

Clinician
Workgroup
Meeting

1030 15th Street NW
Washington, DC



NATIONAL
QUALITY FORUM

Measure Applications Partnership

CONVENED BY THE NATIONAL QUALITY FORUM

December 12, 2011

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Clinician Workgroup In-Person Meeting #3

National Quality Forum Conference Center
1030 15th Street NW, 9th Floor, Washington, DC 20005

MEMBER DIAL-IN: 800-500-0920

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AGENDA: DECEMBER 12, 2011

Meeting Objectives:

- Review measures under consideration for inclusion in Value-Based Payment Modifier, Physician Quality Reporting System (PQRS), and Medicare and Medicaid EHR Incentive for Eligible Professionals (Meaningful Use);
- Provide input on finalized program measure set for the Medicare Shared Savings Program;
- Discuss cross-cutting considerations for alignment, including input from MAP Dual Eligible Beneficiaries Workgroup and care coordination;
- Prioritize identified gaps in measurement for each program measure set; and
- Finalize input to the MAP Coordinating Committee on measures for use in federal programs.

8:00 am **Breakfast**

8:30 am **Welcome, Review of Meeting Objectives, and Pre-Rulemaking Process**
Mark McClellan, Workgroup Chair
Connie Hwang, Vice President, Measures Application Partnership, NQF

- Review approach to pre-rulemaking process

9:00 am **Pre-Rulemaking Input on Value-Based Payment Modifier Program Measures**

Mark McClellan

Aisha Pittman, Senior Program Director, Strategic Partnerships, NQF

- Review core measures following Coordinating Committee input
- Discuss previous workgroup evaluation of the Value-Modifier program measure set and relationship to core measures
- Review measures under consideration for the Value-Modifier program measure set
- Identify and prioritize gaps in the Value-Modifier program measures

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- 10:30 am** **Cross-Program Considerations for Dual-Eligible Beneficiaries and Care Coordination**
- Discuss implications for the dual-eligible population
 - Identify opportunities to address gaps in care coordination measures
- 11:30 am** **Opportunity for Public Comment**
- 11:45 am** **Working Lunch**
- 12:15 pm** **Pre-Rulemaking Input on Physician Quality Reporting System (PQRS) Program Measures**
Mark McClellan
- Review measures under consideration for PQRS program measures
- 1:45 pm** **Pre-Rulemaking Input on Medicare and Medicaid EHR Incentive for Eligible Professionals Program Measures (Meaningful Use)**
Mark McClellan
- Review measures under consideration for Meaningful Use program measures
- 3:30 pm** **Break**
- 3:45 pm** **Pre-Rulemaking Input on Medicare Shared Savings Program Measure Set**
Mark McClellan
- Review measures under consideration for the Medicare Shared Savings program measure set
 - Discuss relationship to core measures
 - Discuss implications for the dual-eligible population
 - Identify and prioritize gaps in the Medicare Shared Savings program measure set
- 4:45 pm** **Opportunity for Public Comment**
- 5:00 pm** **Summary of Day**
Mark McClellan and Aisha Pittman
- 5:15 pm** **Adjourn for the Day**

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Clinician Workgroup Pre-Rulemaking Discussion Guide

Meeting Objectives:

- *Review measures under consideration for inclusion in Value-Based Payment Modifier, Physician Quality Reporting System (PQRS), and Medicaid and Medicare EHR Incentive for Eligible Professionals;*
- *Provide input on finalized program measure set for the Medicare Shared Savings Program;*
- *Discuss cross-cutting considerations for alignment, including input from MAP Dual Eligible Beneficiaries Workgroup and care coordination;*
- *Prioritize identified gaps in measurement for each program measure set;*
- *Finalize input to the MAP Coordinating Committee on measures for use in federal programs.*

Time	Issue/Question	Considerations
9:00am	Pre-Rulemaking Input on Value-Based Payment Modifier Program Measures	
9:00	1. Review program summary and previously finalized measures, additional input on the measure set.	<ul style="list-style-type: none"> • 54 measures are finalized, 10 measures are under consideration • The workgroup previously evaluated the proposed Value-Modifier program measure set. Few changes were made to the finalized measure set. <ul style="list-style-type: none"> ○ The vast majority of the finalized measures are NQF-endorsed. Half of the measures under consideration are endorsed. ○ All NQS priorities are addressed by finalized measures. Measures under consideration address safer care, effective care coordination, and making care more affordable. ○ The finalized measures are mostly comprised of process measures, a few outcome measures, and one cost measure. Finalized measures do not include structural and patient experience measures. Likewise, measures under consideration include process, outcome, and cost measures, but no structural and patient experience measures. ○ Nine of the finalized measures and one measure under consideration

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		<p>enable measurement across the episode of care.</p> <ul style="list-style-type: none"> ○ Parsimony is partially addressed as the majority of the finalized measures and a few of the measures under consideration are used across multiple programs. However, the set lacks measures that cross conditions or specialties. ● The MAP Coordinating Committee reviewed the value modifier set as a potential core set; removing some measures that should not be considered core. ● The finalized set contains the following: <ul style="list-style-type: none"> ○ Cancer- 5 measures ○ Cardiovascular Conditions- 17 measures ○ Diabetes- 9 measures ○ HEENT- 2 measures ○ Infectious Diseases: Sexually transmitted- 1 measure ○ Mental Health- 2 measures ○ Musculoskeletal: Low back pain- 1 measure ○ Overuse- 1measure ○ Perinatal- 2 measures ○ Prevention- 7 measures ○ Pulmonary/Critical Care- 4 measures ○ Safety- 2 measures
9:30	2. One measures under consideration is endorsed and utilized in other programs	<p>NQF #0036 Use of Appropriate Medications for Asthma</p> <ul style="list-style-type: none"> ● Promotes alignment across programs—finalized for PQRS and Meaningful Use ● This measure was previously proposed for the value-modifier set and was not finalized.
9:35	3. One measure under consideration is endorsed and proposed for use in another program.	<p>NQF #0097 Post-discharge Medication Reconciliation</p> <ul style="list-style-type: none"> ● Addresses a high-leverage opportunity identified by the Duals Workgroup ● Potentially promotes alignment across programs- proposed for use in Meaningful Use

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9:40	4. Three measures under consideration are endorsed and are not utilized in other programs	<p>NQF #0279 Ambulatory Sensitive Conditions Admissions: Bacterial pneumonia NQF #0280 Ambulatory Sensitive Conditions Admissions: Dehydration NQF #0281 Ambulatory Sensitive Conditions Admissions: Urinary Infections</p>
10:00	5. Five measures under consideration are not endorsed	<p>Diabetes composite: Combines NQF #0727, 0638, 0274, 0285 which are Ambulatory Sensitive Conditions Admissions- The composite is not endorsed</p> <ul style="list-style-type: none"> • 9 diabetes measures are finalized in the program measure set. Measure assess foot exams, blood pressure control, retinopathy, A1c levels, tobacco use, aspirin use, ongoing communication with the physician <p>30 Day Post-discharge provider visit All Cause Readmissions</p> <ul style="list-style-type: none"> • Addresses the gap in care coordination measures <p>Medicare Spending Per Beneficiary Total Per Capita Cost</p> <ul style="list-style-type: none"> • Address the gap in cost measures
10:20	6. Prioritization of measure gaps	<p>When previously evaluating the measure set, the workgroup identified measure gaps. The coordinating committee then prioritized those measure gaps (indicated in bold):</p> <ul style="list-style-type: none"> • Patient and family experience • Child health • Resource use • Physician (specialty groups) and conditions • Stroke care • Multi-morbidity chronic diseases and functional status • Care coordination – team approach to care • Outcome measures – included patient reported outcomes • Patient Safety • Surgical care • Oral health

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		<ul style="list-style-type: none"> • Behavioral health/cognitive • Disparities
10:30	Cross-Program Considerations for Dual-Eligible Beneficiaries and Care Coordination	
10:30	1. Specific implications for the dual-eligible population.	<ul style="list-style-type: none"> • Review of input from the Dual-Eligible Beneficiaries Workgroup • Review measure in duals core set that are used in clinician programs • Consideration of measures in duals core set that are not used in clinician programs
11:00	2. Cross-program considerations—care coordination.	<ul style="list-style-type: none"> • Review care coordination measures used in clinician programs • Consider additional endorsed care coordination measures for use in clinician programs
12:15	Pre-Rulemaking Input on Physician Quality Reporting System Program Measures	
12:15	1. Review program summary and previously finalized measures, additional input on the measure set.	<ul style="list-style-type: none"> • 267 measures are finalized, 153 measures are under consideration • Summary of the program measure set against the MAP Measure Selection Criteria <ul style="list-style-type: none"> ○ Slightly more than half of the finalized measures are NQF-endorsed. Only a few of the measures under consideration are endorsed. ○ All NQS priorities are addressed by finalized measures. The vast majority of the non-endorsed measures under consideration lack specifications. Other measures under consideration including endorsed measures and non-endorsed measures with specifications also represent all NQS priorities. ○ The finalized measures include mostly process measures with a few outcome measures, and structural measures. They do not include cost and patient experience measures. Measures under consideration include process, outcome, and cost measures. ○ Approximately one fifth of the finalized measures and a few of the measures under consideration enable measurement across the episode of care. ○ Parsimony is partially addressed as a great portion of the finalized

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		<p>measures and a few of the measures under consideration are used across multiple programs.</p> <ul style="list-style-type: none"> • The finalized set contains the following: <ul style="list-style-type: none"> ○ Cancer- 31 measures ○ Cardiovascular- 33 measures ○ Care Coordination- 2 measures ○ Dermatology- 3 measures ○ Diabetes- 15 measures ○ GI- 8 measures ○ GYN/GU- 3 measures ○ HEENT- 16 measures ○ Infectious Diseases- 20 measures ○ Infrastructure Supports: Health IT- 1 measure ○ Mental Health- 9 measures ○ Musculoskeletal- 24 measures ○ Neurology- 30 measures ○ Perinatal- 6 measures ○ Prevention 10 measures ○ Pulmonary/Critical Care- 16 measures ○ Renal- 8 measures ○ Safety- 9 measures ○ Surgery- 21 measures
12:35	2. Thirteen measures under consideration are endorsed.	<p>NQF # 0381 Oncology: Treatment Summary Documented and Communicated – Radiation Oncology</p> <ul style="list-style-type: none"> • The finalized program measure set contains 4 endorsed oncology measures. <p>NQF # 0671 Cardiac stress imaging not meeting appropriate use criteria: Routine testing after percutaneous coronary intervention (PCI)</p> <p>NQF # 0672 Cardiac stress imaging not meeting appropriate use criteria: Testing in asymptomatic, low risk patients</p>

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		<p>NQF # 0076 Optimal Vascular Care NQF # 0670 Cardiac Stress imaging not meeting appropriate use criteria: Preoperative evaluative in low risk surgery patients</p> <ul style="list-style-type: none"> • The finalized program measure set contains 18 endorsed cardiovascular measures <p>NQF # 0729 Optimal Diabetes Care</p> <ul style="list-style-type: none"> • The finalized program measure set contains 15 endorsed diabetes measures <p>NQF # 0655 Otitis Media with Effusion: Antihistamines or decongestants – Avoidance of inappropriate use NQF # 0656 Otitis Media with Effusion: Systemic corticosteroids – Avoidance of inappropriate use</p> <ul style="list-style-type: none"> • Potentially promotes alignment across programs—under consideration for Meaningful Use <p>NQF # 0493 Participation by a physician or other clinician in systematic clinical database registry that includes consensus endorsed quality measures</p> <p>NQF # 0710 Depression Remission at Twelve Months NQF # 0711 Depression Remission at Six Months NQF # 0712 Depression Utilization of the PHQ-9 Tool</p> <ul style="list-style-type: none"> • Potentially promotes alignment across programs—under consideration for Meaningful Use • The finalized program measure set contains 5 endorsed mental health measures, four focus on depression <p>NQF # 0555 Monthly INR for Beneficiaries on Warfarin</p> <ul style="list-style-type: none"> • Addresses the gap in safety measures; the finalized program measure set contains 6 endorsed safety measures.
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1:10	3. Three measures under consideration are not endorsed but are in use.	<p>American Board of Internal Medicine: Preventive Cardiology Composite American Board of Internal Medicine: Diabetes Composite American Board of Internal Medicine: Hypertension Composite</p> <ul style="list-style-type: none"> • Aspects of each composite are captured in the finalized measure set.
1:20	4. One-hundred thirty-seven measures are not endorsed, used, or specified.	<p>These measures have not been previously submitted to NQF and are not specified. The measures address the following:</p> <ul style="list-style-type: none"> • Cardiovascular- 21 measures • Other- 14 measures • Cancer- 10 measures • ENT- 9 measures • Mental health- 9 measures • Renal- 9 measures • Imaging- 8 measures • Orthopedics- 7 measures • Osteoporosis- 7 measures • Asthma- 7 measures • Dermatitis- 5 measures • 5 education and counseling- 7 measures • Endocrine- 4 measures • Patient centered- 4 measures • GERD- 4 measures • Safety- 4 measures • Diabetes- 3 measures • Patient satisfaction- 3 measures • Wound care- 2 measures • Structural- 2 measures

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<p>1:35</p>	<p>5. Eighty finalized measures are not endorsed.</p>	<p>Thirteen measures have been submitted for endorsement and are not endorsed.</p> <p><u>Submitted and not endorsed:</u></p> <ul style="list-style-type: none"> • 0065 Endorsed Coronary Artery Disease (CAD): Symptom and Activity Assessment • 0246 Endorsed Stroke and Stroke Rehabilitation: Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports <p><u>Requested to be retired:</u></p> <ul style="list-style-type: none"> • 0082 Endorsed Heart Failure: Patient Education • 0084 Endorsed Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation • 0094 Endorsed Community-Acquired Pneumonia (CAP): Assessment of Oxygen Saturation • 0095 Endorsed Assessment Mental Status for Community-Acquired Bacterial Pneumonia • 0447 Endorsed Functional Communication Measure - Motor Speech • 0466 Endorsed Carotid Endarterectomy: Use of Patch During Conventional Carotid Endarterectomy <p><u>Under Review - Not recommended for endorsement:</u></p> <ul style="list-style-type: none"> • Acute Otitis Externa (AOE): Pain Assessment • Referral for Otologic Evaluation for Patients with Congenital or Traumatic Deformity of the Ear • Referral for Otologic Evaluation for Patients with History of Active Drainage from the Ear within the Previous 90 days • Referral for Otologic Evaluation for Patients with a History of Sudden or Rapidly Progressive Hearing Loss • Hypertension: Blood Pressure Control
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		<p><u>Eleven measures have been submitted and are currently under review</u></p> <ul style="list-style-type: none"> • Falls: Plan of Care • Falls: Risk Assessment • Cataracts: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery • Cognitive Impairment or Dysfunction Assessment • Psychiatric Disorders or Disturbances Assessment • Rate of Carotid Endarterectomy for Asymptomatic Patients, without Major Complications (discharged to home no later than post-operative day #2) • Rate of EVAR without Major Complications (discharged to home no later than POD #2) • Rate of Open AAA Repair without Major Complications (discharged to home no late than post-operative day #7) • Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness • Statin Therapy at Discharge after Lower Extremity Bypass (LEB) • Surveillance after Endovascular Abdominal Aortic Aneurysm Repair (EVAR) <p><u>Sixty three measures have not been submitted to NQF. They address the following areas:</u></p> <ul style="list-style-type: none"> • Chronic Kidney Disease- the finalized measure set does not contain endorsed measures in this area • Substance use- the finalized measure set contains 2 endorsed measures in this area • Rheumatoid Arthritis- the finalized measure set contains 1 endorsed measure in this areas • Sleep disorders- the finalized measure set does not contain endorsed measures in this area • Asthma- t the finalized measure set contains 2 endorsed measures in this area • Mental Health- the finalized measure set does not contain endorsed
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		<p>measures in this area</p> <ul style="list-style-type: none"> • Cardiovascular Conditions- the finalized measure set contains 5 endorsed measures in this area • Safety- the finalized measure set does not contain endorsed measures in this area • Breast Cancer- the finalized measure set contains 2 endorsed measures in this area • Inflammatory Bowel Disease- the finalized measure set does not contain endorsed measures in this area
1:45	Pre-Rulemaking Input on Medicare and Medicaid EHR Incentive Program for Eligible Professionals (Meaningful Use) Program Measures	
1:45	<p>1. Review program summary and previously finalized measures, additional input on the measure set.</p>	<ul style="list-style-type: none"> • 41 measures are finalized, 92 measures are under consideration • Summary of the program measure set against the MAP Measure Selection Criteria <ul style="list-style-type: none"> • All finalized measures are NQF-endorsed. Approximately seventy percent of the measures under consideration are NQF-endorsed. • The finalized measures address all of the NQS priorities except for Person and Family Centered Care. The measures under consideration address all of the NQS priority areas. • The finalized measures are heavily populated by process measures; no structural, cost, or patient experience measures are in that set. The measures under consideration are predominately process measures with a few outcome measures and no cost, structural, or patient experience measures. • Six of the finalized measures and 20 of the measures under consideration enable measurement across the episode of care. • Parsimony is fairly adequately addressed. All of the finalized measures align with at least one other existing program; many of these address multiple programs. Roughly one third of the measures

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		<p style="text-align: center;">under consideration do not align with any other program.</p> <ul style="list-style-type: none"> • Most (38) measures finalized or under consideration for the Value-Modifier program measure set • The finalized set contains the following: <ul style="list-style-type: none"> • Asthma – 3 measures • Cancer – 4 measures • Infectious Disease: sexually transmitted – 1 measure • Cardiovascular conditions – 9 measures • Diabetes – 9 measures • HEENT – 2 measures • Musculoskeletal: Low back pain – 1 measure • Mental Health – 1 measure • Prenatal care – 2 measures • Prevention – 6 measures • Weight assessment – 1 measure
2:05	2. Forty measures under consideration are endorsed and used in other programs.	<p><u>Oncology</u>- Not addressed in the finalized measure set</p> <ul style="list-style-type: none"> • NQF #0382 Oncology: Radiation Dose Limits to Normal Tissues • NQF #0383 Oncology: Medical and Radiation – Plan of Care for Pain • NQF #0384 Oncology: Medical and Radiation – Pain Intensity Quantified • NQF #0388 Prostate Cancer: Three-Dimensional (3D) Radiotherapy <p><u>ESRD</u>- Not addressed in the finalized measure set</p> <ul style="list-style-type: none"> • NQF #0321 End Stage Renal Disease (ESRD): Plan of Care for Inadequate Peritoneal Dialysis • NQF #0323 End Stage Renal Disease (ESRD): Plan of Care for Inadequate Hemodialysis in ESRD Patients <p><u>Cardiovascular</u>- 9 cardiovascular measures in the finalized set</p>

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		<ul style="list-style-type: none"> • NQF #0066 Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Patients with CAD and Diabetes and/or Left Ventricular Systolic Dysfunction (LVSD) • NQF #0079 Heart Failure: Left Ventricular Function (LVF) Assessment • NQF #0507 Stenosis Measurement in Carotid Imaging Studies <p><u>Safety-</u> Not addressed in the finalized measure set</p> <ul style="list-style-type: none"> • NQF #0022 Drugs to be Avoided in the Elderly • NQF #0058 Antibiotic Treatment for Adults with Acute Bronchitis: Avoidance of Inappropriate Use • NQF #0069 Treatment for Children with Upper Respiratory Infection (URI): Avoidance of Inappropriate Use • NQF #0101 Falls: Screening for Fall Risk • NQF #0239 Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in All Patients) • NQF #0271 Perioperative Care: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures) <p><u>Osteoporosis/osteoarthritis-</u> Not addressed in the finalized measure set</p> <ul style="list-style-type: none"> • NQF #0045 Osteoporosis: Communication with the Physician Managing Ongoing Care Post-Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older • NQF #0046 Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older • NQF #0048 Osteoporosis: Management Following Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older • NQF #0050 Osteoarthritis (OA): Function and Pain Assessment • NQF #0051 Osteoarthritis (OA): Assessment for Use of Anti-Inflammatory or Analgesic Over-the-Counter (OTC) Medications
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		<p><u>Urinary</u>- Not addressed in the finalized measure set</p> <ul style="list-style-type: none"> • NQF #0098 Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older • NQF #0100 Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older <p><u>COPD</u>- Not addressed in the finalized measure set</p> <ul style="list-style-type: none"> • NQF #0102 Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy <p><u>Mental Health</u>- 1 depression measure in the finalized set</p> <ul style="list-style-type: none"> • NQF #0103 Major Depressive Disorder (MDD): Diagnostic Evaluation • NQF #0104 Major Depressive Disorder (MDD): Suicide Risk Assessment • NQF #0418 Screening for Clinical Depression and Follow-up Plan <p><u>Hepatitis</u>- Not addressed in the finalized measure set</p> <ul style="list-style-type: none"> • NQF #0399 Hepatitis C: Hepatitis A Vaccination in Patients with HCV • NQF #0400 Hepatitis C: Hepatitis B Vaccination in Patients with HCV • NQF #0401 Hepatitis C: Counseling Regarding Risk of Alcohol Consumption <p><u>HIV/AIDS</u>- Not addressed in the finalized measure set</p> <ul style="list-style-type: none"> • NQF #0405 HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis • NQF #0406 HIV/AIDS: Adolescent and Adult Patients with HIV/AIDS Who Are Prescribed Potent Antiretroviral Therapy <p><u>Radiology</u>- Not addressed in the finalized measure set</p> <ul style="list-style-type: none"> • NQF #0508 Radiology: Inappropriate Use of "Probably Benign" Assessment Category in Mammography Screening • NQF #0510 Radiology: Exposure Time Reported for Procedures Using Fluoroscopy
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		<p><u>Melanoma</u>- Not addressed in the finalized measure set</p> <ul style="list-style-type: none"> • NQF #0561 Melanoma: Coordination of Care • NQF #0562 Melanoma: Overutilization of Imaging Studies in Stage 0-IA Melanoma <p><u>Cataracts</u>- Not addressed in the finalized measure set</p> <ul style="list-style-type: none"> • NQF #0564 Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures • NQF #0565 Cataracts: 20/40 or Better Visual Acuity Within 90 Days Following Cataract Surgery <p><u>Back pain</u>- 1 measure in the finalized set</p> <ul style="list-style-type: none"> • NQF #0322 Back Pain: Initial Visit <p><u>ENT</u>- Not addressed in the finalized measure set</p> <ul style="list-style-type: none"> • NQF #0653 Acute Otitis Externa (AOE): Topical Therapy • NQF #0654 Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy - Avoidance of Inappropriate Use
2:15	3. Six measures under consideration are endorsed and are under consideration in other programs.	<p><u>Mental health</u></p> <ul style="list-style-type: none"> • NQF #0710 Endorsed Depression Remission at Twelve Months • NQF #0711 Endorsed Depression Remission at Six Months • NQF #0712 Endorsed Depression Utilization of the PHQ-9 Tool <p><u>ENT</u></p> <ul style="list-style-type: none"> • NQF #0655 Otitis Media with Effusion: Antihistamines or decongestants – Avoidance of inappropriate use • NQF #0656 Otitis Media with Effusion: Systemic corticosteroids – Avoidance of inappropriate use

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		<p><u>Medication Reconciliation</u></p> <ul style="list-style-type: none"> • NQF #0097 Endorsed Post-discharge Medication Reconciliation
2:25	4. Seventeen measures under consideration are endorsed and are not used in other programs.	<p><u>Cardiovascular</u></p> <ul style="list-style-type: none"> • NQF #1525 Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy <p><u>Diabetes</u></p> <ul style="list-style-type: none"> • NQF #0519 Diabetic Foot Care and Patient/Caregiver Education Implemented During Short Term Episodes of Care <p><u>Mental Health</u></p> <ul style="list-style-type: none"> • NQF #0110 Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use • NQF #0112 Bipolar Disorder: Level-of-function evaluation <p><u>Imaging</u></p> <ul style="list-style-type: none"> • NQF #0312 LBP: Repeat Imaging Studies • NQF #0513 Use of Contrast: Thorax CT <p><u>Hepatitis</u></p> <ul style="list-style-type: none"> • NQF #0412 Hepatitis B Vaccination <p><u>Women's health</u></p> <ul style="list-style-type: none"> • NQF #0608 Pregnant women that had HBsAg testing. • NQF #1401 Maternal Depression Screening <p><u>Pediatrics</u></p> <ul style="list-style-type: none"> • NQF #0060 Annual Pediatric hemoglobin A1C testing • NQF #0106 Diagnosis of attention deficit hyperactivity disorder (ADHD) in

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		<p>primary care for school age children and adolescents</p> <ul style="list-style-type: none"> • NQF #0107 Management of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents • NQF #0108 Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication • NQF #1335 Children who have dental decay or cavities • NQF #1365 Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment • NQF #1419 Primary Caries Prevention Intervention as Part of Well/III Child Care as Offered by Primary Care Medical Providers <p><u>HIV/AIDS</u></p> <ul style="list-style-type: none"> • NQF #0403 Medical Visit
2:50	5. Twelve measures under consideration are not endorsed but are used in PQRS.	<p>Two measures are currently under review for endorsement:</p> <p>#1733 Falls: Plan of Care</p> <p>#1730 Falls: Risk Assessment</p> <ul style="list-style-type: none"> • Address duals consideration <p>One measure currently under review. Currently, this measures is not recommended for endorsement:</p> <p>Hypertension: Blood Pressure Control</p> <p>One measure has had endorsement removed:</p> <p>NQF #0246 Stroke and Stroke Rehabilitation: Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports</p> <p>Eight additional measures have not been submitted for endorsement:</p> <ul style="list-style-type: none"> • Dementia: Caregiver Education and Support

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		<ul style="list-style-type: none"> • Dementia: Counseling Regarding Risks of Driving • Dementia: Counseling Regarding Safety Concerns • Dementia: Functional Status Assessment • Dementia: Staging of Dementia • Rheumatoid Arthritis (RA): Functional Status Assessment • Chronic Wound Care: Use of Wet to Dry Dressings in Patients with Chronic Skin Ulcers (overuse measure) • Dementia: Cognitive Assessment
3:20	6. Seventeen measures under consideration are not endorsed and not used in other programs.	<p>Two measures are currently under review for endorsement:</p> <ul style="list-style-type: none"> • NQF #1633 Adult Kidney Disease: Blood Pressure Management • Adult Kidney Disease: Patients on Erythropoiesis Stimulating Agent (ESA) - Hemoglobin Level > 12.0 g/dL <p>Fifteen measures have not been submitted for endorsement. They address the following disease conditions</p> <ul style="list-style-type: none"> • Chronic wound care- 2 measures • Imaging- 2 measures • Health status/wellness- 4 • Blood pressure- 2 • Depression-1 • Cholesterol- 1 • Adverse Drug Events-1 • Glaucoma- 1
3:45	Pre-Rulemaking Input on Medicare Shared Savings Program Measure Set	
	<ul style="list-style-type: none"> • Staff review program summary, gaps, core measures 	
3:45	1. Review program summary and previously finalized measures, additional input on the measure	<ul style="list-style-type: none"> • 33 measures are finalized • Summary of the program measure set against the MAP Measure Selection Criteria

NATIONAL QUALITY FORUM

MEASURE APPLICATIONS PARTNERSHIP

	set.	<ul style="list-style-type: none"> ○ Most of the measures in the set are NQF-endorsed. ○ The measures address all of the NQS priorities except for making care more affordable. ○ The measure set is populated by process, outcome and patient experience measures, but no cost or structural measures. ○ Approximately half of the measures within this set enable measurement across the episode of care. ○ Parsimony is not achieved very well in this set. About half of the measures do not appear in any other federal programs. ● The finalized set contains the following: <ul style="list-style-type: none"> ○ Provider EHR qualification – 1 measure ○ COPD – 1 measure ○ CAHPS – 2 measures ○ Cardiovascular conditions - 8 ○ Diabetes – 6 measures ○ Safety (Falls) – 1 measure ○ Medication reconciliation – 1 measure ○ Prevention – 6 measures ○ Readmission – 1 measure ○ Depression – 1 measure
4:05	2. Prioritization of measure gaps	<ul style="list-style-type: none"> ● Identify and prioritize measure gaps
4:25	3. Specific implications for the dual-eligible population	<ul style="list-style-type: none"> ● Any additional input beyond the earlier discussion.
4:35	4. Cross-program considerations—care coordination	<ul style="list-style-type: none"> ● Any additional input beyond the earlier discussion.

Program Summary: Value-Based Payment Modifier

Program Description

Section 3007 of the ACA requires CMS to pay physicians differentially based on a modifier derived from composites of quality and cost measures. The program’s goal is to develop and implement a budget-neutral payment system that will adjust Medicare physician payments based on the quality and cost of the care they deliver. This system will be phased in over a 2-year period beginning in 2015. By 2017, the value-based payment modifier will be applied to the majority of clinicians. The program must include a composite of appropriate, risk-based quality measures and a composite of appropriate cost measures.

Statutory Requirements for Measures:

This program must include measures pertaining to quality of care, care coordination, cost, efficiency (focus on preventable readmissions), safety/functional status, and outcomes. They should address systems of care, use composite measures where possible, and pull from the core set of PQRS for 2012. ⁱ

Program Measure Set Analysis

	Finalized	Under Consideration	Total
Total Measures	54	10	64
NQF-Endorsed®	47	5	52
NQS Priority			
Safer Care	6	6	12
Effective Care Coordination	16	3	19
Prevention and Treatment of Leading Causes of Mortality and Morbidity	21	0	21
Person and Family Centered Care	1	0	1
Supporting Better Health in Communities	15	0	15
Making Care More Affordable	4	2	6
Measure Type			
Process Measures	44	2	46
Outcome Measures	9	5	14
Cost Measures	1	3	4
Structural Measures	0	0	0
Patient Experience	0	0	0

Identified Measure Gaps: *(The MAP Clinician Workgroup and the MAP Coordinating Committee identified these gaps as part of their evaluation of the Value-Modifier measure set, in meetings on August 1, 2011 and November 1-2, 2011.)*

- Patient preferences, patient experience, and patient-reported outcomes
- Care coordination, communication with patient/family, social supports
- Function, quality of life, pain, fatigue
- Affordability, overuse, efficiency
- Safety
- Surgical care
- Child health
- Oral health
- Mental and behavioral health

ⁱ **Federal Register** /Vol. 75, No. 133 /Tuesday, July 13, 2010 / Proposed Rules (40113-40116)

Value-Based Modifier

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Value-Based Modifier	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Asthma: Asthma Assessment	0001 Endorsed		x			x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Appropriate Testing for Children with Pharyngitis	0002 Endorsed						x	Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement	0004 Endorsed		x			x		Yes	Process	Yes	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)	0012 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Hypertension: Blood Pressure Measurement	0013 Endorsed (Not Recommended)		x	x				Yes	Process	No	No	Fin	Value-Based Modifier: Fin
Prenatal Care: Anti-D Immune Globulin	0014 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Controlling High Blood Pressure	0018 Endorsed		x	x				Yes	Outcome	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Value-Based Modifier

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Value-Based Modifier	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Weight Assessment and Counseling for Children and Adolescents	0024 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	0028 Endorsed			x		x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin
Preventive Care and Screening: Screening Mammography	0031 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin
Cervical Cancer Screening	0032 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Chlamydia Screening for Women	0033 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Preventive Care and Screening: Colorectal Cancer Screening	0034 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin
Use of Appropriate Medications for Asthma	0036 Endorsed	x	x					Yes	Process	No	No	UC3	PQRS: Fin, MU: Fin, Value-Based Modifier: UC3

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Value-Based Modifier

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Value-Based Modifier	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Childhood Immunization Status	0038 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old	0041 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin
Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years and Older	0043 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin
Asthma: Pharmacologic Therapy	0047 Endorsed		x					Yes	process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Low Back Pain: Use of Imaging Studies	0052 Endorsed	x					x	Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient	0055 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Value-Based Modifier

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Value-Based Modifier	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Diabetes Mellitus: Foot Exam	0056 Endorsed		x					Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus	0061 Endorsed		x	x				Yes	Outcome	Yes	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Diabetes Mellitus: Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients	0062 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Value-Based Modifier

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Value-Based Modifier	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Patients with CAD and Diabetes and/or Left Ventricular Systolic Dysfunction (LVSD)	0066 Endorsed			x				Yes	Process	No	No	Fin	PQRS: Fin, MU: UC3, Value-Based Modifier: Fin
Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD	0067 Endorsed			x				Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	0068 Endorsed			x				Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Value-Based Modifier

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Value-Based Modifier	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)	0070 Endorsed			x				Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Ischemic Vascular Disease (IVD): Blood Pressure Management Control	0073 Endorsed		x	x				Yes	Outcome	Yes	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol	0074 Endorsed			x				Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin
Ischemic Vascular Disease (IVD): Low Density Lipoprotein (LDL-C) Control	0075 Endorsed (PQRS #203)		x	x				Yes	Outcome	Yes	No	Fin	PQRS: Fin, ACOs: Fin, Value-Based Modifier: Fin
Heart Failure: Left Ventricular Function (LVF) Assessment	0079 Endorsed			x				Yes	Process	No	No	Fin	PQRS: Fin, MU: UC3, Value-Based Modifier: Fin

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Value-Based Modifier

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Value-Based Modifier	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	0081 Endorsed			x				Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Heart Failure: Patient Education	0082 Endorsed (Retire Request)			x	x			Yes	Process	No	No	Fin	PQRS: Fin, Value-Based Modifier: Fin
Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	0083 Endorsed			x				Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin
Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	0086 Endorsed		x					Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Value-Based Modifier

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Value-Based Modifier	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	0088 Endorsed		x					Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Diabetic Retinopathy: Communication with the Physician Managing On-going Diabetes Care	0089 Endorsed		x					Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Medication Reconciliation: Reconciliation After Discharge from an Inpatient Facility	0097 Endorsed	x	x					Yes	Process	Yes	No	Fin	PQRS: Fin, ACOs: Fin, Value-Based Modifier: Fin
Post-discharge Medication Reconciliation	0097 Endorsed	x	x					Yes	Process	Yes	No	UC3	MU: UC3, Value-Based Modifier: UC3
Falls: Screening for Fall Risk	0101 Endorsed	x				x		Yes	Process	No	No	Fin	PQRS: Fin, MU: UC3, ACOs: Fin, Value-Based Modifier: Fin

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Value-Based Modifier

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Value-Based Modifier	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy	0102 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin, MU: UC3, Value-Based Modifier: Fin
Major Depressive Disorder (MDD): Antidepressant Medication During Acute Phase for Patients with MDD	0105 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Ambulatory Sensitive Conditions Admissions: Chronic obstructive pulmonary disease (AHRQ Prevention Quality Indicator (PQI) #5)	0275 Endorsed	x						Yes	Outcome	No	No	Fin	ACOs: Fin, Value-Based Modifier: Fin

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Value-Based Modifier

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Value-Based Modifier	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Ambulatory Sensitive Conditions Admissions: Congestive Heart Failure (AHRQ Prevention Quality Indicator (PQI) #8)	0277 Endorsed	x		x				Yes	Outcome	No	No	Fin	ACOs: Fin, Value-Based Modifier: Fin
Ambulatory Sensitive Conditions Admissions: Bacterial pneumonia (AHRQ Prevention Quality Indicator (PQI) #11)	0279 Endorsed	x						Yes	Outcome	No	No	UC1	Value-Based Modifier: UC1
Ambulatory Sensitive Conditions Admissions: Dehydration (AHRQ Prevention Quality Indicator (PQI) #10)	0280 Endorsed	x						Yes	Outcome	No	No	UC1	Value-Based Modifier: UC1
Ambulatory Sensitive Conditions Admissions: Urinary infections (AHRQ Prevention Quality Indicator (PQI) #12)	0281 Endorsed	x						Yes	Outcome	No	No	UC1	Value-Based Modifier: UC1

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Value-Based Modifier

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Value-Based Modifier	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients	0385 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	0387 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients	0389 Endorsed	x					x	Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up	0421 Endorsed							Yes	Process	Yes	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin
Diabetes: HbA1c Control < 8%	0575 Endorsed		x					Yes	Outcome	Yes	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Value-Based Modifier

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Value-Based Modifier	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Diabetes Composite	0727, 0638, 0274, 0285							Yes	Outcome	No	No	UC1	Value-Based Modifier: UC1
Diabetes Composite (All or Nothing Scoring): Aspirin use	0729 Endorsed		x	x				Yes	Outcome	Yes	No	Fin	PQRS: Fin, ACOs: Fin, Value-Based Modifier: Fin
Diabetes Composite (All or Nothing Scoring): Tobacco Non Use	0729 Endorsed		x	x				Yes	Outcome	Yes	No	Fin	PQRS: Fin, ACOs: Fin, Value-Based Modifier: Fin
Medicare Spending Per Beneficiary	This measure is not yet complete, nor fully tested. We expect to receive this measure in Q2 2012 for review. It is being developed by Mathematica, who is not known for quality work in resource use measurement.						x	Yes	Cost	No	No	UC1	Value-Based Modifier: UC1

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Value-Based Modifier

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Value-Based Modifier	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Condition-specific per capita cost measures for COPD, diabetes HF, and CAD	This measure is not yet complete, nor fully tested. This may be one of the measures being developed by Mathematica. We expect to receive this measure in Q2 2012 for review.						x	Yes	cost	No	No	Fin	Value-Based Modifier: Fin
Total Per Capita Cost	This measure is not yet complete, nor fully tested. This may be one of the measures being developed by Mathematica. We expect to receive this measure in Q2 2012 for review.						x	Yes	Cost	No	No	UC1	Value-Based Modifier: UC1

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Value-Based Modifier

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Value-Based Modifier	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
GPRO HF-2 Heart Failure (HF): Left Ventricular Function (LVF) Testing	#135 just reviewed and language is updated; CV committee recommended for reserve status			x				Yes	process	No	No	Fin	Value-Based Modifier: Fin
Proportion of adults 18 years and older who have had their BP measured within the preceding 2 years (used in ACOs modifier with different specs)	Not submitted			x				Yes	process	No	No	Fin	Value-Based Modifier: Fin
30 Day Post-discharge provider visit FIN: Finalized			x					Yes	Process		No	UC2	Value-Based Modifier: UC2

UC1: Under Consideration-Priority 1
 UC2: Under Consideration-Priority 2
 UC3: Under Consideration-Priority 3

Value-Based Modifier

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Value-Based Modifier	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
All Cause Readmissions		x						Yes	Outcome		No	UC2	Value-Based Modifier: UC2
Measure #M119a: Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL) Test Performed				x				Yes	process		No	Fin	Value-Based Modifier: Fin
Preventive Care and Screening: Blood Pressure Measurement								Yes			No	Fin	PQRS: Fin, Value-Based Modifier: Fin

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Pre-Rulemaking Considerations from MAP Dual Eligible Beneficiaries Workgroup

In providing input to HHS regarding the selection of measures for Federal payment and public reporting programs, MAP must consider how the programs may impact the quality of care delivered to Medicare-Medicaid dual eligible beneficiaries. The roughly 9 million Americans eligible for both Medicare and Medicaid comprise a heterogeneous group that includes many of the poorest and sickest individuals covered by either program. Despite their particularly intense and complex needs, the healthcare and supportive services accessed by these individuals are often highly fragmented. HHS is pursuing several strategies to improve the quality of care provided to dual eligible beneficiaries, including tasking MAP with considering the implications of existing Federal measurement programs for this vulnerable group.

General Principles for Measure Selection

In reviewing potential measures for individual programs, consider that **the workgroup has identified the areas in which performance measurement can provide the most leverage in improving the quality of care: quality of life, care coordination, screening and assessment, mental health and substance use, as well as structural measures.** A list of measures in these areas which are collectively being considered a draft core set is provided in the last section of this document.

Also consider that the following issues are strongly related to quality of care in the population, regardless of the type of care being provided.

- **Setting goals for care:** Wherever possible, measurement should promote a broad view of health and wellness. Person-centered plans of care should be developed in collaboration with an individual, his/her family, and his/her care team. A plan of care should establish health-related goals and preferences for care that incorporate medical, behavioral, and social needs.
- **Chronicity of care:** More than 60 percent of dual eligible beneficiaries have three or more multiple chronic conditions, with the most common being cardiovascular disease, diabetes, Alzheimer's and related disorders, arthritis, and depression. Many people with disabilities require care and supports, of varying intensity, throughout their lifetimes.
- **Cognitive status:** More than 60 percent of dual eligible beneficiaries are affected by a mental or cognitive impairment. Etiologies of these impairments are diverse and may include intellectual/developmental disability, mental illness, dementia, substance abuse, or stroke.
- **Care transitions and communication:** Many factors, including those listed above, make dual eligible beneficiaries more vulnerable to problems that arise during all types of care transitions. Communication and coordination across all providers is vital. Transactions between the medical system and the community-based services system are particularly important for beneficiaries who use long-term supports.

Considerations for Clinician Programs

The workgroup discussed the overarching factors that are linked to high-quality care for clinicians. A primary role for any clinician, but especially for those practicing in primary care, is to screen, assess, and manage chronic conditions. For the dual eligible population, those chronic illnesses are likely to include

a mental health problem, substance use disorder, or other cognitive impairment. Because the conditions themselves are so diverse, the workgroup urges consideration of measures that are applicable across clinical conditions, or to individuals with multiple chronic conditions. These would include measures of functional status, quality of life, communication, care coordination, medication management, patient experience, etc. When certain high-impact conditions like diabetes or heart disease need to be evaluated, the workgroup recommends that Federal programs emphasize outcome and composite measures.

Measure Gaps in the Clinician Core Set

- Patient understanding of treatment plan
- Pain management
- Medication adherence
- Screening, assessment, and referral to treatment for problem use of alcohol or other drugs
- Communication with patient and family, communication with other providers
- Practice's capacity to serve as a medical home
- Practice's capacity to provide assistance in accessing specialty care
- Coordination with non-medical providers of long-term supports

Measure Exceptions

The workgroup noticed the abundance of measures related to screening and disease monitoring. They cautioned that appropriate exclusions should be in place for such measures. For example, a 99-year old man with Alzheimer's disease does not need to have his cholesterol under tight control. In addition, measures for pediatric care do not apply to the dual eligible beneficiary population.

MAP Dual Eligible Beneficiaries Workgroup: Draft Core Set of Measures

The workgroup identified the draft core set presented below from an extensive list of current measures. Potential measures were considered in five areas previously identified by the workgroup as most closely linked to quality of care:

- Quality of Life;
- Care Coordination;
- Screening and Assessment;
- Mental Health and Substance Use; and
- Structural Measures.

Many measure gaps and limitations in current measures were identified during the process of compiling a draft core set. The workgroup is currently considering a range of potential modifications to measures that would make them more appropriate for use with the dual eligible beneficiary population. The following list is presented as a starting place for discussion.

Cross-Program Considerations - Care Coordination

Measure Number and Title	Federal Programs																
	PQRS	Value-Based Modifier	MU for Eligible Professionals	ACOs	IQR	OQR	VBP	MU for Hospitals and CAHs	Inpatient Psychiatric Quality Reporting	Ambulatory Surgical Center Quality Reporting	PPS- Exempt Cancer Hospital Quality Reporting	ESRD	Home Health Quality Reporting	Hospice Quality Reporting	IRFs	LTCHs	NH Quality Initiative and NH Compare
NQF ID # 0520 Drug Education on All Medications Provided to Patient/Caregiver During Episode													F				
NQF ID # 0526 Timely Initiation of Care													F				
NQF ID # 0553 Care for Older Adults – Medication Review (COA)																	
NQF ID # 0554 Medication Reconciliation Post-Discharge (MRP)																	
NQF ID # 0542 Adherence to chronic medications																	
NQF ID # 0005, 0006, 0166, 0258, 0517 Consumer Assessment of Healthcare Providers and Systems (CAHPS)				F	F		F					F	F				

F = Finalized Measures
UC = Measures Under Consideration

NQF # and Status	Measure Title and Description	Qual of Life	Care Coord	Screening	Mental/SU	Structural	Specified Setting of Care	Finalized, Proposed, Under Consideration by CMS for Federal Program
0005 Endorsed	<i>CAHPS Adult Primary Care Survey: Shared Decision Making</i> 37 core and 64 supplemental question survey of adult outpatient primary care patients		✓				Ambulatory	Finalized for use in Medicare Shared Savings
0006 Endorsed	<i>CAHPS Health Plan Survey v 4.0 - Adult questionnaire: Health Status/Functional Status</i> 30-question core survey of adult health plan members that assesses the quality of care and services they receive	✓					Ambulatory	Finalized for use in Medicare Shared Savings Proposed for Medicaid Adult Core Measures
0490 Endorsed	<i>The Ability to use Health Information Technology to Perform Care Management at the Point of Care</i> Documents the extent to which a provider uses a certified/qualified electronic health record (EHR) system capable of enhancing care management at the point of care. To qualify, the facility must have implemented processes within their EHR for disease management that incorporate the principles of care management at the point of care which include: a. The ability to identify specific patients by diagnosis or medication use, b. The capacity to present alerts to the clinician for disease management, preventive services and wellness, c. The ability to provide support for standard care plans, practice guidelines, and protocol					✓	Ambulatory	
0494 Endorsed	<i>Medical Home System Survey</i> Percentage of practices functioning as a patient-centered medical home by providing ongoing, coordinated patient care. Meeting Medical Home System Survey standards demonstrates that practices have physician-led teams that provide patients with: a. Improved access and communication b. Care management using evidence-based guidelines c. Patient tracking and registry functions d. Support for patient self-management e. Test and referral tracking f. Practice performance and improvement functions					✓	Ambulatory	
0101 Endorsed	<i>Falls: Screening for Fall Risk</i> Percentage of patients aged 65 years and older who were screened for fall risk (2 or more falls in the past year or any fall with injury in the past year) at least once within 12 months			✓			Ambulatory	Finalized for use in PQRS, Medicare Shared Savings, and Value Modifier Under Consideration (Priority 3) for Meaningful Use

NQF # and Status	Measure Title and Description	Qual of Life	Care Coord	Screening	Mental/SU	Structural	Specified Setting of Care	Finalized, Proposed, Under Consideration by CMS for Federal Program
0729 Endorsed	<p><i>Optimal Diabetes Care</i> Patients ages 18 -75 with a diagnosis of diabetes, who meet all the numerator targets of this composite measure: A1c < 8.0, LDL < 100, Blood Pressure < 140/90, Tobacco non-user and for patients with a diagnosis of ischemic vascular disease daily aspirin use unless contraindicated</p>			✓			Ambulatory	Components of this composite are finalized for use in Medicare Shared Savings and Value Modifier Composite is under consideration (Priority 2) for PQRS
0421 Endorsed	<p><i>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up</i> Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented Normal Parameters: Age 65 and older BMI ≥23 and <30; Age 18 – 64 BMI ≥18.5 and <25</p>			✓			Ambulatory	Finalized for use in PQRS, Meaningful Use, Medicare Shared Savings Program, and Value Modifier Proposed for Medicaid Adult Core Measures
0028 Endorsed	<p><i>Measure pair: a. Tobacco Use Assessment, b. Tobacco Cessation Intervention</i> Percentage of patients who were queried about tobacco use one or more times during the two-year measurement period Percentage of patients identified as tobacco users who received cessation intervention during the two-year measurement period</p>			✓	✓		Ambulatory	Finalized for use in PQRS, EHR Incentive Program / Meaningful Use, Medicare Shared Savings Program, and Value Modifier
0004 Endorsed	<p><i>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement</i> The percentage of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit</p>				✓		Ambulatory	Finalized for use in PQRS, EHR Incentive Program / Meaningful Use, and Value Modifier Proposed for Medicaid Adult Core Measures
0576 Endorsed	<p><i>Follow-up after hospitalization for mental illness</i> Percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner</p>		✓		✓		Ambulatory, Behavioral Health	Proposed for Medicaid Adult Core Measures

NQF # and Status	Measure Title and Description	Qual of Life	Care Coord	Screening	Mental/SU	Structural	Specified Setting of Care	Finalized, Proposed, Under Consideration by CMS for Federal Program
0418 Endorsed	<i>Screening for Clinical Depression and Follow-up Plan</i> Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool and follow up plan documented			✓	✓		Ambulatory, Hospital, PAC/LTC Facility	Finalized for use in PQRS and Medicare Shared Savings Under consideration (Priority 3) for Meaningful Use, Proposed for Medicaid Adult Core Measures
0430 Endorsed	<i>Change in Daily Activity Function as Measured by the AM-PAC</i> The Activity Measure for Post-Acute Care (AM-PAC) is a functional status assessment instrument developed specifically for use in facility and community dwelling post-acute care (PAC) patients. A Daily Activity domain has been identified which consists of functional tasks that cover in the following areas: feeding, meal preparation, hygiene, grooming, and dressing	✓		✓			Ambulatory, Home Health, Hospital, PAC/LTC Facility	
0647 Endorsed	<i>Transition Record with Specified Elements Received by Discharged Patients (Inpatient Discharges to Home/Self Care or Any Other Site of Care)</i> Percentage of patients, regardless of age, discharged from an inpatient facility to home or any other site of care, or their caregiver(s), who received a transition record (and with whom a review of all included information was documented) at the time of discharge including, at a minimum, all of the specified elements		✓				Hospital, PAC/LTC Facility	Proposed for Medicaid Adult Core Measures
0523 Endorsed	<i>Pain Assessment Conducted</i> Percent of patients who were assessed for pain, using a standardized pain assessment tool, at start/resumption of home health care	✓		✓			Home Health	
0167 Endorsed	<i>Improvement in Ambulation/locomotion</i> Percentage of home health episodes where the value recorded for the OASIS item M0702 on the discharge assessment is numerically less than the value recorded on the start (or resumption) of care assessment, indicating less impairment at discharge compared to start of care	✓		✓			Home Health	
0208 Endorsed	<i>Family Evaluation of Hospice Care</i> Percentage of family members of all patients enrolled in a hospice program who give satisfactory answers to the survey instrument	✓					Hospice	Under Consideration (Priority 2) for Hospice Quality Reporting

NQF # and Status	Measure Title and Description	Qual of Life	Care Coord	Screening	Mental/SU	Structural	Specified Setting of Care	Finalized, Proposed, Under Consideration by CMS for Federal Program
0260 Endorsed	<i>Assessment of Health-related Quality of Life (Physical & Mental Functioning)</i> Percentage of dialysis patients who receive a quality of life assessment using the KDQOL-36 (36-question survey that assesses patients' functioning and well-being) at least once per year	✓		✓	✓		Dialysis Facility	
0329 Endorsed	<i>All-Cause Readmission Index (risk adjusted)</i> Overall inpatient 30-day hospital readmission rate, excluding maternity and pediatric discharges		✓				Hospital	
0558 Endorsed	<i>HBIPS-7 Post discharge continuing care plan transmitted to next level of care provider upon discharge</i> Patients discharged from a hospital-based inpatient psychiatric setting with a continuing care plan provided to the next level of care clinician or entity		✓		✓		Hospital	Under consideration (Priority 1) for Inpatient Psychiatric Facility Quality Reporting
0228 Endorsed	<i>3-Item Care Transition Measure (CTM-3)</i> Uni-dimensional self-reported survey that measures the quality of preparation for care transitions. Namely: 1. Understanding one's self-care role in the post-hospital setting 2. Medication management 3. Having one's preferences incorporated into the care plan		✓				Hospital	Under consideration (Priority 2) for Hospital Inpatient Quality Reporting
Not Endorsed	<i>SNP 6: Coordination of Medicare and Medicaid coverage</i> Intent: The organization helps members obtain services they are eligible to receive regardless of payer, by coordinating Medicare and Medicaid coverage. This is necessary because the two programs have different rules and benefit structures and can be confusing for both members and providers					✓	[not available]	
Not Endorsed	<i>Alcohol Misuse: Screening, Brief Intervention, Referral for Treatment</i> a. Patients screened annually for alcohol misuse with the 3-item AUDIT-C with item-wise recording of item responses, total score and positive or negative result of the AUDIT-C in the medical record. B. Patients who screen for alcohol misuse with AUDIT-C who meet or exceed a threshold score who have brief alcohol counseling documented in the medical record within 14 days of the positive screening.			✓	✓		[not available]	Proposed for Medicaid Adult Core Measures, similar measure under consideration (Priority 2) for Hospital Inpatient Quality Reporting

NQF # and Status	Measure Title and Description	Qual of Life	Care Coord	Screening	Mental/SU	Structural	Specified Setting of Care	Finalized, Proposed, Under Consideration by CMS for Federal Program
Not Endorsed	<p><i>Potentially Harmful Drug-Disease Interactions in the Elderly</i></p> <p>Percentage of Medicare members 65 years of age and older who have a diagnosis of chronic renal failure and prescription for nonaspirin NSAIDs or Cox-2 selective NSAIDs; Percentage of Medicare members 65 years of age and older who have a diagnosis of dementia and a prescription for tricyclic antidepressants or anticholinergic agents; percentage of Medicare members 65 years of age and older who have a history of falls and a prescription for tricyclic antidepressants, antipsychotics or sleep agents</p>		✓	✓			Pharmacy	

Cross-Program Considerations - Care Coordination

Measure Number and Title	Federal Programs																
	PQRS	Value-Based Modifier	MU for Eligible Professionals	ACOs	IQR	OQR	VBP	MU for Hospitals and CAHs	Inpatient Psychiatric Quality Reporting	Ambulatory Surgical Center Quality Reporting	PPS- Exempt Cancer Hospital Quality Reporting	ESRD	Home Health Quality Reporting	Hospice Quality Reporting	IRFs	LTCHs	NH Quality Initiative and NH Compare
NQF ID # 0520 Drug Education on All Medications Provided to Patient/Caregiver During Episode													F				
NQF ID # 0526 Timely Initiation of Care													F				
NQF ID # 0553 Care for Older Adults – Medication Review (COA)																	
NQF ID # 0554 Medication Reconciliation Post-Discharge (MRP)																	
NQF ID # 0542 Adherence to chronic medications																	
NQF ID # 0005, 0006, 0166, 0258, 0517 Consumer Assessment of Healthcare Providers and Systems (CAHPS)				F	F		F					F	F				

F = Finalized Measures
UC = Measures Under Consideration

Program Summary: Physician Quality Reporting System (PQRS)

Program Description

The 2006 Tax Relief and Health Care Act (TRHCA) required the establishment of a physician quality reporting system, including an incentive payment for eligible professionals who satisfactorily report data on quality measures for covered professional services furnished to Medicare beneficiaries.

Individual clinicians participating in the PQRS may select 3 measures (out of more than 200 measures) to report or may choose to report a disease group. Clinicians have three options for submitting data: (1) Medicare Part B claims submission, (2) submission via a qualified Physician Quality Reporting registry, or (3) submit using a qualified electronic health record (EHR) product. Individual eligible professionals who meet the criteria for satisfactory submission qualify to earn an incentive payment equal to 1% of their total estimated Medicare Part B Physician Fee Schedule (PFS) allowed charges. Group practices may also submit and are qualified to receive an incentive payment of 1% if the practice similarly meets criteria for participation. Groups with 200 or more eligible professionals must report a set of measures.

Beginning in 2011, physicians have the opportunity to earn an additional incentive of 0.5% by working with a Maintenance of Certification entity to satisfactorily submit data. ⁱ

Statutory Requirements for Measures:

This program must include measures pertaining to physicians (medicine, osteopathy, podiatric med, optometry, surgery, oral surgery, dental med, chiropractic) and therapists ((Physical Therapist, Occupational Therapist, Qualified Speech-Language Therapist).

Program Measure Set Analysis

	Finalized	Under Consideration	Total
Total Measures	267	153	420
NQF-Endorsed®	179	13	192
NQS Priority			
Safer Care	38	9	47
Effective Care Coordination	64	22	86
Prevention and Treatment of Leading Causes of Mortality and Morbidity	55	13	68
Person and Family Centered Care	13	3	16
Supporting Better Health in Communities	39	4	43
Making Care More Affordable	8	8	16
Measure Type			

Process Measures	168	9	177
Outcome Measures	35	4	39
Cost Measures	0	3	3
Structural Measures	3	0	3
Patient Experience	0	0	0

Identified Measure Gaps:

- Cost
- Patient Experience

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Asthma: Asthma Assessment	0001 Endorsed		x			x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Appropriate Testing for Children with Pharyngitis	0002 Endorsed						x	Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement	0004 Endorsed		x			x		Yes	Process	Yes	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)	0012 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Prenatal Care: Anti-D Immune Globulin	0014 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Hypertension (HTN): Plan of Care	0017 Endorsed		x	x				Yes	Process	No	No	Fin	PQRS: Fin,
Controlling High Blood Pressure	0018 Endorsed		x	x				Yes	Outcome	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin
Drugs to be Avoided in the Elderly	0022 Endorsed	x	x					Yes	Process	No	No	Fin	PQRS: Fin, MU: UC3,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Weight Assessment and Counseling for Children and Adolescents	0024 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Smoking and Tobacco Use Cessation, Medical assistance: a. Advising Smokers and Tobacco Users to Quit, b. Discussing Smoking and Tobacco Use Cessation Medications, c. Discussing Smoking and Tobacco Use Cessation Strategies	0027 Endorsed			x		x		Yes	Process	No	No	Fin	PQRS: Fin,
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	0028 Endorsed			x		x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Preventive Care and Screening: Screening Mammography	0031 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin
Cervical Cancer Screening	0032 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Chlamydia Screening for Women	0033 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Preventive Care and Screening: Colorectal Cancer Screening	0034 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin
Use of Appropriate Medications for Asthma	0036 Endorsed	x	x					Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: UC3
Childhood Immunization Status	0038 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old	0041 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years and Older	0043 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin
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	0045 Endorsed		x					Yes	Process	No	No	Fin	PQRS: Fin, MU: UC3,
Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older	0046 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: UC3,
Asthma: Pharmacologic Therapy	0047 Endorsed		x					Yes	process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Osteoporosis: Management Following Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older	0048 Endorsed		x					Yes	Process	No	No	Fin	PQRS: Fin, MU: UC2,
Osteoporosis: Pharmacologic Therapy for Men and Women Aged 50 Years and Older	0049 Endorsed		x					Yes	Process	No	No	Fin	PQRS: Fin,
Osteoarthritis (OA): Function and Pain Assessment	0050 Endorsed		x					Yes	Process	No	No	Fin	PQRS: Fin, MU: UC3,
Osteoarthritis (OA): Assessment for Use of Anti-Inflammatory or Analgesic Over-the-Counter (OTC) Medications	0051 Endorsed		x					Yes	Process	No	No	Fin	PQRS: Fin, MU: UC3,
Low Back Pain: Use of Imaging Studies	0052 Endorsed	x					x	Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Rheumatoid Arthritis (RA): Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy	0054 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin,
Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient	0055 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Diabetes Mellitus: Foot Exam	0056 Endorsed		x					Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Diabetes Mellitus: Hemoglobin A1c Testing	0057 Endorsed		x					Yes	Process	No	No	Fin	PQRS: Fin,
Antibiotic Treatment for Adults with Acute Bronchitis: Avoidance of Inappropriate Use	0058 Endorsed	x					x	Yes	Process	No	No	Fin	PQRS: Fin, MU: UC3,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus	0059 Endorsed		x					Yes	Outcome	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin,
Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus	0061 Endorsed		x	x				Yes	Outcome	Yes	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Diabetes Mellitus: Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients	0062 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus	0064 Endorsed		x					Yes	Outcome	Yes	No	Fin	PQRS: Fin, MU: Fin,
GPRO DM 9: Lipid Control	0064 Endorsed							Yes	Outcome	No	No	Fin	PQRS: Fin,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Coronary Artery Disease (CAD): Symptom and Activity Assessment	0065 Endorsed (Not Recommended)			x				Yes	Process	No	No	Fin	PQRS: Fin,
Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Patients with CAD and Diabetes and/or Left Ventricular Systolic Dysfunction (LVSD)	0066 Endorsed			x				Yes	Process	No	No	Fin	PQRS: Fin, MU: UC3, Value-Based Modifier: Fin
Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD	0067 Endorsed			x				Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	0068 Endorsed			x				Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin
Treatment for Children with Upper Respiratory Infection (URI): Avoidance of Inappropriate Use	0069 Endorsed	x					x	Yes	Process	No	No	Fin	PQRS: Fin, MU: UC3,
Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)	0070 Endorsed			x				Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Ischemic Vascular Disease (IVD): Blood Pressure Management Control	0073 Endorsed		x	x				Yes	Outcome	Yes	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol	0074 Endorsed			x				Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin
Ischemic Vascular Disease (IVD): Low Density Lipoprotein (LDL-C) Control	0075 Endorsed (PQRS #203)		x	x				Yes	Outcome	Yes	No	Fin	PQRS: Fin, ACOs: Fin, Value-Based Modifier: Fin
Optimal Vascular Care	0076 Endorsed (Under CSAC Review)		x	x				Yes	Process	Yes	No	UC2	PQRS: UC2,
Heart Failure: Left Ventricular Function (LVF) Assessment	0079 Endorsed			x				Yes	Process	No	No	Fin	PQRS: Fin, MU: UC3, Value-Based Modifier: Fin
GPRO HF-2 Heart Failure (HF): Left Ventricular Function (LVF) Testing	0079 Endorsed			x				Yes	Process	No	No	Fin	PQRS: Fin,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	0081 Endorsed			x				Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Heart Failure: Patient Education	0082 Endorsed (Retire Request)			x	x			Yes	Process	No	No	Fin	PQRS: Fin, Value-Based Modifier: Fin
Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	0083 Endorsed			x				Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin
Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation	0084 Endorsed (Retire Request)			x				Yes	Process	No	No	Fin	PQRS: Fin,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	0086 Endorsed		x					Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Age-related Macular Degeneration (AMD): Dilated Macular Examination	0087 Endorsed		x					Yes	Process	No	No	Fin	PQRS: Fin,
Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	0088 Endorsed		x					Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Diabetic Retinopathy: Communication with the Physician Managing On-going Diabetes Care	0089 Endorsed		x					Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
12-Lead Electrocardiogram (ECG) Performed for Non-Traumatic Chest Pain	0090 Endorsed			x				Yes	Process	No	No	Fin	PQRS: Fin,
Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation	0091 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin,
Aspirin at Arrival for Acute Myocardial Infarction (AMI)	0092 Endorsed			x				Yes	Process	No	No	Fin	PQRS: Fin,
12-Lead Electrocardiogram (ECG) Performed for Syncope	0093 Endorsed			x				Yes	process	No	No	Fin	PQRS: Fin,
Community-Acquired Pneumonia (CAP): Assessment of Oxygen Saturation	0094 Endorsed (Retire Request)							Yes	Process	No	No	Fin	PQRS: Fin,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Assessment Mental Status for Community-Acquired Bacterial Pneumonia	0095 Endorsed (Retire Request)							Yes	Process	No	No	Fin	PQRS: Fin,
Community-Acquired Pneumonia (CAP): Empiric Antibiotic	0096 Endorsed	x						Yes	Process	No	No	Fin	PQRS: Fin,
Medication Reconciliation: Reconciliation After Discharge from an Inpatient Facility	0097 Endorsed	x	x					Yes	Process	Yes	No	Fin	PQRS: Fin, ACOs: Fin, Value-Based Modifier: Fin
Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older	0098 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin, MU: UC3,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Urinary Incontinence: Characterization of Urinary Incontinence in Women Aged 65 Years and Older	0099 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin,
Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older	0100 Endorsed		x					Yes	Process	No	No	Fin	PQRS: Fin, MU: UC3,
Falls: Screening for Fall Risk	0101 Endorsed	x				x		Yes	Process	No	No	Fin	PQRS: Fin, MU: UC3, ACOs: Fin, Value-Based Modifier: Fin
Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy	0102 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin, MU: UC3, Value-Based Modifier: Fin
Major Depressive Disorder (MDD): Diagnostic Evaluation	0103 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: UC3,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Major Depressive Disorder (MDD): Suicide Risk Assessment	0104 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: UC3,
Major Depressive Disorder (MDD): Antidepressant Medication During Acute Phase for Patients with MDD	0105 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Coronary Artery Bypass Graft (CABG): Postoperative Renal Insufficiency	0114 Endorsed	x		x				Yes	Outcome	No	No	Fin	PQRS: Fin,
Coronary Artery Bypass Graft (CABG): Surgical Re-exploration	0115 Endorsed	x		x				Yes	Outcome	No	No	Fin	PQRS: Fin,
Coronary Artery Bypass Graft (CABG): Lipid Management and Counseling	0118 Endorsed			x				Yes	Process	No	No	Fin	PQRS: Fin,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Coronary Artery Bypass Graft (CABG): Prolonged Intubation (Ventilation)	0129 Endorsed	x		x				Yes	Outcome	No	No	Fin	PQRS: Fin,
Coronary Artery Bypass Graft (CABG): Deep Sternal Wound Infection Rate	0130 Endorsed	x		x				Yes	Outcome	No	No	Fin	PQRS: Fin,
Coronary Artery Bypass Graft (CABG): Stroke/Cerebrovascular Accident (CVA)	0131 Endorsed	x		x				Yes	Outcome	No	No	Fin	PQRS: Fin,
Use of Internal Mammary Artery (IMA) in Coronary Artery Bypass Graft (CABG)	0134 Submitted			x				Yes	Process	No	No	Fin	PQRS: Fin,
Community-Acquired Pneumonia (CAP): Vital Signs	0232 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Pre-op beta blocker in patient with isolated CABG (2)	0236 Endorsed			x				Yes	Process	No	No	Fin	PQRS: Fin,
Coronary Artery Bypass Graft (CABG): Antiplatelet Medications at Discharge	0237 Endorsed			x				Yes	Process	No	No	Fin	PQRS: Fin,
Coronary Artery Bypass Graft (CABG): Beta-Blockers Administered at Discharge	0238 Endorsed			x				Yes	Process	No	No	Fin	PQRS: Fin,
Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in All Patients)	0239 Endorsed	x		x				Yes	Process	Yes	No	Fin	PQRS: Fin, MU: UC3,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge	0241 Endorsed			x				Yes	Process	No	No	Fin	PQRS: Fin,
Stroke and Stroke Rehabilitation: Screening for Dysphagia	0243 Endorsed		x	x				Yes	Process	No	No	Fin	PQRS: Fin,
Stroke and Stroke Rehabilitation: Consideration of Rehabilitation Services	0244 Endorsed		x	x				Yes	Process	No	No	Fin	PQRS: Fin,
Stroke and Stroke Rehabilitation: Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports	0246 Endorsed (Endorsement Removed)			x				Yes	Process	No	No	Fin	PQRS: Fin, MU: UC3,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Hemodialysis Vascular Access Decision-Making by Surgeon to Maximize Placement of Autogenous arterial Venous (AV) Fistula	0259 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin,
Perioperative Care: Selection of Prophylactic Antibiotic - First OR Second Generation Cephalosporin	0268 Endorsed	x						Yes	Process	No	No	Fin	PQRS: Fin,
Timing of Prophylactic Antibiotics - Administering Physician	0269 Endorsed	x						Yes	Process	No	No	Fin	PQRS: Fin,
Peioperative Care: Timing of Antibiotic Prophylaxis - Ordering Physician	0270 Endorsed (PQRS #20)	x						Yes	Process	No	No	Fin	PQRS: Fin,
Perioperative Care: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)	0271 Endorsed	x					x	Yes	Process	Yes	No	Fin	PQRS: Fin, MU: UC3,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Back Pain: Advice Against Bed Rest	0313 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin,
Back Pain: Advice for Normal Activities	0314 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin,
Back Pain: Physical Exam	0319 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin,
End Stage Renal Disease (ESRD): Plan of Care for Inadequate Peritoneal Dialysis	0321 Endorsed		x					Yes	Outcome	Yes	No	Fin	PQRS: Fin, MU: UC3,
Back Pain: Initial Visit	0322 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin, MU: UC3,
End Stage Renal Disease (ESRD): Plan of Care for Inadequate Hemodialysis in ESRD Patients	0323 Endorsed		x					Yes	Outcome	No	No	Fin	PQRS: Fin, MU: UC3,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Stroke and Stroke Rehabilitation: Discharges on Antiplatelet Therapy	0325 Endorsed		x	x				Yes	Process	No	No	Fin	PQRS: Fin,
Advance Care Plan	0326 Endorsed		x		x			Yes	Process	No	No	Fin	PQRS: Fin,
Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow	0377 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin,
Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy	0378 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin,
Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry	0379 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Multiple Myeloma: Treatment with Bisphosphonates	0380 Endorsed							Yes	process	No	No	Fin	PQRS: Fin,
Oncology: Treatment Summary Documented and Communicated – Radiation Oncology	0381 Endorsed		x					Yes	Process	Yes	No	UC2	PQRS: UC2,
Cardiac Stress imaging not meeting appropriate use criteria: Preoperative evaluative in low risk surgery patients	0670 Endorsed						x	Yes	Efficiency	No	No	UC2	PQRS: UC2,
Oncology: Medical and Radiation – Plan of Care for Pain	0383 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin, MU: UC3,
Oncology: Medical and Radiation – Pain Intensity Quantified	0384 Endorsed							Yes	Process	Yes	No	Fin	PQRS: Fin, MU: UC3,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients	0385 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Oncology: Cancer Stage Documented	0386 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin,
Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	0387 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Prostate Cancer: Three Dimensional (3D) Radiotherapy	0388 Endorsed	x						Yes	Process	No	No	Fin	PQRS: Fin, MU: UC3,
Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients	0389 Endorsed	x					x	Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Prostate Cancer: Adjuvant Hormonal Therapy for High-Risk Prostate Cancer Patients	0390 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin,
Breast Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade	0391 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin,
Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade	0392 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin,
Hepatitis C: Testing for Chronic Hepatitis C – Confirmation of Hepatitis C Viremia	0393 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Hepatitis C: Counseling Regarding Use of Contraception Prior to Antiviral Therapy	0394 Endorsed				x			Yes	Process	No	No	Fin	PQRS: Fin,
Hepatitis C: Ribonucleic Acid (RNA) Testing Before Initiating Treatment	0395 Endorsed		x					Yes	Process	No	No	Fin	PQRS: Fin,
Hepatitis C: HCV Genotype Testing Prior to Treatment	0396 Endorsed		x					Yes	Process	No	No	Fin	PQRS: Fin,
Hepatitis C: Antiviral Treatment Prescribed	0397 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin,
Hepatitis C: HCV Ribonucleic Acid (RNA) Testing at Week 12 of Treatment	0398 Endorsed		x					Yes	Process	No	No	Fin	PQRS: Fin,
Hepatitis C: Hepatitis A Vaccination in Patients with HCV	0399 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: UC3,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Hepatitis C: Hepatitis B Vaccination in Patients with HCV	0400 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: UC3,
Hepatitis C: Counseling Regarding Risk of Alcohol Consumption	0401 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: UC3,
HIV/AIDS: CD4+ Cell Count or CD4+ Percentage	0404 Endorsed		x					Yes	Process	Yes	No	Fin	PQRS: Fin,
HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis	0405 Endorsed		x			x		Yes	Process	No	No	Fin	PQRS: Fin, MU: UC3,
HIV/AIDS: Adolescent and Adult Patients with HIV/AIDS Who Are Prescribed Potent Antiretroviral Therapy	0406 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin, MU: UC3,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
HIV/AIDS: HIV RNA Control After Six Months of Potent Antiretroviral Therapy	0407 Endorsed		x					Yes	Process	Yes	No	Fin	PQRS: Fin,
HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia and Gonorrhea	0409 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin,
HIV/AIDS: Sexually Transmitted Disease Screening for Syphilis	0410 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin,
HIV/AIDS: Screening for High Risk Sexual Behaviors	0413 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin,
HIV/AIDS: Screening for Injection Drug Use	0415 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin,
Diabetes Mellitus: Diabetic Foot and Ankle care, Ulcer Prevention - Evaluation of Footwear	0416 Endorsed		x			x		Yes	Process	No	No	Fin	PQRS: Fin,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy - Neurological Evaluation	0417 Endorsed		x			x		Yes	Process	No	No	Fin	PQRS: Fin,
Screening for Clinical Depression and Follow-up Plan	0418 Endorsed					x		Yes	Process	Yes	No	Fin	PQRS: Fin, MU: UC3, ACOs: Fin,
Documentation of Current Medications in the Medical Record	0419 Endorsed	x						Yes	Process	No	No	Fin	PQRS: Fin,
Pain Assessment Prior to Initiation of Patient Therapy and Follow-up	0420 Endorsed				x			Yes	process	Yes	No	Fin	PQRS: Fin,
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up	0421 Endorsed					x		Yes	Process	Yes	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Knee Impairments	0422 Endorsed							Yes	Process	Yes	No	Fin	PQRS: Fin,
Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Hip Impairments	0423 Endorsed							Yes	Outcome	Yes	No	Fin	PQRS: Fin,
Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Lower Leg, Foot or Ankle Impairments	0424 Endorsed							Yes	Outcome	Yes	No	Fin	PQRS: Fin,
Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Lumbar Spine Impairments	0425 Endorsed							Yes	Outcome	Yes	No	Fin	PQRS: Fin,

FIN: Finalized

UC1: Under Consideration-Priority 1

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UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Shoulder Impairments	0426 Endorsed							Yes	Outcome	Yes	No	Fin	PQRS: Fin,
Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Elbow, Wrist or Hand Impairments	0427 Endorsed							Yes	Outcome	Yes	No	Fin	PQRS: Fin,
Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Neck, Cranium, Mandible, Thoracic Spine, Ribs, or Other General Orthopedic Impairments	0428 Endorsed							Yes	Process	Yes	No	Fin	PQRS: Fin,
Stroke and Stroke Rehabilitation: Thrombolytic Therapy	0437 Endorsed	x		x				Yes	Process	No	No	Fin	PQRS: Fin,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Functional Communication Measure - Writing	0442 Endorsed		x	x	x			Yes	Outcome	Yes	No	Fin	PQRS: Fin,
Functional Communication Measure - Swallowing	0443 Endorsed		x	x				Yes	Outcome	Yes	No	Fin	PQRS: Fin,
Functional Communication Measure - Spoken Language Expression	0444 Endorsed		x	x				Yes	Outcome	Yes	No	Fin	PQRS: Fin,
Functional Communication Measure - Spoken Language Comprehension	0445 Endorsed		x	x				Yes	Outcome	Yes	No	Fin	PQRS: Fin,
Functional Communication Measure - Reading	0446 Endorsed		x	x				Yes	Outcome	Yes	No	Fin	PQRS: Fin,
Functional Communication Measure - Motor Speech	0447 Endorsed (Retire Request)		x	x				Yes	Outcome	Yes	No	Fin	PQRS: Fin,

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UC1: Under Consideration-Priority 1

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Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Functional Communication Measure - Memory	0448 Endorsed		x	x				Yes	Outcome	Yes	No	Fin	PQRS: Fin,
Functional Communication Measure - Attention	0449 Endorsed		x	x				Yes	Outcome	Yes	No	Fin	PQRS: Fin,
Perioperative Temperature Management	0454 Endorsed	x						Yes	Process	No	No	Fin	PQRS: Fin,
Thoracic Surgery: Recording of Clinical Stage for Lung Cancer and Esophageal Cancer Resection	0455 Endorsed							Yes	Process	Yes	No	Fin	PQRS: Fin,
Thoracic Surgery: Recording of Performance Status Prior to Lung or Esophageal Cancer Resection	0457 Endorsed							Yes	Process	Yes	No	Fin	PQRS: Fin,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Thoracic Surgery: Pulmonary Function Tests Before Major Anatomic Lung Resection (Pneumonectomy, Lobectomy, or Formal Segmentectomy)	0458 Endorsed							Yes	Process	Yes	No	Fin	PQRS: Fin,
Prevention of Catheter-Related Bloodstream Infections (CRBSI): Central Venous Catheter (CVC) Insertion Protocol	0464 Endorsed	x						Yes	Process	No	No	Fin	PQRS: Fin,
Carotid Endarterectomy: Use of Patch During Conventional Carotid Endarterectomy	0466 Endorsed (Retire Request)			x				Yes	Process	No	No	Fin	PQRS: Fin,
Health Information Technology (HIT): Adoption/Use of Electronic Health Records (EHR)	0488 Endorsed	x						Yes	Structure/Management	No	No	Fin	PQRS: Fin,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Participation by a physician or other clinician in systematic clinical database registry that includes consensus endorsed quality measures	0493 Endorsed		x					Yes	Process	No	No	UC2	PQRS: UC2,
Anticoagulation for acute pulmonary embolus patients	0503 Submitted	x		x				Yes	Process	No	No	Fin	PQRS: Fin,
Stenosis Measurement in Carotid Imaging Studies	0507 Endorsed			x				Yes	Process	No	No	Fin	PQRS: Fin, MU: UC3,
Radiology: Inappropriate Use of "Probably Benign" Assessment Category in Mammography Screening	0508 Endorsed						x	Yes	Process	No	No	Fin	PQRS: Fin, MU: UC3,
Radiology: Reminder System for Mammograms	0509 Endorsed		x					Yes	Structure/ Management	No	No	Fin	PQRS: Fin,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Radiology: Exposure Time Reported for Procedures Using Fluoroscopy	0510 Endorsed	x						Yes	Process	No	No	Fin	PQRS: Fin, MU: UC3,
Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy	0511 Endorsed	x						Yes	process	No	No	Fin	PQRS: Fin,
Cardiac stress imaging not meeting appropriate use criteria: Routine testing after percutaneous coronary intervention (PCI)	0671 Endorsed						x	Yes	Efficiency	No	No	UC2	PQRS: UC2,
Monthly INR for Beneficiaries on Warfarin	0555 Endorsed	x						Yes	Process	Yes	No	UC2	PQRS: UC2,
Melanoma: Coordination of Care	0561 Endorsed		x					Yes	Process	Yes	No	Fin	PQRS: Fin, MU: UC3,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Melanoma: Overutilization of Imaging Studies in Stage 0-IA Melanoma	0562 Endorsed	x					x	Yes	Process	No	No	Fin	PQRS: Fin, MU: UC3,
Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of Plan of Care	0563 Endorsed							Yes	Process	Yes	No	Fin	PQRS: Fin,
Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	0564 Endorsed	x						Yes	Outcome	Yes	No	Fin	PQRS: Fin, MU: UC3,
Cataracts: 20/40 or Better Visual Acuity Within 90 Days Following Cataract Surgery	0565 Endorsed		x					Yes	Outcome	Yes	No	Fin	PQRS: Fin, MU: UC3,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Age-related Macular Degeneration (AMD): Counseling on Antioxidant Supplement	0566 Endorsed		x		x			Yes	Process	Yes	No	Fin	PQRS: Fin,
Diabetes: HbA1c Control < 8%	0575 Endorsed		x					Yes	Outcome	Yes	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Perioperative Care: Discontinuation of Prophylactic Antibiotics (Cardiac Procedures)	0637 Endorsed	x		x				Yes	Process	No	No	Fin	PQRS: Fin,
Melanoma: Continuity of Care – Recall System	0650 Endorsed		x			x		Yes	Structure/ Management	No	No	Fin	PQRS: Fin,
Ultrasound determination of pregnancy location for pregnant patients with abdominal pain	0651 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Rh immunoglobulin (Rhogam) for Rh negative pregnant women at risk of fetal blood exposure.	0652 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin,
Acute Otitis Externa (AOE): Topical Therapy	0653 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin, MU: UC3,
Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy - Avoidance of Inappropriate Use	0654 Endorsed	x						Yes	Process	No	No	Fin	PQRS: Fin, MU: UC2,
Otitis Media with Effusion: Antihistamines or decongestants – Avoidance of inappropriate use	0655 Endorsed	x					x	Yes	Process	No	No	UC2	PQRS: UC2, MU: UC2,
Otitis Media with Effusion: Systemic corticosteroids – Avoidance of inappropriate use	0656 Endorsed	x					x	Yes	Process	No	No	UC2	PQRS: UC2, MU: UC1,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Endoscopy & Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps-Avoidance of Inappropriate Use	0659 Endorsed					x		Yes	Process	Yes	No	Fin	PQRS: Fin,
Cardiac stress imaging not meeting appropriate use criteria: Testing in asymptomatic, low risk patients	0672 Endorsed						x	Yes	Efficiency	No	No	UC2	PQRS: UC2,
Depression Remission at Twelve Months	0710 Endorsed					x		Yes	Process	Yes	No	UC2	PQRS: UC2, MU: UC1,
Depression Remission at Six Months	0711 Endorsed					x		Yes	Process	Yes	No	UC2	PQRS: UC2, MU: UC1,
Depression Utilization of the PHQ-9 Tool	0712 Endorsed					x		Yes	Process	No	No	UC2	PQRS: UC2, MU: UC2,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Diabetes Composite (All or Nothing Scoring): Aspirin use	0729 Endorsed		x	x				Yes	Outcome	Yes	No	Fin	PQRS: Fin, ACOs: Fin, Value-Based Modifier: Fin
Diabetes Composite (All or Nothing Scoring): Tobacco Non Use	0729 Endorsed		x	x				Yes	Outcome	Yes	No	Fin	PQRS: Fin, ACOs: Fin, Value-Based Modifier: Fin
Optimal Diabetes Care	0729 Endorsed			x				Yes	Outcome	Yes	No	UC2	PQRS: UC2,
Stroke and Stroke Rehabilitation: Deep Vein Thrombosis Prophylaxis (DVT) for Ischemic Stroke or Intracranial Hemorrhage	240 Endorsed	x		x				Yes	Process	No	No	Fin	PQRS: Fin,
Asthma: Tobacco Use: Screening - Ambulatory Care Setting						x		Yes	process	No	No	Fin	PQRS: Fin,
Asthma: Tobacco Use: Intervention - Ambulatory Care Setting						x		Yes		Yes	No	Fin	PQRS: Fin,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Oncology: Radiation Dose Limits to Normal Tissues	382 Endorsed	x						Yes	Process	No	No	Fin	PQRS: Fin, MU: UC3,
American Board of Internal Medicine: Preventive Cardiology Composite	not submitted; in use but not tested by ABIM			x				Yes	Outcome	Yes	No	UC2	PQRS: UC2,
American Board of Internal Medicine: Diabetes Composite	not submitted; in use but not tested by ABIM							Yes	Outcome	Yes	No	UC2	PQRS: UC2,
Preventive Care and Screening: Screening for High Blood Pressure				x				Yes	process	No	No	Fin	PQRS: Fin,
Dementia: Caregiver Education and Support					x			Yes		Yes	No	Fin	PQRS: Fin, MU: UC2,
Dementia: Counseling Regarding Risks of Driving		x			x	x		Yes		No	No	Fin	PQRS: Fin, MU: UC2,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Dementia: Counseling Regarding Safety Concerns		x					x			No	No	Fin	PQRS: Fin, MU: UC2,
Dementia: Functional Status Assessment			x					Yes			No	Fin	PQRS: Fin, MU: UC2,
Dementia: Staging of Dementia								Yes			No	Fin	PQRS: Fin, MU: UC2,
Acute Otitis Externa (AOE): Pain Assessment	Not endorsed (Not Recommended for Endorsement)							Yes	Process	No	No	Fin	PQRS: Fin,
Adult Kidney Disease (CKD): Blood Pressure Management	Not endorsed (Recommended for Endorsement)							Yes	Outcome	No	No	Fin	PQRS: Fin,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment	
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care							
Adult Kidney Disease (CKD): Laboratory Testing (Calcium, Phosphorus, Intact Parathyroid Hormone (iPTH) and Lipid Profile)								Yes	Process	No	No	Fin	PQRS: Fin,	
Adult Kidney Disease (CKD): Plan of Care Elevated Hemoglobin for Patients Receiving Erythropoiesis-Stimulating Agents (ESA)								Yes	Process	No	No	Fin	PQRS: Fin,	
Falls: Plan of Care	Not endorsed (Under Review)	x	x				x		Yes	Process	No	No	Fin	PQRS: Fin, MU: UC2,
Falls: Risk Assessment	Not endorsed (Under Review)	x						x	Yes	Process	No	No	Fin	PQRS: Fin, MU: UC2,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Functional Outcome Assessment in Chiropractic Care			x		x			Yes	process	No	No	Fin	PQRS: Fin,
Preventive Care and Screening: Unhealthy Alcohol Use Screening						x		Yes	process	No	No	Fin	PQRS: Fin,
Referral for Otologic Evaluation for Patients with Congenital or Traumatic Deformity of the Ear	Not endorsed (Not Recommended for Endorsement)		x					Yes	Process	Yes	No	Fin	PQRS: Fin,
Referral for Otologic Evaluation for Patients with History of Active Drainage from the Ear within the Previous 90 days	Not endorsed (Not Recommended for Endorsement)		x					Yes	Process	Yes	No	Fin	PQRS: Fin,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Rheumatoid Arthritis (RA): Functional Status Assessment			x					Yes	Process	No	No	Fin	PQRS: Fin, MU: UC2,
Rheumatoid Arthritis (RA): Glucocorticoid Management								Yes	Outcome	Yes	No	Fin	PQRS: Fin,
Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity								Yes	Process	No	No	Fin	PQRS: Fin,
Rheumatoid Arthritis (RA): Tuberculosis Screening						x		Yes	Process	No	No	Fin	PQRS: Fin,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Referral for Otolgic Evaluation for Patients with a History of Sudden or Rapidly Progressive Hearing Loss	Not endorsed (Not Recommended for Endorsement)		x					Yes	Process	Yes	No	Fin	PQRS: Fin,
American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement :[DRAFT]: Adult Sinusitis: Accurate Diagnosis: Distinguishing Viral Vs. Bacterial Sinusitis at Initial Visit								Yes			No	UC2	PQRS: UC2,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement :[DRAFT]: Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis							Yes			No	UC2	PQRS: UC2,	
American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement :[DRAFT]: Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin Prescribed for Acute Bacterial							Yes			No	UC2	PQRS: UC2,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement :[DRAFT]: Adult Sinusitis: Appropriate Diagnostic Testing for Chronic Sinusitis			x					Yes			No	UC2	PQRS: UC2,
American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement :[DRAFT]: Adult Sinusitis: Computerized Tomography for Acute Sinusitis			x					Yes			No	UC2	PQRS: UC2,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement :[DRAFT]: Adult Sinusitis: More than 1 Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)			x					Yes			No	UC2	PQRS: UC2,
American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement :[DRAFT]: Adult Sinusitis: Multiple Antibiotics Prescribed for Acute Bacterial Sinusitis			x					Yes			No	UC2	PQRS: UC2,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement :[DRAFT]: Adult Sinusitis: Plain Film Radiography for Acute Sinusitis			x					Yes			No	UC2	PQRS: UC2,
American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement:[DRAFT] : Adult Sinusitis: Watchful Waiting for Acute Bacterial Sinusitis: Initial Observation Without Antibiotics for Patients With Mild Illness			x					Yes			No	UC2	PQRS: UC2,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
American Association of Hip and Knee Surgeons DRAFT: Assessment of Patient History			x					Yes			No	UC2	PQRS: UC2,
American Association of Hip and Knee Surgeons DRAFT: Coordination of Post Discharge Care			x		x			Yes			No	UC2	PQRS: UC2,
American Association of Hip and Knee Surgeons DRAFT: Identification of Implanted Prosthesis in Operative Report								Yes			No	UC2	PQRS: UC2,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
American Association of Hip and Knee Surgeons DRAFT: Physical Examination			x					Yes			No	UC2	PQRS: UC2,
American Association of Hip and Knee Surgeons DRAFT: Preoperative Antibiotic Infusion with Proximal Tourniquet			x					Yes			No	UC2	PQRS: UC2,
American Association of Hip and Knee Surgeons DRAFT: Radiographic Evidence of Arthritis			x					Yes			No	UC2	PQRS: UC2,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
American Association of Hip and Knee Surgeons DRAFT: Venous Thromboembolic and Cardiovascular Risk Evaluation			x	x				Yes			No	UC2	PQRS: UC2,
American Association of Nurse Anesthetists/Certified Registered Nurse Anesthetists/National Committee for Quality Assurance/Physician Consortium for Performance Improvement: [DRAFT]: Stroke and Stroke Rehabilitation: Tissue Plasminogen Activator (t PA) Considered (Paired Measure)				x				Yes			No	UC2	PQRS: UC2,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
American Association of Nurse Anesthetists/Certified Registered Nurse Anesthetists/National Committee for Quality Assurance/Physician Consortium for Performance Improvement: [DRAFT]: Stroke and Stroke Rehabilitation: Blood Pressure Management				x				Yes			No	UC2	PQRS: UC2,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
American Association of Nurse Anesthetists/Certified Registered Nurse Anesthetists/National Committee for Quality Assurance/Physician Consortium for Performance Improvement: [DRAFT]: Stroke and Stroke Rehabilitation: Imaging for Transient Ischemic Attack or Ischemic Stroke				x				Yes			No	UC2	PQRS: UC2,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
American Association of Nurse Anesthetists/Certified Registered Nurse Anesthetists/National Committee for Quality Assurance/Physician Consortium for Performance Improvement: [DRAFT]: Stroke and Stroke Rehabilitation: Lipid Management			x	x				Yes			No	UC2	PQRS: UC2,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
American Association of Nurse Anesthetists/Certified Registered Nurse Anesthetists/National Committee for Quality Assurance/Physician Consortium for Performance Improvement: [DRAFT]: Stroke and Stroke Rehabilitation: Tissue Plasminogen Activator (t-PA) Administered Initiated (Paired Measure)				x				Yes			No	UC2	PQRS: UC2,
American Board of Internal Medicine: Hypertension Composite	not submitted; in use but not tested by ABIM			x	x	x		Yes	Outcome		No	UC2	PQRS: UC2,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
American Board of Medical Specialties/American Board of Allergy and Immunology/American Academy of Dermatology/American Association of Immunologists/Physician Consortium for Performance Improvement: [DRAFT]: Atopic Dermatitis: Reevaluation of Treatment			x					Yes			No	UC2	PQRS: UC2,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
American Board of Medical Specialties/American Board of Allergy and Immunology/American Academy of Dermatology/American Association of Immunologists/Physician Consortium for Performance Improvement: [DRAFT]: Atopic Dermatitis: Topical Steroid Preparations							Yes			No	UC2	PQRS: UC2,	
American Board of Medical Specialties/American Board of Allergy and Immunology/American Academy of Dermatology/American Association of Immunologists/Physician Consortium for Performance Improvement: [DRAFT]: Atopic Dermatitis: Disease Assessment							Yes			No	UC2	PQRS: UC2,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
American Board of Medical Specialties/American Board of Allergy and Immunology/American Academy of Dermatology/American Association of Immunologists/Physician Consortium for Performance Improvement: [DRAFT]: Atopic Dermatitis: Moisture Care							Yes			No	UC2	PQRS: UC2,	
American Board of Medical Specialties/American Board of Allergy and Immunology/American Academy of Dermatology/American Association of Immunologists/Physician Consortium for Performance Improvement: [DRAFT]: Atopic Dermatitis: Overuse: Role of Antihistamine							Yes			No	UC2	PQRS: UC2,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
American Board of Radiology/American Board of Medical Specialties/American College of Radiology/Physician Consortium for Performance Improvement: [DRAFT] Radiation Dose Optimization: Equipment Evaluation for Pediatric CT Imaging Protocols		x						Yes			No	UC2	PQRS: UC2,
American Board of Radiology/American Board of Medical Specialties/American College of Radiology/Physician Consortium for Performance Improvement: [DRAFT] Radiation Dose Optimization: Images Available for Patient Follow-up and Comparison Purposes		x	x				x	Yes			No	UC2	PQRS: UC2,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
American Board of Radiology/American Board of Medical Specialties/American College of Radiology/Physician Consortium for Performance Improvement: [DRAFT] Radiation Dose Optimization: Reporting to a Radiation Dose Index Registry		x						Yes			No	UC2	PQRS: UC2,
American Board of Radiology/American Board of Medical Specialties/American College of Radiology/Physician Consortium for Performance Improvement: [DRAFT] Radiation Dose Optimization: Search for Prior Imaging Studies through a Secure, Authorized, Media-free, Shared Archive		x	x				x	Yes			No	UC2	PQRS: UC2,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
American Board of Radiology/American Board of Medical Specialties/American College of Radiology/Physician Consortium for Performance Improvement: [DRAFT] Radiation Dose Optimization: Utilization of a Standardized Nomenclature for CT Imaging Description			x				x	Yes			No	UC2	PQRS: UC2,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
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 According to Recommended Guidelines			x					Yes			No	UC2	PQRS: UC2,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
American Board of Radiology/American Board of Medical Specialties/American College of Radiology/Physician Consortium for Performance Improvement: [DRAFT] Radiation Dose Optimization: Cumulative Count of Potential High Dose Radiation Imaging Studies: CT Scans and Cardiac Nuclear Medicine Scans		x	x	x				Yes			No	UC2	PQRS: UC2,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
American Board of Radiology/American Board of Medical Specialties/American College of Radiology/Physician Consortium for Performance Improvement: [DRAFT] Radiation Dose Optimization: Utilization of Pediatric CT Imaging Protocols		x						Yes			No	UC2	PQRS: UC2,
American College of Cardiology/American Heart Association/Physician Consortium for Performance Improvement: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy				x				Yes			No	UC2	PQRS: UC2,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
American College of Cardiology/American Heart Association/Physician Consortium for Performance Improvement: Atrial Fibrillation and Atrial Flutter: Assessment of Thromboembolic Risk Factors (CHADS2)				x				Yes			No	UC2	PQRS: UC2,
American Society of Plastic Surgeons/Physician Consortium for Performance Improvement/National Committee for Quality Assurance: Chronic Wound Care: Patient Education regarding diabetic foot care					x			Yes			No	UC2	PQRS: UC2,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
American Society of Plastic Surgeons/Physician Consortium for Performance Improvement/National Committee for Quality Assurance: Chronic Wound Care: Patient Education regarding long term compression therapy							Yes			No	UC2	PQRS: UC2,	
Annual Parkinson's Disease Diagnosis Review							Yes			No	Fin	PQRS: Fin,	
Annual Serum Creatinine Test							Yes			No	Fin	PQRS: Fin,	
Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients							Yes			No	UC2	PQRS: UC2,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Appropriate use of aspirin or other antiplatelet anticoagulant therapy							Yes			No	UC2	PQRS: UC2,	
Aspirin or Other Anti-Platelet or Anti-Coagulant Therapy							Yes			No	Fin	PQRS: Fin,	
Assessment for Alarm Symptoms (PCPI and NCQA measure to be updated by AGA)							Yes			No	UC2	PQRS: UC2,	
Counseling for Diet and Physical Activity							Yes			No	UC2	PQRS: UC2,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Assessment of Adherence to Positive Airway Pressure Therapy							Yes			No	Fin	PQRS: Fin,	
Assessment of Asthma Risk - Emergency Department Inpatient Setting							Yes			No	UC2	PQRS: UC2,	
Assessment of Sleep Symptoms							Yes			No	Fin	PQRS: Fin,	
Asthma Discharge Plan – Emergency Department Inpatient Setting							Yes			No	UC2	PQRS: UC2,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Barium swallow – inappropriate use (PCPI and NCQA measure to be updated by AGA)							Yes			No	UC2	PQRS: UC2,	
Barrett's Esophagus							Yes			No	Fin	PQRS: Fin,	
Biopsy Follow-up	0645 time-limited endorsed (not endorsed in HHS list)		x				Yes	Process		No	Fin	PQRS: Fin,	
Biopsy for Barrett's esophagus (PCPI and NCQA measure to be updated by AGA)							Yes			No	UC2	PQRS: UC2,	
Blood pressure at goal							Yes			No	UC2	PQRS: UC2,	
Blood Pressure Control							Yes			No	Fin	PQRS: Fin,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Blood pressure poor control							Yes			No	UC2	PQRS: UC2,	
Blood Pressure Superior Control							Yes			No	UC2	PQRS: UC2,	
Bone Marrow and FNADirect Specimen Acquisition**							Yes			No	UC2	PQRS: UC2,	
Cardiac Rehabilitation Patient Referral From an Outpatient Setting	0643 Time-limited endorsed, testing not complete (listed as not endorsed in the HHS list)		x				Yes	Process	Yes	No	Fin	PQRS: Fin,	
Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	Not endorsed (Under Review)						Yes			No	Fin	PQRS: Fin,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery							Yes			No	Fin	PQRS: Fin,	
Cecal Intubation							Yes			No	UC2	PQRS: UC2,	
Chronic Medication Therapy - Assessment of GERD Symptoms (PCPI measure to be updated by AGA)							Yes			No	UC2	PQRS: UC2,	
Chronic Wound Care: Use of Wet to Dry Dressings in Patients with Chronic Skin Ulcers (overuse measure)							Yes			No	Fin	PQRS: Fin, MU: UC3,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Chronic Wound Care: Use of Wound Surface Culture Technique in Patients with Chronic Skin Ulcers (overuse measure)							Yes			No	Fin	PQRS: Fin,	
Cognitive Impairment or Dysfunction Assessment	Not endorsed (Under Review)						Yes			No	Fin	PQRS: Fin,	
Complete Lipid Profile							Yes			No	Fin	PQRS: Fin,	
Comprehensive Colonoscopy Documentation							Yes			No	UC2	PQRS: UC2,	
Concordance Assessment Following Image- Guided Breast Biopsy							Yes			No	UC2	PQRS: UC2,	
Coronary Artery Disease (CAD): Symptom Management							Yes			No	Fin	PQRS: Fin,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Correct determination of ten-year risk for coronary death or MI							Yes			No	UC2	PQRS: UC2,	
Counseling for Diet and Physical Activity							Yes			No	Fin	PQRS: Fin ,	
Counseling for Women of Childbearing Potential with Epilepsy							Yes			No	Fin	PQRS: Fin,	
Cytopathology Turn-around-time**							Yes			No	UC2	PQRS: UC2,	
Dementia: Cognitive Assessment							Yes			No	Fin	PQRS: Fin, MU: UC2,	
Dementia: Management of Neuropsychiatric Symptoms							Yes			No	Fin	PQRS: Fin,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Dementia: Neuropsychiatric Symptom Assessment							Yes			No	Fin	PQRS: Fin,	
Dementia: Screening for Depressive Symptoms							Yes			No	Fin	PQRS: Fin,	
Diabetes documentation or screen test							Yes			No	UC2	PQRS: UC2,	
Diabetes Pre-Diabetes Evaluation for Patients with DSP							Yes			No	UC2	PQRS: UC2,	
Distal Symmetric Polyneuropathy (DSP) Diagnosis Criteria: DSP Signs and Symptoms							Yes			No	UC2	PQRS: UC2,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Distal Symmetric Polyneuropathy (DSP) Diagnosis Criteria- Electrodiagnostic Study							Yes			No	UC2	PQRS: UC2,	
Documentation of Etiology of Epilepsy or Epilepsy Syndrome							Yes			No	Fin	PQRS: Fin,	
Documentation of offloading status for patients with diabetic foot ulcers							Yes			No	UC2	PQRS: UC2,	
Documentation of support surface or offloading status for patients with serious pressure ulcers							Yes			No	UC2	PQRS: UC2,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Documentation of venous compression at each visit for patients with venous stasis ulcers								Yes			No	UC2	PQRS: UC2,
Education of patient about symptoms of choroidal Neovascularization necessitating early return for examination								Yes			No	UC2	PQRS: UC2,
Education of patient about the role of good glucose control in slowing progression of diabetic retinopathy								Yes			No	UC2	PQRS: UC2,
Elder Maltreatment Screen and Follow-Up Plan						x		Yes	Process	No	No	Fin	PQRS: Fin,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Endoscopic screening of those with colorectal cancer: Surveillance at one year following CRC resection (Draft)							Yes			No	UC2	PQRS: UC2,	
Endoscopic screening of those with colorectal cancer: Surveillance at three years after a clean exam at one year (Draft)							Yes			No	UC2	PQRS: UC2,	
GERD: Assessment for Alarm Symptoms (PCPINCQA measure to be updated by AGA)							Yes			No	UC2	PQRS: UC2,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
GERD: Barium swallow – inappropriate use (PCPI measure to be updated by AGA)							Yes			No	UC2	PQRS: UC2,	
GERD: Upper endoscopy for patients with alarm symptoms (PCPINCQA measure to be updated by AGA)							Yes			No	UC2	PQRS: UC2,	
Hypertension: Blood Pressure Control	Not endorsed (Not Recommended for Endorsement)						Yes			No	Fin	PQRS: Fin, MU: UC1,	
Image Confirmation of Successful Excision of Image-Localized Breast Lesion							Yes			No	Fin	PQRS: Fin,	
Immunohistochemical (IHC) Evaluation of HER2 for Breast Cancer Patients							Yes			No	Fin	PQRS: Fin,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Inflammatory Bowel Disease (IBD): Hepatitis B Assessment Before Initiating Anti-TNF Therapy							Yes			No	Fin	PQRS: Fin,	
Inflammatory Bowel Disease (IBD): Preventive Care: Influenza Immunization							Yes			No	Fin	PQRS: Fin,	
Inflammatory Bowel Disease (IBD): Preventive Care: Pneumococcal Immunization							Yes			No	Fin	PQRS: Fin,	
Inflammatory Bowel Disease (IBD): Preventive Care: Steroid Related Iatrogenic Injury – Bone Loss Assessment							Yes			No	Fin	PQRS: Fin,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Inflammatory Bowel Disease (IBD): Preventive Care: Steroid Sparing Therapy							Yes			No	Fin	PQRS: Fin,	
Inflammatory Bowel Disease (IBD): Screening for Latent TB Before Initiating Anti-TNF Therapy							Yes			No	Fin	PQRS: Fin,	
Inflammatory Bowel Disease (IBD): Type, Anatomic Location and Activity All Documented							Yes			No	Fin	PQRS: Fin,	
LDL cholesterol at goal							Yes			No	UC2	PQRS: UC2,	
LDL Control							Yes			No	Fin	PQRS: Fin,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
LDL poor control							Yes			No	UC2	PQRS: UC2,	
LDL Superior Control							Yes			No	UC2	PQRS: UC2,	
Maintenance of Intraoperative Normothermia							Yes			No	UC2	PQRS: UC2,	
Management of Asthma Controller and Reliever Medications —Ambulatory Care Setting							Yes			No	UC2	PQRS: UC2,	
Measure #M119a: Preventive Care and Screening: Cholesterol — Fasting Low Density Lipoprotein (LDL) Test Performed							Yes			No	Fin	PQRS: Fin,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Measure #M119b: Preventive Care and Screening: Cholesterol – Risk-Stratified Fasting LDL							Yes			No	Fin	PQRS: Fin,	
Medication Management for People With Asthma							Yes			No	UC2	PQRS: UC2,	
National Committee for Quality Assurance/Physician Consortium for Performance Improvement: [DRAFT] Asthma: Assessment of Asthma Risk - Emergency Department Inpatient Setting							Yes			No	UC2	PQRS: UC2,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
National Committee for Quality Assurance/Physician Consortium for Performance Improvement: [DRAFT] Asthma: Asthma Discharge Plan – Emergency Department Inpatient Setting							Yes			No	UC2	PQRS: UC2,	
Nephropathy Assessment for Eligible Patients							Yes			No	UC2	PQRS: UC2,	
New Cancer Patient– Intervention Urgency							Yes			No	UC2	PQRS: UC2,	
Ophthalmologic exam							Yes			No	UC2	PQRS: UC2,	
Optimal Asthma Care							Yes			No	UC2	PQRS: UC2,	
Osteoporosis : Screen for Falls Risk Evaluation and Complete Falls Risk Assessment and Plan of Care							Yes			No	UC2	PQRS: UC2,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Osteoporosis: Calcium Intake Assessment and Counseling							Yes			No	UC2	PQRS: UC2,	
Osteoporosis: Current Level of Alcohol Use and Advice on Potentially Hazardous Drinking Prevention							Yes			No	UC2	PQRS: UC2,	
Osteoporosis: DXA Scan							Yes			No	UC2	PQRS: UC2,	
Osteoporosis: Pharmacologic Therapy							Yes			No	UC2	PQRS: UC2,	
Osteoporosis: Status of Participation in Weight-bearing Exercise and Weight-bearing Exercise Advice							Yes			No	UC2	PQRS: UC2,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Osteoporosis: Vitamin D Intake Assessment and Counseling							Yes			No	UC2	PQRS: UC2,	
Parkinson’s Disease Medical and Surgical Treatment Options Reviewed							Yes			No	Fin	PQRS: Fin,	
Parkinson’s Disease Rehabilitative Therapy Options							Yes			No	Fin	PQRS: Fin,	
Patient satisfaction with overall diabetes care							Yes			No	UC2	PQRS: UC2,	
Patient satisfaction with physician care provided for age related macular degeneration							Yes			No	UC2	PQRS: UC2,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Patient satisfaction with physician care provided for diabetic retinopathy							Yes			No	UC2	PQRS: UC2,	
Patient self-care support							Yes			No	UC2	PQRS: UC2,	
Patients Admitted to ICU who Have Care Preferences Documented							Yes			No	UC2	PQRS: UC2,	
Peri-operative Anti-platelet Therapy for Patients Undergoing Carotid Endarterectomy							Yes			No	UC2	PQRS: UC2,	
Pharmacologic Therapy for Persistent Asthma —Ambulatory Care Setting							Yes			No	UC2	PQRS: UC2,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Physician Consortium for Performance Improvement: [DRAFT]: Adult Major Depressive Disorder: Follow Up Assessment of Depression Care							Yes			No	UC2	PQRS: UC2,	
Physician Consortium for Performance Improvement: [DRAFT]: Adult Major Depressive Disorder: Continuation of Antidepressant Medications							Yes			No	UC2	PQRS: UC2,	
Physician Consortium for Performance Improvement: [DRAFT]: Adult Major Depressive Disorder: Patient Education							Yes			No	UC2	PQRS: UC2,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Physician Consortium for Performance Improvement: [DRAFT]: Adult Major Depressive Disorder: Screening for Depression							Yes			No	UC2	PQRS: UC2,	
Physician Consortium for Performance Improvement: [DRAFT]: Adult Major Depressive Disorder: Treatment for Depression							Yes			No	UC2	PQRS: UC2,	
Physician Consortium for Performance Improvement: [DRAFT]: Coordination of Care of Patients with Comorbid Conditions- Timely Follow Up (Paired Measure)							Yes			No	UC2	PQRS: UC2,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Physician Consortium for Performance Improvement: [DRAFT]: Preventive Care and Screening: Lipid Screening							Yes			No	UC2	PQRS: UC2,	
Physician Consortium for Performance Improvement: [DRAFT]:Adult Major Depressive Disorder: Coordination of Care of Patients with Comorbid Conditions— Timely Follow Up							Yes			No	UC2	PQRS: UC2,	
Physician Consortium for Performance Improvement: Preventive Care and Screening: Obesity Screening							Yes			No	UC2	PQRS: UC2,	
Podiatry Exam							Yes			No	UC2	PQRS: UC2,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Positive Airway Pressure Therapy Prescribed							Yes			No	Fin	PQRS: Fin,	
Post-Anesthetic Transfer of Care Measure: Procedure Room to Intensive Care Unit							Yes			No	UC2	PQRS: UC2,	
Pregnancy Test for Female Abdominal Pain Patients:							Yes			No	Fin	PQRS: Fin,	
Preoperative Diagnosis of Breast Cancer							Yes			No	Fin	PQRS: Fin,	
Preoperative Use of Aspirin for Patients with Drug-Eluting Coronary Artery Stents							Yes			No	UC2	PQRS: UC2,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Pre-procedure Assessment							Yes			No	UC2	PQRS: UC2,	
Prevention of Post-Operative Nausea and Vomiting – Multimodal therapy (pediatric)							Yes			No	UC2	PQRS: UC2,	
Prevention of Post-Operative Nausea and Vomiting -Multimodal therapy (adults)							Yes			No	UC2	PQRS: UC2,	
Preventive Care and Screening: Blood Pressure Measurement							Yes			No	Fin	PQRS: Fin, Value-Based Modifier: Fin	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Psychiatric Disorders or Disturbances Assessment	Not endorsed (Under Review)							Yes			No	Fin	PQRS: Fin,
Querying about Falls for Patients with DSP								Yes			No	UC2	PQRS: UC2,
Querying about Pain and Pain Interference with Function								Yes			No	UC2	PQRS: UC2,
Querying about Sleep Disturbances								Yes			No	Fin	PQRS: Fin,
Radical Prostatectomy Pathology Reporting								Yes			No	Fin	PQRS: Fin,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Rate of Carotid Endarterectomy for Asymptomatic Patients, without Major Complications (discharged to home no later than post-operative day #2)	Not endorsed (Under Review)							Yes			No	Fin	PQRS: Fin,
Rate of EVAR without Major Complications (discharged to home no later than POD #2)	Not endorsed (Under Review)							Yes			No	Fin	PQRS: Fin,
Rate of Open AAA Repair without Major Complications (discharged to home no later than post-operative day #7)	Not endorsed (Under Review)							Yes			No	Fin	PQRS: Fin,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Referral for Otolgic Evaluation for Patients with Acute or Chronic Dizziness	Not endorsed (Under Review)							Yes			No	Fin	PQRS: Fin,
Registry Participation Measure								Yes			No	UC2	PQRS: UC2,
Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement : Adult Kidney Disease: Catheter Use for ≥ 90 Days								Yes			No	UC2	PQRS: UC2,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy							Yes			No	UC2	PQRS: UC2,	
Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Arteriovenous Fistula Rate							Yes			No	UC2	PQRS: UC2,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Catheter Use at Initiation of Hemodialysis access is a catheter at the time maintenance hemodialysis is initiated							Yes			No	UC2	PQRS: UC2,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: ESRD Patients Receiving Dialysis: Hemoglobin Level <10gdL							Yes			No	UC2	PQRS: UC2,	
Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Referral to Nephrologist							Yes			No	UC2	PQRS: UC2,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Transplant Referral							Yes			No	UC2	PQRS: UC2,	
Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Pediatric Kidney Disease: Adequacy of Volume Management							Yes			No	UC2	PQRS: UC2,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Adequacy of Volume Management							Yes			No	UC2	PQRS: UC2,	
Screening for Alcohol Misuse							Yes			No	UC2	PQRS: UC2,	
Seizure Type(s) and Current Seizure Frequency(ies)							Yes			No	Fin	PQRS: Fin,	
Sentinel Lymph Node Biopsy for Invasive Breast Cancer							Yes			No	Fin	PQRS: Fin,	
Severity Assessment at Initial Diagnosis							Yes			No	Fin	PQRS: Fin,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Smoking Status and Cessation Advice and Treatment							Yes			No	UC2	PQRS: UC2,	
Smoking status and cessation support							Yes			No	UC2	PQRS: UC2,	
Specimen orientation for Partial mastectomy or Excisional breast biopsy							Yes			No	UC2	PQRS: UC2,	
Static Ultrasound in elective internal jugular vein cannulation							Yes			No	UC2	PQRS: UC2,	
Statin Therapy at Discharge after Lower Extremity Bypass (LEB)	Not endorsed (Under Review)						Yes			No	Fin	PQRS: Fin,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Substance Use Disorders: Counseling Regarding Psychosocial and Pharmacologic Treatment Options for Alcohol Dependence							Yes			No	Fin	PQRS: Fin,	
Substance Use Disorders: Screening for Depression Among Patients with Substance Abuse or Dependence							Yes			No	Fin	PQRS: Fin,	
Surgeon assessment for hereditary cause of breast cancer							Yes			No	UC2	PQRS: UC2,	
Surveillance after Endovascular Abdominal Aortic Aneurysm Repair (EVAR)	Not endorsed (Under Review)						Yes			No	Fin	PQRS: Fin,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Testing for Clostridium difficile — Inpatient Measure							Yes			No	UC2	PQRS: UC2,	
The Endocrine Society DRAFT Baseline Gonadotropin (LH or FSH) Measurement							Yes			No	UC2	PQRS: UC2,	
The Endocrine Society DRAFT Follow-up Hematocrit or Hemoglobin Test							Yes			No	UC2	PQRS: UC2,	
The Endocrine Society DRAFT Follow-up Total Testosterone Measurement							Yes			No	UC2	PQRS: UC2,	
The Endocrine Society DRAFT Total Testosterone Measurement							Yes			No	UC2	PQRS: UC2,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Physician Quality Reporting System

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	PQRS	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Timing of lipid testing complies with guidelines							Yes			No	UC2	PQRS: UC2,	
Upper endoscopy for patients with alarm symptoms (PCPI and NCQA measure to be updated by AGA)							Yes			No	UC2	PQRS: UC2,	
Urine Protein Test							Yes			No	Fin	PQRS: Fin,	
Vascular testing of patients with leg ulcers							Yes			No	UC2	PQRS: UC2,	
Wound Care: Use of Compression System in Patients with Venous Ulcers							Yes	Outcome	No	No	Fin	PQRS: Fin,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

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

Program Description

The American Recovery and Reinvestment Act of 2009 specified three main components of Meaningful Use:

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

Eligible professionals must report on 6 total clinical quality measures: 3 required core measures (substituting alternate core measures where necessary) and 3 additional measures (selected from a set of 38 clinical quality measures).ⁱ

Statutory Requirements for Measures:

Measures are of processes, experience and/or outcomes of patient care, observations or treatment 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.ⁱⁱ

Program Measure Set Analysis

	Finalized	Under Consideration	Total
Total Measures	41	92	133
NQF-Endorsed®	41	63	104
NQS Priority			
Safer Care	3	22	25
Effective Care Coordination	14	21	35
Prevention and Treatment of Leading Causes of Mortality and Morbidity	11	9	20
Person and Family Centered Care	0	11	11
Supporting Better Health in Communities	14	28	42
Making Care More Affordable	3	9	12
Measure Type			
Process Measures	34	61	95
Outcome Measures	7	5	12
Cost Measures	0	0	0
Structural Measures	0	0	0
Patient Experience	0	0	0

Identified Measure Gaps:

- Cost measures
- Patient Experience measures

ⁱ https://www.cms.gov/QualityMeasures/01_Overview.asp#TopOfPage

ⁱⁱ https://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage

Medicare and Medicaid EHR Incentive Program for Eligible Professionals

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	MU	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Asthma: Asthma Assessment	0001 Endorsed		x			x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Appropriate Testing for Children with Pharyngitis	0002 Endorsed						x	Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement	0004 Endorsed		x			x		Yes	Process	Yes	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)	0012 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Prenatal Care: Anti-D Immune Globulin	0014 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Controlling High Blood Pressure	0018 Endorsed		x	x				Yes	Outcome	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin
Drugs to be Avoided in the Elderly	0022 Endorsed	x	x					Yes	Process	No	No	UC3	PQRS: Fin, MU: UC3,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Medicare and Medicaid EHR Incentive Program for Eligible Professionals

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	MU	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Weight Assessment and Counseling for Children and Adolescents	0024 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	0028 Endorsed			x		x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin
Preventive Care and Screening: Screening Mammography	0031 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin
Cervical Cancer Screening	0032 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Chlamydia Screening for Women	0033 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Preventive Care and Screening: Colorectal Cancer Screening	0034 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin
Use of Appropriate Medications for Asthma	0036 Endorsed	x	x					Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: UC3

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Medicare and Medicaid EHR Incentive Program for Eligible Professionals

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	MU	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Childhood Immunization Status	0038 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old	0041 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin
Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years and Older	0043 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin
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	0045 Endorsed		x					Yes	Process	No	No	UC3	PQRS: Fin, MU: UC3,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Medicare and Medicaid EHR Incentive Program for Eligible Professionals

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	MU	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older	0046 Endorsed					x		Yes	Process	No	No	UC3	PQRS: Fin, MU: UC3,
Asthma: Pharmacologic Therapy	0047 Endorsed		x					Yes	process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Osteoporosis: Management Following Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older	0048 Endorsed		x					Yes	Process	No	No	UC2	PQRS: Fin, MU: UC2,
Osteoarthritis (OA): Function and Pain Assessment	0050 Endorsed		x					Yes	Process	No	No	UC3	PQRS: Fin, MU: UC3,
Osteoarthritis (OA): Assessment for Use of Anti-Inflammatory or Analgesic Over-the-Counter (OTC) Medications	0051 Endorsed		x					Yes	Process	No	No	UC3	PQRS: Fin, MU: UC3,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Medicare and Medicaid EHR Incentive Program for Eligible Professionals

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	MU	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Low Back Pain: Use of Imaging Studies	0052 Endorsed	x					x	Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient	0055 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Diabetes Mellitus: Foot Exam	0056 Endorsed		x					Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Antibiotic Treatment for Adults with Acute Bronchitis: Avoidance of Inappropriate Use	0058 Endorsed	x					x	Yes	Process	No	No	UC3	PQRS: Fin, MU: UC3,
Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus	0059 Endorsed		x					Yes	Outcome	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin,
Annual Pediatric hemoglobin A1C testing	0060 Endorsed		x					Yes	Process	No	No	UC1	MU: UC1,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Medicare and Medicaid EHR Incentive Program for Eligible Professionals

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	MU	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus	0061 Endorsed		x	x				Yes	Outcome	Yes	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Diabetes Mellitus: Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients	0062 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus	0064 Endorsed		x					Yes	Outcome	Yes	No	Fin	PQRS: Fin, MU: Fin,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Medicare and Medicaid EHR Incentive Program for Eligible Professionals

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	MU	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Patients with CAD and Diabetes and/or Left Ventricular Systolic Dysfunction (LVSD)	0066 Endorsed			x				Yes	Process	No	No	UC3	PQRS: Fin, MU: UC3, Value-Based Modifier: Fin
Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD	0067 Endorsed			x				Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	0068 Endorsed			x				Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Medicare and Medicaid EHR Incentive Program for Eligible Professionals

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	MU	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Treatment for Children with Upper Respiratory Infection (URI): Avoidance of Inappropriate Use	0069 Endorsed	x					x	Yes	Process	No	No	UC3	PQRS: Fin, MU: UC3,
Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)	0070 Endorsed			x				Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Ischemic Vascular Disease (IVD): Blood Pressure Management Control	0073 Endorsed		x	x				Yes	Outcome	Yes	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol	0074 Endorsed			x				Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Medicare and Medicaid EHR Incentive Program for Eligible Professionals

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	MU	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Ischemic Vascular Disease (IVD): Complete Lipid Profile	0075 Endorsed (PQRS #202)			x				Yes	Outcome	No	No	Fin	MU: Fin,
Heart Failure: Left Ventricular Function (LVF) Assessment	0079 Endorsed			x				Yes	Process	No	No	UC3	PQRS: Fin, MU: UC3, Value-Based Modifier: Fin
Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	0081 Endorsed			x				Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	0083 Endorsed			x				Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Medicare and Medicaid EHR Incentive Program for Eligible Professionals

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	MU	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	0086 Endorsed		x					Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	0088 Endorsed		x					Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Diabetic Retinopathy: Communication with the Physician Managing On-going Diabetes Care	0089 Endorsed		x					Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Post-discharge Medication Reconciliation	0097 Endorsed	x	x					Yes	Process	Yes	No	UC3	MU: UC3, Value-Based Modifier: UC3

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Medicare and Medicaid EHR Incentive Program for Eligible Professionals

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	MU	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older	0098 Endorsed							Yes	Process	No	No	UC3	PQRS: Fin, MU: UC3,
Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older	0100 Endorsed		x					Yes	Process	No	No	UC3	PQRS: Fin, MU: UC3,
Falls: Screening for Fall Risk	0101 Endorsed	x					x	Yes	Process	No	No	UC3	PQRS: Fin, MU: UC3, ACOs: Fin, Value-Based Modifier: Fin
Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy	0102 Endorsed							Yes	Process	No	No	UC3	PQRS: Fin, MU: UC3, Value-Based Modifier: Fin
Major Depressive Disorder (MDD): Diagnostic Evaluation	0103 Endorsed						x	Yes	Process	No	No	UC3	PQRS: Fin, MU: UC3,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Medicare and Medicaid EHR Incentive Program for Eligible Professionals

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	MU	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Major Depressive Disorder (MDD): Suicide Risk Assessment	0104 Endorsed					x		Yes	Process	No	No	UC3	PQRS: Fin, MU: UC3,
Major Depressive Disorder (MDD): Antidepressant Medication During Acute Phase for Patients with MDD	0105 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Diagnosis of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents	0106 Endorsed					x		Yes	Process	No	No	UC1	MU: UC1,
Management of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents	0107 Endorsed					x		Yes	Process	Yes	No	UC1	MU: UC1,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Medicare and Medicaid EHR Incentive Program for Eligible Professionals

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	MU	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication	0108 Endorsed		x					Yes	Process	Yes	No	UC3	MU: UC3,
Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	0110 Endorsed					x		Yes	Process	No	No	UC1	MU: UC1,
Bipolar Disorder: Level-of-function evaluation	0112 Endorsed		x			x		Yes	Process	Yes	No	UC1	MU: UC1,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Medicare and Medicaid EHR Incentive Program for Eligible Professionals

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	MU	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in All Patients)	0239 Endorsed	x		x				Yes	Process	Yes	No	UC3	PQRS: Fin, MU: UC3,
Diabetic Foot Care and Patient/Caregiver Education Implemented During Short Term Episodes of Care	0519 Endorsed							Yes	Process	Yes	No	UC3	MU: UC3,
Stroke and Stroke Rehabilitation: Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports	0246 Endorsed (Endorsement Removed)			x				Yes	Process	No	No	UC3	PQRS: Fin, MU: UC3,
Perioperative Care: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)	0271 Endorsed	x					x	Yes	Process	Yes	No	UC3	PQRS: Fin, MU: UC3,
LBP: Repeat Imaging Studies	0312 Endorsed						x	Yes	Process	No	No	UC1	MU: UC1,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Medicare and Medicaid EHR Incentive Program for Eligible Professionals

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	MU	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
End Stage Renal Disease (ESRD): Plan of Care for Inadequate Peritoneal Dialysis	0321 Endorsed		x					Yes	Outcome	Yes	No	UC3	PQRS: Fin, MU: UC3,
Back Pain: Initial Visit	0322 Endorsed							Yes	Process	No	No	UC3	PQRS: Fin, MU: UC3,
End Stage Renal Disease (ESRD): Plan of Care for Inadequate Hemodialysis in ESRD Patients	0323 Endorsed		x					Yes	Outcome	No	No	UC3	PQRS: Fin, MU: UC3,
Oncology: Medical and Radiation – Plan of Care for Pain	0383 Endorsed				x			Yes	Process	No	No	UC3	PQRS: Fin, MU: UC3,
Oncology: Medical and Radiation – Pain Intensity Quantified	0384 Endorsed				x			Yes	Process	Yes	No	UC3	PQRS: Fin, MU: UC3,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Medicare and Medicaid EHR Incentive Program for Eligible Professionals

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	MU	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients	0385 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	0387 Endorsed							Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Prostate Cancer: Three Dimensional (3D) Radiotherapy	0388 Endorsed	x						Yes	Process	No	No	UC3	PQRS: Fin, MU: UC3,
Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients	0389 Endorsed	x					x	Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Hepatitis C: Hepatitis A Vaccination in Patients with HCV	0399 Endorsed						x	Yes	Process	No	No	UC3	PQRS: Fin, MU: UC3,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Medicare and Medicaid EHR Incentive Program for Eligible Professionals

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	MU	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Hepatitis C: Hepatitis B Vaccination in Patients with HCV	0400 Endorsed					x		Yes	Process	No	No	UC3	PQRS: Fin, MU: UC3,
Hepatitis C: Counseling Regarding Risk of Alcohol Consumption	0401 Endorsed					x		Yes	Process	No	No	UC3	PQRS: Fin, MU: UC3,
Medical Visit	0403 Endorsed		x					Yes	Process	Yes	No	UC2	MU: UC2,
HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis	0405 Endorsed		x			x		Yes	Process	No	No	UC3	PQRS: Fin, MU: UC3,
HIV/AIDS: Adolescent and Adult Patients with HIV/AIDS Who Are Prescribed Potent Antiretroviral Therapy	0406 Endorsed							Yes	Process	No	No	UC3	PQRS: Fin, MU: UC3,
Hepatitis B Vaccination	0412 Endorsed					x		Yes	Process	No	No	UC1	MU: UC1,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Medicare and Medicaid EHR Incentive Program for Eligible Professionals

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	MU	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Screening for Clinical Depression and Follow-up Plan	0418 Endorsed					x		Yes	Process	Yes	No	UC3	PQRS: Fin, MU: UC3, ACOs: Fin,
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up	0421 Endorsed					x		Yes	Process	Yes	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin
Stenosis Measurement in Carotid Imaging Studies	0507 Endorsed			x				Yes	Process	No	No	UC3	PQRS: Fin, MU: UC3,
Radiology: Inappropriate Use of "Probably Benign" Assessment Category in Mammography Screening	0508 Endorsed						x	Yes	Process	No	No	UC3	PQRS: Fin, MU: UC3,
Radiology: Exposure Time Reported for Procedures Using Fluoroscopy	0510 Endorsed	x						Yes	Process	No	No	UC3	PQRS: Fin, MU: UC3,
Use of Contrast: Thorax CT	0513 Endorsed	x						Yes	Process	No	No	UC3	MU: UC3,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Medicare and Medicaid EHR Incentive Program for Eligible Professionals

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	MU	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Melanoma: Coordination of Care	0561 Endorsed		x					Yes	Process	Yes	No	UC3	PQRS: Fin, MU: UC3,
Melanoma: Overutilization of Imaging Studies in Stage 0-IA Melanoma	0562 Endorsed	x					x	Yes	Process	No	No	UC3	PQRS: Fin, MU: UC3,
Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	0564 Endorsed	x						Yes	Outcome	Yes	No	UC3	PQRS: Fin, MU: UC3,
Cataracts: 20/40 or Better Visual Acuity Within 90 Days Following Cataract Surgery	0565 Endorsed		x					Yes	Outcome	Yes	No	UC3	PQRS: Fin, MU: UC3,
Diabetes: HbA1c Control < 8%	0575 Endorsed		x					Yes	Outcome	Yes	No	Fin	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin
Pregnant women that had HBsAg testing.	0608 Endorsed					x		Yes	Process	No	No	UC1	MU: UC1,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Medicare and Medicaid EHR Incentive Program for Eligible Professionals

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	MU	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Acute Otitis Externa (AOE): Topical Therapy	0653 Endorsed							Yes	Process	No	No	UC3	PQRS: Fin, MU: UC3,
Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy - Avoidance of Inappropriate Use	0654 Endorsed	x						Yes	Process	No	No	UC2	PQRS: Fin, MU: UC2,
Otitis Media with Effusion: Antihistamines or decongestants – Avoidance of inappropriate use	0655 Endorsed	x					x	Yes	Process	No	No	UC2	PQRS: UC2, MU: UC2,
Otitis Media with Effusion: Systemic corticosteroids – Avoidance of inappropriate use	0656 Endorsed	x					x	Yes	Process	No	No	UC1	PQRS: UC2, MU: UC1,
Children who have dental decay or cavities	1335 Endorsed							Yes	Outcome	No	No	UC1	MU: UC1,
Depression Remission at Twelve Months	0710 Endorsed							Yes	Process	Yes	No	UC1	PQRS: UC2, MU: UC1,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Medicare and Medicaid EHR Incentive Program for Eligible Professionals

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	MU	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Depression Remission at Six Months	0711 Endorsed					x		Yes	Process	Yes	No	UC1	PQRS: UC2, MU: UC1,
Depression Utilization of the PHQ-9 Tool	0712 Endorsed					x		Yes	Process	No	No	UC2	PQRS: UC2, MU: UC2,
Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	1525 Endorsed			x				Yes	Process	No	No	UC1	MU: UC1,
Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	1365 Endorsed					x		Yes	Process	No	No	UC1	MU: UC1,
Maternal Depression Screening	1401 Endorsed					x		Yes	Process	No	No	UC1	MU: UC1,
Primary Caries Prevention Intervention as Part of Well/III Child Care as Offered by Primary Care Medical Providers	1419 Endorsed					x		Yes	Use of Services	No	No	UC2	MU: UC2,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Medicare and Medicaid EHR Incentive Program for Eligible Professionals

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	MU	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Oncology: Radiation Dose Limits to Normal Tissues	382 Endorsed	x						Yes	Process	No	No	UC3	PQRS: Fin, MU: UC3,
Adult Kidney Disease: Blood Pressure Management								Yes		No	No	UC2	MU: UC2,
Adult Kidney Disease: Patients on Erythropoiesis Stimulating Agent (ESA) -Hemoglobin Level > 12.0 g/dL	Not endorsed (Under Review)							Yes		No	No	UC2	MU: UC2,
Chronic Wound Care: Patient education regarding long term compression therapy					x			Yes		No	No	UC2	MU: UC2,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Medicare and Medicaid EHR Incentive Program for Eligible Professionals

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	MU	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Chronic Wound Care: Patient Education regarding diabetic foot care					x			Yes		No	No	UC2	MU: UC2,
Communication of Diagnostic Imaging Findings			x					Yes		Yes	No	UC2	MU: UC2,
Complex chronic health status assessment and improvement in primary care				x	x			Yes		Yes	No	UC2	MU: UC2,
Composite measures assessing closing the "referral loop"			x					Yes		Yes	No	UC2	MU: UC2,
Dementia: Caregiver Education and Support					x			Yes		Yes	No	UC2	PQRS: Fin, MU: UC2,
Dementia: Counseling Regarding Risks of Driving		x			x	x		Yes		No	No	UC2	PQRS: Fin, MU: UC2,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Medicare and Medicaid EHR Incentive Program for Eligible Professionals

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	MU	Program Alignment	
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care							
Dementia: Counseling Regarding Safety Concerns		x				x			Yes		No	No	UC2	PQRS: Fin, MU: UC2,
Dementia: Functional Status Assessment			x						Yes			No	UC2	PQRS: Fin, MU: UC2,
Dementia: Staging of Dementia									Yes			No	UC2	PQRS: Fin, MU: UC2,
Depression screening and follow-up assessment using patient self-reported process						x	x		Yes			No	UC2	MU: UC2,
Diagnostic Imaging Reports		x						x	Yes			No	UC2	MU: UC2,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Medicare and Medicaid EHR Incentive Program for Eligible Professionals

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	MU	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Glaucoma Screening in Older Adults						x		Yes		No	UC2	MU: UC2,	
Health risk and functional health status screening for periodic health assessments or annual wellness examination					x	x		Yes		No	UC2	MU: UC2,	
Lipid control using Framingham risk score				x				Yes		No	UC2	MU: UC2,	
Measure of adverse drug event (ADE) reporting		x						Yes		No	UC2	MU: UC2,	
Measure tracking longitudinal change of blood pressure (BP)				x				Yes		No	UC2	MU: UC2,	
Risk Assessment during Annual Wellness Visit						x		Yes		No	UC1	MU: UC1,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Medicare and Medicaid EHR Incentive Program for Eligible Professionals

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	MU	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Risk management resulting from Annual Wellness Visit						x		Yes		No	UC1	MU: UC1,	
Falls: Plan of Care	Not endorsed (Under Review)	x	x		x			Yes	Process	No	No	UC2	PQRS: Fin, MU: UC2,
Falls: Risk Assessment	Not endorsed (Under Review)	x				x		Yes	Process	No	No	UC2	PQRS: Fin, MU: UC2,
Rheumatoid Arthritis (RA): Functional Status Assessment			x					Yes	Process	No	No	UC2	PQRS: Fin, MU: UC2,
Chronic Wound Care: Use of Wet to Dry Dressings in Patients with Chronic Skin Ulcers (overuse measure)								Yes		No	UC3	PQRS: Fin, MU: UC3,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Medicare and Medicaid EHR Incentive Program for Eligible Professionals

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	MU	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Dementia: Cognitive Assessment							Yes			No	UC2	PQRS: Fin, MU: UC2,	
Hypertension: Blood Pressure Control	Not endorsed (Not recommended for endorsement)						Yes			No	UC1	PQRS: Fin, MU: UC1,	
Preventive Care and Screening: Blood Pressure Measurement							Yes			No	UC2	MU: UC2,	

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Program Summary: Medicare Shared Savings Program

Program Description

Section 3022 of the Affordable Care Act requires the Centers for Medicare & Medicaid Services (CMS) to establish a shared savings program in order to facilitate cooperation among providers, improve the quality of care for Medicare Fee-For-Service (FFS) beneficiaries, and reduce unnecessary costs. Eligible providers, hospitals, and suppliers may participate in the Shared Savings Program by creating or participating in an Accountable Care Organization, also called an ACO. The measure set contains 33 finalized measures.

Statutory Requirements for Measures:

The Secretary of HHS is required to determine appropriate measures to assess the quality of care furnished by the ACO, such as measures of clinical processes and outcomes; patient and, where practicable, caregiver experience of care; and utilization (such as rates of hospital admissions for ambulatory care sensitive conditions).ⁱⁱⁱ

Program Measure Set Analysis

	Finalized	Under Consideration	Total
Total Measures	33	0	33
NQF-Endorsed®	30	0	30
NQS Priority			
Safer Care	6	0	6
Effective Care Coordination	9	0	9
Prevention and Treatment of Leading Causes of Mortality and Morbidity	13	0	13
Person and Family Centered Care	7	0	7
Supporting Better Health in Communities	8	0	8
Making Care More Affordable	0	0	0
Measure Type			
Process Measures	13	0	13
Outcome Measures	10	0	10
Cost Measures	0	0	0
Structural Measures	0	0	0
Patient Experience	7	0	7

Identified Measure Gaps:

- Cost measures

ⁱ **Federal Register**/Vol. 76, No. 212/Wednesday, November 2, 2011/Rules and Regulations

ⁱⁱ <https://www.cms.gov/sharedsavingsprogram/>

Medicare Shared Savings Program

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	ACOs	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys)	0005 Endorsed				x			Yes	Patient Experience of Care	Yes	Yes	Fin	ACOs: Fin,
CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys)	0005 Endorsed				x			Yes	Patient Experience of Care	Yes	Yes	Fin	ACOs: Fin,
CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys)	0005 Endorsed				x			Yes	Patient Engagement/Experience	Yes	Yes	Fin	ACOs: Fin,
CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys)	0005 Endorsed				x			Yes	Patient Experience of Care	Yes	Yes	Fin	ACOs: Fin,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Medicare Shared Savings Program

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	ACOs	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys)	0005 Endorsed				x			Yes	Patient Experience of Care	Yes	Yes	Fin	ACOs: Fin,
CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys)	0005 Endorsed				x			Yes	Patient Experience of Care	Yes	Yes	Fin	ACOs: Fin,
CAHPS Health Plan Survey v 4.0 - Adult questionnaire	0006 Endorsed				x			Yes	Patient Experience of Care	Yes	Yes	Fin	ACOs: Fin,
Controlling High Blood Pressure	0018 Endorsed		x	x				Yes	Outcome	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	0028 Endorsed			x		x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Medicare Shared Savings Program

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	ACOs	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Preventive Care and Screening: Screening Mammography	0031 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin
Preventive Care and Screening: Colorectal Cancer Screening	0034 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin
Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old	0041 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin
Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years and Older	0043 Endorsed					x		Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin
Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus	0059 Endorsed		x					Yes	Outcome	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Medicare Shared Savings Program

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	ACOs	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	0068 Endorsed			x				Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin
Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol	0074 Endorsed			x				Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin
Coronary Artery Disease (CAD) Composite: All or Nothing Scoring: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Patients with CAD and Diabetes and/or Left Ventricular Systolic Dysfunction (LVSD)	0074 Endorsed			x				Yes	Process	No	No	Fin	ACOs: Fin,
Ischemic Vascular Disease (IVD): Low Density Lipoprotein (LDL-C) Control	0075 Endorsed (PQRS #203)		x	x				Yes	Outcome	Yes	No	Fin	PQRS: Fin, ACOs: Fin, Value-Based Modifier: Fin

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Medicare Shared Savings Program

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	ACOs	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	0083 Endorsed			x				Yes	Process	No	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin
Medication Reconciliation: Reconciliation After Discharge from an Inpatient Facility	0097 Endorsed	x	x					Yes	Process	Yes	No	Fin	PQRS: Fin, ACOs: Fin, Value-Based Modifier: Fin
Falls: Screening for Fall Risk	0101 Endorsed	x				x		Yes	Process	No	No	Fin	PQRS: Fin, MU: UC3, ACOs: Fin, Value-Based Modifier: Fin
Ambulatory Sensitive Conditions Admissions: Chronic obstructive pulmonary disease (AHRQ Prevention Quality Indicator (PQI) #5)	0275 Endorsed	x						Yes	Outcome	No	No	Fin	ACOs: Fin, Value-Based Modifier: Fin

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Medicare Shared Savings Program

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	ACOs	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Ambulatory Sensitive Conditions Admissions: Congestive Heart Failure (AHRQ Prevention Quality Indicator (PQI) #8)	0277 Endorsed	x		x				Yes	Outcome	No	No	Fin	ACOs: Fin, Value-Based Modifier: Fin
Screening for Clinical Depression and Follow-up Plan	0418 Endorsed					x		Yes	Process	Yes	No	Fin	PQRS: Fin, MU: UC3, ACOs: Fin,
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up	0421 Endorsed					x		Yes	Process	Yes	No	Fin	PQRS: Fin, MU: Fin, ACOs: Fin, Value-Based Modifier: Fin
Diabetes Composite (All or Nothing Scoring): Aspirin use	0729 Endorsed		x	x				Yes	Outcome	Yes	No	Fin	PQRS: Fin, ACOs: Fin, Value-Based Modifier: Fin
Diabetes Composite (All or Nothing Scoring): Blood Pressure <140/90	0729 Endorsed		x	x				Yes	Outcome	Yes	No	Fin	ACOs: Fin,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Medicare Shared Savings Program

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	ACOs	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Diabetes Composite (All or Nothing Scoring): Hemoglobin A1c Control (<8%)	0729 Endorsed		x					Yes	Outcome	Yes	No	Fin	ACOs: Fin,
Diabetes Composite (All or Nothing Scoring): Low Density Lipoprotein (<100)	0729 Endorsed		x	x				Yes	Outcome	Yes	No	Fin	ACOs: Fin,
Diabetes Composite (All or Nothing Scoring):Tobacco Non Use	0729 Endorsed		x	x				Yes	Outcome	Yes	No	Fin	PQRS: Fin, ACOs: Fin,Value-Based Modifier: Fin
% of PCPs who Successfully Qualify for an EHR Incentive Program Payment	Not submitted	x						Yes		No	No	Fin	ACOs: Fin,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

Medicare Shared Savings Program

Measure Name/Title	NQF Measure # and Status	NQS Priority						Aligned with Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	ACOs	Program Alignment
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-centered Care	Health and Well-Being	Affordable Care						
Proportion of adults 18 years and older who have had their BP measured within the preceding 2 years (used in Value-based modifier with different specs)	Not submitted			x				Yes		No	No	Fin	ACOs: Fin,
Risk-Standardized, All Condition Readmission	not submitted; three measures under consideration on all cause, hospital-wide readmissions project	x						Yes			No	Fin	ACOs: Fin,

FIN: Finalized

UC1: Under Consideration-Priority 1

UC2: Under Consideration-Priority 2

UC3: Under Consideration-Priority 3

MAP “WORKING” MEASURE SELECTION CRITERIA



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1. Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review

Measures within the program measure set are NQF-endorsed, indicating that they have met the following criteria: important to measure and report, scientifically acceptable measure properties, usable, and feasible. Measures within the program measure set that are not NQF-endorsed but meet requirements for expedited review, including measures in widespread use and/or tested, may be recommended by MAP, contingent on subsequent endorsement. These measures will be submitted for expedited review.

Response option: Strongly Agree / Agree / Disagree / Strongly Disagree

Measures within the program measure set are NQF-endorsed or meet requirements for expedited review (including measures in widespread use and/or tested)

Additional Implementation Consideration: Individual endorsed measures may require additional discussion and may be excluded from the program measure set if there is evidence that implementing the measure would result in undesirable unintended consequences.

2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities

Demonstrated by measures addressing each of the National Quality Strategy (NQS) priorities:

- | | |
|-------------------------|---|
| Subcriterion 2.1 | Safer care |
| Subcriterion 2.2 | Effective care coordination |
| Subcriterion 2.3 | Preventing and treating leading causes of mortality and morbidity |
| Subcriterion 2.4 | Person- and family-centered care |
| Subcriterion 2.5 | Supporting better health in communities |
| Subcriterion 2.6 | Making care more affordable |

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree:

NQS priority is adequately addressed in the program measure set

3. Program measure set adequately addresses high-impact conditions relevant to the program’s intended population(s) (e.g., children, adult non-Medicare, older adults, dual eligible beneficiaries)

Demonstrated by the program measure set addressing Medicare High-Impact Conditions; Child Health Conditions and risks; or conditions of high prevalence, high disease burden, and high cost relevant to the program’s intended population(s). (Refer to tables 1 and 2 for Medicare High-Impact Conditions and Child Health Conditions determined by the NQF Measure Prioritization Advisory Committee.)

Response option: Strongly Agree / Agree / Disagree / Strongly Disagree:

Program measure set adequately addresses high-impact conditions relevant to the program.

4. Program measure set promotes alignment with specific program attributes, as well as alignment across programs

Demonstrated by a program measure set that is applicable to the intended care setting(s), level(s) of analysis, and population(s) relevant to the program.

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree

Subcriterion 4.1 Program measure set is applicable to the program's intended care setting(s)

Subcriterion 4.2 Program measure set is applicable to the program's intended level(s) of analysis

Subcriterion 4.3 Program measure set is applicable to the program's population(s)

5. Program measure set includes an appropriate mix of measure types

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

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree

Subcriterion 5.1 Outcome measures are adequately represented in the program measure set

Subcriterion 5.2 Process measures are adequately represented in the program measure set

Subcriterion 5.3 Experience of care measures are adequately represented in the program measure set (e.g. patient, family, caregiver)

Subcriterion 5.4 Cost/resource use/appropriateness measures are adequately represented in the program measure set

Subcriterion 5.5 Structural measures and measures of access are represented in the program measure set when appropriate

6. Program measure set enables measurement across the person-centered episode of care¹

Demonstrated by assessment of the person's trajectory across providers, settings, and time.

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree

Subcriterion 6.1 Measures within the program measure set are applicable across relevant providers

Subcriterion 6.2 Measures within the program measure set are applicable across relevant settings

Subcriterion 6.3 Program measure set adequately measures patient care across time

¹ National Quality Forum (NQF), Measurement Framework: Evaluating Efficiency Across Patient-Focused Episodes of Care, Washington, DC: NQF; 2010.

7. Program measure set includes considerations for healthcare disparities²

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, age disparities, 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).

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree

Subcriterion 7.1 Program measure set includes measures that directly assess healthcare disparities (e.g., interpreter services)

Subcriterion 7.2 Program measure set includes measures that are sensitive to disparities measurement (e.g., beta blocker treatment after a heart attack)

8. Program measure set promotes parsimony

Demonstrated by a program measure set that supports efficient (i.e., minimum number of measures and the least effort) use of resources for data collection and reporting and supports multiple programs and measurement applications. The program measure set should balance the degree of effort associated with measurement and its opportunity to improve quality.

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree

Subcriterion 8.1 Program measure set demonstrates efficiency (i.e., minimum number of measures and the least burdensome)

Subcriterion 8.2 Program measure set can be used across multiple programs or applications (e.g., Meaningful Use, Physician Quality Reporting System [PQRS])

² NQF, *Healthcare Disparities Measurement*, Washington, DC: NQF; 2011.

Table 1: National Quality Strategy Priorities

1. Making care safer by reducing harm caused in the delivery of care.
2. Ensuring that each person and family is engaged as partners in their care.
3. Promoting effective communication and coordination of care.
4. Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.
5. Working with communities to promote wide use of best practices to enable healthy living.
6. Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new healthcare delivery models.

Table 2: High-Impact Conditions:

Medicare Conditions
1. Major Depression
2. Congestive Heart Failure
3. Ischemic Heart Disease
4. Diabetes
5. Stroke/Transient Ischemic Attack
6. Alzheimer's Disease
7. Breast Cancer
8. Chronic Obstructive Pulmonary Disease
9. Acute Myocardial Infarction
10. Colorectal Cancer
11. Hip/Pelvic Fracture
12. Chronic Renal Disease
13. Prostate Cancer
14. Rheumatoid Arthritis/Osteoarthritis
15. Atrial Fibrillation
16. Lung Cancer
17. Cataract
18. Osteoporosis
19. Glaucoma
20. Endometrial Cancer

Child Health Conditions and Risks
1. Tobacco Use
2. Overweight/Obese (\geq 85th percentile BMI for age)
3. Risk of Developmental Delays or Behavioral Problems
4. Oral Health
5. Diabetes
6. Asthma
7. Depression
8. Behavior or Conduct Problems
9. Chronic Ear Infections (3 or more in the past year)
10. Autism, Asperger's, PDD, ASD
11. Developmental Delay (diag.)
12. Environmental Allergies (hay fever, respiratory or skin allergies)
13. Learning Disability
14. Anxiety Problems
15. ADD/ADHD
16. Vision Problems not Corrected by Glasses
17. Bone, Joint, or Muscle Problems
18. Migraine Headaches
19. Food or Digestive Allergy
20. Hearing Problems
21. Stuttering, Stammering, or Other Speech Problems
22. Brain Injury or Concussion
23. Epilepsy or Seizure Disorder
Tourette Syndrome

MAP “WORKING” MEASURE SELECTION CRITERIA INTERPRETIVE GUIDE



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Instructions for applying the measure selection criteria:

The measure selection criteria are designed to assist MAP Coordinating Committee and workgroup members in assessing measure sets used in payment and public reporting programs. The criteria have been developed with feedback from the MAP Coordinating Committee, workgroups, and public comment. The criteria are intended to facilitate a structured thought process that results in generating discussion. A rating scale of *Strongly Agree*, *Agree*, *Disagree*, *Strongly Disagree* is offered for each criterion or sub-criterion. An open text box is included in the response tool to capture reflections on the rationale for ratings.

The eight criteria areas are designed to assist in determining whether a measure set is aligned with its intended use and whether the set best that reflects ‘quality’ health and healthcare. The term “measure set” can refer to a collection of measures--for a program, condition, procedure, topic, or population. For the purposes of MAP moving forward, we will qualify all uses of the term measure set to refer to either a “program measure set,” a “core measure set” for a setting, or a “condition measure set.” The following eight criteria apply to the evaluation of program measure sets; a subset of the criteria apply to condition measure sets.

FOR CRITERION 1 - NQF ENDORSEMENT:

The optimal option is for all measures in the program measure set to be NQF endorsed or ready for NQF expedited review. The endorsement process evaluates individual measures against four main criteria:

1. **‘Importance to measure and report’**—how well the measure addresses a specific national health goal/ priority, addresses an area where a performance gap exists, and demonstrates evidence to support the measure focus;
2. **‘Scientific acceptability of the measurement properties’** – evaluates the extent to which each measure produces consistent (reliable) and credible (valid) results about the quality of care.
3. **‘Usability’**- the extent to which intended audiences (e.g., consumers, purchasers, providers, and policy makers) can understand the results of the measure and are likely to find the measure results useful for decision making.
4. **‘Feasibility’** – the extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measures.

To be recommended by MAP, a measure that is not NQF-endorsed must meet the following requirements, so that it can be submitted for expedited review:

- the extent to which the measure(s) under consideration has been sufficiently tested and/or in widespread use
- whether the scope of the project/measure set is relatively narrow
- time-sensitive legislative/regulatory mandate for the measure(s)
- Measures that are NQF-endorsed are broadly available for quality improvement and public accountability programs. In some instances, there may be evidence that implementation challenges

and/or unintended negative consequences of measurement to individuals or populations may outweigh benefits associated with the use of the performance measure. Additional consideration and discussion by the MAP workgroup or Coordinating Committee may be appropriate prior to selection. To raise concerns on particular measures, please make a note in the included text box under this criterion.

FOR CRITERION 2 - PROGRAM MEASURE SET ADDRESSES THE NATIONAL QUALITY STRATEGY PRIORITIES:

The program's set of measures is expected to adequately address each of the NQS priorities as described in criterion 2.1-2.6. The definition of "adequate" rests on the expert judgment of the Coordinating Committee or workgroup member using the selection criteria. This assessment should consider the current landscape of NQF-endorsed measures available for selection within each of the priority areas.

FOR CRITERION 3 - PROGRAM MEASURE SET ADDRESSES HIGH-IMPACT CONDITIONS:

When evaluating the program measure set, measures that adequately capture information on high-impact conditions should be included based on their relevance to the program's intended population. High-priority Medicare and child health conditions have been determined by NQF's Measure Prioritization Advisory Committee and are included to provide guidance. For programs intended to address high-impact conditions for populations other than Medicare beneficiaries and children (e.g., adult non-Medicare and dual eligible beneficiaries), high-impact conditions can be demonstrated by their high prevalence, high disease burden, and high costs relevant to the program. Examples of other on-going efforts may include research or literature on the adult Medicaid population or other common populations. The definition of "adequate" rests on the expert judgment of the Coordinating Committee or workgroup member using the selection criteria.

FOR CRITERION 4 - PROGRAM MEASURE SET PROMOTES ALIGNMENT WITH SPECIFIC PROGRAM ATTRIBUTES, AS WELL AS ALIGNMENT ACROSS PROGRAMS:

The program measure sets should align with the attributes of the specific program for which they intend to be used. Background material on the program being evaluated and its intended purpose are provided to help with applying the criteria. This should assist with making discernments about the intended care setting(s), level(s) of analysis, and population(s). While the program measure set should address the unique aims of a given program, the overall goal is to harmonize measurement across programs, settings, and between the public and private sectors.

- **Care settings include:** Ambulatory Care, Ambulatory Surgery Center, Clinician Office, Clinic/Urgent Care, Behavioral Health/Psychiatric, Dialysis Facility, Emergency Medical Services - Ambulance, Home Health, Hospice, Hospital- Acute Care Facility, Imaging Facility, Laboratory, Pharmacy, Post-Acute/Long Term Care, Facility, Nursing Home/Skilled Nursing Facility, Rehabilitation.
- **Level of analysis includes:** Clinicians/Individual, Group/Practice, Team, Facility, Health Plan, Integrated Delivery System.
- **Populations include:** Community, County/City, National, Regional, or States. Population includes: Adult/Elderly Care, Children's Health, Disparities Sensitive, Maternal Care, and Special Healthcare Needs.

FOR CRITERION 5 – PROGRAM MEASURE SET INCLUDES AN APPROPRIATE MIX OF MEASURE TYPES:

The program measure set should be evaluated for an appropriate mix of measure types. The definition of “appropriate” rests on the expert judgment of the Coordinating Committee or workgroup member using the selection criteria. The evaluated measure types include:

1. **Outcome measures** – Clinical outcome measures reflect the actual results of care.¹ Patient reported measures assess outcomes and effectiveness of care as experienced by patients and their families. Patient reported measures include measures of patients’ understanding of treatment options and care plans, and their feedback on whether care made a difference.²
2. **Process measures** – Process denotes what is actually done in giving and receiving care.³ NQF-endorsement seeks to ensure that process measures have a systematic assessment of the quantity, quality, and consistency of the body of evidence that the measure focus leads to the desired health outcome.⁴ Experience of care measures—Defined as patients’ perspective on their care.⁵
3. **Cost/resource use/appropriateness measures** –
 - a. *Cost measures* – Total cost of care.
 - b. *Resource use measures* – Resource use measures are defined as broadly applicable and comparable measures of health services counts (in terms of units or dollars) that are applied to a population or event (broadly defined to include diagnoses, procedures, or encounters).⁶
 - c. *Appropriateness measures* – Measures that examine the significant clinical, systems, and care coordination aspects involved in the efficient delivery of high-quality services and thereby effectively improve the care of patients and reduce excessive healthcare costs.⁷
4. **Structure measures** – Reflect the conditions in which providers care for patients.⁸ This includes the attributes of material resources (such as facilities, equipment, and money), of human resources (such as the number and qualifications of personnel), and of organizational structure

1 National Quality Forum. (2011). The right tools for the job. Retrieved from http://www.qualityforum.org/Measuring_Performance/ABCs/The_Right_Tools_for_the_Job.aspx

2 Consumer-Purchases Disclosure Project. (2011). Ten Criteria for Meaningful and Usable Measures of Performance

3 Donabedian, A. (1988) The quality of care. *JAMA*, 260, 1743-1748.

4 National Quality Forum. (2011). Consensus development process. Retrieved from http://www.qualityforum.org/Measuring_Performance/Consensus_Development_Process.aspx

5 National Quality Forum. (2011). The right tools for the job. Retrieved from http://www.qualityforum.org/Measuring_Performance/ABCs/The_Right_Tools_for_the_Job.aspx

6 National Quality Forum (2009). National voluntary consensus standards for outpatient imaging efficiency. Retrieved from http://www.qualityforum.org/Publications/2009/08/National_Voluntary_Consensus_Standards_for_Outpatient_Imaging_Efficiency__A_Consensus_Report.aspx

7 National Quality Forum. (2011). The right tools for the job. Retrieved from http://www.qualityforum.org/Measuring_Performance/ABCs/The_Right_Tools_for_the_Job.aspx

8 National Quality Forum. (2011). The right tools for the job. Retrieved from http://www.qualityforum.org/Measuring_Performance/ABCs/The_Right_Tools_for_the_Job.aspx

(such as medical staff organizations, methods of peer review, and methods of reimbursement).⁹ In this case, structural measures should be used only when appropriate for the program attributes and the intended population.

FOR CRITERION 6 – PROGRAM MEASURE SET ENABLES MEASUREMENT ACROSS THE PERSON-CENTERED EPISODE OF CARE:

The optimal option is for the program measure set to approach measurement in such a way as to capture a person's natural trajectory through the health and healthcare system over a period of time. Additionally, driving to longitudinal measures that address patients throughout their lifespan, from health, to chronic conditions, and when acutely ill should be emphasized. Evaluating performance in this way can provide insight into how effectively services are coordinated across multiple settings and during critical transition points.

When evaluating subcriteria 6.1-6.3, it is important to note whether the program measure set captures this trajectory (across providers, settings or time). This can be done through the inclusion of individual measures (e.g., 30-day readmission post-hospitalization measure) or multiple measures in concert (e.g., aspirin at arrival for AMI, statins at discharge, AMI 30-day mortality, referral for cardiac rehabilitation).

FOR CRITERION 7 – PROGRAM MEASURE SET INCLUDES CONSIDERATIONS FOR HEALTHCARE DISPARITIES:

Measures sets should be able to detect differences in quality among populations or social groupings. Measures should be stratified by demographic information (e.g., race, ethnicity, language, gender, disability, and socioeconomic status, rural vs. urban), which will provide important information to help identify and address disparities.¹⁰

Subcriterion 7.1 seeks to include measures that are known to assess healthcare disparities (e.g., use of interpreter services to prevent disparities for non-English speaking patients).

Subcriterion 7.2 seeks to include disparities-sensitive measures; these are measures that serve to detect not only differences in quality across institutions or in relation to certain benchmarks, but also differences in quality among populations or social groupings (e.g., race/ethnicity, language).

FOR CRITERION 8 – PROGRAM MEASURE SET PROMOTES PARSIMONY:

The optimal option is for the program measure set to support an efficient use of resources in regard to data collection and reporting for accountable entities, while also measuring the patient's health and healthcare comprehensively.

Subcriterion 8.1 can be evaluated by examining whether the program measure set includes the least number of measures required to capture the program's objectives and data submission that requires the least burden on the part of the accountable entities.

Subcriterion 8.2 can be evaluated by examining whether the program measure set includes measures that are used across multiple programs (e.g., PQRS, MU, CHIPRA, etc.) and applications (e.g., payment, public reporting, and quality improvement).

9 Donabedian, A. (1988) The quality of care. *JAMA*, 260, 1743-1748.

10 Consumer-Purchases Disclosure Project. (2011). Ten Criteria for Meaningful and Usable Measures of Performance.

Measure Applications Partnership
Clinician Workgroup
In-Person Meeting #3



NATIONAL
QUALITY FORUM

December 12, 2011

***Welcome, Review of Meeting
Objectives, and Pre-Rulemaking
Process***

Workgroup Charge

- The charge of the MAP Clinician Workgroup is to advise the Coordinating Committee on a coordination strategy for clinician performance measurement. The Workgroup will:
 - Identify a core set of available clinician performance measures, with a focus on:
 - » Clinician measures needed across Federal programs;
 - » Electronic data sources;
 - » Office setting;
 - » Cross cutting priorities from the NQS; and
 - » Priority conditions.
 - Identify critical clinician measure development and endorsement gaps
 - Develop a coordination strategy for clinical performance measurement including:
 - » Alignment with other public and private initiatives;
 - » HIT Implications;
 - » High level transition plan and timeline by month
 - **Provide input on measures to be implemented through the federal rulemaking process**

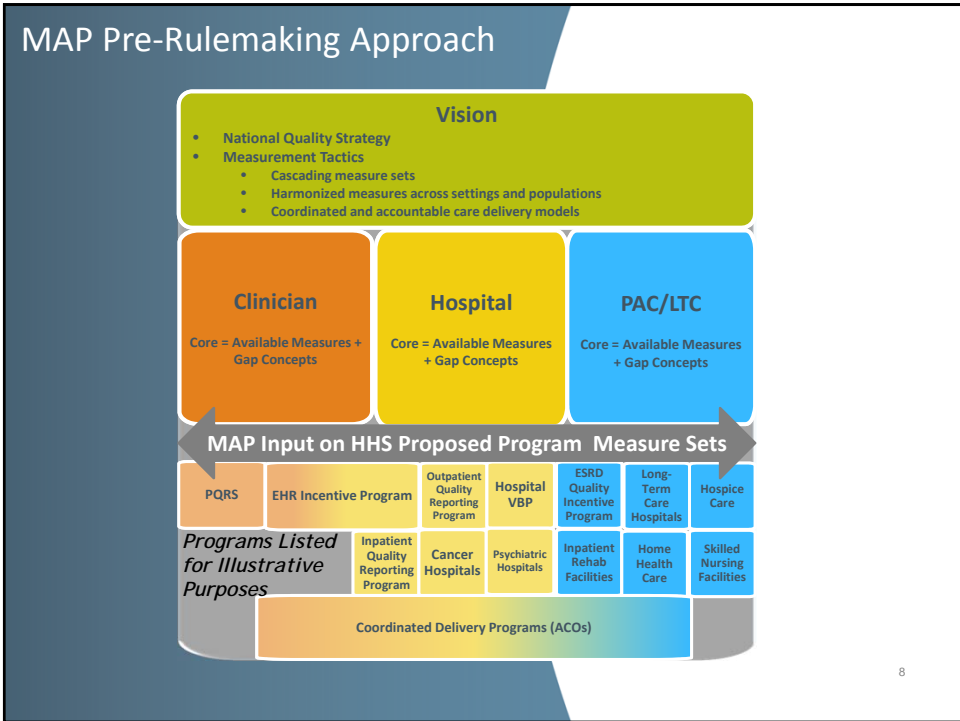
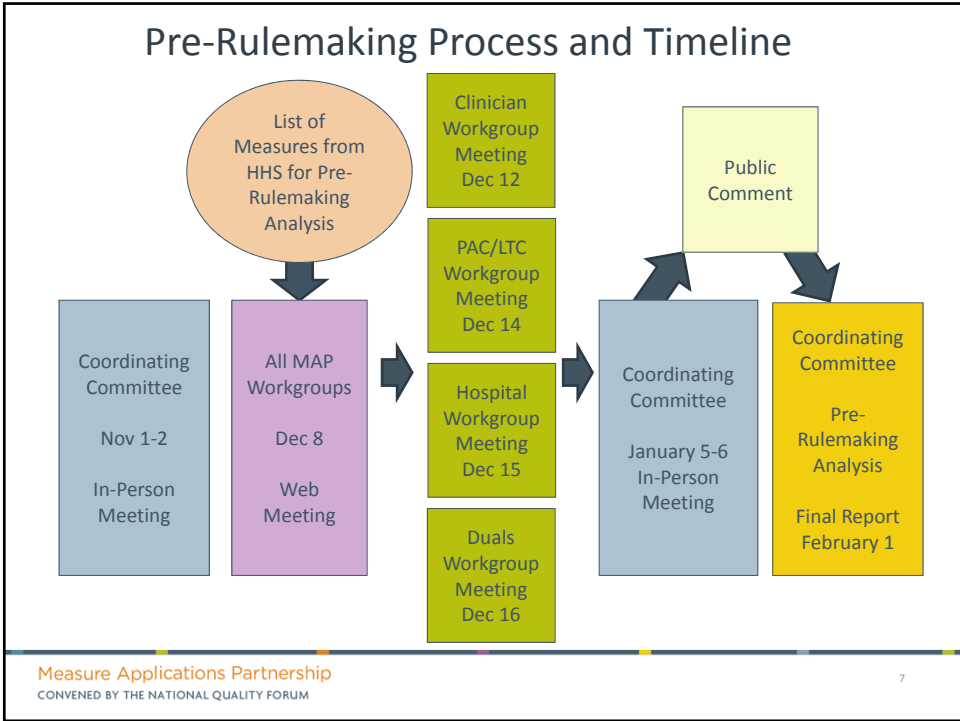
Meeting Objectives

- Review measures under consideration for inclusion in Value-Based Payment Modifier, Physician Quality Reporting System (PQRS), and Meaningful Use Quality Reporting for Eligible Professionals;
- Provide input on finalized program measure set for the Medicare Shared Savings Program;
- Discuss cross-cutting considerations for alignment, including input from MAP Dual Eligible Beneficiaries Workgroup and care coordination;
- Prioritize identified gaps in measurement for each program measure set; and
- Finalize input to the MAP Coordinating Committee on measures for use in federal programs.

Agenda

- Pre-Rulemaking Input on Value-Based Payment Modifier Program Measures
- Cross-Program Considerations for Dual-Eligible Beneficiaries and Care Coordination
- Pre-Rulemaking Input on Physician Quality Reporting System (PQRS) Program Measures
- Pre-Rulemaking Input on Meaningful Use Quality Reporting for Eligible Professionals Program Measures
- Pre-Rulemaking Input on Medicare Shared Savings Program Measure Set

MAP Pre-Rulemaking Approach



Review of Finalized MAP Measure Selection Criteria

Measure Selection Criteria

Meeting/Activities	Output
May Coordinating Committee	Measure Selection Principles
June Coordinating Committee	Measure Selection Criteria "Strawperson"
July • Clinician Workgroup • Dual Eligible Beneficiaries Workgroup	Feedback on Measure Selection Criteria "Strawperson"
August • Coordinating Committee • Public Comment via MAP Clinician Report	Draft Measure Selection Criteria
September/October • Hospital Workgroup Survey Exercise and Meeting • PAC/LTC Workgroup • Public Comment	Draft Measure Selection Criteria Refinement Developed Interpretive Guide
November 1-2 Coordinating Committee	Finalized Measure Selection Criteria

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MAP Measure Selection Criteria

1. Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review
2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities
3. Program measure set adequately addresses high-impact conditions relevant to the program's intended population(s) (e.g., children, adult non-Medicare, older adults, dual eligible beneficiaries)
4. Program measure set promotes alignment with specific program attributes, as well as alignment across programs

MAP Measure Selection Criteria

5. Program measure set includes an appropriate mix of measure types
6. Program measure set enables measurement across the person-centered episode of care
7. Program measure set includes considerations for healthcare disparities
8. Program measure set promotes parsimony

Providing Input on Program Measure Sets: Stepwise Approach and Supporting Materials

Pre-Rulemaking Task

- Workgroup members have the following documents for each program:
 - » Discussion guide
 - » Reference materials:
 - *Program summary sheet*
 - *Program measure chart*
 - *Individual measure information*
 - *Considerations from the Dual Eligible Beneficiaries Workgroup*

Pre-Rulemaking Task Discussion Guide
(DRAFT Example)

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Provides stepwise approach for the workgroup meeting

PAC/LTC Workgroup
Pre-Rulemaking Discussion Guide

Meeting Objectives:

- Review measures proposed by Centers for Medicare & Medicaid Services (CMS) for inclusion in the following federal programs: Nursing Home Quality Initiative, Home Health Quality Reporting, Inpatient Rehabilitation Facility Quality Reporting, Long-Term Care Hospital Quality Reporting, End Stage Renal Disease Quality Improvement, and Hospice Quality Reporting;
- Consider MAP Dual Eligible Beneficiaries Workgroup cross cutting input.
- Identify gaps in measurement for each program measure set;
- Finalize input to the MAP Coordinating Committee on measures for use in federal programs.

Time	Issue/Question	Considerations
10:15- 11:00 am	Rulemaking Input for Inpatient Rehabilitation Facility Quality Reporting Program • Staff review program summary, gaps, relationship to core measure concepts	
10:20	1. Additional considerations for evaluation of the program set?	• Nine of the PAC/LTC Workgroup core concepts are not addressed. Are there additional gaps to highlight?
10:30	2. One measure considered for addition is endorsed and aligns with core set. Do you recommend adding this measure to the set?	NQF # 0675 Pain Management- • The measure addresses the core measure concepts
10:33	3. Four measures considered for addition are endorsed but do not align with core set. Do these measures address priority quality issues specific to IRFs?	NQF #0376 Incidence of VTE potentially preventable and NQF #0431 Staff Immunization • NQF #0682 Pneumococcal Vaccination and NQF# 0680 Influenza Immunization • Promotes parsimony- used in nursing home quality reporting, proposed for ⁵ use in LTCH's

Pre-Rulemaking Task
Program Summary
Sheet (DRAFT Example)

Program Summary: Inpatient Rehabilitation Facilities (IRFs)

Provides description of program, statutory requirements, and analysis of program measure set

Program Description

As indicated in Section 3004 of the Affordable Care Act, CMS requirements for inpatient rehabilitation facilities (IRFs). Failure to report quality data will result in a 2% reduction in the data must be made available to public, with IRFs providing data prior to its release. ¹ Two measures are required for FY 2018 and future years. Program Priorities and Goals:

Statutory Requirements for Measures²:

- Measures should align with the NQS three-part aim including better care for the individual, better population health, and lower cost through better quality
- Measures should be relevant to the priorities in IRFs setting, such as improving patient safety (e.g., avoiding healthcare associated infections and adverse events), reducing adverse events, and encouraging better coordination of care and person- and family-centered care
- Measures should serve the primary role of IRFs, addressing the rehabilitation needs of the individual including improved functional status and achievement of successful return to the community post-discharge

Program Measure Set Analysis

Measure Summary:

	Current	Proposed Addition	Proposed Deletion	Total
Total Measures	2	8	0	10
NQF-Endorsed³	2	5	0	7
NQS Priority				
Safer Care	2	1	0	3
Effective Care Coordination	0	5	0	5
Prevention and Treatment of Leading Causes of Mortality and Morbidity	0	0	0	0
Person and Family Centered Care	0	0	0	0
Supporting Better Health in Communities	0	3	0	3
Making Care More Affordable	0	0	0	0
Addresses High Impact Conditions	0	0	0	0
Measure Type				
Process Measures	0	3	0	3

Pre-Rulemaking Task Program Measure Chart
(DRAFT Example)

Inpatient Rehabilitation Facility Quality Reporting Program

Measure Name	NQF Measure # and Status	NQF Priority						Condition/Topic Area	Aligned w/ Program Attributes	Measure Type	Spans Episodes	Address	etc)	
		Safer Care	Care Coordination	Prevention/treatment/leading causes of mortality/ Person and Family Centered Care	Better health in communities	Affordable Care								
Functional Outcome Measure (change in mobility)	Not NQF Endorsed		X				Care Coordination	Yes	Outcome	Yes	No	Aligns with PAC/LTC core concepts. Potential issue of parsimony with other functional outcome measures?	Measure under consideration 1	
Functional Outcome Measure (change in self-care)	Not NQF Endorsed		X				Care Coordination	Yes	Outcome	Yes	No	Aligns with PAC/LTC core concepts.	Measure under consideration 1	
Urinary catheter-associated urinary tract infection for intensive care unit (ICU) patients	0138 Endorsed	X					Safety	Yes	Outcome	No	No	Aligns with PAC/LTC core concepts.	Current	
Incidence of venous thromboembolism (VTE), potentially preventable	0376 Endorsed	X	X				Safety	Yes	Outcome	No	No		Measure under consideration 1	
Staff Immunization	0431 Endorsed					X	Safety	Yes	Process	No	No		Measure under consideration 1	

Provides specific program measure set information (e.g., mapping to NQS, measure type)

Pre-Rulemaking Task Individual Measure Information
(DRAFT Example)

NQF Measure # and Status

0167 Endorsed

Measure Name

Improvement in Ambulation/locomotion

Description

Percentage of home health episodes where the value recorded for the OASIS item M0702 on the discharge assessment is numerically less than the value recorded on the start (or resumption) of care assessment, indicating less impairment at discharge compared to start of

Numerator

Number of home health episodes where the value recorded for the OASIS item M0702 on the discharge assessment is numerically less than the value recorded on the start (or resumption) of care assessment, indicating less impairment at discharge compared to start of

Denominator

All home health episodes except those where either of the following conditions applies: (1) The value recorded for the OASIS item M0702 on the start (or resumption) of care assessment is zero, indicating minimal or no impairment. These patients are excluded because it would be

NQF Re-tooled eMeasure

No

Steward

CMS

National Quality Strategy Priorities

Communication and Care Coordination

Provides specific individual measure information (e.g., description, numerator, denominator)

Pre-Rulemaking Task Considerations from Dual Eligible Beneficiaries Workgroup (DRAFT Example)

Pre-Rulemaking Considerations from MAP Dual Eligible Beneficiaries Workgroup

In providing input to HHS regarding the selection of measures for Federal payment and public reporting programs, MAP must consider how the programs may impact the quality of care delivered to Medicare and Medicaid beneficiaries. Medicare and Medicaid beneficiaries eligible for both Medicare and Medicaid comprise a heterogeneous population of individuals by either program. Despite their particularly intense and complex needs, dual eligible beneficiaries are often highly fragmented. HHS is pursuing several strategies to address the needs of dual eligible beneficiaries, including tasking MAP with considering the implications of these strategies.

General Principles for Measure Selection
 In reviewing potential measures for individual programs, consider the following principles. Measurement can provide the most leverage in improving the overall quality of care through coordination, screening and assessment, mental health and substance use, and other areas which are collectively being considered a draft core set is provided.

Also consider that the following issues are strongly related to quality of care:

- **Health-related goals:** Wherever possible, measurement should promote a broad view of health and wellness, encouraging development of person-centered plans of care to manage medical, behavioral, and social needs. Developed in concert with a beneficiary's team of providers, a plan of care should establish health-related goals and preferences for care. Because of the chronic needs of the beneficiary population, plans are more likely to be long-term than episode-based.
- **Chronicity of care:** More than 60 percent of dual eligible beneficiaries have three or more multiple chronic conditions, with the most common being cardiovascular disease, diabetes, Alzheimer's and related disorders, arthritis, and depression.
- **Cognitive status:** More than 60 percent of dual eligible beneficiaries are affected by a mental or cognitive impairment. Etiologies of these impairments vary and may be the result of intellectual/developmental disability, serious mental illness, dementia, substance abuse, stroke, or other cause.
- **Care transitions and communication:** Many factors, including those listed above, make dual eligible beneficiaries more vulnerable to problems that arise during all types of care transitions. Communication and coordination across all providers is vital. Transitions between the medical system and the community-based services system are particularly important for beneficiaries who use long-term supports.

Input for the Hospital/Clinician/PAC/LTC Workgroup
 The MAP Dual Eligible Beneficiaries Workgroup considered the core set of measures developed by the Hospital/Clinician/PAC/LTC Workgroup and the MAP Coordinating Committee. In response, they suggest:

Measure Gaps in the Hospital/Clinician/PAC/LTC Core Set

Measures Suggested for Removal

Other Considerations for Hospital/Clinician/PAC/LTC Programs

MAP Dual Eligible Beneficiaries Workgroup Draft Core Set of Measures
 The workgroup identified the draft core set presented below from an extensive list of current measures. Potential measures were considered in five areas previously identified by the workgroup as most closely linked to quality of care:

- Quality of Life;
- Care Coordination;
- Screening and Assessment;
- Mental Health and Substance Use; and
- Structural Measures.

Provides specific considerations from the Dual Eligible Beneficiaries Workgroup

Clinician Workgroup Pre-Rulemaking Input

Workgroup Input

The Clinician Workgroup will consider the following program measure sets:

- Value-Based Payment Modifier
 - Review core measures
 - Confirm previous workgroup evaluation of the program measure set
 - Review 10 measures under consideration
- Physician Quality Reporting System
 - Review 158 measures under consideration
- Medicare and Medicaid EHR Incentive
 - Review 92 measures under consideration
- Medicare Shared Savings
 - Evaluate the program measure set

Workgroup Input

For each discussion guide item, the workgroup must decide:

- Support
- Do Not Support
- Support Direction (e.g., promising measure concept, premature to recommend)



Pre-Rulemaking Input on Value-Based Payment Modifier Program Measures

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Cross-Program Considerations for Dual-Eligible Beneficiaries and Care Coordination

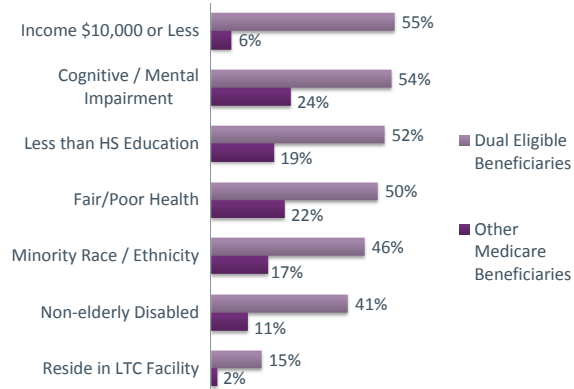
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Cross-Program Considerations for Dual Eligible Beneficiaries

Who Are Dual Eligible Beneficiaries? A Heterogeneous Group

- Only factor that all dual eligible beneficiaries share is low income
- Approximately a third of duals are younger adults with disabilities and the remaining two thirds are older than 65. Almost no children.
- More than 40% of duals have a mental or cognitive condition
- One in three duals have limitations in 3 or more ADLs
- Conditions like HIV/AIDS, Alzheimer's, cerebral palsy, ESRD, and schizophrenia disproportionately impact dual eligible beneficiaries



High-Leverage Areas and Construction of the Draft Core Set

High-Leverage Areas for Quality Improvement Through Measurement

- Quality of Life
- Care Coordination
- Screening and Assessment
- Mental Health and Substance Use
- Structural Measures

The Workgroup identified the draft core set from an extensive list of current measures that applied to the five areas listed above. Many measure gaps and limitations of current measures also surfaced during the process. The draft core set is presented as a starting point for discussion, as it highlights measure concepts that were identified as important.

Clinician Workgroup-Specific Considerations:

- For clinicians, quality is tightly linked to screening, ongoing assessment, and management of chronic conditions (including mental illness); care coordination through primary care or other medical home; and medication management
- Consider measures that are applicable across clinical conditions, or to individuals with multiple chronic conditions
 - Functional status, quality of life, communication, patient experience, etc.
- To evaluate care for specific high-impact conditions such as diabetes and heart disease, emphasize outcome and composite measures
- Measure gaps in clinician core:
 - Patient understanding of treatment plan, pain management, capacity to serve as a medical home, coordination with non-medical providers of long-term supports, providing assistance in accessing specialty care
- Exceptions:
 - Appropriateness of preventive services and screenings must be evaluated for each patient

Using the Duals Workgroup Guidance

Across program measures sets:

- Is there representation of the issues presented in the five high-leverage opportunity areas and the list of draft core measures?
- If not, is it appropriate to add any measures to fill that gap?
- Does a measure set include measures which are inappropriate or counterproductive to use with vulnerable populations?

Cross-Program Considerations for Care Coordination



Pre-Rulemaking Input on Physician Quality Reporting System (PQRS) Program Measures




Cross-Program Considerations for Care Coordination

- A priority of the MAP is to support alignment across all federal programs
- Care coordination is a priority gap area across all care settings
- Across program measure sets:
 - Review existing care coordination measures in the program measure set
 - Consider if available endorsed measures will fill a care coordination gap



***Pre-Rulemaking Input on Physician
Quality Reporting System (PQRS)
Program Measures***



***Pre-Rulemaking Input on Medicare
and Medicaid EHR Incentive for
Eligible Professionals Program
Measures***



Pre-Rulemaking Input on Medicare Shared Savings Program Measure Set




Opportunity for Public Comment



Summary of the Day

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Adjourn

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Clinician Core Measures (Drawn from Value Modifier Measures)

NQF Measure Number and Status	Measure Name
0028 Endorsed	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
0001 Endorsed	Asthma: Asthma Assessment
0002 Endorsed	Appropriate Testing for Children with Pharyngitis
0004 Endorsed	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement
0012 Endorsed	Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)
0014 Endorsed	Prenatal Care: Anti-D Immune Globulin
0018 Endorsed	Controlling High Blood Pressure
0024 Endorsed	Weight Assessment and Counseling for Children and Adolescents
0031 Endorsed	Preventive Care and Screening: Screening Mammography
0032 Endorsed	Cervical Cancer Screening
0033 Endorsed	Chlamydia Screening for Women
0034 Endorsed	Preventive Care and Screening: Colorectal Cancer Screening
0038 Endorsed	Childhood Immunization Status
0041 Endorsed	Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old
0043 Endorsed	Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years and Older
0047 Endorsed	Asthma: Pharmacologic Therapy
0052 Endorsed	Low Back Pain: Use of Imaging Studies
0055 Endorsed	Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient
0056 Endorsed	Diabetes Mellitus: Foot Exam
0061 Endorsed	Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus
0062 Endorsed	Diabetes Mellitus: Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients
0066 Endorsed	Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Patients with CAD and Diabetes and/or Left Ventricular Systolic Dysfunction (LVSD)
0067 Endorsed	Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD
0068 Endorsed	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
0070 Endorsed	Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)
0073 Endorsed	Ischemic Vascular Disease (IVD): Blood Pressure Management Control
0074 Endorsed	Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol
0075 Endorsed	Ischemic Vascular Disease (IVD): Complete Lipid Profile and LDL Control < 100 mg/dl
0079 Endorsed	Heart Failure: Left Ventricular Function (LVF) Assessment
0081 Endorsed	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
0083 Endorsed	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
0086 Endorsed	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation
0088 Endorsed	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
0089 Endorsed	Diabetic Retinopathy: Communication with the Physician Managing On-going Diabetes Care
0097 Endorsed	Medication Reconciliation: Reconciliation After Discharge from an Inpatient Facility
0101 Endorsed	Falls: Screening for Fall Risk
0102 Endorsed	Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy

0105 Endorsed	Major Depressive Disorder (MDD): Antidepressant Medication During Acute Phase for Patients with MDD
0385 Endorsed	Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients
0387 Endorsed	Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer
0389 Endorsed	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients
0421 Endorsed	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up
0575 Endorsed	Diabetes: HbA1c Control < 8%
0729 Endorsed	Diabetes Mellitus: Tobacco Non-Use
0729 Endorsed	Diabetes: Aspirin Use
NA	Proportion of adults 18 years and older who have had their BP measured within the preceding 2 years
NA	Preventive Care: Cholesterol-LDL test performed
<i>Note: NA denotes measures that have not been submitted to NQF.</i>	

Gaps – (bolded= prioritized)

- **Patient and family experience**
- **Child health**
- **Resource use**
- **Physician (specialty groups) and conditions**
- Stroke care
- Multi-morbidity chronic diseases and functional status
- Care coordination – team approach to care
- Outcome measures – included patient reported outcomes
- Patient Safety
- Surgical care
- Oral health
- Behavioral health/cognitive
- Disparities

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Measure Applications Partnership (MAP) Roster for the MAP Clinician Workgroup

Chair (voting)

Mark McClellan, MD, PhD

Organizational Members (voting)

Representatives

American Academy of Family Physicians	Bruce Bagley, MD
American Academy of Nurse Practitioners	Mary Jo Goolsby, EdD, MSN, NP-C, CAE, FAANP
American Academy of Orthopaedic Surgeons	Douglas Burton, MD
American College of Cardiology	Paul Casale, MD, FACC
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	Richard Salmon MD, PhD
Consumers' CHECKBOOK	Robert Krughoff, JD
Kaiser Permanente	Amy Compton-Phillips, MD
Minnesota Community Measurement	Beth Averbeck, MD
Physician Consortium for Performance Improvement	Mark Metersky, MD
The Alliance	Cheryl DeMars
Unite Here Health	Elizabeth Gilbertson, MS

Expertise

Individual Subject Matter Expert Members (voting)

Disparities	Marshall Chin, MD, MPH, FACP
Population Health	Eugene Nelson, MPH, DSc
Shared Decision Making	Karen Sepucha, PhD
Team-Based Care	Ronald Stock, MD, MA
Health IT/ Patient Reported Outcome Measures	James Walker, MD, FACP
Measure Methodologist	Dolores Yanagihara, MPH

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

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Centers for Medicare & Medicaid Services (CMS)

Michael Rapp, MD, JD, FACEP

Health Resources and Services Administration (HRSA)

Ian Corbridge, MPH, RN

Office of the National Coordinator for HIT (ONC)

Joshua Seidman, MD, PhD

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

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Measure Applications Partnership (MAP)

Roster 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

Bruce Bagley, MD

Bruce Bagley, M.D., currently serves as the Medical Director for Quality Improvement for the American Academy of Family Physicians (AAFP). He has served as president and board chair of the AAFP in the past. The AAFP represents more than 98,000 family physicians, family medicine residents and medical students nationwide. During his twenty-eight year practice career, Bagley provided the full range of family medicine services in a single specialty family medicine group practice in Albany, NY. Under his leadership, the 10-physician group was a well-known pioneer in the community in adapting to the challenges of managed care, quality improvement, informatics and patient centered care. Bagley's current responsibilities with the AAFP include liaison work with other national organizations in the quality arena. He actively participates in the development, deployment and implementation of performance measures.

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He has been an effective national advocate for the importance of primary care as the foundation of a redesigned US health care system. Bagley has spoken extensively on the topics of performance measurement, patient centered medical home, office redesign, electronic health records and leadership. From 2005 to 2007, he served as a Malcolm Baldrige Quality Award examiner.

American Academy of Nurse Practitioners

Mary Jo Goolsby, EdD, MSN, NP-C, CAE, FAANP

Dr. Mary Jo Goolsby is the director of research and education for the American Academy of Nurse Practitioners (AANP), a professional society representing the interests of over 140,000 nurse practitioners (NP). Dr. Goolsby oversees all organizational research and data-collection activities, including a national NP practice-based research network (PBRN). Her role includes shared oversight of the only comprehensive database of NPs. Additionally, Dr. Goolsby directs all AANP non-conference accredited and unaccredited educational activities. Initiatives within the research and education components include promotion of practice improvement and outcome measurement by NPs. Dr. Goolsby serves on a variety of expert panels, committees, and workgroups. Professional memberships include AANP, AONE, STTI, NONPF, and ASAE. Dr. Goolsby earned her BSN at Emory University, MSN at the University of Alabama in Huntsville, and EdD in Higher Education at the Florida State University.

American Academy of Orthopaedic Surgeons

Douglas Burton, MD

Douglas C. Burton, MD is a member of the advisory workgroup for the Measure Application Partnership (MAP). He has a strong interest in developing and implementing a national strategy for healthcare quality measurement and reporting and is honored to serve as the representative for the American Academy of Orthopedic Surgeons. Dr. Burton attended Kansas State University in Manhattan, KS and received his medical degree from the University of Texas Southwestern School of Medicine in Dallas, Texas. He completed his orthopedic residency at The University of Kansas Medical Center, in Kansas City, KS and spine fellowships at Texas Back Institute in Plano, TX and Thomas Jefferson University in Philadelphia, PA. He is the Marc & Elinor Asher Spine Professor at the University of Kansas Medical Center in Kansas City, KS.

American College of Cardiology

Paul Casale, MD, FACC

Paul N. Casale is a practicing physician, Associate Professor of Medicine at Temple University 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. Throughout his career, he has been involved in efforts to improve quality while controlling costs, contributing to these efforts at both the local and national levels. He has published extensively on cost and disparities in health care, disease management strategies and risk factor identification. He currently serves on the Advisory Group to the Coalition to Reduce Racial & Ethnic Disparities in Cardiovascular Outcomes. 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 Vice Chair of its Data Systems Committee, as well as a member of its Technical Advisory Group. Dr. Casale has served as Chairman of the Health Care Cost and Quality Committee of the Pennsylvania Medical Society, as well as the Chairman of its Caregivers Task Force. He is also a member of the Pennsylvania Medical Society's Commission on Quality. At the national level, Dr. Casale is a strong proponent of the ACCF's ongoing efforts to improve the quality of cardiovascular patient care. He is a member of the PINNACLE Registry Workgroup, the nation's first registry for ambulatory cardiac care, and has served as the Chair of the ACCF's Medical Director Institute (MDI). The MDI is a forum convened by the ACC to bring together cardiovascular physicians, health plan medical directors,

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purchasers, primary care physician representatives and other industry stakeholders to engage in action-oriented discussions that address common challenges in delivering quality cardiovascular care.

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, where he earned his M.D. in 1982. 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 of Radiology at UCSF. He has been a Neuroradiologist at Radiological Associates of Sacramento since 1991. Currently, he is Chairman of the Diagnostic Radiology Division, comprised of 44 radiologists covering 5 hospital Radiology Departments and 13 independent imaging facilities. Previously, he has served as Chief of Diagnostic Imaging and Radiation Oncology at Sutter Medical Center, Sacramento. He is also a member of the board of directors, and past president of California Managed Imaging, a statewide diagnostic imaging network. Dr. Seidenwurm has been an active contributor to the medical literature. He has been Associate Editor of *Radiology* and a member of the Editorial Board of *Diagnostic Imaging*, among the most influential scientific and professional journals in the field. 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 at the national level. 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 Utilization and Appropriateness committee. At present he is the 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. ASHA developed the National Outcomes Measure System (NOMS) consisting of 15 Functional Communication Measures in 1998 to respond to the need for more comprehensive and sensitive outcome measures for speech-language pathology treatment. The eight measures frequently used with stroke patients were endorsed by NQF and accepted into the PQRI registry. 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

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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

Richard Salmon, MD, PhD

Dr. Dick Salmon, Vice President and National Medical Executive for Network Performance Improvement and Quality, CIGNA HealthCare, is responsible for the company's clinical network performance improvement initiatives and health plan quality programs. The network performance improvement initiatives include assessment of physician and hospital quality and cost efficiency, responsible communication of that information to plan members, sharing that information with physicians and hospitals and enabling and rewarding improvement through pay for performance programs. The plan quality programs include accreditation, population health improvement and credentialing. Prior to this position, Dr. Salmon developed new care facilitation programs in case management and disease management. He previously was the New England Regional Medical Director, and President and General Manager of CIGNA New Hampshire. Before joining CIGNA HealthCare, Dr. Salmon was the Senior Vice President and Chief Medical Officer for HealthSource, a three million member HMO acquired by CIGNA in 1997. Dr. Salmon has worked extensively with managed care since 1984. His career began in academic medicine at Case Western Reserve University and the affiliated University Hospital, where he was an Assistant Professor of Family Medicine and Chief Resident in Family Practice. Dr. Salmon is Board Certified in Family Practice. He earned his medical degree and a Ph.D. in Biomedical Engineering from Case Western Reserve University.

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

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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, MD is the Associate Executive Director for Quality for The Permanente Federation. Amy joined The Permanente Federation in January 2010 but has been with Mid-Atlantic Permanente Medical Group (MAPMG) since 1993. Amy is an internal medicine physician that served MAPMG in a variety of roles through years including Internal Medicine Service Chief, Physician Director for the Columbia Gateway Medical Center, Physician Director for Population Care, and Guideline Director. Amy has extensive experience in directing patient care programs, including disease management of high risk members and transitions in care for patients newly discharged from a hospital. She has also been active in developing provider and patient education programs using both print and Web-based materials, and has been a frequent presenter at public and Kaiser Permanente national seminars. Amy received her medical degree from the University of Maryland Medical School, where she also completed her residency program, and completed her undergraduate degree at Johns Hopkins University. In addition, she is a graduate of the Advanced Leadership Program at the University Of North Carolina Kenan-Flagler School Of Business. In her spare time, she enjoys skiing, biking, sailing, and carting her children around to a never ending set of after school activities.

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.

Physician Consortium for Performance Improvement

Mark Metersky, MD

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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 Vice Chair of the Health and Science Policy Committee (the committee that oversees Clinical Practice Guideline production) 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. Ms. DeMars was recently appointed to the Clinician Workgroup of the National Quality Forum's Measures Application Partnership, which will provide input to the Department of Health and Human Services (HHS) on the selection of measures for use in public reporting and performance-based payment. 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.

Unite Here Health

Elizabeth B. Gilbertson, MS

Elizabeth B. Gilbertson is currently Chief of Strategy for UNITE HERE HEALTH (*formerly the Hotel Employees and Restaurant Employees International Union Welfare Fund*), a national Taft-Hartley health trust that covers 246,000 lives. She was a founder and Chair/Co-Chair (1999-2010) of the Health Services Coalition, a large labor-management organization that contracts with hospitals and advocates for public policy to improve health care quality, affordability, and access in Nevada. Prior to assuming her current role, Ms. Gilbertson has held a variety of leadership roles for UNITE HERE HEALTH with a focus on the health plan operated by the Fund itself for approximately 120,000 covered lives in Las Vegas. Currently, a major focus of her work is supporting the development of intensive primary care and medical management programs that target the complex chronically ill. Her background includes experience representing nurses in collective bargaining for the Connecticut Nurses Association and District 1199, New England, SEIU. She has served on National Quality Forum task forces on ambulatory care measures, and is a Board member of the National Committee for Quality Assurance (NCQA). She holds a Bachelor's Degree in History from Smith College and Master's Degree in Health Advocacy from Sarah Lawrence College. In addition, she attended the Yale University School of Public Health and has an Associate Degree in Nursing.

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Individual Subject Matter Expert Members (voting)

Disparities

Marshall Chin, MD, MPH, FACP

Marshall H. Chin, MD, MPH, FACP, Professor of Medicine at the University of Chicago, is a general internist and health services researcher with extensive experience improving the care of vulnerable patients with chronic disease. He is Director of the Robert Wood Johnson Foundation (RWJF) Finding Answers: Disparities Research for Change National Program Office, a major effort to reduce racial and ethnic disparities in health care. He was a member of the Institute of Medicine Committee on Future Directions for the National Healthcare Quality and Disparities Reports. Dr. Chin is a graduate of the University of California at San Francisco School of Medicine and completed residency and fellowship training in general internal medicine at Brigham and Women's Hospital, Harvard Medical School.

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.

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Team-Based Care

Ronald Stock, MD, MA

Ronald Stock, is a geriatrician, clinical health services researcher and current Medical Director of the Center for Medical Education & Research with PeaceHealth Oregon Region and Sacred Heart Medical Center in Eugene, OR. His roles include physician oversight of the development of a collaborative project with the Oregon Health & Sciences University (OHSU) School of Medicine to expand medical student training in Oregon and executive leadership in a collaborative project with the University of Oregon to create a clinical translational research center. He is former Executive Medical Director for PeaceHealth's Gerontology Institute. For the past 20 years, Dr. Stock 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 using the chronic care model and an inter-professional team approach. 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. He currently holds academic appointments as a Clinical Associate Professor of Family Medicine at OHSU and Courtesy Professor in the Department of Human Physiology at the University of Oregon.

Health IT/ Patient Reported Outcome Measures

James M. Walker, MD, FACP

James M. "Jim" Walker, MD FACP, designs and studies health IT systems that support safe and effective care. He is the Chief Health Information Officer of the Geisinger Health System, where he leads Geisinger's development of a fully integrated inpatient and outpatient EHR; a networked patient health record (PHR) used by 145,000 patients; and a health information exchange that serves 2.5 million patients in 31 Pennsylvania counties. He is the program director of the Keystone Beacon Community. Dr. Walker serves as the chair of the Medical Informatics Committee of the American College of Physicians, as a member of the HIT Standards Committee of HHS, on the faculty of the CMIO Boot Camp of the American Medical Informatics Association, and as a member of the National Committee on Vital and Health Statistics. He leads AHRQ-funded research and development projects in health-information exchange and HIT safety and is Project Director of the Keystone Beacon Community. He has published numerous peer-reviewed articles and a widely used book, Implementing an Electronic Health Record System (2005). Dr. Walker earned his MD degree at the University of Pennsylvania before completing a residency in internal medicine at the Penn State Hershey Medical Center and a National Library of Medicine fellowship in medical informatics.

Measure Methodologist

Dolores Yanagihara, MPH

Dolores Yanagihara is director of the California Pay for Performance Program with the Integrated Healthcare Association. Her work includes overall administration of the program, guiding the governance committees, negotiating contracts to meet the program's technical needs, spearheading data exchange and data quality improvement efforts, and promoting quality and efficiency measurement and improvement nationally by sharing expertise through committee membership, publications, and speaking engagements. Ms. Yanagihara has over fifteen years experience developing, managing, and evaluating cutting edge public health programs. Her interest in public health was sparked by her tour of duty in the Peace Corps in Sierra Leone, West Africa. She earned a Masters in Public Health in Health Education and International Health from the University of Hawaii at Manoa, and a Bachelor of Science in Biology from the University of Notre Dame.

Federal Government Members (non-voting, ex officio)

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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)

Michael Rapp, MD, JD, FACEP

Dr. Rapp is director of the Quality Measurement and Health Assessment Group of the Centers for Medicare and Medicaid Services. The group is responsible for evaluating measurement systems to assess healthcare quality in a broad range of settings. The group actively works with many stakeholders to promote widespread participation in the quality measurement development process. Dr. Rapp is an emergency physician and was in active clinical practice until taking his position at CMS. His public service activities include approximately four years as Chairman of the Department of HHS Practicing Physicians Advisory Council. Dr. Rapp is a fellow of the American College of Emergency Physicians, and a member of the Medical Society of Virginia, the American Medical Association, and the American Health Lawyers Association.

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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)

Joshua Seidman, MD, PhD

Dr. Seidman leads the Meaningful Use Division at ONC, overseeing three areas: helping to evolve meaningful use practice and policy; supporting providers through ONC's regional extension program to become meaningful users of health IT; and oversight of ONC's e-Quality Measurement agenda. During two decades in health care, Seidman has focused on: quality measurement and improvement; the intersection of e-health and health services research; and structuring consumer e-health interventions to support improved health behaviors and informed decision making. Previously, Seidman was the founding President of the Center for Information Therapy, which advanced the practice and science of using health IT to deliver tailored information to consumers to help them make better health decisions. At the IxCenter, Seidman focused on stimulating innovation, diffusing best practices, and evangelizing for a patient-centered orientation to implementation of health IT applications. Seidman has also served as Director of Measure Development at NCQA and has done research and analysis related to providers at the American College of Cardiology and The Advisory Board Company. Seidman earned a PhD in health services research and an MHS in health policy & management from Johns Hopkins School of Public Health, and a BA in political science from Brown University.

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,

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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 for the Center of Effectiveness and Safety Research (CESR) at Kaiser Permanente. She is responsible for oversight of CESR, a network of investigators, data managers and analysts in Kaiser Permanente's regional research centers experienced in effectiveness and safety research. The Center draws on over 400 Kaiser Permanente researchers and clinicians, along with Kaiser Permanente's 8.6 million members and their electronic health records, to conduct patient-centered effectiveness and safety research on a national scale. Kaiser Permanente conducts more than 3,500 studies and its research led to more than 600 professional publications in 2010. It is one of the largest research institutions in the United States. Dr. McGlynn leads efforts to address the critical research questions posed by Kaiser Permanente clinical and operations leaders and the requirements of the national research community. CESR, founded in 2009, conducts in-depth studies of the safety and comparative effectiveness of drugs, devices, biologics and care delivery strategies. Prior to joining Kaiser Permanente, Dr. McGlynn was the Associate Director of RAND Health and held the RAND Distinguished Chair in Health Care Quality. She was responsible for strategic development and oversight of the research portfolio, and external dissemination and communications of RAND Health research findings. Dr. McGlynn is an internationally known expert on methods for evaluating the appropriateness and technical quality of health care delivery. She has conducted research on the appropriateness with which a variety of surgical and diagnostic procedures are used in the U.S. and in other countries. She led the development of a comprehensive method for evaluating the technical quality of care delivered to adults and children. The method was used in a national study of the quality of care delivered to U.S. adults and children. The article reporting the adult findings received the Article-of-the-Year award from AcademyHealth in 2004.

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Dr. McGlynn also led the RAND Health's COMPARE initiative, which developed a comprehensive method for evaluating health policy proposals. COMPARE developed a new microsimulation model to estimate the effect of coverage expansion options on the number of newly insured, the cost to the government, and the effects on premiums in the private sector. She has conducted research on efficiency measures and has recently published results of a study on the methodological and policy issues associated with implementing measures of efficiency and effectiveness of care at the individual physician level for payment and public reporting. Dr. McGlynn is a member of the Institute of Medicine and serves on a variety of national advisory committees. She was a member of the Strategic Framework Board that provided a blueprint for the National Quality Forum on the development of a national quality measurement and reporting system. She chairs the board of AcademyHealth, serves on the board of the American Board of Internal Medicine Foundation, and has served on the Community Ministry Board of Providence-Little Company of Mary Hospital Service Area in Southern California. 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 BA in international political economy from Colorado College, her MPP from the University of Michigan's Gerald R. Ford School of Public Policy, and her PhD in public policy from the Pardee RAND Graduate School.

National Quality Forum Staff

Janet M. Corrigan, PhD, MBA

Janet M. Corrigan, PhD, MBA, is president and CEO of the National Quality Forum (NQF), a private, not-for-profit standard-setting organization established in 1999. The NQF mission includes: building consensus on national priorities and goals for performance improvement and working in partnership to achieve them; endorsing national consensus standards for measuring and publicly reporting on performance; and promoting the attainment of national goals through education and outreach programs. From 1998 to 2005, Dr. Corrigan was senior board director at the Institute of Medicine (IOM). She provided leadership for IOM's Quality Chasm Series, which produced 10 reports during her tenure, including: *To Err is Human: Building a Safer Health System*, and *Crossing the Quality Chasm: A New Health System for the 21st Century*. Before joining IOM, Dr. Corrigan was executive director of the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry. Among Dr. Corrigan's numerous awards are: IOM Cecil Award for Distinguished Service (2002), American College of Medical Informatics Fellow (2006), American College of Medical Quality Founders' Award (2007), Health Research and Educational TRUST Award (2007), and American Society of Health System Pharmacists' Award of Honor (2008). Dr. Corrigan serves on various boards and committees, including: Quality Alliance Steering Committee (2006–present), Hospital Quality Alliance (2006–present), the National eHealth Collaborative (NeHC) Board of Directors (2008–present), the eHealth Initiative Board of Directors (2010–present), the Robert Wood Johnson Foundation's Aligning Forces for Healthcare Quality (AF4Q) National Advisory Committee (2007–present), the Health Information Technology (HIT) Standards Committee of the U.S. Department of Health and Human Services (2009–present), the Informed Patient Institute (2009 – present), and the Center for Healthcare Effectiveness Advisory Board (2011 – present). Dr. Corrigan received her doctorate in health services research and master of industrial engineering degrees from the University of Michigan, and master's degrees in business administration and community health from the University of Rochester.

Thomas B. Valuck, MD, JD, MHSA

Thomas B. Valuck, MD, JD, is senior vice president, Strategic Partnerships, at the National Quality Forum (NQF), a nonprofit membership organization created to develop and implement a national strategy for healthcare quality measurement and reporting. Dr. Valuck oversees NQF-convened partnerships—the Measure Applications Partnership (MAP) and the National Priorities Partnership (NPP)—as well as

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NQF's engagement with states and regional community alliances. These NQF initiatives aim to improve health and healthcare through public reporting, payment incentives, accreditation and certification, workforce development, and systems improvement. Dr. Valuck comes to NQF from the Centers for Medicare & Medicaid Services (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, Dr. Valuck was recognized for his leadership in advancing Medicare's pay-for-performance initiatives, receiving both the 2009 Administrator's Citation and the 2007 Administrator's Achievement Awards. Before joining CMS, Dr. Valuck 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; 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. Dr. Valuck 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.

Constance W. Hwang, MD, MPH

Dr. Hwang is vice president of the Measure Applications Partnership (MAP), which is responsible for providing input to the Department of Health and Human Services on the selection of performance measures for public reporting and performance-based payment programs. Dr. Hwang is a board-certified general internist, and prior to joining NQF, was the Director of Clinical Affairs and Analytics at Resolution Health, Inc (RHI). RHI is a wholly-owned subsidiary of WellPoint Inc., providing data-driven disease management interventions aimed at both patients and providers to improve quality of care and cost efficiency. At RHI, Dr. Hwang managed an analytics team that developed and implemented clinical algorithms and predictive models describing individual health plan members, their overall health status, and potential areas for quality and safety improvement. Dr. Hwang has served as clinical lead for physician quality measurement initiatives, including provider recognition and pay-for-performance programs. She has experience designing and programming technical specifications for quality measures, and represented RHI as a measure developer during NQF's clinically-enriched claims-based ambulatory care measure submission process. Nominated to two different NQF committees, Dr. Hwang has participated in both NQF's measure harmonization steering committee, which addressed challenges of unintended variation in technical specifications across NQF-endorsed quality measures, and the NQF technical advisory panel for resource use measures regarding cardiovascular and diabetes care. Dr. Hwang is a former Robert Wood Johnson Clinical Scholar at Johns Hopkins and received her Master of Public Health as a Sommer Scholar from the Johns Hopkins Bloomberg School of Public Health. She completed her internal medicine residency at Thomas Jefferson University Hospital in Philadelphia, and received her medical degree from Mount Sinai School of Medicine in New York.

Aisha Pittman, MPH

Aisha T. Pittman, MPH, is a Senior Program 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 leads 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

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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.

Taroon Amin, MPH, MA

Taroon Amin, MPH, MA, is Senior Director in Strategic Partnerships and Performance Measures, at the National Quality Forum (NQF), a nonprofit membership organization created to develop and implement a national strategy for healthcare quality measurement and reporting. Mr. Amin provides leadership support to multiple workgroups within the Measures Applications Partnership (MAP) and resource measures under NQF-review in the Consensus Development Process (CDP). Mr. Amin comes to NQF from the Schneider Institutes for Health Policy at Brandeis University, where he was an Agency for Health Care Research and Quality (AHRQ T-32) fellow. During his time there, Taroon worked with Health Care Incentives Improvement Institute (HCI3), American Board of Medical Specialties Research and Education Foundation (ABMS-REF), and American Medical Association-convened Physicians Consortium for Performance Improvement (AMI-PCPI) to develop the Patient-Centered Episode Grouper System (PACES), a public sector episode grouper system for the Medicare Program. Also at Schneider, Taroon worked with the American Association of Medical Colleges and Teaching Hospitals (AAMC) on the development of Health Innovation Zones (HIZs) in response to Section XVIII of the Patient Protection and Affordable Care Act and also worked with the Government of India on the evaluation of public sector insurance schemes. Before joining Schneider, Taroon led Six Sigma/ Lean quality improvement projects at New York-Presbyterian Hospital, the University Hospitals of Cornell and Columbia and the Morgan Stanley Children's Hospital. Taroon holds a degree in international health systems management from Case Western Reserve University with his international training from Tsinghua University (Beijing), École des Sciences Politiques (Paris) and the Indian Institute of Management (Ahmedabad). Taroon also holds a master's degree in public health from Columbia University and a master's degree in social policy from Brandeis University, where he is currently a PhD candidate. Philanthropically, Mr. Amin serves as founding member of International Health Care Leadership (IHL), an independent non-profit organization developed to train Chinese healthcare professionals how to incorporate healthcare public policy into healthcare reform and hospital management.

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

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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).

Rachel Weissburg

Rachel Weissburg is currently employed at the National Quality Forum, a non-profit, multi-stakeholder organization, as part of its Strategic Partnerships department. Specifically, she supports the Measure Applications Partnership, which provides the Dept. of Health and Human Services input on public reporting and payment-based reporting programs. Before coming to NQF Ms. Weissburg worked at The Endocrine Society, the world's oldest and largest association of endocrinologists. She created and managed programs for the Society's public education affiliate, The Hormone Foundation, and collaborated with clinicians – endocrinologists and family practice doctors – to understand their needs and priorities. Under her supervision, the Foundation's award-winning patient materials reached nearly 2 million patients with information about conditions such as diabetes, osteoporosis, growth hormone use, and infertility. Before working with The Hormone Foundation, Ms. Weissburg spent over four years with The Leapfrog Group, a health care membership organization representing purchasers of health care. While at Leapfrog, Ms. Weissburg was responsible for writing the first national policy that asked hospitals to openly acknowledge serious reportable events – or “never events” – and take remedial action if these events occurred in their facilities. She also worked closely with the Centers for Medicare and Medicaid Services, health plans, and other stakeholders to implement similar policies and shift reimbursement models from a fee-for-service to a fee-for-outcome model. She also managed Leapfrog's membership of Fortune 500 companies and coordinated regional implementation of its transparency and quality initiatives in over twenty-seven communities nationwide.