<table>
<thead>
<tr>
<th>PQRS# CMS# GPRO#</th>
<th>NQF#</th>
<th>Reporting Method</th>
<th>National Quality Strategy Domain</th>
<th>Measure Title: Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 CMS135v2</td>
<td>0081</td>
<td>Registry, EHR, Measures Group (HF)</td>
<td>Effective Clinical Care</td>
<td>Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD): Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) &lt; 40% who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting or at each hospital discharge</td>
</tr>
<tr>
<td>6 0067</td>
<td>Registry, GPRO Web Interface, Measures Group (CAD)</td>
<td>Effective Clinical Care</td>
<td>Coronary Artery Disease (CAD): Antiplatelet Therapy: Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who were prescribed aspirin or clopidogrel</td>
<td></td>
</tr>
<tr>
<td>242 N/A</td>
<td>Registry, GPRO Web Interface, Measures Group (CAD)</td>
<td>Effective Clinical Care</td>
<td>Coronary Artery Disease (CAD): Symptom Management. Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period with results of an evaluation of level of activity and an assessment of whether anginal symptoms are present or absent with appropriate management of anginal symptoms within a 12 month period</td>
<td></td>
</tr>
<tr>
<td>322 0670</td>
<td>Registry</td>
<td>Efficiency and Cost Reduction</td>
<td>Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients. Percentage of stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), or cardiac magnetic resonance (CMR) performed in low risk surgery patients 18 years or older for preoperative evaluation during the 12-month reporting period</td>
<td></td>
</tr>
<tr>
<td>323 0671</td>
<td>Registry</td>
<td>Efficiency and Cost Reduction</td>
<td>Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI). Percentage of all stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), and cardiovascular magnetic resonance (CMR) performed in patients aged 18 years and older routinely after percutaneous coronary intervention (PCI), with reference to timing of test after PCI and symptom status</td>
<td></td>
</tr>
</tbody>
</table>
## Potential Cardiology Preferred Specialty Measure Set

<table>
<thead>
<tr>
<th>PQRS#</th>
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<tr>
<td>324</td>
<td>0672</td>
<td></td>
<td></td>
<td>Registry</td>
<td>Efficiency and Cost Reduction</td>
<td>Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low-Risk Patients. Percentage of all stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), and cardiovascular magnetic resonance (CMR) performed in asymptomatic, low coronary heart disease (CHD) risk patients 18 years and older for initial detection and risk assessment</td>
</tr>
<tr>
<td>326</td>
<td>1525</td>
<td></td>
<td></td>
<td>Registry</td>
<td>Patient Safety</td>
<td>Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy. Percentage of patients aged 18 years and older with a diagnosis of nonvalvular atrial fibrillation (AF) or atrial flutter whose assessment of the specified thromboembolic risk factors indicate one or more high-risk factors or more than one moderate risk factor, as determined by CHADS2 risk stratification, who are prescribed warfarin OR another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism</td>
</tr>
<tr>
<td>348</td>
<td>N/A</td>
<td></td>
<td></td>
<td>Registry</td>
<td>Effective Clinical Care</td>
<td>HRS-3 Implantable Cardioverter-Defibrillator (ICD) Complications Rate. Patients with physician-specific risk-standardized rates of procedural complications following the first time implantation of an ICD</td>
</tr>
<tr>
<td>2015</td>
<td>PQRS</td>
<td>Proposed New Measure</td>
<td>N/A</td>
<td>Registry</td>
<td>Patient Safety</td>
<td>HRS-12: Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation: Rate of cardiac tamponade and/or pericardiocentesis following atrial fibrillation ablation</td>
</tr>
<tr>
<td>2015</td>
<td>PQRS</td>
<td>Proposed New Measure</td>
<td>N/A</td>
<td>Registry</td>
<td>Patient Safety</td>
<td>HRS-9: Infection within 180 Days of Cardiac Implantable Electronic Device (CIED) Implantation, Replacement, or Revision: Infection rate following CIED device implantation, replacement, or revision.</td>
</tr>
</tbody>
</table>

### Electrophysiology Cardiac Specialist

| 2015  | PQRS | Proposed New Measure | N/A  | Registry         | Effective Clinical Care          | Post-procedural Optimal medical therapy Composite (percutaneous coronary intervention): Percentage of patients aged 18 years and older for whom PCI is performed who are prescribed optimal medical therapy at discharge. |

This table is a resource of potential measures that may be applicable to eligible professionals providing clinical services for cardiology.