



# NATIONAL QUALITY FORUM

Pulmonary and Critical Care Project 2015-2016: NQF-Endorsed® Maintenance Standards Under Review

*Click the measure numbers to read more about the measure on QPS!*

Measure Number	Title	Description	Measure Steward
<a href="#">0047</a>	Asthma: Pharmacologic Therapy for Persistent Asthma	Percentage of patients aged 5 through 64 years with a diagnosis of persistent asthma who were prescribed long-term control medication  Three rates are reported for this measure:  1. Patients prescribed inhaled corticosteroids (ICS) as their long term control medication  2. Patients prescribed other alternative long term control medications (non-ICS)  3. Total patients prescribed long-term control medication	American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI)
<a href="#">0091</a>	COPD: Spirometry Evaluation	Percentage of patients aged 18 years and older with a diagnosis of COPD who had spirometry results documented	American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI)
<a href="#">0102</a>	COPD: inhaled bronchodilator therapy	Percentage of patients aged 18 years and older with a diagnosis of COPD and who have an FEV1/FVC < 60% and have symptoms who were prescribed an inhaled bronchodilator	American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI)
<a href="#">0275</a>	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	Admissions with a principal diagnosis of chronic obstructive pulmonary disease (COPD) or asthma per 100,000 population, ages 40 years and older. Excludes obstetric admissions and transfers from other institutions.  [NOTE: The software provides the rate per population. However, common practice reports the measure as per 100,000 population. The user must multiply the rate obtained from the software by 100,000 to report admissions per 100,000 population.]	Agency for Healthcare Research and Quality

Measure Number	Title	Description	Measure Steward
<a href="#">0279</a>	Bacterial Pneumonia Admission Rate (PQI 11)	Admissions with a principal diagnosis of bacterial pneumonia per 100,000 population, ages 18 years and older. Excludes sickle cell or hemoglobin-S admissions, other indications of immunocompromised state admissions, obstetric admissions, and transfers from other institutions.  [NOTE: The software provides the rate per population. However, common practice reports the measure as per 100,000 population. The user must multiply the rate obtained from the software by 100,000 to report admissions per 100,000 population.]	Agency for Healthcare Research and Quality
<a href="#">0283</a>	Asthma in Younger Adults Admission Rate (PQI 15)	Admissions for a principal diagnosis of asthma per 100,000 population, ages 18 to 39 years. Excludes admissions with an indication of cystic fibrosis or anomalies of the respiratory system, obstetric admissions, and transfers from other institutions.  [NOTE: The software provides the rate per population. However, common practice reports the measure as per 100,000 population. The user must multiply the rate obtained from the software by 100,000 to report admissions per 100,000 population.]	Agency for Healthcare Research and Quality
<a href="#">0334</a>	PICU Severity-adjusted Length of Stay	The number of days between PICU admission and PICU discharge.	Virtual PICU Systems, LLC
<a href="#">0335</a>	PICU Unplanned Readmission Rate	The total number of patients requiring unscheduled readmission to the ICU within 24 hours of discharge or transfer.	Virtual PICU Systems, LLC
<a href="#">0343</a>	PICU Standardized Mortality Ratio	The ratio of actual deaths over predicted deaths for PICU patients.	Virtual PICU Systems, LLC
<a href="#">0468</a>	Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following pneumonia hospitalization  <a href="http://WWW.QUALITYFORUM.ORG">WWW.QUALITYFORUM.ORG</a>	The measure estimates a hospital 30-day risk-standardized mortality rate (RSMR), defined as death for any cause within 30 days after the date of admission of the index admission, for patients 18 and older discharged from the hospital with a principal diagnosis of pneumonia. CMS annually reports the measure for patients who are 65 years or older and are either enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals or are hospitalized in Veterans Health Administration (VA) facilities.	Centers for Medicare & Medicaid Services

Measure Number	Title	Description	Measure Steward
<a href="#">0513</a>	Thorax CT: Use of Contrast Material	<p>This measure calculates the percentage of thorax CT studies that are performed with and without contrast out of all thorax CT studies performed (those with contrast, those without contrast, and those with both). The measure is calculated based on a one-year window of Medicare claims data. The measure has been publicly reported, annually, by the measure steward, the Centers for Medicare &amp; Medicaid Services (CMS), since 2010, as a component of its Hospital Outpatient Quality Reporting (HOQR) Program.</p> <p>HOQR is a quality data-reporting program, implemented by CMS for outpatient hospital services. Under this program, hospitals report data using standardized measures of care to receive the full annual update to their Outpatient Prospective Payment System (OPPS) payment rate, effective for payments beginning in calendar year 2009. The HOQR Program was initially modeled on the current quality data reporting program for inpatient services, the Hospital Inpatient Quality Reporting (HIQR) Program.</p> <p>To meet HOQR Program requirements and receive the full Annual Payment Update (APU) under the OPPS, hospitals must meet administrative, data collection and submission, and data validation requirements. Participating hospitals agree that they will allow CMS to publicly report data for the quality measures (as stated in the current OPPS Final Rule). In the context of this measures reporting program, NQF #0513 is referred to as 'OP-11.'</p> <p>Regarding interpreting this measure, a high OP-11 value indicates higher facility-level use of concurrent contrast and non-contrast thorax CT studies. As indicated in the Scientific Acceptability section of the endorsement form, we could find no clinical guidelines or peer-reviewed literature that supports CT thorax 'combined studies' (i.e., CT thorax studies with and without contrast).</p>	Centers for Medicare & Medicaid Services
<a href="#">0577</a>	Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	The percentage of patients 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.	National Committee for Quality Assurance
<a href="#">0702</a>	Intensive Care Unit (ICU) Length-of-Stay (LOS)	For all patients admitted to the ICU, total duration of time spent in the ICU until time of discharge; both observed and risk-adjusted LOS reported with the predicted LOS measured using the Intensive Care Outcomes Model - Length-of-Stay (ICOMLOS).	Philip R. Lee Institute for Health Policy Studies

Measure Number	Title	Description	Measure Steward
<a href="#">0703</a>	Intensive Care: In-hospital mortality rate	For all adult patients admitted to the intensive care unit (ICU), the percentage of patients whose hospital outcome is death; both observed and risk-adjusted mortality rates are reported with predicted rates based on the Intensive Care Outcomes Model - Mortality (ICOMmort).	Philip R. Lee Institute for Health Policy Studies
<a href="#">0708</a>	Proportion of Patients Hospitalized with Pneumonia that have a Potentially Avoidable Complication (during the Index Stay or in the 30-day Post-Discharge Period)	<p>Percent of adult population aged 18 – 65 years who were admitted to a hospital with Pneumonia, were followed for one-month after discharge, and had one or more potentially avoidable complications (PACs). PACs may occur during the index stay or during the 30-day post discharge period (Please reference attached document labeled NQF Pneumonia PACs Risk Adjustment 2.16.10.xls, tabs labeled CIP_Index PAC_Stays and CIP_PAC_Readmission). We define PACs during each time period as one of three types:</p> <p>(A) PACs during the Index Stay (Hospitalization)</p> <p>(B) PACs during the 30-day post discharge period</p> <p>(Description has been shortened for posting purposes. Full descriptions can be found in QPS.)</p>	Bridges To Excellence
<a href="#">1799</a>	Medication Management for People With Asthma (MMA)	<p>The percentage of patients 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported.</p> <p>1. The percentage of patients who remained on an asthma controller medication for at least 50% of their treatment period.</p> <p>2. The percentage of patients who remained on an asthma controller medication for at least 75% of their treatment period.</p>	National Committee for Quality Assurance
<a href="#">1800</a>	Asthma Medication Ratio (AMR)	The percentage of patients 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.	National Committee for Quality Assurance

Measure Number	Title	Description	Measure Steward
<a href="#">1893</a>	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	The measure estimates a hospital-level risk-standardized mortality rate (RSMR), defined as death from any cause within 30 days after the index admission date, for patients 40 and older discharged from the hospital with either a principal diagnosis of COPD or a principal diagnosis of respiratory failure with a secondary diagnosis of acute exacerbation of COPD. CMS will annually report the measure for patients who are 65 years or older, enrolled in fee-for-service (FFS) Medicare, and hospitalized in non-federal hospitals.	Centers for Medicare & Medicaid Services
<a href="#">2794</a>	CAPQuaM PQMP ASTHMA I: Rate of Emergency Department Visit Use for Children Managed for Identifiable Asthma	This measure estimates the rate of emergency department visits for children ages 2 – 21 who are being managed for identifiable asthma. The measure is reported in visits per 100 child-years.	University Hospitals Cleveland Medical Center
<a href="#">2816</a>	CAPQuaM PQMP Asthma V: Appropriateness of Emergency Department Visits for Children and Adolescents with Identifiable Asthma	This measure estimates the proportion of emergency department (ED) visits that meet criteria for the ED being the appropriate level of care, among all ED visits for identifiable asthma in children and adolescents.	University Hospitals Cleveland Medical Center
<a href="#">2852</a>	Optimal Asthma Control	The percentage of pediatric (5-17 years of age) and adult (18-50 years of age) patients who had a diagnosis of asthma and whose asthma was optimally controlled during the measurement period as defined by achieving BOTH of the following:  1. Asthma well-controlled as defined by the most recent asthma control tool result available during the measurement period  2. Patient not at elevated risk of exacerbation as defined by less than two emergency department visits and/or hospitalizations due to asthma in the last 12 months	MN Community Measurement

Measure Number	Title	Description	Measure Steward
<a href="#">2856</a>	<a href="#">Pharmacotherapy Management of COPD Exacerbation</a>	<p>This measure assesses the percentage of COPD exacerbations for patients 40 years of age and older who had an acute inpatient discharge or ED encounter on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications.</p> <p>Two rates are reported.</p> <ol style="list-style-type: none"> <li>1. Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event</li> <li>2. Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event</li> </ol>	National Committee for Quality Assurance