



Premier[®] Clinician Performance Registry

This registry has been approved by CMS as a Qualified Clinical Data Registry (QCDR) for eligible clinicians and group practices for the 2020 Quality Payment Program (QPP) performance period.

QCDR Measures

QCDR MEASURES

MEASURE ID

Coronary Artery Bypass Graft (CABG): Prolonged Intubation – Inverse Measure

AQI18

Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require postoperative intubation > 24 hours.

National Quality Strategy Domain: Effective Clinical Care

Measure Type: Outcome

High Priority Type: Outcome

Patient-Reported Experience with Anesthesia

AQI48

Percentage of patients, aged 18 and older, who were surveyed on their patient experience and satisfaction with anesthesia care and who reported a positive experience.

This measure will consist of two performance rates:

- AQI48a: Percentage of patients, aged 18 and older, who were surveyed on their patient experience and satisfaction with anesthesia care
- AQI48b: Percentage of patients, aged 18 and older, who completed a survey on their patient experience and satisfaction with anesthesia care who report a positive experience with anesthesia care

Note: The measure requires that a valid survey, as defined in the numerator of AQI48a, be sent to patients between discharge from the facility and within 30 days of facility discharge. To report AQI48b, a minimum number of 20 surveys with the mandatory question completed must be reported. ** In order to be scored on this measure, clinicians must report BOTH AQI48a AND AQI48b.

National Quality Strategy Domain: Person and Caregiver Centered Experience and Outcomes

Measure Type: Patient Reported Outcome (PRO)

High Priority Type: Outcome

Adherence to Blood Conservation Guidelines for Cardiac Operations using Cardiopulmonary Bypass (CPB) – Composite

AQI49

Percentage of patients, aged 18 years and older, who undergo a cardiac operation using cardiopulmonary bypass for whom selected blood conservation strategies were used.

National Quality Strategy Domain: Effective Clinical Care

Measure Type: Process

High Priority: No

QCDR MEASURES**MEASURE ID**Team-Based Implementation of a Care-and-Communication Bundle for ICU Patients

AQI55

Percentage of patients, regardless of age, who are admitted to an intensive care unit (ICU) for ≥ 48 hours and who received critical care services who have documentation by managing physician of 1) attempted or actual identification of a surrogate decision maker, 2) an advance directive, and 3) the patient's preference for cardiopulmonary resuscitation, within 48 hours of ICU admission.

National Quality Strategy Domain: Communication and Care Coordination

Measure Type: Process

High Priority Type: Care Coordination

Use of Neuraxial Techniques and/or Peripheral Nerve Blocks for Total Knee Arthroplasty (TKA)

AQI56

Percentage of patients, regardless of age, that undergo primary total knee arthroplasty for whom neuraxial anesthesia and/or a peripheral nerve block is performed.

National Quality Strategy Domain: Effective Clinical Care

Measure Type: Process

High Priority: No

Safe Opioid Prescribing Practices

AQI57

Percentage of patients, aged 18 years and older, prescribed opioid medications for longer than six weeks' duration for whom ALL of the following opioid prescribing best practices are followed:

1. Chemical dependency screening (includes laboratory testing and/or questionnaire) within the immediate 6 months prior to the encounter
2. Co-prescription of naloxone or documented discussion regarding offer of Naloxone co-prescription, if prescription is ≥ 50 MME/day
3. Non co-prescription of benzodiazepine medications by prescribing pain physician and documentation of a discussion with patient regarding risks of concomitant use of benzodiazepine and opioid medications

National Quality Strategy Domain: Effective Clinical Care

Measure Type: Process

High Priority Type: Opioid-related Measure

Infection Control Practices for Open Interventional Pain Procedures

AQI58

Percentage of patients, regardless of age, that undergo an open interventional pain procedure for whom ALL of the following infection control best practices are followed by anesthesiologist(s) and scrub technologist(s), in addition to standard sterile technique:

1. Double gloving (two pairs of sterile gloves are worn)
2. Chlorhexidine with alcohol used for surgical site preparation
3. Weight-based preoperative antibiotic dosing and, if indicated by procedure duration, weight-based re-dosing
4. Administration of pre-operative antibiotics within 1 hour, or 2 hours for vancomycin, prior to surgical incision

National Quality Strategy Domain: Patient Safety

Measure Type: Process

High Priority Type: Patient Safety

Ambulatory Post-Discharge Patient Follow-Up

AQI61

Percentage of patients, regardless of age, who received anesthesia services in an ambulatory setting whose post-discharge status was assessed within 72 hours of discharge.

National Quality Strategy Domain: Person and Caregiver Centered Experience and Outcomes

Measure Type: Process

High Priority Type: Patient Experience

QCDR MEASURES

MEASURE ID

Obstructive Sleep Apnea: Patient Education

AQI62

Percentage of patients aged 18 years or older, who undergo an elective procedure requiring anesthesia services who are screened for obstructive sleep apnea (OSA) AND, if positive, have documentation that they received education regarding their risk for OSA prior to PACU discharge.

National Quality Strategy Domain: Effective Clinical Care

Measure Type: Process

High Priority: No

Avoidance of Cerebral Hyperthermia for Procedures Involving Cardiopulmonary Bypass

AQI65

Percentage of patients, aged 18 years and older, undergoing a procedure using cardiopulmonary bypass who did not have a documented intraoperative pulmonary artery, oropharyngeal, or nasopharyngeal temperature ≥ 37.0 degrees Celsius during the period of cardiopulmonary bypass.

National Quality Strategy Domain: Patient Safety

Measure Type: Outcome

High Priority Type: Outcome

Consultation for Frail Patients

AQI67

Percentage of patients aged 70 years or older, who undergo an inpatient procedure requiring anesthesia services and have a positive frailty screening result who receive a multidisciplinary consult or care during the hospital encounter.

National Quality Strategy Domain: Communication and Care Coordination

Measure Type: Process

High Priority Type: Care Coordination

Obstructive Sleep Apnea: Mitigation Strategies

AQI68

Percentage of patients aged 18 years or older, who undergo an elective procedure requiring anesthesia services who are screened for obstructive sleep apnea (OSA) AND, if positive, for whom two or more selected mitigation strategies was used prior to PACU discharge.

National Quality Strategy Domain: Patient Safety

Measure Type: Process

High Priority Type: Patient Safety

Patient Reported Health-Related Quality of Life (HRQoL) during Treatment for Advanced Cancer

ONSQIR21

Percentage of patients aged 18 and older with an active diagnosis of advanced cancer (Stage III or Stage IV) receiving chemotherapy and/or immunotherapy for treatment of cancer, who have HRQoL assessed on the FACT-G (Version 4) or PROMIS Global Health short form (Version 1.2) at least twice during the measurement period at least 90 days apart, where the most recent total score indicates the same or better quality of life. Two rates are reported:

1. Percentage of patients aged 18 and older with an active diagnosis of advanced cancer (Stage III or Stage IV) receiving chemotherapy and/or immunotherapy for treatment of cancer, who have HRQoL assessed on the FACT-G (Version 4) or PROMIS Global Health short form (Version 1.2) at least twice during the measurement period at least 90 days apart.
2. Percentage of patients aged 18 and older with an active diagnosis of advanced cancer (Stage III or Stage IV) receiving chemotherapy and/or immunotherapy for treatment of cancer, who have HRQoL assessed on the FACT-G (Version 4) or PROMIS Global Health short form (Version 1.2) at least twice during the measurement period at least 90 days apart, where the most recent total score indicates the same or better quality of life.

National Quality Strategy Domain: Person and Caregiver Centered Experience and Outcomes

Measure Type: Patient Reported Outcome (PRO)

High Priority Type: Outcome

QCDR MEASURES**MEASURE ID**

PCR Test with MR2 or greater result (BCR-ABL1 transcript level \leq 1% [IS]) for patients receiving TKI for at least 6 months for Chronic Myelogenous Leukemia

ONSQIR22

Percentage of patients aged 18 and older with chronic myelogenous leukemia who are receiving TKI therapy for at least 6 months, who have at least 1 PCR test performed with the most recent result equal to or greater than MR2 (BCR-ABL1 transcript level \leq 1% [IS]) during the measurement period.

National Quality Strategy Domain: Effective Clinical Care

Measure Type: Intermediate Outcome

High Priority Type: Outcome

Assessment for and management of immune-related adverse events during cancer treatment with checkpoint inhibitors (ICPi)

ONSQIR23

Percentage of patients aged 18 and older receiving a checkpoint inhibitor (ICPi) for cancer experiencing immune-related adverse events of documented grade 3+ diarrhea OR documented grade 3+ hypothyroidism OR documented grade 3+ dermatitis OR documented grade 3+ pneumonitis AND for each adverse event, there is guideline concordant intervention (per ASCO/NCCN guideline) during the measurement period.

National Quality Strategy Domain: Effective Clinical Care

Measure Type: Intermediate Outcome

High Priority Type: Outcome

Appropriate Documentation of a Malnutrition Diagnosis

PINC55

Percentage of patients age 18 years and older who are found to be severely or moderately malnourished based on a nutrition assessment that have appropriate documentation in the medical record of a malnutrition diagnosis.

National Quality Strategy Domain: Effective Clinical Care

Measure Type: Process

High Priority: No

Assessment of Nutritionally At-Risk Patients for Malnutrition and Development of Nutrition Recommendations/Interventions by a Registered Dietitian Nutritionist

PINC56

Percentage of patients age 18 years and older who are nutritionally at-risk that have documented nutrition intervention recommendations by a registered dietitian nutritionist or clinical qualified nutrition professional if identified with moderate or severe malnutrition as part of a nutrition assessment.

National Quality Strategy Domain: Effective Clinical Care

Measure Type: Process

High Priority: No

2020 MIPS Clinical Quality Measures (CQMs) and eCQMs*

QUALITY MEASURES

	CQM #	eCQM ID	NQF #
<u>Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)</u> Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period. National Quality Strategy Domain: Effective Clinical Care Measure Type: Intermediate Outcome High Priority: Yes	001	CMS122v8	N/A
<u>Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)</u> 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. National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No	005	CMS135v8	0081
<u>Coronary Artery Disease (CAD): Antiplatelet Therapy</u> 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. National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No	006	N/A	0067
<u>Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)</u> Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12-month period who also have a prior MI or a current or prior LVEF < 40% who were prescribed beta-blocker therapy. National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No	007	CMS145v8	N/A
<u>Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)</u> 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. National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No	008	CMS144v8	0083

QUALITY MEASURES*	CQM #	eCQM ID	NQF #
<p><u>Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation</u></p> <p>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.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No</p>	012	CMS143v8	0086
<p><u>Age-Related Macular Degeneration (AMD): Dilated Macular Examination</u></p> <p>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 geographic atrophy or hemorrhage AND the level of macular degeneration severity during one or more office visits within the 12 month performance period.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No</p>	014	N/A	0087
<p><u>Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care</u></p> <p>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.</p> <p>National Quality Strategy Domain: Communication and Care Coordination Measure Type: Process High Priority: Yes</p>	019	CMS142v8	0089
<p><u>Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second-Generation Cephalosporin</u></p> <p>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.</p> <p>National Quality Strategy Domain: Patient Safety Measure Type: Process High Priority: Yes</p>	021	N/A	0268
<p><u>Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)</u></p> <p>Percentage of surgical patients aged 18 years and older undergoing procedures for which venous thromboembolism (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.</p> <p>National Quality Strategy Domain: Patient Safety Measure Type: Process High Priority: Yes</p>	023	N/A	N/A

QUALITY MEASURES*

	CQM #	eCQM ID	NQF #
<u>Communication with the Physician or Other Clinician Managing On-Going Care Post-Fracture for Men and Women Aged 50 Years and Older</u> 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 submitted by the physician who treats the fracture and who therefore is held accountable for the communication. National Quality Strategy Domain: Communication and Care Coordination Measure Type: Process High Priority: Yes	024	N/A	N/A
<u>Screening for Osteoporosis for Women Aged 65-85 Years of Age</u> 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. National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No	039	N/A	0046
<u>Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery</u> 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. National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No	044	N/A	0236
<u>Advance Care Plan</u> 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. National Quality Strategy Domain: Communication and Care Coordination Measure Type: Process High Priority: Yes	047	N/A	0326
<u>Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older</u> Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months. National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No	048	N/A	N/A

QUALITY MEASURES*

	CQM #	eCQM ID	NQF #
<p><u>Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older</u></p> <p>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.</p> <p>National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes Measure Type: Process High Priority: Yes</p>	050	N/A	N/A
<p><u>Chronic Obstructive Pulmonary Disease (COPD): Long-Acting Inhaled Bronchodilator Therapy</u></p> <p>Percentage of patients aged 18 years and older with a diagnosis of COPD (FEV1/FVC < 70%) and who have an FEV1 less than 60% predicted and have symptoms who were prescribed a long-acting inhaled bronchodilator.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No</p>	052	N/A	0102
<p><u>Appropriate Treatment for Children with Upper Respiratory Infection (URI)</u></p> <p>Percentage of children 3 months - 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.</p> <p>National Quality Strategy Domain: Efficiency and Cost Reduction Measure Type: Process High Priority: Yes</p>	065	CMS154v8	N/A
<p><u>Appropriate Testing for Children with Pharyngitis</u></p> <p>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.</p> <p>National Quality Strategy Domain: Efficiency and Cost Reduction Measure Type: Process High Priority: Yes</p>	066	CMS146v8	N/A
<p><u>Hematology: Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow</u></p> <p>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.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No</p>	067	N/A	N/A

QUALITY MEASURES*	CQM #	eCQM ID	NQF #
<p><u>Hematology: Multiple Myeloma: Treatment with Bisphosphonates</u></p> <p>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.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No</p>	069	N/A	N/A
<p><u>Hematology: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry</u></p> <p>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.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No</p>	070	N/A	N/A
<p><u>Prevention of Central Venous Catheter (CVC) – Related Bloodstream Infections</u></p> <p>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.</p> <p>National Quality Strategy Domain: Patient Safety Measure Type: Process High Priority: Yes</p>	076	N/A	2726
<p><u>Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use</u></p> <p>Percentage of patients aged 2 years and older with a diagnosis of AOE who were not prescribed systemic antimicrobial therapy.</p> <p>National Quality Strategy Domain: Efficiency and Cost Reduction Measure Type: Process High Priority: Yes</p>	093	N/A	0654
<p><u>Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients</u></p> <p>Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low (or very 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.</p> <p>National Quality Strategy Domain: Efficiency and Cost Reduction Measure Type: Process High Priority: Yes</p>	102	CMS129v9	0389

QUALITY MEASURES*	CQM #	eCQM ID	NQF #
<u>Prostate Cancer: Combination Androgen Deprivation Therapy for High Risk or Very High Risk Prostate Cancer</u> 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 androgen deprivation therapy in combination with external beam radiotherapy to the prostate. National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No	104	N/A	0390
<u>Preventive Care and Screening: Influenza Immunization</u> 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. National Quality Strategy Domain: Community/Population Health Measure Type: Process High Priority: No	110	CMS147v9	0041
<u>Pneumococcal Vaccination Status for Older Adults</u> Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine. National Quality Strategy Domain: Communication and Care Coordination Measure Type: Process High Priority: No	111	CMS127v8	N/A
<u>Breast Cancer Screening</u> Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the Measurement Period. National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No	112	CMS125v8	N/A
<u>Colorectal Cancer Screening</u> Percentage of patients 50-75 years of age who had appropriate screening for colorectal cancer. National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No	113	CMS130v8	N/A
<u>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</u> The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not prescribed or dispensed an antibiotic prescription. National Quality Strategy Domain: Efficiency and Cost Reduction Measure Type: Process High Priority: Yes	116	N/A	0058

QUALITY MEASURES*

	CQM #	eCQM ID	NQF #
<u>Diabetes: Eye Exam</u> Percentage of patients 18-75 years of age with diabetes and an active diagnosis of retinopathy overlapping the measurement period who had a retinal or dilated eye exam by an eye care professional during the measurement period or diabetics with no diagnosis of retinopathy overlapping the measurement period who had a retinal or dilated eye exam by an eye care professional during the measurement period or in the 12 months prior to the measurement period. National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No	117	CMS131v8	N/A
<u>Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)</u> 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. National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No	118	N/A	0066
<u>Diabetes: Medical Attention for Nephropathy</u> 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. National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No	119	CMS134v8	N/A
<u>Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurological Evaluation</u> 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. National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No	126	N/A	0417
<u>Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear</u> Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who were evaluated for proper footwear and sizing. National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No	127	N/A	0416

QUALITY MEASURES*	CQM #	eCQM ID	NQF #
<p><u>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan</u></p> <p>Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous twelve months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter.</p> <p>Normal Parameters: Age 18 years and older BMI => 18.5 and < 25 kg/m²</p> <p>National Quality Strategy Domain: Community/Population Health Measure Type: Process High Priority: No</p>	128	CMS69v8	0421
<p><u>Documentation of Current Medications in the Medical Record</u></p> <p>Percentage of visits for patients aged 18 years and older for which the eligible professional or eligible clinician 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.</p> <p>National Quality Strategy Domain: Patient Safety Measure Type: Process High Priority: Yes</p>	130	CMS68v9	0419
<p><u>Preventive Care and Screening: Screening for Depression and Follow-Up Plan</u></p> <p>Percentage of patients aged 12 years and older screened for depression on the date of the encounter or 14 days prior to 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 eligible encounter.</p> <p>National Quality Strategy Domain: Community/Population Health Measure Type: Process High Priority: No</p>	134	CMS2v9	0418
<p><u>Melanoma: Continuity of Care – Recall System</u></p> <p>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:</p> <ul style="list-style-type: none"> • 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 <p>National Quality Strategy Domain: Communication and Care Coordination Measure Type: Structure High Priority: Yes</p>	137	N/A	N/A
<p><u>Melanoma: Coordination of Care</u></p> <p>Percentage of patient visits, regardless of age, with a new occurrence of melanoma that have a treatment plan documented in the chart that was communicated to the physician(s) providing continuing care within one month of diagnosis.</p> <p>National Quality Strategy Domain: Communication and Care Coordination Measure Type: Process High Priority: Yes</p>	138	N/A	N/A

QUALITY MEASURES*

	CQM #	eCQM ID	NQF #
<u>Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care</u> 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 the 12 month performance period. National Quality Strategy Domain: Communication and Care Coordination Measure Type: Outcome High Priority: Yes	141	N/A	0563
<u>Oncology: Medical and Radiation – Pain Intensity Quantified</u> 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. National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes Measure Type: Process High Priority: Yes	143	CMS157v8	0384
<u>Oncology: Medical and Radiation – Plan of Care for Pain</u> 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. National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes Measure Type: Process High Priority: Yes	144	N/A	0383
<u>Radiology: Exposure Dose Indices or Exposure Time and Number of Images Reported for Procedures Using Fluoroscopy</u> 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). National Quality Strategy Domain: Patient Safety Measure Type: Process High Priority: Yes	145	N/A	N/A
<u>Radiology: Inappropriate Use of “Probably Benign” Assessment Category in Screening Mammograms</u> Percentage of final reports for screening mammograms that are classified as “probably benign.” National Quality Strategy Domain: Efficiency and Cost Reduction Measure Type: Process High Priority: Yes	146	N/A	0508

QUALITY MEASURES*	CQM #	eCQM ID	NQF #
<u>Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy</u> 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, Magnetic Resonance Imaging (MRI), Computed Tomography (CT), etc.) that were performed. National Quality Strategy Domain: Communication and Care Coordination Measure Type: Process High Priority: Yes	147	N/A	N/A
<u>Falls: Risk Assessment</u> Percentage of patients aged 65 years and older with a history of falls that had a risk assessment for falls completed within 12 months. National Quality Strategy Domain: Patient Safety Measure Type: Process High Priority: Yes	154	N/A	0101
<u>Falls: Plan of Care</u> Percentage of patients aged 65 years and older with a history of falls that had a plan of care for falls documented within 12 months. National Quality Strategy Domain: Communication and Care Coordination Measure Type: Process High Priority: Yes	155	N/A	0101
<u>Coronary Artery Bypass Graft (CABG): Prolonged Intubation</u> Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require postoperative intubation > 24 hours. National Quality Strategy Domain: Effective Clinical Care Measure Type: Outcome High Priority: Yes	164	N/A	0129
<u>Coronary Artery Bypass Graft (CABG): Postoperative Renal Failure</u> 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. National Quality Strategy Domain: Effective Clinical Care Measure Type: Outcome High Priority: Yes	167	N/A	0114
<u>Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration</u> 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. National Quality Strategy Domain: Effective Clinical Care Measure Type: Outcome High Priority: Yes	168	N/A	0115

QUALITY MEASURES*	CQM #	eCQM ID	NQF #
<u>Rheumatoid Arthritis (RA): Tuberculosis Screening</u> 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 12 months prior to receiving a first course of therapy using a biologic disease-modifying anti-rheumatic drug (DMARD). National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No	176	N/A	N/A
<u>Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity</u> Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have an assessment of disease activity using an ACR-preferred RA disease activity assessment tool at ≥50% of encounters for RA for each patient during the measurement year. National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No	177	N/A	2523
<u>Rheumatoid Arthritis (RA): Functional Status Assessment</u> 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. National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No	178	N/A	N/A
<u>Rheumatoid Arthritis (RA): Glucocorticoid Management</u> 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 >5 mg daily (or equivalent) with improvement or no change in disease activity, documentation of glucocorticoid management plan within 12 months. National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No	180	N/A	N/A
<u>Elder Maltreatment Screen and Follow-Up Plan</u> 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. National Quality Strategy Domain: Patient Safety Measure Type: Process High Priority: Yes	181	N/A	N/A

QUALITY MEASURES*

	CQM #	eCQM ID	NQF #
<u>Functional Outcome Assessment</u> 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 the encounter AND documentation of a care plan based on identified functional outcome deficiencies on the date of the identified deficiencies. National Quality Strategy Domain: Communication and Care Coordination Measure Type: Process High Priority: Yes	182	N/A	2624
<u>Colonoscopy Interval for Patients with a History of Adenomatous Polyps–Avoidance of Inappropriate Use</u> Percentage of patients aged 18 years and older receiving a surveillance colonoscopy, with a history of prior adenomatous polyp(s) in previous colonoscopy findings, which had an interval of 3 or more years since their last colonoscopy. National Quality Strategy Domain: Communication and Care Coordination Measure Type: Process High Priority: Yes	185	N/A	N/A
<u>Stroke and Stroke Rehabilitation: Thrombolytic Therapy</u> 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 alteplase was initiated within three hours of time last known well. National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No	187	N/A	N/A
<u>Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery</u> 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. National Quality Strategy Domain: Effective Clinical Care Measure Type: Outcome High Priority: Yes	191	CMS133v8	0565
<u>Radiology: Stenosis Measurement in Carotid Imaging Reports</u> 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. National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No	195	N/A	0507

QUALITY MEASURES*	CQM #	eCQM ID	NQF #
<p><u>HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia, Gonorrhea, and Syphilis</u></p> <p>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.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No</p>	205	N/A	0409
<p><u>Functional Status Change for Patients with Knee Impairments</u></p> <p>A patient-reported outcome measure of risk-adjusted change in functional status for patients aged 14 years+ with knee impairments. The change in functional status (FS) is assessed using the Knee FS patient-reported outcome measure (PROM) (©2009-2019 Focus on Therapeutic Outcomes, Inc.). The measure is adjusted to patient characteristics known to be associated with FS outcomes (risk adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality. The measure is available as a computer adaptive test, for reduced patient burden, or a short form (static measure).</p> <p>National Quality Strategy Domain: Communication and Care Coordination Measure Type: Patient Reported Outcome High Priority: Yes</p>	217	N/A	0422
<p><u>Functional Status Change for Patients with Hip Impairments</u></p> <p>A patient-reported outcome measure of risk-adjusted change in functional status for patients 14 years+ with hip impairments. The change in functional status (FS) is assessed using the Hip FS patient-reported outcome measure (PROM) (©2009-2019 Focus on Therapeutic Outcomes, Inc.). The measure is adjusted to patient characteristics known to be associated with FS outcomes (risk adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality. The measure is available as a computer adaptive test, for reduced patient burden, or a short form (static measure).</p> <p>National Quality Strategy Domain: Communication and Care Coordination Measure Type: Patient Reported Outcome High Priority: Yes</p>	218	N/A	0423
<p><u>Functional Status Change for Patients with Lower Leg, Foot or Ankle Impairments</u></p> <p>A patient-reported outcome measure of risk-adjusted change in functional status for patients 14 years+ with foot, ankle and lower leg impairments. The change in functional status (FS) is assessed using the Foot/Ankle FS patient-reported outcome measure (PROM) (©2009-2019 Focus on Therapeutic Outcomes, Inc.). The measure is adjusted to patient characteristics known to be associated with FS outcomes (risk adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality. The measure is available as a computer adaptive test, for reduced patient burden, or a short form (static measure).</p> <p>National Quality Strategy Domain: Communication and Care Coordination Measure Type: Patient Reported Outcome High Priority: Yes</p>	219	N/A	0424

QUALITY MEASURES*

QUALITY MEASURES*	CQM #	eCQM ID	NQF #
<u>Functional Status Change for Patients with Low Back Impairments</u> A patient-reported outcome measure of risk-adjusted change in functional status for patients 14 years+ with low back impairments. The change in functional status (FS) is assessed using the Low Back FS patient-reported outcome measure (PROM) (©2009-2019 Focus on Therapeutic Outcomes, Inc.). The measure is adjusted to patient characteristics known to be associated with FS outcomes (risk adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality. The measure is available as a computer adaptive test, for reduced patient burden, or a short form (static measure). National Quality Strategy Domain: Communication and Care Coordination Measure Type: Patient Reported Outcome High Priority: Yes	220	N/A	0425
<u>Functional Status Change for Patients with Shoulder Impairments</u> A patient-reported outcome measure of risk-adjusted change in functional status for patients 14 years+ with shoulder impairments. The change in functional status (FS) is assessed using the Shoulder FS patient-reported outcome measure (PROM) (©2009-2019 Focus on Therapeutic Outcomes, Inc.). The measure is adjusted to patient characteristics known to be associated with FS outcomes (risk adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality. The measure is available as a computer adaptive test, for reduced patient burden, or a short form (static measure). National Quality Strategy Domain: Communication and Care Coordination Measure Type: Patient Reported Outcome High Priority: Yes	221	N/A	0426
<u>Functional Status Change for Patients with Elbow, Wrist or Hand Impairments</u> A patient-reported outcome measure of risk-adjusted change in functional status (FS) for patients 14 years+ with elbow, wrist, or hand impairments. The change in FS is assessed using the Elbow/Wrist/Hand FS patient-reported outcome measure (PROM) (©2009-2019 Focus on Therapeutic Outcomes, Inc.). The measure is adjusted to patient characteristics known to be associated with FS outcomes (risk adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality. The measure is available as a computer adaptive test, for reduced patient burden, or a short form (static measure). National Quality Strategy Domain: Communication and Care Coordination Measure Type: Patient Reported Outcome High Priority: Yes	222	N/A	0427
<u>Radiology: Reminder System for Screening Mammograms</u> Percentage of patients undergoing a screening mammogram whose information is entered into a reminder system with a target due date for the next mammogram. National Quality Strategy Domain: Communication and Care Coordination Measure Type: Structure High Priority: Yes	225	N/A	0509

QUALITY MEASURES*	CQM #	eCQM ID	NQF #
<u>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</u> Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user. Three rates are reported: a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months b. Percentage of patients aged 18 years and older who were identified as a tobacco user who received tobacco cessation intervention c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user National Quality Strategy Domain: Community/Population Health Measure Type: Process High Priority: No	226	CMS138v8	0028
<u>Controlling High Blood Pressure</u> Percentage of patients 18-85 years of age who had a diagnosis of hypertension overlapping the measurement period and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period. National Quality Strategy Domain: Effective Clinical Care Measure Type: Intermediate Outcome High Priority: Yes	236	CMS165v8	N/A
<u>Use of High-Risk Medications in the Elderly</u> Percentage of patients 65 years of age and older who were ordered high-risk medications. Two rates are submitted. 1) Percentage of patients who were ordered at least one high-risk medication 2) Percentage of patients who were ordered at least two of the same high-risk medication National Quality Strategy Domain: Patient Safety Measure Type: Process High Priority: Yes	238	CMS156v8	N/A
<u>Cardiac Rehabilitation Patient Referral from an Outpatient Setting</u> 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. National Quality Strategy Domain: Communication and Care Coordination Measure Type: Process High Priority: Yes	243	N/A	0643
<u>Barrett's Esophagus</u> Percentage of esophageal biopsy reports that document the presence of Barrett's mucosa that also include a statement about dysplasia. National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No	249	N/A	1854

QUALITY MEASURES*	CQM #	eCQM ID	NQF #
<p><u>Radical Prostatectomy Pathology Reporting</u></p> <p>Percentage of radical prostatectomy pathology reports that include the pT category, the pN category, the Gleason score and a statement about margin status.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No</p>	250	N/A	1853
<p><u>Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain</u></p> <p>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.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No</p>	254	N/A	N/A
<p><u>Rate of Open Repair of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #7)</u></p> <p>Percent of patients undergoing open repair of small or moderate sized non-ruptured infrarenal abdominal aortic aneurysms (AAA) who do not experience a major complication (discharge to home no later than post-operative day #7).</p> <p>National Quality Strategy Domain: Patient Safety Measure Type: Outcome High Priority: Yes</p>	258	N/A	N/A
<p><u>Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #2)</u></p> <p>Percent of patients undergoing endovascular repair of small or moderate non-ruptured infrarenal abdominal aortic aneurysms (AAA) that do not experience a major complication (discharged to home no later than post-operative day #2).</p> <p>National Quality Strategy Domain: Patient Safety Measure Type: Outcome High Priority: Yes</p>	259	N/A	N/A
<p><u>Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications (Discharged to Home by Post-Operative Day #2)</u></p> <p>Percent of asymptomatic patients undergoing Carotid Endarterectomy (CEA) who are discharged to home no later than post-operative day #2.</p> <p>National Quality Strategy Domain: Patient Safety Measure Type: Outcome High Priority: Yes</p>	260	N/A	N/A

QUALITY MEASURES*	CQM #	eCQM ID	NQF #
<p><u>Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness</u></p> <p>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.</p> <p>National Quality Strategy Domain: Communication and Care Coordination Measure Type: Process High Priority: Yes</p>	261	N/A	N/A
<p><u>Sentinel Lymph Node Biopsy for Invasive Breast Cancer</u></p> <p>The percentage of clinically node negative (clinical stage T1N0M0 or T2N0M0) breast cancer patients before or after neoadjuvant systemic therapy, who undergo a sentinel lymph node (SLN) procedure.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No</p>	264	N/A	N/A
<p><u>Biopsy Follow-Up</u></p> <p>Percentage of new patients whose biopsy results have been reviewed and communicated to the primary care/referring physician and patient.</p> <p>National Quality Strategy Domain: Communication and Care Coordination Measure Type: Process High Priority: Yes</p>	265	N/A	N/A
<p><u>Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy</u></p> <p>Percentage of all patients of childbearing potential (12 years and older) diagnosed with epilepsy who were counseled at least once a year about how epilepsy and its treatment may affect contraception and pregnancy.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No</p>	268	N/A	N/A
<p><u>Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy</u></p> <p>Percentage of patients with a diagnosis of inflammatory bowel disease (IBD) who had Hepatitis B Virus (HBV) status assessed and results interpreted prior to initiating anti-TNF (tumor necrosis factor) therapy.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No</p>	275	N/A	N/A
<p><u>Sleep Apnea: Severity Assessment at Initial Diagnosis</u></p> <p>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.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No</p>	277	N/A	N/A

QUALITY MEASURES*

	CQM #	eCQM ID	NQF #
<u>Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy</u> 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. National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No	279	N/A	N/A
<u>Dementia: Functional Status Assessment</u> Percentage of patients with dementia for whom an assessment of functional status was performed at least once in the last 12 months. National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No	282	N/A	N/A
<u>Dementia Associated Behavioral and Psychiatric Symptoms Screening and Management</u> Percentage of patients with dementia for whom there was a documented screening for behavioral and psychiatric symptoms, including depression, and for whom, if symptoms screening was positive, there was also documentation of recommendations for management in the last 12 months. National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No	283	N/A	N/A
<u>Dementia: Safety Concern Screening and Follow-Up for Patients with Dementia</u> Percentage of patients with dementia or their caregiver(s) for whom there was a documented safety concerns screening in two domains of risk: 1) dangerousness to self or others and 2) environmental risks; and if safety concerns screening was positive in the last 12 months, there was documentation of mitigation recommendations, including but not limited to referral to other resources. National Quality Strategy Domain: Patient Safety Measure Type: Process High Priority: Yes	286	N/A	N/A
<u>Dementia: Education and Support of Caregivers for Patients with Dementia</u> Percentage of patients with dementia whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND were referred to additional resources for support in the last 12 months. National Quality Strategy Domain: Communication and Care Coordination Measure Type: Process High Priority: Yes	288	N/A	N/A
<u>Parkinson's Disease: Psychiatric Symptoms Assessment for Patients with Parkinson's Disease</u> Percentage of all patients with a diagnosis of Parkinson's Disease [PD] who were assessed for psychiatric symptoms in the past 12 months. National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No	290	N/A	N/A

QUALITY MEASURES*	CQM #	eCQM ID	NQF #
<p><u>Parkinson's Disease: Cognitive Impairment or Dysfunction Assessment for Patients with Parkinson's Disease</u></p> <p>Percentage of all patients with a diagnosis of Parkinson's Disease [PD] who were assessed for cognitive impairment or dysfunction in the past 12 months.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No</p>	291	N/A	N/A
<p><u>Parkinson's Disease: Rehabilitative Therapy Options</u></p> <p>Percentage of all patients with a diagnosis of Parkinson's Disease (or caregiver(s), as appropriate) who had rehabilitative therapy options (i.e., physical, occupational, and speech therapy) discussed in the past 12 months.</p> <p>National Quality Strategy Domain: Communication and Care Coordination Measure Type: Process High Priority: Yes</p>	293	N/A	N/A
<p><u>Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery</u></p> <p>Percentage of patients aged 18 years and older who had cataract surgery and had improvement in visual function achieved within 90 days following the cataract surgery, based on completing a pre-operative and post-operative visual function survey.</p> <p>National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes Measure Type: Patient Reported Outcome High Priority: Yes</p>	303	N/A	N/A
<p><u>Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery</u></p> <p>Percentage of patients aged 18 years and older who had cataract surgery and were satisfied with their care within 90 days following the cataract surgery, based on completion of the Consumer Assessment of Healthcare Providers and Systems Surgical Care Survey.</p> <p>National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes Measure Type: Patient Engagement/Experience High Priority: Yes</p>	304	N/A	N/A
<p><u>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented</u></p> <p>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.</p> <p>National Quality Strategy Domain: Community/Population Health Measure Type: Process High Priority: No</p>	317	CMS22v8	N/A
<p><u>Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients</u></p> <p>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.</p> <p>National Quality Strategy Domain: Communication and Care Coordination Measure Type: Process High Priority: Yes</p>	320	N/A	0658

QUALITY MEASURES*	CQM #	eCQM ID	NQF #
<p><u>Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low-Risk Surgery Patients</u></p> <p>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 submission period.</p> <p>National Quality Strategy Domain: Efficiency and Cost Reduction Measure Type: Efficiency High Priority: Yes</p>	322	N/A	N/A
<p><u>Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI)</u></p> <p>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.</p> <p>National Quality Strategy Domain: Efficiency and Cost Reduction Measure Type: Efficiency High Priority: Yes</p>	323	N/A	N/A
<p><u>Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low-Risk Patients</u></p> <p>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.</p> <p>National Quality Strategy Domain: Efficiency and Cost Reduction Measure Type: Efficiency High Priority: Yes</p>	324	N/A	N/A
<p><u>Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy</u></p> <p>Percentage of patients aged 18 years and older with nonvalvular atrial fibrillation (AF) or atrial flutter who were prescribed warfarin OR another FDA-approved oral anticoagulant drug for the prevention of thromboembolism during the measurement period.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No</p>	326	N/A	1525
<p><u>Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse)</u></p> <p>Percentage of patients, aged 18 years and older, with a diagnosis of acute viral sinusitis who were prescribed an antibiotic within 10 days after onset of symptoms.</p> <p>National Quality Strategy Domain: Efficiency and Cost Reduction Measure Type: Process High Priority: Yes</p>	331	N/A	1525

QUALITY MEASURES*	CQM #	eCQM ID	NQF #
<p><u>Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)</u></p> <p>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.</p> <p>National Quality Strategy Domain: Efficiency and Cost Reduction Measure Type: Process High Priority: Yes</p>	332	N/A	N/A
<p><u>Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse)</u></p> <p>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.</p> <p>National Quality Strategy Domain: Efficiency and Cost Reduction Measure Type: Efficiency High Priority: Yes</p>	333	N/A	N/A
<p><u>Maternity Care: Elective Delivery or Early Induction Without Medical Indication at < 39 Weeks (Overuse)</u></p> <p>Percentage of patients, regardless of age, who gave birth during a 12-month period who delivered a live singleton at < 39 weeks of gestation completed who had elective deliveries or early inductions without medical indication.</p> <p>National Quality Strategy Domain: Patient Safety Measure Type: Outcome High Priority: Yes</p>	335	N/A	N/A
<p><u>Maternity Care: Postpartum Follow-up and Care Coordination</u></p> <p>Percentage of patients, regardless of age, who gave birth during a 12-month period who were seen for postpartum care within 8 weeks of giving birth and who received a breast-feeding evaluation and education, postpartum depression screening, postpartum glucose screening for gestational diabetes patients, family and contraceptive planning counseling, tobacco use screening and cessation education, healthy lifestyle behavioral advice, and an immunization review and update.</p> <p>National Quality Strategy Domain: Communication and Care Coordination Measure Type: Process High Priority: Yes</p>	336	N/A	N/A
<p><u>Psoriasis: Tuberculosis (TB) Prevention for Patients with Psoriasis, Psoriatic Arthritis and Rheumatoid Arthritis on a Biological Immune Response Modifier</u></p> <p>Percentage of patients, regardless of age, with psoriasis, psoriatic arthritis and/or rheumatoid arthritis on a biological immune response modifier whose providers are ensuring active tuberculosis prevention either through 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.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No</p>	337	N/A	N/A

QUALITY MEASURES*	CQM #	eCQM ID	NQF #
<u>HIV Viral Load Suppression</u> 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. National Quality Strategy Domain: Effective Clinical Care Measure Type: Outcome High Priority: Yes	338	N/A	2082
<u>HIV Medical Visit Frequency</u> 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. National Quality Strategy Domain: Efficiency and Cost Reduction Measure Type: Process High Priority: Yes	340	N/A	2079
<u>Pain Brought Under Control Within 48 Hours</u> 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. National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes Measure Type: Outcome High Priority: Yes	342	N/A	0209
<u>Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2)</u> Percent of asymptomatic patients undergoing CAS who are discharged to home no later than post-operative day #2. National Quality Strategy Domain: Effective Clinical Care Measure Type: Outcome High Priority: Yes	344	N/A	N/A
<u>Implantable Cardioverter-Defibrillator (ICD) Complications Rate</u> Patients with physician-specific risk-standardized rates of procedural complications following the first time implantation of an ICD. National Quality Strategy Domain: Patient Safety Measure Type: Outcome High Priority: Yes	348	N/A	N/A
<u>Total Knee Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy</u> Percentage of patients regardless of age undergoing a total knee replacement with documented shared decision- making with discussion of conservative (non-surgical) therapy (e.g., non-steroidal anti-inflammatory drug (NSAIDs), analgesics, weight loss, exercise, injections) prior to the procedure. National Quality Strategy Domain: Communication and Care Coordination Measure Type: Process High Priority: Yes	350	N/A	N/A

QUALITY MEASURES*	CQM #	eCQM ID	NQF #
<p><u>Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation</u></p> <p>Percentage of patients regardless of age 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).</p> <p>National Quality Strategy Domain: Patient Safety Measure Type: Process High Priority: Yes</p>	351	N/A	N/A
<p><u>Anastomotic Leak Intervention</u></p> <p>Percentage of patients aged 18 years and older who required an anastomotic leak intervention following gastric bypass or colectomy surgery.</p> <p>National Quality Strategy Domain: Patient Safety Measure Type: Outcome High Priority: Yes</p>	354	N/A	N/A
<p><u>Unplanned Reoperation within the 30 Day Postoperative Period</u></p> <p>Percentage of patients aged 18 years and older who had any unplanned reoperation within the 30 day postoperative period.</p> <p>National Quality Strategy Domain: Patient Safety Measure Type: Outcome High Priority: Yes</p>	355	N/A	N/A
<p><u>Unplanned Hospital Readmission within 30 Days of Principal Procedure</u></p> <p>Percentage of patients aged 18 years and older who had an unplanned hospital readmission within 30 days of principal procedure.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Outcome High Priority: Yes</p>	356	N/A	N/A
<p><u>Surgical Site Infection (SSI)</u></p> <p>Percentage of patients aged 18 years and older who had a surgical site infection (SSI).</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Outcome High Priority: Yes</p>	357	N/A	N/A
<p><u>Patient-Centered Surgical Risk Assessment and Communication</u></p> <p>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.</p> <p>National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes Measure Type: Process High Priority: Yes</p>	358	N/A	N/A

QUALITY MEASURES*	CQM #	eCQM ID	NQF #
<p><u>Optimizing Patient Exposure to Ionizing Radiation: Count of Potential High Dose Radiation Imaging Studies: Computed Tomography (CT) and Cardiac Nuclear Medicine Studies</u></p> <p>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.</p> <p>National Quality Strategy Domain: Patient Safety Measure Type: Process High Priority: Yes</p>	360	N/A	N/A
<p><u>Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines</u></p> <p>Percentage of final reports for CT imaging studies with a finding of an incidental pulmonary nodule for patients aged 35 years and older that contain an impression or conclusion that includes a recommended interval and modality for follow-up (e.g., type of imaging or biopsy) or for no follow-up, and source of recommendations (e.g., guidelines such as Fleischner Society, American Lung Association, American College of Chest Physicians).</p> <p>National Quality Strategy Domain: Communication and Care Coordination Measure Type: Process High Priority: Yes</p>	364	N/A	N/A
<p><u>Depression Remission at Twelve Months</u></p> <p>The percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Outcome High Priority: Yes</p>	370	CMS159v8	0710e
<p><u>Closing the Referral Loop: Receipt of Specialist Report</u></p> <p>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.</p> <p>National Quality Strategy Domain: Communication and Care Coordination Measure Type: Process High Priority: Yes</p>	374	CMS50v8	N/A
<p><u>Adherence to Antipsychotic Medications For Individuals with Schizophrenia</u></p> <p>Percentage of individuals at least 18 years of age as of the beginning of the measurement period with schizophrenia or schizoaffective disorder who had at least two prescriptions filled for any antipsychotic medication and who had a Proportion of Days Covered (PDC) of at least 0.8 for antipsychotic medications during the measurement period (12 consecutive months).</p> <p>National Quality Strategy Domain: Patient Safety Measure Type: Intermediate Outcome High Priority: Yes</p>	383	N/A	1879

QUALITY MEASURES*	CQM #	eCQM ID	NQF #
<p><u>Adult Primary Rhegmatogenous Retinal Detachment Surgery: No Return to the Operating Room Within 90 Days of Surgery</u></p> <p>Patients aged 18 years and older who had surgery for primary rhegmatogenous retinal detachment who did not require a return to the operating room within 90 days of surgery.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Outcome High Priority: Yes</p>	384	N/A	N/A
<p><u>Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery</u></p> <p>Patients aged 18 years and older who had surgery for primary rhegmatogenous retinal detachment and achieved an improvement in their visual acuity, from their preoperative level, within 90 days of surgery in the operative eye.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Outcome High Priority: Yes</p>	385	N/A	N/A
<p><u>Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences</u></p> <p>Percentage of patients diagnosed with Amyotrophic Lateral Sclerosis (ALS) who were offered assistance in planning for end of life issues (e.g., advance directives, invasive ventilation, hospice) at least once annually.</p> <p>National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes Measure Type: Process High Priority: Yes</p>	386	N/A	N/A
<p><u>Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users</u></p> <p>Percentage of patients, regardless of age, who are active injection drug users who received screening for HCV infection within the 12-month reporting period.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No</p>	387	N/A	N/A
<p><u>Cataract Surgery: Difference Between Planned and Final Refraction</u></p> <p>Percentage of patients aged 18 years and older who had cataract surgery performed and who achieved a final refraction within +/- 1.0 diopters of their planned (target) refraction.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Outcome High Priority: Yes</p>	389	N/A	N/A

QUALITY MEASURES*

	CQM #	eCQM ID	NQF #
<p><u>Hepatitis C: Discussion and Shared Decision Making Surrounding Treatment Options</u></p> <p>Percentage of patients aged 18 years and older with a diagnosis of hepatitis C with whom a physician or other qualified healthcare professional reviewed the range of treatment options appropriate to their genotype and demonstrated a shared decision making approach with the patient. To meet the measure, there must be documentation in the patient record of a discussion between the physician or other qualified healthcare professional and the patient that includes all of the following: treatment choices appropriate to genotype, risks and benefits, evidence of effectiveness, and patient preferences toward treatment.</p> <p>National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes Measure Type: Process High Priority: Yes</p>	390	N/A	N/A
<p><u>Follow-Up After Hospitalization for Mental Illness (FUH)</u></p> <p>The percentage of discharges for patients 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner. Two rates are submitted:</p> <ul style="list-style-type: none"> • The percentage of discharges for which the patient received follow-up within 30 days after discharge • The percentage of discharges for which the patient received follow-up within 7 days after discharge <p>National Quality Strategy Domain: Communication and Care Coordination Measure Type: Process High Priority: Yes</p>	391	N/A	0576
<p><u>Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation</u></p> <p>Rate of cardiac tamponade and/or pericardiocentesis following atrial fibrillation ablation. This measure is submitted as four rates stratified by age and gender:</p> <ul style="list-style-type: none"> • Submission Age Criteria 1: Females 18-64 years of age • Submission Age Criteria 2: Males 18-64 years of age • Submission Age Criteria 3: Females 65 years of age and older • Submission Age Criteria 4: Males 65 years of age and older <p>National Quality Strategy Domain: Patient Safety Measure Type: Outcome High Priority: Yes</p>	392	N/A	2474
<p><u>Infection within 180 Days of Cardiac Implantable Electronic Device (CIED) Implantation, Replacement, or Revision</u></p> <p>Infection rate following CIED device implantation, replacement, or revision.</p> <p>National Quality Strategy Domain: Patient Safety Measure Type: Outcome High Priority: Yes</p>	393	N/A	N/A
<p><u>Infection within 180 Days of Cardiac Implantable Electronic Device (CIED) Implantation, Replacement, or Revision</u></p> <p>Infection rate following CIED device implantation, replacement, or revision.</p> <p>National Quality Strategy Domain: Patient Safety Measure Type: Outcome High Priority: Yes</p>	393A	N/A	N/A

QUALITY MEASURES*	CQM #	eCQM ID	NQF #
<u>Immunizations for Adolescents</u> The percentage of adolescents 13 years of age who had the recommended immunizations by their 13th birthday. National Quality Strategy Domain: Community/Population Health Measure Type: Process High Priority: No	394	N/A	1407
<u>Lung Cancer Reporting (Biopsy/Cytology Specimens)</u> Pathology reports based on biopsy and/or cytology specimens with a diagnosis of primary non-small cell lung cancer classified into specific histologic type or classified as non-small cell lung cancer not otherwise specified (NSCLC-NOS) with an explanation included in the pathology report. National Quality Strategy Domain: Communication and Care Coordination Measure Type: Process High Priority: Yes	395	N/A	N/A
<u>Lung Cancer Reporting (Resection Specimens)</u> Pathology reports based on resection specimens with a diagnosis of primary lung carcinoma that include the pT category, pN category and for non-small cell lung cancer (NSCLC), histologic type. National Quality Strategy Domain: Communication and Care Coordination Measure Type: Process High Priority: Yes	396	N/A	N/A
<u>Melanoma Reporting</u> Pathology reports for primary malignant cutaneous melanoma that include the pT category and a statement on thickness, ulceration and mitotic rate. National Quality Strategy Domain: Communication and Care Coordination Measure Type: Process High Priority: Yes	397	N/A	N/A
<u>Optimal Asthma Control</u> Composite measure of the percentage of pediatric and adult patients whose asthma is well-controlled as demonstrated by one of three age appropriate patient reported outcome tools and not at risk for exacerbation. National Quality Strategy Domain: Effective Clinical Care Measure Type: Outcome High Priority: Yes	398	N/A	N/A
<u>One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk</u> Percentage of patients aged 18 years and older with one or more of the following: a history of injection drug use, receipt of a blood transfusion prior to 1992, receiving maintenance hemodialysis, OR birthdate in the years 1945-1965 who received one-time screening for hepatitis C virus (HCV) infection. National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No	400	N/A	N/A

QUALITY MEASURES*	CQM #	eCQM ID	NQF #
<p><u>Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis</u></p> <p>Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C cirrhosis who underwent imaging with either ultrasound, contrast enhanced CT or MRI for hepatocellular carcinoma (HCC) at least once within the 12-month submission period.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No</p>	401	N/A	N/A
<p><u>Tobacco Use and Help with Quitting Among Adolescents</u></p> <p>The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user.</p> <p>National Quality Strategy Domain: Community/Population Health Measure Type: Process High Priority: No</p>	402	N/A	2803
<p><u>Anesthesiology Smoking Abstinence</u></p> <p>The percentage of current smokers who abstain from cigarettes prior to anesthesia on the day of elective surgery or procedure.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Intermediate Outcome High Priority: Yes</p>	404	N/A	N/A
<p><u>Appropriate Follow-up Imaging for Incidental Abdominal Lesions</u></p> <p>Percentage of final reports for imaging studies for patients aged 18 years and older with one or more of the following noted incidentally with a specific recommendation for no follow-up imaging recommended based on radiological findings:</p> <ul style="list-style-type: none"> • Cystic renal lesion that is simple appearing* (Bosniak I or II) • Adrenal lesion less than or equal to 1.0 cm • Adrenal lesion greater than 1.0 cm but less than or equal to 4.0 cm classified as likely benign by unenhanced CT or washout protocol CT, or MRI with in- and opposed-phase sequences or other equivalent institutional imaging protocols. <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: Yes</p>	405	N/A	N/A
<p><u>Appropriate Follow-up Imaging for Incidental Thyroid Nodules in Patients</u></p> <p>Percentage of final reports for computed tomography (CT), CT angiography (CTA) or magnetic resonance imaging (MRI) or magnetic resonance angiogram (MRA) studies of the chest or neck for patients aged 18 years and older with no known thyroid disease with a thyroid nodule < 1.0 cm noted incidentally with follow-up imaging recommended.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: Yes</p>	406	N/A	N/A

QUALITY MEASURES*

	CQM #	eCQM ID	NQF #
<u>Opioid Therapy Follow-up Evaluation</u> All patients 18 and older prescribed opiates for longer than six weeks duration who had a follow-up evaluation conducted at least every three months during Opioid Therapy documented in the medical record. National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: Yes	408	N/A	N/A
<u>Clinical Outcome Post Endovascular Stroke Treatment</u> Percentage of patients with a mRs score of 0 to 2 at 90 days following endovascular stroke intervention. National Quality Strategy Domain: Effective Clinical Care Measure Type: Outcome High Priority: Yes	409	N/A	N/A
<u>Psoriasis: Clinical Response to Systemic Medications</u> Percentage of psoriasis vulgaris patients receiving systemic medication who meet minimal physician-or patient- reported disease activity levels. It is implied that establishment and maintenance of an established minimum level of disease control as measured by physician-and/or patient-reported outcomes will increase patient satisfaction with and adherence to treatment. National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes Measure Type: Outcome High Priority: Yes	410	N/A	N/A
<u>Documentation of Signed Opioid Treatment Agreement</u> All patients 18 and older prescribed opiates for longer than six weeks duration who signed an opioid treatment agreement at least once during Opioid Therapy documented in the medical record. National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: Yes	412	N/A	N/A
<u>Door to Puncture Time for Endovascular Stroke Treatment</u> Percentage of patients undergoing endovascular stroke treatment who have a door to puncture time of less than two hours. National Quality Strategy Domain: Effective Clinical Care Measure Type: Intermediate Outcome High Priority: Yes	413	N/A	N/A
<u>Evaluation or Interview for Risk of Opioid Misuse</u> All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g. Opioid Risk Tool, Screener and Opioid Assessment for Patients with Pain, revised (SOAPP-R)) or patient interview documented at least once during Opioid Therapy in the medical record. National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: Yes	414	N/A	N/A

QUALITY MEASURES*	CQM #	eCQM ID	NQF #
<p><u>Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years and Older</u></p> <p>Percentage of emergency department visits for patients aged 18 years and older who presented with a minor blunt head trauma who had a head CT for trauma ordered by an emergency care provider who have an indication for a head CT.</p> <p>National Quality Strategy Domain: Efficiency and Cost Reduction Measure Type: Efficiency High Priority: Yes</p>	415	N/A	N/A
<p><u>Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 Through 17 Years</u></p> <p>Percentage of emergency department visits for patients aged 2 through 17 years who presented with a minor blunt head trauma who had a head CT for trauma ordered by an emergency care provider who are classified as low risk according to the Pediatric Emergency Care Applied Research Network (PECARN) prediction rules for traumatic brain injury.</p> <p>National Quality Strategy Domain: Efficiency and Cost Reduction Measure Type: Efficiency High Priority: Yes</p>	416	N/A	N/A
<p><u>Osteoporosis Management in Women Who Had a Fracture</u></p> <p>The percentage of women age 50-85 who suffered a fracture in the six months prior to the performance period through June 30 of the performance period and who either had a bone mineral density test or received a prescription for a drug to treat osteoporosis in the six months after the fracture.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No</p>	418	N/A	0053
<p><u>Overuse of Imaging for the Evaluation of Primary Headache</u></p> <p>Percentage of patients for whom imaging of the head (CT or MRI) is obtained for the evaluation of primary headache when clinical indications are not present.</p> <p>National Quality Strategy Domain: Efficiency and Cost Reduction Measure Type: Process High Priority: Yes</p>	419	N/A	N/A
<p><u>Varicose Vein Treatment with Saphenous Ablation: Outcome Survey</u></p> <p>Percentage of patients treated for varicose veins (CEAP C2-S) who are treated with saphenous ablation (with or without adjunctive tributary treatment) that report an improvement on a disease specific patient reported outcome survey instrument after treatment.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Patient Reported Outcome High Priority: Yes</p>	420	N/A	N/A

QUALITY MEASURES*	CQM #	eCQM ID	NQF #
<p><u>Appropriate Assessment of Retrievable Inferior Vena Cava (IVC) Filters for Removal</u></p> <p>Percentage of patients in whom a retrievable IVC filter is placed who, within 3 months post-placement, have a documented assessment for the appropriateness of continued filtration, device removal, or the inability to contact the patient with at least two attempts.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No</p>	421	N/A	N/A
<p><u>Performing Cystoscopy at the Time of Hysterectomy for Pelvic Organ Prolapse to Detect Lower Urinary Tract Injury</u></p> <p>Percentage of patients who undergo cystoscopy to evaluate for lower urinary tract injury at the time of hysterectomy for pelvic organ prolapse.</p> <p>National Quality Strategy Domain: Patient Safety Measure Type: Process High Priority: Yes</p>	422	N/A	2063
<p><u>Perioperative Temperature Management</u></p> <p>Percentage of patients, regardless of age, who undergo surgical or therapeutic procedures under general or neuraxial anesthesia of 60 minutes duration or longer for whom at least one body temperature greater than or equal to 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) was achieved within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time.</p> <p>National Quality Strategy Domain: Patient Safety Measure Type: Outcome High Priority: Yes</p>	424	N/A	2681
<p><u>Photodocumentation of Cecal Intubation</u></p> <p>The rate of screening and surveillance colonoscopies for which photodocumentation of at least two landmarks of cecal intubation is performed to establish a complete examination.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No</p>	425	N/A	N/A
<p><u>Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy</u></p> <p>Percentage of patients who are screened for uterine malignancy prior to vaginal closure or obliterative surgery for pelvic organ prolapse.</p> <p>National Quality Strategy Domain: Patient Safety Measure Type: Process High Priority: Yes</p>	429	N/A	N/A

QUALITY MEASURES*	CQM #	eCQM ID	NQF #
<p><u>Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy</u></p> <p>Percentage of patients, aged 18 years and older, who undergo a procedure under an inhalational general anesthetic, AND who have three or more risk factors for post-operative nausea and vomiting (PONV), who receive combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively.</p> <p>National Quality Strategy Domain: Patient Safety Measure Type: Process High Priority: Yes</p>	430	N/A	N/A
<p><u>Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling</u></p> <p>Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months AND who received brief counseling if identified as an unhealthy alcohol user.</p> <p>National Quality Strategy Domain: Community/Population Health Measure Type: Process High Priority: No</p>	431	N/A	2152
<p><u>Proportion of Patients Sustaining a Bladder Injury at the Time of any Pelvic Organ Prolapse Repair</u></p> <p>Percentage of patients undergoing pelvic organ prolapse repairs who sustain an injury to the bladder recognized either during or within 30 days after surgery.</p> <p>National Quality Strategy Domain: Patient Safety Measure Type: Outcome High Priority: Yes</p>	432	N/A	N/A
<p><u>Proportion of Patients Sustaining a Bowel Injury at the time of any Pelvic Organ Prolapse Repair</u></p> <p>Percentage of patients undergoing surgical repair of pelvic organ prolapse that is complicated by a bowel injury at the time of index surgery that is recognized intraoperatively or within 30 days after surgery.</p> <p>National Quality Strategy Domain: Patient Safety Measure Type: Outcome High Priority: Yes</p>	433	N/A	N/A
<p><u>Proportion of Patients Sustaining a Ureter Injury at the Time of Pelvic Organ Prolapse Repair</u></p> <p>Percentage of patients undergoing pelvic organ prolapse repairs who sustain an injury to the ureter recognized either during or within 30 days after surgery.</p> <p>National Quality Strategy Domain: Patient Safety Measure Type: Outcome High Priority: Yes</p>	434	N/A	N/A

QUALITY MEASURES*	CQM #	eCQM ID	NQF #
<p><u>Quality of Life Assessment For Patients With Primary Headache Disorders</u></p> <p>Percentage of patients with a diagnosis of primary headache disorder whose health related quality of life (HRQoL) was assessed with a tool(s) during at least two visits during the 12 month measurement period AND whose health related quality of life score stayed the same or improved.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Patient Reported Outcome High Priority: Yes</p>	435	N/A	N/A
<p><u>Radiation Consideration for Adult CT: Utilization of Dose Lowering Techniques</u></p> <p>Percentage of final reports for patients aged 18 years and older undergoing computed tomography (CT) with documentation that one or more of the following dose reduction techniques were used:</p> <ul style="list-style-type: none"> • Automated exposure control • Adjustment of the mA and/or kV according to patient size • Use of iterative reconstruction technique <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No</p>	436	N/A	N/A
<p><u>Rate of Surgical Conversion from Lower Extremity Endovascular Revascularization Procedure</u></p> <p>Inpatients assigned to endovascular treatment for obstructive arterial disease, the percent of patients who undergo unplanned major amputation or surgical bypass within 48 hours of the index procedure.</p> <p>National Quality Strategy Domain: Patient Safety Measure Type: Outcome High Priority: Yes</p>	437	N/A	N/A
<p><u>Statin Therapy for the Prevention and Treatment of Cardiovascular Disease</u></p> <p>Percentage of the following patients - all considered at high risk of cardiovascular events - who were prescribed or were on statin therapy during the measurement period:</p> <ul style="list-style-type: none"> • Adults aged \geq 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); OR • Adults aged \geq 21 years who have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level \geq 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia; OR • Adults aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No</p>	438	CMS347v8	N/A

QUALITY MEASURES*	CQM #	eCQM ID	NQF #
<p><u>Age Appropriate Screening Colonoscopy</u></p> <p>The percentage of patients greater than 85 years of age who received a screening colonoscopy from January 1 to December 31.</p> <p>National Quality Strategy Domain: Efficiency and Cost Reduction Measure Type: Efficiency High Priority: Yes</p>	439	N/A	N/A
<p><u>Skin Cancer: Biopsy Reporting Time – Pathologist to Clinician</u></p> <p>Percentage of biopsies with a diagnosis of cutaneous Basal Cell Carcinoma (BCC) and Squamous Cell Carcinoma (SCC), or melanoma (including in situ disease) in which the pathologist communicates results to the clinician within 7 days from the time when the tissue specimen was received by the pathologist.</p> <p>National Quality Strategy Domain: Communication and Care Coordination Measure Type: Process High Priority: Yes</p>	440	N/A	N/A
<p><u>Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)</u></p> <p>The IVD All-or-None Measure is one outcome measure (optimal control). The measure contains four goals. All four goals within a measure must be reached in order to meet that measure. The numerator for the all-or-none measure should be collected from the organization's total IVD denominator. All-or-None Outcome Measure (Optimal Control) - Using the IVD denominator optimal results include:</p> <ul style="list-style-type: none"> • Most recent blood pressure (BP) measurement is less than or equal to 140/90 mm Hg -- AND • Most recent tobacco status is Tobacco Free -- AND • Daily Aspirin or Other Antiplatelet Unless Contraindicated -- AND • Statin Use Unless Contraindicated <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Intermediate Outcome High Priority: Yes</p>	441	N/A	N/A
<p><u>Non-Recommended Cervical Cancer Screening in Adolescent Females</u></p> <p>The percentage of adolescent females 16–20 years of age who were screened unnecessarily for cervical cancer.</p> <p>National Quality Strategy Domain: Patient Safety Measure Type: Process High Priority: Yes</p>	443	N/A	N/A
<p><u>Medication Management for People with Asthma</u></p> <p>The percentage of patients 5-64 years of age during the performance period who were identified as having persistent asthma and were dispensed appropriate medications that they remained on for at least 75% of their treatment period.</p> <p>National Quality Strategy Domain: Efficiency and Cost Reduction Measure Type: Process High Priority: Yes</p>	444	N/A	N/A

QUALITY MEASURES*	CQM #	eCQM ID	NQF #
<p><u>Risk-Adjusted Operative Mortality for Coronary Artery Bypass Graft (CABG)</u></p> <p>Percent of patients aged 18 years and older undergoing isolated CABG who die, including both all deaths occurring during the hospitalization in which the CABG was performed, even if after 30 days, and those deaths occurring after discharge from the hospital, but within 30 days of the procedure.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Outcome High Priority: Yes</p>	445	N/A	0119
<p><u>Appropriate Workup Prior to Endometrial Ablation</u></p> <p>Percentage of patients, aged 18 years and older, who undergo endometrial sampling or hysteroscopy with biopsy and results are documented before undergoing an endometrial ablation.</p> <p>National Quality Strategy Domain: Communication and Care Coordination Measure Type: Process High Priority: Yes</p>	448	N/A	N/A
<p><u>Trastuzumab Received By Patients With AJCC Stage I (T1c) – III And HER2 Positive Breast Cancer Receiving Adjuvant Chemotherapy</u></p> <p>Percentage of female patients (aged 18 years and older) with AJCC stage I (T1c) – III, human epidermal growth factor receptor 2 (HER2) positive breast cancer receiving adjuvant chemotherapy who are also receiving Trastuzumab.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: Yes</p>	450	N/A	1858
<p><u>RAS (KRAS and NRAS) Gene Mutation Testing Performed for Patients with Metastatic Colorectal Cancer who Receive Anti-epidermal Growth Factor Receptor (EGFR) Monoclonal Antibody Therapy</u></p> <p>Percentage of adult patients (aged 18 or over) with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy for whom RAS (KRAS and NRAS) gene mutation testing was performed.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No</p>	451	N/A	1859
<p><u>Patients with Metastatic Colorectal Cancer and RAS (KRAS or NRAS) Gene Mutation Spared Treatment with Anti-epidermal Growth Factor Receptor (EGFR) Monoclonal Antibodies</u></p> <p>Percentage of adult patients (aged 18 or over) with metastatic colorectal cancer and RAS (KRAS or NRAS) gene mutation spared treatment with anti-EGFR monoclonal antibodies.</p> <p>National Quality Strategy Domain: Patient Safety Measure Type: Process High Priority: Yes</p>	452	N/A	1860

QUALITY MEASURES*	CQM #	eCQM ID	NQF #
<p><u>Percentage of Patients who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life (lower score – better)</u></p> <p>Percentage of patients who died from cancer receiving chemotherapy in the last 14 days of life.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: Yes</p>	453	N/A	0210
<p><u>Percentage of Patients who Died from Cancer Admitted to the Intensive Care Unit (ICU) in the Last 30 Days of Life (lower score – better)</u></p> <p>Percentage of patients who died from cancer admitted to the ICU in the last 30 days of life.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Outcome High Priority: Yes</p>	455	N/A	0213
<p><u>Percentage of Patients who Died from Cancer Admitted to Hospice for Less than 3 Days (lower score – better)</u></p> <p>Percentage of patients who died from cancer, and admitted to hospice and spent less than 3 days there.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Outcome High Priority: Yes</p>	457	N/A	0216
<p><u>Back Pain After Lumbar Discectomy/Laminectomy</u></p> <p>For patients 18 years of age or older who had a lumbar discectomy/laminectomy procedure, back pain is rated by the patients as less than or equal to 3.0 OR an improvement of 5.0 points or greater on the Visual Analog Scale (VAS) Pain scale at three months (6 to 20 weeks) postoperatively.</p> <p>National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes Measure Type: Patient Reported Outcome High Priority: Yes</p>	459	N/A	N/A
<p><u>Back Pain After Lumbar Fusion</u></p> <p>For patients 18 years of age or older who had a lumbar fusion procedure, back pain is rated by the patient as less than or equal to 3.0 OR an improvement of 5.0 points or greater on the Visual Analog Scale (VAS) Pain* scale at one year (9 to 15 months) postoperatively.</p> <p>* hereafter referred to as VAS Pain</p> <p>National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes Measure Type: Patient Reported Outcome High Priority: Yes</p>	460	N/A	N/A

QUALITY MEASURES*	CQM #	eCQM ID	NQF #
<p><u>Leg Pain After Lumbar Discectomy/ Laminectomy</u></p> <p>For patients 18 years of age or older who had a lumbar discectomy/laminectomy procedure, leg pain is rated by the patient as less than or equal to 3.0 OR an improvement of 5.0 points or greater on the VAS Pain scale at three months (6 to 20 weeks) postoperatively.</p> <p>National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes Measure Type: Patient Reported Outcome High Priority: Yes</p>	461	N/A	N/A
<p><u>Prevention of Post-Operative Vomiting (POV) – Combination Therapy (Pediatrics)</u></p> <p>Percentage of patients aged 3 through 17 years, who undergo a procedure under general anesthesia in which an inhalational anesthetic is used for maintenance AND who have two or more risk factors for post-operative vomiting (POV), who receive combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively.</p> <p>National Quality Strategy Domain: Patient Safety Measure Type: Process High Priority: Yes</p>	463	N/A	N/A
<p><u>Otitis Media with Effusion: Systemic Antimicrobials - Avoidance of Inappropriate Use</u></p> <p>Percentage of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: Yes</p>	464	N/A	0657
<p><u>Uterine Artery Embolization Technique: Documentation of Angiographic Endpoints and Interrogation of Ovarian Arteries</u></p> <p>The percentage of patients with documentation of angiographic endpoints of embolization AND the documentation of embolization strategies in the presence of unilateral or bilateral absent uterine arteries.</p> <p>National Quality Strategy Domain: Patient Safety Measure Type: Process High Priority: Yes</p>	465	N/A	N/A
<p><u>Continuity of Pharmacotherapy for Opioid Use Disorder (OUD)</u></p> <p>Percentage of adults aged 18 years and older with pharmacotherapy for opioid use disorder (OUD) who have at least 180 days of continuous treatment.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: Yes</p>	468	N/A	N/A

QUALITY MEASURES*	CQM #	eCQM ID	NQF #
<p><u>Functional Status After Lumbar Fusion</u></p> <p>For patients 18 years of age and older who had a lumbar fusion procedure, functional status is rated by the patient as less than or equal to 22 OR a change of 30 points or greater on the Oswestry Disability Index (ODI version 2.1a)* at one year (9 to 15 months) postoperatively.</p> <p>* hereafter referred to as ODI</p> <p>National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes Measure Type: Patient Reported Outcome High Priority: Yes</p>	469	N/A	N/A
<p><u>Functional Status After Primary Total Knee Replacement</u></p> <p>For patients age 18 and older who had a primary total knee replacement procedure, functional status is rated by the patient as greater than or equal to 37 on the Oxford Knee Score (OKS) at one year (9 to 15 months) postoperatively.</p> <p>National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes Measure Type: Patient Reported Outcome High Priority: Yes</p>	470	N/A	N/A
<p><u>Functional Status After Lumbar Discectomy/Laminectomy</u></p> <p>For patients age 18 and older who had lumbar discectomy/laminectomy procedure, functional status is rated by the patient as less than or equal to 22 OR a change of 30 points or greater on the Oswestry Disability Index (ODI version 2.1a) * at three months (6 to 20 weeks) postoperatively.</p> <p>* hereafter referred to as ODI</p> <p>National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes Measure Type: Patient Reported Outcome High Priority: Yes</p>	471	N/A	N/A
<p><u>Leg Pain After Lumbar Fusion</u></p> <p>For patients 18 years of age or older who had a lumbar fusion procedure, leg pain is rated by the patient as less than or equal to 3.0 OR an improvement of 5.0 points or greater on the Visual Analog Scale (VAS) Pain* scale at one year (9 to 15 months) postoperatively.</p> <p>* hereafter referred to as VAS Pain</p> <p>National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes Measure Type: Patient Reported Outcome High Priority: Yes</p>	473	N/A	N/A
<p><u>Multimodal Pain Management</u></p> <p>Percentage of patients, aged 18 years and older, undergoing selected surgical procedures that were managed with multimodal pain medicine.</p> <p>National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: Yes</p>	477	N/A	N/A

QUALITY MEASURES*

	CQM #	eCQM ID	NQF #
<u>Functional Status Change for Patients with Neck Impairments</u> This is a patient-reported outcome performance measure (PRO-PM) consisting of a patient-reported outcome measure (PROM) of risk-adjusted change in functional status (FS) for patients aged 14+ with neck impairments. The change in FS is assessed using the Neck FS PROM.* The measure is risk-adjusted to patient characteristics known to be associated with FS outcomes. It is used as a performance measure at the patient, individual clinician, and clinic levels to assess quality. *The Neck FS PROM is an item-response theory-based computer adaptive test (CAT). In addition to the CAT version, which provides for reduced patient response burden, it is available as a 10-item short form (static/paper-pencil). National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes Measure Type: Patient Reported Outcome High Priority: Yes	478	N/A	N/A
<u>Functional Status Assessment for Total Hip Replacement</u> Percentage of patients 18 years of age and older who received an elective primary total hip arthroplasty (THA) and completed a functional status assessment within 90 days prior to the surgery and in the 270-365 days after the surgery. National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes Measure Type: Process High Priority: Yes	N/A	CMS56v8	N/A
<u>Functional Status Assessment for Total Knee Replacement</u> Percentage of patients 18 years of age and older who received an elective primary total knee arthroplasty (TKA) and completed a functional status assessment within 90 days prior to the surgery and in the 270-365 days after the surgery. National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes Measure Type: Process High Priority: Yes	N/A	CMS66v8	N/A
<u>Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists</u> Percentage of children, age 0-20 years, who received a fluoride varnish application during the measurement period. National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No	N/A	CMS74v9	N/A
<u>Children Who Have Dental Decay or Cavities</u> Percentage of children, age 0-20 years, who have had tooth decay or cavities during the measurement period. National Quality Strategy Domain: Community/Population Health Measure Type: Outcome High Priority: Yes	N/A	CMS75v8	N/A
<u>Functional Status Assessments for Congestive Heart Failure</u> Percentage of patients 18 years of age and older with congestive heart failure who completed initial and follow-up patient-reported functional status assessments. National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes Measure Type: Process High Priority: Yes	N/A	CMS90v9	N/A

* CMS Clinical Quality Measure (formerly Registry Measure) specifications at <https://qpp.cms.gov/about/resource-library>

QUALITY MEASURES*

	CQM #	eCQM ID	NQF #
<u>Childhood Immunization Status</u> 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. National Quality Strategy Domain: Community/Population Health Measure Type: Process High Priority: No	N/A	CMS117v8	N/A
<u>Cervical Cancer Screening</u> Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: * Women age 21-64 who had cervical cytology performed every 3 years * Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No	N/A	CMS124v8	N/A
<u>Anti-Depressant Medication Management</u> Percentage of patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an 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) National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No	N/A	CMS128v8	N/A
<u>Follow-Up Care for Children Prescribed ADHD Medication (ADD)</u> 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 National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No	N/A	CMS136v9	N/A

QUALITY MEASURES*

	CQM #	eCQM ID	NQF #
<u>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</u> Percentage of patients 13 years of age and older with a new episode of alcohol or other drug abuse or (AOD) dependence who received the following. Two rates are reported: a. Percentage of patients who initiated treatment including either an intervention or medication for the treatment of AOD abuse or dependence within 14 days of the diagnosis b. Percentage of patients who engaged in ongoing treatment including two additional interventions or a medication for the treatment of AOD abuse or dependence within 34 days of the initiation visit. For patients who initiated treatment with a medication, at least one of the two engagement events must be a treatment intervention. National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: Yes	N/A	CMS137v8	N/A
<u>Falls: Screening for Future Fall Risk</u> Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period. National Quality Strategy Domain: Patient Safety Measure Type: Process High Priority: Yes	N/A	CMS139v8	N/A
<u>Dementia: Cognitive Assessment</u> 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. National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No	N/A	CMS149v8	2872
<u>Chlamydia Screening for Women</u> 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. National Quality Strategy Domain: Community/Population Health Measure Type: Process High Priority: No	N/A	CMS153v8	N/A
<u>Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents</u> 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. <ul style="list-style-type: none"> • 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 National Quality Strategy Domain: Community/Population Health Measure Type: Process High Priority: No	N/A	CMS155v8	N/A

QUALITY MEASURES*

	CQM #	eCQM ID	NQF #
<u>Adult Major Depressive Disorder (MDD): Suicide Risk Assessment</u> 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. National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No	N/A	CMS161v8	0104
<u>Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment</u> Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk. National Quality Strategy Domain: Patient Safety Measure Type: Process High Priority: Yes	N/A	CMS177v8	1365e
<u>Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture</u> Percentage of female patients 50 to 64 years of age without select risk factors for osteoporotic fracture who received an order for a dual-energy x-ray absorptiometry (DXA) scan during the measurement period. National Quality Strategy Domain: Efficiency and Cost Reduction Measure Type: Process High Priority: Yes	N/A	CMS249v2	N/A
<u>HIV Screening</u> Percentage of patients 15-65 years of age who have been tested for human immunodeficiency virus (HIV). National Quality Strategy Domain: Community/Population Health Measure Type: Process High Priority: No	N/A	CMS349v2	N/A
<u>Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy</u> Patients determined as having prostate cancer who are currently starting or undergoing androgen deprivation therapy (ADT), for an anticipated period of 12 months or greater (indicated by HCPCS code) and who receive an initial bone density evaluation. The bone density evaluation must be prior to the start of ADT or within 3 months of the start of ADT. National Quality Strategy Domain: Effective Clinical Care Measure Type: Process High Priority: No	N/A	CMS645v3	N/A

QUALITY MEASURES*

	CQM #	eCQM ID	NQF #
International Prostate Symptom Score (IPSS) or American Urological Association-Symptom Index (AUA-SI) Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia Percentage of patients with an office visit within the measurement period and with a new diagnosis of clinically significant Benign Prostatic Hyperplasia who have International Prostate Symptoms Score (IPSS) or American Urological Association (AUA) Symptom Index (SI) documented at time of diagnosis and again 6-12 months later with an improvement of 3 points. National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes Measure Type: Patient Reported Outcome High Priority: Yes	N/A	CMS771v1	N/A

* CMS Clinical Quality Measure (formerly Registry Measure) specifications at <https://qpp.cms.gov/about/resource-library>