

## **Background**

CMS sought potential measure suggestions from the public from November 24 through December 17, 2010 for the 2012 Physician Quality Reporting System (Physician Quality Reporting). The following list includes measures submitted for 2012 consideration and identifies the requesting organization.

<b>Physician Quality Reporting List of 2012 Individual Measure Suggestions</b>		
<b>Temporary Measure #</b>	<b>2012 Temporary Measure Title: Description</b>	<b>Measure Requestor</b>
Formerly PQRI #96  Retired for 2009	<b>Otitis Media with Effusion (OME): Antihistamines or Decongestants – Avoidance of Inappropriate Use:</b> Percentage of patients aged 2 months through 12 years with a diagnosis of OME were not prescribed or recommended to receive either antihistamines or decongestants	Physician Consortium for Performance Improvement®/ American Medical Association
Formerly PQRI #97  Retired for 2009	<b>Otitis Media with Effusion (OME): Systemic Antimicrobials – Avoidance of Inappropriate Use:</b> Percentage of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials	Physician Consortium for Performance Improvement®/ American Medical Association
Formerly PQRI #98  Retired for 2009	<b>Otitis Media with Effusion (OME): Systemic Corticosteroids – Avoidance of Inappropriate Use:</b> Percentage of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic corticosteroids	Physician Consortium for Performance Improvement®/ American Medical Association
M01	<b>Chronic Wound Care: Use of Wound Surface Culture Technique in Patients with Chronic Skin Ulcers (overuse measure):</b> Percentage of patient visits for those patients aged 18 years and older with a diagnosis of chronic skin ulcer without the use of a wound surface culture technique	Physician Consortium for Performance Improvement®/ American Medical Association
M02	<b>Chronic Wound Care: Use of Wet to Dry Dressings in Patients with Chronic Skin Ulcers (overuse measure):</b> Percentage of patient visits for those patients aged 18 years and older with a diagnosis of chronic skin ulcer without a prescription or recommendation to use wet to dry dressings	Physician Consortium for Performance Improvement®/ American Medical Association

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M03	<b>Chronic Wound Care: Patient Education Regarding Long-Term Compression Therapy:</b> Percentage of patients aged 18 years and older with a diagnosis of venous ulcer who received education regarding the need for long-term compression therapy including interval replacement of compression stockings within the 12-month reporting period	Physician Consortium for Performance Improvement®/ American Medical Association
M04	<b>Chronic Wound Care: Patient Education Regarding Diabetic Foot Care:</b> Percentage of patients aged 18 years and older with a diagnosis of diabetes and foot ulcer who received education regarding appropriate foot care AND daily inspection of the feet within the 12-month reporting period	Physician Consortium for Performance Improvement®/ American Medical Association
M05	<b>Endoscopy and Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients:</b> Percentage of patients aged 50 years and older receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report	Physician Consortium for Performance Improvement®/ American Medical Association American Gastroenterological Association American Society for Gastrointestinal Endoscopy
M06	<b>Endoscopy and Polyp Surveillance: Comprehensive Colonoscopy Documentation:</b> Percentage of final colonoscopy reports for patients aged 18 years and older that include documentation of all of the following: pre-procedure risk assessment; depth of insertion; quality of the bowel prep; complete description of polyp(s) found, including location of each polyp, size, number and gross morphology; and recommendations for follow-up	Physician Consortium for Performance Improvement®/ American Medical Association American Gastroenterological Association American Society for Gastrointestinal Endoscopy
M07	<b>Oncology: Treatment Summary Communication – Radiation Oncology:</b> Percentage of patients, regardless of age, with a diagnosis of cancer who have undergone brachytherapy or external beam radiation therapy who have a treatment summary report in the chart that was communicated to the physician(s) providing continuing care and to the patient within one month of completing treatment	Physician Consortium for Performance Improvement®/ American Medical Association
M08	<b>Substance Use Disorders: Counseling Regarding Psychosocial and Pharmacologic Treatment Options for Alcohol Dependence:</b> Percentage of patients aged 18 years and older with a diagnosis of current alcohol dependence who were counseled regarding psychosocial AND pharmacologic treatment options for alcohol dependence within the 12-month reporting period	Physician Consortium for Performance Improvement®/ American Medical Association

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M09	<b>Substance Use Disorders: Counseling Regarding Psychosocial and Pharmacologic Treatment Options for Opioid Addiction:</b> Percentage of patients aged 18 years and older with a diagnosis of current opioid addiction who were counseled regarding psychosocial AND pharmacologic treatment options for opioid addiction within the 12-month reporting period	Physician Consortium for Performance Improvement®/ American Medical Association
M10	<b>Substance Use Disorders: Screening for Depression Among Patients with Substance Abuse or Dependence:</b> Percentage of patients aged 18 years and older with a diagnosis of current substance abuse or dependence who were screened for depression within the 12-month reporting period	Physician Consortium for Performance Improvement®/ American Medical Association
M11	<b>Asthma: Assessment of Asthma Risk – Emergency Department/Inpatient Setting:</b> Percentage of patients aged 5 through 50 years with an emergency department visit or an inpatient admission for an asthma exacerbation who were evaluated for asthma risk	Physician Consortium for Performance Improvement®/ American Medical Association
M12	<b>Asthma: Discharge Plan – Emergency Department/Inpatient Setting:</b> Percentage of patients aged 5 through 50 years with an emergency department visit or inpatient admission for an asthma exacerbation who are discharged from the emergency department OR inpatient setting with an asthma discharge plan	Physician Consortium for Performance Improvement®/ American Medical Association
M13	<b>Coronary Artery Disease (CAD): Blood Pressure Control:</b> Percentage of patients aged 18 years and older with a diagnosis of CAD with a blood pressure < 140/90 mmHg OR patients with a blood pressure ≥ 140/90 mmHg and prescribed 2 or more anti-hypertensive medications during the most recent visit during the measurement period	Physician Consortium for Performance Improvement®/ American Medical Association
M14	<b>Coronary Artery Disease (CAD): Symptom Management:</b> Percentage of visits for patients aged 18 years and older with a diagnosis of CAD and with results of an evaluation of both level of activity AND presence or absence of anginal symptoms, with appropriate management of angina symptoms (evaluation of level of activity and symptoms includes no report of angina symptoms OR evaluation of level of activity and symptoms includes report of anginal symptoms and a plan of care is documented to achieve control of anginal symptoms)	Physician Consortium for Performance Improvement®/ American Medical Association

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M15	<b>Cardiac Rehabilitation Patient Referral From an Outpatient Setting:</b> Percentage of patients evaluated in an outpatient setting who in the previous 12 months have experienced an acute myocardial infarction or chronic stable angina or who have undergone coronary artery bypass (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery (CVS), or cardiac transplantation, who have not already participated in an early outpatient cardiac rehabilitation/secondary prevention program for the qualifying event, and who are referred to an outpatient cardiac rehabilitation/secondary prevention program	American College of Cardiology Foundation/American Heart Association Task Force on Performance Measures
M16	<b>Atrial Fibrillation and Atrial Flutter: Assessment of Thromboembolic Risk Factors:</b> Percentage of patients aged 18 years and older with a diagnosis of nonvalvular AF or atrial flutter with an assessment of all of the specified thromboembolic risk factors documented	Physician Consortium for Performance Improvement®/ American Medical Association
M17	<b>Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy:</b> Percentage of patients aged 18 years and older with a diagnosis of nonvalvular AF or atrial flutter at high risk for thromboembolism who were prescribed warfarin during the 12 month reporting period	Physician Consortium for Performance Improvement®/ American Medical Association
M18	<b>Hypertension: Blood Pressure Control:</b> Percentage of patients aged 18 years and older with a diagnosis of hypertension with a blood pressure <140/90 mm Hg OR patients with a blood pressure ≥140/90 mm Hg and prescribed 2 or more anti-hypertensive medications during the most recent office visit within a 12 month period	Physician Consortium for Performance Improvement®/ American Medical Association
M19	<b>Preventive Care and Screening: Cervical Cancer Screening:</b> Percentage of female patients aged 21 through 65 years who have documentation of the performance of current cervical cancer screening with results during the two-year measurement period	Physician Consortium for Performance Improvement®/ American Medical Association
M20	<b>Preventive Care and Screening: Obesity Screening:</b> Percentage of patients aged 18 years and older for whom body mass index (BMI) is documented at least once during the two-year measurement period	Physician Consortium for Performance Improvement®/ American Medical Association
M21	<b>Dementia: Staging of Dementia:</b> Percentage of patients, regardless of age, with a diagnosis of dementia whose severity of dementia was classified as mild, moderate or severe at least once within a 12 month period	Physician Consortium for Performance Improvement®/ American Medical Association
M22	<b>Dementia: Cognitive Assessment:</b> Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12 month period	Physician Consortium for Performance Improvement®/ American Medical Association

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M23	<b>Dementia: Functional Status Assessment:</b> Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) for whom an assessment of patient's functional status is performed and the results reviewed at least once within a 12 month period	Physician Consortium for Performance Improvement®/ American Medical Association
M24	<b>Dementia: Neuropsychiatric Symptom Assessment:</b> Percentage of patients, regardless of age, with a diagnosis of dementia and their caregiver(s) for whom an assessment of patient's neuropsychiatric symptoms is performed and results reviewed at least once in a 12 month period	Physician Consortium for Performance Improvement®/ American Medical Association
M25	<b>Dementia: Management of Neuropsychiatric Symptoms:</b> Percentage of patients, regardless of age, with a diagnosis of dementia who have one or more neuropsychiatric symptoms who received or were recommended to receive an intervention for neuropsychiatric symptoms within a 12 month period	Physician Consortium for Performance Improvement®/ American Medical Association
M26	<b>Dementia: Screening for Depressive Symptoms:</b> Percentage of patients, regardless of age, with a diagnosis of dementia who were screened for depressive symptoms within a 12 month period	Physician Consortium for Performance Improvement®/ American Medical Association
M27	<b>Dementia: Counseling Regarding Safety Concerns:</b> Percentage of patients, regardless of age, with a diagnosis of dementia and their caregiver(s) who were counseled regarding safety concerns within in a 12 month period	Physician Consortium for Performance Improvement®/ American Medical Association
M28	<b>Dementia: Counseling Regarding Risks of Driving:</b> Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) who were counseled regarding the risks of driving and driving alternatives within a 12 month period	Physician Consortium for Performance Improvement®/ American Medical Association
M29	<b>Dementia: Comprehensive End of Life Counseling and Advance Care Planning:</b> Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) who received 1) comprehensive counseling regarding end of life decisions AND 2) have an advance care plan or surrogate decisions' maker in the medical record or documentation in the medical record that the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan	Physician Consortium for Performance Improvement®/ American Medical Association
M30	<b>Dementia: Caregiver Education and Support:</b> Percentage of patients, regardless of age, with a diagnosis of dementia whose caregiver(s) were provided with education on disease management and health behavior changes AND referred to additional sources for support within a 12 month period	Physician Consortium for Performance Improvement®/ American Medical Association

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M31	<b>Depression Remission at Six Months:</b> Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at six months defined as a PHQ-9 score less than five. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment	Minnesota Community Measurement
M32	<b>Depression Remission at Twelve Months:</b> Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as a PHQ-9 score less than five. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment	Minnesota Community Measurement
M33	<b>Depression Utilization of the PHQ-9:</b> Adult patients age 18 and older with the diagnosis of major depression or dysthymia (ICD-9 296.2x, 296.3x or 300.4) who have a PHQ-9 tool administered at least once during a four month period in which there was a qualifying visit	Minnesota Community Measurement
M34	<b>Optimal Asthma Care:</b> Composite measure of the percentage of pediatric and adult patients who have asthma. Optimal care is defined as: -Asthma is well controlled -Patient is not at increased risk of exacerbations -Patient has a current written asthma action/management plan	Minnesota Community Measurement
M35	<b>Barrett's Esophagus:</b> Esophageal biopsies with a diagnosis of Barrett's esophagus that also include a statement on dysplasia	College of American Pathologists
M36	<b>Radical Prostatectomy Pathology Reporting:</b> This is a measure based on whether radical prostatectomy pathology report includes the pT category, the pN category, the Gleason score and a statement about margin status	College of American Pathologists
M37	<b>Cytopathology Turn-Around-Time:</b> This is a measure based on whether routine non-gynecologic cytopathology specimen reports are finalized (signed out) with a turnaround time of less than or equal to two working days from their accession in the laboratory, with an optimal goal of 90%	College of American Pathologists
M38	<b>Immunohistochemical (IHC) Evaluation of HER2 for Breast Cancer Patients:</b> This is a measure based on whether quantitative evaluation of HER2 by immunohistochemistry (IHC) uses the system recommended in the ASCO/CAP Guidelines for Human Epidermal Growth Factor Receptor 2 Testing in breast cancer	College of American Pathologists

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M39	<b>Bone Marrow and FNA/Direct Specimen Acquisition:</b> This is a measure based on whether the qualified healthcare professional followed and documented a fine needle aspiration (FNA) timeout procedure to verify correct patient/ correct site/ correct procedure	College of American Pathologists
M40	<b>Anticoagulation for Acute Pulmonary Embolus Patients:</b> Anticoagulation for acute pulmonary embolus patients	American College of Emergency Physicians
M41	<b>Pregnancy Test for Female Abdominal Pain Patients:</b> Pregnancy test for female abdominal pain patients	American College of Emergency Physicians
M42	<b>Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain:</b> Percentage of pregnant patients who present to the ED with a chief complaint of abdominal pain and or vaginal bleeding who receive a trans-abdominal or trans-vaginal ultrasound	American College of Emergency Physicians
M43	<b>Rh Immunoglobulin (Rhogam) for Rh Negative Pregnant Women at Risk of Fetal Blood Exposure:</b> Percent of Rh negative pregnant women at risk of fetal blood exposure who receive Rhogam in the ED	American College of Emergency Physicians
M44	<b>Ultrasound Guidance for Internal Jugular Central Venous Catheter Placement:</b> Percent of adult patients aged 18 years and older with an Internal jugular central venous catheter placed in the emergency department (ED) under ultrasound guidance	American College of Emergency Physicians
M45	<b>Confirmation of Endotracheal Tube (ETT) Placement:</b> Any time an ETT is placed into an airway in the Emergency Department or an ETT is placed by an outside provider and that patient arrives already intubated (EMS or hospital transfer) or when an airway is placed after patients arrives to the ED there should be some method attempted to confirm ETT placement	American College of Emergency Physicians
M46	<b>In-Hospital Mortality Following Elective Non-ruptured Open AAA Repair:</b> Percentage of patients undergoing repair of AAA who die while in hospital	Society for Vascular Surgery
M47	<b>In-Hospital Mortality Following Endovascular Abdominal Aortic Aneurysm Repair (EVAR):</b> Percentage of patients undergoing endovascular repair of AAA who die while in hospital	Society for Vascular Surgery
M48	<b>Perioperative Anti-platelet Therapy for Patients Undergoing Carotid Endarterectomy:</b> Percentage of patients undergoing carotid endarterectomy (CEA) who are taking an anti-platelet agent (aspirin or clopidogrel) within 48 hours prior to surgery and are prescribed this medication at hospital discharge following surgery	Society for Vascular Surgery



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M49	<b>Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Artery Stenting (CAS):</b> Percentage of patients without carotid territory neurologic or retinal symptoms within one year immediately proceeding carotid angioplasty and stent (CAS) placement with protection who experience stroke or death following surgery within 30 days of the procedure. This measure is proposed for both hospitals and individual interventionalists.	Society for Vascular Surgery
M50	<b>Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Endarterectomy:</b> Percentage of patients without carotid territory neurologic or retinal symptoms within the 12 months immediately preceding carotid endarterectomy (CEA) who experience stroke or death following surgery while in the hospital. This measure is proposed for both hospitals and individual surgeons.	Society for Vascular Surgery
M51	<b>Rate of Carotid Artery Stenting for Asymptomatic Patients without Major Complications (discharged to home no later than post-operative day #2):</b> Percent of asymptomatic patients undergoing CAS who do not experience a major complication, and are discharged to home no later than post-operative day #2	Society for Vascular Surgery
M52	<b>Surveillance after Endovascular Abdominal Aortic Aneurysm Repair (EVAR):</b> Percentage of patients over 18 years of age undergoing EVAR who have at least one follow-up imaging study (computed tomographic angiography (CTA), magnetic resonance angiography (MRA) or duplex ultrasound) after 3 months and within 15 months of EVAR placement that documents aneurysm sac diameter and endoleak status	Society for Vascular Surgery
M53	<b>Statin Therapy at Discharge after Lower Extremity Bypass (LEB):</b> Percentage of patients aged 18 years and older undergoing LEB are prescribed a statin medication at discharge	Society for Vascular Surgery
M54	<b>Rate of Open AAA Repair without Major Complications (discharged to home no later than post-operative day #7):</b> Percent of patients undergoing open repair of AAA who do not experience a major complication, and are discharge to home no later than post-operative day #7	Society for Vascular Surgery
M55	<b>Rate of EVAR without Major Complications (discharged to home no later than POD #2):</b> Percent of patients undergoing endovascular repair of AAA who do not experience a major complication, and are discharge to home no later than post-operative day #2	Society for Vascular Surgery



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M56	<b>Rate of Carotid Endarterectomy for Asymptomatic Patients, without Major Complications (discharged to home no later than post-operative day #2):</b> Rate of carotid endarterectomy for asymptomatic patients, without major complications (discharged to home no later than post-operative day #2)	Society for Vascular Surgery
M57	<b>Assessment of Sleep Symptoms:</b> All visits for patients aged 18 years and older with a diagnosis of obstructive sleep apnea that includes documentation of an assessment of symptoms, including presence or absence of snoring and daytime sleepiness	American Academy of Sleep Medicine
M58	<b>Severity Assessment at Initial Diagnosis:</b> All patients aged 18 years and older with a diagnosis of obstructive sleep apnea who had an apnea hypopnea index (AHI) or a respiratory disturbance index (RDI) measured at the time of initial diagnosis	American Academy of Sleep Medicine
M59	<b>Positive Airway Pressure Therapy Prescribed:</b> Percentage of patients aged 18 years and older with a diagnosis of moderate or severe obstructive sleep apnea who were prescribed positive airway pressure therapy	American Academy of Sleep Medicine
M60	<b>Assessment of Adherence to Positive Airway Pressure Therapy:</b> All visits for patients aged 18 years and older with a diagnosis of obstructive sleep apnea who were prescribed positive airway pressure therapy who had documentation that adherence to positive airway pressure therapy was objectively measured	American Academy of Sleep Medicine
M61	<b>Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness:</b> Percentage of patients aged birth and older referred to a physician (preferably a physician specially trained in disorders of the ear) for an otologic evaluation subsequent to an audiologic evaluation after presenting with acute or chronic dizziness	American Speech-Language-Hearing Association
M62	<b>Referral for Otologic Evaluation for Patients with a Conductive Hearing Loss or Air-bone Gap:</b> Patients referred to a physician (preferably a physician specially trained in disorders of the ear) for an otologic evaluation subsequent to an audiologic evaluation who present with a conductive hearing loss or air-bone gap. Percentage of patients aged birth and older referred to a physician (preferably a physician specially trained in disorders of the ear) for an otologic evaluation subsequent to an audiologic evaluation after presenting with a conductive hearing loss or air-bone gap	American Speech-Language-Hearing Association
M63	<b>Referral for Otologic Evaluation for Patients with a Unilateral Hearing Loss:</b> Percentage of patients referred to a physician (preferably a physician specially trained in disorders of the ear) for an otologic evaluation subsequent to an audiologic evaluation after presenting with a unilateral hearing loss	American Speech-Language-Hearing Association

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M64	<b>Screening for Sleep Apnea in At-Risk Patients:</b> Percentage of patients aged 30-60 years with obesity, congestive heart failure, or hypertension, who have been screened, tested, or prescribed therapeutic intervention for sleep apnea	Midmark Corporation
M65	<b>Inflammatory Bowel Disease (IBD): Assessment of Inflammatory Bowel Disease Activity and Severity:</b> Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease with assessed for disease type, anatomic location and activity, at least once during the reporting period	American Gastroenterological Association
M66	<b>Inflammatory Bowel Disease (IBD): Preventive Care: Steroid Sparing Therapy:</b> Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease that have been managed by corticosteroids for 60 days or more, that have been prescribed steroid sparing therapy in the last measurement year	American Gastroenterological Association
M67	<b>Inflammatory Bowel Disease (IBD): Preventive Care: Steroid Related Iatrogenic Injury – Bone Loss Assessment:</b> Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease that have been managed by corticosteroids for 60 days or more, assessed for risk of bone loss once per measurement year	American Gastroenterological Association
M68	<b>Inflammatory Bowel Disease (IBD): Preventive Care: Influenza Immunization:</b> Percentage of patients aged 18 years and older with inflammatory bowel disease for who received recommendations for influenza immunization per current CDC guidelines during the measurement period	American Gastroenterological Association
M69	<b>Inflammatory Bowel Disease (IBD): Preventive Care: Pneumococcal Immunization:</b> Percentage of patients aged 18 years and older with inflammatory bowel disease for who received recommendations for pneumococcal immunization per current CDC guidelines during the measurement period	American Gastroenterological Association
M70	<b>Inflammatory Bowel Disease (IBD): Screening for Latent TB Before Initiating Anti-TNF Therapy:</b> Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease (IBD) who have documentation of a tuberculosis (TB) screening performed and results interpreted within 6 months prior to receiving a first course of anti-TNF therapy	American Gastroenterological Association

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M71	<b>Inflammatory Bowel Disease (IBD): Hepatitis B Assessment Before Initiating Anti-TNF Therapy:</b> Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease (IBD) who had anti-HBsAg (HBsAg plus HBsAb) testing performed and results interpreted within one year prior to receiving first course of anti-TNF therapy	American Gastroenterological Association
M72	<b>Inflammatory Bowel Disease (IBD): Testing for Clostridium Difficile – Inpatient Measure:</b> Percentage of patients with inflammatory bowel disease (IBD) aged 18 and older, who are hospitalized for refractory diarrhea or develop diarrhea during hospitalization, and are tested for Clostridium Difficile	American Gastroenterological Association
M73	<b>Inflammatory Bowel Disease (IBD): Prophylaxis for Thromboembolism – Inpatient Measure:</b> Percentage of IBD patients aged 18 years and older hospitalized for any reason that received chemoprophylaxis* for venous thromboembolism prevention  *Definition of chemoprophylaxis: LMWH*, LDUH**, adjusted-dose warfarin, fondaparinux  *LMWH – low molecular weight heparin **LDUH – low-dose unfractionated heparin	American Gastroenterological Association
M74	<b>Inflammatory Bowel Disease (IBD): Preventive Care: Tobacco Use: Screening &amp; Cessation Intervention:</b> Percentage of patients aged 18 years and older who were screened for tobacco use at least once during the one-year measurement period AND who received cessation counseling intervention if identified as a tobacco user	American Gastroenterological Association
M75	<b>Assessment of Thromboembolic Risk Factors:</b> Patients with nonvalvular AF or atrial flutter in whom assessment of thromboembolic risk factors has been documented	American College of Cardiology
M76	<b>Chronic Anticoagulation Therapy:</b> Prescription of warfarin for all patients with nonvalvular AF or atrial flutter at high risk for thromboembolism, according to risk stratification and 2006 Guideline recommendations	American College of Cardiology
M77	<b>Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery:</b> Percentage of patients aged 18 years and older who had cataract surgery and had improvement in visual function achieved within 90 days following the cataract surgery	American Academy of Ophthalmology American Society of Cataract and Refractive Surgery

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M78	<b>Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery:</b> Percentage of patients aged 18 years and older who had cataract surgery and were satisfied with their care within 90 days following the cataract surgery	American Academy of Ophthalmology American Society of Cataract and Refractive Surgery
M79	<b>Functional Capacity in COPD Patients Before and After Pulmonary Rehabilitation:</b> The percentage of patients with COPD who are enrolled in pulmonary rehabilitation (PR) who are found to increase their functional capacity by at least 25 meters (82 feet), as measured by a standardized 6 minute walk test (6MWT)	American College of Chest Physicians American Thoracic Society
M80	<b>Health-Related Quality of Life in COPD Patients Before and After Pulmonary Rehabilitation:</b> The percentage of patients with COPD enrolled in pulmonary rehabilitation (PR) who are found to increase their health-related quality of life score (HRQOL)	American College of Chest Physicians American Thoracic Society
M81	<b>Chronic Obstructive Pulmonary Disease (COPD): Tobacco Use Screening – Ambulatory Care Setting:</b> Percentage of patients aged 18 years and older with a diagnosis of COPD who were queried about tobacco use and exposure to second hand smoke in their home environment at least once within 12 months	American College of Chest Physicians American Thoracic Society
M82	<b>Chronic Obstructive Pulmonary Disease (COPD): Tobacco Use Intervention – Ambulatory Care Setting :</b> Percentage of patients aged 18 years and older with a diagnosis of COPD who were identified as tobacco users (patients who currently use tobacco AND patients who do not currently use tobacco, but are exposed to second hand smoke in their home environment) who received tobacco cessation intervention within 12 months	American College of Chest Physicians American Thoracic Society
M83	<b>Specimen Orientation for Partial Mastectomy or Excisional Breast Biopsy:</b> Breast cancer and many excisional biopsy specimens are commonly divided into six sides: superficial (or anterior), deep (or posterior), superior (or cranial), inferior (caudal), lateral and medial. Orienting stitches, clips or ink are commonly used techniques by the operating surgeon to allow accurate pathological orientation and margin assessment. Proper breast specimen orientation is of paramount importance to minimize unnecessary surgery and tissue loss if reexcisional surgery for positive margins is necessary	The American Society of Breast Surgeons

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M84	<b>Image Confirmation of Successful Excision of Image-Localized Breast Lesion:</b> Image confirmation of lesion(s) targeted for image guided excisional biopsy or wire-localized partial mastectomy in patients with nonpalpable, image- detected breast lesion(s). Lesions may include: indeterminate microcalcifications, mammographic or sonographic mass or architectural distortion, focal suspicious abnormalities on MRI or other breast imaging amenable to localization such as PET mammography, or a biopsy marker demarcating site of confirmed pathology as established by previous core biopsy	The American Society of Breast Surgeons
M85	<b>Preoperative Diagnosis of Breast Cancer:</b> The percent of patients undergoing breast cancer operations who had an “attempt” to achieve the diagnosis of breast cancer preoperatively by a minimally invasive biopsy method	The American Society of Breast Surgeons
M86	<b>Sentinel Lymph Node Biopsy for Invasive Breast Cancer:</b> The percentage of clinically node negative (clinical stage T1N0M0 or T2N0M0) breast cancer patients who undergo a sentinel lymph node (SLN) procedure	The American Society of Breast Surgeons
M87	<b>Concordance Assessment Following Image–Guided Breast Biopsy:</b> Percent of breast patients who have concordance assessment performed following an image–guided breast biopsy	The American Society of Breast Surgeons
M88	<b>Biopsy Follow-up:</b> Percentage of patients who have had a biopsy whose biopsy results have been reviewed by the biopsying physician and communicated to the primary care physician and the patient, denoted by entering physicians’ initials into a log and documenting in the patient’s medical record	American Academy of Dermatology
M89	<b>Seizure Type(s) and Current Seizure Frequency(ies):</b> All visits for patients with a diagnosis of epilepsy who had the type(s) of seizure(s) and current seizure frequency for each seizure type documented in the medical record.	American Academy of Neurology and AMA-PCPI
M90	<b>Documentation of Etiology of Epilepsy or Epilepsy Syndrome:</b> All visits for patients with a diagnosis of epilepsy who had their etiology of epilepsy or with epilepsy syndrome(s) reviewed and documented if known, or documented as unknown or cryptogenic	American Academy of Neurology and AMA-PCPI
M91	<b>Electroencephalogram (EEG) Results Reviewed, Requested, or Test Ordered:</b> All patients with a diagnosis of epilepsy seen for an initial evaluation who had the results of at least one electroencephalogram (EEG) reviewed or requested, or if EEG was not performed previously, then an EEG ordered.	American Academy of Neurology and AMA-PCPI

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M92	<b>Magnetic Resonance Imaging/Computed Tomography Scan (MRI/CT Scan) Results Reviewed, Requested or Scan Ordered:</b> All patients with a diagnosis of epilepsy seen for an initial evaluation who had the results of at least one MRI or CT scan reviewed or requested or, if a MRI or CT scan was not obtained previously, then a MRI or CT scan ordered (MRI Preferred).	American Academy of Neurology and AMA-PCPI
M93	<b>Querying and Counseling about Anti-Epileptic Drug (AED) Side-Effects:</b> All visits for patients with a diagnosis of epilepsy who were queried and counseled about Anti-Epileptic Drug (AED) side-effects and the querying and counseling was documented in the medical record.	American Academy of Neurology and AMA-PCPI
M94	<b>Surgical Therapy Referral Consideration for Intractable Epilepsy:</b> All patients with a diagnosis of intractable epilepsy who were considered for referral for a neurological evaluation of appropriateness for surgical therapy and the consideration was documented in the medical record within the past 3 years	American Academy of Neurology and AMA-PCPI
M95	<b>Counseling about Epilepsy Specific Safety Issues:</b> All patients with a diagnosis of epilepsy (or their caregiver(s)) who were counseled about context-specific safety issues, appropriate to the patient's age, seizure type(s) and frequency(ies), occupation and leisure activities, etc. (e.g. injury prevention, burns, appropriate driving restrictions or bathing) at least once a year	American Academy of Neurology and AMA-PCPI
M96	<b>Counseling for Women of Childbearing Potential with Epilepsy:</b> Female patients of childbearing potential (12-44 years old) diagnosed with epilepsy who were counseled about epilepsy and how its treatment may affect contraception and pregnancy at least once a year	American Academy of Neurology and AMA-PCPI