

NATIONAL QUALITY FORUM
GI/GU Measures and Concepts

Measure Number	Title	Description	Developer
0030	Urinary Incontinence Management in Older Adults - a. Discussing urinary incontinence, b. Receiving urinary incontinence treatment	This is a patient-reported measures collected through the Health Outcomes Survey with two rates that address management of urinary incontinence in older adults.	NCQA
0098	Urinary Incontinence: Assessment, Characterization, and Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older – an administrative measure	This is a clinical performance measure which assesses whether women age 65+ were provided appropriate treatment for urinary incontinence (UI). This measure has three rates: Assessment for UI: Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months. Characterization of UI: Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence whose urinary incontinence was characterized at least once within 12 months Plan of Care for UI: Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence with a documented plan of care for urinary incontinence at least once within 12 months	NCQA
0622	GERD - Upper Gastrointestinal Study in Adults with Alarm Symptoms	The percentage of adult patients with gastroesophageal reflux disease (GERD) with alarm symptoms who have had an upper gastrointestinal study.	ActiveHealth
0635	Chronic liver disease - Hepatitis A vaccination	The percentage of adult patients with chronic liver disease who have received a hepatitis A vaccine	ActiveHealth
0658	Endoscopy/polyp surveillance: Appropriate follow-up interval for normal colonoscopy	Percentage of patients aged 50 years and older receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report.	AMA-PCPI
0659	Endoscopy/Poly Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps- Avoidance of Inappropriate Use	Percentage of patients aged 18 years and older receiving a surveillance colonoscopy, with a history of a prior colonic polyp in previous colonoscopy findings who had a follow-up interval of 3 or more years since their last colonoscopy documented in the colonoscopy report	AMA-PCPI

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C2037	Objective characterization of pelvic organ prolapse, including the bladder and the urethra, prior to surgery	Percentage of female patients with a complete characterization of the degree of prolapse in each vaginal compartment, using a validated, objective measurement system (e.g. POP-Q or Baden/Walker) prior to surgery for pelvic organ prolapse.	AUGS
C2038	Performing vaginal apical suspension (uterosacral, iliococcygeus, sacrospinous or sacral colpopexy) at the time of hysterectomy to address uterovaginal prolapse	Percentage of female patients undergoing hysterectomy for the indication of uterovaginal prolapse in which a concomitant vaginal apical suspension (i.e. uterosacral, iliococcygeus, sacrospinous or sacral colpopexy) is performed.	AUGS
C2049	Complete Workup for Assessment of Stress Urinary Incontinence Prior to Surgery	Percentage of female patients who had SUI surgery and who received a complete workup assessing stress urinary incontinence and for whom SUI is objectively demonstrated within 12 months prior to surgery	AUA
C2050	Patient counseling on treatment options, including behavioral and surgical treatments prior to SUI surgery	Percentage of female patients who had SUI surgery for whom there was documentation that treatment options were discussed with the patient, including behavioral and surgical treatments, and expectations for treatment (discuss cure/dry rates)	AUA
C2051	Patients Counseled About Risks Associated with the Use of Mesh in Sling Surgery Prior to Surgery	Percentage of female patients who undergo mesh sling surgery for whom there was documentation that they were counseled about the risks associated with the use of mesh in sling surgery (erosion/extrusion, pain, permanence) prior to surgery	AUA
C2052	Reduction of Complications through the use of Cystoscopy during Surgery for Stress Urinary Incontinence	Percentage of SUI surgeries for which cystoscopy was used during the surgical procedure to reduce complications	AUA
C2054	Assessment of treatment within one year of SUI surgery	Percentage of female patients who had SUI surgery, who had an assessment of response to surgical treatment performed within 1 year post-surgery	AUA

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C2056	Colonoscopy Quality Index	This is a composite measure of the percentage of patients undergoing screening or surveillance colonoscopy who meet all individual quality elements (Appropriate indication for colonoscopy, standardized assessments of medical risk and bowel preparation, complete examination with photo documentation, free of serious complications, withdrawal time recorded, all essential polyp information recorded if polyp(s) identified, recommendation for follow-up colonoscopy consistent with patient history and examination findings), and the completion rate of each individual quality element.	Quality Quest for Health of Illinois
C2059	IBD preventive care: corticosteroid sparing therapy	Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease who have been managed by corticosteroid* greater than or equal to 10mg/day for 60 or greater consecutive days that have been prescribed corticosteroid sparing therapy in the last reporting year.	AGA
C2062	IBD preventive care: corticosteroid related iatrogenic injury – bone loss assessment	Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease who have received dose of corticosteroids greater than or equal to 10 mg/day for 60 or greater consecutive days were assessed for risk of bone loss once per the reporting year.	AGA
C2063	Appropriate use of cystoscopy in pelvic prolapse repair	Percentage of patients that undergo concurrent cystoscopy at the time of surgery for correction of anterior and/or apical vaginal prolapse to check for lower urinary tract injury	AUGS
C2065	GI Hemorrhage Mortality Rate (IQI #18)	Percent of discharges with an in-hospital death among cases with a principal diagnosis of gastrointestinal hemorrhage	AHRQ