

Prevention

Subtopic	Row	Measure Name	NQF Number and Status	Measure Type	Description	Target Population	Level of Analysis	MAP Input during Pre-rulemaking Analysis
Lipid Screening	1	Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL) Test Performed AND Risk-Stratified Fasting LDL			Percentage of patients aged 20 through 79 years whose risk factors* have been assessed and a fasting LDL test has been performed AND who had a fasting LDL test performed and whose risk-stratified* fasting LDL is at or below the recommended LDL goal	>18 years old		VM and PQRS: MAP recommended measure to be submit for NQF-Endorsement.
	Blood Pressure Screening	2	Blood Pressure Screening by age 18 <i>NCQA</i>	1553 Endorsed	Process	The percentage of adolescents who turn 18 years of age in the measurement year who had a blood pressure screening with results.	Children's Health	Clinician (Individual, Group/Practice), Population (National, Regional)
3		Blood Pressure Screening by age 13 <i>NCQA</i>	1552 Endorsed	Process	The percentage of adolescents who turn 13 years of age in the measurement year who had a blood pressure screening with results.	Children's Health	Clinician (Individual, Group/Practice), Population (National, Regional)	
4		Preventive Care and Screening: Screening for High Blood Pressure <i>CMS</i>			Percentage of patients aged 18 years and older who are screened for high blood pressure according to defined recommended screening intervals.	>18 years old		
5		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: MAP did not support for MU; not proposed in MU stage 2 proposed rule.
6		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.			VM: MAP recommended submission for NQF-Endorsement.
7		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: MAP did not support for MU; not proposed in MU stage 2 proposed rule.
8		Measure pair: a. Tobacco Use Assessment, b. Tobacco Cessation Intervention <i>AMA-PCPI</i>	0028 Endorsed	Process	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	> 18 years of age	Clinician (Individual, Group/Practice, Team)	Proposed in MU Stage 2 proposed rule.
9	Smoking Cessation, Medical assistance: a. Advising Smokers to Quit, b. Discussing Smoking Cessation Medications, c. Discussing Smoking Cessation Strategies <i>NCQA</i>	0027 Endorsed	Process	Percentage of patients who received advice to quit smoking. Percentage of patients whose practitioner recommended or discussed smoking cessation medications		Health Plan	Proposed for Stage 1 MU- EP, not proposed for Stage 2 with rationale that the measure is very similar to NQF #0028 a and b; therefore, to avoid duplication of measures, we propose to only retain NQF #0028 a and b.	
10	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: MAP did not support, specifications not provided	
11	Risky Behavior Assessment or Counseling by Age 13 Years <i>NCQA</i>	1406 Endorsed	Process	Percentage of children with documentation of a risk assessment or counseling for risky behaviors by the age of 13 Years. Four rates are reported: Risk Assessment or Counseling for Alcohol Use, Risk Assessment or Counseling for Tobacco Use, Risk Assessment or Counseling for Other Substance Use, Risk Assessment or Counseling for Sexual Activity	Children's Health	Clinician (Individual, Group/Practice, Team), Population (National, Regional)		
12	Risky Behavior Assessment or Counseling by Age 18 Years <i>NCQA</i>	1507 Endorsed	Process	Percentage of adolescents with documentation of assessment or counseling for risky behavior. Four rates are reported: Risk Assessment or Counseling for Alcohol Use, Risk Assessment or Counseling for Tobacco Use, Risk Assessment or Counseling for Other Substance Use, and Risk Assessment or Counseling for Sexual Activity	Children's Health	Clinician (Individual, Group/Practice, Team), Population (National, Regional)		

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Smoking Cessation/Tobacco Use	13	TAM-1 Tobacco Use Screening <i>The Joint Commission</i>	1651 Recommended	Process	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.)	>18 years old	Facility, Population (National)	MAP supported the direction for IQR, with caveat that measure should complete NQF endorsement process prior to inclusion. Measure not proposed by HHS. Per IPSS proposed rule, measure will be proposed in the future once e-specifications and EHR-based collection is available.
	14	TAM-2 Tobacco Use Treatment Provided or Offered <i>The Joint Commission</i>	1654 Deferred	Process	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.)	>18 years old	Facility, Population (National)	MAP supported the direction for IQR, with caveat that measure should complete NQF endorsement process prior to inclusion. Measure not proposed by HHS. Per IPSS proposed rule, measure will be proposed in the future once e-specifications and EHR-based collection is available.
	15	TAM-3 Tobacco Use Treatment Management at Discharge <i>The Joint Commission</i>	1656 Deferred	Process	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, 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).	>18 years old	Facility, Population (National)	MAP supported the direction for IQR, with caveat that measure should complete NQF endorsement process prior to inclusion. Measure not proposed by HHS. Per IPSS proposed rule, measure will be proposed in the future once e-specifications and EHR-based collection is available.
	16	TAM-4 Tobacco Use: Assessing Status after Discharge <i>The Joint Commission</i>	1657 Deferred	Process	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.	>18 years old	Facility, Population (National)	MAP supported the direction for IQR, with caveat that measure should complete NQF endorsement process prior to inclusion. Measure not proposed by HHS. Per IPSS proposed rule, measure will be proposed in the future once e-specifications and EHR-based collection is available.
		17	Adult Weight Screening and Follow-Up	0421 Endorsed	Process	Percentage of patients aged 18 years and older with a calculated BMI documented in the medical record AND if the most recent BMI is outside the parameters, a follow up plan is documented. Parameters: age 65 and older BMI > or = 30 or < 22; age 18-64 BMI > or = 25 or < 18.5	> 18 years of age	Clinician (Individual, Group/Practice), Population (County or City, National, Regional, State)

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Subtopic	Row	Measure Name	NQF Number and Status	Measure Type	Description	Target Population	Level of Analysis	MAP Input during Pre-rulemaking Analysis
Lifestyle management: (Diet/nutrition, Activity/exercise, Weight/Obesity)	18	Counseling on physical activity in older adults - a. Discussing Physical Activity, b. Advising Physical Activity <i>NCQA</i>	0029 Endorsed	Process	Percentage patients 65 years of age and older who reported: discussing their level of exercise or physical activity with a doctor or other health provider in the last 12 months. Percentage patients 65 years of age and older who reported receiving advice to start, increase, or maintain their level of exercise or physical activity from a doctor or other health provider in the last 12 months	>65 year of age	Health Plan, Population (National)	
	19	Healthy Physical Development by 6 years of age <i>NCQA</i>	1396 Endorsed	Process	Percentage of children 6 years of age who had healthy physical development services. The measure has four rates: BMI Assessment, Physical Activity Counseling, Nutrition Counseling and Screen Time Counseling	Children's Health	Clinician (Individual, Group/Practice, Team), Population (National, Regional)	
	20	Healthy Physical Development by 13 years of age <i>NCQA</i>	1512 Endorsed	Process	Percentage of children 13 years of age who had healthy physical development services. The measure has four rates: BMI Assessment, Physical Activity Counseling, Nutrition Counseling and Screen Time Counseling	Children's Health	Clinician (Individual, Group/Practice, Team), Population (National, Regional)	
	21	Healthy Physical Development by 18 years of age <i>NCQA</i>	1514 Endorsed	Process	Percentage of children 18 years of age who had healthy physical development services. The measure has four rates: BMI Assessment, Physical Activity Counseling, Nutrition Counseling and Screen Time Counseling	Children's Health	Clinician (Individual, Group/Practice, Team), Population (National, Regional)	
	22	Body Mass Index (BMI) 2 through 18 years of age <i>NCQA</i>	0024 Endorsed	Process	Percentage children, 2 through 18 years of age, whose weight is classified based on BMI percentile for age and gender	Children's Health	Clinician (Individual), Health Plan, Population (National)	Measure proposed in MU Stage 2 proposed rule.
	23	Young Adult Health Care Survey (YAHCS) <i>Oregon Health & Science University</i>	0010 Endorsed	Patient Engagement/Experience	The Young Adult Health Care Survey (YAHCS) is a survey of adolescents 14-18 years of age that assesses how well the health care system provides adolescents with recommended preventive care. The YAHCS assesses the provision of private and confidential care, experience of care, helpfulness of care provided, and the following aspects of preventive care: <ul style="list-style-type: none"> Preventive screening and counseling on risky behaviors. Preventive screening and counseling on sexual activity and sexually transmitted diseases (STDs). Preventive screening and counseling on weight, healthy diet, and exercise. Preventive screening and counseling on emotional health and relationship issues. Private and confidential care. Helpfulness of counseling. Communication and experience of care. Health information. 	Children's Health	Health Plan, Population (County or City, National, Regional, State)	
	24	Children Age 6-17 Years who Engage in Weekly Physical Activity <i>Maternal and Child Health Bureau, Health Resources & Services Administration</i>	1348 Endorsed	Outcome	Measures how many times per week child 6-17 years exercises vigorously (based on AAP and CDC recommendations)	Children's Health	Population (National, Regional, State)	
Diabetes Screening	25	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: MAP did not support. Specifications not provided

Diabetes

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Glycemic control/ HbA1c	1	Diabetes: Hemoglobin A1c testing <i>NCQA</i>	0057 Endorsed	Process	Percentage of adult patients with diabetes aged 18-75 years receiving one or more A1c test(s) per year	18-75	Clinician (Individual, Group/Practice), Health Plan, Integrated Delivery System, Population (National, Regional, State)	
	2	Annual Pediatric hemoglobin A1C testing <i>NCQA</i>	0060 Endorsed	Process	Percentage of pediatric patients with diabetes with a hemoglobin A1c test in a 12-month measurement period.	Children's Health	Clinician (Individual)	MU: MAP supported; E-specification available. Proposed in MU Stage 2 proposed rule.
	3	Diabetes: Hemaglobin A1c Poor Control (>9.0%) <i>NCQA</i>	0059 Endorsed	Outcome	Percentage of adult patients with diabetes aged 18-75 years with most recent A1c level greater than 9.0% (poor control)	18-75	Clinician (Individual, Group/Practice), Health Plan, Integrated Delivery System, Population (National, Regional, State)	
	4	Manifestations of Poor Glycemic Control			None listed. See numerator and denominator descriptionNum: Number of occurrences of the following diagnosis codes as a secondary diagnosis (diagnoses 2-9 on a claim) with a POA code of 'N' or 'U': <ul style="list-style-type: none"> • 249.10–249.11 den: Number of acute inpatient FFS discharges during time period. • 249.20–249.21 • 250.10–250.13 • 250.20–250.23 • 251.0 			VBP/IQR: MAP did not support for VBP/IQR. Recommended to be replaced with NQF endorsed measure. Not proposed for VBP/IQR in the IPPS proposed rule.
	5	Diabetes Composite (All or Nothing Scoring): Hemoglobin A1c Control (<8%)	0729 Endorsed (subset)	Outcome	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.	18-75	Clinician (Group/Practice), Integrated Delivery System	
	6	Comprehensive Diabetes Care: HbA1c control (<8.0%) <i>NCQA</i>	0575 Endorsed	Outcome	The percentage of members 18 - 75 years of age with diabetes (type 1 and type 2) who had HbA1c control (<8.0%).	18-75	Clinician (Individual, Group/Practice), Health Plan, Integrated Delivery System, Population (National, Regional, State)	
	7	HbA1c Control for a selected population <i>NCQA</i>	1780 Endorsed	Composite	Comprehensive diabetes care: The percentage of patients 18-65 years of age with either type I or type II diabetes who had a HbA1c level of less than or equal to 7.0%.	18-75	Clinician (Individual, Group/Practice), Health Plan, Integrated Delivery System, Population (National, Regional)	
	8	Adherence to Chronic Medications for Individuals with Diabetes Mellitus <i>CMS</i>	0545 Endorsed	Process	Medication Possession Ratio (MPR) for Chronic Medications in diabetic individuals over 18 years of age - Oral Hypoglycemics - Statins - ACE-I/ARBs	>18 years old	Clinician (Individual, Group/Practice)	
	9	Proportion of Days Covered (PDC): 5 Rates by Therapeutic Category (note: Rate 3 is for Oral Diabetes Medications) <i>Pharmacy Quality Alliance, Inc.</i>	0541 Endorsed	Process	The percentage of patients 18 years and older who met the proportion of days covered (PDC) threshold of 80% during the measurement year. A performance rate is calculated separately for the following medication categories: Beta-Blockers (BB), Angiotensin-Converting Enzyme Inhibitor/Angiotensin-Receptor Blocker (ACEI/ARB), Calcium-Channel Blockers (CCB), Diabetes Medication, Statins.	>18 years old	Can be measured at all levels	

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	10	Diabetes and Elevated HbA1C – Use of Diabetes Medications <i>ActiveHealth Management</i>	0630 Endorsed	Process	The percentage of adult patients 18- 75 years of age with diabetes and an elevated HbA1c who are receiving diabetic medications	18-75	Clinician (Individual, Group/Practice, Team), Facility, Health Plan, Integrated Delivery System, Population (Community, County or City, National, Regional, State)	
	11	Adult(s) taking insulin with evidence of self-monitoring blood glucose testing <i>Ingenix</i>	0603 Endorsed	Process	This measure identifies patients with diabetes mellitus taking insulin that had evidence of self-monitoring blood glucose testing in last 12 reported months.		Clinician (Individual, Group/Practice, Team), Facility, Health Plan, Integrated Delivery System, Population (Community, County or City, National, Regional, State)	
Lifestyle Management	12	Diabetes Composite (All or Nothing Scoring):Tobacco Non Use	0729 Endorsed (subset)	Outcome	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.	18-75	Clinician (Group/Practice), Integrated Delivery System	
Blood Pressure Control	13	Diabetes: Blood Pressure Management <i>NCQA</i>	0061 Endorsed	Process	Percentage of patients aged > 18 years with diagnosed hypertension who had visits where blood pressure measurement was recorded. Numerator : Blood Pressure is <140/90 mmHg during the measurement year.	18-75	Clinician (Individual, Group/Practice), Facility, Health Plan, Integrated Delivery System, Population (National, Regional, State)	Measure proposed in MU Stage 2 proposed rule.
	14	Diabetes Composite (All or Nothing Scoring): Blood Pressure <140/90	0729 Endorsed (subset)	Outcome	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.	18-75	Clinician (Group/Practice), Integrated Delivery System	
	15	Blood pressure poor control			Patients in the sample whose most recent blood pressure was greater than or equal to 140/90 mm Hg. In this measure, lower percentages are better.			PQRS: MAP did not support, specifications not provided.
	16	Blood Pressure Superior Control			Patients in the sample whose most recent blood pressure was less than 130/80 mm Hg.			PQRS: MAP did not support, specifications not provided.
	17	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: MAP did not support; was not proposed in the MU Stage 2 proposed rule

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	18	Diabetes with Hypertension or Proteinuria - Use of an ACE Inhibitor or ARB <i>ActiveHealth Management</i>	0619 Endorsed	Process	The percentage of adult patients with diabetes, and either hypertension or proteinuria, that have a current refill for an angiotensin converting enzyme inhibitor (ACE-I) or angiotensin receptor blocker (ARB)	>18 years old	Clinician (Individual, Group/Practice, Team), Facility, Health Plan, Integrated Delivery System, Population (Community, County or City, National, Regional, State)	
	19	Diabetes Suboptimal Treatment Regimen (SUB) <i>Pharmacy Quality Alliance, Inc.</i>	0546 Endorsed	Process	The percentage of patients who were dispensed a medication for diabetes and hypertension who are not receiving a renin-angiotensin-antagonist medication.	Adult/Elderly Care	Clinician (Group/Practice, Team), Health Plan	
Lipid Control	20	Diabetes: Lipid profile <i>NCQA</i>	0063 Endorsed	Process	Percentage of adult patients with diabetes aged 18-75 years receiving at least one lipid profile (or ALL component tests)	18-75	Clinician (Individual, Group/Practice), Health Plan, Integrated Delivery System, Population (National, Regional, State)	
	21	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 mg/dL 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: MAP did not support, specifications not provided.
	22	Diabetes Measure Pair: A Lipid management: low density lipoprotein cholesterol (LDL-C) <130, B Lipid management: LDL-C <100 <i>NCQA</i>	0064 Endorsed	Outcome	Percentage of adult patients with diabetes aged 18-75 years with most recent (LDL-C) <130 mg/dL B: Percentage of patients 18-75 years of age with diabetes whose most recent LDL-C test result during the measurement year was <100 mg/dL	18-75	Clinician (Individual, Group/Practice), Health Plan, Integrated Delivery System, Population (National, Regional, State)	
	23	Diabetes Composite (All or Nothing Scoring): Low Density Lipoprotein (<100)	0729 Endorsed (subset)	Outcome	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.	18-75	Clinician (Group/Practice), Integrated Delivery System	
	24	LDL poor control			Patients in the sample whose most recent LDL cholesterol level was greater than or equal to 130 mg/dL. In this measure, lower percentages are better.			PQRS: MAP did not support, specifications not provided.
	25	LDL Superior Control			Patients in the sample whose most recent LDL cholesterol level was <100 mg/dL.			PQRS: MAP did not support, specifications not provided.
	26	Diabetes with LDL greater than 100 – Use of a Lipid Lowering Agent <i>ActiveHealth Management</i>	0618 Endorsed	Process	The percentage of adult patients with diabetes mellitus and an LDL value greater than 100 mg/dL with a current refill for a lipid lowering agent	18-40 years of age with additional risk factors, or 41 years and older.	Clinician (Individual, Group/Practice, Team), Facility, Health Plan, Integrated Delivery System, Population (Community, County or City, National, Regional, State)	

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Peripheral Neuropathy	27	Diabetes Mellitus: Foot Exam <i>NCQA</i>	0056 Endorsed	Process	Percentage of adult patients with diabetes aged 18-75 years who received a foot exam (visual inspection, sensory exam with monofilament, or pulse exam)	18-75	Clinician (Individual)	Measure proposed in stage 2 MU proposed rule.
	28	Diabetic Foot & Ankle Care, Peripheral Neuropathy – Neurological Evaluation <i>American Podiatric Medical Association</i>	0417 Endorsed	Process	Percentage of patients, 18 years or older, with diabetes aged 18 years and older with who had a lower extremity neurological exam with risk categorization performed and a treat plan established at least once within 12 months a diagnosis of diabetes mellitus who had a neurological examination of their lower extremities during one or more office visits within 12 months	>18 years old	Clinician (Individual)	
	29	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: MAP did not support, Specifications not provided.
	30	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: MAP did not support, Specifications not provided.
	31	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: MAP supported the direction. Appears to address a key gap- patient education
	32	Diabetic Foot Care and Patient Education Implemented <i>CMS</i>	0519 Endorsed	Process	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).		Facility	
	33	Diabetic Foot Care and Patient/Caregiver Education Implemented during Long Term Episodes of Care <i>CMS</i>	0519 Endorsed	Process	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).		Facility	
	34	Diabetic Foot Care and Patient/Caregiver Education Implemented during Short Term Episodes of Care <i>CMS</i>	0519 Endorsed	Process	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.		Facility	Measure was finalized for home health. MU: MAP supported for MU, and was proposed for MU Stage 2 proposed rule.
	35	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.			
	36	Diabetic Foot & Ankle Care, Ulcer Prevention – Evaluation of Footwear <i>American Podiatric Medical Association</i>	0416 Endorsed	Process	Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who were evaluated for proper footwear and sizing during one or more office visits within 12 month	>18 years old	Clinicians (Individual)	
	37	Diabetes: Eye exam <i>NCQA</i>	0055 Endorsed	Process	Percentage of adult patients with diabetes aged 18-75 years who received an eye screening for diabetic retinal disease during the measurement year	18-75	Clinician (Individual, Group/Practice)	

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Eye Care	38	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: MAP did not support, specifications not provided.
	39	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy <i>AMA-PCPI</i>	0088 Endorsed	Process	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.	Adult/Elderly Care	Clinician (Individual, Group/Practice)	
	40	Diabetic Retinopathy: Communication with the Physician Managing On-going Diabetes Care <i>AMA-PCPI</i>	0089 Endorsed	Process	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 with 12 months	Adult/Elderly Care	Clinician (Individual, Group/Practice)	
	41	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: MAP did not support, Specifications not provided.
	42	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						PQRS: MAP supported the direction. Appears to address a key gap- patient education
	43	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: MAP supported the direction. Appears to address a key gap- patient satisfaction.
	Nephropathy Assessment	44	Diabetes: Urine protein screening <i>NCQA</i>	0062 Endorsed	Process	Percentage of adult diabetes patients aged 18-75 years with at least one test for microalbumin during the measurement year or who had evidence of medical attention for existing nephropathy (diagnosis of nephropathy or documentation of microalbuminuria or albuminuria)	18-75	Clinician (Individual, Group/Practice), Integrated Delivery System, Population (National, Regional, State)
45		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: MAP did not support, specifications not provided.
46		Adult(s) with diabetes mellitus that had a serum creatinine in last 12 reported months. <i>Ingenix</i>	0604 Endorsed	Process	This measure identifies adults with diabetes mellitus that had a serum creatinine test in last 12 reported months.	18-75	Clinician (Individual, Group/Practice, Team), Facility, Health Plan, Integrated Delivery System, Population (Community, County or City, National, Regional, State)	
	47	Diabetes Short-Term Complications Admission Rate (PQI 1) <i>AHRQ</i>	0272 Endorsed	Outcome	The number of discharges for diabetes short-term complications per 100,000 Age 18 Years and Older population in a Metro Area or county in a one year period.	Adult/Elderly Care	Population (County or City, State)	

Diabetes

Subtopic	Row	Measure Name	NQF Number and Status	Measure Type	Description	Target Population	Level of Analysis	MAP Input during Pre-rulemaking Analysis
Incidence of Complications	48	Uncontrolled Diabetes Admission Rate (PQI 14) <i>AHRQ</i>	0638 Endorsed	Outcome	The number of discharges for uncontrolled diabetes per 100,000 population Age 18 Years and Older in a Metro Area or county in a one year time period.	Adult/Elderly Care	Population (County or City, State)	
	49	Diabetes Long-Term Complications Admission Rate (PQI 3) <i>AHRQ</i>	0274 Endorsed	Outcome	The number of discharges for long-term diabetes complications per 100,000 population Age 18 Years and Older in a Metro Area or county in a one year time period.	Adult/Elderly Care	Population (County or City, State)	
	50	Rate of Lower-Extremity Amputation Among Patients With Diabetes (PQI 16) <i>AHRQ</i>	0285 Endorsed	Outcome	The number of discharges for lower-extremity amputation among patients with diabetes per 100,000 population Age 18 Years and Older in a Metro Area or county in a one year time period.	Adult/Elderly Care	Population (County or City, State)	
	51	Diabetes Composite <i>AHRQ</i>	Not Endorsed (Composite combines endorsed measures 0272, 0638, 0274, and 0285)		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.			VM: MAP supported the direction. Should be specified and tested for individual clinician-level measurement to ensure proper attribution and risk adjustment.
	52	Proportion of patients with a chronic condition that have a potentially avoidable complication during a calendar year. <i>Bridges to Excellence</i>	0709 Endorsed	Outcome	Percent of adult population aged 18 – 65 years who were identified as having at least one of the following six chronic conditions: Diabetes Mellitus (DM), Congestive Heart Failure (CHF), Coronary Artery Disease (CAD), Hypertension (HTN), Chronic Obstructive Pulmonary Disease (COPD) or Asthma, were followed for one-year, and had one or more potentially avoidable complications (PACs). A Potentially Avoidable Complication is any event that negatively impacts the patient and is potentially controllable by the physicians and hospitals that manage and co-manage the patient. Generally, any hospitalization related to the patient’s core chronic condition or any co-morbidity is considered a potentially avoidable complication, unless that hospitalization is considered to be a typical service for a patient with that condition. Additional PACs that can occur during the calendar year include those related to emergency room visits, as well as other professional or ancillary services tied to a potentially avoidable complication.	Adult/Elderly Care	Clinician (Group/Practice), Health Plan, Population (County or City, National, Regional, State)	
	53	Comprehensive Diabetes Care <i>NCQA</i>	0731 Endorsed	composite	The percentage of individuals 18–75 years of age with diabetes (type 1 and type 2) who had each of the following: • HbA1c poor control (>9.0%) NQF #0059 • HbA1c control (<8.0%) NQF #0575 • HbA1c control (<7.0%) * • Eye exam (retinal) performed NQF #0055 • LDL-C screening • LDL-C control (<100 mg/dL) NQF ##0064 • Medical attention for nephropathy NQF#0062 • BP control (<140/90 mm Hg) NQF #0061 • Smoking status and cessation advice or treatment	adult	Clinician (Individual, Group/Practice), Health Plan	

Diabetes

Subtopic	Row	Measure Name	NQF Number and Status	Measure Type	Description	Target Population	Level of Analysis	MAP Input during Pre-rulemaking Analysis
Composite Measures	54	Optimal Diabetes Care <i>MN Community Measurement</i>	0729 Endorsed	Outcome	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. Please note that while the all-or-none composite measure is considered to be the gold standard, reflecting best patient outcomes, the individual components may be measured as well. This is particularly helpful in quality improvement efforts to better understand where opportunities exist in moving the patients toward achieving all of the desired outcomes. Please refer to the additional numerator logic provided for each component.	Adult/Elderly Care, Populations at Risk	Clinician (Group/Practice), Integrated Delivery System	PQRS: MAP supported.
	55	American Board of Internal Medicine: Diabetes Composite	ABIM measure in use and tested		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.			PQRS: MAP supported the direction. Promotes alignment with private sector programs.
	56	High Risk for Pneumococcal Disease - Pneumococcal Vaccination <i>ActiveHealth Management</i>	0617 Endorsed	Process	The percentage of patients age 5-64 with a high risk condition, or age 65 years and older who: 1. Received a pneumococcal vaccine (reported separately) 2. Had a contraindication to pneumococcal vaccine (reported separately)	Adult/Elderly Care	Clinician (Individual, Group/Practice, Team), Facility, Health Plan, Integrated Delivery System, Population (Community, County or City, National, Regional, State)	
Miscellaneous	57	Primary Prevention of Cardiovascular Events in Diabetics – Use of Aspirin or Antiplatelet Therapy <i>ActiveHealth Management</i>	0632 Endorsed	Process	The percentage of male diabetics, age 50 years or older, or female diabetics, aged 60 years or older, with a Framingham risk score > 10 who are taking aspirin or an antiplatelet agent.	Male diabetics, age 50 years or older, or female diabetics, aged 60 years or older	Clinician (Individual, Group/Practice, Team), Facility, Health Plan, Integrated Delivery System, Population (Community, County or City, National, Regional, State)	
	58	Diabetes documentation or screen test <i>ABIM</i>	ABIM measure in use and tested		Percentage of patients in the sample who had a screening test for type 2 diabetes or had a diagnosis of diabetes.			PQRS: MAP supported the direction. Promotes alignment with private sector programs.

Diabetes

Subtopic	Row	Measure Name	NQF Number and Status	Measure Type	Description	Target Population	Level of Analysis	MAP Input during Pre-rulemaking Analysis
	59	Diabetes Composite (All or Nothing Scoring): Aspirin use	0729 Endorsed (subset)	Outcome	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.	18-75	Clinician (Group/Practice), Integrated Delivery System	

CV secondary prevention

Subtopic	Row	Measure Name	NQF Number and Status	Measure Type	Description	Target Population	Level of Analysis	MAP Input during Pre-rulemaking Analysis
Blood Pressure Control	1	Controlling High Blood Pressure <i>NCQA</i>	0018 Endorsed	Outcome	The percentage of patients 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year.	18-85 years old	Clinician (Individual, Group/practice)	
	2	Chronic Stable Coronary Artery Disease: Blood Pressure Control <i>AMA-PCPI</i>	1486 Not Recommended	Process	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period 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	>18 years old	Clinician (Individual, Group/practice)	
	3	IVD: blood pressure management <i>NCQA</i>	0073 Endorsed	Outcome	The percentage of patients 18 years of age and older who were discharged alive with acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) from January 1–November 1 of the year	>18 years old	Clinician (Individual, Group/practice)	
	4	Hypertension Plan of Care <i>AMA-PCPI</i>	0017 Endorsed	Process	Percentage of patient visits during which either systolic blood pressure \geq 140 mm Hg or diastolic blood pressure \geq 90 mm Hg, with documented plan of care for hypertension.	>18 years old	Clinician (Individual)	
	5	Atherosclerotic Disease - Lipid Panel Monitoring <i>ActiveHealth Management</i>	0616 Endorsed	Process	The percentage of adult patients with coronary artery, cerebrovascular or peripheral vascular disease that have been screened for dyslipidemia with a lipid profile	>18 years old	Clinician (Individual, Group/Practice, Team), Facility, Health Plan, Integrated Delivery System, Population (Community, County or City, National, Regional, State)	

CV secondary prevention

Subtopic	Row	Measure Name	NQF Number and Status	Measure Type	Description	Target Population	Level of Analysis	MAP Input during Pre-rulemaking Analysis
Lipid Control	6	Chronic stable coronary artery disease: Lipid control <i>AMA-PCPI</i>	0074 Endorsed	Process	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who have a LDL-C result <100 mg/dL OR patients who have a LDL-C result >=100 mg/dL and have a documented plan of care to achieve LDL-C <100mg/dL, including at a minimum the prescription of a statin	> 18 years old	Clinician (Individual, Group/practice)	
	7	IVD: Complete lipid profile and LDL control <100 <i>NCQA</i>	0075 Endorsed	Outcome	The percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) from January 1–November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to measurement year, who had each of the following during the measurement year. <ul style="list-style-type: none"> • Complete Lipid Profile • LDL-C control <100 mg/dL 	>18 years old	Clinician (Individual, Group/practice)	
	8	Hyperlipidemia (Primary Prevention) - Lifestyle Changes and/or Lipid Lowering Therapy <i>ActiveHealth Management</i>	0611 Endorsed	Process	The percentage of adult patients with coronary artery disease risk factors who have an elevated LDL and who have initiated therapeutic lifestyle changes or are taking a lipid lowering agent	>20 years old	Clinician (Individual, Group/Practice, Team), Facility, Health Plan, Integrated Delivery System, Population (Community, County or City, National, Regional, State)	
	9	Atherosclerotic Disease and LDL Greater than 100 - Use of Lipid Lowering Agent <i>ActiveHealth Management</i>	0636 Endorsed	Process	The percentage of adult patients with atherosclerotic disease and an LDL greater than 100 that are taking a lipid lowering agent	Adult	Clinician (Individual, Group/Practice, Team), Facility, Health Plan, Integrated Delivery System, Population (Community, County or City, National, Regional, State)	

CV secondary prevention

Subtopic	Row	Measure Name	NQF Number and Status	Measure Type	Description	Target Population	Level of Analysis	MAP Input during Pre-rulemaking Analysis
composite	10	Optimal vascular care <i>MN Community Measurement</i>	0076 Endorsed	Outcome	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).	18-75 years old	Clinician (Group/Practice)	PQRS: MAP Supported.

Affordability

Subtopic	Row	Measure Name	NQF Number and Status	Measure Type	Description	Target Population	Level of Analysis	MAP Input during Pre-rulemaking Analysis
Overuse	1	Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery	0669 Endorsed	Efficiency	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.		Facility, Population (National)	
	2	Cardiac stress imaging not meeting appropriate use criteria: Preoperative evaluation in low risk surgery patients	0670 Endorsed	Efficiency	Percentage of stress SPECT MPI, stress echo, CCTA, or CMR performed in low risk surgery patients for preoperative evaluation		Facility	MAP supported for PQRS
	3	Cardiac stress imaging not meeting appropriate use criteria: Routine testing after percutaneous coronary intervention (PCI)	0671 Endorsed	Efficiency	Percentage of all stress SPECT MPI, stress echo, CCTA and CMR performed routinely after PCI, with reference to timing of test after PCI and symptom status.		Facility	MAP supported for PQRS
	4	Cardiac stress imaging not meeting appropriate use criteria: Testing in asymptomatic, low risk patients	0672 Endorsed	Efficiency	Percentage of all stress SPECT MPI, stress echo, CCTA, and CMR performed in asymptomatic, low CHD risk patients for initial detection and risk assessment		Facility	MAP supported for PQRS
Cost	5	Relative Resource Use for People with Cardiovascular Conditions <i>NCQA</i>	1558 Endorsed	Resource Use- Per capita (population- or patient-based)	The risk-adjusted relative resource use by health plan members with specific cardiovascular conditions during the measurement year.		Clinician (Group/Practice), Health Plan, Integrated Delivery System, Population (National, Regional)	
	6	Relative Resource Use for People with Diabetes <i>NCQA</i>	1557 Endorsed	Resource Use- Per capita (population- or patient-based)	The risk-adjusted relative resource use by health plan members 18-75 years of age who were identified as having diabetes (type 1 and type 2) during the measurement year	18-75	Clinician (Group/Practice), Health Plan, Integrated Delivery System, Population (National, Regional)	
	7	Total Resource Use Population-based PMPM Index <i>Health Partners</i>	1598 Endorsed	Resource Use- Per capita (population- or patient-based)	The Resource Use Index (RUI) is a risk adjusted measure of the frequency and intensity of services utilized to manage a provider group's patients. Resource use includes all resources associated with treating members including professional, facility inpatient and outpatient, pharmacy, lab, radiology, ancillary and behavioral health services.		Clinician (Group/Practice), Population (Community)	
	8	Total Cost of Care Population-based PMPM Index <i>Health Partners</i>	1604 Endorsed	Resource Use- Per capita (population- or patient-based)	Total Cost of Care reflects a mix of complicated factors such as patient illness burden, service utilization and negotiated prices.		Clinician (Group/Practice), Population (Community)	
	9	Medicare Spending Per Beneficiary <i>CMS</i>			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.			VM: Support Direction. Addresses a priority gap but needs to be tested for individual clinician-level measurement to ensure proper attribution and risk adjustment.

Stroke

Subtopic	Row	Measure Name	NQF Number and Status	Measure Type	Description	Target Population	Level of Analysis	MAP Input during Pre-rulemaking Analysis
Acute - Diagnostic	1	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. <i>CMS</i>	0661 Endorsed		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.	>18 years old	Facility	
	2	Stroke and Stroke Rehabilitation: Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports <i>AMA-PCPI</i>	2017 Submitted		Percentage of final reports for CT or MRI studies of the brain performed either: In the hospital within 24 hours of arrival, OR In an outpatient imaging center to confirm initial diagnosis of stroke, TIA or intracranial hemorrhage For patients aged 18 years and older with either a diagnosis of ischemic stroke or transient ischemic attack (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 acute infarction	>18 years old	Clinician (Individual, Group, Team)	
	3	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: MAP did not support, specifications not provided
	4	Stroke and Stroke Rehabilitation: Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports <i>AMA-PCPI/NCQA</i>	Not Endorsed (formerly # 0246)	process	Percentage of final reports for CT or MRI studies of the brain performed either: <ul style="list-style-type: none"> In the hospital within 24 hours of arrival, 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 acute infarction	>18 years old	Clinicians (Individual)	PQRS: MAP recommended to remove from PQRS measure set. MU: MAP did not support for MU. Proposed in MU Stage 2 proposed rule.
Acute - Treatment	5	Stroke and Stroke Rehabilitation: Thrombolytic Therapy <i>The Joint Commission</i>	0437 Endorsed	Process	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 (STR-004-08)	>18 years old	Facility, Integrated Delivery System, National	
	6	Antithrombotic Therapy By End of Hospital Day Two <i>The Joint Commission</i>	0438 Endorsed	Process	Ischemic stroke patients administered antithrombotic therapy by the end of hospital day two.	>18 years old	Facility, Integrated Delivery System, National	

Stroke

Subtopic	Row	Measure Name	NQF Number and Status	Measure Type	Description	Target Population	Level of Analysis	MAP Input during Pre-rulemaking Analysis
	7	Stroke and Stroke Rehabilitation: Tissue Plasminogen Activator (t-PA) Considered <i>AMA-PCPI</i>	0242 Endorsed	Process	Percentage of patients aged 18 years and older with the diagnosis of ischemic stroke whose time from symptom onset to arrival is less than 3 hours who were considered for t-PA administration (given t-PA or documented reasons for patient not being a candidate for therapy).	>18 years old	Facility	PQRS: MAP supported.
	8	Stroke and Stroke Rehabilitation: Tissue Plasminogen Activator (t-PA) Considered/Initiated <i>AMA-PCPI</i>	2021 Submitted	combines measures 0242 and 2022				
	9	Stroke and Stroke Rehabilitation: Tissue Plasminogen Activator (t-PA) Initiated <i>AMA-PCPI</i>	2022 Submitted		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			
	10	Time to Intravenous Thrombolytic Therapy <i>American Heart Association</i>	1952 Submitted		Acute ischemic stroke patients aged 18 years and older receiving intravenous tissue plasminogen activator (tPA) therapy during the hospital stay and having a time from hospital arrival to initiation of thrombolytic therapy administration (door-to-needle time) of 60 minutes or less.	>18 years old	Facility, National, Regional, State	
	11	Stroke and Stroke Rehabilitation: Deep Vein Thrombosis (DVT) Prophylaxis for Ischemic Stroke or Intracranial Hemorrhage <i>AMA-PCPI</i>	0240 Endorsed	Process	Percentage of patients aged 18 years and older with the diagnosis of ischemic stroke or intracranial hemorrhage who were administered DVT prophylaxis by the end of hospital day two	>18 years old	Clinician (Individual, Group/practice, and team)	
	12	Venous Thromboembolism (VTE) Prophylaxis <i>The Joint Commission</i>	0434 Endorsed	Process	Ischemic or a hemorrhagic stroke patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission.	>18 years old	Facility, Integrated Delivery System, National	
Functional Status	13	Stroke and Stroke Rehabilitation: Screening for Dysphagia <i>AMA-PCPI</i>	0243 Endorsed	Process	Percentage of patients aged 18 years and older with the diagnosis of ischemic stroke or intracranial hemorrhage who receive any food, fluids or medication by mouth who underwent a dysphagia screening process before taking any foods, fluids or medication by mouth	>18 years old	Clinician (Individual, Group/practice, and team)	
	14	Functional Communication Measure: Writing <i>American Speech-Language-Hearing Association</i>	0442 Endorsed	Outcome	This measure describes the change in functional communication status subsequent to speech-language pathology treatment related to writing.	>18 years old	Facility, Integrated Delivery System	
	15	Functional Communication Measure: Swallowing <i>American Speech-Language-Hearing Association</i>	0443 Endorsed	Outcome	This measure describes the change in functional communication status subsequent to speech-language pathology treatment of patients who exhibit difficulty in swallowing.		Facility, Individual	
	16	Functional Communication Measure: Spoken Language Expression <i>American Speech-Language-Hearing Association</i>	0444 Endorsed	Outcome	This measure describes the change in functional communication status subsequent to speech-language pathology treatment related to spoken language expression.		Facility, Integrated Delivery System	
	17	Functional Communication Measure: Spoken Language Comprehension <i>American Speech-Language-Hearing Association</i>	0445 Endorsed	Outcome	This measure describes the change in functional communication status subsequent to speech-language pathology treatment related to spoken language comprehension.		Facility, Integrated Delivery System	

Stroke

Subtopic	Row	Measure Name	NQF Number and Status	Measure Type	Description	Target Population	Level of Analysis	MAP Input during Pre-rulemaking Analysis
	18	Functional Communication Measure: Reading <i>American Speech-Language-Hearing Association</i>	0446 Endorsed	Outcome	This measure describes the change in functional communication status subsequent to speech-language pathology treatment of patients with reading disorders.		Facility, Integrated Delivery System	
	19	Functional Communication Measure: Motor Speech <i>American Speech-Language-Hearing Association</i>	0447 Endorsed	Outcome	This measure describes the change in functional communication status subsequent to speech-language pathology treatment of patients who exhibit deficits in speech-production.		Facility, Individual	
	20	Functional Communication Measure: Memory <i>American Speech-Language-Hearing Association</i>	0448 Endorsed	Outcome	This measure describes the change in functional communication status subsequent to speech-language pathology treatment of patients with memory deficits.		Facility, Integrated Delivery System	
	21	Functional Communication Measure: Attention <i>American Speech-Language-Hearing Association</i>	0449 Endorsed	Outcome	This measure describes the change in functional communication status subsequent to speech-language pathology treatment of patients who have attention deficits		Facility, Integrated Delivery System	
	22	NIH Stroke Scale Recorded <i>American Heart Association</i>	1955 Submitted		Percent of patients aged 18 and older with ischemic stroke, or stroke not otherwise specified, with an initial NIH Stroke Scale recorded.	>18 years old	Facility, National, Regional, State	
	23	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.			MAP supported the direction for IRFs, as measure addresses a core concept but lacks specification.
	24	Functional Outcome Measure (change in mobility)			Change in mobility score at discharge as compared to admission			MAP supported the direction for IRFs and LTCHs, as measure addresses a core concept but lacks specification.
	25	Functional Outcome Measure (change in self-care)			Change in mobility score at discharge as compared to			MAP supported the direction for IRFs and LTCHs, as measure addresses a core concept but lacks specification.
Rehab	26	Assessed for Rehabilitation <i>The Joint Commission</i>	0441 Endorsed	Outcome	Ischemic stroke or hemorrhagic stroke patients who were assessed for rehabilitation services.	>18 years old	Facility, Integrated Delivery System, National	
	27	Stroke and Stroke Rehabilitation: Rehabilitation Services Ordered <i>AMA-PCPI</i>	0244 Endorsed	Process	Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or intracranial hemorrhage for whom occupational, physical, or speech rehabilitation services were ordered at or prior to inpatient discharge OR documentation that no rehabilitation services are indicated at or prior to inpatient discharge	>18 years old	Clinician (Individual, Group/practice, and team)	
Secondary Prevention	28	Discharged on Antithrombotic Therapy <i>The Joint Commission</i>	0435 Endorsed	Process	Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge.	>18 years old	Facility, Integrated Delivery System, National	
	29	Discharged on Statin Medication <i>The Joint Commission</i>	0439 Endorsed	Process	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.	>18 years old	Facility, Integrated Delivery System, National	

Stroke

Subtopic	Row	Measure Name	NQF Number and Status	Measure Type	Description	Target Population	Level of Analysis	MAP Input during Pre-rulemaking Analysis
	30	Stroke and Stroke Rehabilitation: Discharges on Antiplatelet Therapy <i>AMA-PCPI</i>	0325 Endorsed	Process	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	>18 years old	Individual Clinician	
	31	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 < 140/90 mmHg OR patients with a blood pressure ≥ 140/90 mmHg and prescribed 2 or more anti-hypertensive agents during the most recent visit during the measurement period			PQRS: MAP did not support, specifications not provided
	32	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 mg/dL, 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: MAP did not support, specifications not provided
Education	33	Stroke Education <i>The Joint Commission</i>	0440 Endorsed	Process	Ischemic or hemorrhagic stroke patients or their caregivers who were given educational materials during the hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke.	>18 years old	Facility, Integrated Delivery System, National	
Mortality	34	Acute Stroke Mortality Rate (IQI 17) <i>AHRQ</i>	0467 Endorsed	Outcome	Percent of in-hospital deaths for discharges, 18 years and older, with ICD-9-CM principal diagnosis code of stroke.	>18 years old	Facility	
	35	Mortality for Selected Conditions <i>AHRQ</i>	530 Endorsed	Other	A composite measure of in-hospital mortality indicators for selected conditions. Number of in-hospital deaths for CHF, stroke, hip fracture, pneumonia, acute myocardial infarction and GI hemorrhage (separately).	>18 years old	Facility	
	36	Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following an acute ischemic stroke hospitalization <i>Yale/YNHH</i>	2026 Reopened		The measure estimates a hospital-level, risk-standardized mortality rate (RSMR) for patients discharged from the hospital with a principal diagnosis of acute ischemic stroke. Mortality is defined as death from any cause within 30 days of the index admission date for patients discharged from the hospital with a principal diagnosis of acute ischemic stroke.		Facility	