



CMS Quality Measure Development Plan 2019 Annual Report Appendices

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

Appendix A – MACRA Statutory Language Excerpts

Section 1848(s)(3) of the Social Security Act, as amended by section 102 of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)

“(3) ANNUAL REPORT BY THE SECRETARY.—

“(A) IN GENERAL.—Not later than May 1, 2017, and annually thereafter, the Secretary shall post on the Internet website of the Centers for Medicare & Medicaid Services a report on the progress made in developing quality measures for application under the applicable provisions.

“(B) REQUIREMENTS.—Each report submitted pursuant to subparagraph (A) shall include the following:

- “(i) A description of the Secretary’s efforts to implement this paragraph.
- “(ii) With respect to the measures developed during the previous year—
 - “(I) a description of the total number of quality measures developed and the types of such measures, such as an outcome or patient experience measure;
 - “(II) the name of each measure developed;
 - “(III) the name of the developer and steward of each measure;
 - “(IV) with respect to each type of measure, an estimate of the total amount expended under this title to develop all measures of such type; and
 - “(V) whether the measure would be electronically specified.
- “(iii) With respect to measures in development at the time of the report—
 - “(I) the information described in clause (ii), if available; and
 - “(II) a timeline for completion of the development of such measures.
- “(iv) A description of any updates to the plan under paragraph (1) (including newly identified gaps and the status of previously identified gaps) and the inventory of measures applicable under the applicable provisions.
- “(v) Other information the Secretary determines to be appropriate.”

Section 1848(s)(6) of the Social Security Act, as amended by section 102 of MACRA

“(6) FUNDING.—For purposes of carrying out this sub-section, the Secretary shall provide for the transfer, from the Federal Supplementary Medical Insurance Trust Fund under section 1841, of \$15,000,000 to the Centers for Medicare & Medicaid Services Program Management Account for each of fiscal years 2015 through 2019. Amounts transferred under this paragraph shall remain available through the end of fiscal year 2022.

Appendix B – Acknowledgments

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Appendix C – Previously Identified Gaps Addressed in 2018 Measures Under Consideration List

Tables C-1 through C-3 describe measures on the 2018 Measures Under Consideration List that could fill measurement gaps for previously identified prioritized specialties.ⁱ

Table C-1: Select Measures Under Consideration: General Medicine/Crosscutting Gaps

| Health Care Quality Priority/ MACRA Domain* | Electronically Specified | Measure Type | Measure Title | Measure Steward/ Measure Developer | MAP Recommendation |
|---|--------------------------|--------------|---|--|--|
| Effective Treatment/ Clinical Care | Yes | Composite | Annual Wellness Assessment: Preventive Care | Centers for Medicare & Medicaid Services | Conditional support for rulemaking |
| Effective Treatment/ Clinical Care | No | Composite | Adult Immunization Status | Centers for Medicare & Medicaid Services | Do not support with potential for mitigation |

* Screening, prevention, and primary care measures are included in Effective Treatment.

Table C-2: Select Measures Under Consideration: Orthopedic Surgery Gaps

| Health Care Quality Priority/ MACRA Domain | Electronically Specified | Measure Type | Measure Title | Measure Steward/ Measure Developer | MAP Recommendation |
|--|--------------------------|--------------------------|---|--|------------------------------------|
| Affordable Care | No | Process | Discouraging the Routine use of Occupational and/or Physical Therapy after Carpal Tunnel Release. | American Academy of Orthopaedic Surgeons | Conditional support for rulemaking |
| Patient Safety/ Safety | No | Process | Time to Surgery for Elderly Hip Fracture Patients. | American Academy of Orthopaedic Surgeons | Conditional support for rulemaking |
| Person and Family Engagement/ Patient and Caregiver Experience | No | Patient-reported outcome | Functional Status Change for Patients with Neck Impairments | Focus on Therapeutic Outcomes | Conditional support for rulemaking |

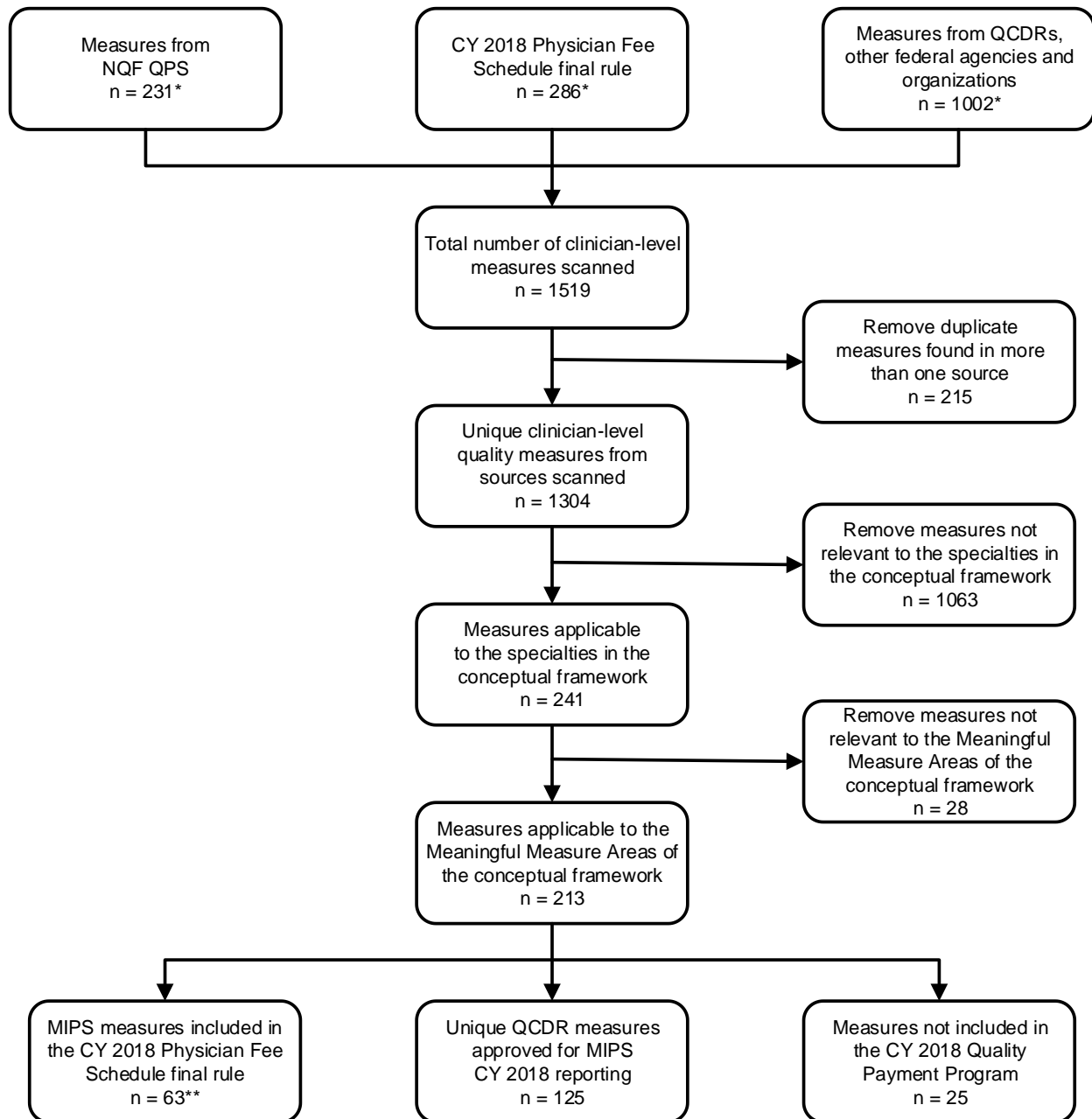
Table C-3: Select Measures Under Consideration: Physical Medicine and Rehabilitation Gaps

| Health Care Quality Priority/ MACRA Domain | Electronically Specified | Measure Type | Measure Title | Measure Steward/ Measure Developer | MAP Recommendation |
|--|--------------------------|--------------------------|---|------------------------------------|------------------------------------|
| Person and Family Engagement/ Patient and Caregiver Experience | No | Patient-reported outcome | Functional Status Change for Patients with Neck Impairments | Focus on Therapeutic Outcomes | Conditional support for rulemaking |

ⁱ Prioritized specialties include allergy/immunology, emergency medicine, general medicine/crosscutting, mental health and substance use conditions, neurology, oncology, orthopedic surgery, palliative care, pathology, physical medicine and rehabilitation, radiology, and rheumatology.

Appendix D – Newly Identified Specialty Gaps

Figure D-1: Results of 2018 MDP Environmental Scan for Existing Clinician Quality Measures



*CAHPS Composite Survey counted at the component/domain level **Also reportable via QCDR

A 2018 scan of large, publicly available quality measure sources located 1,519 clinician-level measures potentially applicable to five specialties with known measurement gaps: allergy/immunology, emergency medicine, neurology, physical medicine and rehabilitation, and rheumatology. When measures that did not fit within a Health Care Quality Priority and Meaningful Measure Area were excluded, 213 measures remained,ⁱⁱ including 63 MIPS measures, 125 QCDR measure, and 25 measures not included in the 2018 Quality Payment Program that can be considered for future inclusion in the program.

ⁱⁱ Centers for Medicare & Medicaid Services, Health Services Advisory Group. *2018 CMS Quality Measure Development Plan Environmental Scan and Gap Analysis Report*. Baltimore, MD: US Department of Health and Human Services; 2018.

A matrix was created as a conceptual framework for the *2018 Environmental Scan and Gap Analysis Report*. The five clinical specialties recently prioritized by CMS are on the x-axis, and the six Health Care Quality Priorities and 19 Meaningful Measure Areas align with the MACRA quality domains on the y-axis. Populating the cells in Table D-1 are 182 high-interest measure subtopics identified from key reports of national organizations and stakeholder groups, public comments on the draft MDP and CY 2017 and CY 2018 Physician Fee Schedule proposed rules, and previous scans archived in the CMS MIDS Resource Library.

To identify clinician specialty measures, reviews were conducted of major quality measure databases and repositories, measures published in the CY 2018 Physician Fee Schedule final rule, and measures in use by other federal agencies, health care systems, and organizations. Within the conceptual framework, (0) indicates no measures were identified; therefore, a measure gap exists. Parentheses following a measure subtopic contain the count of corresponding measures, indicated by source (e.g., 6; 5 MIPS, 1 QCDR). “Other” indicates that a measure could be evaluated for consideration as a MIPS measure. Subtopics with an asterisk were identified by the MDP TEP.

Table D-1: Conceptual Framework With Counts of Measures by Health Care Quality Priority, Meaningful Measure Area, and Specialtyⁱⁱⁱ

| Health Care Quality Priority/ MACRA Domain | Meaningful Measure Area | Specialty | | | | |
|---|----------------------------------|---|---|--|---|--|
| | | Allergy/ Immunology | Emergency Medicine | Neurology | Physical Medicine and Rehabilitation | Rheumatology |
| Effective Treatment/ Clinical Care ^{iv} | Preventive Care | Identification of non-medication care plan* (0) -Behavioral intervention* (0) -Communication of triggers* (0) -Environmental amelioration* (0) | Immunization (1; 1 MIPS) Screening (1; 1 QCDR) HIV testing for at-risk populations* (0) | No subtopics identified | Diagnosis-specific primary prevention* (0) -Traumatic brain injury* (0) -Ultrasounds in spinal cord injuries* (0) Interventions to prevent falls* (0) Patient/caregiver interventions to prevent complications related to disability* (0) | Immunizations for patients on biological therapy* (0) |
| | Management of Chronic Conditions | Allergy testing and treatment* (0) Treatment outcomes (1) - Asthma (1; 1 MIPS) Treatment processes (6) - Allergies (1; 1 QCDR) - Asthma (5; 4 QCDR, 1 other) | Treatment processes (1) - Asthma (1; 1 QCDR) | Symptom management (4) - Migraines (1; 1 QCDR) - Muscle spasticity (3; 3 QCDR) Treatment outcomes (1) - Giant cell arteritis (1; 1 QCDR) Treatment processes (14) | Complex conditions (0) Symptom management (4) - Bowel care (2; 1 QCDR, 1 other) - Muscle spasticity (2; 2 QCDR) -Pain* (0) | Treatment outcomes (4) - Ankylosing spondylitis (2; 2 QCDR) - Gout (2; 1 QCDR, 1 other) -Rheumatoid arthritis* (0) Treatment processes (11) - Gout (1; 1 other) |

ⁱⁱⁱ QCDR measures were not assessed for availability for MIPS eligible clinicians who are not subscribers of a particular QCDR.

^{iv} Screening, prevention, and primary care measures are included in Effective Treatment.

| Health Care Quality Priority/ MACRA Domain | Meaningful Measure Area | Specialty | | | | |
|---|---|-------------------------|--|--|--|--|
| | | Allergy/ Immunology | Emergency Medicine | Neurology | Physical Medicine and Rehabilitation | Rheumatology |
| Effective Treatment/ Clinical Care | Management of Chronic Conditions | | | <ul style="list-style-type: none"> - Dementia (6; 5 MIPS, 1 QCDR) - Distal symmetric polyneuropathy (1; 1 QCDR) - Epilepsy (2; 1 MIPS, 1 QCDR) - Multiple sclerosis (2; 2 QCDR) - Parkinson's disease (2; 2 MIPS) - Spine care (1; 1 QCDR) Referral for rehabilitation services* (0) | | <ul style="list-style-type: none"> - Inflammatory arthritis (10; 4 MIPS, 3 QCDR, 3 other) |
| | Prevention, Treatment, and Management of Mental Health | No subtopics identified | Behavioral and psych screening (0) - Anxiety/Depression (0) Referral or follow-up (1; 1 other) | Behavioral and psych screening (6) - Anxiety/Depression (2; 2 QCDR) - General (4; 1 MIPS, 3 QCDR) | Behavioral and psych screening (2) -Anxiety/ Depression (2; 2 QCDR) | No subtopics identified |
| | Prevention and Treatment of Opioid and Substance Use Disorders (SUDs) | No subtopics identified | Opioid prescribing (4; 4 in QCDR) Referral or follow-up (1) - Opioid/SUD (1; 1 other) Screening/ intervention (1) - Opioid/SUD (1; 1 QCDR) | Opioid prescribing (1) - Chronic headaches (1; 1 QCDR) Screening/ intervention (2) - Alcohol (1; 1 QCDR) - Opioid/SUD (1; 1 QCDR) | Care plan (1; 1 QCDR) Opioid prescribing (5; 5 QCDR) Screening/ intervention (3) - Opioid/SUD (3; 3 QCDR) | No subtopics identified |
| | Risk-Adjusted Mortality | No subtopics identified | Severe trauma (2; 2 QCDR) | No subtopics identified | No subtopics identified | No subtopics identified |
| Making Care Safer/Safety | Healthcare-Associated Infections | No subtopics identified | No subtopics identified | No subtopics identified | No subtopics identified | No subtopics identified |

| Health Care Quality Priority/ MACRA Domain | Meaningful Measure Area | Specialty | | | | |
|---|---|---|---|---|--|--|
| | | Allergy/ Immunology | Emergency Medicine | Neurology | Physical Medicine and Rehabilitation | Rheumatology |
| Making Care Safer/Safety | Preventable Health Care Harm | Penicillin allergy testing (1; 1 QCDR) | Adverse medication events (0) Diagnostic accuracy (2; 1 MIPS, 1 QCDR) | Adverse medication events (1; 1 other) Falls (2; 2 QCDR) Potentially avoidable complications (1; 1 QCDR) Potentially harmful drug-drug interactions (1; 1 QCDR) Accuracy of differential diagnosis* (0) | Infection control practices (1; 1 QCDR) Potentially avoidable complications (1; 1 QCDR) Potentially harmful drug-drug interactions (2; 2 QCDR) | No subtopics identified |
| Communication and Coordination/ Care Coordination | Medication Management | Medication persistence monitoring (1; 1 MIPS) Treat to target (appropriate dosing) (1; 1 QCDR) | No subtopics identified | Patient understanding of medications* (0) - Neuropathy management* (0) - Education of risks* (e.g., gabapentin) (0) | High-risk medications (3; 3 QCDR) | Treat to target (appropriate dosing) (0) |
| | Admissions and Readmissions to Hospitals | No subtopics identified | Return to ED (1; 1 QCDR) | No subtopics identified | Admissions (1; 1 QCDR) | No subtopics identified |
| | Transfer of Health Information and Inter-operability | No subtopics identified | EMS information included in transfer of care summary (0) Timely transition of ED specified data elements to next level of care (0) | No subtopics identified | No subtopics identified | No subtopics identified |
| Person and Family Engagement/ Patient and Caregiver Experience | Care Is Personalized and Aligned With Patient's Goals | Patient's goals, values and preference incorporated in plan of care* (0) -Asthma* (0) | Assessment of post-discharge patient needs* (0) | Patient education/health literacy (1; 1 QCDR) Self-management (1; 1 QCDR) | Patient education/health literacy (1; 1 QCDR) Family/caregiver education* (0) | Plan of care* (0) |

| Health Care Quality Priority/ MACRA Domain | Meaningful Measure Area | Specialty | | | | |
|--|---|---|---|--|---|-------------------------|
| | | Allergy/ Immunology | Emergency Medicine | Neurology | Physical Medicine and Rehabilitation | Rheumatology |
| Person and Family Engagement/ Patient and Caregiver Experience | Care Is Personalized and Aligned With Patient's Goals | Self-management* (0) -Anaphylaxis* (0) -Asthma* (0) -Food* (0) | | Patient/caregiver confidence in self-management* (0) | Family/caregiver training* (0) Treatment tailored to patient goals* (0) Patient goal attainment* (0) Patient self-efficacy/barriers to completion* (0) -Pain in gaining function* (0) | |
| | End-of-Life Care According to Preferences | No subtopics identified | No subtopics identified | Advance care plan (1; 1 MIPS) | No subtopics identified | No subtopics identified |
| | Patient's Experience of Care | No subtopics identified | Patient and caregiver satisfaction survey* (0) Discharge instructions including point of contact for patient/ caregiver questions* (0) | No subtopics identified | Patient experience (1)- Improvement over time (1; 1 QCDR) | No subtopics identified |

| Health Care Quality Priority/ MACRA Domain | Meaningful Measure Area | Specialty | | | | |
|---|--------------------------------------|--|---|--|--|--|
| | | Allergy/ Immunology | Emergency Medicine | Neurology | Physical Medicine and Rehabilitation | Rheumatology |
| Person and Family Engagement/ Patient and Caregiver Experience | Patient-Reported Functional Outcomes | Treatment outcomes (1) -Asthma (1; 1 QCDR) -Allergies* (0) -Eczema* (0) | Patient outcome follow-up after ED visit* (0) | Functional status assessment (1) -Change over time (1; 1 QCDR) Health-related QOL (4) - Epilepsy (1; 1 QCDR) - General (1; 1 QCDR) - Headache (1; 1 MIPS) - Stroke (1; 1 QCDR) - Comprehensive HRQOL for neurology with proxy allowed to report* (0) Symptom assessment (1) - Parkinson's disease (1; 1 QCDR) Neurological functional outcomes with proxy allowed to report* (0) | Functional status assessment (26) - Change over time (26; 5 MIPS, 16 QCDR, 3 MIPS and QCDR, 2 other) Health-related QOL (2) - Pain (1; 1 QCDR) - Spine care (1; 1 QCDR) -General* (0) Multiple chronic conditions (0) Symptom Assessment* (0) -Pain* (0) | Functional status assessment (2) - Rheumatoid arthritis (2; 1 MIPS, 1 other) Health-related QOL for rheumatoid arthritis (0) Symptom assessment for fatigue* (0) Stability of symptom severity/disease activity over time* (0) |
| | | | | | | |
| Healthy Living/ Population Health and Prevention | Equity of Care | Asthma disparities* (0) | No subtopics identified | No subtopics identified | Cultural competency* (0) | No subtopics identified |
| | Community Engagement | Community intervention* (0) -Home environmental triggers* (0) | No subtopics identified | Home and community-based services with caregiver support and education* (0) | No subtopics identified | No subtopics identified |

| Health Care Quality Priority/ MACRA Domain | Meaningful Measure Area | Specialty | | | | |
|--|----------------------------------|---|--|--|---|--|
| | | Allergy/ Immunology | Emergency Medicine | Neurology | Physical Medicine and Rehabilitation | Rheumatology |
| Affordable Care | Appropriate Use of Health Care | Medications (1; 1 QCDR) Tests and services (1) - Labs (1; 1 QCDR) | Medications (1; 1 MIPS) Procedures (4; 4 QCDR) Tests and services (10) - Imaging (6; 2 MIPS, 4 QCDR) - Labs (3; 1 MIPS, 2 QCDR) - Telemetry (1; 1 QCDR) | Medications (2; 2 QCDR) Tests and services (3) - Imaging (3; 1 MIPS, 2 QCDR) Reduction of ED use for headache management* (0) | Procedures (3; 3 QCDR) Tests and services (3) - Imaging (3; 3 QCDR) | Medications* (0) -csDMARDs* (0) -Steroids* (0) -Biologics* (0) |
| | Patient-Focused Episode of Care | Biologic medication cost to asthma and comorbidity control ratio* (0) Electronic medication monitoring devices* (0) Telemonitoring* (0) | No subtopics identified | Condition specific episode-based cost measures (1) - Stroke (1; 1 other) | Episode of care based on specific diagnosis* (0) - Amputation* (0) - Spinal cord injury* (0) - Spine care* (0) - Stroke* (0) - Traumatic Brain Injury* (0) | Biologic medication cost to rheumatoid arthritis control ratio (Transparency and value)* (0) |
| | Risk-Adjusted Total Cost of Care | No subtopics identified | Total cost of care for high volume diagnosis* (e.g., chest pain) (0) | No subtopics identified | No subtopics identified | No subtopics identified |

Specialty-Specific Measures Mapped to the Post-TEP Conceptual Framework

Tables D-2 through D-6 list the measures identified in the *2018 MDP Environmental Scan and Gap Analysis Report* (n = 167), which focused on five specialty areas: allergy/immunology, emergency medicine, neurology, physical medicine and rehabilitation, and rheumatology.

Key: ★ MIPS ▲ Unique to QCDRs approved for 2018 reporting ☆ Other (not currently available for reporting in MIPS)

Table D-2: Allergy/Immunology Measures Mapped to the Conceptual Framework (n = 13)

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|----|---------------------|---|-------------------------------|--------------------------------------|--------|---|--|
| ▲1 | Allergy/ Immunology | Affordable Care | Appropriate Use of Healthcare | Medications | None | Percentage of patients with allergic rhinitis who are offered intranasal corticosteroids or oral antihistamines N: Patients who are taking intranasal steroids or oral antihistamines. A prescription for or medication reconciliation of over the counter medications can be used to identify patients taking medications D: Patients with allergic rhinitis seen for an ambulatory visit with a diagnosis of allergic rhinitis. | American Academy of Otolaryngology Head and Neck Surgery Foundation (AAO-HNSF) Reg-ent SM Registry |
| ▲2 | Allergy/ Immunology | Affordable Care | Appropriate Use of Healthcare | Tests and services: Labs | None | Percentage of patients with allergic rhinitis who do not receive IgG-based immunoglobulin testing N: Patients who do not receive IgG testing for evaluation of allergic rhinitis. D: Patients seen for a visit during the measurement period where allergic rhinitis is diagnosed. | American Academy of Otolaryngology Head and Neck Surgery Foundation (AAO-HNSF) Reg-ent SM Registry |
| ▲3 | Allergy/ Immunology | Communication and Coordination/ Care Coordination | Medication Management | Treat to target (appropriate dosing) | None | Achievement of Projected Effective Dose of Standardized Allergens for Patient Treated With Allergen Immunotherapy for at Least One Year N: Patients who achieved the projected effective dose for all standardized extracts included in the prescription. D: All patients aged 5 years and older who received subcutaneous allergen immunotherapy for at least one year containing at least one standardized antigen. | AAAAI QCDR - American Academy of Allergy, Asthma, and Immunology Quality Clinical Data Registry Powered by ArborMetrix |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|----|---------------------|---|----------------------------------|-----------------------------------|--------|--|--|
| ★4 | Allergy/ Immunology | Communication and Coordination/ Care Coordination | Medication Management | Medication persistence monitoring | 1799 | Medication Management for People with Asthma N: The number of patients who achieved a proportion of days covered (PDC) of at least 75% for their asthma controller medications during the measurement year D: Patients 5–64 years of age with persistent asthma and a visit during the measurement period | National Committee for Quality Assurance |
| ★5 | Allergy/ Immunology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment Outcomes: Asthma | None | Optimal Asthma Control N: The number of asthma patients who meet ALL of the following targets: Asthma well controlled and patient not at risk of exacerbation. D: Patients ages 5 to 17 with asthma | Minnesota Community Measurement |
| ▲6 | Allergy/ Immunology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment processes: Allergies | None | Documentation of Clinical Response to Allergen Immunotherapy within One Year N: Patients who were evaluated for clinical improvement and efficacy at least once within the first year of treatment with assessment documented in the medical record. D: All patients aged 5 years and older who initiated allergen immunotherapy within one year prior to the date of encounter. | AAAAI QCDR - American Academy of Allergy, Asthma, and Immunology Quality Clinical Data Registry Powered by ArborMetrix |
| ☆7 | Allergy/ Immunology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment processes: Asthma | 0047 | Asthma: Pharmacologic Therapy for Persistent Asthma N: Patients who were prescribed long-term control medication D: All patients aged 5 years and older with a diagnosis of persistent asthma | The American Academy of Asthma Allergy and Immunology |
| ▲8 | Allergy/ Immunology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment processes: Asthma | None | Assessment of Asthma Symptoms Prior to Administration of Allergen Immunotherapy Injection(s) N: Patients with documentation of an asthma symptom assessment prior to administration of allergen immunotherapy injection(s). D: All patients aged 5 years and older with a diagnosis of asthma AND who are receiving subcutaneous allergen immunotherapy. | AAAAI QCDR - American Academy of Allergy, Asthma, and Immunology Quality Clinical Data Registry Powered by ArborMetrix |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|---------------------|--|----------------------------------|-----------------------------|--------|---|--|
| ▲9 | Allergy/ Immunology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment processes: Asthma | None | Lung Function/Spirometry Evaluation N: Patients aged 5 years and older with a diagnosis of asthma and documentation of a spirometry evaluation, unless a physical inability exists. D: Patients aged 5 years and older with a documented diagnosis of asthma. | AAAAI QCDR - American Academy of Allergy, Asthma, and Immunology Quality Clinical Data Registry Powered by ArborMetrix |
| ▲10 | Allergy/ Immunology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment processes: Asthma | None | Asthma Assessment and Classification N: Patients aged 5 years and older with a diagnosis of asthma and documentation of an asthma assessment and classification. D: Patients aged 5 years and older with a documented diagnosis of asthma. | AAAAI QCDR - American Academy of Allergy, Asthma, and Immunology Quality Clinical Data Registry Powered by ArborMetrix |
| ▲11 | Allergy/ Immunology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment processes: Asthma | None | Asthma: Assessment of Asthma Control – Ambulatory Care Setting N: Patients who were evaluated at least once during the measurement period for asthma control. D: All patients aged 5 years and older with a diagnosis of asthma. | AAAAI QCDR - American Academy of Allergy, Asthma, and Immunology Quality Clinical Data Registry Powered by ArborMetrix |
| ▲12 | Allergy/ Immunology | Making Care Safer/ Safety | Preventable Healthcare Harm | Penicillin allergy testing | None | Penicillin Allergy: Appropriate Removal or Confirmation N: Patients who underwent elective skin testing or penicillin challenge AND who had the penicillin or ampicillin/amoxicillin allergy label removed from the medical record if results were negative or confirmed in the medical record if results were positive. D: All patients, regardless of age, with a diagnosis of primary penicillin or ampicillin/amoxicillin allergy seen during the reporting period. | AAAAI QCDR - American Academy of Allergy, Asthma, and Immunology Quality Clinical Data Registry Powered by ArborMetrix |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|---------------------|--|--------------------------------------|----------------------------|--------|--|--|
| ▲13 | Allergy/ Immunology | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Treatment Outcomes: Asthma | None | <p>Asthma Control: Minimal Important Difference Improvement</p> <p>N: Patients who demonstrate a minimal important difference (MID) improvement using one of the following three asthma assessment patient-completed questionnaires: Change in the Asthma Control Test (ACT), Change in Asthma Control Questionnaire (ACQ), or Change in Asthma Therapy Assessment Questionnaire (ATAQ)</p> <p>D: All patients aged 12 years or older whose asthma is not well-controlled and who had at least one follow-up ACT, ACQ, or ATAQ within the 12-month reporting period.</p> | AAAAI QCDR - American Academy of Allergy, Asthma, and Immunology Quality Clinical Data Registry Powered by ArborMetrix |

Table D-3: Emergency Medicine Measures Mapped to the Conceptual Framework (n = 30)

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|----|--------------------|--|-------------------------------|------------|--------|---|--|
| ▲1 | Emergency Medicine | Affordable Care | Appropriate Use of Healthcare | Procedures | None | <p>Appropriate Foley Catheter Use in the Emergency Department</p> <p>N: Emergency department visits where the patient had at least one of the following indications for an indwelling Foley catheter:</p> <ul style="list-style-type: none"> • Acute urinary retention or bladder outlet obstruction • Need for accurate measurement of urinary output with no reasonable alternative • Pre-operative use for selected surgical procedures • Open sacral or perineal wounds in incontinent patients • Patient requires prolonged immobilization • Comfort for end of life care • Other institution-specific indication <p>D: All emergency department visits for admitted patients aged 18 years and older where an indwelling Foley catheter is ordered</p> | ACEP's Clinical Emergency Data Registry (CEDR) |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|----|--------------------|--|--------------------------------|------------|--------|---|---|
| ▲2 | Emergency Medicine | Affordable Care | Appropriate Use of Healthcare | Procedures | None | Optimal Ratio of Blood Product Transfusion N: Patients meeting all of the following criteria: a) Trauma patient inclusion criteria b) First or lowest systolic blood pressure in the emergency department < 90 mmHg c) Receive ≥ 4 units of packed red blood cells within 4 hours of emergency department arrival d) Survive ≥ 4 hours from the time of emergency department arrival e) Received units of blood products in a ratio equal to or higher than 1 unit of plasma for every 2 units of pRBCs over the first 4 hours after arrival to the emergency department D: Patients meeting all of the following criteria: a) Trauma patient inclusion criteria b) First or lowest systolic blood pressure in the emergency department < 90 mmHg c) Receive ≥ 4 units of packed red blood cells within 4 hours of emergency department arrival d) Survive ≥ 4 hours from the time of emergency department arrival | Surgeon Specific Registry QCDR Trauma Measures |
| ▲3 | Emergency Medicine | Affordable Care | Appropriate Use of Health Care | Procedures | None | Restrictive Use of Blood Transfusions N: Patients who did not have a transfusion of packed red blood cells (when Hgb > 8g/dL) D: Any patient ≥ 18 years of age evaluated by the eligible professional | E-CPR (Emergency - Clinical Performance Registry) |
| ▲4 | Emergency Medicine | Affordable Care | Appropriate Use of Healthcare | Procedures | None | Splenic Salvage Rate N: All patients meeting the following criteria: a) TQIP inclusion criteria b) Survival ≥ 1 hour c) Spleen AIS ≥ 2 and < 5 d) Absence of splenectomy during the admission D: All patients meeting the following criteria: a) TQIP inclusion criteria b) Survival ≥ 1 hour c) Spleen AIS ≥ 2 and < 5 | Surgeon Specific Registry QCDR Trauma Measures |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|----|--------------------|--|-------------------------------|-----------------------------|--------|--|---|
| ▲5 | Emergency Medicine | Affordable Care | Appropriate Use of Healthcare | Tests and services: Imaging | None | Appropriate Emergency Department Utilization of CT for Pulmonary Embolism N: Emergency department visits for patients with either: 1. Moderate or high pre-test clinical probability for pulmonary embolism OR 2. Positive result or elevated D-dimer level D: All emergency department visits during which patients aged 18 years and older had a CT pulmonary angiogram (CTPA) ordered by an emergency care provider, regardless of discharge disposition | ACEP's Clinical Emergency Data Registry (CEDR) |
| ▲6 | Emergency Medicine | Affordable Care | Appropriate Use of Healthcare | Tests and services: Imaging | None | Avoid Head CT for Patients with Uncomplicated Syncope N: Syncope Patients Who Did Not Have a Head CT Ordered by the Provider D: Any patient ≥18 years of age evaluated by the Eligible Professional in the Emergency Department or Urgent Care Clinic | E-CPR (Emergency - Clinical Performance Registry) |
| ▲7 | Emergency Medicine | Affordable Care | Appropriate Use of Healthcare | Tests and services: Imaging | None | Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years and Older N: Emergency department visits for patients who have an indication for a head CT D: All emergency department visits for patients aged 18 years and older who presented with a minor blunt head trauma who had a head CT for trauma ordered by an emergency care provider | ACEP's Clinical Emergency Data Registry (CEDR) |
| ▲8 | Emergency Medicine | Affordable Care | Appropriate Use of Healthcare | Tests and services: Imaging | None | Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 Through 17 Years N: Emergency department visits for patients who are classified as low risk according to the Pediatric Emergency Care Applied Research Network (PECARN) prediction rules for traumatic brain injury D: All emergency department visits for patients aged 2 through 17 years who presented with a minor blunt head trauma who had a head CT for trauma ordered by an emergency care provider | ACEP's Clinical Emergency Data Registry (CEDR) |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------|--|-------------------------------|-------------------------------|--------|---|---|
| ★9 | Emergency Medicine | Affordable Care | Appropriate Use of Healthcare | Tests and services: Labs | None | Appropriate Testing for Children with Pharyngitis N: Children with a group A streptococcus test in the 7-day period from 3 days prior through 3 days after the diagnosis of pharyngitis D: Children 3–18 years of age who had an outpatient or emergency department (ED) visit with a diagnosis of pharyngitis during the measurement period and an antibiotic ordered on or three days after the visit | National Committee for Quality Assurance |
| ▲10 | Emergency Medicine | Affordable Care | Appropriate Use of Healthcare | Tests and services: Labs | None | Avoidance of Creatine Kinase-MB (CK-MB) Testing for Non-traumatic Chest Pain N: Patients who did not have CK-MB lab testing ordered D: Any patient ≥ 18 years of age evaluated by the Eligible Professional in the Emergency Department (PLUS Diagnosis of Non-traumatic Chest Pain | E-CPR (Emergency - Clinical Performance Registry) |
| ▲11 | Emergency Medicine | Affordable Care | Appropriate Use of Healthcare | Tests and services: Labs | None | Coagulation Studies in Patients Presenting with Chest Pain with No Coagulopathy or Bleeding N: Emergency department visits during which coagulation studies (PT, PTT, or INR tests) were ordered by an emergency care provider D: All emergency department visits for patients age 18 years and older with an emergency department discharge diagnosis of chest pain | ACEP's Clinical Emergency Data Registry (CEDR) |
| ▲12 | Emergency Medicine | Affordable Care | Appropriate Use of Healthcare | Tests and services: Telemetry | None | Appropriate Use of Telemetry for Admission or Observation Placement N: Patients who did have telemetry monitoring ordered D: Any patient ≥18 years of age evaluated by the Eligible Professional PLUS Patients admitted to the inpatient service or observation status PLUS Order for Telemetry Monitoring | E-CPR (Emergency - Clinical Performance Registry) |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------|--|-------------------------------|-----------------------------|--------|--|--|
| ★13 | Emergency Medicine | Affordable Care | Appropriate Use of Healthcare | Medications | 0058 | Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis N: Patients who were not prescribed or dispensed antibiotics on or within 3 days of the initial date of service D: All patients aged 18 through 64 years of age with an outpatient, observation, or emergency department (ED) visit with a diagnosis of acute bronchitis during the measurement period | National Committee for Quality Assurance |
| ★14 | Emergency Medicine | Affordable Care | Appropriate Use of Healthcare | Tests and services: Imaging | None | Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years and Older N: Emergency department visits for patients who have an indication for a head CT D: All emergency department visits for patients aged 18 years and older who presented within 24 hours of a minor blunt head trauma with a Glasgow Coma Scale (GCS) score of 15 and who had a head CT for trauma ordered by an emergency care provider | American College of Emergency Physicians |
| ★15 | Emergency Medicine | Affordable Care | Appropriate Use of Healthcare | Tests and services: Imaging | None | Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 Through 17 Years N: Emergency department visits for patients who are classified as low risk according to the PECARN prediction rules for traumatic brain injury D: All emergency department visits for patients aged 2 through 17 years who presented within 24 hours of a minor blunt head trauma with a Glasgow Coma Scale (GCS) score of 15 and who had a head CT for trauma ordered by an emergency care provider | American College of Emergency Physicians |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------|---|--|-----------------------------|--------|--|---|
| ▲16 | Emergency Medicine | Communication and Coordination/ Care Coordination | Admissions and Readmissions to Hospitals | Return to ED | None | Three Day All Cause Return ED Visit Rate N: Number of Eligible Professional's ED Discharged Patients that Returned to the Same ED within Three Calendar Days of Prior ED Date of Service D: Any Patient Evaluated by the Eligible Professional in the ED PLUS Disposition of Discharged | E-CPR (Emergency - Clinical Performance Registry) |
| ▲17 | Emergency Medicine | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment processes: Asthma | None | Tobacco Use: Screening and Cessation Intervention for Patients with Asthma and COPD N: Patients who were screened for tobacco use during any ED encounter AND who received tobacco cessation intervention if identified as a tobacco user D: All patients aged 18 years and older with a diagnosis of asthma or COPD seen in the ED | ACEP's Clinical Emergency Data Registry (CEDR) |
| ▲18 | Emergency Medicine | Effective Treatment/ Clinical Care | Prevention and Treatment of Opioid and Substance Use Disorders | Opioid prescribing | None | Avoidance of Long-Acting (LA) or Extended-Release (ER) Opiate Prescriptions N: Patients who were not prescribed a long-acting (LA) or extended-release (ER) opiate D: Any patient ≥ 18 years of age evaluated by the Eligible Professional in the Emergency Department or Urgent Care Clinic PLUS Opiate prescribed PLUS ICD-10 diagnosis codes for pain, strains, sprains, lacerations, open wounds, and fractures PLUS Disposition of Discharged | E-CPR (Emergency - Clinical Performance Registry) |
| ▲19 | Emergency Medicine | Effective Treatment/ Clinical Care | Prevention and Treatment of Opioid and Substance Use Disorders | Opioid prescribing | None | Avoidance of Opiate Prescriptions for Greater Than 3 Days Duration for Acute Pain N: Patients who were not prescribed an opiate for greater than 3 days duration. D: Any patient ≥ 18 years of age evaluated by the Eligible Professional in the Emergency Department or Urgent Care Clinic PLUS Opiate prescribed PLUS ICD-10 diagnosis codes for pain, strains, sprains, lacerations, open wounds, and fractures PLUS Disposition of Discharged | E-CPR (Emergency - Clinical Performance Registry) |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------|--|--|-----------------------------------|--------|--|---|
| ▲20 | Emergency Medicine | Effective Treatment/ Clinical Care | Prevention and Treatment of Opioid and Substance Use Disorders | Opioid prescribing | None | Avoidance of Opiate Prescriptions for Low Back Pain or Migraines N: Patients who were not prescribed an opiate D: Any patient ≥ 18 years of age evaluated by the Eligible Professional in the Emergency Department or Urgent Care Clinic PLUS Diagnosis of low back pain OR Diagnosis of migraine PLUS Disposition of Discharged | E-CPR (Emergency-Clinical Performance Registry) |
| ▲21 | Emergency Medicine | Effective Treatment/ Clinical Care | Prevention and Treatment of Opioid and Substance Use Disorders | Opioid prescribing | None | Avoidance of Tramadol or Codeine for Children N: Pediatric Patients Who Were Not Dispensed or Prescribed Tramadol or Codeine D: Any patient < 18 years of age evaluated by the Eligible Professional in the Emergency Department or Urgent Care Clinic PLUS Disposition of Discharged | E-CPR (Emergency-Clinical Performance Registry) |
| ☆22 | Emergency Medicine | Effective Treatment/ Clinical Care | Prevention and Treatment of Opioid and Substance Use Disorders | Referral or follow-up: Opioid/SUD | None | Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA) N: 30-Day Follow-Up (Rate 1) An outpatient visit, intensive outpatient encounter or partial hospitalization, with any practitioner, with a primary diagnosis of AOD within 30 days after the ED visit. Include outpatient visits, intensive outpatient visits or partial hospitalizations that occur on the date of the ED visit. 7-Day Follow-Up (Rate 2): An outpatient visit, intensive outpatient encounter or partial hospitalization, with any practitioner, with a primary diagnosis of AOD within 7 days after the ED visit. Include outpatient visits, intensive outpatient visits or partial hospitalizations that occur on the date of the ED visit. D: The number of ED visits by consumers in the eligible population | NCQA |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------|--|--|-------------------------------------|--------|---|--|
| ▲23 | Emergency Medicine | Effective Treatment/ Clinical Care | Prevention and Treatment of Opioid and Substance Use Disorders | Screening/inter vention: Opioid/SUD | None | <p>Screening for risk of opioid misuse/overuse</p> <p>N: Patients who were screened for the potential risk of opioid misuse/overuse with a standardized tool (e.g., DAST, ASSIST) or assessed for the presence of any of the following risk factors:</p> <ul style="list-style-type: none"> - Patient survived an opioid overdose - Patient is taking more opioid than prescribed - Patient is taking opioids prescribed for someone else - Patient currently prescribed both a benzodiazepine and opioid <p>D: Patients aged 12 years or older.- Patient prescribed more than 50 mg morphine equivalents/day</p> | American College of Medical Toxicology (ACMT) ToxIC Registry |
| ☆24 | Emergency Medicine | Effective Treatment/ Clinical Care | Prevention, Treatment, and Management of Mental Health | Referral or follow-up | None | <p>Follow-Up After Emergency Department Visit for Mental Illness (FUM)</p> <p>N: 30-Day Follow-Up (Rate 1)</p> <p>An outpatient visit, intensive outpatient encounter or partial hospitalization, with any practitioner, with a primary diagnosis of a mental health disorder within 30 days after the ED visit. Include outpatient visits, intensive outpatient visits or partial hospitalizations that occur on the date of the ED visit.</p> <p>7-Day Follow-Up (Rate 2)</p> <p>D: The number of ED visits by consumers in the eligible population</p> <p>An outpatient visit, intensive outpatient encounter or partial hospitalization, with any practitioner, with a primary diagnosis of a mental health disorder within 7 days after the ED visit. Include outpatient visits, intensive outpatient visits or partial hospitalizations that occur on the date of the ED visit.</p> | NCQA |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------|--|-------------------------|---------------|--------|---|---|
| ★25 | Emergency Medicine | Effective Treatment/ Clinical Care | Preventive Care | Immunization | None | Rh Immunoglobulin (Rhogam) for Rh-Negative Pregnant Women at Risk of Fetal Blood Exposure N: Patients who receive an order for Rh-Immunoglobulin (Rhogam) in the ED D: All pregnant female patients aged 14 to 50 years who are Rh-negative and at significant risk of fetal blood exposure | American College of Emergency Physicians |
| ▲26 | Emergency Medicine | Effective Treatment/ Clinical Care | Preventive Care | Screening | None | Rh Status Evaluation and Treatment of Pregnant Women at Risk of Fetal Blood Exposure N: Performance Met: Patients who had their Rh status evaluated and were confirmed Rh-positive OR Patients who had Rh status evaluated AND received an order for Rh-Immunoglobulin (Rhogam) if Rh-negative Definition of Rh status evaluated: Laboratory testing of Rh status or documented Rh status (e.g., "Patient known Rh+") D: Any Female Patient ≥ 14 Years of Age and < 51 Years of Age Evaluated by the Eligible Professional in the ED PLUS ED Diagnosis of high risk pregnancy complication | E-CPR (Emergency - Clinical Performance Registry) |
| ▲27 | Emergency Medicine | Effective Treatment/ Clinical Care | Risk Adjusted Mortality | Severe trauma | None | Mortality Rate Following Blunt Traumatic Injury to the Chest and/or Abdomen N: All patients meeting the following criteria: a) Trauma patient inclusion criteria b) ICD-10 Primary External Cause Code indicating Blunt Trauma Type c) AIS≥3 in the abdomen and/or chest d) Survival ≥1 hour e) Documentation of death during the patient's index admission to the hospital D: All patients meeting the following criteria: a) Trauma patient inclusion criteria b) ICD-10 Primary External Cause Code indicating Blunt Trauma Type c) AIS ≥ 3 in the abdomen and/or chest d) Survival ≥1 hour | Surgeon Specific Registry QCDR Trauma Measures |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------|--|-----------------------------|---------------------|--------|---|--|
| ▲28 | Emergency Medicine | Effective Treatment/ Clinical Care | Risk Adjusted Mortality | Severe trauma | None | <p>Mortality Rate Following Penetrating Traumatic Injury to the Chest and/or Abdomen</p> <p>N: All patients meeting the following criteria: a) Trauma patient inclusion criteria b) ICD-10 Primary External Cause Code indicating Penetrating Trauma Type c) AIS ≥ 3 in the abdomen and/or chest d) Evaluated in the emergency department (defined as ED disposition <> “not applicable”) e) Survival ≥ 1 hour f) Patients that die in the hospital</p> <p>D: All patients meeting the following criteria: a) Trauma patient inclusion criteria b) ICD-10 Primary External Cause Code indicating Penetrating Trauma Type c) AIS ≥ 3 in the abdomen and/or chest d) Evaluated in the emergency department (defined as ED disposition <> “not applicable”) e) Survival ≥ 1 hour</p> | Surgeon Specific Registry QCDR Trauma Measures |
| ★29 | Emergency Medicine | Making Care Safer/ Safety | Preventable Healthcare Harm | Diagnostic accuracy | 0651 | <p>Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain</p> <p>N: Patients who receive a trans-abdominal or trans-vaginal ultrasound with documentation of pregnancy location in medical record</p> <p>D: All pregnant female patients aged 14 to 50 who present to the ED with a chief complaint of abdominal pain or vaginal bleeding</p> | American College of Emergency Physicians |
| ▲30 | Emergency Medicine | Making Care Safer/ Safety | Preventable Healthcare Harm | Diagnostic accuracy | None | <p>Pregnancy Test for Female Abdominal Pain Patients</p> <p>N: Emergency department visits for patients who have had a pregnancy test (urine or serum) ordered</p> <p>D: All emergency department visits for female patients aged 14 through 50 years old who present to the ED with a chief complaint of abdominal pain</p> | ACEP's Clinical Emergency Data Registry (CEDR) |

Table D-4: Neurology Measures Mapped to the Conceptual Framework (n = 48)

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|----|--------------------|--|-------------------------------|-----------------------------|--------|---|---|
| ▲1 | Neurology | Affordable Care | Appropriate Use of Healthcare | Medications | None | Antipsychotic Use in Persons with Dementia N: The number of patients in the denominator who had at least one prescription and > 30 days supply for any antipsychotic medication during the measurement period and do not have a diagnosis of schizophrenia, bipolar disorder, Huntington's disease or Tourette's syndrome. D: All patients 65 years of age and older continuously enrolled during the measurement period with a diagnosis of dementia and/or two or more prescription claims and >60 days supply for a cholinesterase inhibitor or an NMDA receptor antagonist. | Academic Research for Clinical Outcomes (ARCO) - ReportingMD |
| ▲2 | Neurology | Affordable Care | Appropriate Use of Healthcare | Medications | None | Inappropriate Use of Antiviral Monotherapy for Bell's Palsy (Inverse Measure) N: Patients who were prescribed antiviral therapy without concurrent systemic steroid therapy for the treatment of Bell's palsy. D: All patients age 16 years and older with new-onset diagnosis of Bell's palsy within the past 3 months. | American Academy of Otolaryngology Head and Neck Surgery Foundation (AAO-HNSF) Reg-ent SM Registry |
| ▲3 | Neurology | Affordable Care | Appropriate Use of Healthcare | Tests and services: Imaging | None | Appropriate use of advanced imaging by ordering provider with glucocorticoid management to spare motor neuron loss when physical findings suggest neuropathic etiology N: Numerator data are patients receiving advanced imaging in the reporting year ordered by the reporting provider. D: Denominator data are patients 18–75 years of age with advanced imaging ordered | Maine Osteopathic Association in Collaboration with Patient360 |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|----|--------------------|--|---------------------------------|--|--------|--|---|
| ▲4 | Neurology | Affordable Care | Appropriate Use of Healthcare | Tests and services: Imaging | None | <p>Inappropriate Use of Magnetic Resonance Imaging or Computed Tomography Scan for Bell's Palsy (Inverse Measure)</p> <p>N: Patients for whom an MRI or CT scan of the internal auditory canal, head, neck, or brain was ordered for a primary diagnosis of Bell's palsy. D: All patients age 16 years and older with a new-onset diagnosis of Bell's palsy within the past 3 months.</p> | American Academy of Otolaryngology Head and Neck Surgery Foundation (AAO-HNSF) Reg-ent SM Registry |
| ★5 | Neurology | Affordable Care | Appropriate Use of Healthcare | Tests and services: Imaging | None | <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 Computed Tomography Angiography (CTA), Computed Tomography (CT), Magnetic Resonance Angiography (MRA), or Magnetic Resonance Imaging (MRI) was NOT ordered D: All patients with a diagnosis of primary headache</p> | American Academy of Neurology |
| ☆6 | Neurology | Affordable Care | Patient-Focused Episode of Care | Condition specific episode-based cost measures: Stroke | NA | <p>Intracranial Hemorrhage or Cerebral Infarction</p> <p>N: The numerator of the Intracranial Hemorrhage or Cerebral Infarction cost measure is the sum of the ratio of observed to expected payment-standardized cost to Medicare for all episodes attributed to a clinician. This is then multiplied by the national average observed episode cost to generate a dollar figure. D: The cost measure denominator is the total number of episodes from the Intracranial Hemorrhage or Cerebral Infarction episode group attributed to a clinician.</p> | Centers for Medicare & Medicaid Services |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|----|--------------------|--|----------------------------------|---------------------------------------|--------|--|-------------------|
| ▲7 | Neurology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Symptom management: Migraines | None | <p>Medication Prescribed for Acute Migraine Attack</p> <p>N: Patients who were prescribed a guideline recommended medication for acute migraine attacks within the 12 month measurement period.</p> <p>D: All patients age 12 years old and older with a diagnosis of migraine headache.</p> | Axon Registry |
| ▲8 | Neurology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Symptom management: muscle spasticity | None | <p>Assessment and Management of Muscle Spasticity—Inpatient</p> <p>Numerator 1: Patients with a documented assessment of muscle spasticity prior to discharge</p> <p>Numerator 2: Patients who have a documented plan of care to monitor and/or manage muscle spasticity prior to discharge</p> <p>Numerator 3: Patients with a documented assessment of muscle spasticity AND if muscle spasticity is present have a documented plan of care to monitor and/or manage muscle spasticity prior to discharge</p> <p>Denominator 1: All patients, regardless of age with any of the following diagnoses: stroke, acquired brain injury (ABI), spinal cord injury (SCI), cerebral palsy (CP), multiple sclerosis (MS) who are admitted to inpatient rehabilitation, skilled nursing facility, or long-term care hospital</p> <p>Denominator 2: All patients, regardless of age with any of the following diagnoses: stroke, acquired brain injury (ABI), spinal cord injury (SCI), cerebral palsy (CP), multiple sclerosis (MS) who are admitted to inpatient rehabilitation, skilled nursing facility, or long-term care hospital with muscle spasticity</p> <p>Denominator 3: All patients, regardless of age with any of the following diagnoses: stroke, acquired brain injury (ABI), spinal cord injury (SCI), cerebral palsy (CP), multiple sclerosis (MS) who are admitted to inpatient rehabilitation, skilled nursing facility, or long-term care hospital</p> | AAPM&R's Registry |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------|--|----------------------------------|--|--------|---|--|
| ▲9 | Neurology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Symptom management: Muscle spasticity | None | Botulinum Toxin Serotype A (BoNT-A) for spasticity or dystonia N: Patients who were evaluated OR treated OR referred for BoNT-A injection D: All patients < 18 years of age with moderate to severe localized/segmental spasticity or dystonia in the upper and/or lower extremities | Axon Registry |
| ▲10 | Neurology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Symptom management: Muscle spasticity | None | Management of Muscle Spasticity—Outpatient N: Patients with a documented plan of care to monitor and/or manage muscle spasticity. D: All patients, regardless of age with any of the following diagnoses: stroke, acquired brain injury (TBI), spinal cord injury (SCI), cerebral palsy (CP), multiple sclerosis (MS) with muscle spasticity who are seen for an office visit during the measurement period | AAPM&R's Registry |
| ▲11 | Neurology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment outcomes: Giant cell arteritis | None | Giant Cell Arteritis: Absence of fellow eye involvement after treatment N: Patients without fellow eye involvement 1-26 weeks after initiating treatment in patients with unilateral visual loss D: All patients aged 18 years or greater with giant cell arteritis with unilateral vision loss | American Academy of Ophthalmology IRIS® Registry (Intelligent Research in Sight) |
| ★12 | Neurology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment processes: Dementia | 2872 | Dementia: Cognitive Assessment N: Patients for whom an assessment of cognition is performed and the results reviewed at least once within a 12 month period D: All patients, regardless of age, with a diagnosis of dementia | PCPI® |
| ★13 | Neurology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment processes: Dementia | None | Dementia: Caregiver Education and Support N: Patients with dementia whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND were referred to additional resources for support in the last 12 months. D: All patients with a diagnosis of dementia | American Academy of Neurology |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------|--|----------------------------------|-------------------------------|--------|---|-------------------------------|
| ★14 | Neurology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment processes: Dementia | None | <p>Dementia: Counseling Regarding Safety Concerns</p> <p>N: Patients with dementia or their caregiver(s) for whom there was a documented safety concerns screening in two domains of risk: 1) dangerousness to self or others and 2) environmental risks; and if safety concerns screening was positive in the last 12 months, there was documentation of mitigation recommendations, including but not limited to referral to other resources or orders for home safety evaluation</p> <p>D: All patients with a diagnosis of dementia</p> | American Academy of Neurology |
| ★15 | Neurology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment processes: Dementia | None | <p>Dementia: Functional Status Assessment</p> <p>N: Patients for whom an assessment of functional status was performed at least once in the last 12 months.</p> <p>D: All patients with a diagnosis of dementia</p> | American Academy of Neurology |
| ★16 | Neurology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment processes: Dementia | None | <p>Dementia: Neuropsychiatric Symptom Assessment</p> <p>N: Patients with dementia for whom there was at least one documented symptoms screening in the last 12 months for at least one symptom each for three domains of behavioral and psychiatric symptoms, including depression and for whom, if symptoms screening was positive, there was also documentation of recommendations for symptoms management in the last 12 months.</p> <p>D: All patients with a diagnosis of dementia</p> | American Academy of Neurology |
| ▲17 | Neurology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment processes: Dementia | None | <p>Pharmacological Treatment of Dementia</p> <p>N: Patients with dementia or their caregivers with whom available guideline/appropriate pharmacological treatment options and nonpharmacological behavior and lifestyle modifications were discussed at least once in the last 12-month period</p> <p>D: All patients with dementia</p> | PsychPRO |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------|--|----------------------------------|--|--------|---|-------------------------------|
| ▲18 | Neurology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment processes: Distal symmetric polyneuropathy | None | Diabetes/Pre-Diabetes Screening for Patients with DSP N: Patients who had screening tests for diabetes (e.g., fasting blood sugar testing, hemoglobin A1C, or a 2 hour Glucose Tolerance Test) reviewed, requested, or ordered when seen for an initial evaluation for distal symmetric polyneuropathy. D: All patients age 18 years and older with a diagnosis of distal symmetric polyneuropathy seen for an initial evaluation of distal symmetric polyneuropathy. | Axon Registry |
| ★19 | Neurology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment processes: Epilepsy | 1814 | Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy N: Female patients or caregivers counseled at least once a year about how epilepsy and its treatment may affect contraception OR pregnancy D: All females of childbearing potential (12-44 years old) with a diagnosis of epilepsy | American Academy of Neurology |
| ▲20 | Neurology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment processes: Epilepsy | None | First line treatment for infantile spasms (IS) N: Patients who received any guideline recommended first line therapy as initial treatment for IS as soon as diagnosed, but no later than 1 week after initial, confirmed diagnosis D: All patients aged 2 weeks to 36 months diagnosed with IS | Axon Registry |
| ▲21 | Neurology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment processes: Multiple Sclerosis | None | Current MS Disability Scale Score N: Patients with MS who have an MS disability scale score documented in the medical record in the past 12 months. D: All patients with a diagnosis of MS. | Axon Registry |
| ▲22 | Neurology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment processes: Multiple Sclerosis | None | Exercise and Appropriate Physical Activity Counseling for Patients with MS N: Patients with MS counseled on the benefits of exercise and appropriate physical activity for patients with MS in past 12 months. D: All patients with a diagnosis of MS. | Axon Registry |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------|--|--|--|--------|--|-------------------------------|
| ★23 | Neurology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment processes: Parkinson's disease | None | Parkinson's Disease: Cognitive Impairment or Dysfunction Assessment N: All patients with a diagnosis of Parkinson's Disease who were assessed for cognitive impairment or dysfunction in the past 12 months. D: All patients regardless of age with a diagnosis of Parkinson's Disease | American Academy of Neurology |
| ★24 | Neurology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment processes: Parkinson's disease | None | Parkinson's Disease: Rehabilitative Therapy Options N: All patients with a diagnosis of Parkinson's Disease (or caregiver(s), as appropriate) who had rehabilitative therapy options (i.e., physical, occupational, and speech therapy) discussed in the past 12 months. D: All patients regardless of age with a diagnosis of Parkinson's disease. | American Academy of Neurology |
| ▲25 | Neurology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment processes: Spine care | None | Back Pain: Use of EMG & NCS N: Patients who had an electromyography (EMG) or nerve conduction study (NCS) within 30 days of the diagnosis. D: All Patients with a diagnosis of axial lumbar, thoracic or cervical spine pain during the measurement period | Clinigence QCDR |
| ▲26 | Neurology | Effective Treatment/ Clinical Care | Prevention and Treatment of Opioid and Substance Use Disorders | Opioid prescribing: Chronic headaches | None | Overuse of barbiturate and opioid containing medications for primary headache disorders N: Patients assessed for opioid or barbiturate containing medication overuse headache within the 12 month measurement period, and if barbiturate or opioid medication overuse headache is identified, treatment or referral for treatment was provided. D: All patients aged 12 years and older diagnosed with a primary headache disorder and prescribed an opioid or barbiturate containing medication | Axon Registry |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------|--|--|---|--------|---|--|
| ▲27 | Neurology | Effective Treatment/ Clinical Care | Prevention and Treatment of Opioid and Substance Use Disorders | Screening/ intervention: Alcohol | None | DSP Screening for Unhealthy Alcohol Use N: Patients with a diagnosis of DSP who were screened with a validated screening instrument for unhealthy alcohol use when seen for an initial evaluation and if positive, brief counseling provided D: All patients age 18 years and older with a diagnosis of distal symmetric polyneuropathy | Axon Registry |
| ▲28 | Neurology | Effective Treatment/ Clinical Care | Prevention and Treatment of Opioid and Substance Use Disorders | Screening/ intervention: Opioid/SUD | None | Appropriate controlled substance prescribing (definitive diagnosis(es)) via adherence to Controlled Substance Agreements (CSA) or (OAs) with corrective action taken for pain and/or substance use disorder patients when violations occur | Maine Osteopathic Association in Collaboration with Patient360 |
| ▲29 | Neurology | Effective Treatment/ Clinical Care | Prevention, Treatment, and Management of Mental Health | Behavioral and psych screening: Anxiety/ depression | None | Depression and Anxiety Assessment Prior to Spine-Related Therapies N: Number of patients aged 18 years and older with documentation of depression and/or anxiety assessment through discussion with the patient including the use of a standardized assessment tool prior to therapy(-ies) for treatment of spine-related pain symptoms. D: See spec manual | AAPM&R's Registry |
| ▲30 | Neurology | Effective Treatment/ Clinical Care | Prevention, Treatment, and Management of Mental Health | Behavioral and psych screening: General | None | Querying for co-morbid conditions of tic disorder (TD) and Tourette syndrome (TS) N: Patients who were queried for symptoms of psychological and/or behavioral co-morbid conditions at least once per year, and if present, patient was treated or referred for treatment of co-morbid conditions. D: All patients aged < 18 years with the diagnosis of TD or TS who do not have an existing diagnosis of a comorbid condition | Axon Registry |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------|--|--|---|--------|---|----------------------------------|
| ▲31 | Neurology | Effective Treatment/ Clinical Care | Prevention, Treatment, and Management of Mental Health | Behavioral and psych screening: Anxiety/ depression | None | Post-Acute Brain Injury: Depression Screening and Follow-Up Plan of Care N: Patients screened for depression using a validated tool AND if positive a follow up plan of care is documented on the date of the positive screen *Validated tool may include the PHQ-2, PHQ-9, Stroke Aphasic Depression Questionnaire (SADQ) or another validated tool D: All patients aged 18 years and older who have experienced an acute brain injury (ischemic stroke, hemorrhagic stroke, acute brain injury) seen for an office visit during the measurement period | AAPM&R's Registry |
| ★32 | Neurology | Effective Treatment/ Clinical Care | Prevention, Treatment, and Management of Mental Health | Behavioral and psych screening: General | None | Parkinson's Disease: Psychiatric Symptoms Assessment for Patients with Parkinson's Disease N: Patients with a diagnosis of PD who were assessed for psychiatric symptoms in the past 12 months. D: All patients regardless of age with a diagnosis of PD | American Academy of Neurology |
| ▲33 | Neurology | Effective Treatment/ Clinical Care | Prevention, Treatment, and Management of Mental Health | Behavioral and psych screening: General | None | Screening for Psychiatric or Behavioral Health Disorders N: "Patient encounters where patient was screened for psychiatric or behavioral health disorders, but not limited to anxiety, depression, mood disorder, attention deficit hyperactive disorder, cognitive dysfunction, or other neurobehavioral disorders." D: All encounters for patients with diagnosis of epilepsy | Spectra-Medix eMeasures360™ QCDR |
| ▲34 | Neurology | Effective Treatment/ Clinical Care | Prevention, Treatment, and Management of Mental Health | Behavioral and psych screening: General | None | Screening for Psychiatric or Behavioral Health Disorders N: Patient visits where patient was screened for psychiatric or behavioral health disorders. D: All visits for patients with diagnosis of epilepsy. | Axon Registry |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------|--|-----------------------------|---------------------------|--------|---|--|
| ☆35 | Neurology | Making Care Safer/Safety | Preventable Healthcare Harm | Adverse medication events | 0555 | INR Monitoring for Individuals on Warfarin 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. D: Individuals at least 18 years of age as of the beginning of the measurement period with warfarin therapy for at least 56 days during the measurement period. | Centers for Medicare & Medicaid Services |
| ▲36 | Neurology | Making Care Safer/Safety | Preventable Healthcare Harm | Falls | None | Falls Outcome for Patients with Parkinson's Disease N: Patients who reported their fall rate during the July 1 to December 31, 20XX, encounter was maintained or reduced from prior report during January 1 to June 30, 20XX, encounter of the measurement period. D: Patients with a diagnosis of Parkinson's disease who had at least two encounters during the measurement period and had the number of falls documented at each encounter. One encounter must occur in January 1 to June 30, 20XX, and another encounter must occur in July 1 to December 31, 20XX. | Axon Registry |
| ▲37 | Neurology | Making Care Safer/Safety | Preventable Healthcare Harm | Falls | None | Falls screening (aggregation of AAN disease specific falls measures) N: Percentage of patients with Parkinson's disease, multiple sclerosis, distal symmetric polyneuropathy, ALS, epilepsy, dementia who were screened for falls at least annually and counseling provided on falls prevention for those with 2 or more falls or 1 fall with injury D: Patients with a current diagnosis of Parkinson's disease, multiple sclerosis, distal symmetric polyneuropathy, ALS, epilepsy, dementia | Axon Registry |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------|--|---|--|--------|---|--|
| ▲38 | Neurology | Making Care Safer/Safety | Preventable Healthcare Harm | Potentially avoidable complications | 0705 | Proportion of Patients Hospitalized with Stroke that have a Potentially Avoidable Complication (during the Index Stay or in the 30-day Post-Discharge Period) N: Outcome: Potentially avoidable complications (PACs) in patients hospitalized for stroke occurring during the index stay or in the 30-day post-discharge period. D: Adult patients aged 18 – 65 years who had a relevant hospitalization for stroke (with no exclusions) and were followed for one-month after discharge. | Health Care Incentives Improvement Institute (HCII3) |
| ▲39 | Neurology | Making Care Safer/Safety | Preventable Healthcare Harm | Potentially harmful drug-drug interactions | None | Addressing anxiety in pain patients with SNRI and SSRIs and reducing/eliminating benzodiazepines for chronic anxiety N: Numerator data are patients aged 18 and above with a documented complaint of or diagnosis of anxiety or sleep disorder and be provided SSRI/SNRI agents in lieu of benzodiazepines. If on benzodiazepines, these will be serially weaned unless a documented diagnosis of an anxiety syndrome exists from a psychiatric provider, and treated with SNRI/SSRI agents. D: Denominator data are patients aged 18 and meet specified code.* *See spec manual | Maine Osteopathic Association in Collaboration with Patient360 |
| ▲40 | Neurology | Person and Family Engagement/ Patient and Caregiver Experience | Care is Personalized and Aligned with Patient's Goals | Patient education/ Health literacy | None | Family Training—Inpatient Rehabilitation/Skilled Nursing Facility-Discharged to Home N: Patients whose family/caregiver(s) demonstrated successful teach-back* regarding skills for care of the patient in the home setting. *Ability to perform skills safely and without assistance on at least once occasion D: All patients aged 18 years and older, who have experienced a stroke discharged from inpatient rehabilitation, skilled nursing facility, or long-term care hospital to home | AAPM&R's Registry |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------|--|---|--|--------|--|--|
| ▲41 | Neurology | Person and Family Engagement/ Patient and Caregiver Experience | Care is Personalized and Aligned with Patient's Goals | Self-management | None | Promoting self-care for prevention and management of chronic conditions N: Provider communicated/promoted self-care for prevention and management of chronic conditions within 30 days of office visit, during the reporting period D: Patients, regardless of age, with multiple chronic conditions (2 or more of the following) hypertension, heart failure, stroke, atrial fibrillation, coronary heart disease, peripheral artery disease, obesity, hyperlipidemia, tobacco dependence, depression | Academic Research for Clinical Outcomes (ARCO) – ReportingMD |
| ★42 | Neurology | Person and Family Engagement/ Patient and Caregiver Experience | EOL According to Preferences | Advance care plan | None | Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences 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 D: All patients with a diagnosis of Amyotrophic Lateral Sclerosis (ALS) | American Academy of Neurology |
| ▲43 | Neurology | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Functional status assessment: Change over time | None | Objectifying pain and/or functionality to determine manipulative medicine efficacy with correlative treatment adjustment N: Numerator data will equal total pain patients receiving manipulative medicine or therapy with a QVAS done with functionality less than or equal to a five (<5) or pain scale greater than or equal to seven (>7) points. D: Denominator will equal patients aged 18-75 years on date of encounter during the reporting period | Maine Osteopathic Association in Collaboration with Patient360 |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------|--|--------------------------------------|------------------------------|--------|---|--|
| ▲44 | Neurology | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Health-related QOL: Epilepsy | None | Quality of Life Assessment for Patients with Epilepsy N: Patients whose most recent QOLIE-10-P score is maintained or improved from the prior QOLIE-10-P score obtained in the measurement period D: Patients aged 18 years and older diagnosed with epilepsy who had two office visits during the two-year measurement period which occurred at least 4 weeks apart. | Axon Registry |
| ▲45 | Neurology | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Health-related QOL: General | None | Quality of Life Assessment N: Patients who had their PROMIS-29 scores reviewed and had appropriate follow up D: All patients aged 18 years and older with a neurologic condition who had a PROMIS-29 administered in the FIGMD module during the measurement period | Axon Registry |
| ★46 | Neurology | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Health-related QOL: Headache | None | Quality of Life Assessment For Patients With Primary Headache Disorders 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 D: All patients with a diagnosis of primary headache disorder | American Academy of Neurology |
| ▲47 | Neurology | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Health-related QOL: Stroke | None | Post Stroke Outcome and Follow-Up N: Number of patients counted in the denominator for whom a follow-up score is obtained which is not less than the baseline score D: Number of patients 18 or older, diagnosed with IS, ICH, or TIA, who received a baseline score, and who are eligible for a follow-up score during the measurement period. | Universal Research Solutions, LLC – OBERD QCDD |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------|--|--------------------------------------|---|--------|--|---------------|
| ▲48 | Neurology | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Symptom assessment: Parkinson's disease | None | <p>Querying About Symptoms of Autonomic Dysfunction for Patients with Parkinson's Disease</p> <p>N: Percentage of all patients with a diagnosis of PD (or caregivers, as appropriate) who were queried about symptoms of autonomic dysfunction in the past 12 months and if autonomic dysfunction identified had appropriate follow-up.</p> <p>D: All patients with a diagnosis of PD.</p> | Axon Registry |

Table D-5: Physical Medicine and Rehabilitation Measures Mapped to the Conceptual Framework (n = 59)

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|----|--------------------------------------|--|-------------------------------|------------|--------|--|---|
| ▲1 | Physical Medicine and Rehabilitation | Affordable Care | Appropriate Use of Healthcare | Procedures | None | <p>Appropriate Patient Selection for Diagnostic Facet Joint Procedures</p> <p>N: Total number of encounters in which a patient receives a diagnostic facet joint procedure with documentation within the preceding 30 days of appropriate patient selection criteria having been met.</p> <p>D: Total number of encounters in which a patient receives a diagnostic facet joint procedure.</p> | The ASIPP National Interventional Pain Management (NIPM) Qualified Clinical Data Registry, powered by ArborMetrix |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|----|--------------------------------------|--|-------------------------------|------------|--------|--|---|
| ▲2 | Physical Medicine and Rehabilitation | Affordable Care | Appropriate Use of Healthcare | Procedures | None | <p>Avoiding Excessive Use of Epidural Injections in Managing Chronic Pain Originating in the Cervical and Thoracic Spine</p> <p>N: Patients with at least 1 but less than 6 encounters in which a cervical/thoracic epidural injection was performed during the first 12 months following initiation of treatment. Or patients with at least 1 but less than 5 encounters in which a cervical/thoracic epidural injection was performed during subsequent 12 month periods.</p> <p>D: All patients who have received cervical/thoracic epidural injections during the reporting period.</p> | The ASIPP National Interventional Pain Management (NIPM) Qualified Clinical Data Registry, powered by ArborMetrix |
| ▲3 | Physical Medicine and Rehabilitation | Affordable Care | Appropriate Use of Healthcare | Procedures | None | <p>Avoiding Excessive Use of Therapeutic Facet Joint Interventions in Managing Chronic Cervical and Thoracic Spinal Pain</p> <p>N: Patients who underwent at least 1 but less than 5 therapeutic cervical/thoracic facet joint treatments during the measurement year (CPT Codes: 64490, 64491, 64492 with Quality Code IPM03 to indicate therapeutic intent as opposed to diagnostic intent). Or patients with at least 1 but less than 3 therapeutic cervical/thoracic facet joint denervation treatments during the measurement year (CPT Codes: 64633, 64634). Bilateral treatments that are performed unilaterally on separate days within 14 calendar days are considered a single treatment.</p> <p>D: All patients undergoing therapeutic cervical/thoracic facet joint interventions.</p> | The ASIPP National Interventional Pain Management (NIPM) Qualified Clinical Data Registry, powered by ArborMetrix |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|----|--------------------------------------|---|--|-----------------------------|--------|--|---|
| ▲4 | Physical Medicine and Rehabilitation | Affordable Care | Appropriate use of Healthcare | Tests and services: Imaging | None | Appropriate use of advanced imaging by ordering provider with glucocorticoid management to spare motor neuron loss when physical findings suggest neuropathic etiology N: Numerator data are patients receiving advanced imaging in the reporting year ordered by the reporting provider. D: Denominator data are patients 18-75 years of age with advanced imaging ordered | Maine Osteopathic Association in Collaboration with Patient360 |
| ▲5 | Physical Medicine and Rehabilitation | Affordable Care | Appropriate Use of Healthcare | Tests and services: Imaging | None | MRI of the lumbar spine without prior conservative care N: All patients ≥ than 18 years without conservative care for low back pain. D: All patients ≥ 18 years with low back pain receiving lumbar spine MRI study | The Spine Institute for Quality Conservative Care: QCDR For Individuals - Powered by Premier, Inc |
| ▲6 | Physical Medicine and Rehabilitation | Affordable Care | Appropriate Use of Healthcare | Tests and services: Imaging | None | Repeated X-ray Imaging N: Patients with two or more of the same x-ray imaging studies within the one year measurement period. D: All patients 18 years of age and older with a diagnosis of spine-related disorders on an eligible encounter during the measurement period in which an x-ray study is ordered or performed for the purpose of monitoring the patient's condition by an eligible clinician. | The Spine Institute for Quality Conservative Care: QCDR For Individuals - Powered by Premier, Inc |
| ▲7 | Physical Medicine and Rehabilitation | Communication and Coordination/ Care Coordination | Admissions and Readmissions to Hospitals | Admissions | None | Unplanned Admission to Hospital Following Percutaneous Spine Procedure within the 30-Day Post-procedure Period N: Number of patients aged 18 years and older who had any unplanned admission following percutaneous spine-related procedure within the 30-day post-procedure period. D: SQOD Spine Codes | AAPM&R's Registry |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------------------------|---|----------------------------------|--------------------------------|--------|---|---|
| ▲8 | Physical Medicine and Rehabilitation | Communication and Coordination/ Care Coordination | Medication Management | High-risk medications | None | Communicating concurrent opioid and benzodiazepine prescribing to other prescribers N: Percentage of patients 18 years of age and older who are prescribed opioids and have a letter or other communication sent to another clinician who is prescribing benzodiazepines. This measure is reported by the clinician who prescribes opioids to a patient already taking benzodiazepines. D: All patients aged 18 years and older who are prescribed both opioids and benzodiazepines from separate clinicians. | The ASIPP National Interventional Pain Management (NIPM) Qualified Clinical Data Registry, powered by ArborMetrix |
| ▲9 | Physical Medicine and Rehabilitation | Communication and Coordination/ Care Coordination | Medication Management | High-risk medications | None | Outcome of High Risk Pain Medications Prescribed in Last 6 Months N: Patients prescribed and actively taking high risk pain medications in the last 6 months D: Patients 18 age and older on date of encounter | SCG Health |
| ▲10 | Physical Medicine and Rehabilitation | Communication and Coordination/ Care Coordination | Medication Management | High-risk medications | None | Patient counseling regarding risks of co-prescribed opioids and benzodiazepines N: All patients aged 18 years and older who are concurrently prescribed both opioids and benzodiazepines and receive either written or verbal education regarding the risks of concurrent opioid and benzodiazepine use. D: All patients aged 18 years and older who are prescribed both opioids and benzodiazepines. | The ASIPP National Interventional Pain Management (NIPM) Qualified Clinical Data Registry, powered by ArborMetrix |
| ☆11 | Physical Medicine and Rehabilitation | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Symptom management: Bowel care | 1617 | Patients Treated with an Opioid who are Given a Bowel Regimen N: Patients from the denominator that are given a bowel regimen or there is documentation as to why this was not needed D: Vulnerable adults who are given a prescription for an opioid | RAND Corporation/UCLA |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------------------------|--|----------------------------------|---------------------------------------|--------|--|-------------------|
| ▲12 | Physical Medicine and Rehabilitation | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Symptom management: Bowel care | None | <p>Patients Treated with an Opioid Who Are Given a Bowel Regimen</p> <p>N: Patients where a bowel regimen was offered/prescribed, or documentation as to why this was not needed</p> <p>D: All adults 18 and older who are prescribed long-acting or regular use of short-acting opioids</p> | ABFM PRIME |
| ▲13 | Physical Medicine and Rehabilitation | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Symptom management: Muscle spasticity | None | <p>Assessment and Management of Muscle Spasticity—Inpatient</p> <p>N: Patients with a documented plan of care to monitor and/or manage muscle spasticity.</p> <p>Denominator 1: All patients, regardless of age with any of the following diagnoses: stroke, acquired brain injury (ABI), spinal cord injury (SCI), cerebral palsy (CP), multiple sclerosis (MS) who are admitted to inpatient rehabilitation, skilled nursing facility, or long-term care hospital</p> <p>Denominator 2: All patients, regardless of age with any of the following diagnoses: stroke, acquired brain injury (ABI), spinal cord injury (SCI), cerebral palsy (CP), multiple sclerosis (MS) who are admitted to inpatient rehabilitation, skilled nursing facility, or long-term care hospital with muscle spasticity</p> <p>Denominator 3: All patients, regardless of age with any of the following diagnoses: stroke, acquired brain injury (ABI), spinal cord injury (SCI), cerebral palsy (CP), multiple sclerosis (MS) who are admitted to inpatient rehabilitation, skilled nursing facility, or long-term care hospital</p> | AAPM&R's Registry |
| ▲14 | Physical Medicine and Rehabilitation | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Symptom management: Muscle spasticity | None | <p>Management of Muscle Spasticity—Outpatient</p> <p>N: Patients with a documented plan of care to monitor and/or manage muscle spasticity.</p> <p>D: All patients, regardless of age with any of the following diagnoses: stroke, acquired brain injury (TBI), spinal cord injury (SCI), cerebral palsy (CP), multiple sclerosis (MS) with muscle spasticity who are seen for an office visit during the measurement period</p> | AAPM&R's Registry |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------------------------|--|--|--------------------|--------|---|--|
| ▲15 | Physical Medicine and Rehabilitation | Effective Treatment/ Clinical Care | Prevention and Treatment of Opioid and Substance Use Disorders | Care plan | None | <p>Perioperative Pain Plan</p> <p>N: All patients where documentation has been signed attesting to the review of a perioperative pain plan using a multimodal, narcotic sparing technique was discussed.</p> <p>D: All patients, aged 18 and older, who undergo a procedure with a chronic pain provider.</p> | MiraMed |
| ▲16 | Physical Medicine and Rehabilitation | Effective Treatment/ Clinical Care | Prevention and Treatment of Opioid and Substance Use Disorders | Opioid prescribing | None | <p>Narcotic Pain Medicine Management Prior to and Following Spine Therapy</p> <p>N: Number of patients aged 18 years and older with documentation of narcotic use/requirements at baseline (initial encounter) and at 2 +/-1 months following initial assessment and therapy(ies) for treatment of spine-related pain symptoms and documentation of follow-up plan.</p> <p>D: SQOD Spine Codes</p> | AAPM&R's Registry |
| ▲17 | Physical Medicine and Rehabilitation | Effective Treatment/ Clinical Care | Prevention and Treatment of Opioid and Substance Use Disorders | Opioid prescribing | None | <p>Safe Opioid Prescribing Practices</p> <p>N: Patients for whom ALL of the following opioid prescribing best practices are followed:</p> <ol style="list-style-type: none"> 1. Chemical dependency screening (includes laboratory testing and/or questionnaire) within the immediate 6 months prior to the encounter 2. Co-prescription of Naloxone, or documented discussion regarding offer of Naloxone co-prescription, if opioid prescription is ≥ 50 MME/day 3. Non co-prescription of benzodiazepine medications by prescribing pain physician and documentation of a discussion with patient regarding risks of concomitant use of benzodiazepine and opioid medications. <p>D: All patients aged 18 years and older prescribed opioid medications for longer than six weeks' duration</p> | Anesthesia Quality Institute (AQI) National Anesthesia Clinical Outcomes Registry (NACOR) |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------------------------|--|--|--------------------|--------|--|-------------|
| ▲18 | Physical Medicine and Rehabilitation | Effective Treatment/ Clinical Care | Prevention and Treatment of Opioid and Substance Use Disorders | Opioid prescribing | None | SCG1 Evaluation of High Risk Pain Medications for MME N: Percentage of patients prescribed and actively taking one or more high risk pain medications. D: Patients 18 age and older. | SCG Health |
| ▲19 | Physical Medicine and Rehabilitation | Effective Treatment/ Clinical Care | Prevention and Treatment of Opioid and Substance Use Disorders | Opioid prescribing | None | Use of a “PEG Test” to Manage Patients Receiving Opioids N: Performance Met: Mednax 12A: Clinician used the PEG Test results to correctly continue opioid prescribing, meaning the PEG score showed a reduction of 30% or greater from baseline, and the patient was continued on the opioid regimen. OR Mednax 12B: Clinician used the PEG Test result to correctly discontinue previous opioid regimen (PEG score was not reduced 30% or more from baseline), and then weaned the patient off opioids, adjusted the dose of opioid, or changed to a different opioid. OR Performance Not Met: Mednax 12C: Clinician did not administer the PEG Test or administered the test and did not alter opioid prescribing appropriately. D: All visits for patients aged 18 years and older, who have been prescribed opioids for greater than 6 weeks and are on a stable dose | MEDNAX QCDR |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------------------------|--|--|-------------------------------------|--------|---|--|
| ▲20 | Physical Medicine and Rehabilitation | Effective Treatment/ Clinical Care | Prevention and Treatment of Opioid and Substance Use Disorders | Opioid prescribing | None | <p>Weight loss in pain patients with BMI \geq 30 with opiate utilization for weight related pain conditions rather than opiate dose escalation for improved pain control</p> <p>N: Numerator data are patients aged 18 and above with a BMI \geq 30 on opiates/opioids for chronic pain related to weight related pain conditions or pain conditions exacerbated by obesity with documented weight loss and BMI reduction AND dose reduction (24 hour MME) documented OR functional QVAS > 6 with serial reduction of BMI from 30 to 24–26 over 6 months, then opioid dosing may be maintained.</p> <p>D: Denominator data are patients who 18 age and older on chronic opiate therapy with BMI \geq 30 with weight related or weight exacerbated pain conditions and meet the HCPCS/ICD data parameters.</p> | Maine Osteopathic Association in Collaboration with Patient360 |
| ▲21 | Physical Medicine and Rehabilitation | Effective Treatment/ Clinical Care | Prevention and Treatment of Opioid and Substance Use Disorders | Screening/ intervention: Opioid/SUD | None | <p>Appropriate controlled substance prescribing (definitive diagnosis(es)) via adherence to Controlled Substance Agreements (CSAs) or OAs with corrective action taken for pain and/or substance use disorder patients when violations occur</p> <p>N: Numerator data are patients aged 18 and above with specified code*</p> <p>D: Denominator data are all patients aged 18 and above with specified code**See spec manual</p> | Maine Osteopathic Association in Collaboration with Patient360 |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------------------------|--|--|---|--------|--|--|
| ▲22 | Physical Medicine and Rehabilitation | Effective Treatment/ Clinical Care | Prevention and Treatment of Opioid and Substance Use Disorders | Screening/ intervention: Opioid/SUD | None | Screening for risk of opioid misuse/overuse N: Patients who were screened for the potential risk of opioid misuse/overuse with a standardized tool (e.g., DAST, ASSIST) or assessed for the presence of any of the following risk factors:- Patient survived an opioid overdose- Patient is taking more opioid than prescribed- Patient is taking opioids prescribed for someone else - Patient currently prescribed both a benzodiazepine and opioid D: Patients aged 12 years or older.- Patient prescribed more than 50 mg morphine equivalents/day | American College of Medical Toxicology (ACMT) ToxIC Registry |
| ▲23 | Physical Medicine and Rehabilitation | Effective Treatment/ Clinical Care | Prevention and Treatment of Opioid and Substance Use Disorders | Screening/ intervention: Opioid/SUD | None | Urine Drug Screen Utilization in Pain Management and Substance Use Disorders; no less than quarterly for pain and no less than monthly for substance use disorders N: Numerator data are patients aged 18 and above with a documented Controlled Substance or Opiate Agreement. D: Denominator data are all patients having received two (2) or more Schedule II controlled substances in (or around) the reporting period. | Maine Osteopathic Association in Collaboration with Patient360 |
| ▲24 | Physical Medicine and Rehabilitation | Effective Treatment/ Clinical Care | Prevention, Treatment, and Management of Mental Health | Behavioral and psych screening: Anxiety/ depression | None | Depression and Anxiety Assessment Prior to Spine-Related Therapies N: Number of patients aged 18 years and older with documentation of depression and/or anxiety assessment through discussion with the patient including the use of a standardized assessment tool prior to therapy(-ies) for treatment of spine-related pain symptoms D: See spec manual | AAPM&R's Registry |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------------------------|--|--|---|--------|--|--|
| ▲25 | Physical Medicine and Rehabilitation | Effective Treatment/ Clinical Care | Prevention, Treatment, and Management of Mental Health | Behavioral and psych screening: Anxiety/ depression | None | Post-Acute Brain Injury: Depression Screening and Follow-Up Plan of Care N: Patients screened for depression using a validated tool* AND if positive a follow up plan of care is documented on the date of the positive screen *Validated tool may include the PHQ-2, PHQ-9, (SADQ) or another validated tool D: All patients aged 18 years and older who have experienced an acute brain injury (ischemic stroke, hemorrhagic stroke, acute brain injury) seen for an office visit during the measurement period | AAPM&R's Registry |
| ▲26 | Physical Medicine and Rehabilitation | Making Care Safer/ Safety | Preventable Healthcare Harm | Infection control practices | None | Infection Control Practices for Open Interventional Pain Procedures N: Patients for whom ALL of the following infection control best practices are followed in addition to standard sterile technique: 1. Double gloving (two pairs of sterile gloves are worn) 2. Chlorhexidine with alcohol used 3. Weight-based preoperative antibiotic dosing and, if indicated by procedure duration, weight-based re-dosing 4. Administration of pre-operative antibiotics within 1 hour, or 2 hours for vancomycin, prior to surgical incision (or start of procedure if no incision is required) D: All patients, regardless of age, who undergo an open interventional pain procedure | Anesthesia Quality Institute (AQI) National Anesthesia Clinical Outcomes Registry (NACOR) |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------------------------|--|-----------------------------|--|--------|--|--|
| ▲27 | Physical Medicine and Rehabilitation | Making Care Safer/Safety | Preventable Healthcare Harm | Potentially avoidable complications | None | <p>Documentation of Anticoagulant and Antiplatelet Medications when Performing Neuraxial Anesthesia/Analgesia or Interventional Pain Procedures</p> <p>N: Patients where the name and date last taken, and, if applicable, time last taken of anticoagulant and/or antiplatelet medications prior to start of interventional pain procedure or administration of neuraxial anesthesia or analgesia are documented.</p> <p>D: All patients, regardless of age, taking anticoagulant and/or antiplatelet medications who undergo an interventional pain procedure or other surgical or therapeutic procedure under neuraxial anesthesia or analgesia</p> | Anesthesia Quality Institute (AQI) National Anesthesia Clinical Outcomes Registry (NACOR) |
| ▲28 | Physical Medicine and Rehabilitation | Making Care Safer/Safety | Preventable Healthcare Harm | Potentially harmful drug-drug interactions | None | <p>Addressing anxiety in pain patients with SNRI and SSRIs and reducing/eliminating benzodiazepines for chronic anxiety</p> <p>N: Numerator data are patients aged 18 and above with a documented complaint of or diagnosis of anxiety or sleep disorder and be provided SSRI/SNRI agents in lieu of benzodiazepines. If on benzodiazepines, these will be serially weaned unless a documented diagnosis of an anxiety syndrome exists from a psychiatric provider, and treated with SNRI/SSRI agents.</p> <p>D: Denominator data are patients aged 18 and meet certain codes.**See spec manual.</p> | Maine Osteopathic Association in Collaboration with Patient360 |
| ▲29 | Physical Medicine and Rehabilitation | Making Care Safer/Safety | Preventable Healthcare Harm | Potentially harmful drug-drug interactions | None | <p>Avoiding Use of CNS Depressants in Patients on Long-Term Opioids</p> <p>N: Patients with no current prescription for a CNS depressant</p> <p>D: Adults with a current rx for an opioid lasting for at least 90 days</p> | PPRNet |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------------------------|--|---|--|--------|---|------------------------------------|
| ▲30 | Physical Medicine and Rehabilitation | Person and Family Engagement/ Patient and Caregiver Experience | Care Is Personalized and Aligned with Patient's Goals | Patient education/ Health literacy | None | Family Training – Inpatient Rehabilitation/Skilled Nursing Facility – Discharged to Home N: Patients whose family/caregiver(s) demonstrated successful teach-back regarding skills for care of the patient in the home setting. D: All patients aged 18 years and older who have experienced a stroke discharged from inpatient rehabilitation, skilled nursing facility, or long-term care hospital to home | AAPM&R's Registry |
| ★31 | Physical Medicine and Rehabilitation | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Functional status assessment: Change over time | 0422 | Functional status change for patients with Knee impairments 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. 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. | Focus on Therapeutic Outcomes, Inc |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------------------------|--|--------------------------------------|--|--------|--|-------------------------------------|
| ★32 | Physical Medicine and Rehabilitation | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Functional status assessment: Change over time | 0423 | Functional status change for patients with Hip impairments 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. 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. | Focus on Therapeutic Outcomes, Inc. |
| ★33 | Physical Medicine and Rehabilitation | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Functional status assessment: Change over time | 0424 | Functional status change for patients with Foot and Ankle impairments 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. 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 | Focus on Therapeutic Outcomes, Inc. |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------------------------|--|--------------------------------------|--|--------|---|-------------------------------------|
| ★34 | Physical Medicine and Rehabilitation | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Functional status assessment: Change over time | 0425 | Functional status change for patients with lumbar impairments 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. D: All patients 14 years and older with a lumbar impairment who have initiated rehabilitation treatment and completed the FOTO (lumbar) PROM. | Focus on Therapeutic Outcomes, Inc. |
| ★35 | Physical Medicine and Rehabilitation | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Functional status assessment: Change over time | 0426 | Functional status change for patients with Shoulder impairments 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. 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. | Focus on Therapeutic Outcomes, Inc. |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------------------------|--|--------------------------------------|--|--------|--|-------------------------------------|
| ★36 | Physical Medicine and Rehabilitation | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Functional status assessment: Change over time | 0427 | Functional status change for patients with elbow, wrist, and hand impairments 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. 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. | Focus on Therapeutic Outcomes, Inc. |
| ★37 | Physical Medicine and Rehabilitation | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Functional status assessment: Change over time | 0428 | Functional status change for patients with general orthopaedic impairments 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 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. D: All patients 14 years and older with general orthopaedic impairments who have initiated rehabilitation treatment and completed the FOTO (general orthopaedic) PROM. | Focus on Therapeutic Outcomes, Inc. |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------------------------|--|--------------------------------------|--|--------|---|--|
| ☆38 | Physical Medicine and Rehabilitation | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Functional status assessment: Change over time | 0429 | Change in Basic Mobility as Measured by the AM-PAC: 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. D: All patients in a risk adjusted diagnostic category with a mobility goal for an episode of care. | CREcare |
| ☆39 | Physical Medicine and Rehabilitation | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Functional status assessment: Change over time | 0430 | Change in Daily Activity Function as Measured by the AM-PAC: 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. D: All patients in a risk adjusted diagnostic category with a Daily Activity goal for an episode of care. | CREcare |
| ★40 | Physical Medicine and Rehabilitation | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Functional status assessment: Change over time | 2624 | Functional Outcome Assessment N: Patients with a documented current functional outcome assessment using a standardized tool AND a documented care plan based on the identified functional outcome deficiencies. D: All visits for patients aged 18 years and older | Centers for Medicare & Medicaid Services |
| ▲41 | Physical Medicine and Rehabilitation | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Functional status assessment: Change over time | None | Change in Functional Outcomes N: Patients with a 30% point or greater decrease in PROMIS Pain Interference Score from initial assessment to final assessment during an episode of care for a spine-related disorder. D: All patients 18 years of age and older with an episode of care for spine-related disorders and at least two functional outcomes assessments (one baseline and at least one follow-up) using the PROMIS Pain Interference assessment during the episode of care. | The Spine Institute for Quality Conservative Care: QCDR For Individuals - Powered by Premier, Inc. |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------------------------|--|--------------------------------------|--|--------|--|--|
| ▲42 | Physical Medicine and Rehabilitation | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Functional status assessment: Change over time | None | <p>Change in Pain Intensity</p> <p>N: Patients with a 30% point or greater decrease in PROMIS Pain Intensity Score from initial assessment to final assessment during an episode of care for a spine-related disorder.</p> <p>D: All patients 18 years of age and older with an episode of care for spine-related disorders and at least two functional outcomes assessments (first non-zero score will be used as the baseline assessment and at least one subsequent follow-up) using the PROMIS Pain Intensity assessment during the episode of care.</p> | The Spine Institute for Quality Conservative Care: QCDR For Individuals - Powered by Premier, Inc. |
| ▲43 | Physical Medicine and Rehabilitation | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Functional status assessment: Change over time | None | <p>Functional Improvement in arm, shoulder, and hand rehabilitation in surgical patients with musculotendinous injury measured via the validated Disabilities of Arm, Shoulder, and Hand (DASH) score.</p> <p>N: Sum of DASH measure change scores of all surgical patients with musculotendinous injuries from their initial visits and final visits in PT/OT practice or PT/OT group during the observation window.</p> <p>D: The number of surgical patients with arm, shoulder, or hand musculotendinous injury evaluated and treated by a physical therapist (PT) or Occupational Therapist (OT), or PT or OT Group, during the observation window.</p> | Intermountain ROMS |
| ▲44 | Physical Medicine and Rehabilitation | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Functional status assessment: Change over time | None | <p>Functional Improvement in hip, leg or ankle rehabilitation in patients with lower extremity injury measured via the validated Lower Extremity Functional Scale (LEFS) score.</p> <p>N: Sum of LEFS average change in the score of all patients with hip, leg, or ankle injuries from their initial visits and final visits in PT/OT practice or PT/OT group during the observation window.</p> <p>D: The number of patients with hip, leg, or ankle injury evaluated and treated by a physical therapist (PT) or Occupational Therapist (OT), or PT or OT Group.</p> | Intermountain ROMS |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------------------------|--|--------------------------------------|--|--------|---|--------------------|
| ▲45 | Physical Medicine and Rehabilitation | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Functional status assessment: Change over time | None | Functional Improvement in knee rehabilitation of patients with knee injury measured via their validated Knee Outcome Survey (KOS) score. N: Sum of KOS average change in the score of all patients with knee injuries from their initial visits and final visits in PT or OT practice or PT or OT Group practice during the observation window. D: The number of all patients with knee injury evaluated and treated by a PT or OT, or PT or OT Group, during the observation window. | Intermountain ROMS |
| ▲46 | Physical Medicine and Rehabilitation | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Functional status assessment: Change over time | None | Functional Improvement in low back rehabilitation of non-surgical patients with low back pain measured via the validated Modified Low Back Pain Disability Questionnaire (MDQ). N: Sum of MDQ average change in the score of all patients with low back pain from their initial visits and final visits in PT/OT practice or PT/OT group during the observation window. D: The number of patients with low back pain evaluated and treated by a physical therapist (PT) or Occupational Therapist (OT), or PT or OT Group, during the observation window. | Intermountain ROMS |
| ▲47 | Physical Medicine and Rehabilitation | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Functional status assessment: Change over time | None | Functional Improvement in neck pain/injury patients' rehabilitation measured via the validated Neck Disability Index (NDI). N: Sum of NDI average change in the score of all patients from their initial visits and final visits in PT/OT practice or PT/OT group during the observation window. D: The number of neck pain/injury patients evaluated and treated by a physical therapist (PT) or Occupational Therapist (OT), or PT or OT Group, during the observation window. | Intermountain ROMS |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------------------------|--|--------------------------------------|--|--------|---|---|
| ▲48 | Physical Medicine and Rehabilitation | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Functional status assessment: Change over time | None | <p>Functional Status Assessment for Cervical Medial Branch Radiofrequency Ablation</p> <p>N: Percentage of patients 18 years of age and older with cervical medial branch radiofrequency ablation who completed baseline and follow-up patient-reported functional status assessments, and achieved at least a 10% improvement in functional status score from baseline. Follow-up functional assessment must be completed within 90 days following the procedure.</p> <p>D: All patients aged 18 years and older who undergo cervical medial branch radiofrequency ablation.</p> | The ASIPP National Interventional Pain Management (NIPM) Qualified Clinical Data Registry, powered by ArborMetrix |
| ▲49 | Physical Medicine and Rehabilitation | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Functional status assessment: Change over time | None | <p>Functional Status Assessment for Lumbar Medial Branch Radiofrequency Ablation</p> <p>N: Percentage of patients 18 years of age and older with lumbar medial branch radiofrequency ablation who completed baseline and follow-up patient-reported functional status assessments, and achieved at least a 10% improvement in functional status score from baseline. Follow-up functional assessment must be completed within 90 days following the procedure.</p> <p>D: All patients aged 18 years and older who undergo lumbar medial branch radiofrequency ablation.</p> | The ASIPP National Interventional Pain Management (NIPM) Qualified Clinical Data Registry, powered by ArborMetrix |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------------------------|--|--------------------------------------|--|--------|---|---|
| ▲50 | Physical Medicine and Rehabilitation | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Functional status assessment: Change over time | None | <p>Functional Status Assessment for Spinal Cord Stimulator Implantation</p> <p>N: Percentage of patients 18 years of age and older who undergo spinal cord stimulator implantation who completed baseline and follow-up patient-reported functional status assessments, and achieved at least a 10% improvement in functional status score from baseline. Follow-up functional assessment must be completed within 90 days following the procedure.</p> <p>D: All patients aged 18 years and older who undergo surgical implantation of a spinal cord stimulator with implantable pulse generator, excluding replacement or revision of existing spinal cord stimulation systems.</p> | The ASIPP National Interventional Pain Management (NIPM) Qualified Clinical Data Registry, powered by ArborMetrix |
| ▲51 | Physical Medicine and Rehabilitation | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Functional status assessment: Change over time | None | <p>Lower Body Functional Impairment (LBI)</p> <p>N: Patients with two or more office visits in the calendar year who report the same or improved lower body functional status</p> <p>D: Patients diagnosed with chronic pain of greater than three months and who have at least three office visits with their provider in the calendar year and have reported that they have lower body pain</p> | ABG QCDR |
| ▲52 | Physical Medicine and Rehabilitation | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Functional status assessment: Change over time | None | <p>Objectifying pain and/or functionality to determine manipulative medicine efficacy with correlative treatment adjustment</p> <p>N: Numerator data will equal total pain patients receiving manipulative medicine or therapy with a QVAS done with functionality less than or equal to a five (<5) or pain scale greater than or equal to seven (>7) points.</p> <p>D: Denominator will equal patients aged 18-75 years on date of encounter during the reporting period</p> | Maine Osteopathic Association in Collaboration with Patient360 |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------------------------|--|--------------------------------------|--|--------|---|---|
| ▲53 | Physical Medicine and Rehabilitation | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Functional status assessment: Change over time | None | <p>Reduction in Patient Reported Pain Following Cervical/Thoracic Medial Branch Radiofrequency Ablation</p> <p>N: 1. The percent reduction in pain score on a visual analog scale (0-10), comparing pre-procedure pain (recorded within 90 days prior to the procedure) and post-procedure pain (recorded within 90 days following the procedure) in the area targeted for treatment by cervical/thoracic medial branch radiofrequency ablation OR</p> <p>2. The reduction in pain as reported by the patient as a percent reduction in pain in the area targeted for treatment by cervical/thoracic medial branch radiofrequency ablation, comparing pre-procedure and post-procedure pain. Percent reduction in pain must be reported within 90 days following the procedure.</p> <p>D: Patient reported level of pain, defined as average level of pain during normal daily activities in the area targeted for treatment with cervical/thoracic medial branch radiofrequency ablation, on a scale of 0-10. Pain level must be documented within the 90-day period prior to the procedure.</p> | The ASIPP National Interventional Pain Management (NIPM) Qualified Clinical Data Registry, powered by ArborMetrix |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------------------------|--|--------------------------------------|--|--------|--|---|
| ▲54 | Physical Medicine and Rehabilitation | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Functional status assessment: Change over time | None | <p>Reduction in Patient Reported Pain Following Lumbar Medial Branch Radiofrequency Ablation</p> <p>N: 1. The percent reduction in pain score on a visual analog scale (0-10), comparing pre-procedure pain (recorded within 90 days prior to the procedure) and post-procedure pain (recorded within 90 days following the procedure) in the area targeted for treatment by lumbar medial branch radiofrequency ablation</p> <p>OR</p> <p>2. The reduction in pain as reported by the patient as a percent reduction in pain in the area targeted for treatment by lumbar medial branch radiofrequency ablation, comparing pre-procedure and post-procedure pain. Percent reduction in pain must be reported within 90 days following the procedure.</p> <p>D: Patient reported level of pain, defined as average level of pain during normal daily activities in the area targeted for treatment with lumbar medial branch radiofrequency ablation, on a scale of 0-10. Pain level must be documented within the 90-day period prior to the procedure.</p> | The ASIPP National Interventional Pain Management (NIPM) Qualified Clinical Data Registry, powered by ArborMetrix |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------------------------|--|--------------------------------------|--|--------|---|---|
| ▲55 | Physical Medicine and Rehabilitation | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Functional status assessment: Change over time | None | <p>Reduction in Patient Reported Pain Following Spinal Cord Stimulator Implantation for Failed Back Surgery Syndrome</p> <p>N: 1. The percent reduction in pain score on a visual analog scale (0-10) in the area targeted for treatment by spinal cord stimulation, comparing pre-implantation pain (recorded within 90 days prior to surgical implantation) and post-implantation pain (recorded within 90 days following surgical implantation) OR 2. The reduction in pain as reported by the patient as a percent reduction in pain in the area targeted for treatment by spinal cord stimulation, comparing pre-procedure pain and post-procedure pain. Percent reduction in pain must be reported within 90 days following surgical implantation.</p> <p>D: Patient reported level of pain, defined as average level of pain during normal daily activities in the area targeted for treatment with spinal cord stimulation, on a scale of 0-10. Pain level must be documented within the 90-day period prior to implantation.</p> | The ASIPP National Interventional Pain Management (NIPM) Qualified Clinical Data Registry, powered by ArborMetrix |
| ▲56 | Physical Medicine and Rehabilitation | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Functional status assessment: Change over time | None | <p>Treatment of spinal stenosis with manipulative medicine and alternative medicine modalities</p> <p>N: Numerator data will equal total imaging confirmed spinal stenosis (M99) patients receiving manipulative medicine or therapy for this complaint that was inadequate at providing pain relief and necessitated the addition of an alternative medicine therapy (i.e.: acupuncture) during the reporting period. As such patients with a QVAS done with functionality less than or equal to a five (<5) or pain scale greater than or equal to seven (>7) points would be candidates for this measure.</p> <p>D: Denominator will equal patients aged 18-75 years with date of encounter during the reporting period</p> | Maine Osteopathic Association in Collaboration with Patient360 |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------------------------|--|--------------------------------------|---|--------|--|-------------------|
| ▲57 | Physical Medicine and Rehabilitation | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Health-related QOL: Pain | None | Pain Related Quality of Life Interference N: Patients with two or more office visits in the calendar year who receive a plan of care from their provider to improve their QOL D: Patients diagnosed with chronic pain of greater than three months who have at least three office visits with their provider in the calendar year | ABG QCDR |
| ▲58 | Physical Medicine and Rehabilitation | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Health-related QOL: Spine care | None | Quality-of-Life Assessment for Spine Intervention N: Percentage of patients aged 18 years and older undergoing spine therapy(-ies) who completed baseline and 2 +/- 1 month follow-up (patient-reported) quality-of-life assessment with an improvement in the quality of life status from the baseline. D: SQOD Spine Codes | AAPM&R's Registry |
| ▲59 | Physical Medicine and Rehabilitation | Person and Family Engagement/ Patient and Caregiver Experience | Patient's Experience of Care | Patient experience: Improvement over time | None | Patient Satisfaction with Spine Care N: Percentage of patients aged 18 years and older undergoing spine therapy(-ies) who completed satisfaction with care assessment prior to the treatment and at 2 +/- 1 month follow-up (patient-reported) satisfaction with care assessment with an improvement in the satisfaction with care status from the baseline. D: SQOD Spine Codes | AAPM&R's Registry |

Table D-6: Rheumatology Measures Mapped to the Conceptual Framework (n = 17)

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|----|--------------------|--|----------------------------------|--|--------|---|---|
| ▲1 | Rheumatology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment outcomes: Ankylosing spondylitis | None | Ankylosing Spondylitis: Appropriate Pharmacologic Therapy N: Patients who are newly diagnosed with ankylosing spondylitis and are within the first six (6) months of treatment who are prescribed a course of NSAIDs before initiation of biologics. D: Patients aged 18 years and older as of the date of service AND Newly diagnosed with ankylosing spondylitis and within the first six (6) months of treatment | UREQA (United Rheumatology Effectiveness and Quality Analytics) |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|----|--------------------|--|----------------------------------|--|--------|---|---|
| ▲2 | Rheumatology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment outcomes: Ankylosing spondylitis | None | Ankylosing Spondylitis: Controlled Disease N: Visits for which a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score was documented and within the controlled BASDAI score of less than 4.0. D: Patients aged 18 years and older as of the date of service AND Diagnosis of ankylosing spondylitis | UREQA (United Rheumatology Effectiveness and Quality Analytics) |
| ☆3 | Rheumatology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment outcomes: Gout | 2549 | Gout: Serum Urate Target (Recommended for eMeasure Trial Approval) N: Patients whose most recent serum urate level is less than 6.8 mg/dL D: Adult patients aged 18 and older with a diagnosis of gout treated with urate lowering therapy (ULT) for at least 12 months | American College of Rheumatology |
| ▲4 | Rheumatology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment outcomes: Gout | None | Controlled Gout for Patients on Urate-Lowering Pharmacologic Therapy N: Percentage of patients aged 18 years and older with a diagnosis of gout treated with urate-lowering pharmacologic therapy for at least 6 months whose most recent serum urate result is less than 6.0 mg/dL. D: Patients aged 18 years and older as of the date of service AND Patient undergoing urate-lowering pharmacologic therapy for at least six (6) months as of the date of the encounter AND Diagnosis of gout. | UREQA (United Rheumatology Effectiveness and Quality Analytics) |
| ☆5 | Rheumatology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment processes: Gout | 2550 | Gout: ULT Therapy (Recommended for eMeasure Trial Approval) N: Patients who are prescribed urate lowering therapy (ULT) D: Adult patients aged 18 and older with a diagnosis of gout and a serum urate level > 6.0 mg/dL who have at least one of the following: presence of tophus/tophi or two or more gout flares (attacks) in the past year | American College of Rheumatology |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|----|--------------------|--|----------------------------------|---|--------|---|----------------------------------|
| ☆6 | Rheumatology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment processes: Inflammatory arthritis | 2522 | <p>Rheumatoid Arthritis: Tuberculosis Screening (Recommended for eMeasure Trial Approval)</p> <p>N: Any record of TB testing documented or performed (PPD, IFN-gamma release assays, or other appropriate method) in the medical record in the 12 months preceding the biologic DMARD prescription.</p> <p>D: Patients 18 years and older with a diagnosis of rheumatoid arthritis who are seen for at least one face-to-face encounter for RA who are newly started on biologic therapy during the measurement period.</p> | American College of Rheumatology |
| ☆7 | Rheumatology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment processes: Inflammatory arthritis | 2523 | <p>Rheumatoid Arthritis: Assessment of Disease Activity</p> <p>N: # of patients with ≥50% of total number of outpatient RA encounters in the measurement year with assessment of disease activity using a standardized measure.</p> <p>D: Patients 18 years and older with a diagnosis of rheumatoid arthritis seen for two or more face-to-face encounters for RA with the same clinician during the measurement period.</p> | American College of Rheumatology |
| ☆8 | Rheumatology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment processes: Inflammatory arthritis | 2525 | <p>Rheumatoid Arthritis: Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy (Recommended for eMeasure Trial Approval)</p> <p>N: Patient received a DMARD</p> <p>D: Patient age 18 years and older with a diagnosis of rheumatoid arthritis seen for two or more face-to-face encounters for RA with the same clinician during the measurement period</p> | American College of Rheumatology |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------|--|----------------------------------|---|--------|--|---|
| ▲9 | Rheumatology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment processes: Inflammatory Arthritis | None | Folic or Folinic Acid Therapy for Patients Treated with Methotrexate N: Patients aged 18 years and older being treated with methotrexate who are concomitantly treated with folic or folinic acid. D: Patients aged 18 years and older as of the date of service AND Patient prescribed or currently taking Methotrexate AND Patient encounter during the performance period | UREQA (United Rheumatology Effectiveness and Quality Analytics) |
| ▲10 | Rheumatology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment processes: Inflammatory arthritis | None | Psoriasis: Screening for Psoriatic Arthritis N: Patients with psoriasis (any type) are screened for psoriatic arthritis by documenting in the medical record the presence or absence of joint symptoms at least once during the performance period. D: All patients aged 18 and older with a diagnosis of psoriasis. | AAD'S DataDerm |
| ▲11 | Rheumatology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment processes: Inflammatory arthritis | None | Regular Evaluation of Psoriatic Arthritis (PsA) N: Patients aged 18 years and older with a diagnosis of psoriatic arthritis (PsA) who have had a qualifying baseline office visit between January 1 and September 30 who also had subsequent visit(s) every 90 days thereafter during the performance period. D: Patients aged 18 years and older as of the date of service AND Diagnosis of psoriatic arthritis (PsA) | UREQA (United Rheumatology Effectiveness and Quality Analytics) |
| ★12 | Rheumatology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment processes: Inflammatory arthritis | None | Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis N: Patients with at least one documented assessment and classification (good/poor) of disease prognosis utilizing clinical markers of poor prognosis within 12 months D: Patients aged 18 years and older with a diagnosis of RA | American College of Rheumatology |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------|--|----------------------------------|---|--------|---|----------------------------------|
| ★13 | Rheumatology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment processes: Inflammatory arthritis | None | Rheumatoid Arthritis (RA): Glucocorticoid Management N: Patients who have been assessed for glucocorticoid use and for those on prolonged doses of prednisone ≥ 10 mg daily (or equivalent) with improvement or no change in disease activity, documentation of a glucocorticoid management plan within 12 months D: Patients aged 18 years and older with a diagnosis of RA | American College of Rheumatology |
| ★14 | Rheumatology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment processes: Inflammatory arthritis | None | Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity N: Patients with disease activity assessed by a standardized descriptive or numeric scale or composite index and classified into one of the following categories: low, moderate or high, at least once within 12 months D: Patients aged 18 years and older with a diagnosis of RA | American College of Rheumatology |
| ★15 | Rheumatology | Effective Treatment/ Clinical Care | Management of Chronic Conditions | Treatment processes: Inflammatory arthritis | None | Rheumatoid Arthritis (RA): Tuberculosis Screening N: Patients for whom a TB screening was performed and results interpreted within 6 months prior to receiving a first course of therapy using a biologic DMARD D: All patients aged 18 years and older with a diagnosis of RA who are receiving a first course of therapy using a biologic DMARD | American College of Rheumatology |

| # | Clinical Specialty | Health Care Quality Priority/ MACRA Domain | Topic | Subtopic | NQF ID | Measure Title, Numerator N: and Denominator D: Statements | Steward |
|-----|--------------------|--|--------------------------------------|--|--------|--|----------------------------------|
| ☆16 | Rheumatology | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | Functional status assessment: Rheumatoid arthritis | 2524 | <p>Rheumatoid Arthritis: Functional Status Assessment</p> <p>N: Number of patients with functional status assessment documented once during the measurement period. Functional status can be assessed using one of a number of valid and reliable instruments available from the medical literature.</p> <p>D: Patients age 18 and older with a diagnosis of rheumatoid arthritis seen for two or more face-to-face encounters for RA with the same clinician during the measurement period.</p> | American College of Rheumatology |
| ★17 | Rheumatology | Person and Family Engagement/ Patient and Caregiver Experience | Patient Reported Functional Outcomes | functional status assessment: rheumatoid arthritis | None | <p>Rheumatoid Arthritis (RA): Functional Status Assessment</p> <p>N: Patients for whom a functional status assessment was performed at least once within 12 months</p> <p>D: All patients aged 18 years and older with a diagnosis of RA</p> | American College of Rheumatology |

Before the May 2018 meeting, each TEP member was asked to rate the importance of specialty-specific subtopics that the environmental scan identified as having no corresponding measures, thus potential priorities for measure development. Tables D-7 through D-11 describe TEP pre-assessment ratings of measure subtopic gaps by specialty.

Table D-7: TEP Pre-Assessment Ratings of Emergency Medicine Subtopics Identified in the Environmental Scan (n = 19)

| Emergency Medicine | | | |
|---|---|---------------|----------------------------------|
| Meaningful Measure Area | Measure Subtopic | Median | Avg Deviation From Median |
| Equity of Care | Access to care | 9.00 | 0.5 |
| Transfer of Health Information and Interoperability | Care visit information available via health information exchange | 9.00 | 0.7 |
| Transfer of Health Information and Interoperability | Timely transition of ED-specific data elements to the next level of care | 8.50 | 0.9 |
| Preventable Health Care Harm | Potentially harmful drug-drug interactions | 8.50 | 1.1 |
| Preventable Health Care Harm | Adverse medication events | 8.00 | 0.8 |
| Preventable Health Care Harm | Antibiotic use: Appropriate use | 8.00 | 1.1 |
| End of Life According to Preferences | Care delivered according to preferences | 8.00 | 1.2 |
| Transfer of Health Information and Interoperability | Collaborative care plans for frequent users | 8.00 | 1.2 |
| Medication Management | Medication management/reconciliation | 8.00 | 1.2 |
| Preventable Health Care Harm | Antibiotic use: Overuse | 8.00 | 1.3 |
| Transfer of Health Information and Interoperability | EMS information included in transfer of care summary | 8.00 | 1.5 |
| Preventable Health Care Harm | Antibiotic use | 8.00 | 1.6 |
| Prevention, Treatment, Management of Mental Health | Behavioral and psych screening: Anxiety/depression | 7.00 | 1.0 |
| Community Engagement | Identification of community supports and services | 7.00 | 1.1 |
| Care Is Personalized and Aligned with Patient's Goals | Patient's preferences are included in transition of care | 7.00 | 1.1 |
| Prevention, Treatment, Management of Mental Health | Behavioral and psych screening | 7.00 | 1.2 |
| Care is Personalized and Aligned with Patient's Goals | Patient's goals, values, and preferences are incorporated in plan of care | 7.00 | 1.2 |
| Admissions and Readmissions to Hospitals | Severe trauma | 6.00 | 1.6 |
| Management of Chronic Conditions | Treatment outcomes | 5.00 | 1.8 |

Table D-8: TEP Pre-Assessment Ratings of Allergy/Immunology Subtopics Identified in the Environmental Scan (n = 2)

| Allergy/Immunology | | | |
|---|--|---------------|----------------------------------|
| Meaningful Measure Area | Measure Subtopic | Median | Avg Deviation From Median |
| Transfer of Health Information and Interoperability | Communication between patient and provider | 9.00 | 0.6 |
| Transfer of Health Information and Interoperability | Communication of results to patient/family | 9.00 | 0.8 |

Table D-9: TEP Pre-Assessment Ratings of Neurology Subtopics Identified in the Environmental Scan (n = 16)

| Neurology | | | |
|--------------------------------------|---|--------|---------------------------|
| Meaningful Measure Area | Measure Subtopic | Median | Avg Deviation From Median |
| Patient-Reported Functional Outcomes | Health-related quality of life: Multiple sclerosis | 8.00 | 0.8 |
| Patient-Reported Functional Outcomes | Health-related quality of life: Parkinson's disease | 8.00 | 0.8 |
| Patient-Reported Functional Outcomes | Health-related quality of life: Muscular dystrophy | 8.00 | 0.9 |
| Preventable Health Care Harm | Unintended consequences: Dementia | 8.00 | 0.9 |
| Risk-Adjusted Mortality | Stroke | 8.00 | 1.0 |
| Patient-Reported Functional Outcomes | Health-related quality of life: Alzheimer's disease | 8.00 | 1.1 |
| Patient-Reported Functional Outcomes | Meeting expected outcomes | 8.00 | 1.1 |
| Patient-Reported Functional Outcomes | Meeting expected outcomes: Meeting expected outcomes with proxy allowed to report (Alzheimer's disease) | 8.00 | 1.1 |
| Community Engagement | Home and community-based services (Alzheimer's disease) | 7.50 | 1.1 |
| Equity of Care | Disparities data on disease and treatment to inform care | 7.50 | 1.3 |
| Preventable Health Care Harm | Unintended consequences: Parkinson's disease | 7.00 | 0.9 |
| Preventable Health Care Harm | Unintended consequences: Alzheimer's disease | 7.00 | 1.0 |
| Preventable Health Care Harm | Unintended consequences: Multiple sclerosis | 7.00 | 1.0 |
| Management of Chronic Conditions | Treatment processes: Muscular dystrophy | 7.00 | 1.1 |
| Preventable Health Care Harm | Unintended consequences: Muscular dystrophy | 7.00 | 1.1 |
| Management of Chronic Conditions | Treatment processes: Alzheimer's disease | 7.00 | 1.3 |

Table D-10: TEP Pre-Assessment Ratings of Physical Medicine and Rehabilitation Subtopics Identified in the Environmental Scan (n = 4)

| Physical Medicine and Rehabilitation | | | |
|---|-----------------------------|--------|---------------------------|
| Meaningful Measure Area | Measure Subtopic | Median | Avg Deviation From Median |
| Management of Chronic Conditions | Treatment outcomes | 8.00 | 0.6 |
| Patient-Reported Functional Outcomes | Multiple chronic conditions | 8.00 | 0.8 |
| Admissions and Readmissions to Hospital | Severe trauma | 7.00 | 1.1 |
| Management of Chronic Conditions | Complex conditions | 7.00 | 1.2 |

Table D-11: TEP Pre-Assessment Ratings of Rheumatology Subtopics Identified in the Environmental Scan (n = 7)

| Rheumatology | | | |
|--------------------------------------|---|--------|---------------------------|
| Meaningful Measure Area | Measure Subtopic | Median | Avg Deviation From Median |
| Management of Chronic Conditions | Early diagnosis and appropriate treatment | 8.00 | 0.8 |
| Management of Chronic Conditions | Early diagnosis and appropriate treatment: Rheumatoid arthritis | 8.00 | 0.8 |
| Patient-Reported Functional Outcomes | Health-related quality of life | 8.00 | 0.8 |
| Patient-Reported Functional Outcomes | Health-related quality of life: Rheumatoid arthritis | 8.00 | 0.9 |
| Medication Management | Treat to target (appropriate dosing) | 8.00 | 1.1 |
| Patient-Focused Episode of Care | Medication cost to patient outcome ratio | 8.00 | 1.5 |
| Patient-Focused Episode of Care | Cost to outcome ratio: RA control to biologic medication cost ratio | 6.50 | 1.9 |

Prioritized Measure Subtopics by Specialty Following TEP Review at May 2018 Meeting

Tables D-12 through D-16 describe prioritized measure subtopics recommended by the MDP TEP for future measure development.

Table D-12: Priority Measure Subtopics – Emergency Medicine

| Health Care Quality Priority/ MACRA Domain | Meaningful Measure Area | Measure Subtopic |
|---|---|---|
| 91% of TEP members (21 of 23) recommended prioritizing the following emergency medicine subtopics from the pre-assessment (n = 5). | | |
| Effective Treatment/Clinical Care | Prevention, Treatment, Management of Mental Health | <ul style="list-style-type: none"> Behavioral and psych screening Behavioral and psych screening – anxiety/ depression |
| Making Care Safer/Safety | Preventable Health Care Harm | <ul style="list-style-type: none"> Adverse medication events |
| Communication and Coordination/ Care Coordination | Transfer of Health Information and Interoperability | <ul style="list-style-type: none"> Timely transition of emergency department specified data elements to next level of care EMS information included in transfer of care summary |
| 91% of TEP members (21 of 23) recommended adding the following emergency medicine subtopics to the conceptual framework (n = 6). | | |
| Effective Treatment/Clinical Care | Preventive Care | <ul style="list-style-type: none"> HIV testing for at-risk populations |
| Person and Family Engagement/Patient and Caregiver Experience | Care Is Personalized and Aligned With Patient's Goals | <ul style="list-style-type: none"> Assessment of post-discharge patient needs |
| | Patient's Experience of Care | <ul style="list-style-type: none"> Patient and caregiver satisfaction survey Discharge instructions including point of contact for patient/ caregiver questions |
| | Patient-Reported Functional Outcomes | <ul style="list-style-type: none"> Patient outcome follow-up after ED visit |
| Affordable Care | Risk-Adjusted Total Cost of Care | <ul style="list-style-type: none"> Total cost of care for high-volume diagnosis (e.g., chest pain) |

Table D-13: Priority Measure Subtopics – Allergy/Immunology

| Health Care Quality Priority/ MACRA Domain | Meaningful Measure Area | Measure Subtopic |
|---|---|---|
| 96% of TEP members (22 of 23) recommended prioritizing no allergy/immunology subtopics from the pre-assessment (n = 0). | | |
| 100% of TEP members polled (22 of 22; 1 absent from polling) recommended adding the following allergy/immunology subtopics to the conceptual framework (n = 19). | | |
| Effective Treatment/ Clinical Care | Preventive Care | <ul style="list-style-type: none"> • Identification of non-medication care plan • Identification of non-medication care plan: Environmental amelioration • Identification of non-medication care plan: Behavioral intervention • Identification of non-medication care plan: Communication of triggers |
| | Management of Chronic Conditions | <ul style="list-style-type: none"> • Allergy testing and treatment |
| Person and Family Engagement/ Patient and Caregiver Experience | Care Is Personalized and Aligned With Patient's Goals | <ul style="list-style-type: none"> • Patient's goals, values, and preferences incorporated in plan of care • Patient's goals, values, and preferences incorporated in plan of care: Asthma • Self-management • Self-management: Anaphylaxis • Self-management: Asthma • Self-management: Food |
| | Patient-Reported Functional Outcomes | <ul style="list-style-type: none"> • Treatment outcomes: Allergies • Treatment outcomes: Eczema |
| Healthy Living/ Population Health and Prevention | Equity of Care | <ul style="list-style-type: none"> • Asthma disparities |
| | Community Engagement | <ul style="list-style-type: none"> • Community interventions • Community interventions: Home environmental triggers |
| Affordable Care | Patient-Focused Episode of Care | <ul style="list-style-type: none"> • Telemonitoring • Electronic medication monitoring devices • Biologic medication cost to asthma and comorbidity control ratio |

Table D-14: Priority Measure Subtopics – Neurology

| Health Care Quality Priority/ MACRA Domain | Meaningful Measure Area | Measure Subtopic |
|---|---|---|
| 100% of TEP members (23 of 23) recommended prioritizing the following neurology subtopics from the pre-assessment (n = 5). | | |
| Effective Treatment/ Clinical Care | Management of Chronic Conditions | <ul style="list-style-type: none"> • Referral for rehabilitation services |
| Person and Family Engagement/ | Care Is Personalized and Aligned With Patient's Goals | <ul style="list-style-type: none"> • Patient/caregiver confidence in self-management |

| Health Care Quality Priority/ MACRA Domain | Meaningful Measure Area | Measure Subtopic |
|---|--------------------------------------|--|
| Patient and Caregiver Experience | Patient-Reported Functional Outcomes | <ul style="list-style-type: none"> Health-related quality of life: Comprehensive health-related quality of life for neurology with proxy allowed to report Neurological functional outcomes with proxy allowed to report |
| Healthy Living/ Population Health and Prevention | Community Engagement | <ul style="list-style-type: none"> Home and community-based services with caregiver support and education |
| 91% of TEP members (21 of 23) recommended adding the following neurology subtopics to the conceptual framework (n = 5) | | |
| Communication and Coordination/ Care Coordination | Medication Management | <ul style="list-style-type: none"> Patient understanding of medications Patient understanding of medications: Neuropathy management Patient understanding of medications: Education of risks (e.g., gabapentin) |
| Making Care Safer/Safety | Preventable Health Care Harm | <ul style="list-style-type: none"> Accuracy of differential diagnosis |
| Affordable Care | Appropriate Use of Health Care | <ul style="list-style-type: none"> Reduction of ED use for headache management |

Table D-15: Priority Measure Subtopics – Physical Medicine and Rehabilitation

| Health Care Quality Priority/ MACRA Domain | Meaningful Measure Area | Measure Subtopic |
|---|---|---|
| 96% of TEP members (22 of 23) recommended prioritizing the following physical medicine and rehabilitation subtopics from the pre-assessment (n = 7). | | |
| Effective Treatment/ Clinical Care | Management of Chronic Conditions | <ul style="list-style-type: none"> Complex conditions Symptom management: Pain |
| Person and Family Engagement/ Patient and Caregiver Experience | Care is Personalized and Aligned with Patient's Goals | <ul style="list-style-type: none"> Family/caregiver education Family/caregiver training |
| | Patient-Reported Functional Outcomes | <ul style="list-style-type: none"> Multiple chronic conditions Symptom assessment Symptom assessment: Pain |
| 96% of TEP members (22 of 23) recommended adding the following physical medicine and rehabilitation subtopics to the conceptual framework (n = 17). | | |
| Effective Treatment/ Clinical Care | Preventive Care | <ul style="list-style-type: none"> Diagnosis-specific primary prevention: Diagnosis-specific primary prevention: Traumatic brain injury Diagnosis-specific primary prevention: Ultrasounds in spinal cord injuries Interventions to prevent falls Patient/caregiver interventions to prevent complications related to disability |
| Healthy Living/ Population Health and Prevention | Equity of Care | <ul style="list-style-type: none"> Cultural competency |

| Health Care Quality Priority/ MACRA Domain | Meaningful Measure Area | Measure Subtopic |
|--|---|--|
| Person and Family Engagement/ Patient and Caregiver Experience | Care Is Personalized and Aligned With Patient's Goals | <ul style="list-style-type: none"> • Treatment tailored to patient goals • Patient goal attainment • Patient self-efficacy/barriers to completion • Patient self-efficacy/barriers to completion: Pain in gaining function |
| | Patient-Reported Functional Outcomes | <ul style="list-style-type: none"> • Health-related quality of life: General |
| Affordable Care | Patient-Focused Episode of Care | <ul style="list-style-type: none"> • Episode of care based on specific diagnosis • Episode of care based on specific diagnosis: Amputation • Episode of care based on specific diagnosis: Spinal cord injury • Episode of care based on specific diagnosis: Spine care • Episode of care based on specific diagnosis: Stroke • Episode of care based on specific diagnosis: Traumatic brain injury |

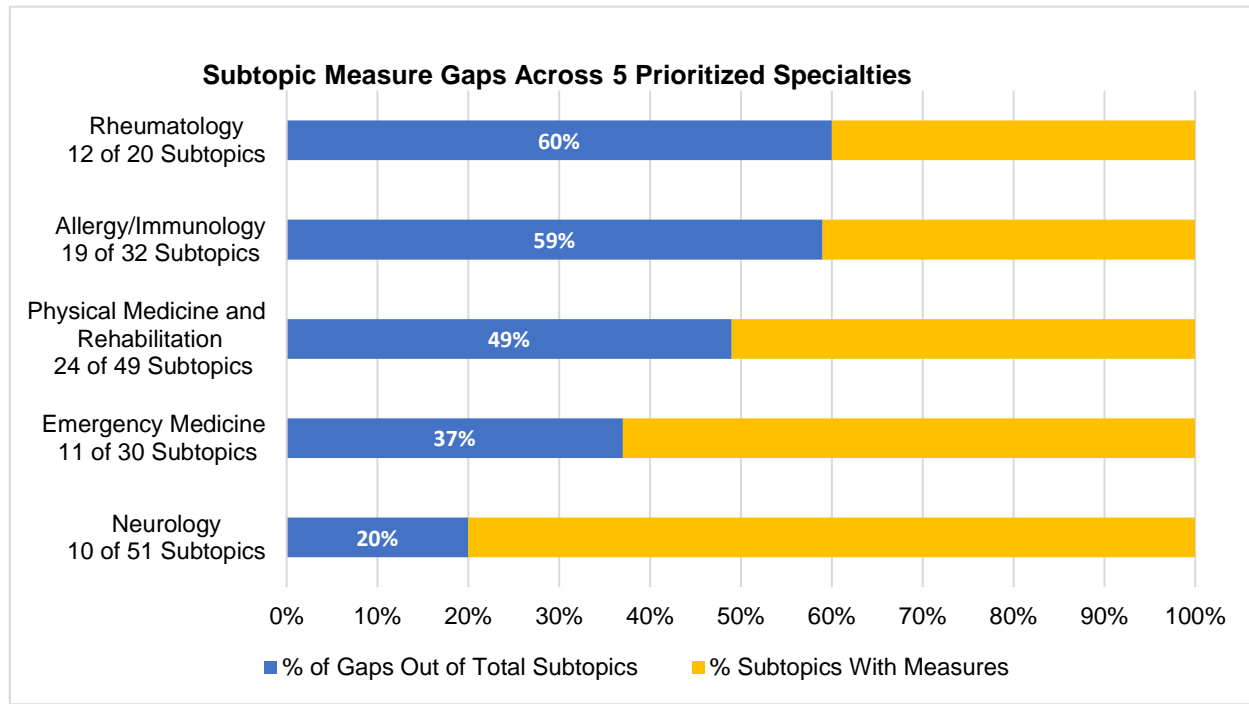
Table D-16: Priority Measure Subtopics – Rheumatology

| Health Care Quality Priority/ MACRA Domain | Meaningful Measure Area | Measure Subtopic |
|--|---|---|
| 100% of TEP members (23 of 23) recommended prioritizing the following rheumatology subtopics from the pre-assessment (n = 3). | | |
| Effective Treatment/ Clinical Care | Management of Chronic Conditions | <ul style="list-style-type: none"> • Treatment outcomes: Rheumatoid arthritis |
| Communication and Coordination/ Care Coordination | Medication Management | <ul style="list-style-type: none"> • Treat to target (appropriate dosing) |
| Person and Family Engagement/Patient and Caregiver Experience | Patient-Reported Functional Outcomes | <ul style="list-style-type: none"> • Health-related quality of life for rheumatoid arthritis |
| 100% of TEP members (23 of 23) recommended to add the following rheumatology subtopics to the conceptual framework (n = 9). | | |
| Effective Prevention and Treatment/ Clinical Care | Preventive Care | <ul style="list-style-type: none"> • Immunizations for patients on biological therapy |
| Person and Family Engagement/Patient and Caregiver Experience | Patient-Reported Functional Outcomes | <ul style="list-style-type: none"> • Symptom assessment for fatigue • Stability of symptom severity/disease activity over time |
| | Care Is Personalized and Aligned With Patient's Goals | <ul style="list-style-type: none"> • Plan of care |
| Affordable Care | Appropriate Use of Health Care | <ul style="list-style-type: none"> • Medications • Medications: Conventional synthetic disease-modifying antirheumatic drugs • Medications: Steroids • Medications: Biologics |
| | Patient-Focused Episode of Care | <ul style="list-style-type: none"> • Biologic medication cost to rheumatoid arthritis control ratio (transparency and value) |

Percentage of Subtopic Measure Gaps by Prioritized Specialty

Figure D-2 illustrates the percentage of subtopic measure gaps identified in Tables D-11 through D-16 in descending order for the five prioritized specialties. Subtopic measure gaps prioritized for future consideration were based on TEP input on the *2018 Environmental Scan and Gap Analysis Report* and TEP recommendations of specialty-specific measure subtopics.

Figure D-2: Measure Search Results Applicable to the Environmental Scan Conceptual Framework



Source: *2018 Environmental Scan and Gap Analysis Report*

Appendix E – Newly Identified Crosscutting Gaps

Tables E-1 through E-4 provide the results of the November 2018 MDP TEP meeting on crosscutting gaps. Crosscutting subtopics are relevant to most, if not all, clinicians, practices, and settings; are broadly based; and are usually independent of a specific diagnosis.

Table E-1: Median Ratings for Crosscutting Subtopics Included in MDP TEP Pre-Assessment

| Health Care Quality Priority/ MACRA Domain | Meaningful Measure Area | Measure Subtopic | Median Rating (Avg Deviation From Median) |
|--|---|--|---|
| Communication and Coordination/ Care Coordination | Transfer of Health Information and Interoperability | Interprovider communication and/or collaboration: Transitions of care from provider to provider | 9.00 (0.3) |
| | | Communication between patient and provider | 9.00 (0.6) |
| | | Bidirectional sharing of information | 8.50 (0.8) |
| | | Timely transition of specified electronic health record data elements | 7.50 (1.0) |
| | | Patient access to records | 7.50 (1.3) |
| | | Care visit information available via health information exchange | 7.00 (1.5) |
| Person and Family Engagement/ Patient and Caregiver Experience | End of Life Care According to Preferences | Care delivered according to preferences | 9.00 (0.5) |
| Making Care Safer/Safety | Preventable Health Care Harm | Potentially harmful drug-drug interactions | 9.00 (0.6) |
| | | Diagnostic accuracy | 8.00 (1.3) |
| Healthy Living/ Population Health and Prevention | Equity of Care | Access to care | 9.00 (0.7) |
| | | Cultural competence | 8.00 (1.0) |
| Person and Family Engagement/ Patient and Caregiver Experience | Care Is Personalized and Aligned With Patient Goals | Patient's preferences are included in transition of care | 8.00 (0.8) |
| | | Patient education/ health literacy | 8.00 (0.9) |
| | | Ability for self-care management | 8.00 (0.9) |
| | | Patient education/ health literacy: Medication literacy | 8.00 (0.9) |
| | | Adherence to follow-up instructions | 7.00 (1.1) |
| Healthy Living/ Population Health and Prevention | Community Engagement | Identification of community supports and services | 8.00 (0.9) |
| | | Referral to community resources as appropriate | 8.00 (1.0) |
| | | Collaboration across health and non-health sectors to improve equity of care | 8.00 (1.2) |
| | | Overweight and obesity | 7.50 (1.5) |
| | | Healthy communities | 7.00 (1.3) |
| | | Well-being | 7.00 (1.5) |
| Person and Family Engagement/ Patient and | Patient-Reported | Meeting expected outcomes (patient response) | 8.00 (0.8) |
| | | Health-related quality of life | 8.00 (1.0) |

| Health Care Quality Priority/ MACRA Domain | Meaningful Measure Area | Measure Subtopic | Median Rating (Avg Deviation From Median) |
|--|------------------------------|---|---|
| Caregiver Experience | Functional Outcomes | Meeting expected outcomes: Meeting expected outcomes with a proxy allowed to report | 8.00 (1.0) |
| Person and Family Engagement/ Patient and Caregiver Experience | Patient's Experience of Care | Cultural and linguistic appropriateness | 8.00 (0.8) |
| | | Fidelity to care plan and attainment of goals | 7.50 (1.2) |
| | | Information provided at appropriate times | 7.00 (1.0) |
| | | Patient-reported patient safety | 7.00 (1.0) |
| | | Convenience of receiving care | 7.00 (1.1) |
| | | Patient adherence to care plan | 7.00 (1.4) |

Table E-2: Crosscutting Subtopics Removed Prior to TEP Poll (n = 4)

| Health Care Quality Priority/ MACRA Domain | Meaningful Measure Area | Crosscutting Subtopics (n =4) |
|--|------------------------------|---|
| Person and Family Engagement/ Patient and Caregiver Experience | Patient's Experience of Care | - Patient adherence to care |
| Healthy Living/ Population Health and Prevention | Community Engagement (n = 3) | - Overweight and obesity - Healthy communities - Well-being |

Table E-3: Crosscutting Subtopics Revised Prior to TEP Poll (n = 5)

| Health Care Quality Priority/ MACRA Domain | Meaningful Measure Area | Original Subtopic | Revised Subtopic Following TEP Discussion |
|--|---|---|--|
| Communication and Coordination/ Care Coordination | Transfer of Health Information and Interoperability (n = 6) | - Bidirectional sharing of information | - Bidirectional sharing of patient- and caregiver-generated data |
| Person and Family Engagement/ Patient and Caregiver Experience | Care Is Personalized and Aligned With Patient's Goals (n = 6) | - Patient's preferences are included in transition of care - Adherence to follow-up instructions | - Patient's preferences are included in transition of care and care planning - Support for patients in achieving follow-up instructions |
| Person and Family Engagement/ Patient and Caregiver Experience | Patient's Experience of Care | - Fidelity to care plan and attainment of goals | - Engagement in treatment planning and goal-setting, including follow-up and reassessment |
| Making Care Safer/ Safety | Preventable Healthcare Harm | - Diagnostic accuracy | - Improving diagnostic quality and safety |

Table E-4: Crosscutting Subtopics Recommended by the MDP TEP for Future Measure Development

| Health Care Quality Priority/ MACRA Domain | Meaningful Measure Area | Crosscutting Subtopics (n = 28) |
|--|---|--|
| Communication and Coordination/ Care Coordination | Transfer of Health Information and Interoperability (n = 6) | <ul style="list-style-type: none"> - Interprovider communication and/or collaboration: Transitions of care from provider to provider - Communication between patient and provider - Bidirectional sharing of patient- and caregiver-generated data - Timely transition of specified EHR data elements - Patient access to records - Care visit information available via health information exchange |
| Person and Family Engagement/ Patient and Caregiver Experience | End of Life Care According to Preferences (n = 1) | <ul style="list-style-type: none"> - Care delivered according to preferences |
| | Care Is Personalized and Aligned With Patient's Goals (n = 5) | <ul style="list-style-type: none"> - Patient's preferences are included in transition of care and care planning - Patient education/health literacy: - Ability for self-care management - Patient education/health literacy: Medication literacy - Support for patients in achieving follow-up instructions |
| | Patient-Reported Functional Outcomes (n = 3) | <ul style="list-style-type: none"> - Meeting expected outcomes (patient response) - Health-related quality of life - Meeting expected outcomes: Meeting expected outcomes with a proxy allowed to report |
| | Patient's Experience of Care (n = 6) | <ul style="list-style-type: none"> - Cultural and linguistic appropriateness - Patient understanding - Engagement in treatment planning and goal-setting, including follow-up and reassessment - Information provided at appropriate times - Patient-reported patient safety - Convenience of receiving needed care |
| Making Care Safer/ Safety | Preventable Healthcare Harm (n = 2) | <ul style="list-style-type: none"> - Potentially harmful drug-drug interactions - Improving diagnostic quality and safety |
| Healthy Living/ Population Health and Prevention | Equity of Care (n = 2) | <ul style="list-style-type: none"> - Access to care - Cultural competence |
| | Community Engagement (n = 3) | <ul style="list-style-type: none"> - Identification of community supports and services - Referral to community resources as appropriate - Collaboration across health and non-health sectors to improve equity of care |

Appendix F – CMS-Funded Measures Developed During the Previous Year

See *Quality Measures Developed During the Previous Year*, page 20 in Section II of the report, which estimates the amounts expended under title XVIII to complete development of these four quality measures for MIPS.ⁱ

Table F-1: CMS-Funded Measures Developed Between January 1, 2018, and December 31, 2018^v (n = 4)

| NQF/ MIPS | CMS eMeasure ID | Health Care Quality Priority/ MACRA Domain* | Electronically Specified | Measure Type | Measure Title | Measure Steward/ Measure Developer |
|--------------|--------------------|--|-----------------------------|-----------------|--|---|
| N/A/ N/A | 460 | Effective Treatment / Clinical Care | Yes | Process | Potential Opioid Overuse ^{vi} | Centers for Medicare & Medicaid Services/ Mathematica Policy Research |
| 1789/ 458 | N/A | Communication and Coordination/ Care Coordination | No | Outcome | Eligible Clinician- or Eligible Clinician Group-Level Hospital-Wide All- Cause Unplanned Readmission Measure [▲] | Centers for Medicare & Medicaid Services/ Yale-New Haven Health Services Corporation/ Center for Outcomes Research and Evaluation (Yale CORE) |
| N/A/ N/A | N/A | Communication and Coordination/ Care Coordination | No | Outcome | Clinician and Clinician Group Risk- Standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions [▲] | Centers for Medicare & Medicaid Services/ Yale CORE |
| N/A/ N/A | N/A | Patient Safety/ Safety | No | Outcome | Eligible Clinician- or Eligible Clinician Group-Level Risk-Standardized Complication Rate Following Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty [▲] | Centers for Medicare & Medicaid Services/ Yale CORE |

*Screening, prevention, and primary care measures are included in Effective Treatment.

[▲] Though work to adapt this measure for MIPS was initiated in 2017, information about this measure was not available for inclusion in the 2018 MDP Annual Report.

^v Section 1848(s)(3)(B)(ii)(I-III), (V) of the Act.

^{vi} The *Potential Opioid Overuse* measure is intended for use in MIPS but was not funded by section 1848(s)(6) of the Act, as funding for development was obligated prior to the passage of MACRA.

Appendix G – CMS-Funded Measures in Development

See *Quality Measures in Development at the Time of This Report*, page 21 in Section II of the report, which estimates the amounts expended under title XVIII for ongoing development of quality measures for MIPS.^{vii}

Table G-1: CMS-Funded Measures Suspended Due to Guidelines or Feasibility at the Time of This Report^{viii,ix,x} (n = 3)

| Est. Date of Completion | CMS eMeasure ID | Health Care Quality Priority/ MACRA Domain* | Electronically Specified | Measure Type | Measure Title | Measure Steward/ Measure Developer |
|-------------------------|-----------------|--|--------------------------|----------------------|---|---|
| N/A | 323 | Effective Treatment/ Clinical Care | Yes | Intermediate outcome | Diabetes Overtreatment in the Elderly ^A | Centers for Medicare & Medicaid Services/ Mathematica Policy Research, National Committee for Quality Assurance |
| N/A | 227 | Person and Family Engagement/ Patient and Caregiver Experience | Yes | Process | Functional Status Assessments and Target Setting for Patients with Chronic Obstructive Pulmonary Disease ^B | Centers for Medicare & Medicaid Services/ Mathematica Policy Research, National Committee for Quality Assurance |
| N/A | N/A | Affordable Care | No | Process | Inappropriate Use of Percutaneous Coronary Intervention (PCI) in Asymptomatic Patients ^B | Centers for Medicare & Medicaid Services/ Mathematica Policy Research, PCPI® |

Rationale for Suspending Measure Development

^A Guidelines – The lack of clear and consistent definitions of diabetes overtreatment in the guidelines and challenges operationalizing the measure numerator has led to indefinite suspension.

^B Feasibility – Barriers leading to the inability to procure needed item-level scores and agreements necessary for development has led to the suspension of these measures.

* Screening, prevention, and primary care measures are included in Effective Treatment.

^{vii} As a measure moves through the development cycle, a more suitable domain may be identified. CMS will update a measure's priority and area as applicable.

^{viii} As of December 31, 2018, to allow for federal review and clearance prior to publication of this report

^{ix} Sections 1848(s)(3)(B)(iii) and 1848(s)(3)(B)(v) of the Act.

^x Measure development for the areas listed was not funded by section 1848(s)(6) of the Act, as funding for development was obligated prior to the passage of MACRA, using existing CMS funds under title XVIII.

**Table G-2: CMS-Funded Measures in Conceptual Development at the Time of This Report^{xi}
(n = 26)**

| Est. Date of Completion | CMS Measure ID | Health Care Quality Priority/ MACRA Domain* | Electronically Specified | Measure Type | Measure Title | Measure Steward/ Measure Developer |
|-------------------------|----------------|--|--------------------------|--------------|---|---|
| June 2020 | TBD | Effective Treatment / Clinical Care | Yes | PRO-PM | Quality-of-Life Assessment for Patients who Receive Any Substance Use Disorder Intervention ^A | Centers for Medicare & Medicaid Services/ Mathematica Policy Research |
| June 2020 | TBD | Person and Family Engagement/ Patient and Caregiver Experience | Yes | Outcome | TBD measure related to pain management ^A | Centers for Medicare & Medicaid Services/ Mathematica Policy Research |
| June 2021 | TBD | Person and Family Engagement/ Patient and Caregiver Experience | Yes | PRO-PM | Patient-reported outcome measure (TBD) ^A | Centers for Medicare & Medicaid Services/ AIR/JHU |
| September 2021 | N/A | Patient Safety/ Safety | Yes | Outcome | Hospital and provider-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) eCQM | Brigham and Women's Hospital |
| September 2021 | TBD | Patient Safety/ Safety | Yes | Outcome | Hospital and provider level risk-standardized bleeding-related adverse drug event for patients taking anticoagulant medications following elective primary total hip arthroplasty (THA)/total knee arthroplasty (TKA) | Brigham and Women's Hospital |
| September 2021 | N/A | Person and Family Engagement/ Patient and Caregiver Experience | No | PRO-PM | Care goal achievement following THA and/or TKA | Brigham and Women's Hospital |

^{xi} Sections 1848(s)(3)(B)(iii) and 1848(s)(3)(B)(v) of the Act.

| Est. Date of Completion | CMS eMeasure ID | Health Care Quality Priority/ MACRA Domain* | Electronically Specified | Measure Type | Measure Title | Measure Steward/ Measure Developer |
|-------------------------|-----------------|--|--------------------------|--------------------------------|--|---|
| September 2021 | N/A | Person and Family Engagement/ Patient and Caregiver Experience | No | Patient engagement/ experience | Communication Measure ^{oo} | American Academy of Hospice and Palliative Medicine |
| September 2021 | N/A | Patient Safety/ Safety | No | Outcome | Composite radiation dose and image quality | The Regents of the University of California – San Francisco |
| September 2021 | TBD | Effective Treatment/ Clinical Care | Yes | Process | Opioid Extended Use Rate Following Total Hip Arthroplasty and/or Total Knee Arthroplasty (Opioid extended use) | Brigham and Women's Hospital |
| September 2021 | N/A | Effective Treatment/ Clinical Care | No | Outcome | Improvement or maintenance of functioning for all patients seen for mental health and substance use care | American Psychiatric Association |
| September 2021 | N/A | Effective Treatment/ Clinical Care | No | Outcome | Improvement or maintenance of symptoms for patients with opioid misuse | American Psychiatric Association |
| September 2021 | N/A | Effective Treatment/ Clinical Care | No | Outcome | Improvement or maintenance of symptoms for patients with psychosis | American Psychiatric Association |
| September 2021 | N/A | Effective Treatment/ Clinical Care | No | Outcome | Improvement or maintenance of symptoms for patients with suicide risk | American Psychiatric Association |
| September 2021 | N/A | Effective Treatment/ Clinical Care | No | Process | Standardized Assessment ^u | American Psychiatric Association |
| September 2021 | N/A | Effective Treatment/ Clinical Care | No | Process | Initiation of antipsychotic treatment among individuals with first-episode psychosis (FEP) | American Psychiatric Association |

| Est. Date of Completion | CMS eMeasure ID | Health Care Quality Priority/ MACRA Domain* | Electronically Specified | Measure Type | Measure Title | Measure Steward/ Measure Developer |
|-------------------------|-----------------|--|--------------------------|--------------------------------|---|---|
| September 2021 | N/A | Effective Treatment/ Clinical Care | No | Process | Initiation of medication-assisted treatment (MAT) among individuals with opioid use disorder (OUD) | American Psychiatric Association |
| September 2021 | N/A | Effective Treatment/ Clinical Care | No | Process | Monitoring ^a | American Psychiatric Association |
| September 2021 | TBD | Patient Safety/ Safety | Yes | Outcome | Opioids: Hospital and Provider Level Risk-Standardized Opioid-Related Respiratory Depression Rate Following THA/TKA (Opioid respiratory depression) | Brigham and Women's Hospital |
| September 2021 | N/A | Person and Family Engagement/ Patient and Caregiver Experience | No | Patient engagement/ experience | Patient experience of care for all patients seen with mental health and substance use care | American Psychiatric Association |
| September 2021 | N/A | Person and Family Engagement/ Patient and Caregiver Experience | No | PRO-PM | Patient Reported Health Related Quality of Life in Cancer Following Chemotherapy | Pacific Business Group on Health |
| September 2021 | N/A | Effective Treatment/ Clinical Care | No | PRO-PM | Patient Reported Pain in Cancer Following Chemotherapy | Pacific Business Group on Health |
| September 2021 | N/A | Effective Treatment/ Clinical Care | No | Outcome | Recovery for all patients seen for mental health and substance use care | American Psychiatric Association |
| September 2021 | N/A | Patient Safety/ Safety | No | Process | Safety plan for individuals with suicide risk | American Psychiatric Association |
| September 2021 | N/A | Person and Family Engagement/ Patient and Caregiver Experience | no | Patient engagement/ experience | Symptom measure [£] | American Academy of Hospice and Palliative Medicine |
| September 2021 | N/A | Effective Treatment/ Clinical Care | No | Process | Treatment Adjustment [™] | American Psychiatric Association |

| Est. Date of Completion | CMS eMeasure ID | Health Care Quality Priority/ MACRA Domain* | Electronically Specified | Measure Type | Measure Title | Measure Steward/ Measure Developer |
|-------------------------|-----------------|---|--------------------------|--------------|---|------------------------------------|
| September 2021 | TBD | Effective Treatment/ Clinical Care | Yes | Process | Opioids in High Dosage in Persons Without Cancer Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) | Brigham and Women's Hospital |

^A Measure development was not funded by section 1848(s)(6) of the Act, as funding for development was obligated prior to the passage of MACRA, using existing CMS funds under title XVIII.

* Screening, prevention, and primary care measures are included in Effective Treatment.

[∞] Percent of patients age 18 years or over receiving specialist palliative care who report feeling heard and understood by their palliative care provider on the Heard & Understood item

^μ Measurement-based Care (MBC) Measure Set: Indicator 1: Standardized Assessment

All patients 18 years and older presenting with behavioral health complaint or indication that are administered standardized assessments at baseline and throughout a monitoring period, with treatment adjustment <when indicated>.

^α Measurement-based Care (MBC) Measure Set: Indicator 2: Monitoring

All patients 18 years and older presenting with behavioral health complaint or indication that are administered standardized assessments at baseline and throughout a monitoring period, with treatment adjustment <when indicated>.

^ε Percent of patients age 18 years and over receiving specialist palliative care who report getting the help they need for their [symptom]; on an item derived from the CAHPS® Hospice Survey (whose respondents are bereaved caregivers) and modified for palliative care/seriously ill patient report

^π Measurement-based Care (MBC) Measure Set: Indicator 3: Treatment Adjustment

All patients 18 years and older presenting with behavioral health complaint or indication that are administered standardized assessments at baseline and throughout a monitoring period, with treatment adjustment <when indicated>.

Table G-3: CMS-Funded Measures in Development and Being Specified at the Time of This Report^{xii,xiii} (n = 3)

| Est. Date of Completion | CMS eMeasure ID | Health Care Quality Priority/ MACRA Domain* | Electronically Specified | Measure Type | Measure Title | Measure Steward/ Measure Developer |
|-------------------------|-----------------|---|--------------------------|----------------------|--|--|
| September 2019 | N/A | Patient Safety/ Safety | No | Intermediate outcome | Practitioner-Level Long-Term Catheter Rate | CMS/UM-KECC |
| September 2020 | N/A | Effective Treatment/ Clinical Care | No | Process | Continuity of Pharmacotherapy for Opioid Use Disorder ^{xiv} | University of Southern California |
| June 2021 | 890 | Effective Treatment/ Clinical Care | Yes | Process | Annual Wellness Assessment: Preventive Care (Composite) ^A | Centers for Medicare & Medicaid Services/ National Committee for Quality Assurance |

* Screening, prevention, and primary care measures are included in Effective Treatment.

^A The *Annual Wellness Assessment: Preventive Care (Composite)* measure is intended for use in MIPS but was not funded by section 1848(s)(6) of the Act, as funding for development was obligated prior to the passage of MACRA.

^{xii} As of December 31, 2018, to allow for federal review and clearance prior to publication of this report

^{xiii} Sections 1848(s)(3)(B)(iii) and 1848(s)(3)(B)(v) of the Act.

^{xiv} Endorsed at the health plan level—the level of analysis and data source are being expanded.

Table G-4: CMS-Funded Measures in Development and Pending Test Sites at the Time of This Report^{xv,xvi,xvii} (n = 10)

| Est. Date of Completion | CMS eMeasure ID | Health Care Quality Priority/ MACRA Domain* | Electronically Specified | Measure Type | Measure Title | Measure Steward/ Measure Developer |
|-------------------------|-----------------|--|--------------------------|--------------|---|---|
| June 2020 | 341 | Effective Treatment/ Clinical Care | Yes | Process | Cognitive Impairment (CI) Assessment Among Older Adults (75 Years and Older) | Centers for Medicare & Medicaid Services/ Mathematica Policy Research |
| June 2020 | 342 | Person and Family Engagement/ Patient and Caregiver Experience | Yes | Process | Documentation of a Health Care Partner for Patients with Dementia or Mild Cognitive Impairment | Centers for Medicare & Medicaid Services/ Mathematica Policy Research |
| June 2020 | 455 | Patient Safety/ Safety | Yes | Outcome | Adverse Drug Events for Patients Taking Anticoagulant Medications in an Ambulatory Setting | Centers for Medicare & Medicaid Services/ Mathematica Policy Research |
| June 2020 | 344 | Communication and Coordination/ Care Coordination | Yes | Process | Care Coordination after Asthma-Related Emergency Department Visit | Centers for Medicare & Medicaid Services/ Mathematica Policy Research |
| June 2020 | 343 | Communication and Coordination/ Care Coordination | Yes | Process | Care Coordination after Asthma-Related Emergency Department Visit: EP Follow-up | Centers for Medicare & Medicaid Services/ Mathematica Policy Research |
| June 2020 | 812 | Person and Family Engagement/ Patient and Caregiver Experience | Yes | PRO-PM | Changes in Patient Reported Outcomes (PROs) Following Non-Emergent Percutaneous Coronary Intervention (PCI) | Centers for Medicare & Medicaid Services/ Mathematica Policy Research, The Lewin Group |
| June 2020 | 250 | Person and Family Engagement/ Patient and Caregiver Experience | Yes | PRO-PM | Disease Activity Assessments and Target Setting in Patients with Rheumatoid Arthritis | Centers for Medicare & Medicaid Services/ Mathematica Policy Research, National Committee for Quality Assurance |
| June 2020 | 895 | Person and Family Engagement/ Patient and Caregiver Experience | Yes | PRO-PM | Functional Status Assessment and Target Setting for Patients with Congestive Heart Failure | Centers for Medicare & Medicaid Services/ Mathematica Policy Research, National Committee for Quality Assurance |

^{xv} As of December 31, 2018, to allow for federal review and clearance prior to publication of this report

^{xvi} Sections 1848(s)(3)(B)(iii) and 1848(s)(3)(B)(v) of the Act.

^{xvii} Measure development for the areas listed was not funded by section 1848(s)(6) of the Act, as funding for development was obligated prior to the passage of MACRA, using existing CMS funds under title XVIII.

| Est. Date of Completion | CMS eMeasure ID | Health Care Quality Priority/ MACRA Domain* | Electronically Specified | Measure Type | Measure Title | Measure Steward/ Measure Developer |
|-------------------------|-----------------|--|--------------------------|--------------|---|---|
| June 2020 | 228 | Person and Family Engagement/ Patient and Caregiver Experience | Yes | PRO-PM | Functional Status Assessments and Target Setting for Patients with Asthma | Centers for Medicare & Medicaid Services/ Mathematica Policy Research, National Committee for Quality Assurance |
| June 2020 | 336 | Person and Family Engagement/ Patient and Caregiver Experience | Yes | PRO-PM | Pain Assessments and Target Setting for Patients with Osteoarthritis | Centers for Medicare & Medicaid Services/ Mathematica Policy Research, National Committee for Quality Assurance |

* Screening, prevention, and primary care measures are included in Effective Treatment.

Table G-5: CMS-Funded Measures in Development and Active Testing at the Time of This Report^{xviii,xix,xx} (n = 13)

| Est. Date of Completion | CMS eMeasure ID | Health Care Quality Priority/ MACRA Domain* | Electronically Specified | Measure Type | Measure Title | Measure Steward/ Measure Developer |
|-------------------------|-----------------|--|--------------------------|--------------------------------|---|---|
| July 2019 | N/A | Patient Safety/ Safety | No | Outcome | Clinician and Clinician Group Diabetes Short-Term Complications Measure | Centers for Medicare & Medicaid Services/ Yale CORE |
| July 2019 | N/A | Communication and Coordination/ Care Coordination | No | Outcome | Heart Failure Admission Measure | Centers for Medicare & Medicaid Services/ Yale CORE |
| August 2019 | N/A | Person and Family Engagement/ Patient and Caregiver Experience | No | PRO-PM | Patient-reported outcomes and risk variable data collection (PRO) | Centers for Medicare & Medicaid Services/ Yale CORE |
| June 2020 | N/A | Person and Family Engagement/ Patient and Caregiver Experience | No | Patient engagement/ experience | CAHPS Measure Modification for CPC+ Practices | Centers for Medicare & Medicaid Services/ RTI |
| June 2020 | 379 | Person and Family Engagement/ Patient and Caregiver Experience | Yes | PRO-PM | Functional Status Improvement for Patients who Received a Total Hip Replacement | Centers for Medicare & Medicaid Services/ Mathematica Policy Research, National Committee for Quality Assurance |

^{xviii} As of December 31, 2018, to allow for federal review and clearance prior to publication of this report

^{xix} Sections 1848(s)(3)(B)(iii) and 1848(s)(3)(B)(v) of the Act.

^{xx} Measure development for the areas listed was not funded by section 1848(s)(6) of the Act, as funding for development was obligated prior to the passage of MACRA, using existing CMS funds under title XVIII.

| Est. Date of Completion | CMS eMeasure ID | Health Care Quality Priority/ MACRA Domain* | Electronically Specified | Measure Type | Measure Title | Measure Steward/ Measure Developer |
|-------------------------|-----------------|--|--------------------------|--------------|---|---|
| June 2020 | 378 | Person and Family Engagement/ Patient and Caregiver Experience | Yes | PRO-PM | Functional Status Improvement for Patients who Received a Total Knee Replacement | Centers for Medicare & Medicaid Services/ Mathematica Policy Research, National Committee for Quality Assurance |
| September 2021 | TBD | Communication and Coordination/ Care Coordination | No | Process | Notification to the ordering provider requesting amylase testing in the diagnosis of suspected acute pancreatitis | American Society for Clinical Pathology |
| September 2021 | TBD | Communication and Coordination/ Care Coordination | No | Process | Notification to the ordering provider requesting myoglobin or CKMB (creatinine kinase-muscle/brain) in the diagnosis of suspected acute myocardial infarction (AMI) | American Society for Clinical Pathology |
| September 2021 | TBD | Communication and Coordination/ Care Coordination | No | Process | Notification to the ordering provider requesting thyroid screening tests other than only a Thyroid Stimulating Hormone test in the initial screening of a patient with a suspected thyroid disorder | American Society for Clinical Pathology |
| September 2021 | TBD | Communication and Coordination/ Care Coordination | No | Process | Rate of communicating results of an amended report with a major discrepancy to the responsible provider | American Society for Clinical Pathology |
| September 2021 | TBD | Communication and Coordination/ Care Coordination | No | Process | Rate of notification to clinical providers of a new diagnosis of malignancy | American Society for Clinical Pathology |
| September 2021 | TBD | Communication and Coordination/ Care Coordination | No | Process | Time interval: critical value reporting for chemistry | American Society for Clinical Pathology |
| September 2021 | TBD | Communication and Coordination/ Care Coordination | No | Process | Time interval: critical value reporting for troponin | American Society for Clinical Pathology |

* Screening, prevention, and primary care measures are included in Effective Treatment.

Appendix H – CMS APM Quality Measures Inventory

Refer to www.qpp.cms.gov for a current list of Advanced and MIPS APMs; changes to models occur more frequently than the publication of this MDP Annual Report. These measure sets are accurate and complete as of November 30, 2018.

Table H-1: Bundled Payments for Care Improvement Advanced

| NQF/ MIPS | CMS eMeasure ID | Health Care Quality Priority/ MACRA Domain | Measure Type | Measure Title | Measure Steward |
|--------------|--------------------|---|-----------------|---|---|
| 1789/ 458 | N/A | Communication and Coordination/ Care Coordination | Outcome | Risk-Standardized, All Condition Readmission | Centers for Medicare & Medicaid Services |
| 0326/ 047 | N/A | Communication and Coordination/ Care Coordination | Process | Advance Care Plan | National Committee for Quality Assurance |
| 0268/ N/A | N/A | Patient Safety/Safety | Process | Perioperative Care: Selection of Prophylactic Antibiotic: First OR Second Generation Cephalosporin | American Society of Plastic Surgeons |
| 2558/ N/A | N/A | Patient Safety/Safety | Outcome | Hospital 30-Day, All-Cause, Risk- Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) Surgery | Centers for Medicare & Medicaid Services |
| 2881/ N/A | N/A | Patient Safety/Safety | Outcome | Excess days in acute care (EDAC) after hospitalization for acute myocardial infarction (AMI) | Centers for Medicare & Medicaid Services |
| 0531/ N/A | N/A | Patient Safety/Safety | Outcome | Patient Safety for Selected Indicators (PSI90) | Agency for Healthcare Research & Quality |
| 1550/ N/A | N/A | Patient Safety/Safety | Outcome | Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) | Centers for Medicare & Medicaid Services |

Table H-2: Comprehensive ESRD Care (CEC) Model – All Tracks^{xxi}

| NQF/ MIPS | CMS eMeasure ID | Health Care Quality Priority/ MACRA Domain* | Measure Type | Measure Title | Measure Steward |
|--------------|--------------------|---|--------------------------------------|---|---|
| 0326/ 047 | N/A | Communication and Coordination/ Care Coordination | Process | Advance Care Plan _β | National Committee for Quality Assurance |
| 0258/ N/A | N/A | Person and Family Engagement/ Patient and Caregiver Experience | Patient engagement/ experience | ICH-CAHPS: Nephrologists' Communication and Caring _β | Centers for Medicare & Medicaid Services |
| 0258/ N/A | N/A | Person and Family Engagement/ Patient and Caregiver Experience | Patient engagement/ experience | ICH-CAHPS: Quality of Dialysis Center Care and Operations _β | Centers for Medicare & Medicaid Services |

^{xxi} This model is also a MIPS APM. MIPS eligible clinicians participating in this APM will be scored under MIPS on these measures that are required and scored under this APM, as finalized in the CY 2019 Quality Payment Program final rule.

| NQF/ MIPS | CMS eMeasure ID | Health Care Quality Priority/ MACRA Domain* | Measure Type | Measure Title | Measure Steward |
|--------------|--------------------|---|--------------------------------------|--|---|
| 0258/ N/A | N/A | Person and Family Engagement/ Patient and Caregiver Experience | Patient engagement/ experience | ICH-CAHPS: Providing Information to Patients _β | Centers for Medicare & Medicaid Services |
| 0258/ N/A | N/A | Person and Family Engagement/ Patient and Caregiver Experience | Patient engagement/ experience | ICH-CAHPS: Rating of the Nephrologist _β | Centers for Medicare & Medicaid Services |
| 0258/ N/A | N/A | Person and Family Engagement/ Patient and Caregiver Experience | Patient engagement/ experience | ICH-CAHPS: Rating of Dialysis Center Staff _β | Centers for Medicare & Medicaid Services |
| 0258/ N/A | N/A | Person and Family Engagement/ Patient and Caregiver Experience | Patient engagement/ experience | ICH-CAHPS: Rating of the Dialysis Facility _β | Centers for Medicare & Medicaid Services |
| N/A | 147v4 | Effective Treatment/ Clinical Care | Process | Influenza Immunization for the ESRD Population _β | Kidney Care Quality Alliance |
| 0418/ 134 | 2v6 | Effective Treatment/ Clinical Care | Process | Screening for Depression and Follow- Up Plan _β | Centers for Medicare & Medicaid Services |

_β indicates a measure subject to scoring under the MIPS APM scoring standard.

* Screening, prevention, and primary care measures are included in Effective Treatment.

Table H-3: Comprehensive Primary Care Plus (CPC+) Model^{xxii}

| NQF/ MIPS | CMS eMeasure ID | Health Care Quality Priority/ MACRA Domain* | Measure Type | Measure Title | Measure Steward |
|--------------|--------------------|--|--------------------------------------|---|--|
| 0018/ 236 | 165v6 | Effective Treatment / Clinical Care | Intermediate outcome | Controlling High Blood Pressure _β | National Committee for Quality Assurance |
| 0059/ 001 | 122v6 | Effective Treatment / Clinical Care | Intermediate outcome | Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) _β | National Committee for Quality Assurance |
| N/A | N/A | Person and Family Engagement/Patient and Caregiver Experience | Patient engagement/ experience | CG -CAHPS Survey 3.0 – Modified for CPC+ _β | Agency for Healthcare Research & Quality |
| N/A | N/A | Healthy Living/ Population Health and Prevention | Efficiency | Inpatient Hospital Utilization _β | National Committee for Quality Assurance |
| N/A | N/A | Healthy Living/ Population Health and Prevention | Efficiency | Emergency Department Utilization _β | National Committee for Quality Assurance |

_β indicates a measure subject to scoring under the MIPS APM scoring standard.

* Screening, prevention, and primary care measures are included in Effective Treatment.

^{xxii} This model is also a MIPS APM. MIPS eligible clinicians participating in this APM will be scored under MIPS on these measures that are required and scored under this APM, as finalized in the CY 2019 Quality Payment Program final rule.

Table H-4: Shared Savings Program Accountable Care Organizations (ACOs) – All Tracks^{xxiii} and Track 1+

| NQF/ MIPS | CMS eMeasure ID | Health Care Quality Priority/ MACRA Domain** | Measure Type | Measure Title | Measure Steward |
|--------------|--------------------|---|--------------------------------------|--|---|
| 0005/ 321 | N/A | Person and Family Engagement/ Patient and Caregiver Experience | Patient engagement/ experience | CAHPS: Getting Timely Care, Appointments, and Information | Agency for Healthcare Research & Quality |
| 0005/ 321 | N/A | Person and Family Engagement/ Patient and Caregiver Experience | Patient engagement/ experience | CAHPS: How Well Your Providers Communicate | Agency for Healthcare Research & Quality |
| 0005/ 321 | N/A | Person and Family Engagement/ Patient and Caregiver Experience | Patient engagement/ experience | CAHPS: Patients' Rating of Provider | Agency for Healthcare Research & Quality |
| N/A/ 321 | N/A | Person and Family Engagement/ Patient and Caregiver Experience | Patient engagement/ experience | CAHPS: Access to Specialists | Agency for Healthcare Research & Quality |
| N/A/ 321 | N/A | Person and Family Engagement/ Patient and Caregiver Experience | Patient engagement/ experience | CAHPS: Health Promotion and Education | Agency for Healthcare Research & Quality |
| N/A/ 321 | N/A | Person and Family Engagement/ Patient and Caregiver Experience | Patient engagement/ experience | CAHPS: Shared Decision Making | Agency for Healthcare Research & Quality |
| N/A/ 321 | N/A | Person and Family Engagement/ Patient and Caregiver Experience | Patient engagement/ experience | CAHPS: Health Status/Functional Status | Agency for Healthcare Research & Quality |
| N/A/ 321 | N/A | Person and Family Engagement/ Patient and Caregiver Experience | Patient engagement/ experience | CAHPS: Stewardship of Patient Resources | Agency for Healthcare Research & Quality |
| 1789/ 458 | N/A | Communication and Coordination/ Care Coordination | Outcome | Risk-Standardized, All Condition Readmission | Centers for Medicare & Medicaid Services |
| 2510/ N/A | N/A | Communication and Coordination/ Care Coordination | Outcome | Skilled Nursing Facility 30-Day All- Cause Readmission Measure (SNFRM) | Centers for Medicare & Medicaid Services |
| 2887/ N/A | N/A | Communication and Coordination/ Care Coordination | Outcome | All-Cause Unplanned Admissions for Patients with Diabetes | Centers for Medicare & Medicaid Services |
| 2886/ N/A | N/A | Communication and Coordination/ Care Coordination | Outcome | All-Cause Unplanned Admissions for Patients with Heart Failure | Centers for Medicare & Medicaid Services |

^{xxiii} This model is also a MIPS APM. MIPS eligible clinicians participating in this APM will be scored under MIPS on these measures that are required and scored under this APM, as finalized in the CY 2019 Physician Fee Schedule final rule.

| NQF/ MIPS | CMS eMeasure ID | Health Care Quality Priority/ MACRA Domain** | Measure Type | Measure Title | Measure Steward |
|--------------|--------------------|---|-------------------------|---|---|
| 2888/ N/A | N/A | Communication and Coordination/ Care Coordination | Outcome | All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions | Centers for Medicare & Medicaid Services |
| N/A | WI* | Communication and Coordination/ Care Coordination | Outcome | Ambulatory Sensitive Condition Acute Composite (AHRQ Prevention Quality Indicator [PQI] #91) | Agency for Healthcare Research & Quality |
| N/A | N/A | Communication and Coordination/ Care Coordination | Structural | Use of Certified EHR Technology | Centers for Medicare & Medicaid Services |
| 0097/ 46 | WI* | Patient Safety/Safety | Process | Medication Reconciliation Post- Discharge | National Committee for Quality Assurance |
| 0052/ 312 | WI* | Patient Safety/Safety | Process | Use of Imaging Studies for Low Back Pain | National Committee for Quality Assurance |
| 0101/ 154 | WI* | Patient Safety/Safety | Process | Falls: Screening for Future Fall Risk | National Committee for Quality Assurance |
| 0041/ 110 | WI* | Effective Treatment/ Clinical Care | Process | Preventive Care and Screening: Influenza Immunization | American Medical Association-Physician Consortium for Performance Improvement |
| 0043/ 111 | WI* | Effective Treatment/ Clinical Care | Process | Pneumonia Vaccination Status for Older Adults | National Committee for Quality Assurance |
| 0421/ 128 | WI* | Effective Treatment/ Clinical Care | Process | Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow Up | Centers for Medicare & Medicaid Services |
| 0028/ 226 | WI* | Effective Treatment/ Clinical Care | Process | Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention | American Medical Association-Physician Consortium for Performance Improvement |
| 0418/ 134 | WI* | Effective Treatment/ Clinical Care | Process | Preventive Care and Screening: Screening for Depression and Follow-up Plan | Centers for Medicare & Medicaid Services |
| 0034/ 113 | WI* | Effective Treatment/ Clinical Care | Process | Colorectal Cancer Screening | National Committee for Quality Assurance |
| 2372/ 112 | WI* | Effective Treatment/ Clinical Care | Process | Breast Cancer Screening | National Committee for Quality Assurance |
| N/A/ 438 | WI* | Effective Treatment/ Clinical Care | Process | Statin Therapy for the Prevention and Treatment of Cardiovascular Disease | Centers for Medicare & Medicaid Services |
| 0710/ 370 | WI* | Effective Treatment/ Clinical Care | Intermediate outcome | Depression Remission at Twelve Months | Minnesota Community Measurement |
| 0018/ 236 | WI* | Effective Treatment/ Clinical Care | Intermediate outcome | Controlling High Blood Pressure | National Committee for Quality Assurance |
| 0068/ 204 | WI* | Effective Treatment/ Clinical Care | Process | Use of Aspirin or Another Antithrombotic | National Committee for Quality Assurance |

| NQF/ MIPS | CMS eMeasure ID | Health Care Quality Priority/ MACRA Domain** | Measure Type | Measure Title | Measure Steward |
|--------------|--------------------|--|-------------------------|---|---|
| 0059/ 001 | WI* | Effective Treatment/ Clinical Care | Intermediate outcome | ACO - 27: Diabetes Mellitus: Hemoglobin A1c Poor Control | National Committee for Quality Assurance |
| 0055/ 117 | WI* | Effective Treatment/ Clinical Care | Process | ACO - 41: Diabetes: Eye Exam | National Committee for Quality Assurance |

*Measures are reported via CMS Web Interface (WI); eCQM reporting is not an available option under this model. All Web Interface measures on this list are subject to scoring for MIPS under the APM scoring standard.

** Screening, prevention, and primary care measures are included in Effective Treatment.

Table H-5: Next Generation ACO Model^{xxiv}

| NQF/ MIPS | CMS eMeasure ID | Health Care Quality Priority/ MACRA Domain** | Measure Type | Measure Title | Measure Steward |
|--------------|--------------------|---|--------------------------------------|--|---|
| 0005/ 321 | N/A | Person and Family Engagement/ Patient and Caregiver Experience | Patient engagement/ experience | CAHPS: Getting Timely Care, Appointments, and Information | Agency for Healthcare Research & Quality |
| 0005/ 321 | N/A | Person and Family Engagement/ Patient and Caregiver Experience | Patient engagement/ experience | CAHPS: How Well Your Providers Communicate | Agency for Healthcare Research & Quality |
| 0005/ 321 | N/A | Person and Family Engagement/ Patient and Caregiver Experience | Patient engagement/ experience | CAHPS: Patients' Rating of Provider | Agency for Healthcare Research & Quality |
| N/A/ 321 | N/A | Person and Family Engagement/ Patient and Caregiver Experience | Patient engagement/ experience | CAHPS: Access to Specialists | Agency for Healthcare Research & Quality |
| N/A/ 321 | N/A | Person and Family Engagement/ Patient and Caregiver Experience | Patient engagement/ experience | CAHPS: Health Promotion and Education | Agency for Healthcare Research & Quality |
| N/A/ 321 | N/A | Person and Family Engagement/ Patient and Caregiver Experience | Patient engagement/ experience | CAHPS: Shared Decision Making | Agency for Healthcare Research & Quality |
| N/A/ 321 | N/A | Person and Family Engagement/ Patient and Caregiver Experience | Patient engagement/ experience | CAHPS: Health Status/Functional Status | Agency for Healthcare Research & Quality |
| N/A/ 321 | N/A | Person and Family Engagement/ Patient and Caregiver Experience | Patient engagement/ experience | CAHPS: Stewardship of Patient Resources | Agency for Healthcare Research & Quality |

^{xxiv} This model is also a MIPS APM. MIPS eligible clinicians participating in this APM will be scored under MIPS on these measures that are required and scored under this APM, as finalized in the CY 2019 Physician Fee Schedule final rule.

| NQF/ MIPS | CMS eMeasure ID | Health Care Quality Priority/ MACRA Domain** | Measure Type | Measure Title | Measure Steward |
|--------------|--------------------|---|-----------------|---|---|
| 1789/ 458 | N/A | Communication and Coordination/ Care Coordination | Outcome | Risk-Standardized, All Condition Readmission | Centers for Medicare & Medicaid Services |
| 2510/ N/A | N/A | Communication and Coordination/ Care Coordination | Outcome | Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM) | Centers for Medicare & Medicaid Services |
| 2887/ N/A | N/A | Communication and Coordination/ Care Coordination | Outcome | All-Cause Unplanned Admissions for Patients with Diabetes | Centers for Medicare & Medicaid Services |
| 2886/ N/A | N/A | Communication and Coordination/ Care Coordination | Outcome | All-Cause Unplanned Admissions for Patients with Heart Failure | Centers for Medicare & Medicaid Services |
| 2888/ N/A | N/A | Communication and Coordination/ Care Coordination | Outcome | All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions | Centers for Medicare & Medicaid Services |
| N/A | WI* | Communication and Coordination/ Care Coordination | Outcome | Ambulatory Sensitive Condition Acute Composite (AHRQ Prevention Quality Indicator [PQI] #91) | Agency for Healthcare Research & Quality |
| 0097/ 46 | WI* | Patient Safety/Safety | Process | Medication Reconciliation Post- Discharge | National Committee for Quality Assurance |
| 0052/ 312 | WI* | Patient Safety/Safety | Process | Use of Imaging Studies for Low Back Pain | National Committee for Quality Assurance |
| 0101/ 154 | WI* | Patient Safety/Safety | Process | Falls: Screening for Future Fall Risk | National Committee for Quality Assurance |
| 0041/ 110 | WI* | Effective Treatment/ Clinical Care | Process | Preventive Care and Screening: Influenza Immunization | American Medical Association-Physician Consortium for Performance Improvement |
| 0043/ 111 | WI* | Effective Treatment/ Clinical Care | Process | Pneumonia Vaccination Status for Older Adults | National Committee for Quality Assurance |
| 0421/ 128 | WI* | Effective Treatment/ Clinical Care | Process | Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow Up | Centers for Medicare & Medicaid Services |
| 0028/ 226 | WI* | Effective Treatment/ Clinical Care | Process | Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention | American Medical Association-Physician Consortium for Performance Improvement |
| 0418/ 134 | WI* | Effective Treatment/ Clinical Care | Process | Preventive Care and Screening: Screening for Depression and Follow-up Plan | Centers for Medicare & Medicaid Services |
| 0034/ 113 | WI* | Effective Treatment/ Clinical Care | Process | Colorectal Cancer Screening | National Committee for Quality Assurance |
| 2372/ 112 | WI* | Effective Treatment/ Clinical Care | Process | Breast Cancer Screening | National Committee for Quality Assurance |
| N/A/ 438 | WI* | Effective Treatment/ Clinical Care | Process | Statin Therapy for the Prevention and Treatment of Cardiovascular Disease | Centers for Medicare & Medicaid Services |

| NQF/ MIPS | CMS eMeasure ID | Health Care Quality Priority/ MACRA Domain** | Measure Type | Measure Title | Measure Steward |
|--------------|--------------------|--|-------------------------|---|---|
| 0710/ 370 | WI* | Effective Treatment/ Clinical Care | Intermediate outcome | Depression Remission at Twelve Months | Minnesota Community Measurement |
| 0018/ 236 | WI* | Effective Treatment/ Clinical Care | Intermediate outcome | Controlling High Blood Pressure | National Committee for Quality Assurance |
| 0068/ 204 | WI* | Effective Treatment/ Clinical Care | Process | Use of Aspirin or Another Antithrombotic | National Committee for Quality Assurance |
| 0059/ 001 | WI* | Effective Treatment/ Clinical Care | Intermediate outcome | ACO - 27: Diabetes Mellitus: Hemoglobin A1c Poor Control | National Committee for Quality Assurance |
| 0055/ 117 | WI* | Effective Treatment/ Clinical Care | Process | ACO - 41: Diabetes: Eye Exam | National Committee for Quality Assurance |

*Measures are reported via CMS Web Interface; eCQM reporting is not an available option under this model. All Web Interface measures on this list are subject to scoring for MIPS under the APM scoring standard.

** Screening, prevention, and primary care measures are included in Effective Treatment.

Table H-6: Oncology Care Model – All Tracks^{xxv}

| NQF/ MIPS | CMS eMeasure ID | Health Care Quality Priority/ MACRA Domain* | Measure Type | Measure Title | Measure Steward |
|--------------|--------------------|---|-----------------|--|--|
| 1858/ 450 | N/A | Affordable Care | Process | Trastuzumab administered to patients with AJCC stage I (T1c)–III and human epidermal growth factor receptor 2 (HER2) positive breast cancer who receive adjuvant chemotherapy β | American Society of Clinical Oncology |
| N/A/3 74 | 50v5 | Communication and Coordination/ Care Coordination | Process | Closing the Referral Loop: Receipt of Specialist Report | Centers for Medicare & Medicaid Services (Adapted Version) |
| N/A | N/A | Communication and Coordination/ Care Coordination | Outcome | Risk-adjusted proportion of patients with all-cause ED visits that did not result in a hospital admission within the 6-month episode β | N/A** |
| N/A | N/A | Communication and Coordination/ Care Coordination | Outcome | Risk-adjusted proportion of patients with all-cause hospital admissions within the 6-month episode β | N/A** |
| 0223/ N/A | N/A | Effective Treatment/ Clinical Care | Process | Adjuvant chemotherapy is recommended or administered within 4 months (120 days) of diagnosis to patients under the age of 80 with AJCC III (lymph node positive) colon cancer β | American College of Surgeons |
| 0387/ N/A | N/A | Effective Treatment/ Clinical Care | Process | Breast Cancer: Hormonal Therapy for Stage I (T1b)–IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer β | American Medical Association-Physician Consortium for |

^{xxv} This model is also a MIPS APM. MIPS eligible clinicians participating in this APM will be scored under MIPS on these measures that are required and scored under this APM, as finalized in the CY 2019 Physician Fee Schedule final rule.

| NQF/ MIPS | CMS eMeasure ID | Health Care Quality Priority/ MACRA Domain* | Measure Type | Measure Title | Measure Steward |
|--|--------------------|---|-----------------------------------|--|---|
| | | | | | Performance Improvement |
| 0559/ N/A | N/A | Effective Treatment/ Clinical Care | Process | Combination chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or Stage IB–III hormone receptor negative breast cancer _β | Commission on Cancer/ American College of Surgeons |
| N/A | N/A | Effective Treatment/ Clinical Care | Outcome | Proportion of patients who died who were admitted to hospice for 3 days or more _β | N/A** |
| 0418/ 134 | 2v6 | Effective Treatment/ Clinical Care | Process | Screening for Depression and Follow-Up Plan _β | Centers for Medicare & Medicaid Services |
| 0419/ 130 | 68v6 | Patient Safety/ Safety | Process | Documentation of Current Medications in the Medical Record _β | Centers for Medicare & Medicaid Services |
| 0384/ 143 | 157v5 | Person and Family Engagement/ Patient and Caregiver Experience | Process | Oncology: Medical and Radiation – Pain Intensity Quantified _β | American Medical Association-Physician Consortium for Performance Improvement |
| 0383/ 144 | N/A | Person and Family Engagement/ Patient and Caregiver Experience | Process | Oncology: Medical and Radiation – Plan of Care for Pain _β | American Society of Clinical Oncology |
| Based on QPP 321 | N/A | Person and Family Engagement/ Patient and Caregiver Experience | Patient engagement/ experience | Patient-Reported Experience _β | Agency for Healthcare Research & Quality |
| <p>* Screening, prevention, and primary care measures are included in Effective Treatment.</p> <p>** These measures are calculated and maintained by the Center for Medicare and Medicaid Innovation.</p> <p>β indicates a measure subject to scoring under the MIPS APM scoring standard.</p> | | | | | |

Table H-7: Comprehensive Care for Joint Replacement (CJR) Payment Model (Track 1-CEHRT)

| NQF/ MIPS | CMS eMeasure ID | Health Care Quality Priority/ MACRA Domain | Measure Type | Measure Title | Measure Steward |
|--------------|--------------------|---|--------------------------------------|---|--|
| 1550/ N/A | N/A | Patient Safety/ Safety | Outcome | Total hip arthroplasty (THA) and/or total knee arthroplasty (TKA): hospital-level risk-standardized complication rate (RSCR) following elective primary THA and/or TKA* | Center for Medicare and Medicaid Services |
| 0166/ N/A | N/A | Person and Family Engagement/ Patient and Caregiver Experience | Patient engagement/ experience | Hospital Consumer Assessment of Healthcare Providers and Services (HCAHPS)* | Agency for Healthcare Research and Quality; CAHPS Consortium; Centers for Medicare & Medicaid Services |

* HCAHPS and complications measure data are collected through the Hospital Inpatient Quality Reporting Program (HIQR). The CJR model gets those data through HIQR and does not make additional changes to the data themselves.

Table H-8: Vermont Medicare ACO Initiative

| NQF/ MIPS | CMS eMeasure ID | Health Care Quality Priority/ MACRA Domain* | Measure Type | Measure Title | Measure Steward |
|--------------|--------------------|---|-----------------|---|--|
| 1789/ 458 | N/A | Communication and Coordination/ Care Coordination | Outcome | Risk Standardized All Cause Readmission | Center for Medicare & Medicaid Services |
| N/A/ N/A | N/A | Communication and Coordination/ Care Coordination | Outcome | All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions | Center for Medicare & Medicaid Services |
| 0041/ 110 | N/A | Effective Treatment/ Clinical Care | Process | Preventive Care and Screening: Influenza Immunization | PCPI® |
| 0028/ 226 | N/A | Effective Treatment/ Clinical Care | Process | Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention | PCPI® |
| 0418/ 134 | N/A | Effective Treatment/ Clinical Care | Process | Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan | Center for Medicare & Medicaid Services |
| 0034/ 113 | N/A | Effective Treatment/ Clinical Care | Process | Colorectal Cancer Screening | National Committee for Quality Assurance |
| 0059/ 1 | N/A | Effective Treatment/ Clinical Care | Outcome | ACO - 27: Diabetes Mellitus: Hemoglobin A1c Poor Control | National Committee for Quality Assurance |
| 0018/ 236 | 165v6 | Effective Treatment/ Clinical Care | Outcome | Hypertension (HTN): Controlling High Blood Pressure | National Committee for Quality Assurance |

* Screening, prevention, and primary care measures are included in Effective Treatment.