

Data Element Mapping Subcommittee Of the HIT Workgroup

Meeting Agenda

Thursday, March 10, 2016, 1:00 PM – 2:30 PM

Idaho Department of Health and Welfare
PTC Building, 450 West State Street
10th Floor Conference Room*
Call-In Number: 720-279-0026; Participation Code: 270901

Attendee URL: <https://access.dhw.idaho.gov/meeting/91386137/827ccb0eea8a706c4c34a16891f84e7b>
Attendee Smartphone URL:
<junospulse://?method=meeting&action=join&host=access.dhw.idaho.gov&meetingid=91386137&signi n=access.dhw.idaho.gov%2Fmeeting%2F&stoken=827ccb0eea8a706c4c34a16891f84e7b>
Password: 12345

Objectives

1. Vendor Update Discussion – Establish Next Steps
2. Finalize the Four Clinical Quality Measures for Year 1
3. Establish Strategy to Engage Clinical Quality Measures Workgroup

Discussion Topics

CONNECTIONS

- QRDA Category I File
- Contractor Updates
- Next Steps

CLINICAL QUALITY MEASURES

- Information Sharing
- Selection of Four Clinical Quality Measures
- Engaging CQM Workgroup
- Next Steps

*Please enter PTC Building through State Street entrance and check in at Security Desk to get ID badge.

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Mission and Vision

The goal of the SHIP is to redesign Idaho's healthcare system, evolving from a fee-for-service, volume based system to a value based system of care that rewards improved health outcomes.

***Goal 1:** Transform primary care practices across the state into patient-centered medical homes (PCMHs).*

***Goal 2:** Improve care coordination through the use of electronic health records (EHRs) and health data connections among PCMHs and across the medical neighborhood.*

***Goal 3:** Establish seven Regional Collaboratives to support the integration of each PCMH with the broader medical neighborhood.*

***Goal 4:** Improve rural patient access to PCMHs by developing virtual PCMHs.*

***Goal 5:** Build a statewide data analytics system that tracks progress on selected quality measures at the individual patient level, regional level and statewide.*

***Goal 6:** Align payment mechanisms across payers to transform payment methodology from volume to value.*

***Goal 7:** Reduce overall healthcare costs*

Data Element Mapping Subcommittee of the HIT Workgroup

Meeting Minutes:

SUBJECT: HIT Data Mapping Subcommittee Minutes **DATE:** February 3, 2016

ATTENDEES: Scott Carrell, Denette Dresback, Marilyn Edmonson, Brad Erickson, Michael Farley, Christine Hahn MD, Janica Hardin, Michael Ide, Jeff Larsen, Vivek Rastogi, Linda Rowe, Chanda Sundara, Rick Turner MD, Sandy White, Jennifer Yturionbeitia

Teleconference: Katie Ayad

Members Absent: Andrew Baron MD, Josh Bishop, Melissa Christian, Jeff Crouch, Lance Hatfield, Carleen Horton-Pippin, Tim Gordon, Wanda Neviasher, Marnie Packard, Ken Schaecher MD, Matt Speckman, Heidi Traylor

IDHW Staff Casey Moyer, Cynthia York, Burke Jensen, Taylor Kaserman, Alexa Wilson

Office of the Attorney General:

STATUS: Final 3/10

Agenda Topics:

Opening Remarks

- ◆ Burke Jensen welcomed everyone and briefly described why we were meeting. Everyone went around the room and introduced themselves.
- ◆ Cynthia York gave a brief introduction into the Statewide Healthcare Innovation Plan (SHIP) and how it had led to the start of this subcommittee. Ms. York also covered the goals laid out for this plan, emphasizing goals two and five as they directly relate to the subcommittee.

Establishing Subcommittee Leadership, Organization, and Expectations - Casey Moyer, SHIP Operations, DHW

- ◆ Casey Moyer discussed the need for structuring the subcommittee with a leadership team of two co-chairs. After covering the job parameters Casey asked the group to submit nominations for a subcommittee co-chair. Burke Jensen will serve as the other co-chair.
- ◆ Burke Jensen went on to discuss the scope of the subcommittee and what its role will be in helping data element map the clinical quality measures so the data can flow from the clinics through IHDE and ultimately to the data analytics vendor from cohort one clinics to IHDE. He also discussed the logistics of future meetings which will be held biweekly for an hour and half. Following this meeting Burke will send out an email form for everyone to express what days and times work best for them to meet.

SHIP Contracting Updates (Scope, Resources, Timelines) - Burke Jensen, SHIP Operations, DHW

- ◆ Burke Jensen updated the subcommittee on the new contract with IHDE that is in the works and mentioned the scope would include creating a bi-directional connection with the SHIP clinics. IHDE will be sending out agreements to clinics in cohort one in the near future and are working through the readiness assessments. Based on the results of the readiness assessment, IHDE will divide the clinics into 3 main batches of integrations, with each one lasting 8-12 weeks. They anticipate that the first group of clinics getting connected will begin the first week of March.
- ◆ Scott Carrell spoke briefly on all of the work that IHDE is currently working for cohort one SHIP clinics. He also touched on the importance of this committee in their reports to the HIT workgroup.
- ◆ Discussion regarding the nature of the bi-directional connectivity with IHDE came up. It was determined that IHDE and SHIP can work with clinics to meet their specific needs.
 - ◆ One possibility would be to define "bi-directional connectivity" as the ability to push data (documents, feeds and labs) inbound to IHDE via an interface, coupled with the ability to exchange information outbound from IHDE via an interface or other means. The key term is exchange, meaning we need to be able to share information downstream but not necessarily have that information embedded into an EHR's data base. This allows emerging technologies that do not require an interface to be in play, as well as avoiding the cost and maintenance of a two way interface. Burke also gave a quick update on the Data Analytics Vendor contractor with HealthTech Solutions. They are currently reviewing the contract and the SHIP team expects that it will be signed by mid-February.
- ◆ The scope for HealthTech Solutions includes providing Analytical Reports on 4 clinical quality measures in year 1, 10 measures in year 2, and 16 measures in year 3. They will have standard, custom and ad-hoc reports, dashboards and scorecards and users will have the ability to save filter settings. The reports will be available at the clinic level, county level, regional collaborative level, and state-wide level.
- ◆ HealthTech Solutions has also agreed to do a demonstration / presentation of their solution at the February HIT workgroup meeting on February 18th.

Review and Discussion of Oklahoma Data Exchange Presentation - Burke Jensen, SHIP Operations, DHW

- ◆ Burke went over that a version the Oklahoma data exchange model presentation is available online on the SHIP Website. He will email subcommittee members a link to it following the meeting and suggested that committee members review the presentation.
- ◆ Link:
https://www.ncqa.org/Portals/0/Policy%20Conference/2012/Panel%203_Kendrick%20Updated%20Slides%20HealthITForPCMH.pdf

Initial Objective Identification and Prioritization - Burke Jensen, SHIP Operations, DHW

- ◆ The subcommittee determined to begin by evaluating the first four clinical quality measures for year one.
- ◆ Three of the four measures in year one are pre-determined by CMMI – Tobacco cessation intervention, weight assessment and counseling for children and adolescents, and comprehensive diabetes care.
- ◆ The fourth measure would be selected by the subcommittee based on accessibility of the data and then recommended to the CQM Workgroup.

Establish a Plan to Address the First Several Objectives Identified - Burke Jensen, SHIP Operations, DHW

- ◆ The subcommittee began evaluating each of the 16 measures to determine the four metrics to measure in model test year 1 and how to data map each one.

- ◆ Several subcommittee members pointed to the difficulty of gathering data for several of the measures.
- ◆ Linda Rowe shared the perspective from the CQM Workgroup that the measures were crafted in a quick time frame, without the coordination of HIT expertise and they were not charged with only selecting metrics that could be measured through data entered into the EMRs or through IHDE.
- ◆ The subcommittee considered the four hospital measures. They depend on hospital ADT transactions flowing to IHDE. The reality is that there are many regions in which hospitals are not IHDE connected, and in the case of critical access hospitals, it is not likely they will be connected anytime soon.
- ◆ The adherence to antipsychotic medications would not be feasible with current technologies as the measure is currently written.
- ◆ Two other measures require either a “follow-up plan documented” (screening for clinical depression) or an “agreement in force” (non-malignant opioid use) that make measuring these metrics challenging with the current available data.
- ◆ The committee considered the childhood immunization metric, but determined that would be challenging without an IHDE connection into with Idaho’s Immunization Reminder Information System (IRIS). The SHIP team will explore whether CMMI will allow DHW to we could include funding into IHDE’s contract to establish a connection to IRIS.
- ◆ The subcommittee recommended using the Adult BMI Assessment to be the fourth measure for model test year one because that data is readily available. The SHIP team will agreed to forward this that recommendation to the HIT Workgroup for approval.
- ◆ Regarding the comprehensive diabetes care metric, which is required by CMMI, subcommittee members pointed out that it departed from current ACO metrics because of changes in the measure itself. The SHIP team will explore whether CMMI will allow us to modify this metric. Regardless, the data mapping exercise will be the same.
- ◆ Scott Carrell mentioned that IHDE isn’t capturing all of the data needed for these metrics. For example, he said they aren’t capturing tobacco use data. The IHDE team will conduct a high-level gap analysis of their data feed.
- ◆ For some of the other measures, the only way to automate capturing the data would be to include feeds for diagnoses (ICD-9/10 codes) and problems (SNOMED codes.) Currently these do not flow from offices to IHDE.
- ◆ Several subcommittee members noted it would be helpful to notate where the measures came from (ACO, PQI, NQF, etc.). Chanda Sundara can provide a comprehensive list (crosswalk) of which standard corresponds with each of the 16 clinical quality measures selected for SHIP.
- ◆ Janica Hardin mentioned that one resource to consult is USHIK, which is on-line, publicly accessible registry and repository of healthcare-related metadata, specifications, and standards. It is available on the AHRQ website
 - ◆ Link: <https://ushik.ahrq.gov/mdr/portals>

Timeline and Next Steps - Burke Jensen, SHIP Operations, DHW

- ◆ Burke wrapped up the meeting by thanking everyone for being there and for their input on the fourth quality measure. Emails will be sent out with information about future meetings.
- ◆ There being no further business Burke Jensen adjourned the meeting at **2:30pm.**

Measure Details

Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

Name	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
Version	4
NQF	0024
GUID	0b63f730-25d6-4248-b11f-8c09c66a04eb
Measure Set	None
Improvement Note	Higher score indicates better quality
Measurement Period	January 1, 20xx through December 31, 20xx
Transmission Format	TBD
Scoring	Proportion
Type	Process
Eligibility	Eligible Professionals
Domain	Population/Public Health
Initial Patient Population	Patients 3-17 years of age with at least one outpatient visit with a primary care physician (PCP) or an obstetrician/gynecologist (OB/GYN) during the measurement period
Numerator	Numerator 1: Patients who had a height, weight and body mass index (BMI) percentile recorded during the measurement period Numerator 2: Patients who had counseling for nutrition during a visit that occurs during the measurement period Numerator 3: Patients who had counseling for physical activity during a visit that occurs during the measurement period, Exclusions: Not Applicable
Denominator	Equals initial patient population, Exceptions: None, Exclusions: Patients who have a diagnosis of pregnancy during the measurement period

Measure Title	Measure Number				PQRS/HEDIS may have variation in age with inclusion criteria		NQS Domain	Measure Type	Measure Developer/Steward			Reporting Method(s)						Measure Group(s)	HEDIS	
	CMS	NQF	ACO	PQRS	HEDIS	Measure Description			#1	#2	#3	Claims	CSV	EHR	GPRO Web Interface	Measure Groups	Registry			
Diabetes: Hemoglobin A1c Poor Control	122v4	0059	ACO 27	001	C15	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period	Effective Clinical Care	Intermediate Outcome	National Committee for Quality Assurance	-	-		X	-	X	X	X	X	Diabetic Mellitus Diabetic Retinopathy	[CDC]
Diabetes: Low Density Lipoprotein (LDL-C) Control (<100 mg/dL)	163v4	N/A	N/A	002		Percentage of patients 18-75 years of age with diabetes whose LDL-C was adequately controlled (< 100 mg/dL) during the measurement period	Effective Clinical Care	Intermediate Outcome	National Committee for Quality Assurance	-	-		-	-	X	-	-	-	-	-
Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	135v4	0081	N/A	005		Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge	Effective Clinical Care	Process	American Medical Association-Physician Consortium for Performance Improvement	American College of Cardiology Foundation	American Heart Association		-	-	X	-	X	X	Heart Failure	
Coronary Artery Disease (CAD): Antiplatelet Therapy	N/A	0067	ACO 30 (IVD)	006		Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease (CAD) seen within a 12 month period who were prescribed aspirin or clopidogrel	Effective Clinical Care	Process	American College of Cardiology	American Heart Association	American Medical Association-Physician Consortium for Performance Improvement		-	-	-	-	X	X	Coronary Artery Disease	
Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)	145v4	0070	N/A	007		Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have prior MI OR a current or prior LVEF < 40% who were prescribed beta-blocker therapy	Effective Clinical Care	Process	American Medical Association-Physician Consortium for Performance Improvement	American College of Cardiology Foundation	American Heart Association		-	-	X	-	X	X	Coronary Artery Disease	
Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	144v4	0083	ACO 31	008		Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge	Effective Clinical Care	Process	American Medical Association-Physician Consortium for Performance Improvement	American College of Cardiology Foundation	American Heart Association		-	-	X	X	X	X	Heart Failure	

Measure Title	CMS	NQF	ACO	PQRS	HEDIS	Measure Description	NQS Domain	Measure Type	#1	#2	#3	Claims	CSV	EHR	GPRO Web Interface	Measure Groups	Registry	Measure Group(s)	HEDIS
Anti-Depressant Medication Management	128v4	0105	N/A	009		Percentage of patients 18 years of age and older who were diagnosed with major depression and treated with antidepressant medication, and who remained on antidepressant medication treatment. Two rates are reported a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks). b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).	Effective Clinical Care	Process	National Committee for Quality Assurance	-	-	-	-	X	-	-	-	-	AMM
Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation	143v4	0086	N/A	012		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	Effective Clinical Care	Process	American Medical Association-Physician Consortium for Performance Improvement	National Committee for Quality Assurance	-	X	-	X	-	-	X	-	
Age-Related Macular Degeneration (AMD): Dilated Macular Examination	N/A	0087	N/A	014		Percentage of patients aged 50 years and older with a diagnosis of age-related macular degeneration (AMD) who had a dilated macular examination performed which included documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity during one or more office visits within 12 months	Effective Clinical Care	Process	American Academy of Ophthalmology	-	-	X	-	-	-	-	X	-	
Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	167v4	0088	N/A	018		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	Effective Clinical Care	Process	American Medical Association-Physician Consortium for Performance Improvement	National Committee for Quality Assurance	-	-	-	X	-	X	-	Diabetic Retinopathy	
Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	142v4	0089	N/A	019		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 mellitus regarding the findings of the macular or fundus exam at least once within 12 months	Communication and Care Coordination	Process	American Medical Association-Physician Consortium for Performance Improvement	National Committee for Quality Assurance	-	X	-	X	-	X	X	Diabetic Retinopathy	

Measure Title	CMS	NQF	ACO	PQRS	HEDIS	Measure Description	NQS Domain	Measure Type	#1	#2	#3	Claims	CSV	EHR	GPRO Web Interface	Measure Groups	Registry	Measure Group(s)	HEDIS
Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin	N/A	0268	N/A	021		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 a first OR second generation cephalosporin for antimicrobial prophylaxis	Patient Safety	Process	American Medical Association-Physician Consortium for Performance Improvement	National Committee for Quality Assurance	-	X	-	-	-	-	X	-	
Perioperative Care: Discontinuation of Prophylactic Parenteral Antibiotics (Non-Cardiac Procedures)	N/A	0271	N/A	022		Percentage of non-cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics AND who received a prophylactic parenteral antibiotic, who have an order for discontinuation of prophylactic parenteral antibiotics within 24 hours of surgical end time	Patient Safety	Process	American Medical Association-Physician Consortium for Performance Improvement	National Committee for Quality Assurance	-	X	-	-	-	-	X	-	
Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)	N/A	0239	N/A	023		Percentage of surgical 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	Patient Safety	Process	American Medical Association-Physician Consortium for Performance Improvement	National Committee for Quality Assurance	-	X	-	-	-	-	X	-	
Communication with the Physician or Other Clinician Managing On-going Care Post-Fracture for Men and Women Aged 50 Years and Older	N/A	0045	N/A	024		Percentage of patients aged 50 years and older treated for a fracture with documentation of communication, between the physician treating the fracture and the physician or other clinician managing the patient's on-going care, that a fracture occurred and that the patient was or should be considered for osteoporosis treatment or testing. This measure is reported by the physician who treats the fracture and who therefore is held accountable for the communication	Communication and Care Coordination	Process	National Committee for Quality Assurance	American Medical Association-Physician Consortium for Performance Improvement	-	X	-	-	-	-	X	-	
Stroke and Stroke Rehabilitation: Discharged on Antithrombotic Therapy	N/A	0325	N/A	032		Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or transient ischemic attack (TIA) with documented permanent, persistent, or paroxysmal atrial fibrillation who were prescribed an antithrombotic at discharge	Effective Clinical Care	Process	American Academy of Neurology	-	-	X	-	-	-	-	X	-	

Measure Title	CMS	NQF	ACO	PQRS	HEDIS	Measure Description	NQS Domain	Measure Type	#1	#2	#3	Claims	CSV	EHR	GPRO Web Interface	Measure Groups	Registry	Measure Group(s)	HEDIS
Screening for Osteoporosis for Women Aged 65-85 Years of Age	N/A	0046	N/A	039		Percentage of female patients aged 65-85 years of age who ever had a central dual-energy X-ray absorptiometry (DXA) to check for osteoporosis	Effective Clinical Care	Process	National Committee for Quality Assurance	American Medical Association-Physician Consortium for Performance Improvement	-	X	-	-	-	X	X	Preventive Care	
Osteoporosis: Pharmacologic Therapy for Men and Women Aged 50 Years and Older	N/A	N/A	N/A	041		Percentage of patients aged 50 years and older with a diagnosis of osteoporosis who were prescribed pharmacologic therapy within 12 months	Effective Clinical Care	Process	National Committee for Quality Assurance	American Medical Association-Physician Consortium for Performance Improvement	-	X	-	-	-	-	X	-	
Coronary Artery Bypass Graft (CABG): Use of Internal Mammary Artery (IMA) in Patients with Isolated CABG Surgery	N/A	0134	N/A	043		Percentage of patients aged 18 years and older undergoing isolated CABG surgery who received an IMA graft	Effective Clinical Care	Process	Society of Thoracic Surgeons	-	-	-	-	-	-	X	X	Coronary Artery Bypass Graft	
Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery	N/A	0236	N/A	044		Percentage of isolated Coronary Artery Bypass Graft (CABG) surgeries for patients aged 18 years and older who received a beta-blocker within 24 hours prior to surgical incision	Effective Clinical Care	Process	Centers for Medicare & Medicaid Services	Quality Insights of Pennsylvania	-	-	-	-	-	X	X	Coronary Artery Bypass Graft	
Medication Reconciliation Post-Discharge	N/A	0097	N/A	046		The percentage of discharges from any inpatient facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) for patients 18 years and older of age seen within 30 days following discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist providing on-going care for whom the discharge medication list was reconciled with the current medication list in the outpatient medical record. This measure is reported as three rates stratified by age group: <ul style="list-style-type: none">• Reporting Criteria 1: 18-64 years of age• Reporting Criteria 2: 65 years and older• Total Rate: All patients 18 years of age and older	Communication and Care Coordination	Process	National Committee for Quality Assurance	American Medical Association-Physician Consortium for Performance Improvement	-	X	-	-	-	-	X	-	MRP

Measure Title	CMS	NQF	ACO	PQRS	HEDIS	Measure Description	NQS Domain	Measure Type	#1	#2	#3	Claims	CSV	EHR	GPRO Web Interface	Measure Groups	Registry	Measure Group(s)	HEDIS
Care Plan	N/A	0326	N/A	047		Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.	Communication and Care Coordination	Process	National Committee for Quality Assurance	American Medical Association-Physician Consortium for Performance Improvement	-	X	-	-	-	X	X	Chronic Kidney Disease Heart Failure HIV/AIDS Parkinson's Disease Chronic Obstructive Pulmonary Disorder Dementia Multiple Chronic Conditions	
Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older	N/A	N/A	N/A	048		Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months	Effective Clinical Care	Process	National Committee for Quality Assurance	American Medical Association-Physician Consortium for Performance Improvement	-	X	-	-	-	X	X	Preventive Care	
Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older	N/A	N/A	N/A	050		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	Person and Caregiver-Centered Experience and Outcomes	Process	National Committee for Quality Assurance	American Medical Association-Physician Consortium for Performance Improvement	-	X	-	-	-	-	X	-	
Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation	N/A	0091	N/A	051		Percentage of patients aged 18 years and older with a diagnosis of COPD who had spirometry results documented	Effective Clinical Care	Process	American Thoracic Society	-	-	X	-	-	-	X	X	Chronic Obstructive Pulmonary Disorder	
Chronic Obstructive Pulmonary Disease (COPD): Inhaled Bronchodilator Therapy	N/A	0102	N/A	052		Percentage of patients aged 18 years and older with a diagnosis of COPD and who have an FEV1 less than 60% predicted and have symptoms who were prescribed an inhaled bronchodilator.	Effective Clinical Care	Process	American Thoracic Society	-	-	X	-	-	-	X	X	Chronic Obstructive Pulmonary Disorder	
Asthma: Pharmacologic Therapy for Persistent Asthma - Ambulatory Care Setting	N/A	0047	N/A	053		Percentage of patients aged 5 years and older with a diagnosis of persistent asthma who were prescribed long-term control medication	Effective Clinical Care	Process	American Academy of Allergy, Asthma, and Immunology	American Medical Association-Physician Consortium for Performance Improvement	National Committee for Quality Assurance	-	-	-	-	X	X	Asthma	

Measure Title	CMS	NQF	ACO	PQRS	HEDIS	Measure Description	NQS Domain	Measure Type	#1	#2	#3	Claims	CSV	EHR	GPRO Web Interface	Measure Groups	Registry	Measure Group(s)	HEDIS
Emergency Medicine: 12-Lead Electrocardiogram (ECG) Performed for Non-Traumatic Chest Pain	N/A	0090	N/A	054		Percentage of patients aged 40 years and older with an emergency department discharge diagnosis of non-traumatic chest pain who had a 12-lead electrocardiogram (ECG) performed	Effective Clinical Care	Process	American Medical Association-Physician Consortium for Performance Improvement	National Committee for Quality Assurance	-	X	-	-	-	-	X	-	
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	154v4	0069	N/A	065		Percentage of children 3 months through 18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode	Efficiency and Cost Reduction	Process	National Committee for Quality Assurance	-	-	-	-	X	-	-	X	-	URI
Appropriate Testing for Children with Pharyngitis	146v4	0002	N/A	066		Percentage of children 3-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode	Efficiency and Cost Reduction	Process	National Committee for Quality Assurance	-	-	-	-	X	-	-	X	-	CWP
Hematology: Myelodysplastic Syndrome (MDS) and Acute Leukemia: Baseline Cytogenetic Testing Performed on Bone Marrow	N/A	0377	N/A	067		Percentage of patients aged 18 years and older with a diagnosis of myelodysplastic syndrome (MDS) or an acute leukemia who had baseline cytogenetic testing performed on bone marrow	Effective Clinical Care	Process	American Medical Association-Physician Consortium for Performance Improvement	American Society of Hematology	-	-	-	-	-	-	X	-	
Hematology: Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy	N/A	0378	N/A	068		Percentage of patients aged 18 years and older with a diagnosis of myelodysplastic syndrome (MDS) who are receiving erythropoietin therapy with documentation of iron stores within 60 days prior to initiating erythropoietin therapy	Effective Clinical Care	Process	American Medical Association-Physician Consortium for Performance Improvement	American Society of Hematology	-	-	-	-	-	-	X	-	
Hematology: Multiple Myeloma: Treatment with Bisphosphonates	N/A	0380	N/A	069		Percentage of patients aged 18 years and older with a diagnosis of multiple myeloma, not in remission, who were prescribed or received intravenous bisphosphonate therapy within the 12-month reporting period	Effective Clinical Care	Process	American Medical Association-Physician Consortium for Performance Improvement	American Society of Hematology	-	-	-	-	-	-	X	-	

Measure Title	CMS	NQF	ACO	PQRS	HEDIS	Measure Description	NQS Domain	Measure Type	#1	#2	#3	Claims	CSV	EHR	GPRO Web Interface	Measure Groups	Registry	Measure Group(s)	HEDIS
Hematology: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry	N/A	0379	N/A	070		Percentage of patients aged 18 years and older seen within a 12 month reporting period with a diagnosis of chronic lymphocytic leukemia (CLL) made at any time during or prior to the reporting period who had baseline flow cytometry studies performed and documented in the chart	Effective Clinical Care	Process	American Medical Association-Physician Consortium for Performance Improvement	American Society of Hematology	-	-	-	-	-	-	X	-	
Breast Cancer: Hormonal Therapy for Stage IC -IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	140v4	0387	N/A	071		Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period	Effective Clinical Care	Process	American Medical Association-Physician Consortium for Performance Improvement	American Society of Clinical Oncology	National Comprehensive Cancer Network	X	-	X	-	X	X	Oncology	
Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients	141v5	0385	N/A	072		Percentage of patients aged 18 through 80 years with AJCC Stage III colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period	Effective Clinical Care	Process	American Medical Association-Physician Consortium for Performance Improvement	American Society of Clinical Oncology	National Comprehensive Cancer Network	X	-	X	-	X	X	Oncology	
Prevention of Central Venous Catheter (CVC)-Related Bloodstream Infections	N/A	N/A	N/A	076		Percentage of patients, regardless of age, who undergo central venous catheter (CVC) insertion for whom CVC was inserted with all elements of maximal sterile barrier technique, hand hygiene, skin preparation and, if ultrasound is used, sterile ultrasound techniques followed	Patient Safety	Process	American Society of Anesthesiologists	-	-	X	-	-	-	-	X	-	
Hepatitis C: Ribonucleic Acid (RNA) Testing Before Initiating Treatment	N/A	0395	N/A	084		Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who started antiviral treatment within the 12 month reporting period for whom quantitative hepatitis C virus (HCV) ribonucleic acid (RNA) testing was performed within 12 months prior to initiation of antiviral treatment	Effective Clinical Care	Process	American Medical Association-Physician Consortium for Performance Improvement	American Gastroenterological Association	-	-	-	-	-	X	-	Hepatitis C	
Hepatitis C: Hepatitis C Virus (HCV) Genotype Testing Prior to Treatment	N/A	0396	N/A	085		Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who started antiviral treatment within the 12 month reporting period for whom hepatitis C virus (HCV) genotype testing was performed within 12 months prior to initiation of antiviral treatment	Effective Clinical Care	Process	American Medical Association-Physician Consortium for Performance Improvement	American Gastroenterological Association	-	-	-	-	-	X	-	Hepatitis C	

Measure Title	CMS	NQF	ACO	PQRS	HEDIS	Measure Description	NQS Domain	Measure Type	#1	#2	#3	Claims	CSV	EHR	GPRO Web Interface	Measure Groups	Registry	Measure Group(s)	HEDIS
Hepatitis C: Hepatitis C Virus (HCV) Ribonucleic Acid (RNA) Testing Between 4-12 Weeks After Initiation of Treatment	N/A	0398	N/A	087		Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom quantitative hepatitis C virus (HCV) ribonucleic acid (RNA) testing was performed between 4-12 weeks after the initiation of antiviral treatment	Effective Clinical Care	Process	American Medical Association-Physician Consortium for Performance Improvement	American Gastroenterological Association	-	-	-	-	-	X	-	Hepatitis C	
Acute Otitis Externa (AOE): Topical Therapy	N/A	0653	N/A	091		Percentage of patients aged 2 years and older with a diagnosis of AOE who were prescribed topical preparations	Effective Clinical Care	Process	American Academy of Otolaryngology-Head and Neck Surgery	-	-	X	-	-	-	X	X	Acute Otitis Externa (AOE)	
Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use	N/A	0654	N/A	093		Percentage of patients aged 2 years and older with a diagnosis of AOE who were not prescribed systemic antimicrobial therapy	Efficiency and Cost Reduction	Process	American Academy of Otolaryngology-Head and Neck Surgery	-	-	X	-	-	-	X	X	Acute Otitis Externa (AOE)	
Breast Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade	N/A	0391	N/A	099		Percentage of breast cancer resection pathology reports that include the pT category (primary tumor), the pN category (regional lymph nodes), and the histologic grade	Effective Clinical Care	Process	College of American Pathologists	-	-	X	-	-	-	-	X	-	
Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade	N/A	0392	N/A	100		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	Effective Clinical Care	Process	College of American Pathologists	-	-	X	-	-	-	-	X	-	
Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	129v5	0389	N/A	102		Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer	Efficiency and Cost Reduction	Process	American Medical Association-Physician Consortium for Performance Improvement	-	-	-	-	X	-	-	X	-	
Prostate Cancer: Adjuvant Hormonal Therapy for High Risk or Very High Risk Prostate Cancer	N/A	0390	N/A	104		Percentage of patients, regardless of age, with a diagnosis of prostate cancer at high or very high risk of recurrence receiving external beam radiotherapy to the prostate who were prescribed adjuvant hormonal therapy (GnRH [gonadotropin-releasing hormone] agonist or antagonist)	Effective Clinical Care	Process	American Medical Association-Physician Consortium for Performance Improvement	American Urological Association Education and Research	-	-	-	-	-	-	X	-	

Measure Title	CMS	NQF	ACO	PQRS	HEDIS	Measure Description	NQS Domain	Measure Type	#1	#2	#3	Claims	CSV	EHR	GPRO Web Interface	Measure Groups	Registry	Measure Group(s)	HEDIS
Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	161v4	0104	N/A	107		Percentage of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified	Effective Clinical Care	Process	American Medical Association-Physician Consortium for Performance Improvement	-	-	-	-	X	-	-	-	-	
Rheumatoid Arthritis (RA): Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy	N/A	0054	N/A	108	C17	Percentage of patients aged 18 years and older who were diagnosed with rheumatoid arthritis and were prescribed, dispensed, or administered at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD).	Effective Clinical Care	Process	National Committee for Quality Assurance	-	-	-	-	-	-	X	-	Rheumatoid Arthritis	ART
Osteoarthritis (OA): Function and Pain Assessment	N/A	N/A	N/A	109	C10	Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with assessment for function and pain	Person and Caregiver-Centered Experience and Outcomes	Process	American Academy of Orthopedic Surgeons	-	-	X	-	-	-	-	X	-	
Preventive Care and Screening: Influenza Immunization	147v5	0041	ACO 14	110		Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.	Community/Population Health	Process	American Medical Association-Physician Consortium for Performance Improvement	-	-	X	-	X	X	X	X	Chronic Kidney Disease Preventive Care Chronic Obstructive Pulmonary Disorder Oncology Asthma Diabetes Mellitus Heart Failure Inflammatory Bowel Disease Multiple Chronic Conditions	
Pneumonia Vaccination Status for Older Adults	127v4	0043	ACO 15	111		Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	Community/Population Health	Process	National Committee for Quality Assurance	-	-	X	-	X	X	X	X	Preventive Care Chronic Obstructive Pulmonary Disorder Inflammatory Bowel Disease	PNU (S)
Breast Cancer Screening	125v4	2372	ACO 20	112	C01	Percentage of women 50 through 74 years of age who had a mammogram to screen for breast cancer within 27 months	Effective Clinical Care	Process	National Committee for Quality Assurance	-	-	X	-	X	X	X	X	Preventive Care	
Colorectal Cancer Screening	130v4	0034	N/A	113	C02	Percentage of patients 50 - 75 years of age who had appropriate screening for colorectal cancer	Effective Clinical Care	Process	National Committee for Quality Assurance	-	-	X	-	X	X	X	X	Preventive Care	COL
Antibiotic Treatment for Adults with Acute Bronchitis: Avoidance of Inappropriate Use	N/A	0058	N/A	116		Percentage of adults 18 through 64 years of age with a diagnosis of acute bronchitis who were not prescribed or dispensed an antibiotic prescription on or 3 days after the episode	Efficiency and Cost Reduction	Process	National Committee for Quality Assurance	-	-	-	-	-	-	-	X	-	AAB

Measure Title	CMS	NQF	ACO	PQRS	HEDIS	Measure Description	NQS Domain	Measure Type	#1	#2	#3	Claims	CSV	EHR	GPRO Web Interface	Measure Groups	Registry	Measure Group(s)	HEDIS
Diabetes: Eye Exam	131v4	0055	ACO 41	117	C13	Percentage of patients 18 - 75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal or dilated eye exam (no evidence of retinopathy) in the 12 months prior to the measurement period	Effective Clinical Care	Process	National Committee for Quality Assurance	-	-	X	-	X	X	X	X	Diabetes Mellitus Diabetic Retinopathy	[CDC]
Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy -- Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)	N/A	0066	ACO 33	118		Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have diabetes OR a current or prior Left Ventricular Ejection Fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy	Effective Clinical Care	Process	American College of Cardiology	American Heart Association	American Medical Association-Physician Consortium for Performance Improvement	-	-	-	X	-	X	-	
Diabetes: Medical Attention for Nephropathy	134v4	0062	N/A	119	C14	The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period	Effective Clinical Care	Process	National Committee for Quality Assurance	-	-	-	-	X	-	X	X	Diabetes Mellitus	[CDC]
Adult Kidney Disease: Laboratory Testing (Lipid Profile)	N/A	N/A	N/A	121		Percentage of patients aged 18 years and older with a diagnosis of chronic kidney disease (CKD) (stage 3, 4, or 5, not receiving Renal Replacement Therapy [RRT]) who had a fasting lipid profile performed at least once within a 12-month period	Effective Clinical Care	Process	Renal Physicians Association	-	-	-	-	-	-	X	X	Chronic Kidney Disease	
Adult Kidney Disease: Blood Pressure Management	N/A	N/A	N/A	122		Percentage of patient visits for those patients aged 18 years and older with a diagnosis of chronic kidney disease (CKD) (stage 3, 4, or 5, not receiving Renal Replacement Therapy [RRT]) with a blood pressure < 140/90 mmHg OR ≥ 140/90 mmHg with a documented plan of care	Effective Clinical Care	Intermediate Outcome	Renal Physicians Association	-	-	-	-	-	-	X	X	Chronic Kidney Disease	
Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurological Evaluation	N/A	0417	N/A	126		Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who had a neurological examination of their lower extremities within 12 months	Effective Clinical Care	Process	American Podiatric Medical Association	-	-	-	-	-	-	X	X	Diabetes Mellitus	
Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear	N/A	0416	N/A	127		Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who were evaluated for proper footwear and sizing	Effective Clinical Care	Process	American Podiatric Medical Association	-	-	-	-	-	-	-	X	-	
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	69v4	0421	ACO 16	128	C07	Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter Normal Parameters: Age 65 years and older BMI ≥ 23 and < 30 kg/m2; Age 18 – 64 years BMI ≥ 18.5 and < 25 kg/m2	Community/Population Health	Process	Centers for Medicare & Medicaid Services	Mathematica	Quality Insights of Pennsylvania	X	-	X	X	X	X	Preventive Care Sleep Apnea Asthma Rheumatoid Arthritis Coronary Artery Disease Multiple Chronic Conditions	ABA

Measure Title	CMS	NQF	ACO	PQRS	HEDIS	Measure Description	NQS Domain	Measure Type	#1	#2	#3	Claims	CSV	EHR	GPRO Web Interface	Measure Groups	Registry	Measure Group(s)	HEDIS
Documentation of Current Medications in the Medical Record	68v5	0419	ACO 39	130	C09	Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration. HEDIS requires medication review by prescribing practitioner or pharmacists during measurement year in addition to above	Patient Safety	Process	Centers for Medicare & Medicaid Services	Mathematica	Quality Insights of Pennsylvania	X	-	X	X	X	X	Chronic Kidney Disease Oncology Chronic Obstructive Pulmonary Disorder Cataracts General Surgery Heart Failure Hepatitis C Sinusitis Sleep Apnea Total Knee Replacement Asthma Acute Otitis Externa (AOE) Coronary Artery Disease Cardiovascular Prevention Diabetic Retinopathy Multiple Chronic Conditions	
Pain Assessment and Follow-Up	N/A	0420	N/A	131	C10	Percentage of visits for patients aged 18 years and older with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present	Communication and Care Coordination	Process	Centers for Medicare & Medicaid Services	Quality Insights of Pennsylvania	-	X	-	-	-	X	X	Acute Otitis Externa (AOE) Sinusitis Rheumatoid Arthritis Multiple Chronic Conditions	
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	2v5	0418	ACO 18	134		Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Community/Population Health	Process	Centers for Medicare & Medicaid Services	Mathematica	Quality Insights of Pennsylvania	X	-	X	X	X	X	Preventive Care HIV/AIDS Multiple Chronic Conditions Dementia	
Melanoma: Continuity of Care – Recall System	N/A	0650	N/A	137		Percentage of patients, regardless of age, with a current diagnosis of melanoma or a history of melanoma whose information was entered, at least once within a 12 month period, into a recall system that includes: • A target date for the next complete physical skin exam, AND • A process to follow up with patients who either did not make an appointment within the specified timeframe or who missed a scheduled appointment	Communication and Care Coordination	Structure	American Academy of Dermatology	American Medical Association-Physician Consortium for Performance Improvement	-	-	-	-	-	-	X	-	

Measure Title	CMS	NQF	ACO	PQRS	HEDIS	Measure Description	NQS Domain	Measure Type	#1	#2	#3	Claims	CSV	EHR	GPRO Web Interface	Measure Groups	Registry	Measure Group(s)	HEDIS
Melanoma: Coordination of Care	N/A	N/A	N/A	138		Percentage of patient visits, regardless of age, with a new occurrence of melanoma who have a treatment plan documented in the chart that was communicated to the physician(s) providing continuing care within one month of diagnosis	Communication and Care Coordination	Process	American Academy of Dermatology	American Medical Association-Physician Consortium for Performance Improvement	-	-	-	-	-	-	X	-	
Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement	N/A	0566	N/A	140		Percentage of patients aged 50 years and older with a diagnosis of age-related macular degeneration (AMD) or their caregiver(s) who were counseled within 12 months on the benefits and/or risks of the Age-Related Eye Disease Study (AREDS) formulation for preventing progression of AMD	Effective Clinical Care	Process	American Academy of Ophthalmology	-	-	X	-	-	-	-	X	-	
Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care	N/A	0563	N/A	141		Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) whose glaucoma treatment has not failed (the most recent IOP was reduced by at least 15% from the pre-intervention level) OR if the most recent IOP was not reduced by at least 15% from the pre-intervention level, a plan of care was documented within 12 months	Communication and Care Coordination	Outcome	American Academy of Ophthalmology	-	-	X	-	-	-	-	X	-	
Oncology: Medical and Radiation – Pain Intensity Quantified	157v4	0384	N/A	143		Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified	Person and Caregiver-Centered Experience and Outcomes	Process	American Medical Association-Physician Consortium for Performance Improvement	-	-	-	-	X	-	X	X	Oncology	
Oncology: Medical and Radiation – Plan of Care for Pain	N/A	0383	N/A	144		Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain	Person and Caregiver-Centered Experience and Outcomes	Process	American Society of Clinical Oncology	-	-	-	-	-	-	X	X	Oncology	
Radiology: Exposure Time Reported for Procedures Using Fluoroscopy	N/A	N/A	N/A	145		Final reports for procedures using fluoroscopy that document radiation exposure indices, or exposure time and number of fluorographic images (if radiation exposure indices are not available)	Patient Safety	Process	American College of Radiology	American Medical Association-Physician Consortium for Performance Improvement	-	X	-	-	-	-	X	-	

Measure Title	CMS	NQF	ACO	PQRS	HEDIS	Measure Description	NQS Domain	Measure Type	#1	#2	#3	Claims	CSV	EHR	GPRO Web Interface	Measure Groups	Registry	Measure Group(s)	HEDIS
Radiology: Inappropriate Use of "Probably Benign" Assessment Category in Mammography Screening	N/A	0508	N/A	146		Percentage of final reports for screening mammograms that are classified as "probably benign"	Efficiency and Cost Reduction	Process	American College of Radiology	American Medical Association-Physician Consortium for Performance Improvement	-	X	-	-	-	-	X	-	
Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy	N/A	N/A	N/A	147		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, etc.) that were performed	Communication and Care Coordination	Process	American Medical Association-Physician Consortium for Performance Improvement	Society of Nuclear Medicine and Molecular Imaging	-	X	-	-	-	-	X	-	
Falls: Risk Assessment	N/A	0101	N/A	154		Percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months	Patient Safety	Process	National Committee for Quality Assurance	American Medical Association-Physician Consortium for Performance Improvement	-	X	-	-	-	X	X	Acute Otitis Externa (AOE) Multiple Chronic Conditions	FRM
Falls: Plan of Care	N/A	0101	N/A	155		Percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months	Communication and Care Coordination	Process	National Committee for Quality Assurance	American Medical Association-Physician Consortium for Performance Improvement	-	X	-	-	-	X	X	Acute Otitis Externa (AOE) Multiple Chronic Conditions	FRM
Oncology: Radiation Dose Limits to Normal Tissues	N/A	0382	N/A	156		Percentage of patients, regardless of age, with a diagnosis of breast, rectal, pancreatic or lung cancer receiving 3D conformal radiation therapy who had documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues.	Patient Safety	Process	American Society for Radiation Oncology	-	-	X	-	-	-	-	X	-	
HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis	52v4	0405	N/A	160		Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis Jiroveci Pneumonia (PCP) prophylaxis	Effective Clinical Care	Process	National Committee for Quality Assurance	-	-	-	-	X	-	X	-	HIV/AIDS	

Measure Title	CMS	NQF	ACO	PQRS	HEDIS	Measure Description	NQS Domain	Measure Type	#1	#2	#3	Claims	CSV	EHR	GPRO Web Interface	Measure Groups	Registry	Measure Group(s)	HEDIS
Diabetes: Foot Exam	123v4	0056	N/A	163		Percentage of patients aged 18-75 years of age with diabetes who had a foot exam during the measurement period	Effective Clinical Care	Process	National Committee for Quality Assurance	-	-	-	-	X	-	-	-	-	
Coronary Artery Bypass Graft (CABG): Prolonged Intubation	N/A	0129	N/A	164		Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require postoperative intubation > 24 hours	Effective Clinical Care	Outcome	Society of Thoracic Surgeons	-	-	-	-	-	-	X	X	Coronary Artery Bypass Graft	
Coronary Artery Bypass Graft (CABG): Deep Sternal Wound Infection Rate	N/A	0130	N/A	165		Percentage of patients aged 18 years and older undergoing isolated CABG surgery who, within 30 days postoperatively, develop deep sternal wound infection involving muscle, bone, and/or mediastinum requiring operative intervention	Effective Clinical Care	Outcome	Society of Thoracic Surgeons	-	-	-	-	-	-	X	-	Coronary Artery Bypass Graft	
Coronary Artery Bypass Graft (CABG): Stroke	N/A	0131	N/A	166		Percentage of patients aged 18 years and older undergoing isolated CABG surgery who have a postoperative stroke (i.e., any confirmed neurological deficit of abrupt onset caused by a disturbance in blood supply to the brain) that did not resolve within 24 hours	Effective Clinical Care	Outcome	Society of Thoracic Surgeons	-	-	-	-	-	-	X	-	Coronary Artery Bypass Graft	
Coronary Artery Bypass Graft (CABG): Postoperative Renal Failure	N/A	0114	N/A	167		Percentage of patients aged 18 years and older undergoing isolated CABG surgery (without pre-existing renal failure) who develop postoperative renal failure or require dialysis	Effective Clinical Care	Outcome	Society of Thoracic Surgeons	-	-	-	-	-	-	X	-	Coronary Artery Bypass Graft	
Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration	N/A	0115	N/A	168		Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require a return to the operating room (OR) during the current hospitalization for mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction, or other cardiac reason	Effective Clinical Care	Outcome	Society of Thoracic Surgeons	-	-	-	-	-	-	X	-	Coronary Artery Bypass Graft	
Rheumatoid Arthritis (RA): Tuberculosis Screening	N/A	N/A	N/A	176		Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have documentation of a tuberculosis (TB) screening performed and results interpreted within 6 months prior to receiving a first course of therapy using a biologic disease-modifying anti-rheumatic drug (DMARD)	Effective Clinical Care	Process	American College of Rheumatology	-	-	-	-	-	-	X	-	Rheumatoid Arthritis	
Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity	N/A	N/A	N/A	177		Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have an assessment and classification of disease activity within 12 months	Effective Clinical Care	Process	American College of Rheumatology	-	-	-	-	-	-	X	-	Rheumatoid Arthritis	
Rheumatoid Arthritis (RA): Functional Status Assessment	N/A	N/A	N/A	178	C10	Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) for whom a functional status assessment was performed at least once within 12 months	Effective Clinical Care	Process	American College of Rheumatology	-	-	-	-	-	-	X	X	Rheumatoid Arthritis	
Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis	N/A	N/A	N/A	179		Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have an assessment and classification of disease prognosis at least once within 12 months	Effective Clinical Care	Process	American College of Rheumatology	-	-	-	-	-	-	X	-	Rheumatoid Arthritis	
Rheumatoid Arthritis (RA): Glucocorticoid Management	N/A	N/A	N/A	180		Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have been assessed for glucocorticoid use and, for those on prolonged doses of prednisone ≥ 10 mg daily (or equivalent) with improvement or no change in disease activity, documentation of glucocorticoid management plan within 12 months	Effective Clinical Care	Process	American College of Rheumatology	-	-	-	-	-	-	X	-	Rheumatoid Arthritis	
Elder Maltreatment Screen and Follow-Up Plan	N/A	N/A	N/A	181		Percentage of patients aged 65 years and older with a documented elder maltreatment screen using an Elder Maltreatment Screening Tool on the date of encounter AND a documented follow-up plan on the date of the positive screen	Patient Safety	Process	Centers for Medicare & Medicaid Services	Quality Insights of Pennsylvania	-	X	-	-	-	-	X	-	

Measure Title	CMS	NQF	ACO	PQRS	HEDIS	Measure Description	NQS Domain	Measure Type	#1	#2	#3	Claims	CSV	EHR	GPRO Web Interface	Measure Groups	Registry	Measure Group(s)	HEDIS
Functional Outcome Assessment	N/A	2624	N/A	182		Percentage of visits for patients aged 18 years and older with documentation of a current functional outcome assessment using a standardized functional outcome assessment tool on the date of encounter AND documentation of a care plan based on identified functional outcome deficiencies on the date of the identified deficiencies.	Communication and Care Coordination	Process	Centers for Medicare & Medicaid Services	Quality Insights of Pennsylvania	-	X	-	-	-	-	X	-	
Hepatitis C: Hepatitis A Vaccination	N/A	0399	N/A	183		Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who have received at least one injection of hepatitis A vaccine, or who have documented immunity to hepatitis A	Community/Population Health	Process	American Medical Association-Physician Consortium for Performance Improvement	American Gastroenterological Association	-	-	-	-	-	X	-	Hepatitis C	
Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use	N/A	0659	N/A	185		Percentage of patients aged 18 years and older receiving a surveillance colonoscopy, with a history of a prior adenomatous polyp(s) in previous colonoscopy findings, who had an interval of 3 or more years since their last colonoscopy	Communication and Care Coordination	Process	American Medical Association-Physician Consortium for Performance Improvement	American Gastroenterological Association	American Society for Gastrointestinal Endoscopy/ American College of Gastroenterology	X	-	-	-	-	X	-	
Stroke and Stroke Rehabilitation: Thrombolytic Therapy	N/A	N/A	N/A	187		Percentage of patients aged 18 years and older with a diagnosis of acute ischemic stroke who arrive at the hospital within two hours of time last known well and for whom IV t-PA was initiated within three hours of time last known well	Effective Clinical Care	Outcome	American Heart Association	American Society of Anesthesiologists	The Joint Commission	-	-	-	-	-	X	-	
Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	133v4	0565	N/A	191		Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery	Effective Clinical Care	Outcome	American Medical Association-Physician Consortium for Performance Improvement	National Committee for Quality Assurance	-	-	-	X	-	X	X	Cataracts	
Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	132v4	0564	N/A	192		Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence	Patient Safety	Outcome	American Medical Association-Physician Consortium for Performance Improvement	National Committee for Quality Assurance	-	-	-	X	-	X	X	Cataracts	

Measure Title	CMS	NQF	ACO	PQRS	HEDIS	Measure Description	NQS Domain	Measure Type	#1	#2	#3	Claims	CSV	EHR	GPRO Web Interface	Measure Groups	Registry	Measure Group(s)	HEDIS	
Radiology: Stenosis Measurement in Carotid Imaging Reports	N/A	0507	N/A	195		Percentage of final reports for carotid imaging studies (neck magnetic resonance angiography [MRA], neck computed tomography angiography [CTA], neck duplex ultrasound, carotid angiogram) performed that include direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement	Effective Clinical Care	Process	American College of Radiology	American Medical Association-Physician Consortium for Performance Improvement	-	X	-	-	-	-	X	-		
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	164v4	0068	N/A	204		Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period and who had documentation of use of aspirin or another antithrombotic during the measurement period	Effective Clinical Care	Process	National Committee for Quality Assurance	-	-	X	-	X	X	X	X	X	Cardiovascular Prevention	
HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia, Gonorrhea, and Syphilis	N/A	0409	N/A	205		Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS for whom chlamydia, gonorrhea and syphilis screenings were performed at least once since the diagnosis of HIV infection	Effective Clinical Care	Process	National Committee for Quality Assurance	American Medical Association-Physician Consortium for Performance Improvement	-	-	-	-	-	X	X	HIV/AIDS		
Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Knee Impairments	N/A	0422	N/A	217	C10	Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the knee in which the change in their Risk-Adjusted Functional Status is measured	Communication and Care Coordination	Process	Focus on Therapeutic Outcomes, Inc.	-	-	-	-	-	-	-	X	-		
Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Hip Impairments	N/A	0423	N/A	218	C10	Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the hip in which the change in their Risk-Adjusted Functional Status is measured	Communication and Care Coordination	Outcome	Focus on Therapeutic Outcomes, Inc.	-	-	-	-	-	-	-	X	-		
Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Lower Leg, Foot or Ankle Impairments	N/A	0424	N/A	219	C10	Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the lower leg, foot or ankle in which the change in their Risk-Adjusted Functional Status is measured	Communication and Care Coordination	Outcome	Focus on Therapeutic Outcomes, Inc.	-	-	-	-	-	-	-	X	-		
Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Lumbar Spine Impairments	N/A	0425	N/A	220	C10	Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the lumbar spine in which the change in their Risk-Adjusted Functional Status is measured	Communication and Care Coordination	Outcome	Focus on Therapeutic Outcomes, Inc.	-	-	-	-	-	-	-	X	-		
Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Shoulder Impairments	N/A	0426	N/A	221	C10	Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the shoulder in which the change in their Risk-Adjusted Functional Status is measured	Communication and Care Coordination	Outcome	Focus on Therapeutic Outcomes, Inc.	-	-	-	-	-	-	-	X	-		
Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Elbow, Wrist or Hand Impairments	N/A	0427	N/A	222	C10	Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the elbow, wrist or hand in which the change in their Risk-Adjusted Functional Status is measured	Communication and Care Coordination	Outcome	Focus on Therapeutic Outcomes, Inc.	-	-	-	-	-	-	-	X	-		

Measure Title	CMS	NQF	ACO	PQRS	HEDIS	Measure Description	NQS Domain	Measure Type	#1	#2	#3	Claims	CSV	EHR	GPRO Web Interface	Measure Groups	Registry	Measure Group(s)	HEDIS
Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Neck, Cranium, Mandible, Thoracic Spine, Ribs, or Other General Orthopedic Impairments	N/A	0428	N/A	223	C10	Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the neck, cranium, mandible, thoracic spine, ribs, or other general orthopedic impairment in which the change in their Risk-Adjusted Functional Status is measured	Communication and Care Coordination	Outcome	Focus on Therapeutic Outcomes, Inc.	-	-	-	-	-	-	-	X	-	
Melanoma: Overutilization of Imaging Studies in Melanoma	N/A	0562	N/A	224		Percentage of patients, regardless of age, with a current diagnosis of stage 0 through IIC melanoma or a history of melanoma of any stage, without signs or symptoms suggesting systemic spread, seen for an office visit during the one-year measurement period, for whom no diagnostic imaging studies were ordered	Efficiency and Cost Reduction	Process	American Academy of Dermatology	American Medical Association-Physician Consortium for Performance Improvement	-	-	-	-	-	-	X	-	
Radiology: Reminder System for Screening Mammograms	N/A	0509	N/A	225		Percentage of patients undergoing a screening mammogram whose information is entered into a reminder system with a target due date for the next mammogram	Communication and Care Coordination	Structure	American College of Radiology	American Medical Association-Physician Consortium for Performance Improvement	-	X	-	-	-	-	X	-	

Measure Title	CMS	NQF	ACO	PQRS	HEDIS	Measure Description	NQS Domain	Measure Type	#1	#2	#3	Claims	CSV	EHR	GPRO Web Interface	Measure Groups	Registry	Measure Group(s)	HEDIS
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	138v4	0028	ACO 17	226		Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Community/Population Health	Process	American Medical Association-Physician Consortium for Performance Improvement	-	-	X	-	X	X	X	X	Preventive Care Heart Failure Coronary Artery Disease Chronic Obstructive Pulmonary Disease Inflammatory Bowel Disease Asthma Oncology Chronic Kidney Disease Cataracts Diabetic Mellitus General Surgery Hepatitis C HIV/AIDS Sinusitis Sleep Apnea Total Knee Replacement Acute Otitis Externa (AOE) Cardiovascular Prevention Diabetic Retinopathy	MSC
Controlling High Blood Pressure	165v4	0018	ACO 28	236	C16	Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mmHg) during the measurement period	Effective Clinical Care	Intermediate Outcome	National Committee for Quality Assurance	-	-	X	-	X	X	X	X	Cardiovascular Prevention	CBP
Use of High-Risk Medications in the Elderly	156v4	0022	N/A	238		Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported. a. Percentage of patients who were ordered at least one high-risk medication. b. Percentage of patients who were ordered at least two different high-risk medications.	Patient Safety	Process	National Committee for Quality Assurance	-	-	-	-	X	-	X	X	Multiple Chronic Conditions	DAE
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	155v4	0024	N/A	239		Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported. - Percentage of patients with height, weight, and body mass index (BMI) percentile documentation - Percentage of patients with counseling for nutrition - Percentage of patients with counseling for physical activity	Community/Population Health	Process	National Committee for Quality Assurance	-	-	-	-	X	-	-	-	-	WCC

Measure Title	CMS	NQF	ACO	PQRS	HEDIS	Measure Description	NQS Domain	Measure Type	#1	#2	#3	Claims	CSV	EHR	GPRO Web Interface	Measure Groups	Registry	Measure Group(s)	HEDIS
Childhood Immunization Status	117v4	0038	N/A	240		Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.	Community/Population Health	Process	National Committee for Quality Assurance	-	-	-	-	X	-	-	-	-	CIS
Ischemic Vascular Disease (IVD): Complete Lipid Profile and LDL-C Control (< 100 mg/dL)	182v5	N/A	N/A	241		Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had each of the following during the measurement period: a complete lipid profile and LDL-C was adequately controlled (< 100 mg/dL)	Effective Clinical Care	Intermediate Outcome	National Committee for Quality Assurance	-	-	-	-	X	-	-	-	-	-
Coronary Artery Disease (CAD): Symptom Management	N/A	N/A	N/A	242		Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease (CAD) seen within a 12 month period with results of an evaluation of level of activity and an assessment of whether anginal symptoms are present or absent with appropriate management of anginal symptoms within a 12 month period	Effective Clinical Care	Outcome	American College of Cardiology	American Heart Association	American Medical Association-Physician Consortium for Performance Improvement	-	-	-	-	X	-	Coronary Artery Disease	
Cardiac Rehabilitation Patient Referral from an Outpatient Setting	N/A	0643	N/A	243		Percentage of patients evaluated in an outpatient setting who within the previous 12 months have experienced an acute myocardial infarction (MI), coronary artery bypass graft (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery, or cardiac transplantation, or who have chronic stable angina (CSA) and have not already participated in an early outpatient cardiac rehabilitation/secondary prevention (CR) program for the qualifying event/diagnosis who were referred to a CR program	Communication and Care Coordination	Process	American College of Cardiology Foundation	American Heart Association	-	-	-	-	-	-	X	-	
Barrett's Esophagus	N/A	1854	N/A	249		Percentage of esophageal biopsy reports that document the presence of Barrett's mucosa that also include a statement about dysplasia	Effective Clinical Care	Structure	College of American Pathologists	-	-	X	-	-	-	-	X	-	
Radical Prostatectomy Pathology Reporting	N/A	1853	N/A	250		Percentage of radical prostatectomy pathology reports that include the pT category, the pN category, the Gleason score and a statement about margin status	Effective Clinical Care	Structure	College of American Pathologists	-	-	X	-	-	-	-	X	-	
Quantitative Immunohistochemical (IHC) Evaluation of Human Epidermal Growth Factor Receptor 2 Testing (HER2) for Breast Cancer Patients	N/A	1855	N/A	251		This is a measure based on whether quantitative evaluation of Human Epidermal Growth Factor Receptor 2 Testing (HER2) by immunohistochemistry (IHC) uses the system recommended in the current ASCO/CAP Guidelines for Human Epidermal Growth Factor Receptor 2 Testing in breast cancer	Effective Clinical Care	Structure	College of American Pathologists	-	-	X	-	-	-	-	X	-	

Measure Title	CMS	NQF	ACO	PQRS	HEDIS	Measure Description	NQS Domain	Measure Type	#1	#2	#3	Claims	CSV	EHR	GPRO Web Interface	Measure Groups	Registry	Measure Group(s)	HEDIS
Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain	N/A	0651	N/A	254		Percentage of pregnant female patients aged 14 to 50 who present to the emergency department (ED) with a chief complaint of abdominal pain or vaginal bleeding who receive a trans-abdominal or trans-vaginal ultrasound to determine pregnancy location	Effective Clinical Care	Process	American College of Emergency Physicians	-	-	X	-	-	-	-	X	-	
Rh Immunoglobulin (Rhogam) for Rh-Negative Pregnant Women at Risk of Fetal Blood Exposure	N/A	N/A	N/A	255		Percentage of Rh-negative pregnant women aged 14-50 years at risk of fetal blood exposure who receive Rh-Immunoglobulin (Rhogam) in the emergency department (ED)	Effective Clinical Care	Process	American College of Emergency Physicians	-	-	X	-	-	-	-	X	-	
Statin Therapy at Discharge after Lower Extremity Bypass (LEB)	N/A	1519	N/A	257		Percentage of patients aged 18 years and older undergoing infra-inguinal lower extremity bypass who are prescribed a statin medication at discharge	Effective Clinical Care	Process	Society for Vascular Surgeons	-	-	-	-	-	-	-	X	-	
Rate of Open Repair of Small or Moderate Non-Ruptured Abdominal Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #7)	N/A	N/A	N/A	258		Percent of patients undergoing open repair of small or moderate sized non-ruptured abdominal aortic aneurysms who do not experience a major complication (discharge to home no later than post-operative day #7)	Patient Safety	Outcome	Society for Vascular Surgeons	-	-	-	-	-	-	-	X	-	
Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #2)	N/A	N/A	N/A	259		Percent of patients undergoing endovascular repair of small or moderate non-ruptured abdominal aortic aneurysms (AAA) that do not experience a major complication (discharged to home no later than post-operative day #2)	Patient Safety	Outcome	Society for Vascular Surgeons	-	-	-	-	-	-	-	X	-	
Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications (Discharged to Home by Post-Operative Day #2)	N/A	N/A	N/A	260		Percent of asymptomatic patients undergoing CEA who are discharged to home no later than post-operative day #2	Patient Safety	Outcome	Society for Vascular Surgeons	-	-	-	-	-	-	-	X	-	
Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness	N/A	N/A	N/A	261		Percentage of patients aged birth and older referred to a physician (preferably a physician specially trained in disorders of the ear) for an otologic evaluation subsequent to an audiologic evaluation after presenting with acute or chronic dizziness	Communication and Care Coordination	Process	Audiology Quality Consortium	-	-	X	-	-	-	-	X	-	
Image Confirmation of Successful Excision of Image-Localized Breast Lesion	N/A	N/A	N/A	262		Image confirmation of lesion(s) targeted for image guided excisional biopsy or image guided partial mastectomy in patients with nonpalpable, image-detected breast lesion(s). Lesions may include: microcalcifications, mammographic or sonographic mass or architectural distortion, focal suspicious abnormalities on magnetic resonance imaging (MRI) or other breast imaging amenable to localization such as positron emission tomography (PET) mammography, or a biopsy marker demarcating site of confirmed pathology as established by previous core biopsy	Patient Safety	Process	American Society of Breast Surgeons	-	-	-	-	-	-	-	X	-	
Preoperative Diagnosis of Breast Cancer	N/A	N/A	N/A	263		The percent of patients undergoing breast cancer operations who obtained the diagnosis of breast cancer preoperatively by a minimally invasive biopsy method	Effective Clinical Care	Process	American Society of Breast Surgeons	-	-	-	-	-	-	-	X	-	
Sentinel Lymph Node Biopsy for Invasive Breast Cancer	N/A	N/A	N/A	264		The percentage of clinically node negative (clinical stage T1N0M0 or T2N0M0) breast cancer patients who undergo a sentinel lymph node (SLN) procedure	Effective Clinical Care	Process	American Society of Breast Surgeons	-	-	-	-	-	-	-	X	-	
Biopsy Follow-Up	N/A	N/A	N/A	265		Percentage of new patients whose biopsy results have been reviewed and communicated to the primary care/referring physician and patient by the performing physician	Communication and Care Coordination	Process	American Academy of Dermatology	-	-	-	-	-	-	-	X	-	

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Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy	N/A	1814	N/A	268		All female patients of childbearing potential (12 - 44 years old) diagnosed with epilepsy who were counseled or referred for counseling for how epilepsy and its treatment may affect contraception OR pregnancy at least once a year	Effective Clinical Care	Outcome	American Academy of Neurology	-	-	X	-	-	-	-	X	-	
Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Sparing Therapy	N/A	N/A	N/A	270		Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease who have been managed by corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills that have been prescribed corticosteroid sparing therapy within the last twelve months	Effective Clinical Care	Outcome	American Gastroenterological Association	-	-	-	-	-	-	X	X	Inflammatory Bowel Disease	
Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Related Iatrogenic Injury – Bone Loss Assessment	N/A	N/A	N/A	271		Percentage of patients aged 18 years and older with an inflammatory bowel disease encounter who were prescribed prednisone equivalents greater than or equal to 10 mg/day for 60 or greater consecutive days or a single prescription equating to 600mg prednisone or greater for all fills and were documented for risk of bone loss once during the reporting year or the previous calendar year	Effective Clinical Care	Process	American Gastroenterological Association	-	-	-	-	-	-	X	X	Inflammatory Bowel Disease	
Inflammatory Bowel Disease (IBD): Testing for Latent Tuberculosis (TB) Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy	N/A	N/A	N/A	274		Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease (IBD) for whom a tuberculosis (TB) screening was performed and results interpreted within six months prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy	Effective Clinical Care	Process	American Gastroenterological Association	-	-	-	-	-	-	X	X	Inflammatory Bowel Disease	
Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy	N/A	N/A	N/A	275		Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease (IBD) who had Hepatitis B Virus (HBV) status assessed and results interpreted within one year prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy	Effective Clinical Care	Process	American Gastroenterological Association	-	-	-	-	-	-	X	X	Inflammatory Bowel Disease	
Sleep Apnea: Assessment of Sleep Symptoms	N/A	N/A	N/A	276		Percentage of visits for patients aged 18 years and older with a diagnosis of obstructive sleep apnea that includes documentation of an assessment of sleep symptoms, including presence or absence of snoring and daytime sleepiness	Effective Clinical Care	Process	American Academy of Sleep Medicine	American Medical Association-Physician Consortium for Performance Improvement	-	-	-	-	-	X	-	Sleep Apnea	
Sleep Apnea: Severity Assessment at Initial Diagnosis	N/A	N/A	N/A	277		Percentage of patients aged 18 years and older with a diagnosis of obstructive sleep apnea who had an apnea hypopnea index (AHI) or a respiratory disturbance index (RDI) measured at the time of initial diagnosis	Effective Clinical Care	Process	American Academy of Sleep Medicine	American Medical Association-Physician Consortium for Performance Improvement	-	-	-	-	-	X	-	Sleep Apnea	

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Sleep Apnea: Positive Airway Pressure Therapy Prescribed	N/A	N/A	N/A	278		Percentage of patients aged 18 years and older with a diagnosis of moderate or severe obstructive sleep apnea who were prescribed positive airway pressure therapy	Effective Clinical Care	Process	American Academy of Sleep Medicine	American Medical Association-Physician Consortium for Performance Improvement	-	-	-	-	-	X	-	Sleep Apnea	
Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy	N/A	N/A	N/A	279		Percentage of visits for patients aged 18 years and older with a diagnosis of obstructive sleep apnea who were prescribed positive airway pressure therapy who had documentation that adherence to positive airway pressure therapy was objectively measured	Effective Clinical Care	Process	American Academy of Sleep Medicine	American Medical Association-Physician Consortium for Performance Improvement	-	-	-	-	-	X	-	Sleep Apnea	
Dementia: Staging of Dementia	N/A	N/A	N/A	280		Percentage of patients, regardless of age, with a diagnosis of dementia whose severity of dementia was classified as mild, moderate or severe at least once within a 12 month period	Effective Clinical Care	Process	American Academy of Neurology	American Psychological Association	-	-	-	-	-	X	-	Dementia	
Dementia: Cognitive Assessment	149v4	N/A	N/A	281		Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12 month period	Effective Clinical Care	Process	American Medical Association-Physician Consortium for Performance Improvement	-	-	-	-	X	-	X	-	Dementia	
Dementia: Functional Status Assessment	N/A	N/A	N/A	282	C10	Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of functional status is performed and the results reviewed at least once within a 12 month period	Effective Clinical Care	Process	American Academy of Neurology	American Psychological Association	-	-	-	-	-	X	-	Dementia	
Dementia: Neuropsychiatric Symptom Assessment	N/A	N/A	N/A	283		Percentage of patients, regardless of age, with a diagnosis of dementia and for whom an assessment of neuropsychiatric symptoms is performed and results reviewed at least once in a 12 month period	Effective Clinical Care	Process	American Academy of Neurology	American Psychological Association	-	-	-	-	-	X	-	Dementia	
Dementia: Management of Neuropsychiatric Symptoms	N/A	N/A	N/A	284		Percentage of patients, regardless of age, with a diagnosis of dementia who have one or more neuropsychiatric symptoms who received or were recommended to receive an intervention for neuropsychiatric symptoms within a 12 month period	Effective Clinical Care	Process	American Academy of Neurology	American Psychological Association	-	-	-	-	-	X	-	Dementia	

Measure Title	CMS	NQF	ACO	PQRS	HEDIS	Measure Description	NQS Domain	Measure Type	#1	#2	#3	Claims	CSV	EHR	GPRO Web Interface	Measure Groups	Registry	Measure Group(s)	HEDIS
Dementia: Counseling Regarding Safety Concerns	N/A	N/A	N/A	286		Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) who were counseled or referred for counseling regarding safety concerns within a 12 month period	Patient Safety	Process	American Academy of Neurology	American Psychological Association	-	-	-	-	-	X	-	Dementia	
Dementia: Counseling Regarding Risks of Driving	N/A	N/A	N/A	287		Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) who were counseled regarding the risks of driving and the alternatives to driving at least once within a 12 month period	Effective Clinical Care	Process	American Academy of Neurology	American Psychological Association	-	-	-	-	-	X	-	Dementia	
Dementia: Caregiver Education and Support	N/A	N/A	N/A	288		Percentage of patients, regardless of age, with a diagnosis of dementia whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND referred to additional sources for support within a 12 month period	Communication and Care Coordination	Process	American Academy of Neurology	American Psychological Association	-	-	-	-	-	X	-	Dementia	
Parkinson's Disease: Annual Parkinson's Disease Diagnosis Review	N/A	N/A	N/A	289		All patients with a diagnosis of Parkinson's disease who had an annual assessment including a review of current medications (e.g., medications that can produce Parkinson-like signs or symptoms) and a review for the presence of atypical features (e.g., falls at presentation and early in the disease course, poor response to levodopa, symmetry at onset, rapid progression [to Hoehn and Yahr stage 3 in 3 years], lack of tremor or dysautonomia) at least annually	Effective Clinical Care	Outcome	American Academy of Neurology	-	-	-	-	-	-	X	-	Parkinson's Disease	
Parkinson's Disease: Psychiatric Disorders or Disturbances Assessment	N/A	N/A	N/A	290		All patients with a diagnosis of Parkinson's disease who were assessed for psychiatric disorders or disturbances (e.g., psychosis, depression, anxiety disorder, apathy, or impulse control disorder) at least annually	Effective Clinical Care	Outcome	American Academy of Neurology	-	-	-	-	-	-	X	-	Parkinson's Disease	
Parkinson's Disease: Cognitive Impairment or Dysfunction Assessment	N/A	N/A	N/A	291		All patients with a diagnosis of Parkinson's disease who were assessed for cognitive impairment or dysfunction at least annually	Effective Clinical Care	Outcome	American Academy of Neurology	-	-	-	-	-	-	X	-	Parkinson's Disease	
Parkinson's Disease: Querying about Sleep Disturbances	N/A	N/A	N/A	292		All patients with a diagnosis of Parkinson's disease (or caregivers, as appropriate) who were queried about sleep disturbances at least annually	Effective Clinical Care	Outcome	American Academy of Neurology	-	-	-	-	-	-	X	-	Parkinson's Disease	
Parkinson's Disease: Rehabilitative Therapy Options	N/A	N/A	N/A	293		All patients with a diagnosis of Parkinson's disease (or caregiver(s), as appropriate) who had rehabilitative therapy options (e.g., physical, occupational, or speech therapy) discussed at least annually	Communication and Care Coordination	Outcome	American Academy of Neurology	-	-	-	-	-	-	X	-	Parkinson's Disease	
Parkinson's Disease: Parkinson's Disease Medical and Surgical Treatment Options Reviewed	N/A	N/A	N/A	294		All patients with a diagnosis of Parkinson's disease (or caregiver(s), as appropriate) who had the Parkinson's disease treatment options (e.g., non-pharmacological treatment, pharmacological treatment, or surgical treatment) reviewed at least once annually	Communication and Care Coordination	Outcome	American Academy of Neurology	-	-	-	-	-	-	X	-	Parkinson's Disease	
Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	N/A	1536	N/A	303		Percentage of patients aged 18 years and older in sample who had cataract surgery and had improvement in visual function achieved within 90 days following the cataract surgery, based on completing a pre-operative and post-operative visual function survey	Person and Caregiver-Centered Experience and Outcomes	Outcome	American Academy of Ophthalmology	-	-	-	-	-	-	X	X	Cataracts	
Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery	N/A	N/A	N/A	304		Percentage of patients aged 18 years and older in sample who had cataract surgery and were satisfied with their care within 90 days following the cataract surgery, based on completion of the Consumer Assessment of Healthcare Providers and Systems Surgical Care Survey	Person and Caregiver-Centered Experience and Outcomes	Outcome	American Academy of Ophthalmology	-	-	-	-	-	-	X	X	Cataracts	

Measure Title	CMS	NQF	ACO	PQRS	HEDIS	Measure Description	NQS Domain	Measure Type	#1	#2	#3	Claims	CSV	EHR	GPRO Web Interface	Measure Groups	Registry	Measure Group(s)	HEDIS	
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	137v4	0004	N/A	305		Percentage of patients 13 years of age and older with a new episode of alcohol and other drug (AOD) dependence who received the following. Two rates are reported. a. Percentage of patients who initiated treatment within 14 days of the diagnosis. b. Percentage of patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.	Effective Clinical Care	Process	National Committee for Quality Assurance	-	-	-	-	X	-	-	-	-	-	
Cervical Cancer Screening	124v4	0032	N/A	309		Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer	Effective Clinical Care	Process	National Committee for Quality Assurance	-	-	-	-	X	-	-	-	-	-	CCS
Chlamydia Screening for Women	153v4	0033	N/A	310		Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period	Community/Population Health	Process	National Committee for Quality Assurance	-	-	-	-	X	-	-	-	-	-	CHL
Use of Appropriate Medications for Asthma	126v4	0036	N/A	311		Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period	Effective Clinical Care	Process	National Committee for Quality Assurance	-	-	-	-	X	-	-	-	-	-	ASM
Use of Imaging Studies for Low Back Pain	166v5	0052	N/A	312		Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.	Efficiency and Cost Reduction	Process	National Committee for Quality Assurance	-	-	-	-	X	-	-	-	-	-	LBP
Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed AND Risk-Stratified Fasting LDL-C	61v5 & 64v5	N/A	N/A	316		Percentage of patients aged 20 through 79 years whose risk factors* have been assessed and a fasting LDL test has been performed AND percentage of patients aged 20 through 79 years who had a fasting LDL-C test performed and whose risk-stratified fasting LDL-C is at or below the recommended LDL-C goal. *There are three criteria for this measure based on the patient's risk category. 1. Highest Level of Risk: Coronary Heart Disease (CHD) or CHD Risk Equivalent OR 10-Year Framingham Risk >20% 2. Moderate Level of Risk: Multiple (2+) Risk Factors OR 10-Year Framingham Risk 10-20% 3. Lowest Level of Risk: 0 or 1 Risk Factor OR 10-Year Framingham Risk <10%	Effective Clinical Care	Intermediate Outcome	Centers for Medicare & Medicaid Services	Quality Insights of Pennsylvania	-	-	-	X	-	-	-	-	-	-
Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	22v4	N/A	ACO 21	317		Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.	Community/Population Health	Process	Centers for Medicare & Medicaid Services	Mathematica	Quality Insights of Pennsylvania	X	-	X	X	X	X	X	Acute Otitis Externa (AOE) Cardiovascular Prevention Diabetic Retinopathy	
Falls: Screening for Fall Risk	139v4	0101	ACO 13	318		Percentage of patients 65 years of age and older who were screened for future fall risk at least once during the measurement period.	Patient Safety	Process	National Committee for Quality Assurance	-	-	-	-	X	X	-	-	-	-	

Measure Title	CMS	NQF	ACO	PQRS	HEDIS	Measure Description	NQS Domain	Measure Type	#1	#2	#3	Claims	CSV	EHR	GPRO Web Interface	Measure Groups	Registry	Measure Group(s)	HEDIS	
Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	N/A	0658	N/A	320		Percentage of patients aged 50 to 75 years of age receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report	Communication and Care Coordination	Process	American Medical Association-Physician Consortium for Performance Improvement	American Gastroenterological Association	American Society for Gastrointestinal Endoscopy/American College of Gastroenterology	X	-	-	-	-	X	-		
CAHPS for PQRS Clinician/Group Survey	N/A	0005 & 0006	ACO 1-7, 34	321	QI Element D.2	<ul style="list-style-type: none"> Getting timely care, appointments, and information; How well providers Communicate; Patient's Rating of Provider; Access to Specialists; Health Promotion & Education; Shared Decision Making; Health Status/Functional Status; Courteous and Helpful Office Staff; Care Coordination; Between Visit Communication; Helping Your to Take Medication as Directed; and Stewardship of Patient Resources 	Person and Caregiver-Centered Experience and Outcomes	Patient Engagement/Experience	Agency for Healthcare Research & Quality	-	-	-	X	-	-	-	-	-	-	
Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low-Risk Surgery Patients	N/A	N/A	N/A	322		Percentage of stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), or cardiac magnetic resonance (CMR) performed in low risk surgery patients 18 years or older for preoperative evaluation during the 12-month reporting period	Efficiency and Cost Reduction	Efficiency	American College of Cardiology	-	-	-	-	-	-	-	X	-		
Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI)	N/A	N/A	N/A	323		Percentage of all stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), and cardiovascular magnetic resonance (CMR) performed in patients aged 18 years and older routinely after percutaneous coronary intervention (PCI), with reference to timing of test after PCI and symptom status	Efficiency and Cost Reduction	Efficiency	American College of Cardiology	-	-	-	-	-	-	-	X	-		
Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low-Risk Patients	N/A	N/A	N/A	324		Percentage of all stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), and cardiovascular magnetic resonance (CMR) performed in asymptomatic, low coronary heart disease (CHD) risk patients 18 years and older for initial detection and risk assessment	Efficiency and Cost Reduction	Efficiency	American College of Cardiology	-	-	-	-	-	-	-	X	-		

Measure Title	CMS	NQF	ACO	PQRS	HEDIS	Measure Description	NQS Domain	Measure Type	#1	#2	#3	Claims	CSV	EHR	GPRO Web Interface	Measure Groups	Registry	Measure Group(s)	HEDIS
Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions	N/A	N/A	N/A	325		Percentage of medical records of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) and a specific diagnosed comorbid condition (diabetes, coronary artery disease, ischemic stroke, intracranial hemorrhage, chronic kidney disease [stages 4 or 5], End Stage Renal Disease [ESRD] or congestive heart failure) being treated by another clinician with communication to the clinician treating the comorbid condition	Communication and Care Coordination	Process	American Psychiatric Association	American Medical Association-Physician Consortium for Performance Improvement	-	-	-	-	-	-	X	-	
Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	N/A	1525	N/A	326		Percentage of patients aged 18 years and older with a diagnosis of nonvalvular atrial fibrillation (AF) or atrial flutter whose assessment of the specified thromboembolic risk factors indicate one or more high-risk factors or more than one moderate risk factor, as determined by CHADS2 risk stratification, who are prescribed warfarin OR another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism	Effective Clinical Care	Process	American College of Cardiology	American Heart Association	American Medical Association-Physician Consortium for Performance Improvement	X	-	-	-	-	X	-	
Pediatric Kidney Disease: Adequacy of Volume Management:	N/A	N/A	N/A	327		Percentage of calendar months within a 12-month period during which patients aged 17 years and younger with a diagnosis of End Stage Renal Disease (ESRD) undergoing maintenance hemodialysis in an outpatient dialysis facility have an assessment of the adequacy of volume management from a nephrologist	Effective Clinical Care	Outcome	Renal Physicians Association	-	-	-	-	-	-	-	X	-	
Pediatric Kidney Disease: ESRD Patients Receiving Dialysis: Hemoglobin Level < 10 g/dl	N/A	1667	N/A	328		Percentage of calendar months within a 12-month period during which patients aged 17 years and younger with a diagnosis of End Stage Renal Disease (ESRD) receiving hemodialysis or peritoneal dialysis have a hemoglobin level < 10 g/dL	Effective Clinical Care	Intermediate Outcome	Renal Physicians Association	-	-	-	-	-	-	-	X	-	
Adult Kidney Disease: Catheter Use at Initiation of Hemodialysis	N/A	N/A	N/A	329		Percentage of patients aged 18 years and older with a diagnosis of End Stage Renal Disease (ESRD) who initiate maintenance hemodialysis during the measurement period, whose mode of vascular access is a catheter at the time maintenance hemodialysis is initiated	Effective Clinical Care	Outcome	Renal Physicians Association	-	-	-	-	-	-	-	X	-	
Adult Kidney Disease: Catheter Use for Greater Than or Equal to 90 Days	N/A	N/A	N/A	330		Percentage of patients aged 18 years and older with a diagnosis of End Stage Renal Disease (ESRD) receiving maintenance hemodialysis for greater than or equal to 90 days whose mode of vascular access is a catheter	Patient Safety	Outcome	Renal Physicians Association	-	-	-	-	-	-	-	X	-	
Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Overuse)	N/A	N/A	N/A	331		Percentage of patients, aged 18 years and older, with a diagnosis of acute sinusitis who were prescribed an antibiotic within 10 days after onset of symptoms	Efficiency and Cost Reduction	Process	American Academy of Otolaryngology-Head and Neck Surgery	-	-	-	-	-	-	X	X	Sinusitis	
Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)	N/A	N/A	N/A	332		Percentage of patients aged 18 years and older with a diagnosis of acute bacterial sinusitis that were prescribed amoxicillin, with or without clavulanate, as a first line antibiotic at the time of diagnosis	Efficiency and Cost Reduction	Process	American Academy of Otolaryngology-Head and Neck Surgery	-	-	-	-	-	-	X	X	Sinusitis	

Measure Title	CMS	NQF	ACO	PQRS	HEDIS	Measure Description	NQS Domain	Measure Type	#1	#2	#3	Claims	CSV	EHR	GPRO Web Interface	Measure Groups	Registry	Measure Group(s)	HEDIS	
Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse)	N/A	N/A	N/A	333		Percentage of patients aged 18 years and older with a diagnosis of acute sinusitis who had a computerized tomography (CT) scan of the paranasal sinuses ordered at the time of diagnosis or received within 28 days after date of diagnosis	Efficiency and Cost Reduction	Efficiency	American Academy of Otolaryngology-Head and Neck Surgery	-	-	-	-	-	-	X	X	Sinusitis		
Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)	N/A	N/A	N/A	334		Percentage of patients aged 18 years and older with a diagnosis of chronic sinusitis who had more than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis	Efficiency and Cost Reduction	Efficiency	American Academy of Otolaryngology-Head and Neck Surgery	-	-	-	-	-	-	-	X	-		
Maternity Care: Elective Delivery or Early Induction Without Medical Indication at ≥ 37 and < 39 Weeks	N/A	N/A	N/A	335		Percentage of patients, regardless of age, who gave birth during a 12-month period who delivered a live singleton at ≥ 37 and < 39 weeks of gestation completed who had elective deliveries or early inductions without medical indication	Patient Safety	Outcome	American Medical Association-Physician Consortium for Performance Improvement	-	-	-	-	-	-	-	X	-		
Maternity Care: Post-Partum Follow-Up and Care Coordination	N/A	N/A	N/A	336		Percentage of patients, regardless of age, who gave birth during a 12-month period who were seen for post-partum care within 8 weeks of giving birth who received a breast feeding evaluation and education, post-partum depression screening, post-partum glucose screening for gestational diabetes patients, and family and contraceptive planning	Communication and Care Coordination	Process	American Medical Association-Physician Consortium for Performance Improvement	-	-	-	-	-	-	-	X	-		
Tuberculosis Prevention for Psoriasis, Psoriatic Arthritis and Rheumatoid Arthritis Patients on a Biological Immune Response Modifier	N/A	N/A	N/A	337		Percentage of patients whose providers are ensuring active tuberculosis prevention either through yearly negative standard tuberculosis screening tests or are reviewing the patient's history to determine if they have had appropriate management for a recent or prior positive test	Effective Clinical Care	Process	American Academy of Dermatology	-	-	-	-	-	-	X	X	Rheumatoid Arthritis		
HIV Viral Load Suppression	N/A	2082	N/A	338		The percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year	Effective Clinical Care	Outcome	Health Resources and Services Administration	-	-	-	-	-	-	X	-	HIV/AIDS		
Prescription of HIV Antiretroviral Therapy	N/A	2083	N/A	339		Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year	Effective Clinical Care	Process	Health Resources and Services Administration	-	-	-	-	-	-	X	-	HIV/AIDS		
HIV Medical Visit Frequency	N/A	2079	N/A	340		Percentage of patients, regardless of age with a diagnosis of HIV who had at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits	Efficiency and Cost Reduction	Process	Health Resources and Services Administration	-	-	-	-	-	-	X	-	HIV/AIDS		

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Pain Brought Under Control Within 48 Hours	N/A	N/A	N/A	342		Patients aged 18 and older who report being uncomfortable because of pain at the initial assessment (after admission to palliative care services) who report pain was brought to a comfortable level within 48 hours	Person and Caregiver-Centered Experience and Outcomes	Outcome	National Hospice and Palliative Care Organization	-	-	-	-	-	-	-	X	-	
Screening Colonoscopy Adenoma Detection Rate Measure	N/A	N/A	N/A	343		The percentage of patients age 50 years or older with at least one conventional adenoma or colorectal cancer detected during screening colonoscopy	Effective Clinical Care	Outcome	American College of Gastroenterology	American Gastroenterological Association	American Society for Gastrointestinal Endoscopy	-	-	-	-	-	X	-	
Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2)	N/A	N/A	N/A	344		Percent of asymptomatic patients undergoing CAS who are discharged to home no later than post-operative day #2	Effective Clinical Care	Outcome	Society for Vascular Surgeons	-	-	-	-	-	-	-	X	-	
Rate of Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Artery Stenting (CAS)	N/A	1543	N/A	345		Percent of asymptomatic patients undergoing CAS who experience stroke or death following surgery while in the hospital	Effective Clinical Care	Outcome	Society for Vascular Surgeons	-	-	-	-	-	-	-	X	-	
Rate of Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Endarterectomy (CEA)	N/A	1540	N/A	346		Percent of asymptomatic patients undergoing CEA who experience stroke or death following surgery while in the hospital	Effective Clinical Care	Outcome	Society for Vascular Surgeons	-	-	-	-	-	-	-	X	-	
Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA) Who Die While in Hospital	N/A	1534	N/A	347		Percent of patients undergoing endovascular repair of small or moderate abdominal aortic aneurysms (AAA) who die while in the hospital	Patient Safety	Outcome	Society for Vascular Surgeons	-	-	-	-	-	-	-	X	-	
HRS-3: Implantable Cardioverter-Defibrillator (ICD) Complications Rate	N/A	N/A	N/A	348		Patients with physician-specific risk-standardized rates of procedural complications following the first time implantation of an ICD	Patient Safety	Outcome	The Heart Rhythm Society	-	-	-	-	-	-	-	X	-	
Total Knee Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy	N/A	N/A	N/A	350		Percentage of patients regardless of age or gender undergoing a total knee replacement with documented shared decision-making with discussion of conservative (non-surgical) therapy (e.g. Nonsteroidal anti-inflammatory drugs (NSAIDs), analgesics, weight loss, exercise, injections) prior to the procedure	Communication and Care Coordination	Outcome	American Association of Hip and Knee Surgeons	-	-	-	-	-	-	X	-	Total Knee Replacement	
Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation	N/A	N/A	N/A	351		Percentage of patients regardless of age or gender undergoing a total knee replacement who are evaluated for the presence or absence of venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure (e.g. history of Deep Vein Thrombosis (DVT), Pulmonary Embolism (PE), Myocardial Infarction (MI), Arrhythmia and Stroke)	Patient Safety	Outcome	American Association of Hip and Knee Surgeons	-	-	-	-	-	-	X	-	Total Knee Replacement	
Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet	N/A	N/A	N/A	352		Percentage of patients regardless of age or gender undergoing a total knee replacement who had the prophylactic antibiotic completely infused prior to the inflation of the proximal tourniquet	Patient Safety	Outcome	American Association of Hip and Knee Surgeons	-	-	-	-	-	-	X	-	Total Knee Replacement	

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Total Knee Replacement: Identification of Implanted Prosthesis in Operative Report	N/A	N/A	N/A	353		Percentage of patients regardless of age or gender undergoing a total knee replacement whose operative report identifies the prosthetic implant specifications including the prosthetic implant manufacturer, the brand name of the prosthetic implant and the size of each prosthetic implant	Patient Safety	Outcome	American Association of Hip and Knee Surgeons	-	-	-	-	-	-	X	-	Total Knee Replacement	
Anastomotic Leak Intervention	N/A	N/A	N/A	354		Percentage of patients aged 18 years and older who required an anastomotic leak intervention following gastric bypass or colectomy surgery	Patient Safety	Outcome	American College of Surgeons	-	-	-	-	-	-	X	-	General Surgery	
Unplanned Reoperation within the 30 Day Postoperative Period	N/A	N/A	N/A	355		Percentage of patients aged 18 years and older who had any unplanned reoperation within the 30 day postoperative period	Patient Safety	Outcome	American College of Surgeons	-	-	-	-	-	-	X	-	General Surgery	
Unplanned Hospital Readmission within 30 Days of Principal Procedure	N/A	N/A	N/A	356		Percentage of patients aged 18 years and older who had an unplanned hospital readmission within 30 days of principal procedure	Effective Clinical Care	Outcome	American College of Surgeons	-	-	-	-	-	-	X	-	General Surgery	
Surgical Site Infection (SSI)	N/A	N/A	N/A	357		Percentage of patients aged 18 years and older who had a surgical site infection (SSI)	Effective Clinical Care	Outcome	American College of Surgeons	-	-	-	-	-	-	X	-	General Surgery	
Patient-Centered Surgical Risk Assessment and Communication	N/A	N/A	N/A	358		Percentage of patients who underwent a non-emergency surgery who had their personalized risks of postoperative complications assessed by their surgical team prior to surgery using a clinical data-based, patient-specific risk calculator and who received personal discussion of those risks with the surgeon	Person and Caregiver-Centered Experience and Outcomes	Process	American College of Surgeons	-	-	-	-	-	-	X	X	General Surgery	
Optimizing Patient Exposure to Ionizing Radiation: Utilization of a Standardized Nomenclature for Computed Tomography (CT) Imaging Description	N/A	N/A	N/A	359		Percentage of computed tomography (CT) imaging reports for all patients, regardless of age, with the imaging study named according to a standardized nomenclature and the standardized nomenclature is used in institution's computer systems	Communication and Care Coordination	Process	American College of Radiology	-	-	-	-	-	-	X	-	Optimizing Patient Exposure to Ionizing Radiation	
Optimizing Patient Exposure to Ionizing Radiation: Count of Potential High Dose Radiation Imaging Studies: Computed Tomography (CT) and Cardiac Nuclear Medicine Studies	N/A	N/A	N/A	360		Percentage of computed tomography (CT) and cardiac nuclear medicine (myocardial perfusion studies) imaging reports for all patients, regardless of age, that document a count of known previous CT (any type of CT) and cardiac nuclear medicine (myocardial perfusion) studies that the patient has received in the 12-month period prior to the current study	Patient Safety	Process	American College of Radiology	-	-	-	-	-	-	X	-	Optimizing Patient Exposure to Ionizing Radiation	
Optimizing Patient Exposure to Ionizing Radiation: Reporting to a Radiation Dose Index Registry	N/A	N/A	N/A	361		Percentage of total computed tomography (CT) studies performed for all patients, regardless of age, that are reported to a radiation dose index registry AND that include at a minimum selected data elements	Patient Safety	Structure	American College of Radiology	-	-	-	-	-	-	X	-	Optimizing Patient Exposure to Ionizing Radiation	
Optimizing Patient Exposure to Ionizing Radiation: Computed Tomography (CT) Images Available for Patient Follow-up and Comparison Purposes	N/A	N/A	N/A	362		Percentage of final reports for computed tomography (CT) studies performed for all patients, regardless of age, which document that Digital Imaging and Communications in Medicine (DICOM) format image data are available to non-affiliated external healthcare facilities or entities on a secure, media free, reciprocally searchable basis with patient authorization for at least a 12-month period after the study	Communication and Care Coordination	Structure	American College of Radiology	-	-	-	-	-	-	X	-	Optimizing Patient Exposure to Ionizing Radiation	
Optimizing Patient Exposure to Ionizing Radiation: Search for Prior Computed Tomography (CT) Studies Through a Secure, Authorized, Media-Free, Shared Archive	N/A	N/A	N/A	363		Percentage of final reports of computed tomography (CT) studies performed for all patients, regardless of age, which document that a search for Digital Imaging and Communications in Medicine (DICOM) format images was conducted for prior patient CT imaging studies completed at non-affiliated external healthcare facilities or entities within the past 12-months and are available through a secure, authorized, media free, shared archive prior to an imaging study being performed	Communication and Care Coordination	Structure	American College of Radiology	-	-	-	-	-	-	X	-	Optimizing Patient Exposure to Ionizing Radiation	

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Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines	N/A	N/A	N/A	364		Percentage of final reports for computed tomography (CT) imaging studies of the thorax for patients aged 18 years and older with documented follow-up recommendations for incidentally detected pulmonary nodules (e.g., follow-up CT imaging studies needed or that no follow-up is needed) based at a minimum on nodule size AND patient risk factors	Communication and Care Coordination	Process	American College of Radiology	-	-	-	-	-	-	X	-	Optimizing Patient Exposure to Ionizing Radiation	
Hemoglobin A1c Test for Pediatric Patients	148v4	N/A	N/A	365		Percentage of patients 5-17 years of age with diabetes with a HbA1c test during the measurement period	Effective Clinical Care	Process	National Committee for Quality Assurance	-	-	-	-	X	-	-	-	-	
ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	136v5	0108	N/A	366		Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported. a. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase. b. Percentage of children who remained on ADHD 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 ended	Effective Clinical Care	Process	National Committee for Quality Assurance	-	-	-	-	X	-	-	-	-	ADD
Bipolar Disorder and Major Depression: Appraisal for Alcohol or Chemical Substance Use	169v4	N/A	N/A	367		Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use.	Effective Clinical Care	Process	Center for Quality Assessment and Improvement in Mental Health	-	-	-	-	X	-	-	-	-	
HIV/AIDS: Medical Visit	62v4	N/A	N/A	368		Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with at least two medical visits during the measurement year with a minimum of 90 days between each visit	Effective Clinical Care	Process	National Committee for Quality Assurance	-	-	-	-	X	-	-	-	-	
Pregnant Women that had HBsAg Testing	158v4	N/A	N/A	369		This measure identifies pregnant women who had a HBsAg (hepatitis B) test during their pregnancy.	Effective Clinical Care	Process	OptumInsight	-	-	-	-	X	-	-	-	-	
Depression Remission at Twelve Months	159v4	0710	N/A	370		Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment	Effective Clinical Care	Intermediate Outcome	Minnesota Community Measurement	-	-	-	-	X	X	-	X	-	
Depression Utilization of the PHQ-9 Tool	160v4	0712	N/A	371		Adult patients age 18 and older with the diagnosis of major depression or dysthymia who have a PHQ-9 tool administered at least once during a 4 month period in which there was a qualifying visit.	Effective Clinical Care	Process	Minnesota Community Measurement	-	-	-	-	X	-	-	-	-	
Maternal Depression Screening	82v3	N/A	N/A	372		The percentage of children who turned 6 months of age during the measurement year, who had a face-to-face visit between the clinician and the child during child's first 6 months, and who had a maternal depression screening for the mother at least once between 0 and 6 months of life.	Community/Population Health	Process	National Committee for Quality Assurance	-	-	-	-	X	-	-	-	-	
Hypertension: Improvement in Blood Pressure	65v5	N/A	N/A	373		Percentage of patients aged 18-85 years of age with a diagnosis of hypertension whose blood pressure improved during the measurement period.	Effective Clinical Care	Intermediate Outcome	Centers for Medicare & Medicaid Services	National Committee for Quality Assurance	-	-	-	X	-	-	-	-	

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Closing the Referral Loop: Receipt of Specialist Report	50v4	N/A	N/A	374		Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Communication and Care Coordination	Process	Centers for Medicare & Medicaid Services	Mathemati ca	-	-	-	X	-	-	-	-	