MEASURE APPLICATIONS PARTNERSHIP

CONVENED BY THE NATIONAL QUALITY FORUM

MEETING MATERIALS

for

COORDINATING COMMITTEE IN-PERSON MEETING

JANUARY 5-6, 2012

MAP Coordinating Committee January 5-6, 2012 In-Person Meeting
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NATIONAL QUALITY FORUM
MEASURE APPLICATIONS PARTNERSHIP

Coordinating Committee
In-Person Meeting #5

NQF Conference Center 9th Floor
1030 15th Street, NW
Washington, DC 20005

Dial: 888-329-8895
Passcode: 5762044

DAY 1 AGENDA: JANUARY 5, 2012

Meeting Objectives:

- *Review input from MAP workgroups regarding measure sets for federal programs;*
- *Consider opportunities for alignment across programs, including input from MAP Dual Eligible Beneficiaries Workgroup and care coordination measures;*
- *Identify measure gaps for each program measure set;*
- *Finalize input to Department of Health and Human Services (HHS) on measures for use in federal programs.*

8:30 am **Breakfast**

9:00 am **Welcome, Review of Meeting Objectives, and Pre-Rulemaking Process**
George Isham and Beth McGlynn, Committee Co-Chairs
Connie Hwang, Vice President, Measure Applications, NQF

9:30 am **MAP Vision and Opportunities for Alignment Across Programs**
George Isham
Alice Lind, MAP Dual Eligible Beneficiaries Workgroup Chair
Tom Valuck, Senior Vice President, Strategic Partnerships, NQF
- *MAP vision for aligned performance measurement*
- *Review input from Dual Eligible Beneficiaries Workgroup*

10:30 am **Review and Finalize Pre-Rulemaking Input for Clinician Programs**
George Isham
Mark McClellan, MAP Clinician Workgroup Chair

12:00 pm **Lunch**

12:30 pm **Review and Finalize Pre-Rulemaking Input for Clinician Programs (continued)**
George Isham
Mark McClellan

1:45 pm	**Opportunity for Public Comment**
2:00 pm	**Break**
2:15 pm	**Review and Finalize Pre-Rulemaking Input for PAC/LTC Programs** *Beth McGlynn* *Carol Raphael, MAP PAC/LTC Workgroup Chair*
4:30 pm	**Opportunity for Public Comment**
4:45 pm	**Summary of Day 1 and Look-Forward to Day 2** *Beth McGlynn*
5:00 pm	**Adjourn for the Day**

National Quality Forum
Measure Applications Partnership

Coordinating Committee
In-Person Meeting #5

Day 2 Agenda: January 6, 2012

8:30 am	**Breakfast**
9:00 am	**Welcome and Recap of Day 1** *George Isham*
9:15 am	**Review and Finalize Pre-Rulemaking Input for Hospital Programs** *George Isham* *Frank Opelka, MAP Hospital Workgroup Chair*
11:45 am	**Opportunity for Public Comment**
12:00 pm	**Working Lunch**
12:30 pm	**Alignment Across Programs; Prioritization of Gap Areas for Measure Development, Testing, and Endorsement** *Beth McGlynn* *Connie Hwang*
1:00 pm	**Feedback on Approach and Progress to Date; Input on Future Direction** *George Isham*
1:50 pm	**Next Steps** *Beth McGlynn*
2:00 pm	**Adjourn**

Measure Applications Partnership

Coordinating Committee

In-Person Meeting #5

January 5-6, 2012

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

Meeting Objectives

- *Review input from MAP workgroups regarding measure sets for federal programs;*
- *Consider opportunities for alignment across programs, including input from MAP Dual Eligible Beneficiaries Workgroup and care coordination measures;*
- *Identify measure gaps for each program measure set;*
- *Finalize input to HHS on measures for use in federal programs.*

Day 1 Agenda

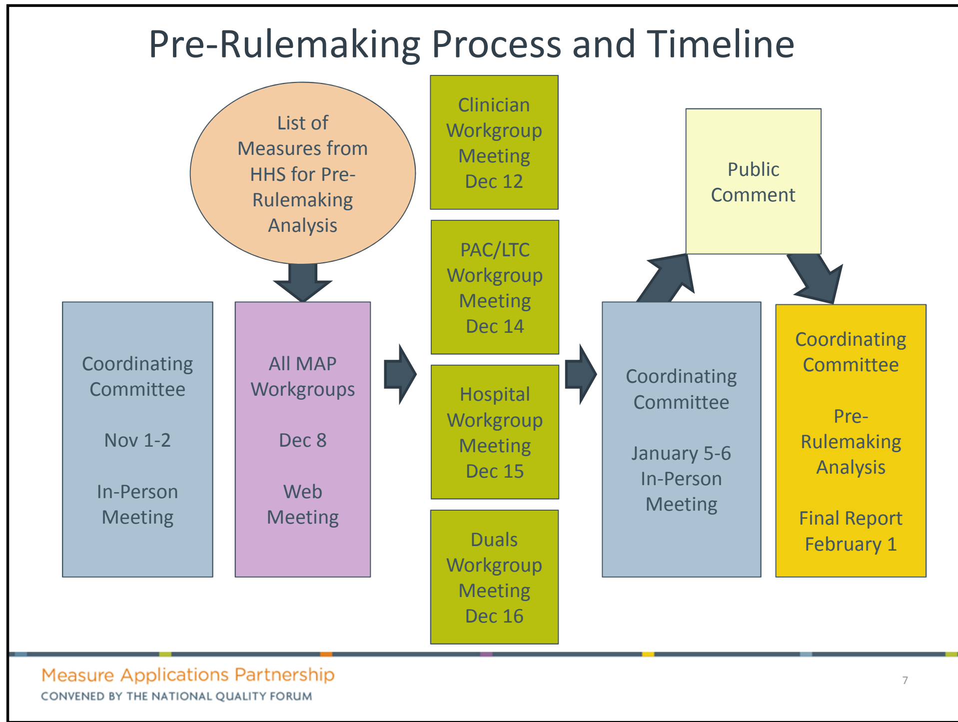
- *Welcome, Review of Meeting Objectives, and Pre-Rulemaking Process*
- *MAP Vision for Aligned Performance Measurement*
- *Opportunity for Alignment Across Programs: Review input from Dual Eligible Beneficiary Workgroup*
- *Review and Finalize Pre-Rulemaking Input for Clinician Programs*
- *Review and Finalize Pre-Rulemaking Input for PAC-LTC Programs*
- *Summary of Day 1 and Look-Forward to Day 2*

MAP Coordinating Committee Charge

The charge of the Measure Applications Partnership Coordinating Committee is to:

- **Provide input to HHS on the selection of performance measures for use in public reporting, performance-based payment, and other programs;**
- Advise HHS on the coordination of performance measurement strategies across public sector programs, across settings of care, and across public and private payers;
- Set the strategy for the two-tiered Partnership; and
- Give direction to and ensure alignment among the MAP advisory workgroups.

MAP Pre-Rulemaking Process



Review of Finalized MAP Measure Selection Criteria

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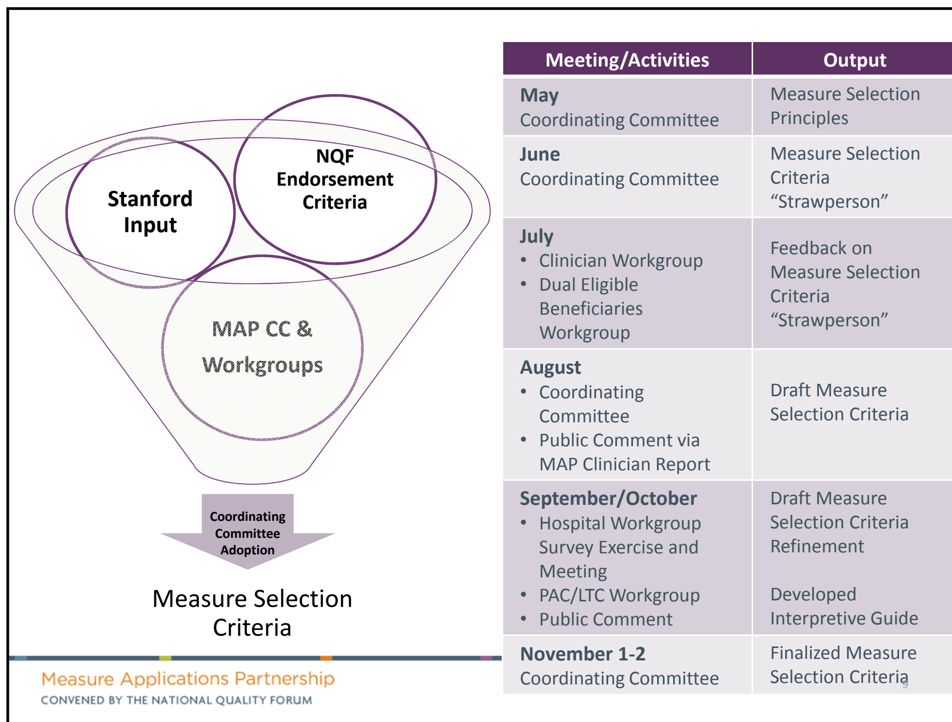

Meeting/Activities	Output
May Coordinating Committee	Measure Selection Principles
June Coordinating Committee	Measure Selection Criteria "Strawperson"
July • Clinician Workgroup • Dual Eligible Beneficiaries Workgroup	Feedback on Measure Selection Criteria "Strawperson"
August • Coordinating Committee • 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

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**

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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

- Committee members have the following documents for each program:
  - Coordinating Committee discussion guide
  - Considerations from the Dual Eligible Beneficiaries Workgroup
  - Reference materials:
    - *Workgroup discussion guide with findings and conclusions*
    - *Program summary sheet*
    - *Program measure chart*
    - *Individual measure information*

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Pre-Rulemaking Task Discussion Guide (DRAFT Example)

Provides stepwise approach for the workgroup meeting

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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 use in LTCH's

DRAFT

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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, CM
requirements for inpatient rehabilitation facilities (IRFs). S
failure to report quality data will result in a 2% reduction i
the data must be made available to public, with IRFs provi
prior to its release.[i] Two measures are required for FY 201
future years. Program Priorities and Goals:

Statutory Requirements for Measures[ii]:

- 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-Endorsed®	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

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Pre-Rulemaking Task Program Measure Chart (DRAFT Example)

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

Inpatient Rehabilitation Facility Quality Reporting Program

Measure Name	NQF Measure # and Status	NQS Priority: Safer Care	NQS Priority: Care Coordination	NQS Priority: Prevention/treatment leading causes of mortality/	NQS Priority: Person and Family Centered Care	NQS Priority: Better health in communities	NQS Priority: Affordable Care	Condition/Topic Area	Aligned w/ Program Attributes	Measure Type	Spans E...	Address...	... etc)	... to
Functional Outcome Measure (change from)	Not NQF Endorsed		X					Care Coordination	Yes	Outcome	Yes	No	Aligns with PAC/LTC core concepts. Potential issue of parsimony with other funcational outcome measures?	Measure under consideration 1
Functional Outcome Measure (change in mobility)	Not NQF Endorsed		X					Care Coordination	Yes	Outcome	Yes	No	Aligns with PAC/LTC core concepts.	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

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Pre-Rulemaking Task Individual Measure Information (DRAFT Example)

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

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

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

Provides specific considerations from the Dual Eligible Beneficiaries Workgroup

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- … eligible for both Medicare and Medicaid comprise a heterogeneous … red by either program. Despite their particularly intense and complex n… individuals are often highly fragmented. HHS is pursuing several stra… beneficiaries, including tasking MAP with considering the implicatio… up.

General Principles for Measure Selection

In reviewing potential measures for individual programs, consider th… measurement can provide the most leverage in improving the overa… coordination, screening and assessment, mental health and substanc… as which are collectively being considered a draft core set is provided …

Also consider that the following issues are strongly related to quality…

- **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. Transactions 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.

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MAP Vision for Aligned Performance Measurement

MAP Vision for Aligned Performance Measurement

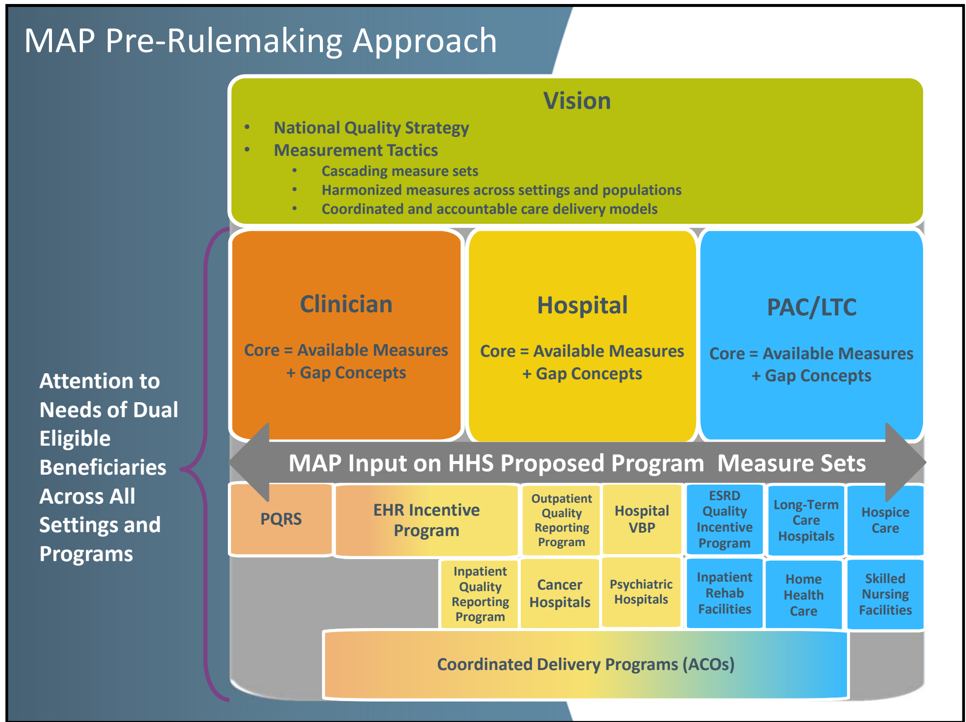
The draft vision:

- Drives toward achievement of the National Quality Strategy,
- Emphasizes patient-centered measurement,
- Points to cascading measures and core measure sets as tactics to achieve alignment, and
- Focuses on coordination across settings and populations.

HHS National Quality Strategy Aims and Priorities

Tobacco Use/Cessation Cascade

National Priority: Promote the most effective prevention, treatment, and intervention practices for the leading causes of mortality, starting with cardiovascular disease.	
Promote cardiovascular health through community interventions that result in improvement of social, economic, and environmental factors.	• Access to healthy foods • Access to recreational facilities • **Use of tobacco products by adults and adolescents** • Consumption of calories from fats and sugars • Control of high blood pressure • Control of high cholesterol
Promote cardiovascular health through interventions that result in adoption of the most important healthy lifestyle behaviors across the lifespan.	
Promote cardiovascular health through receipt of effective clinical preventive services across the lifespan in clinical and community settings.	



Opportunity for Alignment Across Programs: Review Input from Dual Eligible Beneficiaries Workgroup

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Why Consider Dual Eligible Beneficiaries?

- HHS has identified the dual eligible beneficiary population as a priority consideration for all MAP tasks. In providing input to HHS on measurement programs, MAP must consider the implications for the country's 9 million Medicare-Medicaid enrollees
- Many of the poorest and sickest individuals in the health system are dual eligible beneficiaries. The group is disproportionately expensive and provides an important opportunity to address the affordability aspect of National Quality Strategy.
- Dual eligible beneficiaries are served in every part of the health and long-term care systems, but they do not have their own Federal measurement program.
- In order to expand the use of measures that are relevant to duals' unique needs, those types of measures must be added to existing programs.

Role of Input in Pre-Rulemaking Deliberations

- Did the other MAP workgroups properly account for the draft duals core measures and the five high-leverage opportunity areas?
  - Quality of Life
  - Care Coordination
  - Screening and Assessment
  - Mental Health and Substance Use
  - Structural Measures
- Which measure gaps are most important and can help to drive alignment across programs?

Results of PAC/LTC Workgroup Deliberations

Setting or Program Issues in PAC/LTC	Additional Gaps
Person- and family-centeredness, delivering services in the least intense setting possible, fidelity to a plan of care that incorporates goals and promotes self-determination, medication management, and care coordination/transitions	Identification and treatment of mental illness, communication across an integrated care team, appropriate prescribing and dosing, caregiver support, cost/resource use, structural measures of HIT

- Strong agreement between PAC/LTC Workgroup and Dual Eligible Beneficiaries Workgroup
- Core concepts, lists of gaps, and discussion themes significant overlap and reinforce each other:
  - Pain management
  - Functional status
  - Care coordination /transitions
  - Patient experience
  - Mental health

Results of Clinician Workgroup Deliberations

Setting or Program Issues for Clinicians	Additional Gaps
Screening, ongoing assessment, and management of chronic conditions (including mental illness); care coordination through primary care or other medical home; and medication management	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

- Clinician Workgroup supported the addition or inclusion of measures related to:
  - Mental Health, particularly depression
  - Care Coordination: medication reconciliation, care transitions, communication
  - Patient Experience
- Many measures in Draft Duals Core Set previously finalized for use in programs
- Reinforced previously identified measure gaps, including functional status, cost/resource use, palliative and end-of-life care

Results of Hospital Workgroup Deliberations

Setting or Program Issues for Hospitals	Additional Gaps
Person-centeredness, patient safety, medication management, care coordination/transitions, and readmissions from both community and long-term care settings	Geriatric measures, cross-condition measures, informed decision making, advance care planning, appropriateness of initial hospital admission, discharge planning and coordination of follow-up care

- Limited overlap in core concepts, measure gaps, and discussion themes between Hospital Workgroup and Dual Eligible Beneficiaries Workgroup
- Patient safety and care coordination were areas of agreement, but significant opportunity for alignment remains
- Two measures in the Draft Duals Core Set were under consideration for hospital programs; both were supported for inclusion

Measure Gaps for Hospital Programs

The Dual Eligible Beneficiaries Workgroup found the measures under consideration for hospital programs to be narrow and condition-specific.

Members discussed the gaps and prioritized measures that apply to dual eligible beneficiaries during a hospitalization.

- Risk of deterioration or loss of function during inpatient stay
  - Assessment of level of function upon admission and at discharge
  - Geriatric measures (i.e., presence of delirium, polypharmacy)
  - Mobilization during inpatient stay
  - Appropriateness of initial hospital admission
- Care Coordination and Transitions
  - Discharge planning
  - Medication reconciliation
  - Coordination of follow-up care

Impact Across Workgroups

- All ten measures in the draft core already finalized for use in Federal programs continued to be supported
- Four of five measures in the draft core under consideration for use in Federal programs were supported for addition or for further exploration and refinement
  - Exception: Clinician Workgroup did not support *Falls: Screening for Fall Risk (#0101)* for Meaningful Use program based on parsimony
- One measure from the draft core which was not under consideration by HHS for use in a program was explicitly added
  - PAC/LTC Workgroup supported addition of *Assessment of Health-related Quality of Life (#0260)* to ESRD Quality Reporting program
- Many measures related to the five opportunity areas were discussed and supported
- Workgroups considered the role of stratification in identifying disparities experienced by dual eligible beneficiaries or others with similar characteristics

Considerations for Strategic Alignment

- Take a cross-cutting approach, except when high-impact conditions must be considered.
  - Broaden denominators as much as clinical evidence allows, but allow for exclusions so as not to diminish patient choice.
- Consider fewer, more broadly applicable measures (e.g., outcome measures) for use in Federal accountability programs.
  - More precise measure arrays can be used for targeted internal quality improvement efforts.
- Explore stratification of measures to reveal and reduce disparities.
- Push measurement forward in the areas of care coordination and shared accountability, while keeping the individual and his/her goals at the center.
- Increase emphasis on behavioral health issues throughout the system.

Discussion

Review and Finalize Pre-Rulemaking Input for Clinician Programs

10:30 am -12pm
12:30 pm – 2pm
Discussion Guide Items #3-8

Clinician Measurement Programs

The Clinician Workgroup considered the following program measure sets:

- Value-Based Payment Modifier
  - Reviewed core measures
  - Confirmed previous workgroup evaluation of the program measure set
  - Reviewed 10 measures under consideration
- Physician Quality Reporting System (PQRS)
  - Reviewed 158 measures under consideration
- Medicare and Medicaid EHR Incentive Program (Meaningful Use)
  - Reviewed 92 measures under consideration
- Medicare Shared Savings Program (Accountable Care Organizations)
  - Evaluated the finalized program measure set

Committee Guidance

For each program in the discussion guide, the Committee must decide:

- Agreement with the workgroup's assessment?
- Additional gaps?
  - Gaps to emphasize or de-emphasize?
- Other program-specific questions?

Opportunity for Public Comment

Review and Finalize Pre-Rulemaking Input for PAC-LTC Programs

2:15pm - 4:45pm
Discussion Guide Items #9-16

Workgroup Input

The PAC/LTC Workgroup considered the following program measure sets:

- Inpatient Rehabilitation Facility Quality Reporting
  - Review 8 measures under consideration
- Long-Term Care Hospital Quality Reporting
  - Review 8 measures under consideration
- Home Health Quality Reporting
  - Confirm previous workgroup evaluation of Home Health Compare
  - Consider additional Home Health Quality Reporting measures for Home Health Compare
- Nursing Home Quality Initiative and Nursing Home Compare
  - Confirm previous workgroup evaluation of the program measure set
- End Stage Renal Disease Quality Improvement
  - Review 5 measures under consideration
- Hospice Quality Reporting
  - Review 6 measures under consideration

Committee Guidance

For each program in the discussion guide, the Committee must decide:

- Agreement with the workgroup's assessment?
- Additional gaps?
  - Gaps to emphasize or de-emphasize?
- Other program-specific questions?

Opportunity for Public Comment

Summary of Day 1 and Look-forward to Day 2

Welcome and Recap of Day 1

Recap of Day 1 – Overarching Themes

- Emphasize person-/family-centeredness across all populations
  - Dual eligible population is only one example
  - Focus on patient experience and functional status measures
- Incorporating health into the measurement continuum
- Consider measurement implications for individuals with multiple chronic conditions
- Identify and prioritize gaps with recommendations for next steps
  - Detailed discussion on implementing CG-CAHPS
  - Further development and testing for CTM-3 across settings

Recap of Day 1 – Overarching Themes

- Feedback loop from CMS to the MAP for implementation experiences and understanding unintended consequences
- HIT adoption is important but alone does not solve all measurement or care delivery issues
  - Few places have both the systems thinking and HIT capability to take full advantage of HIT

Recap of Day 1 – Clinician Performance Measurement Programs – Overall Themes

- CG-CAHPS should be applied across all clinician programs with further exploration of alternative methods for implementation
  - Interactive voice recognition phone calls?
  - Time-limited implementation support from CMS?
- Foster public-private alignment through incorporating MOC/registry measures
- Need a greater transparency of cost

Recap of Day 1 – Clinician Performance Measurement Programs

- Value-Based Payment Modifier
  - Balance between promoting shared accountability and recognizing challenges in appropriate individual clinician level attribution
- PQRS
  - Balance between broad participation and “check box”/“low bar” measures
- Meaningful Use
  - Include e-specified clinical measures with prioritization of cross-cutting and longitudinal HIT-enabled/-sensitive measures
- Medicare Shared Savings Program
  - While incentive is shared savings, the program should include cost measures for transparency

Recap of Day 1 – PAC-LTC Performance Measurement Programs – Overall Themes

- Many PAC-LTC core concepts not addressed in programs
- Prioritization of gaps:
  - Function
  - Cost
  - Shared decision making
  - Patient/family/caregiver experience
  - Mental health

Recap of Day 1 – PAC-LTC Performance Measurement Programs

- IRF/LTCH
  - Support patient and staff immunization measures
- Nursing Home and Home Health Compare
  - Support adding increase in pressure ulcer outcome measure (NQF # 0181)
- ESRD
  - Add depression and care coordination measure gaps
- Hospice
  - Think of end-of-life needs more broadly beyond just a hospice benefit

Day 2 Agenda

- *Welcome and Recap of Day 1*
- *Review and Finalize Pre-Rulemaking Input for Hospital Programs*
- *Alignment Across Programs; Prioritization of Gap Areas for Measure Development, Testing, and Endorsement*
- *Feedback on Approach and Progress to Date; Input on Future Direction*
- *Summation and Path Forward*

Review and Finalize Pre-Rulemaking Input for Hospital Programs

9:15am – 12pm
Discussion Guide Items #17-28

Hospital Measurement Programs

The Hospital Workgroup considered the following program measure sets:

- Inpatient Quality Reporting (IQR)
  - Reviewed 21 measures under consideration and finalized measures
- Hospital Value-based Purchasing (VBP)
  - Reviewed 13 measures under consideration and finalized measures
- Outpatient Quality Reporting (OQR)
  - Reviewed finalized measures
- Medicare and Medicaid EHR Incentive Program for Hospitals and Critical Access Hospitals (Meaningful Use)
  - Reviewed 36 measures under consideration and finalized measures
- Ambulatory Surgical Center (ASC) Quality Reporting
  - Reviewed finalized measures
- Inpatient Psychiatric Facility Quality Reporting
  - Reviewed 6 measures under consideration
- PPS-Exempt Cancer Hospital Quality Reporting
  - Reviewed 5 measures under consideration

Committee Guidance

For each program in the discussion guide, the Committee must decide:

- Agreement with the workgroup's assessment?
- Additional gaps?
  - Gaps to emphasize or de-emphasize?
- Other program-specific questions?

Opportunity for Public Comment

Alignment Across Programs; Prioritization of Gap Areas for Measure Development

Care Coordination Measures

Care Coordination Measures – Care Transitions

- All workgroups generally supported care coordination measures that focused on transitions of care.

Clinician Workgroup	Hospital Workgroup	PAC-LTC Workgroup
• Supported CTM-3 (NQF #0228) if successfully developed, tested, and endorsed at the clinician level	• Supported immediate inclusion of CTM-3 measure and urge for it to be included in the existing HCAHPS survey • Supported several discharge planning measures (i.e., NQF #0338, 0557, 0558)	• Supported CTM-3 if successfully developed, tested, and endorsed in PAC-LTC settings • Identified specific measure for further exploration for its use in PAC-LTC settings (i.e., NQF #0326, 0647)

0228 **3-Item Care Transition Measure (CTM-3)**, *University of Colorado Health Sciences Center*
0338 **Home Management Plan of Care Document Given to Patient/Caregiver**, *Joint Commission (TJC)*
0557 **HBIPS-6 Post-Discharge Continuing Care Plan Created,** *TJC*
0558 **HBIPS-7 Post-Discharge Continuing Care Plan Transmitted to Next Level of Care Provider Upon Discharge**, *TJC*
0326 **Advance Care Plan**, *NCQA*
0647 **Transition Record with Specified Elements Received by Discharged Patients (Inpatient Discharges to Home/Self Care or Any Other Site of Care)**, *AMA-PCPI*

Care Coordination Measures – Readmissions

- All workgroups generally supported care coordination measures that focused on readmissions.

Clinician Workgroup	Hospital Workgroup	PAC-LTC Workgroup
• Readmission measures are a priority measure gap and serve as a proxy for care coordination	• Generally supportive of the hospital-wide readmission measure but were split on supporting for immediate inclusion given the measure is still undergoing endorsement review	• Identified avoidable admissions/readmissions (both hospital and ED) as priority measure gaps

Hospital-Wide Readmission (undergoing NQF endorsement process), *CMS*
MEASURE DESCRIPTION: Hospital-wide, all-cause, risk standardized readmission rate following hospitalization for all conditions and procedures, except those excluded.

Care Coordination Measures – Rx Reconciliation

- All workgroups generally supported care coordination measures that focused on medication reconciliation.

Clinician Workgroup	Hospital Workgroup	PAC-LTC Workgroup
• Supported inclusion of measures that can be utilized in an HIT environment including medication reconciliation measure (NQF # 0554) under consideration	• Recognized the importance of medication reconciliation upon both admission and discharge, particularly with the dual eligible beneficiaries and psychiatric populations.	• Identified specific measure for further exploration for its use across all PAC-LTC settings (i.e., NQF #0097)

0097 **Medication Reconciliation**, *NCQA*

MEASURE DESCRIPTION:
Percentage of patients aged 65 years and older discharged from any inpatient facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing on-going care who had a reconciliation of the discharge medications with the current medication list in the medical record documented.

Prioritized Gaps

- Gaps within program measure sets versus "true" gaps where no measures exists
- CMS should have focused funding for measure development on prioritized gap areas identified by MAP
- Identified priorities for both measure development and implementation in programs:
  - Care coordination
  - Cost/resource use
  - Functional status
  - Appropriateness of level of care (e.g., hospital)
  - Sub-specialty
  - Population health
  - Maternal and pediatric
  - Patient-reported (e.g., care experience)
  - Measures to assess unintended consequences (e.g., proportion of patients in hospital observation with subsequent admission, etc.)

Feedback on Approach and Progress to Date; Input on Future Direction

Committee Questions

- As we near the end of the first phase of MAP's work, what feedback do you have about the structure, processes, and deliverables?
- What guidance do you have for enhancing MAP's function for its next phase of work?

Next Steps

Upcoming Meetings

MAP Public Web Meeting
February 17, 2012, 2-4pm EST

Coordinating Committee Web Meeting
February 24, 2012, 2-4pm EST

Coordinating Committee In-Person Meeting
March 15-16, 2012

Coordinating Committee Discussion Guide

Tab 1

NATIONAL QUALITY FORUM
MEASURE APPLICATIONS PARTNERSHIP

Coordinating Committee
Pre-Rulemaking Discussion Guide
January 5-6, 2012

Meeting Objectives:

- *Review input from MAP workgroups regarding measure sets for federal programs;*
- *Consider opportunities for alignment across programs, including input from MAP Dual Eligible Beneficiaries Workgroup and care coordination measures;*
- *Identify measure gaps for each program measure set;*
- *Finalize input to Department of Health and Human Services (HHS) on measures for use in federal programs.*

Time	Issue/Question	Factors for Consideration
	MAP Vision and Opportunities for Alignment Across Programs	
9:30	**1.** MAP Vision for Aligned Performance Measurement *Do you have suggestions for enhancing the draft MAP vision?*	• Refer to the vision section of the Coordinating Committee reaction draft Pre-Rulemaking Report. • The draft vision emanates from the National Quality Strategy, emphasizes patient-centered measurement, points to cascading measures and core measure sets as tactics to achieve alignment, and focuses on coordination across settings and populations. • Adopt MAP vision, with any Coordinating Committee enhancements.
9:50	**2.** Opportunities for Alignment: Input from the Dual Eligible Beneficiaries Workgroup *Did the MAP workgroups adequately account for the dual eligible beneficiaries core measures and high-leverage measurement opportunities?*	• The Dual Eligible Beneficiaries Workgroup provided input to other workgroups and recommended support for individual measures and/or measure domains identified as important for the dual eligible beneficiary population. • The Dual Eligible Beneficiaries Workgroup debated quality issues most important to measure during hospitalization. • All measures in draft core already finalized for use in Federal programs continued to be supported. • All but one measure in the draft core under consideration for use in Federal programs were supported for addition or for further exploration. • One measure from the draft core not previously under consideration by HHS for use in a

		program was explicitly added. • Issues raised for this population are broadly applicable and can help to drive strategic alignment across programs.
	Clinician Performance Measurement Programs	

10:30	**3.** Overview of Programs Evaluated by Clinician Workgroup	• Value-Based Payment Modifier Program
		  o Confirmed previous workgroup evaluation of the program measure set
		  o Reviewed 10 measures under consideration
		• Physician Quality Reporting System (PQRS)
		  o Reviewed 158 measures under consideration
		• Medicare and Medicaid EHR Incentive Program (Meaningful Use)
		  o Reviewed 92 measures under consideration
		• Medicare Shared Savings Program (Accountable Care Organizations)
		  o Evaluated the finalized program measure set

	4. Gaps and Themes Identified Across Clinician Performance Measurement Programs
	
	Do you agree that CG-CAHPS should be applied across clinician performance measurement programs?
	
	Are there additional priority gaps to consider?
		• The Clinician Workgroup identified several high priority gaps across all of the clinician performance measurement programs, including:
		  o Patient experience measures. Applying CG-CAHPS across the programs would address the patient experience gap; however, consideration will need to be given to the cost of survey implementation.
		  o Cross-cutting measures that span conditions and specialties
		  o Patient reported measures
		  o Preference-sensitive end-of-life care
		  o Care planning, shared decision making
		  o Cost of care, including total cost and clinician resource use
		
		• In considering measures in the Dual Eligible Beneficiaries Workgroup core measure set, the Clinician Workgroup identified measures that should be included across clinician programs:
		  o Encouraging the development and testing of the CTM-3 (NQF# 0228) for use in ambulatory settings
		  o Prioritizing the inclusion of mental health measures

		• Across programs, the finalized measures include measures that are not NQF-endorsed. The workgroup suggested removing measures that are retired or have been submitted but were not endorsed. Other measures that are not NQF-endorsed should be submitted for endorsement, and if those measures are not endorsed, they should be removed from the programs. • The workgroup reiterated the need to promote alignment across federal programs (particularly between clinician and hospital outpatient programs) and more broadly with the private sector by using the same measures, where possible. Specifically, the workgroup suggested: o Review families of measures (e.g. care coordination measures, condition-specific measure sets) to ensure that harmonized measures are being utilized across each level of the system and to achieve parsimonious measure sets o Incorporate measures that are used in Medical Specialty Boards' maintenance of certification programs to reduce clinician burden
	5. Pre-Rulemaking Input on Value-Based Payment Modifier Program Measures *For the measures listed in each bullet, do you agree that they should be recommended for further development?*	• The workgroup supports the direction of all the measures under consideration as the measures address priority gaps but are not ready for application. o One measure, NQF #0097, Post-Discharge Medication Reconciliation, is best enabled in an HIT environment and should be added to meaningful use. o NQF #0036, Use of Appropriate Medications for Asthma, should be harmonized with a measure in the finalized measure set. o The other measures have not been tested for individual clinician-level measurement. The measures may have feasibility issues with regard to attribution and risk-adjustment. • Measures under consideration = 10 o Support = 0 o Do not support = 0 o Support direction = 10
	6. Pre-Rulemaking Input on Physician	• Recognizing a goal of PQRS is to have measures that are applicable to all clinicians, the

	Quality Reporting System Program Measures
	
	Do you agree with the workgroup's assessment?
		workgroup supported the addition of several endorsed measures.
		
		• Many of the measures under consideration have little information. In the absence of information on any current use or testing, the workgroup is unable to support including any of these measures. However, the workgroup recognized some of these measures appear to be cross-cutting and could fill measure gaps.
		
		• Measures under consideration = 153
		  ○ Support = 17
		  ○ Do not support = 120
		  ○ Support direction = 16

12:30	**7.** Pre-Rulemaking Input on Medicare and Medicaid EHR Incentive Program for Eligible Professionals (Meaningful Use) Program Measures
	
	What is the strategic goal of the Meaningful Use program? Based on the desired strategic goal, which option (1 or 2) is better suited for selecting measures for the Meaningful Use Program?
		• The workgroup noted that a focus of the Meaningful Use program is to encourage HIT adoption to enhance interoperability and enable collection of HIT-sensitive information. The workgroup agreed that Meaningful Use measures should be patient-centered, cross-cutting measures (e.g., across diseases/conditions, specialties, settings) to enhance interoperability and coordination from a patient perspective. Alternatively, the Meaningful use measures could be very broad, capturing both cross-cutting and disease-specific eMeasures.
		
		• The workgroup developed two options for further consideration by the Coordinating Committee:
		
		Option 1: Meaningful Use measures include a broad set of measurement options:
		• Support the inclusion of NQF-endorsed measures that have e-specifications.
		• As noted in for Value-Modifier and PQRS program measures, in future years, CMS should focus on measure families with a specific focus on alignment across federal programs and with the private sector.
		
		Option 2: Focus Meaningful Use measures on cross-cutting, HIT-enabled measures:
		• Support the inclusion of NQF-endorsed cross-cutting measures:
		  ○ NQF #0097 Post-discharge Medication Reconciliation
		  ○ NQF #0418 Screening for Clinical Depression and Follow-up Plan

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NQF #0710 Depression Remission at Twelve Months
NQF #0711 Depression Remission at Six Months
NQF #0712 Depression Utilization of PHQ-9 Tool

In addition, propose that the Meaningful Use program allow physicians to get credit for electronically reporting measures through PQRS. NQF-endorsed measures that are not cross-cutting could be added to the PQRS measures if they are not currently part of PQRS.
With this option, it is unclear whether women's and child health measures should be added to PQRS only or to both PQRS and Meaningful Use. PQRS is a Medicare program, so these measures may not be applicable to that program.
Measures under consideration = 92

Support = 5
Do not support = 27
Support direction = 0
Further consideration by MAP Coordinating Committee = 60

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8. Pre-Rulemaking Input on Medicare Shared Savings Program Measure Set

Do you agree with the workgroup's assessment?

Are there additional priority gaps to address?
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Overall, the workgroup agreed that the Medicare Shared Shavings Program measure set is a step closer to the ideal measure set compared to the other clinician programs, as it:

Includes patient experience
Contains a balance of process and outcome measures
Focuses on the key quality issues for the Medicare population

The workgroup noted that some measure gaps in the Medicare Shared Savings Program measure set are also present in other clinician program sets; however, population-level measure gaps, such as community supports and patient-reported measures of health and functional status, experience, and activation, are particularly important gap areas to address for this program.
Finalized measures reviewed = 33

Recommended 3 measures that are not NQF-endorsed to be submitted for endorsement. If measures are ultimately not endorsed, recommend removal from the measure set.

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		PUBLIC COMMENT
	Post-Acute Care and Long-Term Care Performance Measurement Programs	
2:15	**9.** Overview of Programs Evaluated by PAC/LTC Workgroup	• Inpatient Rehabilitation Facility Quality Reporting Program ○ Reviewed 8 measures under consideration ○ Evaluated 2 finalized measures • Long-Term Care Hospital Quality Reporting Program ○ Reviewed 8 measures under consideration ○ Evaluated 3 finalized measures • Home Health Quality Reporting Program ○ Evaluated 23 finalized measures • Nursing Home Quality Initiative and Nursing Home Compare Program ○ Evaluated 18 finalized measures • End Stage Renal Disease Quality Improvement Program ○ Reviewed 5 measures under consideration • Hospice Quality Reporting Program ○ Reviewed 6 measures under consideration ○ Evaluated 2 finalized measures
	10. Measure Gaps Identified Across PAC/LTC Performance Measurement Programs *Are there additional priority gaps that need to be addressed?* *What gaps would you emphasize/de-emphasize?*	• Many of the PAC/LTC core measure concepts are gaps across all the programs, such as functional status and quality of life. Measure development, testing, and endorsement are needed in these areas to obtain a comprehensive picture of care. • The workgroup also identified a few priority gaps that are particularly important to specific settings; ○ IRF: access to community supports post discharge ○ LTCH: delirium, percent of patients returning to the community ○ NH: measures for short-stay residents ○ HH: shared decision-making • In considering further opportunities to align with the Dual Eligible Beneficiaries Workgroup core measure set, the PAC/LTC Workgroup has added mental health to the PAC/LTC core

		measure concepts. • To address care coordination, the workgroup would like to see the CTM-3 (NQF# 0228) applied across all PAC/LTC settings once the measure is endorsed for these settings. The workgroup reiterated the need for measures that assess bi-directional communication across transitions of care.
	11. Pre-Rulemaking Input on Inpatient Rehabilitation Facility Quality Reporting Program Measure Set **12.** Pre-Rulemaking Input on Long-Term Care Hospital Quality Reporting Program Measure Set *Should patient immunization measures (short-stay, long-stay) be used across performance measurement programs for PAC and LTC settings?* *Do you agree with the workgroup's assessment?* *Which measures under consideration would you emphasize/de-emphasize?*	• The workgroup reviewed several measures that are under consideration for both IRFs and LTCHs. • The workgroup supports the direction of several of the measures under consideration: o Staff Immunization (for both IRFs and LTCHs), Preventable VTE (for IRFs), and Ventilator Bundle (for LTCHs) are measures currently in use in other settings and should be added to these programs if they are successfully endorsed for the IRF and LTCH settings. o Pain management and functional outcome measures under consideration address core concepts; however, the measures need to be specified, tested and endorsed for the IRF and LTCH settings. • The workgroup did not reach an agreement on patient immunization measures that are finalized or under consideration for both long- and short-stay residents in any setting, and therefore requested further guidance from the Coordinating Committee. The workgroup noted that because short-stay residents are typically acute patients whose immunizations would be delayed until they are stabilized patient immunization measures would be more appropriate for long-stay patients. Additionally the workgroup noted that performance for patient immunization measures is over 90% for both long- and short-stay patients across PAC/LTC settings. o NQF #0682 Percent of Residents Who Were Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay) o NQF #0680 Patient Immunization for Influenza • Inpatient Rehabilitation Facility Quality Reporting Program

		○ Measures under consideration = 8 ▪ Support = 0 ▪ Do not support = 0 ▪ Support direction = 6 ▪ Needs MAP Coordinating Committee review = 2 • Long-Term Care Hospital Quality Reporting Program ○ Measures under consideration = 8 ▪ Support = 0 ▪ Do not support = 0 ▪ Support direction = 6 ▪ Needs MAP Coordinating Committee review = 2
3:35	**13.** Pre-Rulemaking Input on Home Health Quality Reporting Program Measure Set **14.** Pre-Rulemaking Input on CMS Nursing Home Quality Initiative and Nursing Home Compare Program Measure Set *Do you agree with the workgroup's assessment?* *Do you agree with the addition of NQF #0181 Increase in Number of Pressure Ulcers measure to Home Health Compare?*	• The workgroup concurred with their prior evaluations of the Home Health and Nursing Home Compare measure sets. The workgroup felt the measure sets are adequate; however, they would be improved by addressing the gaps as compared to the previously identified PAC/LTC core measure concepts. • The workgroup requested further consideration by the Coordinating Committee on the addition of NQF #0181 Increase in Number of Pressure Ulcers measure to Home Health Compare. ○ This is an outcome measures; however, the Home Health Compare set already contains four outcomes measures related to pressure ulcers. This measure may be a better option and could be exchanged for another of the currently reported measures.
	15. Pre-Rulemaking Input on End Stage Renal Disease Quality Improvement Program Measure Set	• Measure set is too clinically focused. • Support all endorsed measures under consideration. • The workgroup also supports the inclusion of NQF #0260 Assessment of Quality of Life

	What other aspects of care should the program measure set capture (e.g., care coordination)?
	
	Do you agree with the addition of NQF #0260 Assessment of Quality of Life (Physical & Mental Functioning) measure?
		(Physical & Mental Functioning) measure
		
		• Measures under consideration = 5
		  ○ Support = 2
		  ○ Do not support = 2
		  ○ Support direction = 1

	16. Pre-Rulemaking Input on Hospice Quality Reporting Program Measure Set
	
	Do you agree with the workgroup's assessment on what hospice measures should address?
	
	Are there any measurement areas you would emphasize/de-emphasize for this setting?
		• The workgroup supports the inclusion of all the measures under consideration as they address key aspects of hospice care.
		  ○ The workgroup noted that NQF #0208 Family Evaluation of Hospice addresses a key priority in hospice care, family involvement. Further, the workgroup suggested that this measure be considered more broadly for all end-of-life patients.
		
		• The workgroup also discussed the need to think about end-of-life care more broadly, beyond the Medicare definition for hospice. Additionally, the workgroup noted that the final and proposed measures are very clinically focused; hospice measurement needs to address all aspects of care. Specifically the workgroup suggested hospice measures address:
		  ○ Care coordination
		  ○ Avoidable acute admissions
		  ○ Avoiding unnecessary end of life care
		
		• Measures under consideration = 6
		  ○ Support = 6
		  ○ Do not support = 0
		  ○ Support direction = 0
		
		PUBLIC COMMENT

	Hospital Performance Measurement Programs	
9:15	**17.** Overview of Programs Evaluated by	• Inpatient Quality Reporting Program

(Day 2)	the Hospital Workgroup	Reviewed 21 measures under consideration • Hospital Value-Based Purchasing Program ◦ Reviewed 13 measures under consideration • Inpatient Psychiatric Facility Quality Reporting Program ◦ Reviewed 6 measures under consideration • Hospital Outpatient Quality Reporting Program ◦ There were no new measures under consideration for the OQR program. • Medicare and Medicaid EHR Incentive Program for Hospitals and Critical Access Hospitals (Meaningful Use) ◦ Reviewed 36 measures under consideration • Ambulatory Surgical Center Quality Reporting Measure Set ◦ There were no new measures under consideration for the ASC program. • PPS-Exempt Cancer Hospital Quality Reporting Program ◦ Reviewed 5 measures under consideration
	18. Overarching Themes from Hospital Workgroup Discussions	**Care Coordination** The Hospital Workgroup identified issues of care coordination during their discussions, particularly related to readmissions: • The workgroup had mixed thoughts regarding an “all-cause” approach to readmission measurement versus a “disease-specific” approach. Reporting on an all-cause readmission measure may be most meaningful to consumers and purchasers, while providers value the increased granularity of the disease-specific readmission measures for targeting their improvement activities. The workgroup acknowledged that maintaining both types of readmission measures in the program measure sets could be confusing and is not parsimonious. • The workgroup also discussed the methodology used for distinguishing planned from unplanned readmissions. The workgroup agreed that the approach taken in constructing the readmission measures must be consistent. • The workgroup raised potential unintended consequences of including readmission measures in multiple program measure sets, particularly for hospitals that provide services to vulnerable populations.

		Alignment & Attribution Issues of alignment and attribution were raised at various points throughout the Hospital Workgroup's deliberations. Members of the workgroup were in agreement that the various hospital programs should use the same measures to the extent possible. Beyond alignment across hospital programs, the group strongly supported alignment with clinician and PAC/LTC programs. Specific opportunities noted by the workgroup include: • Aligning the OQR set with clinician programs as more physicians become hospital-affiliated. • Including the 3 cancer-specific measures from the PPS-exempt cancer hospital program in OQR and clinician reporting programs, as applicable. • Coordinating the approaches toward the Meaningful Use program across the clinician and hospital workgroups. When the workgroup considered coordination across programs, issues of shared accountability and attribution arose. Particular examples include the following: • Regarding the ASC program measures, in response to concerns about attribution to the facility versus the clinician, the workgroup agreed that the measures should be patient-centered and that ASCs should be held to the same standards as hospitals. • Regarding the TAM cluster of measures for tobacco and alcohol screening and follow-up, the workgroup questioned the appropriateness of application to the inpatient, rather than outpatient, setting. **Safety** The workgroup engaged in an extensive discussion around use of the HAC (hospital-acquired condition) rates in the IQR and VBP program measure sets. The following issues deserve further consideration by the Coordinating Committee: • The workgroup was strongly in support of using NQF-endorsed equivalents, where available, in lieu of the HAC rates that are currently within the IQR program set and under consideration for the VBP program set. • Use of risk adjustment when measuring HAC rates was raised. The workgroup agreed that true "never events" should not be risk adjusted, while other serious reportable events should be risk adjusted. • Questions were raised regarding the usefulness of public reporting, given the current format

		for this information, as some of these events are extremely rare. • Related to the alignment issues noted above, the HACs are currently included within multiple programs, which causes confusion and potentially multiple penalties.
	19. Measures Gaps for the Inpatient Quality Reporting Program *Are there additional priority gaps that need to be addressed?* *What gaps should be emphasized/de-emphasize?*	The workgroup reviewed 21 new measures under consideration for the IQR program, in the context of the measures that had previously been finalized for the program set. The workgroup had considered the IQR program set at their October meeting and identified the following priority measure gaps: • Child health • Maternal care • Disparities-sensitive measures • Behavioral health, beyond substance abuse • Patient-reported outcomes • Sepsis measures. The workgroup had suggested that sepsis be considered separately from infections as a whole. • Cost and resource use measures

	20. Pre-Rulemaking Input on Inpatient Quality Reporting Program Measure Set
	
	How should the Coordinating Committee resolve the issues that received split votes at the workgroup level?
		There are six measures under consideration for which the workgroup did not reach a majority vote regarding inclusion in the IQR program set. The unresolved issues are as follows:
		
		• Condition-specific AMI (NQF# 0698), Heart Failure (NQF# 0699), and Pneumonia (NQF# 0707) 30-Day Post Discharge Transition Composites
		  ○ The workgroup was **split** on whether or not these measures should be included within IQR at this time. (Voting: 10 support, 8 support direction, 1 not support)
		  ○ It was noted that if the Coordinating Committee would opt to support these measures for immediate inclusion, then parsimony with readmissions measures currently within the program should be considered as well.
		
		• Hospital-Wide Readmission measure
		  ○ The workgroup was **split** regarding whether or not to include this measure in IQR at this time. (Voting: 8 support, 8 support direction, 2 not support)
		  ○ The Workgroup was generally supportive of the Hospital-Wide Readmission measure.

		Given that the measure is still undergoing review in an NQF endorsement project, the group indicated that the measure should receive NQF endorsement prior to being included in the IQR.
		
		• 2 Hip/Knee measures – Complication and 30-Day Readmission
		  o The workgroup was **split** regarding whether the 2 Hip/Knee measures should be included in IQR at this time. (Voting: 7 support, 6 support direction, 4 not support)
		  o Though these measures are currently recommended within an NQF endorsement project, the workgroup agreed it was important that they complete the endorsement process. The group also expressed a parsimony concern about including two additional condition-specific measures.
		
		• Measures under consideration = 21
		  o Support = 2
		  o Do not support = 3
		  o Support direction = 10
		  o Split = 6

	21. Additional Measure Under Consideration for the Inpatient Quality Reporting Program Measure Set *Do you agree with adding the additional measure under consideration to the IQR program measure set?*	On December 22, 2011, after the date of the Hospital Workgroup Pre-Rulemaking meeting, CMS provided edits to their list of measures under consideration including one additional measure under consideration for IQR: • Elective Delivery Prior to 39 Completed Weeks Gestation (NQF #0469) o The workgroup considered and supported this measure for inclusion in the Medicare and Medicaid EHR Incentive Program Hospital (Meaningful Use) measure set. It is also included in the Adult Medicaid Quality Measure Set.
	22. Hospital Value-Based Purchasing Program Measure Gaps *Are there additional priority gaps that need to be addressed?*	The workgroup reviewed 13 new measures under consideration for the VBP program, in light of the measures that had already been finalized for the program measure set. The workgroup had previously considered the VBP program set at their October meeting and identified the following priority measure gaps: • Maternal care

	What gaps should be emphasized/de-emphasize?	• Child health • Behavioral health • Stroke • Diabetes • Disparities–sensitive measures • Cost and resource use measures
	23. Pre-Rulemaking Input on Hospital Value-Based Purchasing Program Measure Set *How should the Coordinating Committee resolve the issues that received split votes at the workgroup level?*	There were two measures under consideration regarding inclusion in the Hospital VBP program set that received a split vote: • Complication/Patient Safety for Selected Indicators (NQF# 0531) ○ The workgroup vote was **split** on inclusion of this measure within VBP. (Voting: 7 support, 4 support direction, 6 not support) ○ There was concern regarding the potentially preventable adverse events included within this composite and the usefulness of reporting them in this manner. • Foreign Body (HAC) ○ The workgroup was **split** on the inclusion of this measure within VBP. (Voting: 1 support, 7 support direction, 9 not support) ○ The workgroup had concerns about the manner in which the events that are extremely rare are reported. • Measures under consideration = 13 ○ Support = 3 ○ Do not support = 4 ○ Support direction = 5 ○ Split = 1
	24. Pre-Rulemaking Input on Inpatient Psychiatric Facility Quality Reporting Program Measure Set	The workgroup discussed the measure exclusions and the settings to which the program will apply which does include psychiatric units in general acute care hospitals. They were pleased that the measures apply to both children and adults and are stratified into 4 age groups.

	Do you agree with the workgroup's assessment?
	
	Are there additional priority gaps that need to be addressed?
		Overall, the workgroup **supported** inclusion of all five the measures under consideration into the program set.
		
		Measure gaps identified include:
		• Measures related to the coordination between inpatient psychiatric care and alcohol/substance abuse treatment
		• Outcome measures for after care – primary care follow-up after discharge; patients keeping follow up appointments
		• Measures that address monitoring of metabolic syndrome for patients on antipsychotic medications
		
		• Measures under consideration = 6
		  ○ Support = 6
		  ○ Do not support = 0
		  ○ Support direction = 0

10:30	**25.** Pre-Rulemaking Input on Outpatient Quality Reporting Program Measure Set *Are there additional priority gaps that need to be addressed?* *Do you agree with the workgroup's recommendation to remove finalized measures from the OQR program measure set?*	There were no new measures under consideration for the OQR program. Priority measure gaps identified by the workgroup at their October and December meetings include: • Outcome measures • Measures that support better health in communities • Disparities-sensitive measures • Weight management • Patient-reported measures of outcomes, shared decision making, experience of care, and family engagement • Cost and efficiency measures The workgroup did consider seven finalized measures within the OQR program measure set and did not support their continued inclusion, as currently specified, in OQR at this time. There was strong agreement that these are important areas for measurement; however, these measures as currently constructed do not work well: • OP-9: Mammography Follow-up Rates

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<tr><td></td><td></td><td>OP-10: Abdomen CT-Use of Contrast Material - for diagnosis of calculi in the kidneys, ureter, and/or urinary tract - excluding calculi of the kidneys, ureter, and/or urinary tract
OP-14: Simultaneous Use of Brain Computed Tomography (CT) and Sinus Computed Tomography (CT)
OP-15: Use of Brain Computed Tomography (CT) in the Emergency Department for Atraumatic Headache
OP–20: Door to Diagnostic Evaluation by a Qualified Medical Professional
OP–22: ED–Patient Left Without Being Seen
OP-25: Safe Surgery Checklist</td></tr>
<tr><td></td><td>26. Pre-Rulemaking Input on the Medicare and Medicaid EHR Incentive Program for Hospitals and Critical Access Hospitals (Meaningful Use) Program Measure Set

How should the Coordinating Committee resolve the issue that received a split vote at the workgroup level?</td><td>There was one measure under consideration for which the workgroup was unable to come to a majority vote regarding inclusion in the program set:
Combined HF-2 Evaluation of left ventricular function (NQF #0135) and HF-3 Angiotensin converting enzyme inhibitor (ACE–I) or angiotensin II receptor blocker (ARB) for left ventricular systolic dysfunction (NQF #0162)
The Workgroup was split on whether or not to include this measure within the MU program set. (Voting: 0 support, 8 support direction, 7 not support)
The workgroup was generally supportive of this combined measure if it helped move toward a more parsimonious set. They were interested to see the measure specifications and understand if the measure would include some kind of weighting.
Measures under consideration = 36
Support = 27
Do not support = 8
Support direction = 0
Split = 1</td></tr>
<tr><td></td><td>27. Pre-Rulemaking Input on Ambulatory Surgical Center Quality Reporting Measure Set</td><td>There were no new measures under consideration for the ASC program set. Overall, the workgroup had no concerns regarding the existing measures within this program set, but felt strongly that ASCs should be held to the same standard as acute care hospitals doing outpatient procedures.</td></tr>
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	Do you agree with the workgroup's assessment? *Are there additional priority gaps that need to be addressed?*	Measure gaps identified include: • A number of the SCIP measures could be added to this program • There are no patient experience of care measures in the program set

	28. Pre-Rulemaking Input on PPS-Exempt Cancer Hospital Quality Reporting Program Measure Set
	
	Do you agree with the workgroup's assessment?
	
	Are there additional priority gaps that need to be addressed?
		The workgroup **supported** inclusion of all five the measures under consideration in the program set.
		
		The workgroup emphasized the need to align quality measures for PPS-exempt cancer hospitals with the measures for other settings where cancer patients receive care.
		
		The measure gaps previously identified by the workgroup at their October meeting are as follows:
		• Outcome measures, particularly measures of survival
		• Health and well-being
		• Safety
		• Person- and family- centered care
		• Care coordination
		• Treatment of lung, prostate, gynecological, and pediatric cancers
		• Prevention
		• Cost and efficiency
		• Disparities
		
		• Measures under consideration = 5
		  ○ Support = 5
		  ○ Do not support = 0
		  ○ Support direction = 0
		
		PUBLIC COMMENT

	Alignment Across Programs and Prioritization of Gap Areas	
12:30	**29.** Alignment Across Programs; Prioritization of Gap Areas for Measure Development, Testing, and	All workgroups generally supported care coordination measures that focused on transitions, readmissions and medication reconciliation. • **Transitions**

<table>
<tr>
<td></td>
<td>Endorsement</td>
<td>

<li style="list-style:circle"><u>Clinician Workgroup</u>
Supported CTM-3 (NQF #0228) if successfully developed, tested, and endorsed at the clinician level
<u>Hospital Workgroup</u>
Supported immediate inclusion of CTM-3 measure and urge for it to be included in the existing HCAHPS survey
Supported several discharge planning measures (i.e., NQF #0338, 0376, 0557, 0558)
<u>PAC-LTC Workgroup</u>
Supported CTM-3 if successfully developed, tested, and endorsed in PAC-LTC settings
Identified specific measure for further exploration for its use in PAC-LTC settings (i.e., NQF #0326, 0647)

<u>NQF# 0228:</u> 3-Item Care Transition Measure (CTM-3), University of Colorado Health Sciences Center
<u>NQF #0338</u>: Home Management Plan of Care Document Given to Patient/Caregiver, Joint Commission (TJC)
<u>NQF# 0376:</u> Incidence of Potentially Preventable VTE, TJC
<u>NQF# 0557:</u> HBIPS-6 Post-Discharge Continuing Care Plan Created, TJC
<u>NQF# 0558:</u> HBIPS-7 Post-Discharge Continuing Care Plan Transmitted to Next Level of Care Provider Upon Discharge, TJC

Readmissions

<u>Clinician Workgroup</u>
Readmission measures are a priority measure gap and serve as a proxy for care coordination
<u>Hospital Workgroup</u>
Generally supportive of the hospital-wide readmission measure but were hesitant to fully support given the measure is still undergoing endorsement review
<u>PAC-LTC Workgroup</u>

</td>
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		▪ Identified avoidable admissions/readmissions (both hospital and ED) as priority measure gaps **<u>Hospital-Wide Readmission:</u>** (undergoing NQF endorsement process), *CMS* **Measure Description**: Hospital-wide, all-cause, risk standardized readmission rate following hospitalization for all conditions and procedures, except those excluded. • **Medication Reconciliation** ○ <u>Clinician Workgroup</u> ▪ Support inclusion of measures that can be utilized in an HIT environment including medication reconciliation measure (NQF # 0097) under consideration ○ <u>Hospital Workgroup</u> ▪ Recognized the importance of medication reconciliation upon both admission and discharge, particularly with the dual eligible beneficiaries and psychiatric populations ○ <u>PAC-LTC Workgroup</u> ▪ Identified specific measure for further exploration for its use across all PAC-LTC settings (i.e., NQF #0097) <u>NQF #0097:</u> Medication Reconciliation, *NCQA* **Measure Description:** Percentage of patients aged 65 years and older discharged from any inpatient facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing on-going care who had a reconciliation of the discharge medications with the current medication list in the medical record documented. Further Alignment Considerations • Are there additional opportunities to minimize data collection and reporting burden in the interest of parsimony? Prioritization of Gap Areas for Measure Development, Testing, and Endorsement Across Programs • Patient-reported measures (e.g., care experience)

		• Functional status • Cost/resource use • Care coordination and transitions
	Feedback and MAP Future Direction	
1:00	**30.** Feedback on Approach and Progress to Date; Input on Future Direction	Coordinating Committee members are asked to provide feedback on the structure, processes, and deliverables of the MAP’s first phase of work. In addition, Coordinating Committee members are asked to provide guidance for enhancing MAP’s function for its next phase of work, with specific suggestions of topics for a 2012 strategic planning exercise.

Coordinating Committee Reaction Draft of the MAP Pre-Rulemaking Report

Tab 2

Coordinating Committee Reaction Draft of the MAP Pre-Rulemaking Report

Executive Summary

To be completed after the January 5-6, 2012, MAP Coordinating Committee meeting.

MAP Background

Purpose

The Measure Applications Partnership (MAP) is a public-private partnership convened by the National Quality Forum (NQF) for providing input to the Department of Health and Human Services (HHS) on selecting performance measures for public reporting, performance-based payment programs, and other purposes. The statutory authority for MAP is the Affordable Care Act (ACA), which requires HHS to contract with NQF (as the consensus-based entity) to "convene multi-stakeholder groups to provide input on the selection of quality measures" for various uses (see Appendix XX for ACA Section 3014).[1]

MAP's careful balance of interests—across consumers, businesses and purchasers, labor, health plans, clinicians, providers, communities and states, and suppliers—ensures HHS will receive varied and thoughtful input on performance measure selection. In particular, the ACA-mandated annual publication of measures under consideration for future federal rulemaking allows MAP to evaluate and provide upstream input to HHS in a more global and strategic way.

MAP is designed to facilitate alignment of public- and private-sector uses of performance measures to further the National Quality Strategy's (NQS) three-part aim of creating better, more affordable care and healthier people.[2] Anticipated outcomes from MAP's work include:

- a more cohesive system of care delivery;
- better and more information for consumer decision-making;
- heightened accountability for clinicians and providers;
- higher value for spending by aligning payment with performance;
- reduced data collection and reporting burden through harmonizing measurement activities across public and private sectors; and
- improvement in the consistent provision of evidence-based care.

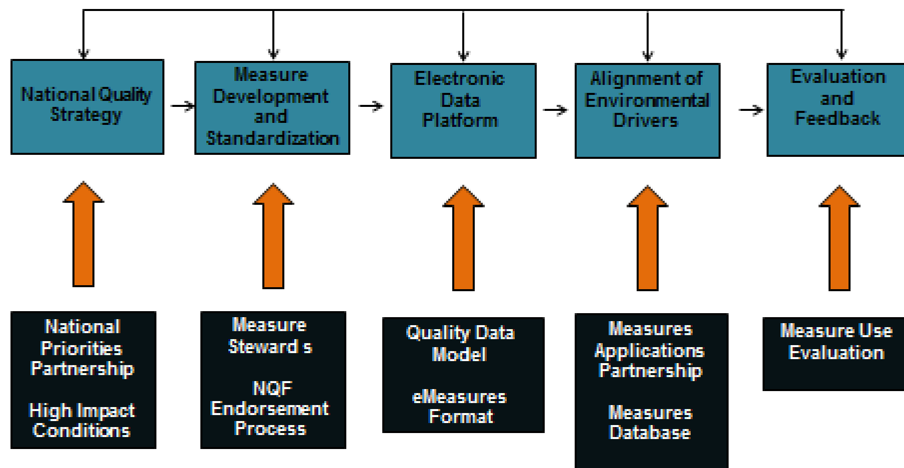
Coordination with Other Quality Efforts

MAPs activities are designed to coordinate with and reinforce other efforts for improving health outcomes and healthcare quality. Key strategies for reforming healthcare delivery and financing include publicly reporting performance results for transparency; aligning payment with value; rewarding providers and professionals for using health information technology (health IT) to improve patient care; and providing knowledge and tools to healthcare providers and professionals to help them improve performance. Many public- and private-sector organizations have important responsibilities in implementing these strategies, including federal and state agencies, private purchasers, measure developers, groups convened by the National Quality Forum (NQF), accreditation and certification entities, various quality alliances at the national and community levels, as well as the professionals and providers of healthcare.

Foundational to the success of all of these efforts is a robust “quality measurement enterprise” (Figure 1) that includes:

- setting priorities and goals for improvement;
- standardizing performance measures;
- constructing a common data platform that supports measurement and improvement;
- applying measures to public reporting, performance-based payment, health IT meaningful use programs, and other areas; and
- promoting performance improvement in all healthcare settings.

Figure 1. Functions of the Quality Measurement Enterprise



The National Priorities Partnership (NPP), a multi-stakeholder group convened by NQF to provide input to HHS on the National Quality Strategy (NQS), by identifying priorities, goals, and global measures of progress.[3] Another NQF-convened group, the Measure Prioritization Advisory Committee, has defined high-impact conditions for the Medicare and child health populations.[4] Cross-cutting priorities and high-impact conditions provide the foundation for all of the subsequent work within the quality measurement enterprise.

Measure development and standardization of measures are necessary to assess the baseline relative to the NQS priorities and goals, determine the current state and opportunities for improvement, and monitor progress. The NQF endorsement process meets certain statutory requirements for setting consensus standards and also provides the resources and expertise necessary to accomplish the task. A platform of data sources, with increasing emphasis on electronic collection and transmission, provides the data needed to calculate measures for use in accountability programs and to provide immediate feedback and clinical decision-support to providers for performance improvement.

Alignment around environmental drivers, such as public reporting and performance-based payment, is MAP’s role in the quality measurement enterprise. By considering and recommending measures for use

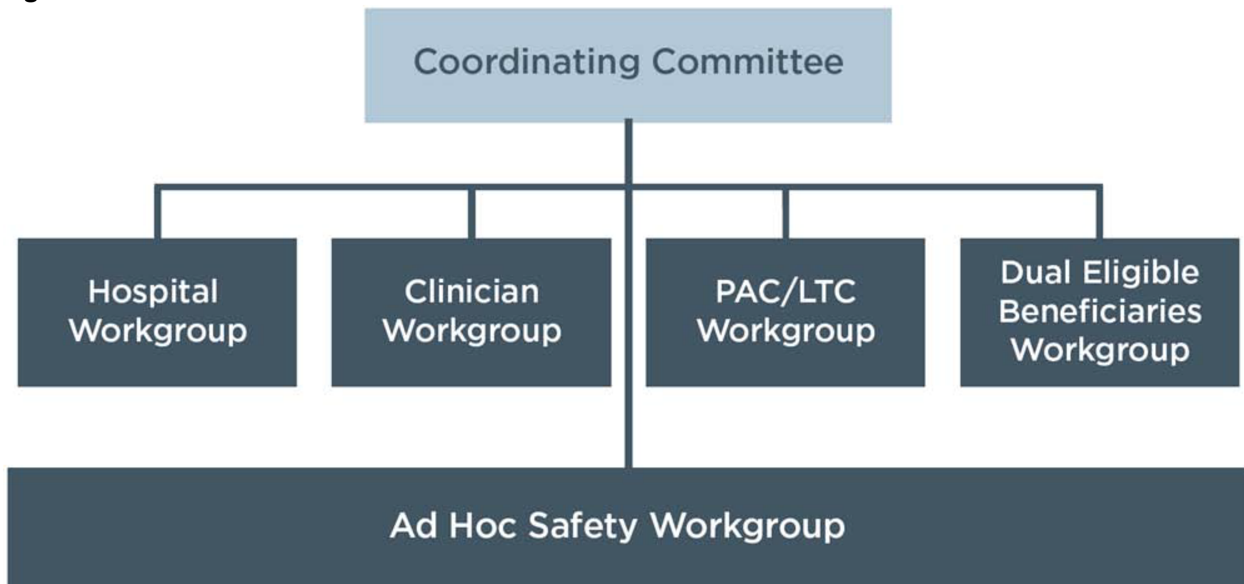
in specific applications, MAP will facilitate the alignment of public- and private-sector programs and harmonization of measurement efforts under the NQS.

Finally, evaluation and feedback loops for each of the functions of the quality measurement enterprise ensure that each of the various activities is driving desired improvements.[5,6] Further, the evaluation function monitors for potential unintended consequences that may result.

Function

Composed of a two-tiered structure, MAP's overall strategy is set by the Coordinating Committee, which provides final input to HHS. Working directly under the Coordinating Committee are five advisory workgroups responsible for advising the Committee on using measures to encourage performance improvement in specific care settings, providers, and patient populations (Figure 2). More than 60 organizations representing major stakeholder groups, 40 individual experts, and 9 federal agencies (*ex officio* members) are represented on the Coordinating Committee and workgroups (see Appendix XX for Coordinating Committee and workgroup rosters and Coordinating Committee member bios).

Figure 2. MAP Structure



The NQF Board of Directors oversees MAP. The Board will review any procedural questions and periodically evaluate MAP's structure, function, and effectiveness, but will not review the Coordinating Committee's input to HHS. The Board selected the Coordinating Committee and workgroups based on Board-adopted selection criteria. Balance among stakeholder groups was paramount. Because MAP's tasks are so complex, including individual subject matter experts in the groups also was imperative.

All MAP activities are conducted in an open and transparent manner. The appointment process included open nominations and a public commenting period. MAP meetings are broadcast, materials and summaries are posted on the NQF website, and public comments are solicited on recommendations.

MAP decision making is based on a foundation of established guiding frameworks. The NQS is the primary basis for the overall MAP strategy. Additional frameworks include the high-impact conditions determined by the NQF-convened Measure Prioritization Advisory Committee, the NQF-endorsed Patient-Focused Episodes of Care framework,[7] the HHS Partnership for Patients safety initiative,[8] the

HHS Prevention and Health Promotion Strategy,[9] the HHS Disparities Strategy,[10] and the HHS Multiple Chronic Conditions framework.[11]

Timeline and Deliverables

MAP's initial work included performance measurement coordination strategies on the selection of measures for public reporting and performance-based payment programs (see Appendix XX for a schedule of deliverables). Each of the coordination strategies addresses:

- measures and measurement issues, including measure gaps;
- data sources and health information technology (health IT) implications, including the need for a common data platform;
- alignment across settings and across public- and private-sector programs;
- special considerations for dual eligible beneficiaries; and
- path forward for improving measure applications.

On October 1, 2011, three coordination strategies were issued. The report on coordinating readmissions and healthcare-acquired conditions focuses on alignment of measurement, data collection, and other efforts to address these safety issues across public and private payers.[12] The report on coordinating clinician performance measurement identifies the characteristics of an ideal measure set for assessing clinician performance, advances measure selection criteria as a tool, and provides input on a recommended measure set and priority gaps for clinician public reporting and performance-based payment programs.[13] An interim report on performance measurement for dual eligible beneficiaries offers a strategic approach that includes a vision, guiding principles, characteristics of high-need subgroups, and high-leverage opportunities for improvement, all of which will inform the next phase of work to identify specific measures most relevant to improving the quality of care for dual eligible beneficiaries.[14]

MAP Vision for Aligned Performance Measurement

MAP envisions performance measurement that is aligned across all parts of the delivery system and is focused on achieving the goals articulated under the National Quality Strategy. The task is challenging and complicated because it includes:

- a focus on health outcomes as well as healthcare delivery;
- numerous accountability purposes, such as public reporting, performance-based payment, and health information technology incentives tied to "meaningful use;" as well as clinical quality improvement and benchmarking;
- public and private actors at all levels, including the national, state, community, health plan, integrated system, individual facility, group practice, and individual clinician levels; and
- many types of individuals with differing needs, including the frail elderly, dual eligible beneficiaries, chronically ill adults and children, pregnant women and newborns, non-English-speaking and those with cultural differences, and healthy adults and children.

Aligned performance measurement is important for comprehensively assessing the current state of health and healthcare and monitoring progress against the NQS goals. Measures currently used in public reporting and performance-based payment programs are frequently criticized for lack of alignment in both strategic focus and technical measurement specifications. Wide variation exists in available data sources, as the health IT infrastructure is evolving parallel to, but not necessarily in tandem with, the increased use of performance measurement. For the consumers and purchasers who use measurement information to support healthcare decision making, alignment will decrease the confusion caused by

mixed signals coming from many uncoordinated approaches to performance measurement. For the healthcare providers who currently are burdened with collecting similar data to satisfy different reporting requirements, alignment will decrease frustration and administrative costs.

In moving toward this vision of aligned performance measurement, MAP's guiding frameworks include priority areas defined by the NQS, a strong emphasis on person-centered measurement, and a focus on care coordination within and across settings.

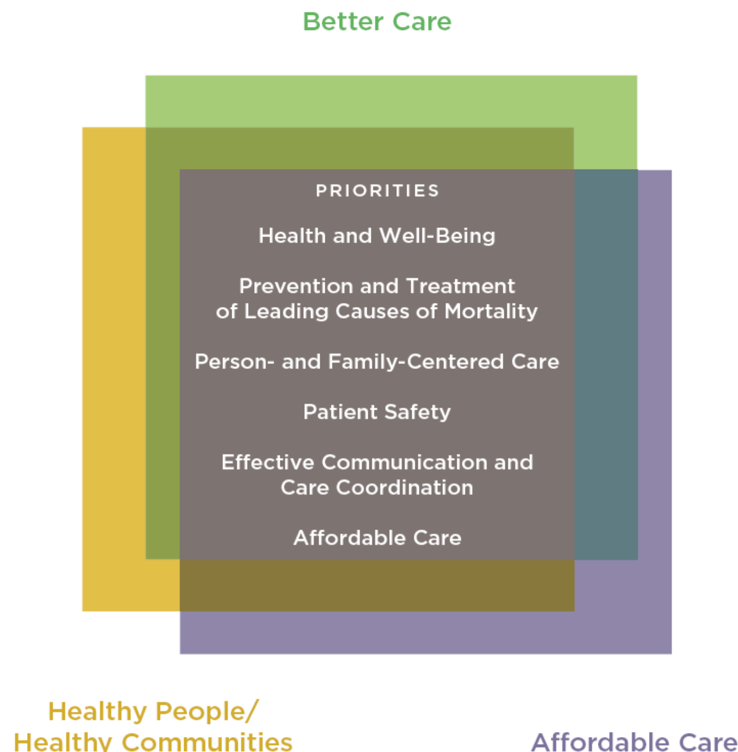
National Quality Strategy

The NQS is the foundation for the MAP vision. The Affordable Care Act charged HHS with developing the NQS to improve healthcare service delivery, patient health outcomes, and population health. In the first strategy,[15] HHS offered six national priorities:

- health and well-being;
- prevention and treatment of leading causes of mortality;
- person- and family-centered care;
- patient safety;
- effective communication and care coordination; and
- affordable care.

The priorities represent high-leverage areas of focus for performance measurement to accelerate the achievement of three aims: better care, affordable care, and healthy people and communities. The aims and priorities are inextricably linked (Figure 3) and require measures that address the aims and priorities simultaneously. For example, measures of safety or care coordination that cross conditions encourage better care delivery, improved health outcomes, and fewer wasted resources.

Figure 3. HHS National Quality Strategy Aims and Priorities



Person-Centered Measurement

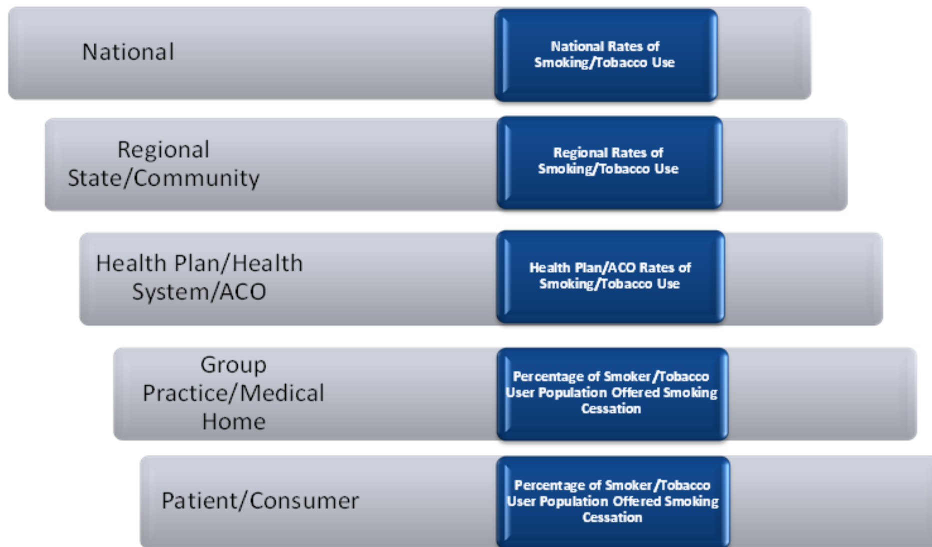
One of the NQS priorities, person- and family-centered care, is meant to better align health care with the needs and preferences of the individual and on producing the best outcomes for individuals and populations. MAP's vision for performance measurement, therefore, is centered on the person that health care providers are serving. Current approaches to performance measurement tend to be disease-specific and capture what a specific provider did or did not do at a single point in time in a particular setting, rather than assessing whether the care was consistent with the individual's choices and resulted in better health outcomes over time. Person-centered measurement approaches start with what is of greatest interest and value to patients, including patient-reported measures of health status, functional status, and experience with care, as well as measures of total cost of care and consumer out-of-pocket spending.[16] These person-centered measurement approaches are largely absent and represent priority areas for measure development, testing, endorsement, and connection to related health IT infrastructure to fill the gaps.

Cascading Measures

MAP's vision for aligned performance measurement contemplates "cascading measures," or families of related measures that are person-centered and flow from the NQS down through various levels of accountability (Figure 4). Using related measures at different levels creates the ability to drill down to and roll up information and engenders shared accountability across multiple providers and sectors. For example, measures of smoking cessation, under the NQS priority of prevention and treatment of leading causes of mortality, should reflect population measures of smoking rates at the national, state, and integrated system levels; whether individuals are supported to quit smoking at the provider level; and prevention of cardiovascular disease at the patient level.

Figure 4. Tobacco Use/Cessation Cascade

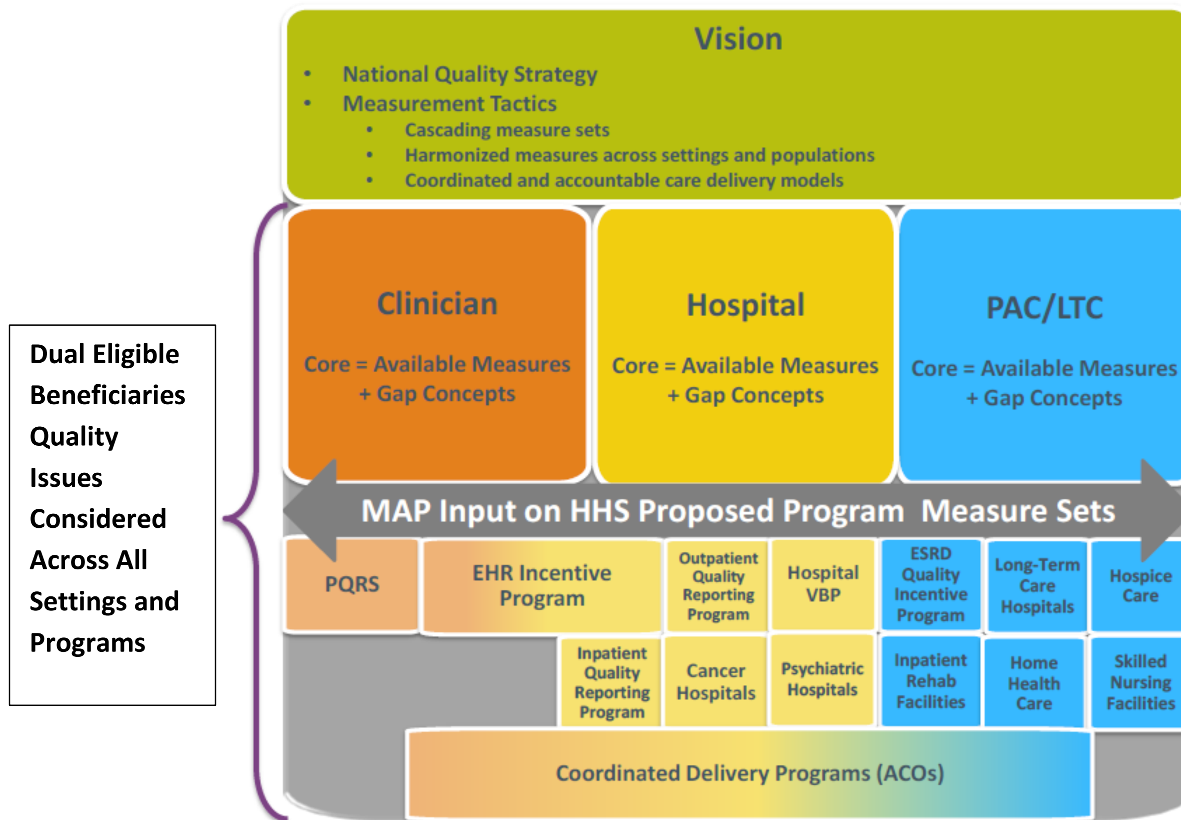
National Priority: Promote the most effective prevention, treatment, and intervention practices for the leading causes of mortality, starting with cardiovascular disease.	
Promote cardiovascular health through community interventions that result in improvement of social, economic, and environmental factors.	• Access to healthy foods • Access to recreational facilities
Promote cardiovascular health through interventions that result in adoption of the most important healthy lifestyle behaviors across the lifespan.	• **Use of tobacco products by adults and adolescents** • Consumption of calories from fats and sugars • Control of high blood pressure • Control of high cholesterol
Promote cardiovascular health through receipt of effective clinical preventive services across the lifespan in clinical and community settings.	



Core Measure Sets

In addition to relating across levels of analysis, performance measures also should relate across programs, settings, and public and private payers. Currently, public and private programs have similar aims, (e.g., public reporting, performance based payment) yet use varying measure sets, which introduces unnecessary burden, complexity, and costs for those who are reporting and using performance information for various purposes. As an initial step toward aligning measures for programs within settings, the MAP Clinician, Hospital, and PAC/LTC workgroups identified initial sets of core measures, namely measures or measure concepts agreed on by MAP as important and necessary for assessing meaningful aspects of the quality and cost of care (Figure 5). Ultimately, MAP envisions coalescence from setting-specific core measures to person-centered core measure concepts that would be reported by all providers. Core measures applied across settings and providers would enable rewards for joint accountability and, with more uniformity in measurement goals, could facilitate movement toward a common data platform. MAP also has identified alignment across public and private payers as essential. For example, the MAP Safety Workgroup specifically focused on measurement and data collection strategies across public and private payers and has recommended that HHS fund the development of a national core set of safety measures.

Figure 5. MAP Three-Part Vision for Aligned Performance Measurement



Opportunities for Alignment Across Programs

In initial efforts to play out its vision for aligned performance measurement, MAP has focused on two opportunities for alignment across programs: one population-based approach (the dual eligible beneficiaries) and one topic-based approach (care coordination). The cross-cutting nature of the NQS priority "effective care coordination and communication" poses a strategic opportunity for measure alignment across settings and programs. Care coordination is not only vital for improving quality of healthcare and health outcomes, it also is an area where the need to share both information and accountability across providers is pushing the boundaries of current measurement. For example, MAP supports further development and testing for application across programs of the 3-Item Care Transitions Measure (CTM-3), a patient-reported measure of the quality of preparation for care transitions. The CTM-3 is currently endorsed for use with adults following an inpatient hospital stay, but it could be expanded to capture additional populations and transitions between other settings of care, specifically the continuum of post-acute care and long-term care services. Readmission rates, timely primary care follow-up, and other aspects of care coordination also should be measured in a deliberately aligned manner.

In addition to care coordination, MAP also has focused on a population-based alignment opportunity as a part of its ongoing work to assess and improve the quality of care provided to Medicare-Medicaid dual eligible beneficiaries. Because dual eligible beneficiaries use all aspects of the health and long-term care systems, effectively assessing the quality of their care requires aligned measures across the continuum.

Further, learning from improvements in coordinating care for this vulnerable population could translate into better approaches to care coordination for all. This opportunity is discussed more fully in a later section of this report that captures MAP's approach to quality measurement for dual eligible beneficiaries (see Section XX below).

Next Steps in Defining the Vision

Work on defining MAP's vision for performance measurement has begun during its first year, but much remains to accomplish. In 2012, MAP plans to expound on the vision and develop a comprehensive three-to-five-year strategic plan to guide its efforts in achieving aligned performance measurement. Each year MAP recommendations pertaining to measure development and use in various programs will drive the health system closer to the vision while taking into account the current state of the data platform and evolution of integrated delivery systems capable of being held accountable for value.

MAP Pre-Rulemaking Process

Statutory Requirements

Under ACA, HHS now follows a federal "pre-rulemaking process" for obtaining input from MAP on the selection of performance measures for specific federal programs. Each year, HHS will complete the following pre-rulemaking processes:

- make a list of measures currently under consideration by HHS for qualifying programs publicly available annually by December 1;
- provide the opportunity for MAP to review the list of measures under consideration and give input to HHS annually by February 1 on the measures under consideration; and
- consider MAP input and publishing the rationale for selecting any performance measures not endorsed by NQF.

At least every three years, HHS will assess the impact of performance measures at least every three years (the first report due to the public by March 1, 2012).[17]

With respect to the second bullet, MAP is charged with providing pre-rulemaking input to HHS on the list of measures under consideration. This process provides MAP's many stakeholders with an unprecedented opportunity to evaluate the measures under consideration and provide upstream input to HHS in a more coordinated and strategic manner. Unlike previous years when HHS only received feedback during the program-by-program rulemaking process, private-sector stakeholders are now asked before the actual rulemaking process begins to provide input on how measures might be used across federal public reporting and performance-based payment programs.

MAP Measure Selection Criteria

MAP has developed Measure Selection Criteria to guide its evaluations of program measure sets. The criteria are intended to facilitate structured discussion and decision making processes. The iterative approach employed in developing the MAP Measure Selection Criteria allowed MAP in its entirety, as well as the public, to provide input on the criteria. Each MAP workgroup deliberated on draft criteria and advised the Coordinating Committee. Comments were received on the draft criteria through the public comment period for the Coordination Strategy for Clinician Performance Measurement report.[18] A Measure Selection Criteria Interpretive Guide also was developed to provide additional descriptions and direction on the meaning and use of the Measure Selection Criteria.

The MAP Measure Selection Criteria and Interpretive Guide were finalized at the November 1, 2011, Coordinating Committee in-person meeting (see Appendix XX for the MAP Measure Selection Criteria and Interpretive Guide). The following criteria were then used as a tool during the pre-rulemaking task:

1. Measures within the program measure set are NQF- endorsed or meet the requirements for expedited review.
2. The program measure set adequately addresses each of the NQS priorities.
3. The program measure set adequately addresses high-impact conditions relevant to the program's intended populations (e.g., children, adult non-Medicare, older adults, or dual eligible beneficiaries).
4. The program measure set promotes alignment with specific program attributes, as well as alignment across programs.
5. The program measure set includes an appropriate mix of measure types (e.g., process, outcome, structure, patient experience, and cost).
6. The program measure set enables measurement across the person-centered episode of care.
7. The program measure set includes considerations for healthcare disparities.
8. The program measure set promotes parsimony.

Development of Core Measure Sets

As background for pre-rulemaking analysis, the MAP workgroups associated with each setting and the dual eligible beneficiaries population generated core measures and concepts for the clinician office, hospital, and post-acute care and long-term care (PAC/LTC) settings, as well as the dual eligible beneficiaries population. These core measures and concepts are intended for application across programs within settings, as well as across settings, where possible. For example, measures of functional status have figured prominently in the core measure sets and are applicable to any patient across settings.

As a starting point for developing setting-specific core measure sets, the MAP Clinician, Hospital, and PAC/LTC workgroups all have engaged in activities using the Measure Selection Criteria to evaluate existing program measure sets (i.e., Physician Value-Based Payment Modifier, Hospital Inpatient Quality Reporting, and Nursing Home and Home Health Compare sets, respectively). These assessments led to the identification of core measures, as well as the identification and prioritization of measure gap areas (see Section XX below for core measure sets).

Approach to Measure Analysis

HHS provided MAP with its list of measures under consideration in early December 2011, and MAP began its evaluation. The list included 367 measures across 23 federal programs (Table 1).[19]

Table 1. HHS Measures Under Consideration

CMS PROGRAM	NO. OF MEASURES UNDER CONSIDERATION
Ambulatory Surgical Center Quality Reporting	0
CMS Nursing Home Quality Initiative and Nursing Home Compare Measures	0
End Stage Renal Disease Quality Improvement	5
e-Rx Incentive Program	0
Home Health Quality Reporting	0
Hospice Quality Reporting	6
Hospital Inpatient Quality Reporting	22
Hospital Outpatient Quality Reporting	0
Hospital Value-Based Purchasing	13
Inpatient Psychiatric Facility Quality Reporting	6
Inpatient Rehabilitation Facility Quality Reporting	8
Long-Term Care Hospital Quality Reporting	8
Medicare and Medicaid EHR Incentive Program for Eligible Professionals	92
Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	39
Medicare Shared Savings Program	0
Physician Quality Reporting System	153
Prospective Payment System (PPS) Exempt Cancer Hospital Quality Reporting	5
Children's Health Insurance Program Reauthorization Act Quality Reporting	0
Health Insurance Exchange Quality Reporting	0
Initial Core Set of Health Care Quality Measures For Medicaid-Eligible Adults	0
Medicare Part C Plan Rating - Quality and Performance Measures	0
Medicare Part D Plan Rating - Quality and Performance Measures	0
Physician Feedback/Value-Based Modifier Program	
a. Physician Quality and Resource Use Report[2]	see footnote
b. Value-Based Payment Modifier	10
Total	**367**

Physician Quality and Resource Use Report includes quality measures reported from the Physician Quality Reporting System, and the Value-Based Payment Modifier which includes 4 Prevention Quality Indicators (PQI) and 1 cost measure. Therefore, measures in this component are listed only in the Physician Quality Reporting System and Value-Based Payment Modifier and are not duplicated in the ACA 3014 Measures list.

HHS designated some of the programs as required for MAP review and some as optional. The optional programs provide context for the others. The measures under consideration for the required programs were divided among the MAP Clinician, Hospital, and PAC/LTC workgroups, depending on which setting the program primarily covers (e.g., the Hospital Workgroup reviewed the measures under consideration for the Hospital Inpatient Quality Reporting program). MAP's pre-rulemaking analysis offers input on the following federal programs (Table 2):

Table 2. Federal Programs Reviewed

Federal Program	MAP Workgroup
Value-Based Payment Modifier	**Clinician Workgroup**
Physician Quality Reporting System	
Medicare and Medicaid EHR Incentive Program for Eligible Professionals	
Medicare Shared Savings Program	
Hospital Inpatient Quality Reporting	**Hospital Workgroup**
Hospital Value-Based Purchasing	
Hospital Outpatient Quality Reporting	

Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	
Prospective Payment System (PPS) Exempt Cancer Hospital Quality Reporting	
Inpatient Psychiatric Facility Quality Reporting	
Ambulatory Surgical Center Quality Reporting	
Home Health Quality Reporting	**PAC/LTC Workgroup**
CMS Nursing Home Quality Initiative and Nursing Home Compare Measures	
Inpatient Rehabilitation Facility Quality Reporting	
Long-Term Care Hospital Quality Reporting	
Hospice Quality Reporting	
End Stage Renal Disease Quality Management	

*e-Rx Incentive Program was discussed in context of Meaningful use
*Five optional CMS programs not addressed in MAP Pre-rulemaking input

Each MAP workgroup met for one day during December 2011 to evaluate the measures under consideration for each program in light of the measure sets that had previously been finalized for that program through federal rulemaking. Each workgroup developed its findings and conclusions for transmission to the Coordinating Committee. The agenda and materials for each workgroup meeting can be found on the NQF website (link to workgroup meeting materials, including duals).

To accomplish the workgroup reviews of the measures under consideration and program measure sets, a structured discussion guide was used to provide a stepwise approach to program-by-program analysis, as well as to raise cross-cutting issues of alignment across programs. The setting-specific MAP workgroups assessed each measure under consideration according to whether it addressed an identified measure gap area for a particular setting or whether it represented an important priority area for a particular program within the setting (e.g., Meaningful Use within the clinician office setting). The MAP Measure Selection Criteria tool served as a guide for discussion of which measures to include in particular programs based on what those measures would add to the program measure set. In addition to evaluating new measures for programs, the MAP workgroups assessed the need to remove measures that had previously been finalized for use in programs.

The Dual Eligible Beneficiaries Workgroup provided input to each of the other MAP workgroups on specific measures applicable to the dual eligible beneficiaries' population. The Dual Eligible Beneficiaries Workgroup then had a web meeting to review the findings and conclusions from the setting-specific workgroups to provide additional input before the Coordinating Committee's review.

The MAP Coordinating Committee met on January 5-6, 2012, to review of the MAP workgroups' findings and conclusions (link to Coordinating Committee meeting materials). At that time, the Committee finalized the input to HHS contained within this report, including the disposition of each measure under consideration; the overall composition of each program measure set; priority measure gaps that need to be addressed through development, testing, and endorsement; and the MAP vision for aligned performance measurement.

Pre-Rulemaking Input

Duals Contribution to Strategic Alignment

HHS has identified the dual eligible beneficiary population as a priority consideration for MAP's pre-rulemaking deliberations and emerging vision for aligned performance measurement. As discussed in MAP's interim report, *Strategic Approach to Performance Measurement for Dual Eligible Beneficiaries*, many of the poorest and sickest individuals in the health system are Medicare-Medicaid enrollees. Despite their particularly intense and complex needs, the healthcare and supportive services accessed by these individuals are often highly fragmented. The vulnerabilities of this heterogeneous group make its members particularly susceptible to shortfalls in healthcare quality. Moreover, care for the dual eligible beneficiary population is disproportionately expensive and presents an important opportunity to address the affordability aspect of the National Quality Strategy.

Dual eligible beneficiaries are served in every part of the health and long-term care systems, but there is not currently a federal measurement program dedicated to monitoring the quality of their care. While the Medicare-Medicaid Coordination Office within CMS works to design and implement such a program, MAP has helped to drive alignment across existing programs by considering the population's needs across settings of care. Specifically, MAP has examined measures under consideration for addition to existing programs and favored the use of those relevant to dual eligible beneficiaries.

Measures deemed relevant flowed from five high-leverage opportunity areas and a draft Dual Eligible Beneficiaries Core Measure Set generated by the MAP. The five high-leverage opportunity areas for improvement through performance measurement include: quality of life, care coordination, screening and assessment, mental health and substance use, and structural measures. MAP also selected specific measures in each of the opportunity areas which, when taken together, form a core set for evaluating the quality of care provided to the population. Work on the core set will continue through June 2012, to refine the selected measures, identify potential modifications, and prioritize gaps for future measure development.

Examining the best measurement approach for this population has yielded several principles which can be applied more broadly to promote alignment. For example, the challenge of compiling a program measure set that is adequately broad and deep, yet parsimonious, exists across the board. To streamline such sets while maximizing the applicability of individual measures to a patient population, cross-cutting outcome and composite measures could be emphasized. Such an approach would focus the use of condition-specific measures on high-impact conditions such as cardiovascular disease, diabetes, or depression. Arrays of clinical measures can be used at the provider level to drive internal quality improvement efforts. The Dual Eligible Beneficiaries Workgroup will also be exploring opportunities to make measures more inclusive by broadening denominator statements as much as clinical evidence allows.

MAP identified the need to explore stratification of measures to reveal and reduce disparities in health care delivery and outcomes. Many measures can become sensitive to disparities if analyzed by gender, race/ethnicity, and socioeconomic status, among other factors. In the context of dual eligible beneficiaries, a starting place for stratification would be to select the most meaningful measures currently in use to stratify by "dual" and "non-dual" beneficiary status. Because of the heterogeneity in the dual eligible population, further stratification by meaningful subgroups, such as beneficiaries older and younger than 65, was recommended to the extent that there is sufficient sample size in the subgroups. On the whole, MAP will continue to give attention to opportunities to address healthcare

disparities through measure selection. The MAP Dual Eligible Beneficiaries Workgroup will explore this issue in more detail as a part of its ongoing work.

Promoting measure selection relevant to the needs of dual eligible beneficiaries during MAP deliberations was a successful first step toward alignment across programs. For example:

- Five measures from the draft Dual Eligible Beneficiaries Core Measure Set are finalized or under consideration for use in multiple programs;
- All ten measures in the draft core set already finalized for use in federal programs continued to be supported by MAP;
- Four of five measures in the draft core set under consideration for use in federal programs were supported for addition or for further exploration and refinement;
- One measure from the draft core Set which had not been under consideration by HHS for use in a program was added; and
- Many measures related to the five high-leverage opportunity areas were discussed and supported.

MAP will continue to pursue alignment across federal programs while ensuring that the unique needs of Medicare-Medicaid dual eligible beneficiaries receive attention and measurement. After the draft Dual Eligible Beneficiaries Core Measure Set is finalized in 2012, efforts to place the core measures in existing programs can be redoubled. In addition, MAP will seek to drive the cutting edge of measurement forward regarding care coordination and shared accountability, while keeping individual goals at the center of care delivery.

The remainder of the report will be completed after the January 5-6, 2012, MAP Coordinating Committee meeting, including final recommendations and rationale regarding measures under consideration for each program by setting, prioritization of measure gaps, path forward to measure alignment, conclusion, and appendices.

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MAP Vision and Opportunities for Alignment Across Programs

Tab 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 affecting this vulnerable group.

General Principles for Measure Selection

The Dual Eligible Beneficiaries 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.

MAP workgroups also considered that the following issues are strongly related to quality of care in the dual eligible beneficiary 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 Hospital Programs

The Hospital Workgroup considered the overarching factors identified by the Dual Eligible Beneficiaries Workgroup that are linked to high-quality care in the hospital setting. Of primary importance is the need to manage the risks associated with hospitalizations, whether related to safety, medication management, or symptoms that can affect geriatric patients such as delirium. Facilitating a smooth transition from a hospital stay to another setting of care is vital, as dually eligible patients are frequently the least able to navigate that change themselves. Coordinated care also helps to reduce readmissions, another important quality factor for this population. Finally, quality and care coordination must be considered from the perspective of "frequent users" of hospital care, including vulnerable patients accessing the emergency department.

Measure Gaps in the Hospital Core Set

The Dual Eligible Beneficiaries Workgroup identified the following gaps in the Hospital Core Set:

- Assessment of prior level of function before admission
- Appropriateness of initial hospital admission
- Geriatric measures (i.e., avoidance of delirium)
- Mobilization during inpatient stay
- Restraint-free care
- Informed decision making
- Discharge planning
- Coordination of follow-up care

Measure Exceptions

The Dual Eligible Beneficiaries Workgroup urged caution when recommending clinical process measures. Use of these measures should not negatively impact quality of life decisions made in collaboration with a patient and his/her family. In addition, the workgroup felt that condition-specific measures are marginally important compared to the cross-cutting issues identified. In addition, maternal and pediatric measures do not apply to the dual eligible beneficiary population.

Actions Taken by the Hospital Workgroup

- Supported inclusion of *HBIPS-7: Post discharge continuing care plan transmitted to next level of care provider upon discharge (0558)* in Inpatient Psychiatric Facility Quality Reporting
- Supported inclusion of *3-Item Care Transition Measure (CTM-3) (0228)* in Inpatient Quality Reporting
- Supported measures similar to Draft Duals Core regarding hospital-wide readmission rates and transition record being received by discharged patient/caregiver

Considerations for Clinician Programs

The Clinician Workgroup considered the overarching factors identified by the Dual Eligible Beneficiaries Workgroup 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, measures that apply across clinical conditions or to individuals with multiple chronic conditions should be considered. 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, Federal programs should emphasize outcome and composite measures.

Measure Gaps in the Clinician Core Set

The Dual Eligible Beneficiaries Workgroup identified the following 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 Dual Eligible Beneficiaries 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, maternal and pediatric measures do not apply to the dual eligible population.

Actions Taken by the Clinician Workgroup as a Result

- Value Modifier
    - Supported retention of four core measures in Value Modifier set
- PQRS
    - Supported retention of five core measures in PQRS set
    - Supported addition of *Optimal Diabetes Care (0729)* to PQRS set
- Meaningful Use
    - Supported retention of three core measures in the Meaningful Use set
    - Supported addition of *Screening for Clinical Depression and Follow-Up Plan (0418)* to Meaningful Use set
- Supported addition of measures on depression to PQRS set and Meaningful Use set
- Supported addition of measures on medication reconciliation to Value Modifier set and Meaningful Use set

Considerations for Post-Acute Care/Long-Term Care Programs

Most of the issues MAP has considered for post-acute and long-term care are relevant to the dual eligible beneficiary population, and vice versa. The PAC/LTC Workgroup discussed the overarching factors identified by the Dual Eligible Beneficiaries Workgroup that are linked to high-quality care in post-acute and long-term care settings. Promoting dignity and quality of life through person- and family-centered care is of primary importance. To do so, measures of fidelity to a plan of care that incorporates individualized goals and promotes self-determination are preferred. Supports and services should be delivered in the least intense setting possible. Also important is evaluating the extent to which institutional settings are linked to home- and community-based services and are assisting residents who desire to transition to independent living. Finally, appropriate prescribing and dosing is important, including minimizing the number of medications taken by an individual to reduce polypharmacy risks.

Measure Gaps in the PAC/LTC Core Set

The Dual Eligible Beneficiaries Workgroup identified the following gaps in the PAC/LTC Core Set:

- Identification and treatment of mental illness, especially depression
- Communication across an integrated care team
- Appropriate prescribing and dosing
- Connection to home- and community-based services
- Successful transitions to less-restrictive care
- Chemical restraints
- Patient and caregiver experience
- Caregiver education and support
- Cost and/or resource use
- Structural measures related to HIT

Actions Taken by the PAC/LTC Workgroup as a Result

- Supported retention of all core measures finalized for use in PAC/LTC programs
- Supported inclusion of *Assessment of Health-related Quality of Life (Physical and Mental Functioning) (0260)* in ESRD set
- Supported inclusion of *Family Evaluation of Hospice Care (0208)* in Hospice set
- Conceptually agreed with many additional core measures and asked that potential modifications be explored to make them applicable to additional PAC/LTC settings:
    - *Screening for Clinical Depression and Follow-Up Plan (0418)*
    - *Transition Record with Specified Elements Received by Discharged Patients (0647)*
    - *3-Item Care Transitions Measure (CTM-3) (0228)*
    - *Improvement in Ambulation/Locomotion (0167)*
    - *Change in Daily Activity Function as Measured by the AM-PAC (0430)*
    - *Medical Home System Survey (0494)*

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 will continue to consider 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.

NQF # and Status	Measure Title and Description	Qual of Life	Care Coord	Screening	Mental/SU	Structural	Specified Setting of Care	Use in Federal Programs
0329 Endorsed	*All-Cause Readmission Index (risk adjusted)* Overall inpatient 30-day hospital readmission rate, excluding maternity and pediatric discharges		✓				Hospital	
0228 Endorsed	*3-Item Care Transition Measure (CTM-3)* 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 for Hospital Inpatient Quality Reporting **(Supported)**
0558 Endorsed	*HBIPS-7 Post discharge continuing care plan transmitted to next level of care provider upon discharge* 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 for Inpatient Psychiatric Facility Quality Reporting **(Supported)**
0418 Endorsed	*Screening for Clinical Depression and Follow-up Plan* 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 for Meaningful Use **(Supported)**, Proposed for Medicaid Adult Core Measures
0647 Endorsed	*Transition Record with Specified Elements Received by Discharged Patients (Inpatient Discharges to Home/Self Care or Any Other Site of Care)* 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
0430 Endorsed	*Change in Daily Activity Function as Measured by the AM-PAC* 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	

NQF # and Status	Measure Title and Description	Qual of Life	Care Coord	Screening	Mental/SU	Structural	Specified Setting of Care	Use in Federal Programs
0576 Endorsed	*Follow-up after hospitalization for mental illness* 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		✓		✓		Ambulatory, Behavioral Health	Proposed for Medicaid Adult Core Measures
0005 Endorsed	*CAHPS Adult Primary Care Survey: Shared Decision Making* 37 core and 64 supplemental question survey of adult outpatient primary care patients		✓				Ambulatory	Finalized for use in Medicare Shared Savings
0006 Endorsed	*CAHPS Health Plan Survey v 4.0 - Adult questionnaire: Health Status/Functional Status* 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	*The Ability to use Health Information Technology to Perform Care Management at the Point of Care* 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	*Medical Home System Survey* 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	

NQF # and Status	Measure Title and Description	Qual of Life	Care Coord	Screening	Mental/SU	Structural	Specified Setting of Care	Use in Federal Programs
0101 Endorsed	*Falls: Screening for Fall Risk* 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 for Meaningful Use **(Not Supported)**
0729 Endorsed	*Optimal Diabetes Care* 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 < 14090, Tobacco non-user and for patients with a diagnosis of ischemic vascular disease daily aspirin use unless contraindicated			✓			Ambulatory	Components of this composite are finalized for use in Medicare Shared Savings and Value Modifier, Under consideration for PQRS **(Supported)**
0421 Endorsed	*Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up* 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			✓			Ambulatory	Finalized for use in PQRS, Meaningful Use, Medicare Shared Savings Program, and Value Modifier, Proposed for Medicaid Adult Core Measures
0028 Endorsed	*Measure pair: a. Tobacco Use Assessment, b. Tobacco Cessation Intervention* 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			✓	✓		Ambulatory	Finalized for use in PQRS, Meaningful Use, Medicare Shared Savings Program, and Value Modifier
0004 Endorsed	*Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement* 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				✓		Ambulatory	Finalized for use in PQRS, Meaningful Use, and Value Modifier Proposed for Medicaid Adult Core Measures
0523 Endorsed	*Pain Assessment Conducted* Percent of patients who were assessed for pain, using a standardized pain assessment tool, at start/resumption of home health care	✓		✓			Home Health	Finalized for use in Home Health

NQF # and Status	Measure Title and Description	Qual of Life	Care Coord	Screening	Mental/SU	Structural	Specified Setting of Care	Use in Federal Programs
0167 Endorsed	*Improvement in Ambulation/locomotion* 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	Finalized for use in Home Health
0208 Endorsed	*Family Evaluation of Hospice Care* Percentage of family members of all patients enrolled in a hospice program who give satisfactory answers to the survey instrument	✓					Hospice	Under consideration for Hospice Quality Reporting **(Supported)**
0260 Endorsed	*Assessment of Health-related Quality of Life (Physical & Mental Functioning)* 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	**Supported** for ESRD Quality Reporting
Not Endorsed	*SNP 6: Coordination of Medicare and Medicaid coverage* 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	*Alcohol Misuse: Screening, Brief Intervention, Referral for Treatment* 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
Not Endorsed	*Potentially Harmful Drug-Disease Interactions in the Elderly* Percentage of Medicare members 65 years of age and older who have a diagnosis of chronic renal failure and prescription for non-aspirin 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		✓	✓			Pharmacy	

Pre-Rulemaking Input for Clinician Programs

Tab 4

Clinician Workgroup Discussion Guide with Findings and Conclusions

National Quality Forum
Measure Applications Partnership

Clinician Workgroup: Pre-Rulemaking Discussion Guide with Findings and Conclusions

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;*
- *Finalize input to the MAP Coordinating Committee on measures for use in federal programs.*

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
Pre-Rulemaking Input on Value-Based Payment Modifier Program Measures		

1. Review program summary and previously finalized measures; additional input on the program measures.	• 54 measures are finalized; 10 measures are under consideration.
	• The workgroup previously evaluated the proposed Value-Modifier program measures. CMS made few changes to the finalized measures.
	  ○ 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 patient experience measures. Likewise, measures under consideration include process, outcome, and cost measures, but no patient experience measures.
		Patient experience measures and measures that cross conditions, specialties, and settings are priority gaps.
		
		Attention to disparities remains a prominent gap. Many measures could be sensitive to disparities if the measures are stratified. In administering the program, CMS should consider opportunities to elucidate disparities through stratification. Measure developers should also consider stratification when updating existing measures or developing new measures.
		
		Some of the finalized measures are not NQF-endorsed.
		• One measure that is going to be

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
	○ Nine of the finalized measures and one measure under consideration enable measurement across the episode of care. ○ 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 program lacks measures that cross conditions or specialties. • The MAP Coordinating Committee reviewed the Value-Modifier measures as potential core measures, and removed some measures not considered core. • The finalized measures include the following: ○ 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	retired should be removed (NQF #0082 – Heart Failure: Patient Education). Measures that address patient education should be considered in future years, as removing this measure will create a gap in patient education measures. • One measure that has been submitted for NQF endorsement and was not endorsed (Hypertension: Blood Pressure Measurement) should be removed. • Other measures should be submitted for NQF endorsement. Measures that are not endorsed should be removed.
2. One measure under consideration is NQF-endorsed and utilized in other	NQF #0036 Use of Appropriate Medications for Asthma • Promotes alignment across programs; finalized for PQRS and Meaningful Use. • This measure was previously proposed for the Value-Modifier and	Support direction. The finalized measures contain another measure that assesses pharmacologic

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
programs.	was not finalized.	therapy for asthma (NQF #0047)—a similar aspect of care of this measure under consideration. To achieve parsimony, the workgroup suggested that the two measures should be harmonized, and the one harmonized measure should be included.
3. One measure under consideration is NQF-endorsed and proposed for use in another program.	NQF #0097 Post-Discharge Medication Reconciliation • Addresses a high-leverage opportunity identified by the Duals Eligible Beneficiaries Workgroup. • Potentially promotes alignment across programs- under consideration for use in Meaningful Use.	Support direction. The workgroup agreed that this measure may have feasibility issues for clinicians reporting measures using claims data. The measure requires sharing information across settings which is better enabled in an HIT environment. As this measure addresses the care coordination gap, the workgroup supports the use of the measure in electronic reporting, accordingly they suggested including the measure in Meaningful Use.
4. Three measures under consideration are NQF-endorsed and are not utilized in other programs.	NQF #0279 Ambulatory Sensitive Conditions Admissions: Bacterial pneumonia NQF #0280 Ambulatory Sensitive Conditions Admissions: Dehydration NQF #0281 Ambulatory Sensitive Conditions Admissions: Urinary Infections	Support direction. The ambulatory sensitive condition admissions measures assess outcomes and promote shared accountability. The measures as specified are intended to measure care at a population or system

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
		level. These measures have feasibility issues when considered for individual clinician measurement. Few individual clinicians will have sufficient sample size to report the measures as currently specified. Additionally, attribution to individual clinicians and risk-adjustment methods should be determined. Additionally, two finalized ambulatory sensitive condition admissions measures (#0275, 0277) should be removed until the measures are specified and NQF-endorsed for individual clinician measurement.
5. Five measures under consideration are not NQF-endorsed.	Diabetes Composite: Combines NQF #0272, 0638, 0274, 0285 which are Ambulatory Sensitive Conditions Admissions. The composite is not NQF-endorsed. • 9 diabetes measures are finalized in the program measures. Measures assess foot exams, blood pressure control, retinopathy, A1c levels, tobacco use, aspirin use, and ongoing communication with the physician. 30 Day Post-Discharge Provider Visit All Cause Readmissions • Addresses the gap in care coordination measures. Medicare Spending Per Beneficiary Total Per Capita Cost	Diabetes Composite: Support direction. • As with the other ambulatory sensitive condition admission measures noted in line-item 4, these measures are not ready for application at the individual clinician level. • Additionally, the composite rate should be submitted for NQF endorsement; each of the measures has a different denominator so there may be feasibility issues with the composite.

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
	• Addresses the gap in cost measures.	Care coordination measures: Support direction. • These measures currently are not specified; however, the workgroup agreed that 30-Day Post-Discharge Provider Visit and All Cause Readmissions are measures that would address a gap across all clinician programs. • Attribution to individual clinicians and risk-adjustment should be considered as the measure is reviewed for NQF endorsement. Cost measures: Support Direction • Though addressing a priority gap, these measures are currently not specified. The measures should be submitted for NQF endorsement. • Attribution to individual clinicians and risk-adjustment should be considered as the measure is reviewed for NQF endorsement. • Cost measures should be broader, to elucidate cost shifting. This could be done by assessing total patient out of pocket costs, or Medicaid costs for dual-eligible

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
		beneficiaries. • In the absence of true cost measures, overuse measures may be a proxy for cost.
6. Prioritization of measure gaps.	When previously evaluating the Value-Modifier measures, the workgroup identified measure gaps. The Coordinating Committee then prioritized those measure gaps (indicated in bold): • **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	The workgroup noted that the gaps in the Value-Modifier measures apply across all clinician programs. To address the patient experience gap, the workgroup suggested that CG-CAHPS be applied across all clinician programs. Consideration will need to be given to the cost of survey administration and other implementation issues. To promote adoption of CG-CAHPS, CMS should consider subsidizing the administration costs during the first few years of implementation, as is planned for the Medicare Shared Savings Program (ACOs). In addition to the gaps previously identified, the workgroup identified high priority gaps across all clinician programs: • Patient-reported outcomes • Shared decision making; patient activation • End of life • Palliative care

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
		• Care planning • Health-related quality of life • Cost The workgroup also noted the need for MAP to review families of measures (e.g., care coordination measures, families of condition-specific measures) to ensure that harmonized measures are being utilized across each level of the system. This will help better align measures and achieve parsimony.
Cross-Program Considerations for Dual-Eligible Beneficiaries and Care Coordination		
7. Specific implications for the dual eligible population.	• Review of input from the MAP Dual Eligible Beneficiaries Workgroup. • Review measures in duals core set that are used in clinician programs • Consider measures in duals core set that are not used in clinician programs.	In reviewing the MAP Dual Eligible Beneficiaries Workgroup input, the Clinician Workgroup suggested that all clinician programs address the following areas noted in the duals core set: • Patient experience measures (discussed above in line-item 6). • Care coordination measures (discussed below in line-item 8). • Mental health measures that focus on depression. For many measures in the duals core set, the Clinician Workgroup again highlighted the need to consider how the measure

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
		could be attributed to individual clinicians. The Clinician Workgroup highly prioritized the following gaps identified by the Duals Workgroup: • Functional and cognitive status • Health risk • ED utilization • Palliative and end-of-life care
8. Cross-program considerations—care coordination.	• Review care coordination measures used in clinician programs. • Consider additional NQF-endorsed care coordination measures for use in clinician programs	The workgroup concluded that if the CTM-3 (NQF #0228) could be successfully developed, tested, and NQF-endorsed for clinician-level measurement, it should be applied across clinician programs. The workgroup reiterated that HIT infrastructure is needed to assess coordination across settings. Accordingly, existing care coordination measures should be a priority for inclusion in the meaningful use program (e.g., NQF #0097 Medication Reconciliation discussed in line-item 3 is supported for inclusion in Meaningful Use but not for PQRS as the measure is best utilized in an HIT environment). Readmissions are the result of poor care

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
		coordination, thus readmission measures are a priority gap that can serve as a proxy for care coordination. The workgroup identified elements of existing measures that should be considered more broadly to address care coordination: • NQF #0494 Medical Home System Survey contains two questions addressing care coordination among specialists. • NQF #0511 Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy could be a good model for assessing overuse for other laboratory tests.
Pre-Rulemaking Input on Physician Quality Reporting System Program Measures		

9. Review program summary and previously finalized measures; additional input on the program measures.	• 267 measures are finalized, 153 measures are under consideration.
	• Summary of the program measures against the MAP Measure Selection Criteria.
	  ○ 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
		The workgroup reiterated the need to promote alignment across federal programs and more broadly with the private sector.
		
		The workgroup noted that many of the measures under consideration have little information. In the absence of information on any current use or testing, the

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
	consideration lack specifications. Other measures under consideration including NQF-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. The finalized measures 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 measures and a few of the measures under consideration are used across multiple programs. • The finalized measures include the following: ○ 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	workgroup is unable to support including any of these measures.

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
	○ Perinatal- 6 measures ○ Prevention- 10 measures ○ Pulmonary/Critical Care- 16 measures ○ Renal- 8 measures ○ Safety- 9 measures ○ Surgery- 21 measures	
10. Sixteen measures under consideration are NQF-endorsed.	NQF #0381 Oncology: Treatment Summary Documented and Communicated – Radiation Oncology • The finalized program measures include 4 NQF-endorsed oncology measures. NQF #0671 Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI) NQF #0672 Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low Risk Patients NQF #0076 Optimal Vascular Care NQF #0465 Peri-Operative Anti-Platelet Therapy for Patients Undergoing Carotid Endarterectomy NQF #0242 Stroke and Stroke Rehabilitation: Tissue Plasminogen Activator (t PA) Considered NQF #0670 Cardiac Stress imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluative in Low Risk Surgery Patients • The finalized program measures include 18 NQF-endorsed cardiovascular measures. NQF #0658 Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	Support. Recognizing a goal of PQRS is to have measures that are applicable to all clinicians; the workgroup supported the addition of these NQF-endorsed measures. In future years, the workgroup would like the PQRS measures to: • Move towards parsimony through reviewing measure families (as discussed in line-item 6); focusing on outcome measures, process measures most closely linked with outcomes, and appropriateness measures. • Eliminate duplicative measures that have slight variation in the specifications. NQF maintenance of endorsement process will seek harmonization of measures.

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
	NQF #0729 Optimal Diabetes Care • The finalized program measures include 15 NQF-endorsed diabetes measures. 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 • Potentially promotes alignment across programs—under consideration for Meaningful Use. NQF #0493 Participation by a Physician or Other Clinician in Systematic Clinical Database Registry that Includes Consensus Endorsed Quality Measures NQF #0710 Depression Remission at Twelve Months NQF #0711 Depression Remission at Six Months NQF #0712 Depression Utilization of the PHQ-9 Tool • Potentially promotes alignment across programs—under consideration for Meaningful Use. • The finalized program measures include 5 NQF-endorsed mental health measures; four focus on depression. NQF #0555 Monthly INR for Beneficiaries on Warfarin • Addresses the gap in safety measures; the finalized program measures include 6 NQF-endorsed safety measures.	
11. Eight measures under	Measures used in ABIM Maintenance of Certification: American Board of Internal Medicine: Preventive Cardiology Composite	Support direction.

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
consideration are not NQF-endorsed but are in use	American Board of Internal Medicine: Diabetes Composite American Board of Internal Medicine: Hypertension Composite • Aspects of each composite are captured in the finalized measures. Appropriate Use of Aspirin or Other Antiplatelet Anticoagulant Therapy Counseling for Diet and Physical Activity Patient Satisfaction with Overall Diabetes Care Diabetes documentation or screen test Patient self-care support	In an effort to encourage alignment with the private sector, the workgroup discussed the need to incorporate measures used in Maintenance of Certification (MOC) programs and registries so that clinicians could report to multiple entities using the same measures. Accordingly, if the measures are successfully NQF-endorsed they should be included in the program. Regarding the ABIM diabetes composite, the workgroup noted that the measure would need to be harmonized as there are several NQF-endorsed diabetes composites. The NQF maintenance of endorsement process will seek harmonization of measures.
12. One-hundred and twenty-four measures are not NQF-endorsed, used, or specified.	These measures have not been previously submitted to NQF, are not in use, and are not specified. The measures address the following: • Cardiovascular- 12 measures • Patient Experience- 1 measure • Cancer- 12 measures • ENT- 12 measures • Mental Health- 8 measures • Renal- 8 measures • Osteoporosis- 7 measures • Asthma- 6 measures	Do not support. As discussed in line-item 11, if any of the unspecified measures are used in Maintenance of Certification programs or registries, and are successfully NQF-endorsed, they should be considered for addition to PQRS in future years. Of note, eight measures in this area

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
	• Dermatology- 9 measures • Endocrine- 4 measures • Safety- 12measures • Diabetes- 6 measures • Structural- 1 measures • GI- 7 measures • Arthritis– 6 measures • Prevention– 3 measures • Surgery– 3 measures • Stroke/Transient Ischemic Attack (TIA)– 4 measures • Neurology– 3 measures	address key gap areas—patient satisfaction, patient education, and care coordination. If successfully tested and NQF-endorsed, these measures could be a add value to the program in future years: • American Association of Hip and Knee Surgeons: Coordination of Post Discharge Care (in development, not tested) • American Board of Radiology/American Board of Medical Specialties/American College of Radiology/Physician Consortium for Performance Improvement: Radiation Dose Optimization: Search for Prior Imaging Studies Through a Secure, Authorized, Media-free, Shared Archive (in development, not tested) • American Society of Plastic Surgeons/Physician Consortium for Performance Improvement/National Committee for Quality Assurance: Chronic Wound Care: Patient Education regarding diabetic foot care (developed, not tested) • American Society of Plastic

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
		Surgeons/Physician Consortium for Performance Improvement/National Committee for Quality Assurance: Chronic Wound Care: Patient Education regarding long term compression therapy (developed, not tested) • Patient Satisfaction with Physician Care Provided for Age Related Macular Degeneration • Patient Satisfaction with Physician Care Provided for Diabetic Retinopathy • Physician Consortium for Performance Improvement: Coordination of Care of Patients with Comorbid Conditions- Timely Follow Up (paired measure) (In development, not tested) • Physician Consortium for Performance Improvement::Adult Major Depressive Disorder: Coordination of Care of Patients with Comorbid Conditions—Timely Follow Up (In development, not tested)
13. Ninety-one finalized measures	Four measures have been submitted for endorsement and are not NQF-endorsed.	The workgroup concluded that the following measures should be removed

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
are not NQF-endorsed.	Submitted and not NQF-endorsed: • Endorsed Coronary Artery Disease (CAD): Symptom and Activity Assessment (formerly NQF #0065) • Endorsed Stroke and Stroke Rehabilitation: Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports (formerly NQF #0246) • Carotid Endarterectomy: Use of Patch During Conventional Carotid Endarterectomy (formerly NQF #0466) • Acute Otitis Externa (AOE): Pain Assessment Five measures are requested to be retired from NQF endorsement: • Endorsed Heart Failure: Patient Education (formerly NQF #0082) • Endorsed Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation (formerly NQF #0084) • Endorsed Community-Acquired Pneumonia (CAP): Assessment of Oxygen Saturation (formerly NQF #0094) • Endorsed Assessment Mental Status for Community-Acquired Bacterial Pneumonia (formerly NQF #0095) • Endorsed Functional Communication Measure - Motor Speech (formerly NQF #0447) Two measures are under review and not recommended for NQF endorsement: • Hypertension: Blood Pressure Control • Pregnancy Test for Female Abdominal Pain Patients Nine measures have been submitted and are currently under review for NQF endorsement: • Falls: Plan of Care	from the program measures: • Measures that have been submitted for NQF endorsement and were not endorsed. • Measures scheduled for retirement from NQF endorsement. • Measures currently under review that are not NQF-endorsed. Measures currently under review that are NQF-endorsed should remain in the finalized program measures. Other measures should be submitted for NQF endorsement. If they are not ultimately NQF-endorsed they should be removed from the program measures.

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
	• Falls: Risk Assessment • Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery • Statin Therapy at Discharge after Lower Extremity Bypass (LEB) • Surveillance after Endovascular Abdominal Aortic Aneurysm Repair (EVAR) • GPRO HF-2 Heart Failure (HF): Left Ventricular Function (LVF) Testing • Use of Internal Mammary Artery (IMA) in Coronary Artery Bypass Graft (CABG) • Anticoagulation for Acute Pulmonary Embolus Patients • Adult Kidney Disease (CKD): Blood Pressure Management Seventy-one measures have not been submitted for NQF endorsement. They address the following areas: • Chronic Kidney Disease- the finalized measures do not contain endorsed measures in this area. • Substance Use- the finalized measures contain 1 endorsed measure in this area. • Rheumatoid Arthritis- the finalized measures contain 1 endorsed measure in this area • Sleep Disorders- the finalized measures do not contain endorsed measures in this area. • Asthma- the finalized measures contain 3 endorsed measures in this area. • Mental Health- the finalized measures contain 4 endorsed measures in this area. • Cardiovascular Conditions- the finalized measures contain 16 endorsed measures in this area.	

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
	• Breast Cancer- the finalized measures contain 5 endorsed measures in this area. • Lung, Esophageal Cancer– the finalized measures contain 2 endorsed measures in this area. • Prostate Cancer– the finalized measures contain 3 endorsed measures in this area. • GI– the finalized measures contain 1 endorsed measure in this area. • Dermatology- the finalized measures do not contain endorsed measures in this area. • HEENT- the finalized measures contain 9 endorsed measures in this area. • Musculoskeletal: Functional Status– the finalized measures contain 7 endorsed measures in this area. • Neurology: Dementia/Delirium- the finalized measures do not contain endorsed measures in this area. • Neurology (Parkinson's and Epilepsy)- the finalized measures do not contain endorsed measures in this area. • Patient Experience– the finalized measures contain 1 endorsed measure in this area. • Perinatal- the finalized measures contain 4 endorsed measures in this area. • Prevention: Screening- the finalized measures do not contain endorsed measures in this area. • Chronic Obstructive Pulmonary Disease (COPD)- the finalized measures contain 2 endorsed measures in this area • Surgery (Cardiac, Vascular)– the finalized measures contain 9 cardiac and 1 vascular endorsed measures in this area. • Renal (Testing)- the finalized measures do not contain endorsed	

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
	measures in this area.	
Pre-Rulemaking Input on Medicare and Medicaid EHR Incentive Program for Eligible Professionals (Meaningful Use) Program Measures		

14. Review program summary and previously finalized measures; additional input on the program measures.	• 41 measures are finalized; 92 measures are under consideration.
	• Summary of the program measures against the MAP Measure Selection Criteria:
	  ◦ 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. 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 under consideration do not align with any other program.
	• Most (38) measures finalized are under consideration for the
		The workgroup noted that a focus of the Meaningful Use program is to encourage HIT adoption to enhance interoperability and enable collection of HIT-sensitive information. The workgroup agreed that Meaningful Use measures should be patient-centered, cross-cutting measures (e.g., across diseases/conditions, specialties, settings) to enhance interoperability and coordination from a patient perspective. Alternatively, the Meaningful use measures could be very broad, capturing both cross-cutting and disease-specific eMeasures.
		
		The workgroup developed two options for further consideration by the Coordinating Committee:
		
		Option 1: Meaningful Use measures include a broad set of measurement options:
		• Support the inclusion of NQF-endorsed measures that have e-specifications.

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions

	Value-Modifier program measures.
	• The finalized Meaningful Use program measures include the following:
	  • 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
		• As noted in for Value-Modifier and PQRS measures, in future years, CMS should focus on measure families with a specific focus on alignment across federal programs and with the private sector.
		
		Option 2: Meaningful Use measures focus on cross-cutting measures:
		• Support the inclusion of NQF-endorsed cross-cutting measures:
		  ○ NQF #0097 Post-discharge Medication Reconciliation
		  ○ NQF #0418 Screening for Clinical Depression and Follow-up Plan
		  ○ NQF #0710 Depression Remission at Twelve Months
		  ○ NQF #0711 Depression Remission at Six Months
		  ○ NQF #0712 Depression Utilization of PHQ-9 Tool
		• In addition, propose that the Meaningful Use program allow physicians to get credit for electronically reporting measures through PQRS. NQF-endorsed measures that are not cross-

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
		cutting could be added to the PQRS measures if they are not currently part of PQRS. • With this option, it is unclear whether women's and child health measures should be added to PQRS only or to both PQRS and Meaningful Use. PQRS is a Medicare program, so these measures may not be applicable to that program. The workgroup noted that measures which do not have e-specifications will need to be re-tooled as an eMeasure prior to inclusion in the Meaningful Use program.
15. Forty measures under consideration are NQF-endorsed and used in other programs.	Oncology- Not addressed in the finalized measures. • 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 ESRD- Not addressed in the finalized measures.	See discussion in line-item 14.

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
	• 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 Cardiovascular- 9 cardiovascular measures in the finalized measures. • 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 Safety- Not addressed in the finalized measures. • 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) Osteoporosis/Osteoarthritis- Not addressed in the finalized measures. • NQF #0045 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	

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
	• 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 Urinary- Not addressed in the finalized measures. • 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 COPD- Not addressed in the finalized measures. • NQF #0102 Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy Mental Health- 1 depression measure in the finalized measures. • 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 Hepatitis- Not addressed in the finalized measures. • NQF #0399 Hepatitis C: Hepatitis A Vaccination in Patients with HCV	

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
	• NQF #0400 Hepatitis C: Hepatitis B Vaccination in Patients with HCV • NQF #0401 Hepatitis C: Counseling Regarding Risk of Alcohol Consumption HIV/AIDS- Not addressed in the finalized measures. • 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 Radiology- Not addressed in the finalized measures • NQF #0508 Radiology: Inappropriate Use of "Probably Benign" Assessment Category in Mammography Screening • NQF #0510 Radiology: Exposure Time Reported for Procedures Using Fluoroscopy Melanoma- Not addressed in the finalized measures • NQF #0561 Melanoma: Coordination of Care • NQF #0562 Melanoma: Overutilization of Imaging Studies in Stage 0-IA Melanoma Cataracts- Not addressed in the finalized measurs • 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 Back pain- 1 measure in the finalized measures.	

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
	• NQF #0322 Back Pain: Initial Visit ENT- Not addressed in the finalized measures. • NQF #0653 Acute Otitis Externa (AOE): Topical Therapy • NQF #0654 Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy - Avoidance of Inappropriate Use	
16. Six measures under consideration are NQF-endorsed and are under consideration in other programs.	Mental Health • NQF #0710 Depression Remission at Twelve Months • NQF #0711 Depression Remission at Six Months • NQF #0712 Depression Utilization of the PHQ-9 Tool ENT • 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 Medication Reconciliation • NQF #0097 Post-discharge Medication Reconciliation	See discussion in line-item 14. Note: NQF #0710, 0711, 0712 and #0097 are viewed as patient-centered and cross-cutting; therefore HIT-enabled and most appropriate for Meaningful Use.
17. Seventeen measures under consideration are NQF-endorsed and are not used in other programs.	Cardiovascular • NQF #1525 Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy Diabetes • NQF #0519 Diabetic Foot Care and Patient/Caregiver Education	See discussion in line-item 14. Note: Measures that are NQF-endorsed and fill gaps in PQRS should be added to PQRS. Note: Depending on implementation

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
	Implemented During Short Term Episodes of Care <u>Mental Health</u> • NQF #0110 Bipolar Disorder and Major Depression: Appraisal for Alcohol or Chemical Substance Use • NQF #0112 Bipolar Disorder: Level-of-Function Evaluation <u>Imaging</u> • NQF #0312 LBP: Repeat Imaging Studies • NQF #0513 Use of Contrast: Thorax CT <u>Hepatitis</u> • NQF #0412 Hepatitis B Vaccination <u>Women's Health</u> • NQF #0608 Pregnant Women Who Had HBsAg Testing • NQF #1401 Maternal Depression Screening <u>Pediatrics</u> • NQF #0060 Annual Pediatric Hemoglobin A1C testing • NQF #0106 Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) in Primary Care for School Age Children and Adolescents • 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	option, women's and child health measures may need to be added to PQRS, Meaningful Use or both.

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
	• NQF #1419 Primary Caries Prevention Intervention as Part of Well/Ill Child Care as Offered by Primary Care Medical Providers HIV/AIDS • NQF #0403 Medical Visit	
18. Twelve measures under consideration are not NQF-endorsed but are used in PQRS.	Two measures are currently under review for NQF endorsement: #1733 Falls: Plan of Care #1730 Falls: Risk Assessment • Address an issue from the MAP dual eligible beneficiaries core measure set. One measure under review for NQF endorsement, and currently is not recommended for endorsement: Hypertension: Blood Pressure Control One measure has had NQF endorsement removed: NQF #0246 Stroke and Stroke Rehabilitation: Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports Eight measures have not been submitted for NQF endorsement: • Dementia: Caregiver Education and Support • Dementia: Counseling Regarding Risks of Driving • Dementia: Counseling Regarding Safety Concerns • Dementia: Functional Status Assessment • Dementia: Staging of Dementia • Rheumatoid Arthritis: Functional Status Assessment • Chronic Wound Care: Use of Wet to Dry Dressings in Patients with	Measures should be submitted for and complete NQF endorsement. If they are endorsed, they could be considered for future years, depending on outcome of discussion in line-item 14.

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
	Chronic Skin Ulcers (Overuse Measure) • Dementia: Cognitive Assessment	
19. Seventeen measures under consideration are not NQF-endorsed and not used in other programs.	Two measures are currently under review for NQF endorsement: • NQF #1633 Adult Kidney Disease: Blood Pressure Management • Adult Kidney Disease: Patients on Erythropoiesis Stimulating Agent (ESA)- Hemoglobin Level > 12.0 g/dL Fifteen measures have not been submitted for NQF endorsement. They address the following disease conditions: • Chronic Wound Care- 2 measures • Imaging- 2 measures • Health Status/Wellness- 4 measures • Blood Pressure- 2 measures • Depression- 1 measure • Cholesterol- 1 measure • Adverse Drug Events- 1 measure • Glaucoma- 1 measure	Measures should be submitted for and complete NQF endorsement. If they are endorsed, they could be considered for future years, depending on outcome of discussion in line-item 14.
Pre-Rulemaking Input on Medicare Shared Savings Program Measure Set		

20. Review program summary and previously finalized measures; additional input on the program measure set	• 33 measures are finalized.
	• Summary of the program measure set against the MAP Measure Selection Criteria:
	  ○ 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.
		Overall, the workgroup agreed that this measure is a step closer to the ideal measure set compared to the other clinician programs as it:
		• Includes patient experience
		• Contains a balance of process and outcome measures
		• Focuses on the key quality issues for the Medicare population

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
	○ 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: ○ Provider EHR Qualification– 1 measure ○ COPD– 1 measure ○ CAHPS– 2 measures ○ Cardiovascular conditions– 8 measures ○ Diabetes– 6 measures ○ Safety (Falls)– 1 measure ○ Medication Reconciliation– 1 measure ○ Prevention– 6 measures ○ Readmission– 1 measure ○ Depression– 1 measure	The workgroup noted that while the measure set lacks cost measures, the goal of this program is to make care more affordable by sharing savings across settings. Thus, it may not be necessary to include cost measures in this program. The finalized measure set contains measures that are not NQF-endorsed. Those measures should be submitted for endorsement. If they are not endorsed, they should be removed from the measure set. The workgroup noted that some measure gaps in the Medicare Shared Savings Program measure set are also present in other clinician program measures; however, population-level measure gaps, such as community supports and patient-reported measures of health and functional status, experience, and activation, are particularly important gap areas to address for this program.

Value-Based Payment Modifier Program Measures

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, November 1-2, 2011, and December 12, 2011.)*

- Patient preferences, patient and family experience
- Care coordination, care planning, communication with patient/family, social supports
- Function, quality of life, pain, fatigue
- Affordability, overuse, efficiency, resource use
- Safety
- Surgical care
- Child health
- Oral health
- Mental and behavioral health/cognitive
- Physician (specialty groups) and conditions
- Stroke care
- Multi-morbidity chronic diseases and functional status
- Outcome measures – included patient-reported outcomes
- Disparities
- Shared decision making; patient activation
- End of life
- Palliative care

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

Value-Based Payment Modifier

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0036 Endorsed	Use of Appropriate Medications for Asthma	The percentage of patients 5-50 years of age during the measurement year who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report three age stratifications (5-11 years, 12-50 years, and total).	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: UC3	VM: Support Direction
0097 Endorsed	Post-discharge Medication Reconciliation	Patients who had a reconciliation of the discharge medications with the current medication list in the medical record documented The medical record must indicate that the physician is aware of the inpatient facility discharge medications and will either keep the inpatient facility discharge medications or change the inpatient facility discharge medications or the dosage of a inpatient facility discharge medication.	Process	MU: UC3, Value-Based Modifier: UC3	VM: Support Direction MU: Support
0279 Endorsed	Ambulatory Sensitive Conditions Admissions: Bacterial pneumonia (AHRQ Prevention Quality Indicator (PQI) #11)	All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for bacterial pneumonia, per 100,000 population.	Outcome	Value-Based Modifier: UC1	VM: Support Direction
0280 Endorsed	Ambulatory Sensitive Conditions Admissions: Dehydration (AHRQ Prevention Quality Indicator (PQI) #10)	All discharges of age 18 years and older with ICD-9-CM principal diagnosis code for hypovolemia, per 100,000 population.	Outcome	Value-Based Modifier: UC1	VM: Support Direction
0281 Endorsed	Ambulatory Sensitive Conditions Admissions: Urinary infections (AHRQ Prevention Quality Indicator (PQI) #12)	All discharges of age 18 years and older with ICD-9-CM principal diagnosis code of urinary tract infection, per 100,000 population.	Outcome	Value-Based Modifier: UC1	VM: Support Direction

Value-Based Payment Modifier

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	All Cause Readmissions	TBD	Outcome	Value-Based Modifier: UC2	VM: Support Direction
	30 Day Post-discharge provider visit	TBD	Process	Value-Based Modifier: UC2	VM: Support Direction
Not Endorsed (Composite combines endorsed measures 0727, 0638, 0274, and 0285)	Diabetes Composite	NQF 0272: This measure is used to assess the number of admissions for diabetes short-term complications per 100,000 population. NQF 0274: This measure is used to assess the number of admissions for long-term diabetes complications per 100,000 population. NQF 0285: This measure is used to assess the number of admissions for lower-extremity amputation among patients with diabetes per 100,000 population. NQF 0638: This measure is used to assess the number of admissions for uncontrolled diabetes among patients with diabetes per 100,000 population.	Outcome	Value-Based Modifier: UC1	VM:Support Direction
	Medicare Spending Per Beneficiary	Sum of all adjusted Medicare Part A and Part B payments divided by the total number of Medicare Spending per Beneficiary episodes for a hospital.	Cost	Value-Based Modifier: UC1	VM: Support Direction
	Total Per Capita Cost	The ratio of all actual Medicare FFS Parts A and B payments to a physician or medical group for beneficiaries attributed to them over a calendar year to all expected payments to the physician or medical group, multiplied by the payment for the average beneficiary in the sample.	Cost	Value-Based Modifier: UC1	VM: Support Direction
0001 Endorsed	Asthma: Asthma Assessment	Percentage of patients aged 5 through 50 years with a diagnosis of asthma who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms.	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0002 Endorsed	Appropriate Testing for Children with Pharyngitis	Percentage of children aged 2 through 18 years with a diagnosis of pharyngitis, who were prescribed an antibiotic and who received a group A streptococcus (strep) test for the episode.	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	

Value-Based Payment Modifier

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0004 Endorsed	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement	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.	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0012 Endorsed	Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)	Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal visit.	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0014 Endorsed	Prenatal Care: Anti-D Immune Globulin	Percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation.	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0018 Endorsed	Controlling High Blood Pressure	The percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year.	Outcome	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0024 Endorsed	Weight Assessment and Counseling for Children and Adolescents	Percentage children, 2 through 18 years of age, whose weight is classified based on BMI percentile for age and gender.	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0028 Endorsed	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0031 Endorsed	Preventive Care and Screening: Screening Mammography	Percentage of women aged 40 through 69 years who had a mammogram to screen for breast cancer within 24 months Measure specification changed and under NQF review: The percentage of women 50–69 years of age who had a mammogram to screen for breast cancer. The eligible population starts at 52 years of age to account for the look-back period.	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	

Value-Based Payment Modifier

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0032 Endorsed	Cervical Cancer Screening	The percentage of women 21-64 years of age who received one or more Pap tests to screen for cervical cancer.	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0033 Endorsed	Chlamydia Screening for Women	The percentage of women 15-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0034 Endorsed	Preventive Care and Screening: Colorectal Cancer Screening	Percentage of patients aged 50 through 75 years who received the appropriate colorectal cancer screening	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0038 Endorsed	Childhood Immunization Status	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (Hep B), one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and two separate combination rates.	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0041 Endorsed	Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old	Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February)	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0043 Endorsed	Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years and Older	Percentage of patients aged 65 years and older who have ever received a pneumococcal vaccine	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0047 Endorsed	Asthma: Pharmacologic Therapy	Percentage of patients aged 5 through 50 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment	process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	

Value-Based Payment Modifier

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0052 Endorsed	Low Back Pain: Use of Imaging Studies	The percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of diagnosis.	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0055 Endorsed	Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient	Percentage of patients aged 18 through 75 years with a diagnosis of diabetes mellitus who had a dilated eye exam	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0056 Endorsed	Diabetes Mellitus: Foot Exam	The percentage of patients aged 18 through 75 years with diabetes who had a foot examination	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0061 Endorsed	Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus	Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent blood pressure in control (less than 140/90 mmHg)	Outcome	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0062 Endorsed	Diabetes Mellitus: Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients	Percentage of patients aged 18 through 75 years with diabetes mellitus who received urine protein screening or medical attention for nephropathy during at least one office visit within 12 months	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
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)	Percentage of patients aged 18 years and older with a diagnosis of CAD who also have diabetes mellitus and/or LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy.	Process	PQRS: Fin, MU: UC3, Value-Based Modifier: Fin	MU: Further Consideration by Coordinating Committee
0067 Endorsed	Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD	Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	

Value-Based Payment Modifier

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0068 Endorsed	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) with documented use of aspirin or other antithrombotic	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0070 Endorsed	Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)	Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy.	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0073 Endorsed	Ischemic Vascular Disease (IVD): Blood Pressure Management Control	Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) who had most recent blood pressure in control (less than 140/90 mmHg)	Outcome	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0074 Endorsed	Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol	Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines).	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0075 Endorsed	Ischemic Vascular Disease (IVD): Low Density Lipoprotein (LDL-C) Control	Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) who had most recent LDL-C level in control (less than 100 mg/dl)	Outcome	PQRS: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0079 Endorsed	Heart Failure: Left Ventricular Function (LVF) Assessment	Percentage of patients aged 18 years and older with a diagnosis of heart failure who have quantitative or qualitative results of LVF assessment recorded.	Process	PQRS: Fin, MU: UC3, Value-Based Modifier: Fin	MU: Further Consideration by Coordinating Committee
0081 Endorsed	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	

Value-Based Payment Modifier

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0083 Endorsed	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy.	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0086 Endorsed	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	Percentage of patients aged 18 years and older with a diagnosis of POAG who have an optic nerve head evaluation during on or more office visits within 12 months	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0088 Endorsed	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0089 Endorsed	Diabetic Retionpathy: Communication with the Physician Managing On-going Diabetes Care	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the on-going care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0097 Endorsed	Medication Reconciliation: Reconciliation After Discharge from an Inpatient Facility	Percentage of patients aged 65 years and older discharged from any inpatient facility (eg, hospital, skilled nursing facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing on-going care who had a reconciliation of the discharge medications with the current medication list in the medical record documented	Process	PQRS: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0101 Endorsed	Falls: Screening for Fall Risk	Percentage of patients aged 65 years and older who were screened for fall risk at least once within 12 months	Process	PQRS: Fin, MU: UC3, ACOs: Fin,Value-Based Modifier: Fin	MU: Further Consideration by Coordinating Committee

Value-Based Payment Modifier

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0102 Endorsed	Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy	Percentage of patients aged 18 years and older with a diagnosis of COPD and who have an FEV1/FVC less than 70% and have symptoms who were prescribed an inhaled bronchodilator	Process	PQRS: Fin, MU: UC3, Value-Based Modifier: Fin	MU: Further Consideratio n by Coordinating Committee
0105 Endorsed	Major Depressive Disorder (MDD): Antidepressant Medication During Acute Phase for Patients with MDD	Percentage of patients aged 18 years and older diagnosed with new episode of MDD and documented as treated with antipdepressant medication during the entire 84-day (12-week) acute treatment phase	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0275 Endorsed	Ambulatory Sensitive Conditions Admissions: Chronic obstructive pulmonary disease (AHRQ Prevention Quality Indicator (PQI) #5)	All discharges of age 18 years and older with ICD-9-CM principal diagnosis code for COPD, per 100,000 population	Outcome	ACOs: Fin,Value-Based Modifier: Fin	VM: Remove from measure set until specified for individual clinician reporting
0277 Endorsed	Ambulatory Sensitive Conditions Admissions: Congestive Heart Failure (AHRQ Prevention Quality Indicator (PQI) #8)	All discharges of age 18 years and older with ICD-9-CM principal diagnosis code for CHF, per 100,000 population.	Outcome	ACOs: Fin,Value-Based Modifier: Fin	VM: Remove from measure set
0385 Endorsed	Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients	Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0387 Endorsed	Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	

Value-Based Payment Modifier

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0389 Endorsed	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0421 Endorsed	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up	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 parameters, a follow-up plan is documented	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0575 Endorsed	Diabetes: HbA1c Control < 8%	The percentage of patients 18–75 years of age with diabetes (type 1 or type 2) who had HbA1c <8.0%.	Outcome	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0729 Endorsed	Diabetes Composite (All or Nothing Scoring): Aspirin use	The percentage of adult diabetes patients who have optimally managed modifiable risk factors (A1c, LDL, blood pressure, tobacco non-use and daily aspirin usage) with the intent of preventing or reducing future complications associated with poorly managed diabetes. 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 cardiovascular disease daily aspirin use unless contraindicated.	Outcome	PQRS: Fin, ACOs: Fin,Value-Based Modifier: Fin	

Value-Based Payment Modifier

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0729 Endorsed	Diabetes Composite (All or Nothing Scoring):Tobacco Non Use	The percentage of adult diabetes patients who have optimally managed modifiable risk factors (A1c, LDL, blood pressure, tobacco non-use and daily aspirin usage) with the intent of preventing or reducing future complications associated with poorly managed diabetes. 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 cardiovascular disease daily aspirin use unless contraindicated.	Outcome	PQRS: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0082 Endorsed (Retire Request)	Heart Failure: Patient Education	Percentage of patients aged 18 years and older with a diagnosis of heart failure who were provided with patient education on disease management and health behavior changes during one or more visit(s) within 12 months.	Process	PQRS: Fin, Value-Based Modifier: Fin	PQRS: Remove from measure set Value Modifier: Remove from measure set
Submitted, Not Endorsed (Formerly # 0013)	Hypertension: Blood Pressure Measurement	Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded.	Process	Value-Based Modifier: Fin	VM: Remove from measure set
Under Review (# 135)	GPRO HF-2 Heart Failure (HF): Left Ventricular Function (LVF) Testing	Percentage of patients with LVF testing during the current year for patients hospitalized with a principal diagnosis of HF during the measurement period	Process	PQRS: Fin, Value-Based Modifier: Fin	
	Preventive Care and Screening: Blood Pressure Measurement	Percentage of patients aged 18 years and older with a diagnosis of hypertension with a blood pressure <140/90 mm Hg OR patients with a blood pressure =140/90 mm Hg and prescribed 2 or more anti-hypertensive medications during the most recent office visit within a 12 month period		PQRS: Fin, Value-Based Modifier: Fin	VM: Submit for Endorsement PQRS: Submit for Endorsement

Value-Based Payment Modifier

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	Condition-specific per capita cost measures for COPD, diabetes HF, and CAD	The ratio of all actual Medicare FFS Parts A and B payments to a physician or medical group for beneficiaries attributed to them over a calendar year with one of four specific chronic health conditions—diabetes, coronary artery disease, chronic obstructive pulmonary disease, and heart failure— to all expected payments to the physician or medical group for those beneficiaries, multiplied by the payment for the average beneficiary in the sample.	cost	Value-Based Modifier: Fin	VM: Submit for Endorsement
	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)	Percentage of patients aged 18 years and older who are screened for high blood pressure according to defined recommended screening intervals.	Process	Value-Based Modifier: Fin	VM: Submit for Endorsement
	Measure #M119a: Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL) Test Performed	Percentage of patients aged 20 through 79 years whose risk factors* have been assessed and a fasting LDL test has been performed. There are three criteria for this measure based on the patient's risk category. 1. Highest Level of Risk: Coronary Heart Dis	Process	Value-Based Modifier: Fin	VM: Submit for Endorsement

Physician Quality Reporting System (PQRS) Program Measures

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®	176	16	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
- Patient-reported outcomes
- Shared decision making; patient activation
- End of life
- Palliative care
- Care planning
- Health-related quality of life

[i] **Federal Register** /Vol. 75, No. 133 /Tuesday, July 13, 2010 / Proposed Rules

Physician Quality Reporting System

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0655 Endorsed	Otitis Media with Effusion: Antihistamines or decongestants – Avoidance of inappropriate use	Percentage of patients aged 2 months through 12 years with a diagnosis of OME were not prescribed or recommended to receive either antihistamines or decongestants	Process	PQRS: UC2, MU: UC2,	PQRS: Support MU: Further Consideration by Coordinating Committee
0712 Endorsed	Depression Utilization of the PHQ-9 Tool	Adult patients age 18 and older with the diagnosis of major depression or dysthymia (ICD-9 296.2x, 296.3x or 300.4) who have a PHQ-9 tool administered at least once during the four month measurement period. The Patient Health Questionnaire (PHQ-9) tool is a widely accepted, standardized tool [Copyright © 2005 Pfizer, Inc. All rights reserved] that is completed by the patient, ideally at each visit, and utilized by the provider to monitor treatment progress. This process measure is related to the outcome measures of "Depression Remission at Six Months" and "Depression Remission at Twelve Months". This measure was selected by stakeholders for public reporting to promote the implementation of processes within the provider's office to insure that the patient is being assessed on a routine basis with a standardized tool that supports the outcome measures for depression. Currently, only about 20% of the patients eligible for the denominator of remission at 6 or 12 months actually have a follow-up PHQ-9 score for calculating remission (PHQ-9 score < 5).	Process	PQRS: UC2, MU: UC2,	PQRS: Support MU: Support
0656 Endorsed	Otitis Media with Effusion: Systemic corticosteroids – Avoidance of inappropriate use	Percentage of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic corticosteroids	Process	PQRS: UC2, MU: UC1,	PQRS: Support MU: Further Consideration by Coordinating Committee

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0710 Endorsed	Depression Remission at Twelve Months	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as a PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment. The Patient Health Questionnaire (PHQ-9) tool is a widely accepted, standardized tool [Copyright © 2005 Pfizer, Inc. All rights reserved] that is completed by the patient, ideally at each visit, and utilized by the provider to monitor treatment progress. This measure additionally promotes ongoing contact between the patient and provider as patients who do not have a follow-up PHQ-9 score at twelve months (+/- 30 days) are also included in the denominator.	Process	PQRS: UC2, MU: UC1,	PQRS: Support MU: Support
0711 Endorsed	Depression Remission at Six Months	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at six months defined as a PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment. The Patient Health Questionnaire (PHQ-9) tool is a widely accepted, standardized tool [Copyright © 2005 Pfizer, Inc. All rights reserved] that is completed by the patient, ideally at each visit, and utilized by the provider to monitor treatment progress. This measure additionally promotes ongoing contact between the patient and provider as patients who do not have a follow-up PHQ-9 score at six months (+/- 30 days) are also included in the denominator.	Process	PQRS: UC2, MU: UC1,	PQRS: Support MU: Support
0076 Endorsed (Under CSAC Review)	Optimal Vascular Care	Percentage of adult patients ages 18 to 75 who have ischemic vascular disease with optimally managed modifiable risk factors (LDL, blood pressure, tobacco-free status, daily aspirin use).	Process	PQRS: UC2,	PQRS: Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0242 Endorsed	Stroke and Stroke Rehabilitation: Tissue Plasminogen Activator (t PA) Considered (Paired Measure)	Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke who arrive at the hospital within 4.5 Hour of time last known well who were considered for t-PA administration	Process	PQRS: UC2,	PQRS: Support
0381 Endorsed	Oncology: Treatment Summary Documented and Communicated – Radiation Oncology	Percentage of patients with a diagnosis of cancer who have undergone brachytherapy or external beam radiation therapy who have a treatment summary report in the chart that was communicated to the physician(s) providing continuing care within one month of completing treatment	Process	PQRS: UC2,	PQRS: Support
0465 Endorsed	Peri-operative Anti-platelet Therapy for Patients Undergoing Carotid Endarterectomy	Percentage of patients aged 18 years and older undergoing carotid endarterectomy who are taking antiplatelet agent (aspirin or clopidogrel) within 48 hours prior to surgery and are prescribed this medication at discharge	Process	PQRS: UC2,	PQRS: Support
0493 Endorsed	Participation by a physician or other clinician in systematic clinical database registry that includes consensus endorsed quality measures	Participation in a systematic qualified clinical database registry involves: a. Physician or other clinician submits standardized data elements to registry b. Data elements are applicable to consensus endorsed quality measures c. Registry measures shall include at least two (2) representative NQF consensus endorsed measures for registry's clinical topic(s) and report on all patients eligible for the selected measures. d. Registry provides calculated measures results, benchmarking, and quality improvement information to individual physicians and clinicians. e. Registry must receive data from more than 5 separate practices and may not be located (warehoused) at an individual group's practice. Participation in a national or state-wide registry is encouraged for this measure. f. Registry may provide feedback directly to the provider's local registry if one exists.	Process	PQRS: UC2,	PQRS: Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0555 Endorsed	Monthly INR for Beneficiaries on Warfarin	Average percentage of monthly intervals in which Part D beneficiaries with claims for warfarin do not receive an INR test during the measurement period	Process	PQRS: UC2,	PQRS: Support
0658 Endorsed	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	Percentage of patients aged 50 years and older receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report	Process	PQRS: UC2,	PQRS: Support
0670 Endorsed	Cardiac Stress imaging not meeting appropriate use criteria: Preoperative evaluative in low risk surgery patients	Percentage of stress SPECT MPI, stress echo, CCTA, or CMR performed in low risk surgery patients for preoperative evaluation.	Efficiency	PQRS: UC2,	PQRS: Support
0671 Endorsed	Cardiac stress imaging not meeting appropriate use criteria: Routine testing after percutaneous coronary intervention (PCI)	Percentage of all stress SPECT MPI and stress echo performed routinely after PCI, with reference to timing of test after PCI and symptom status.	Efficiency	PQRS: UC2,	PQRS: Support
0672 Endorsed	Cardiac stress imaging not meeting appropriate use criteria: Testing in asyptomatic, low risk patients	Percentage of all stress SPECT MPI, stress echo, CCTA, and CMR performed in asymptomatic, low CHD risk patients for intial detection and risk assessment.	Efficiency	PQRS: UC2,	PQRS: Support
0729 Endorsed	Optimal Diabetes Care	The percentage of adult diabetes patients who have optimally managed modifiable risk factors (A1c, LDL, blood pressure, tobacco non-use and daily aspirin usage) with the intent of preventing or reducing future complications associated with poorly managed diabetes. 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 cardiovascular disease daily aspirin use unless contraindicated.	Outcome	PQRS: UC2,	PQRS: Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
ABIM measure in use and tested	American Board of Internal Medicine: Preventive Cardiology Composite	Consists of 8 Measures: 1. Blood pressure at goal: Percentage of patients in the sample whose most recent blood pressure reading was at goal 2. LDL cholesterol at goal: Percentage of patients in the sample whose LDL cholesterol is considered to be at goal, based upon their CHD risk factors. 3. Timing of lipid testing complies with guidelines: Percentage of patients in the sample whose timing of lipid testing complies with guidelines - Lipid testing performed in the preceding 24-month period for patients with known CHD or CHD risk equivalent (prior MI, other clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus), or in the preceding 60-month period if the patient does not have CHD or CHD risk equivalent. 4. DM documentation or screening test: Percentage of patients in the sample whose timing of lipid testing complies with guidelines - Lipid testing performed in the preceding 24-month period for patients with known CHD or CHD risk equivalent (prior MI, other clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus), or in the preceding 60-month period if the patient does not have CHD or CHD risk equivalent. 5. Correct determination of ten-year risk for coronary death or MI: Percentage of patients in the sample whose ten-year risk of coronary death or myocardial infarction is correctly assessed and documented. 6. Counseling for diet and physical activity:Percentage of	Outcome	PQRS: UC2,	PQRS: Support Direction

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
ABIM measure in use and tested	American Board of Internal Medicine: Diabetes Composite	Consists of 10 Measures: Measure 1. Hemoglobin A1C (HbA1c) Poor Control: Percentage of patients 18 - 75 years of age who had most recent HbA1c level in poor control (greater than 9.0%). Measure 2. Hemoglobin A1C (HbA1c): Percentage of patients 18 - 75 years of age who had most recent HbA1c level under control (at goal). Measure 3. Blood Pressure Poor Control:Percentage of patients 18 - 75 years of age who had most recent blood pressure in poor control (greater than or equal to 140/90 mm Hg). Measure 4. Blood Pressure Superior Control:Percentage of patients 18 - 75 years of age who had most recent blood pressure under superior control (less than 130/80 mm Hg). Measure 5. LDL Poor Control: Percentage of patients 18 - 75 years of age who had most recent LDL level under poor control (greater than or equal to 130 mg/dl). Measure 6. LDL Superior Control: Percentage of patients 18 - 75 years of age who had most recent LDL level under superior control (less than 100 mg/dl Measure 7. Ophthalmologic exam: Percentage of patients 18 - 75 years of age who had an eye screening exam for diabetic retinal disease over the reporting period. Measure 8: Podiatry Exam: Percentage of patients 18 - 75 years of age who had a foot exam performed over the reporting period. Measure 9.Nephropathy Assessment for Eligible Patients: Percentage of patients 18 - 75 years of age who had a screening for nephropathy or medical attention for nephropathy (ACE/ARB therapy) documented over the	Outcome	PQRS: UC2,	PQRS: Support Direction
ABIM measure in use and tested	American Board of Internal Medicine: Hypertension Composite	See Attachment: ABIM Hypertension Composite Measure Development	Outcome	PQRS: UC2,	PQRS: Support Direction

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
ABIM measure in use and tested	Appropriate use of aspirin or other antiplatelet anticoagulant therapy	Percentage of patients in the sample who are: 1) taking aspirin or other anticoagulant-platelet therapy, or 2) under age 30, or 3) age 30 or older and who are documented to be at low risk. Low-risk patients include those who are documented with no prior CHD or CHD risk equivalent (prior MI, other clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus) and whose ten-year risk of developing CHD is <10%.		PQRS: UC2,	PQRS: Support Direction
ABIM measure in use and tested	Counseling for Diet and Physical Activity	Percentage of patients in the sample who received dietary and physical activity counseling.		PQRS: UC2,	PQRS: Support Direction
ABIM measure in use and tested	Patient satisfaction with overall diabetes care	Patients in the sample who rated overall diabetes care "excellent" or "very good".		PQRS: UC2,	PQRS: Support Direction
ABIM measure in use and tested	Diabetes documentation or screen test	Percentage of patients in the sample who had a screening test for type 2 diabetes or had a diagnosis of diabetes.		PQRS: UC2,	PQRS: Support Direction
ABIM measure in use and tested	Patient self-care support	Percent of "excellent" or "very good" responses to seven questions regarding patient self-care support.		PQRS: UC2,	PQRS: Support Direction
Submitted, Not Endorsed	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	Percentage of patients aged 18 years and older with a diagnosis of CKD (Stages 1-5, not receiving RRT) and proteinuria who were prescribed ACE inhibitor or ARB therapy within a 12-month period		PQRS: UC2,	PQRS: Do Not Support
Submitted, Withdrawn (formerly #1367)	Optimal Asthma Care	Composite measure of the percentage of pediatric and adult patients who have asthma. Optimal care is defined as: Asthma is well controlled, Patient is not at increased risk of exacerbations, Patient has a current written asthma action management plan	Outcome	PQRS: UC2,	PQRS: Do Not Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
Under Review	Medication Management for People With Asthma	The percentage of patients 5–64 years of age during the measurement period who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period		PQRS: UC2,	PQRS: Do Not Support
Under review; Not Recommended for Endorsement	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: ESRD Patients Receiving Dialysis: Hemoglobin Level <10gdL	Percentage of calendar months within a 12-month period during which patients aged 18 years and older with a diagnosis of ESRD who are receiving hemodialysis or peritoneal dialysis have a Hemoglobin level <10 gdL		PQRS: UC2,	PQRS: Do Not Support
Under Review; Recommended for Endorsement	Patients Admitted to ICU who Have Care Preferences Documented	Percentage of vulnerable adults admitted to ICU who survive at least 48 hours who have their care preferences documented within 48 hours OR documentation as to why this was not done.		PQRS: UC2,	PQRS: Support
	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	Percentage of patients, aged 18 years and older, with a diagnosis of acute sinusitis, whose symptoms were assessed (history and physical exam) AND symptoms were classified as either viral sinusitis or acute bacterial sinusitis at the time of diagnosis.		PQRS: UC2,	PQRS: Do Not Support
	American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement :[DRAFT]: Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis	Percentage of patients, aged 18 years and older, with a diagnosis of acute sinusitis who were prescribed an antibiotic within 7 days of diagnosis.		PQRS: UC2,	PQRS: Do Not Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	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 Sinusitis	Percentage of patients, aged 18 years and over with a diagnosis of acute bacterial sinusitis that were prescribed amoxicillin, without clavulante, as a first line antibiotic at the time of diagnosis.		PQRS: UC2,	PQRS: Do Not Support
	American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement :[DRAFT]: Adult Sinusitis: Appropriate Diagnostic Testing for Chronic Sinusitis	Percentage of patients aged 18 years and older with a diagnosis of chronic sinusitis who had either a CT scan or nasal endoscopy of the paranasal sinuses ordered at the time of diagnosis or received within 90 days of initial diagnosis of chronic sinusitis.		PQRS: UC2,	PQRS: Do Not Support
	American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement :[DRAFT]: Adult Sinusitis: Computerized Tomography for Acute Sinusitis	Percentage of patients, aged 18 years and older, with a diagnosis of acute sinusitis who had a computerized tomography (CT) scan of the paranasal sinuses ordered at the time of diagnosis or received within 28 days after date of diagnosis.		PQRS: UC2,	PQRS: Do Not Support
	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)	Percentage of patients aged 18 years and older with a diagnosis of chronic sinusitis who had more than one CT scan of the paranasal sinuses ordered at the time of diagnosis or received within a 90 day period after date of diagnosis		PQRS: UC2,	PQRS: Do Not Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement :[DRAFT]: Adult Sinusitis: Multiple Antibiotics Prescribed for Acute Bacterial Sinusitis	Percentage of patients, aged 18 years and older, with a diagnosis of acute bacterial sinusitis, on an initial antibiotic, whose antibiotic prescriptions were changed before 5 days of use.		PQRS: UC2,	PQRS: Do Not Support
	American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement :[DRAFT]: Adult Sinusitis: Plain Film Radiography for Acute Sinusitis	Percentage of patients, aged 18 years and older, with a diagnosis of acute sinusitis who had a plain film radiography of the paranasal sinuses ordered at the time of diagnosis or received within 28 days after date of diagnosis.		PQRS: UC2,	PQRS: Do Not Support
	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	Percentage of patients, aged 18 years and older, with a diagnosis of acute bacterial sinusitis who have mild illness*, who were initially managed by observation without the use of antibiotics for up to 7 days after date of diagnosis.		PQRS: UC2,	PQRS: Do Not Support
	American Association of Hip and Knee Surgeons DRAFT: Assessment of Patient History	Percentage of patients undergoing a total knee replacement who had a history completed within one year prior to the procedure that included all of the following: onset and duration of symptoms, location and severity of pain, activity limitations, and prior treatments		PQRS: UC2,	PQRS: Do Not Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	American Association of Hip and Knee Surgeons DRAFT: Coordination of Post Discharge Care	Percentage of patients undergoing total knee replacement who received written instructions for post discharge care including all the following: post discharge physical therapy, home health care, post discharge DVT prophylaxis and follow-up physician visits		PQRS: UC2,	PQRS: Support Direction-address key gap
	American Association of Hip and Knee Surgeons DRAFT: Identification of Implanted Prosthesis in Operative Report	Percentage of patients undergoing total knee replacement whose operative report identifies the prosthetic implant specifications including the prosthetic implant manufacturer, the brand name of prosthetic implant and the size of prosthetic implant		PQRS: UC2,	PQRS: Do Not Support
	American Association of Hip and Knee Surgeons DRAFT: Physical Examination	Percentage of patients undergoing a total knee replacement who had a physical examination completed within one year prior to the procedure that included all of the following: gait, knee range of motion, presence or absence of deformity of the knee, stability of the knee, neurologic status, vascular status, skin, and height and weight		PQRS: UC2,	PQRS: Do Not Support
	American Association of Hip and Knee Surgeons DRAFT: Preoperative Antibiotic Infusion with Proximal Tourniquet	Percentage of patients undergoing a total knee replacement who had the prophylactic antibiotic completely infused prior to the inflation of the proximal tourniquet		PQRS: UC2,	PQRS: Do Not Support
	American Association of Hip and Knee Surgeons DRAFT: Radiographic Evidence of Arthritis	Percentage of patients with radiographic evidence of arthritis within one year prior to the procedure		PQRS: UC2,	PQRS: Do Not Support
	American Association of Hip and Knee Surgeons DRAFT: Venous Thromboembolic and Cardiovascular Risk Evaluation	Percentage of patients undergoing a total knee replacement who are evaluated for the presence or absence of venous throboemboic and cardiovascular risk factors within 30 days prior to the procedure including history of DVT, PE, MI, arrhthymia and stroke		PQRS: UC2,	PQRS: Do Not Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	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	Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or transient ischemic attack within three months of ambulatory visit with a blood pressure < 14090 mmHg OR patients with a blood pressure ≥ 14090 mmHg and prescribed 2 or more anti-hypertensive agents during the most recent visit during the measurement period		PQRS: UC2,	PQRS: Do Not Support
	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	Percentage of patients aged 18 years and older with a diagnosis of transient ischemic attack (TIA) or ischemic stroke for whom cross sectional imaging of the brain and imaging of the cervical cerebral vasculature, which at a minimum includes imaging of the carotid artery, was performed within 24 hours of admission for an inpatient stay OR within 72 hours of suspected TIA or ischemic stroke for an outpatient visit		PQRS: UC2,	PQRS: Do Not Support
	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	Percentage of patients aged 18 years and older with diagnosis of ischemic stroke who have a most recent LDL-C of ≥100 mgdL, OR LDL-C not measured, OR who were on a lipid-lowering medication prior to hospital arrival who were prescribed statin therapy at hospital discharge		PQRS: UC2,	PQRS: Do Not Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	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)	Percentage of all patients aged 18 years and older with a diagnosis of ischemic stroke who present within two hours of time last known well and who are eligible for t- PA, for whom t-PA was initiated within three hours of time last known well		PQRS: UC2,	PQRS: Do Not Support
	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	Percentage of patients aged 25 years or younger with atopic dermatitis with 2 or more visits within a six-month period without improvement of disease for whom evaluation or treatment was modified		PQRS: UC2,	PQRS: Do Not Support
	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	Percentage of patients aged 25 years or younger seen at one or more visits within a 12-month period with a diagnosis of atopic dermatitis who were prescribed topical steroid preparations with midrange potency (Groups III, IV and V)		PQRS: UC2,	PQRS: Do Not Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	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	Percentage of patients aged 25 years or younger seen at one or more visits within a 12-month period with a diagnosis of atopic dermatitis who were assessed for currents symptoms of disease activity based on three or more of the following manifestations: degree of inflammation, extent of skin involvement, sleep disturbances, itching, recent unscheduled visits over the last six months, or alterations in quality of life		PQRS: UC2,	PQRS: Do Not Support
	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	Percentage of patients aged 25 years or younger seen at one or more visits within a 12-month period with a diagnosis of atopic dermatitis for which daily hydration (eg, bath or shower) immediately followed by application of a moisturizing product was recommended		PQRS: UC2,	PQRS: Do Not Support
	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	Percentage of patients aged 25 years or younger seen at one or more visits within a 12-month period with a diagnosis of atopic dermatitis, who did not have a diagnosis of allergic rhinitis or urticaria, who were prescribed oral nonsedating antihistamines		PQRS: UC2,	PQRS: Do Not Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	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	Percentage of pediatric CT imaging studies for patients aged 17 years and younger performed with equipment that has complied with a CT equipment evaluation protocol at least once within the 12 month period prior to the exam		PQRS: UC2,	PQRS: Do Not Support
	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	Percentage of final reportsfor imaging studies performed for all patients, regardless of age, which document that DICOM format image data are available reciprocally to non-affiliated external entities on a secure, media free, searchable basis with patient authorization for at least a 12 month period after the study		PQRS: UC2,	PQRS: Do Not Support
	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	Percentage of total CT studies performed for all patients, regardless of age, that are reported to a radiation dose index registry AND that include at a minimum selected data elements		PQRS: UC2,	PQRS: Do Not Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	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	Percentage of final reports of imaging studies performed for all patients, regardless of age, which document that a search for DICOM format images was conducted for prior patient imaging studies completed at non-affiliated external entities within the past 12 months and are available through a secure, authorized, mediafree, shared archive prior to an imaging study being performed		PQRS: UC2,	PQRS: Support Direction-address key gap
	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	Percentage of CT imaging reports for all patients, regardless of age, with the imaging study named according to a standardized nomenclature (eg, RadLex®) and the standardized nomenclature is used in institutions computer systems		PQRS: UC2,	PQRS: Do Not Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	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	Percentage of final reports for CT imaging studies of the thorax for patients aged 18 years and older with documented follow-up recommendations for incidental pulmonary nodules (eg, follow-up CT imaging studies needed or that no follow-up is needed) based at a minimum on nodule size AND patient risk factors		PQRS: UC2,	PQRS: Do Not Support
	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	Percentage of CT and cardiac nuclear medicine (myocardial perfusion) imaging reports for all patients, regardless of age, that document a count of known previous CT studies (any type of CT) and cardiac nuclear medicine (myocardial perfusion studies) studies that the patient has received in the 12 month period prior to the current study		PQRS: UC2,	PQRS: Do Not Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	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	Percentage of pediatric CT imaging studies for patients aged 17 years and younger performed with individualized equipment evaluation protocols that comply with a widely used guideline		PQRS: UC2,	PQRS: Do Not Support
	American College of Cardiology/American Heart Association/Physician Consortium for Performance Improvement: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	Percentage of patients\ aged 18 years and older with a diagnosis of nonvalvular AF or atrial flutter at high risk for thromboembolism who were prescribed warfarin OR another anticoagulant drug that is FDA approved for the prevention of thromboembolism during the 12 month reporting period		PQRS: UC2,	PQRS: Do Not Support
	American College of Cardiology/American Heart Association/Physician Consortium for Performance Improvement: Atrial Fibrillation and Atrial Flutter: Assessment of Thromboembolic Risk Factors (CHADS2)	Percentage of patients aged 18 years and older with a diagnosis of nonvalvular AF or atrial flutter with an assessment of all of the specified thromboembolic risk factors documented		PQRS: UC2,	PQRS: Do Not Support
	American Society of Plastic Surgeons/Physician Consortium for Performance Improvement/National Committee for Quality Assurance: Chronic Wound Care: Patient Education regarding diabetic foot care	Percentage of patients aged 18 years and older with a diagnosis of diabetes and foot ulcer who received education regarding appropriate foot care AND daily inspection of the feet within the 12 month reporting period daily foot hygiene, use of proper footwear, good diabetes control, and prompt recognition and professional treatment of newly discovered lesions.”		PQRS: UC2,	PQRS: Support Direction-address key gap

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	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	Percentage of patients aged 18 years and older with a diagnosis of venous ulcer who received education regarding the need for long term compression therapy including interval replacement of compression stockings within the 12 month reporting period		PQRS: UC2,	PQRS: Support Direction-address key gap
	Assessment for Alarm Symptoms (PCPI and NCQA measure to be updated by AGA)	Percentage of patients aged 18 years and older with diagnosis of GERD, seen for an initial evaluation, who were assessed for the presence or absence of the following alarm symptoms: involuntary weight loss, dysphagia, and GI bleeding		PQRS: UC2,	PQRS: Do Not Support
	Assessment of Asthma Risk - Emergency DepartmentInpatient Setting	Percentage of patients aged 5 through 64 years with an emergency department visit or an inpatient admission for an asthma exacerbation who were evaluated for asthma risk		PQRS: UC2,	PQRS: Do Not Support
	Asthma Discharge Plan – Emergency Department Inpatient Setting	Percentage of patients aged 5 through 64 years with an emergency department visit or inpatient admission for an asthma exacerbation who are discharged from the emergency department OR inpatient setting with an asthma discharge plan		PQRS: UC2,	PQRS: Do Not Support
	Barium swallow – inappropriate use (PCPI and NCQA measure to be updated by AGA)	Percentage of patients aged 18 years and older seen for an initial evaluation of GERD who did not have a Barium swallow test ordered		PQRS: UC2,	PQRS: Do Not Support
	Biopsy for Barrett's esophagus (PCPI and NCQA measure to be updated by AGA)	Percentage of patients aged 18 years and older with a diagnosis of GERD or heartburn whose endoscopy report indicates a suspicion of Barrett's esophagus who had a forceps esophageal biopsy performed		PQRS: UC2,	PQRS: Do Not Support
	Blood pressure at goal	Percentage of patients in the sample whose most recent blood pressure reading was at goal		PQRS: UC2,	PQRS: Do Not Support
	Blood pressure poor control	Patients in the sample whose most recent blood pressure was greater than or equal to 14090 mm Hg. In this measure, lower percentages are better.		PQRS: UC2,	PQRS: Do Not Support
	Blood Pressure Superior Control	Patients in the sample whose most recent blood pressure was less than 13080 mm Hg.		PQRS: UC2,	PQRS: Do Not Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	Bone Marrow and FNADirect Specimen Acquisition**	This is a measure based on whether the qualified healthcare professional followed and documented a fine needle aspiration (FNA) timeout procedure to verify correct patient correct site correct procedure.		PQRS: UC2,	PQRS: Do Not Support
	Cecal Intubation	Percentage of colonoscopies into the cecum Including photo-documentation of one or more of the ileocecal valve, appendiceal orifice, or terminal ileum.		PQRS: UC2,	PQRS: Do Not Support
	Chronic Medication Therapy - Assessment of GERD Symptoms (PCPI measure to be updated by AGA)	Percentage of patients aged 18 years and older with the diagnosis of GERD who have been prescribed continuous proton pump inhibitor (PPI) or histamine H2 receptor antagonist (H2RA) therapy who received an assessment of their GERD symptoms within 12 months		PQRS: UC2,	PQRS: Do Not Support
	Comprehensive Colonoscopy Documentation	Percentage of final colonoscopy reports for patients aged 18 years and older that include documentation of all of the following pre-procedure risk assessment; depth of insertion; quality of the bowel prep; complete description of polyp(s) found, including location of each polyp, size, and number and gross morphology; and recommendations for follow-up.		PQRS: UC2,	PQRS: Do Not Support
	Concordance Assessment Following Image- Guided Breast Biopsy	Percent of breast patients who have concordance assessment performed following an image– guided breast biopsy		PQRS: UC2,	PQRS: Do Not Support
	Correct determination of ten-year risk for coronary death or MI	Number of patients in the sample whose ten-year risk of coronary death or myocardial infarction is correctly assessed and documented.		PQRS: UC2,	PQRS: Do Not Support
	Cytopathology Turn-around-time**	This is a measure based on whether routine non-gynecologic cytopathology specimen reports are finalized (signed out) with a turnaround time of less than or equal to two working days* from their accession in the laboratory, with an optimal goal of 90%.		PQRS: UC2,	PQRS: Do Not Support
	Diabetes Pre-Diabetes Evaluation for Patients with DSP	Percentage of patients age 18 years and older with a diagnosis of distal symmetric polyneuropathy seen for an initial evaluation who had screening tests for diabetes (eg fasting blood sugar test, a hemoglobin A1C, or a 2 hour Glucose Tolerance Test) reviewed, requested or ordered.		PQRS: UC2,	PQRS: Do Not Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	Distal Symmetric Polyneuropathy (DSP) Diagnosis Criteria: DSP Signs and Symptoms	Percentage of patients aged 18 years and older with a diagnosis of distal symmetric polyneuropathy seen for an initial evaluation who had their neuropathic symptoms and signs* reviewed and documented in the medical record.		PQRS: UC2,	PQRS: Do Not Support
	Distal Symmetric Polyneuropathy (DSP) Diagnosis Criteria-Electrodiagnostic Study	Percentage of patients age 18 years and older with a diagnosis of distal symmetric polyneuropathy who had electrodiagnostic studies (EDX) conducted and the results documented		PQRS: UC2,	PQRS: Do Not Support
	Documentation of offloading status for patients with diabetic foot ulcers	Percentage of total visits among patients aged 18 years and older with a diagnosis of diabetic foot ulcer in whom the status of offloading or pressure relief was documented within the 12-month reporting period.		PQRS: UC2,	PQRS: Do Not Support
	Documentation of support surface or offloading status for patients with serious pressure ulcers	Percentage of total visits among patients aged 18 years and older with a diagnosis of a Stage III or IV pressure ulcer in whom the status of offloading or support surface was documented within the 12-month reporting period.		PQRS: UC2,	PQRS: Do Not Support
	Documentation of venous compression at each visit for patients with venous stasis ulcers	Percentage of total visits among patients aged 18 years and older with a diagnosis of venous ulcer in whom the status of compression was documented at each visit within the 12-month reporting period.		PQRS: UC2,	PQRS: Do Not Support
	Education of patient about symptoms of choroidal Neovascularization necessitating early return for examination	Percentage of patients aged 50 years and older with age related macular degeneration and received education about symptoms of choroida neovascularization necessitating early return for examination		PQRS: UC2,	PQRS: Do Not Support
	Education of patient about the role of good glucose control in slowing progression of diabetic retinopathy	Percentage of patients aged 18 years and older with diabetic retinopathy and received education about the role of good glucose control in slowing progression of diabetic retinopathy		PQRS: UC2,	PQRS: Do Not Support
	Endoscopic screening of those with colorectal cancer: Surveillance at one year following CRC resection (Draft)	Percentage of patients aged 18 years and older receiving a surveillance colonoscopy one year following CRC resection.		PQRS: UC2,	PQRS: Do Not Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	Endoscopic screening of those with colorectal cancer: Surveillance at three years after a clean exam at one year (Draft)	Percentage of patients aged 18 years and older receiving a surveillance colonoscopy, after a clean exam at one year, had a follow-up interval of at least three years since their last colonoscopy documented in the colonoscopy report		PQRS: UC2,	PQRS: Do Not Support
	GERD: Assessment for Alarm Symptoms (PCPINCQA measure to be updated by AGA)	Percentage of patients aged 18 years and older with diagnosis of GERD, seen for an initial evaluation, who were assessed for the presence or absence of the following alarm symptoms: involuntary weight loss, dysphagia, and GI bleeding		PQRS: UC2,	PQRS: Do Not Support
	GERD: Barium swallow – inappropriate use (PCPI measure to be updated by AGA)	Percentage of patients aged 18 years and older seen for an initial evaluation of GERD who did not have a Barium swallow test ordered		PQRS: UC2,	PQRS: Do Not Support
	GERD: Upper endoscopy for patients with alarm symptoms (PCPINCQA measure to be updated by AGA)	Percentage of patients aged 18 years and older seen for an initial evaluation of GERD with at least one alarm symptom who were either referred for upper endoscopy or had an upper endoscopy performed		PQRS: UC2,	PQRS: Do Not Support
	LDL cholesterol at goal	Percentage of patients in the sample whose LDL cholesterol is considered to be at goal, based upon their CHD risk factors.		PQRS: UC2,	PQRS: Do Not Support
	LDL poor control	Patients in the sample whose most recent LDL cholesterol level was greater than or equal to 130 mgdl. In this measure, lower percentages are better.		PQRS: UC2,	PQRS: Do Not Support
	LDL Superior Control	Patients in the sample whose most recent LDL cholesterol level was <100 mgdL.		PQRS: UC2,	PQRS: Do Not Support
	Maintenance of Introperative Normothermia	Percentage of patients, regardless of age, undergoing surgical or therapeutic procedures under general or neuraxial anesthesia of 60 minutes duration or longer, except patients undergoing cardiopulmonary bypass, for whom at least one body temperature equal to or greater than 35.5 degrees Centigrade (or 95.9 degrees Fahrenheit) was recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time.		PQRS: UC2,	PQRS: Do Not Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	Management of Asthma Controller and Reliever Medications —Ambulatory Care Setting	Percentage of patients aged 5 to 64 years identified as having persistent asthma whose asthma medication ratio was greater than or equal to 0.5. Three rates are reported for this measure: Patients whose controller medication was inhaled corticosteroids (ICS), Patients whose controller medication was an alternative long term control medications (non-ICS), Total ratio of all prescriptions for controller medications over prescriptions for controller medications plus prescriptions for short acting reliever medications		PQRS: UC2,	PQRS: Do Not Support
	National Committee for Quality Assurance/Physician Consortium for Performance Improvement: [DRAFT] Asthma: Assessment of Asthma Risk - Emergency Department Inpatient Setting	Percentage of patients aged 5 through 50 years with an emergency department visit or an inpatient admission for an asthma exacerbation who were evaluated for asthma risk.		PQRS: UC2,	PQRS: Do Not Support
	National Committee for Quality Assurance/Physician Consortium for Performance Improvement: [DRAFT] Asthma: Asthma Discharge Plan – Emergency Department Inpatient Setting	Percentage of patients aged 5 through 50 years with an emergency department visit or inpatient admission for an asthma exacerbation who are discharged from the emergency department OR inpatient setting with an asthma discharge plan		PQRS: UC2,	PQRS: Do Not Support
	Nephropathy Assessment for Eligible Patients	Patients in the sample who were screened for nephropathy by an acceptable method, or were receiving medical therapy for nephropathy (ACE inhibitor or ARB). Acceptable screening tests include a positive result of urine dipstick testing for protein at any time; a normal result for urine microalbuminuria testing during the 12-month period prior to the visit date, with a three-month grace period; or a prior diagnosis of micro- or macroalbuminuria, regardless of the date of testing.		PQRS: UC2,	PQRS: Do Not Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	New Cancer Patient–Intervention Urgency	The demonstrated urgency in which new cancer patients are scheduled with an oncologist. This measurable sense of urgency for this initial visit establishes the foundation for commitment and service to the patient and their family. The date/time of the new cancer patient appointment minus the date/time the phone call was received to schedule the appointment for the new cancer patient appointment		PQRS: UC2,	PQRS: Do Not Support
	Ophthalmologic exam	Patients in the sample who had a dilated eye examination (or evaluation of a retinal photograph) by an eye specialist to screen for diabetic retinopathy, done within 12 months of the visit date, with a three-month grace period. If no examination was done during this period, an evaluation done during the prior 12 months is acceptable, provided that there was no evidence of retinopathy.		PQRS: UC2,	PQRS: Do Not Support
	Osteoporosis : Screen for Falls Risk Evaluation and Complete Falls Risk Assessment and Plan of Care	Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older who had a screen for falls risk evaluation within the past 12 months and for those reported as having a history of two or more falls, or fall-related injury who had a complete risk assessment for falls and a falls plan of care within the past 12 months.		PQRS: UC2,	PQRS: Do Not Support
	Osteoporosis: Calcium Intake Assessment and Counseling	Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older who had calcium intake assessment and counseling at least once within 12 months		PQRS: UC2,	PQRS: Do Not Support
	Osteoporosis: Current Level of Alcohol Use and Advice on Potentially Hazardous Drinking Prevention	Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older whose current level of alcohol use was documented and for those engaging in potentially hazardous drinking who received counseling within 12 months		PQRS: UC2,	PQRS: Do Not Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	Osteoporosis: DXA Scan	Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older who had a DXA scan and result documented		PQRS: UC2,	PQRS: Do Not Support
	Osteoporosis: Pharmacologic Therapy	Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older who were prescribed pharmacologic therapy approved by the FDA		PQRS: UC2,	PQRS: Do Not Support
	Osteoporosis: Status of Participation in Weight-bearing Exercise and Weight-bearing Exercise Advice	Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older whose status regarding participation in weight-bearing exercise was documented and for those not participating regularly who received advice within 12 months to participate in weight-bearing exercise		PQRS: UC2,	PQRS: Do Not Support
	Osteoporosis: Vitamin D Intake Assessment and Counseling	Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older who had vitamin D intake assessment and counseling at least once within 12 months		PQRS: UC2,	PQRS: Do Not Support
	Patient satisfaction with physician care provided for age related macular degeneration	Percentage of patients aged 50 years and older with age related macular degeneration and were satisfied with their care		PQRS: UC2,	PQRS: Support Direction-address key gap
	Patient satisfaction with physician care provided for diabetic retinopathy	Percentage of patients aged 18 years and older with diabetic retinopathy and who were satisfied with their care		PQRS: UC2,	PQRS: Support Direction-address key gap

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	Pharmacologic Therapy for Persistent Asthma —Ambulatory Care Setting	Percentage of patients aged 5 through 64 years with a diagnosis of persistent asthma and at least one medical encounter for asthma during the measurement year who were prescribed long-term control medication. Three rates are reported for this measure: Patients prescribed inhaled corticosteroids (ICS) as their long term control medication. Patients prescribed other alternative long term control medications (non-ICS).		PQRS: UC2,	PQRS: Do Not Support
	Physician Consortium for Performance Improvement: [DRAFT]: Adult Major Depressive Disorder: Follow Up Assessment of Depression Care	Patients aged 18 years and Percentage of older with a diagnosis of MDD with documentation of the patient's response to treatment three times in the first 90 days following diagnosis, and, if patient has not improved, documentation of treatment plan review or alteration		PQRS: UC2,	PQRS: Do Not Support
	Physician Consortium for Performance Improvement: [DRAFT]: Adult Major Depressive Disorder: Continuation of Antidepressant Medications	Percentage of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) who were continued on antidepressant medication for a minimum of 16 weeks following initial status change to remission		PQRS: UC2,	PQRS: Do Not Support
	Physician Consortium for Performance Improvement: [DRAFT]: Adult Major Depressive Disorder: Patient Education	Percentage of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) who received patient education two times per year, including at diagnosis, regarding, at a minimum: -the symptoms and treatment of major depressive disorder, including somatic symptoms, potential side effects, suicidal thoughts and behaviors, and the importance of treatment adherence; -its effects on functioning (including relationships, work, etc.); -the effect of healthy behaviors on depression, such as exercise, good sleep hygiene, good nutrition, and decreased use of tobacco, alcohol, and other potentially deleterious substances		PQRS: UC2,	PQRS: Do Not Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	Physician Consortium for Performance Improvement: [DRAFT]: Adult Major Depressive Disorder: Screening for Depression	Percentage of patients aged 18 years and older who were screened for depression annually using a validated depression screening tool (such as the PHQ-2) and, for those who screen positive for depression, a follow-up plan is documented		PQRS: UC2,	PQRS: Do Not Support
	Physician Consortium for Performance Improvement: [DRAFT]: Adult Major Depressive Disorder: Treatment for Depression	Percentage of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) who have a depression severity classification and who receive, at a minimum, treatment appropriate to their depression severity classification at the most recent visit during the measurement period		PQRS: UC2,	PQRS: Do Not Support
	Physician Consortium for Performance Improvement: [DRAFT]: Coordination of Care of Patients with Comorbid Conditions- Timely Follow Up (Paired Measure)	Percentage of medical records of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) and a diagnosed comorbid condition with communication to another physician treating the comorbid condition who have a response from the other physician within 45 days of original communication OR who have a follow-up attempt within 60 days of original communication by the physician treating MDD to elicit a response		PQRS: UC2,	PQRS: Support Direction- address key gap
	Physician Consortium for Performance Improvement: [DRAFT]: Preventive Care and Screening: Lipid Screening	Percentage of male patients aged 35 through 80 years and percentage of female patients aged 45 through 80 years who received a fasting or nonfasting total cholesterol (TC) level and highdensity lipoprotein cholesterol (HDL-C) level with results documented during the two-year measurement period		PQRS: UC2,	PQRS: Do Not Support
	Physician Consortium for Performance Improvement: [DRAFT]:Adult Major Depressive Disorder: Coordination of Care of Patients with Comorbid Conditions— Timely Follow Up	Percentage of medical records of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) and a diagnosed comorbid condition being treated by another physician with communication to the other physician treating the comorbid condition		PQRS: UC2,	PQRS: Support Direction- address key gap
	Physician Consortium for Performance Improvement: Preventive Care and Screening: Obesity Screening	Percentage of patients aged 18 years and older for whom body mass index (BMI) is documented at least once during the two year measurement period		PQRS: UC2,	PQRS: Do Not Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	Podiatry Exam	Patients in the sample who had a complete foot exam performed during the 12 month period prior to the visit date, with a three-month grace period		PQRS: UC2,	PQRS: Do Not Support
	Post-Anesthetic Transfer of Care Measure: Procedure Room to Intensive Care Unit	Measure: Percentage of patients who are under the care of an anesthesia practitioner and are admitted to an intensive care unit in which a post-anesthetic formal transfer of care protocol or checklist which includes the key transfer of care elements is utilized		PQRS: UC2,	PQRS: Do Not Support
	Preoperative Use of Aspirin for Patients with Drug-Eluting Coronary Artery Stents	Measure: Percentage of patients aged 18 years and older who are having a anesthetic in which the patient has a pre-existing drug-eluting coronary stent and either continue therapy or document the reason continuation of therapy was associated with greater risk than benefit.		PQRS: UC2,	PQRS: Do Not Support
	Pre-procedure Assessment	The pre-procedure period of colonoscopy encompasses the time from first contact with the patient until administration of sedation or instrument insertion. Documentation of compliance with10 key features is assessed.		PQRS: UC2,	PQRS: Do Not Support
	Prevention of Post-Operative Nausea and Vomiting – Multimodal therapy (pediatric)	Measure: Percentage of patients aged 18 years and younger who are having a general anesthetic in which an inhalational anesthetic agent is used, and who are at high or very high risk for PONV, who receive prophylactic antiemetic agents.		PQRS: UC2,	PQRS: Do Not Support
	Prevention of Post-Operative Nausea and Vomiting - Multimodal therapy (adults)	Measure: Percentage of patients aged 18 years and older who are having a general anesthetic in which an inhalational anesthetic agent is used, and who are at high or very high risk for PONV, who receive prophylactic antiemetic agents.		PQRS: UC2,	PQRS: Do Not Support
	Querying about Falls for Patients with DSP	Percentage of patients age 18 years and older with a diagnosis of distal symmetric polyneuropathy who were queried about falls within the past 12 months and the response was documented in the medical record at least annually		PQRS: UC2,	PQRS: Do Not Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	Querying about Pain and Pain Interference with Function	Percentage of patient visits for patients age 18 years and older with diagnosis of distal symmetric polyneuropathy who were queried about pain and pain interference with function and the querying was documented in the medical record for all visits during the measurement period.		PQRS: UC2,	PQRS: Do Not Support
	Registry Participation Measure	The practice or the facility participates in a multicenter, multi-practice data collection and feedback program that provides peer-group benchmarking on the quality and efficiency of anesthesia care.		PQRS: UC2,	PQRS: Do Not Support
	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement : Adult Kidney Disease: Catheter Use for ≥ 90 Days	Percentage of patients aged 18 years and older with a diagnosis of ESRD receiving maintenance hemodialysis for ≥ 90 days whose mode of vascular access is a catheter		PQRS: UC2,	PQRS: Do Not Support
	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Arteriovenous Fistula Rate	Percentage of calendar months within a 12 month period during which patients aged 18 years and older with a diagnosis of ESRD and receiving maintenance hemodialysis are using an autogenous arteriovenous (AV) fistula with two needles		PQRS: UC2,	PQRS: Do Not Support
	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	Percentage of patients aged 18 years and older with a diagnosis of ESRD who initiate maintenance hemodialysis during the measurement period, whose mode of vascular		PQRS: UC2,	PQRS: Do Not Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Referral to Nephrologist	Percentage of patients aged 18 years and older with a diagnosis of CKD (not receiving RRT) with an eGFR <30 and proteinuria who are referred to a nephrologist and have documentation that an appointment was made for a nephrology consultation within a 12- month period		PQRS: UC2,	PQRS: Do Not Support
	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Transplant Referral	Percentage of patients aged 18 years and older with a diagnosis of ESRD on hemodialysis or peritoneal dialysis for 90 days or longer who are referred to a transplant center for kidney transplant evaluation within a 12-month period		PQRS: UC2,	PQRS: Do Not Support
	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Pediatric Kidney Disease: Adequacy of Volume Management	Percentage of calendar months within a 12 month period during which patients aged 17 years and younger with a diagnosis of ESRD undergoing maintenance hemodialysis in an outpatient dialysis facility have an assessment of the adequacy of volume management from a nephrologist		PQRS: UC2,	PQRS: Do Not Support
	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Adequacy of Volume Management	Percentage of calendar months within a 12 month period during which patients aged 18 years and older with a diagnosis of ESRD undergoing maintenance hemodialysis in an outpatient dialysis facility have an assessment of the adequacy of volume management from a nephrologist		PQRS: UC2,	PQRS: Do Not Support
	Screening for Alcohol Misuse	Percentage of patients age 18 years and older with a diagnosis of distal symmetric polyneuropathy who were screened with a systematic screening instrument for alcohol misuse* at the initial evaluation and the screening was documented in the medical record		PQRS: UC2,	PQRS: Do Not Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	Smoking Status and Cessation Advice and Treatment	Patients in the sample whose current smoking status is documented in the chart, and who, if they were smokers, were documented to have received smoking cessation counseling during the reporting period.		PQRS: UC2,	PQRS: Do Not Support
	Smoking status and cessation support	Percentage of patients in the sample whose current smoking status is documented in the chart, and if they were smokers, were documented to have received smoking cessation counseling during the reporting period.		PQRS: UC2,	PQRS: Do Not Support
	Specimen orientation for Partial mastectomy or Excisional breast biopsy	Breast cancer and many excisional biopsy specimen are commonly divided into six sides: superficial (or anterior), deep (or posterior), superior (or cranial), inferior (caudal), lateral and medial. Orienting stitches, clips or ink are commonly used techniques by the operating surgeon to allow accurate pathological orientation and margin assessment. Proper breast specimen orientation is of paramount importance to minimize unnecessary surgery and tissue loss if reexcisional surgery for positive margins is necessary.		PQRS: UC2,	PQRS: Do Not Support
	Static Ultrasound in elective internal jugular vein cannulation	Measure: Percentage of patients aged 18 years and older who have static ultrasound imaging used in elective situations for pre-puncture identification of anatomy and vessel localization when the internal jugular vein is selected for cannulation.		PQRS: UC2,	PQRS: Do Not Support
	Surgeon assessment for hereditary cause of breast cancer	Percent of newly diagnosed invasive and ductal carcinoma in situ (DCIS) breast cancer patients (Stage 0 - Stage 4) seen by surgeon that undergo risk assessment for a hereditary cause of breast cancer. Patients with Lobular Carcinoma in situ (LCIS) are excluded from this Quality Measure.		PQRS: UC2,	PQRS: Do Not Support
	Testing for Clostridium difficile — Inpatient Measure	Percentage of patients aged 18 and older hospitalized (for any reason) who have refractory diarrhea at the time of hospitalization or who development diarrhea during hospitalization who are tested for Clostridium difficile.		PQRS: UC2,	PQRS: Do Not Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	The Endocrine Society DRAFT Baseline Gonadotropin (LH or FSH) Measurement	Percentage of male patients aged 18 years and older with androgen deficiency who are receiving testosterone therapy, who have a baseline gonadotropin (LH or FSH) measurement performed within six months prior to initiating testosterone therapy		PQRS: UC2,	PQRS: Do Not Support
	The Endocrine Society DRAFT Follow-up Hematocrit or Hemoglobin Test	Percentage of male patients aged 18 years and older with androgen deficiency who are receiving testosterone therapy, who have a follow-up hematocrit or hemoglobin test performed within two to six months after initiation of testosterone therapy		PQRS: UC2,	PQRS: Do Not Support
	The Endocrine Society DRAFT Follow-up Total Testosterone Measurement	Percentage of male patients aged 18 years and older with androgen deficiency who are receiving testosterone therapy, who have a follow-up total testosterone performed within six months after initiation of testosterone therapy		PQRS: UC2,	PQRS: Do Not Support
	The Endocrine Society DRAFT Total Testosterone Measurement	Percentage of male patients aged 18 years and older with androgen deficiency who are receiving testosterone therapy, who have a total testosterone measurement performed within six months prior to initiating testosterone therapy		PQRS: UC2,	PQRS: Do Not Support
	Timing of lipid testing complies with guidelines	Percentage of patients in the sample whose timing of lipid testing complies with guidelines (Lipid testing performed in the preceding 12-month period (with a three-month grace period) for patients with known CHD or CHD risk equivalent (prior MI, other clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus); or in the preceding 24-month period (with a three-month grace period) for patients with >=2 risk factors for CHD (smoking, hypertension, low HDL, men >=45 years, women >=55 years, family history of premature CHD; HDL >=60 mgdL acts as a negative risk factor); or in the preceding 60-month period (with a three-month grace period) for patients with <=1 risk factor for CHD).		PQRS: UC2,	PQRS: Do Not Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	Upper endoscopy for patients with alarm symptoms (PCPI and NCQA measure to be updated by AGA)	Percentage of patients aged 18 years and older seen for an initial evaluation of GERD with at least one alarm symptom who were either referred for upper endoscopy or had an upper endoscopy performed		PQRS: UC2,	PQRS: Do Not Support
	Vascular testing of patients with leg ulcers	Percentage of patients aged 18 years and older with a diagnosis of a leg ulcer(s) in whom vascular screening was performed within the 12-month reporting period.		PQRS: UC2,	PQRS: Do Not Support
0082 Endorsed (Retire Request)	Heart Failure: Patient Education	Percentage of patients aged 18 years and older with a diagnosis of heart failure who were provided with patient education on disease management and health behavior changes during one or more visit(s) within 12 months.	Process	PQRS: Fin, Value-Based Modifier: Fin	PQRS: Remove from measure set Value Modifier: Remove from measure set
Under Review (# 135)	GPRO HF-2 Heart Failure (HF): Left Ventricular Function (LVF) Testing	Percentage of patients with LVF testing during the current year for patients hospitalized with a principal diagnosis of HF during the measurement period	Process	PQRS: Fin, Value-Based Modifier: Fin	
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)	Percentage of patients aged 18 years and older with a diagnosis of CAD who also have diabetes mellitus and/or LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy.	Process	PQRS: Fin, MU: UC3, Value-Based Modifier: Fin	MU: Further Consideration by Coordinating Committee
0079 Endorsed	Heart Failure: Left Ventricular Function (LVF) Assessment	Percentage of patients aged 18 years and older with a diagnosis of heart failure who have quantitative or qualitative results of LVF assessment recorded.	Process	PQRS: Fin, MU: UC3, Value-Based Modifier: Fin	MU: Further Consideration by Coordinating Committee

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0102 Endorsed	Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy	Percentage of patients aged 18 years and older with a diagnosis of COPD and who have an FEV1/FVC less than 70% and have symptoms who were prescribed an inhaled bronchodilator	Process	PQRS: Fin, MU: UC3, Value-Based Modifier: Fin	MU: Further Consideration by Coordinating Committee
0101 Endorsed	Falls: Screening for Fall Risk	Percentage of patients aged 65 years and older who were screened for fall risk at least once within 12 months	Process	PQRS: Fin, MU: UC3, ACOs: Fin,Value-Based Modifier: Fin	MU: Further Consideration by Coordinating Committee
0418 Endorsed	Screening for Clinical Depression and Follow-up Plan	Percentage of patients aged 18 years and older screened for clinical depression using a standardized tool AND follow-up documented	Process	PQRS: Fin, MU: UC3, ACOs: Fin,	MU: Support
0022 Endorsed	Drugs to be Avoided in the Elderly	Percentage of patients ages 65 years and older who received at least one drug to be avoided in the elderly and/or two different drugs to be avoided in the elderly in the measurement period	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0045 Endorsed	Osteoporosis:Communication with the Physician Managing On-going Care Post-Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older	Percentage of patients aged 50 years and older treated for a hip, spine, or distal radial fracture with documentation of communication with the physician managing the patient's on-going care that a fracture occurred and that the patient was or should be tested or treated for osteoporosis	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0046 Endorsed	Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older	Percentage of female patients aged 65 years and older who have a central dual-energy X-ray absorptiometry (DXA) measurement ordered or performed at least once since age 60 or pharmacologic therapy prescribed within 12 months	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0050 Endorsed	Osteoarthritis (OA): Function and Pain Assessment	Percentage of patient visits for patients aged 21 years and older with a diagnosis of OA with assessment for function and pain	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0051 Endorsed	Osteoarthritis (OA): Assessment for Use of Anti-Inflammatory or Analgesic Over-the-Counter (OTC) Medications	Percentage of patient visits for patients aged 21 years and older with a diagnosis of OA with an assessment for use of anti-inflammatory or analgesic OTC medications	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0058 Endorsed	Antibiotic Treatment for Adults with Acute Bronchitis: Avoidance of Inappropriate Use	Percentage of adults aged 18 through 64 years with a diagnosis of acute bronchitis who were not prescribed or dispensed an antibiotic prescription on or within 3 days of the initial date of service	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0069 Endorsed	Treatment for Children with Upper Respiratory Infection (URI): Avoidance of Inappropriate Use	Percentage of children aged 3 months through 18 years with a diagnosis of URI who were not prescribed or dispensed an antibiotic prescription on or within 3 days of the initial date of service	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0098 Endorsed	Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older	Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0100 Endorsed	Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older	Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence with a documented plan of care for urinary incontinence at least once within 12 months	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0103 Endorsed	Major Depressive Disorder (MDD): Diagnostic Evaluation	Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD who met the DSM-IV criteria during the visit in which the new diagnosis or recurrent episode was identified during the measurement period	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0104 Endorsed	Major Depressive Disorder (MDD): Suicide Risk Assessment	Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD who had a suicide risk assessment completed at each visit during the measurement period	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0239 Endorsed	Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in All Patients)	Percentage of patients aged 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0271 Endorsed	Perioperative Care: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)	Percentage of non-cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics AND who received a prophylactic parenteral antibiotic, who have an order for discontinuation of prophylactic parenteral antibiotics within 24 hours of surgical end time	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0321 Endorsed	End Stage Renal Disease (ESRD): Plan of Care for Inadequate Peritoneal Dialysis	Percentage of patients aged 18 years and older with a diagnosis of ESRD receiving peritoneal dialysis who have a Kt/V ≥ 1.7 OR patients who have a Kt/V < 1.7 with a documented plan of care for inadequate peritoneal dialysis at least three times (every 4 months) during the 12-month reporting period	Outcome	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0322 Endorsed	Back Pain: Initial Visit	The percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who had back pain and function assessed during the initial visit to the clinician for the episode of back pain	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0323 Endorsed	End Stage Renal Disease (ESRD): Plan of Care for Inadequate Hemodialysis in ESRD Patients	period in which patients aged 18 years and older with a diagnosis of ESRD receiving hemodialysis have a Kt/V ≥ 1.2 OR patients who have a Kt/V < 1.2 with a documented plan of care for inadequate hemodialysis	Outcome	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0383 Endorsed	Oncology: Medical and Radiation – Plan of Care for Pain	Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0384 Endorsed	Oncology: Medical and Radiation – Pain Intensity Quantified	Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0388 Endorsed	Prostate Cancer: Three-Dimensional (3D) Radiotherapy	Percentage of patients, regardless of age, with a diagnosis of clinically localized prostate cancer receiving external beam radiotherapy as a primary therapy to the prostate with or without nodal irradiation (no metastases; no salvage therapy) who receive three-dimensional conformal radiotherapy (3D-CRT) or intensity modulated radiation therapy (IMRT)"	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0399 Endorsed	Hepatitis C: Hepatitis A Vaccination in Patients with HCV	Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who received at least one injection of hepatitis A vaccine, or who have documented immunity to hepatitis A	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0400 Endorsed	Hepatitis C: Hepatitis B Vaccination in Patients with HCV	Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who received at least one injection of hepatitis B vaccine, or who have documented immunity to hepatitis B	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0401 Endorsed	Hepatitis C: Counseling Regarding Risk of Alcohol Consumption	Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who were counseled about the risks of alcohol use at least once within 12-months	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0405 Endorsed	HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis	Percentage of patients aged 6 years and older with a diagnosis of HIV/AIDS and CD4+ cell count < 200 cells/mm3 who were prescribed PCP prophylaxis within 3 months of low CD4+ cell count	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0406 Endorsed	HIV/AIDS: Adolescent and Adult Patients with HIV/AIDS Who Are Prescribed Potent Antiretroviral Therapy	Percentage of patients with a diagnosis of HIV/AIDS aged 13 years and older: who have a history of a nadir CD4+ cell count below 350/mm3 or who have a history of an AIDS-defining condition, regardless of CD4+ cell count; or who are pregnant, regardless of CD4+ cell count or age, who were prescribed potent antiretroviral therapy	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0507 Endorsed	Stenosis Measurement in Carotid Imaging Studies	Percentage of final reports for all patients, regardless of age, for carotid imaging studies (neck MR angiography [MRA], neck CT angiography [CTA], neck duplex ultrasound, carotid angiogram) performed that include direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0508 Endorsed	Radiology: Inappropriate Use of "Probably Benign" Assessment Category in Mammography Screening	Percentage of final reports for screening mammograms that are classified as “probably benign”	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0510 Endorsed	Radiology: Exposure Time Reported for Procedures Using Fluoroscopy	Percentage of final reports for procedures using fluoroscopy that include documentation of radiation exposure or exposure time	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0561 Endorsed	Melanoma: Coordination of Care	Percentage of patient visits, regardless of patient age, with a new occurrence of melanoma who have a treatment plan documented in the chart that was communicated to the physician(s) providing continuing care within one month of diagnosis	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0562 Endorsed	Melanoma: Overutilization of Imaging Studies in Stage 0-IA Melanoma	Percentage of patients, regardless of age, with Stage 0 or IA melanoma, without signs or symptoms, for whom no diagnostic imaging studies have been ordered related to the melanoma diagnosis	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0564 Endorsed	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence	Outcome	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0565 Endorsed	Cataracts: 20/40 or Better Visual Acuity Within 90 Days Following Cataract Surgery	Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery	Outcome	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0653 Endorsed	Acute Otitis Externa (AOE): Topical Therapy	Percentage of patients aged 2 years and older with a diagnosis of AOE who were prescribed topical preparations	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
382 Endorsed	Oncology: Radiation Dose Limits to Normal Tissues	Percentage of patients, regardless of age, with a diagnosis of pancreatic or lung cancer receiving 3D conformal radiation therapy with documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues.	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
Submitted, Not Endorsed (formerly # 0246)	Stroke and Stroke Rehabilitation: Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports	Percentage of final reports for CT or MRI studies of the brain performed either: • In the hospital within 24 hours of arriva, OR • In an outpatient imaging center to confirm initial diagnosis of stroke, transient ischemic attack (TIA) or intracranial hemorrhage For patients aged 18 years and older with either a diagnosis of ischemic stroke or TIA or intracranial hemorrhage OR at least one documented symptom consistent with ischemic stroke or TIA or intracranial hemorrhage that includes documentation of the presence or absence of each of the following: hemorrhage and mass lesion and	Process	PQRS: Fin, MU: UC3,	PQRS: Remove from measure set MU: Do Not Support
	Chronic Wound Care: Use of Wet to Dry Dressings in Patients with Chronic Skin Ulcers (overuse measure)	Percentage of patient visits for those patients aged 18 years and older with a diagnosis of chronic skin ulcer without a prescription or recommendation to use wet or dry dressings.		PQRS: Fin, MU: UC3,	PQRS: Submit for endosement MU: Do Not Support
0048 Endorsed	Osteoporosis: Management Following Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older	Percentage of patients aged 50 years and older with fracture of the hip, spine, or distal radius who had a central dual-energy X-ray absorptiometry (DXA) measurement ordered or performed or pharmacologic therapy prescribed	Process	PQRS: Fin, MU: UC2,	MU: Further Consideration by Coordinating Committee
0654 Endorsed	Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy - Avoidance of Inappropriate Use	Percentage of patients aged 2 years and older with a diagnosis of AOE who were not prescribed systemic antimicrobial therapy	Process	PQRS: Fin, MU: UC2,	MU: Further Consideration by Coordinating Committee
Measure in use in ACRheum registry	Rheumatoid Arthritis (RA): Functional Status Assessment	Percentage of patients 18 years and older with a diagnosis of RA for whom a functional status assessment was performed at least once within 12 months	Process	PQRS: Fin, MU: UC2,	PQRS: Submit for endosement MU: Do Not Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
Under review	Falls: Plan of Care	Percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months	Process	PQRS: Fin, MU: UC2,	MU: Further consideration by Coordinating Committee, if endorsed
Under review	Falls: Risk Assessment	Percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months	Process	PQRS: Fin, MU: UC2,	MU: Further consideration by Coordinating Committee, if endorsed
	Dementia: Caregiver Education and Support	Percentage of patients, regardless of age, with a diagnosis of dementia whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND referred to additional resources for support within a 12-month period.		PQRS: Fin, MU: UC2,	PQRS: Submit for endosement MU: Do Not Support
	Dementia: Counseling Regarding Risks of Driving	Percentage of patients, regardless o f age, with a diagnosis of dementia or their caregiver(s) who were counseled regarding the risks of driving and the alternatives to driving at least once within a 12-month period.		PQRS: Fin, MU: UC2,	PQRS: Submit for endosement MU: Do Not Support
	Dementia: Counseling Regarding Safety Concerns	Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) who were counseled or referred for counseling regarding safety concerns within a 12-month period.		PQRS: Fin, MU: UC2,	PQRS: Submit for endosement MU: Do Not Support
	Dementia: Functional Status Assessment	Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of functional status is performed and the results and the results reviewed at least once within a 12 month period.		PQRS: Fin, MU: UC2,	PQRS: Submit for endosement MU: Do Not Support
	Dementia: Staging of Dementia	Percentage of patients, regardless of age, with a diagnosis of dementia whose severity of dementia was classified as mild, moderate, or severe at least once within a 12-month period.		PQRS: Fin, MU: UC2,	PQRS: Submit for endosement MU: Do Not Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	Dementia: Cognitive Assessment	Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12-month period.		PQRS: Fin, MU: UC2,	PQRS: Submit for endosement MU: Do Not Support
Under review; Not Recommended for Endorsement	Hypertension: Blood Pressure Control	Percentage of patients aged 18 years and older with a diagnosis of hypertension with a blood pressure <140/90 mm Hg OR patients with a blood pressure =140/90 mm Hg and prescribed 2 or more anti-hypertensive medications during the most recent office visit within a 12 month period		PQRS: Fin, MU: UC1,	PQRS: Remove from measure set MU: Do Not Support
0036 Endorsed	Use of Appropriate Medications for Asthma	The percentage of patients 5-50 years of age during the measurement year who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report three age stratifications (5-11 years, 12-50 years, and total).	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: UC3	VM: Support Direction
0001 Endorsed	Asthma: Asthma Assessment	Percentage of patients aged 5 through 50 years with a diagnosis of asthma who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms.	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0002 Endorsed	Appropriate Testing for Children with Pharyngitis	Percentage of children aged 2 through 18 years with a diagnosis of pharyngitis, who were prescribed an antibiotic and who received a group A streptococcus (strep) test for the episode.	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0004 Endorsed	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement	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	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0012 Endorsed	Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)	Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal visit.	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0014 Endorsed	Prenatal Care: Anti-D Immune Globulin	Percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation.	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0024 Endorsed	Weight Assessment and Counseling for Children and Adolescents	Percentage children, 2 through 18 years of age, whose weight is classified based on BMI percentile for age and gender.	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0032 Endorsed	Cervical Cancer Screening	The percentage of women 21-64 years of age who received one or more Pap tests to screen for cervical cancer.	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0033 Endorsed	Chlamydia Screening for Women	The percentage of women 15-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0038 Endorsed	Childhood Immunization Status	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (Hep B), one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and two separate combination rates.	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0047 Endorsed	Asthma: Pharmacologic Therapy	Percentage of patients aged 5 through 50 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment.	process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0052 Endorsed	Low Back Pain: Use of Imaging Studies	The percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of diagnosis.	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0055 Endorsed	Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient	Percentage of patients aged 18 through 75 years with a diagnosis of diabetes mellitus who had a dilated eye exam	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0056 Endorsed	Diabetes Mellitus: Foot Exam	The percentage of patients aged 18 through 75 years with diabetes who had a foot examination	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0061 Endorsed	Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus	Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent blood pressure in control (less than 140/90 mmHg)	Outcome	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0062 Endorsed	Diabetes Mellitus: Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients	Percentage of patients aged 18 through 75 years with diabetes mellitus who received urine protein screening or medical attention for nephropathy during at least one office visit within 12 months	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0067 Endorsed	Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD	Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0070 Endorsed	Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)	Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy.	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0073 Endorsed	Ischemic Vascular Disease (IVD): Blood Pressure Management Control	Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) who had most recent blood pressure in control (less than 140/90 mmHg)	Outcome	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0081 Endorsed	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0086 Endorsed	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	Percentage of patients aged 18 years and older with a diagnosis of POAG who have an optic nerve head evaluation during on or more office visits within 12 months	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0088 Endorsed	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0089 Endorsed	Diabetic Retionpathy: Communication with the Physician Managing On-going Diabetes Care	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the on-going care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0105 Endorsed	Major Depressive Disorder (MDD): Antidepressant Medication During Acute Phase for Patients with MDD	Percentage of patients aged 18 years and older diagnosed with new episode of MDD and documented as treated with antipdepressant medication during the entire 84-day (12-week) acute treatment phase	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0385 Endorsed	Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients	Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0387 Endorsed	Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0389 Endorsed	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0575 Endorsed	Diabetes: HbA1c Control < 8%	The percentage of patients 18–75 years of age with diabetes (type 1 or type 2) who had HbA1c <8.0%.	Outcome	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0018 Endorsed	Controlling High Blood Pressure	The percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year.	Outcome	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0028 Endorsed	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0031 Endorsed	Preventive Care and Screening: Screening Mammography	Percentage of women aged 40 through 69 years who had a mammogram to screen for breast cancer within 24 months Measure specification changed and under NQF review: The percentage of women 50–69 years of age who had a mammogram to screen for breast cancer. The eligible population starts at 52 years of age to account for the look-back period.	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0034 Endorsed	Preventive Care and Screening: Colorectal Cancer Screening	Percentage of patients aged 50 through 75 years who received the appropriate colorectal cancer screening	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0041 Endorsed	Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old	Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February)	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0043 Endorsed	Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years and Older	Percentage of patients aged 65 years and older who have ever received a pneumococcal vaccine	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0068 Endorsed	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) with documented use of aspirin or other antithrombotic	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0074 Endorsed	Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol	Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines).	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0083 Endorsed	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy.	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0421 Endorsed	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up	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 parameters, a follow-up plan is documented	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0059 Endorsed	Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus	Perecentage of patients aged 18-75 years with diabetes mellitus who had most recent hemoglobin A1c greater than 9%.	Outcome	PQRS: Fin, MU: Fin, ACOs: Fin,	

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0064 Endorsed	Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus	Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent LDL-C level in control (less than 100 mg/d)	Outcome	PQRS: Fin, MU: Fin,	
0075 Endorsed	Ischemic Vascular Disease (IVD): Low Density Lipoprotein (LDL-C) Control	Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) who had most recent LDL-C level in control (less than 100 mg/dl)	Outcome	PQRS: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0097 Endorsed	Medication Reconciliation: Reconciliation After Discharge from an Inpatient Facility	Percentage of patients aged 65 years and older discharged from any inpatient facility (eg, hospital, skilled nursing facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing on-going care who had a reconciliation of the discharge medications with the current medication list in the medical record documented	Process	PQRS: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0729 Endorsed	Diabetes Composite (All or Nothing Scoring): Aspirin use	The percentage of adult diabetes patients who have optimally managed modifiable risk factors (A1c, LDL, blood pressure, tobacco non-use and daily aspirin usage) with the intent of preventing or reducing future complications associated with poorly managed diabetes. 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 cardiovascular disease daily aspirin use unless contraindicated.	Outcome	PQRS: Fin, ACOs: Fin,Value-Based Modifier: Fin	

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0729 Endorsed	Diabetes Composite (All or Nothing Scoring):Tobacco Non Use	The percentage of adult diabetes patients who have optimally managed modifiable risk factors (A1c, LDL, blood pressure, tobacco non-use and daily aspirin usage) with the intent of preventing or reducing future complications associated with poorly managed diabetes. 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 cardiovascular disease daily aspirin use unless contraindicated.	Outcome	PQRS: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0017 Endorsed	Hypertension (HTN): Plan of Care	Percentage of patient visits for patients aged 18 years and older with a diagnosis of HTN with either systolic blood pressure ≥ 140 mmHg or diastolic blood pressure ≥ 90 mmHg with documented plan of care for hypertension	Process	PQRS: Fin,	
0027 Endorsed	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	The percentage of patients 18 years of age and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies.	Process	PQRS: Fin,	
0049 Endorsed	Osteoporosis: Pharmacologic Therapy for Men and Women Aged 50 Years and Older	Percentage of patients aged 50 years and older with a diagnosis of osteoporosis who were prescribed pharmacologic therapy within 12 months	Process	PQRS: Fin,	
0054 Endorsed	Rheumatoid Arthritis (RA): Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy	Percentage of patients aged 18 years and older who were diagnosed with RA and were prescribed, dispensed, or administered at least one ambulatory prescription for a DMARD	Process	PQRS: Fin,	

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0057 Endorsed	Diabetes Mellitus: Hemoglobin A1c Testing	Percentage of patients aged 18 through 75 years of age with diabetes mellitus who had hemoglobin A1c (HbA1c) testing	Process	PQRS: Fin,	
0064 Endorsed	GPRO DM 9: Lipid Control	Percentage of adult patients with diabetes aged 18-75 years receiving at least one lipid profile (or ALL component tests)	Outcome	PQRS: Fin,	
0084 Endorsed (Retire Request)	Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation	Percentage of all patients aged 18 and older with a diagnosis of heart failure and paroxysmal or chronic atrial fibrillation who were prescribed warfarin therapy.	Process	PQRS: Fin,	PQRS: Remove from measure set
0087 Endorsed	Age-related Macular Degeneration (AMD): Dilated Macular Examination	Percentage of patients aged 50 years and older with a diagnosis of AMD who had a dilated macular examination performed which included documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity during one or more office visits within 12 months	Process	PQRS: Fin,	
0090 Endorsed	12-Lead Electrocardiogram (ECG) Performed for Non-Traumatic Chest Pain	Percentage of patients aged 40 years and older with an emergency department discharge diagnosis of non-traumatic chest pain who had a 12-lead ECG performed	Process	PQRS: Fin,	
0091 Endorsed	Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation	Percentage of patients aged 18 years and older with a diagnosis of COPD who had spirometry evaluation results documented	Process	PQRS: Fin,	
0092 Endorsed	Aspirin at Arrival for Acute Myocardial Infarction (AMI)	Percentage of patients, regardless of age, with an emergency department discharge diagnosis of AMI who had documentation of receiving aspirin within 24 hours before emergency department arrival or during emergency department stay	Process	PQRS: Fin,	
0093 Endorsed	12-Lead Electrocardiogram (ECG) Performed for Syncope	Percentage of patients aged 60 years and older with an emergency department discharge diagnosis of syncope who had a 12-lead ECG performed	process	PQRS: Fin,	
0094 Endorsed (Retire Request)	Community-Acquired Pneumonia (CAP): Assessment of Oxygen Saturation	Percentage of patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia with oxygen saturation documented and reviewed	Process	PQRS: Fin,	PQRS: Remove from measure set

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0095 Endorsed (Retire Request)	Assessment Mental Status for Community-Acquired Bacterial Pneumonia	Percentage of patients aged 18 years and older with the diagnosis of community-acquired bacterial pneumonia with mental status assessed	Process	PQRS: Fin,	PQRS: Remove from measure set
0096 Endorsed	Community-Acquired Pneumonia (CAP): Empiric Antibiotic	Percentage of patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia with an appropriate empiric antibiotic prescribed	Process	PQRS: Fin,	
0099 Endorsed	Urinary Incontinence: Characterization of Urinary Incontinence in Women Aged 65 Years and Older	Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence whose urinary incontinence was characterized at least once within 12 months	Process	PQRS: Fin,	
0114 Endorsed	Coronary Artery Bypass Graft (CABG): Postoperative Renal Insufficiency	Percentage of patients aged 18 years and older undergoing isolated CABG surgery who develop postoperative renal insufficiency or require dialysis	Outcome	PQRS: Fin,	
0115 Endorsed	Coronary Artery Bypass Graft (CABG): Surgical Re-exploration	Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require a return to the operating room (OR) for mediastinal bleeding/tamponade, graft occlusion (due to acute closure, thrombosis, technical or embolic origin), or other cardiac reason	Outcome	PQRS: Fin,	
0118 Endorsed	Coronary Artery Bypass Graft (CABG): Lipid Management and Counseling	Percentage of patients aged 18 years and older undergoing isolated CABG surgery who have anti-lipid treatment at discharge	Process	PQRS: Fin,	
0129 Endorsed	Coronary Artery Bypass Graft (CABG): Prolonged Intubation (Ventilation)	Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require intubation > 24 hours	Outcome	PQRS: Fin,	
0130 Endorsed	Coronary Artery Bypass Graft (CABG): Deep Sternal Wound Infection Rate	Percentage of patients aged 18 years and older undergoing isolated CABG surgery who developed deep sternal wound infection (involving muscle, bone, and/or mediastinum requiring operative intervention) within 30 days postoperatively	Outcome	PQRS: Fin,	
0131 Endorsed	Coronary Artery Bypass Graft (CABG): Stroke/Cerebrovascular Accident (CVA)	Percentage of patients aged 18 years and older undergoing isolated CABG surgery who had a stroke/CVA within 24 hours postoperatively	Outcome	PQRS: Fin,	

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0232 Endorsed	Community-Acquired Pneumonia (CAP): Vital Signs	Percentage of patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia with vital signs documented and reviewed	Process	PQRS: Fin,	
0236 Endorsed	Pre-op beta blocker in patient with isolated CABG (2)	Percentage of patients undergoing CABG with documented pre-operative beta blockade who had a coronary artery bypass graft	Process	PQRS: Fin,	
0237 Endorsed	Coronary Artery Bypass Graft (CABG): Antiplatelet Medications at Discharge	Percentage of patients aged 18 years and older undergoing isolated CABG surgery who have antiplatelet medication at discharge	Process	PQRS: Fin,	
0238 Endorsed	Coronary Artery Bypass Graft (CABG): Beta-Blockers Administered at Discharge	Percentage of patients aged 18 years and older undergoing isolated CABG surgery who were discharged on beta-blockers	Process	PQRS: Fin,	
0241 Endorsed	Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge	Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or transient ischemic attack (TIA) with documented permanent, persistent, or paroxysmal atrial fibrillation who were prescribed an anticoagulant at discharge	Process	PQRS: Fin,	
0243 Endorsed	Stroke and Stroke Rehabilitation: Screening for Dysphagia	Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or intracranial hemorrhage who underwent a dysphagia screening process before taking any foods, fluids or medication by mouth	Process	PQRS: Fin,	
0244 Endorsed	Stroke and Stroke Rehabilitation: Consideration of Rehabilitation Services	Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or intracranial hemorrhage for whom consideration of rehabilitation services is documented	Process	PQRS: Fin,	
0259 Endorsed	Hemodialysis Vascular Access Decision-Making by Surgeon to Maximize Placement of Autogenous arterial Venous (AV) Fistula	Percentage of patients aged 18 years and older with a diagnosis of advanced Chronic Kidney Disease (CKD) (stage 4 or 5) or End Stage Renal Disease (ESRD) requiring hemodialysis vascular access documented by surgeon to have received autogenous AV fistula	Process	PQRS: Fin,	
0268 Endorsed	Perioperative Care: Selection of Prophylactic Antibiotic - First OR Second Generation Cephalosporin	Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for cefazolin OR cefuroxime for antimicrobial prophylaxis	Process	PQRS: Fin,	

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0269 Endorsed	Timing of Prophylactic Antibiotics - Administering Physician	Percentage of surgical patients aged > 18 years with indications for prophylactic parenteral antibiotics for whom administration of the antibiotic has been initiated within one hour (if vancomycin, two hours) prior to the surgical incision or start of procedure when no incision is required.	Process	PQRS: Fin,	
0270 Endorsed	Peioperative Care: Timing of Antibiotic Prophylaxis - Ordering Physician	Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics, who have an order for prophylactic parenteral antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours), prior to the surgical incision (or start of procedure when no incision is required)	Process	PQRS: Fin,	
0313 Endorsed	Back Pain: Advice Against Bed Rest	The percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who received advice against bed rest lasting four days or longer at the initial visit to the clinician for the episode of back pain	Process	PQRS: Fin,	
0314 Endorsed	Back Pain: Advice for Normal Activities	The percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who received advice for normal activities at the initial visit to the clinician for the episode of back pain	Process	PQRS: Fin,	
0319 Endorsed	Back Pain: Physical Exam	Percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who received a physical examination at the initial visit to the clinician for the episode of back pain	Process	PQRS: Fin,	
0325 Endorsed	Stroke and Stroke Rehabilitation: Discharges on Antiplatelet Therapy	Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or transient ischemic attack (TIA) who were prescribed antiplatelet therapy at discharge	Process	PQRS: Fin,	
0326 Endorsed	Advance Care Plan	Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan	Process	PQRS: Fin,	

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0377 Endorsed	Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow	Percentage of patients aged 18 years and older with a diagnosis of MDS or an acute leukemia who had baseline cytogenetic testing performed on bone marrow	Process	PQRS: Fin,	
0378 Endorsed	Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy	Percentage of patients aged 18 years and older with a diagnosis of MDS who are receiving erythropoietin therapy with documentation of iron stores prior to initiating erythropoietin therapy	Process	PQRS: Fin,	
0379 Endorsed	Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry	Percentage of patients aged 18 years and older with a diagnosis of CLL who had baseline flow cytometry studies performed	Process	PQRS: Fin,	
0380 Endorsed	Multiple Myeloma: Treatment with Bisphosphonates	Percentage of patients aged 18 years and older with a diagnosis of multiple myeloma, not in remission, who were prescribed or received intravenous bisphosphonate therapy within the 12-month reporting period	process	PQRS: Fin,	
0386 Endorsed	Oncology: Cancer Stage Documented	Percentage of patients, regardless of age, with a diagnosis of breast, colon, or rectal cancer who are seen in the ambulatory setting who have a baseline AJCC cancer stage or documentation that the cancer is metastatic in the medical record at least once within 12 months	Process	PQRS: Fin,	
0390 Endorsed	Prostate Cancer: Adjuvant Hormonal Therapy for High-Risk Prostate Cancer Patients	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at high risk of recurrence receiving external beam radiotherapy to the prostate who were prescribed adjuvant hormonal therapy (GnRH agonist or antagonist)	Process	PQRS: Fin,	
0391 Endorsed	Breast Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade	Percentage of breast cancer resection pathology reports that include the pT category (primary tumor), the pN category (regional lymph nodes), and the histologic grade	Process	PQRS: Fin,	

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0392 Endorsed	Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade	Percentage of colon and rectum cancer resection pathology reports that include the pT category (primary tumor), the pN category (regional lymph nodes) and the histologic grade	Process	PQRS: Fin,	
0393 Endorsed	Hepatitis C: Testing for Chronic Hepatitis C – Confirmation of Hepatitis C Viremia	Percentage of patients aged 18 years and older with a diagnosis of hepatitis C seen for an initial evaluation who had HCV RNA testing ordered or previously performed	Process	PQRS: Fin,	
0394 Endorsed	Hepatitis C: Counseling Regarding Use of Contraception Prior to Antiviral Therapy	Percentage of female patients aged 18 through 44 years and all men aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment who were counseled regarding contraception prior to the initiation of treatment	Process	PQRS: Fin,	
0395 Endorsed	Hepatitis C: Ribonucleic Acid (RNA) Testing Before Initiating Treatment	Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom quantitative HCV RNA testing was performed within 6 months prior to initiation of antiviral treatment	Process	PQRS: Fin,	
0396 Endorsed	Hepatitis C: HCV Genotype Testing Prior to Treatment	Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom HCV genotype testing was performed prior to initiation of antiviral treatment	Process	PQRS: Fin,	
0397 Endorsed	Hepatitis C: Antiviral Treatment Prescribed	Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who were prescribed peginterferon and ribavirin therapy within the 12-month reporting period	Process	PQRS: Fin,	
0398 Endorsed	Hepatitis C: HCV Ribonucleic Acid (RNA) Testing at Week 12 of Treatment	Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom quantitative HCV RNA testing was performed at 12 weeks from the initiation of antiviral treatment	Process	PQRS: Fin,	
0404 Endorsed	HIV/AIDS: CD4+ Cell Count or CD4+ Percentage	Percentage of patients aged 6 months and older with a diagnosis of HIV/AIDS for whom a CD4+ cell count or CD4+ cell percentage was performed at least once every 6 months	Process	PQRS: Fin,	

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0407 Endorsed	HIV/AIDS: HIV RNA Control After Six Months of Potent Antiretroviral Therapy	Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS who are receiving potent antiretroviral therapy, who have a viral load below limits of quantification after at least 6 months of potent antiretroviral therapy or patients whose viral load is not below limits of quantification after at least 6 months of potent antiretroviral therapy and have documentation of a plan of care	Process	PQRS: Fin,	
0409 Endorsed	HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia and Gonorrhea	Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS for whom chlamydia and gonorrhea screenings were performed at least once since the diagnosis of HIV infection	Process	PQRS: Fin,	
0410 Endorsed	HIV/AIDS: Sexually Transmitted Disease Screening for Syphilis	Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS who were screened for syphilis at least once within 12 months	Process	PQRS: Fin,	
0413 Endorsed	HIV/AIDS: Screening for High Risk Sexual Behaviors	Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS who were screened for high risk sexual behaviors at least once within 12 months	Process	PQRS: Fin,	
0415 Endorsed	HIV/AIDS: Screening for Injection Drug Use	Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS who were screened for injection drug use at least once within 12 months	Process	PQRS: Fin,	
0416 Endorsed	Diabetes Mellitus: Diabetic Foot and Ankle care, Ulcer Prevention - Evaluation of Footwear	Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who were evaluated for proper footwear and sizing	Process	PQRS: Fin,	
0417 Endorsed	Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy - Neurological Evaluation	Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who had a neurological examination of their lower extremities within 12 months	Process	PQRS: Fin,	
0419 Endorsed	Documentation of Current Medications in the Medical Record	Percentage of patients aged 18 years and older with a list of current medications (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional] supplements) documented by the provider, including drug name, dosage, frequency, and route.	Process	PQRS: Fin,	

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0420 Endorsed	Pain Assessment Prior to Initiation of Patient Therapy and Follow-up	Percentage of patients aged 18 years and older with documentation of a pain assessment (if pain is present, including location, intensity and description) through discussion with the patient including the use of a standardized tool on each qualifying visit prior to initiation of therapy AND documentation of a follow-up plan	process	PQRS: Fin,	
0422 Endorsed	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Knee Impairments	Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the knee in which the change in their Risk-Adjusted Functional Status is measured	Process	PQRS: Fin,	
0423 Endorsed	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Hip Impairments	Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the hip in which the change in their Risk-Adjusted Functional Status is measured	Outcome	PQRS: Fin,	
0424 Endorsed	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Lower Leg, Foot or Ankle Impairments	Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the lower leg, foot or ankle in which the change in their Risk-Adjusted Functional Status is measured	Outcome	PQRS: Fin,	
0425 Endorsed	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Lumbar Spine Impairments	Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the lumbar spine in which the change in their Risk-Adjusted Functional Status is measured	Outcome	PQRS: Fin,	
0426 Endorsed	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Shoulder Impairments	Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the shoulder in which the change in their Risk-Adjusted Functional Status is measured	Outcome	PQRS: Fin,	
0427 Endorsed	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Elbow, Wrist or Hand Impairments	Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the elbow, wrist or hand in which the change in their Risk-Adjusted Functional Status is measured	Outcome	PQRS: Fin,	

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0428 Endorsed	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Neck, Cranium, Mandible, Thoracic Spine, Ribs, or Other General Orthopedic Impairments	Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the neck, cranium, mandible, thoracic spine, ribs, or other general orthopedic impairment in which the change in their Risk-Adjusted Functional Status is measured	Process	PQRS: Fin,	
0437 Endorsed	Stroke and Stroke Rehabilitation: Thrombolytic Therapy	Percentage of patients aged 18 years and older with a diagnosis of acute ischemic stroke who arrive at the hospital within two hours of time last known well and for whom IV t-PA was initiated within three hours of time last known well	Process	PQRS: Fin,	
0442 Endorsed	Functional Communication Measure - Writing	Percentage of patients aged 16 years and older with a diagnosis of late effects of cerebrovascular disease (CVD) that make progress on the Writing Functional Communication Measure	Outcome	PQRS: Fin,	
0443 Endorsed	Functional Communication Measure - Swallowing	Percentage of patients aged 16 years and older with a diagnosis of late effects of cerebrovascular disease (CVD) that make progress on the Swallowing Functional Communication Measure	Outcome	PQRS: Fin,	
0444 Endorsed	Functional Communication Measure - Spoken Language Expression	Percentage of patients aged 16 years and older with a diagnosis of late effects of cerebrovascular disease (CVD) that make progress on the Spoken Language Expression Functional Communication Measure	Outcome	PQRS: Fin,	
0445 Endorsed	Functional Communication Measure - Spoken Language Comprehension	Percentage of patients aged 16 years and older with a diagnosis of late effects of cerebrovascular disease (CVD) that make progress on the Spoken Language Comprehension Functional Communication Measure	Outcome	PQRS: Fin,	
0446 Endorsed	Functional Communication Measure - Reading	Percentage of patients aged 16 years and older with a diagnosis of late effects of cerebrovascular disease (CVD) that make progress on the Reading Functional Communication Measure	Outcome	PQRS: Fin,	
0447 Endorsed (Retire Request)	Functional Communication Measure - Motor Speech	Percentage of patients aged 16 years and older with a diagnosis of late effects of cerebrovascular disease (CVD) that make progress on the Motor Speech Functional Communication Measure	Outcome	PQRS: Fin,	PQRS: Remove from measure set

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0448 Endorsed	Functional Communication Measure - Memory	Percentage of patients aged 16 years and older with a diagnosis of late effects of cerebrovascular disease (CVD) that make progress on the Memory Functional Communication Measure	Outcome	PQRS: Fin,	
0449 Endorsed	Functional Communication Measure - Attention	Percentage of patients aged 16 years and older with a diagnosis of late effects of cerebrovascular disease (CVD) that make progress on the Attention Functional Communication Measure	Outcome	PQRS: Fin,	
0454 Endorsed	Perioperative Temperature Management	Percentage of patients, regardless of age, undergoing surgical or therapeutic procedures under general or neuraxial anesthesia of 60 minutes duration or longer, except patients undergoing cardiopulmonary bypass, for whom either active warming was used intraoperatively for the purpose of maintaining normothermia, OR at least one body temperature equal to or greater than 36 degrees Centigrade (or 96.8 degrees Fahrenheit) was recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time	Process	PQRS: Fin,	
0455 Endorsed	Thoracic Surgery: Recording of Clinical Stage for Lung Cancer and Esophageal Cancer Resection	Percentage of surgical patients aged 18 years and older undergoing resection for lung or esophageal cancer who had clinical TNM staging provided prior to surgery	Process	PQRS: Fin,	
0457 Endorsed	Thoracic Surgery: Recording of Performance Status Prior to Lung or Esophageal Cancer Resection	Percentage of patients aged 18 years and older undergoing resection for lung or esophageal cancer who had performance status documented and reviewed within 2 weeks prior to surgery	Process	PQRS: Fin,	
0458 Endorsed	Thoracic Surgery: Pulmonary Function Tests Before Major Anatomic Lung Resection (Pneumonectomy, Lobectomy, or Formal Segmentectomy)	Percentage of surgical patients aged 18 years and older undergoing a major lung resection who had a pulmonary function test performed within 12 months prior to surgery	Process	PQRS: Fin,	

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0464 Endorsed	Prevention of Catheter-Related Bloodstream Infections (CRBSI): Central Venous Catheter (CVC) Insertion Protocol	Percentage of patients, regardless of age, who undergo CVC insertion for whom CVC was inserted with all elements of maximal sterile barrier technique [cap AND mask AND sterile gown AND sterile gloves AND a large sterile sheet AND hand hygiene AND 2% chlorhexidine for cutaneous antisepsis (or acceptable alternative antiseptics per current guideline)] followed	Process	PQRS: Fin,	
0488 Endorsed	Health Information Technology (HIT): Adoption/Use of Electronic Health Records (EHR)	Documents whether provider has adopted and is using health information technology. To qualify, the provider must have adopted and be using a certified/qualified EHR	Structure/ Management	PQRS: Fin,	
0509 Endorsed	Radiology: Reminder System for Mammograms	Percentage of patients aged 40 years and older undergoing a screening mammogram whose information is entered into a reminder system with a target due date for the next mammogram	Structure/ Management	PQRS: Fin,	
0511 Endorsed	Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy	Percentage of final reports for all patients, regardless of age, undergoing bone scintigraphy that include physician documentation of correlation with existing relevant imaging studies (eg, x-ray, MRI, CT, etc.) that were performed	process	PQRS: Fin,	
0563 Endorsed	Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of Plan of Care	Percentage of patients aged 18 years and older with a diagnosis of POAG whose glaucoma treatment has not failed (the most recent IOP was reduced by at least 15% from the pre-intervention level) OR if the most recent IOP was not reduced by at least 15% from the pre-intervention level, a plan of care was documented within 12 months	Process	PQRS: Fin,	
0566 Endorsed	Age-related Macular Degeneration (AMD): Counseling on Antioxidant Supplement	Percentage of patients aged 50 years and older with a diagnosis of AMD and/or their caregiver(s) who were counseled within 12 months on the benefits and/or risks of the Age-Related Eye Disease Study (AREDS) formulation for preventing progression of AMD	Process	PQRS: Fin,	

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0637 Endorsed	Perioperative Care: Discontinuation of Prophylactic Antibiotics (Cardiac Procedures)	Percentage of cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic antibiotics AND who received a prophylactic antibiotic, who have an order for discontinuation of prophylactic antibiotics within 48 hours of surgical end time	Process	PQRS: Fin,	
0643 Endorsed	Cardiac Rehabilitation Patient Referral From an Outpatient Setting	Percentage of patients evaluated in an outpatient setting who in the previous 12 months have experienced an acute myocardial infarction or chronic stable angina or who have undergone coronary artery bypass (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery (CVS), or cardiac transplantation, who have not already participated in an early outpatient cardiac rehabilitation/secondary prevention program for the qualifying event, and who are referred to an outpatient cardiac rehabilitation/secondary prevention program	Process	PQRS: Fin,	
0645 Endorsed	Biopsy Follow-up	Percentage of patients who are undergoing a biopsy whose biopsy results have been reviewed by the biopsying physician and communicated to the primary care physician and the patient.	Process	PQRS: Fin,	
0650 Endorsed	Melanoma: Continuity of Care – Recall System	melanoma or a history of melanoma whose information was entered, at least once within a 12 month period, into a recall system that includes: •A target date for the next complete physical skin exam, AND • A process to follow up with patients who either did not make an appointment within the specified timeframe or who missed a scheduled appointment	Structure/ Management	PQRS: Fin,	
0651 Endorsed	Ultrasound determination of pregnancy location for pregnant patients with abdominal pain	Percentage of pregnant patients who present to the ED with a chief complaint of abdominal pain and or vaginal bleeding who receive a trans-abdominal or trans-vaginal ultrasound.	Process	PQRS: Fin,	
0652 Endorsed	Rh immunoglobulin (Rhogam) for Rh negative pregnant women at risk of fetal blood exposure.	Percent of Rh negative pregnant women at risk of fetal blood exposure who receive Rhogam the ED.	Process	PQRS: Fin,	

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0659 Endorsed	Endoscopy & Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps- Avoidance of Inappropriate Use	Percentage of patients aged 18 years and older receiving a surveillance colonoscopy and a history of colonic polyp(s) in a previous colonoscopy, who had a follow-up interval of 3 or more years since their last colonoscopy documented in the colonoscopy report	Process	PQRS: Fin,	
240 Endorsed	Stroke and Stroke Rehabilitation: Deep Vein Thrombosis Prophylaxis (DVT) for Ischemic Stroke or Intracranial Hemorrhage	Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or intracranial hemorrhage who received DVT prophylaxis by end of hospital day two	Process	PQRS: Fin,	
ABIM measure in use	Aspirin or Other Anti-Platelet or Anti-Coagulant Therapy	TBD		PQRS: Fin,	
ABIM measure in use	Cardiac Rehabilitation Patient Referral From an Outpatient Setting	TBD		PQRS: Fin,	
ABIM measure in use	Complete Lipid Profile	TBD		PQRS: Fin,	
ABIM measure in use	Counseling for Diet and Physical Activity	Percentage of patients in the sample who received dietary and physical activity counseling.		PQRS: Fin,	
ABIM measure in use and tested	Annual Serum Creatinine Test	TBD		PQRS: Fin,	
ABIM measure in use and tested	LDL Control	TBD		PQRS: Fin,	
ABIM measure in use and tested	Urine Protein Test	TBD		PQRS: Fin,	

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
Measure in use	Image Confirmation of Successful Excision of Image-Localized Breast Lesion	Image confirmation of lesion(s) targeted for image guided excisional biopsy or wire-localized partial mastectomy in patients with nonpalpable, image- detected breast lesion(s). Lesions may include: indeterminate microcalcifications, mammographic or sonographic mass or architectural distortion, focal suspicious abnormalities on MRI or other breast imaging amenable to localization such as PET mammography, or a biopsy marker demarcating site of confirmed pathology as established by previous core biopsy		PQRS: Fin,	
Measure in use	Preoperative Diagnosis of Breast Cancer	The percent of patients undergoing breast cancer operations who had an “attempt” to achieve the diagnosis of breast cancer preoperatively by a minimally invasive biopsy method		PQRS: Fin,	
Measure in use	Sentinel Lymph Node Biopsy for Invasive Breast Cancer	The percentage of clinically node negative (clinical stage T1N0M0 or T2N0M0) breast cancer patients who undergo a sentinel lymph node (SLN) procedure		PQRS: Fin,	
Measure in use in ACRheum registry	Rheumatoid Arthritis (RA): Glucocorticoid Management	Percentage of patients 18 years and older with a diagnosis of RA who have been assessed for glucocorticoid use and, for those on prolonged doses of prednisone = 10 mg daily (or equivalent) with improvement or no change in disease activity, documentation of glucocorticoid management plan within 12 months	Outcome	PQRS: Fin,	
Measure in use in ACRheum registry	Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity	Percentage of patients 18 years and older with a diagnosis of RA who have an assessment and classification of disease activity within 12 months	Process	PQRS: Fin,	
Measure in use in ACRheum registry	Rheumatoid Arthritis (RA): Tuberculosis Screening	Percentage of patients 18 years and older with a diagnosis of RA who have documentation of a tuberculosis (TB) screening performed and results interpreted within 6 months prior to receiving a first course of therapy using a biologic disease-modifying anti-rheumatic drug (DMARD)	Process	PQRS: Fin,	

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
Measure in use in AGA registry	Inflammatory Bowel Disease (IBD): Hepatitis B Assessment Before Initiating Anti-TNF Therapy	Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease (IBD) who had anti-HBsAg (HBsAg plus HBsAb) testing performed and results interpreted within one year prior to receiving first course of anti-TNF therapy		PQRS: Fin,	
Measure in use in AGA registry	Inflammatory Bowel Disease (IBD): Preventive Care: Influenza Immunization	Percentage of patients aged 18 years and older with inflammatory bowel disease for who received recommendations for influenza immunization per current CDC guidelines during the measurement period		PQRS: Fin,	
Measure in use in AGA registry	Inflammatory Bowel Disease (IBD): Preventive Care: Pneumococcal Immunization	Percentage of patients aged 18 years and older with inflammatory bowel disease for who received recommendations for pneumococcal immunization per current CDC guidelines during the measurement period		PQRS: Fin,	
Measure in use in AGA registry	Inflammatory Bowel Disease (IBD): Preventive Care: Steroid Related Iatrogenic Injury – Bone Loss Assessment	Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease that have been managed by corticosteroids for 60 days or more, assessed for risk of bone loss once per measurement year		PQRS: Fin,	
Measure in use in AGA registry	Inflammatory Bowel Disease (IBD): Preventive Care: Steroid Sparing Therapy	Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease that have been managed by corticosteroids for 60 days or more, that have been prescribed steroid sparing therapy in the last measurement year		PQRS: Fin,	
Measure in use in AGA registry	Inflammatory Bowel Disease (IBD): Screening for Latent TB Before Initiating Anti-TNF Therapy	Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease (IBD) who have documentation of a tuberculosis (TB) screening performed and results interpreted within 6 months prior to receiving a first course of anti-TNF therapy		PQRS: Fin,	
Measure in use in AGA registry	Inflammatory Bowel Disease (IBD): Type, Anatomic Location and Activity All Documented	Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease with assessed for disease type, anatomic location and activity, at least once during the reporting period		PQRS: Fin,	

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
Measure in use in Pinnacle Registry	Coronary Artery Disease (CAD): Symptom Management	Percentage of visits for patients aged 18 years and older with a diagnosis of CAD and with results of an evaluation of both level of activity AND presence or absence of anginal symptoms, with appropriate management of angina symptoms (evaluation of level of activity and symptoms includes no report of angina symptoms OR evaluation of level of activity and symptoms includes report of anginal symptoms and a plan of care is documented to achieve control of anginal symptoms)		PQRS: Fin,	
Measure in use in SVS registry	Rate of Carotid Endarterectomy for Asymptomatic Patients, without Major Complications (discharged to home no later than post-operative day #2)	Rate of carotid endarterectomy for asymptomatic patients, without major complications (discharged to home no later than post-operative day #2)		PQRS: Fin,	
Measure in use in SVS registry	Rate of EVAR without Major Complications (discharged to home no later than POD #2)	Percent of patients undergoing endovascular repair of AAA who do not experience a major complication, and are discharge to home no later than post-operative day #2		PQRS: Fin,	
Measure in use in SVS registry	Rate of Open AAA Repair without Major Complications (discharged to home no later than post-operative day #7)	Percent of patients undergoing open repair of AAA who do not experience a major complication, and are discharge to home no later than post-operative day #7		PQRS: Fin,	
Submitted, Not Endorsed (Formerly # 0466)	Carotid Endarterectomy: Use of Patch During Conventional Carotid Endarterectomy	Percentage of patients aged 18 years and older undergoing conventional (non-eversion) carotid endarterectomy who undergo patch closure of the arteriotomy	Process	PQRS: Fin,	PQRS: Remove from measure set
Submitted, Not Endorsed	Acute Otitis Externa (AOE): Pain Assessment	Percentage of patient visits for those patients aged 2 years and older with a diagnosis of AOE with assessment for auricular or periauricular pain	Process	PQRS: Fin,	PQRS: Remove from measure set
Submitted, Not Endorsed (formerly# 0065)	Coronary Artery Disease (CAD): Symptom and Activity Assessment	Percentage of patients aged 18 years and older with a diagnosis of CAD who were evaluated for both level of activity and anginal symptoms during one or more visits	Process	PQRS: Fin,	PQRS: Remove from measure set

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
Under Review (# 0134)	Use of Internal Mammary Artery (IMA) in Coronary Artery Bypass Graft (CABG)	Percentage of patients aged 18 years and older undergoing isolated coronary artery bypass graft (CABG) who received an internal mammary artery (IMA) graft	Process	PQRS: Fin,	
Under Review (# 0503)	Anticoagulation for acute pulmonary embolus patients	Number of acute embolus patients who have orders for anticoagulation (heparin or low-molecular weight heparin) for pulmonary embolus while in the ED.	Process	PQRS: Fin,	
Under review; measure in use	Adult Kidney Disease (CKD): Blood Pressure Management	Percentage of patient visits for patients aged 18 years and older with a diagnosis of advanced CKD (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]), with a blood pressure < 130/80 mmHg OR blood pressure = 130/80 mmHg with a documented plan of care	Outcome	PQRS: Fin,	
Under review; measure in use in SVS registry	Statin Therapy at Discharge after Lower Extremity Bypass (LEB)	Percentage of patients aged 18 years and older undergoing LEB are prescribed a statin medication at discharge		PQRS: Fin,	
Under review; measure in use in SVS registry	Surveillance after Endovascular Abdominal Aortic Aneurysm Repair (EVAR)	Percentage of patients over 18 years of age undergoing EVAR who have at least one follow-up imaging study (computed tomographic angiography (CTA), magnetic resonance angiography (MRA) or duplex ultrasound) after 3 months and within 15 months of EVAR placement that documents aneurysm sac diameter and endoleak status		PQRS: Fin,	
Under review; Not Recommended for Endorsement	Pregnancy Test for Female Abdominal Pain Patients:	Pregnancy test for female abdominal pain patients		PQRS: Fin,	PQRS: Remove from measure set
Under review; Recommended for Endorsement	Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	Percentage of patients aged 18 years and older who had cataract surgery and had improvement in visual function achieved within 90 days following the cataract surgery		PQRS: Fin,	

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	Asthma: Tobacco Use: Intervention - Ambulatory Care Setting	Percentage of patients aged 5 through 50 years with a diagnosis of asthma who were identified as tobacco users (patients who currently use tobacco AND patients who do not currently use tobacco, but are exposed to second hand smoke in their home environment) who received tobacco cessation intervention within 12 months		PQRS: Fin,	PQRS: Submit for endosement
	Annual Parkinson's Disease Diagnosis Review	TBD		PQRS: Fin,	PQRS: Submit for endosement
	Assessment of Adherence to Positive Airway Pressure Therapy	All visits for patients aged 18 years and older with a diagnosis of obstructive sleep apnea who were prescribed positive airway pressure therapy who had documentation that adherence to positive airway pressure therapy was objectively measured		PQRS: Fin,	PQRS: Submit for endosement
	Assessment of Sleep Symptoms	All visits for patients aged 18 years and older with a diagnosis of obstructive sleep apnea that includes documentation of an assessment of symptoms, including presence or absence of snoring and daytime sleepiness		PQRS: Fin,	PQRS: Submit for endosement
	Barrett's Esophagus	Esophageal biopsies with a diagnosis of Barrett's esophagus that also include a statement on dysplasia		PQRS: Fin,	PQRS: Submit for endosement
	Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery	Percentage of patients aged 18 years and older who had cataract surgery and were satisfied with their care within 90 days following the cataract surgery		PQRS: Fin,	PQRS: Submit for endosement
	Chronic Wound Care: Use of Wound Surface Culture Technique in Patients with Chronic Skin Ulcers (overuse measure)	Percentage of patient visits for those patients aged 18 years and older with a diagnosis of chronic skin ulcer without the use of a wound surface culture technique		PQRS: Fin,	PQRS: Submit for endosement
	Cognitive Impairment or Dysfunction Assessment	TBD		PQRS: Fin,	PQRS: Submit for endosement

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	Counseling for Women of Childbearing Potential with Epilepsy	Female patients of childbearing potential (12-44 years old) diagnosed with epilepsy who were counseled about epilepsy and how its treatment may affect contraception and pregnancy at least once a year		PQRS: Fin,	PQRS: Submit for endosement
	Dementia: Management of Neuropsychiatric Symptoms	Percentage of patients, regardless of age, with a diagnosis of dementia who have one or more neuropsychiatric symptoms who received or were recommended to receive an intervention for neuropsychiatric symptoms within a 12 month period		PQRS: Fin,	PQRS: Submit for endosement
	Dementia: Neuropsychiatric Symptom Assessment	Percentage of patients, regardless of age, with a diagnosis of dementia and their caregiver(s) for whom an assessment of patient's neuropsychiatric symptoms is performed and results reviewed at least once in a 12 month period		PQRS: Fin,	PQRS: Submit for endosement
	Dementia: Screening for Depressive Symptoms	Percentage of patients, regardless of age, with a diagnosis of dementia who were screened for depressive symptoms within a 12 month period		PQRS: Fin,	PQRS: Submit for endosement
	Documentation of Etiology of Epilepsy or Epilepsy Syndrome	All visits for patients with a diagnosis of epilepsy who had their etiology of epilepsy or with epilepsy syndrome(s) reviewed and documented if known, or documented as unknown or cryptogenic		PQRS: Fin,	PQRS: Submit for endosement
	Immunohistochemical (IHC) Evaluation of HER2 for Breast Cancer Patients	This is a measure based on whether quantitative evaluation of HER2 by immunohistochemistry (IHC) uses the system recommended in the ASCO/CAP Guidelines for Human Epidermal Growth Factor Receptor 2 Testing in breast cancer		PQRS: Fin,	PQRS: Submit for endosement

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	Measure #M119a: Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL) Test Performed	Percentage of patients aged 20 through 79 years whose risk factors* have been assessed and a fasting LDL test has been performed. There are three criteria for this measure based on the patient's risk category. 1. Highest Level of Risk: Coronary Heart Disease (CHD) or CHD Risk Equivalent 2. Moderate Level of Risk: Multiple (2+) Risk Factors 3. Lowest Level of Risk: 0 or 1 Risk Factor This is a two-part measure which is paired with Measure #M119b: Preventive Care and Screening: Cholesterol – Risk-Stratified Fasting LDL. If the fasting LDL test is performed, #M119b should also be reported.		PQRS: Fin,	PQRS: Submit for endosement

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	Measure #M119b: Preventive Care and Screening: Cholesterol – Risk-Stratified Fasting LDL	Percentage of patients aged 20 through 79 years who had a fasting LDL test performed and whose risk-stratified* fasting LDL is at or below the recommended LDL goal. * Based on risk factors defined below and on the calculation of the Framingham Risk Score There are three criteria for this measure based on the patient's risk category. 1. Highest Level of Risk: Coronary Heart Disease (CHD) or CHD Risk Equivalent OR Multiple Risk Factors (2+) and 10-year Framingham risk >20% 2. Moderate Level of Risk: Multiple (2+) Risk Factors and 10-year Framingham risk =20% 3. Lowest Level of Risk: 0 or 1 Risk Factor This measure will be calculated for each of the criteria as well as a composite performance rate for all patients aged 20 through 79 years who were seen by the eligible professional during the measurement period. This is a two-part measure which is paired with Measure #M119a: Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL) Test Performed. If the fasting LDL results are documented, #M119a should also be		PQRS: Fin,	PQRS: Submit for endosement
	Parkinson's Disease Medical and Surgical Treatment Options Reviewed	TBD		PQRS: Fin,	PQRS: Submit for endosement
	Parkinson's Disease Rehabilitative Therapy Options	TBD		PQRS: Fin,	PQRS: Submit for endosement

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	Positive Airway Pressure Therapy Prescribed	Percentage of patients aged 18 years and older with a diagnosis of moderate or severe obstructive sleep apnea who were prescribed positive airway pressure therapy		PQRS: Fin,	PQRS: Submit for endosement
	Psychiatric Disorders or Disturbances Assessment	TBD		PQRS: Fin,	PQRS: Submit for endosement
	Querying about Sleep Disturbances	TBD		PQRS: Fin,	PQRS: Submit for endosement
	Radical Prostatectomy Pathology Reporting	This is a measure based on whether radical prostatectomy pathology report includes the pT category, the pN category, the Gleason score and a statement about margin status		PQRS: Fin,	PQRS: Submit for endosement
	Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness	Percentage of patients aged birth and older referred to a physician (preferably a physician specially trained in disorders of the ear) for an otologic evaluation subsequent to an audiologic evaluation after presenting with acute or chronic dizziness		PQRS: Fin,	PQRS: Submit for endosement
	Seizure Type(s) and Current Seizure Frequency(ies)	All visits for patients with a diagnosis of epilepsy who had the type(s) of seizure(s) and current seizure frequency for each seizure type documented in the medical record.		PQRS: Fin,	PQRS: Submit for endosement
	Severity Assessment at Initial Diagnosis	All patients aged 18 years and older with a diagnosis of obstructive sleep apnea who had an apnea hypopnea index (AHI) or a respiratory disturbance index (RDI) measured at the time of initial diagnosis		PQRS: Fin,	PQRS: Submit for endosement
	Substance Use Disorders: Counseling Regarding Psychosocial and Pharmacologic Treatment Options for Alcohol Dependence	TBD		PQRS: Fin,	PQRS: Submit for endosement
	Substance Use Disorders: Screening for Depression Among Patients with Substance Abuse or Dependence	Percentage of patients aged 18 years and older with a diagnosis of current substance abuse or dependence who were screened for depression within the 12-month reporting period		PQRS: Fin,	PQRS: Submit for endosement

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	Wound Care: Use of Compression System in Patients with Venous Ulcers	Percentage of patients aged 18 years and older with a diagnosis of venous ulcer who were prescribed compression therapy within the 12-month reporting period	Outcome	PQRS: Fin,	PQRS: Submit for endosement
	Asthma: Tobacco Use: Screening - Ambulatory Care Setting	Percentage of patients aged 5 through 50 years with a diagnosis of asthma who were queried about tobacco use and exposure to second hand smoke in their home environment at least once within 12 months	process	PQRS: Fin,	PQRS: Submit for endosement
	Adult Kidney Disease (CKD): Laboratory Testing (Calcium, Phosphorus, Intact Parathyroid Hormone (iPTH) and Lipid Profile)	Percentage of patients aged 18 years and older with a diagnosis of advanced CKD (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]), who had the following laboratory testing ordered within 12 months: serum levels of calcium, phosphorus and intact PTH, and lipid profile	Process	PQRS: Fin,	PQRS: Submit for endosement
	Adult Kidney Disease (CKD): Plan of Care Elevated Hemoglobin for Patients Receiving Erythropoiesis-Stimulating Agents (ESA)	Percentage of calendar months during the 12-month reporting period in which patients aged 18 years and older with a diagnosis of advanced CKD (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]), receiving ESA therapy, have a hemoglobin < 13 g/dL OR patients whose hemoglobin is = 13 g/dL and have a documented plan of care	Process	PQRS: Fin,	PQRS: Submit for endosement
	Functional Outcome Assessment in Chiropractic Care	Percentage of patients age 18 years and older with documentation of a current functional outcome assessment using a standardized tool AND documentation of a care plan based on identified functional outcome deficiencies	process	PQRS: Fin,	PQRS: Submit for endosement
	Preventive Care and Screening: Unhealthy Alcohol Use Screening	Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method within 24 months	process	PQRS: Fin,	PQRS: Submit for endosement
	Referral for Otologic Evaluation for Patients with Congenital or Traumatic Deformity of the Ear	Percentage of patients aged birth and older referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation subsequent to an audiologic evaluation after presenting with a congenital or traumatic deformity of the ear (internal or external)	Process	PQRS: Fin,	PQRS: Submit for endosement

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	Referral for Otologic Evaluation for Patients with History of Active Drainage from the Ear within the Previous 90 days	Percentage of patients aged birth and older who have disease of the ear and mastoid processes referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation subsequent to an audiologic evaluation after presenting with a history of active drainage from the ear within the previous 90 days	Process	PQRS: Fin,	PQRS: Submit for endosement
	Referral for Otologic Evaluation for Patients with a History of Sudden or Rapidly Progressive Hearing Loss	Percentage of patients aged birth and older referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation immediately following an audiologic evaluation that verifies and documents sudden or rapidly progressive hearing loss	Process	PQRS: Fin,	PQRS: Submit for endosement
	Elder Maltreatment Screen and Follow-Up Plan	Percentage of patients age 65 years and older with documentation of a screen for elder maltreatment AND documented follow-up plan	Process	PQRS: Fin,	PQRS: Submit for endosement
	Preventive Care and Screening: Screening for High Blood Pressure	Percentage of patients aged 18 years and older who are screened for high blood pressure according to defined recommended screening intervals.	process	PQRS: Fin,	PQRS: Submit for endosement

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

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
- Patient-reported outcomes
- Shared decision making; patient activation
- End of life
- Palliative care
- Care planning
- Health-related quality of life

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[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 - Meaningful Use

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0022 Endorsed	Drugs to be Avoided in the Elderly	Percentage of patients ages 65 years and older who received at least one drug to be avoided in the elderly and/or two different drugs to be avoided in the elderly in the measurement period	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0045 Endorsed	Osteoporosis:Communication with the Physician Managing On-going Care Post-Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older	Percentage of patients aged 50 years and older treated for a hip, spine, or distal radial fracture with documentation of communication with the physician managing the patient's on-going care that a fracture occurred and that the patient was or should be tested or treated for osteoporosis	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0046 Endorsed	Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older	Percentage of female patients aged 65 years and older who have a central dual-energy X-ray absorptiometry (DXA) measurement ordered or performed at least once since age 60 or pharmacologic therapy prescribed within 12 months	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0050 Endorsed	Osteoarthritis (OA): Function and Pain Assessment	Percentage of patient visits for patients aged 21 years and older with a diagnosis of OA with assessment for function and pain	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0051 Endorsed	Osteoarthritis (OA): Assessment for Use of Anti-Inflammatory or Analgesic Over-the-Counter (OTC) Medications	Percentage of patient visits for patients aged 21 years and older with a diagnosis of OA with an assessment for use of anti-inflammatory or analgesic OTC medications	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0058 Endorsed	Antibiotic Treatment for Adults with Acute Bronchitis: Avoidance of Inappropriate Use	Percentage of adults aged 18 through 64 years with a diagnosis of acute bronchitis who were not prescribed or dispensed an antibiotic prescription on or within 3 days of the initial date of service	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee

Medicare and Medicaid EHR Incentive Program for Eligible Professionals - Meaningful Use

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
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)	Percentage of patients aged 18 years and older with a diagnosis of CAD who also have diabetes mellitus and/or LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy.	Process	PQRS: Fin, MU: UC3, Value-Based Modifier: Fin	MU: Further Consideration by Coordinating Committee
0069 Endorsed	Treatment for Children with Upper Respiratory Infection (URI): Avoidance of Inappropriate Use	Percentage of children aged 3 months through 18 years with a diagnosis of URI who were not prescribed or dispensed an antibiotic prescription on or within 3 days of the initial date of service	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0079 Endorsed	Heart Failure: Left Ventricular Function (LVF) Assessment	Percentage of patients aged 18 years and older with a diagnosis of heart failure who have quantitative or qualitative results of LVF assessment recorded.	Process	PQRS: Fin, MU: UC3, Value-Based Modifier: Fin	MU: Further Consideration by Coordinating Committee
0097 Endorsed	Post-discharge Medication Reconciliation	Patients who had a reconciliation of the discharge medications with the current medication list in the medical record documented The medical record must indicate that the physician is aware of the inpatient facility discharge medications and will either keep the inpatient facility discharge medications or change the inpatient facility discharge medications or the dosage of a inpatient facility discharge medication.	Process	MU: UC3, Value-Based Modifier: UC3	VM: Support Direction MU: Support

Medicare and Medicaid EHR Incentive Program for Eligible Professionals - Meaningful Use

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0098 Endorsed	Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older	Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0100 Endorsed	Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older	Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence with a documented plan of care for urinary incontinence at least once within 12 months	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0101 Endorsed	Falls: Screening for Fall Risk	Percentage of patients aged 65 years and older who were screened for fall risk at least once within 12 months	Process	PQRS: Fin, MU: UC3, ACOs: Fin,Value-Based Modifier: Fin	MU: Further Consideration by Coordinating Committee
0102 Endorsed	Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy	Percentage of patients aged 18 years and older with a diagnosis of COPD and who have an FEV1/FVC less than 70% and have symptoms who were prescribed an inhaled bronchodilator	Process	PQRS: Fin, MU: UC3, Value-Based Modifier: Fin	MU: Further Consideration by Coordinating Committee
0103 Endorsed	Major Depressive Disorder (MDD): Diagnostic Evaluation	Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD who met the DSM-IV criteria during the visit in which the new diagnosis or recurrent episode was identified during the measurement period	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0104 Endorsed	Major Depressive Disorder (MDD): Suicide Risk Assessment	Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD who had a suicide risk assessment completed at each visit during the measurement period	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0108 Endorsed	Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication	Percentage of children newly prescribed ADHD medication who had at least 3 follow-up care visits within a 10-month period, one of which was within 30 days from the time the first ADHD medication was dispensed.	Process	MU: UC3,	MU: Further Consideratio n by Coordinating Committee
0239 Endorsed	Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in All Patients)	Percentage of patients aged 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time	Process	PQRS: Fin, MU: UC3,	MU: Further Consideratio n by Coordinating Committee
0271 Endorsed	Perioperative Care: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)	Percentage of non-cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics AND who received a prophylactic parenteral antibiotic, who have an order for discontinuation of prophylactic parenteral antibiotics within 24 hours of surgical end time	Process	PQRS: Fin, MU: UC3,	MU: Further Consideratio n by Coordinating Committee
0321 Endorsed	End Stage Renal Disease (ESRD): Plan of Care for Inadequate Peritoneal Dialysis	Percentage of patients aged 18 years and older with a diagnosis of ESRD receiving peritoneal dialysis who have a Kt/V ≥ 1.7 OR patients who have a Kt/V < 1.7 with a documented plan of care for inadequate peritoneal dialysis at least three times (every 4 months) during the 12-month reporting period	Outcome	PQRS: Fin, MU: UC3,	MU: Further Consideratio n by Coordinating Committee
0322 Endorsed	Back Pain: Initial Visit	The percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who had back pain and function assessed during the initial visit to the clinician for the episode of back pain	Process	PQRS: Fin, MU: UC3,	MU: Further Consideratio n by Coordinating Committee

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0323 Endorsed	End Stage Renal Disease (ESRD): Plan of Care for Inadequate Hemodialysis in ESRD Patients	period in which patients aged 18 years and older with a diagnosis of ESRD receiving hemodialysis have a Kt/V ≥ 1.2 OR patients who have a Kt/V < 1.2 with a documented plan of care for inadequate hemodialysis	Outcome	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0383 Endorsed	Oncology: Medical and Radiation – Plan of Care for Pain	Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0384 Endorsed	Oncology: Medical and Radiation – Pain Intensity Quantified	Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0388 Endorsed	Prostate Cancer: Three-Dimensional (3D) Radiotherapy	Percentage of patients, regardless of age, with a diagnosis of clinically localized prostate cancer receiving external beam radiotherapy as a primary therapy to the prostate with or without nodal irradiation (no metastases; no salvage therapy) who receive three-dimensional conformal radiotherapy (3D-CRT) or intensity modulated radiation therapy (IMRT)”	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0399 Endorsed	Hepatitis C: Hepatitis A Vaccination in Patients with HCV	Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who received at least one injection of hepatitis A vaccine, or who have documented immunity to hepatitis A	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0400 Endorsed	Hepatitis C: Hepatitis B Vaccination in Patients with HCV	Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who received at least one injection of hepatitis B vaccine, or who have documented immunity to hepatitis B	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0401 Endorsed	Hepatitis C: Counseling Regarding Risk of Alcohol Consumption	Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who were counseled about the risks of alcohol use at least once within 12-months	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0405 Endorsed	HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis	Percentage of patients aged 6 years and older with a diagnosis of HIV/AIDS and CD4+ cell count < 200 cells/mm3 who were prescribed PCP prophylaxis within 3 months of low CD4+ cell count	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0406 Endorsed	HIV/AIDS: Adolescent and Adult Patients with HIV/AIDS Who Are Prescribed Potent Antiretroviral Therapy	Percentage of patients with a diagnosis of HIV/AIDS aged 13 years and older: who have a history of a nadir CD4+ cell count below 350/mm3 or who have a history of an AIDS-defining condition, regardless of CD4+ cell count; or who are pregnant, regardless of CD4+ cell count or age, who were prescribed potent antiretroviral therapy	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0418 Endorsed	Screening for Clinical Depression and Follow-up Plan	Percentage of patients aged 18 years and older screened for clinical depression using a standardized tool AND follow-up documented	Process	PQRS: Fin, MU: UC3, ACOs: Fin,	MU: Support
0507 Endorsed	Stenosis Measurement in Carotid Imaging Studies	Percentage of final reports for all patients, regardless of age, for carotid imaging studies (neck MR angiography [MRA], neck CT angiography [CTA], neck duplex ultrasound, carotid angiogram) performed that include direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0508 Endorsed	Radiology: Inappropriate Use of "Probably Benign" Assessment Category in Mammography Screening	Percentage of final reports for screening mammograms that are classified as "probably benign"	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0510 Endorsed	Radiology: Exposure Time Reported for Procedures Using Fluoroscopy	Percentage of final reports for procedures using fluoroscopy that include documentation of radiation exposure or exposure time	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0513 Endorsed	Use of Contrast: Thorax CT	Thorax CT – Use of combined studies (with and without contrast) Estimate the ratio of combined (with and without) studies to total studies performed. A high value would indicate a high use of combination studies (71270). Results to be segmented based upon data availability by rendering provider, rendering provider group and facility. This measure calculates the percentage of thorax studies that are performed with and without contrast out of all thorax studies performed (those with contrast, those without contrast, and those with both). Current literature clearly defines indications for the use of combined studies, that is, examinations performed without contrast followed by contrast enhancement. The intent of this measure is to assess questionable utilization of contrast agents that carry an element of risk and significantly increase examination cost. While there may be a direct financial benefit to the service provider for the use of contrast agents due to increased reimbursements for “combined” studies, this proposed measure is directed at the identification of those providers who typically employ interdepartmental/facility protocols that call for its use in nearly all cases. The mistaken concept is that more information is always better than not enough. The focus of this measure is one of the specific body parts where the indications for contrast material are more specifically defined.	Process	MU: UC3,	MU: Further Consideration by Coordinating Committee

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0519 Endorsed	Diabetic Foot Care and Patient/Caregiver Education Implemented During Short Term Episodes of Care	Percentage of short term home health episodes of care during which diabetic foot care and education were included in the physician-ordered plan of care and implemented for patients with diabetes.	Process	MU: UC3,	MU: Further Consideration by Coordinating Committee
0561 Endorsed	Melanoma: Coordination of Care	Percentage of patient visits, regardless of patient age, with a new occurrence of melanoma who have a treatment plan documented in the chart that was communicated to the physician(s) providing continuing care within one month of diagnosis	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0562 Endorsed	Melanoma: Overutilization of Imaging Studies in Stage 0-IA Melanoma	Percentage of patients, regardless of age, with Stage 0 or IA melanoma, without signs or symptoms, for whom no diagnostic imaging studies have been ordered related to the melanoma diagnosis	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0564 Endorsed	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence	Outcome	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
0565 Endorsed	Cataracts: 20/40 or Better Visual Acuity Within 90 Days Following Cataract Surgery	Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery	Outcome	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0653 Endorsed	Acute Otitis Externa (AOE): Topical Therapy	Percentage of patients aged 2 years and older with a diagnosis of AOE who were prescribed topical preparations	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
382 Endorsed	Oncology: Radiation Dose Limits to Normal Tissues	Percentage of patients, regardless of age, with a diagnosis of pancreatic or lung cancer receiving 3D conformal radiation therapy with documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues.	Process	PQRS: Fin, MU: UC3,	MU: Further Consideration by Coordinating Committee
Submitted, Not Endorsed (formerly # 0246)	Stroke and Stroke Rehabilitation: Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports	Percentage of final reports for CT or MRI studies of the brain performed either: • In the hospital within 24 hours of arriva, OR • In an outpatient imaging center to confirm initial diagnosis of stroke, transient ischemic attack (TIA) or intracranial hemorrhage For patients aged 18 years and older with either a diagnosis of ischemic stroke or TIA or intracranial hemorrhage OR at least one documented symptom consistent with ischemic stroke or TIA or intracranial hemorrhage that includes documentation of the presence or absence of each of the following: hemorrhage and mass lesion and	Process	PQRS: Fin, MU: UC3,	PQRS: Remove from measure set MU: Do Not Support
	Chronic Wound Care: Use of Wet to Dry Dressings in Patients with Chronic Skin Ulcers (overuse measure)	Percentage of patient visits for those patients aged 18 years and older with a diagnosis of chronic skin ulcer without a prescription or recommendation to use wet or dry dressings.		PQRS: Fin, MU: UC3,	PQRS: Submit for endosement MU: Do Not Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0048 Endorsed	Osteoporosis: Management Following Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older	Percentage of patients aged 50 years and older with fracture of the hip, spine, or distal radius who had a central dual-energy X-ray absorptiometry (DXA) measurement ordered or performed or pharmacologic therapy prescribed	Process	PQRS: Fin, MU: UC2,	MU: Further Consideration by Coordinating Committee
0403 Endorsed	Medical Visit	Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with at least one medical visit in each 6 month period with a minimum of 60 days between each visit	Process	MU: UC2,	MU: Further Consideration by Coordinating Committee
0654 Endorsed	Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy - Avoidance of Inappropriate Use	Percentage of patients aged 2 years and older with a diagnosis of AOE who were not prescribed systemic antimicrobial therapy	Process	PQRS: Fin, MU: UC2,	MU: Further Consideration by Coordinating Committee
0655 Endorsed	Otitis Media with Effusion: Antihistamines or decongestants – Avoidance of inappropriate use	Percentage of patients aged 2 months through 12 years with a diagnosis of OME were not prescribed or recommended to receive either antihistamines or decongestants	Process	PQRS: UC2, MU: UC2,	PQRS: Support MU: Further Consideration by Coordinating Committee

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0712 Endorsed	Depression Utilization of the PHQ-9 Tool	Adult patients age 18 and older with the diagnosis of major depression or dysthymia (ICD-9 296.2x, 296.3x or 300.4) who have a PHQ-9 tool administered at least once during the four month measurement period. The Patient Health Questionnaire (PHQ-9) tool is a widely accepted, standardized tool [Copyright © 2005 Pfizer, Inc. All rights reserved] that is completed by the patient, ideally at each visit, and utilized by the provider to monitor treatment progress. This process measure is related to the outcome measures of "Depression Remission at Six Months" and "Depression Remission at Twelve Months". This measure was selected by stakeholders for public reporting to promote the implementation of processes within the provider's office to insure that the patient is being assessed on a routine basis with a standardized tool that supports the outcome measures for depression. Currently, only about 20% of the patients eligible for the denominator of remission at 6 or 12 months actually have a follow-up PHQ-9 score for calculating remission (PHQ-9 score < 5).	Process	PQRS: UC2, MU: UC2,	PQRS: Support MU: Support
1419 Endorsed	Primary Caries Prevention Intervention as Part of Well/Ill Child Care as Offered by Primary Care Medical Providers	The measure will a) track the extent to which the PCMP or clinic (determined by the provider number used for billing) applies FV as part of the EPSDT examination and b) track the degree to which each billing entity's use of the EPSDT with FV codes increases from year to year (more children varnished and more children receiving FV four times a year according to ADA recommendations for high-risk children).	Use of Services	MU: UC2,	MU: Further Consideration by Coordinating Committee
Measure in use in ACRheum registry	Rheumatoid Arthritis (RA): Functional Status Assessment	Percentage of patients 18 years and older with a diagnosis of RA for whom a functional status assessment was performed at least once within 12 months	Process	PQRS: Fin, MU: UC2,	PQRS: Submit for endosement MU: Do Not Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
Under review	Falls: Plan of Care	Percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months	Process	PQRS: Fin, MU: UC2,	MU: Further consideration by Coordinating Committee, if endorsed
Under review	Falls: Risk Assessment	Percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months	Process	PQRS: Fin, MU: UC2,	MU: Further consideration by Coordinating Committee, if endorsed
Under review	Adult Kidney Disease: Patients on Erythropoiesis Stimulating Agent (ESA) -Hemoglobin Level > 12.0 g/dL	Percentage of calendar months within a 12-month period during which a Hemoglobin is measured for patients aged 18 years and older with a diagnosis of advanced CKD (stage 4 or 5, not receiving RRT) or ESRD (who are on hemodialysis or peritoneal dialysis) who are also receiving ESA therapy have a Hemoglobin level > 12.0 g/dL.		MU: UC2,	MU: Do Not Support
Under review, recommended (#1633)	Adult Kidney Disease: Blood Pressure Management	Percentage of patient visits for those patients aged 18 years and older with a diagnosis of CKD (stage 3, 4 or 5, not receiving RRT) and albuminuria with a blood pressure < 130/80 mmHg with documented plan of care.		MU: UC2,	MU: Do Not Support
	Dementia: Caregiver Education and Support	Percentage of patients, regardless of age, with a diagnosis of dementia whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND referred to additional resources for support within a 12-month period.		PQRS: Fin, MU: UC2,	PQRS: Submit for endosement MU: Do Not Support
	Dementia: Counseling Regarding Risks of Driving	Percentage of patients, regardless o f age, with a diagnosis of dementia or their caregiver(s) who were counseled regarding the risks of driving and the alternatives to driving at least once within a 12-month period.		PQRS: Fin, MU: UC2,	PQRS: Submit for endosement MU: Do Not Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	Dementia: Counseling Regarding Safety Concerns	Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) who were counseled or referred for counseling regarding safety concerns within a 12-month period.		PQRS: Fin, MU: UC2,	PQRS: Submit for endosement MU: Do Not Support
	Dementia: Functional Status Assessment	Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of functional status is performed and the results and the results reviewed at least once within a 12 month period.		PQRS: Fin, MU: UC2,	PQRS: Submit for endosement MU: Do Not Support
	Dementia: Staging of Dementia	Percentage of patients, regardless of age, with a diagnosis of dementia whose severity of dementia was classified as mild, moderate, or severe at least once within a 12-month period.		PQRS: Fin, MU: UC2,	PQRS: Submit for endosement MU: Do Not Support
	Dementia: Cognitive Assessment	Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12-month period.		PQRS: Fin, MU: UC2,	PQRS: Submit for endosement MU: Do Not Support
	Chronic Wound Care: Patient education regarding long term compression therapy	Percentage of patients aged 18 years and older with a diagnosis of venous ulcer who received education regarding the need for long term compression therapy including interval replacement of compression stockings within the 12-month reporting period.		MU: UC2,	MU: Do Not Support
	Chronic Wound Care: Patient Education regarding diabetic foot care	Percentage of patients aged 18 years and older with a diagnosis of diabetes and foot ulcer who received education regarding appropriate foot care AND daily inspection of the feet within the 12 month reporting period.		MU: UC2,	MU: Do Not Support
	Communication of Diagnostic Imaging Findings	Percentage of final reports for diagnostic imaging studies for which timely transmission of the report to (or receipt by) the referring physician, other relevant health care providers, and the patient (where appropriate) is achieved		MU: UC2,	MU: Do Not Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	Complex chronic health status assessment and improvement in primary care	This measure seeks to incorporate patient reported data and outcomes. Three separate measures will be used for adult patients age 65 and older who have heart failure plus two or more high impact conditions making an extended office visit (for evaluation and management or a periodic or annual health assessment or wellness examination) and who complete a patient reported functional health status and symptom survey: 1) Complex chronic baseline health assessment; 2) Complex chronic follow-up health assessment; 3) Complex chronic patient health status improvement at six months.		MU: UC2,	MU: Do Not Support
	Composite measures assessing closing the “referral loop”	These composite measures would assess the success of critical information communicated in a bidirectional manner between specialists, primary care physicians, and patients. Specifically, measures would assess information transfer between requesting referral/consultation and provider completing referral/consultation. In addition, measures within this composite would assess communication of results by both specialist and primary care physician to patient and family members. The NCQA’s composite measures best fit this description.		MU: UC2,	MU: Do Not Support
	Depression screening and follow-up assessment using patient self-reported process	This measure seeks to incorporate patient reported data. For all adults patient age 18 and older who complete a self-reported screening survey (PHQ-2), this measure will assess the percentage of patients who subsequently complete a follow-up assessment (PHQ-9).		MU: UC2,	MU: Do Not Support
	Diagnostic Imaging Reports	Percentage of diagnostic imaging studies for which a final report, including interpretation by a qualified Radiologist, is generated and archived		MU: UC2,	MU: Do Not Support
	Glaucoma Screening in Older Adults	Percentage of patients 65 years and older, without a prior diagnosis of glaucoma or glaucoma suspect, who received a glaucoma eye exam for early identification of glaucomatous conditions.		MU: UC2,	MU: Do Not Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	Health risk and functional health status screening for periodic health assessments or annual wellness examination	This measure seeks to incorporate patient reported data and outcomes. The measure would calculate the percentage of adult patients age 18 and older making an office visit for a periodic or annual health assessment or wellness examination who complete a patient reported health risk and functional health status screening survey.		MU: UC2,	MU: Do Not Support
	Lipid control using Framingham risk score	This measure evaluates lipid control stratified to a risk assessment scale using the Framingham risk score. The measure would require a computational algorithm using structured elements (age, smoking history, systolic blood pressure, total cholesterol, HDL cholesterol, and BMI).		MU: UC2,	MU: Do Not Support
	Measure of adverse drug event (ADE) reporting	This measure would assess reporting practices of physicians with respect to ADEs. There would be no threshold for this measure, except that the numerator should not be zero for physicians who regularly prescribe medications. The readiness of this measure for Meaningful Use Stage 2 depends on the widespread availability of the functionality. An ADE reporting system may alternatively be considered for a meaningful use objective under population and public health.		MU: UC2,	MU: Do Not Support
	Measure tracking longitudinal change of blood pressure (BP)	This measure seeks to ensure that changes in patient blood pressures are tracked using EHR technology. The measure is focused on individual patient BP change with the hope that the measure developer would be able to incorporate the ability to aggregate on a population level, which will allow the computation of percentage of previously uncontrolled hypertensive patients who achieve goal BP over a specified period of time. In order for this measure to be successful, the EHR would have to be able extract BPs from multiple episodes of care across time.		MU: UC2,	MU: Do Not Support
	Preventive Care and Screening: Blood Pressure Measurement	Proportion of Adults 18 years and older who had their blood pressure measured within the preceding two years		MU: UC2,	MU: Do Not Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0060 Endorsed	Annual Pediatric hemoglobin A1C testing	Percentage of pediatric patients with diabetes with a hemoglobin A1c test in a 12-month measurement period.	Process	MU: UC1,	MU: Further Consideration by Coordinating Committee
0106 Endorsed	Diagnosis of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents	Percentage of patients newly diagnosed with attention deficit hyperactivity disorder (ADHD) whose medical record contains documentation of Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) or Diagnostic and Statistical Manual for Primary Care (DSM-PC) criteria being addressed	Process	MU: UC1,	MU: Further Consideration by Coordinating Committee
0107 Endorsed	Management of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents	Percentage of patients treated with psycho-stimulant medication for the diagnosis of attention deficit hyperactivity disorder (ADHD) whose medical record contains documentation of a follow-up visit at least twice a year.	Process	MU: UC1,	MU: Further Consideration by Coordinating Committee
0110 Endorsed	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use	Process	MU: UC1,	MU: Further Consideration by Coordinating Committee
0112 Endorsed	Bipolar Disorder: Level-of-function evaluation	Percentage of patients treated for bipolar disorder with evidence of level-of-function evaluation at the time of the initial assessment and again within 12 weeks of initiating treatment	Process	MU: UC1,	MU: Further Consideration by Coordinating Committee
0312 Endorsed	LBP: Repeat Imaging Studies	Percentage of patients who received inappropriate repeat imaging studies in the absence of red flags or progressive symptoms (overuse measure, lower performance is better).	Process	MU: UC1,	MU: Further Consideration by Coordinating Committee

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0412 Endorsed	Hepatitis B Vaccination	Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS who have received at least one hepatitis B vaccination, or who have documented immunity	Process	MU: UC1,	MU: Further Consideration by Coordinating Committee
0608 Endorsed	Pregnant women that had HBsAg testing.	This measure identifies pregnant women who had a HBsAg (hepatitis B) test during their pregnancy.	Process	MU: UC1,	MU: Further Consideration by Coordinating Committee
0656 Endorsed	Otitis Media with Effusion: Systemic corticosteroids – Avoidance of inappropriate use	Percentage of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic corticosteroids	Process	PQRS: UC2, MU: UC1,	PQRS: Support MU: Further Consideration by Coordinating Committee
0710 Endorsed	Depression Remission at Twelve Months	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as a PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment. The Patient Health Questionnaire (PHQ-9) tool is a widely accepted, standardized tool [Copyright © 2005 Pfizer, Inc. All rights reserved] that is completed by the patient, ideally at each visit, and utilized by the provider to monitor treatment progress. This measure additionally promotes ongoing contact between the patient and provider as patients who do not have a follow-up PHQ-9 score at twelve months (+/- 30 days) are also included in the denominator.	Process	PQRS: UC2, MU: UC1,	PQRS: Support MU: Support

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0711 Endorsed	Depression Remission at Six Months	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at six months defined as a PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment. The Patient Health Questionnaire (PHQ-9) tool is a widely accepted, standardized tool [Copyright © 2005 Pfizer, Inc. All rights reserved] that is completed by the patient, ideally at each visit, and utilized by the provider to monitor treatment progress. This measure additionally promotes ongoing contact between the patient and provider as patients who do not have a follow-up PHQ-9 score at six months (+/- 30 days) are also included in the denominator.	Process	PQRS: UC2, MU: UC1,	PQRS: Support MU: Support
1335 Endorsed	Children who have dental decay or cavities	Assesses if children aged 1-17 have had tooth decay or cavities in the past 6 months	Outcome	MU: UC1,	MU: Further Consideration by Coordinating Committee
1365 Endorsed	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk	Process	MU: UC1,	MU: Further Consideration by Coordinating Committee
1401 Endorsed	Maternal Depression Screening	The percentage of children who turned 6 months of age during the measurement year who had documentation of a maternal depression screening for the mother.	Process	MU: UC1,	MU: Further Consideration by Coordinating Committee

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NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
1525 Endorsed	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	Percentage of patients aged 18 years and older with a diagnosis of nonvalvular AF or atrial flutter at high risk for thromboembolism, according to CHADS2 risk stratification, who were prescribed warfarin OR another anticoagulant drug this is FDA approved for the prevention of thromboembolism during the 12 month reporting period.	Process	MU: UC1,	MU: Further Consideration by Coordinating Committee
Under review; Not Recommended for Endorsement	Hypertension: Blood Pressure Control	Percentage of patients aged 18 years and older with a diagnosis of hypertension with a blood pressure <140/90 mm Hg OR patients with a blood pressure =140/90 mm Hg and prescribed 2 or more anti-hypertensive medications during the most recent office visit within a 12 month period		PQRS: Fin, MU: UC1,	PQRS: Remove from measure set MU: Do Not Support
	Risk Assessment during Annual Wellness Visit	Percentage of patients aged 65 years and older with during an annual wellness visit who underwent evidence-based assessment of risk for prevention or early detection of chronic disease.		MU: UC1,	MU: Do Not Support
	Risk management resulting from Annual Wellness Visit	Percentage of patients aged 65 years and older with an annual wellness visit whose risk was addressed during the measurement year based on evidence-based guidelines.		MU: UC1,	MU: Do Not Support
0001 Endorsed	Asthma: Asthma Assessment	Percentage of patients aged 5 through 50 years with a diagnosis of asthma who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms.	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0002 Endorsed	Appropriate Testing for Children with Pharyngitis	Percentage of children aged 2 through 18 years with a diagnosis of pharyngitis, who were prescribed an antibiotic and who received a group A streptococcus (strep) test for the episode.	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0004 Endorsed	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement	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	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	

Medicare and Medicaid EHR Incentive Program for Eligible Professionals - Meaningful Use

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0012 Endorsed	Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)	Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal visit.	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0014 Endorsed	Prenatal Care: Anti-D Immune Globulin	Percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation.	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0018 Endorsed	Controlling High Blood Pressure	The percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year.	Outcome	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0024 Endorsed	Weight Assessment and Counseling for Children and Adolescents	Percentage children, 2 through 18 years of age, whose weight is classified based on BMI percentile for age and gender.	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0028 Endorsed	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0031 Endorsed	Preventive Care and Screening: Screening Mammography	Percentage of women aged 40 through 69 years who had a mammogram to screen for breast cancer within 24 months Measure specification changed and under NQF review: The percentage of women 50–69 years of age who had a mammogram to screen for breast cancer. The eligible population starts at 52 years of age to account for the look-back period.	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0032 Endorsed	Cervical Cancer Screening	The percentage of women 21-64 years of age who received one or more Pap tests to screen for cervical cancer.	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0033 Endorsed	Chlamydia Screening for Women	The percentage of women 15-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	

Medicare and Medicaid EHR Incentive Program for Eligible Professionals - Meaningful Use

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0034 Endorsed	Preventive Care and Screening: Colorectal Cancer Screening	Percentage of patients aged 50 through 75 years who received the appropriate colorectal cancer screening	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0036 Endorsed	Use of Appropriate Medications for Asthma	The percentage of patients 5-50 years of age during the measurement year who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report three age stratifications (5-11 years, 12-50 years, and total).	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: UC3	VM: Support Direction
0038 Endorsed	Childhood Immunization Status	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (Hep B), one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and two separate combination rates.	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0041 Endorsed	Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old	Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February)	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0043 Endorsed	Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years and Older	Percentage of patients aged 65 years and older who have ever received a pneumococcal vaccine	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0047 Endorsed	Asthma: Pharmacologic Therapy	Percentage of patients aged 5 through 50 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment	process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	

Medicare and Medicaid EHR Incentive Program for Eligible Professionals - Meaningful Use

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0052 Endorsed	Low Back Pain: Use of Imaging Studies	The percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of diagnosis.	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0055 Endorsed	Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient	Percentage of patients aged 18 through 75 years with a diagnosis of diabetes mellitus who had a dilated eye exam	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0056 Endorsed	Diabetes Mellitus: Foot Exam	The percentage of patients aged 18 through 75 years with diabetes who had a foot examination	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0059 Endorsed	Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus	Perecentage of patients aged 18-75 years with diabetes mellitus who had most recent hemoglobin A1c greater than 9%.	Outcome	PQRS: Fin, MU: Fin, ACOs: Fin,	
0061 Endorsed	Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus	Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent blood pressure in control (less than 140/90 mmHg)	Outcome	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0062 Endorsed	Diabetes Mellitus: Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients	Percentage of patients aged 18 through 75 years with diabetes mellitus who received urine protein screening or medical attention for nephropathy during at least one office visit within 12 months	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0064 Endorsed	Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus	Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent LDL-C level in control (less than 100 mg/d)	Outcome	PQRS: Fin, MU: Fin,	
0067 Endorsed	Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD	Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0068 Endorsed	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) with documented use of aspirin or other antithrombotic	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	

Medicare and Medicaid EHR Incentive Program for Eligible Professionals - Meaningful Use

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0070 Endorsed	Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)	Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy.	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0073 Endorsed	Ischemic Vascular Disease (IVD): Blood Pressure Management Control	Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) who had most recent blood pressure in control (less than 140/90 mmHg)	Outcome	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0074 Endorsed	Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol	Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines).	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0075 Endorsed	Ischemic Vascular Disease (IVD): Complete Lipid Profile	Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) who received at least one lipid profile within 12 months	Outcome	MU: Fin,	
0081 Endorsed	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0083 Endorsed	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy.	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0086 Endorsed	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	Percentage of patients aged 18 years and older with a diagnosis of POAG who have an optic nerve head evaluation during on or more office visits within 12 months	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0088 Endorsed	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	

Medicare and Medicaid EHR Incentive Program for Eligible Professionals - Meaningful Use

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0089 Endorsed	Diabetic Retionpathy: Communication with the Physician Managing On-going Diabetes Care	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the on-going care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0105 Endorsed	Major Depressive Disorder (MDD): Antidepressant Medication During Acute Phase for Patients with MDD	Percentage of patients aged 18 years and older diagnosed with new episode of MDD and documented as treated with antipdepressant medication during the entire 84-day (12-week) acute treatment phase	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0385 Endorsed	Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients	Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0387 Endorsed	Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0389 Endorsed	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer	Process	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	
0421 Endorsed	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up	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 parameters, a follow-up plan is documented	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	

Medicare and Medicaid EHR Incentive Program for Eligible Professionals - Meaningful Use

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0575 Endorsed	Diabetes: HbA1c Control < 8%	The percentage of patients 18–75 years of age with diabetes (type 1 or type 2) who had HbA1c <8.0%.	Outcome	PQRS: Fin, MU: Fin, Value-Based Modifier: Fin	

Medicare Shared Savings Program Measure Set

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:

- Community supports
- Patient-reported measures of health and functional status, experience, and activation

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[i] **Federal Register**/Vol. 76, No. 212/Wednesday, November 2, 2011/Rules and Regulations
[ii] https://www.cms.gov/sharedsavingsprogram/

Medicare Shared Savings Program - ACO

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0005 Endorsed	CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys)	CAHPS: Access to Specialists	Patient Engagement/Experience	ACOs: Fin,	
0005 Endorsed	CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys)	Getting Timely Care, Appointments, and Information	Patient Experience of Care	ACOs: Fin,	
0005 Endorsed	CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys)	How Well Your Doctors Communicate	Patient Experience of Care	ACOs: Fin,	
0005 Endorsed	CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys)	Patients' Rating of Doctor	Patient Experience of Care	ACOs: Fin,	
0005 Endorsed	CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys)	Health Promotion and Education	Patient Experience of Care	ACOs: Fin,	
0005 Endorsed	CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys)	Shared Decision Making	Patient Experience of Care	ACOs: Fin,	
0006 Endorsed	CAHPS Health Plan Survey v 4.0 - Adult questionnaire	Health Status/Functional Status	Patient Experience of Care	ACOs: Fin,	
0018 Endorsed	Controlling High Blood Pressure	The percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year.	Outcome	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0028 Endorsed	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	

Medicare Shared Savings Program - ACO

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0031 Endorsed	Preventive Care and Screening: Screening Mammography	Percentage of women aged 40 through 69 years who had a mammogram to screen for breast cancer within 24 months Measure specification changed and under NQF review: The percentage of women 50–69 years of age who had a mammogram to screen for breast cancer. The eligible population starts at 52 years of age to account for the look-back period.	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0034 Endorsed	Preventive Care and Screening: Colorectal Cancer Screening	Percentage of patients aged 50 through 75 years who received the appropriate colorectal cancer screening	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0041 Endorsed	Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old	Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February)	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0043 Endorsed	Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years and Older	Percentage of patients aged 65 years and older who have ever received a pneumococcal vaccine	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0059 Endorsed	Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus	Perecentage of patients aged 18-75 years with diabetes mellitus who had most recent hemoglobin A1c greater than 9%.	Outcome	PQRS: Fin, MU: Fin, ACOs: Fin,	
0068 Endorsed	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) with documented use of aspirin or other antithrombotic	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0074 Endorsed	Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol	Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines).	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	

Medicare Shared Savings Program - ACO

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0074 Endorsed	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)	Percentage of patients aged 18 years and older at the start of the measurement year with Coronary Artery Disease (CAD) who have an LDL-c lipid-lowering therapy, or with a diagnosis of CAD who also have diabetes mellitus and /or LVSD (LVEF<40%) who were prescribed ACE inhibitor or ARB therapy.	Process	ACOs: Fin,	
0075 Endorsed	Ischemic Vascular Disease (IVD): Low Density Lipoprotein (LDL-C) Control	Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) who had most recent LDL-C level in control (less than 100 mg/dl)	Outcome	PQRS: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0083 Endorsed	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy.	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0097 Endorsed	Medication Reconciliation: Reconciliation After Discharge from an Inpatient Facility	Percentage of patients aged 65 years and older discharged from any inpatient facility (eg, hospital, skilled nursing facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing on-going care who had a reconciliation of the discharge medications with the current medication list in the medical record documented	Process	PQRS: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0101 Endorsed	Falls: Screening for Fall Risk	Percentage of patients aged 65 years and older who were screened for fall risk at least once within 12 months	Process	PQRS: Fin, MU: UC3, ACOs: Fin,Value-Based Modifier: Fin	MU: Further Consideration by Coordinating Committee

Medicare Shared Savings Program - ACO

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0275 Endorsed	Ambulatory Sensitive Conditions Admissions: Chronic obstructive pulmonary disease (AHRQ Prevention Quality Indicator (PQI) #5)	All discharges of age 18 years and older with ICD-9-CM principal diagnosis code for COPD, per 100,000 population	Outcome	ACOs: Fin,Value-Based Modifier: Fin	VM: Remove from measure set until specified for individual clinician reporting
0277 Endorsed	Ambulatory Sensitive Conditions Admissions: Congestive Heart Failure (AHRQ Prevention Quality Indicator (PQI) #8)	All discharges of age 18 years and older with ICD-9-CM principal diagnosis code for CHF, per 100,000 population.	Outcome	ACOs: Fin,Value-Based Modifier: Fin	VM: Remove from measure set until specified for individual clinician reporting
0418 Endorsed	Screening for Clinical Depression and Follow-up Plan	Percentage of patients aged 18 years and older screened for clinical depression using a standardized tool AND follow-up documented	Process	PQRS: Fin, MU: UC3, ACOs: Fin,	MU: Support
0421 Endorsed	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up	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 parameters, a follow-up plan is documented	Process	PQRS: Fin, MU: Fin, ACOs: Fin,Value-Based Modifier: Fin	

Medicare Shared Savings Program - ACO

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0729 Endorsed	Diabetes Composite (All or Nothing Scoring): Aspirin use	The percentage of adult diabetes patients who have optimally managed modifiable risk factors (A1c, LDL, blood pressure, tobacco non-use and daily aspirin usage) with the intent of preventing or reducing future complications associated with poorly managed diabetes. 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 cardiovascular disease daily aspirin use unless contraindicated.	Outcome	PQRS: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0729 Endorsed	Diabetes Composite (All or Nothing Scoring):Tobacco Non Use	The percentage of adult diabetes patients who have optimally managed modifiable risk factors (A1c, LDL, blood pressure, tobacco non-use and daily aspirin usage) with the intent of preventing or reducing future complications associated with poorly managed diabetes. 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 cardiovascular disease daily aspirin use unless contraindicated.	Outcome	PQRS: Fin, ACOs: Fin,Value-Based Modifier: Fin	
0729 Endorsed	Diabetes Composite (All or Nothing Scoring): Blood Pressure <140/90	The percentage of adult diabetes patients who have optimally managed modifiable risk factors (A1c, LDL, blood pressure, tobacco non-use and daily aspirin usage) with the intent of preventing or reducing future complications associated with poorly managed diabetes. 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 cardiovascular disease daily aspirin use unless contraindicated.	Outcome	ACOs: Fin,	

Medicare Shared Savings Program - ACO

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0729 Endorsed	Diabetes Composite (All or Nothing Scoring): Hemoglobin A1c Control (<8%)	The percentage of adult diabetes patients who have optimally managed modifiable risk factors (A1c, LDL, blood pressure, tobacco non-use and daily aspirin usage) with the intent of preventing or reducing future complications associated with poorly managed diabetes. 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 cardiovascular disease daily aspirin use unless contraindicated.	Outcome	ACOs: Fin,	
0729 Endorsed	Diabetes Composite (All or Nothing Scoring): Low Density Lipoprotein (<100)	The percentage of adult diabetes patients who have optimally managed modifiable risk factors (A1c, LDL, blood pressure, tobacco non-use and daily aspirin usage) with the intent of preventing or reducing future complications associated with poorly managed diabetes. 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 cardiovascular disease daily aspirin use unless contraindicated.	Outcome	ACOs: Fin,	
	% of PCPs who Successfully Qualify for an EHR Incentive Program Payment	Percentage of Accountable Care Organization (ACO) primary care physicians identified by National Provider Identifier (NPI) successfully qualifying for the Electronic Health Record (EHR) Stage 1 HITECH Meaningful Use Incentive		ACOs: Fin,	ACO: Submit for endorsement
	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)	Percentage of Medicare FFS beneficiaries assigned to an ACO patients aged 18 and older who are screened for high blood pressure.		ACOs: Fin,	ACO: Submit for endorsement

Medicare Shared Savings Program - ACO

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
	Risk-Standardized, All Condition Readmission	The rate of readmissions within 30 days of discharge from an acute care hospital for assigned ACO beneficiary population.		ACOs: Fin,	ACO: Submit for endorsement

Pre-Rulemaking Input for PAC/LTC Programs

Tab 5

PAC/LTC Workgroup Discussion Guide with Findings and Conclusions

NATIONAL QUALITY FORUM
MEASURE APPLICATIONS PARTNERSHIP

PAC/LTC Workgroup: Pre-Rulemaking Discussion Guide with Findings and Conclusions

Meeting Objectives:

- *Review measures under consideration for inclusion in Inpatient Rehabilitation Facility Quality Reporting, Long-Term Care Hospital Quality Reporting, End Stage Renal Disease Quality Improvement, and Hospice Quality Reporting;*
- *Provide input on finalized program measure sets for the Nursing Home Quality Initiative and Home Health Quality Reporting;*
- *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.*

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
Pre-Rulemaking Input on Inpatient Rehabilitation Facility Quality Reporting Program Measure Set		
1. Review program summary and previously finalized measures; additional input on the program measure set.	• Two measures are finalized; eight measures are under consideration. • Summary of comparison against the MAP Measure Selection Criteria: o All finalized measures are NQF-endorsed. Most of the measures under consideration are endorsed. o Three NQS priorities are addressed by finalized measures and measures under consideration (safety, care coordination, healthy communities). Prevention and treatment for cardiovascular conditions, person and family centered care, and affordable care are not represented. o The measure set contains mostly outcome measures with a few processes measures. Structural, cost, and experience of care measures are not included in the measure set. o One of the finalized measures enables measurement across the episode of care;	Filling gaps in the program measure set as compared to the PAC/LTC core measure concepts will lead to a more comprehensive measure set. In addition, the workgroup highlighted measures addressing community supports and assessing the appropriate level of care as priority gaps.

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
	however, several of the measures under consideration span the episode of care. o Parsimony is partially addressed as the finalized measures and several measures under consideration are used across multiple programs. • Consider which measure gaps are of highest priority. 9 of the PAC/LTC Workgroup's core concepts are not addressed: o establishment and attainment of patient/family/caregiver goals o advanced care planning and treatment o experience of care o shared decision making o transition planning o falls o adverse drug events o inappropriate medication use o avoidable admissions	
2. Two measures under consideration are NQF-endorsed and align with the PAC/LTC core set or address statutory requirements for IRFs.	NQF #0675 Pain Management • Addresses a PAC/LTC core measure concept—functional and cognitive status assessment. • Addresses a high-leverage opportunity identified by the MAP Dual Eligible Beneficiaries Workgroup. • Promotes alignment across programs—finalized for Nursing Home Compare, under consideration for LTCHs. NQF #0376 Incidence of Venous Thromboembolism (VTE), Potentially Preventable • Addresses a statutory requirement for IRF quality reporting—reducing adverse events.	Support direction. NQF #0675 The workgroup noted that while pain is a key part of functional status measurement, this measure is limited to patients who are medicated and does not address people with ongoing pain. A pain management measure should address whether pain is appropriately managed for all patients who experience pain in this setting, particularly if pain is interfering with their activities. Support direction. NQF #0376

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
		The workgroup noted that while incidence of VTE is fairly low, it is preventable. The workgroup agreed that this measure should be developed, tested, and NQF-endorsed for use in IRF settings prior to being included in the program measure set.
3. Three measures under consideration are not NQF-endorsed and are measure concepts that align with the PAC/LTC core set.	Functional Outcome Measure (Change From) • Addresses a PAC/LTC core measure concept—functional and cognitive status assessment. • Addresses a high-leverage opportunity identified by the MAP Dual Eligible Beneficiaries Workgroup. Functional Outcome Measure (Change in Mobility) Functional Outcome Measure (Change in Self-Care) • Addresses a PAC/LTC core measure concept—functional and cognitive status assessment. • Addresses a high-leverage opportunity identified by the Dual Eligible Beneficiaries Workgroup • Potentially promotes alignment across programs—under consideration for LTCHs These measures are currently not specified; however, if they are successfully developed, tested, and NQF-endorsed, they would add value to the measure set.	Support direction. The workgroup has previously noted that functional status assessment, specifically change in function over time, is a core concept across all PAC and LTC settings. Function can be used as a baseline for identifying quality issues for subsets of the population and ensuring people are receiving the appropriate level of care. However, in the absence of information about the measure specifications and testing, the workgroup could not support the inclusion of the measures in the program. Provided that the measures are successfully developed, tested, and NQF-endorsed, they will address a critical measure gap.
4. Three measures under consideration are NQF-endorsed but do not align with PAC/LTC core set. Do these measures address priority quality issues specific to IRFs?	NQF #0682 Percent of Residents Who Were Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay) • Promotes alignment across programs—finalized for Nursing Home Compare, under consideration for LTCHs NQF #0431 Staff Immunization NQF #0680 Patient Immunization for Influenza	Support direction. NQF #0431 The workgroup supports the inclusion of this topic in the final measure set as staff immunization is a good approach to reduce infections; however, this measure is currently not specified or tested for use in IRFs. If the measure is successfully NQF-endorsed, it should be

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
	• Potentially promotes alignment across programs—under consideration for LTCH's	added to the program measure set. Further consideration by the MAP Coordinating Committee. NQF #0682, 0680 The workgroup did not reach an agreement on patient immunization measures. The workgroup noted that they are not a top priority as there is an over 90% compliance rate associated with patient immunization measures for both long- and short-stay patients across PAC/LTC settings. However, It was also stated that these measures would be more appropriate for long-stay patients, as immunizations are typically delayed for acute, short-stay patients until the patients are stabilized.
Pre-Rulemaking Input on Long-Term Care Hospital Quality Reporting Program Measure Set		

5. Review program summary and previously finalized measures; additional input on the measure set.	• Three measures are finalized; eight measures are under consideration.
	• Summary of comparison against the MAP Measure Selection Criteria:
	  ○ All finalized measures are NQF-endorsed. Most of the measures under consideration are endorsed.
	  ○ Three NQS priorities are addressed by finalized measures and measures under consideration (safety, care coordination, healthy communities). Prevention and treatment for cardiovascular conditions, person and family centered care, and affordable care are not represented.
	  ○ The measure set is an equal mix of process and outcome measures. Structural, cost, and experience of care measures are not included in
		Filling gaps in the program measure set as compared to the PAC/LTC core measure concepts will lead to a more comprehensive measure set. The workgroup noted assessing delirium, percent of patients returning to the community, and advanced care planning as additional priority gaps for this population.
		
		The workgroup discussed the need for pressure ulcer incidence and healing measures (a PAC/LTC core concept) to assess if pressure ulcers have occurred, and if so, have healed.

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
	the measure set. o One of the finalized measures enables measurement across the episode of care; however, several of the measures under consideration span the episode of care. o Parsimony is partially addressed as the finalized measures and several measures under consideration are used across multiple programs. • Consider which measure gaps are of highest priority. 9 of the PAC/LTC core concepts are not addressed: o experience of care o establishment and attainment of patient/family/caregiver goals o shared decision making o falls o adverse drug events o transition planning o advance care planning and treatment o inappropriate medication use o avoidable admissions	
6. Two measures considered for addition are NQF-endorsed and align with the PAC/LTC core set or address statutory requirements for LTCHs.	NQF #0675 Pain Management • Addresses a PAC/LTC core measure concept—functional and cognitive status assessment. • Addresses a high-leverage opportunity identified by the MAP Dual Eligible Beneficiaries Workgroup. • Promotes alignment across programs—finalized for Nursing Home Compare; under consideration for IRFs. NQF #0302 Ventilator Bundle • Addresses a PAC/LTC core measure concept—infection	Support direction. NQF #0675 As noted in line-item 2 under IRF discussion, the workgroup indicated that while pain is a key part of functional status measurement, this measure is limited to patients who are medicated and does not address people with ongoing pain. A pain management measure should address whether pain is appropriately managed for all patients who experience pain in this setting, particularly if pain is interfering with their activities.

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
	rates. • Addresses a statutory requirement for LTCH's—avoiding healthcare-associated infections.	Support direction. NQF#0302 The workgroup noted that the ventilator bundle measures assess key processes that promote better overall care by preventing ventilator-associated pneumonia and peptic/gastric ulcers, as well assessing readiness to extubate. The workgroup agreed that this measure should be developed, tested, and NQF-endorsed for use in the LTCH setting prior to being included in the program measure set.
7. Two measures under consideration are not NQF-endorsed and are measure concepts that align with the PAC/LTC core set.	Functional Outcome Measure (Change in Mobility) Functional Outcome Measure (Change in Self-Care) • Addresses a PAC/LTC core measure concept—functional and cognitive status assessment. • Addresses a high-leverage opportunity identified by the MAP Dual Eligible Beneficiaries Workgroup. • Potentially promotes alignment across programs—under consideration for IRFs. These measures are currently not specified; however, if they are successfully developed, tested, and NQF-endorsed they would add value to the measure set.	Support direction. As indicated in line-item 3 under IRF discussion, the workgroup has previously noted that functional status assessment, specifically change in function over time, is a core concept across all PAC and LTC settings. Function can be used as a baseline for identifying quality issues for subsets of the population and ensuring people are receiving the appropriate level of care. However, in the absence of information about the measures specifications and testing, the workgroup could not support the inclusion of the measures in the program. Provided that the measures are successfully developed, tested, and NQF-endorsed, they will address a critical measure gap.
8. Four measures considered for addition are NQF-endorsed but do not align with the	NQF #0682 Percent of Residents Who Were Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay) • Promotes alignment across programs—finalized for Nursing Home Compare; under consideration for IRFs.	Support direction. NQF #0431 Also discussed in line-item 4 under IRFs. The workgroup supports the inclusion of this measure in the final

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
PAC/LTC core set. Do these measures address priority quality issues specific to LTCHs?	NQF #0431 Staff Immunization NQF#0680 Patient Immunization for Influenza • Potentially promotes alignment across programs—under consideration for IRFs. NQF #0687 Percent of Residents Who Were Physically Restrained (Long Stay) • Promotes alignment across programs—finalized for Nursing Home Compare.	measure set as staff immunization is a good approach to reduce infections; however, this measure is currently not specified and tested for use in LTCHs. If the measure is successfully NQF-endorsed, it should be added to the program measure set. Further consideration by the MAP Coordinating Committee. NQF #0682, 0680 Also discussed in line-item 4 under IRFs. The workgroup did not reach an agreement on patient immunization measures. The workgroup noted that they are not a top priority as there is an over 90% compliance rate associated with patient immunization measures for both long- and short-stay patients across PAC/LTC settings. It was also stated that these measures would be more appropriate for long-stay patients, as immunizations are typically delayed for acute, short-stay patients until the patients are stabilized. Support direction. NQF #0687 The workgroup was generally supportive of measures that assess the use of physical restraints; however, the workgroup thought additional consideration should be given to assessing number of days restrained and chemical restraints. Also, the workgroup agreed that patient characteristics (e.g., acuity level, intubation) may affect the decision to use restraints, so a measure should be adjusted for patient characteristics.
Pre-Rulemaking Input on Home Health Quality Reporting Program Measure Set		

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
Home Health Quality Reporting encompasses all measures collected through OASIS. Some of those measures are reported on Home Health Compare.		
9. Additional input on evaluation of the program measure set or the previously identified measure gaps.	• Twenty-three finalized measures for Home Health Compare. • During the August in-person meeting, the workgroup evaluated the Home Health Compare program measure set and concluded: ○ All of the measures in the set are NQF-endorsed except for one measure; that measure was endorsed and had a specification change that will require a maintenance review. ○ The measure set addresses all of the NQS safety priorities. ○ The measure set addresses the general home health population but does not address specific subpopulations who receive home health care, such as cancer patients and patients with dementia. ○ The measure set includes a mix of process and outcome measures. Experience of care has been addressed through the recent addition of Home Health CAHPS. Structural and cost measures are not included in the measure set. ○ Some measures in the set assess care over time, while some measures assess care at a single point in time. ○ The measure set is not sensitive to healthcare disparities and would benefit from direct measures of disparities, such as consideration of cultural issues. ○ The measure set promotes aspects of parsimony as all measures are collected through OASIS, some	The workgroup confirmed their prior evaluation of the program measure set. The workgroup discussed adding shared decision making to Home Health CAHPS; however, shared decision making when initially tested in Home Health CAHPS did not prove to be valid, as consumers indicated they were not aware of their choice to receive home health care services. The workgroup would like to see further measure development and testing for shared decision making.

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
	measures can be assessed in other settings. • Consider which measure gaps are of highest priority. Five of the PAC/LTC core measure concepts are not addressed.	
10. Should any of the other 11 NQF-endorsed measures reported by home health agencies be publicly reported on Home Health Compare?	<u>Seven Measures Address a PAC/LTC Core Measure Concept</u> NQF #0181 Increase in Number of Pressure Ulcers NQF #0539 Pressure Ulcer Prevention Implemented During Short-Term Episodes of Care NQF #0539 Pressure Ulcer Prevention Implemented during Long-Term Episodes of Care • Aligns with PAC/LTC core measure concept. • Three pressure ulcer measures are currently reported on Home Health Compare—Pressure Ulcer Prevention Included in the Care Plan, Pressure Ulcer Prevention Plans Implemented, Pressure Ulcer Risk Assessment Conducted. NQF #0524 Pain Interventions Implemented During All Episodes Of Care NQF #0524 Pain Interventions Implemented During Long-Term Episodes of Care • Aligns with PAC/LTC core measure concept. • The short-term episode of care rate for the same measure is reported on Home Health Compare. NQF #0520 Drug Education on All Medications Provided to Patient/Caregiver During Episode NQF #0520 Drug Education on All Medications Provided to Patient/Caregiver During Long Term Episodes of Care • Aligns with PAC/LTC core measure concept. • The short-term episode of care rate for the same measure is reported on Home Health Compare.	With the exception of one measure, the workgroup did not believe any of the additional NQF-endorsed measures collected through the OASIS would add value to the Home Health Compare set. The workgroup discussed some concerns that the theses measures may not reflect improved outcomes and quality patient care as they are process measures not closely linked with outcomes. The workgroup would like the Coordinating Committee to further consider the addition of one measure in this set that could potentially add value: NQF #0181 Increase in Number of Pressure Ulcers. This is an outcome measure; however, the Home Health Compare set already contains four outcomes measures related to pressure ulcers. This measure may be a better option and could be exchanged for another of the currently reported measures.

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
	Four Additional NQF-Endorsed Measures NQF #0519 Diabetic Foot Care and Patient Education Implemented NQF #0519 Diabetic Foot Care and Patient/Caregiver Education Implemented During Long-Term Episodes of Care • The short-term episode of care rate for the same measure is reported on Home Health Compare. NQF #0521 Heart Failure Symptoms Addressed NQF #0521 Heart Failure Symptoms Addressed During Long-Term Episodes of Care • The short-term episode of care rate for the same measure is reported on Home Health Compare	
Pre-Rulemaking Input on CMS Nursing Home Quality Initiative and Nursing Home Compare Program Measure Set		
11. Additional input on the evaluation of the program measure set or the previously identified measure gaps.	• Eighteen finalized measures for Nursing Home Compare. • During the August in-person meeting, the workgroup evaluated the Nursing Home Compare program measure set and concluded: o All of the measures in the set are NQF-endorsed. o Two of the NQS priorities are adequately met: safety and the prevention and treatment of leading causes of mortality and morbidity. However, the set does not adequately address the other NQS priorities: effective care coordination, person- and family-centered care, supporting better care in communities, and making care affordable. o The measure set adequately addresses program attributes, including intended providers and care settings. However, the workgroup agreed the measures for short-stay residents and long-stay	The workgroup confirmed their prior evaluation of the program measure set and identified priorities from among previously identified measure gaps: • Cost and access measures are not addressed across any of the measure sets • Care planning and bidirectional measures that assess if the care plan spans sites of care • Avoidable admissions/ readmissions (both hospital and ED) The workgroup noted that the program measure set should include more measures for short-stay residents as the short-stay population in nursing homes is continually rising. The workgroup suggested the measures for short-stay residents could align with measures for selected for assessing IRFs.

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
	residents are not aligned. Additionally, key populations not included in the measures are patients with advanced illness and patients in hospice. o The measure set contains a mix of process and outcome measures. Experience of care, cost, and structural measures are needed to improve the measure set. Nursing Home CAHPS could be used to measure experience of care. o Few measures span the episode of care as most measures are collected at a single point in time. o The measure set demonstrates aspects of parsimony, as all measures in the set are collected through MDS; however, MDS is specific to the nursing home setting, and the measures in the Nursing Home Compare set may not be applicable across multiple programs or applications. • Consider which measure gaps are of highest priority. Eight of the PAC/LTC core measure concepts are not addressed.	Remove NQF #0680 Percent of Nursing Home Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay) As discussed in line-items 4 and 8 from the IRF and LTCH discussions, the workgroup concluded that patient immunization is not a priority for short-stay residents who are typically acute. The MDS contains a long-stay influenza vaccination measure that may better assess the quality of care for long-stay residents in nursing homes.
Cross-Program Considerations for Dual Eligible Beneficiaries and Care Coordination		
12. Specific implications for the dual eligible beneficiaries population	Review of input from the MAP Dual Eligible Beneficiaries Workgroup • Nine of the twelve PAC/LTC core concepts address high-leverage opportunities identified by the Dual Eligible Beneficiaries Workgroup: • Functional and cognitive status assessment • Establishment and attainment of patient/ family/ caregiver goals • Advanced care planning and treatment • Experience of care	The workgroup discussed the gaps in the PAC/LTC core concepts identified the Dual Eligible Beneficiaries Workgroup and concluded: • Mental health should be added to the PAC/LTC core concepts; however, this will be a difficult area of measurement. For example, the decision to assess depression is dependent on factors such as length of stay and level of cognition. • Connection to home and community based

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
	• Shared decision making • Inappropriate medication use • Transition planning • Infection rates • Avoidable admissions • Review measures in dual eligible beneficiaries core set that are used in PAC/LTC programs. • Consider additional measures in the dual eligible beneficiaries core set for use in PAC/LTC programs.	services is an important concept; however, providers have little control over community based services. This concept may best be measured at a population level. • Structural measures related to HIT may not be as important for these settings as they have data systems required by federal regulations. The workgroup noted the exclusion of PAC/LTC settings from meaningful use as a hindrance to HIT adoption. At a conceptual level, the workgroup agreed that most of the measures in the dual eligible beneficiaries core set could be applied across PAC/LTC settings. Additional work is needed to determine if the measures are specified, tested, and NQF-endorsed for each PAC and LTC setting. Specific measures for further exploration include: • Screening for Clinical Depression and Follow-Up Plan (#0418) • Improvement in Ambulation/Locomotion (#0167) • Medical Home System Survey (#0494) The workgroup did express concerns that measures relating to tobacco and alcohol use may not be applicable to PAC/LTC settings as use of these substances is not allowed in facilities and most patients cannot leave the facility.
13. Cross-program considerations—care	• The need for bi-directional communication was highlighted in the PAC/LTC coordination strategy as an opportunity to	In considering measures that address care coordination, the workgroup determined that if the CTM-3 (NQF

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
coordination	improve care coordination. • Review care coordination measures used in PAC/LTC programs. • Consider additional NQF-endorsed care coordination measures for use in PAC/LTC programs.	#0228) could be successfully developed, tested, and NQF-endorsed for measurement in PAC/LTC settings, it should be applied across the programs. The workgroup re-iterated the need for measures assessing bi-directional communication between settings. The workgroup determined that existing care coordination measures addressing medication reconciliation, transitions of care, and advanced care planning should be explored for application to PAC and LTC settings. Specific measures identified by the workgroup include: • NQF #0647 Transition Record with Specified Elements Received by Discharged Patients • NQF #0326 Advanced Care Plan • NQF #0097 Medication Reconciliation
Pre-Rulemaking Input on End Stage Renal Disease Quality Improvement Program Measure Set		
14. Additional considerations for evaluation of the program measure set.	• 5 proposed measures under consideration for ESRD QI: ○ 4 individual measures. ○ 1 combined rate measure (combines two current ESRD QIP measures).	The workgroup noted that the measures are limited to the clinical care of dialysis. In the future, the measure set should be broader, addressing other aspects of care, particularly care coordination. The workgroup agreed that in the future the measure set could address physical and psychiatric comorbidities, as well as shared decision making, patient goals and patient experience, and cost.
15. NQF-Endorsement Status	• 3 of 4 proposed individual measures are NQF-endorsed: • Vascular Access Infection (not NQF-endorsed): --Clinical focus of measure similar to	Do not support. Vascular Access Infection The workgroup did not support Vascular Access

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions

Should MAP support the addition of two similar hemodialysis infection rate measures, where only one is NQF-endorsed?
 	
Should MAP consider measures recently having NQF-endorsement removed be removed from existing ESRD QI measures?
	proposed NHSN Bloodstream Infection measure, which is NQF-endorsed.
	
	• Existing ESRD QI Measures which have recently had NQF-endorsement removed:
	  • Assessment of Iron Stores (formerly NQF #0252) – failed to meet importance criteria, August 2011.
	  • Hemodialysis Adequacy Clinical Performance Measure II: Method of Measurement of Delivered Hemodialysis Dose (formerly NQF #0248) – measure not needed as it is an intermediate outcome to NQF#0249; NQF steering committee recommended incorporation into NQF#0249 instead.
		Infection, a measure which is not NQF-endorsed and could be duplicative with another measure under consideration, NHSN Bloodstream Infection. The workgroup instead supported the NHSN Bloodstream Infection measure (NQF#1460), which is NQF-endorsed and thought to be a better measure for data collection and public reporting.
		
		Do not support. NQF #0252, 0248
		
		The workgroup supported removing Assessment of Iron Stores (formerly NQF #0252) and Hemodialysis Adequacy Clinical Performance Measure II: Method of Measurement of Delivered Hemodialysis Dose (formerly NQF #0248) from the finalized program measure set as these measures have recently had NQF endorsement removed.

16. NQS Priority
 	
Does MAP support addition of two NQF-endorsed measures addressing “Effective prevention and treatment of illnesses” and ESRD program statutory requirements (i.e., dialysis adequacy, mineral metabolism)?
 	
Does MAP support
	• 2 of 4 proposed individual measures support NQS priority, effective prevention and treatment of illnesses, and map to statutory requirements for ESRD program measures:
	  • NQF #1423: Minimum spKt/V for Pediatric Hemodialysis Patients addresses statutory requirement for assessment of dialysis adequacy
	  • NQF #1454 Proportion of Patients with Hypercalcemia addresses statutory requirement for assessment of bone mineral metabolism
		Support. NQF #1423, 1454
		
		The workgroup supported adding NQF #1423 and NQF #1454 to the program measure set, as both measures address statutory requirements and important clinical management issues.

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
addition of safety measures?		
17. Measure Type Does MAP support proposed measure, kt/V Dialysis Adequacy Measure, which is a combined rate based on two existing NQF-endorsed ESRD QI measures?	• Proposed kt/V Dialysis Adequacy Measure: • Sum of the numerators and denominators of two existing ESRD QI measures, which are NQF-endorsed: --NQF #0249 Minimum Delivered HD Dose for ESRD HD Patients Undergoing Dialytic Treatment for a Period of 6 Months or Greater --NQF #0318 Peritoneal Dialysis Adequacy CPM III: Delivered Dose of Peritoneal Dialysis Above Minimum of 1.7 • Broadens denominator population to include both hemodialysis and peritoneal dialysis.	Support direction. The workgroup agreed the composite should be tested to ensure it is feasible to collect.
18. What are the specific implications for the dual eligible beneficiaries population? Should MAP propose addition of a NQF-endorsed quality of life measure for dialysis patients (NQF #0260) to the ESRD QI measures?	• MAP Dual Eligible Beneficiary Workgroup has identified the following Quality of Life measure as part of its core measures: • NQF #0260 Assessment of Health-related Quality of Life (Physical & Mental Functioning: 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	Support. The workgroup supports the inclusion of measure #0260. In reviewing this measure, the workgroup discussed the responsibilities of the nephrologist, noting that nephrologists are primarily responsible for the proper provision of dialysis. However, the workgroup agreed that nephrologists have frequent touch points with patients and play an essential role in coordinating care.
Pre-Rulemaking Input on Hospice Quality Reporting Program Measure Set		
19. Review program summary and previously	• Two measures are finalized; six measures are under consideration.	The workgroup discussed the need for the hospice quality reporting requirements to align with the quality

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions

finalized measures; additional input on the measure set.	• Summary of comparison against the MAP Measure Selection Criteria.
	  ○ One of the two finalized measures is NQF-endorsed. All of the measures under consideration are endorsed or recommended for endorsement.
	  ○ Two of the NQS priorities are addressed by the finalized measures and measures under consideration—care coordination and person and family centered care. Safety, prevention and treatment for cardiovascular conditions, healthy communities and affordable care are not addressed.
	  ○ The measure set contains process, outcome, and experience measures. Structural and cost measures are not addressed.
	  ○ Few measures span the episode of care; one finalized measure and one measure under consideration do this.
	• Two measures are identified as core measures by the MAP Hospital Workgroup:
	  ○ NQF #0208 Family Evaluation of Hospice Care (FEHC)
	  ○ NQF #0209 Comfortable Dying (CMS title: Pain Management)
		reporting requirements of settings in which hospice is provided. For example, some aspects of the hospice QAPI program are not aligned with the QAPI programs for long-term care facilities.
		
		The workgroup discussed the need to think about end-of-life care more broadly, beyond the Medicare definition for hospice. Additionally, the workgroup noted that the final and proposed measures are very clinically focused; hospice measurement needs to address all aspects of care. Specifically, the workgroup suggested hospice measures address:
		• Care coordination
		• Avoidable acute admissions
		• Avoiding unnecessary end of life care
		
		There is one finalized structural measures in the program set—to assess whether hospice providers administer a quality assessment and performance improvement (QAPI) program containing at least three indicators related to patient care—that is not NQF-endorsed and should be submitted for endorsement.

20. Five measures under consideration are recommended for NQF endorsement. Do these measures address quality issues for hospice care?	NQF #1634 (submitted) Hospice and Palliative Care -- Pain Screening NQF #1637 (submitted) Hospice and Palliative Care -- Pain Assessment • Address a PAC/LTC core measure concept—functional and cognitive status assessment	Support. NQF #1634, 1637, 1639, 1638, 1617 The workgroup agreed that each of these measures addresses a quality issue for hospice programs. The workgroup noted that it would useful to explore specifying these measures for a younger population to reflect the entire hospice population.

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
	• Address a high-leverage opportunity identified by the MAP Dual Eligible Beneficiaries Workgroup NQF #1639 (submitted) Hospice and Palliative Care -- Dyspnea Screening NQF #1638 (submitted) Hospice and Palliative Care -- Dyspnea Treatment NQF #1617 (submitted) Patients Treated with an Opioid Who Are Given a Bowel Regimen	
21. Specific implications for the dual eligible beneficiaries population.	One measure under consideration is NQF-endorsed and in the duals eligible beneficiaries core set: • NQF #0208 Family Evaluation of Hospice Care (FEHC) ○ Would adds experience of care to the hospice measure set. Consider additional measures in the dual eligible beneficiaries core set for use in PAC/LTC programs.	Support. The workgroup noted that family involvement is a key priority of hospice care. The workgroup noted that measures should go beyond family evaluation to understand if the family was involved in care planning. Additionally, the workgroup suggested that family evaluation be considered more broadly for all end-of-life care and patients with advanced illness.

Inpatient Rehabilitation Facility Program Measure Set

Program Summary: Inpatient Rehabilitation Facilities (IRFs)

Program Description

As indicated in Section 3004 of the Affordable Care Act, CMS is directed to establish quality reporting requirements for inpatient rehabilitation facilities (IRFs). Starting in Fiscal Year (FY) 2014, and each subsequent year, failure to report quality data will result in a 2% reduction in the annual payment update. Additionally, the data must be made available to the public, with IRF providers having an opportunity to review the data prior to its release. [i] Two measures are finalized for FY 2014; eight measures are under consideration for future years.

Statutory Requirements for Measures: [ii]

- 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 the IRF 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

	Finalized	**Under Consideration**	**Total**
Total Measures	2	8	10
NQF-Endorsed®	2	5	7
NQS Priority			
Safer Care	2	1	3
Effective Care Coordination	0	4	4
Prevention and Treatment of Leading Causes of Mortality and Morbidity	0	0	0
Person and Family Centered Care	0	0	0
Supporting Better Health in Communities	0	3	3
Making Care More Affordable	0	0	0
Addresses PAC/LTC Core Concept	0	5	0
Measure Type			
Process Measures	0	3	3
Outcome Measures	2	5	7
Cost Measures	0	0	0
Structural Measures	0	0	0

Identified Measure Gaps:

- Person-and family- centered care and care coordination measures—the final rule and previous workgroup discussions have identified these areas as priorities.
- Cost measures—the workgroup previously indicated cost/access as a priority area for measurement across PAC/LTC settings.
- Structural measures
- Core measure concepts—nine of the PAC/LTC Workgroup core concepts are not addressed:
    - Establishment and attainment of patient/family/caregiver goals
    - Advanced care planning and treatment
    - Experience of care
    - Shared decision making
    - Transition planning
    - Falls
    - Adverse drug events
    - Inappropriate medication use
    - Avoidable admissions

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[i] Centers for Medicare & Medicaid Services. New Quality Reporting Programs for LTCHs, IRFs, and Hospices. Available at https://www.cms.gov/LTCH-IRF-Hospice-Quality-Reporting/01_Overview.asp#TopOfPage

[ii] Centers for Medicare & Medicaid Services. Final Rule. Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Year 2012; Changes in Size and Square Footage of Inpatient Rehabilitation Units and Inpatient Psychiatric Units

IRF Quality Reporting Program

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0376 Endorsed	Incidence of Venous Thromboembolism (VTE), Potentially Preventable	Assesses number of patients diagnosed with confirmed VTE during hospitalization (not present on arrival) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date	Outcome	IRF: Under Consideration- Priority #3,	Support Direction. Endorsement should be sought for use in IRF setting
0431 Endorsed	Staff Immunization	Percentage of healthcare personnel (HCP) who receive the influenza vaccination.	Process	IRF: Under Consideration- Priority #3,LTCH: Under Consideration- Priority #3	Support Direction. Endorsement should be sought for use in IRF and LTCH settings
0675 Endorsed	The Percentage of Residents on a Scheduled Pain Medication Regimen on Admission Who Self-Report a Decrease in Pain Intensity or Frequency (Short-Stay)	This measure is based on data from the MDS 3.0 assessment of short-stay nursing facility residents and reports the percentage of those short-stay residents who can self-report and who are on a scheduled pain medication regimen at admission (5-day PPS MDS assessment) and who report lower levels of pain on their discharge MDS 3.0 assessment or their 14-day PPS MDS assessment (whichever comes first) when compared with the 5-day PPS MDS assessment.	Outcome	Nursing Home: Finalized, IRF: Under Consideration- Priority #3,LTCH: Under Consideration- Priority #3	Support Direction for IRF and LTCH.
0680 Endorsed	Percent of Nursing Home Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay)	The measure is based on data from MDS 3.0 assessments of nursing facility residents. The measure reports the percent of short-stay nursing facility residents who are assessed and appropriately given the seasonal influenza vaccination during the influenza season as reported on the target MDS assessment (which may be an OBRA admission, 5-day PPS, 14-day PPS, 30-day PPS, 60-day PPS, 90-day PPS or discharge assessment) during the selected quarter. Short-stay residents are those residents who are discharged within the first 100 days of the stay. The measure is restricted to the population that has short-term needs and does not include the population of residents with stays longer than 100 days. A separate quality measure has been submitted for the long-stay population. The specifications of the proposed measure mirror those of the harmonized measure endorsed by the National Quality Forum under measure number 0432 Influenza Vaccination of Nursing Home/Skilled Nursing Facility Residents. The NQF standard specifications were developed to achieve a uniform approach to measurement across settings and populations addressing who is included in the target denominator population, who is excluded, who is included in the numerator population, and time windows for measurement and vaccinations.	Process	Nursing Home: Finalized, IRF: Under Consideration- Priority #3,LTCH: Under Consideration- Priority #3	Further consideration by Coordinating Committee.

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0682 Endorsed	Percent of Residents Who Were Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)	This measure is based on data from MDS 3.0 assessments of nursing facility residents. The measure reports the percentage of short-stay nursing facility residents who were assessed and appropriately given the Pneumococcal Vaccine (PPV) as reported on the target MDS 3.0 assessment (which may be an OBRA admission, 5-day PPS, 14-day PPS, 30-day PPS, 60-day PPS, 90-day PPS or discharge assessment) during the 12-month reporting period. The proposed measure is harmonized with the NQF's quality measure on Pneumococcal Immunizations.(1) Short-stay residents are those residents who are discharged within the first 100 days of the stay. The measure is restricted to the population that has short-term needs and does not include the population of residents with stays longer than 100 days. A separate quality measure has been submitted for the long-stay population. The NQF standard specifications were harmonized to achieve a uniform approach to measurement across settings and populations addressing who is included in or excluded from the target denominator population, who is included in the numerator population, and the time windows. The NQF standardized specifications differ from the currently reported measure in a several ways. It is important to note that, for some residents, a single vaccination is sufficient and the vaccination would be considered up to date; for others (those who are immunocompromised or older than 65 but the first vaccine was administered more than 5 years ago when the resident was younger than 65 years of age), a second dose would be needed to qualify as vaccination up to date. Although the guidelines recommend a second dose in these circumstances, the NQF Committee believed that adding that requirement would make measurement too complex for the amount of benefit gained. Also, given the importance of revaccination among older adults, focusing on up-to-date status, rather than ever having received the vaccine, is of critical importance.	Process	Nursing Home: Finalized, IRF: Under Consideration- Priority #3,LTCH: Under Consideration- Priority #3	Further consideration by Coordinating Committee.
Not NQF Endorsed	Functional Outcome Measure (change from)	Achievement of Functional Improvement and Maintenance. This measure would evaluate patient functional improvement or maintenance in comparison to what was set by patient/clinician as a goal for the individual patient by the time of discharge.	Outcome	IRF: Under Consideration- Priority #1,	Support Direction
Not NQF Endorsed	Functional Outcome Measure (change in mobility)	Change in mobility score at discharge as compared to admission	Outcome	IRF: Under Consideration- Priority #1,LTCH: Under Consideration- Priority #1	Support Direction
Not NQF Endorsed	Functional Outcome Measure (change in self-care)	Change in mobility score at discharge as compared to	Outcome	IRF: Under Consideration- Priority #1,LTCH: Under Consideration- Priority #1	Support Direction

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0138 Endorsed (measure being replaced with measure PSM-003-10 which has a broader definition)	Urinary Catheter-Associated Urinary Tract Infection for Intensive Care Unit (ICU) Patients	Percentage of intensive care unit patients with urinary catheter-associated urinary tract infections. (From CDC National Healthcare Safety Network specifications, to be adopted for application in the LTCH setting and IRF setting)	Outcome	IRF: Finalized,LTCH: Finalized	
0678 Endorsed	Percent of Residents with Pressure Ulcers That Are New or Worsened (Short-Stay)	This measure updates CMS' current QM pressure ulcer measure which currently includes Stage 1 ulcers. The measure is based on data from the MDS 3.0 assessment of short-stay nursing facility residents and reports the percentage of residents who have Stage 2-4 pressure ulcers that are new or have worsened. The measure is calculated by comparing the Stage 2-4 pressure ulcer items on the discharge assessment and the previous MDS assessment (which may be an OBRA admission or 5-day PPS assessment). The quality measure is restricted to the short-stay population defined as those who are discharged within 100 days of admission. The quality measure does not include the long-stay residents who have been in the nursing facility for longer than 100 days. A separate measure has been submitted for them.	Outcome	Nursing Home: Finalized, IRF: Finalized,LTCH: Finalized	

Long-Term Care Hospital Quality Reporting Program Measure Set

Program Summary: Long-Term Care Hospitals (LTCHs)

Program Description

As indicated in Section 3004 of the Affordable Care Act, CMS is required to establish quality reporting requirements for long-term care hospitals (LTCHs). Providers must submit data on quality measures to receive annual payment updates; failure to report quality data will result in a 2% reduction in the annual payment update.[i] The data must be made publicly available, with LTCH providers having an opportunity to review the data prior to its release.[ii] The CMS final FY 2012 Medicare Long Term Acute Care Hospital PPS Rule, published in August 2011, finalized three measures for LTCH reporting in 2014. Eight measures are proposed for addition to the program.

Statutory Requirements for Measures:[iii]

- 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 promote enhanced quality with regard to the priorities most relevant to LTCHS, such as patient safety (e.g., avoiding healthcare associated infections and adverse events), better coordination of care, and person-centered and family-centered care
- Measures should address the primary role of LTCHs, furnishing extended medical care to individuals with clinically complex problems (e.g., multiple acute or chronic conditions needing hospital-level care for relatively extended periods of greater than 25 days)

Program Measure Set Analysis

	Finalized	Proposed Addition	Total
Total Measures	3	8	11
NQF-Endorsed®	3	6	9
NQS Priority			
Safer Care	3	2	5
Effective Care Coordination	0	3	3
Prevention and Treatment of Leading Causes of Mortality and Morbidity	0	0	0
Person and Family Centered Care	0	0	0
Supporting Better Health in Communities	0	3	3
Making Care More Affordable	0	0	0
Addresses PAC/LTC Core Concept	3	3	6
Measure Type			
Process Measures	0	5	5
Outcome Measures	3	3	6
Cost Measures	0	0	0
Structural Measures	0	0	0

Identified Measure Gaps:

- Person-and family- centered care measures—the final rule and previous workgroup discussions have identified these areas as priorities.
- Cost measures—the workgroup previously indicated cost/access as a priority area for measurement across PAC/LTC settings.
- Pressure ulcer incidence and healing measures
- Nine of the core measure concepts established by the PAC/LT C Workgroup are not addressed:
    - Experience of care
    - Establishment and attainment of patient/family/caregiver goals
    - Shared decision making
    - Falls
    - Adverse drug events
    - Transition planning
    - Advance care planning and treatment
    - Inappropriate medication use
    - Avoidable admissions

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[i] Centers for Medicare & Medicaid Services, HHS. Final rule. Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and FY 2012 Rates; Hospitals' FTE Resident Caps for Graduate Medical Education Payment

[ii] Centers for Medicare & Medicaid Services. New Quality Reporting Programs for LTCHs, IRFs, and Hospices. Available at https://www.cms.gov/LTCH-IRF-Hospice-Quality-Reporting/01_Overview.asp#TopOfPage

[iii] Centers for Medicare & Medicaid Services, HHS. Final rule. Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and FY 2012 Rates; Hospitals' FTE Resident Caps for Graduate Medical Education Payment

LTCH Quality Reporting Program

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0431 Endorsed	Staff Immunization	Percentage of healthcare personnel (HCP) who receive the influenza vaccination.	Process	IRF: Under Consideration- Priority #3,LTCH: Under Consideration- Priority #3	Support Direction. Endorsement should be sought for use in IRF and LTCH settings
0675 Endorsed	The Percentage of Residents on a Scheduled Pain Medication Regimen on Admission Who Self-Report a Decrease in Pain Intensity or Frequency (Short-Stay)	This measure is based on data from the MDS 3.0 assessment of short-stay nursing facility residents and reports the percentage of those short-stay residents who can self-report and who are on a scheduled pain medication regimen at admission (5-day PPS MDS assessment) and who report lower levels of pain on their discharge MDS 3.0 assessment or their 14-day PPS MDS assessment (whichever comes first) when compared with the 5-day PPS MDS assessment.	Outcome	Nursing Home: Finalized, IRF: Under Consideration- Priority #3,LTCH: Under Consideration- Priority #3	Support Direction for IRF and LTCH.
0680 Endorsed	Percent of Nursing Home Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay)	The measure is based on data from MDS 3.0 assessments of nursing facility residents. The measure reports the percent of short-stay nursing facility residents who are assessed and appropriately given the seasonal influenza vaccination during the influenza season as reported on the target MDS assessment (which may be an OBRA admission, 5-day PPS, 14-day PPS, 30-day PPS, 60-day PPS, 90-day PPS or discharge assessment) during the selected quarter. Short-stay residents are those residents who are discharged within the first 100 days of the stay. The measure is restricted to the population that has short-term needs and does not include the population of residents with stays longer than 100 days. A separate quality measure has been submitted for the long-stay population. The specifications of the proposed measure mirror those of the harmonized measure endorsed by the National Quality Forum under measure number 0432 Influenza Vaccination of Nursing Home/Skilled Nursing Facility Residents. The NQF standard specifications were developed to achieve a uniform approach to measurement across settings and populations addressing who is included in the target denominator population, who is excluded, who is included in the numerator population, and time windows for measurement and vaccinations.	Process	Nursing Home: Finalized, IRF: Under Consideration- Priority #3,LTCH: Under Consideration- Priority #3	Further consideration by Coordinating Committee.

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0682 Endorsed	Percent of Residents Who Were Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)	This measure is based on data from MDS 3.0 assessments of nursing facility residents. The measure reports the percentage of short-stay nursing facility residents who were assessed and appropriately given the Pneumococcal Vaccine (PPV) as reported on the target MDS 3.0 assessment (which may be an OBRA admission, 5-day PPS, 14-day PPS, 30-day PPS, 60-day PPS, 90-day PPS or discharge assessment) during the 12-month reporting period. The proposed measure is harmonized with the NQF's quality measure on Pneumococcal Immunizations.(1) Short-stay residents are those residents who are discharged within the first 100 days of the stay. The measure is restricted to the population that has short-term needs and does not include the population of residents with stays longer than 100 days. A separate quality measure has been submitted for the long-stay population. The NQF standard specifications were harmonized to achieve a uniform approach to measurement across settings and populations addressing who is included in or excluded from the target denominator population, who is included in the numerator population, and the time windows. The NQF standardized specifications differ from the currently reported measure in a several ways. It is important to note that, for some residents, a single vaccination is sufficient and the vaccination would be considered up to date; for others (those who are immunocompromised or older than 65 but the first vaccine was administered more than 5 years ago when the resident was younger than 65 years of age), a second dose would be needed to qualify as vaccination up to date. Although the guidelines recommend a second dose in these circumstances, the NQF Committee believed that adding that requirement would make measurement too complex for the amount of benefit gained. Also, given the importance of revaccination among older adults, focusing on up-to-date status, rather than ever having received the vaccine, is of critical importance.	Process	Nursing Home: Finalized, IRF: Under Consideration- Priority #3,LTCH: Under Consideration- Priority #3	Further consideration by Coordinating Committee.
0687 Endorsed	Percent of Residents Who Were Physically Restrained (Long Stay)	The measure is based on data from the MDS 3.0 assessment of long-stay nursing facility residents and reports the percentage of all long-stay residents who were physically restrained. The measure reports the percentage of all long-stay residents in nursing facilities with an annual, quarterly, significant change, or significant correction MDS 3.0 assessment during the selected quarter (3-month period) who were physically restrained daily during the 7 days prior to the MDS assessment (which may be annual, quarterly, significant change, or significant correction MDS 3.0 assessment).	Process	Nursing Home: Finalized, LTCH: Under Consideration- Priority #3	Support Direction for LTCH.
Not NQF Endorsed	Functional Outcome Measure (change in mobility)	Change in mobility score at discharge as compared to admission	Outcome	IRF: Under Consideration- Priority #1,LTCH: Under Consideration- Priority #1	Support Direction
Not NQF Endorsed	Functional Outcome Measure (change in self-care)	Change in mobility score at discharge as compared to	Outcome	IRF: Under Consideration- Priority #1,LTCH: Under Consideration- Priority #1	Support Direction

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0302 Endorsed	Ventilator Bundle	Percentage of intensive care unit patients on mechanical ventilation at time of survey for whom all four elements of the ventilator bundle are documented and in place. The ventilator bundle elements are: • Head of bed (HOB) elevation 30 degrees or greater; • Daily "sedation interruption" and daily assessment of readiness to extubate; • SUD (peptic ulcer disease) prophylaxis • DVT prophylaxis	Process	LTCH: Under Consideration- Priority #1	Support Direction. This measure should be developed, tested and endorsed for use in an LTCH setting prior to being included in the program measure set.
0138 Endorsed (measure being replaced with measure PSM-003-10 which has a broader definition)	Urinary Catheter-Associated Urinary Tract Infection for Intensive Care Unit (ICU) Patients	Percentage of intensive care unit patients with urinary catheter-associated urinary tract infections. (From CDC National Healthcare Safety Network specifications, to be adopted for application in the LTCH setting and IRF setting)	Outcome	IRF: Finalized,LTCH: Finalized	
0139 Endorsed	Central Line Catheter-Associated Blood Stream Infection (CLABSI)	Percentage of ICU and high-risk nursery patients, who over a certain amount of days acquired a central line catheter-associated blood stream infections over a specified amount of line-days. (From CDC National Healthcare Safety Network specifications, to be adopted for application in the LTCH setting.)	Outcome	LTCH: Finalized	
0678 Endorsed	Percent of Residents with Pressure Ulcers That Are New or Worsened (Short-Stay)	This measure updates CMS' current QM pressure ulcer measure which currently includes Stage 1 ulcers. The measure is based on data from the MDS 3.0 assessment of short-stay nursing facility residents and reports the percentage of residents who have Stage 2-4 pressure ulcers that are new or have worsened. The measure is calculated by comparing the Stage 2-4 pressure ulcer items on the discharge assessment and the previous MDS assessment (which may be an OBRA admission or 5-day PPS assessment). The quality measure is restricted to the short-stay population defined as those who are discharged within 100 days of admission. The quality measure does not include the long-stay residents who have been in the nursing facility for longer than 100 days. A separate measure has been submitted for them.	Outcome	Nursing Home: Finalized, IRF: Finalized,LTCH: Finalized	

Home Health Quality Reporting Measure Set

Program Summary: Home Health Quality Reporting and Home Health Compare

Program Description

As indicated in the conditions of participation, Medicare-certified[1] home health agencies (HHAs) are required to collect and submit the Outcome Assessment Information Set (OASIS). The OASIS is a group of data elements that represent core items of a comprehensive assessment for an adult home care patient and form the basis for measuring patient outcomes for purposes of outcome-based quality improvement.[i] Subsets of the quality measures generated from OASIS are reported on the Home Health Compare website, which provides information about the quality of care provided by HHAs throughout the country.[ii] Currently, 23 of the 97 OASIS measures are finalized for public reporting on Home Health Compare.

Program Measure Set Analysis

	Finalized	Under Consideration	Total
Total Measures	97	0	97
NQF-Endorsed®	33	0	33
NQS Priority			
Safer Care	23	0	23
Effective Care Coordination	52	0	52
Prevention and Treatment of Leading Causes of Mortality and Morbidity	3	0	3
Person and Family Centered Care	9	0	9
Supporting Better Health in Communities	7	0	7
Making Care More Affordable	3	0	3
Measure Type			
Process Measures	48	0	48
Outcome Measures	48	0	48
Cost Measures	1	0	1
Structural Measures	0	0	0
Patient Experience	0	0	0

[1] "Medicare-certified" means the home health agency is approved by Medicare and meets certain Federal health and safety requirements.

Identified Measure Gaps:

- The proposed measure set does not contain any cost or structural measures.
- The measure set is not sensitive to healthcare disparities.
- The measure set addresses the general home health population but does not address specific subpopulations who receive home health care, such as cancer patients and patients with dementia.
- Core measure concepts—five of the PAC/LTC Workgroup core concepts are not addressed:
    - Establishment and attainment of patient/family/caregiver goals
    - Advanced care planning and treatment
    - Shared decision making
    - Inappropriate medication use
    - Infection rates

[i] Centers for Medicare and Medicaid Services. Background. June 2011. Available at http://www.cms.gov/OASIS/02_Background.asp#TopOfPage. Last accessed October 2011.

[ii] The Official U.S. Government Site for Medicare. Introduction. Available at http://www.medicare.gov/HomeHealthCompare/About/overview.aspx. Last accessed October 2011.

Home Health Quality Reporting

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0181 Endorsed	Increase in Number of Pressure Ulcers	Percentage of home health episodes of care during which the patient had a larger number of pressure ulcers at discharge than at start of care.	Outcome	Home Health: Finalized,	Consider reporting on HH Compare. This is an outcomes measure.
0519 Endorsed	Diabetic Foot Care and Patient Education Implemented	Percentage of home health episodes of care in which diabetic foot care and education were included in the physician- ordered plan of care and implemented (since the previous OASIS assessment).	Process	Home Health: Finalized,	
0519 Endorsed	Diabetic Foot Care and Patient/Caregiver	Percentage of long term home health episodes of care during which diabetic foot care and education were included in the physician-ordered plan of care and implemented (since the previous OASIS assessment).	Process	Home Health: Finalized,	
0520 Endorsed	Drug Education on All Medications Provided to Patient/Caregiver During Episode	Percentage of home health episodes of care during which patient/caregiver was instructed on how to monitor the effectiveness of drug therapy, how to recognize potential adverse effects, and how and when to report problems (since the previous OASIS assessment).	Process	Home Health: Finalized,	
0521 Endorsed	Heart Failure Symptoms Addressed	Percentage of home health episodes of care during which patients exhibited symptoms of heart failure and appropriate actions were taken (since the previous OASIS assessment).	Process	Home Health: Finalized,	
0521 Endorsed	Heart Failure Symptoms Addressed during Long Term Episodes of Care	Percentage of long term home health episodes of care during which patients exhibited symptoms of heart failure and appropriate actions were taken (since the previous OASIS assessment).	Process	Home Health: Finalized,	
0524 Endorsed	Pain Interventions Implemented During All Episodes Of Care	Percentage of all home health episodes of care during which pain interventions were included in the physician-ordered plan of care and implemented (since the previous OASIS assessment).	Process	Home Health: Finalized,	
0524 Endorsed	Pain Interventions Implemented during Long Term Episodes	Percentage of long term home health episodes of care during which pain interventions were included in the physician- ordered plan of care and implemented (since the previous OASIS assessment).	Process	Home Health: Finalized,	
0539 Endorsed	Pressure Ulcer Prevention Implemented during Short Term Episodes of Care	Percentage of short term home health episodes of care during which interventions to prevent pressure ulcers were included in the physician-ordered plan of care and implemented.	Process	Home Health: Finalized,	

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0539 Endorsed	Pressure Ulcer Prevention Implemented during Long Term Episodes of Care	Percentage of long term home health episodes of care during which interventions to prevent pressure ulcers were included in the physician-ordered plan of care and implemented (since the previous OASIS assessment).	Process	Home Health: Finalized,	
520 Endorsed	Drug Education on All Medications Provided to Patient/Caregiver during Long Term Episodes of Care	Percentage of long term home health episodes of care during which patient/caregiver was instructed on how to monitor the effectiveness of drug therapy, how to recognize potential adverse effects, and how and when to report problems (since the previous OASIS assessment).	Process	Home Health: Finalized,	
Not Endorsed (formerly NQF #0168)	Emergent Care for Wound Infections, Deteriorating Wound Status	Percentage of patients who need hospital emergency department care related to a wound that is new, is worse, or has become infected	Outcome	Home Health: Finalized,	
Not Endorsed (formerly NQF #0169)	Emergent Care for Improper Medication Administration, Medication Side Effects	Percentage of home health episodes of care during which the patient required emergency medical treatment from a hospital emergency department related to improper medication administration or medication side effects.	Outcome	Home Health: Finalized,	
Not Endorsed (formerly NQF #0172)	Discharge to Community	Percentage of home health episode after which patients remained at home.	Process	Home Health: Finalized,	

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
Not Endorsed (formerly NQF #0180)	Improvement in Urinary Incontinence	Percentage of home health episodes of care during which the patient had less frequent urinary incontinence, or had a urinary catheter removed.	Outcome	Home Health: Finalized,	
Not NQF Endorsed	Emergent Care for Injury Caused by Fall	Percentage of patients who need urgent, unplanned medical care due to an injury caused by fall.	Outcome	Home Health: Finalized,	
Not NQF Endorsed	Stabilization in Grooming	Percentage of home health episodes of care during which patients improved or stayed the same in ability to groom self.	Outcome	Home Health: Finalized,	
Not NQF Endorsed	Stabilization in Bathing	Percentage of home health episodes of care during which the patient improved or stayed the same in the ability to bathe.	Outcome	Home Health: Finalized,	
Not NQF Endorsed	Stabilization in Toilet Transferring	Percentage of home health episodes of care during which patients improved or stayed the same in ability to get to and from and on and off the toilet.	Outcome	Home Health: Finalized,	
Not NQF Endorsed	Improvement in Toileting Hygiene	Percentage of home health episodes of care during which patients improved in ability to manage toileting hygiene.	Outcome	Home Health: Finalized,	
Not NQF Endorsed	Stabilization in Toileting Hygiene	Percentage of home health episodes of care during which patients improved or stayed the same in ability to manage toileting hygiene.	Outcome	Home Health: Finalized,	
Not NQF Endorsed	Stabilization in Bed Transferring	Percentage of home health episodes of care during which the patient improved or stayed the same in ability to get in and out of bed.	Outcome	Home Health: Finalized,	

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
Not NQF Endorsed	Stabilization in Light Meal Preparation	Percentage of home health episodes of care during which patients improved or stayed the same in ability to fix or reheat light meals or snacks.	Outcome	Home Health: Finalized,	
Not NQF Endorsed	Improvement in Phone Use	Percentage of home health episodes of care during which the patient improved in ability to use the telephone.	Outcome	Home Health: Finalized,	
Not NQF Endorsed	Stabilization in Phone Use	Percentage of home health episodes of care during which the patient improved or stayed the same in ability to use the telephone.	Outcome	Home Health: Finalized,	
Not NQF Endorsed	Stabilization in Management of Oral Medications	Percentage of home health episodes of care during which the patient improved or stayed the same in ability to take their medicines correctly (by mouth).	Outcome	Home Health: Finalized,	
Not NQF Endorsed	Stabilization in Speech and Language	Percentage of home health episodes of care during which patients improved or stayed the same in ability to speak clearly and be understood.	Outcome	Home Health: Finalized,	
Not NQF Endorsed	Improvement in Bowel Incontinence	Percentage of home health episodes of care during which patient's bowel control improves.	Outcome	Home Health: Finalized,	
Not NQF Endorsed	Stabilization in Cognitive Functioning	Percentage of home health episodes of care during which patients get better or remain the same at understanding and remembering things.	Outcome	Home Health: Finalized,	
Not NQF Endorsed	Stabilization in Anxiety Level	Percentage of home health episodes of care during which the patient's anxiety became less frequent or stayed the same as at admission.	Outcome	Home Health: Finalized,	
Not NQF Endorsed	Emergency Department Use with Hospitalization	Percentage of home health episodes of care during which the patient needed urgent, unplanned medical care from a hospital emergency department, immediately followed by hospital admission.	Outcome	Home Health: Finalized,	

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
Not NQF Endorsed	Substantial Decline in 3 or more Activities of Daily Living	Percentage of home health episodes of care during which the patient became substantially more dependent in at least three out of five activities of daily living.	Outcome	Home Health: Finalized,	
Not NQF Endorsed	Substantial Decline in Management of Oral Medications	Percentage of home health episodes of care during which the patient's ability to take their medicines correctly (by mouth) got much worse.	Outcome	Home Health: Finalized,	
Not NQF Endorsed	Discharged to the Community Needing Wound Care or Medication Assistance	Percentage of home health episodes of care at the end of which the patient was discharged, with no assistance available, needing wound care or medication assistance.	Outcome	Home Health: Finalized,	
Not NQF Endorsed	Discharged to the Community Needing Toileting Assistance	Percentage of home health episodes of care at the end of which the patient was discharged, with no assistance available, needing toileting assistance.	Outcome	Home Health: Finalized,	
Not NQF Endorsed	Discharged to the Community with Behavioral Problems	Percentage of home health episodes of care at the end of which the patient was discharged, with no assistance available, demonstrating behavior problems.	Outcome	Home Health: Finalized,	
Not NQF Endorsed	Discharged to the Community with an Unhealed Stage II Pressure Ulcer	Percentage of home health episodes of care at the end of which the patient was discharged with a stage II pressure ulcer that has remained unhealed for 30 days or more while a home health patient.	Outcome	Home Health: Finalized,	
Not NQF Endorsed	Depression Interventions Implemented during Short Term Episodes of Care	Percentage of short term home health episodes of care during which depression interventions were included in the physician- ordered plan of care and implemented.	Process	Home Health: Finalized,	

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
Not NQF Endorsed	Depression Interventions Implemented during Long Term Episodes of Care	Percentage of long term home health episodes of care during which depression interventions were included in the physician- ordered plan of care and implemented (since the previous OASIS assessment).	Process	Home Health: Finalized,	
Not NQF Endorsed	Falls Prevention Steps Implemented for Short Term Episodes of Care	Percentage of short term home health episodes of care during which interventions to mitigate the risk of falls were included in the physician-ordered plan of care and implemented.	Process	Home Health: Finalized,	
Not NQF Endorsed	Falls Prevention Steps Implemented for Long Term Episodes of Care	Percentage of long term home health episodes of care during which interventions to mitigate the risk of falls were included in the physician-ordered plan of care and implemented (since the previous OASIS assessment).	Process	Home Health: Finalized,	
Not NQF Endorsed	Falls Prevention Steps Implemented for All Episodes of Care	Percentage of home health episodes of care during which interventions to mitigate the risk of falls were included in the physician-ordered plan of care and implemented (since the previous OASIS assessment).	Process	Home Health: Finalized,	
Not NQF Endorsed	Influenza Immunization Offered and Refused for Current Flu Season	Percentage of home health episodes of care during which patients were offered and refused influenza immunization for the current flu season.	Process	Home Health: Finalized,	
Not NQF Endorsed	Influenza Immunization Contraindicated	Percentage of home health episodes of care during which patients were determined to have medical contraindication(s) to receiving influenza immunization.	Process	Home Health: Finalized,	
Not NQF Endorsed	Pneumococcal Polysaccharide Vaccine Offered and Refused	Percentage of home health episodes of care during which patients were offered and refused Pneumococcal Polysaccharide Vaccine (PPV).	Process	Home Health: Finalized,	
Not NQF Endorsed	Pneumococcal Polysaccharide Vaccine Contraindicated	Percentage of home health episodes of care during which patients were determined to have medical contraindication(s) to receiving Pneumococcal Polysaccharide Vaccine (PPV).	Process	Home Health: Finalized,	
Not NQF Endorsed	Depression Interventions in Plan of Care	Percentage of home health episodes of care in which the physician-ordered plan of care includes interventions for depression such as medication, referral for other treatment, or a monitoring plan for current treatment.	Process	Home Health: Finalized,	
Not NQF Endorsed	Emergent care for Hypo/hyperglycemia	Percentage of home health episodes of care during which the patient required emergency medical treatment from a hospital emergency department related to hypo/hyper-glycemia.	Outcome	Home Health: Finalized,	

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
Not NQF Endorsed	Depression Interventions Implemented During All Episodes of Care	Percentage of home health episodes of care during which depression interventions were included in the physician- ordered plan of care and implemented (since the previous OASIS assessment).	Process	Home Health: Finalized,	
Not NQF Endorsed	Pressure Ulcer Treatment Based on Principles of Moist Wound Healing in Plan of Care	Percentage of home health episodes of care in which the physician-ordered plan of care includes pressure ulcer treatment based on principles of moist wound healing (or an order was requested).	Process	Home Health: Finalized,	
XAHH-002-0 Not Endorsed	Development of Urinary Tract Infection	Percentage of home health episodes of care during which patients developed a bladder or urinary tract infection.	Outcome	Home Health: Finalized,	
XAHH-004-0 Not Endorsed	Improvement in Anxiety Level	Percentage of home health episodes of care during which the patient's anxiety became less frequent.	Outcome	Home Health: Finalized,	
XAHH-005-0 Not Endorsed	Improvement in Behavior Problem Frequency	Percentage of home health episodes of care during which patients have less behavior problems such as yelling, hitting or getting lost.	Outcome	Home Health: Finalized,	
XAHH-007-0 Not Endorsed	Improvement in Confusion Frequency	Percentage of home health episodes of care during which patients are confused less often.	Outcome	Home Health: Finalized,	
XAHH-008-0 Not Endorsed	Improvement in Eating	Percentage of patients who get better at feeding themselves	Outcome	Home Health: Finalized,	
XAHH-009-0 Not Endorsed	Improvement in Grooming	Percentage of patients who get better at grooming	Outcome	Home Health: Finalized,	
XAHH-010-0 Not Endorsed	Improvement in Light Meal Preparation	Percentage of patients who get better at fixing or reheating light meals or snacks without help.	Outcome	Home Health: Finalized,	
XAHH-011-0 Not Endorsed	Improvement in Lower Body Dressing	Percentage of patients who get better at dressing their lower body	Outcome	Home Health: Finalized,	
XAHH-012-0 Not Endorsed	Improvement in Speech and Language	Percentage of patients who get better at speaking more clearly and being understood	Outcome	Home Health: Finalized,	
XAHH-013-0 Not Endorsed	Improvement in Toilet Transferring	Percentage of patients who get better at getting to and from the toilet	Outcome	Home Health: Finalized,	
XAHH-014-0 Not Endorsed	Improvement in Upper Body Dressing	Percentage of patients who get better at dressing their upper body	Outcome	Home Health: Finalized,	
XAHH-015-0 Not Endorsed	Improvement in Urinary Tract Infection	Percentage of home health episodes of care during which the patient's urinary tract infection at start/resumption of care was resolved before discharge.	Outcome	Home Health: Finalized,	

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
XAHH-019-0 Not Endorsed	Diabetic Foot Care and Patient Education in Plan of Care	Percentage of home health episodes of care in which the physician-ordered plan of care includes regular monitoring for the presence of skin lesions on the lower extremities and patient education on proper diabetic foot care.	Process	Home Health: Finalized,	
XAHH-022-0 Not Endorsed	Drug Education On High Risk Medications Provided To Patient/Caregiver At Start Of Episode	Percentage of home health episodes of care in which patients/caregivers were educated about high-risk medications at start/resumption of care including instructions on how to monitor the effectiveness of drug therapy, how to recognize potential adverse effects, and how and when to report problems.	Process	Home Health: Finalized,	
XAHH-024-0 Not Endorsed	Falls Prevention Steps in Plan of Care	Percentage of home health episodes of care in which the physician-ordered plan of care includes interventions to mitigate the risk of falls.	Process	Home Health: Finalized,	
XAHH-031-0 Not Endorsed	Pain Interventions in Plan of Care	Percentage of home health episodes of care in which the physician-ordered plan of care includes intervention(s) to monitor and mitigate pain.	Process	Home Health: Finalized,	
XAHH-032-0 Not Endorsed	Physician Notification Guidelines Established	Percent of patients whose physician-ordered plan of care establishes parameters (limits) for notifying the physician of changes in patient status	Process	Home Health: Finalized,	
XAHH-034-0 Not Endorsed	Potential Medication Issues Identified and Timely Physician Contact at Start of Episode	Percentage of home health episodes of care in which the patient's drug regimen at start/ resumption of home health care was assessed to pose a risk of clinically significant adverse effects or drug reactions and whose physician was contacted within one calendar day.	Process	Home Health: Finalized,	
XAHH-035-0 Not Endorsed	Potential Medication Issues Identified and Timely Physician Contact during Short Term Episodes of Care	Percentage of short term home health episodes of care during which the patient's drug regimen was assessed to pose a risk of significant adverse effects or drug reactions and whose physician was contacted within one calendar day.	Process	Home Health: Finalized,	
XAHH-035-0 Not Endorsed	Potential Medication Issues Identified and Timely Physician Contact during Long Term Episodes of Care	Percentage of long term home health episodes of care during which the patient's drug regimen was assessed to pose a risk of significant adverse effects or drug reactions and whose physician was contacted within one calendar day (since the previous OASIS assessment).	Process	Home Health: Finalized,	

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
XAHH-035-0 Not Endorsed	Potential Medication Issues Identified and Timely Physician Contact During All Episode	Percentage of home health episodes of care during which the patient's drug regimen was assessed to pose a risk of significant adverse effects or drug reactions and whose physician was contacted within one calendar day (since the previous OASIS assessment).	Process	Home Health: Finalized,	
XAHH-036-0 Not Endorsed	Treatment of Pressure Ulcers Based on Principles of Moist Wound Healing Implemented during Short Term Episodes of Care	Percentage of short term home health episodes of care during which pressure ulcer treatment based on principles of moist wound healing was included in the physician-ordered plan of care and implemented.	Process	Home Health: Finalized,	
XAHH-036-0 Not Endorsed	Treatment of Pressure Ulcers Based on Principles of Moist Wound Healing Implemented during Long Term Episodes of Care	Percentage of long term home health episodes of care during which pressure ulcer treatment based on principles of moist wound healing was included in the physician-ordered plan of care and implemented (since the previous OASIS assessment).	Process	Home Health: Finalized,	
XAHH-036-0 Not Endorsed	Treatment Of Pressure Ulcers Based On Principles Of Moist Wound Healing Implemented During All Episodes Of Care	Percent of patients with unhealed (non-epithelialized) Pressure Ulcer(s) at Stage II or higher for which moisture retentive dressings were used during their episode of care	Process	Home Health: Finalized,	
0167 Endorsed	Improvement in Ambulation/Locomotion	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.	Outcome	Home Health: Finalized-HHC,	
0171 Endorsed	Acute Care Hospitalization (Risk-Adjusted)	Percentage of home health episodes of care that ended with the patient being admitted to the hospital.	Outcome	Home Health: Finalized-HHC,	
0174 Endorsed	Improvement in Bathing	Percentage of patients who get better at bathing	Outcome	Home Health: Finalized-HHC,	
0175 Endorsed	Improvement in Bed Transferring	Percentage of patients who get better at getting in and out of bed	Outcome	Home Health: Finalized-HHC,	

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0176 Endorsed	Improvement in Management of Oral Medications	Patients for whom the value of OASIS item M0780 Management of Oral Medications (a scale ranging from 0 to 2) at discharge from home health care is lower numerically (indicating less impairment) than the value of the same item at the start of or resumption of care	Outcome	Home Health: Finalized-HHC,	
0177 Endorsed	Improvement in Pain Interfering with Activity	Percentage of home health episodes of care during which the patient's frequency of pain when moving around improved.	Outcome	Home Health: Finalized-HHC,	
0178 Endorsed	Improvement in Status of Surgical Wounds	Percentage of home health episodes of care during which the patient demonstrates an improvement in the condition of surgical wounds.	Outcome	Home Health: Finalized-HHC,	
0179 Endorsed	Improvement in Dyspnea	Percentage of patients who are short of breath less often	Outcome	Home Health: Finalized-HHC,	
0517 Endorsed	Home Health Consumer Assessment of Healthcare Providers and Systems (CAHPS)	The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Home Health Care Survey, also referred as the "CAHPS Home Health Care Survey" or "Home Health CAHPS" is a standardized survey instrument and data collection methodology for measuring home health patients' perspectives on their home health care in Medicare-certified home health care agencies. AHRQ and CMS supported the development of the Home Health CAHPS to measure the experiences of those receiving home health care with these three goals in mind: (1) to	Patient Experience	Home Health: Finalized-HHC,	The Workgroup would like to see shared-decision making added after further testing and development
0518 Endorsed	Depression Assessment Conducted	Percentage of home health episodes of care in which patients were screened for depression (using a standardized depression screening tool) at start/resumption of care.	Process	Home Health: Finalized-HHC,	
0519 Endorsed	Diabetic Foot Care and Patient/Caregiver Education Implemented during Short Term Episodes of Care	Percentage of short term home health episodes of care during which diabetic foot care and education were included in the physician-ordered plan of care and implemented.	Process	Home Health: Finalized-HHC,	
0521 Endorsed	Heart Failure Symptoms Addressed during Short Term Episodes of Care	Percentage of short term home health episodes of care during which patients exhibited symptoms of heart failure and appropriate actions were taken.	Process	Home Health: Finalized-HHC,	
0522 Endorsed	Influenza Immunization Received for Current Flu Season	Percentage of home health episodes of care during which patients received influenza immunization for the current flu season.	Process	Home Health: Finalized-HHC,	
0523 Endorsed	Pain Assessment Conducted	Percent of patients who were assessed for pain, using a standardized pain assessment tool, at start/resumption of home health care	Process	Home Health: Finalized-HHC,	
0524 Endorsed	Pain Interventions Implemented During Short Term Episodes of Care	Percentage of short term home health episodes of care during which pain interventions were included in the physician- ordered plan of care and implemented.	Process	Home Health: Finalized-HHC,	
0525 Endorsed	Pneumococcal Polysaccharide Vaccine (PPV) Ever Received	Percent of patients who have ever received Pneumococcal Polysaccharide Vaccine (PPV)	Process	Home Health: Finalized-HHC,	

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0526 Endorsed	Timely Initiation of Care	Percentage of home health episodes of care in which the start or resumption of care date was either on the physician- specified date or within 2 days of the referral date or inpatient discharge date, whichever is later.	Process	Home Health: Finalized-HHC,	
0537 Endorsed	Multifactor Fall Risk Assessment Conducted for Patients 65 and Over	Percentage of home health episodes of care in which patients 65 and older had a multi-factor fall risk assessment at start/resumption of care.	Process	Home Health: Finalized-HHC,	
0538 Endorsed	Pressure Ulcer Prevention Included in Plan of Care	Percentage of home health episodes of care in which the physician-ordered plan of care includes interventions to prevent pressure ulcers.	Process	Home Health: Finalized-HHC,	
0539 Endorsed	Pressure Ulcer Prevention Plans Implemented	Percentage of home health episodes of care during which interventions to prevent pressure ulcers were included in the physician-ordered plan of care and implemented (since the previous OASIS assessment).	Process	Home Health: Finalized-HHC,	
0540 Endorsed	Pressure Ulcer Risk Assessment Conducted	Percentage of home health episodes of care in which the patient was assessed for risk of developing pressure ulcers at start/resumption of care.	Process	Home Health: Finalized-HHC,	
520 Endorsed	Drug Education on All Medications Provided to Patient/Caregiver during Short Term Episodes of Care	Percentage of short term home health episodes of care during which patient/caregiver was instructed on how to monitor the effectiveness of drug therapy, how to recognize potential adverse effects, and how and when to report problems.	Process	Home Health: Finalized-HHC,	
Not NQF Endorsed	Emergency Department Use without Hospitalization	Percentage of home health episodes of care during which the patient needed urgent, unplanned medical care from a hospital emergency department, without admission to hospital.	Outcome	Home Health: Finalized-HHC,	

Nursing Home Quality Initiative and Nursing Home Compare Measure Set

Program Summary: Nursing Home Compare

Program Description

The Nursing Home Compare website assists consumers, their families, and caregivers in informing their decisions regarding choosing a nursing home. The Nursing Home Compare includes the Five-Star Quality Rating System, which assigns each nursing home a rating of 1 to 5 stars, with 5 representing highest standard of quality, and 1 representing the lowest.[i] Nursing Home Compare data are collected through different mechanisms, such as annual inspection surveys and complaint investigations findings, the CMS Online Survey and Certification Reporting (OSCAR) system, and Minimum Data Set (MDS) quality measures.[ii] Currently, all eighteen of the MDS quality measures are reported on Nursing Home Compare.

Program Measure Set Analysis

	Finalized	**Under Consideration**	**Total**
Total Measures	18	0	18
NQF-Endorsed®	18	0	18
NQS Priority			
Safer Care	5	0	5
Effective Care Coordination	8	0	8
Prevention and Treatment of Leading Causes of Mortality and Morbidity	0	0	0
Person and Family Centered Care	0	0	0
Supporting Better Health in Communities	4	0	4
Making Care More Affordable	0	0	0
Addresses High Impact Conditions	12	0	12
Measure Type			
Process Measures	6	0	6
Outcome Measures	11	0	11
Cost Measures	0	0	0
Structural Measures	1	0	1
Patient Experience/Engagement	0	0	0

Identified Measure Gaps:

- The set does not adequately address the other NQS priorities: effective care coordination, person- and family-centered care, supporting better care in communities, and making care affordable. Previous workgroup discussions have identified person-and-family-centered care as priorities.
- Cost measures—the workgroup previously indicated cost/access as a priority area for measurement across PAC/LTC settings.
- Care planning and bidirectional measures
- A greater number of measures for short-stay residents should be included as the short-stay population in nursing homes is raising. These measures could align with measures assessing IRFs.
- Core measure concepts—eight of the PAC/LTC Workgroup core concepts are not addressed:
  - Establishment and attainment of patient/family/caregiver goals
  - Advanced care planning and treatment
  - Experience of care
  - Shared decision making
  - Transition planning
  - Adverse drug events
  - Inappropriate medication use
  - Avoidable admissions

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[i] Centers for Medicare and Medicaid Services. Five-Star Quality Rating System. Available at https://www.cms.gov/CertificationandComplianc/13_FSQRS.asp#TopOfPage. Last accessed October 2011.

[ii] Centers for Medicare and Medicaid Services. Design for Nursing Home Compare Five-Star Quality Rating System: Technical Users' Guide. July 2010. Available at https://www.cms.gov/CertificationandComplianc/Downloads/usersguide.pdf. Last accessed June 2011.

Nursing Home Quality Initiative and Nursing Home Compare Measures

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0190 Endorsed	Nurse Staffing Hours - 4 parts	Percentage of daily work in hours by the entire group of nurses or nursing assistants spent tending to residents	Structure	Nursing Home: Finalized,	
0674 Endorsed	Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	This measure is based on data from all non-admission MDS 3.0 assessments of long-stay nursing facility residents which may be annual, quarterly, significant change, significant correction, or discharge assessment. It reports the percent of residents who experienced one or more falls with major injury (e.g., bone fractures, joint dislocations, closed head injuries with altered consciousness, and subdural hematoma) in the last year (12-month period). The measure is based on MDS 3.0 item J1900C, which indicates whether any falls that occurred were associated with major injury.	Outcome	Nursing Home: Finalized,	
0675 Endorsed	The Percentage of Residents on a Scheduled Pain Medication Regimen on Admission Who Self-Report a Decrease in Pain Intensity or Frequency (Short-Stay)	This measure is based on data from the MDS 3.0 assessment of short-stay nursing facility residents and reports the percentage of those short-stay residents who can self-report and who are on a scheduled pain medication regimen at admission (5-day PPS MDS assessment) and who report lower levels of pain on their discharge MDS 3.0 assessment or their 14-day PPS MDS assessment (whichever comes first) when compared with the 5-day PPS MDS assessment.	Outcome	Nursing Home: Finalized, IRF: Under Consideration- Priority #3,LTCH: Under Consideration- Priority #3	Support Direction for IRF and LTCH.
0676 Endorsed	Percent of Residents Who Self-Report Moderate to Severe Pain (Short-Stay)	This measure updates CMS' current QM on pain severity for short-stay residents (people who are discharged within 100 days of admission). This updated measure is based on data from the Minimum Data Set (MDS 3.0) 14-day PPS assessments. This measure reports the percentage of short-stay residents with a 14-day PPS assessment during a selected quarter (3 months) who have reported almost constant or frequent pain and at least one episode of moderate to severe pain, or any severe or horrible pain, in the 5 days prior to the 14-day PPS assessment.	Outcome	Nursing Home: Finalized,	

Nursing Home Quality Initiative and Nursing Home Compare Measures

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0677 Endorsed	Percent of Residents Who Self-Report Moderate to Severe Pain (Long-Stay)	The proposed long-stay pain measure reports the percent of long-stay residents of all ages in a nursing facility who reported almost constant or frequent pain and at least one episode of moderate to severe pain or any severe or horrible pain in the 5 days prior to the MDS assessment (which may be an annual, quarterly, significant change or significant correction MDS) during the selected quarter. Long-stay residents are those who have had at least 100 days of nursing facility care. This measure is restricted to the long stay population because a separate measure has been submitted for the short-stay residents (those who are discharged within 100 days of admission).	Outcome	Nursing Home: Finalized,	
0678 Endorsed	Percent of Residents with Pressure Ulcers That Are New or Worsened (Short-Stay)	This measure updates CMS' current QM pressure ulcer measure which currently includes Stage 1 ulcers. The measure is based on data from the MDS 3.0 assessment of short-stay nursing facility residents and reports the percentage of residents who have Stage 2-4 pressure ulcers that are new or have worsened. The measure is calculated by comparing the Stage 2-4 pressure ulcer items on the discharge assessment and the previous MDS assessment (which may be an OBRA admission or 5-day PPS assessment). The quality measure is restricted to the short-stay population defined as those who are discharged within 100 days of admission. The quality measure does not include the long-stay residents who have been in the nursing facility for longer than 100 days. A separate measure has been submitted for them.	Outcome	Nursing Home: Finalized, IRF: Finalized,LTCH: Finalized	

Nursing Home Quality Initiative and Nursing Home Compare Measures

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0679 Endorsed	Percent of High Risk Residents with Pressure Ulcers (Long Stay)	CMS currently has this measure in their QMs but it is based on data from MDS 2.0 assessments and it includes Stage 1 ulcers. This proposed measure will be based on data from MDS 3.0 assessments of long-stay nursing facility residents and will exclude Stage 1 ulcers from the definition. The measure reports the percentage of all long-stay residents in a nursing facility with an annual, quarterly, significant change or significant correction MDS assessment during the selected quarter (3-month period) who were identified as high risk and who have one or more Stage 2-4 pressure ulcer(s). High risk populations are those who are comatose, or impaired in bed mobility or transfer, or suffering from malnutrition. Long-stay residents are those who have been in nursing facility care for more than 100 days. This measure is restricted to the population that has long-term needs; a separate pressure ulcer measure is being submitted for short-stay populations. These are defined as having a stay that ends with a discharge within the first 100 days.	Outcome	Nursing Home: Finalized,	
0680 Endorsed	Percent of Nursing Home Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay)	The measure is based on data from MDS 3.0 assessments of nursing facility residents. The measure reports the percent of short-stay nursing facility residents who are assessed and appropriately given the seasonal influenza vaccination during the influenza season as reported on the target MDS assessment (which may be an OBRA admission, 5-day PPS, 14-day PPS, 30-day PPS, 60-day PPS, 90-day PPS or discharge assessment) during the selected quarter. Short-stay residents are those residents who are discharged within the first 100 days of the stay. The measure is restricted to the population that has short-term needs and does not include the population of residents with stays longer than 100 days. A separate quality measure has been submitted for the long-stay population. The specifications of the proposed measure mirror those of the harmonized measure endorsed by the National Quality Forum under measure number 0432 Influenza Vaccination of Nursing Home/Skilled Nursing Facility Residents. The NQF standard specifications were developed to achieve a uniform approach to measurement across settings and populations addressing who is included in the target denominator population, who is excluded, who is included in the numerator population, and time windows for measurement and vaccinations.	Process	Nursing Home: Finalized, IRF: Under Consideration- Priority #3,LTCH: Under Consideration- Priority #3	Further consideration by Coordinating Committee.

Nursing Home Quality Initiative and Nursing Home Compare Measures

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0681 Endorsed	Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long-Stay)	This measure is based on data from the MDS 3.0 assessment of long-stay nursing facility residents and reports the percentage of all long-stay residents who were assessed and appropriately given the seasonal influenza vaccine during the influenza season. The measure reports on the percentage of residents who were assessed and appropriately given the seasonal influenza vaccine (MDS items O0250A and O250C) on the target MDS assessment (which may be an admission, annual, quarterly, significant change or correction assessment). Long-stay residents are those residents who have been in the nursing facility at least 100 days. The measure is restricted to the population with long-term care needs and does not include the short-stay population who are discharged within 100 days of admission. This specification of the proposed measure mirrors the harmonized measure endorsed by the National Quality Forum (Measure number 0432: Influenza Vaccination of Nursing Home/Skilled Nursing Facility Residents.) The NQF standard specifications were developed to provide a uniform approach to measurement across settings and populations. The measure harmonizes who is included in the target denominator population, who is excluded, who is included in the numerator population, and time windows for measurement and vaccinations.	Process	Nursing Home: Finalized,	

Nursing Home Quality Initiative and Nursing Home Compare Measures

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0682 Endorsed	Percent of Residents Who Were Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)	This measure is based on data from MDS 3.0 assessments of nursing facility residents. The measure reports the percentage of short-stay nursing facility residents who were assessed and appropriately given the Pneumococcal Vaccine (PPV) as reported on the target MDS 3.0 assessment (which may be an OBRA admission, 5-day PPS, 14-day PPS, 30-day PPS, 60-day PPS, 90-day PPS or discharge assessment) during the 12-month reporting period. The proposed measure is harmonized with the NQF's quality measure on Pneumococcal Immunizations.(1) Short-stay residents are those residents who are discharged within the first 100 days of the stay. The measure is restricted to the population that has short-term needs and does not include the population of residents with stays longer than 100 days. A separate quality measure has been submitted for the long-stay population. The NQF standard specifications were harmonized to achieve a uniform approach to measurement across settings and populations addressing who is included in or excluded from the target denominator population, who is included in the numerator population, and the time windows. The NQF standardized specifications differ from the currently reported measure in a several ways. It is important to note that, for some residents, a single vaccination is sufficient and the vaccination would be considered up to date; for others (those who are immunocompromised or older than 65 but the first vaccine was administered more than 5 years ago when the resident was younger than 65 years of age), a second dose would be needed to qualify as vaccination up to date. Although the guidelines recommend a second dose in these circumstances, the NQF Committee believed that adding that requirement would make measurement too complex for the amount of benefit gained. Also, given the importance of revaccination among older adults, focusing on up-to-date status, rather than ever having received the vaccine, is of critical importance.	Process	Nursing Home: Finalized, IRF: Under Consideration- Priority #3,LTCH: Under Consideration- Priority #3	Further consideration by Coordinating Committee.

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0683 Endorsed	Percent of Residents Who Were Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)	This measure is based on data from MDS 3.0 assessments of long-stay nursing facility residents. The measure reports the percentage of all long-stay residents who were assessed and appropriately given the Pneumococcal Vaccination (PPV) as reported on the target MDS assessment (which may be an admission, annual, quarterly, significant change or correction assessment) during the 12-month reporting period. This proposed measure is harmonized with NQF's quality measure on Pneumococcal Immunizations.(1) The MDS 3.0 definitions have been changed to conform to the NQF standard. The NQF used current guidelines from the Advisory Committee on Immunization Practices (ACIP) and others to guide decisions on all parameters for the harmonized measures.(2-10) The recently updated ACIP guidelines remain unchanged relative to their recommendations for pneumonia vaccinations.(12) The NQF standard specifications were harmonized to achieve a uniform approach to measurement across settings and populations, addressing who is included or excluded in the target denominator population, who is included in the numerator population, and time windows for measurement and vaccinations. Long-stay residents are those residents who have been in the nursing home facility for at least 100 days. The measure is restricted to the population with long-term care needs and does not include the short-stay population who are discharged within 100 days of admission. The NQF standardized specifications differ from the currently reported measure in several ways. It is important to note that, for some residents, a single vaccination is sufficient and the vaccination would be considered up to date; for others (those who are immunocompromised or older than 65, but the first vaccine was administered more than 5 years ago when the resident was younger than 65 years of age), a second dose would be needed to qualify a vaccination as up to date. Although the guidelines recommend a second dose in these circumstances, the NQF Committee believed that adding that requirement would make measurement too complex for the amount of benefit gained, especially given the complexity of determining "up-to-date status".(1) 1. National Quality Forum. National voluntary consensus standards for influenza and pneumococcal immunizations. December 2008. Available from	Process	Nursing Home: Finalized,	
0684 Endorsed	Percent of Residents with a Urinary Tract Infection (Long-Stay)	This measure updates CMS' current QM on Urinary Tract Infections in the nursing facility populations. It is based on MDS 3.0 data and measures the percentage of long-stay residents who have a urinary tract infection on the target MDS assessment (which may be an annual, quarterly, or significant change or correction assessment). In order to address seasonal variation, the proposed measure uses a 6-month average for the facility. Long-stay nursing facility residents are those whose stay in the facility is over 100 days. The measure is limited to the long-stay population because short-stay residents (those who are discharged within 100 days of admission) may have developed their urinary tract infections in the hospital rather than the nursing facility.	Outcome	Nursing Home: Finalized,	

Nursing Home Quality Initiative and Nursing Home Compare Measures

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0685 Endorsed	Percent of Low Risk Residents Who Lose Control of Their Bowel or Bladder (Long-Stay)	This measure updates CMS' current QM on bowel and bladder control. It is based on data from Minimum Data Set (MDS) 3.0 assessments of long-stay nursing facility residents (those whose stay is longer than 100 days). This measure reports the percent of long-stay residents who are frequently or almost always bladder or bowel incontinent as indicated on the target MDS assessment (which may be an annual, quarterly, significant change or significant correction assessment) during the selected quarter (3-month period). The proposed measure is stratified into high and low risk groups; only the low risk group's (e.g., residents whose mobility and cognition are not impaired) percentage is calculated and included as a publicly-reported quality measure.	Outcome	Nursing Home: Finalized,	
0686 Endorsed	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long-Stay)	This measure updates CMS' current QM on catheter insertions. It is based on data from Minimum Data Set (MDS) 3.0 assessments of long-stay nursing home residents (those whose stay is longer than 100 days). This measure captures the percentage of long-stay residents who have had an indwelling catheter in the last 7 days noted on the most recent MDS 3.0 assessment, which may be annual, quarterly, significant change or significant correction during the selected quarter (3-month period). Long-stay residents are those residents who have been in nursing care at least 100 days. The measure is restricted to this population, which has long-term care needs, rather than the short stay population who are discharged within 100 days of admission.	Process	Nursing Home: Finalized,	

Nursing Home Quality Initiative and Nursing Home Compare Measures

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0687 Endorsed	Percent of Residents Who Were Physically Restrained (Long Stay)	The measure is based on data from the MDS 3.0 assessment of long-stay nursing facility residents and reports the percentage of all long-stay residents who were physically restrained. The measure reports the percentage of all long-stay residents in nursing facilities with an annual, quarterly, significant change, or significant correction MDS 3.0 assessment during the selected quarter (3-month period) who were physically restrained daily during the 7 days prior to the MDS assessment (which may be annual, quarterly, significant change, or significant correction MDS 3.0 assessment).	Process	Nursing Home: Finalized, LTCH: Under Consideration- Priority #3	Support Direction for LTCH.
0688 Endorsed	Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long-Stay)	This measure is based on data from the MDS 3.0 assessment of long-stay nursing facility residents and reports the percentage of all long-stay residents in a nursing facility whose need for help with late-loss Activities of Daily Living (ADLs), as reported in the target quarter's assessment, increased when compared with a previous assessment. The four late-loss ADLs are: bed mobility, transferring, eating, and toileting. This measure is calculated by comparing the change in each item between the target MDS assessment (which may be an annual, quarterly or significant change or correction assessment) and a previous assessment (which may be an admission, annual, quarterly or significant change or correction assessment).	Outcome	Nursing Home: Finalized,	
0689 Endorsed	Percent of Residents Who Lose Too Much Weight (Long-Stay)	This measure updates CMS' current QM on patients who lose too much weight. This measure captures the percentage of long-stay residents who had a weight loss of 5% or more in the last month or 10% or more in the last 6 months who were not on a physician-prescribed weight-loss regimen noted on an MDS assessment (which may be an annual, quarterly, significant change or significant correction MDS assessment) during the selected quarter (3-month period). In order to address seasonal variation, the proposed measure uses a two-quarter average for the facility. Long-stay residents are those who have been in nursing care at least 100 days. The measure is restricted to this population, which has long-term care needs, rather than the short-stay population who are discharged within 100 days of admission.	Outcome	Nursing Home: Finalized,	

Nursing Home Quality Initiative and Nursing Home Compare Measures

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0690 Endorsed	Percent of Residents Who Have Depressive Symptoms (Long-Stay)	This measure is based on data from MDS 3.0 assessments of nursing home residents. Either a resident interview measure or a staff assessment measure will be reported. The preferred version is the resident interview measure. The resident interview measure will be used unless either there are three or more missing sub-items needed for calculation or the resident is rarely or never understood, in which cases the staff assessment measure will be calculated and used. These measures use those questions in MDS 3.0 that comprise the Patient Health Questionnaire (PHQ-9) depression instrument. The PHQ-9 is based on the diagnostic criteria for a major depressive disorder in the DSM-IV.	Outcome	Nursing Home: Finalized,	

End Stage Renal Disease Quality Improvement Program Measure Set

Program Summary: End Stage Renal Disease Quality Improvement

Program Description

The End Stage Renal Disease (ESRD) Quality Initiative promotes improving the quality of care provided to ESRD patients through the End Stage Renal Disease Quality Incentive Program (ESRD QIP) and by providing information to consumers on the Dialysis Facility Compare website. ESRD QIP was established by the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) section 153(c).[i] Starting in 2012, payments to dialysis facilities will be reduced if facilities do not meet the required total performance score, which is the sum of the scores for established individual measures during a defined performance period.[ii] Payment reductions will be on a sliding scale, which could amount to a maximum of 2 percent per year. CMS will report performance scores in two places, the Dialysis Facility Compare website and certificates posted at each participating facility.[iii] A subset of the measures used in the quality improvement program are utilized in ESRD QIP and publicly reported on dialysis compare.

Statutory Requirements for Measures:

To the extent possible, the program must include measures pertaining to anemia management that reflect the labeling approved by the FDA for such management, dialysis adequacy, patient satisfaction, iron management, bone mineral metabolism, and vascular access.[iv]

Program Measure Set Analysis

	Finalized	**Under Consideration**	**Total**
Total Measures	16	5	21
NQF-Endorsed®	11	4	15
NQS Priority			
Safer Care	2	2	4
Effective Care Coordination	0	0	0
Prevention and Treatment of Leading Causes of Mortality and Morbidity	0	0	0
Person and Family Centered Care	1	0	1
Supporting Better Health in Communities	0	0	0
Making Care More Affordable	0	0	0
Measure Type			
Process Measures	5	0	5
Outcome Measures	7	5	12
Cost Measures	0	0	0
Structural Measures	0	0	0
Patient Experience/Engagement	1	0	1

Identified Measure Gaps:

- The program measure set under consideration does not contain any cost or structural measures. The Workgroup had previously identified cost/access measures as a priority.
- The set does not address care coordination, prevention and treatment, better health, or making care more affordable.
- Physical and psychiatric comorbidities
- Shared decision making
- Patient goals and experience
- Cost

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[i] Final Rule. Medicare Program; End-Stage Renal Disease Prospective Payment System and Quality Incentive Program; Ambulance Fee Schedule; Durable Medical Equipment; and Competitive Acquisition of Certain Durable Medical Equipment, Prosthetics, Orthotics and Supplies. Nov 1, 2011

[ii] https://www.cms.gov/apps/media/press/factsheet.asp?Counter=4006

[iii] Centers for Medicare & Medicaid Services. Fact Sheets. Medicare Proposed Framework for the ESRD Quality Incentive Program. Available at: https://www.cms.gov/apps/media/press/factsheet.asp?Counter=4006

[iv] Final Rule ESRD PY 2012

ESRD Quality Improvement Program

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
Not NQF Endorsed	Vascular Access Infection	The measure reports the rate of hemodialysis access-related bacteremia. It uses the V8 HCPCS modifier on monthly Medicare dialysis facility claims. The measure is calculated by dividing the number of hemodialysis patients with an access-related bacteremia documented and treated by the number of eligible hemodialysis patients, resulting in a monthly rate of bacteremia reports per patient. The number is then converted to a rate per 1000 hemodialysis days (a common reporting convention).	Outcome	ESRD: Under Consideraton-Priority 1,	Do Not Support.
1423 Endorsed	Minimum spKt/V for pediatric hemodialysis patients	Percentage of all pediatric (<18 years old) in-center HD patients who have been on hemodialysis for 90 days or more and dialyzing 3 or 4 times weekly whose delivered dose of hemodialysis (calculated from the last measurements of the month using the UKM or Daugirdas II formula) was a spKt/V greater than or equal to 1.2	Outcome	ESRD: Under Consideraton-Priority 1,	Support
1454 Endorsed	Proportion of patients with hypercalcemia	Proportion of patients with 3-month rolling average of total uncorrected serum calcium greater than 10.2 mg/dL	Outcome	ESRD: Under Consideraton-Priority 1,	Support

ESRD Quality Improvement Program

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
1460 Endorsed	Bloodstream Infection in Hemodialysis Outpatients	Number of hemodialysis outpatients with positive blood cultures per 100 hemodialysis patient-months	Outcome	ESRD: Under Consideraton-Priority 1,	Support
Composite Not Endorsed. Composite combines endorsed measures #0249, 0318	Kt/V Dialysis Adequacy Measure	NQF 0249:Percentage of all adult patients in the sample for analysis who have been on hemodialysis for 6 months or more and dialyzing thrice weekly whose average delivered dose of hemodialysis (calculated from the last measurements of the month using the UKM or Daugirdas II formula) was a spKt/V >= 1.2 during the study period. NQF 0318: Percentage of all adult (>= 18 years old) PD patients whose delivered peritoneal dialysis dose was a weekly Kt/V urea of at least 1.7 (dialytic+ residual) during the 4-month reporting period.	Outcome	ESRD: Under Consideraton-Priority 1,	Support Direction
0249 Endorsed	Hemodialysis Adequacy Clinical Performance Measure III: Hemodialysis Adequacy--HD Adequacy-- Minimum Delivered Hemodialysis Dose	Percentage of all adult (>=18 years old) patients in the sample for analysis who have been on hemodialysis for 6 months or more and dialyzing thrice weekly whose average delivered dose of hemodialysis (calculated from the last measurements of the month using the UKM or Daugirdas II formula) was a spKt/V >= 1.2 during the study period.	Outcome	ESRD: Finalized,	

ESRD Quality Improvement Program

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0255 Endorsed	Measurement of Serum Phosphorus Concentration	Percentage of all adult (>= 18 years of age) peritoneal dialysis and hemodialysis patients included in the sample for analysis with serum phosphorus measured at least once within month.	Process	ESRD: Finalized,	
0318 Endorsed	Peritoneal Dialysis Adequacy Clinical Performance Measure III - Delivered Dose of Peritoneal Dialysis Above Minimum	Percentage of all adult (>= 18 years old) peritoneal dialysis patients whose delivered peritoneal dialysis dose was a weekly Kt/Vurea of at least 1.7 (dialytic + residual) during the four month study period.	Outcome	ESRD: Finalized,	
Not Endorsed (fomerly NQF #0252)	Assessment of Iron Stores	Percentage of all adult (>=18 years old) hemodialysis or peritoneal dialysis patients prescribed an ESA at any time during the study period or who have a Hb <11.0 g/dL in at least one month of the study period for whom serum ferritin concentration AND either percent transferrin saturation or reticulocyte Hb content (CHr) are measured at least once in a three-month period for in-center hemodialysis patients, peritoneal dialysis patients, and home hemodialysis patients.	Process	ESRD: Finalized,	Do Not Support.

ESRD Quality Improvement Program

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
Not Endorsed (formerly NQF #0248)	Hemodialysis Adequacy Clinical Performance Measure II: Method of Measurement of Delivered Hemodialysis Dose	Percentage of all adult (>= 18 years old) hemodialysis patients in the sample for analyses for whom delivered HD dose was calculated using UKM or Daugirdas II during the study period and for whom the frequency of HD per week is specified.	Outcome	ESRD: Finalized,	Do Not Support
Not NQF Endorsed	AM CPM Ia: Hemoglobin Control for ESA Therapy - HD & PD Combined	Adult (>= 18 years old) HD and PD patients, with ESRD >= 3 months, who have received ESA therapy at any time during a 3-month reporting period AND have achieved a mean hemoglobin of 10.0-12.0 g/dL for the 3-month reporting period. The hemoglobin value reported for the end of each month (end-of-month hemoglobin) is used for the calculation	Outcome	ESRD: Finalized-DFC,	
0369 Endorsed	Dialysis Facility Risk-adjusted Standardized Mortality Ratio (32) Level	Risk-adjusted standardized mortality ratio for dialysis facility patients.	Outcome	ESRD: Finalized-DFC,	

ESRD Quality Improvement Program

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
Not NQF Endorsed	Mineral Metabolism Measure	This measure assesses whether providers/facilities monitor a patient's phosphorus and calcium levels on a monthly basis throughout the proposed performance period during which the patient was treated. This is a reporting measure only.	Process	ESRD: Finalized-QIP,	
Not NQF Endorsed	NHSN Dialysis Reporting Measure	This measure assess whether providers/facilities enroll and report dialysis event data to the NHSN. This is a reporting measure only.	Outcome	ESRD: Finalized-QIP,	
0256 Endorsed	Hemodialysis Vascular Access- Minimizing use of catheters as Chronic Dialysis Access	Percentage of patients on maintenance hemodialysis during the last HD treatment of study period with a chronic catheter continuously for 90 days or longer prior to the last hemodialysis session.	Process	ESRD: Finalized-QIP,	
0257 Endorsed	Hemodialysis Vascular Access- Maximizing Placement of Arterial Venous Fistula (AVF)	Percentage of patients on maintenance hemodialysis during the last HD treatment of month using an autogenous AV fistula with two needles	Process	ESRD: Finalized-QIP,	
0257, 0256 Endorsed	Vascular Access Type Measure (NQF #257 and NQF #256 - Overall Score)	NQF #0257: The measure reports the percentage of hemodialysis patients who received hemodialysis through an arteriovenous fistula with two needles. NQF #0256: Percent of patients receiving treatment with a catheter > 90 days	Process	ESRD: Finalized-QIP,	

ESRD Quality Improvement Program

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0258 Endorsed	Patient Experience of Care (ICH CAHPS) Usage Measure	This measure assesses provider/facility usage of the In-Center Hemodialysis Consumer Assessment of Healthcare Provider and Systems (ICH CAHPS) Survey. This is a reporting measure only.	Patient Experience/ Engagement	ESRD: Finalized-QIP,	
1666 Recommended for Endorsement	Anemia Management – Percentage of Patients with Hemoglobin >12 g/dL	Percentage of calendar months within a 12-month period during which a Hemoglobin is measured for patients aged 18 years and older with a diagnosis of advanced CKD (stage 4 or 5, not receiving RRT) or ESRD (who are on hemodialysis or peritoneal dialysis) who are also receiving ESA therapy and have a Hemoglobin Level > 12.0 g/dL	Process	ESRD: Finalized-QIP,	
Not NQF Endorsed	Percentage of the facility's hemodialysis patients with a urea reduction ratio (URR) of 65% or greater in the calendar year	Eligible Medicare hemodialysis patients at the facility during the calendar year with a median URR value of 65% or higher.	Outcome	ESRD: Finalized-QIP/DFC,	

ESRD Quality Improvement Program

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0370 Endorsed	Monitoring hemoglobin levels below target minimum	Percentage of all adult (>=18 years old) hemodialysis patients, peritoneal dialysis, and home hemodialysis patients with ESRD >=3 months and who had Hb values reported for at least 2 of the 3 study months, who have a mean Hb <10.0 g/dL for a 3 month study period, irrespective of ESA use.	Outcome	ESRD: Finalized-Retired after 2013,	
0260 Endorsed	Assessment of Health-related Quality of Life in Dialysis Patients	Percentage of dialysis patients who receive a health-related quality of life assessment using the KDQOL-36 (36-question survey that assesses patients´ functioning and well-being) at least once per year.	Patient Engagement/Experience		Support

Hospice Quality Reporting Measure Set

Program Summary: Hospice Quality Reporting

Program Description

Section 3004 of the Affordable Care Act requires the establishment of a quality reporting program for hospice. Quality measures will be reported beginning in fiscal year (FY) 2014. Failure to submit required quality data shall result in a 2% reduction in the annual payment update.[i] All data submitted will be made available to the public; however, hospice providers must have an opportunity to review the data that is to be made public before its release.[ii] Two measures are required for FY2104; six measures are under consideration for future years.

Statutory Requirements for Measures:

- 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 align with other Medicare and Medicaid quality reporting programs as well as other private sector initiatives. [iii]

Program Measure Set Analysis

	Finalized	**Under Consideration**	**Total**
Total Measures	2	6	8
NQF-Endorsed®	1	1 (5 recommended for endorsement)	2 (5 recommended for endorsement)
NQS Priority			
Safer Care	0	0	0
Effective Care Coordination	1	5	6
Prevention and Treatment of Leading Causes of Mortality and Morbidity	0	0	0
Person and Family Centered Care	1	1	2
Supporting Better Health in Communities	0	0	0
Making Care More Affordable	0	0	0
Measure Type			
Process Measures	0	5	5
Outcome Measures	1	0	1
Cost Measures	0	0	0
Structural Measures	0	0	0
Patient Experience/Engagement	0	0	0

Identified Measure Gaps:

- The program measure set under consideration does not address four NQS priorities: safer care, prevention and treatment, better health in communities, and making care more affordable.
- The set does not contain cost, structural measures, or patient engagement measures.
- The set should align with quality reporting requirements of settings in which hospice is provided.
- Care coordination
- Avoidable acute admissions
- Avoiding unnecessary end of life care

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[i] Centers for Medicare & Medicaid Services. New Quality Reporting Programs for LTCHs, IRFs, and Hospices. Available at https://www.cms.gov/LTCH-IRF-Hospice-Quality-Reporting/
[ii] Ibid.
[iii] Centers for Medicare & Medicaid Services. Final rule. Medicare Program; Hospice Wage Index for Fiscal Year 2012

Hospice Quality Reporting

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0208 Endorsed	Family Evaluation of Hospice Care (FEHC)	Composite Score: Derived from responses to 17 items on the Family Evaluation of Hospice Care(FEHC)survey presented as a single score ranging from 0 to 100. Global Score: Percentage of best possible response (Excellent) to the overall rating question on the FEHC survey. Target Population: The FEHC survey is an after-death survey administered to bereaved family caregivers of individuals who died while enrolled in hospice. Timeframe: The survey measures family members perception of the quality of hospice care for the entire enrollment period, regardless of length of service.	Composite	Hospice: Under Consideration- Priority #2,	Support
1617 Recommended for Endorsement	Patients Treated with an Opioid who are Given a Bowel Regimen	Percentage of vulnerable adults treated with an opioid that are offered/prescribed a bowel regimen or documentation of why this was not needed	Process	Hospice: Under Consideration- Priority #2,	Support
1634 Recommended for Endorsement	Hospice and Palliative Care -- Pain Screening	Percentage of hospice or palliative care patients who were screened for pain during the hospice admission evaluation / palliative care initial encounter.	Process	Hospice: Under Consideration- Priority #2,	Support
1637 Recommended for Endorsement	Hospice and Palliative Care -- Pain Assessment	This quality measure is defined as: Percentage of hospice or palliative care patients who screened positive for pain and who received a clinical assessment of pain within 24 hours of screening.	Process	Hospice: Under Consideration- Priority #2,	Support
1638 Recommended for Endorsement	Hospice and Palliative Care -- Dyspnea Treatment	Percentage of patients who screened positive for dyspnea who received treatment within 24 hours of screening.	Process	Hospice: Under Consideration- Priority #2,	Support
1639 Recommended for Endorsement	Hospice and Palliative Care -- Dyspnea Screening	Percentage of hospice or palliative care patients who were screened for dyspnea during the hospice admission evaluation / palliative care initial encounter.	Process	Hospice: Under Consideration- Priority #2,	Support

NQF Measure # and Status	Measure Name/Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0209 Endorsed	Comfortable Dying (CMS title: Pain Management)	Percentage of patients who were uncomfortable because of pain on admission to hospice whose pain was brought under control within 48 hours	Outcome	Hospice: Finalized,	
NA	Hospice administers a quality assessment and performance improvement (QAPI) program containing at least three indicators related to patient care.			Hospice: Finalized,	

Pre-Rulemaking Input for Hospital Programs

Tab 6

Hospital Workgroup Discussion Guide with Findings and Conclusions

NATIONAL QUALITY FORUM
MEASURE APPLICATIONS PARTNERSHIP

Hospital Workgroup
Pre-Rulemaking Discussion Guide with Findings and Conclusions

Meeting Objectives:

- *Review measures under consideration for inclusion in Hospital Inpatient Quality Reporting (IQR), Hospital Value-Based Purchasing (VBP), Inpatient Psychiatric Facility Quality Reporting, Hospital Medicare and Medicaid EHR Incentive Program for Hospitals and Critical Access Hospitals (Meaningful Use), and PPS-Exempt Cancer Hospital Quality Reporting;*
- *Provide input on finalized measure sets for Outpatient Quality Reporting (OQR) and Ambulatory Surgical Center Quality Reporting;*
- *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.*

<table>
<tr><th colspan="3">Overarching Discussion Regarding Disparities</th></tr>
<tr><td colspan="3">If measured and stratified appropriately, a number of the measures included within the program sets could be highly applicable to vulnerable populations. Some of these measures reveal disparities, as documented by AHRQ. Though these measures are not currently specified this way, some could be particularly applicable, and we could learn more through implementation. NQF is currently reviewing the entire endorsed portfolio for disparities-sensitive measures. There continues to be tension in the field about whether to apply stratification to current measures or to create different measures. During its first year, MAP is primarily addressing disparities through consideration for the needs of the dual eligible beneficiaries population.</td></tr>
<tr><th>Issue/Question</th><th>Factors for Consideration</th><th>Workgroup Findings and Conclusions</th></tr>
<tr><th colspan="3">Inpatient Quality Reporting (IQR) Program Measure Set</th></tr>
<tr><td>1. Review program summary, finalized measures and measures under consideration, gaps, relationship to hospital core measure set</td><td>• Program set includes 21 new measures under consideration for a total of 93 measures to be included in IQR
• Considering all finalized measures and measures under consideration, 15 of the 34 Hospital core set measures are NOT included in IQR
• Majority NQF-endorsed
• All NQS priorities are addressed; safer care and prevention/treatment of cardiovascular well-addressed; others less so</td><td>The workgroup previously considered the IQR program set at their October meeting and identified the following measure gaps:
• Child health
• Maternal care
• Measures are not sensitive to disparities
• Behavioral health beyond substance abuse
• Patient-reported outcomes</td></tr>
</table>

	• Addresses 6 high impact conditions • There is a mix of all measure types, though very few cost, structure, or patient experience measures Alignment with other programs: • 30 measures are included with VBP (finalized and under consideration) • 32 measures are included in Meaningful Use (finalized and under consideration)	• Sepsis measures. The workgroup had suggested that sepsis be considered separately from infections as a whole. • Cost and resource use measures
2. Four NQF-endorsed measures under consideration related to care coordination	• Effective care coordination is an NQS priority • Fill gaps identified by the workgroup for additional care transition and patient-reported measures • Reporting patients' perspectives on care is a statutory requirement • Noted priority for dual eligible beneficiaries related to care after discharge • 0228: 3-Item Care Transition Measure (CTM-3) is part of the dual eligible beneficiaries core set • Condition-specific focus of AMI (0698), Heart Failure (0699) and Pneumonia (0707) 30-Day Post-Discharge Transition Composite measures do not allow for broad applicability *(Care coordination is a cross-program focus area)*	Overall, the workgroup was very supportive of including additional measures of care coordination within the IQR program set. They **supported** the immediate inclusion of the CTM-3 measure within IQR. The workgroup members strongly urged that it be incorporated in to the existing HCAHPS survey to decrease reporting burden on both the patients and providers. It was noted that this approach is being tested at this time. Voting: 10 support, 8 support direction, 1 not support When considering the three condition-specific 30-Day Post-Discharge Transition Composite measures, the group was **split** regarding whether or not these were ready for inclusion immediately within IQR. A number of concerns were raised by workgroup members including the validity of the weighting within these measures, the usefulness/interpretability for improvement when

		combining readmissions, ED visits, and outpatient clinician visits into one composite, and overlap with readmission measures currently within IQR. There was a sense that these should undergo greater field testing before being used widely in a public reporting program. It was also noted that if the Coordinating Committee would opt to support these transition composite measures for immediate inclusion, then parsimony with readmissions measures currently within the program should be considered as well.
3. Hospital-wide Readmission measure that is **not** NQF-endorsed, but under consideration in current NQF endorsement project	• To date, recommended for NQF endorsement by the Steering Committee with modifications related to harmonization with a related measure • Effective care coordination and safer care are NQS priorities • Potentially supports workgroup recommendation to move toward all-patient, all-payer measures • Key issue for dual eligible beneficiaries – there is a measure with similar intent included within the duals core set *(Care coordination is cross-program focus area)*	The workgroup was generally supportive of the hospital-wide readmission measure. Given that the measure is still undergoing NQF endorsement review, the group indicated that the measure should receive NQF endorsement prior to being included in the IQR. Ultimately, they were **split** regarding whether or not to include this measure at this time. Voting: 8 support, 8 support direction, 2 not support The workgroup raised a few methodological concerns regarding this measure: • It's currently specified for patients 65 and older, and being tested in an all-payer population of patients aged 18 years or older. The workgroup strongly agreed that it should not be included until this testing

		is complete and can truly be a hospital-wide measure. • It may be difficult to identify and target specific areas for improvement with such a heterogeneous measure of performance. • The methodology used for distinguishing planned and unplanned readmissions was also highlighted. CMS, the measure developer, indicated that they are moving toward a consistent approach and will be conducting a "dry run" of the measures using the harmonized method, so it's consistent with the other CMS disease-specific readmission measures which exclude unplanned readmissions. • The workgroup agreed it was important to raise concerns regarding potential unintended consequences of this measure, particularly if it could be tied to payment in the future. This is an important area in which to measure performance, but checks need to be in place to ensure that this does not drive payments away from hospitals that provide services to vulnerable populations or encourage denial of care for vulnerable populations.
4. Heart Failure measures under consideration and	• Heart failure is high impact condition • Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (0083)	The workgroup **supported** the inclusion of measure 0083 in the program measure set. Although there are a number of heart failure

finalized (0699: Heart Failure care transition measure noted above)	• Symptom and Activity Assessment (0077) is not recommended for continued endorsement in current NQF endorsement project • HF-1 Discharge Instructions (0136) is not recommended through NQF endorsement maintenance • 3 Heart Failure measures: Combination Medical Therapy for LVSD, Counseling Regarding ICD for Patients with LVSD, Symptom Management are **not** NQF-endorsed • Finalized IQR measures include 4 other existing Heart Failure (0162, 0135, 0330, 0229) measures to round out a condition measure set	process measures in the set, the workgroup agreed that beta-blockers for LVSD were strongly tied to improved outcomes. Voting: 13 support, 0 support direction, 5 not support Given that 0077 has not been recommended for continued NQF endorsement and does not support the workgroup's desire to move toward outcomes, they did **not support** including it in IQR at this time. Voting: unanimous – not support The workgroup unanimously agreed **not to support** the inclusion of 0136 in the measure set. Measure 0136 has not been recommended for continued NQF endorsement. Note: This finding applies to VBP and Meaningful Use as well. Voting: unanimous – not support The issue of parsimony was raised regarding measure 0330: Heart Failure 30-Day Risk Standardized Readmissions. The workgroup agreed that if the Heart Failure 30-Day Post-Discharge Transition Composite was supported for inclusion by the Coordinating Committee, then this measure may need to be considered for removal.

		The theme of parsimony continued as the workgroup considered 3 additional measures related to heart failure. They questioned how many measures were needed for this one condition and supported movement toward a composite. These 3 measures are not NQF-endorsed nor were their specifications available for review. The workgroup **supported the direction** of the Combination Medical Therapy for LVSD measure Voting: 0 support, 9 support direction, 7 not support The workgroup agreed that without specifications, it was unclear what was being measured. If this measure will help make the program set more parsimonious, that would be favored. The workgroup did **not support** the inclusion of the Counseling Regarding ICD for Patients with LVSD measure in IQR Voting: 0 support, 6 support direction, 10 not support The workgroup did **not support** the inclusion of the Symptom Management measure in IQR Voting: 0 support, 5 support direction, 8 not support

5. Eight behavioral health measures under consideration that are **not** NQF-endorsed, but under consideration in current NQF endorsement project	• Submitted to NQF behavioral health endorsement project that launched in November 2011 • Related to tobacco, alcohol, substance screening, treatment and follow up (TAM 1-8) – fill gap identified by the workgroup for additional behavioral health measures • Noted high-leverage area of Mental Health/Substance Use for dual eligible beneficiary population	Overall, the workgroup **supported the direction** of all of the TAM (1-8) measures. Voting: 0 support, 16 support direction, 1 not support The workgroup agreed that these measures showed promise and would fill an identified gap in this program set; however, they should go through the entire NQF endorsement process prior to inclusion. They offered guidance on how the measures may be most effectively included within federal programs in the future: • These measures, particularly the tobacco measures, may be more appropriate for an outpatient setting and perhaps could be considered for the OQR program set in the future. • They suggested that it may be most efficient to include only one measure for each topic area—the one closest to patient outcome. • Concern was expressed that TAM - 4 and 8 (assessing status after discharge) may be challenging to implement, particularly for hospitals serving a large homeless population. • It may be necessary to determine a way to ensure that these measures are not used to discriminate against patients that

		screen positively.
6. Three additional measures under consideration that are **not** NQF-endorsed	• 2 Hip/Knee measures – Complication and Readmission: 30-Day All-Cause Readmission Measure; both are recommended for endorsement within a current NQF endorsement project • Safe Surgery Checklist – there is a Safe Surgery Checklist measure within the current OQR program set	The workgroup was **split** regarding whether or not the 2 Hip/Knee measures should be included in IQR immediately or at a future date. Voting: 7 support, 6 support direction, 4 not support Though these measures are currently recommended within an NQF endorsement project, the workgroup agreed it was important that they make it through the entire NQF-endorsement process. The group also expressed concerns about including two additional condition-specific measures covering a relatively small patient population. The workgroup **supported the direction** of the Safe Surgical Checklist measure. Note: This finding applies to the retention of the Safe Surgery Checklist measure within OQR (see line 28) Voting: 6 support, 10 support direction, 1 not support This is a binary (yes/no) structural measure indicating whether or not a hospital has implemented a surgical checklist. While the workgroup recognized the importance of a surgical checklist and agreed it encourages better practice and communication, they were hesitant to

		support it without more detailed information about the specifications of the measure.
7. Considerations on the existing program measure set	Two measures are currently undergoing NQF endorsement maintenance with expanded denominators beyond ICUs to include medical-surgical (major teaching and all others), neurosurgical, pediatric, surgical, trauma, burn, and respiratory) units: • Catheter-Associated Urinary Tract Infection (CAUTI) (0138) • Central Line-Associated Bloodstream Infection (CLABSI) (0139)	The workgroup **supported** retention of CAUTI (0138) and CLABSI (0139) within the IQR program set. When considering new measures for the VBP program set, issues were raised in regards to the Mortality for Selected Medical Conditions (0530) measure found within both VBP and IQR. Following this discussion, the workgroup did **not support** retention of this measure within the VBP program, as well as IQR (see line 10). Voting: 0 support, 5 support direction, 11 not support There were 8 HACs considered as part of the VBP discussion and the workgroup findings there (see line 12) should be applied to the IQR program set as well.
Value-based Purchasing (VBP) Program Measure Set		
8. Review program summary, finalized measures and measures under consideration, gaps, relationship to hospital core measure set	• Program set includes 13 new measures under consideration for a total of 30 measures to be included in Hospital VBP • Considering all finalized measures and measures under consideration, 23 of the 34 hospital core set measures are NOT included in Hospital VBP • Majority NQF-endorsed • All NQS priorities are addressed; safer care and prevention/treatment of cardiovascular well-addressed;	The workgroup previously considered the VBP program set at their October meeting and identified the following measure gaps: • Maternal care • Child health • Behavioral health • Stroke • Diabetes

	others less so • Addresses 5 high-impact conditions • Does not include any structural measures and very few cost or patient experience measures Alignment with other programs • All measures are also included in IQR (finalized and under consideration) • 12 measures are included in Meaningful Use (finalized and under consideration)	• Disparities–sensitive measures • Cost and resource use measures
9. AMI-10 Statin Prescribed at Discharge (0639)	• Required within statute to measure AMI care • NQF-endorsed • In IQR and under consideration for Meaningful Use • Add to 3 other AMI measures within the program (0163, 0164, 0230)	The workgroup was in **support** of including this measure within the VBP program at this time. Voting: 11 support, 4 support direction, 0 not support The discussion of the workgroup predominantly focused on whether or not there is a performance gap here and CMS indicated that we should know this information within a month.
10. IQI 91 Mortality for Selected Medical Conditions (Composite) (0530)	• NQF-endorsed • In IQR • Included in hospital core set	The workgroup did **not support** the inclusion of this measure in VBP or IQR (see line 7). Voting: 0 Support, 5 support direction, 12 not support The workgroup sought clarity that this measure is a composite measure of only inpatient mortality of AMI, heart failure, stroke, pneumonia, hip fracture and GI hemorrhage.

		There are three other mortality measures within VBP for AMI, heart failure, and pneumonia that are 30-day mortality and also include mortality in a hospital. There was concern that including this composite in addition to the other three measures would result in doubly rewarding or penalizing a hospital. Concern was raised regarding reporting of mortality measures. The perception may be that death in a hospital is always bad; however, some communities don't have access to palliative care, so this may be the best possible option. This would penalize hospitals/communities in that situation. It was also troubling to the workgroup that this measure does not account for a patient's DNR status. A possible enhancement for this measure identified by the workgroup would be to stratify across multiple conditions.

11. Three NQF-endorsed measures under consideration related to patient safety	• Safer care is an NQS priority
	• Central Line-Associated Blood Stream Infection (CLABSI) (0139)
	    ○ In IQR
	    ○ Required within statute to measure healthcare-associated infections
	    ○ Currently undergoing NQF maintenance endorsement review including expanded denominator
	• SCIP-Inf-10 Surgery Patients Preoperative Temperature
		The workgroup **supported** the inclusion of the CLABSI (0139) measure within the VBP program set.
		
		Voting: 17 support, 0 support direction, 0 not support
		
		Concerns were raised about using measures that are in transition, such as this CLABSI measure. It is necessary to be able to look at the data across

	Management (0452)
	  ○ In IQR
	  ○ 7 SCIP measures already included in Hospital VBP
	• PSI 90 Complication/Patient Safety for Selected Indicators (Composite) (0531)
	  ○ In IQR
	  ○ Included in Hospital core set
		time for comparison to show improvement. It was suggested that a year of stable definitions is needed to do this comparison. This newly-specified version of the CLABSI measure will begin to be reported on Hospital Compare starting at the end of January 2012.
		
		The workgroup **supported** the inclusion of the SCIP-Inf-10 Preoperative Temperature Management (0452) measure within the VBP program set.
		
		Voting: 13 support, 1 support direction, 2 not support
		
		The workgroup was **split** on the inclusion of the Complication/Patient Safety for Selected Indicators (0531) measure.
		
		Voting: 7 support, 4 support direction, 6 not support
		
		There was concern regarding the potentially preventable adverse events included within this composite and the usefulness of reporting them in this manner.

12. Eight measures under consideration that are **not** NQF-endorsed related to healthcare-acquired	• These HAC rates have not been submitted to NQF for endorsement • Safer care is an NQS priority • Required within statute to measure healthcare-associated infections	On the whole, the workgroup is supportive of reporting on measures related to HACs. Consumers understand the HACs and need to be informed about them. There is concern and confusion related to providers being penalized

conditions (HACs)		multiple times for performance in these areas through various programs. These HAC rates have never been submitted to NQF for endorsement, and the workgroup did not have confidence in their scientific validity. They suggested that where available, NQF-endorsed HAC measures should be used in lieu of these. Some HACs are so rare that the 90th percentile would be 0. Never events should not be risk adjusted, but those HACs that are not "never events" should. Present on admission variable is malleable and could be easily gamed and/or cause needless increase in screening tests at admission. These HAC rates were voted on individually, and when the workgroup supported the direction of the measure, it included harmonizing with NQF-endorsed equivalents. Note: These findings also apply to the IQR (see line 7). The results were as follows: CAUTI: **support direction** Voting: 1 support, 13 support direction, 2 not support Falls & Trauma: **support direction** Voting: 1 support, 13 support direction, 3 not support

		Foreign Body: **split** Voting: 1 support, 7 support direction, 9 not support Poor Glycemic Control: **not support** Voting: 1 support, 1 support direction, 13 not support Pressure Ulcers: **support direction** Voting: 1 support, 12 support direction, 4 not support Air Embolism: **not support** Voting: 1 support, 1 support direction, 15 not support Blood Incompatibility: **not support** Voting: 1 support, 5 support direction, 11 not support Vascular-Catheter Associated Infection: **support direction** Voting: 1 support, 10 support direction, 5 not support
13. Medicare Spending per Beneficiary	• Not NQF-endorsed: this measure is not yet complete or tested; NQF expects to receive this measure in Q2 2012 for review. • Making care more affordable is an NQS priority • Specificity to the Medicare patient population does not support application by private payers • Affordability is an important area of focus of the dual	The workgroup **supported the direction** of this concept for a measure. Voting: 4 support, 11 support direction, 1 not support This measure did not include specifications. CMS

	eligible beneficiaries workgroup • Statute states that VBP should include efficiency measures adjusted for factors such as age, sex, race, severity of illness, and other factors	clarified that the measure is meant to capture Medicare Spending per Beneficiary *per episode* and will be risk adjusted. The specifications will be available in the near future and the measure will be reported on Hospital Compare in spring of 2012. There are many definitional issues related to this type of measure that need to be considered. There was great concern regarding how the measure would be used and whether or not it could result in reduction in care or access issues. The workgroup urged that the measure be paired with a balancing outcome or access measure. It was suggested that CMS look to the resource use endorsement project in progress at NQF. This measure should be harmonized across care settings.
Inpatient Psychiatric Facility Quality Reporting Program Measure Set		
14. Review program summary, finalized measures and measures under consideration, gaps, relationship to hospital core measure set	• Program set includes 6 new measures under consideration • All measures are NQF-endorsed • Only 3 NQS priorities are addressed – safer care, effective care coordination, person/family-centered care • No high impact conditions directly addressed • Only process measures • Program does not include measures from other programs Implications for the dual eligible beneficiaries population • HBIPS-7 Post-Discharge Continuing Care Plan Transmitted to Next Level of Care Provider Upon Discharge (0558) is part of the duals core set • Particularly applicable to the dual eligible population are the	Measure gaps: • Measures related to the coordination between inpatient psychiatric care and alcohol/substance abuse treatment; concern was raised about a lack of care coordination between these settings • Outcome measures for after care – patients keeping follow up appointments • Measures that address monitoring

	measures related to medication management and post-discharge planning Cross-program considerations – care coordination • HBIPS-6 Post-Discharge Continuing Care Plan Created (0557) • HBIPS-7 Post-Discharge Continuing Care Plan Transmitted to Next Level of Care Provider Upon Discharge (0558)	of metabolic syndrome for patients on antipsychotic medications • Primary care follow up after discharge measures
15. Six measures under consideration for this program	2 measures related to use of restraint and seclusion • HBIPS-2 Hours of Physical Restraint Use (0640) • HBIPS-3 Hours of Seclusion Use (0641) 2 measures related to post-discharge continuing care plan • HBIPS-6 Post-Discharge Continuing Care Plan Created (0557) • HBIPS-7 Post-Discharge Continuing Care Plan Transmitted to Next Level of Care Provider Upon Discharge (0558) 2 measures related to Patients Discharged on Multiple Antipsychotic Medications • HBIPS-4: Patients Discharged on Multiple Antipsychotic Medications (0552) • HBIPS-5 Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification (0560)	The workgroup members **supported** inclusion of all six measures into the program set. The voting results are as follows: HBIPS-2 voting: 12 support, 4 support direction, 1 not support HBIPS-3 voting: 12 support, 4 support direction, 0 not support HBIPS-4 and HBIPS-5 voting: unanimously supported; supported paired reporting of these measures HBIPS-6 and HBIPS-7 voting: unanimously supported; supported paired reporting of these measures The workgroup sought clarity around measure exclusions and further understanding of the settings to which the program will apply. The measures apply to both children and adults and are stratified into 4 age groups.

Medicare and Medicaid EHR Incentive Program for Hospitals and Critical Access Hospitals (Meaningful Use) Program Measure Set		
16. Review program summary, finalized measures and measures under consideration, gaps, relationship to hospital core measure set	• Program set includes 36 new measures under consideration for a total of 51 measures to be included in Meaningful Use • Considering all finalized measures and measures under consideration, 22 of the 34 Hospital core set measures are NOT included in Meaningful Use • Nearly all measures are NQF-endorsed • All NQS priorities addressed, some to a lesser extent than others • 5 high impact conditions addressed • Only process and outcome measure types Alignment with other programs • 17 measures are included with IQR (finalized and under consideration) • 12 measures are included with VBP (finalized and under consideration) • 1 measure is included in OQR (finalized and under consideration) • Important to align the approaches toward the Meaningful Use program across the clinician and hospital workgroups	Measure gaps: The workgroup encouraged the development of delta measures to detect incremental changes in a patient's condition overtime, and the inclusion of those measures in the Meaningful Use program in the future.

17. Seven NQF-endorsed measures under consideration related to AMI	• AMI is a high-impact condition
	• Found in current IQR and Hospital VBP
	  ○ AMI-8a Primary PCI Received Within 90 Minutes of Hospital Arrival (0163)
	  ○ AMI-7a Fibronolytic Agent Received Within 30 Minutes of Hospital Arrival (0164)
	• Found in current IQR and under consideration for Hospital VBP
	  ○ AMI-10 Statin Prescribed at Discharge (0439)
	• Found in current IQR
	  ○ Aspirin Prescribed at Discharge for AMI (0142)
		The workgroup **supported** the inclusion of measures 0163, 0164, 0439 and 0142 within the Meaningful Use program set.
		
		Voting was as follows:
		0163: 11 support, 1 support direction, 2 not support
		0164: 11 support, 1 support direction, 2 not support
		0439: 9 support, 1 support direction, 3 not support
		0142: 9 support, 1 support direction, 3 not support

	• Not currently used in another program
	  ○ Aspirin at Arrival for Acute Myocardial Infarction (AMI) (0132)
	  ○ ACEI or ARB for Left Ventricular Systolic Dysfunction- Acute Myocardial Infarction (AMI) Patients (0137)
	  ○ Beta-Blocker Prescribed at Discharge for AMI (0160)
		The workgroup did **not support** measures 0132, 0137, 0160 for inclusion within the Meaningful Use program set.
		
		Voting: 4 support, 3 support direction, 8 not support
		
		The workgroup agreed that measures selected to the Meaningful Use program will represent the future of measurement and recognized the importance of selecting the measures that set the direction for where measurement should be in several years. They thought it was important to define what was meaningful and not waste valuable resources developing suboptimal eMeasures. The development of measures that would demonstrate how EHRs improve safety and reduce errors is encouraged.
		
		Ultimately, the workgroup decided they would proceed with their previous decisions on individual measures within other programs, where applicable. They agreed that if a measure did not seem to be forward thinking, it should not transition from chart abstraction to electronic health records and should be removed from other programs as well.

18. Eight NQF-endorsed measures under consideration	Fill gap identified by the workgroup for maternal care measures • Elective Delivery Prior to 39 Completed Weeks Gestation (0469)	The workgroup unanimously **supported** inclusion of measure 0469 within the program set.

related to Maternal Care	• Exclusive Breastfeeding at Hospital Discharge (0480) • Proportion of Infants 22 to 29 Weeks Gestation Treated with Surfactant Who Are Treated Within 2 Hours of Birth (0484) • Neonatal Immunization (0485) • Healthy Term Newborn (0716) • Hearing Screening Prior to Hospital Discharge (EHDI-1a) (1354) Not recommended for continued endorsement in current NQF endorsement project • First Temperature Measured Within 1 Hour of Admission to the NICU (0481) • First NICU Temperature < 36 Degrees C (0482)	However, a question was raised regarding whether or not this was truly a hospital measure as pre-natal care, patient-provider relationship and patient choice impact this measure. The workgroup did **not support** inclusion of measure 0480 within the Meaningful Use set. Voting: 2 support, 2 support direction, 12 not support The group agreed that this was not a high priority measure for the Meaningful Use program set. Additionally, the issue was raised that breastfeeding is ultimately a patient choice. The workgroup **supported** inclusion of measures 0484, 0485, 0716, 1354 within the Meaningful Use program set. Voting: 0484: 15 support, 0 support direction, 1 not support 0485: 15 support, 0 support direction, 0 not support 0716: 12 support, 4 support direction, 0 not support 1354: 14 support, 0 support direction, 0 not support The workgroup did **not support** the inclusion of either measure 0481 or 0482 in the Meaningful

		Use program set as they are not being recommended for continued NQF endorsement. Voting: 0481: 0 support, 0 support direction, 13 not support 0482: 0 support, 0 support direction, 12 not support

19. Five NQF-endorsed measures under consideration related to child health	Fill gap identified by the workgroup for pediatric measures
	• PICU Pain Assessment on Admission (0341)
	• PICU Periodic Pain Assessment (0342)
	• Use of Relievers for Inpatient Asthma (0143)
	• Use of Systemic Corticosteroids for Inpatient Asthma (0144)
	• Home Management Plan of Care Document Given to Patient/Caregiver (0338)
	  ○ Asthma population
	  ○ Relates to high-leverage area identified by the MAP Dual Eligible Beneficiaries Workgroup
	  ○ Measure of care coordination
	
	These measures are expected to be reviewed in NQF endorsement project next year.
		The workgroup **supported** the inclusion of all of the pediatric measures under consideration in for the Meaningful Use program.
		
		Voting:
		0341, 0342: unanimously supported
		0143, 0144, 0338: 13 support,1 support direction, 1 not support
		
		* This conclusion by the workgroup is caveated that if measures 0143, 0144, and 0338 have endorsement removed within next year's NQF endorsement project, then they would reconsider their position.

20. Eight NQF-endorsed measures under consideration related to the surgical care improvement project (SCIP)	• Safer care is an NQS priority
	• Found in current IQR and Hospital VBP
	  ○ SCIP-Inf-01 Prophylactic Antibiotic Received Within 1 hour Prior to Surgical Incision (0527)
	  ○ SCIP-Inf-02 Prophylactic Antibiotic Selection for Surgical Patients (0528)
	  ○ SCIP-Inf-03 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time (0529)
		The workgroup unanimously **supported** inclusion of the measures 0527, 0528, 0529, 0300, 0284, 0218 and 0453 within the Meaningful Use program
		
		The workgroup did **not support** inclusion of the measures 0301 within the Meaningful Use program as it is moving into reserve status with

	◦ SCIP-Inf-04 Cardiac Surgery Patients with Controlled 6AM Postoperative Serum Glucose (0300) ◦ SCIP-VTE-2 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery (0218) ◦ SCIP Card-2 Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period (0284) • Found in current IQR ◦ SCIP-Inf-09 Urinary Catheter Removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with Day of Surgery Being Day Zero (0453) • Not found in another hospital program ◦ SCIP-INF-6- Surgery Patients with Appropriate Hair Removal (0301) – recommended for reserve endorsement status in current NQF endorsement project	NQF endorsement and is topped out. Voting: 1 support, 2 support direction, 12 not support
21. Two NQF-endorsed measures under consideration related to pneumonia	• Found in current IQR and Hospital VBP ◦ PN-3b Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital (0148) ◦ PN-6 Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients (0147)	The workgroup unanimously **supported** the inclusion of these measures in the Meaningful Use program set.
22. STK-1 Venous Thromboembolism (VTE) Prophylaxis (0434)	• Stroke is a high-impact condition • Found in current IQR	The workgroup unanimously **supported** the inclusion of this measure in the Meaningful Use program set.

23. OP–18/ED-3: Median Time from ED Arrival to ED Departure for Discharged ED Patients (0496)	• Found in current OQR • Fill gap identified by the workgroup for ED measures	The workgroup **supported** the inclusion of ED-3/OP-18 in the Meaningful Use program set. Voting: 15 support, 1 support direction, 0 not support The workgroup agreed that it is a complimentary measure to the measures already in program.

24. Two measures under consideration that are **not** NQF-endorsed, but currently being reviewed in an NQF endorsement project	• Submitted to population health prevention project that launched in May 2011
	  ○ IMM-1 Pneumonia Immunization – to date, recommended for NQF endorsement by Steering Committee
	  ○ IMM-2 Flu Immunization – to date, recommended for NQF endorsement by Steering Committee
		The workgroup **supported** the inclusion of IMM-1 and IMM-2 in the Meaningful Use program set, pending NQF endorsement.
		
		Voting: 12 Support, 3 support direction, 0 not support

25. One measure under consideration that is **not** NQF-endorsed nor specified at this time	• CMS wants to create a new measure that will combine two currently NQF-endorsed measures into one measure: HF-2 Evaluation of Left Ventricular Function (0135) and HF-3 Angiotensin Converting Enzyme Inhibitor (ACE–I) or Angiotensin II Receptor Blocker (ARB) for Left Ventricular Systolic Dysfunction (0162)	The workgroup was **split** on whether or not to include this new measure combining HF-2 and HF-3 as there were no specifications provided. Voting: 0 support, 8 support direction, 7 not support The workgroup was particularly interested to understand if the measure would include some kind of weighting.
26. Cross-program considerations – care coordination	• Home Management Plan of Care Document Given to Patient/Caregiver (0338)	The workgroup stressed the importance of care coordination across the continuum and the need to avoid silos. The workgroup encouraged

		synergizing with the development of clinician EHRs as well as consistency across the MAP workgroups. As noted above, the workgroup supported the addition of measure Home Management Plan of Care Document Given to Patient/Caregiver (0338).
Outpatient Quality Reporting (OQR) Program Measure Set		
27. Review program summary, finalized measures and measures under consideration, gaps, relationship to hospital core measure set	• No new measures under consideration for the OQR Program • Considering all finalized measures and measures under consideration, 33 of the 34 Hospital core set measures are NOT included in OQR • Majority of measures are NQF-endorsed • All NQS priorities addressed, with safety covered the most • 6 high impact conditions addressed • Heavy on process measures, not outcome measures Alignment with other programs • OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients (0496) is under consideration for Meaningful Use • Overall, the workgroup stressed that the OQR set should align with the efforts of the MAP Clinician Workgroup as more clinicians become hospital-affiliated and not covered under the clinician reporting programs. Cross-program implications: dual eligible beneficiaries and care coordination • Tracking Clinical Results Between Visits (0491) • Transition Record with Specified Elements Received by Discharged Patients (0649)	Measure gaps: There are no patient-reported measures in the OQR program set. Additionally, the workgroup previously considered the OQR program set at their October meeting and identified the following measure gaps: • Outcome measures. The workgroup previously indicated the need to move to outcome measures clustered with process and structural measures. • The program set does not address supporting better health in communities or disparities. • High impact outpatient issues such as weight management, diabetes management, and readmissions (including admissions following an outpatient surgery). • Measures that address patient preferences such patient outcomes, patient shared decision making, patient experience of care, and family engagement.

		• Efficiency measures. There are measures related to cost of care, but no true measures of efficiency.
28. Program set includes five measures that are **not** NQF-endorsed	• OP–9: Mammography Follow-up Rates – considered for NQF endorsement in 2010, but not recommended because of concerns that the measure looked at only recall rates, but not at the number of missed cancers, as well as concerns with the usability and specifications • OP–10: Abdomen CT—Use of Contrast Material – considered for NQF endorsement in 2010, but not recommended due to concerns with the evidence and measure specifications • OP–14: Simultaneous Use of Brain Computed Tomography (CT) and Sinus Computed Tomography (CT) – considered for NQF endorsement in 2010, but not recommended because the measure did not meet the NQF endorsement importance criterion • OP–15: Use of Brain Computed Tomography (CT) in the Emergency Department for Atraumatic Headache – considered for NQF endorsement in 2010, but not recommended following public comment due to concerns about potential for unintended consequences as currently specified • OP-25: Safe Surgery Checklist – not previously submitted to NQF for endorsement	For OP-9, OP-10, OP-14, and OP-15, the workgroup **supported the direction** of these measures, but did not find they should be retained in the OQR program set until they are further developed. Voting: 1 support, 13 support the direction, 0 not support There was strong agreement that these are important areas for measurement; however, these measures as currently constructed do not work. The workgroup agreed with the concerns noted for all four of these measures and have struggled to implement them in practice. Safe Surgery Checklist • When considered for the IQR program, the workgroup supported the direction of this measure, but did not find it is ready for inclusion in a program set at this time (see line 6).
29. Additional considerations regarding the existing OQR program measure	The measure developer has requested that endorsement (time-limited) be withdrawn through NQF endorsement maintenance for the following two measures because of issues during measure testing • OP–20: Door to Diagnostic Evaluation by a Qualified	The workgroup **supported the direction** of OP-20 and OP-22, but did not find they should be retained in the OQR program set until they are further developed.

set	Medical Professional (0498) • OP–22: ED–Patient Left Without Being Seen (0499)	Voting OP-20: 0 support, 14 support direction, 1 not support Voting OP-22: 4 support, 10 support direction, 0 not support The workgroup agreed OP-22 could act as a balancing measure for the ED median time measures to prevent hospitals from appearing to improve when patients ultimately just left without being seen. The workgroup also recognized the challenge of collecting the necessary data for these measures, particularly the specific time stamp data points.
Ambulatory Surgical Center Quality Reporting (ASC) Program Measure Set		
30. Review program summary, finalized measures and measures under consideration, gaps, relationship to hospital core measure set	• No new measures under consideration for the ASC Program • Program set includes 5 measures, all of which are NQF-endorsed • Safer care is the only priority addressed by this program set • There are no high impact conditions directly addressed by this program set • The set only includes process and outcome measures; no cost, patient experience or structural measures Alignment with other programs • The measures included in this program are not included in any other programs • ASC-5: Prophylactic Intravenous (IV) Antibiotic Timing is related to antibiotic timing measures included in IQR and VBP	Measure gaps: The workgroup thought that a number of the SCIP measures could be added to this program. Additionally, it was noted that there are no patient experience of care measures.

<table>
<tr><td>31. Considerations regarding the existing program measure set</td><td>There were no new measures under consideration within this program</td><td>Overall, the workgroup did not have any major concerns regarding the existing measures within the program set.

The workgroup agreed strongly that ASCs should be held to the same standard as acute care hospitals doing outpatient procedures. There should be greater alignment between programs related to the perioperative period and surgical care.

The point was raised that the unique codes required for the ASC measures are a source for additional provider reporting burden.

Caution was raised that there may be too much concern around issues of attribution with ASCs and it is important to remain patient-centered.</td></tr>
<tr><td colspan="3">PPS Exempt Cancer Hospital Quality Reporting Program Measure Set</td></tr>
<tr><td>32. Review program summary, finalized measures and measures under consideration, gaps, relationship to hospital core measure set</td><td>• Program set includes 5 new measures under consideration
• 3 NQF-endorsed measures, 2 recommended in current NQF endorsement project (endorsed with limited denominator)
• Safer care and treatment/prevention (except not CV) are represented, but none others in this limited starter set
• Breast and colon cancer high-impact conditions represented
• No cost, structure, patient experience measures

Alignment with other programs

• The CAUTI and CLABSI measures are the same measures as</td><td>The workgroup previously considered the cancer program set at their October meeting and identified the following measure gaps:
• Health and well-being:
• Safety
• Person and family centered care
• Care Coordination
• Treatment of lung, prostate, gynecological, and pediatric cancers
• Prevention
• Outcome measures , particularly measures of survival</td></tr>
</table>

	those finalized within the existing IQR program set • The workgroup is suggesting consideration of these same measures in VBP The workgroup agreed that the 3 cancer-specific measures in this program should be included in OQR and clinician reporting programs as applicable.	• Cost and Efficiency • Disparities The workgroup encouraged the continued development of measures to fill the gaps it had previously identified.
33. There are five measures under consideration for this program.	The measures are all NQF-endorsed and include the following: Two breast cancer (high-impact condition) measures: • Adjuvant Hormonal Therapy (0220) • Combination Chemotherapy Is Considered or Administered Within 4 Months (120 days) of Diagnosis for Women Under 70 with AJCC T1c, or Stage II or III Hormone Receptor Negative Breast Cancer (0559) One colon cancer (high-impact condition) measure: • Adjuvant Chemotherapy Is Considered or Administered Within 4 Months (120 days) of Surgery to Patients Under the Age of 80 with AJCC III (Lymph Node Positive) Colon Cancer (0223) Two patient safety (NQS priority area) measures: • CAUTI (0138) • CLABSI (0139)	The workgroup **supported** inclusion of all five the measures into the program set. This included carryover of prior voting on CAUTI and CLABSI. Voting: unanimously supported As the workgroup had previously considered these five measures at their October meeting, discussion on these measures was quite limited at the December 15 meeting. The workgroup recognized the need to align quality measurement for PPS-exempt cancer hospitals with the programs for other settings where cancer patients may receive care.

Inpatient Quality Reporting Program Measure Set

Program Summary: CMS Hospital Inpatient Reporting

Program Description

Since 2004, CMS has collected quality and patient experience data from acute care hospitals on a voluntary basis under the Hospital Inpatient Quality Reporting (IQR) Program. The program was originally mandated by Section 501(b) of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003. This section of the MMA authorized CMS to pay hospitals that successfully report designated quality measures a higher annual update to their payment rates. Initially, the MMA provided for a 0.4 percentage point reduction in the annual market basket (the measure of inflation in costs of goods and services used by hospitals in treating Medicare patients) update for hospitals that did not successfully report. The Deficit Reduction Act of 2005 increased that reduction to 2.0 percentage points. [1] Information gathered through the Hospital IQR program is reported on the Hospital Compare Website.[2]

Statutory Requirements for Measures:

The Secretary shall begin to adopt the baseline set of performance measures set forth in the November 2005 report by the Institute of Medicine of the National Academy of Sciences under section 238 (b) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. The Secretary shall add other measures that reflect consensus among the affected parties, and to the extent feasible and practicable, shall include measure set forth by one or more national consensus building entities. The Secretary may replace any measures or indicators in appropriate cases, such as where all hospitals are effectively in compliance or the measures or indicators have been subsequently shown not to represent the best clinical practice. The Secretary shall report quality measures of process, structure, outcome, patients' perspectives on care, efficiency, and costs of care that relate to services furnished in inpatient settings on the CMS website. Registry-based measures can be considered for this program. All Cause All Condition readmissions (Section 3025, item #8) to be used for quality improvement, not payment.

Program Measure Set Analysis

Measure Summary:

	Finalized	**Under Consideration**	**Total**
Total Measures	72	22	94
NQF-Endorsed®	57	7	64
NQS Priority			
Safer Care	42	4	46
Effective Care Coordination	9	4	13
Prevention and Treatment of Leading Causes of Mortality and Morbidity	28	7	35

[1] https://www.cms.gov/HospitalQualityInits/08_HospitalRHQDAPU.asp

[2] http://www.gpo.gov/fdsys/pkg/FR-2011-05-06/pdf/2011-10568.pdf

Person and Family Centered Care	4	1	5
Supporting Better Health in Communities	4	5	9
Making Care More Affordable	3	1	4
Addresses High Impact Conditions	23	2	25
Measure Type			
Process Measures	34	13	47
Outcome Measures	31	4	35
Cost Measures	1	0	1
Structural Measures	4	0	4
Patient Experience	1	1	2

Identified Measure Gaps:

- Child health
- Maternal Care
- Measures are not sensitive to disparities
- Behavioral health beyond substance abuse
- Patient-reported outcomes
- Sepsis measures. The Workgroup had suggested that sepsis be considered separately from infections as a whole.
- Cost and resource use measure
- Care transitions

Hospital Inpatient Quality Reporting Program

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0083 Endorsed	Heart Failure : Beta-blocker therapy for Left Ventricular Systolic Dysfunction	Percentage of patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF < 40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting or at hospital discharge	Process	IQR: Under Consideration-Priority 3,	Support
0469 Endorsed	Elective delivery prior to 39 completed weeks gestation	Percentage of babies electively delivered prior to 39 completed weeks gestation	Outcome	IQR: Under Consideration-Priority 3, Meaningful Use: Under consideration-priority 3,	Support
0077 Endorsed (Recommended to retire)	Heart failure: Symptom and Activity Assessment	Percentage of patient visits for those patients aged 18 years and older with a diagnosis of heart failure with quantitative results of an evaluation of both current level of activity and clinical symptoms documented	Process	IQR: Under Consideration-Priority 2,	Not Support
0228 Endorsed	3-Item Care Transition Measure (CTM-3)	Uni-dimensional self-reported survey that measure the quality of preparation for care transitions.	Patient Engagement/Experience	IQR: Under Consideration-Priority 2,	Support

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0698 Endorsed	AMI 30-day Post Discharge Transition Composite Measure	This measure scores a hospital on the incidence among its patients during the month following discharge from an inpatient stay having a primary diagnosis of heart failure for three types of events: readmissions, ED visits and evaluation and management (E&M) services. These events are relatively common, measurable using readily available administrative data, and associated with effective coordination of care after discharge. The input for this score is the result of measures for each of these three events that are being submitted concurrently under the Patient Outcomes Measures Phase I project's call for measures (ED and E&M) or is already approved by NQF (readmissions). Each of these individual measures is a risk-adjusted, standardized rate together with a percentile ranking. This composite measure is a weighted average of the deviations of the three risk-adjusted, standardized rates from the population mean for the measure across all patients in all hospitals. Again, the composite measure is accompanied by a percentile ranking to help with its interpretation.	Composite	IQR: Under Consideration-Priority 2,	Split

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0699 Endorsed	HF 30-day Post Discharge Transition Composite Measure	This measure scores a hospital on the incidence among its patients during the month following discharge from an inpatient stay having a primary diagnosis of heart failure for three types of events: readmissions, ED visits and evaluation and management (E&M) services. These events are relatively common, measurable using readily available administrative data, and associated with effective coordination of care after discharge. The input for this score is the result of measures for each of these three events that are being submitted concurrently under the Patient Outcomes Measures Phase I project's call for measures (ED and E&M) or is already approved by NQF (readmissions). Each of these individual measures is a risk-adjusted, standardized rate together with a percentile ranking. This composite measure is a weighted average of the deviations of the three risk-adjusted, standardized rates from the population mean for the measure across all patients in all hospitals. Again, the composite measure is accompanied by a percentile ranking to help with its interpretation.	Composite	IQR: Under Consideration-Priority 2,	Split

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0707 Endorsed	Pneumonia 30-day Post Discharge Transition Composite Measure	This measure scores a hospital on the incidence among its patients during the month following discharge from an inpatient stay having a primary diagnosis of PNA for three types of events: readmissions, ED visits, and evaluation and management (E&M) services. These events are relatively common, measurable using readily available administrative data, and associated with effective coordination of care after discharge. The input for this score is the result of measures for each of these three events that are being submitted concurrently under the Patient Outcomes Measures Phase II project's Call for Measures. Each of these individual measures is a risk-adjusted, standardized rate together with a percentile ranking. This composite measure is a weighted average of the deviations of the three risk-adjusted, standardized rates from the population mean for the measure across all patients in all hospitals. Again, the composite measure is accompanied by a percentile ranking to help with its interpretation.	Composite	IQR: Under Consideration-Priority 2,	Split
1651 Submiited	TAM-1 Tobacco Use Screening	Hospitalized patients age 18 years and older who are screened during the hospital stay for tobacco use (cigarettes, smokeless tobacco, pipe and cigars) within the past 30 days. This measure is intended to be used as part of a set of 4 linked measures addressing Tobacco Use (TOB-2 Tobacco Use Treatment Provided or Offered (during the hospital stay); TOB-3 Tobacco Use Treatment Provided or offered at Discharge; TOB-4 Tobacco Use: Assessing Status After Discharge.)	Process	IQR: Under Consideration-Priority 2,	Support Direction

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
1654 Submitted	TAM-2 Tobacco Use Treatment Provided or Offered	The measure is reported as an overall rate which includes all hospitalized patients 18 years of age and older to whom tobacco use treatment was provided during the hospital stay, or offered and refused, and a second rate, a subset of the first, which includes only those patients who received tobacco use treatment during the hospital stay. Refer to section 2a1.10 Stratification Details/Variables for the rationale for the addition of the subset measure. These measures are intended to be used as part of a set of 4 linked measures addressing Tobacco Use (TOB-1 Tobacco Use Screening; TOB-3 Tobacco Use Treatment Provided or Offered at Discharge; TOB-4 Tobacco Use: Assessing Status After Discharge.)	Process	IQR: Under Consideration-Priority 2,	Support Direction
1656 Submitted	TAM-3 Tobacco Use Treatment Management at Discharge	The measure is reported as an overall rate which includes all hospitalized patients 18 years of age an older to whom tobacco use treatment was provided, or offered and refused, at the time of hospital discharge, and a second rate, a subset of the first, which includes only those patients who received tobacco use treatment at discharge. Treatment at discharge includes a referral to outpatient counseling and a prescription for one of the FDA-approved tobacco cessation medications. Refer to section 2a1.10 Stratification Details/Variables for the rationale for the addition of the subset measure. These measures are intended to be used as part of a set of 4 linked measures addressing Tobacco Use (TOB-1 Tobacco Use Screening; TOB 2 Tobacco Use Treatment Provided or Offered During the Hospital Stay; TOB-4 Tobacco Use: Assessing Status After Discharge).	Process	IQR: Under Consideration-Priority 2,	Support Direction

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
1657 Submitted	TAM-4 Tobacco Use: Assessing Status after Discharge	Hospitalized patients 18 years of age and older who are identified through the screening process as having used tobacco products (cigarettes, smokeless tobacco, pipe, and cigars) within the past 30 days who are contacted within 30 days after hospital discharge and follow-up information regarding tobacco use status is collected. This measure is intended to be used as part of a set of 4 linked measures addressing Tobacco Use (TOB-1 Tobacco Use Screening; TOB-2 Tobacco Use Treatment Provided or Offered (during hospital stay); TOB-3 Tobacco Use Treatment Provided or Offered at Discharge.	Process	IQR: Under Consideration-Priority 2,	Support Direction
1661 Submitted	TAM-5 Alcohol Use Screening	Hospitalized patients 18 years of age and older who are screened during the hospital stay using a validated screening questionnaire for unhealthy alcohol use. This measure is intended to be used as part of a set of 4 linked measures addressing Substance Use (SUB-1 Alcohol Use Screening ; SUB-2 Alcohol Use Brief Intervention Provided or Offered; SUB-3 Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge; SUB-4 Alcohol and Drug Use: Assessing Status after Discharge).	Process	IQR: Under Consideration-Priority 2,	Support Direction

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
1663 Submited	TAM-6 Alcohol Use Brief Intervention Provided or Offered	The measure is reported as an overall rate which includes all hospitalized patients 18 years of age and older to whom a brief intervention was provided, or offered and refused, and a second rate, a subset of the first, which includes only those patients who received a brief intervention. The Provided or Offered rate (SUB-2), describes patients who screened positive for unhealthy alcohol use who received or refused a brief intervention during the hospital stay. The Alcohol Use Brief Intervention (SUB-2a) rate describes only those who received the brief intervention during the hospital stay. Those who refused are not included. These measures are intended to be used as part of a set of 4 linked measures addressing Substance Use (SUB-1 Alcohol Use Screening ; SUB-2 Alcohol Use Brief Intervention Provided or Offered; SUB-3 Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge; SUB-4 Alcohol and Drug Use: Assessing Status after Discharge).	Process	IQR: Under Consideration-Priority 2,	Support Direction

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
1664 Submitted	TAM-7 Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge	The measure is reported as an overall rate which includes all hospitalized patients 18 years of age and older to whom alcohol or drug use disorder treatment was provided, or offered and refused, at the time of hospital discharge, and a second rate, a subset of the first, which includes only those patients who received alcohol or drug use disorder treatment at discharge. The Provided or Offered rate (SUB-3) describes patients who are identified with alcohol or drug use disorder who receive or refuse at discharge a prescription for FDA-approved medications for alcohol or drug use disorder, OR who receive or refuse a referral for addictions treatment. The Alcohol and Other Drug Disorder Treatment at Discharge (SUB-3a) rate describes only those who receive a prescription for FDA-approved medications for alcohol or drug use disorder OR a referral for addictions treatment. Those who refused are not included. These measures are intended to be used as part of a set of 4 linked measures addressing Substance Use (SUB-1 Alcohol Use Screening ; SUB-2 Alcohol Use Brief Intervention Provided or Offered; SUB-3 Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge; SUB-4 Alcohol and Drug Use: Assessing Status after Discharge).	Process	IQR: Under Consideration-Priority 2,	Support Direction
1665 Submitted	TAM-8 Alcohol and Drug Use: Assessing Status After Discharge	Hospitalized patients age 18 years and older who screened positive for unhealthy alcohol use or who received a diagnosis of alcohol or drug disorder during their inpatient stay, who are contacted within 30 days after hospital discharge and follow-up information regarding their alcohol or drug use status post discharge is collected. This measure is intended to be used as part of a set of 4 linked measures addressing Substance Use (SUB-1 Alcohol Use Screening ; SUB-2 Alcohol Use Brief Intervention Provided or Offered; SUB-3 Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge; SUB-4 Alcohol and Drug Use: Assessing Status after Discharge).	Process	IQR: Under Consideration-Priority 2,	Support Direction

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
Not NQF Endorsed	Heart Failure: Combination Medical Therapy for LVSD	TBD	Process	IQR: Under Consideration-Priority 2,	Support Direction
Not NQF Endorsed	Heart Failure: Counseling Regarding ICD for Patients with LVSD	Percentage of patients aged 18 years and older with a diagnosis of heart failure with current LVEF < 35% despite ACE inhibitor/ARB and beta-blocker therapy for at least three months who were counseled regarding ICD implantation as a treatment option for the prophylaxis of sudden death	Process	IQR: Under Consideration-Priority 2,	Not Support
Not NQF Endorsed	Heart failure: Symptom Management	Percentage of patient visits for those patients aged 18 years and older with a diagnosis of heart failure and with quantitative results of an evaluation of both level of activity AND clinical symptoms documented in which patient symptoms have improved or remained consistent with treatment goals since last assessment OR patient symptoms have demonstrated clinically important deterioration since last assessment with a documented plan of care		IQR: Under Consideration-Priority 2,	Not Support
1550 Recommended for Endorsement	Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and total knee arthroplasty (TKA)	This measure estimates hospital risk-standardized complication rates (RSCRs) associated with primary elective THA and TKA in patients 65 years and older. The measure uses Medicare claims data to identify complications occurring from the date of index admission to 90 days post date of the index admission.	Outcome	IQR: Under Consideration-Priority 1,	Split
1551 Recommended for Endorsement	Hospital-level 30-day all-cause risk-standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and total knee arthroplasty (TKA)	Hospital-specific, risk-standardized, all-cause, 30-day readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and total knee arthroplasty (TKA)	Outcome	IQR: Under Consideration-Priority 1,	Split

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
1789 Submitted	Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)	This measure estimates the hospital-level, risk-standardized rate of unplanned, all-cause readmission after admission for any eligible condition within 30 days of hospital discharge (RSRR). The measure reports a single summary RSRR, derived from the volume-weighted results of five different models, one for each of the following specialty cohorts (groups of discharge condition categories or procedure categories): surgery/gynecology, general medicine, cardiorespiratory, cardiovascular, and neurology, each of which will be described in greater detail below. The measure also indicates the hospital standardized risk ratios (SRR) for each of these five specialty cohorts. We developed the measure for patients 65 years and older using Medicare claims. The measure is now being tested in an all-payer population of patients aged 18 years or older.	Outcome	IQR: Under Consideration-Priority 1,	Split
Not NQF Endorsed	Safe Surgery Checklist	TBD	Process	IQR: Under Consideration-Priority 1,	Support Direction
0113 Endorsed	Participation in a systematic database for cardiac surgery	Participation in a clinical database with broad state, regional, or national representation, that provides regular performance reports based on benchmarked data	Structure	IQR: Finalized,	
0135 Endorsed	HF–2 Evaluation of left ventricular systolic function	Percentage of heart failure patients with documentation in the hospital record that left ventricular systolic (LVS) function was evaluated before arrival, during hospitalization, or is planned for after discharge.	Process	IQR: Finalized,	

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0136 Endorsed (Recommended to retire)	HF-1 Discharge instructions	Percentage of heart failure patients discharged home with written instructions or educational material given to patient or caregiver at discharge or during the hospital stay addressing all of the following: activity level, diet, discharge medications, follow-up appointment, weight monitoring, and what to do if symptoms worsen.	Process	IQR: Finalized, VBP: Finalized,Meaningful Use: Under consideration-priority 3,	Not Support for MU
0138 Endorsed	Catheter-Associated Urinary Tract Infection	Percentage of intensive care unit patients with urinary catheter-associated urinary tract infections	Outcome	IQR: Finalized,	
0139 Endorsed	Central line associated bloodstream infection	Percentage of ICU and high-risk nursery patients, who over a certain amount of days acquired a central line catheter-associated blood stream infections over a specified amount of line-days	Outcome	IQR: Finalized, VBP: Under Consideration-Priority 3,	Support for VBP
0142 Endorsed	AMI–2 Aspirin prescribed at discharge	Percentage of acute myocardial infarction (AMI) patients who are prescribed aspirin at hospital discharge	Process	IQR: Finalized, Meaningful Use: Under consideration-priority 3,	Support for MU
0147 Endorsed	PN–6 Appropriate initial antibiotic selection	Percentage of pneumonia patients 18 years of age or older selected for initial receipts of antibiotics for community-acquired pneumonia (CAP)	Process	IQR: Finalized, VBP: Finalized,Meaningful Use: Under consideration-priority 3,	Support for MU

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0148 Endorsed	PN–3b Blood culture performed in the emergency department prior to first antibiotic received in hospital	Percentage of pneumonia patients 18 years of age and older who have had blood cultures performed in the emergency department prior to initial antibiotic received in hospital	Process	IQR: Finalized, VBP: Finalized,Meaningful Use: Under consideration-priority 3,	Support for MU
0162 Endorsed	HF–3 Angiotensin converting enzyme inhibitor (ACE–I) or angiotensin II receptor blocker (ARB) for left ventricular systolic dysfunction	Percentage of heart failure (HF) patients with left ventricular systolic dysfunction (LVSD) who are prescribed an ACEI or ARB at hospital discharge. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular ejection fraction (LVEF) less than 40% or a narrative description of left ventricular systolic (LVS) function consistent with moderate or severe systolic dysfunction.	Process	IQR: Finalized,	
0163 Endorsed	AMI–8a Timing of receipt of primary percutaneous coronary intervention (PCI)	Percentage of acute myocardial infarction (AMI) patients with ST-segment elevation or LBBB on the ECG closest to arrival time receiving primary percutaneous coronary intervention (PCI) during the hospital stay with a time from hospital arrival to PCI of 90 minutes or less.	Process	IQR: Finalized, VBP: Finalized,Meaningful Use: Under consideration-priority 3,	Support for MU
0164 Endorsed	AMI–7a Fibrinolytic (thrombolytic) agent received within 30 minutes of hospital arrival	Percentage of acute myocardial infarction (AMI) patients with ST-segment elevation or LBBB on the ECG closest to arrival time receiving fibrinolytic therapy during the hospital stay and having a time from hospital arrival to fibrinolysis of 30 minutes or less.	Process	IQR: Finalized, VBP: Finalized,Meaningful Use: Under consideration-priority 3,	Support for MU
0166 Endorsed	HCAHPS survey	27-items survey instrument with 7 domain-level composites including: communication with doctors, communication with nurses, responsiveness of hospital staff, pain control, communication about medicines, cleanliness and quiet of the hospital environment, and discharge information	Patient Engagement/Experience	IQR: Finalized, VBP: Finalized,	

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0217 Endorsed	SCIP INF—VTE-1: Surgery patients with recommended venous thromboembolism (VTE) prophylaxis ordered	Percentage of surgery patients with recommended Venous Thromboembolism (VTE) Prophylaxis ordered during admission	Process	IQR: Finalized, VBP: Finalized,	
0218 Endorsed	SCIP–VTE-2: Surgery patients who received appropriate VTE prophylaxis within 24 hours pre/post-surgery	Percentage of surgery patients who received appropriate Venous Thromboembolism (VTE) Prophylaxis within 24 hours prior to surgery to 24 hours after surgery end time	Process	IQR: Finalized, VBP: Finalized,Meaningful Use: Under consideration-priority 3,	Support for MU
0229 Endorsed	Heart failure (HF) 30-day mortality rate	The measure estimates a hospital-level risk-standardized mortality rate (RSMR), defined as death from any cause within 30 days after the index admission date, for patients 18 and older discharged from the hospital with a principal diagnosis of HF.	Outcome	IQR: Finalized, VBP: Finalized,	
0230 Endorsed	Acute myocardial infarction (AMI) 30-day mortality rate	The measure estimates a hospital-level risk-standardized mortality rate (RSMR), defined as death from any cause within 30 days after the index admission date, for patients 18 and older discharged from the hospital with a principal diagnosis of AMI.	Outcome	IQR: Finalized, VBP: Finalized,	
0284 Endorsed	SCIP Cardiovascular-2: Surgery Patients on a beta blocker prior to arrival who received a beta blocker during the perioperative period	Percentage of patients on beta blocker therapy prior to admission who received a beta blocker during the perioperative period. To be in the denominator, the patient must be on a beta-blocker prior to arrival. The case is excluded if the patient is not on a beta-blocker prior to arrival, as described below in 2a4.	Process	IQR: Finalized, VBP: Finalized,Meaningful Use: Under consideration-priority 3,	Support for MU

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0299 Endorsed	Surgical site infection (see OP-24 surgical site infection)	Percentage of surgical site infections occurring within thirty days after the operative procedure if no implant is left in place or with one year if an implant is in place in patients who had an NHSN operative procedure performed during a specified time period and the infection appears to be related to the operative procedure.	Outcome	IQR: Finalized,	
0300 Endorsed	SCIP INF–4: Cardiac surgery patients with controlled 6AM postoperative serum glucose	Cardiac surgery patients with controlled postoperative blood glucose (less than or equal to 180mg/dL) in the timeframe of 18 to 24 hours after Anesthesia End Time.	Process	IQR: Finalized, VBP: Finalized,Meaningful Use: Under consideration-priority 3,	Support for MU
0330 Endorsed	Heart failure 30-day risk standardized readmission measure	The measure estimates a hospital 30-day risk-standardized readmission rate (RSRR), defined as readmission for any cause within 30 days after the date of discharge of the index admission for patients 18 and older discharged from the hospital with a principal diagnosis of heart failure (HF).	Outcome	IQR: Finalized,	
0345 Endorsed	PSI 15: Accidental puncture or laceration	Percent of discharges among cases meeting the inclusion and exclusion rules for the denominator with ICD-9-CM code denoting accidental cut, puncture, perforation, or laceration during a procedure in any secondary diagnosis field.	Outcome	IQR: Finalized,	
0346 Endorsed	PSI 06: Iatrogenic pneumothorax, adult	Percent of discharges with ICD-9-CM code for iatrogenic pneumothorax in any secondary diagnosis field among cases meeting the inclusion and exclusion rules for the denominator	Outcome	IQR: Finalized,	
0354 Endorsed	IQI 19: Hip fracture mortality rate	Percent of in-hospital deaths for discharges, age 18 years and older, with ICD-9-CM principal diagnosis code of hip fracture.	Outcome	IQR: Finalized,	

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0359 Endorsed	IQI 11: Abdominal aortic aneurysm (AAA) mortality rate (with or without volume)	Percent of adult hospital discharges in a one-year time period with a procedure code of AAA repair and a diagnosis of AAA with an in-hospital death.	Outcome	IQR: Finalized,	
0368 Endorsed	PSI 14: Post-operative wound dehiscence	Percentage of abdominopelvic surgery cases with reclosure of postoperative disruption of abdominal wall.	Outcome	IQR: Finalized,	
0371 Endorsed	VTE-1 Venous Thromboembolism Prophylaxis	This measure assesses the number of patients who received venous thromboembolism (VTE) prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission. This measure is part of a set of six nationally implemented prevention and treatment measures that address VTE (VTE-2: ICU VTE Prophylaxis, VTE-3: VTE Patients with Anticoagulation Overlap Therapy, VTE-4: VTE Patients Receiving UFH with Dosages/Platelet Count Monitoring, VTE-5: VTE Warfarin Therapy Discharge Instructions and VTE-6: Incidence of Potentially-Preventable VTE) that are used in The Joint Commission's accreditation process.	Process	IQR: Finalized, Meaningful Use: Finalized,	
0372 Endorsed	VTE-2: Intensive Care Unit Venous Thromboembolism Prophylaxis	This measure assesses the number of patients who received venous thromboembolism (VTE) prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after the initial admission (or transfer) to the Intensive Care Unit (ICU) or surgery end date for surgeries that start the day of or the day after ICU admission (or transfer). This measure is part of a set of six prevention and treatment measures that address VTE (VTE-1: VTE Prophylaxis, VTE-3: VTE Patients with Anticoagulation Overlap Therapy, VTE-4: VTE Patients Receiving UFH with Dosages/Platelet Count Monitoring by Protocol, VTE-5: VTE Warfarin Therapy Discharge Instructions and VTE-6: VTE Incidence of Potentially-Preventable VTE).	Process	IQR: Finalized, Meaningful Use: Finalized,	

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0373 Endorsed	Venous Thromboembolism Patients with Anticoagulant Overlap Therapy	This measure assesses the number of patients diagnosed with confirmed VTE who received an overlap of Parenteral (intravenous [IV] or subcutaneous [subcu]) anticoagulation and warfarin therapy. For patients who received less than five days of overlap therapy, they should be discharged on both medications and have a Reason for Discontinuation of Overlap Therapy. Overlap therapy should be administered for at least five days with an international normalized ratio (INR) greater than or equal to 2 prior to discontinuation of the parenteral anticoagulation therapy, or INR less than 2 but discharged on both medications or have a Reason for Discontinuation of Overlap Therapy. This measure is part of a set of six prevention and treatment measures that address VTE (VTE-1: VTE Prophylaxis, VTE-2: ICU VTE Prophylaxis, VTE-4: VTE Patients Receiving UFH with Dosages/Platelet Count Monitoring, VTE-5: VTE Warfarin Therapy Discharge Instructions and VTE-6: Incidence of Potentially-Preventable VTE).	Process	IQR: Finalized, Meaningful Use: Finalized,	
0374 Endorsed	VTE-4 Venous Thromboembolism Patients Recieving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram	This measure assesses the number of patients diagnosed with confirmed venous thromboembolism (VTE) who received intravenous (IV) unfractionated heparin (UFH) therapy dosages AND had their platelet counts monitored using defined parameters such as a nomogram or protocol. This measure is part of a set of six prevention and treatment measures that address VTE (VTE-1: VTE Prophylaxis, VTE-2: ICU VTE Prophylaxis, VTE-3: VTE Patients with Anticoagulation Overlap Therapy, VTE-5: VTE Warfarin Therapy Discharge Instructions and VTE-6: Incidence of Potentially-Preventable VTE).	Process	IQR: Finalized, Meaningful Use: Finalized,	

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0375 Endorsed	VTE-5: VTE Discharge Instructions	This measure assesses the number of patients diagnosed with confirmed VTE that are discharged on warfarin to home, home with home health or home hospice with written discharge instructions that address all four criteria: compliance issues, dietary advice, follow-up monitoring, and information about the potential for adverse drug reactions/interactions. This measure is part of a set of six prevention and treatment measures that address VTE (VTE-1: VTE Prophylaxis, VTE-2: ICU VTE Prophylaxis, VTE-3: VTE Patients with Anticoagulation Overlap Therapy, VTE-4: VTE Patients Receiving UFH with Dosages/Platelet Count Monitoring by Protocol and VTE-6: Incidence of Potentially-Preventable VTE).	Process	IQR: Finalized, Meaningful Use: Finalized,	
0376 Endorsed	VTE-6: Incidence of Potentially-Preventable VTE	This measure assesses the number of patients with confirmed venous thromboembolism (VTE) during hospitalization (not present at admission) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date. This measure is part of a set of six prevention and treatment measures that address VTE (VTE-1: VTE Prophylaxis, VTE-2: ICU VTE Prophylaxis, VTE-3: VTE Patients with Anticoagulation Overlap Therapy, VTE-4: VTE Patients Receiving UFH with Dosages/Platelet Count Monitoring by Protocol, and VTE-5: VTE Warfarin Therapy Discharge Instructions).	Outcome	IQR: Finalized, Meaningful Use: Finalized,	
0431 Endorsed	Influenza Vaccination for Healthcare Personnel	Percentage of healthcare personnel (HCP) who receive the influenza vaccination.	Process	IQR: Finalized,	
0434 Endorsed	STK-1 Venous Thromboembolism (VTE) Prophylaxis	Patients with an ischemic stroke or a hemorrhagic stroke and who are non-ambulatory should start receiving DVT prophylaxis by end of hospital day two.	Process	IQR: Finalized, Meaningful Use: Under consideration-priority 3,	Support for MU

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0435 Endorsed	STK-2 Discharged on Antithrombotic Therapy	Patients with an ischemic stroke prescribed antithrombotic therapy at discharge.	Process	IQR: Finalized, Meaningful Use: Finalized,	
0436 Endorsed	STK-3 Patients with Atrial Fibrillation Receiving Anticoagulation Therapy	Patients with an ischemic stroke with atrial fibrillation discharged on anticoagulation therapy.	Process	IQR: Finalized, Meaningful Use: Finalized,	
0437 Endorsed	STK-4 Thrombolytic Therapy	Acute ischemic stroke patients who arrive at the hospital within 120 minutes (2 hours) of time last known well and for whom IV t-PA was initiated at this hospital within 180 minutes (3 hours) of time last known well..	Process	IQR: Finalized, Meaningful Use: Finalized,	
0438 Endorsed	STK-5 Antithrombotic Medication by End of Hospital Day Two	Patients with ischemic stroke who receive antithrombotic therapy by the end of hospital day two.	Process	IQR: Finalized, Meaningful Use: Finalized,	
0439 Endorsed	STK-6 Discharged on Statin Medication	Ischemic stroke patients with LDL greater than or equal to 100 mg/dL, or LDL not measured, or who were on a lipid-lowering medication prior to hospital arrival are prescribed statin medication at hospital discharge.	Process	IQR: Finalized, Meaningful Use: Finalized,	
0440 Endorsed	STK-8 Stroke Education	Patients with ischemic or hemorrhagic stroke or their caregivers who were given education or educational materials during the hospital stay addressing all of the following: personal risk factors for stroke, warning signs for stroke, activation of emergency medical system, need for follow-up after discharge, and medications prescribed.	Process	IQR: Finalized, Meaningful Use: Finalized,	
0441 Endorsed	STK-10 Assessed for Rehabilitation	Patients with an ischemic stroke or hemorrhagic stroke who were assessed for rehabilitation services.	Process	IQR: Finalized, Meaningful Use: Finalized,	

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0450 Endorsed	PSI 12: Post-operative PE or DVT	Percent of discharges among cases meeting the inclusion and exclusion rules for the denominator with ICD-9-CM codes for deep vein thrombosis or pulmonary embolism in any secondary diagnosis field.	Outcome	IQR: Finalized,	
0452 Endorsed	SCIP INF–10: Surgery patients with perioperative temperature management	Surgery patients for whom either active warming was used intraoperatively for the purpose of maintaining normothermia or who had at least one body temperature equal to or greater than 96.8° F/36° C recorded within the 30 minutes immediately prior to or the 15 minutes immediately after Anesthesia End Time.	Process	IQR: Finalized, VBP: Under Consideration-Priority 3,	Support for VBP
0453 Endorsed	SCIP INF–9: Postoperative urinary catheter removal on post-operative day 1 or 2 with day of surgery being day zero	Surgical patients with urinary catheter removed on Postoperative Day 1 or Postoperative Day 2 with day of surgery being day zero.	Process	IQR: Finalized, Meaningful Use: Under consideration-priority 3,	Support for MU
0468 Endorsed	Pneumonia (PN) 30-day mortality rate	Hospital-specific, risk standardized, all-cause 30-day mortality (defined as death from any cause within 30 days after the index admission date) for patients discharged form the hospital with a principal diagnosis of pneumonia.	Outcome	IQR: Finalized, VBP: Finalized,	

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0493 Endorsed	Participation in a systematic clinical database for nursing sensitive care	Participation in a systematic qualified clinical database registry involves: a. Physician or other clinician submits standardized data elements to registry b. Data elements are applicable to consensus endorsed quality measures c. Registry measures shall include at least two (2) representative NQF consensus endorsed measures for registry's clinical topic(s) and report on all patients eligible for the selected measures. d. Registry provides calculated measures results, benchmarking, and quality improvement information to individual physicians and clinicians. e. Registry must receive data from more than 5 separate practices and may not be located (warehoused) at an individual group's practice. Participation in a national or state-wide registry is encouraged for this measure. f. Registry may provide feedback directly to the provider's local registry if one exists.	Structure	IQR: Finalized,	

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0493 Endorsed	Participation in a Systematic Clinical Database Registry for General Surgery	Participation in a systematic qualified clinical database registry involves: a. Physician or other clinician submits standardized data elements to registry b. Data elements are applicable to consensus endorsed quality measures c. Registry measures shall include at least two (2) representative NQF consensus endorsed measures for registry's clinical topic(s) and report on all patients eligible for the selected measures. d. Registry provides calculated measures results, benchmarking, and quality improvement information to individual physicians and clinicians. e. Registry must receive data from more than 5 separate practices and may not be located (warehoused) at an individual group's practice. Participation in a national or state-wide registry is encouraged for this measure. f. Registry may provide feedback directly to the provider's local registry if one exists.	Structure	IQR: Finalized,	

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0493 Endorsed	Participation in a Systematic Clinical Database Registry for Stroke Care	Participation in a systematic qualified clinical database registry involves: a. Physician or other clinician submits standardized data elements to registry b. Data elements are applicable to consensus endorsed quality measures c. Registry measures shall include at least two (2) representative NQF consensus endorsed measures for registry's clinical topic(s) and report on all patients eligible for the selected measures. d. Registry provides calculated measures results, benchmarking, and quality improvement information to individual physicians and clinicians. e. Registry must receive data from more than 5 separate practices and may not be located (warehoused) at an individual group's practice. Participation in a national or state-wide registry is encouraged for this measure. f. Registry may provide feedback directly to the provider's local registry if one exists.	Structure	IQR: Finalized,	
0495 Endorsed	ED–1 Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the hospital	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department	Outcome	IQR: Finalized, Meaningful Use: Finalized,	
0497 Endorsed	ED–2 Median time from admit decision to time of departure from the emergency department for emergency department patients admitted to the inpatient status	Median time from admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status	Outcome	IQR: Finalized, Meaningful Use: Finalized,	

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0505 Endorsed	Acute myocardial infarction 30-day risk standardized readmission measure	Hospital-specific 30-day all-cause risk standardized readmission rate following hospitalization for AMI among Medicare beneficiaries aged 65 years or older at the time of index hospitalization.	Outcome	IQR: Finalized,	
0506 Endorsed	Pneumonia 30-day risk standardized readmission measure	Hospital-specific 30-day all-cause risk standardized readmission rate following hospitalization for pneumonia among Medicare beneficiaries aged 65 years or older at the time of index hospitalization	Outcome	IQR: Finalized,	
0527 Endorsed	SCIP INF–1 Prophylactic antibiotic received within 1 hour prior to surgical incision	Surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision. Patients who received vancomycin or a fluoroquinolone for prophylactic antibiotics should have the antibiotics initiated within two hours prior to surgical incision. Due to the longer infusion time required for vancomycin or a fluoroquinolone, it is acceptable to start these antibiotics within two hours prior to incision time.	Process	IQR: Finalized, VBP: Finalized,Meaningful Use: Under consideration-priority 3,	Support for MU
0528 Endorsed	SCIP INF–2: Prophylactic antibiotic selection for surgical patients	Surgical patients who received prophylactic antibiotics consistent with current guidelines (specific to each type of surgical procedure).	Process	IQR: Finalized, VBP: Finalized,Meaningful Use: Under consideration-priority 3,	Support for MU

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0529 Endorsed	SCIP INF–3 Prophylactic antibiotics discontinued within 24 hours after surgery end time (48 hours for cardiac surgery)	Surgical patients whose prophylactic antibiotics were discontinued within 24 hours after Anesthesia End Time (48 hours for CABG or Other Cardiac Surgery). The Society of Thoracic Surgeons (STS) Practice Guideline for Antibiotic Prophylaxis in Cardiac Surgery (2006) indicates that there is no reason to extend antibiotics beyond 48 hours for cardiac surgery and very explicitly states that antibiotics should not be extended beyond 48 hours even with tubes and drains in place for cardiac surgery.	Process	IQR: Finalized, VBP: Finalized,Meaningful Use: Under consideration-priority 3,	Support for MU
0530 Endorsed	Mortality for selected medical conditions (composite)	A composite measure of in-hospital mortality indicators for selected conditions.	Outcome	IQR: Finalized, VBP: Under Consideration-Priority 3,	Not Support for VBP
0531 Endorsed	Complication/patient safety for selected indicators (composite)	A composite measure of potentially preventable adverse events for selected indicators	Composite	IQR: Finalized, VBP: Under Consideration-Priority 3,	Split for VBP
0533 Endorsed	PSI 11: Post-operative respiratory failure	Number of adult patients with postoperative respiratory failure per eligible elective admissions	Outcome	IQR: Finalized,	

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0639 Endorsed	AMI–10 Statin prescribed at discharge	Percent of acute myocardial infarction (AMI) patients 18 years of age or older who are prescribed a statin medication at hospital discharge.	Process	IQR: Finalized, VBP: Under Consideration-Priority 3,Meaningful Use: Under consideration-priority 3,	Support for VBP and MU
1653 Submitted	IMM-1 Pneumonia Immunization	This prevention measure addresses acute care hospitalized inpatients 65 years of age and older (IMM-1b) AND inpatients aged between 6 and 64 years (IMM-1c) who are considered high risk and were screened for receipt of 23-valent pneumococcal polysaccharide vaccine (PPV23) and were vaccinated prior to discharge if indicated. The numerator captures two activities; screening and the intervention of vaccine administration when indicated. As a result, patients who had documented contraindications to PPV23, patients who were offered and declined PPV23 and patients who received PPV23 anytime in the past are captured as numerator events.	Process	IQR: Finalized, Meaningful Use: Under consideration-priority 3,	Support for MU
1659 Submitted	IMM-2 Flu Immunization	This prevention measure addresses acute care hospitalized inpatients age 6 months and older who were screened for seasonal influenza immunization status and were vaccinated prior to discharge if indicated. The numerator captures two activities: screening and the intervention of vaccine administration when indicated. As a result, patients who had documented contraindications to the vaccine, patients who were offered and declined the vaccine and patients who received the vaccine during the current year's influenza season but prior to the current hospitalization are captured as numerator events.	Process	IQR: Finalized, Meaningful Use: Under consideration-priority 3,	Support for MU
1716 Submitted	Methicillin-Resistant Staphylococcus aureus (MRSA) Bacteremia	Standardized infection ratio (SIR) of hospital-onset unique blood source MRSA Laboratory-identified events (LabID events) among all inpatients in the facility	Outcome	IQR: Finalized,	

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
1717 Submitted	Clostridium Difficile SIR Measure	Standardized infection ratio (SIR) of hospital-onset CDI Laboratory-identified events (LabID events) among all inpatients in the facility, excluding well-baby nurseries and neonatal intensive care units (NICUs)	Outcome	IQR: Finalized,	
Not NQF Endorsed	Air Embolism	Patient death or serious disability associated with intravascular air embolism that occurs while being cared for in a healthcare facility.	Outcome	IQR: Finalized, VBP: Under Consideration-Priority 3,	Not Support for VBP
Not NQF Endorsed	Blood Incompatibility	Patient death or serious disability associated with a hemolytic reaction due to the administration of ABO-incompatible flood or blood products. Worded in proposed rule as -Blood Incompatibility	Outcome	IQR: Finalized, VBP: Under Consideration-Priority 3,	Not Support for VBP
Not NQF Endorsed	Catheter-Associated Urinary Tract Infection	None listed. See numerator and denominator description	Outcome	IQR: Finalized, VBP: Under Consideration-Priority 3,	Support Direction for VBP
Not NQF Endorsed	Falls and Trauma	All documented patient falls with an injury level of minor (2) or greater.	Outcome	IQR: Finalized, VBP: Under Consideration-Priority 3,	Support Direction for VBP

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
Not NQF Endorsed	Manifestations of Poor Glycemic Control	None listed. See numerator and denominator description	Outcome	IQR: Finalized, VBP: Under Consideration-Priority 3,	Not Support for VBP
Not NQF Endorsed	Medicare Spending per Beneficiary.	Sum of all adjusted Medicare Part A and Part B payments divided by the total number of Medicare Spending per Beneficiary episodes for a hospital.	Cost	IQR: Finalized, VBP: Under Consideration-Priority 3,	Support Direction for VBP
Not NQF Endorsed	Pressure Ulcer Stages III and IV	None listed. See numerator and denominator description	Outcome	IQR: Finalized, VBP: Under Consideration-Priority 3,	Support Direction for VBP
Not NQF Endorsed	Vascular-Catheter Associated Infection	None listed. See numerator and denominator description	Outcome	IQR: Finalized, VBP: Under Consideration-Priority 3,	Support Direction for VBP
Not NQF Endorsed	NSC (and AHRQ PSI): Death among Surgical Inpatients with Serious Treatable Complications	Harmonized with PSI 4	Outcome	IQR: Finalized,	
Not NQF Endorsed	Foreign Body Left During Procedure	Count of discharges with foreign body left in during procedure in medical and surgical discharges among patients 18 years and older or MDC 14 (pregnancy, childbirth, and puerperium)	Outcome	IQR: Finalized, VBP: Finalized,	Split

Hospital Value-Based Purchasing (VBP) Program Measure Set

Program Summary: CMS Hospital Value-Based Purchasing

Program Description

In FY 2013, Medicare will begin basing a portion of hospital reimbursements on hospital performance on a set of quality measures that have been linked to improved clinical processes of care and patient satisfaction. For FY 2013, the Hospital Value-Based Purchasing Program will distribute an estimated $850 million to hospitals based on their overall performance on the quality measures. These funds will be taken from what Medicare otherwise would have spent for hospital stays, and the size of the fund will gradually increase over time, resulting in a shift from payments based on volume to payments based on performance. Hospitals will continue to receive payments for care provided to Medicare patients based on the Medicare Inpatient Prospective Payment System, but those payments will be reduced by 1 percent starting in fiscal year 2013 to create the funding for the new value-based payments. Hospitals will be scored based on their performance on each measure relative to other hospitals and on how their performance on each measure has improved over time. The higher of these scores on each measure will be used in determining incentive payments. CMS plans to add additional outcomes measures that focus on improved patient outcomes and prevention of hospital-acquired conditions. Measures that have reached very high compliance scores would likely be replaced.[1] The measures included in the Hospital Value-Based Purchasing Program are a subset of those collected through the Hospital IQR program. Information gathered through the Hospital IQR program is reported on the Hospital Compare Website.[2]

Statutory Requirements for Measures:

The Secretary shall select measures for purposes of the Program. Such measures shall be selected from the measures specified the Hospital Inpatient Quality Reporting Program.

Requirements:

- FOR FISCAL YEAR 2013- For value-based incentive payments made with respect to discharges occurring during fiscal year 2013, the Secretary shall ensure the following:
  - Excludes readmission measures
  - Measures are cover at least the following 5 specific conditions or procedures:
    - Acute myocardial infarction (AMI)
    - Heart failure.
    - Pneumonia.
    - Surgeries, as measured by the Surgical Care Improvement Project (formerly referred to as `Surgical Infection Prevention' for discharges occurring before July 2006).

[1] http://www.healthcare.gov/news/factsheets/valuebasedpurchasing04292011a.html
[2] http://www.gpo.gov/fdsys/pkg/FR-2011-05-06/pdf/2011-10568.pdf

        - Healthcare-associated infections, as measured by the prevention metrics and targets established in the HHS Action Plan to Prevent Healthcare-Associated Infections (or any successor plan) of the Department of Health and Human Services.
    - HCAHPS- Measures selected shall be related to the Hospital Consumer Assessment of Healthcare Providers and Systems survey (HCAHPS).
- Inclusion of Efficiency Measures – For value-based incentive payments made with respect to discharges occurring during fiscal year 2014 or a subsequent fiscal year, the Secretary shall ensure that measures selected include efficiency measures, including measures of `Medicare spending per beneficiary'. Such measures shall be adjusted for factors such as age, sex, race, severity of illness, and other factors that the Secretary determines appropriate.
- Limitations –
    - Time requirement for reporting and notice – The Secretary may not select a measure for use under the Program with respect to a performance period for a fiscal year unless such measure has been specified under the Hospital IQR program and included on the Hospital Compare Internet website for at least 1 year prior to the beginning of such performance period.
    - A measure selected shall not apply to a hospital if such hospital does not furnish services appropriate to such measure.

Program Measure Set Analysis

	Finalized	**Under Consideration**	**Total**
Total Measures	17	13	30
NQF-Endorsed®	16	5	21
NQS Priority			
Safer Care	8	10	18
Effective Care Coordination	2	0	2
Prevention and Treatment of Leading Causes of Mortality and Morbidity	11	2	13
Person and Family Centered Care	2	0	2
Supporting Better Health in Communities	1	0	1
Making Care More Affordable	1	1	2
Addresses High Impact Conditions	7	2	9
Measure Type			
Process Measures	12	2	14
Outcome Measures	4	9	13
Cost Measures	0	1	1
Structural Measures	0	0	0
Patient Experience	1	0	1

Measure Gaps (previously identified by the Hospital Workgroup):

- Maternal care
- Child health
- Behavioral health
- Stroke
- Diabetes
- Disparities–sensitive measures
- Cost and resource use measures

Hospital Value Based-Purchasing Program

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0139 Endorsed	Central line associated bloodstream infection	Percentage of ICU and high-risk nursery patients, who over a certain amount of days acquired a central line catheter-associated blood stream infections over a specified amount of line-days	Outcome	IQR: Finalized, VBP: Under Consideration-Priority 3,	Support for VBP
0452 Endorsed	SCIP INF–10: Surgery patients with perioperative temperature management	Surgery patients for whom either active warming was used intraoperatively for the purpose of maintaining normothermia or who had at least one body temperature equal to or greater than 96.8° F/36° C recorded within the 30 minutes immediately prior to or the 15 minutes immediately after Anesthesia End Time.	Process	IQR: Finalized, VBP: Under Consideration-Priority 3,	Support for VBP
0530 Endorsed	Mortality for selected medical conditions (composite)	A composite measure of in-hospital mortality indicators for selected conditions.	Outcome	IQR: Finalized, VBP: Under Consideration-Priority 3,	Not Support for VBP
0531 Endorsed	Complication/patient safety for selected indicators (composite)	A composite measure of potentially preventable adverse events for selected indicators	Composite	IQR: Finalized, VBP: Under Consideration-Priority 3,	Split for VBP
0639 Endorsed	AMI–10 Statin prescribed at discharge	Percent of acute myocardial infarction (AMI) patients 18 years of age or older who are prescribed a statin medication at hospital discharge.	Process	IQR: Finalized, VBP: Under Consideration-Priority 3,Meaningful Use: Under consideration-priority 3,	Support for VBP and MU

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
Not NQF Endorsed	Air Embolism	Patient death or serious disability associated with intravascular air embolism that occurs while being cared for in a healthcare facility.	Outcome	IQR: Finalized, VBP: Under Consideration- Priority 3,	Not Support for VBP
Not NQF Endorsed	Blood Incompatibility	Patient death or serious disability associated with a hemolytic reaction due to the administration of ABO-incompatible flood or blood products. Worded in proposed rule as -Blood Incompatibility	Outcome	IQR: Finalized, VBP: Under Consideration- Priority 3,	Not Support for VBP
Not NQF Endorsed	Catheter-Associated Urinary Tract Infection	None listed. See numerator and denominator description	Outcome	IQR: Finalized, VBP: Under Consideration- Priority 3,	Support Direction for VBP
Not NQF Endorsed	Falls and Trauma	All documented patient falls with an injury level of minor (2) or greater.	Outcome	IQR: Finalized, VBP: Under Consideration- Priority 3,	Support Direction for VBP
Not NQF Endorsed	Manifestations of Poor Glycemic Control	None listed. See numerator and denominator description	Outcome	IQR: Finalized, VBP: Under Consideration- Priority 3,	Not Support for VBP

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
Not NQF Endorsed	Medicare Spending per Beneficiary.	Sum of all adjusted Medicare Part A and Part B payments divided by the total number of Medicare Spending per Beneficiary episodes for a hospital.	Cost	IQR: Finalized, VBP: Under Consideration-Priority 3,	Support Direction for VBP
Not NQF Endorsed	Pressure Ulcer Stages III and IV	None listed. See numerator and denominator description	Outcome	IQR: Finalized, VBP: Under Consideration-Priority 3,	Support Direction for VBP
Not NQF Endorsed	Vascular-Catheter Associated Infection	None listed. See numerator and denominator description	Outcome	IQR: Finalized, VBP: Under Consideration-Priority 3,	Support Direction for VBP
0136 Endorsed (Recommended to retire)	HF-1 Discharge instructions	Percentage of heart failure patients discharged home with written instructions or educational material given to patient or caregiver at discharge or during the hospital stay addressing all of the following: activity level, diet, discharge medications, follow-up appointment, weight monitoring, and what to do if symptoms worsen.	Process	IQR: Finalized, VBP: Finalized,Meaningful Use: Under consideration-priority 3,	Not Support for MU
0147 Endorsed	PN–6 Appropriate initial antibiotic selection	Percentage of pneumonia patients 18 years of age or older selected for initial receipts of antibiotics for community-acquired pneumonia (CAP)	Process	IQR: Finalized, VBP: Finalized,Meaningful Use: Under consideration-priority 3,	Support for MU

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0148 Endorsed	PN–3b Blood culture performed in the emergency department prior to first antibiotic received in hospital	Percentage of pneumonia patients 18 years of age and older who have had blood cultures performed in the emergency department prior to initial antibiotic received in hospital	Process	IQR: Finalized, VBP: Finalized,Meaningful Use: Under consideration-priority 3,	Support for MU
0163 Endorsed	AMI–8a Timing of receipt of primary percutaneous coronary intervention (PCI)	Percentage of acute myocardial infarction (AMI) patients with ST-segment elevation or LBBB on the ECG closest to arrival time receiving primary percutaneous coronary intervention (PCI) during the hospital stay with a time from hospital arrival to PCI of 90 minutes or less.	Process	IQR: Finalized, VBP: Finalized,Meaningful Use: Under consideration-priority 3,	Support for MU
0164 Endorsed	AMI–7a Fibrinolytic (thrombolytic) agent received within 30 minutes of hospital arrival	Percentage of acute myocardial infarction (AMI) patients with ST-segment elevation or LBBB on the ECG closest to arrival time receiving fibrinolytic therapy during the hospital stay and having a time from hospital arrival to fibrinolysis of 30 minutes or less.	Process	IQR: Finalized, VBP: Finalized,Meaningful Use: Under consideration-priority 3,	Support for MU
0166 Endorsed	HCAHPS survey	27-items survey instrument with 7 domain-level composites including: communication with doctors, communication with nurses, responsiveness of hospital staff, pain control, communication about medicines, cleanliness and quiet of the hospital environment, and discharge information	Patient Engagement/Experience	IQR: Finalized, VBP: Finalized,	

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0217 Endorsed	SCIP INF—VTE-1: Surgery patients with recommended venous thromboembolism (VTE) prophylaxis ordered	Percentage of surgery patients with recommended Venous Thromboembolism (VTE) Prophylaxis ordered during admission	Process	IQR: Finalized, VBP: Finalized,	
0218 Endorsed	SCIP–VTE-2: Surgery patients who received appropriate VTE prophylaxis within 24 hours pre/post-surgery	Percentage of surgery patients who received appropriate Venous Thromboembolism (VTE) Prophylaxis within 24 hours prior to surgery to 24 hours after surgery end time	Process	IQR: Finalized, VBP: Finalized,Meaningful Use: Under consideration-priority 3,	Support for MU
0229 Endorsed	Heart failure (HF) 30-day mortality rate	The measure estimates a hospital-level risk-standardized mortality rate (RSMR), defined as death from any cause within 30 days after the index admission date, for patients 18 and older discharged from the hospital with a principal diagnosis of HF.	Outcome	IQR: Finalized, VBP: Finalized,	
0230 Endorsed	Acute myocardial infarction (AMI) 30-day mortality rate	The measure estimates a hospital-level risk-standardized mortality rate (RSMR), defined as death from any cause within 30 days after the index admission date, for patients 18 and older discharged from the hospital with a principal diagnosis of AMI.	Outcome	IQR: Finalized, VBP: Finalized,	
0284 Endorsed	SCIP Cardiovascular-2: Surgery Patients on a beta blocker prior to arrival who received a beta blocker during the perioperative period	Percentage of patients on beta blocker therapy prior to admission who received a beta blocker during the perioperative period. To be in the denominator, the patient must be on a beta-blocker prior to arrival. The case is excluded if the patient is not on a beta-blocker prior to arrival, as described below in 2a4.	Process	IQR: Finalized, VBP: Finalized,Meaningful Use: Under consideration-priority 3,	Support for MU

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0300 Endorsed	SCIP INF–4: Cardiac surgery patients with controlled 6AM postoperative serum glucose	Cardiac surgery patients with controlled postoperative blood glucose (less than or equal to 180mg/dL) in the timeframe of 18 to 24 hours after Anesthesia End Time.	Process	IQR: Finalized, VBP: Finalized,Meaningful Use: Under consideration-priority 3,	Support for MU
0468 Endorsed	Pneumonia (PN) 30-day mortality rate	Hospital-specific, risk standardized, all-cause 30-day mortality (defined as death from any cause within 30 days after the index admission date) for patients discharged form the hospital with a principal diagnosis of pneumonia.	Outcome	IQR: Finalized, VBP: Finalized,	
0527 Endorsed	SCIP INF–1 Prophylactic antibiotic received within 1 hour prior to surgical incision	Surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision. Patients who received vancomycin or a fluoroquinolone for prophylactic antibiotics should have the antibiotics initiated within two hours prior to surgical incision. Due to the longer infusion time required for vancomycin or a fluoroquinolone, it is acceptable to start these antibiotics within two hours prior to incision time.	Process	IQR: Finalized, VBP: Finalized,Meaningful Use: Under consideration-priority 3,	Support for MU

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0528 Endorsed	SCIP INF–2: Prophylactic antibiotic selection for surgical patients	Surgical patients who received prophylactic antibiotics consistent with current guidelines (specific to each type of surgical procedure).	Process	IQR: Finalized, VBP: Finalized,Meaningful Use: Under consideration-priority 3,	Support for MU
0529 Endorsed	SCIP INF–3 Prophylactic antibiotics discontinued within 24 hours after surgery end time (48 hours for cardiac surgery)	Surgical patients whose prophylactic antibiotics were discontinued within 24 hours after Anesthesia End Time (48 hours for CABG or Other Cardiac Surgery). The Society of Thoracic Surgeons (STS) Practice Guideline for Antibiotic Prophylaxis in Cardiac Surgery (2006) indicates that there is no reason to extend antibiotics beyond 48 hours for cardiac surgery and very explicitly states that antibiotics should not be extended beyond 48 hours even with tubes and drains in place for cardiac surgery.	Process	IQR: Finalized, VBP: Finalized,Meaningful Use: Under consideration-priority 3,	Support for MU
Not NQF Endorsed	Foreign Body Left During Procedure	Count of discharges with foreign body left in during procedure in medical and surgical discharges among patients 18 years and older or MDC 14 (pregnancy, childbirth, and puerperium)	Outcome	IQR: Finalized, VBP: Finalized,	Split

Inpatient Psychiatric Facility Quality Reporting Program Measure Set

Program Summary: Inpatient Psychiatric Hospital Quality Reporting

Program Description

Section 10322 of the Affordable Care Act (ACA) establishes a quality reporting program for psychiatric hospitals and psychiatric units. Beginning in FY 2014, these psychiatric hospitals will be required to submit data to the Secretary of Health and Human Services. Any psychiatric hospital that does not report quality data according to CMS' requirements will receive up to a 2 percent reduction in the annual rate update.[1] Information collected through this program will be reported on the CMS website.

Statutory Requirements for Measures:

Any measure specified by the Secretary must have been endorsed by the entity with a contract under section 1890(a). In the case of a specified area or medical topic determined appropriate by the Secretary for which a feasible and practical measure has not been endorsed by NQF, the Secretary may specify a measure that is not endorsed as long as due consideration is given to measure that have been endorsed or adopted by a consensus organization identified by the Secretary.

The Secretary shall report quality measures that relate to services furnished in inpatient settings in psychiatric hospitals and psychiatric units on the CMS website.

Program Measure Set Analysis

	Finalized	**Under Consideration**	**Total**
Total Measures	0	6	6
NQF endorsed	0	6	6
NQF Priority			
Safer care	0	2	2
Effective care coordination	0	4	4
Prevention and treatment of leading causes of mortality and morbidity	0	0	0
Person and family centered care	0	1	1
Supporting better health in communities	0	0	0
Making care more affordable	0	0	0
Addresses High impact conditions	0	0	0
Measure Type			
Process Measures	0	6	6
Outcome Measures	0	0	0
Cost Measures	0	0	0
Structural Measures	0	0	0
Patient Experience	0	0	0

[1] https://www.cms.gov/HospitalQualityInits/08_HospitalRHQDAPU.asp#TopOfPage

Identified Measure Gaps:

- Prevention or population health measures
- Outcome measures for after care
- Follow up appointments with outpatient providers, including primary care
- Monitoring of metabolic syndrome for patients on antipsychotic medications
- Cost and resource use
- Structural measures
- Substance abuse
- Readmissions
- Disparities-sensitive measures
- Measures related to care coordination between inpatient psychiatric care and alcohol/substance abuse treatment

Inpatient Psychiatric Quality Reporting Program

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0552 Endorsed	HBIPS-4: Patients discharged on multiple antipsychotic medications.	Patients discharged on mulitple antipsychotic medications.	Process	Inpatient Psychiatric Quality Reporting: Under Consideration-Priority 1	Support
0557 Endorsed	HBIPS-6 Post discharge continuing care plan created	Patients discharged from a hospital-based inpatient psychiatric setting with a continuing care plan created	Process	Inpatient Psychiatric Quality Reporting: Under Consideration-Priority 1	Support
0558 Endorsed	HBIPS-7 Post discharge continuing care plan transmitted to next level of care provider upon discharge	Patients discharged from a hospital-based inpatient psychiatric setting with a continuing care plan provided to the next level of care clinician or entity.	Process	Inpatient Psychiatric Quality Reporting: Under Consideration-Priority 1	Support
0560 Endorsed	HBIPS-5 Patients discharged on multiple antipsychotic medications with appropriate justification	Patients discharged from a hospital-based inpatient psychiatric setting on two or more antipsychotic medications with appropriate justification	Process	Inpatient Psychiatric Quality Reporting: Under Consideration-Priority 1	Support
0640 Endorsed	HBIPS-2 Hours of physical restraint use	The number of hours that all patients admitted to a hospital-based inpatient psychiatric setting were maintained in physical restraint per 1000 psychiatric inpatient hours, overall and stratified by age group	Process	Inpatient Psychiatric Quality Reporting: Under Consideration-Priority 1	Support

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0641 Endorsed	HBIPS-3 Hours of seclusion use	The number of hours that all patients admitted to a hospital-based inpatient psychiatric setting were held in seclusion per 1000 psychiatric inpatient hours, overall and stratified by age group	Process	Inpatient Psychiatric Quality Reporting: Under Consideration-Priority 1	Support

Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs (Meaningful Use) Program Measure Set

Program Summary: Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs

Program Description

The Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs will provide incentive payments to eligible hospitals and critical access hospitals (CAHs) as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology. The program was created under the Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act of 2009. Incentive payments for eligible hospitals and CAHs may begin as early as 2011 and are based on a number of factors, beginning with a $2 million base payment. For 2015 and later, Medicare eligible hospitals and CAHs that do not successfully demonstrate meaningful use will have a reduction in their Medicare reimbursement. The Medicaid EHR program incentive payments may begin as early as 2011, depending on when an individual state begins its program. The last year a Medicaid eligible hospital may begin the program is 2016. There are no payment adjustments under the Medicaid EHR program.

Statutory Requirements for Measures:

An eligible hospital or CAH must be a meaningful EHR user for the relevant EHR reporting period in order to qualify for the incentive payment for a payment year in the Medicare Fee for Service (FFS) EHR incentive program. An eligible hospital shall be considered a meaningful EHR user for an EHR reporting period for a payment year if they meet the following three requirements: (1) Demonstrates use of certified EHR technology in a meaningful manner; (2) demonstrates to the satisfaction of the Secretary that certified EHR technology is connected in a manner that provides for the electronic exchange of health information to improve the quality of health care such as promoting care coordination, in accordance with all laws and standards applicable to the exchange of information; and (3) using its certified EHR technology, submits to the Secretary, in a form and manner specified by the Secretary, information on clinical quality measures and other measures specified by the Secretary. Preference should be given to NQF-endorsed measures when selecting measures for this program.

Program Measure Set Analysis

	Finalized	**Under Consideration**	**Total**
Total Measures	15	36	51
NQF-Endorsed®	15	33	48
NQS Priority			
Safer Care	7	10	17
Effective Care Coordination	1	3	4
Prevention and Treatment of Leading Causes of Mortality and Morbidity	7	14	21
Person and Family Centered Care	2	4	6
Supporting Better Health in Communities	0	8	8

Making Care More Affordable	0	2	2
Addresses High Impact Conditions	7	10	17
Measure Type			
Process Measures	12	31	43
Outcome Measures	3	5	8
Cost Measures	0	0	0
Structural Measures	0	0	0
Patient Experience	0	0	0

Identified Measure Gaps:

- Cost and resource use
- Structural measures
- Care transitions and communication
- Behavioral health
- Delta measures (measures to detect incremental changes in a patient’s condition over time)

Hospital Meaningful Use Program

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0132 Endorsed	Aspirin at arrival for acute myocardial infarction (AMI)	Percentage of acute myocardial infarction (AMI) patients who received aspirin within 24 hours before or after hospital arrival	Process	Meaningful Use: Under consideration-priority 3,	Not Support
0136 Endorsed (Recommended to retire)	HF-1 Discharge instructions	Percentage of heart failure patients discharged home with written instructions or educational material given to patient or caregiver at discharge or during the hospital stay addressing all of the following: activity level, diet, discharge medications, follow-up appointment, weight monitoring, and what to do if symptoms worsen.	Process	IQR: Finalized, VBP: Finalized,Meaningful Use: Under consideration-priority 3,	Not Support for MU
0137 Endorsed	ACEI or ARB for left ventricular systolic dysfunction- Acute Myocardial Infarction (AMI) Patients	Percentage of acute myocardial infarction (AMI) patients with left ventricular systolic dysfunction (LVSD) who are prescribed an ACEI or ARB at hospital discharge. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular ejection fraction (LVEF) less than 40% or a narrative description of left ventricular systolic (LVS) function consistent with moderate or severe systolic dysfunction.	Process	Meaningful Use: Under consideration-priority 3,	Not Support
0142 Endorsed	AMI–2 Aspirin prescribed at discharge	Percentage of acute myocardial infarction (AMI) patients who are prescribed aspirin at hospital discharge	Process	IQR: Finalized, Meaningful Use: Under consideration-priority 3,	Support for MU
0147 Endorsed	PN–6 Appropriate initial antibiotic selection	Percentage of pneumonia patients 18 years of age or older selected for initial receipts of antibiotics for community-acquired pneumonia (CAP)	Process	IQR: Finalized, VBP: Finalized,Meaningful Use: Under consideration-priority 3,	Support for MU

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0148 Endorsed	PN–3b Blood culture performed in the emergency department prior to first antibiotic received in hospital	Percentage of pneumonia patients 18 years of age and older who have had blood cultures performed in the emergency department prior to initial antibiotic received in hospital	Process	IQR: Finalized, VBP: Finalized,Meaningful Use: Under consideration-priority 3,	Support for MU
0160 Endorsed	Beta-blocker prescribed at discharge for AMI	Percentage of acute myocardial infarction (AMI) patients who are prescribed a beta-blocker at hospital discharge	Process	Meaningful Use: Under consideration-priority 3,	Not Support
0163 Endorsed	AMI–8a Timing of receipt of primary percutaneous coronary intervention (PCI)	Percentage of acute myocardial infarction (AMI) patients with ST-segment elevation or LBBB on the ECG closest to arrival time receiving primary percutaneous coronary intervention (PCI) during the hospital stay with a time from hospital arrival to PCI of 90 minutes or less.	Process	IQR: Finalized, VBP: Finalized,Meaningful Use: Under consideration-priority 3,	Support for MU
0164 Endorsed	AMI–7a Fibrinolytic (thrombolytic) agent received within 30 minutes of hospital arrival	Percentage of acute myocardial infarction (AMI) patients with ST-segment elevation or LBBB on the ECG closest to arrival time receiving fibrinolytic therapy during the hospital stay and having a time from hospital arrival to fibrinolysis of 30 minutes or less.	Process	IQR: Finalized, VBP: Finalized,Meaningful Use: Under consideration-priority 3,	Support for MU
0218 Endorsed	SCIP–VTE-2: Surgery patients who received appropriate VTE prophylaxis within 24 hours pre/post-surgery	Percentage of surgery patients who received appropriate Venous Thromboembolism (VTE) Prophylaxis within 24 hours prior to surgery to 24 hours after surgery end time	Process	IQR: Finalized, VBP: Finalized,Meaningful Use: Under consideration-priority 3,	Support for MU

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0284 Endorsed	SCIP Cardiovascular-2: Surgery Patients on a beta blocker prior to arrival who received a beta blocker during the perioperative period	Percentage of patients on beta blocker therapy prior to admission who received a beta blocker during the perioperative period. To be in the denominator, the patient must be on a beta-blocker prior to arrival. The case is excluded if the patient is not on a beta-blocker prior to arrival, as described below in 2a4.	Process	IQR: Finalized, VBP: Finalized,Meaningful Use: Under consideration-priority 3,	Support for MU
0300 Endorsed	SCIP INF–4: Cardiac surgery patients with controlled 6AM postoperative serum glucose	Cardiac surgery patients with controlled postoperative blood glucose (less than or equal to 180mg/dL) in the timeframe of 18 to 24 hours after Anesthesia End Time.	Process	IQR: Finalized, VBP: Finalized,Meaningful Use: Under consideration-priority 3,	Support for MU
0301 Endorsed	SCIP-INF-6- Surgery patients with appropriate hair removal	Percentage of surgery patients with surgical hair site removal with clippers or depilatory or no surgical site hair removal.	Process	Meaningful Use: Under consideration-priority 3,	Not Support
0434 Endorsed	STK-1 Venous Thromboembolism (VTE) Prophylaxis	Patients with an ischemic stroke or a hemorrhagic stroke and who are non-ambulatory should start receiving DVT prophylaxis by end of hospital day two.	Process	IQR: Finalized, Meaningful Use: Under consideration-priority 3,	Support for MU
0453 Endorsed	SCIP INF–9: Postoperative urinary catheter removal on post-operative day 1 or 2 with day of surgery being day zero	Surgical patients with urinary catheter removed on Postoperative Day 1 or Postoperative Day 2 with day of surgery being day zero.	Process	IQR: Finalized, Meaningful Use: Under consideration-priority 3,	Support for MU

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0469 Endorsed	Elective delivery prior to 39 completed weeks gestation	Percentage of babies electively delivered prior to 39 completed weeks gestation	Outcome	IQR: Under Consideration-Priority 3, Meaningful Use: Under consideration-priority 3,	Support
0496 Endorsed	OP–18/ED-3: Median Time from ED Arrival to ED Departure for Discharged ED Patients.	Median time from emergency department arrival to time of departure from the emergency room for patients discharged from the emergency department	Outcome	OQR: Finalized, Meaningful Use: Under consideration-priority 3,	Support
0527 Endorsed	SCIP INF–1 Prophylactic antibiotic received within 1 hour prior to surgical incision	Surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision. Patients who received vancomycin or a fluoroquinolone for prophylactic antibiotics should have the antibiotics initiated within two hours prior to surgical incision. Due to the longer infusion time required for vancomycin or a fluoroquinolone, it is acceptable to start these antibiotics within two hours prior to incision time.	Process	IQR: Finalized, VBP: Finalized,Meaningful Use: Under consideration-priority 3,	Support for MU
0528 Endorsed	SCIP INF–2: Prophylactic antibiotic selection for surgical patients	Surgical patients who received prophylactic antibiotics consistent with current guidelines (specific to each type of surgical procedure).	Process	IQR: Finalized, VBP: Finalized,Meaningful Use: Under consideration-priority 3,	Support for MU

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0529 Endorsed	SCIP INF–3 Prophylactic antibiotics discontinued within 24 hours after surgery end time (48 hours for cardiac surgery)	Surgical patients whose prophylactic antibiotics were discontinued within 24 hours after Anesthesia End Time (48 hours for CABG or Other Cardiac Surgery). The Society of Thoracic Surgeons (STS) Practice Guideline for Antibiotic Prophylaxis in Cardiac Surgery (2006) indicates that there is no reason to extend antibiotics beyond 48 hours for cardiac surgery and very explicitly states that antibiotics should not be extended beyond 48 hours even with tubes and drains in place for cardiac surgery.	Process	IQR: Finalized, VBP: Finalized,Meaningful Use: Under consideration-priority 3,	Support for MU
0639 Endorsed	AMI–10 Statin prescribed at discharge	Percent of acute myocardial infarction (AMI) patients 18 years of age or older who are prescribed a statin medication at hospital discharge.	Process	IQR: Finalized, VBP: Under Consideration-Priority 3,Meaningful Use: Under consideration-priority 3,	Support for VBP and MU

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
1653 Submitted	IMM-1 Pneumonia Immunization	This prevention measure addresses acute care hospitalized inpatients 65 years of age and older (IMM-1b) AND inpatients aged between 6 and 64 years (IMM-1c) who are considered high risk and were screened for receipt of 23-valent pneumococcal polysaccharide vaccine (PPV23) and were vaccinated prior to discharge if indicated. The numerator captures two activities; screening and the intervention of vaccine administration when indicated. As a result, patients who had documented contraindications to PPV23, patients who were offered and declined PPV23 and patients who received PPV23 anytime in the past are captured as numerator events.	Process	IQR: Finalized, Meaningful Use: Under consideration-priority 3,	Support for MU
1659 Submitted	IMM-2 Flu Immunization	This prevention measure addresses acute care hospitalized inpatients age 6 months and older who were screened for seasonal influenza immunization status and were vaccinated prior to discharge if indicated. The numerator captures two activities: screening and the intervention of vaccine administration when indicated. As a result, patients who had documented contraindications to the vaccine, patients who were offered and declined the vaccine and patients who received the vaccine during the current year's influenza season but prior to the current hospitalization are captured as numerator events.	Process	IQR: Finalized, Meaningful Use: Under consideration-priority 3,	Support for MU

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
Not NQF Endorsed	HF-2 & HF-3 to be combined into a single new measure.	New measure will combine HF-2 that looks at left ventricular function assessment, and HF-3 that looks at prescribing ACE-I or ARB for LVSD.	Process	Meaningful Use: Under consideration- priority 3,	Split
0143 Endorsed	Use of relievers for inpatient asthma	Percentage of pediatric asthma inpatients, age 2-17, who were discharged with a principal diagnosis of asthma who received relievers for inpatient asthma	Process	Meaningful Use: Under consideration- priority 2,	Support
0144 Endorsed	Use of systemic corticosteroids for inpatient asthma	Percentage of pediatric asthma inpatients (age 2 – 17 years) who were discharged with principal diagnosis of asthma who received systemic corticosteroids for inpatient asthma	Process	Meaningful Use: Under consideration- priority 2,	Support

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0485 Endorsed	Neonatal Immunization	Percent of neonates with a length of stay greater than 60 days receiving DPT, Hepatitis B, Polio, Hib, and PCV immunizations in adherence with current guidelines.	Process	Meaningful Use: Under consideration-priority 2,	Support
1354 Endorsed	Hearing screening prior to hospital discharge (EHDI-1a)	This measure assesses the proportion of births that have been screened for hearing loss before hospital discharge. *Numbering within the parentheses references the US national extension quality measure identifiers developed for the Use Cases published in the Integrating the Healthcare Enterprise (IHE) Quality, Research and Public Health (QRPH) EHDI Technical Framework Supplement available at www.ihe.net/Technical_Framework/index.cfm#quality	Process	Meaningful Use: Under consideration-priority 2,	Support
0338 Endorsed	Home Management Plan of Care Document Given to Patient/Caregiver	Documentation exists that the Home Management Plan of Care (HMPC) as a separate document, specific to the patient, was given to the patient/caregiver, prior to or upon discharge.	Process	Meaningful Use: Under consideration-priority 1,	Support
0341 Endorsed	PICU Pain Assessment on Admission	Percentage of PICU patients receiving: a. Pain assessment on admission, b. Periodic pain assessment.	Process	Meaningful Use: Under consideration-priority 1,	Support

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0342 Endorsed	PICU Periodic Pain Assessment	Percentage of PICU patients receiving: a. Pain assessment on admission, b. Periodic pain assessment.	Process	Meaningful Use: Under consideration-priority 1,	Support
0480 Endorsed	Exclusive Breastfeeding at Hospital Discharge	Exclusive Breastfeeding (BF) for the first 6 mos of neonatal life has long been the expressed goal of WHO, DHHS, APA, and ACOG. ACOG has recently reiterated its position (ACOG 2007). A recent Cochrane review substantiates the benefits (Kramer, 2002). Much evidence has now focused on the prenatal and intrapartum period as critical for the success of exclusive (or any) BF (Shealy, 2005; Taveras, 2004; Petrova, 2007; CDC-MMWR, 2007). Exclusive Beastfeeding rate during birth hospital stay has been calculated by the California Deparment of Public Health for the last several years using newborn genetic disease testing data. HP2010 and the CDC have also been active in promoting this measure. Holding pernatal and intrapartum providers accountable is an important way to incent greater efforts during the critical prenatal and immediate postpartum periods where BF attitudes are solidified.	Outcome	Meaningful Use: Under consideration-priority 1,	Not Support
0481 Endorsed (Recommended to retire)	First temperature measured within one hour of admission to the NICU.	Percent of NICU admissions with a birth weight of 501-1500g with a first temperature taken within 1 hour of NICU admission.	Process	Meaningful Use: Under consideration-priority 1,	Not Support

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0482 Endorsed (Recommended to retire)	First NICU Temperature < 36 degrees C	Percent of all NICU admissions with a birth weight of 501-1500g whose first temperature was measured within one hour of admission to the NICU and was below 36 degrees Centigrade.	Outcome	Meaningful Use: Under consideration-priority 1,	Not Support
0484 Endorsed	Proportion of infants 22 to 29 weeks gestation treated with surfactant who are treated within 2 hours of birth.	Number of infants 22 to 29 weeks gestation treated with surfactant within 2 hours of birth	Process	Meaningful Use: Under consideration-priority 1,	Support
0716 Endorsed	Healthy Term Newborn	Percent of term singleton livebirths (excluding those with diagnoses originating in the fetal period) who DO NOT have significant complications during birth or the nursery care.	Outcome	Meaningful Use: Under consideration-priority 1,	Support
0371 Endorsed	VTE-1 Venous Thromboembolism Prophylaxis	This measure assesses the number of patients who received venous thromboembolism (VTE) prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission. This measure is part of a set of six nationally implemented prevention and treatment measures that address VTE (VTE-2: ICU VTE Prophylaxis, VTE-3: VTE Patients with Anticoagulation Overlap Therapy, VTE-4: VTE Patients Receiving UFH with Dosages/Platelet Count Monitoring, VTE-5: VTE Warfarin Therapy Discharge Instructions and VTE-6: Incidence of Potentially-Preventable VTE) that are used in The Joint Commission's accreditation process.	Process	IQR: Finalized, Meaningful Use: Finalized,	

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0372 Endorsed	VTE-2: Intensive Care Unit Venous Thromboembolism Prophylaxis	This measure assesses the number of patients who received venous thromboembolism (VTE) prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after the initial admission (or transfer) to the Intensive Care Unit (ICU) or surgery end date for surgeries that start the day of or the day after ICU admission (or transfer). This measure is part of a set of six prevention and treatment measures that address VTE (VTE-1: VTE Prophylaxis, VTE-3: VTE Patients with Anticoagulation Overlap Therapy, VTE-4: VTE Patients Receiving UFH with Dosages/Platelet Count Monitoring by Protocol, VTE-5: VTE Warfarin Therapy Discharge Instructions and VTE-6: VTE Incidence of Potentially-Preventable VTE).	Process	IQR: Finalized, Meaningful Use: Finalized,	
0373 Endorsed	Venous Thromboembolism Patients with Anticoagulant Overlap Therapy	This measure assesses the number of patients diagnosed with confirmed VTE who received an overlap of Parenteral (intravenous [IV] or subcutaneous [subcu]) anticoagulation and warfarin therapy. For patients who received less than five days of overlap therapy, they should be discharged on both medications and have a Reason for Discontinuation of Overlap Therapy. Overlap therapy should be administered for at least five days with an international normalized ratio (INR) greater than or equal to 2 prior to discontinuation of the parenteral anticoagulation therapy, or INR less than 2 but discharged on both medications or have a Reason for Discontinuation of Overlap Therapy. This measure is part of a set of six prevention and treatment measures that address VTE (VTE-1: VTE Prophylaxis, VTE-2: ICU VTE Prophylaxis, VTE-4: VTE Patients Receiving UFH with Dosages/Platelet Count Monitoring, VTE-5: VTE Warfarin Therapy Discharge Instructions and VTE-6: Incidence of Potentially-Preventable VTE).	Process	IQR: Finalized, Meaningful Use: Finalized,	

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0374 Endorsed	VTE-4 Venous Thromboembolism Patients Recieving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram	This measure assesses the number of patients diagnosed with confirmed venous thromboembolism (VTE) who received intravenous (IV) unfractionated heparin (UFH) therapy dosages AND had their platelet counts monitored using defined parameters such as a nomogram or protocol. This measure is part of a set of six prevention and treatment measures that address VTE (VTE-1: VTE Prophylaxis, VTE-2: ICU VTE Prophylaxis, VTE-3: VTE Patients with Anticoagulation Overlap Therapy, VTE-5: VTE Warfarin Therapy Discharge Instructions and VTE-6: Incidence of Potentially-Preventable VTE).	Process	IQR: Finalized, Meaningful Use: Finalized,	
0375 Endorsed	VTE-5: VTE Discharge Instructions	This measure assesses the number of patients diagnosed with confirmed VTE that are discharged on warfarin to home, home with home health or home hospice with written discharge instructions that address all four criteria: compliance issues, dietary advice, follow-up monitoring, and information about the potential for adverse drug reactions/interactions. This measure is part of a set of six prevention and treatment measures that address VTE (VTE-1: VTE Prophylaxis, VTE-2: ICU VTE Prophylaxis, VTE-3: VTE Patients with Anticoagulation Overlap Therapy, VTE-4: VTE Patients Receiving UFH with Dosages/Platelet Count Monitoring by Protocol and VTE-6: Incidence of Potentially-Preventable VTE).	Process	IQR: Finalized, Meaningful Use: Finalized,	

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0376 Endorsed	VTE-6: Incidence of Potentially-Preventable VTE	This measure assesses the number of patients with confirmed venous thromboembolism (VTE) during hospitalization (not present at admission) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date. This measure is part of a set of six prevention and treatment measures that address VTE (VTE-1: VTE Prophylaxis, VTE-2: ICU VTE Prophylaxis, VTE-3: VTE Patients with Anticoagulation Overlap Therapy, VTE-4: VTE Patients Receiving UFH with Dosages/Platelet Count Monitoring by Protocol, and VTE-5: VTE Warfarin Therapy Discharge Instructions).	Outcome	IQR: Finalized, Meaningful Use: Finalized,	
0435 Endorsed	STK-2 Discharged on Antithrombotic Therapy	Patients with an ischemic stroke prescribed antithrombotic therapy at discharge.	Process	IQR: Finalized, Meaningful Use: Finalized,	
0436 Endorsed	STK-3 Patients with Atrial Fibrillation Receiving Anticoagulation Therapy	Patients with an ischemic stroke with atrial fibrillation discharged on anticoagulation therapy.	Process	IQR: Finalized, Meaningful Use: Finalized,	

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0437 Endorsed	STK-4 Thrombolytic Therapy	Acute ischemic stroke patients who arrive at the hospital within 120 minutes (2 hours) of time last known well and for whom IV t-PA was initiated at this hospital within 180 minutes (3 hours) of time last known well..	Process	IQR: Finalized, Meaningful Use: Finalized,	

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0438 Endorsed	STK-5 Antithrombotic Medication by End of Hospital Day Two	Patients with ischemic stroke who receive antithrombotic therapy by the end of hospital day two.	Process	IQR: Finalized, Meaningful Use: Finalized,	
0439 Endorsed	STK-6 Discharged on Statin Medication	Ischemic stroke patients with LDL greater than or equal to 100 mg/dL, or LDL not measured, or who were on a lipid-lowering medication prior to hospital arrival are prescribed statin medication at hospital discharge.	Process	IQR: Finalized, Meaningful Use: Finalized,	
0440 Endorsed	STK-8 Stroke Education	Patients with ischemic or hemorrhagic stroke or their caregivers who were given education or educational materials during the hospital stay addressing all of the following: personal risk factors for stroke, warning signs for stroke, activation of emergency medical system, need for follow-up after discharge, and medications prescribed.	Process	IQR: Finalized, Meaningful Use: Finalized,	

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0441 Endorsed	STK-10 Assessed for Rehabilitation	Patients with an ischemic stroke or hemorrhagic stroke who were assessed for rehabilitation services.	Process	IQR: Finalized, Meaningful Use: Finalized,	
0495 Endorsed	ED–1 Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the hospital	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department	Outcome	IQR: Finalized, Meaningful Use: Finalized,	

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0497 Endorsed	ED–2 Median time from admit decision to time of departure from the emergency department for emergency department patients admitted to the inpatient status	Median time from admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status	Outcome	IQR: Finalized, Meaningful Use: Finalized,	

Outpatient Quality Reporting (OQR) Program Measure Set

Program Summary: CMS Hospital Outpatient Reporting

Program Description

The CMS Hospital Outpatient Quality Reporting Program (OQR) is a pay for reporting program for outpatient hospital services. The program was mandated by the Tax Relief and Health Care Act of 2006, which requires hospitals to submit data on measures on the quality of care furnished in hospital outpatient settings. Hospitals that do not meet the program requirements receive a 2 percentage point reduction in their annual payment update under the Outpatient Prospective Payment System (OPPS). Information gathered through the Hospital OQR program is reported on the Hospital Compare Website.[1]

Statutory Requirements for Measures:

The Secretary shall develop measures that the Secretary determines to be appropriate for the measurement of the quality of care (including medication errors) furnished by hospitals in outpatient settings and that reflect consensus among affected parties and, to the extent feasible and practicable, shall include measures set forth by one or more national consensus building entities. The Secretary may replace any measures or indicators in appropriate cases, such as where all hospitals are effectively in compliance or the measures or indicators have been subsequently shown not to represent the best clinical practice. The Secretary shall report quality measures of process, structure, outcome, patients' perspectives on care, efficiency, and costs of care that relate to services furnished in outpatient settings in hospitals on the CMS website. Measures may be a subset of measures used for other programs. An outpatient setting or outpatient hospital service is deemed a reference to ambulatory surgical center, the setting of such a center or services of such a center.

Program Measure Set Analysis

	Finalized	**Under Consideration**	**Total**
Total Measures	26	0	26
NQF-Endorsed®	21	0	21
NQS Priority			
Safer Care	12	0	12
Effective Care Coordination	5	0	5
Prevention and Treatment of Leading Causes of Mortality and Morbidity	6	0	6
Person and Family Centered Care	4	0	4
Supporting Better Health in Communities	1	0	1
Making Care More Affordable	4	0	4
Addresses High Impact Conditions	11	0	11

[1] https://www.cms.gov/HospitalQualityInits/10_HospitalOutpatientQualityReportingProgram.asp

Measure Type			
Process Measures	15	0	15
Outcome Measures	1	0	0
Cost Measures	6	0	6
Structural Measures	3	0	3
Patient Experience	1	0	1

Identified Measure Gaps:

- Outcome measures. The Workgroup previously indicated the need to move to outcome measures clustered with process and structural measures.
- The program set does not address supporting better health in communities or disparities.
- High impact outpatient issues such as weight management, diabetes management, and readmissions (including admissions following an outpatient surgery).
- Measures that address patient preferences such patient outcomes, patient shared decision making, patient experience of care, and family engagement.
- Efficiency measures. There are measures related to cost of care, but no true measures of efficiency.
- Patient-reported measures

Outpatient Quality Reporting Program

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0124, 0165, 0340, 0357, 0361, 0366 Endorsed	OP-26:Hospital Outpatient Volume for Selected Outpatient Surgical Procedures	Isolated CABG and Valve Surgeries (NQF# 0124)Annual procedural volume of three surgeries: isolated CABG surgery, valve surgery, and valve+CABG surgery; Percutaneous Coronary Intervention (PCI) (NQF# 0165) Percentage of patient admissions for percutaneous coronary intervention (PCI) procedure, Pediatric Heart Surgery (NQF# 0340) Raw volume compared to annual thresholds (100 procedures), Abdominal Aortic Aneurism Repair (NQF# 357) Raw volume compared to annual thresholds (10 and 32 procedures), Esophageal Resection (NQF# 0361) Raw volume compared to annual thresholds (6 and 7 procedures)., and Pancreatic Resection (NQF# 0366) Raw volume compared to annual thresholds (10 and 11 procedures).	Structure	OQR: Finalized,	
0268 Endorsed	OP–7: Prophylactic Antibiotic Selection for Surgical Patients.	Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for cefazolin OR cefuroxime for antimicrobial prophylaxis	Process	OQR: Finalized,	
0270 Endorsed	OP–6: Timing of Antibiotic prophylaxis.	Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics, who have an order for prophylactic antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours), prior to the surgical incision (or start of procedure when no incision is required)	Process	OQR: Finalized,	
0286 Endorsed	OP–4: Aspirin at Arrival.	Percentage of emergency department acute myocardial infarction (AMI) patients or chest pain patients (with Probable Cardiac Chest Pain) without aspirin contraindications who received aspirin within 24 hours before ED arrival or prior to transfer.	Process	OQR: Finalized,	
0287 Endorsed	OP–1: Median Time to Fibrinolysis.	Median time from emergency department arrival to administration of fibrinolytic therapy in ED patients with ST-segment elevation or left bundle branch block (LBBB) on the electrocardiogram (ECG) performed closest to ED arrival and prior to transfer.	Process	OQR: Finalized,	

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0288 Endorsed	OP-2 Fibrinolytic Therapy Received Within 30 Minutes.	Emergency Department acute myocardial infarction (AMI) patients receiving fibrinolytic therapy during the ED stay and having a time from ED arrival to fibrinolysis of 30 minutes or less.	Process	OQR: Finalized,	
0289 Endorsed	OP-5 Median Time to ECG.	Median time from emergency department arrival to ECG (performed in the ED prior to transfer) for acute myocardial infarction (AMI) or Chest Pain patients (with probable cardiac chest pain).	Process	OQR: Finalized,	
0290 Endorsed	OP–3: Median Time to Transfer to Another Facility for Acute Coronary Intervention.	Median time from emergency department arrival to time of transfer to another facility for acute coronary intervention.	Process	OQR: Finalized,	
0489 Endorsed	OP–12: The Ability for Providers with HIT to Receive. Laboratory Data Electronically Directly into their Qualified/Certified EHR System as Discrete Searchable Data.	Documents the extent to which a provider uses certified/qualified electronic health record (EHR) system that incorporates an electronic data interchange with one or more laboratories allowing for direct electronic transmission of laboratory data into the EHR as discrete searchable data elements.	Structure	OQR: Finalized,	
0491 Endorsed	OP–17: Tracking Clinical Results between Visits.	Documentation of the extent to which a provider uses a certified/qualified electronic health record (EHR) system to track pending laboratory tests, diagnostic studies (including common preventive screenings) or patient referrals. The Electronic Health Record includes provider reminders when clinical results are not received within a predefined timeframe.	Structure	OQR: Finalized,	
0496 Endorsed	OP–18/ED-3: Median Time from ED Arrival to ED Departure for Discharged ED Patients.	Median time from emergency department arrival to time of departure from the emergency room for patients discharged from the emergency department	Outcome	OQR: Finalized, Meaningful Use: Under consideration- priority 3,	Support

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0498 Endorsed	OP–20: Door to Diagnostic Evaluation by a Qualified Medical Professional.	Time of first contact in the ED to the time when the patient sees qualified medical personnel for patient evaluation and management.	Process	OQR: Finalized,	Support Direction
0499 Endorsed	OP–22: ED–Patient Left Without Being Seen	Percent of patients leaving without being seen by a qualified medical personnel.	Patient Engagement/Experience	OQR: Finalized,	Support Direction
0513 Endorsed	OP–11: thorax CT—Use of Contrast Material.	thorax CT – Use of combined studies (with and without contrast) Estimate the ratio of combined (with and without) studies to total studies performed. A high value would indicate a high use of combination studies (71270). Results to be segmented based upon data availability by rendering provider, rendering provider group and facility. This measure calculates the percentage of thorax studies that are performed with and without contrast out of all thorax studies performed (those with contrast, those without contrast, and those with both). Current literature clearly defines indications for the use of combined studies, that is, examinations performed without contrast followed by contrast enhancement. The intent of this measure is to assess questionable utilization of contrast agents that carry an element of risk and significantly increase examination cost. While there may be a direct financial benefit to the service provider for the use of contrast agents due to increased reimbursements for "combined" studies, this proposed measure is directed at the identification of those providers who typically employ interdepartmental/facility protocols that call for its use in nearly all cases. The mistaken concept is that more information is always better than not enough. The focus of this measure is one of the specific body parts where the indications for contrast material are more specifically defined.	Cost	OQR: Finalized,	

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0514 Endorsed	OP–8: MRI Lumbar Spine for Low Back Pain.	This measure estimates the percentage of people who had an MRI of the Lumbar Spine with a diagnosis of low back pain without claims based on evidence of antecedent conservative therapy. Studies are limited to the outpatient place of service. This measure looks at the proportion of Lumbar MRI's for low back pain performed in the outpatient setting where conservative therapy was utilized prior to the MRI. Lumbar MRI is a common study to evaluate patients with suspected disease of the lumbar spine. The most common, appropriate, indications for this study are low back pain accompanied by a measurable neurological deficit in the lower extremity(s) unresponsive to conservative management. The use of Lumbar MRI for low back pain (excluding operative, acute injury or tumor patients) is not typically indicated unless the patient has received a period of conservative therapy and serious symptoms persist. A Lumbar MRI claim for low back pain without the presence of prior Evaluation and Management codes (E&M codes) or claims suggesting conservative therapy (which would include the administration of injectable analgesic care, physical therapy, or chiropractic evaluation and manipulative treatment within specified time periods), suggests that the MRI was likely obtained on the first visit without a trial of conservative therapy.	Cost	OQR: Finalized,	
0643 Endorsed	OP–24: Cardiac Rehabilitation Patient Referral From an Outpatient Setting.	Percentage of patients evaluated in an outpatient setting who in the previous 12 months have experienced an acute myocardial infarction or chronic stable angina or who have undergone coronary artery bypass (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery (CVS), or cardiac transplantation, who have not already participated in an early outpatient cardiac rehabilitation/secondary prevention program for the qualifying event, and who are referred to an outpatient cardiac rehabilitation/secondary prevention program.	Process	OQR: Finalized,	
0649 Endorsed	OP–19: Transition Record with Specified Elements Received by Discharged Patients.	Percentage of patients, regardless of age, discharged from an emergency department (ED) to ambulatory care or home health care, or their caregiver(s), who received a transition record at the time of ED discharge including, at a minimum, all of the specified elements	Process	OQR: Finalized,	
0660 Endorsed	OP–16: Troponin Results for Emergency Department acute myocardial infarction (AMI) patients or chest pain patients (with Probable Cardiac Chest Pain) Received Within 60 minutes of Arrival.	Emergency Department acute myocardial infarction (AMI) patients or chest pain patients (with Probable Cardiac Chest Pain) with an order for troponin during the stay and having a time from ED arrival to completion of Troponin results within 60 minutes of arrival	Process	OQR: Finalized,	

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0661 Endorsed	OP–23: ED–Head CT Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke who Received Head CT Scan Interpretation Within 45 minutes of Arrival.	Emergency Department Acute Ischemic Stroke or Hemorrhagic Stroke patients who arrive at the ED within 2 hours of the onset of symptoms who have a head CT or MRI scan performed during the stay and having a time from ED arrival to interpretation of the Head CT or MRI scan within 45 minutes of arrival.	Process	OQR: Finalized,	
0662 Endorsed	OP–21: ED–Median Time to Pain Management for Long Bone Fracture.	Median time from emergency department arrival to time of initial oral or parenteral pain medication administration for emergency department patients with a principal diagnosis of long bone fracture (LBF).	Process	OQR: Finalized,	
0669 Endorsed	OP–13: Cardiac Imaging for Preoperative Risk Assessment for Non Cardiac Low Risk Surgery.	This measure calculates the percentage of low-risk, non-cardiac surgeries performed at a hospital outpatient facility with a Stress Echocardiography, SPECT MPI or Stress MRI study performed in the 30 days prior to the surgery at a hospital outpatient facility(e.g., endoscopic, superficial, cataract surgery, and breast biopsy procedures). Results are to be segmented and reported by hospital outpatient facility where the imaging procedure was performed.	Cost	OQR: Finalized,	
Not NQF Endorsed	OP-10: Abdomen CT-Use of contrast material: - for diagnosis of calculi in the kidneys, ureter, and/or urinary tract - excluding calculi of the kidneys, ureter, and/or urinary tract	This measure calculates the ratio of abdomen studies that are performed with and without contrast out of all abdomen studies performed (those with contrast, those without contrast, and those with both). The measure is calculated based on a one-year window of claims data.	Cost	OQR: Finalized,	Support Direction
Not NQF Endorsed	OP-14: Simultaneous Use of Brain Computed Tomography (CT) and Sinus Computed Tomography (CT)	This measure calculates the percentage of Brain CT studies with a simultaneous Sinus CT (i.e., Brain and Sinus CT studies performed on the same day at the same facility). Results of this measure are to be segmented and reported at the facility level.	Cost	OQR: Finalized,	Support Direction
Not NQF Endorsed	OP-15: Use of Brain Computed Tomography (CT) in the Emergency Department for Atraumatic Headache	This measure calculates the percentage of Emergency Department (ED) visits for headache with a coincident brain computed tomography (CT) study for Medicare beneficiaries. The results are segmented and reported at the facility level.	Cost	OQR: Finalized,	Support Direction

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
Not NQF Endorsed	OP-25: Safe Surgery Checklist	This measure assesses the adoption of a Safe Surgery Checklist that assesses whether effective communication and safe practices are performed during three distinct perioperative periods: 1) the period prior to the administration of anesthesia; 2) the period prior to skin incision; 3) the period of the closure of incision and prior to the patient leaving the operating room.	Process	OQR: Finalized,	Support Direction
Not NQF Endorsed	OP-9: Mammography Follow-Up Rates	This measure calculates the percentage of patients with mammography screening studies that are followed by a diagnostic mammography or ultrasound of the breast in an outpatient or office setting within 45 days.	Process	OQR: Finalized,	Support Direction

Ambulatory Surgical Center (ASC) Quality Reporting Program Measure Set

Program Summary: Ambulatory Surgical Center Quality Reporting

Program Description

This proposed rule (Section 1833(2)(D) of the Affordable Care Act (ACA) would update the revised Medicare ambulatory surgical center (ASC) payment system applicable to services furnished on or after January 1, 2012. Any ASC that does not submit quality measures will incur a 2.0 percentage point reduction to any annual increase provided under the revised ASC payment system for such year. However, due to public comments received, payments adjusted will only begin after October 1, 2012 based on these new reporting requirements. [1]

Statutory Requirements for Measures:

The Act requires the Secretary to develop measures for ASC services in a similar manner in which they apply to hospitals for the Hospital OQR Program, except as the Secretary may otherwise provide. They must be appropriate for the measurement of quality of care (including medication errors) furnished by hospitals in outpatient settings, reflect consensus among affected parties, and to the extent feasible, stem from one or more national consensus building entities. The measures can also be the same as (or a subset of) data submitted under the Hospital IQR program. The Secretary also has the right to replace measures that have been shown to not represent the best clinical practice, or where hospitals are nearly all effectively in compliance. The measures should reflect a good balance of process, outcome, and patient experience measures but ultimately move toward risk-adjusted outcome and patient experience measures that alight with public and private reporting entities, align with the adoption of HIT and Meaningful Use technology, and are endorsed by a national, multi-stakeholder organization. [2] NQF-endorsed measures should be used to the extent feasible and practicable. Additionally, the measure development, selection, modification process established under section 1890 of the Social Security Act (42 U.S.C. 1395aaa) and section 1890A, as added by section 3014 (MAP process), to be used to the extent feasible and practicable.

Program Measure Set Analysis

	Finalized	**Under Consideration**	**Total**
Total Measures	5	0	5
NQF endorsed	5	0	5
NQF Priority			
Safer care	5	0	5
Effective care coordination	0	0	0
Prevention and treatment of leading causes of mortality and morbidity	0	0	0

[1] **Federal Register** / Vol. 76, No. 230 / Wednesday, November 30, 2011 / Rules and Regulations (pgs. 74492-74494)
[2] **Federal Register** / Vol. 76, No. 230 / Wednesday, November 30, 2011 / Rules and Regulations (pgs. 74492-74494)

Person and family centered care	0	0	0
Supporting better health in communities	0	0	0
Making care more affordable	0	0	0
Addresses High impact conditions	0	0	0
Measure Type			
Process Measures	1	0	1
Outcome Measures	4	0	4
Cost Measures	0	0	0
Structural Measures	0	0	0
Patient Experience	0	0	0

Identified Measure Gaps:

- Risk-adjusted outcomes
- Cost or resource use
- Structural measures
- Care transitions and follow up
- SCIP measures
- Patient experience of care measures
- Alignment with measures included in programs evaluating acute care hospitals doing outpatient surgical procedures

Ambulatory Surgical Center Quality Reporting Program

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0263 Endorsed	ASC-1: Patient Burn -Percentage of ASC admissions experiencing a burn prior to discharge	Percentage of ASC admissions experiencing a burn prior to discharge	Outcome	ASC: Finalized,	
0264 Endorsed	ASC-5: Prophylactic Intravenous (IV) Antibiotic Timing	Rate of ASC patients who received IV antibiotics ordered for surgical site infection prophylaxis on time	Process	ASC: Finalized,	
0265 Endorsed	ASC-4: Hospital Transfer/ Admission	Rate of ASC admissions requiring a hospital transfer or hospital admission upon discharge from the ASC	Outcome	ASC: Finalized,	
0266 Endorsed	ASC-2: Patient Fall	Percentage of ASC admissions experiencing a fall in the ASC.	Outcome	ASC: Finalized,	
0267 Endorsed	ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	Percentage of ASC admissions experiencing a wrong site, wrong side, wrong patient, wrong procedure, or wrong implant event.	Outcome	ASC: Finalized,	

PPS-Exempt Cancer Hospital Quality Reporting Program Measure Set

Program Summary: PPS-Exempt Cancer Hospital Quality Reporting

Program Description

Section 3005 of the Affordable Care Act (ACA) establishes a quality reporting program for the 11 PPS-exempt cancer hospitals. Beginning in FY 2014, these cancer hospitals will be required to submit data to the Secretary of Health and Human Services. At this time PPS-exempt cancer hospitals must report quality data according to CMS' requirements with no Medicare payment penalty or incentive.[1] This information will be reported on the CMS website.[2]

Statutory Requirements for Measures:

Any measure specified by the Secretary must have been endorsed by NQF, the entity with a contract under section 1890(a). In the case of a specified area or medical topic determined appropriate by the Secretary for which a feasible and practical measure has not been endorsed by NQF, the Secretary may specify a measure that is not endorsed as long as due consideration is given to measure that have been endorsed or adopted by a consensus organization identified by the Secretary.

The Secretary shall report quality measures of process, structure, outcome, patients' perspective on care, efficiency, and costs of care on the CMS website.

Program Measure Set Analysis

	Finalized	Under Consideration	Total
Total Measures	0	5	5
NQF-Endorsed®	0	3	3
NQS Priority			
Safer Care	0	2	2
Effective Care Coordination	0	0	0
Prevention and Treatment of Leading Causes of Mortality and Morbidity	0	3	0
Person and Family Centered Care	0	0	0
Supporting Better Health in Communities	0	0	0
Making Care More Affordable	0	0	0
Addresses High Impact Conditions	0	3	3
Measure Type			
Process Measures	0	3	3
Outcome Measures	0	2	2
Cost Measures	0	0	0
Structural Measures	0	0	0
Patient Experience	0	0	0

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[1] https://www.cms.gov/HospitalQualityInits/05_HospitalHighlights.asp
[2] Spinks, Walters, et al.

Measure Gaps (previously Identified by the Hospital Workgroup):

- Health and well-being:
    - Anti-emetics
    - Dyspnea
    - Emotional well-being
    - Nutritional status/management
- Safety
    - Medication management and documentation
- Person and family centered care
    - Shared-decision making
    - Communication measures
    - Outreach to patients who are not compliant
    - Palliative care
    - Family history and subsequent genetic testing
- Care Coordination
    - Documented consent
    - Documented plan for chemotherapy
- Treatment and prevention
    - Marker/drug combination measures for marker-specific therapies
    - Performance status of patients undergoing oncologic therapy – pre-therapy assessment
    - Measures for specific cancers
        - Gynecological cancers
        - Pediatric cancers and subset of leukemia
        - Staging measures – lung, prostate and gynecological cancers
    - Outcome measures
        - Survival Rates – cancer- and stage- specific
        - Transplants – bone marrow, peripheral stem cells
- Cost and Efficiency
    - Overuse
    - Underuse
- Disparities
- Alignment with measures for other settings where cancer patients receive care (Hospital IQR and OQR programs as well as clinician programs)

PPS-Exempt Cancer Hospital Quality Reporting Program

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
0220 Endorsed	Adjuvant hormonal therapy	Percentage of female patients, age >18 at diagnosis, who have their first diagnosis of breast cancer (epithelial malignancy), at AJCC stage I, II, or III, who's primary tumor is progesterone or estrogen receptor positive recommended for tamoxifen or third generation aromatase inhibitor (considered or administered) within 1 year (365 days) of diagnosis	Process	PPS Exempt Cancer Hospital Quality Reporting: Add-1,	Support
0223 Endorsed	Adjuvant chemotherapy is considered or administered within 4 months (120 days) of surgery to patients under the age of 80 with AJCC III (lymph node positive) colon cancer	Percentage of patients under the age of 80 with AJCC III (lymph node positive) colon cancer for whom adjuvant chemotherapy is considered or administered within 4 months (120 days) of surgery	Process	PPS Exempt Cancer Hospital Quality Reporting: Add-1,	Support
0559 Endorsed	Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1c, or Stage II or III hormone receptor negative breast cancer.	Percentage of female patients, age >18 at diagnosis, who have their first diagnosis of breast cancer (epithelial malignancy), at AJCC stage I, II, or III, who's primary tumor is progesterone and estrogen receptor negative recommended for multiagent chemotherapy (considered or administered) within 4 months (120 days) of diagnosis.	Process	PPS Exempt Cancer Hospital Quality Reporting: Add-1,	Support

NQF Measure # and Status	Measure Title	Description	Measure Type	Program Alignment	Workgroup Conclusion
Not NQF Endorsed	PSM-001-10 - National Healthcare Safety Network (NHSN) Central line-associated Bloodstream Infection (CLABSI) Outcome Measure	Standardized Infection Ratio (SIR) of health care-associated, central line-associated bloodstream infections (CLABSI) will be calculated among patients in the following patient care locations: • Intensive Care Units (ICUs) • Specialty Care Areas (SCAs) - adult and pediatric: long term acute care, bone marrow transplant, acute dialysis, hematology/oncology, and solid organ transplant locations • Other inpatient locations. (Data from these locations are reported from acute care general hospitals (including specialty hospitals), freestanding long term acute care hospitals, rehabilitation hospitals, and behavioral health hospitals. Only locations where patients reside overnight are included, i.e., inpatient locations.	Outcome	PPS Exempt Cancer Hospital Quality Reporting: Add-1,	Supported
Not NQF Endorsed	PSM-003-10 - National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure	Standardized infection ratio (SIR) of health care-associated, catheter-associated urinary tract infections (CAUTI) will be calculated among patients in the following patient-care locations: - Specialty care areas (SCAs), - Adult and pediatric: long term acute care, bone marrow transplant, acute dialysis, hematology/oncology, and solid organ transplant locations - Intensive care units (ICUs) (excluding patients in neonatal ICUs [NICUs: Level II/III and Level III nurseries]) - Other inpatient locations (excluding Level I and Level II nurseries) Data from these locations are reported from acute care general hospitals (including specialty hospitals), freestanding long term acute care hospitals, rehabilitation hospitals, and behavioral health hospitals. Only locations where patients reside overnight are included, i.e., inpatient locations.	Outcome	PPS Exempt Cancer Hospital Quality Reporting: Add-1,	Supported

Reference Materials

Tab 7

MAP "WORKING" MEASURE SELECTION CRITERIA

NATIONAL QUALITY FORUM

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 care [1]

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 disparities[2]

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 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 (≥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

NATIONAL QUALITY FORUM

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

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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 entitles, 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 entitles.

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.

MAP All Member December 8 Web Meeting Summary

Tab 8

MEASURE APPLICATIONS PARTNERSHIP
Convened by the National Quality Forum

Summary of All MAP Member Web Meeting #2

A web meeting of All Measure Applications Partnership (MAP) members was convened on Friday, December 8, 2011. For those interested in viewing an online archive of the web meeting, please use the link below:

http://www.myeventpartner.com/nqfmeetings/E954D881864E

Coordinating Committee and Workgroup Members in Attendance at the December 8, 2011 Web Meeting:
Please see attachment for a listing of members in attendance.

The primary objectives of the web meeting were to:

- Review HHS list of measures under consideration for 2012 rulemaking,
- Preview approach to MAP workgroups' pre-rulemaking task,
- Consider MAP Dual Eligible Beneficiaries Workgroup cross-cutting input.

Welcome and Review of Meeting Objectives
Coordinating Committee Co-Chair, George Isham, began the meeting with a welcome and review of the meeting objectives.

MAP Pre-Rulemaking Approach
Tom Valuck, Senior Vice President, Strategic Partnerships, NQF, provided an overview of the MAP pre-rulemaking approach. Dr. Valuck began by describing the charge of the Coordinating Committee, which specifies—pursuant to section 3014 of the Affordable Care Act—that the MAP provide annual input to HHS on the selection of performance measures for use in public reporting, performance-based payment, and other programs. Additionally, he spoke of the MAP vision, the current landscape of "siloed" federal programs, and the use of core measure sets as a bridge across federal programs and between the vision and federal programs. Finally, Dr. Valuck described plans for a strategic planning process for the MAP in 2012.

HHS List of Measures under Consideration
Patrick Conway, CMS Chief Medical Officer and Director of Office of Clinical Standards and Quality, presented the HHS list of measures under consideration for MAP pre-rulemaking input. Dr. Conway covered the statutory requirement and goals and objectives of the pre-rulemaking process, noting the difference between the federal rulemaking process and the pre-rulemaking process and providing a broad overview of CMS' measure implementation cycle. He presented the programs MAP will provide input on and noted that additional programs are listed for contextual purposes and harmonization.

Following Dr. Conway's presentation, Committee and workgroup members asked questions regarding the composition of the list, the timing for public comment, and alignment with the National Quality Strategy.

MAP Workgroup Pre-Rulemaking Task

Connie Hwang, Vice President, Measure Applications Partnership, NQF, presented the MAP Measure Selection Criteria, stating that the Coordinating Committee finalized the criteria at their November 1-2 In-person meeting. Dr. Hwang also described the proposed stepwise approach and supporting materials the workgroups will use in their pre-rulemaking meetings. The workgroups will provide recommendations based on their assessment of the HHS list of measures under consideration for pre-rulemaking to the Coordinating Committee for review at their meeting on January 5-6, 2012.

Following Dr. Hwang's presentation, Committee and workgroup members discussed how the MAP Measure Selection Criteria reflect the cascading measures concept and parsimony for the setting-specific core measures.

MAP Dual Eligible Beneficiaries Workgroup Cross-Cutting Input

Alice Lind, Chair of the MAP Dual Eligible Beneficiaries Workgroup, provided an overview of the dual eligible population and described workgroup-specific considerations for this population. Ms. Lind presented the high-leverage areas for quality improvement and the proposed core measures defined by the Dual Eligible Beneficiaries Workgroup. She advised that the MAP workgroups can use this information to inform deliberations at their upcoming meetings. At their December 16 web meeting, the Dual Eligible Beneficiaries Workgroup will review the other three workgroups' recommendations in the context of the needs of the dual eligible population.

Following Ms. Lind's presentation, a MAP member suggested further consideration be given to the fragmentation of benefits between the Medicare and Medicaid programs and how the lack of coordination may impact delivery of care. Additionally, a member of the public audience suggested that the workgroup's efforts be coordinated with other initiatives that currently address quality issues for the dual eligible beneficiaries population.

Next Steps

The next meeting of the MAP Coordinating Committee is January 5-6, 2012, in Washington D.C.

MAP Coordinating Committee and Workgroup Members in Attendance

Coordinating Committee:

(attendance was optional)

George Isham, Co-Chair
Aparna Higgins, AHIP
Bobbie Berkowitz, Population Health
Carl Sirio, AMA
Cheryl Phillips, LeadingAge
Chesley Richards, CDC
Chip Kahn, FAH
Christine Bechtel, NPWF
David Baker, ACP
Doris Peter, Consumers Union
Elizabeth Mitchell, Maine Health Management Coalition
Foster Gesten, NAMD
Gerald Shea, AFL-CIO
Harold Pincus, Mental Health
Ira Moscovice, Rural Health
Joyce Dubow, AARP
Marissa Schlaifer, AMCP
Maureen Dailey, substitute, ANA
Patrick Conway, CMS
Rhonda Anderson, AHA
Sam Lin, AMGA
Suzanne Delbanco, Catalyst for Payment Reform
William Kramer, PBGH

Dual Eligible Beneficiaries Workgroup:

Alice Lind, Chair
Adam Burrows, National PACE Association
Cheryl Powell, CMS Federal Coordinated Health Care Office
Daniel Kivlahan, VHA
Gail Stuart, Nursing
Henry Claypool, HHS Office on Disability
Juliana Preston, Measure Methodologist
Laura Linebach, LA Care Health Plan
Lawrence Gottlieb, Disability
Leonardo Cuello, National Health Law Program
Mady Chalk, Substance Abuse
Margaret Nygren, AAIDD
Patricia Nemore, Center for Medicare Advocacy
Patrick Murray, Better Health Greater Cleveland
Rita Vandivort, SAMHSA
Sally Tyler, AFSCME
Samatha Wallack, HRSA
Steve Counsell, NAPH
Tom James, Humana

PAC/LTC Workgroup:

Carol Spence, NHPCO
Charissa Raynor, SEIU
Debra Saliba, Measure Methodologist
Emilie Deady, VNAA
Gerri Lamb, Care Coordination
James Lett, NTOCC
Judith Sangl, AHRQ
Lisa Tripp, National Consumer Voice for Quality Long-Term Care
Maryanne Lindeblad, State Medicaid
Randall Krakauer, Aetna
Robert Hellrigel, Providence Health and Services
Roger Herr, APTA
Scott Shreve, VHA
Sean Muldoon, Kindred Healthcare
Shari Ling, CMS
Suzanne Snyder, AMRPA
Tom von Sternberg, HIT

Clinician Workgroup:

Amy Compton-Phillips, Kaiser Permanente
Beth Averbeck, Minnestoa Community Measurement
Bruce Bagley, AAFP
Cheryl DeMars, The Alliance
David Seidenwurm, ACR
Dolores Yanagihara, Measure Methodologist
Joanne Conroy, AAMC
Joseph Francis, VHA
Karen Sepucha, Shared Decision Making
Mark Metersky, PCPI
Marshall Chin, Disparities
Mary Goolsby, AANP
Peter Briss, CDC
Rachel Grob, Center for Patient

Douglas Burton, AAOS
Elizabeth Gilbertson, Unite Here Health
Eugene Nelson, Population Health
Frederick Masoudi, ACC
Ian Corbridge, HRSA
Janet Brown, ASHA
Partnerships
Robert Krughoff, Consumer CHECKBOOK
Ronald Stock, Team-Based Care

Hospital Workgroup:

Frank Opelka, Chair
Ann Sullivan, Mental Health
Barbara Caress, Building Services 32BJ Health Fund
Brock Slabach, NRHA
Bruce Siegel, Safety Net
Dale Shaller, Patient Experience
Delores Mitchell, State Policy
Jane Franke, BCBS of Massachusetts
Kasey Thompson, ASHP
Lance Roberts, IHC
Michael Kelley, VHA
Mitchell Levy, Patient Safety
Pamela Cipriano, ONC
Patricia Conway-Morana, AONE
Richard Bankowitz, Premier
Ronald Walters, ADCC
Sean Morrison, Palliative Care