Clinically Enriched

National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data

A CONSENSUS REPORT

Foreword

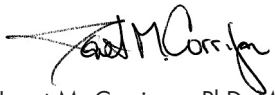
IN RECENT YEARS, THE NATIONAL QUALITY FORUM (NQF) has endorsed more than 150 clinician-level ambulatory care measures that rely heavily on medical record reviews or physician-directed coding (CPT-II codes) to assess performance. Performance at the clinician or group practice level is a high priority for a variety of stakeholders. In time, performance measurement will probably rely on clinical data available in electronic health records, but it is unclear when the quality enterprise will make the transition. In the interim, many measurement programs rely on electronic administrative data.

Currently few endorsed performance measures can be derived from ambulatory administrative data alone. Feedback from NQF Members and a variety of stakeholders—particularly purchasers, payers, and plans—stresses the urgent need for more clinician- and group-level measures based on readily available and feasible data sources.

In response to this need, the Clinically Enriched Steering Committee was formed and, using NQF's standardized measure evaluation criteria, evaluated 206 candidate consensus standards. The Committee selected 69 clinically enhanced performance measures in 16 topic areas, including asthma and respiratory illness, bone and joint conditions, cancer screening and surveillance, cardiovascular disease, and child health.

The growing number of NQF-endorsed® voluntary consensus standards reflects the importance of measuring and improving quality of care. Organizations that adopt these consensus standards will promote the development of safer and higher-quality care for patients throughout the nation.

NQF thanks the members of the Clinically Enriched Steering Committee and NQF Members for their commendable work in developing these measures that will help improve the assessment of performance and, ultimately, enhance the quality of healthcare.



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The mission of the National Quality Forum is to improve the quality of American healthcare by setting national priorities and goals for performance improvement, endorsing national consensus standards for measuring and publicly reporting on performance, and promoting the attainment of national goals through education and outreach programs.

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Executive Summary

IN RECENT YEARS, THE NATIONAL QUALITY FORUM (NQF) has endorsed more than 150 clinician-level ambulatory care measures that rely heavily on medical record reviews or physician-directed coding (CPT-II codes) to assess performance. Performance at the clinician or group practice level is a high priority for a variety of stakeholders. It is anticipated that performance measurement ultimately will rely on clinical data available in electronic health records, but it is unclear how long it will take for the quality enterprise to make the transition. In the interim, many measurement programs rely on electronic administrative data. There are a limited number of currently endorsed performance measures that can be derived from ambulatory administrative data alone. Feedback from NQF Members and a variety of stakeholders—particularly purchasers, payers, and plans—stresses the urgent need for more clinician- and group-level measures based on readily available and feasible data sources.

Achieving prevention goals requires a partnership between patients and clinicians. In the interest of identifying and targeting interventions toward high-risk populations, it may be useful to produce results stratified by population subgroup. To achieve performance goals, providers may need to develop tailored interventions for high-risk sub-populations that are sensitive to differences in race, ethnicity, language, geographic location, and other factors that influence patient compliance.

The Clinically Enriched Steering Committee used NQF's standardized measure evaluation criteria, revised in August 2008, to evaluate 206 candidate consensus standards. This report presents 69 NQF-endorsed® performance measures in a variety of topic areas to enlarge NQF's portfolio of voluntary consensus standards using administrative data.

National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Adminstrative Data

Asthma and Respiratory Illness

- Use of spirometry testing in the assessment and diagnosis of COPD
- High risk for pneumococcal disease—pneumococcal vaccination
- Asthma—use of short-acting beta agonist inhaler for rescue therapy

Bone and Joint Conditions

- Hydroxychloroquine annual eye exam
- Rheumatoid arthritis new DMARD baseline serum creatinine
- Rheumatoid arthritis new DMARD baseline liver function test
- Rheumatoid arthritis new DMARD baseline CBC
- Rheumatoid arthritis annual ESR or CRP
- Methotrexate: LFT within 12 weeks
- Methotrexate: CBC within 12 weeks
- Methotrexate: creatinine within 12 weeks
- New rheumatoid arthritis baseline ESR or CRP within three months
- Steroid use—osteoporosis screening
- Osteopenia and chronic steroid use—treatment to prevent osteoporosis
- Osteoporosis—use of pharmacological treatment

Cancer Screening and Surveillance

- Follow-up after initial diagnosis and treatment of colorectal cancer: colonoscopy
- Annual cervical cancer screening for high risk patients
- Breast cancer—cancer surveillance
- Prostate cancer–cancer surveillance

Cardiovascular Disease

- Deep vein thrombosis anticoagulation ≥3 months
- Stent drug-eluting clopidogrel
- Pulmonary embolism anticoagulation ≥3 months
- Post MI: ACE inhibitor or ARB therapy
- New atrial fibrillation: thyroid function test

- Patients that had a serum creatinine in the last 12 reported months
- Heart failure—use of ACE inhibitor (ACEI) or angiotensin receptor blocker (ARB) therapy
- MI—use of beta blocker therapy
- Heart failure—use of beta blocker therapy
- Atrial fibrillation—warfarin therapy
- Male smokers or family history of abdominal aortic aneurysm (AAA)—consider screening for AAA
- Secondary prevention of cardiovascular events--use of aspirin or antiplatelet therapy

Child Health

- Tympanostomy tube hearing test

Chronic Kidney Disease

- Chronic kidney disease: monitoring phosphorous
- Chronic kidney disease: monitoring parathyroid hormone (PTH)
- Chronic kidney disease: monitoring calcium
- Non-diabetic nephropathy–use of ACE inhibitor or ARB therapy
- Chronic kidney disease–lipid profile monitoring
- Chronic kidney disease with LDL ≥130–use of a lipid lowering agent

Diabetes

- Comprehensive diabetes care: HbA1c control (<8.0%)
- Adults(s) taking insulin with evidence of self-monitoring blood glucose testing
- Adult(s) with diabetes mellitus that had a serum creatinine in the last 12 reported months
- Diabetes with LDL >100—use of a lipid lowering agent
- Diabetes with hypertension or proteinuria—use of an ACE inhibitor or ARB
- Diabetes and elevated HbA1c—use of diabetes medications
- Primary prevention of cardiovascular events in diabetics (older than 40 years)—use of aspirin or antiplatelet therapy

Gastroesophageal: Reflux Disease (GERD)

- GERD—Upper gastrointestinal study in adults with alarm symptoms

Gynecology

- Appropriate work-up prior to endometrial ablation procedure

Hepatitis and Liver Disease

- Hepatitis C: viral load test
- Chronic liver disease—hepatitis A vaccination

HIV/AIDS

- Appropriate follow-up for patients with HIV
- HIV screening: members at high risk of HIV

Hyperlipidemia and Atherosclerosis

- Adherence to lipid-lowering medication
- Dyslipidemia new med 12-week lipid test
- Hyperlipidemia (primary prevention)—lifestyle changes and/or lipid lowering therapy
- Atherosclerotic disease—lipid panel monitoring
- Atherosclerotic disease and LDL >100—use of a lipid lowering agent

Medication Management

- Ambulatory-initiated amiodarone therapy: TSH test
- Warfarin PT/INR test
- Lithium annual lithium test in ambulatory setting
- Lithium annual thyroid test in ambulatory setting
- Lithium annual creatinine test in the ambulatory setting
- Warfarin—INR monitoring

Mental Health and Substance Use Disorders

- Follow-up after hospitalization for mental illness
- Bipolar antimanic agent

Migraine

- Adult(s) with frequent use of acute medications that also received prophylactic medications

Prenatal Care

- Diabetes and pregnancy: avoidance of oral hypoglycemic agents
- Pregnant women that had HIV testing
- Pregnant women that had syphilis screening
- Pregnant women that had HBsAg testing

Background

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

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

In 2007, the New York Attorney General reached agreement with several major health plans regarding doctor ranking programs. The agreement requires that programs "use established national standards to measure quality and cost efficiency, including measures endorsed by the National Quality Forum (NQF) and other generally accepted national standards."[3] Additionally, the Consumer Purchaser Disclosure project's *Patient Charter for Physician Performance Measurement, Reporting and Tiering Programs (the Patient Charter)* was announced in April 2008.[4] The *Patient Charter* is supported by leading consumer, labor, and employer organizations and applies to physician reporting programs developed by health plans to inform consumers. The *Patient Charter* specifies that "the primary source should be measures endorsed by the National Quality Forum."

Fortunately, progress has been made toward improving electronic administrative measures by adding laboratory and pharmacy data and other electronic clinical data to traditional claims data. Laboratory and pharmacy data provide richer sources of information for the assessment of some aspects of performance.

Strategic Directions for NQF

NQF's mission includes three parts: 1) setting national priorities and goals for performance improvement, 2) endorsing national consensus standards for measuring and publicly reporting on performance, and 3) promoting the attainment of national goals through education and outreach programs. As greater numbers of quality measures are developed and brought to NQF for consideration of endorsement, NQF must assist stakeholders in measuring "what makes a difference" and addressing what is important to achieve the best outcomes for patients and populations. An updated Measurement Framework promotes shared accountability and measurement across episodes of care with a focus on outcomes and patient engagement in decisionmaking coupled with measures of the healthcare process and cost/resource use. For more information, see **www.qualityforum.org.**

Several strategic directions have been identified to guide the consideration of candidate consensus standards:

DRIVE TOWARD HIGH PERFORMANCE. Over time, the bar of performance expectations should be raised to encourage the achievement of higher levels of system performance.

EMPHASIZE COMPOSITE MEASURES. Composite measures provide much-needed summary information pertaining to multiple dimensions of performance and are more comprehensible to patients and consumers.

MOVE TOWARD OUTCOME MEASUREMENT. Outcome measures provide information of keen interest to consumers and purchasers, and when coupled with healthcare process measures, they provide useful and actionable information to providers. Outcome measures also focus attention on much-needed system-level improvements because achieving the best patient outcomes often requires carefully designed care processes, teamwork, and coordinated action on the part of many providers.

CONSIDER DISPARITIES IN ALL WE DO. Some of the greatest performance gaps relate to care of minority populations. Particular attention should be focused on identifying disparities-sensitive performance measures and on identifying the most relevant race/ethnicity/language/socioeconomic strata for reporting purposes.

National Priorities Partnership

NQF seeks to endorse measures that address the National Priorities and Goals of the NQF-convened National Priorities Partnership (Partnership).[5] The Partnership represents those who receive, pay for, provide, and evaluate

healthcare. The National Priorities and Goals focus on these areas:

- patient and family engagement,
- population health,
- safety,
- care coordination,
- palliative and end-of-life care, and
- overuse.

NQF's Consensus Development Process

Evaluating Potential Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data

The 22-member Steering Committee for Ambulatory Care Using Clinically Enriched Administrative Data (Committee) reflected the diversity of NQF's membership and included members with expertise in the use of administrative data. The Committee evaluated the candidate consensus standards and made recommendations for endorsement.

A "Call for Measures" solicited "quality measures for ambulatory care based on electronic administrative data, enriched by electronic laboratory or pharmacy data or other electronic clinical data, that can provide additional tools to purchasers, health plans, insurers, consumers, clinicians, and other stakeholders working to create more feasible approaches to ongoing performance measurement and quality improvement." Six measure developers submitted 206 individual measures for consideration in a variety of topic areas.[6] The measures currently are used by the various measure developers to provide feedback to clinicians and providers.

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

The Committee evaluated the candidate performance standards against the established NQF criteria, revised in August 2008,[7] to determine importance, scientific acceptability, usability, and feasibility.

Consideration of Similar Measures

The Committee embraced the NQF goal of selecting the "best in class" among similar measures. However, it was acknowledged that endorsing two similar measures might be acceptable if they are endorsed as

complementary measures and if they use different data sources—for example, medical record data versus administrative data—and if the specifications are harmonized to the greatest extent possible.

Harmonization[8]

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

Medication Management Project

The NQF Medication Management project, which ran concurrently with this one, considered 31 measures based on administrative data. The Committee was advised of the status of the standards being recommended in the Medication Management project and used this context to evaluate similar measures in this project involving clinically enriched data.

Fourteen of the candidate standards submitted for this project were similar to candidate standards evaluated in the medication management project. These candidate standards also were reviewed by the Medication Management Steering Committee, which acted as an adviser to the Clinically Enriched Steering Committee.

General Issues

During its deliberations, the Committee identified several general issues applicable to the recommended consensus standards:

Data Hierarchy

The Committee noted the paucity of measures that are truly enriched with electronic clinical data but also noted that this was not surprising given the current availability of accessible, non-claims, electronic data. The current reality is reflected in the larger number of measures that have less clinical enhancement than was desired. During its review of the candidate standards, the Committee identified a hierarchy of measures based on administrative data that considers the source of data, the complexity of the methodology, and the strength of the standard:

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

Level 2—Measures constructed from two or more common, administrative data sources, such as encounter claims and pharmacy, laboratory, or imaging claims. Combining two or more data sources is methodologically more complex and requires more sophisticated data management capabilities. Not all organizations have the capability to combine data as these measures require. These measures are usually stronger than Level 1 measures, and some Level 2 measures provide information that is not

available from patient records, such as whether a prescribed medication is dispensed. Pharmacy data are required to assess adherence.

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

The Committee also noted the following:

- the ultimate goal is to promote data management capabilities to Level 3 among all organizations, so that the most robust performance measures are widely available;
- Level 2 and Level 3 measures addressing the same topic may be useful—for example, HbA1c Test Done in Diabetic Patients (Level 2 measure) versus HbA1c<8.0 (Level 3 measure)—until there is more widespread capability for Level 3 measures; and
- a Level 1 measure may be useful for a limited period if no Level 2 or Level 3 measures are available for that topic or condition, but only if the measure passes the evaluation criteria.

Some Committee members were concerned with using the term "clinically enriched" for the Level 2 measures that are constructed with traditional claims data and are not truly enriched with clinical data. The Committee ultimately decided the recommended measures are "clinically enriched" as defined in the "Call for Measures."

Data Quality

The Committee was made aware of NQF's first Heath Information Technical Expert Panel (HITEP)[9] report that evaluated the quality of different data elements. During its deliberations, Committee members identified the low reliability of diagnoses using outpatient claims as the reason that measure specifications should generally require two or more claims for the diagnosis to be captured for a measure. The HITEP scores for the nonclaims data elements in the Level 3 measures were considered by the Committee during its evaluation of the measures.

Alignment with Other NQF Work

While considering the candidate standards, the Committee was advised of the need to ensure that standards are in alignment with other NQF work, specifically:

- Medication adherence methodology:[10] After much deliberation and the participation of invited experts in this area, the Medication Management Steering Committee identified standardized specifications for adherence measurement. All measure developers for endorsed measures agreed to either modify their measures immediately or to modify them before the expiration of their time-limited endorsement period.
- Harmonization of immunization measures:[11] In 2008, NQF endorsed a standardized measurement approach for influenza and pneumococcal immunization to reduce the redundant, duplicative, and disharmonious plethora of measures in this area.
- Tobacco cessation measures:[12] In 2005 and 2006, NQF reviewed 21 general and disease-specific measures related to tobacco use assessment and cessation counseling.

The Ambulatory Care Steering Committee and reviewers noted that having 21 tobacco measures is overwhelming, confusing, and redundant. Additionally, reviewers suggested that having separate measures for specific populations, such as those with coronary artery disease (CAD) or chronic obstructive pulmonary disease (COPD), is unnecessary because these patients are captured in the measures for the general population. In March 2009, the Consensus Standards Approval Committee again stated that tobacco measures that address subpopulations are not desirable. Global measures may be stratified for various uses as needed.

- The Committee also made recommendations about the endorsed measures to be considered during their maintenance review this year.

Reliability of Claims Data

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

- The acknowledged low data quality of outpatient claims diagnosis codes and problems in using these data to identify the target population were discussed repeatedly. Measures frequently require multiple outpatient diagnostic codes or additional support for the diagnosis through the use of pharmacy claims for appropriate medications.
- Current billing forms have space for only a limited of number of diagnoses. For patients with multiple chronic conditions, it is likely that not all diagnoses will be captured at every encounter. The likelihood of having incomplete data raised concerns about the validity of the inclusions for the target population.
- Many measures require look-back periods for data capture. Committee members expressed concerns about the completeness of data capture, considering the variations in duration of enrollment and changing enrollment or enrollment gaps. Some measures identify a look-back "as far back as data are available," which will be highly variable among the population.
- Several measures focused on the new onset of a condition. The measure specifications rely on a negative look-back period of varying duration. The Committee noted concerns regarding the reliability of measures that require very short negative look-back periods because of the potential of a stable diagnosis not being captured for patients with multiple chronic conditions, as well as a lack of encounters for patients who are doing well on their current treatment.
- Many medications are now available as $4 generic drugs at discount pharmacies. Because these prescriptions may be filled outside the pharmacy benefit plans, the data on the prescription generally are not captured when patients choose the $4 generic option, and patients may appear to be noncompliant with the measure. The Committee agreed with the Medication Management Steering Committee, which acknowledged the issue but could not assess the impact on the reliability and validity of measure results and recommended ongoing research in this area.

Exclusions

Some appropriate exclusions can be identified using existing codes, such as concurrent diagnoses or prescriptions, but the Committee recognized that the ability to capture some

appropriate exclusions is limited using administrative codes. This risk must be balanced with the value of having useful measures of performance. In general, the Committee took into account the challenge of identifying exclusions and recommended measures where either by direct evidence or consensus of this panel, the gap in clinical care that occurs (true positives) is substantially larger than the likely false positive rate. It also did not recommend measures having exclusions that did not meet this criterion. The Committee factored this assessment in when determining whether or not a measure was likely to provide useful information to clinicians and consumers.

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

Responsible Use of Performance Measures

The Committee discussed the implications for the implementation of measures with optional Level 3 specifications, particularly exclusions. In general, the Committee supported incorporating alternative sources of data, if available. Some Committee members noted that the capability to use these sources should be available on a population basis so that the implementation of the measure is fair. Members also stressed the need to look forward and encourage more sophisticated data management capability among providers and clinicians, and they noted that some current measurement programs do not require everyone to have equal capability in data management. These programs allow the use of data if available and encourage the development of those data management capabilities if they are not available. Another mechanism to address varying data management capabilities is sharing the data before they are used and giving the clinicians and providers the opportunity to make corrections from whatever data source is available. An important aspect of all programs is having an appeals process in place.

Transition to ICD-10

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

Relationship to Other NQF-Endorsed Consensus Standards

This report does not represent the entire scope of NQF work relevant to the quality of care involving measures that are based on administrative data. Previously endorsed measures based on administrative data are listed in the discussion of measures endorsed that is presented later in this report.

The full constellation of consensus standards, along with those presented in this report, provide a growing number of NQF-endorsed voluntary consensus standards that directly and indirectly reflect the importance of measuring and improving quality of care. Organizations that adopt these consensus standards will promote the development of safer and higher-quality care for patients throughout the nation.

NQF-Endorsed Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data

This report presents 69 NQF-endorsed® performance measures for ambulatory care using clinically enriched administrative data to enlarge NQF's portfolio of measures using administrative data (see Appendix A). The purpose of these consensus standards is to improve the quality of healthcare—through accountability and public reporting—by standardizing the quality measurement of outpatient care. The endorsed measures are intended for use at various levels of analysis, including individual clinicians, groups, plans, systems, and populations.

Table 1: National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data

MEASURE TITLE	MEASURE ID[a]	MEASURE DESCRIPTION	DATA LEVEL	MEASURE STEWARDS[b]
ASTHMA AND RESPIRATORY ILLNESS				
Use of spirometry testing in the assessment and diagnosis of COPD	0577	This measure assesses the percentage of members 40 years of age and older with a new diagnosis or newly active chronic obstructive pulmonary disease (COPD) who received appropriate spirometry testing to confirm the diagnosis	Level 2 (visit/diagnosis and procedure)	NCQA
High risk for pneumococcal disease—pneumococcal vaccination	0617	Percentage of patients age 5-64 with a high risk condition or age 65 years and older who received the pneumococcal vaccine	Level 3 only (patient data)	ActiveHealth Management
Asthma—use of short-acting beta agonist inhaler for rescue therapy	0620	Percentage of patients with asthma who have a refill for a short acting beta agonist in the past 24 months	Level 2 (encounter and pharmacy) alternative Level 3 (exclusions)	ActiveHealth Management

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[a] Upon NQF endorsement, each measure receives a unique NQF measure ID number.

[b] Measure steward—intellectual property owner and copyright holder. For the most current specifications and supporting information, please refer to the measure steward:

ActiveHealth Management—**www.activehealthmanagement.com**

Health Benchmarks, Inc.—**www.healthbenchmarks.com**

Ingenix, Inc—**www.ingenix.com**

National Committee for Quality Assurance (NCQA)—**www.ncqa.org**

Resolution Health, Inc.—**www.resolutionhealth.com**

Table 1: National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data

MEASURE TITLE	MEASURE ID[a]	MEASURE DESCRIPTION	DATA LEVEL	MEASURE STEWARDS[b]
BONE AND JOINT CONDITIONS				
Hydroxychloroquine annual eye exam	0585	Identifies the percentage of patients with rheumatoid disease who received hydroxychloroquine during the measurement year and had a fundoscopic examination during the measurement year or in the year prior to the measurement year	Level 2 (visit/diagnosis andpharmacy)	Resolution Health, Inc.
Rheumatoid arthritis new DMARD baseline serum creatinine	0589	Identifies adult patients with a diagnosis of rheumatoid arthritis who received appropriate baseline serum creatinine testing within 90 days before to 14 days after the new start of methotrexate, leflunomide, azathioprine, D-penicillamine, intramuscular gold, cyclosporine, or cyclophosphamide during the measurement year	Level 2 (visit/diagnosis and pharmacy and lab)	Resolution Health, Inc.
Rheumatoid arthritis new DMARD baseline liver function test	0590	Identifies adult patients with a diagnosis of rheumatoid arthritis who received appropriate baseline liver function testing (AST or ALT) within 90 days before to 14 days after the new start of sulfasalazine, methotrexate, leflunomide, azathioprine, cyclosporine or cyclophosphamide during the measurement year	Level 2 (visit/diagnosis and pharmacy and lab)	Resolution Health, Inc.

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Table 1: National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data

MEASURE TITLE	MEASURE ID[a]	MEASURE DESCRIPTION	DATA LEVEL	MEASURE STEWARDS[b]
BONE AND JOINT CONDITIONS *(continued)*				
Rheumatoid arthritis new DMARD baseline CBC	0591	Identifies adult patients with a diagnosis of rheumatoid arthritis who received appropriate baseline complete blood count (CBC) testing within 90 days before to 14 days after the new start of sulfasalazine, methotrexate, leflunomide, azathioprine, D-penicillamine, intramuscular gold, oral gold, cyclosporine, or cyclophosphamide during the measurement year	Level 2 (visit/diagnosis and pharmacy and lab)	Resolution Health, Inc.
Rheumatoid arthritis annual ESR or CRP	0592	Identifies adult patients with a history of rheumatoid arthritis who have received erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) lab tests during the measurement year	Level 2 (visit/diagnosis and lab)	Resolution Health, Inc.
Methotrexate: LFT within 12 weeks	0597	Identifies adult patients with rheumatoid arthritis who were prescribed at least a 6-month supply of methotrexate during the measurement year and received a liver function test (LFT) in the 120 days (3 months + 1 month grace period) following the earliest observed methotrexate prescription claim	Level 2 (visit/diagnosis andpharmacy and lab)	Resolution Health, Inc.

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Table 1: National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data

MEASURE TITLE	MEASURE ID[a]	MEASURE DESCRIPTION	DATA LEVEL	MEASURE STEWARDS[b]
BONE AND JOINT CONDITIONS *(continued)*				
Methotrexate: CBC within 12 weeks	0598	Identifies adult patients with rheumatoid arthritis who were prescribed at least a 6-month supply of methotrexate during the measurement year and received a CBC test within 120 days (3 months + 1 month grace period) following the earliest observed methotrexate prescription claim	Level 2 (visit/diagnosis andpharmacy and lab)	Resolution Health, Inc.
Methotrexate: creatinine within 12 weeks	0599	Identifies adult patients with rheumatoid arthritis who were prescribed at least a 6-month supply of methotrexate during the measurement year and received a serum creatinine test in the 120 days (3 months + 1 month grace period) after the earliest observed methotrexate prescription claim	Level 2 (visit/diagnosis andpharmacy and lab)	Resolution Health, Inc.
New rheumatoid arthritis baseline ESR or CRP within three months	0601	Identifies adult patients newly diagnosed with rheumatoid arthritis during the first 8 months of the measurement year who received erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) lab tests either 4 months (3 months + 1-month grace period) before or after the initial diagnosis	Level 2 (visit/diagnosis and lab)	Resolution Health, Inc.

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Table 1: National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data

MEASURE TITLE	MEASURE ID[a]	MEASURE DESCRIPTION	DATA LEVEL	MEASURE STEWARDS[b]
BONE AND JOINT CONDITIONS *(continued)*				
Steroid use—osteoporosis screening	0614	Percentage of patients age 18 and older who have been on chronic steroids for at least 180 days in the past 9 months that have had a bone density evaluation to check for osteoporosis	Level 2 (visit/diagnosis, pharmacy and imaging)	ActiveHealth Management
Osteopenia and chronic steroid use–treatment to prevent osteoporosis	0633	Percentage of patients, who are female and 55 years and older or male and 50 years and older, who have a diagnosis of osteopenia and are on long-term steroids (>6 months) and who are on osteoporosis therapy	Level 3 (exclusions)	ActiveHealth Management
Osteoporosis—use of pharmacologic treatment	0634	Percentage of patients who have osteoporosis and are on osteoporosis therapy	Level 2 (visit/diagnosis and pharmacy)	ActiveHealth Management

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MEASURE TITLE	MEASURE ID[a]	MEASURE DESCRIPTION	DATA LEVEL	MEASURE STEWARDS[b]
CANCER SCREENING AND SURVEILLANCE				
Follow-up after initial diagnosis and treatment of colorectal cancer: colonoscopy	0572	To ensure that all eligible members who have been newly diagnosed and resected with colorectal cancer receive a follow-up colonoscopy within 15 months of resection	Level 2 (visit/diagnosis and lab or procedure)	Health Benchmarks, Inc.
Annual cervical cancer screening for high-risk patients	0579	Identifies women age 12 to 65 diagnosed with cervical dysplasia (CIN 2), cervical carcinoma-in-situ, or HIV/AIDS prior to the measurement year, and who still have a cervix, who had a cervical CA screen during the measurement year	Level 2 (visit/diagnosis and lab)	Resolution Health, Inc.
Breast cancer—Cancer surveillance	0623	Percentage of female patients with breast cancer who had breast cancer surveillance in the past 12 months	Level 2 (visit/diagnosis and imaging)	ActiveHealth Management
Prostate cancer—cancer surveillance	0625	Percentage of males with prostate cancer that have had their PSA monitored in the past 12 months	Level 2 (visit/diagnosis and lab)	ActiveHealth Management

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Table 1: National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data

MEASURE TITLE	MEASURE ID[a]	MEASURE DESCRIPTION	DATA LEVEL	MEASURE STEWARDS[b]
CARDIOVASCULAR DISEASE				
Deep vein thrombosis anticoagulation ≥3 months	0581	Identifies patients with deep vein thrombosis (DVT) on anticoagulation for at least 3 months after the diagnosis	Level 2 (visit/diagnosis and pharmacy)	Resolution Health, Inc.
Stent drug-eluting clopidogrel	0588	Identifies patients undergoing percutaneous coronary intervention (PCI) with placement of a drug-eluting intracoronary stent during the first 9 months of the measurement year, who filled a prescription for clopidogrel in the 3 months following stent placement	Level 2 (procedure and pharmacy)	Resolution Health, Inc.
Pulmonary embolism anticoagulation ≥3 months	0593	Identifies patients with pulmonary embolism (PE) on anticoagulation for at least 3 months after the diagnosis	Level 2 (visit/diagnosis and pharmacy)	Resolution Health, Inc.
Post MI: ACE inhibitor or ARB therapy	0594	Identifies patients with ST elevation MI (STEMI), or non-ST elevation MI (NSTEMI) plus a history of hypertension, heart failure, and/or diabetes prior to the measurement year who are taking an ACEI or an ARB during the measurement year	Level 2 (visit/diagnosis and pharmacy)	Resolution Health, Inc.

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MEASURE TITLE	MEASURE ID[a]	MEASURE DESCRIPTION	DATA LEVEL	MEASURE STEWARDS[b]
CARDIOVASCULAR DISEASE *(continued)*				
New atrial fibrillation: thyroid function test	0600	Identifies patients with new-onset atrial fibrillation during the measurement year who have had a thyroid function test 6 weeks before or after the diagnosis of atrial fibrillation	Level 2 (visit/diagnosis and lab)	Resolution Health, Inc.
Patient(s) that had a serum creatinine in last 12 reported months	0605	Identifies patients with hypertension (HTN) that had a serum creatinine in last 12 reported months	Level 2 (visit/diagnosis and lab)	Ingenix, Inc.
Heart failure—use of ACE inhibitor (ACEI) or angiotensin receptor blocker (ARB) therapy	0610	Percentage of patients with CHF that are on an ACEI or ARB	Level 2 (visit/diagnosis and pharmacy)	ActiveHealth Management
MI—use of beta blocker therapy	0613	Percentage of patients who had a myocardial infarction (MI) and are taking a beta blocker	Level 2 (visit/diagnosis and pharmacy) Alternative Level 3 (side effects)	ActiveHealth Management
Heart failure—use of a beta blocker therapy	0615	Percentage of adult patients with congestive heart failure (CHF) that are on a beta blocker	Level 2 (visit/diagnosis and pharmacy)	ActiveHealth Management
Atrial fibrillation—warfarin therapy	0624	Percentage of adult patients with atrial fibrillation and major stroke risk factors on warfarin	Level 2 (visit/diagnosis and pharmacy)	ActiveHealth Management

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MEASURE TITLE	MEASURE ID[a]	MEASURE DESCRIPTION	DATA LEVEL	MEASURE STEWARDS[b]
CARDIOVASCULAR DISEASE *(continued)*				
Male smokers or family history of abdominal aortic aneurysm (AAA)—consider screening for AAA	0629	Percentage of men age 65-75 years with history of tobacco use or men age 60 yrs and older with a family history of abdominal aortic aneurysm who were screened for AAA	Level 3 (family history and smoking history)	ActiveHealth Management
Secondary prevention of cardiovascular events—use of aspirin or antiplatelet therapy	0631	Percentage of patients with ischemic vascular disease (IVD) that are taking aspirin or an anti-platelet agent	Level 3 (OTC medication)	ActiveHealth Management
CHILD HEALTH				
Tympanostomy tube hearing test		Identifies the percentage of patients age 2 through 12 years with OME who received tympanostomy tube(s) insertion during the measurement year and had a hearing test performed within 6 months prior to the initial tube placement	Level 2 (visit/diagnosis/ procedure and hearing test)	Resolution Health, Inc.

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Table 1: National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data

MEASURE TITLE	MEASURE ID[a]	MEASURE DESCRIPTION	DATA LEVEL	MEASURE STEWARDS[b]
CHRONIC KIDNEY DISEASE				
Chronic kidney disease: monitoring phosphorous	0570	To ensure that members with chronic kidney disease but who are not on dialysis are monitored for blood phosphorous levels at least once annually	Level 2 (visit/diagnosis and lab)	Health Benchmarks, Inc.
Chronic kidney disease: monitoring parathyroid hormone (PTH)	0571	To ensure that members with chronic kidney disease, who are not undergoing dialysis, are monitored for PTH levels at least once annually	Level 2 (visit/diagnosis and lab)	Health Benchmarks, Inc.
Chronic kidney disease: monitoring calcium	0574	To ensure that members with chronic kidney disease, but who are not on dialysis, are monitored for blood calcium levels at least annually	Level 2 (visit/diagnosis and lab)	Health Benchmarks, Inc.
Non-diabetic nephropathy—use of ACE inhibitor or ARB therapy	0621	Percentage of patients with proteinuria that have a current refill for an angiotensin converting enzyme inhibitor (ACEI) or angiotensin receptor blocker (ARB)	Level 3 (lab result)	ActiveHealth Management
Chronic kidney disease—lipid profile monitoring	0626	Percentage of patients with chronic kidney disease that have been screened for dyslipidemia with a lipid profile	Level 2 (visit/diagnosis and lab)	ActiveHealth Management

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Table 1: National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data

MEASURE TITLE	MEASURE ID[a]	MEASURE DESCRIPTION	DATA LEVEL	MEASURE STEWARDS[b]
CHRONIC KIDNEY DISEASE *(continued)*				
Chronic kidney disease with LDL ≥130—use of a lipid lowering agent	0627	Percentage of patients with chronic kidney disease and an LDL ≥130mg/dl that have a current refill for a lipid lowering agent	Level 3 (lab result)	ActiveHealth Management
DIABETES				
Comprehensive diabetes care: HgA1c control (<8.0%)	0575	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had HbA1c control (<8.0%)	Level 3 (lab result)	NCQA
Adults(s) taking insulin with evidence of self-monitoring blood glucose testing	0603	Identifies patients with diabetes mellitus taking insulin that had evidence of self-monitoring blood glucose testing in last 12 reported months	Level 2 (visit/diagnosis and pharmacy)	Ingenix, Inc.
Adult(s) with diabetes mellitus that had a serum creatinine in the last 12 reported months	0604	Identifies adults with diabetes mellitus that had a serum creatinine test in last 12 reported months	Level 2 (visit/diagnosis and lab)	Ingenix, Inc.
Diabetes with LDL >100—use of a lipid lowering agent	0618	Percentage of adult patients with diabetes mellitus and an LDL value >100 mg/dL with a current refill for a lipid lowering agent	Level 3 (lab result)	ActiveHealth Management

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Table 1: National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data

MEASURE TITLE	MEASURE ID[a]	MEASURE DESCRIPTION	DATA LEVEL	MEASURE STEWARDS[b]
DIABETES *(continued)*				
Diabetes with hypertension or proteinuria—use of an ACE inhibitor or ARB	0619	Percentage of patients with diabetes and hypertension or proteinuria that have a current refill for an angiotensin converting enzyme inhibitor (ACEI) or angiotensin receptor blocker (ARB)	Level 3 (lab result)	ActiveHealth Management
Diabetes and elevated HbA1c—use of diabetes medications	0630	Percentage of patients 18-75 years with diabetes and an elevated HbA1c that are receiving diabetic treatment (e.g., metformin)	Level 3 (lab result)	ActiveHealth Management
Primary prevention of cardiovascular events in diabetics (older than 40 years)—use of aspirin or antiplatlet therapy	0632	Percentage of adult patients with diabetes treated with aspirin or an antiplatelet agent	Level 3 (OTC medication, lab results)	ActiveHealth Management
GASTROESOPHAGEAL: REFLUX DISEASE (GERD)				
GERD—Upper gastrointestinal study in adults with alarm symptoms	0622	Percentage of patients with gastroesophogeal reflux disease (GERD) with alarm symptoms and who have had an upper gastrointestinal study	Level 2 (visit/diagnosis and procedure); alternative Level 3 (use of patient derived data and lab results)	ActiveHealth Management

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MEASURE TITLE	MEASURE ID[a]	MEASURE DESCRIPTION	DATA LEVEL	MEASURE STEWARDS[b]
GYNECOLOGY				
Appropriate work-up prior to endometrial ablation procedure	0567	To ensure that all women have endometrial sampling performed before undergoing an endometrial ablation	Level 2 (procedure and lab)	Health Benchmarks, Inc.
HEPATITIS AND LIVER DISEASE				
Hepatitis C: viral load test	0584	Identifies the percentage of patients with Hepatitis C (HCV) who began HCV antiviral therapy during the measurement year and had HCV Viral Load testing prior to initiation of antiviral therapy	Level 2 (visit/diagnosis and lab)	Resolution Health, Inc.
Chronic liver disease—hepatitis A vaccination	0635	Percentage of patients with chronic liver disease who have received a hepatitis A vaccine	Level 3 (Patient data on history of vaccination)	ActiveHealth Management
HIV/AIDS				
Appropriate follow-up for patients with HIV	0568	To ensure that all members diagnosed with HIV receive at least biannual testing for CD4 and HIV RNA levels to monitor for disease activity	Level 2 (visit/diagnosis and lab)	Health Benchmarks, Inc.
HIV screening: members at high risk of HIV	0573	To ensure that members at increased risk of HIV infection be screened for HIV	Level 2 (visit/diagnosis and lab)	Health Benchmarks, Inc.

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MEASURE TITLE	MEASURE ID[a]	MEASURE DESCRIPTION	DATA LEVEL	MEASURE STEWARDS[b]
HYPERLIPIDEMIA AND ATHEROSCLEROSIS				
Adherence to lipid-lowering medication	0569	To ensure that members who are taking medications to treat hyperlipidemia filled sufficient medication to have at least 80% coverage during the measurement year	Level 2 (visit/diagnosis and pharmacy)	Health Benchmarks, Inc.
Dyslipidemia new med 12-week lipid test	0583	Identifies patients age 18 or older who started lipid-lowering medication during the measurement year and had a lipid panel checked within 3 months after starting drug therapy	Level 2 (pharmacy and lab)	Resolution Health, Inc.
Hyperlipidemia (primary prevention)—lifestyle changes and/or lipid lowering therapy	0611	Percentage of patients with coronary artery disease risk factors who have an elevated LDL and who have initiated therapeutic lifestyle changes or are taking a lipid lowering agent	Level 3 (lab results and patient data)	ActiveHealth Management
Atherosclerotic disease—lipid panel monitoring	0616	Percentage of patients with coronary artery, cerebrovascular, or peripheral vascular disease that have been screened for dyslipidemia with a lipid profile	Level 2 (visit/diagnosis and pharmacy)	ActiveHealth Management
Atherosclerotic disease and LDL >100—use of a lipid lowering agent	0636	Percentage of adult patients with atherosclerotic disease and an LDL >100 that are taking a lipid lowering agent	Level 3 (lab result)	ActiveHealth Management

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MEASURE TITLE	MEASURE ID[a]	MEASURE DESCRIPTION	DATA LEVEL	MEASURE STEWARDS[b]
MEDICATION MANAGEMENT				
Ambulatory initiated amiodarone therapy: TSH test	0578	Identifies the percentage of patients who had a TSH baseline measurement at the start of amiodarone therapy	Level 2 (pharmacy and lab)	Resolution Health, Inc.
Warfarin PT/INR test	0586	This measure identifies the percentage of patients taking warfarin during the measurement year who had at least one PT/INR test within 30 days after the first warfarin prescription in the measurement year	Level 2 (pharmacy and lab)	Resolution Health, Inc.
Lithium annual lithium test in ambulatory setting	0595	Identifies the percentage of patients taking lithium who have had at least one lithium level test after the earliest observed lithium prescription during the measurement year	Level 2 (pharmacy and lab)	Resolution Health, Inc.
Lithium annual thyroid test in ambulatory setting	0596	Identifies the percentage of patients taking lithium who have had at least one thyroid function test after the earliest observed lithium prescription during the measurement year	Level 2 (pharmacy and lab)	Resolution Health, Inc.
Lithium annual creatinine test in ambulatory setting	0609	Identifies the percentage of patients taking lithium who have had at least one creatinine test after the earliest observed lithium prescription during the measurement year	Level 2 (pharmacy and lab)	Resolution Health, Inc.

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Table 1: National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data

MEASURE TITLE	MEASURE ID[a]	MEASURE DESCRIPTION	DATA LEVEL	MEASURE STEWARDS[b]
MEDICATION MANAGEMENT				
Warfarin—INR monitoring	0612	Percentage of patients taking warfarin with PT/INR monitoring	Level 2 (pharmacy and lab)	ActiveHealth Management
MENTAL HEALTH AND SUBSTANCE USE DISORDERS				
Follow-up after hospitalization for mental illness	0576	Assesses the percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported: Rate 1. The percentage of members who received follow-up within 30 days of discharge Rate 2. The percentage of members who received follow-up within 7 days of discharge	Level 2 (inpatient and outpatient encounters)	NCQA
Bipolar antimanic agent	0580	Identifies the percentage of patients with newly diagnosed bipolar disorder who have received at least one prescription for a mood-stabilizing agent during the measurement year	Level 2 (visit/diagnosis and pharmacy)	Resolution Health, Inc.

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MEASURE TITLE	MEASURE ID[a]	MEASURE DESCRIPTION	DATA LEVEL	MEASURE STEWARDS[b]
MIGRAINE				
Adult(s) with frequent use of acute medications that also received prophylactic medications	0602	Identifies adults with migraines who are frequently taking acute (abortive) medications and are also taking a prophylactic medication for migraine control	Level 2 (visit/diagnosis and pharmacy)	Ingenix, Inc.
PRENATAL CARE				
Diabetes and pregnancy: avoidance of oral hypoglycemic agents	0582	Identifies pregnant women with diabetes who are not taking an oral hypoglycemic agent	Level 2 (visit/diagnosis and pharmacy)	Resolution Health, Inc.
Pregnant women that had HIV testing	0606	Identifies pregnant women who had an HIV test during their pregnancy	Level 2 (visit/diagnosis and lab)	Ingenix, Inc.
Pregnant women that had syphilis screening	0607	Identifies pregnant women who had a syphilis test during their pregnancy	Level 2 (visit/diagnosis and lab)	Ingenix, Inc.
Pregnant women that had HBsAg testing	0608	Identifies pregnant women who had a HBsAg (hepatitis B) test during their pregnancy	Level 2 (visit/diagnosis and lab)	Ingenix, Inc.

Endorsed Measures

Asthma and Respiratory Illness

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

- 0036 Use of appropriate medications for people with asthma (NCQA) [Level 2]
- 0058 Inappropriate antibiotic treatment for adults with acute bronchitis (NCQA) [Level 2]
- NQF, under its Medication Management project, recently endorsed the following measures based on administrative data: 0548 Asthma control—suboptimal asthma control (SAC) rate (rate 1) and asthma control—absence of controller therapy (ACT) rate (rate 2) (NCQA) [Level 2]
- 0549 Pharmacotherapy management of COPD exacerbation (PCE): two rates are reported (NCQA) [Level 2]

NQF endorsed three additional measures in this topic area:

0577 **Use of spirometry testing in the assessment and diagnosis of COPD** (NCQA) *EC-016-08*

The Committee members agreed that the guidelines[13,14,15,16] all recommend that patients with a new diagnosis of COPD should have a spirometry for confirmation, but they had some reservations regarding whether there was a clear link to outcomes. The measure developer noted that the measure is intended to confirm the diagnosis to distinguish COPD from asthma and select the appropriate treatment. Although Committee members questioned whether spirometry performed in the physician's office would be captured on a claim, most believed that physicians would bill for a reimbursable service. Committee members noted that there is variation in the age inclusions in the candidate COPD standards, but they agreed that the age inclusion of age ≥40 years is appropriate.

0617 **High risk for pneumococcal disease—pneumococcal vaccination** (Active Health) *EC-227-08* (NPP—population health)

The Committee recommended this measure with the condition that it be aligned with NQF's standard specifications. The Committee noted that claims are limited for long look backs, but the optional Level 3 data—from patients or EHRs—would improve the reliability of the measure. The measure developer revised the measure to align with the standard specifications that assess whether the vaccination was administered and allow for the use of patient data to capture vaccine administration for all patients over 65 and younger patients with high-risk conditions. After reviewing the comments, the Committee changed the recommendation for Level 3 data only.

0620 **Asthma—use of short-acting beta agonist inhaler for rescue therapy** (Active Health) *EC-234-08*

The Committee acknowledged that short-acting beta2-agonists are the therapy of choice for quick relief of acute symptoms and prevention for asthma exacerbation and that asthma patients should have short-acting beta2-agonist medications available at all times.[17] The current

performance is 83 percent in two health plan populations for asthma patients having a current refill of short-acting medications. Concern was noted regarding the lack of exclusions for patient intolerance, although the measure developer and several clinicians reported that in their experience intolerance was uncommon. The measure developer stated that in using the measure, any data would be included that verified patient intolerance, but this was not specified in the measure. At the request of the Committee, the developer was willing to include the option of accepting data on exclusions from any available data source. Age inclusion for all asthma measures has been harmonized to be 5 to 40 years.

Bone and Joint Conditions

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

- 0054 Arthritis: disease modifying anti-rheumatic drug (DMARD) therapy in rheumatoid arthritis (NCQA)
- 0053 Osteoporosis management in women who had a fracture (NCQA)
- 0052 Low back pain: use of imaging studies (NCQA)

NQF endorsed an additional 9 measures for arthritis and 3 measures for osteoporosis:

0585 **Hydroxychloroquine annual eye exam** (Resolution Health) *EC-049-08*

This measure assesses compliance with the ACR recommendation that all patients on hydroxychloroquine have an annual eye examination. The measure applies to all patients on hydroxychloroquine, not only to patients newly started on the medication. Current compliance in 6 health plans is 82 percent to 100 percent. The measure developer reviewed and revised some of the coding after reading the comments submitted.

0589 **Rheumatoid arthritis new DMARD baseline serum creatinine** (Resolution Health) *EC-056-08*

0590 **Rheumatoid arthritis new DMARD baseline liver function test** (Resolution Health) *EC-057-08*

0591 **Rheumatoid arthritis new DMARD baseline CBC** (Resolution Health) *EC-059-08*

These three measures assess the appropriate work-up within 60 days of patients starting on new disease-modifying antirheumatic drugs (DMARDs) consistent with the ACR 2008 *Recommendations for the Use of Nonbiologic and Biologic Disease-Modifying Antirheumatic Drugs in Rheumatoid Arthritis* that recommends baseline laboratory testing for certain DMARDs, given the potential for significant side effects.[18] The Committee suggested creating a composite measure for the blood tests. Current performance in six health plans is as follows: chest x-ray—16 percent to 51 percent; liver function test—75 percent to 85 percent; creatinine—50 percent to 85 percent; and CBC—62 percent to 87 percent.

0592 **Rheumatoid arthritis annual ESR or CRP** (Resolution Health) *EC-060-08*

0601 **New rheumatoid arthritis baseline ESR or CRP within three months** (Resolution Health) *EC-089-08*

The Committee recommended these measures that evaluate the assessment of disease activity for new patients with rheumatoid arthritis and then annually for all patients according to guidelines of the American College of Rheumatology (ACR) Preliminary Core Set of Disease Activity Measures for Rheumatoid Arthritis Clinical Trials,[19] ACR recommends baseline evaluation for subjective and objective evidence of active disease and then evaluation at least annually. Current pooled data from 18 health plans indicate that current performance is 75 percent for baseline testing and 15 percent for annual testing.

0597 **Methotrexate: LFT within 12 weeks** (Resolution Health) *EC-079-08*

0598 **Methotrexate: CBC within 12 weeks** (Resolution Health) *EC-080-08*

0599 **Methotrexate: creatinine within 12 weeks** (Resolution Health) *EC-081-08*

These measures evaluate the ACR-recommended monitoring for arthritis patients on methotrexate. Current compliance in six health plans is LFT and CBC—80 percent to 86 percent and creatinine—68 percent to 80 percent. The Committee and CSAC strongly recommended that a composite measure be created that includes all three measures. Because the developer could not create a composite measure immediately, NQF chose to endorse these as "grouped" measures which would require them to be used together. The measure developer has been requested to produce a new composite measure at maintenance review.

0614 **Steroid use—osteoporosis screening** (Active Health) *EC-213-08*

This measure originally was submitted as two measures—one for females and one for males. The measure developer agreed with the Committee's recommendation to combine them into one measure. The measure is consistent with the ACR Recommendations for the Prevention and Treatment of Glucocorticoid-Induced Osteoporosis.[20]

0633 **Osteopenia and chronic steroid use—treatment to prevent osteoporosis** (Active Health) *EC-281-08*

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

0634 **Osteoporosis—use of pharmacological treatment** (Active Health) *EC-283-08*

The Committee discussed the changing treatment for osteoporosis, particularly having a treatment hiatus after five years of therapy.

Claims data may not reliably capture previous use beyond the 12 months of eligibility, and it is unknown how large a group would be on treatment hiatus rather than non-compliant. Current performance is 80 percent, and the measure developer reported that most clinicians report that patients are noncompliant because of medication intolerance. The Committee discussed patient preference issues at length and agreed that as the capacity to capture such information in EHRs/PHRs improves, the measure could progress to a Level 3 measure. It was noted that providers are on a level playing field with the current measure—none have their results adjusted for patient preferences. It was also noted that patient preferences are not a "black and white" issue. Clinicians likely vary significantly in their interactions with patients about treatment options (e.g., time spent explaining the pros and cons of different treatment options; the extent of information shared with the patient, etc), and the quality and quantity of these interactions will effect expressed patient preferences. The Committee selected this standard for endorsement rather than a similar candidate standard because it is most closely aligned with the endorsed measure 0053 Osteoporosis management in women who had a fracture (NCQA) and includes the option of capturing Level 3 patient data about medication intolerance or treatment hiatus.

Cancer

NQF has previously endorsed three measures for cancer screening:

- 0031 Breast cancer screening (NCQA)
- 0031 Cervical cancer screening (NCQA)
- 0034 Colorectal cancer screening (NCQA)

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

0572 **Follow-up after initial diagnosis and treatment of colorectal cancer: colonoscopy**

(Health Benchmarks) *EC-007-08*

The Committee recommended this measure of colonoscopy surveillance in the first 15 months after surgery, consistent with National Comprehensive Cancer Network (NCCN) 2009 guidelines for colonscopy after 1 year except if not done preoperatively because of obstruction (in which case, follow-up should occur after 3 to 6 months). The measure developer agreed with the Committee's recommendation to remove total colectomy as a denominator inclusion.

0579 **Annual cervical cancer screening for high-risk patients**

(Resolution Health) *EC-028-08*
(NPP—population health)

This measure focuses on annual Pap smears for patients with a history of cervical dysplasia (a precancerous condition) and HIV/AIDS. A similar candidate standard focused on patients with DES exposure and prior transplant. The Committee recommended that this measure be revised to include all of the risk factors for which annual screening is recommended. The measure developer noted that "patients with any claims for cervical cancer screening

exclusions based on NCQA/HEDIS technical specifications are excluded from this measure. Therefore, a patient having a claim with a diagnosis or procedure code listed in the exclusion section would be sufficient to exclude that patient." The electronic specification for the NCQA/HEDIS measure excludes women with a hysterectomy and no residual cervix.

0623 **Breast cancer—cancer surveillance** (Active Health) *EC-240-08*

The Committee acknowledged a controversy regarding the inclusion of other imaging modalities besides mammography, such as PET and MRI scans, for surveillance after cancer treatment. The American Society of Clinical Oncology (ASCO) 2006 guidelines[21] address surveillance modalities, noting that observational studies have not shown an influence on survival of any surveillance modality over physical examination, although ASCO recommends annual surveillance mammography. For this measure, patients who have an MRI or PET scan would be captured with no expectation to also have mammography.

0625 **Prostate cancer–cancer surveillance** (Active Health) *EC-248-08*

The Committee endorsed one of two almost identical candidate measures of PSA surveillance in patients with prostate cancer in which the current performance is 59 percent. This measure addresses patients with prostate cancer, not on current therapy or palliative care, who are followed with PSA surveillance. This measure conforms to NCCN guidelines for prostate patients for active surveillance – evidence Grade 2A.

Cardiovascular Disease

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

- 0072 CAD: beta blocker treatment after a heart attack (NCQA)
- 0071 Acute myocardial infarction: persistence of beta blocker treatment after a heart attack (NCQA)
- 0075 IVD: complete lipid profile and lipid control (NCQA)
- NQF has endorsed the following measures from the Medication Management project: 0543 Coronary artery disease and medication possession ratio for statin therapy (CMS)
- 0551 ACE inhibitor/angiotensin receptor blocker use and persistence among members with coronary artery disease at high risk for coronary events (IMS Health)

NQF endorsed 12 additional measures for heart disease, hypertension, abdominal aortic aneurysm, and venous thromboembolism:

0581 **Deep vein thrombosis anticoagulation ≥3 months** (Resolution Health) *EC-037-08*

0593 **Pulmonary embolism anticoagulation ≥3 months** (Resolution Health) *EC-061-08*

These measures assess anticoagulation after thromboembolic disease. The Committee suggested that the measures indicate that three months treatment is a minimum and the measure should not imply that three months treatment is sufficient. Committee members also

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

0588 **Stent drug-eluting clopidogrel** (Resolution Health) *EC-054-08*

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

0594 **Post MI: ACE inhibitor or ARB therapy** (Resolution Health) *EC-071-08*

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

0600 **New atrial fibrillation: thyroid function test** (Resolution Health) *EC-083-08*

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

0605 **Patient(s) that had a serum creatinine in last 12 reported months** (Ingenix) *EC-099-08*

The Committee recommended this measure as consistent with JNC-7 guidelines for screening hypertensive patients one to two times/year for creatinine. The exclusion of end-stage renal disease patients was recommended and agreed to by the measure developer.

0610 **Heart failure (CHF)—Use of ACE inhibitor (ACEI) or angiotensin receptor blocker (ARB) therapy** (Active Health) *EC-202-08*

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

0613 **MI—use of beta blocker therapy** (Active Health) *EC-208-08*

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

0615 **Heart failure—use of beta blocker therapy** (Active Health) *EC-215-08*

The Committee recommended this measure as consistent with guidelines for the appropriate care of heart failure but again noted that beta blockers are frequently available as $4 generic drugs, and side effects may contribute significantly to noncompliance. Again, the use of Level 3 data is likely to produce better results.

0624 **Atrial fibrillation—warfarin therapy** (Active Health) *EC-244-08*

Upon the recommendation of the Committee, the measure developer combined three similar measures into one measure for anticoagulation in patients with atrial fibrillation and stroke risk factors consistent with guidelines.

0629 **Male smokers or family history of abdominal aortic aneurysm (AAA)—consider screening for AAA**
(Active Health) *EC-256-08* (NPP-population health)

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

0631 **Secondary prevention of cardiovascular events—use of aspirin or antiplatelet therapy**
(Active Health) *EC-272-08*

The Committee recommended this Level 3 measure, which evaluates an important process of care but requires information on over-the-counter medications from an EHR or patient data. The Committee was advised that the National Commission on Prevention Priorities (NCPP) reviewed all the costs and benefits of all prevention strategies and found that aspirin prophylaxis provided the highest benefit.[22] Daily aspirin use in high-risk individuals is a grade "A" recommendation from the U.S. Preventive Services Task Force (USPSTF), and NCPP reports that "advising all high-risk adults to consider taking aspirin would save 80,000 lives annually and result in a net medical cost savings of $70 per person advised." Clinicians on the Committee who use EHRs reported

that their system easily captures aspirin use, although such use is not routinely entered by clinicians on electronic medication lists. It was hoped that this measure would provide additional encouragement for the routine inclusion of this important over-the-counter medication on electronic medication lists.

Child Health

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

- 0069 Upper respiratory infection—appropriate treatment for children (NCQA)
- 0002 Appropriate testing for children with pharyngitis (NCQA)
- 0038 Childhood immunization status (NCQA)
- 0108 ADHD: Follow-up care for children prescribed attention-deficit/hyperactivity disorder (ADHD) medication (NCQA)

NQF endorsed one additional measure for children:

0587 **Tympanostomy tube hearing test** (Resolution Health) *EC-053-08*

The Committee recommended this measure of appropriate preoperative evaluation for children undergoing placement of tubes in the eardrum, one of the most common surgical procedures performed on children. Serious ear infections may be accompanied by hearing loss, which can impair language, especially when they are severe enough to necessitate tube insertion. The American Association of Otolaryngology-Head and Neck Surgery recommends hearing testing for children undergoing tympanostomy.[23] Current performance is 72 percent to 89 percent.

Chronic Kidney Disease

The NQF Medication Management project was the first NQF project to endorse a measure for chronic kidney disease (CKD) not requiring dialysis. NQF endorsed the following measure based on administrative data:

- 0550 Chronic kidney disease, diabetes Mellitus, hypertension and medication possession ratio for ACEI/ARB therapy (CMS)

NQF endorsed the following six measures for chronic kidney disease:

0570 **Chronic kidney disease: monitoring phosphorous** (Health Benchmarks) *EC-005-08*

0571 **Chronic kidney disease: monitoring parathyroid hormone (PTH)** (Health Benchmarks) *EC-006-08*

0574 **Chronic kidney disease: monitoring calcium** (Health Benchmarks) *EC-012-08*

The Committee noted that all three annual screening tests are basic care for patients with chronic kidney disease and strongly recommended that these measures be combined into a composite in the near future. A 2007 study examining adherence within a managed

care setting to the Kidney Disease Outcomes Quality Initiative (K/DOQI) guidelines found that the percentages of patients with Stage 3, Stage 4, and Stage 5 chrCKD who received at least annual PTH testing were 7.3 percent, 17.5 percent, and 38.2 percent, respectively, and the percentages of those who received at least annual phosphorus testing were 26.7 percent, 53.3 percent, and 67.5 percent, respectively.[24] Rates of phosphorus testing are low regardless of provider specialty, but are especially low among those seen by primary care providers. A 2008 study conducted on a privately insured population found that overall rates of PTH testing were low, but were significantly lower among those patients seen by internists as compared to nephrologists (0.6 percent versus 7.1 percent, P=0.0002), and the rates of serum calcium testing were significantly higher among those seen by nephrologists as compared to internists (97.6 percent versus 82.4 percent, P=0.008).[25] The measure includes children and adolescents.

0621 **Non-Diabetic nephropathy—use of ACE inhibitor or ARB therapy** (Active Health) *EC-238-08*

The Committee recommended this measure for the use of ACEI or ARB medications in the population of patients with kidney disease but not diabetes. This measure complements 0619 Diabetes with hypertension or proteinuria—use of an ACE inhibitor or ARB (Active Health), which looks at ACEI or ARB use in patients with diabetes.

0626 **Chronic kidney disease—Lipid profile monitoring** (Active Health) *EC-251-08*

The Committee supported assessment of compliance with the KDOQI guidelines for lipid screening.[26] The measure includes adolescents (ages 12 and up).

0627 **Chronic kidney disease with LDL ≥130—use of lipid lowering agent** (Active Health) *EC-252-08*

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

Diabetes

NQF has endorsed numerous measures for diabetes. Many of the endorsed measures are based on administrative data:

- 0056 Diabetes—foot exam (NCQA/Alliance) [Level 3 only]
- 0055 Diabetes—eye exam (NCQA/Alliance)
- 0062 Diabetes—urine protein screening (NCQA/Alliance)
- 0057 Diabetes—hemoglobin A1c testing (NCQA/Alliance)
- 0063 Diabetes—Lipid profile screening (NCQA/Alliance)
- 0059 Hemoglobin A1c poor control >9.0% (NCQA/Alliance)

- 0064 Measure Pair: A—Lipid management: low density lipoprotein cholesterol (LDL-C) <130; B—Lipid management: LDL-C (NCQA/Alliance)
- 0061 Blood pressure management (NCQA/Alliance)

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

- 0545 Diabetes mellitus and medication possession ratio (MPR) for chronic medications (CMS)
- 0548 Diabetes suboptimal treatment regimen (SUB) (NCQA)
- 0547 Diabetes and medication possession ratio for statin therapy (CMS)

NQF endorsed the following 7 measures based on administrative data to add to NQF's portfolio of measures for diabetes with alignment of the ages to 18 to 75 years because the treatment of diabetic patients over 75 years of age varies.

0575 **Comprehensive diabetes care: Hb A1c control (<8.0%)** (NCQA) *EC-013-08*

This outcome measure requires Level 3 data—the laboratory result. NQF has previously considered measures for HbA1c Levels, but the controversy around appropriate target levels prevented the endorsement of measures except for addressing poor control. Committee members were advised of preview results of a meta-analysis performed at the Mayo Clinic of recent large randomized trials in patients with type 2 diabetes that suggest that "tight glycemic control burdens patients with complex treatment programs, hypoglycemia, weight gain, and costs and offers uncertain benefits in return."[27] This new study, published in June 2009, has brought a conclusion to the long debate on HgbA1c target levels and revised target values for performance measures assessing diabetes control using HgbA1c to a more moderate level of <8.0%.

0603 **Adults(s) taking insulin with evidence of self-monitoring blood glucose testing** (Ingenix) *EC-095-08* (NPP—patient and family engagement)

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

0604 **Adult(s) with diabetes mellitus that had a serum creatinine in the last 12 reported months** (Ingenix) *EC-096-08*

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

0618 **Diabetes with LDL >100—use of a lipid lowering agent** (Active Health) *EC-231-08*

The Committee recommended this Level 3 measure of an appropriate response to an abnormal laboratory result, even though NQF has previously endorsed measures for lipid screening and lipid level outcomes. Committee members noted that for those who fail to achieve the target level performance, this measure provides information on whether the patient is receiving treatment.

0619 **Diabetes with hypertension or proteinuria—use of an ACE inhibitor or ARB** (Active Health) *EC-232-08*

This Level 3 measure assesses the use of ACEI or ARB medications in patients with diabetes and either hypertension or proteinuria. The Committee recommended combining what was originally submitted as two measures into a single measure of appropriate use of ACEI or ARBs for these subpopulations of patients with diabetes.

0630 **Diabetes and elevated HbA1c—use of diabetes medications** (Active Health) *EC-262-08*

This Level 3 measure uses the laboratory result to identify patients who should be on treatment for diabetes. The Committee supported this measure, which identifies patients with laboratory test values consistent with diabetes (Hgb A1c >8.0%) who are being treated.

0632 **Primary prevention of cardiovascular events in diabetics (older than 40 years)—use of aspirin or antiplatelet therapy** (Active Health) *EC-274-08*

The Committee recommended this Level 3 measure, even though concerns remained regarding the reliability of capturing the use of aspirin even in EHRs. The measure addresses an important care process for patients with diabetes for which the literature reports 54 percent performance.[28]

Gastroesophageal Reflux Disease (GERD)

NQF has not previously endorsed measures for gastrointestinal conditions. The Committee recommended one measure in this topic area.

0622 **GERD—upper gastrointestinal study in adults with alarm symptoms** (Active Health) *EC-239-08*

The Committee endorsed this measure of appropriate upper endoscopy for patients with alarm symptoms (dysphagia and iron deficiency anemia). The current performance is 43 percent to 89 percent and presents a good opportunity for improvement. NQF had previously considered a measure in 2007 that measured use of endoscopy in GERD patients with the alarm symptoms; however, the Committee, on the advice of the Technical Advisory Panel, did recommend the measure for endorsement because the measure included multiple alarm symptoms, including weight loss, which were not considered appropriate for GERD patients.

Gynecology

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

- 0033 Chlamydia screening in women (NCQA)

NQF endorsed an additional measure of evaluation prior to a gynecologic procedure.

0567 **Appropriate work up prior to endometrial ablation procedure**
(Health Benchmarks) *EC-002-08*

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

Hepatitis and Liver Disease

NQF has endorsed measures for hepatitis, but they require use of CPT II Category II codes. NQF endorsed two aditional measures for hepatitis and liver disease.

0584 **Hepatitis C: viral load test**
(Resolution Health) *EC-046-08*

This measure assesses compliance with American Gastroenterological Association guidelines for testing of viral load prior to treatment in patients with hepatitis C (Level of evidence 2A, 2B).[29] The Committee considered harmonization with endorsed measure 0584 Hepatitis C: Viral Load Test (AMA PCPI), which uses CPT II codes and noted that the major difference between the endorsed measure and this measure is that the PCPI measure references "within six months" timeframe. The Committee was informed by PCPI staff that their Work Group chose six months since they wanted a timeframe for the measure but reported that there was no specific evidence for the six-month timeframe. The NQF Steering Committee did not insist that 0584 be harmonized to a timeframe that was not evidence based.

0635 **Chronic liver disease—hepatitis A vaccination**
(Active Health) *EC-285-08*

The Committee specifically referred to CDC guidelines regarding Hepatitis A vaccine: "Susceptible persons with chronic liver disease should be vaccinated. Available data do not indicate a need for routine vaccination of persons with chronic HBV or HCV infections without evidence of chronic liver disease."[30] Current performance is low—about 50 percent. The Committee noted that vaccination occurs only once and that claims data are limited for lengthy look backs. The Committee endorsed this as a Level 3 measure so that patient historical data are captured for the measure.

HIV/AIDS

0568 **Appropriate follow up for patients with HIV**
(Health Benchmarks) *EC-003-08*

This measure assesses compliance with recommended CD4 and RNA testing every three to six months in patients with HIV/AIDS. Performance on this measure of testing at least twice in one year ranges from 50 percent to 85 percent.

0573 **HIV screening: members at high risk of HIV** (Health Benchmarks) *EC-009-08* (NPP—population health)

This measure evaluates whether patients at high risk of HIV disease (screened or treated for a sexually transmitted disease or hepatitis) have been screened for HIV. Current performance is only 36 percent. The Committee discussed the issue of patient refusal, but felt that unlike the general population, this high-risk population demands greater attention and strategies to ensure that testing is done. The Committee acknowledged that claims data will not capture patient refusals, but measure developer data suggest that low compliance results because the test is not offered, not because it is refused.

Hyperlipidemia and Atherosclerosis

NQF endorsed five measures for hyperlipidemia and atherosclerosis—NQF's first endorsed administrative measures in this area.

0569 **Adherence to lipid-lowering medication** (Health Benchmarks) *EC-004-08*

The Committee verified that this medication adherence measure for statins conforms to the standard specifications adopted in the Medication Management project. Committee members pointed out that some plans require tablet splitting and the exclusions are few. The measure developer reports that the current performance of 60 percent to 80 percent is consistent with the literature, which describes significant variation in medication adherence.

0583 **Dyslipidemia new med 12-week lipid test**
(Resolution Health) *EC-041-08*

The Committee recommended this measure that assesses whether patients who started on medication for elevated lipid levels had a follow-up laboratory test within three months to determine the effectiveness of the therapy. The current performance in 17 health plans ranges from 9 percent to 45 percent. The Committee noted that the test could be ordered without an office visit.

0611 **Hyperlipidemia (primary prevention)—lifestyle changes and/or lipid lowering therapy**
(Active Health) *EC-203-08* (NPP—population health)

The Committee recommended this Level 3 measure for patients with hyperlipidemia because it uses laboratory results to determine the need for therapy and allows for a period during which patients can make lifestyle changes in lieu of using medications.

0616 **Atherosclerotic disease—lipid panel monitoring** (Active Health) *EC-217-08*

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

0636 **Atherosclerotic disease and LDL >100—use of lipid lowering agent** (Active Health) *EC-288-08*

This Level 3 measure is similar to 0618 Diabetes with LDL greater than 100—use of a lipid lowering agent. Lipid-lowering agents are not restricted to statins.

Medication Management

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

- 0021 Therapeutic monitoring—annual monitoring for patients on persistent medications (NCQA)
- 0022 Drugs to be avoided in the elderly (NCQA)

The Medication Management project has endorsed an additional five measures:

- 0553 Care for older adults—medication review (COA) (NCQA)
- 0541 Proportion of days covered (PDC): 5 rates by therapeutic category (NCQA)
- 0542 Adherence to chronic medications (CMS)
- 0555 Monthly INR monitoring for beneficiaries on warfarin (CMS)
- 0556 INR for beneficiaries taking warfarin and interacting anti-infective medications (CMS)

After preliminary review of the candidate standards by the Medication Management Steering Committee, the Clinically Enriched Steering Committee recommended six additional measures for medication management:

0578 **Ambulatory initiated amiodarone therapy: TSH test** (Resolution Health) *EC-027-08*

This measure assesses compliance with guidelines[31] that recommend baseline TSH testing for patients started on amiodarone for the treatment of arrhythmias. The measure developer reported that current performance among 17 health plans is 0 percent to 43 percent. Committee members noted that patients are often started on this medication in the hospital, but are excluded from the measure.

0586 **Warfarin PT/ INR test**
(Resolution Health) *EC-051-08* (NPP—safety)

0612 **Warfarin—INR monitoring**
(Active Health) *EC-204-08* (NPP—safety)

Multiple candidate standards addressing the use of warfarin were evaluated by the Medication Management Steering Committee and the Clinically Enriched Steering Committee, who discussed several challenges involved in assessing anticoagulation management, specifically data reliability from claims. The Committees noted that all international normalized ratio (INR) testing may not be not captured in claims codes. The measure developers concurred that data unreliability is significant by as much as 30 percent. Also, home monitoring of the INR (which is reimbursed by Medicare) is growing. Measure 0586 looks at an INR test within 30 days after the first prescription for warfarin and includes home monitoring. Measure 0612 addresses ongoing monitoring for patients on continuous anticoagulation, but the Committee was concerned with exclusions for venipuncture and office visit, in the original submission. The developer noted that the exclusions attempted to address the data reliability concern. The measure specifications included alternate Level 3 data elements for patient-specific and EHR data. The measure developer revised the specifications according to the Committee's recommendations that the measure is for Level 3 specifications only and removed the exclusions (except dialysis).

0595 **Lithium annual lithium test in ambulatory setting**
(Resolution Health) *EC-076-08*

0596 **Lithium annual thyroid test in ambulatory setting**
(Resolution Health) *EC-077-08*

0609 **Lithium annual creatinine test in ambulatory setting**
(Resolution Health) *EC-119-08*

These three annual monitoring measures for patients taking lithium were rated highly by both the Medication Management Steering Committee and the Clinically Enriched Steering Committee. Both Committees strongly recommended that these measures be incorporated into a composite measure that would assess whether patients are getting all of the annual monitoring tests recommended. Because the measure developer could not immediately create a composite measures, NQF chose endorse these as "grouped" measures which would require them to be used together. The measure developer has been requested to produce a new composite measure at maintenance review.

Mental Health and Substance Use Disorders

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

- 0105 New episode of depression: antidepressant medication management (NCQA)
- 0004 Initiation of alcohol and other drug dependence treatment (NCQA)

The NQF Medication Management project endorsed an additional measure for the treatment of schizophrenia:

- 0544 Use and adherence to antipsychotics among members with schizophrenia (HealthBenchmarks)

The Committee recommended two additional mental health measures.

0576 **Follow-up after hospitalization for mental illness**
(NCQA) *EC-014-08* **(NPP—care coordination)**

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

0580 **Bipolar antimanic agent**
(Resolution Health) *EC-032-08*

Committee members acknowledged that although this measure of standard treatment for bipolar disease is very basic, performance is low. The Committee identified concerns with the 12-month eligibility period to establish the "new onset" diagnosis and recommended extending the eligibility period to two years and looking back as far as data are available. Committee members noted that new guidelines are expected and that although the measure is consistent with current guidelines, if significant changes are made, the measure should be reconsidered on an ad hoc basis (instead of waiting for routine review).

Migraine

NQF endorsed its first measure addressing migraine or migraine treatment.

0602 **Adult(s) with frequent use of acute medications that also received prophylactic medications**
(Ingenix) *EC-093-08*

The Committee supported this measure, noting that it is based on good science and represents compliance with guidelines that recommend "consider[ing] preventive treatment (given on an ongoing basis whether or not an attack is present) where the frequency of migraine attacks is such that the reliance on acute care medications would increase the potential for drug-induced (rebound) headache."[32] Current performance is 62 percent. The Committee preferred this standard rather than a similar candidate standard because it more rigorously identifies the numerator and denominator. Committee members noted that the measure can be calculated through a disease registry.

Prenatal Care

To date, NQF has endorsed a few measures for prenatal care but they are not derived from administrative data. The Committee recommended four prenatal care standards derived from administrative data.

0582 **Diabetes and pregnancy: avoidance of oral hypoglycemic agents** (Resolution Health) *EC-039-08*

The Committee viewed this as a patient safety measure that addresses the improper use

of oral hypoglycemic agents, are known to adversely affect the fetus and that complies with the American Association of Clinical Endocrinologists' recommendation for "diabetes and pregnancy: discontinue oral glucose-lowering drugs and start insulin if needed (grade A)."[33] Although the denominator population is small, current performance should be 100 percent. The measure developer reported that only 5 of 17 health plans demonstrate optimal performance, with the remaining 12 plans ranging in performance from 82 percent to 98 percent.

0606 **Pregnant women that had HIV testing** (Ingenix) *EC-107-08*

0607 **Pregnant women that had syphilis screening** (Ingenix) *EC-110-08*

0608 **Pregnant women that had HBsAg testing** (Ingenix) *EC-112-08*

The Committee endorsed three prenatal screening test measures from the same developer for consistency of method. The American College of Obstetrics and Gynecology guidelines recommend that women should have all three tests in early pregnancy to provide the opportunity for intervention if there is an abnormal result. The measure specifications capture data during the entire pregnancy, and the Committee asked whether the developer could focus on early pregnancy. The measure developer replied that the revision could not be accommodated at this time. The Committee and CSAC recommended that these measures be combined into a composite measure prior to the next measure maintenance review.

Measures Not Recommended

The most common reasons that the Committee did not recommend performance standards included the following:

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

The titles of the standards that were not endorsed and the rationale for not endorsing them are provided in Table 2.

Table 2: Measures Not Endorsed

MEASURE TITLE	REASON(S) FOR NOT ENDORSING
ASTHMA AND RESPIRATORY ILLNESS	
EC-030-08 Asthma moderate to severe B2 agonist PQP (Resolution Health)	Importance: Current performance 98.5%-100%in 18 health plans involving 140,224 patients per measure developer with little variation.
EC-035-08 COPD and asthma B2 overuse (Resolution Health)	Importance: Current performance 98.5%-100% in 18 health plans involving 150,383 patients per measure developer; little opportunity for improvement.
EC-097-08 [Asthma] patient(s) that had an office visit in the last 6 reported months (Ingenix)*	Importance: No relationship to outcomes; no criteria for what happens at the office visit; measures of direct care processes are superior; too much focus on office visit—does not promote alternatives.
EC-100-08 Patient(s) that had an annual physician visit (Ingenix)	Importance: Measure is not clinically enriched. Office visit not a good proxy for care—direct measures of care processes are superior; too much focus on office visits.
EC-101-08 Patient(s) with frequent short-acting inhaled bronchodilator use who are also using a long-acting inhaled (Ingenix)	Prefer similar measure 0628, which has better patient selection criteria.
EC-114-08 Adult(s) with community-acquired bacterial pneumonia who have a CXR (Ingenix)	Importance: Low-level evidence: IDSA/ATS 2007 guidelines: "moderate recommendation; Level III (low) evidence from case studies and expert opinion. (Clin Inf Disease 2007;44:27-72) **www.thoracic.org/sections/publications/statements/resources/idsaats-cap.pdf)**; Scientific Acceptability and Usability: Measure would be more robust and useful if combined with EC-115-08; concerns regarding the necessity of a chest x-ray each time of diagnosis; concerns of ability to measure antibiotic 21 days before the episode start date.
EC-115-08 Patient(s) with a diagnosis of community-acquired bacterial pneumonia (CAP) who were treated with a recommended antibiotic (Ingenix)	Importance: high current compliance at 93.6% in a test dataset; Scientific acceptability: questions on the rationale for capturing any antibiotic 21 days before the index episode and five days after; the attribution goes to the physician of the index episode. Antibiotics given for other reasons in that 21 day window are captured. Implies that antibiotics may be prescribed prior to any visit/examination.

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*The organizations in parentheses are measure stewards.

Table 2: Measures Not Endorsed

MEASURE TITLE	REASON(S) FOR NOT ENDORSING
ASTHMA AND RESPIRATORY ILLNESS *(continued)*	
EC-116-08 Patient(s) with a diagnosis of community-acquired bacterial pneumonia who have oxygen saturation documented and reviewed at the initiating pneumonia encounter. (Ingenix)	Scientific acceptability: reliability—office assessment often not coded.
EC-220-08 Reactive airway disease—avoid beta blocker use (Active Health)	Importance: Does not have sufficient scientific evidence (Level C recommendation) to support the measure, and cardio-selective beta blockers may have benefit.
EC-233 Asthma—consider step 2 Therapy (Active Health)	Similar to a current NQF-endorsed® measure; prefer endorsed measure (0036).
EC-253-08 COPD—consider screening for alpha-1 antitrypsin deficiency (Active Health)	Usability: Would not be as useful at a practice level because of very small numbers. Might be useful at a larger population level where there is a sufficient sample size.
EC-255-08 COPD with exacerbations—use of long-acting bronchodilator therapy (Active Health)	The Board withdrew endorsement after an appeal that identified concerns regarding the ability of the measure to identify the largest appropriate patient population and subsequently the true percentage of patients who are receiving appropriate treatment. CSAC members agreed with the appellant's concerns citing the potential under-count of patients with COPD who should be receiving the intervention; the willingness of the developer to modify the measure for reconsideration in a subsequent consensus development process; and preference for a more clinically precise measure.
EC-280-08 COPD—consider pulmonary rehabilitation (Active Health)	Usability: Probably does not change the overall outcome of the patient but impacts quality of life; very limited availability of pulmonary rehabilitation services. Unclear if low performance is lack of ordering or lack of availability.

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Table 2: Measures Not Endorsed

MEASURE TITLE	REASON(S) FOR NOT ENDORSING
BONE AND JOINT CONDITIONS	
EC-011-08 Appropriate follow-up for rheumatoid arthritis (Health Benchmarks)	Prefer similar measure 0592 because of the specificity within the measure.
EC-029-08 Arthritis and chronic NSAID: ulcer prophylaxis (Resolution Health)	Scientific Acceptability: $4 drugs will not be included in claims, which affects the denominator; claims data will not be able to capture over-the-counter medications. No Level 3 data option.
EC-050-08 IBD steroids chronic BMD test (Resolution Health)	Concerns regarding the subpopulation; prefer similar measure 0614.
EC-058-08 Rheumatoid arthritis new DMARD baseline chest x-ray	Importance: Low level of evidence—consensus only noted by the American College of Rheumatology in submitted comments.
EC-074-08 Osteoporosis woman 66-67 BMD test PQP (Resolution Health)	Importance: Does not follow USPSTF or the National Osteoporosis Foundation guidelines.
EC-075-08 Osteoporosis med therapy PQP (Resolution Health)	Prefer similar 0634, which complements the current NQF-endorsed measure; 0634 is based on Level 2 data, which can alternatively capture Level 3 data.
EC-211-08 Fracture in females—consider osteoporosis screening (ActiveHealth)	Similar to a current NQF-endorsed measure; prefer endorsed measure (0053).
EC-212-08 Fracture in males—consider osteoporosis screening (ActiveHealth)	Scientific Acceptability: Concerns regarding coding issues with trauma and pathologic fractures.
EC-223-08 Rheumatoid arthritis—consider adding a disease-modifying antirheumatic drug (DMARD) (ActiveHealth)	Similar to a current NQF-endorsed measure: prefer endorsed measure (0054).
EC-241-08 Females 65 yrs or older—consider osteoporosis screening (ActiveHealth)	Scientific Acceptability: Difficult to capture data accurately.

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Table 2: Measures Not Endorsed

MEASURE TITLE	REASON(S) FOR NOT ENDORSING
BONE AND JOINT CONDITIONS *(continued)*	
EC-249-08 Hypogonadism in males—consider osteoporosis screening (ActiveHealth)	Importance: Concerns regarding the prevalence of the condition and the small size of the affected population.
EC-266-08 Hip or vertebral fracture—consider osteoporosis treatment (ActiveHealth)	Scientific Acceptability: Concerns regarding coding; issues with trauma and pathologic fractures.
EC-282-08 Osteopenia and fracture—consider osteoporosis treatment (ActiveHealth)	Scientific Acceptability: Concerns regarding coding; issues with trauma and pathologic fractures.
CANCER SCREENING AND SURVEILLANCE	
EC-017-08 Breast cancer screening (Wisconsin Collaborative for Healthcare Quality)	Similar to a current NQF-endorsed measure; prefer endorsed measure (0031).
EC-018-08 Cervical cancer screening (Wisconsin Collaborative for Healthcare Quality)	Similar to a current NQF-endorsed measure; prefer endorsed measure (0032).
EC-019-08 Colorectal cancer screening (Wisconsin Collaborative for Healthcare Quality)	Similar to a current NQF-endorsed measure; prefer endorsed measure (0034).
EC-033-08 Breast cancer: follow-up annual mammogram (Resolution Health)	Prefer similar measure 0623, which includes MRI and PET in the numerator.
EC-104-08 Patient(s) that had a prostate specific antigen test in last 12 reported months (Ingenix)	Prefer similar measure 0625, which is more detailed.
EC-105-08 Patient(s) that had an annual physician visit (Ingenix)	The measure is not clinically enriched. Usability: Office visit not a good proxy for digital rectal exam. The measure gives credit for a visit with any provider with no assurance the digital rectal exam was performed.
EC-224-08 Melanoma—complete skin exam (ActiveHealth)	Scientific Acceptability: Hard to capture data accurately on skin exam.

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Table 2: Measures Not Endorsed

MEASURE TITLE	REASON(S) FOR NOT ENDORSING
CANCER SCREENING AND SURVEILLANCE *(continued)*	
EC-225-08 Colorectal cancer screening—adults 50 years and older (ActiveHealth)	Similar to a current NQF-endorsed measure; prefer endorsed measure (0034).
EC-228-08 Women at risk for cervical cancer—consider annual Pap smear (ActiveHealth)	Prefer similar measure 0579, which defined "high risk" in further detail.
EC-229-08 Breast cancer screening—females age 40-49 years (ActiveHealth)	Similar to a current NQF-endorsed measure; prefer endorsed measure (0031).
EC-230-08 Breast cancer screening—females 50 years and older (ActiveHealth)	Similar to a current NQF-endorsed measure; prefer endorsed measure (0031).
EC-246-08 Colorectal cancer—consider cancer surveillance (ActiveHealth)	Usability: Concerns regarding measure, including patients who should not be screened.
EC-247-08 Colorectal cancer—consider surveillance colonoscopy (ActiveHealth)	Prefer similar measure 0572, which has a better time window.
EC-284-08 Cervical cancer screening—females age 21 and older (ActiveHealth)	Similar to a current NQF-endorsed measure; prefer endorsed measure (0032).
CARDIOVASCULAR DISEASE	
EC-034-08 CHD and headache syndrome, not on triptans or ergots (Resolution Health)	Importance: Evidence shows there is no increased cardiovascular risk in taking these drugs.
EC-036-08 Coronary heart disease: statin medication (Resolution Health)	Feasibility: $4 generic drugs will not be included in claims, which affects the denominator; standard did not include LDL levels; standard is not consistent with ACC or AHA guidelines. NQF has recently endorsed 0543 Coronary Artery Disease and Medication Possession Ratio for Statin Therapy based on Level 2 administrative data that combines both appropriate use of statins and adherence to statin in a single, robust measure.

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Table 2: Measures Not Endorsed

MEASURE TITLE	REASON(S) FOR NOT ENDORSING
CARDIOVASCULAR DISEASE *(continued)*	
EC-042-08 Heart failure: ACE inhibitor or ARB therapy (Resolution Health)	Prefer similar measure 0610, which though based on Level 2 data can alternatively capture Level 3 data as well.
EC-043-08 Heart failure: beta blocker treatment (Resolution Health)	Prefer similar measure 0615, which though based on Level 2 data can alternatively capture Level 3 data as well.
EC-044-08 Heart failure: short-acting CCB contraindicated (Resolution Health)	Importance: Current performance 94 percent.
EC-055-08 Stent bare metal clopidogrel (Resolution Health)	Prefer similar measure EC-054-08 that uses drug-eluting stents.
EC-070-08 Post MI: beta blocker therapy (Resolution Health)	Feasibility: NQF has already endorsed a measure for initiation of beta blocker use after MI from NCQA—measure 0072 beta blocker treatment after heart attack—endorsed December 2006; $4 generic drugs will not be included in claims, which affects the denominator.
EC-082-09 New atrial fibrillation on warfarin: PT/INR test (Resolution Health)	Prefer global measure for PT/INR testing for patients on warfarin rather than condition-specific measures.
EC-085-08 New onset hypertension—blood glucose test (Resolution Health)	Scientific Acceptability: Methodology—look-back period is as little as 6 months—may capture long-standing patients as "new" and repeat tests unnecessarily. Difficult to capture data accurately.
EC-086-08 New onset hypertension—serum creatinine test (Resolution Health)	Scientific Acceptability: Methodology—look-back period is as little as 6 months—may capture long-standing patients as "new" and repeat tests unnecessarily. Difficult to capture data accurately.
EC-087-08 New onset hypertension—serum lipid test (Resolution Health)	Scientific Acceptability: Methodology—look back period is as little as 6 months—may capture long-standing patients as "new" and repeat tests unnecessarily. Difficult to capture data accurately.

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Table 2: Measures Not Endorsed

MEASURE TITLE	REASON(S) FOR NOT ENDORSING
CARDIOVASCULAR DISEASE *(continued)*	
EC-088-08 New onset hypertension—serum potassium test (Resolution Health)	Scientific Acceptability: Methodology—look-back period is as little as 6 months—may capture long-standing patients as "new" and repeat tests unnecessarily. Difficult to capture data accurately.
EC-091-08 Newly diagnosed heart failure: LVEF evaluation (Resolution Health)	Usability: Difficult to capture data accurately; issue with identifying newly diagnosed; look-back period is not specified—"first claim prior to the measurement year."
EC-098-08 Patients that had an annual visit [for hypertension] (Ingenix)	Importance: Measure is not clinically enriched. The goal is BP control not an office visit. Not good proxy for good care—measures of direct care processes or outcomes are superior; too much focus on visits.
EC-201-08 Congestive heart failure—avoid certain calcium channel blockers (ActiveHealth)	Importance: ACC/AHA guidelines to "avoid" these medications, but not contraindicated. Usability: a "negative" measure is confusing.
EC-207-08 Coronary artery disease (CAD)—consider adding an ACE inhibitor or ARB (ActiveHealth)	Scientific Acceptability and Usability: Does not take into account whether patients have diabetes or left ventricular systolic dysfunction.
EC-209-08 Myocardial infarction (MI) complicated by heart failure (HF)—add an ACE-inhibitor (ACE-I) or an angiotensin receptor blocker (ARB) (ActiveHealth)	Feasibility: Difficult to capture diagnosis of systolic heart failure using ICD-9 codes.
EC-210-08 NSAIDs—may exacerbate hypertension (ActiveHealth)	Scientific Acceptability: Difficult to identify refractory hypertension with claims data.
EC-264-08 Congestive heart failure consider evaluation of left ventricular function (ActiveHealth)	Scientific Acceptability and Usability: Difficult to capture data accurately.
EC-265-08 Hypertension—consider screening for diabetes (ActiveHealth)	Importance: High compliance rate.

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Table 2: Measures Not Endorsed

MEASURE TITLE	REASON(S) FOR NOT ENDORSING
CHILD HEALTH	
EC-015-08 Lead screening in children (NCQA)	August 2009 change in CDC recommendations away from universal screening of Medicaid patients to targeted screening based on local/regional risk factors.
EC-026-08 Acute otitis externa: no systemic antibiotics (Resolution Health)	Importance: current performance 96.3-98.75% in 6 health plans (11,844 patients) with no variation.
EC-064-08 Preventive health visits: first year of life (Resolution Health)	Scientific Acceptability: Office visit is not a good proxy for appropriate care given.
EC-065-08 Preventive health visits: ages 3 to 18 years old (Resolution Health)	Scientific Acceptability: Office visit is not a good proxy for appropriate care given.
EC-066-08 Preventive health visits: ages 1 to 3 years old (Resolution Health)	Scientific Acceptability: Office visit is not a good proxy for appropriate care given.
EC-072-08 Pediatric rotavirus vaccination by age 8 months (Resolution Health)	Importance: Initially only a provisional recommendation from CDC. Now an ACIP recommendation, but rotavirus in included in the NQF-endorsed measure 0036, Childhood immunization. No need for a separate measure.
EC-073-08 Otitis media with effusion: no systemic antibiotics (Resolution Health)	Importance: Little room for improvement; high compliance rate. 81.32-91.89% in 3908 patients in 6 health plans.
CHRONIC KIDNEY DISEASE	
EC-094-08 Patient(s) with proteinuria currently taking an ACE-inhibitor or angiotensin II receptor antagonist (Ingenix)	Prefer similar measure 0621, which provides additional exclusions.
EC-257-08 Chronic kidney disease—consider hepatitis B vaccination (ActiveHealth)	Scientific Acceptability: Difficult to capture data accurately.

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Table 2: Measures Not Endorsed

MEASURE TITLE	REASON(S) FOR NOT ENDORSING
DIABETES	
EC-020-08 Diabetes care performance measures (Wisconsin Collaborative for Healthcare Quality)	Scientific Acceptability: Based on most recent evidence, A1c level of <8.0% not <7.0% is a better target for measurement; otherwise, the Committee liked the composite approach.
EC-024-08 Patients taking a biguanide (e.g., metformin), ACE-inhibitor, or angiotensin II receptor agonist that had a serum creatinine in the last 12 reported months (Ingenix)	Importance: Should include all diabetics; ADA recommends annual screening; spot creatinine is an alternative to serum creatinine.
EC-025-08 Patients that had an office visit for diabetes care in last 6 reported months (Ingenix)	Importance: Measure not clinically enriched; no evidence for 6 months; too much focus on office visits—does not promote alternatives to office visit. Office visit is not a good proxy for appropriate care—direct measures of care processes are superior.
EC-038-08 Diabetes and HTN or CKD: ACE or ARB therapy (Resolution Health)	Prefer similar measure 0619, which is based on Level 2 data with alternatives for Level 3 data.
EC-040-08 Diabetes new metformin PQP (Resolution Health)	Scientific Acceptability: prefer similar measure 0630; concerns with newly diagnosed—look back is 1 year.
EC-205-08 Diabetes—consider eye exam (ActiveHealth)	Similar to a current NQF-endorsed measure; prefer endorsed measure (0055).
EC-206-08 Diabetes—HbA1c monitoring (ActiveHealth)	Similar to a current NQF-endorsed measure; prefer endorsed measure (0057).
EC-216-08 Diabetes—microalbuminuria Screening (ActiveHealth)	Similar to a current NQF-endorsed measure; prefer endorsed measure (0062).
EC-226-08 Diabetes—consider lipid panel monitoring (ActiveHealth)	Similar to a current NQF-endorsed measure; prefer the endorsed measure (0063).
EC-254-08 Diabetes with LDL ≥130 mg/dL—consider lipid-lowering agent (ActiveHealth)	Scientific Acceptability: The LDL level is too high; prefer similar measure (0618).
EC-275-08 Diabetes—consider foot exam (ActiveHealth)	Similar to a current NQF-endorsed measure; prefer the endorsed measure (0056).

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Table 2: Measures Not Endorsed

MEASURE TITLE	REASON(S) FOR NOT ENDORSING
GERD	
EC-062-08 PUD H. pylori treatment (Resolution Health)	Scientific Acceptability: Patients do not need to be retreated—this can create an issue of overuse; measure will produce false positives that lead to data inaccuracy.
EC-063-08 PUD H. pylori test (Resolution Health)	Scientific Acceptability: Patients do not need to be retreated—this can create an issue of overuse; the measure will produce false positives that lead to data inaccuracy.
EC-218-08 Peptic ulcer disease—consider diagnostic work up for H. pylori (ActiveHealth)	Scientific Acceptability: Patients do not need to be retreated—this can create an issue of overuse; the measure will produce false positives that lead to data inaccuracy.
EC-269-08 H. pylori treatment with recurrent symptoms—consider retesting for eradication (ActiveHealth)	Scientific Acceptability: The measure will produce false positives that lead to data inaccuracy.
EC-270-08 Positive H. pylori test—consider treatment (ActiveHealth)	Scientific Acceptability: Patients do not need to be retreated—this can lead to potential overuse; the measure will produce false positives that lead to data inaccuracy.
GERIATRICS	
EC-235-08 Avoid certain opioid analgesics in the elderly (ActiveHealth)	Importance: Lack of sufficient scientific evidence; high compliance rate.
EC-236-08 Avoid long acting benzodiazepines in the elderly (ActiveHealth)	Importance: Lack of sufficient scientific evidence.
EC-237-08 Avoid amitryptiline and doxepin in the elderly (ActiveHealth)	Importance: Lack of sufficient scientific evidence.
EC-250-08 Avoid skeletal muscle relaxants in the elderly (ActiveHealth)	Importance: Lack of sufficient scientific evidence.

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Table 2: Measures Not Endorsed

MEASURE TITLE	REASON(S) FOR NOT ENDORSING
GERIATRICS *(continued)*	
EC-258-08 Avoid antihistamines with anticholinergic properties in the elderly (ActiveHealth)	Importance: Lack of sufficient scientific evidence.
EC-259-08 Avoid desiccated thyroid in the elderly (ActiveHealth)	Importance lack of sufficient scientific evidence.
EC-273-08 Falls in the elderly—consider a fall evaluation (ActiveHealth)	Scientific Acceptability: Unable to identify the denominator population.
HEPATITIS AND LIVER DISEASE	
EC-045-08 Hepatitis C genotype test (Resolution Health)	Scientific Acceptability: Difficult to capture data accurately with long look-back period; genotyping needs to be done only once.
EC-222-08 Chronic hepatitis C—consider hepatitis B vaccination (ActiveHealth)	Importance: not supported by CDC and/or NIH guidelines.
EC-289-08 Chronic hepatitis C—consider hepatitis A vaccination (ActiveHealth)	Importance: not supported by CDC and/or NIH guidelines in the absence of liver disease.
HIV/AIDS	
EC-047-08 HIV hepatitis B screen (Resolution Health)	Similar to a current NQF-endorsed measure; prefer endorsed measure (0411)
EC-048-08 HIV hepatitis C screen (Resolution Health)	Similar to a current NQF-endorsed measure; prefer endorsed measure (0411).
EC-117-08 HBV—post-vaccination titers (Resolution Health)	Importance: small denominators; lack of strong evidence.

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Table 2: Measures Not Endorsed

MEASURE TITLE	REASON(S) FOR NOT ENDORSING
HYPERLIPIDEMIA AND ATHEROSCLEROSIS	
EC-092-08 Patient(s) with a triglyceride test in last 12 reported months (Ingenix)	Importance: Not good evidence for evaluation every 12 months.
EC-102-08 Patient(s) with an LDL cholesterol test in last 12 reported months (Ingenix)	Importance: Does not have sufficient scientific evidence to support testing performed annually; in-office laboratory testing may not be captured through claims.
EC-103-08 Patient(s) with an HDL cholesterol test in last 12 reported months (Ingenix)	Importance: Does not have sufficient scientific evidence to support annual testing; in-office laboratory testing may not be captured through claims.
EC-221-08 Serotonin receptor antagonist—contraindicated in atherosclerotic disease (ActiveHealth)	Importance: Evidence shows there is no increased cardiovascular risk in taking these drugs.
EC-243-08 Heart protection study—consider adding a statin (ActiveHealth)	Importance: Based on a single study—ahead of the national guidelines.
EC-268-08 Intermittent claudication—consider cilostazol (ActiveHealth)	Usability: Noncompliance could be caused by the high cost of medication; affects a small population.
EC-286-08 Hyperlipidemia (primary prevention)—candidate for a lipid-lowering agent (ActiveHealth)	Scientific Acceptability: Does not measure LDL levels, which can lead to inaccuracy.
MEDICATION MANAGEMENT	
EC-021-08 Adult patient(s) taking warfarin that had three or more prothrombin time tests in last 6 reported months (Ingenix)	Scientific Acceptability: Difficult to capture data accurately.
EC-022-08 Adult patient(s) taking a statin-containing medication, nicotinic acid, or fibric acid derivative that had an annual serum ALT or AST test (Ingenix)	Importance: Concerns regarding lack of sufficient scientific evidence. The National Lipid Association Statin Safety Assessment Task Force found no evidence to support the continued monitoring of LFTs in patients on statins. (McKenney JM, Davidson MH, Jacobson TA, et al., Final conclusions and recommendations of the National Lipid Association Statin Safety Assessment Task Force, *Am J Cardiol,* 2006;97(suppl 1):89C-84C.)

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Table 2: Measures Not Endorsed

MEASURE TITLE	REASON(S) FOR NOT ENDORSING
MEDICATION MANAGEMENT *(continued)*	
EC-023-08 Patient(s) currently taking a COX-2 inhibitor without a documented indication (Ingenix)	Importance: Lack of clinical importance.
EC-052-08 Thiazolidinediones annual liver function test (Resolution Health)	Importance: Lack of clinical importance.
EC-078-08 Lotrisone: inappropriate use (Resolution Health)	Importance: Lack of clinical importance.
EC-082-08 New atrial fibrillation on warfarin: PT/INR test (Resolution Health)	Concerns regarding subpopulation; NQF prefers the similar measure 0586, which is more general.
EC-090-08 New start clozapine, WBC test (Resolution Health)	Importance: Small clinical gap; performance of 6 plans in 116 patients ranged from 80%-100%—3 of 6 plans at 100%; small denominators
EC-219-08 Statin use—LFT monitoring (ActiveHealth)	Importance: Concerns regarding the lack of sufficient scientific evidence. The National Lipid Association Statin Safety Assessment Task Force found no evidence to support the continued monitoring of LFTs in patients on statins. (McKenney JM, Davidson MH, Jacobson TA, et al., Final conclusions and recommendations of the National Lipid Association Statin Safety Assessment Task Force, *Am J Cardiol,* 2006;97(suppl 1):89C-84C.)
MENTAL HEALTH	
EC-084-08 New depression, not on anxiolytics as depression monotherapy (Resolution Health)	Importance: Performance >90% with little variation. In 18 plans (30,575 patients) performance ranged from 86.67%–99.9%; 10 plans at >93%.
EC-118-08 Dementia new PQP (Resolution Health)	Scientific Acceptability: Concerns with the identification of the new onset population new diagnosis captured in first 9 months of measurement year—no look back—and encouraging unnecessary, repeated testing; also small numbers.

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Table 2: Measures Not Endorsed

MEASURE TITLE	REASON(S) FOR NOT ENDORSING
MIGRAINE	
EC-245-08 Recurrent migraines—consider adding prophylactic medications (ActiveHealth)	Prefer similar measure 0602, which has extensive inclusions and exclusions and provides the option of using a disease registry trip.
PRENATAL CARE	
EC-010-08 Prenatal screening: screening for HIV in women who delivered an infant (Health Benchmarks)	Prefer similar measure 0606, which provides a better time window.
EC-067-08 Prenatal care HIV testing (Resolution Health)	Prefer similar measure 0606, which provides a better time window.
EC-068-08 Prenatal care hepatitis B screen PQP (Resolution Health)	Scientific Acceptability: Numerator is too broad; prefer similar measure 0608.
EC-108-08 Pregnant women less than 25 years of age that had chlamydia screening (Ingenix)	Similar to a current NQF-endorsed measure; prefer endorsed measure (0033).
EC-109-08 Pregnant women that had ABO and Rh blood type testing (Ingenix)	Importance: Concerns with whether or not there is a true quality gap in measurement.
EC-111-08 Pregnant women that had urine culture (Ingenix)	Scientific Acceptability: Claims data will not be able to capture dipstick urine test; done in the office.
EC-113-08 Pregnant women that received Group B streptococcus testing (Ingenix)	Importance: CDC/ACOG guidelines indicate testing should be done at 35-37 weeks gestational age—this measure gives credit for testing at any time during pregnancy. Usability: Concerns with high compliance rate; recent NQF perinatal project did not endorse any measures for GBS screening due to current high performance.
EC-267-08 Pregnancy—consider smoking cessation (ActiveHealth)	NQF prefers global rather than condition-specific smoking measures.

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Table 2: Measures Not Endorsed

MEASURE TITLE	REASON(S) FOR NOT ENDORSING
TOBACCO	
EC-276-08 Smokers with diabetes—consider smoking cessation (ActiveHealth)	NQF prefers global rather than condition-specific smoking measures.
EC-277-08 Smokers with lung disease—consider smoking cessation (ActiveHealth)	NQF prefers global rather than condition-specific smoking measures.
EC-278-08 Smokers with vascular disease—consider smoking cessation (ActiveHealth)	NQF prefers global rather than condition-specific smoking measures.
EC-279-08 Smokers—consider smoking cessation (ActiveHealth)	Similar to a current NQF-endorsed measure; prefer the endorsed measure (0027).
MISCELLANEOUS	
EC-031-08 Benign prostatic hypertrophy—avoid unnecessary cholinergics (Resolution Health)	Importance: Insufficient data to understand the extent of the problem; link to outcomes is unclear; the developer reports 97% compliance.
EC-069-08 Post-op complications cataract surgery PQP (Resolution Health)	Prefer similar measure AED-007-08, which is in the process of NQF endorsement.
EC-106-08 Patient(s) treated with an antibiotic for acute sinusitis that received a first line antibiotic (Ingenix)	Importance and Scientific Acceptability: The quality concern in the treatment of sinusitis is appropriate use of antibiotics—A Cochrane review found "Antibiotics provide a minor improvement in simple (uncomplicated) sinus infections. However, 8 out of 10 patients improve without antibiotics within two weeks. The small benefit gained may be overridden by the negative effects of antibiotics, both on the patient and on the population in general." **(http://www.cochrane.org/reviews/en/ab000243.html)** This measure assesses whether a first line drug is prescribed but does not consider the appropriateness of antibiotic use and may encourage antibiotic overuse.
EC-287-08 High risk for influenza—consider influenza vaccine (ActiveHealth)	Lack of harmonization with current NQF-endorsed standard specifications.

Recommendations

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

Validation of Administrative Data Against Primary Data

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

Responsible Use of Measures

Organizations that implement these measures should understand and acknowledge the limitations of administrative data and convey these limitations as part of public reporting programs. Organizations should adopt the principles outlined in the Consumer-Purchaser Disclosure Project released the Patient Charter for Physician Performance Measurement, Reporting and Tiering Programs[34] and NCQA's PHQ standards for physician measurement,[35] which outline principles for health plans to use in measuring and reporting physician performance reliably and equitably.

Promote Greater Data Management Capability

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

Notes

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2. CMS, *Generating Medicare Physician Quality Performance Measurement Results (GEM) Project,* Baltimore, MD: CMS; 2009. Available at **www.cms.hhs.gov/gem**. Last accessed April 2010.
3. New York Office of the Attorney General, *Attorney General Cuomo Announces Doctor Ranking Agreement with Third Largest Health Insurer in U.S.,* Albany, NY: Office of the Attorney General; 2007. Available at **www.oag.state.ny.us/media_center/2007/nov/nov13c_07.html.** Last accessed April 2010.
4. Consumer-Purchaser Disclosure Project, *"Patient Charter" for Physician Performance Measurement, Reporting and Tiering Programs,* San Francisco: Pacific Business Group on Health, 2008. Available at **http://healthcaredisclosure.org/activities/charter/**. Last accessed April 2010.
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7. NQF, *Measure Evaluation Criteria.* Washington, DC: NQF, 2008. Available at **www.qualityforum.org/docs/measure_evaluation_criteria.aspx**.Last accessed April 2010.
8. Measure harmonization refers to the standardization of specifications for similar measures on the same topic (e.g., influenza immunization of patients in different settings), or related measures for the same target population (e.g., eye exam and HbA1c for patients with diabetes), or definitions applicable to many measures (e.g., age designation for children) so that they are uniform or compatible, unless differences are dictated by the evidence. The dimensions of harmonization can include numerator, denominator, exclusions, and data source and collection instructions. The extent of harmonization depends on the relationship of the various measures and the evidence for the specific measure focus, as well as differences in data sources.
9. NQF, *Health Information Technology Expert Panel Report: Recommended Common Data Types and Prioritized Performance Measures for Electronic Healthcare Information Systems,* Washington, DC: NQF; 2008. Available at **www.qualityforum.org/Projects/h/Health_IT_Expert_Panel_I/txHITEP_finaldraft_pdf.aspx**. Last accessed April 2010.
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Appendix A
Specifications of the National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data

THE FOLLOWING TABLE PRESENTS descriptive specifications for each of the proposed National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data. Detailed specifications with coding are available through links from this document.

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

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

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

MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0567 **Title: Appropriate work up prior to endometrial ablation procedure** **Measure Steward: Health Benchmarks, Inc.**	Women who received endometrial sampling or hysteroscopy with biopsy during the year prior to the index date Time Window: The year prior to the index date	Continuously enrolled women who had an endometrial ablation procedure during the measurement year Time Window: The measurement year	Women who had an endometrial ablation procedure during the year prior to the index date	LEVEL 2 (procedure and lab)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Gynecology.aspx**
NQF #0568 **Title: Appropriate follow up for patients with HIV** **Measure Steward: Health Benchmarks, Inc.**	Members who received a CD4 count and an HIV RNA level laboratory test during the 0-6 months after the index date *Note: Index date is defined as the first instance of denominator criteria A.* Time Window: The 0-6 months after the index date	Continuously enrolled members with a diagnosis of HIV during the one-year period beginning six months prior to the start of the measurement year Time Window: The one-year period beginning six months prior to the start of the measurement year		LEVEL 2 (visit/diagnosis and lab)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/HIV.aspx**

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

MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0569 **Title: Adherence to lipid-lowering medication** **Measure Steward: Health Benchmarks, Inc.**	The numerator consists of members in the denominator who filled sufficient days supply of lipid lowering drugs to provide for at least 80% coverage during the 0-6 months after the index date (inclusive of the index date). *Note: index date is defined as the first instance of denominator criteria B.* Time Window: 0-6 months after the index date	The denominator consists of continuously enrolled members ages 19 years or older by the end of the measurement year who had a diagnosis of hyperlipidemia and filled a prescription for a lipid lowering medication during the 1-year period beginning 6 months prior to the start of the measurement year. In order to qualify for the denominator, members must also fill at least a 60 day supply of lipid lowering medication during the 6 months after the initial prescription fill. Time Window: 1-year period beginning 6 months prior to the start of the measurement year	The denominator exclusions consist of members who were pregnant or diagnosed with rhabdomyolysis in the 0-6 months after the index date (inclusive of index date). *Note: Index date is defined as the first instance of denominator criteria B.*	LEVEL 2 (visit/diagnosis and pharmacy)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Hyperlipidemia_and_Atherosclerosis.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0570 **Title: Chronic kidney disease: monitoring phosphorus** **Measure Steward: Health Benchmarks, Inc.**	Members with phosphorus level blood tests during the 0-365 days after the index date (inclusive of the index date) *Note: Index date is defined as the first instance of Denominator Criteria A or B.* Time Window: The 0-365 days after the index date.	Members with chronic kidney disease without dialysis during the year prior to the measurement year Time Window: Year prior to the measurement year.	Members who on dialysis or in hospice in the 0-365 days after the index date. *Note: Index date is defined as the first instance of Denominator Criteria A or B.*	LEVEL 2 (visit/diagnosis and lab)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Chronic_Kidney.aspx**
NQF #0571 **Title: Chronic kidney disease: monitoring parathyroid hormone (PTH)** **Measure Steward: Health Benchmarks, Inc.**	Members with PTH level tests during the 0-365 days after the index date *Note: Index date is defined as the date of denominator criteria A or B.* Time Window: The 0-365 days after the index date	Members with chronic kidney disease during the year prior to the measurement year Time Window: The year prior to the measurement year	Patients with parathyroidectomy any time prior to the index date or patients who utilize dialysis 0-365 days after the index date, or patients who have been in hospice care 0-365 days after the index date *Note: Index date is defined as the date of denominator criteria A or B.*	LEVEL 2 (visit/diagnosis and lab)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Chronic_Kidney.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0572 **Title: Follow-up after initial diagnosis and treatment of colorectal cancer: colonoscopy** **Measure Steward: Health Benchmarks, Inc.**	Members receiving a colonoscopy, sigmoidoscopy, or protoscopy as appropriate during the 15 months after the index date *Note: Index date is defined as the first instance of denominator criterion A or B.* Time Window: The 15 months after the index date	Continuously enrolled members who are status post resection of colorectal cancer during the year ending 15 months prior to the measurement year Time Window: The one-year period ending 15 months prior to the measurement year	Members who are status post resection of colon cancer any time prior to the index date, or members who were in hospice care 0 to 15 months after the index date *Note: Index date is defined as the first instance of denominator criterion A or B.*	LEVEL 2 (visit/diagnosis and lab or procedure)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Cancer.aspx**
NQF #0573 **Title: HIV screening: members at high risk of HIV** **Measure Steward: Health Benchmarks, Inc.**	Members who received a HIV test or HIV rapid test in the 60 days prior through 60 days after the index date Time Window: 60 days prior through 60 days after the index date *Note: Index date is defined as the first instance of denominator crieteria A or B or C or D or E or F.*	Continuously enrolled members 14-64 years of age by the end of the measurement year, who have been screened, diagnosed or treated for an STD other than HIV, members who are being screened for Hepatitis C, or sexually active women, ages 14-24 with abortion or miscarriage Time Window: 1-year period ending 60 days prior to end of measurement year.	Members diagnosed with HIV before or on the index date *Note: Index date is defined as the first instance of denominator criteria A or B or C or D or E or F.*	LEVEL 2 (visit/diagnosis an d lab)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/HIV.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0574 **Title: Chronic kidney disease: monitoring calcium** **Measure Steward: Health Benchmarks, Inc.**	Members with calcium level blood tests during the 0-365 days after the index date *Note: Index date is defined as the first instance during the year prior to the measurement year of denominator criteria [A] or [B].* Time Window: The 0-365 days after the index date (inclusive of the index date).	Members with chronic kidney disease without dialysis during the year prior to the measurement year Time Window: The year prior to the measurement year	Members who are on dialysis or in hospice in the 0-365 day period after the index date *Note: Index date is defined as the first instance during the year prior to the measurement year of denominator criteria [A] or [B].*	LEVEL 2 (visit/diagnosis and lab)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Chronic_Kidney.aspx**
NQF #0575 **Title: Comprehensive diabetes care: HbA1c control (<8.0%)** **Measure Steward: NCQA**	Use automated laboratory data to identify the most recent HbA1c test during the measurement year. The member is numerator compliant if the most recent automated HbA1c level is <8.0%. The member is not numerator compliant if the automated result for the most recent HbA1c test is = 8.0% or is missing a result, or if an HbA1c test was not done during the measurement year. Time Window: The measurement year	Members 18-75 years of ages with diabetes. There are two methods to identify members with diabetes: pharmacy data and claims/encounter data. The organization must use both to identify the eligible population, but a member only needs to be identified in one to be included in the measure. Members may be identified as having diabetes during the measurement year or the year prior to the measurement year.	Members with a diagnosis of polycystic ovaries who did not have any face-to-face encounters with a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year. Diagnosis can occur at any time in the member's history, but must have occurred by December 31 of the measurement year.	LEVEL 3 (lab result)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Diabetes.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0575 **Title: Comprehensive diabetes care: HbA1c control (<8.0%)** **Measure Steward: NCQA** *continued*		Method 1: Pharmacy data. Members who were dispensed insulin or oral hypoglycemics/ antihyperglycemics during the measurement year or year prior to the measurement year on an ambulatory basis Method 2: Claim/encounter data. Members who had two face-to-face encounters with a diagnosis of diabetes on different dates of service in an outpatient setting or nonacute inpatient setting, or one face-to-face encounter in an acute inpatient or ED setting during the measurement year or the year prior to the measurement year. The organization may count services that occur over both years. Time Window: The measurement year or year prior to the measurement year	Members with gestational or steroid-induced diabetes who did not have any face-to-face encounters with a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year. Diagnosis can occur during the measurement year or the year prior to the measurement year, but must have occurred by December 31 of the measurement year.		

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0576 **Title: Follow-up after hospitalization for mental illness** **Measure steward: NCQA**	Rate 1: An outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health pracititioner within 30 days after discharge Rate 2: An outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner within 7 days after discharge Time Window: Date of discharge through 30 days after discharge	Members 6 years and older as of the date of discharge who were discharged alive from an acute inpatient setting (including acute care psychiatric facilities) with a principal mental health diagnosis on or between January 1 and December 1 of the measurement year. The denominator for this measure is based on discharges, not members. Include all discharges for members who have more than one discharge on or between January 1 and December 1 of the measurement year. Mental health readmission or direct transfer: If the discharge is followed by readmission or direct transfer to an acute facility for any mental health principal diagnosis within the 30-day follow-up period, count only the readmission discharge or the discharge from the facility to which the member was	Exclude both the initial discharge and the readmission/direct transfer discharge if the readmission/ direct transfer discharge occurs after December 1 of the measurement year. Exclude discharges followed by readmission or direct transfer to a nonacute facility for any mental health principal diagnosis within the 30-day follow-up period. These discharges are excluded from the measure because readmission or transfer may prevent an outpatient follow-up visit from taking place. Refer for codes to identify nonacute care. Non-mental health readmission or direct transfer: Exclude discharges in which the patient was transferred directly or readmitted within 30 days after discharge to an acute or nonacute facility for a non-mental health principal diagnosis. These discharges	LEVEL 2 (inpatient and outpatient encounters)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Mental_Health_and_Substance_Use_Disorders.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0576 **Title: Follow-up after hospitalization for mental illness** **Measure steward: NCQA** *continued*		transferred. Although rehospitalization might not be for a selected mental health disorder, it is probably for a related condition. Time Window: No data provided.	are excluded from the measure because rehospitalization or transfer may prevent an outpatient follow-up visit from taking place.		
NQF #0577 **Title: Use of spirometry testing in the assessment and diagnosis of COPD** **Measure Steward: NCQA**	Members with at least one claim/encounter with any code for spirometry in the 730 days (2 years) before the Index Episode Date (IESD) to 180 days after the IESD.	Members 42 years or older as of December 31st of the measurement year who had any diagnosis of COPD during the Intake Period. If the member had more than one diagnosis of COPD, include only the first one. Members must be continuously enrolled in the organization 730 days (2 years) prior to the IESD through 180 days after the IESD.	Test for Negative Diagnosis History. Exclude members who had a claim/encounter with a COPD diagnosis during the 730 days (2 years) prior to the IESD. For an inpatient (acute or nonacute) claim/encounter, use the date of admission to determine the Negative Diagnosis History.	LEVEL 2 (visit/diagnosis and procedure)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Asthma_and_Respiratory_Illness.aspx**
NQF #0578 **Title: Ambulatory initiated amiodarone therapy: TSH test** **Measure Steward: Resolution Health, Inc.**	Patients in the denominator who had TSH baseline measurement within 60 days prior to or 30 days after the amiodarone start date	Adult patients who started amiodarone (see the drug list below) at any time during the first 11 months of the measurement year	No claims with procedure codes for "Thyroidectomy, total" (see list of procedure codes below) No claims for services in hospital from amiodarone start date - 60 days to amiodarone star date - 30 days).	LEVEL 2 (pharmacy and lab)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Medication_Management.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0579 **Title: Annual cervical cancer screening for high-risk patients** **Measure Steward: Resolution Health, Inc.**	Patients in the denominator who had a cervical CA screen during the measurement year	Women who are 12-65 years of age who have a diagnosis of cervical dysplasia (CIN 2), cervical carcinoma-in-situ, or HIV/AIDS diagnosed prior to the measurement year, and who still have a cervix (excludes women with a hysterectomy)	No claims for cervical cancer screening exclusions, based on NCQA/HEDIS technical specifications: Women who had a hysterectomy with no residual cervix	LEVEL 2 (visit/diagnosis and lab)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Cancer.aspx**
NQF #0580 **Title: Bipolar antimanic agent** **Measure Steward: Resolution Health, Inc.**	Patients in the denominator who have received at least 1 prescription for a mood-stabilizing agent during the measurement year	Patients newly diagnosed as having bipolar disorder earlier than 30 days before the end of the measurement year		LEVEL 2 (visit/diagnosis and pharmacy)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Mental_Health_and_Substance_Use_Disorders.aspx**
NQF #0581 **Title: Deep vein thrombosis anticoagulation ≥ 3 months** **Measure Steward: Resolution Health, Inc.**	Patients in the denominator who had at least 3 months of anticoagulation after acute deep vein thrombosis (DVT)	Patients diagnosed with acute DVT more than 3 months prior to the end of the measurement year, who do not have contraindications to warfarin therapy (contraindications include: evidence of eye surgery, GI bleed, aortic dissection, cerebral aneurysm, pericarditis, bacterial endocarditis, pregnancy, bleeding diatheses, or head trauma)	Does not have contraindications to warfarin, which includes evidence of eye surgery, GI bleed, aortic dissection, cerebral aneurysm, pericarditis, bacterial endocarditis, pregnancy, bleeding diatheses, or head trauma anytime during the two years prior to the end of the measurement year through 90 days following onset of DVT	LEVEL 2 (visit/diagnosis and pharmacy)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/DVT_PE.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0582 **Title: Diabetes and pregnancy: avoidance of oral hypoglycemic agents** **Measure Steward: Resolution Health, Inc.**	Patients in the denominator who are not taking an oral hypoglycemic agent	Pregnant women with a diagnosis of non-gestational diabetes prior to pregnancy	No claims for gestational diabetes anytime after pregnancy onset date, no diagnosis of miscarriage or abortion anytime after the pregnancy onset date, no claims for polycystic ovaries when determining pre-pregnancy diabetes diagnosis	LEVEL 2 (visit/diagnosis and pharmacy)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Prenatal_Care.aspx**
NQF #0583 **Title: Dyslipidemia new med 12-week lipid test** **Measure Steward: Resolution Health, Inc.**	Patients in the denominator who had a serum lipid panel drawn within 3 months following start of lipid-lowering therapy	Patients newly started on lipid-lowering therapy during the first 9 months of the measurement year	Hospitalizations	LEVEL 2 (pharmacy and lab)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Hyperlipidemia_and_Atherosclerosis.aspx**
NQF #0584 **Title: Hepatitis C: viral load test** **Measure Steward: Resolution Health, Inc.**	Patients in the denominator who had an HCV Viral Load test prior to the initiation of antiviral therapy	HCV patients who started HCV antiviral therapy during the measurement year		LEVEL 2 (visit/diagnosis and lab)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Hepatitis_and_Liver_Disease.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0585 **Title: Hydroxychloroquine annual eye exam** **Measure Steward: Resolution Health, Inc.**	Patients in the denominator who have undergone a fundoscopic retinal eye exam by an eye care professional (ophthalmologist or optometrist) during the measurement year	Patients with a diagnosis of rheumatoid disease who are at high risk for hydroxychloroquine ocular complications and were prescribed at least a 292-day supply of hydroxychloroquine during the measurement year, excluding those with a prior history of blindness	Blindness	LEVEL 2 (visit/diagnosis and pharmacy)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Bone_and_Joint_Conditions.aspx**
NQF #0586 **Title: Warfarin PT/INR test** **Measure Steward: Resolution Health, Inc.**	Patients in the denominator who had a PT/INR test within 30 days after the first warfarin claim during the measurement year Time Window: No data provided.	Patients who are taking warfarin during the measurement year Time Window: No data provided.	Claims from the hospital or ER from the warfarin start date to warfarin start date + 30 days	LEVEL 2 (pharmacy and lab)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Medication_Management.aspx**
NQF #0587 **Title: Tympanostomy tube hearing test** **Measure Steward: Resolution Health, Inc.**	Patients from the denominator who underwent hearing testing within 6 months prior to the initial tympanostomy tube(s) insertion Time Window: No data provided.	Patients age 2 through 12 years old with OME who received tympanostomy tube(s) insertion during the measurement year Time Window: No data provided.		LEVEL 2 (visit/diagnosis/ procedure and hearing test)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Child_Health.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0588 **Title: Stent drug-eluting clopidogrel** **Measure Steward: Resolution Health, Inc.**	Patients in the denominator who filled prescription(s) for clopidogrel in the 3 months following placement of the drug-eluting intracoronary stent. ("Evidence suggests clopidogrel should be continued upwards of 1 year.") Time Window: 3 months after stent placement	Patients who underwent PCI with placement of a drug-eluting intracoronary stent, during the first 9 months of the measurement year, excluding those with contraindications to clopidogrel	Contraindications to clopidogrel	LEVEL 2 (procedure and pharmacy)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Cardiovascular_Disease.aspx**
NQF #0589 **Title: Rheumatoid arthritis new DMARD baseline serum creatinine** **Measure Steward: Resolution Health, Inc.**	Patients in the denominator who received serum creatinine testing within 90 days before to 14 days after the new start of methotrexate, leflunomide, azathioprine, D-Penicillamine, intramuscular gold, cyclosporine, or cyclophosphamide during the measurement year.	Patients ≥18 years old with a history of rheumatoid arthritis and a new start of methotrexate, leflunomide, azathioprine, D-Penicillamine, intramuscular gold, cyclosporine, or cyclophosphamide anytime from the beginning of the measurement year to 14 days prior to the end of the measurement year. (This list of DMARDs will hereafter be refered to as "DMARD needing baseline SCr.")	The measure excludes patients who have had an inpatient hospitalization during the measurement year because UB04 claims do not document individual lab tests ordered during an inpatient stay.	LEVEL 2 (visit/diagnosis and pharmacy and lab)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Bone_and_Joint_Conditions.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0590 **Title: Rheumatoid arthritis new DMARD baseline liver function test** **Measure Steward: Resolution Health, Inc.**	Patients in the denominator who received liver function testing within 90 days before to 14 days after the new start of sulfasalazine, methotrexate, leflunomide, azathioprine, cyclosporine or cyclophosphamide during the measurement year	Patients ≥18 years old with a history of rheumatoid arthritis and a new start of sulfasalazine, methotrexate, leflunomide, azathioprine, cyclosporine or cyclophosphamide anytime from the beginning of the measurement year to 14 days prior to the end of the measurement year. (This list of DMARDs will hereafter be refered to as 'DMARD needing baseline LFT')	The measure excludes patients who have had an inpatient hospitalization during the measurement year because UB04 claims do not document individual lab tests ordered during an inpatient stay.	LEVEL 2 (visit/diagnosis and pharmacy and lab)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Bone_and_Joint_Conditions.aspx**
NQF #0591 **Title: Rheumatoid arthritis new DMARD baseline CBC** **Measure Steward: Resolution Health, Inc.**	Patients in the denominator who received CBC testing within 90 days before to 14 days after the new start of sulfasalazine, methotrexate, leflunomide, azathioprine, D-Penicillamine, intramuscular gold, oral gold, cyclosporine, or cyclophosphamide	Patients ≥18 years old with a history of rheumatoid arthritis and a new start of sulfasalazine, methotrexate, leflunomide, azathioprine, D-Penicillamine, intramuscular gold, oral gold, cyclosporine, or cyclophosphamide anytime from the beginning of the measurement year to 14 days prior to the end of the measurement year. (This list of DMARDs will hereafter be referred to as "DMARD needing baseline CBC.")	The measure excludes patients who have had an inpatient hospitalization during the measurement year because UB04 claims do not document individual lab tests ordered during an inpatient stay.	LEVEL 2 (visit/diagnosis and pharmacy and lab)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Bone_and_Joint_Conditions.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0592 **Title: Rheumatoid arthritis annual ESR or CRP** **Measure Steward: Resolution Health, Inc.**	Patients in the denominator who had an ESR or CRP lab test during the measurement year	Patients ≥18 years old with a history of rheumatoid arthritis, diagnosed prior to the measurement year	The measure excludes patients who have had an inpatient hospitalization during the measurement year because UB04 claims do not document individual lab tests ordered during an inpatient stay.	LEVEL 2 (visit/diagnosis and lab)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Bone_and_Joint_Conditions.aspx**
NQF #0593 **Title: Pulmonary embolism anticoagulation ≥ 3 months** **Measure Steward: Resolution Health, Inc.**	Patients in the denominator who had at least 3 months of anticoagulation after acute pulmonary embolism	Patients diagnosed with a PE during the first 9 months of the measurement year, who do not have contraindications to warfarin therapy (contraindications include: evidence of eye surgery, GI bleed, aortic dissection, cerebral aneurysm, pericarditis, bacterial endocarditis, pregnancy, bleeding diatheses, or head trauma during or 1 year prior to the measurement year)	Does not have contraindications to warfarin, which includes evidence of eye surgery, GI bleed, aortic dissection, cerebral aneurysm, pericarditis, bacterial endocarditis, pregnancy, bleeding diatheses, or head trauma anytime during the two years prior to the end of the measurement year through 90 days following onset of PE	LEVEL 2 (visit/diagnosis and pharmacy)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/DVT_PE.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0594 **Title: Post MI: ACE inhibitor or ARB therapy** **Measure Steward: Resolution Health, Inc.**	Patients in the denominator with at least 1 Rx claim for an ACEI or an ARB medication during the measurement year Time Window: No data provided.	Patients with STEMI, or NSTEMI with hypertension, HF and/or diabetes, prior to the measurement year Time Window: No data provided.	Excludes members who meet the following criteria for the ACE/ARB contraindication- ≥1 claim with a diagnosis code for "hyperkalemia," "renal artery stenosis," "ESRD," "severe chronic kidney disease," "pregnancy," or "angioneurotic edema" (see below for the complete list of ICD9 codes)	LEVEL 2 (visit/diagnosis and pharmacy)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Cardiovascular_Disease.aspx**
NQF #0595 **Title: Lithium annual lithium test in ambulatory setting** **Measure Steward: Resolution Health, Inc.**	Patients in the denominator who received a lithium level test after the earliest observed lithium prescription during the measurement year	Patients who received at least a 292-day supply of lithium during the measurement year		LEVEL 2 (pharmacy and lab)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Medication_Management.aspx**
NQF #0596 **Title: Lithium annual thyroid test in ambulatory setting** **Measure Steward: Resolution Health, Inc.**	Patients in the denominator who received a thyroid function test after the earliest observed lithium prescription during the measurement year	Patients who received at least a 292-day supply of lithium during the measurement year	Exclude patients with prior claims for total thyroidectomy	LEVEL 2 (pharmacy and lab)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Medication_Management.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0597 **Title: Methotrexate: LFT within 12 weeks** **Measure Steward: Resolution Health, Inc.**	Patients in the denominator who received a liver function test within 120 days following the earliest observed methotrexate prescription claim Time Window: See attachment	Patients ≥18 years old with rheumatoid arthritis who have received at least a 6-month supply of oral methotrexate during the measurement year Time Window: See attachment	Exclude members with an inpatient hospitalization during the 120 days after the earliest observed methotrexate prescription.	LEVEL 2 (visit/diagnosis and pharmacy and lab)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Bone_and_Joint_Conditions.aspx**
NQF #0598 **Title: Methotrexate: CBC within 12 weeks** **Measure Steward: Resolution Health, Inc.**	Patients in the denominator who received a CBC test within 120 days following the earliest observed methotrexate prescription claim Time Window: See attachment	Patients ≥18 years old with rheumatoid arthritis who have received at least a 6-month supply of oral methotrexate during the measurement year Time Window: See attachment	Exclude members with an inpatient hospitalization during the 120 days after the earliest observed methotrexate prescription	LEVEL 2 (visit/diagnosis and pharmacy and lab)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Bone_and_Joint_Conditions.aspx**
NQF #0599 **Title: Methotrexate: creatinine within 12 weeks** **Measure Steward: Resolution Health, Inc.**	Patients in the denominator who received a serum creatinine or BUN test in the 120 days following the earliest observed methotrexate prescription claim Time Window: See attachment	Patients ≥18 years old with rheumatoid arthritis who have received at least a 6-month supply of oral methotrexate during the measurement year Time Window: See attachment	1) Exclude members with an inpatient hospitalization within 120 days after the earliest observed methotrexate prescription; 2) Exclude members with claims for ESRD.	LEVEL 2 (visit/diagnosis and pharmacy and lab)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Bone_and_Joint_Conditions.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0600 **Title: New atrial fibrillation: thyroid function test** **Measure Steward: Resolution Health, Inc.**	Patients in the measure denominator who had a thyroid function test 6 weeks before or after the new onset of atrial fibrillation Time Window: No data provided.	Adult patients with a new diagnosis of atrial fibrillation during the first 10.5 months of the measurement year Time Window: No data provided.	Patients who were seen in an ER or hospital between 45 days before and 45 days after the onset of atrial fibrillation	LEVEL 2 (visit/diagnosis and lab)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Cardiovascular_Disease.aspx**
NQF # 0601 **Title: New rheumatoid arthritis baseline ESR or CRP within three months** **Measure Steward: Resolution Health, Inc.**	Patients in the denominator who had an ESR or CRP lab test either 4 months before or after the initial rheumatoid arthritis diagnosis date	Patients ≥18 years old newly diagnosed with rheumatoid arthritis during the first 8 months of the measurement year	The measure excludes patients who have had an inpatient hospitalization 4 months before and after the initial rheumatoid arthritis diagnosis because UB04 claims do not document individual lab tests ordered during an inpatient stay.	LEVEL 2 (visit/diagnosis and lab)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Bone_and_Joint_Conditions.aspx**
NQF #0602 **Title: Adult(s) with frequent use of acute medications that also received prophylactic medications** **Measure Steward: Ingenix**	If YES to any of the following: 9, or 12, or 15, or 18 where: 9 states: Did the patient fill a prescription for an anticonvulsant (code set RX-12) during the following time period: last 120 days of the report period through 90 days after the end of the report period? 12 states: Did the patient fill a prescription for a beta-blocker-containing	See attached "Migraine ebm Alg" document for member demographics, member enrollment, and condition confirmation criteria for denominator migraine definition. In addition, for this measure, the patient must be 18 years of age or older at the end of the report period and must meet the following criteria:	Patients were excluded from this measure if they were less than 18 years of age at the end of the report period since there is insufficient data in this population to recommend prophylactic therapy.	LEVEL 2 (visit/diagnosis and pharmacy)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Migraine.aspx** Coding: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-093-08.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0602 **Title: Adult(s) with frequent use of acute medications that also received prophylactic medications** **Measure Steward: Ingenix** *continued*	medication (code set RX-23) during the following time period: last 120 days of the report period through 90 days after the end of the report period? 15 states: Did the patient fill a prescription for a Calcium Channel Blocker-containing medication (code set RX-31) during the following time period: last 120 days of the report period through 90 days after the end of the report period? 18 states: Did the patient fill a prescription for a tricyclic antidepressant (code set RX-119) during the following time period: last 120 days of the report period through 90 days after the end of the report period? Time Window:120 days prior to the end of the report period through 90 days after the end of the report period	Identify patients with frequent headache, as defined in Appendix 1 Are any of the following equal to YES: 1,2,3,4,5,6,7 1: Was the sum of the Equivalent Doses (EqDose) for triptan (oral only) (code set RX-122) greater than a Threshold of 36 tablets, during the following time period: last 120 days of the report period? EqDose is a defined determination function. *Note: Exclude the last claim within this time period.* 2: Was the sum of the Equivalent Doses (EqDose) for triptan (subcutaneous only) (code set RX-123) greater than a Threshold of 24 dose equivalents, during the following time period: last 120 days of the report period? *Note: Exclude the last claim within this time period.*			

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0602 **Title: Adult(s) with frequent use of acute medications that also received prophylactic medications** **Measure Steward: Ingenix** *continued*		3: Was the sum of the Equivalent Doses (EqDose) for triptan (nasal only) (code set RX-121) greater than a Threshold of 24 spray bottles, during the following time period: last 120 days of the report period? *Note: Exclude the last claim within this time period.* 4: Was the sum of the Equivalent Doses (EqDose) for Butorphanol Tartrate (nasal only) (code set RX-29) greater than a Threshold of 12.5 ml, during the following time period: last 120 days of the report period? *Note: Exclude the last claim within this time period.* 5: During the following time period: last 120 days of the report period Was the sum of the Equivalent Doses Dihydroergotamine Mesylate (nasal only) (code set RX-42) greater than a Threshold of 12 ml?			

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0602 **Title: Adult(s) with frequent use of acute medications that also received prophylactic medications** **Measure Steward: Ingenix** *continued*		OR Was the sum of the Equivalent Doses (EqDose) for dihydroergotamine mesylate (injection only) (code set RX-174) greater than a Threshold of 12 ml? Calculate EqDose for pharmacy claims. OR Were there more than 12 procedures for dihydroergotamine mesylate (injection only) (code set RX-174)? Calculate the total number of procedures in medical claims. *Note: Exclude the last claim within this time period.* 6: Was the sum of the Equivalent Doses (EqDose) for butalbital containing medication (code set RX-28) greater than a Threshold of 100 tablets/capsules, during the following time period: last 120 days of the report period? *Note: Exclude the last claim within this time period.*			

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0602 **Title: Adult(s) with frequent use of acute medications that also received prophylactic medications** **Measure Steward: Ingenix** *continued*		7: Was the sum of the Equivalent Doses (EqDose) for midrin type medication (code set RX-76) greater than a Threshold of 150 capsules, during the following time period: last 120 days of the report period? *Note: Exclude the last claim within this time period.* Time Window: 120 days prior to the end of the report period for identification of frequent medication use *Note: migraine condition confirmation requires a time period of up to 24 months or use of a disease registry*			

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0603 **Title: Adult(s) taking insulin with evidence of self-monitoring blood glucose testing** **Measure Steward: Ingenix**	The patient fills a prescription for any of the following during the following time period: last 12 months of the report period through 90 days after the end of the report period? ■ Glucometers (RX-175) ■ Blood Glucose Test Strips (RX-176) Time Window: 12 months prior to the end of the report period through 90 days after the end of the report period	See attached "Ingenix DM Code Sets NQF" excel document for codes with descriptions. Time Window: 1. The 24 months prior to the end of the report period is used to identify patients with diabetes. 2. The last 120 days of the report period through 90 days after the end of the report period is used to identify insulin using population.	1. Absence of a prescription for Insulin (code set RX-59) during the following time period: last 120 days of the report period through 90 days after the end of the report period. 2. During the 12 months prior to the end of the report period, did the patient have 1 or more of the following services or events, where the diagnosis was Polycystic Ovaries (code set DX0312), Gestational Diabetes (DX0313), or Steroid-induced Diabetes (DX0314): ■ Professional Encounter Code Set (code set PR0107, RV0107) ■ Professional Supervision (code set PR0108) ■ Facility Event – Confinement/Admission ■ Facility Event – Emergency Room ■ Facility Event – Outpatient Surgery	LEVEL 2 (visit/diagnosis and pharmacy)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Diabetes.aspx** Coding: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-095-08.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0604 **Title: Adult(s) with diabetes mellitus that had a serum creatinine in last 12 reported months** **Measure Steward: Ingenix**	Was there a test for serum creatinine (code set PR0081, LC0033) or an ACE/ARB therapeutic monitoring test (code set PR0272) during the following time period: 12 months report period through 90 days after the end of the report period? Time Window: 12 months prior to the end of the report period through 90 days after the end of the report period	For condition confirmation, the following criteria must be met: 1. All males or females 18-75 years of age at the end of the report period 2. Patient must have been continuously enrolled: Medical benefits throughout the 12 months prior to the end of the report period AND Pharmacy benefit plan for 6 months prior to the end of the report period. *Note: The standard enrollment break logic allows unlimited breaks of no more than 45 days and no breaks greater than 45 days.* 3. Either one of the following criteria (A or B): A. The patient is listed on the Disease Registry Input File for this condition, if a Disease Registry Input File is available.	During the 12 months prior to the end of the report period, did the patient have 1 or more of the following services or events, where the diagnosis was Polycystic Ovaries (code set DX0312), Gestational Diabetes (DX0313), or Steroid-induced Diabetes (DX0314): ■ Professional Encounter Code Set (code set PR0107, RV0107) ■ Professional Supervision (code set PR0108) ■ Facility Event – Confinement/Admission ■ Facility Event – Emergency Room ■ Facility Event – Outpatient Surgery?	LEVEL 2 (visit/diagnosis and lab)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Diabetes.aspx** Coding: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-096-08.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0604 **Title: Adult(s) with diabetes mellitus that had a serum creatinine in last 12 reported months** **Measure Steward: Ingenix** *continued*		OR B. During the 24 months prior to the end of the report period, did the patient meet any of the following criteria: Patient has 2 or more outpatient or nonacute inpatient encounters (HEDIS) (code set PR0199, RV0199, PR0195, RV0195), where the diagnosis is Diabetes (HEDIS) (code set DX0227) OR Patient has 1 or more acute inpatient or emergency department encounters (HEDIS) (code set PR0330, RV0330, PR0194, RV0194), where the diagnosis is Diabetes (HEDIS) (code set DX0227) OR Patient has 1 or more prescriptions for Insulin or Oral Hypoglycemics/ Antihyperglycemics (HEDIS) (code set RX0221). Time Window: 24 months prior to the end of the report period			

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0605 **Title: Patient(s) that had a serum creatinine in last 12 reported months** **Measure Steward: Ingenix**	Was there a test for serum creatinine (code set PR0081, LC0033) during the following period: 12 month report period thru 90 days after the end of the report period? Time Window: 12 months prior to the end of the report period through 90 days after the end of the report period	For condition confirmation, the following criteria must be met: 1. All males or females that are 18 years or older at the end of the report 2. Patient must have been continuously enrolled: ■ Medical benefits throughout the 12 months prior to the end of the report period AND ■ Pharmacy benefit plan for 6 months prior to the end of the report period. *Note: The standard enrollment break logic allows unlimited breaks of no more than 45 days and no breaks greater than 45 days.* 3. Either one of the following (A or B): A. The patient is listed on the Disease Registry. Input File for this condition, if a Disease Registry Input File is available. *Note: Disease Registry is NOT a required Input File.*	End stage renal disease including dialysis—This exclusion criteria is applied if numerator compliance is not met.	LEVEL 2 (visit/diagnosis and lab)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Cardiovascular_Disease.aspx** Coding: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-099-08.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0605 **Title: Patient(s) that had a serum creatinine in last 12 reported months** **Measure Steward: Ingenix** *continued*		OR B. During the 24 months prior to the end of the report period, patient has 1 or more of the following services or events, where the diagnosis is Hypertension (code set DX0071): ■ Professional Encounter Code Set (code set PR0107, RV0107) ■ Professional Supervision (code set PR0108) ■ Facility Event – Confinement/Admission ■ Facility Event – Emergency Room ■ Facility Event – Outpatient Surgery Time Window: 24 months prior to the end of the report period			

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0606 **Title: Pregnant women that had HIV testing** **Measure Steward: Ingenix**	Did the patient have HIV testing (code set PR0142, LC0021) during the following time period: 280 days prior to delivery (PRE-EPIS)? Time Window: 280 days prior to a claim for a delivery procedure (code set PR0140, PR0141) AND the diagnosis is Full Term Delivery (code set DX0209)	See attached "Pregnancy Management ebm Alg" document for member demographics, build event, and member enrollment Time Window: 365 days prior to the common report period end date	Diagnosis of HIV infection	LEVEL 2 (visit/diagnosis and lab)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Prenatal_Care.aspx**
NQF #0607 **Title: Pregnant women that had syphilis screening** **Measure Steward: Ingenix**	Did the patient have syphilis screening (code set PR0147, LC0014, LC0018) during the following time period: 280 days prior to delivery (PRE-EPIS)? Time Window: 280 days prior to a claim for a delivery procedure (code set PR0140, PR0141) AND the diagnosis is Full Term Delivery (code set DX0209)	See attached "Pregnancy Management ebm Alg" document for member demographics, build event, and member enrollment. Time Window: 365 days prior to the common report period end date		LEVEL 2 (visit/diagnosis and lab)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Prenatal_Care.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0608 **Title: Pregnant women that had HBsAg testing** **Measure Steward: Ingenix**	Did the patient have HBsAg testing (code set PR0149, LC0014, LC0025) during the following time period: 280 days prior to delivery (PRE-EPIS)? Time Window: 280 days prior to a claim for a delivery procedure (code set PR0140, PR0141) AND the diagnosis is Full Term Delivery (code set DX0209)	See attached "Pregnancy Management ebm Alg" document for member demographics, build event, and member enrollment Time Window: 365 days prior to the common report period end date	Patients with a diagnosis of hepatitis B are excluded from this measure if there is no claims-based evidence that the HBsAg test was done.	LEVEL 2 (visit/diagnosis and lab)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Prenatal_Care.aspx**
NQF #0609 **Title: Lithium annual creatinine test in ambulatory setting** **Measure Steward: Resolution Health, Inc.**	Patients in the denominator who received a serum creatinine test after the earliest observed lithium prescription during the measurement year	Patients who received at least a 292-day supply of lithium during the measurement year	Exclude patients with prior claims for end-stage renal disease (ESRD).	LEVEL 2 (pharmacy and lab)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Medication_Management.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0610 **Title: Heart failure (CHF)—use of ACE inhibitor (ACEI) or angiotensin receptor blocker (ARB) therapy** **Measure Steward: ActiveHealth Management**	Patients with a current refill for an ACEI or ARB Time Window: A drug day-supply that extends within 30 days of the measurement date	All patients, 18 years of age and older, with heart failure Time Window: 3 years	Contraindications to an ACEI or ARB, including: ▪ Hyperpotassemia ▪ Hypertrophic caardiomyopathy ▪ Aortic stenosis ▪ Hypotension ▪ Pregnancy ▪ Chronic kidney disease stage 3 and 4 ▪ Chronic kidney disease stage 5 in the absence of dialysis ▪ Hydralazine after prior ACE-I/ARB use ▪ 20% increase in creatinine ▪ Aliskerin ▪ Multiple myeloma ▪ Patient data indicating that the member is pregnancy planning Additional denominator exclusions include: ▪ Heart transplant ▪ Pulmonary hypertension treatment ▪ Valve surgery	LEVEL 2 (visit/diagnosis and pharmacy)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Cardiovascular_Disease.aspx** Coding: **http://www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-202-08.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0610 **Title: Heart failure (CHF)—use of ACE inhibitor (ACEI) or angiotensin receptor blocker (ARB) therapy** **Measure Steward: ActiveHealth Management** *continued*			■ Patient or provider feedback indicating allergy or intolerance to the drug in the past ■ Patient or provider feedback indicating that there is a contraindication to adding the drug General exclusions: ■ Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months ■ Patients who have been in a skilled nursing facility in the last 3 months		
NQF #0611 **Title: Hyperlipidemia (primary prevention)—lifestyle changes and/or lipid lowering therapy** **Measure Steward: ActiveHealth Management**	Patients who have initiated therapeutic lifestyle changes or that are taking a lipid lowering agent Time Window: A drug day-supply that extends within 30 days of the measurement date	All patients, ages 18 and older, with coronary artery disease risk factors who have an elevated LDL Time Window: 12 months	1. Specific exclusions: ■ Presence of TSH Labs Result Value >10 In the past 6 Months ■ Presence of NEPHROTIC SYNDROME in past 12 months ■ CAD Validation is confirmed ■ Diabetes Validation is confirmed	LEVEL 3 (lab results and patient data)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Hyperlipidemia_and_Atherosclerosis.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0611 **Title: Hyperlipidemia (primary prevention)—lifestyle changes and/or lipid lowering therapy** **Measure Steward: ActiveHealth Management** *continued*			■ PAD Validation is confirmed ■ AAA in the past ■ Carotid endarterectomy in the past General exclusions: ■ Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; ■ Patients who have been in a skilled nursing facility in the last 3 months For add a drug CCs only ■ Patient or provider feedback indicating allergy or intolerance to the drug in the past ■ Patient or provider feedback indicating that there is a contraindication to adding the drug		Coding: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-203-08.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0612 **Title: Warfarin—INR monitoring** **Measure Steward: ActiveHealth Management**	Patients who had PT/INR monitoring Time Window: 4 months	Patients with a current refill for warfarin Time Window: A current refill is defined a refill in which the day supply of a drug extends into the end of the measurement window plus a grace period of 30 days.	Specific exclusions ■ Dialysis General exclusions: ■ Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; ■ Patients who have been in a skilled nursing facility in the last 3 months	LEVEL 3 (pharmacy and lab)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Medication_Management.aspx** Coding: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-204-208.aspx**
NQF #0613 **Title: MI—use of beta blocker therapy** **Measure Steward: ActiveHealth Management**	Patients who were prescribed a beta blocker Time Window: A drug day-supply that extends within 30 days of the measurement date	All patients, ages 18 and older, diagnosed with MI Time Window: Anytime in the past	Contraindications to a beta blocker, including: ■ Asthma ■ COPD ■ Bradycardia ■ Hypotension ■ Aortic stenosis ■ Peripheral artery disease medications ■ Heart block ■ Heart transplant	LEVEL 2 (visit/diagnosis and pharmacy); alternative LEVEL 3 (side effects)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Cardiovascular_Disease.aspx** Coding: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-208-08.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0613 **Title: MI—use of beta blocker therapy** **Measure Steward: ActiveHealth Management** *continued*			General exclusions: ■ Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; ■ Patients who have been in a skilled nursing facility in the last 3 months For add a drug CCs only ■ Patient or provider feedback indicating allergy or intolerance to the drug in the past ■ Patient or provider feedback indicating that there is a contraindication to adding the drug		

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0614 **Title: Steroid use—osteoporosis screening** **Measure Steward: ActiveHealth Management**	Patients who have had a bone density evaluation or osteoporosis treatment. Time Window: At least 2 years, but will evaluate all available historical data for the presence of bone density evaluation	Patients, 18 and older, who have been on chronic steroids for at least 180 days Time Window: 9 months	Specific exclusions: ■ Corticoadrenal Insufficiency ■ Pregnancy if female General exclusions: ■ Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months ■ Patients who have been in a skilled nursing facility in the last 3 months	LEVEL 2 (visit/diagnosis and imaging)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Bone_and_Joint_Conditions.aspx** Coding: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-213-08.aspx**
NQF #0615 **Title: Heart failure—use of beta blocker therapy** **Measure Steward: ActiveHealth Management**	Patients with a current refill for beta blockers Time Window: A drug day-supply that extends within 30 days of the measurement date	All patients, 18 years of age and older, with heart failure Time Window: 3 years	Contraindications to a beta blocker, including: ■ Asthma ■ COPD ■ Bradycardia ■ Hypotension ■ Aortic stenosis ■ Peripheral artery disease medications ■ Heart block in the absence of a pacemaker ■ Cocaine abuse ■ Pulmonary hypertension medications	LEVEL 2 (visit/diagnosis and pharmacy)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Cardiovascular_Disease.aspx** Coding: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-215-08.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0615 **Title: Heart failure—use of beta blocker therapy** **Measure Steward: ActiveHealth Management** *continued*			Additional denominator exclusions include: ■ Heart transplant ■ Patient or provider feedback indicating allergy or intolerance to the drug in the past ■ Patient or provider feedback indicating that there is a contraindication to adding the drug General exclusions: ■ Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; ■ Patients who have been in a skilled nursing facility in the last 3 months		

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0616 **Title: Atherosclerotic disease—lipid panel monitoring** **Measure Steward: ActiveHealth Management**	Patients that have claims for a lipid profile Time Window: 12 months	All patients >12 years of age diagnosed with coronary artery disease, cerebrovascular disease or peripheral vascular disease Time Window: Anytime in the past	Current refill for a lipid lowering agent, LDL lab result <100mg/dl (suggests monitoring may be extended to every 24 months) General exclusions: ▪ Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; ▪ Patients who have been in a skilled nursing facility in the last 3 months	LEVEL 2 (visit/diagnosis and pharmacy)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Hyperlipidemia_and_Atherosclerosis.aspx** Coding: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-217-08.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0617 **Title: High risk for pneumococcal disease—pneumococcal vaccination** **Measure Steward: ActiveHealth Management**	Patients who have claims for or who stated that they have received the pneumococcal vaccine Time Window: At least 2 years, but will evaluate all available historical data for the presence of the vaccine	Patients who are between 5-64 years with a high risk condition (e.g., diabetes, heart failure, COPD, end-stage kidney disease, asplenia) or patients age 65 years and older Time Window: Year of the measurement	Specific exclusions: ■ Pregnancy ■ Patient or provider feedback indicating allergy or intolerance to pneumococcal vaccine in the past ■ Patient or provider feedback indicating that there is a contraindication to the pneumococcal vaccine General exclusions: ■ Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; ■ Patients who have been in a skilled nursing facility in the last 3 months	LEVEL 2 (visit and pharmacy); alternative LEVEL 3 (patient data)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Asthma_and_Respiratory_Illness.aspx** Coding: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-227-08.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0618 **Title: Diabetes with LDL >100—use of a lipid lowering agent** **Measure Steward: ActiveHealth Management**	Patients with a current refill for a lipid lowering agent Time Window: A drug day-supply that extends within 30 days of the measurement date	All diabetic patients, who are either 41-75 years of age or 18-40 years of age with additional risk factors, with an LDL level >100 mg/dL. Time Window: 5 years	1. Specific exclusions: ▪ Patient-derived data indicating that the provider made a change to their lipid treatment plan in the past 6 months, or confirming breastfeeding in the past 6 months ▪ Pregnancy Polycyctic ovaries Gestational diabetes 2. General exclusions: ▪ Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; ▪ Patients who have been in a skilled nursing facility in the last 3 months For add a drug CCs only ▪ Patient or provider feedback indicating allergy or intolerance to the drug in the past ▪ Patient or provider feedback indicating that there is a contraindication to adding the drug	LEVEL 3 (lab result)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Diabetes.aspx** Coding: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-231-08.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0619 **Title: Diabetes with hypertension or proteinuria—use of an ACE inhibitor or ARB** **Measure Steward: ActiveHealth Management**	Patients with a current refill for an ACE-I or ARB Time Window: A drug day-supply that extends within 30 days of the measurement date	All patients, 18-75 years of age, with diabetes and hypertension or a urine albumin/creatinine ratio ≥ 30 mg/g Time Window: 5 years	Patients with contraindication to an ACE inhibitor or ARB, including pregnancy, prior angioedema, hypotension, hyperkalemia, rising creatinine, chronic kidney disease stage 4 or 5 (without dialysis), aortic stenosis, hypertrophic cardiomyopathy, multiple myeloma with treatment; gestational diabetes or polycystic ovarian syndrome; pancreas transplant	LEVEL 3 (lab result)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Diabetes.aspx** Coding: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-232-08.aspx**
NQF #0620 **Title: Asthma—use of short-acting beta agonist inhaler for rescue therapy** **Measure Steward: ActiveHealth Management**	Patients that have claims for or who have stated that they had a short-acting beta agonist refill in the past 24 months Time Window: 24 months	All patients, 5-50 years of age and older, with asthma Time Window: 3 years	Patient or provider feedback indicating allergy or intolerance to the drug in the past Patient or provider feedback indicating that there is a contraindication to adding the drug General exclusions: ▪ Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; ▪ Patients who have been in a skilled nursing facility in the last 3 months	LEVEL 2 (encounter and pharmacy); alternative LEVEL 3 (exclusions)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Asthma_and_Respiratory_Illness.aspx** Coding: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-234-08.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0621 **Title: Non-diabetic nephropathy—use of ACE inhibitor or ARB therapy** **Measure Steward: ActiveHealth Management**	Patients with a current refill for an ACE-I or ARB Time Window: A drug day-supply that extends within 30 days of the measurement date	All patients, 18-75 years of age, with a urine protein ≥ 200 mg/g Time Window: 6 months	Patients with contraindication to an ACE inhibitor or ARB, including pregnancy, prior angioedema, hypotension, hyperkalemia, rising creatinine, chronic kidney disease stage 3-5 (without dialysis), aortic stenosis, hypertrophic cardiomyopathy, multiple myeloma with treatment; diabetes diagnosis; renal transplant; immunosuppresive therapy	LEVEL 3 (lab result)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Chronic_Kidney.aspx** Coding: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-238-08.aspx**
NQF #0622 **Title: GERD—upper gastrointestinal study in adults with alarm symptoms** **Measure Steward: ActiveHealth Management**	Patients who have had an upper gastrointestinal study Time Window: 12 months	Patients diagnosed with GERD with alarm symptoms (e.g., dysphagia, iron deficiency anemia, weight loss) Time Window: 12 months	P1. Patients with a documented gastrointestinal malignancy 2. Metastatic malignancy, chemotherapy/radiation therapy, hospice and SNF 3. Patients with other causes of the alarm symptoms, including end-stage renal disease, scleroderma, cystic fibrosis, esophageal varices, known Barrett's esophagus, or gastric restrictive procedures	LEVEL 2 (visit/diagnosis and procedure); alternative LEVEL 3 (use of patient derived data and lab results)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Gastroesophageal_Reflux_Disease.aspx** Coding: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-239-08.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0623 **Title: Breast cancer—cancer surveillance** **Measure Steward: ActiveHealth Management**	Female patients with a history of breast cancer who had breast cancer surveillance (e.g., mammogram, MRI) Time Window: 12 months	Female patients with a history of breast cancer Time Window: Anytime in the past	Bilateral mastectomy in the past, bilateral breast implants, biopsy/excision of breast lesion General exclusions: ▪ Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; ▪ Patients who have been in a skilled nursing facility in the last 3 months	LEVEL 2 (visit/diagnosis and imaging)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Cancer.aspx** Coding: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-240-08.aspx**
NQF #0624 **Title: Atrial Fibrillation—Warfarin Therapy** **Measure Steward: ActiveHealth Management**	Patients with claims evidence of warfarin use Time Window: A drug day-supply that extends within 30 days of the measurement date; ICD9 claims for warfarin use in the past	All patients, 18 years of age and older, with atrial fibrillation and major stroke risk factors, including a prior stroke, mitral stenosis or replacement, or 2 of the following: ▪ age > 75, diebetes, hypertension or CHF Time Window: Anytime in the past	Contraindications to warfarin, including: ▪ Esophageal varices with beed ▪ Aortic dissection ▪ Intracerebral hemorrhage ▪ Blood transfusion (RBC or platelets) ▪ Severe brain injury ▪ Dementia ▪ Alcohol use/abuse ▪ Falls	LEVEL 2 (visit/diagnosis and pharmacy)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Cardiovascular_Disease.aspx** Coding: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-244-08.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0624 **Title: Atrial Fibrillation—Warfarin Therapy** **Measure Steward: ActiveHealth Management** *continued*			■ Fracture ■ Hemorrhage contraindications and procedures ■ Adverse effects/coumadin ■ Abnormail gait/ incoordination ■ Neuro and eye surgery ■ Gastritis with Current refill of Proton pump inhibitors ■ Thrombocytopenia ■ Hematocrit lab value <25 ■ Pregnancy ■ Patient or provider feedback indicating allergy or intolerance to the drug in the past General exclusions: ■ Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months		

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NWF #0625 **Title: Prostate cancer—cancer surveillance** **Measure Steward: ActiveHealth Management**	Patients that have had PSA monitoring Time Window: 12 months	All men diagnosed with prostate cancer Time Window: All available historical data for the presence of prostate cancer	1. Specific exclusions: ▪ Evidence of a workup for prostate disease in monitoring timeframe ▪ Prostate cancer treatment in monitoring timeframe ▪ Prostate ultrasound in monitoring timeframe 2. General exclusions: ▪ Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; ▪ Patients who have been in a skilled nursing facility in the last 3 months	LEVEL 2 (visit/diagnosis and lab)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Cancer.aspx** Coding: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-248-08.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0626 **Title: Chronic kidney disease—lipid profile monitoring** **Measure Steward: ActiveHealth Management**	Patients that have claims for a lipid profile Time Window: 12 months	All patients, ages 12 and older, diagnosed with chronic kidney disease Time Window: 12 months from claims, or up to anytime in the past for patient-derived information	General exclusions: ■ Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; ■ Patients who have been in a skilled nursing facility in the last 3 months	LEVEL 2 (visit/diagnosis and lab)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Chronic_Kidney.aspx** Coding: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-251-08.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0627 **Title: Chronic kidney disease with LDL ≥130—use of lipid lowering agent** **Measure Steward: ActiveHealth Management**	Patients with a current refill for a lipid lowering agent Time Window: A drug day-supply that extends within 30 days of the measurement date	All patients, ages 18 and older, diagnosed with chronic kidney disease as defined by CKD stage 5, dialysis or kidney transplant claims, and an LDL level above 130 mg/dL.	SGOT or SGPT >150; CPK >500 General exclusions: ▪ Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; ▪ Patients who have been in a skilled nursing facility in the last 3 months ▪ Patient or provider feedback indicating allergy or intolerance to the drug in the past ▪ Patient or provider feedback indicating that there is a contraindication to adding the drug	LEVEL 3 (lab result)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Chronic_Kidney.aspx** Coding: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-252-08.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0629 **Title: Male smokers or family history of abdominal aortic aneurysm (AAA)—consider screening for AAA** **Measure Steward: ActiveHealth Management**	Men with patient derived data or claims suggestive of AAA screening Time Window: Anytime in the past	Men age 65-75 years with a history of tobacco use (current or ever) or Men age 60 and older with a family history of abdominal aortic aneurysm based on patient derived data or claims data Time Window: Anytime in the past	General exclusions: ▪ Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; ▪ Patients who have been in a skilled nursing facility in the last 3 months	LEVEL 3 (family history and smoking history)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Cardiovascular_Disease.aspx** Coding: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-256-08.aspx**
NQF #0630 **Title: Diabetes and elevated HbA1c—use of diabetes medications** **Measure Steward: ActiveHealth Management**	Patients with a refill for diabetic medications Time Window: 12 months	Patients 18-75 years with diabetes and an elevated HbA1c ≥ 8 Time Window: 5 years	Patients with type 1 diabetes, gestational diabetes; patients with a contraindication to metformin use such as chronic kidney disease, liver disease, acidosis, hypoxemia, severe heart failure General exclusions: ▪ Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; ▪ Patients who have been in a skilled nursing facility in the last 3 months	LEVEL 3 (lab result)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Diabetes.aspx** Coding: **http://www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-262-08.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0631 **Title: Secondary prevention of cardiovascular events—use of aspirin or antiplatelet therapy** **Measure Steward: ActiveHealth Management**	Patients that are taking aspirin or an antiplatelet agent Time Window: 6 months	All patients, ages 21 and older, diagnosed with IVD as defined by coronary artery disease, peripheral vascular disease or cerebrovascular disease, who are asked about aspirin use Time Window: Anytime in the past	Patients with contraindications to antithrombotic agents such as thrombocytopenia, coagulopathy, recent procedures, or current warfarin therapy General exclusions: ▪ Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; ▪ Patients who have been in a skilled nursing facility in the last 3 months ▪ Patient or provider feedback indicating allergy or intolerance to the drug in the past ▪ Patient or provider feedback indicating that there is a contraindication to adding the drug	LEVEL 3 (OTC medication)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Cardiovascular_Disease.aspx** Coding: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-272-08.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0632 **Title: Primary prevention of cardiovascular events in diabetics (older than 40 years)—use of aspirin or antiplatelet therapy** **Measure Steward: ActiveHealth Management**	Patients with a refill for aspirin or an antiplatelet agent Time Window: 6 months	All patients, 40 years and older, with diabetes, who have been asked about aspirin use Time Window: 5 years	Contraindications to aspirin therapy, including: ■ Hemorrhage contraindications and procedures ■ Neutropenia ■ Thrombocytopenia ■ Hematocrit lab value ≤ 25 ■ INR lab value >1.6 ■ Platelet lab value ≤ 50 ■ WBC lab value < 2.0 ■ Chronic liver disease ■ Aspirin intolerance ■ Aspirin-induced asthma ■ Intracerebral hemorrhage ■ Coagulopathies (bleeding disorders) Other denominator exclusions include: ■ Warfarin use ■ Long term anticoagulation ■ Patient or provider feedback indicating allergy or intolerance to the drug in the past ■ Patient or provider feedback indicating that there is a contraindication to adding the drug	LEVEL 3 (OTC medication, lab results)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Diabetes.aspx** Coding: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-274-08.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0632 **Title: Primary prevention of cardiovascular events in diabetics (older than 40 years)—use of aspirin or antiplatelet therapy** **Measure Steward: ActiveHealth Management** *continued*			General exclusions: ■ Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; ■ Patients who have been in a skilled nursing facility in the last 3 months		
NQF #0633 **Title: Osteopenia and chronic steroid use—treatment to prevent osteoporosis** **Measure Steward: ActiveHealth Management**	The number of patients who are on osteoporosis therapy. Time Window: 12 months	All patients, who are female and 55 years and older or male and 50 years and older, who have a diagnosis of osteopenia and are on long-term steroids. Time Window: 12 months	Specific Exclusions ■ Patients who have osteoporosis General exclusions: ■ Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; ■ Patients who have been in a skilled nursing facility in the last 3 months ■ Patient or provider feedback indicating allergy or intolerance to the drug in the past ■ Patient or provider feedback indicating that there is a contraindication to adding the drug	LEVEL 3 (exclusions)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Bone_and_Joint_Conditions.aspx** Coding: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-281-08.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0634 **Title: Osteoporosis—use of pharmacological treatment** **Measure Steward: ActiveHealth Management**	All patients who are on osteoporosis therapy. Time Window: All available historical data for the presence of osteoporosis therapy	Women aged 55 and over or men aged 50 and over with a diagnosis of osteoporosis Time Window: 24 months	Specific Exclusions ■ Patients who state that their bone mineral density test was normal General exclusions: ■ Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; ■ Patients who have been in a skilled nursing facility in the last 3 months	LEVEL 2 (visit/diagnosis and pharmacy)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Bone_and_Joint_Conditions.aspx** Coding: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-283-08.aspx**
NQF #0635 **Title: Chronic liver disease—hepatitis A vaccination** **Measure Steward: ActiveHealth Management**	All patients with chronic liver disease who have received a hepatitis A vaccine Time Window: Past 12 months	All patients, ages 18 and older, diagnosed with chronic liver disease Time Window: Past 12 months	Previous history of viral hepatitis A	LEVEL 3 (patient data on history of vaccination)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Hepatitis_and_Liver_Disease.aspx** Coding: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-285-08.aspx**

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MEASURE TITLE	NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA LEVEL	MEASURE SUBMISSION FORMS AND CODING
NQF #0636 **Title: Atherosclerotic disease and LDL >100—use of lipid lowering agent** **Measure Steward: ActiveHealth Management**	Patients with a current refill for a lipid lowering agent Time Window: A drug day-supply that extends within 30 days of the measurement date	All patients diagnosed with atherosclerotic disease and an LDL level above 100 mg/dL Time Window: All available historical data for the presence of atherosclerotic disease and 3 months for LDL	1. Specific exclusions: ■ Presence of Patient Data Confirming provider made a change to their lipid treatment plan in the past 6 month General exclusions: ■ Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; ■ Patients who have been in a skilled nursing facility in the last 3 months ■ Patient or provider feedback indicating allergy or intolerance to the drug in the past ■ Patient or provider feedback indicating that there is a contraindication to adding the drug	LEVEL 3 (lab result)	Measure Submission Form: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Measure_Submission_Forms/Hyperlipidemia_and_Atherosclerosis.aspx** Coding: **www.qualityforum.org/Projects/a-b/Ambulatory_Care_Measures_Using_Clinically_Enriched_Administrative_Data/Commenting/Coding/EC-288-08.aspx**

Appendix B
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