NQF

National Quality Forum

Identifying Gaps in Specialty Physician Performance Measurement

The mission of the National Quality Forum is to improve the quality of American healthcare by setting national priorities and goals for performance improvement, endorsing national consensus standards for measuring and publicly reporting on performance, and promoting the attainment of national goals through education and outreach programs.

Recommended Citation: National Quality Forum (NQF). *Identifying Gaps in Specialty Physician Performance Measurement.* Washington, DC: NQF; 2009.

This work was supported by a grant from the California HealthCare Foundation, based in Oakland, California (www.chcf.org).

Marybeth Farquhar, PhD, MSN, RN, Managing Director, Performance Measures, Kristyne McGuinn, MHA, Program Director, and Eric Colchamiro, MPA, Research Analyst, contributed to this report.

ISBN 978-1-933875-37-8

IDENTIFYING GAPS IN SPECIALTY PHYSICIAN PERFORMANCE MEASUREMENT

Table of Contents

IDENTIFYING GAPS IN SPECIALTY PHYSICIAN PERFORMANCE MEASUREMENT

Introduction

Over the past decade, the use of performance measures to provide information about and improve the quality of healthcare has increased dramatically. Despite increased adoption of performance measures nationally, however, many significant gaps remain, both in the development of performance measures and in their widespread adoption. Individual clinician-level measurement is an area where measure development and implementation can make a difference, but these efforts have not been widespread, particularly for specialty areas.

The National Quality Forum (NQF) is uniquely positioned to identify and encourage the adoption of performance measures through its measure endorsement process. In order to advance the development and adoption of clinician-level performance measurement for general clinicians and specialty areas, a review of the measures currently endorsed by NQF was conducted. This report indicates the areas in which future measure development and endorsement is needed and identifies areas for which harmonization of current measures is necessary. Finally, this report presents a discussion of the challenges and limitations involved in the development and implementation of clinician-level measures.

Methods

This report presents a review of all specialty clinician measures endorsed by NQF and an analysis of the gaps for which research and measure development are needed. All measures endorsed by NQF were reviewed for applicability to specialty clinicians. Because endorsed measures do not specify the applicable specialty area, all NQF-endorsed® measures specified for analysis at the clinician level were included. Measures that might be applicable to specialty clinicians are identified, along with measures applicable to physicians in general.

Appendix A presents a matrix that indicates specialty areas (across the top of the matrix) and conditions (on the left side of the matrix) for which there are NQF-endorsed measures (or measures currently under review for endorsement). Information about endorsed measures is provided in a table presented in Appendix B. In order to further identify high-priority gaps in the set of currently endorsed measures for use at the clinician level, the following criteria were used to identify high-impact areas where measures are needed:

- Priorities and Goals identified by the NQF-convened National Priorities Partnership;
- domains of the NQF-endorsed *Measurement Framework: Evaluating Efficiency Across Patient-Focused Episodes;* and
- high-impact conditions identified by the Centers for Medicare & Medicaid Services (CMS).

The list of measures endorsed by NQF at the clinician level was cross-referenced to the high-priority areas identified by these efforts in order to highlight areas where additional measures are needed. Measures that are in the measure development "pipeline"—that is, measures that have not yet been endorsed but that might fill these gap areas—also were identified.

In addition to a gap analysis, measures endorsed by NQF at the clinician level were assessed to determine areas for which harmonization is needed. Finally, a review was conducted of the limitations of public reporting measures at the clinician level as highlighted by previous NQF reports, frameworks, and Steering Committee meeting summaries and transcripts.

Background: The NQF Consensus Development Process

NQF was created to develop and implement a national strategy for healthcare quality measurement and reporting. The organization has a broad range of stakeholder participation from the healthcare system that includes national, state, regional, and local groups representing consumers; public and private purchasers; employers; healthcare professionals; provider organizations; health plans; accrediting bodies; labor unions; supporting industries; and organizations involved in healthcare research or quality improvement. NQF develops consensus around standards, including performance measures, that can be used for healthcare quality improvement at the national level.

In order to endorse a standardized set of performance measures for use for quality improvement and public reporting at the national level, NQF has adopted conditions for evaluation, as well as measure evaluation criteria to identify measures proposed for endorsement. Appendix C provides additional information about the conditions for consideration and measure evaluation criteria NQF uses to review measures for endorsement. NQF's measure evaluation criteria originally were adopted in 2003 and recently were clarified in order to achieve a stronger link to national priorities and higher-level performance measures; greater measure harmonization; greater emphasis on outcome measures; and for process measures, a stronger outcome-process linkage.

NQF also has recently been involved in efforts to set the agenda for healthcare quality by convening the National Priorities Partnership to identify healthcare Priorities and Goals and by developing a framework for measuring patient-focused episodes of care. This work will be used to identify gaps in the current list of NQF-endorsed measures and to focus future measurement in areas where the potential for greatest leverage exists.

Although NQF's initial measure endorsement work focused on measures for use at the facility level, in the past few years, nearly 200 measures have been endorsed for use at the clinician level. Many of these measures, which can be used by specialty clinicians, address the increased demand for data on clinician performance.

An initial set of physician-focused ambulatory measures was endorsed in 2006 and 2007 and applied to physicians generally treating patients with asthma/respiratory disease, bone and joint conditions, diabetes, heart disease, hypertension, mental health and substance use conditions, and stroke. This measure set also addressed cross-cutting areas including medication management, geriatrics, emergency care, obesity and its prevention, immunization, and preventive screening. In 2007, an additional set of measures was endorsed for specialty clinicians in hospital and ambulatory settings in specialty areas including cardiac surgery, eye disease, and prenatal care. In 2008, measures were endorsed at the clinician level in the

areas of oncology and hematology, perioperative care, emergency care, and infectious disease. A set of measures also was endorsed for evaluating the care of clinicians beyond medical doctors/doctors of osteopathy (MDs/DOs).

NQF-endorsed measures do not specify the intended user and therefore can be used by any provider treating patients with the condition or procedure identified by the denominator of the measure. Measure specifications do usually indicate the intended "unit of analysis," for example, facility, group of clinicians, health plan, or individual clinician. Measures specified for use by individual clinicians can be used by general physicians or specialty physicians who treat patients included in the focus of the measure.

Measure Development

Although NQF serves as a consensus development body, it does not develop the measures that are considered for endorsement. Measures endorsed by NQF at the clinician level have been developed by a variety of organizations. The large majority of clinician-level measures endorsed by NQF have been developed by the American Medical Association-convened Physician Consortium for Performance Improvement (AMA PCPI), the National Committee for Quality Improvement (NCQA), and CMS. AMA PCPI comprises more than 100 national medical specialty physician representatives and state medical societies; the Council of Medical Specialty Societies; the American Board of Medical Specialties and its member boards; experts in methodology and data collection; the Agency for Healthcare Research and Quality; and CMS. AMA PCPI has developed many measures for use at the individual clinician level in conjunction with relevant specialty societies. See Table 1 for a list of NQF clinician-level consensus development projects and measure developers.

Because the development of clinician-level measures is in the early stages and many of the measures have not been tested, a number of the NQF-endorsed measures for the clinician level recently have been granted "time-limited endorsement." Endorsing these measures for a limited period is intended to advance the field of clinician-level measurement in areas where no fully tested measures exist. When the time limit for endorsement of these measures expires, NQF will review the results from their testing to determine if there is evidence that:

- measures are reliable and valid;
- exclusions are appropriate;
- variation among providers exists;
- costs/burden of data collection and other feasibility challenges are not excessive; and
- risk-adjustment for outcome measures is valid.

Table 1: NQF Clinician-Level Consensus Development Process Projects

PROJECT	MEASURE DEVELOPERS
Ambulatory Care Measures	AMA PCPI, CMS, NCQA
Specialty Clinician Measures	AMA PCPI (with specialty societies), CMS, NCQA
Clinician-Level Care: Additional Performance Measures: • *Hematology/oncology* • *Infectious disease* • *Perioperative care* • *Measures for non-MD/DO professionals*	AMA PCPI (with specialty societies), NCQA, STS
Emergency Care	American College of Emergency Physicians, CMS, Institute for Clinical Systems Improvement
Outpatient Imaging	AMA PCPI, American College of Radiology, NCQA

Harmonization

Measure harmonization is critical in order to minimize the burden of measurement and reporting performance measures. Harmonization of measures includes avoiding the use of multiple measures that essentially capture the same information and aligning common elements within measures that are slightly different.

For example, it is important for two different coronary artery disease (CAD) measures that capture different processes of care to define CAD patients in the same way and use the same age range when appropriate. Similarly, measures that address the same process of care for different patient populations should specify compliance for those processes of care in the same way. Harmonization of performance measures allows potential users to capture several measures as efficiently as possible by collecting additional data elements only where the measures differ from one another.

NQF can play an integral role in advancing measure harmonization through the endorsement and maintenance process. When measures of similar topic areas are submitted to NQF by different measure developers, NQF staff and project Steering Committees determine if multiple measure are needed and identify areas where harmonization is possible. This includes an analysis of potential opportunities of harmonization with previously endorsed measures. However, among the library of currently endorsed NQF measures, many opportunities for harmonization remain.

Vaccination Measures

To reduce measurement burden, NQF has recommended standard specifications for immunization measures.[i] Measures that were reviewed after these specifications were adopted were required to align with these standard specifications. Several measures that have been previously endorsed by NQF that address vaccinations do not currently adhere to these standard specifications. It is recommended that these measures be adapted to these standard specifications and that a global immunization measure be created.

Age Ranges

The NQF Consensus Standards Approval Committee adopted the following policy for the use of age ranges to identify adult or pediatric populations:

- Adult measures should specify that patients ages 18 and older fall into the "adult" population, unless evidence or consensus clinical judgment suggests that an upper limit should be used. In the latter case, developers are required to submit an explanation and rationale for the use of an upper limit, including an explanation of how that upper limit harmonizes with other, similar measures.
- Pediatric measures should include patients under age 18 with no lower limit, unless there is evidence or consensus clinical judgment to support the use of a lower limit. Again, in this case, an explanation of the evidence supporting a lower limit and the degree of harmonization with other, similar measures should be included.

NQF-endorsed measures have widely varying age ranges to identify pediatric or adult populations, without documentation of evidence to support the age ranges specified. It is recommended that these measures adhere to the policy adopted by NQF for the use of age ranges to identify these populations.

Alignment with Hospital-Level Measures

In order to minimize data collection burden, it is ideal for measures at the clinician level to be harmonized as much as possible with similar measures at the hospital level. Hospitals should, theoretically, be able to collect measures at the clinician level and at the hospital level simultaneously by "rolling up" measures at the clinician level to the facility level. Many NQF-endorsed measures at the clinician level are not currently harmonized with similar measures at the hospital level.

For example, measures addressing perioperative antibiotic prophylaxis have been endorsed at the clinician level, as well as at the facility level. At the clinician level, a measure has been endorsed that determines whether the antibiotic was "ordered," while a separate endorsed measure assesses whether the antibiotic was "administered" in order to accurately evaluate the care provided by the accountable entity. The hospital-level measure assesses only whether the antibiotic was received. In addition, the clinician-level measure includes a broader list of surgeries and procedures than does the hospital-level measure. See Table 2 for NQF-endorsed measures and harmonization recommendations.

[i] This report is available at www.qualityforum.org/Publications/2008/12/National_Voluntary_Consensus_Standards_for_Influenza_and_Pneumococcal_Immunizations.aspx.

Table 2: NQF-Endorsed Measures and Harmonization Recommendations

MEASURE(S)	HARMONIZATION NEEDED
• Influenza vaccination (AMA PCPI) • Influenza vaccination – ESRD patients (AMA PCPI) • Pneumonia vaccination (NCQA) • Hepatitis C: hepatitis A vaccination (AMA PCPI) • Hepatitis C: hepatitis B vaccination (AMA PCPI)	Align with recommended standard specifications
• Hepatitis C: counseling regarding use of contraception prior to antiviral treatment (AMA PCPI)	Committee recommended expanding to all category 4, potentially teratogenic medications
• Anesthesiology and critical care: prevention of catheter-related bloodstream Infections (CRBSI) – central venous catheter (CVC) insertion protocol (AMA PCPI)	Could be better harmonized with the NQF-endorsed facility measure Central Line Bundle Compliance (IHI), which includes hand hygiene, maximal barrier precautions and chlorhexidine skin antisepsis, and optimal site selection
• ADHD follow-up (6-12 yrs) (NCQA) • Appropriate testing for children with pharyngitis (2-18 yrs) (NCQA) • Appropriate treatment for children with upper respiratory infection (3 months-18 yrs) (NCQA) • BMI (2-18 yrs) (National Institute for Children's Healthcare Quality) • Hemoglobin A1c test for pediatric patients (5-17 yrs) (NCQA)	Potentially harmonize pediatric age range used, unless alternative is evidence based
• Timing of antibiotic: ordering physician (AMA PCPI) • Timing of antibiotic prophylaxis: administering physician (AMA PCPI)	Align with hospital-level measure
• Osteoporosis: management following fracture (AMA PCPI) • Osteoporosis management in women who had a fracture (NCQA)	Combine into one measure
• CAD: optimally managed modifiable risk (HealthPartners)	Includes only ICD-9 codes, while other measures that address CAD diagnosis also use CPT-codes

Gaps in the Set of Endorsed Physician-Level Measures

Approach

To identify gaps in performance measures that are currently available for measurement and reporting at the clinician level, it was first necessary to identify the priority areas where performance measures will have a significant impact and are thus needed. For this gap analysis, the work of the National Priorities Partnership to identify cross-cutting, high-impact priority areas across the continuum of care to focus improvement and the work of CMS to identify priority, high-impact healthcare conditions were used to identify areas where measurement would be useful and measures are needed.

National Priorities Partnership

The National Priorities Partnership, convened by NQF, is a collaborative effort of 28 major national organizations that represent the major stakeholders for healthcare quality. The Partnership has identified a set of National Priorities and Goals to help focus performance improvement efforts on high-leverage areas with the most potential to result in substantial improvements in healthcare. The National Priorities and Goals were selected because they collectively and individually address four major challenges: eliminating harm, eradicating disparities, reducing disease burden, and removing waste. The Priority areas are as follows:

- Patient and family engagement: Engage patients and families in managing their health and making decisions about their care.
- Population health: Improve the health of the population.
- Safety: Improve the safety and reliability of America's healthcare system.
- Care coordination: Ensure patients receive well-coordinated care within and across all healthcare organizations, settings, and levels of care.
- Palliative and end-of-life care: Guarantee appropriate and compassionate care for patients with life-limiting illnesses.
- Overuse: Eliminate overuse while ensuring the delivery of appropriate care.

A Framework for Identifying Measures Across Episodes of Care

To assess efficiency of care—the cost of care associated with the quality of care received—over time, NQF has proposed a patient-centered framework to identify performance measures across episodes of care. The framework promotes better care coordination and a sense of shared accountability among the multiple providers involved in a patient's care in order to identify critical gaps in the quality measurement area. The framework proposes three domains for identifying performance measures:

- Domain 1: Patient-level outcomes, including health status/health-related quality of life, patient experience with care, and morbidity/mortality.
- Domain 2: Cost and resource use.
- Domain 3: Processes of care.

The framework looks at episodes of care for patients with chronic conditions in three phases: 1) identification of the population at risk; 2) evaluation and initial management; and 3) the provision of follow-up care.

Priority Conditions

Given the limited resources available for measurement and reporting, an assessment of the conditions that are of highest impact nationally can help to identify gaps for which future measures should be developed. The impact of conditions can be determined by reviewing the cost associated with treating patients who have the condition, as well as the extent of the associated morbidity and mortality. CMS has identified a list of 20 high-impact conditions to help identify measurement gaps:

- Acute myocardial infarction (AMI)
- Alzheimer's disease and related disorders
- Atrial fibrillation
- Breast cancer
- Cataract
- Congestive heart failure (CHF)
- Chronic kidney disease
- Colorectal cancer
- Chronic obstructive pulmonary disease (COPD)
- Diabetes
- Endometrial cancer
- Glaucoma
- Hip/pelvic fracture
- Ischemic heart disease
- Lung cancer
- Major depression
- Osteoporosis
- Prostate cancer
- Rheumatoid arthritis and osteoarthritis
- Stroke/transient ischemic attack (TIA)

Gaps in Performance Measures

Gaps in Measures Addressing Priority Areas

1. *Patient and Family Engagement*

   NQF has endorsed several instruments to assess the perceptions of patients of the quality of care they receive, including the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) (adult primary care, child primary care, and adult specialty care), Experience of Care and Health Outcomes (ECHO®) (for behavioral healthcare), and the Promoting Healthy Development Survey. More measures are needed to assess patient engagement in treatment planning, including providing patients with the information they need to make decisions and involving them in the decionmaking process. Information must be provided to patients in a way that is culturally and linguistically appropriate.

2. *Population Health*

   Ambulatory care providers play an important role in population health by providing vital preventive services that minimize the burden negative health outcomes place on the population. NQF has endorsed several Prevention Quality Indicators (PQIs) for assessing the use of preventive services at the level of groups of providers or a community.

3. *Safety*

Most of the work completed by NQF to date in the area of patient safety has focused on analysis at the facility level. Several endorsed measures address processes of care that are related to a reduction in patient safety events, such as drugs to be avoided in the elderly, documentation of allergies and adverse reactions, therapeutic monitoring, and falls risk management. However, there are no measures endorsed that address patient safety outcomes. Many patient safety outcomes, including serious reportable events and mortality, are best addressed at the hospital level because of the importance of adopting a systems-level approach of accountability for these avoidable events. However, several adverse events, including medication errors, are directly related to the quality of care provided by individual clinicians, including instructions provided by the clinician when prescribing new medications. Measures are needed to assess processes of care that can most impact patient safety, as well as related patient safety outcomes. Several of the NQF-endorsed safe practices for better healthcare[ii] can serve as the starting point for clinician-level performance measures, including:

Safe Practice 5—Informed Consent: Ask each patient or legal surrogate to "teach back," in his or her own words, key information about the proposed treatments or procedures for which he or she is being asked to provide informed consent.

Safe Practice 6—Life-Sustaining Treatment: Ensure that written documentation of the patient's preferences for life-sustaining treatments is prominently displayed in his or her chart.

Safe Practice 7—Disclosure: Following serious unanticipated outcomes, including those that are clearly caused by systems failures, the patient and, as appropriate, the family should receive timely, transparent, and clear communication concerning what is known about the event.

Safe Practice 12—Patient Care Information: Ensure that care information is transmitted and appropriately documented in a timely manner and in a clearly understandable form to patients and to all of the patient's healthcare providers/professionals, within and between care settings, who need that information to provide continued care.

Pipeline Measures—Patient Safety

As of the date of this report, the following measures related to patient safety at the clinician level are currently under review by NQF for endorsement:

- Cataracts: complications within 30 days following cataract surgery requiring additional surgical procedures.
- INR for patients taking warfarin and anti-infective medications.
- Potentially harmful drug-disease interactions in the elderly.
- Medication reconciliation post discharge.

[ii] *Safe Practices for Better Healthcare–2009 Update: A Consensus Report* is available at www.qualityforum.org/Publications/2009/03/Safe_Practices_for_Better_Healthcare%E2%80%932009_Update.aspx.

4. *Care Coordination*

NQF has endorsed several measures to assess care coordination including measures that assess whether a plan of care was created for inadequate hemodialysis and peritoneal dialysis; that assess urinary incontinence for women 65 and older; and that assess cancer patients experiencing pain. A measure also has been endorsed that assesses whether an advance care plan was created for patients 65 and older. The Joint Commission has developed measures for creating and communicating to the next care provider a care plan for psychiatric patients upon discharge from the hospital. A similar NQF-endorsed measure assesses whether discharge instructions were transmitted to heart failure patients upon discharge from the hospital. These measures can be expanded easily for use at the clinician level, as well as for use with other conditions. Care coordination measures are needed in the following areas, identified by the NQF "Care Coordination Framework"[iii]:

- **Healthcare "Home":** Measures of whether patients have a healthcare "home" and measures to assess the quality of care provided by the designated healthcare home are needed.
- **Proactive Plan of Care and Follow-Up:** Expand the currently endorsed plan of care measures to other areas, conduct further research, and specify what information plans of care should contain.
- **Communication/Transitions or Hand-Offs:** Measures are needed to assess whether patient information, including plans of care, is transmitted to the next care provider and whether providers contact patients after care is provided.
- **Information Systems:** Measures are needed to ensure that standardized, integrated electronic information systems with functionalities essential to care coordination are available to all providers and patients.

Pipeline Measures—Care Coordination

NQF has a consensus project currently under way to identify measures for care coordination. A Call for Measures closed on April 17, 2009. Several care coordination measures exist that have not yet been reviewed by NQF, including Care Coordination for PCI (AMA PCPI) and Advance Care Planning (AMA PCPI). The following measures, developed by AMA PCPI, are currently under review by NQF:

- Primary open-angle glaucoma: reduction of intraocular pressure by 15% or documentation of a plan of care.
- Melanoma coordination of care.

[iii] *NQF-Endorsed Definition and Framework for Measuring Care Coordination* is available at www.qualityforum.org/pdf/ambulatory/txCareCoordination%20defandframe08-02-06.pdf.

5. *Palliative and End-of-Life Care*

NQF has endorsed several measures for palliative and end-of-life care to assess the quality of care at the facility level, including hospice programs. However, NQF has endorsed only one measure to assess the quality of palliative care at the clinician level—Advance Care Plan Created for Geriatric Patients. Measures are needed to assess the quality of care provided by physicians, including primary care physicians, medical oncologists, and palliative care specialists. Examples of NQF-endorsed measures that could be expanded to examine the quality of care of individual clinicians include:

- Proportion of patients receiving chemotherapy in the last 30 days of life.
- Comfortable dying: patients whose pain was brought under control within 48 hours of admission to hospice.
- Patients who died from cancer without being admitted to hospice.

Pipeline Measures—Palliative Care

AMA PCPI has developed two measures for the measurement of palliative care at the clinician level:

- Advance care planning and dyspnea screening.
- Dyspnea management (selected by AQA).

These measures have not yet been reviewed by NQF for endorsement.

6. *Overuse*

Evidence suggests that a portion of the variation observed in healthcare spending nationally is based not on evidence-based medicine, but instead is a function of the capacity to provide healthcare, such as the number of hospitals, physicians, and physician specialists. Areas of the country with more physician specialists have more consultations and consequently provide more surgeries and procedures and have higher expenditures, regardless of whether such care is warranted.[1] Although NQF has endorsed measures of overuse for a few clinical areas, further research and measure development is needed to identify areas of overuse and to hold clinicians accountable for unnecessary procedures. The National Priorities Partnership has identified the following areas of focus for overuse measurement:

Inappropriate medication use, targeting:

- antibiotic use*
- polypharmacy (for multiple chronic conditions; of antipsychotics)*

Unnecessary laboratory tests, targeting:

- panels (e.g., thyroid, SMA 20)
- special testing (e.g., Lyme disease with regional considerations)

Unwarranted maternity care interventions, targeting:

- cesarean section*

*Areas of overuse for which NQF has endorsed clinician-level measures.

Unwarranted diagnostic procedures, targeting:

- cardiac computed tomography (noninvasive coronary angiography and coronary calcium scoring)
- lumbar spine magnetic resonance imaging prior to conservative therapy, without red flags*
- uncomplicated chest/thorax computed tomography screening
- bone or joint x-ray prior to conservative therapy, without red flags
- chest x-ray, preoperative, on admission, or routine monitoring
- endoscopy

Inappropriate nonpalliative services at end of life, targeting:

- chemotherapy in the last 14 days of life
- aggressive interventional procedures
- more than one emergency department visit in the last 30 days of life

Unwarranted procedures, targeting:

- spine surgery
- percutaneous transluminal coronary angioplasty (PTCA)/stent
- knee/hip replacement
- coronary artery bypass graft (CABG)
- hysterectomy
- prostatectomy

Preventable emergency department visits and hospitalizations, targeting:

- potentially preventable emergency department visits
- hospital admissions lasting less than 24 hours
- ambulatory care-sensitive conditions

Potentially harmful preventive services with no benefit, targeting:

- BRCA mutation testing for breast and ovarian cancer—female, low risk
- coronary heart disease screening using electrocardiography (ECG), exercise treadmill test (ETT), electron beam computed tomography (EBCT)—adults, low risk
- carotid artery stenosis screening—general adult population
- cervical cancer screening—female over 65, average risk and female, posthysterectomy
- prostate cancer screening—male over 75

Areas of overuse for which NQF has endorsed measures at the clinician level are noted. The other areas identified represent gaps in measurement where future measure development should focus in order to provide more information about overuse of these services by individual clinicians.

Pipeline Measures—Overuse

Measures are under consideration for endorsement by NQF that address polypharmacy of antipsychotics. Measures that address overuse that have been developed by AMA PCPI but not yet reviewed by NQF include the following:

- Use of wound surface culture technique in patients with chronic skin ulcers.
- Use of wet to dry dressings in patients with chronic skin ulcers.
- Avoidance of intravenous heparin.
- Melanoma: over-utilization of imaging studies in stage 0-1A melanoma.

Gaps in Measures by Condition/Episode of Care Domain

Table 3 provides a matrix of endorsed measures by priority condition and episode of care domain (outcomes, cost/resource use, and processes of care). This table includes examples of topic areas addressed by endorsed measures and the NQF endorsement number of relevant endorsed measures; please refer to Appendix B for a more complete list of measures for each condition and additional descriptive information for each measure. A large majority of the NQF-endorsed clinician-level measures relate to processes of care. Measures that represent outcomes of care address what might be classified as "intermediate outcomes," including hemoglobin A1c level, blood pressure, and lipid measurements. Several measures have been endorsed for clinicians that assess whether the provider documented an outcome of care, but they do not actually capture the result of the outcome (e.g., left ventricular assessment or weight assessment). The table illustrates that there are very few measures endorsed by NQF that measure outcomes of care or cost/resource use.

Table 3: Measurement Gaps by Priority Condition and Measure Domain (Gaps in Blue)

CONDITION	OUTCOMES	COST/RESOURCE USE	PROCESSES OF CARE
Alzheimer's disease and related disorders			
Atrial fibrillation			• Warfarin therapy (0084)
Breast cancer			• Screening (0031) • Cancer stage documented (0386*) • Hormonal therapy (0387) • Pathology (0391)
Cataract	Under review: visual acuity within 90 days		Under review: • Complications within 30 days of surgery • Comprehensive pre-operative assessment
CHF			• Beta blocker, ACEI/ARB therapy (0083, 0081) • Patient education (0082)
Chronic kidney disease			Several under review, enriched claims project: • Monitoring calcium • Monitoring parathyroid hormone • Monitoring phosphorous

more

*Time-limited endorsement.

Table 3: Measurement Gaps by Priority Condition and Measure Domain (Gaps in Blue)

CONDITION	OUTCOMES	COST/RESOURCE USE	PROCESSES OF CARE
Colorectal cancer			• Screening (0034*) • Cancer stage documented (0386)
COPD			• Assessment of oxygen saturation (0080) • Spirometry evaluation (0091) • Inhaled brochodilator therapy (0102)
Diabetes	HbA1c management		• Foot exam (0056) • Eye exam (0055)
Endometrial cancer			
Glaucoma			• Optic nerve evaluation (0086*)
Hip/pelvic fracture			• Osteoporosis, management after fracture (0048*)
Ischemic heart disease	Blood pressure management		• Use of aspirin (0092*) • Antiplatelet therapy (0237*)
Lung cancer			
Major depression			• Diagnostic evaluation (0103) • Suicide risk assessment (0104) • New episode of depression (0105)
Osteoporosis			• Pharmacologic therapy (0049*) • Screening or care for women (0046*) • Functional and pain assessment (0050)
Prostate cancer			• 3D radiotherapy (0388) • Adjuvant hormonal therapy (0390)
Rheumatoid arthritis and osteoarthritis			• DMARD use (0054) • Assessment for anti-inflammatory or analgesic OTC medications (0051) • Functional and pain assessment (0050)
Stroke/TIA			• Anticoagulant therapy prescribed for atrial fibrillation (0084) • Carotid imaging reports (0245*) • Discharged on antiplatelet therapy (0325)

Limitations of Physician-Level Measurement and Reporting

As the field of performance measurement at the physician level advances, it is important to recognize the challenges that remain. Many of these challenges center around using these measures for accountability, including pay-for-reporting and public reporting initiatives. The challenges of selecting valid and reliable measures that accurately portray the quality of care provided by healthcare professionals often are increasingly relevant to the clinician and the quality measurement enterprise. Based on a review of transcripts, meeting summaries, and reports of the discussions of NQF Steering Committees and workshop groups tasked with identifying measures for public reporting at the clinician level, several themes emerged related to the preeminent challenges of developing such measures.

Statistical Limitations of Clinician-Level Measurement

Several publications have pointed to the statistical challenges involved in measuring healthcare quality at the clinician level.[2-4] NQF Steering Committees reviewing measures for use at the clinician level have consistently noted these same challenges. Because clinicians often see few patients with a given condition, it can be difficult to establish a sample size large enough to achieve statistical reliability. Hofer et al. estimated that an individual clinician must see 100 patients with diabetes to achieve 80 percent reliability for diabetes-specific measures.[2] Appropriate risk adjustment can be very difficult to implement for outcome measures at the clinician level. Many conditions lack a sufficient evidence base to link care processes to outcomes.

Accountability

NQF Steering Committees reviewing measures at the clinician level often express the difficulty involved in determining accountability for many process and outcome measures. In addition, it often can be difficult to determine what physician is responsible for the care of a particular patient. A patient with a certain chronic condition might see only the specialist relevant to her or his condition, in which case that specialist might be responsible for general care processes that might be thought of as the responsibility of a primary care physician. Conversely, many patients with chronic conditions see only primary care physicians for their care, in which case the primary care physician becomes the primary provider of care processes related to these patients' conditions that are often associated with specialty clinicians. Often, because of a lack of care coordination, physicians are not aware of the care that has been provided to their patients by other providers and either erroneously neglect to provide care they assume another clinician is responsible for or duplicate care processes unnecessarily. Failure to comply with measures of care processes or outcomes is sometimes better attributed to a group of clinicians or the healthcare system. It is important that measures selected for public reporting can appropriately be attributed to the care provided by individual clinicians.

Usability for Consumer Decisionmaking

Many NQF committees have noted the challenges involved in presenting information about the care provided by individual clinicians in a way that is meaningful to consumers for decisionmaking. The NQF report *National Voluntary Consensus Standards for Hospital Care: 2007—Guidelines for Consumer-Focused Public Reporting*[iv] provides guidance to help public reporting website sponsors develop sites that are user friendly for consumers seeking information about healthcare providers. The guidelines are specific to hospital public reporting, but many also are applicable to the ambulatory setting.

References

1 Fisher ES, Wennberg DE, Stukel TA, et al., The implications of regional variations in Medicare spending. part 1: the content, quality, and accessibility of care, *Ann Intern Med,* 2003;138(4):273-287.

2 Hofer TP, Hayward RA, Greenfield S, et al., The unreliability of individual physician "report cards" for assessing the costs and quality of care of a chronic disease, *JAMA,* 1999;281(22):2098-2105.

3 Kaplan SH, Griffith JL, Price LL, et al., Improving the reliability of physician performance assessment: identifying the "physician effect" on quality and creating composite measures, *Med Care,* 2009;47(4):378-387.

4 Landon BE, Normand SL, Blumenthal D, et al., Physician clinical performance assessment: prospects and barriers, *JAMA,* 2003;290(9): 1183-1189.

[iv] *National Voluntary Consensus Standards for Hospital Care—Guidelines for Consumer-Focused Public Reporting: A Consensus Report* is available at www.qualityforum.org/Publications/2009/04/National_Voluntary_Consensus_Standards_for_Hospital_Care_2007%E2%80%94_Guidelines_for_Consumer-Focused_Public_Reporting__A_Consensus_Report.aspx.

Appendix A – NQF-Endorsed Measures by Condition and Applicable Specialty Area

Conditions/Procedures *(CMS priority conditions highlighted):*	SPECIALTIES (ABMS):	Pediatrics	Genetics	Family Medicine	Internal Medicine	Geriatrics	Allergy	Immunology	Infectious Disease	Pulmonology	Cardiology	Nephrology	Gastroenterology	Rheumatology	Endocrinology	Hematology	Oncology	Radiation Oncology	General/Preventive Medicine	Aerospace Medicine	Occupational Medicine	Physical Medicine and Rehab	Emergency Medicine	Gynecology	Obstetrics	Surgery	Colon/Rectal Surgery	Neurological Surgery	Thoracic Surgery	Vascular Surgery	Dermatology	Ophthalmology	Orthopaedics	Otolaryngology	Plastic Surgery	Urology	Anesthesiology	Pathology	Radiology	Nuclear Medicine	Neurology	Psychiatry	Unspecified
ADHD																																										●	
Allergies					●		●												●																									
Alzheimer's Disease																																											
AMI											●												●																			
Angina											●																															
AOD Abuse					●														●																							
Asthma										●																																
Atrial Fibriliation											●												●																		●		
Bacterial Pneumonia										●																															●	
Back Pain					●														●							●												●			●	●
Behavioral Health					●														●																							
Bipolar Disorder															●																										●	
Bone Fracture						●																				●																
Breast Cancer																	●	●																								
Bronchitis										●																																
Burns																										●																
CABG											●																															
CAD											●				●																											
Cancer																	●	●																								
Carotid Endarectomy																										●																
Cataract																																										
Cervical Cancer																	●																									
Chest Pain											●																															
Chlamydia																								●																		

more

Appendix A – NQF-Endorsed Measures by Condition and Applicable Specialty Area

Conditions/Procedures *(CMS priority conditions highlighted):*	SPECIALTIES (ABMS):	Pediatrics	Genetics	Family Medicine	Internal Medicine	Geriatrics	Allergy	Immunology	Infectious Disease	Pulmonology	Cardiology	Nephrology	Gastroenterology	Rheumatology	Endocrinology	Hematology	Oncology	Radiation Oncology	General/Preventive Medicine	Aerospace Medicine	Occupational Medicine	Physical Medicine and Rehab	Emergency Medicine	Gynecology	Obstetrics	Surgery	Colon/Rectal Surgery	Neurological Surgery	Thoracic Surgery	Vascular Surgery	Dermatology	Ophthalmology	Orthopaedics	Otolaryngology	Plastic Surgery	Urology	Anesthesiology	Pathology	Radiology	Nuclear Medicine	Neurology	Psychiatry	Unspecified
CKD																●																												
Colectomy																●																												
Colon Cancer																	●																											
Colorectal Cancer																	●																											
COPD										●																																	
CRBSI																																					●						
Depression																																										●	
Diabetes		●									●	●			●																●									●			
Elbow, Wrist, Hand Impairment																						●																					
Endometrial Cancer																																											
Esophageal Cancer																	●																											
ESRD												●				●									●																		
Falls						●																																					
Foot/Ankle Impairments																						●																					
General Orthopaedic Impairment																						●										●											
Glaucoma																																											
Hepatitis C					●				●				●						●																								
Heart Failure											●																																
HIV/AIDS					●				●				●											●																				
Hip Impairments																						●																					
Hypertension										●																																	
Influenza					●	●													●																								
Intracranial Hemorrhage																																	●					●			●		
Ischemic Stroke											●																						●					●			●		

more

Appendix A – NQF-Endorsed Measures by Condition and Applicable Specialty Area

Conditions/Procedures *(CMS priority conditions highlighted):*	SPECIALTIES (ABMS):	Pediatrics	Genetics	Family Medicine	Internal Medicine	Geriatrics	Allergy	Immunology	Infectious Disease	Pulmonology	Cardiology	Nephrology	Gastroenterology	Rheumatology	Endocrinology	Hematology	Oncology	Radiation Oncology	General/Preventive Medicine	Aerospace Medicine	Occupational Medicine	Physical Medicine and Rehab	Emergency Medicine	Gynecology	Obstetrics	Surgery	Colon/Rectal Surgery	Neurological Surgery	Thoracic Surgery	Vascular Surgery	Dermatology	Ophthalmology	Orthopaedics	Otolaryngology	Plastic Surgery	Urology	Anesthesiology	Pathology	Radiology	Nuclear Medicine	Neurology	Psychiatry	Unspecified
IVD											●																																
Knee Impairment																						●																					
Leukemia																●																										
Lumbar Spine Impairment																						●																				
Lung Cancer																	●																									
Lung Resection										●																		●													
Macular Degeneration																															●											
Manic Behavior																																									●	
MDS																●																										
Myeloma																●																										
Nephropathy												●			●																											
Osteoarthritis						●																																			
Osteoporosis						●																																			
Pharyngitis		●																															●								
Pneumonia										●																															
POAG																															●										
Pregnancy																●								●																	
Prostate Cancer																	●	●																								
Psychosis																																									●	
Rectal Cancer																	●																									
Retinopathy															●																●										
Rheumatoid Arthritis														●																											
Schizophrenia																																									●	
Shoulder Impairment																						●																				

more

Appendix A – NQF-Endorsed Measures by Condition and Applicable Specialty Area

Conditions/Procedures *(CMS priority conditions highlighted)*:	SPECIALTIES (ABMS):	Pediatrics	Genetics	Family Medicine	Internal Medicine	Geriatrics	Allergy	Immunology	Infectious Disease	Pulmonology	Cardiology	Nephrology	Gastroenterology	Rheumatology	Endocrinology	Hematology	Oncology	Radiation Oncology	General/Preventive Medicine	Aerospace Medicine	Occupational Medicine	Physical Medicine and Rehab	Emergency Medicine	Gynecology	Obstetrics	Surgery	Colon/Rectal Surgery	Neurological Surgery	Thoracic Surgery	Vascular Surgery	Dermatology	Ophthalmology	Orthopaedics	Otolaryngology	Plastic Surgery	Urology	Anesthesiology	Pathology	Radiology	Nuclear Medicine	Neurology	Psychiatry	Unspecified
Stroke																																											
Syncope																							●																					
TIA											●																												●		●			
Tobacco Usage					●														●																									
Trauma																																							●					
Tuberculosis									●																																			
Unspecified Conditions		●			●	●													●							●			●									●				●	●
URI										●																													●					
Urinary Incontinence						●																													●								
VTE					●														●																									

Appendix B: Measure Information for Measures Referenced in Appendix A

NQF#	TITLE	DEVELOPER	DESCRIPTION	STATUS	SPECIALITY AREA	CONDITION
0020M	Documentation of allergies and adverse reactions in the outpatient record	CMS	Percentage of patients having documentation of allergies and adverse reactions in the medical record.	Endorsed	Allergy	Allergies
0464	Anesthesiology and Critical Care: Prevention of Catheter-Related Bloodstream Infections (CRBSI)—Central Venous Catheter (CVC) Insertion Protocol	Society of Thoracic Surgeons	Percentage of patients 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) followed.	Endorsed	Anesthesiology	CRBSI
0070	CAD: Beta-Blocker Therapy—Prior Myocardial Infarction (MI)	AMA PCPI	Percentage of patients with prior MI at any time who were prescribed beta-blocker therapy.	Endorsed	Cardiology	AMI
0071	Acute Myocardial Infarction (AMI): Persistence of Beta-Blocker Treatment After a Heart Attack	NCQA	Percentage of patients whose days' supply of beta blockers dispensed is >=135 days in the 180 days following discharge.	Endorsed	Cardiology	AMI
0072	CAD: Beta-Blocker Treatment after a Heart Attack	NCQA	Percentage of patients who have a claim indicating beta blocker therapy or who received an ambulatory prescription for beta-blockers rendered within 7 days after discharge.	Endorsed	Cardiology	AMI
0065	Coronary Artery Disease (CAD): Symptom and Activity Assessment	AMA PCPI	Percentage of patients with CAD who were evaluated for both level of activity and anginal symptoms during one or more office visits.	Endorsed	Cardiology	Angina/ CAD
0084	Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation	AMA PCPI	Percentage of patients with HF who also have paroxysmal or chronic atrial fibrillation who were prescribed warfarin therapy.	Endorsed	Cardiology	Atrial Fibrillation/ Heart Failure
0235	Pre-op Beta Blocker in Patient with Isolated CABG (1)	CMS	Percentage of procedures for which the patient received Beta Blockers within 24 hours preceding surgery/ Total number of isolated CABG procedures.	Endorsed	Cardiology	CABG
0236	Pre-op Beta Blocker in Patient with Isolated CABG (2)	Society of Thoracic Surgeons	Percentage of patients undergoing CABG with documented pre-operative beta blockade who had a coronary artery bypass graft.	Endorsed	Cardiology	CABG
0237	Anti-platelet Medication on Discharge	Society of Thoracic Surgeons	Number of procedures for which the patient was discharged from the facility on Aspirin, enteric coated aspirin, or ADP Inhibitors/ Number of Isolated CABG procedures excluding those that resulted in in-hospital mortalities based on the variables Mortality Discharge Status, Mortality Date, and Discharge Date.	Endorsed	Cardiology	CABG
0238	Beta Blocker on Discharge	Society of Thoracic Surgeons	Number of procedures for which the patient was discharged from the facility on beta blockers/ Number of Isolated CABG procedures excluding those that resulted in in-hospital mortalities based on the variables Mortality Discharge Status, Mortality Date, and Discharge Date.	Endorsed	Cardiology	CABG
0067	CAD: Antiplatelet Therapy	AMA	Percentage of patients with CAD who were prescribed antiplatelet therapy.	Endorsed	Cardiology	CAD

0074	CAD: Drug Therapy for Lowering LDL-Cholesterol	AMA PCPI	Percentage of patients with CAD who were prescribed a lipid – lowering therapy (based on current ACC/AHA guidelines).	Endorsed	Cardiology	CAD
0076	CAD: Optimally Managed Modifiable Risk	Health-Partners	Percentage of members who have optimally managed modifiable risk factors (LDL, tobacco non-use, blood pressure control, aspirin usage).	Endorsed	Cardiology	CAD
MM004-08P	Coronary Artery Disease and Medication Possession Ratio for Statin Therapy	CMS	Medication adherence to statin therapy for Part D beneficiaries with Coronary Artery Disease (CAD). The measure reports both an average medication possession ratio (MPR) and the percentage of Part D beneficiaries who have an MPR = 0.80 for statin therapy.	Under Review	Cardiology	CAD
MM016-08P	Coronary Artery Disease and Lipid-Lowering Therapy	CMS	Percentage of Part D beneficiaries with CAD who have at least one claim for a lipid-lowering drug during the measurement period.	Under Review	Cardiology	CAD
MM017-08P	Treatment of Coronary Artery Disease (CAD): Ace Inhibitor/ Angiotensin Receptor Blocker Use	Health Benchmarks	Percentage of members age 18-75, identified as having CAD or other atherosclerotic disease at high risk for coronary events who filled 1 or more prescriptions for an Angiotensin-Converting Enzyme (ACE) inhibitor or Angiotensin Receptor Blocker (ARB) within a year of their initial diagnosis.	Under Review	Cardiology	CAD
0090	Electrocardiogram Performed for Non-Traumatic Chest Pain	NCQA/AMA/ American College of Emergency Physicians	Percentage of patients aged 40 years and older with an emergency department discharge diagnosis of non-traumatic chest pain who had an electrocardiogram (ECG) performed.	Endorsed	Cardiology	Chest Pain
0321	Peritoneal Dialysis Adequacy/Plan of Care	Renal Physicians Association	Percentage of patients aged 18 years and older with a diagnosis of ESRD receiving peritoneal dialysis who have a Kt/V >=1.7 AND patients who have a Kt/V <1.7 with a documented plan of care 3 times a year (every 4 months) during the 12 month reporting period.	Endorsed	Cardiology	ESRD
0378M	Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy	AMA PCPI	Patients with documentation* of iron stores prior to initiating erythropoietin therapy. *Documentation includes either: bone marrow examination including iron stain OR serum iron measurement by ferritin or serum iron and TIBC	Endorsed	Cardiology	ESRD
0077	Heart Failure (HF): Assessment of Activity Level	AMA PCPI	Percentage of patient visits or patients with HF with assessment of activity level.	Endorsed	Cardiology	Heart Failure
0078	Heart Failure (HF): Assessment of Clinical Symptoms of Volume Overload (Excess)	AMA PCPI	Percentage of patient visits or patients with HF with assessment of clinical symptoms of volume overload (excess).	Endorsed	Cardiology	Heart Failure
0079	Heart Failure (HF): Left Ventricular Function Assessment	CMS/TJC	Percentage of patients with HF with quantitative or qualitative results of left ventricular function (LVF) assessment recorded.	Endorsed	Cardiology	Heart Failure
0081	Heart Failure (HF): ACEI/ ARB Therapy	AMA PCPI	Percentage of patients with HF who also have left ventricular systolic dysfunction (LVSD) who were prescribed ACE inhibitor or ARB therapy.	Endorsed	Cardiology	Heart Failure

0082	Heart Failure (HF): Patient Education	AMA/NYU School of Medicine	Percentage of patients who were provided with patient education on disease management and health behavior changes during one or more visit(s).	Endorsed	Cardiology	Heart Failure
0083	Heart Failure (HF): Beta-Blocker Therapy	AMA/NYU School of Medicine	Percentage of patients with HF who also have LVSD who were prescribed beta-blocker therapy.	Endorsed	Cardiology	Heart Failure
0085	Heart Failure (HF): Weight Measurement	AMA PCPI	Percentage of patient visits for patients with HF with weight measurement recorded.	Endorsed	Cardiology	Heart Failure
0075	IVD: Complete Lipid Profile and LDL Control <100	NCQA	Percentage of patients with a full lipid profile completed during the 12-month measurement period with date of each component of the profile documented; LDL-C<100.	Endorsed	Cardiology	IVD
0092M	Aspirin at Arrival of AMI	NCQA/AMA/ American College of Emergency Physicians	Percentage of patients 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.	Endorsed	Cardiology/ Emergency Medicine	AMI
0093	Electrocardiogram Performed for Syncope	NCQA/AMA/ American College of Emergency Physicians	Percentage of patients aged 18 years and older with an emergency department discharge diagnosis of syncope who had an ECG performed.	Endorsed	Cardiology/ Emergency Medicine	Syncope
0241M	Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge	NCQA/AMA/ American College of Emergency Physicians	Percentage of patients aged 18 years and older with the diagnosis of ischemic stroke or transient ischemic attack (TIA) with documented permanent, persistent, or paroxysmal atrial fibrillation who were prescribed an anticoagulant at discharge.	Endorsed	Cardiology/ Emergency Medicine/ Neurology	Atrial Fibrillation/ Ischemic Stroke/TIA
0066M	CAD: ACE Inhibitor/ Angiotensin Receptor Blocker (ARB) Therapy	AMA PCPI	Percentage of patients with CAD who also have diabetes and/or LSVD who were prescribed ACE inhibitor or ARB therapy.	Endorsed	Cardiology/ Endocrinology	CAD/ Diabetes
0262M	Vascular Access—Physician (b)	Kidney Care Quality Alliance	Percentage of all ESRD patients aged 18 years and older receiving hemodialysis during the 12 month reporting year with a catheter after 90 days on dialysis who are seen by a vascular surgeon for evaluation for permanent access at least once during the 12-month reporting period.	Endorsed	Cardiology/ Hematology	ESRD
0056	Diabetes: Foot Exam	NCQA	Percentage of adult patients with diabetes aged 18-75 years who received a foot exam (visual inspection, sensory exam with monofilament, or pulse exam).	Endorsed	Endocrinology	Diabetes
0057	Hemoglobin A1c Testing	NCQA	Percentage of adult patients with diabetes aged 18-75 years receiving one or more A1c test(s) per year.	Endorsed	Endocrinology	Diabetes
0059	Hemoglobin A1c Management	NCQA	Percentage of adult patients with diabetes aged 18-75 years with most recent A1c level greater than 9.0% (poor control).	Endorsed	Endocrinology	Diabetes
0063	Diabetes: Lipid Profile	NCQA	Percentage of adult patients with diabetes aged 18-75 years receiving at least one lipid profile (or ALL component tests).	Endorsed	Endocrinology	Diabetes

0064	Diabetes Measure Pair: A) Lipid Management: Low Density Lipoprotein Cholesterol (LDL-C) <130 B) Lipid Management: LDL-C <100	NCQA	A. 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.	Endorsed	Endocrinology	Diabetes
0416	Diabetic Foot & Ankle Care, Ulcer Prevention—Evaluation of Footwear	American Podiatric Medical Association	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 months.	Endorsed	Endocrinology	Diabetes
MM-00608P	Diabetes Mellitus and Medication Possession Ratio (MPR) for Chronic Medications	CMS	Medication adherence to three classes of chronic medications for Part D beneficiaries with diabetes. The measure reports both a continuous medication possession ratio (MPR) and the percentage of diabetic Part D beneficiaries who have an MPR = 0.80 for three classes of medications: oral hypoglycemic agents, statins, and angiotensin converting enzyme inhibitors (ACEIs)/angiotensin receptor blockers (ARBs).	Under Review	Endocrinology	Diabetes
MM008-08P	Diabetes Suboptimal Treatment Regimen (SUB)	NCQA	The percentage of patients who were dispensed a medication for diabetes and hypertension who are not receiving an ACEI/ARB medication.	Under Review	Endocrinology	Diabetes
MM010-08P	Lipid-Lowering Drugs for Diabetic Beneficiaries	CMS	Percentage of diabetic Part D beneficiaries who have at least one claim for a lipid-lowering drug.	Under Review	Endocrinology	Diabetes
0417M	Diabetic Foot & Ankle Care, Peripheral Neuropathy—Neurological Evaluation	American Podiatric Medical Association	Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who had a neurological examination of their lower extremities during one or more office visits within 12 months.	Endorsed	Endocrinology/ Neurology	Diabetes
0055M	Diabetes: Eye Exam	NCQA	Percentage of adult patients with diabetes aged 18-75 years who received a dilated eye exam or seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist or imaging validated to match diagnosis from these photos during the reporting year, or during the prior year, if patient is at low risk** for retinopathy. **Patient is considered low risk if the following criterion is met: has no evidence of retinopathy in the prior year.	Endorsed	Endocrinology/ Ophthalmology	Diabetes
0088M	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	NCQA/AMA/ American College of Ophthalmology	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.	Endorsed	Endocrinology/ Ophthalmology	Retinopathy

0089M	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	NCQA/AMA/ American College of Ophthalmology	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 ongoing care of the patient with diabetes regarding the findings of the macular or fundus exam at least once within 12 months.	Endorsed	Endocrinology/ Ophthalmology	Retinopathy
0003M	Bipolar Disorder: Assessment for Diabetes	Center for Quality Assessment and Improvement in Mental Health	Percentage of patients treated for bipolar disorder who are assessed for diabetes within 16 weeks after initiating treatment with an atypical antipsychotic agent.	Endorsed	Endocrinology/ Psychiatry	Bipolar Disorder/ Diabetes
MM014-08PM	Chronic Kidney Disease, Diabetes Mellitus, Hypertension and ACEI/ARB Therapy	CMS	Percentage of Part D beneficiaries with chronic kidney disease (CKD) (Stages 1-4), diabetes mellitus, and hypertension (HTN) with ACEI/ARB therapy.	Under Review	Endocrinology/ Pulmonology	Diabetes/ Hyperten-sion
0414M	HIV/AIDS: Hepatitis C	NCQA	Percentage of patients for whom Hepatitis C (Hep C) screening was performed at least once since the diagnosis of HIV infection or for whom there is documented immunity.	Endorsed	General-Internal Medicine/ Infectious Disease/ Gastroenter-ology/ Infectious Disease	HIV/AIDS
0053	Osteoporosis Management in Women Who Had a Fracture	NCQA	Percentage of women 65 years and older who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat or prevent osteoporosis in the six months after the date of fracture.	Endorsed	Geriatrics	Bone Fracture/ Osteo-porosis
0101	Falls: Screening for Fall Risk	NCQA/AMA/ American Geriatrics Society	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.	Endorsed	Geriatrics	Falls
0050	Osteoarthritis: Functional and Pain Assessment	AMA PCPI/ AAOS	Percentage of patients with osteoarthritis who were assessed for function and pain.	Endorsed	Geriatrics	Osteo-arthritis
0051	Osteoarthritis: Assessment for Use of Anti-Inflammatory or Analgesic Over-the-Counter (OTC) Medications	AMA PCPI	Percentage of patient visits with assessment for use of anti-inflammatory or analgesic OTC medications.	Endorsed	Geriatrics	Osteo-arthritis
0037	Osteoporosis Testing in Older Women	NCQA	Percentage of female patients aged 65 and older who reported receiving a bone density test (BMD) to check for osteoporosis.	Endorsed	Geriatrics	Osteo-porosis
0046	Osteoporosis: Screening or Therapy for Women Aged 65 Years and Older	AMA PCPI	Percentage of female patients aged 65 years and older who have a central DXA measurement ordered or performed at least once since age 60 or pharmacologic therapy prescribed within 12 months.	Endorsed	Geriatrics	Osteo-porosis

0048	Osteoporosis: Management Following Fracture	AMA PCPI	Percentage of patients aged 50 years or older with fracture of the hip, spine or distal radius that had a central DXA measurement ordered or performed or pharmacologic therapy prescribed.	Endorsed	Geriatrics	Osteo-porosis
0049	Osteoporosis: Pharmacologic Therapy	AMA PCPI	Percentage of patients aged 50 years and older with a diagnosis of osteoporosis who were prescribed pharmacologic therapy within 12 months.	Endorsed	Geriatrics	Osteo-porosis
0097M	Medication Reconciliation	NCQA/AMA/ American Geriatrical Society	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.	Endorsed	Geriatrics	Unspecified Condition
0030	Urinary Incontinence Management in Older Adults: a. Discussing Urinary Incontinence, b. Receiving Urinary incontinence Treatment	NCQA	Percentage of patients 65 years of age and older who reported having a urine leakage problem in the last six months and who discussed their urinary leakage problem with their current practitioner.	Endorsed	Geriatrics/ Urology	Urinary Incontinence
0098M	Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women	NCQA/AMA/ American Geriatrics Society	Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months.	Endorsed	Geriatrics/ Urology	Urinary Incontinence
0100M	Urinary Incontinence: Plan of Care for Urinary Incontinence in Women	NCQA/AMA/ American Geriatrics Society	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.	Endorsed	Geriatrics/Urology	Urinary Incontinence
0099M	Urinary Incontinence: Characterization of Urinary Incontinence in Women	NCQA/AMA/ American Geriatrics Society	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.	Endorsed	Geriatrics/ Urology	Urinary Incontinence
0033	Chlamydia Screening in Women	NCQA	Percentage of eligible women who were identified as sexually active who had at least one test for chlamydia during the measurement year.	Endorsed	Gynecology	Chlamydia
0259	Hemodialysis Vascular Access—Decision-making by Surgeon to Maximize Placement of Autogenous Arterial Venous Fistula	Society for Vascular Surgery	Percentage of patients with advanced chronic disease (CKD4 or 5) or end-stage renal disease (ESRD) undergoing open surgical implantation of permanent hemodialysis access who receive an autogenous arteriovenous fistula (AVF).	Endorsed	Hematology	CKD/ Colectomy
0251	Vascular Access—Physician	Kidney Care Quality Alliance	Percentage of all ESRD patients aged 18 years and older receiving hemodialysis during the 12 month reporting year who have a functional AV fistula (defined as two needles used) or do not have such a fistula but have been seen by a vascular surgeon for evaluation for permanent access at least once during the reporting year.	Endorsed	Hematology	ESRD

0323	Hemodialysis Adequacy/Plan of Care	AMA/Renal Physicians Association	Percentage of patient calendar months during the 12 month reporting period in which patients aged 18 years and older with a diagnosis of ESRD and receiving hemodialysis have a Kt/V>=1.2 AND have a Kt/V<1.2 with a documented plan of care.	Endorsed	Hematology	ESRD
0379M	Chronic Lymphocytic Leukemia (CLL)—Baseline Flow Cytometry	AMA PCPI	Patients who had baseline flow cytometry* studies performed. *Baseline flow cytometry studies refer to testing that is performed at time of diagnosis or prior to initiating treatment for that diagnosis. Treatment may include antineoplastic therapy.	Endorsed	Hematology	Leukemia
0377M	Myelodysplastic Syndrome (MDS) and Acute Leukemias —Baseline Cytogenetic Testing Performed on Bone Marrow	AMA PCPI	Percentage of patients aged 18 years and older with a diagnosis of MDS or an acute leukemia who had baseline cytogenic testing performed on bone marrow.	Endorsed	Hematology	Leukemia/MDS
0380M	Multiple Myeloma—Treatment with Bisphosphonates	AMA PCPI	Percentage of patients aged 18 years and older with a diagnosis of multiple myeloma, not in remission, who were prescribed or received intravenous bisphosphonates within the 12 month reporting period.	Endorsed	Hematology	Myeloma
0015	Prenatal Blood Groups (ABO), D (Rh) Type	AMA PCPI	Percentage of patients who gave birth during a 12-month period who had a determination of blood group (ABO) and D (Rh) type by the second prenatal care visit.	Endorsed	Hematology	Pregnancy
0016	Prenatal Blood Group Antibody Testing	AMA PCPI	Percentage of patients who gave birth during a 12-month period who were screened for blood group antibodies during the first or second prenatal care visit.	Endorsed	Hematology	Pregnancy
0407	HIV RNA Control After Six Months of Potent Antiretroviral Therapy	NCQA	Percentage of patients with viral load below limits of quantification OR patients with viral load not below limits of quantification who have a documented plan of care.	Endorsed	Infectious Disease	HIV/AIDS
WIF-01607P	HIV RNA Control After Six Months of Potent Antiretroviral Therapy	Society of Thoracic Surgeons	Percentage of patients with viral load below limits of quantification OR patients with viral load not below limits of quantification who have a documented plan of care.	Under Review	Infectious Disease	HIV/AIDS
0408	TB Screening	NCQA	Percentage of patients for whom there was documentation that a tuberculosis (TB) screening test was placed and read at least once since the diagnosis of HIV infection.	Endorsed	Infectious Disease	HIV/ AIDS/ Tuber-culosis
0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: a. Initiation, b. Engagement	NCQA	Percentage of adults aged 18 and over diagnosed with AOD abuse or dependence and receiving a related service who initiate treatment.	Endorsed	Internal Medicine/ General Preventive Medicine	AOD Abuse
0052	Low Back Pain: Use of Imaging Studies	NCQA	Percentage of patients with new low back pain who received an imaging study (plain x-ray, MRI, CT scan) conducted on the episode start date or in the 28 days following the episode start date.	Endorsed	Internal Medicine/ General Preventive Medicine	Back Pain

0307	LBP: Patient Education	NCQA	Percentage of patients provided with educational materials that review the natural history of the disease and treatment options, including alternatives to surgery, the risks and benefits and the evidence. Note: This standard is assessed as a process that applies to all patients. Evaluation is not based on documentation in individual medical records.	Endorsed	Internal Medicine/ General Preventive Medicine	Back Pain
0309	LBP: Appropriate Use of Epidural Steroid Injections	NCQA	Percentage of patients with back pain who have received an epidural steroid injection in the absence of radicular pain AND those patients with radicular pain who received an epidural steroid injection without image guidance (overuse measure, lower performance is better).	Endorsed	Internal Medicine/ General Preventive Medicine	Back Pain
0310	LBP: Shared Decision Making	NCQA	Percentage of patients with whom a physician or other clinician reviewed the range of treatment options, including alternatives to surgery prior to surgery. To demonstrate shared decision making, there must be documentation in the patient record of a discussion between the physician and the patient that includes all of the following; Treatment choices, including alternatives to surgery; Risks and benefits; Evidence of effectiveness. Note: This measure is applicable only for physicians who perform surgery.	Endorsed	Internal Medicine/ General Preventive Medicine	Back Pain
0313	LBP: Advice Against Bedrest	NCQA	Percentage of patients with medical record documentation that a physician advised them against bed rest lasting four days or longer.	Endorsed	Internal Medicine/ General Preventive Medicine	Back Pain
0314	LBP: Advice for Normal Activities	NCQA	Percentage of patients with medical record documentation that a physician advised them to maintain or resume normal activities.	Endorsed	Internal Medicine/ General Preventive Medicine	Back Pain
0317	LBP: Recommendations for Exercise	NCQA	Percentage of patients with back pain lasting more than 12 weeks, with documentation of physician advice for supervised exercise.	Endorsed	Internal Medicine/ General Preventive Medicine	Back Pain
0319	LBP: Physical Exam	NCQA	Percentage of patients with documentation of a physical examination on the date of the initial visit with the physician.	Endorsed	Internal Medicine/ General Preventive Medicine	Back Pain
0322	LBP: Initial Assessment Initial Assessment	NCQA	Percentage of patients with a diagnosis of back pain who have medical record documentation of all of the following on the date of the initial visit to the physician: 1. pain assessment, 2. functional status, 3. patient history, including notation of presence or absence of “red flags,” 4. assessment of prior treatment and response, and 5. employment status.	Endorsed	Internal Medicine/ General Preventive Medicine	Back Pain

0316M	LBP: Mental Health Assessment	NCQA	Percentage of patients with a diagnosis of back pain for whom documentation of a mental health assessment is present in the medical record prior to intervention or when pain lasts more than six weeks.	Endorsed	Internal Medicine/ General Preventive Medicine	Back Pain
0008	Experience of Care and Health Outcomes (ECHO) Survey (Behavioral Health, Managed Care Versions)	AHRQ	52 questions, including patient demographic information. The survey measures patient experiences with behavioral health care (mental health and substance abuse treatment) and the organization that provides or manages the treatment and health outcomes. Level of analysis: health plan—HMO, PPO, Medicare, Medicaid, commercial.	Endorsed	Internal Medicine/ General Preventive Medicine	Behavioral Health
0039	Flu Shots for Adults Ages 50-64	NCQA	Percentage of patients age 50-64 who report having received an influenza vaccination during the past influenza vaccination season.	Endorsed	Internal Medicine/ General Preventive Medicine	Influenza
0041	Influenza Vaccination	AMA PCPI	Percentage of patients who received an influenza vaccination.	Endorsed	Internal Medicine/ General Preventive Medicine	Influenza
0040	Flu Shot for Older Adults	NCQA	Percentage of patients age 65 and over who received an influenza vaccination from September through December of the year.	Endorsed	Internal Medicine/ General Preventive Medicine/ Geriatrics	Influenza
0312M	LBP: Repeat Imaging Studies	NCQA	Percentage of patients who received inappropriate repeat imaging studies in the absence of red flags or progressive symptoms (overuse measure, lower performance is better).	Endorsed	Internal Medicine/ General Preventive Medicine/ Radiology	Back Pain
0315M	LBP: Appropriate Imaging for Acute Back Pain	NCQA	Percentage of patients with a diagnosis of back pain for whom the physician ordered imaging studies during the six weeks after pain onset, in the absence of “red flags” (overuse measure, lower performance is better).	Endorsed	Internal Medicine/ General Preventive Medicine/ Radiology	Back Pain
0026	Measure Pair: a. Tobacco Use Prevention for Infants, Children and Adolescents, b. Tobacco Use Cessation for Infants, Children and Adolescents	Institute for Clinical Systems Improvement	Percentage of patients’ charts showing either that there is no tobacco use/exposure or (if a user) that the current use was documented at the most recent clinic visit. Percentage of patients with documented tobacco use or exposure at the latest visit who also have documentation that their cessation interest was assessed or that they received advice to quit.	Endorsed	Internal Medicine/ General- Preventive Medicine	Tobacco Usage

0027	Smoking Cessation, Medical assistance: a. Advising Smokers to Quit, b. Discussing Smoking Cessation Medications, c. Discussing Smoking Cessation Strategies	NCQA	Percentage of patients who received advice to quit smoking. Percentage of patients whose practitioner recommended or discussed smoking cessation medications. Percentage of patients whose practitioner recommended or discussed smoking cessation methods or strategies.	Endorsed	Internal Medicine/ General-Preventive Medicine	Tobacco Usage
0028	Measure pair: a. Tobacco Use Assessment, b. Tobacco Cessation Intervention	AMA PCPI	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.	Endorsed	Internal Medicine/ General-Preventive Medicine	Tobacco Usage
0019	Documentation of medication list in the outpatient record	CMS/SCRIPT/ NCQA	Percentage of patients having a medication list in the medical record.	Endorsed	Internal Medicine/General-Preventive Medicine	Unspecified Condition
0021	Therapeutic Monitoring: Annual Monitoring for Patients on Persistent Medications	NCQA	Percentage of patients 18 years and older who received at least 180-day supply of medication therapy for the selected therapeutic agent and who received annual monitoring for the therapeutic agent. Percentage of patients on ACE inhibitors or ARBs with at least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year. Percentage of patients on digoxin with at least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year. Percentage of patients on a diuretic with at least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year. Percentage of patients on any anticonvulsant for phenytoin, phenobarbital, valproic acid or carbAMA/zepine with at least one drug serum concentration level monitoring test for the prescribed drug in the measurement year. The sum of the four numerators divided by the sum of the five denominators.	Endorsed	Internal Medicine/ General-Preventive Medicine	Unspecified Condition
0029	Physical Activity in Older Adults: a. Discussing Physical Activity, b. Advising Physical Activity	NCQA	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.	Endorsed	Internal Medicine/ General-Preventive Medicine	Unspecified Condition

0239	Venous Thromboembolism (VTE) Prophylaxis	NCQA/AMA/ American College of Emergency Physicians	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.	Endorsed	Internal Medicine/ General-Preventive Medicine	VTE
0022M	Drugs to Be Avoided in the Elderly: a. Patients Who Receive at Least One Drug to be Avoided, b. Patients Who Receive at Least Two Different Drugs to Be Avoided	NCQA	Percentage of patients ages 65 years and older who received at least one drug to be avoided in the elderly in the measurement year. Percentage of patients 65 years of age and older who received at least two different drugs to be avoided in the elderly in the measurement year.	Endorsed	Internal Medicine/ Geriatrics/ General-Preventive Medicine	Unspecified Condition
0393	Hepatitis C: Testing for Chronic Hepatitis C—Confirmation of Hepatitis C Viremia	AMA PCPI	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.	Endorsed	Internal Medicine/ Infectious Disease/ Gastro-enterology	Hepatitis C
0395	Paired Measure: Hepatitis C RNA Testing Before Initiating Treatment (Paired with 0396)	AMA PCPI	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.	Endorsed	Internal Medicine/ Infectious Disease/ Gastro-enterology	Hepatitis C
0396	Paired Measure: HCV Genotype Testing Prior to Treatment (Paired with 0395)	AMA PCPI	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 within 6 months prior to initiation of antiviral treatment.	Endorsed	Internal Medicine/ Infectious Disease/Gastro enterology	Hepatitis C
0397	Hepatitis C: Prescribed Antiviral Therapy	AMA PCPI	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.	Endorsed	Internal Medicine/ Infectious Disease/Gastro enterology	Hepatitis C
0399	Paired Measure: Hepatitis C: Hepatitis A Vaccination (Paired with 0400)	AMA PCPI	Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who have received hepatitis A vaccination, or who have documented immunity.	Endorsed	Internal Medicine/ Infectious Disease/ Gastro-enterology	Hepatitis C
0400	Paired Measure: Hepatitis C: Hepatitis B Vaccination (Paired with 0399)	AMA PCPI	Percentage of patients aged 18 years and older with a diagnosis for hepatitis C who have received hepatitis B vaccination, or who have documented immunity.	Endorsed	Internal Medicine/ Infectious Disease/Gastro enterology	Hepatitis C

0401M	Hepatitis C: Counseling Regarding Risk of Alcohol Consumption	AMA PCPI	Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who received counseling regarding the risk of alcohol consumption at least once within the 12 month reporting period.	Endorsed	Internal Medicine/ Infectious Disease/Gastro -enterology/ General-Preventive Medicine	Hepatitis C
0062M	Diabetes: Urine Protein Screening	NCQA	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).	Endorsed	Nephrology/ Endocrinology	Diabetes/ Nephro-pathy
0242	Tissue Plasminogen Activator (t-PA) Considered	NCQA/ AMA/ACR/ AAN/ AMA PCPI	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).	Endorsed	Neurology	Ischemic Stroke
0240M	Deep Vein Thrombosis (DVT) Prophylaxis for Ischemic Stroke or Intracranial Hemorrhage	NCQA	Percentage of patients aged 18 years and older with the diagnosis of ischemic stroke or intracranial hemorrhage who received Deep Vein Thrombosis (DVT) prophylaxis by the end of hospital day two (2).	Endorsed	Neurology	Ischemic Stroke
0244M	Consideration of Rehabilitation Services	NCQA/AMA/ AAN/ACR	Percentage of patients aged 18 years and older with the diagnosis of ischemic stroke or intracranial hemorrhage for whom consideration of rehabilitation services (ordered rehabilitation or documented that rehabilitation was not indicated) is documented.	Endorsed	Neurology	Ischemic Stroke
0325	Discharged on Antiplatelet Therapy	AMA/Renal Physicians Association	Percentage of patients aged 18 years and older with the diagnosis of ischemic stroke or transient ischemic attack (TIA) who were prescribed antiplatelet therapy at discharge.	Endorsed	Neurology	Ischemic Stroke/TIA
0014	Prenatal Anti-D Immune Globulin	AMA PCPI	Percentage of D-negative, unsensitized patients who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation.	Endorsed	Obstetrics	Pregnancy
0012	Prenatal Screening for Human Immunodeficiency Virus (HIV)	AMA PCPI	Assessment of the degree to which members engage in treatment with two additional AOD treatments within 30 days after initiating treatment.	Endorsed	Obstetrics/ Infectious Disease	HIV/ Pregnancy
0031	Breast Cancer Screening	CMS/NCQA	Percentage of eligible women 50-69 who receive a mammogram in a two year period.	Endorsed	Oncology	Breast Cancer
0387	Oncology: Hormonal Therapy for Stage IC Through IIIC, ER/PR Positive Breast Cancer	AMA PCPI	Percentage of female patients aged 18 years and older with Stage IC through IIIC, estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) within the 12 month reporting period.	Endorsed	Oncology	Breast Cancer
0391	Breast Cancer Resection Pathology Reporting—pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade	AMA PCPI	Percentage of breast cancer resection pathology reports that include the pT category (primary tumor), the pN category (regional lymph nodes) and the histologic grade.	Endorsed	Oncology	Breast Cancer

0509	Reminder System for Mammograms	AMA PCPI	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.	Endorsed	Oncology	Breast Cancer
0386M	Oncology: Cancer Stage Documented	AMA PCPI	Percentage of patients with a diagnosis of breast, colon, or rectal cancer seen in the ambulatory setting who have a baseline AJCC cancer stage or documentation that the cancer is metatastic in the medical record at least once during the 12 month reporting period.	Endorsed	Oncology	Breast Cancer/ Colectomy/ Rectal Cancer
0385	Oncology: Chemotherapy for Stage IIIA Through IIIC Colon Cancer Patients	AMA PCPI	Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are prescribed or who have received adjuvant chemotherapy within the 12 month reporting period.	Endorsed	Oncology	Colectomy
0034	Colorectal Cancer Screening	NCQA	Percentage of adults 50-80 years of age who had appropriate screening for colorectal cancer (CRC) including fecal occult blood test during the measurement year or, flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year or, double contrast barium enema during the measurement year or the four years prior to the measurement year or, colonoscopy during the measurement year or the nine years prior to the measurement year.	Endorsed	Oncology	Colorectal Cancer
0392	Colorectal Cancer Resection Pathology Reporting—pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade	AMA PCPI	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.	Endorsed	Oncology	Colorectal Cancer
0455M	Recording of Clinical Stage for Lung Cancer and Esophageal Cancer Resection	Society of Thoracic Surgeons	Percentage of all surgical patients undergoing treatment procedures for lung or esophageal cancer that have clinical TNM staging provided.	Endorsed	Oncology	Esophageal Cancer/ Lung Cancer
0457M	Recording of Performance Status (Zubrod, Karnofsky, WHO or ECOG Performance Status) Prior to Lung or Esophageal Cancer Resection	Society of Thoracic Surgeons	Percentage of patients undergoing resection of a lung or esophageal cancer who had their performance status recorded within two weeks of the surgery date.	Endorsed	Oncology	Esophageal Cancer/ Lung Cancer
0459	Risk-Adjusted Morbidity after Lobectomy for Lung cancer	Society of Thoracic Surgeons	Percentage of patients undergoing elective lobectomy for lung cancer that have a prolonged length of stay (>14 days).	Endorsed	Oncology	Lung Cancer
0032	Cervical Cancer Screening	NCQA	Percentage of women 18-64 years of age, who received one or more Pap tests during the measurement year or the two years prior to the measurement year.	Endorsed	Oncology/ Gynecology	Cervical Cancer

0087	Age-Related Macular Degeneration: Dilated Macular Examination	NCQA/AMA/American College of Ophthalmology	Percentage of patients aged 50 years and older with a diagnosis of age-related macular degeneration that 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.	Endorsed	Ophthalmology	Macular Degener-ation
0086	Primary Open Angle Glaucoma: Optic Nerve Evaluation	NCQA/ AMA/ American College of Ophthalmology	Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) who have an optic nerve head evaluation during one or more office visits within 12 months.	Endorsed	Ophthalmology	POAG
0243M	Screening for Dysphagia	NCQA/ AMA/ACR/ AAN/ AMA PCPI	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.	Endorsed	Otolaryngology/ Neurology	Intracranial Hem-orrhage/ Ischemic Stroke
0002	Appropriate Testing for Children with Pharyngitis	NCQA	Percentage of patients who were diagnosed with pharyngitis, prescribed an antibiotic, and who received a group A streptococcus test for the episode.	Endorsed	Otolaryngology/ Pediatrics	Pharyngitis
0038	Childhood Immunization Status	NCQA	Percentage of children 2 years of age who had four DtaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B, one chicken pox vaccine (VZV) and four pneumococcal conjugate vaccines by their second birthday. The measure calculates a rate for each vaccine and two separate combination rates.	Endorsed	Pediatrics	Unspecified Condition
0060M	Hemoglobin A1c Test for Pediatric Patients	NCQA	Percentage of pediatric patients with diabetes with a HBA1c test in a 12-month measurement period.	Endorsed	Pediatrics/ Endocrinology	Diabetes
0005M	CAHPS Clinician/Group Surveys (Adult Primary Care, Pediatric Care, and Specialist Care Surveys)	AHRQ	•Adult Primary Care Survey: 37 core and 64 supplemental question survey of adult outpatient primary care patients. •Pediatric Care Survey: 36 core and 16 supplemental question survey of outpatient pediatric care patients. •Specialist Care Survey: 37 core and 20 supplemental question survey of adult outpatients specialist care patients. Level of analysis for each of the 3 surveys: group practices, sites of care, and/or individual clinicians.	Endorsed	Pediatrics/ Internal Medicine/ General-Preventive Medicine	Unspecified Condition
0427	Functional Status Change for Patients with Elbow, Wrist or Hand impairments	FOTO	Percentage of patients aged 18 or older with an elbow, wrist or hand impairment associated with a functional deficit that had their functional status assessed at the beginning and end of rehabilitation.	Endorsed	Physical Medicine and Rehab	Elbow, Hand, Wrist impairment
0424	Functional Status Change for Patients with Foot/Ankle Impairments	FOTO	Functional status change in patients aged 18 or older with a foot/ankle impairment associated with a functional deficit that had their functional status assessed at the beginning and end of rehabilitation.	Endorsed	Physical Medicine and Rehab	Foot/Ankle Impairments
0423	Functional Status Change for Patients with Hip Impairments	FOTO	Percentage of patients aged 18 or older with a hip impairment associated with a functional deficit that had their functional status assessed at the beginning and end of rehabilitation.	Endorsed	Physical Medicine and Rehab	Hip Impairment

0422	Functional Status Change for Patients with Knee Impairments	FOTO	Functional status change in patients aged 18 or older with a knee impairment associated with a functional deficit that had their functional status assessed at the beginning and end of rehabilitation.	Endorsed	Physical Medicine and Rehab	Knee Impairment
0425	Functional Status Change for Patients with Lumbar Spine Impairments	FOTO	Percentage of patients aged 18 or older with a lumbar spine impairment associated with a functional deficit that had their functional status assessed at the beginning and end of rehabilitation.	Endorsed	Physical Medicine and Rehab	Lumbar Spine Impairment
0426	Functional Status Change for Patients with Shoulder Impairments	FOTO	Percentage of patients aged 18 or older with a shoulder impairment associated with a functional deficit that had their functional status assessed at the beginning and end of rehabilitation.	Endorsed	Physical Medicine and Rehab	Shoulder Impairment
0428M	Functional Status Change for Patients with General Orthopedic Impairments	FOTO	Functional status change in patients aged 18 or older with a general orthopedic impairment associated with a functional deficit that had their functional status assessed at the beginning and end of rehabilitation.	Endorsed	Physical Medicine and Rehab/ Orthopedics	General Orthopaedic Impairment
0106	Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) in Primary Care for School Age Children and Adolescents	ICSI	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.	Endorsed	Psychiatry	ADHD
0107	Management of Attention Deficit Hyperactivity Disorder (ADHD) in Primary Care for School Age Children and Adolescents	ICSI	Percentage of patients diagnosed with attention deficit hyperactivity disorder (ADHD) and on first-line medication whose medical record contains documentation of a follow-up visit twice a year.	Endorsed	Psychiatry	ADHD
0108	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	ICSI	a. Initiation Phase: Percentage of children 6 -12 years of age as of the Index Prescription Episode Start Date with an ambulatory prescription dispensed for and ADHD medication and who had one follow-up visit with a practitioner with prescribing authority during the 30 Day Initiation Phase. b. Continuation and Maintenance (C&M) Phase: Percentage of children 6 -12 years of age as of the Index Prescription Episode Start Date with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days and who in addition to the visit in the Initiation Phase had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ends.	Endorsed	Psychiatry	ADHD
0111	Bipolar Disorder: Appraisal for Risk of Suicide	Center for Quality Assessment and Improvement in Mental Health	Percentage of patients with bipolar disorder with evidence of an initial assessment that includes an appraisal for risk of suicide.	Endorsed	Psychiatry	Bipolar Disorder

0112	Bipolar Disorder: Level-of-Function Evaluation	Center for Quality Assessment and Improvement in Mental Health	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.	Endorsed	Psychiatry	Bipolar Disorder
0110	Bipolar Disorder and Major Depression: Appraisal for Alcohol or Chemical Substance Use	Center for Quality Assessment and Improvement in Mental Health	Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use.	Endorsed	Psychiatry	Bipolar Disorder/ Depression
0103	Major Depressive Disorder: Diagnostic Evaluation	AMA PCPI	Percentage of patients with a diagnosis of major depressive disorder who met the DSM–IV™ criteria during the visit in which the new diagnosis or recurrent episode was identified.	Endorsed	Psychiatry	Depression
0104	Major Depressive Disorder: Suicide Risk Assessment	AMA PCPI	Percentage of patients who had a suicide risk assessment completed at each visit.	Endorsed	Psychiatry	Depression
0105	New Episode of Depression: (a) Optimal Practitioner Contacts for Medication Management, (b) Effective Acute Phase Treatment, (c) Effective Continuation Phase Treatment	NCQA	Percentage of patients who were diagnosed with a new episode of depression and treated with antidepressant medication, and who had at least three follow-up contacts with a practitioner during the 84-day (12-week) Acute Treatment Phase. b. Percentage of patients who were diagnosed with a new episode of depression, were treated with antidepressant medication and remained on an antidepressant drug during the entire 84-day Acute Treatment Phase. c. Percentage of patients who were diagnosed with a new episode of depression and treated with antidepressant medication and who remained on an antidepressant drug for at least 180 days.	Endorsed	Psychiatry	Depression
0418	Screening for Clinical Depression	CMS	Percentage of patients aged 18 years and older screened for clinical depression using a standardized tool and follow up plan documented.	Endorsed	Psychiatry	Depression
0109	Bipolar Disorder and Major Depression: Assessment for Manic or Hypomanic behaviors	Center for Quality Assessment and Improvement in Mental Health	Percentage of patients treated for depression who were assessed, prior to treatment, for the presence of current and/or prior manic or hypomanic behaviors.	Endorsed	Psychiatry	Manic Behavior
MM022-08P	MM-022-08: HBIPS-4 Patients Discharged on Multiple Antipsychotic Medications	TJC	Patients discharged from a hospital-based inpatient psychiatric setting on two or more antipsychotic medications.	Under Review	Psychiatry	Psychosis

MM023-08P	MM-023-08: HBIPS-5 Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	TJC	Patients discharged from a hospital-based inpatient psychiatric setting on two or more antipsychotic medications with appropriate justification.	Under Review	Psychiatry	Psychosis
MM005-08P	Schizophrenia: Adherence to Antipsychotics	Health Benchmarks	Percent of members 19 years an older with a diagnosis of schizophrenia during the year prior to the measurement year who had filled a sufficient days supply of antipsychotic medication to provide for at least 80% coverage during the 6 months after the first detected schizophrenia diagnosis.	Under Review	Psychiatry	Schizophrenia
MM021-08-P	Schizophrenia: Treatment with Antipsychotics	Health Benchmarks	Percent of members age 19 and older (as of the end of the measurement year) with a diagnosis of schizophrenia during the year prior to the measurement year who filled 1 or more prescriptions for an antipsychotic medication during the 365 days after the diagnosis date.	Under Review	Psychiatry	Schizophrenia
MM034-08P	MM-034-08: HBIPS-6 Post Discharge Continuing Care Plan Created	TJC	Patients discharged from a hospital-based inpatient psychiatric setting with a continuing care plan created.	Under Review	Psychiatry	Unspecified Condition
MM035-08P	MM-035-08: HBIPS-7 Post Discharge Continuing Care Plan Transmitted to Next Level of Care Provider upon Discharge	TJC	Patients discharged from a hospital-based inpatient psychiatric setting with a continuing care plan provided to the next level of care clinician or entity.	Under Review	Psychiatry	Unspecified Condition
0001	Asthma Assessment	AMA PCPI	Percentage of patients who were evaluated during at least one office visit for the frequency (numeric) of daytime and nocturnal asthma symptoms.	Endorsed	Pulmonology	Asthma
0025	Management Plan for People with Asthma	IPRO	Percentage of patients for whom there is documentation that a written asthma management plan was provided either to the patient or the patient's caregiver OR, at a minimum, specific written instructions on under what conditions the patient's doctor should be contacted or the patient should go to the emergency room.	Endorsed	Pulmonology	Asthma
0035	Fall Risk Management in Older Adults: a. Discussing Fall Risk, b. Managing Fall Risk	NCQA	Percentage of patients aged 75 and older who reported that their doctor or other health provider talked with them about falling or problems with balance or walking. Percentage of patients aged 75 and older who reported that their doctor or other health provider had done anything to help prevent falls or treat problems with balance or walking.	Endorsed	Pulmonology	Asthma
0036	Use of Appropriate Medications for People with Asthma	NCQA	Percentage of patients who were identified as having persistent asthma during the measurement year and the year prior to the measurement year and who were dispensed a prescription for either an inhaled corticosteroid or acceptable alternative medication during the measurement year.	Endorsed	Pulmonology	Asthma
0047	Asthma: Pharmacologic Therapy	AMA PCPI	Percentage of all patients with mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment.	Endorsed	Pulmonology	Asthma

MM011-08P	Suboptimal Asthma Control (SAC)	NCQA	The percentage of patients with persistent asthma who were dispensed more than 5 canisters of a short-acting beta2 agonist inhaler during the same three-month period.	Under Review	Pulmonology	Asthma
MM012-08P	Absence of Controller Therapy (ACT)	NCQA	The percentage of patients with persistent asthma during the measurement year who were dispensed more than five canisters of short acting beta2 agonist inhalers over a 90-day period and who did not receive controller therapy during the same 90-day period.	Under Review	Pulmonology	Asthma
0094	Assessment of Oxygen Saturation for Community-Acquired Bacterial Pneumonia	NCQA/AMA/ American College of Emergency Physicians	Percentage of patients aged 18 years and older with the diagnosis of community-acquired bacterial pneumonia with oxygen saturation assessed.	Endorsed	Pulmonology	Bacterial Pneumonia
0096	Empiric Antibiotic for Community-Acquired Bacterial Pneumonia	NCQA/AMA/ American College of Emergency Physicians	Percentage of patients aged 18 years and older with the diagnosis of community-acquired bacterial pneumonia with an appropriate empiric antibiotic prescribed.	Endorsed	Pulmonology	Bacterial Pneumonia
0232	Vital Signs for Community-Acquired Bacterial Pneumonia	Center for Quality Assessment and Improvement in Mental Health	Percentage of patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia with vital signs (temperature, pulse, respiratory rate, and blood pressure) documented and reviewed.	Endorsed	Pulmonology	Bacterial Pneumonia
0233	Assessment of Oxygen Saturation for Community Acquired Bacterial Pneumonia	NCQA/AMA/ American College of Emergency Physicians	Percentage of patients aged 18 years and older with the diagnosis of community-acquired bacterial pneumonia with oxygen saturation documented and reviewed.	Endorsed	Pulmonology	Bacterial Pneumonia
0058	Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis	NCQA	Percentage of patients who were diagnosed with bronchitis and were dispensed an antibiotic on or within three days after the episode date.	Endorsed	Pulmonology	Bronchitis
0080	Chronic Obstructive Pulmonary Disease (COPD): Assessment of Oxygen Saturation	AMA PCPI	Percentage of patients with COPD with oxygen saturation assessed at least annually.	Endorsed	Pulmonology	COPD
0091	COPD: Spirometry Evaluation	AMA PCPI	Percentage of patients with COPD who had a spirometry evaluation documented.	Endorsed	Pulmonology	COPD
0102	COPD: Inhaled Bronchodilator Therapy	AMA PCPI	Percentage of symptomatic patients with COPD who were prescribed an inhaled bronchodilator.	Endorsed	Pulmonology	COPD
MM013-08P	Pharmacotherapy Management of COPD Exacerbation (PCE): Two Rates Are Reported	NCQA	Percentage of members 40 years of age and older who had an acute inpatient discharge or ER encounter between January 1- November 30 of the measurement year with a principal diagnosis of chronic obstructive pulmonary disease (COPD) and who were dispensed appropriate medications. Two rates reported: dispensed a systemic corticosteroid within 14 days of the event and dispensed a bronchodilator within 30 days of the event.	Under Review	Pulmonology	COPD

0013	Blood Pressure Measurement	AMA PCPI	Percentage of patient visits with blood pressure measurement recorded among all patient visits for patients aged >18 years with diagnosed hypertension.	Endorsed	Pulmonology	Hypertension
0017	Hypertension Plan of Care	AMA PCPI	Percentage of patient visits during which either systolic blood pressure >=140 mm Hg or diastolic blood pressure >=90 mm Hg, with documented plan of care for hypertension.	Endorsed	Pulmonology	Hypertension
0018	Controlling High Blood Pressure	NCQA/CMS	Percentage of patients with last BP <140/80 mm Hg.	Endorsed	Pulmonology	Hypertension
0061	Diabetes: Blood Pressure Management	NCQA	Percentage of patient visits with blood pressure measurement recorded among all patient visits for patients aged >18 years with diagnosed hypertension.	Endorsed	Pulmonology	Hypertension
0073	IVD: Blood Pressure Management	AMA/NYU School of Medicine	Percentage of patients who, at their most recent blood pressure reading during the 12-month measurement period, had a blood pressure result of <140/90 mm HG.	Endorsed	Pulmonology	Hypertension
0042	Pneumococcal Vaccine Needed for All Adults Aged 65 Years or Older	RHI	Percentage of adults aged 65 to 67 years who have not received a pneumococcal vaccine.	Endorsed	Pulmonology	Pneumonia
0043	Pneumonia Vaccination Status for Older Adults	NCQA	Percentage of patients 65 years of age and older who ever received a pneumococcal vaccination.	Endorsed	Pulmonology	Pneumonia
0044	Pneumonia Vaccination	NCQA/CMS	Percentage of patients 65 years of age and older who ever received a pneumococcal vaccination.	Endorsed	Pulmonology	Pneumonia
0405	PCP Prophylaxis	NCQA	Percentage of patients aged 1 month or older who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis.	Endorsed	Pulmonology	Pneumonia
0069	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	NCQA	Percentage of children who were given a diagnosis of URI and were not dispensed an antibiotic prescription on or three days after the episode date.	Endorsed	Pulmonology	URI
0095M	Assessment Mental Status for Community-Acquired Bacterial Pneumonia	NCQA/AMA/ American College of Emergency Physicians	Percentage of patients aged 18 years and older with the diagnosis of community-acquired bacterial pneumonia with mental status assessed.	Endorsed	Pulmonology/ Psychiatry	Bacterial Pneumonia
0234M	Assessment of Mental Status for Community Acquired Bacterial Pneumonia	NCQA/AMA/ American College of Emergency Physicians	Percentage of patients aged 18 years and older with the diagnosis of community-acquired bacterial pneumonia with mental status assessed.	Endorsed	Pulmonology/ Psychiatry	Bacterial Pneumonia
0458M	Pulmonary Function Tests Before Major Anatomic Lung Resection (Pneumonectomy, Lobectomy)	Society of Thoracic Surgeons	Percentage of thoracic surgical patients, >/= 18 years of age who underwent at least one pulmonary function test no more than 12 months prior to a major lung resection.	Endorsed	Pulmonology/ Thoracic Surgery	Lung Resection
0381	Oncology: Treatment Summary Documented and Communicated—Radiation Oncology	AMA PCPI	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.	Endorsed	Radiation Oncology	Cancer

0382	Oncology: Radiation Dose Limits to Normal Tissues	AMA PCPI	Percentage of patients with a diagnosis of cancer receiving 3D conformal radiation therapy with documentation in medical record that normal tissue dose constraints were established within five treatment days for a minimum of one tissue.	Endorsed	Radiation Oncology	Cancer
0388	Prostate Cancer: Three-Dimensional Radiotherapy	AMA PCPI	Percentage of patients with prostate cancer receiving external beam radiotherapy to the prostate only who receive 3D-CRT (three-dimensional conformal radiotherapy) or IMRT (intensity modulated radiation therapy).	Endorsed	Radiation Oncology	Prostate Cancer
0389	Prostate Cancer: Avoidance of Overuse Measure—Isotope Bone Scan for Staging Low-Risk Patients	AMA PCPI	Percentage of patients 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.	Endorsed	Radiation Oncology	Prostate Cancer
0390	Prostate Cancer: Adjuvant Hormonal Therapy for High-Risk Patients	AMA PCPI	Percentage of patients 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).	Endorsed	Radiation Oncology	Prostate Cancer
0508M	Inappropriate Use of "Probably Benign" Assessment Category in Mammography Screening	AMA PCPI	Percentage of final reports for screening mammograms that are classified as "probably benign."	Endorsed	Radiation Oncology/ Oncology	Breast Cancer
0383	Oncology: Plan of Care for Pain—Medical Oncology and Radiation Oncology (Paired with 0384)	AMA PCPI	Percentage of visits for patients with a diagnosis of cancer currently receiving intravenous chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain.	Endorsed	Radiation Oncology/ Oncology	Cancer
0384	Oncology: Pain Intensity Quantified—Medical Oncology and Radiation Oncology (Paired with 0383)	AMA PCPI	Percentage of visits for patients with a diagnosis of cancer currently receiving intravenous chemotherapy or radiation therapy in which pain intensity is quantified.	Endorsed	Radiation Oncology/ Oncology	Cancer
0514	MRI Lumbar Spine for Low Back Pain	CMS	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.	Endorsed	Radiology	Back Pain
0245M	Carotid Imaging Reports	NCQA/AMA/ AAN/ACR	Percentage of final reports for carotid imaging studies (neck MR angiography [MRA], neck CT angiography [CTA], neck duplex ultrasound, carotid angiogram) performed for patients aged 18 years and older with the diagnosis of ischemic stroke or TIA that include direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement.	Endorsed	Radiology	Ischemic Stroke/TIA

0512	Percentage of Patients Undergoing Cervical Spine Radiographs in Trauma Who Do Not Have Neck Pain, Distracting Pain, Neurological Deficits, Reduced Level of Consciousness or Intoxication.	Harborview	Percentage of patients undergoing cervical spine radiographs in trauma who do not have neck pain, distracting pain, neurological deficits, reduced level of consciousness or intoxication.	Endorsed	Radiology	Trauma
0507	Stenosis Measurement in Carotid Imaging Studies	AMA PCPI	Percentage of final reports 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 measurement of distal internal carotid diameter as the denominator for stenosis measurement.	Endorsed	Radiology	Unspecified Condition
0246M	Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports	NCQA/AMA/ ACR/ ACNM/ AMA PCPI	Percentage of final reports for CT or MRI studies of the brain performed within 24 hours of arrival to the hospital for patients aged 18 years and older with the diagnosis of 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.	Endorsed	Radiology/ Neurology	Intracranial Hem-orrhage/ Ischemic Stroke/TIA
0054	Arthritis: Disease Modifying Antirheumatic Drug (DMARD) Therapy in Rheumatoid Arthritis	NCQA	Percentage of patients 18 years and older, diagnosed with rheumatoid arthritis who have had at least one ambulatory prescription dispensed for a DMARD.	Endorsed	Rheumatology	Rheumatoid Arthritis
0305	LBP: Surgical Timing	NCQA	Percentage of patients without documentation of red flags who had surgery within the first six weeks of back pain onset (overuse measure, lower performance is better). Note: This measure is applicable only for physicians who perform surgery.	Endorsed	Surgery	Back Pain
0311	LBP: Post-Surgical Outcomes	NCQA	Percentage of post-surgical outcomes examined by a physician's system that includes the following: •Tracking specific complications of back surgery; •Periodic analysis of surgical complications data and a plan for improving outcomes. Note: This standard is assessed as a process that applies to all patients. Evaluation is not based on documentation in individual medical records. This standard is applicable only for physicians who perform surgery.	Endorsed	Surgery	Back Pain
0045	Osteoporosis: Communication with the Physician Managing Ongoing Care Post-Fracture	AMA PCPI	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 ongoing care that a fracture occurred and that the patient was or should be tested or treated for osteoporosis.	Endorsed	Surgery	Bone Fracture
0263	Patient Burn	Ambulatory Surgical Centers Quality Cooperative	Percentage of ASC admissions experiencing a burn prior to discharge.	Endorsed	Surgery	Burns

0465	Perioperative Anti-platelet Therapy for Patients Undergoing Carotid Endarterectomy	Society of Thoracic Surgeons	Percentage of patients undergoing carotid endarterectomy (CEA) who are taking an anti-platelet agent (aspirin or clopidogrel) within 48 hours prior to surgery and are prescribed this medication at hospital discharge following surgery.	Endorsed	Surgery	Carotid endarter-ectomy
0466	Use of Patch During Conventional Carotid Endarterectomy	Society of Thoracic Surgeons	Percentage of patients undergoing conventional (non-eversion) carotid endarterectomy who have patch closure of the arteriotomy.	Endorsed	Surgery	Carotid Endarter-ectomy
0264	Prophylactic Intravenous (IV) Antibiotic Timing	Ambulatory Surgical Centers Quality Cooperative	Percentage of ASC patients who received IV antibiotics ordered for surgical site infection prophylaxis on time.	Endorsed	Surgery	Unspecified Condition
0265	Hospital Transfer/Admission	Ambulatory Surgical Centers Quality Cooperative	Percentage of ASC admissions requiring a hospital transfer or hospital admission prior to being discharged from the ASC.	Endorsed	Surgery	Unspecified Condition
0267	Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	Ambulatory Surgical Centers Quality Cooperative	Percentage of ASC admissions experiencing a wrong site, wrong side, wrong patient, wrong procedure, or wrong implant.	Endorsed	Surgery	Unspecified Condition
0268	Selection of Prophylactic Antibiotic: First OR Second Generation Cephalosporin	NCQA/ AMA PCPI	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.	Endorsed	Surgery	Unspecified Condition
0269	Timing of Prophylactic Antibiotics—Administering Physician	NCQA/ AMA PCPI	Percentage of surgical patients aged >18 years with indications for prophylactic parental 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.	Endorsed	Surgery	Unspecified Condition
0270	Timing of Prophylactic Antibiotics—Ordering Physician	NCQA/ AMA PCPI	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).	Endorsed	Surgery	Unspecified Condition
0271	Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)	NCQA/ AMA PCPI	Non-cardiac surgical patients who have an order for discontinuation of prophylactic antibiotics within 24 hours of surgical end time. Numerator Instructions: There must be documentation of order (written order, verbal order, or standing order/protocol) specifying that prophylactic antibiotic is to be discontinued within 24 hours of surgical end time OR specifying a course of antibiotic administration limited to that 24-hour period (e.g., “to be given every 8 hours for three doses”) OR documentation that prophylactic antibiotic was discontinued within 24 hours of surgical end time.	Endorsed	Surgery	Unspecified Condition

0456	Participation in a Systematic National Database for General Thoracic Surgery	Society of Thoracic Surgeons	Participation in at least one multi-center, standardized data collection and feedback program that provides benchmarking of the physician's data relative to national and regional programs and uses process and outcome measures.	Endorsed	Surgery	Unspecified Condition
0306	LBP: Patient Reassessment	NCQA	Percentage of patients with documentation that the physician conducted reassessment of both of the following: • Pain and • Functional status	Endorsed	Unspecified Specialty	Back Pain
0024	Body Mass Index (BMI) 2 Through 18 Years of Age	NICHQ	Percentage children, 2 through 18 years of age, whose weight is classified based on BMI percentile for age and gender.	Endorsed	Unspecified Specialty	Unspecified Condition
0419	Universal Documentation and Verification of Current Medications in the Medical Record	CMS	Percentage of patients aged 18 years and older with a list of current medications with dosages (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional] supplements) and verified with the patient or authorized representative documented by the provider.	Endorsed	Unspecified Specialty	Unspecified Condition
0420	Pain Assessment Prior to Initiation of Patient Therapy	CMS	Percentage of patients 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 initial evaluation prior to initiation of therapy and documentation of a follow up plan.	Endorsed	Unspecified Specialty	Unspecified Condition
0429	Change in Basic Mobility as Measured by the AM-PAC	Brown University	The number (or proportion) of a clinician's patients in a particular risk adjusted diagnostic category who meet a target threshold of improvement in Basic Mobility functioning. We recommend that the target threshold is based on the percentage of patients who exceed one or more Minimal Detectable Change (MDC) thresholds. The percentage threshold is derived from a normative database used for benchmarking.	Endorsed	Unspecified Specialty	Unspecified Condition
0430	Change in Daily Activity Function as Measured by the AM-PAC	Brown University	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. It was built using Item Response Theory (IRT) methods to achieve feasible, practical, and precise measurement of functional status (Hambleton 2000, Hambleton 2005). Based on factor analytic work and IRT analyses, 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 (Haley, 2004, 2004a, 2004b).	Endorsed	Unspecified Specialty	Unspecified Condition
0487	EHR with EDI Prescribing Used in Encounters Where a Prescribing Event Occurred	NYC-DOHMH	Of all patient encounters within the past month that used an electronic health record (EHR) with electronic data interchange (EDI) where a prescribing event occurred, how many used EDI for the prescribing event.	Endorsed	Unspecified Specialty	Unspecified Condition
0488	Adoption of Health Information Technology	CMS	Documents whether provider has adopted and is using health information technology. To qualify, the provider must have adopted and be using a certified/qualified electronic health record (EHR).	Endorsed	Unspecified Specialty	Unspecified Condition

0492	Participation in a Practice-Based or Individual Quality Database Registry with a Standard Measure Set	CMS	This Registry should be capable of a. generating population based reports relating to published guideline goals or benchmarking data b. providing comparisons to the practitioner c. providing feedback that is related to guideline goals d. capturing data for one or more chronic disease conditions (i.e. diabetes) or preventive care measures (i.e., USPTF recommendations) for all patients eligible for the measures.	Endorsed	Unspecified Specialty	Unspecified Condition
0493	Participation by a Physician or Other Clinician in Systematic Clinical Database Registry That Includes Consensus Endorsed Quality Measures	CMS	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.	Endorsed	Unspecified Specialty	Unspecified Condition
0510	Exposure Time Reported for Procedures Using Fluoroscopy	AMA PCPI	Percentage of final reports for procedures using fluoroscopy that include documentation of radiation exposure or exposure time.	Endorsed	Unspecified Specialty	Unspecified Condition
0511	Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy	AMA PCPI	Percentage of final reports for all patients, regardless of age, undergoing bone scintigraphy that include physician documentation of correlation with existing relevant imaging studies (e.g., x-ray, MRI, CT) that were performed.	Endorsed	Unspecified Specialty	Unspecified Condition

0513	Use of Contrast: Thorax CT	CMS	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.	Endorsed	Unspecified Specialty	Unspecified Condition
MM001-08P	Proportion of Days Covered (PDC): 5 Rates by Therapeutic Category	NCQA	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.	Under Review	Unspecified Specialty	Unspecified Condition
MM002-08P	Gap in Therapy (GAP): 5 Rates by Therapeutic Category	NCQA	The percentage of patients 18 years and older who were dispensed at least two prescriptions in a specific therapeutic category during the measurement year who experienced a significant gap in medication therapy of greater than or equal to 30 days. A performance rate is calculated for each of the following medication categories: Beta-Blockers (BB), Angiotensin-Converting Enzyme Inhibitor/Angiotensin-Receptor Blocker (ACEI/ARB), Calcium-Channel Blockers (CCB), Diabetes Medication, Statins.	Under Review	Unspecified Specialty	Unspecified Condition
MM003-08P	Adherence to Chronic Medications	CMS	Medication adherence to classes of chronic medications. The measure reports both an average medication possession ratio (MPR) and the percentage of Part D beneficiaries who have an MPR=0.80.	Under Review	Unspecified Specialty	Unspecified Condition
MM026-08P	MM-026-08: Care for Older Adults—Medication Review (COA)	NCQA	Percentage of adults 65 years and older who had a medication review.	Under Review	Unspecified Specialty	Unspecified Condition
MM030-08P	MM-030-08: Monthly INR Monitoring for Beneficiaries on Warfarin	CMS	Average percentage of monthly intervals in which Part D beneficiaries with claims for warfarin do not receive an INR test during the measurement period.	Under Review	Unspecified Specialty	Unspecified Condition

MM031-08P	MM-031-08: INR for Beneficiaries Taking Warfarin and Interacting Anti-Infective Medications	CMS	Percentage of episodes with an INR test performed 3 to 7 days after a newly-started interacting anti-infective medication for Part D beneficiaries receiving warfarin.	Under Review	Unspecified Specialty	Unspecified Condition
0266	Patient Fall	Ambulatory Surgical Centers Quality Cooperative	Percentage of ASC admissions experiencing a fall in the ASC.	Endorsed		
0460	Risk-Adjusted Morbidity for Esophagectomy for Cancer	Society of Thoracic Surgeons	The percentage of patients undergoing elective esophagectomy for cancer that had a prolonged length of stay (>14 days).	Endorsed		

▪ Measures ending with an M appear in more than one location on the matrix (does not include measures grouped in both general and internal medicine specialties).
▪ Measures ending with a P indicate that they have not yet been endorsed and are in the "pipeline."

ORGANIZATION ABBREVIATIONS

AAOS - American Academy of Orthopaedic Surgeons
AMA PCPI - American Medical Association Physician Consortium for Performance Improvement
CMS - Centers for Medicare & Medicaid Services
CMS/SCRIPT - Coalition for Quality in Medication Use (organization now defunct, was funded by CMS, measures now maintained by NCQA)
FOTO - Focus on Therapeutic Outcomes, Inc.
HARB - Harborview Medical Center
IAC - Intersocietal Accreditation Commission
ICSI - Institute for Clinical Systems Improvement, Inc.
NCQA - National Committee for Quality Assurance
NYC-DOHMH - New York City Department of Health and Mental Hygiene
RHI - Resolution Health, Inc.

APPENDIX C: Conditions for Consideration and Measure Evaluation Criteria for NQF Measure Endorsement

To be considered for NQF endorsement, measures must meet the following threshold conditions:

- The measure is in the public domain or an intellectual property agreement is signed, so that the measure can be used broadly after endorsement.
- The measure owner/steward verifies there is an identified responsible entity and process to maintain and update the measure on a schedule that is commensurate with the rate of clinical innovation, but at least every three years.
- The intended use of the measure includes both public reporting and quality improvement.
- The requested measure submission information is complete. Generally, measures should be fully developed and tested so that all the evaluation criteria have been addressed and information needed to evaluate the measure is provided.

Measures that have not been tested are only potentially eligible for a *time-limited endorsement*, and in that case, measure owners must verify that testing will be completed within 24 months of endorsement.

After it is determined that measures meet the conditions for consideration specified above, the following measure evaluation criteria guide selection of measures for endorsement:

Importance to Measure and Report: *Extent to which the specific measure focus is important to making significant gains in healthcare quality (safety, timeliness, effectiveness, efficiency, equity, patient-centeredness) and improving health outcomes for a specific high-impact aspect of healthcare where there is variation in or overall poor performance.* The importance of a quality measure for measurement and reporting is assessed based on the relevance of the measure focus to a specific National Goal/Priority identified by the NQF-convened National Priorities Partnership or a demonstrated high-impact aspect of healthcare. Priority areas identified by the National Priorities Partnership include patient and family engagement, population health, safety, care coordination, palliative and end-of-life care, and overuse.

Scientific Acceptability of Measure Properties: *Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented.*

Measures without testing results are considered for "time-limited" endorsement only if they are determined to have face validity as being valid indicators of quality of care. Measure exclusions are determined to be appropriate only if they are supported by evidence of sufficient frequency of occurrence so that results are distorted without the exclusion, are clinically appropriate, and are precisely defined and specified. For outcome measures, it is important that an appropriate risk-adjustment strategy be specified to allow equitable comparisons across providers. For measure focus areas where disparities have been identified, it is important that measures be specified to allow for identification of disparities through stratification of results.

Usability: *Extent to which intended audiences (e.g., consumers, purchasers, providers, policymakers) can understand the results of the measure and are likely to find them useful for decisionmaking*. It is helpful if there is evidence that the information produced by the measure is meaningful, understandable, and useful to the intended audiences for both public reporting and informing quality improvement. Measures are also evaluated for the extent to which they harmonize to existing measures that address similar concepts.

Feasibility: *Extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measurement*. This criterion is critical for evaluation of clinician-level measures because the burden of data collection is particularly a challenge for physicians practicing in group or solo practices. The data source specified by a measure has clear implications for burden of data collection. Measures that require multiple paper chart reviews can be costly. Measures that include data elements that are available in electronic sources are preferable.

THE NATIONAL QUALITY FORUM (NQF) is a private, nonprofit, open membership, public benefit corporation whose mission is to improve the American healthcare system so that it can be counted on to provide safe, timely, compassionate, and accountable care using the best current knowledge. Established in 1999, NQF is a unique public-private partnership having broad participation from all parts of the healthcare industry. As a voluntary consensus standard-setting organization, NQF seeks to develop a common vision for healthcare quality improvement, create a foundation for standardized healthcare performance data collection and reporting, and identify a national strategy for healthcare quality improvement. NQF provides an equitable mechanism for addressing the disparate priorities of healthcare's many stakeholders.

NATIONAL QUALITY FORUM
601 13th Street NW
Suite 500 North
Washington, DC 20005
202-783-1300
www.qualityforum.org

ISBN: 978-1-933875-37-8