed contraindications or exceptions are present

BLOOD PRESSURE COMPONENT

Blood Pressure Date [Date (mm/dd/yyyy)] AND

BP Systolic [Numeric] AND

BP Diastolic [Numeric]

Numerator component calculation: numerator component compliant is BP during the measurement year AND Systolic < 140 AND Diastolic < 90.

BP Date

Enter the date of the most recent blood pressure result during the measurement period.

- A test result from a provider outside of the reporting medical group is allowed if the result is documented in the reporting medical group's patient record and is the most recent test result during the measurement period.
- Do not include BP readings:
  - Taken during an acute inpatient stay or an ED visit.
  - Taken during an outpatient visit which was for the sole purpose of having a diagnostic test or surgical procedure performed (e.g., sigmoidoscopy, removal of a mole).
  - Obtained the same day as a major diagnostic or surgical procedure (e.g., EKG/ECG, stress test, administration of IV contrast for a radiology procedure, endoscopy).
  - Reported by or taken by the patient.
- Leave BLANK if a blood pressure was not obtained during the measurement period.

BP Systolic

Enter the value of the most recent systolic blood pressure result during the measurement period.

- If more than one value is recorded on the most recent date, the lowest value may be submitted. It does NOT need to be from the same reading submitted in Column Z (BP Diastolic).
- NOTE: The systolic blood pressure is the upper number in the recorded fraction. For example, the systolic value for a blood pressure of 124/72 mmHg is 124.
- Leave BLANK if a blood pressure was not obtained during the measurement period.

BP Diastolic

Enter the value of the most recent diastolic blood pressure result during the measurement period.

- If more than one value is recorded on the most recent date, the lowest value may be submitted. It does NOT need to be from the same reading as submitted in (BP Systolic).

- NOTE: The diastolic blood pressure is the lower number in the recorded fraction. For example, the diastolic value for a blood pressure of 124/72 mmHg is 72.
- Leave BLANK if a blood pressure was not obtained during the measurement period.

CHOLESTEROL MANAGEMENT STATIN COMPONENT

LDL Date [Date (mm/dd/yyyy)] AND

LDL Value [Numeric]

For calculating exceptions to statin use based on very low LDL (< 40 for cardiovascular disease and < 70 for patients with diabetes)

Enter the date of the most recent LDL test result between 01/01/2015 and 12/31/2019.

- A test result from a provider outside of the reporting medical group is allowed if the result is documented in the reporting medical group's patient record and is the most recent test result within the allowable time period.
- If the LDL result is too high to calculate, still enter the LDL test date if it is the most recent test result within the allowable time period.
- LDL values within the last five years will be used to calculate potential exceptions to being on a statin medication.
- Leave BLANK if an LDL test was not performed between 01/01/2015 and 12/31/2019.

Enter the value of the most recent LDL test result between 01/01/2015 and 12/31/2019.

- Leave BLANK if an LDL test was not performed during the allowable time period, or if the most recent test result was too high to calculate.

Statin Medication [Numeric] AND

Statin Medication Date [Date (mm/dd/yyyy)] AND/OR

Station Medication Exception [Numeric] AND

Station Medication Exception Date [Date (mm/dd/yyyy)]

Numerator component calculation: numerator component compliant if on a statin (prescribed/ ordered) or low LDL value (see above) or documented contraindication/exception is present.

Statin Medication:

Enter the code that corresponds to whether the patient was prescribed a statin medication or if a statin medication was active on the patient's medication list during the measurement period.

Please see Appendix A for a list of statin medications.

1 = Yes, patient was prescribed a statin medication, or a statin medication was indicated as active on the patient's medication list during the measurement period.

2 = No, patient was not prescribed a statin medication and a statin medication was not indicated as active on the patient's medication list during the measurement period.

- The following exceptions to statin medication use will be identified by the Data Portal based on the submitted LDL values:
  - Patients with ischemic vascular disease aged 21 to 75 years and an LDL result less than 40 mg/dL
  - Patients aged 40 – 75 years with an LDL result less than 70 mg/dL
  - Patients aged 21 – 39 years with an LDL less than 190 mg/dL

Statin Medication Date

Enter the date of the most recent statin prescription, order or review on an active medications list that included a statin during the measurement period.

- If a statin was not prescribed, ordered, or reviewed as an active medication during the measurement period, leave BLANK.

Station Medication Exception

If the patient was NOT prescribed or did not have a statin medication active on their medication list during the measurement period (Column AA = 2), enter the value that corresponds to any of the following contraindications or exceptions:

1 = Pregnancy at any time during the measurement period

2 = Active liver disease (liver failure, cirrhosis, hepatitis)

3 = Rhabdomyolysis

4 = End stage renal disease on dialysis

5 = Heart failure

6 = Other provider documented reason: breastfeeding during the measurement period

7 = Other provider documented reason: woman of childbearing age not actively taking birth control during the measurement period

8 = Other provider documented reason: allergy to statin

9 = Drug interaction with a listed medication taken during the measurement period (valid drug-drug interactions include HIV protease inhibitors, nefazodone, cyclosporine, gemfibrozil, and danazol).

10 = Other provider documented reason: intolerance (with supporting documentation of trying a statin at least once within the last five years). Additionally, Myopathy and Myositis (CHOL-05) Value Set may be used to document intolerance to statins.

- If none of the above contraindications or exceptions are documented, leave BLANK.
- NOTE: Items 1 – 5 above can be defined by diagnosis codes that may be used in data collection. Value Sets include: Pregnancy V/Z Codes (PREG-01), Pregnancy Diagnosis Codes (PREG-02), Liver Disease (CHOL-01), Rhabdomyolysis (CHOL-02), ESRD on Dialysis (CHOL-03), and Heart Failure (CHOL-04)

Statin Medication Exception Date:

If the patient has a documented contraindication or exception enter the date of the contraindication or exception.

- If only the month and year are known, enter the first day of the month.

ASPIRIN/ANTIPLATELET COMPONENT

Aspirin or Anti-platelet Medication [Numeric] AND

Aspirin or Anti-platelet Date [Date (mm/dd/yyyy)] AND/OR

Aspirin or Anti-platelet Exception [Numeric] AND

Aspirin or Anti-platelet Exception Date [Date (mm/dd/yyyy)]

Numerator component calculation: numerator component compliant if indicated on daily aspirin or anti-platelet medication (prescribed/ ordered) or documented contraindication/exception is present.

Aspirin or Anti-platelet Medication

Enter the code that corresponds to whether the patient is prescribed a daily aspirin product or antiplatelet medication or if an aspirin product or anti-platelet medication was active on the patient's medication list at any time during the measurement period.

Please see Appendix B for methods to identify appropriate aspirin products or antiplatelet medications.

1 = Yes, patient was prescribed a daily aspirin product or antiplatelet medication, or one was indicated as active on the patient's medication list during the measurement period.

2 = No, patient was not prescribed a daily aspirin product or antiplatelet medication and one was not indicated as active on the patient's medication list during the measurement period.

- Aspirin/narcotic combination medications do not qualify as a daily aspirin product.

Aspirin or Anti-platelet Medication Date

Enter the date of the most recent daily aspirin product or anti-platelet medication prescription, order or review of an active medication list that included a daily aspirin product or anti-platelet medication during the measurement period.

* If a daily aspirin product or anti-platelet medication was not prescribed, ordered or reviewed as an active medication during the measurement period, leave blank.

Aspirin or Anti-platelet Medication Exception

For patients who were not prescribed or taking a daily aspirin product or anti-platelet medication during the measurement period, enter the code that corresponds to any of the following contraindications or exceptions:

1 = Prescribed anti-coagulant medication during the measurement period

2 = History of gastrointestinal bleeding

3 = History of intracranial bleeding

4 = Bleeding disorder

5 = Other provider documented reason: allergy to aspirin or anti-platelets

6 = Other provider documented reason: use of non-steroidal anti-inflammatory agents

7 = Other provider documented reason: documented risk for drug interaction

8 = Other provider documented reason: uncontrolled hypertension (systolic blood pressure greater than 180 mmHg and/or diastolic blood pressure greater than 110 mmHg)

9 = Other provider documented reason: gastroesophageal reflux disease (GERD)

If none of the above contraindications or exceptions are documented, leave BLANK.

NOTE: Items 1 and 2 above can be defined by diagnosis codes that may be used in data collection. Value Sets include: GI Bleed (ASA-01) and Intracranial Bleed (ASA-02).

Aspirin or Anti-platelet Exception Date

If the patient has a documented contraindication or exception enter the date of the contraindication or exception. If only the month and year are known, enter the first day of the month.

TOBACCO COMPONENT

Tobacco Status Documentation Date [Date (mm/dd/yyyy)] AND

Tobacco Status [Numeric]

Numerator component calculation: numerator component compliant if tobacco status within the last two years and status is tobacco-free.

Tobacco Status Documentation Date:

Enter the most recent date that the patient's tobacco status was documented during the measurement period or year prior.

If the patient's tobacco status is not documented or the date of the documentation cannot be determined, leave BLANK.

Tobacco Status:

Enter the code that corresponds to the patient's most recent tobacco status during the measurement period or year prior.

1 = Tobacco free (patient does not use tobacco; patient was a former user and is not a current user)

2 = No documentation

3 = Current tobacco user (tobacco includes any amount of cigarettes, cigars, pipes or smokeless tobacco)

* If the date of the tobacco status documentation is not documented in the patient record, enter 2.

* E-cigarettes are not considered tobacco products.

A blank field will create an ERROR upon submission.

Denominator Statement

0018: Controlling High Blood Pressure

Patients 18-85 years of age who had at least two visits on different dates of service with a diagnosis of hypertension during the measurement year or the year prior to the measurement year.

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.

2602: Controlling High Blood Pressure for People with Serious Mental Illness

All patients 18-85 years of age as of December 31 of the measurement year with at least one acute inpatient visit or two outpatient visits for schizophrenia or bipolar I disorder, or at least one inpatient visit for major depression during the measurement year AND a diagnosis of hypertension on or before June 30th of the measurement year.

2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

All patients 18-75 years of age as of December 31 of the measurement year with at least one acute inpatient visit or two outpatient visits for schizophrenia or bipolar I disorder, or at least one inpatient visit for major depression during the measurement year AND diabetes (type 1 and type 2) during the measurement year or year prior to the measurement year.

0729: Optimal Diabetes Care

Patients ages 18 to 75 with a diagnosis of diabetes (Diabetes Value Set) with any contact during the current or prior measurement period OR had diabetes (Diabetes Value Set) present on an active problem list at any time during the measurement period. Both contacts AND problem list must be queried for diagnosis (Diabetes Value Set).

AND patient has at least one established patient office visit (Established Pt Diabetes & Vasc Value Set) performed or supervised by an eligible provider in an eligible specialty for any reason during the measurement period.

0076: Optimal Vascular Care

Patients ages 18 years or older at the start of the measurement period AND less than 76 years at the end of the measurement period who have a diagnosis of ischemic vascular disease (Ischemic Vascular Disease Value Set) with any contact during the current or prior measurement period OR had ischemic vascular disease (Ischemic Vascular Disease Value Set) present on an active problem list at any time during the measurement period.

Both contacts AND the active problem list must be queried for diagnosis (Ischemic Vascular Disease)

AND

At least one established patient office visit (Established Pt Diabetes & Vasc Value Set) performed or supervised by an eligible provider in an eligible specialty for any reason during the measurement period.

Denominator Details

0018: Controlling High Blood Pressure

Patients who had continuous enrollment in the measurement year. No more than one gap in continuous enrollment of up to 45 days during the measurement year. If the patient has Medicaid, then no more than a 1-month gap in coverage.

Patients are identified for the denominator using claim/encounter data.

Patients who had at least two visits on different dates of service with a diagnosis of hypertension during the measurement year or the year prior to the measurement year. Visit type need not be the same for the two visits.

Any of the following combinations meet criteria:

- Outpatient visit with any diagnosis of hypertension

- A telephone visit with any diagnosis of hypertension

- An online assessment with any diagnosis of hypertension

Only one of the two visits may be a telephone visit, an online assessment or an outpatient telehealth visit. Identify outpatient telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient visit.

See attached code value sets.

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

There are two ways to identify patients with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a patient only needs to be identified by one method to be included in the

measure. Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year.

CLAIM/ENCOUNTER DATA

Patients who met any of the following criteria during the measurement year of the year prior to the measurement year (count services that occur over both years):

- At least one acute inpatient encounter with a diagnosis of diabetes without telehealth.

- At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. To identify an acute inpatient discharge:

1. Identify all acute and nonacute inpatient stays.

2. Exclude nonacute inpatient stays.

3. Identify the discharge date for the stay.

- At least two outpatient visits, observation visits, telephone visits, online assessments, ED visits, nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:

1. Identify all acute and nonacute inpatient stays.

2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.

3. Identify the discharge date for the stay.

-- Only include nonacute inpatient encounters without telehealth.

-- Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient set.

See attached code value sets.

PHARMACY DATA

Patients who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.

PRESCRIPTIONS TO IDENTIFY MEMBERS WITH DIABETES

DESCRIPTION / PRESCRIPTION

Alpha-glucosidase inhibitors / Acarbose, Miglitol

Amylin analogs / Pramlintide

Antidiabetic combinations / Alogliptin-metformin, Alogliptin-pioglitazone, Canagliflozin-metformin, Dapagliflozin-metformin, Empagliflozin-linagliptin, Empagliflozin-metformin, Glimepiride-pioglitazone, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin

Insulin / Insulin aspart, Insulin aspart-insulin aspart protamine, Insulin degludec, Insulin detemir, Insulin glargine, Insulin glulisine, Insulin isophane human, Insulin isophane-insulin regular, Insulin lispro, Insulin lispro-insulin lispro protamine, Insulin regular human, Insulin human inhaled

Meglitinides / Nateglinide, Repaglinide

Glucagon-like peptide-1 (GLP1) agonists / Dulaglutide, Exenatide, Albiglutide, Liraglutide

Sodium glucose cotransporter 2 (SGLT2) inhibitor / Canagliflozin, Dapagliflozin, Empagliflozin

Sulfonylureas / Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide

Thiazolidinediones / Pioglitazone, Rosiglitazone

Dipeptidyl peptidase-4 (DDP-4) inhibitors / Alogliptin, Linagliptin, Saxagliptin, Sitagliptin

Note: Glucophage/metformin as a solo agent is not included because it is used to treat conditions other than diabetes; members with diabetes on these medications are identified through diagnosis codes only.

2602: Controlling High Blood Pressure for People with Serious Mental Illness

Age: 18-85 years as of December 31 of the measurement year

Benefit: Medical

Continuous Enrollment: No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the individual may not have more than a 1-month gap in coverage (i.e., an individual whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).

Identify Serious Mental Illness:

Identify patients with a serious mental illness. They must meet at least one of the following criteria during the measurement year or the year prior:

At least one acute inpatient claim/encounter with any diagnosis of schizophrenia, bipolar I disorder, or major depression using any of the following code combinations:

- BH Stand Alone Acute Inpatient Value Set with one of the following diagnoses:
- Schizophrenia Value Set
- Bipolar Disorder Value Set
- Major Depression Value Set
- BH Acute Inpatient Value Set with BH Acute Inpatient POS Value Set and one of the following diagnoses:
- Schizophrenia Value Set
- Bipolar Disorder Value Set
- Major Depression Value Set

At least two visits in an outpatient, intensive outpatient, partial hospitalization, ED or non-acute inpatient setting, on different dates of service, with any diagnosis of schizophrenia or bipolar I disorder. Any two of the following code combinations meet criteria:

- BH Stand Alone Outpatient/PH/IOP Value Set with one of the following diagnoses:
- Schizophrenia Value Set
- Bipolar Disorder Value Set
- BH Outpatient/PH/IOP Value Set with BH Outpatient/PH/IOP POS Value Set and one of the following diagnoses:
- Schizophrenia Value Set
- Bipolar Disorder Value Set

- ED Value Set with one of the following diagnoses:
- Schizophrenia Value Set
- Bipolar Disorder Value Set
- BH ED Value Set with BH ED POS Value Set and one of the following diagnoses:
- Schizophrenia Value Set
- Bipolar Disorder Value Set
- BH Stand Alone Nonacute Inpatient Value Set with one of the following diagnoses:
- Schizophrenia Value Set
- Bipolar Disorder Value Set
- BH Nonacute Inpatient Value Set with BH Nonacute Inpatient POS Value Set and one of the following diagnoses:
- Schizophrenia Value Set
- Bipolar Disorder Value Set

Identify Hypertension:

A diagnosis of hypertension is identified if there is at least one outpatient visit (Outpatient CPT Value Set) with a diagnosis of hypertension (Essential Hypertension Value Set) during the first six months of the measurement year and confirmed with a notation of one of the following in the medical record on or before June 30 of the measurement year:

Hypertension

Intermittent HTN

HTN

History of HTN

High BP

Hypertensive vascular disease (HVD)

Hyperpiesia

Hyperpiesis

Borderline HTN

Intermittent HTN

The notation of hypertension may appear on or before June 30 of the measurement year, including prior to the measurement year. It does not matter if hypertension was treated or is currently being treated. The notation indicating a diagnosis of hypertension may be recorded in any of the following documents:

Problem list (this may include a diagnosis prior to June 30 of the measurement year or an undated diagnosis; see Note at the end of this section)

Office note

Subjective, Objective, Assessment, Plan (SOAP) note

Encounter form

Telephone call record

Diagnostic report

Hospital discharge summary

Statements such as “rule out HTN,” “possible HTN,” “white-coat HTN,” “questionable HTN” and “consistent with HTN” are not sufficient to confirm the diagnosis if such statements are the only notations of hypertension in the medical record.

If an organization cannot find the medical record, the patient remains in the measure denominator and is considered noncompliant for the numerator.

Flag to identify diabetes:

After the denominator is identified, assign each patient a flag to identity if the patient does or does not have diabetes as identified by claims/encounter and pharmacy data (see description below). The flag is used to determine the appropriate BP threshold to use during numerator assessment.

Assign a flag of diabetic to patients who were identified as diabetic using claims/encounter and pharmacy data. The organization must use both methods to identify patients with diabetes, but a patient only needs to be identified by one method.

Claim/encounter data:

-At least two outpatient visits (see Outpatient Value Set), observation visits (see Observation Value Set), ED visits (ED Value Set) or nonacute inpatient encounters (see Nonacute Inpatient Value Set) on different dates of service, with a diagnosis of diabetes (see Diabetes Value Set). Visit type need not be the same for the two visits.

-At least one acute inpatient encounter (see Acute Inpatient Value Set) with a diagnosis of diabetes (see Diabetes Value Set).

Pharmacy data:

-Patients who were dispensed insulin or hypoglycemics/ antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year (see Table 1).

TABLE 1. PRESCRIPTIONS TO IDENTIFY PATIENTS WITH DIABETES

Alpha-glucosidase inhibitors:

Acarbose, Miglitol

Amylin analogs:

Pramlinitide

Antidiabetic combinations:

Glimepiride-pioglitazone, Glimepiride-rosiglitazone, Glipizide-metformin, Glyburide-metformin, Metformin-pioglitazone, Metformin-rosilitazone, Metformin-sitagliptin, Saxagliptin, Sitagliptin-simvastatin

Insulin:

Insulin aspart, Insulin aspart-insulin aspart protamine, Insulin detemir, Insulin glargine, Insulin glulisine, Insulin inhalation, Insulin isophane beef-pork, Insulin isophane human, Insulin isophane-insulin regular, Insulin lispro, Insulin lispro-insulin lispro protamine, Insulin regular human, Insulin zinc human

Meglitinides:

Nateglinide, Repaglinide

Miscellaneous antidiabetic agents:

Exenatide, Liraglutide, Metformin-repaglinide, Sitagliptin

Sulfonylureas:

Acetohexamide, Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide

Thiazolidinediones:

Pioglitazone, Rosiglitazone

Assign a flag of not diabetic to patients who do not have a diagnosis of diabetes during the measurement year or year prior to the measurement year and who meet either of the following criteria:

- A diagnosis of polycystic ovaries (Polycystic Ovaries Value Set), in any setting, any time during the patient's history through December 31 of the measurement year.

- A diagnosis of gestational diabetes or steroid-induced diabetes (Diabetes Exclusions Value Set), in any setting, during the measurement year or the year prior to the measurement year.

2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

Age: 18-75 years as of December 31 of the measurement year

Benefit: Medical

Continuous Enrollment: No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the individual may not have more than a 1-month gap in coverage (i.e., an individual whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).

All patients 18-75 years of age as of December 31 of the measurement year with a serious mental illness [see SMI Value Set] and diabetes (type 1 and type 2) [see Diabetes Value Set]

The following steps should be followed to identify patients with a serious mental illness and a diagnosis for diabetes:

(1) Identify Serious Mental Illness

Step 1: Identify Patients with a serious mental illness. They must meet at least one of the following criteria during the measurement year or the year prior:

At least one acute inpatient claim/encounter with any diagnosis of schizophrenia, bipolar I disorder, or major depression using any of the following code combinations:

- BH Stand Alone Acute Inpatient Value Set with one of the following diagnoses:
  - Schizophrenia Value Set
  - Bipolar Disorder Value Set
  - Major Depression Value Set
- BH Acute Inpatient Value Set with BH Acute Inpatient POS Value Set and one of the following diagnoses:
  - Schizophrenia Value Set
  - Bipolar Disorder Value Set
  - Major Depression Value Set

At least two visits in an outpatient, intensive outpatient, partial hospitalization, ED or non-acute inpatient setting, on different dates of service, with any diagnosis of schizophrenia or bipolar I disorder. Any two of the following code combinations meet criteria:

- BH Stand Alone Outpatient/PH/IOP Value Set with one of the following diagnoses:
  - Schizophrenia Value Set
  - Bipolar Disorder Value Set
- BH Outpatient/PH/IOP Value Set with BH Outpatient/PH/IOP POS Value Set and one of the following diagnoses:
  - Schizophrenia Value Set
  - Bipolar Disorder Value Set
- ED Value Set with one of the following diagnoses:
  - Schizophrenia Value Set
  - Bipolar Disorder Value Set
- BH ED Value Set with BH ED POS Value Set and one of the following diagnoses:
  - Schizophrenia Value Set
  - Bipolar Disorder Value Set
- BH Stand Alone Nonacute Inpatient Value Set with one of the following diagnoses:
  - Schizophrenia Value Set
  - Bipolar Disorder Value Set
- BH Nonacute Inpatient Value Set with BH Nonacute Inpatient POS Value Set and one of the following diagnoses:
  - Schizophrenia Value Set
  - Bipolar Disorder Value Set

(2) Identify Diabetes

Step 2: Of the patients identified in Step 1, identify patients with diabetes (see Diabetes Value Set) during the measurement year or the year prior using the following data:

Claim/encounter data:

- At least two outpatient visits (see Outpatient Value Set), observation visits (see Observation Value Set), ED visits (ED Value Set) or nonacute inpatient encounters (see Nonacute Inpatient Value Set) on different dates of service, with a diagnosis of diabetes (see Diabetes Value Set). Visit type need not be the same for the two visits.
- At least one acute inpatient encounter (see Acute Inpatient Value Set) with a diagnosis of diabetes (see Diabetes Value Set).

Pharmacy data:

- Patients who were dispensed insulin or hypoglycemics/ antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year (see Table 1)

Both methods to identify the eligible population should be used, however, an individual need only be identified by one to be included in the measure.

TABLE 1. PRESCRIPTIONS TO IDENTIFY PATIENTS WITH DIABETES

Alpha-glucosidase inhibitors:

Acarbose, Miglitol

Amylin analogs:

Pramlinitide

Antidiabetic combinations:

Glimepiride-pioglitazone, Glimepiride-rosiglitazone, Glipizide-metformin, Glyburide-metformin, Metformin-pioglitazone, Metformin-rosilitazone, Metformin-sitagliptin, Saxagliptin, Sitagliptin-simvastatin

Insulin:

Insulin aspart, Insulin aspart-insulin aspart protamine, Insulin detemir, Insulin glargine, Insulin glulisine, Insulin inhalation, Insulin isophane beef-pork, Insulin isophane human, Insulin isophane-insulin regular, Insulin lispro, Insulin lispro-insulin lispro protamine, Insulin regular human, Insulin zinc human

Meglitinides:

Nateglinide, Repaglinide

Miscellaneous antidiabetic agents:

Exenatide, Liraglutide, Metformin-repaglinide, Sitagliptin

Sulfonylureas:

Acetohexamide, Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide

Thiazolidinediones:

Pioglitazone, Rosiglitazone

0729: Optimal Diabetes Care

Please also refer to all code lists included in the data dictionary attached in S.2b.

• 18 years or older at the start of the measurement period AND less than 76 years at the end of the measurement period

• Patient had a diagnosis of diabetes (Diabetes Value Set) with any contact during the current or prior measurement period OR had diabetes (Diabetes Value Set) present on an active problem list at any time during the measurement period. Both contacts AND the active problem list must be queried for diagnosis (Diabetes Value Set).

• At least one established patient office visit (Established Pt Diabetes & Vasc Value Set) performed or supervised by an eligible provider in an eligible specialty for any reason during the measurement period

Eligible specialties: Family Medicine, Internal Medicine, Geriatric Medicine, Endocrinology

Eligible providers: Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Advanced Practice Registered Nurses (APRN)

0076: Optimal Vascular Care

Please also refer to all code lists included in the data dictionary attached in S.2b.

Patients ages 18 years or older at the start of the measurement period AND less than 76 years at the end of the measurement period who have a diagnosis of ischemic vascular disease (Ischemic Vascular Disease Value Set) with any contact during the current or prior measurement period OR had ischemic vascular disease (Ischemic Vascular Disease Value Set) present on an active problem list at any time during the measurement period.

Both contacts AND the active problem list must be queried for diagnosis (Ischemic Vascular Disease)

AND

At least one established patient office visit (Established Pt Diabetes & Vasc Value Set) performed or supervised by an eligible provider in an eligible specialty for any reason during the measurement period.

Eligible Specialties:

Family Medicine, Internal Medicine, Geriatric Medicine, Cardiology

Eligible Providers:

Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Advanced Practice Registered Nurses (APRN)

Exclusions

0018: Controlling High Blood Pressure

This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.

Additionally, this measure excludes patients with evidence of end-stage renal disease, dialysis, nephrectomy, or kidney transplant on or prior to the December 31 of the measurement year. It also excludes female patients with a diagnosis of pregnancy during the measurement year, and patients who had a nonacute inpatient admission during the measurement year.

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.

Additionally, exclude patients who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year and who did NOT have a diagnosis of diabetes. These patients are sometimes pulled into the denominator via pharmacy data. They are then removed once no additional diagnosis of diabetes (Type 1 or Type II) is found.

2602: Controlling High Blood Pressure for People with Serious Mental Illness

All patients who meet one or more of the following criteria should be excluded from the measure:

- Evidence of end-stage renal disease (ESRD) or kidney transplant
- A diagnosis of pregnancy

2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

Patients who do not have a diagnosis of diabetes and meet one of the following criteria may be excluded from the measure:

-Patients with a diagnosis of polycystic ovaries.

-Patients with gestational or steroid-induced diabetes.

0729: Optimal Diabetes Care

Valid allowable exclusions include patients who were a permanent resident of a nursing home, pregnant, died or were in hospice or palliative care during the measurement year.

0076: Optimal Vascular Care

The following exclusions are allowed to be applied to the eligible population: permanent nursing home residents, receiving hospice or palliative care services, or died prior to the end of the measurement period.

Exclusion Details

0018: Controlling High Blood Pressure

ADMINISTRATIVE CLAIMS

Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the service began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data.

Exclude adults who meet any of the following criteria:

- Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:

-- Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.

-- Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run data of the file to determine if a patient had an LTI flag during the measurement year.

- Members 66-80 years of age as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Patients must meet BOTH of the following frailty and advanced illness criteria to be excluded:

1. At least one claim/encounter for frailty during the measurement year.

2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):

-- At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters or nonacute inpatient discharges (instructions below) on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:

1. Identify all acute and nonacute inpatient stays.

2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.

3. Identify the discharge date for the stay.

-- At least one acute inpatient encounter with an advanced illness diagnosis.

-- At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge:

1. Identify all acute and nonacute inpatient stays.

2. Exclude nonacute inpatient stays.

3. Identify the discharge date for the stay.

-- A dispensed dementia medication.

DEMENTIA MEDICATIONS

DESCRIPTION / PRESCRIPTION

Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine

Miscellaneous central nervous system agents / Memantine

- Members 81 years of age and older as of December 31 of the measurement year (all product lines) with frailty during the measurement year.

Exclude patients with evidence of end-stage renal disease, dialysis, nephrectomy, or kidney transplant on or prior to December 31 of the measurement year, female patients with a diagnosis of pregnancy during the measurement year, and patients who had a nonacute inpatient admission during the measurement year. To identify nonacute inpatient admissions:

1. Identify all acute and nonacute inpatient stays.

2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.

3. Identify the admission date for the stay.

See attached code value sets.

MEDICAL RECORD REVIEW

Exclusionary evidence in the medical record must include a note indicating diagnosis of pregnancy or evidence of a nonacute inpatient admission during the measurement year, or evidence of ESRD, dialysis, nephrectomy or kidney transplant any time during the patient's history through December 31 of the measurement year.

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

ADMINISTRATIVE CLAIMS

Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the service began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data.

Exclude adults who meet any of the following criteria:

- Medicare adults 66 years of age and older as of December 31 of the measurement year who meet either of the following:

-- Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.

-- Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run data of the file to determine if a member had an LTI flag during the measurement year.

- Adults 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and with advanced illness. Patients must meet BOTH of the following frailty and advanced illness criteria to be excluded:

1. At least one claim/encounter for frailty during the measurement year.

2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):

-- At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters nonacute inpatient discharges on different dates of services, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:

1. Identify all acute and nonacute inpatient stays.

2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.

3. Identify the discharge date for the stay.

-- At least one acute inpatient encounter with an advanced illness diagnosis.

-- At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge:

1. Identify all acute and nonacute inpatient stays.

2. Exclude nonacute inpatient stays.

3. Identify the discharge date for the stay.

-- A dispensed dementia medication

DEMENTIA MEDICATIONS

DESCRIPTION / PRESCRIPTION

Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine

Miscellaneous central nervous system agents / Memantine

Exclude patients with gestational diabetes or steroid diabetes. Codes associated with identifying these identifying exclusions are attached in a separate file with code value sets.

See attached code value sets.

MEDICAL RECORD

Exclusionary evidence in the medical record must include a note indicating the patient did NOT have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year AND had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.

2602: Controlling High Blood Pressure for People with Serious Mental Illness

All patients who meet one or more of the following criteria may be excluded from the measure:

- All patients with evidence of end-stage renal disease (ESRD) (see ESRD Value Set; ESRD Obsolete Value Set) or kidney transplant (see Kidney Transplant Value Set) on or prior to December 31 of the measurement year. Documentation in the medical record must include a dated note indicating evidence of ESRD, kidney transplant or dialysis.
- All patients with a diagnosis of pregnancy (see Pregnancy Value Set) during the measurement year.

2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

Patients who do not have a diagnosis of diabetes (see Diabetes Value Set), in any setting, during the measurement year or year prior to the measurement year and who meet either of the following criteria:

-A diagnosis of polycystic ovaries (see Polycystic Ovaries Value Set), in any setting, any time during the person's history through December 31 of the measurement year.

-A diagnosis of gestational diabetes or steroid-induced diabetes (see Diabetes Exclusions Value Set), in any setting, during the measurement year or the year prior to the measurement year.

0729: Optimal Diabetes Care

• Patient was pregnant during measurement period (ICD-10 O24.011, O24.012, O24.013, O24.019, O24.02, O24.03, O24.111, O24.112, O24.113, O24.119, O24.12, O24.13, O24.311, O24.312, O24.313, O24.319, O24.32, O24.33, O24.811, O24.812, O24.813, O24.819, O24.82, O24.83, O24.911, O24.912, O24.913, O24.919, O24.92, O24.93

• Patient was a permanent nursing home resident during the measurement period

• Patient was in hospice or palliative care at any time during the measurement period,

• Patient died prior to the end of the measurement period

0076: Optimal Vascular Care

* Patient was a permanent nursing home resident at any time during the measurement period

* Patient was in hospice or receiving palliative care at any time during the measurement period

* Patient died prior to the end of the measurement period

Risk Adjustment

0018: Controlling High Blood Pressure

No risk adjustment or risk stratification

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

No risk adjustment or risk stratification

2602: Controlling High Blood Pressure for People with Serious Mental Illness

No risk adjustment or risk stratification

2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

No risk adjustment or risk stratification

0729: Optimal Diabetes Care

Statistical risk model

0076: Optimal Vascular Care

Statistical risk model

Stratification

0018: Controlling High Blood Pressure

N/A

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

No stratification

2602: Controlling High Blood Pressure for People with Serious Mental Illness

Not applicable.

2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

Not applicable.

0729: Optimal Diabetes Care

The diabetes population is not currently stratified when publicly reported on our consumer website, MN HealthScores. The data is, however, stratified by public (MN Health Care Programs- Prepaid Medical Assistance including dual eligibles, MinnesotaCare, and General Assistance Medical Care) and private purchasers for our 2017 Health Care Disparities Report. This report notes a gap in outcomes of fifteen percentage points between diabetic patients in public programs and other purchasers. http://mncm.org/wp-content/uploads/2018/03/2017-Disparities-Report-FINAL-3.26.2018.pdf

0076: Optimal Vascular Care

The measure for the ischemic vascular disease population is not currently stratified when publicly reported on our consumer website, MN HealthScores. The data is, however, stratified by insurance product in our 2019 Health Care Disparities Reports by insurance type and race/ethnicity/language and country of origin.

https://mncm.org/wp-content/uploads/2019/04/mncm-disparities-report-by-insurance-2019.pdf

https://mncm.org/reports-and-websites/reports-and-data/health-equity-of-care-report/

These reports note gaps in outcomes for ischemic vascular disease patients in public programs versus other purchasers (6.6%) and disparities by race and ethnicity (as much as 12% for Black or African American and American Indian or Alaskan Natives)

Type Score

0018: Controlling High Blood Pressure

Rate/proportion better quality = higher score

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Rate/proportion better quality = higher score

2602: Controlling High Blood Pressure for People with Serious Mental Illness

Rate/proportion better quality = higher score

2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

Rate/proportion better quality = higher score

0729: Optimal Diabetes Care

Rate/proportion better quality = higher score

0076: Optimal Vascular Care

Ratio better quality = higher score

Algorithm

0018: Controlling High Blood Pressure

STEP 1: Determine the eligible population. To do so, identify adults who meet all specified criteria.

- AGES: 18-75 years as of December 31 of the measurement year.

- EVENT/DIAGNOSIS: Identify patients with hypertension in two ways: by claim/encounter data and by medical record data. SEE responses in S.6 and S.7 for eligible population and denominator criteria and details.

STEP 2: Exclude patients who meet the exclusion criteria. SEE responses in S.8 and S.9 for denominator exclusion criteria and details.

STEP 3: Determine the number of patients in the eligible population who had a blood pressure reading during the measurement year through the search of administrative data systems or medical record data.

STEP 4: Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record.

STEP 5: Determine whether the result was <140/90 mm Hg.

STEP 6: Calculate the rate by dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2).

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

STEP 1: Determine the eligible population. To do so, identify patients who meet all the specified criteria.

- AGES: 18-75 years as of December 31 of the measurement year.

- EVENT/DIAGNOSIS: Identify patients with diabetes in two ways: by claim/encounter data and by pharmacy data. SEE S.6 and S.7 for eligible population and denominator criteria and details.

STEP 2: Exclude patients who meet the exclusion criteria. SEE S.8 and S.9 for denominator exclusion criteria and details.

STEP 3: Determine the number of patients in the eligible population who had a blood pressure reading during the measurement year through the search of administrative data systems or medical record data.

STEP 4: Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record.

STEP 5. Determine whether the result was <140/90 mm Hg.

STEP 6: Calculate the rate by dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2).

2602: Controlling High Blood Pressure for People with Serious Mental Illness

Step 1: Identify patients with serious mental illness (schizophrenia, bipolar I disorder, and major depression).

Step 2: Identify patients from step 1 who also have a diagnosis of hypertension in claims and confirmed the hypertension diagnosis in medical records.

Step 3: Exclude patients who meet the exclusion criteria as specified in the “Denominator Exclusion Details” section. This is the denominator.

Step 4: Of those in the denominator, identify the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record.

Step 5: Calculate the rate by dividing the number of patients whose most recent blood pressure is adequately controlled by the denominator (after exclusions). 123834| 140881| 135810

2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

Step 1: Identify patients with serious mental illness.

Step 2: Identify patients from step 1 who also have a diagnosis of diabetes during the measurement year or the year prior.

Step 3: Exclude patients who meet the exclusion criteria as specified in the "Denominator Exclusion Details" section.

Step 4: Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record.

Step 5. Determine whether the result was <140/90 mm Hg.

Step 6: Calculate the rate by dividing the numerator (Step 5) by the denominator (after exclusions) (Step 3). 123834| 140881| 135810

0729: Optimal Diabetes Care

This measure is calculated by submitting a file of individual patient values (e.g. blood pressure, A1c value, etc.) to a HIPAA secure data portal. Programming within the data portal determines if each patient is a numerator case and then a rate is calculated for each clinic site. Please also refer to the measure calculation algorithms submitted within the data dictionary for this measure.

If any component of the numerator is noncompliant for any one of the five components, then the patient is numerator noncompliant for the composite patient level all-or none optimal diabetes care measure.

Numerator logic is as follows:

A1c Component:

Is the HbA1c date in the measurement period? If no, is numerator noncompliant for this component. If yes, assess next variable.

Is the HbA1c value less than 8.0? If yes, is numerator compliant for this component. If no, is numerator noncompliant for this component.

Note: A1c needs to occur during the measurement year AND most recent value less than 8.0

Assess next component.

Blood Pressure Component:

Is Blood Pressure date in the measurement period? If no, is numerator noncompliant for this component. If yes, assess next variable.

BP Systolic < 140? If no, is numerator noncompliant for this component. If yes, assess next variable.

BP Diastolic < 90? If yes, is numerator compliant for this component. If no, is numerator noncompliant for this component.

Note: BP needs to occur during the measurement year AND most recent BP systolic less than 140 AND BP diastolic less than 90

Assess next component.

Cholesterol Statin Use Component:

Is the patient on a statin medication? If yes, and most recent date is in the measurement year, is numerator compliant for this component. If no, assess next variable.

For patients not on a statin the following variables are used to assess numerator compliance related to contraindications or exceptions to statin use:

Is the patient age 18 to 20? If yes, numerator compliant (free-pass), if no, assess next variable.

Is the patient age 21 to 75? Do they have ischemic vascular disease (IVD)?

If Yes IVD, is their most recent LDL in the last five years less than 40? If Yes, numerator compliant (free-pass), if no, assess next variable.

Does the patient have a valid contraindication/ exception to statin use defined as one of the following: pregnancy, active liver disease, rhabdomyolysis, ends stage renal disease on dialysis, heart failure, breastfeeding, allergy to statin, drug-drug interaction with statin, or intolerance with documentation of trying a statin at least once in the last 5 years)? If yes, is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.

If No IVD, is the patient age 21 to 39 and is their most recent LDL in the last 5 years greater than or equal to 190? If No, numerator compliant (free-pass).

If Yes LDL greater than or equal to 190, does the patient have a valid contraindication/ exception to statin use defined as one of the following: pregnancy, active liver disease, rhabdomyolysis, ends stage renal disease on dialysis, heart failure, breastfeeding, allergy to statin, drug-drug interaction with statin, or intolerance with documentation of trying a statin at least once in the last 5 years)? If yes, is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.

If No IVD, no LDL greater than or equal to 190 for patients ages 40 to 70, is their most recent LDL in the last five years less than 70? If Yes, numerator compliant (free-pass), if no, assess next variable.

Does the patient have a valid contraindication/ exception to statin use defined as one of the following: pregnancy, active liver disease, rhabdomyolysis, ends stage renal disease on dialysis, heart failure, breastfeeding, allergy to statin, drug-drug interaction with statin, or intolerance with documentation of trying a statin at least once in the last 5 years)? If yes, is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.

Note: Patient is either on a statin (prescribed/ ordered) during the measurement year or has a valid exception either by age, presence or absence of ischemic vascular disease, low untreated LDL or valid contraindication/ exception.

Assess next component.

Tobacco-Free Component:

Is Tobacco Status = 1 (Tobacco Free) and Tobacco Assessment Date a valid date? If yes, is numerator compliant for this component. If no, is numerator noncompliant for this component. Assess next component.

Daily Aspirin/ Anti-platelet Component:

Does the patient have cardiovascular/ ischemic vascular disease? If no, is numerator compliant (free-pass), if yes assess next variable.

Is the patient on daily aspirin or an antiplatelet? If yes, and date of most recent aspirin/ anti-platelet is in the measurement year is numerator compliant, if no, assess next variable.

Does the patient have a valid contraindication/ exception to aspirin anti-platelet use defined as one of the following: anti-coagulant medication, history of gastrointestinal bleed, history of intracranial bleed, allergy, or physician documented reasons related to: risk of drug interaction, use of NSAIDS, uncontrolled HTN or gastro-intestinal reflux disease. If yes, is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.

Note: Patients with ischemic vascular disease are either on daily aspirin (indicated/ prescribed/ ordered) or an anti-platelet prescribed/ ordered) during the measurement year or has a valid contraindication/ exception.

If all of the above numerator components are in compliance, then the patient calculated as a numerator case for the optimal diabetes care measure.

0076: Optimal Vascular Care

This measure is calculated by submitting a file of individual patient values (e.g. blood pressure, tobacco status, etc) to a HIPAA secure data portal. Programming within the data portal determines if each patient is a numerator case and then a rate is calculated for each clinic site. Please also refer to the measure calculation algorithms submitted within the data dictionary for this measure.

If any component of the numerator is noncompliant for any one of the four components, then the patient is numerator noncompliant for the composite patient level all-or none optimal vascular care measure.

Numerator logic is as follows:

Blood Pressure Component:

Is Blood Pressure date in the measurement year? If no, is numerator noncompliant for this component. If yes, assess next variable.

BP Systolic < 140? If no, is numerator noncompliant for this component. If yes, assess next variable.

BP Diastolic < 90? If yes, is numerator compliant for this component. If no, is numerator noncompliant for this component.

Note: BP needs to occur during the measurement year AND most recent BP systolic less than 140 AND BP diastolic less than 90

Assess next component.

Cholesterol Statin Use Component:

Is the patient on a statin medication? If yes, and most recent date is in the measurement year, is numerator compliant for this component. If no, assess next variable.

For patients not on a statin the following variables are used to assess numerator compliance related to contraindications or exceptions to statin use:

Is the patient age 18 to 20? If yes, numerator compliant (free-pass), if no, assess next variable.

Patients age 21 to 75. Is their most recent LDL in the last five years less than 40? If Yes, numerator compliant (free-pass), if no, assess next variable.

Does the patient have a valid contraindication/ exception to statin use defined as one of the following: pregnancy, active liver disease, rhabdomyolysis, ends stage renal disease on dialysis, heart failure, breastfeeding, allergy to statin, drug-drug interaction with statin, or intolerance with documentation of trying a statin at least once in the last 5 years)? If yes, is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.

Note: Patient is either on a statin (prescribed/ ordered) during the measurement year or has a valid exception either by age, presence or absence of ischemic vascular disease, low untreated LDL or valid contraindication/ exception.

Assess next component.

Tobacco-Free Component:

Is Tobacco Status = 1 (Tobacco Free) and Tobacco Assessment Date a valid date? If yes, is numerator compliant for this component. If no, is numerator noncompliant for this component. Assess next component.

Daily Aspirin/ Anti-platelet Component:

Is the patient on daily aspirin or an antiplatelet? If yes, and date of most recent aspirin/ anti-platelet is in the measurement year is numerator compliant, if no, assess next variable.

Does the patient have a valid contraindication/ exception to aspirin anti-platelet use defined as one of the following: anti-coagulant medication, history of gastrointestinal bleed, history of intracranial bleed, allergy, or physician documented reasons related to: risk of drug interaction, use of NSAIDS, uncontrolled HTN or gastro-intestinal reflux disease. If yes, is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.

Note: Patients are either on daily aspirin (indicated/ prescribed/ ordered) or an anti-platelet prescribed/ ordered) during the measurement year or has a valid contraindication/ exception.

If all of the above numerator components are in compliance, then the patient calculated as a numerator case for the optimal vascular care measure.

Submission items

0018: Controlling High Blood Pressure

5.1 Identified measures: 0061 : Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

2602 : Controlling High Blood Pressure for People with Serious Mental Illness

2606 : Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact: There are several related measures that assess blood pressure control but are either focused on different population, use different data sources or are specified at different levels of accountability than NQF 0018. Measure 0061 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level is <140/90 mm Hg. Measure 2602 is NQF endorsed as a single measure that uses health plan reported data to assess the

percentage of patients 18-85 years of age with serious mental illness who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year. Measure 2606 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) whose most recent blood pressure reading during the measurement year is <140/90 mm Hg. Measure 0076 is NQF endorsed as a composite measure (all or nothing) that uses physician reported data to assess the percentage of adult ischemic vascular disease patients, 18-75 years of age, who have optimally managed modifiable risk factors including blood pressure and three other indicators. Measure 0729 is NQF endorsed as a composite measure (all or nothing) that uses physician reported data to assess the percentage of adult diabetes patients, 18-75 years of age, who have optimally managed modifiable risk factors including blood pressure and four other indicators. HARMONIZED MEASURE ELEMENTS: All measures described above focus on a blood pressure target of <140/90 mm Hg. UNHARMONIZED MEASURE ELEMENTS: - Data Source and Level of Accountability: Measures 0018, 0061, 2602, and 2606 are collected through administrative claims and/or medical record review using health plan reported data. Measures 0076 and 0729 are collected through medical record abstraction and reported at the physician level of accountability. - Population Focus: Measure 0018 is focused on the general population of people with hypertension while the other measures focus on either diabetes, serious mental illness with diabetes, or serious mental illness with hypertension. - Age Range: Measures 0018 and 2602 focus on adults 18-85 while the other measures focus on adults 18-75. IMPACT ON INTERPRETABILITY?AND DATA COLLECTION BURDEN:? The differences between measures 0018, 0061, 2602, and 2606 do not have an impact on interpretability of?publicly?reported rates or an impact on data collection burden as the measures are focused on different populations. The differences between 0018, 0076, and 0729 also do not have an impact on interpretability of publicly reported rates or an impact on data collection burden because the data for each measure is collected from different data sources by different entities.

5b.1 If competing, why superior or rationale for additive value: NA

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

5.1 Identified measures:

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact: Measure 0061 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level is <140/90 mm Hg. Measure 0729 is a composite measure (all or nothing) that uses physician reported data to assess the percentage of adult diabetes patients who have optimally managed modifiable risk factors including blood pressure and four other indicators. NCQA's measure 0061 is included with five other NCQA diabetes measures. The five other diabetes measures are individually NQF endorsed (Endocrine Maintenance Phase 1). Together, the six NCQA individual diabetes measures (including measure 0061) make a set of diabetes HEDIS measures but are not considered all or nothing. NCQA uses individual measures to provide health plans and others the opportunity to measure, report and incentivize each aspect of quality care for the diabetes population. HARMONIZED MEASURE ELEMENTS: Measures 0061 and 0729 both focus on an adult patient population 18-75 years of age with diabetes (type 1 and type 2). Both

measures assess whether the patient's most recent blood pressure level in the measurement period was <140/90 mm Hg. Both measures also specify denominator visit criteria to include patients with at least two outpatient visits in the last two years with a diagnosis of diabetes. UNHARMONIZED MEASURE ELEMENTS: - Data Source: Measure 0061 is collected through administrative claims and/or medical record. Measure 0729 is collected through medical record abstraction. - Level of Accountability: Measure 0061 is a health plan level measure and is used in NCQA's clinical quality and recognition programs (See 4.1 Usability and Use). Measure 0729 is a physician level measure. - Data Elements: Measure 0061 uses two methods to identify patients in the denominator 1) claims/encounter data with a diagnosis of diabetes and 2) pharmacy data for insulin or hypoglycemic/antihyperglycemics (see S.7 Denominator Details). Measure 0729 uses encounter data with a diagnosis for diabetes to identify patients in the denominator. NCQA uses two identification methods to ensure that only patients with diagnosed diabetes are included in the denominator. - Exclusions: Exclusions for measures 0061 and 0729 are substantially aligned with some variation due to differences in health plan and clinician level reporting. IMPACT ON INTERPRETABILITY AND DATA COLLECTION BURDEN: The differences between these measures do not have an impact on interpretability of publicly reported rates. There is no added burden of data collection because the data for each measure is collected from different data sources by different entities.

5b.1 If competing, why superior or rationale for additive value: N/A

2602: Controlling High Blood Pressure for People with Serious Mental Illness

5.1 Identified measures: 0018 : Controlling High Blood Pressure

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact: This measure was adapted from the existing measure (Controlling High Blood Pressure NQF #0018) for the subpopulation of people with serious mental illness who have a higher risk of disease and for whom there is evidence of disparity in treatment compared to the general population. The numerator of this measure is consistent with the measure used for the general population while the denominator has been adapted to facilitate an adequate number of individuals with serious mental illness. NCQA is the owner and steward of the existing NQF-endorsed measure and the specifications are harmonized. Building on this existing measure helps to reduce the burden of implementation for organizations and to align incentives for providers and organizations to focus on key quality of care issues. Note: The specifications for the existing measure (Controlling High Blood Pressure NQF #0018) have been updated based on 2013 JNC-8 guidelines. NCQA will submit the revised specification for Controlling High Blood Pressure NQF #0018 in the 4th quarter 2014 during NQF's scheduled measure update period. This measure uses the new specification to be consistent with the current guideline.

5b.1 If competing, why superior or rationale for additive value: Not applicable.

2606: Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

5.1 Identified measures: 0061 : Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact: This measure was adapted from the existing measure (Comprehensive Diabetes Care: Blood Pressure Control <140/90 mm Hg NQF #0061) for the subpopulation of people with serious mental illness who have a higher risk of disease and for whom there is evidence of disparity in treatment compared to the general population. The numerator of this measure is consistent with the measure used for the general population while the denominator has been adapted to focus on individuals with serious mental illness. NCQA is the current owner and steward of the existing NQF-endorsed measure and the specifications are harmonized. Building on this existing measure helps to reduce the burden of implementation for organizations and to align incentives for providers and organizations to focus on key quality of care issues.

5b.1 If competing, why superior or rationale for additive value: Not applicable.

0729: Optimal Diabetes Care

5.1 Identified measures: 0061 : Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

0545 : Adherence to Statins for Individuals with Diabetes Mellitus

0575 : Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

2712 : Statin Use in Persons with Diabetes

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: Denominator differences due to data source, different composite measure construct and philosophical beliefs of our measure development work group. Please see 5b.1.

5b.1 If competing, why superior or rationale for additive value: 2 measures are part of a composite measure that is stewarded by NCQA.

0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

NCQA's composite is a different measure construct; it is calculated at the physician panel level (what percentage of my patients have an A1c < 8.0, what percentage had BP < 140/90) but is not a patient level composite. MNCM believes that its patient level all-or-none composite is superior, patient-centric (not provider centric) and individual patients achieving as many health targets as possible only increases their likelihood of reducing long term microvascular and macrovascular complication of diabetes.

These two measure's numerators are harmonized.

We have philosophical differences in the denominator definitions and this is due in part to the data source. NCQA uses claims data to identify diabetic patients, MNCM used EMR based data. NCQA's methodology looks for diabetes diagnosis codes but additionally will include patients on oral medications and insulin who do not have the diagnosis. We also believe that is important to exclude diabetic women who are currently pregnant during the measurement year, related to cholesterol management. NCQA's denominator value sets intentionally include these patients.

This measure is related (but not exactly the same)

0545: Adherence to Statins for Individuals with Diabetes Mellitus (CMS)

Uses the same denominator definition as the NCQA composite. From information available in QPS, it does not appear that there are exceptions to this measure related to liver disease, rhabdomyolysis, pregnancy, etc. This is different from our planned cholesterol

component for statin use. We believe our cholesterol component is superior in that it takes into account patient safety.

This measure is related (but not exactly the same)

2712: Statin Use in Persons with Diabetes (PQA)

This measure uses a different data source; pharmacy claims. Because the data source relies on filled prescriptions, the only way to identify the denominator is if the patient is on a diabetes drug, which does not encompass all diabetic patients that should be on a statin. Exclusions for this measure do not take into account the exceptions and contraindications for use of statins. We believe our cholesterol component is superior.

0076: Optimal Vascular Care

5.1 Identified measures: 0067 : Chronic Stable Coronary Artery Disease: Antiplatelet Therapy

0543 : Adherence to Statin Therapy for Individuals with Cardiovascular Disease

0068 : Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet

0073 : Ischemic Vascular Disease (IVD): Blood Pressure Control

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: There are some differences noted in the denominator definitions, source data and settings of care. #0068 Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet AND #0073 Ischemic Vascular Disease (IVD): Blood Pressure Control are most closely related to the components of our measure, however this measure focuses on the inpatient setting and only patients discharged with acute myocardial infarction, coronary bypass graft or percutaneous coronary interventions. #0067 Chronic Stable Coronary Artery Disease: Antiplatelet Therapy focuses only on patients with coronary artery disease; however from specifications available through QPS not able to compare diagnosis code definitions. This measure, #0076 Optimal Vascular Care is more inclusive with a denominator definition of ischemic vascular disease (atherosclerosis of coronary and peripheral arteries) #0543 Adherence to statin therapy for individuals with cardiovascular disease. This medication claims based measure's denominator is more aligned with our intent (coronary, cerebrovascular and peripheral artery disease), however endorsement was removed in 2015.

5b.1 If competing, why superior or rationale for additive value: There are other similar measures that address three of the four components separately, but no currently endorsed measure exists that is a patient level all-or-none composite measure.

0076 Optimal Vascular Care is superior to the newly submitted measure for consideration because its measure construct additionally includes:

* contraindications and exceptions to statin use

* risk adjustment; actual and expected rates reported

* allowable exclusions for potentially frail older adults age 65 to 75 (hospice or palliative services, nursing home, death)

Appendix F: Pre-Evaluation Comments

No comments received as of January 28, 2020.

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