

2016 TCPI Quality and Utilization Metrics Guidelines

Version 2.2 (Revised August 15, 2016)

Revisions to TCPI Quality and Utilization Metrics Guidelines

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| Date of revision | Old Version | New Version | Description of revision |
| 5/2/2016 | March 8, 2016 | Version 2  (May 2, 2016) | Revisions to Utilization Metrics Value Sets Appendix B: Updated the population for All Cause Readmissions, All-Cause Unplanned Admissions for Patient with Diabetes (DM), and All-Cause Unplanned Admissions for Patient with Heart Failure (HF) to include all patients, not just Medicare Fee-for-Service beneficiaries. We are interested in all payor classifications, not just Medicare FFS for TCPI. |
| 6/16/2016 | Version 2  (May 2, 2016) | Version 2.1 (June 16, 2016) | Added additional pediatrics metrics definitions:   * ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication * Childhood Immunization Status * Appropriate Treatment for Children with URI * Immunizations for Adolescents * Well Child Visits in the First 15 Months of Life * Adolescent Well Care Visits |
| 6/16/2016 | Version 2  (May 2, 2016) | Version 2.1 (June 16, 2016) | Added Reduction in <2 Day Hospital LOS definition |
| 8/15/2016 | Version 2.1 (June 16, 2016) | Version 2.2 (Aug 15, 2016 | Added Reduction in ED Visits definition |
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Quality and Utilization Metrics Overview

| **Quality Metrics** | **Numerator** | **Denominator** | **Measure Details** |
| --- | --- | --- | --- |
| Breast Cancer Screenings | Pts who had ≥1 mammogram within 24 months | All female pts aged 50 through 74 years | % of women with appropriate mammogram |
| Colorectal Cancer (CRC) Screenings | Pts who had ≥1 screenings for CRC during period | All patients aged 50- 75 years | % of patients receiving appropriate CRC screening |
| Pneumococcal Vaccinations | Pts who have ever received pneumococcal vaccination | All pts 65 years and older | % of pts ≥65 who ever received a PPV shot |
| Influenza Immunizations | Pts who received an influenza immunization | All pts 6 month and older | % of pts 6 months and older who received an influenza immunization |
| Screening for Clinical Depression and Follow-up plan | Pts screened for clinical depression AND if positive, a follow-up plan is documented | All pts 12 years and older | % of pts 12 and older screened for clinical depression using an age appropriate standardized depression screening tool, if positive, follow-up  plan is documented |
| Tobacco Use: Screening and Cessation Intervention | Pts who were screened for tobacco use at least once within 24 month AND received tobacco cessation intervention | All pts 18 years and older seen for at least two visits or at least one preventive visit during the measurement period | % of pts 18 and older screened for tobacco use 1 or more times within 24 months AND who received cessation counseling intervention |
| Well child visits 3-6 years  of life | Children with ≥1 well child visit per year of age | Children between 3- 6 years old | % of 3–6 years of age who had ≥1 well-child visits per year |
| Diabetes (DM):  Hemoglobin A1c (A1C) poor control | Pts with most recent Hemoglobin A1c > 9.0% and in the last 12 months | All pts 18-75 yrs w/ dx of DM or who were dispensed insulin or oral hypoglycemics | % of pts with DM who had most recent Hemoglobin A1c > 9.0% |
| Coronary Artery Disease (CAD): ACE-I or ARB Therapy –Diabetes or  LVSD (LVEF <40%) | Patients who were prescribed ACE inhibitor or ARB therapy | All patients 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have a current or prior LVEF < 40% | % of patients 18 years and older with a dx of CAD seen within a 12 month period who also have DM OR a current or prior LVEF < 40% who were prescribed ACE inhibitor or ARB therapy |
| Patient Experience Surveys: CAHPS Clinician and Medical Homes Scales | Patients who chose the most positive score (e.g., always on an always-never scale) | Patient completing CAHPS survey among randomly selected sample at practices | % of patients who chose the most positive score for a given item aggregated at the respondent, practice site, or PTN level and mean scores |
| ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication | Numerator 1:  Patients who had at least one face-to-face visit with a practitioner with prescribing authority within 30 days after the IPSD.  Numerator 2:  Patients who had at least one face-to-face visit with a practitioner with prescribing authority during the Initiation Phase, and at least two follow-up visits during the Continuation and Maintenance Phase. | Initial Population 1:  Children 6-12 years of age who were dispensed an ADHD medication during the Intake Period and who had a visit during the measurement period.  Initial Population 2:  Children 6-12 years of age who were dispensed an ADHD medication during the Intake Period and who remained on the medication for at least 210 days out of the 300 days following the IPSD, and who had a visit during the measurement period. | Description 1:  The percentage of children 6-12 years of age who were dispensed an ADHD medication during the Intake Period and who had a visit during the measurement year.  Description 2:  The percentage of children 6-12 years of age who were dispensed an ADHD medication during the Intake Period and who remained on the medication for at least 210 days out of the 300 days following the IPSD, and who had a visit during the measurement period. |
| Childhood Immunization Status | Children who have evidence showing they received recommended vaccines, had documented history of the illness, had a seropositive test result, or had an allergic reaction to the vaccine by their second birthday | Children who turn 2 years of age during the measurement period and who have a visit during the measurement period | The percentage of children who turn 2 years of age during the measurement period and who have a visit during the measurement period |
| Appropriate Treatment for Children with Upper Respiratory Infection (URI) | Children without a prescription for antibiotic medication on or 3 days after the outpatient or ED visit for an upper respiratory infection | Children age 3 months to 18 years who had an outpatient or emergency department (ED) visit with a diagnosis of upper respiratory infection (URI) during the measurement period | The percentage of children age 3 months to 18 years who had an outpatient or ED visit with a diagnosis of upper respiratory infection during the measurement period |
| Immunizations for Adolescents | Adolescents who had one dose of meningococcal vaccine on or between the patient’s 11th and 13th birthdays OR Adolescents who had one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) OR one tetanus, diphtheria toxoids vaccine (Td) on or between the patient’s 10th and 13th birthdays OR one tetanus and one diphtheria vaccine on or between the patient’s 10th and 13th birthdays OR Adolescents who are numerator compliant for Rates 1 and 2 | Patients who turn 13 years of age during the measurement period | The percentage of adolescents 13 years of age who had the recommended immunizations by their 13th birthday |
| Well-Child Visits in the First 15 Months of Life | Seven separate numerators are calculated, corresponding to the number of members who received 0, 1, 2, 3, 4, 5, 6 or more well-child visits with a PCP during their first 15 months of life. | 15 months old during the measurement year. | The percentage of members who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life. |
| Adolescent Well-Care Visits | At least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. | 12–21 years as of December 31 of the measurement year | The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. |

| **Utilization Metrics** | **Numerator** | **Denominator** | **Measure Details** |
| --- | --- | --- | --- |
| All Cause Readmission Rate | Admitted Pts who were previously admitted <30 days prior | Total admitted patients within target population | Admitted Patients who were previously admitted less than 30 days prior |
| All Cause Unplanned  Admit for Pts with DM | Total pts with an unplanned admittance who have DM | Total admitted patients within target population with Diabetes | Total patients with an unplanned admittance who have Diabetes |
| All Cause Unplanned  Admit for Pts with HF | Total pts with an unplanned admittance who have HF | Total admitted patients within target population with HF | Total patients with an unplanned admittance who have HF |
| Reduction in <2 day hospital LOS | Number of patients with an admission through the ED with a LOS <=2 days | All admissions through the ED | Percentage of patients with an admission through the emergency department (ED) with a length of stay (LOS) of ≤2 days |
| Reduction in ER Visits | Patients within a practice with an ED visit (ED visit that did not lead to a hospital admit) | Patients within a practice (patient is defined as anyone with at least 1 visit in the last 2 years) | Percentage of patients within a practice with an ED visit |
| **Choosing Wisely Utilization Metrics** | **Numerator** | **Denominator** | **Measure Details** |
| Back Pain Imaging with No Red Flags | Patients with non-specific acute low back pain and absence of red flags who received imaging | Patients18 yrs and older with non-specific low back pain and no red flags | % of patients with non-specific low back pain and an absence of red flags who received imaging |
| Benign Prostatic Hyperplasia Imaging | All male patients 18 ys and older diagnosed with BPH receiving upper tract imaging within 60 days of BPH diagnosis | All male patients 18 yrs and older diagnosed with BPH in last yr | % of patients with benign prostatic hyperplasia receiving upper-tract imaging within 6- days of diagnosis |
| Cardiac Tests for Low Risk Patients | All patients 66-80 yrs with low cardiovascular risk who received a non-indicated electrocardiogram, cardiovascular stress tests, echocardiogram, or advanced cardio imaging | All patients 66-80 yrs with low cardiovascular risk | % of patients with low cardiovascular risk receiving non-indicated electrocardiogram, cardiovascular stress tests, echocardiogram, or advanced cardio imaging |
| Cervical Cancer Screenings for Women over 65 | Female patients over 65 yrs at low risk for cervical cancer who received at least one cervical cancer screen within prior yr | All female patients over 65 yrs at low risk for cervical cancer | % of low-risk patients over 65 yrs screened for cervical cancer who had an adequate prior screening and not otherwise high risk for cervical cancer |
| Dual-Energy X-Ray Absorptiometry Scans | Female patients over 66 yrs who received more than one DXA scan in two years | All female patients over 66 yrs | % of patients receiving DXA scans more often than once every two years |
| Preoperative Cardiac Tests for Cataract Surgery | Patients 18 yrs and older undergoing cataract surgery who received non-indicated electrocardiogram, cardiovascular stress tests, echocardiogram, chest X-ray, or advanced cardiac imaging in the 30 days prior to surgery | All patients 18 yrs and older undergoing cataract surgery | % of patients undergoing cataract surgery who received non-indicated preoperative cardiac tests |
| Preoperative Cardiac Tests for Non-Cardiac Surgeries | All patients 18 yrs and older undergoing low-risk, non-cardiac surgeries who received a non-indicated electrocardiogram, cardiovascular stress tests, echocardiogram, chest X-ray, or advanced cardiac imaging in the 30 days prior to surgery | All patients 18 yrs and older undergoing low-risk, non-cardiac surgeries | % of patients undergoing low-risk, non-cardiac surgeries who received non-indicated preoperative cardiac tests |
| Population-based 25-OH Vitamin D Deficiency Screenings | All patients 18 yrs and older with an encounter who received a vitamin D deficiency screening. | All patients 18 yrs and older with an encounter | % of patients 18 years and older that received at least one vitamin D screening test for each calendar yr and do not have a screening indication |
| First Choice Antipsychotics Treatment for Dementia | Patient with at least two physician or two acute hospital claims for dementia and were prescribed antipsychotic drug and do not have a severe mental illness | Patient with at least two physician or two acute hospital claims for dementia and do not have a severe mental illness | % of patients 18 yrs and older with diagnosed dementia, without severe mental illness who was prescribed at least one antipsychotic |
| Percutaneous Feeding Tubes for Advanced Dementia | All patients 18 yrs and older with ICD-9 codes for advanced dementia with two acute hospital dementia diagnoses and were also institutionalized for at least 90 days where placement of feeding tubes occurred after the date of institutionalization if it occurred before the second dementia diagnosis | All patients 18 yrs and older with ICD-9 codes for identifying patients with advanced dementia with two acute hospital dementia diagnoses and were also institutionalized for at least 90 days | % of patients 18 yrs and older with advanced dementia who were given percutaneous feeding tubes |
| Opioid or Butalbital Treatment for Migraines | Patients 18 yrs and older with migraines identified using ICD-9 codes with drug codes for opioids or butalbital within 21 days of migraine diagnosis | Patients 18 yrs and older with migraines identified using ICD-9 codes | % of patients 18 yrs and older with migraine diagnosis who were prescribed an opioid or butalbital within 21 days of migraine diagnosis |



Quality Metrics

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| Clinical Definitions and Data Abstraction Guidelines Document Structure | |
| *Definitions and Format Design:* | |
| **Frequency** | How often the indicator measure is required to be completed or completion of an activity after a trigger event (i.e. annually, every 6 months, every 10 years, 30 days post discharge, within certain days post event) |
| **Data Source** | Data sources that will be utilized toward defining the denominator and numerator (i.e. MR, claims, self-reported) for the identified measure. |
| **Denominator** | The eligible patient population for the identified measure |
| **Numerator** | Numerator indicates that the patient has obtained the service/clinical event |
| **Exclusions** | Describes required documentation within the MR to indicate exclusions from the service/clinical event measurement. |
| **MRR Abstraction**  **Instructions** | Describe required documentation within the MR to achieve numerator compliance or to exclude appropriate patients. |
| **Note** | Notes related to the specified measure  Physician signatures and credentials must be present on all face-to-face encounter data.   1. Document should be clear, concise, and legible. 2. Patient demographics must be on all pages (including two sided progress notes). 3. Provider signatures/initials must be on all pages of documentation to accept diagnoses. (i.e., foot exams, eye exams, etc.) 4. Diagnoses from diagnostics require a reference in the next face-to-face visit. (i.e., foot exams, eye exams, etc.) 5. When referring to diagnostic or H&P the provider must reference the document type and the date of service the visit was performed. 6. Not allowed to utilize diagnostics and labs for diagnosis. Pathology is the only exception. 7. For proper diagnosis placement, make sure HMR lines up with MR and specialist notes. Obtain confirmation from PCP. |
| **Historical Records** | EMR - One signature is required if “packet” is received and in the EMR as one document.  Paper – Must be separated and relevant P4Q information must be signed by the current P4Q PCP. |
| **Self-Reported Data** | The primary goal and objective is to obtain documentation related to the measure and ensure incorporation into the medical record. At times, this is not possible and the following measures allow for patient self-reported information:   1. Breast Cancer Screening 2. Influenza Vaccine 3. Colorectal Cancer Screening   The above requires a completion date (month and year) noted in the medical record to count for compliance. |

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| Breast Cancer Screening | |
| **See Appendix A-1 for Value Set** | |
| **USHIK Version: CMS 125v5.0.000, April 2016 | NQF 2372** | |
| **Description** | Percentage of women 50 through 74 years of age who had a mammogram to screen for breast cancer within 27 months |
| **Frequency** | A minimum of one every 27 months |
| **Data Source** | Claims/MR |
| **Denominator** | Women 51-74 years of age with a visit during the measurement period |
| **Denominator Exclusions** | Exceptions: None  Exclusions: Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy |
| **Numerator** | Women with one or more mammograms during the measurement period or the 15 months prior to the measurement period, |
| **Numerator Exclusions** | Exclusions: Not Applicable |
| **MRR Abstraction**  **Instructions** | Documentation in the MR must include the following:   * Physician notation of the date indicating when the mammogram was performed.   It is a best practice to include any results with member-reported data to validate the information. |
| **Note** | This measure evaluates primary screening. Do not count biopsies, breast ultrasounds, or MRIs because they are not appropriate methods for primary breast cancer screening. |

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| Colorectal Cancer Screening | |
| **See Appendix A-2 for Value Set** | |
| **USHIK Version: CMS130v5.0.000, April 2016 | NQF 0034** | |
| **Metric Description** | Percentage of patients 50 through 75 years of age who had appropriate screening for colorectal cancer |
| **Frequency** | * Fecal occult blood test (FOBT) during the measurement period (annually) * Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period * Colonoscopy during the measurement period or the nine years prior to the measurement period |
| **Data Source** | Claims/MR |
| **Denominator** | Patients 50 through 75 years of age with a visit during the measurement period |
| **Denominator Exclusions** | Exceptions: None,  Exclusions: Patients with a diagnosis or past history of total colectomy or colorectal cancer |
| **Numerator** | Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria: Fecal occult blood test (FOBT) during the measurement period; Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period; Colonoscopy during the measurement period or the nine years prior to the measurement period |
| **Numerator Exclusions** | Exclusions: Not Applicable |
| **MRR Abstraction**  **Instructions** | Documentation in the MR must include:  Follow the instructions below to determine patient compliance:   * Documentation in the medical record must include a note indicating the date when the colorectal cancer screening was performed. A result is not required if the documentation is clearly part of the “medical history” section of the record; if this is not clear, the result or finding must also be present (this ensures that the screening was performed and not merely ordered). * If the medical record does not indicate the type of test, the patient does not meet the screening criteria for inclusion in the numerator * Regardless of test type, if the medical record data does not indicate how many samples were returned, assume that the required number of samples was returned * Immunochemical (iFOBT) tests may require fewer than three samples. If the medical record indicates that fewer than three samples were returned and an iFOBT was done, the patient meets the screening criteria for inclusion in the numerator * Document and “count” the screening test most comprehensive in order of Colonoscopy (most comprehensive), flexible sigmoidoscopy, and lastly FOBT/Single Stool Test Kit   Do not count the following as evidence of a colorectal screening:   * Digital rectal exam because it is not specific or comprehensive enough to screen for colorectal cancer * Fecal DNA testing * Virtual colonoscopy |
| **Note** | None |
| Pneumonia Vaccination Status for Older Adults | |
| **See Appendix A-3 for Value Set** | |
| **USHIK Version: CMS127v5.0.000, April 2016 | NQF 0043**  ***MSSP Requirement*** | |
| **Metric Description** | Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine. |
| **Frequency** | Vaccinated once |
| **Data Source** | Claims/MR |
| **Denominator** | Patients 65 years of age and older with a visit during the measurement period |
| **Numerator** | Patients who have ever received a pneumococcal vaccination |
| **Exclusions** | Not Applicable |
| **MRR Abstraction**  **Instructions** | Note the date indicating when the vaccine was given for patient reported results  If member self-reports the vaccine and is unable to recall the date received then document/enter the following:  The first date after their birthday: Member self-reports a vaccine in 2010 then enters the date after their birthday 2010. |
| **Note** | None |

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| Influenza Immunizations | |
| **See Appendix A-4 for Value Set** | |
| **USHIK Version: CMS147v6.1.000, April 2016 | NQF 0041** | |
| **Metric Description** | 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 |
| **Frequency** |  |
| **Data Source** | Claims/MR |
| **Denominator** | All patients aged 6 months and older seen for at least two visits or at least one preventive visit during between October 1 and March 31  DENOMINATOR EXCEPTIONS:   * Documentation of medical reason(s) for not receiving influenza immunization (eg, patient allergy, other medical reasons) * Documentation of patient reason(s) for not receiving influenza immunization (eg, patient declined, other patient reasons) * Documentation of system reason(s) for not receiving influenza immunization (eg, vaccine not available, other system reasons) |
| **Numerator** | Patients who received an influenza immunization OR who reported previous receipt of an influenza immunization |
| **Exclusions** | None |
| **MRR Abstraction**  **Instructions** |  |
| **Note** | Previous Receipt – receipt of the current season’s influenza immunization from another provider OR from same provider prior to the visit to which the measure is applied (typically, prior vaccination would include influenza vaccine given since August 1st). |

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| Screening for Clinical Depression and Follow-up plan | |
| **See Appendix A-5 for Value Set** | |
| **USHIK Version: CMS2v6.3.000, April 2016 | NQF 0418** | |
| **Metric Description** | 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 |
| **Frequency** |  |
| **Data Source** | Claims/MR |
| **Denominator** | All patients aged 12 years and older before the beginning of the measurement period with at least one eligible encounter during the measurement period  DENOMINATOR EXCEPTIONS:  Patient Reason(s): Patient refuses to participate  OR  Medical Reason(s): Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient’s health status  OR  Situations where the patient’s functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. For example: certain court appointed cases or cases of delirium |
| **Denominator Exclusions** | Patients with an active diagnosis for Depression or a diagnosis of Bipolar Disorder |
| **Numerator** | Patients screened for clinical depression on the date of the encounter using an age appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the positive screen |
| **Numerator Exclusions** | None |
| **MRR Abstraction**  **Instructions** | A clinical depression screen is completed 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.  Screening Tools:   * The name of the age appropriate standardized depression screening tool utilized must be documented in the medical record * The depression screening must be reviewed and addressed in the office of the provider filing the code, on the date of the encounter * The screening and encounter must occur on the same date * Standardized Depression Screening Tools should be normalized and validated for the age appropriate patient population in which they are used and must be documented in the medical record   Follow-Up Plan:   * The follow-up plan must be related to a positive depression screening, example: “Patient referred for psychiatric evaluation due to positive depression screening.” |
| **Note** | Screening: Completion of a clinical or diagnostic tool used to identify people at risk of developing or having a certain disease or condition, even in the absence of symptoms.  Standardized Clinical Depression Screening Tool – A normalized and validated depression screening tool developed for the patient population in which it is being utilized.  Examples of depression screening tools include but are not limited to:  Adolescent Screening Tools (12-17 years)   * Patient Health Questionnaire for Adolescents (PHQ-A) * Beck Depression Inventory-Primary Care Version (BDI-PC) * Mood Feeling Questionnaire (MFQ) * Center for Epidemiologic Studies Depression Scale (CES-D) * PRIME MD-PHQ-2   Adult Screening Tools (18 years and older)   * Patient Health Questionnaire (PHQ-9) * Beck Depression Inventory (BDI or BDI-II) * Center for Epidemiologic Studies Depression Scale (CES-D) * Depression Scale (DEPS) * Duke Anxiety-Depression Scale (DADS) * Geriatric Depression Scale (GDS) * Cornell Scale Screening * PRIME MD-PHQ-2   Follow-Up Plan: Follow-up for a positive depression screening must include one or more of the following:   * Additional evaluation for depression * Suicide Risk Assessment * Referral to a practitioner who is qualified to diagnose and treat depression * Pharmacological interventions * Other interventions or follow-up for the diagnosis or treatment of depression |

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| Tobacco Use: Screening and Cessation Intervention | |
| **See Appendix A-6 for Value Set** | |
| **USHIK Version: CMS138v5.0.000, April 2016 | NQF 0028** | |
| **Metric Description** | 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 |
| **Frequency** |  |
| **Data Source** | Claims/MR |
| **Denominator** | All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period  DENOMINATOR EXCEPTIONS:  Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason) |
| **Denominator Exclusions** | None |
| **Numerator** | Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation intervention if identified as a tobacco user |
| **Numerator Exclusions** | None |
| **MRR Abstraction**  **Instructions** |  |
| **Note** | Tobacco Use – Includes use of any type of tobacco.  Tobacco Cessation Intervention – Includes brief counseling (3 minutes or less), and/or pharmacotherapy  If a patient uses any type of tobacco (ie, smokes or uses smokeless tobacco), the expectation is that they should receive tobacco cessation intervention: either counseling and/or pharmacotherapy.  If tobacco use status of a patient is unknown, the patient does not meet the screening component required to be counted in the numerator and should be considered a measure failure. Instances where tobacco use status of “unknown” is recorded include:  1) the patient was not screened; or 2) the patient was screened and the patient (or caregiver) was unable to provide a definitive answer. If the patient does not meet the screening component of the numerator but has an allowable medical exception, then the patient should be removed from the denominator of the measure and reported as a valid exception.  Exceptions only apply to the screening data element of the measure; once a patient has been screened, there are no allowable exceptions for not providing the intervention. |

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| Well Child Visits 3-6 Years of Life | |
| **See Appendix A-7 for Value Set** | |
| **NCQA HEDIS W34 | NQF 1516** | |
| **Metric Description** | The percentage of members 3–6 years of age who received one or more well-child visits with a PCP during the measurement year. |
| **Frequency** | Annual |
| **Data Source** | Claims/MR |
| **Denominator** | All children 3-6 years of age |
| **Numerator** | Children 3-6 years of age who had 1 or more well-child visits with a PCP during the measurement year  Note: The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child. A child who had a claim/encounter with a code is considered to have received a well-child visit. |
| **Exclusions** | None |
| **MRR Abstraction**  **Instructions** | Documentation must include a note indicating a visit to a PCP, the date on which the well-child visit occurred and evidence of all of the following.   * A health and developmental history (physical and mental) * A physical exam * Health education/anticipatory guidance   Do not include services rendered during an inpatient or ED visit.  Preventive services may be rendered on the occasion of visits other than well-child visits. Well-child preventive services count towards the measure regardless of the primary intent of the visit. However, services that are specific to an acute or chronic condition do not count towards the measure.  Visits to school-based clinics with practitioner types that the organization would consider as PCPs may be counted if documentation of a well-child exam is available. The PCP does not have to be assigned to the member.  The organization may count services that occur over multiple visits toward this measure if all services occur within the time frame established in the measure. |
| **Note** |  |

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| Diabetes: Hemoglobin A1c Poor Control (>9.0%) | |
| **See Appendix A-8 for Value Set** | |
| **ACO 27 (DM-2) | NQF 0059 | PQRS 001**  ***MSSP Requirement*** | |
| **Metric Description** | Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period |
| **Frequency** | Annual |
| **Data Source** | Claims/MR |
| **Denominator** | Patients 18 - 75 years of age with diabetes with a visit during the measurement period |
| **Denominator Exclusions** | None |
| **Numerator** | Patients whose most recent HbA1c level (performed during the measurement period) is > 9.0% |
| **Numerator Exclusions** | None |
| **MRR Abstraction**  **Instructions** | At a minimum, documentation in the MR must include a note or lab report indicating the date on which the HbA1c test was reported and the result. |
| **Note** | Must use most recent HbA1c value  Patient is numerator compliant if most recent HbA1c level is > 9%, the most recent HbA1c result is missing, or if there are no HbA1c tests performed and results documented during the measurement year.  Only patients with a diagnosis of Type 1 or Type 2 diabetes should be included in the denominator of this measure; patients with a diagnosis of secondary diabetes due to another condition should not be included. |

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| Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy –Diabetes or Left Ventricular Systolic Dysfunction (LVSD) (LVEF <40%) | |
| **See Appendix A-9 for Value Set** | |
| **PQRS 118 | NQF 0066**  ***MSSP Requirement*** | |
| **Metric Description** | 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 |
| **Frequency** | Calendar year |
| **Data Source** |  |
| **Denominator** | All patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have a current or prior LVEF < 40%  OR  All patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have diabetes |
| **Denominator Exclusions** | None |
| **Numerator** | Patients who were prescribed ACE inhibitor or ARB therapy |
| **Numerator Exclusions** | None |
| **MRR Abstraction**  **Instructions** |  |
| **Note** | Prescribed – May include prescription given to the patient for ACE inhibitor or ARB therapy at one or more visits in the measurement period OR patient already taking ACE inhibitor or ARB therapy as documented in current medication list. |

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| CAHPS for PQRS Clinician/Group Survey | |
| **ACO 12 | NQF 005 & 006**  ***MSSP Requirement*** | |
| **Metric Description** | The survey has 12 patient experience of care summary survey measures. We finalized summary survey measures 1-7 in the Shared Savings Program final rule. The questions in summary survey measure 8 are questions about courteous, respectful office staff; these questions are in the CG CAHPS core set and must be included in all CG CAHPS surveys. The responses to these questions will not be part of the Shared Savings Program payment structure. Summary survey measures 9 through 12 include additional questions developed based on qualitative research with beneficiaries and input from clinical and quality of care experts; feedback on these domains will be provided to the ACOs for informational purposes; they also will not be used for payment purposes.   1. Getting Timely Care 2. Provider Communication 3. Rating of Provider 4. Access to Specialists 5. Health Promotion and Education 6. Shared Decision-making 7. Health Status/Functional Status 8. Courteous/Helpful Office Staff 9. Care Coordination 10. Between Visit Communication 11. Education About Medication Adherence 12. Stewardship of Patient Resources |
| **Frequency** |  |
| **Data Source** |  |
| **Denominator** | The CAHPS for ACOs Survey is conducted with a sample of beneficiaries with Original Medicare who are at least 18 years of age and assigned to the ACO based on the plurality of primary care claims from the first half of the reporting period. The CAHPS for ACOs Survey is administered using only a mixed-mode data collection protocol that includes a pre-notification letter, two survey mailings and phone follow-up of non-respondents. |
| **Numerator** | Patients at least 18 years of age who completed the CAHPS survey |
| **Exclusions** | CMS makes efforts to exclude beneficiaries who are deceased or who are known to be institutionalized at the time of the sample draw. |
| **MRR Abstraction**  **Instructions** |  |
| **Note** | The survey is administered through a Mixed-Mode data collection protocol:   * Two survey mailings * Up to six follow-up phone call(s) to non-respondents |

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| ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication –*New* | |
| **See Appendix A-11 for Value Set** | |
| **USHIK Version: CMS136v6.0.000, April 2016 | NQF 0108** | |
| **Metric Description** | Description 1:  The percentage of children 6-12 years of age who were dispensed an ADHD medication during the Intake Period and who had a visit during the measurement year.  Description 2:  The percentage of children 6-12 years of age who were dispensed an ADHD medication during the Intake Period and who remained on the medication for at least 210 days out of the 300 days following the IPSD, and who had a visit during the measurement period. |
| **Frequency** | January 1, 20XX through December 31, 20XX |
| **Data Source** | Claims/MR |
| **Denominator** | Initial Population 1:  Children 6-12 years of age who were dispensed an ADHD medication during the Intake Period and who had a visit during the measurement period.  Initial Population 2:  Children 6-12 years of age who were dispensed an ADHD medication during the Intake Period and who remained on the medication for at least 210 days out of the 300 days following the IPSD, and who had a visit during the measurement period. |
| **Denominator Exclusions** | Exclusion 1:   * Exclude patients diagnosed with narcolepsy at any point in their history or during the measurement period. * Exclude patients who had an acute inpatient stay with a principal diagnosis of mental health or substance abuse during the 30 days after the IPSD. * Exclude patients who were actively on an ADHD medication in the 120 days prior to the Index Prescription Start Date.   Exclusion 2:   * Exclude patients diagnosed with narcolepsy at any point in their history or during the measurement period. * Exclude patients who had an acute inpatient stay with a principal diagnosis of mental health or substance abuse during the 300 days after the IPSD. * Exclude patients who were actively on an ADHD medication in the 120 days prior to the Index Prescription Start Date. |
| **Numerator** | Numerator 1:  Patients who had at least one face-to-face visit with a practitioner with prescribing authority within 30 days after the IPSD.  Numerator 2:  Patients who had at least one face-to-face visit with a practitioner with prescribing authority during the Initiation Phase, and at least two follow-up visits during the Continuation and Maintenance Phase. One of the two visits during the Continuation and Maintenance Phase may be a telephone visit with a practitioner. |
| **Numerator Exclusions** | None |
| **MRR Abstraction**  **Instructions** |  |
| **Note** |  |

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| Childhood Immunization Status –*New* | |
| **See Appendix A-12 for Value Set** | |
| **USHIK Version: CMS117v5.1.000, April 2016 | NQF 0038** | |
| **Metric Description** | The percentage of children who turn 2 years of age during the measurement period and who have a visit during the measurement period |
| **Frequency** | January 1, 20XX through December 31, 20XX |
| **Data Source** | Claims/MR |
| **Denominator** | Children who turn 2 years of age during the measurement period and who have a visit during the measurement period |
| **Numerator** | Children who have evidence showing they received recommended vaccines, had documented history of the illness, had a seropositive test result, or had an allergic reaction to the vaccine by their second birthday |
| **Exclusions** | None |
| **MRR Abstraction**  **Instructions** |  |
| **Note** |  |

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| Appropriate Treatment for Children with Upper Respiratory Infection (URI) –*New* | |
| **See Appendix A-13 for Value Set** | |
| **USHIK Version: CMS154v5.1.000, April 2016 | NQF 0069** | |
| **Metric Description** | The percentage of children age 3 months to 18 years who had an outpatient or ED visit with a diagnosis of upper respiratory infection during the measurement period |
| **Frequency** | January 1, 20XX through December 31, 20XX |
| **Data Source** | Claims/MR |
| **Denominator** | Children age 3 months to 18 years who had an outpatient or emergency department (ED) visit with a diagnosis of upper respiratory infection (URI) during the measurement period |
| **Numerator** | Children without a prescription for antibiotic medication on or 3 days after the outpatient or ED visit for an upper respiratory infection |
| **Exclusions** | None |
| **MRR Abstraction**  **Instructions** |  |
| **Note** |  |

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| Immunizations for Adolescents –*New* | |
| **See Appendix A-14 for Value Set** | |
| **PQRS 394 | NQF 1407 Version 10.0** | |
| **Metric Description** | The percentage of adolescents 13 years of age who had the recommended immunizations by their 13th birthday |
| **Frequency** | Annual |
| **Data Source** | Claims/MR |
| **Denominator** | Patients who turn 13 years of age during the measurement period |
| **Numerator** | **(REPORTING CRITERIA 1):**  Adolescents who had one dose of meningococcal vaccine on or between the patient’s 11th and 13th birthdays  **Numerator Options:**  **Performance Met:** Patient had one dose of meningococcal vaccine on or between the patient’s 11th and 13th birthdays (G9414)  **OR**  **Performance Not Met:** Patient did not have one dose of meningococcal vaccine on or between the patient’s 11th and 13th birthdays (G9415)  **OR**  **(REPORTING CRITERIA 2):**  Adolescents who had one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) OR one tetanus, diphtheria toxoids vaccine (Td) on or between the patient’s 10th and 13th birthdays **OR** one tetanus and one diphtheria vaccine on or between the patient’s 10th and 13th birthdays  **Numerator Options:**  **Performance Met:** Patient had one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) OR one tetanus, diphtheria toxoids vaccine (Td) on or between the patient’s 10th and 13th birthdays OR one tetanus and one diphtheria vaccine on or between the patient’s 10th and 13th birthdays **(G9416)**  **OR**  **Performance Not Met:** Patient did not have one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) OR one tetanus, diphtheria toxoids vaccine (Td) on or between the  patient’s 10th and 13th birthdays OR one tetanus and one diphtheria vaccine on or between the patient’s 10th and 13th birthdays **(G9417)**  **OR**  **(REPORTING CRITERIA 3):**  Adolescents who are numerator compliant for Rates 1 and 2 |
| **Exclusions** | None |
| **MRR Abstraction**  **Instructions** |  |
| **Note** |  |

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| Well-Child Visits in the First 15 Months of Life (W15) –*New* | |
| **See Appendix A-15 for Value Set** | |
| **NCQA HEDIS W15 2016 | NQF 1392** | |
| **Metric Description** | The percentage of members who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life.  • No well-child visits  • One well-child visit  • Two well-child visits  • Three well-child visits  • Four well-child visits  • Five well-child visits  • Six or more well-child visits |
| **Frequency** | January 1, 20XX through December 31, 20XX |
| **Data Source** | Claims/MR |
| **Denominator** | 15 months old during the measurement year. |
| **Numerator** | Seven separate numerators are calculated, corresponding to the number of members who received 0, 1, 2, 3, 4, 5, 6 or more well-child visits with a PCP during their first 15 months of life.  The well-child visit must occur with a PCP, but the PCP does not have to be the  practitioner assigned to the child. A child who had a claim/encounter with a code listed in Table W15-A is considered to have received a well-child visit. |
| **Exclusions** | None |
| **MRR Abstraction**  **Instructions** |  |
| **Note** |  |

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| Adolescent Well-Care Visits (AWC) –*New* | |
| **See Appendix A-15 for Value Set** | |
| **NCQA HEDIS AWC 2016** | |
| **Metric Description** | The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. |
| **Frequency** | January 1, 20XX through December 31, 20XX |
| **Data Source** | Claims/MR |
| **Denominator** | 12–21 years as of December 31 of the measurement year |
| **Numerator** | At least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.  The PCP does not have to be assigned to the member. |
| **Exclusions** | None |
| **MRR Abstraction**  **Instructions** |  |
| **Note** |  |



Utilization Metrics

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| All Cause Readmissions | |
| **See Appendix B-1 for Value Set** | |
| **ACO 8 | NQF 1789**  ***MSSP Requirement*** | |
| **Metric Description** | Risk-adjusted percentage of **all patients** who were hospitalized and readmitted to a hospital within 30 days of discharge from the index hospital admission. |
| **Frequency** | Calendar Year |
| **Data Source** | Claims/MR |
| **Denominator** | All relevant hospitalizations for **patients** aged 65 or older at non-Federal, short-stay acute-care or critical access hospitals. |
| **Numerator** | Risk-adjusted unplanned readmissions at a non-Federal, short-stay, acute-care or critical access hospital, within 30 days of discharge from the index admission included in the denominator. |
| **Exclusions** | Excluded from the measure are all admissions for which full data are not available or for which 30-day readmission by itself cannot reasonably be considered a signal of quality of care. |
| **MRR Abstraction**  **Instructions** |  |
| **Note** |  |

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| All-Cause Unplanned Admissions for Patient with Diabetes (DM) | |
| **See Appendix B-2 for Value Set** | |
| **ACO 36**  ***MSSP Requirement*** | |
| **Metric Description** | Rate of risk-standardized acute, unplanned hospital admissions among **all patients** 65 years and older with diabetes. |
| **Frequency** | Calendar Year |
| **Data Source** | **Claims/MR** |
| **Denominator** | The target population is ambulatory **patients** aged 65 years and older with a diagnosis of diabetes. |
| **Numerator** | Number of unplanned admissions (among those in the denominator) during the measurement period |
| **Exclusions** |  |
| **MRR Abstraction**  **Instructions** |  |
| **Note** |  |

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| All-Cause Unplanned Admissions for Patient with Heart Failure (HF) | |
| **See Appendix B-3 for Value Set** | |
| **ACO 37**  ***MSSP Requirement*** | |
| **Metric Description** | Rate of risk-standardized acute, unplanned hospital admissions among **all patients** 65 years and older with heart failure. |
| **Frequency** | Calendar Year |
| **Data Source** | **Claims/MR** |
| **Denominator** | The target population is ambulatory **patients** aged 65 years and older with a diagnosis of heart failure. |
| **Numerator** | Number of unplanned admissions (among those in the denominator) during the measurement period. |
| **Exclusions** |  |
| **MRR Abstraction**  **Instructions** |  |
| **Note** |  |

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| Reduction in <2 Day Hospital Length of Stay (LOS) | |
| **See Appendix B-4 for Value Set** | |
| **Metric Description** | Percentage of patients with an admission through the emergency department (ED) with a length of stay (LOS) of ≤2 days |
| **Frequency** | Annually |
| **Data Source** | EHR, claims |
| **Denominator** | All admissions through the ED |
| **Numerator** | Number of patients with an admission through the ED with a LOS <=2 days |
| **Exclusions** | None |
| **MRR Abstraction**  **Instructions** |  |
| **Note** | Patients are admitted through the ED  Patients are admitted as inpatient or observation  ≤ 2 days is equal to ≤48 hours  Include patients admitted to Adult and Children’s Hospital |

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| Reduction in ER Visits | |
| **See Appendix B-5 for Value Set** | |
| **Metric Description** | Percentage of patients within a practice with an ED visit |
| **Frequency** | Annually |
| **Data Source** | EHR, Claims, Local hospital ADT feed or other report to outpatient provider |
| **Denominator** | Patients within a practice (patient is defined as anyone with at least 2 visits in the last 2 years) |
| **Numerator** | Patients within a practice with an ED visit (ED visit that did not lead to a hospital admit) |
| **Exclusions** | ED visits that ended in an admit to the hospital |
| **MRR Abstraction**  **Instructions** |  |
| **Note** | Include patient visits to local hospital ED  Can include ED visits to other hospitals in the area if able to set up ADT feed or other system to receive notification of ED visit from that hospital |



Choosing Wisely Utilization Metrics

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| Back Pain Imaging with no Red Flags | |
| **See Appendix C-1 for Value Set** | |
| **Choosing Wisely recommendation, *Colla et al., 2014*** | |
| **Metric Description** | Percentage of patients with non-specific acute low back pain and an absence of red flagswho received imaging |
| **Frequency** | Received imaging within the first six weeks of diagnosis. |
| **Data Source** | Claims/EMR |
| **Denominator** | All patients aged 18 years and older with non-specific acute low back pain and no red flags. |
| **Numerator** | All patients aged 18 years and older with non-specific acute back pain and no red flags who received imaging within 6 weeks of diagnosis |
| **Exclusions** | Red Flag Exclusions:   * Exclude non-melanoma skin cancer |
| **MRR Abstraction**  **Instructions** | Red flags include:   * a previous low back pain diagnosis, * a cancer (excluding non-melanoma skin cancer) diagnosis at any point during the study period, or * a diagnosis with an “E” code (external causes of injury), trauma, neurological impairment, IV drug use, HIV, unspecified immune deficiencies, or intraspinal abscess within the 12 months before the imaging event. |
| **Note** |  |

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| Benign Prostatic Hyperplasia Imaging | |
| **See Appendix C-2 for Value Set** | |
| **Choosing Wisely recommendation, *Colla et al., 2014*** | |
| **Metric Description** | Percentage of patients with benign prostatic hyperplasia receiving upper-tract imaging within 60 days of diagnosis |
| **Frequency** | Patients who receive upper urinary tract imaging within 60 days of their BPH diagnosis. |
| **Data Source** | Claims/EMR |
| **Denominator** | All male patients 18 years and older diagnosed with BPH in the last year |
| **Numerator** | All male patients 18 years and older diagnosed with BPH receiving upper tract imaging within 60 days of their BPH diagnosis |
| **Exclusions** | * Only count imaging events that included a diagnosis of BPH without lower urinary tract symptoms or other diagnoses that would not clinically indicate imaging in any of the first four fields on the imaging claim * Exclude:   + Patients who received “red flag” diagnoses within 60 days of the index BPH diagnosis that could appropriately indicate imaging   + Patients who had a diagnosis of cancer (except non-melanoma skin cancer) at any point during the calendar year   + Patients who had more than $200 in hospice spending within 60 days of the index diagnosis |
| **MRR Abstraction**  **Instructions** |  |
| **Note** |  |

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| Cardiac Tests for Low Risk Patients | |
| **See Appendix C-3 for Value Set** | |
| **Choosing Wisely recommendation, *Colla et al., 2014*** | |
| **Metric Description** | Percent of patients with low cardiovascular risk receiving non-indicated electrocardiogram, cardiovascular stress test (including stress imaging), echocardiogram, or advanced cardio imaging (CT, MRI, PET) |
| **Frequency** | Within the calendar year |
| **Data Source** | Claims/MR |
| **Denominator** | All patients 66-80 years of age with low cardiovascular risk |
| **Numerator** | All patients66-80 years of age with low cardiovascular risk who received a non-indicated electrocardiogram, cardiovascular stress test (including stress imaging), echocardiogram, or advanced cardio imaging (CT, MRI, PET) |
| **Exclusions** | Exclude:   * Patients at high risk for cardiac disease based on   + ICD codes   + Prescription-fill records * Patients with $200 in annual hospice billing * Patients with diagnosis codes in any of the first four fields involving cardiac disease, cardiac-related symptoms, or any conditions that might justify the test (e.g., respiratory conditions, cancer). * tests if the associated primary, secondary, tertiary, or quaternary diagnosis involve: (i) cardiac conditions; (ii) respiratory conditions, except acute respiratory infections (e.g. pneumonia); (iii) acute central nervous system conditions, except headaches; (iv) all thoracic and non-thoracic arterial conditions, but not peripheral venous conditions such as deep venous thrombosis; (v) malignant hypertension; (vi) end stage renal disease and acute renal disease; (vii) abdominal pain; (viii) cancer; (ix) drug toxicity or poisoning; or (x) exertional stress and fatigue. * Echocardiograms and/or electrocardiograms if the associated primary, secondary, tertiary, or quaternary diagnosis involved: (i) proximal fractures; (ii) pulmonary and chest conditions, including anything potentially resulting in chest pain (e.g., chest wall contusion); (iii) esophageal conditions (e.g., esophagitis and esophageal spasm), except those that are painless, mild, and chronic (e.g., esophageal stricture, Barrett’s esophagus, and reflux); (iv) cardiac conditions, including shortness of breath, edema, congestive heart failure and anatomic anomalies; (v) end stage renal disease and dialysis, along with all electrolyte abnormalities; (vi) infections, including sepsis, but not urinary tract infections or pneumonia; (vii) anemia and bleeding conditions, except microscopic hematuria; (viii) abdominal conditions (including abdominal pain), but not benign tumor of the colon; (ix) psychiatric conditions; (x) acute central nervous system conditions (e.g., cerebrovascular accident, delirium) and seizure or epilepsy conditions, but not chronic conditions (e.g., dementia), head ache, or migraine; (xi) drug toxicity and poisoning; (xii) transplants; (xiii) malignant hypertension; (xiv) cancers; (xv) conditions involving arterial and pulmonary emboli, but not peripheral deep vein thrombosis; (xvi) falls; (xvii) autoimmune conditions; or (xviii) pain in the anterior and posterior thorax and shoulder areas (eg. back pain), but not specific shoulder conditions such as “capsular adhesion of shoulder” and “osteoarthrosis of shoulder.” |
| **MRR Abstraction Instructions** |  |
| **Note** |  |

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| Cervical Cancer Screenings for Women over 65 | |
| **See Appendix C-4 for Value Set** | |
| **Choosing Wisely recommendation, *Colla et al., 2014*** | |
| **Metric Description** | Percentage of low-risk patients over the age of 65 screened for cervical cancer who had an adequate prior screening and are not otherwise at high risk for cervical cancer |
| **Frequency** | Receive at least one cancer screening test for each calendar year. |
| **Data Source** | Claims/MR |
| **Denominator** | All female patients over the age of 65 at low risk for cervical cancer |
| **Numerator** | Female patients over the age of 65 at low risk for cervical cancer who received at least one cervical cancer screening within the prior year |
| **Exclusions** | Exclude:   * Gynecological Cancers, * HIV/AIDs * Diethylstilbestrol Use * HPV infection * Previous abnormal pap test in the past year |
| **MRR Abstraction**  **Instructions** |  |
| **Note** |  |

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| Dual-Energy X-Ray Absorptiometry Scans | |
| **See Appendix C-5 for Value Set** | |
| **Choosing Wisely recommendation, *Colla et al., 2014*** | |
| **Metric Description** | Percentage of patients receiving Dual-energy X-Ray Absorptiometry (DXA) scans more often than once every two years |
| **Frequency** | Biannual |
| **Data Source** | Claims/MR |
| **Denominator** | All female patients over the age of 66. |
| **Numerator** | Female patients over the age of 66 who received more than one DXA scan in two years |
| **Exclusions** | Exclude patients diagnosed with :   * diagnosed with any cancer, except non-melanoma skin cancer (using the Clinical Classifications Software codes 11-22 and 24-44) * diagnosed with fragility fracture in the 23 months prior to the DXA. Fragility fractures are defined as follows: (i) at least one CPT code for hip fracture repair; (ii) at least one diagnosis code for distal radius or proximal humerus fracture, plus at least one upper extremity radiography claim within seven days (plus or minus) of the diagnosis claim date; or (iii) at least one ICD-9 diagnosis code for vertebral fracture. |
| **MRR Abstraction**  **Instructions** |  |
| **Note** |  |

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| Preoperative Cardiac Tests for Cataract Surgery | |
| **See Appendix C-6 for Value Set** | |
| **Choosing Wisely recommendation, *Colla et al., 2014*** | |
| **Metric Description** | Percentage of patients undergoing cataract surgery who received non-indicated preoperative cardiac tests |
| **Frequency** | Within the 30 days before cataract surgery. |
| **Data Source** | Claims/EMR |
| **Denominator** | All Patients 18 years and older undergoing cataract surgery |
| **Numerator** | Patients 18 years and older undergoing cataract surgery who received non-indicated electrocardiogram, cardiovascular stress test (including stress imaging), echocardiogram, chest x-ray, or advanced cardiac imaging (CT, MRI, PET) in the 30 days prior to surgery |
| **Exclusions** | Exclude:   * patients who were admitted in the 30 days before surgery * testing events if the associated primary, secondary, tertiary, or quaternary diagnosis involved: (i) cardiac conditions; (ii) respiratory conditions, except acute respiratory infections (e.g. pneumonia); (iii) acute central nervous system conditions, except headaches; (iv) all thoracic and non-thoracic arterial conditions, but not peripheral venous conditions such as deep venous thrombosis; (v) malignant hypertension; (vi) end stage renal disease and acute renal disease; (vii) abdominal pain; (viii) cancer; (ix) drug toxicity or poisoning; or (x) exertional stress and fatigue. * Echocardiograms and Electrocardiograms if the associated primary, secondary, tertiary, or quaternary diagnosis involves: (i) proximal fractures; (ii) pulmonary and chest conditions, including anything potentially resulting in chest pain (e.g., chest wall contusion); (iii) esophageal conditions (e.g., esophagitis and esophageal spasm), except those that are painless, mild, and chronic (e.g., esophageal stricture, Barrett’s esophagus, and reflux); (iv) cardiac conditions, including shortness of breath, edema, congestive heart failure and anatomic anomalies; (v) end stage renal disease and dialysis, along with all electrolyte abnormalities; (vi) infections, including sepsis, but not urinary tract infections or pneumonia; (vii) anemia and bleeding conditions, except microscopic hematuria; (viii) abdominal conditions (including abdominal pain), but not benign tumor of the colon; (ix) psychiatric conditions; (x) acute central nervous system conditions (e.g., cerebrovascular accident, delirium) and seizure or epilepsy conditions, but not chronic conditions (e.g., dementia), head ache, or migraine; (xi) drug toxicity and poisoning; (xii) transplants; (xiii) malignant hypertension; (xiv) cancers; (xv) conditions involving arterial and pulmonary emboli, but not peripheral deep vein thrombosis; (xvi) falls; (xvii) autoimmune conditions; or (xviii) pain in the anterior and posterior thorax and shoulder areas (eg. back pain), but not specific shoulder conditions such as “capsular adhesion of shoulder” and “osteoarthrosis of shoulder.” * Chest x-rays if the associated primary, secondary, tertiary, or quaternary diagnosis involves: (i) fever; (ii) fatigue or malaise; (iii) vertebral or spine symptoms; (iv) pneumonia; (v) cancer; (vi) chest pain; (vii) acute respiratory symptoms; (viii) trauma or hemorrhage; (ix) cardiac disease; (x) toxicity; (xi) drug monitoring; (xii) end stage or acute renal failure and dialysis, but not chronic early stage renal insufficiency; (xiii) abdominal pain and conditions associated with abdominal pain; (xiv) asbestosis; (xv) esophageal symptoms and disease; (xvi) acute central nervous system disease; (xvi) shoulder or limb pain; (xvii) weight loss or cachexia. |
| **MRR Abstraction**  **Instructions** |  |
| **Note** |  |

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| Preoperative Cardiac Tests for Non-Cardiac Surgeries | |
| **See Appendix C-7 for Value Set** | |
| **Choosing Wisely recommendation, *Colla et al., 2014*** | |
| **Metric Description** | Percentage of patients undergoing low-risk, non-cardiac surgeries who received non-indicated preoperative cardiac tests |
| **Frequency** | Received test within the 30 days before low-risk, non-cardiac |
| **Data Source** | Claims/MRI |
| **Denominator** | All patients 18 years of age and older undergoing low-risk, non-cardiac surgeries |
| **Numerator** | All patients 18 years of age and older undergoing low-risk, non-cardiac surgeries who received a non-indicated electrocardiogram, cardiovascular stress test (including stress imaging), echocardiogram, chest x-ray, or advanced cardiac imaging (CT, MRI, PET) within 30 days of surgery |
| **Exclusions** | Exclude:   * testing events if diagnosis codes in any of the first four fields on a claim involved cardiac disease, cardiac-related symptoms, or any conditions that might justify the test (e.g., respiratory conditions, cancer) * patients admitted in the 30 days before surgery |
| **MRR Abstraction**  **Instructions** | Surgeries that are low-risk and non-cardiac include the following BETOS codes:   * P1A (Major Procedure – Breast), * P1D (Major Procedure – TURP) * P1F (Major Procedure - Explor/Decompr/ExcisDisc) * P4A (Eye Procedures - Corneal Transplant) * P5C (Ambulatory Procedures - Inguinal Hernia Repair) * P5D (Ambulatory Procedures – Lithotripsy) * P8A (Endoscopy – Arthroscopy) * P8G (Endoscopy - Lararoscopic Cholecystectomy) |
| **Note** |  |

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| Population-based 25-OH Vitamin D Deficiency Screenings | |
| **See Appendix C-8 for Value Set** | |
| **Choosing Wisely recommendation, *Colla et al., 2014*** | |
| **Metric Description** | Patients 18 years and older that received at least one vitamin D screening test for each calendar year and do not have a screening indication. |
| **Frequency** | Vitamin D screening test during the calendar year |
| **Data Source** | Claims & EMR |
| **Denominator** | All patients 18 years or older with an encounter. |
| **Numerator** | All patients 18 years or older with an encounter who received a vitamin D deficiency screening. Excluded beneficiaries for whom a vitamin D screening test might be indicated. |
| **Exclusions** | Exclude patients for whom a vitamin D screening test might be indicated, requiring at least two physician claims or one acute hospital claim for the relevant diagnoses.  Exclusionary diagnoses included:   * chronic kidney disease, * osteoporosis, * fragility fractures, * and obesity.   Fragility fractures were defined as follows:   1. at least one CPT code for hip fracture repair; 2. at least one diagnosis code for distal radius or proximal humerus fracture, plus at least one upper extremity radiography claim within seven days (plus or minus) of the diagnosis claim date; or 3. at least one ICD-9 diagnosis code for vertebral fracture. |
| **MRR Abstraction**  **Instructions** | Patient who receive a vitamin D test without indication.  Vitamin D Tests   * 25-OH-Vitamin * 1,25-dihydroxyvitamin D |
| **Note** |  |

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| First Choice Antipsychotics Treatment for Dementia | |
| **See Appendix C-9 for Value Set** | |
| **Choosing Wisely recommendation, *Colla et al., 2014*** | |
| **Metric Description** | Patient 18 years or older with diagnosed dementia, without a severe mental illness who was prescribed at least one antipsychotic. |
| **Frequency** | Antipsychotic prescriptions are only counted if they occurred after the second (confirmed) dementia diagnosis. |
| **Data Source** | Claims & EMR |
| **Denominator** | Patient with at least two physician or two acute hospital claims for dementia and do not have a severe mental illness. |
| **Numerator** | Patient with at least two physician or two acute hospital claims for dementia and were prescribed antipsychotic drug and do not have a severe mental illness. |
| **Exclusions** | Patient has severe mental illness identified with ICD-9 codes for:   * schizophrenic disorders, * bipolar disorders, * delusion disorders, * other non-organic psychoses. |
| **MRR Abstraction**  **Instructions** | Patients with ICD-9 codes for dementia   * Exclude patients with ICD-9 with severe mental illness * Prescribed antipsychotic counted if they occurred after the second (confirmed) dementia diagnosis. |
| **Note** |  |

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| Percutaneous Feeding Tubes for Advanced Dementia | |
| **See Appendix C-10 for Value Set** | |
| **Choosing Wisely recommendation, *Colla et al., 2014*** | |
| **Metric Description** | Patients 18 years or older with advanced dementia who were given percutaneous feeding tubes. |
| **Frequency** | Begin counting feeding tube placement after the date of institutionalization if it occurred before the second dementia diagnosis. |
| **Data Source** | Claims EMR |
| **Denominator** | All patient 18 years or older with ICD-9 Codes for Identifying Patients with Advanced Dementia with two acute hospital dementia diagnoses and were also institutionalized for at least 90 day. |
| **Numerator** | All patient 18 years or older with ICD-9 Codes for advanced dementia with two acute hospital dementia diagnoses and were also institutionalized for at least 90 day where placement of feeding tube occurred after the date of institutionalization if it occurred before the second dementia diagnosis. |
| **Exclusions** | none |
| **MRR Abstraction**  **Instructions** | * Advanced dementia * with two acute hospital dementia diagnoses and were also institutionalized for at least 90 day * placement of feeding tube occurred after the date of institutionalization if it occurred before the second dementia diagnosis. |
| **Note** |  |

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| Opioid or Butalbital Treatment for Migraines | |
| **See Appendix C-11 for Value Set** | |
| **Choosing Wisely recommendation, *Colla et al., 2014*** | |
| **Metric Description** | Patients age 18 years and older with migraine diagnosis who were perscribed for an opioid or butalbital within 21 days of the migraine diagnosis |
| **Frequency** | Prescription for an opioid or butalbital within 21 days of the migraine diagnosis |
| **Data Source** | Claims & EMR |
| **Denominator** | Patients age 18 years of older with migraines identified using ICD-9 codes |
| **Numerator** | Patients age 18 years of older with migraines identified using ICD-9 codes  with drug codes for identifying opioids or butalbital within 21 days of migraine diagnosis. |
| **Exclusions** | Exclude patients with relevant diagnoses in the 60 days before the migraine diagnosis that could indicate appropriate use of an opioid or butalbital (e.g., surgery, back pain etc.), were admitted to a hospital, or had more than $200 of hospice spending. |
| **MRR Abstraction**  **Instructions** | Patient with migraine diagnosis   * who were prescribed for an opioid or butalbital within 21 days of the migraine diagnosis * Exclude patients with specified diagnoses in the 60 days before the migraine diagnosis |
| **Note** |  |

# Appendix A: Quality Measures Value Sets (*see separate document*)

# Appendix B: Utilization Measures Value Sets (*see separate document*)

# Appendix C: Choosing Wisely Utilization Measures Value Sets (*see separate document*)