



**CMS Quality Measure Development Plan
Environmental Scan and
Gap Analysis Report
(MACRA, Section 102)**

**Center for Clinical Standards and Quality
Centers for Medicare & Medicaid Services (CMS)**

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Environmental Scan and
Gap Analysis Report
(MACRA, Section 102)**

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GLOSSARY OF ACRONYMS AND ABBREVIATIONS

Acronym	Definition
ACEP	American College of Emergency Physicians
ACQ	Asthma Control Questionnaire
ACT	Asthma Control Test
ADL	activities of daily living
AHRQ	Agency for Healthcare Research and Quality
ALS	amyotrophic lateral sclerosis
AMA	American Medical Association
AMI	acute myocardial infarction
AM-PAC™	Activity Measure for Post-Acute Care™
AOE	acute otitis externa
APM	alternative payment model
ASPE	Office of the Assistant Secretary for Planning and Evaluation
ATAQ	Asthma Therapy Assessment Questionnaire
AUDIT-C	Alcohol Use Disorders Identification Test
BP	blood pressure
BMI	body mass index
CABG	coronary artery bypass graft
C-ACT	Childhood Asthma Control Test
CAHPS®	Consumer Assessment of Healthcare Providers and Systems
CCTA	cardiac computed tomography angiography
CDC	Centers for Disease Control and Prevention
CDP	Consensus Development Process
CHD	coronary heart disease
CHIP	Children’s Health Insurance Program
CKD	chronic kidney disease
CMR	cardiovascular magnetic resonance
CMS	Centers for Medicare & Medicaid Services
COR	Contracting Officer’s Representative
CPT	Current Procedural Terminology
CQMC	Core Quality Measures Collaborative
CT	computed tomography
DEXA/DXA	dual-energy x-ray absorptiometry
DICOM	Digital Imaging and Communications in Medicine
DM	diabetes mellitus
DTaP	diphtheria-tetanus-acellular pertussis
DTP	diphtheria-tetanus-pertussis
Dx	diagnosis
ED	emergency department
EHR	electronic health record
FOTO	Focus On Therapeutic Outcomes, Inc.
FS	functional status
GCS	Glasgow Coma Scale

Acronym	Definition
GYN	gynecologist
HbA1C	hemoglobin A1c
HepB	hepatitis B virus
HHS	Health and Human Services (U.S. Department of)
Hib	Haemophilus influenzae type B
HIV	human immunodeficiency virus
HPV	human papillomavirus
HRQoL	health-related quality of life
HRSA	Health Resources and Services Administration
HSAG	Health Services Advisory Group, Inc.
HTN	hypertension
IADL	instrumental activities of daily living
ICD	International Classification of Diseases
ICU	intensive care unit
IHS	Indian Health Service
INR	International Normalized Ratio
IOM	Institute of Medicine
IPV	inactivated polio vaccine
IVD	ischemic vascular disease
LDL	low-density lipoprotein
MACRA	Medicare Access and CHIP Reauthorization Act of 2015
MAP	Measure Applications Partnership
MDP	Measure Development Plan
MeSH [®]	Medical Subject Headings
MH	mental health
MI	myocardial infarction
MIPS	Merit-based Incentive Payment System
MMR	measles, mumps, and rubella
MPI	myocardial perfusion imaging
MPR	medication possession ratio
MRA	magnetic resonance angiography
MRI	magnetic resonance imaging
MUC	Measures Under Consideration
MUD	Measures Under Development
NMSC	nonmelanoma skin cancer
NPRM	notice of proposed rulemaking
NQF	National Quality Forum
NQMC	National Quality Measures Clearinghouse
NSAID	nonsteroidal anti-inflammatory drug
OB	obstetrician
ODI	Oswestry Disability Index
OKS	Oxford Knee Score
OME	otitis media with effusion
PAM [®]	Patient Activation Measure [®]

Acronym	Definition
PCI	percutaneous coronary intervention
PCP	primary care physician
PCV	pneumococcal conjugate vaccine
PDC	proportion of days covered
PEC	Patient Experience of Care Survey
PHQ-9	Patient Health Questionnaire
PQRS	Physician Quality Reporting System
PROM	patient-reported outcome measure
PRO-PM	patient-reported outcome performance measure
PSA	prostate-specific antigen
PTSD	post-traumatic stress disorder
QOL	quality of life
QPP	Quality Payment Program
QPS	Quality Positioning System
RRT	renal replacement therapy
SAMHSA	Substance Abuse and Mental Health Services Administration
SCI&D	Spinal Cord Injuries and Disorders
SOAAP-R	Screeener and Opioid Assessment for Patients with Pain–Revised
SPECT	single photon emission computed tomography
SUD	substance use disorder
TEP	technical expert panel
TKR	total knee replacement
VBA	Veterans Benefits Administration
VHA	Veterans Health Administration
VM	Value-based Payment Modifier
VZV	varicella zoster virus
Y/FEC	Youth/Family Experience of Care Survey

EXECUTIVE SUMMARY

Introduction

The Centers for Medicare & Medicaid Services (CMS) has contracted with Health Services Advisory Group, Inc. (HSAG) to develop and update the *CMS Quality Measure Development Plan: Supporting the Transition to the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs)*.¹ The contract requires HSAG to conduct an environmental scan and a gap analysis to assess the landscape of current clinician quality measures based on initial priority areas identified in Section V of the CMS Measure Development Plan (MDP).¹ This report describes the process used to conduct the scan and gap analysis and the results of the gap analysis, which were presented to the CMS Measure Development Plan Technical Expert Panel (MDP TEP) in November 2016.

Background

The Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act of 2015 (MACRA)² provides a unique opportunity to transform the health care delivery system from a volume-based payment system to one focused on quality and value. MACRA will change how physicians and other clinicians are paid for their services by establishing the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs), together known as the Quality Payment Program.³ The Quality Payment Program aims to improve health outcomes, promote smarter spending, minimize burden of participation, and provide fairness and transparency in operations. These aims are centered on improving beneficiary outcomes and engaging patients through patient-centered policies, and enhancing clinician experience through flexible and transparent program design and interactions with easy-to-use program tools. The Quality Payment Program replaces CMS legacy programs for clinician quality reporting, including the Physician Quality Reporting System (PQRS), the Value-based Payment Modifier (VM), and the Medicare EHR Incentive Program for Eligible Professionals, to support the transition to value-based care and health care delivery system reform.

MACRA, section 102, requires the Secretary of Health and Human Services to develop and publicly post a Measure Development Plan (MDP) no later than May 1, 2016. CMS posted a draft plan on the CMS.gov website on December 18, 2015, and solicited public comment that subsequently informed the final MDP, posted on May 2, 2016.¹ MACRA, section 102, also requires an annual report that includes an update on the status of newly and previously identified gaps in measures. This environmental scan and gap analysis report serves as the basis for the gaps that will be identified in the MDP Annual Report to be published on the CMS.gov website no later than May 1, 2017.

Approach

The team followed an eight-step process that aligns with the CMS Measures Management System Blueprint, v. 12.0,⁴ to complete the environmental scan and gap analysis. The steps in the process are as follows:

1. Identify the scope of the environmental scan, according to initial domains, topics, and specialties prioritized in the MDP.
2. Develop the conceptual framework.
3. Identify the quality measure subtopics.

4. Map the measure subtopics to the conceptual framework.
5. Scan existing measures.
6. Classify existing measures by topic/subtopic/specialty.
7. Identify measure gap areas.
8. Present results to the TEP and identify priority measure topics and subtopics.

Conceptual Framework

HSAG developed a conceptual framework to organize the information gathered in the gap analysis, based on six prioritized domains, 11 topics, and seven specialties included in Section V of the MDP.¹ To identify more detailed measure gaps, the team identified subtopics from federal reports, multi-stakeholder groups, public comments on the draft MDP and Quality Payment Program Notice of Proposed Rulemaking (NPRM or Proposed Rule), and the Physician Quality Reporting System (PQRS) preferred measure sets. The team then mapped the resulting 138 subtopics identified to the domains, topics, and specialties included in the conceptual framework, in preparation for the scan of existing measures.

Scan of Existing Measures

The sources scanned for clinician-level quality measures included large, publicly available quality measure databases, the CMS Measures Inventory,⁵ CMS public reporting programs, other federal agencies, and other organizations and health care systems. The list of measures included in the Quality Payment Program Proposed Rule,⁶ published in the *Federal Register* in May 2016, was also reviewed as a source of measures. Upon the release of the Final Rule⁷ on November 4, 2016, the list of measures included in the conceptual framework was reviewed. All measures in the conceptual framework were finalized for inclusion in the program; therefore, no changes to the conceptual framework were necessary following the publication of the final rule.

Measures developed at the clinician level of analysis and for which measure information was readily accessible were included in the scan. In total, 989 measures were scanned, 604 of which were relevant to individual clinician quality measurement. Of the 604 measures, 159 measures were applicable to the topics, subtopics, and specialties included in the conceptual framework. These 159 measures were mapped to the subtopics included in the conceptual framework to show gaps in clinician measures.

Gap Analysis

The 159 measures identified through the environmental scan were mapped to a single topic/subtopic/specialty combination in the conceptual framework. The mapping of the measures to the conceptual framework highlighted measurement gaps in high-priority areas to be considered for future measure development. Sixty-three percent (88/138) of the subtopics/specialty combinations did not have any measures identified through the scan. Table ES1 summarizes the results of the gap analysis for the 11 priority topics.

Table ES1: Summary of Key Gap Areas by Priority Domain, Topic, and Specialty Area

CMS Quality Domain/ MACRA Domain	Topic	Gap Analysis Results by Specialty
Effective Treatment/ Clinical Care	1. Outcomes	<p>Orthopedic surgery and oncology: no measures related to outcomes.</p> <p>General medicine/crosscutting: 17 intermediate outcome measures. Crosscutting subtopics of care goal achievement and multiple chronic/complex conditions: no measures.</p>
	2. Patient-reported outcome performance measures (PRO-PMs) [related to clinical care]	<p>Palliative care and oncology: no patient-reported outcome measures.</p> <p>Any of the specialties: no care goal achievement PRO-PMs.</p> <p>General medicine/crosscutting: 1 health-related quality of life measure.</p> <p>Palliative care and oncology: no functional status measures.</p>
Patient Safety/ Safety	3. Diagnostic accuracy	Radiology: 1 measure.
	4. Medication safety	<p>Mental health/substance use conditions and general medicine/crosscutting area: 6 measures of medication side effects.</p> <p>General medicine/crosscutting area: 5 medication management/reconciliation measures; mental health/substance use: no medication management/reconciliation measures.</p> <p>Oncology, orthopedic surgery, palliative care, and radiology: no measures.</p>
Communication and Coordination/ Care Coordination	5. Assessing team-based care	Mental health/substance use, orthopedic surgery, palliative care, and radiology: no team-based care measures; oncology and pathology: 1 each.
	6. Effective use of new technology	<p>Mental health/substance use, oncology, orthopedic surgery, palliative care, and pathology: no measures.</p> <p>General medicine/crosscutting: 2 measures related to telehealth.</p> <p>Radiology: 2 specialty-specific measures.</p>
Person and Family Engagement/ Patient and Caregiver Experience	7. Personal preference and shared decision-making	Mental health/substance use conditions, oncology, and radiology: no measures of personal preference or shared decision-making.
	8. Patient-reported outcome performance measures (PRO-PMs) [related to patient experience]	Oncology and palliative care: no patient/caregiver experience measures.
Healthy Living/Population Health and Prevention	9. Population-level outcomes	<p>General medicine/crosscutting: measures for 3 of 12 subtopics.</p> <p>Mental health/substance use: measures for 2 of 6 subtopics.</p>
	10. Detection/prevention of chronic disease	<p>Mental health/substance use conditions: 2 measures.</p> <p>General medicine/crosscutting: 26 measures, which may also be applicable to mental health/substance use.</p>
Affordable Care	11. Overuse measures	<p>Orthopedic surgery, palliative care, pathology, and mental health/substance use: no measures of overuse.</p> <p>Radiology, oncology, and general medicine/crosscutting: 10 overuse measures that were in the 2016 Quality Payment Program Proposed Rule.</p>

Conclusion

The results of the environmental scan and gap analysis confirm the initial priorities and gaps outlined in the MDP as areas for future measure development. After the 159 relevant measures were mapped to the conceptual framework, measure gaps were identified across all quality domains and specialties in the conceptual framework with 63% (88/138) of subtopics lacking associated existing measures. These 88 subtopics represent exciting opportunities for new areas of measure development to support the Quality Payment Program.

Of the 159 existing measures identified in the scan, 67 measures are included in the 2016 Final Rule and address some of the prioritized gaps identified in the MDP. The remaining 92 measures could be considered in future program years to address additional priority gaps.

Related to the specialties, 100 of the 159 measures are applicable to general medicine but also apply to more than one specialty and are thus “crosscutting” measures that address prioritized measure topics, such as patient-reported outcome performance measures (PRO-PMs) or medication safety. The crosscutting measures represent opportunities for measure alignment across specialties.

The completion of the environmental scan and the gap analysis serves as important foundational work to prioritize future measure development through identification of specific gaps. Other CMS efforts include evaluating whether existing quality measures used in other health care settings could be adapted or adopted for clinician use. In the future, in accordance with MACRA, section 102, the team will produce an annual report that reflects MDP TEP input and describes progress in addressing gaps in measures for use in the Quality Payment Program. CMS will continue to gather expert input from stakeholders, evaluate the landscape of quality measures, and further evolve the person-centered, value-based quality measure portfolio that CMS envisions to support the transition to health care delivery system reform.

CHAPTER 1. INTRODUCTION

The Centers for Medicare & Medicaid Services (CMS) has contracted with Health Services Advisory Group, Inc. (HSAG) to develop and update the *CMS Quality Measure Development Plan: Supporting the Transition to the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs)*.¹ The contract requires HSAG to conduct an environmental scan and a gap analysis to assess the landscape of current clinician quality measures and identify priority areas for measure development for the Quality Payment Program.³ The Quality Payment Program aims to improve health outcomes, promote smarter spending, minimize burden of participation, and provide fairness and transparency in operations. These aims are centered on improving beneficiary outcomes and engaging patients through patient-centered policies, and enhancing clinician experience through flexible and transparent program design and interactions with easy-to-use program tools. This report describes the process we used to conduct the scan and gap analysis as well as the findings, which were presented to CMS and a technical expert panel (TEP) in November 2016.

The analysis described in this report serves as an important component of a broader CMS effort to evaluate measure and performance gaps, both within and across primary care and specialty providers. CMS will supplement the recommendations from this report with additional research and literature review, including an in-depth analysis of environmental scans completed for other settings (e.g., acute care), to evaluate the viability of adapting measures from non-clinician settings for MIPS and/or APMs. Furthermore, CMS intends to conduct additional focused gap analyses of outcome and intermediate outcome measures within specialties and subspecialties and to evaluate the viability and applicability of existing specialty and subspecialty measures.

CHAPTER 2. BACKGROUND

The passage of the Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act of 2015 (MACRA)² supports an ongoing transformation of national health care delivery by furthering the development of new Medicare payment and delivery models for physicians and other clinicians. MACRA provides options for eligible clinicians to participate in the Merit-based Incentive Payment System (MIPS) or advanced alternative payment models (APMs), together known as the CMS Quality Payment Program.³

- MIPS will build upon existing quality measure sets from the Physician Quality Reporting System (PQRS), Value-based Payment Modifier (VM), and Medicare EHR Incentive Program for Eligible Professionals to create a payment system that rewards value over volume. Beginning in 2019, CMS will apply a payment adjustment to each MIPS eligible clinician, in a budget-neutral manner, based on a composite performance score across 4 categories: quality, resource use, clinical practice improvement activities, and advancing care informationⁱ (defined in MACRA as meaningful use of certified electronic health record [EHR] technology).
- Advanced APMs will provide incentive payments to qualifying participants who report successfully on quality performance measures comparable to those used in MIPS.

Thus, MACRA provides both a mandate and an opportunity for CMS to leverage quality measure development as a key driver to further the aims of the CMS Quality Strategy: better care, smarter spending, and healthier people. Through this transition, CMS aims to improve health outcomes, promote smarter spending, minimize burden of participation, and provide fairness and transparency in operations.

The CMS Measure Development Plan is a strategic framework for the development of clinician quality measures to support MIPS and advanced APMs. Section 102 of MACRA requires that the Secretary of Health and Human Services develop and publicly post such a plan.ⁱⁱ CMS posted a draft plan on the CMS.gov website on December 18, 2015, and solicited public comment that subsequently informed the final MDP, posted on May 2, 2016.¹

The MDP highlights known measurement and performance gaps and recommends an approach to close those gaps through the development, adoption, and refinement of quality measures. Updates to the plan, to be released as appropriate, will target additional areas for future measure development.

MACRA, section 102, also requires an annual report on the progress made in developing new clinician quality measures, including an inventory of applicable measures and detailed information about measures developed or in development for the Quality Payment Program over the previous year. The MDP Annual Report must further discuss any new measurement gaps and the status of previously identified gaps.ⁱⁱⁱ To gather such information, HSAG conducted this

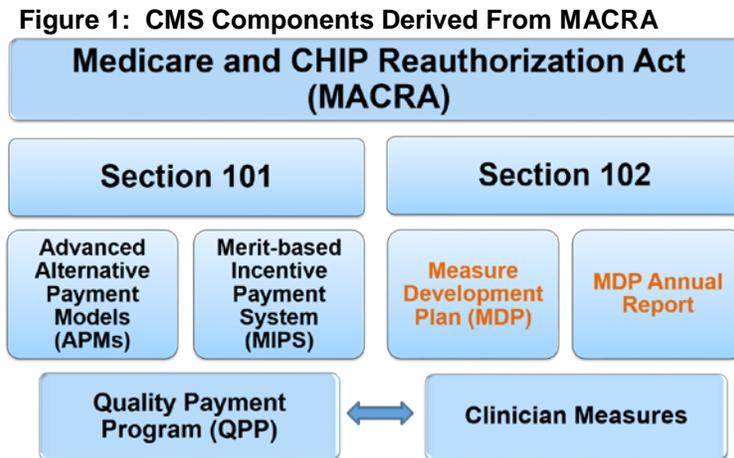
ⁱ Section 1848(q)(2)(A), (q)(5)(A)

ⁱⁱ Section 1848(s)(1)(A), (5)

ⁱⁱⁱ Section 1848(s)(3)(B)(iv)

environmental scan and gap analysis, centered on general medicine and the following clinical specialties identified in the MDP as having clear measure gaps: behavioral health, oncology, orthopedic surgery, palliative care, pathology, and radiology. The results of this scan and related discussions of the expert panel convened in November 2016 will be included in the MDP Annual Report, to be published on the CMS.gov website no later than May 1, 2017.^{iv}

Figure 1 represents the sections of MACRA that establish the new clinician payment systems and mandate the creation and subsequent updates of the MDP, as well as the annual report on progress in developing quality measures for the Quality Payment Program.



The CMS Quality Measure Development Plan (MDP) and the MDP Annual Report together provide the strategic framework to inform and guide CMS and measure developers on priority areas for quality measure development. These key public documents inform stakeholders and Congress about CMS priorities and progress related to measure development for the Quality Payment Program. Furthermore, CMS intends that these reports set early and important expectations for future CMS MACRA-funded measure development and present opportunities for stakeholder collaboration. The MDP is one important example of how CMS is implementing the goals and visions of the CMS Quality Strategy.

^{iv} Section 1848(s)(1)(F)

CHAPTER 3. APPROACH

HSAG’s approach to the environmental scan was guided by the CMS Measures Management System Blueprint, v.12.0,⁴ which outlines standardized processes followed by all CMS contractors in clinical quality measure development efforts. The environmental scan and subsequent gap analysis are areas of focus in the Blueprint. The methods used to conduct this environmental scan (Figure 2) align with the processes described in the Blueprint.

Figure 2: Environmental Scan and Gap Analysis Process



An overview of the environmental scan and gap analysis process is included below. Detailed descriptions of how we developed and used the conceptual framework, conducted the scan of existing measures, and performed the gap analysis are covered in subsequent chapters.

1. **Identify scope, defined by initial priority topics from MDP** – HSAG used the critical measurement domains,^v topics,^{vi} and specialty areas,^{vii} prioritized by CMS in Section V of the MDP, as the foundation for the environmental scan and gap analysis. The scope of the priorities and gaps identified by CMS in the MDP were established through input from national stakeholders and public comments received on the draft MDP. The team also incorporated overarching concerns when determining the scope of the environmental scan and gap analysis:
 - a. According to both MACRA and the MDP, measures to address these gaps shall emphasize person-centered measure concepts, including patient-reported outcomes and functional status measures, measures that incorporate personal

^v Operational definition of *domain*: Highest-level categorization of quality measures that reflects the desired attributes of health care. Derived from the six priorities/goals of the National and CMS quality strategies, e.g., Patient Safety.

^{vi} Operational definition of *topic*: A broad area of care outcomes identified in the conceptual framework, e.g., Medication Safety.

^{vii} General Medicine/Crosscutting; Mental Health and Substance Use Conditions; Oncology; Orthopedic Surgery; Palliative Care; Pathology; and Radiology.

preferences and shared decision-making, and team-based care. Measure priorities are expected to balance narrowly focused specialty-relevant measures with crosscutting measures that are broadly applicable.

- b. The lack of measures for certain specialties (e.g., oncology, radiology, pathology) indicates that the clinical topics (e.g., outcomes, diagnostic accuracy, overuse measures) are a priority for measure development.
 - c. The crosscutting domains of care coordination and person and family engagement are a high priority for CMS, particularly related to measures for primary care clinicians and measures that are applicable to more than one specialty.
2. **Develop conceptual framework** – We developed a conceptual framework, using the priority domains, topics, and specialty areas from the MDP as the starting point. We then created a matrix that aligned the priority domains and topic areas with the CMS Quality Strategy and the MACRA quality domains on the y-axis and specialties with noted gaps in measures on the x-axis (Table 2).
 3. **Identify quality measure subtopics** – We reviewed key reports from national organizations and stakeholders to identify high-interest subtopics^{viii} appropriate to include under the prioritized domains and topics of the conceptual framework. Table 3 lists the reports reviewed and the rationale for including these reports.
 4. **Map measure subtopics to conceptual framework** – We mapped the subtopics to the appropriate cells of the conceptual framework by priority domain, topic, and specialty (Table 4).
 5. **Scan existing measures** – We conducted a comprehensive scan to identify existing measures that are applicable to the priority domains and topics by specialty. We reviewed measure sources, including major quality measure databases, CMS public reporting programs, other federal agencies, and other organizations and health care systems, such as professional/medical societies.
 6. **Classify existing measures by topic/subtopic/specialty** – After the measure scan was complete, we assigned each measure to the appropriate topic/subtopic/specialty combination within the conceptual framework. Measures were assigned to only one topic/subtopic/specialty combination, and measure counts for each subtopic were tabulated (Table 5). Subtopics for which no measures were identified are denoted by the (0) in Table 5 and represent areas for new measure development.
 7. **Identify measure gap areas** – We populated the conceptual framework with a count of measures for each subtopic. The subtopics with (0) measures were reviewed and summarized, and themes concerning measurement gaps were identified.
 8. **Present results to TEP and identify priority topics and subtopics** – We compiled the gap analysis results and major themes into a pre-assessment questionnaire that was completed by the TEP. The TEP pre-assessment results were compiled and integrated into briefing materials for review by the TEP at the initial meeting on November 17, 2016.

^{viii} Operational definition of *subtopic*: Structures, processes, or outcomes of care described in more detail within a given topic area, e.g., adverse drug events related to anticoagulants.

CHAPTER 4. CONCEPTUAL FRAMEWORK

A conceptual framework provides a visual representation of the information gathered in a gap analysis, as referenced in the CMS Blueprint, v.12.0.⁴ Through the use of a conceptual framework, measure topics are classified and organized, and measure gaps are identified and prioritized. The primary purpose of the conceptual framework in this report is to organize the domains, topics, and subtopics for initial priorities and gaps published in Section V of the CMS Measure Development Plan¹ in order to guide future measure development for the Quality Payment Program.

To provide background and context for the terminology used in this report, the following operational definitions are provided in Table 1. This report will focus on the topic and subtopic level within the domains of the CMS Quality Strategy and the National Quality Strategy.

Table 1: Operational Definitions of Terms Used in Environmental Scan and Gap Analysis

Term	Operational Definition	Example
Domain	Highest-level categorization of quality measures that reflects the desired attributes of health care. Derived from the 6 priorities/goals of the National and CMS quality strategies.	Patient Safety
Topic	A broad area of care outcomes identified in the conceptual framework	Medication Safety
Subtopic	Structures, processes, or outcomes of care described in more detail within a given topic area.	Adverse drug events related to anticoagulants

Development of the Conceptual Framework for Identifying Quality Measure Topics for the Quality Payment Program

CMS identified quality measure gaps in clinician specialty areas through a preliminary analysis of the 2016 PQRS preferred measure sets by specialty. CMS considered this analysis and included the findings in the Measure Development Plan, as well as input from multi-stakeholder groups (e.g., the Measure Applications Partnership [MAP]), recent publications (e.g., Institute of Medicine *Vital Signs*), federal reports (e.g., HHS *National Action Plan on Adverse Drug Event Prevention*), and a strong stakeholder response to public comment on the draft MDP, in determining the initial set of priorities for measure development to support the Quality Payment Program.

The priority domains, topics, and specialties with known measure gaps from Section V of the MDP^{1(pp. 62-63)} provide the foundation for the conceptual framework that was used to guide this environmental scan and gap analysis report. Limiting the scan to the 7 specialties does not mean that other specialties do not have gaps in measures, but rather that it was necessary to focus the scan to be consistent with the initial priorities identified in the MDP. In addition, within the 7 specialties, measures were not mapped to subspecialties. Therefore, measures—and gaps—identified through this report are not exhaustive in their applicability to all subspecialties. Table 2 displays how the priority domains, topics, and specialties were applied to the conceptual framework to organize the findings of the environmental scan and gap analysis.

Table 2: Conceptual Framework

CMS Quality Domain/ MACRA Domain	Topic Area	Specialty						
		General Medicine/ Crosscutting	Mental Health/ Substance Use Conditions	Oncology	Orthopedic Surgery	Palliative Care	Pathology	Radiology
Effective Treatment/ Clinical Care	Outcomes							
	PRO-PMs							
Patient Safety/ Safety	Diagnostic Accuracy							
	Medication Safety							
Communication and Coordination/ Care Coordination	Assessing Team-Based Care							
	Effective Use of New Technology							
Person and Family Engagement/ Patient and Caregiver Experience	Personal Preference and Shared Decision-Making							
	PRO-PMs							
Healthy Living/ Population Health and Prevention	Population-Level Outcomes							
	Detection/Prevention of Chronic Disease							
Affordable Care	Overuse Measures							

The 6 priority *domains* appear in the first column of the conceptual framework. The 11 priority *topics* appear in the second column; the topics are aligned with the domains in the first column. There are 2 topics per priority domain with the exception of affordable care, which has only 1 priority topic. The 7 *specialties* that have known measure gaps appear in a single row at the top of the conceptual framework across the x-axis. After the headings for the priority domains, topics, and specialties were applied to the framework, the result was 11 measure topics for each of the 7 specialties, which equals 77 cells in the conceptual framework.

Domains

The 6 CMS Quality Strategy Goals and the 6 domains listed in the MDP appear in the conceptual framework in the first column, titled “CMS Quality Domain/MACRA Domain.”

In developing the conceptual framework, the team leveraged the goals of the CMS Quality Strategy,⁸ which drives CMS quality improvement and is based on the aims and priorities of the U.S. Department of Health and Human Services (HHS) National Strategy for Quality Improvement in Health Care (National Quality Strategy).⁹

The 6 goals of the CMS Quality Strategy are as follows:

- Effective Treatment – Promote effective prevention and treatment of chronic disease.
- Patient Safety – Make care safer by reducing harm caused in the delivery of care.
- Communication and Coordination – Promote effective communication and coordination of care.
- Person and Family Engagement – Strengthen persons and their families as partners in their care.
- Healthy Living – Work with communities to promote best practices of healthy living.
- Affordable Care – Make care affordable.

The domains prioritized in the MDP (5 specified for inclusion by MACRA, and a sixth important domain, Affordable Care, added by CMS) are as follows:

- Clinical Care
- Safety
- Care Coordination
- Patient and Caregiver Experience
- Population Health and Prevention
- Affordable Care

Topics

The team then considered the 11 measure topics prioritized in Section V of the MDP. Each topic was placed in the second column of the conceptual framework, according to the corresponding quality domain.

- Outcomes
- Patient-reported outcome performance measures (PRO-PMs) [related to clinical care]
- Diagnostic accuracy
- Medication safety [related to 3 specific drug classes]
- Assessing team-based care
- Effective use of new technology
- Personal preference and shared decision-making
- PRO-PMs [related to patient experience]
- Population-level outcomes
- Detection/prevention of chronic disease
- Overuse measures

Specialties

Finally, the team populated the remaining columns with the 6 clinical specialties with known measure gaps identified in Section V of the MDP and the seventh specialty, general medicine/crosscutting, to address measures that apply to more than one specialty, as follows:

- General medicine/crosscutting
- Mental health and substance use conditions
- Oncology
- Orthopedic surgery
- Palliative care

- Pathology
- Radiology

Identification of Quality Measure Subtopics

The next step to complete the conceptual framework was to identify subtopics for the priority domain/topic/specialty combinations to provide additional detail about the measurement priorities with the domain/topic/specialty combination. To determine the subtopics, the team identified and reviewed key reports from national organizations and stakeholders, as well as letters received through the public comment process for the draft MDP and the Quality Payment Program Notice of Proposed Rulemaking (NPRM or Proposed Rule),¹⁰ as sources from which to identify high-interest subtopics appropriate to include under the priority domains, topics, and specialties of the conceptual framework. Frequently, specific examples of the types of measures that are valuable to the broader health care community were included in the comment letters received through the public comment on the draft MDP. A listing of the reports reviewed, including the rationale for including these reports in the identification of subtopics, is included in Table 3.

Table 3: Key National Reports Reviewed to Identify Subtopics for Conceptual Framework

Report Title	Rationale
<i>NQF Report on 2015 Activities to Congress and the Secretary of the Department of Health and Human Services</i> ¹¹	The National Quality Forum (NQF) is a non-for-profit membership-based organization that brings together leaders from the public and private sector to work toward improving health and health care in the U.S. This report, submitted March 1, 2016, summarizes the activities of the NQF during calendar year 2015, including the identification of measure gaps in the NQF portfolio of endorsed measures, according to national priorities such as the National Quality Strategy.
NQF Measure Applications Partnership (MAP) reports: -Clinician workgroup reports from 2015 ¹² and 2016 ¹³ - <i>Cross-Cutting Challenges Facing Measurement</i> reports from 2015 ¹⁴ and 2016 ¹⁵	The NQF MAP process provides stakeholders from the public and private sectors the opportunity to provide input into measures under consideration for CMS programs in advance of the CMS rulemaking process. The charge of the various MAP workgroups is to make specific recommendations for inclusion of measures in federal public reporting and payment programs, including the identification of gaps and recommendations for areas for future measure development. The team reviewed the reports from the clinician workgroup as well as guidance from the MAP related to the crosscutting challenges facing measurement. Both sets of reports include sections related to identification of measurement gaps.
NQF CDP reports related to priority topics included in the conceptual framework and published in 2015 or 2016 ¹⁶⁻³⁴	The NQF Consensus Development Process (CDP), also referred to as the measure endorsement process, reviews and recommends quality measures for consideration of NQF endorsement. One of the steps of the CDP process is to identify measure gaps related to the project topic. Many of the CDP projects completed or in progress in 2015 and 2016 relate to the domains, topics, or specialties identified in the conceptual framework.
Core Quality Measures Collaborative (CQMC) Core Measure Sets ³⁵⁻³⁷	The Core Quality Measure Collaborative (CQMC) is focused on aligning reporting requirements between private and public health insurance providers. Sixteen of the measures included in the CQMC measure sets were proposed for the Quality Payment Program NPRM, with the specific rationale to fill measurement gaps.

Report Title	Rationale
IOM <i>Vital Signs: Core Metrics for Health and Health Care Progress</i> ³⁸	The IOM <i>Vital Signs</i> report identifies a set of measure concepts, several of which were appropriate to include as subtopics of the conceptual framework, specifically within the topic area of population-level outcomes.

Through the review of the above-mentioned sources, the team identified high-priority subtopics for each priority domain, topic, and specialty for a total of 138 subtopics across the entire conceptual framework.

Different sources included in Table 3, above, periodically used similar but not identical language to refer to a subtopic. In these cases, the team reconciled the terminology and determined a subtopic title to include in the framework using consistent wording. For example, the subtopic “opioids” may have been referred to as “opioid prescribing,” “opioid addiction,” or “opioid overuse.” The team determined in this case that the subtopic in the conceptual framework would be referred to as “opioids.” Subtopics that were not initially identified through the review of key reports from national stakeholders but were found in the scan of measures were also added to the framework. The review resulted in measure subtopics mapped across the conceptual framework, which was then populated with the number of measures found for each subtopic.

Finally, we reviewed the list of subtopics to ensure that those subtopics identified were consistent with the specific types of measures that MACRA prioritized and which we included in the conceptual framework. The MACRA-prioritized types of measures included:

- “(i) Outcome measures, including patient-reported outcome and functional status measures.
- “(ii) Patient experience measures.
- “(iii) Care coordination measures.
- “(iv) Measures of appropriate use of services, including measures of over use.”^{ix}

Mapping Priority Subtopics to the Domains and Topics in the Conceptual Framework

The 138 subtopics were mapped to 6 priority domains and 11 priority topics in the conceptual framework (Table 4). The measure subtopics are listed within the cells of the conceptual framework as they apply to a priority topic and specialty. For example, under the priority topic of “outcomes” and the specialty of palliative care, we included 3 subtopics for consideration: comfort at end of life, maintaining dignity and independence, and symptom management.

Nineteen of the 77 cells in the conceptual framework have no measure subtopics identified. Upon a team review of the cells that did not have any subtopics, the team determined there would be instances where a priority topic may not be applicable to a given specialty. For example, pathology and radiology are non-patient-facing specialties, making patient-reported outcome performance measures unlikely for those specialties. The PRO-PM cell for pathology and radiology was shaded blue to indicate “no subtopics identified.” Population health and prevention measures are of a general nature, making the topics non-specialty-specific. The population-level outcomes and detection/prevention of chronic disease priority topics were

^{ix} Section 1848(s)(1)(D)

shaded blue to indicate “no subtopics identified” for all specialties except for general medicine/cross cutting and mental health/substance use conditions. A complete listing of cells for which no subtopics were identified is provided here:

- Effective Treatment/Clinical Care – Outcomes (Pathology and Radiology)
- Effective Treatment/Clinical Care – PRO-PMs (Pathology and Radiology)
- Patient Safety/Safety – Diagnostic Accuracy (Palliative Care)
- Patient Safety/Safety – Medication Safety (Pathology)
- Person and Family Engagement/Patient and Caregiver Experience – Personal Preference and Shared Decision-Making (Pathology)
- Person and Family Engagement/Patient and Caregiver Experience – PRO-PMs (Pathology and Radiology)
- Healthy Living/Population Health and Prevention – Population-Level Outcomes (Oncology, Orthopedic Surgery, Palliative Care, Pathology, and Radiology)
- Healthy Living/Population Health and Prevention – Detection/Prevention of Chronic Disease (Oncology, Orthopedic Surgery, Palliative Care, Pathology, and Radiology)

Table 4: Conceptual Framework With Subtopics

CMS Quality Domain/ MACRA Domain	Topic	Specialty						
		General Medicine/ Crosscutting	Mental Health/ Substance Use Conditions	Oncology	Orthopedic Surgery	Palliative Care	Pathology	Radiology
Effective Treatment/ Clinical Care	Outcomes	<ul style="list-style-type: none"> - Care goal achievement - Intermediate outcomes (e.g., HbA1c, BP) - Medication adherence and persistence - Multiple chronic/complex conditions 	<ul style="list-style-type: none"> - Medication adherence and persistence - Mortality - Multiple chronic/complex conditions - Recovery-oriented outcomes - Suicide 	<ul style="list-style-type: none"> - Care goal achievement - Disease-free survival for X years - Five-year cure rate - Outcomes for medical, surgical, radiation treatment - Pain control - Specific cancer survival rates - Stage-specific survival rates 	<ul style="list-style-type: none"> - Adverse events surrounding surgery (post-operative cellulitis, pneumonia) - Complications from procedures - ED visits post-surgery - Length of stay - Return to surgery 	<ul style="list-style-type: none"> - Comfort at end of life - Maintaining dignity and independence - Symptom management 	No subtopics identified	No subtopics identified
	PRO-PMs	<ul style="list-style-type: none"> - Care goal achievement - Functional status - Health-related QOL -Patient activation/engagement 	<ul style="list-style-type: none"> - Care goal achievement - Functional status - Health-related QOL -Patient activation/engagement 	<ul style="list-style-type: none"> - Care goal achievement - Functional status pre/post treatment - Health-related QOL -Patient activation/engagement 	<ul style="list-style-type: none"> - Care goal achievement - Functional status pre/post orthopedic treatment/joint specific - Health-related QOL -Patient activation/engagement 	<ul style="list-style-type: none"> - Care goal achievement - Functional status - Health-related QOL 	No subtopics identified	No subtopics identified
Patient Safety/ Safety	Diagnostic Accuracy	- Diagnostic accuracy	- Diagnostic accuracy	- Diagnostic accuracy	- Diagnostic accuracy	No subtopics identified	<ul style="list-style-type: none"> - Diagnostic accuracy - Timely diagnosis 	<ul style="list-style-type: none"> - Cancer detection - Diagnostic accuracy

CMS Quality Domain/ MACRA Domain	Topic	Specialty						
		General Medicine/ Crosscutting	Mental Health/ Substance Use Conditions	Oncology	Orthopedic Surgery	Palliative Care	Pathology	Radiology
	Medication Safety	<ul style="list-style-type: none"> - Adverse drug events (anticoagulants) - Adverse drug events (diabetic agents) - Antibiotic stewardship - Inappropriate medication use - Medication management/reconciliation - Medication side effects - Opioids 	<ul style="list-style-type: none"> - Medication management/reconciliation - Medication side effects - Opioids 	<ul style="list-style-type: none"> - Medication side effects 	<ul style="list-style-type: none"> - Medication side effects 	<ul style="list-style-type: none"> - Medication side effects 	No subtopics identified	<ul style="list-style-type: none"> - Contrast-related adverse events
Communication and Coordination/ Care Coordination	Assessing Team-Based Care	<ul style="list-style-type: none"> - Bidirectional sharing of information - Communication between patient and provider - Communication between providers - Physical-mental health integration 	<ul style="list-style-type: none"> - Physical-mental health integration 	<ul style="list-style-type: none"> - Team-based care - Team-based care plan 	<ul style="list-style-type: none"> - Surgical care continuum (preoperative, perioperative, intraoperative, postoperative, and post-discharge) 	<ul style="list-style-type: none"> - Team-based care 	<ul style="list-style-type: none"> - Communication between pathologists and clinicians regarding final results - Correlation of findings - Timely and directed patient treatment decision-support and care coordination efforts 	<ul style="list-style-type: none"> - Communication between radiologists and clinicians regarding final results - Correlation of findings
	Effective Use of New Technology	<ul style="list-style-type: none"> - Interoperability to enhance communication - Telehealth 	<ul style="list-style-type: none"> - Telehealth 	<ul style="list-style-type: none"> - Telehealth 	<ul style="list-style-type: none"> - Telehealth 	<ul style="list-style-type: none"> - Telehealth 	<ul style="list-style-type: none"> - Telehealth 	<ul style="list-style-type: none"> -- DICOM image availability - Telehealth

CMS Quality Domain/ MACRA Domain	Topic	Specialty						
		General Medicine/ Crosscutting	Mental Health/ Substance Use Conditions	Oncology	Orthopedic Surgery	Palliative Care	Pathology	Radiology
Person and Family Engagement/ Patient and Caregiver Experience	Personal Preference and Shared Decision-Making	<ul style="list-style-type: none"> - Ability for care self-management - Fidelity to care plan and attainment of goals - Information provided at appropriate times - Patient understanding - Treatment options and/or care goal presented to determine patient preferences 	<ul style="list-style-type: none"> - Treatment options and/or care goal presented to determine patient preferences 	<ul style="list-style-type: none"> - Hospice and end of life metrics for medical oncology - Treatment options and/or care goal presented to determine patient preferences 	<ul style="list-style-type: none"> - Treatment options and/or care goal presented to determine patient preferences 	<ul style="list-style-type: none"> - Hospice and end of life preferences 	No subtopics identified	<ul style="list-style-type: none"> - Diagnostic options consistent with patient preferences
	PRO-PMs	<ul style="list-style-type: none"> - Patient/caregiver experience 	<ul style="list-style-type: none"> - Patient/caregiver experience 	<ul style="list-style-type: none"> - Patient/caregiver experience 	<ul style="list-style-type: none"> - Patient/caregiver experience 	<ul style="list-style-type: none"> - Patient/caregiver experience 	<ul style="list-style-type: none"> - Patient/caregiver experience 	No subtopics identified

CMS Quality Domain/ MACRA Domain	Topic	Specialty						
		General Medicine/ Crosscutting	Mental Health/ Substance Use Conditions	Oncology	Orthopedic Surgery	Palliative Care	Pathology	Radiology
Healthy Living/ Population Health and Prevention	Population-Level Outcomes	<ul style="list-style-type: none"> - Alcohol/ substance use - Community engagement - Criminal justice - Employment - Healthy communities - Housing - Life expectancy - Overweight and obesity - Preventive services - Tobacco use - Unintended pregnancy - Well-being 	<ul style="list-style-type: none"> - Alcohol/ substance use - Criminal justice - Employment - Housing - Suicide - Tobacco use 	No subtopics identified	No subtopics identified	No subtopics identified	No subtopics identified	No subtopics identified
	Detection/ Prevention of Chronic Disease	<ul style="list-style-type: none"> - Alcohol/substance use - Immunizations - Screening measures - Tobacco use 	<ul style="list-style-type: none"> - Alcohol/substance use - Screening measures - Tobacco use 	No subtopics identified	No subtopics identified	No subtopics identified	No subtopics identified	No subtopics identified
Affordable Care	Overuse Measures	<ul style="list-style-type: none"> - Appropriate use 	<ul style="list-style-type: none"> - Appropriate use 	<ul style="list-style-type: none"> - Appropriate use - ER Utilization - Inpatient hospital admission rate 	<ul style="list-style-type: none"> - Appropriate use 			

CHAPTER 5. SCAN OF EXISTING MEASURES

To gain insight into the landscape of quality measurement for clinicians, HSAG conducted a comprehensive environmental scan to identify existing measures applicable to the prioritized topic and gap areas by specialties identified in the MDP. To perform the scan, we reviewed measures included in large quality measure databases, CMS public reporting programs, and measures in use by other federal agencies, other organizations, and health care systems. We describe the methodology we used for each and the results of the scan in this chapter. We also include the limitations of the scan.

Methods Used to Conduct the Scan

Inclusion Criteria

To identify quality measures, HSAG developed and used the following inclusion criteria for the search:

- The measure applied to care provided and attributed to a clinician with an identified clinician level of analysis.
- The measure information was accessible, including measure description, numerator, denominator, and information on the steward/developer.

Sources Scanned

We scanned the following sources for clinician-specified quality measures:

- Major measure databases
 - National Quality Forum Quality Positioning System (NQF QPS)/NQF website³⁹
 - National Quality Measures Clearinghouse (NQMC) database⁴⁰ and the U.S. Department of Health & Human Services (HHS) inventory of the NQMC website⁴¹
 - CMS Measures Inventory⁵
- CMS public reporting programs and other federal agencies
 - CMS quality reporting programs
 - Physician Quality Reporting System
 - Notice of Proposed Rulemaking for the CMS Quality Payment Program^x
 - Other federal agencies
 - Centers for Disease Control and Prevention (CDC)
 - Agency for Healthcare Research & Quality (AHRQ)
 - Health Resources and Services Administration (HRSA)
 - Indian Health Service (IHS)
 - Office of the Assistant Secretary for Planning and Evaluation (ASPE)

^x At the time the environmental scan was completed, the Quality Payment Program Final Rule* had not been released. Subsequent to its release on November 4, 2016, we reviewed the measures in the Final Rule to confirm that the measures in the conceptual framework that had been proposed were included in the Final Rule. We determined that the measures in the conceptual framework were finalized for inclusion in the program, so no changes to the conceptual framework were necessary. To reflect the process we used, we reference the NPRM in this report rather than the final rule. [*Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive Under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models; Final Rule. *Fed Regist.* 81(214).]

- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Veterans Health Administration (VHA)
- Other organizations and health care systems

Search Strategy: Major Measure Databases

NQF QPS/NQF Website

We searched the NQF QPS database by selecting endorsed measures only and the “Individual,” “Group/Practice,” and “Team” levels of analysis. We conducted a manual measure-by-measure review of all returned results from the NQF database to identify clinician quality measures that may be applicable to the topic areas in the conceptual framework. In addition, we reviewed the NQF website for any other projects related to clinician quality measures.

NQMC Database/HHS Inventory

To search the NQMC database, we used the Medical Subject Headings® (MeSH) Tag feature by selecting “Disease/Condition” and “Neoplasms” and a publication date of 2016. We then transferred the measure results to an external database and evaluated them to identify measures that might be unique and applicable to the conceptual framework.

The NQMC also hosts the HHS Measure Inventory, which is a separate repository of measures. To search the HHS Measure Inventory of the NQMC, we executed the following search options using the Measures Matrix tool: y-axis “Operating Division/Staff Division,” x-axis “Measure Status.” We then selected the identified measures that were “Active” for HRSA. We transferred the results to an external database and evaluated them to identify measures that might be unique and applicable to the conceptual framework.

CMS Measures Inventory

The CMS Measures Inventory^{xi} is a compilation of measures used by CMS in various quality, reporting, and payment programs. The inventory was scanned; however, the clinician-level measures that met the inclusion criteria matched those in the quality Payment Program NPRM and are attributed to that source in this scan.

Search Strategy: CMS Public Reporting Programs and Other Federal Agencies

CMS Quality Reporting Programs

We reviewed the measures listed in the Notice of Proposed Rulemaking for the Quality Payment Program, published in the *Federal Register* in May 2016.¹⁰ We also reviewed the 2016 Physician Quality Reporting Program measures available on the CMS.gov website.

Other Federal Agencies

We attempted to contact 8 federal agencies for assistance in acquiring the clinician measures used by each agency; if we did not receive a response, we searched the agency website:

- Center for Medicare and Medicaid Innovation (website search)
- Centers for Disease Control and Prevention (measures in use provided by the Agency)
- Agency for Healthcare Research & Quality (website search)⁴²

^{xi} The CMS Measures Inventory includes Measures Under Development (MUD) and Measures Under Consideration (MUC), which were reviewed for consideration in this report.

- Office of the Assistant Secretary for Planning and Evaluation (website search)⁴³
- Health Resources and Services Administration (team directed by the Agency to the NQMC HHS Measure Inventory Database)⁴¹
- Indian Health Service (website search)⁴⁴
- Substance Abuse and Mental Health Services Administration (measures in use provided by the Agency)
- Veterans Health Administration (measures in use provided by the Agency)

Search Strategy: Other Organizations and Health Care Systems

In addition to the above databases and agencies, we generated a list of professional/medical societies, private organizations, state or regional health care systems, and other organizations that have one or more NQF-endorsed measures that fit into the conceptual framework or that provided comment responses to the Measure Development Plan (Appendix I). For each entity, we searched the website of the organization, using terms such as “quality measurement” or “performance measurement” to locate pages containing information related to quality measures. Then we reviewed the sites for applicable quality measures, which were extracted and added to the results.

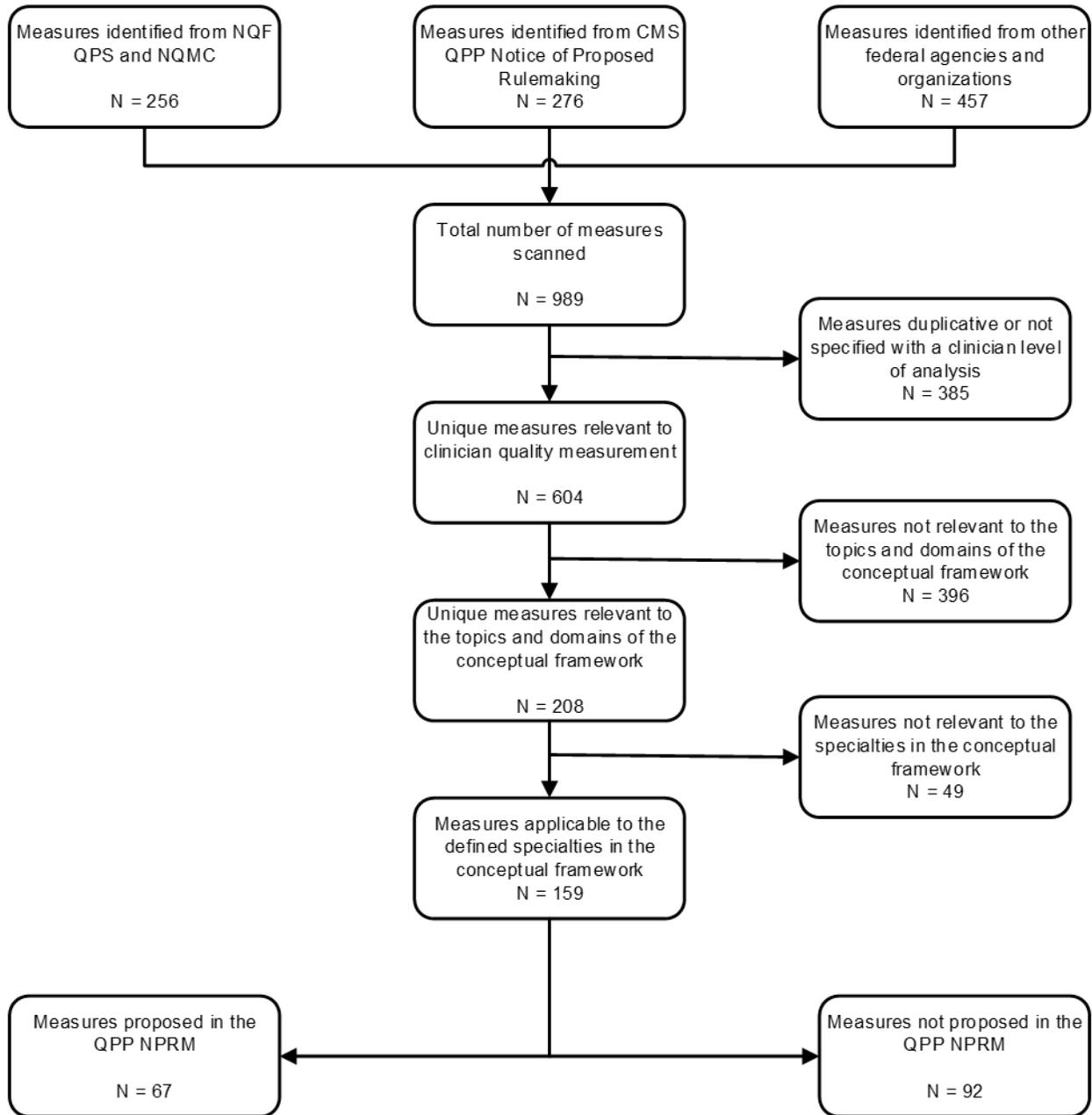
Limitations

The environmental scan was comprehensive related to the priorities delineated in the MDP and the conceptual framework. However, we note two important limitations to the methodology used for this scan. First, we restricted the scan to measures specified at the clinician level and excluded related measures specified for other levels of measurement (e.g., health plan or hospital) that might be adaptable for clinician-level reporting. We took this approach to align the methodology of the scan with the program requirements of the Quality Payment Program. Second, though the team sought to exclude duplicates during the initial scan of 989 measures, the methodology to obtain a unique measure count depended in part upon publicly available measure information that varies across data sources. Every NQF-endorsed measure has a unique number; however, the other measures identified in the scan lack such distinct identifiers. The count of measures illustrated in Figure 3 (Results of Scan for Existing Clinician Quality Measures) of Chapter 5 therefore may be slightly overestimated.

Results

In total, 989 measures were scanned. After we applied the search strategies, we found 604 unique measures relevant to clinician quality measurement. Of these, we excluded 396 measures because the topics/domains into which the measures fit were not a part of the conceptual framework. We excluded an additional 49 measures because the specialties for the measures were not determined to be gap areas documented in the MDP. A total of 159 measures were identified as applicable to clinician quality measurement within a topic of the conceptual framework (Figure 3) (Appendix II). Of the 159 existing measures, 67 measures are in the Quality Payment Program for CY 2017 reporting (Appendix III). The remaining 92 measures are applicable to clinician quality measurement, but currently are not proposed for the program. Potentially, these measures could be considered in future rulemaking.

Figure 3: Results of Scan for Existing Clinician Quality Measures



CHAPTER 6. GAP ANALYSIS

HSAG identified 159 relevant measures in the comprehensive scan conducted to determine existing measures that are applicable to the prioritized topics and gap areas by specialties outlined in the MDP. We mapped the 159 measures to the topics and subtopics in the conceptual framework, which allowed us to find out which measure topics and subtopics are not yet addressed by existing measures and are therefore potential areas for new measure development or measure adaptation.

Methods

To ascertain the gaps in quality measurement for clinicians, HSAG mapped the existing measures identified from the environmental scan (Chapter 5) to the conceptual framework (Chapter 4) (Table 4). For each measure, we reviewed the summary description, denominator, and numerator to consider the appropriate quality domain, topic, and specialty in the conceptual framework. We then assigned each measure to a classification appropriate for the topic, subtopic, and specialty.

We attributed measures to only one topic/subtopic/specialty combination; thus, measures do not appear in more than one cell of the conceptual framework. We assigned measures to the general medicine/crosscutting specialty if the measure specifications did not limit the population in the denominator to one of the specialties in the scan, although those measures may potentially be useful to one or more of the other specialties. For example, measures that relate to alcohol/substance use that are specific to the general population were assigned to general medicine, even though they also pertain to mental health/substance use conditions.

Based on the classifications of the measures, we tabulated the number of existing measures for each topic and each subtopic. We show the results in Table 5 with (0) indicating the subtopics for which no measures were found. The subtopics for which measures were identified in the 2016 Quality Payment Program Proposed Rule are shaded gray with the number of measures noted in parentheses.

Results by Domain and Specialty

For each of the quality domains, the sums of the measures identified through the scan and the number of measures included in the 2016 NPRM are as follows:

- Effective Treatment/Clinical Care: 50 measures (18 in the NPRM)
- Patient Safety/Safety: 23 measures (10 in the NPRM)
- Communication and Coordination/Care Coordination: 15 measures (5 in the NPRM)
- Person and Family Engagement/Patient and Caregiver Experience: 11 measures (5 in the NPRM)
- Healthy Living/Population Health and Prevention: 41 measures (12 in the NPRM)
- Affordable Care: 19 measures (17 in the NPRM)

For each specialty area, the sums of the measures and the number of measures in the 2016 NPRM that fit within the conceptual framework are as follows:

- General medicine/crosscutting: 100 measures (39 in the NPRM)

- Mental health/substance use conditions: 28 measures (2 in the NPRM)
- Oncology: 6 measures (4 in the NPRM)
- Orthopedic surgery: 11 measures (8 in the NPRM)
- Palliative care: 3 measures (2 in the NPRM)
- Pathology: 1 measure (included in the NPRM)
- Radiology: 10 measures (10 in the NPRM)

The mapping of the measures to the conceptual framework illustrates many measurement gaps in the Quality Payment Program that can potentially be explored for measure development. No measures were identified for 88 of the 138 subtopics/specialties. The subtopics without existing measures, as denoted by (0) in Table 5, demonstrate areas for new measure development. Measure subtopics with existing measures that are not included in the Proposed Rule represent opportunities for measure adoption.

Major Themes Concerning Measurement Gaps

Overall, the results of the scan confirm that all of the topics outlined in the MDP have significant gap areas with very few existing measures across the initial prioritized specialties and/or general medicine/crosscutting. The gaps associated with each of the topics are summarized below.

1. Outcomes

- No outcome measures were found for oncology and orthopedic surgery.
 - Care goal achievement; outcomes for medical, surgical, and radiation treatment; cancer and stage-specific survival rates; pain control; and survival rates are important subtopics for oncology.
 - Relevant subtopics for orthopedic surgery include complications, adverse events, return to surgery, and utilization measures that may reflect the outcome of the surgery, such as emergency department use and length of stay.
- The one measure for palliative care pertains to the subtopic of comfort at end of life.
- Of the 21 general medicine/crosscutting outcome measures, 17 are intermediate outcome measures.
- Ten outcome measures relate to mental health/substance use conditions.

2. Patient-reported outcome performance measures (PRO-PMs) related to clinical care

- No clinical care PRO-PMs were identified for oncology or palliative care, despite 4 and 3 relevant subtopics, respectively.
- No measures of care goal achievement were found for any of the 5 patient-facing specialties included in the scan.
- One general medicine/crosscutting health-related quality of life (HRQoL) measure was identified; however, for this important subtopic, mental health/substance use, oncology, orthopedic surgery, and palliative care have no existing HRQoL measures.
- One general medicine/crosscutting patient activation measure was discovered, while no specialty-specific patient activation measures were identified for mental health/substance use, oncology, or orthopedic surgery.
- No measures of functional status were found for oncology and palliative care. Three measures of functional status were identified for general medicine/crosscutting, 4 for mental health/substance use, and 9 for orthopedic surgery.

3. Diagnostic accuracy

- The one measure of diagnostic accuracy is a radiology-specific measure. No diagnostic accuracy measures were found for general medicine/crosscutting, mental health/substance use, oncology, orthopedic surgery, or pathology.

4. Medication safety

- Oncology, orthopedic surgery, and palliative care have no measures of medication side effects; however, the general medicine/crosscutting area has 1 measure and the mental health/substance use specialty has 5 measures. Radiology has no measures for contrast-related adverse events.
- The general medicine/crosscutting area has other medication safety measures, such as antibiotic stewardship and inappropriate medication use.
- Medication management/reconciliation measures are present in the general medicine/crosscutting area; however, no measures were identified for mental health/substance use conditions, despite this topic being important for this specialty.

5. Assessing team-based care

- Mental health/substance use, orthopedic surgery, palliative care, and radiology have no measures assessing team-based care.
- Of the 8 general medicine/crosscutting measures, 6 address communication between patient and provider, while 2 measures apply to communication between providers.
- No measures of bi-directional communication were identified.
- Oncology and pathology each has 1 measure for assessing team-based care.

6. Effective use of new technology

- Mental health/substance use, oncology, orthopedic surgery, palliative care, and pathology have no measures related to the effective use of new technology.
- Only 2 measures for general medicine/crosscutting apply to telehealth, although this is a subtopic for all specialties.
- General medicine/crosscutting has 1 measure of interoperability to enhance communication, and radiology has 2 measures for DICOM image availability.

7. Personal preference and shared decision-making

- No measures of personal preference or shared decision-making were identified for mental health/substance use, oncology, or radiology.
- Across all specialties, only 5 measures were found: general medicine/crosscutting (2), orthopedic surgery (1) and palliative care (2).

8. Patient reported outcome performance measures (PRO-PMs) related to patient experience

- No patient/caregiver experience PRO-PMs were identified for oncology or palliative care.

9. Population-level outcomes

- Subtopics for population-level outcome measures were identified for only 2 specialties: general medicine/crosscutting and mental health/substance use. The scan

elicited measures for 5 of the 16 subtopics: 3 subtopics in general medicine/crosscutting and 2 in mental health/substance use specialties.

10. Detection/prevention of chronic disease

- For detection/prevention of chronic disease, subtopics were identified for only 2 specialties: general medicine/crosscutting and mental health/substance use. Twenty-eight measures were identified across 9 subtopics. General medicine/crosscutting has a relatively high number of measures (26) with 2 measures for mental health/substance use. It is likely, however, that the measures for the general medicine/crosscutting specialty can be used for mental health/substance use.

11. Overuse measures

- Mental health/substance use, orthopedic surgery, palliative care, and pathology have no measures of overuse.
- Overuse measures are well represented in general medicine/crosscutting (7), oncology (5), and radiology (7), but are notably absent from mental health/substance use, orthopedic surgery, palliative care, and pathology.
- Of the 19 overuse measures, 10 are in the 2016 Quality Payment Program Proposed Rule and are related to general medicine/crosscutting, oncology, and radiology specialties.
- Appropriate use measures account for all but 2 of the overuse measures, which are utilization measures for oncology.

Table 5: Conceptual Framework With Counts of Existing Measures by CMS Quality Domain, Topic, and Specialty

Key: Measure subtopics highlighted in gray = measures identified that were proposed for the Quality Payment Program; cells shaded in blue indicate a given topic is not applicable to that specialty.

CMS Quality Domain/ MACRA Domain	Topic	Specialty						
		General Medicine/ Crosscutting	Mental Health/ Substance Use Conditions	Oncology	Orthopedic Surgery	Palliative Care	Pathology	Radiology
Effective Treatment/ Clinical Care	Outcomes	<ul style="list-style-type: none"> - Care goal achievement (0) - Intermediate outcomes (e.g., HbA1c, BP) (17; 6 of 17 in QPP NPRM) - Medication adherence and persistence (4) - Multiple chronic/complex conditions (0) 	<ul style="list-style-type: none"> - Medication adherence and persistence (5; 1 of 5 in QPP NPRM) - Mortality (1) - Multiple chronic/complex conditions (1) - Recovery-oriented outcomes (1) - Suicide (2) 	<ul style="list-style-type: none"> - Care goal achievement (0) - Disease-free survival for X years (0) - Five-year cure rate (0) - Outcomes for medical, surgical, radiation treatment (0) - Pain control (0) - Specific cancer survival rates (0) - Stage-specific survival rates (0) 	<ul style="list-style-type: none"> - Adverse events surrounding surgery (post-operative cellulitis, pneumonia, etc.) (0) - Complications from procedures (0) - ED visits post-surgery (0) - Length of stay (0) - Return to surgery (0) 	<ul style="list-style-type: none"> - Comfort at end of life (1) - Maintaining dignity and independence (0) - Symptom management (0) 	No subtopics identified	No subtopics identified
	PRO-PMs	<ul style="list-style-type: none"> - Care goal achievement (0) - Functional status (3) - Health-related QOL (1) - Patient activation/engagement (1) 	<ul style="list-style-type: none"> - Care goal achievement (0) - Functional status (4; 2 of 4 in QPP NPRM) - Health-related QOL (0) - Patient activation/engagement (0) 	<ul style="list-style-type: none"> - Care goal achievement (0) - Functional status pre/post treatment (0) - Health-related QOL (0) - Patient activation/engagement (0) 	<ul style="list-style-type: none"> - Care goal achievement (0) - Functional status pre/post orthopedic treatment/joint specific (9; 7 of 9 in QPP NPRM) - Health-related QOL (0) - Patient activation/engagement (0) 	<ul style="list-style-type: none"> - Care goal achievement (0) - Functional status (0) - Health-related QOL (0) 	No subtopics identified	No subtopics identified

CMS Quality Domain/ MACRA Domain	Topic	Specialty						
		General Medicine/ Crosscutting	Mental Health/ Substance Use Conditions	Oncology	Orthopedic Surgery	Palliative Care	Pathology	Radiology
Patient Safety/ Safety	Diagnostic Accuracy	- Diagnostic accuracy (0)	- Diagnostic accuracy (0)	- Diagnostic accuracy (0)	- Diagnostic accuracy (0)	No subtopics identified	- Diagnostic accuracy (0) - Timely diagnosis (0)	- Cancer detection (0) - Diagnostic accuracy (1)
	Medication Safety	- Adverse drug events (anticoagulants) (1) - Adverse drug events (diabetic agents) (0) - Antibiotic stewardship (4) - Inappropriate medication use (4; 1 of 4 in QPP NPRM) - Medication management/reconciliation (5; 2 of 5 in QPP NPRM) - Medication side effects (1) - Opioids (2; 1 of 2 in QPP NPRM)	- Medication management/reconciliation (0) - Medication side effects (5) - Opioids (0)	- Medication side effects (0)	- Medication side effects (0)	- Medication side effects (0)	No subtopics identified	- Contrast-related adverse events (0)

CMS Quality Domain/ MACRA Domain	Topic	Specialty						
		General Medicine/ Crosscutting	Mental Health/ Substance Use Conditions	Oncology	Orthopedic Surgery	Palliative Care	Pathology	Radiology
Communication and Coordination/Care Coordination	Assessing Team- Based Care	<ul style="list-style-type: none"> - Bidirectional sharing of information (0) - Communication between patient and provider (6) - Communication between providers (2) - Physical-mental health integration (0) 	<ul style="list-style-type: none"> - Physical-mental health integration (0) 	<ul style="list-style-type: none"> - Team-based care (1) 	<ul style="list-style-type: none"> - Surgical care continuum (preoperative, perioperative, intraoperative, postoperative, and post-discharge) (0) 	<ul style="list-style-type: none"> - Team-based care (0) - Team-based care plan (0) 	<ul style="list-style-type: none"> - Communication between pathologists and clinicians regarding final results reports (1) - Correlation of findings (0) - Timely and directed patient treatment decision-support and care coordination efforts (0) 	<ul style="list-style-type: none"> - Communication between radiologists and clinicians regarding final results reports (0) - Correlation of findings (0)
	Effective Use of New Technology	<ul style="list-style-type: none"> - Interoperability to enhance communication (1) - Telehealth (2) 	<ul style="list-style-type: none"> - Telehealth (0) 	<ul style="list-style-type: none"> - Telehealth (0) 	<ul style="list-style-type: none"> - Telehealth (0) 	<ul style="list-style-type: none"> - Telehealth (0) 	<ul style="list-style-type: none"> - Telehealth (0) 	<ul style="list-style-type: none"> - DICOM image availability (2) - Telehealth (0)
Person and Family Engagement/ Patient and Caregiver Experience	Personal Preference and Shared Decision- Making	<ul style="list-style-type: none"> - Ability for care self-management (0) - Fidelity to care plan and attainment of goals (0) - Information provided at appropriate times (0) - Patient understanding (0) - Treatment options and/or care goal presented to determine patient preferences (2) 	<ul style="list-style-type: none"> - Treatment options and/or care goal presented to determine patient preferences (0) 	<ul style="list-style-type: none"> - Hospice and end of life metrics for medical oncology (0) - Treatment options and/or care goal presented to determine patient preferences (0) 	<ul style="list-style-type: none"> - Treatment options and/or care goal presented to determine patient preferences (1) 	<ul style="list-style-type: none"> - Hospice and end of life preferences (2: 1 of 2 in QPP NPRM) 	No subtopics identified	<ul style="list-style-type: none"> - Diagnostic options consistent with patient preferences (0)
	PRO-PMs	<ul style="list-style-type: none"> - Patient/ caregiver experience (1) 	<ul style="list-style-type: none"> - Patient/caregiver experience (4) 	<ul style="list-style-type: none"> - Patient/caregiver experience (0) 	<ul style="list-style-type: none"> - Patient/caregiver experience (1) 	<ul style="list-style-type: none"> - Patient/caregiver experience (0) 	No subtopics identified	No subtopics identified

CMS Quality Domain/ MACRA Domain	Topic	Specialty						
		General Medicine/ Crosscutting	Mental Health/ Substance Use Conditions	Oncology	Orthopedic Surgery	Palliative Care	Pathology	Radiology
Healthy Living/ Population Health and Prevention	Population-Level Outcomes	<ul style="list-style-type: none"> - Alcohol/substance use (4) - Community engagement (0) - Criminal justice (0) - Employment (0) - Healthy communities (0) - Housing (1) - Life expectancy (0) - Overweight and obesity (0) - Preventive services (0) Tobacco use (5) - Unintended pregnancy (0) - Well-being (0) 	<ul style="list-style-type: none"> - Alcohol/substance use (0) - Criminal justice (0) - Employment (0) - Housing (2) - Suicide (1) - Tobacco use (0) 	No subtopics identified				
	Detection/ Prevention of Chronic Disease	<ul style="list-style-type: none"> - Alcohol/substance use (1) - Immunizations (6; 2 of 6 in QPP NPRM) - Screening measures (16; 9 of 16 in QPP NPRM) - Tobacco use (3; 1 of 3 in QPP NPRM) 	<ul style="list-style-type: none"> - Alcohol/substance use (1) - Screening measures (1) - Tobacco use (0) 	No subtopics identified				

CMS Quality Domain/ MACRA Domain	Topic	Specialty						
		General Medicine/ Crosscutting	Mental Health/ Substance Use Conditions	Oncology	Orthopedic Surgery	Palliative Care	Pathology	Radiology
Affordable Care	Overuse Measures	- Appropriate use (7; 6 of 7 in QPP NPRM)	- Appropriate use (0)	- Appropriate use (3; 2 of 3 in QPP NPRM) - ER Utilization (1) - Inpatient hospital admission rate (1)	- Appropriate use (0)	- Appropriate use (0)	- Appropriate use (0)	- Appropriate use (7; 6 of 7 in QPP NPRM)

CHAPTER 7. CONCLUSION

The CMS Measure Development Plan (MDP), mandated by MACRA, is a strategic framework that incorporates initial priorities for the development of clinician quality measures to support MIPS and advanced APMs (together known as the Quality Payment Program). Section V of the MDP describes key priority domains, topics, and specialties for initial measure development. To further explore and refine the priorities in the MDP, the team performed an environmental scan and gap analysis, which consisted of developing a conceptual framework, identifying subtopics, conducting a scan of existing measures, and mapping the measures to the subtopics in the framework. Through the environmental scan and gap analysis, the team identified 159 existing measures for 138 high-priority subtopics within the 6 priority domains, 11 topics, and 7 specialties defined in Section V of the CMS MDP.

The results of the environmental scan and gap analysis confirm the initial priorities and gaps outlined in the MDP as areas for future measure development. Of the 138 high-priority subtopics, no existing measures were found for 88 subtopics. These 88 subtopics represent exciting opportunities for new areas of measure development. In future work, the CMS MDP TEP will review the subtopics to confirm that they remain priorities and will provide recommendations to CMS on how to frame future measure development for the Quality Payment Program.

Of the 159 existing measures identified in the scan, 67 measures are included in the 2016 Final Rule, which demonstrates that the program includes measures that address some of the priority gaps as outlined in the CMS MDP. The remaining 92 measures that were identified through the environmental scan are not included, but represent an opportunity for CMS to consider them for inclusion in future program years.

Related to the specialties, 100 of the 159 measures are applicable to general medicine but also apply to more than one specialty and are thus “crosscutting” measures that address prioritized measure topics, such as PRO-PMs or medication safety. The crosscutting measures represent opportunities for measure alignment across specialties.

The identification of gaps through this environmental scan and gap analysis is a critical first step toward creating a roadmap for measure development to address measurement gaps as outlined in the CMS MDP. Other efforts underway by CMS include evaluating whether existing quality measures used in other health care settings could be adapted or adopted for clinician use. In the future, in accordance with MACRA, section 102, the team will produce an annual report that reflects MDP TEP input and describes progress in addressing gaps in measures for use in the Quality Payment Program. CMS will continue to gather expert input from stakeholders, evaluate the landscape of quality measures, and further evolve the person-centered, value-based quality measure portfolio that CMS envisions to support the transition to health care delivery system reform.

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APPENDICES

Appendix I: Additional Stewards Searched

1. AMA-convened Physician Consortium for Performance Improvement
2. American Academy of Dermatology
3. American Academy of Otolaryngology-Head and Neck Surgery
4. American College of Cardiology
5. American College of Emergency Physicians
6. American College of Surgeons
7. American Gastroenterological Association
8. American Society of Addiction Medicine
9. American Society of Clinical Oncology
10. CRECare
11. Focus On Therapeutic Outcomes Inc.®
12. Insignia Health
13. MN Community Measurement
14. National Committee for Quality Assurance
15. PCPI®
16. University of North Carolina-Chapel Hill

Appendix II: All Measures Mapped to the Conceptual Framework

Table 6: All Measures Mapped to the Conceptual Framework

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
1	General Medicine/ Crosscutting	1-Effective Treatment/Clinical Care	1.1-Outcomes	Intermediate outcomes (e.g., HbA1c, BP)	N/A	DM: BP GE 160/100 or not done (OP) N: Eligible DM patients age 18+ with blood pressure greater than or equal to 160/100 or not done. D: Eligible DM patients age 18+.	Veterans Health Administration
2	General Medicine/ Crosscutting	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Intermediate outcomes (e.g., HbA1c, BP)	N/A	HTN: Dx HTN BP GE 160/100 or not recorded (OP) N: Patients sampled with diagnosis of hypertension and with most recent blood pressure greater than or equal to 160/100 or not done. D: Outpatient sampled with active diagnosis of hypertension	Veterans Health Administration
3	General Medicine/ Crosscutting	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Intermediate outcomes (e.g., HbA1c, BP)	N/A	DM - BP GE 160/100 or not done (SCI&D) N: SCI&D patients with diagnosis of DM and BP greater than or <= 160/100 or not done. D: SCI&D patients with a diagnosis of DM.	Veterans Health Administration

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
4	General Medicine/ Crosscutting	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Intermediate outcomes (e.g., HbA1c, BP)	N/A	<p>Blood Pressure Management-DM</p> <p>N: Eligible patients age 18-75 with a diagnosis of DM with blood pressure less than 140/90 OR BP less than 150/65 OR on three antihypertensive medications.</p> <p>D: Eligible patients age 18-75 with a diagnosis of DM.</p>	Veterans Health Administration
5	General Medicine/ Crosscutting	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Intermediate outcomes (e.g., HbA1c, BP)	N/A	<p>Blood Pressure Management: AMI</p> <p>N: Eligible patients age 18-75 with a diagnosis of AMI with blood pressure less than 140/90 OR BP less than 150/65 OR on three antihypertensive medications.</p> <p>D: Eligible patients age 18-75 discharged with AMI, CABG, PCI (inpatient or outpatient) or with documented ischemic vascular disease within the past two years.</p>	Veterans Health Administration
6	General Medicine/ Crosscutting	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Intermediate outcomes (e.g., HbA1c, BP)	N/A	<p>HTN: Dx HTN and no DM with BP less than 150/90 (OP)</p> <p>N: Patients with most recent blood pressure recording less than 150/90.</p> <p>D: Patients with an active diagnosis of hypertension and no evidence of diabetes.</p>	Veterans Health Administration

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
7	General Medicine/ Crosscutting	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Intermediate outcomes (e.g., HbA1c, BP)	0018	<p>Controlling High Blood Pressure</p> <p>N: The number of patients in the denominator whose most recent BP is adequately controlled during the measurement year. For a patient's BP to be controlled, both the systolic and diastolic BP must be <140/90 (adequate control). To determine if a patient's BP is adequately controlled, the representative BP must be identified.</p> <p>D: Patients 18 to 85 years of age by the end of the measurement year who had at least one outpatient encounter with a diagnosis of hypertension (HTN) during the first six months of the measurement year.</p>	National Committee for Quality Assurance

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
8	General Medicine/ Crosscutting	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Intermediate outcomes (e.g., HbA1c, BP)	0059	<p>Diabetes: Hemoglobin A1c Poor Control</p> <p>N: Patients whose most recent HbA1c level is greater than 9.0% or is missing a result, or for whom an HbA1c test was not done during the measurement year. The outcome is an out of range result of an HbA1c test, indicating poor control of diabetes. Poor control puts the individual at risk for complications including renal failure, blindness, and neurologic damage. There is no need for risk adjustment for this intermediate outcome measure.</p> <p>D: Patients 18 - 75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 or type 2) during the measurement period year or the year prior to the measurement year.</p>	National Committee for Quality Assurance
9	General Medicine/ Crosscutting	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Intermediate outcomes (e.g., HbA1c, BP)	0061	<p>Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)</p> <p>N: Patients whose most recent blood pressure level was <140/90 mm Hg during the measurement year.</p> <p>D: Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2)</p>	National Committee for Quality Assurance

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
						during the measurement year or the year prior to the measurement year.	
10	General Medicine/ Crosscutting	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Intermediate outcomes (e.g., HbA1c, BP)	0073	<p>Ischemic Vascular Disease (IVD): Blood Pressure Control</p> <p>N: Patients whose most recent blood pressure is adequately controlled during the measurement year. For a patient's BP to be adequately controlled, both the systolic and the diastolic BP must meet the desired threshold of <140/90 mm Hg.</p> <p>D: Patients 18 to 75 years of age by the end of the measurement year who were discharged alive for AMI, CABG or PCI during the 12 months prior to the measurement year or who had a diagnosis of IVD during both the measurement year and the year prior to the measurement year.</p>	National Committee for Quality Assurance
11	General Medicine/ Crosscutting	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Intermediate outcomes (e.g., HbA1c, BP)	2607	<p>Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (SMI-PC)</p> <p>N: The number of consumers whose most recent HbA1c level is greater than 9.0% (poor control) during the measurement year.</p> <p>D: The number of consumers in the eligible population.</p>	National Committee for Quality Assurance

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
12	General Medicine/ Crosscutting	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Intermediate outcomes (e.g., HbA1c, BP)	2082	HIV viral load suppression N: Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year. D: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year.	Health Resources and Services Administration
13	General Medicine/ Crosscutting	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Intermediate outcomes (e.g., HbA1c, BP)	N/A	Adult Kidney Disease: Blood Pressure Management N: Patient visits with blood pressure < 140/90 mmHg OR = 140/90 mmHg with a documented plan of care. D: All patient visits for those patients aged 18 years and older with a diagnosis of CKD (stage 3, 4, or 5, not receiving RRT) and proteinuria.	Renal Physicians Association
14	General Medicine/ Crosscutting	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Intermediate outcomes (e.g., HbA1c, BP)	N/A	Optimal Asthma Control N: Asthma well-controlled (use the most recent asthma control result available) using any of the following tools below: Asthma Control Test™ (ACT) score of 20 or above - ages 12 and older; Childhood Asthma Control Test (C-ACT) score of 20 or above - ages 11 and younger; Asthma Control Questionnaire (ACQ) score of 0.75 or lower - ages 17 and	MN Community Measurement

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
						<p>older; Asthma Therapy Assessment Questionnaire (ATAQ) score of 0 - Pediatric (ages 5 - 17) or Adult (ages 18 and older).</p> <p>D: Patients ages 5 to 50 with asthma.</p>	
15	General Medicine/ Crosscutting	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Intermediate outcomes (e.g., HbA1c, BP)	N/A	<p>Hypertension: Improvement in Blood Pressure</p> <p>N: Patients whose follow-up blood pressure is at least 10 mmHg less than their baseline blood pressure or is adequately controlled.</p> <p>D: All patients aged 18-85 years of age, who had at least one outpatient visit in the first six months of the measurement year, who have a diagnosis of essential hypertension documented during that outpatient visit, and who have uncontrolled baseline blood pressure at the time of that visit.</p>	Centers for Medicare & Medicaid Services
16	General Medicine/ Crosscutting	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Intermediate outcomes (e.g., HbA1c, BP)	N/A	<p>HTN: No Dx of HTN BP LE 140/90 (OP)</p> <p>N: Patients with no active diagnosis of hypertension with most recent blood pressure recording less than or equal to 140/90.</p> <p>D: Patients with no active diagnosis of hypertension.</p>	Veterans Health Administration

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
17	General Medicine/ Crosscutting	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Intermediate outcomes (e.g., HbA1c, BP)	N/A	<p>HTN: No Dx of HTN BP GE 160/100 or not recorded (OP)</p> <p>N: Outpatients with no active diagnosis of hypertension with most recent blood pressure recording greater than or exceeding 160/100 or not recorded.</p> <p>D: Outpatients age 18-85 with no active diagnosis of hypertension.</p>	Veterans Health Administration
18	General Medicine/ Crosscutting	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Medication adherence and persistence	N/A	<p>Statin adherence for patients with cardiovascular disease (eMeasure)</p> <p>N: The number of patients who have statin prescribed for at least 80% of days in treatment period.</p> <p>D: Male patients 21-75 and female patients 40-75 on the last day of the measurement year with at least one of the following during the measurement year or the year prior: MI; CABG; PCI; Other revascularization; IVD diagnosis (at least one outpatient or acute inpatient encounter).</p>	Veterans Health Administration

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
19	General Medicine/ Crosscutting	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Medication adherence and persistence	N/A	<p>Statin adherence for patients with cardiovascular disease: men (eMeasure)</p> <p>N: The number of male patients who have statin prescribed for at least 80% of days in treatment period.</p> <p>D: Identified male patients who meet one or more of the following criteria during the measurement year or year prior:</p> <p>Myocardial Infarction; CABG; PCI; Other Revascularization; At least one outpatient visit with an IVD diagnosis; OR at least one acute inpatient encounter with a diagnosis of IVD.</p>	Veterans Health Administration
20	General Medicine/ Crosscutting	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Medication adherence and persistence	N/A	<p>Statin adherence for patients with cardiovascular disease: women (eMeasure)</p> <p>N: The number of female patients who have statin prescribed for at least 80% of days in treatment period.</p> <p>D: Identified female patients who meet one or more of the following criteria during the measurement year or year prior: Myocardial Infarction; CABG; PCI; Other Revascularization; At least one outpatient visit with an IVD diagnosis; OR at least one</p>	Veterans Health Administration

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
						acute inpatient encounter with a diagnosis of IVD.	
21	General Medicine/ Crosscutting	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Medication adherence and persistence	N/A	<p>Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-BH)</p> <p>N: The number of consumers who achieved a PDC of at least 80 percent for their antipsychotic medications during the measurement year.</p> <p>D: The number of consumers in the eligible population.</p>	Centers for Medicare & Medicaid Services
22	General Medicine/ Crosscutting	1-Effective Treatment/ Clinical Care	1.2-PRO-PMs	Functional status	0429	<p>Change in Basic Mobility as Measured by the AM-PAC</p> <p>N: The number (or proportion) of a clinician's patients in a particular risk adjusted diagnostic category who meet a target threshold of improvement in Basic Mobility functioning.</p> <p>D: All patients in a risk adjusted diagnostic category with a mobility goal or an episode of care. Cases to be included in the denominator could be identified based on ICD-9 codes or alternatively, based on CPT codes relevant to treatment goals focused on Basic Mobility function.</p>	CREcare

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
23	General Medicine/ Crosscutting	1-Effective Treatment/ Clinical Care	1.2-PRO-PMs	Functional status	0430	<p>Change in Daily Activity Function as Measured by the AM-PAC</p> <p>N: The number (or proportion) of a clinician's patients in a particular risk adjusted diagnostic category who meet a target threshold of improvement in Daily Activity (i.e., ADL and IADL) functioning.</p> <p>D: All patients in a risk adjusted diagnostic category with a Daily Activity goal for an episode of care. Cases to be included in the denominator could be identified based on ICD-9 codes or alternatively, based on CPT codes relevant to treatment goals focused on Daily Activity function.</p>	CREcare
24	General Medicine/ Crosscutting	1-Effective Treatment/ Clinical Care	1.2-PRO-PMs	Functional status	N/A	<p>Outpatient Functional Status Assessment</p> <p>N: Number of patients who in the past 12 months had assessments of: 1. Activities of daily living (ADL) performed using a standardized and published tool. and 2. Instrumental activities of daily living (IADL) using a standardized and published tool.</p> <p>D: Number of outpatients reviewed.</p>	Veterans Health Administration

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
25	General Medicine/ Crosscutting	1-Effective Treatment/ Clinical Care	1.2-PRO-PMs	Health-related QOL	N/A	<p>Quality of Life Assessment for Patients With Primary Headache Disorders</p> <p>N: Patient whose health related quality of life 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>D: All patients with a diagnosis of primary headache disorder.</p>	American Academy of Neurology

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
26	General Medicine/ Crosscutting	1-Effective Treatment/ Clinical Care	1.2-PRO-PMs	Patient activation/engagement	2483	<p>Gains in Patient Activation (PAM) Scores at 12 Months</p> <p>N: The numerator is the summary score change for the aggregate of eligible patients in that unit (e.g., patients in a primary care provider’s panel, or in a clinic). The change score would be calculated from a baseline score and then a second score taken within 12 months of the baseline score (but not less than 6 months). The change score is the difference between the baseline and the second score in a 12-month period.</p> <p>D: All patients can be included in the denominator, except patients under the age of 19 and adults with a diagnosis of dementia or cognitive impairments (based on ICD codes). Also excluded would be patients who do not have two PAM scores. Finally, we exclude all patients who are at level 4 at baseline (as they are unlikely to gain in activation over time). To be considered for evaluation, an accountable unit would need to have two PAM scores per patient (taken no less than 6 months and not more than 12 months apart) on at least 50% of their eligible patients who had two visits during that time period.</p>	Insignia Health

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
27	General Medicine/ Crosscutting	2-Patient Safety/ Safety	2.2-Medication Safety	Antibiotic stewardship	0058	<p>Antibiotic Treatment for Adults With Acute Bronchitis: Avoidance of Inappropriate Use</p> <p>N: Patients who were dispensed antibiotic medication on or three days after the index episode start date (a higher rate is better). The measure is reported as an inverted rate (i.e. 1- numerator/denominator) to reflect the number of people that were not dispensed an antibiotic.</p> <p>D: All patients 18 years of age as of January 1 of the year prior to the measurement year to 64 years as of December 31 of the measurement year with an outpatient or ED visit with any diagnosis of acute bronchitis during the Intake Period (January 1–December 24 of the measurement year).</p>	National Committee for Quality Assurance

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
28	General Medicine/ Crosscutting	2-Patient Safety/Safety	2.2-Medication Safety	Antibiotic stewardship	0069	<p>Appropriate Treatment for Children with Upper Respiratory Infection (URI)</p> <p>N: Patients who were dispensed antibiotic medication on or within 3 days after an outpatient or ED encounter for upper respiratory infection (URI) during the intake period (a higher rate is better). The measure is reported as an inverted rate (i.e. 1-numerator/denominator) to reflect the number of children that were not dispensed an antibiotic.</p> <p>D: All children age 3 months as of July 1 of the year prior to the measurement year to 18 years as of June 30 of the measurement year who had an ED or outpatient visit with only a diagnosis of nonspecific upper respiratory infection (URI) during the intake period (July 1st of the year prior to the measurement year to June 30th of the measurement year).</p>	National Committee for Quality Assurance

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
29	General Medicine/ Crosscutting	2-Patient Safety/ Safety	2.2-Medication Safety	Antibiotic stewardship	N/A	<p>Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)</p> <p>N: Patients who were prescribed amoxicillin, with or without clavulanate, as a first line antibiotic at the time of diagnosis.</p> <p>D: Patients aged 18 years and older with a diagnosis of acute bacterial sinusitis.</p>	American Academy of Otolaryngology – Head and Neck Surgery
30	General Medicine/ Crosscutting	2-Patient Safety/Safety	2.2-Medication Safety	Antibiotic stewardship	N/A	<p>Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Appropriate Use)</p> <p>N: Patients prescribed any antibiotic within 7 days of diagnosis or within 10 days after onset of symptoms.</p> <p>D: All patients aged 18 years and older with a diagnosis of acute sinusitis.</p>	American Academy of Otolaryngology – Head and Neck Surgery
31	General Medicine/ Crosscutting	2-Patient Safety/ Safety	2.2-Medication Safety	Anticoagulants	0555	<p>INR Monitoring for Individuals on Warfarin</p> <p>N: The number of individuals in the denominator who have at least one INR monitoring test during each 56-day interval with active warfarin therapy.</p> <p>D: Individuals at least 18 years of age as of the beginning of the measurement period with warfarin therapy for at least 56</p>	Centers for Medicare & Medicaid Services

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
						days during the measurement period.	
32	General Medicine/ Crosscutting	2-Patient Safety/Safety	2.2-Medication Safety	Inappropriate medication use	0654	Acute Otitis Externa: Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use N: Patients who were not prescribed systemic antimicrobial therapy. D: All patients aged 2 years and older with a diagnosis of AOE.	American Academy of Otolaryngology – Head and Neck Surgery
33	General Medicine/ Crosscutting	2-Patient Safety/ Safety	2.2-Medication Safety	Inappropriate medication use	0655	Otitis Media with Effusion: Antihistamines or decongestants – Avoidance of inappropriate use N: Patients who were not prescribed or recommended to receive either antihistamines or decongestants. D: All patients aged 2 months through 12 years with a diagnosis of OME.	American Academy of Otolaryngology – Head and Neck Surgery
34	General Medicine/ Crosscutting	2-Patient Safety/Safety	2.2-Medication Safety	Inappropriate medication use	0656	Otitis Media with Effusion: Systemic corticosteroids – Avoidance of inappropriate use N: Patients who were not prescribed systemic corticosteroids. D: All patients aged 2 months through 12 years with a diagnosis of OME.	American Academy of Otolaryngology – Head and Neck Surgery

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
35	General Medicine/ Crosscutting	2-Patient Safety/Safety	2.2-Medication Safety	Inappropriate medication use	0657	<p>Otitis Media with Effusion: Systemic antimicrobials – Avoidance of inappropriate use</p> <p>N: Patients who were not prescribed systemic antimicrobials.</p> <p>D: All patients aged 2 months through 12 years with a diagnosis of OME.</p>	American Academy of Otolaryngology – Head and Neck Surgery
36	General Medicine/ Crosscutting	2-Patient Safety/ Safety	2.2-Medication Safety	Medication management/ reconciliation	N/A	<p>Home meds rev w outpt/crgvr or accept rationale doc</p> <p>N: Number of patients who had a clinician review their medications with them, or their caregiver, or an acceptable rationale for not doing so is evidenced in documentation.</p> <p>D: Number of outpatients reviewed in the measure period.</p>	Veterans Health Administration
37	General Medicine/ Crosscutting	2-Patient Safety/ Safety	2.2-Medication Safety	Medication Management/ Reconciliation	N/A	<p>Consistent Medication List</p> <p>N: Number of patients at discharge who received the same medication list as the list that is on the discharge summary.</p> <p>D: Number of inpatient discharges.</p>	Veterans Health Administration

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38	General Medicine/ Crosscutting	2-Patient Safety/ Safety	2.2-Medication Safety	Medication management/ reconciliation	N/A	<p>Med list given outpt</p> <p>N: Outpatients, or caregivers, who were provided with written list of reconciled discharge medications or written information to the patient on minor medication changes.</p> <p>D: Outpatients who had medications prescribed, or modified during the outpatient visit.</p>	Veterans Health Administration
39	General Medicine/ Crosscutting	2-Patient Safety/ Safety	2.2-Medication Safety	Medication management/ reconciliation	0097	<p>Medication Reconciliation</p> <p>N: Patients who had a reconciliation of the discharge medications with the current medication list in the outpatient medical record documented</p> <p>D: All patients aged 18 years and older discharged from any inpatient facility (e.g., hospital, skilled nursing facility, or rehabilitation facility) and seen within 30 days following discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist providing on-going care. This measure is reported as two rates with age-specific denominators: 18-64 and 65+.</p>	National Committee for Quality Assurance

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
40	General Medicine/ Crosscutting	2-Patient Safety/ Safety	2.2-Medication Safety	Medication management/ reconciliation	0419	<p>Documentation of Current Medications in the Medical Record</p> <p>N: Eligible professional attests to documenting, updating, or reviewing patient's current medications using all immediate resources available on the date of the encounter. This list must include ALL prescriptions, over-the counters, herbals, vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosages, frequency, and route.</p> <p>D: All visits occurring during the 12-month reporting period for patients aged 18 years and older before the start of the measurement period.</p>	Centers for Medicare & Medicaid Services

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
41	General Medicine/ Crosscutting	2-Patient Safety/Safety	2.2-Medication Safety	Medication side effects	0022	<p>Use of High-Risk Medications in the Elderly</p> <p>N: Numerator 1: Patients who received at least one high-risk medication during the measurement year. Numerator 2: Patients who received at least two different high-risk medications during the measurement year. For both numerators, a high-risk medication is defined as any of the following: - A dispensed prescription for a high-risk medication (Table DAE-A), OR- Dispensed prescriptions for a high-risk medication that meet days' supply criteria within a medication class (Table DAE-B), OR- A dispensed prescription for a high-risk medication that meets average daily dose criteria (Table DAE-C)</p> <p>D: All Patients 66 years and older who had a visit during the measurement year.</p>	National Committee for Quality Assurance

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42	General Medicine/ Crosscutting	2-Patient Safety /Safety	2.2-Medication Safety	Opioids	N/A	<p>Evaluation or Interview for Risk of Opioid Misuse</p> <p>N: Patients evaluated for risk of misuse of opiates by using a brief validated instrument (e.g., Opioid Risk Tool, SOAAP-R) or patient interview at least once during opioid therapy.</p> <p>D: All patients 18 and older prescribed opiates for longer than six weeks duration.</p>	American Academy of Neurology
43	General Medicine/ Crosscutting	2-Patient Safety/Safety	2.2-Medication Safety	Opioids	N/A	<p>% of pts on chronic opioid therapy receiving drug screen</p> <p>N: Number of patients receiving chronic opioid therapy who had a drug screen for illicit opioids, prescription opioids, or other abusable substances in the last 4 quarters.</p> <p>D: Number of patients receiving chronic opioid therapy, defined as VA prescription for a long-acting opioid or more than 90 days supply of short-acting opioids within the last 4 quarters.</p>	Veterans Health Administration

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
44	General Medicine/ Crosscutting	3-Communication/Care Coordination	3.1-Assessing Team-Based Care	Communication between patient and provider	N/A	<p>Normal Test Results Timely to Patient</p> <p>N: Eligible patients with a selected outpatient test reported within the applicable time frame that had Normal results and who had documentation in the clinical record that test results were communicated to the patient within 14 days of the test result being available by a licensed health care staff.</p> <p>D: Eligible patients with a selected outpatient test reported within the applicable time frame that had a Normal result.</p>	Veterans Health Administration
45	General Medicine/ Crosscutting	3-Communication/ Care Coordination	3.1-Assessing Team-Based Care	Communication between patient and provider	N/A	<p>Test Results to Patient within 30 days</p> <p>N: Eligible patients with a selected outpatient test reported within the applicable time frame who had documentation in the clinical record that test results were communicated to the patient within 30 days of the test result being available by a licensed health care staff.</p> <p>D: Eligible patients with a selected outpatient test reported within the applicable time frame.</p>	Veterans Health Administration

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46	General Medicine/ Crosscutting	3-Communication/ Care Coordination	3.1-Assessing Team-Based Care	Communication between patient and provider	N/A	<p>Face-to-Face Notification of Test Results</p> <p>N: Eligible patients with a selected outpatient test reported within the applicable time frame who had documentation in the clinical record that test results were communicated to the patient Face-to-Face by a licensed health care staff.</p> <p>D: Eligible patients with a selected outpatient test reported within the applicable time frame who had documentation in the clinical record that test results were communicated to the patient.</p>	Veterans Health Administration
47	General Medicine/ Crosscutting	3-Communication/ Care Coordination	3.1-Assessing Team-Based Care	Communication between patient and provider	N/A	<p>Telephone Notification of Test Results</p> <p>N: Eligible patients with a selected outpatient test reported within the applicable time frame who had documentation in the clinical record that test results were communicated to the patient by a licensed health care staff via telephone.</p> <p>D: Eligible patients with a selected outpatient test reported within the applicable time frame who had documentation in the clinical record that test results were communicated to the patient.</p>	Veterans Health Administration

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
48	General Medicine/ Crosscutting	3-Communication/ Care Coordination	3.1-Assessing Team-Based Care	Communication between patient and provider	N/A	<p>Mail Notification of Test Results</p> <p>N: Eligible patients with a selected outpatient test reported within the applicable time frame who had documentation in the clinical record that test results were communicated to the patient by a licensed health care staff via mailed letter.</p> <p>D: Eligible patients with a selected outpatient test reported within the applicable time frame who had documentation in the clinical record that test results were communicated to the patient.</p>	Veterans Health Administration
49	General Medicine/ Crosscutting	3-Communication/ Care Coordination	3.1-Assessing Team-Based Care	Communication between patient and provider	N/A	<p>Test Results Requiring Action Timely to Patient</p> <p>N: Eligible patients with a selected outpatient test reported within the applicable time frame that had test results requiring action and who had documentation in the clinical record that test results were communicated to the patient within 7 calendar days (within 5 business days for Cervical Cancer Screen and Mammogram) of the test result being available by a licensed health care staff.</p> <p>D: Eligible patients with a selected outpatient test reported within the applicable</p>	Veterans Health Administration

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
						time frame that had a result requiring action.	
50	General Medicine/ Crosscutting	3-Communication/ Care Coordination	3.1-Assessing Team-Based Care	Communication between providers	0045	<p>Communication with the physician or other clinician managing on-going care post fracture for men and women aged 50 years and older</p> <p>N: Patients with documentation of communication with 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 testing or treatment. Communication may include documentation in the medical record indicating that the clinician treating the fracture communicated (e.g., verbally, by letter, through shared electronic health record, a bone mineral density test report was sent) with the clinician managing the patient's on-going care OR a copy of a letter in the medical record outlining whether the patient was or should be treated for osteoporosis.</p> <p>D: Adults aged 50 years and older who experienced a fracture, except fractures of the finger, toe, face or skull.</p>	National Committee for Quality Assurance

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
51	General Medicine/ Crosscutting	3-Communication/ Care Coordination	3.1-Assessing Team-Based Care	Communication between providers	N/A	<p>Closing the Referral Loop: Receipt of Specialist Report</p> <p>N: Number of patients with a referral, for which the referring provider received a report from the provider to whom the patient was referred.</p> <p>D: Number of patients, regardless of age, who were referred by one provider to another provider, and who had a visit during the measurement period.</p>	National Committee for Quality Assurance
52	General Medicine/ Crosscutting	3-Communication/ Care Coordination	3.2-Effective Use of New Technology	Interoperability to enhance communication	N/A	<p>Secure Message Notification of Test Results</p> <p>N: Eligible patients with a selected outpatient test reported within the applicable time frame who had documentation in the clinical record that test results were communicated to the patient by a licensed health care staff using secure messaging.</p> <p>D: Eligible patients with a selected outpatient test reported within the applicable time frame who had documentation in the clinical record that test results were communicated to the patient.</p>	Veterans Health Administration

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
53	General Medicine/ Crosscutting	3-Communication/ Care Coordination	3.2-Effective Use of New Technology	Telehealth	N/A	Diabetes management through Telehealth N: Patient with ideal glycemic control (A1c at or below 7%). D: Patients with diabetes.	Health Resources and Services Administration
54	General Medicine/ Crosscutting	3-Communication/ Care Coordination	3.2-Effective Use of New Technology	Telehealth	N/A	Telehealth Notification of Test Results N: Eligible patients with a selected outpatient test reported within the applicable time frame who had documentation in the clinical record that test results were communicated to the patient by a licensed health care staff using Telehealth technology. D: Eligible patients with a selected outpatient test reported within the applicable time frames who had documentation in the clinical record that test results were communicated to the patient.	Veterans Health Administration
55	General Medicine/ Crosscutting	4-Person and Family Engagement/Experience	4.1-Personal Preference & Shared Decision- Making	Treatment options and/or care goal presented to determine patient preferences	0326	Advance Care Plan N: Patients 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 patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.	National Committee for Quality Assurance

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
						D: All patients aged 65 years and older.	
56	General Medicine/ Crosscutting	4-Person and Family Engagement/Experience	4.1-Personal Preference & Shared Decision-Making	Treatment options and/or care goal presented to determine patient preferences	N/A	<p>Discussion and Shared Decision Making Surrounding Treatment Options</p> <p>N: Patients with whom a physician or other clinician reviewed the range of treatment options appropriate to their genotype and demonstrated a shared decision making approach with the patient.</p> <p>D: All patients aged 18 years and older with a diagnosis of chronic hepatitis C.</p>	American Gastroenterological Association

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
57	General Medicine/ Crosscutting	4-Person and Family Engagement/Experience	4.2-PRO-PMs	Patient/caregiver experience	0005	<p>CAHPS Clinician & Group Surveys (CG-CAHPS)-Adult, Child</p> <p>N: We recommend that CG-CAHPS Survey items and composites be calculated using a top-box scoring method. The top box score refers to the percentage of patients whose responses indicated that they “always” received the desired care or service for a given measure. The top box numerator for the Overall Rating of Provider is the number of respondents who answered 9 or 10 for the item, with 10 indicating “Best provider possible”.</p> <p>D: The measure’s denominator is the number of survey respondents. The target populations for the surveys are patients who have had at least one visit to the selected provider in the target 12-month time frame. This time frame is also known as the look back period. The sampling frame is a person-level list and not a visit-level list.</p>	Agency for Healthcare Research and Quality
58	General Medicine/ Crosscutting	5-Healthy Living/ Population Health & Prevention	5.1-Population-Level Outcomes	Alcohol/substance use	N/A	<p>% primary care pts with moderate-severe alcohol misuse risk</p> <p>N: Number of Veteran outpatients screened with the AUDIT-C for alcohol use with a</p>	Veterans Health Administration

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
						<p>score of 5 and above in the past 4 quarters.</p> <p>D: Number of Veteran outpatients screened with the AUDIT-C for alcohol use in the past 4 quarters among Veteran outpatients with an assigned primary provider and a primary care encounter in the past 4 quarters.</p>	
59	General Medicine/ Crosscutting	5-Healthy Living/ Population Health & Prevention	5.1-Population-Level Outcomes	Alcohol/substance use	N/A	<p>% of primary care pts with severe alcohol misuse risk</p> <p>N: Number of Veteran outpatients screened with the AUDIT-C for alcohol use with a score of 8 and above in the past 4 quarters.</p> <p>D: Number of Veteran outpatients screened with the AUDIT-C for alcohol use in the past 4 quarters among Veteran outpatients with an assigned primary provider and a primary care encounter in the past 4 quarters.</p>	Veterans Health Administration

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60	General Medicine/ Crosscutting	5-Healthy Living/ Population Health & Prevention	5.1-Population-Level Outcomes	Alcohol/substance use	N/A	<p>% of primary care patients at risk of alcohol misuse</p> <p>N: Number of Veteran outpatients screened with the AUDIT-C for alcohol use with a score of 3 and above (women) or 4 and above (men) in the past 4 quarters.</p> <p>D: Number of Veteran outpatients screened with the AUDIT-C for alcohol use in the past 4 quarters among Veteran outpatients with an assigned primary provider and a primary care encounter in the past 4 quarters.</p>	Veterans Health Administration
61	General Medicine/ Crosscutting	5-Healthy Living/ Population Health & Prevention	5.1-Population-Level Outcomes	Alcohol/substance use	N/A	<p>% of patients with mental health/substance use dx</p> <p>N: Number of Veteran patients diagnosed with a mental health or substance use disorder in the last 4 quarters.</p> <p>D: Number of VHA Veteran patients.</p>	Veterans Health Administration
62	General Medicine/ Crosscutting	5-Healthy Living/ Population Health & Prevention	5.1-Population-Level Outcomes	Housing	N/A	<p>Housing Status</p> <p>N: Number of persons with an HIV diagnosis who were homeless or unstably housed in the 12-month measurement period.</p> <p>D: Number of persons with an HIV diagnosis receiving HIV services in the last 12 months.</p>	Health Resources and Services Administration

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63	General Medicine/ Crosscutting	5-Healthy Living/ Population Health & Prevention	5.1-Population-Level Outcomes	Tobacco Use	N/A	<p>Adult Local Current Smoking Prevalence</p> <p>N: Current adult smokers (age 18 and older) in a geographically defined area who live in households.</p> <p>D: Adult (age 18 and older) population in a geographically defined area.</p>	Centers for Medicare & Medicaid Services
64	General Medicine/ Crosscutting	5-Healthy Living/ Population Health & Prevention	5.1-Population-Level Outcomes	Tobacco Use	N/A	<p>Tobacco used in past 12 mos (OP Nexus non MH)</p> <p>N: Patients using tobacco any time during the past 12 months.</p> <p>D: Patients from Nexus clinics cohort.</p>	Veterans Health Administration
65	General Medicine/ Crosscutting	5-Healthy Living/ Population Health & Prevention	5.1-Population-Level Outcomes	Tobacco Use	N/A	<p>Tobacco used in past 12 mos (OP Nexus MH)</p> <p>N: Mental Health cohort patients using tobacco at any time in the past 12 months.</p> <p>D: Patients from Mental Health diagnosis cohort.</p>	Veterans Health Administration
66	General Medicine/ Crosscutting	5-Healthy Living/ Population Health & Prevention	5.1-Population-Level Outcomes	Tobacco Use	N/A	<p>Tobacco used in past 12 mos (SCI&D)</p> <p>N: SCI patients using tobacco any time during the past 12 months.</p> <p>D: SCI patients from SCI cohorts.</p>	Veterans Health Administration

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67	General Medicine/ Crosscutting	5-Healthy Living/ Population Health & Prevention	5.1-Population-Level Outcomes	Tobacco Use	N/A	<p>% of outpatients with a positive screen for tobacco use</p> <p>N: Number of unique Veteran outpatients screened for tobacco use with a positive result indicative of current tobacco use documented in the past 4 quarters.</p> <p>D: Number of unique Veteran outpatients with an assigned primary provider and a primary care encounters in the past 4 quarters.</p>	Veterans Health Administration
68	General Medicine/ Crosscutting	5-Healthy Living/ Population Health & Prevention	5.2-Detection/ Prevention of Chronic Disease	Alcohol/substance use	N/A	<p>% of primary care patients screened for alcohol misuse</p> <p>N: Number of Veteran primary care patients screened with the AUDIT-C for alcohol use in the past 4 quarters.</p> <p>D: Number of Veteran patients receiving outpatient primary care in the past 4 quarters.</p>	Veterans Health Administration
69	General Medicine/ Crosscutting	5-Healthy Living/ Population Health & Prevention	5.2-Detection/ Prevention of Chronic Disease	Immunizations	N/A	<p>Childhood immunizations</p> <p>N: Number of children from the denominator who received all of the following by their 3rd birthday: 4 DTP/DTaP, 3 IPV, 1 MMR, 2 Hib, 3 HepB, 1 VZV (varicella), and 4 pneumococcal conjugate.</p> <p>D: Children who turned three years of age during the measurement year.</p>	Unknown

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70	General Medicine/ Crosscutting	5-Healthy Living/Population Health & Prevention	5.2-Detection/ Prevention of Chronic Disease	Immunizations	N/A	<p>Percent of children ages 19 through 35 months who have received the 4:3:1:3(4):3:1:4 series of routine vaccinations</p> <p>N: Number of children, ages 19 through 35 months, that completed the 4:3:1:3(4):3:1:4 combined series of vaccines (Number of children aged 19 to 35 months receiving at least four doses of diphtheria-tetanus-acellular pertussis (DTaP), at least three doses of polio, at least one dose of measles-containing vaccine, at least three or four doses of Haemophilus influenzae B (Hib) depending on the brand used, at least three doses of hepatitis B antigens, at least one dose of varicella, and at least four doses of PCV).</p> <p>D: Number of children, ages 19 through 35 months.</p>	Health Resources and Services Administration
71	General Medicine/ Crosscutting	5-Healthy Living/Population Health & Prevention	5.2-Detection/ Prevention of Chronic Disease	Immunizations	0038	<p>Childhood Immunization Status</p> <p>N: Children who received recommended vaccines by their second birthday.</p> <p>D: Children who turn 2 years of age during the measurement year.</p>	National Committee for Quality Assurance

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72	General Medicine/ Crosscutting	5-Healthy Living/Population Health & Prevention	5.2-Detection/Prevention of Chronic Disease	Immunizations	1407	<p>Immunizations for Adolescents</p> <p>N: Adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday.</p> <p>D: Adolescents who turn 13 years of age during the measurement year.</p>	National Committee for Quality Assurance
73	General Medicine/ Crosscutting	5-Healthy Living/Population Health & Prevention	5.2-Detection/Prevention of Chronic Disease	Immunizations	0475	<p>Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Facility Discharge</p> <p>N: The number of live newborn infants administered hepatitis B vaccine prior to discharge from the hospital/birthing facility ("birth dose" of hepatitis B vaccine).</p> <p>D: The number of live newborn infants born at the hospital/birthing facility during the reporting window (one calendar year)</p>	Centers for Disease Control and Prevention

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74	General Medicine/ Crosscutting	5-Healthy Living/ Population Health & Prevention	5.2-Detection/ Prevention of Chronic Disease	Immunizations	1959	<p>Human Papillomavirus Vaccine for Female Adolescents (HPV)</p> <p>N: Female adolescents who had at least three doses of the human papillomavirus (HPV) vaccine with different dates of service between their 9th and 13th birthdays.</p> <p>D: Female adolescents who turned 13 years of age during the measurement year.</p>	National Committee for Quality Assurance
75	General Medicine/ Crosscutting	5-Healthy Living/ Population Health & Prevention	5.2-Detection/ Prevention of Chronic Disease	Screening measures	N/A	<p>HIV Screening</p> <p>N: Patients with either an HIV test after the 15th birthday or evidence of HIV infection.</p> <p>D: Patients 15 to 65 years of age who had a visit in the measurement period.</p>	Centers for Disease Control and Prevention
76	General Medicine/ Crosscutting	5-Healthy Living/ Population Health & Prevention	5.2-Detection/ Prevention of Chronic Disease	Screening measures	N/A	<p>Osteoporosis Screening</p> <p>N: Women with documentation of bone density measured at the both the femoral neck and the lumbar spine by dual-energy x-ray absorptiometry (DEXA).</p> <p>D: Women age 65 and older.</p>	Veterans Health Administration

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77	General Medicine/ Crosscutting	5-Healthy Living/ Population Health & Prevention	5.2-Detection/ Prevention of Chronic Disease	Screening measures	1395	Chlamydia Screening and Follow-up N: Adolescents who had documentation of a chlamydia screening test with proper follow-up by the time they turn 18 years of age. D: Sexually active female adolescents with a visit who turned 18 years of age during the measurement year.	National Committee for Quality Assurance
78	General Medicine/ Crosscutting	5-Healthy Living/ Population Health & Prevention	5.2-Detection/ Prevention of Chronic Disease	Screening measures	2372	Breast Cancer Screening N: Patients who had one or more mammograms any time on or between October 1, 27 months prior to December 31 of the measurement period, not to precede the patient's 50th birthday. D: Equals Initial Patient Population	Centers for Medicare & Medicaid Services
79	General Medicine/ Crosscutting	5-Healthy Living/ Population Health & Prevention	5.2-Detection/ Prevention of Chronic Disease	Screening measures	0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents N: The percentage of patients who had evidence of a Body mass index (BMI) percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year. D: Patients 3-17 years of age with at least one outpatient visit	National Committee for Quality Assurance

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
						with a primary care physician (PCP) or OB-GYN during the measurement year.	
80	General Medicine/ Crosscutting	5-Healthy Living/Population Health & Prevention	5.2-Detection/ Prevention of Chronic Disease	Screening measures	0046	<p>Screening for Osteoporosis for Women 65-85 Years of Age</p> <p>N: The number of women who have documentation in their medical record of having received a DXA test of the hip or spine.</p> <p>D: Women age 65-85.</p>	National Committee for Quality Assurance
81	General Medicine/ Crosscutting	5-Healthy Living/ Population Health & Prevention	5.2- Detection/Prevention of Chronic Disease	Screening measures	0418	<p>Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan</p> <p>N: Patient's screening for clinical depression using an age appropriate standardized tool AND follow-up plan is documentedThe standardized screening tools help predict a likelihood of someone developing or having a particular disease. The screening tools suggested in this measure screen for possible depression. Questions within the suggested standardized screening tools may vary but the result of using a standardized screening tool is to determine if the patient screens positive or negative for depression. If the patient has a positive screen for depression using a</p>	Centers for Medicare & Medicaid Services

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						<p>standardized screening tool, the provider must have a follow-up plan as defined within the measure. If the patient has a negative screen for depression, no follow-up plan is required.</p> <p>D: All patients aged 12 years and older.</p>	
82	General Medicine/ Crosscutting	5-Healthy Living/ Population Health & Prevention	5.2-Detection/ Prevention of Chronic Disease	Screening measures	0421	<p>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up</p> <p>N: See details in multiple formats.</p> <p>D: See details in multiple formats.</p>	Centers for Medicare & Medicaid Services
83	General Medicine/ Crosscutting	5-Healthy Living/ Population Health & Prevention	5.2-Detection/ Prevention of Chronic Disease	Screening measures	2152	<p>Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling</p> <p>N: Patients who were screened at least once within the last 24 months for unhealthy alcohol use using a systematic screening method AND who received brief counseling if identified as an unhealthy alcohol user.</p> <p>D: All patients aged 18 years and older who were seen twice for any visits or who had at least one preventive care visit during the two-year measurement period.</p>	AMA-convened Physician Consortium for Performance Improvement

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84	General Medicine/ Crosscutting	5-Healthy Living/Population Health & Prevention	5.2-Detection/Prevention of Chronic Disease	Screening measures	N/A	<p>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented</p> <p>N: Patients who were screened for high blood pressure AND have a recommended follow-up plan documented, as indicated if the blood pressure is pre-hypertensive or hypertensive.</p> <p>D: All patients aged 18 years and older before the start of the measurement period with at least one eligible encounter during the measurement period.</p>	Centers for Medicare & Medicaid Services
85	General Medicine/ Crosscutting	5-Healthy Living/Population Health & Prevention	5.2-Detection/Prevention of Chronic Disease	Screening measures	N/A	<p>Maternal Depression Screening</p> <p>N: Children with documentation of maternal screening or treatment for postpartum depression for the mother.</p> <p>D: Children with a visit who turned 6 months of age in the measurement period.</p>	OptumInsight

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86	General Medicine/ Crosscutting	5-Healthy Living/Population Health & Prevention	5.2-Detection/ Prevention of Chronic Disease	Screening measures	1360	<p>Audiological Evaluation no later than 3 months of age</p> <p>N: Numerator contains the number of infants born during the time window who have not passed ("Fail / Refer") hearing screening and whose age is less than 91 days at the time of audiological diagnosis.</p> <p>D: Denominator contains the number of infants born during the time window who have not passed ("Fail / Refer") hearing screening.</p>	Centers for Disease Control and Prevention
87	General Medicine/ Crosscutting	5-Healthy Living/Population Health & Prevention	5.2-Detection/ Prevention of Chronic Disease	Screening measures	2597	<p>Substance Use Screening and Intervention Composite</p> <p>N: Patients who received the following substance use screenings at least once within the last 24 months AND who received an intervention for all positive screening results.</p> <p>D: All patients aged 18 years and older who were seen twice for any visits or who had at least one preventive care visit during the 12-month measurement period.</p>	American Society of Addiction Medicine
88	General Medicine/ Crosscutting	5-Healthy Living/Population Health & Prevention	5.2-Detection/ Prevention of Chronic Disease	Screening measures	2721	<p>Screening for Reduced Visual Acuity and Referral in Children</p> <p>N: Children who received visual acuity screening to detect the presence of vision problems between their 3rd and 6th birthdays, and if</p>	Centers for Medicare & Medicaid Services

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						<p>necessary, were referred to an eye care specialist.</p> <p>D: Children who turn 6 years of age during the measurement period and who had a least one visit during the measurement period.</p>	
89	General Medicine/ Crosscutting	5-Healthy Living/Population Health & Prevention	5.2-Detection/ Prevention of Chronic Disease	Screening measures	3039	<p>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up</p> <p>N: Patients with a documented BMI during the encounter or during the previous six months, AND when the BMI is outside of normal parameters, follow-up is documented during the encounter or during the previous six months of the encounter with the BMI outside of normal parameters.</p> <p>D: All patients aged 18 years and older.</p>	Centers for Medicare & Medicaid Services
90	General Medicine/ Crosscutting	5-Healthy Living/Population Health & Prevention	5.2-Detection/ Prevention of Chronic Disease	Screening measures	N/A	<p>Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year</p> <p>N: Number of adolescents, ages 12 through 17, with a preventive medical visit in the past year.</p> <p>D: Number of adolescents, ages 12 through 17.</p>	Health Resources and Services Administration

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91	General Medicine/ Crosscutting	5-Healthy Living/Population Health & Prevention	5.2-Detection/Prevention of Chronic Disease	Tobacco Use	0028	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention N: Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user. D: All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period.	AMA-convened Physician Consortium for Performance Improvement
92	General Medicine/ Crosscutting	5-Healthy Living/Population Health & Prevention	5.2-Detection/Prevention of Chronic Disease	Tobacco Use	N/A	Tobacco - Outpt - Screened f/ Use - Nexus N: Eligible Patients screened annually for use of tobacco. D: Patients from Nexus clinics.	Veterans Health Administration
93	General Medicine/ Crosscutting	5-Healthy Living/Population Health & Prevention	5.2-Detection/Prevention of Chronic Disease	Tobacco Use	N/A	% of VHA outpatients screened for tobacco use N: Number of unique Veteran outpatients screened for tobacco use with a positive or negative status documented in the past 4 quarters. D: Number of unique Veteran outpatients with an assigned primary provider and a primary care encounter in the past 4 quarters.	Veterans Health Administration

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94	General Medicine/ Crosscutting	6-Affordable Care	6.1-Overuse Measures	Appropriate use	0002	<p>Appropriate Testing for Children with Pharyngitis</p> <p>N: A group A streptococcus test administered in the seven-day period from three days prior to the index episode start date through three days after the index episode start date.</p> <p>D: Children age 2 years as of 6 months prior to the beginning of the measurement year to 18 years as of 6 months after the beginning of the measurement year who had an outpatient visit, observation visit or ED visit with only a diagnosis of pharyngitis and dispensed an antibiotic for the episode of care during the 6 months prior to the beginning of the measurement year through the 6 months after the beginning of the measurement year.</p>	National Committee for Quality Assurance
95	General Medicine/ Crosscutting	6-Affordable Care	6.1-Overuse Measures	Appropriate use	0658	<p>Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients</p> <p>N: Patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report.</p> <p>D: All patients aged 50 years and older and receiving screening a screening</p>	American Gastroenterological Association

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						colonoscopy without biopsy or polypectomy.	
96	General Medicine/ Crosscutting	6-Affordable Care	6.1-Overuse Measures	Appropriate use	0659	<p>Colonoscopy Interval for Patients with a History of Adenomatous Polyps-Avoidance of Inappropriate Use</p> <p>N: Patients who had an interval of 3 or more years since their last colonoscopy.</p> <p>D: All patients aged 18 years and older receiving a surveillance colonoscopy, with a history of a prior adenomatous polyp(s) in previous colonoscopy findings.</p>	American Gastroenterological Association
97	General Medicine/ Crosscutting	6-Affordable Care	6.1-Overuse Measures	Appropriate use	0670	<p>Cardiac stress imaging not meeting appropriate use criteria: Preoperative evaluation in low risk surgery patients</p> <p>N: Number of stress SPECT MPI, stress echo, CCTA, or CMR performed in patients undergoing low risk surgery as a part of the preoperative evaluation.</p> <p>D: Number of stress SPECT MPI, stress echo, CCTA, and CMR performed.</p>	American College of Cardiology

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98	General Medicine/ Crosscutting	6-Affordable Care	6.1-Overuse Measures	Appropriate use	0671	<p>Cardiac stress imaging not meeting appropriate use criteria: Routine testing after percutaneous coronary intervention (PCI)</p> <p>N: Number of stress SPECT MPI, stress echo, CCTA and CMR performed in asymptomatic patients within 2 years of the most recent PCI.</p> <p>D: Number of stress SPECT MPI, stress echo, CCTA and CMR performed.</p>	American College of Cardiology
99	General Medicine/ Crosscutting	6-Affordable Care	6.1-Overuse Measures	Appropriate use	0672	<p>Cardiac stress imaging not meeting appropriate use criteria: Testing in asymptomatic, low risk patients</p> <p>N: Number of stress SPECT MPI, stress echo, CCTA, and CMR performed for asymptomatic, low CHD risk patients for initial detection and risk assessment</p> <p>D: Number of stress SPECT MPI, stress echo, CCTA, and CMR performed.</p>	American College of Cardiology

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100	General Medicine/ Crosscutting	6-Affordable Care	6.1-Overuse Measures	Appropriate use	0668	<p>Appropriate Head CT Imaging in Adults with Mild Traumatic Brain Injury</p> <p>N: Number of denominator patients who have a documented indication consistent with the ACEP clinical policy for mild traumatic brain injury prior to imaging.</p> <p>D: Number of adult patients undergoing head CT for trauma who presented within 24 hours of a non-penetrating head injury with a Glasgow Coma Scale (GCS) ≥ 14</p>	American College of Emergency Physicians
101	Mental Health/ Substance Use	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Medication adherence and persistence	1880	<p>Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder</p> <p>N: Individuals with bipolar I disorder who had at least two prescription drug claims for mood stabilizer medications and have a PDC of at least 0.8 for mood stabilizer medications.</p> <p>D: Individuals at least 18 years of age as of the beginning of the measurement period with bipolar I disorder and at least two prescription drug claims for mood stabilizer medications during the measurement period (12 consecutive months).</p>	Centers for Medicare & Medicaid Services

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102	Mental Health/ Substance Use	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Medication adherence and persistence	N/A	<p>% of pts w/ schizophrenia & good antipsych med possession ratio</p> <p>N: Number of VHA patients with schizophrenia or schizoaffective disorder having a medication possession ratio (MPR) between 0.8 and 1.2. The MPR is the ratio of the number of days` supply of antipsychotic medication received to the number of days` supply that a patient would need to have received had they been taking medication as prescribed.</p> <p>D: The number of VHA patients with schizophrenia or schizoaffective disorder who have an outpatient prescription for antipsychotic medication.</p>	Veterans Health Administration
103	Mental Health/ Substance Use	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Medication adherence and persistence	N/A	<p>% of pts w/ schizophrenia & low antipsych med possession ratio</p> <p>N: Number of VHA patients with schizophrenia or schizoaffective disorder having a medication possession ratio (MPR) less than 0.8. The MPR is the ratio of the number of days` supply of antipsychotic medication received to the number of days` supply that a patient would need to have received had they been taking medication as prescribed.</p>	Veterans Health Administration

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
						D: The number of VHA patients with schizophrenia or schizoaffective disorder who have an outpatient prescription for antipsychotic medication.	
104	Mental Health/ Substance Use	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Medication adherence and persistence	N/A	<p>% of pts w/ schizophrenia & high antipsych med possession ratio</p> <p>N: Number of VHA patients with schizophrenia or schizoaffective disorder having a medication possession ratio (MPR) greater than 1.2. The MPR is the ratio of the number of days` supply of antipsychotic medication received to the number of days` supply that a patient would need to have received had they been taking medication as prescribed.</p> <p>D: The number of VHA outpatients with schizophrenia or schizoaffective disorder who have an outpatient prescription for antipsychotic medication.</p>	Veterans Health Administration

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
105	Mental Health/ Substance Use	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Medication adherence and persistence	1879	<p>Adherence to Antipsychotic Medications for Individuals with Schizophrenia</p> <p>N: Individuals with schizophrenia or schizoaffective disorder who had at least two prescription drug claims for antipsychotic medications and have a PDC of at least 0.8 for antipsychotic medications.</p> <p>D: Individuals at least 18 years of age as of the beginning of the measurement period with schizophrenia or schizoaffective disorder and at least two prescription drug claims for antipsychotic medications during the measurement period (12 consecutive months).</p>	Centers for Medicare & Medicaid Services
106	Mental Health/ Substance Use	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Mortality	N/A	<p>Standardized mortality ratio for pts with MH dx vs. pts w/o</p> <p>N: Death rate in VHA patients with mental health conditions.</p> <p>D: Death rate of VHA patients without mental health conditions.</p>	Veterans Health Administration

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
107	Mental Health/ Substance Use	1-Effective Treatment /Clinical Care	1.1-Outcomes	Multiple chronic/ complex conditions	N/A	Number of VA emergency dept visits for patients with MH dx N: Number of Emergency Department & Urgent Care visits by Veterans with mental health diagnoses. D: Number of Veterans with mental health diagnoses.	Veterans Health Administration
108	Mental Health/ Substance Use	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Recovery oriented outcome	N/A	SUD treatment continuity N: Veterans beginning treatment for SUD who maintain continuous treatment involvement for at least 90 days as demonstrated by at least 2 days with visits every 30 days for a total of 90 days in any of the outpatient specialty SUD clinics. D: Veterans beginning specialty treatment for SUD.	Veterans Health Administration
109	Mental Health/ Substance Use	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Suicide	N/A	Deaths by Suicide (SUIC) N: The number of consumers in the eligible population who were identified as dying by suicide during the measurement year. D: The number of consumers in the eligible population.	Substance Abuse and Mental Health Services Administration

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
110	Mental Health/ Substance Use	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Suicide	N/A	<p>Suicide Attempts (SU-A)</p> <p>N: The number of consumers in the eligible population who attempted suicide at least once during the measurement year, where the suicide attempt resulted in injury requiring medical services during the measurement year.</p> <p>D: The number of consumers in the eligible population.</p>	Substance Abuse and Mental Health Services Administration
111	Mental Health/ Substance Use	1-Effective Treatment/ Clinical Care	1.2-PRO-PMs	Functional status pre/post treatment	0710	<p>Depression Remission at Twelve Months</p> <p>N: Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine who achieve remission at twelve months as demonstrated by a twelve month (+/- 30 days) PHQ-9 score of less than five.</p> <p>D: Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial (index) PHQ-9 score greater than nine.</p>	MN Community Measurement

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
112	Mental Health/ Substance Use	1-Effective Treatment/ Clinical Care	1.2-PRO-PMs	Functional status pre/post treatment	0711	<p>Depression Remission at Six Months</p> <p>N: Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine who achieve remission at six months as demonstrated by a six month (+/- 30 days) PHQ-9 score of less than five.</p> <p>D: Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial (index) PHQ-9 score greater than nine.</p>	MN Community Measurement
113	Mental Health/ Substance Use	1-Effective Treatment /Clinical Care	1.2-PRO-PMs	Functional status pre/post treatment	1884	<p>Depression Response at Six Months- Progress Towards Remission</p> <p>N: Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine who achieve a response at six months as demonstrated by a six month (+/- 30 days) PHQ-9 score that is reduced by 50% or greater from the initial PHQ-9 score.</p> <p>D: Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine.</p>	MN Community Measurement

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
114	Mental Health/ Substance Use	1-Effective Treatment/ Clinical Care	1.2-PRO-PMs	Functional status pre/post treatment	1885	<p>Depression Response at Twelve Months- Progress Towards Remission</p> <p>N: Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine who achieve a response at twelve months as demonstrated by a twelve month (+/- 30 days) PHQ-9 score that is reduced by 50% or greater from the initial PHQ-9 score.</p> <p>D: Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine.</p>	MN Community Measurement
115	Mental Health/ Substance Use	2-Patient Safety/Safety	2.2-Medication Safety	Medication side effects	1932	<p>Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)</p> <p>N: The number of consumers who had one or more diabetes screenings performed during the measurement year, as identified by claim/encounter or automated laboratory data.</p> <p>D: The number of consumers in the eligible population.</p>	National Committee for Quality Assurance

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
116	Mental Health/ Substance Use	2-Patient Safety/Safety	2.2-Medication Safety	Medication side effects	N/A	<p>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)</p> <p>N: The number of consumers in the eligible population who met both of the following during the measurement year:• At least one test for blood glucose or HbA1c• At least one test for LDL-C (LDL-C Tests Value Set) or cholesterol</p> <p>D: The number of consumers in the eligible population.</p>	National Committee for Quality Assurance
117	Mental Health/ Substance Use	2-Patient Safety/Safety	2.2-Medication Safety	Medication side effects	1933	<p>Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)</p> <p>N: The number of consumers with an LDL-C test performed during the measurement year, as identified by claim/encounter or automated laboratory data.</p> <p>D: The number of consumers in the eligible population.</p>	National Committee for Quality Assurance

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
118	Mental Health/ Substance Use	2-Patient Safety/Safety	2.2-Medication Safety	Medication side effects	N/A	<p>New diabetes dx for pts on new atypical antipsychotic med</p> <p>N: Number of VHA users with a new diabetes diagnosis or diabetes medication in the period from 8 to 365 days following a new atypical antipsychotic fill.</p> <p>D: Number of VHA users who received a new atypical antipsychotic prescription during the four quarters preceding the current 4-quarter period for which the metric is calculated and had not received diabetes diagnoses or medications in the period from 365 days prior to the index fill through 7 days following the index fill date.</p>	Veterans Health Administration
119	Mental Health/ Substance Use	2-Patient Safety/Safety	2.2-Medication Safety	Medication side effects	N/A	<p>Obesity incidence for pts on atypical antipsych meds</p> <p>N: Number of VHA patients receiving atypical antipsychotics and having a BMI from 25.0-29.99 in the prior year who had a BMI that was ≥ 30.0 in the current year.</p> <p>D: Number of VHA patients who received an atypical antipsychotic prescription and had a BMI that was 25.0 - 29.99 during the previous year.</p>	Veterans Health Administration

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
120	Mental Health/ Substance Use	4-Person and Family Engagement/Experience	4.2-PRO-PMs	Patient/caregiver experience	N/A	<p>Veteran Satisfaction Survey--MH Appointment Access</p> <p>N: Sum of aggregated individual ratings (means on a 1 to 5 scale) for 5 included items: I get appointments with my MH provider within two weeks of the day that I want. I can see my MH provider who prescribes my medications as frequently as needed. If I have a question about my meds, I can get in touch with a MH provider or pharmacist by phone. I know that I will get a call back if I leave a message for my MH provider. I can't see my MH provider as much as I should because the provider does not have time to see me.</p> <p>D: Survey distributed to random sample of facility patients who had an outpatient mental health treatment visit in prior week; random sample blocked by facility and survey continued to ensure adequate representation of all facilities.</p>	Veterans Health Administration
121	Mental Health/ Substance Use	4-Person and Family Engagement/Experience	4.2-PRO-PMs	Patient/caregiver experience	N/A	<p>Patient Experience of Care Survey (PEC)</p> <p>N: NA-patient experience survey</p> <p>D: NA-patient experience survey</p>	Substance Abuse and Mental Health Services Administration

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
122	Mental Health/ Substance Use	4-Person and Family Engagement/Experience	4.2-PRO-PMs	Patient/caregiver experience	N/A	<p>Youth/Family Experience of Care Survey (Y/FEC)</p> <p>N: NA-patient experience survey</p> <p>D: NA-patient experience survey</p>	Substance Abuse and Mental Health Services Administration
123	Mental Health/ Substance Use	4-Person and Family Engagement/Experience	4.2-PRO-PMs	Patient/caregiver experience	N/A	<p>Veteran Satisfaction Survey-- Patient-Centered MH Care</p> <p>N: Sum of aggregated individual ratings (means on a 1 to 5 scale) for 8 included items: I was able to choose which therapies I wanted after discussion with my MH provider. My MH appointments are scheduled by VA without any input from me (reversed). I get a reminder call or letter about my MH appointments. My MH provider and I agree on how often I should have appointments. The staff is open to my suggestions regarding improvements to MH services. I am treated with respect and kindness at the MH programs. During our appointments, my MH provider focuses on the computer (reversed). My family has been involved in MH treatment with me as much as I would like them to be.</p> <p>D: Cohort: Survey distributed to random sample of facility patients who had an outpatient</p>	Veterans Health Administration

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
						mental health treatment visit in prior week; random sample blocked by facility and survey continued to ensure adequate representation of all facilities.	
124	Mental Health/ Substance Use	5-Healthy Living/ Population Health & Prevention	5.1-Population-Level Outcomes	Housing	N/A	<p>% of MH patients with onset of homelessness services</p> <p>N: Number of Veterans receiving mental health services who have evidence of a new episode of homelessness (i.e., start of receipt of homelessness services, a new VBA flag for homelessness, or a new V code indicating housing problems).</p> <p>D: Number of Veterans receiving mental health services.</p>	Veterans Health Administration
125	Mental Health/ Substance Use	5-Healthy Living/ Population Health & Prevention	5.1-Population-Level Outcomes	Housing	N/A	<p>Housing Status (HOU)</p> <p>N: The number of consumers in each living situation based on their most recent assessment or on the most recent available information on record during the measurement period.</p> <p>D: The number of consumers seen during each measurement period.</p>	Substance Abuse and Mental Health Services Administration

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
126	Mental Health/ Substance Use	5-Healthy Living/ Population Health & Prevention	5.1-Population-Level Outcomes	Suicide	N/A	Adjusted suicide re-event rate N: Adjusted re-event for the year that ended six months prior to the current quarter where a re-event occurred within six months after the index event. D: Adjusted newly reported patients with first reported event within system for the year that ended six months prior to the current quarter that used VHA services in the previous or current fiscal year prior to the index event.	Veterans Health Administration
127	Mental Health/ Substance Use	5-Healthy Living/ Population Health & Prevention	5.2-Detection/ Prevention of Chronic Disease	Alcohol/substance use	N/A	SUD - Outpt - Pts scrn Annually f/ Alcohol Misuse N: Veterans screened annually for alcohol misuse using the AUDIT-C with item-wise recording of item responses, total score, and positive or negative result of the AUDIT-C documented in the medical record. D: All Veterans eligible for alcohol misuse screen.	Veterans Health Administration
128	Mental Health/ Substance Use	5-Healthy Living/ Population Health & Prevention	5.2-Detection/ Prevention of Chronic Disease	Screening measures	N/A	PTSD Screening Using the PC-PTSD N: Eligible Veterans screened at required intervals for PTSD with item-wise recording of item responses, total score, and positive or negative result	Veterans Health Administration

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
						<p>of the PC-PTSD in the medical record.</p> <p>D: All Veterans eligible for PTSD screening.</p>	
129	Oncology	3-Communication/ Care Coordination	3.1-Assessing Team-Based Care	Team-based care	N/A	<p>Laryngeal squamous cell carcinoma: percentage of patients with squamous cell carcinoma of the larynx who undergo multidisciplinary evaluation via referral or tumor board presentation prior to definitive therapy.</p> <p>N: Number of patients who undergo definitive surgical management for squamous cell carcinoma of the larynx and receive multidisciplinary evaluation via referral or tumor board presentation prior to definitive therapy.</p> <p>D: Number of patients who undergo definitive surgical management for squamous cell carcinoma of the larynx.</p>	Washington University School of Medicine
130	Oncology	6-Affordable Care	6.1-Overuse Measures	Appropriate use	N/A	<p>Non-Recommended PSA-Based Screening (eMeasure)</p> <p>N: Identify members with a PSA-based screening test (PSA Tests Value Set) performed during the measurement year.</p> <p>D: Men age 70 years and older.</p>	Veterans Health Administration

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
131	Oncology	6-Affordable Care	6.1-Overuse Measures	Appropriate use	0210	<p>Proportion receiving chemotherapy in the last 14 days of life</p> <p>N: Patients who died from cancer and received chemotherapy in the last 14 days of life.</p> <p>D: Patients who died from cancer.</p>	American Society of Clinical Oncology
132	Oncology	6-Affordable Care	6.1-Overuse Measures	Appropriate use	0389	<p>Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients</p> <p>N: Patients who did not have a bone scan performed at any time since diagnosis of prostate cancer.</p> <p>D: All patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence, receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy.</p>	AMA-convened Physician Consortium for Performance Improvement
133	Oncology	6-Affordable Care	6.1-Overuse Measures	ER utilization	0211	<p>Proportion with more than one emergency room visit in the last days of life</p> <p>N: Patients who died from cancer and had >1 ER visit in the last 30 days of life.</p> <p>D: Patients who died from cancer.</p>	American Society of Clinical Oncology

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
134	Oncology	6-Affordable Care	6.1-Overuse Measures	Inpatient hospital admission rate	0213	<p>Proportion admitted to the ICU in the last 30 days of life</p> <p>N: Patients who died from cancer and were admitted to the ICU in the last 30 days of life.</p> <p>D: Patients who died from cancer.</p>	American Society of Clinical Oncology
135	Orthopedic Surgery	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Functional status pre/post treatment	2643	<p>Average change in functional status following lumbar spine fusion surgery</p> <p>N: There is not a traditional numerator for this measure; the measure is calculating the average change in functional status score from pre-operative to post-operative functional status score. The measure is NOT aiming for a numerator target value for a post-operative ODI score.</p> <p>D: Adult patients age and older (no upper age limit) who undergo a lumbar spine fusion procedure during a calendar year performance period (e.g. dates of procedure occurring between 1/1/2013 and 12/31/2013) AND have a completed pre-operative and post-operative ODI patient reported outcome assessments.</p>	MN Community Measurement

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
136	Orthopedic Surgery	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Functional status pre/post treatment	2653	<p>Average change in functional status following total knee replacement surgery</p> <p>N: There is not a traditional numerator for this measure; the measure is calculating the average change in functional status score from pre-operative to post-operative functional status score. The measure is NOT aiming for a numerator target value for a post-operative OKS score.</p> <p>D: Adult patients age and older (no upper age limit) who undergo a primary or revision total knee replacement procedure during a calendar year performance period (e.g. dates of procedure occurring between 1/1/2013 and 12/31/2013) AND have a completed pre-operative and post-operative OKS patient reported outcome assessments.</p>	MN Community Measurement

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
137	Orthopedic Surgery	1-Effective Treatment/ Clinical Care	1.2-PRO-PMs	Functional status pre/post orthopedic treatment/joint specific	0422	<p>Functional status change for patients with Knee impairments</p> <p>N: Patient Level: The residual functional status score for the individual patient (residual scores are the actual change scores - predicted change after risk adjustment. Individual Clinician Level: The average of residuals in functional status scores in patients who were treated by a clinician in a 12 month time period for knee impairment. Clinic Level: The average of residuals in functional status scores in patients who were treated by a clinic in a 12 month time period for knee impairment.</p> <p>D: All patients 14 years and older with knee impairments who have initiated rehabilitation treatment and completed the FOTO knee FS PROM at admission and discharge.</p>	Focus on Therapeutic Outcomes, Inc.

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
138	Orthopedic Surgery	1-Effective Treatment/ Clinical Care	1.2-PRO-PMs	Functional status pre/post orthopedic treatment/joint specific	0423	<p>Functional status change for patients with Hip impairments</p> <p>N: Patient Level: The residual functional status score for the individual patient (residual scores are the actual change scores - predicted change after risk adjustment. Individual Clinician Level: The average residuals in functional status scores in patients who were treated by a clinician in a 12-month time period for hip impairment. Clinic Level: The average residuals in functional status scores in patients who were treated by a clinic in a 12-month time period for hip impairment.</p> <p>D: All patients 14 years and older with hip impairments who have initiated rehabilitation treatment and complete the FOTO hip FS PROM at admission and discharge.</p>	Focus On Therapeutic Outcomes, Inc.

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
139	Orthopedic Surgery	1-Effective Treatment/ Clinical Care	1.2-PRO-PMs	Functional status pre/post orthopedic treatment/joint specific	0424	<p>Functional status change for patients with Foot and Ankle impairments</p> <p>N: Patient Level: The residual functional status score for the individual patient (residual scores are the actual change scores - predicted change after risk adjustment) Individual Clinician Level: The average of residuals in functional status scores in patients who were treated by a clinician in a 12 month time period for foot and or ankle impairment. Clinic Level: The average of residuals in patients who were treated by a clinic in a 12 month time period for foot and or ankle impairment.</p> <p>D: All patients 14 years and older with foot or ankle impairments who have initiated rehabilitation treatment and completed the FOTO foot and ankle PROM at admission and discharge.</p>	Focus on Therapeutic Outcomes, Inc.

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
140	Orthopedic Surgery	1-Effective Treatment/ Clinical Care	1.2-PRO-PMs	Functional status pre/post orthopedic treatment/joint specific	0425	<p>Functional status change for patients with lumbar impairments</p> <p>N: Patient Level: The residual functional status score for the individual patient (residual scores are the actual change scores - predicted change after risk adjustment). Individual Clinician Level: The average of residuals in functional status scores in patients who were treated by a clinician in a 12 month time period for lumbar impairment. Clinic Level: The average of residuals) in functional status scores in patients who were treated by a clinic in a 12 month time period for lumbar impairment.</p> <p>D: All patients 14 years and older with a lumbar impairment who have initiated rehabilitation treatment and completed the FOTO (lumbar) PROM.</p>	Focus on Therapeutic Outcomes, Inc.

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
141	Orthopedic Surgery	1-Effective Treatment/ Clinical Care	1.2-PRO-PMs	Functional status pre/post orthopedic treatment/joint specific	0426	<p>Functional status change for patients with Shoulder impairments</p> <p>N: Patient Level: The residual functional status score for the individual patient (residual scores are the actual change scores - predicted change after risk adjustment. Individual Clinician Level: The average of residuals in functional status scores in patients who were treated by a clinician in a 12-month time period for shoulder impairment. Clinic Level: The average of residuals in functional status scores in patients who were treated by a clinic in a 12-month time period for shoulder impairment.</p> <p>D: All patients 14 years and older with shoulder impairments who have initiated rehabilitation treatment and completed the FOTO shoulder FS outcome instrument at admission and discharge.</p>	Focus on Therapeutic Outcomes, Inc.

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
142	Orthopedic Surgery	1-Effective Treatment/ Clinical Care	1.2-PRO-PMs	Functional status pre/post orthopedic treatment/joint specific	0427	<p>Functional status change for patients with elbow, wrist and hand impairments</p> <p>N: Patient Level: The residual functional status score for the individual patient (residual scores are the actual change scores - predicted change after risk adjustment). Individual Clinician Level: The average of residuals in functional status scores in patients who were treated by a clinician in a 12-month time period for elbow, wrist and hand impairment. Clinic Level: The average of residuals in functional status scores in patients who were treated by a clinic in a 12-month time period for elbow, wrist and hand impairments.</p> <p>D: All patients 14 years and older with elbow, wrist or hand impairments who have initiated rehabilitation treatment and completed the FOTO (elbow, wrist and hand) PROM.</p>	Focus on Therapeutic Outcomes, Inc.

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
143	Orthopedic Surgery	1-Effective Treatment/ Clinical Care	1.2-PRO-PMs	Functional status pre/post orthopedic treatment/joint specific	0428	<p>Functional status change for patients with General orthopaedic impairments</p> <p>N: Patient Level: The residual functional status score for the individual patient (residual scores are the actual change scores - predicted change after risk adjustment). Individual Clinician Level: The average of residuals in functional status scores in patients who were treated by a clinician in a 12-month time period or general orthopaedic impairment. Clinic Level: The average of residuals in functional status scores in patients who were treated by a clinic in a 12-month time period for general orthopaedic impairment.</p> <p>D: All patients 14 years and older with general orthopaedic impairments who have initiated rehabilitation treatment and completed the FOTO (general orthopaedic) PROM.</p>	Focus on Therapeutic Outcomes, Inc.

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
144	Orthopedic Surgery	4-Person and Family Engagement/Experience	4.1-Personal Preference & Shared Decision-Making	Treatment options and/or care goal presented to determine patient preferences	N/A	<p>Total Knee Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy</p> <p>N: Patients with documented shared decision-making including discussion of conservative (non-surgical) therapy (e.g. NSAIDs, analgesics, exercise, injections) prior to the procedure.</p> <p>D: All patients regardless of age that have a specific procedure for TKR performed.</p>	American Association of Hip and Knee Surgeons
145	Orthopedic Surgery	4-Person and Family Engagement/Experience	4.2-PRO-PMs	Patient/caregiver experience	1741	<p>Patient Experience with Surgical Care Based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS)[®] Surgical Care Survey</p> <p>N: The composite measures do not have a typical numerator. This section is used to describe the composite score. The composite score is the average proportion of respondents who answered the most positive response category across the questions in the composite.</p> <p>D: The composite does not have a typical denominator statement. This section describes the target population.</p>	American College of Surgeons, Division of Advocacy and Health Policy

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
146	Palliative Care	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Comfort at end of life	N/A	<p>Pain Brought Under Control Within 48 Hours</p> <p>N: Patients whose pain was brought to a comfortable level (as defined by patient) within 48 hours of initial assessment (after admission to palliative care services)</p> <p>.D: Patients who replied "yes" when asked if they were uncomfortable because of pain at the initial assessment (after admission to hospice services).</p>	National Hospice and Palliative Care Organization
147	Palliative Care	4-Person and Family Engagement/Experience	4.1-Personal Preference & Shared Decision-Making	Hospice and end of life preferences	N/A	<p>Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences</p> <p>N: Patients who were offered assistance in planning for end of life issues (e.g., advance directives, invasive ventilation, or hospice) at least once annually.</p> <p>D: All patients with a diagnosis of Amyotrophic Lateral Sclerosis (ALS).</p>	American Academy of Neurology
148	Palliative Care	4-Person and Family Engagement/Experience	4.1-Personal Preference & Shared Decision-Making	Hospice and end of life preferences	1641	<p>Hospice and Palliative Care – Treatment Preferences</p> <p>N: Patients whose medical record includes documentation of life sustaining preferences.</p> <p>D: Seriously ill patients enrolled in hospice OR receiving specialty palliative</p>	University of North Carolina-Chapel Hill

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
						care in an acute hospital setting.	
149	Pathology	3-Communication/ Care Coordination	3.1-Assessing Team-Based Care	Communication between pathologists and clinicians regarding final results reports	N/A	<p>Non-melanoma Skin Cancer (NMSC): Biopsy Reporting Time - Pathologist</p> <p>N: Number of final pathology reports diagnosing cutaneous basal cell carcinoma or squamous cell carcinoma (to include in situ disease) sent from the Pathologist/Dermatopathologist to the biopsying clinician for review within 5 business days from the time when the tissue specimen was received by the pathologist.</p> <p>D: All pathology reports generated by the Pathologist/Dermatopathologist consistent with cutaneous basal cell carcinoma or squamous cell carcinoma (to include in situ disease).</p>	American Academy of Dermatology
150	Radiology	2-Patient Safety/Safety	2.1-Diagnostic Accuracy	Diagnostic accuracy	0508	<p>Diagnostic Imaging: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms</p> <p>N: Final reports classified as "probably benign."</p> <p>D: All final reports for screening mammograms.</p>	AMA-convened Physician Consortium for Performance Improvement

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
151	Radiology	3-Communication/ Care Coordination	3.2-Effective Use of New Technology	DICOM image availability	N/A	<p>Optimizing Patient Exposure to Ionizing Radiation: Computed Tomography (CT) Images Available for Patient Follow-up and Comparison Purposes</p> <p>N: Final reports for CT studies which document that DICOM format image data are available to non-affiliated external entities on a secure, media-free, reciprocally searchable basis with patient authorization for at least a 12-month period after the study</p> <p>D: Patient sample criteria for the Optimizing Patient Exposure to Ionizing Radiation Measures Group are all patients regardless of age, that have a specific CT procedure performed.</p>	American College of Radiology

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152	Radiology	3-Communication/Care Coordination	3.2-Effective Use of New Technology	DICOM image availability	N/A	<p>Optimizing Patient Exposure to Ionizing Radiation: Search for Prior Computed Tomography (CT) Imaging Studies Through a Secure, Authorized, Media-Free, Shared Archive</p> <p>N: Final reports of CT studies, which document that a search for DICOM format images was conducted for prior patient CT imaging studies completed at non-affiliated external entities within the past 12-months and are available through a secure, authorized, media-free, shared archive prior to an imaging study being performed.</p> <p>D: Patient sample criteria for the Optimizing Patient Exposure to Ionizing Radiation Measures Group are all patients regardless of age, that have a specific CT procedure performed.</p>	American College of Radiology
153	Radiology	6-Affordable Care	6.1-Overuse Measures	Appropriate use	N/A	<p>Appropriate Follow-up Imaging for Incidental Abdominal Lesions</p> <p>N: Final reports for abdominal imaging studies with follow-up imaging recommended.</p> <p>D: All final reports for abdominal imaging studies for patients aged 18 years and older with one or more of the following noted: Liver lesion \leq 0.5 cm, Cystic kidney lesion $<$</p>	American College of Radiology

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
						1.0 cm or Adrenal lesion \leq 1.0 cm.	
154	Radiology	6-Affordable Care	6.1-Overuse Measures	Appropriate use	N/A	<p>Appropriate Follow-Up Imaging for Incidental Thyroid Nodules in Patients</p> <p>N: Final reports for CT or MRI of the chest or neck or ultrasound of the neck with follow-up imaging recommended for reports with a thyroid nodule < 1.0 cm noted.</p> <p>D: All final reports for CT or MRI studies of the chest or neck or ultrasound of the neck for patients aged 18 and older with a thyroid nodule < 1.0 cm noted.</p>	American College of Radiology
155	Radiology	6-Affordable Care	6.1-Overuse Measures	Appropriate use	N/A	<p>Overuse of Neuroimaging for Patients With Primary Headache and A Normal Neurological Examination</p> <p>N: Patients with a normal neurological examination for whom advanced brain imaging (CTA, CT, MRA or MRI) was NOT ordered.</p> <p>D: All patients with a diagnosis of primary headache.</p>	American Academy of Neurology

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
156	Radiology	6-Affordable Care	6.1-Overuse Measures	Appropriate use	0052	<p>Use of Imaging Studies for Low Back Pain</p> <p>N: Members who received an imaging study (plain x-ray, MRI, CT scan) conducted on the index episode start date or in the 28 days following the index episode start date.</p> <p>D: All members aged 18 years at the beginning of the measurement year to 50 years by the end of the measurement year who had an outpatient or ED encounter with a principal diagnosis of low back pain during period starting at the beginning of the measurement year through 28 days prior to the end of the measurement year.</p>	National Committee for Quality Assurance
157	Radiology	6-Affordable Care	6.1-Overuse Measures	Appropriate use	0562	<p>Overutilization of Imaging Studies in Melanoma</p> <p>N: Patients for whom no diagnostic imaging studies were ordered.</p> <p>D: All patients, regardless of age, with a current diagnosis of Stage 0 through IIC melanoma or a history of melanoma of any stage, without signs or symptoms suggesting systemic spread, seen for an office visit during the one-year measurement period.</p>	American Academy of Dermatology

#	Clinical Specialty	Quality Domain	Topic	Subtopic	NQF ID	Measure Title Numerator (N) and Denominator (D) Statements	Steward
158	Radiology	6-Affordable Care	6.1-Overuse Measures	Appropriate use	N/A	<p>Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse)</p> <p>N: Patients 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>D: All patients aged 18 years and older with a diagnosis of acute sinusitis.</p>	American Academy of Otolaryngology – Head and Neck Surgery
159	Radiology	6-Affordable Care	6.1-Overuse Measures	Appropriate use	N/A	<p>Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)</p> <p>N: Patients who had more than one CT scan of the paranasal sinuses ordered or received within 90 days after date of diagnosis.</p> <p>D: Patients aged 18 years and older with a diagnosis of chronic sinusitis.</p>	American Academy of Otolaryngology – Head and Neck Surgery

Appendix III: Measures Proposed for the Quality Payment Program Mapped to the Conceptual Framework

Table 7: Measures Proposed for the Quality Payment Program Mapped to the Conceptual Framework (n = 67)

#	Quality Domain	Topic	Subtopic	Clinical Specialty	NQF ID	NQF Endorsed Status	Measure Title
1	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Intermediate outcomes (e.g., HbA1c, BP)	General Medicine/ Crosscutting	0018	Endorsed	Controlling High Blood Pressure
2	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Intermediate outcomes (e.g., HbA1c, BP)	General Medicine/ Crosscutting	0059	Endorsed	Diabetes: Hemoglobin A1c Poor Control
3	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Medication Adherence and Persistence	Mental Health/Substance Use	1879	Endorsed	Adherence to Antipsychotic Medications for Individuals with Schizophrenia
4	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Intermediate outcomes (e.g., HbA1c, BP)	General Medicine/ Crosscutting	2082	Endorsed	HIV Viral Load Suppression
5	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Intermediate outcomes (e.g., HbA1c, BP)	General Medicine/ Crosscutting	9999	Not Submitted/Not Endorsed	Adult Kidney Disease: Blood Pressure Management
6	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Intermediate outcomes (e.g., HbA1c, BP)	General Medicine/ Crosscutting	9999	Not Submitted/Not Endorsed	Optimal Asthma Control
7	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Intermediate outcomes (e.g., HbA1c, BP)	General Medicine/ Crosscutting	9999	Not Submitted/Not Endorsed	Hypertension: Improvement in Blood Pressure

#	Quality Domain	Topic	Subtopic	Clinical Specialty	NQF ID	NQF Endorsed Status	Measure Title
8	1-Effective Treatment/ Clinical Care	1.1-Outcomes	Comfort at end of life	Palliative Care	9999	Not Submitted/Not Endorsed	Pain Brought Under Control Within 48 Hours
9	1-Effective Treatment/ Clinical Care	1.2-PRO-PMs	Functional status pre/post orthopedic treatment/joint specific	Orthopedic Surgery	0422	Endorsed	Functional Status Change for Patients with Knee Impairments
10	1-Effective Treatment/ Clinical Care	1.2-PRO-PMs	Functional status pre/post orthopedic treatment/joint specific	Orthopedic Surgery	0423	Endorsed	Functional Status Change for Patients with Hip Impairments
11	1-Effective Treatment/ Clinical Care	1.2-PRO-PMs	Functional status pre/post orthopedic treatment/joint specific	Orthopedic Surgery	0424	Endorsed	Functional Status Change for Patients with Foot and Ankle Impairments
12	1-Effective Treatment/ Clinical Care	1.2-PRO-PMs	Functional status pre/post orthopedic treatment/joint specific	Orthopedic Surgery	0425	Endorsed	Functional Status Change for Patients with Lumbar Impairments
13	1-Effective Treatment/ Clinical Care	1.2-PRO-PMs	Functional status pre/post orthopedic treatment/joint specific	Orthopedic Surgery	0426	Endorsed	Functional Status Change for Patients with Shoulder Impairments
14	1-Effective Treatment/ Clinical Care	1.2-PRO-PMs	Functional status pre/post orthopedic treatment/joint specific	Orthopedic Surgery	0427	Endorsed	Functional Status Change for Patients with Elbow, Wrist and Hand Impairments
15	1-Effective Treatment/ Clinical Care	1.2-PRO-PMs	Functional status pre/post orthopedic treatment/joint specific	Orthopedic Surgery	0428	Endorsed	Functional Status Change for Patients with General Orthopaedic Impairments

#	Quality Domain	Topic	Subtopic	Clinical Specialty	NQF ID	NQF Endorsed Status	Measure Title
16	1-Effective Treatment/ Clinical Care	1.2-PRO-PMs	Functional status pre/post treatment	Mental Health/Substance Use	0710	Endorsed	Depression Remission at Twelve Months
17	1-Effective Treatment/ Clinical Care	1.2-PRO-PMs	Functional status pre/post treatment	Mental Health/Substance Use	0711	Endorsed	Depression Remission at Six Months
18	1-Effective Treatment/ Clinical Care	1.2-PRO-PMs	Health-Related QOL	General Medicine/ Crosscutting	9999	Not Submitted/Not Endorsed	Quality of Life Assessment for Patients With Primary Headache Disorders
19	2-Patient Safety/Safety	2.1-Diagnostic Accuracy	Diagnostic Accuracy	Radiology	0508	Endorsed	Diagnostic Imaging: Inappropriate Use of “Probably Benign” Assessment Category in Screening Mammograms
20	2-Patient Safety/Safety	2.2-Medication Safety	Medication side effects	General Medicine/ Crosscutting	0022	Endorsed	Use of High-Risk Medications in the Elderly
21	2-Patient Safety/Safety	2.2-Medication Safety	Antibiotic stewardship	General Medicine/ Crosscutting	0058	Endorsed	Antibiotic Treatment for Adults With Acute Bronchitis: Avoidance of Inappropriate Use
22	2-Patient Safety/Safety	2.2-Medication Safety	Antibiotic stewardship	General Medicine/ Crosscutting	0069	Endorsed	Appropriate Treatment for Children with Upper Respiratory Infection (URI)
23	2-Patient Safety/Safety	2.2-Medication Safety	Medication management/ reconciliation	General Medicine/ Crosscutting	0097	Endorsed	Medication Reconciliation

#	Quality Domain	Topic	Subtopic	Clinical Specialty	NQF ID	NQF Endorsed Status	Measure Title
24	2-Patient Safety/Safety	2.2-Medication Safety	Medication management/reconciliation	General Medicine/Crosscutting	0419	Endorsed	Documentation of Current Medications in the Medical Record
25	2-Patient Safety/Safety	2.2-Medication Safety	Inappropriate medication use	General Medicine/Crosscutting	0654	Endorsed	Acute Otitis Externa: Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use
26	2-Patient Safety/Safety	2.2-Medication Safety	Antibiotic stewardship	General Medicine/Crosscutting	9999	Not Submitted/Not Endorsed	Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)
27	2-Patient Safety/Safety	2.2-Medication Safety	Antibiotic stewardship	General Medicine/Crosscutting	9999	Not Submitted/Not Endorsed	Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Appropriate Use)
28	2-Patient Safety/Safety	2.2-Medication Safety	Opioids	General Medicine/Crosscutting	9999	Not Submitted/Not Endorsed	Evaluation or Interview for Risk of Opioid Misuse
29	3-Communication/Care Coordination	3.1-Assessing Team-Based Care	Communication between providers	General Medicine/Crosscutting	0045	Endorsed	Communication with the physician or other clinician managing on-going care post fracture for men and women aged 50 years and older
30	3-Communication/Care Coordination	3.1-Assessing Team-Based Care	Communication between providers	General Medicine/Crosscutting	9999	Not Submitted/Not Endorsed	Closing the Referral Loop: Receipt of Specialist Report
31	3-Communication/Care Coordination	3.1-Assessing Team-Based Care	Communication between pathologists and clinicians regarding final results reports	Pathology	9999	Not Submitted/Not Endorsed	Non-melanoma Skin Cancer (NMSC): Biopsy Reporting Time - Pathologist

#	Quality Domain	Topic	Subtopic	Clinical Specialty	NQF ID	NQF Endorsed Status	Measure Title
32	3-Communication/ Care Coordination	3.2-Effective Use of New Technology	DICOM image availability	Radiology	9999	Not Submitted/Not Endorsed	Optimizing Patient Exposure to Ionizing Radiation: Computed Tomography (CT) Images Available for Patient Follow-up and Comparison Purposes
33	3-Communication/ Care Coordination	3.2-Effective Use of New Technology	DICOM image availability	Radiology	9999	Not Submitted/Not Endorsed	Optimizing Patient Exposure to Ionizing Radiation: Search for Prior Computed Tomography (CT) Imaging Studies Through a Secure, Authorized, Media-Free, Shared Archive
34	4-Person and Family Engagement/Experience	4.1-Personal Preference & Shared Decision- Making	Treatment options and/or care goal presented to determine patient preferences	General Medicine/ Crosscutting	0326	Endorsed	Advance Care Plan
35	4-Person and Family Engagement/Experience	4.1-Personal Preference & Shared Decision- Making	Hospice and end of life preferences	Palliative Care	9999	Not Submitted/Not Endorsed	Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences
36	4-Person and Family Engagement/Experience	4.1-Personal Preference & Shared Decision- Making	Treatment options and/or care goal presented to determine patient preferences	Orthopedic Surgery	9999	Not Submitted/Not Endorsed	Total Knee Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy
37	4-Person and Family Engagement/Experience	4.1-Personal Preference & Shared Decision- Making	Treatment options and/or care goal presented to determine patient preferences	General Medicine/ Crosscutting	9999	Not Submitted/Not Endorsed	Discussion and Shared Decision Making Surrounding Treatment Options
38	4-Person and Family Engagement/Experience	4.2-PRO-PMs	Patient/Caregiver Experience	General Medicine/ Crosscutting	0005	Endorsed	CAHPS Clinician & Group Surveys (CG-CAHPS)-Adult, Child
39	5-Healthy Living/Population Health & Prevention	5.2-Detection/ Prevention of Chronic Disease	Screening measures	General Medicine/ Crosscutting	0024	Endorsed	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
40	5-Healthy Living/Population Health & Prevention	5.2-Detection/ Prevention of Chronic Disease	Tobacco Use	General Medicine/ Crosscutting	0028	Endorsed	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention

#	Quality Domain	Topic	Subtopic	Clinical Specialty	NQF ID	NQF Endorsed Status	Measure Title
41	5-Healthy Living/Population Health & Prevention	5.2-Detection/Prevention of Chronic Disease	Immunizations	General Medicine/Crosscutting	0038	Endorsed	Childhood Immunization Status
42	5-Healthy Living/Population Health & Prevention	5.2-Detection/Prevention of Chronic Disease	Screening measures	General Medicine/Crosscutting	0046	Endorsed	Screening for Osteoporosis for Women 65-85 Years of Age
43	5-Healthy Living/Population Health & Prevention	5.2-Detection/Prevention of Chronic Disease	Screening measures	General Medicine/Crosscutting	0418	Endorsed	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
44	5-Healthy Living/Population Health & Prevention	5.2-Detection/Prevention of Chronic Disease	Screening measures	General Medicine/Crosscutting	0421	Endorsed	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
45	5-Healthy Living/Population Health & Prevention	5.2-Detection/Prevention of Chronic Disease	Screening measures	General Medicine/Crosscutting	1395	Endorsed	Chlamydia Screening and Follow-up
46	5-Healthy Living/Population Health & Prevention	5.2-Detection/Prevention of Chronic Disease	Immunizations	General Medicine/Crosscutting	1407	Endorsed	Immunizations for Adolescents
47	5-Healthy Living/Population Health & Prevention	5.2-Detection/Prevention of Chronic Disease	Screening measures	General Medicine/Crosscutting	2152	Endorsed	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
48	5-Healthy Living/Population Health & Prevention	5.2-Detection/Prevention of Chronic Disease	Screening measures	General Medicine/Crosscutting	2372	Endorsed	Breast Cancer Screening

#	Quality Domain	Topic	Subtopic	Clinical Specialty	NQF ID	NQF Endorsed Status	Measure Title
49	5-Healthy Living/Population Health & Prevention	5.2-Detection/Prevention of Chronic Disease	Screening measures	General Medicine/Crosscutting	9999	Not Submitted/Not Endorsed	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
50	5-Healthy Living/Population Health & Prevention	5.2-Detection/Prevention of Chronic Disease	Screening measures	General Medicine/Crosscutting	9999	Not Submitted/Not Endorsed	Maternal Depression Screening
51	6-Affordable Care	6.1-Overuse Measures	Appropriate Use	General Medicine/Crosscutting	0002	Endorsement Removed	Appropriate Testing for Children with Pharyngitis
52	6-Affordable Care	6.1-Overuse Measures	Appropriate Use	Radiology	0052	Endorsed	Use of Imaging Studies for Low Back Pain
53	6-Affordable Care	6.1-Overuse Measures	Appropriate Use	Oncology	0210	Endorsed	Proportion Receiving Chemotherapy in the Last 14 days of Life
54	6-Affordable Care	6.1-Overuse Measures	ER utilization	Oncology	0211	Endorsed	Proportion with More Than One Emergency Room Visit in the Last Days of Life
55	6-Affordable Care	6.1-Overuse Measures	Inpatient hospital admission rate	Oncology	0213	Endorsed	Proportion Admitted to the ICU in the Last 30 Days of Life
56	6-Affordable Care	6.1-Overuse Measures	Appropriate Use	Oncology	0389	Endorsed	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients

#	Quality Domain	Topic	Subtopic	Clinical Specialty	NQF ID	NQF Endorsed Status	Measure Title
57	6-Affordable Care	6.1-Overuse Measures	Appropriate Use	Radiology	0562	Endorsed	Overutilization of Imaging Studies in Melanoma
58	6-Affordable Care	6.1-Overuse Measures	Appropriate Use	General Medicine/ Crosscutting	0658	Endorsed	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
59	6-Affordable Care	6.1-Overuse Measures	Appropriate Use	General Medicine/ Crosscutting	0659	Endorsed	Colonoscopy Interval for Patients with a History of Adenomatous Polyps- Avoidance of Inappropriate Use
60	6-Affordable Care	6.1-Overuse Measures	Appropriate Use	General Medicine/ Crosscutting	0670	Endorsed	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients
61	6-Affordable Care	6.1-Overuse Measures	Appropriate Use	General Medicine/ Crosscutting	0671	Endorsed	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI)
62	6-Affordable Care	6.1-Overuse Measures	Appropriate Use	General Medicine/ Crosscutting	0672	Endorsed	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low Risk Patients
63	6-Affordable Care	6.1-Overuse Measures	Appropriate Use	Radiology	9999	Not Submitted/Not Endorsed	Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse)
64	6-Affordable Care	6.1-Overuse Measures	Appropriate Use	Radiology	9999	Not Submitted/Not Endorsed	Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)

#	Quality Domain	Topic	Subtopic	Clinical Specialty	NQF ID	NQF Endorsed Status	Measure Title
65	6-Affordable Care	6.1-Overuse Measures	Appropriate Use	Radiology	9999	Not Submitted/Not Endorsed	Appropriate Follow-up Imaging for Incidental Abdominal Lesions
66	6-Affordable Care	6.1-Overuse Measures	Appropriate Use	Radiology	9999	Not Submitted/Not Endorsed	Appropriate Follow-Up Imaging for Incidental Thyroid Nodules in Patients
67	6-Affordable Care	6.1-Overuse Measures	Appropriate Use	Radiology	9999	Not Submitted/Not Endorsed	Overuse of Neuroimaging for Patients With Primary Headache and A Normal Neurological Examination