



## Measure Applications Partnership

### Clinician Workgroup In-Person Meeting

December 18-19, 2013

NQF Conference Center at 1030 15th Street NW, 9<sup>th</sup> Floor, Washington, DC 20005

#### Remote Participation Instructions:

##### *Streaming Audio Online*

- Direct your web browser to: <http://nqf.commpartners.com>.
- Under “Enter a Meeting” type the meeting number for Day 1: **823787** or for Day 2: **687788**.
- In the “Display Name” field, type your first and last names and click “Enter Meeting.”

##### *Teleconference*

- Dial (888) 802-7237 for workgroup members or (877) 303-9138 for public participants; use conference ID code for Day 1: **99751241** or for Day 2: **99762976**.

#### Meeting Objectives:

- Review and provide input on finalized measures for federal programs applicable to clinician measurement
- Review and provide input on measures under consideration for federal programs applicable to clinician measurement
- Discuss characteristics of core measures and identify high-priority measure gaps
- Finalize input to the MAP Coordinating Committee on measures for use in federal programs

#### Day 1: December 18, 2013

**8:30 am**      **Breakfast**

**9:00 am**      **Welcome, Introductions, Review Meeting Objectives, and Pre-Rulemaking Approach**

*Mark McClellan, Workgroup Chair*

*Aisha Pittman, Senior Director, Strategic Partnerships, NQF*

*Kate Goodrich, Centers for Medicare & Medicaid Services*

- Review MAP’s pre-rulemaking approach
- Review MAP’s previous input on clinician measurement programs
- Overview of the goals and objectives of the clinician performance measurement programs

**10:00 am**      **Pre-Rulemaking Input on Measures Under Consideration for Individual Clinician Reporting**

- Physician Quality Reporting System (PQRS)

- Medicare and Medicaid EHR Incentive Program for Eligible Professionals (Meaningful Use)
- Physician Compare
- Physician Feedback/Value-Based Payment Modifier

**12:00 pm**      **Lunch**

**12:30 pm**      **Pre-Rulemaking Input on Measures Under Consideration for Individual Clinician Reporting continued...**

- Physician Quality Reporting System
- Medicare and Medicaid EHR Incentive Program for Eligible Professionals (Meaningful Use)
- Physician Compare
- Physician Feedback/Value-Based Payment Modifier

**3:30 pm**      **Core Measures for Individual Clinician Reporting**

- Define characteristics of measures that could be reported by all clinicians
- Identify measures that could be included in the core

**4:30 pm**      **Opportunity for Public Comment**

**4:35 pm**      **Day 1 Summary**

**5:00 pm**      **Adjourn for the Day**

## **Day 2: December 19, 2013**

**8:30 am**      **Breakfast**

**9:00 am**      **Welcome and Review of Day 1**

**9:15 pm**      **Pre-Rulemaking Input on Hospital Measures Under Consideration for Clinician Performance Measurement Programs**

- Discuss options for applying hospital measures to individual clinicians
- Review finalized measures and measures under consideration for the Hospital Inpatient Quality Reporting Program and the Hospital Outpatient Quality Reporting Program and discuss measures that could be applied to clinicians

**10:45 am**      **Pre-Rulemaking Input on Measures Under Consideration for Clinician Group Reporting**

- Review MAP's input on the PQRS group reporting finalized measure set
- Identify measure gaps and gap-filling opportunities

**11:45 am**      **Opportunity for Public Comment**

**12:00 am**      **Lunch**

**12:15 pm**      **Pre-Rulemaking Input on Measures under Consideration for the Medicare Shared Savings Program**

*Mark McClellan*

*Woody Eisenberg, Pharmacy Quality Alliance*

- Overview of the goals and objectives of MSSP
- Brookings Institute Roundtable: Accountable Care Organizations 2.0 Measurement, Data, and Related Issues
- Measurement systems: quality improvement measures to support achievement of accountability measures
- Review measures under consideration and discuss alignment with PQRS group reporting

**2:15 pm**      **Gap-Filling Opportunities**

*Karen Adams, Vice President, NQF*

- Overview of NQF's efforts to address measure gaps
- Prioritization of gaps identified by the MAP Clinician Workgroup

**2:45 pm**      **Opportunity for Public Comment**

**3:00 pm**      **Wrap Up**

**3:15 pm**      **Adjourn**



# MAP Clinician Workgroup Discussion Guide

## Measures for Individual Clinician Reporting

This document serves as a discussion guide for reviewing finalized measures and measures under consideration for the individual clinician reporting option for Physician Quality Reporting System (PQRS), Meaningful Use for Eligible Professionals (MU-EP), Physician Compare, and the Physician Value-Based Payment Modifier (VBPM).

Within each topic area finalized measures are presented first followed by measures under consideration:

- Green tables represent finalized PQRS measures that the workgroup has previously stated should be included in Physician Compare and VBPM. Please see below for background on the workgroup’s prior input.
- Yellow tables represent finalized PQRS measures that the workgroup has previously stated should remain in PQRS but should not be included in Physician Compare and VBPM.
- Red tables represent finalized PQRS measures that the workgroup has previously stated should be removed from PQRS.
- Grey tables represent finalized PQRS measures that the workgroup has not determined if the measures should also be in Physician Compare and VBPM. These measures were not included in the workgroup’s prior review because they were recently added to the program or were modified since the workgroups review.
- Blue tables represent new measures under consideration.
- *Note: The Excel Workbook available on the [MAP Clinician Workgroup SharePoint](#) site provides additional measure details.*

In reviewing each topic/condition the workgroup will:

1. Determine whether each measure under consideration should be included in programs (blue tables). NQF Staff have provided a preliminary recommendation using the MAP Measure Selection Criteria and the Clinician Workgroup Guiding Principles.
2. Determine whether finalized PQRS measures the workgroup has not previously reviewed (grey tables) should also be included in Physician Compare and VBPM.
3. Discuss gaps and revisit any prior workgroup recommendations for finalized PQRS measures (green, yellow, red tables) that workgroup members would like to discuss.

To focus your preparation for the in-person Clinician Workgroup meeting, we have designated a set of conditions/topics for each workgroup member to review. Please see the table below for your assigned conditions/topics. As the workgroup reviews each condition/topic, the chair will ask the workgroup members assigned to the program to begin the discussion by addressing the three questions above. All workgroup members will have the opportunity to provide input on all conditions/topics. Accordingly, please review all materials before the meeting, while placing emphasis on your assigned conditions/topics. Your preparation and initial insights will enrich the workgroup’s deliberations and provide a helpful starting point.

| Representative/Organization  | Conditions/Topic Areas Tab |
|--|----------------------------|
| Beth Averbeck, <i>Minnesota Community Management</i>                 | CAHPS                      |
| Peter Briss, <i>Centers for Disease Control and Prevention (CDC)</i> | Cancer                     |
| Janet Brown, <i>American Speech-Language-Hearing Association</i>     | Care Coordination          |
| Amy Compton-Phillips, <i>Kaiser Permanente</i>                       | HEENT                      |
| Connie Dahlin, <i>subject matter expert: palliative Care</i>         | Inflammatory Bowel Disease |

|   |   |
|---|---|
| <p>Joseph Francis, <i>Veterans Health Administration (VHA)</i><br/> Rachel Grob, <i>Center for Patient Partnership</i><br/> Anne Norman, <i>American Association of Nurse Practitioners</i><br/> David Seidenwurm, <i>American College of Radiology</i><br/> Ronald Stock, <i>subject matter expert: team-based care</i></p>  | <p>Imaging<br/> Neurological<br/> Behavioral Health<br/> Cost</p>   |
| <p>Amy Mullins, <i>American Academy of Family Physicians</i><br/> Luther Clark, <i>subject matter expert: disparities</i><br/> Ian Corbridge, <i>Health Resources and Services Administration (HRSA)</i><br/> Cheryl DeMars, <i>The Alliance</i><br/> David Ferriss, <i>CIGNA</i><br/> Kate Goodrich, <i>Centers for Medicare &amp; Medicaid Services (CMS)</i><br/> Robert Krughoff, <i>Consumers' CHECKBOOK</i><br/> Eugene Nelson, <i>subject matter expert: population health</i><br/> Cynthia Pellegrini, <i>March of Dimes</i><br/> Karen Sepucha, <i>subject matter expert: shared decision making</i></p> | <p>Infectious Diseases Musculoskeletal<br/> Obesity<br/> Perinatal, Reproductive Health<br/> Endocrine/Renal<br/> Cost<br/> Care Coordination</p> |
| <p>Bruce Auerbach, <i>American College of Emergency Physicians</i><br/> Colleen Bruce, <i>National Business Coalition on Health</i><br/> Paul Casale, <i>American College of Cardiology</i><br/> Joanne Conroy, <i>Association of American Medical Colleges</i><br/> Darryl Gray, <i>Agency for Healthcare Research and Quality (AHRQ)</i><br/> David Hopkins, <i>Pacific Business Group on Health</i><br/> Mark Metersky, <i>Physician Consortium for Performance Improvement</i><br/> Eric Whitacre, <i>Surgical Care</i></p>   | <p>Respiratory<br/> Safety<br/> Surgery—cardio, other<br/> Cardiovascular</p>   |

# CAHPS

## PQRS MEASURES TO INCLUDE IN PHYSICIAN COMPARE AND VALUE-BASED PAYMENT MODIFIER

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)   | Finalized Clinician Programs |
|-------------|--------------------------------------|---|------------------------------|
| 2           | 0005 Endorsed                        | CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys) | PQRS                         |

## MEASURES TO REMOVE FROM PHYSICIAN QUALITY REPORTING SYSTEM

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)                          | Finalized Clinician Programs |
|-------------|--------------------------------------|--|------------------------------|
| 3           | 0006 Endorsed                        | CAHPS Health Plan Survey v 4.0 - Adult questionnaire | PQRS                         |

## MEASURES UNDER CONSIDERATION

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)  | Programs Considered   | Preliminary Staff Recommendation  |
|-------------|--------------------------------------|--|---|---|
| 4           | 1741 Endorsed                        | Patient Experience with Surgical Care Based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS) <sup>®</sup> Surgical Care Survey | MU-EP; MSSP; Physician Compare; Physician Feedback; PQRS;VBPM | <p>PQRS: Support; MU-EP: Support; Physician Compare: Support; VBPM: Support</p> <ul style="list-style-type: none"> <li>• NQF-endorsed composite measure set</li> <li>• Addresses program goals/requirements</li> <li>• Promotes alignment across programs, settings, and public and private sector efforts</li> <li>• Promotes parsimony</li> </ul> |

## GAP-FILLING OPPORTUNITIES

| Measure # and NQF Endorsement Status | Measure Title   |
|--------------------------------------|---|
| 1902 Endorsed                        | Clinicians/Groups' Health Literacy Practices Based on the CAHPS Item Set for Addressing Health Literacy |
| 1904 Endorsed                        | Clinician/Group's Cultural Competence Based on the CAHPS <sup>®</sup> Cultural Competence Item Set      |

## Cancer

### PQRS MEASURES TO INCLUDE IN PHYSICIAN COMPARE AND VALUE-BASED PAYMENT MODIFIER

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)   | Finalized Clinician Programs |
|-------------|--------------------------------------|---|------------------------------|
| 3           | 0032 Endorsed                        | Cervical Cancer Screening   | MU-EP; PQRS                  |
| 4           | 0034 Endorsed                        | Colorectal Cancer Screening   | MU-EP; PQRS                  |
| 14          | 0382 Endorsed                        | Oncology: Radiation Dose Limits to Normal Tissues   | PQRS                         |
| 16          | 0386 Endorsed                        | Oncology: Radiation Dose Limits to Normal Tissues   | PQRS                         |
| 8           | 0389 Endorsed                        | Prostate Cancer: Avoidance of Overuse Measure – Bone Scan for Staging Low-Risk Patients   | MU-EP; PQRS                  |
| 24          | 0658 Endorsed                        | Endoscopy/Poly Surveillance: Appropriate follow-up interval for normal colonoscopy in average risk patients                         | PQRS                         |
| 25          | 0659 Endorsed                        | Endoscopy/Poly Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps- Avoidance of Inappropriate Use | PQRS                         |

### MEASURES TO RETAIN IN PHYSICIAN QUALITY REPORTING SYSTEM

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)   | Finalized Clinician Programs |
|-------------|--------------------------------------|---|------------------------------|
| 2           | D0031 Not Endorsed                   | Breast Cancer Screening   | MU-EP; PQRS                  |
| 5           | 0384 Endorsed                        | Oncology: Pain Intensity Quantified – Medical Oncology and Radiation Oncology (paired with 0383)  | MU-EP; PQRS                  |
| 15          | 0383 Endorsed                        | Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology (paired with 0384)  | PQRS                         |
| 6           | 0385 Endorsed                        | Oncology: Chemotherapy for Stage IIIA through IIIC Colon Cancer Patients  | MU-EP; PQRS                  |
| 7           | 0387 Endorsed                        | Oncology: Hormonal therapy for stage IC through IIIC, ER/PR positive breast cancer  | MU-EP; PQRS                  |
| 20          | 0455 Endorsed                        | Recording of Clinical Stage for Lung Cancer and Esophageal Cancer Resection   | PQRS                         |
| 21          | 0457 Endorsed                        | Recording of Performance Status (Zubrod, Karnofsky, WHO or ECOG Performance Status) Prior to Lung or Esophageal Cancer Resection          | PQRS                         |
| 18          | 0391 Endorsed                        | Breast Cancer Resection Pathology Reporting- pT category (primary tumor) and pN category (regional lymph nodes) with histologic grade     | PQRS                         |
| 19          | 0392 Endorsed                        | Colorectal Cancer Resection Pathology Reporting- pT category (primary tumor) and pN category (regional lymph nodes) with histologic grade | PQRS                         |
| 27          | 1854 Endorsed                        | Barrett’s Esophagus   | PQRS                         |
| 10          | 0377 Endorsed                        | Myelodysplastic Syndrome (MDS) and Acute Leukemias – Baseline Cytogenetic Testing Performed on Bone Marrow                                | PQRS                         |
| 11          | 0378 Endorsed                        | MDS: Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy  | PQRS                         |
| 12          | 0379 Endorsed                        | Chronic Lymphocytic Leukemia (CLL) – Baseline Flow Cytometry  | PQRS                         |
| 13          | 0380 Endorsed                        | Multiple Myeloma – Treatment with Bisphosphonates   | PQRS                         |
| 17          | 0390 Endorsed                        | Prostate Cancer: Adjuvant Hormonal Therapy for High-Risk Patients   | PQRS                         |

|    |                    |   |      |
|----|--------------------|---|------|
| 26 | 1853 Endorsed      | Radical Prostatectomy Pathology Reporting   | PQRS |
| 23 | 0650 Endorsed      | Melanoma Continuity of Care – Recall System   | PQRS |
| 28 | N/A Not Endorsed   | Colonoscopy 3: Unplanned hospital readmission within 30 days of principal procedure (3 of 4: Measures Group Colonoscopy)                    | PQRS |
| 29 | XBAFH Not Endorsed | 251 Immunohistochemical (IHC) Evaluation of Human Epidermal Growth Factor Receptor 2 Testing (HER2) for Breast Cancer Patients              | PQRS |
| 30 | XBBAA Not Endorsed | 263 Preoperative Diagnosis of Breast Cancer   | PQRS |
| 31 | XBBAB Not Endorsed | 264 Sentinel Lymph Node Biopsy for Invasive Breast Cancer   | PQRS |
| 37 | XCMDL Not Endorsed | Screening Colonoscopy Adenoma Detection Rate Measure  | PQRS |
| 35 | XCEEC Not Endorsed | Radiation Dose Optimization: Images Available for Patient Follow-up and Comparison Purposes   | PQRS |
| 32 | XBLLC Not Endorsed | Radiation Dose Optimization: Cumulative Count of Potential High Dose Radiation Imaging Studies: CT Scans and Cardiac Nuclear Medicine Scans | PQRS |
| 33 | XBLLD Not Endorsed | Radiation Dose Optimization: Utilization of a Standardized Nomenclature for CT Imaging Description  | PQRS |
| 34 | XBLLL Not Endorsed | Radiation Dose Optimization: Search for Prior Imaging Studies through a Secure, Authorized, Media-free, Shared Archive                      | PQRS |
| 36 | XCEED Not Endorsed | Radiation Dose Optimization: Reporting to a Radiation Dose Index Registry   | PQRS |

#### MEASURES TO REMOVE FROM PHYSICIAN QUALITY REPORTING SYSTEM

| Table Row # | Measure # and NQF Endorsement Status     | Measure Title (Abbreviated)   | Finalized Clinician Programs |
|-------------|--|---|------------------------------|
| 22          | 0508 Endorsed                            | Inappropriate use of “probably benign” assessment category in mammography screening | PQRS                         |
| 9           | D0561 Not Endorsed - Endorsement Removed | Melanoma Coordination of Care   | PQRS                         |

| Measure # and NQF Endorsement Status | Measure Title (Abbreviated)  |
|--------------------------------------|--|
| E0459 Endorsed                       | Risk-Adjusted Morbidity after Lobectomy for Lung cancer                  |
| E0460 Endorsed                       | Risk-adjusted morbidity and mortality for esophagectomy for cancer       |
| E1790 Endorsed                       | Risk-Adjusted Morbidity and Mortality for Lung Resection for Lung Cancer |

#### FINALIZED PQRS MEASURES NOT PREVIOUSLY REVIEWED

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)  | Finalized Clinician Programs |
|-------------|--------------------------------------|--|------------------------------|
| 28          | N/A Not Endorsed                     | Colonoscopy 3: Unplanned hospital readmission within 30 days of principal procedure (3 of 4: Measures Group Colonoscopy) | PQRS                         |

## MEASURES UNDER CONSIDERATION

| Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)                                 | Programs Considered           | Preliminary Staff Recommendation  |
|-------|--------------------------------------|---|-------------------------------|---|
| 38    | XDFDB Not Endorsed                   | Head and Neck Cancer: Weight Loss Prevention                | Physician Compare; PQRS; VBPM | PQRS: Conditional Support; Physician Compare/VBPM: Do Not Support <ul style="list-style-type: none"> <li>Not ready for implementation; outcome measure should be submitted for and receive NQF endorsement</li> </ul>   |
| 39    | XDFGL Not Endorsed                   | Repeat Colonoscopy due to poor bowel preparation            | Physician Compare; PQRS; VBPM | PQRS: Conditional Support; Physician Compare/VBPM: Do Not Support <ul style="list-style-type: none"> <li>Not ready for implementation; outcome measure needs further experience or testing before being used in the program</li> </ul>  |
| 40    | XDFGM Not Endorsed                   | Appropriate age for colorectal cancer screening colonoscopy | Physician Compare; PQRS; VBPM | PQRS: Conditional Support; MU-EP: Conditional Support; Physician Compare: Do Not Support; VBPM: Do Not Support <ul style="list-style-type: none"> <li>Not ready for implementation; outcome measure needs further experience or testing before being used in the program</li> </ul> |

## EPISODE GROUPER MEASURES UNDER CONSIDERATION

| Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)                                      | Programs Considered | Preliminary Staff Recommendation   |
|-------|--------------------------------------|--|---------------------|--|
| 41    | XDEDC Not Endorsed                   | Draft: Breast Cancer Condition Episode for CMS Episode Grouper   | VBPM                | VBPM: Conditional Support <ul style="list-style-type: none"> <li>Addresses program objective</li> <li>Not NQF Endorsed</li> <li>No available endorsed measures for pairing</li> <li>No available endorsed outcome measures in the finalized set for pairing</li> </ul> |
| 42    | XDEDD Not Endorsed                   | Draft: Breast Cancer Treatment Episode for CMS Episode Grouper   | VBPM                | VBPM: Conditional Support <ul style="list-style-type: none"> <li>Addresses program objective</li> <li>Not NQF Endorsed</li> <li>No available endorsed outcome measures in the finalized set for pairing</li> </ul>   |
| 43    | XDEDE Not Endorsed                   | Draft: Lung Cancer Condition Episode for CMS Episode Grouper     | VBPM                | VBPM: Conditional Support <ul style="list-style-type: none"> <li>Addresses program objective</li> <li>Not NQF Endorsed</li> <li>No available endorsed outcome measures in the finalized set for pairing</li> </ul>   |
| 44    | XDEDF Not Endorsed                   | Draft: Lung Cancer Treatment Episode for CMS Episode Grouper     | VBPM                | VBPM: Conditional Support <ul style="list-style-type: none"> <li>Addresses program objective</li> <li>Not NQF Endorsed</li> <li>No available endorsed outcome measures in the finalized set for pairing</li> </ul>   |
| 45    | XDEDG Not Endorsed                   | Draft: Prostate Cancer Treatment Episode for CMS Episode Grouper | VBPM                | VBPM: Conditional Support <ul style="list-style-type: none"> <li>Addresses program objective</li> </ul>  |

|    |                    |  |      |  |
|----|--------------------|--|------|--|
|    |                    |  |      | <ul style="list-style-type: none"> <li>• Not NQF Endorsed</li> <li>• No available endorsed outcome measures in the finalized set for pairing</li> </ul>  |
| 46 | XDEDH Not Endorsed | Draft: Prostate Cancer Condition Episode for CMS Episode Grouper | VBPM | VBPM: Conditional Support <ul style="list-style-type: none"> <li>• Addresses program objective</li> <li>• Not NQF Endorsed</li> <li>• No available endorsed outcome measures in the finalized set for pairing</li> </ul> |
| 47 | XDEDL Not Endorsed | Draft: Colon Cancer Condition Episode for CMS Episode Grouper    | VBPM | VBPM: Conditional Support <ul style="list-style-type: none"> <li>• Addresses program objective</li> <li>• Not NQF Endorsed</li> <li>• No available endorsed outcome measures in the finalized set for pairing</li> </ul> |
| 48 | XDEDM Not Endorsed | Draft: Colon Cancer Treatment Episode for CMS Episode Grouper    | VBPM | VBPM: Conditional Support <ul style="list-style-type: none"> <li>• Addresses program objective</li> <li>• Not NQF Endorsed</li> <li>• No available endorsed outcome measures in the finalized set for pairing</li> </ul> |

## Cardiovascular

### MEASURES TO BE INCLUDED IN PHYSICIAN COMPARE AND VALUE-BASED PAYMENT MODIFIER

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)  | Finalized Programs |
|-------------|--------------------------------------|--|--------------------|
| 2           | 0018 Endorsed                        | Controlling High Blood Pressure  | MU-EP; PQRS        |
| 4           | 0068 Endorsed                        | Ischemic Vascular Disease (IVD): Use of Aspirin or another Antithrombotic  | MU-EP; PQRS        |
| 7           | 0075 Endorsed                        | IVD: Complete Lipid Profile and LDL Control <100   | MU-EP; PQRS        |
| 8           | 0081 Endorsed                        | Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction | MU-EP; PQRS        |
| 9           | 0083 Endorsed                        | Heart Failure : Beta-blocker therapy for Left Ventricular Systolic Dysfunction   | MU-EP; PQRS        |
| 15          | 0066 Endorsed                        | Chronic Stable Coronary Artery Disease: ACE Inhibitor or ARB Therapy--Diabetes or Left Ventricular Systolic Dysfunction (LVEF <40%)                  | PQRS               |
| 16          | 0076 Endorsed                        | Optimal Vascular Care  | PQRS               |
| 22          | 1525 Endorsed                        | Chronic Anticoagulation Therapy  | PQRS               |

### MEASURES TO RETAIN IN PHYSICIAN QUALITY REPORTING SYSTEM

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)   | Finalized Programs |
|-------------|--------------------------------------|---|--------------------|
| 3           | 0067 Endorsed                        | Chronic Stable Coronary Artery Disease: Antiplatelet Therapy  | MU-EP; PQRS        |
| 5           | 0070 Endorsed                        | Chronic Stable Coronary Artery Disease: Beta-Blocker Therapy--Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%) | MU-EP; PQRS        |
| 6           | 0074 Endorsed                        | Chronic Stable Coronary Artery Disease: Lipid Control   | MU-EP; PQRS        |
| 10          | XCCHE Not Endorsed                   | Hypertension: Improvement in Blood Pressure   | MU-EP; PQRS        |
| 17          | 0079 Endorsed                        | Heart Failure: Left Ventricular Ejection Fraction Assessment (Outpatient Setting)   | PQRS               |
| 23          | XBADD Not Endorsed                   | 242 Coronary Artery Disease (CAD): Symptom Management   | PQRS               |
| 25          | XBLHB Not Endorsed                   | 295 Hypertension: Appropriate Use of Aspirin or Other Anti-Platelet or Anti-Coagulant Therapy   |                    |
| 26          | XBLHC Not Endorsed                   | 296 Hypertension: Complete Lipid Profile  |                    |
| 27          | XBLHD Not Endorsed                   | 297 Hypertension: Urine Protein Test  | PQRS               |
| 28          | XBLHE Not Endorsed                   | 298 Hypertension: Annual Serum Creatinine Test  | PQRS               |
| 29          | XBLHG Not Endorsed                   | 302 Hypertension: Dietary and Physical Activity Modifications Appropriately Prescribed  | PQRS               |

|    |                    |   |      |
|----|--------------------|---|------|
| 30 | XBLHH Not Endorsed | 300 Hypertension: Blood Pressure Control                  | PQRS |
| 31 | XBLHL Not Endorsed | 301 Hypertension: Low Density Lipoprotein (LDL-C) Control | PQRS |
| 32 | XCEBC Not Endorsed | 299 Hypertension: Diabetes Mellitus Screening Test        | PQRS |
| 33 | XCEDG Not Endorsed | Preventive Cardiology Composite                           | PQRS |

#### MEASURES TO REMOVE FROM PHYSICIAN QUALITY REPORTING SYSTEM

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)  | Finalized Programs  |
|-------------|--------------------------------------|--|---|
| 11          | XCCHF Not Endorsed                   | Preventive Care and Screening: Screening for High Blood Pressure and Follow up Documented  | MU-EP; PQRS   |
| 12          | XCCHG Not Endorsed                   | Functional status assessment for complex chronic conditions                                | MU-EP; PQRS   |
| 18          | 0090 Endorsed                        | Emergency Medicine: 12-Lead Electrocardiogram (ECG) Performed for Non-Traumatic Chest Pain | PQRS  |
| 19          | 0092 Endorsed                        | Emergency Medicine: Aspirin at Arrival for Acute Myocardial Infarction (AMI)               | PQRS  |
| 20          | 0093 Endorsed                        | Emergency Medicine: 12-Lead Electrocardiogram (ECG) Performed for Syncope                  | Physician Feedback; Physician Quality Reporting System (PQRS) |
| 21          | 0543 Endorsed                        | Adherence to Statin Therapy for Individuals with Coronary Artery Disease                   | PQRS  |
| 24          | XBCEL Not Endorsed                   | 228 GPRO HF-2 Heart Failure (HF): Left Ventricular Function (LVF) Testing                  | PQRS  |
| 34          | XCMLG Not Endorsed                   | ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range                          | PQRS  |

#### FINALIZED PQRS MEASURES NOT PREVIOUSLY REVIEWED

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)                                 | Finalized Clinician Programs |
|-------------|--------------------------------------|---|------------------------------|
| 13          | 0057 Endorsed                        | Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing | PQRS                         |
| 14          | 0063 Endorsed                        | Comprehensive Diabetes Care: LDL-C Screening                | PQRS                         |

#### MEASURES UNDER CONSIDERATION

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)   | Programs Considered           | Preliminary Staff Recommendation   |
|-------------|--------------------------------------|---|-------------------------------|--|
| 35          | XDBBG Not Endorsed                   | All-Cause Unplanned Admissions for Patients with Heart Failure        | Physician Compare; PQRS; VBPM | <p>PQRS: Conditional Support; Physician Compare/VBPM: Do not support</p> <ul style="list-style-type: none"> <li>Not ready for implementation; measure concept is promising but requires modification or further development</li> </ul> |
| 36          | XDELB Not                            | DRAFT: Functional Status Assessment and Goal Achievement for Patients | MU-EP; Physician              | PQRS: Conditional Support; MU-EP: Conditional Support; Physician Compare/VBPM: Do not  |

|    |                    |  |                                      |   |
|----|--------------------|--|--------------------------------------|---|
|    | Endorsed           | with Congestive Heart Failure  | Compare; PQRS; VBPM                  | support <ul style="list-style-type: none"> <li>Not ready for implementation; measure concept is promising but requires modification or further development</li> <li>EHR data source</li> </ul>  |
| 37 | XAHDH Not Endorsed | Adherence to Antiplatelet Treatment after Stent Implantation   | Physician Compare; PQRS; VBPM        | PQRS: Conditional Support; Physician Compare/VBPM: Do not support <ul style="list-style-type: none"> <li>Not ready for implementation; outcome measure, should be submitted for and receive NQF endorsement</li> <li>A finalized measure addresses a similar topic and better addresses the needs of the program</li> </ul> |
| 38 | XDELF Not Endorsed | DRAFT: ADE Prevention and Monitoring: Minimum INR Monitoring for Patients with Atrial Fibrillation on Warfarin | MU-EP; Physician Compare; PQRS; VBPM | PQRS: Conditional Support; MU-EP: Conditional Support; Physician Compare/VBPM: Do not support <ul style="list-style-type: none"> <li>Not ready for implementation; measure concept is promising but requires modification or further development</li> <li>EHR data source</li> </ul>  |
| 39 | XDELE Not Endorsed | DRAFT: ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range                                       | MU-EP; Physician Compare; PQRS; VBPM | PQRS: Conditional Support; MU-EP: Conditional Support; Physician Compare/VBPM: Do not support <ul style="list-style-type: none"> <li>Not ready for implementation; measure concept is promising but requires modification or further development</li> <li>EHR data source</li> </ul>  |
| 40 | XDEME Not Endorsed | Post-procedural Optimal medical therapy Composite (percutaneous coronary intervention)                         | Physician Compare; PQRS; VBPM        | PQRS: Conditional Support; Physician Compare/VBPM: Do not support <ul style="list-style-type: none"> <li>Not ready for implementation; outcome measure, should be submitted for and receive NQF endorsement</li> </ul>  |
| 41 | XCLLL Not Endorsed | HRS-12: Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation                     | Physician Compare; PQRS; VBPM        | PQRS: Conditional Support; Physician Compare/VBPM: Do not support <ul style="list-style-type: none"> <li>Not ready for implementation; outcome measure, should be submitted for and receive NQF endorsement</li> </ul>  |

#### EPISODE GROUPER MEASURES UNDER CONSIDERATION

| Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)  | Programs Considered | Preliminary Staff Recommendation  |
|-------|--------------------------------------|--|---------------------|---|
| 42    | XDECF Not Endorsed                   | Draft: Hypertension Condition Episode for CMS Episode Grouper                      | VBPM                | VBPM: Conditional Support <ul style="list-style-type: none"> <li>Addresses program objective</li> <li>Not NQF Endorsed</li> <li>Could be paired with NQF #0018</li> </ul>             |
| 43    | XDDMH Not Endorsed                   | Draft: Acute Myocardial Infarction Condition Phase Episode for CMS Episode Grouper | VBPM                | VBPM: Conditional Support <ul style="list-style-type: none"> <li>Addresses program objective</li> <li>Not NQF Endorsed</li> <li>Could be paired with NQF #0018, 0075, 0076</li> </ul> |
| 44    | XDDMG Not Endorsed                   | Draft: Ischemic Heart Disease Condition Episode for CMS Episode Grouper            | VBPM                | VBPM: Conditional Support <ul style="list-style-type: none"> <li>Addresses program objective</li> </ul>   |

|    |                    |   |      |   |
|----|--------------------|---|------|---|
|    |                    |   |      | <ul style="list-style-type: none"> <li>• Not NQF Endorsed</li> <li>• Could be paired with NQF #0018, 0075, 0076</li> </ul>  |
| 45 | XDDML Not Endorsed | Draft: Coronary Artery Bypass Graft Treatment Episode for CMS Episode Grouper       | VBPM | <p>VBPM: Conditional Support</p> <ul style="list-style-type: none"> <li>• Addresses program objective</li> <li>• Not NQF Endorsed</li> <li>• Could be paired with NQF #0018, 0075, 0076</li> </ul>                              |
| 46 | XDDMM Not Endorsed | Draft: Heart Catheterization Treatment Episode for CMS Episode Grouper              | VBPM | <p>VBPM: Conditional Support</p> <ul style="list-style-type: none"> <li>• Addresses program objective</li> <li>• Not NQF Endorsed</li> <li>• Could be paired with NQF #0018, 0075, 0076</li> </ul>                              |
| 47 | XDEAA Not Endorsed | Draft: Percutaneous Coronary Intervention Treatment Episode for CMS Episode Grouper | VBPM | <p>VBPM: Conditional Support</p> <ul style="list-style-type: none"> <li>• Addresses program objective</li> <li>• Not NQF Endorsed</li> <li>• Could be paired with NQF #0018, 0075, 0076</li> </ul>                              |
| 48 | XDECA Not Endorsed | Draft: Heart Block Condition Episode for CMS Episode Grouper                        | VBPM | <p>VBPM: Conditional Support</p> <ul style="list-style-type: none"> <li>• Addresses program objective</li> <li>• Not NQF Endorsed</li> <li>• Could be paired with NQF #0018, 0075, 0076</li> </ul>                              |
| 49 | XDEBL Not Endorsed | Draft: Heart Failure Condition Episode for CMS Episode Grouper                      | VBPM | <p>VBPM: Conditional Support</p> <ul style="list-style-type: none"> <li>• Addresses program objective</li> <li>• Not NQF Endorsed</li> <li>• No available endorsed outcome measures in the finalized set for pairing</li> </ul> |
| 50 | XDEDA Not Endorsed | Draft: Ischemic Cerebral Artery Disease Condition Episode for CMS Episode Grouper   | VBPM | <p>VBPM: Conditional Support</p> <ul style="list-style-type: none"> <li>• Addresses program objective</li> <li>• Not NQF Endorsed</li> <li>• No available endorsed outcome measures in the finalized set for pairing</li> </ul> |
| 51 | XDEBM Not Endorsed | Draft: Cardiac Arrhythmia Condition Episode for CMS Episode Grouper                 | VBPM | <p>VBPM: Conditional Support</p> <ul style="list-style-type: none"> <li>• Addresses program objective</li> <li>• Not NQF Endorsed</li> <li>• No available endorsed outcome measures in the finalized set for pairing</li> </ul> |
| 52 | XDEDB Not Endorsed | Draft: Carotid Artery Stenosis Treatment Episode for CMS Episode Grouper            | VBPM | <p>VBPM: Conditional Support</p> <ul style="list-style-type: none"> <li>• Addresses program objective</li> <li>• Not NQF Endorsed</li> <li>• No available endorsed outcome measures in the finalized set for pairing</li> </ul> |
| 53 | XDECB Not Endorsed | Draft: Cardioversion Treatment Episode for CMS Episode Grouper                      | VBPM | <p>VBPM: Conditional Support</p> <ul style="list-style-type: none"> <li>• Addresses program objective</li> <li>• Not NQF Endorsed</li> <li>• No available endorsed outcome measures in the finalized set for pairing</li> </ul> |
| 54 | XDECG Not Endorsed | Draft: Shock/Hypotension Condition Episode for CMS Episode Grouper                  | VBPM | <p>VBPM: Conditional Support</p> <ul style="list-style-type: none"> <li>• Addresses program objective</li> <li>• Not NQF Endorsed</li> <li>• No available endorsed outcome</li> </ul>   |

|    |                    |  |      | measures in the finalized set for pairing  |
|----|--------------------|--|------|--|
| 55 | XDECC Not Endorsed | Draft: Pacemaker/AICD Implantation Treatment Episode for CMS Episode Grouper | VBPM | VBPM: Conditional Support <ul style="list-style-type: none"> <li>• Addresses program objective</li> <li>• Not NQF Endorsed</li> <li>• No available endorsed outcome measures in the finalized set for pairing</li> </ul> |

## Care Coordination

### MEASURES TO RETAIN IN PHYSICIAN QUALITY REPORTING SYSTEM

| Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)  | Finalized Programs |
|-------|--------------------------------------|--|--------------------|
| 2     | 0643 Endorsed                        | Cardiac Rehabilitation Patient Referral From an Outpatient Setting | PQRS               |
| 3     | XCCHH Not Endorsed                   | Closing the referral loop: receipt of specialist report            | MU-EP; PQRS        |

### MEASURES TO REMOVE FROM PHYSICIAN QUALITY REPORTING SYSTEM

| Row # | Measure # and NQF Endorsement Status     | Measure Title (Abbreviated) | Finalized Programs |
|-------|--|-----------------------------|--------------------|
| 4     | D0645 Not Endorsed - Endorsement Removed | Biopsy Follow-up            | PQRS               |

| Measure # and NQF Endorsement Status | Measure Title (Abbreviated)  |
|--------------------------------------|--|
| 0489 Endorsed                        | The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their Qualified/Certified EHR System as Discrete Searchable Data Elements |
| 0491 Endorsed                        | Tracking of Clinical Results Between Visits  |
| 0554 Endorsed                        | Medication Reconciliation Post-Discharge (MRP)   |
| 0709 Endorsed                        | Proportion of patients with a chronic condition that have a potentially avoidable complication during a calendar year.   |

### FINALIZED PQRS MEASURES NOT PREVIOUSLY REVIEWED

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)  | Finalized Clinician Programs |
|-------------|--------------------------------------|--|------------------------------|
| 5           | XCMLH Not Endorsed                   | Acute Composite: Acute Composite (1 of 3): Bacterial pneumonia Acute Composite (2 of 3): UTI Acute Composite (3 of 3): Dehydration   | PQRS                         |
| 6           | XCMMB Not Endorsed                   | Chronic Composite (See 2 individual measures AND 1 composite measure consisting of 4 additional individual measures below [Total of 7 measures] to define Chronic Composite) | PQRS                         |

### MEASURES UNDER CONSIDERATION

| Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)                           | Programs Considered           | Preliminary Staff Recommendation  |
|-------|--------------------------------------|---|-------------------------------|---|
| 7     | 0662 Endorsed                        | Median Time to Pain Management for Long Bone Fracture | Physician Compare; PQRS; VBPM | <p>PQRS: Conditional Support; Physician Compare/VBPM: Do not support</p> <ul style="list-style-type: none"> <li>NQF endorsed measure that address the gap in pain measures</li> </ul> |

|    |                    |  |  |   |
|----|--------------------|--|--|---|
|    |                    |  |  | <ul style="list-style-type: none"> <li>EHR data source</li> <li>Promotes alignment across federal programs</li> </ul>   |
| 8  | E1399 Endorsed     | Developmental Screening in the First Three Years of Life                                       | MU-EP; Physician Compare; PQRS; VBPM       | <p>PQRS: Support; MU-EP: Support; Physician Compare/VBPM: Do not support</p> <ul style="list-style-type: none"> <li>NQF endorsed measure that address the gap in pediatric measures</li> <li>EHR data source</li> <li>Promotes alignment across federal programs</li> </ul> |
| 9  | XDAEB Not Endorsed | Annual Wellness Assessment: Assessment of Health Risks   | MU-EP; Physician Compare; PQRS; VBPM       | <p>PQRS: Conditional Support; MU-EP: Conditional Support; Physician Compare/VBPM: Do not support</p> <ul style="list-style-type: none"> <li>Should be submitted for and receive NQF endorsement</li> <li>Addresses gap in wellness measures</li> </ul>                      |
| 10 | XDAEC Not Endorsed | Annual Wellness Assessment: Management of Health Risks   | MU-EP; Physician Compare; PQRS; VBPM       | <p>PQRS: Conditional Support; MU-EP: Conditional Support; Physician Compare/VBPM: Do not support</p> <ul style="list-style-type: none"> <li>Should be submitted for and receive NQF endorsement</li> <li>Addresses gap in wellness measures</li> </ul>                      |
| 11 | XDBGH Not Endorsed | Annual Wellness Assessment: Reduction of Health Risks  | MU-EP; Physician Compare; PQRS; VBPM       | <p>PQRS: Conditional Support; MU-EP: Conditional Support; Physician Compare/VBPM: Do not support</p> <ul style="list-style-type: none"> <li>Should be submitted for and receive NQF endorsement</li> <li>Addresses gap in wellness measures</li> </ul>                      |
| 12 | XDBHA Not Endorsed | Annual Wellness Assessment: Goal-Setting to Reduce Identified Risks                            | MU-EP; Physician Compare; PQRS; VBPM       | <p>PQRS: Conditional Support; MU-EP: Conditional Support; Physician Compare/VBPM: Do not support</p> <ul style="list-style-type: none"> <li>Should be submitted for and receive NQF endorsement</li> <li>Addresses gap in wellness measures</li> </ul>                      |
| 13 | XDBBM Not Endorsed | All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions                   | Physician Compare; PQRS; VBPM              | <p>PQRS: Conditional Support; Physician Compare/VBPM: Do not support</p> <ul style="list-style-type: none"> <li>Should be submitted for and receive NQF endorsement</li> <li>Addresses vulnerable populations</li> </ul>  |
| 14 | XDCLD Not Endorsed | DRAFT: Closing the Referral Loop - Critical Information Communicated with Request for Referral | MU-EP; Physician Compare; PQRS; VBPM       | <p>PQRS: Conditional Support; Physician Compare/VBPM: Do not support</p> <ul style="list-style-type: none"> <li>Should be submitted for and receive NQF endorsement</li> <li>Addresses measure gap</li> </ul>   |
| 15 | XDDAC Not Endorsed | DRAFT: Closing the Referral Loop - Specialist Report Sent to Primary Care Physician            | MU-EP; Physician Compare; PQRS; VBPM       | <p>PQRS: Conditional Support; Physician Compare/VBPM: Do not support</p> <ul style="list-style-type: none"> <li>Should be submitted for and receive NQF endorsement</li> <li>Addresses measure gap</li> </ul>   |
| 16 | XDCMD Not Endorsed | Oral Health: Children aged 6-9 years who receive sealants in the first permanent molar         | MU-EP; MSSP; Physician Compare; PQRS; VBPM | <p>PQRS: Conditional Support; MU-EP: Conditional Support; Physician Compare/VBPM: Do not support</p>  |

|    |                    |  |                                       |  |
|----|--------------------|--|---------------------------------------|--|
|    |                    |  |                                       | <ul style="list-style-type: none"> <li>• Should be submitted for and receive NQF endorsement</li> <li>• Addresses gap in pediatric measures</li> </ul>   |
| 17 | XDCME Not Endorsed | Oral Health: Children who receive a comprehensive or periodic oral evaluation in two consecutive years | MU-EP;; Physician Compare; PQRS; VBPM | <p>PQRS: Conditional Support; MU-EP: Conditional Support; Physician Compare/VBPM: Do not support</p> <ul style="list-style-type: none"> <li>• Should be submitted for and receive NQF endorsement</li> <li>• Addresses gap in pediatric measures</li> </ul>      |
| 18 |                    | Patient Activation Measure   | MU-EP; Physician Compare; PQRS; VBPM  | <p>PQRS: Conditional Support; MU-EP: Conditional Support; Physician Compare/VBPM: Do not support</p> <ul style="list-style-type: none"> <li>• Important measure concept, survey measure that may have implementation issues for individual clinicians</li> </ul> |
| 19 |                    | SF-36 (included in the HOS)  | MU-EP; Physician Compare; PQRS; VBPM  | <p>PQRS: Conditional Support; MU-EP: Conditional Support; Physician Compare/VBPM: Do not support</p> <ul style="list-style-type: none"> <li>• Important measure concept, survey measure that may have implementation issues for individual clinicians</li> </ul> |

## Cost

### FINALIZED PQRS MEASURES NOT PREVIOUSLY REVIEWED

| Measure # and NQF Endorsement Status | Measure Title (Abbreviated)   | Finalized Clinician Programs |
|--------------------------------------|---|------------------------------|
| N/A—Submitted and not Endorsed       | Total Per Capita Cost Measure   | VBPM                         |
| N/A Not Endorsed                     | Condition-specific per capita cost measures for COPD, diabetes, HF, and CAD | VBPM                         |

### MEASURES UNDER CONSIDERATION

| Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)                                   | Programs Considered | Preliminary Staff Recommendation  |
|-------|--------------------------------------|---|---------------------|---|
| 2     | 2158                                 | Payment-Standardized Medicare Spending Per Beneficiary (MSPB) | VBPM                | VBPM: Conditional support <ul style="list-style-type: none"> <li>Measure is not endorsed for clinician level of analysis</li> </ul> |

## Endocrine and Renal

### MEASURES TO BE INCLUDED IN PHYSICIAN COMPARE AND VALUE-BASED PAYMENT MODIFIER

| Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)   | Finalized Programs |
|-------|--------------------------------------|---|--------------------|
| 2     | 0004 Endorsed                        | Initiation and Engagement of Alcohol and Other Drug Dependence Treatment  | MU-EP; PQRS        |
| 3     | 0028 Endorsed                        | Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention  | MU-EP; PQRS        |
| 8     | 0064 Endorsed                        | Diabetes Measure Pair: A Lipid management: low density lipoprotein cholesterol (LDL-C) <130, B Lipid management: LDL-C <100 | MU-EP; PQRS        |
| 12    | 0321 Endorsed                        | Peritoneal Dialysis Adequacy: Solute  | PQRS               |
| 13    | 0323 Endorsed                        | Hemodialysis Adequacy: Solute   | PQRS               |
| 17    | 0729 Endorsed                        | Optimal Diabetes Care   | PQRS               |
| 18    | 1667 Endorsed                        | (Pediatric) ESRD Patients Receiving Dialysis: Hemoglobin Level < 10g/dL   | PQRS               |

### MEASURES TO RETAIN IN PHYSICIAN QUALITY REPORTING SYSTEM

| Row # | Measure # and NQF Endorsement Status   | Measure Title (Abbreviated)   | Finalized Programs |
|-------|--|---|--------------------|
| 4     | 0055 Endorsed                          | Diabetes: Eye exam  | MU-EP; PQRS        |
| 6     | 0059 Endorsed                          | Diabetes: Hemaglobin A1c Poor Control (>9.0%)   | MU-EP; PQRS        |
| 7     | 0062 Endorsed                          | Diabetes: Urine protein screening   | MU-EP; PQRS        |
| 10    | 0089 Endorsed                          | Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care   | MU-EP; PQRS        |
| 11    | N0259 Not Endorsed-Endorsement Removed | Hemodialysis Vascular Access Decision-making by surgeon to Maximize Placement of Autogenous Arterial Venous Fistula   | PQRS               |
| 16    | 0583 Endorsed                          | Dyslipidemia new med 12-week lipid test   | PQRS               |
| 19    | N/A Not Endorsed                       | Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement : Adult Kidney Disease: Catheter Use for greater than or equal to 90 Days | PQRS               |
| 20    | N/A Not Endorsed                       | Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Catheter Use at Initiation of                      | PQRS               |

|    |                    |   |      |
|----|--------------------|---|------|
|    |                    | Hemodialysis access is a catheter at the time maintenance hemodialysis is initiated                                       |      |
| 22 | XABMA Not Endorsed | 122 Adult Kidney Disease (CKD): Blood Pressure Management   | PQRS |
| 23 | XACCH Not Endorsed | 123 Adult Kidney Disease: Patients On Erythropoiesis-Stimulating Agent (ESA) - Hemoglobin Level > 12.0 g/dL               | PQRS |
| 25 | XBACM Not Endorsed | 248 Substance Use Disorders: Screening for Depression Among Patients with Substance Abuse or Dependence                   | PQRS |
| 27 | XCBD Not Endorsed  | 247 Substance Use Disorders: Counseling Regarding Psychosocial and Pharmacologic Treatment Options for Alcohol Dependence | PQRS |
| 28 | XCFCM Not Endorsed | Pediatric Kidney Disease: Adequacy of Volume Management   | PQRS |

#### MEASURES TO REMOVE FROM PHYSICIAN QUALITY REPORTING SYSTEM

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)   | Finalized Programs |
|-------------|--------------------------------------|---|--------------------|
| 5           | 0056 Endorsed                        | Diabetes: Foot exam   | MU-EP; PQRS        |
| 9           | 0088 Endorsed                        | Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy                      | MU-EP; PQRS        |
| 14          | 0416 Endorsed                        | Diabetic Foot & Ankle Care, Ulcer Prevention – Evaluation of Footwear   | PQRS               |
| 15          | 0417 Endorsed                        | Diabetic Foot & Ankle Care, Peripheral Neuropathy – Neurological Evaluation   | PQRS               |
| 21          | XABLM Not Endorsed                   | 121 Adult Kidney Disease: Laboratory Testing (Lipid Profile)  | PQRS               |
| 24          | XACHC Not Endorsed                   | 173 Preventive Care and Screening: Unhealthy Alcohol Use Screening  | PQRS               |
| 26          | XBHMF Not Endorsed                   | 316 Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL) Test Performed AND Risk-Stratified Fasting LDL | PQRS               |

#### GAP-FILLING OPPORTUNITIES

| Measure # and NQF Endorsement Status | Measure Title               |
|--------------------------------------|-----------------------------|
| 0731 Endorsed                        | Comprehensive diabetes care |

MEASURES UNDER CONSIDERATION

| Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)   | Programs Considered           | Preliminary Staff Recommendation  |
|-------|--------------------------------------|---|-------------------------------|---|
| 29    | E0545 Endorsed                       | Adherence to Chronic Medications for Individuals with Diabetes Mellitus | Physician Compare; PQRS; VBPM | <p>PQRS: Support; Physician Compare/VBPM: Do Not Support</p> <ul style="list-style-type: none"> <li>• NQF-endorsed measure</li> <li>• Outcome measures in the set address this condition</li> <li>• Promotes alignment across federal programs</li> </ul> |
| 30    | XDBBL Not Endorsed                   | All-Cause Unplanned Admissions for Patients with Diabetes               | Physician Compare; PQRS; VBPM | <p>PQRS: Conditional Support; Physician Compare/VBPM: Do Not Support</p> <ul style="list-style-type: none"> <li>• Should be submitted for and receive NQF endorsement</li> <li>• Addresses care coordination</li> </ul>                                   |

EPISODE GROUPER MEASURES UNDER CONSIDERATION

| Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)  | Programs Considered | Preliminary Staff Recommendation  |
|-------|--------------------------------------|--|---------------------|---|
| 31    | XDECL Not Endorsed                   | Draft: Diabetes Condition Episode for CMS Episode Grouper                  | VBPM                | <p>VBPM: Conditional Support</p> <ul style="list-style-type: none"> <li>• Addresses program objective</li> <li>• Not NQF Endorsed</li> <li>• Could be paired with NQF #00729</li> </ul>       |
| 32    | XDECH Not Endorsed                   | Draft: Nephropathy/Renal Failure Condition Episode for CMS Episode Grouper | VBPM                | <p>VBPM: Conditional Support</p> <ul style="list-style-type: none"> <li>• Addresses program objective</li> <li>• Not NQF Endorsed</li> </ul> <p>Could be paired with NQF #0321, 322, 1667</p> |

## Head, Eyes, Ears, Nose and Throat

### PQRS MEASURES TO INCLUDE IN PHYSICIAN COMPARE AND VALUE-BASED PAYMENT MODIFIER

| Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)  | Finalized Programs |
|-------|--------------------------------------|--|--------------------|
| 4     | 0564 Endorsed                        | Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures | MU-EP; PQRS        |
| 5     | 0565 Endorsed                        | Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery               | MU-EP; PQRS        |
| 13    | 1536 Endorsed                        | Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery    | PQRS               |
| 12    | 0654 Endorsed                        | Acute Otitis Externa: Systemic antimicrobial therapy – Avoidance of inappropriate use            | PQRS               |
| 6     | 1335 Endorsed                        | Children Who Have Dental Decay or Cavities   | MU-EP; PQRS        |
| 2     | 0002 Endorsed                        | Appropriate testing for children with pharyngitis  | MU-EP; PQRS        |

### MEASURES TO RETAIN IN PHYSICIAN QUALITY REPORTING SYSTEM

| Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)  | Finalized Programs |
|-------|--------------------------------------|--|--------------------|
| 14    | XBAA Not Endorsed                    | 304 Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery                                      | PQRS               |
| 11    | 0653 Endorsed                        | Acute Otitis Externa: Topical therapy  | PQRS               |
| 3     | 0086 Endorsed                        | Primary Open Angle Glaucoma: Optic Nerve Evaluation  | MU-EP; PQRS        |
| 9     | 0563 Endorsed                        | Primary Open-Angle Glaucoma: Reduction of Intraocular Pressure by 15% or Documentation of a Plan of Care           | PQRS               |
| 7     | 1419 Endorsed                        | Primary Caries Prevention Intervention as Part of Well/III Child Care as Offered by Primary Care Medical Providers | MU-EP; PQRS        |
| 8     | 0087 Endorsed                        | Age-Related Macular Degeneration: Dilated Macular Examination  | PQRS               |
| 10    | 0566 Endorsed                        | Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement                                       | PQRS               |

### MEASURES TO REMOVE FROM PHYSICIAN QUALITY REPORTING SYSTEM

| Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)   | Finalized Programs |
|-------|--------------------------------------|---|--------------------|
| 15    | XBALA Not Endorsed                   | 261 Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness | PQRS               |

| Measure # and NQF Endorsement Status | Measure Title (Abbreviated)   |
|--------------------------------------|---|
| 0587 Endorsed                        | Tympanostomy Tube Hearing Test  |
| 0655 Endorsed                        | Otitis Media with Effusion: Antihistamines or decongestants – Avoidance of inappropriate use                          |
| 0656 Endorsed                        | Otitis Media with Effusion: Systemic corticosteroids – Avoidance of inappropriate use                                 |
| 0657 Endorsed                        | Otitis Media with Effusion: Systemic antimicrobials – Avoidance of inappropriate use                                  |
| 0663 Endorsed                        | Patient(s) 2 years of age and older with acute otitis externa who were NOT prescribed systemic antimicrobial therapy. |

#### MEASURES UNDER CONSIDERATION

| Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)   | Programs Considered           | Preliminary Staff Recommendation  |
|-------|--------------------------------------|---|-------------------------------|---|
| 16    | XDFAG Not Endorsed                   | Cataract Surgery with Intra-Operative Complications (Unplanned Rupture of Posterior Capsule requiring unplanned vitrectomy) | Physician Compare; PQRS; VBPM | PQRS: Conditional Support; Physician Compare/VBPM: Do Not Support <ul style="list-style-type: none"> <li>Should be submitted for and receive NQF endorsement</li> </ul> |
| 17    | XDFAM Not Endorsed                   | Cataract Surgery: Difference Between Planned and Final Refraction   | Physician Compare; PQRS; VBPM | PQRS: Conditional Support; Physician Compare/VBPM: Do Not Support <ul style="list-style-type: none"> <li>Should be submitted for and receive NQF endorsement</li> </ul> |
| 18    | XDFAH Not Endorsed                   | Adult Primary Rhegmatogenous Retinal Detachment Surgery Success Rate  | Physician Compare; PQRS; VBPM | PQRS: Conditional Support; Physician Compare/VBPM: Do Not Support <ul style="list-style-type: none"> <li>Should be submitted for and receive NQF endorsement</li> </ul> |
| 19    | XDFAL Not Endorsed                   | Adult Primary Rhegmatogenous Retinal Detachment Reoperation Rate  | Physician Compare; PQRS; VBPM | PQRS: Conditional Support; Physician Compare/VBPM: Do Not Support <ul style="list-style-type: none"> <li>Should be submitted for and receive NQF endorsement</li> </ul> |

#### EPISODE GROUPER MEASURES UNDER CONSIDERATION

| Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)                               | Programs Considered | Preliminary Staff Recommendation   |
|-------|--------------------------------------|---|---------------------|--|
| 20    | XDEBC Not Endorsed                   | Draft: Cataract Condition Episode for CMS Episode Grouper | VBPM                | VBPM: Conditional Support <ul style="list-style-type: none"> <li>Addresses program objective</li> <li>Not NQF-endorsed</li> <li>Could be paired with 0564, 0565, 1536</li> </ul> |
| 21    | XDEBD Not Endorsed                   | Draft: Cataract Treatment Episode for CMS Episode Grouper | VBPM                | VBPM: Conditional Support <ul style="list-style-type: none"> <li>Addresses program objective</li> <li>Not NQF-endorsed</li> <li>Could be paired with 0564, 0565, 1536</li> </ul> |

|    |                    |  |      |   |
|----|--------------------|--|------|---|
| 22 | XDEBE Not Endorsed | Draft: Glaucoma Condition Episode for CMS Episode Grouper        | VBPM | <p>VBPM: Conditional Support</p> <ul style="list-style-type: none"> <li>• Addresses program objective</li> <li>• Not NQF-endorsed</li> <li>• No available endorsed outcome measures in the finalized set for pairing</li> </ul> |
| 23 | XDEBF Not Endorsed | Draft: Glaucoma Treatment Episode for CMS Episode Grouper        | VBPM | <p>VBPM: Conditional Support</p> <ul style="list-style-type: none"> <li>• Addresses program objective</li> <li>• Not NQF-endorsed No available endorsed outcome measures in the finalized set for pairing</li> </ul>            |
| 24 | XDEBG Not Endorsed | Draft: Retinal Disease Condition Episode for CMS Episode Grouper | VBPM | <p>VBPM: Conditional Support</p> <ul style="list-style-type: none"> <li>• Addresses program objective</li> <li>• Not NQF-endorsed</li> <li>• No available endorsed outcome measures in the finalized set for pairing</li> </ul> |
| 25 | XDEBH Not Endorsed | Draft: Retinal Disease Treatment Episode for CMS Episode Grouper | VBPM | <p>VBPM: Conditional Support</p> <ul style="list-style-type: none"> <li>• Addresses program objective</li> <li>• Not NQF-endorsed</li> <li>• No available endorsed outcome measures in the finalized set for pairing</li> </ul> |

## Inflammatory Bowel Disease

### MEASURES TO RETAIN IN PHYSICIAN QUALITY REPORTING SYSTEM

| Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)  | Finalized Programs |
|-------|--------------------------------------|--|--------------------|
| 2     | XBALE<br>Not Endorsed                | 269 Inflammatory Bowel Disease (IBD): Type, Anatomic Location and Activity All Documented                              | PQRS               |
| 3     | XBALF<br>Not Endorsed                | 270 Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Sparing Therapy                                  | PQRS               |
| 4     | XBALG<br>Not Endorsed                | 271 Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Related Iatrogenic Injury – Bone Loss Assessment | PQRS               |
| 5     | XBALH<br>Not Endorsed                | 272 Inflammatory Bowel Disease (IBD): Preventive Care: Influenza Immunization  | PQRS               |
| 6     | XBALL<br>Not Endorsed                | 273 Inflammatory Bowel Disease (IBD): Preventive Care: Pneumococcal Immunization                                       | PQRS               |
| 7     | XBALM<br>Not Endorsed                | 274 Inflammatory Bowel Disease (IBD): Screening for Latent TB Before Initiating Anti-TNF Therapy                       | PQRS               |
| 8     | XBAMA<br>Not Endorsed                | 275 Inflammatory Bowel Disease (IBD): Hepatitis B Assessment Before Initiating Anti-TNF Therapy                        | PQRS               |

## Imaging

### PQRS MEASURES TO INCLUDE IN PHYSICIAN COMPARE AND VALUE-BASED PAYMENT MODIFIER

| Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)   | Finalized Programs |
|-------|--------------------------------------|---|--------------------|
| 4     | 0670 Endorsed                        | Cardiac stress imaging not meeting appropriate use criteria: Preoperative evaluation in low risk surgery patients           | PQRS               |
| 3     | 0562 Endorsed                        | Overutilization of Imaging Studies in Melanoma  | PQRS               |
| 2     | 0052 Endorsed                        | Use of Imaging Studies for Low Back Pain  | MU-EP; PQRS        |
| 5     | 00671 Endorsed                       | Cardiac stress imaging not meeting appropriate use criteria: Routine testing after percutaneous coronary intervention (PCI) | PQRS               |
| 6     | 00672 Endorsed                       | Cardiac stress imaging not meeting appropriate use criteria: Testing in asymptomatic, low risk patients                     | PQRS               |

### MEASURES TO RETAIN IN PHYSICIAN QUALITY REPORTING SYSTEM

| Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)   | Finalized Programs |
|-------|--------------------------------------|---|--------------------|
| 10    | N/A Not Endorsed                     | American Board of Radiology/American Board of Medical Specialties/American College of Radiology/Physician Consortium for Performance Improvement: [DRAFT] Radiation Dose Optimization: Appropriateness: Follow-up CT Imaging for Incidental Pulmonary Nodules A | PQRS               |
| 8     | 0509 Endorsed                        | Reminder system for mammograms  | PQRS               |
| 7     | 0507 Endorsed                        | Stenosis measurement in carotid imaging studies   | PQRS               |
| 9     | 0510 Endorsed                        | Exposure time reported for procedures using fluoroscopy   | PQRS               |
| 11    | XBAMM Not Endorsed                   | 262 Image Confirmation of Successful Excision of Image-Localized Breast Lesion  | PQRS               |

### MEASURES TO REMOVE FROM PHYSICIAN QUALITY REPORTING SYSTEM

| Row # | Measure # and NQF Endorsement Status     | Measure Title (Abbreviated)   | Finalized Programs |
|-------|--|---|--------------------|
| 12    | D0511 Not Endorsed - Endorsement Removed | Correlation With Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy | PQRS               |

| Measure # and NQF Endorsement Status | Measure Title (Abbreviated) |
|--------------------------------------|-----------------------------|
|--------------------------------------|-----------------------------|

|      |                             |
|------|-----------------------------|
| 0312 | LBP: Repeat Imaging Studies |
|------|-----------------------------|

|      |   |
|------|---|
| 0315 | LBP: Appropriate Imaging for Acute Back Pain                                      |
| 0667 | Pulmonary CT Imaging for Patients at Low Risk for Pulmonary Embolism              |
| 0668 | Appropriate Head CT Imaging in Adults with Mild Traumatic Brain Injury            |
| 0513 | Use of Contrast: Thorax CT  |
| 0669 | Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery |

#### MEASURES UNDER CONSIDERATION

| Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)   | Programs Considered  | Preliminary Staff Recommendation  |
|-------|--------------------------------------|---|--|---|
| 13    | XDAFA Not Endorsed                   | Overuse of Diagnostic Imaging for Uncomplicated Headache                                      | MU-EP; MSSP; Physician Compare; Physician Feedback; PQRS; VBPM | <p>PQRS: Conditional Support ; MU-EP: Conditional Support; Physician Compare/VBPM: Do Not Support</p> <ul style="list-style-type: none"> <li>Overuse measure that should be submitted for and receive NQF endorsement</li> <li>EHR data source</li> </ul> |
| 14    | XDFDL Not Endorsed                   | Avoidance of inappropriate use of head CT in ED patients with minor head injury               | Physician Compare; PQRS; VBPM                                  | <p>PQRS: Conditional Support ; MU-EP: Conditional Support; Physician Compare/VBPM: Do Not Support</p> <ul style="list-style-type: none"> <li>Overuse measure that should be submitted for and receive NQF endorsement</li> </ul>                          |
| 15    | XDFGF Not Endorsed                   | Avoidance of inappropriate use of imaging for adult ED patients with atraumatic low back pain | Physician Compare; PQRS; VBPM                                  | <p>PQRS: Conditional Support ; MU-EP: Conditional Support; Physician Compare/VBPM: Do Not Support</p> <ul style="list-style-type: none"> <li>Overuse measure that should be submitted for and receive NQF endorsement</li> </ul>                          |
| 16    | XDFCA Not Endorsed                   | Appropriate use of imaging for non-traumatic shoulder pain                                    | Physician Compare; PQRS; VBPM                                  | <p>PQRS: Conditional Support ; MU-EP: Conditional Support; Physician Compare/VBPM: Do Not Support</p> <ul style="list-style-type: none"> <li>Appropriateness measure that should be submitted for and receive NQF endorsement</li> </ul>                  |
| 17    | XDFCB Not Endorsed                   | Appropriate use of imaging for non-traumatic knee pain  | Physician Compare; PQRS; VBPM                                  | <p>PQRS: Conditional Support ; MU-EP: Conditional Support; Physician Compare/VBPM: Do Not Support</p> <ul style="list-style-type: none"> <li>Appropriateness measure that should be submitted for and receive NQF endorsement</li> </ul>                  |
| 18    | XDFBM Not Endorsed                   | Radiation Consideration for Adult CT: Utilization of Dose Lowering Techniques                 | Physician Compare; PQRS; VBPM                                  | <p>PQRS: Conditional Support ; MU-EP: Conditional Support; Physician Compare/VBPM: Do Not Support</p> <ul style="list-style-type: none"> <li>Overuse measure that should be submitted for and receive NQF endorsement</li> </ul>                          |

|    |                    |  |                              |  |
|----|--------------------|--|------------------------------|--|
| 19 | XDFCC Not Endorsed | Use of premedication before contrast-enhanced imaging studies in patients with documented contrast allergy | Physician Compare; PQR; VBPM | PQR: Conditional Support ; MU-EP: Conditional Support; Physician Compare/VBPM: Do Not Support <ul style="list-style-type: none"> <li>Overuse measure that should be submitted for and receive NQF endorsement</li> </ul>         |
| 20 | XDFCE Not Endorsed | Appropriate follow-up imaging for incidental thyroid nodules in patients                                   | Physician Compare; PQR; VBPM | PQR: Conditional Support ; MU-EP: Conditional Support; Physician Compare/VBPM: Do Not Support <ul style="list-style-type: none"> <li>Appropriateness measure that should be submitted for and receive NQF endorsement</li> </ul> |
| 21 | XDFCF Not Endorsed | Composite measure: 1) Appropriate follow-up imaging for incidental liver lesions                           | Physician Compare; PQR; VBPM | PQR: Conditional Support ; MU-EP: Conditional Support; Physician Compare/VBPM: Do Not Support <ul style="list-style-type: none"> <li>Appropriateness measure that should be submitted for and receive NQF endorsement</li> </ul> |
| 22 | XDFCG Not Endorsed | Composite measure: 2) Appropriate follow-up imaging for incidental kidney lesions composite measure        | Physician Compare; PQR; VBPM | PQR: Conditional Support ; MU-EP: Conditional Support; Physician Compare/VBPM: Do Not Support <ul style="list-style-type: none"> <li>Appropriateness measure that should be submitted for and receive NQF endorsement</li> </ul> |
| 23 | XDFCH Not Endorsed | Composite measure: 3) Appropriate follow-up imaging for incidental adrenal lesions composite measure       | Physician Compare; PQR; VBPM | PQR: Conditional Support ; MU-EP: Conditional Support; Physician Compare/VBPM: Do Not Support <ul style="list-style-type: none"> <li>Appropriateness measure that should be submitted for and receive NQF endorsement</li> </ul> |
| 24 | XDFCL Not Endorsed | Appropriate follow-up imaging for incidental simple ovarian cysts  | Physician Compare; PQR; VBPM | PQR: Conditional Support ; MU-EP: Conditional Support; Physician Compare/VBPM: Do Not Support <ul style="list-style-type: none"> <li>Appropriateness measure that should be submitted for and receive NQF endorsement</li> </ul> |
| 25 | XDFBL Not Endorsed | Utilization of ultrasonography in children with clinically suspected appendicitis                          | Physician Compare; PQR; VBPM | PQR: Conditional Support ; MU-EP: Conditional Support; Physician Compare/VBPM: Do Not Support <ul style="list-style-type: none"> <li>Appropriateness measure that should be submitted for and receive NQF endorsement</li> </ul> |

## Infectious Disease

### PQRS MEASURES TO INCLUDE IN PHYSICIAN COMPARE AND VALUE-BASED PAYMENT MODIFIER

| Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)                   | Finalized Clinician Programs |
|-------|--------------------------------------|---|------------------------------|
| 3     | 0033 Endorsed                        | Chlamydia screening in women                  | MU-EP; PQRS                  |
| 4     | 0038 Endorsed                        | Childhood Immunization Status                 | MU-EP; PQRS                  |
| 5     | 0041 Endorsed                        | Influenza Immunization                        | MU-EP; PQRS                  |
| 6     | 0043 Endorsed                        | Pneumonia vaccination status for older adults | MU-EP; PQRS                  |

### MEASURES TO RETAIN IN PHYSICIAN QUALITY REPORTING SYSTEM

| Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)  | Finalized Clinician Programs |
|-------|--------------------------------------|--|------------------------------|
| 7     | 0393 Endorsed                        | Hepatitis C: Testing for Chronic Hepatitis C – Confirmation of Hepatitis C Viremia     | PQRS                         |
| 8     | 0395 Endorsed                        | Paired Measure: Hepatitis C RNA Testing Before Initiating Treatment (paired with 0396) | PQRS                         |
| 9     | 0396 Endorsed                        | Paired Measure: HCV Genotype Testing Prior to Treatment (paired with 0395)             | PQRS                         |
| 10    | 0398 Endorsed                        | Hepatitis C: HCV RNA Testing at Week 12 of Treatment                                   | PQRS                         |
| 11    | 0399 Endorsed                        | Paired Measure: Hepatitis C: Hepatitis A Vaccination (paired with 0400)                | PQRS                         |
| 12    | 0404 Endorsed                        | HIV/AIDS: CD4+ Cell Count or CD4+ Percentage   | PQRS                         |
| 13    | 0405 Endorsed                        | HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) prophylaxis                            | MU-EP; PQRS                  |
| 14    | 0409 Endorsed                        | HIV/AIDS: Sexually Transmitted Diseases - Chlamydia and Gonorrhea Screenings           | PQRS                         |
| 15    | 2079 Endorsed                        | HIV medical visit frequency  | PQRS                         |
| 16    | 2080 Endorsed                        | Gap in HIV medical visits  | PQRS                         |
| 17    | 2082 Endorsed                        | HIV viral load suppression   | PQRS                         |
| 18    | 2083 Endorsed                        | Prescription of HIV Antiretroviral Therapy   | PQRS                         |

### MEASURES TO REMOVE FROM PHYSICIAN QUALITY REPORTING SYSTEM

| Row # | Measure # and NQF Endorsement Status     | Measure Title (Abbreviated) | Finalized Programs |
|-------|--|-----------------------------|--------------------|
| 2     | N0403 Not Endorsed – Endorsement Removed | HIV/AIDS: Medical Visit     | MU-EP; PQRS        |

### GAP-FILLING OPPORTUNITIES

| Measure # and NQF | Measure Title |
|-------------------|---------------|
|-------------------|---------------|

| Endorsement Status |  |
|--------------------|--|
| 0573 Endorsed      | HIV screening: members at high risk of HIV |
| 0408 Endorsed      | TB Screening                               |

## MEASURES UNDER CONSIDERATION

| Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)   | Programs Considered                  | Preliminary Staff Recommendation  |
|-------|--------------------------------------|---|--------------------------------------|---|
| 19    | E1407 Endorsed                       | Immunizations for Adolescents   | MU-EP; Physician Compare; PQRS; VBPM | <p>PQRS: Support; MU-EP: Support; Physician/VBPM: Do Not Support</p> <ul style="list-style-type: none"> <li>• NQF endorsed measure</li> <li>• Electronic Clinical Data source</li> <li>• Promotes alignment across programs, settings, and public and private sector efforts</li> </ul> |
| 20    | E1959 Endorsed                       | Human Papillomavirus Vaccine for Female Adolescents                                       | MU-EP; Physician Compare; PQRS; VBPM | <p>PQRS: Support; MU-EP: Support; Physician/VBPM: Do Not Support</p> <ul style="list-style-type: none"> <li>• NQF endorsed measure</li> <li>• Electronic Clinical Data source</li> <li>• Promotes alignment across programs, settings, and public and private sector efforts</li> </ul> |
| 21    | XDFBC Not Endorsed                   | Screening for Hepatitis C Virus (HCV) for Patients at High Risk                           | Physician Compare; PQRS; VBPM        | <p>PQRS: Conditionally Support; Physician Compare/VBPM: Do Not Support</p> <ul style="list-style-type: none"> <li>• Should be submitted for and receive NQF endorsement</li> <li>• Consider possible composite with XDFBD, XDFBE, XDFBF, XDFBG</li> </ul>                               |
| 22    | XDFBD Not Endorsed                   | Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users | Physician Compare; PQRS; VBPM        | <p>PQRS: Conditionally Support; Physician Compare/VBPM: Do Not Support</p> <ul style="list-style-type: none"> <li>• Should be submitted for and receive NQF endorsement</li> <li>• Consider possible composite with XDFBC, XDFBE, XDFBF, XDFBG</li> </ul>                               |
| 23    | XDFBE Not Endorsed                   | Referral to Treatment for Patients Identified with Hepatitis C Virus (HCV) Infection      | Physician Compare; PQRS; VBPM        | <p>PQRS: Conditionally Support; Physician Compare/VBPM: Do Not Support</p> <ul style="list-style-type: none"> <li>• Should be submitted for and receive NQF endorsement</li> <li>• Consider possible composite with XDFBC, XDFBD, XDFBF, XDFBG</li> </ul>                               |
| 24    | XDFBF Not Endorsed                   | Discontinuation of Antiviral Therapy for Inadequate Viral Response                        | Physician Compare; PQRS; VBPM        | <p>PQRS: Conditionally Support; Physician Compare/VBPM: Do Not Support</p> <ul style="list-style-type: none"> <li>• Should be submitted for and receive NQF endorsement</li> <li>• Consider possible composite with XDFBC, XDFBD, XDFBE, XDFBG</li> </ul>                               |
| 25    | XDFBG Not Endorsed                   | Discussion and Shared Decision Making Surrounding Treatment                               | Physician Compare; PQRS; VBPM        | <p>PQRS: Conditionally Support; Physician Compare/VBPM: Do Not Support</p>  |

|    |                    | Options   |                               | <ul style="list-style-type: none"> <li>Should be submitted for and receive NQF endorsement</li> <li>Consider possible composite with XDFBC, XDFBD, XDFBE, XDFBF</li> </ul> |
|----|--------------------|---|-------------------------------|--|
| 26 | XDFBH Not Endorsed | Screening for Hepatocellular Carcinoma (HCC) in patients with Hepatitis C Cirrhosis   | Physician Compare; PQRs; VBPM | PQRs: Conditionally Support; Physician Compare/VBPM: Do Not Support <ul style="list-style-type: none"> <li>Should be submitted for and receive NQF endorsement</li> </ul>  |
| 27 | XDFCM Not Endorsed | Minimum antimicrobial therapy for Staph A. - For adult patients with Staphylococcus aureus bacteremia, the minimum duration of antimicrobial therapy is 14 days.  | Physician Compare; PQRs; VBPM | PQRs: Conditionally Support; Physician Compare/VBPM: Do Not Support <ul style="list-style-type: none"> <li>Should be submitted for and receive NQF endorsement</li> </ul>  |
| 28 | XDFDA Not Endorsed | Appropriate in vitro susceptibility testing - The agent(s) used for definitive therapy in invasive staphylococcal disease should be confirmed by in vitro susceptibility testing as interpreted by the CLSI to be active against the clinical isolate | Physician Compare; PQRs; VBPM | PQRs: Conditionally Support; Physician Compare/VBPM: Do Not Support <ul style="list-style-type: none"> <li>Should be submitted for and receive NQF endorsement</li> </ul>  |
| 29 | XDFHL Not Endorsed | Appropriate Treatment of MSSA - For MSSA bacteremia, a $\beta$ -lactam antibiotic is the drug of choice in the hospitalized patient in the absence of a documented allergy or drug intolerance.   | Physician Compare; PQRs; VBPM | PQRs: Conditionally Support; Physician Compare/VBPM: Do Not Support <ul style="list-style-type: none"> <li>Should be submitted for and receive NQF endorsement</li> </ul>  |

#### EPISODE GROUPER MEASURES UNDER CONSIDERATION

| Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)                                | Programs Considered | Preliminary Staff Recommendation   |
|-------|--------------------------------------|--|---------------------|--|
| 30    | XDECD Not Endorsed                   | Draft: Pneumonia Condition Episode for CMS Episode Grouper | VBPM                | VBPM: Conditional Support <ul style="list-style-type: none"> <li>Addresses program objective</li> <li>Not NQF-endorsed</li> <li>No available endorsed outcome measures in the finalized set for pairing</li> </ul> |

## Musculoskeletal

### PQRS MEASURES TO INCLUDE IN PHYSICIAN COMPARE AND VALUE-BASED PAYMENT MODIFIER

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)  | Finalized Clinician Programs |
|-------------|--------------------------------------|--|------------------------------|
| 4           | 0045 Endorsed                        | Osteoporosis: Communication with the Physician Managing On-going Care Post Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older | PQRS                         |
| 6           | 0048 Endorsed                        | Osteoporosis: Management Following Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older   | PQRS                         |
| 10          | 0054 Endorsed                        | Arthritis: disease modifying antirheumatic drug (DMARD) therapy in rheumatoid arthritis  | PQRS                         |
| 15          | 0422 Endorsed                        | Functional status change for patients with knee impairments  | PQRS                         |
| 16          | 0423 Endorsed                        | Functional status change for patients with hip impairments   | PQRS                         |
| 17          | 0424 Endorsed                        | Functional status change for patients with foot/ankle impairments  | PQRS                         |
| 18          | 0425 Endorsed                        | Functional status change for patients with lumbar spine impairments  | PQRS                         |
| 19          | 0426 Endorsed                        | Functional status change for patients with shoulder impairments  | PQRS                         |
| 20          | 0427 Endorsed                        | Functional status change for patients with elbow, wrist or hand impairments  | PQRS                         |
| 21          | 0428 Endorsed                        | Functional status change for patients with general orthopedic impairments  | PQRS                         |

### MEASURES TO RETAIN IN PHYSICIAN QUALITY REPORTING SYSTEM

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)   | Finalized Clinician Programs |
|-------------|--------------------------------------|---|------------------------------|
| 5           | 0046 Endorsed                        | Osteoporosis: Screening or Therapy for Women Aged 65 Years and Older                                    | PQRS                         |
| 7           | 0049 Endorsed                        | Osteoporosis: Pharmacologic Therapy for Men and Women Aged 50 Years and Older                           |                              |
| 8           | 0050 Endorsed                        | Osteoarthritis: Function and Pain Assessment  | PQRS                         |
| 9           | 0051 Endorsed                        | Osteoarthritis: assessment for use of anti-inflammatory or analgesic over-the-counter (OTC) medications | PQRS                         |
| 11          | 0313 Endorsed                        | Back Pain: Advice Against Bed Rest  |                              |
| 12          | 0314 Endorsed                        | Back Pain: Advice for Normal Activities   |                              |
| 14          | 0322 Endorsed                        | Back Pain: Initial Visit  |                              |
| 22          | XACHF Not Endorsed                   | 176 Rheumatoid Arthritis (RA): Tuberculosis Screening   | PQRS                         |
| 23          | XACHG Not Endorsed                   | 177 Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity                                  | PQRS                         |
| 24          | XACHH Not Endorsed                   | 178 Rheumatoid Arthritis (RA): Functional Status Assessment   | PQRS                         |
| 25          | XACHL Not Endorsed                   | 179 Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis                       | PQRS                         |

|    |                    |   |      |
|----|--------------------|---|------|
| 26 | XACHM Not Endorsed | 180 Rheumatoid Arthritis (RA): Glucocorticoid Management  | PQRS |
| 27 | XACLB Not Endorsed | 182 Functional Outcome Assessment in Chiropractic Care  | PQRS |
| 47 | XCMFB Not Endorsed | Tuberculosis Prevention for Psoriasis and Psoriatic Arthritis Patients on a Biological Immune Response Modifier | PQRS |

#### MEASURES TO REMOVE FROM PHYSICIAN QUALITY REPORTING SYSTEM

| Table Row # | Measure # and NQF Status | Measure Title (Abbreviated)                       | Finalized Clinician Programs |
|-------------|--------------------------|---|------------------------------|
| 2           | XCCHB Not Endorsed       | Functional Status assessment for knee replacement | MU-EP; PQRS                  |
| 3           | XCCHC Not Endorsed       | Functional Status assessment for hip replacement  | MU-EP; PQRS                  |
| 13          | 0319 Endorsed            | Back Pain: Physical Exam                          | PQRS                         |

#### MEASURES UNDER CONSIDERATION

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)   | Programs Considered                  | Preliminary Staff Recommendation  |
|-------------|--------------------------------------|---|--------------------------------------|---|
| 30          | XDAFC Not Endorsed                   | Functional Status Assessment and Goal Setting in Patients with Rheumatoid Arthritis                         | MU-EP; Physician Compare; PQRS; VBPM | <p>PQRS: Conditional Support ; MU-EP: Conditional Support ; Physician Compare/VBPM: Do Not Support</p> <ul style="list-style-type: none"> <li>• Should be submitted for and receive NQF endorsement</li> <li>• Electronic clinical data source</li> <li>• Addresses the person and caregiver-centered experience</li> </ul> |
| 31          | XDFHD Not Endorsed                   | Assessment and Classification of Disease Activity   | MU-EP; Physician Compare; PQRS; VBPM | <p>PQRS: Conditional Support ; MU-EP: Conditional Support ; Physician Compare/VBPM: Do Not Support</p> <ul style="list-style-type: none"> <li>• Should be submitted for and receive NQF endorsement</li> <li>• Electronic clinical data source</li> </ul>   |
| 32          | XDFHE Not Endorsed                   | Tuberculosis Screening Prior to First Course Biologic Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy | MU-EP; Physician Compare; PQRS; VBPM | <p>PQRS: Conditional Support ; MU-EP: Conditional Support ; Physician Compare/VBPM: Do Not Support</p> <ul style="list-style-type: none"> <li>• Should be submitted for and receive NQF endorsement</li> <li>• Electronic clinical data source</li> </ul>   |
| 33          | XDFEF Not Endorsed                   | Osteoporotic Fracture Risk  | MU-EP; Physician Compare; PQRS; VBPM | <p>PQRS: Conditional Support ; MU-EP: Conditional Support ; Physician Compare/VBPM: Do Not Support</p> <ul style="list-style-type: none"> <li>• Should be submitted for and receive NQF endorsement</li> <li>• Electronic clinical data source</li> <li>• Potentially overlaps with finalized measures</li> </ul>           |

|    |                    |  |                                      |   |
|----|--------------------|--|--------------------------------------|---|
| 34 | XDFEH Not Endorsed | Bone Mineral Density (BMD) & Fracture Risk   | MU-EP; Physician Compare; PQRS; VBPM | <p>PQRS: Conditional Support ; MU-EP: Conditional Support ; Physician Compare/VBPM: Do Not Support</p> <ul style="list-style-type: none"> <li>• Should be submitted for and receive NQF endorsement</li> <li>• Electronic clinical data source</li> <li>• Potentially overlaps with finalized measures</li> </ul>   |
| 35 | XDEGH Not Endorsed | Appropriate Use of DXA Scans in Women Under 65 Who Do Not Meet the Risk Factor Profile                 | MU-EP; Physician Compare; PQRS; VBPM | <p>PQRS: Conditional Support ; MU-EP: Conditional Support ; Physician Compare/VBPM: Do Not Support</p> <ul style="list-style-type: none"> <li>• Should be submitted for and receive NQF endorsement</li> <li>• Electronic clinical data source</li> <li>• Potentially overlaps with finalized measures</li> </ul>   |
| 36 | XDFEG Not Endorsed | Prednisone Use with Anabolic Agent   | MU-EP; Physician Compare; PQRS; VBPM | <p>PQRS: Conditional Support ; MU-EP: Conditional Support ; Physician Compare/VBPM: Do Not Support</p> <ul style="list-style-type: none"> <li>• Should be submitted for and receive NQF endorsement</li> <li>• Electronic clinical data source</li> </ul>   |
| 37 | XDFHF Not Endorsed | History of Fragility Fracture with Prednisone Use  | MU-EP; Physician Compare; PQRS; VBPM | <p>PQRS: Conditional Support ; MU-EP: Conditional Support ; Physician Compare/VBPM: Do Not Support</p> <ul style="list-style-type: none"> <li>• Should be submitted for and receive NQF endorsement</li> <li>• Electronic clinical data source</li> </ul>   |
| 38 | XDELC Not Endorsed | DRAFT: Functional Status Assessment and Improvement for Patients who Received a Total Knee Replacement | MU-EP; Physician Compare; PQRS; VBPM | <p>PQRS: Conditional Support ; MU-EP: Conditional Support ; Physician Compare/VBPM: Do Not Support</p> <ul style="list-style-type: none"> <li>• Should be submitted for and receive NQF endorsement</li> <li>• Electronic clinical data source</li> <li>• Addresses gap in function measures</li> <li>• Potentially overlaps with finalized measures</li> </ul> |
| 39 | XDELD Not Endorsed | DRAFT: Functional Status Assessment and Improvement for Patients who Received a Total Hip Replacement  | MU-EP; Physician Compare; PQRS; VBPM | <p>PQRS: Conditional Support ; MU-EP: Conditional Support ; Physician Compare/VBPM: Do Not Support</p> <ul style="list-style-type: none"> <li>• Should be submitted for and receive NQF endorsement</li> <li>• Electronic clinical data source</li> <li>• Addresses gap in function measures</li> <li>• Potentially overlaps with finalized measures</li> </ul> |

EPISODE GROUPER MEASURES UNDER CONSIDERATION

| Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)  | Programs Considered | Preliminary Staff Recommendation  |
|-------|--------------------------------------|--|---------------------|---|
| 40    | XDEAB Not Endorsed                   | Draft: Hip Osteoarthritis Condition Episode for CMS Episode Grouper          | VBPM                | VBPM: Conditionally support <ul style="list-style-type: none"> <li>Addresses program objectives</li> <li>Not NQF-endorsed</li> <li>No available endorsed outcome measures in the finalized set for pairing</li> </ul> |
| 41    | XDEAC Not Endorsed                   | Draft: Hip Replacement/Revision Treatment Episode for CMS Episode Grouper    | VBPM                | VBPM: Conditionally support <ul style="list-style-type: none"> <li>Addresses program objectives</li> <li>Not NQF-endorsed</li> <li>Could be paired with NQF #0423</li> </ul>  |
| 42    | XDEAD Not Endorsed                   | Draft: Hip/Femur Fracture Condition Episode for CMS Episode Grouper          | VBPM                | VBPM: Conditionally support <ul style="list-style-type: none"> <li>Addresses program objectives</li> <li>Not NQF-endorsed</li> <li>Could be paired with NQF #0423</li> </ul>  |
| 43    | XDEAE Not Endorsed                   | Draft: Hip/Femur Fracture Repair Treatment Episode for CMS Episode Grouper   | VBPM                | VBPM: Conditionally <ul style="list-style-type: none"> <li>Addresses program objectives</li> <li>Not NQF-endorsed</li> <li>Could be paired with NQF #0423</li> </ul>  |
| 44    | XDEAF Not Endorsed                   | Draft: Knee Osteoarthritis Condition Episode for CMS Episode Grouper         | VBPM                | VBPM: Conditionally support <ul style="list-style-type: none"> <li>Addresses program objectives</li> <li>Not NQF-endorsed</li> <li>No available endorsed outcome measures in the finalized set for pairing</li> </ul> |
| 45    | XDEAG Not Endorsed                   | Draft: Knee Replacement/Revision Treatment Episode for CMS Episode Grouper   | VBPM                | VBPM: Conditionally support <ul style="list-style-type: none"> <li>Addresses program objectives</li> <li>Not NQF-endorsed</li> <li>Could be paired with NQF #0422</li> </ul>  |
| 46    | XDEAH Not Endorsed                   | Draft: Shoulder Osteoarthritis Condition Episode for CMS Episode Grouper     | VBPM                | VBPM: Conditionally support <ul style="list-style-type: none"> <li>Addresses program objectives</li> <li>Not NQF-endorsed</li> <li>No available endorsed outcome measures in the finalized set for pairing</li> </ul> |
| 47    | XDEEB Not Endorsed                   | Draft: Back Pain Condition Episode for CMS Episode Grouper                   | VBPM                | VBPM: Conditionally Support <ul style="list-style-type: none"> <li>Addresses program objective</li> <li>Not NQF-endorsed</li> <li>No available endorsed outcome measures in the finalized set for pairing</li> </ul>  |
| 48    | XDEAL Not Endorsed                   | Draft: Shoulder Replacement/Repair Treatment Episode for CMS Episode Grouper | VBPM                | VBPM: Conditionally support <ul style="list-style-type: none"> <li>Addresses program objectives</li> <li>Not NQF-endorsed</li> </ul>  |

- 
- Could be paired with NQF #0426
-

## Neurological

### PQRS MEASURES TO INCLUDE IN PHYSICIAN COMPARE AND VALUE-BASED PAYMENT MODIFIER

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)  | Finalized Clinician Programs |
|-------------|--------------------------------------|------------------------------|------------------------------|
| 7           | 0437 Endorsed                        | STK 04: Thrombolytic Therapy | PQRS                         |

### MEASURES TO RETAIN IN PHYSICIAN QUALITY REPORTING SYSTEM

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)   | Finalized Programs |
|-------------|--------------------------------------|---|--------------------|
| 2           | 0241 Endorsed                        | Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge | PQRS               |
| 4           | 0243 Endorsed                        | Stroke and Stroke Rehabilitation: Screening for Dysphagia   | PQRS               |
| 5           | 0244 Endorsed                        | Stroke and Stroke Rehabilitation: Rehabilitation Services Ordered                                       | PQRS               |
| 8           | XBAEA Not Endorsed                   | 280 Dementia: Staging of Dementia   | PQRS               |
| 9           | XBAEB Not Endorsed                   | 281 Dementia: Cognitive Assessment  | PQRS               |
| 10          | XBAEC Not Endorsed                   | 282 Dementia: Functional Status Assessment  | PQRS               |
| 11          | XBAED Not Endorsed                   | 283 Dementia: Neuropsychiatric Symptom Assessment   | PQRS               |
| 12          | XBAEE Not Endorsed                   | 284 Dementia: Management of Neuropsychiatric Symptoms   | PQRS               |
| 13          | XBAEF Not Endorsed                   | 285 Dementia: Screening for Depressive Symptoms   | PQRS               |
| 14          | XBAEG Not Endorsed                   | 286 Dementia: Counseling Regarding Safety Concerns  | PQRS               |
| 15          | XBAEH Not Endorsed                   | 287 Dementia: Counseling Regarding Risks of Driving   | PQRS               |
| 16          | XBAEM Not Endorsed                   | 288 Dementia: Caregiver Education and Support   | PQRS               |
| 17          | XBDLA Not Endorsed                   | 266 Epilepsy: Seizure Type(s) and Current Seizure Frequency(ies)  | PQRS               |
| 19          | XBDLH Not Endorsed                   | 268: Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy                             | PQRS               |
| 20          | XBLAH Not Endorsed                   | 289 Parkinson's Disease: Annual Parkinson's Disease Diagnosis Review                                    | PQRS               |
| 21          | XBLAL Not Endorsed                   | 290 Parkinson's Disease: Psychiatric Disorders or Disturbances Assessment                               | PQRS               |
| 22          | XBLAM Not Endorsed                   | 291 Parkinson's Disease: Cognitive Impairment or Dysfunction Assessment                                 | PQRS               |
| 23          | XBLBA Not Endorsed                   | 292 Parkinson's Disease: Querying about Sleep Disturbances  | PQRS               |

|    |                    |  |      |
|----|--------------------|--|------|
| 25 | XBLBD Not Endorsed | 294 Parkinson's Disease: Medical and Surgical Treatment Options Reviewed | PQRS |
|----|--------------------|--|------|

MEASURES TO REMOVE FROM PHYSICIAN QUALITY REPORTING SYSTEM

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)   | Finalized Clinician Programs |
|-------------|--------------------------------------|---|------------------------------|
| 2           | 0240 Endorsed                        | Stroke and Stroke Rehabilitation: Deep Vein Thrombosis (DVT) Prophylaxis for Ischemic Stroke or Intracranial Hemorrhage | PQRS                         |
| 6           | 0325 Endorsed                        | Stroke and Stroke Rehabilitation: Discharged on Antithrombotic Therapy  | Physician Feedback; PQRS     |
| 18          | XBDLB Not Endorsed                   | 267 Epilepsy: Documentation of Etiology of Epilepsy or Epilepsy Syndrome  | PQRS                         |
| 24          | XBLBB Not Endorsed                   | 293 Parkinson's Disease: Rehabilitative Therapy Options   | PQRS                         |

MEASURES UNDER CONSIDERATION

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)  | Programs Considered           | Preliminary Staff Recommendation  |
|-------------|--------------------------------------|--|-------------------------------|---|
| 26          | XDFLL                                | National Institutes of Health Stroke Scale (NIHSS) for ED patients | Physician Compare; PQRS; VBPM | <p>PQRS: Conditional Support ; MU-EP: Conditional Support ; Physician Compare/VBPM: Do Not Support</p> <ul style="list-style-type: none"> <li>• Should be submitted for and receive NQF endorsement</li> <li>• Outcome measure addressing a measure topic not adequately addressed in the program</li> <li>• Electronic clinical data source</li> </ul> |
| 27          | XCLAL Not Endorsed                   | ALS Patient Care Preferences                                       | Physician Compare; PQRS; VBPM | <p>PQRS: Conditional Support ; MU-EP: Conditional Support ; Physician Compare/VBPM: Do Not Support</p> <ul style="list-style-type: none"> <li>• Should be submitted for and receive NQF endorsement</li> <li>• Addresses a measure topic not adequately addressed in the program</li> <li>• Electronic clinical data source</li> </ul>                  |
| Row #       | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)  | Programs Considered           | Preliminary Staff Recommendation  |
| 28          | XDEEA Not Endorsed                   | Draft: Dementia Condition Episode for CMS Episode Grouper          | VBPM                          | <p>VBPM: Conditionally support</p> <ul style="list-style-type: none"> <li>• Addresses program objectives</li> <li>• Not NQF-endorsed</li> </ul>   |

- No available endorsed outcome measures in the finalized set for pairing

## Behavioral Health

### MEASURES TO BE INCLUDED IN PHYSICIAN COMPARE AND VALUE-BASED PAYMENT MODIFIER

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)                        | Finalized Clinician Programs |
|-------------|--------------------------------------|--|------------------------------|
| 6           | 0418 Endorsed                        | Screening for Clinical Depression                  | MU-EP; PQRS                  |
| 7           | 0710 Endorsed                        | Depression Remission at Twelve Months              | MU-EP; PQRS                  |
| 8           | 0712 Endorsed                        | Depression Utilization of the PHQ-9 Tool           | MU-EP; PQRS                  |
| 10          | 1401 Endorsed                        | Maternal Depression Screening                      | MU-EP; PQRS                  |
| 12          | 0576 Endorsed                        | Follow-Up After Hospitalization for Mental Illness | PQRS                         |

### MEASURES TO RETAIN IN PHYSICIAN QUALITY REPORTING SYSTEM

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)  | Finalized Clinician Programs |
|-------------|--------------------------------------|--|------------------------------|
| 3           | 0105 Endorsed                        | Antidepressant Medication Management   | MU-EP; PQRS                  |
| 4           | 0108 Endorsed                        | Follow-Up Care for Children Prescribed ADHD Medication (ADD)                               | MU-EP; PQRS                  |
| 9           | 1365 Endorsed                        | Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment                    | MU-EP; PQRS                  |
| 13          | XCFAM Not Endorsed                   | Adult Major Depressive Disorder: Coordination of Care of Patients with Comorbid Conditions | PQRS                         |

### MEASURES TO REMOVE FROM PHYSICIAN QUALITY REPORTING SYSTEM

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)  | Finalized Clinician Programs |
|-------------|--------------------------------------|--|------------------------------|
| 2           | 0104 Endorsed                        | Major Depressive Disorder: Suicide Risk Assessment                                     | MU-EP; PQRS                  |
| 5           | 0110 Endorsed                        | Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use | MU-EP; PQRS                  |
| 11          | 0103 Endorsed                        | Major Depressive Disorder: Diagnostic Evaluation                                       | PQRS                         |

### GAP-FILLING OPPORTUNITIES

| Measure # and NQF Endorsement Status | Measure Title   |
|--------------------------------------|---|
| 0705 Endorsed                        | Proportion of Patients Hospitalized with Stroke that have a Potentially Avoidable Complication (during the Index Stay or in the 30-day Post-Discharge Period) |

### MEASURES UNDER CONSIDERATION

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated) | Programs Considered | Preliminary Staff Recommendation |
|-------------|--------------------------------------|-----------------------------|---------------------|----------------------------------|
|-------------|--------------------------------------|-----------------------------|---------------------|----------------------------------|

|    |                    |  |                                      |   |
|----|--------------------|--|--------------------------------------|---|
| 14 | E1507 Endorsed     | Risky Behavior Assessment or Counseling by Age 18 Years                      | Physician Compare; PQRs; VBPM        | PQRs: Support; Physician Compare/VBPM: Support <ul style="list-style-type: none"> <li>Addresses a measure topic not adequately addressed in the program</li> </ul>  |
| 15 | E1879 Endorsed     | Adherence to Antipsychotic Medications for Individuals with Schizophrenia    | Physician Compare; PQRs; VBPM        | PQRs: Support; Physician Compare/VBPM: Support <ul style="list-style-type: none"> <li>Measure has been previously supported by MAP(2013 pre-rulemaking)</li> </ul>  |
| 16 | S1880 Not Endorsed | Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder        | Physician Compare; PQRs; VBPM        | PQRs: Support ; Physician Compare/VBPM; Do Not Support <ul style="list-style-type: none"> <li>Measure under NQF review</li> <li>Addresses a measure topic not adequately addressed in the program</li> </ul>  |
| 17 | S1884 Not Endorsed | Depression Response at Six Months- Progress Towards Remission                | MU-EP; Physician Compare; PQRs; VBPM | PQRs: Support ; MU: Conditional Support ; Physician Compare/VBPM: Do Not Support <ul style="list-style-type: none"> <li>Measure under NQF review</li> <li>Addresses a measure topic not adequately addressed in the program</li> </ul>                              |
| 18 | S1885 Not Endorsed | Depression Response at Twelve Months- Progress Towards Remission             | MU-EP; Physician Compare; PQRs; VBPM | PQRs: Support ;MU-EP: Conditional Support ; Physician Compare/VBPM: Do Not Support <ul style="list-style-type: none"> <li>Measure under NQF review</li> <li>Addresses a measure topic not adequately addressed in the program</li> </ul>                            |
| 19 | XDEMG Not Endorsed | ACORN Adolescent (Youth) Outcome Questionnaire                               | Physician Compare; PQRs; VBPM        | PQRs: Conditional Support; Physician Compare/VBPM: Do Not Support <ul style="list-style-type: none"> <li>Should be submitted for and receive NQF endorsement</li> <li>Outcome measure addressing a measure topic not adequately addressed in the program</li> </ul> |
| 20 | XDEMF Not Endorsed | ACORN Adult Outcome Questionnaire  | Physician Compare; PQRs; VBPM        | PQRs: Conditional Support ;Physician Compare/VBPM: Do Not Support <ul style="list-style-type: none"> <li>Should be submitted for and receive NQF endorsement</li> <li>Outcome measure addressing a measure topic not adequately addressed in the program</li> </ul> |
| 21 | XDFGC Not Endorsed | IPF Drug Use Screening completed within one day of admission                 | Physician Compare; PQRs; VBPM        | PQRs: Conditional Support ;Physician Compare/VBPM: Do Not Support <ul style="list-style-type: none"> <li>Should be submitted for and receive NQF endorsement</li> <li>Addresses a measure topic not adequately addressed in the program</li> </ul>                  |
| 22 | XDFGD Not Endorsed | IPF Alcohol Use Screening completed within one day of admission              | Physician Compare; PQRs; VBPM        | PQRs: Conditional Support ;Physician Compare/VBPM: Do Not Support <ul style="list-style-type: none"> <li>Should be submitted for and receive NQF endorsement</li> <li>Addresses a measure topic not adequately addressed in the program</li> </ul>                  |
| 23 | XDFGE Not Endorsed | Inpatient Psychiatric Facility Routinely Assesses Patient Experience of Care | Physician Compare; PQRs; VBPM        | PQRs: Conditional Support ;Physician Compare/VBPM: Do Not Support <ul style="list-style-type: none"> <li>Should be submitted for and receive</li> </ul>   |

|    |                    |   |                                      |  |
|----|--------------------|---|--------------------------------------|--|
|    |                    |   |                                      | <p>NQF endorsement</p> <ul style="list-style-type: none"> <li>• Addresses a measure topic not adequately addressed in the program</li> </ul>   |
| 24 | XDEHE Not Endorsed | DRAFT: Tobacco Use and Help with Quitting Among Adolescents | MU-EP; Physician Compare; PQRS; VBPM | <p>PQRS: Conditional Support; MU-EP: Conditional Support; Physician Compare/VBPM: Do Not Support</p> <ul style="list-style-type: none"> <li>• Should be submitted for and receive NQF endorsement</li> <li>• Addresses a measure topic not adequately addressed in the program</li> <li>• Electronic clinical data source</li> </ul> |
| 25 | XDEHF Not Endorsed | DRAFT: Substance Use Screening and Intervention Composite   | MU-EP; Physician Compare; PQRS; VBPM | <p>PQRS: Conditional Support ;MU-EP: Conditional Support ;Physician Compare/VBPM: Do Not Support</p> <ul style="list-style-type: none"> <li>• Should be submitted for and receive NQF endorsement</li> <li>• Addresses a measure topic not adequately addressed in the program</li> <li>• Electronic clinical data source</li> </ul> |

## Obesity

### PQRS MEASURES TO INCLUDE IN PHYSICIAN COMPARE AND VALUE-BASED PAYMENT MODIFIER

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)   | Finalized Clinician Programs |
|-------------|--------------------------------------|---|------------------------------|
| 2           | 0024 Endorsed                        | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | MU-EP; PQRS                  |
| 3           | 0421 Endorsed                        | Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up                  | MU-EP; PQRS                  |

### MEASURES TO RETAIN IN PHYSICIAN QUALITY REPORTING SYSTEM

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)  | Finalized Clinician Programs |
|-------------|--------------------------------------|--|------------------------------|
| 4           | N/A Not Endorsed                     | Bariatric Lap Band Procedure 2: Unplanned reoperation within the 30 day postoperative period (2 of 3 Measures Group: Bariatric lap Band Procedure)   | PQRS                         |
| 9           | XCLCM Not Endorsed                   | Bariatric Laparoscopic or Open Roux-en Y Gastric Bypass 1: Anastomotic Leak Intervention (1 of 6 Measures Group: Bariatric Laparoscopic or Open Roux-en Y Gastric Bypass)  | PQRS                         |
| 10          | XCLDB Not Endorsed                   | Bariatric Laparoscopic or Open Roux-en Y Gastric Bypass 3: Unplanned reoperation within the 30 day postoperative period (3 of 6 Measures Group: Bariatric Laparoscopic or Open Roux-en Y Gastric Bypass)         | PQRS                         |
| 11          | XCLDC Not Endorsed                   | Bariatric Laparoscopic or Open Roux-en Y Gastric Bypass 4: Unplanned hospital readmission within 30 days of principal procedure (4 of 6 Measures Group: Bariatric Laparoscopic or Open Roux-en Y Gastric Bypass) | PQRS                         |
| 12          | XCLDD Not Endorsed                   | Bariatric Laparoscopic or Open Roux-en Y Gastric Bypass 5: Surgical site infection (SSI) (5 of 6 Measures Group: Bariatric Laparoscopic or Open Roux-en Y Gastric Bypass)  | PQRS                         |

### FINALIZED PQRS MEASURES NOT PREVIOUSLY REVIEWED

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)  | Finalized Clinician Programs |
|-------------|--------------------------------------|--|------------------------------|
| 5           | N/A Not Endorsed                     | Bariatric Lap Band Procedure 3: Unplanned hospital readmission within 30 days of principal procedure (3 of 3 Measures Group: Bariatric lap Band Procedure) | PQRS                         |
| 6           | N/A Not Endorsed                     | Bariatric Sleeve Gastrectomy 3: Unplanned reoperation within the 30 day postoperative period (3 of 6 Measures Group: Bariatric Sleeve Gastrectomy)         | PQRS                         |
| 7           | N/A Not Endorsed                     | Bariatric Sleeve Gastrectomy 4: Unplanned hospital readmission within 30 days of principal procedure (4 of 6 Measures Group: Bariatric Sleeve Gastrectomy) | PQRS                         |
| 8           | N/A Not Endorsed                     | Bariatric Sleeve Gastrectomy 5: Surgical site infection (SSI) (5 of 6 Measures Group: Bariatric Sleeve Gastrectomy)  | PQRS                         |

## Perinatal and Reproductive Health

### MEASURES TO RETAIN IN PHYSICIAN QUALITY REPORTING SYSTEM

| Table Row # | Measure # and NQF Endorsement Status     | Measure Title (Abbreviated)  | Finalized Clinician Programs |
|-------------|--|--|------------------------------|
| 2           | N0608 Not Endorsed – Endorsement Removed | Pregnant women that had HBsAg testing  | MU-EP; PQRS                  |
| 3           | 0651 Endorsed                            | Ultrasound determination of pregnancy location for pregnant patients with abdominal pain   | PQRS                         |
| 4           | 0652 Endorsed                            | Rh immunoglobulin (Rhogam) for Rh negative pregnant women at risk of fetal blood exposure.   | PQRS                         |
| 6           | XCHML Not Endorsed                       | ACOG/NCQA/ AMA-PCPI: Maternity Care: Elective Delivery or Early Induction Without Medical Indication at $\geq 37$ and $< 39$ weeks (overuse) | PQRS                         |
| 7           | XCLAB Not Endorsed                       | ACOG/NCQA/ AMA-PCPI: Maternity Care: Post-Partum Follow-Up and Care Coordination   | PQRS                         |

### FINALIZED PQRS MEASURES NOT PREVIOUSLY REVIEWED

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)                                  | Finalized Clinician Programs |
|-------------|--------------------------------------|--|------------------------------|
| 5           | N/A Not Endorsed                     | ACOG/NCQA/ AMA-PCPI: Maternity Care: Prenatal Care Screening | PQRS                         |

## Respiratory

### PQRS MEASURES TO INCLUDE IN PHYSICIAN COMPARE AND VALUE-BASED PAYMENT MODIFIER

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)                                       | Finalized Programs |
|-------------|--------------------------------------|---|--------------------|
| 7           | 0058 Endorsed                        | Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis | PQRS               |

### MEASURES TO RETAIN IN PHYSICIAN QUALITY REPORTING SYSTEM

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)   | Finalized Programs |
|-------------|--------------------------------------|---|--------------------|
| 3           | 0036 Endorsed                        | Use of appropriate medications for people with asthma   | MU-EP; PQRS        |
| 17          | XBCEM Not Endorsed                   | 231 Asthma: Tobacco Use Screening - Ambulatory Care Setting   | PQRS               |
| 4           | 0047 Endorsed                        | Asthma: Pharmacologic Therapy for Persistent Asthma   | MU-EP; PQRS        |
| 18          | XBCFA Not Endorsed                   | 232 Asthma: Tobacco Use Intervention - Ambulatory Care Setting  | PQRS               |
| 8           | 0091 Endorsed                        | COPD: spirometry evaluation   | PQRS               |
| 10          | 0102 Endorsed                        | COPD: inhaled bronchodilator therapy  | PQRS               |
| 12          | 0577 Endorsed                        | Use of Spirometry Testing in the Assessment and Diagnosis of COPD   | PQRS               |
| 9           | 0096 Endorsed                        | Empiric Antibiotic for Community-Acquired Bacterial Pneumonia   | PQRS               |
| 11          | 0147 Endorsed                        | Initial antibiotic selection for community-acquired pneumonia (CAP) in immunocompetent patients   | PQRS               |
| 5           | 0069 Endorsed                        | Appropriate treatment for children with upper respiratory infection (URI)   | MU-EP; PQRS        |
| 19          | XCEBF Not Endorsed                   | AAO- HNS/AMA- PCPI: Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Appropriate Use)  | PQRS               |
| 20          | XCEBG Not Endorsed                   | AAO- HNS/AMA- PCPI: Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin Prescribed for Acute Bacterial Sinusitis (Appropriate Use) | PQRS               |
| 21          | XCEBL Not Endorsed                   | AAO- HNS/AMA- PCPI:Adult Sinusitis: Computerized Tomography for Acute Sinusitis (overuse)   | PQRS               |
| 22          | XCEBM Not Endorsed                   | AAO- HNS/AMA- PCPI:Adult Sinusitis: More than 1 Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)              | PQRS               |
| 13          | XBAHG Not Endorsed                   | 276 Sleep Apnea: Assessment of Sleep Symptoms   | PQRS               |
| 14          | XBAHH Not Endorsed                   | 277 Sleep Apnea: Severity Assessment at Initial Diagnosis   | PQRS               |
| 15          | XBAHL Not Endorsed                   | 278 Sleep Apnea: Positive Airway Pressure Therapy Prescribed  | PQRS               |

|    |                    |  |      |
|----|--------------------|--|------|
| 16 | XBAHM Not Endorsed | 279 Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy | PQRS |
|----|--------------------|--|------|

MEASURES TO REMOVE FROM PHYSICIAN QUALITY REPORTING SYSTEM

| Table Row # | Measure # and NQF Endorsement Status     | Measure Title (Abbreviated)                            | Finalized Programs |
|-------------|--|--|--------------------|
| 2           | D0001 Not Endorsed - Endorsement Removed | Asthma: Assessment of Asthma Control                   | MU-EP; PQRS        |
| 6           | D0232 Not Endorsed - Endorsement Removed | Vital Signs for Community-Acquired Bacterial Pneumonia | PQRS               |

MEASURES UNDER CONSIDERATION

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)  | Programs Considered                  | Preliminary Staff Recommendation   |
|-------------|--------------------------------------|--|--------------------------------------|--|
| 23          | XDBGL Not Endorsed                   | Functional Status Assessments and Goal Setting for Patients with Asthma                                | MU-EP; Physician Compare; PQRS; VBPM | <p>PQRS: Support; MU-EP: Conditional Support; Physician Compare/VBPM: Do Not Support</p> <ul style="list-style-type: none"> <li>• Should be submitted for and receive NQF endorsement</li> <li>• Addresses a measure topic not adequately addressed in the program</li> <li>• Electronic clinical data source</li> </ul> |
| 24          | XDBGM Not Endorsed                   | Functional Status Assessments and Goal Setting for Patients with Chronic Obstructive Pulmonary Disease | MU-EP; Physician Compare; PQRS; VBPM | <p>PQRS: Support; MU-EP: Conditional Support; Physician Compare/VBPM: Do Not Support</p> <ul style="list-style-type: none"> <li>• Should be submitted for and receive NQF endorsement</li> <li>• Addresses a measure topic not adequately addressed in the program</li> <li>• Electronic clinical data source</li> </ul> |
| 25          | XDFLE Not Endorsed                   | Optimal Asthma Care- Control Component   | Physician Compare; PQRS; VBPM        | <p>PQRS: Support; Physician Compare/VBPM: Support</p> <ul style="list-style-type: none"> <li>• Patient reported outcome measures</li> <li>• Should be submitted for and receive NQF endorsement</li> </ul>   |

EPISODE GROUPER MEASURES UNDER CONSIDERATION

| Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)                             | Programs Considered | Preliminary Staff Recommendation   |
|-------|--------------------------------------|---|---------------------|--|
| 26    | XDEAM Not Endorsed                   | Draft: Asthma Condition Episode for CMS Episode Grouper | VBPM                | <p>VBPM: Conditionally support</p> <ul style="list-style-type: none"> <li>• Addresses program objectives</li> <li>• Not NQF-endorsed</li> <li>• No available endorsed outcome measures in the finalized set for pairing</li> </ul> |

|    |                    |   |      |   |
|----|--------------------|---|------|---|
| 27 | XDEBA Not Endorsed | Draft: Bronchiectasis Condition Episode for CMS Episode Grouper               | VBPM | VBPM: Conditionally support <ul style="list-style-type: none"> <li>• Addresses program objectives</li> <li>• Not NQF-endorsed</li> <li>• No available endorsed outcome measures in the finalized set for pairing</li> </ul> |
| 28 | XDEBB Not Endorsed | Draft: Chronic Bronchitis/Emphysema Condition Episode for CMS Episode Grouper | VBPM | VBPM: Conditionally support <ul style="list-style-type: none"> <li>• Addresses program objectives</li> <li>• Not NQF-endorsed</li> <li>• No available endorsed outcome measures in the finalized set for pairing</li> </ul> |
| 29 | XDECE Not Endorsed | Draft: Respiratory Failure Condition Episode for CMS Episode Grouper          | VBPM | VBPM: Conditionally support <ul style="list-style-type: none"> <li>• Addresses program objectives</li> <li>• Not NQF-endorsed</li> <li>• No available endorsed outcome measures in the finalized set for pairing</li> </ul> |

## Safety

### PQRS MEASURES TO INCLUDE IN PHYSICIAN COMPARE AND VALUE-BASED PAYMENT MODIFIER

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)  | Finalized Clinician Programs |
|-------------|--------------------------------------|--|------------------------------|
| 2           | 0022 Endorsed                        | Use of High Risk Medications in the Elderly  | MU-EP; PQRS                  |
| 3           | 0101 Endorsed                        | Falls: Screening, Risk-Assessment, and Plan of Care to Prevent Future Falls                  | MU-EP; PQRS                  |
| 4           | 0419 Endorsed                        | Documentation of Current Medications in the Medical Record                                   | MU-EP; PQRS                  |
| 5           | 0097 Endorsed                        | Medication Reconciliation  | MU-EP; PQRS                  |
| 9           | 0209 Endorsed                        | Comfortable Dying: Pain Brought to a Comfortable Level Within 48 Hours of Initial Assessment | PQRS                         |
| 10          | 0326 Endorsed                        | Advance Care Plan  | PQRS                         |
| 11          | 0420 Endorsed                        | Pain Assessment and Follow-Up  | PQRS                         |
| 13          | 0486 Endorsed                        | Adoption of Medication e-Prescribing   | PQRS                         |

### MEASURES TO RETAIN IN PHYSICIAN QUALITY REPORTING SYSTEM

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)  | Finalized Clinician Programs |
|-------------|--------------------------------------|--|------------------------------|
| 6           | 0098 Endorsed                        | Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older                                   | PQRS                         |
| 7           | 0099 Endorsed                        | Urinary Incontinence: Characterization of Urinary Incontinence in Women Aged 65 Years and Older  | PQRS                         |
| 8           | 0100 Endorsed                        | Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older   | PQRS                         |
| 12          | 0464 Endorsed                        | Anesthesiology and Critical Care: Prevention of Catheter-Related Bloodstream Infections (CRBSI) – Central Venous Catheter (CVC) Insertion Protocol | PQRS                         |
| 14          | 0555 Endorsed                        | Monthly INR Monitoring for Individuals on Warfarin   | PQRS                         |
| 15          | XACLA Not Endorsed                   | 181 Elder Maltreatment Screen and Follow-Up Plan   | PQRS                         |
| 16          | XBACA Not Endorsed                   | 245 Chronic Wound Care: Use of Wound Surface Culture Technique in Patients with Chronic Skin Ulcers (overuse measure)                              | PQRS                         |
| 17          | XBACB Not Endorsed                   | 246 Chronic Wound Care: Use of Wet to Dry Dressings in Patients with Chronic Skin Ulcers (overuse measure)   | PQRS                         |

### MEASURES TO REMOVE FROM PHYSICIAN QUALITY REPORTING SYSTEM

| Table | Measure # and NQF | Measure Title (Abbreviated) | Finalized Clinician Programs |
|-------|-------------------|-----------------------------|------------------------------|
|-------|-------------------|-----------------------------|------------------------------|

| Row # | Endorsement Status |  |      |
|-------|--------------------|--|------|
| 18    | XCECF              | Total Knee Replacement: Identification of Implanted Prosthesis in Operative Report | PQRS |

#### MEASURES UNDER CONSIDERATION

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)   | Programs Considered           | Preliminary Staff Recommendation  |
|-------------|--------------------------------------|---|-------------------------------|---|
| 19          | XAHDG Not Endorsed                   | Bleeding Outcomes Related to Oral Anticoagulants  | Physician Compare; PQRS; VBPM | PQRS: Conditional Support ;Physician Compare/VBPM: Do Not Support <ul style="list-style-type: none"> <li>Should be submitted for and receive NQF endorsement</li> </ul> |
| 20          | XCLMD Not Endorsed                   | HRS-9: Infection within 180 Days of Cardiac Implantable Electronic Device (CIED) Implantation, Replacement, or Revision | Physician Compare; PQRS; VBPM | PQRS: Conditional Support ;Physician Compare/VBPM: Do Not Support <ul style="list-style-type: none"> <li>Should be submitted for and receive NQF endorsement</li> </ul> |

#### EPISODE GROUPER MEASURES UNDER CONSIDERATION

| Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)                                  | Programs Considered | Preliminary Staff Recommendation   |
|-------|--------------------------------------|--|---------------------|--|
| 21    | XDECM Not Endorsed                   | Draft: Sepsis/SIRS Condition Episode for CMS Episode Grouper | VBPM                | VBPM: Conditionally support <ul style="list-style-type: none"> <li>Addresses program objectives</li> <li>Not NQF-endorsed</li> </ul> No available endorsed outcome measures in the finalized set for pairing |

## Surgery- Cardiac, Vascular, Thoracic

### PQRS MEASURES TO INCLUDE IN PHYSICIAN COMPARE AND VALUE-BASED PAYMENT MODIFIER

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)   | Finalized Programs |
|-------------|--------------------------------------|---|--------------------|
| 15          | 1540 Endorsed                        | Postoperative Stroke or Death in Asymptomatic Patients undergoing Carotid Endarterectomy        | PQRS               |
| 16          | 1543 Endorsed                        | Postoperative Stroke or Death in Asymptomatic Patients undergoing Carotid Artery Stenting (CAS) | PQRS               |

### MEASURES TO RETAIN IN PHYSICIAN QUALITY REPORTING SYSTEM

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)   | Finalized Programs |
|-------------|--------------------------------------|---|--------------------|
| 2           | 0114 Endorsed                        | Risk-Adjusted Post-operative Renal Failure  | PQRS               |
| 3           | 0115 Endorsed                        | Risk-Adjusted Surgical Re-exploration   | PQRS               |
| 4           | 0116 Endorsed                        | Anti-Platelet Medication at Discharge   | PQRS               |
| 5           | 0117 Endorsed                        | Beta Blockade at Discharge  | PQRS               |
| 6           | 0118 Endorsed                        | Anti-Lipid Treatment Discharge  | PQRS               |
| 7           | 0129 Endorsed                        | Risk-Adjusted Prolonged Intubation (Ventilation)  | PQRS               |
| 8           | 0130 Endorsed                        | Risk-Adjusted Deep Sternal Wound Infection Rate   | PQRS               |
| 9           | 0131 Endorsed                        | Risk-Adjusted Stroke/Cerebrovascular Accident   | PQRS               |
| 10          | 0134 Endorsed                        | Use of Internal Mammary Artery (IMA) in Coronary Artery Bypass Graft (CABG)                                       | PQRS               |
| 11          | 0236 Endorsed                        | Pre-op beta blocker in patient with isolated CABG (2)   | PQRS               |
| 12          | 0458 Endorsed                        | Pulmonary Function Tests Before Major Anatomic Lung Resection (Pneumonectomy, Lobectomy, or Formal Segmentectomy) | PQRS               |
| 13          | 0637 Endorsed Time-Limited           | Perioperative Care: Discontinuation of Prophylactic Antibiotics (Cardiac Procedures)                              | PQRS               |
| 14          | 1534 Endorsed                        | In-hospital mortality following elective EVAR of AAAs   | PQRS               |
| 17          | XBAHC Not Endorsed                   | 257 Statin Therapy at Discharge after Lower Extremity Bypass (LEB)  | PQRS               |
| 18          | XBAHD Not Endorsed                   | 258 Rate of Open Elective Repair of Small or Moderate Abdominal Aortic Aneurysms (AAA) without Major              | PQRS               |

Complications (Discharged to Home by Post-Operative Day 7)

|    |                    |  |      |
|----|--------------------|--|------|
| 19 | XBAHE Not Endorsed | 259 Rate of Elective Endovascular Aortic Repair (EVAR) of Small or Moderate Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day 2)                      | PQRS |
| 20 | XBAHF Not Endorsed | 260 Rate of Carotid Endarterectomy for Asymptomatic Patients, without Major Complications (discharged to home no later than post-operative day 2)  | PQRS |
| 21 | XCLMA Not Endorsed | HRS-3 Implantable Cardioverter-Defibrillator (ICD) Complications Rate.   | PQRS |
| 22 | XCMDA Not Endorsed | Rate of Major Complications (Discharged to Home by Post-Operative Day 2) Carotid Artery Stenting (CAS) for Asymptomatic Patients, without Major Complications (Discharged to Home by Post-Operative Day 2) | PQRS |

MEASURES UNDER CONSIDERATION

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)   | Programs Considered           | Preliminary Staff Recommendation   |
|-------------|--------------------------------------|---|-------------------------------|--|
| 23          | E0465 Endorsed                       | Perioperative Anti-platelet Therapy for Patients undergoing Carotid Endarterectomy              | Physician Compare; PQRS; VBPM | PQRS: Support ;Physician Compare/ VBPM: Support <ul style="list-style-type: none"> <li>• NQF endorsed outcome measure</li> </ul>   |
| 24          | XDFDG Not Endorsed                   | Recurrence or amputation following open infrainquinal lower extremity revascularization         | Physician Compare; PQRS; VBPM | PQRS: Support ; Physician Compare/ VBPM: Conditional Support <ul style="list-style-type: none"> <li>• Outcome measure should be submitted for and receive NQF endorsement</li> </ul> |
| 25          | XDFDH Not Endorsed                   | Recurrence or amputation following endovascular infrainquinal lower extremity revascularization | Physician Compare; PQRS; VBPM | PQRS: Support ; Physician Compare/ VBPM: Conditional Support <ul style="list-style-type: none"> <li>• Outcome measure should be submitted for and receive NQF endorsement</li> </ul> |

## Surgery- Other

### MEASURES TO RETAIN IN PHYSICIAN QUALITY REPORTING SYSTEM

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)   | Finalized Programs |
|-------------|--------------------------------------|---|--------------------|
| 2           | 0239 Endorsed                        | Venous Thromboembolism (VTE) Prophylaxis  | PQRS               |
| 3           | 0268 Endorsed                        | Selection of Prophylactic Antibiotic: First OR Second Generation Cephalosporin  | PQRS               |
| 4           | 0269 Endorsed                        | Timing of Prophylactic Antibiotics - Administering Physician  | PQRS               |
| 5           | 0270 Endorsed                        | Timing of Antibiotic Prophylaxis: Ordering Physician  | PQRS               |
| 6           | 0271 Endorsed                        | Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)  | PQRS               |
| 7           | 0454 Endorsed                        | Anesthesiology and Critical Care: Perioperative Temperature Management  | PQRS               |
| 39          | XCHLM Not Endorsed                   | Ventral Hernia 5: Surgical site infection (SSI) (1 of 5 : Measures Group Ventral Hernia)  | PQRS               |
| 40          | XCHMA Not Endorsed                   | Ventral Hernia 4: Unplanned hospital readmission within 30 days of principal procedure (4 of 5 : Measures Group Ventral Hernia)   | PQRS               |
| 41          | XCMBG Not Endorsed                   | Patient-centered Surgical Risk Assessment and Communication: the percent of patients who underwent non-emergency major surgery who received preoperative risk assessment for procedure-specific postoperative complications using a data-based, patient- specific |                    |
| 43          | XCMFM Not Endorsed                   | Ventral Hernia 3: Unplanned reoperation within the 30 day postoperative period (3 of 5 : Measures Group Ventral Hernia)   | PQRS               |
| 37          | XCECH Not Endorsed                   | Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet   | PQRS               |
| 38          | XCECM Not Endorsed                   | Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation  | PQRS               |
| 42          | XCMDM Not Endorsed                   | Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy  | PQRS               |

### FINALIZED PQRS MEASURES NOT PREVIOUSLY REVIEWED

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)  | Finalized Clinician Programs |
|-------------|--------------------------------------|--|------------------------------|
| 8           | N/A Not Endorsed                     | Appendectomy 4: Surgical site infection (SSI) (4 of 4: Measures Group Appendectomy)  | PQRS                         |
| 9           | N/A Not Endorsed                     | Appendectomy 2: Unplanned reoperation within the 30 day postoperative period (2 of 4: Measures Group Appendectomy)         | PQRS                         |
| 10          | N/A Not Endorsed                     | Appendectomy 3: Unplanned hospital readmission within 30 days of principal procedure (3 of 4: Measures Group Appendectomy) | PQRS                         |
| 11          | N/A Not Endorsed                     | AV Fistula 3: Unplanned reoperation within the 30 day postoperative period (3 of 5 Measures Group: AV Fistula)             | PQRS                         |

|    |                  |  |      |
|----|------------------|--|------|
| 12 | N/A Not Endorsed | AV Fistula 4: Unplanned hospital readmission within 30 days of principal procedure (4 of 5 Measures Group: AV Fistula)   | PQRS |
| 13 | N/A Not Endorsed | AV Fistula 5: Surgical site infection (SSI) (5 of 5 Measures Group: AV Fistula)  | PQRS |
| 14 | N/A Not Endorsed | Cholecystectomy 1: Iatrogenic injury to adjacent organ/structure (1 of 4: Measures Group Cholecystectomy)  | PQRS |
| 15 | N/A Not Endorsed | Cholecystectomy 3: Unplanned hospital readmission within 30 days of principal procedure (3 of 4: Measures Group Cholecystectomy)   | PQRS |
| 16 | N/A Not Endorsed | Cholecystectomy 4: Surgical site infection (SSI) (4 of 4: Measures Group Cholecystectomy)  | PQRS |
| 17 | N/A Not Endorsed | Colectomy 1: Anastomotic Leak Intervention (1 of 6: Measures Group Colectomy)  | PQRS |
| 18 | N/A Not Endorsed | Colectomy 4: Unplanned reoperation within the 30 day postoperative period (4 of 6: Measures Group Colectomy)   | PQRS |
| 19 | N/A Not Endorsed | Colectomy 5: Unplanned hospital readmission within 30 days of principal procedure (5 of 6: Measures Group Colectomy)   | PQRS |
| 20 | N/A Not Endorsed | Colectomy 6: Surgical site infection (SSI) (6 of 6: Measures Group Colectomy)  | PQRS |
| 21 | N/A Not Endorsed | Hemorrhoidectomy 3: Unplanned reoperation within the 30 day postoperative period (3 of 4: Measures Group Hemorrhoidectomy)   | PQRS |
| 22 | N/A Not Endorsed | Hemorrhoidectomy 4: Unplanned hospital readmission within 30 days of principal procedure (4 of 4: Measures Group Hemorrhoidectomy)   | PQRS |
| 23 | N/A Not Endorsed | Inguinal Hernia 2: Unplanned reoperation within the 30 day postoperative period (2 of 3) Measures Group Inguinal Hernia  | PQRS |
| 24 | N/A Not Endorsed | Inguinal Hernia 3: Unplanned hospital readmission within 30 days of principal procedure (3 of 3) Measures Group Inguinal Hernia  | PQRS |
| 25 | N/A Not Endorsed | Mastectomy +/- Lymphadenectomy or SLNB 2: Unplanned reoperation within the 30 day postoperative period (2 of 4: Measures Group Mastectomy +/- Lymphadenectomy or SLNB)   | PQRS |
| 26 | N/A Not Endorsed | Mastectomy +/- Lymphadenectomy or SLNB 3: Unplanned hospital readmission within 30 days of principal procedure (3 of 4: Measures Group Mastectomy +/- Lymphadenectomy or SLNB)   | PQRS |
| 27 | N/A Not Endorsed | Mastectomy +/- Lymphadenectomy or SLNB 4: Surgical site infection (SSI) (4 of 4: Measures Group Mastectomy +/- Lymphadenectomy or SLNB)  | PQRS |
| 28 | N/A Not Endorsed | Partial Mastectomy or Breast Biopsy/Lumpectomy +/- Lymphadenectomy or SLNB 2: Unplanned reoperation within the 30 day postoperative period (2 of 4: Measures Group Partial Mastectomy or Breast Biopsy/Lumpectomy +/- Lymphadenectomy or SLNB) | PQRS |
| 29 | N/A Not Endorsed | Partial Mastectomy or Breast Biopsy/Lumpectomy +/- Lymphadenectomy or SLNB 3: Unplanned hospital readmission within 30 days of principal procedure (3 of 4: Partial Mastectomy or Breast Biopsy/Lumpectomy +/- Lymphadenectomy or SLNB)        | PQRS |
| 30 | N/A Not Endorsed | Partial Mastectomy or Breast Biopsy/Lumpectomy +/- Lymphadenectomy or SLNB 4: Surgical site infection (SSI) (4 of 4:   | PQRS |

|    |                  |  |      |
|----|------------------|--|------|
|    |                  | Measures Group Partial Mastectomy or Breast Biopsy/Lumpectomy +/- Lymphadenectomy or SLNB)   |      |
| 31 | N/A Not Endorsed | Skin / Soft Tissue Lesion Excision 2: Unplanned reoperation within the 30 day postoperative period (2 of 4: Measures Group Skin / Soft Tissue Lesion Excision)         | PQRS |
| 32 | N/A Not Endorsed | Skin / Soft Tissue Lesion Excision 3: Unplanned hospital readmission within 30 days of principal procedure (3 of 4: Measures Group Skin / Soft Tissue Lesion Excision) | PQRS |
| 33 | N/A Not Endorsed | Skin / Soft Tissue Lesion Excision 4: Surgical site infection (SSI) / wound dehiscence (4 of 4: Measures Group Skin / Soft Tissue Lesion Excision)                     | PQRS |
| 34 | N/A Not Endorsed | Thyroidectomy 4: Unplanned reoperation within the 30 day postoperative period (4 of 5: Measures Group Thyroidectomy)   | PQRS |
| 35 | N/A Not Endorsed | Thyroidectomy 5: Unplanned hospital readmission within 30 days of principal procedure (5 of 5: Measures Group Thyroidectomy)   | PQRS |
| 36 | N/A Not Endorsed | Varicose veins 3: Surgical site infection (SSI) (3 of 3 : Measures Group Varicose Veins)   | PQRS |

#### MEASURES UNDER CONSIDERATION

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)   | Programs Considered           | Preliminary Staff Recommendation   |
|-------------|--------------------------------------|---|-------------------------------|--|
| 44          | XDFLD Not Endorsed                   | Average change in functional status following lumbar spine fusion surgery                               | Physician Compare; PQRS; VBPM | PQRS: Conditional Support; Physician Compare/VBPM: Do Not Support<br>Should be submitted for and receive NQF endorsement   |
| 45          | XCMDH Not Endorsed                   | Reduction of complications through the use of cystoscopy during surgery for stress urinary incontinence | Physician Compare; PQRS; VBPM | PQRS: Conditional Support; Physician Compare/VBPM: Do Not Support<br><ul style="list-style-type: none"> <li>Should be submitted for and receive NQF endorsement</li> </ul> |



# MAP Clinician Workgroup Discussion Guide

## GPRO and Additional Measures for Clinician Group-Level Reporting

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This document serves as a discussion guide for reviewing finalized measures for clinician groups for the Physician Quality Reporting System (PQRS), Physician Compare, and the Physician Value-Based Payment Modifier (VBPM).

The Clinician Workgroup provided input on measures applicable to clinician groups in April 2012. This input was developed recognizing that implementation of Physician Compare and VBPM will begin with clinician groups, before expanding to all clinicians. MAP's input on measures that are applicable to clinician groups—Physician Quality Reporting System (PQRS) measures that are reported through the Clinician Group Reporting Option (GPRO) web interface and Medicare Shared Savings Program (MSSP) measures, in addition to a few other measures, such as Prevention Quality Indicator (PQI) composite measures and measures that could potentially link to cost and resource use measures—is presented below:

- Green tables represent finalized GPRO-web measures that the workgroup has previously stated should be included in Physician Compare and VBPM. Please see below for background on the workgroup's prior input.
- Yellow tables represent finalized GPRO-web measures that the workgroup has previously stated should remain in PQRS but should not be included in Physician Compare and VBPM.
- Purple tables represent the workgroup's previous input on additional measures for application to clinician groups.
- *Note: The Excel Workbook available on the [MAP Clinician Workgroup SharePoint](#) site provides additional measure details.*

In reviewing the GPRO-web interface measures, the workgroup will:

1. Discuss expansion of the GPRO-web interface option.
  - a. Identify additional measures based on the workgroup's prior input (purple tables).
  - b. Identify additional measures from the Individual Clinician Reporting Discussion Guide.
2. Discuss gaps and revisit any prior recommendations for finalized GPRO-web interface measures.

## GPRO-Web Interface

### PQRS GPRO MEASURES TO INCLUDE IN PHYSICIAN COMPARE AND VALUE-BASED PAYMENT MODIFIER

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)   | Finalized Programs   |
|-------------|--------------------------------------|---|--|
| 2           | 0018 Endorsed                        | Controlling High Blood Pressure   | Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; MU-EP; Medicare Part C Plan Rating; MSSP; PQRS; HRSA; Physician Compare |
| 3           | 0028 Endorsed                        | Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention  | MU-EP; MSSP; PQRS; Physician Compare   |
| 4           | 0034 Endorsed                        | Colorectal Cancer Screening   | MU-EP; Medicare Part C Plan Rating; MSSP; Physician Feedback; PQRS; HRSA; Physician Compare  |
| 5           | 0041 Endorsed                        | Influenza Immunization  | MU-EP; MSSP; Physician Feedback; PQRS; Physician Compare   |
| 6           | 0043 Endorsed                        | Pneumonia vaccination status for older adults   | MU-EP; Medicare Part C Plan Rating; MSSP; Physician Feedback; PQRS; Physician Compare  |
| 7           | 0066 Endorsed                        | Chronic Stable Coronary Artery Disease: ACE Inhibitor or ARB Therapy--Diabetes or Left Ventricular Systolic Dysfunction (LVEF <40%) | MSSP; Physician Feedback; PQRS; Physician Compare  |
| 8           | 0068 Endorsed                        | Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic   | MU-EP; MSSP; Physician Feedback; PQRS; HRSA; Physician Compare   |
| 9           | 0075 Endorsed                        | Ischemic Vascular Disease (IVD): Complete Lipid Profile and LDL-C Control <100 mg/dL  | MU-EP; Medicare Part C Plan Rating; MSSP; PQRS; VBPM; Physician Compare  |
| 10          | 0083 Endorsed                        | Heart Failure : Beta-blocker therapy for Left Ventricular Systolic Dysfunction  | MU-EP; MSSP; Physician Feedback; PQRS; Physician Compare   |
| 11          | 0097 Endorsed                        | Medication Reconciliation   | MSSP; Physician Feedback; PQRS; Physician Compare  |
| 12          | 0101 Endorsed                        | Falls: Screening, Risk-Assessment, and Plan of Care to Prevent Future Falls   | MU-EP; MSSP; PQRS  |
| 13          | 0418 Endorsed                        | Screening for Clinical Depression   | Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; MU-EP; MSSP; Physician Feedback; PQRS; HRSA; Physician Compare          |
| 14          | 0421 Endorsed                        | Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up  | MU-EP; MSSP; Physician Feedback; PQRS; HRSA; Physician Compare   |
| 15          | 0729 Endorsed                        | Optimal Diabetes Care   | MSSP; PQRS   |
| 16          | N/A Not Endorsed                     | ACO 21 (ACO-Prev-11) (CMS): Preventive Care and Screening: Screening for High Blood Pressure and Follow up                          | MSSP; Physician Compare  |

|    |                   |                         |  |
|----|-------------------|-------------------------|--|
| 17 | 0031 Not Endorsed | Breast Cancer Screening | Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; MU-EP; Medicare Part C Plan Rating; MSSP; Physician Feedback; PQRS; VBPM; Physician Compare |
|----|-------------------|-------------------------|--|

MEASURES TO RETAIN OR INCLUDE IN PHYSICIAN QUALITY REPORTING SYSTEM

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)  | Finalized Programs  |
|-------------|--------------------------------------|--|---|
| 18          | 0059 Endorsed                        | Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) | MU-EP; Medicare Part C Plan Rating; MSSP; Physician Feedback; PQRS; HRSA; Physician Compare |
| 19          | 0074 Endorsed                        | Chronic Stable Coronary Artery Disease: Lipid Control                    | MU-EP; MSSP; Physician Feedback; PQRS; HRSA; Physician Compare                              |

*Additional Measures for Clinician Group-Level Reporting*

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)  | Finalized Programs  | Clinician Workgroup Input – Physician Compare and VBPM   |
|-------------|--------------------------------------|--|---|--|
| 20          | 0005 Endorsed                        | CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys)  | MSSP; PQRS  | Include in Physician Compare and VBPM. Identified as a high-priority measure because it is a patient-reported outcome. Survey implementation issues need to be resolved.   |
| 21          | 0022 Endorsed                        | Use of High Risk Medications in the Elderly  | MU-EP; Medicare Part D Plan Rating; Physician Feedback; PQRS; VBPM  | Include in Physician Compare and VBPM. Identified as a high-priority measure because it assesses an outpatient safety issue of importance to vulnerable populations. Clinician groups currently report this measure through administrative claims; for clinician groups reporting through GPRO-web, the measure should be reported for one year prior to implementation in Physician Compare and VBPM to identify and resolve any implementation issues. |
| 22          | 0053 Endorsed                        | Osteoporosis management in women who had a fracture  | Medicare Part C Plan Rating; Physician Feedback; VBPM   | Include in Physician Compare and VBPM. Measure addresses a high-impact condition and assesses clinical effectiveness. While this is a process measure, it goes beyond testing and includes management  |
| 23          | 0081 Endorsed                        | Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction | MU-EP; Physician Feedback; PQRS   | Include in Physician Compare and VBPM. The Workgroup suggested creating a composite with NQF #0083; however, the developer indicated that they previously explored creating a composite of the two measures and were unable to do so.  |
| 24          | 0105 Endorsed                        | Antidepressant Medication Management   | Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; MU-EP; Medicare Part C Plan Rating; Physician Feedback; PQRS; VBPM | Include in Physician Compare and VBPM. Addresses a high-impact condition and promotes alignment across federal and private programs. The Workgroup raised concerns with providers' ability to obtain prescription claims.  |

|    |               |   |  |  |
|----|---------------|---|--|--|
| 25 | 0576 Endorsed | Follow-Up After Hospitalization for Mental Illness  | Children's Health Insurance Program Reauthorization Act Quality Reporting; Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; Medicare Part C Plan Rating; Physician Feedback PQRS | Include in Physician Compare and VBPM. Identified as a high-priority measure because it promotes alignment, assesses care across settings, and addresses vulnerable populations.   |
| 26 | 0036 Endorsed | Use of appropriate medications for people with asthma   | MU-EP; PQRS  | Do not include in Physician Compare and VBPM. Denominator excludes the Medicare population. The Workgroup suggested creating an asthma composite measure that could link with the asthma resource use measure. Additionally, the Workgroup suggested exploring if optimal asthma control measures used in the private sector could apply to the Medicare population. |
| 27 | 0037 Endorsed | Osteoporosis testing in older women   | Medicare Part C Plan Rating  | Do not include in Physician Compare and VBPM. The Workgroup expressed a preference for NQF #0053, as it goes beyond testing and assesses osteoporosis management.  |
| 28 | 0047 Endorsed | Asthma: Pharmacologic Therapy for Persistent Asthma   | MU-EP; Physician Feedback; PQRS; HRSA  | Do not include in Physician Compare and VBPM. Denominator excludes the Medicare population. The Workgroup suggested creating an asthma composite measure that could link with the asthma resource use. Additionally, the Workgroup suggested exploring if optimal asthma control measures used in the private sector could apply to the Medicare population.         |
| 29 | 0055 Endorsed | Diabetes: Eye exam  | MU-EP; Medicare Part C Plan Rating; Physician Feedback; PQRS; VBPM   | Do not include in Physician Compare or VBPM. Prefer other outcome measures that assess care for diabetes.  |
| 30 | 0057 Endorsed | Comprehensive Diabetes Care: Hemoglobin A1c testing   | Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; Physician Feedback; VBPM  | Do not include in Physician Compare or VBPM. Prefer other outcome measures that assess care for diabetes.  |
| 31 | 0062 Endorsed | Diabetes: Urine protein screening   | MU-EP; Medicare Part C Plan Rating; Physician Feedback; PQRS; VBPM   | Do not include in Physician Compare or VBPM. Prefer other outcome measures that assess care for diabetes.  |
| 32 | 0063 Endorsed | Comprehensive Diabetes Care: LDL Screening  | Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; Physician Feedback; VBPM  | Do not include in Physician Compare or VBPM. Prefer other outcome measures that assess care for diabetes   |
| 33 | 0071 Endorsed | Acute Myocardial Infarction (AMI): Persistence of Beta-Blocker Treatment After a Heart Attack | Medicare Part C Plan Rating; Physician Feedback  | Do not include in Physician Compare or VBPM. Other outcome measures assess care for cardiovascular conditions  |
| 34 | 0073 Endorsed | IVD: Blood Pressure Management  | MU-EP; Physician Feedback; PQRS  | Do not include in Physician Compare or VBPM. Another measure (NQF #0018) assesses the same concept for a broader population.   |
| 35 | 0079 Endorsed | Heart Failure: Left Ventricular Ejection Fraction Assessment (Outpatient Setting)             | Physician Feedback; PQRS   | Do not include in Physician Compare or VBPM. Other outcome measures assess care for cardiovascular conditions. Additionally, this measure was removed from group reporting in 2013.  |
| 36 | 0091 Endorsed | COPD: spirometry evaluation   | Physician Feedback; PQRS   | Do not include in Physician Compare or VBPM. Process measure. Explore creating a composite of all COPD measures then linking that composite  |

with the COPD resource use measure.

|    |               |   |  |  |
|----|---------------|---|--|--|
| 37 | 0096 Endorsed | Empiric Antibiotic for Community-Acquired Bacterial Pneumonia | Physician Feedback; PQRS   | Do not include in Physician Compare and VBPM. Process measure.   |
| 38 | 0102 Endorsed | COPD: inhaled bronchodilator therapy                          | Physician Feedback; PQRS   | Do not include in Physician Compare or VBPM. Process measure. Additionally, this measure was recently removed from group reporting. Explore creating a composite of all COPD measures and then linking that composite with COPD resource use measure.  |
| 39 | 0114 Endorsed | Risk-Adjusted Post-operative Renal Failure                    | Physician Feedback; PQRS   | Do not include in Physician Compare and VBPM at this time. The Workgroup suggested first to explore the potential of composite of CABG measures that could be incorporated into the program; however, if a composite is not possible, the measures could be included individually. Additionally, this measure or a composite of measures could be linked with the CABG resource use measure. |
| 40 | 0115 Endorsed | Risk-Adjusted Surgical Re-exploration                         | Physician Feedback; PQRS   | Do not include in Physician Compare and VBPM at this time. The Workgroup suggested first to explore the potential of composite of CABG measures that could be incorporated into the program; however, if a composite is not possible the measures could be included individually. Additionally, this measure or a composite of measures could be linked with the CABG resource use measure.  |
| 41 | 0129 Endorsed | Risk-Adjusted Prolonged Intubation (Ventilation)              | Physician Feedback; PQRS   | Do not include in Physician Compare and VBPM at this time. The Workgroup suggested first to explore the potential of composite of CABG measures that could be incorporated into the program; however, if a composite is not possible the measures could be included individually. Additionally, this measure or a composite of measures could be linked with the CABG resource use measure.  |
| 42 | 0130 Endorsed | Risk-Adjusted Deep Sternal Wound Infection Rate               | Physician Feedback; PQRS   | Do not include in Physician Compare and VBPM at this time. The Workgroup suggested first to explore the potential of composite of CABG measures that could be incorporated into the program; however, if a composite is not possible the measures could be included individually. Additionally, this measure or a composite of measures could be linked with the CABG resource use measure.  |
| 43 | 0131 Endorsed | Risk-Adjusted Stroke/Cerebrovascular Accident                 | Physician Feedback; PQRS   | Do not include in Physician Compare and VBPM at this time. The Workgroup suggested first to explore the potential of composite of CABG measures that could be incorporated into the program; however, if a composite is not possible the measures could be included individually. Additionally, this measure or a composite of measures could be linked with the CABG resource use measure.  |
| 44 | 0275 Endorsed | Chronic obstructive pulmonary disease (PQI 5)                 | Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; MSSP; Physician | Do not include in Physician Compare and VBPM. Measure should be tested and endorsed for clinician group reporting.   |

Feedback

|    |                  |  |   |  |
|----|------------------|--|---|--|
| 45 | 0277 Endorsed    | Congestive Heart Failure Admission Rate (PQI 8)  | Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; MSSP; Physician Feedback | Do not include in Physician Compare and VBPM. Measure should be tested and endorsed for clinician group reporting.   |
| 46 | 0543 Endorsed    | Adherence to Statin Therapy for Individuals with Coronary Artery Disease                                       | Physician Feedback; PQRS; VBPM  | Do not include in Physician Compare and VBPM. Process measure with implementation concerns regarding the ability to obtain pharmacy data.  |
| 47 | 0553 Endorsed    | Care for Older Adults – Medication Review  | Medicare Part C Plan Rating   | Do not include in Physician Compare and VBPM. Process measure.   |
| 48 | 0555 Endorsed    | Monthly INR Monitoring for Individuals on Warfarin   | Physician Feedback; PQRS; VBPM  | Do not include in Physician Compare or VBPM. Other outcome measures assess care for cardiovascular conditions.   |
| 49 | 0577 Endorsed    | Use of Spirometry Testing in the Assessment and Diagnosis of COPD  | Medicare Part C Plan Rating; Physician Feedback; PQRS; VBPM   | Do not include in Physician Compare or VBPM. Process measure. Explore creating a composite of all COPD measures then linking that composite with the COPD resource use measure.                            |
| 50 | 0583 Endorsed    | Dyslipidemia new med 12-week lipid test  | Physician Feedback; PQRS; VBPM  | Do not include in Physician Compare or VBPM. Process measure. NQF #0075 lipid-control outcome measure is preferred.  |
| 51 | 0643 Endorsed    | Cardiac Rehabilitation Patient Referral From an Outpatient Setting   | Hospital Outpatient Quality Reporting; PQRS   | Do not include in Physician Compare or VBPM. Process measure.  |
| 52 | N/A Not Endorsed | ACO 8 (CMS): Risk-Standardized, All Condition Readmission  | MSSP  | Do not include in Physician Compare or VBPM. This is a high-priority measure concept but has not been tested or endorsed for clinician level measurement.  |
| 53 | N/A Not Endorsed | ACO 11 (CMS): Percent of Primary Care Physicians who Successfully Qualify for an EHR Program Incentive Payment | MSSP  | Do not include in Physician Compare or VBPM. The Workgroup suggested that Physician Compare should identify if individual clinicians have successfully qualified for a Medicare or Medicaid EHR incentive. |
| 54 | N/A Not Endorsed | All Cause Readmissions   | VBPM  | Do not include in Physician Compare or VBPM. This is a high-priority measure concept but has not been tested or endorsed for clinician level measurement.  |
| 55 | N/A Not Endorsed | PQI 92 Chronic Composite   |   | Do not include in Physician Compare and VBPM. Measure should be tested and endorsed for clinician group reporting.   |
| 56 | N/A Not Endorsed | PQI 91 Acute Composite   |   | Do not include in Physician Compare and VBPM. Measure should be tested and endorsed for clinician group reporting.   |



# MAP Clinician Workgroup Discussion Guide

## Medicare Shared Savings Program

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This document serves as a discussion guide for reviewing finalized measures and measures under consideration for the Medicare Shared Savings Program (MSSP).

- The grey table provides finalized MSSP measures and MAP's prior input.
- The blue table provides measures under consideration.
- *Note: The Excel Workbook available on the [MAP Clinician Workgroup SharePoint](#) site provides additional measure details.*

In reviewing measures for MSSP the workgroup will:

1. Determine whether each measure under consideration should be included in the program (blue table). NQF Staff have provided a preliminary recommendation using the MAP Measure Selection Criteria.
2. Discuss alignment with GPRO-web—should any additional measures recommended for expansion of GPRO-web also be considered for inclusion in MSSP. (See GPRO-web discussion guide.)
3. Discuss gaps.

## Medicare Shared Savings Program

| MEASURES CURRENTLY FINALIZED IN MSSP |                                      |   |   |  |
|--------------------------------------|--------------------------------------|---|---|--|
| Table Row #                          | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)   | Additional Federal Programs Currently Finalized   | Previous MAP Recommendations   |
| 2-9                                  | 0005 Endorsed                        | CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys) | MSSP; PQRS  |  |
| 10                                   | 0006 Endorsed                        | CAHPS Health Plan Survey v 4.0 - Adult questionnaire  | Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; Medicare Part C Plan Rating; MSSP; PQRS                                  |  |
| 11                                   | 0018 Endorsed                        | Controlling High Blood Pressure   | Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; MU-EP; Medicare Part C Plan Rating; MSSP; PQRS; HRSA                     |  |
| 12                                   | 0028 Endorsed                        | Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention                      | MU-EP; MSSP; PQRS   |  |
| 13                                   | 0031 Not Endorsed                    | ACO 20 (ACO-Prev-5) (NQF 0031): Preventive Care and Screening: Screening Mammography              | Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; MU-EP; Medicare Part C Plan Rating; MSSP; Physician Feedback; PQRS; VBPM | <p>Support Direction: Not ready for implementation; should be submitted for and receive NQF endorsement.</p> <p>Measure was previously endorsed, but is undergoing updates to reflect current breast cancer screening guidelines. MAP recommends maintaining measure in the program if the measure is updated to reflect guidelines and endorsed prior to 2014 program implementation.</p> |
| 14                                   | 0034 Endorsed                        | Colorectal Cancer Screening   | MU-EP; Medicare Part C Plan Rating; MSSP; Physician Feedback; PQRS; HRSA  |  |
| 15                                   | 0041 Endorsed                        | Influenza Immunization  | MU-EP; MSSP; Physician Feedback; PQRS;  |  |
| 16                                   | 0043 Endorsed                        | Pneumonia vaccination status for older adults   | MU-EP; Medicare Part C Plan Rating; MSSP; Physician Feedback; PQRS  |  |
| 17                                   | 0059 Endorsed                        | Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)                          | MU-EP; Medicare Part C Plan Rating; MSSP; Physician Feedback; PQRS; HRSA  |  |

|       |               |   |  |   |
|-------|---------------|---|--|---|
| 18    | 0066 Endorsed | Chronic Stable Coronary Artery Disease: ACE Inhibitor or ARB Therapy--Diabetes or Left Ventricular Systolic Dysfunction (LVEF <40%) | MSSP; Physician Feedback; PQRS   |   |
| 19    | 0068 Endorsed | Ischemic Vascular Disease (IVD): Use of Aspirin or another Antithrombotic   | MU-EP; MSSP; Physician Feedback; PQRS; HRSA  |   |
| 20    | 0074 Endorsed | Chronic Stable Coronary Artery Disease: Lipid Control   | MU-EP; MSSP; Physician Feedback; PQRS; HRSA  |   |
| 21    | 0075 Endorsed | IVD: Complete Lipid Profile and LDL Control <100  | MU-EP; Medicare Part C Plan Rating; MSSP; PQRS; VBPM   |   |
| 22    | 0083 Endorsed | Heart Failure : Beta-blocker therapy for Left Ventricular Systolic Dysfunction  | MU-EP; MSSP; Physician Feedback; PQRS  |   |
| 23    | 0097 Endorsed | Medication Reconciliation   | MSSP; Physician Feedback; PQRS   |   |
| 24    | 0101 Endorsed | Falls: Screening, Risk-Assessment, and Plan of Care to Prevent Future Falls   | MU-EP; MSSP; PQRS  |   |
| 25    | 0275 Endorsed | Chronic obstructive pulmonary disease (PQI 5)   | Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; MSSP; Physician Feedback                    |   |
| 26    | 0277 Endorsed | Heart Failure Admission Rate (PQI 8)  | Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; MSSP; Physician Feedback                    |   |
| 27    | 0418 Endorsed | Screening for Clinical Depression   | Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; MU-EP; MSSP; Physician Feedback; PQRS; HRSA |   |
| 28    | 0421 Endorsed | Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up  | MU-EP; MSSP; Physician Feedback; PQRS; HRSA  |   |
| 29-34 | 0729 Endorsed | Optimal Diabetes Care   | MSSP; PQRS   |   |
| 35    |               | Risk-Standardized, All Condition Readmission  | MSSP   | Submit for endorsement  |
| 36    |               | ACO 21 (ACO-Prev-11) (CMS): Preventive Care and Screening: Screening for High Blood Pressure  | MSSP   | Phased Removal: A finalized measure (NQF #0018) addresses a similar topic and is NQF-endorsed |
| 37    |               | ACO 11 (CMS): Percent of Primary Care Physicians who Successfully Qualify for an  | MSSP   | Submit for endorsement  |

|  |  |                               |  |  |
|--|--|-------------------------------|--|--|
|  |  | EHR Program Incentive Payment |  |  |
|--|--|-------------------------------|--|--|

Note: The MSSP program includes 33 finalized measures; however, only 24 measures are listed in the Table of Current Finalized measures. MSSP counts 6 of the *CAHPS Clinician/Group Survey* (NQF#005) rates as separate measures. Additionally *Optimal Diabetes Care* (NQF#0729) is considered 5 separate measures in MSSP.

MAP previously recommended adding four additional measures to align with Medicare Advantage (MA) 5 Star Quality Reporting Program:

- NQF #0037 Osteoporosis Testing in Older Women
- NQF #0053 Osteoporosis Management in Women Who Had a Fracture
- NQF #0553 Care for Older Adults – Medication Review
- NQF #0576 Follow-Up After Hospitalization for Mental Illness

### Measures under Consideration

| Table Row # | Measure # and NQF Endorsement Status | Measure Title (Abbreviated)   | Programs Considered                                     | Preliminary Staff Recommendation  |
|-------------|--------------------------------------|---|---|---|
| 38          | E0005                                | CG CAHPS: Courteous & Helpful Office Staff                                | MSSP; Physician Compare; Physician Feedback; PQRS; VBPM | MSSP: Support <ul style="list-style-type: none"> <li>• NQF-endorsed measure</li> </ul>  |
| 39          | E0005                                | CG CAHPS: Supplemental Item Care Coordination                             | MSSP; Physician Compare; Physician Feedback; PQRS; VBPM | MSSP: Conditional Support <ul style="list-style-type: none"> <li>• Not ready for implementation; should be submitted for and receive NQF endorsement</li> <li>• Five survey items ask if your provider had medical records during your visit, if provider followed up to give you results, if you needed help to receive manage care, if you got help to manage care, and satisfaction with the team who helped you manage your care</li> </ul> |
| 40          | E0005                                | CG CAHPS Supplemental and new Items : Between Visit Communication         | MSSP; Physician Compare; Physician Feedback; PQRS; VBPM | MSSP: Conditional Support <ul style="list-style-type: none"> <li>• Not ready for implementation; should be submitted for and receive NQF endorsement</li> <li>• Two survey items ask if the providers office sent reminders between visits or to make an appointment for a test or treatment</li> </ul>   |
| 41          | E0005                                | CG CAHPS Supplemental Item : Educating Patient about Medication Adherence | MSSP; Physician Compare; Physician Feedback; PQRS; VBPM | MSSP: Conditional Support <ul style="list-style-type: none"> <li>• Not ready for implementation; should be submitted for and receive NQF endorsement</li> <li>• Three survey items ask if providers gave easy to understand instructions, information about how to take medications, or suggested</li> </ul>  |

|    |       |   |   | ways to help you remember to take medications  |
|----|-------|---|---|--|
| 42 | E0005 | CG CAHPS: Supplemental Item Stewardship of Patient Resources  | MSSP; Physician Compare; Physician Feedback; PQRS; VBPM       | MSSP: Conditional Support <ul style="list-style-type: none"> <li>Not ready for implementation; should be submitted for and receive NQF endorsement</li> <li>One survey items asks if the care team spoke with you as about the cost of your prescription medications</li> </ul>  |
| 43 | E1741 | Patient Experience with Surgical Care Based on the Consumer Assessment of Healthcare and Systems (CAHPS) Surgical Care Survey CAHPS (S-CAHPS) | MU-EP; MSSP; Physician Compare; Physician Feedback; PQRS;VBPM | MSSP: Support <ul style="list-style-type: none"> <li>NQF-endorsed measure</li> <li>Promotes alignment across programs, settings, and public and private sector efforts</li> </ul>  |
| 44 | E0576 | Follow-up after hospitalization for a mental illness  | MSSP  | MSSP: Support <ul style="list-style-type: none"> <li>NQF-endorsed measure</li> <li>MAP previously recommended including this measures to align with Medicare Advantage 5 Star Quality Reporting Program</li> </ul>   |
| 45 | E0046 | Osteoporosis: Screening or Therapy for Women Aged 65 Years and Older  | MSSP  | MSSP: Support <ul style="list-style-type: none"> <li>This is a claims-based measure which aligns with a survey-based measure MAP previously recommended for inclusion in the measure set, NQF #0037 Osteoporosis Testing in Older</li> </ul>   |
| 46 | E0053 | Osteoporosis management in women who had a fracture   | MSSP  | MSSP: Support <ul style="list-style-type: none"> <li>NQF-endorsed measure</li> <li>MAP previously recommended including this measures to align with Medicare Advantage 5 Star Quality Reporting Program</li> </ul>   |
| 47 | E0543 | Adherence to Statin Therapy for Individuals with Coronary Artery Disease  | MSSP  | MSSP: Support <ul style="list-style-type: none"> <li>NQF-endorsed measure</li> </ul>   |
| 48 | E0556 | INR for individuals taking warfarin and interacting anti-infective medications  | MSSP  | MSSP: Support <ul style="list-style-type: none"> <li>NQF-endorsed measure</li> </ul>   |
| 49 | E0555 | Lack of Monthly INR Monitoring for Individuals on Warfarin  | MSSP  | MSSP: Support <ul style="list-style-type: none"> <li>NQF-endorsed measure</li> <li>Promotes alignment across programs, settings, and public and private sector efforts; MAP Previously supported for PQRS</li> </ul>   |
| 50 | XDFLE | Optimal Asthma Care-Control Component   | MSSP; Physician Compare; Physician Feedback; PQRS; VBPM       | MSSP: Conditionally Support <ul style="list-style-type: none"> <li>Submit for NQF endorsement</li> </ul>   |
| 51 | N/A   | Patient Activation Measure  | MU-EP; MSSP; Physician Compare; Physician Feedback; PQRS;VBPM | MSSP: Conditionally Support <ul style="list-style-type: none"> <li>The Patient Activation Measure™ self-assessment tool assesses the knowledge, skills and confidence for managing one's own health and healthcare. The PAM tool segments consumers into one of four progressively higher activation levels. Each</li> </ul> |

level is associated with distinct self-care behaviors, as well as a wealth of insight into the attitudes, values, motivations, and emotional disposition that drive these behaviors. With these insights, care givers and healthcare organizations can better tailor support and allocate resources more effectively.

- Not NQF Endorsed

52      N/A      SF-36 (included in the HOS)      MSSP: Conditionally Support

- Health survey capturing information about functional health and well-being from the patient's point of view. Measures 8 health domains and provides physical component summary and mental component summary scores. Norm-based scoring is utilized so 50 is the average score. Four week and acute one week recall periods are utilized.
- Not NQF Endorsed

## Physician Quality Reporting System (PQRS)

### Program Type:

Pay for Reporting

### Incentive Structure:

In 2012-2014, eligible professionals can receive an incentive payment equal to a percentage (2% in 2010, gradually decreasing to 0.5% in 2014) of the eligible professional's estimated total allowed charges for covered Medicare Part B services under the Medicare Physician Fee Schedule.<sup>1</sup> Beginning in 2015, eligible professionals and group practices that do not satisfactorily report data on quality measures will receive a reduction (1.5% in 2015, and 2% in subsequent years) in payment.<sup>2,3</sup>

### Care Settings Included:

Multiple. Eligible professionals include:

- Physicians—medicine, osteopathy, podiatric med, optometry, oral surgery, dental med, chiropractic
- Practitioners—physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse midwife, clinical social worker, clinical psychologist, registered dietician, nutrition professional, audiologists
- Therapists—physical therapist, occupational therapist, qualified speech-language therapist<sup>4</sup>

### Statutory Mandate:

The 2006 Tax Relief and Healthcare Act (TRHCA) required the establishment of a physician quality reporting system. The PQRS was initially implemented in 2007 and was extended as a result of the Medicare, Medicaid, and SCHIP Extension Act of 2008 (MMSEA), the Medicare Improvements for Patients and Providers Act of 2009 (MIPPA), and the Affordable Care Act.<sup>5</sup>

### Statutory Requirements for Measures:

The number and type of measures required vary by reporting option (e.g. individual reporting, group web reporting option, EHR reporting).

### Program Measure Set Evaluation Using MAP Measure Selection Criteria:

| MAP Measure Selection Criteria  | Evaluation  |
|---|---|
| <b>1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective</b> | Only half of the finalized measures are NQF-endorsed.   |
| <b>2. Program measure set adequately addresses each of the National Quality Strategy's (NQS) three aims</b>   | Each of the NQS aims are addressed.   |
| <b>3. Program measure set is responsive to specific program goals and requirements</b>  | The measure set includes measures that are applicable to and appropriately tested for the program's intended care setting, level of analysis, and population. |
| <b>4. Program measure set includes an appropriate mix of measure types</b>  | The measure set is comprised of mostly process measures and few outcome measures. Additionally, there is an underrepresentation of patient experience         |

|  |  |
|--|--|
|  | and a general lack of cost measures.   |
| <b>5. Program measure set enables measurement of person- and family-centered care and services</b>       | The measure set crosses the episode of care as the set includes primary prevention measures, evaluation and initial management, and follow-up care.  |
| <b>6. Program measure set includes considerations for healthcare disparities and cultural competency</b> | A small number of measures are disparities sensitive.  |
| <b>7. Program measure set promotes parsimony and alignment</b>   | The measure set address nearly all of the MAP Measure Selection Criteria; however, any subset of measures a clinician chooses to report may not address the criteria. Additionally, very few measures are used in private sector programs. |

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<sup>1</sup> <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/AnalysisAndPayment.html>

<sup>2</sup> <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Payment-Adjustment-Information.html>

<sup>3</sup> CY 2013 PFS final rule. The Office of the Federal Register. <http://www.ofr.gov/inspection.aspx?AspxAutoDetectCookieSupport=1>

<sup>4</sup> CMS.gov. Downloads Eligible professionals 03-08-2011. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html>

<sup>5</sup> CY 2013 PFS final rule. The Office of the Federal Register. <http://www.ofr.gov/inspection.aspx?AspxAutoDetectCookieSupport=1>

# CMS Medicare and Medicaid EHR Incentive Program for Eligible Professionals

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## Program Type:

Incentive program.

## Incentive Structure:

Eligible professionals who demonstrate meaningful use of certified EHR technology, which includes reporting clinical quality measures, can receive incentive payments. The incentives vary by program.<sup>1</sup>

- Medicare. Up to \$44,000 over 5 continuous years. The program started in 2011 and will continue through 2014. The last year to begin participation is 2014. Penalties will take effect in 2015 and in each subsequent year for providers who are eligible but do not participate. The penalty is a payment adjustment to Medicare reimbursements that start at 1% per year, up to a maximum 5% annual adjustment.
- Medicaid. Up to \$63,750 over 6 years. The program started in 2011 and will continue through 2021. The last year to begin participation is 2016. Payment adjustments do not apply to Medicaid.<sup>2</sup>

## Care Settings Included:

Multiple. Under the Medicare EHR incentive program eligible professionals include doctors of medicine, osteopathy, dental surgery, dental medicine, podiatry, and optometry as well as chiropractors. Under the Medicaid EHR incentive program eligible professionals include doctors of medicine and osteopathy, nurse practitioners, certified nurse-midwives, dentists, and physicians assistants furnishing services in a federally qualified health center or rural health clinic.<sup>3</sup>

## Statutory Mandate:

The program was created under the Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act (ARRA) of 2009.

## Statutory Requirements for Measures:

Measures are of processes and experience and outcomes of patient care that relate to one or more quality aims for health care such as effective, safe, efficient, patient-centered, equitable and timely care. Measures must be reported for all patients, not just Medicare and Medicaid beneficiaries.<sup>4</sup> Preference should be given to quality measures endorsed by NQF.<sup>5</sup>

## Anticipated Future Rules:

It is anticipated that the Meaningful use Stage 3 proposed rule will be published in early 2014.

## Additional Program Considerations:

The goal of the Medicare and Medicaid Electronic Health Record (EHR) Incentive program is to provide measures for eligible professionals under three main components of Meaningful Use:

- The use of a certified EHR in a meaningful manner, such as e-prescribing;
- The use of certified EHR technology for electronic exchange of health information to improve quality of healthcare; and
- The use of certified EHR technology to submit clinical quality and other measures.

For Stage 1:<sup>6</sup>

- Eligible professionals must report on six total clinical quality measures: three required core measures (substituting alternate core measures where necessary) and three additional measures (selected from a set of 38 clinical quality measures).

For Stage 2 (2014 and beyond):<sup>7</sup>

- Eligible Professionals must report on 9 total clinical quality measures that cover 3 of the National Quality Strategy Domains (selected from a set of 64 clinical quality measures).

Program Measure Set Evaluation Using MAP Measure Selection Criteria:

| MAP Measure Selection Criteria  | Evaluation  |
|---|---|
| <b>1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective</b> | Three-quarters (56) of finalized measures are NQF endorsed  |
| <b>2. Program measure set adequately addresses each of the National Quality Strategy's (NQS) three aims</b>   | The measure set addresses each of the NQS aims.   |
| <b>3. Program measure set is responsive to specific program goals and requirements</b>  | The measure set includes measures that are applicable to and appropriately tested for the program's intended care setting, level of analysis, and population.   |
| <b>4. Program measure set includes an appropriate mix of measure types</b>  | Over two-thirds (60) of measures are process measures; outcome measures are included but the set does not include cost or experience measures.  |
| <b>5. Program measure set enables measurement of person- and family-centered care and services</b>  | The measure set crosses the episode of care as the set includes primary prevention measures, evaluation and initial management, and follow-up care. Additionally, five measures are patient reported outcome measures |
| <b>6. Program measure set includes considerations for healthcare disparities and cultural competency</b>  | A small number(8) of measures are disparities sensitive   |
| <b>7. Program measure set promotes parsimony and alignment</b>  | The measure set addresses many of the MAP Measure Selection Criteria with 76 measures; however, the measure set could be enhanced with a few additional outcomes and cost measures.                                   |

<sup>1</sup> <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Basics.html>

<sup>2</sup> [http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Getting\\_Started.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Getting_Started.html)

<sup>3</sup> <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/>

<sup>4</sup> <http://www.gpo.gov/fdsys/pkg/FR-2010-07-28/html/2010-17207.htm>

<sup>5</sup> <http://www.gpo.gov/fdsys/pkg/FR-2010-07-28/pdf/2010-17207.pdf>

<sup>6</sup> <http://www.gpo.gov/fdsys/pkg/FR-2010-07-28/html/2010-17207.htm>

<sup>7</sup> <http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-21050.pdf>

## Physician Compare

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### Program Type:

Public Reporting<sup>1</sup>

### Incentive Structure:

None

### Care Settings Included:

Multiple. Eligible professionals include:<sup>2</sup>

- Physicians—medicine, osteopathy, podiatric medicine, optometry, oral surgery, dental medicine, chiropractic
- Practitioners—physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse midwife, clinical social worker, clinical psychologist, registered dietitian, nutrition professional, audiologists
- Therapists—physical therapist, occupational therapist, qualified speech-language therapist

### Statutory Mandate:

Section 10331 of the Patient Protection and Affordable Care Act of 2010. The website was launched on December 30, 2010. Performance information will be reported on the website in 2013 or early 2014.

### Statutory Requirements for Measures:

Data reported under the existing Physician Quality Reporting System will be used as an initial step for making physician measure performance information public on Physician Compare. The following types of measures are required to be included for public reporting on Physician Compare:<sup>3</sup>

- Patient health outcomes and functional status of patients
- Continuity and coordination of care and care transitions, including episodes of care and risk-adjusted resource use
- Efficiency
- Patient experience and patient, caregiver, and family engagement
- Safety, effectiveness, and timeliness of care

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<sup>1</sup> CMS. Physician Quality Reporting System (PQRS). Baltimore, MD: CMS;2012. Available at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/physician-compare-initiative/index.html>. Accessed January 2013.

<sup>2</sup> CMS. Physician Quality Reporting System: Measures Codes. Baltimore, MD: CMS;2013. Available at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html>. Accessed January 2013.

<sup>3</sup> PFS Final Rule 2013.

## Value-Based Payment Modifier/Physician Feedback Program

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### Program Type:

Pay for Performance

### Incentive Structure:

#### Physician Feedback Program

CMS is statutorily required to provide confidential feedback reports to physicians that measure the quality and resources involved in furnishing care to Medicare Fee-for-Service (FFS) beneficiaries. Physician feedback reports also serve currently as the preview vehicle to inform physicians of the types of measures and methodologies that will comprise the value modifier. Starting in the fall of 2013, all groups of physicians with 25 or more eligible professionals will begin receiving Physician Feedback reports.<sup>1</sup>

#### Value-Based Payment Modifier

The VBPM begins in 2015 for groups of 100 or more eligible professionals and will expand to groups of 10 or more eligible professionals in 2016. VBPM will be applicable to all physicians and groups of physicians on or after January 1, 2017. The VBPM payment adjustment varies over time and must be implemented in a budget neutral manner. Payment adjustment amount is built on satisfactory reporting through PQRS.<sup>2</sup>

In 2015 and 2016, the VBPM will not be applied to groups of physicians that are participating in the Medicare Shared Savings Program, testing of the Pioneer ACO model, or the Comprehensive Primary Care Initiative.<sup>3</sup> Additionally, future rulemaking cycles will determine a VBPM for individuals, smaller groups, and hospital-based physicians.<sup>4</sup>

### Care Settings Included:

Multiple. Eligible professionals include:

- Physicians—medicine, osteopathy, podiatric med, optometry, oral surgery, dental med, chiropractic
- Practitioners—physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse midwife, clinical social worker, clinical psychologist, registered dietician, nutrition professional, audiologists
- Therapists—physical therapist, occupational therapist, qualified speech-language therapist<sup>5</sup>

### Statutory Mandate:

Section 1848(p) of the Social Security Act (the Act) as established by Section 3003 and 3007 of the Affordable Care Act of 2010 (ACA).<sup>6</sup>

### Statutory Requirements for Measures:

The program must include a composite of appropriate quality measures and a composite of appropriate cost measures.<sup>7</sup> The Secretary is also required to use NQF-endorsed measures, whenever possible. Final rule indicated, for 2013 and beyond, the use of all measures included in the PQRS.

## MAP Pre-Rulemaking 2013 Input:

- Although the recent Physician Fee Schedule final rule signaled CMS' intent to include all measures used in PQRS for VBPM, the Clinician Workgroup recommended a more targeted approach for measures to be used in this program.
- Measures should ideally drive toward value by linking the outcomes most important to patients with measures of cost of care and resource use.
- MAP supported the direction of eight episode grouper-based resource use measures under consideration and two per-capita cost resource use measures currently finalized for use in the VBPM and recommended that these measures be submitted for NQF endorsement and be linked with clinical outcome measures before being used in the VBPM. Those resource use measures are:
  - Episode Grouper: Acute Myocardial Infarction (AMI)
  - Episode Grouper: Pneumonia
  - Episode Grouper: Coronary Artery Bypass Graft (CABG)
  - Episode Grouper: Percutaneous Coronary Intervention (PCI)
  - Episode Grouper: Coronary Artery Disease
  - Episode Grouper: Congestive Heart Failure
  - Episode Grouper: Chronic Obstructive Pulmonary disease (COPD)
  - Episode Grouper: Asthma
- MAP supported the CG-CAHPS patient experience survey for VBPM, noting that the lack of infrastructure in clinician practices may be a barrier to broad application of CG-CAHPS and suggested exploring alternative methods for supporting implementation.

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<sup>1</sup> Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, DME Face-to-Face Encounters, Elimination of the Requirement for Termination of Non-Random Prepayment Complex Medical Review and Other Revisions to Part B for CY 2013 (Final Rule). *Fed Registr* (2012) 77 ;68892-69373. Available at <https://www.federalregister.gov/articles/2012/11/16/2012-26900/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-dme-face-to-face>. Accessed January 2013.

<sup>2</sup> Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, DME Face-to-Face Encounters, Elimination of the Requirement for Termination of Non-Random Prepayment Complex Medical Review and Other Revisions to Part B for CY 2013 (Final Rule). *Fed Registr* (2012) 77 ;68892-69373. Available at <https://www.federalregister.gov/articles/2012/11/16/2012-26900/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-dme-face-to-face>. Accessed January 2013.

<sup>3</sup> Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, DME Face-to-Face Encounters, Elimination of the Requirement for Termination of Non-Random Prepayment Complex Medical Review and Other Revisions to Part B for CY 2013 (Final Rule). *Fed Registr* (2012) 77 ;68892-69373. Available at <https://www.federalregister.gov/articles/2012/11/16/2012-26900/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-dme-face-to-face>. Accessed January 2013.

<sup>4</sup> Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, DME Face-to-Face Encounters, Elimination of the Requirement for Termination of Non-Random Prepayment Complex Medical Review and Other Revisions to Part B for CY 2013 (Final Rule). *Fed Registr* (2012) 77 ;68892-69373. Available at <https://www.federalregister.gov/articles/2012/11/16/2012-26900/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-dme-face-to-face>. Accessed January 2013.

<sup>5</sup> CMS.gov. Downloads Eligible professionals 03-08-2011. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html>

<sup>6</sup> Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, DME Face-to-Face Encounters, Elimination of the Requirement for Termination of Non-Random Prepayment Complex Medical Review and Other Revisions to Part B for CY 2013 (Final Rule). *Fed Registr* (2012) 77 ;68892-69373. Available at <https://www.federalregister.gov/articles/2012/11/16/2012-26900/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-dme-face-to-face>. Accessed January 2013.

<sup>7</sup> Medicare Program; Payment Policies under the Physician Fee Schedule, Five-Year Review of Work Related Value Units, Clinical Laboratory Fee Schedule: Signature on Requisition, and other Revisions to Part B for CY 2011., *Fed Registr*, (2011) 76 (228): 73026-

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73474. Available at <https://www.federalregister.gov/articles/2011/11/28/2011-28597/medicare-program-payment-policies-under-the-physician-fee-schedule-five-year-review-of-work-relative>. Accessed January 2013.

## Medicare Shared Savings Program

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### Program Type:

Pay for Reporting and Pay for Performance.<sup>1</sup>

### Incentive Structure:

Option for one-sided risk model (sharing of savings only for the first two years, and sharing of savings and losses in the third year) and a two-sided risk model (sharing of savings and losses for all three years).<sup>2</sup>

### Care Settings Included:

Providers, hospitals, and suppliers of services

### Statutory Mandate:

Sec. 3022 of the Affordable Care Act (ACA) requires the Centers for Medicare & Medicaid Services (CMS) to establish a Medicare Shared Savings Program (MSSP) that promotes accountability for a patient population, coordinates items and services under Medicare Parts A and B, and encourages investment in infrastructure and redesigned care processes for high quality and efficient service delivery.<sup>3</sup>

### Statutory Requirements for Measures:

Appropriate measures of clinical processes and outcomes; patient, and, wherever practicable, caregiver experience of care; and utilization (such as rates of hospital admission for ambulatory sensitive conditions).<sup>4</sup>

### MAP 2013 Pre-Rulemaking Program-Specific Input:

- MAP considered the MSSP measure set to be a comprehensive set because it addresses patient experience, other cross-cutting measurement priorities, high-impact conditions, and key quality outcomes.
- MAP noted that the measure set has a heavy emphasis on ambulatory care and could be enhanced with additional acute and post-acute care measures, and measures more relevant to patients with complex medical needs.
- MAP would prefer to move to outcome measures (e.g., clinical depression improvement, rather than only screening) where available, or process measures proximal to outcomes.
- MAP also recommends that adding measures of patient identification of a usual source of care and health information exchange to understand access to care and coordination of services across the system.
- MAP recommends that the MSSP measure set and the Medicare Advantage 5-Star Quality Rating System measure set should be aligned.
- MAP recommends alignment of MSSP and Meaningful Use measures, because integrated systems are increasingly adopting health information technology (HIT) and should have aligned incentives across programs.



Program Measure Set Evaluation Using MAP Measure Selection Criteria:

| MAP Measure Selection Criteria  | Evaluation   |
|---|--|
| <b>1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective</b> | Most (30) of the finalized measures are NQF endorsed.  |
| <b>2. Program measure set adequately addresses each of the National Quality Strategy's (NQS) three aims</b>   | The measures address each aim except affordable care.  |
| <b>3. Program measure set is responsive to specific program goals and requirements</b>  | The measure set includes measures that are applicable to and appropriately tested for the program's intended care setting, level of analysis, and population.  |
| <b>4. Program measure set includes an appropriate mix of measure types</b>  | The measure set is comprised of process, outcome, and patient experience measures, but lacks cost measures.  |
| <b>5. Program measure set enables measurement of person- and family-centered care and services</b>  | The measure set crosses the episode of care as the set includes primary prevention measures, evaluation and initial management, and follow-up care. Additionally, two measures are patient-reported outcome measures (PRO).  |
| <b>6. Program measure set includes considerations for healthcare disparities and cultural competency</b>  | A small number of measures are disparities sensitive.  |
| <b>7. Program measure set promotes parsimony and alignment</b>  | The measure set addresses many of the MAP Measure Selection Criteria with 33 measures; however, the measure set could be enhanced with additional measures of cost, functional status, and patient-reported outcomes. Additionally, over half of the measures are used in private programs; most of the measures are used in other Federal programs. |

<sup>1</sup> <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/ACO-Guide-Quality-Performance-2012.PDF>

<sup>2</sup> <http://www.healthcare.gov/news/factsheets/2011/03/accountablecare03312011a.html>

<sup>3</sup> <http://www.gpo.gov/fdsys/pkg/BILLS-111hr3590enr/pdf/BILLS-111hr3590enr.pdf>

<sup>4</sup> <http://www.gpo.gov/fdsys/pkg/BILLS-111hr3590enr/pdf/BILLS-111hr3590enr.pdf>



The Measure Selection Criteria (MSC) are intended to assist MAP with identifying characteristics that are associated with ideal measure sets used for public reporting and payment programs. The MSC are not absolute rules; rather, they are meant to provide general guidance on measure selection decisions and to complement program-specific statutory and regulatory requirements. Central focus should be on the selection of high-quality measures that optimally address the National Quality Strategy's three aims, fill critical measurement gaps, and increase alignment. Although competing priorities often need to be weighed against one another, the MSC can be used as a reference when evaluating the relative strengths and weaknesses of a program measure set, and how the addition of an individual measure would contribute to the set.

## Criteria

### **1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective**

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*Demonstrated by a program measure set that contains measures that meet the NQF endorsement criteria, including: importance to measure and report, scientific acceptability of measure properties, feasibility, usability and use, and harmonization of competing and related measures.*

- Sub-criterion 1.1** Measures that are not NQF-endorsed should be submitted for endorsement if selected to meet a specific program need
- Sub-criterion 1.2** Measures that have had endorsement removed or have been submitted for endorsement and were not endorsed should be removed from programs
- Sub-criterion 1.3** Measures that are in reserve status (i.e., topped out) should be considered for removal from programs

### **2. Program measure set adequately addresses each of the National Quality Strategy's three aims**

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*Demonstrated by a program measure set that addresses each of the National Quality Strategy (NQS) aims and corresponding priorities. The NQS provides a common framework for focusing efforts of diverse stakeholders on:*

- Sub-criterion 2.1** Better care, demonstrated by patient- and family-centeredness, care coordination, safety, and effective treatment
- Sub-criterion 2.2** Healthy people/healthy communities, demonstrated by prevention and well-being
- Sub-criterion 2.3** Affordable care

### **3. Program measure set is responsive to specific program goals and requirements**

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*Demonstrated by a program measure set that is “fit for purpose” for the particular program.*

- Sub-criterion 3.1** Program measure set includes measures that are applicable to and appropriately tested for the program’s intended care setting(s), level(s) of analysis, and population(s)
- Sub-criterion 3.2** Measure sets for public reporting programs should be meaningful for consumers and purchasers
- Sub-criterion 3.3** Measure sets for payment incentive programs should contain measures for which there is broad experience demonstrating usability and usefulness (Note: For some Medicare payment programs, statute requires that measures must first be implemented in a public reporting program for a designated period)
- Sub-criterion 3.4** Avoid selection of measures that are likely to create significant adverse consequences when used in a specific program.
- Sub-criterion 3.5** Emphasize inclusion of endorsed measures that have eMeasure specifications available

### **4. Program measure set includes an appropriate mix of measure types**

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*Demonstrated by a program measure set that includes an appropriate mix of process, outcome, experience of care, cost/resource use/appropriateness, composite, and structural measures necessary for the specific program.*

- Sub-criterion 4.1** In general, preference should be given to measure types that address specific program needs
- Sub-criterion 4.2** Public reporting program measure sets should emphasize outcomes that matter to patients, including patient- and caregiver-reported outcomes
- Sub-criterion 4.3** Payment program measure sets should include outcome measures linked to cost measures to capture value

### **5. Program measure set enables measurement of person- and family-centered care and services**

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*Demonstrated by a program measure set that addresses access, choice, self-determination, and community integration*

- Sub-criterion 5.1** Measure set addresses patient/family/caregiver experience, including aspects of communication and care coordination
- Sub-criterion 5.2** Measure set addresses shared decision-making, such as for care and service planning and establishing advance directives
- Sub-criterion 5.3** Measure set enables assessment of the person’s care and services across providers, settings, and time

## 6. Program measure set includes considerations for healthcare disparities and cultural competency

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*Demonstrated by a program measure set that promotes equitable access and treatment by considering healthcare disparities. Factors include addressing race, ethnicity, socioeconomic status, language, gender, sexual orientation, age, or geographical considerations (e.g., urban vs. rural). Program measure set also can address populations at risk for healthcare disparities (e.g., people with behavioral/mental illness).*

- Sub-criterion 6.1** Program measure set includes measures that directly assess healthcare disparities (e.g., interpreter services)
- Sub-criterion 6.2** Program measure set includes measures that are sensitive to disparities measurement (e.g., beta blocker treatment after a heart attack), and that facilitate stratification of results to better understand differences among vulnerable populations

## 7. Program measure set promotes parsimony and alignment

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*Demonstrated by a program measure set that supports efficient use of resources for data collection and reporting, and supports alignment across programs. The program measure set should balance the degree of effort associated with measurement and its opportunity to improve quality.*

- Sub-criterion 7.1** Program measure set demonstrates efficiency (i.e., minimum number of measures and the least burdensome measures that achieve program goals)
- Sub-criterion 7.2** Program measure set places strong emphasis on measures that can be used across multiple programs or applications (e.g., Physician Quality Reporting System [PQRS], Meaningful Use for Eligible Professionals, Physician Compare)

# Clinician Workgroup's Guiding Principles for Applying Measures to Clinician Programs

Excepted from: [MAP Pre-Rulemaking Final Report - February 2013](#)

The MAP Clinician Workgroup developed these principles to serve as guidance for applying performance measures to specific clinician measurement programs. The principles are not absolute rules; rather, they are meant to guide measure selection decisions. The principles are intended to complement program-specific statutory and regulatory requirements and the MAP Measure Selection Criteria. These principles will inform future revisions to the MAP Measure Selection Criteria.

## Physician Quality Reporting System (PQRS)

- For endorsed measures, whether currently finalized or under consideration:
  - Include NQF-endorsed measures relevant to clinician reporting to encourage engagement (the endorsement process addresses harmonization of competing measures)
- For measures that are not endorsed:
  - Measures currently finalized for the program:
    - » Remove measures that have had endorsement removed or have been submitted for endorsement and were not endorsed
    - » Remove measures that are in endorsement reserve status (i.e., topped out), unless the measures are clinically relevant to specialties/subspecialties that do not currently have clinically relevant measures
  - Include measures under consideration that are fully specified and that:

- » Support alignment (e.g., measures used in MOC programs, registries)
- » Are outcome measures that are not already addressed by outcome measures included in the program
- » Are clinically relevant to specialties/subspecialties that do not currently have clinically relevant measures
- Measures selected for the program that are not NQF-endorsed should be submitted for endorsement

## Physician Compare

- NQF-endorsed measures are preferred for public reporting programs over measures that are not endorsed or are in reserve status (i.e., topped out); measures that are not NQF-endorsed should be submitted for endorsement or removed
- Include measures that focus on outcomes and are meaningful to consumers (i.e., have face validity) and purchasers
- Focus on patient experience, patient-reported outcomes (e.g., functional status), care coordination, population health (e.g., risk assessment, prevention), and appropriate care measures
- To generate a comprehensive picture of quality, measure results should be aggregated (e.g., composite measures), with drill-down capability for specific measure results

## Value-Based Payment Modifier (VBPM)

- NQF-endorsed measures are strongly preferred for pay-for-performance programs; measures

that are not NQF-endorsed should be submitted for endorsement or removed

- Include measures that have been reported in a national program for at least one year (e.g., PQRS) and ideally can be linked with particular cost or resource use measures to capture value
- Focus on outcomes, composites, process measures that are proximal to outcomes, appropriate care (e.g., overuse), and care coordination measures (measures included in the MAP Families of Measures generally reflect these characteristics)
- Monitor for unintended consequences to vulnerable populations (e.g., through stratification)

### Medicare and Medicaid EHR Incentive Program for Eligible Professionals (Meaningful Use)

- Include endorsed measures, whether currently finalized for the program or under consideration, that have eMeasure specifications available (the endorsement process addresses issues of harmonization and competing measures)
- Over time, as health IT becomes more effective and interoperable, focus on:
  - Measures that reflect efficiency in data collection and reporting through the use of health IT

- Measures that leverage health IT capabilities (e.g., measures that require data from multiple settings/providers, patient-reported data, or connectivity across platforms to be fully operational)
- Innovative measures made possible by the use of health IT

### General Considerations

- Work toward a core set of measures that all clinicians, regardless of specialty, can report across all programs. The core set should focus on patient experience and engagement, patient-reported outcomes, other outcomes, care coordination, appropriate care, and population health (e.g., health risk assessment, prevention).
- To promote parsimony and alignment, the same measures should serve multiple programs, where possible (e.g., Meaningful Use and PQRS; Medicare Shared Savings and Medicare Advantage).
- Measures should be tested at the appropriate level of analysis (e.g., individual, group, system) before inclusion in public reporting or payment programs. PQRS can serve as a mechanism for testing measures.



## MAP Previously Identified Measure Gaps

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This document provides a synthesis of previously identified measure gaps compiled from all prior MAP reports. The gaps are grouped by NQS priority.

### Safety

- Composite measure of most significant Serious Reportable Events

#### *Healthcare-Associated Infections*

- Ventilator-associated events for acute care, post-acute care, long-term care hospitals and home health settings
- Pediatric population: special considerations for ventilator-associated events and *C. difficile*
- Infection measures reported as rates, rather than ratios (more meaningful to consumers)
- Sepsis (healthcare-acquired and community-acquired) incidence, early detection, monitoring, and failure to rescue related to sepsis
- Post-discharge follow-up on infections in ambulatory settings
- Vancomycin Resistant Enterococci (VRE) measures (e.g., positive blood cultures, appropriate antibiotic use)

#### *Medication and Infusion Safety*

- Adverse drug events
  - Injury/mortality related to inappropriate drug management
  - Total number of adverse drug events that occur within all settings (including administration of wrong medication or wrong dosage and drug-allergy or drug-drug interactions)
- Inappropriate medication use
  - Polypharmacy and use of unnecessary medications for all ages, especially high-risk medications
  - Antibiotic use for sinusitis
  - Use of sedatives, hypnotics, atypical-antipsychotics, pain medications (consideration for individuals with dementia, Alzheimer's, or residing in long-term care settings)
- Medication management
  - Patient-reported measures of understanding medications (purpose, dosage, side effects, etc.)
  - Medication documentation, including appropriate prescribing and comprehensive medication review
  - Persistence of medications (patients taking medications) for secondary prevention of cardiovascular conditions
  - Role of community pharmacist or home health provider in medication reconciliation
- Blood incompatibility

#### *Perioperative/Procedural Safety*

- Air embolism
- Anesthesia events (inter-operative myocardial infarction, corneal abrasion, broken tooth, etc.)
- Perioperative respiratory events, blood loss, and unnecessary transfusion
- Altered mental status in perioperative period

#### *Venous Thromboembolism*

- VTE outcome measures for ambulatory surgical centers and post-acute care/long-term care settings

- Adherence to VTE medications, monitoring of therapeutic levels, medication side effects, and recurrence

### *Falls and Immobility*

- Standard definition of falls across settings to avoid potential confusion related to two different fall rates
- Structural measures of staff availability to ambulate and reposition patients, including home care providers and home health aides

### *Obstetrical Adverse Events*

- Obstetrical adverse event index
- Measures using National Health Safety Network (NHSN) definitions for infections in newborns

### *Pain Management*

- Effectiveness of pain management paired with patient experience and balanced by overuse/misuse monitoring
- Assessment of depression with pain

## **Patient & Family Engagement**

### *Person-Centered Communication*

- Information provided at appropriate times
- Information is aligned with patient preferences
- Patient understanding of information, not just receiving information (considerations for cultural sensitivity, ethnicity, language, religion, multiple chronic conditions, frailty, disability, medical complexity)
- Outreach to non-compliant patients

### *Shared Decision-Making and Care Planning*

- Person-centered care plan, created early in the care process, with identified goals for all people
- Integration of patient/family values in care planning
- Plan agreed to by the patient and provider and given to patient, including advanced care plan
- Plan shared among all providers seeing the patient (integrated); multidisciplinary
- Identified primary provider responsible for the care plan
- Fidelity to care plan and attainment of goals
  - Treatment consistent with advanced care plan
- Social care planning addressing social, practical, and legal needs of patient and caregivers
- Grief and bereavement care planning

### *Advanced Illness Care*

- Symptom management (nausea, shortness of breath, nutrition)
- Comfort at end of life

### *Patient-Reported Measures*

- Functional status
  - Particularly for individuals with multiple chronic conditions
  - Optimal functioning (e.g., improving when possible, maintaining, managing decline)
- Pain and symptom management
- Health-related quality of life
- Patient activation/engagement

## Healthy Living

- Life enjoyment
- Community inclusion/participation for people with long-term services and supports needs
- Sense of control/autonomy/self-determination
- Safety risk assessment

## Care Coordination

### *Communication*

- Sharing information across settings
  - Address both the sending and receiving of adequate information
  - Sharing medical records (including advance directives) across all providers
  - Documented consent for care coordination
  - Coordination between inpatient psychiatric care and alcohol/substance abuse treatment
- Effective and timely communication (e.g., provider-to-patient/family, provider-to-provider)
  - Survey/composite measure of provider perspective of care coordination
- Comprehensive care coordination survey that looks across episode and settings (includes all ages; recognizes accountability of the multidisciplinary team)

### *Care Transitions*

- Measures of patient transition to next provider/site of care across all settings, beyond hospital transitions (e.g., primary care to specialty care, clinician to community pharmacist, nursing home to home health) as well as transitions to community services
- Timely communication of discharge information to all parties (e.g., caregiver, primary care physician)
- Transition planning
  - Outcome measures for after care
  - Primary care follow-up after discharge measures (e.g., patients keeping follow-up appointments)
  - Access to needed social supports

### *System and Infrastructure Support*

- Interoperability of EHRs to enhance communication
- Measures of "systemness," including accountable care organizations and patient-centered medical homes
- Structures to connect health systems and benefits (e.g., coordinating Medicare and Medicaid benefits, connecting to long-term supports and services)

### *Avoidable Admissions and Readmissions*

- Shared accountability and attribution across the continuum
- Community role; patient's ability to connect to available resources

## Affordability

- Ability to obtain follow-up care
- Utilization benchmarking (e.g., outpatient/ED/nursing facility)
- Consideration of total cost of care, including patient out of pocket cost
- Appropriateness for admissions, treatment, over-diagnosis, under-diagnosis, misdiagnosis, imaging, procedures
- Chemotherapy appropriateness, including dosing
- Avoiding unnecessary end-of-life care
- Use of radiographic imaging in the pediatric population

# Prevention and Treatment for the Leading Causes of Mortality

## *Primary and Secondary Prevention*

- Lipid control
- Outcomes of smoking cessation interventions
- Lifestyle management (e.g., physical activity/exercise, diet/nutrition)
- Cardiometabolic risk
- Modify Prevention Quality Indicators (PQI) measures to assess accountable care organizations; modify population to include all patients with the disease (if applicable)

## *Cancer*

- Cancer- and stage-specific survival as well as patient-reported measures
- Complications such as febrile neutropenia and surgical site infection
- Transplants: bone marrow and peripheral stem cells
- Staging measures for lung, prostate, and gynecological cancers
- Marker/drug combination measures for marker-specific therapies, performance status of patients undergoing oncologic therapy/pre-therapy assessment
- Disparities measures, such as risk-stratified process and outcome measures, as well as access measures
- Pediatric measures, including hematologic cancers and transitions to adult care

## *Cardiovascular Conditions*

- Appropriateness of coronary artery bypass graft and PCI at the provider and system levels of analysis
- Early identification of heart failure decompensation
- ACE/ARB, beta blocker, statin persistence (patients taking medications) for ischemic heart disease

## *Depression*

- Suicide risk assessment for any type of depression diagnosis
- Assessment and referral for substance use
- Medication adherence and persistence for all behavioral health conditions

## *Diabetes*

- Measures addressing glycemic control for complex patients (e.g., geriatric population, multiple chronic conditions) at the clinician, facility, and system levels of analysis
- Pediatric glycemic control
- Sequelae of diabetes

## *Musculoskeletal*

- Evaluating bone density, and prevention and treatment of osteoporosis in ambulatory settings

## MAP Decision Categories

| Measures Under Consideration | MAP Decision (standardized options) | Decision Description   | MAP Rationale (suggested options)   | MAP Findings (open text)  |
|------------------------------|-------------------------------------|--|---|---|
|                              | Support                             | Indicates measures under consideration that should be added to the program measure set during the current rulemaking cycle.                        | <ul style="list-style-type: none"> <li>• NQF-endorsed measure</li> <li>• Addresses National Quality Strategy aim or priority not adequately addressed in program measure set</li> <li>• Addresses program goals/requirements</li> <li>• Addresses a measure type not adequately represented in the program measure set</li> <li>• Promotes person- and family-centered care</li> <li>• Provides considerations for healthcare disparities and cultural competency</li> <li>• Promotes parsimony</li> <li>• Promotes alignment across programs, settings, and public and private sector efforts</li> <li>• Addresses a high-leverage opportunity for improving care for dual eligible beneficiaries</li> <li>• Included in a MAP family of measures</li> </ul> | <i>MAP findings will highlight additional considerations raised by the group.</i>   |
|                              | Do Not Support                      | Indicates measures that are not recommended for inclusion in the program measure set.  | <ul style="list-style-type: none"> <li>• Measure does not adequately address any current needs of the program</li> <li>• A finalized measure addresses a similar topic and better addresses the needs of the program</li> <li>• A ‘Supported’ measure under consideration addresses as similar topic and better addresses the needs of the program</li> <li>• NQF endorsement removed (the measure no longer meets the NQF endorsement criteria)</li> <li>• NQF endorsement retired (the measure is no longer maintained by the steward)</li> <li>• NQF endorsement placed in reserve status (performance on this measure is topped out)</li> <li>• Measure previously submitted for endorsement and was not endorsed</li> </ul>                              | <i>MAP findings will highlight additional considerations raised by the group.</i>   |
|                              | Conditionally Support               | Indicates measures, measure concepts, or measure ideas that should be phased into program measure sets over time, subject to contingent factor(s). | <ul style="list-style-type: none"> <li>• Not ready for implementation; measure concept is promising but requires modification or further development</li> <li>• Not ready for implementation; should be submitted for and receive NQF endorsement</li> <li>• Not ready for implementation; data sources do not align with program’s data sources</li> <li>• Not ready for implementation; measure needs further experience or testing before being used in the program</li> </ul>   | <p><i>MAP findings will highlight the contingent factors that should be met before a measure is included in the program.</i></p> <p>For example:</p> <ul style="list-style-type: none"> <li>• Guidance on modifications</li> <li>• Description of how the measure concept will add value when fully developed and NQF-endorsed</li> </ul> |

|                    |                          |   |  |  |
|--------------------|--------------------------|---|--|--|
|                    |                          |   |  | <ul style="list-style-type: none"> <li>Additional programmatic considerations, such as needing at least 1 year of results before implementation in other programs</li> </ul> |
| Finalized Measures | <b>Decision Category</b> | <b>Decision Description</b>   | <b>Rationale Category</b>  | <b>Rationale Description</b>   |
|                    | Remove                   | Indicates measures that should be removed from a program measure set. | <ul style="list-style-type: none"> <li>NQF endorsement removed (the measure no longer meets the NQF endorsement criteria)</li> <li>NQF endorsement retired (the measure is no longer maintained by the steward)</li> <li>NQF endorsement placed in reserve status (performance on this measure is topped out)</li> <li>A 'Supported' measure under consideration addresses a similar topic and better addresses the needs of the program and promotes alignment</li> </ul> | <i>MAP findings will indicate the timing of removal.</i>   |

# ROSTER FOR THE MAP CLINICIAN WORKGROUP

## CHAIR (VOTING)

Mark McClellan, MD, PhD

| ORGANIZATIONAL MEMBERS (VOTING)                  | REPRESENTATIVES                 |
|--|---------------------------------|
| American Academy of Family Physicians            | Amy Mullins, MD, FAAFP          |
| American Association of Nurse Practitioners      | Diane Padden, PhD, CRNP, FAANP  |
| American College of Cardiology                   | Paul Casale, MD, FACC           |
| American College of Emergency Physicians         | Bruce Auerbach, MD              |
| American College of Radiology                    | David Seidenwurm, MD            |
| American Speech-Language-Hearing Association     | Janet Brown, MA, CCC-SLP        |
| Association of American Medical Colleges         | Joanne Conroy, MD               |
| Center for Patient Partnerships                  | Rachel Grob, PhD                |
| CIGNA  | David Ferriss, MD, MPH          |
| Consumers' CHECKBOOK                             | Robert Krughoff, JD             |
| Kaiser Permanente                                | Amy Compton-Phillips, MD        |
| March of Dimes                                   | Cynthia Pellegrini              |
| Minnesota Community Measurement                  | Beth Averbeck, MD               |
| National Business Coalition on Health            | Representative to be determined |
| Pacific Business Group on Health                 | David Hopkins, PhD              |
| Physician Consortium for Performance Improvement | Mark Metersky, MD               |
| The Alliance                                     | Cheryl DeMars                   |

| EXPERTISE              | INDIVIDUAL SUBJECT MATTER EXPERT MEMBERS (VOTING)   |
|------------------------|---|
| Disparities            | Luther Clark, MD                                    |
| Palliative Care        | Constance M. Dahlin, MSN, ANP-BC, ACHPN, FPCN, FAAN |
| Population Health      | Eugene Nelson, MPH, DSc                             |
| Shared Decision Making | Karen Sepucha, PhD                                  |
| Team-Based Care        | Ronald Stock, MD, MA                                |
| Surgical Care          | Eric B. Whitacre, MD, FACS                          |

| FEDERAL GOVERNMENT MEMBERS (NON-VOTING, EX OFFICIO) | REPRESENTATIVES        |
|---|------------------------|
| Agency for Healthcare Research and Quality (AHRQ)   | Darryl Gray, MD, ScD   |
| Centers for Disease Control and Prevention (CDC)    | Peter Briss, MD, MPH   |
| Centers for Medicare & Medicaid Services (CMS)      | Kate Goodrich, MD      |
| Health Resources and Services Administration (HRSA) | Ian Corbridge, MPH, RN |
| Office of the National Coordinator for HIT (ONC)    | Kevin Larsen, MD, FACP |

FEDERAL GOVERNMENT MEMBERS  
(NON-VOTING, EX OFFICIO)

REPRESENTATIVES

Veterans Health Administration (VHA)

Joseph Francis, MD, MPH

MAP COORDINATING COMMITTEE CO-CHAIRS (NON-VOTING, EX OFFICIO)

George J. Isham, MD, MS

Elizabeth A. McGlynn, PhD, MPP

# BIOS FOR THE MAP CLINICIAN WORKGROUP

## CHAIR (VOTING)

### Mark McClellan, MD, PhD

Mark McClellan is senior fellow, director of the Engelberg Center for Health Care Reform, and Leonard D. Schaeffer Chair in Health Policy Studies at the Brookings Institution. Established in 2007, the Engelberg Center provides practical solutions to achieve high-quality, innovative, affordable health care with particular emphasis on identifying opportunities on the national, state and local levels. A doctor and economist by training, McClellan has a highly distinguished record in public service and academic research. He is a former administrator of the Centers for Medicare & Medicaid Services (CMS) and former commissioner of the Food and Drug Administration (FDA). He also served as a member of the President's Council of Economic Advisers and senior director for health care policy at the White House. Previously, McClellan served in the Clinton administration as deputy assistant secretary of the Treasury for economic policy, where he supervised economic analysis and policy development on a range of domestic policy issues. McClellan also served as an associate professor of economics and associate professor of medicine with tenure at Stanford University, where he directed Stanford's Program on Health Outcomes Research; was associate editor of the Journal of Health Economics; and co-principal investigator of the Health and Retirement Study (HRS), a longitudinal study of the health and economic status of older Americans. He has twice received the Kenneth J. Arrow Award for Outstanding Research in Health Economics. From time to time, McClellan advises U.S. government officials on health care policy issues. In his capacity as a health policy expert, he is the co-director of the Bipartisan Policy Center's Leaders' Project on the State of American Health Care; co-chair of the Robert Wood Johnson Foundation Commission to Build a Healthier America; and chair of the FDA's Reagan-Udall Foundation. McClellan is also co-chair of the Quality Alliance Steering Committee, sits on the National Quality Forum's Board of Directors, is a member of the Institute of Medicine of the National Academy of Sciences, and is a research associate at the National Bureau of Economic Research. McClellan holds an MD from the Harvard University–Massachusetts Institute of Technology (MIT) Division of Health Sciences and Technology, a PhD in economics from MIT, an MPA from Harvard University, and a BA from the University of Texas at Austin. He completed his residency training in internal medicine at Boston's Brigham and Women's Hospital, is board-certified in Internal Medicine, and has been a practicing internist during his career.

## ORGANIZATIONAL MEMBERS (VOTING)

### AMERICAN ACADEMY OF FAMILY PHYSICIANS

#### Amy Mullins, MD, FAFAP

Biography currently unavailable.

#### AMERICAN ACADEMY OF NURSE PRACTITIONERS

##### Diane Padden, PhD, CRNP, FAANP

Dr. Padden is Vice President for Research, Education and Professional Practice at AANP. Prior to AANP she was an Associate Professor at the Uniformed Services University (USU) in Bethesda, MD where she held several leadership positions. Dr. Padden has been a Family Nurse Practitioner since 1994 practicing in both private and public settings with a focus on health promotion and health prevention of the entire family. She has conducted several research studies focusing on stress, coping and health promoting behaviors in spouses of service members. She is an expert in education and curriculum design with over fourteen years' experience in nurse practitioner education. She is a site evaluator for the Commission on Collegiate Nursing Education (CCNE) conducting accreditation visits at Schools of Nursing seeking accreditation. She has inducted as a Fellow in the American Association of Nurse Practitioners in 2010. She received outstanding research abstract for AANP in 2011 and holds several other teaching awards. Dr. Padden received her BSN from the State University of New York, her master's degree from Emory University, and her PhD from The Catholic University of America.

#### AMERICAN COLLEGE OF CARDIOLOGY

##### Paul Casale, MD, FACC

Paul N. Casale is a practicing physician, Clinical Professor of Medicine at Temple University School of Medicine and Senior Scholar in health policy at Jefferson Medical College. He is a distinguished clinician, teacher, and researcher dedicated to providing high quality care to patients. He has published extensively on cost and disparities in health care, disease management strategies and risk factor identification. Throughout his career, he has been involved in efforts to improve quality while controlling costs, contributing to these efforts at both the local, state and national levels. He serves as Medical Director of Quality for Lancaster General Health where he leads the organization's efforts to improve healthcare quality and safety. In 2004, Dr. Casale was appointed by the Governor of Pennsylvania to the state's Health Care Cost Containment Council. He continues to serve as a member of the Council and is currently the Chair of its Data Systems Committee. As a member of the Board of Trustees of the Pennsylvania Medical Society, Dr. Casale served as Chairman of the Health Care Cost and Quality Committee. At the national level, Dr. Casale is currently a member of the National Advisory Council of the Agency for Healthcare Research and Quality. In addition, he is a strong proponent of the ACCF's ongoing efforts to improve the quality of cardiovascular patient care. Dr. Casale is the current Chair of the PINNACLE Registry Steering Committee, the nation's first registry for ambulatory cardiac care, and Chair of the ACC Partners in Quality Committee. He serves on the Advisory Group to the Coalition to Reduce Racial & Ethnic Disparities in Cardiovascular Outcomes.

#### AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

##### Bruce Auerbach, MD, FACEP

Dr. Auerbach is Vice President and Chief of Emergency and Ambulatory Services and Associate Medical Director at Sturdy Memorial Hospital in Attleboro, Massachusetts. He is Board-certified in emergency medicine and a Fellow of the American College of Emergency Physicians (ACEP). He is Past President of

the Massachusetts Medical Society and Massachusetts College of Emergency Physicians and is past Chair of ACEP's Quality and Performance Committee. He currently serves on the AMA PCPI Executive Committee, is co-Chair of ACEP's Delivery System Reform Task Force, Chairs the Massachusetts Hospital Association's Clinical Issues Advisory Council and serves on its Board. He is State Lead for the State Action on Avoidable Rehospitalizations (STAAR) and a member of the State's Care Transition Steering Committee. He is on the Board of the Coverys Malpractice Insurance company and Chair of the Board of the Albert Schweitzer Fellowship Program, an organization dedicated to reducing health disparities and underserved communities. He has appointments at the Harvard School of Public Health, the Department of Community Medicine at Tufts University School of Medicine and the Division of Emergency Medicine at the University of Massachusetts Medical School. A native of Philadelphia, Dr. Auerbach received his medical degree from Temple University where he met his wife Robin Richman, MD.

#### AMERICAN COLLEGE OF RADIOLOGY

##### David Seidenwurm, MD

David Seidenwurm was raised in New York City. He majored in Philosophy as an undergraduate at Stanford, and concentrated in Neuroscience at the Harvard Medical School. After Internship at Kaiser Foundation Hospital in San Francisco and Diagnostic Radiology Residency at Stanford he was a Fellow in Neuroradiology at New York University. Subsequently, he was acting Director of Neuro MRI at NYU and Assistant Professor at UCSF. He has been a Neuroradiologist at Radiological Associates of Sacramento since 1991, comprised of 63 radiologists imaging facilities, teleradiology, radiation oncology and multispecialty services. Previously, he has served as Chief of Diagnostic Imaging and Radiation Oncology at Sutter Medical Center, Sacramento. He director and past president of California Managed Imaging. Dr. Seidenwurm has been an active contributor to the medical literature as Associate Editor of Radiology and a member of the Editorial Board of Diagnostic Imaging. He has authored numerous peer reviewed scientific papers, consensus statements, and editorial commentaries. His writing has appeared in publications ranging from JAMA to The New Yorker and The National Review. At present, Dr. Seidenwurm holds numerous leadership positions related to medical quality improvement and consensus development. He is co-chair of the AMA Physicians Consortium committees developing Performance Measures for Stroke, Radiology and Radiation Exposure, previous Chairman of the American College of Radiology Neurological Imaging Appropriateness Criteria Expert Panel and Chairman of the American Society of Neuroradiology Quality, Safety and Value committee. He is past Secretary of the American Society of Neuroradiology.

#### AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

##### Janet Brown, MA, CCC-SLP

Janet Brown, MA CCC-SLP, is director of health care services in speech-language pathology at the American Speech-Language-Hearing Association (ASHA), the professional, credentialing, and scientific organization for speech-language pathologists, audiologists, and speech, language, and hearing scientists. She develops resources for speech-language pathologists in health care settings, and is ASHA's liaison to CARF, the National Association for Home Care and the American Association for Accreditation of Ambulatory Surgical Facilities. She is co-editor of *Business Matters: A Guide for Speech-*

*Language Pathologists* and co-authored a chapter on “Outcomes Measurement in Federal Programs and Public Policy” in *Outcomes in Speech-Language Pathology*. She has participated in several CMS TEPs on alternatives to the therapy cap. Ms. Brown received a Master’s degree in speech-language pathology from The Catholic University of America.

#### ASSOCIATION OF AMERICAN MEDICAL COLLEGES

##### Joanne Conroy, MD

As Chief Health Care Officer, Joanne M. Conroy, M.D., focuses on the interface between the health care delivery system and academic medicine, paying particular attention to how health care in academic settings can address quality-of-care and patient-centered care issues. Dr. Conroy represents the interests of approximately 400 major teaching hospitals and health systems, including 64 Veterans Affairs medical centers, through the AAMC Council of Teaching Hospitals and Health Systems in addition to overseeing the Group on Faculty Practice, Group on Resident Affairs, Chief Medical Officers Group, and the Compliance Officers Forum. Dr. Conroy started her career in Charleston SC as Chair of Anesthesia and Perioperative Medicine, VPMA of the University Hospital and Senior Associate Dean of the College of Medicine at MUSC. From 2001-2008 she served as Executive Vice President of Atlantic Health System, Chief Operating Officer and President of Morristown Memorial Hospital in Morristown, New Jersey. In those roles, Dr. Conroy gained an understanding of health system operations, hospital-physician relationships, and collaborative partnerships among the various elements of academic health systems. Dr. Conroy earned her B.A. degree in chemistry from Dartmouth College, and was awarded her M.D. degree from the Medical University of South Carolina.

#### CENTER FOR PATIENT PARTNERSHIPS

##### Rachel Grob, PhD

Rachel Grob, PhD, MA, is currently Director of National Initiatives and Scholar in Residence at the Center for Patient Partnerships (CPP), University of Wisconsin-Madison. Rachel’s work at the CPP is focused on enhancing the capacity of patients to influence state and federal health policy, and on understanding and improving responsiveness of the health care system to consumers’ experiences. She is also leading an array of research and field-building initiatives. Prior to joining the CPP in 2011, Rachel was Associate Dean of Graduate Studies, Director of the Child Development Institute, and Health Advocacy Program faculty member at Sarah Lawrence College. She is also an investigator in health policy research, Robert Wood Johnson Foundation, 2006-2011. Her publications include articles and book chapters on advocacy and parental/patient perspectives on clinical issues, and her co-edited volume titled *Patients as Policy Actors* was published in 2011 by Rutgers University Press. She holds degrees from Wesleyan University (B.A.), Sarah Lawrence College (M.A. in Health Advocacy), and City University of New York Graduate Center (Doctorate in sociology).

#### CIGNA

##### David Ferriss, MD, MPH

David Ferriss is Cigna HealthCare’s National Medical Director for Network Clinical Performance Evaluation. As the Medical Director focused on the measurement of hospital and physician

performance, Dr. Ferriss provides physician leadership to the development of improved methods of measuring quality and cost-efficiency in its hospital and physician networks. Dr. Ferriss has over thirty years of experience as a practicing physician and medical executive. During his eighteen-year tenure with Cigna, Dr. Ferriss has served as Medical Director for Cigna HealthCare of Colorado, Associate National Medical Director for Cigna HealthCare, as the Specialty Medical Director responsible for Cigna's disease management, transplant management, and health facilitation programs, as a National Accounts Sales Medical Executive, as Medical Officer for Clinical Program Development and as Medical Executive for Lifestyle Medicine. He has also held medical leadership positions with Prudential Healthcare and Quorum Health Resources, a hospital management and consulting company. Dr. Ferriss received his medical degree from Tulane Medical School and completed residency training in family practice at the University of Mississippi and in preventive medicine at UCLA where he received a Master of Public Health degree. He also completed a postdoctoral fellowship in health services research at The Bloomberg School of Public Health of The Johns Hopkins University. He is board-certified in preventive medicine.

#### CONSUMERS' CHECKBOOK

##### Robert Krughoff, JD

Robert M. Krughoff is founder and president of Center for the Study of Services/Consumers' CHECKBOOK (CSS/CHECKBOOK), an independent, nonprofit consumer organization founded in 1974. The organization publishes local versions of Consumers' CHECKBOOK magazine in seven major metropolitan areas (Seattle/Tacoma, Boston, Chicago, Minneapolis/St. Paul, Philadelphia, San Francisco/Oakland/San Jose, and Washington, DC). The magazine evaluates local service providers ranging from auto repair shops to plumbers to various types of health care providers. CHECKBOOK also has nationally distributed publications and websites to help consumers find quality and save money, including: *Guide to Top Doctors*, *Consumers' Guide to Hospitals*, *Guide to Health Plans for Federal Employees*, and *checkbook.org/patientcentral* (which has patient experience ratings of individual physicians). Krughoff also has a role in the work CSS/CHECKBOOK does in survey design, implementation, analysis, and reporting for large-scale surveys in the health care field, including CAHPS surveys of members about health plans and of patients about physicians. Before founding CSS/CHECKBOOK, Krughoff served in the U. S. Department of Health, Education, and Welfare as Director of the Office of Research and Evaluation Planning and as Special Assistant to the Assistant Secretary for Planning and Evaluation. Krughoff is a graduate of Amherst College and the University of Chicago Law School, where he was an associate editor of the *Law Review*.

#### KAISER PERMANENTE

##### Amy Compton-Phillips, MD

Amy Compton-Phillips is a Midwestern born, East Coast trained and West Coast by nature internist, now serving as physician leader of Quality for the Permanente Federation, the physician arm of Kaiser Permanente. Knowing that efficient, effective, reliable, compassionate care is what patients deserve, is what keeps her motivated to support KP in living up to its potential. Focus areas include improving

system wide hospital and surgical care, spreading innovations in quality and safety in the ambulatory environment, and leveraging our IT systems to develop innovative options transforming care delivery.

#### MARCH OF DIMES

##### Cynthia Pellegrini

Cynthia Pellegrini is Senior Vice President for Public Policy and Government Affairs at the March of Dimes. In this capacity, Ms. Pellegrini oversees all March of Dimes advocacy efforts at the federal level and in all 50 States, the District of Columbia and Puerto Rico. She also guides the organization's research on maternal and child health policy issues. Key March of Dimes policy priorities include access to health care for all women of childbearing age and children; research into prematurity, birth defects, and other aspects of reproductive and child health and development; prevention and health promotion issues, such as tobacco cessation and nutrition; and issues of concern to the operation of not-for-profit organizations. Ms. Pellegrini is a voting member of the CDC's Advisory Committee on Immunization Practices, which determines the annual child and adult immunization schedules. Prior to joining March of Dimes, Ms. Pellegrini served as Associate Director for Federal Affairs at the American Academy of Pediatrics, where she covered a range of issues including genetics, bioethics, child abuse and neglect, environmental health, nutrition, obesity, and injury and violence. In this capacity, Ms. Pellegrini worked with AAP leadership to develop and execute strategies to advance AAP priorities through both Congress and the Administration. Ms. Pellegrini worked on Capitol Hill for over eleven years. From 1996 to 2004, she served as Chief of Staff and health aide to Rep. Louise Slaughter (NY). Her tenure on Capitol Hill also included stints with Reps. Gerald Kleczka (WI) and Jay Inslee (WA). She has published on trends in federal public health and preparedness spending and served on the National Commission on Children and Disasters' Pediatric Medical Care Subcommittee. Ms. Pellegrini has an extensive background in public policy issues as well as politics and administration.

#### MINNESOTA COMMUNITY MEASUREMENT

##### Beth Averbeck, MD

Beth Averbeck, MD, is the Associate Medical Director, Primary Care for HealthPartners Medical Group, with expertise in health disparities, diabetes care, internal medicine, primary care redesign, and quality improvement. She has over 15 years of leadership experience in process improvement and clinical operations and plays a key role in HealthPartners Medical Group's efforts to improve quality of care for patients. Through her work and leadership in redesigning ambulatory care, the gap in mammography screening rates between white patients and patients of color in HealthPartners clinics decreased by 46 percent between 2007 and 2009. In 2010, her team was named an American Medical Group Association Acclaim Award honoree, and in 2006, her team received the Acclaim Award for implementation of reliable workflows and processes in ambulatory care. These achievements reflect her desire to improve care for patients of all communities and backgrounds. Under her leadership, HealthPartners received NCQA Medical Home recognition for all primary care clinics in 2009, and in 2010 received Minnesota Health Care Home Certification for all primary care clinics. Beth Averbeck has presented at conferences sponsored by the American Medical Group Association, the Institute for Clinical Systems Improvement, and the Institute for Healthcare Improvement in the areas of transparency, pay for performance, physician culture, electronic medical record decision support, reliability in ambulatory care and reducing disparities in health care. She also serves on the boards for Minnesota Community Measurement and

the Institute for Clinical Systems Improvement. She has been with HealthPartners since 1993. She holds an academic appointment as a Clinical Assistant Professor at the University of Minnesota Medical School, where she received her medical degree. In 2010, she was honored by the *Minneapolis/St. Paul Business Journal* with a Women in Business award.

#### NATIONAL BUSINESS COALITION ON HEALTH

Representative to be determined.

#### PACIFIC BUSINESS GROUP ON HEALTH

##### David Hopkins, PhD

David S. P. Hopkins is Senior Advisor at the Pacific Business Group on Health (PBGH). He advises PBGH on health care performance measurement and policy issues and represents PBGH on regional measurement collaboratives and national policy-making bodies. Hopkins is also affiliated with the Center for Primary Care and Outcomes Research and the Center for Health Policy at Stanford University Medical School. Prior to joining PBGH in 1995, he was Vice President with International Severity Information Systems, Inc., a medical severity indexing software and consulting firm. From 1978 to 1993, Hopkins held a number of senior management positions at Stanford University and Stanford University Medical Center. Hopkins earned his A.B. in Biology from Harvard, and his M.S. in Statistics and Ph.D. in Operations Research from Stanford. He is a 1993 graduate of the Advanced Training Program in Health Delivery Improvement at Intermountain Health Care. He is co-author (with Susan D. Horn) of *Clinical Practice Improvement: A New Technology for Developing Cost-Effective Quality Health Care* (Faulkner & Gray, 1994) and of *Planning Models for Colleges and Universities* (Stanford University Press, 1981), which was awarded the 1981 Frederick W. Lanchester Prize for best publication in operations research by the Operations Research Society of America. Hopkins is author or co-author of articles in *The New England Journal of Medicine*, *Medical Care*, *Management Science*, and *Operations Research*. Hopkins is a director and member of the Executive Committee of the California Hospital Assessment and Reporting Taskforce (CHART) and serves on the Performance Measurement Advisory Committee of the Integrated Healthcare Association. On the national front, he is Chair of the National Quality Forum (NQF) Purchaser Council and served two terms on the NQF Consensus Standards Approval Committee. In addition, he has served on The Joint Commission (TJC) Business Advisory Group, America's Health Insurance Plans (AHIP) Data Oversight Work Group, and the Network for Regional Healthcare Improvement (NRHI) Board of Directors. He serves as well on the Board of Directors of The Guttmacher Institute, a not-for-profit organization dedicated to research, policy analysis, and education in reproductive health. From 1994 until 2006, he was a Director of Fair Isaac Corporation, a publicly-traded company that provides statistically-based decision systems and services to the financial services, direct marketing, insurance, and retail industries.

#### PHYSICIAN CONSORTIUM FOR PERFORMANCE IMPROVEMENT

##### Mark Metersky, MD

Dr. Mark Metersky is a pulmonary and critical care physician and is Professor of Medicine and Director of the Center for Bronchiectasis Care at the University of Connecticut School of Medicine. He has

published extensively on the subjects of pulmonary infections, performance measurement and quality improvement and is a frequent lecturer at national and international meetings on these areas. He was elected to be a member of the Executive Committee of the AMA Physician Consortium for Performance Improvement in 2009. He serves on the Technical Expert Panel for the Centers for Medicare and Medicaid Services National Pneumonia Project and is the clinical lead for the Medicare/AHRQ Patient Safety Monitoring System that is managed by Qualidigm (Connecticut's Medicare QIO). Dr. Metersky has had extensive experience in implementing quality improvement efforts, both at his own hospital and at a statewide level, through his work with Qualidigm. He has also served on the Quality Improvement Committee and is the Chair of the Health and Science Policy Committee for the American College of Chest Physicians.

#### THE ALLIANCE

##### Cheryl DeMars

Cheryl DeMars is the President and CEO of The Alliance, a not for profit cooperative of employers whose mission is to move health care forward by controlling costs, improving quality and engaging individuals in their health. The Alliance represents 165 employers who provide health benefits to 83,000 citizens in Wisconsin, Illinois and Iowa. Prior to assuming the position of CEO in 2006, Ms. DeMars served several roles at The Alliance providing leadership to the organization's cost and quality measurement activities, consumer engagement strategies and efforts to improve the quality and cost of health care on a community-wide basis. Prior to joining The Alliance in 1992, Ms. DeMars was a program manager at Meriter Hospital in Madison, WI. Ms. DeMars currently serves on the Board and Executive Committee of the National Business Coalition on Health. She serves on the Clinician Workgroup of the National Quality Forum's Measures Application Partnership. She also serves on the Technical Advisory Committee for the Catalyst for Payment Reform. In Wisconsin, Ms. DeMars serves on the Advisory Board of the UW Population Health Institute. Ms. DeMars received a master's degree in social work from the University of Wisconsin–Madison.

#### INDIVIDUAL SUBJECT MATTER EXPERT MEMBERS (VOTING)

#### DISPARITIES

##### Luther T. Clark, MD

Luther Clark, MD, is global director for scientific affairs, atherosclerosis, global center for scientific affairs, in the office of the chief medical officer at Merck. Prior to joining Merck, Dr. Clark was chief of the division of cardiovascular medicine and professor of clinical medicine at the State University of New York Downstate Medical Center and Kings County Hospital Center in Brooklyn, NY. Dr. Clark was also director and principal investigator of the National Institutes of Health (NIH) supported Brooklyn Health Disparities Research Center. He is a fellow of the American College of Cardiology and American College of Physicians, a member of the Council of the New York State Chapter of the American College of Cardiology, a member of the National Medical Association, and a member of the Association of Black

Cardiologists. Dr. Clark earned his bachelor of arts from Harvard College and his medical degree from Harvard Medical School.

#### PALLIATIVE CARE

##### Constance Dahlin, MSN, ANP-BC, ACHPN, FPCN, FAAN

Constance Dahlin is an advanced practice nurse with extensive hospice and palliative care experience. Ms. Dahlin is the Director of Professional Practice for the Hospice and Palliative Nurses Association. She trained in oncology and adult primary care as a CNS and NP. She has palliative experience across care settings; ambulatory, inpatient, rehabilitation, skilled facility, and home. She co-founded and was clinical director of an academic medical center palliative care team in Boston; and clinical director of an urban hospice in Boston, Massachusetts; and coordinator of a community hospice and home health agency in Springfield, Oregon. Ms. Dahlin is clinical associate professor at the Massachusetts General Hospital Institute of Health Professions and faculty on the Harvard Medical School Center for Palliative Care. She serves as national faculty for the End of Life Nursing Education Consortium (ELNEC). She was editor of the second and third editions of the National Consensus Project for Quality Palliative Care *Clinical Practice Guidelines for Quality Palliative Care* and co-edited the first and second editions of the Hospice and Palliative Nurses Association *Core Curriculum for the Advanced Hospice and Palliative Registered Nurse*. Current work includes the American Hospital Association Circle of Life Committee; consultant to the Center to Advance Palliative Care; and the Massachusetts Comprehensive Cancer Prevention and Control Program Advisory Board. She is past president and board member of the Hospice and Palliative Nurses Association and was a member of the National Quality Forum Hospital Efficiency Task Force. She has written, presented, and produced a variety of hospice and palliative nursing education topics, articles, materials, and book chapters. Ms. Dahlin is a Fellow of Hospice and Palliative Nursing and a Fellow of the American Academy of Nursing.

#### POPULATION HEALTH

##### Eugene Nelson, MPH, DSc

Dr. Nelson is Professor of Community and Family Medicine at The Dartmouth Institute for Health Policy and Clinical Practice, Dartmouth Medical School; Director, Population Health Measurement Program, The Dartmouth Institute; Director, Population Health and Measurement, Dartmouth-Hitchcock Medical Center. Dr. Nelson is a national leader in health care improvement and the development and application of measures of quality, system performance, health outcomes, value, and patient and customer perceptions. In the early 1990s, Dr. Nelson and his colleagues at Dartmouth began developing clinical microsystem thinking. His work to develop the “clinical value compass” and “whole system measures” to assess health care system performance has made him a well-recognized quality and value measurement expert. He is the recipient of The Joint Commission’s Ernest A. Codman award for his work on outcomes measurement in health care. Dr. Nelson, who has been a pioneer in bringing modern quality improvement thinking into the mainstream of health care, helped launch the Institute for Healthcare Improvement and served as a founding Board Member. He has authored over 150 publications and is the first author of three recent books: (a) *Quality by Design: A Clinical Microsystems Approach*, (b) *Practice-Based Learning and Improvement: A Clinical Improvement Action Guide: Second Edition*, and (c)

Value by Design: Developing Clinical Microsystems to Achieve Organizational Excellence. He received an AB from Dartmouth College, a MPH from Yale University and a DSc from Harvard University.

#### SHARED DECISION MAKING

##### Karen Sepucha, PhD

Dr. Sepucha is the director of the Health Decision Sciences Center in the General Medicine Division at Massachusetts General Hospital and an assistant professor in Medicine at Harvard Medical School. Her research and clinical interests involve developing and implementing tools and methods to improve the quality of significant medical decisions made by patients and clinicians. Dr. Sepucha was the medical editor for a series of five breast cancer patient decision aids (PtDAs) developed by the not-for-profit Foundation for Informed Medical Decision Making. The PtDAs have won seven media awards and Dr. Sepucha has led the dissemination of these programs to more than 80 academic and community cancer centers across the country. She is also responsible for efforts to integrate decision support tools into primary and specialty care at MGH. Her recent research has focused on the development of instruments to measure the quality of decisions. The decision quality instruments have been used in a national survey of medical decisions, and a subset of the items is being evaluated for use in CAHPS as part of the primary care medical home certification. Dr. Sepucha has been active in local, national and international efforts to improve decision quality, including the International Patient Decision Aids Standards collaboration. She got her Ph.D. in Engineering-Economic Systems and Operations Research at Stanford University with a focus in decision sciences.

#### TEAM-BASED CARE

##### Ronald Stock, MD, MA

Ronald Stock is a geriatrician, clinical health services researcher, and Associate Professor of Family Medicine at Oregon Health & Sciences University. He is currently The Foundation for Medical Excellence John Kitzhaber Fellow in Health Policy with an emphasis on understanding the impact of medical home and coordinated care organization healthcare delivery transformation on physicians and medical practices in Oregon. A graduate of the University of Nebraska College Of Medicine, Dr. Stock completed his residency and faculty development fellowship in Family Medicine at the Medical University of South Carolina and University of North Carolina-Chapel Hill and has a Certificate of Added Qualifications in Geriatric Medicine. Before joining OHSU in 2012 he served as Executive Medical Director of Geriatrics and Care Coordination services, and Medical Director of Education & Research at PeaceHealth Oregon Region. With funding from the John A Hartford Foundation, RWJ Foundation, AHRQ, and PeaceHealth/Sacred Heart Medical Center he has dedicated his professional career to improving the quality of healthcare for older adults, with a focus on redesigning the primary care delivery system in a community for vulnerable and frail elders through an interdisciplinary team model, and assessing methods to develop and measure team-based care in the clinical setting. He is currently a member of an AHRQ Technical Expert Panel on “Developing a Foundation & Framework for Team-Based Care Measures in Primary Care”, member of the Institute of Medicine Best Practices Innovation Collaborative on Team-Based Care, and an IOM Task Force exploring the role of “Patients on Teams”.

## SURGICAL CARE

### Eric B. Whitacre, MD, FACS

Eric B Whitacre, MD, FACS is Director of the Breast Center of Southern Arizona. He is a board certified breast surgeon with hospital appointments at Tucson Surgery Center, Tucson Medical Center, and Carondelet St. Joseph. He is past president of the American Society of Breast Surgeons, and a member of the Coding in Reimbursement Committee of the American College of Surgeons. He earned his MD at Cornell University Medical College and completed his general surgery training at The New York Hospital at Cornell Medical Center. Dr. Whitacre is also the Medical Director for Breast Care, Well Woman HealthCheck Program for the Arizona State Department of Health Services.

## FEDERAL GOVERNMENT MEMBERS (NON-VOTING, EX OFFICIO)

### AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)

#### Darryl Gray, MD, ScD

Darryl T Gray, MD, ScD, FAHA is a Medical Officer in the Center for Quality Improvement and Patient Safety at the Agency for Healthcare Research and Quality (AHRQ). Dr Gray is a Contracting Officer's Technical Representative and Program Official for several AHRQ grants and contracts in patient safety areas and he co-chairs the Child Health sub-group for AHRQ's National Healthcare Quality and Disparities reports. He serves as AHRQ's representative to the American Medical Association's Performance Measurement Advisory Group and has also reviewed NQF performance measures in pediatric cardiac surgery, adult cardiac care and other areas. He also serves as AHRQ's liaison to the Steering Committee of the American Heart Association's Quality of Care and Outcomes Research Council and is a Fellow of the American Heart Association. Dr Gray's major research interests include analyses of care patterns, clinical outcomes and costs of diagnostic and therapeutic procedures. His studies of pediatric cardiac procedures and other interventions have been published in the *New England Journal of Medicine*, *Lancet*, *JAMA*, *Circulation*, *Spine* and elsewhere. Dr Gray graduated magna cum laude from Harvard, where he also earned a Doctor of Science Degree in Epidemiology. He also holds an MD degree from Case Western Reserve University and a Masters in Public Health from the University of Washington (Seattle). He received internal medicine and pediatrics training respectively at St Luke's Hospital in Cleveland and at BC Children's Hospital in Vancouver, British Columbia. After serving as a Visiting Researcher at Sweden's Center for Medical Technology Assessment and at Karolinska Institute, Dr Gray joined the medical staff and faculty at Mayo Clinic. He then moved to the University of Washington Schools of Public Health and Medicine, where he attained the rank of Research Associate Professor and Adjunct Research Associate Professor before coming to AHRQ in 2004.

### CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

#### Peter Briss, MD, MPH

Dr. Peter Briss currently serves as the Medical Director of CDC's National Center for Chronic Disease Prevention and Health Promotion. He has been with CDC and the Commissioned Corps of the US Public Health Service for more than 20 years. He has participated in a broad range of cross-disciplinary

research and service particularly involving systematic reviews, evidence-informed practice, program evaluation, policy analysis, and research translation. He has applied these interests across a broad range of health and behavioral topics ranging from health care to community prevention. He has participated in public health teaching, practice, and research at state and federal levels in the U.S. and internationally. Dr. Briss received his medical degree and training in internal medicine and pediatrics at the Ohio State University and his MPH in Health Management and Policy from the University of Michigan. He completed training in epidemiology and preventive medicine at CDC, is board certified in internal medicine and preventive medicine, and continues to serve as an active clinician at Grady Memorial Hospital in Atlanta. He has authored or coauthored approximately 80 professional publications and coedited the Guide to Community Preventive Services.

#### **CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)**

##### **Kate Goodrich, MD**

Kate Goodrich joined the Center for Medicare and Medicaid Services in September of 2011 where she serves as Acting Director of the Quality Measurement and Health Assessment Group in the Center for Clinical Standards and Quality (CCSQ). In this role, she oversees the implementation of 8 quality measurement and public reporting programs and partners with other CMS components on 11 other programs. She co-leads a CMS-wide task force to align measures across programs and with the private sector as well as a companion HHS-wide committee. She also leads an agency wide council to coordinate and implement quality improvement activities and to develop the agency's strategy for quality improvement. Previously, Dr. Goodrich served as a Senior Advisor to the Director of CCSQ and the CMS Chief Medical Officer. From 2010 – 2011 she served as a Medical Officer in the office of the Assistant Secretary for Planning and Evaluation (ASPE) at DHHS where she managed a portfolio of work on comparative effectiveness research and quality measurement and improvement. Dr. Goodrich is a graduate of the Robert Wood Johnson Clinical Scholars Program at Yale University where she received training in health services research and health policy from 2008-2010. From 1998 to 2008, Dr. Goodrich was on faculty at the George Washington University Medical Center and served as Division Director for Hospital Medicine from 2005-2008. She continues to practice clinical medicine as a hospitalist and associate professor of medicine at George Washington University Hospital.

#### **HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)**

##### **Ian Corbridge, MPH, RN**

Ian Corbridge, MPH, RN, is a Public Health Policy Analyst in the Office for Health Information Technology & Quality within the Health Resources & Services Administration (HRSA). HRSA is the primary Federal agency for improving access to healthcare services for people who are uninsured, isolated or medically needy. Ian helps to oversee and align HRSA's quality improvement and performance measurement work. These efforts help to impact the quality of care and well-being for approximately 20 million Americans who benefit directly from HRSA's services. Ian has degrees in nursing and global studies from Pacific Lutheran University and a master's degree in public health from the George Washington University.

## OFFICE OF THE NATIONAL COORDINATOR FOR HIT (ONC)

### Kevin Larsen, MD, FACP

Kevin L. Larsen, MD is Medical Director of Meaningful Use at the Office of the National Coordinator for Health IT. In that role he is responsible for coordinating the clinical quality measures for Meaningful Use Certification and oversees the development of the Population Health Tool <http://projectpophealth.org>. Prior to working for the federal government he was Chief Medical Informatics Officer and Associate Medical Director at Hennepin County Medical Center in Minneapolis, Minnesota. He is also an Associate Professor of Medicine at the University of Minnesota. Dr. Larsen graduated from the University of Minnesota Medical School and was a resident and chief medical resident at Hennepin County Medical Center. He is a general internist and teacher in the medical school and residency programs. His research includes health care financing for people living in poverty, computer systems to support clinical decision making, and health literacy. In Minneapolis he was also the Medical Director for the Center for Urban Health, a hospital, community collaboration to eliminate health disparities. He served on a number of state and national committees in informatics, data standards and health IT.

## VETERANS HEALTH ADMINISTRATION (VHA)

### Joseph Francis, MD, MPH

Dr. Francis was appointed the Chief Quality and Performance Officer for the Veterans Health Administration (VHA) in December, 2009. In this role, he leads a multi-disciplinary staff responsible for coordinating major national quality management programs, including performance measurement, utilization management, clinical practice guideline development, risk management, peer review, the credentialing and privileging of health professions, and health system accreditation. Prior to that position, he had been VHA's Deputy Chief Quality and Performance Officer. Dr. Francis received his MD degree in 1984 from Washington University in St. Louis and completed a residency and fellowship in General Internal Medicine and a Masters in Public Health at the University of Pittsburgh. Dr Francis joined the VA in 1991, and was appointed Chief Medical Officer of the VA Mid South Healthcare Network (VISN) 9 in 1996. From 2000 until 2004, Dr Francis served as Vice President for Data Management and Quality at St Vincent Hospital in Indianapolis, a 750-bed tertiary care hospital that is part of Ascension Health, the largest Catholic health system in the U.S. In that role, he implemented organizational safety, patient satisfaction, and performance improvement initiatives, and led the Corporate Compliance and Research Compliance programs. He also led city-wide efforts to prepare for bioterrorism and to establish a smallpox response program for Indianapolis. Dr. Francis returned to VA in June, 2004 to direct its Quality Enhancement Research Initiative (QUERI), a Health Services Research and Development program to accelerate the introduction of evidence-based practices in conditions of high importance to veterans, including polytrauma, mental health, post-traumatic stress disorder, substance use disorder, chronic heart failure, ischemic heart disease, diabetes, spinal cord injury, HIV care, and stroke. From October 2006 to May, 2008, Dr. Francis served the Deputy Chief Research and Development Officer, with responsibility over administration and policy development for VA's \$1.7 billion research operations. Board-certified in internal medicine, geriatrics, and medical management, Dr. Francis has been on the medical faculty of the University of Pittsburgh, University of Tennessee, and

Vanderbilt University. He has conducted NIH-funded research on acute delirium among older patients, and also served as President of the Alzheimer's Association of Middle Tennessee.

#### MAP COORDINATING COMMITTEE CO-CHAIRS (NON-VOTING, EX OFFICIO)

##### George J. Isham, MD, MS

George Isham, M.D., M.S. is the chief health officer for HealthPartners. He is responsible for the improvement of health and quality of care as well as HealthPartners' research and education programs. Dr. Isham currently chairs the Institute of Medicine (IOM) Roundtable on Health Literacy. He also chaired the IOM Committees on *Identifying Priority Areas for Quality Improvement* and *The State of the USA Health Indicators*. He has served as a member of the IOM committee on *The Future of the Public's Health* and the subcommittees on the Environment for Committee on Quality in Health Care which authored the reports *To Err is Human* and *Crossing the Quality Chasm*. He has served on the subcommittee on performance measures for the committee charged with redesigning health insurance benefits, payment and performance improvement programs for Medicare and was a member of the IOM Board on Population Health and Public Health Policy. Dr. Isham was founding co-chair of and is currently a member of the National Committee on Quality Assurance's committee on performance measurement which oversees the Health Employer Data Information Set (HEDIS) and currently co-chairs the National Quality Forum's advisory committee on prioritization of quality measures for Medicare. Before his current position, he was medical director of MedCenters health Plan in Minneapolis and in the late 1980s he was executive director of University Health Care, an organization affiliated with the University of Wisconsin-Madison.

##### Elizabeth A. McGlynn, PhD, MPP

Elizabeth A. McGlynn, PhD, is the Director of Kaiser Permanente's Center for Effectiveness and Safety Research (CESR). She is responsible for the strategic direction and scientific oversight of CESR, a virtual center designed to improve the health and well-being of Kaiser's 9 million members and the public by conducting comparative effectiveness and safety research and implementing findings in policy and practice. Dr. McGlynn is an internationally known expert on methods for evaluating the appropriateness, quality and efficiency of health care delivery. She has conducted research in the U.S. and in other countries. Dr. McGlynn has also led major initiatives to evaluate health reform options under consideration at the federal and state levels. Dr. McGlynn is a member of the Institute of Medicine. She serves as the Secretary and Treasurer of the American Board of Internal Medicine Foundation Board of Trustees. She is on the Board of AcademyHealth and the Institute of Medicine Board of Health Care Services. She chairs the Scientific Advisory Group for the Institute for Healthcare Improvement. She co-chairs the Coordinating Committee for the National Quality Forum's Measures Application Partnership. She serves on the editorial boards for *Health Services Research* and *The Milbank Quarterly* and is a regular reviewer for many leading journals. Dr. McGlynn received her B.A. in international political economy from The Colorado College, her MPP from the University of Michigan's

Gerald R. Ford School of Public Policy, and her Ph.D. in public policy analysis from the Pardee RAND Graduate School.

## NATIONAL QUALITY FORUM STAFF

### Christine Cassel

Christine K. Cassel, MD, President and CEO of the National Quality Forum, is a leading expert in geriatric medicine, medical ethics and quality of care. Previously, Dr. Cassel served as President and CEO of the American Board of Internal Medicine (ABIM) and the ABIM Foundation. Dr. Cassel is one of 20 scientists chosen by President Obama to serve on the President's Council of Advisors on Science and Technology (PCAST), which advises the President in areas where an understanding of science, technology, and innovation is key to forming responsible and effective policy. She is the co-chair and physician leader of PCAST working groups that have made recommendations to the President on issues relating to health information technology and ways to promote scientific innovation in drug development and evaluation. In addition to having chaired influential Institute of Medicine (IOM) reports on end-of-life care and public health, she served on the IOM's Comparative Effective Research Committee mandated by Congress to set priorities for the national CER effort (PCORI). Modern Healthcare has recognized Dr. Cassel among the 100 most influential people in health care, and among the 50 most influential physicians. An active scholar and lecturer, she is the author or co-author of 14 books and more than 200 journal articles on geriatric medicine, aging, bioethics and health policy. She edited four editions of Geriatric Medicine, a leading textbook in the field. Her most recent book is Medicare Matters: What Geriatric Medicine Can Teach American Health Care. A national leader in efforts to inspire quality care, Dr. Cassel was a founding member of the Commonwealth Fund's Commission on a High Performance Health System, and served on the IOM committees that wrote the influential reports To Err is Human and Crossing the Quality Chasm. She was appointed by President Clinton to the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry in 1997. Dr. Cassel is also respected as a scientific leader, having served on the Advisory Committee to the NIH Director, 1995 – 2002, and as President of the American Federation for Aging Research. She is an Adjunct Professor of Medicine and Senior Fellow in the Department of Medical Ethics and Health Policy at the University of Pennsylvania School Of Medicine. Dr. Cassel's previous positions include dean of the School of Medicine and vice president for medical affairs at Oregon Health and Science University, chair of the Department of Geriatrics and Adult Development at Mount Sinai School of Medicine in New York, and chief of General Internal Medicine at the University of Chicago. Dr. Cassel, board certified in internal medicine and geriatric medicine, is a former Chair of the ABIM Board of Directors, and is a former President of the American College of Physicians. Recipient of numerous international awards and honorary degrees, Dr. Cassel is an Honorary Fellow of the Royal Colleges of Medicine of the U.K. and Canada, the European Federation of Internal Medicine, and is a Master of the American College of Physicians.

### Karen Adams, PhD, MT

Karen Adams, is Vice President of National Priorities at the National Quality Forum (NQF). In this role she oversees the National Priorities Partners, a multi-stakeholder initiative that is establishing priorities and goals for health care quality improvement and public reporting. Immediately prior to assuming her position at NQF, Dr. Adams served as Program Officer of the Commonwealth Fund's State Innovations

Program. She also served on several quality related projects at the Institute of Medicine (IOM) including: lead staff on the Performance Measures Subcommittee and the Pay for Performance Subcommittee of the congressionally mandated study Redesigning Health Insurance Performance Measures, Payment, and Performance Improvement Programs; study director of the project Priority Areas for National Action: Transforming Health Care Quality; and co-study director of The 1st Annual Crossing the Quality Chasm Summit: A Focus on Communities. Before coming to the IOM, she held the rank of assistant professor in the Department of Medical and Research Technology, University of Maryland School of Medicine and also was the academic coordinator of the undergraduate medical technology program. She received her undergraduate degree in medical technology from Loyola College, a master's degree in management from the College of Notre Dame, and a doctorate degree in health policy from the University of Maryland. During her doctoral studies she was awarded an internship at the Agency for Healthcare Research and Quality (AHRQ) where she researched and synthesized of over 30 years of innovations in medical informatics attributable to AHRQ funding and its predecessors. Dr. Adams is also a certified Medical Technologist with experience in a variety of clinical laboratory settings.

### Thomas B. Valuck, MD, JD, MHSA

Tom Valuck joined Discern Health in October 2013, bringing the firm national leadership experience in quality and performance-based payment from his positions at the Centers for Medicare & Medicaid Services (CMS) and the National Quality Forum (NQF). He helps private and public sector clients who are transforming the health care system on the front lines to achieve better health and healthcare outcomes at lower cost. Tom joined Discern after four years at NQF, where he was Senior Vice President for Strategic Partnerships. In that role, he oversaw the NQF-convened partnerships—the Measure Applications Partnership (MAP) and the National Priorities Partnership (NPP)—as well as NQF's engagement with states and regional community alliances. These NQF initiatives promote the use of performance measurement information for public reporting, payment incentives, accreditation and certification, and systems improvement. Tom also served as a Senior Advisor and Medical Officer at CMS, where he advised senior agency and Department of Health and Human Services leadership regarding Medicare payment and quality of care, particularly value-based purchasing. While at CMS, Tom was recognized for his leadership in advancing Medicare's performance-based payment initiatives, receiving both the 2009 Administrator's Citation and the 2007 Administrator's Achievement Awards. Before joining CMS, Tom was the Vice President of Medical Affairs at the University of Kansas Medical Center, where he managed quality improvement, utilization review, risk management, and physician relations. Before that he served on the Senate Health, Education, Labor, and Pensions Committee as a Robert Wood Johnson Health Policy Fellow; with the White House Council of Economic Advisers, where he researched and analyzed public and private healthcare financing issues; and at the law firm of Latham & Watkins as an associate, where he practiced regulatory health law. Tom has degrees in biological science and medicine from the University of Missouri-Kansas City, a master's degree in health services administration from the University of Kansas, and a law degree from the Georgetown University Law School.

### Aisha Pittman, MPH

Aisha T. Pittman, MPH, is a Senior Director, Strategic Partnerships, at the National Quality Forum (NQF). Miss Pittman leads the Clinician Workgroup and the Post-Acute Care/Long-Term Care Workgroup of the Measure Applications Partnership (MAP). Additionally, Ms. Pittman led an effort devoted to achieving

consensus on a measurement framework for assessing the efficiency of care provided to individuals with multiple chronic conditions. Ms. Pittman comes to NQF from the Maryland Health Care Commission (MHCC) where she was Chief of Health Plan Quality and Performance; responsible for state efforts to monitor commercial health plan quality and address racial and ethnic disparities in health care. Prior to MHCC, Ms. Pittman spent five years at the National Committee for Quality Assurance (NCQA) where she was responsible for developing performance measures and evaluation approaches, with a focus on the geriatric population and Medicare Special Needs Plans. Ms. Pittman has a bachelor of science in Biology, a Bachelor of Arts in Psychology, and a Masters in Public Health all from The George Washington University. Ms. Pittman was recognized with GWU's School of Public Health and Health Services Excellence in Health Policy Award.

### Mitra Ghazinour, MPP

Mitra Ghazinour, MPP, is project manager, Strategic Partnerships, at the National Quality Forum (NQF), a nonprofit membership organization with the mission to build consensus on national priorities and goals for performance improvement and endorse national consensus standards for measuring and publicly reporting on performance. Ms. Ghazinour is currently supporting the work of the NQF Measure Applications Partnership (MAP) Clinician and Post-Acute/Long-Term Care (PAC/LTC) workgroups. Prior to working at NQF, she was a research analyst III at Optimal Solutions Group, LLC, serving as the audit team leader for the Evaluation & Oversight (E&O) of Qualified Independent Contractors (QIC) project. Her responsibilities as audit team leader included serving as a point of contact for QIC and CMS, conducting interviews with QIC staff, reviewing case files, facilitating debriefings and meetings, and writing evaluation reports. Ms. Ghazinour also served as the project manager for the Website Monitoring of Part D Benefits project, providing project management as well as technical support. Additionally, she provided research expertise for several key projects during her employment at IMPAQ International, LLC. In the project, Development of Medicare Part C and Part D Monitoring Methods for CMS, Ms. Ghazinour assisted with the collaboration between CMS and IMPAQ on a broad effort to review, analyze, and develop methods and measures to enhance the current tools CMS uses to monitor Medicare Advantage (Part C) and Prescription Drug (Part D) programs. In another effort to support CMS, Ms. Ghazinour coordinated the tasks within the National Balancing Contractor (NBIC) project which entailed developing a set of national indicators to assess states' efforts to balance their long-term support system between institutional and community-based supports, including the characteristics associated with improved quality of life for individuals. She also provided analytic support for the development of the report on the Medicare advantage value-based purchasing programs as part of her work on the Quality Improvement Program for Medicare Advantage Plans project at IMPAQ. Ms. Ghazinour has a Master's degree in Public Policy and a bachelor's degree in Health Administration and Policy Program (Magna Cum Laude) from the University of Maryland, Baltimore County (UMBC).

### Y. Alexandra Ogungbemi

Alexandra Ogungbemi is an Administrative Assistant in Strategic Partnerships, at the National Quality Forum (NQF). Ms. Ogungbemi contributes to the Clinician, Dual Eligible Beneficiaries, and Post-Acute Care/Long-Term Care Workgroups, as well as various task forces of the Measure Applications Partnership (MAP). Post-graduation, she spent 2 years managing the Administrative side of Cignet Healthcare, a multi-specialty physician's practice in Southern Maryland, before joining NQF. Ms. Ogungbemi has a Bachelor of Science in Health Services Administration from The Ohio University and has plans to extend her post-graduate education in the field of Health and Family Law.

### Allison Ludwig, RN, MPH, MHA

Allison Ludwig is a Project Manager, Strategic Partnerships, at the National Quality Forum, a nonprofit membership organization with the mission to build consensus on national priorities and goals for performance improvement and endorse national consensus standards for measuring and publicly reporting on performance. Ms. Ludwig supports the work of the NQF-convened Measures Application Partnership Coordinating Committee. Prior to joining NQF, Ms. Ludwig spent two years as an Administrative Fellow at the University of Pittsburgh Medical Center where she worked in various capacities, primarily working to support quality initiatives and further build quality infrastructure at the UPMC Cancer Centers. Before joining UPMC, Ms. Ludwig began her career as a surgical oncology staff nurse at the University of Minnesota Medical Center - Fairview in Minneapolis, MN. Ms. Ludwig received her Bachelor of Science in Nursing from the University of Wisconsin, a Master of Public Health - Health Policy and Master of Health Administration from the University of Iowa.

### Amaru Sanchez, MPH

Amaru J. Sanchez, MPH, is a Project Analyst at the National Quality Forum (NQF), a private, nonprofit membership organization created to develop and implement a national strategy for healthcare quality measurement and reporting. Mr. Sanchez is currently supporting the work of the NQF Measure Applications Partnership, established to provide multi-stakeholder input to the Department of Health and Human Services on the selection of performance measures for public reporting and payment reform programs. Prior to joining NQF, Mr. Sanchez served as a Health Policy Research Analyst for the bicameral Public Health Committee at the Massachusetts Legislature. At the legislature, Mr. Sanchez influenced the passage of several novel public health and healthcare related laws as well as drafted legislative proposals relative to medical debt, chronic disease management, health disparities and health care transparency. Mr. Sanchez is a graduate of the Boston University School of Public Health (MPH, Social Behavioral Sciences/Health Policy and Management) and the University of Florida (BS, Integrative Biology). Mr. Sanchez is currently pursuing a Juris Doctor (JD) at The Catholic University of America, Columbus School of Law.