



Measure Applications Partnership Clinician Workgroup Meeting Summary

A web meeting of the Measure Applications Partnership (MAP) Clinician Workgroup was held on Monday, April 1, 2013. An online archive of the meeting and meeting materials are available on the MAP Clinician Workgroup [webpage](#).

Workgroup Members in Attendance

Mark McClellan (Chair)	Kate Goodrich, Centers for Medicare & Medicaid Services
Bruce Auerbach, American College of Emergency Physicians	Mary Jo Goolsby, American Academy of Nurse Practitioners
Beth Averbeck, Minnesota Community Measurement	Rachel Grob, Center for Patient Partnerships
Peter Briss, Centers for Disease Control and Prevention	David Hopkins, Pacific Business Group on Health
Janet Brown, American Speech-Language-Hearing Association	Robert Krughoff, Consumers' CHECKBOOK
Paul Casale, American College of Cardiology	Eugene Nelson, [subject matter expert: population health]
Marshal Chin, [subject matter expert: disparities]	David Seidenwurm, American College of Radiology
Ian Corbridge, Health Resources and Services Administration	Karen Sepucha, [subject matter expert: shared decision-making]
Joanne Conroy, Association of American Medical Colleges	Ronald Stock, [subject matter expert: team-based care]
Cheryl DeMars, The Alliance	

Introduction

MAP provides annual input on the selection of performance measures for federal programs to inform federal rulemaking. During this past year, [MAP's Pre-Rulemaking Report](#) included the MAP Clinician Workgroup's Guiding Principles for Applying Measures to Federal Programs. CMS encouraged MAP to develop these guiding principles in lieu of providing recommendations about specific measures for use in the Physician Compare and Physician Value-Based Payment Modifier (VBPM) programs, given the large number of measures under consideration (731 in total across clinician programs) and the complexity of the task. Recognizing that federal rules published in 2013 will identify measures to be implemented for the Physician Compare and VBPM programs, MAP sought to provide input on specific measures for Physician Compare and VBPM. Accordingly, MAP membership, including CMS officials,

proposed convening the MAP Clinician Workgroup via web meeting to apply the guiding principles to a select set of clinician-level measures.

The 2013 Physician Fee Schedule final rule published in November 2012 indicated that the initial implementation of Physician Compare and VBPM will begin with group-level reporting. Accordingly, the Workgroup convened via a web meeting on April 1 to review measures that are applicable to clinician groups—Physician Quality Reporting System (PQRS) measures included in the Clinician Group Reporting Option (GPRO) and Medicare Shared Savings Program (MSSP) measures, in addition to a few other measures, such as Prevention Quality Indicator (PQI) composite measures and measures that could potentially link to cost and resource use measures.

Prior to the web meeting, Workgroup members were asked to participate in a pre-meeting exercise using the MAP Measure Selection Criteria and Guiding Principles to determine if the measures under review should be included in the Physician Compare and VBPM programs. Exercise results from 13 respondents were reviewed and discussed during the web meeting.

This meeting summary provides the MAP Clinician Workgroup’s input on measures for Physician Compare and VBPM and key themes that emerged from the discussion. Future work could allow for the Workgroup’s findings to be made available for public comment and approved as final recommendations by the MAP Coordinating Committee. In addition to providing input on measures for Physician Compare and VBPM, this summary also contains the MAP Clinician Workgroup’s process improvement suggestions for enhancing MAP’s pre-rulemaking input.

Key Findings

The [MAP Measure Selection Criteria](#) (MSC) allow MAP to evaluate the potential value of adding new measures to program measure sets. MSC #4, Program measure set promotes alignment with specific program attributes, as well as alignment across programs, addresses whether measures fit the program’s purpose (e.g., public reporting, payment incentive). To more completely assess fit for purpose for specific federal clinician measurement programs, the MAP Clinician Workgroup developed Guiding Principles for Applying Measures to Clinician Programs. The principles are not absolute rules; rather, they are meant to guide measure selection decisions and complement program-specific statutory and regulatory requirements and the MSC. In addition, the guiding principles will inform future revisions to the MSC.

Although the Guiding Principles for Physician Compare and VBPM vary slightly, the Clinician Workgroup’s input on measures applicable to clinician groups—56 in total—did not differ across programs. Using the Guiding Principles and the MSC, the Workgroup selected 21 measures for inclusion in the programs, of which 11 were identified as high-priority measures. The high-priority measures share the same attributes: all are NQF-endorsed, included in multiple [MAP families of measures](#), promote alignment across the federal programs and private measurement efforts, and could be linked to cost/resource use measures. In addition to the high-priority measures, the Workgroup identified 10 additional measures for inclusion in the programs while raising implementation caveats. For example, the Workgroup noted that several measures are new to clinician group reporting and should be reported for one year in PQRS prior to inclusion in Physician Compare and VBPM to identify potential implementation challenges. Though measures may have been reported through PQRS for individual

clinicians, clinician groups may have a different experience reporting the measure because the reporting process is different (i.e., individual clinicians select their measures and how to report them, while clinician groups reporting through a web portal have to report on a single complete set of measures).

Conversely, the Workgroup did not support 35 measures for inclusion in Physician Compare and VBPM, as those measures did not fully meet the Guiding Principles and the MSC, or there were alternative measures in the set that better addressed the programs' needs. For example, the Workgroup preferred to include measure #0018 Controlling High Blood Pressure, an outcome measure that captures a broader population, in lieu of three process measures all addressing the same condition. Implementation concerns regarding data collection, denominator exclusion of the Medicare population, and lack of specification for clinician group-level reporting were also cited as reasons the Workgroup did not select measures for inclusion in either program. The Table below provides the Clinician Workgroup's input for each measure.

Generally, the Clinician Workgroup found the Guiding Principles to be a useful tool for determining whether measures should be included in Physician Compare and VBPM. When developing the principles, the Workgroup identified how public reporting and payment programs measure sets should vary; however, when applying the principles, the Workgroup did not generally find differences between the suitability of measures for public reporting and payment incentives. The Workgroup emphasized several specific principles and criteria from the MSC during their review:

Addresses the National Quality Strategy—Population Health Priority. The Workgroup sought to include measures that would have the greatest impact on the population. Accordingly, the group included vaccination process measures that address prevention for a very large population.

Focus on Outcomes. While expressing a preference for outcome measures, the Workgroup recognized that process measures are needed in areas where outcome measures do not exist. For example, the Workgroup noted that outcome measures for COPD are difficult to construct so a composite of COPD process measures should be included in programs. The Workgroup also emphasized the need for additional patient-reported outcomes.

Meaningful to Consumers (specifically for Physician Compare). For public reporting, the Workgroup reiterated the need for measures that consumers can understand and find important. Such measures are essential to support consumer decision-making, and should include measures at both the individual and group levels. The Workgroup emphasized the need to rapidly include individual level measurement performance scores in Physician Compare because that information is most meaningful to consumers. Similarly, the Workgroup noted that Physician Compare should include functionality to de-aggregate group level rates into individual level rates.

Finally, the Workgroup discussed the need to be able to make comparisons among clinicians. Accordingly, the Workgroup reiterated the need for a parsimonious set of high-value measures that could be reported by all clinicians. MAP has previously emphasized that CAHPS should be reported by all clinicians and can support comparison across clinicians.

Process Improvements

During the past two years of providing pre-rulemaking input, HHS has asked MAP to review a large number of measures under consideration for the Physician Quality Reporting System (PQRS) to allow for broader clinician participation. This year, MAP combined review of measures for PQRS, Value-Based Payment Modifier (VBPM), and Physician Compare because the same measures were under consideration for all of these programs; that is, any currently finalized measure or measure under consideration for PQRS was also under consideration for VBPM and/or Physician Compare. The Clinician Workgroup discussed options for ensuring thoughtful review of individual measures, given the large volume of clinician measures and time constraints.

CMS and NQF are currently working collaboratively on several improvements to the pre-rulemaking process. For instance, CMS has asked NQF to comment on refinements to the criteria and approach for their annual call for measures to increase the quality and potentially decrease the quantity of measures under consideration. Additionally, NQF will increase CMS participation in MAP meetings so that CMS staff can provide program overviews, highlight program goals and directions, and provide insights into the rationale for selecting measures put forth for consideration by MAP. Beyond these improvements, the Clinician Workgroup considered the following enhancements to MAP's review of measures.

Provide input on currently finalized PQRS measures, and other programs as appropriate, in advance of the pre-rulemaking cycle. Through a series of web or in-person meetings, the Workgroup could review all of the currently finalized PQRS measures and consider if the measures are appropriate for public reporting (i.e., recommended for inclusion in Physician Compare) and/or payment incentives (i.e., recommended for inclusion in VBPM). The Workgroup would revisit recommendations for currently finalized PQRS measures in the context of the measures under consideration during the winter pre-rulemaking meetings. The Workgroup found that the April 1 web meeting allowed for thoughtful consideration and input on measures for Physician Compare and VBPM, and that the model could be replicated prior to MAP's winter pre-rulemaking activities.

Consider how program implementation may impact performance measurement. Up-front review would provide the Workgroup time to thoughtfully consider implementation issues. For example, Workgroup members noted that it would be useful to consider the PQRS-GPRO web interface measures separately from other reporting options because all of the measures reported through the GPRO web interface are required to be reported as a set, while other reporting options allow clinicians/clinician groups to select from a larger set of measures. Similarly, the Workgroup could review measures by reporting mechanism (i.e., claims, EHR, registry) because reporting mechanism influences clinicians' measure selection.

Review measures—both currently finalized and measures under consideration—by condition and topic. One of CMS' major goals is to encourage participation by all clinicians in the Medicare clinician measurement programs. Reviewing measures by topic and condition could help determine if programs have measures that are applicable to all clinicians. Additionally, reviewing smaller groups of measures by buckets of conditions or topics through a series of web or in-person meetings could help avoid measure review fatigue.

Seek additional content expertise as needed to inform Workgroup deliberations. MAP members have noted that discussions and decision-making are most thoughtful when people who have had experience with the measures share their insights. Additional expertise could be added for content areas that are not represented on the Workgroup. For example, MAP could convene technical expert panels to provide

preliminary input on measures for a particular condition or topic. MAP could also invite measure developers to participate to provide more detailed information about their measures.

Convene a task force drawn from MAP Clinician and Hospital Workgroup membership to review Hospital Inpatient Quality Reporting (IQR) and Hospital Outpatient Quality Reporting (OQR) measures for clinician programs. CMS is considering applying IQR and OQR hospital performance rates to hospital-based clinicians. The MAP Hospital Workgroup has reviewed measures for IQR and OQR; these prior discussions could inform the Clinician Workgroup's consideration of which performance measure results should be applied to individual clinicians.

Highlight progress on the National Quality Strategy (NQS) through use of performance measures. While MAP considers if measure sets address the NQS priorities, more explicit mapping of new measures to existing gaps could help gauge our progress on the NQS aims and priorities. The comparison, over time, would send clearer signals of remaining performance gaps.

Provide more detailed measure information in background materials, as available. MAP members have asked for additional information on measures, including data sources and feasibility of reporting (e.g., practical application and data acquisition issues); incidence of conditions addressed by the measure; types and severity of outcomes the measures relate to; strength of a process-outcome relationship; magnitude of variation among providers in performance; extent to which variation has been successfully reduced by interventions; and, for consumer reporting, the extent to which consumers are able to understand a measure and the importance consumers assign to the measure. Information that is readily available (e.g., information obtained through the measure endorsement process) will be provided in MAP materials. NQF is also actively working to establish feedback loops to obtain additional measure information about measure use and usefulness that can enhance MAP decision-making.

Table. MAP Clinician Workgroup Input on Measures for Physician Compare and VBPM

Measure #/ Endorsement Status	Measure Title	Program Alignment	Clinician Workgroup Input - Physician Compare and VBPM
0005 Endorsed	CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys)	Federal: Medicare Shared Savings Program Private: Buying Value core ambulatory measure	Include in Physician Compare and VBPM. Identified as a high-priority measure because it is a patient-reported outcome. Survey implementation issues need to be resolved.
0018 Endorsed	Controlling High Blood Pressure	Federal: Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; Meaningful Use (EHR Incentive Program) - Eligible Professionals; Medicare Part C Plan Rating; Medicare Shared Savings Program; Physician Quality Reporting System (PQRS); HRSA Private: eValue8; at least one Beacon community; HEDIS; Wellpoint; Buying Value core ambulatory measure	Include in Physician Compare and VBPM. Identified as a high-priority measure because it is a disparities-sensitive outcome measure that could be linked with the cardiovascular episode grouper measures. Additionally, the measure addresses a high-impact condition and promotes alignment across federal and private programs.
0022 Endorsed	Use of High Risk Medications in the Elderly	Federal: Meaningful Use (EHR Incentive Program) - Eligible Professionals; Medicare Part D Plan Rating; Physician Feedback; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program Private: HEDIS; Buying Value core ambulatory measure	Include in Physician Compare and VBPM. Identified as a high-priority measure because it assesses an outpatient safety issue of importance to vulnerable populations. Clinician groups currently report this measure through administrative claims; for clinician groups reporting through GPRO-web, the measure should be reported for one year prior to implementation in Physician Compare and VBPM to identify and resolve any implementation issues.

Measure #/ Endorsement Status	Measure Title	Program Alignment	Clinician Workgroup Input - Physician Compare and VBPM
0028 Endorsed	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Federal: Meaningful Use (EHR Incentive Program) - Eligible Professionals; Medicare Shared Savings Program; Physician Quality Reporting System (PQRS) Private: eValue8 At least one Beacon community; Buying Value core ambulatory measure	Include in Physician Compare and VBPM. Identified as a high-priority measure because it addresses an important population health issue. Additionally, the measure is included in multiple MAP Families and promotes alignment across federal and private programs.
0034 Endorsed	Colorectal Cancer Screening	Federal: Meaningful Use (EHR Incentive Program) - Eligible Professionals; Medicare Part C Plan Rating; Medicare Shared Savings Program; Physician Feedback; Physician Quality Reporting System (PQRS); HRSA Private: eValue8; at least one Beacon community; HEDI; Wellpoint; Aetna; Community Health Alliance; IHA; AHIP survey - Measures used by a Majority of Health Plans; Buying Value core ambulatory measure	Include in Physician Compare and VBPM. Measure addresses an important population health issue; however, attribution to the primary care provider was raised as a concern.
0036 Endorsed	Use of appropriate medications for people with asthma	Federal: Meaningful Use (EHR Incentive Program) - Eligible Professionals; Physician Quality Reporting System (PQRS) Private: at least one Beacon community; HEDIS; Wellpoint; Aetna; Cigna; AHIP survey - Measures used by a Majority of Health Plans	Do not include in Physician Compare and VBPM. Denominator excludes the Medicare population. The Workgroup suggested creating an asthma composite measure that could link with the asthma resource use measure. Additionally, the Workgroup suggested exploring if optimal asthma control measures used in the private sector could apply to the Medicare population.
0037 Endorsed	Osteoporosis testing in older women	Federal: Medicare Part C Plan Rating Private: HEDIS	Do not include in Physician Compare and VBPM. The Workgroup expressed a preference for NQF #0053, as it goes beyond testing and assesses osteoporosis management.

Measure #/ Endorsement Status	Measure Title	Program Alignment	Clinician Workgroup Input - Physician Compare and VBPM
0041 Endorsed	Influenza Immunization	Federal: Meaningful Use (EHR Incentive Program) - Eligible Professionals; Medicare Shared Savings Program; Physician Feedback; Physician Quality Reporting System (PQRS) Private: Buying Value core ambulatory measure	Include in Physician Compare and VBPM. Important population health issue that has potential to reduce costs and improve health outcomes.
0043 Endorsed	Pneumonia vaccination status for older adults	Federal: Meaningful Use (EHR Incentive Program) - Eligible Professionals; Medicare Part C Plan Rating; Medicare Shared Savings Program; Physician Feedback; Physician Quality Reporting System (PQRS) Private: At least one Beacon community; HEDIS; Wellpoint; Buying Value core ambulatory measure	Include in Physician Compare and VBPM. Identified as a high-priority measure because it promotes alignment across federal and private programs and has potential to reduce costs and improve health outcomes. Additionally, this measure could be linked to the pneumonia resource use measure.
0047 Endorsed	Asthma: Pharmacologic Therapy for Persistent Asthma	Federal: Meaningful Use (EHR Incentive Program) - Eligible Professionals; Physician Feedback; Physician Quality Reporting System (PQRS); HRSA	Do not include in Physician Compare and VBPM. Denominator excludes the Medicare population. The Workgroup suggested creating an asthma composite measure that could link with the asthma resource use. Additionally, the Workgroup suggested exploring if optimal asthma control measures used in the private sector could apply to the Medicare population.
0053 Endorsed	Osteoporosis management in women who had a fracture	Federal: Medicare Part C Plan Rating; Physician Feedback; Value-Based Payment Modifier Program Private: Cigna; Wellpoint; HEDIS; IHA	Include in Physician Compare and VBPM. Measure addresses a high-impact condition and assesses clinical effectiveness. While this is a process measure, it goes beyond testing and includes management.

Measure #/ Endorsement Status	Measure Title	Program Alignment	Clinician Workgroup Input - Physician Compare and VBPM
0055 Endorsed	Diabetes: Eye exam	<p>Federal: Meaningful Use (EHR Incentive Program) - Eligible Professionals; Medicare Part C Plan Rating; Physician Feedback; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program</p> <p>Private: at least one Beacon community; HEDIS; Wellpoint; Aetna; Cigna; Alliance for Health; IHA; AHIP survey - Measures used by a Majority of Health Plans; Buying Value core ambulatory measure</p>	Do not include in Physician Compare or VBPM. Prefer other outcome measures that assess care for diabetes.
0057 Endorsed	Comprehensive Diabetes Care: Hemoglobin A1c testing	<p>Federal: Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; Physician Feedback; Value-Based Payment Modifier Program</p> <p>Private: at least one Beacon community ; HEDIS; Wellpoint; Aetna; Cigna; IHA; AHIP survey - Measures used by a Majority of Health Plans</p>	Do not include in Physician Compare or VBPM. Prefer other outcome measures that assess care for diabetes.
0059 Endorsed	Diabetes: Hemoglobin A1c Poor Control (>9.0%)	<p>Federal: Meaningful Use (EHR Incentive Program) - Eligible Professionals; Medicare Part C Plan Rating; Medicare Shared Savings Program; Physician Feedback; Physician Quality Reporting System (PQRS); HRSA</p> <p>Private: eValue8; at least one Beacon community; HEDIS; Wellpoint; Aetna; IHA; AHIP survey - Measures used by a Majority of Health Plans; Buying Value core ambulatory measure</p>	Do not include in Physician Compare and VBPM. Consider including NQF #0575 HbA1c Good Control.

Measure #/ Endorsement Status	Measure Title	Program Alignment	Clinician Workgroup Input - Physician Compare and VBPM
0062 Endorsed	Diabetes: Urine protein screening	<p>Federal: Meaningful Use (EHR Incentive Program) - Eligible Professionals; Medicare Part C Plan Rating; Physician Feedback; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program</p> <p>Private: at least one Beacon community; HEDIS; Wellpoint; Aetna; Cigna; AHIP survey - Measures used by a Majority of Health Plans; Buying Value core ambulatory measure</p>	Do not include in Physician Compare or VBPM. Prefer other outcome measures that assess care for diabetes.
0063 Endorsed	Comprehensive Diabetes Care: LDL Screening	<p>Federal: Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; Physician Feedback; Value-Based Payment Modifier Program</p> <p>Private: at least one Beacon community; HEDIS ; Wellpoint; Aetna; Cigna; AHIP survey - Measures used by a Majority of Health Plans</p>	Do not include in Physician Compare or VBPM. Prefer other outcome measures that assess care for diabetes.
0066 Endorsed	Chronic Stable Coronary Artery Disease: ACE Inhibitor or ARB Therapy--Diabetes or Left Ventricular Systolic Dysfunction (LVEF <40%)	<p>Federal: Medicare Shared Savings Program; Physician Feedback; Physician Quality Reporting System (PQRS)</p> <p>Private: Cigna</p>	Include in Physician Compare and VBPM. Measure addresses a high-impact condition, promotes alignment across the federal and private programs, and could be linked to cardiovascular resource use measures. The Workgroup suggested considering the inclusion of an optimal vascular care measure or a measure that assesses use of a medication rather than prescription.

Measure #/ Endorsement Status	Measure Title	Program Alignment	Clinician Workgroup Input - Physician Compare and VBPM
0068 Endorsed	Ischemic Vascular Disease (IVD): Use of Aspirin or another Antithrombotic	Federal: Meaningful Use (EHR Incentive Program) - Eligible Professionals; Medicare Shared Savings Program; Physician Feedback; Physician Quality Reporting System (PQRS); HRSA Private: At least one Beacon community; HEDIS	Include in Physician Compare and VBPM. Measure addresses a high-impact condition, promotes alignment across the federal and private programs, and could be linked to cardiovascular resource use measures. The Workgroup suggested considering the inclusion of an optimal vascular care measure or a measure that assesses use of a medication rather than prescription.
0071 Endorsed	Acute Myocardial Infarction (AMI): Persistence of Beta-Blocker Treatment After a Heart Attack	Federal: Medicare Part C Plan Rating; Physician Feedback Private: eValue8; Cigna; Wellpoint; HEDIS; AHIP survey - Measures used by a Majority of Health Plans	Do not include in Physician Compare or VBPM. Other outcome measures assess care for cardiovascular conditions.
0073 Endorsed	IVD: Blood Pressure Management	Federal: Meaningful Use (EHR Incentive Program) - Eligible Professionals; Physician Feedback; Physician Quality Reporting System (PQRS) Private: At least one Beacon community; HEDIS	Do not include in Physician Compare or VBPM. Another measure (NQF #0018) assesses the same concept for a broader population.
0074 Endorsed	Chronic Stable Coronary Artery Disease: Lipid Control	Federal: Meaningful Use (EHR Incentive Program) - Eligible Professionals; Medicare Shared Savings Program; Physician Feedback; Physician Quality Reporting System (PQRS); HRSA Private: At least one Beacon community; Aetna; AmeriHealth Mercy Family of Companies; Cigna	Do not include in Physician Compare or VBPM. Other outcome measures assess care for cardiovascular conditions.

Measure #/ Endorsement Status	Measure Title	Program Alignment	Clinician Workgroup Input - Physician Compare and VBPM
0075 Endorsed	IVD: Complete Lipid Profile and LDL Control <100	<p>Federal: Meaningful Use (EHR Incentive Program) - Eligible Professionals; Medicare Part C Plan Rating; Medicare Shared Savings Program; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program</p> <p>Private: At least one Beacon community; HEDIS ; Wellpoint; Aetna; AmeriHealth Mercy Family of Companies; Cigna; IHA; AHIP survey - Measures used by a Majority of Health Plans; Buying Value core ambulatory measure</p>	<p>Include in Physician Compare and VBPM. Identified as a high-priority measure because it is an outcome measure that addresses a high-impact condition and promotes alignment across federal and private programs. Additionally, the measure could be linked to cardiovascular resource use measures. Clinician groups currently report this measure through administrative claims; for clinician groups reporting through GPRO-web, the measure should be reported for one year prior to implementation in Physician Compare and VBPM to identify and resolve any implementation issues.</p>
0079 Endorsed	Heart Failure: Left Ventricular Ejection Fraction Assessment (Outpatient Setting)	<p>Federal: Physician Feedback; Physician Quality Reporting System (PQRS)</p> <p>Private: AmeriHealth Mercy Family of Companies</p>	<p>Do not include in Physician Compare or VBPM. Other outcome measures assess care for cardiovascular conditions. Additionally, this measure was removed from group reporting in 2013.</p>
0081 Endorsed	Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction	<p>Federal: Meaningful Use (EHR Incentive Program) - Eligible Professionals; Physician Feedback; Physician Quality Reporting System (PQRS)</p> <p>Private: At least one Beacon community; Aetna</p>	<p>Include in Physician Compare and VBPM. The Workgroup suggested creating a composite with NQF #0083; however, the developer indicated that they previously explored creating a composite of the two measures and were unable to do so.</p>

Measure #/ Endorsement Status	Measure Title	Program Alignment	Clinician Workgroup Input - Physician Compare and VBPM
0083 Endorsed	Heart Failure : Beta-blocker therapy for Left Ventricular Systolic Dysfunction	Federal: Meaningful Use (EHR Incentive Program) - Eligible Professionals; Medicare Shared Savings Program; Physician Feedback; Physician Quality Reporting System (PQRS) Private: AmeriHealth Mercy Family of Companies; Cigna	Include in Physician Compare and VBPM. The Workgroup suggested creating a composite with NQF #0081; however, the developer indicated that they previously explored creating a composite of the two measures and were unable to do so.
0091 Endorsed	COPD: spirometry evaluation	Federal: Physician Feedback; Physician Quality Reporting System (PQRS)	Do not include in Physician Compare or VBPM. Process measure. Explore creating a composite of all COPD measures then linking that composite with the COPD resource use measure.
0096 Endorsed	Empiric Antibiotic for Community-Acquired Bacterial Pneumonia	Federal: Physician Feedback; Physician Quality Reporting System (PQRS)	Do not include in Physician Compare and VBPM. Process measure.
0097 Endorsed	Medication Reconciliation	Federal: Medicare Shared Savings Program; Physician Feedback; Physician Quality Reporting System (PQRS) Private: Buying Value core ambulatory measure	Include in Physician Compare and VBPM. Identified as a high-priority measure because it addresses patient safety and care coordination. Additionally, the measure is in a MAP family and supports alignment across federal and private programs. The Workgroup raised concerns with providers' ability to identify admissions outside of their system; however, the measure accounts for this by requiring that the provider is aware of the inpatient facility discharge.

Measure #/ Endorsement Status	Measure Title	Program Alignment	Clinician Workgroup Input - Physician Compare and VBPM
0101 Endorsed - Time Limited Endorsement	Falls: Screening for Future Fall Risk	Federal: Meaningful Use (EHR Incentive Program) - Eligible Professionals; Medicare Shared Savings Program; Physician Quality Reporting System (PQRS)	Include in Physician Compare and VBPM. Measure addresses vulnerable populations and promotes alignment across the federal and private programs. This measure is new to group reporting; the measure should be implemented for one year prior to implementation in Physician Compare and VBPM to identify and resolve any implementation issues.
0102 Endorsed	COPD: inhaled bronchodilator therapy	Federal: Physician Feedback; Physician Quality Reporting System (PQRS) Private: eValue8	Do not include in Physician Compare or VBPM. Process measure. Additionally, this measure was recently removed from group reporting. Explore creating a composite of all COPD measures and then linking that composite with COPD resource use measure.
0105 Endorsed	Antidepressant Medication Management	Federal: Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; Meaningful Use (EHR Incentive Program) - Eligible Professionals; Medicare Part C Plan Rating; Physician Feedback; Physician Quality Reporting System (PQRS); Value- Based Payment Modifier Program Private: HEDIS; Cigna; AHIP survey - Measures used by a Majority of Health Plans; Buying Value core ambulatory measure	Include in Physician Compare and VBPM. Addresses a high- impact condition and promotes alignment across federal and private programs. The Workgroup raised concerns with providers' ability to obtain prescription claims.
0114 Endorsed	Risk-Adjusted Post- operative Renal Failure	Federal: Physician Feedback; Physician Quality Reporting System (PQRS) Private: STS registry	Do not include in Physician Compare and VBPM at this time. The Workgroup suggested first to explore the potential of composite of CABG measures that could be incorporated into the program; however, if a composite is not possible, the measures could be included individually. Additionally, this measure or a composite of measures could be linked with the CABG resource use measure.

Measure #/ Endorsement Status	Measure Title	Program Alignment	Clinician Workgroup Input - Physician Compare and VBPM
0115 Endorsed	Risk-Adjusted Surgical Re-exploration	Federal: Physician Feedback; Physician Quality Reporting System (PQRS) Private: STS registry; Wellpoint	Do not include in Physician Compare and VBPM at this time. The Workgroup suggested first to explore the potential of composite of CABG measures that could be incorporated into the program; however, if a composite is not possible the measures could be included individually. Additionally, this measure or a composite of measures could be linked with the CABG resource use measure.
0129 Endorsed	Risk-Adjusted Prolonged Intubation (Ventilation)	Federal: Physician Feedback; Physician Quality Reporting System (PQRS) Private: Wellpoint	Do not include in Physician Compare and VBPM at this time. The Workgroup suggested first to explore the potential of composite of CABG measures that could be incorporated into the program; however, if a composite is not possible the measures could be included individually. Additionally, this measure or a composite of measures could be linked with the CABG resource use measure.
0130 Endorsed	Risk-Adjusted Deep Sternal Wound Infection Rate	Federal: Physician Feedback; Physician Quality Reporting System (PQRS)	Do not include in Physician Compare and VBPM at this time. The Workgroup suggested first to explore the potential of composite of CABG measures that could be incorporated into the program; however, if a composite is not possible the measures could be included individually. Additionally, this measure or a composite of measures could be linked with the CABG resource use measure.
0131 Endorsed	Risk-Adjusted Stroke/Cerebrovascular Accident	Federal: Physician Feedback; Physician Quality Reporting System (PQRS)	Do not include in Physician Compare and VBPM at this time. The Workgroup suggested first to explore the potential of composite of CABG measures that could be incorporated into the program; however, if a composite is not possible the measures could be included individually. Additionally, this measure or a composite of measures could be linked with the CABG resource use measure.

Measure #/ Endorsement Status	Measure Title	Program Alignment	Clinician Workgroup Input - Physician Compare and VBPM
0275 Endorsed	Chronic obstructive pulmonary disease (PQI 5)	Federal: Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; Medicare Shared Savings Program; Physician Feedback	Do not include in Physician Compare and VBPM. Measure should be tested and endorsed for clinician group reporting.
0277 Endorsed	Congestive Heart Failure Admission Rate (PQI 8)	Federal: Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; Medicare Shared Savings Program; Physician Feedback	Do not include in Physician Compare and VBPM. Measure should be tested and endorsed for clinician group reporting.
0418 Endorsed	Screening for Clinical Depression	Federal: Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; Meaningful Use (EHR Incentive Program) - Eligible Professionals; Medicare Shared Savings Program; Physician Feedback; Physician Quality Reporting System (PQRS); HRSA Private: Bridges to Excellence	Include in Physician Compare and VBPM. Identified as a high-priority measure because it addresses a high-impact condition and is included in a MAP family. The Workgroup also suggested that outcome measures addressing depression (e.g., NQF #0710 Depression Remission, #0712 Depression Utilization, PHQ-9 Tool) be considered for inclusion in the programs; some depression outcome measures which are being tested for Stage 2 of Meaningful Use could be incorporated into other clinician programs. This measure is new to group reporting; the measure should be implemented for one year prior to implementation in Physician Compare and VBPM to identify and resolve any implementation issues.
0421 Endorsed	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Federal: Meaningful Use (EHR Incentive Program) - Eligible Professionals; Medicare Shared Savings Program; Physician Feedback; Physician Quality Reporting System (PQRS); HRSA Private: At least one Beacon community; Wellpoint; Buying Value core ambulatory measure	Include in Physician Compare and VBPM. Identified as a high-priority measure because it is a disparities-sensitive outcome measure that is included in multiple MAP families. Recommend one year of reporting to identify implementation issues prior to public reporting. This measure is new to group reporting; the measure should be implemented for one year prior to implementation in Physician Compare and VBPM to identify and resolve any implementation issues.

Measure #/ Endorsement Status	Measure Title	Program Alignment	Clinician Workgroup Input - Physician Compare and VBPM
0543 Endorsed	Adherence to Statin Therapy for Individuals with Coronary Artery Disease	Federal: Physician Feedback; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program	Do not include in Physician Compare and VBPM. Process measure with implementation concerns regarding the ability to obtain pharmacy data.
0553 Endorsed	Care for Older Adults – Medication Review	Federal: Medicare Part C Plan Rating Private: HEDIS; IHA	Do not include in Physician Compare and VBPM. Process measure.
0555 Endorsed	Monthly INR Monitoring for Individuals on Warfarin	Federal: Physician Feedback; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program	Do not include in Physician Compare or VBPM. Other outcome measures assess care for cardiovascular conditions.
0576 Endorsed	Follow-Up After Hospitalization for Mental Illness	Federal: Children’s Health Insurance Program Reauthorization Act Quality Reporting; Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; Medicare Part C Plan Rating; Physician Feedback; Physician Quality Reporting System (PQRS) Private: Wellpoint; HEDIS; Buying Value core ambulatory measure	Include in Physician Compare and VBPM. Identified as a high-priority measure because it promotes alignment, assesses care across settings, and addresses vulnerable populations.
0577 Endorsed	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	Federal: Medicare Part C Plan Rating; Physician Feedback; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program Private: Wellpoint; HEDIS	Do not include in Physician Compare or VBPM. Process measure. Explore creating a composite of all COPD measures then linking that composite with the COPD resource use measure.

Measure #/ Endorsement Status	Measure Title	Program Alignment	Clinician Workgroup Input - Physician Compare and VBPM
0583 Endorsed	Dyslipidemia new med 12-week lipid test	Federal: Physician Feedback; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program Private: Wellpoint; Resolution Health	Do not include in Physician Compare or VBPM. Process measure. NQF #0075 lipid-control outcome measure is preferred.
0643 Endorsed	Cardiac Rehabilitation Patient Referral From an Outpatient Setting	Federal: Hospital Outpatient Quality Reporting; Physician Quality Reporting System (PQRS) Private: Bridges to Excellence; Alternative Quality Contract AACVPR registry	Do not include in Physician Compare or VBPM. Process measure.
0729 Endorsed	Optimal Diabetes Care	Federal: Medicare Shared Savings Program; Physician Quality Reporting System (PQRS) Private: At least one Beacon community	Include in Physician Compare and VBPM. Identified as a high-priority measure because it is a composite measure for a high-impact condition. Additionally, the measure promotes alignment across federal and private programs. This measure is new to group reporting; the measure should be implemented for one year prior to implementation in Physician Compare and VBPM to identify and resolve any implementation issues.
M1990 Not Endorsed	Breast Cancer Screening	Federal: Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; Meaningful Use (EHR Incentive Program) - Eligible Professionals; Medicare Part C Plan Rating; Medicare Shared Savings Program; Physician Feedback; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program Private: eValue8; HEDIS; IHA; AHIP survey - Measures used by a Majority of Health Plans; Buying Value core ambulatory measure	Include in Physician Compare and VBPM once the measure is updated to reflect new guidelines and is NQF endorsed.

Measure #/ Endorsement Status	Measure Title	Program Alignment	Clinician Workgroup Input - Physician Compare and VBPM
M1204 Not Endorsed	ACO 21 (ACO-Prev-11) (CMS): Preventive Care and Screening: Screening for High Blood Pressure	Federal: Medicare Shared Savings Program	Do not include in Physician Compare or VBPM. Another measure (NQF #0018) assesses the same concept.
M2275 Not Endorsed	Preventive Care and Screening: Screening for High Blood Pressure and Follow up Documented	Federal: Meaningful Use (EHR Incentive Program) - Eligible Professionals; Physician Quality Reporting System (PQRS)	Do not include in Physician Compare or VBPM. Another measure (NQF #0018) assesses the same concept.
M1170 Not Endorsed	ACO 8 (CMS): Risk-Standardized, All Condition Readmission	Federal: Medicare Shared Savings Program	Do not include in Physician Compare or VBPM. This is a high-priority measure concept but has not been tested or endorsed for clinician level measurement.
M2117 Not Endorsed	ACO 11 (CMS): Percent of Primary Care Physicians who Successfully Qualify for an EHR Program Incentive Payment	Federal: Medicare Shared Savings Program	Do not include in Physician Compare or VBPM. The Workgroup suggested that Physician Compare should identify if individual clinicians have successfully qualified for a Medicare or Medicaid EHR incentive.
M2580 Not Endorsed	All Cause Readmissions	Federal: Value-Based Payment Modifier Program	Do not include in Physician Compare or VBPM. This is a high-priority measure concept but has not been tested or endorsed for clinician level measurement.
N/A Not Endorsed	PQI 92 Chronic Composite		Do not include in Physician Compare and VBPM. Measure should be tested and endorsed for clinician group reporting.

Measure #/ Endorsement Status	Measure Title	Program Alignment	Clinician Workgroup Input - Physician Compare and VBPM
N/A Not Endorsed	PQI 91 Acute Composite		Do not include in Physician Compare and VBPM. Measure should be tested and endorsed for clinician group reporting.