Primary Care and Chronic Illness, Fall 2018 Cycle: CDP Report

TECHNICAL REPORT

August 14, 2019

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NATIONAL QUALITY FORUM

Contents

Primary Care and Chronic Illness, Fall 2018 Cycle

TECHNICAL REPORT

Executive Summary

The Primary Care and Chronic Illness Standing Committee oversees a measure portfolio that includes endocrine conditions; nonsurgical eyes, ears, nose, and throat conditions; infectious disease; musculoskeletal disorders; and pulmonary diseases.

For this project, the Standing Committee evaluated one newly submitted measure and one measure undergoing maintenance review based on NQF's standard evaluation criteria; both measures were endorsed:

- 0729 Optimal Diabetes Care (MN Community Measurement)
- 3475e Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture (Centers for Medicare & Medicaid Services/NCQA)

Brief summaries of the measures currently under review are included in the body of the report; detailed summaries of the Committee's discussion and ratings of the criteria for each measure are provided in Appendix A.

Introduction

For many Americans, primary care providers serve as their most common contact point with the healthcare system. As such, primary care has a central role in improving the health of people and populations. Primary care practitioners work with each patient to manage their health. In the primary care setting, the diagnosis and treatment of the patient is focused on the health of the entire patient and not a single disease.

Chronic illnesses are long-lasting or persistent health conditions or diseases that patients and providers must manage on an ongoing basis. The incidence, impact, and cost of chronic disease is increasing in the United States. For example, more than 30 million Americans (9.4 percent) are living with diabetes, and more than 26 million (8.1 percent) are living with asthma.[1,2] Nearly 25 percent of women over age 65 have osteoporosis.[3] In 2017, the U.S. spent $237 billion on diabetes care and $56 billion on asthma-related care, representing two of the most expensive health conditions in the United States.[4] The costs for bone fractures due to osteoporosis are estimated to be $19 billion a year.[5]

High-quality performance measurement that captures the complexity of primary care and chronic illnesses is essential to improve diagnosis, treatment, and management of conditions. NQF will review measures in these important healthcare areas under a consolidated measure portfolio that reflects the importance of caring for chronic illness in primary care settings. Measures may focus on nonsurgical eyes or ears, nose, and throat conditions; diabetes care, osteoporosis; HIV; rheumatoid arthritis; gout; back pain; asthma; chronic obstructive pulmonary disease (COPD); and acute bronchitis.

NQF Portfolio of Performance Measures for Primary Care and Chronic Illness

The Primary Care and Chronic Illness Standing Committee (Appendix C) oversees NQF's portfolio of Primary Care and Chronic Illness measures (Appendix B) that includes measures for seven subtopics. This portfolio contains 55 measures: 46 process measures, one intermediate clinical outcome measure, seven outcome measures, and one composite measure (see Table 1).

Table 1. NQF Primary Care and Chronic Illness Portfolio of Measures

	Process	Outcome	Intermediate Clinical Outcome	Composite
EENT	13	–	–	–
Endocrine	12	5	–	1
Health and Well-Being	–	–	1	–
Infectious Disease	8	2	–	–
Musculoskeletal	7	–	–	–
Patient Safety	1	–	–	–
Pulmonary and Critical Care	5	–	–	–
Total	46	7	1	1

Some other measures related to primary care and chronic illness have been assigned to other portfolios. These include functional status measures (Patient Experience and Function), opioid use measures

(Patient Safety and Behavioral Health), diabetes-related admission rate measures (Prevention and Population Health), and a variety of condition- or population-specific measures (Cardiovascular, Pediatric, Geriatric and Palliative Care, etc.).

Primary Care and Chronic Illness Measure Evaluation

On February 4 and 5, 2019 the Primary Care and Chronic Illness Standing Committee evaluated one new measure and one measure undergoing maintenance review against NQF's standard evaluation criteria.

Table 2. Primary Care and Chronic Illness Measure Evaluation Summary

	Maintenance	New	Total
Measures under consideration	1	1	2
Measures endorsed	1	1	2

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 April 16, 2019. As of January 25, 2019, one comment was submitted and shared with the Committee prior to its initial deliberations during the evaluation webinars (Appendix F).

Comments Received After Committee Evaluation

The continuous 16-week public commenting period with NQF member support closed on April 16, 2019. Following the Committee's evaluation of the measures under consideration, NQF received five comments from four member organizations and individuals pertaining to the draft report and to the measures under consideration. All comments for each measure under consideration have been summarized in Appendix A.

Throughout the 16-week 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 expressed support for the measures. Two members did not support measure 0729, and one member did not support measure 3475e.

Overarching Issues

During the Standing Committee's discussion of the measures, two overarching issues emerged that were factored into the Committee's ratings and recommendations for multiple measures and are not repeated in detail with each individual measure.

Concerns Related to Health Disparities

The Committee noted in discussions of both measures that there are likely differences in performance based on social determinants of health and asked for additional information from the developers to investigate those differences.

Appropriate Measurement Targets

The Committee spent some time discussing how guidelines and best practices as well as evidence from research can assist in determining the right targets within quality measures. For example, the Committee questioned the appropriateness of a 9 percent HbA1c clinical target and pointed to literature that might lend itself to stricter control goals. The Committee had a comparable discussion with the dual energy x-ray absorptiometry (DXA) scan measure, questioning if a target of reducing inappropriate scans was really an issue when so many women are not receiving appropriate therapy to begin with. Ultimately, the Committee determined that the risks associated with stricter clinical targets and an increase in false positives from over screening would outweigh the benefits of changing the measure specifications.

Summary of Measure Evaluation

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

0729 Optimal Diabetes Care (MN Community Measurement): Endorsed

Description: 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

Measure Type: Composite; **Level of Analysis**: Clinician Group/Practice; **Setting of Care**: Outpatient Services; **Data Source**: Electronic Health Records, Paper Medical Records

NQF 0729 is an all-or-none composite measure covering management of several components of diabetes care, first endorsed in 2011. During the discussion, the Committee noted that there is a lack of evidence provided for the contention that utilizing all five individual subcomponents leads to improved outcomes, as opposed to the individual component measures. The Committee's concern over the all-or-none composite was counterbalanced by the recognition that each of the components of the measure represents a critical element in good diabetes care. The Committee had some discussion about the individual components of this composite. Some Committee members recalled the conversation from its last maintenance review and the Committee's concerns that the measure targets "mild" diabetic patients. Committee members mentioned that the level of Current Procedural Terminology (CPT) and

Systematized Nomenclature of Medicine -- Clinical Terms (SNOMED CT) coding is still not advanced enough to identify the level of tobacco cessation in an electronic medical record (EMR).

Committee members noted varying recommendations for evidence on HbA1c and what is considered good control. The Committee noted a wide variation in performance (9 percent to 63.4 percent), which the developer explained by noting that some clinics are not performing as well as others. In addition, another Committee member wanted more information on whether gender differences are addressed in the measure's risk adjustment, especially in statin use; the Committee member also noted that women and African Americans tend to have more difficulty stopping smoking. However, the developer clarified that in the risk adjustment model there were no statistical differences when looking at gender. In the statin component, gender is addressed by excluding pregnancy, breastfeeding, and women not actively taking birth control. In regards to the conflicting guidelines on blood pressure, the Committee agreed with the developer to leave the blood pressure target of less than 140/90 as they felt lowering that target would lead to more harm versus benefits. The Committee discussed the composite measure's construction as an all-or-none measure, with some disagreement on this, but ultimately the measure passed this criterion.

The NQF Scientific Methods Panel passed the measure on reliability, validity, and composite construct of the measure. The Committee supported the Methods Panel's recommendation; however, they questioned the reliability and validity, based on Minnesota data and inquired if it could be replicated in other parts of the country, as Minnesota has a higher level of electronic health record (EHR) use. One Committee member did recommend weighting the components of this composite measure, which are not currently weighted. The Committee elected to vote on the scientific acceptability of the composite construction, rather than accept the Scientific Methods Panel's recommendation. The measure ultimately passed this criterion.

The Committee also inquired about patient involvement in the development of the measure. The developer clarified that patients with diabetes and consumers are involved in the development and maintenance of the measure, and patients provide direct feedback via workgroups. The developer also noted that they are also active with the American Diabetes Association. Overall, the Committee agreed on the importance and scientific merits of this measure and recommended it for continued endorsement.

During the May 6, 2019 post-comment web meeting, the evidence on the A1c and/or blood pressure control components and the all-or-none composite construction were re-discussed by some of the Standing Committee members. NQF stated that the Standing Committee could vote to reconsider their previous recommendation if they wished to do so. The Standing Committee voted on whether they would like to reconsider their previous recommendation of continued endorsement for 0729 and elected not to do so.

3475e Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture (NCQA): Endorsed

Description: Percentage of female patients 50 to 64 years of age without select risk factors for osteoporotic fracture who received an order for a dual-energy x-ray absorptiometry (DXA) scan during

the measurement period. **Measure Type**: Process: Appropriate Use; **Level of Analysis**: Clinician: Individual; **Setting of Care**: Outpatient Services; **Data Source**: Electronic Health Records

NQF 3475e is a new eMeasure assessing the percentage of female patients ages 50-64 who received an order for a DXA scan, without having selected risk factors; it is intended to reduce overuse of DXA scans. The Committee had some concerns with the evidence behind the measure, noting that the measure could possibly discourage the use of bone density scans, and fractures can be very serious. Committee members also noted some exclusions were missing, but the developer noted that more could be added in future iterations of the measure. The developer stated that the scans are overused in white and Asian women, but there was some disagreement on whether the scans are in fact underused in Hispanic and African American women, and Committee members noted that the rates of osteoporosis are increasing in Hispanic and African American women, which may be an actual rate increase, or it may be that women are actually getting diagnosed.

During the reliability discussion at the measure evaluation web meeting, Committee members were concerned with the amount of time it would take providers to collect the information needed for the measure, and noted that the measure has been tested with high-level EHR users, who may not be representative of regular measure users. However, the developer explained that they can only test the measure with sites that agree to work with them, who tend to be high-level users. Committee members had serious concerns with the validity of the measure, again raising the threats of the limited exclusions and the idea that if a condition is not listed in the EHR, it is not present. (Health records may not include all risks needed to calculate the measure.) The Committee did not reach consensus on validity at the measure evaluation web meeting.

During the feasibility discussion, the Committee noted some concerns: Providers will need to have extensive conversations with patients to collect all relevant information (which will lengthen visits), and access to risk-assessment tools in the EHR is lacking. The measure did not pass feasibility, which is not a must-pass criterion. During the usability and use discussion, the Committee again raised serious concerns around the exclusion criteria and potential negative unintended consequences. The Committee noted that there has been a large increase in the types and number of health conditions that have turned into chronic illnesses and that will result in more women developing poor bone mass earlier in life and that it is important not to inappropriately reduce testing in patients who should be tested. Since the Committee did not reach consensus on validity at the measure evaluation web meeting, a must-pass criterion, the Committee did not vote on an overall recommendation for endorsement at that meeting.

Following the close of the public commenting period on April 16, the Committee re-convened for the post-comment web meeting on May 6. During the web meeting, the developer noted that Fracture Risk Assessment Tool (FRAX) score is an optional tool and not required in the measure. There are other proxies to the FRAX tool which were vetted through the developer's expert panel which can be used in this measure.

In addition, the developer emphasized that the measure currently has 27 exclusions, which were determined through an extensive literature review and vetted by their expert panel. In response to the

NQF Standing Committee concerns around not including COPD, transplants, cranial radiation, and/or cancer in the denominator exclusion of this measure, the developer re-reviewed the evidence following the February 2019 measure evaluation web meeting and shared their findings during the post-comment web meeting. The developer's findings did not warrant addition of the exclusions to the measure at this time. The Standing Committee was satisfied that the developer would continue to evaluate additional exclusions for the measure.

After reviewing the comment received and the developer's response, the Standing Committee re-voted on the validity criterion at the May 6, 2019 post-comment web meeting. The Standing Committee passed the measure on the validity subcriterion, and next voted on overall endorsement of the measure. The Standing Committee recommended the measure for overall endorsement.

Measures Withdrawn from Consideration

Two measures previously endorsed by NQF have not been re-submitted for maintenance of endorsement or were withdrawn during the endorsement evaluation process. Endorsement for these measures was removed.

Table 3. Measures Withdrawn from Consideration

Measure	Reason for withdrawal
2362 Glycemic Control - Hyperglycemia	The measure developer withdrew this measure from endorsement consideration because it is no longer in use.
2363 Glycemic Control - Hypoglycemia	The measure developer withdrew this measure from endorsement consideration because it is no longer in use.

References

1 Centers for Disease Control and Prevention (CDC). *National Diabetes Statistics Report, 2017.* Atlanta, GA: CDC; 2017. https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf. Last accessed March 2019.

2 Asthma and Allergy Foundation of America. Asthma Facts web site. https://www.aafa.org/asthma-facts/. Last accessed March 2019.

3 Centers for Disease Control and Prevention. FastStats - Osteoporosis web site. https://www.cdc.gov/nchs/fastats/osteoporosis.htm. Last accessed March 2019.

4 American Diabetes Association. Economic Costs of Diabetes in the U.S. in 2017. *Diabetes Care*. 2018;41(5):917-928.

5 National Osteoporosis Foundation. Learn What Osteoporosis Is and What It's Caused By web site. https://www.nof.org/patients/what-is-osteoporosis/. Last accessed March 2019.

Appendix A: Details of Measure Evaluation

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

Measures Endorsed

0729 Optimal Diabetes Care

Submission | Specifications

Description: 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.

Numerator Statement: 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

Denominator Statement: 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.

Exclusions: 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.

Adjustment/Stratification: Statistical risk model; 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

Level of Analysis: Clinician: Group/Practice

Setting of Care: Outpatient Services

Type of Measure: Composite

Data Source: Electronic Health Records, Paper Medical Records

Measure Steward: MN Community Measurement

STANDING COMMITTEE MEETING 2/9/2019

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

(1a. Evidence, 1b. Performance Gap, 1c. Composite Construct)

- 1a. Evidence: **H-0; M-13; L-4; I-1**; 1b. Performance Gap: **H-10; M-5; L-2; I-0;** 1c. Composite – Quality Construct and Rationale: **H-2; M-10; L-4; I-2**

Rationale:

- This new measure assesses percentage of patients with diabestes aged 18-75 whose diabetes was optimally managed through HbA1c control, blood pressure control, statin usage, tobacco abstainment, and use of anti-platlet medication if the patient has ischemic vascular disease.
- The Committee noted that there is a lack of evidence provided for the contention that utilizing all 5 individual subcomponents leads to improved outcomes. The Committee had some discussion about the individual components of this composite.
- Some Committee members recalled the conversation from the last maintenance review of this measure where the Committee expressed concerns that the measure targets “mild” diabetic patients, and does not seem to address the needs of advanced or complicated diabetes.
- Committee members mentioned that the level of CPT and SNOMED coding is still not advanced enough to identify the level of tobacco cessation in an EMR.
- Committee members noted varying recommendations for evidence on H1Ac and what is considered good control. The Committee noted a wide variation in performance (9% to 63.4%), which the developer explained as some clinics are not performing as well as others.
- In addition, one Committee member wanted more information on whether gender differences are addressed in the measure’s risk adjustment, especially in statin use; the Committee member also noted that women and African Americans tend to have more difficulty stopping smoking. However, the developer clarified that in the risk adjustment model there were no statistical differences when looking at gender. In the statin component, gender is addressed by excluding pregnancy, breastfeeding, and women not actively taking birth control.
- In regards to the conflicting guidelines on blood pressure, the Committee agreed with the measure developer to leave blood pressure target of less than 140/90 as they believed lowering that target would lead to more harm versus benefits.
- The Committee discussed the composite measure’s construction as an all-or-none measure, with some disagreement on this, but ultimately the measure passed this criterion during the measure evaluation web meeting.
- During the post-comment web meeting, the all-or-none construct discussion was brought up again. Some Committee members were concerned that meeting all five components was

"aspirational" and that good providers can be penalized for only meeting four of the five components, while still providing quality care. One Committee member believed this measure will result in disparities of care because of the all-or-none nature of the measure. During the May 6, 2019 post-comment web meeting, the conversation led to the Committee voting on whether they would like to reconsider their previous recommendation of continued endorsement for 0729. The Standing Committee vote results did not achieve >60% of votes needed to reconsider their previous recommendation of continued endorsement of 0729 Optimal Diabetes Care, and the measure remained recommended for endorsement

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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; 2c. Composite Construction)

2a. Reliability: **Accept Scientific Methods Panel's Recommendation: Y-17; N-1;** 2b. Validity: **Accept Scientific Methods Panel's Recommendation: Y-16; N-1;** 2c. Composite Construction: **H-0; M-14; L-2; I-2**

<u>Rationale</u>:

- The NQF Scientific Methods Panel passed the measure on reliability, validity, and composite construct of the measure.
- The Committee supported the Methods Panel's recommendation, however, they questioned the reliability and validity, based on Minnesota data and inquired if it could be replicated in other parts of the country, as Minnesota has a higher level of EHR use.
- One Committee member did recommend weighting of the components of this composite measure, which are not currently weighted.
- The Committee elected to vote on the scientific acceptability composite construction, rather than accept the Scientific Methods Panel recommendation.

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3. Feasibility: H-4; M-9; L-1; I-2

(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 viewed the measure as generally feasible, but expressed some concerns related to the rates of EMR utilization in the population tested as potentially biasing the results.
- The measure was tested in Minnesota, which has high EMR adoption rates. The Committee noted that areas with lower EMR implementation and higher reliance on paper records would find this measure to be less feasible.
- The measure developer noted that abstractions from paper records could be used to calculate the measure.
- The Committee noted that as EMR adoption becomes more universal, the feasibility of the measure will only improve.

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-15; No Pass-1** *4b. Usability:* **H-3; M-9; L-3; I-2**

Rationale:

- The Committee also inquired on patient involvement in the development of the measure. The developer clarified that patients with diabetes and consumers are involved in the development and maintenance of the measure, and patients provide direct feedback via workgroups.
- The developer also noted that they are active with the American Diabetes Association.

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5. Related and Competing Measures

- This measure is related to, but not competing with, three NQF endorsed measures:
    - 0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)
    - 0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)
    - 2712: Statin Use in Persons with Diabetes

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6. Standing Committee Recommendation for Endorsement: **Y-12**; **N-6**

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7. Public and Member Comment

- One pre-evaluation public comment on NQF 0729 was submitted by the American Medical Association and shared with the Committee prior to the measure evaluation meeting.
    - The AMA is concerned that the composite does not adequately address the guideline recommendations from the Institute for Clinical Systems Improvement (ICSI) cited in the evidence form as well as the American College of Physicians' guidance statement update on hemoglobin A1c (HbA1c) targets (Qasseem, 2018).

- Four post-evaluation public comments were submitted for 0729. Two members submitted comments supporting NQF 0729. One purchaser group noted that its use of the measure helped drive improvement in optimal diabetes care outcomes in Minnesota from 6 percent to 45 percent over a 12-year period. A second health professional group also noted that its use of the measure has resulted in significant improvement in results and outcomes.
- Two members submitted post-evaluation comments indicating opposition to this measure. Both were concerned that the composite does not adequately address recommendations from specific guidelines in the specifications and risk model, and that the measure is not focused on patient-centered, individualized HbA1c goals and/or blood pressure control. One commenter also noted opposition to "all-or-none" composite measures, stating that they are inappropriate for use in value-based payment systems as they penalize providers who meet 0/5 or 4/5 components equally. Additionally, this commenter noted that some of the components are process measures, while others measure outcomes that are highly impacted by social determinants of health, which individual practices cannot control.

NQF Response:
The Committee reviewed the comments and developer's response during the May 6, 2019 Post-Comment Web Meeting. NQF stated that the Standing Committee could vote to reconsider their previous recommendation if they wished to do so. The Standing Committee voted on whether they would like to reconsider their previous recommendation of continued endorsement for 0729, and the majority of the Standing Committee elected not to do so. The measure continued to be recommended for endorsement by the Standing Committee.

Measure Steward/Developer Response:
Thank you for your comments. As discussed in more detail below (see comment table on project page for additional developer response/rationale), MNCM believes that the HbA1c component of the measure is consistent with current evidence and guidelines while appropriately balancing the benefits and potential harms of managing patients to this target. Additionally, MNCM believes that the all-or-none composite measure construct is a patient-centric measure that is more likely to reduce risk, prevent or reduce complications and maximize health outcomes by simultaneously achieving several intermediate physiological targets and medication adherence components.

Please see comment table on project page *for the full response from the developer.*

Measure Steward/Developer Response:
Thank you for your comments. As discussed in more detail below, MNCM believes that both the HbA1c and blood pressure components of the measure are consistent with current evidence and guidelines while appropriately balancing the benefits and potential harms of managing patients to these targets.

Please see comment table on project page *for the full response from the developer.*

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8. Consensus Standards Approval Committee (CSAC) Vote: Y-14; N-0 (6/5/2019)
Decision: Approved for continued endorsement

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9. Appeals

No appeals were received.

3475e Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture

Submission | Specifications

Description: Percentage of female patients 50 to 64 years of age without select risk factors for osteoporotic fracture who received an order for a dual-energy x-ray absorptiometry (DXA) scan during the measurement period.

Numerator Statement: Female patients who received an order for at least one DXA scan in the measurement period.

Denominator Statement: Female patients ages 50 to 64 years with an encounter during the measurement period.

Exclusions: The measure excludes patients who have a combination of risk factors (as determined by age) or one of the independent risk factors.

Adjustment/Stratification: No risk adjustment or risk stratification

Level of Analysis: Clinician : Individual

Setting of Care: Outpatient Services

Type of Measure: Process: Appropriate Use

Data Source: Electronic Health Records

Measure Steward: Centers for Medicare & Medicaid Services, Center for Clinical Standards and Quality, Quality Measurement and Value-Based Incentives Group (QMVIG), Division of Electronic and Clinician Quality, MS S3-02-01

STANDING COMMITTEE MEETING 2/9/2019

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

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

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

Rationale:

- This new eMeasure is intended to reduce overuse of DXA scans. The Committee had some concerns with the evidence behind the measure, noting that DXA scans are the best way to diagnosis osteoporosis and the measure could possibly discourage the use of bone density scans. Fractures can be very serious.
- Committee members stated that 40% of women who do not meet risk factors actually need to be evaluated for osteoporosis. The Committee noted that the ideal percentage of use for DXA scans is unknown.
- Committee members also noted some exclusions were missing (including anorexia, early menopause, and cancer survivors, among others), but the developer noted that more could be added in future iterations of the measure. The developer also noted the measure becomes more challenging to calculate accurately with more exclusions.
- The developer stated that the scans are overused in white and Asian women, but some on the Committee disagreed, stating that the scans are in fact underused in Hispanic and African American women, and Committee members noted that the rates of osteoporosis are increasing in Hispanic and African American women, which may be an actual rate increase, or it may be that women are actually getting diagnosed.

- However, Committee members noted that false positives might "swamp the system" and that DXA scans are an appropriate place to look at reducing overuse.

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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: **H-2; M-14; L-2; I-0** 2b. Validity (2/15/19-Consensus not reached): **H-0; M-10; L-6; I-1;** Validity (5/6/19-Consensus reached): **H-1; M-11; L-1; I-1**

<u>Rationale</u>:

- During the reliability discussion, Committee members were concerned with the amount of time it would take providers to collect the information needed for the measure.
- The Committee noted that the measure has been tested with high-level EHR users, who may not be representative of regular measure users. However, the developer explained that they can only test the measure with sites that agree to work with them, who tend to be high-level users, but that is not true in all cases.
- Another major concern was the idea that if a condition is not listed in the EHR, it is not present in a patient; the Committee did not agree with this assessment and stated that health records may not include all risks needed to calculate the measure.
- Committee members had serious concerns with the validity of the measure, again raising the threats of the limited exclusions.The Committee did not reach consensus on validity during the measure evaluation web meeting.
- During the May 6, 2019 post-comment web meeting, the developer emphasized the measure currently has 27 exclusions, which were determined through an extensive literature review and vetted by their expert panel. In response to the NQF Standing Committee concerns around not including COPD, transplants, cranial radiation, and/or cancer in the denominator exclusion of this measure, the developer re-reviewed the evidence following the February measure evaluation web meeting and shared their findings on the post-comment web meeting. The condition of COPD was previously reviewed by their expert panel and currently has mixed evidence linking COPD to increase rates of osteoporotic fractures. The developer indicated that smokers and being on steroids (which are risks associated with COPD) are currently addressed in the measure. Transplants also has mixed evidence linked to osteoporotic fractures. The developer did not find any evidence linking cranial radiation to osteoporotic fractures. For cancer, there is some evidence linking breast cancer to increased risk of osteoporotic fractures, however, this potential exclusion would need to be further looked at by their clinical expert panel group. The developer noted all four of these exclusions mentioned by the NQF Standing Committee can be revisited in the future if the measure is implemented into a CMS federal program.
- The Standing Committee was overall satisfied that the developer would continue to evaluate additional exclusions for the measure. However, one Committee member noted a concern that the literature should not just target linking the above noted exclusions (COPD, transplants, cranial radiation, and/or cancer) to an increased osteoporotic fracture rate, but also look at linkage of those exclusion to osteoporotic disease, before osteoporotic fractures occur.
- The Standing Committee re-voted on the validity subcriterion and reached consensus and passed the measure on validity.

3. Feasibility: H-0; M-7; L-11; 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)

Rationale:

- During the feasibility discussion, the Committee noted some concerns: providers will need to have extensive conversations with patients to collect all the information (which will lengthen visits), and access to risk assessment tools in the EHR is lacking. The measure did not pass feasibility, which is not a must-pass criterion.

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-13; No Pass-5** *4b. Usability:* **H-1; M-10; L-7; I-0**

Rationale:

- During the usability and use discussion, the Committee again raised serious concerns around the exclusion criteria and potential negative unintended consequences. Committee members noted the need to improve documentation of why tests are performed and suggested this measure may assist with that.
- The Committee noted that there has been a big increase in the types and number of health conditions that have turned into chronic illnesses and that will result in more women developing poor bone mass earlier in life and that it is important not to inappropriately reduce testing in patients who should be tested.

5. Related and Competing Measures

- This measure is related to, but not competing with, two NQF endorsed measures:
    - 0046 Screening for Osteoporosis for Women Aged 65-85 Years of Age
    - 0053 Osteoporosis Management in Women Who Had a Fracture

6. Standing Committee Recommendation for Endorsement: **Y-12**; **N-2**

Rationale:

- The Committee reached consensus on validity criterion during the May 6, post-comment web meeting and recommended the measure endorsement..

7. Public and Member Comment

- NQF received one comment on 3475e which supported the Standing Committee's concerns regarding the limited exclusions included in the measure specifications and associated impact on the validity of the measure. This commenter stated the Committee should not endorse the measure until the potential unintended consequences have been addressed and minimized.

  Committee Response:

- The Committee was satisfied with the developer's response regarding the process they used to identify and vet the current exclusions through literature and an expert panel. The developer noted its willingness to continue to review expanding exclusions in the future.

  Measure Steward/Developer Response:
  Thank you very much for the feedback. CMS developed the list of exclusions by reviewing clinical guidelines regarding osteoporosis screening and evidence identifying risk factors for osteoporosis and fractures. CMS also discussed potential exclusions with a clinical expert work group comprised of 4 experts in the areas of skeletal health, osteoarthritis, rheumatoid arthritis and family medicine. When determining patients to exclude based on conditions and medications, CMS had to balance prevalence of a condition (i.e., how many women would be excluded) with the relative risk of the condition causing osteoporosis. This consideration was essential to develop exclusions that would not overexclude patients with fairly common conditions (e.g., type 2 diabetes). Based on feedback from experts, we selected the most critical clinical exclusions; however, the list of exclusions will be reviewed annually by clinical experts should the measure be implemented in CMS's Quality Payment Program.

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8. Consensus Standards Approval Committee (CSAC) Vote: Y-14; N-0 (6/5/2019)

Decision: Approved for endorsement

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9. Appeals

No appeals were received.

Appendix B: Primary Care and Chronic Illness Portfolio—Use in Federal Programs[a]

NQF #	Title	Federal Programs: Implemented or Finalized as of January 5, 2019
0046	Screening for Osteoporosis for Women 65-85 Years of Age	Merit-Based Incentive Payment System (MIPS) Program (Finalized)
0047	Asthma: Pharmacologic Therapy for Persistent Asthma	None
0053	Osteoporosis Management in Women Who Had a Fracture	Merit-Based Incentive Payment System (MIPS) Program (Finalized), Medicare Part C Star Rating (Implemented)
0054	Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)	None
0055	Comprehensive Diabetes Care: Eye Exam (retinal) performed	Merit-Based Incentive Payment System (MIPS) Program (Finalized), Qualified Health Plan (QHP) Quality Rating System (QRS) (Implemented)
0056	Comprehensive Diabetes Care: Foot Exam	Merit-Based Incentive Payment System (MIPS) Program (Finalized)
0057	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing	Medicaid (Implemented), Qualified Health Plan (QHP) Quality Rating System (QRS) (Implemented)
0058	Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB)	Medicare Physician Quality Reporting System, Merit-Based Incentive Payment System (MIPS) Program (Finalized), Qualified Health Plan (QHP) Quality Rating System (QRS) (Implemented)
0059	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Medicaid (Implemented), Medicare Shared Savings Program (Implemented), Merit-Based Incentive Payment System (MIPS) Program (Finalized)
0061	Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	None
0062	Comprehensive Diabetes Care: Medical Attention for Nephropathy	Merit-Based Incentive Payment System (MIPS) Program (Finalized), Qualified Health Plan (QHP) Quality Rating System (QRS) (Implemented)
0086	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation	Merit-Based Incentive Payment System (MIPS) Program (Finalized)

[a] Per CMS Measures Inventory Tool as of 2/22/2019

NQF #	Title	Federal Programs: Implemented or Finalized as of January 5, 2019
0087	Age-Related Macular Degeneration: Dilated Macular Examination	Merit-Based Incentive Payment System (MIPS) Program (Finalized)
0088	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	None
0089	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Merit-Based Incentive Payment System (MIPS) Program (Finalized)
0091	COPD: Spirometry Evaluation	Merit-Based Incentive Payment System (MIPS) Program (Finalized)
0405	HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis	Merit-Based Incentive Payment System (MIPS) Program (Finalized)
0409	HIV/AIDS: Sexually Transmitted Diseases – Screening for Chlamydia, Gonorrhea, and Syphilis	Merit-Based Incentive Payment System (MIPS) Program (Finalized)
0416	Diabetic Foot & Ankle Care, Ulcer Prevention – Evaluation of Footwear	Merit-Based Incentive Payment System (MIPS) Program (Finalized)
0417	Diabetic Foot & Ankle Care, Peripheral Neuropathy – Neurological Evaluation	Merit-Based Incentive Payment System (MIPS) Program (Finalized)
0541	Proportion of Days Covered (PDC): 3 Rates by Therapeutic Category	Qualified Health Plan (QHP) Quality Rating System (QRS) (Implemented)
0563	Primary Open-Angle Glaucoma: Reduction of Intraocular Pressure by 15% or Documentation of a Plan of Care	Merit-Based Incentive Payment System (MIPS) Program (Finalized)
0566	Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement	None
0575	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	Qualified Health Plan (QHP) Quality Rating System (QRS) (Implemented)
0577	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	None
0653	Acute Otitis Externa: Topical Therapy	Merit-Based Incentive Payment System (MIPS) Program (Finalized)
0654	Acute Otitis Externa: Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use	Merit-Based Incentive Payment System (MIPS) Program (Finalized)
0655	Otitis Media with Effusion: Antihistamines or decongestants – Avoidance of inappropriate use	None
0657	Otitis Media with Effusion: Systemic antimicrobials – Avoidance of inappropriate use	Merit-Based Incentive Payment System (MIPS) Program (Implemented)

NQF #	Title	Federal Programs: Implemented or Finalized as of January 5, 2019
0729	Optimal Diabetes Care	None
1800	Asthma Medication Ratio	Medicaid (Implemented)
2079	HIV medical visit frequency	Merit-Based Incentive Payment System (MIPS) Program (Finalized)
2080	Gap in HIV medical visits	None
2082	HIV viral load suppression	Medicaid (Implemented), Merit-Based Incentive Payment System (MIPS) Program (Finalized)
2083	Prescription of HIV Antiretroviral Therapy	None
2522e	Rheumatoid Arthritis: Tuberculosis Screening	None
2523e	Rheumatoid Arthritis: Assessment of Disease Activity	None
2524e	Rheumatoid Arthritis: Functional Status Assessment	None
2525e	Rheumatoid Arthritis: Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy	None
2549e	Gout: Serum Urate Target	None
2550e	Gout: ULT Therapy (Recommended for eMeasure Trial Approval)	None
2811e	Acute Otitis Media - Appropriate First-Line Antibiotics	None
2856	Pharmacotherapy Management of COPD Exacerbation	None
3086	Population Level HIV Viral Load Suppression	None
3209e	HIV medical visit frequency	None
3210e	HIV viral load suppression	None
3211e	Prescription of HIV Antiretroviral Therapy	None

Appendix C: Primary Care and Chronic Illness Standing Committee and NQF Staff

FALL 2018 CYCLE STANDING COMMITTEE

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Appendix D: Measure Specifications

0729 Optimal Diabetes Care

STEWARD

MN Community Measurement

DESCRIPTION

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.

TYPE

Composite

DATA SOURCE

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.

LEVEL

Clinician : Group/Practice

SETTING

Outpatient Services

NUMERATOR STATEMENT

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

NUMERATOR DETAILS

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:
  - 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.

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.

DENOMINATOR STATEMENT

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.

DENOMINATOR DETAILS

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)

EXCLUSIONS

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.

EXCLUSION DETAILS

- 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

RISK ADJUSTMENT

Statistical risk model

STRATIFICATION

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

TYPE SCORE

Rate/proportion better quality = higher score

ALGORITHM

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. 112459| 117446| 144243| 135810

3475e Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture

STEWARD

Centers for Medicare & Medicaid Services, Center for Clinical Standards and Quality, Quality Measurement and Value-Based Incentives Group (QMVIG), Division of Electronic and Clinician Quality, MS S3-02-01

DESCRIPTION

Percentage of female patients 50 to 64 years of age without select risk factors for osteoporotic fracture who received an order for a dual-energy x-ray absorptiometry (DXA) scan during the measurement period.

TYPE

Process: Appropriate Use

DATA SOURCE

Electronic Health Records Not applicable. This measure is not instrument-based. Data are collected from structured fields of eligible clinicians' electronic health records (EHRs).

LEVEL

Clinician : Individual

SETTING

Outpatient Services

NUMERATOR STATEMENT

Female patients who received an order for at least one DXA scan in the measurement period.

NUMERATOR DETAILS

Female patients who received an order for at least one DXA scan in the measurement period

Please refer to the attached Measure Authoring Tool (MAT) output and value sets.

DENOMINATOR STATEMENT

Female patients ages 50 to 64 years with an encounter during the measurement period.

DENOMINATOR DETAILS

Female patients ages 50 to 64 years with an encounter during the measurement period

Please refer to the attached MAT output and value sets.

EXCLUSIONS

The measure excludes patients who have a combination of risk factors (as determined by age) or one of the independent risk factors.

EXCLUSION DETAILS

Exclude patients with a combination of risk factors (as determined by age) or one of the independent risk factors

Ages: 50-54 (>=4 combination risk factors) or 1 independent risk factor

Ages: 55-59 (>=3 combination risk factors) or 1 independent risk factor

Ages: 60-64 (>=2 combination risk factors) or 1 independent risk factor

COMBINATION RISK FACTORS [The following risk factors are all combination risk factors; they are grouped by when they occur in relation to the measurement period]:

The following risk factors may occur any time in the patient's history but must be active during the measurement period:

White (race)

BMI <= 20 kg/m2 (must be the first BMI of the measurement period)

Smoker (current during the measurement period)

Alcohol consumption (> two units per day (one unit is 12 oz. of beer, 4 oz. of wine, or 1 oz. of liquor))

The following risk factor may occur any time in the patient's history and must not start during the measurement period:

Osteopenia

The following risk factors may occur at any time in the patient's history or during the measurement period:

Rheumatoid arthritis

Hyperthyroidism

Malabsorption Syndromes: celiac disease, inflammatory bowel disease, ulcerative colitis, Crohn's disease, cystic fibrosis, malabsorption

Chronic liver disease

Chronic malnutrition

Documentation of history of hip fracture in parent

Osteoporotic fracture

Glucocorticoids (>= 5 mg/per day) [cumulative medication duration >= 90 days]

INDEPENDENT RISK FACTORS (The following risk factors are all independent risk factors; they are grouped by when they occur in relation to the measurement period):

The following risk factors may occur at any time in the patient's history and must not start during the measurement period:

Osteoporosis

The following risk factors may occur at any time in the patient's history:

Gastric bypass

FRAX[R] ten-year probability of all major osteoporosis related fracture >= 8.4 percent

Aromatase inhibitors

Type I Diabetes

End stage renal disease

Osteogenesis imperfecta

Ankylosing spondylitis

Psoriatic arthritis

Ehlers-Danlos syndrome

Cushing's syndrome

Hyperparathyroidism

Marfan syndrome

Lupus

Please refer to the attached MAT output and value sets.

RISK ADJUSTMENT

No risk adjustment or risk stratification

123834| 141015

123834| 141015

STRATIFICATION

Not applicable. This measure does not use stratification.

TYPE SCORE

Rate/proportion better quality = lower score

ALGORITHM

Refer to items S.4 to S.9 for details, S2.a for the eCQM specification, and S2.b for value sets.

1. Determine the denominator. Identify female patients ages 50 to 64 who had an encounter during the measurement period.

2. Remove exclusions. Identify patients who meet the exclusion criteria and remove them from the denominator (female patients who have a combination of risk factors, as determined by age, or one of the independent risk factors).

3. Determine the numerator. Identify patients in the denominator (after removing patients who meet the exclusion criteria) who received at least one DXA scan order during the measurement period.

4. Calculate measure performance. Compute performance as a proportion: numerator cases divided by (denominator minus exclusions). 123834| 141015

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Appendix E1: Related and Competing Measures (tabular version)

Comparison of 3475e, 0046, and 0053

	3475e Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture	0046 Screening for Osteoporosis for Women Aged 65-85 Years of Age	0053 Osteoporosis Management in Women Who Had a Fracture
Steward	Centers for Medicare & Medicaid Services	National Committee for Quality Assurance	National Committee for Quality Assurance
Description	Percentage of female patients 50 to 64 years of age without select risk factors for osteoporotic fracture who received an order for a dual-energy x-ray absorptiometry (DXA) scan during the measurement period.	Percentage of women 65-85 years of age who ever had a central dual-energy x-ray absorptiometry (DXA) test to check for osteoporosis.	The percentage of women age 50-85 who suffered a fracture and who either had a bone mineral density test or received a prescription for a drug to treat osteoporosis.
Type	Process: Appropriate Use	Process	Process
Data Source	Electronic Health Records	Electronic Health Data, Electronic Health Records, Paper Medical Records	Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records
Level of Analysis	Clinician: Individual	Clinician: Group/Practice, Clinician: Individual	Clinician: Group/Practice, Clinician: Individual, Health Plan, Integrated Delivery System
Care Setting	Outpatient Services	Outpatient Services	Outpatient Services
Numerator Statement	Female patients who received an order for at least one DXA scan in the measurement period.	The number of women who have documentation in their medical record of having received a DXA test of the hip or spine.	Patients who received either a bone mineral density test or a prescription for a drug to treat osteoporosis after a fracture occurs.
Numerator Details	Female patients who received an order for at least one DXA scan in the measurement period Please refer to the attached Measure Authoring Tool (MAT) output and value sets.	Documentation of a central dual-energy x-ray absorptiometry (DXA) test ever being performed. The numerator criteria is met by documentation in the medical record that the patient has had a central dual-energy x-ray absorptiometry test. This measure is also collected in the Quality Payment Program using the following codes specific to the quality measure: Performance Met: G8399 Patient with documented results of a central Dual-energy X-Ray Absorptiometry (DXA) ever being performed. Performance Not Met: G8400 Patient with central Dual-energy X-Ray Absorptiometry (DXA) results not documented, reason not given.	Patients who received either a bone mineral density test or a prescription for a drug to treat osteoporosis in the six months after a fracture. Appropriate testing or treatment for osteoporosis after the fracture is defined by any of the following criteria: - A bone mineral density test (see Table OMW-X) in any setting, on earliest date of service with the diagnosis of fracture or in the 180-day (6-month) period after the fracture. If the earliest date of service with the diagnosis of fracture was during an inpatient stay, a bone mineral density test taking place during the inpatient stay counts. - Osteoporosis therapy, including long-acting injectables, on the earliest date of service with the diagnosis of fracture or in the 180-day (6-month) period after the fracture. If the earliest date of service with the diagnosis of fracture was an inpatient stay, long-acting osteoporosis medication received during the inpatient stay counts. - A dispensed prescription to treat osteoporosis (see Table OMW-C) on the earliest date of service with the diagnosis of fracture or in the 180-day (6-month) period after the fracture. Table OMW-X: Bone Mineral Density Tests Central dual-energy x-ray absorptiometry, computed tomography, single energy x-ray absorptiometry, ultrasound Table OMW-C: Osteoporosis Medication Biphosphates: Alendronate, Alendronate-cholecalciferol, Ibandronate, Risedronate, Zoledronic acid Other: Calcitonin, Denosumab, Raloxifene, Teriparatide The numerator for this measure can be identified using either administrative claims or review of medical records. The following criteria are used to identify the numerator criteria for each method. *Note this measure has been tested using medical record review at the physician level and administrative data at the health plan level. For Medical Record Review Methodology (Physician Level) When using the medical record as the data source, the numerator criteria is met by documentation that a Bone Mineral Density Test was performed or an osteoporosis therapy was prescribed. This may include a prescription given to patient for treatment of osteoporosis at one or more encounters during the reporting period. This measure is also collected in the Quality Payment Program, previously referred to as the Physician Quality Reporting System, using G-codes specific to the quality measure: - 3095F Central Dual-energy X-Ray

	3475e Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture	0046 Screening for Osteoporosis for Women Aged 65-85 Years of Age	0053 Osteoporosis Management in Women Who Had a Fracture
			Absorptiometry (DXA) results documented - G8633 Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed For Administrative Methodology (Health Plan Level) When using administrative claims as the data source, the numerator criteria is met by one or more codes in the following value sets: Bone Mineral Density Tests Value Set Osteoporosis Medications Value Set A pharmacy claim for a medication listed in Table OMW-C See S.2b. (Data Dictionary Code Table) for all value sets.
Denominator Statement	Female patients ages 50 to 64 years with an encounter during the measurement period.	Women age 65-85.	Women who experienced a fracture, except fractures of the finger, toe, face or skull. Three denominator age strata are reported for this measure: Women age 50-64 Women age 65-85 Women age 50-85
Denominator Details	Female patients ages 50 to 64 years with an encounter during the measurement period Please refer to the attached MAT output and value sets.	Women who had a documented patient encounter (see Table 1 for encounter codes) during the reporting period. Table 1: Patient encounter during the reporting period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215	The denominator for this measure is identified by administrative codes which are specific to the level of reporting. When reporting this measure at the health plan level include all individuals with fractures enrolled in the health plan (i.e. all individuals with encounters for fractures in the health plan – inpatient and outpatient). When reporting this measure at the physician level include all individuals with fractures seen by the eligible provider (i.e., all individuals with encounters for fracture with the eligible provider). Health Plan Level Denominator Details: Women who had an outpatient visit (see Outpatient Value Set), an observation visit (see Observation Value Set), an ED visit (see ED Value Set), a nonacute inpatient encounter (see Nonacute Inpatient Value Set) or an acute inpatient encounter (see Acute Inpatient Value Set) for a fracture (see Fractures Value Set) during the 12-month window that begins on July 1 of the year prior to the measurement year and ends on June 30 of the measurement year. This is the index fracture. If the patient had more than one fracture during the intake period, include only the first fracture. See S.2b. (Data Dictionary Code Table) for all value sets. Physician Level Denominator Details: Women who had a documented patient encounter (See Table 1 for encounter codes) with a fracture diagnosis (See Fracture Value Set). Table 1: Patient encounter during the reporting period: CPT Service codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, G0402 CPT Procedure codes: 22310, 22315, 22318, 22319, 22325, 22326, 22327, 22510, 22511, 22513, 22514, 25600, 25605, 25606, 25607, 25608, 25609, 27230, 27232, 27235, 27236, 27238, 27240, 27244, 27245, 27246, 27248
Denominator Exclusions	The measure excludes patients who have a combination of risk factors (as determined by age) or one of the independent risk factors.	Diagnosis of osteoporosis at the time of the encounter. Patient receiving hospice services anytime during the measurement period.	Exclude women who had a bone mineral density test during the 24 months prior to the index fracture. - Exclude women who had a claim/encounter for osteoporosis treatment during 12 months prior to the index fracture. - Exclude women who received a dispensed prescription or had an active prescription to treat osteoporosis during the 12 months prior to the index fracture. - Exclude women who are enrolled in a Medicare Institutional Special Needs Plan (I-SNP) or living long-term in an institution any time during the measurement year. - Exclude women receiving hospice care during the measurement year.
Exclusion Details	Documentation of history of hip fracture in parent	The denominator exclusion criteria is met by documentation in the medical record of a	1) Exclude patients with a previous fracture: patients with an outpatient visit (see Outpatient

	3475e Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture	0046 Screening for Osteoporosis for Women Aged 65-85 Years of Age	0053 Osteoporosis Management in Women Who Had a Fracture
	Osteoporotic fracture Glucocorticoids (>= 5 mg/per day) [cumulative medication duration >= 90 days] INDEPENDENT RISK FACTORS (The following risk factors are all independent risk factors; they are grouped by when they occur in relation to the measurement period): The following risk factors may occur at any time in the patient's history and must not start during the measurement period: Osteoporosis The following risk factors may occur at any time in the patient's history: Gastric bypass FRAX[R] ten-year probability of all major osteoporosis related fracture >= 8.4 percent Aromatase inhibitors Type I Diabetes End stage renal disease Osteogenesis imperfecta Ankylosing spondylitis Psoriatic arthritis Ehlers-Danlos syndrome Cushing's syndrome Hyperparathyroidism Marfan syndrome Lupus Please refer to the attached MAT output and value sets.	diagnosis of osteoporosis at the time of the encounter (see Table 2 for diagnosis codes). Table 2: Diagnosis of osteoporosis on date of encounter (ICD-10-CM): M80.00XA, M80.00XD, M80.00XG, M80.00XK, M80.00XP, M80.00XS, M80.011A, M80.011D, M80.011G, M80.011K, M80.011P, M80.011S, M80.012A, M80.012D, M80.012G, M80.012K, M80.012P, M80.012S, M80.019A, M80.019D, M80.019G, M80.019K, M80.019P, M80.019S, M80.021A, M80.021D, M80.021G, M80.021K, M80.021P, M80.021S, M80.022A, M80.022D, M80.022G, M80.022K, M80.022P, M80.022S, M80.029A, M80.029D, M80.029G, M80.029K, M80.029P, M80.029S, M80.031A, M80.031D, M80.031G, M80.031K, M80.031P, M80.031S, M80.032A, M80.032D, M80.032G, M80.032K, M80.032P, M80.032S, M80.039A, M80.039D, M80.039G, M80.039K, M80.039P, M80.039S, M80.041A, M80.041D, M80.041G, M80.041K, M80.041P, M80.041S, M80.042A, M80.042D, M80.042G, M80.042K, M80.042P, M80.042S, M80.049A, M80.049D, M80.049G, M80.049K, M80.049P, M80.049S, M80.051A, M80.051D, M80.051G, M80.051K, M80.051P, M80.051S, M80.052A, M80.052D, M80.052G, M80.052K, M80.052P, M80.052S, M80.059A, M80.059D, M80.059G, M80.059K, M80.059P, M80.059S, M80.061A, M80.061D, M80.061G, M80.061K, M80.061P, M80.061S, M80.062A, M80.062D, M80.062G, M80.062K, M80.062P, M80.062S, M80.069A, M80.069D, M80.069G, M80.069K, M80.069P, M80.069S, M80.071A, M80.071D, M80.071G, M80.071K, M80.071P, M80.071S,M80.072A, M80.072D, M80.072G, M80.072K, M80.072P, M80.072S, M80.079A, M80.079D, M80.079G, M80.079K, M80.079P, M80.079S, M80.08XA, M80.08XD, M80.08XG, M80.08XK, M80.08XP, M80.08XS, M80.80XA, M80.80XD, M80.80XG, M80.80XK, M80.80XP, M80.80XS, M80.811A, M80.811D, M80.811G, M80.811K, M80.811P, M80.811S, M80.812A, M80.812D, M80.812G, M80.812K, M80.812P, M80.812S, M80.819A, M80.819D, M80.819G, M80.819K, M80.819P, M80.819S, M80.821A, M80.821D, M80.821G, M80.821K, M80.821P, M80.821S, M80.822A, M80.822D, M80.822G, M80.822K, M80.822P, M80.822S, M80.829A, M80.829D, M80.829G, M80.829K, M80.829P, M80.829S, M80.831A, M80.831D, M80.831G, M80.831K, M80.831P, M80.831S, M80.832A, M80.832D, M80.832G, M80.832K, M80.832P, M80.832S, M80.839A, M80.839D, M80.839G, M80.839K, M80.839P, M80.839S, M80.841A, M80.841D, M80.841G, M80.841K, M80.841P, M80.841S, M80.842A, M80.842D, M80.842G, M80.842K, M80.842P, M80.842S, M80.849A, M80.849D, M80.849G, M80.849K, M80.849P, M80.849S, M80.851A, M80.851D, M80.851G, M80.851K, M80.851P, M80.851S, M80.852A, M80.852D, M80.852G, M80.852K, M80.852P, M80.852S, M80.859A, M80.859D, M80.859G, M80.859K, M80.859P, M80.859S, M80.861A, M80.861D, M80.861G, M80.861K, M80.861P, M80.861S, M80.862A, M80.862D, M80.862G, M80.862K, M80.862P, M80.862S, M80.869A, M80.869D, M80.869G, M80.869K, M80.869P, M80.869S, M80.871A, M80.871D, M80.871G, M80.871K, M80.871P, M80.871S, M80.872A, M80.872D, M80.872G, M80.872K, M80.872P, M80.872S, M80.879A, M80.879D, M80.879G, M80.879K, M80.879P, M80.879S, M80.88XA, M80.88XD, M80.88XG, M80.88XK, M80.88XP, M80.88XS, M81.0, M81.6, M81.8	Value Set), an observation visit (see Observation Value Set), an ED visit (see ED Value Set), a nonacute inpatient encounter (see Nonacute Inpatient Value Set) or an acute inpatient encounter (see Acute Inpatient Value Set) for a fracture (see Fractures Value Set) during the 60 days (2 months) prior to the earliest date of service with a diagnosis of fracture. For index fractures requiring an inpatient stay, use the admission date as the earliest date of service with a diagnosis of fracture. For direct transfers, use the first admission date as the earliest date of service with a diagnosis of fracture. 2) Exclude patients who had a Bone Mineral Density test (see Bone Mineral Density Tests Value Set) during the 730 days (24 months) prior to the earliest date of service with a diagnosis of fracture. 3) Exclude patients who had a claim/encounter for osteoporosis therapy (see Osteoporosis Medications Value Set) or received a dispensed prescription to treat osteoporosis (see Table OMW-C) during the 365 days (12 months) prior to the earliest date of service with a diagnosis of fracture. 4) Exclude patients who live long-term in Institutional settings (as identified by the LTI flag in the Medicare Part C monthly membership file) or are enrolled in a Medicare Institutional Special Needs Plan during the measurement year. 5) Exclude patients who are in hospice care during the measurement year (as identified by the Medicare plan's enrollment file). Table OMW-C: Osteoporosis Therapies Alendronate, Alendronate-cholecalciferol, Ibandronate, Risedronate, Zoledronic acid, Calcitonin, Denosumab, Raloxifene, Teriparatide The denominator exclusions for this measure can be identified using administrative claims, health plan enrollment data or review of medical record. The following criteria are used to identify the denominator exclusion criteria for each method. *Note this measure has been tested using medical record review at the physician level and administrative data at the health plan level. For Medical Record Review Methodology (Physician Level) When using the medical record as the data source, the denominator exclusion criteria can be met by documentation that a previous fracture occurred, a bone mineral density test was performed or an osteoporosis therapy was prescribed during the specified timeframe prior to the fracture. In the Physician Quality Reporting System (PQRS) this exclusion is collected using G-codes specific to quality measurement: - 3095F or 4005F with 1P: Documentation of medical reason(s) for not performing a bone mineral density test or not prescribing pharmacologic therapy for osteoporosis (i.e. history of fracture in 60 days prior to index fracture, bone mineral density test in 24 months prior to index fracture, or pharmacologic treatment for osteoporosis in 12 months prior to index fracture). For Administrative Methodology (Health Plan Level) When using administrative claims as the data source, the denominator exclusion criteria is met using the following value sets referenced above during the specified time frame prior to the fracture. Outpatient Value Set ED Value Set Nonacute Inpatient Value Set Acute Inpatient Value Set Fractures Value Set Bone Mineral Density Tests Value Set Osteoporosis Medications Value Set See S.2b. (Data Dictionary Code Table) for all value

	3475e Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture	0046 Screening for Osteoporosis for Women Aged 65-85 Years of Age	0053 Osteoporosis Management in Women Who Had a Fracture
			sets.
Risk Adjustment	No risk adjustment or risk stratification	No risk adjustment or risk stratification	No risk adjustment or risk stratification
Stratification	No risk adjustment or risk stratification	No risk adjustment or risk stratification	No risk adjustment or risk stratification
Type Score	Rate/proportion better quality = lower score	Rate/proportion better quality = higher score	Rate/proportion better quality = higher score
Algorithm	Refer to items S.4 to S.9 for details, S2.a for the eCQM specification, and S2.b for value sets. 1. Determine the denominator. Identify female patients ages 50 to 64 who had an encounter during the measurement period. 2. Remove exclusions. Identify patients who meet the exclusion criteria and remove them from the denominator (female patients who have a combination of risk factors, as determined by age, or one of the independent risk factors). 3. Determine the numerator. Identify patients in the denominator (after removing patients who meet the exclusion criteria) who received at least one DXA scan order during the measurement period. 4. Calculate measure performance. Compute performance as a proportion: numerator cases divided by (denominator minus exclusions).	Step 1: Determine the eligible population. To do so, identify patients who meet all the specified criteria. -Sex: Females -Age: 65-85 years of age -Patient encounter during the reporting period (12 months) Step 2: Exclude from the eligible population in step 1 patients who have a diagnosis of osteoporosis at time of encounter. Step 3: Identify the number of patients with a central dual-energy x-ray absorptiometry test documented. Step 4: Calculate the rate (number of patients who had a central dual-energy x-ray absorptiometry test documented divided by the eligible population).	Health Plan Level: Step 1: Identify all female patients who had a new fracture during the intake period (12-month window that begins on July 1 of the year prior to the measurement year and ends on June 30 of the measurement year). Step 2: Exclude patients who had previous bone mineral density test and patients who had previous osteoporosis treatment. Also exclude patients living long-term in institutional settings and patients receiving hospice care. Step 3: Of those patients remaining after Step 2 (i.e., the denominator), identify those who received bone mineral density testing or osteoporosis treatment in the 6-month period following the fracture. Step 4: To calculate the rate, take the number of patients who received testing or treatment and divide by the number of people calculated to be in the denominator. Physician Level: Step 1: Identify all female patients in each age strata who had a documented patient encounter with the eligible provider with a new diagnosis of fracture. Step 2: Exclude patients who had who had previous bone mineral density test and patients who had previous osteoporosis treatment. Also exclude patients living long-term in institutional settings and patients receiving hospice care. Step 3: Of those patients remaining after Step 2 (i.e., the denominator), identify all patients who had a documented bone mineral density test or pharmacologic treatment after the fracture. Step 4: To calculate the rate, take the number of patients who received testing or pharmacologic treatment and divide by the number of people calculated to be in the denominator.
Submission items	5.1 Identified measures: 0046 : Screening for Osteoporosis for Women 65-85 Years of Age 5a.1 Are specs completely harmonized? Yes 5a.2 If not completely harmonized, identify difference, rationale, impact: (NQF 0046) Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older: Percentage of female patients aged 65-85 years of age who ever had a central dual-energy X-ray absorptiometry (DXA) to check for osteoporosis. NQF 0046 is in MIPS and is specified for claims and registry reporting. It complements the proposed measure because it assesses the percentage of women who receive an appropriate osteoporosis screening after age 65. There are some differences between the measures, but these are appropriate based on the measures' intents. NQF 0046 assesses for documentation of DXA results, whereas the proposed measure assesses for DXA orders. Assessing for DXA orders makes sense because the proposed measure focuses on overuse of DXA screening. Also, NQF 0046 is limited to DXA scans of the hip or spine (that is, central DXA scans), whereas the proposed measure assesses for central and peripheral DXA scans. In its 2011 recommendation, the U.S. Preventive Services Task Force recommended using central DXA scans to assess for osteoporosis—and NQF 0046 complies with this recommendation. But	5.1 Identified measures: 0037: Osteoporosis Testing in Older Women (OTO) 0045: Communication with the physician or other clinician managing on-going care post fracture for men and women aged 50 years and older 0053: Osteoporosis Management in Women Who Had a Fracture 0048: Osteoporosis: Management Following Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older 2416: Laboratory Investigation for Secondary Causes of Fracture 2417: Risk Assessment/Treatment After Fracture 5a.1 Are specs completely harmonized? Yes 5a.2 If not completely harmonized, identify difference, rationale, impact: There are multiple NQF-endorsed measures of osteoporosis prevention and management. In the most recent update, we undertook a comprehensive harmonization exercise to align several NQF-endorsed osteoporosis measures where possible given the different measure focus, methods of data collection and level of accountability. Below we describe the harmonization between this measure (0046) and the most closely related measure, 0037. Please see the attached memo on alignment of measures for a more in-depth description of the NCQA harmonization efforts. Measure 0037 assesses the percentage of women who report having received a bone	5.1 Identified measures: 0037: Osteoporosis Testing in Older Women (OTO) 0046: Screening for Osteoporosis for Women 65-85 Years of Age 2416: Laboratory Investigation for Secondary Causes of Fracture 2417: Risk Assessment/Treatment After Fracture 5a.1 Are specs completely harmonized? Yes 5a.2 If not completely harmonized, identify difference, rationale, impact: Insufficient Space - please see 5b.1. 5b.1 If competing, why superior or rationale for additive value: Response to 5a.2 (insufficient space above): There are multiple measures of osteoporosis prevention and management. During the last measure update in 2014, this measure was harmonized to align with applicable existing NQF-endorsed osteoporosis measures where possible given the different measure focus, methods of data collection and level of accountability. Below we describe the harmonization between this measure (0053) and the most closely related measures, 0037, 0046, 2416, 2417. NCQA OWNED RELATED MEASURES 0037: Osteoporosis Testing in Older Women 0046: Screening for Osteoporosis for Women 65-85 Years of Age Measures 0037 and 0046 assess the number of women 65-85 who report ever having received a bone density test to check for osteoporosis. These measures focus on screening for osteoporosis in the general population, whereas

	3475e Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture	0046 Screening for Osteoporosis for Women Aged 65-85 Years of Age	0053 Osteoporosis Management in Women Who Had a Fracture
	the proposed measure, as an overuse measure, assesses for any type of DXA scan because any type could be inappropriate. Together, these two measures assess the appropriate use of DXA scans in women 65 and older, along with inappropriate use of DXA scans in women under age 65. 5b.1 If competing, why superior or rationale for additive value: Not applicable. We did not identify any competing measures.	mineral density test to screen for osteoporosis., is collected using a survey and is only specified for health plan level reporting. Measure 0037 has the same focus and target population as measure 0046 and therefore could be considered competing. The two measures are completed harmonized on all data elements with the exception of the following which could not be harmonized due to difference in data source: TYPE OF TEST: Because measure 0037 is a survey measure, the term "bone mineral density test" is used to refer to "dual energy x-ray absorptiometry test." This term is used because cognitive testing indicated the term was more understandable to survey respondents. We have harmonized the two measures by ensuring both measures only capture testing done of the hip or spine; however, 0046 is able to capture more specific about the type of test done due to the data source used for measure collection. EXCLUSIONS: Measure 004 includes an exclusion for diagnosis of osteoporosis at the time of encounter. An exclusion for diagnosis of osteoporosis is not feasible in the survey measure (0046) due to the timing of data collection. Given the two different data sources, we do not expect the two measures (0037 and 0046) to have exactly comparable results; however the two measures address the same quality gap for different levels of accountability. -Measure 0037 addresses whether a health plan is addressing the risk for osteoporosis in the patient population by determining the percent of the population that had a bone mineral density test regardless who their provider is. This test may have been done outside of the context of their primary care provider. Measure 0046 addresses whether individual providers are addressing the risk for osteoporosis in their patient population by determining if an individual had a bone mineral density test to screen for osteoporosis and if their provider is aware of those results and can advise on appropriate risk reduction. Measures 0045, 0053, 2416, and 2417 address a different population than 0046. These measures address women who have experienced a fracture, and are focused on secondary prevention of future fractures as opposed to screening for osteoporosis. Therefore we consider these measures to be related but not competing. The differences between these measures are reflective of the different guidelines for general population screening and secondary prevention. Where it is appropriate to the measure focus and evidence we have aligned the measures. 5b.1 If competing, why superior or rationale for additive value: Although 0037 and 0046 have the same measure focus and same target population they are specified for different levels of analysis and accountability, and use different data sources. We have described above where the measures are conceptually harmonized and the rationale for where the measures cannot be harmonized in their technical specifications due to the level of analysis and data source. RESPONSE TO 5a.2 (insufficient space above): There are multiple NQF-endorsed measures of osteoporosis prevention and management. In the most recent update, we undertook a comprehensive harmonization exercise to align several NQF-endorsed osteoporosis measures where possible given the different measure focus, methods of data collection and level of accountability. Below we describe the harmonization between this measure (0046) and the most closely related measure, 0037. Measure 0046 assesses the percentage of	measure 0053 is focused on secondary prevention in a population of women who have experienced a fracture. Therefore, we consider these measures to be related but not competing. The differences between these two measures are reflective of the different guidelines for general population screening and secondary prevention. Where it is appropriate to the measure focus and evidence, we have aligned the measures. OTHER RELATED MEASURES The other osteoporosis management related measures are more narrowly focused than the NCQA measures. These measures (2416, 2417) are hospital-level accountability measures and focus solely on women who were hospitalized for fractures. 2416: Laboratory Investigation for Secondary Causes of Fracture Measure 2416 assesses the percentage of patients age 50 and over who were hospitalized for a fragility fracture and had the appropriate laboratory investigation for secondary causes of fracture ordered or performed prior to discharge from an inpatient hospitalization. This measure has a different focus from measure 0053 (identifying cause of fracture as opposed to screening/treatment for osteoporosis). While the target population of this measure overlaps with the target population of 0053, measure 2416 is restricted to fractures that require hospitalization whereas 0053 focuses on a broader population. Therefore, we consider these measures to be related but not competing. Measure 2416 captures some of the same quality focus as 0053 but is designed to be appropriate for hospital-level accountability and is therefore restricted to hospitalized individuals. The differences between this measure and 0053 are reflective of the different measure intents and level of accountability. 2417: Risk Assessment/Treatment After Fracture Measure 2417 assesses the number of patients age 50 and over who were hospitalized for a fragility fracture and have either a dual-energy x-ray absorptiometry (DXA) scan ordered or performed, a prescription for FDA-approved pharmacotherapy, or are linked to a fracture liaison service prior to discharge from an inpatient hospitalization. If DXA is not available and documented, then any other specified fracture risk assessment method may be ordered or performed. This measure has a similar focus to 0053 and an overlapping target population (individuals hospitalized for a fragility fracture). Therefore, this measure could be considered competing with 0053; however, 2417 is designed to focus on hospital-level accountability and therefore is only inclusive of populations and services provided within the hospital setting. Measure 0053 is designed to be broader and capture both outpatient and inpatient populations and services. Response to 5b.1: This measure conceptually addresses both the same measure focus and the same target population as NQF-endorsed measure: 2417 Risk Assessment/Treatment After Fracture. Measure 0053 is designed to be as broad as possible to include the largest possible population (all women age 50 and over with a fracture other than face, finger, toe, and skull) and include the broadest possible settings of care (inpatient and outpatient). The measure is designed for both health plan and outpatient physician level accountability. It is focused on guideline recommended care for osteoporosis management after a fracture. Measure 2417 is designed to be appropriate for hospital-level accountability and therefore focuses on a smaller population (all patients 50 and over hospitalized for a fragility fracture) and includes a single setting of care (inpatient). While some post-fracture care occurs

	3475e Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture	0046 Screening for Osteoporosis for Women Aged 65-85 Years of Age	0053 Osteoporosis Management in Women Who Had a Fracture
		women who have a bone mineral density test to screen for osteoporosis. Measure 0046 is collected using medical record review and is only specified for physician level reporting. The rationale for different data sources is the availability of data for the level of reporting. - Measure 0037 is a health plan level measure. Since the recommended timeframe for osteoporosis testing is at least once since turning age 65 or prior to age 65 if at risk, the measure is specified as "ever" having a bone mineral density test. It is not feasible for a Medicare Advantage plan to have access to enough historical claims data or medical record data to determine if the entire member population ever had a bone mineral density test. Therefore a survey method is the recommended data source for collecting this type of historical data. - Measure 0046 is a physician level measure. Physicians are limited by the same lack of historical data, but also have limited resources to field and collect a survey of their patient population. Therefore, this measure looks for documentation in the medical record that a bone mineral density test was performed. This documentation may come from previous medical records requested by the current physician on past care. The harmonized measure elements described below are reflective of the most recent measure versions submitted for endorsement. Harmonized Measure Elements between 0037 and 0046: - Type of Test: Because measure 0037 is a survey measure, the term "bone mineral density test" is used to refer to "dual energy x-ray absorptiometry test." This term is used because cognitive testing indicated the term was more understandable to survey respondents. We have harmonized the two measures by ensuring both measures only capture testing done of the hip or spine; however, 0046 is able to capture more specific about the type of test done due to the data source used for measure collection. - Eligible Population: Both measures are focused on women age 65-85 years of age. - Timeframe for testing: Both measures address whether testing was done at least once in the woman's lifetime. Given the two different data sources, we do not expect the two measures (0037 and 0046) to have exactly comparable results; however, the two measures address the same quality gap for different levels of accountability. - Measure 0037 addresses whether a health plan is addressing the risk for osteoporosis in the patient population by determining the percent of the population that had a bone mineral density test regardless who their provider is. This test may have been done outside of the context of their primary care provider. - Measure 0046 addresses whether individual providers are addressing the risk for osteoporosis in their patient population by determining if an individual had a bone mineral density test to screen for osteoporosis and if their provider is aware of those results and can advise on appropriate risk reduction. Measures 0045, 0048, 0053, 2416, and 2417 address a different population than 0046. These measures address women who have experienced a fracture, and are focused on secondary prevention of future fractures as opposed to screening for osteoporosis. Therefore, we consider these measures to be related but not competing. The differences between these measures are reflective of the different guidelines for general population	in the inpatient setting, much of the responsibility for providing follow-up care for osteoporosis management in women rests with the outpatient care system and providers. Additionally, many patients who suffer a fracture may not be treated with an inpatient hospitalization. Therefore, it is important to have a measure that captures a broader population and settings of care for osteoporosis management following a fracture.

	3475e Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture	0046 Screening for Osteoporosis for Women Aged 65-85 Years of Age	0053 Osteoporosis Management in Women Who Had a Fracture
		screening and secondary prevention. Where it is appropriate to the measure focus and evidence we have aligned the measures.	

Comparison of 0729, 0061, 0575, and 2712

	0729 Optimal Diabetes Care	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	0575 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	2712 Statin Use in Persons with Diabetes
Steward	MN Community Measurement	National Committee for Quality Assurance	National Committee for Quality Assurance	Pharmacy Quality Alliance
Description	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	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.	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is <8.0% during the measurement year.	The percentage of patients ages 40 – 75 years who were dispensed a medication for diabetes that receive a statin medication.
Type	Composite	Outcome	Outcome: Intermediate Clinical Outcome	Process
Data Source	Electronic Health Records, Paper Medical Records	Claims, Electronic Health Data, Electronic Health Records, Other, Paper Medical Records	Claims, Electronic Health Data, Paper Medical Records	Claims
Level of Analysis	Clinician: Group/Practice	Clinician: Group/Practice, Clinician: Individual, Health Plan, Integrated Delivery System	Clinician: Group/Practice, Clinician: Individual, Health Plan	Health Plan, Other
Care Setting	Outpatient Services	Outpatient Services	Outpatient Services	Pharmacy
Numerator Statement	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	Patients whose most recent blood pressure level was <140/90 mm Hg during the measurement year. The outcome being measured is a blood pressure reading of <140/90 mm Hg, which indicates adequately controlled blood pressure. Adequately controlled blood pressure in patients with diabetes reduces cardiovascular risks and microvascular diabetic complications.	Patients whose most recent HbA1c level is less than 8.0%, for whom an HbA1c test was done during the measurement year. The outcome is adequate control of blood glucose as measured by an HbA1c test, indicating desirable control of diabetes. Good control protects the individual from risk for complications including renal failure, blindness, and neurologic damage. There is no need for risk adjustment for this intermediate outcome measure.	The number of patients in the denominator who received a prescription fill for a statin or statin combination during the measurement year.
Numerator Details	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.	ADMINISTRATIVE Use automated data to identify the most recent blood pressure reading taken during an outpatient visit or nonacute inpatient encounter during the measurement year. The patient is numerator compliant if the blood pressure reading is <140/90 mm Hg. The patient is not numerator 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 the diastolic level reading is missing). If there are multiple blood pressures on the same date of service, use the lowest systolic and the lowest diastolic blood pressure as	Patients whose most recent HbA1c level is less than 8.0%, for whom an HbA1c test was done during the measurement year. The outcome is adequate control of blood glucose as measured by an HbA1c test, indicating desirable control of diabetes. Good control protects the individual from risk for complications including renal failure, blindness, and neurologic damage. There is no need for risk adjustment for this intermediate outcome measure.	The number of patients in the denominator who received a prescription fill for a statin or statin combination during the measurement year. Statin medications for this measure include: lovastatin, rosuvastatin, fluvastatin, atorvastatin, pravastatin, pitavastatin, simvastatin. Statin combination medications for this measure include: niacin & lovastatin, atorvastatin & amlodipine, niacin & simvastatin, sitagliptin & simvastatin, ezetimibe & simvastatin, ezetimibe & atorvastatin. Note: The active ingredients are limited to oral formulations only.

	0729 Optimal Diabetes Care	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	0575 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	2712 Statin Use in Persons with Diabetes
	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	the representative blood pressure. Organizations that use the CPT Category II codes to identify numerator compliance 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 the 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 that it uses to collect data for other diabetes care indicators such as the HbA1c <8 mg/dL indicator. If the organization does not collect data for other diabetes care indicators, it should use the medical record of the provider that manages the patient's diabetes. If that medical record does not contain a blood pressure, the organization may use the medical record of another primary care provider or specialist from whom the patient receives care. To determine if blood pressure is adequately controlled, the organization must identify the representative blood pressure following the steps below. 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. 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 BPs recorded for a single date,		

	0729 Optimal Diabetes Care	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	0575 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	2712 Statin Use in Persons with Diabetes
	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,	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	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	0575 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	2712 Statin Use in Persons with Diabetes
	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			

	0729 Optimal Diabetes Care	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	0575 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	2712 Statin Use in Persons with Diabetes
	[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).			

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	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.			
Denominator Statement	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.	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. See question S.7 Denominator Details for methods to identify patients with diabetes.	Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 or type 2) during the measurement year or the year prior to the measurement year.	The denominator includes subjects aged 41 years – 75 years as of the last day of the measurement year who are continuously enrolled during the measurement period. Subjects include patients who were dispensed two or more prescription fills for a hypoglycemic agent during the measurement year.
Denominator Details	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)	Patients with diabetes can be identified with two methods: by claim/encounter data (claims for a diagnosis for diabetes type 1 or type 2) and by pharmacy data. Organizations must use both methods to identify patients in the denominator, but a patient only needs to be identified by one method to be included in the measure. Patients can be identified as having diabetes during the measurement year or the year prior to the measurement year. Details to identify patients with each method are provided below. CLAIMS/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 two outpatient visits, observation visits, ED visits or nonacute inpatient encounters on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits. -At least one acute inpatient encounter with a diagnosis of diabetes. Due to the extensive volume of codes associated with identifying the denominator for this measure, we are attaching a separate file with code value sets. See code value sets located in question S.2b. PHARMACY DATA: Patients who were dispensed insulin or hypoglycemic/antihyperglycemics on an ambulatory basis during the measurement year or the year prior. Note: Only prescriptions from the list below can be used to identify patients with diabetes for this measure. Metformin as a solo agent is not included in the list	Patients with diabetes can be identified two ways: -CLAIM/ENCOUNTER DATA: Patients who had two face-to-face encounters, in an outpatient setting or nonacute inpatient setting, or ED setting on different dates of service, with a diagnosis of diabetes, or one face-to-face encounter in an acute inpatient, with a diagnosis of diabetes, during the measurement year or the year prior to the measurement year. Organizations may count services that occur over both years. *SEE ATTACHED EXCEL FILE FOR CODE VALUE SETS INCLUDED IN QUESTION S.2B -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 PATIENTS WITH DIABETES (TABLE CDC-A): Alpha-glucosidase inhibitors: Acarbose, Miglitol Amylin analogs: Pramlinitide Antidiabetic combinations: Alogliptin-metformin, Alogliptin-pioglitazone, Canagliflozin-metformin, Dapagliflozin-metformin, Empaglifozin-linagliptin, Empagliflozin-metformin, Glimepiride-pioglitazone, Glimepiride-rosiglitazone, Glipizide-metformin, Glyburide-metformin, Linagliptin-metaformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metaformin-saxagliptin, Metformin-sitagliptin, Sitagliptin-simvastatin 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-	Subjects are included if they are age 41-75 at the end of the measurement year. Subjects should be continuously enrolled during the measurement period. To determine continuous enrollment using enrollment data, for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (i.e., a member whose coverage lapses for 2 months [60 consecutive days] is not considered continuously enrolled). Subjects are included in the denominator if they were dispensed two or more prescription fills for a hypoglycemic agent during the measurement year. Hypoglycemic medications for this measure include: Biguanides and Biguanide Combination Products: Metformin, pioglitazone & metformin, rosiglitazone & metformin, repaglinide & metformin, sitagliptin & metformin IR & SR, saxagliptin & metformin SR, linagliptin & metformin, glyburide & metformin, glipizide & metformin, alogliptin & metformin Sulfonylureas and Sulfonylurea Combination Products: chlorpropamide, glipizide & metformin, glimepiride, glipizide, glyburide & metformin, glyburide, rosiglitazone & glimepiride, pioglitazone & glimepiride, tolazamide, tolbutamide Meglitinides and Meglitinide Combination Products: nateglinide, repaglinide, repaglinide & metformin Alpha- Glucosidase Inhibitors: acarbose, miglitol Thiazolidinediones and Thiazolidinedione Combination Products: pioglitazone, pioglitazone & glimepiride, pioglitazone & metformin, rosiglitazone, rosiglitazone & glimepiride, rosiglitazone & metformin, alogliptin & pioglitazone Incretin Mimetic Agents: exenatide, dulaglutide,

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		because it is used to treat conditions other than diabetes. Patients with diabetes on metformin as a sole medication may be identified through diagnosis codes only. DIABETIC MEDICATION Alpha-glucosidase inhibitors: Acarbose, Miglitol Amylin analogs: Pramlinitide Antidiabetic combinations: Alogliptin metformin, Alogliptin pioglitazone, Canagliflozin-metformin, Dapagliflozin-metformin, Empaglifozin-linagliptin, Empagliflozin-metformin, Glimepiride-pioglitazone, Glimepiride-rosiglitazone, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin, Sitagliptin-simvastatin, 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: Exenatide, Albiglutide, Dulaglutide, 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, Sitaglipin	insulin lispro protamine, Insulin regular human, insulin human inhaled Meglitinides: Nateglinide, Repaglinide Glucagon-like peptide-1 (GLP1) agonists: Dulaglutide, Exenatide, Liraglutide, Albiglutide 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	liraglutide, albiglutide, lixisentatide Amylin Analogs: pramlintide DPP-IV Inhibitors and DPP-IV Inhibitor Combination Products: sitagliptin, linagliptin, alogliptin, saxagliptin, alogliptin & metformin, alogliptin & pioglitazone, linagliptin & metformin, sitagliptin & metformin IR & SR, saxagliptin & metformin SR, sitagliptin & simvastatin Insulins: insulin aspart, insulin aspart Protamine & Aspart, insulin detemir, insulin glargine, insulin glulisine, insulin isophane & regular human insulin, insulin isophane (human N), insulin lispro, insulin lispro Protamine & Insulin lispro, insulin regular (human R), insulin regular (human) inhalation powder, insulin degludec, insulin glargine & lixisenatide, insulin degludec & liraglutide Sodium glucose co-transporter2 (SGLT2) Inhibitors: canagliflozin, dapagliflozin, emapaglifozin Note: Excludes nutritional supplement/dietary management combination products.
Denominator Exclusions	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.	Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began. Exclude patients who did NOT have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year. AND A diagnosis of gestational or steroid-induced diabetes, in any setting,	Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began. Exclusions (optional): -Members who do not have a diagnosis of diabetes in any setting, during the measurement year or the year prior to the measurement year and who had a diagnosis of gestational diabetes or steroid-induced diabetes in any setting,	Those persons receiving hospice care at any point during the measurement year. 2017 - added the exclusion: Patients with ESRD. Patients with ESRD can be identified using: RxHCC 121 - Dialysis Status (for Payment Year 2015) or RxHCC 261 - Dialysis Status (for Payment Year 2016 or 2017) or by using the ICD-9 and/or ICD-10 codes in the data file: 1_ICD Codes ESRD Jul2017

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		during the measurement year or the year prior to the measurement year.	during the measurement year or the year prior to the measurement year.	
Denominator Exclusion Details	• 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	Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services 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 (Hospice Value Set). ADMINISTRATIVE CLAIMS: Exclude patients who do not have a diagnosis of diabetes (Diabetes Value Set), in any setting, during the measurement year or the year prior to the measurement year and who had 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. See corresponding Excel file for value sets referenced above. 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 or steroid-induced diabetes in any setting, during the measurement year or the year prior to the measurement year. Exclusionary evidence in the medical record must indicate the patient began using hospice services during the measurement year. *Please note: a patient WITH a diagnosis of diabetes AND a diagnosis of gestational or steroid induced diabetes is NOT excluded from the denominator.	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 services 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 (Hospice Value Set). ADMINISTRATIVE CLAIMS: Due to the extensive volume of codes associated with identifying the denominator for this measure, we are attaching a separate file with code value sets. See code value sets located in question S.2b. 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 polycystic ovaries any time in the patient's history through December 31 of the measurement year. OR -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 a diagnosis of gestational or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.	The exclusion uses enrollment data. For Medicare: Exclude those patients identified in the Medicare Enrollment Database as being enrolled in hospice Limitation: Hospice enrollment data may not be routinely available to non-Medicare plans such as Medicaid and Commercial lines of business.
Risk Adjustment	Statistical risk model	No risk adjustment or risk stratification	No risk adjustment or risk stratification	No risk adjustment or risk stratification
Stratification	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	No risk adjustment or risk stratification	No risk adjustment or risk stratification	No risk adjustment or risk stratification
Type Score	Rate/proportion better quality = higher score	Rate/proportion better quality = higher score	Rate/proportion better quality = higher score	Rate/proportion better quality = higher score

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Algorithm	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/	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. 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 two outpatient visits, observation visits, ED visits or nonacute inpatient encounters on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits. -At least one acute inpatient encounter with a diagnosis of diabetes. *SEE ATTACHED EXCEL FILE FOR CODE VALUE SETS INCLUDED IN QUESTION S.2B 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 PRESCRIPTIONS TO IDENTIFY PATIENTS WITH DIABETES IN S.9 STEP 2: Exclude patients who meet the exclusion criteria. SEE S.10 AND S.11 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).	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. Claim/Encounter Data: -Patients who had at least two outpatient visits, observation visits or nonacute inpatient encounters on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits. -Patients with at least one acute inpatient encounter with a diagnosis of diabetes. -Patients with at least one ED visit with a diagnosis of diabetes. *SEE ATTACHED EXCEL FILE FOR CODE VALUE SETS INCLUDED IN QUESTION S.2B 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 PRESCRIPTIONS TO IDENTIFY PATIENTS WITH DIABETES IN S.7 STEP 2. Determine the number of patients in the eligible population who had a recent HbA1c test during the measurement year through the search of administrative data systems. STEP 3. Identify patients with a most recent HbA1c test performed. STEP 4. Identify the most recent result. If that result has an HbA1c level <8.0%, then that patient is numerator compliant. If the most recent result is instead with an HbA1c level >/=8.0% or a missing result or if no HbA1c test was done during the measurement year, then the member is not in the numerator. STEP 5. Exclude from the eligible population patients from step 2 for whom administrative system data identified an exclusion to the service/procedure being measured. *SEE DENOMINATOR EXCLUSION CRITERIA IN QUESTION S.8 STEP 6. Calculate the rate (number of patients with HbA1c control <8.0%).	Denominator Calculation: Step 1: Identify the eligible population that is 41-75 years of age as of the last day of the measurement period and that are continuously enrolled in the drug plan. Step 2: Exclude any person that is in hospice (Medicare Part D) Step 3: Identify those patients in Step 2 who were dispensed two or more prescription fills for a hypoglycemic agent during the measurement year. The number of patients identified in Step 3 is the denominator for the measure. Numerator Calculation: Step 4: Of those patients identified in Step 3, identify the patients who received one or more prescription fills for a statin or statin combination during the measurement year. The number of patients identified by completing Step 4 represents the numerator for this measure. Step 5: Divide the numerator by the denominator and then multiply by 100 to obtain the rate (as a percentage) for the measure.

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	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.			
Submission items	5.1 Identified measures: «similar_related_endorsed_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%)	5.1 Identified measures: No response 5a.1 Are specs completely harmonized? No 5a.2 If not completely harmonized, identify difference, rationale, impact:	5.1 Identified measures: No response 5a.1 Are specs completely harmonized? Yes	5.1 Identified measures: No response 5a.1 Are specs completely harmonized? No

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	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.	Measure 0061 is NQF endorsed as 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.9 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	5a.2 If not completely harmonized, identify difference, rationale, impact: N/A 5b.1 If competing, why superior or rationale for additive value: N/A	5a.2 If not completely harmonized, identify difference, rationale, impact: Differences between measures 0729 and 2712: The composite measure, 0729, addresses A1c, blood pressure, statin use, tobacco non-use and daily aspirin or anti-platelet use for patients with diagnosis of ischemic vascular disease. Measure 2712 addresses one specific aspect of appropriate medication use, statin medications in a population with diabetes age 40-75. The composite measure, 0729, is reported at the clinician level and uses data from the medical record. Measure 2712 is reported at the health plan level is based on prescription claims data. The composite measure 0729 includes diabetic patients 18-75 years, while measure 2712 only includes diabetic patients age 40-75 years. While the intent and basis of the measures are similar, there are some differences in the measure specification. These differences are due to the accessibility of clinical data for measure 0729 including LDL, allergies, diagnosis etc. Rationale: The rationales of the measures are similar as they address the same guideline but in different settings of care. Impact on interpretability: These measures will be interpreted differently since one (0729) is a composite measure of diabetes care used by clinicians in an ambulatory setting. The other measure (2712) is specific to statin use in a limited age group of diabetics and will be used by health plans and pharmacists. Data collection burden: There will be no additional level of burden as the data used in measure 2712 is prescription claims data and administrative data that are already collected by the health plan. 5b.1 If competing, why superior or rationale for additive value: N/A

	0729 Optimal Diabetes Care	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	0575 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	2712 Statin Use in Persons with Diabetes
		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 publically 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: No response		

Appendix E2: Related and Competing Measures (narrative version)

Comparison of 3475e, 0046, and 0053

3475e Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture
0046 Screening for Osteoporosis for Women Aged 65-85 Years of Age
0053 Osteoporosis Management in Women Who Had a Fracture

Steward

3475e Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture

Centers for Medicare & Medicaid Services

0046 Screening for Osteoporosis for Women Aged 65-85 Years of Age

National Committee for Quality Assurance

0053 Osteoporosis Management in Women Who Had a Fracture

National Committee for Quality Assurance

Description

3475e Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture

Percentage of female patients 50 to 64 years of age without select risk factors for osteoporotic fracture who received an order for a dual-energy x-ray absorptiometry (DXA) scan during the measurement period.

0046 Screening for Osteoporosis for Women Aged 65-85 Years of Age

Percentage of women 65-85 years of age who ever had a central dual-energy x-ray absorptiometry (DXA) test to check for osteoporosis.

0053 Osteoporosis Management in Women Who Had a Fracture

The percentage of women age 50-85 who suffered a fracture and who either had a bone mineral density test or received a prescription for a drug to treat osteoporosis.

Type

3475e Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture

Process: Appropriate Use

0046 Screening for Osteoporosis for Women Aged 65-85 Years of Age

Process

0053 Osteoporosis Management in Women Who Had a Fracture

Process

Data Source

3475e Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture

Electronic Health Records

0046 Screening for Osteoporosis for Women Aged 65-85 Years of Age

Electronic Health Data, Electronic Health Records, Paper Medical Records

0053 Osteoporosis Management in Women Who Had a Fracture

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

Level of Analysis

3475e Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture

Clinician: Individual

0046 Screening for Osteoporosis for Women Aged 65-85 Years of Age

Clinician: Group/Practice, Clinician: Individual

0053 Osteoporosis Management in Women Who Had a Fracture

Clinician: Group/Practice, Clinician: Individual, Health Plan, Integrated Delivery System

Care Setting

3475e Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture

Outpatient Services

0046 Screening for Osteoporosis for Women Aged 65-85 Years of Age

Outpatient Services

0053 Osteoporosis Management in Women Who Had a Fracture

Outpatient Services

Numerator Statement

3475e Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture

Female patients who received an order for at least one DXA scan in the measurement period.

0046 Screening for Osteoporosis for Women Aged 65-85 Years of Age

The number of women who have documentation in their medical record of having received a DXA test of the hip or spine.

0053 Osteoporosis Management in Women Who Had a Fracture

Patients who received either a bone mineral density test or a prescription for a drug to treat osteoporosis after a fracture occurs.

Numerator Details

3475e Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture

Female patients who received an order for at least one DXA scan in the measurement period

Please refer to the attached Measure Authoring Tool (MAT) output and value sets.

0046 Screening for Osteoporosis for Women Aged 65-85 Years of Age

Documentation of a central dual-energy x-ray absorptiometry (DXA) test ever being performed.

The numerator criteria is met by documentation in the medical record that the patient has had a central dual-energy x-ray absorptiometry test. This measure is also collected in the Quality Payment Program using the following codes specific to the quality measure:

Performance Met: G8399 Patient with documented results of a central Dual-energy X-Ray Absorptiometry (DXA) ever being performed.

Performance Not Met: G8400 Patient with central Dual-energy X-Ray Absorptiometry (DXA) results not documented, reason not given.

0053 Osteoporosis Management in Women Who Had a Fracture

Patients who received either a bone mineral density test or a prescription for a drug to treat osteoporosis in the six months after a fracture. Appropriate testing or treatment for osteoporosis after the fracture is defined by any of the following criteria:

- A bone mineral density test (see Table OMW-X) in any setting, on earliest date of service with the diagnosis of fracture or in the 180-day (6-month) period after the fracture. If the earliest date of service with the diagnosis of fracture was during an inpatient stay, a bone mineral density test taking place during the inpatient stay counts.

- Osteoporosis therapy, including long-acting injectables, on the earliest date of service with the diagnosis of fracture or in the 180-day (6-month) period after the fracture. If the earliest date of service with the diagnosis of fracture was an inpatient stay, long-acting osteoporosis medication received during the inpatient stay counts.

- A dispensed prescription to treat osteoporosis (see Table OMW-C) on the earliest date of service with the diagnosis of fracture or in the 180-day (6-month) period after the fracture.

Table OMW-X: Bone Mineral Density Tests

Central dual-energy x-ray absorptiometry, computed tomography, single energy x-ray absorptiometry, ultrasound

Table OMW-C: Osteoporosis Medication

Biphosphates: Alendronate, Alendronate-cholecalciferol, Ibandronate, Risedronate, Zoledronic acid

Other: Calcitonin, Denosumab, Raloxifene, Teriparatide

The numerator for this measure can be identified using either administrative claims or review of medical records. The following criteria are used to identify the numerator criteria for each method. *Note this measure has been tested using medical record review at the physician level and administrative data at the health plan level.

For Medical Record Review Methodology (Physician Level)

When using the medical record as the data source, the numerator criteria is met by documentation that a Bone Mineral Density Test was performed or an osteoporosis therapy was prescribed. This may include a prescription given to patient for treatment of osteoporosis at one or more encounters during the reporting period. This measure is also collected in the Quality Payment Program, previously referred to as the Physician Quality Reporting System, using G-codes specific to the quality measure:

- 3095F Central Dual-energy X-Ray Absorptiometry (DXA) results documented

- G8633 Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed

For Administrative Methodology (Health Plan Level)

When using administrative claims as the data source, the numerator criteria is met by one or more codes in the following value sets:

Bone Mineral Density Tests Value Set

Osteoporosis Medications Value Set

A pharmacy claim for a medication listed in Table OMW-C

See S.2b. (Data Dictionary Code Table) for all value sets.

Denominator Statement

3475e Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture

Female patients ages 50 to 64 years with an encounter during the measurement period.

0046 Screening for Osteoporosis for Women Aged 65-85 Years of Age

Women age 65-85.

0053 Osteoporosis Management in Women Who Had a Fracture

Women who experienced a fracture, except fractures of the finger, toe, face or skull. Three denominator age strata are reported for this measure:

Women age 50-64

Women age 65-85

Women age 50-85

Denominator Details

3475e Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture

Female patients ages 50 to 64 years with an encounter during the measurement period

Please refer to the attached MAT output and value sets.

0046 Screening for Osteoporosis for Women Aged 65-85 Years of Age

Women who had a documented patient encounter (see Table 1 for encounter codes) during the reporting period.

Table 1: Patient encounter during the reporting period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

0053 Osteoporosis Management in Women Who Had a Fracture

The denominator for this measure is identified by administrative codes which are specific to the level of reporting. When reporting this measure at the health plan level include all

individuals with fractures enrolled in the health plan (i.e. all individuals with encounters for fractures in the health plan – inpatient and outpatient). When reporting this measure at the physician level include all individuals with fractures seen by the eligible provider (i.e., all individuals with encounters for fracture with the eligible provider).

Health Plan Level Denominator Details:

Women who had an outpatient visit (see Outpatient Value Set), an observation visit (see Observation Value Set), an ED visit (see ED Value Set), a nonacute inpatient encounter (see Nonacute Inpatient Value Set) or an acute inpatient encounter (see Acute Inpatient Value Set) for a fracture (see Fractures Value Set) during the 12-month window that begins on July 1 of the year prior to the measurement year and ends on June 30 of the measurement year. This is the index fracture. If the patient had more than one fracture during the intake period, include only the first fracture. See S.2b. (Data Dictionary Code Table) for all value sets.

Physician Level Denominator Details:

Women who had a documented patient encounter (See Table 1 for encounter codes) with a fracture diagnosis (See Fracture Value Set).

Table 1: Patient encounter during the reporting period:

CPT Service codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, G0402

CPT Procedure codes: 22310, 22315, 22318, 22319, 22325, 22326, 22327, 22510, 22511, 22513, 22514, 25600, 25605, 25606, 25607, 25608, 25609, 27230, 27232, 27235, 27236, 27238, 27240, 27244, 27245, 27246, 27248

Denominator Exclusions

3475e Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture

The measure excludes patients who have a combination of risk factors (as determined by age) or one of the independent risk factors.

0046 Screening for Osteoporosis for Women Aged 65-85 Years of Age

Diagnosis of osteoporosis at the time of the encounter.

Patient receiving hospice services anytime during the measurement period.

0053 Osteoporosis Management in Women Who Had a Fracture

Exclude women who had a bone mineral density test during the 24 months prior to the index fracture.

- Exclude women who had a claim/encounter for osteoporosis treatment during 12 months prior to the index fracture.

- Exclude women who received a dispensed prescription or had an active prescription to treat osteoporosis during the 12 months prior to the index fracture.

- Exclude women who are enrolled in a Medicare Institutional Special Needs Plan (I-SNP) or living long-term in an institution any time during the measurement year.

- Exclude women receiving hospice care during the measurement year.

Exclusion Details

3475e Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture

Documentation of history of hip fracture in parent

Osteoporotic fracture

Glucocorticoids (>= 5 mg/per day) [cumulative medication duration >= 90 days]

INDEPENDENT RISK FACTORS (The following risk factors are all independent risk factors; they are grouped by when they occur in relation to the measurement period):

The following risk factors may occur at any time in the patient's history and must not start during the measurement period:

Osteoporosis

The following risk factors may occur at any time in the patient's history:

Gastric bypass

FRAX[R] ten-year probability of all major osteoporosis related fracture >= 8.4 percent

Aromatase inhibitors

Type I Diabetes

End stage renal disease

Osteogenesis imperfecta

Ankylosing spondylitis

Psoriatic arthritis

Ehlers-Danlos syndrome

Cushing's syndrome

Hyperparathyroidism

Marfan syndrome

Lupus

Please refer to the attached MAT output and value sets.

0046 Screening for Osteoporosis for Women Aged 65-85 Years of Age

The denominator exclusion criteria is met by documentation in the medical record of a diagnosis of osteoporosis at the time of the encounter (see Table 2 for diagnosis codes).

Table 2: Diagnosis of osteoporosis on date of encounter (ICD-10-CM): M80.00XA, M80.00XD, M80.00XG, M80.00XK, M80.00XP, M80.00XS, M80.011A, M80.011D, M80.011G, M80.011K, M80.011P, M80.011S, M80.012A, M80.012D, M80.012G, M80.012K, M80.012P, M80.012S, M80.019A, M80.019D, M80.019G, M80.019K, M80.019P, M80.019S, M80.021A, M80.021D, M80.021G, M80.021K, M80.021P, M80.021S, M80.022A, M80.022D, M80.022G, M80.022K, M80.022P, M80.022S, M80.029A, M80.029D, M80.029G, M80.029K, M80.029P, M80.029S, M80.031A, M80.031D, M80.031G, M80.031K, M80.031P, M80.031S, M80.032A, M80.032D, M80.032G, M80.032K, M80.032P, M80.032S, M80.039A, M80.039D, M80.039G, M80.039K, M80.039P, M80.039S, M80.041A, M80.041D, M80.041G, M80.041K, M80.041P, M80.041S, M80.042A, M80.042D, M80.042G, M80.042K, M80.042P, M80.042S, M80.049A, M80.049D, M80.049G, M80.049K, M80.049P, M80.049S, M80.051A, M80.051D,

M80.051G, M80.051K, M80.051P, M80.051S, M80.052A, M80.052D, M80.052G, M80.052K, M80.052P, M80.052S, M80.059A, M80.059D, M80.059G, M80.059K, M80.059P, M80.059S, M80.061A, M80.061D, M80.061G, M80.061K, M80.061P, M80.061S, M80.062A, M80.062D, M80.062G, M80.062K, M80.062P, M80.062S, M80.069A, M80.069D, M80.069G, M80.069K, M80.069P, M80.069S, M80.071A, M80.071D, M80.071G, M80.071K, M80.071P, M80.071S,M80.072A, M80.072D, M80.072G, M80.072K, M80.072P, M80.072S, M80.079A, M80.079D, M80.079G, M80.079K, M80.079P, M80.079S, M80.08XA, M80.08XD, M80.08XG, M80.08XK, M80.08XP, M80.08XS, M80.80XA, M80.80XD, M80.80XG, M80.80XK, M80.80XP, M80.80XS, M80.811A, M80.811D, M80.811G, M80.811K, M80.811P, M80.811S, M80.812A, M80.812D, M80.812G, M80.812K, M80.812P, M80.812S, M80.819A, M80.819D, M80.819G, M80.819K, M80.819P, M80.819S, M80.821A, M80.821D, M80.821G, M80.821K, M80.821P, M80.821S, M80.822A, M80.822D, M80.822G, M80.822K, M80.822P, M80.822S, M80.829A, M80.829D, M80.829G, M80.829K, M80.829P, M80.829S, M80.831A, M80.831D, M80.831G, M80.831K, M80.831P, M80.831S, M80.832A, M80.832D, M80.832G, M80.832K, M80.832P, M80.832S, M80.839A, M80.839D, M80.839G, M80.839K, M80.839P, M80.839S, M80.841A, M80.841D, M80.841G, M80.841K, M80.841P, M80.841S, M80.842A, M80.842D, M80.842G, M80.842K, M80.842P, M80.842S, M80.849A, M80.849D, M80.849G, M80.849K, M80.849P, M80.849S, M80.851A, M80.851D, M80.851G, M80.851K, M80.851P, M80.851S, M80.852A, M80.852D, M80.852G, M80.852K, M80.852P, M80.852S, M80.859A, M80.859D, M80.859G, M80.859K, M80.859P, M80.859S, M80.861A, M80.861D, M80.861G, M80.861K, M80.861P, M80.861S, M80.862A, M80.862D, M80.862G, M80.862K, M80.862P, M80.862S, M80.869A, M80.869D, M80.869G, M80.869K, M80.869P, M80.869S, M80.871A, M80.871D, M80.871G, M80.871K, M80.871P, M80.871S, M80.872A, M80.872D, M80.872G, M80.872K, M80.872P, M80.872S, M80.879A, M80.879D, M80.879G, M80.879K, M80.879P, M80.879S, M80.88XA, M80.88XD, M80.88XG, M80.88XK, M80.88XP, M80.88XS, M81.0, M81.6, M81.8

0053 Osteoporosis Management in Women Who Had a Fracture

1) Exclude patients with a previous fracture: patients with an outpatient visit (see Outpatient Value Set), an observation visit (see Observation Value Set), an ED visit (see ED Value Set), a nonacute inpatient encounter (see Nonacute Inpatient Value Set) or an acute inpatient encounter (see Acute Inpatient Value Set) for a fracture (see Fractures Value Set) during the 60 days (2 months) prior to the earliest date of service with a diagnosis of fracture. For index fractures requiring an inpatient stay, use the admission date as the earliest date of service with a diagnosis of fracture. For direct transfers, use the first admission date as the earliest date of service with a diagnosis of fracture.

2) Exclude patients who had a Bone Mineral Density test (see Bone Mineral Density Tests Value Set) during the 730 days (24 months) prior to the earliest date of service with a diagnosis of fracture.

3) Exclude patients who had a claim/encounter for osteoporosis therapy (see Osteoporosis Medications Value Set) or received a dispensed prescription to treat osteoporosis (see Table OMW-C) during the 365 days (12 months) prior to the earliest date of service with a diagnosis of fracture.

4) Exclude patients who live long-term in Institutional settings (as identified by the LTI flag in the Medicare Part C monthly membership file) or are enrolled in a Medicare Institutional Special Needs Plan during the measurement year.

5) Exclude patients who are in hospice care during the measurement year (as identified by the Medicare plan's enrollment file).

Table OMW-C: Osteoporosis Therapies

Alendronate, Alendronate-cholecalciferol, Ibandronate, Risedronate, Zoledronic acid, Calcitonin, Denosumab, Raloxifene, Teriparatide

The denominator exclusions for this measure can be identified using administrative claims, health plan enrollment data or review of medical record. The following criteria are used to identify the denominator exclusion criteria for each method. *Note this measure has been tested using medical record review at the physician level and administrative data at the health plan level.

For Medical Record Review Methodology (Physician Level)

When using the medical record as the data source, the denominator exclusion criteria can be met by documentation that a previous fracture occurred, a bone mineral density test was performed or an osteoporosis therapy was prescribed during the specified timeframe prior to the fracture. In the Physician Quality Reporting System (PQRS) this exclusion is collected using G-codes specific to quality measurement:

- 3095F or 4005F with 1P: Documentation of medical reason(s) for not performing a bone mineral density test or not prescribing pharmacologic therapy for osteoporosis (i.e. history of fracture in 60 days prior to index fracture, bone mineral density test in 24 months prior to index fracture, or pharmacologic treatment for osteoporosis in 12 months prior to index fracture).

For Administrative Methodology (Health Plan Level)

When using administrative claims as the data source, the denominator exclusion criteria is met using the following value sets referenced above during the specified time frame prior to the fracture.

Outpatient Value Set

ED Value Set

Nonacute Inpatient Value Set

Acute Inpatient Value Set

Fractures Value Set

Bone Mineral Density Tests Value Set

Osteoporosis Medications Value Set

See S.2b. (Data Dictionary Code Table) for all value sets.

Risk Adjustment

3475e Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture

No risk adjustment or risk stratification

0046 Screening for Osteoporosis for Women Aged 65-85 Years of Age

No risk adjustment or risk stratification

0053 Osteoporosis Management in Women Who Had a Fracture

No risk adjustment or risk stratification

Stratification

3475e Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture

No risk adjustment or risk stratification

0046 Screening for Osteoporosis for Women Aged 65-85 Years of Age

No risk adjustment or risk stratification

0053 Osteoporosis Management in Women Who Had a Fracture

No risk adjustment or risk stratification

Type Score

3475e Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture

Rate/proportion

better quality = lower score

0046 Screening for Osteoporosis for Women Aged 65-85 Years of Age

Rate/proportion

better quality = higher score

0053 Osteoporosis Management in Women Who Had a Fracture

Rate/proportion

better quality = higher score

Algorithm

3475e Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture

Refer to items S.4 to S.9 for details, S2.a for the eCQM specification, and S2.b for value sets.

1. Determine the denominator. Identify female patients ages 50 to 64 who had an encounter during the measurement period.

2. Remove exclusions. Identify patients who meet the exclusion criteria and remove them from the denominator (female patients who have a combination of risk factors, as determined by age, or one of the independent risk factors).

3. Determine the numerator. Identify patients in the denominator (after removing patients who meet the exclusion criteria) who received at least one DXA scan order during the measurement period.

4. Calculate measure performance. Compute performance as a proportion: numerator cases divided by (denominator minus exclusions).

0046 Screening for Osteoporosis for Women Aged 65-85 Years of Age

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

-Sex: Females

-Age: 65-85 years of age

-Patient encounter during the reporting period (12 months)

Step 2: Exclude from the eligible population in step 1 patients who have a diagnosis of osteoporosis at time of encounter.

Step 3: Identify the number of patients with a central dual-energy x-ray absorptiometry test documented.

Step 4: Calculate the rate (number of patients who had a central dual-energy x-ray absorptiometry test documented divided by the eligible population).

0053 Osteoporosis Management in Women Who Had a Fracture

Health Plan Level:

Step 1: Identify all female patients who had a new fracture during the intake period (12-month window that begins on July 1 of the year prior to the measurement year and ends on June 30 of the measurement year).

Step 2: Exclude patients who had previous bone mineral density test and patients who had previous osteoporosis treatment. Also exclude patients living long-term in institutional settings and patients receiving hospice care.

Step 3: Of those patients remaining after Step 2 (i.e., the denominator), identify those who received bone mineral density testing or osteoporosis treatment in the 6-month period following the fracture.

Step 4: To calculate the rate, take the number of patients who received testing or treatment and divide by the number of people calculated to be in the denominator.

Physician Level:

Step 1: Identify all female patients in each age strata who had a documented patient encounter with the eligible provider with a new diagnosis of fracture.

Step 2: Exclude patients who had who had previous bone mineral density test and patients who had previous osteoporosis treatment. Also exclude patients living long-term in institutional settings and patients receiving hospice care.

Step 3: Of those patients remaining after Step 2 (i.e., the denominator), identify all patients who had a documented bone mineral density test or pharmacologic treatment after the fracture.

Step 4: To calculate the rate, take the number of patients who received testing or pharmacologic treatment and divide by the number of people calculated to be in the denominator.

Submission items

3475e Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture

5.1 Identified measures: 0046 : Screening for Osteoporosis for Women 65-85 Years of Age

5a.1 Are specs completely harmonized?

Yes

5a.2 If not completely harmonized, identify difference, rationale, impact:

(NQF 0046) Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older: Percentage of female patients aged 65-85 years of age who ever had a central dual-energy X-ray absorptiometry (DXA) to check for osteoporosis. NQF 0046 is in MIPS and is specified

for claims and registry reporting. It complements the proposed measure because it assesses the percentage of women who receive an appropriate osteoporosis screening after age 65. There are some differences between the measures, but these are appropriate based on the measures' intents. NQF 0046 assesses for documentation of DXA results, whereas the proposed measure assesses for DXA orders. Assessing for DXA orders makes sense because the proposed measure focuses on overuse of DXA screening. Also, NQF 0046 is limited to DXA scans of the hip or spine (that is, central DXA scans), whereas the proposed measure assesses for central and peripheral DXA scans. In its 2011 recommendation, the U.S. Preventive Services Task Force recommended using central DXA scans to assess for osteoporosis—and NQF 0046 complies with this recommendation. But the proposed measure, as an overuse measure, assesses for any type of DXA scan because any type could be inappropriate. Together, these two measures assess the appropriate use of DXA scans in women 65 and older, along with inappropriate use of DXA scans in women under age 65.

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

Not applicable. We did not identify any competing measures.

0046 Screening for Osteoporosis for Women Aged 65-85 Years of Age

5.1 Identified measures:

0037: Osteoporosis Testing in Older Women (OTO)

0045: Communication with the physician or other clinician managing on-going care post fracture for men and women aged 50 years and older

0053: Osteoporosis Management in Women Who Had a Fracture

0048: Osteoporosis: Management Following Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older

2416: Laboratory Investigation for Secondary Causes of Fracture

2417: Risk Assessment/Treatment After Fracture

5a.1 Are specs completely harmonized?

Yes

5a.2 If not completely harmonized, identify difference, rationale, impact:

There are multiple NQF-endorsed measures of osteoporosis prevention and management. In the most recent update, we undertook a comprehensive harmonization exercise to align several NQF-endorsed osteoporosis measures where possible given the different measure focus, methods of data collection and level of accountability. Below we describe the harmonization between this measure (0046) and the most closely related measure, 0037. Please see the attached memo on alignment of measures for a more in-depth description of the NCQA harmonization efforts.

Measure 0037 assesses the percentage of women who report having received a bone mineral density test to screen for osteoporosis., is collected using a survey and is only specified for health plan level reporting. Measure 0037 has the same focus and target population as measure 0046 and therefore could be considered competing. The two measures are completed harmonized on all data elements with the exception of the following which could not be harmonized due to difference in data source: TYPE OF TEST: Because measure 0037 is a survey measure, the term "bone mineral density test" is used to refer to "dual energy x-ray absorptiometry test." This term is used because cognitive

testing indicated the term was more understandable to survey respondents. We have harmonized the two measures by ensuring both measures only capture testing done of the hip or spine; however, 0046 is able to capture more specific about the type of test done due to the data source used for measure collection. EXCLUSIONS: Measure 004 includes an exclusion for diagnosis of osteoporosis at the time of encounter. An exclusion for diagnosis of osteoporosis is not feasible in the survey measure (0046) due to the timing of data collection.

Given the two different data sources, we do not expect the two measures (0037 and 0046) to have exactly comparable results; however the two measures address the same quality gap for different levels of accountability. -Measure 0037 addresses whether a health plan is addressing the risk for osteoporosis in the patient population by determining the percent of the population that had a bone mineral density test regardless who their provider is. This test may have been done outside of the context of their primary care provider. Measure 0046 addresses whether individual providers are addressing the risk for osteoporosis in their patient population by determining if an individual had a bone mineral density test to screen for osteoporosis and if their provider is aware of those results and can advise on appropriate risk reduction.

Measures 0045, 0053, 2416, and 2417 address a different population than 0046. These measures address women who have experienced a fracture, and are focused on secondary prevention of future fractures as opposed to screening for osteoporosis. Therefore we consider these measures to be related but not competing. The differences between these measures are reflective of the different guidelines for general population screening and secondary prevention. Where it is appropriate to the measure focus and evidence we have aligned the measures.

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

Although 0037 and 0046 have the same measure focus and same target population they are specified for different levels of analysis and accountability, and use different data sources. We have described above where the measures are conceptually harmonized and the rationale for where the measures cannot be harmonized in their technical specifications due to the level of analysis and data source.

RESPONSE TO 5a.2 (insufficient space above):

There are multiple NQF-endorsed measures of osteoporosis prevention and management. In the most recent update, we undertook a comprehensive harmonization exercise to align several NQF-endorsed osteoporosis measures where possible given the different measure focus, methods of data collection and level of accountability. Below we describe the harmonization between this measure (0046) and the most closely related measure, 0037.

Measure 0046 assesses the percentage of women who have a bone mineral density test to screen for osteoporosis. Measure 0046 is collected using medical record review and is only specified for physician level reporting. The rationale for different data sources is the availability of data for the level of reporting.

- Measure 0037 is a health plan level measure. Since the recommended timeframe for osteoporosis testing is at least once since turning age 65 or prior to age 65 if at risk, the measure is specified as “ever” having a bone mineral density test. It is not feasible for a Medicare Advantage plan to have access to enough historical claims data or medical record data to determine if the entire member population ever had a bone mineral density test. Therefore a survey method is the recommended data source for collecting this type of

historical data.

- Measure 0046 is a physician level measure. Physicians are limited by the same lack of historical data, but also have limited resources to field and collect a survey of their patient population. Therefore, this measure looks for documentation in the medical record that a bone mineral density test was performed. This documentation may come from previous medical records requested by the current physician on past care.

The harmonized measure elements described below are reflective of the most recent measure versions submitted for endorsement.

Harmonized Measure Elements between 0037 and 0046:

- Type of Test: Because measure 0037 is a survey measure, the term "bone mineral density test" is used to refer to "dual energy x-ray absorptiometry test." This term is used because cognitive testing indicated the term was more understandable to survey respondents. We have harmonized the two measures by ensuring both measures only capture testing done of the hip or spine; however, 0046 is able to capture more specific about the type of test done due to the data source used for measure collection.

- Eligible Population: Both measures are focused on women age 65-85 years of age.

- Timeframe for testing: Both measures address whether testing was done at least once in the woman's lifetime.

Given the two different data sources, we do not expect the two measures (0037 and 0046) to have exactly comparable results; however, the two measures address the same quality gap for different levels of accountability.

- Measure 0037 addresses whether a health plan is addressing the risk for osteoporosis in the patient population by determining the percent of the population that had a bone mineral density test regardless who their provider is. This test may have been done outside of the context of their primary care provider.

- Measure 0046 addresses whether individual providers are addressing the risk for osteoporosis in their patient population by determining if an individual had a bone mineral density test to screen for osteoporosis and if their provider is aware of those results and can advise on appropriate risk reduction.

Measures 0045, 0048, 0053, 2416, and 2417 address a different population than 0046. These measures address women who have experienced a fracture, and are focused on secondary prevention of future fractures as opposed to screening for osteoporosis. Therefore, we consider these measures to be related but not competing. The differences between these measures are reflective of the different guidelines for general population screening and secondary prevention. Where it is appropriate to the measure focus and evidence we have aligned the measures.

0053 Osteoporosis Management in Women Who Had a Fracture

5.1 Identified measures:

0037: Osteoporosis Testing in Older Women (OTO)

0046: Screening for Osteoporosis for Women 65-85 Years of Age

2416: Laboratory Investigation for Secondary Causes of Fracture

2417: Risk Assessment/Treatment After Fracture

5a.1 Are specs completely harmonized?

Yes

5a.2 If not completely harmonized, identify difference, rationale, impact:

Insufficient Space - please see 5b.1.

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

Response to 5a.2 (insufficient space above): There are multiple measures of osteoporosis prevention and management. During the last measure update in 2014, this measure was harmonized to align with applicable existing NQF-endorsed osteoporosis measures where possible given the different measure focus, methods of data collection and level of accountability. Below we describe the harmonization between this measure (0053) and the most closely related measures, 0037, 0046, 2416, 2417.

NCQA OWNED RELATED MEASURES

0037: Osteoporosis Testing in Older Women

0046: Screening for Osteoporosis for Women 65-85 Years of Age

Measures 0037 and 0046 assess the number of women 65-85 who report ever having received a bone density test to check for osteoporosis. These measures focus on screening for osteoporosis in the general population, whereas measure 0053 is focused on secondary prevention in a population of women who have experienced a fracture. Therefore, we consider these measures to be related but not competing. The differences between these two measures are reflective of the different guidelines for general population screening and secondary prevention. Where it is appropriate to the measure focus and evidence, we have aligned the measures.

OTHER RELATED MEASURES

The other osteoporosis management related measures are more narrowly focused than the NCQA measures. These measures (2416, 2417) are hospital-level accountability measures and focus solely on women who were hospitalized for fractures.

2416: Laboratory Investigation for Secondary Causes of Fracture

Measure 2416 assesses the percentage of patients age 50 and over who were hospitalized for a fragility fracture and had the appropriate laboratory investigation for secondary causes of fracture ordered or performed prior to discharge from an inpatient hospitalization. This measure has a different focus from measure 0053 (identifying cause of fracture as opposed to screening/treatment for osteoporosis). While the target population of this measure overlaps with the target population of 0053, measure 2416 is restricted to fractures that require hospitalization whereas 0053 focuses on a broader population. Therefore, we consider these measures to be related but not competing. Measure 2416 captures some of the same quality focus as 0053 but is designed to be appropriate for hospital-level accountability and is therefore restricted to hospitalized individuals. The differences between this measure and 0053 are reflective of the different measure intents and level of accountability.

2417: Risk Assessment/Treatment After Fracture

Measure 2417 assesses the number of patients age 50 and over who were hospitalized for a fragility fracture and have either a dual-energy x-ray absorptiometry (DXA) scan ordered or performed, a prescription for FDA-approved pharmacotherapy, or are linked to a fracture liaison service prior to discharge from an inpatient hospitalization. If DXA is not available and documented, then any other specified fracture risk assessment method may be ordered or performed. This measure has a similar focus to 0053 and an overlapping target population (individuals hospitalized for a fragility fracture). Therefore, this measure

could be considered competing with 0053; however, 2417 is designed to focus on hospital-level accountability and therefore is only inclusive of populations and services provided within the hospital setting. Measure 0053 is designed to be broader and capture both outpatient and inpatient populations and services.

Response to 5b.1: This measure conceptually addresses both the same measure focus and the same target population as NQF-endorsed measure: 2417 Risk Assessment/Treatment After Fracture.

Measure 0053 is designed to be as broad as possible to include the largest possible population (all women age 50 and over with a fracture other than face, finger, toe, and skull) and include the broadest possible settings of care (inpatient and outpatient). The measure is designed for both health plan and outpatient physician level accountability. It is focused on guideline recommended care for osteoporosis management after a fracture. Measure 2417 is designed to be appropriate for hospital-level accountability and therefore focuses on a smaller population (all patients 50 and over hospitalized for a fragility fracture) and includes a single setting of care (inpatient). While some post-fracture care occurs in the inpatient setting, much of the responsibility for providing follow-up care for osteoporosis management in women rests with the outpatient care system and providers. Additionally, many patients who suffer a fracture may not be treated with an inpatient hospitalization. Therefore, it is important to have a measure that captures a broader population and settings of care for osteoporosis management following a fracture.

Comparison of #0729, 0061, 0575, and 2712

0729 Optimal Diabetes Care
0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)
0575 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)
2712 Statin Use in Persons with Diabetes

Steward

0729 Optimal Diabetes Care

MN Community Measurement

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

National Committee for Quality Assurance

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

National Committee for Quality Assurance

2712 Statin Use in Persons with Diabetes

Pharmacy Quality Alliance

Description

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

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.

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

The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is <8.0% during the measurement year.

2712 Statin Use in Persons with Diabetes

The percentage of patients ages 40 – 75 years who were dispensed a medication for diabetes that receive a statin medication.

Type

0729 Optimal Diabetes Care

Composite

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

Outcome

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

Outcome: Intermediate Clinical Outcome

2712 Statin Use in Persons with Diabetes

Process

Data Source

0729 Optimal Diabetes Care

Electronic Health Records, Paper Medical Records

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

Claims, Electronic Health Data, Electronic Health Records, Other, Paper Medical Records

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

Claims, Electronic Health Data, Paper Medical Records

2712 Statin Use in Persons with Diabetes

Claims

Level of Analysis

0729 Optimal Diabetes Care

Clinician: Group/Practice

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

Clinician: Group/Practice, Clinician: Individual, Health Plan, Integrated Delivery System

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

Clinician: Group/Practice, Clinician: Individual, Health Plan

2712 Statin Use in Persons with Diabetes

Health Plan, Other

Care Setting

0729 Optimal Diabetes Care

Outpatient Services

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

Outpatient Services

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

Outpatient Services

2712 Statin Use in Persons with Diabetes

Pharmacy

Numerator Statement

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

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.

The outcome being measured is a blood pressure reading of <140/90 mm Hg, which indicates adequately controlled blood pressure. Adequately controlled blood pressure in patients with diabetes reduces cardiovascular risks and microvascular diabetic complications.

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

Patients whose most recent HbA1c level is less than 8.0%, for whom an HbA1c test was done during the measurement year.

The outcome is adequate control of blood glucose as measured by an HbA1c test, indicating desirable control of diabetes. Good control protects the individual from risk for complications including renal failure, blindness, and neurologic damage. There is no need for risk adjustment for this intermediate outcome measure.

2712 Statin Use in Persons with Diabetes

The number of patients in the denominator who received a prescription fill for a statin or statin combination during the measurement year.

Numerator Details

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.

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

ADMINISTRATIVE

Use automated data to identify the most recent blood pressure reading taken during an outpatient visit or nonacute inpatient encounter during the measurement year. The patient is numerator compliant if the blood pressure reading is <140/90 mm Hg. The patient is not numerator 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 the diastolic level reading is missing). If there are multiple blood pressures on the same date of service, use the lowest systolic and the lowest diastolic blood pressure as the representative blood pressure.

Organizations that use the CPT Category II codes to identify numerator compliance 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 the 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 that it uses to collect data for other diabetes care indicators such as the HbA1c <8 mg/dL indicator. If the organization does not collect data for other diabetes care indicators, it should use the medical record of the provider that manages the patient's diabetes. If that medical record does not contain a blood pressure, the organization may use the medical record of another primary care provider or specialist from whom the patient receives care.

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

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.

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 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).

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

Patients whose most recent HbA1c level is less than 8.0%, for whom an HbA1c test was done during the measurement year.

The outcome is adequate control of blood glucose as measured by an HbA1c test, indicating desirable control of diabetes. Good control protects the individual from risk for complications including renal failure, blindness, and neurologic damage. There is no need for risk adjustment for this intermediate outcome measure.

2712 Statin Use in Persons with Diabetes

The number of patients in the denominator who received a prescription fill for a statin or statin combination during the measurement year. Statin medications for this measure include: lovastatin, rosuvastatin, fluvastatin, atorvastatin, pravastatin, pitavastatin, simvastatin. Statin combination medications for this measure include: niacin & lovastatin, atorvastatin & amlodipine, niacin & simvastatin, sitagliptin & simvastatin, ezetimibe & simvastatin, ezetimibe & atorvastatin. Note: The active ingredients are limited to oral formulations only.

Denominator Statement

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.

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. See question S.7 Denominator Details for methods to identify patients with diabetes.

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

Patients 18-75 years of age by the end of the measurement year who had a diagnosis of

diabetes (type 1 or type 2) during the measurement year or the year prior to the measurement year.

2712 Statin Use in Persons with Diabetes

The denominator includes subjects aged 41 years – 75 years as of the last day of the measurement year who are continuously enrolled during the measurement period. Subjects include patients who were dispensed two or more prescription fills for a hypoglycemic agent during the measurement year.

Denominator Details

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)

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

Patients with diabetes can be identified with two methods: by claim/encounter data (claims for a diagnosis for diabetes type 1 or type 2) and by pharmacy data. Organizations must use both methods to identify patients in the denominator, but a patient only needs to be identified by one method to be included in the measure. Patients can be identified as having diabetes during the measurement year or the year prior to the measurement year. Details to identify patients with each method are provided below.

CLAIMS/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 two outpatient visits, observation visits, ED visits or nonacute inpatient encounters on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits.

-At least one acute inpatient encounter with a diagnosis of diabetes.

Due to the extensive volume of codes associated with identifying the denominator for this measure, we are attaching a separate file with code value sets. See code value sets located in question S.2b.

PHARMACY DATA:

Patients who were dispensed insulin or hypoglycemic/antihyperglycemics on an ambulatory basis during the measurement year or the year prior. Note: Only prescriptions

from the list below can be used to identify patients with diabetes for this measure. Metformin as a solo agent is not included in the list because it is used to treat conditions other than diabetes. Patients with diabetes on metformin as a sole medication may be identified through diagnosis codes only.

DIABETIC MEDICATION

Alpha-glucosidase inhibitors:

Acarbose, Miglitol

Amylin analogs:

Pramlinitide

Antidiabetic combinations:

Alogliptin metformin, Alogliptin pioglitazone, Canagliflozin-metformin, Dapagliflozin-metformin, Empaglifozin-linagliptin, Empagliflozin-metformin, Glimepiride-pioglitazone, Glimepiride-rosiglitazone, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin, Sitagliptin-simvastatin,

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:

Exenatide, Albiglutide, Dulaglutide,

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, Sitaglipin

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

Patients with diabetes can be identified two ways:

-CLAIM/ENCOUNTER DATA: Patients who had two face-to-face encounters, in an outpatient setting or nonacute inpatient setting, or ED setting on different dates of service, with a diagnosis of diabetes, or one face-to-face encounter in an acute inpatient, with a diagnosis of diabetes, during the measurement year or the year prior to the measurement year. Organizations may count services that occur over both years.

*SEE ATTACHED EXCEL FILE FOR CODE VALUE SETS INCLUDED IN QUESTION S.2B

-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 PATIENTS WITH DIABETES (TABLE CDC-A):

Alpha-glucosidase inhibitors:

Acarbose, Miglitol

Amylin analogs:

Pramlinitide

Antidiabetic combinations:

Alogliptin-metformin, Alogliptin-pioglitazone, Canagliflozin-metformin, Dapagliflozin-metformin, Empaglifozin-linagliptin, Empagliflozin-metformin, Glimepiride-pioglitazone, Glimepiride-rosiglitazone, Glipizide-metformin, Glyburide-metformin, Linagliptin-metaformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metaformin-saxagliptin, Metformin-sitagliptin, Sitagliptin-simvastatin

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, Liraglutide, Albiglutide

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

2712 Statin Use in Persons with Diabetes

Subjects are included if they are age 41-75 at the end of the measurement year. Subjects should be continuously enrolled during the measurement period. To determine continuous enrollment using enrollment data, for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (i.e., a member whose coverage lapses for 2 months [60 consecutive days] is not considered continuously enrolled). Subjects are included in the denominator if they were dispensed two or more prescription fills for a hypoglycemic agent during the measurement year. Hypoglycemic medications for this measure include:

Biguanides and Biguanide Combination Products: Metformin, pioglitazone & metformin, rosiglitazone & metformin, repaglinide & metformin, sitagliptin & metformin IR & SR, saxagliptin & metformin SR, linagliptin & metformin, glyburide & metformin, glipizide & metformin, alogliptin & metformin

Sulfonylureas and Sulfonylurea Combination Products: chlorpropamide, glipizide & metformin, glimepiride, glipizide, glyburide & metformin, glyburide, rosiglitazone & glimepiride, pioglitazone & glimepiride, tolazamide, tolbutamide

Meglitinides and Meglitinide Combination Products: nateglinide, repaglinide, repaglinide & metformin

Alpha- Glucosidase Inhibitors: acarbose, miglitol

Thiazolidinediones and Thiazolidinedione Combination Products: pioglitazone, pioglitazone & glimepiride, pioglitazone & metformin, rosiglitazone, rosiglitazone & glimepiride, rosiglitazone & metformin, alogliptin & pioglitazone

Incretin Mimetic Agents: exenatide, dulaglutide, liraglutide, albiglutide, lixisentatide

Amylin Analogs: pramlintide

DPP-IV Inhibitors and DPP-IV Inhibitor Combination Products: sitagliptin, linagliptin, alogliptin, saxagliptin, alogliptin & metformin, alogliptin & pioglitazone, linagliptin & metformin, sitagliptin & metformin IR & SR, saxagliptin & metformin SR, sitagliptin & simvastatin

Insulins: insulin aspart, insulin aspart Protamine & Aspart, insulin detemir, insulin glargine, insulin glulisine, insulin isophane & regular human insulin, insulin isophane (human N), insulin lispro, insulin lispro Protamine & Insulin lispro, insulin regular (human R), insulin regular (human) inhalation powder, insulin degludec, insulin glargine & lixisenatide, insulin degludec & liraglutide

Sodium glucose co-transporter2 (SGLT2) Inhibitors: canagliflozin, dapagliflozin, emapaglifozin

Note: Excludes nutritional supplement/dietary management combination products.

Denominator Exclusions

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.

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

Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began.

Exclude patients who did NOT have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year.

AND A diagnosis of gestational or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.

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

Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began.

Exclusions (optional):

-Members who do not have a diagnosis of diabetes in any setting, during the measurement year or the year prior to the measurement year and 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.

2712 Statin Use in Persons with Diabetes

Those persons receiving hospice care at any point during the measurement year.

2017 - added the exclusion:

Patients with ESRD. Patients with ESRD can be identified using:

RxHCC 121 - Dialysis Status (for Payment Year 2015) or

RxHCC 261 - Dialysis Status (for Payment Year 2016 or 2017) or by using the ICD-9 and/or ICD-10 codes in the data file:

1_ICD Codes ESRD Jul2017

Denominator Exclusion Details

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

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

Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services 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 (Hospice Value Set).

ADMINISTRATIVE CLAIMS:

Exclude patients who do not have a diagnosis of diabetes (Diabetes Value Set), in any setting, during the measurement year or the year prior to the measurement year and who had 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.

See corresponding Excel file for value sets referenced above.

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 or steroid-induced diabetes in any setting, during the measurement year or the year prior to the measurement year.

Exclusionary evidence in the medical record must indicate the patient began using hospice services during the measurement year.

*Please note: a patient WITH a diagnosis of diabetes AND a diagnosis of gestational or steroid induced diabetes is NOT excluded from the denominator.

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

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 services 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 (Hospice Value Set).

ADMINISTRATIVE CLAIMS: Due to the extensive volume of codes associated with identifying the denominator for this measure, we are attaching a separate file with code value sets. See code value sets located in question S.2b.

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 polycystic ovaries any time in the patient's history through December 31 of the measurement year.

OR

-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 a diagnosis of gestational or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.

2712 Statin Use in Persons with Diabetes

The exclusion uses enrollment data.

For Medicare: Exclude those patients identified in the Medicare Enrollment Database as being enrolled in hospice

Limitation: Hospice enrollment data may not be routinely available to non-Medicare plans such as Medicaid and Commercial lines of business.

Risk Adjustment

0729 Optimal Diabetes Care

Statistical risk model

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

No risk adjustment or risk stratification

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

No risk adjustment or risk stratification

2712 Statin Use in Persons with Diabetes

No risk adjustment or risk stratification

Stratification

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

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

No risk adjustment or risk stratification

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

No risk adjustment or risk stratification

2712 Statin Use in Persons with Diabetes

No risk adjustment or risk stratification

Type Score

0729 Optimal Diabetes Care

Rate/proportion

better quality = higher score

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

Rate/proportion

better quality = higher score

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

Rate/proportion

better quality = higher score

2712 Statin Use in Persons with Diabetes

Rate/proportion

better quality = higher score

Algorithm

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.

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.

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 two outpatient visits, observation visits, ED visits or nonacute inpatient encounters on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits.

-At least one acute inpatient encounter with a diagnosis of diabetes.

*SEE ATTACHED EXCEL FILE FOR CODE VALUE SETS INCLUDED IN QUESTION S.2B

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 PRESCRIPTIONS TO IDENTIFY PATIENTS WITH DIABETES IN S.9

STEP 2: Exclude patients who meet the exclusion criteria. SEE S.10 AND S.11 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).

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

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.

Claim/Encounter Data:

-Patients who had at least two outpatient visits, observation visits or nonacute inpatient encounters on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits.

-Patients with at least one acute inpatient encounter with a diagnosis of diabetes.

-Patients with at least one ED visit with a diagnosis of diabetes.

*SEE ATTACHED EXCEL FILE FOR CODE VALUE SETS INCLUDED IN QUESTION S.2B

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 PRESCRIPTIONS TO IDENTIFY PATIENTS WITH DIABETES IN S.7

STEP 2. Determine the number of patients in the eligible population who had a recent HbA1c test during the measurement year through the search of administrative data systems.

STEP 3. Identify patients with a most recent HbA1c test performed.

STEP 4. Identify the most recent result. If that result has an HbA1c level <8.0%, then that patient is numerator compliant. If the most recent result is instead with an HbA1c level >/=8.0% or a missing result or if no HbA1c test was done during the measurement year, then the member is not in the numerator.

STEP 5. Exclude from the eligible population patients from step 2 for whom administrative system data identified an exclusion to the service/procedure being measured. *SEE DENOMINATOR EXCLUSION CRITERIA IN QUESTION S.8

STEP 6. Calculate the rate (number of patients with HbA1c control <8.0%).

2712 Statin Use in Persons with Diabetes

Denominator Calculation:

Step 1: Identify the eligible population that is 41-75 years of age as of the last day of the measurement period and that are continuously enrolled in the drug plan.

Step 2: Exclude any person that is in hospice (Medicare Part D)

Step 3: Identify those patients in Step 2 who were dispensed two or more prescription fills for a hypoglycemic agent during the measurement year.

The number of patients identified in Step 3 is the denominator for the measure.

Numerator Calculation:

Step 4: Of those patients identified in Step 3, identify the patients who received one or more prescription fills for a statin or statin combination during the measurement year.

The number of patients identified by completing Step 4 represents the numerator for this measure.

Step 5: Divide the numerator by the denominator and then multiply by 100 to obtain the rate (as a percentage) for the measure.

Submission items

0729 Optimal Diabetes Care

5.1 Identified measures: «similar_related_endorsed_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.

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

5.1 Identified measures: No response

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact:

Measure 0061 is NQF endorsed as 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.9 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 publically 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: No response

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

5.1 Identified measures:

No response

5a.1 Are specs completely harmonized?

Yes

5a.2 If not completely harmonized, identify difference, rationale, impact:

N/A

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

N/A

2712 Statin Use in Persons with Diabetes

5.1 Identified measures:

No response

5a.1 Are specs completely harmonized?

No

5a.2 If not completely harmonized, identify difference, rationale, impact:

Differences between measures 0729 and 2712: The composite measure, 0729, addresses A1c, blood pressure, statin use, tobacco non-use and daily aspirin or anti-platelet use for patients with diagnosis of ischemic vascular disease. Measure 2712 addresses one specific aspect of appropriate medication use, statin medications in a population with diabetes age 40-75. The composite measure, 0729, is reported at the clinician level and uses data from the medical record. Measure 2712 is reported at the health plan level is based on prescription claims data. The composite measure 0729 includes diabetic patients 18-75 years, while measure 2712 only includes diabetic patients age 40-75 years. While the intent and basis of the measures are similar, there are some differences in the measure specification. These differences are due to the accessibility of clinical data for measure 0729 including LDL, allergies, diagnosis etc. Rationale: The rationales of the measures are similar as they address the same guideline but in different settings of care. Impact on interpretability: These measures will be interpreted differently since one (0729) is a composite measure of diabetes care used by clinicians in an ambulatory setting. The other measure (2712) is specific to statin use in a limited age group of diabetics and will be used by health plans and pharmacists. Data collection burden: There will be no additional level of burden as the data used in measure 2712 is prescription claims data and administrative data that are already collected by the health plan.

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

N/A

Appendix F: Pre-Evaluation Comments

Comment received as of January 25, 2019.

Topic	Commenter	Comment
0729 Optimal Diabetes Care	Submitted by American Medical Association	The American Medical Association (AMA) appreciates the opportunity to comment on Measure 729: Optimal Diabetes Care prior to the Standing Committee's evaluation. The AMA is concerned that the composite does not adequately address the guideline recommendations from the Institute for Clinical Systems Improvement (ICSI) cited in the evidence form as well as the American College of Physicians' guidance statement update on hemoglobin A1c (HbA1c) targets (Qasseem, 2018). Both organizations call for patient-centered individualized HbA1c goals, which are not adequately addressed in the measure specifications or the risk adjustment model (e.g., accounting for comorbidities, hospice). These same concerns also apply to the blood pressure control as it does not balance achievement of these targets with the patient's risk tolerance and clinical factors such as advanced cognitive impairment and multiple co-morbidities (e.g., acute kidney injury or failure). As a result, the AMA asks the Standing Committee to consider whether the measure as specified meets the NQF criteria of evidence and scientific acceptability or whether further refinements are needed prior to re-endorsement. Reference: Qaseem A, Wilt TJ, Kansagara D, et al. Hemoglobin A1c targets for glycemic control with pharmacologic therapy for nonpregnant adults with type 2 diabetes mellitus: a guidance statement update from the American College of Physicians. *Ann Intern Med*. 2018;168(8):569-576. doi:10.7326/M17-0939

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